

# The National Child Protection System and Alternative Child Care in Egypt

Author: Dr. Chrissie Gale



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**SOS CHILDREN'S  
VILLAGES**

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# Foreword

This report on the National Child Protection System and Alternative Child Care in Egypt, was commissioned by SOS Children's Villages International, Regional Office for CEE/CIS/Middle East. It is part of a series of five reports based on a multi-country desk review, including also Jordan, Lebanon, Palestine and Syria. The author is the renowned international child protection consultant Dr. Chrissie Gale. We are glad to share this and the other reports with all interested stakeholders in order to spark further efforts to better protect children without parental care or at risk of losing it and facilitate new effective partnerships. All reports can be accessed [here](#).

The main objective of the review was to increase our knowledge and understanding of the child protection sector in Egypt, in particular recent developments and reform efforts. SOS Children's Villages alternative care and family strengthening programs operating in the country continuously aim at improving and increasing the positive impact on the lives of children who lost parental care and children at risk of being separated from their families. Understanding the functioning and challenges of the national child protection system is paramount for us to better address the needs of these groups, scale up or launch new initiatives and strengthen cooperation with governmental and civil society stakeholders.

The report thoroughly examines all available academic and professional research literature. It offers an analysis of data and information obtained from open web and official government sources. Presenting a synthesis of compiled evidence, it gives a detailed picture of current child protection practices and the structural and legal building blocks of the child protection system in Egypt. The report offers rich evidence for sound decision-making in the areas of policy, programming, advocacy and development cooperation.

We hope the report will be useful also for other agencies and organisations active in the field of child protection. May the learnings help us in our work to improve the lives of children and families.



Ms NICOLA OBERZAUCHER  
Director Programme EUCM

SOS Children's Villages International  
Regional Office CEE/CIS/Middle East

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# Glossary of terms

Abandonment	A situation in which children are anonymously left in a 'public' place by persons unknown e.g. a child is left on the steps of a mosque or in front of a hospital. or on the street.
Adoption	A child who is effectively placed in the legal custody of the person adopting them 'pursuant to a final adoption order, as of which moment, for the purposes of the UN Guidelines for the Alternative Care of Children, the child is considered to be in parental care'. <sup>1</sup>
Ageing out of Care	The time at which a child or young person living in formal alternative care reaches a legally-determined age (usually the age of majority) above which they are no longer entitled to live in a care placement. In most cases, they need to leave care and start their lives as independent adults.
Alternative Care	Children not in the overnight care of at least one of their parents, as parents are unwilling or unable to care for children <sup>2</sup> . The UN Guidelines for the Alternative Care of Children outline several different forms of alternative care including kinship care, residential care and foster care.
Child	A child is any person under the age of 18 years unless the law of a particular country sets the legal age for adulthood younger, as provided for under Article 1 of the United Nations Convention on the Child. <sup>3</sup>
Children without parental care	'All children not in the overnight care of at least one of their parents, for whatever reason and under whatever circumstances.' <sup>4</sup>
Kinship care	Family-based care within the child's own extended family or with close friends of the family known to the child. <sup>5</sup>
Family based care	Refers to a short- or long-term care arrangement whereby a child is placed in the domestic environment of a family, as opposed to institutional or residential care. <sup>6</sup> This includes kinship care and foster care.
Formal care	'All care provided in a family environment that has been ordered by a competent administrative body or judicial authority, and all care provided in a residential environment, including in private facilities, whether or not the result of administrative or judicial measures' <sup>7</sup>
Foster care	'Situations whereby children are placed by a competent authority for the purposes of alternative care in the domestic environment of a family, other than children's own family, that has been selected, qualified, approved, and supervised for providing such care.' <sup>8</sup> (note: in some countries this now also applies to a formally arranged placement with another family member - kinship foster care). This form of care should be temporary in nature.
Guardian	A guardian is a person, not a parent of the child, who is given legal responsibility to care for a child; this may entail full parental responsibility, including the care of a child or, in

1 UN General Assembly (2009) Guidelines for the Alternative Care of Children

2 UN General Assembly (2009) Guidelines for the Alternative Care of Children

3 based on Article 1 of the UN Convention on the Rights of the Child (CRC) (UN, 1989).

4 UN General Assembly (2009) Guidelines for the Alternative Care of Children Article III, 29a.

5 UN General Assembly (2009) Guidelines for the Alternative Care of Children

6 European Expert Group on the Transition from Institutional to Community-based Care (EEG) 'The Common European Guidelines on the Transition from Institutional to Community-based Care', November 2012, available under:

[www.deinstitutionalisation.com](http://www.deinstitutionalisation.com); hereinafter quoted as: "EEG (November 2012) op. cit."

7 UN General Assembly (2009) Guidelines for the Alternative Care of Children

8 UN General Assembly (2009) Guidelines for the Alternative Care of Children

	some systems, more limited responsibilities related only to making legal decisions on behalf of the child. A guardian could also be someone recognized by the community or traditional authorities as having the responsibility to care for and protect the child. A guardian may be related or unrelated to a child. (please also see definition of legal guardian below)
Informal care	Any private arrangement provided in a family environment, whereby the child is looked after on an ongoing or indefinite basis by relatives or friends ('informal kinship care'), or by others in their individual capacity. The arrangement is at the initiative of the child, his/her parents, or other person without this arrangement having been ordered by an administrative or judicial authority or a duly accredited body. <sup>9</sup>
Institutional care	'Large residential care facilities,' <sup>10</sup> where children are looked after in any public or private facility, staffed by salaried carers or volunteers working predetermined hours/shifts, and based on collective living arrangements, with a large capacity. <sup>11</sup>
Kafala	A means of providing care for vulnerable children, recognized under Islamic law and in article 20 of the Convention on the Rights of the Child and in 2.a and 161 of the UN Guidelines for the Alternative Care of Children. In practice, this may include providing financial and material support to a child in parental or alternative care, or, as referenced in the UN Convention on the Rights of the Child, may be an arrangement closer to adoption or fostering where a child is taken to live with another family <sup>12</sup> As regards children, it is generally defined as a person's ( <i>kafil</i> ) commitment to voluntarily take care of the specific needs, maintenance, education and protection of a child deprived of his/her family ( <i>makfoul</i> ). However, its legal and practical effects differ from country to country, ranging from financial support for children in a residential facility to full-time care by the <i>kafil</i> in their family environment
Kinship care	'Family-based care within the child's extended family or with close friends of the family known to the child, whether formal or informal in nature.' <sup>13</sup> Kinship care can be both a form of permanent family-based care and a form of temporary alternative care. There are two types of kinship care. Informal kinship care is: 'any private arrangement provided in a family environment, whereby the child is looked after on an ongoing or indefinite basis by relatives or friends ... at the initiative of the child, his/her parents or other person without this arrangement having been ordered by an administrative or judicial authority or a duly accredited body.' <sup>14</sup> Formal kinship care is care by extended family or close friends, which has been ordered by an administrative or judicial authority or duly accredited body. <sup>15</sup> This may in some settings include guardianship or foster-care.
Legal guardian	A legal guardian is a person who has the legal rights and responsibilities to care for another person. A child's legal guardian will normally be the child's mother or father unless they have had their parental rights removed by a court order. Children without a legal guardian will require representation in the decision-making process to ensure their rights, opinions and best interests are protected.
Orphan	For this report the term orphan will refer to a child whose both parents have died
Relinquishment	Is a process where a mother and/or father or others with or without parental authority decide not to raise their child and hand over the child to another 'carer' e.g. a child left behind in a maternity ward of a hospital or voluntarily taken to a residential care facility.

<sup>9</sup> UN General Assembly (2009) *Guidelines for the Alternative Care of Children*

<sup>10</sup> UN (2009) *Guidelines for the Alternative Care of Children*.

<sup>11</sup> NGO Working Group on Children Without Parental Care (2013) Identifying Basic Characteristics of Formal Alternative Care Settings for Children: A Discussion Paper'

<sup>12</sup> Cantwell and Jacomy-Vite (2011)

<sup>13</sup> UN General Assembly (2009) *Guidelines for the Alternative Care of Children* Article III, 29c.i.

<sup>14</sup> *ibid.* Article 29b.i.

<sup>15</sup> *ibid.* Article 29b.i.

	Relinquishment unlike abandonment is when the identity of the mother or father, or other family members, are known
Residential care	<p>'Care provided in any non-family based group setting, such as places of safety for emergency care, transit centres in emergency situations, and all other short- and long-term residential care facilities, including group homes.'<sup>16</sup></p> <p>A distinction is often made between different forms of residential care. For example:</p> <ul style="list-style-type: none"> <li>• <i>Institutional care</i>: large-scale facilities where children are cared for in large groups, usually involving shift-systems, a common set of rules, children sleeping in dormitories, and isolation from wider communities.</li> <li>• <i>Small group homes</i>: children cared for in small groups, usually with one or two consistent carers, in specially designed and designated facilities.<sup>17</sup></li> </ul>
Separated children	Children who have been separated from both parents, or from their previous legal or customary primary care-giver, but not necessarily from other relatives. These may therefore, include children accompanied by other adult family members. <sup>18</sup>
Small residential care settings	A 'public or private, registered, non-family based arrangement, providing temporary care to a group of 4 to 6 children, staffed by highly trained, salaried carers, applying a key-worker system, with a high caregiver-to-child ratio that allows for individualized attention for each child, based on the professionally developed case plan, which takes into account the voice of the child.' <sup>19</sup>
Street connected children	Children living and/or working on the streets
Supervised independent living	Where children/young people live alone or in small groups in a house or apartment but are carefully supported by an adult whilst transitioning from a full-time care setting to independence.
Reintegration	The process of a separated child making, what is anticipated to be, a permanent transition back to his or her family and community (usually of origin) in order to receive protection and care and to find a sense of belonging and purpose in all spheres of life <sup>20</sup>
Unaccompanied children	Children who have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so. <sup>21</sup>
Violence	For this report the term 'violence' will be used to denote all forms of abuse and exploitation including serious neglect and physical, sexual and emotional abuse

<sup>16</sup> *ibid.* Article III, 29c. iv.

<sup>17</sup> United Nations General Assembly (2019) 'Promotion and protection of the rights of children' adopted by the General Assembly at its 74th session, 19 November 2019, A/74/395

<sup>18</sup> Definition from: Committee on the Rights of the Child General Comment No. 6, Treatment of unaccompanied and separated children outside their country of origin, UN document CRC/GC/2005/6 of 1 September 2005

<sup>19</sup> UNICEF (2020) White Paper: The role of small-scale residential care for children in the transition from institutional to community-based care and in the continuum of care in the Europe and Central Asia Region. UNICEF ECARO Office

<sup>20</sup> (Inter-agency group on Reintegration 2016, p.1).

<sup>21</sup> *ibid.*



# Preface

## 1. Introduction

This desk review of the child protection system and alternative care in Egypt was commissioned by CEE/CIS/ME Programme Team in SOS CVI.

### 1.1 Aim and scope

The aim of the desk review was to develop a synthesis of findings drawn from literature relating to child protection systems and alternative care in Egypt, and provide an understanding of the structural and operational realities, and status quo, of the system in the country.

In this respect, the aim of the research undertaken in Egypt was to gain an understanding of the following:

- The socio-economic and cultural contexts in which childcare reforms are taking place
- The risks children face that can lead to loss of parental care and placement in alternative care
- The structures and processes governing child protection and alternative care, including the normative (legal and policy) framework, Government and non-governmental structures and their roles and responsibilities
- Provision of alternative care
- The child protection and alternative care workforce
- Attitudes that impact on protection and alternative care of children

### 1.2 International treaties and guidance underpinning the structure of the report

The structure and choice of information to include in this report has been informed by international conventions and guidance. In particular, this includes the UN Convention on the Rights of the Child (CRC), the UN Guidelines for the Alternative Care of Children (UN Guidelines), and the accompanying Handbook 'Moving Forward'<sup>22</sup>. This latter document identifies two basic principles that are described as the 'pillars' of the UN Guidelines: 'necessity' and 'suitability'. It has also been informed by the recent United National General Assembly Resolution on the Rights of the Child <sup>23</sup> adopted on 18<sup>th</sup> December 2019 which strengthens the commitment of States to children without parental care and those at risk of being so.

The UN Guidelines clearly state that the family is the 'fundamental group of society and the natural environment for the growth, well-being and protection of children' and that 'efforts should primarily be directed to enabling

<sup>22</sup> Cantwell, N.; Davidson, J.; Elsley, S.; Milligan, I.; Quinn, N. (2012). *Moving Forward: Implementing the 'Guidelines for the Alternative Care of Children'*. UK: Centre for Excellence for Looked After Children in Scotland. Available at: [www.alternativecareguidelines.org](http://www.alternativecareguidelines.org)

<sup>23</sup> United Nations General Assembly (2019) 'Promotion and protection of the rights of children' adopted by the General Assembly at its 74th session, 19 November 2019, A/74/395

the child to remain in or return to the care of his/her parents, or when appropriate, other close family members.’ This **‘necessity’ principle** therefore, safeguards children from being removed from parental care and placed in alternative care unnecessarily. The **‘suitability’** principle as also laid out in the UN Guidelines, requires a range of good quality alternative care settings be made available so that if care is deemed as necessary, each child’s individual needs, circumstances and wishes can be met. It also requires ending the use of unsuitable placements such as the use of institutions and detention centres. The UN Guidelines require the most suitable forms of alternative care be provided under conditions that ‘promote the child’s full and harmonious development’. All efforts should also be made to return children to the care of their family as soon as possible or, if finally deemed not possible, to find other suitable permanent family-based care.

## 2. Summary of findings

This section contains a brief summary of some key issues as highlighted during this desk review relating to the child protection system and alternative care provision in Egypt.

- The available data suggests there are a significant number of children in residential care in Egypt. There is little knowledge however, regarding the quality of this care within each residential setting.
- Only specific children e.g. those that are abandoned and of unknown parentage, or those for whom there is a guarantee they will never to be returned to their families, are eligible for alternative family-based care. Only babies and young children are likely to have an opportunity to enter alternative family-based care. Once children are institutionalized they are likely to remain there for many years.
- What is being termed 'foster' care is not temporary in nature and does not therefore, correspond to international standards for foster care. Family-based alternative care appears to lack careful procedures, particularly in matching and preparation of families
- There is no evidence of any systematic process for, or implementation of support programmes, that would facilitate family reunification for children that have been placed in alternative care.
- Muslim children do not have the possibility to be adopted
- It has been challenging to find information about the planning for and, the support during, the period young people are ageing out of care
- There is a lack of longitudinal qualitative and quantitative data held in a centralised data base that would indicate the number of children at risk of losing parental care and disaggregated information providing details of children in care.
- There is a plethora of legislation, regulations, and statutory guidance relevant to child protection and alternative care in Egypt. This includes the issuing of mandates creating possible duplication of roles and responsibilities. It may also be creating challenges, especially for front line workers, in gaining comprehensive and current knowledge of this differing guidance within a complex normative framework that is necessary for implementing their own responsibilities.
- In reference to statutory procedures to address child protection risks, families are seeking familial/community customary solutions rather than seeking professional support. For example, reconciliation and mediation in the community is reported to be used extensively rather than reporting a crime to formal authorities.
- A principal challenge in the review of literature, has been understanding the differing remits of the plethora of different departments, sub-departments, Committees and Units across Egypt with a remit for child protection. In addition, different authors of reports continue to use different titles for the same agencies and stakeholders. Furthermore, there is conflicting information regarding roles and responsibilities of certain government agencies within the literature.
- Although there is acknowledgment as to the use of child protection case management in the literature, there is a lack of evidence about how it is being implemented, or if utilized well. Neither was it possible to find any information on the use of Care Plans for children either prior to or during their placement in care.
- The use of terminology is confusing. This includes the interchangeable use of foster care and alternative family care. Furthermore, it seems there is confusion about the difference between abandonment and relinquishment.
- Concerns are expressed in the literature regarding the focus on reactive rather than preventative response to protection, and the lack of interventions to address underlying root causes of violence and other reasons children lose parental care.
- Discriminatory social norms that tolerate gender-based violence, justify violence as an acceptable way to resolve conflicts and to discipline a child, and those that find institutionalization of a child as acceptable, are contributing to the perpetuation of violence against children whilst also hindering their access to

support. This is exacerbated by the manner in which families and communities wish to resolve protection and other societal concerns without resorting to any authority or organisation that might also assist the child.

- There is a need to embed child protection social work into social work education and further investment in the ability, capacity and number of trained social workers.

## 3. Methodology

### Desk review

A literature search was carried out using the search engines Web of Science, Google Scholar, and Google as well as the websites of such organisations as UNICEF and the Better Care Network. In addition, source documents in Arabic and English were provided by key informants from the SOS National Association in Egypt.

The literature was reviewed by assessing the relevance of information to key research questions in order to examine all relevant aspects of child protection and alternative care systems including relevant actions of prevention, care placement, reunification and leaving care.

### Interviews with key informants

A short interview was conducted with team members of the SOS National Association in Egypt, also attended by an expert consultant, in order to gain additional information and/or confirm information that had been initially gathered during the desk review.

### Limitations

The information in this report has been drawn from documents that could be sourced in English and Arabic. Although a comprehensive search was conducted to find these documents, complimented by reports and other information provided by national teams, it is not possible to guarantee that all relevant published data has been found.

Translating Arabic into English, as well as reading reports produced in English, revealed the challenge that different authors have used differing terminology for the same topics. For example, different reports use variations for the names of government departments, national programmes and forms of alternative care. Furthermore, information sourced in documents has in some instances, proven to be contradictory in nature. Some documents sourced in Arabic have been produced in a format that did not allow for the use of online translation tools. Where possible, these documents were reviewed with the support of an Arabic speaking researcher however, within the time and other constraints for this desk review, it was not possible to undertake a verbatim translation of every document.

This report does not include an assessment of children placed in 'boarding' schools although it is acknowledged by the author that she would consider these to be residential institutions as defined in the report 'European Expert Group on the Transition from Institutional to Community-based Care: Guidance on implementing and supporting a sustained transition from institutional care to family-based and community-based alternatives for children, persons with disabilities, persons with mental health problems and older persons in Europe' issued November 2012.

## 4. Context

### 4.1 Geography

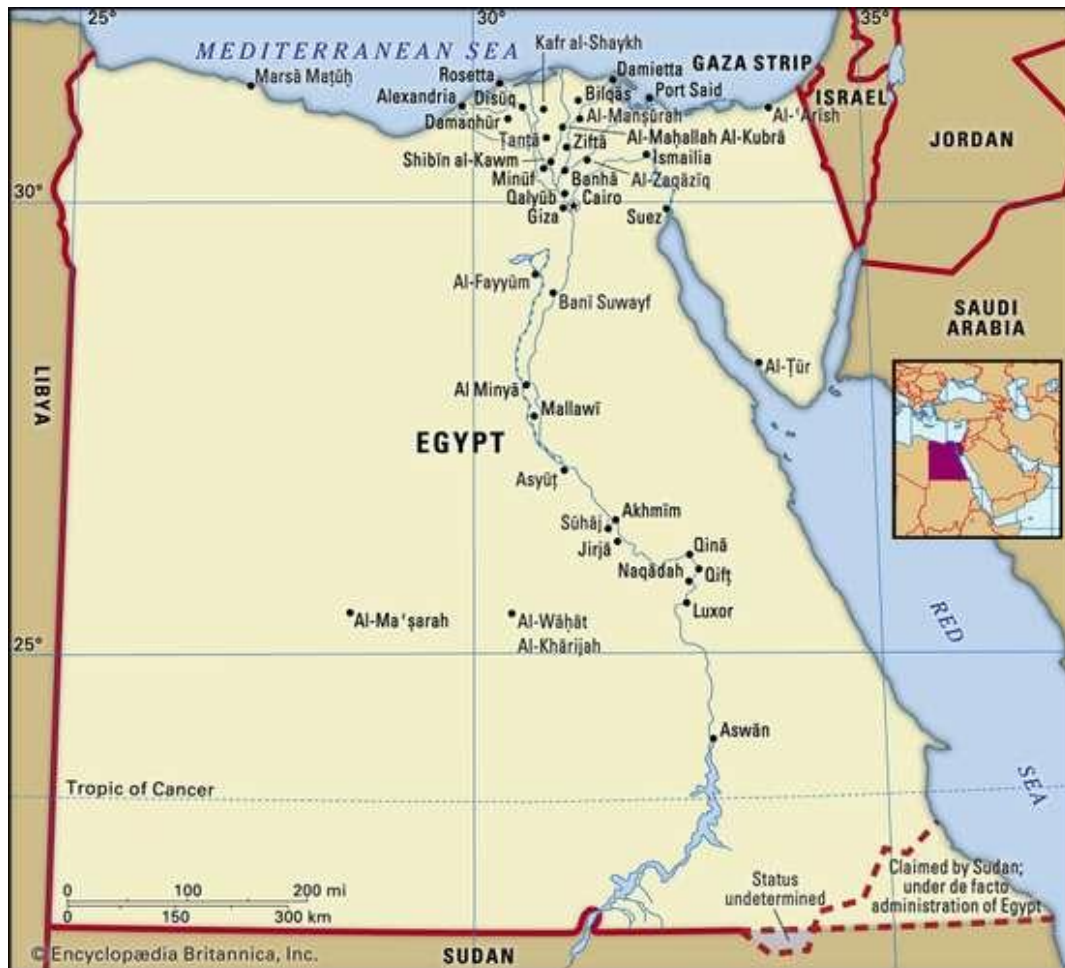


Figure 1. Map of Egypt<sup>24</sup>

Egypt is a Northern African nation. The country covers a total area of 1,001,450 sq kms and is bordered by Libya, the Sudan, Palestine (the Gaza strip) and both the Mediterranean and Red Sea.<sup>25</sup> Egypt has suffered recent civil unrest, with the ousting of President Mubarak in the midst of the Arab Spring in 2011, and the subsequent removal of his successor in 2013. In January 2014, a new constitution was approved via referendum and in May 2014 Abdelfattah Elsihi was elected president. President Elsihi was elected to a second four-year term in 2018. The country operates under a presidential republic. The official language of Egypt is Arabic.

### 4.2. Population

Egypt is the most populous country in the Arab world and the third most populous country in Africa. Most of the country is desert, and about 95% of the population is concentrated on 5% of the country's land on a narrow fertile strip along the River Nile.<sup>26</sup> As illustrated in Figure 2. Over half the population live in rural areas.

<sup>24</sup> Sourced at: <https://www.britannica.com/place/Egypt>

<sup>25</sup> Sourced at: <https://www.cia.gov/the-world-factbook/countries/egypt/>

<sup>26</sup> Sourced at: <https://www.cia.gov/the-world-factbook/countries/egypt/>

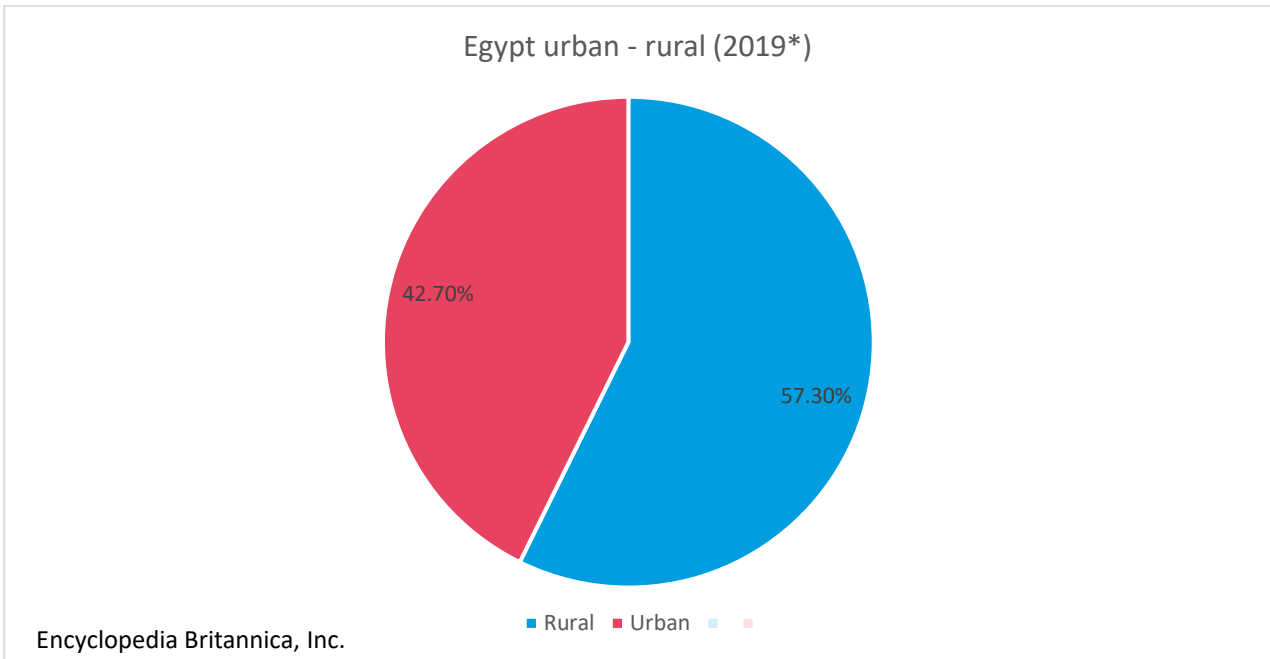


Figure 2. Urban/rural population of Egypt (2019)<sup>27</sup>

In 2020 there was an estimated population of 104,124,440.<sup>28</sup> In 2018, the Central Agency for Public Mobilization and Statistics recorded the total number of children (under 18 years) to be 38.9 million representing 40.1% of the total population.<sup>29</sup> The age breakdown for the country in 2019 can be found in Figure 3.

<sup>27</sup> Sourced at: <https://www.britannica.com/place/Egypt/Settlement-patterns>

<sup>28</sup> Sourced at: <https://www.cia.gov/the-world-factbook/countries/egypt/>

<sup>29</sup> E7

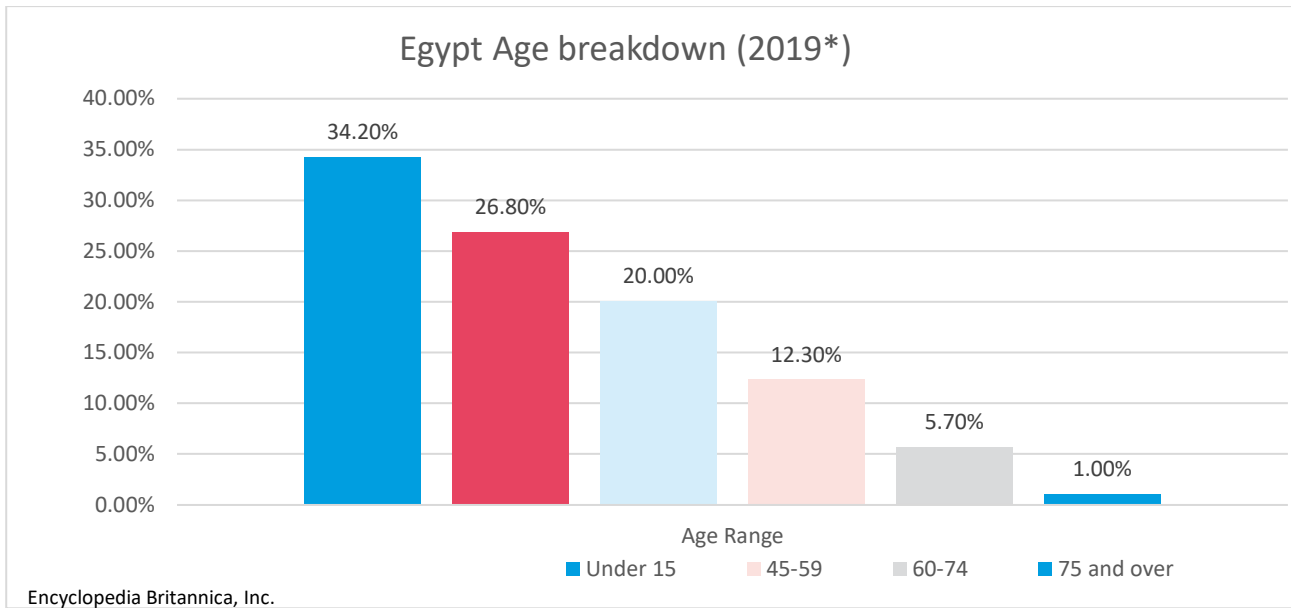


Figure 3. Egypt age breakdown (2019)<sup>30</sup>.

The estimated population growth in Egypt in 2020 was 2.7%.<sup>31</sup> In 2006, 99% of the population were Egyptian. Egypt's population is rapidly growing, which in the face of limited arable land and a dependence on the Nile, overtaxed resources and stress society - placing a strain on, inter alia, the government's capacity to provide services for children.<sup>32</sup>

### 4.3 Economy

The general standard of living is reported to be low and, in relation to size of population, economic resources are limited. Land is the main source of natural income (one fourth of the population derives a livelihood from agriculture) but increased in population is believed to be putting a strain on resources as well as contributing to underemployment. As a result, Egyptians are seeking employment overseas. The political uprising in 2011 is also thought to have had a detrimental impact on the economy witnessing a fall in tourism, construction and manufacturing.<sup>33</sup>

In 2017, GDP growth rate was estimated to be 4.2% with GDP per capita at \$2,943. In 2019, the unemployment rate was an estimated 7.86%. In 2016, just below a third of the population (29.8%) were thought to be living below the poverty line.<sup>34</sup>

Child monetary poverty has continued to rise, both in absolute numbers and in percentages, with a marked acceleration since 2010/2011. According to the CAPMAS Household Income and Expenditure Survey (HIECS), national poverty rates, rose from 20% in 2005 to approximately 28% in 2015. In 2013, 28.8% of children were reported to be living in extreme monetary poverty, compared to 21% in 2000. The Survey also reported on data based on a 2014 Child Multidimensional Poverty Analysis showing almost 3 out of every 10 children suffering from multidimensional poverty. A child is considered to be multi-dimensionally poor when severely deprived in at least two well-being indicators.<sup>35</sup>

<sup>30</sup> Sourced at: <https://www.britannica.com/place/Egypt/Demographic-trends>

<sup>31</sup> Sourced at: <https://www.cia.gov/the-world-factbook/countries/egypt/>

<sup>32</sup> E25

<sup>33</sup> Sourced at: <https://www.britannica.com/place/Egypt/Demographic-trends>

<sup>34</sup> Sourced at: <https://www.cia.gov/the-world-factbook/countries/egypt/>

<sup>35</sup> E15



## 4.4 Religion

Islam is the official religion of Egypt with 90% of the population being (predominantly Sunni). In 2015 it was estimated that 10% of the population were Christian the majority of whom were Coptic Orthodox. Other Christians included Armenian Apostolic, Catholic, Maronite, Orthodox, and Anglican).<sup>36</sup>

## 4.5 Education

There are three stages of state general education: primary (for 6 years), preparatory (for 3 years), and secondary (for 3 years). The primary and preparatory stages are compulsory for children between ages 6 and 15 years. Pupils who pass examinations have the opportunity to continue their education at secondary level. There are two forms of secondary schools, general and technical. Most technical schools are either commercial, agricultural, or industrial.<sup>37</sup>

The Government of Egypt, having made significant progress towards expanding access to basic education, reports the gap to be closing between enrolment numbers of boys and girls. The Ministry of Education's Statistical Yearbook 2015/16, shows net enrolment in primary education was 92%, 83% in preparatory school, and 60% in secondary school. However, there is also an acknowledgement that many children are not attending school. According to the 2006 census, 8.1% of children (1.4 million children between 6 and 17 years of age) were never enrolled in school or had dropped out of basic education.<sup>38</sup>

In 2017, literacy rates (of those over the age of 15 years that could read and write), were estimated to be 71.2% of the total population (76.5% male and 65.5% female).<sup>39</sup>

## 4.6 Health

In 2018, life expectancy was 72 years and mortality rate of infants under 5 years was 21 per 1,000 live births.<sup>40</sup> In 2020 fertility rate was estimated to be 3.29 children per woman.<sup>41</sup> A report published in 2017<sup>42</sup> identified nationwide rates of stunting affected approximately 21.4% of under-five children in 2014 and 5.5% were underweight.<sup>43</sup>

Recognition has been given to the manner in which the Government of Egypt has made an effort to improve access to medicine through such measures as nationalising hospitals run by private organizations, nationalising and controlling pharmaceutical industries, and expanding health insurance. A health insurance law, passed in 1964, provides for compulsory health coverage for workers in firms employing more than 100 persons, as well as for all governmental and public employees. Poorer Egyptians however, often seek medical care at clinics or hospitals run by religious organisations.<sup>44</sup>

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<sup>36</sup> Sourced at: <https://www.cia.gov/the-world-factbook/countries/egypt/>

<sup>37</sup> Sourced at: <https://www.britannica.com/place/Egypt/Housing>

<sup>38</sup> E15

<sup>39</sup> Sourced at: <https://www.cia.gov/the-world-factbook/countries/egypt/>

<sup>40</sup> Sourced at: <https://data.worldbank.org/country/egypt-arab-rep?view=chart>

<sup>41</sup> Sourced at: <https://www.cia.gov/the-world-factbook/countries/egypt/>

<sup>42</sup> E15

<sup>43</sup> *ibid.*

<sup>44</sup> Sourced at: <https://www.britannica.com/place/Egypt/Political-process>

## 5. Child protection concerns and reasons children are at risk of entering alternative in Egypt

The United Nations General Assembly Resolution (2019) 'Promotion and protection of the rights of children' and the UN Guidelines identify the importance of collating information documenting protection and other risks children face that can lead to loss of parental care and placement in alternative care. Gathering this information provides evidence that can inform actions that prevent family separation, provide access to programmes and services that prevent violence against children and, when necessary, provide suitable care options for the temporary care of children when needed.

Furthermore, it is well recognized that violence in childhood 'can have negative lasting impacts on health and wellbeing.'<sup>45</sup> Therefore, national child protection systems should, 'prevent, respond to, and resolve the abuse, neglect, exploitation and violence experienced by children'<sup>46</sup>. To do this, such systems should provide violence prevention and mitigation programmes which can avert separation of children from parental care. In this respect, differing international conventions and treaties, including the newly adopted 2019 UNGA Resolution on the 'Promotion and protection of the rights of children'<sup>47</sup>, are very clear that all forms of violence against children in all settings are condemned and must be addressed. The resolution urge States,

to strengthen efforts to prevent and protect children from all such violence through a comprehensive, gender-responsive and age-appropriate approach and to develop an inclusive multifaceted and systematic framework, which is integrated into national planning processes, to respond effectively to violence against children and to provide for safe and child-sensitive counselling, complaint and reporting mechanisms and safeguards for the rights of affected children.

It has been difficult to find any systematic collection and analysis of longitudinal and/or disaggregated data that provide comprehensive information on the reasons children are being received into alternative care in Egypt. It is recognized that children are often victims of multiple forms of violence (poly-victimization) which compound their vulnerability and risk of family separation. The information below therefore, provides a snap shot of a range of protection and other risks that may lead to placement in alternative care.

<sup>45</sup> Kumar, A.K., Stern, V., Subrahmanian, R., Sherr, L., Burton, P., Guerra, N., Muggah, R., Samms-Vaughan, M., Watts, C., & Mehta, S.K. (2017) Ending violence in childhood: a global imperative. *Psychology, Health & Medicine*, Vol. 22 (S1)

<sup>46</sup> Pells, K. (2012) Risky lives': risk and protection for children growing up in poverty. *Development in Practice* Vol.22 (4) pp.562-673

<sup>47</sup> United Nations General Assembly (2019) 'Promotion and protection of the rights of children' adopted by the General Assembly at its 74th session, 19 November 2019, A/74/395

## Orphans

In Egypt, the term 'orphan' is used interchangeably to refer to children without parental care regardless or not whether they still have living parents.<sup>48</sup> However, in terms of true orphans i.e. children whose both parents are deceased, Figure 4. Shows only 0.1% of children are true orphans.

Figure 4. Proportion of children under the age of 18 years who are orphaned (2014)<sup>49</sup>

	2014			
	Children with one or both parents dead*	Living with one parent		Not living with either parent
		Mother dead	Father dead	
<i>(percentage of children)</i>				
Total 0-17 years	3.6	0.5	2.9	0.1
Total 0-4 years	0.6	0.1	0.5	0.0
<b>By age</b>				
<2	0.3	0.1	0.3	0.0
2-4	0.9	0.2	0.6	0.0
5-9	2.4	0.4	1.8	0.0
10-14	5.5	0.8	4.5	0.1
15-17	9.5	1.3	7.6	0.3

## Violence against children

The Ministry of Health and Population published a 2018 National Strategic Framework to End Violence against Children<sup>50</sup>, in which it is recognized that,

*the large majority of children grow up in environments that routinely expose them to violence. Their safety and well-being are not just compromised in their homes and families, but also in schools, ECD centers, workplaces, childcare institutions, the justice system, and in different places in the communities in which they live.*

Information in the strategy document, extracted from the 2014 Egypt Demographic and Health Survey, indicates 93% of children between the ages of 1 and 14 years old had been exposed to violent disciplinary practices at home in the month preceding the survey. This included psychological abuse and corporal punishment. Furthermore, 43% of children had been exposed to extreme physical punishment, including being hit or slapped on the face, head, or ears, repeated beating, and being hit with a hard object such as a belt. The data also shows how children between 3 to 4 years of age were at highest risk of maltreatment, with 43% being subjected to corporal punishment.<sup>51</sup>

<sup>48</sup> E8

<sup>49</sup> E15

<sup>50</sup> E25

<sup>51</sup> E25

In 2014, 93% of children in Egypt were reported to have been subjected to some form of violent disciplinary practice at the hands of their parents or caregivers.<sup>52</sup> In a 2015 report,<sup>53</sup> UNICEF provided data indicating 84% of children between 2-14 years in the study cohort had been exposed to physical and psychological violence in the three governorates in which the research had been undertaken. Figure 5. Provides additional information related to disciplinary practices impacting children aged 1-14 years old.

	Only non-violent discipline		Any violent discipline	
	2009	2014	2009	2014
	(2-14 years)	(1-14 years)	(2-14 years)	(1-14 years)
	<i>(percentage )</i>			
Total	4.1	4.1	90.8	93.0
<b>By gender</b>				
Males	3.6	3.8	91.5	93.4
Females	4.6	4.4	90.2	92.6
<b>By location</b>				
Urban	5.3	4.8	90.3	92.4
Rural	5.3	3.7	91.2	93.3

Figure 5. Prevalence of violent and non-violent disciplinary practices adopted by parents/caregivers of children aged 1- 14 years (2009 and 2014)<sup>54</sup>

With regards sexual violence, the National Strategic Framework to End Violence against Children<sup>55</sup> also provides information drawn from a 2015 study indicating verbal sexual harassment was the most common form of sexual violence reported by girls and boys surveyed. This was followed by prevalence of physical sexual harassment.<sup>56</sup>

A 2013 UN Women Study revealed how 99% of Egyptian girls and women in their survey had experienced some form of sexual harassment in their lifetime, ranging from whistling and verbal abuse, to unwanted touching, and rape. It is also suggested that girls are not only vulnerable to sexual harassment at school, but also while travelling to and from school, on public transportation, and in the streets.<sup>57</sup>

Between 2011 and 2014, the National Child Helpline continued to receive reports of sexual violence against children, including 206 cases of sexual assault and rape.<sup>58</sup> It is also believed that the incidence of rape is most probably higher, as many victims suffer in silence being too ashamed or afraid to disclose that they were raped or, unable to report their experience.<sup>59</sup>

## Abandonment

A study published in 2018<sup>60</sup> estimated that more than half (54.7%) of the children in their research cohort had been placed in a residential care setting due to abandonment (it is to be noted however, that on closer

<sup>52</sup> *ibid.*

<sup>53</sup> E7

<sup>54</sup> E15

<sup>55</sup> E25

<sup>56</sup> *ibid.*

<sup>57</sup> *ibid.*

<sup>58</sup> *ibid.*

<sup>59</sup> *ibid.*

<sup>60</sup> E8

reading, some authors have included relinquished children within the those they consider abandoned in addition to which, they do not clearly set out this differentiation in their reports).

The literature reviewed for this study,<sup>61</sup> indicates it may be predominantly new born infants that are abandoned as a result of differing circumstances including:

- children born out of wedlock
- unwanted pregnancy
- poverty
- parents inability/unwilling to care for a child
- sexual assault e.g. rape

One author also proffered the suggestion that some children may be abandoned because their gender.<sup>62</sup> However, no further explanation of this phenomena was provided in the report and no other documents sourced for this study provided further reference to this factor.

Article 20 of Egyptian Child Law states that if a child is found, he/ she must be taken to the nearest police station or to a residential care facility. If the child is taken directly to a residential care setting then police must be informed. The police should in turn, inform a representative from the Ministry of Social Solidarity and the child is then taken to a residential care setting. A search should be undertaken to try and locate the child's family which can include details of the child published in the media.<sup>63</sup>

Egyptian law also states that in terms of the registration and naming of abandoned children, the Ministry of the Interior (MOI) and the Ministry of Social Affairs (MOSA) should assign names to babies that have been abandoned and their biological parentage is not known.<sup>64</sup> The child is given a first name and family name by a government employee and entered on the birth certificate.<sup>65</sup> Under the Egyptian Personal Affairs Law no. 11 of 1965, the child's birth certificate should record<sup>66</sup>:

- The date of birth (the day the baby was found)
- Place of birth (location the baby was found)
- Age (estimated by a health official)
- Sex
- Name and address of the person who found the child
- Names that are given to the child by the authorities

In addition to the birth certificate, the child's file should also contain a photograph, a full description of the baby/infant (including fingerprints) and details of any objects found with the child.<sup>67</sup> A child who has been legitimately lost and then found (i.e., was not abandoned) can be reclaimed by parents through a declaration of parenthood.<sup>68</sup>

The Committee on the Rights of the Child has noted how little information is available regarding concerted efforts by the Ministry of Social Affairs, or other government bodies, regarding efforts to prevent child abandonment.<sup>69</sup>

## Children who are born out of wedlock

Children born out of wedlock are vulnerable to abandonment in part due to the stigmatization and social disgrace unmarried mothers face and even the possibility of death as the result of honour killings.<sup>70</sup>

Whilst the law provides that a single woman may register a child born out of wedlock (and in the absence of the father), women face difficulties when attempting this.<sup>71</sup> Furthermore, a child born out of wedlock is not legally acknowledged as related to the father, even if biological ties are proven<sup>72</sup>. It is understood that this, and

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<sup>61</sup> E2 and E4 and E8 and E21

<sup>62</sup> E2

<sup>63</sup> E25

<sup>64</sup> E21

<sup>65</sup> E6 and E21 and E40

<sup>66</sup> E25

<sup>67</sup> *ibid.*

<sup>68</sup> E40 and see also Prime Minister's Decree No. 3452/1997 Promulgating the Executive Statutes of the Child Law as enacted by Law No. 12/1996

<sup>69</sup> Committee on the Rights of the Child, Concluding Observations: Egypt (2011)

<sup>70</sup> E40

<sup>71</sup> E25

<sup>72</sup> J40

the ensuing lack of the child's legal rights, may be further contributing factors in a mother's decision to abandon or relinquish her child born out of wedlock.

## Urfi unions

An 'urfi' union is a legitimately recognized union between two unmarried people.<sup>73</sup> Urfi unions have reportedly become widespread among university students in particular, as it provides a legitimate means of having sex in a society where there are strict taboos regarding pre-marital relations. Findings suggest the prevalence of urfi 'marriages' among Egyptians aged 18 to 30-year olds is between 4% to 6%. Although official data is not available, it is understood that children of these unions are often abandoned or relinquished.<sup>74</sup>

## Inability of a parent/s to provide adequate care and family breakdown

Children are at risk of losing parental care due to circumstances impacting family unity. In a study published in 2018,<sup>75</sup> researchers estimated that in the 10 residential care settings assessed during their study, 4.7% of children were there due to the death of their father and 2.8% due to death of their mother. The same study identified 1.4% of the children as being in care because one of their parents was in prison. Women in prison are allowed to keep their children until they reach the age of two, after which the children must go to relatives or a residential care facility.<sup>76</sup>

Children are also at risk of placement in care when parents divorce or separate, and/or a parent remarries<sup>77</sup>. In the aforementioned 2018 study,<sup>78</sup> 13.5% of the children in the research cohort were there because parents had separated.

Other risks include parents with subject addiction or becoming too ill to continue caring for their children.<sup>79</sup>

## Poverty and social exclusion

Poverty and lack of access to welfare support has been cited as one of the reasons children are placed in residential care.<sup>80</sup> In 2018, researchers<sup>81</sup> estimated that in the 10 residential care settings they studied, 13% of children were there due their family's inability to cope financially. Although many authors have not made a direct correlation, it is likely that poverty and social exclusion are related to other factors as outlined in this section of this study, contributing to the risk of children being placed in care. For example, issues of working children, street associated children and early marriage.

## Street associated children

The reason children in Egypt find themselves on the streets include the need to financially contribute to their family, fleeing abuse, and being thrown out by their family.<sup>82</sup> A survey conducted by the Ministry of Social Solidarity reported the figure of 16,000 street associated children in 2014.<sup>83</sup> Children who live and work on the streets are particularly vulnerable to further exploitation and abuse. Furthermore, street connected children may be picked up by police and placed into care.

## Unaccompanied and separated refugee and migrant children

At the end of 2018, there was a reported 4,126 unaccompanied and separated refugee children registered with UNHCR in Egypt.<sup>54</sup> Approximately 50% of these children had come from Eritrea, 20% from Ethiopia, and a

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<sup>73</sup> E4 and E5

<sup>74</sup> *ibid.*

<sup>75</sup> E8

<sup>76</sup> E6

<sup>77</sup> E1

<sup>78</sup> E8

<sup>79</sup> E1

<sup>80</sup> E2 and E6 and E7 and E25

<sup>81</sup> E8

<sup>82</sup> E7

<sup>83</sup> *ibid.*

marked increase in 2017, of boys arriving from Syria. In 2018, approximately 73% of male unaccompanied and separated children were aged 16 to 18-year olds, and 25% between 12 and 15 years old.<sup>84</sup>

It was noted how children in migration flows to, through and from Egypt, face risks of trafficking and exploitation, abuse and other serious protection concerns.<sup>85</sup> A UNHCR report<sup>86</sup> highlighted the challenges facing unaccompanied and separated children due to being unable to access the formal Egyptian Alternative Care system. This renders them particularly dependent on being accommodated and/or receiving support with housing and other services from NGOs. For example, registered unaccompanied and separated children receive financial assistance from UNHCR, but reportedly have to spend at least half of the allowance on rent due to denial of access to alternative care.<sup>87</sup> In accordance with the law, the National Council for Childhood and Motherhood actually holds legal guardianship over unaccompanied and separated children, however UNHCR, report this fact as being neither widely understood nor, put into practice.<sup>88</sup>

Further risks refugee and migrant children in Egypt reportedly<sup>89</sup> face include:

- barriers to residency and secure stay
- lack of access to basic services including health care and education
- risk of detention and deportation
- lack of money
- discrimination and harassment
- lack of support to cope with psychosocial distress
- high risks of criminality
- physical and sexual violence

There are also reports that some girls are being placed by community members, or smugglers, into Egyptian homes to work as domestic workers. A situation that also places them at further risk of Sexual and Gender Based Violence (SGBV) as well as other dehumanizing behavior<sup>90</sup>.

## Child Labour

Information published in the Government of Egypt National Plan for Children (2018-2030)<sup>91</sup> includes the results of a 2014 Health Population Survey which identified 7% of children aged 5-17 years were working. Percentages increase from 3% of children aged 5-11 years and 4% of children aged 12-14 years, to 15% of children aged between 15 and 17 years old. Almost one-fifth of 15 to 17-year olds had worked in excess of 43 hours in the week preceding the Survey. Figure 6. Also provides further information related to children aged 15 - 17 years old involved in child labour.

	2014			
	Children involved in economic activity for hours equal to or greater than the age specific threshold	Children involved in household chores for hours equal or greater than the age specific threshold	Children working under hazardous conditions	Total: Children involved in child labour
	<i>(percentage)</i>			
<b>Total</b>	3.6	0.8	5.6	7.0
<b>By age</b>				
5-11	3.3	0.5	2.6	3.9

<sup>84</sup> E41

<sup>85</sup> E24

<sup>86</sup> E25

<sup>87</sup> E24

<sup>88</sup> E25

<sup>89</sup> E24

<sup>90</sup> E12

<sup>91</sup> E47

12-14	4.3	1.4	6.7	8.5
15-17	3.4	0.9	12.7	13.8
<b>By gender</b>				
Males	4.2	0.8	6.8	8.1
Females	2.9	0.8	4.4	5.8

Figure 6. Proportion of children aged 5-17 involved in child labour (2014)<sup>92</sup>

## Child marriage

Child marriage is considered in violation of the Children's Law and documenting a child marriage is criminalized through the Civil Status Act, nevertheless, reports indicate the practice persists. The 2014 Health and Demographic Survey year 2014 indicated that 6% of girls aged 15-17 had been married prior to reaching the permitted legal age. Data published in the Strategic Framework and National Plan for Childhood and Motherhood in the Arab Republic of Egypt (2018-2030),<sup>93</sup> published the staggering number of children who were married as being 118,000. The report also reveals figures published in a 2017 census that attributed a mortality rate of babies born into marriages of girls under 18-year olds as 29 per thousand of births.

## Female Genital Mutilation (FGM)

Data published in the Strategic Framework and National Plan for Childhood and Motherhood in the Arab Republic of Egypt (2018-2030) includes the results of research conducted by UNICEF in 2013. This study revealed how FGM is widespread, with Egypt having the highest number of female population that had experienced FGM than any other country in the world (27 million of the total 125 million worldwide).<sup>94</sup> Data published in a 2104 Health and Demographic Survey, revealed 92.3% of women aged between 15-49 had experienced FGM.<sup>95</sup> There has been a slight decline in the rate of FGM among girls aged between 15-17, dropping from 76.5% in 2005 to 61.1% in 2014.<sup>96</sup>

<sup>92</sup> E15

<sup>93</sup> E47

<sup>94</sup> *ibid.*

<sup>95</sup> E47

<sup>96</sup> E47 and E25



## 6. Prevention of family separation

The United Nations General Assembly resolution<sup>97</sup> on the ‘Promotion and Protection of the Rights of the Child’ recognizes the importance of children being raised in a ‘family environment’. Furthermore, the resolution calls on the State to offer families all the support necessary whilst expressing concern,

that millions of children worldwide continue to grow up deprived of parental care, separated from their families for many reasons, including but not limited to poverty, discrimination, violence, abuse, neglect, trafficking in persons, humanitarian emergencies, armed conflict, natural disaster, climate change, migration, death or illness of a parent and lack of access to education, health and other family-support services

The Resolution also recognizes that,

financial and material poverty, or conditions directly and uniquely imputable to such poverty, should never be the only justification for the removal of a child from the care of his or her parents or primary caregivers and legal guardians, for receiving a child into alternative care or for preventing his or her reintegration, but should be seen as a signal for the need to provide appropriate support to their family, benefiting the child directly.

In this respect, it is incumbent on States to invest in combatting the multi-faceted factors that can lead to loss of parental care and making certain that everything possible is done to maintain children with their families in a safe and caring environment. This requires addressing issues of material poverty and lack of access to basic services, including social security, health and education, housing and employment. It also means combatting the discrimination and marginalization that families face on the basis of ethnicity, gender, disability and birth status. If these factors are not recognized and tackled, many children will enter the alternative care system unnecessarily. This approach is grounded not only in the fundamental spirit of the CRC but also in many specific CRC provisions, such as a right to health (Article 24), education (Article 28), support for the role of parents (Article 18), conditions for separating a child from parents (Article 9), right to social security (Article 25) and protection from discrimination (Article 2).

The author of this study acknowledges the need for this wide ranging multi-sectoral approach however, the topic of prevention, could in itself, necessitate an entire report on the different social welfare, education, health and other sector programmes needed, developed and implemented across Egypt. However, as the literature search for this report was specifically focused on the child protection and alternative care system. It is to be noted therefore, that whilst there are many relevant programmes being delivered in Jordan by other sectors, this study has only taken into consideration the literature relevant to the particular research remit.

Steps to prevent unnecessary separation of children from their families are contained within laws and programmes implemented in Egypt. For example, in 2018<sup>98</sup>, the Ministry of Health and Population in partnership with the National Council for Childhood and Motherhood published the National Strategic Framework for Ending Violence Against Children in Egypt. In the introduction to the Framework the authors confirm that,

The Government of Egypt affirms that any form of violence against children is inexcusable, and is committed to eliminating all forms of violence against children in conformity with the Constitution of Egypt (2014), the Convention on the Rights of the Child, the Egyptian Child Law (2008) and other national and international human rights standards. Furthermore, the Government is committed to implementing the Sustainable Development Strategy: Egypt Vision 2030, which includes ambitious targets for ending violence, as part of a broader vision of ‘a world which invests in its children and in which every child grows up safe from violence and exploitation<sup>99</sup>

<sup>97</sup> United Nations General Assembly Resolution ‘Promotion and Protection of the Rights of the Child’, December 2019 ‘A/74/395

<sup>98</sup> E25

<sup>99</sup> E25

Laws and policy measures with the aim of better protecting children from violence, include the Egyptian Constitution (2014), the Child Law (2008), and the 2014 amendment to the 1937 Penal Code (that criminalizes sexual harassment). Furthermore, the Government has committed itself to delivering SDGs as contained within the 2030 Agenda for Sustainable Development, which includes targets for ending violence.<sup>100</sup>

The amended Child Law of 2008, provides for services such as children's clubs aiming to support and 'compliment' the 'role of the family and school vis-à-vis the child, and assist working mothers to protect children from physical and mental neglect and from being exposed to delinquency'.<sup>101</sup> Reference was also found in the literature to programmes provided by the Ministry of Social Solidarity aimed at supporting vulnerable families. This includes for example, the Village Pioneers Home Visitation Programme, provision of Early Childhood Development Centres, and the Takaful conditional cash transfer programme targeting low-income households with children.<sup>102</sup>

However, contained within the aforementioned 2018 Strategic Framework to End Violence against Children<sup>103</sup>, there is recognition that many existing efforts and approaches to address violence against children have remained, 'fragmented and uncoordinated, resulting in a lack of clear division of roles and responsibilities and accountability by all stakeholders.'<sup>104</sup> Concerns are expressed regarding the focus on reactive rather than preventative response to protection, and the lack of interventions to address underlying root causes of violence. Further investment is needed to 'change attitudes, behaviors and discriminatory social norms that tolerate gender-based violence or justify violence as an acceptable way to resolve conflicts and to discipline a child.'<sup>105</sup>

Additional concerns highlighted in the 2018 strategic include the lack of standardized mechanisms for, and use of, child protection case management and the resulting practice of social workers often relying on personal relationships rather than a systematic response to ensure actions were taken to provide vulnerable children with a continuum of care and protection. What was defined as the ongoing practice of 'crisis response' was also attributed to a 'lack of financial resources and a specialized workforce to ensure full implementation of laws and policies, and monitor their enforcement.'<sup>106</sup>

As noted previously in this study, there are concerns regarding failure to address underlying causes of abandonment and relinquishment of new born babies and infants. This includes lack of support for pregnant women who may show signs of relinquishing a child, changing attitudes related to having a child out of wedlock,<sup>107</sup> and addressing specific issues of poverty.<sup>108</sup>

In the Concluding Observations<sup>109</sup>, the Committee on the Rights of the Child noted concerns regarding the ongoing occurrence of dysfunctional families, and increasing separation of children from their parents due to economic conditions.

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<sup>100</sup> *ibid.*

<sup>101</sup> E30

<sup>102</sup> *ibid.*

<sup>103</sup> *ibid.*

<sup>104</sup> *ibid.*

<sup>105</sup> *ibid.*

<sup>106</sup> E30

<sup>107</sup> E25

<sup>108</sup> E25

<sup>109</sup> E27

## 7. A national child protection system and alternative care

Alternative care should be an integral component of a national child protection system. Within the sphere of national and international programming, the desire to ensure a more comprehensive approach to the reform of national child protection systems has increased across the world across recent years. This includes working towards a multi-sectoral and holistic approach to protect children from all forms of violence and neglect. It also means shifting to a more systematic approach when building a child protection system and addressing all components simultaneously. Years of trying to fix just parts of the system has proven ineffective. It also requires a holistic view of childhood, understanding and mitigating all factors that place children at risk, and working in partnership with the State, children, families, communities, and NGOs to build a protective environment.

A child protection system is comprised of differing components as outlined in Table 1. Below.

COMPONENTS OF A NATIONAL CHILD PROTECTION SYSTEM	
Normative Framework	<ul style="list-style-type: none"> <li>▪ Legislation and Policy</li> <li>▪ Strategic Plans</li> <li>▪ Statutory Guidance</li> <li>▪ Regulations and Standards</li> <li>▪ Inspection Framework</li> <li>▪ Monitoring and Evaluation Framework</li> </ul>
Data collection and management information systems	<ul style="list-style-type: none"> <li>▪ Systems of rigorous quantitative and qualitative data collection and analysis upon which inform planning and programming</li> <li>▪ Data to inform monitoring and evaluation systems</li> </ul>
Structures for system delivery, coordination and oversight	<p>Structures at national, regional, local and community level for delivery of child protection and alternative care system:</p> <ul style="list-style-type: none"> <li>▪ Structures/departments of staff and resources defined and managed by Government for the functioning of protection care system and services within MOSA and other relevant government bodies</li> <li>▪ Roles and responsibilities of national and local government departments</li> <li>▪ Budget allocation and resource management to ensure all elements of the system is adequately staffed and resourced</li> <li>▪ Contracting of non-governmental agencies and services</li> <li>▪ Roles and responsibilities of national and local non-governmental/community bodies</li> <li>▪ Interaction with international bodies</li> <li>▪ Monitoring and evaluation</li> <li>▪ Coordination across governmental and non-governmental agencies and service providers i.e. social services, education, health, justice, social protection and finance</li> <li>▪ Coordination at and between national and local level</li> <li>▪ Coordination between formal and informal systems</li> <li>▪ Accountability for the development, quality, delivery and monitoring of child protection and alternative care system</li> </ul>
Gatekeeping tools, and child protection case management	<p>Case management tools and mechanisms including:</p> <ul style="list-style-type: none"> <li>▪ Early detection and early intervention plans for children at risk of family separation</li> <li>▪ Referral mechanisms and processes</li> <li>▪ Care and protection assessments for well-informed participatory decision making</li> <li>▪ Decision making, inter-sectoral case planning and individual case management and monitoring</li> <li>▪ Case monitoring and review</li> </ul>

Continuum of protection and suitable care services	<ul style="list-style-type: none"> <li>▪ Promotion of community-based family support services</li> <li>▪ Provision of a range of suitable family and community based alternative care options</li> <li>▪ Reintegration services</li> <li>▪ Leaving care services</li> <li>▪ Adoption services</li> <li>▪ Deinstitutionalization as per UN Guidelines as per UN Guidelines- deinstitutionalization strategy, with precise goals and objectives, which will allow for their 'progressive elimination'</li> </ul>
Skilled workforce	<ul style="list-style-type: none"> <li>▪ Sustainable systems of education, training and skill capacity building of social service workforce and all relevant sector workforce including access to: <ul style="list-style-type: none"> <li>• Higher Education and professional qualifications</li> <li>• In-service training</li> </ul> </li> <li>▪ Supervision and care of workforce</li> <li>▪ Optimal number of skilled workforce employed to meet needs of the children and families</li> </ul>
Attitudes and awareness raising - building a protective environment	<ul style="list-style-type: none"> <li>▪ Challenges to attitudes that place children at risk and endorse institutionalization</li> <li>▪ Evidence of building on positive attitudes and actions to create a protective and caring environment for children</li> </ul>

Table 1 . Components of a national child protection system

This report aims to provide information found as a result of the desk review on each of these components of the national child protection system and alternative care provision as it applies to Egypt.

## 8. The Normative Framework

The normative framework of a country comprises the legislation, regulations, decrees and statutory guidance and standards that mandate and direct the work of both government and non-governmental bodies. It is important for any organisation offering support to children, to gain a full understanding of the provisions in the law and other statutory guidance that governs programming for child protection and alternative care.

As will be seen below, there is a plethora of legislation related to child protection and alternative care in Egypt with a principal piece of legislation being the 2008 Child Law. Several reports indicate a significant gap between what is written in the legislation and its actual implementation. There are objectives within The National Plan for Children 2018-2030 to develop and modify legislation concerning alternative care. Egyptian law is based on interpretation of Islamic Sharia law.

In terms of policy, a significant strategic plan is the National Plan for Children 2018- 2030 which contains a number of objectives related to alternative care (further details provided below). Interviewees understand that the Government of Egypt has not produced a specific national plan for deinstitutionalization.

Table 2 lists a number of international conventions and treaties ratified by the Government of Egypt.

Convention	Year ratified
CEDAW - Convention on the Elimination of All Forms of Discrimination against Women	1981
CCPR - International Covenant on Civil and Political Rights	1982
United Nations Convention on the Rights of the Child (UNCRC)	1990
CAT - Convention against Torture and Other Cruel Inhuman or Degrading Treatment or Punishment	1986
African Charter on the Rights and Welfare of the Child	2001
CRC-OP-SC - Optional Protocol to the Convention on the Rights of the Child on the sale of children child prostitution and child pornography	2002
CRC-OP-AC - Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict	2007
CRPD - Convention on the Rights of Persons with Disabilities	2008

Table 2. International Conventions and Treaties

Table 3. Lists legislation relating to child protection and alternative care in Egypt. It is to be noted, that the content of this Table is drawn from information sourced in the literature. However, it has not always been possible to find and/or translate some of these laws and decreed etc. In part this is due to some pdf documents being produced in a format that will not convert to word or cannot be translated through an online translation service. It is also to be noted that there may be additional relevant legislation that was not found during the literature search.

Legislation, regulations, statutory guidance etc.	Year
Law 58. No.1 (1937) The Penal Code - protecting children from abuse and exploitation	1937
Ministerial Decree no. 181 of 1989 on Foster Family System (It has not been possible to find/translate a copy of this decree although information on the process of fostering children that was sourced at: <a href="https://www.moss.gov.eg/sites/mosa/ar-eg/Pages/sector-service-detail.aspx?sid=51">https://www.moss.gov.eg/sites/mosa/ar-eg/Pages/sector-service-detail.aspx?sid=51</a> has been detailed in another section of this report. It is believed this Decree may indicate that fostered children must be	1989

foundlings, children born of illegal sexual relations, lost children with no identified legitimate families, or children deprived of family care due to imprisonment of one or both parents, insanity of one or both parents, or lack of a responsible legal guardian)	
Ministry of Insurance and Social Affairs Order No. 13 of 1990 to amend certain provisions of Ministerial Order No. 181 of 1989, concerning the regulations on work for foster families. (adopted 1994) (It has not been possible to find/translate a copy of this Order)	1994
Law no. 143 of 1994 on Civil Status	1994
Law No. 58 of 1937 Promulgating the Penal Code	1937
Law no. 12 of 1996 Promulgating the Child Law	1996
The Model Regulations for Residential Nurseries for Social Care for Children Deprived from Family Care issued by Ministerial Resolution No. 277 dated December 10 , 1998	1998
The Cabinet, National Council for Childhood and Motherhood and Office of General Secretary, Strategy of Protection and Rehabilitation of Street Children in Egypt, July 2002	2002
Law No. 12 of 2003 Promulgating Labour Law	2003
Decree No. 118 of 2003 on Working Children	2003
Law No. 10 of 2004 - (establishing Family Courts)	2004
The Cabinet and National Council for Childhood and Motherhood, National Strategy for the Elimination of Child Labor in the Arab Republic of Egypt, February 2006	2006
Model Regulations for the role of disabled children custody of the Ministerial Decree No 98 .of 2006	2006
Law No. 12 of 1996 Promulgating the Child Law Amended by Law 126 of 2008	2008
Associations Law and its amendments No. 51 of 2008 (governing registration and formation of organizations)	2008
Prime Minister's Decree No. 796 of 2009 on the formation of the National Council for Childhood and Motherhood	2009
Law no. 64 of 2010 on Combating Trafficking in Persons	2010
Republic of Egypt and National Coordinating Committee on Prevention and Combatting of Human Trafficking, National Plan of Action against Human Trafficking (January 2011 - January 2013), December 2010	2010
Child Law No. (12) executive regulations issued number 2075 (2010) (providing executive regulations for adjustment to regulations pertaining to foster care, added some important regulations related to children in residential care and procedures related to children with unknown parents) And amendments through the Prime Minister's Resolution No. 178 of 2016	2010
Ministry of Social Solidarity Strategy for the protection of children without family care (2010)	2012
Ministerial decree no. 188 (2014) to mandate the Quality Standards for Alternative Care on all institutional homes in Egypt	2014

Republic of Egypt, <i>The Constitution</i> - The state shall care for children and protect them from all forms of violence, abuse, mistreatment and commercial and sexual exploitation	2014
Amendment to the 1937 Penal Code 92014) (criminalization of sexual harassment)	2014
National Council for Childhood and Motherhood Child Strategy (2015-2020)	2015
Model Regulations for social care institutions for children at risk issued by Ministerial Resolution No 51 2015	2015
Prime Minister's Resolution No. 178 of 2016 Amendment to the Child Law	2016
The National Plan for Children 2018-2030	2018
Model Regulations for Case Management Units issued by. Ministry of Social Solidarity Decree No. 506 of 2019	2019
Amendment to Child Law 2020- Prime Minister and Minister of Housing, Utilities and Urban Communities, issued a decision to amend some provisions of the executive regulations for the Child Law issued by Prime Minister Decree No. 2075 of 2010 regarding families consisting of an Egyptian couple who wish to care for a child according to the alternative families system <sup>110</sup> .	2020

Table 3. National Normative Framework

## The Child Law:

The Child Law No 12, (1996) (with further amendments in 2008/2016/2020), is the principal legal instrument that defines child rights in Egypt, including reference to both the duty of the State and of parents.<sup>111</sup> The Child Law of 1996 only mandated provision of alternative care for abandoned children whilst care of all other children remained the responsibility of their parents<sup>112</sup>.

It has been recognized<sup>113</sup> that improvements in the amended Child Law of 2008 (entitled Law No. 126), bring the legislation more in line with 'general principals and specific mandates of international child protection instruments'<sup>114</sup>. The Law provides a structure for the oversight and management of national child protection system including Article No 4. which expands the role of government in securing alternative care for all children deprived of family care.<sup>115</sup> However, the Article also prohibits adoption.

The Child Law of 2008 utilizes a wide-ranging definition of children at risk and in need of protection from all forms of 'violence, injury, physical, mental or sexual abuse, neglect, negligent treatment, or any other form of maltreatment or exploitation.'<sup>116</sup> Article No. 96 of the Law lists conditions under which a child is considered to be at risk including (as translated from the Arabic version of the Law):

- If the child's safety, morals, health, or life is at risk
- If the conditions surrounding the child's upbringing in the family, or at school, or in care institutions, or others, places him at risk, or if the child is exposed to neglect, abuse, violence, exploitation, or vagrancy
- If the child is unduly deprived of his rights, even partially, in terms of custody or in visiting either parent or whoever is rightfully entitled to visitation rights
- If those responsible for covering the child's expenses abandon him, or if the child loses his parents, or one of them, or if the child's parents or his guardian abandon all responsibility towards him.
- If the child is deprived of basic education or if his educational future is at risk.

<sup>110</sup> E46

<sup>111</sup> E28

<sup>112</sup> E1

<sup>113</sup> E10

<sup>114</sup> E30

<sup>115</sup> E2

<sup>116</sup> E19

- If the child is exposed in the family, school, care institutions, or other to violence, or to acts contrary to public morals, or pornographic material, or to commercial exploitation of children, or to harassment or sexual exploitation, or to the illegal use of alcohol or narcotic substances affecting the mental state.
- If the child is found begging. Acts of begging include offering for sale trivial goods and services, or performing acrobatic shows and other activities not considered an appropriate source of living.
- If the child collects cigarette butts, or any other kinds of trash or waste.
- If the child has no permanent residence, or generally sleeps in the streets or in other unfit places for residence or accommodation.
- If the child mingles with deviants or suspected deviants, or with those known for their bad reputation.
- If the child behaves badly or revolts against his father's authority or guardian or custodian or caregiver, or is against his mother's authority in the case of the death, absence, or legal incapacity of his guardian. In this case, no measures shall be taken concerning the child, even if it is investigation procedures, unless there is a complaint from his father, guardian, custodian, mother or caregiver according to the circumstances.
- If the child has no legitimate means of supporting himself or does not have trustworthy provider.
- If the child is physically, mentally or psychologically sick or mentally disabled, in a manner affecting his ability to perceive or chose, and where such illness or weakness would endanger his safety or that of others.
- If the child is under seven years of age and committed a felony or a misdemeanor.

Article 46 of the amended Child Law of 2008, also mandates for a 'system of alternative care to children under the age of 2 years whose circumstances prevented them from being brought up within their birth families'. These children should be provided social, psychological, health and professional care.

Article 48 of the Law allows 'social care institution(s)' to take care of children aged 6 to 18 years old that have been 'deprived of family care' because they are 'orphans', as a result of family breakdown, or the inability of the family to care for the child. The child may remain in the institution until they are 18 years of age. They may remain there until they are older than 18 years old if enrolled until graduation from higher education, provided that circumstances that led to their admission remain. The Law identifies that it is By-laws that will specify the regulations for formulating the statutes of residential care settings.

Article 78 allows the Ministry of Social Solidarity (also referred to as Ministry of Social Affairs in some documents) to establish, 'institutes and establishments as necessary to provide rehabilitation services to the disabled children. The Ministry may authorize the establishment of these institutions according to the terms and regulations set out in By-laws.

Article 97 mandates the establishment of the General Committee for Childhood Protection in each Governorate, and sub-committees at district level, with responsibility for formulating child protection policy. Sub-committees can make recommendations to the court that a child should be removed from their family and 'temporarily' place them 'in a family or association, or social or educational institution or, when necessary, at a health or therapeutic institution, in accordance with the legal procedures.' Article 98 requires anyone that finds a child is at risk to provide immediate assistance to shield them or remove them from danger.

The Law also mandated for the establishment of the National Council for Childhood and Motherhood (NCCM). Under Article 144, the Council is required to establish a General Department for Child Helpline mandated to receive children and adults' calls, and handle them efficiently to protect children from all forms of violence, risks, or neglect. The General Department for Child Helpline is empowered to 'investigate' any 'complaints' received, follow up the investigation results, and forward reports concerning the findings to the relevant authorities.

Article 116. states that child victims and witnesses of crime have the right to be heard, to be treated with dignity and sympathy with full respect for their physical, psychological, and moral safety, the right to protection, to health, social and legal assistance, and to 'rehabilitation, and integration in the society', in accordance with the UN Guidelines on Justice for Child Victims and Witnesses of Crime.

It has been noted however, that overall, the 2008 Child Law has only a limited number of articles relating to the provision of alternative care. Furthermore, the terms 'alternative care' and 'alternative families' are used interchangeably as if they mean the same thing<sup>117</sup>. Although the Child Law recognizes the right of a child to be raised within a family, it has also been noted that the Law lacks any provision that would enable support to be offered to families in difficulty.<sup>118</sup>

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<sup>117</sup> E10

<sup>118</sup> E7 and E10



Table 5. provides further details of legislation in Egypt as it specifically relates to actions of protection and provision of alternative care of children.

Table 4. A summary of legal principles and approaches to child protection and welfare and alternative care <sup>119 120 121 122</sup>

Summary of legislation relating to Child Protection and Alternative Care	
Provision of residential alternative care services	<ul style="list-style-type: none"> <li>▪ Ministerial decree no. 188 (2014) mandates the Quality Standards for Alternative Care on all residential care settings in Egypt</li> </ul>
Provision of family-based alternative care services	<ul style="list-style-type: none"> <li>▪ (Ministerial Decree no. 181 of 1989) Allows for the Foster care system for children ‘deprived of the care of their biological families’. Sets procedures and standards for becoming a foster family. Allows for payments of foster carers to be made available children. Regulates the structure and function of foster care and delineate the process of recruiting and assessing potential carers.</li> </ul> <p style="margin-left: 20px;">Stipulation for:</p> <ul style="list-style-type: none"> <li>▪ numbers of biological siblings and foster children permitted in a foster family</li> <li>▪ how contact should be managed between a foster child and its biological family</li> <li>▪ objectives of the foster family care system</li> <li>▪ process of reuniting a foster child with its biological family and the issue of retaining a foster child’s original parentage.</li> <li>▪ how biological siblings in a foster family should not exceed two unless they are old enough to be independent</li> <li>▪ that a prospective foster family must obtain approval from the Social Affairs Directorate to provide care to more than one foster child</li> </ul> <ul style="list-style-type: none"> <li>▪ Ministry of Insurance and Social Affairs Order No. 13 of 1990 that amends certain provisions of Ministerial Order No. 181 of 1989, concerning the regulations on work for foster families.</li> <li>▪ Amendments in 2020 to Decree No. 2075 of 2010 and Child Law (See section on Foster Care for further details)</li> </ul>
Children entitled to child and family welfare services	<ul style="list-style-type: none"> <li>▪ (Amended Child Law No.126 of 2008, Article. 76-77) Children with disabilities are entitled to special social, physical, and mental care promoting self-reliance and facilitating their integration and participation in the community, including the right to education, training and vocational rehabilitation.</li> <li>▪ (Child Law No.126 of 2008, art. 49) Monthly pensions are available for orphaned children; children of female-headed households, and divorced mothers and children whose parent is imprisoned.</li> </ul>
Adoption	<ul style="list-style-type: none"> <li>▪ In terms of adoption and giving a child a name corresponding to a family that has ‘adopted’ them, it is noted<sup>123</sup> that the Egyptian family law is based on interpretation of Islamic Shari’a law which, designates the rules of inheritance to spouses, biological children, and certain blood relatives. In this manner, Shari’a law prohibits the creation of a non-biological relationship between a non-biological ‘parent’ and a child that would offer the same rights and responsibilities as those between a biological parent and child. It is this aspect of the laws in Egypt it has been noted<sup>124</sup>. how this differs from adoption in other parts of the world.</li> </ul>

<sup>119</sup> E10

<sup>120</sup> E22

<sup>121</sup> E28

<sup>122</sup> E35

<sup>123</sup> E21

<sup>124</sup> E21

	Christian citizens living in Egypt however, are not bound by Shari'a law and may adopt infants through the court system. They may also request that the child's name be changed to the adoptive family name during the adoption proceedings. <sup>125</sup>
Guiding principles for decision-making about protective interventions	<ul style="list-style-type: none"> <li>Amended Child Law No.126 of 2008, - provides that the best interests of the child shall be a primary consideration in decisions and procedures.</li> <li>(Amended Child Law No.126 of 2008, Article. 3) Provides for the right of the child to live in a supportive family environment and to be heard in matters related to him.</li> <li>Amended Child Law No.126 of 2008, Art. 99 - While the list of protective interventions does not specifically state a preference for in-family services over removal, the periodic monitoring of the measures undertaken state that measures should keep the child in his family environment and that depriving him of the family environment should only be a measure of last resort for the shortest appropriate period of time.</li> </ul>
Registration accreditation and inspection of service providers required	<ul style="list-style-type: none"> <li>Decree No. 66 of 2010 - Institutions that house children without shelter must apply for a license from the Ministry of Social Solidarity</li> <li>Amended Child Law No.126 of 2008, - calls for the licensing procedure of nurseries (art. 33-39) and creates a Committee for Nursery Affairs that oversees the operation of nurseries (art. 40-41). The law further provides that the technical agency at the ministry responsible for social affairs is in charge of technical inspection and financial / administrative supervision over nurseries (art. 39);</li> </ul>
Birth Registration	<ul style="list-style-type: none"> <li>Amended Child Law No.126 of 2008, Article No. 23) -Mothers can register their children whether or not they have a marriage certificate. In cases where a marriage certificate does not exist, the mother can sign a formal written approval that this child is hers and accordingly only her name will appear in the child's birth certificate. The Child Law prohibits the mother from giving the name of the father unless he is also present and provides written approval<sup>126</sup>.</li> </ul>

## Personal Status laws

The Personal Status law which covers matters of marriage, divorce, child custody and inheritance also outlines obligations of parents, and matters of custody and guardianship.<sup>127</sup> Although there are different personal status laws for citizens of different religions in Egypt, matters relating to child custody, are in principle, governed by the personal status law for Muslims. It has been noted how, 'in accordance with Islamic Legal Doctrine, there is a distinction between legal guardianship (wilāya) and child custody (hadāna)' <sup>128</sup> based on division of responsibility between male and female. The father is a 'guardian' and the mother, as the caregiver, is the holder of 'custody'.<sup>129</sup> Custody refers only to the actual physical presence/care of a child whilst 'guardianship' which remains with the father, refers to the right to generally supervise the child's upbringing and make decisions for the child. If parents separate, the mother will be granted 'custody' until the child is 15 years of age.

The Personal Status laws also allow relatives to take care of children should their parents be unable to do so. For example, if a father is stripped of his parental status, guardianship automatically passes to the paternal grandfather, unless the father specifically nominates another guardian. If a mother loses custody of a child, it passes to a female family member in the following order: maternal grandmother, maternal sister, paternal grandmother or paternal sister.<sup>130</sup>

## The National Plan for Children 2018-2030

<sup>125</sup> E21

<sup>126</sup> E10

<sup>127</sup> E25

<sup>128</sup> ibid.

<sup>129</sup> ibid.

<sup>130</sup> ibid.

Under the leadership of the National Council for Childhood and Motherhood, a National Plan for Children 2018-2030 has been developed in cooperation with governmental bodies, civil society and international organizations. The Plan contains a number of specific targets regarding children without parental care and the lead agency and partners responsible for their implementation. These targets as published in the Plan can be found in Table 5 (translated from Arabic):

3.2.1 Supporting children deprived from family care		
Developing legislation and administration of alternative care system	Developing and modifying the system of legislation and administration concerning alternative care that provided by the State to the deprived child from his own family environment.	Ministry of Justice with the Ministry of Social Solidarity Parliament Council Civil Society.
	Reviewing the ministerial decisions governing the work of the housing institutions and developing them, also removing conflicts that hinder the process.	Ministry of Social Solidarity with Parliament Council Ministry of Justice.
	Coordinating the work among the competent ministries that are caring about children deprived of family care, and affecting the collaborative protocols.	Ministry of Social Solidarity with Ministry of Health and Population. Ministry of Education. Ministry of Interior. Ministry of Justice.
Providing different means of taking care of deprived children from family care	Supporting an alternative family system that provides a socially, economically, educationally and psychologically safe environment for the child. (Preparing, implementing of rehabilitation programs for mothers with children under 18 years old who will take care of children deprived from family care and preparing programs and standards to follow up and evaluate their performance).	National Council for Childhood and Motherhood. With the Ministry of Social Solidarity. Civil Society.
	Increasing and developing the housing institutions and care nurseries for children deprived from family care at the level of the Republic.	Ministry of Social Solidarity with the National Council for Childhood and Motherhood. Civil Society.
	Expand the full shelters for children who do not have the possibility to return to their families again.	Ministry of Social Solidarity with Civil Society.
	Provision of places for children of female prisoners after giving birth outside the prison.	Ministry of Social Solidarity with Civil Society.
Providing integrated programs inside the institutional housing care	Providing an educational environment in juvenile institutions for children and work to develop their skills.	Ministry of Social Solidarity with Ministry of Education.
	Providing good quality care for children in care homes	Ministry of Health and Population with the Ministry of Social Solidarity. Civil Society

	Providing leisure and sports activities for children in care homes.	Ministry of Youth with Civil Society Ministry of Culture with the Ministry of Social Solidarity. Civil Society.
	Developing educational programs for children in care homes and to raise them in the spirit of civic education, understanding, understanding and friendship.	Ministry of Social Solidarity with Ministry of Education. Civil Society
Raising the level of services provided by alternative care homes and applying the quality system inside	Following up the implementation of quality standards of institutions and care homes	Ministry of Social Solidarity.
	Building the capacity of the workers who evaluate social care institutions according to quality standards.	Ministry of Social Solidarity.
	Periodic field follow-up of the social care institutions of the Ministry of Social Solidarity and of the partner NGO's as well.	Ministry of Social Solidarity.
	Developing infrastructure to meet quality standards	Ministry of Social Solidarity.
	Developing programs and activities related to the rehabilitation of children.	Ministry of Social Solidarity.
	Building the capacity of workers to care homes and filling the deficit of human resources.	Ministry of Social Solidarity.

Table 5. National Plan for Children 2018-2030: Targets to support children from family care

Of concern is the objectives contained within the National Plan for Children that may be read as promoting the expansion of residential care.

While developments in legislation and strategic planning have been welcomed, the limited impact of the ever evolving normative framework, and the significant gap between legislation and awareness, implementation and necessary resources, has also been acknowledged<sup>131</sup>. Furthermore, limited common understanding of shared definitions is thought to be an obstacle along with the lack of standard setting.<sup>132</sup> It is understood this has contributed to a situation where anyone can work with children (with no rigorous examination of qualifications or background checks) and without social workers being certified.<sup>133</sup>

To be further noted are reports that in some areas of the country, there are 'customary' procedures rather than national laws being observed by communities. For example, reconciliation and mediation in the community is reported to be used extensively rather than reporting a crime to formal authorities.<sup>134</sup>

<sup>131</sup> E18

<sup>132</sup> *ibid.*

<sup>133</sup> *ibid.*

<sup>134</sup> *ibid.*

## 9. Data collection and management information systems

The UN Guidelines for the Alternative Care of Children<sup>135</sup> advise that,

It is a responsibility of the State or appropriate level of government to ensure the development and implementation of coordinated policies regarding formal and informal care for all children who are without parental care. Such policies should be based on sound information and statistical data. They should define a process for determining who has responsibility for a child, taking into account the role of the child's parents or principal caregivers in his/her protection, care and development. Presumptive responsibility, unless shown to be otherwise, is with the child's parents or principal caregivers.

The necessity of accurate and systematic data collection for information on characteristics and trends of child protection and alternative child care is crucial for the development and application of appropriate and evidence-based policy and practice.<sup>136</sup>

There are reports indicating a number of different data bases are being used in Egypt. For example, reports indicate a partnership formed between UNICEF and the National Council for Childhood and Motherhood was instrumental in developing a database that tracks key child protection indicators related to violence, abuse, neglect and exploitation of children, including child labour and street children. It is also understood that information on individual children's cases is held by the Child Helpline resulting in data being shared with certain bodies upon request. Furthermore, the Police Information Department reportedly holds data on children at risk and children in conflict with law disaggregated by age group and crime and/or vulnerability.

What is of concern however, is the manner in which these data bases are all held in different agencies and not collated at a central level. Indeed, the Committee on the Rights of the Child also commented on this lack systematic collection and analysis of data at a national level.<sup>137</sup>

The Egypt National Child Rights Observatory is a tri-partite initiative between the Egypt Cabinet Information and Decision Support Centre, the National Council for Childhood and Motherhood) and UNICEF established in January 2009. The goal of ENCRO is to support the work of the National Council by collecting and reporting on data in order to strengthen the council's capabilities and abilities to coordinate, develop, monitor and advocate for more accountable, transparent and participatory public policies for children.<sup>138</sup> More information can be found on ENCRO's website at: <http://www.childobservatory.net.eg>. However, it has not been possible to find the database that specifically focused on child protection or alternative care published by the Observatory.

<sup>135</sup> UN General Assembly, Guidelines for the Alternative Care of Children : resolution / adopted by the General Assembly, 24 February 2010, A/RES/64/142, available at: <https://www.refworld.org/docid/4c3acd162.html>

<sup>136</sup> AlEissa, M.A. et al. (2009) A commentary on national child maltreatment surveillance systems: Examples of progress. *Child Abuse and Neglect*, 33, pp. 809–814; Boothby, N. and Stark, L. (2011) Data surveillance in child protection systems development: An Indonesian case study. *Child Abuse and Neglect*, 35, pp.933-1001.

<sup>137</sup> E25

<sup>138</sup> E19

# 10. Structures for system delivery, coordination and oversight

The UN Guidelines for the Alternative Care of Children<sup>139</sup> urge that,

All State entities involved in the referral of, and assistance to, children without parental care, in cooperation with civil society, should adopt policies and procedures which favor information-sharing and networking between agencies and individuals in order to ensure effective care, aftercare and protection for these children. The location and/or design of the agency responsible for the oversight of alternative care should be established so as to maximize its accessibility to those who require the services provided.

## 10.1 The role of State departments

There are two principal channels of oversight and delivery of child protection operating at central and local level of administration across Egypt, the National Council for Childhood and Motherhood which has more of a policy making role, and the Ministry of Social Solidarity (also known as Ministry of Social Affairs in some documents reviewed for this study). The Ministry of Social Solidarity has direct responsibility for delivery of services. Nevertheless, as will be seen below, there is also some duplication across some areas of responsibility between these two bodies.<sup>140</sup>

A principal challenge in the review of literature for this study, has been understanding the differing remits of a plethora of different departments, sub-departments, Committees and government units across Egypt with a remit for child protection. In addition, different authors have used a range of titles for what appears to be the same agencies and stakeholders. Furthermore, there is conflicting information in the literature regarding roles and responsibilities of certain agencies. The author of this report has done their best to try and clarify some of this differing information.

### The National Council for Childhood and Motherhood

The National Council for Childhood and Motherhood is led by the Prime Minister with other participants including Ministers of Social Affairs, Health, Culture, Education, Manpower and Training, Planning, Information and the chairman of the Higher Council for Youth and Sports. The Council can also be joined by 'three public personalities of competence and expertise in childhood and motherhood affairs'.<sup>141</sup>

The mission of the Council is to protect and promote the rights of all Egyptian children and ensure that they are raised in safe and caring environments conducive to the development of their physical, mental, spiritual, moral and social capacities.<sup>142</sup> This includes support for vulnerable and marginalized children such as those living in poverty and difficult circumstances, children with disabilities and those who are, street connected, out of school children and engaged in child labour.<sup>143</sup> On its website, the Council includes the upholding of children's right to protection from all forms of discrimination, violence and abuse including FGM, as one of its priorities.

The Council is responsible for<sup>144</sup>:

- Proposing child protection policies
- Following up on the implementation of child protection strategies
- Proposing training programmes
- Collecting data and information

<sup>139</sup> UN General Assembly, Guidelines for the Alternative Care of Children : resolution / adopted by the General Assembly, 24 February 2010, A/RES/64/142, available at: <https://www.refworld.org/docid/4c3acd162.html>

<sup>140</sup> E7

<sup>141</sup> E3

<sup>142</sup> *ibid.*

<sup>143</sup> *ibid.*

<sup>144</sup> E7 and E43

- Collaborating with the government and NGOs and agencies working in the field of child protection

More information can be found on the National Council for Childhood and Motherhood website at: [http://www.nccm-egypt.org/e3/index\\_eng.html](http://www.nccm-egypt.org/e3/index_eng.html)

## The General Department for Child Helpline

The Child Law mandates for the establishment of the General Department for Child Helpline under the auspices of the National Council for Childhood and Motherhood. The Department was established in 2005. It is understood to be one of the principal entry points for children into the child protection system. Staff receive and respond to calls from children and adults with queries and those seeking support, as well as reports of children for whom there are concerns related to violence and neglect. The Department is empowered to investigate cases and forward any findings to the relevant authorities.<sup>145</sup> The Child helpline also compiles a data base that reportedly contributes to information that informs policy making.<sup>146</sup>

Agencies to which cases are referred reportedly include the Ministries of Interior, Social Solidarity, Justice, Education, Health and Labour as well as Governors, the Prime Minister's Office, UNHCR, and a group of selected non-governmental organisations. There is some contradiction in the literature: some authors have raised concerns regarding the perceived lack of standardized procedures for case management, including assessments,<sup>147</sup> whilst others confirm the application of a standardized approach and agreed mechanisms including referrals of children to NGOs partners.<sup>148</sup> Reportedly, social workers operating the Helpline have been trained to respond to parenting inquiries and refer requests for support.<sup>149</sup>

The General Department for Child Helpline also coordinates with general and sub committees for Childhood Protection in the governorates. In cases of 'imminent danger', the Department, or the Child Protection Sub-committee at district level, (see below for details of these committees) can take 'all necessary measures and urgent procedures to remove the child from the place where he is and place him in a safe place' (Child Law No.126 of 2008, Article. 99-bis).<sup>150</sup>

In 2011 it was reported<sup>151</sup> that within the previous six years, 2 million calls had been received by the Helpline, although it was understood that 200,000 of these were what the author of the report called 'active' calls.<sup>152</sup> The vast majority of calls were received from adults with only 4% coming from children themselves. The majority of calls came from mothers, followed by fathers, and siblings or other relatives.

## Committees for Childhood Protection

### The Committee for Childhood Protection at Governorate Level

Article 97 of the Child Law No. 126 (2008) mandates the responsibilities of a General Committee for Childhood Protection. A Committee for Childhood Protection exists in all Governorates (27 in total) chaired by the Governor. The Committees are comprised of senior representatives from the Ministries of Interior, Social Solidarity, Education, and Health, as well as civil society organisations. It is the responsibility of each Committee to study and understand the risks to children in their Governorate, to formulate child protection policies, and to monitor the work of Sub-Committees.<sup>153</sup>

### Sub-Committee for Childhood Protection at District Level

Sub-Committees for Child Protection are located at District level. Members of the sub-Committees include representatives of Government Departments including, those from Security, Social Work, Health and Education as well as NGO representatives. Sub-committees are tasked with taking all necessary measures that prevent child protection violations, and monitoring and ensuring all relevant steps are taken in all reported

<sup>145</sup> E16 and E18 and E30 and E35

<sup>146</sup> E43

<sup>147</sup> E19

<sup>148</sup> E16

<sup>149</sup> E30

<sup>150</sup> E43

<sup>151</sup> E19

<sup>152</sup> E19

<sup>153</sup> E18 and E19 and E25 and E31

cases of children at risk as defined by Child Law No. 126/2008.<sup>154</sup> This empowers a Sub-Committee to intervene where children's rights are being neglected or abused, or in other instances of child exploitation, as well as having oversight of individual cases. In this respect, a Sub-Committee has authority to investigate, make inquiries, and make in-home interventions for children at risk.

If it is recommended to remove a child from their family, an application must be sent to a relevant Court for a decision<sup>155</sup> i.e. the decision to remove a child from their family home and/or placement in residential care, or with an alternative family, must be taken by a member of the judiciary.<sup>156</sup> Furthermore, in meeting their commitments, the Sub-Committees should monitor and suggest policies for the protection and well-being of children at the district level, including the security, social, psychological, medical and educational needs of children.<sup>157</sup>

According to their mandate, a Sub-Committee can:<sup>158</sup>

- Require parents to take measures to remove the reasons children are being placed at risk within the home
- Provide social, educational and health services necessary for the child and assisting the family
- Take precautions to prevent any contact between child and persons that could pose a threat to their health and physical or moral well-being
- Recommend to a relevant court that a child be temporarily placed in an alternative family-based setting or social, educational, health, or therapeutic institution;
- Recommend to the relevant court to place child in reception / rehabilitation center, health care institution, reliable family, association, or appropriate social / educational institution until the risk is removed
- Request a Family Court to compel financial support from a parent or guardian

It is understood however, that although the law grants sub-committees the responsibility for child protection, they do not have the structure or resources to actually undertake case management and follow-up on cases.<sup>159</sup> Furthermore, neither legislation, or provision in statutory guidance, provide committee members with any specific details about how to deliver support to children and their families. Neither are there standards, thresholds and procedures to aid decisions making when considering whether to offer support or remove a child from their family home.<sup>160</sup> There is no requirement for a Sub-Committee to seek the court's approval before ordering home-based interventions, or removal of a child from the home in cases of 'imminent danger'.<sup>161</sup>

A study undertaken by Child Frontiers<sup>162</sup> suggests these committees were 'an ill-defined element of the child protection system' that had no clear reporting lines, support, oversight and accountability. The evaluation also noted the overlap of responsibilities with the General Department for Child Help Line as well as a lack of communication between these two bodies. The study concluded that these committees, unless properly supported, have very limited impact on core child protection issues, focusing on children's rights in general rather than protection rights specifically.<sup>163</sup> The evaluation also called attention to the lack of skills and experience of committee members should have in order to ensure best outcomes for children. The members also lack time to dedicate to this responsibility due to many other responsibilities.<sup>164</sup> In addition, the regular rotation of Committee members is seen to be detrimental in the building and accumulation of experience and capabilities. There appears to be a lack of effective functionality of the committees across most of Egypt and authors of the Child Frontiers report ask whether 'this is due purely to coordination and resource limitations, or whether the model used is simply not appropriate for the context.'<sup>165</sup> (See also<sup>166</sup>)

## Ministry of Social Solidarity

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<sup>154</sup> E7 and E 18 and E19 and E27

<sup>155</sup> E31

<sup>156</sup> E29

<sup>157</sup> E18

<sup>158</sup> E18 and E19

<sup>159</sup> E7

<sup>160</sup> E18

<sup>161</sup> *ibid.*

<sup>162</sup> *ibid.*

<sup>163</sup> *ibid.*

<sup>164</sup> E19

<sup>165</sup> *ibid.*

<sup>166</sup> E31



The Ministry of Social Solidarity holds responsibility for provision of services that respond to and support children at risk and their families. It is the principle Ministry responsible for the oversight, provision and supervision of residential and family-based alternative care.<sup>167</sup> The Ministry delivers services directly through its own departments and in partnerships with, and contracting of services from, NGOs. There are a number of Ministry departments replicated at Governorate and District level as illustrated in the Figures 7 and 8 below. This diagram has been assembled by means of extracting information from different documents and sent to the SOS team in Egypt for verification.

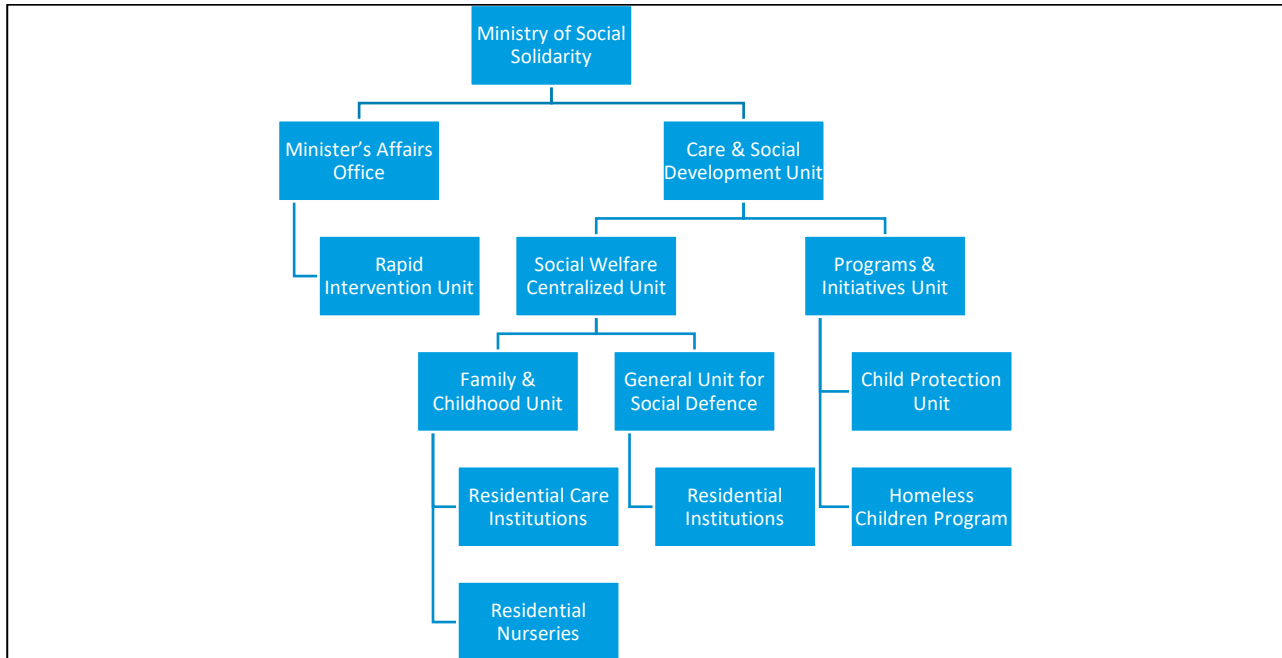


Figure 7. Ministry of Social Solidarity Departments and Units at Central Level

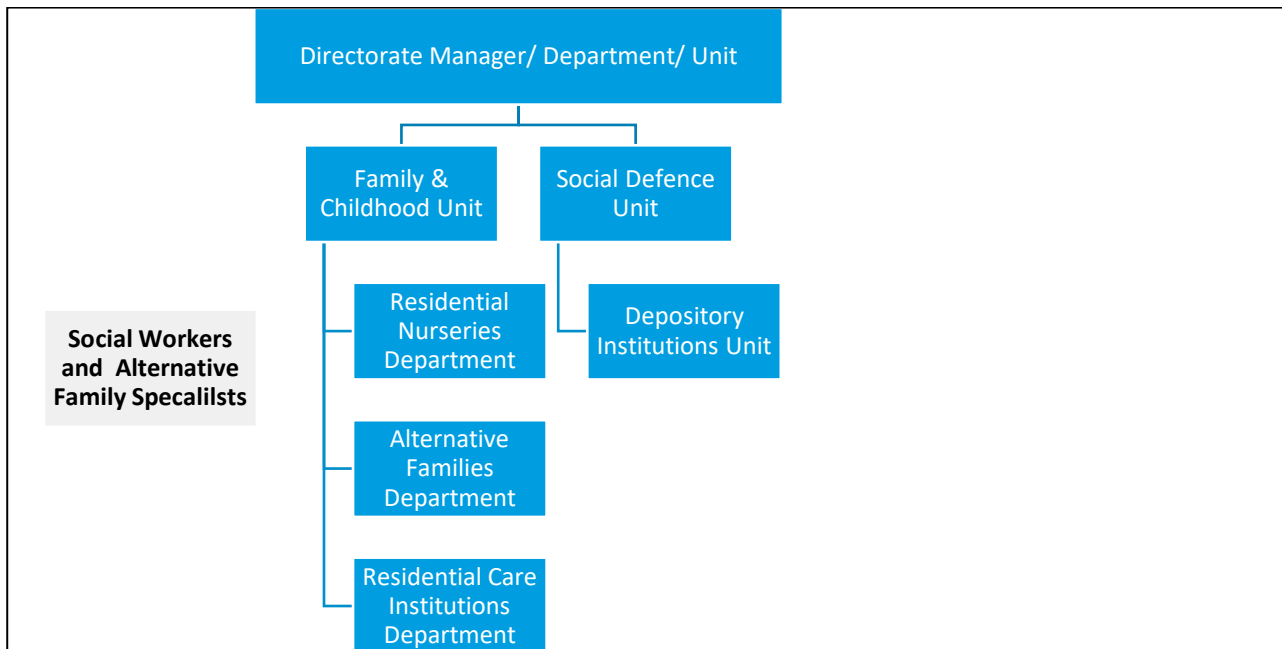


Figure 8. Ministry of Social Solidarity Departments and Units at Governorate Level

<sup>167</sup> E2 and E18 and E26 and E10

Information compiled in 2019,<sup>168</sup> suggests the Ministry of Social Solidarity continues to experience financial constraints and, apart from salaries - which were considered to be low - there was little to no actual available operating budget. This was thought to be impacting on staff capacity: most especially their ability to undertake standard social work tasks such as home visits. It is understood that this situation has been compounded by a lack of trained social workers.<sup>169</sup>

As noted in Figures 7. the Ministry of Social Solidarity has a number of Units and sub-Units including:<sup>170</sup>

### Care and Social Development Unit (also referred to in the literature as a Department)

The Social Affairs Directorate at Governorate and District levels is the administrative/operational department concerned with oversight of service delivery, different activities including those related to child protection and alternative care. The Directorate is also responsible for formulating the overall policies of social protection.<sup>171</sup> This Unit has the sub-unit of the Social Welfare Centralised Unity under which sits the units of Family and Childhood Unit and the Social Defense Unit.

### Family and Childhood Unit (also referred in some documents as the Child and Family Department or General Administration for Family and Childhood)

This department has a remit to work in support of orphans, children whose parentage is unknown and children identified as being at risk. This department is responsible for the provision of residential care for these children through provision of Nursery Shelters for children aged 2 to 5 years old and Social Care Institutions for children aged 6 to 18 years old. The Administration also runs Family Guidance and Counselling offices that includes raising awareness with those preparing for marriage.<sup>172</sup>

Social Workers that visit families and are responsible for the child protection cases of children belong to the Department of Family and Childhood Administration.

### General Unit for Social Defense:

The General Unit for Social Defence (also referred to in some documents as the Administration for Social Defence) is a department concerned with the protection and welfare of certain categories of children at risk and children in conflict with the law. The Unit's remit includes:

- Provision of institutions that provide temporary care for child at risk up to the age of 17 years until the risk environment has been mitigated and carrying out reintegration and rehabilitation processes
- Social monitoring offices that provide services for families of children at risk including preparing reports for courts when required.

### Residential Nurseries Unit (also referred to in the literature as a Department)

It has not been possible to find specific information related to the exact remit of this unit.

### Residential Care Institutions Unit (also referred to in the literature as a Department)

It is understood this unit has oversight of residential care institutions. No further information on specific role and responsibility has been found.

### Alternative Families Department

(Please refer to the section on Alternative Family Care later in this study for more details)

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<sup>168</sup> E25

<sup>169</sup> *ibid.*

<sup>170</sup> E7

<sup>171</sup> E7

<sup>172</sup> E20

## The Child Protection Unit

Responsibilities of the Child Protection Units include:

- Providing a safe environment for children and implementing monitoring policy implementation child protection within all social care institutions in order to provide a safe environment for children.
- Receiving complaints related to violence and abuse issued against children inside social care institutions.

The Child Protection Unit is the section in the Ministry holding responsibility for developing child protection case management. The Unit has reportedly been working with the support of UNICEF to develop different aspects of the child protection system. In this respect, amongst the goals of the Unit are the development of:

- Child protection case management
- An electronic database
- An inventory of service providers, identifying gaps and working to support providers
- An Action Plan for the replacement of institutional care
- Support units for the reintegration of children within the social welfare system

**Rapid Intervention Unit:** (also referred to in documents as the General Department of Child Rescue)

The Rapid Intervention Unit is also located within the Ministry of Social Solidarity. There are sub-units in all Governorates and Districts. Responsibilities include:

- Intervening when violations of children's rights occur in shelters and institutions reported via the Hotline 16439
- Intervention with cases of children at risk in local communities, especially homeless children or street connect children reported via the Hotline 16439
- Dealing with each report separately
- Working through the police to implement actions that guarantees the protection of children within the care homes and orphans in the local community
- Coordination with care institutions and referring cases to them according to their specialty
- Follow-up of the child's condition after they are transferred to the institution to make sure of stability

Other departments within the Ministry of Social Solidarity with a responsibility for child protection and alternative care are the Programmes Initiative Unit and its sub-unit for Child Protection.

**Higher Committee of Alternative Families** (also identified as the Supreme Committee in some documents)

The Higher Committee of Alternative Families Committee is led by a State Council Judge and a Ministry of Social Solidarity legal advisor. It is comprised of representatives from different ministries including Social Solidarity, Education, Justice and Interior, as well as representatives of religious bodies and NGOs.<sup>173</sup> The Committee serves as a policy-making entity to standardize alternative family selection criteria, contractual procedures between the Ministry of Social Solidarity and families, as well as different mechanisms for supporting, monitoring and assessing alternative families. The Committee also investigates complaints and appeals.

The Committee has the goal of strengthening the alternative family system through improving:

- Care assessment and selection
- Follow up of placements
- Human resources
- Data collection

## Foster Care Committee

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<sup>173</sup> E25

In each governorate there is a Foster Care Committee. The Committee has general oversight of matters relating to the children and of the work of the Family Childhood Department. The Committee comprises the Director of the Social Solidarity Department, the Director of the Family and Childhood Department, a foster care specialist from MOSS, and representatives from: health, education, security (juvenile care), and a relevant NGO.<sup>174</sup>

The Committee has responsibility for final decisions regarding foster care applications. It should also consider issues related to good practice and the need for training, support, family contacts and reunification.<sup>175</sup> (Please see Section 12 on Alternative Family Care for further details)

## Ministry of Health

The Ministry of Health holds responsibility for alternative care offered in Childhood and Motherhood Care Centres for children under the age of 2 years.<sup>176</sup>

## Ministry of Interior

Concerning the security of and legal rights of the child, the Ministry of Interior has a Department of Children that is responsible for enforcing Child Law No. 126/2008 pertaining to the protection of children living in the street and children in conflict with the law.<sup>177</sup> A Juvenile police force has a remit to protect juveniles, combating and controlling exploitation gangs and protecting and working with 'delinquent' children. A Ministerial Decision was issued in 2000 to amend the functions of the General Administration of Juveniles to deal with children at risk or those who are in a situation of begging or without shelter.

## The People's Assembly and Shura Council

The People's Assembly and Shura Council are the legislative bodies responsible for promulgating laws and each has a special committee specialized in children's matters.<sup>178</sup>

# 10.2 The role of the judiciary

The judiciary and Prosecutor's Office play a fundamental role in decisions relating to child protection and alternative care including making the final decision whether or not a child should be placed in alternative care.

## The Ministry of Justice

The Ministry of Justice has four units working on children's issues: the Sub Directorate of Information, Statistics, Communications and Cooperation, the Council of State's Judicial Body, the Children's Judiciary Body, and the Children's Prosecution Authority (also denoted in some documents as the Child Protection Office).<sup>179</sup> The Ministry is a key stakeholder in child protection and alternative care, not only in terms of bringing perpetrators of violence against children to account, but also in decisions regarding placement of children in alternative care.

**The Child Prosecution Office** was established in 1921, specializing in children in conflict with the law. In 2008 in accordance with the amended Child Law, the responsibility of the Office was extended to also hold responsibility for children at risk referred to the Office by the Childhood Protection Committee.<sup>180</sup>

**Family Courts** were established through the promulgation of Law 10 of 2004. This court handles issues such as divorce, alimony and child custody.<sup>181</sup> Children have the right to appear before Family Courts under Article 2 of the Law Regulating Litigation Procedures in Personal Status Affairs. This Article allows children from the age of 15 years old with 'full mental capacity'<sup>182</sup> to self-representation in disputes relating to their personal status. They may also receive free legal representation by an attorney appointed by the court if deemed

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<sup>174</sup> *ibid.*

<sup>175</sup> E20

<sup>176</sup> E25

<sup>177</sup> E18

<sup>178</sup> E18

<sup>179</sup> E18

<sup>180</sup> untitled document sent by the SOS office in Egypt

<sup>181</sup> E29

<sup>182</sup> E50

necessary.<sup>183</sup> The court panel comprises three judges, and two specialists (a psychologist and a sociologist) at least one of whom must be a female.<sup>184</sup>

The family court system has a mediation process which can be used prior to initiating any litigation through the Dispute Settlement Offices. Each Office comprises a legal specialist, a psychologist, and a social worker. The mandate of these offices is to try and mediate between the parties to resolve disputes amicably rather than through the court. If an agreement is reached, it is as enforceable as a court decision.<sup>185</sup>

**Child Courts** were established in 1996 dealing with issues of 'juvenile delinquency'<sup>186</sup> and are situated in every Governorate.

In summary, as can be seen from the information above, there is a plethora of different departments, units and committees with responsibility for child protection and alternative care. An analysis of the literature suggests this duplication of roles and responsibilities is a cause of concern particularly in relation to the lack of coordination between different bodies and stakeholder. Indeed, a study published in 2020,<sup>187</sup> noted how the child protection mandates of the Ministry of Social Solidarity and the National Council for Childhood and Motherhood often overlap, 'in a way that has negatively affected the effectiveness'<sup>188</sup> of the child protection and alternative care system and responsibility for different actions relating to children at risk. This is reflected in the way the Ministry of Social Solidarity, the Ministry of Interior, The Ministry of Justice, and Child Protection Committees can all intervene when a child is at risk.<sup>189</sup>

### 10.3 The role of non-governmental organisations

NGOs and UN agencies play a significant role in the support to, and direct provision of, programmes and services related to child protection and alternative care in Egypt. Law 84 of 2002 governs the relationship between the State and NGOs including the requirement that NGOs must first register with the Ministry of Social Solidarity either as a *gam'iya* (association) or a *mu'assasat* (foundation) before commencing operations.<sup>190</sup> Certainly references in reports and strategic plans sourced for this study that have been published by ministries, identify the way government departments acknowledge the importance of partnerships with, and input from, UN agencies and NGOs.

A report published in 2011<sup>191</sup> suggested that at that time, there were 16,000 registered non-governmental associations in Egypt of which 2,177 were working in the field of childhood. The report also acknowledged that many organisations were being forced to change their focus away from this field due to a lack of funds. NGOs, faith based and 'private' organisations all manage children's residential facilities, either independently, or in partnership with, or with funding from, the government. According to research published in 2020<sup>192</sup>, NGOs also receive State funding to provide case management and other services to children at-risk including psychological support and counselling. In this manner, it is believed NGOs compensate for the lack of social workers both in terms of sufficient numbers and competency.<sup>193</sup>

In a 2018 strategic planning document issued by the Ministry of Health and Population and National Council for Childhood and Motherhood, acknowledged the importance of partnerships with NGOs and academic institutions, with specific reference to research and capacity-building initiatives.<sup>194</sup> The strategy document also highlighted the manner in which the Egyptian Child Law (2008) specifically calls for the representation of NGOs in all Child Protection Committees at governorate and district levels.

#### The Egyptian Coalition for the Rights of the Child

The role NGOs play in Egypt can be demonstrated in the work of the Egyptian Coalition for the Rights of the Child (ECCR), a broad-based collation of approximately 100 member organisations from all the Governorates

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<sup>183</sup> E50

<sup>184</sup> E50

<sup>185</sup> E50

<sup>186</sup> *ibid.*

<sup>187</sup> E7

<sup>188</sup> *ibid.*

<sup>189</sup> *ibid.*

<sup>190</sup> E3

<sup>191</sup> E26

<sup>192</sup> E7

<sup>193</sup> *ibid.*

<sup>194</sup> E30

across Egypt.<sup>195</sup> All member organizations are committed to children’s rights and development. The objectives of the Coalition include<sup>196</sup>:

- To support and advocate for the rights of all Egyptian children and ensure that the government meets their obligations under the 2008 Child Law as well as the charters and international conventions regarding children’s rights to which Egypt is party
- Raise public and governmental awareness of children’s rights
- Coordinate efforts to monitor and support the implementation and enforcement of laws pertaining to children’s rights
- Support and build the capacity of institutions and organizations working to promote the general welfare of children

The Coalition offers child rights policy recommendations, promotes children’s rights within government institutions, and ‘attempts to transform the way government officials think about children’.<sup>197</sup> At the national level, the Coalition works directly with the Ministry of Education, Ministry of Health, and the Ministry of the Interior. At the sub national level, it relies on their member organizations networks working with local government officials as well as providing support with capacity building for CSOs, undertake advocacy and awareness raising campaigns. The Coalition also contributes to the Egyptian Universal Periodic Review submitted to the UN.<sup>198</sup>

Further examples of the role of NGOs in networks include the establishment of the Child Protection Network (established in 2010)<sup>199</sup> and the Inter-Agency Working Group<sup>200</sup> (a coordination mechanism for the refugee response in Egypt chaired by UNHCR) as illustrated in the Figure 9. below. A sub-sector of the Inter-Agency Working Group is the Inter-Sector Working Group bringing together different sector working groups, including one for child protection, with the aim of coordinating, identifying and evaluating relevant operational topics and ensuring a standardized approach.

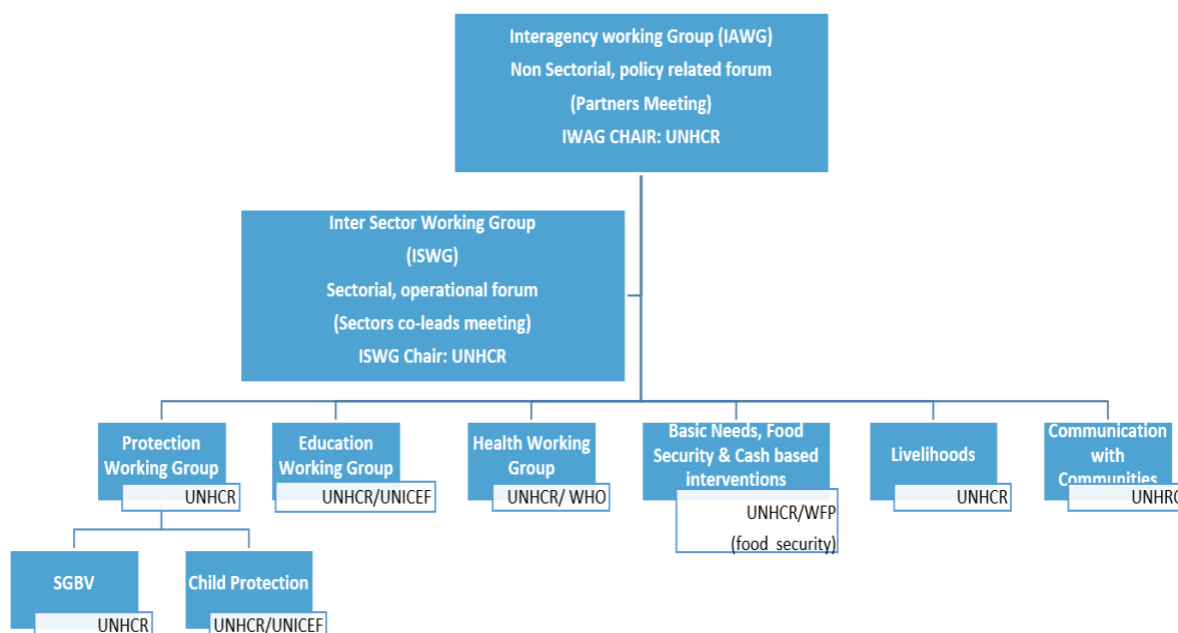


Figure 9. The Inter-Agency Working Group

<sup>195</sup> E26

<sup>196</sup> Sourced at: [http://www.tadamun.co/egyptian-coalitions/?lang=en#.X\\_st09j7TIU](http://www.tadamun.co/egyptian-coalitions/?lang=en#.X_st09j7TIU)

<sup>197</sup> *ibid.*

<sup>198</sup> *ibid.*

<sup>199</sup> E26

<sup>200</sup> E42

# 11. Gatekeeping and child protection case management

Gatekeeping is an essential component of a national child protection and alternative care system.<sup>201</sup> It involves a systematic process and use of tools and procedures that enables all those involved in the protection and care of children to make choices that are in the best interests of each child and meets their individual needs, circumstances and wishes.<sup>202</sup> Shared gatekeeping tools and processes enable multi-sectoral teams working together on case management should ensure:

- careful identification and referral of children and families at risk
- comprehensive and rigorous multi-sectoral assessments of circumstances and needs and wishes
- decision making procedures taken in consideration of the best interests of each child with full and meaningful participation of children, families and involvement of other relevant stakeholders
- development of child and/or family Support Plans that identify the community based support services to be provided in a timely manner. If alternative care is necessary, each child should have an individual Care Plan.
- oversight and delivery of support services and/or alternative care.
- ongoing case monitoring and review of Support Plans/Care Plans and the changing situation of the child and their family
- procedures that facilitate and support family reunification or other permanent solutions for a child including adoption

It is important that all the above procedures respect a child's right to participate (see CRC Article 12) in decisions that affect their lives. This is a central premise to making effective and appropriate decisions about their protection and well-being. In addition, importance should be placed on the development of multi-sectoral assessments and other shared gatekeeping tools and mechanisms accompanied by joint training on these tools so that policy, practice and responsibility is owned by all relevant stakeholders and agencies (social welfare, education, health, judiciary, housing, employment etc.). This also helps create a holistic child-centered approach to child protection and alternative care.

Furthermore, in setting thresholds and parameters as part of assessment and decision-making processes, the 2019 UNGA Resolution on the Promotion and protection of the rights of children<sup>203</sup> clearly states that,

financial and material poverty, or conditions directly and uniquely imputable to such poverty, should never be the only justification for the removal of a child from the care of his or her parents or primary caregivers and legal guardians, for receiving a child into alternative care or for preventing his or her reintegration, but should be seen as a signal for the need to provide appropriate support to their family, benefiting the child directly.

In light of the above guidance, this desk review has considered gatekeeping in Egypt and the use of child protection case management processes and tools as illustrated in Figure 10. Below.

201 Gale, C. & Csaky, C. (2014) (2015) Making Decisions for the Better Care of Children: The role of gatekeeping in strengthening family-based care and reforming alternative care systems. Better Care Network and United Nations Children's Fund (UNICEF)

202 Cantwell, N.; Davidson, J.; Elsley, S.; Milligan, I.; Quinn, N. (2012) Moving Forward: Implementing the Alternative Care Guidelines for Children. UK: CELCIS, University of Strathclyde

203 United Nations General Assembly (2019) 'Promotion and protection of the rights of children' adopted by the General Assembly at its 74th session, 19 November, 2019, A/74/395

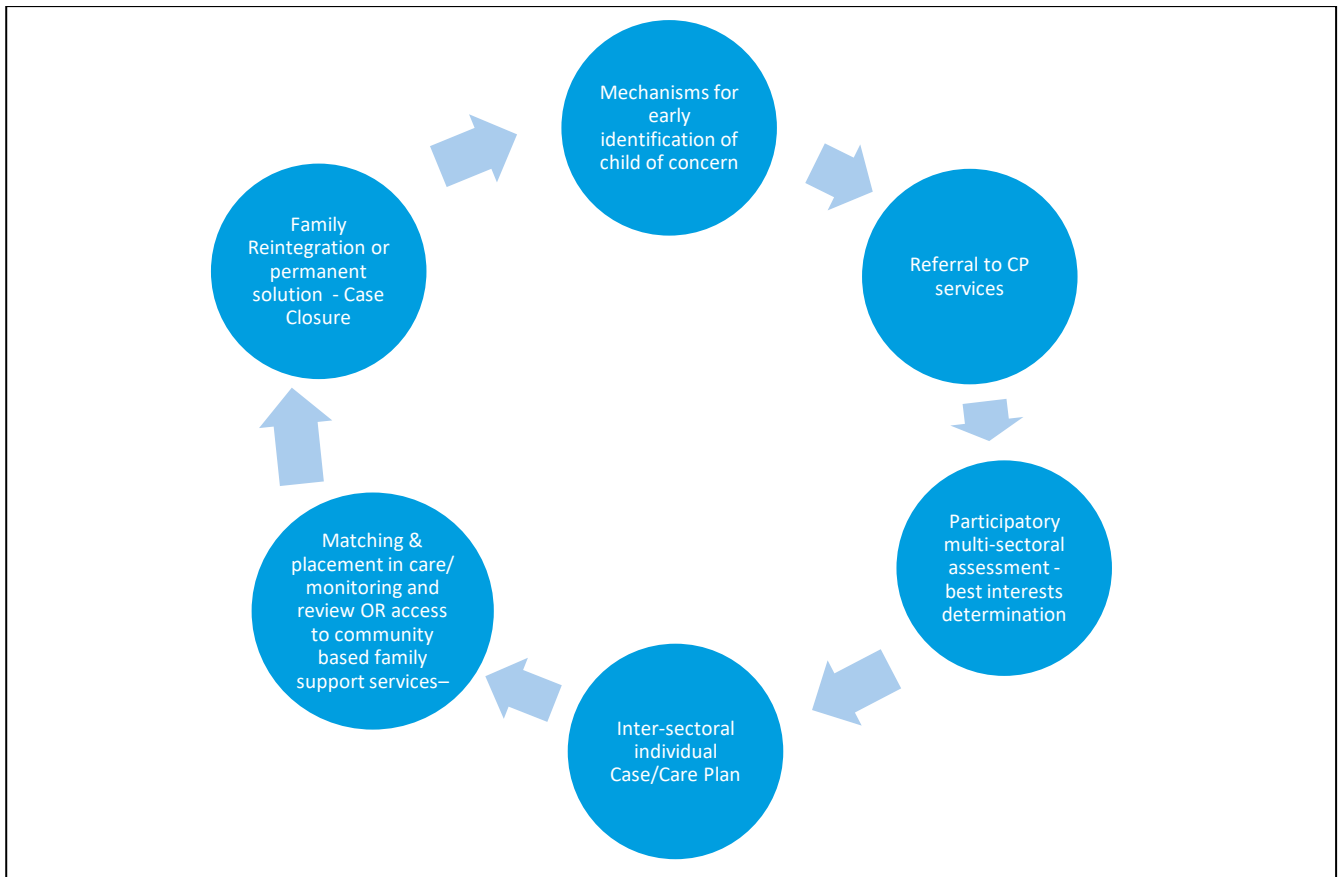


Figure 10. Steps of child protection case management

## 11.1 Referral and assessment and care planning procedures

Analysis of the literature sourced for this study, suggests ongoing efforts being made to improve child protection case management procedures in Egypt. For example, it is understood that the Ministry of Social Solidarity intends to take further steps to improve mechanisms for family assessments, monitoring visits, and implementation of support programmes.<sup>204</sup>

Furthermore, one of the objectives in the **National Plan for Children 2018- 2030**, is ‘identifying the role of governmental and non-governmental bodies in the field of child protection and shared procedures between them to provide effective services for the children protection, so that there is a common main objective for all concerned entities.’ However, there are no details as to what this will entail. It is also the responsibility of the Child Protection Unit in the Ministry of Social Solidarity to provide support to professionals utilizing case management even though there is very little further information available as to how they carry out this role.

The Ministry’s commitment to case management may also be reflected in **Decree No. 506 of 2019 Model Regulations for Case Management Units** issued in 2019. This Decree calls for the establishment of Case Management Units at central level of the Ministry of Social Solidarity as well as at subsidiary levels - presumably meaning Governorate and District level. The Decree is slightly confusing however, as it requires these Units to receive cases of (translated from Arabic), ‘children benefiting from social care services as the main gateway for all these cases through the following authorities:

- Police departments and stations
- Social welfare institutions
- Childhood and Motherhood Centres of the Ministry of Health
- Child helpline
- The Judicial Control Committee at the Ministry of Social Solidarity
- Rapid intervention teams at the Ministry of Social Solidarity and its affiliated directorates
- Child Protection Committees

<sup>204</sup> E10



- Civil associations and institutions
- Guardian of the child or the child himself
- Social Defense offices
- Homeless children
- Family guidance and counselling offices
- Any other parties dealing with or concerned with children

The Decree also outlines the roles and responsibilities of staff involved in the Unit.

Further references in the literature also imply the significant role UN agencies and NGOs have undertaken. For example, there are accounts of the role UNICEF has played working in partnership with the Ministry of Social Solidarity, and other government agencies, to implement case management procedures. Information on the Save the Children website in Egypt explains how the agency has taken a role in capacity building for the use of child protection case management procedures by, 'supporting local government and civil society partners to implement policies and provide quality services for children at risk. This includes case management services, which assess the particular needs of at-risk children.'<sup>205</sup> It is also noted that UNHCR is using the Best Interest Determination process with refugee children that includes assessments.

However, as also noted later in this section, the literature also suggests that at the present time, Egypt still lacks comprehensive, standardized and systematically applied procedures applied by all relevant stakeholders who should be implementing case management.

### 11.1.1 Referral and assessment

By law, anyone in Egyptian society is required to report any concern they have if they think a child might be at risk. Although, a standardized mechanism for referrals is reportedly lacking,<sup>206</sup> it is understood that many of these referrals are made to the National Child Helpline.<sup>207</sup> The staff of the Helpline should then 'investigate' the case and refer the case on to a social worker in the Family and Childhood Department under the Ministry of Social Solidarity.

A child protection case can be referred to The Family and Childhood Department or a Sub-Committee for Children's Protection.<sup>208</sup> According to information gathered during interviews for this study, it is not always clear how the practical application of referral of cases between the Child Helpline, social workers in the Family and Childhood Units and members of the Sub-Committees actually works.

According to the Decree, the objectives of the Unit include:

- *Monitoring and receiving* the cases of beneficiaries monitored by various bodies, volunteers, community leaders and community members and classification and identification of cases that need case management. Documenting cases on a regular basis using case notes, forms and reports used in the case management system
- *Building a database* on cases of violence, exploitation and abuse of children
- *Case study and care plan development.* Conducting comprehensive assessments and determining the immediate actions required according to the level of risk. Developing rehabilitation and intervention plans according to needs demonstrated in the assessment and identifying the available resources. Implementation of appropriate intervention plans in coordination with the concerned authorities inside and outside the Ministry of Social Solidarity. Working with social workers in different departments ( family and childhood / social defense / rehabilitation / alternative families / programmes implemented by the ministry, to prepare for case management meetings regarding complex cases and to ensure children have multidisciplinary support.
- *Monitoring:* Establishing a monitoring and evaluation system that includes quantitative and qualitative indicators of goals, activities and expected results in the case management unit. Strengthening reporting, complaint and inspection mechanisms while ensuring transparency, availability, security and confidentiality to protect the complainant
- *Case closure :* A final report is drawn up to close the child's case file after ensuring that the services recommended by the rehabilitation plan are provided by the various social units and meet the child's needs . The child's case file is to be reopened again and the provision of services is completed in the event that the child is exposed to new problem or a new need arises after the case is closed.

<sup>205</sup> Sourced at: <https://egypt.savethechildren.net/what-we-do>

<sup>206</sup> E51

<sup>207</sup> Information gathered during interviews

<sup>208</sup> E19

Sub-Committees have the authority to summon the child, parent or guardian, to discuss the concerns outlined in the referral. A Sub-Committee can also request that the Office for Child Prosecution, or a magistrate within the Ministry of Justice, provide a written warning to the child's parent or guardian to maintain a safe and protected environment for the child. This warning can be taken to appeal in the Court by the concerned adult.

A concern noted in an evaluation of the child protection system in 2011,<sup>209</sup> was the fact that some children found at risk, can be referred by the sub-Committee to the child prosecution where a number of actions can be taken that are 'usually reserved for children who commit crimes, such as reproach, delivery to parents, training, rehabilitation, probation, community service, or placement in a social care institution.'<sup>210</sup> In this respect, the Child Law allows for children to be placed in 'social welfare institutions' (children's residential care facilities) or under 'judicial probation if they are found to be 'vulnerable to delinquency', and in social welfare institutions if thought to be 'vulnerable to danger.'<sup>211</sup>

The police are also responsible for children 'found' on the streets, including children considered 'vagrants' and 'beggars' and any child thought to have been abandoned. The police service also has a role in investigating reports of violence against children.

Removal of a child from their family home requires a judicial decision, except in emergency cases, when a Sub-Committee for Childhood Protection may take an immediate decision.<sup>212</sup>

As with other countries in the region with significant refugee and migrant populations, the development of standard operating procedures for child protection case management has often been prompted by those working in humanitarian response agencies. For example, the 'Standard Operating Procedures For Child Protection Case Management with Refugee Children & Their Families' was developed under the umbrella of the Child Protection Sub-Working Group through a process co-led by UNHCR and UNICEF.<sup>213</sup> The Procedures explain how the Child Protection Working Group in Egypt recognized a need for agencies working with refugee children to be able to better coordinate child protection activities and responses, and that cases of child protection should be managed in a more systematic and reliable manner. The Procedures identify child protection risks - including levels of risk. They also provide a detailed account of each step of referral, assessment (although it is stated that agencies can use their own assessment forms providing they ensure 'the appropriate information is collected and analyzed), care planning, review and case closure..

Different roles and responsibilities are also defined, including that of a 'Case Manager'. The Case Manager has overall responsibility for a child's case and is responsible for:

- Ensuring an assessment takes place and that a plan is developed and implemented
- Making referrals to other agencies and services as indicated on the plan
- Coordinate any meetings necessary with the organizations and staff involved in supporting the family
- Following up with agencies and with the family and child to ensure that the plan is being implemented
- Coordinating and reviewing the plan on a regular basis to ensure that it is implemented and make any revisions necessary to ensure it remains relevant
- Carry out specific tasks as identified on the plan
- Managing cases in line with the SOPs including relevant principles and procedures
- Ensuring cases are appropriately documented and that data collection and storage respect confidentiality.

What is interesting is there is very little reference to the Government child protection case management system or any guidance that would infer compulsory referral of children into the national system in the Procedures. There is recognition that 'functioning' the Child Protection Committees at governorate and district level varies widely. Therefore, there is a recommendation that involvement of these Committees should be carefully considered and tailored according to their ability on a case by case basis. Furthermore, there is a clear statement that given, 'the diverse range of organizations currently involved in case management, the SOPs do not prescribe who is responsible for case management (i.e. the case holder). This should be negotiated between agencies on a case by case basis.' The Procedures go on to recommend, that, 'where there is a functioning government child protection committee/child protection unit, collaboration with the child protection unit/committee should be explored',<sup>214</sup> rather than suggesting this should be compulsory.

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<sup>209</sup> *ibid.*

<sup>210</sup> *ibid.*

<sup>211</sup> *ibid.*

<sup>212</sup>

<sup>213</sup> E51

<sup>214</sup> E51

Overall, however, there has been very little further information in the sourced documentation for this study that has provided a more detailed account of how procedures for child protection referral and care assessments are actually being implemented in Egypt.

### 11.1.2 Care planning and review procedures

According to regulations, children in alternative care should have a Care Plan. However, no further information on what these Care Plans should contain, who has responsibility for developing and managing them and how well they are applied, was available in the literature

Information provided by SOS team members in Egypt said that each child in an alternative family should have a case file. The social worker from the Family and Childhood Department undertakes 'social research' of a child. Once the child is in family-based alternative care, the social worker supervises a number of children's cases which should be monitored at least once a month. This should include gathering information about their education and a written report should be produced.' They advised that the Executive Regulations for Establishing Associations and Civil Institutions for Alternative Care' also require

'institutions' to conduct a comprehensive social assessment of the child, including a medical examination.

There was very little further information in the literature sourced for this study that provided a more detailed account of the procedures for child care planning and review, and how these procedures are actually applied in Egypt.

Reports and studies over the past 10 years or so, do indicate the lack of standardized child protection case management procedures that should be developed, shared and systematically followed by the different Ministries and other stakeholders responsible for child protection and alternative care. An evaluation of the child protection system undertaken in 2011,<sup>215</sup> noted how, despite provisions in legislation, there was a lack of procedural policies for, and guidance on, implementation. The report goes on to say that, 'at the current time, implementation of services, many of which remain unregulated and unmonitored, are largely delivered according to individual agency rules rather than an approved national standard'<sup>216</sup> and that, 'mechanisms need to be developed for reporting and case management in order to facilitate identification, assessment, referral, service delivery and monitoring.'<sup>217</sup>

Research on the national child protection system published in 2018,<sup>218</sup> reported high numbers of children suffering from violence, exploitation and abuse. While acknowledging the 'quite progressive provisions'<sup>219</sup> in the 2008 Child Law, the research also identified practical challenges to its implementation.

One challenge to the development of a comprehensive case management system may in part, be due to what this desk review has revealed to be a complex system of different stakeholders with both differing and duplication of roles and responsibilities in relation to child protection and alternative care. This for example, appears to be resulting in different pathways by which children can enter alternative care. An academic journal article published in 2020 for example, identified the child protection system as being complex and full of entanglements',<sup>220</sup> and how the tension and conflict between stakeholders was impacting on the 'effectiveness of the system.'<sup>221</sup> A study on the institutionalization of street children also noted how, 'one of the main gaps in appropriately fulfilling the needs of institutionalized children and youth is the absence of a Case Management System.'<sup>222</sup>

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<sup>215</sup> E19

<sup>216</sup> *ibid.*

<sup>217</sup> *ibid.*

<sup>218</sup> E24

<sup>219</sup> *ibid.*

<sup>220</sup> E7

<sup>221</sup> *ibid.*

<sup>222</sup> E49

## 12. Continuum of protection and suitable care services

### 12.1 Informal care

Informal Care as defined by the UN Guidelines for the Alternative Care of Children is a privately made arrangement when a 'child is looked after on an ongoing or indefinite basis by relatives or friends at the initiative of the child, his or her parents or other person without this arrangement having been ordered by an administrative or judicial authority or a duly accredited body'.<sup>223</sup>

The Guidelines describe kinship care as 'family-based care within the child's extended family or with close friends of the family known to the child'.<sup>224</sup> It may be formal or informal in nature (it is considered formal when it has been ordered by a competent administrative body or judicial authority.)

There is an absence of data on children living in informal care in Egypt. However, information drawn from interviews indicate this is a common practice across the country and a significant number of children live in informally arranged extended family care, or in other households across Egypt.

According to Personal Status Laws, if a parent loses their custody or guardianship rights, these obligations automatically pass to a relative.<sup>225</sup> This does not involve or necessitate any official assessment of the capacity of extended family members to take on this care, nor any formal monitoring and support. Should any kinship care occur outside of the auspices of Egypt's Personal Status Laws, it is wholly voluntary<sup>226</sup>.

### 12.2 Formal alternative care

Formal Care as defined by the UN Guidelines for the Alternative Care of Children is 'all care provided in a family environment which has been ordered by a competent administrative body or judicial authority, and all care provided in a residential environment, including in private facilities, whether or not as a result of administrative or judicial measures'.

Formal arrangements for children in alternative care in Egypt predominantly means placement in a residential setting.<sup>227</sup> It is noted that much of the literature refers to residential institutions in Egypt as being 'orphanages' although, according to a 2014 Health and Demographic Survey, only 4% of children living in orphanages had lost one parent with no date for those that were true orphans<sup>228</sup> Thomason wrote that 'All children in Egyptian orphanages, regardless of their actual origins, are referred to as orphans and face the social stigma of illegitimacy'.<sup>229</sup>

Only certain children, including those that have been abandoned and are young, are eligible to be placed in 'alternative family' care. However, even these children are placed in residential care if an alternative family cannot be found.

### 12.3 Residential care

The principal responsibility for oversight of residential care lies with the Ministry of Solidarity. The Ministry directly runs a small number of residential care settings with the vast majority being managed by non-governmental bodies (it was not possible to confirm the exact number).<sup>230</sup> The Ministry also part fund some of the settings run by NGOs and faith-based organisations. There are also residential care settings identified

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<sup>223</sup> UN General Assembly. *Guidelines for the Alternative Care of Children (2010) resolution / adopted by the General Assembly, 24 February 2010, A/RES/64/142.*

<sup>224</sup> *ibid.*

<sup>225</sup> E25

<sup>226</sup> *ibid.*

<sup>227</sup> *ibid.*

<sup>228</sup> E47

<sup>229</sup> J40

<sup>230</sup> E4

as 'private' concerns - whether for profit or not-for-profit - that do not receive funding from the State. One concern is the existence of residential settings that are not registered with a Ministry.<sup>231</sup>

It is the Family and Childhood Unit (also defined as the Directorate for Child and Family in some reports) within the Ministry that supervises residential care services operated by NGOs. There are two separate sub-units delivering this oversight: These residential care settings are:

- Residential Nurseries Unit with oversight of 'Shelter Nurseries', for children aged 2 - 5 years old
- Residential Care Institutions Unit with oversight of 'Social Care Institutions' for 6 -18 year olds

The Social Defense Unit within the Ministry also have oversight of a number of residential settings.

The Ministry of Health also has responsibility for residential centers for children aged 0-2 years old known as Childhood and Motherhood Care Centres.<sup>232</sup>

Thomason wrote<sup>233</sup> that the 'majority of children in orphanages' fit into one of several categories:

1. 'Those who were born out of wedlock and subsequently abandoned by their parents to avoid social humiliation and disgrace
2. Those whose parents were too poor to care for them
3. Those who have lost their parents and whose relatives cannot or will not care for them
4. Those who were given to institutions because their mothers wanted to marry new husbands who would not accept the children from a prior marriage.'

Children are segregated in residential care by age and gender (please see Table 6. later in this section). They may also be purposefully placed into certain facilities according to the reason they were taken into care. For example, some settings provide care specifically for abandoned children whose parentage is unknown. Others provide care for children separated from their families either because they have run away been found living on the streets, have been voluntarily relinquished by their family, or placed due to a decision taken by a judge or prosecutor.<sup>234</sup> Some facilities house children that have been 'found' on the streets and classified as 'vagrants' and 'beggars. Some providers also have semi-independent facilities for young people leaving care.

One report<sup>235</sup> suggests that the majority of residential care settings are in Cairo and Alexandria but it has not been possible to confirm this information. An further article published in 2020<sup>236</sup> noted how more 'orphanages are being built, and the state is more readily giving official papers to people starting such institutions, even to the extent that the government may not check these new institutions sufficiently.'

## Childhood and Motherhood Care Centres (0 until 2 years)

Responsibility for Childhood and Motherhood Care Centres lies with the Ministry of Health. These settings provide care for children up to the age of 2 years. Once a child reaches 3 months of age, they are eligible for a placement in an 'alternative family'. However, if they are not placed by the age of 2 years they will then be moved to a residential Shelter Nursery.<sup>237</sup>

## Shelter Nurseries (2- 5 years)

Responsibility for Shelter Nurseries lies with the Ministry of Social Solidarity. These settings are for children aged from 2 to 5 years old. At the age of 6 years they must move to a Social Care Institution.<sup>238</sup> These settings are regulated under the statutory guidance, 'The Model Regulations for Residential Nurseries for Social Care for Children Deprived of Family Care issued by Ministerial Resolution No. 277 dated 10/12/1998'.

A report published in 2019<sup>239</sup>, describes these settings as providing, 'social, educational, health and recreational care.

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<sup>231</sup> E1

<sup>232</sup> E19 and E25

<sup>233</sup> J40

<sup>234</sup> E10

<sup>235</sup> E42

<sup>236</sup> E6

<sup>237</sup> E25

<sup>238</sup> E25

<sup>239</sup> E32

## Social Care institutions for children (6 -18 years old)

Responsibility for Social Care Institutions lies with the Ministry of Social Solidarity. The majority of these settings known also as 'shelter institutions', are affiliated to the Family and Childhood Unit (also defined as the General Administration of Family and Children in some documents). There are also some institutions affiliated to Social Defence Unit (also defined as the General Administration of Social Defence in some documents).

These settings provide care for children between the ages of 6 and 18 years of age who are deprived of family care because they are orphans, due to family break down or, because the family is unable to care for the child. Young people over the age of 18, are able to remain in the social care institution if they are enrolled in higher education, until the time of their graduation, or until marriage for girls.<sup>240</sup>

The accommodation for girls and boys must be separate. Likewise, settings are established according to the ages of the children as follows:

- Children under the age of 7 years old
- Children between 7-11 years old
- Children from 11- 15 years old
- The youth section for 15 years old and over

In 2014, 'Model Regulations for Establishing Associations and Civil Institutions for Alternative Care' were issued (also translates as 'Executive Regulations' also referred to in documents as 'Quality Standards') under the auspices of the Ministry of Social Solidarity. The regulations place responsibility on the Family and Childhood Units (also known as Departments in some documents) to supervise the implementation of the regulations in coordination with affiliated NGOs providing alternative care of children deprived of family care. These regulations describe 'Social Care Institutions' as,

*An educational and developmental home based on social care, specialized in caring for children deprived of family care of both sexes whose age is not less than six years and not more than 18 years old or until the age of work or marriage for females, and they were brought up in harsh social conditions that prevent them from taking care of them in their natural families due to orphan hood, family disintegration, or their inability to provide proper family care.*

The regulations go on to provide details of children that can be housed in these institutions including: (please note this is a translation from the Arabic regulations):

- Children of unknown parentage or illegitimate children who are abandoned by their families.
- The child is an orphan of both or one parent, and social research proves the insolvency of the family and the urgent need to take care of the children in the institution.
- Lost children who cannot identify their families and the competent authorities are unable to find their place of residence.
- Children who cannot be cared for by their birth families such as children of imprisoned parents or inmates in mental hospitals etc. (provided there is no reliable sponsor willing to take care of the child or the family's inability to care for the child)
- Children of broken families due to divorce, marriage of one or both parents, abandonment, etc., and an assessment proves that there is no reliable sponsor willing to take care of the child, or the family's inability in caring for the child.

The Regulations further stipulate that children can be accepted into these residential care settings on the following conditions:

- The child has not been subjected to a court ruling due to homelessness, felony, misdemeanor, or offense, or has been previously placed in a juvenile care institution.
- The child is not suffering from any of the mental or nervous diseases or infectious diseases.

According to the Regulations, the institutions should be (translation from the Arabic document):

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<sup>240</sup> E25

1. Providing adequate housing for full residency and providing an adequate standard of living for children in a way that guarantees them a decent life
2. Meeting all health, nutritional, educational, psychological and social needs of children and youth, respecting their desires, opinions and privacy while providing support, guidance and advice to equip them with positive behaviors acceptable to the community
3. Creating the appropriate social environment and family environment that ensures that these children obtain their legitimate rights, which the state guarantees them, in order to achieve social dimension and balance
4. Providing methods for protecting children from delinquency and the dangers to which they are exposed, supporting their proper behavior, and providing them with social safety for a sound social upbringing
5. Developing children's physical, psychological, linguistic, mental and social capabilities and preparing them to face normal life in accordance with the goals of society and its religious and cultural values
6. Enhancing children's self-confidence in order to build a positive view of themselves, and help them to rely on themselves, in order to make them active in society

Admission procedures for children are regulated as follows:

#### 1. Children whose primary cares are known:

- A request from the authority or the child's guardian desiring to deposit the child in the institution, accompanied by the following documents:
  - The child's birth certificate or any official document specifying the age.
  - A copy of the family or ID card of the relative or caregiver of the child before he is placed in the institution.
  - Copies of all documents supporting the fulfilment of the institution's admission requirements.
  - Evidence that the person who takes care of the child has officially agreed they can join the institution after it is proven that they are unable to care for the child
  - Conducting of a comprehensive social assessment of the child by the institution
  - Conducting a comprehensive medical examination necessary to determine the health status of the child
  - Provision of a comprehensive psychological report for the child
  - Acknowledgment from the child's guardian that he has accepted all the Institution's instructions regarding childcare and adherence to them
- A decision is issued by the director of the institution to accept the child, and these decisions are submitted to the institution's supervisory committee and the board of directors for approval

#### 2. For children of unknown parentage:

- Children that have been found (of unknown or illegitimate parents) who are abandoned by their families shall be accepted after ensuring that the procedures stipulated in Article (20) of Law 12 of 1996 are followed (please refer to the section above on legislation for more details).

#### 3. Children that have been found:

- Lost children are accepted after it is proven that they have been lost and the following documents are provided:
  - Police report of the incident of finding the child
  - The Prosecutor's decision to hand the child over to the institution

The regulations provide detailed account of licensing requirements and how residential settings should be managed including instructions on the physical environment, provision of services including education and health, administrative records, and financial accountability. Each residential care setting must have a supervisory committee and a board of directors and the regulations define the roles and responsibilities of staff.

However, in relation to the application of regulations and child protection case management related to admission of children into care, one researcher, when interviewing social workers about such procedures found a concerning lack of following procedures. Some social worker interviewees said there was no relevant application form to be completed when a child was being referred to them with an option of placement in care, whilst two others showed him a one-page simplistic form. The author concluded that not all social workers know there is a formal application that parents should complete if wishing to relinquish their child into care for example. Of those respondents unaware of any formal procedures even told him that 'parents handwrite a piece of paper requesting to foster a child.'<sup>241</sup>

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<sup>241</sup> E2

Further information on regulations can be found in a document only available in Arabic which is has not been possible to translate entitled ‘Service details of residential institutions’ issued by the Ministry of Social Solidarity at: <https://www.moss.gov.eg/sites/mosa/ar-eg/Pages/sector-service-detail.aspx?sid=44#>

### 12.3.1. Small residential care settings

<sup>242</sup> There is reportedly no regulation or policy, which distinguishes small group homes, from large residential care institutions. <sup>243</sup>

### 12.3.2. Number of children in residential care

As it has not been possible to source data from one centralised child protection/alternative care data base in Egypt, Table 6. has been developed by extracting data from different reports sourced for this study. This table highlights the difficulty in gaining an accurate understanding of longitudinal trends related to children in residential care in Egypt. However, data suggests there may have been between 9,000 to 16,000 children in residential care in the years for which data was available.

It is unclear whether or not these figures include children institutionalized due to disability as there is reference in the National Plan for Children 2018- 2030 to specific ‘orphanages’ for disabled children belonging to the Ministry of Social Solidarity. The 2015 data provided in the Ministry report indicated there were 471 ‘orphanages’, 148 ‘orphanages for disabled children’ 101 ‘shelters for children deprived from family care’ and 27 ‘nurseries’.

This table also illustrates the differing terminology use for residential care settings by different authors. Furthermore, it has been recognized that there are an unknown number of unregistered care settings not included in these data sets. <sup>244</sup>

Year of reported data/ year of publication	Age Group	Care setting as described in the literature’	Number of care settings	Number of children	Source
2009		‘Alternative care homes and orphanages’	337	12,000	245
2009	6-18 years	‘Social Care Institutions’	309	8,506 Females:3,752 Males: 4,754	246 247
2009	2-5 years	‘Shelter nurseries’	146	3,527 Female: 1,510 Male: 2,017	248 249
2010	2-5 years	‘Shelter nurseries’		2,000	250
2010	6-18 years	‘Social care institutions’		7,000	251
2011		‘Residential institutions’		9,082	252

<sup>242</sup> E25

<sup>243</sup> ibid

<sup>244</sup> E1

<sup>245</sup> E40

<sup>246</sup> E14

<sup>247</sup> E23

<sup>248</sup> E14

<sup>249</sup> E23

<sup>250</sup> E28

<sup>251</sup> ibid.

<sup>252</sup> E8



2011	6-18 years	'Residential facilities'	232	7,660 (57% males and 43% females).	253
2011	2-6 years	'Residential nurseries'	41	1,225	254
2014		'Orphanages'	454		255
2015		'Orphanages' of the Ministry of Social Solidarity	471	14,735	256
2015		'Orphanages' of the Ministry of Social Solidarity for children with disabilities	148	6,329	257
2015		'Nursery orphanages' managed by NGOs	27	2,480	258
2015		Ministry of Social Solidarity affiliated 'Shelter's for children deprived of alternative care	101	888	259
2016	0-17 years old	'Orphanages'	548	12,015	260
2016	0-2 years	Childhood and Motherhood Care Centres	75	2,418	261 262
2016	6-18 years	'Residential institutions'	473	9,579	263
2019		'Care homes'	502	10,000	264

Table 6. Number of children in residential care in Egypt

The UN Committee on the Rights of the Child, in its concluding observations on Egypt's third and fourth periodic report in 2011 (CRC/C/EGY/CO/3-4) noted the number of institutionalized children as being very high.

In terms of profile of children in residential care, a 2015 study<sup>265</sup> examined the conditions of children in seven institutions in the Menofia Governorate. Of the 125 children in the study aged between 6 and 18 years old, more than half were originally placed there by police. A later study published in 2018<sup>266</sup> assessed children in 10 residential 'institutions'. Of the children studied, almost two thirds (65.9%) had been institutionalized under the age of 6 years old. Approximately 18% had arrived when they were aged between 6 and 11 years old, and 16% when they were between the age of 11 and 16 years thus indicating the vast majority of these children had been institutionalized as a very early age. With regards the duration of institutionalization, the study went on to show that almost half children included in the study, 47.2% had been living in the institution for a period of 10 -17 years, almost a quarter (23.8%) had been there between 5 to 10 years, while 27.1% between 1 to 5 years and 1.9 % had been then less than 1 year.<sup>267</sup> There was almost an equal number of girls and boys. In addition, almost two-fifths (40.7%) of the children had siblings in the institutions with them. With respect to reasons of institutionalization, more than half (54.7%) of the children in the study had been placed there due to unknown parentage. This was followed by 13.5%, due to parental separation, and 13.1% because of family

<sup>253</sup> E19

<sup>254</sup> *ibid.*

<sup>255</sup> E1

<sup>256</sup> E47

<sup>257</sup> E1

<sup>258</sup> *ibid.*

<sup>259</sup> *ibid.*

<sup>260</sup> E25

<sup>261</sup> E15

<sup>262</sup> E23

<sup>263</sup> *ibid.*

<sup>264</sup> E10

<sup>265</sup> E25

<sup>266</sup> E8

<sup>267</sup> E8

inability to provide financial care. Almost 10% of children had a father who had died, 4.7% a mother who had died, and 2.8% whose both parents were dead. A further 1.4% of children were there due to the imprisonment of a father or mother.

## Residential care for unaccompanied and separated children

In March 2019, UNHCR recorded a total of 3,264 unaccompanied and separated children refugee children in Egypt.<sup>268</sup> In its fact sheet of that month, UNHCR explains how the agency conducts a Best Interest Assessments (BIA) and prioritizes protection and assistance to unaccompanied and separated refugee, and other children at risk.<sup>269</sup> It has not been possible however, to find more information about where these children were being accommodated.

### 12.4 Quality of Care, Regulation and Inspection

<sup>270</sup> The Ministry of Social Solidarity is responsible for registering and monitoring residential care provided by non-governmental organization. The *Model Regulations for Establishing Associations and Civil Institutions for Alternative Care*<sup>271</sup> were issued in 2014. Figure 11. Is taken from the website of the organization that supported the development and piloting of these standards illustrating the different domains of care that are considered.

Figure 11. Diagram outlining domains of the Quality Standards for Alternative Care<sup>272</sup>



A *'Handbook of quality measurement in social welfare institutions to take care of children deprived of family care in Egypt'* was also issued by the Ministry of Social Solidarity in 2014. The introduction of the handbook describes the content as being, 'a basic guide essential before doing each institution separately before embarking on future planning for the development of institutions of social care in Egypt'.<sup>273</sup> It is further stated that these measurements will be used when the Family and Childhood Department in regulating and inspecting residential care settings. The handbook contains detailed description of the expected standards or different domains of care as previously identified in Figure 11.

A copy of the *'Model Regulations for Residential Institutions'* have been found in Arabic on the Ministry of Social Solidarity website:

<https://www.moss.gov.eg/sites/mosa/ar-eg/Pages/sector-service-detail.aspx?sid=44>

However, due to the format they were published in, it has not been possible to produce a readable translation.

Likewise, a copy of the *Quality standards for social welfare institutions Children deprived of family care (2018)* but it has not been possible to obtain a useable translation of this document. The document is short and appears to be a list of regulatory administrative and legal procedures.

<sup>268</sup> E52

<sup>269</sup> *ibid.*

<sup>270</sup> E1

<sup>271</sup> E1

<sup>272</sup> Sourced at: <https://amaanegypt.org/en/quality-standards-alternative-care>

<sup>273</sup> E53.

Interviewees for this study confirmed that regular inspections are made of residential care settings. Overall however, there was very little information in the literature regarding the process. One study<sup>274</sup> has noted the Government's role in regulating residential care to be poor and how it is not undertaken in a systematic manner. The study also explains how some people that own and manage residential care settings are not always registered with the Ministry of Social Solidarity which means they remain unregulated and inspected.<sup>275</sup>

Regulations governing standards of care also have a component of self-regulation including the requirement of each residential setting to set up a Board that will monitor provision.<sup>276</sup> A study,<sup>277</sup> commenting on the role of the Government to define and regulate for standards in 'orphanages', whilst recognizing the government did have some regulative control, also expressed concerns at the manner in which 'the government appears to allow these civil society organizations to define their own standard of care'. The report concludes how, 'given the audacious cases of mismanagement in some Egyptian orphanages, the extent and quality of, these regulative roles remain unclear.<sup>278</sup> Furthermore, those wishing to form an organisation/association should be aware of the 'Associations Law' and its amendments No. 51 of 2008 (governing registration and formation of organisations).

The few evaluations of residential care sourced for this study, are predominantly negative regarding the quality of care on offer. Research published in 2007<sup>279</sup>, whilst noting the existence of some higher quality residential settings, wrote about children being locked in facilities behind 'barred and padlocked' gates and 'high concrete walls.' The authors wrote how these settings had the attributes of a prison, especially for younger children who did not go out of the premises to school.

A 2010 epidemiological study<sup>280</sup> of children in 4 'orphanages' in one governorate of Egypt found that although basic material needs were being met, children 'were almost totally separated from the outside world and were unable to engage in 'normal families and society relations'.<sup>281</sup> The study also found, 'a high rate of mental health problems, predominantly those of emotional nature.' The researchers also reported prevalence rates of depression to be 21% and anxiety at 58%.

A study<sup>282</sup> of 20 children caged between 8 to 18 years old was conducted in 2012 in three orphanages in Dakahlia Governorate. The study identified one-fifth of the children were suffering from depression. A study of residential care in Cairo published in 2016<sup>283</sup> noted how many of these settings has been established tens of years ago, and despite the issuance of quality guidelines, have become generally accustomed to developing their own standards, 'which are of poor quality.'<sup>284</sup>

Furthermore, a 2015 study<sup>285</sup> examined the conditions of children in 7 institutions in the Menofia Governorate and reported that 72.8% children reported physical abuse, and 71.2% reported psychological abuse.<sup>286</sup>

An evaluation of residential care for street associated children published in 2016,<sup>287</sup> provided information from a 2008 study that had found residential institutions to be lacking,

*clear child protection policies, and staff, children, and youth alike are not trained on identifying and dealing with situations of abuse. This lack of training is sometimes associated with loss of control and use of physical punishment when dealing with children and youth. Children and youth themselves are unable to react to any situation where an abuse has happened, or when one or more of their rights are violated. due to the lack of knowledae and the lack of complaint mechanisms.*

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<sup>274</sup> E1

<sup>275</sup> E1 and E29

<sup>276</sup> Information provided in interviews

<sup>277</sup> E3

<sup>278</sup> E4

<sup>279</sup> E5

<sup>280</sup> E11

<sup>281</sup> *ibid.*

<sup>282</sup> E52

<sup>283</sup> E49

<sup>284</sup> *ibid.*

<sup>285</sup> E25

<sup>286</sup> *ibid.*

<sup>287</sup> E49

Again, information from the 2008 evaluation<sup>288</sup> findings suggest the approach inside residential institutions to be one of services being given as a 'favor' to children rather than based on a child rights-based approach. There was particular reference in the study to the lack of participation of children in decision making. Furthermore, the analysis revealed NGOs staff to be often judgmental in relation to what were viewed as bad or 'risky' behavior of children with such an approach negatively impacting on trust and making street children reluctant to seek accommodation in shelters for example. The evaluation also identified how most of the staff had no social work training although it was thought that 'generally, they have good theoretical knowledge about sociology and psychology,' but were 'unable to apply their theoretical knowledge to their daily work.'<sup>289</sup>

A 2016 evaluation<sup>290</sup> described the lack of knowledge of the existence of the standards for alternative. It also recognized that the guidance had only been developed over the past few years and the probability that as residential care had been used to operating for many more years with their own developed standards, noted by the author as being of 'poor quality', these standards persisted. In part the poor standards of care are again attributed to poor recruitment procedures which do not always seek qualified and experienced staff. This coupled with lack of financial resources is resulting in NGOs being unable to hire a high caliber of qualified caregivers, unable to meet a satisfactory ratio of carer to child - with some donors only interested in having the maximum number of children in the facility and, inability to deliver on-the-job training to less qualified staff. Finally, account is called to the lack of clear internal monitoring and supervision mechanisms in some settings. There are also concerns regarding the inspection system of the Ministry of Social Solidarity which are thought to not meet international standards and restricted to administrative and financial aspects, whilst being impacted 'by the inefficiency of the governmental bureaucracy, and corruption.'<sup>291</sup>

Combined, these studies imply the overall quality of support and care children are receiving is detrimental to their well-being

## 12.5 Deinstitutionalisation

In late 2018 an announcement was made by the Minister of Social Solidarity that numbers of residential care centres are decreasing, in line with a target of closing all such placements by 2025.<sup>292</sup> This statement seems somewhat contradictory however, to the data sourced for this study and the objective found within the National Council for Childhood and Motherhood, a National Plan for Children 2018- 2030 to increase and develop institutions.

According to information provided by interviewees, there are plans for deinstitutionalization although it understood there is not a specific strategic plan with this aim. Information provided by interviewees suggests that the Child Protection Unit in the Ministry of Social Solidarity is currently preparing a plan to replace the institutional care system. This unit is working in cooperation with UNICEF and aims to:

- Develop the system of protection and care provided to children in general and children at particular risk through
- Provide an inventory of service providers and those dealing with children to monitor the gaps that exist within institutions and care homes and work to support them
- Set standards for the competence of specialists and those dealing with children within institutions that guarantee strengthening their capabilities in the best interest of children
- Develop an action plan to replace the institutional alternative care system with the non-institutional care system ( surrogate families )
- Develop psychological and social support units to provide reintegration services for children dealing with the social welfare system
- Develop a case management system for children to build an electronic information system and a database about children and the nature of services provided to them.

## 12.6 Family-based alternative care

Internationally, the most commonly used term for family-based alternative care is 'foster care'. Foster care, is described in the UN Guidelines for the Alternative Care of Children as 'Situations whereby children are placed by a competent authority for the purposes of alternative care in the domestic environment of a family, other than children's own family, that has been selected, qualified, approved and supervised for providing such

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<sup>288</sup> *ibid.*

<sup>289</sup> *ibid.*

<sup>290</sup> *ibid.*

<sup>291</sup> *ibid.*

<sup>292</sup> E25

care.<sup>293</sup> The Handbook 'Moving Forward'<sup>294</sup> produced as a tool to assist with implementation of the Guidelines, identifies the use of foster care as a form of short- or longer-term placement, depending on suitability and circumstances. In reality, the term 'foster care' used in different countries to describe a range of formal, and sometimes informal, care settings.

Unlike the definition of foster care provided in international guidance, family-based care in Egypt is considered a permanent placement.<sup>295</sup> Furthermore, the terminology used in the different literature sourced for this study can cause confusion as different authors use the terms 'foster care' and 'alternative family' care interchangeably. For example, in a 2019 report<sup>296</sup> noted how family-based alternative care is referred to variously as 'foster care, alternative families, and substitute family throughout both research and the law.'<sup>297</sup> There is also conflicting information across documents sourced for this report regarding which children are eligible to be placed in 'alternative families' / 'foster care' - in Egypt.

*For ease of terminology, as much of the regulations for family-based alternative care in Egypt translates from Arabic as 'foster care', this is the term that will be used in the rest of this report whilst also noting this form of 'foster care' does not meet the definition as laid out in the UN Guidelines for the Alternative Care of Children.*

It is also important to understand the clear delineation between guardianship and foster care in Egypt. Guardianship may only be assigned to blood relatives that will assume the care role for a child of a family member. Fostering, designates a parental relationship with a child for whom there is no biological relationship.

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The placement of children in family-based alternative care in Egypt is mandated for in two pieces of legislation.<sup>299</sup> They translate from Arabic as being the Foster Family Care Act of 1968 Decree No, 17 (described by one author as the 'formally established an institutional response to new born abandonment'<sup>300</sup>) and the Foster Family Care Act of 1996. Both Acts regulate the structure and function of the alternative family care system including definitions of which children are eligible to be fostered, setting the terms for fostering, and defining the involvement of different bodies including the role of the foster care social work practitioner, the Family and Childhood Administrations, the Family and Childhood Units (also known as Directorates in some of the literature), and the Foster Care Committee.

The procedures that are followed are also dependent on religion. For example, an article published in 2008<sup>301</sup> noted how the 'legal authority in Egypt for governing fostering, and guardianship is shared by the Ministry of Social Solidarity for Muslim citizens and the court system for those of Christian descent'.

In 2017, Megahead<sup>302</sup> wrote, 'according to Egyptian legislation, children enter the foster care system because they are deprived of the care of their biological families and do not have access to appropriate kinship care'. He went on to say that kinship care should be the first choice if this is no. These arrangements, stated Megahead, only apply to abandoned children and not to those that have suffered neglected or abuse and that there are 'clear boundaries between the two procedures.'<sup>303</sup>

In another study, Megahead and his co-authors,<sup>304</sup> explains how the, 'Egyptian family foster care system primarily addresses care of newborns that have been abandoned... so older children and adolescents are placed in foster care only under rare and extreme circumstances.'<sup>305</sup> With a report written in 2019<sup>306</sup> also confirming how, 'in practice it is likely that only very young babies and those children who have been abandoned will benefit from this system [*foster care*]. This is due to both a desire to take on the care of a younger child, and uncertainty surrounding how to deal with a birth family returning and seeking care of the

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<sup>293</sup> UN General Assembly. *Guidelines for the Alternative Care of Children (2010) resolution / adopted by the General Assembly, 24 February 2010, A/RES/64/142*

<sup>294</sup> Cantwell, N., Davidson, J., Elsley, S., Milligan, I. & Quinn, N. (2012) *Moving Forward: Implementing the 'Guidelines for the Alternative Care of Children'*. UK: Centre for Excellence for Looked After Children in Scotland. Centre for Excellence for Looked After Children in Scotland, University of Strathclyde, Glasgow: Scotland.

<sup>295</sup> E25

<sup>296</sup> E25

<sup>297</sup> E25

<sup>298</sup> E21

<sup>299</sup> E22

<sup>300</sup> E21

<sup>301</sup> *ibid.*

<sup>302</sup> E20

<sup>303</sup> *ibid.*

<sup>304</sup> E21

<sup>305</sup> E25

<sup>306</sup> E25

child.’<sup>307</sup> In one study<sup>308</sup>, social workers told the researcher that they have to make sure that children selected for alternative family-based care are orphans, or can never be united to their biological parents.

### 12.6.1 Number of children in family-based alternative care

It has not been possible to source one single database on children in alternative care, or that provides longitudinal records of children in family-based care. The data in the table below therefore, has been extracted from different documents sourced for this study. Once again, the data illustrates the use of differing terminology. Although not possible to verify this data, it does indicate an increase in the use of family-based care in Egypt.

Year of reported data/ year of publication	Age Group	Care setting as described in the literature’	Number of care settings	Number of children	Source
1991/2		‘Abandoned Infants Placed with Foster Families’		4,166	309
1992/93		‘Abandoned Infants Placed with Foster Families’		3,566	310
1993/94		‘Abandoned Infants Placed with Foster Families’		3,978	311
1994/95		‘Abandoned Infants Placed with Foster Families’		3,987	312
1995/96		‘Abandoned Infants Placed with Foster Families’		4,253	313
2011	Older than 12 years old	‘Substitute families for children whose biological families are unable to provide appropriate care (fostering)’		4,394	314
2009	2 years and older	‘Foster families’		5,705	315 316
2010		‘Foster care families’		‘nearly’ 5,000	317
2016	2 years and older	‘Foster families’		11,764	318 319
2019		‘Alternative Families’		12,000	320

### 12.6.2 Eligibility of alternative families

Information on the process involved in placing children into alternative family care can be found on the website of the Ministry of Social Solidarity<sup>321</sup>. During the research, various authors referred to upcoming amendments to legislation with specific reference to eligibility of those offering family-based alternative care. legislation for this report, A newspaper article published in December 2020 provided information to this effect. The article can be found at: [https://www.masrawy.com/news/news\\_egypt/details/2018/9/19/1429970/](https://www.masrawy.com/news/news_egypt/details/2018/9/19/1429970/). The article stated that

<sup>307</sup> E25

<sup>308</sup> E2

<sup>309</sup> E22

<sup>310</sup> E22

<sup>311</sup> E22

<sup>312</sup> E22

<sup>313</sup> E22

<sup>314</sup> E19

<sup>315</sup> E23

<sup>316</sup> E14

<sup>317</sup> E28

<sup>318</sup> E23

<sup>319</sup> E14

<sup>320</sup> E10

<sup>321</sup> Sourced at: <https://www.moss.gov.eg/sites/mosa/ar-eg/Pages/sector-service-detail.aspx?sid=44>

the Prime Minister and the Minister of Housing, Utilities and Urban Communities, have issued a decision to amend some provisions of the executive regulations for the Child Law issued by Prime Minister Decree No. 2075 of 2010 regarding families consisting of Egyptian couples who wish to care for a child according to the alternative families' system. The article goes on to state how the amendment stipulates the following conditions must be met:

- Applicants must be an Egyptian married couple
- The applicants must have moral and social maturity determined by a social research [*assessment*] from the competent social administration and the association or the competent civil institution
- The couple have been married for at least for three years - the decision stipulated that the Alternative Families Committee may exempt them from the condition of continuing marriage for at least three years in the event that one of the spouses is proven to be permanently sterile
- The age of each of them is not less than twenty-five years and not more than sixty years old - the Alternative Families Committee may exempt from this impermissibility of age of both spouses if the surrogate family exceeds sixty years according to the results of the social research
- As an exception are widows, divorced women and those who have never been married and who have reached the age of at least thirty years and may sponsor children if the committee stipulated in Article 93 of these regulations decides their suitability for that
- Spouses must have at least a high school diploma or its equivalent
- Families wishing to sponsor must pass the training course organized by the Ministry of Social Solidarity
- Care may be continued temporarily with the surrogate father in the event of the death of the surrogate mother, after the approval of the supreme committee for surrogate families.
- Article 90 stipulates that the family that wishes to take care of one of the children according to the alternative families' system shall apply to the competent Family and Childhood Department or through the Ministry's [*of Social Solidarity*] website, and the requests are recorded in a special register in either case
- The aforementioned department shall request a social search [*assessment*] supported by documents from the social administration. The domicile of the family and of the relevant association or institution the child belongs to, and the Family and Childhood Administration must take part in the social search to ensure the correctness and integrity of the data and to verify that the conditions stipulated in Article 89 of these regulations are met.
- In the event that the application is received through the website of the Ministry of Social Solidarity, the Ministry sends it to the competent directorate in which the place of residence of the family wishing to sponsor is located, and to the specialized association or institution.
- In the event that the request is rejected, the family may appeal the aforementioned decision within thirty days from the date of its notification to the Supreme Committee for Alternative Families to consider and decide on within sixty working days from the date of submitting the request, and its decision shall be final.
- This amendment includes stipulating the obligation of alternative families to facilitate the tasks of representatives of the Ministry of Social Solidarity, the Supreme Committee for Alternative Families, or the Family and Childhood Administration in the Directorates of Solidarity, the association, or the civil institution specialized in supervising and field visits to the surrogate family and the child and follow up in a manner that does not violate the principle of confidentiality and professionalism.
- The surrogate family must open an account in the Nasser Social Bank or open a savings book when the child in custody receives an amount not less than five thousand pounds, or this amount is deposited in the child's account if there is an account or book the child, and the family receives a scanned copy of the deposit receipt to the family department of childhood in the social administration and to the directorate of residence.
- The surrogate family has to carry out the duties of caring for the child free of charge and has the right to recommend or donate to them as much as they deem in accordance with the law. They are also entitled to save sums for the child in care that are received periodically to the Department of the Family and Childhood and this administration must add these sums to the child's account in a book Saving. It is not permissible to spend from the sums deposited under any name without the approval of the Higher Committee for Alternative Families.
- The Minister of Social Solidarity shall issue a decision determining the associations or civil institutions that will conduct social research [*assessment*], visits and field follow-up with alternative families in accordance with the controls and criteria specified by the aforementioned decision, and the decision specifies the

method for notifying the association or civil institution of the outcome of social research and field follow-up of the Ministry of Social Solidarity and the competent Social Solidarity Directorate. The decision also defines criteria for selecting social workers in associations or civil institutions entrusted with conducting research and field follow-ups.

- The Ministry of Social Solidarity, in coordination and cooperation with the concerned authorities, shall establish a database in which all alternative families and all data related to children, associations and civil institutions working in this field are registered. It is also committed to linking the database with the databases established in other authorities related to the alternative families' system.
- Families that are Egyptian and who have sponsored children in accordance with the provisions of the aforementioned Child Law and its implementing regulations, prior to the date this decision comes into effect, shall continue to sponsor these children.<sup>322</sup>

Other criteria required of carers include:<sup>323</sup>

- Being of the same religion as the child they will be matched with
- Meeting the necessary social, psychological and health standards, demonstrate an understanding of the needs of the child and a commitment to provide for the child the same as any other family member
- Residing in a place where there is access to educational, health, athletic, and religious facilities
- Agreeing to not communicate about the child, or hand the child to, the birth parents (if known) without the involvement of the FCD
- Having an income level sufficient to meet the needs of the child, as well as time and other resources.

### 12.6.3 Assessment and selection of carers

<sup>324</sup> There is a Foster Care Committee in each governorate. The Committee comprises of the Director of the Social Solidarity Department, the Director of the FCD, a foster care specialist from MOSS, and representatives from: health, education, security (juvenile care), and a relevant NGO. Applicants wishing to 'foster' a child must apply to the Family and Childhood Department who should then assess their eligibility -by carrying out background checks, home visits and parenting capacity assessments before passing on recommendations to the Committee.<sup>325</sup>

Before undertaking face to face assessments, foster care social workers should first gather all required documents of applicants before undertaking a 'social research' i.e. an assessment.<sup>326</sup> The required documents include:

- ID of both spouse with current residence address, apartment contract,
- Alternative parent's salary statement,
- Social insurance number,
- Medical report ensuring the inability of parents to give birth,
- Signed ratification of both spouse that they do not have children,
- Signed ratification from the father that he is not married to another woman
- Signed ratification from a third party.<sup>327</sup>

As part of the 'social research process' i.e. an assessment, the social worker from the district Family and Childhood Department should interview the prospective carers and assess different aspects of their lives including social, physical and financial factors.<sup>328</sup> The social worker should then complete an assessment form incorporating the following information:

- Names of parents
- Marriage history
- Educational level of parents
- Medical history
- Place of residence
- Parents' relations with neighbors<sup>329</sup>

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<sup>322</sup> E46

<sup>323</sup> E25

<sup>324</sup> E25

<sup>325</sup> E20 and E25

<sup>326</sup> E2

<sup>327</sup> E2

<sup>328</sup> E2

<sup>329</sup> E2



The form should also include the recommendation of the social worker.<sup>330</sup> Once a case file for the child is opened, this information, plus the name and sex of the child, is also entered.

Research in 2017<sup>331</sup> recognizing the manner in which these assessments considered financial stability of foster families, suggested that 'economic motives for becoming foster carers are noticeably rare in Egypt'.<sup>332</sup> However, the same research also reported that a study in 1980 found 16% of foster families had in fact been partially motivated by financial reward'.<sup>333</sup>

An evaluation of the assessment process published in 2016,<sup>334</sup> found the following concerns:

- The social assessment tool focusses on assessing the financial and social status of families and does not allow social worker to objectively assess other aspects of their ability and situation.
- The tool is conducted with foster carers only and there is no equivalent tool to assess the child's developmental situation and aspirations
- The social assessment tool is directed only with foster carers and it disregards the child's own family and community

#### 12.6.4 Approval of a foster family

Information on approval of a foster family has been provided in a research article published in 2016.<sup>335</sup> The author describes the process undertaken in the Governorate of Cairo outlining the manner in which a month meeting is held to discuss new applications attended by the social workers who conducted the assessments of potential foster carers, a senior social worker from the Directorate level and the Head of Family and Childhood Department. In this meeting social workers present their cases and provide recommendations after which, in discussion with all those present, decisions are reached. Recommended cases are then passed to the governorate level Foster Care Committee that then make the final decision whether to accept or reject an application. A formal approval is issued by the Committee and the proposed foster parents are notified. An appeal may be made by unsuccessful applicants to the Supreme Court.<sup>336</sup>

#### 12.6.5 Matching of a child and an alternative family

A report published in 2019,<sup>337</sup> is concerned with the lack of official procedures that govern the matching of a child with a foster family. The authors of the report explains how a family will receive an approval letter which they may take to a residential care institution and 'choose' a child.<sup>338</sup> It is understood that there is no consent required from the child, or, from the parents of the child if known.<sup>339</sup> If all goes well, the foster family sign a welfare contract with the Family and Childhood Department detailing shared parental responsibility for the child's welfare. This requires carers to notify the Administration of any changes in their personal circumstances, residence conditions or the child's situation with regard to such things as employment, school, death or marriage. It may demand that the foster family does not travel abroad without a written agreement from the Department.<sup>340</sup> Departmental social workers are responsible for preparing the child and the family for transition, and addressing any issues that may arise.<sup>341</sup> The authors of the 2019 report understand that the Ministry of Social Solidarity and the Supreme Committee of Alternative Families are currently investigating a new system for selecting, matching and monitoring.

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<sup>330</sup> *ibid.*

<sup>331</sup> E20

<sup>332</sup> *ibid.*

<sup>333</sup> E20

<sup>334</sup> E2

<sup>335</sup> *ibid.*

<sup>336</sup> E25

<sup>337</sup> E25

<sup>338</sup> *ibid.*

<sup>339</sup> *ibid.*

<sup>340</sup> *ibid.*

<sup>341</sup> *ibid.*

## 12.6.6 Monitoring and follow-up

Foster carers should be visited by social work practitioners on a monthly basis and a report should be submitted to the Foster Care Committee every 6 months.<sup>342</sup> It is reported<sup>343</sup> however, that these procedures are not systematically applied. For example, a research thesis published in 2019<sup>344</sup> draws on information from interviews with social workers. The researcher was told that, *'theoretically, social workers should pay a monthly visit to the parents. But in reality, we know as supervisors that this is not the case. Many social workers contact parents via telephone and ask about the child updates. We also know that some of them just make up the report.'*<sup>345</sup> The researcher assessed the monitoring tool used by social workers which includes the use of open questions regarding the medical and educational progress of a child including any behavioral problems. He also reviewed a number of completed monitoring forms and described how they only contained 'very short answers that are vague' as for example, 'medical progress is good' with no clarification on what good" means.<sup>346</sup> The researcher also asked social workers about occasions when monitoring reports prove the child to be in an unsafe situation. Respondents told him that in these cases they 'usually do not have the power to take the child away.'<sup>347</sup> A further concern raised by respondents was the difficult situation they faced when foster parents wanted to terminate the care contract.<sup>348</sup>

A research article published in 2019<sup>349</sup> describes how Ministry of Social Solidarity MoSS representatives, 'on their regular monitoring visits, could not track around 5% of the children that were placed in the Alternative Families System (AFS) according to one of the governmental officials.' This in part was attributed to families not wishing to keep any contact with Ministry officials once they have accepted the child which in turn is related to wanting to keep the situation a secret due to stigma attached to abandoned children or families taking in children that are not blood relatives.<sup>350</sup> All files on foster children are closed once they reach the age of 18 or 21 dependent on whether they are still in education.<sup>351</sup>

A 2019 study<sup>352</sup> reported on 2014 research that found budget constraints meant limited availability of such resources as computers and desks etc., limited use of telephone lines to make calls to family and little or no money to for making visits. The study also confirmed that foster families were reluctant to participate in monitoring visits.

## 12.6.7 Legal responsibility

Legal guardianship of a child technically remains with the Ministry of Social Solidarity, requiring foster parents to seek help/approval in administrative issues for the child, such as acquiring a passport and enrolling the child in school. The proposed foster parents are required to sign a welfare contract with the Family and Childhood Department, agreeing to share responsibility for the child with them. They are also required to notify the Department of any changes to their personal circumstances, living situation, or any changes relevant to the child such as commencing work, change of school, or the child's death.<sup>353</sup> Accordingly, there is no legal entitlement for the child that comes with the placement.<sup>354</sup>

For example, it has been noted that, if foster parents allocate an inheritance to the child, their biological children could successfully object to this, as the system does not allow for automatic inheritance. Problems could also arise should one or both of the foster parents die, as the biological children are then able to dismiss the fostered child from the family home.<sup>355</sup> A girl child could also be moved if her foster mother dies. It is reportedly the practice of the Ministry of Social Solidarity to sometimes transfer the child out of the family as soon as possible due, it is purported, to fear of abuse which may be inflicted by the foster father.<sup>356</sup> If no alternative female carer is found, the child will be transferred to a residential placement.

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<sup>342</sup> E20 and E21

<sup>343</sup> E25

<sup>344</sup> E2

<sup>345</sup> *ibid.*

<sup>346</sup> *ibid.*

<sup>347</sup> *ibid.*

<sup>348</sup> *ibid.*

<sup>349</sup> E10

<sup>350</sup> E10

<sup>351</sup> E20

<sup>352</sup> E25

<sup>353</sup> *ibid.*

<sup>354</sup> *ibid.*

<sup>355</sup> *ibid.*

<sup>356</sup> *ibid.*

It is understood that children are not necessarily told they have been fostered and that in fact, the process can be 'shrouded in secrecy'.<sup>357</sup> This however, is contradictory to the fact social workers visit and monitor the care placement.

### 12.6.8 Terminating the care of a child

The foster parents may seek to terminate the placement at any time, and the Family and Childhood Department can also end the placement, and transfer the child to another foster family or into a welfare institution<sup>358</sup>. Conditions that allow for this process include:<sup>359</sup>

- One of the foster parents dies
- If there is a change in the economic / welfare status of the family
- If the child is exposed to acts of neglect or perverted behavior which cannot be addressed
- If the family does not collaborate with or respond to the guidance of the assigned social worker
- If the family is seen to have an adverse effect on the behavior, or physical or psychological safety of the child
- If it is established that the foster family embraces disgraceful or outrageous behaviors

### 12.6.9 Challenges and shortfalls in the foster care system

Firstly, as noted above, the system of placement in an alternative non-biological family, although defined as 'foster care', does not meet the requirements outlined in the UN Guidelines for the Alternative Care of Children due to it being a permanent situation. Neither is the child provided any legal guarantees in the same manner as adoption would proffer. In addition, foster carers can decide to return a child and, if the child has a living parent, they can also seek to revoke the placement and request the child be returned to them. This, it has been recognized, robs 'the child of a level of permanency and certainty.'<sup>360</sup> A shortage of foster families has also been identified.<sup>361</sup>

Constraints due to human and financial resources are also recognized.<sup>362</sup> Consequences include delays in assessing foster carers and monitoring visits.<sup>363</sup> Reports also note the lack of standards regulating aspects of this form of care resulting in the possibility that decision making becomes a subjective process based on the individual beliefs and professional knowledge of individual social workers.<sup>364</sup>

Studies<sup>365</sup> suggest that by only using this family-based care system as a long-term placement, institutional care becomes only other option for children that are not, or cannot be, placed with an alternative family. This results in children under the age of 3 years being placed in residential care for long periods, and for some, their entire childhood.<sup>366</sup>

### 12.6.10 Kafala

In some instances, kafala can refer to the process of a child being permanently placed within a family without the right to carry the family name or inherit, although some permissions are allowed in accordance with Islamic sharia<sup>367</sup>. It is noted that foster care is referred to as kafala in some of the documents sourced for this study. However, in Egypt, the term kafala is also the provision of financial and material support, which can be offered to children such as those in residential care settings.<sup>368</sup>

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<sup>357</sup> *ibid.*

<sup>358</sup> *ibid.*

<sup>359</sup> *ibid.*

<sup>360</sup> E25

<sup>361</sup> E22

<sup>362</sup> E25

<sup>363</sup> *ibid.*

<sup>364</sup> *ibid.*

<sup>365</sup> *ibid.*

<sup>366</sup> *ibid.*

<sup>367</sup> E10

<sup>368</sup> E25

# 13. Reintegration, ageing out of care and adoption

## 13.1 Reintegration

Global best practice on reintegration is articulated in the Guidelines for the Reintegration of Children,<sup>369</sup> endorsed by UNICEF and a number of international and national NGOs. The guidelines state that reintegration should be seen as a process, involving: assessment, preparation, gradual reconnection with families, and post-reunification follow-up support. The guidelines indicate that reintegrating children need a full package of support, covering efforts to address stigma and discrimination; child protection measures to counter abuse and violence; support accessing health and education services and with catch-up schooling; and household economic strengthening. Each child has differing needs and support should be tailored accordingly. Children often need support for many months and sometimes years after they have returned home. The guidelines also refer to the role that schools and communities can play.

During the review of literature for this study, no evaluation of family reunification programmes were found and indeed, a recent report<sup>370</sup> questions the ability of social workers to facilitate such a process.

It is understood, that children and young people are able to search, contact and be reunited with their biological families with the search for information about their birth family being facilitated by record keeping of government and legal documents for this purpose.<sup>371</sup>

There is conflicting information in the literature sourced for this study. In some documents information suggests the legal guardianship of children placed in care remains with the Ministry of Social Solidarity. Others say a child's parent/s do not lose their parental rights and obligations and can seek the return of their child.<sup>372</sup> Furthermore, Government strategy documents and regulations pronounce the birth family to be the best option for caring for a child. However, interviewees believe very few children are reunified with their families once placed in alternative care.

## 13.2 Ageing out of care

Global guidance on support for care leavers is also articulated in the Guidelines for the Alternative Care of Children<sup>373</sup> and the UN General Assembly resolution 'Promotion and protection of the rights of children'.<sup>374</sup> These highlight the importance of a multi-sectoral response covering life skills; education and training, and access to services. The transition process should be supported by 'a specialized person' and undertaken in a participatory manner, considering difference in age, gender and experiences before or during separation.

The UN Guidelines for the Alternative Care of Children<sup>375</sup> call on:

Agencies and facilities should have a clear policy and should carry out agreed procedures relating to the planned and unplanned conclusion of their work with children to ensure appropriate aftercare and/or follow-up. Throughout the period of care, they should systematically aim at preparing children to assume self-reliance and to integrate fully in the community, notably through the acquisition of social and life skills, which are fostered by participation in the life of the local community.

<sup>369</sup> Delap, E> & Wedge, J. (2016) *Guidelines of Children's Reintegration*. Inter-agency Group on Children's Reintegration

<sup>370</sup> E25

<sup>371</sup> E20 and E21

<sup>372</sup> E25

<sup>373</sup> United Nations General Assembly. (2009). Guidelines for the Alternative Care of Children. Resolution A/RES/64/142.

<sup>374</sup> United Nations General Assembly (2019) 'Promotion and protection of the rights of children' adopted by the General Assembly at its 74th session, 19 November 2019, A/74/395

<sup>375</sup> UN General Assembly, Guidelines for the Alternative Care of Children : resolution / adopted by the General Assembly, 24 February 2010, A/RES/64/142, available at: <https://www.refworld.org/docid/4c3acd162.html>

The UN Guidelines also urge that all efforts should be made to ensure a participatory process in planning the pathway and transition from care to independent living should begin well before a young person is leaving care. In particular the UN Guidelines call attention to provision of a 'specialized person' who can be there to support young ageing out of care as well as a focus on additional support for those with special needs including a disability. There should also be access to ongoing education and vocational training opportunities.

Likewise, the 2019 UNGA Resolution on the Promotion and protection of the rights of children<sup>376</sup> requires States to ensure,

adolescents and young people leaving alternative care receive appropriate support in preparing for the transition to independent living, including support in gaining access to employment, education, training, housing and psychological support, participating in rehabilitation with their families where that is in their best interest, and gaining access to after-care services consistent with the Guidelines for the Alternative Care of Children.

The legal age of majority in Egypt is 18 years of age. Very little information has been found on regulations or guidance for care leavers. It is understood that males are expected to leave the orphanage when they turn 18 or when they find a stable employment option, and females are expected to leave when they get married. However, in one report sourced for this study, information is provided that young people have reached the age when they should leave but, they have no place to stay, or if they lose their employment, they are allowed to remain and/or return<sup>377</sup>. It has not been possible to verify this information.

### 13.3 Adoption

Egyptian law, based on Sharia law, prohibits adoption by Muslim families in Egypt. Only Christian families have the option to adopt children including changing the child's legal name to their own.<sup>378</sup> There has been no data sourced during this literature review that provided any indication as to the number of children who are adopted by Christian families in Egypt.

There are reports that a few children that were fostered were taken out of Egypt even though permission must be sought from the Ministry of Social Solidarity, and then adopted in their new country of residence.<sup>379</sup> An example, based on reports from the US Department of State, indicates how between 1999 and 2017, a total of 24 adoptions were processed as domestic adoptions (despite this being impermissible under Egyptian law). It is not clear whether any of these cases had received the required permission from the Ministry.<sup>380</sup> This process also risks the child's biological parents coming forward and re-claiming their child, as under the Egyptian system of alternative care, their parental rights have not been removed.<sup>381</sup>

<sup>376</sup> United Nations General Assembly (2019) 'Promotion and protection of the rights of children' adopted by the General Assembly at its 74th session, 19 November 2019, A/74/395

<sup>377</sup> E1

<sup>378</sup> E6

<sup>379</sup> E25

<sup>380</sup> *ibid.*

<sup>381</sup> E25

## 14. A skilled workforce

The 2019 UNGA Resolution on the Promotion and protection of the rights of children<sup>382</sup> urges States,

to strengthen child welfare and child protection systems and improve care reform efforts, which should include increased multisectoral collaboration, inter alia, between child welfare and health, education and justice sectors, active coordination among all relevant authorities, improved cross-border systems and improved capacity-building and training programmes for relevant stakeholders

The Resolution also asks States to ensure,

adequate and systematic training in the rights of the child, including by encouraging States to take the Guidelines for the Alternative Care of Children into account for professional groups working with and for children, including with children without parental care, including specialized judges, law enforcement officials, lawyers, social workers, medical doctors, care professionals, health professionals and teachers, and coordination among various governmental bodies involved in the promotion and protection of the rights of the child

### 14.1. Professional capacity of the social service workforce

The literature suggests an ongoing challenge in Egypt in relation to the capacity of the social work workforce in terms of adequate numbers and competency.<sup>383</sup>

In terms of quality of social work education in Egypt, an article published in 2016,<sup>384</sup> highlights the adoption of a generalist approach in teaching of undergraduate and graduate social work students e.g. there is no specialism as for example in the area of child and family social work. This also means there are few social workers that have with specific knowledge on such practices as foster care and other aspects of alternative a care provision. The researchers also noted the adoption of a preventative model of social work into the curriculum, although there is very little evidence in the literature reviewed for this study that such knowledge is actually being applied.<sup>385</sup>

Challenges to social work education include large class sizes and the growing availability of on-line teaching proving popular among Egyptian students which increases accessibility but brings concerns in terms of quality of education.<sup>386</sup> The quantity of social work practice offered by NGOs was also recognized and the manner in which this complimented and also addressed gaps in the government system. The authors conclude, 'Egyptian society is still unclear about the role of social work and the profession continues to struggle in establishing itself in the private or governmental organizational settings.'<sup>387</sup>

An evaluation published in 2011,<sup>388</sup> also noted how the social work system fails to ensure that qualified staff are employed and retained in the more marginalized and remote areas of the country. The study explained how respondents in the study, highlighted how lack of resources seriously impacts the implementation of policies and laws relating to the protection of children. This had affected both the number of staff available, and salary levels coupled with subsequent demotivation.

It should be recognized that there plans and programmes have been developed in Egypt to address the lack of capacity in social work. This includes for example, indicators within the 'National Plan for Children 2018-2030' for capacity building of those working in the area of protection and alternative care. Furthermore, in an

<sup>382</sup> United Nations General Assembly (2019) 'Promotion and protection of the rights of children' adopted by the General Assembly at its 74th session, 19 November 2019, A/74/395

<sup>383</sup> E10

<sup>384</sup> E55

<sup>385</sup> ibid.

<sup>386</sup> ibid.

<sup>387</sup> ibid.

<sup>388</sup> E19

evaluation of the child protection system in 2011,<sup>389</sup> respondents confirmed that it was mandatory for all new police recruits to receive specialist training on child rights, child labour, children at risk, and the risks involved in separating children from adults. In 2018, it was also reported<sup>390</sup> how a component of an EU and UNICEF funded project to reduce violence against children in Egypt, included provision of capacity building and training programmes for those working on the National Helpline along with development of a national curriculum for child protection social workers in partnership with the Ministry of Social Solidarity.

A university thesis published in 2016<sup>391</sup> reporting the concerns raised by social workers themselves, found challenges they faced included threats from families and a feeling of disempowerment. The latter comments were made in relation to decision making processes and the opposition to their ideas being exerted by management. This led to social workers preferring to leave decision making in the hands of the upper level of the hierarchy to avoid criticism from the managers or to be held accountable for a bad decision.<sup>392</sup> The study also revealed an uneven distribution of caseloads, and in some cases, the very high number of cases per social worker. For example, of four specific interviewees, the first social worker had 6 cases, the second had 17, the third had 50 cases and the fourth had 10 cases. The researcher also called to account the bureaucratic environment and system, the lack of training, poor supervision and lack of capacity to fulfil complex and sensitive practices compounded by a weak case management system.

In terms of increasing the numbers of social workers, UNICEF noted in its 2017 Country Report,<sup>393</sup> how 'progress has also been made towards creating a child protection unit within MOSS to address the limited availability of social workers in the country in the long run by increasing numbers of social workers linked to the unit.'<sup>394</sup>

Mention has been made to an association of social workers in Egypt (the Social Professions Union) but it is not clear how active it is. Apparently, some social workers prefer to join other associations such as the School Teacher Union due to the inactivity of their own association. It is also understood that there is no licensing of the social work profession and that any social work graduate can practice without either a license or membership of a professional social work union or association.<sup>395</sup>

## 14.2 Professional capacity of members of child protection committees

A specific concern reported in an evaluation published in 2011<sup>396</sup> is the capacity of members of Child Protection Committees (CPC). It was understood that these are largely government officials lacking the skills and experience to ensure good outcomes for children. The lack of time they had available to dedicate to this important function was also noted as being insufficient due to conflicting responsibilities. This situation was compounded by the constant rotation of Committee members resulting in the loss of any experience and accumulated expertise.

Please note, no other information was found in relation to evaluating the capacities of other key stakeholders including the judiciary and the police.

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<sup>389</sup> *ibid.*

<sup>390</sup> E30

<sup>391</sup> E2

<sup>392</sup> *ibid.*

<sup>393</sup> E13

<sup>394</sup> E13

<sup>395</sup> E55

<sup>396</sup> E19

## 15. Attitudes and awareness raising

Studies show how children in alternative care in Egypt are subject to social stigma<sup>397</sup> particularly emanating from values and norms that places great significance on family unity. Furthermore, when a child is placed in alternative care - especially residential care - they are assumed to be there for such reasons as 'illegitimate alliances and sin'.<sup>398</sup> Stereotyping of children in care can result in their being seen as 'genetically inferior', of inferior intellect, and that their morality and values are questionable.<sup>399</sup> As one author wrote, 'Culturally speaking, orphans are nobody. They have no heritage... and they are not respected.'<sup>400</sup> This is compounded by the specific stigma placed on children born out of wedlock and abandoned.

Family membership and a sense of belonging is extremely important in Egyptian society.<sup>401</sup> As one author wrote, <sup>402</sup> 'the family in this society is the institution through which relationships are constructed and reproduced. The ideology of family values is bound up with community, state, and religion. Ideologically, family and blood ties are the backbone of this society.' The lack of family and/or family connections for many children in alternative care is therefore, a great disadvantage. An example of this impact on their lifelong wellbeing and becoming a member of a community is reflected in the possible challenge they face when wishing to marry. Being born out of wedlock does not meet the usual expectations of families that place an emphasis on the familial background of a prospective bride or groom and those without such a connection will not be looked on favorably. In addition, it is unlikely that children leaving care have family members who can negotiate a marriage for them, or have the money for the wedding or a dowry.

Research conducted in 2006<sup>403</sup> with residential care staff recorded their concerns over the stigmatization children in care face. They mentioned the particular challenges for girls who are seen as potentially possessing what are considered the 'loose morals' of their mothers. It was recounted how school children may hurl the word 'bastard child' at an 'orphan', and, on occasion, throw stones.

As previously noted in this study, there are also efforts of 'foster' carers to hide the truth of a child's background due to societal discrimination against families that welcome children that are not biologically related. Indeed, one study<sup>404</sup> reported how government staff working within the alternative family system were themselves not convinced with the foster care programme finding it, 'religiously untenable'.<sup>405</sup>

What is concluded from this information is just how children who have experienced alternative care may have to bear the consequential stigmatization and social burden for the rest of their lives.

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<sup>397</sup> E10

<sup>398</sup> E10

<sup>399</sup> E5

<sup>400</sup> E2

<sup>401</sup> E5

<sup>402</sup> E5

<sup>403</sup> E6

<sup>404</sup> E10

<sup>405</sup> E10



## References

- E1. Noha Emam Hassanin (undated) Thesis: Assessing the Resilience of Adolescents Who Were Raised in Orphanages in Cairo, Egypt
- E2. Samar Mohamed Ali (2016) Thesis: Foster Care in Egypt: A Study of Policies, Laws, and Practice, presented to The American University in Cairo
- E3. Details of Egypt National Council for Childhood and Motherhood sourced at [http://www.nccm-egypt.org/e3/index\\_eng.html](http://www.nccm-egypt.org/e3/index_eng.html)
- E4. Ethnasios, R. A. (2012) MA Thesis: Describing the Care and Treatment of Orphans in Egypt through the Perspectives of Residents, Caretakers and Government Social Workers
- E5. Gibbons, J.A. (2007) Sociological and Symbolic Family Processes in the Structure of Orphanages in Egypt. *International Journal of Sociology of the Family*, Vol. 33, (1), pp. 199-217
- E6. Gibbons, J.A. (2005) Orphanages in Egypt. *Journal of Asian and African Studies*, Vol. 40, (4), pp.261-285
- E7. El Husseiny, I.A., El-Din, A. G. & Amin, K.Z. (2020) Effectiveness of the child-at-risk protection system in Egypt: a fiscal and institutional perspective. *Review of Economics and Political Science*. Available at: <https://www.emerald.com/insight/content/doi/10.1108/REPS-02-2020-0023/full/pdf?title=effectiveness-of-the-child-at-risk-protection-system-in-egypt-a-fiscal-and-institutional-perspective>
- E8. El-Sakka, E. A. R., El-Wahed, M. A. A., Amin, D., Kassem, F. K. & Helal, H. (2018) Quality Of Life Among Children Deprived From Family Care In Residential Institutions In El-Beheira Governorate- Egypt. *IOSR Journal of Nursing and Health Science*, Vol. 7 (5), pp.16-33
- E9. Saboula, N.E., Hussien, A.A. & El-Refaae, E.M. (2015) Occurrence and Consequences of Violence among Orphaned Institutionalized Children in Menoufia Governorate. *IOSR Journal of Nursing and Health Science*, Vol 4 (3), pp.26-38.
- E10. Abdel-Aziz. A. (2019) Assessment of the Alternative Families System in Egypt *Scottish Journal of Residential Child Care*, Vol. 18 (3)
- E11. Fawzy, N. & Fouad, A. (2010) Psychosocial and Developmental Status of Orphanage Children: Epidemiological Study. *Current Psychiatry* Vol. 17 (2), pp. 41-48.
- E12. UNHCR (2017) *Live Learn and Play Safe: Regional Initiative 2014-2016, Protecting Children at Risk in Egypt, Ethiopia, Sudan and Yemen*. Geneva: UNHCR
- E13. UNICEF (2017) *UNICEF Annual Report 2017*, UNICEF Egypt
- E14. UNICEF (2015) *Children in Egypt Statistical Digest*.
- E15. The Central Agency for Public Mobilization and Statistics (CAPMAS), and United Nations Children's Fund (UNICEF), Egypt (2017) *Children in Egypt: a statistical digest 2016*
- E16. National Council for Childhood and Motherhood, UNICEF Egypt Country Office Social Research Center & American University in Cairo (2006) *Towards Policies for Child Protection A Field Study to Assess Child Abuse in Deprived Communities in Cairo and Alexandria Egypt*
- E18. Child Frontiers (2009) *Strategic Review of UNICEF Egypt Child Protection Programme: UNICEF MTR - Mission Report*
- E19. Unpublished (2011) *Egypt Summary Report: Local level Child Protection Mechanisms in the Middle East and North Africa*
- E20. Megahead, H.A. (2017) Non-kinship family foster care in Egypt. *Adoption & Fostering*, Vol.41 (4) pp. 391-400
- E21. Megahead, H.A. & Cesario, S. (2008) Family Foster Care, Kinship Networks, and Residential Care of Abandoned Infants in Egypt. *Journal of Family Social Work*, Vol. 11 (4) pp. 463-477
- E22. Megahead, H.A. (2014) Changes in Legislation on Foster Family Care in the Arab Republic of Egypt. *Arab Law Quarterly*, Vo. 28, pp. 307-316

- E23. UNICEF (2016) Children in Egypt 2016 A Statistical Digest. The Central Agency for Public Mobilization and Statistics (CAPMAS), Egypt United Nations Children's Fund (UNICEF), Egypt
- E 24. El-Sakka, E.AR, El-Wahed, M.A.A., Amin, D.A., Kassem, F.K.K. & Helal, H. (2018) Quality Of Life Among Children Deprived From Family Care In Residential Institutions In El-Beheira Governorate- Egypt. IOSR Journal of Nursing and Health Science. Vol.7 (5), pp.16-31
- E25. International Social Service (unpublished) (2019) Egypt Analysis of the Country Situation
- E26 & E27 Save the Children Mantara Network (2011) Country Profile: A Review of the Implementation of the UN Convention on the Rights of the Child
- E28. UNICEF (2010) Child Poverty and disparities in Egypt Building the Social Infrastructure for Egypt's Future. UNICEF Egypt
- E29. (PowerPoint Presentation) Khattab, M. (undated) Alternative Care of Children of Children, in the MENA Region, Egypt's Case
- E30. Ministry of Health and Population and National Council for Childhood and Motherhood (2018) Ending Violence against Children in Egypt: National Strategic Framework. UNICEF
- E31. (Unpublished) (2011) Child protection system mapping (provided to the author)
- E32. Types of Residential Care (an extract from an unaccredited document provided by SOS in Arabic)
- E33. Model regulations for alternative care institutions (an extract from an unaccredited document provided by SOS in Arabic)
- E34. Handbook for Measuring Quality Care (an extract from an unaccredited document provided by SOS in Arabic)
- E35. Child Protection Committees (an extract from an unaccredited document provided by SOS in Arabic)
- E36. Legislation Document: Decision by the Egyptian Prime Minister -no. 178-year 2016-Executive regulations for the Child Law declared on 2010 (provided by SOS in Arabic)
- E37. Law No. 12 of 1996 Promulgating the Child Law Amended by Law 126 of 2008 (provided by SOS in Arabic)
- E38. CRSA. Report (provided by SOS in Arabic)
- E39. Child Foster Care Application Form- Higher Commission for Foster Care. (Provided by SOS in Arabic)
- E40. Salama, U. & Shokr, S. (2019) Children on The Move The Unaccompanied Migrant Children in Egypt. The American University of Cairo and UNICEF
- E41. UNHCR (2018) Fact Sheet Egypt December 2018. UNHCR
- E42. (2018) 3RP Regional Refugee and Resilience Plan in Response to the Syria Crisis 2018- 2019: Egypt.
- E43. El Ashmawy, A. (undated) The National Council for Childhood & Motherhood Creation and working Mechanisms. Dr. Azza El Ashmawy, Secretary General of The national Council for Childhood & Motherhood
- E45. Maxwell, L. & El-Hilaly, A. (2004) Separated Refugee Children in Cairo: A Rights-Based Analysis - Working Paper No. 5. American University of Cairo, Forced Migration and Refugee Studies
- E46. Newspaper article accessed at:  
[https://www.masrawy.com/news/news\\_egypt/details/2018/9/19/1429970/](https://www.masrawy.com/news/news_egypt/details/2018/9/19/1429970/)
- E47. Committee for Childhood and Motherhood (2018) Strategic Framework and National Plan for Childhood and Motherhood in the Arab Republic of Egypt (2018-2030)
- E48. National Plan for Childhood and Motherhood Strategy 2018-2020
- E49. Soliman. I. (2016) the Applicability of the International Quality Standards of Caregivers in Egypt: Limitations and Constraints, Youth Policy Working Paper
- E50. Egypt: Access to the Justice System and to Legal Aid. Available at:

<https://www.loc.gov/law/help/access-to-justice/egypt.php#:~:text=In%20Egypt%2C%20free%20access%20to,legal%20aid%20are%20constitutional%20rights.&text=The%20right%20to%20free%20legal,provide%20free%20legal%20aid%20services>.

E51. Child Protection Sub-Working Group (2016) The Inter-Agency Case Management Standard Operating Procedures for the protection of the refugee children in Egypt

E52. UNHCR (2019) Fact Sheet Egypt March 2019

E53. Ibrahim, A., El-Bilsha, M.A., El-Gilany, A. & Khater, M. (2012) Prevalence and predictors of depression among orphans in Dakahlia's orphanages, Egypt. International Journal of Collaborative Research on Internal Medicine & Public Health, Vol. 4 (12), pp.2036 - 2043

E54. Government of Egypt. (2014) Handbook of quality measurement in social welfare institutions to take care of children deprived of family care in Egypt. Ministry of Social Solidarity

E55. El Nasr, M.A. & Eltaiba, N. (2016) Social Work in Egypt: Experiences and Challenges. British Journal of Education, Society & Behavioral Science, Vol 16 (1) pp. 1-11



**SOS CHILDREN'S  
VILLAGES**

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