

CHILD POVERTY AND DISPARITIES IN EGYPT

Building the Social
Infrastructure for
Egypt's Future

GLOBAL STUDY ON CHILD
POVERTY AND DISPARITIES



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List of abbreviations and acronyms

ARI	Acute Respiratory Infection
BMI	Body Mass Index
CBE	Central Bank of Egypt
CBR	Community Based Rehabilitation
CCT	Conditional Cash Transfers
CP	Child Poverty
CRC	United Nations Convention on the Rights of the Child
DHS	Demographic and Health Survey
EDHS	Egypt Demographic and Health Survey
EPI	Expanded Programme of Immunization
FAO	Food and Agriculture Organization
FY	Fiscal Year
GDP	Gross Domestic Product
HIECS	Household Income, Expenditure and Consumption Survey
HSRP	Health Sector Reform Programme
JMP	Joint Monitoring Programme
MDG	Millennium Developing Goals
MOE	Ministry of Education
MOF	Ministry of Finance
MOFP	Ministry of State for Family and Population
MOH	Ministry of Health
MOLA	Ministry of Local Administration
MOSS	Ministry of Social Solidarity
NCCM	National Council for Childhood and Motherhood
NGO	Non Governmental Organization
ORS	Oral Rehydration Salts
ORT	Oral Rehydration Therapy
PRS	Poverty Reduction Strategy
PSPU	Policy and Strategic Planning Unit
SFD	Social Fund for Development
SME	Small and Medium Enterprise
TIMSS	Trends in Mathematics and Science Study
UN	United Nations
UNGA	United Nation General Assembly
UNICEF	United Nations Children’s Fund
WHO	World Health Organization

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Preface

Investing in its children is the best investment Egypt can make. Children's health and well-being determines to a great extent the country's well-being. Investment in its children and their development is therefore a reflection of the priority given to the rights of girls and boys in the development agenda. Children are Egypt's single largest population group and their well-being today determines to a great extent the country's current development. Children also determine Egypt's future and its path to prosperity. Failure to invest in childhood results in lost opportunities that often cannot be regained later. Today's poor children are very likely to be tomorrow's poor parents, and thus perpetuating a cycle of poverty from generation to generation which in turn undermines the growth and development of the nation. As one of early signatories of the Convention on the Rights of the Child, the Government of Egypt has recognized this window of opportunity by declaring the first ten years of this millennium as the "Second Decade for the Protection and the Welfare of the Egyptian Child."

This report is the first comprehensive study in Egypt that concentrates both on poverty and childhood simultaneously and adopts an approach that is unique in a number of ways. In keeping with every child's right to be heard, the qualitative research on the children's, and their families' perceptions of child poverty constitutes a critical component of the study. The voices of children have proven an indispensable part of research on child poverty.

The study furthermore analyzes poverty from a multi-dimensional perspective, and not only from the perspective of lack of income or low consumption. While income is considered an important dimension of poverty, it is but one of eight poverty dimensions that are measured. The findings based on various levels of disaggregation confirm that income poverty and deprivation are not synonymous.

One of the main findings of this report is that while significant progress has been made in many areas, including legislative reform, millions of Egyptian children continue to live in poverty today and face the risk of passing this deprivation on to their children. Recent economic reforms, social policies and programmes have not been sufficiently pro-children. The report therefore recommends that policies intended to address child poverty do this through policies directly targeted at children rather than to rely on indirect effects on children's well-being. At the same time, public policies—be it social or macro economic policies—should always be designed with due consideration to their direct or indirect impact on children. Thus children should be explicitly considered in any poverty mapping or poverty reduction programmes.

Moreover, in addition to the usual statistical estimates of poverty—which often are the sole focus of most poverty

studies—the report analyzes the full policy cycle to determine interdependence between legislation, policies and programmes, budget allocation and developmental outcomes achieved for children. It identifies gaps in the policy cycle and provides concrete and operational proposals to bridge them.

It should be noted that the report does not provide a comprehensive overview of all existing programmes addressing child well-being. They were selected on the basis of their coverage, relation with comprehensive development framework, strategic importance and budget allocation.

In part this was due to limited access to programme evaluations and the costs of national plans. Even when the information was accessible, it was not available in a way that allows analysing its implications for the fulfilment of the rights of Egypt's children. Moreover, in the absence of results-based planning and programme-based budgeting, it has proven challenging to obtain reliable data that directly relate government budget and expenditures to specific programmes and nationwide initiatives.

Therefore, another report recommendation notes that Government budgets should be structured to reflect the policies and programmes it funds and the outcomes it intends to achieve.

This study was the first ever attempt to calculate the level of child poverty in Egypt and has contributed to the body of evidence required for child sensitive public policies. To support programme budgeting and policy making with explicit consideration for child poverty, it is therefore imperative to continue systematic analysis of child poverty appropriate to the specific Egyptian context. To this effect, the indicators and definitions presented should be carefully reviewed and adjusted using lessons learned from the present study.

In summary, it is hoped that the approach, findings and recommendations of this study will serve to widen the consideration of child friendly policies as well as increase academic debate on poverty reduction and that it will contribute to ultimately building the social infrastructure for Egypt's future; a future where children can achieve their full development potential and develop into healthy and productive citizens.

Co-chairs of Steering Committee of the Child Poverty and Disparities in Egypt study

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CHILD POVERTY AND DISPARITIES IN EGYPT



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Executive Summary

The brighter we make the lives of our children, the brighter the future of our nation.

Children are one-third of Egypt's population today and over one-fifth of Egypt's children are growing up in poverty. Egypt's children have a right to better lives and futures.

Children who grow up poor are more likely to suffer from health problems, have less education, and lack the skills to support themselves in increasingly competitive global markets. Children who grow up poor are likely to become parents of poor children.

This report uses a rights-based framework to child poverty that defines poverty as multi-dimensional. The dimensions of poverty are interrelated and interdependent. If a child is deprived of one of its rights, it is likely to affect a child's ability to exercise other rights. This reinforces the idea of indivisibility of children's human rights. Poverty is therefore a condition and not a characteristic. As a result, although time-bound priorities can be set, all rights must be considered equally important because each one of them, individually and together, influences a child's well-being.

The state of well-being of children in Egypt is strongly influenced by the legal, institutional and policy context. Therefore, the report intends to identify the linkages between economic and social policy and child outcomes; or between the efforts and the outcomes. It provides an overview of recent developments in the legal framework related to children. In addition, it analyzes national strategies, public policies and a selection of most relevant programmes that aim at reducing child deprivations by providing social services and protection for all children and families caring for children.

This report provides a comprehensive, mixed method analysis of the current situation of the nearly 26 percent of children in Egypt (7,293,927 children) today who live deprived of their rights to be children and enjoy their childhoods. The situation of poor children in Egypt is studied from several perspectives and different meth-

ods. These analyses are framed within the current public policy and service delivery environment for children in Egypt. It begins with an analysis of how socioeconomic factors affect the lives of poor children.

The report presents an analysis of which children are poor in Egypt using two different definitions of poverty. The first definition is an income-based, consumption approach to childhood poverty. An alternative definition of poverty as deprivations is applied that measures Egyptian children's access to water, sanitation, shelter, education, health, nutrition and information. The disparities and immediate and underlying causes of childhood poverty are explored, drawing on the rich body of data and analytical work that has been conducted in recent years by the government and its development partners. The report also presents children's perceptions of poverty from focus group interviews conducted with children throughout Egypt.

Based on analysis of public policies and their outcomes, areas in which progress needs to be made are identified and recommendations on means for which children to move forward are offered.

The report builds on the Household Income and Expenditure Surveys by the Central Agency for Public Mobilization and Statistics (CAPMAS) and the Egypt Demographic Health Surveys (EDHS) by the Ministry of Health (MOH) to calculate the various dimensions of deprivation.

The analysis of public policies and their outcomes was based on official government sources and scientific publications. Access to programme evaluations and the costs of national plans has been limited. Also, in the absence of results-based planning and programme-based budgeting, it has proven challenging to obtain reliable data that directly relate government budget and expenditures to specific programmes and nationwide initiatives.

This subsequently affected the ability to determine the causal link between legislation, their policies and pro-

grammes, the budget allocated to these initiatives and the developmental results achieved for children.

Main findings: child deprivation is a growing concern

Egypt has a population of approximately 28 million children. Egypt has taken great strides to improve the well-being of its children. It has reformed its laws regulating responsibilities to care for and protect its children in 2008. It has introduced significant new social programmes to promote the physical, social, educational and emotional well-being of children. It has recently established a Ministry of State for Family and Population (MOFP) and local Child Protection Committees to safeguard children's rights and to protect the welfare of children. Egypt has also made considerable progress toward achieving the Millennium Development Goals (MDGs).

And yet, the number of children deprived of adequate incomes and living conditions is rising in Egypt. This report found that:

- **The impressive economic growth in recent years has not been pro-poor and pro-children.** Egypt has enjoyed high growth rates since 2004, reaching as high as 7.2 percent in 2008. This growth rate has not led to a proportionate reduction in income poverty or deprivation.
- **Whether income poverty is measured according to the official income poverty line of Egypt or using global definition of US\$1 per day or US\$2 per day, the number of children living in poverty and extreme poverty is increasing.** The number of poor households with children fell from 1996 to 2000 and increased afterwards. In 2009, the number of poor households with children exceeded 1996 levels. 23 percent of children under age 15 years in Egypt were living in income poverty. The poverty risk is highest (approximately 26 percent) among children between 10-14 years and young adults between 15 and 19 years (28 percent).
- **Progressive changes have recently been made to legislation for children.** Designed to comply with the United Nations Convention on the Rights of the Child, many amendments to the Child Law have been enacted in 2008 demonstrating efforts to align national policy with international legal instruments.
- **A multitude of social programmes exist to aid children and their families; however many are yet to reach national coverage and have not prevented the observed increase in child poverty.** The non poor are more likely to be recipients of cash transfer programmes in Egypt. Many of these programmes have eligibility criteria that are based on employment and earnings which the poor fail to meet. Programmes to the poor tend to have lower benefits that are insufficient to raise the poor out of poverty.
- **Budget allocations directed to childhood development have increased in absolute terms but decreased in relative importance.** During the Second Decade for the Protection and Welfare of the Egyptian Child (2000-2010), budget allocations for authorities benefiting children have grown three times as slow as budget allocations for other authorities.
- **Millions of children live deprived of one or more of their rights to be children.** More than 7 million children (one in four) live deprived of one or more of their rights to be children and enjoy their childhoods. Around 5 million children are deprived of appropriate housing conditions (including shelter, water and sanitation) and 1.6 million children under 5 years suffer health and food deprivation.
- **Income poverty and deprivation measures are not synonymous.** Households with children who experience income poverty may or may not experience other forms of deprivation. Income poverty is highly correlated to shelter deprivation. Among children living in the wealthiest fifth of all households with children, 17.6 percent experience food deprivation.
- **Children in income poor households are more severely deprived.** Slightly less than half of children (47 percent) in income poor households experience at least one severe deprivation compared to 14 percent of non-poor children. And differences in deprivations experienced between the poor and non poor measured in terms of income is wider when we consider children suffering from at least two severe deprivations (absolute poverty). The percent of children experiencing at least two or more deprivations is 10 percent for the income poor and only one percent for the non income poor.
- **Poverty is regional.** Regardless of the measure of poverty used, poverty among children is more highly concentrated in rural areas and higher in Upper Egypt than Lower Egypt. In 2008/09 reported income poverty rates for household with children are 30.5 percent in rural areas compared to 12.6 percent in urban areas. Upper Egypt reported income poverty rates for children in urban households of 21 percent. Children living in rural Upper Egypt are most vulnerable to income poverty – the poverty rate among these children is 45.3 percent. This is in comparison to poverty rates of 7.9 percent in urban households with children and 17.6 percent for rural households with child in Lower Egypt.
- **Poverty does not differentiate by sex.** Both girls and boys are vulnerable to poverty and deprivations at similar rates. Similarly, the sex of the head of the household does not significantly affect the income poverty rate or deprivation of children in the household. However, girls, especially in rural areas, are the least likely to attend school or complete their education, thus increases the likelihood that they will be poor as adults.

- **A mother's education is a strong safeguard against poverty.** The more education a woman receives, the less likely she is to raise her children in a poor household on all measures of poverty and deprivation. Nearly one-third of households with children whose head did not attend school live in income poverty compared to 18.6 percent of heads who have obtained a primary education and about 13.4 percent who received a secondary education or higher. For mothers whose education equals or exceeds secondary education, the likelihood of their children being educationally deprived drops to 0.7 percent.
- **Children are most likely to work when they have parents who are not working and the vulnerability of these children increases greatly.** Parents may be unable to work due to illness or disability, or absence from the household. In addition, given the prevalence of children living on the street, it is clear that current systems for caring for children whose parents cannot care for them are inadequate.
- **Vulnerable households are more likely to be poor and deprived.** Children's vulnerability to poverty and incidence of deprivations increase when children are raised in a household headed by a single parent, live in households that have three or more children, or live with an elderly person or orphan child.
- **Poor households are less likely to have children enrolled in school.** Education is the best route to escape poverty and yet poor, rural households are the least likely to have children attending school and least likely to have children who pursue their education through the secondary level and beyond. There are too many poor, urban households whose children are not enrolling or staying school as well. Data indicate that one in 14 children never attended school and hence suffers from educational deprivation, while only one percent of non income poor children experienced education deprivation. While labour force participation rates increased for the country, the unemployment rate of post-secondary graduates is rising. This a discouraging message for families struggling to keep their children in school.
- **Both adults and children in Egypt believe that poverty exists because the government needs to do more.** This informs us that the poor, from an early age, learn to depend on the government for their well-being. However, government resources are believed not sufficient to provide social protection services that reach and adequately support the poor.

Policy recommendations: building Egypt's social infrastructure

Increased investment in children is needed for maintaining the pace of the Egypt's continued progress and development. Child outcomes and the fulfilment of children's

rights are strongly influenced by public policy. Sustained pro-poor and pro-child growth not only requires a commitment to build the physical capacity of a nation but also to develop its social infrastructure. This is especially relevant to investments in children whose quality of life determines the future of the country. Children *are* Egypt's future.

Child poverty and its alleviation is the result of complex interactions between household structures, job market conditions, government support and other factors. The most successful policies, therefore, are those that tackle child poverty on multiple fronts. They combine a universal approach (such as child income support) with measures targeting the most vulnerable (such as childcare in deprived areas) and facilitating access to the job market and various services (education, health and housing).

At the same time, successful policies addressing child poverty are those that tackle child poverty directly and do not rely on indirect effects on children's well-being. The findings of this report lead to a number of recommendations that are imperative for the building of Egypt's social infrastructure. Some are of general nature and contribute to the design and implementation of appropriate child sensitive and participatory public policies. Others are more directly related to particular forms of deprivation and aim to overcome specific violations of children's rights.

Towards appropriate and child sensitive public policies

- **Evidence-based public policies:** The process of public policy making should be based on the systematic analysis of recent, pertinent and validated evidence. This evidence includes published studies and surveys, expert knowledge, stakeholder consultations and voices of beneficiaries, evaluations of previous policy evaluations and costing of policy options. These policies should be evaluated for their potential impact on children who represent one-third of Egypt's citizen's.
- **Refinement of Egyptian definition of child poverty:** This study was the first ever attempt to calculate the level of child poverty in Egypt and has contributed to the body of evidence required for child sensitive public policies. To continue systematic analysis of child poverty appropriate to the specific Egyptian context, the indicators and definition should be carefully reviewed and adjusted using lessons learned from this report, most in particular from the qualitative research conducted as part of this study. Quality of education and availability of adequate clothing are two examples of indicators that should be considered as part of the future child poverty definition.
- **Human rights-based approach to public policies:** All national policies and programmes should be based upon the foundation of children's rights and the child law that has been recently amended in Egypt.

This requires the adoption of a multi-dimensional approach to poverty or child deprivation, which includes but is not restricted to income poverty.

- **Programme-based budgeting and evaluation of policy impact:** Government budgets should be structured to reflect the policies and programmes it funds and the outcomes it intends to achieve. This would contribute an effective mechanism for evaluating programme inputs and outcomes against the child rights framework.
- **Adequate budget allocation for child focused programmes:** Public policies aiming to improve the well-being of Egypt’s children and the recent amendments to the Child Law should be adequately financed and implemented through nationwide programmes that reflect the important political support that the cause of children’s well-being enjoys.
- **Integrated National Plan of Action for Children and multi-sector coordination:** Policies and strategies to reduce child deprivation should be an integral component of the coordinated and multi-sector national development framework effectively coordinated by the mandated Ministry of State for Family and Population. Following the Second Decade for the Protection and Welfare of the Egyptian Child (2000-2010), an integrated National Plan of Action should be developed, which particularly addresses regional disparities. The successful design and implementation of such an integrated Plan of Action depends on the creation of a forum for maintaining a sustained trans-sector multi-disciplinary dialogue at the policy level between all stakeholders and that has the power of decision on resource allocation.
- **Local level monitoring of public policies:** The local level Child Protection Committees should be mandated and supported to monitor and coordinate the implementation of child-focused programmes and to have access to established hierarchal communication channels for the outcomes to reach national policymakers. Such a task is facilitated by defining a core set of measurements and indicators for child development that can be used for monitoring, planning and assessment purposes.
- **Capacity development of policy makers, community leaders and front line workers:** Decision makers and service providers working for and with children should be educated about their respective role and contribution to the implementation of the amended Child Law and on how these rights can be implemented through child centred legislation, public policies, budgets and socio-economic programmes.
- **Public awareness of child rights and the Child Law:** Children and caregivers should be made aware of their rights and responsibilities through dialogue and capacity development.

Addressing multiple dimensions of child deprivation

Building effective and efficient social protection: Cash transfers and family support subsidies that directly benefit poor families represent only a small proportion of total subsidies and grants, and a very small share of total social spending. Presently, subsidies do not constitute a substantial contribution to a poor family’s income. In addition, in part due to the inefficiency of the administration of these programmes, the poor do not benefit proportionally from the existing social protection measures.

- Both the coverage and the transfer amount of social protection programmes directed to poor families and their children should be increased.
- The composition of budget allocation for government subsidies, grants and special benefits should be revised to accommodate increased budget of social protection programmes for poor families and their children.
- Soft loans aimed at increasing family productivity and integration into the labour market should be closely monitored to ensure these are used for the intended purposes. Families benefiting from such support should also receive technical and marketing assistance.
- An administrative reform programme should be initiated including establishment of clear and transparent eligibility criteria, streamlining of administrative procedures, constitution of integrated packages, and increasing of capacity and rewards for social workers.
- Public awareness about eligibility for certain social protection programmes should be increased at national, Governorate and local level.
- “One stop shops” at local level should be established to increase public awareness and delivery.

Enhancing labour market integration: Most children live in a family with both their parents. Furthermore, income from labour is the most important source of income; however job creation has not kept pace with the economic growth of recent years and is likely to be further eroded by the current economic crisis.

- Better participation of parents in the labour market should be promoted by supplementing family income support through measures such as facilitating access to small and micro credit, income compensation (tax reductions or in-work cash benefits for those with low incomes) and free or subsidised access to childcare (to give parents time for paid work, training or job search).

Intensifying investment children’s potential: Both the cognitive and social-emotional skills acquired in early life, provide the basis for later academic and employment success.

In spite of political commitment, expansion of early childhood education facilities has been insufficient. The focus groups discussions revealed that primary and secondary schools do not always offer a welcoming and accessible learning environment to children, regardless of income and a child's family situation. The educability of children is also affected by increasing levels of malnutrition.

- In line with the current National Development Plan, early childhood policies should be evaluated to assess the availability, accessibility, content and goals of these programmes.
- The coverage and reach of the Early Childhood Education Enhancement Project should be scaled up nationwide and adequately funded.
- A nationwide programme should provide children of poor families attending government schools with two school uniforms per year as a contribution to avoid drop out due to lack of family income.
- Water and sanitation facilities in all government schools should be regularly inspected and properly maintained to ensure they are in good working condition and appropriate to both girls and boys. Community based civil society organizations should be invited to contribute to this inspection and maintenance.
- The nutritional value of the school meals package provided under the school feeding programme should be revised to allow contribution to the correction of the nutritional deficiencies that affect their educability.
- The administering of the school feeding programme should be carefully coordinated between the nutrition programmes offered by the Ministry of Education and other organizations working with schools in this area.
- Providing adequate care services: Lost opportunities in childhood cannot always be regained later - childhood is a window of opportunity for development. However, after years of steady decline in child malnutrition, the rates are increasing, and the impact of the current economic crisis is likely to exacerbate this deterioration in nutritional status. In addition, more than one million children are deprived of proper sanitation facilities at home, with vast disparities between rural and urban areas. Poor sanitation is directly linked to diarrhoea and malnutrition.
- Efforts should be made to launch a REACH programme for country focussed action against undernutrition, as recommended by the Jun 2008 declaration of the United Nations REACH interagency team.
- United Nations agencies should apply the new REACH methodology to identify the nature, extent

and distribution of nutrition problems and to assess the degree of Egypt's commitment and capacity to act at scale for achieving accelerated gains.

- A national sanitation master plan and programme should be designed in a participatory manner, including public, private and community stakeholders, to provide stand-alone, collective or community sewage and waste water management solutions. These solutions should be low cost and technologically acceptable adapted to the local geo-physical context.
- A policy for systematic prevention of exposure of children to environmental toxins and pollutants should be adopted as an efficient strategy to protect children from these health hazards.

Assisting parents to protect their children: The Child Law reform resulted in some crucial legislative amendments to the protection of the most vulnerable. Still, many children live without adequate parental care, although the exact numbers are unknown. These children, who often end up in the streets, are susceptible to disease, crime, abuse and neglect. Many discrete projects exist to protect the rights of the most vulnerable; however, a comprehensive national strategy and programme does not exist.

- An inter-ministerial task force should study the cause and potential strategies to address the growing number of children living on the street, child labourers and other children who do not have the care of responsible adults.
- National poverty reduction programmes should pay particular attention to large families who are more prone to be unable to adequately protect their children.
- Reducing of fertility rates and slowing down the population growth leading to smaller average size of households should be a central component of social sector policies and poverty reduction programmes.

Helping children to have a sense of belonging: Children interviewed through the focus group discussions repeatedly mentioned the need for a community, for not feeling alone. Socializing and engaging in recreational, cultural and sport activities build their social skills, resilience to adverse events. It also helps promote a healthy life style and combat the growing problem of obesity among Egypt's children.

- An inter-Ministerial effort should initiate a national programme to spread the culture of sports, physical exercise and a healthy life style for girls and boys of all ages.
- The establishment and expanded coverage of community libraries, community centres and other safe places for children, exercise and express themselves should be an important element in national policies and programmes on youth.





Why is childhood poverty different?

The prosperity of a nation alone does not prevent children from living in poverty. Poverty finds its way to children living in poor and rich countries but countries that have less; have less to offer their children. We expect poverty to exist in countries that have few resources, have been ravaged by droughts, floods, disease or war but as a country grows, we believe one of the wisest investments a country can make is to invest in its children.

At any age, poverty is closely related to poor health, nutrition, hunger and other factors that make it difficult to realize one's full potential. Governments often respond to poverty by putting policies into place that fail to differentiate the different kinds of poverty and in turn the different kinds of policy response that are needed. Research has shown that adults and children experience poverty differently. Poverty in adults is typically viewed as low income reflecting low earnings of adults. Most often the solution to this is finding ways to stimulate economic growth that will open better paying job opportunities for adults out of work or who are underemployed.

Unlike antipoverty strategies for adults, we generally discourage children from working; in fact, we see child labour as an infringement of children's rights, which we engage in depth in Chapter Three. Children's rights protect childhood as a unique time in life when children are to be nurtured and cared for by adults, educated, and prepared for adult life. Policy responses to childhood poverty should focus on ensuring children's rights and investing in their development and potential. As such, most policy responses emphasize investments to be made by the social sectors. Children need educational facilities, vaccinations, healthcare, security, nutrition, clean water, and a supportive environment to fully develop into healthy adults.

Compared to children from affluent families, children raised in needy families are more likely to do poorly in school and as a result leave school earlier, experience poorer health, and their cognitive development and emotional well-being may suffer. We elucidate these forms of

deprivation throughout the study, noting their alignment and influence on one another in Chapters Four and Five.

Perhaps most importantly, lost opportunities in childhood cannot always be regained later - childhood is a window of opportunity for development. Poverty experienced by children, even over short periods, can affect the rest of their lives. Malnutrition and stunting in early childhood, for example, can lead to life-long learning difficulties and poor health. Exposure to trauma and violence at very young ages can impair functioning for life. On the other hand, many developmental disabilities and diseases can be overcome and sometimes reversed if children are diagnosed and treated when children they are young.

Today's poor children are all too often tomorrow's poor parents. Poverty can be passed from generation to generation perpetuating lowered health, wellbeing and productivity of families and of society as a whole. Children who grow up poor are also more likely to engage in crime and to have poor health later in life.

Tackling childhood poverty is therefore critical for eradicating poverty and injustice. All too often, child poverty is assumed under poverty more generally. Child policy needs to be a distinct from overall policy and featured as part of the dialogue on anti-poverty policies. This report explains the multi-dimensions of childhood poverty, which children are most vulnerable and why, and which government policies are most effective in addressing poverty affecting children. It explains why child anti-poverty policies must be a highlighted component of Egypt's anti-poverty strategies.

The multi-faceted nature of childhood poverty is comprised of financial limitations, material deprivation, and psychological pain. Given the unique plight of impoverished children Egypt, it is essential that policy-makers recognize the various ways of measuring and understanding childhood poverty. This comprehensive understanding is the most formidable means of tailor-

ing policies and programmes to match the needs of all deprived children. What follows is an introduction to the various methods of conceptualizing childhood poverty in Egypt, which will be discussed more substantively in the study's latter stages.

1.1 Poverty and the rights of children

“My family keeps me out of school. I keep hanging out with other poor children in the street...I am not used to taking breakfast, it would be great if I had a cup of tea and some pie as I hurry to work.”
Child, age 12, Cairo

Children have a right to a childhood in which they can safely learn, play, enjoy full health and develop to their potential. These rights of children are part of the 1989 Convention on the Rights of the Child (CRC) that Egypt ratified. However, nearly 20 years later and after years of market-led economic growth, we are still far from fulfilling children's rights and creating a world fit for children.

International organizations agree that poverty is multi-dimensional. Poverty is not having enough income. Poverty is hunger. Poverty is lack of shelter. Poverty is being sick and not being able to see a doctor. Poverty is not having access to school and not knowing how to read. Poverty is not having a job, is fear for the future, living one day at a time. Poverty is losing a child to illness brought about by unclean water. Poverty is powerlessness, lack of representation and freedom.

However, there is no consensus as to how poverty should be measured and which indicators should be used to determine the success of anti-poverty strategies. Approaches include those focussing on basic needs, capabilities and human rights.

“Our problems are too many and no one feels us.”
Child, Sharkia Governorate

This report adopts a human rights-based approach and considers dimensions of poverty, just like child rights, as interrelated and interdependent. If a child is deprived of one of its rights, it is likely to affect a child's ability to exercise other rights. This reinforces the idea of indivisibility of children's human rights. As a result, although time-bound priorities can be set, all rights must be considered equally important because each one of them, individually and together, influences a child's well-being.

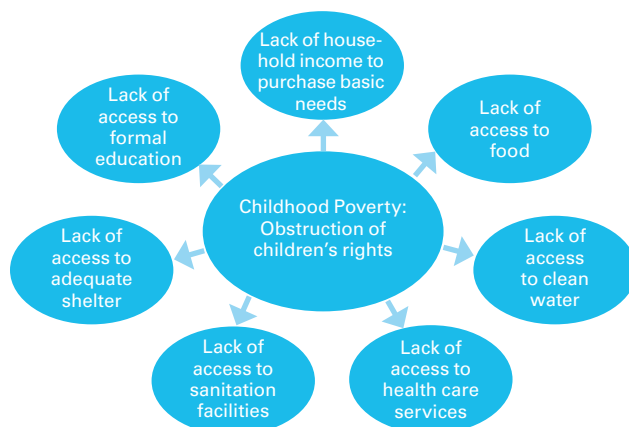
Similarly, access to decent housing, health care, a balanced and adequate diet will stimulate children's healthy growth and development and contribute to their success in school. By contrast, overcrowded accommodation,

located in a deprived neighbourhood may contribute to poor health, low educational attainment, and leaving school early. Low incomes affect the consumption of households with children but may also affect much more.

UNICEF's definition of poverty (UNGA, 2007), like all others, recognizes the importance of increasing income as a strategy to exit poverty; however, income is only one component of its anti-poverty strategy. Poverty cannot be eliminated by increasing income alone, nor can poverty be eradicated by the sole provision of social services, education, and health. Measurements of poverty should be multi-dimensional and so should anti-poverty strategies. This report considers income as one of eight dimensions of childhood poverty.

Economic development and human development are both needed for the growth of the nation, individuals and communities. Growth in one development area cannot occur without the other. Families with higher incomes make wiser consumption choices (e.g. spending on clean water, food), are more likely to send their children to school, and are healthier. In turn, children from these families are more likely to be employed as adults, earn higher wages, and are both more creative and productive. When this is combined with the actualization of human rights, the growth is even more dramatic. A recent World Bank study (Narayan *et al*, 2009) found that communities with more responsive local governments do in fact have better access to clean water, schools, doctors and nurses, and public health clinics. Furthermore, the quality of education and health services also registers more improvement in these communities, as do the incidence of road accidents and the level of community safety. Communities where local government is responsive also have much lower corruption.

Figure 1: Multi-dimensions of childhood poverty



1.2 Methodology to analyse child poverty and social policy

This report provides a comprehensive, mixed method analysis of the current situation of the children and the

social policy responses in Egypt today. The situation of poor children is studied from several perspectives and different methods. These analyses are framed within the current public policy and service delivery environment for children in Egypt.

The statistical analysis of the many dimensions of poverty is based on calculations using various rounds of the Household Income and Expenditure Surveys by the Central Agency for Public Mobilization and Statistics (CAPMAS) and the 2008 round of the Egypt Demographic Health Surveys (EDHS) by the Ministry of Health (MOH).

The analysis of legislation, public policies, budget allocations and relevant programmes for children was based on an intensive desk review of official and published government sources and scientific publications.

The right to participate and express one's views in decisions affecting one's well-being is an important component of children's rights. Field research on the perception of poverty was conducted to complement and help validate the findings from statistical calculations and analysis of policy documents.

While access to statistical data allowed for in-depth calculations of the various dimensions of child poverty, access to programme evaluations and the costs of national plans has been limited. Also, in the absence of results-based planning and programme-based budgeting, it has proven challenging to obtain reliable data that directly relate government budget and expenditures to specific programmes and nationwide initiatives.

This subsequently affected the ability to determine the causal link between legislation, their policies and programmes, the budget allocated to these initiatives and the developmental results achieved for children.

In the following sections we introduce in more detail each of the research methods used to measure childhood poverty.

1.3 Poverty as lacking income or inadequate consumption

“The poor person is someone who is in need and doesn't have money and doesn't have house or food to eat...”

Boy, age 11, Sohag Governorate

This report first analyses the conventional measure of poverty that is based on income or consumption levels. A person is considered poor if his or her consumption or income level falls below some minimum level necessary to meet basic needs. This minimum level is usually called the “poverty line”.

The poverty line in Egypt is constructed using a cost-of-basic needs methodology. This method yields poverty lines that are household-specific, objective, regionally consistent, and unbiased absolute poverty lines (World Bank, 2007). Two poverty lines were constructed to measure consumption poverty of children in Egypt. One is based on the cost of a minimum diet. This is called for *food poverty line* and children who live in households below this line are considered *extremely poor*. The second poverty line constructed combines the cost of food with essential non-food expenditures. This is referred to as the *total poverty line* and children in households that spend less than this amount are considered *poor*.

In 2008-09, a person who spent less than LE1,648 per year (LE137 per month) in Egypt is considered *extremely poor* and those who spent less than LE2,223 (LE185 per month) are *poor*. Poverty lines vary by the number of persons in a household, the age of household members, and regional differences in relative prices.

According to the 2008-09 Household Income Expenditure and Consumption Survey (HIECS) by the Central Agency for Public Mobilization and Statistics (CAPMAS), there are 7.03 million children who live in households that spend less than the minimum level needed to meet basic needs. That is one out of five Egyptian children who are income poor.

The study also looks at poverty using a global standard developed by the World Bank. It measures the number of children who live below US\$1 and US\$2 per day in Egypt.

1.4 Multi-dimensional concept of poverty

“The poor person is the one who has 10 children and his house is from mud and doesn't have enough money for his children.

Boy, age 9, Sohag Governorate

“Children living in poverty experience deprivation of the material, spiritual and emotional resources needed to survive, develop and thrive, leaving them unable to enjoy their rights, achieve their full potential or participate as full and equal members of society” (UNICEF, 2005). This human rights framework is UNICEF's definition and it stresses the multi-dimensional and rights-based approach to child poverty.

Children experience poverty as an environment that is damaging to their mental, physical, emotional and spiritual development. Therefore, expanding the definition of child poverty beyond traditional conceptualizations, such as low household income or low levels of consumption, is important. For example, children may live in households whose incomes are slightly above the poverty line but the house-

Table 1: Bristol’s operational definitions of severe deprivation for children

Dimension	Definition	Relevant CRC articles
Shelter Deprivation	Children in dwellings with five or more people per room (severe overcrowding) or with no flooring material (e.g. a mud floor).	27
Food Deprivation	Malnourished children whose highest weights or heights were more than 3 standard deviations below the median of the international reference population e.g. severe anthropometric failure.	24, 27
Education Deprivation	Children aged 7 - 18 who had never been to school and were not currently attending school.	28, 29
Information Deprivation	Children aged between 3- 18 with no access to newspapers, computers, radio, or other media.	17
Health Deprivation	Children who had not been immunized against any diseases or who had a recent illness involving acute respiratory infection or diarrhoea and had not received any medical advice or treatment.	23, 24, 27
Sanitation Facilities	Children who had no access to a toilet of any kind in the vicinity of their dwelling, e.g. no private or communal toilets or latrines.	23, 24, 27, 28, 29
Water Deprivation	Children who only had access to surface water (e.g. rivers) for drinking or who lived in households where the nearest source of water is more than 30 minutes round trip away.	23, 24, 27, 28, 29

Source: UNICEF Global Study on Child Poverty and Disparities 2007-2008 Guide

hold income may depend on child labour. Work may negatively impact children’s cognitive and physical development by depriving children of an education. On the other hand, children raised in households lacking sufficient income are at greater risk of becoming malnourished, suffering from poor health, and being unable to afford an education.

Children have rights to be raised with socioeconomic, physical and psychological supports needed to realize their own potential. A rights-based perspective defines poverty as the inability to actualize these rights. Measures of childhood poverty other than income include: the lack of access to food, clean water, sanitation facilities, health care services, shelter, formal education and information. Measuring poverty by these indicators is called a multi-dimensional deprivation approach because each of these indicators represents an important condition for healthy development and helps prepare children for adult life and its responsibilities.

In this report, this multi-dimensional definition of poverty is based on Bristol’s deprivation approach. The measures of deprivation are based on child rights and definitions of poverty internationally agreed at the 1995 World Summit for Social Development. Children who are deprived of any one of these rights described above as severely deprived.

The Bristol’s definitions of deprivation regarding shelter, information, nutrition and education were considered applicable to Egypt. Definitions of sanitation, water and health were considered less applicable to Egypt and therefore modified to more reflect children’s conditions in Egypt.

This study considers children who experience at least one of the deprivations described below are severely deprived. If a child experiences two or more deprivations, that child is categorized as living in absolute poverty.

A third method of measuring children’s impoverishment is to evaluate the assets of the child’s household. This method is called an assets approach and it uses national survey data to estimate a household’s standard of living or “wealth” by considering ownership of consumer items and dwelling characteristics. This study includes the results of measuring child poverty through this method.

1.5 Children’s concepts of poverty

The poor person is the one who wants to achieve something but he can’t.
Boy, age 15, Sohag Governorate

According to the CRC, the participation of children in decisions affecting their welfare should be promoted. Any child “who is capable of forming his or her own views” has a right to be heard and the rights and needs of children are also to be understood from the perspective of children (Article 12 of the CRC).

In keeping with this, this study conducted focus group interviews with 168 children and 38 parents in different regions of Egypt. Focus groups were held to ascertain how children and parents perceived child poverty to be related to education, health, water, sanitation, nutrition,

and entertainment. Focus groups were also held to better understand parental and child views of factors affecting children's emotional wellbeing, causes of impoverishment and what can be done to eliminate poverty among children.

The data collected from all regions and from children of all ages generally indicate that children are more likely to view poverty in non-monetary terms than their parents and interestingly define poverty along the multi-faceted dimensions of social exclusion and as obstructions of their rights as children. Children defined poverty as: having parents who are unemployed and lacking income; living in a mud house; not being able to go to school or hospital when sick; being separated from friends; and not being given the right to be heard and participate in decision making.

1.6 Social policies and programmes for children

This study does not only expand the notion of poverty beyond the lack of income and consumption. It also goes

beyond the commonly exclusive statistical analysis of poverty. The full policy cycle is analysed to determine the causal link between legislation, policies and programmes, the budget allocated to these initiatives and the developmental results achieved for children. However in the absence of programme-based budgeting, it has proven to be challenging to directly relate government budget and expenditures to specific programmes and nationwide initiatives.

Following the multiple dimensions of deprivation, the report describes the policy objectives, key national plans and legislation establishing the policy. For each of the sectors, the lead line Ministries in administration of the related programmes are stated. Where possible, budget allocations are mentioned.

It should be noted that the programmes in the report do not provide an exhaustive overview of all existing programmes addressing child well-being. They were selected on the basis of their coverage, relation with comprehensive development framework, strategic importance and budget allocation.



Egypt's current socio-economic landscape

In order to understand the various dimensions of poverty and how public policies influence these manifestations of child poverty, it is important to describe the social and economic context in which children and their families live.

This chapter begins with Egypt's demographic structure describing the trends in total and child population, fertility rates and household size in recent years. We will then take stock of how Egypt's macro-economic scheme has changed during the last five years. The results of the wide-ranging macro-economic reform programmes started in 2004 and the outstanding challenges which are exacerbated by the recent multiple and concurrent global crises are discussed. Lastly, following the framework of the Millennium Development Goals, we draw attention to how children have fared and will potentially fare during the recession to fully assess how the current landscape affects children's potential.

2.1 Demographic developments and challenges

Egypt's population has grown in the last decade reaching 75.5 million in 2008-09 (CAPMAS Website). The population has grown by 2.1 percent annually from 1998 through 2006. The growth rate of the working age population is slightly higher at 2.7 percent. This growth differential in favour of the working age population is typical of the middle stages of the demographic transition, a period that follows the onset of fertility decline (See Bloom and Williamson 1998).

The large majority of Egyptians live on and cultivate a very small proportion of Egypt's landmass – only 7.8 percent of the approximately one million square kilometres (CAPMAS). The population is concentrated along the Nile Delta located in the north of the country or in the narrow Nile Valley south of Cairo. More than 43% lives in urbanized areas and 57% in rural areas.

Children under the age of 18 are more than one-third (38 percent) of Egypt's population. 12.3 percent are children

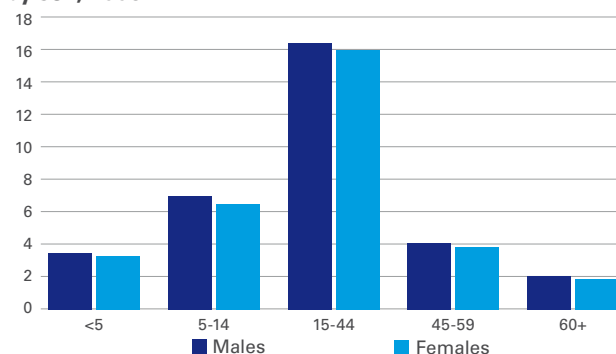
under 5 years. There are no marked differences between girls and boys. 81.2 percent of the population is under than age 45 years. Only 4.1 percent of the population is over the age of 65 years. The median age of the population is 22.5 years.

The fertility rate of Egyptian women has been dropping. In 1980, the average number of children women gave birth to is 5.3. This has decreased by 48 percent to 3 births per woman on average in 2008. Rural women continue to give birth to more children than urban women (3.2 vs. 2.7). In Urban Governorates and Urban Lower Egypt is lowest at 2.6. Rural Upper Egypt is the region with the highest rates at 3.6.

For 2008, the average household size in Egypt is 4.6 persons. Household size has been steadily decreasing. In 1995 the average number of persons in a household was 4.99 (HIECS, 1994-95). Families with children on average have more persons living in a household. In 1995 the average number of persons living in a household with children was 5.9. This fell to 5.4 in 2008 (HIECS, 2008).

Such concerns are all the more pressing when considered within Egypt's current macro-economic context – a telling sign of how reforms are not effectively responding to children's rights.

Figure 2: Age structure of the population (in millions), by sex, 2006



Source: Population and Housing Census, 2006

2.2 Egypt's macro-economic reform programme

Egypt has seen positive results from a wide-ranging macroeconomic reform programme it launched in 2004, following a stall in economic reforms and growth rates since 1998-1999. Structural reforms, including fiscal, monetary policies, privatization and new business legislation, helped Egypt to move towards a more market-oriented economy. The reforms targeted the exchange rate, reductions in the fiscal deficit and public debt, the enhancement of public financial management, improving the investment climate and trade reforms that restored economic competitiveness (ENCC, 2009).

A floating exchange rate regime was introduced in 2003. Persistent balance of payments problems—including critical reductions in foreign exchange reserves—were behind the decision to float. Consequent inflows of private foreign capital supported the accumulation of reserves and the repayment of external debt. Net international reserves (NIRs) jumped from US\$14.8 billion in June 2004 to US\$35 billion in June 2008 (MOF, 2009). External debt as a percentage of GDP dropped from 34 percent in June 2004 to 20 percent in June 2008. The exchange rate has depreciated less than 5 percent since July 2008.

Since June 2005, the Central Bank of Egypt has taken steps to develop its monetary policy framework with the intention to adopt inflation targeting over the medium term. The exchange rate has been abandoned as the nominal anchor and price stability was declared the overriding policy objective. Consumer Price Inflation rates dropped significantly between mid-2004 and early 2006. After a year of increase, it was significantly brought down again by end-2007 to around the average rate of the years before, i.e. 7.5 percent.

Reforms to enhance private sector opportunities have been introduced. Combined with other trade reforms, reductions in customs duties and in the cost of doing business, these policies have spurred foreign investment and growth. Financial sector reforms introduced and implemented in the past have brought about a resilient banking sector. Revenues increased during 2006-08 for oil exports, tourism (up by 25 percent), Suez Canal revenues (up 19 percent) and construction (up 15 percent) (Hannusch, 2008).

Labour market dynamics also changed. Government employment grew at one third the rate of overall employment growth, while that of state-owned enterprises experienced an absolute decline. This is a considerable change over the previous period (1988-98) when the public sector as a whole had grown by 2.9 percent compared to only 1.3 percent for the private sector.

Measured according to the ILO methods, the unemployment rate fell from round 12 percent of the labour force in 1998 to 8 percent in 2006. The growth rates for labour force participation exceeded the growth rates of

the working age population for both sexes. Urban and rural areas across regions shared in this trend, although growth is concentrated in rural areas.

As a result, annual Gross Domestic Growth (GDP) growth rates have been increasing steadily from 3.2 percent in 2003, accelerating in 2004 and 2005 to reach to 7.1 percent in 2008. Egypt's GDP per capita is approximately US\$1,800 (CBE, 2009).

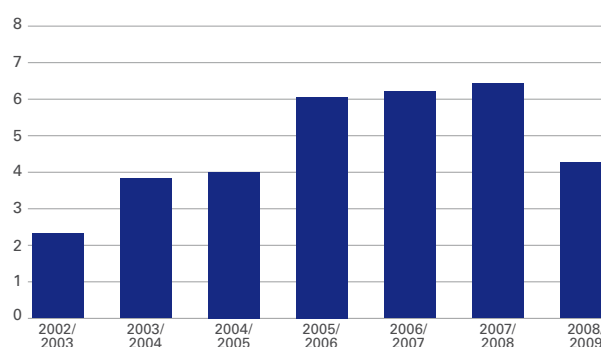
2.3 Present macro-economic challenges and policy responses

Despite these achievements, macroeconomic vulnerabilities have remained in the form of a rising inflation rates and high budget deficit. The subsidies have contributed to this sizeable budget deficit – roughly 7 percent of GDP, down from 9.5 percent in 2004 – and represent a significant drain on the economy. Total spending on subsidies, grants and social benefits was 10.3 percent of GDP in 2008. Food subsidies alone are estimated to cost around 2 percent of GDP, and around 83 percent of the value of food subsidies went to the non poor (World Bank, 2009a).

The macro economic reforms have not yet been able to rapidly reduce poverty levels. Average consumption in the economy as a whole increased but so did extreme poverty. The robust economic growth has not been pro-poor and pro-children.

Furthermore, the global economic crisis is expected to have its impact on Egypt. Growth rates for 2009 are estimated to slow down to around 4.5 percent. The financial crisis has heightened Egypt's vulnerabilities and exposed weaknesses in its competitiveness. The crisis contributed to a CPI inflation rate that reached an unprecedented level at 23.6 percent in August 2008. Overall food inflation reached 35.5 percent. Consumer prices for wheat flour, rice and maize increased by more than 100 percent those for vegetable oils increased by 70 percent. As global commodity prices started to fall, Egypt's inflation rates also came down, but only gradually. The overall and inflation rates stood at 11.8 percent in April 2009.

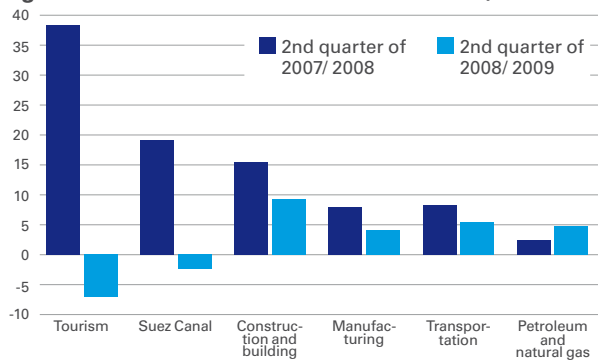
Figure 3: Annual growth rates in Gross Domestic Product, 2002-2009



Source: Ministry of Economic Development, Follow up report of the economic and social plan performance, 2008/2009

As a result of lower global growth, accompanied foreign direct investment has declined (after several years of steady and steep growth) as well as Suez Canal revenues, and tourism revenues. Growth rates in other economic sectors have significantly reduced. Being the country's second-biggest source of foreign revenue after tourism, remittances are of key importance. They accounted for almost 6 percent of GDP in 2007. Remittance growth stopped in 2008 and is expected to further decline (Saleh and Fifield, 2009).

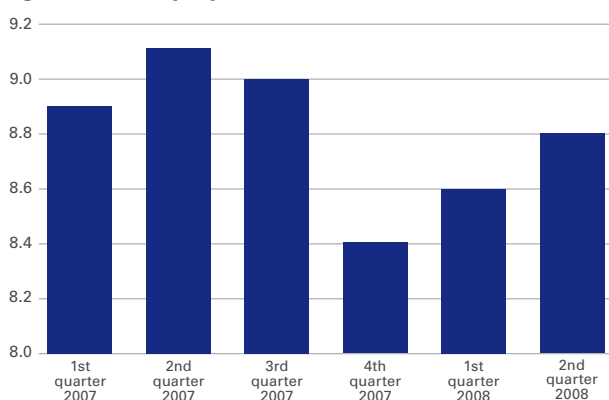
Figure 4: Growth rates in economic sectors, 2007-2009



Source: Ministry of Economic Development, Follow up report of the economic and social plan performance, 2008/2009

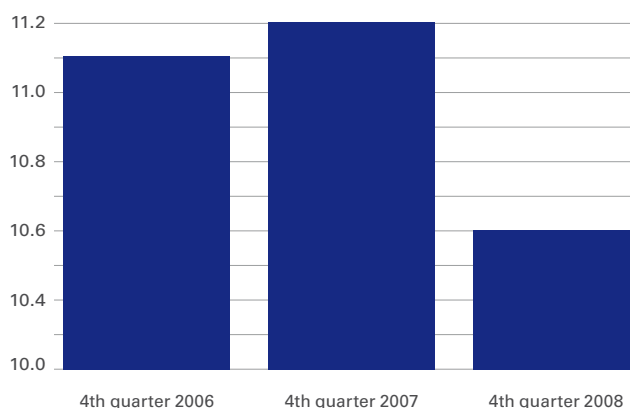
Job creation has also fallen significantly with almost one third. Unemployment level has started to rise again reaching almost 9 percent by mid 2008. Around 600,000 people join the labour force every year, but even before the crisis Egypt has been unable to generate job opportunities commensurate with the economic growth. Economic growth has been concentrated in non-labour intensive sectors (ENCC, 2009). In the manufacturing sector, which is the most important sector in terms of creating jobs, the global financial crisis caused a decline in the employment level. During the fourth quarter of year 2008 it reached 10.6% compared to about 11.2% during the same quarter in year 2007. At 17 percent, youth unemployment is estimated to be almost twice as high as the overall employment rate. Of the 1.6 million young Egyptians out of work, 95% have a secondary education or higher. There is a severe disconnect between the skills and expectations of the young workers and the availability of jobs (Bayoumy and Sidoti, 2009; MEYI, 2009).

Figure 5: Unemployment rate, 2007-2008



Source: Ministry of Economic Development, Follow up report of the economic and social plan performance, 2008/2009

Figure 6: Employment rate in the industrial sector, 2006-2008



Source: Ministry of Economic Development, Follow up report of the economic and social plan performance, 2008/2009

The Government's response to the crisis has been to execute a substantial stimulus package to the total of LE13.5 billion, or 1.34 percent of GDP. It aims to support growth, boost public investment by front-loading existing projects and simplifying budget execution procedures, ensuring social security and accelerating poverty reduction (ENCC, 2009). However, the ENCC reported that the stimulus package is not directed to the lower income groups (ENCC, 2009).

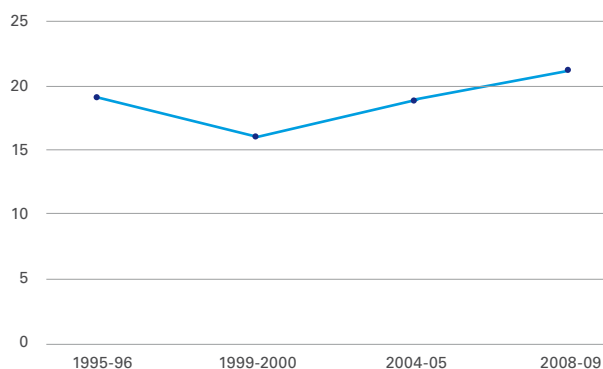
2.4 Income and the poor

The main source of income for all income groups is income from work, followed by cash transfers and income from agricultural enterprises. In Egypt, income from work (wages and earnings from self-employment) remained the first source of income among the poor and near poor (estimated at around 80 percent for each), and the better off (64 percent) (World Bank, 2007). According to 2008-09 HIECS, income from agriculture represented less than 23 percent of the poor and near poor's total income, compared to 13 percent of income it represents on average for those better off. Cash transfers are more important as a source of income for the better off (14 percent) compared to the average 9 percent of income for the poor. Cash transfers include government pensions, remittances, and private domestic transfers.

The income poor received only 7.5 percent of total cash transfer income although they represented 21.6 percent of the population.

The number of persons living below the Egyptian income poverty line in 2008-09 was 16.3 million persons. As Figure 7 indicates, the percentage of persons living in poverty dipped in 2000 and current levels are above 1996 levels. As expected the global economic crisis had further impact on the increase in total number of poor.

Figure 7: Percentage of persons living in poverty, 1996-2009



Source: Authors calculations using Household Income, Expenditure and Consumption Surveys, 1995-96, 1999-2000, 2004-05 and 2008-09

Rural Upper Egypt has the largest income poverty rate; accounting for 43.7 percent of its population in 2008-09 (twice the national rate). Although income poverty had increased between 2004-05 and 2008-09, the pace of change differs between regions¹. The Metropolitan region had the largest increase, while income poverty incidence in urban Lower Egypt declined.

Table 2: Numbers of income poor people in Egypt (in millions), by region

	1995-96	1999-2000	2004-05	2008-09
Metropolitan	1.32	0.58	0.74	0.885
Lower Urban	0.51	0.45	0.76	0.636
Lower Rural	4.18	2.36	3.59	3.999
Upper Urban	0.64	1.39	1.54	1.847
Upper Rural	4.51	5.81	6.94	8.786
All Egypt	11.26	10.67	13.70	16.281

Source: Authors calculations using Household Income, Expenditure and Consumption Surveys, 1995-96, 1999-2000, 2004-05 and 2008-09

Income inequality improved slightly during the period 1995-2008; the Gini coefficient increased from 34.5 to 36.2 during the period 1995-2000, and then fell to 32 in 2004-05. It fell further to 30 in 2008-09. The share of income or consumption by the poorest quintile fell from 9.8% to 9.23% in the same period, and the top quintile share stood at 40.4% in 2008-09.

¹ Geographically, Egypt is divided into seven regions: Metropolitan, Lower Urban and Lower Rural, Upper Urban and Upper Rural, and Frontier Urban and Frontier Rural. Metropolitan region includes Cairo, Alexandria, Port Said and Suez, Port Said and Suez Governorates, Lower Egypt includes Damietta, Dakahlia, Sharkia, Qaliubia, Kafr El-Sheikh, Gharbia, Menufia, Beheira and Ismailia Governorates, Upper Egypt region includes Giza, Beni-Suef, Fayoum, Menia, Assiut, Sohag, Qena, Aswan and Louxor Governorates. Frontier region includes Red Sea, El Wadi El-Gedid, Matrouh, North Sinia and South Sinai Governorates.

For every ten poor persons in Egypt:

- eight live in rural areas,
- seven live in Upper Egypt,
- three work in agriculture,
- eight live in a household with an illiterate head,
- three are illiterate and three have basic or secondary education, and,
- four live in households with more than three children.

The 2008-09 income poverty data already seem to indicate the impact global economic crisis is having on poverty in Egypt. With work being the most important source of income, the decline in job opportunities and rise in unemployment will have its effect on income poverty. Inflationary pressures remain at a higher level than before the crisis and domestic food prices remain higher, despite the decline in international food prices.

The multiple and concurrent global crises, in conjunction with Egypt's pre-existing macro-economic vulnerabilities and lack of pro-poor impact of the economic reform programmes impose numerous challenges. These pressures are felt by Egyptians of all ages, but they are most acutely felt by children. Using the Millennium Declaration and its Millennium Development Goals as a reference, we will now discuss how children fare today, noting how the global crises might impact them.

2.5 Children's well-being in Egypt today

Egypt is among the first signatories to the Convention on the Rights of the Child being one of the six initiators of the first World Summit for Children. Over the past three decades, Egypt's economic and social indicators have improved significantly, and its Human Development Index ranking increased by almost 50 percent, moving it from the low to medium development group (120 out of 177 countries). However, economic growth has not yet translated into sustainable improvement of Egyptians' well-being, and poverty persists. The Government has adopted several important measures aimed at accelerating economic growth, creating job opportunities and better targeting of social safety nets, particularly subsidy schemes. In relation to children specifically, the Presidential Declaration of the Second Decade for the Protection and Welfare of the Egyptian Child (2000-2010) placed children at the forefront of the development agenda.

Despite this progress sub-national disparities persist, particularly in Upper Egypt, where 25 million people (37 percent of the population) reside. This disparity is consistent across all socio-economic indicators, and summarised in the Table 3, which displays regional Human Development Index scores.

Table 3: Human Development Index, by region

	2006	Change (%) since 1990
Urban Governorates	0.74	30.3
Lower Egypt	0.72	63.4
Upper Egypt	0.69	85.8
Frontier Governorates	0.74	66.7

Source: UNDP and Institute of National Planning, 2008

2.5.1 Progress on Millenium Development Goals

Steady progress was made towards achieving the Millennium Development Goals over the past years. Until recently, progress on Goals 1, 2, 4, 5 and 6 (poverty and hunger, universal primary education, child mortality, maternal health, malaria and other diseases) was reportedly on track, and targets were likely to be met by 2015 (UNDP, 2008). Data are insufficient to measure progress on Goals 6 (HIV/AIDS) and 7 (environmental sustainability). There is potential, but not high probability, to meet Goals 3, 7 and 8 (gender equality and empower women and global partnership for development).

2.5.2 Impact of multiple crises on children

While there is still substantial uncertainty concerning the impact of the global crisis, given experiences from previous crises, Egypt needs to consider the recession's impact on children. Increases in child mortality and morbidity, child labour, child exploitation, violence against children and women and other forms of abuse, alongside declines in school attendance and the quality of education, nurture, care and emotional wellbeing, can all be traced to times of economic crisis (Harper et al, 2009). A 1 percent decrease in per capita GDP has been linked to an increase in infant mortality of between 17 and 44 per thousand children born (Mosel, 2009).

Again, it is essential to focus on major irreversibilities: if children are severely malnourished, pulled out of school, subject to neglect or violence and/or pushed into work, they live with the consequences for their whole life, sometimes passing the consequences onto their own children (Harper, 2005). This implies much greater future poverty, probably higher inequality and lower prospects for economic growth.

Egypt also faces an additional crisis; the Highly Pathogenic Avian Influenza epidemic (HPAI). The epidemic has already shown to have an additional negative impact on the family income and on the health and nutrition of the children in particular.

It is therefore very likely that the multiple crises that led to deteriorating consequences for the poor will have its impact on the likelihood of Egypt meeting several of its MDG targets, including poverty, hunger, education and health. The forthcoming sections will describe in more detail children's well-being in Egypt indicating those areas where the impact of the crises is already apparent.

2.5.3 Hunger and nutrition

Recent data indicate that the downward trend in malnutrition has reversed in recent years. Malnutrition in fact is one of the few childhood indicators that have shown deterioration (El-Zanaty and Way, 2009). Six percent of Egyptian children are underweight in 2008, compared with 5 percent in 2005. Stunting rates reached 29 percent in 2008. A comparison of the results with the 2005 EDHS indicates that the stunting level increased by 26 percent between the two surveys (was 23 percent in 2005) and wasting rates reached almost 7 percent (was 5 percent in 2005). Disparities are moderate for wasting and underweight, but significant in terms of stunting. Stunting levels range from 22.3 percent in urban governorates to 39.3 percent in urban Lower Egypt. This is almost 20 percent higher than rural Lower Egypt, where most child well-being indicators are worse than the national average.

2.5.4 Education and gender equality

Enrolment rates have been steadily increasing over the last decade. Net enrolment in primary education is estimated at 91 percent as of 2008. The ratio of girls versus boys has also improved. Currently, 90 percent of girls and 92 percent of boys are enrolled in primary education (HIECS, 2009). Children in female-headed households, in rural areas and especially in Upper Egypt and the Frontier Governorates are less likely to be enrolled, which is reflected in the illiteracy rates for young people, at 7 percent and 8 percent for boys and girls respectively. The gender gap is however more apparent for secondary school enrolment; 86 percent for boys against 79 percent for girls.

In 2004, Egypt participated for the first time in the Trends in Mathematics and Science Study (TIMSS) for 8th grade providing the ability to compare educational achievement in Egypt internationally. Egypt scored a 406 in Math and 421 in Science. This placed the country's 8th graders below the international averages (467 and 474, respectively) as well as below Jordan (424 and 475); on par with Indonesia (410 and 420) and Tunisia (410 and 404); and ahead of the Philippines (378 and 377) and all participants from Sub-Saharan Africa.

Among Egyptian students, only 6 percent were high performers in math and 10 percent in science, but over 40 percent failed to achieve even the low benchmark. In sum, Egypt's low end is both low and large, creating a sizable cohort of students not fully prepared to compete in the global economy.

Likewise, mother's education is an important determinant of child well-being. The percentage of women who never enjoyed education has been decreasing over the years. Still more than 20 percent of women below the age of 30 years have had no education at all. This contributed to the fact that around 25 percent of this age group are considered illiterate. A lack of female education is also reflected in the labour market participation; 84 percent of all women are not employed.

2.5.5 Children's and mother's health

Child mortality is one of the main indicators of the level of child well-being. Good progress continues to be made in reducing under-five mortality (birth to five years). National rates now stand at 28 deaths per 1,000 live births, down from 41 in 2005; however mortality rates strongly correlate with place of residence. Under-five mortality rates vary from 45.7 in rural Upper Egypt to 18.0 in urban Lower Egypt. Mortality rates are higher for boys than for girls.

Overall, child mortality is generally inversely related to the mother's educational attainment, with children born to women who never attended school being more than twice as likely to die by their fifth birthday as children born to mothers with a secondary or higher education (44 deaths per 1000 live births vs. 25 deaths per 1000 live births respectively). The same inverse relation applies to wealth of the household. Children living in households of the lowest wealth quintile show an under-five mortality rate of 49 deaths per 1000 births against 19 deaths per 1000 births for children in the highest wealth quintile (El-Zanaty and Way, 2009).

The challenge for Egypt is to close these regional disparities as well as to tackle infant mortality and neonatal death. The infant mortality rate (first year of life) was 25 deaths per 1000 live births, and the neonatal mortality rate was 16 deaths per 1000 live births. This indicates that around 9 out of 10 early childhood deaths in Egypt take place before a child's first birthday. And more than half (58 percent) occur during the first month of life (neonatal mortality) (El-Zanaty and Way, 2009). However, the overall peri-natal mortality rate (during the first 7 days of life) now stands at 19 per 1000 pregnancies, an improvement on the level reported in the 2005 (23 per 1000 pregnancies). Regional disparities remain significant. Rates in Rural Upper Egypt are 38.6 and 20.0 for infant mortality and neonatal mortality respectively against 14.9 and 11.2 for urban Lower Egypt. Regional differences are less marked for neonatal mortality.

The maternal mortality rate continues to reduce strongly. Rates declined from 84 in 2000, to 63 in 2005 and 59 in 2006². This progress is primarily due to improvements registered in metropolitan areas and Upper Egypt, although disparities remain. Rates are 73.4 and 65.7 for Upper and Lower Egypt respectively. The increase in the

proportion of births attended by skilled personnel contributed significantly to this reduction. More than three of each four births (79 percent) are attended by skilled personnel. Here too, regional disparities persist, ranging from with 92 percent of attended births in Urban Governorates to 59 percent in rural Upper Egypt (El-Zanaty and Way, 2009).

2.5.6 HIV/AIDS and hepatitis C

The reported number of HIV and AIDS cases is low, at 3,151 and the estimated number of HIV-infected people ranges from 7,224 to 12,635 (UNAIDS/WHO, 2007). However, a 2006 study completed by FHI and the Ministry of Health demonstrates concentrated epidemic within vulnerable populations and documented high-risk behaviours among them (FHI 2006). Furthermore, a 2007 study completed by UNICEF and the Population Council documented significant HIV risk behaviours among children living on the street. Comprehensive knowledge of HIV is very low at only 7.4 percent of all women. Additionally, the prevalence of hepatitis C is high, where 10 percent were found to have an active infection (El-Zanaty and Way, 2009). This virus shares similar modes of transmission to HIV in many ways. Other factors that increase vulnerability to HIV include a rise in mobility, the high illiteracy rate especially among women, poverty and unemployment and children living on the street in Egyptian cities subject to abuse and exploitation. The presence of stigma and discrimination pose challenges to existing surveillance and HIV testing, which may result in a number of undetected cases and hinder access to services. The latest data available from the EDHS reveal a contraceptive rate of 60.3%, with an IUD that reaches 36.1 percent. Hepatitis C virus is a blood borne virus that shares similar modes of transmission with HIV. Testing for HCV prevalence undertaken by the 2008 EDHS showed that 15 % of the respondents aged 15 to 59 years had been exposed to the HCV and had antibodies in their blood. Ten percent were found to have an active infection. Men were more likely to be infected and the levels of infection increased with age among both men and women.

2.5.7 Water and sanitation

Access to improved drinking water (piped into residence/plot) is almost universal (92 percent); including little geographical disparities. The most marked deprivation is in Frontier Governorates and rural Upper Egypt where 19% and 18% respectively of all households have no access to piped water. Access to improved sanitation (i.e., the households had sole use of a modern or traditional toilet that flushed or pour flushed into a sewer, bayara, or a septic system) reached 93 percent nationally, with only

² Ministry of Health and population: National Maternal Mortality Surveillance system, 2006. In its Progress for children: A World Fit for Children statistical review, 2007, UNICEF, however, estimates the MMR at 130.

84 percent in rural Upper Egypt. Rural/urban differences in access to public sewage remain striking with close to universal access in urban governorates and urban Lower Egypt, 77 percent in urban Upper Egypt and 14 percent in rural Upper Egypt.

2.5.8 Child protection

An estimated 6.5 percent of children aged 6-14 years are child labourers, mostly engaged in the agriculture sector, considered a hazardous occupation. This economic activity is defined as paid work outside households or domestic work; and does not distinguish between child labour and child work (the latter refers to children that are working but not in exploitative situations and who are attending school). Most working children, especially those who work outside their households, are boys aged 10-14 years.

There are significant differences between children engaged in economic activities in urban areas and rural areas (2.4 percent versus 12.4 percent). The Upper rural region, the poorest region in Egypt, has the highest rate of child labour.

Children of uneducated mothers are more likely to be engaged in work, so are children living in female-headed households, representing 11 and 6.9 percent, respectively.

Child labour is most frequent among households who have the fewest assets, where working children represent 14.6 percent as opposed to only 0.4 percent among the wealthiest households.

There are a significant number of children living on the street in Egyptian cities. Family breakdown and poverty are the root causes that push children to the streets. However, there is a lack of reliable data on the number of children are living on Egypt's streets. A quarter of children living on the street are believed to be less than 12 years old, two-thirds between the age of 13 and 16 and just under 10 percent over 17. They find themselves on the street for a variety of reasons, including family breakdowns due to divorce, remarriage and death. Others are runaways, escaping abuse or neglect.

A 2006 study on child abuse in deprived urban communities, shows 81 percent of children having been corporally punished at home in the year preceding the

survey, and 91 percent corporally punished during the same period in schools.

Birth registration is free and 93 percent of all births are registered in Egypt. The registration rate is higher in urban areas and rural Upper Egypt has the highest number of unregistered births. The larger the family size, the less education the mother has, and the lower the income of a family – the less likely that a child's birth will be registered.

With the texts in the newly revised Child Law (2008) criminalising female genital mutilation and cutting (FGM/C), efforts at prevention of this deeply rooted life threatening practice that affects women's reproductive health and exposes girls and woman to a greater risk of a range of complications are now supported by a strong legal backing. The figures for prevalence of FGM/C revealed by the 2008 EDHS remain high with 91% of all women in Egypt aged 15 to 59 having been circumcised. However, the results show that adherence to the practice may be declining in particular among the younger age groups (women under 25 years) and among never married women. The prevalence of female genital mutilation and cutting (FGM/C) among girls aged 15-17 years is 74.4 percent. Recent surveys indicate a continued lack of intent to circumcise girls in communities (El-Zanaty and Way, 2009).

2.6 Conclusion

Egypt's reform programmes during the last five years have met with success at the macro-economic level. Inflation has declined, unemployment diminished, foreign investment swelled which resulted in significant increase in GDP per capita. However, the impressive economic growth in recent years, reaching 7.2 percent in 2008, has not been pro-poor and pro-children. Income poverty has not declined proportionately and children's well-being has not improved to the same extent. The current crises have revealed Egypt's structural economic vulnerabilities and challenges to translate these macro-economic strides into improving the lives of the poor and their children.

Macro-economic policies and programmes have an important impact on children's lives. However, these impacts are often indirect and unintended. To complete the contextual analysis, we will therefore also need to examine legislation, social policies, programmes and their budget directly aimed at the fulfilment of children's rights.





Children's rights and social policy



I attend school but we take nothing, teachers teach us nothing and I work at the bakeshop from dawn until 9 o'clock and take 10 pounds a day.

Child, Sharkia Governorate



The first section of the chapter concentrates on the recent progressive changes made to the Child Law. Designed to comply with the UN Convention on the Rights of the Child, this law shows the Egyptian government's efforts to align national policy with international legal instruments.

While legislation confirms the legal commitment to fulfilling children's rights, specific social policies and programmes and their respective budgets demonstrate how this legal commitment is converted into action for children. We therefore subsequently focus on social policies and programmes that either relate directly to children or are significant importance for their well-being. We note budgets where available, and describe likely impacts. An additional more detailed analysis of the government budget intends to analyse whether the declaration of the Second Decade for the Protection and Welfare of the Egyptian Child (2000-2010) is reflected in higher priorities in terms of budgetary allocations.

3.1 The legal framework for children's rights

Children's rights in international charters that Egypt has signed are the foundation of its national laws. The Convention on the Rights of the Child and the African Charter have been incorporated into Egyptian state laws. State laws regarding the rights of children are more comprehensive than international agreements and the primary objective of these laws are to protect children from poverty and abuse.

Egypt's Constitution is the basis for its Child Laws. Articles 7, 8, 9, 10, 18, 20 and 40 of the Constitution establish the principles for Egypt to combat poverty in its Child

Laws. Child Law is a comprehensive system designed to directly and indirectly affect children's welfare with regard to education, work, social and family care, etc. (NCCM, 2008). In 2008 a comprehensive package of amendments to the 1996 Child Law was enacted by the Parliament. The amendments further develop a child rights framework in Egypt.

The new law creates Child Protection Committees at two levels. The first level consists of a General Committee for Child Protection in each of the 29 governorates. It is mandated to coordinate all child protection matters in the governorate and set overall policy. The Committee is chaired by the governor and includes the senior representatives from all public and civic authorities concerned with the welfare of children such as the Ministries of Education, Health, Social Solidarity, and Interior, as well as representatives from civil society. Depending on the specific context, the governor can appoint additional members with specific expertise.

Sub-committees at the District level are to be established to monitor and suggest policies for the protection and well-being of children, including the security, social, psychological, medical and educational needs of children. The specific task of these committees is to monitor all cases of exposure risk and preventive intervention and treatment for all such cases. They have the authority to intervene where they suspect the rights of children are being neglected or abused or any other case of child exploitation.

The Committee can also bring matters to Family Court to seek financial support of children and to change who has custody of the child.

The amended Child Law now makes child neglect and abuse a crime for which the punishment in case of a serious breach of duties is a prison term for not less than three months and no more than a year, besides paying a fine of not less than one thousand pounds and not exceeding 5,000 pounds, or one of these two penalties.

3.1.1 Prenatal and early childhood stages

Both Child Law and the Egyptian Constitution promote well-being of the child prior to the birth of the child and during the early stages of childhood. The Constitution regards the family as the basis of society in Egypt and considers the family to be the primary vehicle through which religion, ethics, and civility are delivered. Article 10 of the Constitution directs the state to protect motherhood, childhood and to care for youth. The Constitution specifically states the children have a right to life, survival and to be raised in a strong and solid family that protects a child from violence, physical, moral or sexual abuse, neglect and any form of maltreatment and exploitation. A child's right to know his birth parents is guaranteed in the Constitution.

Child Law has been guided by these constitutional principles with regard to prenatal care of children by specifying minimum standard of living parents should provide for children and advising individuals to take on parenthood only if they are prepared and can afford its responsibility and consequences. It also states the physical, physiological, and economic parental characteristics needed to perform parental responsibilities.

Child Law also bans marriage for those less than 18 years and requires a medical examination for those who want to marry to guarantee that parents have the minimum level of health needed to raise and protect any children they may have. The law permits birth certificates for the children of unwed mothers and paternity testing for children born out of wedlock.

In the best interests of a child, the Child Law prevents the execution of a death sentence passed against a mother until any child reaches the age of two. It also establishes nurseries in prisons for children of jailed mothers.

In the event that parents are unable to provide children with a safe and suitable environment, the state is required to provide the conditions needed for a child to be raised within a framework of liberty and humanitarian dignity. And in case required, the Child Law holds the state responsible to provide alternative family care for the child.

3.1.2 Nationality

The Egyptian Constitution was in conflict with a child's right to a nationality and this was corrected by the Child Law. The child's law makes it obligatory for each child to have a nationality and transmitted the organization of this right to the law on the Egyptian nationality.

The law on nationality previously limited Egyptian nationality to the children of an Egyptian father, which means that the sons of an Egyptian mother from a foreigner husband were not entitled to Egyptian nationality except

in three cases: the father has no nationality, is without a known nationality, or father of the child is unknown. This was amended in 2004 by the granting of Egyptian nationality to all children of Egyptian mothers and fathers.

3.1.3 Education

One of the main weapons against poverty is providing children with a quality education. The Egyptian constitution guarantees free education to children. Child's law reinforces the right of children to education at all stages of their development regardless of the status of their parents and without any discrimination related to gender, religion, social status or disability. The law specifies that the objectives of education are to prepare children for life as adults and for children to become gainfully employed adults.

Recent amendments reinforce the right of children with disabilities to public education. To ensure the best interest of the child, the Child Law also provides for support to the parent with the child's educational custody in case of family conflict or divorce.

3.1.4 Social care

The Egyptian Constitution states that the Egyptian society is based on social solidarity and the Child Law specify the meaning of this with regard to the care of children. Children deprived of family care are entitled to alternative care, an education, and safety.

It is against the law to leave children on the streets and without protection, shelter and care.

The law has established the system of alternative families and provides social, physiological, health and occupational care for children above two years who are not able to be raised by their families. The Child Law also establishes alternative system of social care in institutions for neglected, abandoned or orphaned children between six and eighteen years of age. The law permits a child to continue to live in these institutions as long as the child stays in school.

The umbrella of social security is extended to provide minimum benefits to: orphan children, children whose father or parents are unknown, children of a divorced mother, children of imprisoned parents, and children of an imprisoned female headed household.

Children with special needs are guaranteed equal treatment in education, rehabilitation and training in the child's law. It is unlawful to distinguish between children with special needs and healthy children in schools, colleges, training centres, and vocational rehabilitation as long as the interests of the children with special needs are met. Under this law, the state must ensure the prevention of disability and anything that would damage a child's health, physically, mentally or spiritually.

3.1.5 Justice

According to Child Law, a child in violation of the law is viewed as a victim in most cases, whose criminal activity is seen as the result of environmental, social, and economic factors and family circumstances. The amended Law makes a distinction between children at risk, children victims of and witnesses to crimes, and children in conflict with the law. It has made provisions to decriminalize certain status offences as well as a comprehensive strategy to eliminate the root causes of the problems rather than reacting only to the symptoms.

Society has the responsibility to first try to rectify and correct a child's behaviour, rather than punish the child. It is considered appropriate to distance the child in this case from being in contact with criminals and delinquents, help reform the order, modify the behaviour, and to return the child to the community as a good citizen.

However, the criminal system does allow children to be imprisoned for crimes committed. Recent amendments prohibit death sentences and life imprisonment being imposed on defendants less than 18 years of age. Minors must be segregated from adults in detention centres. Amendments to the law increased the age from 7 to 12 years at which children living on the street can be criminalized.

The new Law also increased penalties for media outlets that publish the names and/or pictures of victims, witnesses, or children who come into conflict with the law.

3.1.6 Child labour and abuse

The Child Law bans child labour for children under age 15 generally with only a few exceptions. Any work that by their nature or circumstances might endanger the health or safety or morals of the children and in particular works which fall under the scope of worst forms of children work is unlawful. If a child is engaged in labour, the work should not cause any pain, physical or physiological harm to the child, deprive him from the chance to attend education regularly or entertainment or the development of his talents and abilities. It also requires the employer of insurance and protection from occupation damage during his working period.

The Child Law now specifies the punishments bestowed onto persons who have neglected or abused children.

The Child Law now states that it is a crime to traffic children for sexual, commercial or economic exploitation, as well as to use children in research and scientific experiments, and stresses the punishment of the children sold or bought or offering for sale, as well as delivered or received or transferred as a slave, or harassed or sexually or commercially exploited, or used in forced labour, or other illegal purposes, as well as the those who help in instigation of such acts or even if it were not crime-building. The

penalty is doubled if the crime is committed by organized criminal groups across national borders.

3.2 Social policies and programmes

3.2.1 Social policy reform

“A poor person is the one who is begging from other people and when he feels sick can't go to a hospital.

Girl, age 10, Sohag Governorate

The concept of social justice as critical element of social policy has gained momentum in recent years in Egypt. This is the result of the increasing inequality and the limited ability of growth outcomes to reach particularly the poor. In general terms, three components of these social policy reforms can be identified: 1) developing a vision for integrated social policy; 2) the expansion of social protection schemes with new institutional arrangements; and 3) the geographic targeting of social investments in the poorest areas.

The year 2007 saw the establishment of two committees that contribute to the ongoing social policy reform. An inter-ministerial committee was established to improve coordination and administration of social protection programmes among the seven ministries involved. A second committee of Egyptian scholars was mandated to set the foundation for a national integrated social policy. The three main pillars of the vision developed by this committee aim: a) to protect the poor, marginalized and vulnerable groups as well as to empower them; b) to assure basic rights to all people and a just benefit from economic growth; and c) to enhance human capabilities of Egyptian citizens and maximize development chances through providing high quality public services.

This vision identified several core principles for the social policy reform agenda. Economic policy should not be only assessed on the size of investment but also on the social outcomes of this investment in terms of scope and quality of employment opportunities, its spatial distribution and sustainability. Public services should not only be available to all citizens; they should be accessible, of good quality, effective and equitable. A third principle calls for enhancing social security through maintenance of property rights and more effective targeting mechanisms that reach the poor and the vulnerable.

To expand the social protection schemes a new health insurance system is planned to cover the entire population by 2012. It will provide free health services to the poor. A new social insurance system, which should increase coverage and raise current benefits, is also under preparation. It is intended to include a basic pension level to every Egyptian citizen who reaches the age of retirement. A social pension law will complement

social insurance law and provide social protection to those outside the labour market. The reforms aim to increase the coverage and to raise the level of benefits to cope with the rise in prices and the cost of living.

As part of the reform agenda to foment social justice, the Government has launched a three-year geographically targeted national project for the poorest 1000 villages, starting with the poorest 151. 91% of these villages are mainly located in Upper Egypt in the four Governorates of Minia, Assuit, Sohag and Qena. The project encompasses 11 main programmes (i.e. development of formal education infrastructure, conducting of literacy classes, development of health and new housing units, provision of potable water and sanitation, electricity and roads, improvement of environmental conditions, as well as social protection schemes, including social fund loans).

3.2.2 Social protection policies and programmes

Social protection schemes in Egypt are over 1200 years old. They are based on a strong history of support to the poor under the Zakat and the Waqf systems. The Egyptian constitution obliges the state to guarantee old age, invalidity and unemployment pensions for all citizens.

Historically, most of the support was informal consisting of cash, food, crops, clothes and shelter. As early as 1854, the first fully government funded pension system for government employees were introduced. In 1950, a non-contributory, means-tested, social security scheme was established to provide income transfers to widows less than 65 years with dependent children, the aged (65 years and over), orphans and disabled persons between 17-65 years. Over the years, social protection programmes have been extended to many populations for different purposes and administration of these programmes has become complex. As part of the social policy reform the government has made efforts to streamline these public programmes and increase coverage.

3.2.2.1 Contributory social security

Although the following programmes are not specifically targeted to children, the income from these programmes can be critical to the well-being of their families with children who live together.

Policy objective/goal:

To assist individuals and families in managing social risks, which can stem from disease, death or employment interruption due to retirement, disability or job loss.

Authorizing plan and legislation:

National Plan for Economic and Social Development (NPESD), 2008/ 2009, Law No. 79 of 1975.

Policies and programmes:

The current social security system in Egypt was established by the Law 79 of 1975 which covers civil servants and employees in public and private sector enterprises. The system was subsequently extended to the self-employed (Law 108 of 1976), Egyptian workers abroad (Law 50 of 1978) and casual workers (Law 112 of 1980). In 2004/05, the Social Security system in Egypt covered 93 percent of the formally employed. Still, this constitutes coverage of less than 30 percent of the total population. Around 11 percent of the population receives a pension.

The system is administered by two separate funds; one relating to government workers and the other relating to workers in public and private enterprises, the self-employed, casual workers and Egyptians working abroad.

The insurance system is composed of four schemes.

- The largest scheme covers all governmental and public sector employees and the majority of the employees and workers in the private sector. 55.7% of the insurance beneficiaries in 1999/2000 was covered by this scheme.
- The second insurance scheme offers old age and survivor insurance to the self-employed. This scheme covered 10.5% of all beneficiaries in 1999/2000.
- The third subsidiary scheme organized by law 50 in 1978 also provides on voluntary basis insurance to Egyptians working abroad. In 1999/2000 it covered 0.1% of all beneficiaries.
- The fourth scheme exclusively extends old age and survivor insurance to the working poor. Groups insured by this scheme include temporary workers, small farmers, fishermen and domestic servants. This scheme covers 33.8% of all social insurance beneficiaries.

Benefits are primarily financed by contributions collected from employers and workers, but there has been a substantial financial support from the Government. The benefits are not merely meant to prevent poverty; they are intended to provide a relatively high replacement rate for lost earnings and the contribution rate represents a high percentage of insurable earnings. It is clearly intended that the people of Egypt receive social security system through the public system.

However the assessment of the social security system in Egypt shows that pension levels are low and decreasing; there are significant gaps in coverage; women's pensions are lower than men's; and that Egypt is likely to face a shortage of funding in the long term.

Survivors' pensions are payable for a broad range of surviving dependents including a widow or an invalid widower, sons under age 21 (26 if students and no age limits for invalids), unmarried daughters and dependent unmarried sisters, parents and divorcees whose marriage lasted for at least 20 years. This wide range of eligibility criteria for survivors' benefits makes the process of establishing and verifying entitlement to the

pension complex and time consuming. The pension levels are low.

Despite the generous provision concerning the range of survivors, the rules of entitlement in respect of divorcees are very restrictive. Divorced widows with children are often required to depend on social assistance or other support.

The qualifying conditions for **invalidity pensions** for private sector workers require contributions for at least 6 months (or 3 months prior to the onset of the invalidity). Civil servants and employees of public sector enterprises do not have any qualifying period. These provisions are very generous for a long term benefit which in the context of difficulties in the medical determination process is open to abuse.

Administration:

Since 2006, the Ministry of Finance manages the social insurance system in Egypt.

Budget allocation:

By mid-2008, the total number of insured persons was 10,316,000. Total resources accumulated in the Insurance Fund for Workers in Public and Private business sectors amounted to LE19.9 billion.

3.2.2.2 Non-contributory social protection

Policy objective/goal:

To reduce the incidence of poverty in families with children and to provide income support for children whose parents can no longer support them due to death, illness, incarceration or abandonment.

Authorizing plan and legislation:

National Plan for Economic and Social Development (NPESD), 2008/ 2009. Social Solidarity Pension Law No. 33 of 1977 amended by Law No. 87 of 2000. Articles 49 and 86 of the Child Law Amendment No. 136, 2008.

Policies and programmes:

The National Plan for Economic and Social Development (NPESD) 2008-09 outlines a poverty reduction strategy for Egypt. The NPESD recommends both human capital investments and income transfer programmes is to increase the income levels of households. It promotes investment in micro enterprises, agriculture, youth employment and quality education. It also includes targeted subsidies and cash allowances to needy families and individuals. These programmes in turn lower child labour and allow households to spend more on securing their children's needs in terms of health, education and other basic needs.

Implemented programmes could be grouped in three categories: 1) income support programmes; 2) income generating programmes; and 3) care services.

Income support programmes

These programmes provide income support through cash and in kind transfers to various groups, who are unable to obtain sufficient incomes through the labour market. These include the poor, the unemployed, and the elderly. Special attention is given to children, the disabled and women.

- **Food subsidy**

Since the Second World War, the food subsidy system is a major component of Egyptian social safety net. The increasing cost of the system due the expansion of the number of food items and the number of beneficiaries forced the government to stop adding the new born to the system since the 1980s. After the adoption of structural adjustment policies, food subsidy has been limited to few items; mainly *baladi* bread, wheat flour, sugar and cooking oil. The *baladi* bread is available to all consumers while sugar and cooking oil are only available with subsidized prices for those who hold ration cards. With the increasing international food prices in recent years, the government allowed ration card holders to add unregistered family members born after 1988. This increased the number of ration card holders from 38.5 million in 2007 to 63 million in 2009.

- **Cash transfers programmes**

The Ministry of Social solidarity provides different kinds of Cash Transfers Programmes. Some of these programmes are directed to families while others are targeted at children. These transfers are either made on a regular monthly basis, on a temporary basis or as a one-time transfer.

According to Law no 87 of 2000 the **social solidarity pension** is payable to poor individuals and families of certain categories. These include persons aged 65 and above, disabled persons, widows and divorcees and their children, women reaching the age of 50 without ever being married, and families of prisoners. The number of beneficiaries has increased significantly in recent years from 540,000 in 2005 to 1.1 million in 2008. The minimum and maximum monthly value of the pension has also increased from LE70 to LE85 and from LE100 to LE120 respectively.

Those who benefit from the social solidarity pension are also entitled to other benefits. For instance, children of these families are entitled to a monthly **school allowance** of LE40 (was LE20 in 2008), provided they go to school. As an additional benefit these children are also exempted from school fees.

Poor individuals, families and their children from other categories not entitled to monthly social pension have access to other forms of **cash assistance**; however, this assistance is only for a few months or just one time.

Pregnant woman in poor families with monthly income less than LE300 are entitled to monthly financial assist-

ance of LE70 to ensure good nutrition for the mother. She will receive this assistance from the third month of pregnancy until the child reaches the age of two years. Women can apply for this assistance up to their third child.

In accordance with the Child Law and Social Pension Law, orphans and children of divorced parents in case of remarriage are entitled to a monthly **child pension**. The amount is LE41 per child with a maximum of LE131 in the case of four children. In 2008, 87,685 children benefited from this pension.

Income generating programmes

Income generating programmes have the objective to raise the productive capacity of the poor, by enhancing human capacity through training or enhancing physical capacity through soft loans to facilitate access to productive assets.

The productive family programme is one of the oldest components of safety nets in Egypt, with two million families benefiting in 2008. It aims to raise household incomes as well as employment levels of the poor by providing households with both financial and non-financial services, such as training and facilitation of marketing of products.

In 2008, the Ministry of Social Solidarity provided 24,000 families with small grants to families of social solidarity pensions to help them generate **self employment and initiate small enterprises**. The value of the assistance has recently increased from LE500-1500 LE to LE1000-3000. In addition to the Ministerial grants, **Nasser Bank** schemes provide grants and loans to finance inputs of production for small businesses.

Administration:

The Ministry of Social Solidarity administers cash and in kind transfers and soft loans, in addition to social care programmes.

Budget allocation:

In 2008/09, the total amount of government subsidies, grants and special benefits was LE126 billion, or 10.3 percent of GDP and close to 40 percent of government expenditure (MOF, 2009). This is more than spending on health and education together. The cost of food subsidies reached LE21.5 billion in 2008/09, or almost 2 percent of GDP. *Baladi* bread subsidy alone reached LE14 billion due to increases in the prices of wheat. However, it still composes only a very small proportion of total subsidies. Social solidarity pensions remain very small at no more than 1 percent of total expenditure for subsidies, grants and social benefits (World Bank, 2009b).

Outcomes:

Income inequality lessened slightly. The Gini coefficient of household income/consumption decreased from 0.345 in 1995/1996 to 0.32 in 2004/2005.

Between 1995 and 2008, income poverty among households with children (0-17) fell from 7 percent to 3.5 percent using the international poverty line of US\$1/day, and from 57 percent to 44 percent using the international poverty line of US\$2/day.

3.2.3 Protection from abuse, neglect and exploitation

Policy objective/goal:

To protect children who live in difficult circumstances such as child labourers, school drop-outs, children living on the street, children living in social care institutions or penal establishments.

Authorizing plan and legislation:

The Declaration of the First (1989-1999) and the Second Decade for the Protection and Welfare of the Egyptian Child (2000-2010) establishes the importance of providing for the protection and well-being of children. There is a national strategy for the prevention and rehabilitation of children living on the street and one to eliminate child labour. Articles 3, 4, 65, 68 and 97 of Child Law Amendment No. 136, 2008.

Policies and programmes:

Within this context, several programmes have been implemented including:

- **The Working Child project.** The programme targets working children with the aim of offering them protection, rehabilitation and education. Its coverage is limited to five governorates (Menya, Fayoum, Sharkya, Damietta and Kalyoubya).
- **The provision of alternate social care** to children who cannot live with their parents because of parental death, illness, abuse or neglect, imprisonment. There are more than 2,000 children in Egypt who are in lodging nurseries because they lack family care and over 70,000 children who reside in social care institutions. In addition, are nearly 5,000 children living with foster care families.
- **National strategy to address children living on the street in 2003.** Pilot interventions were implemented at the grassroots level, providing children living on the street with shelter, health care, nutrition and educational services. The programme focuses on building the capacity of professionals working with children living on the street to understand that children living on the street are victims rather than criminals posing a serious threat to society.
- **Child Help Line 16000.** The national programme targets abused children by receiving their complaints and offering protection. This programme does not cover handicapped children in the age bracket from 6 to 18, nor does it cover ill children living on the street.
- **The FGM Free Village model** is an innovative approach that utilizes NGOs, young volunteers and the media in creating a general atmosphere that is supportive to the abandonment of female genital

mutilation (FGM). This successful campaign paved the way for the legal criminalization of FGM in June 2008.

- **Family guidance and consulting services** are provided to nearly 15,000 children.

Administration:

The National Council for Childhood and Motherhood is primary agency addressing child abuse, neglect and exploitation. The Council adopts a twofold mandate: policy making and implementation of pilot projects on the ground, to experiment with new creative strategies and innovative approaches that inspire policy making and mainstream best practices at the national level. It administers the Child helpline, leads the national programme combating FGM/C, implements a child labour programme and launched the national strategy on children.

Budget allocation:

Due to absence of programme-based budgeting and evaluation, it is not possible to provide budget allocation figures at programme level for this area.

Outcomes:

A recent survey found that 55 percent of youth knew that female genital cutting is harmful to girls.

3.2.4 Child nutrition

Policy objective/goal:

To improve the health and nutrition of mothers and children and guarantee healthy child growth and development with priority given to the vulnerable and to those most in need.

Authorizing plan and legislation:

National Nutrition Policy and Strategy for Egypt, published 2009.

Policies and programmes:

Good nutrition is central to development and is critical for healthy growth and development during the early formative years from the time of conception to two years of life. Nevertheless, nutrition and household food security are yet to become an integral part of national development policies for health and for other sectors that can influence child nutrition outcomes and the right to food.

The recently published National Nutrition Policy and Strategy proposes a set of priority domains for action and identifies programmes under each domain. They are mainly based on the previous plan's domains, without new policies and strategies to guide the management of the deteriorating nutritional situation in Egypt. Egypt has not yet formulated a policy to promote physical exercise as the third pillar of the triad: Diet, Health and Physical Exercise. Work needs to be initiated in this direction in view of the progressive increase in child obesity.

Texts and regulations in the Food Law of the Food Safety Agency – Egypt (pending establishment) are under formulation.

Three of the most important programmes to the rights-based approach are the national breast feeding programme, the programme on prevention and control of micro-nutrient deficiency and the school feeding programme.

A national programme for supporting **breast feeding practices** is in force that aims to achieve exclusive breast feeding for the first six months of age and continued breast feeding for up to two years of age. It also promotes healthy complementary feeding practices. Young girls, future mothers and pregnant women are targeted through antenatal care services, schools and women's clubs. The breast feeding programme is fully integrated into Mother and Child Health (MCH) services and it is applied at the workplace, day care centres, prisons and baby friendly hospitals. It is a national programme that covers all women in the formal labour market, with challenges to reach those in the informal sector, such as small factory workers, small shop employees and house maids.

The programme on **prevention and control of micro-nutrient deficiency** is of critical importance especially in some parts in Egypt where iodine deficiency is endemic and anaemia prevalence is on the increase. At vaccination time, all infants receive a concentrated Vitamin A dose. School children are provided with fortified biscuits and snacks. The general public benefits from iodized salt. The pilot project for iron fortification of local *baladi* bread is now being expanded. The programme for delivery of iron tablets to children and adolescents in government schools depends for continuity on the availability of resources and may not be as regularly implemented as the iron tablets received by pregnant mothers at public and private ante-natal care clinics.

In collaboration with WFP and UNICEF, the Ministry of Education is implementing the **school feeding programme**. The Ministry of Agriculture and Land Reclamation, the Ministry of Education with contributions from the international community and the private sector are engaged in production of the dry snacks that are distributed in schools. Distribution continues for an average of 120 days of the school year. Institutionalized children are served meals throughout the year. The nutritional value of the snack is not conceived to correct the nutritional deficiencies that are prevalent among the boys and girls but more to serve the objective of keeping the children in school and increasing school attendance rates. The demand for school snacks/meals considerably exceeds the number of children currently benefiting from the programme.

The Ministry of Social Solidarity's social protection programmes that target poor and marginalized families and their children, such as, *inter alia*, child protection programmes, conditional cash transfers and a targeted food subsidy programme, reinforce nutrition improvement programmes.

Administration:

The Ministry of Health is the primary national authority for nutrition, with the National Nutrition Institute as implementing agency in close collaboration with Ministries of Agriculture and Education. Ministry of Local Administration, Ministry of Social Solidarity and Ministry of Education contribute to food subsidy programmes.

The Ministry of State for Family and Population has a role to play in ensuring that it contains the appropriate articles that regulate the food quality and safety concerns that are of relevance to children.

Budget allocation:

Total government expenditure on health was LE13,159.6 million in 2007/08. This includes to a great extent expenditure on nutrition. Health allocation constitutes 4.6 per cent of the total state budget and one percent of GDP. Due to absence of programme-based budgeting and evaluation, it is not possible to provide budget allocation figures at programme level for this area.

3.2.5 Education

Policy objective/goal:

To foster equal opportunities for all Egyptian students to realize quality education that empowers them to become creative, life-long learners who are tolerant critical thinkers with strong values and a wide range of skills for active citizenship and dynamic participation in an ever-changing global society.

Authorizing legislation:

The National Strategic Plan for Reforming Pre-University Education: Towards a Qualitative Shift in Education – 2007/2008 – 2011/2012. Articles 53, 54 and 76 of Child Law Amendment No. 136, 2008.

Policies and programmes:

The year 2006 saw two significant milestones in Egypt's education policies of the government of Egypt. The first was the issuing of a National Framework for Education Policies in Egypt, which was based on the 2005 Presidential electoral programme and a number of reports and policy papers, within the context of local and international conventions to which Egypt is committed. The second milestone was the setting up of a Policy and Strategic Planning Unit (PSPU) in the Ministry of Education (MOE). The PSPU led an 18-month long process involving multiple stakeholders by which the National Framework was expanded into the National Strategic Plan For Pre-University Education Reform in Egypt (2007/08 – 2011/12), a major document articulating policy goals and objectives in the priority areas. In it the MOE's overall mission was stated as follows:

The National Strategic Plan frames the challenges facing Egypt's pre-university education system as falling into three categories: access, quality and systems. With the

cooperation of local and international organizations and experts, the Ministry of Education has developed programmes to address the specific issues within each of these themes.

Three programmes worth noting are the Community Schools project, the Girls Education Initiative and the Early Childhood Education Enhancement project.

The **Community Schools initiative** (CSI) was launched by the MOE in partnership with UNICEF in 1992 in Upper Egypt (in the governorates of Assiut, Sohag and Qena). CSI set out to provide access to education in sparsely populated, rural and hard-to-reach areas with small numbers of school age children, offering multi-grade classes admitting pupils of different ages and ability at the primary education level, with a special focus on girls. To date, 227 community schools have been established. The initiative has successfully mobilized community participation and support and in stimulating and contributing to national dialogue policy reform debates. Key features of the CS model include a focus on deprived communities, high standards for quality education, an emphasis on values and life skills to promote leadership and social change.

Over 85% of students have completed and have been successfully integrated in the subsequent levels of Egypt's education system, with several CS children now at university, or in productive employment.

The **Girls' Education Initiative** was launched because of the importance of girls' education and its direct correlation to other developmental issues related to deprivation and poverty alleviation, such as literacy, good health, protection against harmful practices, and most importantly the impact of girls' education on breaking the poverty cycle to ensure equity in access to basic rights by every child without discrimination. The Initiative focuses on increasing girls' enrolment in primary education in targeted communities.

In 2007, after five years of implementation, the Initiative succeeded to attain its objectives by establishing more than 1076 girl-friendly schools that provides the right to quality free basic education to about 28,000 girls, aged 6 to 13, in the hard to reach areas of seven governorates, six of which in upper Egypt.

The purpose of the **Early Childhood Education Enhancement Project** (ECEEP) is to provide access to quality early childhood education that improves readiness for school for four and five year old girls and boys, particularly children at risk because of gender, poverty and disabilities. Egypt's goal for early childhood education is to increase access, improve quality and ensure management systems support to kindergarten service delivery. There are four ECEEP partners: MOE, the World Food Programme, the World Bank and the Canadian Assistance Team (CAT).

More recently the NCCM started the implementation of the **Aflatoun programme** on social and financial education for children. It targets 300,000 students in 450 schools with the break the vicious poverty circle especially for the socially marginalized groups, through awareness raising on the importance of saving and investment. Children are taught simplified economic concepts such as financial planning and decision making, ways of managing financial crisis and ethics of business interactions.

Administration:

The Ministry of Education is the primary national authority for education. National Council for Childhood and Motherhood is also playing an important role in the piloting of programmes that aim to improve access, quality and equality in education.

Budget allocation:

Total Government on education was LE33,678.8 million in 2007/08. Education allocation constitutes 11.9 percent of the total state budget and 2.5 percent of GDP.

Outcomes:

From 2002 to 2007, gender disparity in school enrolment was reduced by 60 percent. Specific targets were the establishing of 1,047 'girl-friendly' schools to enable the enrolments of 31,410 girls aged 6 to 13. Density in classroom (preparatory stage) decreased from 44.19 in 2000 to 38.36 in 2007.

3.2.6 Child health

Policy objective/goal:

To improve and ensure the health and well-being of Egyptians through the principles of Primary Health Care: equity, affordability and accessibility.

Authorizing legislation:

Health Sector Reform Plan (HSRP), 1997 and Health for All by 2000 (1978). Articles 7 and 65 of the Child Law Amendment No. 136, 2008.

Policies and programmes:

While Egypt has been engaged in reforming its health system since the late 1990s, national coverage remains incomplete. Delivery of quality services, integration of vertical Programmes, improving accessibility to preventive Programmes, the establishment of the Family Health Programme, planned to be the "modality" at community level for implementing the planned national health insurance programme, are some of the components of the Health Sector Reform Programme.

Reiterating the long term goal of universal coverage of basic health services for all of its citizens, part of the government's policy reform agenda is directed to expanding health insurance to progressively cover more Egyptians by quality health services. Regular outreach mobile basic services reaches isolated marginalized communities.

Three important programmes addressing child health are the Family Health Model, the Integrated Management of Childhood Illnesses and the Safe Motherhood Programme.

The newly introduced **Family Health Model (FHM)** constitutes one of the cornerstones of the reform programme. It brings high quality, integrated services under the same roof for the entire family requiring less time and transportation and offering better quality. To date the FHM has been introduced in over 400 health facilities, which present 10% of the total public primary health care facilities. By the end of year 2009 FHM is expected to reach all public primary health care facilities.

The World Health Organization (WHO) and UNICEF developed **Integrated Management of Childhood Illness (IMCI)** as an improved delivery strategy for child survival interventions, to help reduce morbidity and mortality in children. IMCI aims to reduce morbidity and mortality due to the major killer diseases for children under five: malaria, diarrhoea, malnutrition, measles, acute respiratory infection and HIV/AIDS. The IMCI strategy looks at the child holistically, as children often have more than one condition. It promotes the accurate identification of childhood illnesses, ensures the appropriate combined treatment of the major diseases, and speeds up the referral of severely ill children. IMCI focuses on: improving the case management skills of health workers; strengthening the health system through improved essential drug supply and management; and improving family and community practices, including seeking care for sick children, appropriate feeding practices and adherence to recommended treatments.

Beginning in 1998, a **Safe Motherhood Programme** was implemented in nine Upper Egypt (UE) governorates, covering one-third of the country. Maternal and neonatal mortality in UE were significantly higher than in Lower Egypt. Specific programme activities included: development of clinical protocols and standards of care and using them in competency based training; clinical supervision; upgrading of facilities and equipment; ensuring regular supplies, establishment of community linkages, management strengthening and information systems; micronutrients; quality assurance; and local and mass communication activities, and research. Between 1993 and 2003 Upper Egypt made rapid progress in maternal health. The EDHS results, as well as two national maternal mortality surveys, show greater gains in maternal care coverage and a greater decline in maternal mortality (1993 -2000) in UE than in Lower Egypt.

Administration:

The Ministry of Health is the primary national authority for health. In 2009, a new Ministry of State for Family and Population was established.

Budget allocation:

Total government expenditure on health was LE13,159.6 million in 2007/08. Health allocation constitutes 4.6 percent of the total state budget and one percent of GDP.

Outcomes:

Following the Declaration of the 1st Decade for Protection and Development of the Egyptian Child (1989-1999) many of the declared targets have been achieved, namely to eradicate poliomyelitis and eliminate neonatal tetanus; to lower infant, child and maternal mortality rates; and to improving the quality of care received by mothers and children.

The Health Sector Reform Programme has gradually expanded its operations to ten additional governorates, pushing the total number of involved governorates to 15, which presents more than 50 percent of the country coverage.

3.3 Government spending on children

Policies, plans and programmes for children require adequate funding to achieve their intended results. Budget allocations therefore reflect the priority given to these policies, plans and programmes. And the total allocation to all these together is an indication of the priority given to the respect, protection and fulfilment of the rights of the girls and boys in Egypt.

The analysis of total government spending on children presented in this section is based on an unpublished study undertaken by the NCCM. This study aims to analyse the Government budget from a child rights' perspective and proposes a framework for child responsive budgeting.

There are some limitations to the analysis that should be noted upfront. The Egyptian budget does not include information on programme spending, therefore making it impossible to extract funding on programmes specifically targeted to children. The 2005 Budget law requires a programme budget to be prepared by 2011 but this information is not yet available from the various Ministries.

Given these limitations, the NCCM study and this report evaluate spending on children for all functional categories of the Government budget according to the following classifications:

- Direct spending on children from budget authorities to government agencies for children;
- Partially directed spending on children. This includes

government agencies that may spend part of their budget allocations on children.

- Indirect spending on children.

For example, all allocation for NCCM and the MOE go entirely to the total spending on childhood while a part of the budgets of the Ministries of Health, Culture, and Media is included in the spending on childhood according to what is directed to the activities in that field.

Other spending on children may not be captured because it is difficult to isolate from total budgets. For example, funding for public transport of students, health services and other subsidized contributions in nine agencies are of benefit to children.

It should thus be noted that the below figures are an underestimation of child related expenditures due to the inability to fully isolate the allocated expenditure for childhood in the government budget.

Table 4: Authorities that are spending on children

Expenditure	Administrative apparatus	Service agencies	Local Administrations	Total
Totally directed to childhood	4	8	1	13
Partially directed to childhood	46	40	3	89
Spending of other authorities	101	85	9	195

Source: National Council for Childhood and Motherhood, Towards Child Rights Budget, Unpublished report

Table 5 below shows that the spending of authorities directed totally to childhood accounts for LE20.1 billion in the government budget in 2006-07, while the total spending of the authorities that direct part of its spending to childhood accounts for LE18 billion, and the spending of other authorities' accounts for LE179.1 billion.

Table 5: Expenditures items in government budget and what is directed to childhood (in LE million)

Expenditure	Wages and Workers compensations	Goods and Services consumption	Interest payment	Subsidies, grants and social benefits	Other expenditures	Non financial assets bought	Total
Totally directed to children	16,372	2,302	33	60	114	1,277	20,158
Partially directed to children	93,245	4,473	10	2,680	181	1,314	17,983
Spending of other authorities	25,734	8,701	50,704	55,705	20,641	17,649	179,134
Total	51,431	15,477	50,748	58,445	20,936	20,240	217,275

Source: Government budget 2006-07, cited from National Council for Childhood and Motherhood, Towards Child Rights Budget, Unpublished report

Table 6 indicates that the growth in expenditures directly related to children was on average slightly higher than those partially directed to childhood. Direct expenditures increased by 32 percent from 2002 through 2007, while indirect expenditures rose by 30 percent.

Table 6: Government expenditures on children (in LE million), 2003 -2007

Expenditure	2002/03	2003/04	2004/05	2005/06	2006/07
Totally directed to children	15,276.6	16,569.7	17,224.2	18,673.6	20,158.0
Partially directed to children	13,851.2	14,484.3	13,977.5	15,769.6	17,983.1
Spending of other authorities	98,191.8	114,933.8	130,409.1	153,374.1	179,133.7
Total	127,319.6	145,987.8	161,610.8	187,817.3	217,274.8

Source: Government Budget, Final report 2002-03/2004-05, and Government budget 2005-06/2006-07, cited from National Council for Childhood and Motherhood, Towards Child Rights Budget, Unpublished report

However, total spending by authorities that directly or partially benefits children increased less than total spending on other authorities, 30.9 percent against 82.4 percent. In other words, expenditures on programmes other than those benefiting children increased almost three times as much as expenditures that benefit children at least in part. This was the result of an annual growth rate of spending benefiting children that was on average less than half the growth rate for other authorities.

Consequently, spending benefiting children decreased significantly as a proportion of overall spending, from 22.9 percent in 2002-03 to 17.6 percent in 2006/07.

There are several factors that hamper a more refined and accurate analysis of public spending on children. In addition to lack of programme budgeting and the functional classification of the budget, the following are some of the obstacles:

- None of the budget authorities has adopted a rights approach to budgeting. Consequently, it is not possible to present the expenditure according to the various clusters of child right;
- Most of the authorities have yet to adopt a results-based approach to budgeting; they still rely on costing of implementation of activities. This hampers the evaluation of results against the budget allocation made and expenditure incurred;
- Budgets allocations benefiting children are not based on empirical evidence. This makes it difficult to prioritize, and where needed target, programmes and activities to areas where they are most needed;
- The role of local authorities is weak with regards to planning and implementation of budgets benefiting children. This centralized process hinders the produc-

tion of local level information, which in turn makes it difficult to evaluate results achieved at the local level.

In conclusion, progress is being made towards the evidence-based budgeting; however several obstacles are yet to be overcome to allow for accurate analysis of the correlation between budgets benefiting children and outcomes of child well-being.

Notwithstanding, the analysis presented in this report shows that the declaration of the Second Decade for the Protection and Welfare of the Egyptian Child (2000-2010) has thus far not been reflected in higher priorities for children in terms of budgetary allocations.

3.4 The role of NGOs

The proliferation of NGOs in Egypt has increased services available to and spending on children. Many of the NGOs work with government authorities, particularly the NCCM, to deliver and enhance services to children.

The total number of NGOs in Egypt is more than 16,000, but the NGOs working with children and related fields numbered 2,926 in 2005 (see Table 7) or 18 percent of all NGOs.

Table 7: Number of NGOs working with children and related fields, 2005

NGOs working with children as a main activity or as one of its activities	2177
NGOs solely in the field of disability	657
NGOs offering care to disabled persons (in addition to other services)	92

Source: Ministry of Social Solidarity, Public Administration for NGOs

Most NGOs receive public financing (a very limited number are financed by business or religious institutions). About 18 percent of NGO funds for children are from government or foreign financing. From 2001 to 2004, external funding of NGOs working with children increased by 4.2 percent.

Table 8: Total external aid spent on childhood (in U.S. dollars)

Year	Through governmental authorities	Through NGOs and private sector	Total
Before 2001	1,693,471,485	53,891,747	1,747,363,232
2001	422,604,007	170,71,395.	593,319,402
2002	487,781,921	158,479,270	646,261,190
2003	299,462,069	133,882,224	533,344,293
2004	440,449,307	9,976,349	450,425,656

Source: National Council for Childhood and Motherhood, Towards Child Rights Budget, Unpublished report

Foreign aid is most often in the form of grants or loans. These funds are critical in funding demonstration and other experimental programmes for children and families in Egypt.

3.5 Conclusion

Designed to increase compliance with the United Nations Convention on the Rights of the Child, progressive changes have recently been made to the Child Law. These amendments, enacted in 2008, demonstrate efforts to align national policy with international legal instruments. Related policy frameworks directed at fulfilling the rights of children have moved slowly but are forthcoming.

A large and expanding number of social programmes exist to support children and their families. However, many are yet to achieve full national coverage and not all have been most effectively benefiting the poor and their children. Programmes to the poor tend to have lower benefits that are insufficient to raise the poor out of poverty.

Due to the absence of programme based budgeting by the Egyptian government, this study has not been able to identify budgetary allocations for all the analyzed sectors and their policies and programmes. During the first year in the new Millennium, however, overall budget allocations directed to childhood development have increased in absolute terms but decreased in relative importance. Budget allocations for authorities benefiting children have grown three times as slow as budget allocations for other authorities. This rising disparity and declining budgetary priority for children occurred during the Second Decade for the Protection and Welfare of the Egyptian Child (2000-2010).

Chapters Two and Three discussed the current challenging socio-economic context and recent developments in legislation, policies, programmes and budgets for children. To complete the basis for recommendations to build the Egypt's social infrastructure in the best interest of the Egyptian girls and boys, we now will discuss the findings of the various methods to measure the multiple dimensions of child poverty in chapters Four and Five. The statistical analysis is complemented by findings from a qualitative research about the perceptions of poverty by 168 children and 38 parents.



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Multi-method approach to measuring childhood poverty

“*Poverty is to lose your parents, food and water, education and health services.*
Child, age 16, Port Said Governorate”

There is common agreement that poverty is not just the represented by the lack of income. However, there is no consensus as to how poverty should be measured and which indicators to use to determine the success of anti-poverty strategies. Most poverty analyses still rely only on the conventional measure of poverty based on income and consumption levels. In line with the interdependency and indivisibility of child rights, this study adopts a human rights-based approach and considers multiple dimensions of child poverty with income as one important dimension.

The chapter starts with the discussion of the conventional income dimension of poverty. This is complemented with the analysis of seven dimensions of childhood poverty based on the notion of deprivation. The examinations of each of these eight dimensions of poverty focus on the disparities in the various spaces, such as age, sex, geographical location, educational level and family composition. The interdependence and correlation between the various dimensions of poverty will be discussed in detail in Chapter Five. The statistical analysis is validated and enriched by a third method defining poverty through the voices of children and their care givers.

4.1 Income measures of poverty

4.1.1 Various dimensions of income poverty

The poverty line in Egypt was constructed using a cost-of-basic needs methodology. This method yields poverty lines that are household-specific, objective, regionally consistent, and unbiased absolute poverty lines (World Bank, 2007). A food bundle is constructed that is consistent with the consumption of poor households and reaches calorie requirements. A bundle is defined for individuals in differ-

ent age brackets, gender, and activity levels (using tables from the World Health Organization). The cost of these food bundles is then established. This is known in Egypt as the Food Poverty Line (FPL). Households whose expenditure is below the FPL are referred to as “extremely poor”.

A second poverty line was constructed by augmenting the FPL with an allowance for expenditure on essential non-food goods. This results in what is called the Total Poverty Line (TPL). Households spending less than the TPL are considered “poor”. The extremely poor are a sub group of the poor.

In 2005, on average, a person who spent less than LE1,648 per year (LE134 per month) in Egypt was considered extremely poor and those who spent less than LE2,223 (LE185 per month) were poor. Poverty lines vary by the number of persons in a household, the age of household members, and regional differences in relative prices. Children living in households whose consumption is below one of the poverty lines are poor or extremely poor. Table 9 shows the consumption levels for the food and total poverty lines for the different regions in Egypt.

Table 9: Estimated average per capita food and total poverty line (LE per year), by region, 2008-09

Region	Food Poverty Line	Total Poverty Line
Metropolitan	1,715	2,284
Lower Urban	1,613	2,177
Lower Rural	1,687	2,278
Upper Urban	1,581	2,158
Upper Rural	1,602	2,170
Egypt	1,648	2,223

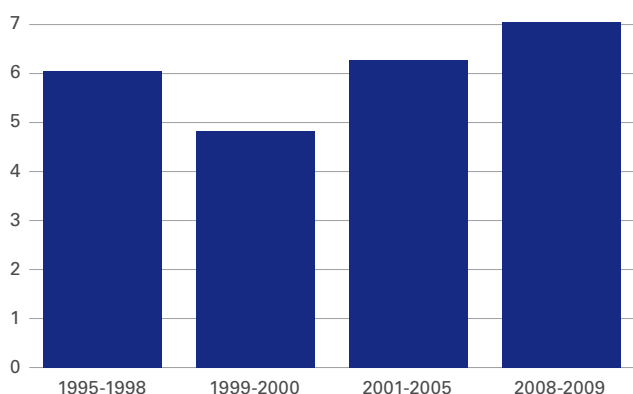
Source: Authors calculations using Household Income, Expenditure and Consumption Surveys, 1995-96, 1999-2000, 2004-05 and 2008-09

Poverty lines are generally higher in urban areas and in Lower Egypt compared to Upper Egypt. For example, a household of two adults and three children living in an urban area who spent less than LE9,600 per year (or LE800 per month) is considered poor, whereas the same

family living in Upper Egypt would not be considered poor. On average, a household of two adults and three children would be considered poor if household spending was less than LE815 per month.

As shown in Figure 8, the number of children in poverty using this method of measurement fell by 20 percent between 1996 and 2000, and then increased by 30 percent from 2000 to 2005 and increased further in 2008, amounted to 7.03 million poor children. Although there are more children living in income poverty in Egypt in 2008-09 compared to 1995-96, the child poverty rate only changed slightly from 21.2 percent in 1995-96 to 23.7 percent in 2008-09.

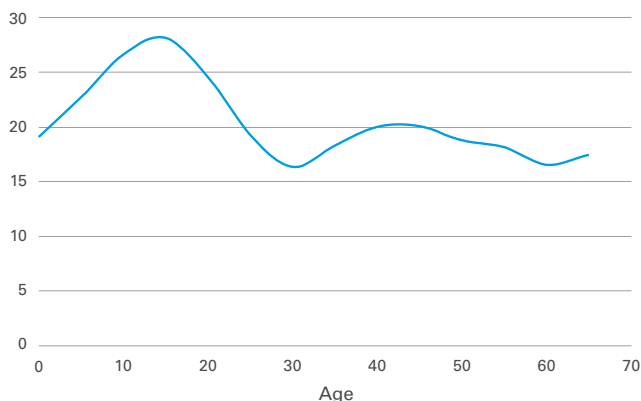
Figure 8: Number of children living in income poverty using national poverty line (in millions), 1996-2008



Source: Authors calculations using Household Income, Expenditure and Consumption Surveys, 1995-96, 1999-2000, 2004-05 and 2008-09

Children and youth are more likely to experience income poverty than older age groups. At the national level, 23 percent of children under age 15 years were in poverty in 2008-09. The poverty risk is highest (approximately 26 percent) among children between 10-14 years and young adults between 15 and 19 years (28 percent). It is lowest among the elderly above 60 years (16 percent) and the younger working-age adults between 30 and 44 years (17 percent). Starting from age 25 years and above, poverty rate was always below the national average. The national pattern is the same across all regions.

Figure 9: Income poverty rate by age, 2008-09



Source: Authors calculations using Household Income, Expenditure and Consumption Survey, 2008

The likelihood of experiencing income poverty increases as household size increases. Households with seven or more members have the highest poverty rate at nearly 45.5 percent. The risk of poverty is high among households with three or more children. Almost 22 percent of those who belong to households with three under age 15 were poor in 2008-09, compared to only 13 percent of those without young children. Poverty prevalence is more apparent among households with more than three children, where risk to poverty is as high as 40.7 percent. Poor persons living in Households with three or more children comprised nearly one third of the overall poor.

Table 10: Income poverty rates of households with children, by household size, 2008-09

Less than 3 members	3-4 members	5-6 members	7 or more members
1.55	6.02	17.71	44.53

Source: Authors calculations using Household Income, Expenditure and Consumption Survey, 2008-09

This pattern is essentially similar to that observed in other countries' poverty profiles. While the risk of poverty rises sharply with the number of children, 48 percent of the poor with children came from households with one or 2 children (World Bank 2007). Furthermore, one sixth of the poor belonged to households without children.

Patterns of Income poverty rates among individuals are mainly consistent with patterns of income poverty among households with children. Table 11 shows that young people between 15 and 24 years of age have the highest risk of poverty if they live in households with children. Only adults in the age range of 25 to 44 years, who live in households with children, experience significantly lower income poverty rate than the national average of households with children. However, contrary to individual poverty rates, elderly who live in households with children have a substantial higher than average risk living in poverty.

Table 11: Income poverty rates among households with children, by age, 2008-09

All households with children (0-17)	23.66	
Individual dimension	Male	Female
Age group 1 (0-14)	23.11	22.57
Age group 2 (15-24)	31.84	26.75
Age group 3 (25-44)	19.43	19.60
Age group 4 (45-64)	23.62	25.62
Age group 5 (65 and over)	30.14	29.29

Source: Authors calculations using Household Income, Expenditure and Consumption Survey, 2008-09

Income poverty is geographically concentrated, and significantly higher in rural areas, where households with children were 2.4 times more likely to be poor than in urban regions. For each region, rural areas had higher poverty measures than their urban counterparts. Considerable disparities exist between regions, with childhood poverty levels ranging from 41.4 percent in Upper Rural Egypt to only 6.6 percent in the Metropolitan region in 2005. Households with children living in both urban and rural Upper Egypt regions were the poorest in the country with poverty rates being 23.7 percent and 45.3 percent, respectively.

Table 12: Income poverty rates for all households and for households with children, by region, 2008-09

Region	All households	Households with children
Urban Governorates	6.88	8.13
Lower Urban	7.30	7.92
Lower Rural	16.67	17.57
Upper Urban	21.29	23.69
Upper Rural	43.67	45.32
Frontier Urban	4.76	5.21
Frontier Rural	23.16	23.06
Urban	10.98	12.55
Rural	28.94	30.47

Source: Authors calculations using Household Income, Expenditure and Consumption Survey, 2008-09

Education of household heads is inversely correlated with poverty, regardless of household type (having children or not). Household heads who have not completed a primary education are three times more likely to be poor than households who have at least a secondary education (see Table 13).

Table 13: Income poverty rates of households, by educational level of household head, 2008-09

	None	Primary education	Secondary	Higher than secondary education
All households	31.30	16.93	12.37	4.18
Households with children	34.85	18.56	13.35	4.84

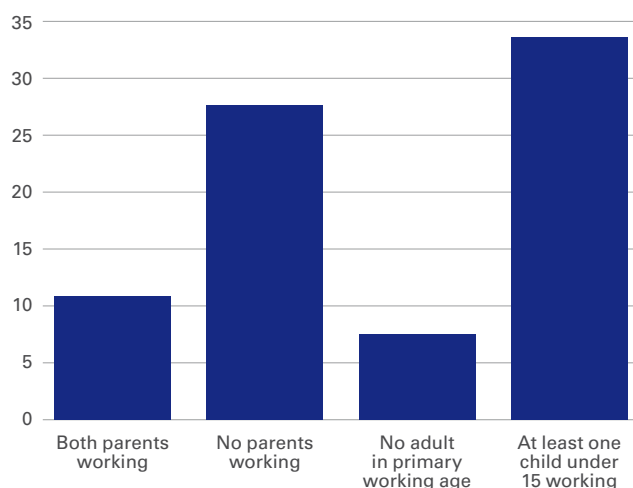
Source: Authors calculations using Household Income, Expenditure and Consumption Survey, 2008

When both parents do not work, poverty risks are twice the risk of employed parents. In households where children are working, poverty rates are three times greater than in households where both parents work.

The sex of the household head alone does not result in significant differences in poverty rates of children. Poverty rates of female-headed households (18.5 per-

cent) are only slightly lower than male-headed households (21.97 percent). Female-headed households with more than three children however, were on average two times more likely to be poor in both urban (36 percent) and rural areas (37percent).

Figure 10: Income poverty rates for households with children, by parents work status, 2008-09



Source: Authors calculations using Household Income, Expenditure and Consumption Survey, 2008-09

Children in poor households were two times more likely not to complete a primary education than children in non-poor households. The highest gap between the poor and non-poor was witnessed in urban Lower Egypt (2.8 times) and the least in rural Upper Egypt (1.7 times).

Poor children, especially girls, are less likely to be enrolled in school. The difference between poor and non-poor households in the proportion of enrolled children is almost 10 percent points. Further, the gap between the poor and the non-poor is wider among girls compared to boys. Survey results find that 12 percent of poor boys and 17 percent of poor girls are not enrolled in basic education, compared to about 6 percent in non-poor households.

Girls in poor households in rural areas are the least likely to be enrolled in school. In rural Egypt 8.5 percent of all girls are not enrolled in school, and 15.5 percent of poor girls.

Half of the adolescents (51 percent) who leave school to seek employment before or just after completing the basic education level were from poor or near poor households.

Poor children are more vulnerable to child labour. HIECS data show that 5.3 percent of children aged 6 to 17 years were employed in 2008-09 compared to 3.3 percent in 2005. This is partly attributed to the witnessed improvements in enrolment rates over the same period. Child labour seems to be male phenomena especially for the poor, where 14.1 percent of poor boys work, compared to only 3 percent of poor girls. However, the prevalence of child labour is probably underestimated, as households are typically reluctant to acknowledge that they have underage children working.

Box 1: Why Do Girls Have Higher Illiteracy Rates in Rural Areas?

The high illiteracy rate of girls in rural areas may be due either to cultural factors or to the unavailability of schools in their neighbourhoods, as well as to poverty. The overall result of illiteracy of female children is driven largely by the economic and cultural conditions prevailing in rural Egypt.

Location of schools is important. Evidence from a Community Survey that was conducted by CAPMAS in 2005 suggests that 99 percent of urban residence have primary schools in their communities (sub-districts) while 86 percent in rural areas have access to primary schools. Preparatory schools exist in almost all sub-districts in urban areas, but only 73 percent of households in rural villages have preparatory schools in their communities. The corresponding figures for secondary schools are 98 percent and 33 percent in urban and rural areas, respectively. However, in rural districts, the poor live in disadvantaged areas where schools, especially at the secondary level, are less available. The percentage of the poor, who have schools in their villages, is 83 percent for primary schools, 70 percent for preparatory schools and only 30 percent for secondary schools.

Secondary schools are available within 2-km distance for a little under half of both poor and non poor in rural areas, but distance is a factor that works against attendance by girls. Shortage of teachers was the declared main reason for dissatisfaction with primary education by 19 percent of rural residents, while for urban residents it was high class density, a complaint also shared by the poor.

Poor households depend partly on their children's earnings on one hand, and cannot afford the cost of education on the other hand. Interestingly, a lower percentage of working children were observed among females than males. Given the low school enrolment rates of girls in poor households and the work patterns, girls who do attend school may be kept at home to do domestic work, while boys go to work to earn income. This behaviour is more pronounced within female-headed households than male-headed households.

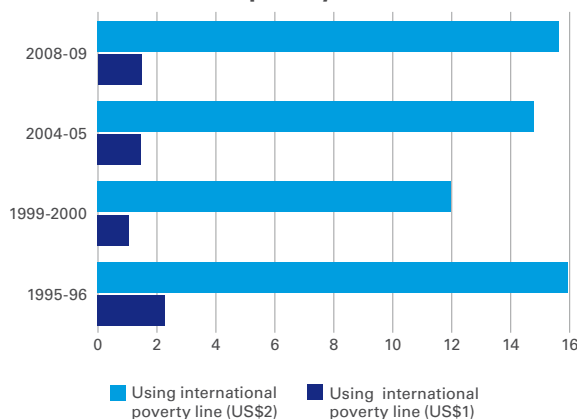
4.1.2 Measuring income poverty using an international standard

The World Bank developed a method for measuring the number of poor children across the globe. According to the World Bank, the same reference poverty line has to be used when comparing poverty worldwide and expressed in a common unit across countries. Therefore, for the purpose of global aggregation and comparison, the World Bank uses reference lines set at US\$1.25 (referred to as below US\$1 per day³) and US\$2 per day (both use 2005 Purchasing Power Parity terms).

In Egypt, 1.44 million children live on less than US\$1 per day and 15.63 million children live on less than US\$2 per day. As shown in Figure 11, after decreasing in 2000, poverty among children using this definition of poverty increased, though levels are not as high as they were in 1996.

In 2008-09, 7.03 million children were living below Egypt's national poverty line but 15.6 million were living on less than US\$2 per day.

Figure 11: Number of children in Egypt living on less than US\$1 and US\$2 per day (in millions), 1995-2008



Source: Authors calculations using Household Income, Expenditure and Consumption Surveys 1995-96, 1999-2000, 2004-05 and 2008-09

4.2 Poverty as deprivation

No good explanation at school.
Child, age 12, El-Minia Governorate

There are no entertainment parks and no libraries to read...there is no leisure time.
Child, Sharkia Governorate

Hospitals are not clean, there are mosquitoes and insects, and there are neither professional doctors nor good medicines.
Child, age 17, Port Said Governorate

In January 2007, the UN General Assembly defined child poverty as follows:

“Children living in poverty are deprived of nutrition, water and sanitation facilities, access to basic healthcare services, shelter, education, participation and protection, and that while a severe lack of goods and services hurts

³ Until recently, this poverty line was set at US\$1.08 per capita per day. The poverty figures in this report are still based on the previous US\$1.08 poverty line.

every human being, it is most threatening and harmful to children, leaving them unable to enjoy their rights, to reach their full potential and to participate as full members of the society.”

This definition is based on the framework provided by international human rights conventions, such as the Convention on the Rights of the Child. According to Mary Robinson (former UN High Commissioner for Human Rights) a human rights framework to child poverty “adds value because it provides a normative framework of obligations that has the legal power to render governments accountable.” A human right approach to child poverty also shifts the emphasis in debates about poverty away from personal failure to a focus on the failure of macro-economic structures and policies created by nation states and international bodies to social policies that can help children grow and prosper. Poverty is no longer described as a ‘social problem’ rather it is a ‘violation’ of children’s rights.

4.2.1 Dimensions of deprivation

Deprivation can be conceptualized as a continuum which ranges from no deprivation through mild, moderate and severe deprivation to extreme deprivation. This report uses a modified version of the Bristol definitions of deprivation to measure child poverty across seven areas: food, safe drinking water, sanitation facilities, health, shelter, education, information, and access to services.

In this study, the Bristol’s definitions of deprivation regarding shelter, information, nutrition (food) and education were applicable to Egypt. The Bristol deprivation definitions of sanitation, water and health were less applicable to Egypt and were modified to reflect children’s conditions in Egypt. For example, Bristol’s definition of severe health deprivation is for children who are not immunized by age less than five years. Egypt has modified the definition to exclude children who are less than one year, as those children

Table 14: Bristol’s definition adapted to the Egyptian context

	Bristol indicators of severe deprivation and their thresholds	Egypt’s adaptation of Bristol’s definition
Shelter deprivation	Children in dwellings with five people or more per room (severe overcrowding) <u>or</u> with no flooring material (for example, a mud floor)	Children in dwellings with five or more people per room (severe overcrowding) <u>or</u> with no flooring material (for example, a mud floor)
Food deprivation	Children under the age of five years whose height and weight for their age were more than three standard deviations below the median of the international reference population, that is, severe anthropometric failure	Children under the age of five years whose height and weight for their age were more than three standard deviations below the median of the international reference population, that is, severe anthropometric failure
Educational deprivation	Children above six years old who had never been to school and were not currently attending school (no professional education of any kind)	Children above six years old who had never been to school and were not currently attending school (no professional education of any kind)
Information deprivation	Children above 2 years old with no access to radio, television, telephone, computer or newspapers at home	Children above 2 years old with no access to radio, television, telephone, computer or newspapers at home
Health deprivation	Children under the age of five who have not been immunized against any disease, or young children who had recently suffered from an illness involving diarrhoea or pneumonia and had not received any medical advice or treatment	Children aged between one and less than five years who had not been immunized against any diseases, or young children who had recently suffered from an illness involving diarrhoea or pneumonia and had not received any medical advice or treatment (for diarrhoea: any homemade treatment including Oral Rehydration Therapy)
Sanitation deprivation	Children who had no access to a toilet of any kind in the vicinity of their dwelling, that is, no private or communal toilets or latrines	Children in households who only have access to pit latrine, bucket toilet or no facility, or who use modern flush toilet, traditional tank or bucket flush and at the same time the drainage system is pipe connected to canal, or to ground water or no drainage system.
Water deprivation	Children who only had access to surface water (for example, rivers, streams and dams) for drinking, or who lived in households where the nearest source of water is 30 minutes or more to get water and come back	Children who only have access to water from an unimproved source such as unprotected well, unprotected spring, surface water (for example, rivers, streams and dams), tanker truck or cart with small tank or who it takes 30 minutes or more to get water and come back

may be not immunized because their ages are less than the immunization age. Additionally, children whose main source of drinking water is tanker truck or cart with small tank are considered deprived according to Egypt's definition because these sources are polluted sources in Egypt but they are not deprived according to Bristol's definition. Sanitation deprivation was redefined to reflect Egypt's interpretation that children using pit latrines or bucket toilets, or if their drainage system is piped connected to canal or no drainage system are severely deprived.

Children who experience at least one of the deprivations described below are severely deprived. If a child experiences two or more deprivations, that child is categorized as living in absolute poverty.

In Egypt today, 21.2 percent (or 6 million children) of all children are deprived in one of these areas: food (nutrition), safe drinking water, sanitation facilities, health, shelter, education, information, and access to services.

For most, it is a deprivation of shelter, sanitation or water. Among children under age five, nearly 17.3 percent experience food or health deprivations.

Over one million children in Egypt live in absolute poverty, that is, they suffer from two or more deprivations.

Each of the deprivations is discussed below beginning with shelter because it is the most prevalent of the deprivations.

Shelter deprivation

Overcrowded dwellings facilitate the transmission of diseases (for example, respiratory infections, measles, and parasites). They can also result in increased stress and mental health problems for both adults and children and lead to accidents, promiscuity and injuries.

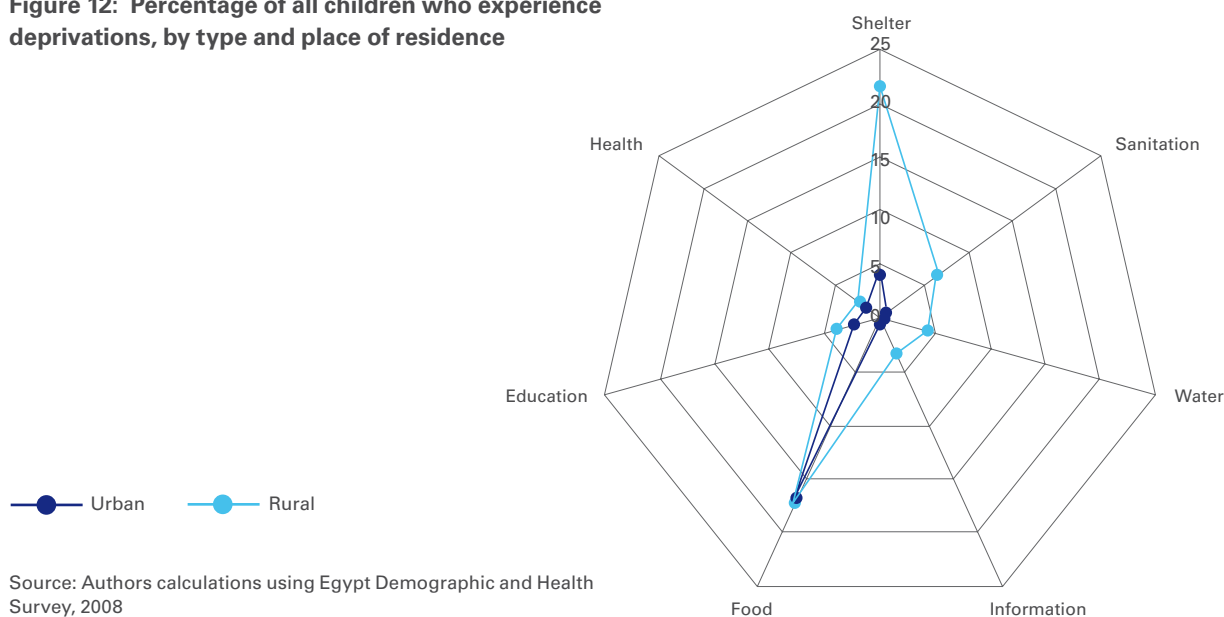
More than one in seven children (14.8 percent represents about 4.2 million) of all of Egyptian children experience severe shelter deprivation, defined as living in accom-

Table 15: Number and percentage of all children who experience deprivations, by type and number, 2008

Deprivation experienced	Number of Children (in millions)	Percent of all children
Children who experience only one deprivation	5.99	21.20
Deprivation of shelter, sanitation or water	5.20	18.24
Deprivation of either food or health for children under five years old	1.58	17.3
Children who experience at least two deprivations	1.29	4.56
Children who experience at least three deprivations	0.16	0.58
Children who experience at least four deprivations	0.03	0.09
Children who experience at least five deprivations	0.001	0.002
Children who experience at least six deprivations	0	0
Children who experience all seven deprivations	0	0

Source: Authors calculations using Egypt Demographic and Health Survey, 2008

Figure 12: Percentage of all children who experience deprivations, by type and place of residence

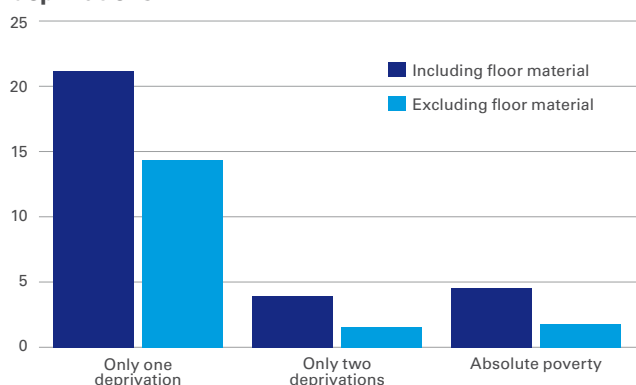


Source: Authors calculations using Egypt Demographic and Health Survey, 2008

modations with more than five people per room or in a home that has natural flooring, i.e. mud floor.

The data shows that children living in houses with natural floor reached almost 20 percent in rural areas compared to two percent in urban areas. This urban-rural differential, however, is not present for children living in accommodations with more than five people per room. In both urban and rural areas, almost two percent of children lived in rooms with more than five people per room.

Figure 13: Percentage of children suffer from severe deprivations



Source: Authors calculations using Egypt Demographic and Health Survey, 2008

It is worth noting that if the shelter deprivation is considered equal to overcrowding, regardless of the flooring material,

the total deprivation rates drop substantially. Consequently, the rates of children living with one deprivation will decrease from 21.2 percent to 14.4 percent after excluding the flooring material from the shelter deprivation. Additionally, the absolute poverty rates, measured by the percentage of children suffering from at least two severe deprivations, will also decrease significantly from 4.6 percent to 1.8 percent.

The risk of experiencing shelter deprivation vary enormously between residences, where 21.6 percent of children in rural areas live in severely shelter deprived conditions, compared to only 3.8 percent among children in urban areas. Considering the disparities between regions, the data shows that less than one percent of children in urban Lower Egypt suffer from severe shelter deprivation, compared to 36.9 percent of children in rural Upper Egypt.

Shelter deprivation is more prevalent among children living in larger household sizes, where 26 percent of children living in households of seven or more members are in shelter deprivation compared to only 5.5 percent among households with three or four members. Children with uneducated mothers or living in households where an orphan exists are also more likely to experience shelter deprivation (with rates 29 percent and 33 percent respectively).

Income poverty is strongly correlated with shelter deprivation. The risk of income poor children to be shelter deprived is 33.6 percent against 4 percent for the non poor children. This is a ratio of almost one to eight.

Table 16: Prevalence of shelter deprivation by child characteristics (in percentages)

Percent of children who are shelter deprived	With floor material	Without floor material
	14.8	2.2
Percent of children who are shelter deprived by household size		
Less than 3 members	6.1	-
3-4 members	5.5	-
5-6 members	10.4	2.0
7 or more members	26.0	3.8
Percent of children who are shelter deprived by mother's education		
No education	28.9	4.0
Some primary education	18.3	2.9
Some secondary education	9.3	1.8
Secondary degree and above	3.5	0.5
Percent of children who are shelter deprived by family composition		
Single parent	22.2	4.9
Orphan child in household	32.7	-
Older person (65+) in household	25.1	3.4
Percent of children who are shelter deprived by geographic location		
Urban	3.8	1.9
Rural	21.6	2.3
Percent of children who are shelter deprived by Region		
Urban Governorates	3.1	2.2
Urban Lower Egypt	1.0	0.5
Rural Lower Egypt	8.3	1.3
Urban Upper Egypt	7.9	3.0
Rural Upper Egypt	36.9	3.6
Frontier Governorates	4.4	0.8

Source: Authors calculations using Egypt Demographic and Health Survey, 2008

Food deprivation

The inability to meet minimum nutritional needs has formed the basis for identifying the 'poor' for centuries. The impact of insufficient food and unbalanced diets on children's health, growth, development and well-being is well documented. Children who are severely food deprived are at a much greater risk of impaired development, ill health and premature death (Chen et al 1980; Pelletier 1995; Nandy et al 2005). Food deprivation has been linked to high rates for school absenteeism, impaired brain functions resulting in reduced educability of children and poor learning outcomes. This affects the level and quality of their education, which in later life undermine their chances for securing well paid jobs requiring skilled labor, thereby perpetuating their poverty, (Grantham-McGregor S et al, (2007).

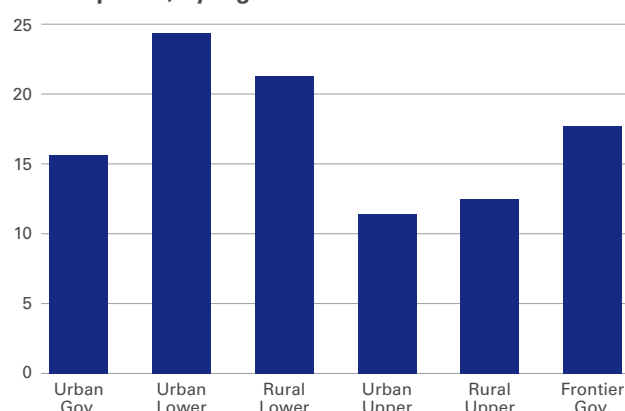
Malnutrition may also occur as a result of illness and young children who experience diarrhoea or dysentery are liable to lose weight in the short term. Malnutrition caused by a lack of food or ill health, is unequivocally linked to poverty (Osmani 1992; Svedberg 2000). Thus malnutrition may be the outcome of many risk factors for children. It can be the consequence of income poverty, of lack of food or of food that is contaminated, of poor living conditions, of inadequate health services and of water and sanitation deprivation.

Severe food deprivation is measured using data on severe anthropometric failure (that is, a failure to grow at normal rates to 'normal' weight and height levels) in

children under the age of five. The severe deprivation indicator is the proportion of children under five years of age whose height and weight for their age are more than minus three standard deviations below the median of the WHO Child Growth Standards reference population adopted in 2006. Since anthropometric data are rarely collected on or available for children over five years of age, the data presented in this report only refer to children under five in Egypt.

At the overall level, it is estimated that 17 percent of children under five years old (representing 1.5 million children under the age of five) are severely food deprived.

Figure 14: Percentage of children under 5 years severely food deprived, by region



Source: Authors calculations using Egypt Demographic and Health Survey, 2008

Table 17: Prevalence of food deprivation by child characteristics (in percentages)

Percent of children who are food deprived		17.0
Percent of children who are food deprived by household size		
Less than 3 members		18.8
3-4 members		17.5
5-6 members		16.6
7 or more members		16.9
Percent of children who are food deprived by mother's education		
No education		16.7
Some primary education		15.4
Some secondary education		18.3
Secondary degree and above		17.0
Percent of children who are food deprived by family composition		
Single parent		16.2
Orphan child in household		26.3
Older person (65+) in household		16.3
Percent of children who are food deprived by geographic location		
Urban		16.8
Rural		17.2
Percent of children who are food deprived by Region		
Urban Governorates		15.6
Urban Lower Egypt		24.4
Rural Lower Egypt		21.3
Urban Upper Egypt		11.4
Rural Upper Egypt		12.5
Frontier Governorates		17.7

Source: Authors calculations using Egypt Demographic and Health Survey, 2008

No significant differences were observed between urban and rural areas regarding children suffering severe food deprivation as measured by anthropometric failure. Among children under five years old in urban Lower Egypt, 24.4 percent experience severe food deprivation compared to only 11.4 percent in urban Upper Egypt. Large gap were observed between children experiencing severe food deprivation in Lower Egypt and Upper Egypt, this gap returned to the marked disparities in the stunting levels in different regions, ranging from 9 percent in urban Upper Egypt to 21 percent in urban Lower Egypt.

The data shows that the boys are more likely to be deprived from food than the girls. 18.9 percent of the boys are severely food deprived compared to 15.2 percent among the girls. Neither the mother's educational level nor the wealth quintile was systematically related to the levels of severe nutrition deprived. Disparities in food deprivation between poor and non poor are less marked than for most other dimensions of deprivation. The risk of children living in income poor households to be food deprived is 17.2 percent. For children living in non poor households the risk is 16.9 percent.

Education deprivation

Education has repeatedly been identified by researchers as both a key determinant of children's well-being and an important determinant of national development and poverty reduction (Colclough 1982; Psacharopoulos 1972; 1988). The right to education is considered one of the most fundamental and is included in the 1948 Universal Declaration of Human Rights, the 1966 International Covenant on Economic, Social and Cultural Rights, and the 1989 UN Convention on the Rights of the Child. However, Watkins (2000) has argued that "no human right has been so systematically or extensively violated by governments than the right of their citizens to basic education."

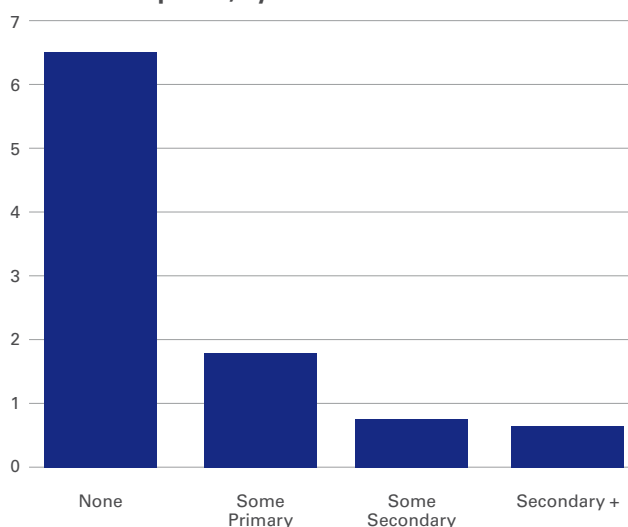
Children who do not receive an education may become illiterate adults and this can affect their lives in many ways. Children of illiterate parents are more likely to have poorer health, to drop out of school themselves and to work rather than attend school (DFID 2002).

The indicator measuring education deprivation is the proportion of children aged between 7 and 18 who have never been to school and are not currently attending school. About one in thirty one children (3.21 percent or 490,000) are severely deprived of education. There are considerable disparities by region, area of residence, sex of household head, level of education of child's mother and wealth.

Additionally, there is a significant difference between boys and girls who suffer from education deprivation. The percentage of girls who deprived from education is twice the percentage for boys (4.1 percent vs. 2.4 percent respectively).

Almost 4 percent of all rural children aged between 7 and 18 experience severe educational deprivation, compared to only less than 2 percent of all urban children. The highest prevalence rate of educational deprivation exists in rural Upper Egypt, while the lowest rates are observed in both urban governorates and urban Lower Egypt. Additionally, there are significant differentials between different quintiles of the wealth index regarding the deprivation rates of education. While 9 percent of children in the poorest quintile are severely educationally deprived, less than one percent (0.8 percent) of children in the richest quintile suffer from severe educational deprivation.

Figure 15: Percentage of children under 18 years severely education deprived, by mother's education



Source: Authors calculations using Egypt Demographic and Health Survey, 2008

Parental low educational attainments levels are highly correlated with poverty among children. Because parents with low education levels are likely to be poor, education has less value to their lives. Parents in turn often pass this value onto their children.

There is a direct correlation between severe educational deprivation and whether the mother of the child has an education. Among children whose mothers have had no education, 6.5 percent are severely deprived of education, almost four times the prevalence rate when the mother has received a primary education. For mothers who have obtained a secondary degree or higher education, the likelihood of a child being educationally deprived drops to 0.7 percent.

Data indicate that one in 14 poor children (representing 7.16 percent) suffers from educational deprivation, while only one percent of non poor children experienced education deprivation.

Information deprivation

In the 21st century, severe information deprivation is an important constraint on the development of both indi-

Table 18: Prevalence of education deprivation by child characteristics (in percentages)

Percent of children who are education deprived		3.2
Percent of children who are education deprived by household size		
Less than 3 members		2.4
3-4 members		1.8
5-6 members		1.7
7 or more members		5.7
Percent of children who are education deprived by mother's education		
No education		6.5
Some primary education		1.8
Some secondary education		0.8
Secondary degree and above		0.6
Percent of children who are education deprived by family composition		
Single parent		3.4
Orphan child in household		3.9
Older person (65+) in household		4.3
Percent of children who are education deprived by geographic location		
Urban		1.7
Rural		4.2
Percent of children who are education deprived by Region		
Urban Governorates		1.4
Urban Lower Egypt		1.4
Rural Lower Egypt		1.9
Urban Upper Egypt		2.2
Rural Upper Egypt		6.7
Frontier Governorates		5.0

Source: Authors calculations using Egypt Demographic and Health Survey, 2008

vidual children and societies as a whole—many consider that ‘knowledge is power’. Reducing information deprivation will require taking action at a number of different levels, including getting children into school and increasing literacy rates for both children and adults. Without these basic essentials, the impact and provision of newspapers and other media (such as computers and the Internet) will be limited, not to mention that the possession of a radio or television does not in itself guarantee the quality of what is broadcast and received.

This study provides the first estimates of the extent of severe information deprivation among children more than two years. In Egypt, 2.4 percent of or 551,000 children are severely information deprived. These children lack access to television, radio, telephone or newspapers (see Figure 16).

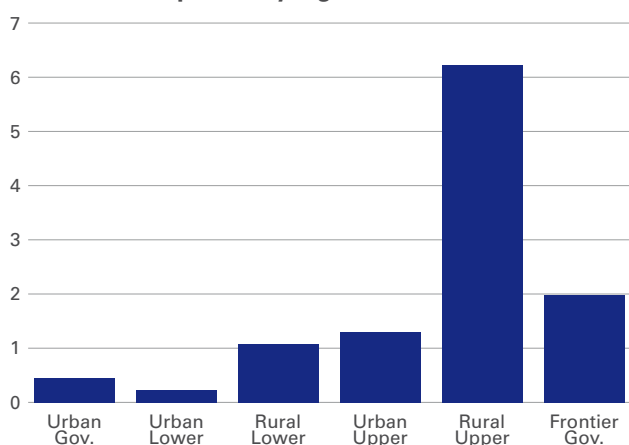
Similar to other types of deprivations, the prevalence of information deprivation among rural children is more than five times the rate in urban areas (3.52 percent and 0.63 percent respectively). In Frontier governorates, 2 percent of children over the age of two years lack access to television, radio, telephone or newspapers. In rural Upper Egypt it is 6 percent. By comparison, the percentage of information deprived children is less than one percent among children in urban governorates and in urban Lower Egypt.

There is a direct correlation between the level of education of the head of the household in which a

child lives and the level of information deprivation. In households where the mother has no education, the rate of information deprivation of children is 5 percent as compared to only 0.4 percent of children in households in which the mother has a secondary level or higher education.

Children living in income poor households are more likely to be information deprived; specifically, the risk of income poor children to be information deprived reached 6.25 percent, compared to only less than one percent among non poor children.

Figure 16: Percentage of children 3-17 years severely information deprived, by region



Source: Authors calculations using Egypt Demographic and Health Survey, 2008

Table 19: Prevalence of information deprivation by child characteristics (in percentages)

Percent of children who are information deprived	2.4
Percent of children who are information deprived by household size	
Less than 3 members	2.1
3-4 members	1.6
5-6 members	1.9
7 or more members	3.5
Percent of children who are information deprived by mother's education	
No education	5.0
Some primary education	2.3
Some secondary education	1.0
Secondary degree and above	0.4
Percent of children who are information deprived by family composition	
Single parent	3.8
Orphan child in household	-
Older person (65+) in household	3.0
Percent of children who are information deprived by geographic location	
Urban	0.6
Rural	3.5
Percent of children who are information deprived by Region	0.5
Urban Governorates	0.2
Urban Lower Egypt	1.1
Rural Lower Egypt	1.3
Urban Upper Egypt	6.2
Rural Upper Egypt	2.0
Frontier Governorates	

Source: Authors calculations using Egypt Demographic and Health Survey, 2008

Health deprivation

A host of factors determine the health of children and no single indicator can sufficiently reflect the burden of disease or the complete extent of morbidity. However, many of the most dangerous childhood diseases and causes of death can be prevented, using relatively inexpensive technologies that have been available for many decades. The most effective solution is improving the access to sufficient quantities of nutritious food, safe drinking water, proper sanitation and decent housing. Health interventions such as anti-malarial drugs, insecticide-treated bed nets and immunizations against lethal diseases such as measles, tetanus, tuberculosis and whooping cough could save millions of lives and prevent tens of millions of sickness episodes. The use of oral rehydration salts (ORS) or therapy (ORT) to treat diarrhoea has also been shown to have a great impact (Ueli 1993; Misra 1981).

For the purposes of this report, children are considered severely health deprived if they had not received any of the eight immunizations recommended by the WHO's expanded programme of immunization (EPI) or if they had untreated diarrhoea or Acute Respiratory Infection in the two weeks prior to the EDHS survey interview.

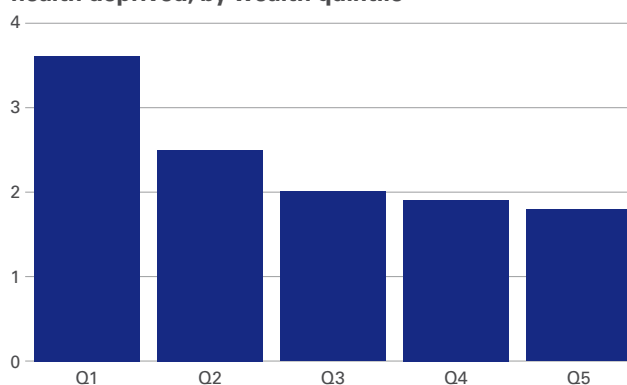
It is estimated that 2.4 percent of children in Egypt (216,000 children under the age of five) are severely health deprived.

Children living in wealthiest households are less likely to be health deprived than those living in poor households. The percentage of children living in poor households who

suffer from severe health deprivation reached 3.6 percent, while this percentage decreased to 1.8 percent among children in the richest quintile.

There are significant differences between regions. The lowest rate of severe child health deprivation is found in urban Lower Egypt (one percent), and rural Lower Egypt also has low rate (1.4 percent). The highest rate is found in rural Upper Egypt (3.9 percent).

Figure 17: Percentage of children 0-5 years severely health deprived, by wealth quintile



Source: Authors calculations using Egypt Demographic and Health Survey, 2008

Children living in larger household sizes and with lower women's educational attainment; have higher risk of health deprivation. Sex is not a differentiating factor for health deprivation and girls and boys are more or less

Table 20: Prevalence of health deprivation by child characteristics (in percentages)

Percent of children who are health deprived	2.4
Percent of children who are health deprived by household size	
Less than 3 members	-
3-4 members	2.3
5-6 members	2.4
7 or more members	2.5
Percent of children who are health deprived by mother's education	
No education	2.8
Some primary education	3.2
Some secondary education	2.7
Secondary degree and above	1.9
Percent of children who are health deprived by family composition	
Single parent	4.0
Orphan child in household	-
Older person (65+) in household	3.0
Percent of children who are health deprived by geographic location	
Urban	2.1
Rural	2.5
Percent of children who are health deprived by Region	
Urban Governorates	2.5
Urban Lower Egypt	1.0
Rural Lower Egypt	1.4
Urban Upper Egypt	2.6
Rural Upper Egypt	3.9
Frontier Governorates	2.0

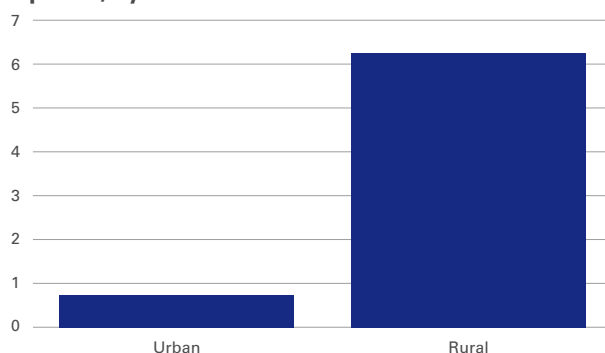
Source: Authors calculations using Egypt Demographic and Health Survey, 2008

equally deprived. Among children who are counted as income poor, 2.9 percent of children are also health deprived, compared to 2 percent of non poor children.

Sanitation deprivation

Children are particularly affected by poor sanitation, which is directly linked to diarrhoea and malnutrition. Sanitation facilities available to communities may often be unsuitable for children. If facilities are constructed for adults, they may be too large for young children and present safety issues; needs of adolescent girls and young women for privacy also need to be addressed. For the WHO and UNICEF Joint Monitoring Programme for Water and Sanitation (JMP) the primary indicator for monitoring progress in access to improved sanitary facilities is the 'use' of the facility.

Figure 18: Percentage of children severely sanitation deprived, by urban/rural



Source: Authors calculations using Egypt Demographic and Health Survey, 2008

For the purposes of this report, severe sanitation deprivation is defined as children in households who have access to pit latrine, bucket toilet or no facility, or, who used modern flush toilet, traditional tank or bucket flush and in the same time the drainage system is piped connected to canal, or to ground water or no drainage system.

The study found that 4.15 percent of children under the age of 18 years (nearly 1,179,000 children) in Egypt are severely deprived of sanitation; lacking any form of sanitation facility, adequate or otherwise.

Differences between urban and rural areas regarding children experiencing severe sanitation deprivation are considerable, where only 0.74 percent of children in urban areas suffer from severe sanitation deprivation compared to 6.27 percent among children in rural areas. Children in urban governorates and in urban Lower Egypt almost do not suffer from severe sanitation deprivation, while 6.1 percent of children in rural Upper Egypt suffering from such deprivation.

Similar to other forms of deprivation, children living in large households, or having uneducated mothers are more likely to be deprived of sanitation. Unlike some types of deprivation, children with female headed-households are less likely to experience sanitation deprivation.

Among children who are counted as income poor, 5.5 percent of children are also severely sanitation deprived, compared to 2.7 percent of non poor children.

Table 21: Prevalence of sanitation deprivation by child characteristics (in percentages)

Percent of children who are sanitation deprived		17.0
Percent of children who are sanitation deprived by household size		
Less than 3 members		2.6
3-4 members		3.2
5-6 members		3.7
7 or more members		5.4
Percent of children who are sanitation deprived by mother's education		
No education		6.5
Some primary education		4.8
Some secondary education		3.0
Secondary degree and above		2.4
Percent of children who are sanitation deprived by family composition		
Single parent		5.4
Orphan child in household		1.8
Older person (65+) in household		4.5
Percent of children who are sanitation deprived by geographic location		
Urban		0.7
Rural		6.3
Percent of children who are sanitation deprived by Region		
Urban Governorates		0.5
Urban Lower Egypt		0.1
Rural Lower Egypt		6.5
Urban Upper Egypt		1.7
Rural Upper Egypt		6.1
Frontier Governorates		2.8

Source: Authors calculations using Egypt Demographic and Health Survey, 2008

Water deprivation

Access to clean and safe water are vital for the survival and healthy development of children, reducing sickness and death due to diarrhoea and other water related causes of child mortality. Severe water deprivation is an issue of both quality and quantity. Several other factors, in addition to the source of water and the time and distance to the source, affect the quality of a household's access to drinking water. Such factors include the quality of the water delivered, the continuity of the drinking water supplies, the seasonal availability of water, and the affordability of the services. These factors are not taken into account in assessing water deprivation.

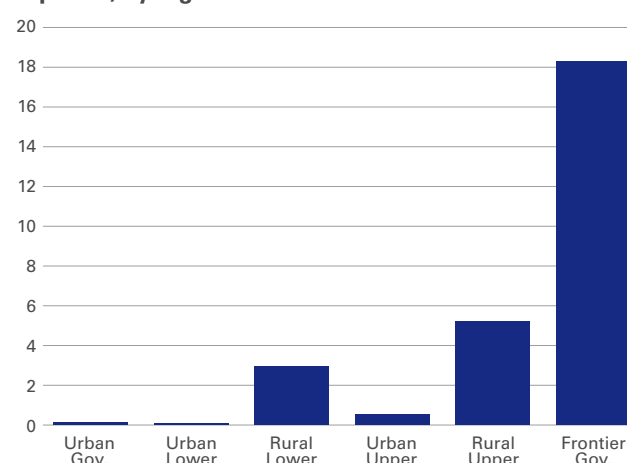
This study has estimated that 2.8 percent of children are severely water deprived. This means that 806,000 children have more than a 15-minute walk to their source of water (thus limiting the quantity they use), or are using unsafe sources of water (that is, unprotected well, unprotected spring, surface water, tanker truck or cart with small tank).

There are considerable differences in children's severe water deprivation between rural and urban areas. Children in rural areas are more than eight times more likely to experience severe water deprivation than urban children (4.3 vs. 0.5 percent, respectively).

Rural Upper Egypt (5.3 percent) and Frontier (18.2 percent) governorates have the highest rates of water deprivation, having to walk 30 minutes or more to their water source, get the water and return (thus limiting the quan-

tity they use), or are using unsafe sources of water (e.g., unprotected well or spring, surface water, etc.). Urban Lower Egypt has by far the lowest rate.

Figure 19: Percentage of children severely water deprived, by region



Source: Authors calculations using Egypt Demographic and Health Survey, 2008

Large households, households with uneducated mothers, households with high dependency ratios are more likely to be water deprived.

Children living in income poor households (with 4.3 percent) are almost two times as likely to be deprived from water as their peers in non poor households (1.9 percent).

Table 22: Prevalence of water deprivation by child characteristics (in percentages)

Percent of children who are water deprived		2.8
Percent of children who are water deprived by household size		
Less than 3 members		4.3
3-4 members		1.9
5-6 members		2.9
7 and more members		3.6
Percent of children who are water deprived by mother's education		
No education		4.5
Some primary education		3.3
Some secondary education		2.9
Secondary degree and above		1.2
Percent of children who are water deprived by family composition		
Single parent		1.9
Orphan child in household		-
Older person (65+) in household		3.4
Percent of children who are water deprived by geographic location		
Urban		0.5
Rural		4.3
Percent of children who are water deprived by Region		
Urban Governorates		0.1
Urban Lower Egypt		0.1
Rural Lower Egypt		3.0
Urban Upper Egypt		0.6
Rural Upper Egypt		5.3
Frontier Governorates		18.2

Source: Authors calculations using Egypt Demographic and Health Survey, 2008

4.2.2 Measuring poverty using an assets approach/wealth index

Another method for counting the number of poor children is to construct a wealth index as a proxy for poverty. The Demographic and Health Surveys collect information about durable goods ownership and housing conditions required for such wealth indices. The Demographic and Health Surveys do not include information on household expenditures or income. The wealth index is a good proxy for the long-term standard of living of the household. It is based on the household's ownership of consumer items such as a fan, television, dwelling characteristics such as flooring material, water source, and other characteristics that are related to wealth status. Each household asset for which information is collected is assigned a weight of factor score generated through Principal Component Analysis. The resulting asset scores are standardized in

relation to a standard normal distribution with a mean of zero and a standard deviation of one. These standardized scores are then used to create the break points that define wealth quintiles. The households were divided into five population quintiles with the same number of households in each, i.e. approximately 20 percent of the household population is in each wealth quintile.

Data presented in Table 23 shows that the wealth status of households represented by the assets approach has a substantial effect on child deprivation. The households with the least wealth are most likely to experience deprivations. Half of the children who live in the lowest quintile suffer from shelter deprivation and one out of eleven from education. Although those living in the second lowest quintile are still poor, the likelihood that they suffer from shelter deprivation drops by almost 70 percent (in comparison with the poorest quintile), and shows even larger

Table 23: Percentage of children experiencing type of deprivation, by wealth quintile

Wealth index quintiles	Natural Floor	Crowdedness (more than 5)	Food	Education	Information	Health	Sanitation	Water
Total	14.8	2.20	17.0	3.21	2.41	2.4	4.15	2.84
Quintile 1 (poorest)	50.10	6.80	16.3	9.08	10.20	3.6	8.29	7.21
Quintile 2	14.29	2.17	17.4	2.95	0.18	2.5	4.52	3.47
Quintile 3	2.54	0.57	16.0	1.13	0.04	2.0	4.29	1.97
Quintile 4	0.54	0.40	17.9	0.55	-	1.9	2.34	0.47
Quintile 5 (richest)	0.03	0.03	17.6	0.81	-	1.8	0.32	0.17

Source: Authors calculations using Egypt Demographic and Health Survey, 2008

differences in all categories but health. Food is a deprivation that does, however, not decrease as wealth increases.

There is a strong relationship between shelter deprivation and the wealth index. Latest EDHS data show that half of the children in the poorest quintile—of the wealth index—suffer from severe shelter deprivation compared to only 2.5 percent among children in the middle quintile and less than one percent among children in the richest two quintiles. Therefore, the national rate of 14.8 percent is almost entirely explained by the high rates for the poorest quintile and the second poorest quintile.

However, when the flooring material is excluded from shelter deprivation, the percentage of children in the poorest quintile who suffer from severe shelter deprivation decreased to 6.8 percent.

Data reveal that wealth is less correlated with this dimension of deprivation than any of the other dimensions. Food deprivation among children less than five years of age is found in all quintiles of wealth index by almost the same percentage. Surprisingly, 17.6 percent of children in the wealthiest quintile are food deprived, which in fact is higher than the rates for the poorest three quintiles.

Household wealth is a strong explanatory factor for education deprivation. Almost 9 percent of children in households in the poorest quintile experience education deprivation, against 3 percent for the second lowest quintile, and only around one percent for the highest three quintiles. This implies that children in the poorest quintile are nine times or more likely to be deprived of education than the richest 60 percent of the households.

Severe information deprivation among children is far more extensive in the poorest wealth quintile than in higher quintiles (10.2 percent in the poorest quintile and almost nil among children in the richest two quintiles).

Asset ownership as measured by wealth quintiles has a considerable effect on children suffering severe health deprivation, but mainly when comparing the poorest and richest households. Children in poorest quintile are two times more likely to experience severe health deprivation than children in richest quintile (3.6 percent vs. 1.8 percent, respectively).

Children in the richest wealth quintile do not experience sanitation deprivation. The national rate of 4.15 percent is almost entirely explained by the 8.3 percent of the children living in households of the poorest quintile.

Disparity patterns for water deprivation are the same as those for sanitation deprivation. Households in the highest three wealth quintiles almost do not suffer from water deprivation at all and the rate for the second poorest quintile is 3.5 percent. The national rate of 2.8 percent is therefore almost entirely due to the 7.2 percent of the children living in the poorest wealth quintile.

4.3 Child and parental perceptions of poverty and deprivation

The two approaches used to measure impoverishment among children in Egypt depend largely on survey information. This information has been useful to understand which households with children are most vulnerable. In this section, we seek to understand what childhood poverty means to children and their parents. The purpose is to explore children's and parental understanding of poverty, its causes and solutions. Children feel the consequences of poverty not only in terms of the shortage of basic goods and services, but also in terms of feelings of insecurity, shame and humiliation.

Focus groups were held with children and parents throughout Egypt to gain insight into:

- Children's and parental definitions of poverty;
- The factors children and parents believe cause and contribute to poverty;
- How poverty makes children feel;
- The policy responses children and parents believe would alleviate poverty.

4.3.1 Methodology

There were 24 focus group discussions conducted in six governorates; Cairo, Giza, Port Said, El-Minia and Sohag. Each governorate had four focus group sessions with:

- children ages 8-10 years;
- children ages 11-14 years;
- children 15-18 years;
- parents of children.

In all 168 children were interviewed (100 boys and 68 girls); and 38 parents (22 male and 16 female). All children that participated in focus group discussions were enrolled in school. Parents participating in the focus groups had low levels of education and were mostly skilled or semi-skilled workers. The majority of the children participating live in families with low incomes and cope with poverty on a daily basis.

Each focus group discussion (FGD) began with a general introduction and explanation by the moderator. The moderators utilized different approaches to lead the focus groups depending on participants' socio-economic status and with respect to the cultural and social values in their communities.

To assess the services accessed by participants, parents were asked to fill a form asking where services were accessed, their importance and if children had access to the services.

Children were also given the opportunity to draw as a means of expressing their interpretations of poverty.

Table 24: Focus group participants by age and Governorate

Governorate	8-10 year olds		11-14 year olds		15-18 year olds		All children		Parents	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Cairo	7	2	5	6	3	7	15	15	6	4
Giza	6	4	6	4	5	5	17	13	6	4
Port Said	4	6	2	6	4	6	10	18	2	8
El-Minia	2	8	6	4	9	0	17	12		
Sohag	6	2	8	2	9	0	23	4	8	0
EL-Sharkia	6	2	7	1	5	3	18	6		
Total	31	24	34	23	35	21	100	68	22	16

4.3.2 Key findings of focus group discussions

4.3.2.1 Meaning of Poverty

Several themes emerged from the focus groups. Generally, the poor are viewed as those who: do not go to school; are separated from friends; have unemployed parents; get no support from their families; do not get social help; and are not granted the right to be heard or to make decisions. Moreover, poverty is viewed as being determined by material conditions such as the absence of money for food and clothing, inadequate health, lack of education, the absence of adequate housing, and the lack of the opportunity to play.

Children’s definitions of poverty varied according to age and the governorate in which they reside. Children aged 8-10 years olds tend to understand poverty as the inability to meet basic needs of life such as the need for food, clothing and housing.

The meaning of poverty expands among 11-14 year olds. Poverty for 11-14 year olds is understood to mean an inability to meet one’s basic needs, but it also reflects a lack of access to information and computers, quality education, recreation and entertainment. For children in this age group, poverty is the lack of income to buy clothes, food, attend school, and go out with friends. In El-Minia, 11-14 year olds interviewed also defined poverty as the inability to own land.

The oldest group of children, 15-18 year olds defined poverty as lacking food, shelter, health care and cited overcrowding at home to also reflect a family living in poverty.

Parental definitions of poverty also focused on poverty as the inability to purchase basic needs such as shelter, sanitation facilities, drinking water and entertainment. They also cited land ownership and inadequate bread subsidies as an indication of poverty and families with too many children as a contributing cause of poverty.

Regional differences in the definitions of poverty were noted.

- Children in Giza said poverty is hunger and poor nutrition. Parents thought poverty manifested itself as unhappiness. They viewed polluted water and poor sanitation as part of poverty.
- Parents in Cairo viewed the deprivation of water and sanitation as the lack of poverty.
- Both children and parents expressed access to poor education in El-Minia as an indication of poverty. Children in El-Minia said that one third of their classes were empty, teachers were incompetent, classrooms were dirty and the chairs and tables were often broken, and bathrooms were inadequate. Several of the older children said the long distance to school is a problem. Parents in El-Minia do not allow their daughters to attend because they felt school is unsafe with regard to sexual harassment and road hazards. For the children, poverty is dropping out of school because one could not afford the clothes need to attend school.
- In Port Said, parents claimed that poor education is indicative of poverty. They felt they teachers were poorly trained and irresponsible thus leaving children unhappy and uneducated at school.
- In Sharkia, children said that being poor meant that not all children in a family could go to school because the family could not afford to send them. The parents viewed poverty as illiteracy and the inability to earn better incomes. Inadequate access to and quality of health services is also seen as a component of poverty.

Most often poverty is defined as lack of quality education, housing, inadequate income to purchase basic goods needed. The lack of income is attributed to father’s unemployment or lack of stable employment, having too many children, and the scarcity of subsidized bread.

4.3.2.2 Poverty and Deprivation

The connection between poverty and the deprivations measured is very clear to participants. There is a clear link between poverty and poor housing for the participants. Children 8 – 10 years old from Port Said and chil-

dren 15–18 from Giza agreed that deprivation of shelter of having many children in one house is considered as a source of poverty.

In Port Said, children in the age group 15-18 years ranked the deprivation of emotional wellbeing, education, family and health as being more important than the deprivation of food and drink. Meanwhile, children in the age group 11-14 years ranked the forms of deprivation as follows; deprivation of family, deprivation of food and drink, deprivation of health, deprivation of education, and deprivation of entertainment (the youth do not have access to places suitable for play, and children play in the street).

4.3.2.3 Policy responses

Three institutions were viewed as critical to helping the fight against poverty: the Ministry of Social Solidarity, NCCM, and NGOs.

Employment is cited as the key to escaping poverty, as well as education.

Although most participants in the focus group discussions saw employment as the means of escaping poverty, many felt that it is the government's responsibility to do more. In fact, all the policy responses to poverty elicited were directed at increasing government intervention. This is true across all ages and regions.

In the Sohag governorate, participants felt government should provide more employment opportunities, decrease prices and provide more services to help the poor. In addition, parents in Sohag favoured increased cash support to needy families.

In Cairo, parents stated policy solutions to poverty that involved the government decreasing prices, increasing subsidies and subsidized goods, and forming consumption associations. Children thought the government should provide increased employment opportunities, improve hospitals, provide more food, and develop construction and new industry opportunities for people to work (rather than getting abusing substances).

In Giza, the children favoured the government giving people more money, freeing prisoners, decreasing prices, improving water supplies and roads, job opportunities, building hospitals and access to medications, and decreasing transportation costs. Parents emphasized the need for work opportunities.

In Sharkia, children of all ages emphasized the need for recreational facilities such as parks, youth centres, vehicles, games, and libraries. The older children believed there is a need to change views of women and to find ways to increasingly include teen girls in activities outside the home. Another priority is to improve the educational system but eliminating physical punishment of

students, providing musical instruments, better libraries, books computers and teachers. Health is also a priority for children who believed that included the ability to drink healthy and safe water, knowledgeable and friendly clinics for services, and health insurance for all children. Parents echoed many of the solutions voiced by children and in addition thought the government should do more to decrease prices, and increase wages.

Overall, the interdependence of income, infrastructure and support services is clearly identified in the focus groups of both parents and children. Education is understood to be a causal factor in many groups and at the same time a poor educational system is seen as systemic to poverty. All ages felt that poor housing is a strong manifestation of poverty. Parents were also more likely to voice the interconnection of low incomes, poor sanitation, malnutrition and poor health. In almost every group, participants viewed the necessity of building stronger infrastructure so that children would grow up healthier and better skilled.

Poverty is unanimously viewed as a problem that the government needed to solve and some thought NGOs could be helpful too. Participants believed that government needed to provide more services, develop social infrastructure, and regulate the economy so that employment is increased and consumer prices were decreased. Additionally, participants expressed that poverty is closely linked to depression, social exclusion and insecurity. This indicates that poverty can be markedly psychologically damaging, reminding us of the complexities of childhood poverty.

4.4 Conclusion

Regardless of the method of measurement, this report shows that millions of Egyptian children live in poverty and are deprived of their rights to be children.

The number of children experiencing income poverty is increasing and in 2009 the number of poor households with children exceeded 1996 levels. 23 percent of children under age 15 years in Egypt were living in income poverty. This is even higher among children between 10-14 years (26 percent) and young adults between 15 and 19 years (28 percent).

Furthermore, more than 7 million children live deprived of one or more of their rights to be children and enjoy their childhoods. Around 5 million children are deprived of appropriate housing conditions (including shelter, water and sanitation) and 1.6 million children under 5 years suffer health and food deprivation.

The study also proves that income poverty and deprivation measures are not synonymous. Households with children who experience income poverty may or may not experience other forms of deprivation. While many of the

intuitive disparities are confirmed, the report shows that children of all economic classes are vulnerable to poverty. This is illustrated by the 17.6 percent of children in the wealthiest quintile who suffer food deprivation. Moreover, poverty does not differentiate by sex. Both girls and boys are vulnerable to poverty and deprivations at similar rates.

These statistical findings strongly indicate the importance and benefits of a multi-dimensional, multi-method and disaggregated analysis of child poverty.

In addition to validating the findings from the statistical analysis, the qualitative research informs us that both

adults and children in Egypt believe that poverty exists because the government needs to do more. Employment and education are considered as critical to escape poverty.

To complete our analysis, we therefore must put our findings in conversation with one another. In the following chapter we produce such comparisons to reveal the correlations and non-correlations between the multiple dimensions of poverty. Establishing connections between different dimensions and disparities of childhood poverty helps to both guide policies towards the most urgent areas and to make policies more holistic.



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Multi-dimensional analysis of child poverty

The chapter starts with a short mapping of the correlations between the various dimensions of deprivation, confirming the inter-relation between income poverty and non monetary dimensions of poverty. Subsequently, we examine in detail the incidence of severe deprivation, absolute poverty and income for each of the spaces discussed in Chapter Four. This completes the statistical disparity analysis of various methods to measure child poverty.

5.1 Correlation between different measures and dimensions of deprivation

Table 25 presents the correlation matrix between different types of deprivation. Income poverty is closely related to most forms of deprivation. The correlation between income poverty and shelter, education, and information, exceeds 0.8 and with moderate relation with health, water and sanitation confirming the inter-relation between monetary and non monetary dimensions of poverty.

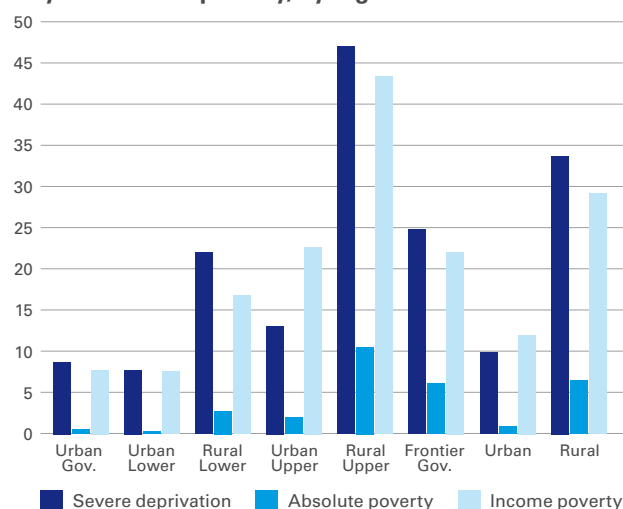
Other deprivations are related to income poverty but go beyond this. Households with low income cannot send their children to school, cannot provide improved shelter, and usually reside in deprived areas where water and sanitation services are scarce. Indicator of food deprivation is not correlated to income poverty, indicating that food deprivation is an outcome of other factors rather than income; environment degradation, diarrhoea prevalence, and availability of basic health services are some of such factors.

Surprisingly, food deprivation is not correlated with most forms of deprivations. However, the prevalence of diarrhoea is somewhat higher among children who are water deprived; the prevalence of diarrhoea among children who are water deprived reached 9.6 percent, while decreased to 8.4 percent among children who are not water deprived.

5.2 Regional disparities

There are considerable disparities of deprivations by region. Results from consumption based and deprivation measures show that households with children in the rural areas of the upper region are the most vulnerable, followed by the households with children in the rural areas of the Lower Egypt. Households with children living in urban areas of Lower Egypt are the least vulnerable to impoverishment regardless of which measure is used. Urban areas in each region are also far better off compared to their rural counterparts. Half of children in rural Upper Egypt have at least one deprivation, compared to 23 percent among children in rural Lower Egypt and only 8.1 percent of children in urban Lower Egypt. As for children suffering at least two severe deprivations, the data show that almost seven percent of children in rural areas suffering from at least two severe deprivations, compared to only one percent of children in urban areas (see Figure 20).

Figure 20: Incidence of severe deprivation, absolute poverty and income poverty, by region



Source: Authors calculations using Egypt Demographic and Health Survey, 2008 and Household Income, Expenditure and Consumption Survey 2008-09

Table 25: Correlation between different indicators for child poverty

	Household income (1/ day per person in ppps)	Bottom asset quintile (Q1)	Any two deprivations +	Shelter, Sanitation, Water ++	Food, Health +++	Shelter	Food	Education	Information	Health	Sanitation.	Water
Household income (US\$1/day per person in ppps)	1	0.97	0.86	0.86	0.3	0.89	0.38	0.28	0.94	0.08	0.83	0.42
Bottom asset quintile (Q1)		1	0.87	0.88	0.11	0.92	0.52	0.68	0.98	0.03	0.78	0.34
Any two deprivations +			1	0.97	0.76	0.92	0.84	0.82	0.91	0.69	0.89	0.8
Shelter, Sanitation, Water ++				1	0.13	1	1	1	0.8	0.05	0.69	0.25
Food, Health +++					1	0.09	0.16	0.17	0.18	1	-0.01	1
Shelter						1	0.48	-0.01	0.82	-0.01	0.74	0.34
Sanitation							1	0.52	0.65	0.14	0.43	0.13
Water								1	0.45	0.11	0.31	-0.06
Information									1	0.04	0.67	0.29
Food										1	0.13	-0.2
Education											1	0.17
Health												1

Source: Authors calculations using Egypt Demographic and Health Survey, 2008

Notes:

(1) Correlations were calculated using Gamma coefficient for ordinal data.

(2) Bold and italic correlations are insignificant.

+: Children suffering from any two deprivations from the seven deprivations.

++: Children suffering from one or more of the first three deprivations (shelter, sanitation, and water).

+++: Children suffering from one or more of nutrition and health deprivations.

Table 26: Incidence of severe deprivation, absolute poverty and income poverty, by region

Region	Severe deprivation	Absolute poverty	Income poverty
Urban Governorates	9.12	0.58	8.13
Urban Lower Egypt	8.14	0.36	7.92
Rural Lower Egypt	23.03	2.96	17.57
Urban Upper Egypt	13.72	2.14	23.69
Rural Upper Egypt	49.08	11.02	45.32
Frontier Governorates	25.95	6.40	23.06
Urban	10.35	0.99	12.55
Rural	35.24	6.78	30.47

Source: Authors calculations using Egypt Demographic and Health Survey, 2008 and Household Income, Expenditure and Consumption Survey 2008-09

Figure 20 shows that income/consumption based measures of poverty alone do not capture the vulnerability of children. In rural areas, the severe deprivation rates tend to be higher than the income poverty rates while rates were almost similar for urban areas. It is speculated that this may be due to the presence of public services consumption such as health, education, water and sanitation, which are likely to be particularly concentrated in urban areas.

5.3 Sex and age

Income poverty increases the likelihood of absolute poverty. Nearly 26 percent of all children in Egypt experience at least one deprivation and over 4 percent experience at least two deprivations. In households whose income is less than US\$1 per day/person, more than 21 percent of all children experience at least one depriva-

tion and 40 percent of these children experience less severe deprivations.

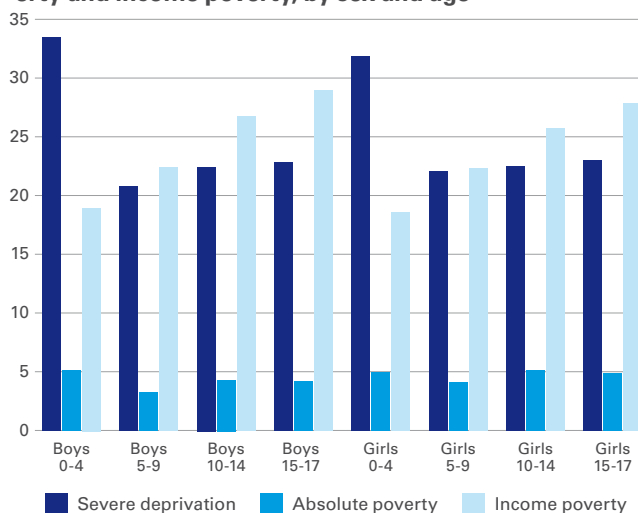
Younger children (those aged four and younger) experience the highest rates of poverty and deprivation. After a small drop for the age groups 5-9 years, deprivation (severe and absolute poverty) rises again with age. This applies especially to girls. Girls aged 10-14 years are most vulnerable of all age groups, girls and boys, to experience absolute poverty.

Table 27: Incidence of severe deprivation, absolute poverty and income poverty, by sex and age

Sex and age	Severe deprivation	Absolute poverty	Income poverty
Male	25.70	4.31	
0-4 years	33.96	5.25	19.24
5-9 years	21.07	3.30	22.76
10-14 years	22.78	4.41	27.14
15-17 years	23.17	4.26	29.41
Female	25.71	4.84	
0-4 years	32.35	5.05	18.89
5-9 years	22.41	4.18	22.63
10-14 years	22.82	5.26	26.08
15-17 years	23.35	5.00	28.24

Source: Authors calculations using Egypt Demographic and Health Survey, 2008 and Household Income, Expenditure and Consumption Survey 2008-09

Figure 21: Incidence of severe deprivation, absolute poverty and income poverty, by sex and age



Source: Authors calculations using Egypt Demographic and Health Survey, 2008 and Household Income, Expenditure and Consumption Survey 2008-09

5.4 Household size

Poverty rates increase with larger household size by all measures used. Children in households of seven members are most likely to suffer from at least one form of severe deprivation or to live in absolute poverty, compared to children in other household size categories. Their severe deprivation rates and absolute poverty rates are twice the deprivation rates of children in households with 5-6 members. In terms of income poverty, these rates are around three times as high.

Table 28: Incidence of severe deprivation, absolute poverty and income poverty, by household size

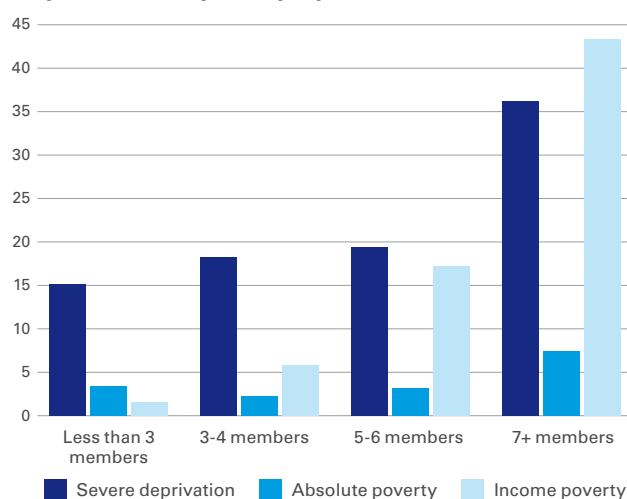
Household size	Severe deprivation	Absolute poverty	Income poverty
Less than 3	15.52	3.45	1.55
3-4 members	18.76	2.36	6.02
5-6 members	19.95	3.20	17.71
More than 7	37.16	7.60	44.53

Source: Authors calculations using Egypt Demographic and Health Survey, 2008 and Household Income, Expenditure and Consumption Survey 2008-09

Disparities per household size are much larger for income poverty than when measured in terms of deprivation. Absolute poverty rate is higher for children in households with less than 3 members than for those living in households with 3-6 members. A possible explanation could be the relatively high poverty rates among young families who are more likely to have only one child.

The risk of income poverty is particularly high among households with more than three children. Almost 40 percent of those who belong to households with more than three children were poor in 2008-09, compared to only 13.5 percent of households without children. Households with children comprise 86 percent of the overall poor.

Figure 22: Incidence of severe deprivation, absolute poverty and income poverty, by household size



Source: Authors calculations using Egypt Demographic and Health Survey, 2008 and Household Income, Expenditure and Consumption Survey 2008-09

5.5 Household composition

5.5.1 Sex of head of household

There is often concern expressed at the vulnerability of certain types of households, with particular attention paid to households headed by women. While some research suggests female-headed households in some parts of the world are more likely to be poor (Katapa 2006; Wilson 1987), others contest this (Barrios et al 1997).

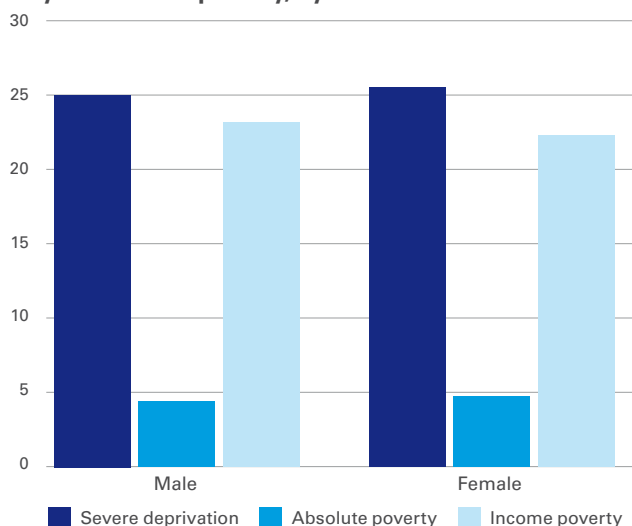
Table 29: Incidence of severe deprivation, absolute poverty and income poverty, by sex of head of household

Sex of head of household	Severe deprivation	Absolute poverty	Income poverty
Male	25.67	4.54	23.75
Female	26.19	4.87	22.88

Source: Authors calculations using Egypt Demographic and Health Survey, 2008 and Household Income, Expenditure and Consumption Survey 2008-09

When income is used to measure poverty, no significant differences between male- and female-headed households are found. Similarly, there are no significant differences between male and female headed households with children with regard to severe deprivation rates (25.7 percent versus 26.2 percent). The data indicate that percentage of children live in female-headed households who experienced at least two forms of deprivations (absolute poverty) is slightly higher than among children in households headed by men.

Figure 23: Incidence of severe deprivation, absolute poverty and income poverty, by sex of head of household



Source: Authors calculations using Egypt Demographic and Health Survey, 2008 and Household Income, Expenditure and Consumption Survey 2008-09

5.5.2 Household members

Among households with children that include an orphaned child, almost one in every three children experience severe deprivation and one of every 27 children live in absolute poverty. Within households in income poverty (less than US\$1 a day), the risk of poverty for these households is more than twice as high as the national average rate.

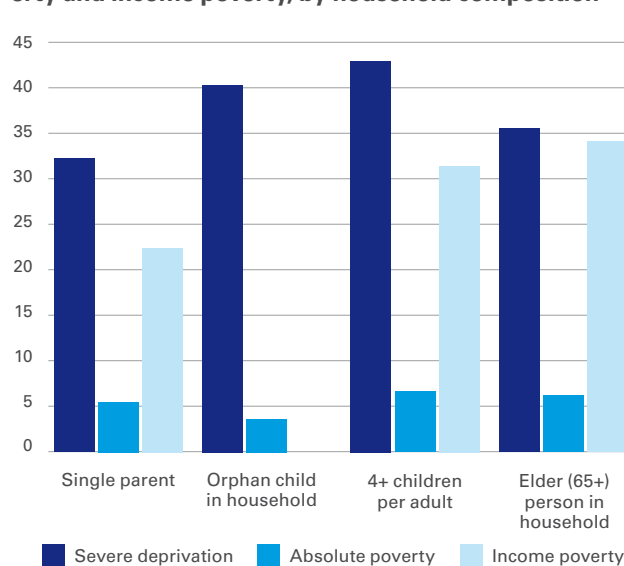
Table 30: Incidence of severe deprivation, absolute poverty and income poverty, by household composition

Household members	Severe deprivation	Absolute poverty	Income poverty
Single parent	32.56	5.55	22.63
Orphan child in household	40.74	3.70	na
High dependency ratio (4+ children per adult)	43.40	6.74	31.75
Elder (65+) person in household	35.90	6.32	34.49

Source: Authors calculations using Egypt Demographic and Health Survey, 2008 and Household Income, Expenditure and Consumption Survey 2008-09

Child deprivations are highly correlated with the number of children who are dependent on an adult. Children in households in which there are four or more children dependent per adult, 43.4 percent are severely deprived and 6.7 percent live in absolute poverty. In households whose income is above US\$1 per day/person and there are four or more children per adult, 27 percent of children live in severe deprivation.

Figure 24: Incidence of severe deprivation, absolute poverty and income poverty, by household composition



Source: Authors calculations using Egypt Demographic and Health Survey, 2008 and Household Income, Expenditure and Consumption Survey 2008-09

Households with children that include a person aged 65 or older are more likely to experience deprivations. Nearly one-third of these households are severely deprived and 6.3 percent have two or more deprivations. The rates of deprivation rise dramatically if the household live below US\$1 per day/person. One out of three of children living in households that include an older adult, are severely deprived and 6 percent live in absolute deprivation.

5.6 Mother's educational level

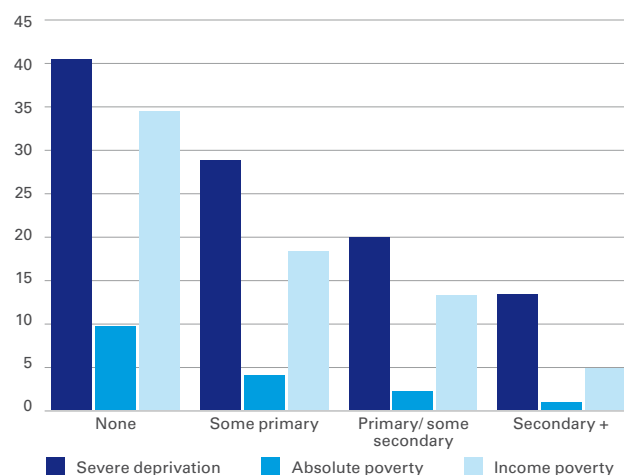
Consistent with income poverty findings reported, there is an inverse relationship between mother's education level and severe deprivation. The percent of children experiencing severe deprivation and absolute poverty drops from 41 percent for children living in households with mothers who have no education to 13.5 percent in households where mothers have obtained a secondary level of education or higher. Figure 25 summarizes the differences in income poverty and deprivations according to the educational level of the mother in the household.

Table 31: Incidence of severe deprivation, absolute poverty and income poverty, by mother's educational level

Mother's educational level	Severe deprivation	Absolute poverty	Income poverty
None	40.98	9.81	34.85
Some primary	29.20	4.03	18.56
Primary/some secondary	20.22	2.20	13.35
Secondary +	13.51	0.93	4.84

Source: Authors calculations using Egypt Demographic and Health Survey, 2008 and Household Income, Expenditure and Consumption Survey 2008-09

Figure 25: Incidence of severe deprivation, absolute poverty and income poverty, by mother's educational level



Source: Authors calculations using Egypt Demographic and Health Survey, 2008 and Household Income, Expenditure and Consumption Survey 2008-09

5.7 Conclusion

The detailed disparity analysis of this chapter shows that income/consumption based measures of poverty alone do not capture the vulnerability of children and that poverty is cyclical. Notwithstanding, income poverty is closely related to most albeit not all forms of deprivation. This validates that besides low income, public policies, social programmes and levels and distribution of public spending play an important role in determining child poverty.

The youngest children (4 years and younger) experience the highest rates of poverty and deprivation. Once again, this stresses upon policy makers and care gives the importance to start investing in children's development and potential at the earliest possible age. Lost opportunities in childhood cannot always be regained later. Childhood is a window of opportunity for development.





Discussion of findings and policy recommendations

The main objective of this report is to give policymakers a better understanding of how poverty is manifested among children and to suggest the way forward to build the country's social infrastructure in the best interest of the Egyptian children, particularly in light of the current economic uncertainty about the future. It thus reviews Egypt's commitment to children.

In 2008 Egypt reformed its laws pertaining to children by enacting a comprehensive legislative framework designed to improve children's well-being. The Child Law reforms of 2008 strengthen children's rights with regard to education, work, social services and family care. It delineates the responsibilities of families and the state to care for children and reinforces children's rights to be nurtured in secure and appropriate environments that will enhance their potential for development. It also gives voice to children's needs through the establishment of local committees to protect and advocate for the well-being of children and to represent children's needs at the national level. The 2008 Child Law reforms embrace the United Nations Convention on the Rights of the Child and subsequent related treaties and builds upon them. The establishment of the National Council for Childhood and Motherhood in 1989 as the official agency responsible for advocating for child-related issues through the collection and reporting of data relevant to children's well-being and for promoting implementation of programmes and policies to respond to the needs of children is an indication of the priority that Egypt accords to the welfare of its children.

This report finds that government spending on children is also rising. Direct and indirect expenditures on children are estimated to have increased by 31 percent between 2002 and 2007. In recent years, Egypt has sought to reform its social insurance programme, including those that directly and indirectly affect the well-being of children. This was done through the introduction of new programmes that aim to improve access to health services for all Egyptians including children; to eliminate child labour and female genital cutting; to rehabilitate children living on the street; improve access to and

quality education for all children; and to more effectively target income support programmes to those in need. Egypt is also investing in economic development of its people by introducing programmes to stimulate production, employment and innovation. As a result, labour force participation rates are increasing and the economy continues to grow. What remains to be done is to initiate measures to guarantee equitable distribution of the returns of economic growth and to overcome the observed disparities.

In spite of these positive changes, there is, however, an observed rise in the number of children living in poverty. This report adopts a broad and multi-faceted definition of poverty. It defines poverty using two income based methods: the Egyptian official poverty lines and the World Bank's definition of poverty as living on less than US\$1 or US\$2 per day. It also measures poverty based on the United Nations acknowledgement that poverty is more than the lack of income or low consumption levels. This rights-based approach defines poverty as deprivation. Children living in poverty are deprived of food, clean drinking water and safe sanitation facilities, access to basic health care, shelter, education, participation and protection.

While a severe lack of goods and services negatively affects every human being, children are most vulnerable because of their increased immediate needs required to guarantee healthy growth and psychomotor development that enables them to enjoy their rights and to realize their full potential as active members of society. This definition is based on the framework provided by international human rights conventions, such as the Convention on the Rights of the Child. Poverty is also measured by the level of household assets in households with children. A qualitative assessment of poverty through focus groups conducted furthermore lends the voice of children to our understanding of poverty.

The findings revealed by these comprehensive and multiple methods for measuring poverty among children

lead to the conclusion that despite the new laws, new policies, newly established institutions and new programmes, poverty among children in Egypt is becoming chronic and is likely to grow in magnitude as the impact of the current economic downturn becomes manifest.

Main findings: child deprivation is a growing concern

Egypt has a population of approximately 28 million children. Egypt has taken great strides to improve the well-being of its children. It has reformed its laws regulating responsibilities to care for and protect its children in 2008. It has introduced significant new social programmes to promote the physical, social, educational and emotional well-being of children. It has recently established a Ministry of State for Family and Population and local Child Protection Committees to safeguard children's rights and to protect the welfare of children. Egypt has also made considerable progress toward achieving the Millennium Development Goals (MDGs).

And yet, the number of children deprived of adequate incomes and living conditions is rising in Egypt. This report found that:

- **The impressive economic growth in recent years has not been pro-poor and pro-children.** Egypt has enjoyed high growth rates since 2004, reaching as high as 7.2 percent in 2008. This growth rate has not led to a proportionate reduction in income poverty or deprivation.
- **Whether income poverty is measured according to the official income poverty line of Egypt or using global definition of US\$1 per day or US\$2 per day, the number of children living in poverty and extreme poverty is increasing.** The number of poor households with children fell from 1996 to 2000 and increased afterwards. In 2009, the number of poor households with children exceeded 1996 levels. 23 percent of children under age 15 years in Egypt were living in income poverty. The poverty risk is highest (approximately 26 percent) among children between 10-14 years and young adults between 15 and 19 years (28 percent).
- **Progressive changes have recently been made to legislation for children.** Designed to comply with the United Nations Convention on the Rights of the Child, many amendments to the Child Law have been enacted in 2008 demonstrating efforts to align national policy with international legal instruments.
- **A multitude of social programmes exist to aid children and their families; however many are yet to reach national coverage and have not prevented the observed increase in child poverty.** The non poor are more likely to be recipients of cash transfer programmes in Egypt. Many of these programmes have eligibility criteria that are based on employment and earnings which the poor fail to meet. Programmes to the poor tend to have lower benefits that are insufficient to raise the poor out of poverty.
- **Budget allocations directed to childhood development have increased in absolute terms but decreased in relative importance.** During the Second Decade for the Protection and Welfare of the Egyptian Child (2000-2010), budget allocations for authorities benefiting children have grown three times as slow as budget allocations for other authorities.
- **Millions of children live deprived of one or more of their rights to be children.** More than 7 million children (one in four) live deprived of one or more of their rights to be children and enjoy their childhoods. Around 5 million children are deprived of appropriate housing conditions (including shelter, water and sanitation) and 1.6 million children under 5 years suffer health and food deprivation.
- **Income poverty and deprivation measures are not synonymous.** Households with children who experience income poverty may or may not experience other forms of deprivation. Income poverty is highly correlated to shelter deprivation. Among children living in the wealthiest fifth of all households with children, 17.6 percent experience food deprivation.
- **Children in income poor households are more severely deprived.** Slightly less than half of children (47 percent) in income poor households experience at least one severe deprivation compared to 14 percent of non-poor children. And differences in deprivations experienced between the poor and non poor measured in terms of income is wider when we consider children suffering from at least two severe deprivations (absolute poverty). The percent of children experiencing at least two or more deprivations is 10 percent for the income poor and only one percent for the non income poor.
- **Poverty is regional.** Regardless of the measure of poverty used, poverty among children is more highly concentrated in rural areas and higher in Upper Egypt than Lower Egypt. In 2008/09 reported income poverty rates for household with children are 30.5 percent in rural areas compared to 12.6 percent in urban areas. Upper Egypt reported income poverty rates for children in urban households of 21 percent. Children living in rural Upper Egypt are most vulnerable to income poverty – the poverty rate among these children is 45.3 percent. This is in comparison to poverty rates of 7.9 percent in urban households with children and 17.6 percent for rural households with child in Lower Egypt.
- **Poverty does not differentiate by sex.** Both girls and boys are vulnerable to poverty and deprivations at similar rates. Similarly, the sex of the head of the household does not significantly affect the income poverty rate or deprivation of children in the household. However, girls, especially in rural areas, are the least likely to attend school or complete their education, thus increases the likelihood that they will be poor as adults.
- **A mother's education is a strong safeguard against poverty.** The more education a woman receives, the less likely she is to raise her children in a poor household on all measures of poverty and deprivation. Nearly one-third of households with children whose head did not attend school live in income

poverty compared to 18.6 percent of heads who have obtained a primary education and about 13.4 percent who received a secondary education or higher. For mothers whose education equals or exceeds secondary education, the likelihood of their children being educationally deprived drops to 0.7 percent.

- **Children are most likely to work when they have parents who are not working and the vulnerability of these children increases greatly.** Parents may be unable to work due to illness or disability, or absence from the household. In addition, given the prevalence of children living on the street, it is clear that current systems for caring for children whose parents cannot care for them are inadequate.
- **Vulnerable households are more likely to be poor and deprived.** Children's vulnerability to poverty and incidence of deprivations increase when children are raised in a household headed by a single parent, live in households that have three or more children, or live with an elderly person or orphan child.
- **Poor households are less likely to have children enrolled in school.** Education is the best route to escape poverty and yet poor, rural households are the least likely to have children attending school and least likely to have children who pursue their education through the secondary level and beyond. There are too many poor, urban households whose children are not enrolling or staying school as well. Data indicate that one in 14 children never attended school and hence suffers from educational deprivation, while only one percent of non income poor children experienced education deprivation. While labour force participation rates increased for the country, the unemployment rate of post-secondary graduates is rising. This is a discouraging message for families struggling to keep their children in school.
- **Both adults and children in Egypt believe that poverty exists because the government needs to do more.** This informs us that the poor, from an early age, learn to depend on the government for their well-being. However, government resources are believed not sufficient to provide social protection services that reach and adequately support the poor.

Policy recommendations: building Egypt's social infrastructure

Egypt's economic reforms have improved the well-being of many individuals and families with children but it has also marginalized some of the neediest. Socio-economic policies need to be paired with programmes for improving the quality and coverage of Egypt's social infrastructure so as to contribute to a more equitable distribution of the returns of economic growth. Investing in the social infrastructure to support children and their families is an investment in Egypt's future. Egypt should exploit its accomplishments in improving the lives of children and their families and at the same time, learn lessons from efforts that have not been successful.

Consequently, increased investment in children is needed to maintain the pace of the Egypt's continued

progress and development. Child outcomes and the fulfilment of children's rights are strongly influenced by public policy. Sustained pro-poor and pro-child growth not only requires a commitment to build the physical capacity of a nation but also to develop its social infrastructure. This is especially relevant to investments in children whose quality of life determines the future of the country. Children are Egypt's future.

Child poverty and its alleviation is the result of complex interactions between household structures, job market conditions, government support and other factors. The most successful policies, therefore, are those that tackle child poverty on multiple fronts. They combine a universal approach (such as child income support) with measures targeting the most vulnerable (such as childcare in deprived areas) and facilitating access to the job market and various services (education, health and housing).

At the same time, successful policies addressing child poverty are those that tackle child poverty directly and do not rely on indirect effects on children's well-being.

The findings of this report lead to a number of recommendations that are imperative for the building of Egypt's social infrastructure. Some are of general nature and contribute to the design and implementation of appropriate child sensitive and participatory public policies. Others are more directly related to particular forms of deprivation and aim to overcome specific violations of children's rights.

Towards appropriate and child sensitive public policies

- **Evidence-based public policies:** The process of public policy making should be based on the systematic analysis of recent, pertinent and validated evidence. This evidence includes published studies and surveys, expert knowledge, stakeholder consultations and voices of beneficiaries, evaluations of previous policy evaluations and costing of policy options. These policies should be evaluated for their potential impact on children who represent one-third of Egypt's citizen's.
- **Refinement of Egyptian definition of child poverty:** This study was the first ever attempt to calculate the level of child poverty in Egypt and has contributed to the body of evidence required for child sensitive public policies. To continue systematic analysis of child poverty appropriate to the specific Egyptian context, the indicators and definition should be carefully reviewed and adjusted using lessons learned from this report, most in particular from the qualitative research conducted as part of this study. Quality of education and availability of adequate clothing are two examples of indicators that should be considered as part of the future child poverty definition.
- **Human rights-based approach to public policies:** All national policies and programmes should be based upon the foundation of children's rights and the child law that has been recently amended in Egypt. This requires the adoption of a multi-dimensional

approach to poverty or child deprivation, which includes but is not restricted to income poverty.

- **Programme-based budgeting and evaluation of policy impact:** Government budgets should be structured to reflect the policies and programmes it funds and the outcomes it intends to achieve. This would contribute an effective mechanism for evaluating programme inputs and outcomes against the child rights framework.
- **Adequate budget allocation for child focused programmes:** Public policies aiming to improve the well-being of Egypt's children and the recent amendments to the Child Law should be adequately financed and implemented through nationwide programmes that reflect the important political support that the cause of children's well-being enjoys.
- **Integrated National Plan of Action for Children and multi-sector coordination:** Policies and strategies to reduce child deprivation should be an integral component of the coordinated and multi-sector national development framework effectively coordinated by the mandated Ministry of Family and Population. Following the Second Decade for the Protection and Welfare of the Egyptian Child (2000-2010), an integrated National Plan of Action should be developed, which particularly addresses regional disparities. The successful design and implementation of such an integrated Plan of Action depends on the creation of a forum for maintaining a sustained trans-sector multi-disciplinary dialogue at the policy level between all stakeholders and that has the power of decision on resource allocation.
- **Local level monitoring of public policies:** The local level Child Protection Committees should be mandated and supported to monitor and coordinate the implementation of child-focused programmes and to have access to established hierarchical communication channels for the outcomes to reach national policymakers. Such a task is facilitated by defining a core set of measurements and indicators for child development that can be used for monitoring, planning and assessment purposes.
- **Capacity development of policy makers, community leaders and front line workers:** Decision makers and service providers working for and with children should be educated about their respective role and contribution to the implementation of the amended Child Law and on how these rights can be implemented through child centred legislation, public policies, budgets and socio-economic programmes.
- **Public awareness of child rights and the Child Law:** Children and caregivers should be made aware of their rights and responsibilities through dialogue and capacity development.

Addressing multiple dimensions of child deprivation

Building effective and efficient social protection: Cash transfers and family support subsidies that directly benefit poor families represent only a small proportion of total subsidies and grants, and a very small share of total social spending. Presently, subsidies do not

constitute a substantial contribution to a poor family's income. In addition, in part due to the inefficiency of the administration of these programmes, the poor do not benefit proportionally from the existing social protection measures.

- Both the coverage and the transfer amount of social protection programmes directed to poor families and their children should be increased.
- The composition of budget allocation for government subsidies, grants and special benefits should be revised to accommodate increased budget of social protection programmes for poor families and their children.
- Soft loans aimed at increasing family productivity and integration into the labour market should be closely monitored to ensure these are used for the intended purposes. Families benefiting from such support should also receive technical and marketing assistance.
- An administrative reform programme should be initiated including establishment of clear and transparent eligibility criteria, streamlining of administrative procedures, constitution of integrated packages, and increasing of capacity and rewards for social workers.
- Public awareness about eligibility for certain social protection programmes should be increased at national, Governorate and local level.
- "One stop shops" at local level should be established to increase public awareness and delivery.

Enhancing labour market integration: Most children live in a family with both their parents. Furthermore, income from labour is the most important source of income; however job creation has not kept pace with the economic growth of recent years and is likely to be further eroded by the current economic crisis.

- Better participation of parents in the labour market should be promoted by supplementing family income support through measures such as facilitating access to small and micro credit, income compensation (tax reductions or in-work cash benefits for those with low incomes) and free or subsidised access to child-care (to give parents time for paid work, training or job search).

Intensifying investment children's potential: Both the cognitive and social-emotional skills acquired in early life, provide the basis for later academic and employment success. In spite of political commitment, expansion of early childhood education facilities has been insufficient. The focus groups discussions revealed that primary and secondary schools do not always offer a welcoming and accessible learning environment to children, regardless of income and a child's family situation. The educability of children is also affected by increasing levels of malnutrition.

- In line with the current National Development Plan, early childhood policies should be evaluated to assess the availability, accessibility, content and goals of these programmes.
- The coverage and reach of the Early Childhood Edu-

cation Enhancement Project should be scaled up nationwide and adequately funded.

- A nationwide programme should provide children of poor families attending government schools with two school uniforms per year as a contribution to avoid drop out due to lack of family income.
- Water and sanitation facilities in all government schools should be regularly inspected and properly maintained to ensure they are in good working condition and appropriate to both girls and boys. Community based civil society organizations should be invited to contribute to this inspection and maintenance.
- The nutritional value of the school meals package provided under the school feeding programme should be revised to allow contribution to the correction of the nutritional deficiencies that affect their educability.
- The administering of the school feeding programme should be carefully coordinated between the nutrition programmes offered by the Ministry of Education and other organizations working with schools in this area.

Providing adequate care services: Lost opportunities in childhood cannot always be regained later - childhood is a window of opportunity for development. However, after years of steady decline in child malnutrition, the rates are increasing, and the impact of the current economic crisis is likely to exacerbate this deterioration in nutritional status. In addition, more than one million children are deprived of proper sanitation facilities at home, with vast disparities between rural and urban areas. Poor sanitation is directly linked to diarrhoea and malnutrition.

- Efforts should be made to launch a REACH programme for country focussed action against undernutrition, as recommended by the Jun 2008 declaration of the United Nations REACH interagency team.
- United Nations agencies should apply the new REACH methodology to identify the nature, extent and distribution of nutrition problems and to assess the degree of Egypt's commitment and capacity to act at scale for achieving accelerated gains.
- A national sanitation master plan and programme should be designed in a participatory manner, including public, private and community stakeholders, to provide stand-alone, collective or community sewage and waste water management solutions. These

solutions should be low cost and technologically acceptable adapted to the local geo-physical context.

- A policy for systematic prevention of exposure of children to environmental toxins and pollutants should be adopted as an efficient strategy to protect children from these health hazards.

Assisting parents to protect their children: The Child Law reform resulted in some crucial legislative amendments to the protection of the most vulnerable. Still, many children live without adequate parental care, although the exact numbers are unknown. These children, who often end up in the streets, are susceptible to disease, crime, abuse and neglect. Many discrete projects exist to protect the rights of the most vulnerable; however, a comprehensive national strategy and programme does not exist.

- An inter-ministerial task force should study the cause and potential strategies to address the growing number of children living on the street, child labourers and other children who do not have the care of responsible adults.
- National poverty reduction programmes should pay particular attention to large families who are more prone to be unable to adequately protect their children.
- Reducing of fertility rates and slowing down the population growth leading to smaller average size of households should be a central component of social sector policies and poverty reduction programmes.

Helping children to have a sense of belonging: Children interviewed through the focus group discussions repeatedly mentioned the need for a community, for not feeling alone. Socializing and engaging in recreational, cultural and sport activities build their social skills, resilience to adverse events. It also helps promote a healthy life style and combat the growing problem of obesity among Egypt's children.

- An inter-Ministerial effort should initiate a national programme to spread the culture of sports, physical exercise and a healthy life style for girls and boys of all ages.
- The establishment and expanded coverage of community libraries, community centres and other safe places for children, exercise and express themselves should be an important element in national policies and programmes on youth.

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