

# PRIMARY HEALTH CARE **MAINSTREAMING** OF SYRIAN REFUGEES IN EGYPT



UNDER THE AUSPICES OF THE MINISTRY OF HEALTH



Designed by:  
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# ABBREVIATIONS

<b>3RP</b>	<b>Refugee Resilience Response Plan</b>
<b>AMU</b>	<b>Arab Medical Union</b>
<b>CHV</b>	<b>Community Health Volunteer</b>
<b>EWARS</b>	<b>Early Warning and Alert Response Systems</b>
<b>GBV</b>	<b>Gender-Based Violence</b>
<b>HIS</b>	<b>Health Information System</b>
<b>M &amp; E</b>	<b>Monitoring &amp; Evaluation</b>
<b>MOH</b>	<b>Ministry of Health</b>
<b>NGO</b>	<b>Non-Governmental Organization</b>
<b>POC</b>	<b>People of Concern</b>
<b>PHC</b>	<b>Primary Health Care</b>
<b>RRP</b>	<b>Syrian Regional Response Plan</b>
<b>SGBV</b>	<b>Sexual and Gender-Based Violence</b>
<b>STIs</b>	<b>Sexually Transmitted Infections</b>
<b>UNFPA</b>	<b>United Nations Population Fund</b>
<b>UNHCR</b>	<b>United Nations High Commissioner for Refugees</b>
<b>UNICEF</b>	<b>United Nations Children Fund</b>
<b>WHO</b>	<b>World Health Organization</b>

## ACKNOWLEDGMENTS

The Ministry of Health (MOH) primary health care mainstreaming in Alexandria, Damietta, and most recently in Greater Cairo could not have been possible without the support of many national and international actors and stakeholders.

Thanks to the Syrian community and all of the volunteers who were instrumental in shifting the positive health behaviors necessary to accomplish such a goal.

Many thanks to the MOH at all levels for making this policy change possible, from the Minister and his advisors to all other sectors in Greater Cairo, Alexandria and Damietta that were involved in this process.

Thanks also to all UN agencies, UNICEF, and NGO partners throughout this mainstreaming process for all of their support and contributions towards the coordination of such a project. Without you, this would not have been possible.

*UNHCR Egypt - Public Health Unit*

## INTRODUCTION

The mainstreaming of refugees into a host country's health, education, and social service programs presents unique challenges in urban areas. Even when governments are willing to support such mainstreaming, refugees may experience numerous barriers. Also, the host communities may find that limited resources are stretched even further when accommodating a new population in need of services.

To respond to these challenges, the UN High Commissioner for Refugees (UNHCR) adopted an urban policy in 1997 addressing the needs of urban refugees. It specified that if its goals were to be achieved, an appropriate resource base would be required, coupled with effective cooperation and support from a wide range of other actors; especially host governments and city authorities hosting the growing number of urban refugees.

In 2011, UNHCR guidelines regarding refugee health services in urban areas recommended that Syrian refugees be mainstreamed into the primary health care system of host countries to the fullest extent possible.

UNHCR's urban policy further recognized the number of challenges that refugees face in urban areas, in comparison with other low-income urban residents. Such challenges include dealing with increased difficulty to access or afford the often overstretched health care, education, and other services on which the local population relies.

It is through this guiding UNHCR policy and the MOH decree 601/ 2012, Syrians were able to access MOH health services. The MOH and UNHCR took the lead with the support from sister UN agencies guided by the Syrian Regional Response Plan (RRP) and the Refugee Resilience Response plan (3RP) in 2015.

The mainstreaming of Syrians into MOH primary health care services was enacted as part of the efforts of the UN system in responding to the Syrian humanitarian crisis surpassing its fifth year in Egypt and other countries impacted by Syrian refugees.

**The aim of this report is to document the processes that took place in Egypt starting in September 2014 to reach a full mainstreaming of the Syrian Refugees in Alexandria, Damietta, and Greater Cairo by April 2015.**





# RESPONSE STRATEGY IN EGYPT

## I. SITUATION IN 2015

Syrian refugees are largely urbanized and predominantly integrated within the host communities of five governorates: Giza, Greater Cairo, Alexandria, Damietta, and Qalyubia.

The scattering of Syrian refugees in urban Egypt posed operational challenges for the health sector, such as:

- Inequitable distribution of health facilities;
- Lack of standardization and standard treatment protocols;
- Lack of integrated and standardized Health Information System (HIS);
- Lack of needs-based referrals / weak referral system in place;
- Lack of transparency regarding costs and treatment protocols, especially within the private sector;
- Poor medical record keeping of patient care and referrals, which in turn impacts both patient treatment and epidemiological analysis of the incidence of health conditions and changing care needs.

A “Health for All” approach was adopted from the WHO aimed at reducing mortality and morbidity for nationals and POCs alike through targeted primary and secondary health programs.

The health sector strategy seeks to establish a balance between the strengthening of national health systems and delivery of quality health care, thus focusing on two points:

1. Supporting equitable and sustainable access to quality and coverage of health care services (primary and essential secondary/tertiary) while also enhancing community-based health care;
2. Strengthening of existing national health systems with a primary focus on key components, e.g. maternal and child health care, non-communicable diseases, mental health, sexual and gender-based violence (SGBV), and emergency preparedness.

While sustaining and improving equal and non-discriminatory access to existing services, UNHCR also prioritizes scaling up coverage of health services by supporting MOH facilities and upgrading services in selected refugee-impacted areas.

## II. PILOT PROJECT IN ALEXANDRIA AND DAMIETTA

Due to the dispersion of refugees in Egypt, and the uncertainty of how Syrian refugees react to the option of MOH public facilities, UNHCR implemented the mainstreaming strategy in two phases:

The first phase (pilot) was launched in September 2014 by UNHCR with the support of UNICEF and in collaboration with the MOH. The strategy targeted over 43,000 Syrians refugees who were given access to 29 MOH PHC facilities in Alexandria and Damietta.

The experience in Alexandria was very positive and encouraging as was demonstrated by the attendance of refugees at public health facilities, and the support and understanding given by health staff to the Syrian refugees.

The second phase of mainstreaming Syrian refugees was implemented in Greater Cairo, enabling over 90,000 Syrians to gain access to over 60 PHC facilities.





### III. COORDINATION

Several UN agencies and NGOs were involved in the delivery of primary health care for refugees in Egypt; either through direct implementation or indirectly supporting the Ministry of Health. Accordingly, coordination was necessary to ensure all stakeholders and partners agreed on a combination of preventive and curative health care responses with MOH primary health care as the entry point to other levels of care.

**Coordination mechanisms were extended through the following forums:**

- Monthly health working group meetings where the strategy was shared, discussed, and adopted.
- Numerous official meetings in Alexandria and Cairo with MOH primary health care, maternal and child health care officials and health professionals from the concerned units in the public health centers.
- Two milestones in this process were the launch of technical meetings held in Alexandria and Cairo. These two preparatory meetings were coordinated between:
  - MOH
  - UN agencies
  - UNHCR partners
  - The Syrian community health workers

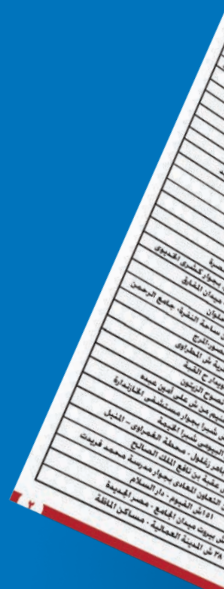
**All health staff were briefed on the mainstreaming process as well as the mandate of UNHCR, the rights of refugees, the strategy of the MOH, and all involved agencies, in working together to better serve the needs of Syrians refugees and the host community.**

## IV. COMMUNICATION STRATEGY

UNHCR developed a communication strategy to support the achievement of the desired outcomes of mainstreaming by accurately informing Syrian refugees about the MOH PHC mainstreaming starting date, health services offered, facility locations, and the existing NGO networks delivering chronic disease maintenance, emergency and specialized care support.

The communication strategy included the following:

- Development of informational **flyers for public primary health care services**, including addresses and types of available services in areas of high concentration of Syrian refugees in Alexandria, Damietta and Greater Cairo;
- Distribution of the flyers through UNHCR's community services team at registration reception areas, MOH PHC facilities, NGOs partner clinics, Community Health Volunteers (CHV) home visits and WFP food vouchers distribution sites;
- **Multi-sector audio-visual materials** about mainstreaming, and the referral system of the specialized and emergency care responses, which have been made accessible at UNHCR reception areas as well as on and social media, including UNHCR's Facebook pages.





## V. PARTNERS INCLUSION

The role of UNHCR's health providers was fundamental in ensuring a consistent and clear message to Syrians refugees. It was necessary from the beginning to sensitize UNHCR health providers to the objective of the orientation and of the new strategy.

The Health Unit conducted several meetings and worked with partners to ensure their commitment and engagement to the success of the strategy.

UNHCR shared the preparedness plan preceding the mainstreaming with its NGO partners and assisted in the gradual transition away from antenatal, natal, neonatal and primary care services, and re-directing Syrians health seeking practices toward MOH PHC services while sustaining chronic illnesses care and further prioritizing secondary and tertiary care services.







## VI. COMMUNITY AND OUTREACH STRATEGY

UNHCR's Community Support Projects' team assisted the mainstreaming process by identifying the most visited MOH PHC facilities by Syrians in Greater Cairo, and listing them in the MOH PHC mainstreaming flyer.

Subsequently, UNHCR and its partner the Arab Medical Union (AMU) organized information and training sessions to raise awareness about mainstreaming, which allowed the CHVs to identify their area of deployment and to make a plan for the distribution of the flyers.

Furthermore, UNHCR ensured that trained Syrian CHVs were stationed at partners' clinics to raise awareness, respond to questions and direct Syrian refugees toward the 60 MOH PHC centers and family medicine services in Greater Cairo. The multi-functional field teams also provided support in Alexandria and Damietta.

A Community Health Strategy was developed to ensure close monitoring of the roll-out of the mainstreaming strategy providing Syrian refugees with access to the public health services in Egypt. It remains crucial to observe the behavior of Syrian refugees towards mainstreaming, including their level of satisfaction, identifying the challenges they face, and how to tackle these challenges.



## VII. PUBLIC PRIMARY HEALTHCARE SERVICES

### Services provided by the public health facilities include:

#### Preventive care

- Birth registration and certificates issuing
- Issuing of health cards
- Premarital care
- Antenatal care (new & repeat visits) and referral for natal care
- Access to routine immunization and national campaigns
- Early detection of thyroxine hormone deficiency
- Infant feeding counseling, growth monitoring & follow-up for under five years children
- Integrated Management of Childhood Illnesses
- Adolescent care (iron supplement, laboratory services and health education)

#### Curative care

- Medical examination and medicines provision through Integrated Management of Childhood Illnesses IMCI protocol
- Chronic illnesses treatment in some clinics; diabetes and hypertension
- Dental examination and treatment
- Referral services

### Services still provided by UNHCR partners include:

- **Chronic illnesses:** UNHCR partners will continue to provide assistance for patients with chronic illnesses in addition to the referral and specialized care.
- **Pregnant women at high-risk** will be followed by UNHCR partners and referred for obstetric emergencies secondary health facilities. Moreover, STIs patients and the prevention of mother-to-child transmission will continue to be implemented at UNHCR partner clinics (Refuge Egypt).
- All cases referred by the primary health MOH facilities for **specialized care and investigations.**





## VIII. MONITOR AND FOLLOW-UP

A monitoring system is essential to ensure the satisfaction of refugees' health needs.

UNHCR has been working on a Monitoring & Evaluation system to:

- Monitor persons of concern (POCs) accessibility to comprehensive PHC packages comparable to Egyptian nationals;
- Measure POCs utilization of PHC services;
- Assess sustainability, equity and overall user experience of sustainability of health care for POCs (satisfaction and quality);
- Assess health workers experience (professional and interpersonal relation satisfaction).

UNHCR has planned monitoring activities to take place at three main points:

1. Through the Community Health Volunteers home visits for POCs' Knowledge Attitude and Practice (KAP) and client satisfaction regarding public PHC services;
2. Through UNHCR Infoline and Community Service Unit feedback;
3. Regular follow-up of the Health Unit with MOH officials and health providers to appraise the quality of the health services. This includes watching for future opportunities and challenges arising from mainstreaming, as well as enabling UN agencies and MOH to receive accurate utilization data on a regular basis.

## IX. CHALLENGES

Syrian refugees are largely urbanized and reside within the host communities of five governorates: Giza, Greater Cairo, Alexandria, Damietta and Qalyubia.

The scattering of Syrian refugees in urban Egypt implies operational challenges for the primary health care mainstreaming strategy:

- Inequitable distribution of health facilities;
- Cultural and linguistic barriers;
- The affected quality of care at public health facilities;
- Non integration of non-communicable chronic diseases in all PHC facilities;
- Mental health and birth delivery services.
- Lack of needs-based referrals and referral system, to guide the continuum of the health services from primary health care to the upper levels of specialized care;
- Quality of health information and reporting in the absence of an effective national monitoring, evaluation and health information system.



## CONCLUSION

Integrating Syrian refugees into Egypt's public health system brings many benefits to those who are displaced in Egypt due to the ongoing crisis in Syria. It will increase the coverage of PHC services by relying on a widespread network of public health facilities, able to reach Syrian refugees scattered in Egypt's urban settings more efficiently. Mainstreaming also promotes sustainability of primary health care services for other POCs, enabling them to cope with current and future humanitarian resources constraints.

MOH PHC mainstreaming will enhance access and utilization of preventive health care services, and initiate the process of standardizing the referral process toward prioritized specialized care. Through the process of coordination and information meetings, the MOH staff have gained valuable technical knowledge. The mainstreaming process has also engaged UNHCR and sister UN agencies through capacity building activities such as training of health workers and provision of essential medical and office equipment.

MOH personnel have benefited from awareness sessions on available gender-based violence (GBV) prevention and response guidelines and policies developed by UNFPA.

WHO has supported the process through capacity building activities for the primary medical care providers on Early Warning and Alert Response Systems (EWARS) for communicable disease outbreaks, laboratory personnel training, and health information systems.

UNICEF enhanced a Maternal and Child health care monitoring and evaluation system with disaggregated data on services utilized by Syrians and other nationalities. This M & E system will be instrumental during the post-mainstreaming phase to guide better national planning scope for host and refugee communities with displaced Syrians and other refugees in a mixed migratory setting in Egypt.

Finally, it is important to emphasize that the success of the strategy has been made possible thanks to the Government of Egypt's solidarity and the MOH's strategic decision in offering public primary health care for Syrians and other persons living in Egypt on equal footing to nationals.

The mainstreaming process and its outcomes would not have been possible without the contribution of concerned actors in Alexandria, Damietta, and Cairo, who made generous contributions in ensuring mainstreaming became a reality.



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