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Country programme recommendation**

Egypt

Addendum

Summary

The present addendum to the country note submitted to the Executive Board at its first regular session of 2001 contains the final country programme recommendation for Board approval.

The Executive Director *recommends* that the Executive Board approve the country programme of Egypt for the period 2002 to 2006 in the amount of \$10,779,000 from regular resources, subject to the availability of funds, and \$25,000,000 in other resources, subject to the availability of specific-purpose contributions.

* E/ICEF/2001/12.

** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 2000. They will be contained in the summary of recommendations for regular resources and other resources programmes for 2001.



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¹ Excerpted from the publication "Progress since the World Summit for Children: A statistical review", prepared as a supplement to the Secretary-General's report "We the children: End-decade review of the follow-up to the World Summit for Children" (A/S-27/3), and therefore may differ from data contained in the text of this document.

The situation of children and women

1. The major features of the situation analysis of children and women in Egypt remain essentially the same as described in the country note (E/ICEF/2001/P/L.43). Egypt reduced infant and under-five mortality rates (IMR and U5MR) by about one half over the past decade to an estimated 41 and 52 per 1,000 live births respectively, in 1999 (Demographic and Health Survey (DHS), 2000). Immunization coverage has remained above 90 per cent since 1996 and is currently 95 per cent. Four confirmed polio cases were reported in 2000 compared to nine in 1999 and 35 in 1998. Primary school net enrolment rose from 87 per cent in 1990/91 to 94 per cent in 1998/99, and the gender gap has decreased from 12 to 5 per cent over the last five years. Egypt's adolescents are healthier and better educated than ever before, but meeting their expectations poses a major challenge.

2. Behind the positive averages and trends of the past decade lie the stark realities of disparities in opportunity and access. Two thirds of Egypt's children live in rural areas, which are increasingly falling behind national improvements. IMR and U5MR in rural Upper Egypt are two thirds higher than the national averages (DHS, 2000). Rural Upper Egypt has the highest rate of stunting in children (27 per cent) and the highest incidence of poverty. Some 40 per cent of girls aged 7 to 13 years are out of school in rural Upper Egypt compared to 32 per cent of boys (DHS, 2000). Antenatal care and delivery assistance have improved, but disparities remain significant: in 2000, 87 per cent of deliveries in urban governorates were supervised by skilled medical personnel compared to 46 per cent in rural Upper Egypt.

3. Important events since the country note have confirmed the focus on quality learning and girls' education, rights monitoring and the most deprived governorates. In December 2000, the Government of Egypt submitted its report on follow-up to the World Summit for Children. The report recommends a detailed anatomy of child deprivation to improve targeting of marginalized groups; priority to the girl child; integrated support for early childhood development, including parental education; a strategy for children with special needs; effective societal mechanisms for children of poor families and communities; and improved data and information for regular, timely reporting on progress.

4. In January 2001, the Committee on the Rights of the Child reviewed the second periodic report of Egypt and confirmed the above conclusions. It recommended the State party to: systematically involve civil society, especially children's associations and advocacy groups, in all stages of the implementation of the Convention on the Rights of the Child, including policy-making; strengthen efforts in disseminating information on the Convention's provisions and implementation; ensure the systematic collection, analysis and use of disaggregated data in assessing progress and designing policies to implement the Convention; review existing policies and practices relating to childhood disability; and establish an effective mechanism to collect disaggregated data on child labour, including violations, as a basis for designing measures and evaluating progress.

5. In early 2001, the Government of Egypt highlighted Upper Egypt as a priority area for development. To date, little in the way of resources is allocated to these governorates, especially Qena, Sohag and Assiut, which are among the poorest areas. Indeed, rural Upper Egypt continues to show the greatest levels of deprivation and exclusion.

6. The United Nations system in Egypt has finalized the Common Country Assessment (CCA) and is about to complete the United Nations Development Assistance Framework (UNDAF). Key themes identified for shared focus over the next five years were girls' education and quality learning, children at risk and in need of protection, early childhood care and development (ECCD), the environment and youth participation. Gender is of particular policy concern and cuts across all areas of the CCA and UNDAF. United Nations agencies in Egypt (especially the World Food Programme (WFP), UNICEF, the United Nations Population Fund (UNFPA), the Food and Agriculture Organization of the United Nations (FAO), and the United Nations Office for Drug Control and Crime Prevention (UNDCP)) and the World Bank are giving more attention to children, women and the environment, especially in Upper Egypt, and to coordinating their work.

Programme cooperation, 1995-2001

7. The current programme of cooperation (E/ICEF/1994/P/L.14 and Corr.1 and E/ICEF/2000/P/L.19) has been exceptionally long due to the need to harmonize cycles with United Nations agencies and the Government. The programme was designed largely to support reaching the mid-decade and end-decade goals. The main strategy was to focus on reducing disparities through developing and testing "model" projects, as well as building the capacity of non-governmental organizations (NGOs) and community associations in the process. Such grass-roots experience provided a strong basis in advocating for disparity reduction and cost-effective interventions at the community level.

8. The country programme made key contributions to the universal achievement of children's rights. In collaboration with the World Health Organization (WHO) and other partners, the programme contributed to maintaining immunization rates above 95 per cent and supporting Egypt's efforts to eradicate polio. The programme contributed to raising the availability of iodized salt to 94 per cent, improved access to and utilization of emergency obstetric services in nine districts of Upper Egypt, and raised awareness about saving mothers' lives. Nationwide, 95 per cent of pre-school children were reached with vitamin A supplementation; and the coverage for lactating women, though on the increase, is still only 40 per cent.

9. The programme also ensured quality education for 5,500 girls in rural communities of Upper Egypt, contributed to improving the curriculum, and supported teacher training for 3,000 one-classroom schools. Through this community school initiative, UNICEF has built a reputation for introducing community-owned, quality education for children who previously had fallen outside the school system, especially girls in deprived rural communities of Upper Egypt. Results in terms of learning achievement and life skills have been documented and have attracted the attention of policy makers. Appropriate technologies for community-based rural water and sanitation systems, developed with UNICEF support, are being adopted by the Government.

Lessons learned from past cooperation

10. The lessons learned remain essentially the same as described in the country note. A key lesson is that the largely vertical approach adopted by the programme,

designed to reach the end-decade goals, needs to be changed. Egypt's leadership has called for a holistic rather than sectoral approach.

11. The 1998 mid-term review (MTR) recognized the need to streamline the programme and enhance the degree of convergence among programme interventions. It proposed integrating the gender, monitoring and evaluation, and communication components across sectoral programmes for education, health and nutrition, water, environment and sanitation, and called for the creation of a child protection programme. The review underlined the need for improved coordination and convergence between the work of all partners and programmes in order to achieve better results for children.

Recommended programme cooperation, 2002-2006

Regular resources: \$10,779,000

Other resources: \$25,000,000

Recommended programme cooperation, 2002-2006^a

(In thousands of United States dollars)

	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Promotion and monitoring of children's and women's rights	2 156	2 500	4 656
Support to national policies and programmes	2 156	8 750	10 906
Special protection	1 800	3 750	5 550
Integrated local development	2 900	8 500	11 400
Cross-sectoral costs	1 767	1 500	3 267
Total	10 779	25 000	35 779

^a The breakdown for estimated yearly expenditures is given in table 3.

Country programme preparation process

12. The formulation of the new country programme began in July 2000 with meetings in cooperation with the Ministry of Foreign Affairs and the National Council for Childhood and Motherhood (NCCM) to bring together the Government, NGOs and research specialists around a common vision for children in Egypt. This led to the conception of a strategy approved at a meeting in September 2000. The programme framework and programme plans of operations were reviewed by all partners at a preview meeting in March 2001. Both strategy and preview meetings were co-chaired by the Ministry of Foreign Affairs, UNICEF and NCCM and attended by partners and stakeholders, including United Nations agencies, civil society, the World Bank, the European Commission and other donors such as the Canadian International Development Agency (CIDA), the Danish International Development Agency (DANIDA), Italian Cooperation, Netherlands Cooperation and United States Agency for International Development (USAID). The new country

programme has benefited extensively from the dynamics of Egypt's own policy, its preparations for the Special Session on Children and the UNDAF process.

Country programme goals and objectives

13. In support of Egypt's national commitment to children's and women's rights and its social development goals for the decade 2000-2010, the programme of cooperation will seek to put children's and women's rights at the centre of development decisions as the fastest route to poverty alleviation, disparity reduction, and social and economic development.

14. Through its four programmes, the country programme will aim to: (a) promote a culture of rights for children and women and support partners in developing policies, legislation and actions benefiting children and women within the framework of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women; (b) ensure that ECCD, quality learning — with special emphasis on girls — and adolescent's development, participation and protection remain at the centre of national planning and sectoral reform; (c) promote a child-centred, gender-sensitive approach for the protection and development of children in need of special protection and for the prevention of factors that place them at risk; and (d) build a community-based integrated model for sustainable development that ensures disparity reduction and fulfilment of children's and women's rights, specifically targeting the most deprived districts in the three governorates of Assiut, Sohag and Qena.

Relation to national and international priorities

15. The programme of cooperation will be guided by the principles of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women and the Declaration of the Second Decade for the Protection and Welfare of the Egyptian Child (2000-2010). It will be consistent with the five organizational priorities of the UNICEF medium-term strategic plan, within the broader context of UNDAF and the United Nations Secretary-General's priorities agreed upon at the Millennium Summit. The Declaration of the Second Decade for the Protection and Welfare of the Egyptian Child renewed the country's commitment to putting children and their rights at the centre of the policy agenda, giving special attention to the girl child and to improving the quality of education. It also emphasizes applying quality standards for health service, increasing health insurance coverage to 90 per cent of children, reaching 95 per cent child immunization coverage, improving reproductive health, reducing maternal mortality, and protecting children at risk and women facing social and economic hardship.

Programme strategy

16. The programme strategy remains essentially the same as described in the country note. The rights-based programming approach adopted for this programme of cooperation led to a holistic vision of child survival, development, protection and participation issues. An integrated approach is expected to lead to greater impact as

problems will be addressed through multisectoral strategies. Based on the disparities found in the situation analysis and the development emphasis of the Government, the main geographical focus of the country programme will be on the three governorates of Egypt with the lowest human development indices, namely Assiut, Sohag and Qena. UNICEF Egypt has a successful track record of working at the community level in these three governorates, especially through its community schools, health and environmental interventions. With the view to achieving sustainability, the programme will empower communities and local organizations to assess, analyse and prioritize their needs and prepare integrated local development plans.

17. Existing pilot projects with sustained community involvement, such as the community schools in Upper Egypt, will serve as reliable entry points. Local development authorities, in collaboration with UNICEF, will identify the communities within each governorate that are the most deprived by using already available data and mapping capacities. New pilot interventions will be developed at the community level, and special efforts will be made to collect and analyse data and document interventions. Thus, the modelling approach within a well-defined local planning context will provide the experience required in advocating for replication and policy changes in favour of children and women. Advocacy will also be based on innovations at the national level, and on the analysis of wider issues of children's and women's rights. All such efforts will draw on indicators and monitoring tools defined in the Integrated Monitoring, Evaluation and Research Plan (IMERP).

18. Another key strategy will be building and expanding partnerships and alliances that share common visions and goals. An Integrated Communication Plan (ICP) will ensure that all aspects of communication and partnership-building are fully included in annual project planning. The two Conventions will be used in focusing on children at risk, especially the girl child, and in mainstreaming gender in national plans and policy formulation. The country programme comprises four programmes.

19. **Promotion and monitoring of children's and women's rights.** This programme will seek to influence policy and create an enabling environment for government and non-governmental institutions to monitor and promote children's and women's rights. The project on mainstreaming of children's and women's rights will support the review of national laws in the family, civil and penal domain, including customary law and legal practice, in light of the two Conventions. The project will promote the amendment of key legislation relating to rights that are jeopardized, such as the right to life and healthy growth; to an identity; to parental care and suitable living conditions; to skill acquisition and satisfaction of potentials; and to participate, as well as socio-economic rights and reproductive rights for women. This project will also support the ratification of optional protocols and the lifting of selected reservations.

20. The rights promotion project will incorporate the information, programme communication, advocacy and networking dimensions of the country programme. It will contribute to promoting a culture of rights for children and women, including via the mass media. The project will also support the progressive legal recognition and organization of NGO coalitions, and assist in the development and implementation of an NGO programme that monitors the situation of children and detects problems early so that timely remedial or preventive action can be taken.

Specific programme communication strategies implemented across the country programme will be coordinated through the ICP.

21. The monitoring and evaluation project, which complements the rights promotion project, aims to support the Government and national institutions in monitoring the situation of children and women with a view to assessing the implementation of the two Conventions. In close collaboration with the United Nations, bilateral and NGO partners, and within the context of UNDAF, it will assist the Government and national institutions in the planning, monitoring and evaluation of child-focused interventions. Egypt's report to the Secretary-General and the observations of the Committee on the Rights of the Child call for greater attention to the effective monitoring and use of quantitative indicators, as well as the inclusion of more qualitative assessments. The CCA and UNDAF processes also identified the need to fill knowledge gaps for action, especially in the area of children at risk. These gaps involve child labour, above all the "silent" nature of working girls in statistics; childhood disability and abuse; and female genital mutilation (FGM). The project will also document successful initiatives in facilitating policy recommendations and programme replication, and analyse issues that have a bearing on the fulfilment of children's and women's rights.

22. **Support to national policies and programmes.** The model innovations developed during the previous programme of cooperation in rural Upper Egypt are now ready to go to scale, and are expected to contribute to nationwide policy changes. This programme will ensure that such innovations, and others identified by UNICEF and other partners as having a positive effect on children's lives, are replicated and integrated into national systems. It will also ensure that ECCD, quality learning — especially for girls — and adolescent's development, participation and protection remain at the centre of national planning and sectoral reform. The programme will comprise two projects.

23. The integrated policy development project will contribute to ensuring that ongoing sector reforms and national policy development emphasize access to quality services for the most vulnerable and unreached groups, as well as the provision of appropriate options and safety nets for the poorest. The reduction of maternal and child mortality will be brought up at health policy reviews and addressed in health sector reform. In the education sector, policy dialogue will emphasize issues such as equity and access to education for the poorest, especially girls, and will focus on supportive measures to render quality education affordable to all. The project will support the building of a national consensus on the core components of quality learning. There will be particular attention to gender-sensitive approaches and materials, teachers' training, monitoring of learning achievement, and the mapping of communities in need of schools. The project will assist in the formulation of policies that promote safe environments for adolescents, enable them to become full participants in civil society, and help them to acquire the necessary life skills for a healthy and productive life. This will include an understanding of the risks of HIV/AIDS as well as appropriate preventive measures. The programme will also promote integrated policies for ECCD.

24. The project for support to national programmes will make selective interventions at the national level to support Government efforts in sustaining the end-decade goals and addressing the new 2000-2010 goals. Specifically, it will assist the Government in achieving and sustaining its goals of eradicating polio;

eliminating maternal and neonatal tetanus (MNT); achieving access to environmentally safe sanitation for 50 per cent of the population, with a special focus on schools; reducing iron deficiency anaemia among women of child-bearing age by 20 per cent from its level in 2000; and eliminating iodine deficiency disorders and vitamin A deficiency. UNICEF will also provide technical assistance in the area of new vaccines, safe injection technologies and hygiene. In collaboration with the Joint United Nations Programme on HIV/AIDS, UNICEF will continue its support to the national HIV/AIDS programme in order to promote preventive measures and raise awareness.

25. **Special protection.** This programme will focus on specific protection issues, namely child labour, childhood disability, and violence against children and women. The programme comprises three projects. The child labour project will support innovative community-based approaches that ensure the safety and development of working children (boys and girls), and contribute to the elimination of child labour. The project will focus on the three target governorates of Upper Egypt. Specifically, it will promote measures to prevent hazardous forms of child labour, prevent children at risk from joining the labour force, and improve the conditions of and opportunities for children who are already working.

26. The childhood disability project will promote a comprehensive, gender-sensitive, integrated and community-based approach for the prevention, early detection, rehabilitation and equal opportunities for disabled children and youth. The project will promote the inclusion and integration of children suffering from mild disabilities in society.

27. The violence against children and women project will support the protection of children, youth and women exposed to violence and contribute to the elimination of the worst forms of violence against them. Corporal punishment, FGM and domestic violence against children and women will be emphasized. Interventions will include an analysis of the situation; the protection and rehabilitation of children and women exposed to violence, including in urban and semi-urban settings; support to networking between the relevant groups and NGO coalitions addressing the issue; and support to the development of related policies.

28. Integrated local development. Egypt's social development agenda gives priority to the disadvantaged families that live in Assiut, Sohag and Qena governorates. This programme will aim to build community-based sustainable development models that ensure disparity reduction and fulfilment of children's and women's rights in the most deprived districts of Assiut, Sohag and Qena governorates. UNICEF will be coordinating its plans and interventions in these areas with other United Nations agencies (notably WFP and UNFPA), the World Bank and donors such as the European Union. The programme will comprise two projects.

29. The community empowerment project will aim to build the capacity of communities — families and adolescents — in the selected districts in planning, designing, implementing and monitoring sustainable integrated development models. Local organizations, including committees, NGOs and community associations already involved in local capacity-building, will be the implementing partners. Interventions will enhance community participation in micro-planning, build local capacities for monitor the situation of children and women, and promote behavioural changes especially in the areas of FGM, malnutrition and individual hygiene.

30. The disparity reduction project will contribute to reducing disparities in the selected districts through the achievement of four objectives by year 2006. First, the project will aim to reach 80 per cent of families in the selected districts with an integrated, comprehensive and community-based ECCD package. This will include parental education on nutrition, early childhood stimulation and learning, hygiene, and safe living and play environments. It will also include service delivery, capacity-building and community mobilization interventions to increase immunization coverage rates, improve access to and quality of maternal and child health services (including through the Integrated Management of Childhood Illness strategy), and increase access to safe sanitation. Second, the project will aim to provide 95 per cent of children 6-12 years of age with access to quality basic education, and provide the remaining 5 per cent of children with a quality learning package tailored to their needs. Third, 80 per cent of adolescents will be provided with an integrated package that covers healthy lifestyles, legal rights, life skills and reproductive health, including HIV/AIDS; and interventions that ensure safe spaces for adolescents, especially girls. Fourth, the project will aim to increase substantially the participation of women in community decisions related to health, socio-economic and civic issues. The school in the community will be the main entry point for building interventions with all members of the community.

31. **Cross-sectoral costs** will contribute to the implementation of the cooperation programme by covering technical and operational support staff.

Monitoring and evaluation

32. The IMERP will be used as a tool for monitoring the situation of children and women, as well as for providing information about programme progress and impact. It will identify emerging concerns, laying a scientific basis for programme adjustments, which will be implemented at annual reviews and at the MTR in 2004. It will form the basis of advocacy for both policies and programmes. Strong links through NCCM will be built not only with Egypt's statistical institutions, but also with line ministries and research centres.

33. The main indicators to be monitored by the country programme include those to monitor and evaluate UNICEF-supported interventions, and those resulting from the extensive work on indicators for the CCA. Among others, these include: immunization coverage, especially for polio, maternal and neonatal tetanus and measles; out-of-school children; school drop-out and repetition rates; stunting by gender, with a focus on those under six years old, and especially those under two; children in the labour force; girls circumcised between ages 6-14 years old; girls married before 18 years old; under-registration at birth; and those without identity cards, especially girls and women. The United Nations team is working on user-producer interaction around Egypt's capacities to map and track indicators for policy dialogue, planning and action. Understanding behaviour and monitoring qualitative changes in behaviour and attitudes will also be part of the IMERP. UNICEF has worked closely with a range of partners, including WHO and the Population Council, with support from the Rockefeller Foundation, on assessing project interventions with adolescents, especially girls. This framework will be built into the new country programme's approach to developing the participation of adolescents.

Collaboration with partners

34. During the previous cycle, UNICEF and the Government of Egypt built an expansive partnership for children around the country programme and Egypt's goals for children. UNICEF will continue these partnerships in the new programme cycle and deepen them, especially at the subnational level in Upper Egypt. The Global Movement for Children, Egypt's leadership role since the World Summit for Children, the UNDAF process, the increasing collaboration among Egypt's donor assistance group in support of its new social development agenda are all providing exceptional opportunities to strengthen and expand partnerships during the next programme cycle. Of particular policy importance is the NCCM, whose mandate includes bringing together all ministries and other partners, including NGOs and the private sector, around policies and action to improve the rights and well-being of children.

35. The United Nations reform process has brought UNICEF into more effective partnerships with the 19 United Nations country organizations and the six United Nations regional offices located in Egypt. Old and close partnerships with WHO, UNFPA and the United Nations Educational, Scientific and Cultural Organization (UNESCO), in-country and at the regional level, have expanded to include WFP, the United Nations Development Programme (UNDP), UNDCP, the International Labour Organization, FAO and the World Bank.

36. NGOs are valued partners in UNICEF's work in Egypt. During the past programme cycle, UNICEF helped to support the development of NGO coalitions working together on children's and women's rights. Some 269 NGOs are registered in these coalitions. UNICEF works directly with well-known NGOs, including the Red Crescent Society, the Integrated Care Society and the Scouts. More emphasis will be given to partnering with smaller NGOs and local community development associations.

37. Egypt's Initiative for Quality Learning, with a special emphasis on girls, has brought UNICEF Egypt into a broader range of partnerships within the Government and the United Nations. Partners in this effort include not only UNESCO, but also UNFPA, UNDP, UNDCP, WFP, the World Bank, the European Commission, and donors such as USAID, CIDA, Netherlands Cooperation, DANIDA and Italian Cooperation. Fund-raising strategies for the new country programme will involve current donors as well as potential ones. UNICEF also expects to expand its partnership with the private sector.

Programme management

38. The Ministry of Foreign Affairs is responsible for overall programme coordination. On the government side, responsibility for programme and project management rests with the heads of government ministries (Ministries of Local Development, Health and Population, Education, Justice, Social Affairs, Labour, Water Resources, Culture, Finance, and Economy). Project execution will be through sectoral ministries and, where appropriate, NGOs. In the three target governorates, project execution will be through the decentralized structures of the Government and NGOs. Heads of government units, in collaboration with UNICEF, will have direct responsibility for planning, implementing and monitoring project activities.