



**6,781** acute/chronic PHC consultations for girls, women, boys and men in January 2015

### JANUARY HIGHLIGHTS:

- UNICEF, WHO and UNHCR are meeting regularly to prepare for all actions needed to address the Syrian refugees' mainstreaming in the public primary health care (PHC) system in Cairo planned to start in April 2015 and the related joint communication strategy.
- The mainstreaming preparedness meetings address all needed preparatory actions such as agreeing on the list of Ministry of Health (MOH) Primary Health care (PHC) facilities supported by UNICEF and UNHCR/Arab Medical Union in Greater Cairo in 2014 as the most visited MOH PHC facilities by Syrians, and the content of a joint flyer (MOH, UNICEF, UNHCR and WHO) about the selected PHC facilities and its dissemination plan by UNICEF and UNHCR/partners.
- A meeting took place between UNHCR and its health providers "Resala, Caritas and Arab Medical Union" regarding the new referral system and coordination of work among them.
- Arab Medical Union conducted a refresher session during the last week of January for 55 Community Health Volunteers (CHV). The refresher lecture covered the healthy nutrition for pregnant, breastfeeding women and children under 5 years.

### 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 program.

Leading Agencies: UNHCR- Hany Fares, email: faresha @UNHCR.ORG, WHO- Gasser Gad El Kareem. email: elkareemg@who.int

Participating Agencies: UNHCR, WHO, UNICEF, UNFPA, Arab Medical Union (AMU), Caritas, Ministry of Health, Mahmoud Mosque Society, Refugee Egypt, IOM, Save the Children



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

### Key Figures:

#### Planned Sector Response:

Status:  
**120,000**  
Refugees



136,292  
114%

**121,000**  
Direct beneficiaries



6,781  
6%

### 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: JANUARY 2015

6,781 of acute/chronic PHC consultations for girls, women, boys and men



# of trained PHC staff both gender

850

# of supported health facilities in impacted communities

190

1,447 of referrals to secondary and tertiary level of care

7% 20,000

# of children receiving polio vaccination

16,500,000

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Foot : No Polio Campaigns have taken place in January