



Country card

Egypt 2022

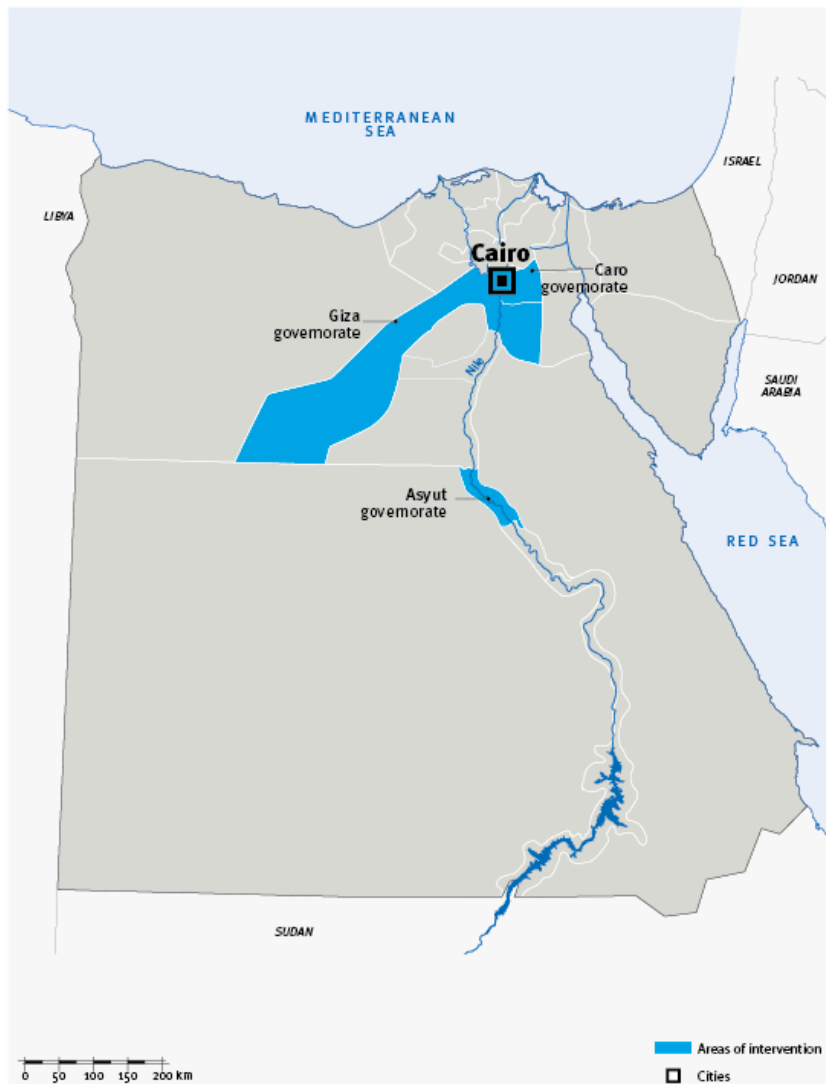




# HI team and intervention areas

HI has 24 staff members in Egypt.

Egypt





# General data of the country

## a. General data

DATA	Egypt	Neighbouring country (SUDAN)	France
Population	104 258 327	44 909 351	67 499 343
IHDI	0.497	0.333	0.820
Gender-related Development Index	0.882	0.860	0.987
Maternal mortality (deaths per 100,000 live births)	15	237	4
GINI Index	31.5	34.2	32.4
Population within UNHCR mandate	341 083	4 170 987	580 898
INFORM index	4.7	6.4	2.3
Fragile State Index	83.6	107.1	30.9
Public social protection	36.9	9.3	100
Net official development assistance received (M USD)	1 740.59	1 624.7	/

## b. Humanitarian law instruments ratified by the country

Humanitarian law instruments	Status
Mine Ban Treaty	Not signed
Convention on Cluster Munitions	Not signed
UN Convention on the Rights of Persons with Disabilities	Ratified in 2008, with 1 reservation <sup>1</sup>

## c. Geopolitical analysis

98% of the population lives in 5% of the territory, along the Nile with 50% of the population being located in the Delta region including Cairo, the largest city in Africa. 90% of the Egyptian population is Muslim (in its quasi totality Sunni) and 10% is Coptic.

<sup>1</sup> Egypt declared its interpretation of article 12 of the CRPD, is that persons with disability enjoy the capacity to acquire rights and assume legal responsibility ('ahliyyat al-wujub) but not the capacity to perform ('ahliyyat al-'ada), under Egyptian law.



Egypt is home of important gender disparities. In 2021, the World Economic Forum's Global Gender Gap Report rated Egypt 129 out of 145 countries in gender equality. Regarding economic participation and opportunity, the report indicates that women represent 26% of the labour force only with an estimated annual income of US\$5,218, compared to 79 % for men with an estimated \$17,353. OECD's social institutions and gender index 2014 classified Egypt among the countries with 'very high' gender discrimination. Reasons for inequalities mentioned are numerous including social norms and attitudes, economic pressures, religious beliefs, that all contribute to discriminate women and limit their participation on the socio-economic scene.

Egypt has been the scene of heightened political instability since the wake of the Arab Spring in 2011, which enabled the millions of protestors who took up to the street country-wide to denounce lack of democracy and police abuses and demand economic reforms. Egyptian military dissolved the parliament and organized rushed elections which saw The Muslim Brotherhood and another Islamist group obtain majority. Following newly elected President Morsi's rise to power, highly contested measures were put in place, namely decrees immunizing his decisions from judicial challenge and review and a decree to criminally sanction demonstrations. With growing protests, chief of Army Al-Sisi suspended the Constitution and ousted president Morsi in a coup July 2013. In 2019, the general assembly proposed constitutional amendments, which aim to increase the length of presidential term from four to six years, appoint a vice president, amend regulations on the judiciary and recreate a second upper house by the name of the Senate. Currently, the political scene has been stagnant due to the very weak participation of opposition political groups. It is worth mentioning that the President announced that the year 2022 to be the year of civil society organizations. This year also witness the completion of the reconciliation process with the new NGO law. Therefore, it is expected that the government will seek more partnerships with NGOs and INGOs.

### **Economic Highlights**

Guided by the President El Sisi, the government has been focusing on implementing mega infrastructure projects such as the widening of the Suez Canal, and the establishment of the new administrative capital city. In parallel, Egypt launched an economic reform program in 2016 that resulted in the devaluation of the Egyptian Pound, increasing tax revenues that are later proportionately allocated to loan payments, and finally cutting subsidies. It is noteworthy that Egypt's external debt has been increasing and reached USD145.529 billion at the end of the second quarter of the fiscal year 2021-2022, compared to USD125.939 billion in the previous quarter of the same year.

However, an increased poverty rate is observed from 25.2% in 2011 and 27.8% in 2015 to 32.5% in 2018.

According to Egypt's official Survey on Households Income, Expenditures and



Consumption (HIECS 2017/2018)<sup>2</sup>, 55% of paid labor work without contracts, and hence, they are deprived from social and health insurance. For instance, between 2010 and 2018, the food prices estimated increase was 360%.

In relation to employment and unemployment, according to CAPMAS statistics in the last quarter of 2021, the World Bank estimates that in 2021, the unemployment rate was 9.3%.

The COVID-19 pandemic has impacted the economy on multiple levels. The national income decreased as a result of the ceased tourism sector, decreased revenues from the Suez Canal, as well as the sharply decreased direct foreign investment. However, due to the ongoing Economic reform program, the pandemic shock has been mitigated thanks to a good international reserves and sizable remittances by the Egyptians living abroad.

Amid these difficulties, Egypt continues its economic liberalization policies. The last effort being the launching of the National Structural Reform Program 2021-2024 including a package of measures building on the pre-pandemic reforms. The program will focus on improving the standard of living for and service delivery to all Egyptians without discrimination, through policies that address imbalances, strengthen social safety nets, and develop human capital.

### **Geopolitical Opportunities and Challenges**

Being located on the crossroads of several areas, Egypt remains a key diplomatic power in the region that plays an active role in issues such as the Palestinian-Israeli conflict. Another opportunity is the human and social capital where adolescents and youth representing one-third of its 105 million population. Social capital also included the diasporas around the world, which may act as safety nets to Egyptian households through remittances, or may contribute to reinforcing Egypt's soft power in global business, media and academic spheres. Furthermore, the Suez Canal is regarded as a significant contributor to global trade and a main source of income for Egypt. In relation to challenges, the Grand Ethiopian Renaissance Dam (GERD) is a direct threat to water security in Egypt.

## **Summary of HI presence in the country**

HI has long history in Egypt. Our operations started in the late 1990's while HI was offering ad-hoc technical assistance, then from 2018, HI operated under the umbrella of Terre Des Hommes (TDH), where it conducted successful projects in Community-Based Rehabilitation (CRB), in capacity building of CBOs, in inclusive employment, etc. Since 2013, HI is registered under the Ministry of Social

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<sup>2</sup> HIECS is conducted every two years. Unfortunately, full results of HIECS 2019/2020 are not yet published, as the assessment was disrupted by COVID-19.



Solidarity. Our permit (to operate in Egypt) has been renewed in 2022 for three years. It worth mentioning that, at the date of this document, HI is registered and known as Handicap International. HI operates in Greater Cairo and Asyut governorates, in the sectors of early childhood development, BaNEREI (Basic Needs, Economic Recovery and Economic Inclusion), inclusive education and rehabilitation. The team has 24 members including: 23 national and 1 international; 15 females and 8 males; 6 based in Asyut and 18 based in Cairo.



# Overview on ongoing projects

Sectors where HI conducts projects and focus on beneficiaries and operational partnerships

Project title and main sector(s) of intervention	Main activities	Beneficiaries	Final beneficiaries	Partners	Location	Dates of beginning and end of the project and donors funding it
<b>Inclusion Economic Inclusion</b>	<p>A local multi-stakeholder working group, including public authorities, the private sector and civil society, jointly identify and support IGAs to enhance the participation of HHs with disabilities to local economic development and improve social cohesion</p> <p>A local DPO, El Ber, is empowered to represent vulnerable HHs with disabilities in the MSWG and to facilitate enabling environment at community level for the HHs participation to the IGA enabled by the MSWG</p> <p>In the target communities, thanks to tailored support from El-Ber, vulnerable households living with disabilities improve income generation capacity "</p>	<p>6 partners members trained</p> <p>200 Households supported by El Ber to develop and to implement their action plan</p>	6 partner members trained 200 HHs accompanied by El Ber to develop and implement an action plan	EL Ber association	Assiut governorate	June 2019 May 2022 EU
<b>Covid-19 specific response (B-SAFE 2)</b>	<ul style="list-style-type: none"> <li>• Identification of 2000 households displaying extreme vulnerability to the COVID19 crisis and assessment of their needs.</li> <li>• Referral of 500 extreme vulnerable households to existing social protection programs and supporting their application process.</li> <li>• Provision of direct food assistance to 1500 households unsupported by social safety nets.</li> <li>• Provision of psychoeducation to 2000 targeted households to address the stigma associated to MHPSS services and identification of households displaying signs of psychosocial and mental distress.</li> </ul>	<ul style="list-style-type: none"> <li>• 2000 extremely vulnerable households economically affected by the Covid-19 crisis and in needs of basic needs assistance;</li> <li>• 500 vulnerable households economically affected by the Covid-19 crisis</li> </ul>	12500 family members of the households (average of 5 persons per household) who will benefit from one or multiple services of the project.	Caritas Egypt	Cairo and Giza Governorates	July 2022 June 2024 EU



<ul style="list-style-type: none"> <li>• Direct provision individual psychosocial support (PSS) for 1000 beneficiaries and referral of 200 beneficiaries to mental health services.</li> <li>• Labour Market Assessment (LMA) in target areas.</li> <li>• Participatory definition of household’s personalized support plan for 2000 households to adopt positive coping mechanisms with a focus on adapting their livelihoods strategies.</li> <li>• Provision of financial literacy training, and coaching 2000 targeted households to prioritize expenses and control their cash flow, including access to social loans.</li> <li>• Support to 700 unemployed household members to adapt their vocational goals to the market situation and referral to relevant employment services.</li> <li>• Identification of 500 vulnerable households with potential for economic recovery, selection of households’ member to support and definition of personalized action plans in line with market opportunities.</li> <li>• Provision of training and coaching on business plan and business management, before and after the businesses’ recovery or start up.</li> <li>• Support investment in businesses’ productive assets and working capital (425 business recovery and 75 start-ups).</li> <li>• Adaptation of businesses premises and tools to meet the needs of women and men with disabilities.</li> <li>• Linkage between recovered/started businesses and local markets, including online ones.</li> <li>• Building inactive women’s consciousness of their potential and promote their economic participation as strategy to diversify target vulnerable households’ livelihoods. (150 women)</li> <li>• Provision of vocational counselling and life skills training in link with market opportunities.</li> <li>• Facilitation of apprenticeships with local small and medium enterprises to strengthen technical skills and/or connection with job opportunities. (120 women)</li> <li>• Within target households, support to men and women to change their own gender and disability biases and stereotypes in relation to division of labour, use/control of assets.</li> <li>• Provision to men and women in targeted households and targeted employers with awareness on local good practices to protect against sexual harassment in public spaces.</li> </ul>	<p>and in need of business recovery.</p> <ul style="list-style-type: none"> <li>• 150 inactive women, with and without disabilities</li> </ul>				
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	<ul style="list-style-type: none"> <li>• Support to peer-to-peer support among targeted women and connect them to existing women groups to address gender norms and support solutions to women's practical needs.</li> <li>• Facilitation of dialogue between employers and targeted women to find ways to conciliate business needs with their needs.</li> </ul>					
<p><b>Health</b></p>	<p>Development with the Ministries of Health and Social Affairs of a comprehensive protocol for early prevention and intervention.</p> <p>This activity has been primarily impacted by the delay of the cooperation with MoH, thus it could not be initiated during the reporting period.</p> <p>Capacity building of health personnel in targeted centers for early detection and intervention</p> <p>Definition of the early intervention mechanism relating to disability, including the terms of financial support to cover various rehabilitation costs</p> <p>For each health center involved, identification and provision of equipment</p> <p>Improvement in the care, support, and referral of children detected</p> <p>Training of community health volunteers on access to primary health care services and community care.</p> <p>Training mothers of children with disabilities and accompaniment in peer support activities; support for the creation of self-help groups.</p> <p>A2.3: Community awareness sessions on disability issues, early detection and intervention, and available services and care.</p> <p>A3.1: Training mothers who are champions of disability prevention and early intervention in order to contribute to the involvement of users in the dialogue with local health and protection actors.</p> <p>3.2: Information sessions for national and international actors, in favour of the mainstreaming of EDEI at the primary healthcare level, the inclusion of migrants left behind by the primary health system, and the establishment of an effective referral system between national CSOs working with migrants and the national health system.</p>	<p>27 staff and volunteers trained</p> <p>2,000 persons received awareness</p> <p>50 institutional and operational actors are introduced to the EDEI model of the project.</p>	<p>1,200 children diagnosed with developmental delay or disabilities who benefit from early intervention</p> <p>90 health and rehabilitation staff from targeted public and private clinics, trained to identify children with developmental delays and/or impairments and to provide them with adequate care and/or to direct them to other services</p> <p>15 medical supervisors from the targeted centers trained on monitoring ED activities</p> <p>20 staff from MoH and partners who attend a training of trainers</p> <p>120 staff from the targeted centers who become aware of the theme of inclusion and the importance of EDEI</p> <p>50 volunteers within two local NGOs trained to identify children at risk, to promote their access to EDEI, and to raise awareness</p> <p>2,000 people in the communities, who benefit from awareness sessions about disability and EDEI</p>	<p>MdM Tadamon Association Refuge Egypt</p>	<p>Cairo and Giza Governorates</p>	<p>June 2019 – September 2022</p> <p>Agence française de développement (AFD)</p> <p>Canton de Genève (CdG)</p> <p>Latter-Day Saint Charities (LDSC)</p>



			<p>215 caregivers learn to develop their own capacity for resilience and skills, through their participation in self-help and peer, support groups,</p> <p>10 champion mothers trained disability prevention and early intervention</p> <p>95 representatives of national and international actors participate in information sessions in favour of the integration of EDEI into primary healthcare</p> <p>30 key institutional and operational actors participate in a final round table to discuss the model developed and share the successes and challenges in terms of sustainable development</p>			
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## Donors' logo

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European Union



Canton de Genève (CDG)



Avec le soutien de la  
République et canton  
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