

## EGYPT MONTHLY UPDATE - APRIL 2015



## HEALTH *e*

# **26,962** acute/chronic Primary Health Care consultations for girls, women, boys and men since the beginning of 2015

#### **APRIL HIGHLIGHTS:**

- First round of anti-polio campaign took place on 19-22 April, 2015, where around 15,469,098 under 5 children have been vaccinated during the campaign. Awareness sessions about the polio campaign have been conducted by the community health volunteers prior to the start of it.
- UNHCR is continuing its health outreach activities; in order to monitor and support the
  mainstreaming of Syrian refugees in the public primary health care system and raise the
  community health awareness,
- During April, the community health volunteers have carried out around 130 field visits for public primary health care facilities and 26 field visits to UNHCR's health providers clinics and 1,176 home visits; moreover, UNHCR's health team have joined UNHCR's multifunction team in their community meetings.
- As part of the community outreach strategy, an internal training session has been conducted with the community services team for orientation on the mainstreaming strategy and the referral pathway for the Syrian refugees and the adapted criteria of UNHCR medical assistance.
- A follow up monitoring of the referral tool data base has taken place for its implementation with the Health partners.
- Coordination meetings took place with AMU, UNHCR and Resala to agree on the implementation modalities of handing over the health sector to AMU in Damietta, AMU

#### **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

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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

87.500

**Direct benificiaries** 

27.033

31%

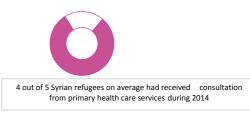
### **Key Figures:**

#### 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.



 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



and tertiary health care service during 2014.

#### **REGIONAL RESPONSE INDICATORS: APRIL 2015**

