

Urban Govs.
22%

Prevalence of stunting
among under 5 children

39%

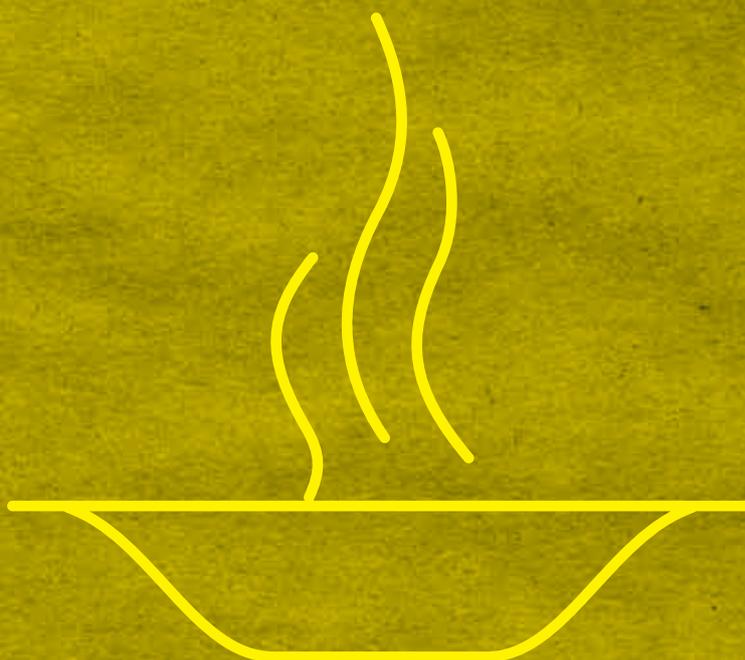
Urban lower Egypt

Male
19%

Percentage of adolescents
(10-19 yrs) above normal weight

25%

Female



Malnutrition

Male
18%

Prevalence of obesity
among adults (15-59 yrs)

Female
40%



1

ERADICATE EXTREME POVERTY AND HUNGER

MDG Indicators

- Prevalence of underweight (moderate and severe): 6%
- Prevalence of underweight (severe): 1.3%

I. Introduction

Egypt Demographic and Health Surveys (EDHS) have been conducted in Egypt since 1988 to provide information to policy makers and researchers about the health situation in the country. The EDHS is repeated regularly (every 3-5 years) and it offers useful information while also monitoring and evaluating changes in maternal and child health indicators. Policy makers; therefore, can use data from the EDHS series to monitor and evaluate current family planning and health programmes, and also plan future health-related strategies.

In order to facilitate the use of the EDHS amongst policy makers and health providers, and to highlight important information in the report, UNICEF and UNFPA produced materials for dissemination that simplify the EDHS findings in the form of booklets and brochures. These materials will be distributed to policy makers, health providers and social workers and aim to increase the awareness of interested stakeholders in EDHS data and to help in the monitoring and evaluation of current activities and programs.

This booklet is one of the dissemination materials used to highlight data from the 2008 EDHS, and

it will provide readers with the latest information, published in 2008, about the nutritional status of three different groups: children under-five, never-married adolescents (10-19 years old), and adults (15-59 years old) in Egypt. It includes information about the nutritional trends of young children under-five using data from the last three EDHS publications (2000, 2005 and 2008). In addition to information about the nutritional status of adolescents. Furthermore, this booklet provides readers with data about the prevalence of obesity in women and men aged 15-59. Data is presented according to different socioeconomic characteristics including urban/rural, place of residence, mother's education, and wealth quintiles.

This booklet can be used to aid policy makers and health providers in formulating policies and strategies that help improve nutrition indicators specially for children in Egypt and achievement of the Millennium Development Goals (MDGs).

It must be noted prior to presenting the results that the anthropometric data presented from the 2008 EDHS are compared to new growth standards generated by WHO from data collected through the Multi centre Growth Reference Study (WHO 2006b).

II. Nutritional status of children under-five years of age

Optimum nutrition and proper feeding of infants and young children are some of the most important determinants of their health, growth and development. The nutritional status of children under-five years of age is an important indicator about the feeding and nutrition practices in Egypt. The anthropometric measurements as well as information on the ages of the children are used to construct the following three standard indices of physical growth:

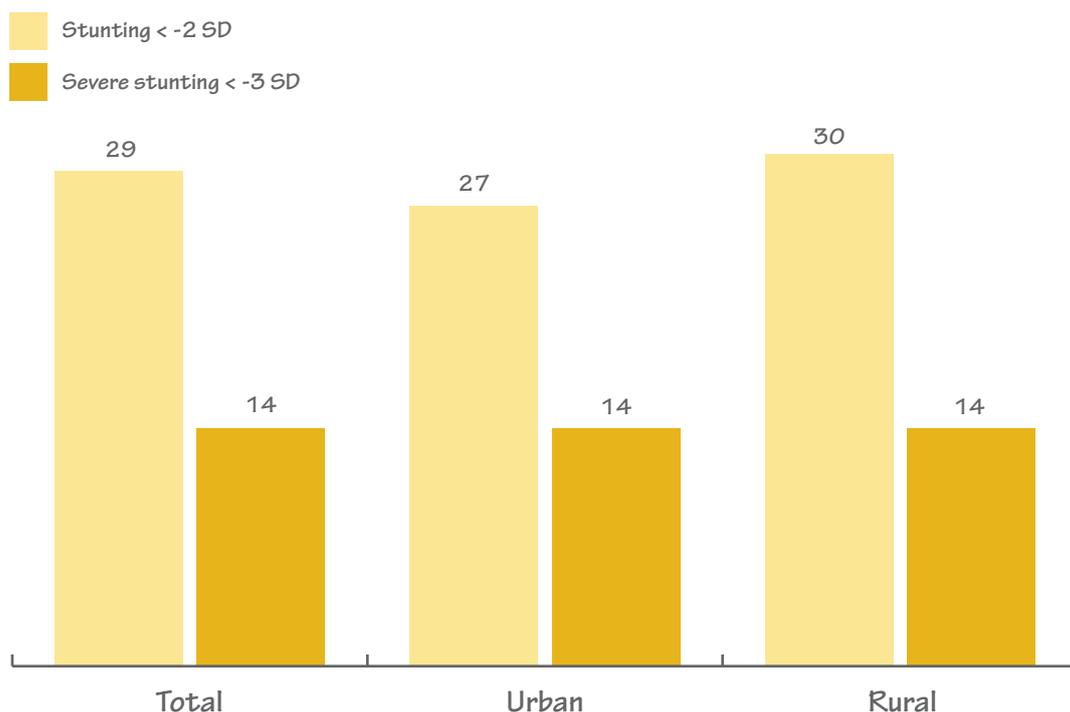
- **Height-for-Age:** indicates stunting
- **Weight-for-Height:** indicates wasting
- **Weight-for-Age:** indicates underweight

Height-for-Age

An examination of the height-for-age data from the EDHS indicates that there is a considerable rate of stunting amongst Egyptian children. The 2008 EDHS found that 29% of children under the age of five were stunted and 14% were severely stunted. The prevalence of stunting was higher in rural areas than urban ones (30% vs. 27% respectively), and the prevalence of severe stunting is the same in both urban and rural areas (14%).

3 in 10 Egyptian children under the age of five are stunted. Of these children, more than one is severely stunted.

Figure 1: Prevalence of stunting amongst children under five according to residence (%)



The prevalence of stunting varies according to place of residence as shown in Table 1. Surprisingly, Lower Egypt Governorates have the highest rates of stunting, where the prevalence is 33% in rural areas and reached 39% in urban areas. The prevalence of stunting in Upper Egypt remains lower than rates in

Lower Egypt (23% in urban and 27% in rural areas).

Table 1 also shows that the highest prevalence of severe stunting is in the urban and rural areas of Lower Egypt Governorates (21% in urban areas and 18% in rural areas) followed by frontier governorates (15%).

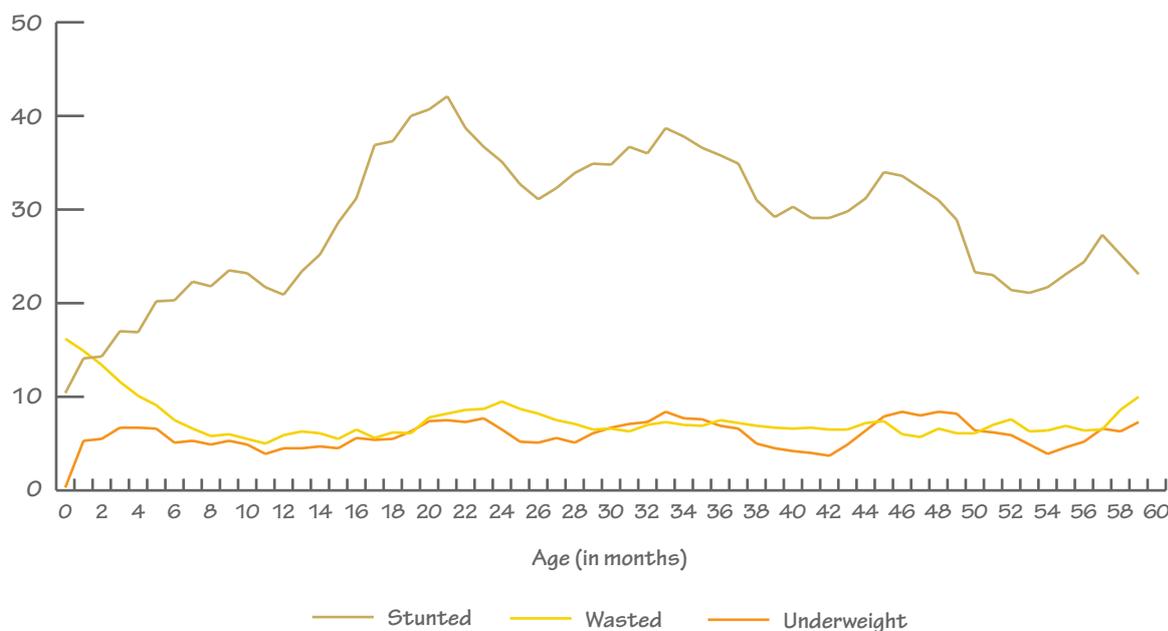
Table 1: Prevalence of stunting in children under-five according to place of residence (%)

Height-for-age	Urban Gov.	Lower Egypt		Upper Egypt		Frontier Gov.
		Urban	Rural	Urban	Rural	
Percentage below -2 SD	22	39	33	23	27	28
Percentage below -3 SD	12	21	18	9	10	15

According to the EDHS 2008 results, stunting was apparent even in children under six months of age. Stunting levels increased rapidly with age: from 17% of children under the age of 6 months to 41% in

children aged 18-23 months. These levels declined to 24% in children aged 4 and up (Figure 2). In addition, stunting tends to be higher in male children (31%) than in female children (27%).

Figure 2: Nutritional status of children according to age (months)



EDHS 2008 data indicate that neither the mother’s education nor the wealth quintiles affected the prevalence of stunting amongst children under the age of five as seen in Table 2. This means that socioeconomic factors do not seem to have effect on the chronic malnutrition levels observed amongst Egyptian children and may suggest that there are a number of complex factors interfering with the proper nutrition of children, which may include: unhealthy feeding habits, lack of awareness about the importance of dietary diversity and food availability for the poor.

Stunting levels are almost the same across the different wealth quintiles and according to a mother’s education. Investigations are therefore needed to identify the causes of stunting in Egyptian children.

Table 2: Prevalence of stunting amongst children under-five according to mothers' education and wealth quintile (%)

Height-for-age	Mothers' education				Wealth quintile				
	No educ.	Some prim	Some second	Second or higher	Lowest	Second	Middle	Fourth	Highest
Percentage below -2 SD	30	28	30	28	30	31	27	30	27
Percentage below -3 SD	13	13	16	14	13	15	12	16	15

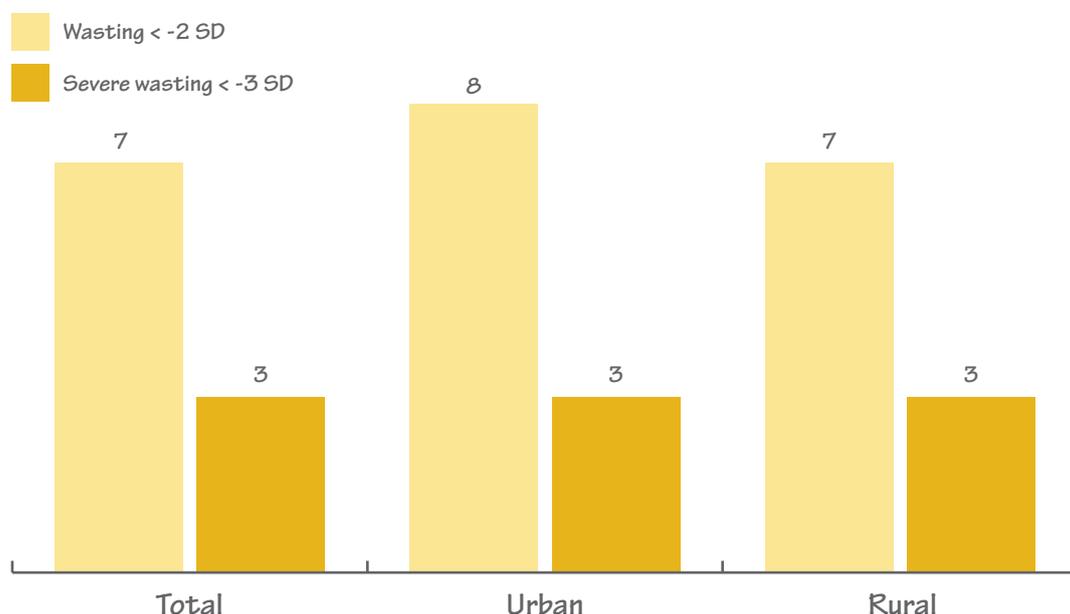
Weight-for-Height

The weight for height index provides a measure of wasting and reflects the effects of recent food shortage, or recent episodes of diarrhoea or other illnesses that contribute to malnutrition and adversely

affect a child's nutritional status. The 2008 EDHS results indicated that 7% of children under the age of five were wasted and 3% were severely wasted. Surprisingly, the prevalence of wasting was higher in urban than rural areas (8 vs. 7 respectively) as shown in Figure 3.

In general, around one in 10 children under the age of five are underweight for their height (i.e. wasted) with almost no variation according to the place of residence.

Figure 3: Prevalence of wasting amongst children under five years of age (%)



As Figure 2 shows, the prevalence of wasting was higher in children under 6 months of age than at the 24 and 58 month points. More in-depth and qualitative studies are needed to clarify these findings.

Table 3 highlights the wasting prevalence, which

is highest in urban Governorates (10%) and is followed by high rates in urban parts of Upper Egypt (8%) and rural areas in Lower Egypt (7%). The highest prevalence of severe wasting (below -3SD); however, was recorded in urban Governorates (4%).

Table 3: Prevalence of wasting in children under-five according to place of residence (%)

Weight-for-height	Urban Gov.	Lower Egypt		Upper Egypt		Frontier Gov.
		Urban	Rural	Urban	Rural	
Percentage below -2 SD	10	6	7	8	6	6
Percentage below -3 SD	4	3	3	3	3	3

With reference to a mother’s education (Table 4), the level of schooling a woman reached did not affect the prevalence of wasting in her children, which is 8% amongst mothers with no education

and 7% for mothers with a high level of education. On the other hand, the wealth quintile did not affect the prevalence of wasting in children under-five.

Table 4: Prevalence of wasting amongst children under-five according to mothers’ education and wealth quintile (%)

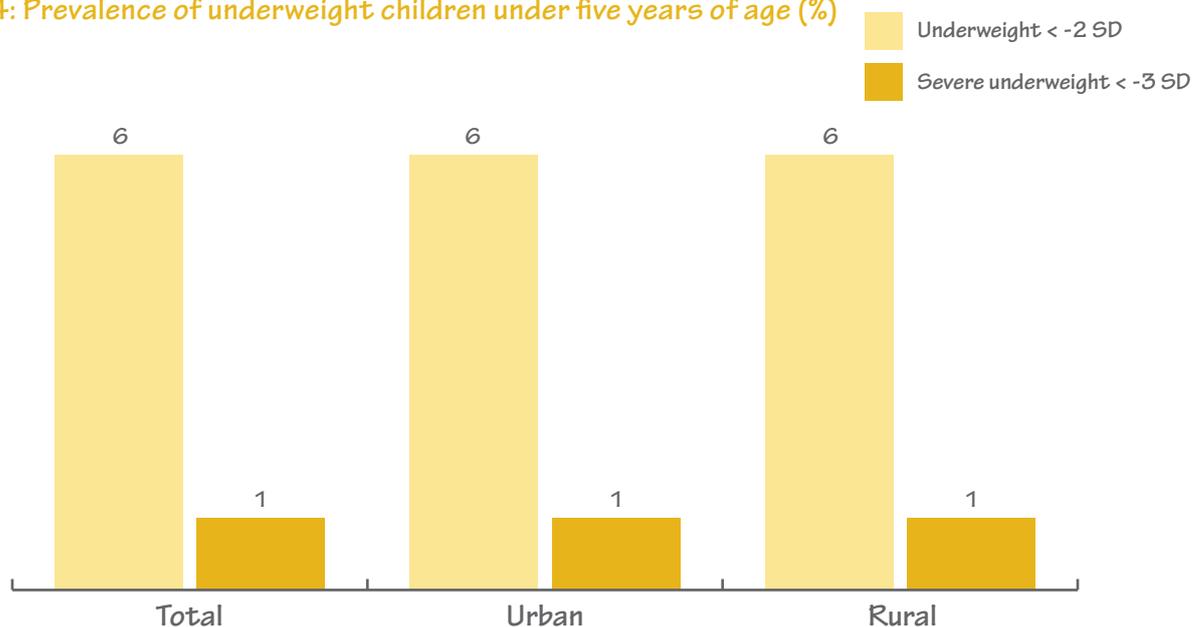
Weight-for-height	Mothers’ education				Wealth quintile				
	No educ.	Some prim	Some second	Second or higher	Lowest	Second	Middle	Fourth	Highest
Percentage below -2 SD	8	6	7	7	7	8	8	6	8
Percentage below -3 SD	4	3	3	3	4	3	4	3	3

Weight-for-Age

EDHS 2008 results indicated that 6% of children under-five years of age are underweight with 1%

being severely underweight. The incidence of underweight children was the same in urban and rural areas as shown in Figure 4.

Figure 4: Prevalence of underweight children under five years of age (%)



The prevalence of underweight children was higher in male children (7% for males and 5% for females). Neither the birth order nor the birth interval affected the prevalence of underweight children under the age of five.

The prevalence of underweight children varies according to place of residence. The highest numbers of underweight children are found in urban and rural areas of Upper Egypt (7% for both), while the lowest rates are found in frontier Governorates (4%).

Table 5: Prevalence of underweight children below the age of five according to place of residence (%)

Weight-for-age	Urban Gov.	Lower Egypt		Upper Egypt		Frontier Gov.
		Urban	Rural	Urban	Rural	
Percentage below -2 SD	6	5	6	7	7	4
Percentage below -3 SD	1	2	1	1	1	1

The prevalence of underweight children did not vary much according to age, but it is interesting to note that the highest prevalence of underweight children is between the ages of 18-23 months (8%).

the prevalence of underweight children and the highest prevalence was noticed amongst children of mothers with no education (8%). Furthermore, the wealth quintile plays a role in the pervasiveness of underweight children, and the highest prevalence was found in the lowest quintile (8%).

Table 6 highlights that a mother's education affects

Table 6: Prevalence of underweight children under the age of five according to mothers' education and wealth quintile (%)

Weight-for-age	Mothers' education				Wealth quintile				
	No educ.	Some prim	Some second	Second or higher	Lowest	Second	Middle	Fourth	Highest
Percentage below -2 SD	8	6	6	5	8	6	6	5	5
Percentage below -3 SD	1	1	1	1	1	2	1	1	1

The impact the number of children and birth order have on a child's nutritional status

There are many factors that can indirectly affect the nutritional status of children under five such as the number of under-five children in the family, birth order, interval between births and infant size at birth. Table 7 shows the data indicating malnutrition rates amongst children under-five according to the

number of children, birth orders, and birth intervals.

Unexpectedly, the number of children under-five and the birth order did not have a great effect on the prevalence of malnutrition rates as seen in Table 7. The birth interval; however, affects malnutrition rates, as children born less than 24 months after the birth of a sibling has a negative impact on the child's nutritional status. The highest percentage of malnutrition cases is observed amongst this group.

Table 7: Prevalence of malnutrition amongst children under-five according to number of children, birth order and birth intervals (%)

	Stunting		Wasting		Underweight	
	< -2 SD	< -3 SD	< -2 SD	< -3 SD	< -2 SD	< -3 SD
Number of children under 5						
1	27.4	12.7	7.4	3.3	5.6	1.0
2	29.7	15.1	6.8	2.8	6.3	1.4
3	28.3	11.5	8.8	4.0	7.1	1.9
4+	27.7	11.1	6.5	3.7	6.2	1.2
Birth order						
1	28.5	13.6	7.8	3.5	3.5	1.2
2-3	29.1	14.7	6.6	2.9	2.9	1.4
4-5	30.5	13.6	7.5	3.0	3.0	1.2
6+	28.3	12.3	5.3	2.0	2.0	0.8
Birth interval in months						
First birth	27.8	13.9	7.2	3.4	5.7	1.4
Under 24 months	34.1	17.3	7.2	2.9	7.7	1.8
24-47	28.5	13.5	7.2	3.1	5.8	1.1
48+	28.4	12.9	7.5	3.1	5.8	1.0

Trends in child nutrition

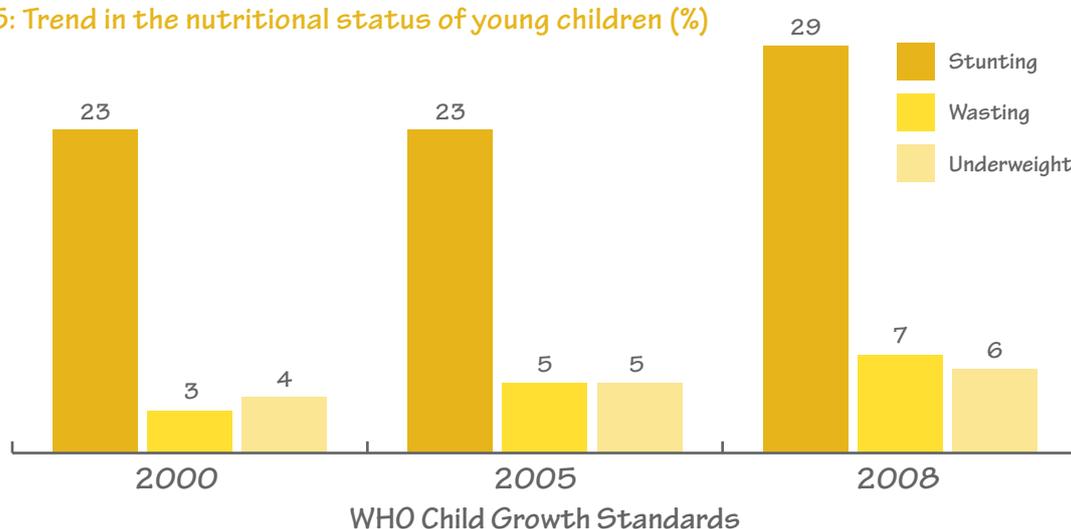
Figure 5 represents recent trends in the nutritional status of children in Egypt by comparing anthropometric data from EDHS surveys conducted between 2000 and 2008 using the WHO Child Growth Standards. The results show that the nutritional status of Egyptian children under the age of five was stable in the 2000 and 2005 surveys, but anthropometric indicators in the 2008 EDHS show a significant increase in malnutrition rates. The prevalence of stunting increased from 23% in 2000 and 2005 to 29% in 2008. In addition, the prevalence of wasting increased from 3% in 2000 to 5% in 2005 and to 7% in 2008. The prevalence of underweight children also increased from 4% in 2000 to 5% in 2005 and 6% in 2008.

Results from the EDHS indicate that chronic malnutrition rates increased in Egypt over the last decade. The prevalence of stunting increased from 23% in 2000 to 29% in the 2008.

Conclusion

Data revealed that malnutrition is a major problem in Egypt and affects about one-third of children under-five, which has a hazardous impact on their intellectual and physical development. Also, results indicate that the highest rates of stunting are

Figure 5: Trend in the nutritional status of young children (%)



observed in urban Lower Egypt. Furthermore, data shows that both mothers' education and wealth quintile affected the prevalence of underweight children below the age of five, but had no considerable effect on the prevalence of stunting and wasting.

This data raises the need for a national in-depth qualitative and quantitative study to clarify the multi-predisposing factors that lead to child malnutrition in Egypt. It is not only the responsibility of the Ministry of Health, but the task also falls on the Government as a whole including the Ministry of Agriculture, Ministry of Education, Ministry of Mass Communication, Ministry of Family and Population and the Ministry of Social Solidarity to put the policies and strategies in place that will combat malnutrition in children.

III. Nutritional Status of Never-Married Adolescents (10 – 19 years)

The EDHS 2008 survey collected anthropometric measures of never-married adolescents (10-19 years). The results are presented using the body-mass index (BMI) as recommended by WHO in 1995. Note that in the 2000 EDHS, CDC (Centres for Disease Control and Prevention) Growth Charts were used.

The **body mass index (BMI)** is a statistical measurement that compares a person's weight and height. BMI is defined as the individual's body weight divided by the square of his/her height (KG/M²), and the same measurement is also used for adults. There is a difference between using BMI for adults as opposed to children and adolescents (2-20

years).. Assessment of nutritional status using CDC BMI growth charts are age- and gender-specific for children and adolescents, while they are not age- or gender- specific for adults. Adolescents are classified into four groups:

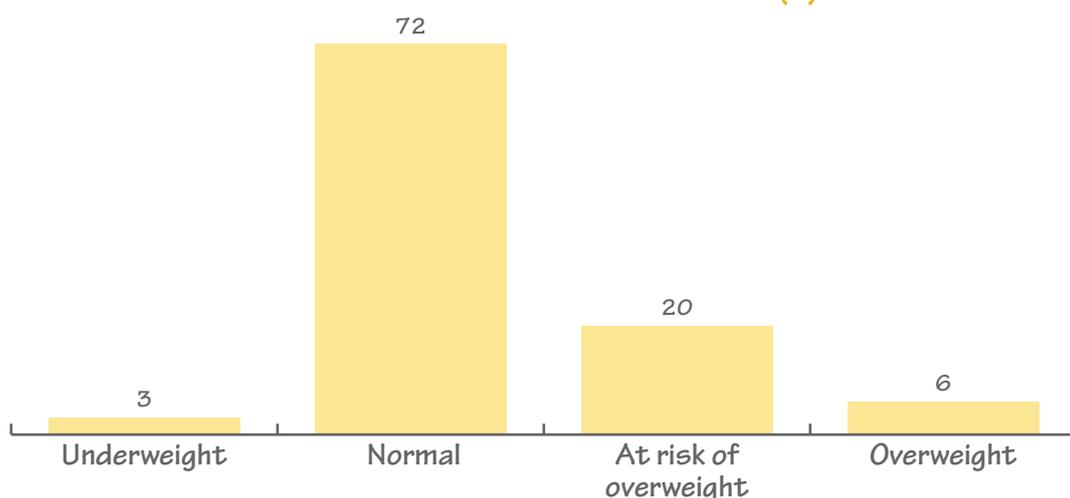
- **Underweight:** BMI for age <5th percentile
- **Normal:** BMI for age 5th percentile to <85th percentile
- **At risk of being overweight:** BMI for age 85th percentile to <95th percentile
- **Overweight:** BMI for age ≥ 95th percentile

Nutritional status of never-married female adolescents (10-19 years):

As shown in Figure 6, the chances of being underweight are very low in this age group (only 3% are considered underweight). The majority of never-married female adolescents (10-19 years) are within the normal weight range (72%); though becoming overweight is a rising problem for females in this age group. Although only 6% are currently overweight (≥ 95th percentile), one-fifth (20%) of females are at risk of becoming overweight.

Results from the EDHS revealed that obesity is a growing problem especially in females. 6% of females aged 10-19 years are overweight and 20% are at risk of being overweight.

Figure 6: Nutritional status of never-married female adolescents (%)



The prevalence of underweight female adolescents was mainly in Upper Egypt and frontier Governorates. This is in contrast to results that show the

group with the highest risk of becoming overweight (including the overweight group) is mainly concentrated in urban Governorates and Lower Egypt.

Table 8: BMI of female adolescents (10-19 yrs) according to place of residence (%)

Specific BMI levels	Urban Gov.	Lower Egypt		Upper Egypt		Frontier Gov.
		Urban	Rural	Urban	Rural	
Underweight (< 5 th percentile)	3	1	1	4	4	4
Normal (5 th to <85 th percentile)	64	70	71	70	79	82
At risk of overweight (85 th to <95 th percentile)	24	23	23	16	12	11
Overweight (≥95 th percentile)	9	6	4	10	4	4

Surprisingly, results from the 2008 EDHS revealed that the education level of one’s mother negatively affects the occurrence of overweight adolescents and those at risk of becoming overweight.

Never-married female adolescents from educated mothers were more obese and had a higher risk of becoming overweight than those with uneducated mothers.

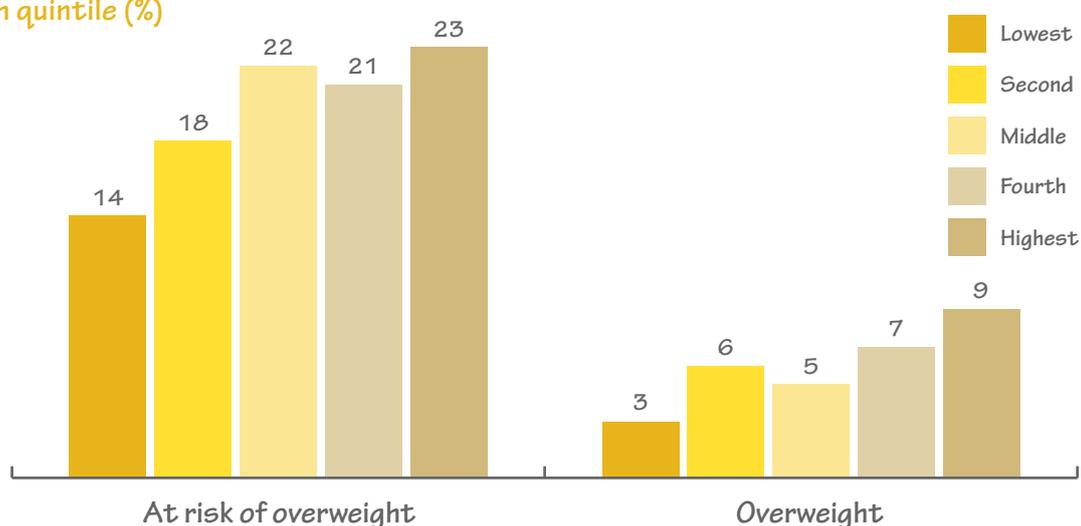
Table 9: BMI of female adolescents (10-19 yrs) according to mothers’ education level (%)

Specific BMI levels	Mothers’ education			
	No educ.	Some prim	Some second	Second or higher.
Underweight (< 5 th percentile)	3	3	2	3
Normal (5 th to <85 th percentile)	73	77	71	68
At risk of overweight (85 th to <95 th percentile)	18	15	20	22
Overweight (≥95 th percentile)	5	5	7	7

Data also show that the risk of being overweight (85th to < 95th percentile) and actually being overweight (≥ 95th percentile) was higher for female adolescents with a higher socioeconomic status. About 30% of

never-married female adolescents (10-19 yrs) from the highest quintile are either at risk of becoming overweight or already are overweight compared to only 17% of those from the lowest quintile.

Figure 7: Prevalence of overweight and risk of overweight amongst female adolescents according to wealth quintile (%)



Nutritional status of never-married male adolescents (10-19 years)

As shown in Figure 8, 2008 EDHS data reveals that 5% of never-married male adolescents were considered underweight, 75% were considered to be of a normal weight, 18% were at risk of becoming overweight and 5% were deemed overweight.

The prevalence of at risk of overweight male adolescents (85th to <95th percentile) was higher in urban

areas than in rural ones (16% and 14% respectively). The same was observed for the prevalence of overweight males in the ≥95th percentile (7% in urban areas and 4% in rural).

According to the place of residence, the chances of being an underweight male are higher in Upper Egypt and frontier Governorates. On other hand, the number of males at risk of being overweight (85th to <95th percentile) and the prevalence of overweight males is higher in urban Governorates and Lower Egypt.

Figure 8: Nutritional status of never-married male adolescents (%)

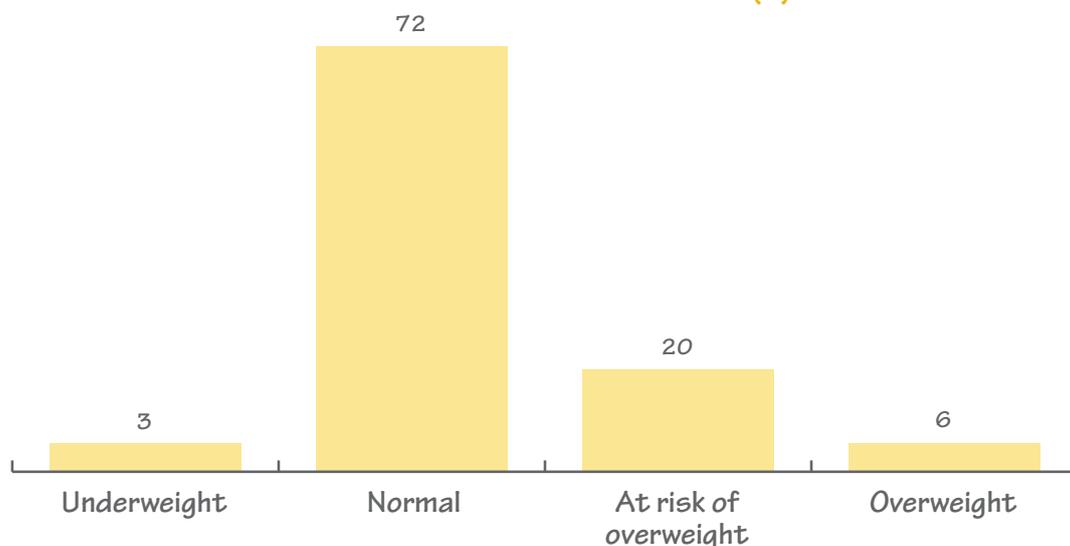


Table 10: BMI of male adolescents according to place of residence (%)

Specific BMI levels	Urban Gov.	Lower Egypt		Upper Egypt		Frontier Gov.
		Urban	Rural	Urban	Rural	
Underweight (< 5 th percentile)	6	2	2	8	8	6
Normal (5 th to <85 th percentile)	70	74	75	73	80	81
At risk of overweight (85 th to <95 th percentile)	16	18	19	13	9	10
Overweight (≥95 th percentile)	8	6	4	6	3	3

The number of males in this age group that are classified as overweight and are at risk of becoming overweight increased amongst educated mothers and higher wealth quintiles.

Conclusion

Obesity is a growing problem in Egypt as about one-quarter of female adolescents and one-fifth of

male adolescents are overweight or at the risk of being overweight.

The highest levels of overweight adolescents or those at risk of being overweight is seen in urban Governorates and amongst those living in the highest wealth quintiles. The number of male and female adolescents who are at risk of being, or who are, obese is highest in the 14-15 age group.

IV. Nutritional Status of Adult Women and Men (15-59 Years)

Included in the 2008 EDHS was a component on health related issues collected as a sub sample. In this sub sample of households, anthropometric data was gathered from women and men aged 15-59. Height and weight indicators for adult women and men were used to assess their nutritional status via Body Mass Index calculations. The BMI cut off points do not differ according to age or gender as they do for adolescents. The cut off points used to calculate the BMI in adults are:

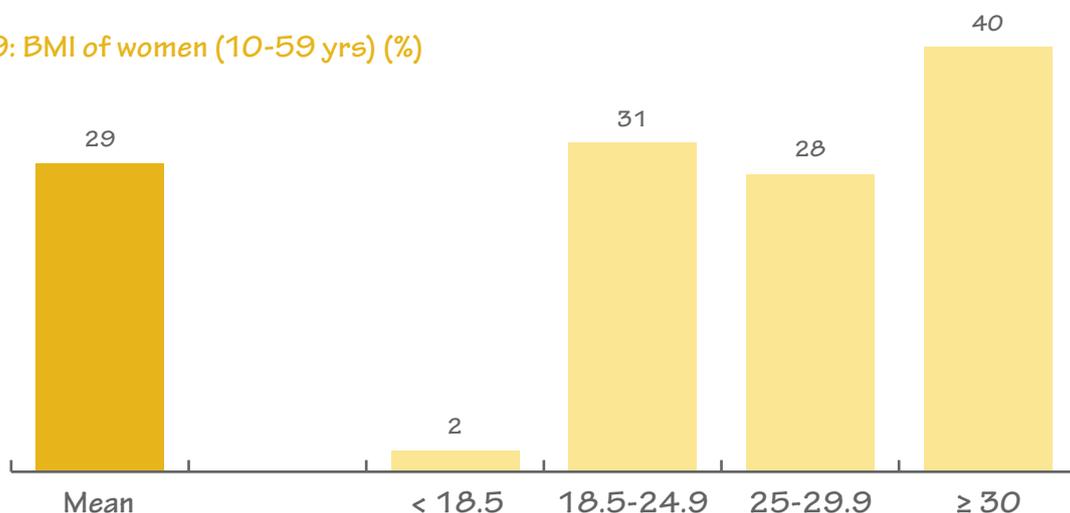
- **Chronic energy deficiency** if the BMI below 18.5
- **Normal** between 18.5-25
- **Overweight** if BMI is between 25-29
- **Obese** if BMI exceeds 30

Nutritional status of adult women (15-59 years)

EDHS 2008 anthropometric data are presented for adult women who were not pregnant at the time of the survey and for women who gave birth at least two months prior to the survey. As shown in Figure 9, the mean BMI was 29, and about 70% of women had a BMI over 25, which indicates that many suffer from being overweight and/or obese. Less than 2% of women have a BMI below 18.5, and the mean BMI remains higher in urban areas (30%).

The majority of women aged 15-59 suffer from obesity or being overweight: 28% are overweight and 40% are obese.

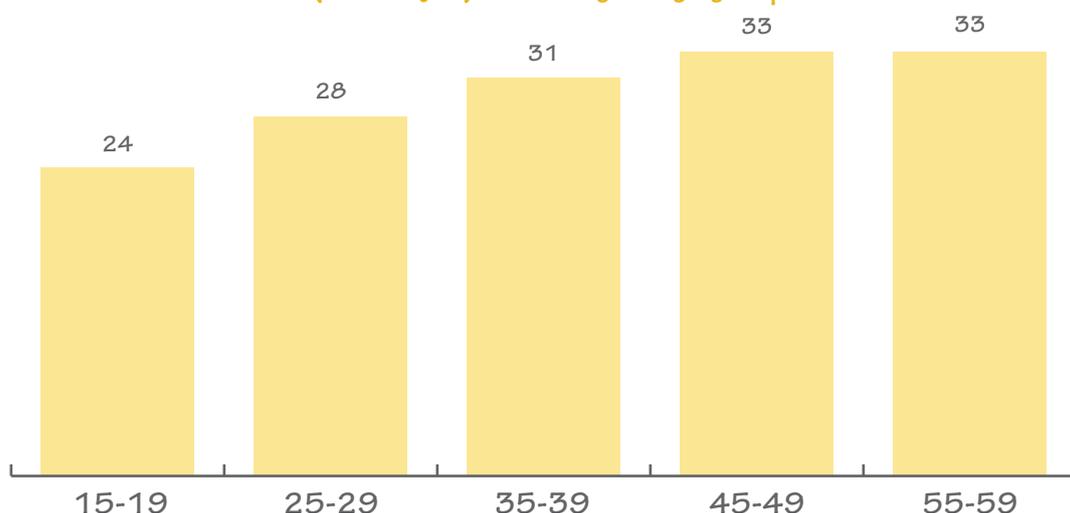
Figure 9: BMI of women (10-59 yrs) (%)



Results reveal that the mean BMI increased with a woman's age (Figure 10). The mean BMI is 24 for women aged 15-19, and increases to 31 for those

between the ages of 35-39. Numbers reached their highest level (33) for women between the ages of 45-59.

Figure 10: Mean BMI of women (15-59 yrs) according to age group



As seen in Table 11, the prevalence of overweight and obese women aged 15-59 years varied according to the place of residence. The majority of overweight and obese women (≥ 25.0) hail from urban

Governorates (76%) and Lower Egypt (75% in urban areas and 72% in rural areas), and this is followed by high numbers in frontier Governorates (54%) and rural areas of Upper Egypt (53%).

Table 11: BMI of adult women (15-59 yrs) according to place of residence (%)

Body Mass Index	Urban Gov.	Lower Egypt		Upper Egypt		Frontier Gov.
		Urban	Rural	Urban	Rural	
<18.5 (thin)	1	1	1	1	3	3
18.5-24.9 (normal)	22	24	27	33	44	42
25.0-29.9 (over-weight)	30	26	29	28	28	26
≥ 30.0 (obese)	47	49	43	38	25	28
≥ 25.0 (over-weight/obese)	76	75	72	66	53	54
Mean Body Mass Index (BMI)	30	31	30	29	27	27

The incidence of overweight and obese women varies according to a woman's educational level. The prevalence of obesity (≥ 30.0) was higher amongst uneducated women and for those with some primary education (42% and 54% respectively) than amongst women with a high level of education (36%). The same pattern was observed for overweight women, with four-fifths of women with some primary education being overweight. This is 14 percentage points higher than women who hold a secondary education or higher.

Wealth quintile results show that the mean BMI differ according to wealth quintiles. Concerning obesity, the level increased from 25% for women in the lowest wealth quintile to 44% of those in the highest wealth quintile. However, there are no remarkable differences in overweight according to wealth quintiles.



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Figure 11: Prevalence of overweight and obese women (15-59 yrs) according to wealth quintile (%)

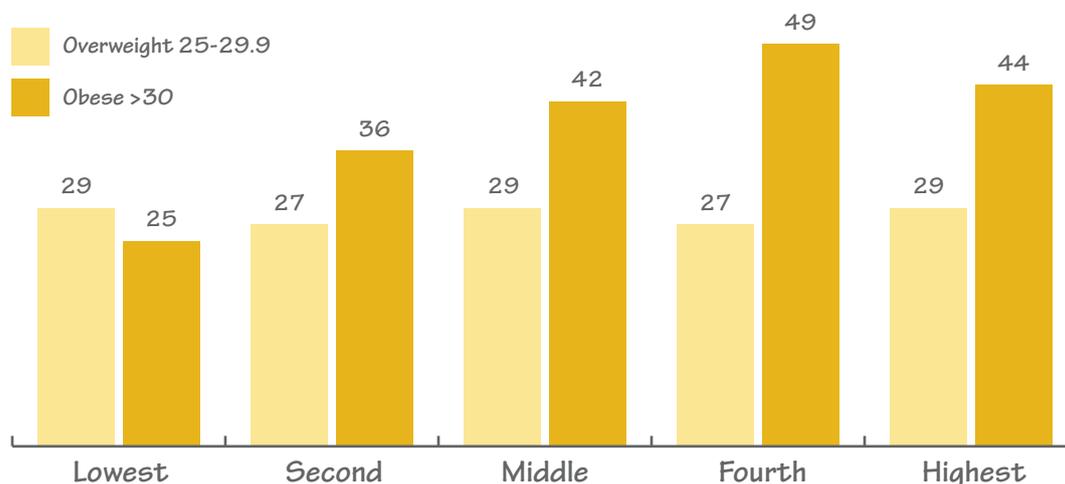


Table 12: BMI of adult women (15-59 yrs) according to level of education (%)

Nutrition status of adult women aged 15-49	Level of education			
	No educ.	Some prim	Some second	Second or higher.
<18.5 (thin)	1	1	3	1
18.5-24.9 (normal)	26	18	38	33
25.0-29.9 (over-weight)	27	27	29	30
≥30.0 (obese)	42	54	31	36
≥25.0 (over-weight /obese)	73	80	59	66
Mean Body Mass Index (BMI)	30	31	28	29

Nutritional status of adult men (15-59 years)

The 2008 EDHS results highlighted that the mean BMI for adult men is 26. A man's BMI varied according to place of residence, as shown in Table

13, and urban areas of Lower Egypt had the highest incidence of obese men aged 15-59 (29%), which is followed by urban Governorates (21%). The prevalence of obesity amongst men is lowest in frontier Governorates (14%) and in rural areas of Upper Egypt (12%).

Table 13: BMI of adult men (15-59 yrs) according to place of residence (%)

Nutrition status of adult men aged 15-49 Body Mass Index	Urban Gov.	Lower Egypt		Upper Egypt		Frontier Gov.
		Urban	Rural	Urban	Rural	
<18.5 (thin)	3	1	1.6	7	5	7
18.5-24.9 (normal)	40	37	44	39	55	53
25.0-29.9 (over-weight)	37	33	36	37	29	27
≥30.0 (obese)	21	29	18	18	12	14
≥25.0 (over-weight/obese)	57	62	54	55	41	41
Mean Body Mass Index (BMI)	26	27	26	26	25	25

It was further seen that educational levels did not affect the mean BMI for men (mean BMI is 26 amongst men with no education and 27 for men with secondary or higher education).

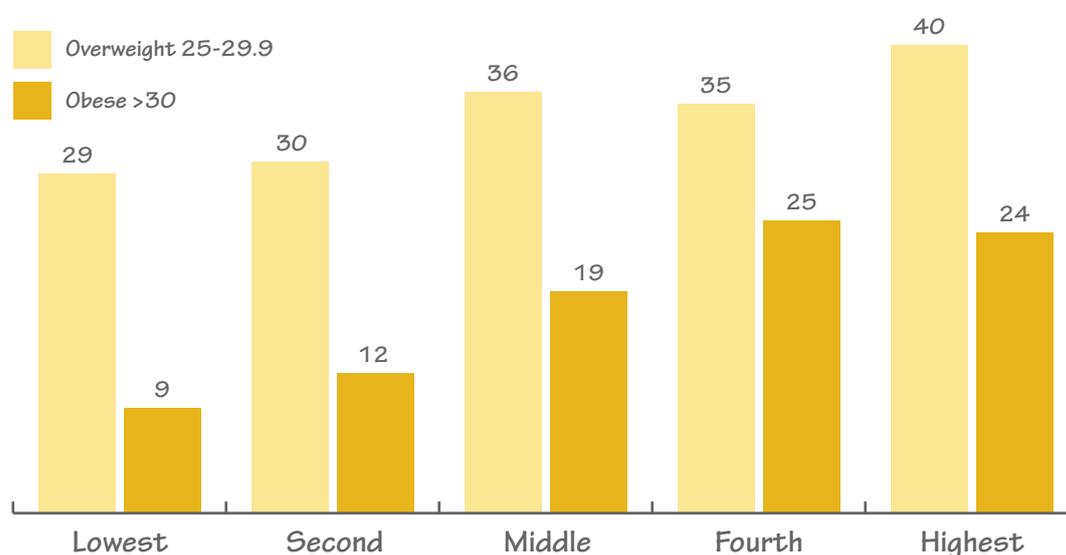
On other hand, the prevalence of overweight and obese men varied when it came to looking at different

socioeconomic statuses. Twenty nine percent of men from the lowest quintile are overweight, while this number rises to 40% for men in the wealthiest quintile. Similar patterns were observed for obesity rates (the level is only 9% amongst those in the lowest wealth quintile, but this number increases to 24% of males in the highest).

Table 14: BMI of adult men (15-59 yrs) according to level of Education (%)

Nutrition status of adult men age 15-49 Body Mass Index	Level of education			
	No educ.	Some prim	Some second	Second or higher.
< 18.5 (thin)	2	3	7	2
18.5-24.9 (normal)	45	44	53	39
25.0-29.9 (over-weight)	34	33	27	38
≥30.0 (obese)	18	20	13	21
≥25.0 (over-weight /obese)	52	53	40	59
Mean Body Mass Index (BMI)	26	26	25	27

Figure 12: Prevalence of overweight and obese men (15-59 yrs) according to wealth quintile (%)



Conclusion

In Egypt, obesity amongst adults, especially women, is a serious challenge that can have adverse effects on an individual's health and aggravate current health problems. Two-thirds of women aged 15-59, and more than half of all men in the same age group, are overweight or obese. The problem is mainly concentrated in urban Governorates and urban parts of Lower Egypt.

Interventions are required that are designed to target high-risk or at-risk groups to educate them about healthy eating habits and diets, as well as the consequences of obesity and its impact on health. Furthermore, ways to reduce weight and encouraging adults to seek advice from medical providers is required.



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