



33,377 acute/chronic Primary Health Care consultations for girls, women, boys and men since the beginning of 2015

MAY HIGHLIGHTS:

- UNICEF, UNFPA, WHO and UNHCR continue to raise the Syrian community awareness on public primary health care (PHC) services to enhance Syrians mainstreaming and utilization of Ministry of Health (MOH) primary preventative and curative services.
- During May, the Community Health Volunteers (CHV) carried out around 1400 home visits, 104 visits to MOH PHC facilities and 53 NGOs visits
- WHO, UNICEF, UNFPA and UNHCR have been working on unifying a standard monitoring and evaluation data to evaluate services utilization and quality, users' satisfaction and need assessments in the post mainstreaming phase to better guide national planning scope for host and refugee communities within an increasingly protracted Syrians and other refugees in a mixed migratory setting in Egypt.
- 158 mental health consultations were conducted at UNHCR's mental health providers "PSTIC" clinics; 61 of them were assisted in PSTIC clinics and 97 were referred to other outpatient clinics.

NEEDS ANALYSIS:

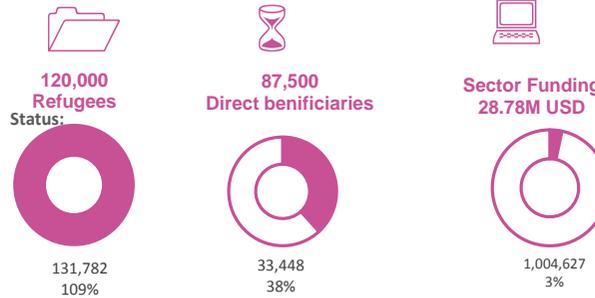
- Syrian refugees are largely urbanized and predominantly integrated within the host communities of five governorates: Giza, Greater Cairo, Alexandria, Damietta and Qalyubia.
- They are scattered in some 24 governorates in some 230 districts but mostly residing in greater Cairo, Alexandria and Damietta.
- 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



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: MAY2015

33,377 acute/chronic PHC consultations for girls, women, boys and men

71 trained PHC staff both gender

52 supported health facilities in impacted communities

14,897 referrals to secondary and tertiary level of care

15,469,098 children receiving polio vaccination

