



Cairo Healthy Neighborhood Program: Situation Analysis with Literature Review and Stakeholder Meetings

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ENVIRONMENTAL HEALTH PROJECT





Activity Report 123

Cairo Healthy Neighborhood Program: Situation Analysis with Literature Review and Stakeholder Meetings

ANE Urban Health Initiative and USAID/Egypt/PHN

by

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Acronyms and Definitions

ANE	Asia and the Near East
ARI	Acute respiratory infections
CAPMAS	Central Agency for Population Mobilization & Statistics
CDA	Community-based Organization
CEOSS	Coptic Evangelical Organization for Social Services
DHS	Demographic and Health Survey
ECRED	Experimental Center for Recycling and Environmental Development
EDHS	Egyptian Demographic & Health Survey
EGAT	USAID Bureau of Economic Growth Agriculture and Trade
EHP	Environmental Health Project
EMICS	Egypt's Multiple Indicator Cluster Survey
ETSA	A Village in Minia Governorate
IMR	Infant Mortality Rate
INP	Institute for National Planning (Egypt)
JSI	John Snow, International
MCH	Maternal and Child Health
MOHP	Ministry of Health and Population (Egypt)
MOLA	Ministry of Local Administration
NCCM	National Council For Childhood & Motherhood (Egypt)
NGO	Non-governmental Organization
NPC	National Population Council (Egypt)

ORS	Oral Rehydration Solution
ORT	Oral Rehydration Therapy
PEM	Protein Energy Malnutrition
PHC	Primary Health Care
PHN	Population, Health and Nutrition program of USAID
PRA	participatory rapid appraisal
SA	Situation Analysis
SD	Standard Deviation
SRC.AUC	Social Research Center, American University in Cairo
U5MR	Under Five Mortality Rate
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization

About the Authors

Carla Rull Bousen, MPH is a public health specialist with more than 25 years of experience in health, population and development programs in Africa, the Near East and Latin America. Much of her work in the past ten years has been on improving participatory approaches to development, using Participatory Rapid Appraisals (PRA) and a range of other information sources in planning and maximizing NGO contributions to development. Current interests include designing programs to reach the urban poor, ensuring appropriate health services for youth and young adults and addressing violence towards women. Her background is in community organization, health promotion and behavior change. Ms. Bousen resides in Tunis, Tunisia.

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Executive Summary

USAID ANE health programming has not kept pace with the region's rampant urbanization and the health needs of urban slum dwellers, especially children living in the vast and growing cities of Asia and the Near East. Recognition of this trend led to an ANE PHN initiative, implemented by the Environmental Health Project (EHP), to focus Agency attention and resources on the health conditions of urban slum dwellers. During Phase I, a literature review of existing studies on child health in urban slums in the ANE Region was completed to enhance USAID's understanding of the situation in which the urban poor in the region find themselves. The few studies that disaggregated data or reanalyzed existing databases large enough to include clearly-defined slum samples tended to confirm one hypothesis: that children living in urban slums are in as bad—or in worse—shape than their rural counterparts. Phase I continues through work with the Measure/DHS Project to include slum sampling and refinement of environmental health and other indicators in several upcoming interim and full Demographic and Health Surveys (DHS).

The aim of Phase II is to increase USAID's experience in planning, implementing and evaluating child and family health programs in urban slums and squatter settlements through a demonstration urban health program. The USAID/Egypt Mission responded favorably to a region-wide request to participate, and the Egyptian MOHP welcomed the proposal for an urban slum program that fits into a current MOHP initiative for expanding services for urban slums. Ezbet El Nawar, a poor neighborhood on the outskirts of Cairo was selected as the demonstration site because of lack of infrastructure and services, the presence of NGOs capable of carrying out program activities, and primarily because of its obvious need for assistance. Ezbet El Nawar is the home of a community of “zabbaleen” or traditional garbage collectors/recyclers. The choice of this community is consistent with the ANE objective of demonstrating approaches to aid the most marginalized urban poor populations.

The urban health program approach is multi-sectoral in nature and includes the following elements, which are described in detail in this report:

- A **participatory situation analysis (SA)** that includes a review of available literature covering socioeconomic, cultural and environmental determinants of child health, combines qualitative and quantitative information and links directly to the development of targeted actions
- A **neighborhood stakeholder workshop** to identify and describe priority health problems of Ezbet El Nawar families
- A **government/donor/NGO stakeholder meeting** to propose neighborhood priorities for action to those who could play a role in improving conditions in the

neighborhood and to launch a problem-solving process through which the best solutions are implemented.

Building neighborhood capacity was an underlying principle of the Situation Analysis/stakeholder phase. By using methods that strengthen neighborhood capacity to work effectively toward a goal shared among area residents, immediate problems can be addressed while initiating a “snowball” effect to spur continued neighborhood action in the future. The initial efforts described here set the stage for moving to other problems that may require action and advocacy by a broad coalition of neighborhood residents, rather than by individuals or a single group in a community.

Neighborhood stakeholders identified three priority areas for action:

- **Basic sanitation, clean water, clean air.** An improved environment is the top priority for the residents of Ezbet El Nawar. A functioning sewer system, access to clean water and improved air quality are the initial steps toward achieving better health and an improved quality of life for area families.
- **Improved child health, nutrition and development.** Improving the health and development of Ezbet El Nawar’s children from birth to adolescence is the second priority for action. Children suffer almost constantly from chronic coughs and breathing problems and hygiene-related illnesses such as skin problems, diarrhea and eye infections. According to mothers, they are “energy-less and weak.” Studies in other Cairo slums revealed similar issues: high numbers of children under five who are underweight, whose growth has been stunted or who have anemia.
- **Safe motherhood.** Improved health for mothers and newborns was identified by neighborhood stakeholders as the third priority for neighborhood action. Concerns include the frequency of early marriage, the lack of adequate care throughout pregnancy and during childbirth and the general lack of access to reproductive health services.

At the government/donor stakeholder meeting, these issues were discussed, potential conflicts encountered and overcome, roles delineated, and commitments for action made with next steps and responsibilities spelled out. In the weeks after the meeting, those who attended were already moving ahead on agreed-upon actions.

The snowball effect envisioned in the earliest stages of the project seems to have been achieved for now even as practical solutions that reflect neighborhood realities are being implemented by a coalition of participants. Key factors in reaching this point have included:

- forming a complete picture of the situation by presenting community knowledge alongside relevant statistics and formal research findings
- posing problems within their context to stimulate collaborative problem-solving

- getting the right information to the right people and then getting them to talk about the right issues.

The participatory situation analysis and stakeholder meeting process has proven to be an effective approach to catalyze actions aimed at improving the health of children and families in certain poor urban neighborhoods in Egypt. Ezbet El Nawar is only one of perhaps some 500 or more neighborhoods in cities in Egypt that are in need of similar efforts. For the Ezbet experience to be of use in tackling health problems in



urban Egypt, the essential elements of the experience need to be collected into a simple package of action that can go forward in several places at once. While this is an ambitious goal, it is not impossible, given the range of resources and actors present and available in these urban settings. Moreover, the Ezbet neighborhood capacity-building approach places the focus at the local level, where it needs to be, triggering local actions and advocacy efforts for local area improvements even as it links these local areas to outside resources. Putting the focus for

initiating and sustaining action at the local level—on communities, area NGOs and local authorities—is the only way to improve living conditions and essential services for the tens of thousands of poor in the urban slums and squatter settlements across Egypt.

1. Background

In recent years, USAID ANE health programming has not kept pace with the region's rampant urbanization and the health needs of urban slum dwellers, especially children, living in the vast and growing cities of Asia and the Near East. Recognition of this trend led to the shaping of an initiative by the ANE PHN Team Leader designed to focus Agency attention and resources on the health conditions of urban slum dwellers.

There are three phases of the initiative:

1. improving USAID's knowledge and understanding of the health status and conditions in ANE urban slums and squatter settlements
2. increasing USAID's experience in planning, implementing and evaluating child and family health programs in urban slums and squatter settlements
3. offering practical guidelines to PHN officers for programming in urban slums based on the accumulated knowledge and experiences of Phases I and II.

The ANE Region has entrusted the implementation of the initiative to the Environmental Health Project (EHP), which over the past 15 years has had success in carrying out urban slum environmental health improvement activities in various regions of the world. Funds made available for the initiative are relatively modest and present a challenge to find cost-effective and creative approaches that demonstrate how targeted investments can have positive results.

Phase I. A desktop literature review of existing studies on child health in urban slums and squatter settlements in select countries of the ANE Region was recently completed by EHP¹. The hypothesis guiding the activity was that the health of children in urban slums is as bad or worse than that of children in rural areas. Cairo was selected as one of the case cities for study.

The literature search found that datasets such as DHS do not disaggregate data by urban slum/squatter settlement and non-slum/squatter settlement, and only sporadic studies can be found that attempt to credibly compare the health status of urban slum children and its determinants to non-slum children. The few available studies that disaggregate data or reanalyze existing databases large enough to include clearly defined slum samples tend to confirm the hypothesis that children living in urban slums are either in as bad or worse shape than their rural counterparts. The main

¹ Downloadable in pdf format at <http://www.ehproject.org/live/Rptspub.html>.

childhood illnesses of rural areas also prevail in urban slum or squatter settings, namely diarrheal disease, acute respiratory infections (ARI) and vaccine-preventable illnesses.

Phase I continues through work with the Measure/DHS Project to include slum sampling and refinement of environmental health and other indicators in several upcoming interim and full DHS, including Egypt.

Phase II. The second phase of the ANE Urban Health Initiative was initially conceived as an in-depth research activity in a country to complement the literature review. The USAID/Egypt Mission responded favorably to a region-wide request to participate. Doug Heisler, the ANE PHN Team Leader, traveled to Egypt in June 2002. Discussions with the Egypt Mission resulted in a decision to design and implement a demonstration child health program in two slums in greater Cairo, instead of conducting research. The Egyptian MOHP's (Ministry of Health and Population) Director of Urban Programs welcomed the proposal for an urban slum program, which fits a current MOHP initiative for expanding services to reach the urban slums. Drs. Heisler and Emad Yanni of USAID visited several Cairo slums and selected two for the program: Ezbet El Nawar and Hekr Abu Domaha in Rod al Farg. These slums both were clearly in need, lacked infrastructure and services. In the case of Hekr Abu Domaha, it was selected in addition for its "temporary" or slated for resettlement status. The presence of NGOs in both neighborhoods capable of carrying out program activities was added to the selection criteria. These neighborhoods both also met the ANE objective to demonstrate approaches in the most marginalized of urban poor populations. However, in March 2003, the GOE announced the official resettlement of Hekr Abu Domaha, leaving Ezbet El Nawar as the sole site.²

During planning sessions between USAID and EHP in Washington, it became clear that for the Cairo program to have a sustainable impact, it would be important to identify a local funding source to be available following the termination of funding from Washington, which is slated to end with the conclusion of EHP II in May 2004. The Mission agreed to provide support to a lead NGO to work in the selected communities via a PHN grant through the USAID-funded NGO Service Center. The NGO—Coptic Evangelical Organization for Social Services (CEOSS)—has agreed to include the selected slum area in its proposal.

In preparation for the program launch, a team visited Cairo in December 2002 to further develop the approach and to seek local partners to help implement the program. Team members included EHP activity manager Sarah Fry and Stephanie Wilcock of USAID/EGAT/Urban Programs. The team visited the selected slum areas, local and national NGOs, USAID and the MOHP, and developed an overall approach.

² Ezbet El Nawar is part of a larger area called Ezbet El Nakhl, the name used for the demonstration site in previous EHP documents. Ezbet El Nawar more accurately denotes the intended project area and is thus used throughout this document.

Based on findings from the December visit and discussions with various offices within the USAID/Egypt Mission, the urban health program approach being proposed is multi-sectoral in nature and includes the following elements:

- qualitative situation analysis to encompass socioeconomic, cultural, environmental and other determinants of child health
- baseline data collection through interim DHS
- stakeholder planning meeting to define key program strategies
- environmental health and hygiene improvement activities managed by EHP
- Maternal/Child Health/Reproductive Health and Family Planning clinic and community-based activities carried out by CEOSS through a grant from NGO Service Center under USAID Mission PHN agreement
- micro-credit or income generation activities through USAID mission and other partnerships to be determined
- capacity building of all NGOs and other organizations involved in the program
- assistance to the MOHP Urban Programs Directorate and relevant municipal agencies for improving policies and capacity to provide health services to urban slums
- documentation of program activities and lessons learned, leading to replication elsewhere in Cairo and other ANE countries/cities.

This report documents the activities and lessons learned during the initial phase of the urban initiative in Egypt: the qualitative situation analysis and the stakeholder meetings for Ezbet El Nawar, which were held May–July 2003.

2. General Approach to Planning

The first step of Phase II of the ANE Urban Health Initiative was a participatory situation analysis (SA) followed by a meeting with stakeholders to plan the demonstration child health program. Internal situation analysis team discussions and a subsequent dialogue among the SA Team, EHP and USAID fine-tuned the overall planning approach. Three key elements were to guide the design and implementation of the situation analysis and stakeholder meetings:

- working with the Ezbet El Nawar neighborhood as a whole
- building neighborhood capacity as an objective at each step of the process
- employing a problem-posing approach.

Each of these elements and the rationale behind them are described below:

The Neighborhood as a Whole. Ezbet El Nawar is home to a community of approximately 25,000 “zabbaleen” or traditional garbage collectors, sorters and recyclers who live and work around the waste collected from Heliopolis and Ain Shams. Men collect the garbage, and women and children sort and salvage the “good” garbage to be recycled or transformed before sale. While the work seems to have provided a relatively good living for many in the community, it has also placed men, women and children at significantly increased risk of disease and poor health.³ The livelihood of the community is now seriously threatened by a recent decision to outsource garbage collection in Cairo to four international firms. The working conditions of the garbage collector community combined with the expected decline in their ability to make an adequate living was a factor in the choice of Ezbet El Nawar as a demonstration site for the urban health initiative.

Garbage collectors first came to Ezbet El Nawar in the mid-1950s, having bought farmland from the original Upper Egypt settlers who were pig farmers. The garbage collectors have lived in Ezbet El Nawar and have been an important part of the community ever since. With the expansion of Cairo outward to the Ezbet area, other groups have moved in over the years, and it is today estimated that the garbage collector community comprises only about 10%–15% of the neighborhood. Today,

³ A few families live in deplorable conditions in the middle of the garbage sorting area itself. Most, however, have constructed 3-4 story brick buildings next to the sorting area, housing extended family members in single unit apartments.

the area is also home to people working in a variety of jobs and places and includes small shop owners, car mechanics and day laborers as well as a significant number of government workers. While many are poor, all share the same neighborhood and the same neighborhood problems.

The SA team opted to target all residents of the Ezbet El Nawar, not just the zabbaleen community. While garbage workers are no doubt at increased risk of disease because of their working conditions. A brief visit to the area quickly reveals that environment and sanitation conditions in Ezbet are hazardous to everyone in the community. Also, the team believed that working with the neighborhood as a whole would be more effective in achieving the desired end results and, in the long-term, would result in greater gain specifically for the zabbaleen community for a number of reasons.

First, a problem with a shared cause typically requires a shared solution. An individual, family or a single group is often not able to solve a health problem on their own; actions that lead to improved health must involve others as well. This is especially true when considering environmental issues.⁴ Everyone in a neighborhood shares the environment, and environmental improvements more often than not require collaborative action by a neighborhood as a whole. For example, improving solid waste disposal in one household or building will have only limited health effects if waste disposal practices of surrounding households are not also addressed simultaneously. The SA Team hypothesized that significant improvements in the environment in Ezbet El Nawar would require action by more than just the zabbaleen.

Second, expanding the area or group for intervention can also expand the level of resources and the types of solutions available. A sewage system for a particularly needy group living among others in an area would be neither affordable, practical nor most likely a priority for local officials. However, local government could well have both funds and a clear mandate for an appropriately designed system to serve an entire city neighborhood. Much more becomes possible when diverse community groups come together in collaborative action and advocacy. By joining together with others in the neighborhood, the zabbaleen would have greater access to both resources and services.

Finally, by working side by side, neighborhood residents get to know each other, relationships improve, and tolerance and understanding among the different community groups grows. For the zabbaleen, working alongside others in the

⁴ While less tangible, this is equally true in other fields. Shared societal attitudes can lead to or encourage certain behaviors—for example, attitudes among youth that smoking is “cool,” beliefs that only circumcised women make good wives, or the idea that the father as the breadwinner of the family warrants the best part of the evening meal. For success in these instances, change strategies need to target more than the individual or the family; instead often several social groups must be targeted at once. Similarly, more than one group is frequently needed to bring about a solution. By involving others, new solutions become possible. For instance, women may come together to share cooking and housekeeping responsibilities, or women without paid work might organize to provide childcare services for other women who are employed and can pay basic fees for childcare.

neighborhood, it was thought, would reduce the marginalization they may have experienced and prejudices that existed toward them. And, in the long term, a neighborhood approach would serve to overcome barriers, open opportunities and lead to better lives for those in the zabbaleen community.

Building Neighborhood Capacity. Strengthening the ability of neighborhood residents to improve area living conditions was an underlying principle of the planning phase. SA activities and stakeholder meetings were designed to:

- build on existing community capacity within the neighborhood
- develop skills of area residents to access and use information effectively
- improve and expand relationships among the different community groups residing in the neighborhood
- increase the ability of area residents to advocate for neighborhood improvements.

Building the capacity of those who live in a neighborhood to take joint action to improve their own situation can be as important in the long term as providing a new program or services to an area.

For example, there is little doubt that environmental improvements in Ezbet El Nawar will result in improvements in the health of neighborhood children. A new sewer system or the provision of clean water sources almost certainly will make Ezbet children healthier. However, if the initiative also brings together the diverse and unconnected social groups within the area to address a common problem successfully, significantly more will have been achieved. The improved interaction and working relationships that result among neighborhood residents lay the groundwork for further joint neighborhood improvement initiatives. Thus, the process can be as important as the product. By employing a process that strengthens neighborhood capacity, a project can address immediate problems while initiating a “snowball” effect for additional and broader neighborhood actions well into the future.

From a development perspective, it is equally clear that comprehensive and lasting changes in the health and well being of the children of Ezbet El Nawar will ultimately depend on a variety of factors that affect the lives of all the area’s families. These include the potential for earning an adequate income, the affordability of basic living necessities, access to education, access to health care and access to transport. As discussed earlier, many of these factors cannot be influenced or changed by a single individual, family or group, but require action at the neighborhood level to bring about improvements. A broad coalition of neighborhood residents is necessary for action and advocacy. The SA team therefore adopted neighborhood capacity-building as an essential element of the EHP situation analysis.

Problem Posing. Rather than prescribing a list of “you-need-tos” to Ezbet residents, or Ezbet residents presenting a list of “we-need-this” to the government/donor

stakeholder group, the Ezbet situation, including its challenges, was presented for discussion and input first to neighborhood stakeholders and then to potential stakeholders from government, donors and NGOs. In this way, those with knowledge, expertise and resources were engaged directly in the problem-solving process. Their combined knowledge contacts and resources can lead to the best possible solutions and, by being part of a dynamic problem-solving process, they become committed to enacting those solutions. The result: realistic and effective solutions that have the support of the people who must ultimately implement them.

3. Situation Analysis

A situation analysis to understand the factors that affect the health of children in Ezbet El Nawar was conducted in May and June 2003. The approach and methodology of the analysis are described here, and the findings are attached in Annex A. The findings were used by neighborhood stakeholders to determine priorities for action to improve family health and are described in Chapter 5 of this report.

A. Approach to Situation Analysis

The situation analysis was designed to:

- improve understanding of the culture and conditions of the two target slums
- promote participation by the slum communities in identifying problems related to environmental and other determinants of child health in their neighborhood
- provide a base for designing program strategies and targeted interventions.

The situation analysis was simple, participatory, and rapid and was linked to the development of targeted activities. To facilitate use of the results, the deliverables from the consultants included a brief summary of key findings in a form ready for use in the follow-on stakeholder meetings (see Annex B).

Situation analysis activities included:

- Community meetings to involve the residents of Ezbet El Nawar in assessing health and hygiene conditions in the community
- A search for and review of existing reports and studies carried out previously by other organizations in the target (or similar) slums that contain information relevant to the situation in Ezbet El Nawar and other neighborhoods in Egypt where the poor reside
- A rapid qualitative assessment of family health in Ezbet El Nawar, encompassing socioeconomic, cultural, environmental and other determinants.

A quantitative baseline survey was carried out through a separate effort by Egypt Demographic and Health Survey (EDHS) to complement the findings of the EHP qualitative assessment.

Four local professionals were recruited to conduct the situation analysis: Dr. Elham Fateem (team leader), Dr. Eman Eltahlawy, Dr. Maha Ghobashi (responsible for the literature review) and Gamal Zekrie Bisada. They worked closely with EHP local project coordinator Magued Helmy Moawad throughout the situation analysis. The SA team members had a varied mix of skills and experience, including work in community development, group facilitation, qualitative assessment methods, survey research and data analysis and public health. Team members also had prior experience working in urban slums in Cairo and were familiar with programs and organizations operating there. The team worked with an outside consultant, Carla Boussen, who had experience in participatory approaches and qualitative research to prepare for the situation analysis.

SA team member Gamal Zekrie Bisada has lived in the Ezbet El Nawar area for more than 20 years and is a founder of Experimental Center for Recycling & Environmental Development (ECRED), a small NGO working in the area. Mr. Bisada and ECRED staff were key in establishing contact with neighborhood community groups and making arrangements for the situation analysis. Their reputation and standing in the Ezbet El Nawar neighborhood opened many doors and facilitated all aspects of the situation analysis as well as the subsequent stakeholder meetings.

The findings of the situation analysis are attached in Annex B of this report. They provided the basis for discussions during the follow-on planning meetings with stakeholders from the community, local NGOs, local government and donors to develop appropriate program interventions to improve child and family health.

B. Description of Methodology

Working with interviewers from the community, the team led a series of information collection activities to learn more about the health situation of children and families living in Ezbet El Nawar.

A meeting was held to inform the community of the initiative and begin the situation analysis. At this meeting, a community timeline describing the history of the Ezbet El Nawar neighborhood and a community map were developed by those attending. Plans were made for additional information collection.

Transect walks crisscrossing the neighborhood to observe neighborhood conditions were conducted by the SA team and community members in the days following the initial community meeting.

Group discussions using pair wise comparisons and pile sorting were held with groups of zabbaleen women, zabbaleen men and newcomer women (non-zabbaleen) to learn about child health and general health care resources in the area.

Focus groups were conducted with two groups of men and three groups of women to explore general information about the neighborhood, its residents and its problems.

Key informant interviews with community-based organizations and area leaders were carried out to gain their perspectives on the different groups living in the neighborhood and about the main problems in the area.

Visits to area health facilities were conducted to learn about the services provided, gather available service and health statistics for the area and gain local health worker perceptions of area problems.

Interviews with government representatives were held to learn more about government development plans for Ezbet El Nawar.

This information was compiled and summarized for presentation to the community and others with a stake in the future of Ezbet El Nawar during two stakeholder meetings held in July 2004. In the first of the stakeholder meetings with neighborhood residents, participants corrected, clarified and added to the information. Their input is incorporated in the situation analysis findings that are included in Annex B of this report.

4. Stakeholder Meetings

A. Approach and Design

Early plans called for one stakeholder meeting bringing together people from the community, government and donor organizations to define key program strategies for improving child health in Ezbet El Nawar. Based on discussions among the SA Team, EHP and USAID, the plans were modified. It was decided to:

- hold two stakeholder meetings rather than one: an initial meeting with neighborhood residents and local organizations; and a second with institutions beyond the neighborhood that could play a role in improving health conditions in Ezbet El Nawar
- involve neighborhood people directly in the analysis and interpretation of the assembled data
- broaden the objective of the stakeholder meetings to address family health in addition to child health.

By holding an initial meeting with people who live or work in Ezbet El Nawar, those with first hand knowledge and a personal stake in the future of the area would have an opportunity to discuss, debate and then target the problems most affecting the health and welfare of area families. Neighborhood priorities for action could then be presented at a second stakeholder meeting with representatives from government, NGOs and donor organizations in a position to play a role in helping solve the problems in Ezbet El Nawar. In this way, neighborhood people have a chance to get to know each other, learn to work together and access outside resources, all of which are key competencies for neighborhood action in dealing with any future issues.

It was also decided to involve neighborhood stakeholder participants directly in the analysis and interpretation of the SA results. This approach, which had previously been used very successfully at the community level in Egypt, would build neighborhood skills in working with and using information, and lead to a better understanding of the information that had been gathered and how it fits into the overall neighborhood context. This would be particularly useful for future programs that could then be better adapted to neighborhood realities and garner the support of area residents. This decision led to changing the community meeting to a workshop format to enable the participants to review, discuss and make sound decisions using the data.

Finally, the focus of the stakeholder meetings was expanded from child health to family health to better respond to the diverse elements required in establishing a healthy neighborhood. With this broadening of focus and the consequent increase in potential areas of intervention, expected outcomes for the stakeholder meetings were scaled back. The original intent of the stakeholder meetings was to define program strategies that would work within the urban context and could be sustained for the long term. This is not an easy task; it requires technical information and knowledge of program options along with an in-depth understanding of the neighborhood. Given the number of potential areas of intervention in family health, it was not feasible to have at hand the information and expertise the group would need in order to make sound program decisions across this broadened front. Expectations for the meetings were thus modified. The community stakeholder meeting was designed to develop detailed problem descriptions of priority health problems.⁵ The government/donor stakeholder meeting was designed to gain the commitment of participants to resolve health problems in Ezbet El Nawar and to launch a problem-solving process through which the best solutions could be implemented.

B. Description of Neighborhood Stakeholder Workshop



The Neighborhood Stakeholder Workshop was held July 12–13, 2002, in the Flamenco Hotel in central Cairo.⁶ Twenty-five people—men, women, young and old—representing the various community groups living in Ezbet El Nawar and local development organizations participated. The purpose of the meeting was to identify and then describe priority health problems of Ezbet El Nawar families based on a review and analysis of the information collected during the situation analysis, the literature review and the recent DHS survey.⁷

Specific objectives of the two-day meeting were to:

- review, compare, clarify and add to available information about the Ezbet El Nawar neighborhood

⁵ Completely understanding a problem situation is an important element of successful programming. By making the problem statement a separate step in the process, the danger of moving prematurely to solutions was avoided.

⁶ Initial plans were to hold the meeting in Ezbet El Nawar, but with the number of participants, the size of the meeting room available in the neighborhood, and the oppressive July heat, the SA team felt that more could be accomplished in a hotel facility.

⁷ Only preliminary information was available from the EDHS at the time of the meeting.

- determine priority problems affecting the health of neighborhood families that should be addressed in follow-on actions
- identify neighborhood strengths and resources that could be important in resolving area problems
- develop brief problem statements describing each priority problem, its causes and its effects
- begin to consider the best options for improving the health of families in Ezbet El Nawar
- These objectives involved not only engaging neighborhood residents in the problem identification process, but also ensuring that the results of their participation was productive.⁸

One of the challenges of the Neighborhood Stakeholder Workshop was to provide, in a simple and easy-to-use format, the information the participants would need for making sound decisions. People have information about and an understanding of their neighborhoods and their daily lives that has proven essential for the development of sound programs. However, by itself, this community knowledge is not enough; it's only one of the "pieces" of data necessary to develop a viable program. To identify the need for and plan a successful health initiative, other information is also important. This includes: the origin of illnesses, how they are treated and prevented, determining when an illness or other health problem becomes a priority concern for



an entire neighborhood, and what strategies have and haven't worked elsewhere. The focus was on getting critical information to Ezbet El Nawar residents that they would need to begin the information-gathering process in order to eventually implement workable solutions.⁹

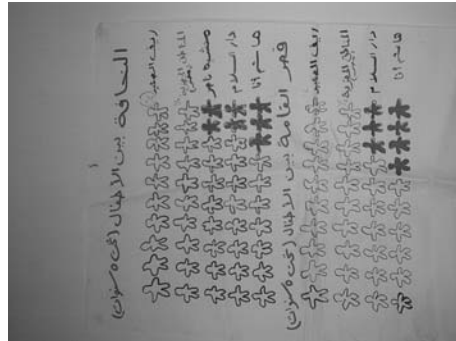
Another challenge was to get participants to use the information effectively. That's why the workshop was designed to enable the participants to understand, assess and then act on the information. The facilitator pushed the group to question, compare and contrast the gathered data and then to draw conclusions—answering the question of “so-what”—

⁸ Participation is not enough. Often process seems to be the sole focus of community-level initiatives; people participating rather than people participating in achieving an objective that can work. Eventually, when time and effort do not result in the intended outcomes, communities become frustrated and donors dissatisfied with community participation approaches.

⁹ Or, as in the adage, ‘information is power,’ the focus was on getting power to the community.

based on these discussions. Here are descriptions of some of the methods that worked in the workshop.

- **Gallery Walk of Situation Analysis Results.** Small groups circulated around the room to view results from the situation analysis, literature review and EDHS, all of which had been summarized and posted in clusters on the wall. At each cluster, groups considered to what extent the information was consistent with their own experience, discussed consistencies or contradictions within the data, and any preliminary conclusions based on the information.



- **Out of 10 People Visuals.** Statistics indicating the prevalence of key childhood diseases in poor neighborhoods of Cairo versus other areas of Egypt were portrayed with groupings of 10 stick figures on flipcharts posted in the room. This method was designed to make community people feel at ease with statistics and to help all participants assess the seriousness of an illness or health problem in their neighborhood. Because the representations were so visual, differences in the statistics were easily discernible in the flipcharts, making it easy to question, compare and interpret them.
- **Facts for Life.** Information on childhood illnesses prevalent in Ezbet El Nawar including their causes, the severity and preventive measures were posted as well to enable participants to assess the need for action.¹⁰ After viewing key health messages taken from UNICEF's *Facts for Life*, participants considered the extent to which Ezbet El Nawar parents were aware of the health messages and the extent to which they complied with the advice presented by UNICEF. If parents tended not to comply, participants considered the reason why they either chose not to or were unable to do so.
- **Lessons Learned.** In the afternoon of the second day of the workshop, two community leaders from Mokattam, another zabbaleen neighborhood in Cairo that has been the site of a large-scale development project, made a short presentation on lessons learned during the course of improvements in their area. They discussed what they would do again and what they would do differently and shared how the community had been involved in the implementation phase. A lively discussion with Ezbet residents followed.

¹⁰ For example, the diarrhea cluster included the following information drawn from the UNICEF book *Facts for Life*. *Diarrhea kills many, many people in the world each year. For every 200 children, one will die. Diarrhea is a major cause of malnutrition.. The main causes of diarrhea are poor hygiene and lack of clean drinking water.* This information was posted alongside information indicating the prevalence of diarrhea in Egypt.

Dynamics among the group was the final challenge in the meeting. The facilitator tried to ensure that everyone had a chance to provide input, that differing viewpoints were presented and discussed, and that there was agreement with the final decision on priority problems. Garnering agreement was difficult since it became apparent that with participants coming from very different backgrounds, there were underlying tensions between certain groups represented in the room.¹¹

The meeting was facilitated by Dr. Tandiir Samir from the Center for Development Services, an Egyptian NGO. Dr. Samir had had previous experience in facilitating this type of analysis workshop in Egypt. SA team members worked alongside the participants in group deliberations and led working groups. Gamal Zekrie Bisada, the SA team member who has lived and worked in the Ezbet El Nawar area for several years, played an important role in facilitating group dynamics during the two days.

Results of the Neighborhood Stakeholder Workshop are presented in Chapter 5 of this report.

C. Description of Government/Donor Stakeholder Meeting

Thirty-five participants from Qalubeya Governorate, Cairo municipal government, the Ministry of Health and Population, the Ezbet El Nawar health office, several national NGOs, USAID and the Ezbet El Nawar neighborhood attended the one-day meeting held in the Flamenco Hotel in central Cairo. The purpose was to present the findings of the situation analysis and the literature review, discuss neighborhood priorities for action, and determine potential solutions, roles of the different parties and next steps.



Opening remarks by USAID and MOHP officials provided an overview of the worldwide urban health challenge, aspects of the USAID urban initiative in Asia and the Near East, and the MOHP program in urban health in Egypt. SA team leader Dr. Elham Fateem introduced the SA team, described how the study was conducted and presented a summary of the findings. Gamal Zekrie Bisada then led the group in discussing neighborhood priorities for action.

¹¹ Four garbage collectors left the neighborhood stakeholder meeting on the first morning. Facilitators believe this could be ascribed to several factors including their lack of comfort at finding themselves in a participatory workshop rather than a formal meeting, feeling intimidated by the writing on flipcharts since three of the four were illiterate, and their general anger associated with losing their livelihood as a result of a donor project. Over the next day and a half, several heated discussions erupted between the zabbaleen participants and some of the other participants, with the zabbaleen being blamed by some for many of the things wrong in the neighborhood.

Debate during the morning meeting explored possible solutions, and the group sorted out roles and responsibilities. This task was complicated by the need to clarify roles between municipal and ministry structures and by the fact that Ezbet El Nawar, while a part of the city of Cairo, administratively falls within the jurisdiction of neighboring Qalubeya Governorate. These issues were discussed, and a formula for sharing resources and responsibilities was accepted.¹²

Committees for each priority were formed and action steps, which are summarized in the next section, were outlined. The group suggested that a local committee from Ezbet El Nawar also be formed for coordination and follow-up. Both the Undersecretary of the MOHP and the Secretary General of Qalubeya Governorate expressed their commitment to help resolve the problems in Ezbet El Nawar.

¹² Some of the issues exposed were complex since they involved funding allocations, water allotments and other potentially contentious issues. For example, a Qalubeya participant said: “It’s not our garbage; it’s Cairo’s garbage. Why should we have to deal with it?” The group should be commended on the capacity demonstrated in working through these issues both amicably and effectively.

5. Key Results

Participants of the Neighborhood Stakeholder Workshop identified and described three neighborhood priorities for action. They are:

- basic sanitation, clean water, clean air
- improved child health, nutrition and development
- safe motherhood.

These priorities were presented and discussed at a second meeting by representatives from government, NGOs and donor organizations with a potential role in bringing about solutions. The priorities and the action decided upon during the second meeting are summarized below.

Neighborhood stakeholders also acknowledged the situation currently facing the garbage collector community given their potential loss of livelihood as a result of changes in plans for garbage collection. This was identified as a fourth area of concern. At the government/stakeholder meeting, it was proposed that USAID would provide assistance to a local NGO to help in contract negotiations with the international firms given responsibility for garbage collection and to explore possibilities for alternative employment. A study of the child labor situation to develop strategies to reduce the toll on children of these employment issues was also initiated.

A. Basic Sanitation, Clean Water, Clean Air

Problem Description. Neighborhood stakeholders determined that an improved environment is the top priority for the residents of Ezbet El Nawar. A functioning sewer system, access to clean water and better air quality represent the initial steps toward better health and improved quality of life for area families. Several sources suggested that the incidence of environment and hygiene-related illnesses among children in the neighborhood was high.

- Parents report frequent bouts of diarrhea, recurrent respiratory problems and “general weakness” among children.
- Health workers consider diarrhea as the number one health problem among area children.

- Studies conducted in Ezbet El Nawar and similar areas in Cairo indicate the incidence of environment and hygiene-related illnesses are in all cases as high as and, in some cases, much higher than the incidence in rural areas of Upper Egypt.¹³

Neighborhood participants saw the first step in improving the environment as the creation of a functioning sewer system. While a few families still live in Zareab, the shack area in the center of the neighborhood where garbage-sorting is done, most families reside in multi-story apartment buildings with plumbing and modern toilet facilities. Sewage evacuates into septic systems that are often over-charged.¹⁴ Area residents speak of ground and second floor apartment dwellers forced to close their own facilities and use toilet facilities on higher floors because of sewage backups. As the population of the area continues to expand, this problem is expected to worsen. A functional sewer system in the neighborhood is an imperative.

The second step is clean water. Most homes have connections to both the city water system and a shallow well. Given the area's sewage situation, virtually all these wells are polluted. While some families do not distinguish between the two sources and use the well water interchangeably with the city source, other families reserve the city water for drinking and use the well water only for cooking and cleaning. Unfortunately, this approach is not sufficient. Since city water is available for only a few hours at night and in the early morning, buildings switch the plumbing system over to the polluted well water during the day. Building plumbing therefore is contaminated and even city water coming through the household pipes cannot be counted on to be safe.

For the garbage collector community, contact with garbage during the workday causes hygiene-related illnesses. The garbage collection business is currently in a state of transition, and the current practice of sorting garbage within the community itself will perhaps change. In the meantime, the provision of safe water easily accessible to those working in the garbage-sorting areas in addition to the other measures to be addressed will contribute to improved conditions for these families.¹⁵

The third step is clean air. The area is heavy with dust from the unpaved streets, odors from garbage and animals, and chemical fumes from plastic recycling workshops and car painting shops. The results are chronic coughs and respiratory problems for area residents, especially children.

¹³ Rural Upper Egypt is generally considered the most disadvantaged area of the country, where one would expect the highest incidence of poverty-related illnesses and other health problems. These studies are discussed in detail in the literature review conducted as part of the situation analysis, which is included in the annexes to this report.

¹⁴ A sewage line was installed by the government in the mid-'90s, but was never connected to a system.

¹⁵ Studies indicate that the incidence of hygiene-related illnesses among children is high in both garbage collector and non-garbage collector communities residing in poor neighborhoods of Cairo.

Action Proposed at Government/Donor Stakeholder Meeting. A committee, chaired by the Khanka City Council and reporting to the Secretary General of Qalubeya, has been formed to address the water and sewage issues. A local NGO, in coordination with National Party representatives, mosques and churches, will conduct a short-term awareness campaign to reduce risks until root causes can be addressed. The MOHP has agreed to conduct more frequent testing of area water sources. The possibility of transporting garbage from the community to a dumping ground in Qalubeya Governorate also will be explored.

B. Improved Child Health, Nutrition and Development

Problem Description. The health and development of Ezbet El Nawar children from birth to adolescence is of critical concern to area residents and the next priority for action. According to parents, children suffer almost continuously from chronic coughs and breathing problems and hygiene-related illnesses such as skin problems, diarrhea and eye infections. Data on child health in Ezbet El Nawar were not available, but several studies conducted in other poor areas of Cairo support the concerns expressed by parents.

The urban slum studies indicate a high degree of diarrhea, intestinal parasites and acute respiratory infection (ARI) in children—in many cases, much higher than what is found in rural areas of Upper Egypt.¹⁶

- Diarrhea incidence in children under five years of age in the neighborhoods of Manshiet Nasser; Ezbet Khairallah and Hashim Agha ranged from 35% to 55%.¹⁷ The 9.4% reported in the Dar El Salam neighborhood, by far the lowest incidence of diarrhea reported in the urban studies, is equivalent to the 9.5% incidence of diarrhea in rural Upper Egypt.
- In a recent study in the Ezbet El Nakhl area, 97.1% of children under 12 years of age tested positive for intestinal parasites. In Manshiet Nasser, 90% of children studied had intestinal parasites.
- The incidence of ARI in children under five in the urban studies ranged from 13.2% to 49%. The incidence in rural Upper Egypt is 14.1%.

The Manshiet Nasser findings also point to the need, and the potential, for sanitation interventions. In the study, it was found that only one out of ten homes had soap near toilet facilities. Children living in homes with both water and sewer connections were

¹⁶ See the literature review in Annex C for information and the specific results of these studies.

¹⁷ The highest incidence of diarrhea was found in Ezbet Khairallah and Hashim Agha. Neither are garbage collection areas.

three times more likely to have soap available. In these homes, the incidence of diarrhea among children was considerably lower.

What is known of the nutritional status of children in urban slum areas in Cairo is even more alarming. In fact, the data are consistent with how Ezbet El Nawar parents describe their children as “energy-less and weak.” Urban slum studies revealed high levels of underweight, stunting and anemia among children under five in Cairo’s slums, again higher than the incidence in rural Upper Egypt. Short for age is also called stunting, and it is a result of long-term malnutrition. Specifically:

- 32.2% of children under five years of age in Hashim Agha, 22.3% in Dar El Salam, and 18.0% in Manshiet Nasser were underweight compared to 6.8% in rural Upper Egypt.
- 37.6% of under-5 children in Hashim Agha and 30.4% in Dar El Salam were short for their age. This compares with 25.8% experiencing stunting in children under five in rural Upper Egypt and only 8.5% in all urban areas of Egypt.
- 80% of children under five years of age in Hashim Agha, 71% in Dar El Salam and 47% in Ezbet El Nakhl were found to be anemic.

While diarrhea and intestinal parasites certainly play a part in these high levels of malnutrition and anemia, it is interesting to note that Dar El Salam, where the lowest incidence of diarrhea is reported, has both significant underweight and stunting among children under-five and one of the higher incidences of anemia. Therefore, poverty also seems to play a significant role in these problems.

It is equally interesting to note that when area leaders describe the daily diet of Ezbet El Nawar residents, it consists of a number of highly nutritious traditional foods, including beans, rice, parsley, tomatoes, green vegetables, lentils, chickpeas, etc.¹⁸ Poverty also seems to be a key factor here, i.e., families would eat well if they could afford the food—and health education efforts should focus on approaches that emphasize solving problems rather than changing behaviors.

Education is another primary concern of Ezbet El Nawar parents. There are no public primary, middle or high schools located near the neighborhood. Many parents are reluctant to let younger children travel the longer distances to public schools alone, therefore, most send their children to area private schools. The majority of children, especially girls, leave school at the primary level. In particular, drop-out rates are high in the garbage collector community since children, beginning at the age of six

¹⁸ What’s missing is fruit. Other than watermelon, fruit is expensive and in the best circumstances, consumed by the poor only once a week. Snacks for children are usually candy, which is cheap in Egypt and usually very sweet (most likely a factor in the toothache problems of school aged children mentioned by parents). Given the absence of fruit and the lack of any yellow/orange vegetables in the diet, adequate levels of Vitamin A might also be an issue in both preventing and minimizing the effect of childhood illnesses in urban areas of Egypt.

work in the family garbage business. Many work six-hour workdays either before or after school. This is likely to change as garbage collection undergoes a transition in Cairo. Garbage collectors worry, however, that as the family income drops, they will no longer be able to afford private school fees in addition to providing for other basic family needs.

Area leaders are well aware that tackling their first priority for action—basic sanitation, clean water, clean air—will go a long way in improving child health by reducing hygiene-related illnesses. They also hope to undertake complementary measures that will further reduce childhood illnesses, contribute to better child nutrition and growth and further child development.

Action Proposed at Government/Donor Stakeholder Meeting. In the short-term, the MOHP intends to send a mobile health clinic to the area and will ensure that the local health office stocks all required immunizations. For the longer term, the possibility of a new health center will be explored, with Qlubeya Governorate providing the land and the MOHP providing construction funds. MCH (maternal and child health) services will be provided through the Healthy Egyptians Project and USAID will add the area to an ongoing clinic modernization project. Finally, the MOHP intends to initiate a study to better understand child nutrition in urban areas.

C. Safe Motherhood

Problem Description. Improved health for mothers and newborns was identified by neighborhood stakeholders as the third priority for neighborhood action. Their concerns include the frequency of early marriage, the lack of adequate care throughout pregnancy and during childbirth and the lack of access to reproductive health services.

Early marriage is common in Ezbet El Nawar. Area leaders estimate that four out of 10 women marry before the age of 20; a few marry before the age of 16. Early marriage is higher among those with little or no schooling.

Most women do not receive prenatal care. Women have little time, and the nearest government prenatal clinic is a 30-minute walk followed by a 15-minute metro ride (5 pounds Egyptian/round trip). There is a government health office, within a 15-minute walk that offers immunization services, but tetanus shots for pregnant women are not available.¹⁹ The MOHP has two mobile clinics that serve the El Khanka municipal area, but Ezbet El Nawar is not on the service route.

Area leaders doubt that most women eat as well as they should during pregnancy because they don't have the money and because there is very little awareness of a woman's additional nutritional and rest needs during pregnancy. In addition, area leaders believe that the number of miscarriages among women is high. Finally, they

¹⁹ The area health office covers a population of 180,000. From January-June 2003, 1,200 births and 17 deaths had been registered.

are concerned that too often women take medicines without a doctor's advice or prescription during pregnancy.

Most women deliver with an untrained midwife. In fact, area health workers cite the lack of delivery services as a critical problem. For their part, neighborhood leaders are not convinced of the need for hospital delivery; leaders attending the neighborhood meeting debated among themselves about the best place for delivery. Other traditions also continue to be strongly held in Ezbet El Nawar. For example, one of the older men noted, "Our tradition is not to go to a male doctor, even if the woman risks dying."

At the same time, almost all women, according to area leaders, are aware of family planning. The Ezbet El Nawar Health Office has a small family planning clinic, which serves approximately 350 people monthly. Depo Provera is the leading method provided, followed by birth control pills, IUDs and condoms. However, local health workers admit that their clinic is too small to serve the entire area population.

Action Proposed at Government/Donor Stakeholder Meeting. In addition to adding Ezbet El Nawar to the areas visited by the mobile health clinic and exploring options for a new health center in the area, MOHP will immediately ensure that the local health office is supplied with tetanus toxoid vaccine for pregnant women. Many additional proposed actions are already underway. A list of actions taken by the government/donor stakeholder group since the July meeting is attached in Annex G.

6. Analysis of Effectiveness

The situation analysis and stakeholder meetings in Ezbet El Nawar were part of an initiative to increase USAID’s experience in planning, implementing and evaluating child and family health programs in urban slums and squatter settlements. This section of the report returns to this initial phase of the initiative and identifies which aspects of the process have worked well and which need improvement.

A. What Worked Well

The situation analysis/stakeholder process worked extremely well with the outcome actually exceeding expectations. At the government/donor stakeholder meeting, real issues were discussed, potential conflicts encountered and overcome, roles developed, and commitments for action made, with next steps and responsibilities spelled out. In the weeks after the meeting—in July and August, vacation months in Egypt when often little can be accomplished—those who attended the meeting were already moving ahead on actions for Ezbet El Nawar.²⁰ The snowball effect envisioned seems to have been achieved—at least for the time being. Observers of the process attribute this to the following factors:

Richness of Information. The richness of information sparked interest and “pulled” meeting participants into the Ezbet El Nawar situation. The history of the neighborhood and its people along with the mix of qualitative and quantitative information visibly engaged the participants at both stakeholder meetings. The multi-dimensional picture portrayed by the diverse data and the dialogue that followed also provided the basis for identifying practical solutions that were consistent with neighborhood realities.

Community Knowledge Alongside Research Results. Information gathered from neighborhood residents was presented together with the results garnered from more formal research studies. This gave value to community knowledge and highlighted the accuracy of the community perspective. For example, comments by mothers about their children’s health were corroborated by the findings of the urban slum studies. Mothers said their children were “energy-less and weak.” The studies indicated a very high incidence of anemia among slum-dwelling children. This kind of approach both empowers communities to speak out and validates community observations to professionals working in the field.

Posing Problems, Not Giving Solutions. Posing the problem situation to stakeholders and then involving them in the problem-solving process was an effective

²⁰ With very little input from EHP or USAID over this period.

way to engage them in becoming part of the solution. By presenting what amounted to a puzzle to the group and then challenging them to solve it, rather than simply presenting the group with a predetermined list of neighborhood needs, the group became engaged in finding solutions and in building their commitment to action.

Workshop Methods. The workshop format provided the structure necessary for the groups to deal with the large amount of information available and the variety of possible outcomes. By using a step-by-step process to review, assess and make decisions and by using an outside facilitator to keep discussions on track, the group was able to achieve much more than what could have been expected from a more formal meeting format.



Right People Talking About Right Issues. A key reason why the government/donor stakeholder meeting worked so well is that the right people were around the table talking about the right issues. The SA team did an excellent job of convening those who could most play a part in bringing about improvements in Ezbet El Nawar. The neighborhood priorities for action supported by the SA results and the neighborhood

representatives ensured that critical neighborhood issues were given priority.

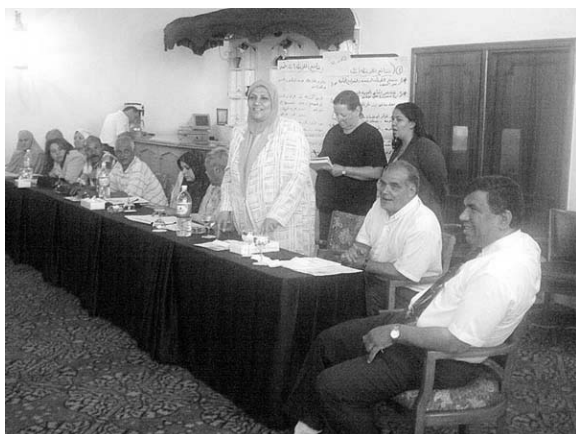


Together Clarifying Issues, Working Out Roles. One of the challenges of working in urban areas is the complexity of the environment and issues, including the different sides of the problem, the many facets of the urban community, the diversity of potential resources, the overlapping and, at times, the conflicting roles of institutional actors. In Ezbet El Nawar,

the potential for complications was even greater given that the neighborhood is a part of the city of Cairo but falls within the neighboring Qalubeya Governorate. Yet, neighborhood residents, area and ministry officials working around the table were able to sort out roles and match resources to issues, making the best use of the available resources.

Community Organization by a Local NGO. All community contacts and all community arrangements were handled by the Experimental Center for Recycling & Environmental Development (ECRED), a small NGO based in Ezbet El Nawar. Without its help, its understanding and good relations with the diverse groups in the neighborhood, the situation analysis and the neighborhood stakeholders meeting would have been very difficult to organize. ECRED's founding member Gamal

Zekrie Bisada, a member of the SA team, was also instrumental in dealing with the tensions that surfaced during the neighborhood meeting.



Government Leadership. An important plus for taking on urban poverty in Cairo and other cities in Egypt that became apparent during the stakeholder meetings is that the government has recognized the urban health problems and is ready to join with communities, NGOs and municipal governments to tackle them. In the government/donor stakeholder

meeting, Dr. Ahmed El Hennawy, Undersecretary of the MOHP, presented opening remarks that expressed an in-depth understanding of the urban challenge. During the ensuing discussions, Dr. Hennawy and Engineer Ahmet El Araby Abdel Hameed, Secretary General of Qalubeya Governorate, demonstrated both a commitment to collaborative action and the ability to overcome potential pitfalls where responsibilities are unclear or roles overlap. As the number of urban poor increase with population growth, rural/urban migration and a stagnant economy, this type of leadership will be essential. National and regional governments will have to play a central role in providing direction, guidance and support to local governments, the NGO sector and urban neighborhoods to take on the formidable challenges of addressing the problems confronting the many poor living in Egyptian cities.

The participatory situation analysis and stakeholder meeting process have proven to be effective ways to initiate action to improve family health in poor urban neighborhoods in Cairo. They get communities, NGOs, governments and donors to work together on priority neighborhood issues. They build commitment, skills and working relations among those who are key to putting into place and maintaining the conditions and the programs critical to improved family health. And they create important momentum for further action on other neighborhood priorities in the future.

B. What Presented Challenges

Neighborhood Workshop Versus Neighborhood Meeting . A participatory workshop format—necessary if area residents are to be involved in the interpretation of situation analysis findings—can cause problems for some community participants if they have not been briefed in advance about what to expect. For example, a degree of discomfort was apparent during the first hours of the Ezbet El Nawar Neighborhood Stakeholder Workshop. Some might attribute this to the awkwardness of an unfamiliar setting, an initial impression by some that participants are not being treated like adults or being afforded the respect they deserve or expect. However, as participants join the discussion and take note that the “experts”—doctors, university professors, etc.—are participating alongside them, such initial concerns usually

dissipate. We saw evidence of the initial concerns and then increased levels of comfort in the Ezbet meeting. Indeed, by the end of the first morning, most participants seemed at ease and were participating actively.

Still, some key community players may never feel comfortable in a workshop setting; others will not have the time necessary to take part. To try to include them in the process and still benefit from the results of a workshop, a neighborhood meeting followed by a workshop may present a good option. An initial neighborhood meeting would give more area residents a chance to learn about findings, offer input, learn about the upcoming situation analysis workshop and suggest participants. In this way, more people from the neighborhood could become involved, and those participating in the meeting would have the support of their neighbors, know what to expect, and be ready and willing to take part.

Illiteracy. Undoubtedly some of the most knowledgeable people in a poor urban neighborhood are not literate. A workshop relying heavily on written materials and reading will limit their participation or, in some cases, provoke their departure. The heavy reliance on presenting SA results in writing seems to have contributed to the departure of several zabbaleen on the first morning of the neighborhood stakeholder workshop. With adequate preparation time, information can be presented either orally or visually, with only a minimal reliance on written documents. In the future, more time should be allotted to preparing key information in a way that is more accessible to the entire group or, as a less favorable alternative, literacy should be a selection criterion for participation in the analysis workshop.

Divisions in Neighborhood. Initially, focus group participants painted a very positive picture of relations between the different social groups living in Ezbet El Nawar. However, heated discussions and several pointed comments during the Neighborhood Stakeholder Workshop indicated otherwise. There were clearly tensions among the diverse groups in the neighborhood. Understanding the different divisions and “camps” within a neighborhood in advance would help workshop planners in their efforts to guide the discussions to avoid conflict, or to be prepared for tensions when they occur. While the facilitator was able to handle the conflict in the Ezbet meeting, such issues can sometimes get out of control and impede the progress of a group or, at times, block group action all together.

Little Emphasis on Local Resources. In future stakeholder workshops, more emphasis should be given to identifying local neighborhood skills and resources that could be used in specific health improvement initiatives. The EHP Urban Health Project in India recommends participants develop a matrix describing different resources and their roles. For example, skilled masons could help in repairing existing toilets and in the construction of new facilities. Youth clubs could help in raising funds for such efforts.

Limited Attention to Zabbaleen Issues. As the team had envisioned, the neighborhood approach taken is resulting in broad actions on common area problems. People from various social groups living in the area are coming together to address

issues with the support of area government. However, as attention was moved to broader neighborhood issues, it necessarily diverted from the specific issues—working conditions, job loss—so critical to the health and welfare of zabbaleen families.

The team had expected that problems specific to the garbage collector community would present themselves during group discussions held throughout the SA process, in particular in discussions just with zabbaleen participants. Except for a few pointed comments by zabbaleen leaders during the opening of the community stakeholder meeting, that did not happen.²¹ Discussions during the situation analysis in the zabbaleen groups were very similar to discussions in the other community groups. The message received was “we are all poor, we are all in this together.” During the stakeholder meetings, when facilitators posed problems associated with the imminent loss of livelihoods within the garbage collector community and the potential need for employment initiatives, the answer was always the same: unemployment is a problem for everyone in the community; why would a jobs program focus on the garbage collector community only?

In retrospect, a separate session with the zabbaleen should have been held to explore the range of issues associated with the imminent loss of income and the well-being of zabbaleen families, and facilitators should have been directed to probe specifically around these issues during focus group and other group discussions in the neighborhood. The current predicament of the zabbaleen would not reasonably be expected to be a priority focus of other residents of the neighborhood, even if they may be somewhat concerned.

The whole neighborhood approach, however, has been successful and should be continued. Still, in the future, additional attention should be paid to the special needs of marginalized groups.

No Involvement of Private Sector. The private sector, both private physicians and pharmacists, plays an important role in providing health care services in Egypt. However, no one from the private sector was involved in the Ezbet El Nawar planning process, even though some area pharmacies are key service access points for Ezbet residents. In future initiatives, approaches to involving the private sector should be explored.

²¹ One garbage collector said: “This is a great year. I have lots of free time since I don’t have a job.” Another said: “Why should I work to help the neighborhood? Now that I no longer have my job I have no reason to stay there.” Prejudices and strained relations between the zabbaleen and those who have moved into the area over the past few years were also apparent during the community stakeholder meeting.

7. Considerations for Next Round of Health Program Development in Cairo Neighborhoods

This initiative can be considered a success. It has brought a coalition of actors together with residents of a poor neighborhood to focus on specific initiatives that will improve the health of area families. Actions in Ezbet El Nawar, however, are only in the planning stages; these initiatives will have to be implemented successfully, and once completed, residents in collaboration with local officials will need to address other area problems that will continue to put the well-being of area families at risk. Moreover, Ezbet El Nawar is only one of the many neighborhoods in cities in Egypt—estimates are that there are more than 500 similar neighborhoods—that are in need of similar improvements. For the Ezbet experience to be of use in tackling urban poverty throughout Egypt, the essential elements of the experience will need to be brought into a simple package of action that can go forward along several fronts and in a number of locales. While this is an ambitious plan, it is not impossible, given the range of resources and actors present in the urban setting. To help with the task, the Ezbet neighborhood capacity-building approach puts the focus where it should be, at the local level, triggering local action and advocacy on local area improvements as it links local areas to outside resources.

Key elements that contributed to the success of the Ezbet El Nawar initiative to date are:

- The local NGO ECRED, with an in-depth understanding of the area, established contacts and good relations with the diverse groups in the neighborhood, and had expertise in community organization
- The participatory process, consisting of the situation analysis followed by the two stakeholder meetings, that
 - involved neighborhood residents and local officials in identifying and describing priority problems
 - used both qualitative and quantitative information to gain a comprehensive understanding of the existing situation

- convened neighborhood representatives and key government, NGO and donor resource representatives
 - posed the problem situation to these key players for joint problem-solving and action, and finally
 - facilitated the interaction of all these people and the institutions and groups they represented
- Government leadership in bringing about a solution.²²

Planners should consider integrating these elements in future health program development in Cairo neighborhoods.



The participatory planning approach builds commitment while providing the information necessary for determining the appropriate actions to be taken. It encourages neighborhood action and links neighborhoods to the resources they need for implementation. And by placing the impetus for action at the local level, it increases the likelihood of sustained action in many neighborhoods at once, thereby increasing the possibility of meeting the needs of the many urban poor.

²² In this case, the MOHP, Qalubeya Governorate and area municipal officials.

Annex A: Situation Analysis Information Collection Framework

Situation Analysis of Ezbet El Nakhl: Information Framework

What information do we need?	How will we obtain? (data source or PRA method)
<p>Neighborhood Composition</p> <ul style="list-style-type: none"> • Estimated population and number of households • Different community groups (based on origin, employment, etc.) • Changes in composition (moving in, moving out) • Education level, literacy of men, women • Types of employment • Sources of income • Who is/are breadwinners • Number of female-headed households, which groups? 	<ul style="list-style-type: none"> • Kaliubiya Governorate Urban Planning Section, CAPMAS • Time line, CO meeting • CO meeting, timeline • CO meeting • CO meeting • CO meeting, focus groups • CO meeting, focus groups • CO meeting, focus groups
<p>Neighborhood Organization, Capacity</p> <ul style="list-style-type: none"> • Who are the leaders—both formal and informal—in the neighborhood? • What are effective community decision-making processes? What have been community successes, failures? Why? • What are perceptions of, relations among, different community groups? • What is role of women in family decision-making? Community decision-making? 	<ul style="list-style-type: none"> • Neighborhood timeline, CO meeting, pairwise ranking • CO meeting, Key informant interview on how garbage/recycling process developed and is maintained • Neighborhood timeline, CO meeting • CO meeting, focus groups

<p>Child Health Situation</p> <ul style="list-style-type: none"> • Main health problems of children Where do area residents go for health care? • What do they do when child is sick? • Children in school: numbers? where? until what age? reasons for stopping? some children more likely to go to school? some more likely to stop sooner? which? why? • Children in work force: numbers? ages? doing what? hours a day? working conditions? some more likely than others? contributions to household income? perceptions of parents? • Who cares for preschool children? where? how? • Children who neither work or go to school: what do they do? Problems? 	<ul style="list-style-type: none"> • Pairwise ranking with mothers & fathers, information area health centers and pharmacies • Pairwise ranking • Pairwise ranking, focus groups • CO meeting, focus groups • CO meeting, focus groups • CO meeting, community transect • CO meeting, focus groups
<p>Living Conditions</p> <ul style="list-style-type: none"> • Type and condition of neighborhood housing <ul style="list-style-type: none"> – apartment building, tin shack, other? – Roof – Floor – good, average, poor condition? – Electricity – satellite • Public telephone • Condition of roads, walkways: paving, litter, potholes, animals • Number and type of public meeting places • Crowding conditions <ul style="list-style-type: none"> – number of rooms per household – number of persons per household • How many living in extended family? Nuclear family? With unrelated renters? • Changes in living conditions: some groups better? Some groups worse? Why? 	<ul style="list-style-type: none"> • Community transect, church study • Transect, Community map • Transect • Transect, CO & FG meetings, Community Map • CO & FG meetings • CO meeting • CO meeting, focus groups

<p>Environmental Health Conditions</p> <ul style="list-style-type: none"> • Water: <ul style="list-style-type: none"> – - source: kind, working condition, surrounding, lines – quality – adequate amount, availability – typical daily cost of drinking water, other household water uses – Presence of public latrines: types, condition, how maintained • Children’s place of defecation • Solid waste collection or disposal system • Wastewater drainage system • Problems associated with household water supply, sewage and sanitation from community perspective • Air: smoke, smell, fibers, dust • Fuel source for heating and cooking • Adequate ventilation • Animals in living spaces 	<ul style="list-style-type: none"> • Transect, CO meetings, church study, community map • estimate in CO meeting, check in focus groups • CO meeting, transect, community map • Focus groups • CO meeting, transect • CO meeting, transect • Focus groups • Transect, • CO meeting • CO Meeting • Transect
<p>Area Resources</p> <ul style="list-style-type: none"> • Existing institutions: schools, clinics, mosques, churches, COs, police stations, other • Transportation: where, what, access to which parts of Cairo, to Kaliubiya • Existing and future municipal services: water supply, sewerage, solid waste collection, drainage, electricity, gas lines, telephone • Legal status of area, boundaries 	<ul style="list-style-type: none"> • Community map, Transect • • Community map, Transect • CO meeting, Qalubeya and Cairo development plans

Annex B: Situation Analysis

Findings

(Information is presented here as it was presented on flipcharts during gallery walk in Neighborhood Stakeholder Workshop.)

Information from Community Transect Walk

Infrastructure and Services

Nearly all streets are unpaved.

Many different kinds of shops in the area.

Coffee shop on main street where men meet to discuss problems or for entertainment

Mostly multi-story red brick and cement apartment buildings which surround area of tin shacks in center of neighborhood where garbage-sorting is done, called Zaraeb.

A popular food shop is located right in front of shack area.

No easily accessible public services including:

- government hospital (nearest takes about an hour by public transport)
- health center (about 6 km.)
- schools (no primary, preparatory or secondary near by)
- telephone lines, etc.

One private school, one private telephone center, many private pharmacies in community.

Church has clinic in area. Many private clinics but relatively expensive.

Environment

Refuse heaps present throughout neighborhood.

House flies are everywhere; many breeding places.

- Air is highly polluted due to:

- odors from rotting organic matter
- smoke and fire from auto-combustion of garbage
- excreta of animals

Pools of waste water in and outside buildings due to overflow of sewage. Buildings use septic tanks as government sewer line does not work.

Garbage Collector Community

Many garbage collectors live in apartment buildings, built with income from collection; some still live in Zaraeb where garbage collection done. Women with children pass the whole day in Zaraeb, tin shack area, for sorting and return back to their homes at night.

Many garbage trucks bringing in garbage were present at 3:00 pm in afternoon.

Families also raise pigs, donkeys and poultry in tin shack area of neighborhood.

Shacks constructed of wood or metal with dirt floors. Some have tin roofs, others open to elements.

Shacks divided into two parts, one for raising animals and the other for sorting. Sometimes separated by wall.

Shack area very unhealthy: very poor lighting and ventilation, air highly polluted with dust, fibers and bad smell

Among garbage collectors, all members of family work in garbage collecting or sorting:

- men: collect garbage
- women: sort garbage
- older children: boys and girls sort
- primary children: sort, some accompany fathers
- Children under 5 accompany mothers in sorting place (feeding, playing)
- No water in shack area for washing hands

Information From Other Urban Studies

Diarrhea statistics flipchart

Children Under 5 Years of Age With Diarrhea*

○ ○ ○ ○ ○ ○ ○ ○ ○ ○ X (9.5%) Upper Egypt Rural

All Egypt Urban ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ L (4.9%)

Manshiet Nasser ○ ○ ○ ○ ○ ○ X X X X (42%)

Dar El Salam ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ X (9.4%)*

Hashim Agha ○ ○ ○ ○ L X X X X X (55.1%)

Ezbet Khairallah ○ ○ ○ ○ ○ ○ L X X X (36.52%)

Ezbet El Nakhl ○ ○ ○ ○ ○ ○ ○ ○ L X (17.5%)

Ezbet El Nawar [to come]

* in 2 weeks prior to study

In Manshiet Nasser,

> diarrhea was much higher among those babies not receiving breast milk than those babies receiving only breastmilk.

> diarrhea was lower among children living in homes or buildings with both water and sewer connections.

ARI statistics flipchart

Children Under 5 Years of Age With Respiratory Illness

Upper Egypt Rural ○ ○ ○ ○ ○ ○ ○ ○ L X (14.1%)

All Egypt Urban ○ ○ ○ ○ ○ ○ ○ ○ L (6.1%)

Manshiet Nasser ○ ○ ○ ○ ○ X X X X X (49%)

Dar El Salam ○ ○ ○ ○ ○ ○ ○ ○ X (13.2%)

Hashim Agha ○ ○ ○ ○ ○ ○ L X X (24.8%)

Ezbet Khairallah ○ ○ ○ ○ ○ ○ ○ L X (16.96%)

Ezbet El Nakhl ○ ○ ○ ○ ○ ○ ○ X X (8.77%)

Ezbet El Nawar [to come]

* acute respiratory infection (ARI) in two weeks prior to study

Child growth statistics flipchart 1

Children Under 5 Years of Age Who Are Underweight

Upper Egypt Rural ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ (6.8%)

All Egypt Urban ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ (2.5%)

Manshiet Nasser ○ ○ ○ ○ ○ ○ ○ ○ X X (18.0%)

Dar El Salam ○ ○ ○ ○ ○ ○ ○ ○ X X (22.3%)

Hashim Agha ○ ○ ○ ○ ○ ○ ○ X X X (31.2%)

Children Under 5 Years of Age Who Are Short for Age

Upper Egypt Rural ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ (25.8%)

All Egypt Urban ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ (8.5%)

Dar El Salam ○ ○ ○ ○ ○ ○ ○ X X X (30.4%)

Hashim Agha ○ ○ ○ ○ ○ ○ X X X X (37.6%)

Children Under 5 Years of Age With Mild Anemia

Upper Egypt Rural ○ ○ ○ ○ ○ ○ ○ ○ X X (21.6%)

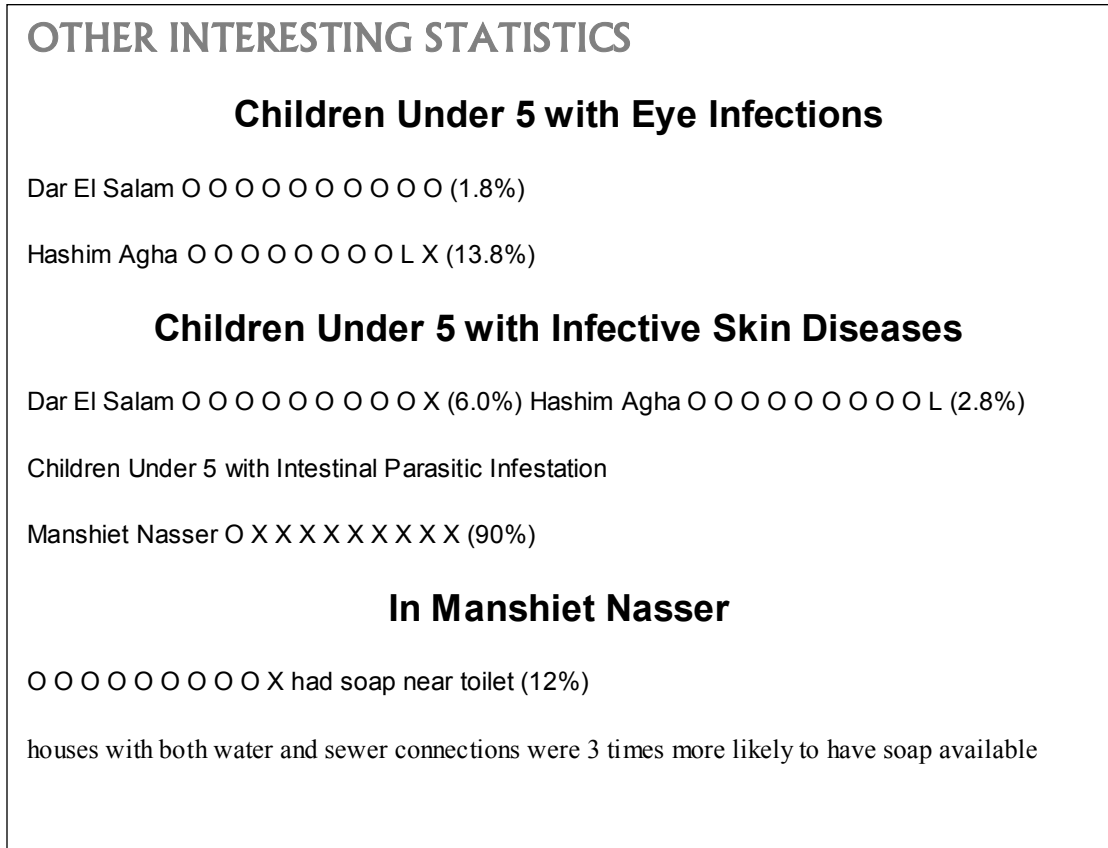
All Egypt Urban ○ ○ ○ ○ ○ ○ ○ ○ ○ X (11.1%)

Dar El Salam ○ ○ ○ X X X X X X X (70.6%)

Hashim Agha ○ ○ X X X X X X X X (80.0%)

Child growth information for Ezbet Nakhl and Ezbet Nawar will be available soon.

Other statistics flipchart



Focus Group and Pairwise Findings

Neighborhood made up of garbage collectors and non-garbage collectors. Current residents include:

- original Upper Egypt settlers who were pig farmers
- garbage collectors who came in mid-50s,
- newcomers who bought farm land and built houses in 70s
- recent newcomers in 90s are young married couples who could not find housing in other areas in Cairo.

Garbage Collectors

Garbage collector families tend to be larger (4 to 10 children per family) than non-garbage collector families (3 to 5 children).

Garbage Collector Families:

- previously lived in tin shacks, since 70s started to move into buildings tin shacks and use shacks for sorting garbage
- now many live in 3-to-4 story red brick and cement apartment buildings built earnings, but some still live in Zaraeb, tin shack area
- most garbage collector buildings house extended families with brothers and their families living in separate apartments on different floors

All family members of garbage collectors work in garbage business.

- children start work at age 6; work before or after school day
- women & children work between 6-10 hours a
- many girls helped fathers collecting garbage, at adolescence began sorting as no longer allowed to go out with father
- money goes to men who spend it on family matters
- many female-headed households who support their families by working in garbage-sorting
- garbage sorting provides(d) good income: one high school graduate still sorts garbage because earns(d) 300 LE per month, more than could elsewhere

Garbage collection has been only work in garbage collector community. Since one month ago garbage collection is being done by international company. Some garbage collectors were offered jobs by new company, but they turned them down because pay much too low.

Non-Garbage Collectors:

- some are government workers;
- others are skilled workers such as plumbers, mechanics, etc.
- most non-garbage collectors rent apartments

Neighborhood in General

Men make most family decisions; women make decisions about children.

Mothers and fathers together usually make decision about daughter's marriage.

Education level ranges from illiterate to high school diploma level. Majority of children, especially girls, drop out of school at primary level.

Some garbage collectors send children to private school in area since the nearest government school is too far away. They are worried they won't be able to afford private school when no longer have garbage income.

Some children start school at 7 or 8 to give time for their families to save enough money for private school or, in the case of public school, the child mature enough to travel long distance to school.

Water > Most buildings/apartments have pipe connection.

- Government water is available only at certain times, usually late night and early morning.
- Many buildings have shallow wells with electric pumps. Buildings switch pipe system over to shallow well water when no government water available.
- Both types of water, interchangeably, are stored in household plastic pots and is used for cooking, drinking and bathing

Electricity > most apartments have electricity and pay monthly bills

- electricity not constant, cuts on and off, sometimes for several hours at a time

Income > average monthly income for adult working in garbage is 300 LE per month

- person who collects garbage earns 1 LE per lat; other 3 to 5 LE goes to *moallem* (owner of garbage business in specific area)

Expenditure > average monthly expenditure for family is 1000 LE (have no rent or transport costs)

Health > only health facility located in neighborhood is monastery clinic. Fee for clinic visit is 5 LE.

- MOH health office in area is 15 minutes away by car, 30 minutes by foot. It is in very poor condition and only provides birth registration, health inspection and immunization. They do not offer tetanus immunization for pregnant women.
- nearest government clinic is Ain Shams. It is 3 km distance to metro station followed by 30 minute metro ride (4 LE).

- most deliveries conducted by traditional midwife. When complications, go to Ain Shams or El Mataria hospitals by taxi.

Main child health problems from community perspective are:

- gastro-intestinal problems like diarrhea, colic and parasitic infections
- respiratory and allergy problems (constant cough and breathing problems)
- general weakness and anemia also mentioned several times were
- fever
- eye infections
- skin irritations and abscesses
- hepatitis A (by non-garbage collectors)

When a child is ill, all say they seek health care. The first choice would be a private physician in the area; then a pharmacist. The government health center is too far away and private clinics in the area too expensive. No one said that they ask a lay person in the community for advice.

All in neighborhood work to solve problems together by collecting money or doing work themselves. They say "nobody cares about us".

Annex C: Literature Review

Child Health Status in Poor Urban Neighborhoods of Egypt

Literature Review

By

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July 2003

1. Introduction

During the 1980s, Egypt put the survival and development of its children at the center of the nation's policy agenda. In addition, Egypt served as one of the Six Initiator Countries for the World Summit for Children, and since then has taken very seriously its responsibilities to transform promises into actions for children. Great progress has been made in improving maternal and child health and achievements thus far in improving child survival rates reflect the strong political support given these programs.

Every child is entitled to the best possible care to grow and develop in a healthy environment with love and affection and to receive preventive and curative services to achieve their maximum potential. Indeed, the well-being of children is considered a sensitive indicator of overall sustainable social development. Egypt's national child health program is expected to reach all children under five to promote their health, to implement immunization programs for the specific prevention of disease, and to provide special interventions to address major child health problems through an integrated approach to the sick child.

Even as children and young people are recognized as Egypt's greatest asset, they remain its most serious challenge. Although efforts and projects directed to children to date have been significant, mortality and morbidity problems affecting this vulnerable group need to be addressed even more in order to reduce existing rates.

This literature review was undertaken as part of a situation analysis of conditions of children and their families living in the most underserved neighborhoods of Cairo, prior to designing new health and hygiene program interventions as part of the Cairo Healthy Neighborhood Program funded by USAID ANE Bureau, EGAT/Urban Programs and USAID/Egypt PHN office. The review sought to gather existing data on morbidity and mortality of children in Cairo's urban slums to provide as clear and current a picture of the overall needs of this important population. In addition, the literature review complemented the neighborhood participatory situation analysis conducted in Ezbet El Nawar, and provided an informational context against which the neighborhood residents could evaluate their own health statistics and status.

The literature review also sought to collect reliable data on key child health indicators throughout Egypt to provide an even broader context and basis for comparing findings in the Ezbet El Nawar neighborhood.

As the reader will see, credible studies on health in urban slums are scarce, highlighting the need for additional data collection on the health and environment of the urban poor.

A set of indicators related to child health was used in the literature review to highlight specific aspects of the health situation for children in Egypt. These indicators focus on:

- family practice
- environmental health
- health facilities.

2. Child Health Status and Indicators in Egypt

Child Health Status

Indicators of mortality, morbidity, malnutrition and child disability will be used to better assess the health status of the children under five years of age.

A. Mortality:

- Infant and Child Mortality
 - Infant and under-five mortality rates are highly sensitive indicators of overall well-being. Egypt has reduced infant and under-five mortality rates by 60%, a remarkable achievement.
 - The under-five mortality in Egypt is 55 per 1,000 live births, meaning that roughly one in twenty children die before reaching their fifth birthday. Around four out five under-five deaths occur in the first year of life, with almost a half of under-five deaths occurring during the first 30 days (neonatal period) after birth.
 - The results of the Egyptian Demographic & Health Survey (EDHS) regarding urban versus rural differences would indicate that urban children are better off (i.e., urban children have a lower probability of dying at any stage of early childhood than rural children.) Under-five mortality in urban areas is 53 per 1,000 births and in rural areas, it is 79 per 1,000. This difference is reflective of the aggregation of all urban data and does not reflect the specific situations in urban slums, which are underserved and not properly studied and where children in particular suffer from high morbidity and mortality rates according to a number of studies.
 - Also, the literature indicates that there is variation by place of residence in these indicators, where the highest rates are found in rural Upper Egypt (under-five mortality is 99 deaths per 1,000 births and 61 in rural Lower Egypt). Mortality levels are also higher in urban Upper Egypt than in either urban Lower Egypt or the Urban Governorates, primarily because of higher infant mortality. The infant mortality rate in urban Upper Egypt is 54 deaths per 1,000 births compared with 40 deaths per 1,000 in urban Lower Egypt and 37 deaths per 1,000 in Urban Governorates.
- Maternal Mortality
 - The 1992–93 National Mortality Study estimated the maternal mortality ratio at 174 per 100,000 live births.

- That rate improved significantly since then. According to the National Maternal Mortality Study conducted in 2000, the maternal mortality ratio dropped at 84 per 100,000 live births.

B. Morbidity

- Diarrhea

Diarrheal diseases represent significant threats to the survival as well as the well-being of young Egyptian children. Diarrheal diseases alter intestinal function, increasing fluid loss from the body and decreasing the retention of fluids. Dehydration caused by severe diarrhea is a major cause of death among young children. A simple and effective technique to alleviate this problem is the use of oral rehydration therapy (ORT).

The results of Egypt's multiple indicator cluster survey (EMICS), conducted in May–June 1998, the high season for diarrheal diseases, indicated that about one in every four children under five years of age had diarrhea in the two weeks before the survey. By the 2000 Demographic and Health Survey, that number diminished to 7% of children under-five having had a bout of diarrhea in the two weeks preceding that survey. Also, the proportion of children suffering from diarrhea ranged from 5% of children in Urban Governorates to 10% in rural Upper Egypt.

- Acute Respiratory Infection

Acute respiratory infections (ARI), particularly pneumonia, is a common cause of death among infants and young children. Cough with fever and rapid or difficult breathing are signs of ARI. Its prevalence during the two week period before the 2000 EDHS was conducted was 10% among children under five years of age. Mothers reported that advice or treatment was sought from a health provider for 66% of children who were ill. Existing data indicate that ARI was responsible for 30% of infant deaths in 1999.

- Other major preventable diseases

Poliomyelitis, neonatal tetanus, pulmonary tuberculosis, diphtheria, pertussis and measles are the major preventable diseases of childhood that can lead to high morbidity and mortality. Increasing the proportion of children who are immunized against these diseases is a cornerstone of Egypt's child survival programs. Already, a successful national program of vaccination has greatly reduced the threat of these diseases.

The levels of vaccination coverage have steadily increased between the 1988 and 2000 EDHS survey periods. The proportion of fully immunized (i.e., those receiving BCG, measles and three doses of DPT and polio

immunizations) rose from 54% of children, aged 12-23 months, in 1998 to 92% in 2000.

Of particular note is the success achieved in the fight against poliomyelitis, where only four cases were reported in 2000 and just three in January–March 2001. However, similar levels of success have not been achieved for measles, even after taking into account that its reporting system is less well developed. While measles vaccination coverage increased considerably over the past 10 years, there has been no concomitant decline in measles cases. A clear downward trend in neonatal tetanus cases was observed, though again reported cases are likely to underestimate total prevalence.

Hepatitis vaccinations were introduced into Egypt's childhood immunization program in the mid-1990s. Overall, 91% of children are fully immunized against hepatitis as well as some of the other preventable diseases.

C. Malnutrition

Egypt's national nutrition strategy, formulated in the mid-1990s, provides a framework for the many initiatives designed to improve nutrition and control micronutrient deficiencies. These include iron and Vitamin A supplementation programs, nutrition awareness and education programs, salt iodization, promotion of breastfeeding, growth monitoring and promotion activities linked with maternal and child health care facilities, and a national nutrition information system.

Data on the three main indicators of child malnutrition (underweight, stunting, and wasting) demonstrate that the nutritional status of children has improved considerably over the last five years. The standard indices describing nutritional status are:

- Weight-for-age (under weight)
- Height-for-age (stunting)
- Weight-for-height (wasting)
 - Protein-energy malnutrition (PEM) problem

Protein-energy malnutrition (PEM) in Egypt is a condition of chronic malnutrition that is reflected in below average height-for-age (stunting). Overall, 19% of children under-five are stunted and 6% are severely malnourished. Stunting increased rapidly with age, from only 11% among children under six months of age to 24% among children 12–23 months, before falling to 18% among children ages four and older. Also, it is higher in Upper Egypt (rural more the urban) when compared to Lower Egypt and the Urban Governorates.

The weight-for-height index provides a measure for wasting or acute malnutrition. Nearly, 3% of Egyptian children are wasted. Wasting is more common among children under age two than among older children.

Reflecting the effects of both chronic and short-term malnutrition, 4% of children under age five are underweight for their age. Low weight-for-age is more common among children 6–23 months old than among older or younger children.

– Micronutrient deficiencies

Three micronutrient deficiencies are of great importance because they pose a particular threat to children's health. These are: iron, Vitamin A and iodine.

The EDHS 2000 reported *anemia* (iron deficiency) prevalence rates of almost 30% among preschool children [mild (19%), moderate (11%) and severe (0.2%)]. Anemia levels are highest in the Frontier Governorates and Upper Egypt, and are higher in rural compared to urban areas throughout the country.

Available data on the prevalence of *Vitamin A deficiency* indicate that the problem is mild to moderate in Egypt; no cases of blindness due to Vitamin A deficiency have been reported. The government added Vitamin A supplementation policy and program for mothers (within two months after delivery) and for children beginning at age nine months. The EDHS 2000 noted that Vitamin A supplementation reached about 23% of immunized children and 11% of mothers. The MOHP and UNICEF believe that these figures are very much underestimated.

Finally, low levels of iodine in a diet are associated with many problems (goiter is the most visible sign). Rates of goiter according to the results of sub-national surveys ranged from 52%–82% of children in the New Valley Governorates, and from 12%–43% of children in other regions.

Egypt launched a national salt iodization program in 1995. Consumption of iodized salt at the household level is only 56% (EDHS 2000), despite the fact that it was available in 94% of the markets in the country, according to the MOHP reporting in 1998.

D. Child Disability

Despite the fact that measuring disabilities is a complex undertaking, a special survey was conducted in 1999 employing an adapted version of a global disability assessment tool. The total number of disabled children found using this tool was 2.5 million children (nearly 8% of the total Egyptian child population). This included those with mild visual impairments. Excluding this form of disability, the total prevalence of disability fell to 3.4%. The most common disabilities were vision (56%), followed by hearing (11%).

Indicators Related to Child Health

A. Family Practice Indicators

Care-Seeking

- Regarding specific actions taken when a child was ill with diarrhea, in the two weeks before the EDHS, mothers reported that they sought advice or treatment at a health facility in almost half of all recent diarrhea episodes. Among those receiving medical advice, private health care providers were consulted nearly twice as often as providers at public sector facilities.
- Mothers reported that advice or treatment was sought from a health provider for 66% of the children who had ARI. Private providers were consulted more often than government health facilities (43% versus 25%, respectively).

Diarrhea treatment

- According to EDHS 2000, nearly all mothers (98%) are aware of the availability of packets of oral rehydration solution (ORS) that can be used to prevent diarrhea.
- Less than half of cases are treated with oral rehydration therapy (ORT) and/or increased liquids.
- Children are given more to drink in only 17% of cases, while in more than 20% of the cases they are given either nothing (12%) or much less (10%) to drink.
- Antibiotics and other anti-diarrheal medications are generally not recommended to treat diarrhea in children. Nevertheless, antibiotics were given to 24% of the children, while 31% received some other medications.

Breastfeeding status

- Almost all Egyptian children are breastfed for some period of time (98%).
- 88% of children were breastfed within the first day, while for 57% began to be breastfed within an hour after delivery.
- Breastfeeding continues for the majority of Egyptian children beyond the first year of life (more than 80% are still being breastfed at 12–13 months of age).
- However, less than a quarter of children are breastfed exclusively for the first six months of life.

- Introduction of water and other fluids or mashed foods begins at an early age. In the first three months of life, some 38% of children who are breastfed receive other liquids or mashed foods, while 69% who are breastfed for the first 4–6 months receive such supplementation.
- The median duration of breastfeeding is 18.4 months.

Maternal health care

Indicators of antenatal care, tetanus toxoid injection and medical assistance at delivery:

- While the utilization rate for antenatal care has risen, more than 50% of mothers still receive no care after giving birth.
- In addition, about 40% still give birth without a trained attendant present.
- Tetanus toxoid injections during pregnancy reached 72% during 2000.
- However, these rates are low in Upper Egypt and Frontier Governorates as well as in rural areas when compared to urban areas in all regions.

B. Environmental Health Indicators

Access to water supply

- Despite rapid population growth, the percentage of Egypt's population with access to piped water has increased over the past two decades.
- The proportion of households with access to piped water has increased from 70% in 1986 to 87% in 2000.
- Nearly nine of every 10 houses have access to piped water, but service coverage varies widely by place of residence.
- Among urban households, 97% have piped water available in the dwelling or yard and only 2% obtain water from a public tap.

Access to sanitary waste disposal

- About a third of Egyptian households have modern flush toilets, and 61% have traditional flush toilets. Only 3% have no toilets facilities.

Air Pollution

- Air pollution in Egypt's major urban and industrial centers greatly exceeds international standards, contributing to high levels of respiratory illness and lead poisoning.
- Almost all measurements of air pollution (total suspended particulates, smoke and lead) taken for a study conducted in four locations in Greater Cairo were found to be above both Egyptian and global WHO air quality standards.

Flooring of households

- About half of the EDHS households live in dwellings with cement tile floors, and 20% live in dwellings with a cement floor. About a fifth of the dwellings have dirt (earth/sand) floors.
- There are variations in these figures depending on whether the residential area is rural or urban.

Solid wastes

- Solid waste collection service coverage is only 65% in Cairo and less than 50% in small cities.
- Medical wastes are generally included in the regular municipal solid waste stream, a practice that poses grave health risks to the entire community.
- Also, Egyptian industries produce 500,000 tons or more of hazardous waste each year.

Handwashing facilities

- Handwashing is an important means of preventing the spread of diarrheal diseases. Required materials: water, soap and a basin.
- Toward that end, studies note that more than 80% of households had water available and nearly three quarters had soap or another cleansing agent available at the location where hands were washed. Overall, two thirds of the houses had all three items available.
- More specifically, 89% of urban households had handwashing materials available, compared with 47% of rural households, further ranging from 38% in rural Upper Egypt to 92% in the Urban Governorates.

C. Health facilities indicators

- The quality of public health care, particularly at the peripheral level is low, contributing to very low levels of utilization of the extensive network of primary

health care (PHC) facilities (over 60% of primary health visits take place in private sector facilities).

- In 2001, there were 2.4 health units per 100,000 persons in Egypt and 2.1 per 100,000 people in Cairo.
- While geographic access is good, effective access to the health care system is limited by high out-of-pocket costs (accounting for 73% of total expenditures on health).
- The 1995/96 Household Expenditure Survey found that the lowest-income households used 4.9% of their total household expenditures on health, while the highest-income households used only 3.8% of total expenditures on health.

3. Urbanization and Development of Slum Areas in Egypt

Some important definitions

- *Urbanization*: internal migration of rural populations into urban areas in the search for work, better living conditions or more educational opportunities.
- *Slums*: dense population areas characterized by a population that is usually poor, though not necessarily illegal in any respect. Normal urban planning procedures are not followed in these areas.
- *Squatters*: usually illegal, unauthorized settlements that are unplanned and that suffer from a lack of services and infrastructure.
- *Shanty towns*: marginal houses usually built of very cheap materials (e.g., tin), often constructed near river banks (e.g., the Nile), railways or industrial areas.

Historical Background

Traditionally, individuals and groups have migrated in search of new places to live in order to enjoy a more sustainable livelihood. Recently vast numbers have migrated in search of employment. Often, one person migrates in search of a better life and that person is followed by relatives from rural areas into the city. Urbanization often results from these migrant networks.

Indeed, urbanization first began in earnest with the advent of the industrial revolution in Europe. By 1900, an estimated 10% of the world's population was urban. By 1950, it had risen to almost 30%, with 26 metropolitan areas with populations of at least two million people. In 1993, there were 33 metropolitan areas with five million or more people. About 58% of the world's largest metropolitan areas are in developing countries.

Urbanization in Cairo, Egypt

Egypt has faced rapid urbanization during the last two decades as a result of rural–urban migration and a natural increase of urban population. Usually these newly growing urban areas are densely populated, under-served in terms of services and lacking in any real planning. The result: in Cairo there are 79 slum areas where nearly 70% of Cairo's inhabitants live.

Migration and Slum Development

The process of migration into urban areas is usually related to development of slums. This process has the following characteristics:

- Internal migration toward urban areas as a result of urban dominance, i.e., all big projects and investments are in the cities.
- Uni-linear migration, i.e., from one direction only (rural to urban) and specifically from south to north.

In Egypt, the main currents for internal migration are:

Origin		Destination
Upper Egypt (South)	→	Great Cairo, Alexandria, Suez, Red Sea & North Sinai
Upper Egypt (North)	→	Greater Cairo
Upper Egypt (Qena)	→	Aswan
Delta (South)	→	North Delta
Delta (East)	→	Suez & Alexandria
Delta (West)	→	Alexandria
Delta (Menofia)	→	Greater Cairo

- All these currents usually are uncontrolled relative to rate, density, place and timing.
- Most migrants are young and poor, searching for work and housing.
- The migrant movements usually are associated with social fragmentation, heterogeneity and alienation.
- Migration is often associated with the development of violence.

Main Characteristics of Cairo Slum Areas

A. Environmental Characteristics

- poor housing conditions (no planning, supervision or maintenance)
- extremely narrow irregular lanes that are usually unpaved
- poor facilities or services including lack of water, sewage disposal, electricity, cleanliness, etc.
- no parks or any other recreational facilities

- no safety measures or precautions taken to avoid fires and other similar concerns

B. Economic and Social Characteristics

- low per capita income for majority of population
- high population density, ranging from 1,500–2,000 people per hectare
- more than 80% of families share houses
- high “crowding” index per room (up to 4.3 individuals)
- poor health status in general (high child death rates) related to deficient health services
- high illiteracy rate caused by lack of proper educational services
- high prevalence of a variety of social and security-related problems including crimes, terrorism, addiction, divorce, etc.

4. Studies Conducted in Cairo Slum Areas

It is difficult to gather necessary information about unplanned settlements like slum areas for several reasons:

- not all such settlements are officially recognized
- no nation-wide study has ever been undertaken until recently
- the difficulty of reports or surveys done in these areas by smaller NGOs.
- Nevertheless, some studies and surveys conducted in several specific areas are available. Each one stressed different aspects of life in the slum areas and when taken together, provide some important perspectives about life in the Cairo slums.

The results of the various studies currently available are summarized below and are grouped by the time periods when the studies were conducted.

A. Manshiet Nasser Study

In the late 1990s, more than 500,000 people resided in this slum area of Cairo. The data in the study are from late 1980s and mid-1990s. The main findings were:

- Morbidity:
 - For children below five years of age:
 - 49% had respiratory illness
 - 42% had diarrhea
 - 22% had both
 - 18% of children are undernourished.
 - Prevalence of malnutrition in children was higher in girls (15%) than boys (6.4%).
 - About 90% of children had intestinal parasitic infestations and about one-quarter had three or more types of intestinal parasites present.

Care seeking:

- About 55% of mothers had sought professional advice for diarrhea and 65% had sought help with the appearance of additional signs of the illness.

- 53% of mothers whose children had ARI signs took them for professional treatment.
- Diarrhea during the first year of life was found to be high among those not receiving breast milk (69%) and comparatively low among those who received breast milk only.
- Attack rates for diarrhea were found to be 22% lower when children live in homes or buildings with both water and sewer connections.
- Mean duration of breastfeeding ranged from 16–17 months. The average age for receiving supplemental foods was 10 months.
- About 52% of children were breast fed exclusively at 6 months.

Hygiene practices:

- Households with soap near toilets represented 12% of the total surveyed.
- Presence of both water and sewer connections was associated with greater availability of soap (3.4 times more).

Safe delivery:

- 80% of births occurred at home and dayas were responsible for 63% of them.
- Prenatal care was nearly absent.

Environmental health indicators:

- The Ministry of Local Administration (MOLA) started upgrading projects in the 1990 in different slum areas including Manshiet Nasser, yet actual access to piped water and sewer systems was not detected during the survey.
- According to 1991 CAPMAS data:
 - 30.8% of the families have private toilets.
 - No-governmental or private hospitals are present in the area.
 - People instead depend on nearby hospitals in other districts.

B. Child Health Profile, a Comparative Study between Rural Minia and Cairo Slums (1998), conducted by Hegazy et al.

This field survey was conducted in collaboration with CEOSS to assess the health profile in two slum areas in Cairo (Dar El-Salam and Hashim Agha). It covered 10% of the total households in each area, or 600 in Dar El-Salam and 200 in Hashim Agha. The proportion of children under five ranged from 11%–14%. Nearly all morbidity rates in Hashim Agha were found to be higher compared to Dar El-Salam because of the exceedingly poor—and even more difficult—environmental, health and related problems with living conditions found in this area. Comparisons also were made on certain indicators with children in the rural town of Minia.

The main findings were:

Morbidity:

- Current clinical illnesses among studied group as diagnosed by a pediatrician:
 - Diarrhea: 55.1% in Hashim Agha compared to 9.4% in Dar El-Salam. Additionally 50.6% of the children in Minia were found to have diarrhea.
 - ARI: 24.8% in Hashim Agha versus 13.2% in Dar El-Salam. This rate is much higher than the 3.8% found in rural Minia.
 - Eye infections: 13.8% and 1.8% in Hashim Agha and Dar El-Salam, respectively.
 - Infectious skin diseases: 2.8% in Hashim Agha and 6% in Dar El-Salam.
 - The percentage of children with more than one illness was very high in Hashim Agha at 51.4% compared to 7.2% in Dar El-Salam.
 - Children who were underweight (weight for age below 2 standard deviation (SD)) came to 31.2% in Hashim Agha and 22.3% in Dar El-Salam.
 - Children whose height for age was below acceptable limits (-2 SD) represented 37.6% in Hashim Agha and 30.4% in Dar El-Salam.
 - Children with anemia (Hb < 11.5 gm/dl) represented 80% in Hashim Agha and 70.6% in Dar El-Salam.

Family practice indicators:

- Percentage of children who received ORS were 66.7% in Hashim Agha and 50% in Dar El-Salam.

- In Hashim Agha, for 85% of the families, their first health care provider was pharmacist versus 46.7% in Dar El-Salam. Following the pharmacist, private physicians were used by 8.3% in Hashim Agha and 36.7% in Dar El-Salam. The least percent was observed in health units 6.7% in Hashim Agha and 16.7% in Dar El-Salam.
- In Hashim Agha, 12.5% of women breastfed exclusively, versus 32.3% in Dar El-Salam.
- Immunization schedules were completely followed in 84.1% of households in Hashim Agha and 91% in Dar El-Salam.
 - There were partial immunizations undertaking in 7.7% of households in Hashim Agha and 14.5% in Dar El-Salam.
 - No immunizations occurred in 1.3% of households in Hashim Agha and 1.4% in Dar El-Salam.

Maternal health care:

- Antenatal care was practiced by 28.6% in Hashim Agha and 23.9% in Dar El-Salam. Antenatal care by health centers was observed in 34.6% of women in Hashim Agha and 27.4% in Dar El-Salam. Three visits or more to health centers for antenatal care occurred for 53.8% of women in Hashim Agha and 63.7% in Dar El-Salam.
- Tetanus toxoid: 29.8% of women receiving antenatal care received the vaccine in Hashim Agha versus 80.8% in Dar El-Salam.
- Daya or Traditional Birth Attendant was responsible for delivery in 49.7% of births in Dar El-Salam versus 50.4% in Hashim Agha.
- 59.4% of births were home deliveries in Hashim Agha versus 51.7% in Dar El-Salam.

C. Cemetery Yards Study:

This study was conducted in 1998 by the National Population Council (NPC). It included 2,000 families who live in the yards of cemeteries seeking to understand more about demographic features, environmental and reproductive health issues in this population.

The main findings were:

- Most of the inhabitants come from Cairo Governorate (80%) and other governorates, especially Upper Egypt (20%).

- In the study sample, 40% were below 15 years old.
- Nearly 60% were illiterate.
- Crowdedness” index was 2.8 per room.
- About their houses:
 - Nearly 55% of families had no kitchen.
 - Nearly 87% used electricity for lighting.
- Water supply came from:
 - Public taps (38%)
 - A tap within a yard (30%)
 - Transported water (30%)
- 79% of the families used a traditional water tank that was present within the yard.
- Other data related to morbidity and mortality among children under five were not available.
- The study included some reproductive health statistics including ages at marriage, circumcision, premarital examination and at first delivery.

D. Ezbet Khairallah Study/Cairo 2000:

This study was conducted by CEOSS to assess the nutritional status of children (673) in this area compared to ETSA Village Minia Governorate. Ezbet Khairallah is a new urban community of nearly 7,000 families with well-defined borders in the El-Basateen district of Cairo.

Overall, Ezbet Khairallah:

- Is very crowded, offering inadequate living conditions and housing facilities, issues that ultimately lead to a variety of social and health problems.
- Reflects unsanitary environmental conditions including: air pollution, dumping of garbage waste, overflows of sewage in the streets, the presence of flies and other harmful insects.
- Has inadequate cooking areas and related facilities as a result of inadequate housing conditions (one apartment usually is home to many families, each of

which live in one room sharing the bathroom and/or kitchen with the other families).

The most important findings were:

Morbidity:

- 36.52% had diarrhea.
- 16.96% had chest infections.
- 6% of mothers stopped breastfeeding during illness.

Hygiene practices:

- 97% of households had available running tap water.
- 99% had water closets.

Feeding Practices:

- 90% of mothers in the sample breastfed their children.
- Almost 53% stopped breastfeeding when the child was 1.5 years old.
- About 69% of mothers breastfed their babies exclusively until the babies were four months old.

Vaccination:

- Immunization schedules were completely followed in 93% of children, irregularly in 3.92% and not at all in 3.04%.

Type of Family:

- Nearly 85% of the studied families were nuclear.
- Extended and combined families were 7% and 8%, respectively.

Education Father and Mother:

- More than 66% of the mothers were illiterate compared to 44% of fathers.
- Only 10% of mothers can read and write compared to 22% of fathers.

E. Ezbet EL-Nakhal Study / Cairo 2000:

This study was conducted by the Experimental Center for Recycling and Environmental Development (ECRED). About 83 children below 12 years of age were examined clinically and through laboratory samples taken. The main results were:

- 47% had anemia primarily because of the poor quality and small quantity of food as well as parasitic infestations.
- 12.7% had infectious diseases resulting from a lack of personal hygiene and safe water.
- 97.1% had parasitic infestations due to absence of toilets, lack of hygiene and poor food sanitation.

F. El-Zabbaleen area in Ezbet El-Nakhal Study (2002):

This study was conducted by Gamal Zekrie Bisada to learn more about various environmental conditions and health problems.

Environmental Problems:

- 85% of the people had water pumps to obtain water from the ground.
- 13% had no sanitary waste disposal and some of them had no water closets.
- The area was full of refuse heaps scattered everywhere.

Vaccinations:

- 73% of the mothers did not receive tetanus toxoid during pregnancy.
- 35% of children under five were either partially immunized or not immunized at all.

Maternal Health Care:

- Nearly 84% of pregnant women did not seek antenatal services.
- Nearly three-quarters of the deliveries were conducted by dayas at home.
- 62% of the females of reproductive age did not use any family planning methods.

Child Health:

- A high percentage of children suffered from diarrheal diseases and dysenteries. (The percent amount was not indicated in the survey).

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Annex D: Stakeholder Workshop Agendas

Ezbet El Nawar Neighborhood Stakeholders Meeting

July 12 & 13, 2003

Overall Purpose	Agree upon and describe priority problems to be addressed in order to improve the health of Ezbet El Nawar families, based on review and analysis of the information collected during the EHP situation analysis, the recent DHS survey and other relevant studies.
Specific Objectives	<p>Review, compare, clarify and add to available information on Ezbet El Nawar neighborhood.</p> <p>Decide upon priority problems affecting the health of neighborhood families that should be addressed in an eventual project(s).</p> <p>Identify neighborhood strengths and resources that can be important in project implementation.</p> <p>Develop brief problem statements describing each priority problem, its causes and its effects.</p> <p>Begin to consider best options for improving health of families in Ezbet El Nawar.</p>
Participants	Twenty to twenty-five persons—men and women, old and young—representing the various community groups and local development organizations living and/or working in the Ezbet El Nawar.
Program	<p>Day 1 Morning</p> <p>Session 1: Who are we and why are we here?</p> <p>Session 2: Looking at the available information: what does it tell us about the health of families in our neighborhood?</p> <p>Day 1 Afternoon</p> <p>Session 3: Building on community capacity: what are the strengths of our neighborhood and how can we use them?</p> <p>Session 4: Facts for life: what's known about family health? how can we use this information in our neighborhood?</p>

Small Groups: environmental health

Day 2 Morning

Session 5: Facts for life continued

Small Groups: child growth and development; diarrhea; coughs and colds; eye infections; safe motherhood

Day 2 Afternoon

Session 6: Lessons learned in urban health in Cairo: ideas and advice from the Mokattam neighborhood

Session 7: Deciding on Priorities: what are the things in our neighborhood that most affect family health?

Session 8: Next Steps

Ezbet El Nawar Government/Donor Stakeholders Meeting

July 17, 2003

Purpose	To present findings of the situation analysis and literature review, discuss neighborhood priorities and identify relevant solutions and roles of the different parties.
Participants	Representatives of government, NGOs and donor organizations with a possible role in future improvements in Ezbet El Nawar and leaders of the Ezbet El Nawar neighborhood.
Program	Opening Ceremony with comments from representatives of USAID/Washington and USAID/Cairo and the Undersecretary of the MOHP in charge of urban health activities. Presentation of Situation Analysis Methodology and Findings by the EHP Situation Analysis Team Presentation and Discussion of Neighborhood Priorities for Action facilitated by the SA Team Conclusions, Agreements and Next Steps

Annex E: Neighborhood Priorities for Action

Basic Sanitation, Clean Water, Clean Air

A Neighborhood Priority for Action

An improved environment is the top priority for the residents of Ezbet El Nawar, an urban area in northeast Cairo. Neighborhood residents agree that a functioning sewer system, access to clean water and better air quality are the initial steps toward better health and an improved quality of life for area families. What is known about the health status of area children supports their conclusion since several sources suggest that the incidence of environment and hygiene-related illnesses among children are high. For example:

- Parents report frequent bouts of diarrhea, recurrent respiratory problems and “general weakness” among children.
- Health workers consider diarrhea the leading health problem among area children.
- Studies conducted in Ezbet El Nawar and similar areas in Cairo indicate that the incidence of environmental and hygiene-related illnesses are in all cases as high as and, in some cases, much higher than the incidence in rural areas of Upper Egypt.²³

Basic Sanitation. From the neighborhood’s perspective, the first step in improving the environment is a functioning sewer system. While a few families still live in Zareab, the shack area in the center of the neighborhood where garbage-sorting is done, most families reside in multi-story apartment buildings with plumbing and modern toilet facilities. Sewage evacuates into septic systems that are often over-charged.²⁴ Area residents speak of ground- and second-floor apartment dwellers forced to close their own facilities and use toilet facilities on higher floors because of sewage backups. As the population of the area continues to expand, this problem can only be expected to worsen. A functional sewer system in the neighborhood is a priority.

Clean Water. The second step is clean water. Most homes have connections to both the city water system and a shallow well. Given the area’s sewage problem, virtually

²³ Rural Upper Egypt is generally considered as the most disadvantaged area of the country, where one would expect the highest incidence of poverty-related illness and health problems.

²⁴ A sewage line was installed by the government in the mid-’90s, but was never connected to a system.

all these wells are polluted. While some families do not distinguish between the two sources and use the well water interchangeably with the city system, other families reserve the city water for drinking and use the well water only for cooking and cleaning. Unfortunately, this approach is not sufficient for ensuring clean water. Since city water is only available for a few hours at night and in the early morning, buildings switch their plumbing systems over to the polluted well water during the day. Building plumbing is thus contaminated by the well water and so even city water coming through these same household pipes cannot be counted on to be safe.

For the garbage collector community, contact with garbage during the workday is also a cause of hygiene-related illnesses. The garbage collection business is currently in a state of transition and the present practice of sorting garbage within the community itself will perhaps change in the not-to-distant future. In the meantime, the provision of safe water easily accessible to those working in the garbage-sorting areas in addition to the other measures to be addressed will contribute to improved conditions for garbage collector families.²⁵

Clean Air. The third step is clean air. The area is heavy with dust from the unpaved streets, odors from garbage and animals, and chemical fumes from plastic recycling workshops and car painting shops. The results are chronic coughs and respiratory problems for area residents, especially children.

The residents of Ezbet El Nawar are ready to contribute their time and labor to solve these problems. They request the collaboration of government and development organizations in their efforts to improve their neighborhood.

²⁵ Studies indicate that the incidence of hygiene-related illnesses among children is high in both garbage collector and non-garbage collector communities located in the poor neighborhoods of Cairo.

Improved Child Health, Nutrition and Development

A Neighborhood Priority for Action

The health and proper development of Ezbet El Nawar children, from birth to adolescence, is of critical concern to area residents.²⁶ According to parents, children suffer almost continually from chronic coughs and breathing problems and from hygiene-related illnesses such as skin problems, diarrhea and eye infection. Data on child health in Ezbet El Nawar were not available, but several studies conducted in other poor areas of Cairo support these parental concerns.

Health. Urban slum studies indicate a high degree of diarrhea, intestinal parasites and acute respiratory infections (ARI) in children, in many cases, at rates much higher than those found in rural parts of Upper Egypt, which are generally considered to be the most disadvantaged areas in the country.²⁷ An overview of some of these findings follows:

- Diarrhea incidence in children under five years of age in the neighborhoods of Manshiet Nasser, Ezbet Khairallah and Hashim Agha ranged from 35-55%.²⁸ The 9.4% rate reported in the Dar El Salam neighborhood, by far the lowest incidence of diarrhea reported in the urban studies reviewed, is equivalent to the 9.5% incidence of diarrhea in rural Upper Egypt.
- 97.1% of children under 12 years of age tested positive for intestinal parasites in a recent study in Ezbet El Nakhl area. 90% of children in the Manshiet Nasser study had intestinal parasites.
- The incidence of acute respiratory infections in children under five in the urban studies ranged from 13.2-49%. The incidence in rural Upper Egypt is 14.1%.

The Manshiet Nasser findings also point to the need, and the potential, for sanitation interventions. In the study, it was found that only one out of 10 homes had soap near toilet facilities. Children living in homes with both water and sewer connections were three times more likely to have soap available. The incidence of diarrhea among children in these homes (22%) was also considerably lower than in homes without these facilities.

²⁶ Ezbet El Nawar is an urban neighborhood located in the Ezbet El Nakhl area at the far northeast edge of Cairo.

²⁷ Details of these studies can be found in the literature review conducted as part of the Ezbet El Nawar situation analysis.

²⁸ The highest incidences of diarrhea were found in Ezbet Khairallah and Hashim Agha. Neither are traditional garbage collection areas.

Nutrition. What is known about the nutritional status of children in urban slum areas in Cairo is even more alarming. It is consistent with how Ezbet El Nawar parents describe their children, i.e., “energy-less and weak.” The urban slum studies revealed high levels of underweight, stunting and anemia among children under five in the Cairo slums, again higher than rates found in rural Upper Egypt. Specifically:

- 31.2% of children under five years of age in Hashim Agha, 22.3% in Dar El Salam, and 18.0% in Manshiet Nasser were underweight compared to 6.8% in rural Upper Egypt.
- 37.6% of children under-five in Hashim Agha and 30.4% in Dar El Salam were short for their age. This compares with 25.8% rates of under-five stunting in rural Upper Egypt and only 8.5% for all urban areas of Egypt. Short for age is also called stunting and is direct result of long-term malnutrition.
- 80% of children under five years of age in Hashim Agha, 71% in Dar El Salam and 47% in Ezbet El Nakhl were found to be anemic.

While diarrhea and intestinal parasites certainly play a role in these high levels of malnutrition and anemia, it is interesting to note that Dar El Salam, where the lowest incidence of diarrhea is reported, has both significant underweight and stunting among children under-five and one of the higher incidences of anemia. Poverty, it seems, plays a significant role as well.

It is equally interesting to note that when area leaders describe the daily diet of Ezbet El Nawar residents, it is replete with nutritious traditional foods: beans, rice, parsley, tomatoes, green vegetables, lentils, chickpeas, etc.²⁹ Poverty also seems to be a key factor here in that families would eat well if they could afford to do so. Health education efforts should focus on approaches that emphasize solving the problems that keep families from eating well rather than narrowly focusing on getting parents to change their behaviors.

Education. Education is another primary concern of Ezbet El Nawar parents. There are no public primary, middle or high schools located near the neighborhood. Many parents are reluctant to let younger children travel the distance to school alone so instead, most send their children to area private schools. The majority of children, especially girls, leave school at the primary grade level. In particular, drop-out rates are high in the garbage collector community since children, starting at age six, work in the family garbage business. Many of them work six-hour days before going to or after returning home from school. This situation is likely to change as garbage

²⁹ What’s missing is fruit. Other than watermelon, fruit is expensive and even in the best of circumstances, is consumed by the poor only once a week. Snacks for children are usually candy, which is cheap in Egypt and usually very sweet (most likely a factor in the toothache problems of school aged children mentioned by parents). Given the absence of fruit and the lack of any yellow/orange vegetables in the diet, adequate levels of Vitamin A might also be an issue in both preventing and minimizing the effects of childhood illnesses in urban areas of Egypt.

collection undergoes a transition in Cairo. Garbage collectors worry, however, that as the family income drops with that transition, they will no longer be able to afford private school fees while also providing for other basic family needs.

Area leaders are well aware that addressing their first priority for action—basic sanitation, clean water, clean air—will go a long way toward improving child health by reducing hygiene-related illnesses. They also hope to undertake complementary measures that will further reduce childhood illnesses, contribute to better child nutrition and growth and further child development.

Safe Motherhood

A Neighborhood Priority for Action

Improved health for mothers and newborns was identified by neighborhood residents of Ezbet El Nawar as a neighborhood priority for action.³⁰ Their concerns include the frequency of early marriage, the lack of adequate care throughout pregnancy and during childbirth, and the general lack of access to reproductive health services. Area leaders based their decision to include safe motherhood on the following data and observations:

- Early marriage is common in Ezbet El Nawar. Neighborhood leaders estimate that four out of 10 women marry before the age of 20; a few marry before the age of 16. Early marriage is more prevalent among those with little or no schooling.
- Most women do not receive prenatal care. Women have little time and the nearest government prenatal clinic is a 30-minute walk followed by a 15-minute metro ride (5 LE round trip). While there is a government health office within a 15-minute walk that offers immunization services, tetanus shots for pregnant women are not available there.³¹ The MOHP has two mobile clinics that serve the El Khanka area, but Ezbet El Nawar is not on the service route.
- Neighborhood leaders doubt that most women eat as well as they should during pregnancy, primarily because of economic issues. In addition, they believe that few are aware of a woman's additional nutritional and rest needs during pregnancy.
- Neighborhood leaders also believe that the number of miscarriages among area women is high. They expressed a concern that it is common for women to take medicines without prescriptions or a doctor's advice during pregnancy.
- Most women deliver in the presence of an untrained midwife with area health workers citing the lack of delivery services as a critical problem. Nevertheless, neighborhood leaders are not convinced of the need for hospital delivery. In fact, during the neighborhood meeting, they debated among themselves about the best place for delivery. Other traditions also remain strong in Ezbet El Nawar. For example, one of the older men in the group noted, "Our tradition is not to go to a male doctor, even if the woman risks dying."
- Almost all women, according to area leaders, are now aware of family planning. The Ezbet El Nawar Health Office has a small family planning clinic, which

³⁰ Safe motherhood was not a focus of the EHP situation analysis.

³¹ The area health office covers a population of 180,000. From January to June 2003, 1,200 births and 17 deaths had been registered.

serves approximately 350 people monthly. Depo Provera is the leading method of birth control provided, followed by the pill, the IUD and condoms. However, health workers admit that the clinic is too small to serve the entire area population.

Ezbet El Nawar leaders are ready to work with government and interested outside agencies to help prevent problems for the mother and baby during pregnancy and childbirth.

Annex F: List of Government/ Donor Stakeholder Meeting Participants

Khadija L. Mojidi	USAID/ Washington, Acting Health Director USAID/Egypt
Stephanie Wilcock	USAID/Washington
Alison Eskesen	USAID/Washington
Dr. Ahmed El Hennawy	Undersecretary of MOHP
Dr. Sayed M. El Kasaby	Director of Khanka District Health Department, Qalubeya Governorate
Dr. Samia Abdel Hakam	MCH Director, Qalubeya Health Directorate, Banha
Dr. Azza El Honafy Hassan	Director of Family Planning, MOHP
Awatef Anwar Boshra	CEOSS
Dr. Abdel Attey Abd El Aleem	Director of Preventive Health, Qalubeya Governorate
Engineer Ahmed El Araby Abdel Hameed	Secretary General, Qalubeya Governorate
General Mamdoh Abd El Sameeh El Ghandor	Chief of Khanka City Council
Engineer Hessen Ahmad Abo Taleeb	General Director of Water and Sanitation, Qalubeya Governorate
Engineer Rafaat Fathy Abd El Lateef	Director of the Environmental Department, Qalubeya Governorate
Naheed Adeeb Eskander	NGO Service Center Project
Milad Nagib Michael	Better Life Foundation for Development, Minia
Dr. Ahmad Mohamed Shelbaya	Director of Healthy Egyptians Project, MOHP
Romany Samir Gaber	Brothers of Unprivileged Association
Shadya Saad Ateya	USAID/Egypt

Selvia Atalla	USAID/Egypt
Ali Abd El Azeem	USAID/Egypt
Dr. Alia El Mohandes	USAID/Egypt
Dr. Emad Yanni	USAID/Egypt
Dr. Adli Bishay	Friends of Environment and Development Association, also AUC
Engineer Attef Moures	ECRED
Saber El Shenawe	Community leader and National Party Representative, Ezbet El Nawar
Ibrahim Hamdy Ibrahim	Garbage Collector, Ezbet El Nawar
Dr. Mawahab El Mouelhy	Director of Tahssen Program, USAID Family Planning Project
Mr. Sobhey Moharam	JSI Deputy Representative
Dr. Neveen Hasaneen	JSI
Margeret Sarofeem	CEOSS
Mirelle M. Nessiem	Director, Future Foundation
Engineer Ali El Tannane	Head of Local Office, El Khossos
Enas Lotfy Mohamed	League of Arab Women
Carla Rull Bousen	Consultant, SA Team Member
Gamal Zekrie Bisada	Consultant, SA Team Member
Dr. Maha Mohamed Ghobashi	Consultant, SA Team Member
Elham Mohamed Fateem	Consultant, SA Team Member
Dr. Eman Mahmoud Etahlawy –	Consultant, SA Team Member
Magued Helmy Moawad	Consultant, EHP Local Coordinator and SA Team Member

Annex G: List of Actions Carried out Since the Stakeholder Meetings, as of August 15, 2003

Since the government/donor stakeholder meeting of July 17, 2003, most of the participants from the different entities contacted the EHP Local Coordinator to explore next steps, how they could participate, and to learn about future plans and the mechanisms for coordination. Some have started to take actions that can result in limited progress, but efforts are fragmented and need more guidance. The concern is that the participants who are very much interested may lose interest as they fail to find answers to their questions. Bringing them back on board after losing interest could be a difficult job.

Examples of action taken by the participants to date follow:

- The District Health Department in coordination with the National Party and ECRED organized a seminar to raise awareness about reproductive health. Seventy area residents participated in the July 29, 2003 seminar.
- The National Party, EDRC and the manager of the MOHP Health Office in Ezbet El Nawar met to coordinate health activities in the area. With the support of community labor and donations, they agreed to improve conditions in the health office by providing some new furniture and fixing the bathroom.
- The MOHP provided the health office with a supply of tetanus immunizations for pregnant women.
- The Director of the Khanka District Health Department contacted SA team member and local resident Gamal Zekrie Bisada in order to identify a place in the garbage collector area where health services and immunizations for the community could be provided until a permanent site is created.
- The Chief of Khanka City Council, following the instructions of the Qalubeya Secretary General, was arranging for a visit to the area to study the possibility of remedial interventions until the root causes of area environmental problems could be addressed.

- Dr. Azza El Honafy Hassan, Director of Family Planning Sector of the MOHP, and Dr. Mawahab El Moelhy, Director of NGO Activities of the USAID-funded population project, visited Ezbet El Nawar on August 4, 2003 (?), and expressed their willingness to work in the area in collaboration with EHP.
- The MOHP has allocated funds for the construction of a health center using the land identified by the Governor of Qalubeya.



ENVIRONMENTAL HEALTH PROJECT

