

# INTELLECTUAL & DEVELOPMENTAL DISABILITIES IN COMMUNITY ACTIVITIES



2017

EGYPT INCEPTION REPORT

**Prepared by: Walid Elsabagh**  
**Project Manager, Planning and Monitoring specialist**  
**National Council for Disability Affairs (NCDA)**

## INTELLECTUAL &amp; DEVELOPMENTAL DISABILITIES IN COMMUNITY ACTIVITIES

## EGYPT INCEPTION REPORT

## 1 GENERAL INFORMATION

<b>Name of the country</b>	EGYPT
<b>Area</b>	1,00 1,450 sq km
<b>Life Expectancy</b>	74.42 Years
<b>Infant Mortality Rate</b>	<b>Total:</b> 19.25 deaths/1,000 live births <b>Male:</b> 20.6 deaths/1,000 live births <b>Female:</b> 17.83 deaths/1,000 live births
<b>Maternal Mortality Rate</b>	33 deaths/100,000 live births (2015 est.)
<b>Literacy rate</b>	25.8 %
<b>Unemployment rate</b>	11.9 %
<b>Education</b>	Number of inclusive Public school around 10479 Number of students is 18412

## Population

Total Egyptian Population According to Sex

عدد السكان المصريين طبقاً للنوع

Table: 1-1

جدول: 1-1

Governorate		عدد الأسر المقيمين بها			عدد المساكن العملة No. of Public Housing	عدد أفراد الأمر			عدد الأمر No. of House- holds	إجمالي عدد السكان			المحافظة
		No. of Residents				No. of Persons in Households				Total Population			
		جملة Total	إناث Females	ذكور Males		جملة Total	إناث Females	ذكور Males		جملة Total	إناث Females	ذكور Males	
Total	Urban	104,294	911	103,383	841	39,941,880	19,419,214	20,522,666	10,300,881	40,046,174	19,420,125	20,626,049	حضر
	Rural	517	161	356	242	54,752,136	26,486,048	28,266,088	13,155,647	54,752,653	26,486,209	28,266,444	ريف
	Total	104,811	1,072	103,739	1,083	94,694,016	45,905,262	48,788,754	23,456,528	94,798,827	45,906,334	48,892,493	جملة
Cairo	Urban	101,975	53	101,922	222	9,437,698	4,578,980	4,858,718	2,596,291	9,539,673	4,579,033	4,960,640	حضر
	Total	101,975	53	101,922	222	9,437,698	4,578,980	4,858,718	2,596,291	9,539,673	4,579,033	4,960,640	جملة
	Rural	0	0	0	0	68,293	32,467	35,826	13,902	68,293	32,467	35,826	ريف
Alexandria	Urban	309	149	160	76	5,095,148	2,476,273	2,618,875	1,317,520	5,095,457	2,476,422	2,619,035	حضر
	Total	309	149	160	76	5,163,441	2,508,740	2,634,701	1,331,422	5,163,750	2,508,889	2,634,861	جملة
	Rural	0	0	0	0	749,360	364,239	385,121	191,430	749,371	364,241	385,130	ريف
Port-Said	Urban	11	2	9	15	749,360	364,239	385,121	191,430	749,371	364,241	385,130	حضر
	Total	11	2	9	15	749,360	364,239	385,121	191,430	749,371	364,241	385,130	جملة
	Rural	0	0	0	0	728,178	353,780	374,398	183,967	728,180	353,780	374,400	ريف
Suez	Urban	2	0	2	16	728,178	353,780	374,398	183,967	728,180	353,780	374,400	حضر
	Total	2	0	2	16	728,178	353,780	374,398	183,967	728,180	353,780	374,400	جملة
	Rural	0	0	0	0	589,223	284,668	304,493	150,751	589,223	284,680	304,543	ريف
Damietta	Urban	62	12	50	13	907,540	442,573	464,967	227,476	907,542	442,573	464,969	حضر
	Total	64	12	52	15	1,496,701	727,241	769,460	378,227	1,496,765	727,253	769,512	جملة
	Rural	2	0	2	2	1,835,314	903,824	931,490	472,031	1,835,789	904,037	931,752	ريف
Dakahlia	Urban	475	213	262	22	4,656,584	2,285,457	2,371,127	1,196,424	4,656,592	2,285,458	2,371,134	حضر
	Total	483	214	269	30	6,491,898	3,189,281	3,302,617	1,668,455	6,492,381	3,189,495	3,302,886	جملة
	Rural	8	1	7	8	1,786,256	873,811	912,745	436,653	1,786,762	873,847	912,915	ريف
Sharqia	Urban	206	36	170	22	5,377,025	2,601,201	2,775,824	1,291,499	5,377,062	2,601,206	2,775,856	حضر
	Total	243	41	202	42	7,163,581	3,475,012	3,688,569	1,728,152	7,163,824	3,475,053	3,688,771	جملة
	Rural	37	5	32	20	2,402,279	1,160,331	1,241,948	628,301	2,402,491	1,160,442	1,242,049	ريف
Kalyobiya	Urban	212	111	101	15	3,224,921	1,558,296	1,666,625	818,921	3,224,929	1,558,298	1,666,631	حضر
	Total	220	113	107	20	5,627,200	2,718,627	2,908,573	1,447,222	5,627,420	2,718,740	2,908,680	جملة
	Rural	8	2	6	5								ريف

# INTELLECTUAL & DEVELOPMENTAL DISABILITIES IN COMMUNITY ACTIVITIES

Con. Table 1-1 :Total Egyptian Population According to Sex

تابع جدول 1-1 : عدد السكان المصريين طبقاً للنوع

Governorate		عدد الأفراد القاطنين بها			عدد المساكن العامة	عدد أفراد الأسر			عدد الأسر	إجمالي عدد السكان			المحافظة	
		No. of Residents				No. of Persons in Households				Total Population				
		جملة	إناث	ذكور		جملة	إناث	ذكور		جملة	إناث	ذكور		
Total	Females	Males	No. of Public Housing	Total	Females	Males	No. of Households	Total	Females	Males				
Sohag	Urban	171	77	94	10	1,054,129	513,222	540,907	238,663	1,054,300	513,299	541,001	حضر	سوهاج
	Rural	5	1	4	4	3,913,104	1,885,050	2,028,054	880,857	3,913,109	1,885,051	2,028,058	ريف	
	Total	176	78	98	14	4,967,233	2,398,272	2,568,961	1,119,520	4,967,409	2,398,350	2,569,059	جملة	
Qena	Urban	0	0	0	0	594,486	289,453	305,033	145,314	594,486	289,453	305,033	حضر	قنا
	Rural	9	4	5	4	2,569,786	1,251,471	1,318,315	603,710	2,569,795	1,251,475	1,318,320	ريف	
	Total	9	4	5	4	3,164,272	1,540,924	1,623,348	749,024	3,164,281	1,540,928	1,623,353	جملة	
Aswan	Urban	22	4	18	26	605,133	298,094	307,039	140,618	605,155	298,098	307,057	حضر	أسوان
	Rural	44	1	43	4	868,776	426,466	442,310	188,794	868,820	426,467	442,353	ريف	
	Total	66	5	61	30	1,473,909	724,560	749,349	329,412	1,473,975	724,565	749,410	جملة	
Luxor	Urban	72	1	71	30	505,468	246,995	258,473	122,806	505,540	246,996	258,544	حضر	الأقصر
	Rural	0	0	0	5	744,669	357,881	386,788	172,802	744,669	357,881	386,788	ريف	
	Total	72	1	71	35	1,250,137	604,876	645,261	295,608	1,250,209	604,877	645,332	جملة	
The Red Sea	Urban	48	16	32	173	347,324	166,306	181,018	84,842	347,372	166,322	181,050	حضر	البحر الأحمر
	Rural	0	0	0	5	12,516	6,086	6,430	2,784	12,516	6,086	6,430	ريف	
	Total	48	16	32	178	359,840	172,392	187,448	87,626	359,888	172,408	187,480	جملة	
New Valley	Urban	0	0	0	2	110,994	54,169	56,825	27,780	110,994	54,169	56,825	حضر	الوادي الجديد
	Rural	0	0	0	0	130,253	63,020	67,233	30,832	130,253	63,020	67,233	ريف	
	Total	0	0	0	2	241,247	117,189	124,058	58,612	241,247	117,189	124,058	جملة	
Matrouh	Urban	0	0	0	0	267,078	127,262	139,816	57,369	267,078	127,262	139,816	حضر	مطروح
	Rural	1	0	1	1	158,545	74,893	83,652	32,661	158,546	74,893	83,653	ريف	
	Total	1	0	1	1	425,623	202,155	223,468	90,030	425,624	202,155	223,469	جملة	
North Sinai	Urban	0	0	0	0	114,991	56,431	58,560	24,755	114,991	56,431	58,560	حضر	شمال سيناء
	Rural	0	0	0	0	335,337	163,684	171,653	73,299	335,337	163,684	171,653	ريف	
	Total	0	0	0	0	450,328	220,115	230,213	98,054	450,328	220,115	230,213	جملة	
South Sinai	Urban	1	1	0	38	54,557	26,627	27,930	12,277	54,558	26,628	27,930	حضر	جنوب سيناء
	Rural	25	12	13	76	47,435	22,458	24,977	11,591	47,460	22,470	24,990	ريف	
	Total	26	13	13	114	101,992	49,085	52,907	23,868	102,018	49,098	52,920	جملة	

INTELLECTUAL & DEVELOPMENTAL DISABILITIES IN COMMUNITY ACTIVITIES

Con. Table 1-1 : Total Egyptian Population According to Sex

تابع جدول 1-1 : عدد السكان المصريين طبقاً للنوع

Governorate		عدد الأفراد المقيمين بها			عدد المساكن العامة No. of Public Housing	عدد أفراد الأبر			عدد الأبر No. of Households	إجمالي عدد السكان Total Population			المحافظة
		No. of Residents				No. of Persons in Households				Total Population			
		جملة Total	إناث Females	ذكور Males		جملة Total	إناث Females	ذكور Males		جملة Total	إناث Females	ذكور Males	
Kafr El Shiekh	Urban	2	0	2	4	805,125	397,831	407,294	200,189	805,127	397,831	407,296	حضر
	Rural	13	3	10	11	2,557,045	1,244,107	1,312,938	629,609	2,557,058	1,244,110	1,312,948	ريف
	Total	15	3	12	15	3,362,170	1,641,938	1,720,232	829,798	3,362,185	1,641,941	1,720,244	جملة
Al Gharbya	Urban	79	4	75	13	1,405,218	692,067	713,151	379,339	1,405,297	692,071	713,226	حضر
	Rural	67	32	35	10	3,594,269	1,752,056	1,842,213	927,828	3,594,336	1,752,088	1,842,248	ريف
	Total	146	36	110	23	4,999,487	2,444,123	2,555,364	1,307,167	4,999,633	2,444,159	2,555,474	جملة
Monofiya	Urban	10	1	9	9	890,736	436,124	454,612	218,819	890,746	436,125	454,621	حضر
	Rural	15	3	12	9	3,410,840	1,645,648	1,765,192	827,844	3,410,855	1,645,651	1,765,204	ريف
	Total	25	4	21	18	4,301,576	2,081,772	2,219,804	1,046,663	4,301,601	2,081,776	2,219,825	جملة
El-Beheira	Urban	54	18	36	5	1,120,929	549,511	571,418	291,980	1,120,983	549,229	571,454	حضر
	Rural	39	10	29	23	5,050,591	2,440,247	2,610,344	1,252,369	5,050,630	2,440,257	2,610,373	ريف
	Total	93	28	65	28	6,171,520	2,989,758	3,181,762	1,544,349	6,171,613	2,989,786	3,181,827	جملة
Ismailia	Urban	2	0	2	5	579,945	282,656	297,289	148,597	579,947	282,656	297,291	حضر
	Rural	0	0	0	3	724,046	347,906	376,140	173,123	724,046	347,906	376,140	ريف
	Total	2	0	2	8	1,303,991	630,562	673,429	321,720	1,303,993	630,562	673,431	جملة
Giza	Urban	178	85	93	84	5,274,698	2,535,240	2,739,458	1,360,564	5,274,876	2,535,325	2,739,551	حضر
	Rural	9	1	8	10	3,357,136	1,609,011	1,748,125	794,395	3,357,145	1,609,012	1,748,133	ريف
	Total	187	86	101	94	8,631,834	4,144,251	4,487,583	2,154,959	8,632,021	4,144,337	4,487,684	جملة
Bani Souwaif	Urban	175	55	120	11	634,750	311,432	323,318	155,954	634,925	311,487	323,438	حضر
	Rural	132	52	80	10	2,519,043	1,215,984	1,303,059	583,132	2,519,175	1,216,036	1,303,139	ريف
	Total	307	107	200	21	3,153,793	1,527,416	1,626,377	739,086	3,154,100	1,527,523	1,626,577	جملة
Fayoum	Urban	6	0	6	7	828,619	403,451	425,168	193,792	828,625	403,451	425,174	حضر
	Rural	14	4	10	9	2,768,315	1,317,897	1,450,418	627,944	2,768,329	1,317,901	1,450,428	ريف
	Total	20	4	16	16	3,596,934	1,721,348	1,875,586	821,736	3,596,954	1,721,352	1,875,602	جملة
Menia	Urban	111	52	59	13	989,053	484,392	504,661	253,534	989,164	484,444	504,720	حضر
	Rural	27	10	17	13	4,507,904	2,177,674	2,330,230	1,058,621	4,507,931	2,177,684	2,330,247	ريف
	Total	138	62	76	26	5,496,957	2,662,066	2,834,891	1,312,155	5,497,095	2,662,128	2,834,967	جملة
Assiut	Urban	111	21	90	10	1,134,953	552,045	582,908	266,745	1,135,064	552,066	582,998	حضر
	Rural	62	20	42	10	3,248,163	1,564,515	1,683,648	735,230	3,248,225	1,564,535	1,683,690	ريف
	Total	173	41	132	20	4,383,116	2,116,560	2,266,556	1,001,975	4,383,289	2,116,601	2,266,688	جملة

## 2 INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

1. Laws concerned with Intellectual Disabilities were the same laws governing all other disabilities, while there was a Rehabilitation Law no.39 in 1975 for persons with disabilities, and some articles in the Child Law no. 12 in 1996 and its amendments, a comprehensive law governing all life aspects of persons with all types of disabilities, “Law of Rights of Persons with Disabilities” was finally issued by the House of Representatives in December 2017 after decades of advocacy efforts from civil society along with governmental entities to issue the law. According to this law, persons with intellectual disabilities have gained a certain right that was formerly only given to physical disabilities, i.e. custom exemption on cars for persons with disabilities. All other rights stipulated by the newly- issued law are to be enjoyed by persons of all types of disabilities.

2. Financial Assistance for persons with intellectual disabilities

The social protection program (Takaful & Karama “Solidarity and Dignity”) is targeted towards poor families. Conditions of entitlement to any of the axes of the program, Takaful or Karama include poor families who do not receive social security aids, nor insurance pension, nor own any real estate or land, nor have any income. Each axis has a different target group. Karama” Dignity” pays a monthly allowance to persons who are 65 years of age or more, whether they are single or the bread-winners of poor families, to widows and divorcees, and to persons with disabilities who, by an accredited medical certificate issued by a governmental authority, are qualified as incapable of being employed. The allowance is 325L.E. per person monthly, or 425 L.E for two persons or 550 L.E. for three persons in one family, and not exceeding three persons in one family.

Other financial assistance is not targeted particularly for persons with disabilities, but for poor families, so if their families meet the terms and conditions, they become entitled to receive that assistance.

Takaful targets poor families which have school children from KG to secondary school. With a maximum of three children in a family entitled to its monthly assistance of 325 L.E. An additional allowance of 60 L.E.is given to families whose children are in primary schools, 80L.E. to those in preparatory schools, or 100L.E. to those in secondary schools, provided that the school attendance of any of them is not less than 80% of actual school days and is to be monitored and reported to the program by the Ministry of Education. Also, families with pregnant mothers or with children under six years are entitled to receive the assistance provided they go for monthly checkups at the public health care unit and follow the Ministry of Health maternal health programs and vaccinations programs provided by primary health care units to newborns and to all children under six years of age.

3. Services including CBR available for persons with intellectual disabilities are as follows:

- **Services for Children with Intellectual Disabilities:**

- ✓ Services available for persons with intellectual disabilities for early intervention include specialized units in university hospitals, and a limited number of units in public hospitals, and maternal health units, mostly including skill building& enhancement, speech therapy, and parent education.
- ✓ In addition, private centers and NGOs offer such services usually at higher fees. Some public low- fee nurseries are for children with disabilities provide such services but on a minimal level due to high density of applicants wanting to enroll, scarcity of resources and inefficient staff training. A few private nurseries for typically developing children accept children with intellectual and developmental disabilities to promote their social and school readiness skills aiming for their inclusion provided that their parents hire

learning support teachers. In spite of the growing trend towards inclusion, there is still a strong resistance from parents of typically developing children in nurseries and private schools to accept children with intellectual disabilities in the mainstream education system.

- **Services for Adults with Intellectual Disabilities**
  - ✓ Services for adults with intellectual disabilities who do not get timely early intervention to be enrolled either in inclusive or special education schools are limited in number and are usually limited to NGOs and some CBR programs.
- **CBR programs for all**
  - ✓ CBR programs in Egypt targeted all disabilities, but most projects participants were of intellectual or developmental disabilities, both children and adults.
  - ✓ Since 1989 till the present, Egypt has undergone about 35 CBR projects in different governorates: 8 projects in Cairo, 15 in Alexandria, 1 in Behera, 5 in Giza, 1 in Port-Said, 1 in Assiut, 3 in Damietta, and 1 in Sharqiyah.
  - ✓ The CBR models that have been implemented in Egypt are basically three models:
    - ❖ Model One: Working with NGOs whether local community development NGOs or others in which parents of children with intellectual disabilities are directly involved, or have founded and/ or have become board members, hence taking over the management of the CBR project after the consulting or supporting entity withdraws.
    - ❖ Model Two: Working with Social Rehabilitation NGOs, which are directly funded by the Ministry of Social Solidarity on annual basis to execute its action plan in rehabilitation projects.
    - ❖ Model Three: Working in collaboration with family medicine centers, or primary health care units of Ministry of Health.
    - ❖ The most successful model was in Alexandria, which was implemented in collaboration with the Ministry of Health for 12 projects, starting in 1992 with 120 families and ending with 650 families 15 years later, registered to receive CBR services in all areas targeted by projects, 320 families of which are receiving regular CBR services, about 70% of all registered are of intellectual disabilities.
  - ✓ Some success factors for the CBR model implemented in collaboration with Ministry of Health include the following:
    - ❖ Presence of health officials in family medicine centers who believed in the importance of the program, supported it, cut down red-tape, directed and monitored and evaluated their involved staff, facilitated using the facilities of the Ministry of Health for project team and participants.
    - ❖ Regularity of service provision for families by the Ministry of Health directorates and presence of a referral system for secondary and tertiary intervention based on networking with other service providers whether public or private.
    - ❖ Good quality of training provided for CBR staff.
    - ❖ Active engagement of a formed committee of parents and volunteers to carry on the project and sustain it by networking to mobilize community resources, after being trained and having worked with the technical project team.

- ❖ Good project documentation for follow-up, monitoring and evaluation purposes.
- ✓ In 2017, The Egyptian Network for CBR was established with 20 NGOs as members and is still growing in number. Those NGOs are either working or have worked on CBR projects in different governorates. They support each other technically and share their learned lessons as well as coordinate efforts and resources for future projects and work to develop a joint strategy.

4. Number of services and beneficiaries in each district

Primary Health Care Units are the cornerstone of the health system, the first contact point between community members and health services, are considered the frontline defense for health safety, prevention from diseases and health risks, and the only means to achieve comprehensive health coverage as they receive 80-85% of all cases.

Primary Health Care services are provided by Family Health Centers, Family Health Units, and Independent Health Bureaus.

The table below shows the distribution of Primary Health Care Units over Governorates in Egypt in descending order, as well as the number of hospitals in Egypt in 2015.

<b>Governorate</b>	<b>Number of Primary Health Care Units</b>
<b>Al-Dakahleya</b>	485
<b>Al-Sharkiya</b>	468
<b>Behera</b>	433
<b>Al- Minia</b>	369
<b>Souhag</b>	345
<b>Al- Gharbia</b>	279
<b>Kafr El Sheikh</b>	272
<b>Assiut</b>	247
<b>Al Menoufia</b>	246
<b>Qena</b>	238
<b>Giza</b>	221
<b>Aswan</b>	216
<b>Beni -Suef</b>	195
<b>Al- Kalioubia</b>	193
<b>Cairo</b>	191
<b>Al-Fayyoun</b>	171
<b>Alexandria</b>	141
<b>Luxor</b>	116
<b>Damietta</b>	97
<b>North Sinai</b>	82
<b>Ismailia</b>	67
<b>El- Wadi El Gedid</b>	57
<b>Matrouh</b>	51
<b>South Sinai</b>	40
<b>Suez</b>	32
<b>Port-Said</b>	32
<b>Red Sea</b>	30
<b>Total Number of Primary Health Care Units(PHCU)</b>	5314

<b>Total Number in Rural Areas and Towns(PHCU)</b>	4301
<b>Total Number in Cities and Suburbs(PHCU)</b>	1013
<b>Total Number of Quality Accredited units(PHCU)</b>	2778
<b>Total Number of Public Hospitals (in 2015)</b>	660
<b>Total Number of Private Hospitals (in 2015)</b>	1002
<b>Total Number of University Hospitals (in 2015)</b>	85

### 3 OUTLINE OF YOUR ORGANIZATION

#### 1. Background, Vision, Strategy

##### Background:

The National Council for Disability Affairs (NCDA) was established by the Government of Egypt by decree no 410 in 2012. It is mandated with overseeing the implementation of UNCRPD by strengthening the roles of all ministries in relation to disability, supporting the development of national legislations, strategies, policies and plans of action in relation to disability as well as promoting networking and collaboration, and coordination among all disability actors.

NCDA is considered a “disability technical hub “, providing technical support and consultancy to ministries and building their capacities to fulfill their mandates in relation to disability and hence supporting the provision of services and realizing the rights of PWDs.

NCDA is NOT an implementing governmental structure nor a service provider as such are the mandates of ministries, however: it plays a major role in legislation development and coordination among actors in relation to disability as well as acting as a technical consultancy hub on disability issues to all ministries and entities.

##### Vision:

A council that empowers persons with disabilities to acquire their rights and live in dignity, capable of promoting and supporting those rights on the national, regional and international levels.

##### Strategy:

The National Council for Disability Affairs’ mission is to promote and protect the rights of persons with disabilities through legislative mechanisms, coordination, control and community pursuant to the principles of justice, equality, equal opportunities full participation, and non-discrimination.



**Strategic goals and objectives:**

**1. The Council is to be recognized for its professionalism, efficiency, and effectiveness**

(An independent council promoting and protecting the rights of persons with disabilities as an indivisible part of the Egyptian society in a framework of transparency, professionalism, and accountability, positively influencing the society and putting forth national interest, and participating in its development and advancement)

**1.1 Developing the institutional capacity of the Council**

- 1.1.1 Organizational Structuring
- 1.1.2 Establishing branches for the Council in governorates
- 1.1.3 Capacity building of all its staff

**1.2 The Council has a developed IT infrastructure**

- 1.2.1 Intranet Connectivity and network administration
- 1.2.2 Automation of internal operations and processes

**1.3 A documentation center for disability-related data, information, statistics, studies, and researches to be established**

- 1.3.1 Research Center and a Scientific Library Specialized in the field of Disability
- 1.3.2 Database of Persons with Disabilities Established

**1.4 Developing means of communication with persons with disabilities and the society**

- 1.4.1 Technological tools introduced in communication
- 1.4.2 The Media is used in building channels of communication
- 1.4.3 Communication & coordination systems with ministries and different authorities, and mechanisms of communication with persons with disabilities established.

**2. Legislative and Legal system, strategies promoting the rights of Persons with Disabilities developed and in place**

(Establishing an integrated legislative infrastructure based on international conventions and constitutional texts promoting the rights of persons with disabilities, empowering them and activating their participation in building the nation)

**2.1 Developing of legislations, laws, and policies regulating the affairs of persons with Disabilities**

- 2.1.1 Proposition making and opinion giving on the law of persons with disabilities and its executive regulations
- 2.1.2 Inclusion of rights of persons with disabilities in all bills, and the disability component in strategies of all ministries and other stakeholder-authorities.
- 2.1.3 Coordination with respective authorities to amend laws and modify the admission regulations of schools and universities for persons with disabilities

**2.2 Developing a national disability strategy**

### **3. A council empowering persons with disabilities and their families to access their rights to effectively participate in the comprehensive development of their nation.**

(A council empowering and supporting persons with disabilities to access all services in accordance with timely changes, keeping abreast with modern technologies, activating their political rights in accordance to principles of justice, equality and equal opportunities, and a house of technical expertise in disability affairs and issues)

#### **3.1 Technical support provided for DPOs and DPO federations**

- 3.1.1 Support and organization of civil society organizations to take an active role in including persons with disabilities in their programs
- 3.1.2 Adopting and mainstreaming CBR methodology on a national level
- 3.1.3 Providing technical assistance in founding new disability-related technical specializations for authorities working in education (Occupational therapist-learning support teacher- Early intervention specialist-Inclusion teacher) in collaboration with the Higher Council for Universities.
- 3.1.4 Assisting and supporting DPOs to network and form federations
- 3.1.5 Supporting and organizing and institution capacity building of DPOs and their federations

#### **3.2 Supporting persons with disabilities and their families to access their rights**

- 3.2.1 Working on issuing the disability smart card
- 3.2.2 Support of access of persons with disabilities to prosthetic and assistive technology devices according to international quality standards.
- 3.2.3 Support and assistance provision for all efforts of CAPMAS on the Census in 2017 to determine census for persons with disabilities
- 3.2.4 Technical support and promotion of inclusive education from early childhood

#### **3.3 Supporting persons with disabilities to access their political rights**

- 3.3.1 Raising awareness of persons with disabilities and their families to exercise their political rights
- 3.3.2 Capacity building of potential candidates running for local councils as well as training some to become assistants to decision makers/

### **4. A council supportive of the inclusion of persons with disabilities and developing society awareness on disability issues.**

(A cooperative council with all ministries and stakeholder-authorities to change the society culture towards persons with disabilities and include them in all life aspects)

#### **4.1 Dissemination of community awareness and building of positive attitudes to access equal opportunities and inclusion in the society.**

- 4.1.1 Dissemination of community awareness to change the prevalent cultural and intellectual climate of the society towards persons with disabilities.
- 4.1.2. Supporting cultural, artistic and sports activities in special education schools

- 4.1.3. Updating disability sciences and acquisition of modern curricula and sciences that promote a rights-based culture for persons with disabilities.
- 4.1.4. Awareness raising of decision-makers and policymakers

## **5. A council contributing in setting quality standards for services provided for persons with disabilities.**

(A council coordinating among stakeholder authorities to provide accessible high-quality services for persons with disabilities in convenient means for them, and contributing in setting quality standards for services in accordance with international standards)

### **5.1 Ease of access to quality services**

- 5.1.1 Setting quality standards for services provided to persons with disabilities
- 5.1.2. Coordination and collaboration with ministries and stakeholder-authorities to develop the aids and assistive technologies to meet the needs of persons with disabilities
- 5.1.3. Supporting the access of persons with disabilities to equal opportunities in services provided and all life aspects.

## **6. A council participating in local, regional and international representation of persons with disabilities and their issues.**

(A council of an international distinguished reputation, cooperative with all international authorities, and effectively contributes in different international disability-related activities, representatives of persons with disabilities in international forums and developing the capacity of all officials and employees by exposing them to additional experiences to help them better serve disability issues)

### **6.1 Networking and exchange of expertise in the field of disability with regional and international authorities**

- 6.1.1 Networking and opening communication channels with international authorities and organizations.
- 6.1.2 Capacity building for NCDAs employees and all those responsible for working on disability in ministries and authorities

## **2. Major programs, covered areas, covered population, number of beneficiaries**

### **Major Programs:**

1. Conducting community dialogue on law of persons with disabilities through workshops
2. Public awareness campaign using all the media to change the society attitudes towards persons with disabilities, promote early intervention, and inclusive education, and inclusion in the work place, and etc.
3. Developing a national disability strategy
4. Capacity building of DPOs and NGOs and Federations working in the field of disability
5. Training counters in CAPMAS on the disability forms designed by the council for Census of 2017
6. Working with the Ministry of Education and Vocational Education to promote inclusive education and solve any problems or settle any complaints.
7. Reporting on the progress of UNCRPD.
8. Promoting and working to develop quality standards for all disability services
9. Working to empower women and youth with disabilities in economically and in political participation

## **Covered Areas, Population and Beneficiaries**

Since NCDA is about mainstreaming disability programs in formulated strategies of all ministries; therefore, it targets the entire disability population in all governorates with such programs which is estimated to be 11 million persons, according the National Census conducted in 2017 by CAPMAS (Central Agency for Public Mobilization and Statistics). However, implementation in targeted areas depends on action plans provided by each ministry. Such plans are designed on their parts after conducting research and needs assessment and examining availability of resources in various governorates.

### **3. Your Position and duty**

#### **My Position:**

Project Manager, Planning and Monitoring specialist

#### **My Duties:**

- Preparing and outputting final draft to NCDA strategy
- Monitoring and follow-up on departmental progress towards strategic planning goals.
- Participating in execution of strategic planning for NCDA national projects.
- Creating and driving project teams to implement projects in each of NCDA sectors
- Follow-up on projects milestones and preparing reports on projects progress and statuses
- Enhancing efficiency by evaluating operational systems across organizational departments
- Coordinate with different departments and legal consultancy in establishing new protocols or MOU as well as participating in activating and applying existing protocols
- Cooperate, co- ordinate and follow up on NCDA projects with governmental authorities through establishing and implementing different co-operational protocols as well as holding different workshops and meetings with the relevant authorities.

## **4 COMMUNITY DEVELOPMENT PROGRAM WHICH INCLUDES INTELLECTUAL DISABILITY ISSUES AS ONE OF ITS ACTIVITIES**

A Community Development NGO in Manial Sheiha, Giza Governorate has adopted a CBR program since 2009. The T.O.T training for CBR local team including several other Community Development NGOs in nearby villages and a community development facilitator, was given by Caritas Egypt and initially funded by Plan International. The project is now only sustainable in Manial Sheiha. The program targets all kinds of disabilities including intellectual and developmental disabilities especially children. The project has fulfilled its outcome expectations.

### **Project Activities:**

1. A field survey was conducted and 191 were reported as having disabilities. The project targeted 300 families, 40 teachers, and 10 nursery supervisors.
2. Training was conducted for the project technical team which is formed of mothers and siblings of persons with disabilities, volunteers and youth from the local community, and health care workers.
3. Children and adults with disabilities and their families are received into the program and skills-based assessments are conducted to identify their intervention needs.
4. A field survey was conducted to find all of inclusive schools in the village of Manial Sheiha.
5. Trips to Dream Park, Al-Azhar Park, the Zoo, Nile cruises along with gifts-giving were organized in order to attract families of children with disabilities to participate.
6. Several awareness raising seminars on Disability and Rights of Persons with Disabilities were held targeting parents of persons with disabilities as well as the community, in order to change negative attitudes towards disability.
7. Initiatives were launched to gain the support and favor of, and participation of the youth and natural leaders in the community in the project.
8. Weekly clubs are held to support participation and teamwork collaboration among the entire project team.
9. Multi-objective educational classes were set for teaching pre-academics and literacy skills, and providing after school support as well as arts and crafts activities. They were carried out over two sessions: one in the morning from 9 a.m.-12 noon and the afternoon session from 12 p.m-3 p.m.
10. Trips, sports camps and parties were held in local youth centers with the participation of the volley-ball, soccer, and karate teams of the centers as well as other NGOs which are partners in rehabilitation projects.

### **Achievements from 2009-2017:**

1. 123 teachers in the local community nurseries were trained on how to work with children with physical and intellectual disabilities.
2. Regular awareness raising seminars were conducted on early detection of disability for mothers in 90% of the local community mainstream nurseries.
3. Children with disabilities were included in the local community mainstream nurseries.
4. Initially the beneficiaries of the project were only 12 children, now there are 200 children of mild physical disabilities, developmental delays and learning difficulties who are receiving inclusive education in the local community mainstream schools.
5. Continuous communication and follow up were kept with schools and nurseries to address any problems with the children.

6. Workshops for mothers on how to work with their children with disabilities were conducted at the Rehabilitation Center.
7. Workshops with children were conducted at the Rehabilitation Center.
8. Children with disabilities who received intervention at the center were included in sports activities and a karate team was formed.
9. Children with disabilities who received intervention at the center were participated in international sports championships and tournaments.
10. 80 persons of different physical, intellectual disabilities, learning difficulties, stroke and geriatrics received rehabilitative and intervention services.
11. Home visits were provided for 28 persons with physical and intellectual disabilities who had difficulty commuting to the center.
12. Working days were increased to six days a week while working hours were also increased from 9:00 a.m. to 3:00 p.m. instead of 12:00 noon due to increase of beneficiaries.
13. Numbers of volunteers increased, thus covering all program services.
14. A protocol was signed between the Rehabilitation Center of the Community Development NGO and the local Primary Health Care unit to provide a physiotherapist for children and adults with disabilities who need it.
15. Formation of a joint operation unit including the Rehabilitation Center, principals of inclusive schools, social affairs local unit, and local health unit.
16. Formation of a community child protection network of 90 children in Abu El Nomros area located at the Local Community Development NGO. The children received training in protection, rights, and monitoring of risks.
17. Workshops were conducted to raise awareness of children on rights of persons with disabilities and on how to deal with them.
18. Workshops and meetings were regularly conducted to discuss children's needs and ways to develop services and the rehabilitation center.
19. 135 mothers were trained on advocacy for rights of their children with disabilities and how include them in their communities. The mothers also received training on how to run parent support groups.

## **5 SITUATION OF PERSONS WITH INTELLECTUAL DISABILITIES**

### **1. Diagnosis (professional responsible for diagnosis)**

Depending on the location and training provided for primary health care professionals, maternal health units, GPs, pediatricians working in health care units or in public or private hospitals with outpatient units or in private clinics problem is detected, and also on the competent training acquired by those professionals in the can in most cases detect and diagnose without type identification nor determining the severity level of disability. Social workers, psychologists, and speech therapist can also detect developmental delays in children and give preliminary diagnoses. Diagnosis is given at any stage from any of the abovementioned stakeholders. It depends on who the family regularly sees for medical checkups or consultation, how early the problem is detected, proficient training in the field of early detection and intervention for disabilities. Some accurate diagnoses require lab tests and are carried out upon referral by specialists and are carried out by specialized hospital units or institutes or in private labs. Only two research centers nationwide exist for secondary or tertiary level referral for diagnosis of intellectual disabilities of genetic origins, however, they do not provide any intervention services. Those centers are namely, the National Research Center in Cairo, and the Center for

Research on Genetic Diseases & Disorders in Alexandria. The General Secretariat for Mental Health, an affiliated body to the Ministry of Health and Population, with its 50 branches in all governorates is referred to for diagnoses of mental disorders such as ASD.

Ministry of Health and Population has a long-standing program for detecting hypothyroidism in newly born infants and has also recently undergone national screening for PKU in order to prevent the incidences of probable intellectual disabilities and is training nurses and primary health care professionals in several governorates to detect and refer disability. The Ministry of Health and Population is undergoing a national screening for ASD in collaboration with the National Research Center for early detection and referral. It has started to provide a very limited number of early intervention units in primary health care and maternal health units. Twenty-seven intervention units in Al-Fayoum, 12 units in Assiut, and 3 in Cairo have been recently established. Other governorates rely on intervention provided by NGOs.

### **2. Education (Special Education and/ or Integrated Education)**

According to the law, all mainstream schools, whether they be public or private or community schools, experimental or language or international schools, are inclusive, however, only a few public schools are equipped with resource rooms, have a well-trained teaching and administrative staff to support inclusion, or have a school and community culture conducive to inclusion. Mainstream schools accept children with intellectual disabilities for inclusion between the ages of 6 and 9 for first primary if their IQ score is between 65 and 84 on the Stanford-Binet 5th Version Test and their social and adaptive behaviors are acceptable according to ABS or Vineland Tests. Parents of children with intellectual disabilities have the option of either enrolling them in mainstream schools provided that their children meet the enrolment criteria or in special education schools. Children with multiple disabilities are not accepted in mainstream nor special education schools and are only offered skills-based programs by NGOs. However, the Ministry of Education and Vocational Education is now opening 4 segregated classes for multiple disabilities (for the deaf-blind) in mainstream schools on experimental basis and will see how they work before deciding on expanding in those classes.

In 2016, the number of special education schools for intellectual disabilities have grown to be 173 schools and 271 segregated classes for intellectual disabilities in mainstream schools. Total number of children with disabilities who are in mainstream schools is 18412, less than 25% of them have intellectual disabilities.

### **3. Vocational Training and Job Opportunity**

The Ministry of Social Solidarity has 27 Comprehensive Rehabilitation Centers covering all governorates admitting children up to 18 years of age as well as NGOs which provide activities of pre-vocational and vocational training on different trades such as carpentry, weaving, pottery, household items, accessories, cloth printing, leather products, recycling paper, simple bakes, vegetable cleaning and packing, product packaging and photocopying, etc.

A few NGOs have trained about 50 persons with intellectual disabilities to work in hotels and restaurants whether as assistant chefs, room service staff, waiters, or gardeners with less participation from girls with intellectual disabilities as their families prefer them to work in family-run small businesses. A limited number of NGOs have trained persons with intellectual disabilities on administrative and secretarial work including using MS-Office. However, they tend to be of milder disabilities and their families are better aware and educated about their children's capacities.

Most intellectual disabilities are incapable of getting employed, some due to their inadequate skills training whether social or job-related, others due to negative attitudes on the part of employers and other employees. Other reasons pertain to scarcity of HR professionals who are trained in disability in general, and particularly

in doing skills and task analysis for jobs for intellectual disabilities whereby providing proper job matches befitting their skills and attitudes

#### 4. Support Organizations

i. Governmental Agencies

- Ministry of Health and Population
- Ministry of Social Solidarity
- Ministry of Education and Vocational Education
- Ministry of Higher Education
- Ministry of Youth and Sports
- Ministry of Workforce
- Ministry of Transport
- Ministry of Housing
- Ministry of Communications and Information Technology
- Ministry of Local Development
- Ministry of Planning and Administrative Reform
- Ministry of Finance
- Central Agency for Organization and Administration
- National Council for Motherhood and Childhood
- National Council for Disability Affairs
- National Council for Human Rights
- National Council for Women
- Arab Council for Childhood and Development
- General Authority for Information

ii. Number of NGOs concerned with Persons with Intellectual Disabilities

There are about 100 NGOs in Egypt working specifically with intellectual disabilities most of which are located in Cairo. Other NGOs working in the field of disability, as well as some Community Development NGOs target all disabilities including intellectual disabilities providing general services for all disabilities; however, their numbers cannot be determined as they do not have set programs for intellectual disabilities, but they rely on the cases applying for services and whether they can provide for it from community resources, or have the trained staff who can work with them.



## **6 BASED ON THE INFORMATION ABOVE, WHAT ARE THE ISSUES TO SOLVE TO CONDUCT EFFECTIVE SUPPORTS FOR PERSONS WITH INTELLECTUAL DISABILITIES?**

Main issues are:

- Lack of awareness and negative attitudes of families of persons with intellectual disabilities and of the community towards disability.
- Scarcity of Volunteers.
- Lack of cooperation on the part of some officials working in the communities.
- Inadequate coordination and networking from families and the project team to access community resources.
- Lack of a road map for service referral.
- Lack of a structured health referral system.
- Scarcity of availability of informal education.
- Vocational Training is not developed enough to produce competitive marketable products.
- Poverty.
- Inadequate involvement of private sector.
- Lack of sustainability of resources including premises, equipment, salaries, human resources and funds.