

# UNIVERSAL PERIODIC REVIEW – HUMAN RIGHTS COUNCIL UNICEF INPUTS - EGYPT<sup>1</sup>

## I. Background

1. Egypt is a signatory to a number of major human rights conventions. More notably as it relates specifically to children, Egypt was one of the first 20 countries to ratify the Convention on the Rights of the Child (CRC) and the Convention on the Rights of Persons with Disabilities (CRPD), and is signatory to the Convention on the Elimination of All Forms of Discrimination against Women. Egypt has also hosted human rights-related, international dialogues, such as:

- World Conference on Human Rights (1993)
- World Conference on Social Development (1993)
- International Conference on Population & Development (1994)
- Fourth World Women's Congress (1996)
- 3 Regional Consultations on Violence against Children (2005, 2006, 2007)

2. On a national level, Egypt passed landmark legislation when it enacted a comprehensive Childhood Law in 1996, which has resulted in important gains for Egyptian children. Most recently, the Egyptian Parliament strengthened its position on child rights when it passed significant amendments to the Law in 2008. A strong sense of political commitment was underlined when President Hosni Mubarak launched the Second Decade for the Protection of the Egyptian Child. Among its main goals, the Declaration included increasing health insurance coverage to 90% of children and providing vaccination coverage to more than 95% of children.

3. The National Human Rights Council, established in 2003 by Law #94 and launched in 2004, is the core instrument for the promotion and protection of human rights in Egypt. A Presidential decree established the National Council for Women (NCW) in 2000, the Secretary General of which reports directly to the President. Its mandate is focused on: the empowerment of women, monitoring the implementation of international conventions, and national laws and policies affecting women's lives. Additionally, children's issues became the focus of the National Council for Childhood and Motherhood (NCCM) in 2002, with its Secretary General reporting directly to the First Lady of Egypt. Most recently (2009), the Government created the Ministry of State of Family and Population (of which NCCM is a component), and its Minister reports directly to the Prime Minister.

## II. Recent Actions by the Government of Egypt

### 1. State Party Reporting on Convention on the Rights of the Child

Egypt submitted its combined 3rd and 4th State Party report on the CRC at the end of 2008. Egypt has ratified both Optional Protocols to the CRC.

### 2. Convention on the Rights of Persons with Disabilities

Egypt ratified the CRPD, which reinforces and complements Articles 2 and 23 of the CRC, on 14 April 2008, becoming one of the first 20 countries to do so. Egypt is about to embark upon a process of harmonizing its legislation with the CRPD and to develop a National Disability Action Plan. Implementing the provisions of the Convention will be a major challenge in Egypt, the first of which will be to analyze the dimensions of the situation of children with disabilities in Egypt. While some data on the situation of children with disabilities exists, they are not updated. An analysis of the Egypt Childhood Disability Survey found that less than 20% of children with disabilities in Upper Egypt were benefiting from public services including health, education and social welfare.

### 3. Legislation

In 2008, Egypt completed the amendments to the Children's Act (1996), the result of which is greater legal protection for children from violence, abuse and exploitation. Amendments to the Child Law were formally adopted by the Parliament in June 2008, thus securing significant legal protection for children at risk of abuse, violence and exploitation. Additional new legal protections include harmonisation of

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<sup>1</sup> Information from UNICEF-Egypt CPD, 2008 Annual Report and 2009 Mid-term Report, 2005 & 2008 Egypt Demographic and Health Survey (EDHS), UN Joint Programme Documents, Egypt Inputs to CEDAW Report, Egypt Mid-Term Assessment Report 2008 (UNCT), GoE and World Bank Report (2009).

minimum age of marriage for both sexes at age 18, raising the age of criminal responsibility to 12, and the prohibition of the worst forms of child labour in accordance to ILO Convention 182. Penalties have been determined for those who subject children to violence, including FGM/C, and the age of criminal responsibility has been raised from 7 to 12.

The Child Law also mandates the formation of Child Protection Committees in every governorate and in district committees. The system, which is known as the Child Protection Mechanism, was developed and endorsed as national policy based upon the evaluated experiences of the UNICEF-supported pilot Child Protection Mechanism (CPM) in Alexandria and is now being introduced nationwide.

### **III. Trends/Situation Analysis of Children**

Egypt has the largest, most densely settled population (73.6 million in 2007 according to CAPMAS) in the Middle East North Africa (MENA) region, which inhabits only 8% of the land. It is also characterised by high geographical disparities. Children represent a significant proportion of Egypt's population today: 40% are less than 18 years and 12% less than five years of age.

#### **3.1. Child Poverty and Malnutrition – Millennium Development Goal (MDG) 1**

3.1.1 Recent data from the Egypt Demographic and Health Survey (EDHS) 2008 indicate that there is considerable chronic malnutrition among Egyptian children. One in four children under age five is stunted (height-for-age below minus 2 standard deviations for reference population) and more than one in ten children are severely stunted (height-for-age below minus 3 standard deviations for reference population). Rural children are more likely to be stunted than urban children (30% and 27%, respectively). Overall, 7% of Egyptian children are wasted (weight-for-height below minus 2 SD). This index provides a measure of acute malnutrition. Reflecting the effects of both chronic and short term malnutrition, 6% of children under age five are underweight for their age. The highest proportion of underweight children is observed in Upper Egypt (6.7 % compared to 5.9% in urban governorates). Iodine deficiency disorder (IDD) and micronutrient deficiencies still affect child nutrition and development and require continued interventions.

3.1.2 The situation of child poverty was assessed by the Egypt Child Poverty Study conducted by UNICEF with Cairo University based on 2005 EDHS data. This study uses a rights-based approach to child poverty defining poverty as multidimensional, and found that one out of four children were deprived from at least one of seven basic social services (shelter, sanitation, water, information, food, education, or health), with shelter and food being the areas with the highest levels of deprivation. Food deprivation is likely to have significantly worsened due to the food price crisis. Although Egypt is on track to achieve MDG 1 and showed rapid economic growth (study by the Government of Egypt and the World Bank, 2009), there are significant regional disparities to challenge this (the situation in Upper Egypt continues to be difficult).

3.1.3 The GOE, led by the Ministry of Housing and Manpower, launched the '1000 villages initiative' in 2007 to address poverty. Piloted in two local government units (AL Asayed, Sharqiya and Nana, Beni Suef with a combined total population 80,000), it aims to achieve a substantial improvement in the quality of life through: 1) a coordinated intervention to provide basic and social services, safety net transfers, and access to small and micro finance; and 2) income generation through public expenditure in local communities. An impact evaluation is being initiated to assess the viability of the approach and lessons learned that guide scaling up across the country.

#### **3.2 Primary Education – MDG 2**

3.2.1 Egypt has made substantial progress and is on track to meet this goal by 2015 if extra efforts are made and specific attention is paid to selected governorates and specific social groups. According to EDHS 2005, education enrolment increased significantly over a four-year period (91% 6-15 year old children and 96% 8-10 year olds were in school), and literacy improved (almost 100% among 15-19 year olds). However, non-enrolment is still problematic, and while the school dropout rate is declining, it still remains a challenge, especially among the poor and in certain governorates.

3.2.2 A Presidential Electoral Programme in 2006 set three goals for primary education as national priorities: to increase enrolment and the number of schools, to reduce class density, and to support early

childhood education (4-5 year olds). As a result, the Ministry of Education has initiated sector reform initiatives to fulfil this mandate.

### 3.3 Child Mortality and Maternal Health – MDG 4 & 5

3.3.1 Egypt has made good progress in child survival and is on track to achieving MDGs 4 and 5. Today most Egyptian children enjoy their most basic right, the right to survival. Over the past decade, there has been a 50 percent reduction in the number of children who die before their fifth birthday--a very significant achievement. However, about one out of every 20 children still do not survive these crucial years, and mortality among children remains much higher in Upper Egypt than in the rest of the country.

3.3.2 The 2008 DHS found the Under 5 Mortality Rate (U5MR) to be 28.3 per 1000, and Infant Mortality Rate (IMR) to be 24.5 per 1000. However, in order to make further improvements and to achieve the MDG 4 target of further reducing IMR to 14.2/1000 live births by 2015, it is critically important to reduce neonatal mortality. The 2008 EDHS also found that about 60% of under-five mortality occurs in the first month of life, and 66.5% of deaths in first year of life are due to neonatal mortality.

3.3.3 Between infancy and age five, an Egyptian child is most likely to fall seriously ill from diarrhoeal disease or respiratory infection. These two threats alone account for around 45% of deaths among infants. Thanks to a successful national programme of vaccination, however, the threat a child faces from vaccine preventable diseases is much reduced. According to the Ministry of Health, 97% of infants and young children are now immunized against tuberculosis, pertussis, polio, measles, diphtheria, tetanus, hepatitis B, mumps, and rubella; and there is a plan to introduce influenza and Rota virus vaccine in the near future. Adding to this, the Ministry of Health is also faced with an outbreak of avian influenza (82 confirmed cases) and H1N1 influenza (702 confirmed cases).

3.3.4 Egypt has been declared polio-free and has eliminated neonatal tetanus. In contrast, progress against measles and rubella has been more uneven. While it is hard to assess the situation accurately, it seems that even though more and more children are being vaccinated against these potentially dangerous diseases, the number of cases is minimally reduced. Meanwhile, however, Egypt has made some progress on maternal mortality. Statistics indicate that the country has reduced the rate of maternal mortality over the same period.

### 4. HIV and AIDS – Millennium Development Goal (MDG) 6

4.1 Egypt is classified as a low prevalence country for HIV/AIDS, but has a potential concentrated epidemic among men having sex with men (MSM) and the highest number globally for Hepatitis C infection. There are no clear statistics on the number of HIV and AIDS cases in the country, but estimates range as high as 12,635 according to UNAIDS/WHO 2007. However, the Ministry of Health has documented only approximately 3,151 official cases as of June 2008.

4.2 According to 2008 EDHS a significant number of Egyptian citizens (73% women and 89% men) had heard of HIV and AIDS. Knowledge on how to prevent infection was very low – only 7% of women and 18% of men could be classified as having comprehensive knowledge about AIDS, showing a decrease in knowledge levels since the 2005 EDHS. Stigma and discrimination against individuals infected with HIV and AIDS is considerably high.

### 5. Child Protection – Millennium Declaration

#### 5.1 Violence against Children and Women

5.1.1 In recent years there has been a promising development in both the institutional and the legal framework for the realization of women's rights in Egypt; however, violence against women, whether occurring in the home, at the work place, or in the public sphere is a serious concern. There is the need for a law on sexual harassment, with a strong mechanism for enforcement and monitoring. The religious and patriarchal culture as well as the social environment in Egypt are sometimes used to justify discrimination against women. Legal protections for women are not enforced by government officials, preventing women from experiencing equal treatment and equal opportunities under the law.

5.1.2 A dearth of national data on child abuse and neglect frustrate the attempts to measure the extent of the problem in Egypt or to compare the situation to other countries with a similar background. High levels of corporal punishment and verbal abuse at home (81%, 90%), school (91%, 70%), and work

(27% corporally punished)<sup>2</sup> have been found in several studies and surveys. According to the 2005 EDHS on domestic violence, around 70% of mothers have hit or slapped their children on the body and 40% have hit or slapped children on the face, head or ear. These conditions challenge the right to physical integrity guaranteed in the Article 19 of the CRC. The Ministry of Social Solidarity (MoSS) estimates that 18,000 children are living in the streets in Egypt while the National Council of Childhood and Motherhood (NCCM) estimates 10,000 street children in the four largest governorates.

5.1.3 The Government, led by the NCCM, has prioritized the abandonment of Female Genital Mutilation/Cutting and slow progress is being seen. The latest figures show that 74.4% among girls between the ages of 15 to 17 have been cut according to the 2008 Egypt Demographics and Health Survey (EHDS). Since 2002, NCCM/Ministry of State for Family and Population (MOFP) has been leading the national movement against FGM/C and managing the “FGM Free Village Model” Project in 120 villages, of which 45 have publicly declared their intention to stop FGM/C. In June 2007 the Egyptian Ministry of Health (MOH) issued a ministerial decree (271) which closed a loophole in the previous 1996 decree banning everyone, including medical practitioners, from performing FGM/C. This is of great importance because 77.4% of practices are performed by trained medical personnel (EDHS 2008). The following month, the Azhar Supreme Council for Islamic Research issued a statement explaining that FGM/C has no basis in the core Islamic Sharia or any of its partial provisions.

## 5.2 Child Labour

5.2.1 Although exact figures are not known, it is estimated that 7.7% children aged 6–14 years are engaged in labour (EDHS 2005). A national strategic plan on combating child labour was issued by NCCM in 2006. There are several incidences occurring in Egypt in organ trafficking among street children and child trafficking associated with illegal immigration and in the form of domestic workers. A study on human trafficking is currently underway commissioned by the Ministry of Foreign Affairs supported by the International Organization of Migration and others, and is to be conducted by the National Centre for Social and Criminological Studies (MoSS).

## **IV. Capacity Building Efforts**

6.1 Data collection - The lack of reliable and consistent information about the situation of children in Egypt is a challenge. In 2008, UNICEF supported the establishment of the Egypt National Child Rights Observatory (ENCRO) by partnering with the National Council of Childhood and Motherhood (NCCM) and the Information & Decision Support Centre (IDSC), which is a think tank for the Prime Minister’s Office. The former’s mandate is to oversee and conduct research on different aspects of the lives of children in Egypt. The previously-mentioned Child Poverty Study is one of the initial outputs of the Observatory.

UNICEF has also supported the establishment of a nation-wide network for Egyptian monitoring and evaluation professionals. The Evaluation and Research Network Egypt (EARNE) aims to set-up a community of practice and information exchange among professionals in both the public and private sector – members include Government officials, civil society workers and individuals from the corporate sector.

Finally, UNICEF also sponsors a Public Policy and Child Rights course at Cairo University, with the intention of establishing a one-year diploma. The course is aimed at mid-career professionals practicing in the field of development (e.g. NGOs, private and public sector) and designed to strengthen rights-based policy formulation and design. It is one of eight courses that will constitute the post-graduate Diploma "Civil Society and Human Rights" and remains the only one of its kind in Egypt.

6.2 Right to Health - To support the acceleration of MOH efforts, UNICEF is supporting the establishment of a Child Survival Alliance. Its goals are to: increase awareness and understanding of unmet health needs, proven cost effective interventions and resources needed to improve child survival and development; mobilize commitment and action to achieve child survival targets set forth in the MDGs and UN Special Session on Children (CRC), and increase the level of public, private and multilateral funding for child, newborn, and maternal survival and health.

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<sup>2</sup> Sample low income households in Alexandria and Cairo. Towards Policies for Child Protection, A Field Study to Assess Child Abuse in Deprived Communities in Cairo and Alexandria, Social Research Centre/AUC, 2006.

In the prevention of HIV and AIDS, UNICEF, working through the UN Joint Team on HIV and AIDS with a joint implementation plan, has been active in leading a “Unite for Children – Unite Against HIV/AIDS and Hepatitis C” campaign in direct response to a Ministry of Health priority on Hepatitis C. Particular focus has been on supporting the Government in the purchase of anti-retrovirals, fostering the establishment of the country’s first PLHIV-led NGO and piloting the first project in the region that provides home-based care to people infected and affected by HIV and AIDS.

6.3 Right to Education – UNICEF-Egypt has supported the Ministry of Education in developing a comprehensive, strategic plan for elementary and primary education as part of its ongoing education sector reform efforts. Having demonstrated the effectiveness and efficiency of community schools, UNICEF currently supports the Ministry in scaling up this initiative under its direct management and putting in place community-based education programming as an integral part of the Ministry.

6.4 Right to Protection – UNICEF has been very active in building national capacity in a number of different areas:

- a) Providing guidance and training to newly established Child Protection Committees which have been mandated by the recent amendments to the Child Law;
- b) Supporting several NGOs in improving their techniques to support street children and managing a pilot project that provides shelter and support to young homeless mothers and their children in an effort to help them transition back into society;
- c) Working with religious and community leaders, as well as individuals who have pushed for the abandonment of female genital mutilation/cutting and providing technical support to NCCM and the MOFP in strategic planning and policy development, as needed.

6.5 Given the large adolescent and youth population, UNICEF-Egypt has also focused its support on the National Council on Youth. UNICEF supported the Council in establishing the national civic education programme that is already underway and of peer counselling centres within Government-sponsored youth centres throughout the country.

6.6 In addition to its own initiatives, UNICEF-Egypt is cooperating with other UN agencies in different human rights initiatives through a variety of joint programmes. First, there is a Joint Programme (with UNDP, UNFPA, IOM, UNHCR, and UNODC) on human trafficking. UNICEF’s particular focus is on child labour. A second joint programme (with UNDP, UNICEF, ILO, WHO) focuses on supporting the rights of persons with disabilities (PWD) through three key thrusts: 1-enhancing domestic legislation on persons with disabilities, 2-supporting the Government in formulating a National Action Plan on Disability, and 3-implementing a community-based pilot project that includes inclusive education, health, employment and accessible transport for PWDs. Furthermore, in collaboration with UNFPA, UNIFEM, UNDP, UNICEF also supports the Ministry of State of Family and Population via a joint programme on Female Genital Mutilation/Cutting. Finally, UNICEF is involved in a joint programme with WFP and ILO on child labour that is focused on Upper Egypt and a joint programme with WFP, and UNESCO on Girls Education in seven governorates.

6.7 Given a current climate of corporate social responsibility, Egypt has also been actively engaged in partnering with the private sector, especially among multi-national companies who are based in the country. Efforts have been made to expand their interest beyond resource mobilisation and/or charity projects, to actually engage their interest and know-how in sustainable development initiatives and policy discussions/debates, and to influence their own way of doing business that can result in a positive impact on children and families while still being profitable. The Business Coalition on HIV/AIDS is an example of this approach (UNICEF co-led this effort with UNAIDS and worked closely with other UN agencies).