



24,494 acute/chronic Primary Health Care consultations for girls, women, boys and men since the beginning of 2015

MARCH HIGHLIGHTS:

- Starting in 2014, the Health sector put forward a mainstreaming strategy to integrate Syrian refugees, with particular focus on the specific needs of women, men, girls and boys, into public primary health care facilities and to gradually phase out from parallel health care services to enhance resilience and sustainability. This mainstreaming has since gained momentum and was launched in Alexandria and Damietta in September 2014 and is planned to be launched in Greater Cairo on the 1st of April 2015.
- The Ministry of Health (MOH), UNICEF, WHO, UNFPA, and UNHCR, organized a technical meeting on 23 March ahead of the health mainstreaming of Syrian refugees within the public primary health care facilities in Greater Cairo. The meeting was attended by MOH officials at greater Cairo PHC and Maternal and Child health care districts level, sister UN agencies, partner NGOs and Syrian Community health volunteers.
- UNICEF prepared flyers listing UN supported public primary health care facilities in Greater Cairo in order to raise awareness about the health mainstreaming and to facilitate their access to public facilities.

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

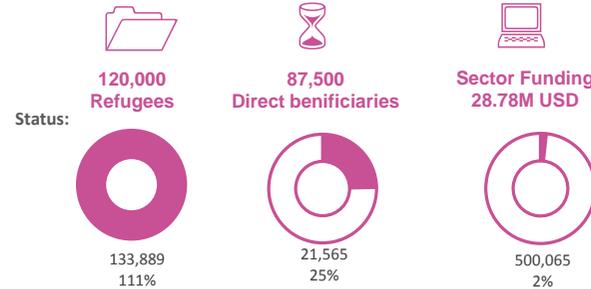
Participating Agencies: UNHCR, WHO, UNICEF, UNFPA, Arab Medical Union (AMU), Caritas, Ministry of Health, Mahmoud Mosque Society, Refugee Egypt, IOM, Save the Children



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:



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.



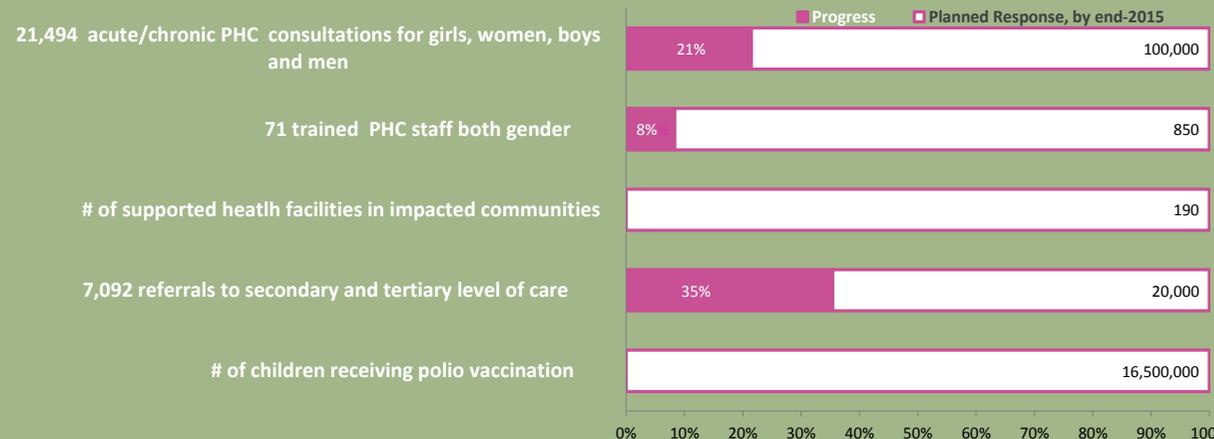
4 out of 5 Syrian refugees on average had received consultation from primary health care services during 2014

- 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: MARCH 2015



Foot : No Polio Campaigns have taken place in February