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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.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

<u>Egypt</u>	(1999 and earlier years)	<u>UNICEF country classification</u>				
Under-five mortality rate	43	(2000)	Middle U5MR			
Infant mortality rate	37	(2000)	Middle IMR			
GNP per capita	\$ 1380	(1999)	Lower Middle Income			
Total population	67.2 million	(1999)				
KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	2000	
Births	(thousands)	1391	1721	1777	1683	
Infant deaths (under 1)	(thousands)	218	205	135	62	
Under-five deaths	(thousands)	327	301	185	72	
Under-five mortality rate (per 1,000 live births)		235	175	104	43	
Infant mortality rate (under 1) (per 1,000 live births)		157	119	76	37	
		About 1990	Most recent			
Underweight children (under 5)	Moderate & severe	9	12			
(% weight for age, 1992/1997)	Severe	2	3			
Babies with low birth weight (%, 1990)		10	..			
Primary school children reaching grade 5 (%, 1994/1998)		98	92			
NUTRITION INDICATORS		About 1990	Most recent			
Exclusive breast-feeding rate (<4 mos.) (%, 1995/2000)		69	68			
Timely complementary feeding rate (6-9 mos.) (%, 1995/2000)		69	71			
Continued breast-feeding rate (20-23 mos.) (%, 1995/2000)		41	30			
Prevalence of wasting (0-59 mos.) (%, 1992/1997)		3	6			
Prevalence of stunting (0-59 mos.) (%, 1992/1997)		24	25			
Vitamin A supplementation coverage (%)				
Household consuming iodized salt (%, 1995/2000)		0.2	56			
HEALTH INDICATORS		About 1990	Most recent			
ORT use rate (%, 2000)		..	37			
Routine EPI vaccines financed by government (%, 1999)		..	100			
Use of improved drinking water sources	Total	94	97			
(% of population, 1990/2000)	Urban/rural	97/92	99/96			
Use of improved sanitation facilities	Total	87	98			
(% of population, 1990/2000)	Urban/rural	96/79	100/96			
Births attended by trained personnel (%, 1992/1999)		41	61			
Maternal mortality rate (per 100,000 live births, 1993)		170	..			
Immunization		1981	1985	1990	1995	1999
One-year-old (%) immunized against:	Tuberculosis	50	80	89	93	99
	DPT	57	84	87	88	94
	Polio	67	84	87	91	95
	Measles	41	74	86	89	95
Pregnant women (%) immunized against:	Tetanus	11	18	63	67	65

TABLE 1 (continued)

Egypt

EDUCATION INDICATORS		About 1990		Most recent		
Primary enrolment ratio (gross/net) (%, 1993/1998, 1992/2000)	Total	97/ 82		100/ 86		
	Male	104/ 87		103/ 88		
	Female	89/ 77		96/ 84		
Secondary enrolment ratio (gross/net) Total (%, 1993/1996)	76/ 65			75/ 67		
	Male	82/ 70		80/ 71		
	Female	69/ 60		70/ 64		
Adult literacy rate, 15 years & older Total (%, 1990/2000)	47			55		
	Male/female	60/ 34		67/ 44		
Radio/television sets (per 1,000 population, 1990/1997)		302/ 101		317/ 119		
DEMOGRAPHIC INDICATORS		1970	1980	1990	1999	2000
Total population	(thousands)	35285	43749	56223	66693	67884
Population aged 0-18 years	(thousands)	17042	20071	25724	28566	28663
Population aged 0-5 years	(thousands)	5351	6748	8414	7987	8011
Urban population (% of total)		42.2	43.8	44.2	45.4	45.6
Life expectancy at birth (years)	Total	51	55	62	67	67
	Male		50	54	61	65
	Female		52	57	64	68
Total fertility rate		6.0	5.2	4.2	3.2	3.1
Crude birth rate (per 1,000 population)		39	39	32	25	25
Crude death rate (per 1,000 population)		17	14	9	7	6
		About 1990		Most recent		
Contraceptive prevalence rate (%, 1991/2000)		46		56		
Population annual growth rate (%, 1970-90/1990-99)	Total	2.3		2.0		
	Urban	2.6		2.2		
ECONOMIC INDICATORS		About 1990		Most recent		
GNP per capita annual growth rate (%, 1980-90/1990-99)		2.1		2.8		
Inflation rate (%, 1980-89/ 1990-98)		11		10		
Population below \$1 a day (%, 1990-99)		..		3		
Household income share (%, 1991)		Top 20%/bottom 40% 41/21		../..		
Government expenditure (% of total expenditure, 1987/1997)	Health/education	3/12		3/15		
	Defense	20		9		
Household expenditure (% share of total, 1980 or 1985)		Health/education 14/11		../..		
Official development assistance: (1990/1998)	\$US millions	5584		1915		
	As % of GNP	18		2		
Debt service (% of goods and services exports, 1990/1998)		30		8		

(In thousands of United States dollars)

RR = Regular resources.
OR = Other resources.
a/ = Actual expenditure includes expenditure recorded as at closure 21 May 2001.
b/ = Actual RR expenditure includes allocations from global set-aside.

TABLE 3
PLANNED YEARLY EXPENDITURES

COUNTRY: EGYPT
PROGRAMME CYCLE : 2002-2006

FUND	2002	2003	2004	2005	2006	TOTAL
RR	506,300	455,700	410,000	392,000	392,000	2,156,000
OR	400,000	550,000	600,000	550,000	400,000	2,500,000
TOTAL	906,300	1,005,700	1,010,000	942,000	792,000	4,656,000
PROMO./MONIT. CHILD/WOMEN RIGHTS						
RR	506,300	455,700	410,000	392,000	392,000	2,156,000
OR	1,300,000	2,050,000	2,050,000	2,050,000	1,300,000	8,750,000
TOTAL	1,806,300	2,505,700	2,460,000	2,442,000	1,692,000	10,906,000
SUPPORT TO NAT'L POLICIES/PROGS.						
RR	422,580	380,330	342,450	327,320	327,320	1,800,000
OR	630,000	830,000	830,000	830,000	630,000	3,750,000
TOTAL	1,052,580	1,210,330	1,172,450	1,157,320	957,320	5,550,000
SPECIAL PROTECTION						
RR	704,920	620,670	544,650	514,880	514,880	2,900,000
OR	1,550,000	1,800,000	1,800,000	1,800,000	1,550,000	8,500,000
TOTAL	2,254,920	2,420,670	2,344,650	2,314,880	2,064,880	11,400,000
INTEGRATED LOCAL DEVELOPMENT PROGRA						
RR	390,900	365,600	342,900	333,800	333,800	1,767,000
OR	300,000	300,000	300,000	300,000	300,000	1,500,000
TOTAL	690,900	665,600	642,900	633,800	633,800	3,267,000
CROSS-SECTORAL COSTS						
RR	2,531,000	2,278,000	2,050,000	1,960,000	1,960,000	10,779,000
OR	4,180,000	5,530,000	5,580,000	5,530,000	4,180,000	25,000,000
TOTAL	6,711,000	7,808,000	7,630,000	7,490,000	6,140,000	35,779,000
TOTAL, PROGRAMME BUDGET						
STAFF COSTS a/	862,519	899,692	934,110	973,769	992,246	4,662,336
GENERAL OPERATING COSTS	248,142	262,141	244,141	261,141	244,141	1,259,706
TOTAL, ESTIMATE SUPPORT BUDGET	1,110,661	1,161,833	1,178,251	1,234,910	1,236,387	5,922,042
GRAND TOTAL	7,821,661	8,969,833	8,808,251	8,724,910	7,376,387	41,701,042

RR = regular resources

OR = other resources

a/ Including consultants and temporary assistance.

TABLE 4
LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : EGYPT
PROGRAMME : 2002-2006

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET			POSTS a/										STAFF COSTS b/		
	RR	OR	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
REGULAR RESOURCES :																
PROMO./MONIT. CHILD/WOMEN RIGHTS	2,156,000		2,156,000	0	0	0	0	1	0	1	1	1	3	655,071	451,236	1,106,307
SUPPORT TO NAT'L POLICIES/PROGS.	2,156,000		2,156,000	0	0	0	0	0	0	0	2	0	2	0	696,496	696,496
SPECIAL PROTECTION	1,800,000		1,800,000	0	0	0	0	0	0	0	1	1	2	0	465,685	465,685
INTEGRATED LOCAL DEVELOPMENT PRO	2,900,000		2,900,000	0	0	0	1	0	0	1	2	1	4	724,684	766,342	1,491,026
CROSS-SECTORAL COSTS	1,767,000		1,767,000	0	0	0	0	0	0	0	2	3	5	0	1,125,866	1,125,866
TOTAL RR	10,779,000		10,779,000	0	0	0	1	1	0	2	8	6	16	1,379,755	3,505,625	4,885,380
OTHER RESOURCES :																
PROMO./MONIT. CHILD/WOMEN RIGHTS		2,500,000	2,500,000	0	0	0	0	0	0	0	1	0	1	0	392,986	392,986
SUPPORT TO NAT'L POLICIES/PROGS.		8,750,000	8,750,000	0	0	0	0	0	0	0	0	0	0	0	0	0
SPECIAL PROTECTION		3,750,000	3,750,000	0	0	0	0	0	0	0	2	0	2	0	509,806	509,806
INTEGRATED LOCAL DEVELOPMENT PRO		8,500,000	8,500,000	0	0	0	0	0	0	0	2	2	4	0	909,656	909,656
CROSS-SECTORAL COSTS		1,500,000	1,500,000	0	0	0	0	0	0	0	0	4	4	0	416,214	416,214
TOTAL OR		25,000,000	25,000,000	0	0	0	0	0	0	0	5	6	11	0	2,228,662	2,228,662
TOTAL RR & OR	10,779,000	25,000,000	35,779,000	0	0	0	1	1	0	2	13	12	27	1,379,755	5,734,287	7,114,042
SUPPORT BUDGET		Operating costs	1,259,706	0	1	1	2	0	0	4	1	10	15	3,206,658	1,455,678	4,662,336
		Staffing		0	1	1	3	1	0	6	14	22	42	4,586,413	7,189,965	11,776,378
GRAND TOTAL (RR + OR + SB)				0	1	1	3	1	0	6	14	22	42	4,586,413	7,189,965	11,776,378
Number of posts and staff costs:																
Current programme cycle																
At the end of proposed programme cycle (indicative only)																
RR = regular resources.																
OR = other resources.																
IP = international Professional.																
NP = national Professional.																
GS = General Service.																
SB = support budget.																

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.