



Over 36,000 acute/chronic Primary Health Care consultations for girls, women, boys and men since the beginning of 2016

MAY HIGHLIGHTS:

- The final report for the HAUS survey was released in the month of May. This survey has been undertaken in the period from 15th of February to 15th of March through conducting phone calls with a representative sample of Syrian Households. The survey aimed to evaluate Syrian HH knowledge regarding the availability of healthcare services and to assess their access to care and the barriers they might have experienced in accessing care.
- UNHCR has set a multifunctional approach for responding to FGM in refugee communities with involvement of health, SGBV, CP and community-based protection Units, to work on developing an action plan in the future.
- In this regard, a partners' coordination meeting was conducted in May to discuss this issue and to share information, experiences and reiterate the willingness to engage and collaborate against this practice.



Syrian man buying his medicine Photo by UNHCR/Scot Nelson

Sector Response Summary:



1,307,000 Refugees & Local Community Members targeted for assistance by end of 2016, 47,290 assisted in 2016.



Syrian Refugees in EGYPT :



107,000 Syrian Refugees expected by end-2016, 117,700 currently registered or awaiting registration.



3RP Overall Funding Status:



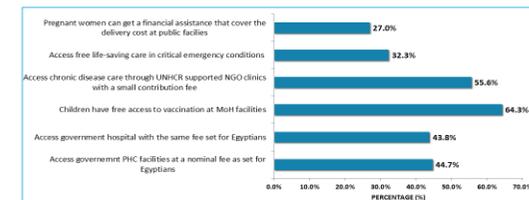
USD 146.6 million required in 2016, USD 30.7 million received in 2016.



HIGHLIGHTED 2

- Health Access and Utilization Survey for Syrian Households (HAUS)** among Syrian refugees in Egypt was conducted by UNHCR in 2016, it provided essential data regarding knowledge and access of health services by refugees.
- Findings from the survey suggest, that improvements need to be done concerning refugee's knowledge of availability of health services, through enhancing communication and community outreach.
- In addition, the survey highlighted that refugees with chronic conditions and disabilities reported low levels of access to care as needed. Similarly, maternity care within them was characterized by low Antenatal Care Coverage and high C-sections rates.
- More importantly, refugees identified as their main barrier to access health services the unaffordability of user fees.
- Future UNHCR health programs should focus thus, on improving refugee knowledge of available healthcare services, addressing the financial barriers to healthcare access and improving access to vaccination, antenatal care and chronic disease treatment.

Knowledge of Available Health Services



NEEDS ANALYSIS:

- The package offered by the Public Primary HC facilities is limited (Exclusion of all non-communicable chronic diseases in most of PHC facilities, Mental Health and birth delivery services).
- Quality of the Public Health Services, is sub-optimal.
- Negative attitude and behavior of the Syrian refugees toward Public Services.
- 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.
- 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 program.

EGYPT RESPONSE INDICATORS: JANUARY - MAY 2016

