

Joint Assessment for Syrian Refugees in New Damietta

February 2013

This assessment was implemented by:

UNHCR, WFP, UNICEF, IOM, CRS, RESALA



United Nations
World Food
Programme



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Introduction

The unrest in the Syrian Arab Republic has been mounting since March 2011 leading to displacement of large numbers of civilians. As of early June 2012, external displacement has increased dramatically to neighboring countries including Egypt.

The Government of Egypt ratified the 1951 Convention Relating to the Status of refugees and its 1967 Protocol in 1981, as well as the 1969 OAU Convention governing specific problems of refugees in Africa in 1980. However, it has not developed any domestic asylum procedures and therefore in accordance with the 1954 MOU between UNHCR and the Government of Egypt, the functional responsibilities for all aspects related to registration, documentation and refugee status determination are carried out by UNHCR's Regional Representative in the Arab Republic of Egypt, based in Cairo.

During 2012 and in the beginning of 2013, there has been a sharp increase in the numbers of Syrians registered with UNHCR. 12,000 individuals were registered up to the end of 2012, while some 20,000 have registered as of end February 2013. According to the Egyptian Ministry of Foreign Affairs, as of November 2012, 100,000 Syrians were residing in Egypt. However, it is estimated that there could now be as many as 150,000 Syrians in Egypt.

New Damietta was identified as a key location hosting Syrians. Syrians have come to the area due to an existing social network and/or because they have skills in carpentry which the area is known for. New Damietta is also less expensive than Cairo.

This joint assessment in Damietta, which took place between the 5 – 10 February 2013 is part of an ongoing inter-agency effort to assess the needs of Syrians in Egypt. UNHCR, WFP, IOM, UNICEF, CRS and RESALA participated in the assessment.

Participants to the assessment

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Executive Summary

The Government of Egypt allows Syrians to enter without an entry visa and has taken the decision that Syrians will be allowed to regularize their stay in the country through the Department of Immigration of the Ministry of Interior without any pre-conditions. UNHCR is also registering Syrians and granting them asylum seeker status, which is recognized by the Egyptian authorities, and allows them to obtain a six-month renewable residency permit on their asylum seeker card. In addition, the Government of Egypt has taken several decisions that grant Syrians access to basic services such as health-care and education on equal footing with Egyptians.

Syrian families and individuals seeking asylum in Egypt are spread out across Egypt in urban settings. Each urban setting presents some common challenges, and some that are particular to that area. Therefore, UNHCR, WFP, UNICEF and IOM along with NGO partners such as CRS and RESALA are conducting a series of joint assessments across Egypt. This assessment in New Damietta complements an initial assessment on food security carried out by UNHCR and WFP in New Damietta on the 21st and 22nd of January which resulted in the distribution of food vouchers (with a value of 175 EGP per person/per month). ¹This report covers major challenges in protection, livelihood, education and health.

Key Findings

The main protection challenges for Syrians seeking asylum in the New Damietta area of Egypt are in the following areas: Access to accurate information on services available; trauma and psycho-social support; social isolation; livelihood; access to housing and maintenance of family links.

The main challenges in accessing education are in the following areas: density of classrooms and distance to facilities; the different curriculum in Egypt resulting in loss of an academic year; difficulties with the Egyptian dialect; access to facilities for children with special needs; uncertainty about the length of stay in Egypt.

In the health sector, the following challenges were identified: Access to services such as pre-natal care and vaccination for children under-five years due in part due to a lack of awareness about available services; perceived low standard of hospitals in comparison to Syrian health-care; and the high cost of medication.

Recommendations

- Establish and maintain relations with the Government of Egypt at the governorate level and assess/map available services for education, protection and health.

Protection

- Continue organizing mobile registration for Syrians residing in New Damietta. Ensure sufficient staff are available to accommodate home visits and protection interviews for vulnerable cases; ensure female community focal points for sharing information about registration and services.

¹ WFP/UNHCR Findings Annex 2

- Raise awareness among Government officials on protection issues and UNHCR's role.
- Advocate for decentralization of immigration process for Syrians to obtain residency.
- Facilitate and fund the establishment of a community centre for Syrians with child friendly spaces to inform newcomers about available services; organize social events including for exchanges between Egyptians and Syrians; establish committees for community self-management.
- Establish community based psycho-social support mechanisms for people to discuss their problems and stresses with referral to professional support.
- Ensure availability of psycho-social services
- Continue assessment of child labor and children with specific needs.
- Facilitate contact with organizations that can assist families to re-establish family links inside Syria or in bordering countries (ICRC) Tadamon project.

Basic Needs and Housing

- Continue implementation of WFP food voucher programme.
- Financial support for housing and other basic non-food needs.
- Implement housing project and facilitation of identification of residences and pricing guidelines; include technical and legal support to negotiate with landlords to ensure fair rental agreements.

Livelihood:

- Increase the level of income through livelihood interventions which will have a positive impact on housing and food security.
- Establish a mechanism to provide business advice and information on the labor market to Syrian job seekers and entrepreneurs.
- Provide vocational training for Syrians and Egyptian host community.
- Provide micro-grants/loans to small and micro Syrian entrepreneurs.
- Ensure appropriate consultation and participation of women in livelihood interventions.
- Facilitate, through the community center, the organization of community initiatives to arrange for child care and transportation utilizing existing skills in the refugee population.

Education:

- Expand the programme of education grants provided by UNHCR to cover all school aged children registered with UNHCR.
- Provide support to public schools to cover burden on infrastructure and teaching staff of increased enrolment of Syrian students.
- Enhance advocacy efforts with the Ministry of Education on facilitating the school registration process including challenges of providing documentation and facilitating late registration.
- Enhance coordination between RESALA and CRS in their implementation of programs concerning education.
- Facilitate the identification or establishment of community KG classrooms (age group 4-5 and 6-12) in locations closer to Syrian community to ease the burden of transportation costs.
- Conduct in-depth assessment of children with specific needs and the availability of specialised services.
- Facilitate and fund the organization of extra-curricular activities such as tutoring for Syrian students, using the existing capacity of Syrian trained teachers.

Health:

- Expand capacity and improve quality of services of UNHCR health partners serving Syrians.
- Identify critical gaps in capacity and explore areas where material support of MOH will improve quality of services and infrastructure
- Support Ministry of Health centres that provide services to Syrians.
- Ensure Syrian children are covered by Government immunization programme
- Public health awareness raising and provision of information on access to health services for the Syrian community

Methodology

The rapid assessment was conducted from the 5-7 of February 2012 as a follow-up to a food security assessment that was conducted on the 21-22nd of January. It was based on focus group discussions and home visits in New Damietta. 7 focus group discussions were held that were divided according to subject matter. One focus group discussion only for women and covered all topics listed below. A total of 8 home visits were conducted that also covered the topics listed below.

Discussions assessed the needs in the following fields:

1. Protection
2. Basic Needs
3. Livelihood and self-reliance
4. Food security
5. Education
6. Health

Limitations

There is a limited amount of information about Syrians in New Damietta. This is an urban population that is dispersed in different areas of the city and a large portion has not yet registered with UNHCR. Focal points are established through Egyptian charities and therefore may not be representative of the entire Syrian population. However, the collected data does allow for indicative analysis of protection concerns, food security status, coping mechanisms and basic needs.

Key Findings and recommendations

Protection

Registration with UNHCR:

Accurate information is not reaching the entire community about the purpose of registration, especially from a protection point of view. New arrivals and women in particular do not have sufficient access to information. Rumors that biometric data from UNHCR is shared with the Syrian regime; and the Egyptian practice of stamping 'residency transferred to UNHCR card' on the passport continues to cause concern among asylum seekers that they will not be able to return to Syria for fear of reprisals from the regime. This prevents some from registering with UNHCR.

Residency and other official documents:

The cost associated with traveling to Cairo continues to be a barrier for Syrians to obtain and maintain residency. In addition, Syrians are not able to depend on Syrian Embassy to access official documents such as passports. Egyptian authorities do grant documentation for births; however, there is confusion about whether they will provide documentation for marriage.

Security:

The main concern was the overall level of petty crime in Egypt. In particular the risk of theft was perceived as high. Syrians do not feel targeted because of their nationality but said they would be less likely to defend themselves against an Egyptian for fear the police would not intervene on their behalf or that other Egyptians would gang up on them. However, those who had been in Egypt for longer said that the security situation in Egypt was acceptable and that newcomers would adapt.

The strong Syrian community was described as a coping mechanism because they feel safe living with or near other Syrian families. They said they mostly live in buildings with other Syrians. However, when home visits were conducted, it was apparent that not all Syrians were part of this community and there is still isolation, especially for newcomers.

Women and SGBV

The assessment team did not meet any women who had direct accounts of verbal harassment; instead this was described as a potential generalized threat. Newcomers said that women faced verbal harassment and were particularly vulnerable to becoming victims of petty theft. This made them less likely to go out without a male escort. However, those who arrived in Egypt earlier disagreed and said women can move on their own. It was also noted that the degree of conservatism and practice of women who would have gone out on their own varied among families. Nevertheless, the degree that women are isolated due to a real or perceived threat of generalized crime and harassment was striking.

No cases of early marriage or coercion were recorded. No cases of minors being married were recorded or referred to, even when specifically asked about this phenomenon. Some Syrians said they had been approached with enquiries about whether they would be available for marriage. Many were annoyed

and offended at the implication that they would marry their daughters for less money than would be culturally appropriate and find that Egyptians are exploiting their vulnerability by making these requests. The women noted that, it is acceptable cultural practice to marry a widow, even as a second wife in order to protect her and did not feel that this would be exploitative. The women also said there would be no objection to marriages with an Egyptian if it was done correctly according to custom and legally. They did know about marriage brokers and the risk of a fraudulent or temporary marriage through the internet and said this took place in the 6th October district of Cairo.

Child Protection and Youth:

It was reported that some children between the ages of 13 and 18 work in Egypt to supplement the household income. For example, a 14 years old boy was working at a stationary shop from 9am-9pm and another 13 year old boy was helping his father with painting. It was noted that this phenomenon was not common in Syria because children would be in school. The mission observed that there were Syrian children working at restaurants in the middle of the day.

There are also children with specific needs that require special assistance. During home visits in particular, it was observed that there were children with disabilities and health concerns who were not accessing appropriate services.

In addition, the phenomenon of unaccompanied young men traveling to Egypt without the support of their family to avoid conscription into the army was noted. The conscription age is 18. Although these men are not minors, they may have special needs due to their young age and single status.

Trauma and psycho-social needs:

Isolation from the community was seen to be causing stress and depression, especially among newcomers. Women said that their husbands did not have enough to do and were therefore obsessing about their situation and about what is happening in Syria. Some children are either not attending school or are struggling to integrate in schools. Many Syrian families have lost their belongings and social status. Indeed many are living with large families, several families or extended family in small apartments with no privacy or productive activities. Uncertainty about how long they will stay in Egypt is also causing stress and an unwillingness to integrate as many hope their situation is temporary.

Parents explained that some of their children witnessed violence in Syria and, as a consequence, showed signs of distress such as bed wetting, becoming withdrawn, not speaking for long periods of time and not trusting strangers. Those who had been in Egypt for longer said that this subsided in time when children started to feel safe in Egypt, but felt that psycho-social support was important.

It is noteworthy that women did not mention any of their own traumas apart from one woman when interviewed alone. Their concern was for their husbands and children. This should be considered in any program design.

Intra-communal tension:

Although most families chose to come to New Damietta because of an existing network, there was initial suspicion in the community that there may be spies present from the Syrian regime. It was noted that people do not express their opinions freely and that some newcomers may consider this a barrier to integrating in the Syrian community and accessing services. However, those who had been in Egypt for longer than a few months said they did not consider this an issue at all, and that newcomers were probably afraid due to what they have experienced in Syria.

There were also disagreements reported about how aid from Egyptian charities was distributed. Rumors were circulating that one of the focal points was adding her relatives and did not assess vulnerability fairly.

Maintenance of family links:

The majority of Syrians said that they can contact their families in Syria by telephone or over the internet. However, as the situation continued to worsen, they sometimes faced long periods without news and would not know if their family had fled to surrounding areas within Syria or to bordering countries.

Recommendations

- Continue organizing mobile registrations for Syrians residing in New Damietta.
- Ensure sufficient staff are available to accommodate home visits and protection interviews for vulnerable cases; establish female community focal points for sharing information about registration and services.
- Raise awareness among Government officials and the police on protection issues.
- Facilitate and fund the establishment of a community centre for the Syrian community, with child friendly space, to inform newcomers about available services and to assist them in accessing the Syrian community; organize social events for exchanges between Egyptians and Syrians; establish of a female committee for community self-management.
- Establish community based psycho-social support mechanisms for people to discuss their problems and stresses with referral to professional support.
- Continue assessment of child labor and children with special needs.
- Eventually facilitate contact with organizations that can assist families to re-establish family links inside Syria or in bordering countries.
- Close monitoring of the early marriage issue

Basic Needs

Many, especially newcomers, explained that their basic needs were covered by resources brought from Syria. These resources are quickly depleting. A number of Syrians are also receiving remittances from relatives abroad. Many who have found jobs said that the salary was not covering their basic needs, either because it was casual work, or because the salary was too low. A lack of access to official residency contributes to vulnerability to exploitation through the informal working sector. Many who had been in Egypt for longer (over 6 months) had found jobs that covered their basic needs. There was a

general consensus that 1,700-2,000 Egyptian pounds per/month could cover basic needs for a nuclear family.

Housing:

Housing is a priority need. Support with housing was prioritized repeatedly by Syrians whom the mission spoke to because each month the resources brought from Syria are depleting, and until they establish a strategy to earning income, many families are unsure how long they can sustain their current housing arrangements. In addition, more recent arrivals have already depleted much of their savings surviving in Syria over the past months, or escaping from the country, and will have difficulty affording housing at all.

Most Syrians in Damietta are renting apartments. A small number are receiving free housing from The Alliance to Assist Syrians. Rent varied between 500 EGP and 1,500 EGP depending on family size and means. Many felt that the rents were rising due to the presence of Syrians (demand for housing) and because Egyptians have a perception that Syrians are rich. Also, there is a concern that rents will rise in the summer when New Damietta becomes more popular. In order to cope, many extended families are living together in small apartments.

WFP food voucher distributions have begun (vouches are valued at 175 pounds per month/per person) which does offset the cost of food.

Recommendations:

- Financial support to cover housing and other basic non-food needs.
- Implement a housing project to facilitate identification of residences and pricing guidelines; include technical and legal support to negotiate with landlords to ensure fair rental agreements.

Livelihood and self-reliance

The main source of income for Syrians remains the savings they brought from Syria. More recent arrivals start with fewer savings due to the increased cost of basic necessities inside Syria. It was reported that some refugees are even sending money back to Syria in order to help their family survive the winter. On the other hand, other families were receiving some remittances from family members who are working abroad.

There were mixed responses about the availability of jobs. The more recent arrivals agreed that there is no work that would match their expectations about wages and working conditions. Those in the skilled labor category (i.e. carpenters, and painters) said the working hours in Egypt are very long and the pay is very low. Because many do not have a residency permit, they are working in the informal or unregulated work sector and sometimes do not get paid for their work. The work they can find is not the type of work they are used to doing, such as heavy labor. Some said they have stopped looking for work. They receive information that there is no work from direct experience and from each other. They did express

a willingness to start small enterprises if they had start-up capital and/or to develop additional skills if given the opportunity.

However, those who have been in Egypt for longer disagree. Many had found jobs they considered to be acceptable. They said that they had had to adjust their expectations, and to some degree their skills, but they were confident that it is possible to find work. They did agree that some employers tried to exploit Syrians but suggested that it would be possible to avoid these employers by establishing an informal mechanism to report abusive employers and to share common labor practices within the Syrian community.

Many of the women interviewed had education and skills and had contributed financially to their households in Syria. They were eager to do so in Egypt also, if they were able to find suitable employment that also permitted them to fulfill their perceived responsibilities in the home. Professions noted were teachers, child care providers, hairdressers etc. They said they would also be willing to work in small enterprises for tailoring and cooking for example, if they had some small start-up capital. They also said they would be willing to provide additional tutoring for children to assist them in adapting to the Egyptian curriculum and, would be very interested in taking vocational trainings that would assist them in finding work in Egypt but also to eventually adapt to life in Syria when they return.

Female Headed Households:

There are a number of extended families which include female heads of the nuclear family. In other words, in Syria they would have lived with their husband and children but the husband relative did not join them in Egypt due, for example to his death. They have therefore been integrated into an extended family, as per Syrian customs. However, it is important to note that this is not how they would have been living in Syria.

When men were asked, they said that many were caring for women and children that are part of their extended family. They would not say that this was an additional burden, only that it is part of their culture. Women on the other hand did identify this as an additional burden on the household. They said, even if it was culturally appropriate to care for them, it was also expected that they contribute to the household. It is important to be sensitive to this trend when considering livelihood interventions because the women themselves expressed a pressure and social obligation to contribute financially.

Recommendations:

- Increase the level of income through livelihood interventions which will have a positive impact on housing and food security.
- Establish a mechanism to provide business advice and information on the labor market to Syrian job seekers and entrepreneurs.
- Provide vocational training for both Syrians and Egyptians
- Provide financial support to small and micro Syrian entrepreneurs
- Ensure appropriate consultation and participation of women in livelihood interventions
- Facilitate, through the community centre, the organization of community initiatives to arrange for child care and transportation utilizing existing skills in the refugee population.

Education:

According to the Egyptian Committee for Assisting Syrian Families, there are 720 Syrian students enrolled in schools in New Damietta, out of whom 685 are enrolled in public schools while the rest (35 students) are enrolled in private schools. Out of the total figure, there are only 40 students enrolled in KG while the rest (680) are enrolled in different grades (between grade 1 and grade 11). There are 16 public and 3 private schools in new Damietta. The capacity of each class varies between 30 and 55 students according to the grade and location of each school. This rate is considered as a good rate if compared to public schools in big cities like Cairo (where 70 -80 students /class). According to the Syrian Community the percentage of school age children who are enrolled in schools in Damietta is around 90%.

In recent months, the Egyptian Committee for Assisting Syrian Families facilitated the enrolment of hundreds of Syrian students in public school. This support varied from assisting Syrian families with enrolment documentation to providing financial assistance to vulnerable families. Some school furniture was also provided to increase the capacity of schools to accept Syrians.

According to the Syrian community, the presidential decision of allowing Syrian children to access public schools was an important step. However, in practice several challenges have arisen when Syrians have attempted to enrol their children in public schools.

Meeting with the Ministry of Education in Damietta:

A meeting took place with the education department in Damietta to show appreciation of the hard work done by the Ministry of Education in Damietta accepting Syrian students in Public schools. The second objective was to cross check the figures that have been collected from the Egyptian Committee for Assisting Syrians. The education department shared with the mission updated statistics concerning Syrians students who are enrolled in public and private schools in Damietta. This statistics shows that there are some 637 students enrolled in 9 educational zones in Damietta Province, out of whom 60 students are enrolled in private schools and the rest are enrolled in public schools. New Damietta has almost 77% of the total number of Syrians enrolled in Damietta Province. The Ministry of Education shared with the mission their concern about expanding this number and the difficulty to accept more Syrian students in public schools. The Ministry of Education informed the mission that there are some schools in Damietta that need a lot of renovation/maintenance but due to the lack of resources these renovations did not take place this year.

General Challenges:

Documentation: public and private schools continue to request documents that Syrians cannot provide (i.e. certificates of accomplishment and letter from the Embassy of Syria).

Certificates and equivalency issues: the timing of arrival in Egypt as well as differences in the start age and curriculum can result in children being set-back. For example, children in the third secondary stage are obliged to be downgraded one academic year to match the national system which stipulates that two academic years.

Curriculum and language issues: Some children who are already enrolled do not attend regularly due to frustrations and isolation experienced due to the difference in dialect; and because the curriculum is different.

Capacity of public schools: the addition of Syrian children has affected the already over-burdened public school system and there is a need for material items such as desks and chairs. Some families do not

enrol their children because they are concerned about the capacity of schools to effectively absorb the numbers of Syrian children.

Transportation costs: due to a lack of space in some schools, Syrians had to enrol their children in remote locations which resulted in additional costs. Families have to pay LE70/child/month to provide transportation.

School fees: The total tuition fee for public schools per academic year varies between EGP 35 and EGP 55/student /year, according to the grade. The most significant obstacle to Syrian parents enrolling their children in private schools is the fees which vary between EGP 3,000 and EGP 5,000. In addition to school fees, uniform and additional books must be purchased.

Children with special needs: there are children with special needs who are not enrolled in school because there are no facilities to accommodate them.

Violence at school: incidents of violence were reported at school; including between students and in some cases from the teachers.

Not attending school in Syria: some children had already dropped out of school in Syria and do not want to go back to school in Egypt.

Quality of education: some Syrians perceive the quality of education in Egypt to be low which prevents them from enrolling their children.

Uncertainly about the future: Some families are uncertain about how long their children will stay in Egypt and are therefore reluctant to enrol them in school.

Recommendations:

- Expand the programme of education grants provided by UNHCR to cover all school aged children registered with UNHCR.
- Provide support to public schools to cover the burden on infrastructure and teaching staff of increased enrolment of Syrian students.
- Enhance advocacy efforts with the Ministry of Education on facilitating the school registration process including challenges of providing documentation and facilitating late registration.
- Enhance coordination between RESALA and CRS in their implementation of programs concerning education.
- Facilitate the identification or establishment of community KG classrooms (age group 4-5 and 6-12) in locations closer to Syrian community to ease the burden of transportation costs
- There is a need for more in-depth investigation of the cases of children with special needs and the availability of required services.
- Facilitate and fund the organization of extra-curricular activities such as tutoring for Syrian students, using the existing capacity of Syrian trained teachers.

Health

The health joint assessment mission to New Damietta and Gamasa was conducted in conjunction with UNHCR partner RESALA and IOM. The assessment was carried out in order to ascertain the health care needs of Syrian community members residing in New Damietta and the surrounding districts. The joint assessment involved focus group discussions, mapping existing health services accessed by the Syrian community, conducting a rapid health facility assessment and recommending corresponding inter agency support actions in consultation with MOH in order to address present health care gaps whilst avoiding duplication or overlap with existing programmes.

A total of 22 Syrian community representatives participated in the FGDs facilitated by RESALA volunteers over a three day period. Participants were aged between 10 to 40 years. Two separate FGDs were conducted along gender lines. Girls, women and female heads of households met separately to male youth and male heads of households. The assessment team used an adapted UNHCR Guiding Health questionnaire.

General Challenges:

The FGDs highlighted a number of critical issues regarding the provision of health services and the effective dissemination of information between service providers and the Syrian community. Participants expressed that Syrian women are currently not benefiting from comprehensive care during and after pregnancy; children are not receiving vaccinations due to a lack of awareness about existing provisions, the quality of hospital care is considered to be low, medication costs are perceived to be in some cases prohibitively high, there are also significant difficulties of integration with the local community. The severe stress suffered by much of the arriving Syrian community has highlighted a need for access to comprehensive psychosocial care.

Syrians expressed the need to secure improved access to medical care settings and the availability of supportive laboratories and other diagnostic testing. The need for medications at an affordable cost is also a priority amongst the community. More attention is also needed for medical care professionals capacities and related care. Community participants also expressed that training women has the potential to help support health care responses as there are a number within the community ready to volunteer, some of which have medical care experience obtained in their country of origin.

Currently the Syrian community in New Damietta seeks health care on an *ad hoc* basis and does not at present have a Primary Health Care entry point to specialized and referral care services.

The assessment team undertook a health services mapping and rapid facility assessment covering the MOH Family Health Centers - El Seteen and El Rabaa, both of which are offering antenatal and natal care services, vaccinations, family planning and under-fives pediatric care.

Visits to El Azhar University Hospital, El Sherouk Specialized Hospital, Damietta Cancer Institute, Dar El Rahma El Rakaiby health facility in Gamasa were likewise conducted in view of enhancing and strengthening access to existing health services for the Syrian community. The team assessment with RESALA worked on finding a solution to the primary health care access gap.

As part of the mission several briefings were conducted by the UNHCR health coordinator on UNHCR standardized health care services. A number of topics were covered in order to increase capacity, including the keeping and filing of gender and age sensitive health records, medical statistics, the correct use of growth charts, sexually transmitted infections syndromic approach management and the clinical management of rape survivors. Priority was also given to training regarding care responses along with referral to secondary and tertiary care services, medical assistance criteria and the role of medical committees in prioritizing costly care interventions.

IOM also extended its support for training Syrian health volunteers to disseminate awareness on health services made available and covering costs for unregistered Syrians in need of costly medical services at secondary and tertiary care levels complementary to what UNHCR and RESALA offer for registered Syrian refugees .

The MOH Family health facilities in “El Seteen” and “El Mogawra El Rabaa” were also visited over the course of the assessment. The Syrian community has access for free or with nominal fees to antenatal care, vaccinations, under-fives child care, family planning, treatment of frequently encountered illnesses and dental care services.

The UNHCR, IOM and RESALA joint team visited El Azhar University Hospital where Syrians in need of specialized secondary and tertiary care can access appropriate services. Al Azhar University’s capacity as a referral hospital for Damietta and other surrounding governorates along with budgetary and human resources constraints has resulted in an increasing financial burden in attending to the needs of Syrians in addition to the existing national population.

Damietta Cancer Institute covers five Governorates namely Damietta, Port Said, Kafr El Sheikh, Mansoura and North Sinai. Egyptian nationals are eligible to receive treatment at no cost due to MOH medical commission support. Non-nationals are ineligible for such support and as a result the financial cost of treatment is placed on the institute itself.

UNHCR along with RESALA visited Gamasa as part of the assessment mission and met with Syrian community members briefed on the medical situation of Syrians in the district. An estimated 160 households live within the district and are attended by Syrian volunteers who have established a support access point and provide social, food and NFIs support for vulnerable Syrians in the community.

Recommendations:

- UNHCR support for RESALA to extend a follow up in order to finalize agreement with both Al Azhar University Hospital and the Cancer Institute to enable access of UNHCR registered Syrians. IOM will support the possibility of covering all unregistered Syrian patients.
- Gamasa requires a Primary health care entry point. A potential health facility located on the outskirts of Gamasa was identified.
- Work in conjunction with Resslera to disseminate information about existing public family health care services in order to increase awareness of medical services available to the community.
- Follow up visits are to be extended as needed to support medical teams, also communication to be maintained in order to support responses regarding the medical assistance criteria.
- Train existing female Syrian community members to increase the reach of targeted community based health care responses.
- Utilize offers to assist in the provision of additional medical equipment.

Annexes:

Annex 1

UNHCR, UNICEF, WHO, IOM, RESALA, CRS Joint Needs Assessment Mission to Damietta for Syrians 5-7 February 2013

Terms of Reference

Objectives:

To assess the needs and facilities available in new Damietta and Gamasa

To assess the capacity of the community new Damietta and Gamasa

Groups:

Group 1: Protection, basic needs, and livelihood

Organizations: One representative at least from; UNHCR, UNICEF, IOM, and RESALA.

Reporter: Amy Christofferson

Group2: Health Group

Organizations: One representative at least from; UNHCR, IOM and RESALA.

Reporter: Ashraf Azer

Group 3: Education Group;

Organizations: One representative at least from; UNHCR, UNICEF, IOM, CRS, and RESALA.

Reporter: Sherif Fetouh

Report Format:

- Introduction and targeted population
- Availability of services
- Needs of targeted population
- Community mechanism/ capacity
- Challenges
- Recommendations

Report

UNHCR agreed to take the responsibility of producing the final assessment report.

Assessment's Questions:

Protection/ Livelihood and Basic Needs:

- What are the dangers that you experience in this environment?
- Do you feel that your physical safety and security are at risk? At what time? Why?
- Any specific physical or security problems that young girls or married women face?
- How do you get your basic needs?
- What jobs available in the market for Syrians?
- What skills do women and men have that will enable them to earn an income?

Education:

- Who goes to school? Who does not get to go to school?
- Is it easy to be enrolled at schools? Any problems or challenges?
- What do girls who do not go to school do with their time? And boys?
- Are you afraid (are your children afraid) of going to school or of anything at school?

Health:

- What types of health problems are most widespread in the community?
- Who takes care of people when they get sick?
- Are there children in the community who do not get appropriate food? Other persons without proper/enough food? Are there malnourished children in the community?
- Is there any health care available for pregnant women?

Annex 2:

WFP/UNHCR Assessment 21-22 January 2013

TOR's of Damietta mission;

1. Reviewing "Hyper" draft contract with the Finance Manager of the supermarket in order to get his endorsement of all contract clauses and to agree on a date for final contract signature;
2. Filling in the maximum possible number of WFP checklists designed for the rapid assessment of food security of Syrian Refugees in New Damietta;
3. Invite the leaders of the Syrian Refugees community in New Damietta to form a committee from different age groups, gender and origin, towns/regions. The role of this committee should be discussed with UNHCR colleagues to maximize the benefit of forming such committee.
4. Request from UNHCR colleagues the most updated list of Syrian refugees in New Damietta.

Findings

1. Hyper market management is fine with all clauses of WFP draft contract; the Finance manager agreed on signing the contract on Sunday 27th January at WFP premises in Cairo. Hyper FM also confirmed his readiness to start receiving Syrian Refugees in the store from the 1st of February 2013.
2. Five checklists have been completed during the mission. Data will be processed and results shared with all concerned parties;
3. Syrians that were met and interviewed during the current mission were very enthusiastic about the idea of the refugees 'committee. UNHCR colleagues have managed to register around 12 names as potential members for this committee. The names will be shared with WFP on Wednesday 22 January;
4. The role of the committee will be discussed in each agency and exact TORs will be produced and counter-shared;
5. UNHCR confirmed that the list that they shared with WFP for Syrian Refugees in New Damietta is the final and most updates; no further updates have been made since then.

Challenges

1. Ensure that families will abide by the shopping schedules (to be prepared by WFP) to avoid masses of shoppers at the same time in the supermarket;
2. Exact number of eligible beneficiaries in new Damietta taking into consideration the possible movement of Syrian families within the country.

Follow up action

WFP will produce a schedule to organize Syrian refugees shopping times. This schedule will be shared with the Syrian Refugees committee who would ensure dissemination of information. No reference to names will be made in this plan, only UNHCR case number will be used to identify families.

Annex 3:

Agenda of the Joint Assessment mission to Damietta, 5-7 February 2013

Day and date	Time	Activity	Venue
Day 1 Tuesday Feb. 5th, 2013	12:00	Hotel arrival	Zamzam Home hotel at the end of Elsaidi street, in front of Almostabal club, New Damietta
	14:00 – 16:00	Introduction and briefing meeting with Mr. Wahid Ben Amor – mission leader – UNHCR Senior Field Coordinator	Zamzam Home Hotel terrace
	16:00 - 18:00	Group 1 education meeting with professor Mahmoud Shawareb (education file responsible in new Damietta	Zamzam Home Hotel terrace
	16:00 - 18:00	Group 2 focus group discussion with head of households	Mubarak area, new Damietta
	18:00 – 20:00	UNHCR Community Services staff meeting with RESALA	
Day 2 Wed 6th	9:30 – 11:30	Group 1 discussion with households	Social Solidarity hall, the center to new Damietta next to Ahli bank
	9:30 to 11:30	Group 2 focus group with women and young girls	Social Solidarity hall, the center to new Damietta next to Ahli bank
	12:00 to 15:00	6 home visits with families in different areas (6 groups will handle 1 visit	Dividing UNHCR staff to 6 groups, each group will pay home visit
	15:00 – 17:00	Break	Different locations in New Damietta
	17:00 – 19:00	Group 1 discussion with Households	Social Solidarity hall, the center to new Damietta
	17:00 – 19:00	Group 2 discussion with young men	Social Solidarity hall, the center to new Damietta
Day 3 Thur, Feb 7th	8:30 to 10:30	Individual interviews randomly selected by UNHCR staff	Social Solidarity hall, the center to new Damietta
	11:00 – 12:00	briefing	Zamzam Home Hotel
	12:00	Hotel check out and departure to Cairo	