

Joint Assessment for Syrian Refugees in Alexandria, Egypt

February 2013

This assessment was implemented by:

UNHCR, WFP, UNICEF, IOM, CARITAS and CRS



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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. 6000 individuals were registered up to the end of 2012, while the current total of 19,850 as of February 23, 2013. According to the Egyptian Ministry of Foreign Affairs, as of November 2012, 100,000 Syrians reside in Egypt. However, It is estimated that there could now be as many as 150, 000 Syrians in Egypt.

As the second largest urban center in Egypt, Alexandria was identified as a key location hosting Syrians. Syrians have come to the area due to its size, due to an existing social network, and/or because it is less expensive than Cairo. In addition to central Alexandria, this assessment includes two areas on the outskirts where a large number of Syrians reside, Borg Al Arab and Agami. These areas are in fact quite distinct and require travel of up to one hour to reach central Alexandria. The report should be read in this context.

This joint assessment in Alexandria, which took place on the 11-14 February, 2013 is part of an ongoing inter-agency effort to assess the needs of Syrians in Egypt. UNHCR, WFP, IOM, UNICEF, CARITAS and CRS participated in the assessment. The assessment in Alexandria follows a Joint Assessment for Syrian Refugees in Egypt conducted by UNHCR, WFP and UNICEF in November 2012.¹

¹ Joint Assessment for Syrian Refugees in Egypt; November 2012; UNHCR, WFP; UNICEF

Participants to the assessment

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Executive Summary

The Government of Egypt allows Syrians to enter the country without an entry visa and has taken the decision that Syrians will be allowed to regularize their stay through the Department of Immigration of the Ministry of Interior without 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 specific areas. Therefore, UNHCR, WFP, UNICEF and IOM along with NGO partners such as CARITAS and CRS, CARITAS are conducting a series of joint assessments across Egypt. This report covers major challenges in protection, livelihood, education and health.

Methodology

This Joint assessment mission to assess the needs, facilities, and the capacity of the Syrian community was conducted from the 11th – 12th February 2013. Participants in this assessment were UNHCR (Community Services, Education, Program and Protection), UNICEF, IOM, CRS, and CARITAS. The mission had three focus group discussions occurring simultaneously for protection, education and health. During the mission 6 FGD and 6 home visits were conducted. The FGDs were held in areas with a high density of Syrians (Agami, Borg Al-Arab and Sidi Bishr) while the home visits were in the adjoining areas. Also, meetings with the Education Minister's deputy in Alexandria as well as the Director of education in the Borg Al-Arab area were held on the second day.

Discussions assessed the needs in the following fields:

- Protection
- Basic Needs
- Livelihood and self-reliance
- Food security
- Education
- Health

Limitations

There is a limited amount of information about Syrians in Alexandria. This is an urban population that is dispersed in different areas of the city, a large portion of which live significant distances from the urban centre. Accurate figures about the true number of Syrians in Alexandria do not exist and it is therefore difficult to know how many have not yet registered with UNHCR. Focal points are established through Egyptian charities and therefore may not be representative of the entire Syrian population. A process of establishing criteria for how focal points are chosen is necessary. 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. This is, to a large extent, because Syrians are spread out among an urban population and there has been no spontaneous organization among the Syrian community. In addition, distance from the suburbs where some Syrians reside to the city centre is a significant barrier to accessing registration services.

Residency and other official documents: Asylum seekers are confused about their obligations to get residency and about procedures to make normalizing their stay in Egypt. This is preventing them from accessing bank accounts and other services that would allow them to become more self-reliant.

Security: The main concern was the overall level of crime in Egypt, in particular, the risk of theft was perceived as high. In this regard, Syrians in Alexandria did express vulnerability due to their nationality. This varies depending on the area of town. Syrians interviewed in the centre of town described petty crime as a routine threat. Many Syrians believe they are targeted because they are foreigners. One family for example, had been defrauded out of their savings by someone claiming to be a police officer. Some told stories of being harassed on the street. Syrians living in the outskirts of Alexandria considered petty crime in the centre a deterrent to accessing services in more central areas, but did not consider it to be a significant risk in the suburbs.

Women and SGBV: Several direct accounts of verbal harassment were recorded as well as attempted theft on the street. This makes some women less likely to go out without a male escort. No other SGBV issues were recorded. 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. Many Syrians are approached with enquiries about whether they would be available for marriage. They consider this humiliating and annoying but not aggressive.

Child Protection and Youth: The most common complaint of parents with regards to their children was the lack of recreational activities for their children and a lack of integration into the community. The main barrier to accessing recreational activities is cost and distance.

Unaccompanied young men: 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 health: Trauma resulting from violence witnessed in Syria was repeatedly raised as a priority concern. Many parents described symptoms of trauma such as bedwetting, becoming withdrawn, expressing fear at loud noises or during celebrations that involve gunfire. In addition, some parents said their children play excessive war games and talk about killing Bashar. Parents feel this is compounded by the lack of recreational activities noted above.

Intra-communal tension: There is no cohesive social organization among the Syrian community in Alexandria and its suburbs and Syrians have not organized themselves to form committees or community groups. Suspicion in the community that there may be spies present from the Syrian regime does not seem to be a barrier to accessing the community.

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 worsens, they face long periods without news and would not know if their family has fled to surrounding areas within Syria or to bordering countries.

Recommendations:

- Continue organizing mobile registrations for Syrians residing in Alexandria both in the urban centre and in the surrounding suburbs. Ensure sufficient staff are available to accommodate home visits and protection interviews for vulnerable cases; establish female focal points for sharing information about registration and services.
- Conduct a comprehensive mapping of the location of Syrians in the Alexandria area in order to ensure sufficient access to registration and other services.
- Facilitate the organization of community groups and the establishment of representatives among the Syrian community.
- Raise awareness among Government officials and the police on protection issues.
- Facilitate and fund the establishment of community centers with male, female and child friendly spaces; facilitate exchanges between Egyptians and Syrians;
- Establish of a female committee for community self-management.
- Establish community based psychosocial support mechanisms.
- Ensure the availability of psychosocial support services.
- Continue assessment 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 (ICRC).
- Closely monitor the early marriage issue.

Basic Needs

Many Syrians, particularly newcomers, explained that their basic needs were covered by resources brought from Syria. These resources are rapidly depleting. Most said they had not found jobs that cover 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 a vulnerability of exploitation through the informal working sector. Even those had been in Egypt for longer (over 6 months) had not found jobs that covered their basic needs.

Housing: Housing is an overwhelming priority need. Support with housing was prioritized repeatedly because each month the resources brought from Syria are depleting, 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 or escaping Syria and will have difficulty accessing the housing market. Most Syrians in Alexandria are renting apartments. The rents are higher in Alexandria for Syrians because they are foreigners. For example, Syrians are paying 1500-2000 EGP for an apartment that Egyptians would pay 500 EGP. Many have been

told in addition that they will have to move out of their apartments during the summer months which is the tourist season in Alexandria.

Recommendations:

- Urgent in-depth assessment of housing needs.
- Financial support for shelter.
- Implement housing projects including financial support and facilitation of identifying residences and pricing guidelines; include technical and legal support.

Food security

Agami and Borg El-Arab

Survey Sample: Food security analysis is based on purposive sample of 14 households residing in Borg El-Arab and Agami which are known as two of the poorest areas in Alexandria. The sample is small; hence results should be regarded with caution until a more comprehensive survey is conducted.

Brief: Syrian refugees are highly vulnerable to food insecurity during the coming weeks; until now 43 percent have been adopting negative coping strategies to sustain household food intake and 64 percent do not have sustainable source of income. Given the expected seasonal rise in food prices starting April and the seasonal rise in rents during summer and the fact that 59.5 percent of total household expenditure is allocated to food, food assistance becomes among the top priority needs of the Syrian refugees residing in Agami and Borg El-Arab.

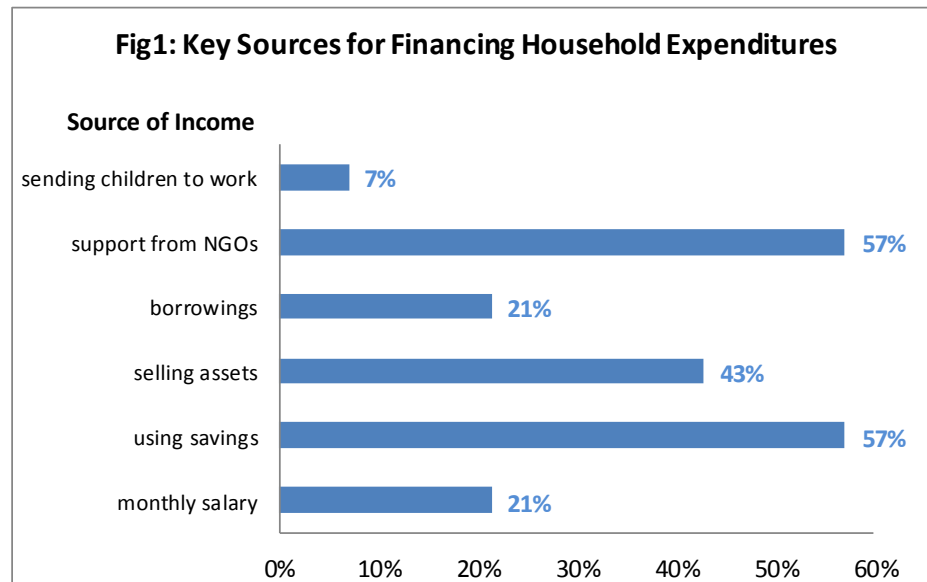
Food Availability: Currently, food (whether staple foods or non-staples) is available and food shortages have not been reported yet in any of the markets. Nevertheless, Egypt imports more than 60 percent of its food needs and with the recent drop in reserves of foreign currency² Egypt may face shortages in imported food. The size of the Syrian population in Egypt remains relatively small compared to total population and is unlikely to have –alone- significant impact on food availability or food prices, especially that most of them have limited purchasing capacity.

There are variations in the consumer preferences and eating habits of the Syrians, yet the essential and commonly consumed food items are available in local markets. Food prices for refugees are considered expensive, and their ability to purchase frequently consumed items like olive oil, haloumi cheese and bulgur wheat (برغل) is often beyond their purchasing capacity.

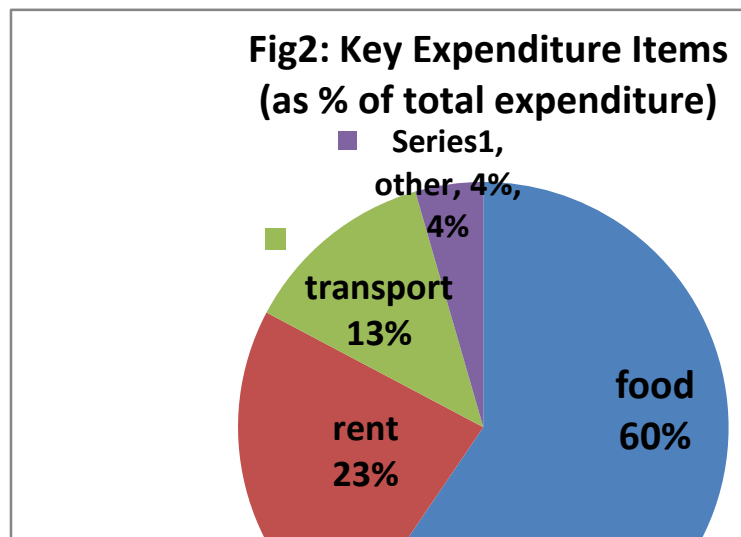
Sources of Income: Refugees in Alexandria are similar to those interviewed earlier in other vulnerable areas of Egypt, they mainly depend on using their savings and support from NGOs and they depend less on wages and salaries as the majority of the refugees remains unemployed. Among the interviewed households 57 percent depend on their savings and support from NGOs

² Foreign reserves have recently dropped during Jan-Feb 2013, covering less than 3 months of total imports.

and 43 percent have been selling their assets to finance household expenditures, however only 21 percent depend on salaries as a key source of income.

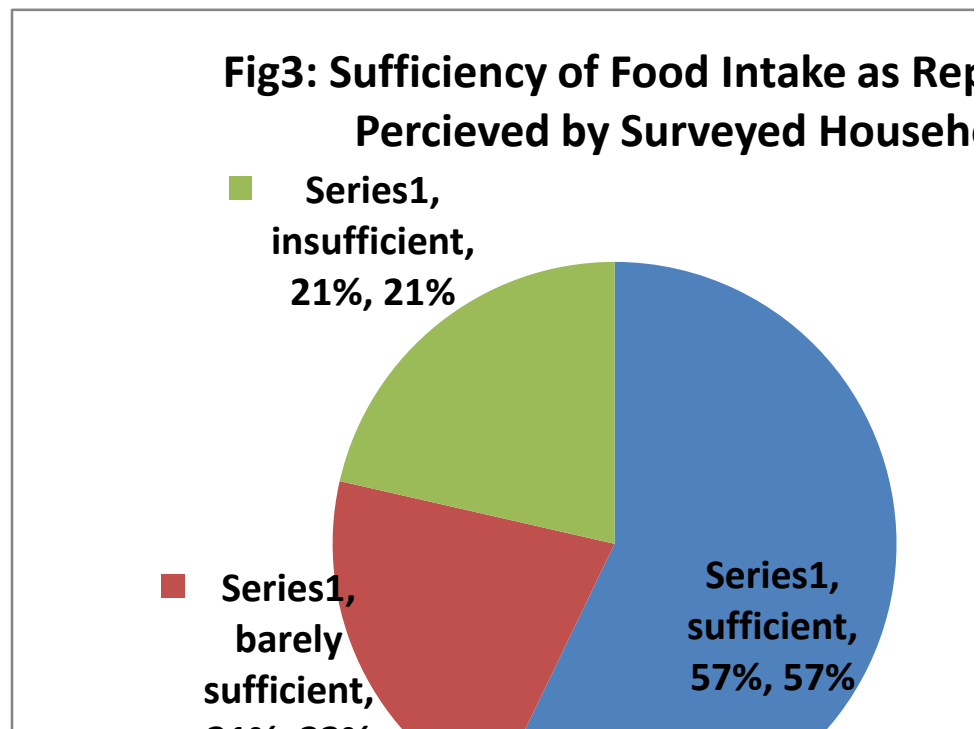


Household Expenditure: Unlike the results of previous assessments, this assessment shows that households are spending most of their monthly sources of income on food (59.5 percent) and less on house rents (23.2 percent). This can be explained by the low levels of rents in Agamy and Borg El-Arab during school time and the financial support provided by aid agencies for refugees to rent, but it also highlights the vulnerability of households residing in these areas.



Access to Food: Most of the surveyed households have diversified food intake with acceptable frequency of consumption during the 7 days preceding the assessment, however in terms of

quantities only 57 percent reported sufficient food intake, while 21 percent reported insufficient food intake and another 22 percent reported that actual food consumption was barely sufficient. The most frequently consumed food groups are cereals (6/7 days a week) and vegetables (5/6 days a week) followed by dairy products and oils (almost 5 days a week) while they consume much less animal protein (about 2 days a week).



Coping Mechanisms: About 43 percent of the surveyed households have adopted negative coping mechanisms to meet their food needs through borrowing money/food and by purchasing cheaper and less preferred foods, of which 50 percent have also been coping by reducing household food intake.

Vulnerability: The surveyed households are vulnerable to food insecurity and more so in the coming months as most of them deplete their savings and can only sustain their current expenditure patterns for maximum of two more months. Refugees in Agami and Borg El-Arab face a number of challenges that reduce their ability to cope and maintain sufficient and balanced food intake:

- Most of the interviewed household heads are unemployed (64 percent) without sustainable source of income.
- Refugees do not have access to the government's food subsidy ration card system
- Food prices in Egypt started to increase in January 2013 (recording the highest monthly inflation rate since January 2008) and are expected to increase further during the

following months affected by the seasonal pattern during April-May and the recent deterioration in the exchange rate.

- Rents and food prices –which exhaust more than 80 percent of household expenditure- are expected to increase significantly starting June due to the seasonal increase in prices across northern coastal areas during summer time.
- More Syrians are expected to arrive placing further stress on the capacity of aid organizations to continue supporting refugee families.

Livelihood and self-reliance

As noted, the main source of resources among Syrians remains the savings they brought from Syria. More recent arrivals start with fewer savings due the increased cost of basic necessities inside Syria. Many said they were selling their belongings and family jewelry in order to meet their basic needs. It was widely reported that they had not found jobs that would match their expectations about wages and working conditions. Of those interviewed the vast majority were merchants in different sectors. They considered the most helpful intervention would be a micro-credit scheme and expressed a willingness to form associations and to create projects. In the suburbs in particular, it was explained that there was a lack of shops and local businesses and it was felt that enterprises such as this would be more welcomed by the Egyptian population than Syrians taking scarce jobs in the traditional labor market. Women interviewed had education and skills and contributed financially to their households in Syria. 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. Participants, for the most part, felt that they had necessary skills and did not favor vocational trainings. Because they were merchants in Syria, they prefer to continue in this field.

Female Headed Households: There are a number of extended families which include a female head of nuclear family. In Syria they would have lived with their husband and children but the male relative did not join them in Egypt due, for example to their 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. There was general agreement that although it is a culturally required practice, it is an additional burden on the household. They also said, it was possible to imagine that some poor families may eventually feel pressure to arrange marriages for these women, but that would be a humiliation and a last resort. Finally, it was noted that it would be culturally acceptable and even expected for women to contribute financially if they could find appropriate work.

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 center, the organization of community initiatives to arrange for child care and transportation utilizing existing skills in the refugee population.

Education

The following are the main challenges identified issues during the focus groups discussions and home visits:

Documentation and the enrolment process: In some areas it is still a major concern, as some Syrians are asked to go to distant education authorities to get their papers stamped. Borg Al-Arab appeared to have the best practice, as the entirety of the participants in the FGD had no problems with the procedure. All those who participated in the FGD in Agami, were not enrolled in any schools due to distance, lack of information on schools and the enrolment process, and being new arrivals.

Inability to integrate with the Egyptian education system: One of the young participants states, “I was unable to integrate with the education system and left school due to this and have now started working in a tailor shop. Psychologically I cannot adapt to schools here because they are unclean and I do not understand the dialect, and I had a difficult relationship with my teachers”. Some participants said that despite the fact that conditions in Egyptian schools are far from perfect; they agreed that sending them to school is still their preferred option. Some families refrain from sending their children to school on a daily basis while enrolled, due to difficulties encountered by children in understanding Egyptian dialect, gender mix at school, transportation cost. Families’ perception of the poor quality of the Egyptian schooling system discourages them from enrolling their children.

Density of classrooms and cost of transport: Classroom overcrowding in the schools close to refugee homes has resulted in Syrian children transferring to remote schools which in turn has high transportation costs associated. Additional costs such as extra text books, school supplies, and private tutoring are considered to be a barrier to accessing education. Many see unsafe but affordable means of transportation as their only option and travel is mainly by ‘Tok-Tok’. Private school fees are expensive and some are forced to pay up to 8000 L.E.

Equivalency Issues and curriculum: Children who are enrolled in the second term of the academic year are required to catch up with the first term requirements, some of which are already under stress from their emergency situation. The national curriculum is different in Egyptian schools than in Syrian. Children in the third secondary stage are obliged to be downgraded on academic year to match the national system which stipulates that “Thanaweyya Amma” should be for two academic years. Some children are facing problems with the English language and Math because this was one of the weakest points in the Syrian curriculum. Some Syrians identified the problem of Egyptian students not attending school a month before the exams as a reason for their irregular attendance.

Few cases of violence at schools were identified: Both student to student and teacher to student. Participants were concerned with Agami being an isolated area and feeling unsafe walking in the empty streets, leading to their inability to take their children to school.

Uncertainly about length of stay in Egypt: Some families think that their stay in Egypt is too short to enroll their children at schools. Therefore, education comes as their last priority.

Lack of community support: The participants in Alexandria have not thought of establishing a community to represent their issues, as one participant stated “community groups are not our priority at the moment, we are more concerned with finding work to provide food for our children.” Due to the fact they have yet to establish a Syrian network no attempts were made to establish a community school. Some parents stated that this was due to the changes in the Syrian curriculum and they feel they will not be able to explain it properly if they were to teach their children. There was a general lack of knowledge on available organizations and the services they offer and how/where to access it. However, the majority of the participants felt the Egyptian people were very welcoming, supportive and sympathetic to their cause.

Nursery aged children: Are not attending schools because of the lack of government run nurseries and private nurseries being very expensive.

Meeting with the Ministry of education in Alexandria: Meetings with the Education Minister’s Deputy in Alexandria as well as the Director of education in the Borg Al-Arab area were held on the second day and attended by UNHCR and UNICEF team members. The government officials were very helpful and supportive; the Deputy Minister stated that he was prepared to bring all Syrian students together in one place to teach them Syrian history and geography classes but will not be able to give certification for those classes. He also welcomed the idea of holding a conference to discuss Syrian Refugees barriers to successful education in Egypt and agree on a durable solution. The Director of education in Borg Al-Arab attended the FGD there accompanied by his deputy due to his impending retirement in 3 months to answer all questions and he gave his contact information so that they would be able to reach him whenever they wish.

Recommendations:

- Assist the GoE by building a school or some additional classes to receive more Syrian students.
- Assist the GoE in maintaining some of the schools in Alexandria and increasing the capacity of existing ones.
- More coordination between CARITAS, CRS and UNHCR in the field of education.
- Share with the Ministry of education in Alexandria, the difficulties of the Syrian community in enrolling their children into public schools.
- Identify/establish community KG classrooms in nearby locations to lift the burden of transportation cost from families
- Explore the possibility of organizing extra-curricular activities and psychosocial support.
- Holding in partnership with the Ministry of Education, a conference to discuss Syrian Refugees barriers to successful education in Egypt and agree on a durable solution.

Health

The Health joint assessment mission to Alexandria along with UNHCR partner Caritas and IOM took place between February 11 -13, 2013. WHO and UNICEF were unable to join the mission.

The health joint assessment mission to Alexandria was conducted in order to ascertain the health care needs of Syrian community members residing in Alexandria and the surrounding areas. The assessment involved 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 with the intention of addressing present health care gaps whilst avoiding duplication and overlap with existing programmes.

The assessment methodology included; conducting Focus Group Discussions with Syrian female and male led households in addition to community youth of both genders, prioritizing participant responses and building where possible on community capacities and suggested solutions.

The mission mapped and assessed existing key primary and curative health care services through a rapid health facility assessment using the Health Resources & Services Availability Mapping System HeRAMS tool. Joint recommendations were proposed in order to enhance access and coverage of health care services through existing and capacitated health facilities.

A total of 19 Syrian community representatives participated in the FGDs facilitated by IOM and UNHCR. Participants were between the ages of 18 to 40 years. Two separate FGDs were conducted along gender lines. Women and female heads of households conducted discussions separately to male youth and male heads of households. The assessment team used an adapted UNHCR Guiding Health questionnaire with both groups.

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 their concern over a number of issues. These included Syrians that are living in remote areas such as Borg El Arab are having difficulties accessing medical care particularly at Anba Takla hospital. There is also an issue related to the low quality of housing available to the community which as a result has contributed to the spread of hygiene related diseases. The cost of medications and treatment for some chronic illnesses is perceived by the community as prohibitively expensive and participants reported that the quality of diet in many cases is insufficient leading to various preventable nutritional problems. In addition a number of vulnerable households require support for the purchase of personal hygiene products such as diapers and feminine sanitary products.

FGD participants expressed a need to map MOH health centers in order to raise awareness of medical facilities and services available to the community. Participants also believed that expanding contracts with additional hospitals would help the community improve access to medical services in remote areas. In regards to this issue, it was suggested that the licensing of a Syrian doctor would better serve the community needs in Borg El Arab and other remote areas. Participants also expressed that increased networking with existing food banks in Alexandria could aid vulnerable Syrian households with children meet additional nutritional needs.

Participants further suggested waiving user contribution fees for Syrians having to travel long distances to access Anba Takla hospital. Participants also suggested exploring possibilities of support with mobile dental care services.

Participants recommended effective dissemination of information in order to aid awareness of all upcoming vaccination campaigns organized by MOH in addition to the routine vaccinations offered by the Expanded Program of Immunization would be significantly beneficial to the community.

The Syrian community in Alexandria seeks medical care from Caritas contracted Anba Takla hospital, in the case of emergencies care is sought from closer hospitals to areas of residence in Sidi Bichr at both Mabaret El Asafra and Mar Morcos hospitals.

Anba Takla PHC entry point while accessible for Syrians residing in Alexandria is inaccessible to many Syrian households living in more remote areas outside the city. As the summer vacation season approaches many Syrians will be forced to leave Alexandria for areas such as Borg El Arab due to rent increases in city apartments. Caritas is to explore PHC entry points for Syrians residing in remote areas i.e. Kilo 21, Agami, Hanoville, 6th October and Borg El Arab.

Syrians residing in these remote areas located 30-50 km from Alexandria city, currently have an *ad hoc* approach to medical care needs and consequently require a Primary Health Care entry point for specialized and referral care services in order to avoid exploitative user fees imposed by many private health facilities.

A health services mapping and rapid assessment was addressed which included the MOH Family Health centers – Hanoville and Borg El Arab which currently provide antenatal and natal care services, vaccinations, family planning, pediatric care for children under five, internal medicine, pediatrics, gynecology, dental care services, laboratory and X ray services along with referral.

Currently Syrian households utilize services at the MOH Family Health centers in Hanoville and Borg El Arab either free of charge or with nominal fees as for Egyptian nationals. Up to 250 Syrian households currently reside in Borg El Arab both registered and unregistered and some 350 Syrian registered and unregistered Syrian households reside in Kilo 21, Hanoville, 6th October and Agamy.

Some 283 Syrian children aged less than 15 years were identified and listed in Borg El Arab Family health center for a Polio vaccination outreach program. Lists of effectively vaccinated children were brought to MOH Family health centers for monitoring and records keeping purposes.

Recommendations:

- Establish primary health care points for Syrians residing in remote areas, primarily Borg El Arab.
- Caritas Alexandria to build on existing capacity of MOH Family health center Borg El Arab.
- Caritas to complement required equipping of clinics in order to start receiving Syrian community members in need for primary health care services in Borg El Arab and Kilo 21.

- Caritas to use existing control systems to ensure that medical assistance criteria are abided by and medical decision making processes and cost control mechanisms are in place.
- UNHCR, IOM and Caritas Alexandria to assist capacity building regarding quality of services, infrastructure and resource allocation.
- Borg El Arab hospital to provide outpatient and casualty services along with inpatient care to Syrian community.
- Caritas is to improve dissemination of information regarding health care services related to MOH Family medicine centers “Hanoville” and “Borg El Arab” in order for Syrian families to benefit more effectively from existing service provision.
- Increased communication and co-operation between private and public health facilities providing medical services to the Syrian community.
- Facilitate increased capacity and use of Anba Takla hospital psychiatric unit.

Annex 1:
Joint Needs Assessment Mission to Alexandria for Syrians 11-12 February 2013
(UNHCR, WFP, UNICEF, WHO, IOM, CARITAS, CRS)

Objectives:

To assess the needs and facilities available in Alexandria

To assess the capacity of the community in Alexandria

Groups:

Group 1: Protection, Safety and Security, Livelihood, Basic needs, Housing

-Registration

-Access to UNHCR facilities

-Safety and Security

-Special needs for women and children

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

Reporter: **Amy Christofferson**

Group2: Education, community participation

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

Reporter: **Mirvette Abed Rabo**

Group 3: Health Group

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

Reporter: **Ashraf Azer**

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 Safety and Security, Livelihood, Basic needs, Housing

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?

(Refer to the attached standardized questionnaire guideline)

Education/Community participation :

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 and boys who do not go to school do with their time?

Are you afraid (are your children afraid) of going to school or of anything at school?

Are your children enrolled in public or private schools

Do all your children go to school?

How much fees are you paying?

(Refer to the attached standardized questionnaire guideline)

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?

Had your child received Polio vaccination?

How much do you pay for primary care?

We need to know if health care services and medication available, accessible, and affordable by the Syrian community.

Where does Syrian community receive their health care?

What are the health seeking habits of the Syrian community?

Most common health problems of the Syrian community?

What is the percentage of pregnant women who receive antenatal care? Where? The cost?

What are the health needs of the Syrians?

What is the immunization status of under 5 children?

What are the health premises that are available for Syrian community to receive health care? What is their capacity?

What is the nutrition status of pregnant and children of the Syrian community? Through observation are there any malnutrition cases?

What are the most challenging health problems facing the Syrian community?

Food:

How many meals did your family have yesterday?

During the past seven days (from to), how many days did your household eat any of the following food groups:

In the past week was the quantity of food available for household consumption

In the past 7 days, if there have been times when you did not have enough food or money to buy food, how often has your household

(Refer to the attached WFP Security Guide Questions)

Annex 2:
Food Security Guide Questions

I. How many meals did your family have yesterday?

II. During the past seven days (from to), how many days did your household eat any of the following food groups:

Which items did you consume the most within each food group	Quantity per week	Frequency of consumption (number of days / week)	Food Group / Item
	Kg		Cereals and tubers
	Kg		Pulses (beans, peas, lentils, broad beans ...)
	Kg		Vegetables
	Kg		Fruits
	Kg		Meat, Poultry, eggs, rabbits, fish or eggs
	Kg		Dairy products (except butter)
	Kg		Sugar and candy
	Bottles/Kg		Oil, butter, and other fats
			Flavors: chicken/fish bones, milk added to tea, stock cubes etc...

III. In the past week was the quantity of food available for household consumption

Insufficient (go to IV)	Barely sufficient (go to IV)	Sufficient (go to)
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IV. In the past 7 days, if there have been times when you did not have enough food or money to buy food, how often has your household:

Number of days	List of Coping Strategies
	1. Rely on less preferred and less expensive foods ?
	2. Borrowing food or rely on help from a friend or others?
	3. Reducing meal portions
	4. Reducing the portions given to adults to feed children
	5. Reducing the number of daily meals

- Have these ways of coping been sufficient for them to meet their basic needs?
- How long do you think these coping mechanisms can last? (number of weeks/days)

Annex 3:

Agenda joint assessment mission in Alexandria during the period from Feb 11th to Feb 13th, 2013

Day and date	Time	Activity	Venue
Day 1 Monday Feb 11th, 2013	12:00	Hotel arrival	Participants to address booking their hotel as per choice in Alex
	14:00 – 15:00	Briefing on the joint mission for final alignment of the joint assessment facilitated by UNHCR	Meeting place will be Mercure Hotel.
	15:00	Departure from Hotel to Hanofeel area	All Vehicles will meet in front of Mercure Hotel to move together in a convoy.
	16:00 – 19:00	2 Focus groups discussions (Protection and education) plus 4 home visits in AGAMI area. One Focus group discussion with female only from different age group for protection + one focus group discussion with a group from different age and gender group for education. Each FGD will be consisted from 12 persons.	Meeting place will be Hanofeel center in AGAMI.
	19:30 – 20:30	Joint mission team end of day wrap up and recommendations on 1 st day assessment findings	Meeting place will be Hanofeel Center in AGAMI.
Day 2 Tuesday 12th	08:30	Departure from Hotel to Borj Al- Arab area.	All Vehicles will meet in front of Mercure Hotel to move together in a convoy.
	10:00 – 13:00	2 Focus groups discussion plus 2 home visits in Borj Alarab area. One FGD with a Male only from different age group for protection and one FGD with female only from different age group for education. Each FGD will be consisted from 12 persons.	Meeting place will be in one of the Refugee Focal point's house in Borj Alarab.
	17:00- 19:00	2 Focus groups discussion plus two home visits. One FGD with different age and gender groups in Miami area and one FGD in Sedi Beshr area with Male only from different age group for education. Each FGD will be consisted from 12 persons.	Meeting place will be in one of the Refugee Focal point's house in Miami and Sedi Beshr.
	19:00- 20:00	Joint mission team end of day wrap up and recommendations on 1st day assessment findings.	Meeting place will be in one of the Refugee Focal point's house in Miami.
Day 3 Wednesday, Feb 13th	8:30	Departure from the Hotel (Only Mirvette and Marwa)	
	9:30 to 10:30	Meeting with Focal Points selected during the mission (Mirvette and Marwa)	Meeting place will be in one of the Refugee Focal point's office in Down town.
	11:00- 12:00	Meeting with a senior staff in the Ministry of Education (to be confirmed). (Wahid, Mohamad and Mirvette).	Meeting place will be the Ministry of Education
	11:00 – 12:00	Joint mission team debriefing	Meeting place will be Mercure Hotel
	14:00	Departure from Alexandria	

Annex 4

Agenda for health component of joint assessment in Alexandria Feb 11- 13, 2013

Day and date	Time	Activity	Venue
Day 1 Monday Feb 11 th , 2013	12:00	Hotel arrival	Participants to address booking their hotel as per choice in Alex Dr. Essam is planning to book in Gedah hotel
	14:00 – 15:00	Briefing on the joint UNHCR, Caritas Alex , WHO, UNICEF and IOM meeting for final alignment of the joint assessment facilitated by UNHCR Health sector mission participant Dr. Ashraf Azer	Meeting place will be suggested by Caritas Alex
	15:00 - 16:00	A briefing meeting with the MOH Alexandria Health directorate focal point for our joint mission purpose	Meeting place will be suggested by MOH via Caritas Alex
	16:00 - 18:00	Focus group discussion with head of households (6- 8head of households half women and half men)	Meeting place will be suggested by Caritas Alex
	18:00 – 20:00	Joint mission team end of day wrap up and recommendations on 1 st day assessment findings	Meeting place will be suggested by Caritas Alex
Day 2 Tuesday 12 th	9:30 – 11:30	Focus group with women and young girls (6- 8 women and girls)	Meeting place will be suggested by Caritas Alex
	11:30 to 14:30	Visit to Syrian households and MOH suggested and frequented Health facilities Public, Private, NGOs based facilities etc..for the health services mapping and rapid facility assessment	Health facilities
	16:00 to 17:00	Two group home visits to a household with a vulnerable medical conditions	Alexandria to be organized by Caritas Alex
	17:00 – 19:00	A unified group discussion with young men (15- 35 years)	Meeting place will be suggested by Caritas Alex
Day 3 Wednesday, Feb 13 th	8:30 to 12:30	Complementary visits to Syrians and MOH suggested and frequented Health facilities Public, Private, NGOs based facilities etc..for the health services mapping and rapid facility assessment	Health facilities
	13:00 – 14:00	Debriefing with community representatives in the presence of Caritas Alexandria and community added recommendations	Meeting place will be suggested by Caritas Alex
	14:00- 15:00	Debriefing with MOH in the presence of CARITAS and MOH added recommendations	Meeting place will be suggested by Caritas Alex
		Departure from Alexandria	