



42,107 acute/chronic Primary Health Care consultations for girls, women, boys and men since the beginning of 2015

JULY HIGHLIGHTS:

- Following the mainstreaming of Syrians into public health facilities, UNHCR health unit conducted joint monitoring visits with the reproductive Health Partner Refuge Egypt to Ministry of Health PHCs in different areas in order to monitor the accessibility to quality reproductive health services.
- Arab Medical Union (AMU) and Caritas conducted initial and follow up visits to detention centers in order to examine detained patients, prescribe and distribute medications and refer patients when needed.
- The health sector working group has supported the health services' mapping under the lead of WHO and in coordination with MOH, through joint field visits to different organizations that provide health services to Syrian refugees. New information has been obtained and added to the map.
- In order to raise the Syrian POCs' health awareness and monitor their accessibility to public PHC services, Arab Medical Union continue their support to the trained community women health volunteers (CHVs).
- AMU organized 3-day refreshment training for the community health volunteers (CHVs). In the month of July, 1,516 home visits and 97 visits to public PHC centers

NEEDS ANALYSIS:

- Syrian refugees are largely urbanized and predominantly integrated within the host communities of five governorates: Giza, Greater Cairo, Alexandria, Damietta and Qalyubia.
- They are scattered in some 24 governorates in some 230 districts but mostly residing in greater Cairo, Alexandria and Damietta.
- Syrian refugees living scattered in urban Egypt, imply operational challenges for the health sector, such as: inequitable distribution of health facilities; lack of standardized diagnosis and treatment protocols; lack of prioritized and needs-based referrals and varying health services costs especially within the private sector.
- Refugees living in Egypt suffer therefore a 'dual burden' to their health as a result of their concentration in urban areas. This is linked to the increased risk of diseases associated with overcrowding, poor sanitation and hygiene as well as a result of a dietary transition.
- Access to healthcare remains therefore a challenge because of distance and cost. Moreover, referral to secondary and tertiary health care suffers resources limitations to manage lifesaving ailments.
- Monitoring referrals, and ensuring a cost-effective secondary and tertiary health care in the refugees areas of residence remains a challenge and the sector objective is to keep improving access, quality and coverage to health services for Syrian refugee in Egypt by supporting the Ministry of Health facilities, strengthening UNHCR's health providers' capacity and awareness raising among Syrians through community health outreach

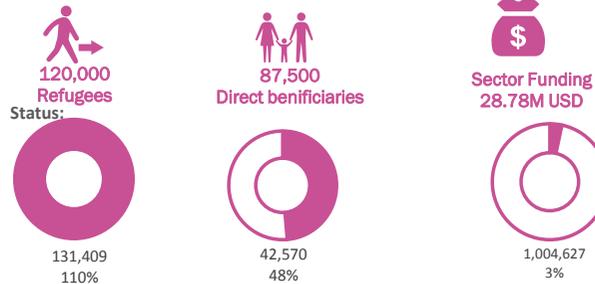
Leading Agencies: UNHCR- Hany Fares, email: faresha@UNHCR.ORG, WHO- Gasser Gad El Kareem. email: elkareemg@who.int
Participating Agencies: UNHCR, WHO, UNICEF, UNFPA, Arab Medical Union (AMU), Caritas, Ministry of Health, Mahmoud Mosque Society, Refugee Egypt, IOM, Save the Children



Primary and specialized health care provision through a variety of primary care clinics and specialized referral hospitals. Egypt - Cairo, S.Nelson/UNHCR

Key Figures:

Planned Sector Response:



2014 Health Benchmarks:

- During 2014 implementation of the Regional Response plan (RRP6), there were at least 115,040 consultations in primary health care service representing on average 4 out of 5 Syrian refugees had received a consultation from primary health care services.



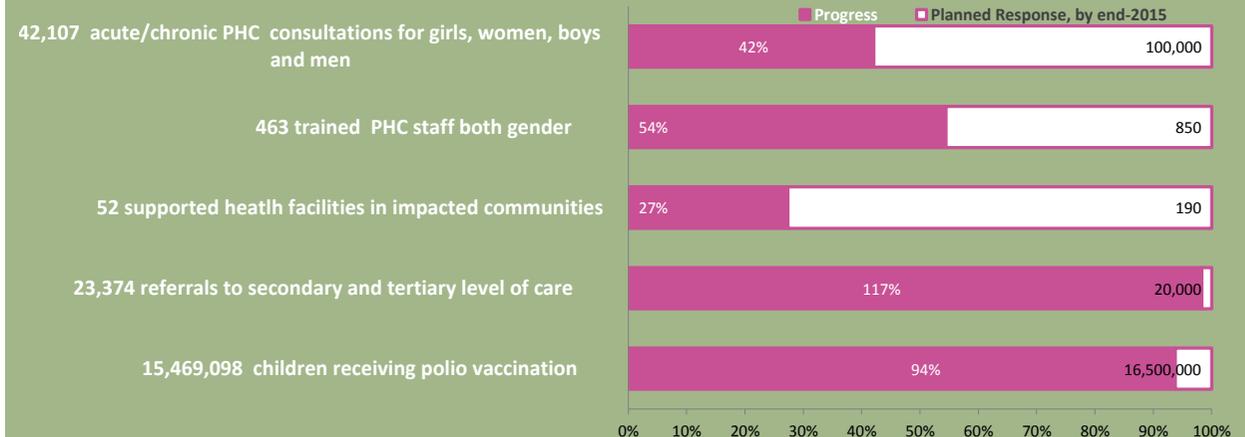
4 out of 5 Syrian refugees on average had received consultation from primary health care services during 2014

- During 2014 implementation of the Regional Response plan (RRP6), there were at least 45,238 referrals to secondary and tertiary health care service representing on average 3 out of 10 Syrian refugees were referred to secondary and tertiary health care service



3 out of 10 Syrian refugees on average were referred to secondary and tertiary health care service during 2014.

REGIONAL RESPONSE INDICATORS: JULY 2015



Foot : No Polio Campaigns have taken place in June