

National Council for Childhood and Motherhood

**NATIONAL REPORT ON FOLLOW-UP TO
THE WORLD SUMMIT FOR CHILDREN
EGYPT**

30 December 2000

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A. Introduction and Background

Egypt put the survival and development of children at the centre of the nation's policy agenda during the 1980's and towards the latter part of the decade. This stand contributed to the thinking that shaped the global priorities and plan of action set out by Member States of the United Nations at the World Summit for Children, held in New York on 30 September 1990. Egyptian scholars of jurisprudence as well as the nation's leadership became actively involved during the 1980's in drafting and promoting the Convention on the Rights of the Child. By doing so, Egypt helped develop a consensus on the Convention on the Rights of the Child among those countries where the "Sharia'a" (Islamic Law) forms the basis of legal norms and practices. Today, this Convention has become the most ratified International Treaty of the United Nations. Egypt was among the first twenty countries to ratify the Convention on the Rights of the Child.

Egypt served as one of the Six Initiator Countries for the World Summit for Children, and since then has taken its leadership responsibilities for children very seriously. This means, in the words of those at the Summit, turning promises into action for children. The First Lady of Egypt, Mrs. Suzanne Mubarak, led Egypt's delegation to the World Summit for Children and found herself among the few women representing their countries, whether among those of the North or the South. President and Mrs. Mubarak have not only acted at home but have also served as mentors for others in leadership position.

Egypt considers the well being of children as a sensitive indicator of overall sustainable social development. Improvements, and shortfalls, against objectives set have been monitored across the decade with increasing specificity and policy reviewed at both the national and sub-national levels. Commitment at the presidential level, and the involvement of the Cabinet of Ministers and Governors, as well non-governmental organisations, have intensified across the decade.

President Mubarak declared in 1989 that the coming decade would be "The Decade of the Egyptian Child." This set the first promises, many of them quite similar to those that formed that Declaration on the Survival, Protection and Development of Children that emerged from the World Summit for Children. In January 1988, Egypt established the National Council for Childhood and Motherhood (NCCM) as the highest national authority entrusted with policymaking, planning, co-ordination, monitoring and evaluation of activities in the areas of protection and development of children, as well as those of safe motherhood. Egypt thus in 1990, following the World Summit for Children, already had a well established organisation entrusted with the mission and mandate to bring together all governmental and non-governmental parties together around shared objectives, and commitments to children. The NCCM is headed by the Prime Minister and has among its members seven Ministers. The

decree establishing the NCCM stipulates that its decisions are mandatory. As a reflection of the priority accorded to the protection and development of children at the highest level in the country, the Advisory Committee (AC), which is the policy making body of the NCCM, is headed by the First Lady of Egypt, Ms. Suzanne Mubarak. In addition to the leadership of government agencies concerned with childhood and motherhood, membership of the AC of the NCCM includes representatives of NGOs active in the field of childhood and motherhood as well as experts and professionals in their personal capacity. Over the course of the 1990s the National Council for Childhood and Motherhood has played a role for policy making, monitoring and co-ordinating actions in the best interests of children on the national and local levels. Its role and influence have grown with the increasingly broad recognition that Egypt's children, all those from birth to age eighteen as stipulated under the Convention on the Rights of the Child, are its most valuable human resource for the 21st century.

Egypt had advocated action, not just promises, and developed ways to monitor follow-up to the World Summit for Children. Most recently, it has turned to building the kind of monitoring mechanisms required to review the implementation of the Convention on the Rights of the Child. The Convention on the Rights of the Child requires that each Member State review its national legislation after ratification and ensure that laws are brought into conformity with the spirit and the articles of the Convention. In 1996, Egypt's National Assembly (Parliament) passed the Law of the Child. This Law unified all legal provisions for the protection and development of children in Egypt that had previously been scattered across a large number of legal instruments. The Law of the Child takes an integrated approach to childhood issues and its provisions sought to ensure conformity with the spirit and the articles of the CRC. As such it forms a major starting point. Recently those working with the law have recommended further improvements that would be beneficial.

Egypt has also called for compliance to the provisions of the CRC and has made efforts to show that promises and obligations are turned into action. At the National Review of Progress for Children 1989-1999, Egypt recognised that children have claims under the CRC and called upon representative of young people to express their own views, their claims on the State for the future. Egypt submitted its first report to the Committee on the Rights of the Child in 1992 and its second in 1998. This second report is currently under review and will have its formal review in January 2001. The rate of change in Egypt is such that indicators for monitoring child rights and the summary of government policies in the recent official report are already out-of-date with the current situation. This is testimony to the dynamic built in Egypt and elsewhere for individual responsibility and partnerships that accelerate improvements for children.

Egypt's NGO community has played an important role in the dissemination of the provisions of the CRC. NGOs have been vocal advocates for the protection and development of children. As a first step towards mutual understanding and consolidated action in the best interests of children, a group of 18 NGOs formed the "NGO Coalition on the Rights of the Child". This Coalition has developed the capacity to assess and report on the implementation of the CRC. The Coalition is represented on the Advisory Council of the National Council for Childhood and Motherhood (NCCM). The NCCM involved the Coalition in the National Review of the Decade of the Egyptian Child, as mentioned above. Child members, elected by their peers, presented the views of children in the Coalition. These aspirations and demands had been developed through their own consultative process. The four young representatives from the Coalition presented their hopes and demands for the future to Egypt's First Lady, Mrs. Suzanne Mubarak, during the plenary session of the review attended by the Prime Minister and Members of the Cabinet. (see Annex: Demands of the Coalition of NGOs around the Rights of the Child)

On the tracking of achievements by goals, and targets, Egypt's information infrastructure required a complete and up-to-date assessment of progress towards the attainment of the objectives of the WSC over the course of the decade 1990-2000. The mid-decade review which comprised reviews on the national and regional levels and relied primarily on multiple-indicator results from cluster surveys combined with standard data sources, underlined the need for regular monitoring mechanisms that combined a range of sources, whose quality had been tested and analysed. Despite significant efforts on all sides, this infrastructure is not fully in place. The NCCM is planning to overcome this in the near future by focusing on standards, functional linkages to the responsible ministries, and the use of simple table, graph and map formats to stimulate policy dialogue and the resolution of differences.

Over the course of the decade, there has been a growing recognition that there is two particularly important areas where information is lacking. This is the impact of environmental degradation on the health of women and children, as well as children in need of special protection. There are other issues of keen interest to children and their parents that were not recognised at the World Summit in 1990 as children's issues, such as HIV Aids. Egypt has been giving recent attention to those "hidden issues" in order to develop from experience ways to adapt that are appropriate for its culture. This means designing the means to make a lasting difference in helping young people to understand and adapt healthy lifestyles in a range of risk areas that some that are more common but yet largely unquestioned, such as smoking.

For the 2000 Review it proved imperative at times to resort to simple (linear) estimation procedures to fill data gaps. Some information gaps remain unfilled. The detailed progress made with the Ministry of Health and Population in addressing the coverage of progress. Rapid cluster surveys in combination with registration procedures, such as those used in the Expanded Programme of Immunisation, have improved the immediacy of results and their use for policy decisions. They have also improved registration data quality.

Egypt's Child Database is perhaps most complete, but by no means perfect, in the areas of survival and health, and basic education. As a result, the assessment of achievements emphasises these areas. These are crucial areas, if satisfactory progress is made, then a country is to move forward towards the more difficult issues, beyond survival, which define the quality of life.

Finally, the page-limit for the report (20 pages) forced some selectivity in the topics to be covered. Our choice has been to reflect the priority issues of Egypt, particularly where they intersect with those specified in the goals of the WSC, and on which solid information is available.

B. Process Established for the End-Decade Review

In preparation for this end-decade review, the NCCM requested progress reports from the main Ministries responsible for childhood and motherhood. Ministries of Education, Health and Population, Social Affairs, Environmental affairs and Youth prepared detailed reports for use in the review. NCCM is to publish these reports as detailed documentation of achievement in child protection and development in Egypt.

In addition, a number of focus groups with children in different socio-economic contexts were conducted to inform the preparation of the review.

The NCCM set up a task force to oversee the preparation of the end-decade review. The task force consisted of representatives of the main government agencies concerned with childhood and motherhood, NGOs and experts in various fields of relevance.

A team of professionals was entrusted with the production of a draft of the report in close collaboration with the Secretariat of the NCCM. The team had access to the rich material prepared for UNICEF, Cairo's situation analysis for the country programming exercise.

The task force reviewed the draft report. The final version of the report, incorporating comments made on the draft, was presented to the task force in early December 2000.

C. Action at the National Level

The National Plan of Action to implement the *World Declaration on the Survival, Protection and Development of Children in the 1990s*, in Egypt took the form of components of the third and fourth five-year national social and economic development plans- covering the fiscal years (1992/93 – 1996/97) and (1997/98- 2001/02) respectively. This was achieved through activities of the main government agencies concerned including: Ministry of Education, Ministry of Health and Population, Ministry of Social Affairs, Ministry of Culture, Al-Azhar and Ministry of Awkaf (religious endowments), Ministry of youth, Ministry of Agriculture, Ministry of Housing, Ministry of Local Government, Ministry of Environmental Affairs, and, naturally, NCCM.

Investments allocated to childhood and motherhood have risen considerably, in nominal terms (current prices), since the ratification of the CRC.

Planned investments in sectors related to childhood and motherhood leapt from LE 5608 million in the third development plan (1992/93-1996-97) to close to double that level- LE 9604 million- in the fourth development plan (1997/98-2001/02). This dramatic rise in planned investment is a telling expression of the increasing priority accorded to child protection and development. Most of the increase in planned investment took place in pre-university education- coinciding with the beginning of a national drive for educational reform which included an extensive school building programme.

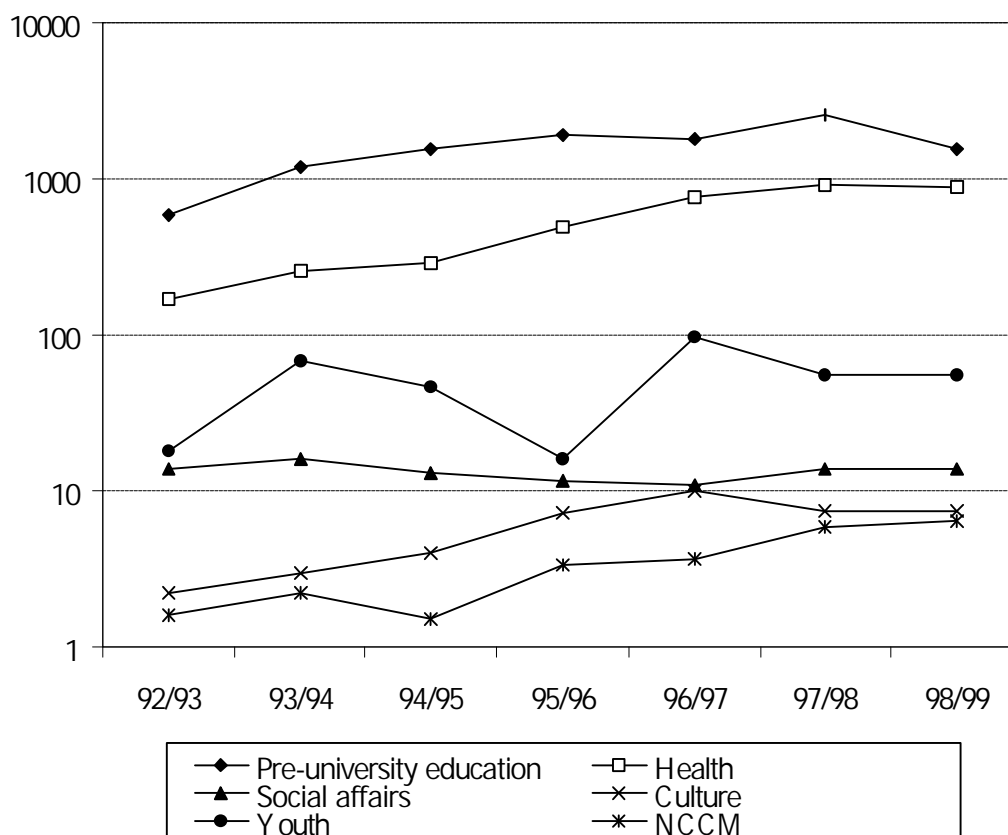
In the last year of the third development plan, allocated investment came to double the value for the first year of the plan.

Furthermore, *achieved* investments were considerably higher than planned investment in each of the five years of the third development plan. Thus sectors relating to childhood and motherhood ended up receiving more investment than was planned in the third development plan, a remarkable achievement in an era of declining government expenditure.

It is important however, to keep in mind that government *expenditure* on the social sectors, in real terms per capita, declined in the 1980s and the early-1990s (from LE 194 in 1981/82 to an average of LE 82 in 1990/91-1994/95). Slow economic growth during that period as well as the beginning of the structural adjustment programme in 1991 are likely contributing factors to this decline.

Furthermore, there are indications that *actual* investments made have not been sustained throughout the fourth investment plan, Figure (1). For example, *actual* investments made shows a decline, in current prices, between the fiscal years 1997/98 and 1998/99- by almost 40% in pre-university education and 4% in the government health sector amounting to a decline of close to 30% for all childhood and motherhood activities. The decline in investment in basic education probably reflects return to normal levels of school building.

Figure (1)
Actual investment in childhood and motherhood activities,
in million Egyptian pounds (log scale), 1992/93-1998/99



D. Specific Action for Child Survival, Protection and Development

Dissemination

In November 1988, a national conference on the CRC was organised in Alexandria under the auspices of Mrs. Mubarak. One of the main purposes of the conference was to help “create public awareness of the convention and mobilise a network of alliances and partnerships for children”

NCCM, in collaboration with the Ministry of information, and particularly through membership of its Secretary General in the Board of the Broadcasting Union and her heading the subcommittee for the child and family programmes of the Union, helped produce media messages aimed at wide dissemination of the purpose and content of the CRC in the mass media.

In collaboration with the Ministry of Education, the CRC was introduced in educational curricula and educators trained on the use of this aspect of the curricula.

NCCM, in collaboration with the Ministry of Environmental Affairs, is active in raising awareness of environmental quality as a major determinant of child welfare.

In collaboration with the higher Council for Culture, a specialised committee was set up and held a host of literary and artistic activities that centred on the CRC. The Ministry of Culture, through the National Centre for Child culture, established in 1987, and cultural centres specialised in Child culture (27 all over the country) held similar literary and artistic activities.

The first National Conference for the Egyptian Child was held in November 1996.

NCCM in collaboration with the Ministry of Environmental Affairs is involved in many activities aimed at raising environmental awareness among different strata of society.

The CRC figures out prominently in all activities of the NCCM. Two examples are training activities in the Council's programmes and meetings with local government authorities.

NGOs as well played an important role in promoting awareness of the content of the CRC, especially through the activities of the NGO Coalition.

In November 1999, the *second* National Conference for the Egyptian Child was held. The conference made an assessment of achievement in child protection and development in different fields during the First Decade of the Child and considered prospects for the period (2000-2010).

The process adopted for the preparation of this review itself helped raise awareness of the WSC and the CRC.

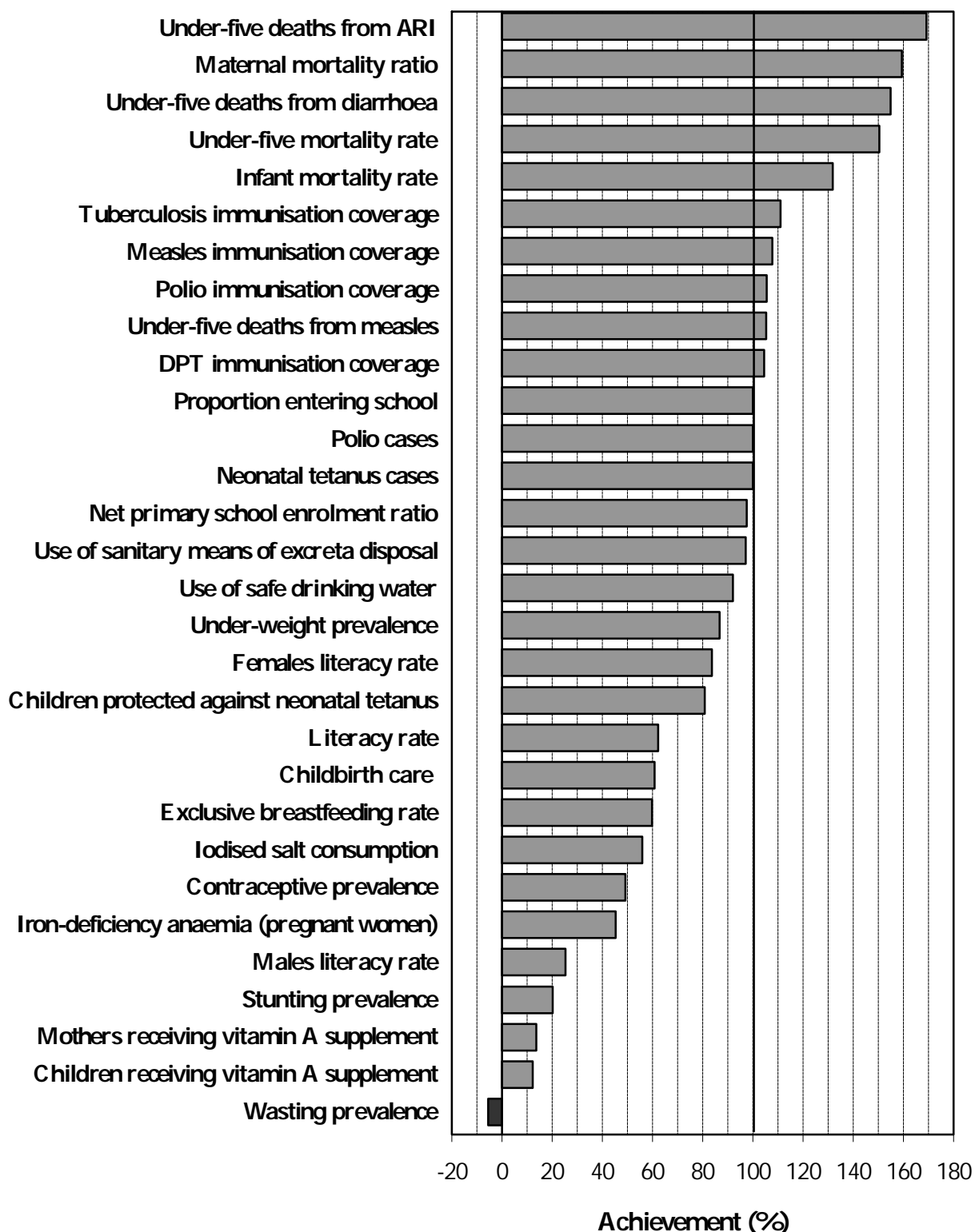
To intensify advocacy efforts for the survival, protection and development of children in the country, an *Arabic version* of this end-decade review is being prepared for dissemination on the widest possible scale in the country early in 2001.

Assessment of Achievement

Figure (2) summarises achievement in Egypt during the decade of 1990s on the WSC goals. The figure depicts achievement in Egypt during the 1990s relative to WSC *targets*, statistical details are given in the Appendix.

The primary conclusion is that first rate achievement has been attained in the areas of immunisation and survival. Other areas of quality of life have not fared as well; these define areas of priority for future work.

Figure (2)
Extent of Achievement*(%) on some WSC goals in Egypt in the 1990s



(*) Ratio of achieved progress on the indicator in Egypt during the decade of the 1990s to the WSC target. Statistical details are given in the Appendix

Survival and Health

WSC targets have been surpassed in two main areas: immunisation of children and reducing childhood and maternal mortality.

Immunisation coverage has risen steadily in the 1990s. coverage is estimated to have reached, at the end of decade, 93% or more of children in their second year of life for all vaccines included in the World-wide Expanded Program on Immunisation (BCG vaccination, three doses of DPT vaccine, three doses of polio vaccine; and a measles vaccination) as well as the hepatitis vaccine added by the Egyptian government to the child immunisation programme since 1992.

The infant mortality rate (IMR) is estimated to have declined from 75 per thousand live births in the late 1980s to 44 per thousand in the late 1990s (according to DHS¹,2000;25 per thousand in 1999 according to MOHP). However, significant regional differentials attest to varying rates of progress in different part of the country, the IMR was estimated to be less than 40 per thousand in the 1990s in Urban governorates (major urban centres) compared to almost double that level in rural Upper Egypt-generally considered the poorest region in the country.

Since reported IMR for the early 1990s are likely to be underestimates, the extent of achievement in reducing infant mortality during the 1990s is probably higher than indicated in the Appendix and Figure (2).

The under five mortality rate also declined- from 103 per thousand in the late 1980s to 55 per thousand in the late-1990s (according to DHS, 2000; 36 per thousand in 1999 according to MOHP). The Urban governorates /rural Upper Egypt differential in the 1990s, however, amounted to 44.5/ 98.9 per thousand. Significant reductions in deaths from acute respiratory disorders and Diarrhoea contributed to the decline in child mortality.

The maternal mortality rate is also estimated to have declined precipitously from 174 per thousand in 1992-1993 to 85 per one hundred thousand in 1999 (MOHP data). The results of a National Maternal Mortality Audit are to be released in March of next year. More accurate assessment of progress in reducing maternal mortality will be possible then.

It is to be noted that child mortality is a highly sensitive indicator of overall well being not only of infants and children but of a population as a whole. Infants and young children are a sensitive barometer of the immediate conditions around them. Adults bear the accumulated results of exposure to different living environments of the past and the present. Egypt's child survival levels have doubled over the decade. For this improvement to happen a variety of the multiple determinants that lead to a child's surviving must change significantly. Access to and use of health care services, the immediate living environment including water volume and quality, environmental sanitation, knowledge and behavioural changes among parents and other care providers, nutrition

¹ Demographic and Health Survey

Many improvements in the provision of health services, particularly for children, contributed to the achievement in survival. Notable improvements include the introduction of a health card/record for each child since 1996, of health insurance from birth starting in 1997 and the extension of health insurance to cover about 18 million school children. .

In addition, the Ministry of Health and Population implemented a number of nation-wide programmes. Those of special relevance to the WSC goals include: the Expanded Programme of Immunisation (EPI), Polio Eradication programme, Acute Respiratory Infections (ARI) Control Programme, Control of Diarrhoeal Diseases Programme, Child Nutrition Programme (breast-feeding, Control of micro-nutrient deficiency, control of iron deficiency anaemia, and Control of vitamin A deficiency, Integrated Management of childhood Illnesses (IMCI), and the Neonatal Care Programme.

Improved access to safe water and sanitary means of excreta disposal (estimated at 85% and 92% respectively - according to the international definition- in the year 2000) has surely contributed to improvement in the health condition of children.

Achievement in immunisation and survival is not matched, however, by corresponding achievement in wellbeing.

Malnutrition still constitutes a problem that intensifies with poverty. Survey results indicate that symptoms of malnutrition (prevalence of stunting and wasting) increased in the first half of the 1990s, coinciding with the early phases of the structural adjustment programme during which some estimates document increases in poverty. The situation is estimated to have ameliorated in the second half of the 1990s. For example, at the end of the decade, almost one in five children (18.7%) under five years of age were estimated to be stunted compared to 29.8% in 1995. Nevertheless, significant regional variation exists in the extent of stunting, while it afflicted 8.5% only in Urban governorates, the prevalence went up to 27.2% in rural Upper Egypt.

Though exact figures are not available, environmental deterioration is considered to exert a negative impact on the wellbeing of children.

Available data indicate that the incidence of low birth weight did not improve during the 1990s.

At the end of decade, almost 30% of children less than five years old were estimated to suffer from mild or worse levels of anaemia. This ratio rises to 38% in rural Upper Egypt.

A number of additional reforms can contribute to further improvement in child survival and health; these include:

- Expanding the health insurance scheme to cover unschooled children and children born before 1997.
- Improving school feeding programmes and fortifying flour with iron.
- Implementation of the national strategy for children with special needs.

Protection of the Environment

That environmental pollution exacts a heavier toll on the health and wellbeing of children than adults is now well established. Exposure of children to pollutants starts during pregnancy and the deleterious impact of environmental pollution on the wellbeing of children is compounded in poor social strata where unfavourable working and living conditions increase the hazards of exposure to pollutants and malnutrition, of mother and child, weakens the body's natural resistance.

The establishment of a state Ministry for the environment (in 1997) and the passing of the Environment Law initiated a new era of national efforts for environmental protection. Activities include: environmental impact assessment for new projects, environmental accounting at the firm level, measures to safeguard biological diversity (such as protected natural habitats), and keeping waterways clean; advocating the production of environmentally-friendly children goods (such as clothes and toys), combating smoking in public spaces, and enhancing environmental awareness through incorporating environmental education in school curricula and training of educators on appropriate teaching methods.

Activities of other government agencies also contribute to a safer environment for children, notable in this direction are efforts to widen the availability of safe drinking water and sanitary waste disposal.

On the other hand, environmental hazards entailing exposure to indoor and outdoor pollutants is deemed to reflect negatively on the health of women and children, though to exactly what extent is not known.

Dearth of scientific information on the impact of environmental pollution on the welfare of children, limited popular awareness of the harmful impact of environmental pollution, especially on children, and lack of resources for environmental action, are considered three of the main impediments to significant improvement in environmental quality and the wellbeing of children.

Basic Education

Illiteracy declined from about 45% of the population aged ten years and older in 1990 to less than 35% near the end of the decade. About two thirds of illiterates are women and illiteracy is more prevalent in rural areas and among the poor.

A national programme of educational reform, started in 1990, entailed increasing government allocations for education, building a large number of modern schools, the elimination of multiple education periods in the same school building, revising curricula, introduction of ICT in schools and introduction of school feeding.

As a result, significant progress has been attained in the quantitative expansion of basic education, and narrowing the gender gap in enrolment, in the 1990s.

Net enrolment ratios are estimated to have improved, and the gender gap in enrolment in primary education narrowed, in the 1990s. The primary net enrolment ratio increased from 87% in 1990/91 to 92% in 1998/99. Nevertheless, girls still suffered *lower* enrolment in primary education, relative to boys, up to the late-1990s. While only 1% of boys in primary education age is estimated to have been out of school in 1998/99. In the case of girls, the extent of deprivation rises to about 10%.

The intake rate (percentage of new entrants in the first grade to the number of six year olds), has generally improved throughout the 1990s, and is estimated to have approached the 100% level needed for universal enrolment in the first grade of basic education near the end of the decade.

A number of socio-economic and cultural factors still stand in the way of universal basic education. For one, Basic education is costly and yields poor labour market returns. Child labour, and by necessity the prerequisite training in one of the trades, is rewarded in the labour market by much higher earnings than a few years of basic education. No wonder then that child labour is still considered a more attractive alternative to basic education especially for poor families that cannot see their children through higher education or need the earnings of their Working children to augment their low income. This is one measure of the valuation of the quality of education by the labour market and households. Basic education, in addition, to being expensive, clearly does not impart skills that are valued by the labour market.

There is also strong evidence that poverty retards initial enrolment in basic education, especially in the case of girls, and detracts from its outcomes (such as completion and level of cognitive achievement).

The impact of poverty on the extent of deprivation of girls from basic education, though significant on the level of households, gets compounded on the community level. The clear conclusion is that efforts to universalise basic education for girls, and hence ensure basic education for all, should rigorously target poorer areas of the country, especially in the countryside.

Research results confirm that dropping out of basic education is ascribed to “failure” or aversion to school in a vast majority of cases.

There is a clear need for improving the physical and emotional environment of schools, particularly from the vantagepoint of becoming more attractive to children, and especially to girls.

It is important to point out here the connection between the deprivation of girls from basic education and extensive women illiteracy. Since deprivation from basic education is highest among girls in poor areas, it accentuates the differentials in illiteracy by gender and social strata. In light of the apparent resilience of illiteracy among adult women, eradication of exclusion from basic

education appears to be a more promising avenue to combating illiteracy among women.

On the positive side, the judgement now is that socio-cultural impediments to girls' education, though still operative, are eroding and a clear political commitment exists for ensuring basic education for all in the country.

Innovative types of education that are genuinely community-owned, free of charge, child-centred and girl-friendly without excluding boys, and based on participatory self-learning- the community schools- have proven a great success in some of the poorest and most remote communities in rural Egypt. The measures of success of this model are not restricted to increasing girls' enrolment and continuation in schools but extend to considerably higher levels of cognitive achievement, personality development and sound gender relations. A large number of "one-classroom schools" aims to adopt the same model.

It is now recognised that ensuring universal basic education in the country is predicated on eradicating the gender differential in enrolment and raising the quality of basic education across the board.

Raising the quality of education is likely to prove the more daunting challenge, however.

A number of reforms, some of which have already started in the educational reform programme, are needed to help raise the quality of basic education and at the same time reinforce attractiveness to children and girl-friendliness in basic education, including:

- Expanding early childhood development programmes, including parental education, and pre-school education, stressing gender equality.
- Instituting child-centred and participatory learning with genuine gender equality.
- Ensuring that curricula, and delivery of curricula in schools, impart relevant life skills and encourage creativity,
- Improving the physical and emotional environments of schools and in particular ensuring girl-friendliness.
- Adopting summative and formative assessment of pupil performance.
- Instituting a system for rigorous and effective training of educators- linked to sound promotion and reward schemes. Gender sensitivity and catering to needs of girls should figure out in training programmes.
- Conducting regular, and candid, assessments of quality of educational output by gender.
- Decentralising educational administration and fostering strong links between schools and educational administration and local communities.

Early Childhood Development

There is full recognition now in educational circles of the crucial importance of the first few years of life for the growth of the brain, personality development,

and skill potential of children. Nevertheless, It is estimated that, at the end of the decade, pre-school education reached only 8% of the corresponding age group. Only 12% of new pupils in primary education are estimated to have joined some form of pre-school education.

A nation-wide programme of integrated support for early childhood development, including parental education, is presently under consideration.

Children under Especially Difficult Circumstances

Child labour: unfortunately statistical sources in Egypt no longer provide data on child labour. The size of the child labour market is estimated at 1.5-2.0 million, roughly equal to the size of deprivation from basic education in the country (though some children combine work and being in school for as long as practical). NCCM has agreed with CAPMAS (the National Statistical Agency) to conduct a survey to provide accurate data on child labour.

The legal minimum age for work (12 years for training, 14 years for region work, and 16 years for hazardous occupations) as well as legal provisions for protecting working children are generally exemplary and mostly consistent with international labour standards. Nevertheless, Children do start work at quite young ages, sometimes under great hardship, significant levels of environmental pollution and occupational hazards.

Sole reliance on legal sanctions and, ineffective, labour inspection, cannot represent a solution for the problem in the face of potent socio-economic condition that force a significant minority of families who cannot afford the cost of education, or need to augment their incomes by the earnings of their working children.

A government programme, in collaboration with NGOs and the ILO, aiming at protecting the rights of working children, and limiting the prevalence of the phenomenon, is in place until such a time when child labour is eradicated through universalising high quality, and hence adequately remunerative, basic education in the country.

NCCM recently signed an agreement with the ILO to wage a national campaign aimed at raising awareness of the negative impact of child labour.

Children with special needs:

In the year 2000, it was estimated that about 8% of children suffered one or more disability (DHS, 2000).

A national strategy for children with special needs was formulated in 1997, under the auspices of IDSC (Information and Decision Support Centre of the Cabinet of Ministers), through the collaboration of government agencies and NGOs. A “National Committee for Limiting Disability” was also established whose membership consists of government officials and NGO activists.

In addition, the health card, adopted since 1996, and health insurance from birth, started in 1997, can be useful in early detection of disability.

A number of mostly low-cost pilot intervention projects were successfully implemented by NGOs, including: Community-based Rehabilitation projects, inclusion programs for children with mild and moderate disabilities in normal schools, early intervention programs, family empowerment programs for unschooled children, and normal schooling for CP children.

Practical training programs for staff working in the area of disability were developed and implemented through NGOs, NCCM and universities

Challenges in this field include: deficiency in service coverage (only 1-2% of persons with disability are estimated to have access to services); Whole categories of disability are estimated to fall out of services net or have very limited access to it (severe and multiple disabilities, children younger than 4 years or older than 12, children with learning disabilities, CP and autistic children). Another challenge is the scarcity of trained personnel and lack of certain specialities necessary to provide effective services (speech and occupational therapists for instance).

To help overcome the last problem, NCCM has organised training programmes for specialists in the care of children with special needs that resulted in a nucleus of trained personnel in every governorate. However, more needs to be done in this direction.

Status of Girls and Women

Incessant efforts are made by different societal agents to enhance the status of girls and work in the face of Lingering, though weakening, socio-cultural biases against equality of women, and by derivation, of girls.

A revision of the Personal Status Law was passed early in the year 2000 which gave women, for the first time, the right to be divorced through a rather swift court procedure.

The National Council for Women (NCW) was established in the year 2000 to be the national agency in charge of the promotion of the cause of women in Egypt. The NCW is headed by the First Lady HE Ms. Suzan Mubarak, clear indication of the top priority accorded to raising the status of women at the highest political level. The NCW is constituted on the basis of integration of the activities of all concerned government agencies and civil society organisations.

Recently, the constitutional court ruled for the right of women to travel without requiring permission of the husband.

In an effort to stem the practice, female circumcision was banned in Ministry of Health service outlets by a Ministerial decree in 1997. Though the practice is still widely prevalent, there are clear indications that it is subsiding across generations and some mothers have been changing their position, to being against the practice, in the last few years.

Issues that remain to be resolved in favour of women's rights include the right to Egyptian nationality for children of Egyptian women married to non-Egyptians.

Poverty and Child Deprivation

Poverty underpins almost all challenges to child welfare. Indeed if we adopt the definition of UNDP, of poverty as *human capability failure*, poverty is deprivation itself. Poverty interacts with, and is compounded by, detractors of child wellbeing be it exclusion from education, malnutrition, environmental deterioration, or child labour.

Though estimates of the extent of poverty in the country vary and are contested, the fear is real that children of poor families and in poor communities at large suffer a higher level of deprivation from *quality* basic services, most notably health and education. This type of deprivation closes the vicious circle of poverty since it means that children of poor families and communities are denied the possibility to overcome poverty through the acquisition of human capital. Under such conditions, poverty can only breed poverty and expose children to risks.

To break through this vicious cycle, there is pressing need to provide effective, societal support mechanisms for the provision of *quality* social services, especially education and health, free of charge to the children of poor families and communities.

A detailed anatomy of child deprivation by important socio-economic factors would be quite useful for policy formulation to overcome persistent pockets of child deprivation.

Combating poverty and its negative effects on child welfare calls for co-ordinated developmental action on a number of fronts simultaneously. Pilot projects in this direction have been started by the NCCM. Other government programmes aimed at poverty alleviation include the Social Fund for Development. Two special programmes are in place to tackle the worst pockets of poverty in the country: a programme to ameliorate living conditions in shanty towns (the so-called random quarters) around major urban centres and a nation-wide programme for integrated rural development “Shorouk”. In addition, a number of micro-credit schemes operate in poor areas

E. Lessons Learnt

Considerable progress has been achieved towards attaining the objectives of the WSC in Egypt especially in the area of survival and health. Nevertheless, much more still needs to be done.

Even in the areas of noted progress, two main concerns remain: the first is *cost* and *quality* of basic education and health services- a public service outlet might exist in a poor area but the standard of quality could be so bad as to force families to resort to privately provided services at a cost that the poor might not afford. Second, In view of the extent of poverty in the country, and the trend therein, there is real concern that the extent of exclusion of children of poor families and communities from quality services will continue to be a serious problem and a precursor of poverty in the coming generations.

Having scored remarkable achievements in the area of provision of health services and child survival, and significant expansion in providing basic education, Egypt is poised to tackle the higher levels of child protection and development. One level relates to ensuring that the quality of services provided is of high standard. Another level concerns children's freedom of expression and participation in decision-making (free expression of views, especially in all matters affecting the child, the views of the child being given due weight). The areas of expression and participation are particularly critical in the case of girls. Hence the movement for child protection and development is planning to accord the rights of the girl child a priority in the coming years .

The experience of the last decade points out the following major lessons:

- Sustain expenditure on, and investment in, the social sector at large and on activities pertaining to children in particular, in real terms and per capita.
- Secure additional resources for the protection and development of children.
- Enhance effectiveness of resource utilisation through more effective co-ordination among all government and civil society organisations involved in the protection and development of children, and close monitoring and rigorous evaluation of impact.
- Conduct a detailed anatomy of child deprivation by important socio-economic factors in order to improve targeting of marginalised groups..
- Accord a priority to the protection and development of the girl child.
- Concentrate on raising the quality of basic social services and making them more affordable to all strata of society.
- Institute a programme of integrated support for early childhood development, including parental education.
- Implement the comprehensive Strategy of care for children with special needs.
- Provide effective societal support mechanisms for the provision of quality social services to the children of poor families and communities.
- Improve the data and information infrastructure to furnish regular, timely and valid indicators of progress towards objectives

The NCCM is keen on heeding these lessons in the future in close collaboration with all concerned government agencies and civil society organisations.

F. Future Action

Renewed commitment, on the highest political level, to the survival, protection and development of children in Egypt was guaranteed by the declaration in February 2000 of the “Second Decade for the Protection and Welfare of the Egyptian Child” for the period (2000-2010) by President Mubarak. In some respects, the objectives of the Second Decade go beyond those of the CRC towards guaranteeing the survival, protection and development of children.

If these ambitious objectives are to be met within the time horizon of the Second Decade, a new era of heightened national action, and international collaboration, for the survival, protection and development of children needs to be ushered in. Efforts need to be doubled up by all societal agents; the state, the private sector and civil society, and effectively co-ordinated. Resources need to be mobilised and better utilised. Monitoring and evaluation needs to be made more rigorous and reflect more transparently on future action.

It is important to note that all the above requirements fall under the jurisdiction of the NCCM.

The NCCM is undergoing a process of *institutional development* aimed at a higher level of efficiency and effectiveness in ensuring the survival, protection and development of children in the country.

Two high-level standing committees are being set up, one to ensure the conformity of legislation and administrative procedures, to the CRC and the Second Decade. The second committee is to ensure the availability of high quality up-to-date data and information sufficient to accurately monitor progress towards the objective of the CRC and the Second Decade for the Child. A newly established unit in the NCCM Secretariat is to serve as a technical secretariat for the two committees. In the meantime, the capabilities of the NCCM Secretariat in data warehousing, information processing and analysis are to be reinforced.

The NCCM is strengthening collaboration with civil society organisations involved in the survival, protection and development of children. This process is being structured through setting up an NGO-liaison office in the Secretariat, involving NGOs actively in all activities of the Council-including the preparation of this review- and is planning to extend collaboration to the formulation of a strategy and plan of action to attain the objectives of the CRC and the Second Decade, and requesting NGOs active in this area to report to the NCCM Secretariat infringements to the rights of children on the local level, to be followed up upon by the Council with executive agencies and local government authorities.

Environmental protection is considered a key factor in sustaining children's welfare. The NCCM is planning to integrate environmental protection in all its activities.

To reflect the high priority accorded to attainment of high quality basic education for all girls in the country as an essential requirement for ensuring education for all as well as a major guarantee of the welfare of the girl-child and raising the status of women, NCCM is setting up a Girls' education Task Force to collaborate closely with a corresponding task force to be established by the UN system in the country.

It is hoped that this model of close collaboration with international organisations in girls' education will serve as a model for international co-operation in all fields of child survival, protection and development.

Appendix: Statistical indicators (Figures in *Italics* are estimates)

WSC Goal	Year	Value	Source, page	Notes	Achievement (%)
Reduction of infant and under-five mortality rate by one-third or to 50 and 70 per 1,000 live births respectively, whichever less	Under-five mortality rate (per 1,000 live births)				
	1987-1992	84.80	1, 122		
	1990	<i>84.10</i>	<i>Estimate</i>		
	1990-1995	80.60	3, 122		
	1995	<i>67.85</i>	<i>Estimate</i>		
	1997	66.20	13 (DHS)		
	1995-2000	55.10	6, 30		
	1999	36.00	MOHP		
	2000	<i>42.35</i>	<i>Estimate</i>	Estimated from 1990-1995 & 1995-2000	150.43
	Infant mortality rate (per 1,000 live births)				
	1987-1992	61.50	1, 122		
	1990	<i>61.68</i>	<i>Estimate</i>		
	1990-1995	62.60	3, 122		
	1995	<i>53.35</i>	<i>Estimate</i>		
	1997	52.70	13 (DHS)		
	1995-2000	44.10	6, 30		
	1999	25.00	MOHP		
	2000	<i>34.85</i>	<i>Estimate</i>	Estimated from 1990-1995 & 1995-2000	131.82
Reduction of maternal mortality rate by half	Maternal mortality ratio (per 100,000 live births)				
	1990	<i>217.32</i>	<i>Estimate</i>	Data from National Survey of Maternal Mortality Data from Quick Study of Maternal Mortality Estimated from 1992-1993 & 1997	159.46
	1992-1993	174.00	13		
	1995	<i>130.68</i>	<i>Estimate</i>		
	1997	96.03	13		
	1999	85.00	MOHP		
	2000	<i>44.05</i>	<i>Estimate</i>		

WSC Goal	Year	Value	Source, page	Notes	Achievement (%)
Reduction of severe and moderate malnutrition among under-five children by half	Under-weight prevalence				
	1990	7.07	Estimate	Percentage of children (< 5 years) who fall below - 2SD from median weight for age (%)	86.79
	1992	9.20	1, 156		
	1995	12.40	3, 165		
	2000	4.00	6, 44		
	Stunting prevalence				
	1990	20.80	Estimate	Percentage of children (< 5 years) who fall below - 2SD from median height for age (%)	20.19
	1992	24.40	1, 156		
	1995	29.80	3, 165		
	2000	18.70	6, 44		
	Wasting prevalence				
	1990	2.43	Estimate	Percentage of children (< 5 years) who fall below - 2SD from median weight for height (%)	-5.48
	1992	3.30	1, 156		
	1995	4.60	3, 165		
	2000	2.50	6, 44		
Universal access to safe drinking water	Use of improved drinking water sources (Narrow)				
	1990	77.63	Estimate	Proportion of households who use piped water as the main source of drinking water (%)	85.10
	1992	79.90	1, 22		
	1995	83.30	3, 23		
	2000	85.10	6, 36		
	Use of improved drinking water sources				
	1990	86.87	Estimate	Proportion of households who use piped water, or water from a protected well or spring or rain water, as the main source of drinking water (%)	92.00
	1992	88.20	1, 22		
	1995	90.20	3, 23		
2000	92.00	6, 36			

WSC Goal	Year	Value	Source, page	Notes	Achievement (%)
Universal access to sanitary means of excreta disposal	Use of improved sanitary means of excreta disposal (Narrow)				
	1990	29.23	Estimate	Proportion of households who use modern, or traditional with tank, flush toilet (%)	30.70
	1992	29.70	1, 22		
	1995	30.40	3, 23		
	2000	30.70	6, 37		
	Use of improved sanitary means of excreta disposal				
	1990	88.13	Estimate	Proportion of households who use modern, or traditional, flush or pit toilet (%)	97.20
	1992	90.40	1, 22		
	1995	93.80	3, 23		
	2000	97.20	6, 37		
Universal access to basic education, and achievement of primary education by at least 80 % of primary school age children	Children reaching grade 5				
	Net primary school enrolment ratio				
	1990	87.00	2 & 4		97.50
	1995	85.00	2 & 4		
	1997	90.00	2 & 4		
	2000	97.50	Estimate		
	Proportion entering school				
	1990	82.90	4	Percentage of new entrants aged 6 years to school age population (%)	100.00
	1995	89.10	4		
	1998	95.90	4		
2000	100.00	Estimate			
Net primary school attendance rate					

WSC Goal	Year	Value	Source, page	Notes	Achievement (%)
Reduction of adult illiteracy rate to at least half its 1990 level, with emphasis on female literacy	Literacy rate				
	1990	48.00	10, 5		62.31
	1995	56.10	10, 5		
	2000	64.20	Estimate		
	Literacy rate: males				
	1990	62.00	10, 5		25.26
	1995	64.40	10, 5		
	2000	66.80	Estimate		
	Literacy rate: females				
	1990	34.00	10, 5		83.64
	1995	47.80	10, 5		
	2000	61.60	Estimate		
Provide improved protection of children in especially difficult circumstances and tackle the root causes leading to such situation	Total child disability rate (children less than 15 years of age)				
	1996	1.80	13		
Special attention to the Health and Nutrition of the female child and to pregnant and lactating women	Under-five mortality rate (per 1,000 live births): males				
	1982-1992	107.00	1, 127		
	1985-1995	92.60	3, 126		
	1990-2000	68.50	6, 31		
	2000	44.40	Estimate		
	Under-five mortality rate (per 1,000 live births): females				
	1982-1992	108.60	1, 127		
	1985-1995	99.30	3, 126		
	1990-2000	69.80	6, 31		
	2000	40.30	Estimate		

WSC Goal	Year	Value	Source, page	Notes	Achievement (%)
	Under-weight prevalence: males				
	1990	6.70	Estimate	Percentage of children (< 5 years) who fall below - 2SD from median weight for age (%)	
	1992	9.10	1, 156		
	1995	12.70	3, 165		
	2000	4.40	6, 44		
	Under-weight prevalence: females				
	1990	7.37	Estimate	Percentage of children (< 5 years) who fall below - 2SD from median weight for age (%)	
	1992	9.30	1, 156		
	1995	12.20	3, 165		
	2000	3.60	6, 44		
	Antenatal care (women 15-49)				
	1987-1992	52.20	1, 131	Proportion of women aged (15-49) attended at least once during pregnancy by a skilled health personnel (%) <u>1995-2000:</u> Proportion of women aged (15-49) who received any antenatal care (%)	
	1990	50.00	Estimate		
	1990-1995	39.00	3, 131		
	1995	45.95	Estimate		
	1995-2000	52.90	6, 33		
	2000	59.85	Estimate		
	HIV cases				
	2000	783	MOHP	Number of diagnosed HIV positives in the age group (15-49) Males: 673 cases, Females: 110 cases	
	HIV prevalence				
	2000	0.002	MOHP	Proportion of population aged (15-49) who are HIV positive (%)	

WSC Goal	Year	Value	Source, page	Notes	Achievement (%)
	Iron-deficiency anaemia: pregnant women				
	1990	28.10	Estimate	Proportion of pregnant women aged (15-49) with haemoglobin level below 11 grams/100 ml blood (%)	
	1995	26.00	7, 20		
	2000	23.90	6, 35		
	Iron-deficiency anaemia: non-pregnant & non lactating women				
	1990	-		Proportion of non-pregnant women aged (15-49) with haemoglobin level below 12 grams/100 ml blood (%)	
	1995	11.00	7, 20		
	2000	26.30	6, 35		
	Access by all couples to information and services to prevent pregnancies that are too early, too closely spaced, too late or too many				
	Contraceptive prevalence				
1990	46.57	Estimate	Proportion of currently married women currently using any contraceptive method (%)	49.23	
1992	47.10	1, 75			
1995	47.90	3, 75			
2000	49.23	Estimate			
Fertility rate for women 15 to 19					
1990	63.33	Estimate	Per 1,000 women aged (15-19)		
1989-1992	63.00	1, 34			
1992-1995	61.00	3, 38			
1995	60.00	Estimate			
2000	56.67	Estimate			
Total fertility rate					
1990	3.98	Estimate	Per woman aged (15-49)		
1989-1992	3.93	1, 30			
1992-1995	3.63	3, 38			
1995	3.48	Estimate			
2000	2.98	Estimate			

WSC Goal	Year	Value	Source, page	Notes	Achievement (%)
Access by all pregnant women to pre-natal care, trained attendants during childbirth and referral facilities for high-risk pregnancies and obstetric emergencies	Antenatal care (women 15-49)				
	1987-1992	52.20	1, 131	Proportion of women aged (15-49) attended at least once during pregnancy by a skilled health personnel (%)	
	1990	50.00	Estimate		
	1990-1995	39.00	3, 131		
	1995	45.95	Estimate		
	1995-2000	52.90	6, 33		
	2000	59.85	Estimate	1995-2000: Proportion of women aged (15-49) who received any antenatal care (%)	
	Childbirth care				
	1987-1992	40.70	1, 136	Proportion of deliveries attended by a doctor, a trained nurse or a midwife for births aged (1-59) months (%)	60.90
	1990	41.63	Estimate		
	1990-1995	46.30	3, 140		
	1995	50.97	Estimate		
	2000	60.90	6, 33		
	Obstetric care				
Reduction of the low birth weight (less than 2.5 kg) rate to less than 10%	Birth-weight below 2.5 kg				
	1987-1992	0.90	1, 137	Proportion of live births aged (1-59) months that weigh below 2500 grams (%)	
	1990	0.97	Estimate		
	1990-1995	1.30	3, 143		
	1995	1.63	Estimate		
	2000	2.30	Estimate		

WSC Goal	Year	Value	Source, page	Notes	Achievement (%)
Reduction of iron-deficiency anaemia in women by one third of the 1990	Iron-deficiency anaemia: pregnant women				
	1990	28.10	Estimate	Proportion of pregnant women aged (15-49) with haemoglobin level below 11 grams/100 ml blood (%)	45.29
	1995	26.00	7, 20		
	2000	23.90	6, 35		
	Iron-deficiency anaemia: non-pregnant & non lactating women				
	1990	-		Proportion of non-pregnant women aged (15-49) with haemoglobin level below 12 grams/100 ml blood (%)	
	1995	11.00	7, 20		
	2000	26.30	6, 35		
Virtual elimination of iodine deficiency disorders	Iodised salt consumption				
	2000	55.90	6, 37	Proportion of households consuming adequately iodised salt (25 ppm+) (%)	55.90
	Low urinary iodine				
Virtual elimination of vitamin A deficiency and its consequences, including blindness	Children receiving vitamin A supplement				
	2000	12.30	6, 47	Proportion of children (6-59) months who received vitamin A supplement within last 6 months (%)	12.30
	Mothers receiving vitamin A supplements				
	2000	13.70	6, 47	Proportion of mothers who received vitamin A supplement before infant was 8 weeks old (%)	13.70
	Low vitamin A				
	1995	11.90	13	Proportion of children (< 5 years) with low vitamin A (%)	

WSC Goal	Year	Value	Source, page	Notes	Achievement (%)
Empowerment of all women to breast-feed their children exclusively for four to six months and to continue breastfeeding, with complementary food, well into the second year	Exclusive breastfeeding rate				
	2000	59.70	6, 43	Proportion of children (0-3) months of age who are exclusively breastfed (%)	59.70
	Timely complementary feeding rate				
	2000	73.10	6, 43	Proportion of children (7-9) months of age who are breastfed and given solid/mushy foods (%)	59.70
	Continued breastfeeding rate				
	Number of baby friendly facilities				
	2000	231	MOHP	Number of hospitals and maternity facilities which are designed as baby-friendly according to BFHI criteria	
Global eradication of poliomyelitis	Polio cases				
	1990	703	<i>Estimate</i>		
	1991	626	6, 39		
	1995	318	<i>Estimate</i>		
	1998	35	MOHP		
	1999	9	6, 39		
	2000	2	6, 39	Figure for the first 6 months of 2000	100.00
Elimination of neonatal tetanus	Neonatal tetanus cases				
	1990	2157	<i>Estimate</i>		
	1993	1277	10, 32		
	1992-1997	837	11, 73		
	1995	690	<i>Estimate</i>		
	2000	0	<i>Estimate</i>		100.00

WSC Goal	Year	Value	Source, page	Notes	Achievement (%)
Reduction by 95% in measles deaths and reduction by 90% measles cases	Under-five deaths from measles				
	1990	397	Estimate		105.26
	1992	207	8, 148		
	1993	112	9, 148		
	1995	74	Estimate		
	1998	17	12, 176		
	2000	0	Estimate		
	Measles cases				
	1997	4608	MOHP	Annual number of measles cases in children under five years of age	
1998	5670	MOHP			
1999	2287	MOHP			
Maintenance of a high level of immunisation coverage (by at least 90% of children under one year of age) against diphtheria, pertussis, tetanus, measles, poliomyelitis, tuberculosis and against tetanus for women of child-bearing age	DPT immunisation coverage				
	1990	67.83	Estimate	Percentage of children (12-23) months vaccinated at (0-11) months against DPT (%)	104.44
	1992	72.70	1, 139		
	1995	80.00	3, 149		
	2000	94.00	6, 49		
	2000	97.00	MOHP		
	Measles immunisation coverage				
	1990	63.90	Estimate	Percentage of children (12-23) months vaccinated at (0-11) months against measles (%)	107.67
	1992	70.30	1, 139		
	1995	79.90	3, 149		
	2000	96.90	6, 49		
2000	97.10	MOHP			

WSC Goal	Year	Value	Source, page	Notes	Achievement (%)
	Polio immunisation coverage				
	1990	70.93	Estimate	Percentage of children (12-23) months vaccinated at (0-11) months against poliomyelitis (%)	105.44
	1992	75.00	1, 139		
	1995	81.10	3, 149		
	2000	94.90	6, 49		
	2000	97.00	MOHP		
	Tuberculosis immunisation coverage				
	1990	87.00	5, 43	Percentage of children (12-23) months vaccinated against tuberculosis (%)	111.11
	1993	94.00	5, 43		
	1995	98.67	Estimate		
	2000	100.00	Estimate		
	Children protected against neonatal tetanus				
	1990	49.17	Estimate	Percentage of birth (1-59) months protected against neonatal tetanus through immunisation of their mothers (%)	80.78
	1992	57.30	1, 132		
	1995	69.50	3, 135		
	2000	72.70	6, 33		
Reduction by 50% in the deaths due to diarrhoea in children under the age of five years and 25% reduction in the diarrhoea incidence rate	Under-five deaths from diarrhoea				
	1990	1.42	Estimate	Under-five death rate from diarrhoea per 1,000 live births	154.93
	1992	1.20	11, 69		
	1995	0.87	Estimate		
	1997	0.65	11, 69		
	2000	0.32	Estimate		
	Diarrhoea cases				

WSC Goal	Year	Value	Source, page	Notes	Achievement (%)
	ORT use				
	1990	29.53	Estimate	Percentage of children (< 5 years) who had diarrhoea during the last 2 weeks and were treated with Oral Rehydration Therapy (%)	
	1992	34.80	1, 142		
	1995	42.70	3, 152		
	2000	55.87	Estimate		
	Home management of diarrhoea (children < 5 years)				
	1990	0.90	Estimate	Percentage of children (< 5 years) who had diarrhoea during the last 2 weeks and received increased fluids (%)	
	1992	18.50	1, 142		
	1995	44.90	3, 152		
	2000	88.90	Estimate		
Reduction by one third in the deaths due to acute respiratory infections in children under five years	Under-five deaths from acute respiratory infections (ARI)				
	1990	39584	Estimate		169.24
	1992	29416	8, 156		
	1993	24332	9, 156		
	1995	22373	Estimate		
	1998	19435	12, 184		
	2000	17476	Estimate		
	Under-five deaths from acute respiratory infections (ARI)				
	1984	13.00	6, 55	Infant and child mortality rate due to acute respiratory infections (ARI)	121.83
	1990	11.04	Estimate		
	1995	9.41	Estimate		
	1999	8.10	6, 55		
	2000	7.77	Estimate		
	Care seeking for acute respiratory infections				
1990	56.53	Estimate	Percentage of children (< 5 years) taken to a health provider 1992: Public or private health provider 1995: Any health provider		
1992	58.60	1, 142			
1995	61.70	3, 154			
2000	66.87	Estimate			

WSC Goal	Year	Value	Source, page	Notes	Achievement (%)
Elimination of guinea-worm (dracunculiasis)	Dracunculiasis cases				
Expansion of early childhood development activities, including appropriate low-cost family and community-based interventions	Pre-school development				
	Under-weight prevalence				
	1990	7.07	Estimate	Percentage of children (< 5 years) who fall below - 2SD from median weight for age (%)	86.79
	1992	9.20	1, 156		
	1995	12.40	3, 165		
	2000	4.00	6, 44		

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