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Social Protection in Rural Egypt



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This technical paper deals with the structure and challenges of social protection delivery in rural areas of Egypt. For the purpose of this paper, the term “social protection” refers to a nationally defined set of basic social security guarantees, namely access to basic income security and healthcare services, as per International Labour Organization’s Social Protection Floors Recommendation, 2012 (No. 202). This paper is divided into two parts discussing i) overview of Egypt’s rural landscape; ii) the structure, specific characteristics and challenges of social insurance, social assistance and healthcare delivery in rural Egypt; and policy recommendations to improve social protection delivery in rural areas.

The technical paper is based on a secondary desk review and it was written by Malak Elmousallamy and Ms. Liudmila Batura, with substantive contributions from Ms. Zuzana Vuová and under the supervision of Ms. Gisela Nauk, Inclusive Social Development Section, Social Development Division, Economic and Social Commission for Western Asia (ESCWA). The paper was produced with overall support from Mr. Frederico Neto, Director, Social Development Division, ESCWA, and benefited from the advice and support of Mr. Anton Bjork, Inclusive Social Development Section, ESCWA.

Feedback from readers would be welcomed; comments and suggestions may be sent to sps-escwa@un.org.

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LISTS OF ACRONYMS

ACA	Administrative Control Authority
AFD	Agence Française de Développement (French Agency for Development)
ATM	automated teller machine
AUC	American University in Cairo
CAPMAS	Central Agency for Public Mobilization and Statistics
CCT	conditional cash transfer
ELMPS	Egypt Labour Market Panel Survey
ENID	Egypt Network for Integrated Development
ESCWA	Economic and Social Commission for Western Asia
FAO	Food and Agriculture Organization
FHC	Family Health Centre
FHF	Family Health Funds
GDP	gross domestic product
GNP	gross national product
GSF	Government Social Fund
HIECS	Household Income, Expenditure and Consumption Survey
HIO	Health Insurance Organization
IFAD	International Fund for Agricultural Development
IFPRI	International Food Policy Research Institute
ILO	International Labour Organization
IMF	International Monetary Fund
LE	Egyptian Pound
LPG	liquefied petroleum gas
MENA	Middle East and North Africa
MoSS	Ministry of Social Solidarity
MoPH	Ministry of Health and Population
OOP	out-of-pocket payment
PMT	proxy means test (proxy means testing)
PPBSF	Public and Private Business Sector Fund
SHF	Social Housing Fund
SHP	Social Housing Program
SME	Small and Medium Enterprise
UCT	unconditional cash transfer
USD	United States Dollar
UN	United Nations
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
VAT	value-added tax
WFP	World Food Programme
WHO	World Health Organization

INTRODUCTION

In 2015, world leaders from 193 UN Member States adopted an ambitious plan for action aimed at bringing peace, shared prosperity and sustainable development to all people in the world – the 2030 Agenda for Sustainable Development. By the year 2030, basic income and food security, universal access to primary and secondary education, essential health services, affordable drinking water and adequate sanitation must become a reality for everyone. To ensure that no one is left behind, the 2030 Agenda calls upon government to pay particular attention to servicing the needs of the poorest and most vulnerable population groups.

Unfortunately, “a world free of poverty, hunger, disease and want”¹ is far from reach for a significant part of rural dwellers in Egypt. They have been lagging far behind their urban peers on a number of development indicators owing to lack of decent work opportunities, limited access to quality education, health and social services, poor rural infrastructure and for a number of other reasons. Lack of human capital and resilience makes them extremely vulnerable to economic, social and environmental shocks.

Over the past decades, social protection has become a key policy response to the issues of poverty and vulnerability. Furthermore, inclusive social protection policies can strengthen resilience of communities to shocks, stimulate human capital formation, foster social cohesion and social justice, and build trust in governments. For the purpose of this paper, social protection will refer to a nationally defined set of basic social security guarantees, namely access to basic income security and essential healthcare services, in line with the ILO Social Protection Floors Recommendation, 2012 (No. 202). Although social protection mechanisms are becoming increasingly complex and interlinked, for the purpose this paper they are divided into three major groups: social insurance (contributory programmes), social assistance (non-contributory programmes) and access to basic healthcare (which can be contributory, non-contributory or funded from a mix of sources). To make sure that every member of a society has access to income security guarantees and essential social services, it’s necessary to harmonize different social protection programmes, ensure that they complement each other and cover all population groups. In addition, to deliver sustainable support, social protection policies should be coordinated and reinforced by other public policies.

Egypt has a history of an extensive but largely fragmented social protection system. At times, it has been inefficient in reaching the poor and vulnerable or excludes some marginalized groups, or provided inadequate protection and cost-ineffective. Social protection has often been biased towards urban areas as opposed to rural ones, where the majority of the poor and vulnerable are located. Against this background, recent social assistance programmes have strongly focused on rural Egypt.

This paper analyses the current state of social protection delivery in rural Egypt and makes recommendations on its fine-tuning to better meet the needs of rural dwellers. It is structured as follows: chapter 1 provides background information on the specific features of rural life which are directly or indirectly linked to social protection delivery; chapter 2 analyzes social protection policies available to rural people in terms of the coverage, adequacy and challenges, etc.; and chapter 3 summarizes policy recommendations aimed at improving the existing social protection policies and programmes and reinforcing them with broader public policies. For the purposes of this paper, only government interventions in the spheres of social assistance, social insurance and healthcare will be considered.

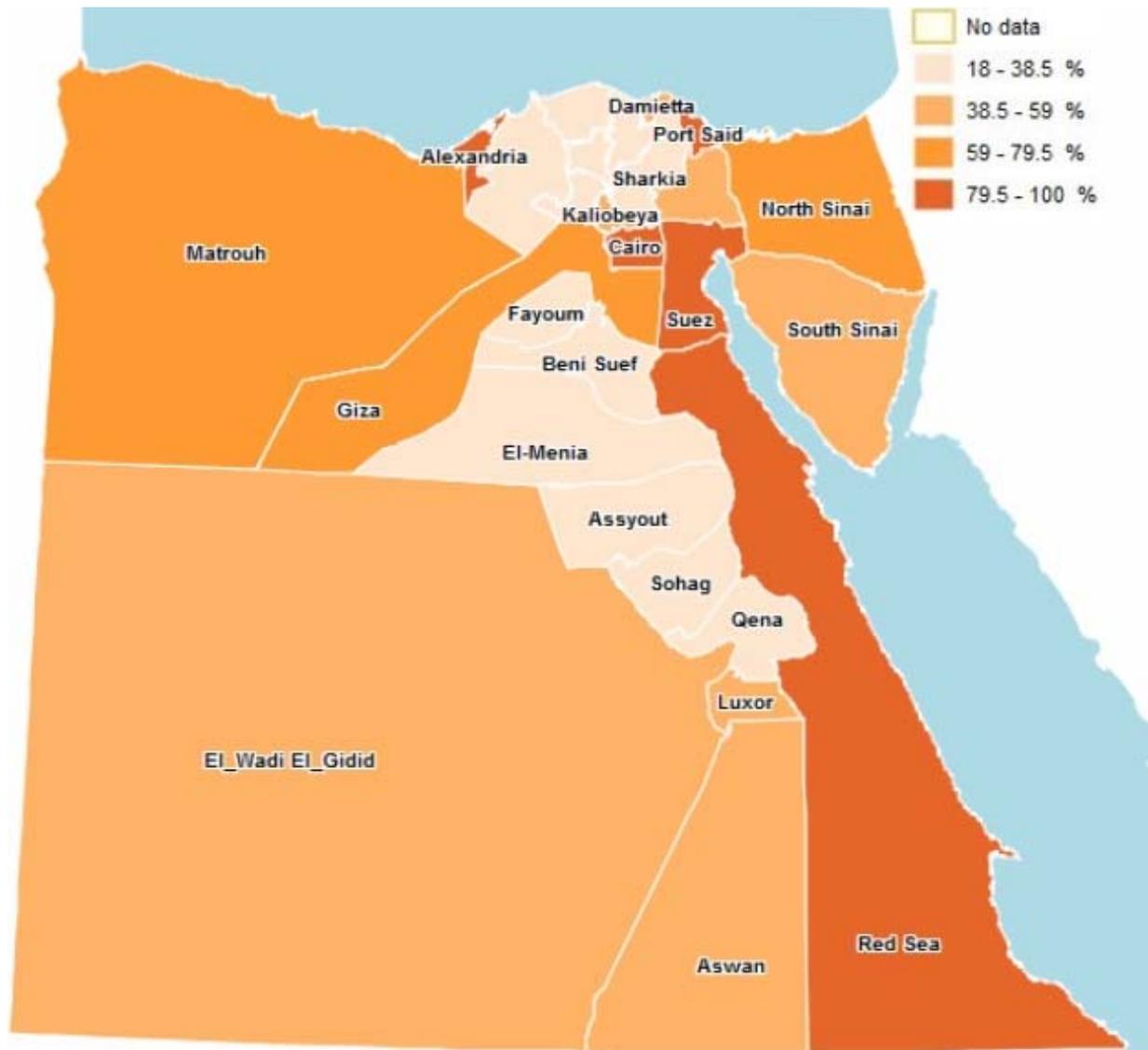
¹ A/RES/70/1 Resolution of the UN General Assembly "Transforming our world: the 2030 Agenda for Sustainable Development" (https://www.un.org/ga/search/view_doc.asp?symbol=A/RES/70/1&Lang=E), para. 7, p. 3.

1. OVERVIEW OF EGYPT'S RURAL LANDSCAPE

1.1. Rural Landscape in Egypt

Egypt is a country with predominantly rural population: according to the 2017 census, 58 per cent of Egypt's population - or over 54.6 million people - resided in rural areas.² Administratively the country is divided into 27 governorates which range from almost completely urban Cairo, Suez, Port Said, Alexandria, and Red Sea (with urbanization rate above 80 per cent) to predominantly rural Qena, Menia, and Beheira (with urbanization below 20 per cent).

Figure 1: Urbanization Rate in Egypt, 2017 (per cent)



Source: Central Agency for Public Mobilization and Statistics (CAPMAS) Egypt, 2017.

² CAPMAS, 2017, p. 20.

These settlement patterns and socio-economic realities of the country are to a large extent shaped by Egypt's unique geography. The landscape of the country overwhelmingly consists of desert area divided by the Nile river and the scarce but fertile land surrounding it. The population is densely concentrated along the coastal area, banks of the Nile and in the Nile Delta, "with approximately 95 per cent of the population living and working on 5 per cent of the land".³ Throughout the history Lower Egypt (the Nile Delta region) was more developed compared to Upper Egypt (the area along the Nile river from Cairo to Aswan) largely due to its proximity to major Mediterranean ports, which stimulated trade, agricultural exports, and industrial development⁴, as well as related agglomeration effects.⁵ Currently, nine out of ten most populated cities in Egypt are located in Lower Egypt. Rural Egypt, on the other hand, is represented by villages located principally along the banks of Nile river and in the neighboring arable areas.⁶

Being on the sidelines of economic development, rural population in Egypt historically suffers from high poverty rates, a narrow spectrum of employment opportunities, limited access to quality social services and infrastructure, to name a few. At the same time, social protection policies which are intended to support more stable livelihoods and increase resilience against lifecycle risks and economic and environmental shocks have not always been effective in servicing the needs of rural dwellers. This chapter discusses characteristics of rural life in Egypt and multiple social and economic deprivations experienced by rural citizens, as well as their link to social protection policies.

1.2. Monetary Poverty and Expenditure Patterns

Poverty, income and expenditures patterns significantly differ between the urban and rural Egypt. For example, households living in rural areas are more likely to suffer from income poverty than their urban counterparts. According to the recent Household Income, Expenditure and Consumption Survey 2017-2018, 32.5 per cent of Egyptians live under the poverty line of 735.7 LE (or around 44 USD) per month. The highest percentage of poor was registered in Upper Egypt and specifically in predominantly rural governorates of Assuit and Sohag, where 46 villages had poverty rates ranging from 80 to 100 per cent.⁷ This represents an increase from the 2015 survey, when poverty rates in Egypt averaged 27.8 per cent, as measured by the national poverty line of 482 LE per month (or approximately 54 USD), with extreme poverty reaching 5.3 per cent of citizens living on less than 322 LE (or 36 USD) a month.⁸ Also in 2015, poverty was predominantly concentrated in the rural areas of Upper Egypt where it was as high as 56.8 per cent.⁹ Between 2012 and 2015 poverty rates increased in the Upper Egypt and rural areas of Nile Delta and declined in urban Nile's Delta, thus widening the poverty gap between the rural and urban territories.

Similar disparities are observed for average household incomes. According to the 2015 Income, Expenditure and Consumption Survey, a rural household had 33.6 per cent lower average annual household income compared to an urban one (38,305.1 LE and 51,178.8 LE correspondingly)¹⁰. Consequently, rural households spent higher proportion of their budget on food commodities, whereas their average annual per

³ World Bank, 2015b, p. 1.

⁴ Ghanem, 2014, p. 3.

⁵ World Bank, 2012, p. IV.

⁶ Ghanem, 2014, p. 3.

⁷ Egypt Today, 2019-a.

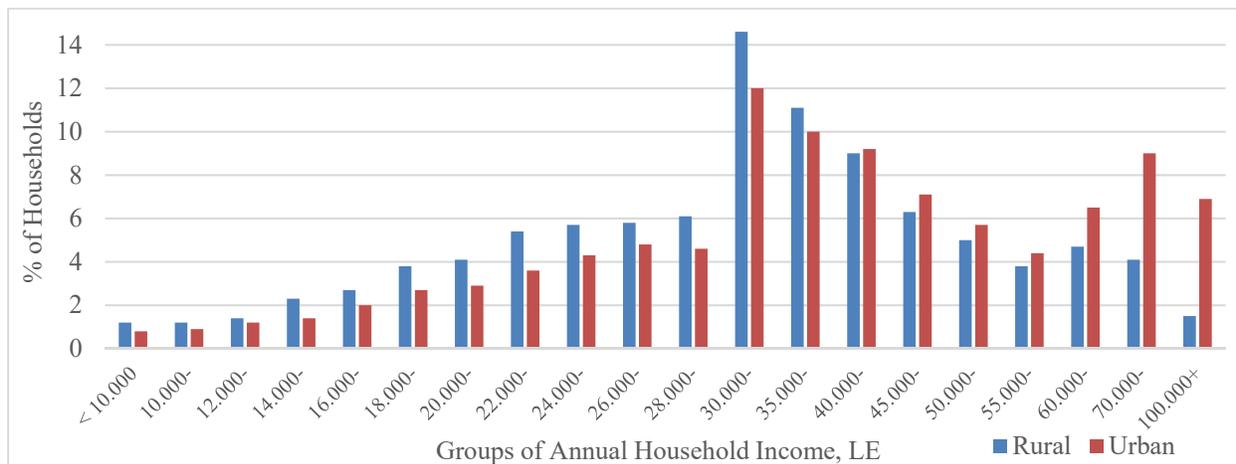
⁸ Ahram Online, 2016.

⁹ Ibid.

¹⁰ Similarly, an average annual income per household member in rural areas was about one third lower than in urban areas. CAPMAS, 2016.

capita household expenditures on healthcare and education in absolute terms were lower. For example, an average urban dweller spent almost three times more on education than a rural resident. These disparities can further exacerbate existing socio-economic divergences between the urban and rural areas: without significant investments in human capital (including education and health), rural children and youth will find it difficult to break the vicious poverty cycle and close the development gap between urban and rural Egypt. Further on, insufficient human capital might impede engagement of rural citizens in decent and productive work.

Figure 2: Distribution of Households by Annual Household Income (LE) and Place of Residence (per cent)



Source: CAPMAS, 2016.

Soaring inflation puts additional pressure on the poor and nearly poor Egyptians driving up their cost of living and eroding the purchasing power of their incomes and transfers.¹¹ As demonstrated by figure 3, since 2008 inflation in Egypt has been hitting double digits and was mostly driven by the increases in food prices.¹² Since rural households spend higher shares of their budget on food commodities, they are more vulnerable to food price increases compared to urban dwellers. Remarkably, rural areas of Egypt seemed to suffer from higher price fluctuations as compared to urban ones. Between 1999 and 2013, consumer price index for food and beverages experienced four-fold increase and the average annual inflation in rural areas exceeded urban inflation as measured by both consumer price index and specifically constructed true cost of living index.¹³ At the same time, inflation in recent years has been fueled by several factors, including energy subsidies reform and Egyptian pound depreciation since the country floated its currency in 2016. Moreover, in August 2016, the Egyptian parliament adopted a new law introducing 13 per cent VAT on goods and services (increased to 14 per cent in 2017) replaced previously existing sales tax of 10 per cent.¹⁴ VAT is deemed to be a consumer tax, thus additional costs fueled by it will be borne by the consumers. To protect the poorest groups of population, basic goods were exempted from VAT.

¹¹ Kingsley, 2013.

¹² AlAzzawi, 2017, p. 1.

¹³ AlAzzawi defines the true cost of living index as “the ratio of minimum expenditure levels required, under two different sets of prices, to stay at a base period standard of living”, p. 8, p. 43.

¹⁴ Eid, 2016.

Figure 3: Consumer Prices Annual Inflation (per cent) and Average Annual Official Exchange Rate (LE per USD)



Source: World Bank database.

Since spiraling inflation significantly undermines values of rural incomes and social protection benefits, the government must ensure that benefits provided through the social protection system are automatically adjusted for inflation and social assistance programmes are flexible enough to support low-income population groups that can be pushed under the poverty line by rapidly growing cost of living.

1.3. Employment and Sources of Livelihood

Registration with social and health insurance depend on a number of factors, including the availability of formal employment¹⁵, existing insurance regulations and enforcement measures, human capital and characteristics of individuals, as well as their general awareness and perceptions about social insurance and future needs. A number of studies show that rural workers in Egypt are less likely to be covered by social insurance¹⁶ presumably because of weak law enforcement, workers’ lower awareness and reliance on informal social safety nets. Rural workers, and particularly those employed in agriculture, have higher probability of working in the informal sector or being non-wage workers.¹⁷ This section discusses types of jobs prevailing in rural areas, whereas social insurance arrangements available for rural workers will be discussed in the chapter 2.

Wide-spread informality remains one of the biggest issues in Egypt. According to the ILO World Social Protection Report 2017–19, globally every second person in the workforce holds informal employment.¹⁸ Informal workers often lack access to any type of social protection: for a number of reasons (including absence of legal coverage, contribution evasion coupled with weak enforcement, seasonal and irregular nature of work, etc.) they don’t have social insurance coverage and many of them may not be “poor enough” to be eligible for poverty-targeted non-contributory social protection programmes.

In Egypt, in 2013 more than 63 per cent of employed people held informal employment. As demonstrated by the figure 4, in rural areas, prevalence of informal employment was significantly higher – 72 per cent of

¹⁵ For the purpose of this paper, formal employment is defined as employment entailing payment of social and/or health insurance contributions.

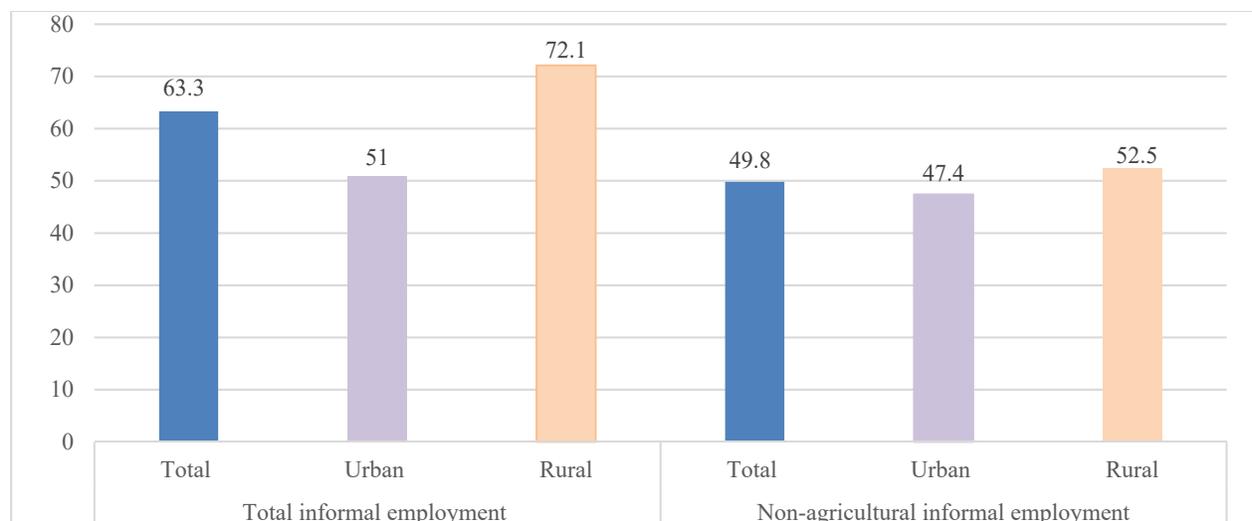
¹⁶ Sieverding and Selwaness, 2012, p. 14.

¹⁷ Selwaness, 2012, p. 9.

¹⁸ ILO, 2017, p. 173.

the total employment¹⁹ and 98 per cent among the people working in agriculture. As a consequence, a majority of rural workers, especially in the agricultural sector, have few means of protection in case of adverse events and shocks. Therefore, it is vital to extend effective social protection coverage to informally employed rural workers by including them in either non-contributory programmes or contributory programmes (which can be partially or fully-subsidized by the government). Several ways to extend social protection coverage to informal and agricultural workers are discussed in the chapter 2.

Figure 4: Share of Informal Employment in Total Employment and in Non-Agricultural Employment by Urban/ Rural Location, 2013 (per cent)



Source: ILO, 2018, p. 91.

Historically Egyptians experienced significant sub-national labour market disparities with major economic activity being concentrated in Greater Cairo area, the Delta, Alexandria and Suez.²⁰ At the same time, in 2015 employment rates among men aged 15-59 were higher in rural Egypt with 79.9 per cent of urban men and 84.4 per cent of rural men being employed. The opposite situation was revealed for women in the same age group: urban women were twice more likely to be employed than rural women (20.7 per cent and 10.1 per cent employment rate correspondingly).²¹

There are also asymmetries in the types of jobs prevalent in rural and urban areas. In 2015, over a half of employed rural men between 15 and 59 years either held skilled manual occupation (34.3 per cent) or worked in agriculture (24 per cent), while their urban peers were predominantly employed in skilled manual jobs (36.2 per cent) and professional, technical or managerial jobs (36 per cent). These regional disparities were slightly less pronounced for women of the same age group, as the majority of them regardless of residence held jobs in professional, technical or managerial sphere (over 50 per cent) and sales and services (over 25 per cent). At the same time, urban women were twice more likely to hold a clerical job, whereas their rural counterparts had higher chances to be engaged in skilled manual jobs or work in agriculture. This way, blue-collar jobs are much more prevalent in rural areas, while in urban areas significant shares of population is employed in white-collar jobs. The existing body of evidence suggests that blue-collar wage

¹⁹ ILO, 2018, p. 85, 91.

²⁰ AUC, n.d.

²¹ Ministry of Health and Population et al., 2015, p. 20-24.

workers in Egypt are less likely to be covered by social security compared to their white-collar peers and, if they are insured, they tend to underreport higher proportion of their insurable basic salary, impacting on the eventual level of pensions.²²

Similarly, there's a discrepancy in the median monthly wages of rural and urban workers. The highest real median monthly wages²³ in 2012 were registered in Greater Cairo, Alexandria and Suez Canal Cities, whereas the lowest were in urban Upper Egypt closely followed by rural Upper Egypt and rural Lower Egypt. Remarkably, between 2006 and 2012 real median wages experienced the highest growth in rural areas and particularly in rural Upper Egypt.

Table 1: Real Monthly Wages of Wage Workers in Egypt

Region	Wage	Median real monthly wage		
		2006, in 2012 LE	2012, LE	Change 2006-2012, per cent
Total		803	900	12
By region:				
- Greater Cairo		1075	1000	-7
- Alexandria and Suez Canal Cities		983	1000	2
- Urban Lower Egypt		852	900	6
- Rural Lower Egypt		826	891	8
- Urban Upper Egypt		734	800	9
- Rural Upper Egypt		672	850	27

Source: Said, 2015, p. 9, p. 13.

Social insurance schemes in Egypt have rather high contribution rates reaching a combined share of employers' and employees' contributions of up to 41 per cent of the basic and 25 per cent of the variable wage²⁴ (which are among the highest in the MENA region). Rural workers with lower salaries have limited capacity to contribute to social insurance schemes and, thus, are less eager to enroll in these schemes. The level of benefits purchased by their contributions might be rather modest and even seen as comparable with social assistance benefits. Thus, these high contribution rates paired with weak enforcement of compliance with social insurance regulations create a window for evasion.²⁵

In spite of widespread perception that income in rural areas is mostly generated by agricultural activities, the sources of rural household income in Egypt are divided as follows: 42 per cent of non-farm income, 25 per cent from agriculture, 9 per cent from livestock, and the remaining 24 per cent from transfers, remittances, and rental incomes.²⁶ These multiple sources of income may pose additional problem for

²² Roushdy and Selwaness, 2017, pp. 14, 22.

²³ Wage workers between 15 and 65 years old, using the market definition of work. Said, 2015, p. 9.

²⁴ According to the Law 79/1975 covering government, public sector and formal private sector employees; another contribution rates are set by the Law 108/1976 covering some employers and self-employed persons; Law 50/1978 covering migrant workers; and Law 112/1980 covering casual and irregular labourers.

²⁵ Helmy, 2006, p. 6.

²⁶ IFAD, 2014, p. 2.

contributory social protection schemes as some of them might go unreported or underreported and the rest might be insufficient to ensure decent level of benefits.

Despite generating less than a quarter of a typical rural household's earnings, agriculture remains a vital source of income. The sector is a source of subsistence for more than half of Egyptians.²⁷ In addition, approximately 40 per cent of the impoverished population in Egypt "rely directly on agriculture"²⁸, meaning that agriculture provides livelihoods for the most vulnerable segments of society.

An average agricultural unit in Egypt is a small farm applying intensive irrigated agriculture. Three quarters of farms have areas of less than one hectare (it equals to 10,000 square meters) and majority of family farms have several income-generating activities, which apart from agriculture include livestock production and an extra (side) job.²⁹ However, even in the case of good crop choice, these agricultural activities are barely enough to keep an average rural household above the poverty line.³⁰ One of the most significant obstacles hindering agricultural growth and increased production is the limited availability of arable land and water for irrigation³¹ with cultivable land of approximately 0.05 hectares per person and water supply restricted to "Egypt's quota of Nile water".³² The findings of Iwasaki (2015), built on Adams' (2002) landmark study on income distribution determinants in rural Egypt, confirm that land assets continue to be the major determinant in household income in rural Egypt, i.e. "landholders form the high-income classes, whereas landless households, forced into the nonfarm sector, comprise the low-income classes".³³ Extreme land fragmentation is another constraint for agricultural development and rural poverty alleviation, with roughly 40 per cent of agricultural land being cut up into plots of less than 3 feddans (or approximately 1.2 hectares).³⁴ This fragmentation is further exacerbated by the population growth, inheritance laws dividing land among offsprings, and lack of an adequate land market allowing purchase of land to create economically viable plots. As a result, around 12 per cent of agricultural land is not cultivated but used for delineating boundaries between the individual plots and, despite the productivity gains, income of an average farmer has decreased.³⁵ In Upper Egypt landholdings are smaller compared to Lower Egypt. Another factor limiting farmers' income is selection of crops: people in Upper Egypt harvest crops with low market value. Future of the agricultural sector is further threatened by the climate crisis: agriculture is very sensitive to climate change, which may decrease yields of selected crops as much as by a fifth within 40 years.³⁶

Furthermore, business processes in agriculture are severely underdeveloped. Local markets are rudimentary, marketing processes are outdated, storage and transportation systems are underdeveloped, and associations of producers are not well organized.³⁷ Many smallholders in Egypt rely on the traditional marketing approach '*kerala*', in which the harvest is sold on the field. The buyer pays per feddan and processes

²⁷ Ibid, p. 2.

²⁸ Ghanem, 2014, p. 12.

²⁹ Ibid., p. 3.

³⁰ World Bank, 2015b, p. xii.

³¹ IFAD, 2014, p. 3.

³² Ghanem, 2014, p. 3.

³³ Iwasaki, 2015, p. 27.

³⁴ Ghanem, 2014, p. 12.

³⁵ Ibid., p. 12.

³⁶ IFAD, 2014, p. 2-3.

³⁷ Ibid., p. 2.

harvesting, sorting, and transportation.³⁸ Using this approach, the farmer receives only a small share of the final market value of the product (only around 20 per cent for some vegetables) and the price usually doesn't account for the quality of the product. According to some estimations around 15 per cent of the agricultural output gets lost after harvesting due to the weak marketing, storage, and transportation systems. Lack of agro-industries, which could take over processing of agricultural produce, further limits the returns of farmers. The Egyptian Ministry of Agriculture estimates that 70 per cent of the processing of agricultural goods is done informally without assurance of quality and safety standards.³⁹

Animal production, including poultry and fisheries, is a significant income-generating activity for smallholders and landless Egyptian farmers, which totals up to 40 per cent of the overall value of agricultural production.⁴⁰ Livestock production is a sector that can significantly contribute to rural poverty reduction as demand for livestock products increases in response to increases in overall national income.⁴¹

Barriers to agricultural development are further exacerbated by limited access to credit⁴²: only 1 per cent of the bank loans is received by the agricultural sector.⁴³ Moreover, in recent years terms of trade have deteriorated as many farmers buy imported fertilizers, food for animals and fuel.⁴⁴ The situation with fertilizers should have improved in 2019, as the Government build a large-scale complex sited in Sokkna area to secure fertilizers locally. Fuel subsidy cuts and following price increases also expect to cause growth of production costs as agriculture in Egypt has relatively high fuel intensity.⁴⁵ Furthermore, farmers face uncertainty as in 2017 the Egyptian government announced that it would purchase wheat from domestic producers at international market prices whereas previously it paid the price above international market rate.⁴⁶

Furthermore, in 2010, due to the high poverty and food insecurity, 10.5 per cent (or 1.8 million) of children between 5 and 17 years old were forced to take employment and 9.3 per cent were engaged in child labour.⁴⁷ Child labour was almost twice more prevalent in rural Egypt (see table 2) and, in fact, more than half of child labourers were unpaid family workers in agriculture. The most significant determinants of child employment were the level of education of parents, absence of parents, household wealth, ownership of land, animals and non-farm firms, and occurrence of adverse events.⁴⁸ Employed children in Egypt were less likely to attend school, as “employment is associated with a 27 percentage-point decline in the net enrolment rate”.⁴⁹ By not attending school, these children were forgoing important investments in their human capital, thus reducing their chances for improved standard of living and social mobility later in life.

³⁸ Ghanem, 2014, p. 13.

³⁹ Ibid, p. 14.

⁴⁰ Ibid., p. 13.

⁴¹ Ibid.

⁴² IFAD, 2014, p. 2.

⁴³ World Bank, 2015b, p. 37.

⁴⁴ Kingsley, 2013.

⁴⁵ “Fuel intensity [is] the share of fuel used in intermediate demand in the case of production activities”, CAPMAS, 2016, p. 17.

⁴⁶ Waad, 2017a.

⁴⁷ Child labourers are employed children “if they perform hazardous work, or are under the age of 12, or are between the ages of 12 and 14 and work for 14 hours or more per week”. ILO, 2012, p. ix.

⁴⁸ Ibid.

⁴⁹ ILO, 2012, p. 13.

Table 2: Incidence of Child Labour (per cent)

Region \ Sex	Male	Female	Total
Urban governorates	5.2	1.1	3.2
Urban Lower Egypt	7.1	0.8	4.0
Urban Upper Egypt	8.1	1.6	5.0
Urban Frontier governorates	4.7	1.3	3.0
Rural Lower Egypt	17.2	4.8	11.1
Rural Upper Egypt	21.2	7.1	14.4
Rural Frontier governorates	8.3	2.3	5.3
Total	14.3	4.0	9.3

Source: ILO, 2012, p. 22.

Thus, employment in rural areas is characterized by high informality and limited types of jobs available in rural areas, low salaries and modest productivity of agricultural activities, poor awareness about and reliance on social insurance, as well as weak enforcement of social insurance payments. Social protection targeting rural citizens must be designed taking into account these specific features of rural work and accommodating the needs of rural citizens.

1.4. Living Conditions and Access to Education and Healthcare

Apart from wide-spread income poverty, rural households experience multiple deprivations in terms of poor living conditions and limited access to adequate education, healthcare and other social services. With regard to living conditions, rural families suffer from higher overcrowding rates and they are three times more likely to lack connection to public water network as compared to urban families.⁵⁰ According to the 2017 population census, almost 3 million individuals around Egypt didn't have access to public drinking water network, with 83 per cent of them being rural residents. 10 thousand rural families relied on rain as on the major source of drinking water and 28.7 million rural dwellers had sewage facility in the form of cesspit.⁵¹ Furthermore, the 2014 Egypt Demographic and Health Survey revealed that rural households in Egypt possessed on average fewer household assets (such as TV sets, telephones, computers, refrigerators and even beds) than their urban peers and the lowest ownership rates were registered in rural Upper Egypt.⁵² This demonstrates a yawning gap in the living conditions of an average rural and urban citizen. Targeted infrastructure programmes can contribute to reducing disparities between urban and rural standards of living by facilitating access of poor and vulnerable households to electricity, water and sewage facilities, as well as to affordable housing. In the absence of reliable data on incomes, these deprivations serve as indications of household's poverty and are used in proxy-means testing formulas to identify poor and vulnerable households and determine their eligibility to social assistance.

⁵⁰ Overcrowding rate is calculated as total number of individuals divided by the number of rooms. CAPMAS, 2017, pp. 132, 175-176.

⁵¹ CAPMAS, 2017, p. 142.

⁵² Ministry of Health and Population et al., 2015, p. 18.

Although Egypt achieved notable progress on a number of health indicators, there are persistent rural-urban disparities in access to health services and health outcomes.⁵³ In 2014, reported neonatal, post neonatal, infant, child and under-five mortality rates in rural areas were between 40-70 per cent higher compared to urban areas and peaking in rural Upper Egypt.⁵⁴ Between 2000 and 2015, stunting of children between 0 and 4 dropped by only 2 percentage points (to 21 per cent) and wasting increased by 5 percentage points (to 8 per cent). Prevalence of stunting was higher in Upper Egypt (26 per cent) as compared to Lower (18 per cent) and Metropolitan Egypt (19 per cent).⁵⁵ These regional disparities in health outcomes to a large extent result from limited access to clean water, sanitation and adequate healthcare services in rural areas. In 2012, more than 70 per cent of families in metropolitan Egypt reported living within 20 minutes distance from the hospital, compared to less than 40 per cent and less than 30 per cent in rural Lower and rural Upper Egypt respectively.⁵⁶ And health infrastructure seems to have been deteriorating between 1998 and 2012. The quality of services in public healthcare sector is rather low due to - among other reasons - underfinancing and lack of staff motivation.⁵⁷ Consequently, poor accessibility and quality of public healthcare pushes many Egyptians to seek privately provided health services: in 2016, 62 per cent of total health expenditures were paid out-of-pocket by the households.

Access to education is equally important for building human capital, increasing chances of productive employment and strengthening resistance to future shocks: persons with higher education in Egypt have higher chances to be employed in the formal sector⁵⁸ and, consequently, they are more likely to be covered by a formal social protection schemes.⁵⁹ Predictably, rural Egypt lags behind on many educational indicators. Educational infrastructure and quality of education are weaker in rural areas. There's a persisting rural-urban educational gap: according to the 2015 Egypt Health Survey, 28.5 per cent of rural population between 15 and 59 have never attended school as compared to 10.8 per cent of urban population.⁶⁰ The highest proportion of people with no schooling is observed in rural Upper Egypt (35.6 per cent). Rural-urban disparities are also evident for educational attainment, with 22.7 per cent of urban citizens having more than secondary education as opposed to 8.1 per cent of rural dwellers.⁶¹ The recent 2017 population census revealed that more than 70 per cent of all nation-wide dropouts happened in rural areas: rural children and youth aged 6 to 20 were more likely to drop out of school for a number of reasons, including difficulties in reaching school, financial constraints, unwillingness of family and/or individual. Rural children and youth are twice more likely to drop out of school for work-related reasons and rural girls are 5.5 times more likely to leave school because of marriage than their urban peers.⁶² If the status quo continues, many rural children and young people will not accumulate sufficient human capital to engage in productive employment, which increases their vulnerability and risk of being locked in a vicious cycle of poverty.

⁵³ World Bank, 2015b, p. xii.

⁵⁴ Ministry of Health and Population et al., 2015, p. 103.

⁵⁵ World Bank, 2015b, pp. 75 – 77.

⁵⁶ World Bank, 2014, p. 197.

⁵⁷ World Bank, 2015b, p. 15.

⁵⁸ Angel-Urdinola and Tanabe, 2012, pp. 11.

⁵⁹ Roushdy and Selwaness, 2012, p. 31.

⁶⁰ Ministry of Health and Population et al., 2015, p. 10.

⁶¹ *Ibid.*, p. 14.

⁶² CAPMAS, 2017, p. 61.

It is imperative for social and rural development policy to address the existing rural-urban inequalities in living conditions and access to basic social services and ensure that every person in Egypt enjoys a minimum standard of living. Some of the negative trends have been addressed by the recent social protection reforms (such as roll-out of a flagship conditional cash programme Takaful or introduction of a mandatory health insurance which is subsidized for the poorest population groups) that are discussed in detail in chapter 2.

1.5. Vulnerable Population Groups

Progressive extension of social and rural development policy should begin with the most vulnerable population groups – Beduin tribes, nomadic population, women in the rural areas, etc. For example, Beduin tribes, particularly those living in Sinai, are reportedly one of the most vulnerable, marginalized and underprivileged population groups in rural Egypt. For decades Beduin tribes report to be discriminated on the labour market and earned a living mostly by doing informal activities⁶³ As a result, Beduins of Sinai suffer from one of the highest poverty rates in Egypt, which are difficult to estimate because they risk being excluded from official statistics.⁶⁴ Underdevelopment and lack of trust to the government has created a fertile soil for growth of extremism in the region.⁶⁵ To avoid further marginalization, loss of human capital and impoverishment of Beduin population, the Egyptian government may wish to increase its efforts to reach this group and invest in education, health and economic development of the region, thus creating workplaces for local Beduins and gradually integrating them in the Egyptian society. Obvious problems with delivery of quality education, healthcare and other social services exist in the case of nomadic population, tribes and rural families living in deserts. Tailor-made social protection programmes may be necessary, taking into account lifestyles and needs of these population groups.

When shaping social and rural development policy, specific attention should be paid to tailoring it to the needs of rural women. Women in rural areas are suffering from low literacy rates (67.2 per cent as opposed to 84.3 per cent among urban women) which increases their vulnerability and limits their chances to engage in decent employment.⁶⁶ Many women in rural areas work as unpaid contributing family workers without formal registration with social insurance schemes. Furthermore, due to childbearing women's careers are often uneven which might be penalized by the traditional social insurance arrangements. Traditional beliefs about the role of a woman in the society prevents many rural women from seeking education, healthcare and employment.

⁶⁴ Ghafar, 2018.

⁶⁵ Ibid.

⁶⁶ An ever-married women aged 15-49 is considered literate if she has “some secondary education or higher and women who had never been to school or attended only the primary level who were able to read all or part of a sentence”, Ministry of Health and Population et al., 2015a, p. 31.

2. SOCIAL PROTECTION PROGRAMMES IN RURAL EGYPT

As mentioned in the introduction, within the framework of this paper, social protection refers to a set of basic social security guarantees, namely access to basic income security and essential healthcare services.⁶⁷ It includes contributory schemes (social insurance) and non-contributory programmes (social assistance) and access to basic healthcare (financed through contributions, public budget or a combination of both).

In the 2016-2017 fiscal year, Egypt's budget expenditures⁶⁸ on social benefits, subsidies and grants, totaled 276.7 bn. LE or 8 per cent of GDP.⁶⁹ The social protection system over that period was skewed towards energy and food⁷⁰ subsidies which in the same year costed the Egyptian budget 4.1 and 1.4 per cent of GDP correspondingly and which, to a large extent, limited the fiscal space for other social protection programmes. Thus, notwithstanding the overall sizeable expenditure, social protection in Egypt has had a limited impact on poverty⁷¹ due to many structural deficiencies and broader socio-economic developments. Social insurance suffered from low and fragmented coverage, lack of awareness among workers about their labour rights, payment evasion paired with weak enforcement of compliance, administrative inefficiencies, long-term fiscal non-sustainability and erosion of benefits by high inflation. The Egyptian healthcare system was highly fragmented and characterized by limited coverage of the population and poor quality of services. Many of these problems were more pronounced in rural Egypt (and particularly in rural Upper Egypt) where population suffered from overlapping deprivations.

To address the aforementioned issues and respond to popular demands, in the recent decade the Egyptian Government initiated several comprehensive reforms. Since 2014, the Government has been phasing out subsidies on all the fuel products (except for LPG and fuel oil broadly utilized for electricity production and baking) planning to achieve full cost recovery in 2019.⁷² To offset negative implications of the reforms on the poorest population groups, more targeted social protection programmes are being rolled-out: in 2015, a flagship conditional and unconditional cash transfer programme Takaful and Karama was launched. In the effort of reducing the fiscal deficit, measures are taken to exclude the richest population groups from food subsidies system. Since mid-2018 the Government started implementation of a comprehensive reform of the healthcare system and in mid-2019 a law reforming country's social insurance was adopted.

This chapter analyzes the spectrum of government-provided social protection programmes available to rural citizens in Egypt – namely, social assistance, social insurance and healthcare, as well as their impact on poverty and vulnerability and the extent to which they accommodate the needs of population in rural areas.

2.1. Targeted Social Protection and Complementary Programmes

Social assistance encompasses a wide range of non-contributory programmes aimed at ensuring income security of poor population groups. Egypt's social assistance for a long time was dominated by food and fuel subsidies and a multitude of small cash transfer programmes. Subsidies had become an essential component of state-society relations, with food subsidies seen by many Egyptians as “the most concrete benefit they receive from the government spending”, thus, politically sensitive and difficult to reform.⁷³

⁶⁷ As per ILO Social Protection Floors Recommendation, 2012 (No. 202).

⁶⁸ “Budget sector comprises central and local governments, and some public corporations” (IMF, 2019, p. 23).

⁶⁹ IMF, 2019, p. 23.

⁷⁰ Including subsidies paid to farmers. (Ibid.).

⁷¹ World Bank, 2015c.

⁷² IMF, 2019, p. 10.

⁷³ World Bank, 2010, p. 1.

2.1.1. Energy Subsidies

In the 2016-2017 fiscal year, budget expenditures on energy subsidies totaled 4.1 per cent of GDP, but it's projected to decline to 1.2 per cent in 2019-2020 and 0.3 per cent in 2022-2023 as a result of a comprehensive reform. 80 per cent of spending on energy subsidies were allocated for fuel subsidies on diesel, gasoline, liquefied petroleum gas (LPG) and other fuel products.

Several studies highlighted that especially universal energy subsidies were regressive by their nature, benefiting the better-off more than the poor as a result of their higher energy consumption by the richer population groups. In 2015, the wealthiest quintile in Egypt on average gained around 451 LE per capita per year in energy subsidy, while the poorest got around 140 LE.⁷⁴ But, it should be mentioned, that as a share of income, poorer populations were more dependent on energy subsidies than richer ones. Further on, urban population captured a higher share of benefits from energy subsidies than rural dwellers. In 2005, virtually all income quintiles in urban areas had on average higher per capita annual expenditures on - and, thus, higher consumption of - subsidized energy than respective income quintiles in rural areas. Higher per capita consumption in rural areas was registered only for kerosene (across all income quintiles), LPG (across all income quintiles except for quintile 1) and gasoline (for income quintiles 1, 3, and 4).⁷⁵

Energy subsidy cuts thus appear to put the significant burden on Egypt's most poor which are often concentrated in rural areas. And, instead of cutting subsidies for higher value fuels (92-octane and 95-octane), thus rationalizing structure of the subsidy basket, the government induced cuts for all types of fuel, including LPG which is vital for the households (particularly those living in rural areas) and diesel widely used for agricultural and transportation sectors.^{76,77} In addition, in 2010-2011, despite on average lower per capita fuel consumption, rural households spent slightly higher share of their income on transport as compared to urban population and, thus, fuel subsidy cuts are expected to affect them through increased transportation expenditures. Therefore, any reform of the fuel subsidy system must involve adequate compensatory measures to a large number of beneficiaries and primarily to low-income population.

2.1.2. Food Subsidies

The food subsidies in Egypt cover primarily baladi bread (staple bread consumed in Egypt) and ration cards that provide monthly cash allotments redeemable for basic subsidized commodities (sugar, cooking oil, rice, etc.). These subsidies account for a significant proportion of calorie intake of poor population and keep millions of people out of poverty.⁷⁸ In 2015, around 89 per cent of Egyptians were covered with food subsidy system and the coverage in rural areas was higher than in urban ones (95.4 and 80.5 per cent correspondingly).⁷⁹

Initially, baladi bread and ration card subsidies were completely separated. In 2014, however, the government introduced a series of reforms that altered and combined these programmes. Instead of subsidizing the flour for making the rustic bread in bakeries, the government began subsidizing the loaves

⁷⁴ Fathy et al, 2016, p. 7.

⁷⁵ Ibid.

⁷⁶ Waad, 2017.

⁷⁷ it's worth noting that 100 per cent cost recovery by end of 2019 is envisioned for all fuel products, except for LPG and fuel oil used in bakeries and electricity generation.

⁷⁸ Abdalla and Al-Shawarby, 2018, p. 130.

⁷⁹ Ibid.

production costs, marking a transition toward output-based financing and reducing supply chain leakages⁸⁰ (estimated by the World Bank to reach 31 per cent in 2008-2009⁸¹). The government also introduced caps on the amount of subsidized bread to be bought, thus reducing consumption abuses: each person registered under a household ration card can buy a maximum of 5 loaves of bread per day. In addition, the government merged the baladi bread subsidies with the ration card programme, so that only households with ration cards could buy the subsidized bread. The unused baladi bread allowance can be used to get other commodities subsidized under the ration card programme. In 2014 the number of subsidized commodities under the ration card was significantly expanded and quantity-based quotas were substituted by cash allotments redeemable for subsidized commodities according to the preferences of the household. This entire process was streamlined through the introduction of electronic smart cards in lieu of the paper-based ones.⁸² In 2017, eligibility restrictions were introduced for newly issued ration cards: applicants' earning threshold was lowered to 1,200 LE a month (down from 1,500 LE) and the number of registered persons under the same card was capped at 4, thus limiting number of beneficiaries per family, whereas the highest poverty rates are registered in big families with more than 10 members. In 2019, the Egyptian Government announced roll-out of affluence testing which should prevent wealthy population groups from accessing subsidized food products through smart cards.⁸³ The determinants used to exclude people from the ration subsidies include high electricity consumption and mobile phone bills, paying high taxes, import customs or custom duties, owning more than three cars per family or a new model of cars, owning agricultural land of more than 15 feddans, enrolling children in foreign schools or schools with high fees, having high career post or monthly government salary exceeding 15,000 LE.⁸⁴ Almost 2 million Egyptians were found to be ineligible and excluded from ration subsidies as a result of affluence test, but, following the population dissatisfaction, a decision was made to re-enroll them in October 2019.⁸⁵ This way, the reformed targeting of food subsidies has been challenged: the new affluence test seems to erroneously exclude many eligible beneficiaries from food subsidies.⁸⁶ Some criteria are criticized for not accurately reflecting the standard of living and different criteria should be applied to rural and urban areas.⁸⁷

Interestingly, analysis of the 2015 Household Income, Expenditure, and Consumption Survey found out that the reformed food subsidy system “favors families living in rural areas with regard to coverage and the poor with regard to share of household food consumption”.⁸⁸ Nevertheless, Upper Egypt dwellers and those in the poorest quintile seem to be less satisfied with the reformed ration card system as compared to Lower Egypt population.⁸⁹

Thus, the food subsidy system is an important cornerstone of Egypt's social assistance. Nevertheless, it still seems to suffer from leakages and exclusion errors, inadequate adjustment of the amount of support to the needs of each household, shortages of some commodities and price distortions. The quality of baladi bread needs to be monitored closely and the choice of subsidized food commodities available under the smart

⁸⁰ World Bank, 2015c, p. 4.

⁸¹ ENID, 2012, p. 4.

⁸² Arab Spatial News, 2014.

⁸³ Awadalla, 2019.

⁸⁴ Tharwat, 2019.

⁸⁵ Reuters, 2019.

⁸⁶ Kassab, 2019.

⁸⁷ Ibid., 2019.

⁸⁸ Abdalla and Al-Shawarby, 2018, p. 130.

⁸⁹ Ibid., pp. 129-130.

card be increased to ensure that they include a variety of products necessary for healthy and balanced diet. Taking into consideration soaring food price inflation in Egypt, cash allotments available under the smart cards should be automatically adjusted for inflation for the commodities they cover: so far, the food subsidy was increased from 18 LE to 21 LE in 2016 and to 50 LE in 2017.

To make sure the food subsidy system is benefitting rural population a number of measures can be taken. Relevant infrastructure (including shops and bakeries selling subsidized foods) should be put in place in rural areas or within reasonable distance to them. In this context, the government may support and stimulate private sector and entrepreneurs to establish such infrastructure in rural areas. Alternatively, subsidized products can be delivered to remote areas by regularly commuting mobile-shops. Exclusion errors should be minimized through targeted outreach efforts on the ground, developed and delivered in partnership with local stakeholders to facilitate enrollment, and improved targeting using a Unified National registry.

2.1.3. Social Solidarity Pension

The Social Solidarity Pension, also known as *ma'ash eldaman*⁹⁰, is a non-contributory monthly pension categorically targeting households with no able-bodied male breadwinners⁹¹, widowed or divorced women, orphans and the elderly.⁹² In 2015, coverage was extended to 1.5 million families. The amount of pension depends on the household size.⁹³ At the moment, Social Solidarity Pension is being substituted by Takaful and Karama programme (see below): beneficiary households meeting eligibility requirements for Takaful or Karama will shift to the latter programmes, whereas the remaining beneficiaries will continue to be enrolled in the Social Solidarity Pension.

2.1.4. Takaful and Karama

In the context of blanket subsidies reform, the social assistance system is being shifted to more targeted programmes.⁹⁴ Takaful and Karama is a cash transfer programme introduced by the government in 2015. The Takaful component of the programme provides conditional cash benefits to poor families with children under 18 years: the benefit consists of a basic payment of 325 LE and top-ups depending on the number of children (capped at two in 2019) and their school grades. Maximum Takaful benefit per household can reach 605 LE which is equal to 30 per cent of the minimum wage in the public sector.⁹⁵ The benefits are designed to be conditional upon children's school enrollment and attendance and regular health checks (including accessing antenatal and post-natal care by mothers and children between 0 and 6 years old, children immunization, visiting health facilities, keeping children's growth monitoring records), although conditions are not yet enforced. The Karama component targets poor elderly and people with disabilities and provides unconditional benefits of 450 LE per month per household member (up to a maximum of three beneficiaries per household).⁹⁶ Karama beneficiary households can get a benefit up to 1350 LE or around 67.5 per cent of the public sector minimum wage.⁹⁷ Beneficiaries can collect benefits using smartcards at ATMs or at a post office or at the Ministry of Social Solidarity units. In February 2019, 1,990,000

⁹⁰ Ameta and Sahfie, 2015, p. 13.

⁹¹ UNDP, 2016, p. 42.

⁹² Ameta and Sahfie, 2015, p. 13.

⁹³ Machado et al, 2018, p. 142.

⁹⁴ ENID, 2012, p. 4.

⁹⁵ ESCWA, 2019, p. 61.

⁹⁶ Ibid.

⁹⁷ Ibid.

households benefitted from Takaful and Karama with almost 90 per cent of them being recipients of Takaful.⁹⁸ Noteworthy is that the programme was first rolled-out in the 19 poorest districts of Upper Egypt.⁹⁹

Considering high levels on inflation in Egypt, purchasing power of benefits heavily depend on whether they are timely and sufficiently indexed. The amount of Karama pension was originally (in 2015) set at 350 EGP but recently was increased to 450 EGP (28.6 per cent increase), whereas annual consumer price inflation was 29.5 per cent in 2017 only. Monthly basic benefit of Takaful pension hasn't changed since 2015, but the top-ups were increased: from 60 LE to 80 LE per child in primary education (33.3 per cent increase), 80 LE to 100 LE per child in preparatory education (25 per cent increase), 100 LE to 140 LE per child in secondary stage (40 per cent increase) and a top-up of 60 LE per child under 6 years old was introduced.

In 2018, the International Food Policy Research Institute (IFPRI) carried out impact evaluation of the programme which revealed some urban-rural asymmetries. First, poor rural households are more likely to benefit from Takaful: 18 per cent of poor rural households and 9 per cent of poor urban households receive benefits, which might result from overall lower awareness of urban families about the programme (78 per cent of urban households in two poorest quintiles heard of Takaful, whereas the awareness rate in rural areas stood at 86 per cent). This somewhat lower awareness has led to smaller application rate: only 37 per cent of the urban families in the two poorest quintiles and 50 per cent of their rural peers applied to Takaful. Acceptance rates were also higher among rural poorest 40 per cent of the population, with 31 per cent of them and 18 per cent of urban poor being accepted following their application.¹⁰⁰

The programme impact evaluation revealed positive impact on poverty reduction, food consumption and quality of diet, as well as, to some extent, on child nutrition. Due to the programme support, beneficiaries in rural areas had 11.4-12.7 per cent smaller probability of falling in poverty (which is similar to the average poverty reduction rate), but the estimated impact of the programme on household consumption in rural areas was lower than on average.¹⁰¹

Takaful benefits are distributed conditional upon school enrollment and participation of children and visits to health facilities. Although these conditionalities are not yet enforced, the effect of the programme on human capital building in rural areas might be restricted because of lower availability of quality educational and health services and affordable transportation in rural areas. For instance, programme impact analysis revealed that “families in rural communities were unable to send their children to secondary schools outside of their own village due to increased transportation costs. This was particularly the case in rural areas.”¹⁰² The issue was exacerbated by the need to provide money for lunch. In rural areas boys' school attendance tended to decline during harvesting time. A vast rural network of trained social workers will be needed to deal with conditionality non-compliance case by case; additional training will be also needed for health staff to deliver child health assessment and provide advice on nutrition.¹⁰³

The programme uses a mix of poverty and categorical targeting and, on the initial stage, it had an element of geographical targeting, because – as it was mentioned before – it was launched in the poorest governorates. Targeting starts with checking whether an applicant household meet any exclusion criteria

⁹⁸ ESCWA, 2019, p. 49.

⁹⁹ UNDP, 2016, p. 43.

¹⁰⁰ Breisinger et al, 2018, p. 85.

¹⁰¹ Ibid., p. 58. The estimates of programme impact for consumption and food consumption were either not statistically significant or weakly significant depending on the model which can be attributed to the smaller sample for rural areas.

¹⁰² ElDidi et al, 2018, p. 45.

¹⁰³ Ibid, p. 48.

(such as public-sector job, asset and land ownership, social insurance coverage, etc.). Then eligible households proceed to PMT which varies per geographic region: e.g. urban Upper Egypt, rural Upper Egypt, urban Lower Egypt, rural Lower Egypt, Metropolitan, and Frontier governorates, but the eligibility threshold remains the same for these regions. The programme has overall good targeting accuracy with 67 per cent of Takaful beneficiaries belonging to the poorest 40 per cent of the population.¹⁰⁴ Nevertheless, as the impact evaluation of the programme showed, many respondents (beneficiaries and non-beneficiaries) believed that large numbers of eligible poor households were not receiving cash transfers. Such exclusion errors can be partially reduced by intensified outreach efforts in the poorest areas and improved targeting. Additionally, in rural areas there are obvious problems related to reaching out to poor households, verifying their living conditions and later updating information about their socio-economic characteristics. For example, there is a slight regional discrepancy in infant registration rates: in 2014, births of 99.3 per cent of rural children under age 5 were registered as compared to 99.7 per cent among urban children.¹⁰⁵ Thus, there is high probability that these children are omitted from civil registries and social workers may not be aware of their existence to inform them about the programme or their families might not have necessary documents to apply (a computerized birth certificate is needed to apply for Takaful benefit). Targeting and data collection is additionally complicated for residents of distant villages and Beduin tribes.

Programme applicants complained about a lengthy waiting period before they hear back about their application status (up to a year in some cases). Selection criteria were also seen as opaque by the majority of the beneficiary and non-beneficiary respondents and there were complaints about favoritism when considering applications. Some of the exclusion criteria were seen as unfair: male respondents from Menoufia pointed out that village-fishermen obtained insurance together with their fishing license and, thus, were by default excluded from Takaful, although in reality fishing might bring them no income.¹⁰⁶ Similar way, respondents believed that small farm holders should be eligible to apply.

Being dependent on agricultural activities, many rural dwellers are more vulnerable to external shocks related to extreme weather conditions, pests and crop failure. This way, rural incomes are more prone to seasonal fluctuations and often come from several sources. All these factors contribute to lower stability and predictability of incomes in rural areas: rural citizens might fall in and out of poverty several times a year which is difficult to track through PMT.

In 2017, the Ministry of Social Solidarity launched a complementary Forsa (Opportunity) program aimed at economic empowerment of poor families mostly through providing job opportunities and linking beneficiaries with potential employers. The programme was rolled out in the poorest neighborhoods of Upper Egypt and targeted mostly Takaful and Karama beneficiaries.

2.1.5. School Meals and 1,000 Days in the Life Project

School Feeding is a conditional in-kind transfer programme targeting children in kindergartens and primary schools based on a “poverty map” and some secondary schools selected by their high academic achievement. Children are eligible to receive milk and biscuits, or pies based on their school attendance.¹⁰⁷ Overall, the programme covers around 30 per cent of pupils in public schools.¹⁰⁸ Considering low development outcomes in the spheres of education and health among rural population, the Egyptian government may consider further expanding School Feeding Programme in rural areas.

¹⁰⁴ Breisinger et al, 2018, p. 83.

¹⁰⁵ World Bank Data, n.d., 2018.

¹⁰⁶ ElDidi et al, 2018, p. 40.

¹⁰⁷ UNDP, 2016, p. 41.

¹⁰⁸ Al-Aees, 2016.

The “1,000 Days in Life” Project project was launched by the WFP in cooperation with the Ministry of Social Solidarity and Ministry of Health and Population to prevent malnutrition of pregnant and lactating women and children under 3 years old. The project is targeting vulnerable pregnant and lactating women in Sohag, Qena and Assiut governorates offering cash-based transfers, i.e. food vouchers, on the condition of regular health check-ups.¹⁰⁹

2.1.6. Improving Living Conditions

Article 78 of the Egyptian Constitution states that “[t]he state guarantees citizens the right to decent, safe and healthy housing, in a way that preserves human dignity and achieves social justice”. In 2013, and aimed at complementing targeted social protection, the Egyptian Government started the implementation of an ambitious Social Housing Program (SHP) aimed at providing subsidized social housing for low-income families. The programme is implemented by the Ministry of Housing, Utilities, and Urban Communities, Social Housing Fund, Housing Development Bank, and New Urban Communities Authority.¹¹⁰ The Social Housing Law 33 of 2014 mandated the Government to ensure housing for low-income families and plots of land for middle-income families. Thus, the programme has several components including affordable mortgage programme, loan for unfinished accommodation, rental subsidy and self-built housing programmes¹¹¹ and it aims to provide one million housing units within five years in 22 cities at a total cost of 165 billion LE.¹¹² The government rolled out the Development of Slums project that “aims to develop 1,100 slum areas by 2022” in addition to the slums being developed since 2016.¹¹³

Although according to some estimations 75 to 80 per cent of Egyptians need “some form of subsidy in order to secure formal homeownership with secure tenure”, the aforementioned projects mostly focus on urban areas. At the same, the Social Housing Program provides support to beneficiaries with certified incomes within a specific range which means that social housing is not available to many informal workers and poor people.¹¹⁴ Due to a number of regulations, the supply of housing units is de facto limited to the programme-provided units in the new towns and remote desert areas.¹¹⁵

To facilitate the connection of citizens to gas networks, the Ministry of Petroleum in 2005 set a subsidized connection fee with the possibility to get a credit from the National Bank of Egypt.¹¹⁶ A Household Natural Gas Connection project was launched in 2014 to connect vulnerable population to reliable gas distribution network. The total cost of the project is almost 1.5 billion USD, with funding being provided in loans by the International Bank for Reconstruction and Development, government of Egypt, local beneficiaries, French Agency for Development and European Neighborhood Instrument; overall, the project aims to connect 2.4 million of households (targeting mostly population from poor areas and women) to gas

¹⁰⁹ WFP, 2018, p. 2.

¹¹⁰ UN-Habitat, 2016, p. 14; Daily News Egypt, 2016.

¹¹¹ Machado et al., 2018, p. 139.

¹¹² Albawaba, 2016.

¹¹³ Reda, 2019.

¹¹⁴ OHCHR, 2018.

¹¹⁵ UN-Habitat, 2016, p. 14.

¹¹⁶ Gerner and Sinclair, 2006, p. 21, 38.

network.¹¹⁷ In 2018, the European Union awarded Egypt a 83-million-USD grant to partially cover costs of connection to gas networks of 500 neediest households.¹¹⁸

In November 2017, the Ministry of Social Solidarity signed a cooperation protocol with the Holding Company for Drinking Water and Sanitation to improve access to drinking water and proper sanitation, as well as to upgrade living conditions of vulnerable Egyptian families. In accordance with the protocol several NGOs will receive financial resources to provide safe water and decent sanitation in rural Upper Egypt. This cooperation protocol is a part of decent housing initiative aimed at improving health and environmental conditions of poor Egyptian households.¹¹⁹

In 2019, the Government launched the Descent Life national project to improve living standard of the neediest population groups in the poorest villages (mostly in Upper Egypt). The initiative aims to develop houses, build roofs, re-pave roads, provide electricity, sanitation and water connections, develop health and social units and services, build schools and youth centers in the poorest Egyptian villages.¹²⁰ Civil society organizations are engaged in planning and implementation of the project. 103 billion LE were allocated by the state for the project.¹²¹

2.1.7. Zakat Fund

Zakat is a 2.5 per cent charitable tax mandated by the Islamic faith¹²², levied on Muslims' annual income and wealth exceeding the minimum threshold known as *nisab* and earmarked for the poor and needy. The payment of Zakat is voluntary in Egypt and traditionally it was administered by multiple religious organizations.¹²³ In 2014, President Abdel-Fattah El-Sisi established an administratively and financially independent legal entity – the Zakat Fund – to administer the collection and distribution of Zakat.¹²⁴ The Fund annually receives 15 billion LE and provides food and in-kind support, educational and medical assistance to the needy population.¹²⁵

2.1.8. Sinai Integrated Development Programme

In 2018, the Egyptian government launched an ambitious Sinai Integrated Development Programme to improve living standards and avoid radicalization of the peninsula's residents. The programme provides for developing residential and industrial infrastructure, building water desalination plants, schools, hospitals, electricity and sewage networks, creating job opportunities, establishing agricultural projects, supporting SMEs and women employment in the Sinai Peninsula. The programme will run until 2022 and will cost 275 billion LE (around 16 billion USD).¹²⁶ The Saudi Fund for Development, the Kuwait Fund for Arab Economic Development and the Arab Fund for Economic and Social Development have already contributed

¹¹⁷ World Bank, 2014a, p. 11.

¹¹⁸ Mohamed, 2018.

¹¹⁹ Egypt Today, 2017.

¹²⁰ Attia, 2019.

¹²¹ Sakr, 2019.

¹²² Zakat is one of the Five Pillars of Islam, e.g. basic rules every Muslim should follow.

¹²³ Ameta and Shafie, 2015, p. 8.

¹²⁴ Ahram Online, 2014.

¹²⁵ Ameta and Shafie, 2015, p. 8.

¹²⁶ Al-Monitor, 2019.

funding to various Sinai development projects. Negotiations are being held to secure a 1 billion USD grant from the World Bank to follow up with the programme.

2.2. Social Insurance

Social insurance encompasses contributory programmes aimed at ensuring income security. For years, the social insurance system in Egypt suffered from a number of systemic inefficiencies, such as low and fragmented coverage¹²⁷, absence of automatic pension indexation, limited labour market mobility, high participation costs, lack of awareness among workers about their labour rights, payment evasion paired with weak enforcement of compliance, administrative inefficiencies, long-term fiscal non-sustainability due to wage underreporting, generous provisions for early retirement, poor investment strategy and policy deficiencies. In the case of rural areas, formally employed workers were supposed to be covered by the schemes governed by the Law 79/1975 (covering all government, public and private sector employees) and Law 108/1976 (covering employers and own account workers), whereas the scheme under the Law No. 112 of 1980 was relevant for those who are informally employed. Self-employed and casual workers, who are wide-spread in rural areas by the nature of their employment and exposed to greater job instability and wage fluctuations, were entitled only to pension insurance, survivor and disability benefits with somewhat lower contribution rates compared to the other categories.¹²⁸ Thus, Egypt's social insurance schemes favored urban and wealthier workers, while failing to reach the most vulnerable rural ones with unstable employment.¹²⁹

Understanding the aforementioned shortcomings, the Government is currently reforming the social insurance system. In August 2019, the Egyptian parliament ratified a new Social Insurance Law #148/2019. It includes old age, disability, death, work injuries, disease and unemployment insurance and covers population groups that were previously covered by different laws. It entails the establishment of a unified pension fund with separate accounts for each type of insurance. The Fund will be managed by a dedicated Authority steered by a Board of Directors, which will include representatives of government entities, as well as of the Federation of Egyptian Industries, Egyptian Trade Union Federation, pensioners and independent experts.

The law mandates a contribution rate for old-age, disability and death insurance of 21 per cent of a monthly salary for public and private sector employees (12 per cent will be paid by employers and 9 per cent by employees); employers and the like¹³⁰ and Egyptians working abroad will pay 21 per cent of the monthly subscription income they choose in accordance with the executive regulations of the law, whereas irregular workers will pay 9 per cent of the minimum monthly subscription amount and the public treasury will contribute another 12 per cent. The total contribution rate for old-age, disability and death insurance will

¹²⁷ The (previous) social insurance system in Egypt operated under several laws extending coverage to different groups of workers: Law No. 79 of 1975 stipulates mandatory social insurance coverage for all government, public and private sector employees; Law No. 108 of 1976 covers employers and own-account workers between 21 and 60 years of age (including those working in commerce, industry, agriculture and real estate, members of producers' cooperatives, farmers with at least 10 feddans and land owners, of transportation vehicles); Law No. 50 of 1978 provides voluntary coverage for Egyptians working abroad; and Law No. 112 of 1980 extends coverage to casual and irregular workers not covered by other social insurance schemes. There were also special insurance schemes for staff of foreign and large Egyptian companies, members of some professional associations, senior-ranking employees, the army and top bureaucracy.

¹²⁸ Loewe, 2000, pp. 10-12.

¹²⁹ Sieverding and Selwaness, 2012, p. 17.

¹³⁰ This category includes self-employed individuals engaged in commercial, industrial or agricultural activities, craftsmen and others who perform activities or deliver services on their own account, business owners and the like, including chairmen and members of the boards of directors, owners of single-person and family companies, self-employed professionals and members of professional unions, owners of agricultural lands (above a specific minimal area, whether they are landlords, tenants, renters); real estate owners (receiving annual income not less than the minimum subscription wage), owners of automatic means of transportation, commercial agents, tour guides, tour guides, writers and artists, etc.

be raised by 1 per cent every 7 years until it reaches 26 per cent. Employees engaged in hazardous or difficult works will enjoy higher pensions and their employers will pay higher contributions.¹³¹

To address financial sustainability issues, the normal retirement age will be gradually increased to 65 years by 2040.¹³² Unlike in previous laws, the pensions will be automatically indexed for inflation for up to 15 per cent every year on the 30th of June. A minimum pension is set at 65 per cent of the minimum insurance wage¹³³ and a minimum vesting period is raised to 15 years (and 25 years for early retirement). In some circumstances, for example if an insured person emigrates, he will be eligible for a lump-sum payment for the pension contributions he had paid.¹³⁴ The new Law extends social insurance coverage to 10 previously uncovered categories of workers, including seasonal and domestic workers, fishermen, owners and tenants of small agricultural plots, temporary workers in agriculture, breeding or farming, owners rural or family enterprises, etc.¹³⁵ Executive regulations for the law will be developed by the office of the Prime Minister within six months from the publication of the law. The Law will be effective starting 1 January 2020.

The new law also regulates unemployment insurance¹³⁶: the insured person can receive unemployment benefit for up to 3 months if his/her contribution period is less than 36 months and up to 7 months if the contribution period exceeds 36 months. The value of unemployment benefit gradually diminishes from 75 to 45 per cent¹³⁷ of the insurance contribution wage to maintain incentives to join the labour market.

Implementation of the new social insurance law in rural areas might face several additional challenges. One of the main issues in rural areas is wide-spread informality. As it was mentioned, in 2013 more than 63 per cent of employed people held informal employment country-wide, whereas in rural areas, rate of informality stood at 72 per cent of the total employment¹³⁸ and at 98 per cent among the people working in agriculture. A closer look at informality in rural and urban areas reveals that, in 2006, 73.4 per cent of rural workers had no written contract as opposed to 48.8 per cent of urban workers. 70 per cent of workers in rural areas did not pay social security contributions compared to 42.6 per cent in urban areas.¹³⁹ The share of unpaid workers in total employment in rural areas was 5 times higher. The informally employed were arguably confronted with the worst conditions and terms, receiving no protection against dismissal, non-

¹³¹ Webster and Rosseau, 2019.

¹³² Willis Towers Watson advisory, 2019.

¹³³ Egypt Today, 2019.

¹³⁴ Willis Towers Watson advisory, 2019.

¹³⁵ Hassan, 2019.

¹³⁶ According to the article 87 of the law, to be eligible for unemployment benefit, an insured person must not have resigned from service, his/her service must not end as a result of felony or misdemeanor, the insured must have been enrolled in insurance for at least one year, including six months preceding interruption of service, and the insured must be registered in the database of unemployed people in a workforce office and he should visit the workforce office in specified dates. In some cases, the right to unemployment benefits is forfeited, e.g. if an unemployed person refused to take a job (offered by the in the same location, compatible with his/her qualifications and experience and with a comparable wage (at least 75 per cent of the wage basis on which the benefit is paid) or if it is proven that he/she is self-employed or employed with wage equal or greater than the benefit or receives a pension equal to or greater than the unemployment benefit or immigrated abroad or reached the age of retirement.

¹³⁷ In specific cases unemployment benefit is set at 40 per cent of the insurance contribution wage (for example, if an insured person didn't follow work instructions or failed to perform his/her basic work obligations or disclosed professional secrets or was working drunk/ under drugs, etc.).

¹³⁸ ILO, 2018, p. 85, 91.

¹³⁹ Angel-Urdinola and Tanabe, 2012, p. 26 based on Egypt Labor Market Survey 2006.

payment of wages or work injury.¹⁴⁰ Unfortunately, unemployment insurance is not extended to workers engaged in occasional or temporary work, seasonal and agricultural, as well as to transport and fishing workers that are prevalent in rural areas (according to the article 85 of the law).

Social insurance in Egypt for years has been challenged by underreporting of wages on part of both employers and employees. Many rural households (in particular, farmers) have multiple income generating activities (farm and non-farm activities, livestock, transfers, remittances, rental incomes, etc.) that complicates verification of their income. According to article 19 of the law, employers are expected to pay 21 per cent of the monthly subscription income that they choose from the table in the executive regulations to the law. This way, employers themselves determine the level of income that will be used to calculate their contributions and there's a risk that many will opt for the lowest income brackets. In Oman, for example, the social insurance scheme for self-employed workers classifies beneficiaries into 8 income groups with various levels of subsidization: the total contribution rate is uniform across all the income groups - 20 per cent - but for high earners, the government subsidizes 4 per cent out of 20 per cent (the insured person contributes remaining 16 per cent), whereas beneficiaries from the lowest income group receive a subsidy of 13,5 per cent (and the insured person covers remaining 6,5 per cent). Most of the insured self-employed workers opted to register in the lowest income group.¹⁴¹

Further on, within the previous regulation framework, Egyptian social insurance had one of the highest contribution rates in the MENA region, reaching up to (combined employers' and employees' share) of 40 per cent of basic wage. Rural workers with lower salaries have limited capacity to contribute to social insurance schemes, so they often choose current consumption rather than insurance against possible future risks, which, coupled with weak state monitoring in the private sector, creates space for evasion and underreporting. To facilitate compliance with social insurance regulations, the new law cuts contribution rates which should reduce the burden of social insurance on businesses. The law provides for tightened sanctions for not obeying with social insurance regulations, including imprisonment for a period of no less than 6 months and a fine of 20,000 to 100,000 pounds. Anyone who provides incorrect data or fails to provide required social insurance data will also be prosecuted according to the law. Enrollment in social insurance and compliance with its regulations can be further enforced by workplace inspections which should be delivered even in the most remote rural areas. Furthermore, mandatory registration with social insurance can be one of the requirements to access some public services. For example, the Moroccan Law #98-15 of 2017 obliges industrial and professional chambers and associations to inform National Social Security Fund about independent workers eligible for the pension and health insurance and check whether a person is registered with social insurance before granting him or her authorization to exercise trade.¹⁴²

In addition, bundling social insurance with other benefits, e.g. health insurance or family benefits, may increase attractiveness of these schemes for rural workers. Many social insurance benefits (such as old-age pension, survivor's benefits) are delayed in time, whereas expenses related to contributions are immediate, which makes many workers reluctant to contribute to social insurance schemes. By bundling social insurance with other programmes providing more immediate benefits (such as health insurance or family benefits), it's possible to stimulate social insurance uptake. For example, in 2008, Morocco extended family benefits to agricultural employees, which might have stimulated their social insurance enrollment, because the share of agricultural contributors to NSSF between 2010 and 2016 rose from 6 per cent to 10 per cent.¹⁴³

¹⁴⁰ De Gobbi and Nesporova, 2010, p. 45.

¹⁴¹ ESCWA, 2019, p. 31-32.

¹⁴² Law #98-15 of 2017, Morocco.

¹⁴³ ESCWA, 2019, p. 27.

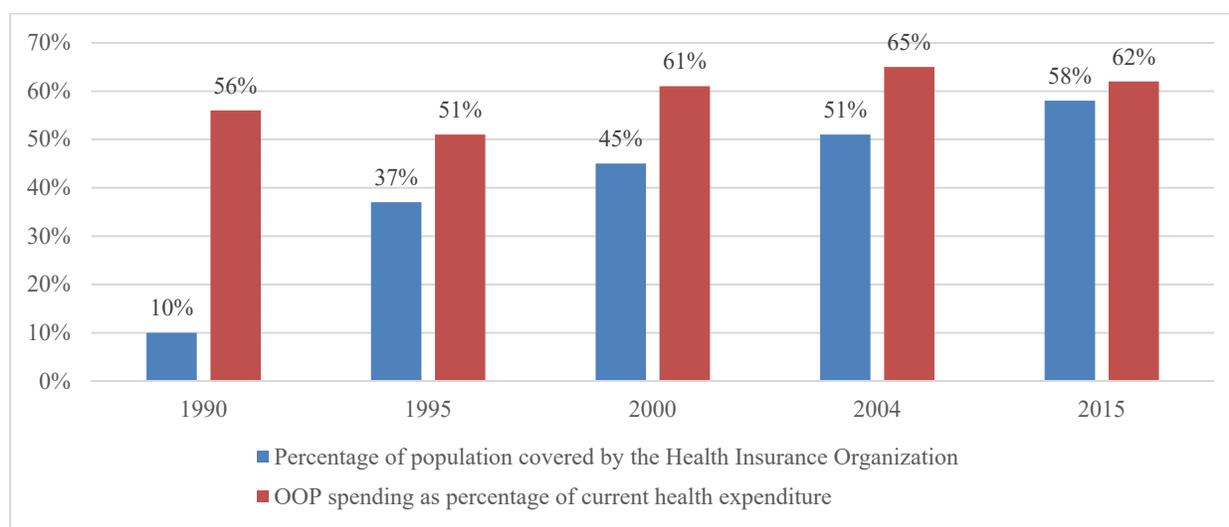
To ensure that levels of benefits are not eroded by inflation, the new social insurance law provides for automatic adjustment of pensions to inflation for up to 15 per cent a year on the 30th of June. It's also important to secure purchasing parity of pensions if inflation exceeds 15 per cent a year: as it was mentioned before, in 2017 consumer prices annual inflation in Egypt reached 29.5 per cent.

2.3. Healthcare

“Every citizen is entitled to health and to comprehensive healthcare with quality criteria. The state guarantees to maintain and support public health facilities that provide health services to the people, and work on enhancing their efficiency and their fair geographical distribution.” (Article 18 of the Constitution of the Arab Republic of Egypt (2014)).

For decades the Egyptian healthcare system suffered from fragmented coverage, poor quality of public services and high out-of-pocket payments. In 2016, current health expenditures in Egypt were around 4.6 per cent of GDP, with government expenditures being only 1.4 per cent of GDP. In the same year, approximately 62 per cent of health expenditures were paid out-of-pocket.¹⁴⁴ The healthcare sector in Egypt was characterized by presence of different public, private and non-for-profit providers delivering health services under contributory and non-contributory schemes. Family members in the same household could be covered by various schemes and programmes, with different benefits and regulations which complicated unitization of health services. Due to wide-spread informality, many workers were not covered by health insurance at all. Rural households, in particular in Upper Egypt and those with the least education, were the most disadvantaged.¹⁴⁵

Figure 5: Health Insurance Coverage and OOP Spending in Egypt between 1990 and 2015 (per cent)



Source: ESCWA, 2019, p.38.

Addressing the aforementioned issues, a new health insurance Law # 2 of 2018 was adopted in December 2017.¹⁴⁶ Its execution started in July 2018 in 5 pilot governorates - Port Said, Suez, Ismailia, North Sinai and South Sinai – and will be expanded to the whole country over the following 15 years.¹⁴⁷

The new law mandates health insurance for all the citizens (optional for Egyptians working abroad or living with families abroad), with contributions payable by the insured person and employer: the employee will pay 1 per cent of the salary (plus 1 per cent for each child or dependent and 3 per cent for a non-working

¹⁴⁴ World Bank Data, 2018.

¹⁴⁵ Zaky and Abdel-Mowla, 2011, p. 74.

¹⁴⁶ Mervat, 2017.

¹⁴⁷ Riad&Riad law firm, 2019.

wife), whereas employers will contribute 4 per cent of employee's salary (at least 50 LE per month).¹⁴⁸ Pensioners, widows and those receiving social pensions will pay reduced contributions of 2 per cent of the monthly pension. The basic unit of insurance coverage within the system is the family. Health subsidy will be available for those who are unable to pay contributions: on their behalf the Government will contribute 5 per cent of the minimum wage per each member in the family. Eligible families will be determined according to targeting criteria set by a committee formed by the Ministry of Social Solidarity, Finance and the Central Agency for Public Mobilization and Statistics. The state plans to cover the poor – from one quarter to one third of the population - with subsidized health services.

The new law also provides measures aimed at administrative reform of the health insurance system, improvement of the quality of health services, and limiting the costs of services in the private sector. For instance, the responsibilities of different entities will be clearly separated in the new system: the General Authority for Universal Health Insurance will have a financing and managing role, the General Healthcare Authority will be a service-provider, the General Health Supervisory and Accreditation Authority will have a supervising and accreditation role (by accrediting service providers, setting quality standards for services and monitoring compliance with them), and Ministry of Health will act as a policy-maker. Each agency will be a legal person with an independent budget. At the same time, this institutional set up might further reinforce “explicit separation of curative services (financed through the universal health insurance system) and preventive and promotive services (financed by the Ministry of Health and Population)”.¹⁴⁹ Apart from contributions, implementation of the new health insurance system will be financed from taxes on corporate revenues, cigarettes, user tolls on highways, issuance or renewal of a driving and car licenses, payments by new medical centers and pharmacies for joining the health insurance system, external and internal grants and loans; subsidies and donations.¹⁵⁰

The new system aims to improve quality of health services delivered at public facilities by setting quality standards. At the same time, many public hospitals are expected to struggle with meeting the new quality standards which might even lead to partial privatization of some of them.¹⁵¹ Furthermore, the benefit package under the new law is rather broad which might later cause “implicit rationing (e.g. waiting lists, shortages)”.¹⁵² Thus, a dedicated committee should be created to develop, describe and (if necessary) revise the benefit package under the new law.

With the new health insurance being rolled out, the government is expected to face several challenges including enrollment of the informally employed and verification of their declared income, identification of the poor in rural areas eligible for subsidized healthcare (some challenges of targeting poor in rural areas are discussed in the chapter 2.1.4) and preventing abuse of the system (including overconsumption of services).

Considering wide-spread informality - which is particularly high in rural Egypt- the Government will find it difficult to enforce enrollment among rural workers and verify their incomes, especially considering that many of them receive income from several sources. To this end, the establishment of a unified data registry with access to databases of different entities (tax authority, social insurance, asset ownership registry, etc.) will help to deliver income checks. The Government also plans to stimulate enrolment by requiring proof of contribution payments when obtaining a driving license or passport or enrolling children in school.¹⁵³

¹⁴⁸ Article 40, health insurance Law # 2 of 2018.

¹⁴⁹ Mathauer, Khalifa and Mataria, 2019, p. 9.

¹⁵⁰ Article 40, health insurance Law # 2 of 2018.

¹⁵¹ Gamil, 2017.

¹⁵² Mathauer, Khalifa and Mataria, 2019, p. 9.

¹⁵³ ECSWA, 2019, p. 38.

To foster compliance, the law provides for penalties: providing incorrect data or failing to provide data stipulated by the health insurance regulations shall be punished by imprisonment for a period of no less than 6 months and a fine of no less than 2,000 LE and not exceeding 10,000 LE, or one of these two penalties; preventing judicial authorities from entering the workplace or inspecting documents shall be punished by imprisonment for a period of no less than 6 months and a fine of no less than 20,000 LE and not exceeding 100,000 LE; helping an employer or an insured person to evade the fulfillment of his obligations shall be punished by imprisonment for a period of no less than 6 months and a fine of no less than 100,000 LE and not exceeding 200,000 LE, or by one of these two penalties. The law also has provisions punishing doctors, pharmacists, medical staff and the like who are making prescriptions or handing medicines and medical assets to people who are not entitled to them; care providers, beneficiaries or officials who intentionally submit false claims or claims for services not provided or services provided to non-insured persons; and officials who have not collected contributions of an insured or an employer.

In the absence of reliable information on incomes of the population, the Government will resort to proxy means testing to identify the most underprivileged groups eligible for subsidized healthcare.

However, no matter how well they are designed, proxy-means testing formulas are never perfect and, thus, may result in significant inclusion and exclusion errors. Focus groups with Takaful and Karama beneficiary and non-beneficiary respondents showed that large numbers of eligible poor households were reportedly omitted from the programme and, at the same time, some families who should not qualify were receiving benefits (please see chapter 2.1.4 for more details). Outreach campaigns in rural areas are needed to ensure that the population is informed about the roll-out of the new insurance, as well as how and where they can enroll. In addition, grievance mechanisms must be in place to allow those erroneously excluded from health insurance subsidies to challenge the decision.

To avoid overconsumption of health services the Government devised a number of measures including introduction of specific IT tools, gate-keepers and copayments for services and medicines. IT solutions and auditors will control different processes and transactions, e.g. check reasonableness of referrals. Furthermore, each family will be assigned to a family doctor – a kind of gate-keeper - and will have an electronic file where the medical history of the household members will be recorded. Healthcare services will be divided into three levels, with level 1 being preventive measures, referrals, health promotion and combating spread of diseases in the pre-infection stage; level 2 will encompass diagnosis and treatment of a disease at hospitals; and level 3 will include rehabilitation for special cases in specialized hospitals and centers. Beneficiaries will be required to visit their family doctor first to access other healthcare services: i.e. within the gate-keeper system, beneficiaries can receive level 2 and 3 services only if they are being referred from the level 1 (except for emergencies).¹⁵⁴

Copayments (per intervention) will be applied to limit overconsumption of health services, whereas for the cases of proven need (like chronic diseases) patients can be exempted from those. A specialized committee including independent specialists will be established to set prices of medical services. Insured people will be able to choose between different public and private accredited providers. In addition, the government may consider setting lower copayments for some groups (e.g. children) and/or differentiated cost ceilings for different beneficiaries depending on their income.¹⁵⁵

Furthermore, many technical details related to purchase of services and provider payment methods, management information system, institutional set up and its operation are not adequately described in the law which to some extent complicates its implementation.¹⁵⁶ Thus, it's necessary to develop and agree on a detailed implementation plan involving all the relevant bodies. In addition, each body should have a clear

¹⁵⁴ Toka, 2019.

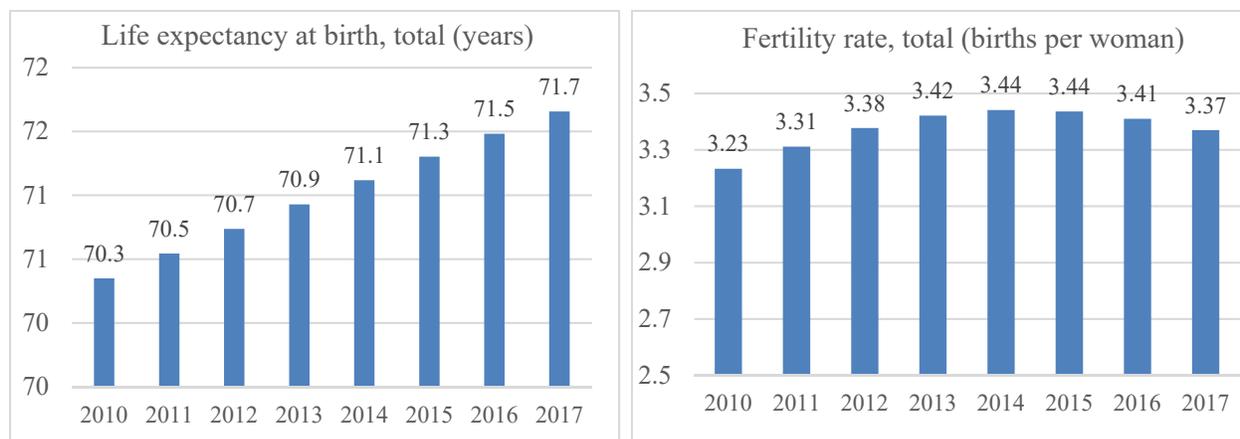
¹⁵⁵ Mathauer, Khalifa and Mataria, 2019, p. 10.

¹⁵⁶ Ibid., p. 9.

mandate with specific duties and responsibilities which (if necessary) should be supported by relevant staff capacity building plan. In addition, it's worth investing in health management information system that will facilitate coordinated implementation of the law, monitoring and data-driven decisions, reduce administrative burden and make the processes more transparent and accountable.

Financial sustainability of the system also raises concerns: it's difficult to assess whether the aforementioned sources of funding will be sufficient to cover prospective healthcare costs (particularly considering growing life expectancy and a fertility rate that was rather stable over the last 6 years).

Figure 6: Life Expectancy at Birth (years) and Fertility Rate (births per woman), Egypt



Source: World Bank database.

Article 18 of the Egyptian Constitution of 2014 states that “[t]he State shall maintain and support public health facilities that provide health services to the people, and shall enhance their efficiency and their equitable geographical distribution. The State shall allocate a percentage of government spending to health equivalent to at least 3 per cent of gross national product (GNP), which shall gradually increase to comply with international standards”. So far, the Government didn’t meet the target of spending 3 per cent of GNP on healthcare.

Apart from the aforementioned problems, the implementation of the law might face additional complications in rural areas: There’s evidence of both supply- and demand-side barriers to accessing healthcare in rural communities. Major barriers include the distance to the preferred healthcare unit, unavailability of transportation, lack of personnel, equipment and medicines, and personal and cultural norms (the latter are particularly strong in rural communities of Upper Egypt).

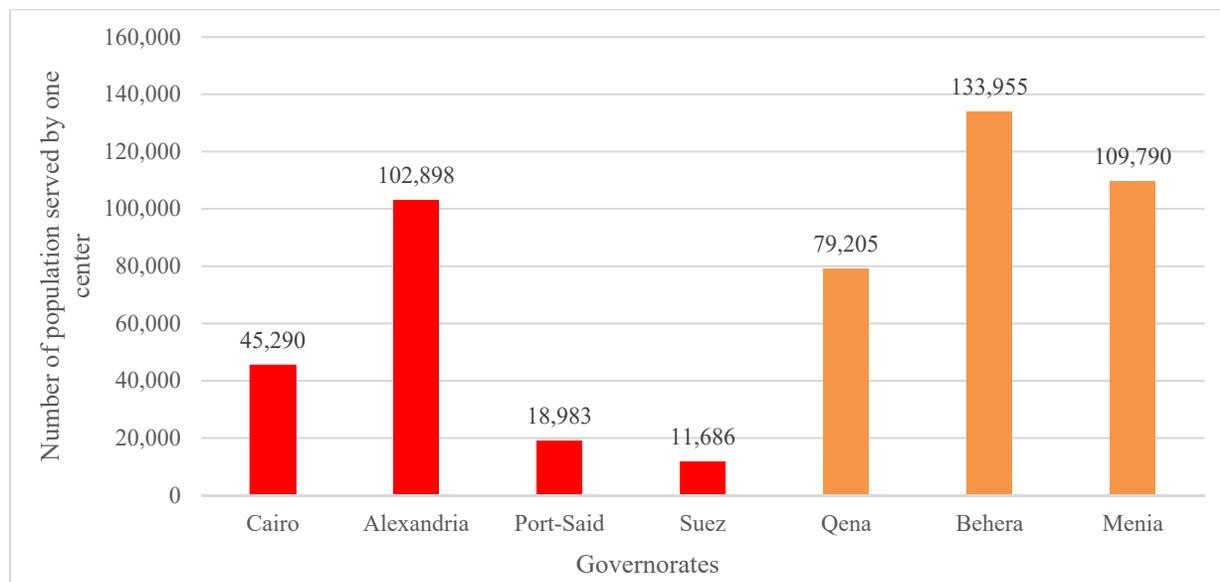
With regard to the supply of health services, the Egypt Human Development Report 2008 revealed that rural residents have access only to one fifth of health units available to urban residents.¹⁵⁷ As considerable funds went to urban areas and well-equipped specialist hospitals, rural health stations and village clinics were left underfunded.¹⁵⁸ Figure 8 below also shows that first aid centers in predominantly rural governorates serve on average much higher numbers of people than in urban governorates with the notable exception of Alexandria. In addition, hospitals and facilities in rural areas had troubles recruiting and keeping qualified personnel. Thus, significant investments are required to improve the health infrastructure in rural areas, train and retain medical personnel. Moreover, as many private health providers do not operate

¹⁵⁷ Zaky and Abdel-Mowla, 2011, p. 75.

¹⁵⁸ Loewe, 2013, p. 9.

in rural areas, the limited choice poses another challenge and keeps many rural dwellers from benefitting from quality healthcare services.¹⁵⁹

Figure 7: Number of People Served by First Aid Centers by Selected Governorates, 2016



Source: CAPMAS, 2018.

Among the demand-side barriers one should mention low overall awareness about health issues and their treatment which is particularly wide-spread among rural population and might prevent them from seeking healthcare services. For example, in 2015 only 8 per cent of rural women between 15 and 59 knew how to conduct breast self-examination as opposed to 16.4 per cent of urban ones.¹⁶⁰ Similarly, twice more women in urban areas knew about pap smear. Low awareness might be associated with lower health services take-up in the rural areas, as in the same year the same rural women were three times less likely to have a clinical breast examination and twice less likely to have pap smear than urban ones.¹⁶¹ When addressing the issues of low awareness, it's necessary to specifically highlight benefits of regular health checks and preventative services, as well as inform population about the major provisions of the new health insurance law. To reach out to the most distant areas and most vulnerable population groups, this awareness raising campaign should be delivered in cooperation with local stakeholders. In addition, it's worth considering creating an ongoing feedback mechanism in the form of citizen focus groups or consultations.

A research on perceived barriers to accessing basic healthcare by women carried out in 2009 in three villages of Upper Egypt showed that around 30 per cent of females considered distance to a healthcare facility and the lack of transportation as barriers to using healthcare; 42 per cent mentioned high costs and around a quarter of female respondents indicated the necessity to obtain family permission, finding time to visit healthcare facilities and concern about unavailability of female doctors as major barriers to accessing health services.¹⁶² A careful analysis of the information and control for confounding variables allowed

¹⁵⁹ ILO, 2009, p. 10.

¹⁶⁰ Ministry of Health and Population et al., 2015, p. 97.

¹⁶¹ Ibid.

¹⁶² Chiang et al., 2013, pp. 226-230.

revealing that long distance to a preferred healthcare facility and lack of transportation led to lower use of both preventive (antenatal) care and treatment services; high cost of medical services seemed to prevent women from accessing medical treatment but not antenatal care, and personal and cultural norms showed no statistical association with utilization of either treatment or antenatal care. Thus, financial barriers, long distance to health facilities and unavailability of transportation are important factors preventing many rural women from using healthcare services.

Thus, many rural dwellers lack access to adequate health services in rural areas. To alleviate the situation, investments in strengthening health infrastructure, as well as in the capacity building and retention of staff in rural areas are required. Outreach campaigns should be delivered to inform rural population about their health risks, the need for regular medical check-ups and health insurance regulations. The new health insurance being rolled-out in Egypt has specific mechanisms facilitating access to healthcare for the most impoverished citizens. Further attempts to formalize the informal economy and enforce compliance with health insurance regulations should stimulate uptake. In addition, effective and transparent tools to identify the poor eligible for subsidized healthcare are needed, as well grievance mechanisms.

2.4. Complementing and Coordinating Social Protection Systems with Broader Social and Public Policies

To ensure income security of rural people and build their resilience, it's necessary to roll-out social protection systems adjusted to the realities of rural Egypt and complement them with other relevant social and public policies. Another way to say it - social protection policy should be integrated into a broader policy context: different policies should support each other in reaching the objectives, while minimizing negative implications on each other. When planning new social protection interventions in rural areas, one should ensure a mix of programmes providing short-term consumption smoothing (e.g. public works, cash transfers) and more strategic programmes creating sustainable resilience to external shocks by stimulating of entrepreneurship and SME development, diversification of sources of income and economic activities, building human capital, etc. (e.g. asset packages, conditional cash-transfers, subsidized (interest-free) lending). Availability of both types of programmes is needed to ensure that rural households have basic means of existence in their hour of need and the tools to reduce own vulnerability in the longer run. Some interventions can be temporary or coincide with the seasonality of works (and, thus, income fluctuations) in rural households to provide relief when it most needed. Some of the complementary policies are discussed below.

With the reduction of fuel subsidies and flotation of the Egyptian pound, agricultural enterprises and farmers are experiencing rising production costs. Agricultural input subsidies have the potential to increase productivity of farmers in Egypt and strengthen their income security, but their implementation mode should be reformed (particularly, the distribution of subsidized fertilizer through cooperatives). Crops insurance is another way to protect farmers from bearing all the costs of adverse agricultural events. The first crops insurance policy in Egypt was approved by the Financial Regulatory Authority in June 2018.¹⁶³ Under the new policy farms will be compensated in the event of crop failures caused by external factors. Studies are being carried out to determine premiums rates. Crops insurance can be also implemented on the community level. Unfortunately, there's little evidence so far on the effect of agricultural insurance.¹⁶⁴

Public works programmes - or providing cash or in-kind transfers to poorer population groups in exchange for work - is another way to ensure income security for rural citizens. In 2012, UNDP and the Egyptian

¹⁶³ Asia Insurance Review, 2018.

¹⁶⁴ International Initiative for Impact Evaluation, 2017, p. 1.

Social Fund for Development established a Labor-Intensive Works Program which between 2012 and 2015 delivered almost a million workdays in poorest villages.¹⁶⁵ Further expansion of this programme (both geographically and to broader vulnerable groups) can ensure medium-term income source to many rural families and improve infrastructure and public facilities which are required for quality living and economic development of rural areas.

Asset packages is another tool to boost productivity of poor rural households and pull them out of poverty. Whereas cash transfers are predominantly aimed at consumption smoothing (although they can also be invested), asset packages facilitate productive activities. An example of this is the BRAC Graduation Model, which originated in Bangladesh. The model involves a set of activities from consumption smoothing (cash transfers) and coaching on savings generation to business and livelihood trainings and provision of assets (for example, a cow) to create sources of income. Consequently, after graduation from the 24 months' program participants are expected to be mature enough to receive access to credit and achieve sustainable livelihoods. Evaluation of the model revealed that between 2002 and 2008, 92 per cent of participants graduated from "extreme" to "moderate" poverty.¹⁶⁶

As it was previously mentioned, local businesses and in particularly farmers suffer from poor infrastructure, underdeveloped storage and transportation which prevent them from finding new markets and distribution channels.¹⁶⁷ Some estimations point out that approximately 15 per cent of the agricultural outputs gets lost after harvesting due to the weak marketing, storage, and transportation systems.¹⁶⁸ These losses can be reduced by providing training to rural citizens on crop preservation and by building and maintaining relevant infrastructure, storage and transportation systems which can be public or managed by cooperatives of agricultural producers. Management of the public irrigation system could be improved as well.

Capacity building of farmers cooperatives in rural areas can further spur efficiency of farm holders. Members of cooperatives can jointly buy input materials in large amounts at wholesale prices thus generating significant savings. Cooperative members can jointly organize transportation of input materials and goods, buy, use and maintain expensive equipment, build and maintain a storage or a shop. Local producers can have more bargaining power with wholesale buyers: wholesale buyers may be more eager to negotiate with cooperatives rather than separate small farmers because of the larger amounts of produce they can offer and reductions in transaction costs. At the same time, all the members of cooperative must ensure the same quality standard of produce.

Another problem preventing farmers from receiving higher return from their activities is traditional *kerala* approach to marketing, by which the harvest is sold in the field at price calculated per feddan whereas all the costs associated with the harvesting, sorting, and transportation are born by the buyer.¹⁶⁹ In this case, the farmer receives only a fraction of the final market price estimated at 20 per cent for some vegetables.¹⁷⁰ By taking additional effort to harvest and carry out initial processing, farmers would be able to receive higher price for their produce and ask for surcharges for supreme quality products. Additional capacity building, relevant infrastructure and equipment are needed to link local producers to potential buyers. Capacity building in compliance with quality standards is needed, as according to the estimations of the Egyptian Ministry of Agriculture 70 per cent of the processing of agricultural goods is done informally

¹⁶⁵ UNDP, n.d., p. 1.

¹⁶⁶ Devereux, 2016, p. 19.

¹⁶⁷ IFAD, 2014, p. 2.

¹⁶⁸ Ghanem, 2014, p. 14.

¹⁶⁹ Ibid, p. 13.

¹⁷⁰ Ibid, p. 13.

without assurance of quality and safety standards.¹⁷¹ Changes in laws regulating land ownership and management might also contribute to improved agricultural efficiency.

The promotion of rural non-farm activities may in fact be one of the most effective routes out of poverty for rural citizens. Analysis of surveys from 16 countries in Africa, Asia, Eastern Europe, and Latin America show high prevalence of non-farm activities in countries of all regions but Africa, where high rates of poverty are interrelated with heavy dependence on farming. Therefore, promoting non-farm activities can stimulate rural development.¹⁷²

The creation of a comprehensive farmers' registry could also be a significant step towards formalization of agricultural sector, development and implementation of targeted evidence-based policies and interventions.

¹⁷¹ Ghanem, 2014, p. 14.

¹⁷² Ibid, p. 33.

3. CONCLUSION

As this paper argues rural dwellers are one of the most underprivileged population groups in Egypt, suffering from income poverty and multiple deprivations in the spheres of health, education, adequate living conditions, access to formal employment and social protection mechanisms. Thus, the adoption of a comprehensive social protection floor, complemented by other social, agricultural or infrastructure policies, is needed to stop sufferings of rural citizens, prevent inter-generational transmission of poverty, and boost human capital formation, thus, spurring returns to the overall economy. Furthermore, to deliver sustainable solutions for rural population social protection policies should be coordinated with broader social and public policies, such as labour market policies, education, access to financing, etc.

This chapter summarizes major recommendations to improve social policy and access to social protection in rural areas which are: redistribution of public funds in favor of lagging rural areas, reforming the existing social protection mechanisms to better serve the needs of rural population, introducing new social protection mechanisms tailored for rural areas and coordination of social protection interventions with broader social and public policies.

The Egyptian social protection system, despite its complexity and size, had limited impact on poverty rates with some mechanisms and programmes being biased towards urban areas. Egypt's blanket subsidies used to absorb significant share of country's budget leaving limited fiscal space for more targeted programmes. Successful experiences of other countries indicate that there are two critical components of subsidy reform: compensatory measures for the vulnerable population and a solid communications strategy to explain benefits to the broader public.¹⁷³ Savings from subsidies' cuts could be channeled into expanding the Social Solidarity Pension, Takaful and Karama, and the School Feeding Programme, improvement of health and educational facilities and infrastructure in rural areas, as well as in improving adequacy of benefits. To improve targeting, the Government may wish to further work towards expansion of the Unified National Registry and Takaful and Karama beneficiary database.

Significant reforms have already been implemented to Egypt's food subsidies, but the programme still suffers from targeting challenges. With the roll-out of affluence testing in 2019, it's necessary to minimize exclusion errors through accurate targeting criteria, targeted outreach campaigns encompassing rural areas and transparent and effective grievance mechanisms making sure that erroneously excluded beneficiaries can challenge the decision (as there seem to be multiple complaints on arbitrary exclusion).¹⁷⁴ To avoid misunderstanding and irritation, exclusion criteria should be explained to the population, and, due to specificities of rural life, different exclusion criteria should be applied to rural and urban areas.

For newly issued ration cards, the number of registered persons under the same card is capped at 4, whereas the highest poverty rates are being registered in big families with more than 10 members. Thus, the Government might consider lifting this cap, noting that it should be done carefully not to undermine its efforts to curb population growth. It's necessary to ensure availability of subsidized commodities even in the most remote rural areas. Quality controls should be applied to baladi bread and the choice of foods under the smart card should be expanded in favour of healthier products or products preferred/used in specific areas.

Considering high levels on inflation in Egypt over past years, all benefits should be timely and sufficiently indexed, which is not always the case. The government might consider mandating a regular automatic auto-adjustment for all benefits. It's necessary to ensure adequacy of benefits so that social assistance recipients would enjoy minimum acceptable standard of living.

¹⁷³ Ghanem, 2014, p. 10.

¹⁷⁴ Kassab, 2019.

Availability and accessibility of quality education, health and other services should be among the key considerations as the government continues to roll out social protection programmes. Education and health facilities in the rural areas are of low quality and a new approach to staff training, motivation and retaining is needed. Health and education conditionalities of the Takaful programme (which are not yet enforced) should be revised given poor infrastructure in rural areas: as it was mentioned before, rural families benefitting from Takaful struggled to send their children to secondary schools located outside of their village because of high transportation costs.¹⁷⁵ Thus, it's necessary to ensure that relevant educational and health facilities are available for the beneficiaries of the programme and, further, a vast network of trained social and health workers must deal with conditionality compliance case by case.¹⁷⁶

The Government has plans to expand the School Feeding Programme, which is another welcomed step towards improving social protection in Egypt.¹⁷⁷ The government must ensure that rural residents are specifically targeted in this expansion given they have higher rates of food insecurity and malnutrition.¹⁷⁸

Considering low standard of living in rural areas, programmes aimed at improving living conditions - including decent housing, safe water and sanitation and connection to electricity and gas networks at subsidized rates - should be expanded in rural areas.

Also, Egypt is reforming its social insurance system: the new Social Insurance Law #148/2019 regulating old-age, disability, death, work injuries, disease and unemployment insurance was adopted in August 2019. It covers population groups that were previously treated by different laws. To improve financial sustainability of the social insurance system, it raises the normal retirement age to 65 years by 2040 and the minimum vesting period to 15 years (and 25 years for early retirement). It sets a minimum pension at 65 per cent of the minimum insurance wage¹⁷⁹ and automatic pension indexation for inflation for up to 15 per cent every year. The new Law covers 10 previously uncovered categories of workers, including seasonal and domestic workers, fishermen, owners and tenants of small agricultural plots, temporary workers in agriculture, breeding or farming, owners rural or family enterprises, etc. Implementation of the law in rural areas might be impeded by wide-spread informality and salary underreporting. To facilitate compliance with social insurance regulations, the new law cuts contribution rates (to decrease financial pressure on businesses) and tightened sanctions for not obeying with social insurance regulations. The government must enforce compliance, for example, through workplace inspections. Simplification of registration procedure might further encourage potential participants to enroll. In addition, enrollment might be stimulated by bundling social insurance with other benefits. Effective communication strategies are needed to inform rural workers about social insurance schemes and enrollment procedures.

For years, rural residents were especially disadvantaged in terms of access to healthcare, since they are mostly informally employed - and therefore lack health insurance - and rural areas suffer from insufficient and deteriorating health infrastructure and lack of personnel, equipment and medicines, long distance to preferred healthcare facility, unavailability of transportation, high costs of health services, etc. The new health insurance law addresses many of the aforementioned issues by making health insurance mandatory, subsidizing contributions for the most poor and vulnerable population groups, revising healthcare financing mechanisms and addressing many administrative and legal challenges. With many technical details related to the implementation of the law not being adequately specified in the law, it's necessary to develop a detailed implementation plan involving all the relevant bodies. With the new health insurance being rolled

¹⁷⁵ ElDidi et al, 2018, p. 45.

¹⁷⁶ ElDidi et al, 2018, p. 48.

¹⁷⁷ Al-Aees, 2016.

¹⁷⁸ Ghanem, 2014, pp. 4-6.

¹⁷⁹ Egypt Today, 2019.

out, the Government will face issues of enforcing enrollment of the informally employed people and verification of their income, challenges of identification of the poor eligible for subsidized healthcare in the rural areas, preventing abuse of the system, etc. It's necessary to address demand side barriers, including personal and cultural norms which are strong in rural communities of Upper Egypt, promote preventive healthcare and increase awareness about health issues and treatment that prevent many rural people from seeking health services.

A new need-based approach to planning of regional development and funds allocation involving all relevant stakeholders is needed: it's necessary to re-examine sectoral allocation of public investment in each region to make sure they are in line with the region's most acute needs.¹⁸⁰ Rural organizations and local municipalities must be engaged in planning, implementation and monitoring of social protection programmes, since they are aware of the needs of rural population. They can also provide services to rural citizens through collective risk management and assistance funds.¹⁸¹ Therefore, redirecting public spending in favor of neglected rural areas, allocating funds based on specific needs of the population in each area, and introducing an inclusive and participatory planning and implementation processes have the potential to improve impact of public investment for rural residents.

Furthermore, as it was already emphasized, to ensure sustainable impact of social assistance programmes, they should be coordinated with and complemented by broader social and public policies and mechanisms such as effective agricultural input subsidies, public works programmes, crops insurance, transfer of asset packages, investments in business infrastructure and capacity building, support of development of unions, associations or cooperatives, promotion of rural non-farm activities, etc. It might be relevant to revise inheritance laws and stimulate development of the land market in Egypt to limit the fragmentation of land and improve economic efficiency of households.

¹⁸⁰ Ghanem, 2014, pp. 7-8.

¹⁸¹ FAO, 2015, p. 1.

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