

UNIVERSAL PERIODIC REVIEW – HUMAN RIGHTS COUNCIL

UNICEF INPUTS - EGYPT

UNICEF contribution to UPR Egypt 2014

I. Introduction

In 2011, the third and fourth periodic report of Egypt on implementation of the Convention of the Rights of the Child and its two optional protocols (Sale of children, child prostitution and child pornography, and children in armed conflict) was considered by the Committee on the Rights of the Child. Under the leadership of the National Council for Childhood and Motherhood (NCCM) a series of inter-ministerial meetings was held to disseminate and discuss the Concluding Observations made by the Committee as a first step to more comprehensive actions to address the concerns raised.

II. Civil and Political Rights

2.1 Constitutional and legislative framework

In 2014, Egypt adopted a new constitution by referendum. This new constitution represents a positive development in the area of child rights and reinforces the amendment of the Child Law of 2008. The new constitution explicitly recognises children's rights, defines children in compliance with the CRC and establishes the principle of the best interests of the child. The constitution recognizes the bodily integrity and prohibits mutilations of the body therefore reinforcing the criminalisation of Female Genital Mutilation/ Cutting.

The constitution identifies four independent Councils: National Council for Human Rights (NCHR), the National Council for Women, the National Council for Childhood and Motherhood (NCCM), and the National Council for Persons with Disability. However, the status, reporting lines and independence of these Councils are not fully defined. For example it is essential the NCHR is recognised as an independent human rights institution in line with the Paris Principles.

The implementation of the Child Law amendment of 2008 has been slow. Positive developments have been observed in the establishment of children's courts even if the degree of specialisation of judges, prosecutors, lawyers and social workers requires further efforts. Defence lawyers constantly refer to the Child Law provisions. However, there is not yet a comprehensive strategy nor institutional infrastructure and resources to fully implement the provisions of the Child Law. The formation of Child Protection Committees and the special provision for children in the juvenile justice system require clear measures of implementation in the form of by-laws, statutory guidance and policies and budget allocations.

2.1 Institutional and human rights infrastructure

The recommendations by the Committee on the Rights of the Child of 2011 remain relevant with regard to Coordination in the implementation of the Convention on the Rights of the Child. The National Council for Childhood and Motherhood has limited capacity to coordinate government action for children. At local level, the setting up of Child Protection Committees (CPC) established by the Child Law (2008) has been delayed and there is no overarching strategy for that. So far, CPCs, which are essential to prevent and respond to violence, abuse, neglect and exploitation of children at local level, are active only in locations where external support is provided by international and national organisations.

In 2013, the National Council for Human Rights established a child rights unit with the support of UNICEF. The child rights unit has developed a plan to investigate child rights violations and receive complaints as well as raising awareness on child rights among youth, children and persons working for them.

2.2 Policy measures

NCCM is currently developing a National Strategy for Children that is expected to result in a detailed Action Plan for Children as recommended by the Committee on the Rights of the Child in 2011. For this plan to succeed it is essential that financial and qualified human resources are allocated for effective implementation of the plan.

2.3 Trafficking

In 2011, the Special Rapporteur on Trafficking in Persons stressed forms of trafficking that affect children such as marriage of girls, exploitation of children for labour, trafficking in street children and trafficking in human organs.

NCCM has been working with international organisations to protect children victims of trafficking. In 2012 a national referral mechanism has been developed but this is not yet fully implemented. Overall, the lack of government resources to a full-fledged programme to prevent and respond to child trafficking which mobilises key government agencies and NGOs, limits the sustainability and impact of the efforts to stop human trafficking in the long-run.

2.4 Administration of justice and the rule of law

The recommendations by the Committee on Rights of the Child in 2011 with regard to the administration of justice remain relevant and coordinated government action is needed in order to conduct a much needed reform of the Juvenile Justice system in line with the Convention on the Rights of the Child. The following areas need special attention among others: the high number of children deprived of liberty during investigation; the weak monitoring of the conditions of children deprived of liberty by mandated officers; the lack of alternatives to deprivation of liberty; the lack of data on children deprived of liberty.

A review conducted by UNICEF on the provision of legal aid for children in conflict with the law found important gaps in the juvenile justice systems. Overall children, particularly those coming from vulnerable families, are not provided with timely, effective, specialised and competent legal aid. Fair trial guarantees are inadequate such as: access to information and evidence, effective participation on equal terms with the prosecution, among others. A major concern is the heavy reliance of Egypt's juvenile justice system on detention at all stages of the criminal procedure for children over the age of 15. This mainly affects the most vulnerable children and/or children without family care.

Over the past three years, Egypt has been in the grip of a political transition which has exposed many children to multiple forms of violence. As a result of direct or indirect involvement in demonstrations, children have been injured and killed, they have witnessed the injuries and deaths of others, have taken part in demonstrations and have been arrested and detained. Children have also been deliberately used during demonstrations and put at risk as potential witnesses to or victims of violence.

The detention of children in connection with demonstrations remains as a major concern. Since July 2013, close to 500 children in detention have been identified by UNICEF and partners. This number most likely does not reflect the full caseload of children detained in the context of demonstrations. A pattern of random arrest and unlawful detention of children has been observed in places not intended to be used for detaining minors such as police stations, camps and prisons. Children have been held in detention alongside adults, frequently without charges. In many cases children did not have the time to inform their parents about their arrest and have not had access to legal aid. Cases of physical abuse and ill-treatment have been reported by human rights organisations, children and parents of the children in detention.

2.5 Migrants, refugees and asylum seekers

In the second half of 2013, human rights organisations and UNICEF and UNHCR documented arrests and detention of over 200 children from Syria accused of irregular departure in overcrowded prisons and without any charges brought against them. Seven Syrian children were also arrested and detained without charges and deported under allegations of involvement in demonstrations. In total, At least 132 children were subject to forced departure. These numbers reflect cases that could be identified and are unlikely to be the total number of children who were subject to detention and forced departure. By the end of 2013, the GoE released 90 children from Syria remaining in detention.

This situation raised concerns with regard to:

- Safeguarding children's right to protection, including the best interests of the child a primary consideration in all actions and decisions affecting children.
- Ensuring that no child, is arbitrarily detained and when detained is treated with humanity and respect.

- Guaranteeing family unity and releasing unaccompanied and separated minors in detention to be reunited with parents or relatives
- Upholding the principle of non-refoulement

A report by IOM in 2013 found that the treatment of unaccompanied migrant children in Egypt falls short of the core principles of the CRC: access to rights without discrimination of any kind (article 2), the best interests of the child as a primary consideration (article 3), the right to life, survival and development (article 6), and the right for the voice of the child to be heard (article 12).

III. Economic and Social Rights/Situation Analysis of Children

With around 86 million people at the beginning of 2014, Egypt has the largest population in the Middle East and North Africa (MENA) region. Children (aged 0-17) are 31.5 million, corresponding to around 37% of the total population. Children under-5 comprise around 11% of the total population.

3.1 Child poverty and malnutrition – (MDG 1)

3.1.1 Prevalence of monetary poverty increased over the last 15 years, with an acceleration since 2011. In 2012/13, 26.3% of the Egyptians were living below the national lower poverty line, compared with 17% in 1999/2000 and 22% in 2008/09. Monetary poverty among children followed a similar pattern: in 2011/12 an estimated 8.2 million children were living in poverty, corresponding to a rate of 26% of the child population. While the available evidence confirms the marked disadvantage of children living in rural areas compared with their urban peers, data show that in recent years the situation in urban areas (especially in urban governorates) deteriorated fast, against a virtual stagnation of poverty levels in rural areas.

3.1.2 A study conducted by UNICEF and the Informal Settlement Development Facility (2013) of the Egyptian Cabinet shed light on the concentration of child poverty in urban slums, where the observed levels of extreme deprivation are similar to those of the poorest rural settings. Children in slums suffer extremely high levels of monetary poverty (with a poverty rate close to 50%) and multiple overlapping deprivations (in particular in the dimensions of housing, water and sanitation).

3.1.3 The economic trends after 2011 (characterized by economic stagnation and increase in unemployment) exacerbated poverty, especially in urban areas. The existing social protection policies, (heavily biased towards energy subsidies) while quite expensive in terms of national budget, have low efficiency in terms of poverty reduction. A process of subsidy reform started in late 2012, while the overall reform of social protection (aiming to create an integrated social protection system) is progressing slowly.

3.2.3 In the last decade, most of the nutrition indicators for children under-5 showed sign of deterioration. According to the latest DHS, 2008, 29% of children under-5 was stunted, 6% wasted and 7% underweight: for all the three indicators, a

deterioration compared with the previous years was clearly observed, reflecting the combined impact of a series of factors, including the deterioration of diets and the high prevalence of inadequate maternal and child nutritional practices. More recent surveys, smaller in scope, done in the past years show a further deterioration of the overall nutritional situation. New data from the ongoing DHS is expected in the second half of 2014.

3.2 Education (MDG 2)

3.2.1 Enrolment in primary education is approaching universality (with a gross enrolment of 97% for the school year 2012/13) with virtually no gender disparities in school participation. For preparatory education, in 2012/13, the gross enrolment ratio was 93%. Participation in pre-school is still low (gross enrolment at 27%) and far from the national target of 50%. Preschool participation is particularly low in rural areas.

3.2.2 Despite this progress a minimum of 1.4 million children of school age remain out of school. Quality of education is also a critical challenge. Classroom density is high (on average 43 students per classroom for primary education, 41 for preparatory schools, with limited difference between urban and rural areas).

3.2.3 Compulsory education in Egypt includes six years of primary education and three years of preparatory education. The 2014 Constitution includes articles expanding compulsory education to secondary education (corresponding to upper secondary education in the international classification) and setting the level of public spending in education at 6% of the GDP (4% for pre-university education and 2% for university) compared with the current level of around 4%. With an actual public expenditure on education at 13% of the total government expenditure Egypt is well below the Education for All recommended level of 20%.

3.3 Child mortality and maternal health (MDGs 4 and 5)

3.3.1 In the last two decades Egypt registered important progress in child mortality reduction and by 2008 already met the MDG 4 (in 2008, the under-mortality rate was 28 per 1,000 live births; more recent data are not available). Despite this progress, important disparities in child survival chances persist across the country, with children living in rural Upper Egypt having the highest risk of not reaching their 5th birthday. The neonatal period (accounting for around 60% of all deaths under-5) is the one where further important gains in child survival can be obtained, in particular with solid investments in the quality of perinatal health care.

3.3.2 According to the national surveillance system, with a maternal mortality ratio of 50 deaths per 100,000 live births in 2012, Egypt already met the target of MDG 5. Perinatal health care and skilled birth assistance registered important progress during the last two decades, however in 2008 around one fourth of births did not receive antenatal care and one fifth was not assisted by a skilled birth attendant. The inadequate coverage of perinatal care is marked in rural areas, especially in Upper Egypt

3.3.3 Immunization coverage is relatively high in Egypt, in the range of 93-95% for all the major vaccinations. In 2012, some signs of decrease compared with the previous

year levels were observed in particular in selected country districts (in 4 districts, for example, the coverage of DPT 3 vaccination was lower than 80%). In 2014, the country introduced the pentavalent vaccine in the national immunization schedule.

3.3.4 Public health expenditure in Egypt is low, standing at 4.8% of the total government expenditure (compared with the commitment of spending 15% on health taken by the African countries at the Abuja conference in 2001) and at 1.4% of GDP in 2011/12. The low level of public health expenditure is reflected in a relatively high level of private out-of-pocket health expenditure (which represent more than 70% of the total health expenditure). The 2014 Constitution establishes that public health expenditure should be at 3% of GDP, i.e. approximately the double of the current levels.

3.4 Water and Sanitation (MDG 7)

3.4.1 According to the 2008 Demographic and Health survey, around 8% of the Egyptian households did not have piped water inside their dwelling. Despite the important improvements during the last decades, 13% of rural households were without a water connection, compared with around 1.5% of urban households. A recent study on child poverty in urban areas found that in slums the levels of severe water deprivation are similar to those registered in rural areas (in the slums included in that study one child out of six lived in households without water connection).

3.4.2 The access to improved sanitation is similar to that of water connection, with a marked gap between urban and rural areas. In 2008, around 12% of rural households did not dispose of improved sanitation facilities, compared with an average of slightly more than 2% in urban areas. In urban slums, deprivation of sanitation is widespread: the mentioned study found that around half of the population in selected slums areas do not have access to adequate sanitation facilities.

3.5 HIV and AIDS (MDG 6)

3.5.1 Egypt is considered a low prevalence country for HIV and AIDS, with an estimated 6,500 people living with HIV in 2012. According to the 2008 DHS, correct comprehensive knowledge about the virus is limited among the general population (only 7% of women and 19% of men aged 15-49 have a comprehensive knowledge about HIV and AIDS).

3.6 Child Protection issues

3.6.1 New statistical evidence confirms the urgency of addressing the widespread problem of violence against children and women in its different forms and contexts, from the disciplinary methods at home and school involving physical punishment, to sexual harassment, to the continuing very high prevalence of FGM/C especially in some regions.

3.6.2 Child labour. In 2010, around 1.5 million children aged 5-17 were involved in child labour (with a prevalence rate of 9%). Among male children the prevalence rate reached 14%. While mainly a rural phenomenon (in rural Upper Egypt, the prevalence rate was 14%), child labour exist also in urban areas (from 3% in urban governorates to 5% in urban Upper Egypt). Around 9 out of 10 children labourers are involved in hazardous work.

3.6.3 Female Genital Mutilation/Cutting (FGM/C). Prevalence of FGM/C in Egypt is one of the highest in the world. According to the 2008 DHS, 91% of women aged 15-49 underwent FGM/C. Data also show some signs of decline in this harmful practice, whose prevalence is 74% among girls aged 15-17 years. In spite of the criminalization of FGM/C in the Penal Code and the Ministry of Health Decree, this practice remains widespread in all the country. The 2008 DHS also shows that 72% of the FGM/C was performed by a doctor.

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