unicef
for every child

Situation Analysis of Children and Adolescents in Egypt 2021

Summary Report

Acknowledgements

This summary report is based on a comprehensive situation analysis of children, adolescents and young people in Egypt, carried out by Development Pathways and independent consultants on behalf of UNICEF in 2021.

The report was co-authored by Anasuya Sengupta (Team Leader) from Development Pathways, Ghada Barsoum (National Expert), Charles Kaye-Essien (Supporting Expert), Youstina Magdy Wasef and Alaa Mahmoud Al-Barrawi (Research Assistants) from the American University in Cairo. Quantitative analysis was led by Nayha Mansoor (Economist), and additional research support was provided by Madeleine Cretney and Holly Seglah (Social Policy Officers) from Development Pathways.

At UNICEF, Manar Soliman, Luigi Peter Ragno (Egypt Country Office), and Leonardo Menchini (Regional Office for MENA) guided the analytical exercise, providing technical support and coordinating the review process with sectoral experts and national stakeholders. The research would not have been possible without the contributions of stakeholders, key informants, children and young people who were consulted and involved in the different stages of the research. Their support in the preparation of the Situation Analysis is gratefully acknowledged.

The findings, interpretations and conclusions expressed herein are those of the authors and do not necessarily reflect the views of UNICEF.

Citation: *UNICEF (2022). Situation Analysis of Children and Adolescents in Egypt 2021: Summary Report, UNICEF, Egypt.*

Table of contents

Preface

The Situation Analysis of Children and Adolescents in Egypt is a flagship UNICEF report that presents an analytical narrative of children's rights and well-being in the country. With the understanding that evidence is critical for decisive and effective decision-making, the situation analysis is designed for all stake-holders in children's rights to use in informing policy dialogue, partnerships, and interventions to address child rights.

The situation analysis was developed based on existing evidence, including data collected by the government and partners via surveys and administrative data systems, published research papers, legal and policy frameworks, as well as global and regional literature of relevance to Egypt's context. To further deepen our understanding of the challenges and opportunities for the most vulnerable, several focus group discussions with marginalized children and adolescents were conducted. The report also pays special attention to the analysis of disaggregated data, with the aim of unpacking inequities across genders, wealth quintiles, and regions.

Using human rights-based and gender-focused approaches, the situation analysis has facilitated a better understanding of the causes of deprivations and the barriers that prevent the fulfilment of child rights in Egypt. It further identifies how the human, economic, institutional resources and structures in the country can contribute to narrowing the gaps in national development outcomes. To provide a deeper analysis of specific topics of critical concern to Egypt's development journey, the report also includes three thematic papers: i) children on the move, ii) children in alternative care and iii) children with disabilities.

This analysis informed the development of the UNICEF and Government of Egypt Programme of Cooperation for the period 2023-2027, which will contribute to achievement of the country's national development agenda. The report is also an important contribution to shaping government interventions to accelerate the achievement of the Sustainable Development Goals and to supporting the implementation of the Convention on the Rights of the Child, the Convention on the Elimination of all forms of Discrimination Against Women, as well as the Convention on the Rights of Persons with Disabilities.

Considering Egypt's demographic profile – an estimated 51 percent of residents are under the age of 25, with just 5 percent over the age of 65 – one of the country's urgent national priorities is undeniably the fulfilment of the rights of children and adolescents. The situation analysis identifies catalytic interventions across the life cycle for holistic well-being. This encompasses: reducing

maternal, neonatal, infant and under-five mortality; breaking the cycle of malnutrition and under-nutrition; improving access to sanitation and safe and clean water; improving the quality of Early Childhood Development services; strengthening sustained education access and learning outcomes; prioritizing adolescent health; reducing harmful practices, violence against children, gender-based violence, and child labour; and promoting youth employment and civic engagement.

The report also identifies key enablers to address deprivations, including the need to continue investment in the collection of routine data and evidence for children; the importance of addressing remaining gaps in existing legislation and policies, the importance of prioritizing financing for children through efficient and effective public finance, as well as the need for enhanced governance and coordination among stakeholders. Finally, the knowledge, attitudes and practices of policy makers, service providers and caregivers for holistic child-wellbeing are recognized as critical to ensuring that children's rights are addressed.

During various development and review stages, UNICEF Egypt facilitated a fully consultative process, engaging a broad range of government partners, non-governmental organizations, academia, and United Nations agencies. Meanwhile, an internal consultative group ensured engagement of UNICEF Egypt programme staff and advisors from the UNICEF Middle East North Africa Regional Office for additional quality assurance. The critical guidance and technical support by all parties involved have enabled the delivery of this important evidence-base for child rights monitoring at the national and sub-national levels.

The situation analysis was concluded based on data available until 2021 and has therefore not taken the most recent food price crisis, inflation and the related devaluation of the dollar into consideration. At the time of writing, it is becoming increasingly evident that the disparities and challenges facing children outlined in this situation analysis continue to grow and will reach new proportions during 2023 and beyond. Lastly, the report is a live document and will be updated at the end of 2024 to reflect ongoing changes in the situation of children and adolescents.

Jeremy Hopkins

UNICEF Representative in Egypt

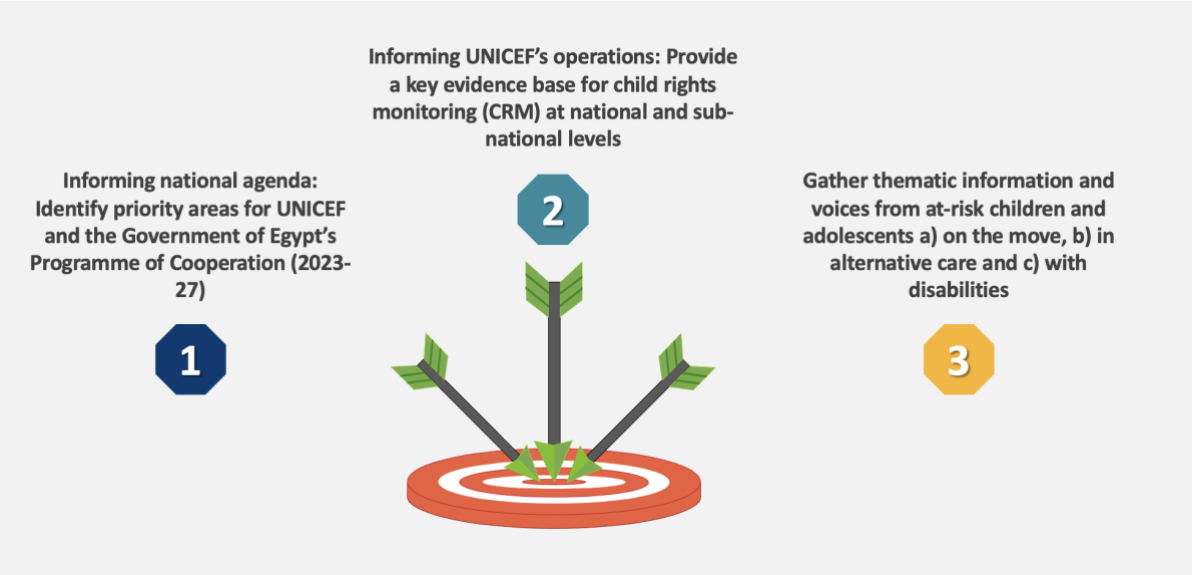
Acronyms

CBO(s)	Community-Based Organisation(s)
COM	Children On the Move
COVID-19	Coronavirus
CRC	Convention on the Rights of the Child
EASC	Egyptian Association for Societal Consolidation
ECD	Early Childhood Development
EDHS	Egypt Demographic and Health Survey
FGD(s)	Focus Group Discussion(s)
FGM	Female Genital Mutilation
GBV	Gender-Based Violence
GDP	Gross Domestic Product
GER	Gross Enrolment Rate
HOS	Household Observatory Survey
IYCF	Infant and Young Child Feeding
KAP	Knowledge, Attitudes and Practices
KII(s)	Key Informant Interview(s)
LMIC(s)	Low- and Middle-Income Country/ies
MIC(s)	Middle-Income Country/ies
MoETE	Ministry of Education and Technical Education
MoHP	Ministry of Health and Population
MoME	Ministry of Manpower and Emigration
MoSS	Ministry of Social Solidarity
NCD(s)	Non-Communicable Disease(s)
NGO(s)	Non-Governmental Organisation(s)
NER	Net Enrolment Rate
NSFP	National School Feeding Programme
OOP	Out-Of-Pocket
OP-CRPD	Optional Protocol to the United Nations Convention of the Rights of Persons with Disabilities
PHCs	Primary Health Centres
SDG(s)	Sustainable Development Goal(s)
SGBV	Sexual and Gender-Based Violence
SitAn	Situation Analysis
SRH	Sexual and Reproductive Health
SRQ	Self-Reporting Questionnaire
SYPE	Survey of Young People in Egypt
TIMSS	Trends in International Mathematics and Science Study
TVET	Technical and Vocational Education and Training
UASC	Unaccompanied Asylum-Seeking Children
UN	United Nations
UNCRPD	United Nations Convention of the Rights of Persons with Disabilities
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
VAC	Violence Against Children
VAWG	Violence against Women and Girls
WASH	Water, Sanitation and Hygiene
WG-SS	Washington Group Short Set on Functioning
WHO	World Health Organization

1 Context

In 2021, UNICEF Egypt carried out an extensive situation analysis (SitAn) of children, adolescents and young people in Egypt. The SitAn, using rights-based and gender-focused approaches, is expected to inform the national development agenda, particularly the upcoming United Nations Children's Fund (UNICEF) and Government of Egypt's Programme for Cooperation (2023-27). Further, the SitAn is an iterative process for the UNICEF Egypt Country Office to develop a key evidence base for child rights monitoring at the national and sub-national levels. Thus, the comprehensive SitAn report is a key programmatic output for identifying knowledge gaps on child and adolescent inequities and deprivations (see Figure 1-1).

Figure 1-1: Key objectives of the 2021 SitAn



Source: Author's creation

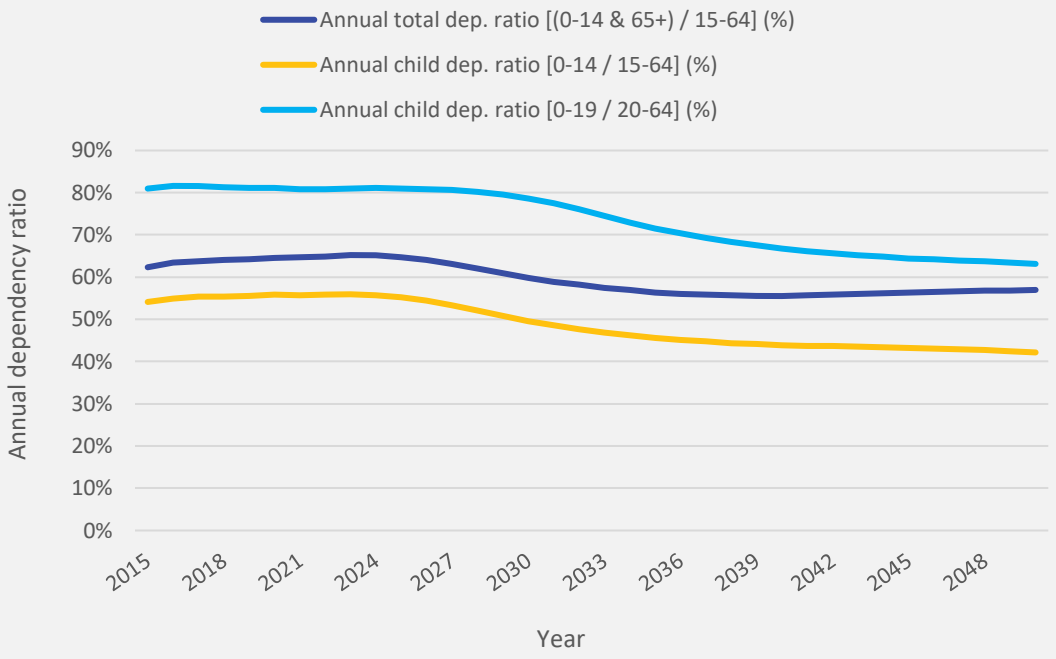
This summary report provides an overview of the key findings, takeaways and recommendations from the main SitAn report. After a brief description of the demographic context (Chapter 1), Chapter 2 discusses the progress and inequities in the fulfilment of rights for children and young people in Egypt, using a life course and gendered approach. Chapter 3 provides an overview of the thematic analysis on three at-risk groups of children and young people: 1) on the move 2) in alternative care and, 3) with disabilities. The thematic analysis draws upon Key Informant Interviews (KIIs) and focus group discussions that were conducted with both children and adolescents, and adult stakeholders. Finally, Chapter 4 summarises the key takeaways from the enabling environment analysis on the national and sectoral context relevant for child rights. The chapter presents the key intervention priorities and related recommendations.

1.1 Demographic profile

Box 1-1: Highlights

- Egypt is categorised as being in the early demographic dividend phase.
- In 2015 and 2020, the child dependency ratio [0-19/20-64] represented approximately 86 per cent of the overall dependency ratio.
- A gradual decline can be seen in child dependency ratio projections [0-14/15-64], from 56 per cent in 2020 to 50 percent in 2030 and 42 per cent in 2050.

Figure 1-2: Dependency ratio projections (2015/20, 2030, 2050)



Source: UNDESA Population Division (2019).

Egypt is the most populous Arab nation and Africa's third most populous country, with 101.5 million inhabitants in 2021.[1] Optimising the potential of Egypt's young demographic profile is a national priority: an estimated 51 per cent of residents are aged under 25 years, with just 5 per cent aged over 65 years.[2] Given Egypt's young demographic profile, one of its urgent national priorities is the fulfilment the rights of children and adolescents. Over the past few decades, the country's service infrastructure has not been able to cope with its burgeoning population, compounded by a sequence of economic shocks, most recently the coronavirus (COVID-19) pandemic but also insufficient investments in sectors such as education, health and housing.[3] Persistent poverty, regional

[1] CAPMAS (2021).
[2] CAPMAS (2021).
[3] MPED (2021).

inequalities, detrimental gender and social norms have also been intersecting challenges to achieving the potential of this demographic dividend.[4]

In 2017, 60 per cent of all children aged 0-17 years resided in rural areas.[5] With Egypt's service infrastructure concentrated in its urban areas, most children and adolescents are lagging behind due to inadequate access to essential services, especially in regions such as rural Upper Egypt, which has the highest rate of poverty and child deprivation. Further, the COVID-19 pandemic has interrupted a short-lived episode of economic recovery. While increasing poverty remains a major challenge, Egypt's water scarcity issues further compound the situation.

[4] UN Egypt (2021).
[5] UNICEF Egypt (2018).

2 Progress and inequities in child rights: Life course analysis

Over the last 30 years, Egypt has made significant improvements in key health indicators, particularly in maternal and infant mortality.[6] Yet, the Egyptian health system faces certain challenges that hamper the delivery of high-quality health services to meet the most pressing needs of children, adolescents and young people. Moreover, Egypt is currently experiencing gaps in the coverage of some of the key intervention areas, resulting in suboptimal nutritional status among women, infants and young children. Malnutrition is a huge burden on Egypt's economy and is hampering the potential of its young demographic structure, with anticipated losses of 1.9 per cent of Gross Domestic Product (GDP) through productivity foregone and costs to the health system[7] if corrective measures are not put in place.

In education, the country has made significant strides in terms of access for both boys and girls. In fact, the gender gap in access to tertiary education has been reversed. However, quality concerns remain as shown in recent results of the Trends in International Mathematics and Science Study (TIMSS). Moreover, Egypt's young people are at-risk of being unemployed or in informal jobs even with high educational attainment. Unemployment is higher among young women – a trend that continues over their lifetime.

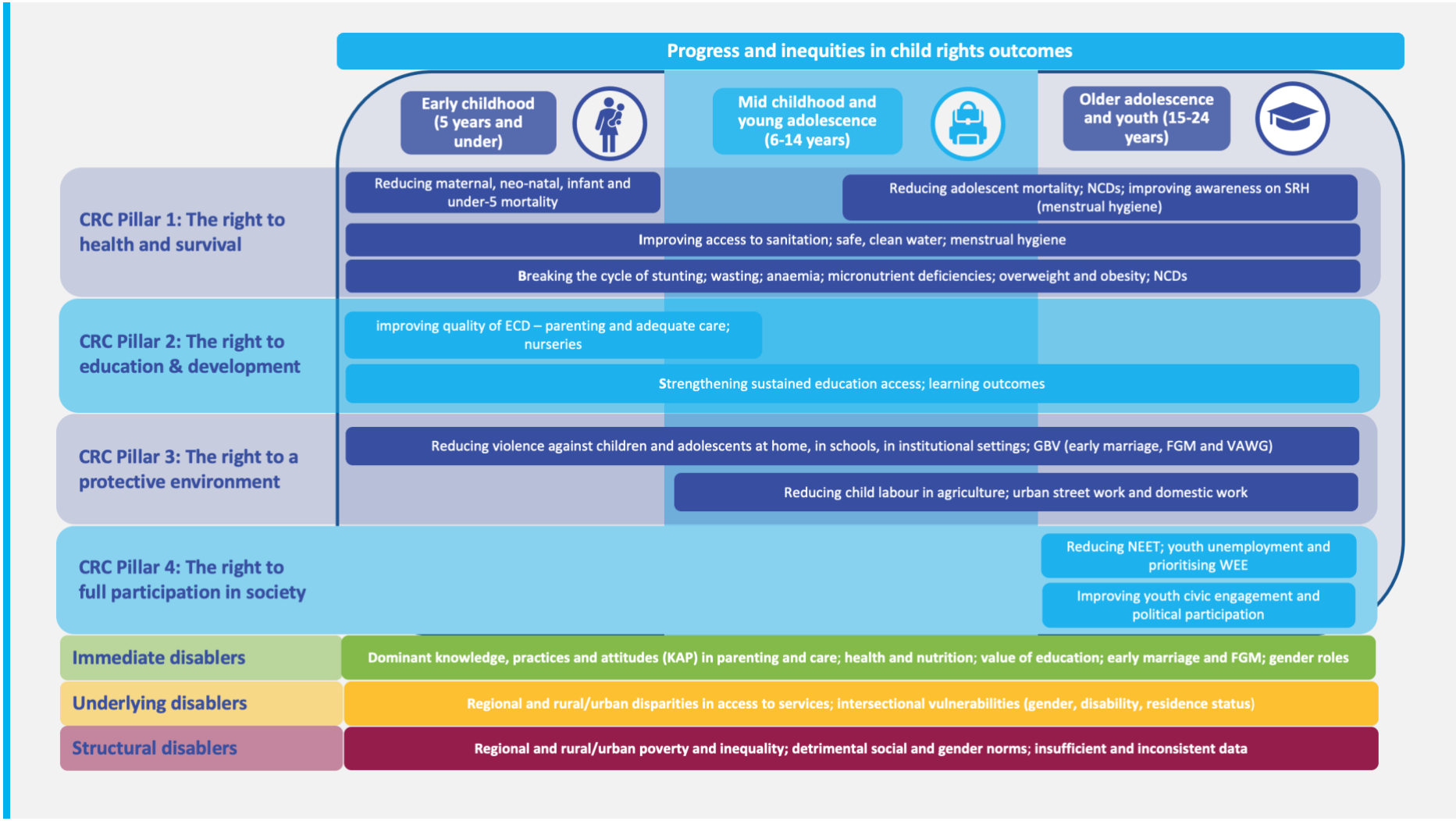
In the prevention of Violence Against Women and Girls (VAWG), Egypt continues to have one of the highest prevalence rates of Female Genital Mutilation (FGM) in the region, despite legislation criminalising the practise. However, prevalence is lower among adolescents, signifying a positive impact of recent legislative efforts. Egypt has not yet criminalised early marriage, allowing the practice to continue with a minimum legal age at marriage of 18 years.

The fulfilment of child rights from birth to young adulthood relies to a large extent on access to care, parental love and attention and an overall nurturing environment within the community they reside in. Further, familial and community level awareness, attitudes and practices determine a child or young person's access to key services. The knowledge, attitudes and practices (KAP) are however shaped by regional and rural/urban disparities in the provision of key services, as well as the prevalence of poverty and detrimental gender and social norms. Vulnerabilities experienced by children and adolescents are intersectional and dependent not just on age, gender and location, but also by their disability and residence status (particularly for refugees and unregistered migrants). Yet, there is little systematic data on the situation of children with

[6] Herbst et al. (2020).
[7] Herbst et al. (2020).

disabilities, those on the move and those in institutional settings, making it difficult to address their specific risks and needs.

Figure 2-1: Life course analysis: At a glance



Source: Author's creation.

2.1 Pregnancy and birth: progress and inequities

From 2000 to 2019, Egypt made considerable progress toward reducing maternal mortality and under-five mortality rates, both with similar declining trends of close to 60 per cent.[8] Egypt is, however, experiencing not just a double but triple burden of mal- and undernutrition (stunting and wasting, overweight, hidden hunger or anaemia and micronutrient deficiencies in women and children) – observed across all wealth quintiles. Overall, early childhood outcomes remain a challenge, with maternal, under-five and infant mortality rates having largely plateaued since 2015, while the neonatal mortality rate is likely to have increased.[9] These trends are driven by challenges in inadequate and unequal access to antenatal and postnatal care, persistently poor nutrition across generations and unequal access to safe and clean water, as well as poor hygiene and sanitation practices. The health and nutrition risks faced by infants and children aged under five years can be linked to challenges in receiving adequate care and attention, which further leads to missed early learning opportunities.

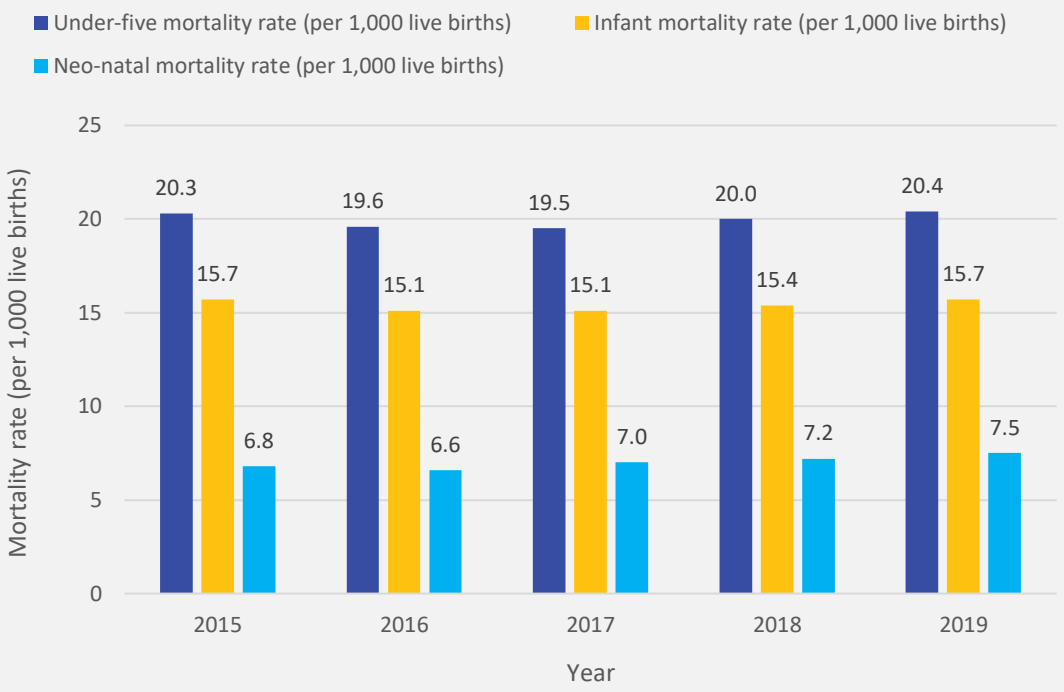
2.1.1 Access to safe birth and survival

Box 2-1: Highlights

- From 2000 to 2019, Egypt made considerable progress towards reducing maternal mortality rates and under under-5 mortality rate with similar declining trends, of close to 60 per cent.[10]
- The rate of progress in early child survival has been slowing, with maternal, under-five and infant mortality rates having plateaued since 2015. There is a need to focus on equitable access to quality antenatal and postnatal care.[11]
- There is almost universal coverage in immunisation.

[8] CAPMAS (2020a).
[9] CAPMAS (2020a); CAPMAS (2020d).
[10] CAPMAS (2020a).
[11] CAPMAS (2020d).

Figure 2-2: Neonatal, infant and under-five mortality rates (2015-19(



Source: CAPMAS (2020d).

Poor maternal and child health: The trends in maternal and child mortality in Egypt are driven by challenges in uneven progress of maternal and child health and nutrition. Inadequate and unequal access to antenatal and postnatal care are subsequently impacting early child malnutrition and unequal access to safe and clean water, as well as hygiene and sanitation practices. Though, there is insufficient data to establish a strong causal link to maternal and child mortality trends in this case. Further, there are concerns that the COVID-19 outbreak is likely to have contributed to the slowing down of progress in early child survival, particularly in terms of timely access to quality healthcare services.[12]

KAP: Rural/urban inequalities in access to healthcare, but also in the KAP with community and families, are key disablers in achieving equitable and steady progress in early child survival. Children born to poor, rural women with little or no education are more than twice as likely to die before turning five years old, compared to those born to wealthy, urban women with an education.[13] The lack of standardised quality obstetrician care (particularly in Egypt's private hospitals) is suspected to be a contributing factor to normal weight children dying before the age of five years.[14]

[12] KII.
[13] Ghafar (2021).
[14] KII.

The prevalence of adolescent births (52 births per 1,000 girls aged 15-19 years in 2018) plays a role in maternal mortality – and therefore child survival – trends.[15]Another causal factor for inequities in early child survival is the lack of contraceptive use, with only 58.5 per cent of women aged 15-49 years using any family planning methods in 2015.[16] Higher prevalence of early marriage (marriage before the age of 18 years) not only increases the likelihood of adolescent births, but also poor knowledge of and therefore usage of family planning methods.[17] There is clear distinction between contraceptive usage in Upper Egypt (50 per cent) – an area with significantly more incidence of child marriage – and Lower Egypt (64 per cent).[18] Poverty is thus the structural determinant of early child survival and well-being: The governorate of Upper Egypt and the border governorates that have higher poverty rates also have higher prevalence of child marriage and lower usage of contraceptives. These regions are also recognised for being the worst performers when it comes to under-five mortality.[19]

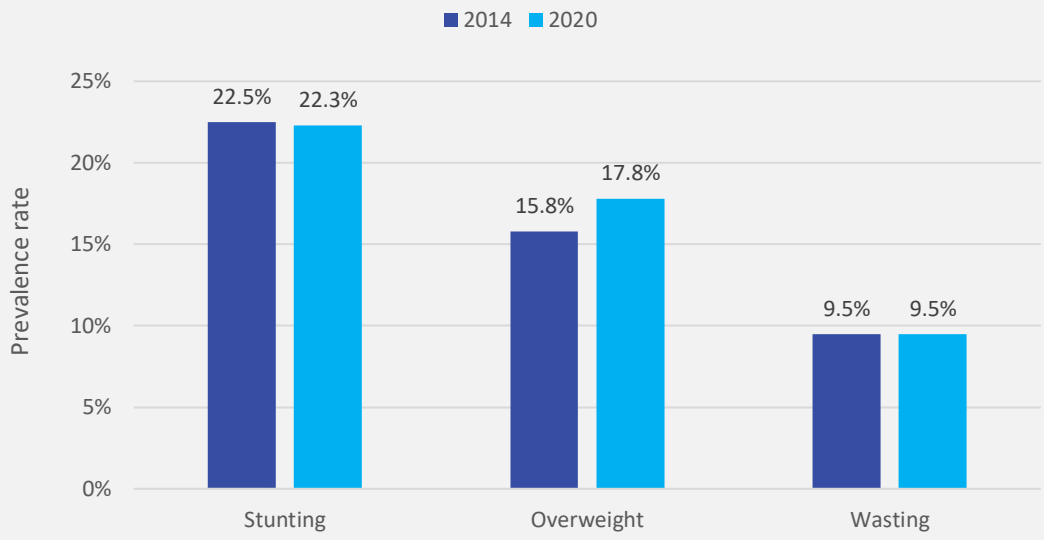
2.1.2 Access to nutrition

Box 2-2: Highlights

- Nutritional deficiencies cause detrimental impacts across generations, from mother to child. Stunting prevalence in Egypt has plateaued while wasting is on an increasing trend.
- In 2015, the practice of continued breastfeeding (1-2 years after birth) was highest among infants in poorer households.[20]
- The global declining trend in breastfeeding practices in urban, wealthier families could apply to Egypt, and requires further analysis.

[15] UNESCWA (2019).
[16] Sos et al. (2020); Ragab et al. (2017).
[17] UNESCWA (2019).
[18] Sos et al. (2020); Ragab et al. (2017).
[19] Ragab et al. (2017); Sos et al. (2020); Ghafar (2021).
[20] MoHP et al. (2015).

Figure 2-3: Stunting and wasting of children aged under five years



Source: UNICEF, WHO & World Bank (2021).

Triple burden of mal- and undernutrition: Nutrition is a critical factor in early child survival and development, but also lifelong health. Nutritional deficiencies cause detrimental impacts across generations, from mother to child and so on. Stunting diminishes cognitive abilities and learning capacities, while wasting causes developmental delays.[21] Egypt is experiencing not just a double, but triple burden of mal- and undernutrition (stunting and wasting, overweight, hidden hunger or anaemia and micronutrient deficiencies in women and children). These concerning trends are observed across all wealth quintiles.

Stunting, wasting and obesity: Overall progress in improving stunting, wasting and obesity since 2015 has been slower than desired. As under-five overweight prevalence increases, under-five stunting and wasting continues to be higher and more persistent in Egypt, in comparison to some of its low-income neighbours.[22] Childhood obesity and overweight prevalence has increased at an alarming rate, partially explained by shifting dietary trends (away from traditional diets towards calorie-rich but nutrient-poor foods) in urban, wealthier Egyptian societies.[23] It should be noted that maternal obesity increases the likelihood of child obesity.[24] Other studies indicate that even for poorer families, government subsidies for sugar and oil have transformed dietary habits, while better-off families are purchasing processed foods.[25]

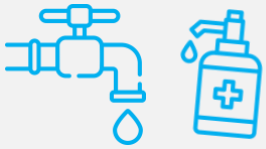
[21] UNICEF Egypt (2019).
[22] It must be noted that mal- and undernutrition continue to be a challenge in most middle-income countries (MICs) in the Middle East and North Africa (MENA) region.
[23] Herbst et al. (2020).
[24] Kavle et al. (2015).
[25] UNICEF Egypt is currently undertaking a secondary analysis of the correlation between nutritional habits and norms and persistent malnutrition.

Overall, global early child nutrition trends suggest that likely causes – such as poverty, rural/urban inequalities in services or differential feeding practices based on the infant's/young child's gender – are insufficient explanations. More research and analysis are required to understand other underlying and structural factors, such as dietary preferences and norms, affordability and accessibility of nutritious foods, and government policies on Infant and Young Child Feeding (IYCF) practises and general family nutrition.

2.1.3 Access to water, sanitation and hygiene (WASH) services

Box 2-3: Highlights

- Access to basic services is almost universal.[26]
- In 2015, almost all households in Egypt had access to toilets, but only 19 per cent had access to septic tanks, and 23 per cent were disposing wastewater through pit latrines.[27]
- A growing concern is Egypt's challenges with water scarcity.[28]
- The interlinkages between child morbidity, nutrition and hygiene are yet to be understood in the context of Egypt.



While there is sufficient literature to buttress the critical importance of adequate nutrition in early childhood, there is less (though compelling) evidence to suggest that poor sanitation and hygiene leads to increased morbidity, malnutrition, and therefore impacts child survival.[29] In particular, poor sanitation and hygiene as a contributing factor to diarrheal diseases among children has long been established in global literature.[30]

The regional and rural/urban inequalities in access to WASH services coincide with regions and governorates with higher poverty rates, poorer nutrition, higher prevalence of practices such as child marriage and lack of contraceptive use that increases the risks of maternal and child mortality. It becomes clear that multidimensional child poverty is driven by not just monetary challenges, but inadequate access to basic services, threatening early child survival and creating a potential cycle of poor lifelong nutrition and health outcomes, thereby impacting other spheres of wellbeing.

Sanitation and safe water: Almost all households in Egypt have access to a toilet, but facilities are inadequate. In 2015, only 55 per cent had access to a piped sewage system.[31] However, according to Herbst et al (2020) (modelled estimates based on the 2014 Egypt Demographic and Health Survey (EDHS)), only 19 per cent of households had access to septic tanks and 23 per cent were disposing

[26] MoHP et al. (2015); MPED (2021).
[27] Herbst et al. (2020). Source: Modelled estimates based on MoHP et al. (2015).
[28] MoE & CEDARE (2017).
[29] Herbst et al. (2020).
[30] There are few studies in Egypt to support a relationship between gastrointestinal infections and malnutrition. Studies include: Ashour & Ahmed (1994), cited in Herbst et al. (2020).
[31] MoHP et al. (2015).

wastewater through pit latrines.[32] In 2015, more than 97 per cent of residential buildings had piped water sources, however the data (2014 EDHS) is likely to mask inequalities: it does not reveal whether families are accessing piped water sources within their homes or are accessing shared WASH facilities within the community.[33] In 2015, Egypt still had considerable regional disparities in access to piped water sources, with only 60 per cent of low-income families in the frontier governorates having access.[34] This possibly indicates the inability of families in rural, poorer governorates to afford piped water connections.

2.2 Childhood to adolescence: Progress and inequities

In 2021, the net enrolment rate at both primary and preparatory school levels stood at 100 per cent and 94.9 per cent, respectively.[35] Yet, the quality of education and learning outcomes are less than optimal, with only 27 per cent and 24 per cent of students participating in the 2019 TIMSS scoring the intermediate international benchmark score (475) in mathematics and science, respectively.[36] With widespread school closures during the COVID-19 pandemic, further learning losses have occurred among Egypt's 25.3 million students.[37] Disruption to the learning process and loss of peer interaction have been particularly difficult for students, and there is risk of social and behavioural challenges emerging as a result.

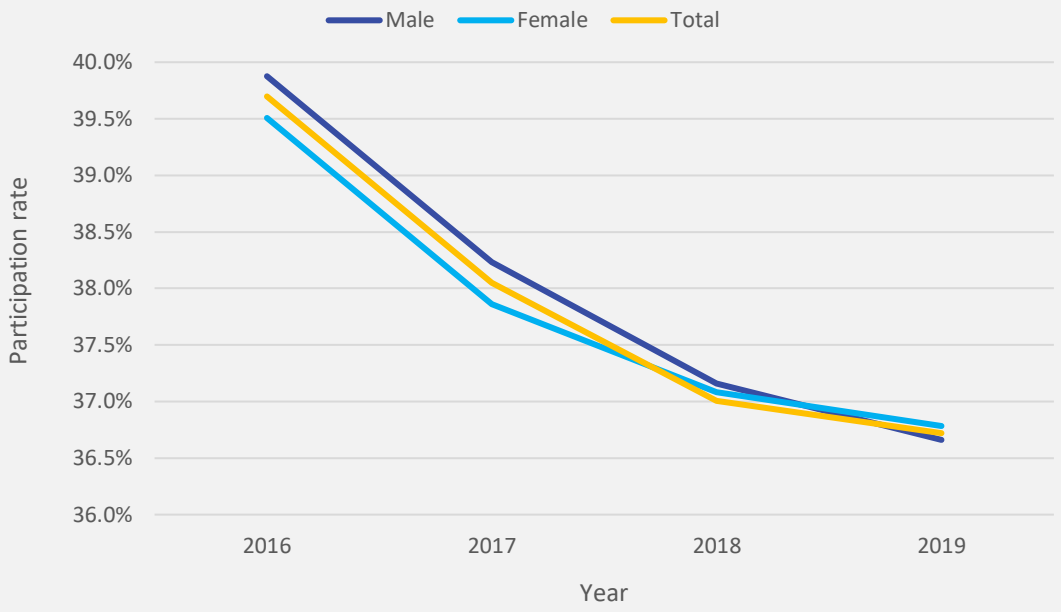
2.2.1 Access to early childhood care and learning

Box 2-4: Highlights

- 40 per cent of children aged under five years (approximately 5 million children) are at-risk of not reaching their full developmental potential due to multidimensional poverty.[38]
- In 2021, the gross enrolment rate (GER) in organised early childhood learning stood at 30 per cent (below the average GER for low- and middle-income countries (LMICs), of 60 per cent of all kindergarten-aged children.[39]
- In Egypt, there is low uptake of available nursery services. In 2019, the first national Survey of Registered Nurseries confirmed that only 8 per cent of young children (aged 0-4 years) were enrolled in nurseries.[40]

[32] Herbst et al. (2020). Source: Modelled estimates based on MoHP et al. (2015).
[33] MoHP et al. (2015); KII.
[34] Herbst et al. (2020). Source: Modelled estimates based on MoHP et al. (2015).
[35] MoETE & IDSC (2022).
[36] TIMSS Grade 8 intermediate benchmark score for Mathematics indicates "students can apply mathematical knowledge in a variety of situations". For Grade 8 Science, the benchmark indicates "students demonstrate and apply their knowledge of biology, chemistry, physics and Earth science in various contexts".
[37] UNICEF Egypt (2020).
[38] UNICEF Egypt (2019).
[39] UNICEF (2021).
[40] MoSS (2019).

Figure 2-4: Participation rate in pre-primary organised learning, by sex (2016-19)



Source: UNESCO Institute for Statistics (n.d.). Available: http://data.uis.unesco.org/#. Note: UNESCO uses administrative data from schools and other centres of organized learning or from household surveys on enrolment by single year of age in early learning programmes; population censuses and surveys for population estimates by single year of age (if using administrative data on enrolment); administrative data from ministries of education on the official entrance age to primary education.

Parental care: In Egypt, the greatest risks to optimal child development (other than the earlier mentioned health and nutrition risks) have been identified as inadequate care and attention due to limited capacities of primary caregivers, which leads to missed early learning opportunities. Timely brain development in young children is made possible not only by adequate nutrition and stimulation, but also by a nurturing environment. The first learning environment that a child is exposed to before the age of five years is the home and community. Risks in these learning environments, such as violence, extreme deprivation and environmental pollutants, diminish the scope for providing the necessary care to young children. Such risks inhibit a child's capacity to learn and grasp skills, instead creating developmental delays and possible lifelong functional limitations.[41] In Egypt, studies on parenting indicate that parents spend very little quality time with their nursery-aged children.[42] And, approximately 12 million young children are estimated to be exposed to Gender Based Violence (GBV), with very young children facing severe physical punishment. [43]

Organised learning: Participation in organised learning (vital for school readiness) has decreased in recent years. A key underlying factor is inequitable access on

[41] UNICEF Egypt (2019).
[42] MoHP et al. (2015).
[43] UNICEF Egypt (2019).

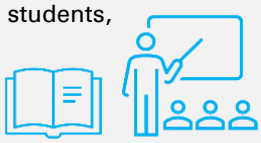
the basis of wealth and rural/urban residence, with considerable differences by regions and governorates.[44] Children from families in wealthier quintiles are four times more likely than children from the lower wealth quintiles to attend early childhood programmes, with boys more likely to attend than girls.[45] By region, Upper Egypt has much lower participation with a GER of 21 per cent, while Lower Egypt has a GER of 24 per cent. It is slightly higher in the frontier (GER of 35 per cent) and urban governorates (GER of 36 per cent).[46] Inequities widen at the governorate level: among the frontier governorates, for example, while New Valley and South Sinai have relatively high average GERs (43 and 61 per cent, respectively) others, such as Red Sea and North Sinai, are in the bottom ranges (only 18 and 19 per cent, respectively).[47]

Nurseries: The quality of nurseries remains a major concern and is a structural factor for poor early childhood development (ECD) outcomes. A 2019 National Nursery Survey found the quality of nursery provision in Egypt to be very poor, with the average score in a quality standard assessment standing at 2.1 out of a maximum of 4.[48] There were considerable inequalities between governorates, with Port Said having the highest score of 2.5, and Suez having a low of 1.9.[49] As many of the existing private nurseries do not comply with Egypt's Quality Standards for Nurseries, young children attending are likely at-risk in terms of health and safety.[50] Caregivers in these private nurseries are often untrained, and do not adhere to specific safeguarding guidelines for ensuring no harm is done in the course of engaging with very young children. [51]

2.2.2 Access to free, quality education

Box 2-5: Highlights

- According to the 2019 global TIMSS, Egypt ranked 34th out of 39 countries in Mathematics, with an average score of 413.[52]
- In Science, Egyptian students ranked 37th out of 39 countries with an average score of 389, thus falling below the low achievement benchmark.[53]
- COVID-19-related school closures have affected Egypt's 25.3 million students, contributing to widespread learning losses.[54]
- Disruption to the learning process and the loss of peer interaction have been particularly difficult for students, and there is risk of social and behavioural challenges emerging. [55]



[44] UNICEF (2021).
[45] MoHP et al. (2015); UNICEF Egypt (2019).
[46] UNICEF (2021).
[47] UNICEF (2021).
[48] MoSS (2019).
[49] MoSS (2019).
[50] Quality standards are developed by the MoSS, relating to the physical environment and staffing of nurseries, including guidelines for health and safety, pedagogical practices as well as parent/community participation and effective management.
[51] MoSS (2019).
[52] Mullis et al. (2020).
[53] Mullis et al. (2020).
[54] UNICEF Egypt (2020).
[55] UNICEF Egypt (2020).

Egypt faces challenges in achieving desired educational outcomes that can help stimulate employment in later years and overall socio-economic development. Investments in critical sectors such as education are yet to match the needs of the school-going aged population. While the primary and preparatory school Net Enrolment Rate (NER) was near universal in 2021, Egypt's secondary school NER was significantly lower, at 31.1 per cent.[56]

Education access: From 2014-19, there was a significant decrease in the number of out-of-school children and adolescents of primary and secondary school age (from 2,013,769 in 2014 to 1,427,701 in 2019, or a 29 per centage point decrease).[57] However, educational inequalities across specific groups of children and adolescents remain, mainly due to challenges in access. Children from poorer families are more likely to face barriers to accessing education compared to students from wealthier families. There is, however, a lack of existing in-depth analysis of the main causal factors.[58] One potential underlying factor is the high real costs associated with accessing quality education in Egypt. Sending children to private schools is a common practise – remedial learning groups and most prominently private tutorials, most often offered by teachers that are also part of the public education system.[59]

Learning outcomes: There are several challenges leading to poor learning outcomes in Egypt. Low levels of enrolment and attainment are a key challenge, especially at pre-primary level (NER of 25 per cent), leading to poor learning outcomes in primary school.[60] With increasing classroom density and student-teacher ratios, risks of learning loss and underachievement are intensified. Importantly, COVID-19 has led to disruptions in the learning process: the loss of peer interaction has been particularly difficult for students, and there is risk of social and behavioural challenges emerging. The National School Feeding Programme (NSFP) – intended to improve nutritional status but also act as incentive for students from low-income families to stay in school – was suspended. Further, the risk of not returning to school is heightened by workplace closures and mobility restrictions which may have forced children and adolescents to turn towards income-generation on behalf of their struggling families.[61]

[56] MoETE & IDSC (2022).
[57] UNESCO Institute for Statistics (2021). Source: Modelled estimates based on CAPMAS education statistics.
[58] Langsten & Hassan (2018).
[59] Assaad & Krafft (2015).
[60] CAPMAS (2020b).
[61] UNICEF Egypt (2020).

2.3 Adolescence to youth: Progress and inequities

In Egypt, health and protection risks facing adolescents are a key concern. The adolescent mortality rate (per 1,000 aged 15-19 years) increased from 3.3 in 2016 to 3.5 in 2019 and has since plateaued.[62] Adolescent boys face a higher risk of injury than girls, including road traffic accidents and interpersonal violence, and also health risks linked to lifestyle habits such as smoking.[63] Mental health is another issue finally being recognised as a priority, although there is limited recent data on the subject.

While Egypt continues to have one of the highest prevalence rates of FGM, prevalence is lower among adolescents, signifying a positive impact of strong legislation. The country has not yet criminalised child marriage, however, a significant decline was reported in the adolescent birth rate from approximately 59 births per 1,000 adolescent girls in 2017, to 52 births per 1,000 in 2018.[64] Overall, gender norms and roles in Egyptian society are one of the main structural determinants for the type of health (and protection) risks and constraints faced by girls and boys within the home and in public spaces, including schools. In later life, these gender constraints impact women's participation in the labour market.

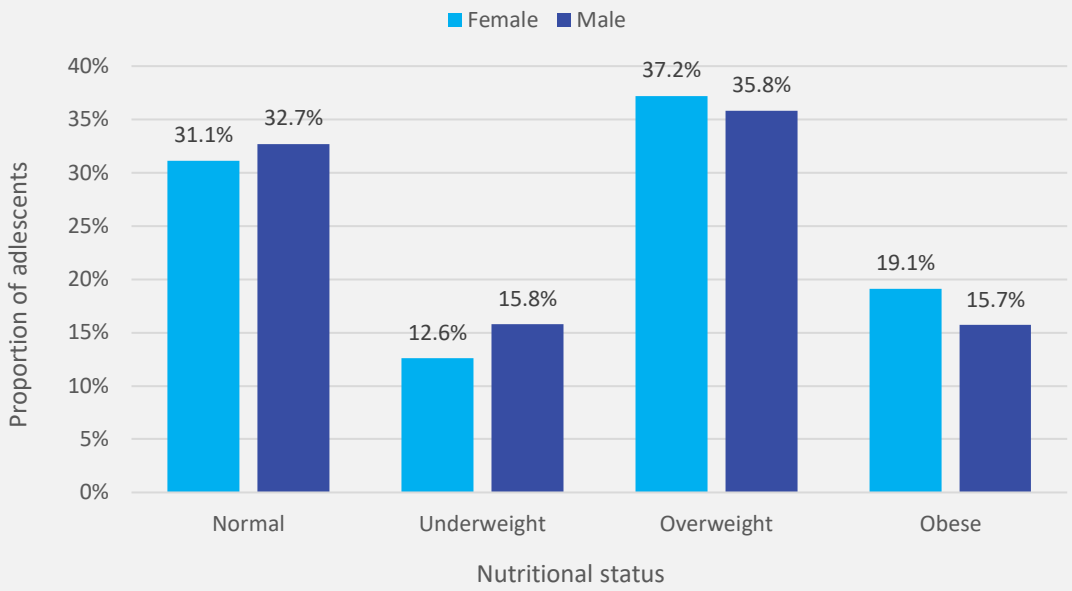
2.3.1 Access to adolescent health and nutrition

Box 2-6: Highlights

- Non-communicable diseases (NCDs), owing to poor nutrition and lifestyle habits, account for the majority of premature deaths in the country and are a huge financial burden on families. [65]
- In 2019, the adolescent mortality rate in Egypt was 3.5/1,000, an increase since 2016. Boys at higher risk of injury from accidents and violence.[66]
- In 2014, the Survey of Young People in Egypt (SYPE) – which uses a Self-Reporting Questionnaire (SRQ-20) developed by the World Health Organization (WHO) – found that 7.1 per cent of young respondents (aged 13-34 years) showed signs of having a mental disorder.[67]

[62] MoHP et al. (2015).
[63] UNESCWA (2019).
[64] UNDESA Population Division (2019).
[65] Elmoneer (2018).
[66] CAPMAS (2020b); UNESCWA (2019).
[67] Population Council (2015).

Figure 2-5: Nutritional status of adolescents, by sex (2016)



Source: Abarca-Gómez et al. (2017). Note: Prevalence estimates are based on modelled age-standardised estimates for children and adolescents aged 5-19 years up to 2016, using the WHO's standard population.

Gender inequities: In parts of Egypt, the socialisation of girls within the home is quite different to boys, irrespective of access to education. From an early age, girls and boys are inculcated traditional gender norms and roles that dictate the primary role of women as within the home, and of men as the primary breadwinner. [68] These norms are still dominant in rural areas of Upper Egypt – more so than in comparison to its urban areas or Lower Egypt. At a young age, this translates to girls taking on an unpaid workload alongside their education, while boys are expected to take on income-generating activities to support the family, if required. According to a 2018 study on time use among adolescents (aged 10-19 years), 63 per cent of girls spent time on unpaid domestic chores in their households, compared to 26.7 per cent of boys of the same age.[69] Further, it found that 20.8 per cent of boys spent time on their hobbies compared to only 10.7 per cent of girls.[70] Overall, girls have restricted mobility in the public space, thus curtailing opportunities to engage in outdoor leisure and social activities and sports, and thereafter future socio-economic opportunities.[71] They are less likely than boys to stay in school and are often married off young, thereby perpetuating the traditional roles of women (i.e. as wives and mothers first and foremost).[72]

[68] Assaad (2015).
[69] Al-Dib & CAPMAS (2018).
[70] Al-Dib & CAPMAS (2018).
[71] Al-Dib & CAPMAS (2018).
[72] Save the Children (2012), as cited in GIZ (2014).

NCDs: NCDs potentially hamper the scope for Egypt to realise its demographic dividend, and thus more efforts are required to quantify the burden of NCDs on the population's health.[73] Poor nutrition, such as the intake of fats and sugars, and other lifestyle habits such as physical inactivity (likely due to staying predominantly indoors, though there are no studies to establish the same) – are factors for obesity and cholesterol, as well as the onset of NCDs.[74] Adolescent girls have a higher propensity to become overweight and obese, indicating undernutrition that exposes them to the risk of complications in adulthood, especially if they become mothers. Adolescent boys and young men are at-risk of NCDs due to higher prevalence of smoking and substance abuse (overall, about half of all men in Egypt are smokers). Moreover, the occurrence of substance abuse in early life is concerning: a study of 13,000 students in Egypt showed that the most used substance among respondents was nicotine (9 per cent used in their lifetime, 4.9 per cent used in the last 12 months and 2.4 per cent used in the last month).[75]

Mental health: There is generally limited data on mental health in Egypt, but existing studies indicate that there is need to prioritise this issue.

Since the COVID-19 pandemic, there are increasing risks of addiction to the internet and social media, and further risks of cyber bullying and online harassment which can lead to mental health issues. These risks can be more difficult to detect without adequate parental guidance or adult engagement.

Refugee children and young people are particularly vulnerable to mental health challenges owing to: exposure to traumatic experiences; them living with distressed single parents; being victims of violence; feelings of displacement and culture shocks; and, economic deprivation.[76] There is little psychosocial support available to refugee children and young people to enable them to better navigate and overcome these difficult and grave circumstances. There have been distressing reports of suicides committed by some Sudanese young people because of "hopelessness".[77] Children and adolescents in institutional care are also vulnerable, having been exposed to difficult life situations in their past and having experienced feelings of isolation and disconnection from the rest of society when institutionalised. Often, a social worker is replaced just as they become familiar and comfortable with that person. Moving from one place to another also has an adverse psychological impact on vulnerable children and adolescents, as they take long to trust their environments and other people. An experience shared by one child FGD respondent who was moved from one institution to another alluded to feeling hopeless.

[73] El-Saadani et al. (2021).
[74] El-Saadani et al. (2021).
[75] Rabie et al. (2020).
[76] Consultations with refugee community leaders and parents.
[77] Consultations with refugee community leaders and parents.

Young people with disabilities face additional barriers to socialising with their peers (for example, through sports and leisure activities) that are important for their mental health and wellbeing (see Box 2-7).

Box 2-7: Participation opportunities for young people with cerebral palsy

UNICEF interviewed a football team made up of young men with cerebral palsy, a group of neurological disorders that appear in infancy or early childhood and permanently affect body movement and muscle coordination and disrupt the brain's ability to control movement and maintain posture and balance. Participants had different degrees of cerebral palsy, which reflected in the difference in their expressive abilities and participation.

For some, being part of the team was not just about playing sports but also a way to integrate into society, changing the stereotypes surrounding persons with disabilities, and getting to know other people. Some also viewed the team as an opportunity to enjoy life, just like any "normal person". As one stated:

"I always feel lonely. I don't know whether that is my flaw, or it is the of others. But I try to overcome everything through something else. I don't have a social life. So, I overcome this through the football team; I play football, go to work, and then after that, I go to another work. I try to avoid what I am missing with something else, even if it is tiring for me. Work for me is tiring; however, you don't really have another choice ....".

Menstrual hygiene: The Sexual and Reproductive Health (SRH) of adolescents is a critical area of intervention and guidance that is often overlooked by parents and families, owing to social and cultural norms. A key issue that shapes the life of an adolescent girl – including their access to school – is menstrual hygiene. WASH services in schools have significantly improved in Egypt, yet there have been very few studies on the implications of accessing menstrual hygiene products and hygienic practices on the lives of adolescent girls.[78] In 2020, findings were released from a 2016 cross-sectional descriptive study conducted in secondary schools for girls in El Mahallah El-Kobra City, Gharbia Governorate. Most girls, irrespective of age, residence and socio-economic status, had an acceptable knowledge of menstrual hygiene. Yet, there are inhibitions and taboos around open discussion with their mothers on how best to meet their menstrual needs, including proper selection and disposal of sanitary pads, and affording the costs of such products.[79] These serve as barriers to adolescent girls understanding and realising their overall hygiene and health needs.

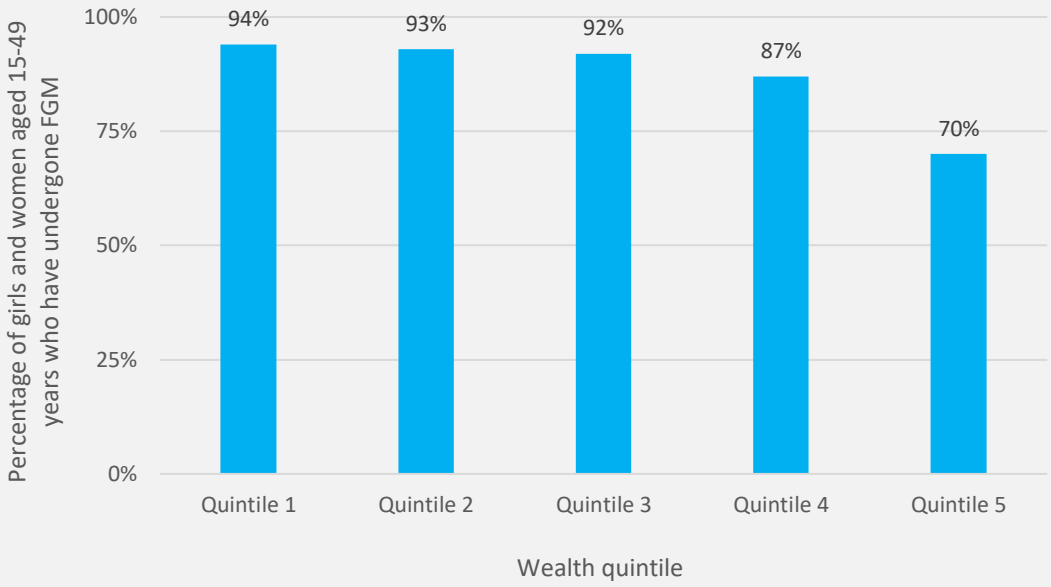
[78] WHO & UNICEF (2021).
[79] El Meselhy et al. (2020).

2.3.2 Access to protection

Box 2-8: Highlights

- Egypt has made remarkable progress in reducing FGM among adolescent girls, with the proportion of those aged 15-17 years having undergone FGM reducing from 77 per cent in 2005 to 61 per cent in 2015.[80]
- Nearly 1 in every 20 girls (4 per cent) aged between 15 to 17 years and 1 in every 10 (11 per cent) aged between 15-19 years are either currently married or were married.[81]

Figure 2-6: FGM prevalence among women aged 15-49 years, by wealth quintile (2014)



Source: MoHP et al. (2015); UNDESA Population Division (2019).

Violence against children (VAC): Child marriage and FGM are the main forms of GBV against Egyptian girls, and indeed in many Arab countries.[82] The prevalence of FGM and child marriage go hand in hand. In Egypt, about 17 per cent of women married or were in a union before the age of 18 years while 2 per cent of women married or were in a union before the age of 15 years. Although sufficient efforts have been made to curtail the practice through enactment of laws and policies, poverty in rural communities, dominance of social and religious customs combined with laxity in the implementation of the law have slowed its success. FGM prevalence among girls aged 15-19 years has fallen in the recent past. The significant decline in the prevalence of FGM is due to strong legislature and focus on strengthening support, prevention and response interventions to end the practice.[83] FGM prevalence varies across Egypt's five

[80] NCCM Child Rights Observatory (2019). Also see: MoHP et al. (2015).
[81] CAPMAS (2017a).
[82] UNESCWA (2019).
[83] NCCM Child Rights Observatory (2019).

wealth quintiles, with higher prevalence in the more deprived regions of the country.

VAWG: It is likely that certain forms of VAWG are underreported due to associated social stigma.[84] In 2013, a UN Women study in Egypt showed that over 99.3 per cent of the female respondents reported experiencing some form of sexual harassment in their lifetime.[85] Within the refugee population, sexual harassment and violence (including rape) remain widespread forms of VAWG. During FGDs, the risks of sexual and gender-based violence (SGBV) were highlighted by refugee community leaders, who noted that unaccompanied girls and young women often find themselves in precarious living arrangements that put them at high risk of sexual exploitation, trafficking, and transactional marriages. There are cases where refugee adolescent girls have been handed in marriage to adult Egyptian nationals just so these girls can have better access to services (including opportunities for higher education).[86] Unfortunately, most of these early marriages put girls at a higher risk of becoming survivors of domestic violence.

In cases of SGBV, there are barriers in access to justice for women and girls in Egypt. Refugee women and girls are thus likely to face additional barriers.[87] In one FGD, a Yemeni woman noted that her daughter was inappropriately approached by a man when she was alone with him in an elevator. When she approached the police, she was accused of lying and was barred from filing a report. As alternative recourse to "revenge" justice, the mother arranged for members of her community to hit the man in public (on the street).

Child labour: Overall, there is limited data on the situation of the 1.6 million children estimated to work in hazardous jobs in Egypt. Reports suggest harsh working conditions that can lead to lifelong health complications, or even death. Some include: prolonged exposure to cement dust; working with and in proximity to brick bakers or oven stokers where temperatures reach 900 degrees Celsius; using heavy machinery such as mechanical saw machines, and working off unstable scaffolding for construction work.[88] The incidence of child labour in Egypt is much higher in rural areas than in urban areas due to their wide engagement in agricultural activities. It is highest in rural Upper Egypt, followed by rural Lower Egypt and then the rural frontier governorates. Nationally, the most common 'worst forms of child labour' are in agriculture, mine quarries, brick-making and construction related works – especially for boys, and for girls street work and domestic work in other people's homes.[89]

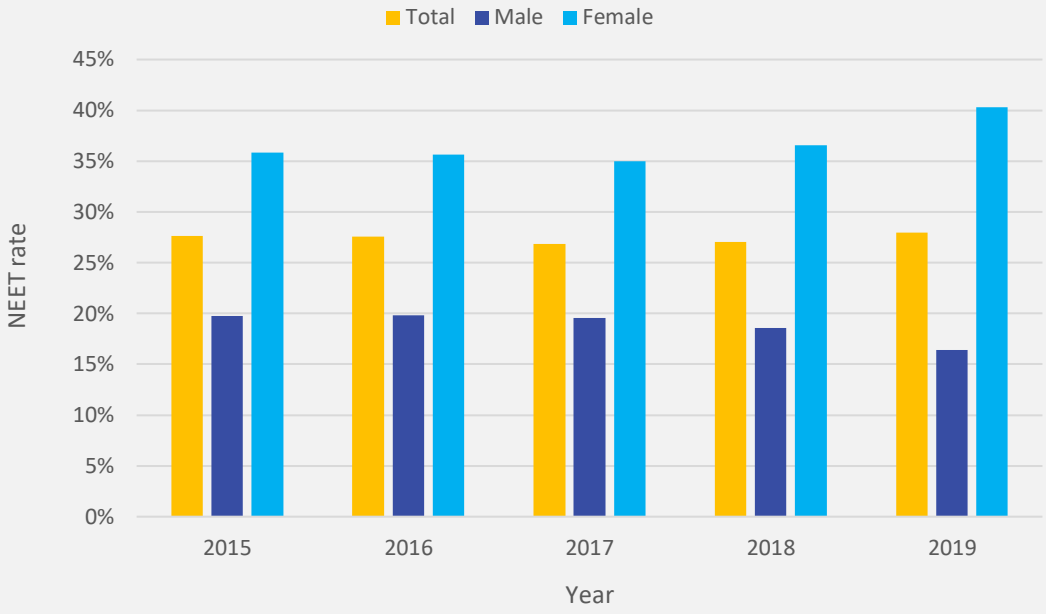
[84] UN Women (2013).
[85] UN Women (2013).
[86] UNICEF Office of Research - Innocenti (2020).
[87] UNFPA & UN Women (2020).
[88] Ministry of Manpower & ILO (2018).
[89] Ministry of Manpower & ILO (2018).

2.3.3 Access to employment and civic freedoms

Box 2-9: Highlights

- In 2019, 28 per cent of young people in Egypt were not in education, employment or training (NEET). From 2015-19, the share of young women who were NEET increased significantly, while the share of men who were NEET decreased. In 2020, total enrolment in technical and vocational education and training (TVET) remained low at only about 2 per cent.
- According to the Central Agency for Public Mobilization and Statistics (CAPMAS), the youth unemployment rate in 2020 stood at 15.4 per cent. Unemployment is much more pronounced among young women (37.6 per cent) than young men (10.9 per cent).
- Women in Egypt face barriers to participating in the labour force throughout their working ages. Women spend twice as much time on unpaid care work as men.

Figure 2-7: NEET rate among Egypt's youth population (aged 15-24 years), by sex (2015-19)



Source: *CAPMAS (2016); (2017b); (2018); (2019); (2020c).*

Sustained access to higher education or training is critical not only for skilling to meet labour market needs and other instrumental goals, but as a route for expanding individual capabilities.[90] The opportunity cost of education is an important consideration for staying in school, particularly for adolescent boys and girls from poorer families. Indeed, the opportunity cost for leaving low-quality education is low, with high education costs leading to low learning outcomes and eventual low returns in the labour market. In 2015, annualised wage returns to basic education were estimated to be just 1 per cent per year of education.[91] The returns to basic education in Egypt are less than one twenty-fifth of the international average (26.6 per cent per year of primary education).[92]

[90] Sen (1999).
[91] Said (2015), cited in Assaad & Krafft (2015).
[92] Psacharopoulos & Patrinos (2004).

Returns from the private sector were even worse: less than 1 per cent per year (0.1 per cent per year for men and 0.4 per cent per year for women).[93] It is therefore unsurprising that a higher proportion of women are NEET. Thus, even as girls outperform boys in terms of learning outcomes and educational attainment, in later years they are increasingly unlikely to make a successful transition from school into paid work.

NEET: Since 2015, there has been no real decline in the proportion of young people (aged 15-24 years) who are NEET in Egypt.[94] Yet, to date there is little up-to-date data on the situation and profiles of this group of young people. A School-to-Work Transition survey conducted in 2013 showed that the majority of young women who were NEET were inactive non-students (71.1 per cent), while the majority of young men who were NEET were unemployed non-students (72.7 per cent). This signifies that young men who were NEET had a higher potential to integrate into the labour market than young women who were NEET – a trend that is potentially continuing today and requires further exploration.[95]

Studies on Egypt's youth unemployment (young people aged 15-24 years), including employment of university graduates, has been a persistent challenge since as 2015.[96] Thus, improved access to education and higher education attainment does not guarantee access to decent work or salaries. The trend can be explained partly by the low quality of education received, which includes the mismatch of the school curricula with dynamic labour market needs. However, there are also structural inefficiencies in the labour market with bleak employment prospects due to high levels of informality, leading to job and income insecurity and working poverty. Employment opportunities and access to decent work are expected to have further reduced due to the economic downturn caused by the COVID-19 pandemic, with risk of spurring unrest and instability.[97]

Women's empowerment: Women in Egypt face barriers to participating in the labour force throughout their working age and are more likely to be unemployed. The 2017 International Men and Gender Equality Survey for the Middle East and North Africa (MENA) region found that the majority of male respondents from Egypt supported a wide array of inequitable traditional attitudes.[98] Existing gender norms, such as women having a primary obligation towards domestic work and childcare and men being the primary breadwinner, continue to perpetuate economic inequalities and discrimination in the workforce, especially in the private sector and in terms of equal employment, wages and career progression.[99] The prevalence of child marriage and GBV are further barriers to

[93] Psacharopoulos & Patrinos (2004).
[94] See: CAPMAS (2016); (2017b); (2018); (2019); (2020c).
[95] Barsoum et al. (2014).
[96] Ghafar (2016).
[97] UNICEF Egypt (2020).
[98] Ghafar (2021).
[99] Constant et al. (2020).

labour market access, as they reduce educational opportunities and lead to early and repeated pregnancy. [100]

In turn, women's obligations in the home and restrictions on mobility limit potential job opportunities. Some studies suggest that, within the formal sector, women have a preference for specific types of non-managerial jobs (mostly private sector) where working hours are flexible, the risk of sexual harassment is reduced, and access to paid vacations as well as sick leave and parental leave are available.[101] Other, older studies have indicated that women are typically unable to remain in private sector employment following motherhood because jobs are inflexible in accommodating for childcare, in comparison to the public sector that has shorter working hours, greater access to childcare and parental leave.[102]

[100] Abdel-Tawab et al. (2017).
[101] Assaad (2015).
[102] World Bank (2010) cited in GIZ (2014).

3 Groups at-risk of being left behind: Thematic analysis

As part of the SitAn, thematic analysis was carried out on three at-risk groups identified by UNICEF Egypt and its partners: (1) children and young people on the move, (2) children and adolescents in alternative care, and (3) children and young people with disabilities. There are generally limited data on these groups in Egypt, although there are some studies highlighting the challenges faced in the fulfilment of their rights. Additional consultations with adolescents and community level stakeholders were held in 2021, which provided further insight into the lives of children and young people on the move, and children and adolescents in alternative care. Due to ethical and protection concerns, children and young people with disabilities were not directly interviewed, and the SitAn instead relies on key informants and secondary literature for relevant information. The findings herein should be considered as starting points for carrying out more robust nationally representative research on these critical thematic areas.

3.1 Children and young people on the move

As of July 2021, the United Nations High Commissioner for Refugees (UNHCR) had registered 265,393 refugees and asylum-seekers from 63 countries of origin, with half of them being from Syria and the other half constituting populations from Sudan, South Sudan, Eritrea, Ethiopia, Yemen, Somalia, Iraq and other countries.[103] Refugees and migrants in Egypt are constituted in six main governorates: Cairo (35.4 per cent), Giza (34.8 per cent), Alexandria (9.2 per cent), and the remainder in Qalyubia, Sharqia and Damietta. The majority of these refugees and migrants are men.[104] In the same year, children on the move (COM) accounted for around 37 per cent of all registered refugees and asylum seekers (98,733 registered children). 4,186 of these were Unaccompanied Asylum-seeking Children (UASC), who are found to commonly transit into Egypt through border governorates. Like adult refugees, refugee children generally reside in large cities. In addition to child refugees and asylum seekers, migrant children also constitute COM. However, the exact numbers of the latter are not known. The following sections focus primarily on refugee children and young people.

[103] UNHCR (2021).
[104] UNHCR (2021).

3.1.1 Progress and inequities in rights outcomes for refugee children and young people

Box 3-1: Quotes from parents of refugee children and young people[105]

"My son had appendicitis. I took him at night to the first hospital and they said they need EGP 12,000 to admit him. I only had EGP 6,000. There was no way I could borrow all this money. I was seeing my son dying in front of me. They told me take him to another hospital. I took him to hospital and it cost EGP 8,000. I borrowed the remaining amount." (Syrian Parent).

"My son told me forget about my studies, I have to help you and help my brothers." (Syrian parent).

"My son is afraid to go out to the streets in fear of bullying by other children." (Sudanese parent).

Health and protection: Most children and young people on the move are able to access Egyptian public health services in the same manner as an Egyptian child, and in 2020 approximately three in four migrant children or young people used a health centre/hospital (74 per cent).[106] Women and girls reported a slightly higher use of health centres and family centres (7 percentage points higher than men and boys).[107] However, significant differences in usage have been recorded between nationalities. For instance, a higher proportion of Syrians had accessed a health centre or a hospital in comparison to the Sudanese (35 percentage points higher).[108] Migrant families, especially from non-Arab states often favour health services offered by the private or charity sectors and instead use government primary health centres (PHCs), mainly for immunisation purposes.

Adequate nutrition is another challenge for refugee and migrant families. According to UNHCR (2020), 46.9 per cent of sampled refugees had low to medium dietary diversity, meaning the variety of foods and adequate intake of essential nutrients for better health was limited or poor.[109] However, when compared based on nationality, more non-Arabic speaking refugees (70 per cent) had low to moderate diversity compared to Syrian refugees (27.1 per cent) or to other Arabic speaking refugees (50 per cent).[110]

Poverty is closely interlinked to child protection concerns. Male refugee children and adolescents are more likely to leave school to be engaged in child labour in order to support their families. According to a UNICEF Innocenti study (2020), 78 per cent of the working children were prevented from going to school due to reasons including earning an income.[111] The highest incidence of child labour among refugees was reported in Damietta (6.5 per cent). High rates were also

[105] FGDs with refugee parents
[106] ISS (2020); UNICEF Office of Research - Innocenti (2020).
[107] UNICEF Office of Research - Innocenti (2020).
[108] UNICEF Office of Research - Innocenti (2020).
[109] UNHCR (2020), p38. Dietary diversity is a measure of "the number of different foods or food groups consumed by an individual or household over a specific time period".
[110] UNHCR (2020).
[111] UNICEF Office of Research - Innocenti (2020).

observed in Qalyubia (4.8 per cent), Alexandria (3.8 per cent), and Cairo (2.8 per cent).

During the FGDs, respondents generally reported a lack of awareness of the existence of some services that are available to the refugee population. For example, **refugee children** are entitled to maternal and child healthcare and immunisation under the Ministry of Health and Population (MoHP) – specifically from family health units. Further, there are a number of non-governmental service providers, international organisations and Community-Based Organizations (CBOs) that offer support at various levels.

Education and participation: The most recent recorded figures for school enrolment indicate that of the 83,000 refugee children who are of school going age (5-17 years) – who make up 30.4 per cent of all refugees – the majority (86 per cent) attend school.[112] Of those attending school, 54 per cent are male and 46 per cent are female. In 2020, among the most notable refugee populations in Egypt (see Table 3-1), school attendance rates were high among the Sudanese (92 per cent), Syrian (89 per cent), South Sudanese (87 per cent), and Iraqi refugees (82 per cent), but moderate among Eritrean (64 per cent), Ethiopian (54 per cent), and Yemeni refugees (52 per cent). [113]

Table 3-1: Attendance of children aged 6-17 years, by nationality and school type (2020)

Nationality	Enrolled	School Type (%)			
		Public	*Community*	*Private*	*Total*
Sudanese	92%	5.6%	89.2%	5.2%	22.9%
Syrian	89%	77.1%	19.1%	3.8%	58.2%
South Sudanese	87%	-	91.8%	8.2%	7.8%
Iraqi	82%	-	3.4%	96.6%	2.7%
Eritrean	64%	-	92.2%	7.8%	4.7%
Ethiopian	54%	15.4%	84.6%	-	1.2%
Yemeni	52%	28.6	28.6%	42.9%	1.3%
Other	-	-	100%	-	1.2%
Total	-	***520***	***486***	***81***	***1,088***
Percentage of total enrolled	n/a	*47.8%*	*44.7%*	*7.5%*	***n/a***

Source: UNHCR (2020).

Despite all children in Egypt having an equal right to access public education, there are contradictions in regulations concerning refugees. Iraqi refugees, for instance, are restricted by existing regulations that limit their formal access to

[112] UNHCR (2020); UNICEF (2021).
[113] UNHCR (2020).

public schools compared to other nationalities, including Syrians, Yemenis, Sudanese and South Sudanese, who are granted access on equal footing as Egyptians (meaning have the same access and pay the same marginal fee as Egyptians). Other refugee nationalities, beside Iraqis, must request – on a case-by-case basis – access to public education from the Minister's office at the Ministry of Education and Technical Education (MoETE). This exception is a result of Egypt's restriction on the 1951 Convention Relating to the Status of Refugees when it comes to accessing public education. Although Sudanese and South Sudanese children are granted access to public schools just like Egyptian nationals, their parents often favour community schools instead, for a number of reasons that include: 1) ensuring their children study the Sudanese curriculum and maintain their Sudanese identity through studying social science and history; and 2) protection reasons, such as to avoid experiencing bullying, xenophobia or racial discrimination.

The lack of documentation – in particular, not having a residence permit – can be a major barrier when accessing public education in Egypt. Access to residence permits varies between nationalities and linguistic groups, with non-Arabic-speaking refugees (mostly from Sub-Saharan Africa) being the most vulnerable and least likely to integrate.[114] In comparison to Arabic speaking refugees, non-Arabic speaking refugees have lower access to residence permits (29 per cent of Ethiopians, 22 per cent of Eritreans and 21 per cent of South Sudanese compared with 62 per cent of Yeminis, 46 per cent of Syrians and 44 per cent of Iraqis).[115] However, refugees of all nationalities report that the process to renew the permit to stay in Egypt is lengthy and onerous.

Indeed, access to residency permits remains one of the major challenges hindering full integration into Egyptian society. As refugee children grow into adults, they are likely to face access barriers in terms of labour force participation, lack of job protections and risks, such as discrimination and harassment in the workplace.[116] Egypt's labour force legislation (Law no. 137 of 1981) and the 2004 Decree of the Ministry of Manpower and Emigration (MoME) require all foreigners (including refugees) to have a permit to work in "gainful" employment. These permits are not only costly (EGP 5,000-30,000 per year)[117], the process of acquiring them can also be very lengthy and arduous.

3.2 Children and adolescents in alternative care

The Convention on the Rights of the Child (CRC, 1989), to which Egypt is a signatory, recognises in its preamble that "*the child, for the full and harmonious development of his or her personality, should grow up in a family environment, in an atmosphere of happiness, love and*

[114] UNHCR (2020).
[115] UNHCR (2020).
[116] Of the more than 1,300 cases of GBV registered in the first 10 months of 2019, 90 per cent of them were against African nationals. Source: UNHCR (2020).
[117] UNICEF Office of Research - Innocenti (2020).

understanding. A family, according to the United Nations (UN), is the best living environment for nurturing a child".[118] Unfortunately, not all children in Egypt are able to develop in the comfort of a stable family, and there is a need for alternative care systems.

In Egypt, there are some key factors that contribute to children requiring alternative care, for example, family separation or coming in to contact with the law (in particular, being in *conflict* with the law). Family separation occurs either through **abandonment** (where a competent jurisdiction decides that a child's parents cannot be identified) or **relinquishment** (when parents/a parent or the State decides that they do not have the capacity to care for their child). Children and adolescents in conflict with the law (henceforth referred to as children in conflict with the law) – usually boys – comprise another group in need of appropriate alternative care. In Egypt, the legal age of responsibility in the eyes of the law is as early as 12 years. For children and adolescents in conflict with the law, detention and institutionalisation are still the main resort. There are challenges in current institutional care settings, as voiced by FGD respondents (see Box 3-2).

Box 3-2: Challenges faced by children and adolescents in institutionalised settings[119]

- Feelings of isolation and disconnection from the rest of society
- Over crowdedness and lack of privacy
- Differential treatment by staff based on duration of stay
- Confrontations and fights among children
- Stigma in schools

In 2021, the Ministry of Social Solidarity (MoSS) launched its reformed alternative care strategy to promote the de-institutionalisation of the alternative care system and enhance options for community-based alternative care systems for children in Egypt. Digitalisation of the application for guardianship has been a key innovation.

3.2.1 Progress and inequities in rights outcomes for those in need of alternative care

Health and protection: There are limited alternative or community-based care systems for children in Egypt, which contribute to the presence of children living on the streets.[120] Risks encountered by children in street situations and in alternative care include sexual violence, physical violence, exploitation, neglect, as well as stigmatisation at school and within the community (see Box 3-3). When children come in conflict with the law, being incarcerated with adults in police stations remains one of the most serious protection risks. As noted by social workers during the FGDs, presently, there is no clear protocol for children in

[118] UNGA (2010).
[119] FGD with children and adolescents in institutional care.
[120] Ali (2015); Megahead & Cesario (2008).

conflict with the law on where they should be kept (or not kept) as cases are being dealt with. Access to medical services – particularly public healthcare – is always limited for many street children, and the main options available are offered by non-governmental organisations (NGOs) such as the Egyptian Association for Societal Consolidation (or EASC) or *Wataneya* Society.

Box 3-3: The critical need for adequate care

One FGD child respondent described his circumstances of being deprived of love, care and attention that led him to the streets. While living with his father he was constantly physically abused by his stepmother. Even when he escaped to his biological mother, his father would bring him back to his home. Eventually, he was forced to escape to the streets where he found an institution willing to enrol him in school. Although he felt accepted for the first time in this school, he still felt alienated, especially when teachers jeered at him for being a child from an institution.

Education and participation: Children living on the streets are the most deprived of access to basic education. FGDs revealed that, until the intervention of third-party institutions such as EASC, some had never enrolled in formal education. Another at-risk segment of children in alternative care are children with disabilities, although specific information about this group is unavailable.

When institutionalised, a child is subjected to a very different environment for socialising and learning life skills, thus leading to feelings of isolation and disconnection from the rest of society (see Box 3-4). Children in alternative care facilities are also subjected to stigma in the schooling system and are seen by some as "illegitimate" children. [121] Children below the age of two years are often placed in institutions under the MoHP, such as the family health units, where they do not receive adequate stimulation or care.

Box 3-4: Child FGD highlights

Boy #1 has lived on the street and in a shelter for 4 years, but was recently reunited with his father: ***"Boys think that escaping is the solution. You just leave the house. The street gives you freedom, but it is bad for you. I look back and I feel so what is the problem if I was beaten at home. At the time, I used to see it as a big problem, and I was very upset. I now see that I shouldn't have been so upset (about the violence)."***

Boy #2 left home to live on the streets. ***"Home is stifling, and you feel repression. The street gives you freedom. You can do anything you want (on the street), you can come and go, and you can smoke. When you get to the shelter house, you are first shaken and taken aback. Then you get used to it. The problem with the shelter house is the privacy. You don't feel you can have your own things."***

Upon leaving institutional care at the age of 18 years, a young person has the option to return to their biological family or relatives. In practice, these transitions are far from smooth, with many young people having gone through frequent placements and faced stigma and isolation since childhood. [122] Girl children tend to be over-protected while living in alternative care facilities and are seldom allowed to leave the premises on their own, which further limits their

[121] Abdel Hafez (2022).
[122] Abdel Hafez (2022).

life skills and the ability to live alone.[123] After leaving alternative care institutions young people are faced with challenges in several domains, such as housing, poor life skills, inadequate education, poor access to productive employment and decent work, continued stigma and even mental and psychological health challenges.[124] However, it should be noted that the experience of reintegrating into families or society is diverse. According to one FGD respondent who recently turned age 18 years, it has been difficult to adjust to the now unfamiliar family environment even after nine months of being there, given he had last lived there when he was only seven years old. Another respondent mentioned that his relationship with his father had improved since they last lived with each other, and he is now able to communicate with him.

3.3 Children and young people with disabilities

In 2008, the United Nations Convention of the Rights of Persons with Disabilities (UNCRPD) became effective as a global guiding framework to address these challenges and protect the rights and dignity of persons with disabilities. Concerning children and adolescents with disabilities, the UNCRPD asserts that they "*have full enjoyment of all human rights and fundamental freedoms on an equal basis with other children*" (Preamble) and that "*States Parties …take all necessary measures to ensure the full enjoyment by children with disabilities of all human rights and fundamental freedoms on an equal basis with other children*", including ensuring their best interests and that they are able to "*express their views freely on all matters affecting them… on an equal basis with other children*" (Article 7).[125] As of 2021, 182 countries (including Egypt) were signatories to the Convention. Egypt signed the UNCRPD on April 4, 2007, and ratified it on April 14, 2008, but is yet to sign the Optional Protocol to the UNCRPD (OP-CRPD).[126]

There is very limited information on the situation of children and adolescents with disabilities. Overall, it can be concluded that despite the positive efforts towards disability inclusion by the government, especially with the introduction of the 2018 Disability Law (No. 10/2018), structural and socio-cultural barriers continue to impede the implementation of disability inclusion policies in Egypt.[127]

Disability prevalence: The 2017 Census was the first in which disability among the population aged 5 years and above was measured, although only 10 per cent were assessed using the recommended WG-SS.[128] According to the Census data,

[123] Abdel Hafez (2022).
[124] Abdel Hafez (2022).
[125] UNGA (2006).
[126] The OP-CRPD allows individuals, groups of individuals or a third party (on behalf of individuals and groups) to submit complaints to the CRPD Committee if they feel that their rights have been violated under the UNCRPD. Such complaints may only be communicated against a State party that has ratified or acceded to the optional protocol and only upon the exhaustion of all available and effective domestic remedies. If the CRPD Committee finds that the State has failed in its obligations under the CRPD, it will issue a decision requiring that the violation be remedied and for the State party to provide follow up information.
[127] Hassanein et al. (2021).
[128] CAPMAS (2017a).

the proportion of people with a disability (i.e. with "a lot of difficulty" and "cannot do at all" in at least one functional domain) among persons aged 5 years and above is 2.61 per cent. Disability prevalence is, on average, similar across urban and rural areas, however, the disability prevalence rate is higher among men and boys than women and girls. The most prevalent types of disability recorded were visual and physical (walking) disabilities.[129] Disability prevalence generally increases with age owing to age related illnesses, leading to significant deterioration in quality of life unless appropriate disability-inclusive and quality care services are provided.

Approximately five per cent of children (aged 5-17 years) experience some form of functional difficulty in their day-to-day life. They face more difficulties – from slight ("some functional difficulty") to absolute degrees ("a lot of difficulty" or "cannot do it at all") – in cognitive and learning activities (such as self-care, understanding or remembering) at around 2 per cent, than physical difficulties (at 1 to 1.5 per cent). Moreover, about 5.2 per cent of young people aged 18-29 years face slight to absolute functional difficulties.[130]

A smaller study by El-Saadani and Metwally (2018) measured disability among 12,651 adolescents and young adults, aged between 15-29 years using data from the Household Observatory Survey (HOS)[131] (round 13 of 2016).[132] Within the sampled population, 4.8 per cent had any disability ("some functional difficulty"), 1.7 per cent had a severe disability ("a lot of difficulty") and 0.8 per cent had a total or complete disability ("cannot do it at all").[133] According to this same study, the estimated prevalence rate for any type of disability among young people (aged 15-29 years) ranged from 0.7 per cent (hearing) to 2.53 per cent (vision), while severe disability ranged between 0.31 per cent (hearing) to 0.63 per cent (communicating). The study also found that: more young men than young women have a disability; the older cohort of young people (aged 25-29 years) has a higher prevalence rate of any and severe disabilities, and; young people (aged 15-29 years) living in low-income households had the highest prevalence of any as well as severe disabilities.[134] Geographically, the odds of having any and severe disabilities among urban young residents were 0.76 and 0.69 times less than that among their rural counterparts. Prevalence of any disability was highest in Lower Egypt, while the prevalence of severe disability was equally observed in both Lower and Upper Egypt.

[129] CAPMAS (2017a).
[130] UNICEF (2018).
[131] IDSC (2016). The HOS was the first nationwide survey on individuals with disabilities conducted in Egypt, which adapted the Washington Group Short Set on Functioning (WG-SS). Similar to the WG-SS, this study estimated prevalence of disability depending on the implemented severity thresholds. If a subject has a score of "some difficulty" in at least one domain, she/he is considered "any disability". If a subject has a score of "a lot of difficulty" in at least one domain, she/he is considered to have a "severe disability." If a subject has a score "unable to do it at all" in at least one domain, she/he is considered to have a "total disability."
[132] El-Saadani and Metwally (2018).
[133] IDSC (2016).
[134] El-Saadani and Metwally (2018).

3.3.1 Progress and inequities in rights outcomes for children and young people with disabilities

Health and nutrition: Existing data does not permit in-depth analysis of health issues faced by children and young people with disabilities. In terms of nutrition, 22.9 per cent of persons with disabilities do not have access to adequate food, compared to 13.8 per cent of persons without disabilities.[135] It is critical to establish the relationship between Egypt's triple burden of child mal- and undernutrition (stunting and wasting, anaemia/hidden hunger, and overweight and obesity), developmental delays in children, and the impacts of children having a disability. Other challenges that require equal attention include access to adequate healthcare and rehabilitation, especially for poorer and rural populations, and the availability of adequately trained health workers to provide rehabilitative care.

Education: Disability interacts with overarching spatial inequalities in Egypt, with residents of rural areas and in particular rural Upper Egypt, most disadvantaged in education.[136] While the disability prevalence rate among rural children of school going age is comparable to that of urban children (as per the 2017 Census), enrolment figures for children with disabilities in rural schools are lower than those for children with disabilities in urban schools (6,000 enrolled compared to 37,000 enrolled in 2021, respectively).[137] The available data suggests a lack of inclusive education infrastructure in rural areas. The demographic and socioeconomic differentials in school enrolment rates suggest that even among older adolescents and young people, those with disabilities are the most deprived of education. The aforementioned 2018 study by El-Saadani and Metwally suggests that one third and close to one half of the sampled population (aged 15-29 years) with any and severe disabilities, respectively, were deprived of adequate access to education in rural Upper Egypt.[138] The percentage of older adolescents and young people with any or severe disabilities who had never been enrolled in education stood at 17.7 per cent and 33.9 per cent, respectively, indicating an increase in educational deprivation as the severity of disability increases.[139]

Protection: A key concern is the intersection of gender and protection risks with disability, that indicate discrimination faced by girls and young women with disabilities in health, education, protection, and eventually labour force participation. Existing information underscores the need for concerted efforts to implement the Disability Law (Law No. 10/2018). In comparison to their male counterparts, young women with disabilities are more likely to be deprived of education.[140] As they face a higher likelihood of being excluded from family

[135] UN Egypt (2021).
[136] El-Saadani and Metwally (2018).
[137] MoETE (2021), cited in UN Egypt (2021).
[138] El-Saadani and Metwally (2018).
[139] El-Saadani and Metwally (2018).
[140] UN Egypt (2021).

activities and denied access to education and health services, girls living with disabilities are more likely to be illiterate compared to their male peers.[141] Additionally, the risk of violence (including that of sexual nature) tends to be higher among women with disabilities.[142] Women with disabilities are also regarded as less marriable and perceived by some communities as a potential threat to the marriageability of their female siblings.[143] In terms of employment, 82 per cent of women with some form of disability are outside the workforce, compared to 77 per cent of women without disabilities (see Box 3-5).[144]

Box 3-5: Case study of a girl with a disability[145]

Mena (alias) is a 19-year-old girl with a motor disability (left arm amputated) who lives in Tanta in Gharbia governorate and studies journalism at Menofia University in the governorate of Menofia. Each day, she embarks on a 1 to 1.5 hour commute to college. Mena was two years old when her arm was amputated. Following the amputation, she did not feel there was anything she could *not* do because of her disability, neither did she feel her disability would affect her relationships with others. According to Mena, this feeling was likely because she was young at the time of the amputation.

Studying journalism has been a turning point in her life. Although the commute is long and the workload is high, it has encouraged her to study different languages. Despite overcoming the challenges to secure higher education, she still feels her disability becomes the focus of attention whenever she is among people. She overcomes this challenge by telling people she is meeting for the first time straightaway that she has a disability. By doing so, she is less likely to "shock" them or end up in awkward situations where she feels hurt by their actions.

Mena wishes to finish her undergraduate studies and pursue a graduate degree but is often preoccupied with worries about not being able to find a job because "she is not like the rest of the people." She believes being a freelance journalist would offer her the freedom to work at her own pace. She prefers to work in Cairo because:

"I cannot imagine having a future in Tanta, I cannot imagine things going this way. I love Tanta a lot and I want to live in it always, but I cannot imagine having a future in it. Tanta is a small city, and we all know one another but the labour market (opportunities) is in Cairo and training courses are held in Cairo."

Mena's parents have always been supportive on her education and will support her decision to move to Cairo given the opportunities that are likely to open up for her. She also has her sisters studying and working in Cairo and would not be on her own there.

Participation: With respect to civic participation, on average, the percentage of persons with disabilities who use mobiles, computers, and the internet is estimated to be 31.2 per cent, 10.7 per cent, and 10 per cent, respectively, compared to national averages at 65.4 per cent, 29.3 per cent, and 28.9 per cent respectively.[146] Regarding participation in the labour force, evidence suggests that the 5 per cent employment quota for people with disabilities – instituted for organisations with 50+ employees since 1982 – is not being adhered to, as they continue to be disadvantaged in their job search when competing with their

[141] Rohwerder (2018).
[142] UNFPA (2018).
[143] Rohwerder (2018).
[144] Sieverding and Hassan (2019).
[145] UNICEF Egypt (2020).
[146] CAPMAS (2017a).

counterparts without a disability (see Box 3-5).[147] There are also barriers to their socialisation with their peers, for example, in sports and leisure activities, which are important for the mental health and wellbeing of young people.

[147] ILO (2014).

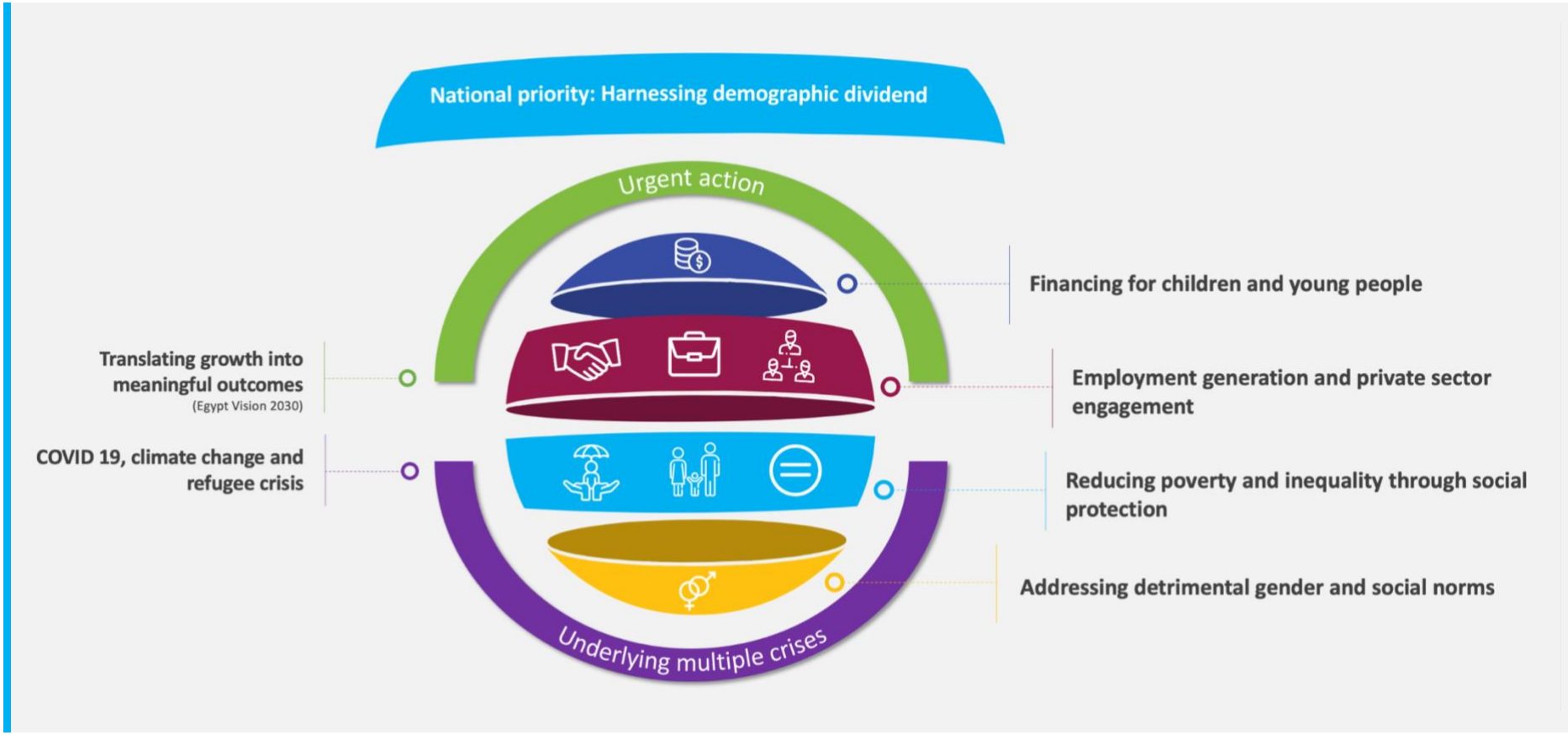
4 Key takeaways

Given Egypt's young demographic profile, the fulfilment the rights of children and adolescents must be a national priority (Figure 4-1). In recent decades, the country's service infrastructure has not been able to cope with its burgeoning population, compounded by a sequence of economic shocks and inadequate investments in sectors such as education, health and housing.[148] Persistent poverty, regional inequalities, and detrimental gender and social norms have also been intersecting challenges to achieving the potential of this demographic dividend.

An economic paradigm that centres people and planet can enable Egypt to achieve meaningful outcomes. The country is currently on track to achieve only a limited number of Sustainable Development Goals (SDGs), with a reversal of current trends in some key targets, particularly in SDG 1 (No poverty), SDG 8 (Decent work and Economic Growth), SDG 5 (Gender Equality) and SDG 16 (Peace, Justice and Strong Institutions) – all of which pose as disabling factors to harnessing the opportunities presented by the country's young demographic profile.[149]

[148] MPED (2021).
[149] UN Egypt (2021).

Figure 4-1: Enablers and disablers in harnessing Egypt's demographic dividend



Source: Author's creation.

4.1 Opportunities and challenges in fulfilling child rights

With appropriate socio-economic policies and investments in place, a young population presents an opportunity to harness a demographic dividend.[150] However, this potential can also be squandered due to inequalities in opportunities and thus outcomes based on gender, location, disability status and experiencing poverty from a young age.[151] The opportunities and challenges faced in the fulfilment of rights of children, adolescents and young people are analysed as per UNICEF's commonly used CRC pillars:

- the right to health, nutrition and survival (and a clean and safe environment)
- the right to education, learning and development
- the right to protection, family environment and alternative care
- the right to full participation in society

4.1.1 The right to health, nutrition and survival

Egypt is progressively strengthening its healthcare policies, but there are still challenges in enforcing existing provisions. Until recently, the government's capacity to ensure accessibility and affordability of healthcare has been limited, owing to structural inefficiencies embedded in the health sector, with parallel systems of private and public healthcare and high levels of out-of-pocket (OOP) spending. There are gaps in financing and human resources for primary healthcare provision, affecting both quality and equity in access. A preliminary analysis of the COVID-19 pandemic indicates that the crisis has led to an immediate reversal of some gains in population health outcomes, especially with vulnerable sub-population groups.[152]

Key intervention priorities:

- Reducing maternal, neo-natal, infant and under-five mortality
- Breaking the cycle of mal- and undernutrition
- Improving access to sanitation and safe, clean water
- Prioritising adolescent health

4.1.2 The right to education, learning and development

Education is a key priority, with Egypt investing heavily in its ambitious education reform programme (Education 2.0), whose outcomes are expected to be fully realised in the current decade (leading up to 2030). To date, the education sector has been unable to keep up with the burgeoning student population and faced with the uneven provision of quality education. These issues of equity and quality are linked to gaps in financing and human resources

[150] Duehring et al. (2019).
[151] UN Egypt (2021).
[152] UN Egypt (2020).

for education provision. The COVID-19 crisis has led to further learning losses, owing to the digital divide that is exacerbating inequalities in education.

Key intervention priorities:

- Improving quality of early childhood development
- Strengthening sustained education access and learning outcomes

4.1.3 The right to protection, family environment and alternative care

Egypt has succeeded in ratifying global child and human rights frameworks, affirming the rights of children and young people in the 2014 Constitution and in establishing appropriate legislature and national policies to ensure their protection. However, the multiplicity of risks and types of violence faced by young populations; the challenges of underreporting and inaccuracies in available data; government and non-government actors with overlapping mandates; and finally, of under-resourced systems in place to respond to and prevent violence, have together made it challenging to ensure that all children and young people are protected. This is particularly concerning for those at-risk and undercounted, such as: children with disabilities; COM (refugees); children in alternative care; and children in contact with the law.

Key intervention priorities:

- Reducing violence against children and gender-based violence
- Reducing child labour

4.1.4 The right to full participation in society

The right to full participation in society during young adulthood entails the fulfilment of the right to health, education, an adequate standard of living and protection (including social protection from a young age). The fulfilment of the right to full participation in society is also dependent on the government's ability to ensure equity and non-discrimination in access to services and opportunities, including civic and political engagement for all children and young people. Egypt's challenges in providing quality education and a well-functioning labour market translate into limited opportunities for decent work for young people, even when they are university educated.

Key intervention priorities:

- Reducing the number of young people who are (NEET) and youth unemployment
- Prioritising women's economic empowerment
- Improving youth civic engagement and political participation

4.2 Strengthening the enabling environment

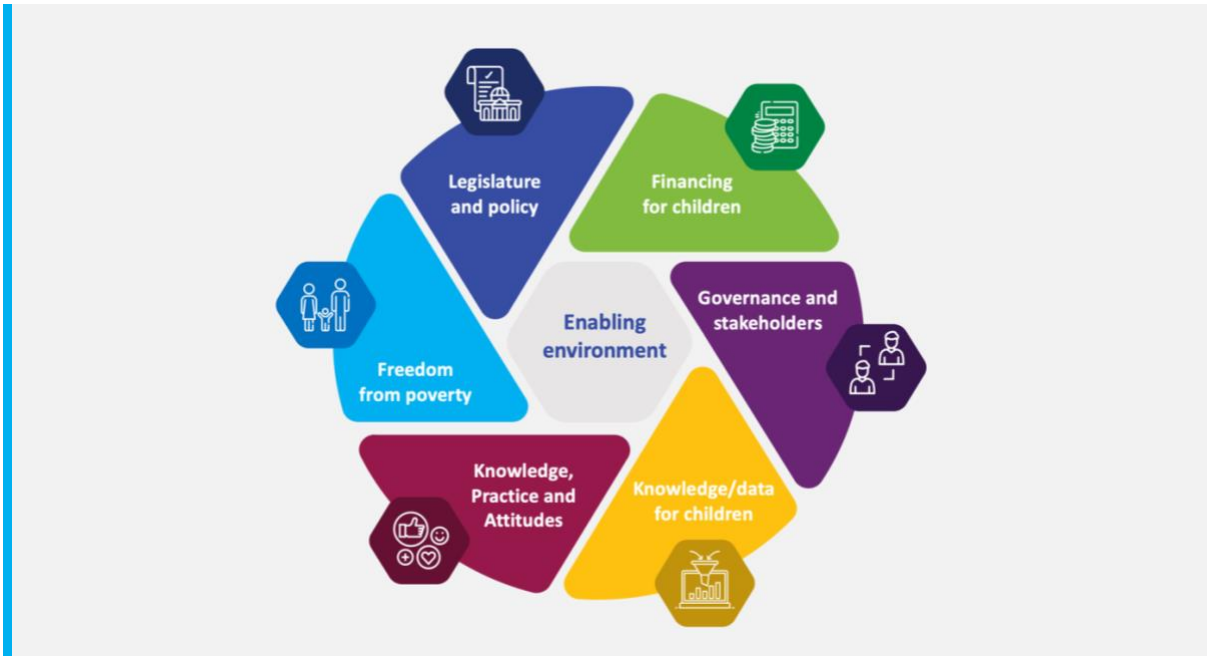
In 2011, the Committee on the Rights of the Child noted that the Government of Egypt has taken steps to integrate the committee's recommendations, last provided in 2001, towards upholding the rights of children and young people. However, it notes the following:

"The Committee urges the State party to take all necessary measures to address those recommendations it made in its concluding observations on the second periodic report under the Convention which have not been implemented or sufficiently implemented, including those related to coordination, data collection, allocation of resources, independent monitoring as well as those concerning adolescent health, the best interest of the child in all matters affecting children, children with disabilities, economic exploitation, sexual exploitation and abuse of children. The Committee further urges the State party to provide adequate follow-up to the recommendations contained in the present concluding observations."[153]

These concluding observations remain relevant even today, although Egypt has taken further steps to address the committee's concerns. Egypt's 2014 Constitution (amended in 2019) provides the most authoritative guarantee for the fundamental rights and freedoms of all children and young adults in Egypt.[154] Yet, in the coming five-year period, in line with progressing towards SDG targets by 2030, greater financing is required for key sectors such as health; nutrition; water, sanitation and hygiene; education; and protection. Further, there are challenges facing governance of both public and private services, in terms of existing coordination and accountability mechanisms. There are also challenges with data, as little is known about the intersectional vulnerabilities experienced by children and adolescents with disabilities, refugee children, child labourers, and those living in rural and remote areas, among others. The range of disablers and enablers can be encapsulated under six core dimensions of an "enabling environment" for fulfilling the spectrum of rights of children and young people (see Figure 4-2).

[153] UN Committee on the Rights of the Child (2011).
[154] Arab Republic of Egypt (2014).

Figure 4-2: Enabling environment dimensions

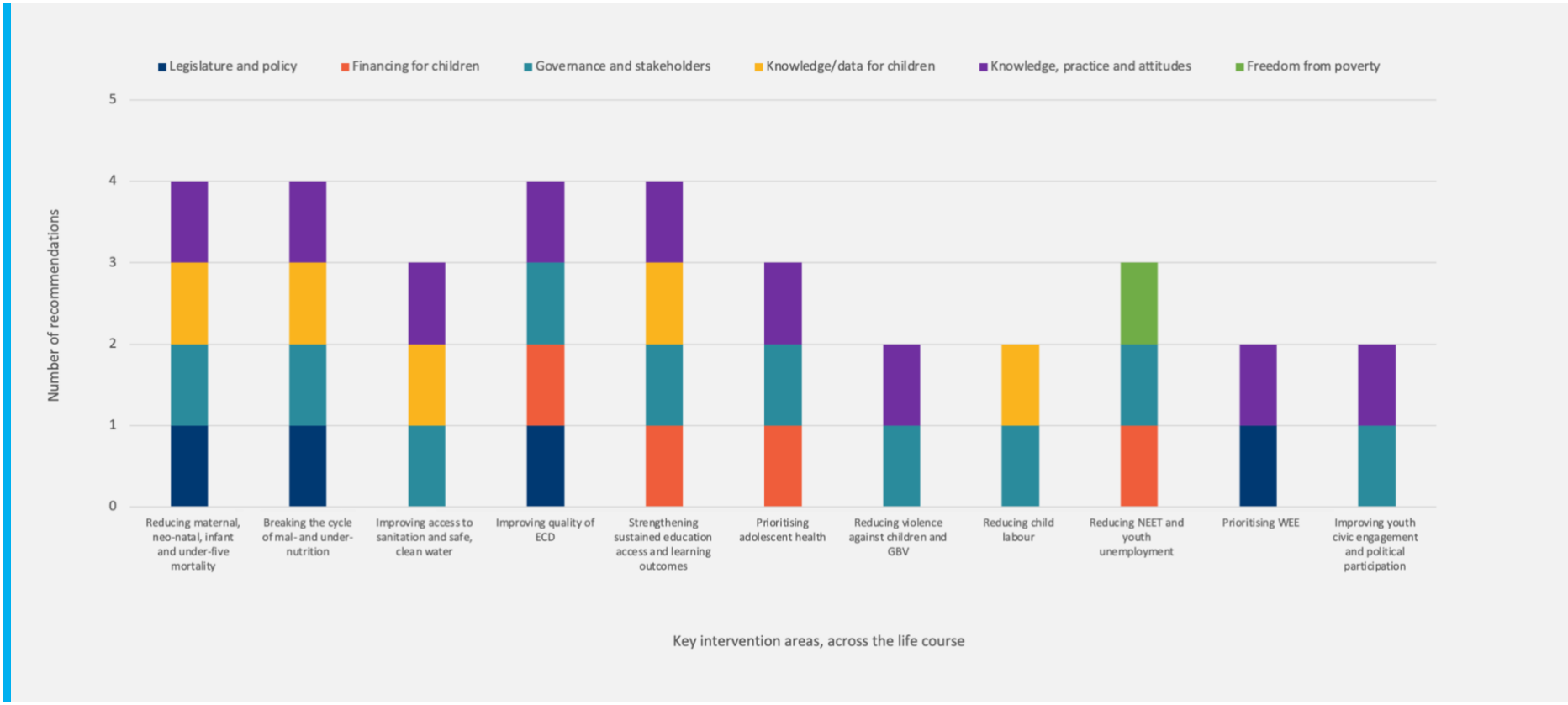


Source: Author's creation

To achieve the key intervention priorities identified from the life course analysis (see Figure 2-1, Chapter 2: Progress and inequities), Egypt needs to strengthen the dimensions of the enabling environment through a set of priority actions.

Figure 4-3 provides, at a glance, an overview of where the Government of Egypt and its partners (including UNICEF) should prioritise their efforts and investments. Of the 33 recommended priority actions, 10 are focused on strengthening governance and stakeholders, and 10 on changing KAP (60.6 per cent collectively); 5 are focused on better data on children (15.2 per cent); 4 on greater financing for children and on stronger legislature (24.2 per cent in total) and one critical recommendation on expanding social protection to achieve freedom from poverty.

Figure 4-3: Key intervention areas across the life course



Source: Author's creation.

5 Conclusion

Egypt, in line with the Vision 2030 Agenda, is committed to fulfilling the rights of children and young people that pose a significant demographic priority. Indeed, appropriate investments – starting from safe pregnancies and early childhood survival, nutrition and development right through to transition to decent work in young adulthood – will be essential to break the inter-generational cycles of deprivation and eventually harness the demographic dividend. In the immediate term, however, the challenges remain significant, especially as the COVID-19 pandemic has interrupted a short-lived episode of economic recovery. Monetary and multidimensional poverty continues to impact various critical dimensions of children's and young people's wellbeing, particularly in relation to health, education and the protective environment.

Bibliography

Abarca-Gómez, L., Abdeen, Z. A., Hamid, Z. A., Abu-Rmeileh, N. M., Acosta-Cazares, B., Acuin, C., Adams, R. J., Aekplakorn, W., Afsana, K., Aguilar-Salinas, C. A., Agyemang, C., Ahmadvand, A., Ahrens, W., Ajlouni, K., Akhtaeva, N., Al-Hazzaa, H. M., Al-Othman, A. R., Al-Raddadi, R., Buhairan, F. A. and Ezzati, M. (2017). Worldwide trends in body-mass index, underweight, overweight, and obesity from 1975 to 2016: A pooled analysis of 2416 population-based measurement studies in 128·9 million children, adolescents, and adults. *The Lancet*, *390*(10113), 2627-2642. https://doi.org/10.1016/S0140-6736(17)32129-3

Abdel Hafez, M. A. (2022). *Young People Transitioning out of Alternative Care in Egypt: Aftercare Challenges Faced by Non-profit Organizations and the Way Forward*. American University in Cairo. https://fount.aucegypt.edu/etds/1874/

Abdel-Tawab, N., Oraby, D., El-Gibaly, O., Darwish, M., Aziz, M., Elgazzar, A. and Mahmoud, H. (2017). *Married Adolescent Girls in Rural Assiut and Souhag: Limited Choices and Unfulfilled Reproductive Health Needs* [Final Report]. Population Council-Egypt Office. https://www.popcouncil.org/uploads/pdfs/2017PGY_MarriedAdolGirlsAssiutSouhag.pdf

Ali, S. M. (2015). *Foster care in Egypt: A study of policies, laws, and practice* [Master's thesis]. American University in Cairo. https://fount.aucegypt.edu/etds/328

Al-Dib, B. and CAPMAS. (2018). *Time use for Adolescents and Youth in Egypt* [Arabic]. (No. 1/2018; Statistics in Focus). CAPMAS and UNICEF Egypt. https://www.unicef.org/egypt/reports/statistics-focus

Ashour, S. K. and Ahmed, M. E. (1994). Logistic regression for social-economic and cultural factors affecting diarrhea diseases in children under two years in Egypt. *The Egyptian population and family planning review, 28*(1), 1-18. https://pubmed.ncbi.nlm.nih.gov/12290885/

Assaad, R. (2015). *Women's Participation in Paid Employment in Egypt is a Matter of Policy not Simply Ideology*. Egypt Network for Integrated Development. https://www.empowerwomen.org/en/resources/documents/2015/5/womens-participation-in-paid-employment-in-egypt-is-a-matter-of-policy-not-simply-ideology

Assaad, R. and Krafft, C. (2015). Is free basic education in Egypt a reality or a myth? *International Journal of Educational Development*, *45*, 16-30. https://doi.org/10.1016/j.ijedudev.2015.09.001

Barsoum, G., Ramadan, M., and Mostafa, M. (2014). *Labour market transitions of young women and men in Egypt.* (Work4Youth Publication Series, No. 16).

International Labour Organization. https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/publication/wcms_247596.pdf

CAPMAS. (2016). *Labour Force Survey 2015*. CAPMAS. Central Agency for Public Mobilization and Statistics.

CAPMAS. (2017a). *Final Results General Census for Population, Housing and establishments for 2017*. Central Agency for Public Mobilization and Statistics. https://www.capmas.gov.eg/Pages/Publications.aspx?page_id=7195&Year=23354

CAPMAS. (2017b). *Labour Force Survey 2016*. Central Agency for Public Mobilization and Statistics.

CAPMAS. (2018). *Labour Force Survey 2017*. Central Agency for Public Mobilization and Statistics.

CAPMAS. (2019). *Labour Force Survey 2018*. Central Agency for Public Mobilization and Statistics.

CAPMAS. (2020a). *Annual Bulletin of Birth and Deaths Statistics 2019.* Central Agency for Public Mobilization and Statistics.

CAPMAS. (2020b). *Annual Bulletin for Pre-University Education for the Academic Year 2019/2020*. Central Agency for Public Mobilization and Statistics. https://www.capmas.gov.eg/Pages/Publications.aspx?page_id=5104&Year=23420

CAPMAS. (2020c). *Labour Force Survey 2019*. CAPMAS.

CAPMAS. (2020d). *Statistical Yearbook—Vital Statistics*. Central Agency for Public Mobilization and Statistics.

CAPMAS. (2021). *CAPMAS Egypt in Figures 2021.* Central Agency for Public Mobilization and Statistics. https://capmas.gov.eg/Pages/StaticPages.aspx?page_id=5035

Constant, L., Edochie, I., Glick, P., Martini, J., and Garber, C. (2020). *Barriers to Employment that Women Face in Egypt: Policy Challenges and Considerations*. RAND Corporation. https://doi.org/10.7249/RR2868

Duehring, M., van Diesen, A., Beise, J., Lee, S., Lian, B., Mshvidobadze, A., You, D. and Dalling, E. (2019). *MENA Generation 2030: Investing in children and youth today to secure a prosperous region tomorrow* [Full Report]. UNICEF. https://data.unicef.org/resources/middle-east-north-africa-generation-2030/#

El Meselhy, H. M., Salama, A. S. and El Mawardy, S. R. (2020). Menstrual hygiene among secondary school students. *Menoufia Medical Journal*, *1*(33), 24-28.

El-Saadani, S., & Metwally, S. (2018). *The quality of life of youth with disabilities in Egypt with special focus on educational achievement*. Working Paper No.1215,

Issue 1215. Economic Research Forum. https://erf.org.eg/publications/the-quality-of-life-of-youth-with-disabilities-in-egypt-with-special-focus-on-educational-achievement/

El-Saadani, S., Saleh, M., and Ibrahim, S. A. (2021). *Quantifying non-communicable diseases' burden in Egypt using State-Space model* [Preprint]. Public and Global Health. https://doi.org/10.1101/2021.01.07.21249383

Elmoneer, R. A. (2018). *Socio-Economic Inequalities in Accessing Treatment of Non-Communicable Diseases in Egypt using Health Issues Survey 2015* [Master's Thesis]. AUC Knowledge Fountain, American University in Cairo. https://fount.aucegypt.edu/etds/766/

Farouk, M. A. (2020, September 24). Could Egypt's #MeToo movement be the tinder for a "feminist revolution"? *Reuters*. https://www.reuters.com/article/egypt-women-rights-feature-int-idUSKCN26F1Y7

Ghafar, A. A. (2016). *Educated but unemployed: The challenge facing Egypt's youth* [Policy Brief]. Brookings Doha Center. https://www.brookings.edu/research/educated-but-unemployed-the-challenge-facing-egypts-youth/

Ghafar, A. A. (2021). Causes and Consequences of Inequality in Egypt. *The Muslim World*, *111*(1), 5-26. https://doi.org/10.1111/muwo.12370

GIZ. (2014). *Country Gender Analysis: Egypt*. Deutsche Gesellschaft für Internationale Zusammenarbeit. http://econowin.org/wp-content/uploads/2016/04/Egypt_Gender_Analysis_GIZ.pdf

Hassanein, E. E. A., Adawi, T. R. and Johnson, E. S. (2021). Barriers to Including Children with Disabilities in Egyptian Schools. *Journal of International Special Needs Education, 24*(1), 25-35. https://doi.org/10.9782/2331-4001-24.1.25

Herbst, C. H., Elshalakani, A., Kakietek, J., Hafiz, A., and Petrovic, O. (2020). *Scaling Up Nutrition in the Arab Republic of Egypt: Investing in a Healthy Future*. World Bank Open Knowledge Repository. https://openknowledge.worldbank.org/handle/10986/32599

IDSC. (2016). *Household Observatory Survey, round 13, 2016*. Egyptian Cabinet Information and Decision Support Center.

ILO. (2014, September 1). *Jobs and Skills for Persons with Disabilities with a Focus on ICT-based Solutions- Phase I*. International Labour Organization. http://www.ilo.org/africa/technical-cooperation/WCMS_469526/lang--en/index.htm

ISS. (2020). *Egypt Mission Report: Mapping of services provided to children on the move, with a focus on cross-border considerations*. International Social Service.

Kavle, J. A., Flax, V. L., Abdelmegeid, A., Salah, F., Hafez, S., Ramzy, M., Hamed, D., Saleh, G., and Galloway, R. (2015). Factors associated with early growth in Egyptian infants: Implications for addressing the dual burden of malnutrition. *Maternal & Child Nutrition*, *12*(1), 139-151. https://doi.org/10.1111/mcn.12213

Langsten, R. and Hassan, T. (2018). Primary education completion in Egypt: Trends and determinants. *International Journal of Educational Development*, *59*, 136-145. https://doi.org/10.1016/j.ijedudev.2017.10.013

Megahead, H. A., and Cesario, S. (2008). Family Foster Care, Kinship Networks, and Residential Care of Abandoned Infants in Egypt. *Journal of Family Social Work*, *11*(4), 463-477. https://doi.org/10.1080/10522150802428418

MoE and CEDARE. (2017). *State of the environment 2017: Summary for policymakers*. Ministry of Environment and Centre for Environment and Development for the Arab Region and Europe. https://www.eeaa.gov.eg/portals/0/eeaaReports/SoE-2017/Egypt%20SOE%202017%20-%20SPM%20English.pdf

MoETE and IDSC. (2022) *Statistical Yearbook 2021/22, Chapter 5: Education indicators.* Ministry of Education and Technical Education and Information and Decision Support Center. http://emis.gov.eg/Site%20Content/book/021-022/main_book2022.html

MoHP, El-Zanaty and Associates and ICF International. (2015). *Egypt Demographic and Health Survey 2014*. The DHS Program. https://dhsprogram.com/pubs/pdf/pr54/pr54.pdf

MPED. (2021). *Egypt's 2021. Voluntary National Review*. Ministry of Planning and Economic Development. https://www.arabdevelopmentportal.com/publication/egypts-2021-voluntary-national-review

MoSS. (2019). *2019 Survey of Registered Nurseries in Egypt.* (Unpublished). Ministry of Social Solidarity.

Mullis, I. V. S., Martin, M. O., Foy, P., Kelly, D. L. and Fishbein, B. (2020). *TIMSS 2019 International Results in Mathematics and Science.* TIMSS & PIRLS International Study Center, Lynch School of Education, Boston College. https://timss2019.org/reports/?_gl=1%2Ayf8717%2A_ga%2AMjEwODYxMDAwNy4xNjQ3Nzk5MDQ0%2A_ga_L2FMXN42HR%2AMTY0Nzc5OTA0My4xLjAuMTY0Nzc5OTA0My4w

NCCM Child Rights Observatory. (2019). *Elimination of female genital mutilation (FGM).* (Issue 2; Policy for Action). National Council for Childhood and Motherhood and UNICEF. https://www.unicef.org/egypt/media/5266/file/FGM%20(En).pdf

Population Council. (2015). *Survey of Young People in Egypt*. https://www.unicef.org/egypt/media/4976/file/2014_Survey_on_Young_People_in_Egypt.pdf

Psacharopoulos, G., and Patrinos, H. A. (2004). Returns to investment in education: A further update. *Education Economics*, *12*(2), 111–134. https://doi.org/10.1080/0964529042000239140

Rabie, M., Shaker, N. M., Gaber, E., El-Habiby, M., Ismail, D., El-Gaafary, M., Lotfy, A., Sabry, N., Khafagy, W., and Muscat, R. (2020). Prevalence updates of substance use among Egyptian adolescents. *Middle East Current Psychiatry*, *27*(1), 4. https://doi.org/10.1186/s43045-019-0013-8

Ragab, A. R., Girgis, H., Zaki, H., Osman, M., Al-Khorazaty, N., Hamed, R., Al-Masry, S., Shawky, S., and Khedr, Z. (2017). *Population SitAn Egypt 2016 Report*. The Egyptian Center for Public Opinion Research (Baseera), the United Nations Population Fund (UNFPA) and the National Population Council (NPC). https://egypt.unfpa.org/sites/default/files/pub-pdf/Population%20Situation%20Analysis%20WEB%20May23rd.pdf

Rohwerder, B. (2018). *Disability in North Africa* [K4D Helpdesk Report]. Institute of Development Studies. https://opendocs.ids.ac.uk/opendocs/bitstream/handle/20.500.12413/13783/Disability_in_North_Africa.pdf?sequence=2&isAllowed=y

Said, M. (2015). *Wages and Inequality in the Egyptian Labor Market in an Era of Financial Crisis and Revolution*. Oxford Scholarship Online. https://oxford.universitypressscholarship.com/view/10.1093/acprof:oso/9780198737254.001.0001/acprof-9780198737254-chapter-3

Save the Children. (2012). *State of the World's Mothers: Nutrition in the first 1,000 days*. Save the Children. https://www.savethechildren.org/content/dam/usa/reports/advocacy/sowm/sowm-2012.pdf

Sen, A. (1999). *Development as Freedom*. Oxford University Press. https://books.google.co.uk/books?id=NQs75PEa618C

Sieverding, M. and Hassan, R. (2019). *Associations Between Economic Vulnerability and Health And Wellbeing In Egypt*. Working Paper No.1364. Economic Research Forum. https://erf.org.eg/publications/associations-between-economic-vulnerability-and-health-and-wellbeing-in-egypt/

Sos, D. G., El-Gaafary, M. M., Wahdan, M.M., Wassif, G. O., Hakim, S. A., Hussein, W. M., Hassan, A., El-Awady, M. Y., Rady, M. H., and A, W. (2020). Child Marriage: A Major Risky Behaviour in Developing Egyptian Governorates. *Al-Azhar Medical Journal*, *49*(1), 305-318. https://doi.org/10.21608/amj.2020.67556

UN Egypt. (2020). *COVID-19 Socio-Economic Response and Recovery Plan for Egypt*. United Nations in Egypt. https://unsdg.un.org/sites/default/files/2020-08/EGY_Socioeconomic-Response-Plan_2020.pdf

UN Egypt. (2021). *UN Common Country Analysis – Egypt*. Internal draft (unpublished). United Nations in Egypt.

UN Women. (2013). *Study on Ways and Methods to Eliminate Sexual Harassment in Egypt: Results/outcomes and recommendations summary*. United Nations Entity for Gender Equality and the Empowerment of Women. https://web.law.columbia.edu/sites/default/files/microsites/gender-sexuality/un_womensexual-harassment-study-egypt-final-en.pdf

UNDESA Population Division. (2019). *World Population Prospects 2019* [Database]. Population Dynamics. United Nations Department of Economic and Social Affairs. https://population.un.org/wpp/Download/Standard/Population/

UNESCO Institute for Statistics. (n.d.). *UIS.Stat* [Database]. United Nations Educational, Scientific and Cultural Organization. http://data.uis.unesco.org/

UNESCO Institute for Statistics. (2021). *UIS.Stat: Other policy relevant indicators: Number of out-of-school children, adolescents and youth of primary and secondary school age* [Database]. United Nations Educational, Scientific and Cultural Organization. http://uis.unesco.org/

UNESCWA. (2019). *The Arab Gender Gap Report 2020: Gender Equality and the Sustainable Development Goals*. United Nations Economic and Social Commission for Western Asia. https://publications.unescwa.org/projects/aggr/sdgs/pdf/en/The%20AGGR%202020_Final_eng_08April2021.pdf

UNFPA. (2018). *Five things you didn't know about disability and sexual violence*. United Nations Population Fund. https://www.unfpa.org/news/five-things-you-didnt-know-about-disability-and-sexual-violence

UNFPA and UN Women (2020). *Egypt: Review of Health, Justice and Police, and Social Essential Services for Women and Girls survivors of Violence in the Arab States*. United Nations Population Fund and the United Nations Entity for Gender Equality and the Empowerment of Women. https://lac.unfpa.org/sites/default/files/egypt_3-12-2020_signed_off.pdf

UNHCR. (2021, May). *UNHCR Egypt Monthly Statistical Report*. United Nations High Commissioner for Refugees. https://www.unhcr.org/eg/wp-content/uploads/sites/36/2021/06/Month_Statistical_Report_May2021.pdf

UNHCR. (2020). *Vulnerability Assessment for Refugees in Egypt*. United Nations High Commissioner for Refugees. https://www.unhcr.org/eg/wp-content/uploads/sites/36/2020/09/EVAR18.pdf

UNICEF. (2018). *Child Functioning*. UNICEF Data. https://data.unicef.org/topic/child-disability/module-on-child-functioning/

UNICEF. (2021). *Egypt's Education Sector Analysis*. United Nations Children's Fund.

UNICEF Egypt. (2018). *Children and Youth Census Briefs* [Briefs]. UNICEF Egypt Country Office. https://www.unicef.org/egypt/reports/children-and-youth-census-briefs

UNICEF Egypt. (2019). *Early Child Development in Egypt*. UNICEF Egypt Country Office. https://www.unicef.org/egypt/media/5461/file/Early%20Childhood%20Development%20in%20Egypt.pdf

UNICEF Egypt. (2020). *COVID-19 in Egypt: Protecting Children and Young People in a Time of Crisis*. UNICEF Egypt Country Office. https://www.unicef.org/egypt/media/5831/file/COVID19%20Data%20Snapshot%20EN.pdf

UNICEF Office of Research – Innocenti. (2020). *Ending Violence, Abuse and Exploitation of Children and Young People on the Move in Egypt*. United Nations Children's Fund.

UNICEF, WHO, and World Bank. (2021). *UNICEF/WHO/World Bank joint child malnutrition estimates (country level, modelled and survey estimates)*. UNICEF Data: Monitoring the situation of children and women. https://data.unicef.org/topic/nutrition/malnutrition/

UNGA. (2006). *Convention on the Right of Persons with Disabilities*. United Nations General Assembly. https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html

UNGA. (2010). *United Nations Guidelines for the Alternative Care of Children*. United Nations General Assembly. https://resourcecentre.savethechildren.netunited-nations-guidelines-alternative-care-children

WHO and UNICEF. (2021). *Progress on household drinking water, sanitation and hygiene 2000-2020: Five years into the SDGs*. World Health Organization and United Nations Children's Fund. https://apps.who.int/iris/handle/10665/345081

World Bank. (2010). *Narrowing the Gap: Improving Labor Market Opportunities for Women in Egypt*. World Bank Social and Economic Development Group, MENA region. https://documents1.worldbank.org/curated/en/708201468246922588/pdf/546980ESW0p1120derReport020100Final.pdf

unicef
for every child

UNICEF Egypt Country Office
Intersection of Rd. 87 & 14,

Maadi, Cairo

Email: infoegy@unicef.org

Facebook: UNICEFEgypt

Instagram: unicef.egypt

Twitter: UNICEF_Egypt

YouTube: UNICEFEgypt