

## Joint Platform for Migrants and Refugees in Egypt

### Common Situational Analysis Education and Health Services for Migrants and Refugees in Egypt

March 2022

#### Table of Contents

<b>1. Introduction &amp; Background: the Joint Platform for Migrants and Refugees in Egypt</b> .....	<b>2</b>
<i>Scope of the Report</i> .....	2
<i>Outline</i> .....	2
<b>2. Migrants and Refugees in Egypt</b> .....	<b>3</b>
2.1 Migrants in Egypt .....	3
2.2 Registered Refugees and Asylum Seekers in Egypt .....	3
<i>Legal Framework and Mandate of UNHCR</i> .....	3
<i>Overview of refugee and asylum seeker population</i> .....	3
2.3 Context: Vulnerabilities and Challenges .....	5
2.4 Impact of COVID-19 .....	7
<b>3. Framework for UN response: plans and approaches</b> .....	<b>8</b>
<b>4. Education for Migrants and Refugees in Egypt</b> .....	<b>9</b>
4.1 State of play: entitlements and access .....	9
4.2 Services provided by the Government of Egypt .....	10
4.3 Migrants' Perceptions: a Snapshot .....	10
4.4 Impact of COVID-19 on Education .....	12
4.5 UN Country Team support .....	13
<b>5. Health Services for Migrants and Refugees in Egypt</b> .....	<b>13</b>
5.1 State of Play: entitlements and access .....	13
5.2 Services provided by the Government of Egypt .....	14
5.3 COVID-19 Impact and Response .....	15
5.4 Migrants' Perceptions: a Snapshot .....	16
5.5 UN Country Team support .....	18
<b>6. Summary of Main Findings</b> .....	<b>20</b>
<b>7. The way forward: Suggested Priority Areas for Interventions</b> .....	<b>21</b>
<b>Annexes</b>	
Annex 1 – Sets of Criteria used by IOM's Vulnerability Assessment .....	23
Annex 2: Interventions by the UN in Egypt .....	24
Annex 3: Relevant International Coordination Structures .....	28

## 1. Introduction & Background: the Joint Platform for Migrants and Refugees in Egypt

The Government of Egypt and the United Nations in Egypt have partnered to establish the Joint Platform for Migrants and Refugees in Egypt, launched in November 2021. The aim is to better identify and respond to the needs of migrants and refugees, mobilize additional resources, and enhance coordination among development actors in Egypt. Accordingly, the Joint Platform strives to support and scale up the assistance and protection modalities and support public services to migrants, refugees, and their host communities.

The Joint Platform seeks to combine the knowledge and expertise of the Egyptian government and the UN to achieve an in-depth and evidence-based understanding of the number, socio-economic situation and needs of migrants and refugees in Egypt. It brings together development partners, donors and other stakeholders to strengthen the efforts to assist migrants, refugees and their host communities, working towards interventions that improve the quality of the services provided to them.

The initial task of the Joint Platform is the development of a common conceptual framework for migrants and refugees in Egypt that includes: (1) a common situational analysis of migrants, refugees and persons in need of international protection, (2) an assessment of institutional capacities and the policy context, and (3) a mapping of needed resources and funding sources.

The common situational analysis aims to map areas with high density of migrants and refugees, identify areas of concern, draw up a vulnerability profile and validate existing figures for vulnerability. It includes a mapping of relevant current UN activities, compiling a catalogue of relevant studies and surveys, conducting a desk review on migrants and refugees in Egypt, and carrying out an assessment of the needs of migrants and refugees.

### *Scope of the Report*

This report forms a part of the common situational analysis and focuses on the current situation of migrants and refugees with respect to public services in Egypt, specifically the education and health sectors. It forms the basis for consideration by the Joint Platform and its various stakeholders, identifying the state of play and the needs of migrants, refugees and their host communities in the two sectors. It also provides a steppingstone towards a conversation on priority areas for programming in these sectors with all stakeholders building on public services, enhancing their quality and sustainability.

### *Outline*

This report begins with an overview of the migrant, refugee and asylum seeker populations in Egypt, looking at the composition of the different groups, their vulnerabilities and challenges, particularly against the backdrop of the COVID-19 pandemic. Next, the report sketches the UN framework for support to migrants and refugees in Egypt. Following this the report provides a detailed examination of services to migrants and refugees, in the education and health sectors. Each sectoral chapter looks at entitlements and access, the impact of COVID-19, services provided by the Government of Egypt and support by the UN Country Team in Egypt. Both chapters also present a snapshot of the perspective of migrants on the main issues in both sectors, based on a recent desk review. The report then summarizes the main findings and concludes with suggested priority areas of intervention.

## 2. Migrants and Refugees in Egypt

### 2.1 Migrants in Egypt

IOM defines a migrant as “any person who is moving or has moved across an international border or within a state away from his/her habitual place of residence, regardless of (1) the person’s legal status; (2) whether the movement is voluntary or involuntary; (3) what the causes for the movement are; or (4) what the length of the stay is”.<sup>1</sup> The term includes a number of well-defined legal categories of people, such as migrant workers; persons whose particular types of movements are legally defined, such as smuggled migrants; as well as those whose status or means of movement are not specifically defined under international law, such as international students.<sup>2</sup>

According to the Government of Egypt, the country hosts around 6 million of migrants and refugees.<sup>3</sup> IOM is currently working on a triangulation of data from different sources, including information from embassies, migrant communities in the country, migrants’ service providers and academia. The preliminary outcome of this analysis corroborates the estimate of 6 million, and points to a higher number of non-Egyptian residing in Egypt. Based on initial data received by IOM, it is estimated that migrants in Egypt, regardless of status, have reached 9,021,749 persons,<sup>4</sup> with the Sudanese, Libyan, Yemeni, and Syrian populations constituting the largest communities<sup>5</sup>, with the majority located in Cairo, Giza, Alexandria and Damietta governorates.

### 2.2 Registered Refugees and Asylum Seekers in Egypt

#### *Legal Framework*

Egypt is a signatory to the 1951 Refugee Convention and its 1967 Protocol, as well as the 1969 Organisation of African Unity, Refugee Convention. A 1954 memorandum of understanding continues to be the formal bilateral document governing cooperation between the GoE and UNHCR.<sup>6</sup> UNHCR has three offices for registration of asylum-seekers and refugees in Egypt, two in Cairo and one in Alexandria, in order to facilitate access for registration and documentation for those in need of international protection. Egypt does not have a specific law to regulate the situation of refugees. Hence, in many situations, laws regulating the status of foreigners are applied to them. In 2019 the Government announced it is drafting a national asylum law, an effort that has been supported by UNHCR. The law is expected to address some of the existing legal gaps.

#### *Overview of refugee and asylum seeker population*

Egypt remains both a transit and a destination country for refugees and asylum-seekers. Those registered with UNHCR stand at 273,152 individuals as of the end of January 2022 with 211,648 refugees (77%) and 61,504 asylum-seekers (23%). Whilst including 65 nationalities, the population of concern to UNHCR in Egypt comprises two main groups: Syrian refugees, who arrived as the result of the conflict in Syria; and

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<sup>1</sup> International Organization for Migration (IOM), Glossary on Migration, 2019. [https://publications.iom.int/system/files/pdf/iml\\_34\\_glossary.pdf](https://publications.iom.int/system/files/pdf/iml_34_glossary.pdf)

<sup>2</sup> Idem.

<sup>3</sup> H.E. President Abdel Fattah El-Sissi mentioned “*the nearly six million migrants and refugees who have been forced to leave their countries due to wars, political crises or difficult economic conditions [...currently hosted by Egypt] on its land*” in his statement before the 75th Session of the UN General Assembly-SIS in September 2020.

<sup>4</sup> International Organization for Migration (IOM) estimation based on consultations with the diplomatic missions residing in the Arab Republic of Egypt.

<sup>5</sup> International Organization for Migration (IOM). (2021). Vulnerable migrants’ population in Egypt – Methodology of assessment and estimation.

<sup>6</sup> It delegates to UNHCR functional responsibilities for all aspects related to registration, asylum documentation, refugee status determination (RSD), resettlement, voluntary repatriation, inter-agency coordination and assistance to the most vulnerable.

asylum-seekers and refugees from other countries, mainly Sudan and sub-Saharan African, as well as other Middle Eastern countries such as Yemen and Iraq.

Accordingly, there are 136,599 registered Syrians refugees (50.37%), followed by 52,446 Sudanese (19.20%), 21,105 Eritreans (7.73%), 20,970 South Sudanese (7.68%), 15,585 Ethiopians (5.71%), 10,025 Yemenis (3.67%), 6,815 Iraqis (2.49%), 6,802 Somalis (2.49%), and 1,805 of other nationalities (0.66%). In addition, it is estimated that there are more than three thousand Palestine Refugees from Syria in Egypt.<sup>7</sup>

101,237 are children (37.1%) under 18 years, including 3,797 unaccompanied and separated children; of whom 53.3% are Syrians and 46.7% are of other nationalities. The refugee population in Egypt has changed over time, as follows:

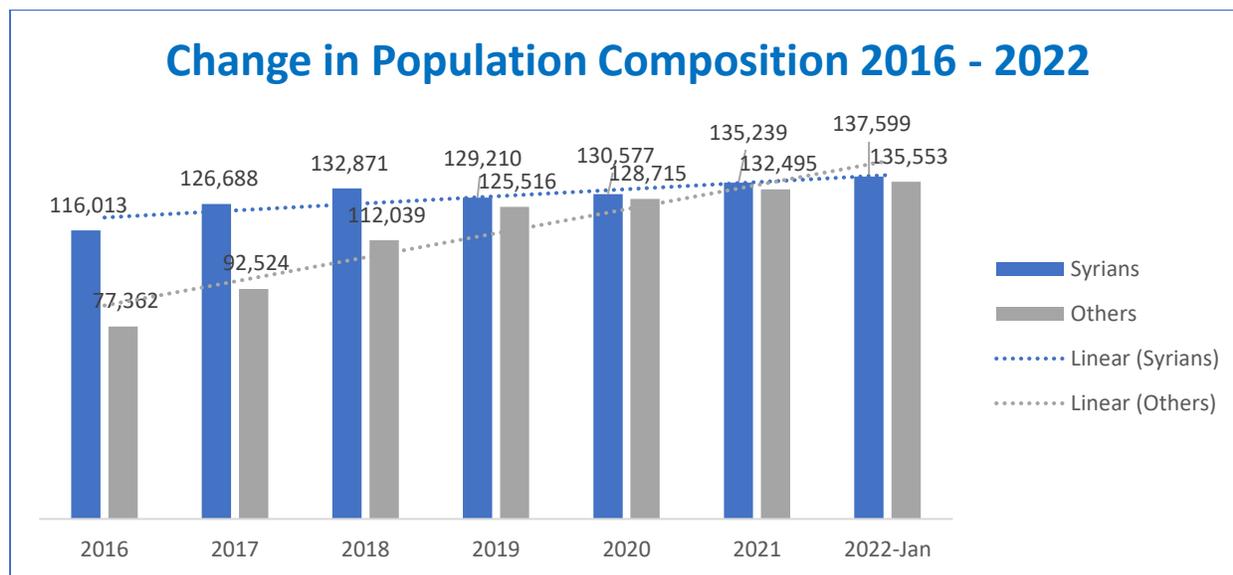
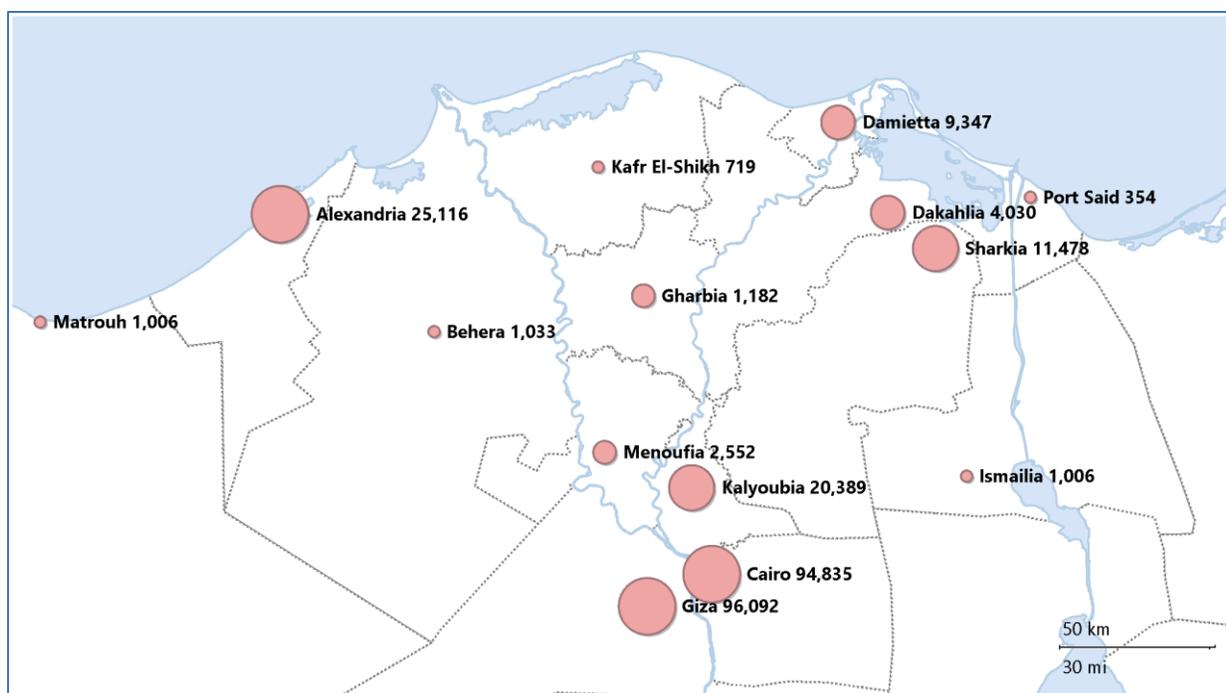


Figure 1: Change in Refugee Population of Egypt (2016-2022)

Below is an overview of the largest refugee and asylum-seeker populations in Egypt.

<sup>7</sup> UNRWA estimates as per March 2022.



*Figure 2: Overview of Geographic Locations of Refugees in Egypt*

### 2.3 Context: Vulnerabilities and Challenges

Migrants and refugees mostly reside in some of the poorest areas of Greater Cairo, Alexandria and Damietta and are largely dependent on the informal sector for their livelihoods, sharing the socio-economic conditions that lower income host communities face. The socio-economic environment is challenging, particularly for migrant and refugee families in vulnerable situations, and the COVID-19 pandemic has further exacerbated their precarious situation. The UN's socio-economic impact assessment of the COVID-19 pandemic shows that the pandemic has weighed heavily on many key sectors, including the large informal economy. This has undermined livelihoods and negatively impacted access to basic needs such as food, health and education for refugees and migrants as well as the most vulnerable in the communities that host them.

#### *Migrants*

Based on the IOM Vulnerability Assessment<sup>8</sup> conducted by IOM Protection Officers, IOM estimates that 15% of the migrant population in Egypt can be considered vulnerable. This leads to an estimated total of 1,000,000 – 1,200,000 migrants in vulnerable situations in the country. IOM's Vulnerability Assessment is based on a complex set of different socio-economic criteria including, among others, the following three social characteristics: unaccompanied minors, elderly people and people with disabilities.<sup>9</sup> According to data from IOM Egypt, 13% of migrants who sought assistance from IOM in 2020 met one or more sets of criteria from IOM's vulnerability assessment. In order to estimate the overall population of migrants in vulnerable situations, existing vulnerabilities not captured by the vulnerability assessment were taken into account, resulting in an increase in the number of migrants in vulnerable situations estimated at 15%.

<sup>8</sup> International Organization for Migration (IOM), Vulnerable migrants' population in Egypt – Methodology of assessment and estimation, March 2021.

<sup>9</sup> See Annex 1 for the sets of criteria used by IOM for its vulnerability assessment.

In spite of Government efforts, in some instances, migrants experience certain vulnerabilities, including social protection and labor market integration challenges, challenges in obtaining residency permits, and access to housing and livelihoods. Migrant women, especially female-headed households, as well as people with disabilities, child-headed households and the elderly may face additional challenges, such as exposure to risks of violence, exploitation and marginalization. With the COVID-19 pandemic, vulnerabilities have been heightened and many migrants and refugees rely on humanitarian assistance to meet their basic needs. Migrants from Sub-Saharan Africa report facing barriers to access employment opportunities and experience additional integration and social inclusion challenges due to racial, cultural, and linguistic barriers with host communities. Further, migrants are reluctant to seek national gender-based violence (GBV) services offered by the authorities (medical, legal or social), by fear of stigma and retaliation by the perpetrators (either from their own or host community), especially for undocumented migrants. Concurrently, most of women subjected to GBV end up in abusive family structures.

### *Refugees*

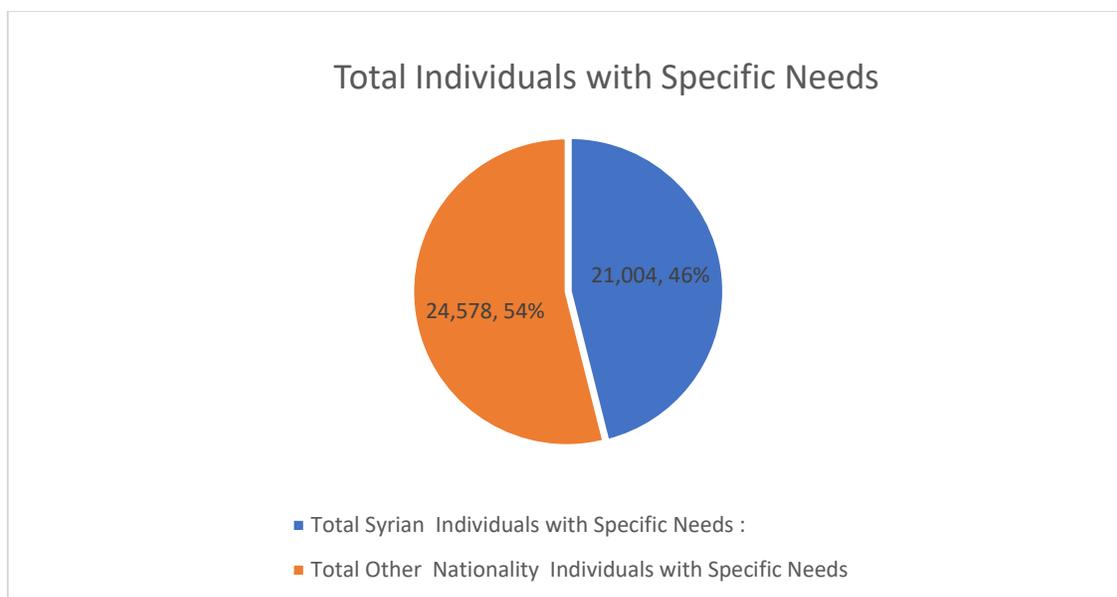
The protection environment in Egypt remains generally tolerant, yet refugees and asylum-seekers continue to face serious challenges such as the lengthy application and documentation processes. Moreover, incidents of gender-based violence (GBV), practical constraints to access to justice (e.g., language barriers for non-Arabic speakers), limited access to formal work, lack of access to public education for certain nationalities - all exacerbated by the COVID-19 pandemic – reflect the vulnerability of refugees and their protection needs. In 2021, issues related to legal and physical protection were among the highest concerns expressed by the refugee communities, followed by concerns related to access to means to sustain their livings. During Covid-19, refugee and asylum seekers reported challenges related to timely registration and obtaining residence permit. Many refugees and asylum seekers reported loss of jobs and evictions from their homes as they could not afford to pay the monthly rent. Incidents of gender-based violence and child protection at home and in the community were also reported.

Refugees and asylum-seekers in Egypt struggle to meet their basic needs due to the limited livelihood opportunities and the increasing cost of living. Access to the formal labour market remains difficult for people of concern due to legal and administrative barriers, resulting in refugees mainly working in the informal sector where they may be at risk of exploitation and abuse.

Refugees that are at heightened protection risks because of their particular circumstances or the context are referred to as ‘persons with specific needs’<sup>10</sup>. They face specific barriers that prevent them from enjoying their rights or accessing services they need. According to UNHCR’s data, there are around 45,500 of refugees and asylum-seekers registered with UNHCR in Egypt assessed as persons with specific needs, around 17% of all registered population of concern to UNHCR.

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<sup>10</sup> This includes children and women at risk, persons with disabilities and persons with serious medical conditions.



**Figure 3: Refugees with Specific Needs**

## 2.4 Impact of COVID-19

The COVID-19 pandemic has negatively affected migrants, refugees and asylum-seekers by further reducing livelihood opportunities, while increasing the protection risks for the most vulnerable. Additionally, the pandemic has compounded the already low levels of income and reliance on the informal labor market.

In the last quarter of 2021, UNHCR conducted a COVID-19 situational assessment survey using a random sample of 1,512 refugees and asylum-seekers. The findings identified challenges related to livelihoods (fear of job loss or disruption of livelihood sources) as the top concern according to 17% of all sampled households. This was followed by healthcare-related challenges (14%), food security (13%), housing-related concerns (12%), education, psychological stress and physical safety (3% each), and finally lack of documentation and access to legal services (1% respectively).

The findings of a similar study conducted by UNHCR in October 2020 on a random sample of 1,577 heads of households indicate that women and men above 24 years old were the most impacted by COVID-19; with a majority of whom having lost their jobs.

According to the findings of the 2021 year-end post-distribution monitoring by UNHCR, 70% of respondents said they could only meet half of their basic needs or less. Several assessments conducted in 2021 confirm a decrease in refugees' and asylum-seekers' access to livelihoods and financial resources, leading to an increase in vulnerabilities, exploitation, and the adoption of negative coping strategies. Overall, 92% of UNHCR multipurpose cash assistance recipients reported resorting to at least one negative coping mechanism due to insufficient resources revealing the trade-offs households are forced to make in order to meet their most pressing needs. Such strategies negatively impact both the livelihood and the dignity of the household's members. The most common coping strategies reported include reducing expenditures on various basic household needs, skipping on rent payments or debt repayment to meet household food needs, and asking for money from strangers.

### 3. Framework for UN response: plans and approaches

There are over 30 UN and other international organizations and agencies assisting migrants and refugees in different areas of Egypt, in close collaboration with designated line ministries contributing to both humanitarian and development objectives. The main strategic framework for the engagement of the UN Country Team in support of the Government is the UN Partnership Development Framework from 2018 to 2022. Support for migrants and refugees is mainstreamed in this framework across the four Results Areas, with a particular focus found in the Results Areas, Social Justice (People), and Women’s Empowerment. The new strategic framework, the United Nations Sustainable Development Cooperation Framework (UNSDCF) from 2023 to 2027 is currently under design. It is expected to include assistance to migrants, refugees and asylum seekers, in line with the overall objective of the Sustainable Development Goals to leave no one behind.

The overall protection and durable solutions strategy of the UN in Egypt underscores the centrality of protection and leaving no one behind, including migrants and refugees. Accordingly, interventions are prioritized based on identified needs and vulnerabilities, irrespective of nationality, in line with ‘the one refugee approach’. Protection of groups at heightened risks, such as unaccompanied and separated children (UASC), survivors of GBV and women at risk are prioritized.

In terms of coordination structures, UNHCR Egypt continues to lead the interagency coordination structure under the “Regional, Refugee & Resilience Plan” (3RP), and “Egypt Response Plan for Refugees and Asylum-Seekers from Africa, Iraq and Yemen” (ERP). The Inter-Agency Working Group is the main coordination body for refugee response in Egypt, gathering UN agencies, international and national partners as well as donor countries to discuss policy issues and strategic priorities. The IAWG also oversees ten operational working groups focusing on technical assistance, including on protection, health, education, cash-based interventions, livelihoods, food security, child protection, gender-based violence (GBV) and durable solutions.<sup>11</sup> In addition, the main donor coordination structure in Egypt, the Development Partners Group (DPG), has a dedicated thematic working group on Migration and Protection. This DPG is currently co-chaired by IOM, the EU Delegation and Save the Children and gathers relevant stakeholders to coordinate efforts to further migration and protection issues.

Egypt continues to show leadership in managing migration and its commitment towards the implementation of the Global Compact for Safe, Regular and Orderly Migration (GCM). Egypt’s recent nomination as a GCM Champion reflects its mobilization towards people on the move and the decision to embark upon cooperation initiatives within MENA and beyond, including the European and African countries. With IOM support, Egypt has adopted a series of measures to improve migration management and reduce vulnerabilities of both migrants and host communities.

Egypt continues to be a member of key regional organizations such as the League of Arab States (LAS), the African Union (AU), the East and Horn of Africa Migration Initiative, the Rabat Process as well as the Khartoum Process. Egypt also participated in the bilateral UNHCR-Country Government discussions on the Global Compact on Refugees (GCR). The country is already employing a number of the key principles enshrined in the GCR, such as an out-of-camp policy and a burden sharing approach on the issue of asylum.

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<sup>11</sup> The working groups on Education and Child Protection are co-chaired with UNICEF, while the groups on health and GBV are co-chaired respectively with WHO and UNFPA. See annex 3 for a detailed overview of the IAWG and its working groups, with further descriptions of the Education and Health Working groups.

## 4. Education for Migrants and Refugees in Egypt

The following chapter provides an overview of education services to migrants and refugees in Egypt. It first outlines the state of play of entitlements and access to education services for migrants and refugees. Next, it presents the services provided by the Government and cost estimates for these services. After this, it looks at the findings of a recent study of the perception of migrants on their access to education services. The following section zooms in on the impact of COVID-19 on education services, particularly for refugees. The last section presents relevant support interventions by the UN Country Team in Egypt and the main challenges in this context.

### 4.1 State of play: entitlements and access

The Egyptian Ministry of Education and Technical Education (MoETE) grants Sudanese, South Sudanese, Syrian and Yemeni refugee and asylum-seeker school children access to public schools at same footing as nationals for all grades of basic and secondary education. These arrangements are included under Ministerial Decree 284/2014 in addition to an annually renewed ministerial guidance that is circulated to all MoETE local offices across the country explaining enrollment processes, required documentation and exemptions from the regular foreign student's tuition fee. The same ministerial decree also grants regular migrants from Sudan, Libya, Jordan and Saudi Arabia with a valid passport and residency access to public schools. However, they usually pay higher fees than Egyptians. Syrian, Yemeni, Sudanese, south Sudanese, Palestinian migrants have access to public schools and are treated by ministerial decree on par with Egyptians for school fees, a temporary provision given the unstable context in their countries of origin. Nationalities granted access to public school may face difficulties enrolling their children. Challenges include bureaucracy and lack of awareness among administrative employees of the applicable provisions.

Other refugee populations, such as Somali, Iraqi, Eritrean and Ethiopian groups are allowed access to the private school system which is under the supervision of MoETE.

The GoE has granted all Syrians refugees registered with UNHCR and others- residing in Egypt, free access to its public universities on the same footing as nationals due to the Syria crisis. In January 2016, the Minister of Higher Education and Scientific Research (MoHE) issued a Ministerial Decree whereby Syrians who obtained their Secondary School Certificate from an Egyptian school are fully exempted from the tuition fee applicable to foreign students. Syrians who hold a secondary school certificate from Syria need to pay 50% of the applicable fee for foreign students, while Syrians that hold a secondary school certificate from any country other than Egypt or Syria need to pay the regular university tuition fee applicable to foreign students.

Many refugees and migrants of nationalities that do not have access to public schools send their children to the private school system or to the informal Sudanese community schools. These schools offer education in the Sudanese curriculum and certificates that are recognized in Egypt, allowing their recipients access to universities and higher education institutes. Similarly, migrants in an irregular situation, including those whose passport or visas have expired have limited access to education opportunities and enroll their children either in community schools or private schools.

In 2020 and 2021 academic years and in the context of the COVID-19, UNHCR Egypt Office successfully advocated with the Government and the MoETE for the waver of enrollment rules in terms of valid documentations and valid residency permit, required to enroll in public schools. This facilitation and generous waver allowed approximately 45,000 refugee school age children to enroll in public schools

enabling the enrollment and retention of refugee and asylum-seeker children in schools under the supervision of MoETE.

The Egyptian Technical and Vocational Education and Training (TVET) system is one of the largest in the MENA region. In 2018, more than 2,900 different institutions were serving around 2 million students, offering a wide range of programmes including pre-university, tertiary, formal and non-formal education. The number of migrants and refugees enrolled in TVET remains rather low as the majority of refugee students prefer to enroll in general Secondary schools to qualify for university studies. However, a much smaller number applies to TVET schools based on grades achieved in the preparatory stage of education. Beneficiaries mostly follow technical education administered by the MoETE. They are mainly refugee students, who are granted access to MoETE schools such as Syrian and Yemeni refugees who were given access to public education services on the same footing as Egyptian nationals. Moreover, given the fact that the main teaching language is Arabic, the enrolment of non-Arabic-speakers remains low. In 2019, MoETE jointly with the UNHCR, published the Guidelines for Foreign Students, where the term “foreign” is used broadly to include different categories of students, including refugee students. A particular section of these guidelines is dedicated to “allowances made to Syrian refugee students” to facilitate their enrollment.

#### 4.2 Services provided by the Government of Egypt

According to Government data, the number of migrant and refugee students enrolled in Egyptian schools for the 2020/2021 schoolyear was 76,789 students, including 42,805 enrolled in public schools and 33,984 enrolled in private schools. The number of migrant and refugee students enrolled in Egyptian universities for the 2020/2021 schoolyear was 102,000 students, mainly from Arab nationalities including Kuwait, Saudi Arabia, Bahrain, UAE, Jordan, Iraq, and Qatar, with 70% males and 30% females. Kuwaiti students constitute the largest number of this group (estimate of 20,000 students).<sup>12</sup>

#### Cost estimates

According to the Government, the total cost that the MoETE bears to enroll migrant and refugee students in public schools is 339,570,290 million Egyptian pounds per year, in addition to an amount of 150,000 Egyptian pounds for financial grants and student activities for these students. For higher education, it was reported that the total support provided to international students for the school years 2016/2017 up to 2020/2021 amounted to \$1 million. This brings the total estimated annual cost born by the Government to some US\$23 million.

The Government also reported that the total cost for rehabilitation and raising the efficiency of 1,500 classrooms (30 children per class) in schools where migrant and refugee students attend in the governorates of Cairo, Giza, Alexandria and Damietta, would be 885 million Egyptian pounds, or US\$56 million.<sup>13</sup> Such rehabilitation would benefit students from migrant, refugee and host communities and contribute to enhancing the quality of education, by reducing the density of classrooms and removing the need to organize school days into multiple shifts, for example a morning shift and afternoon shift.

#### 4.3 Migrants’ Perceptions: a Snapshot

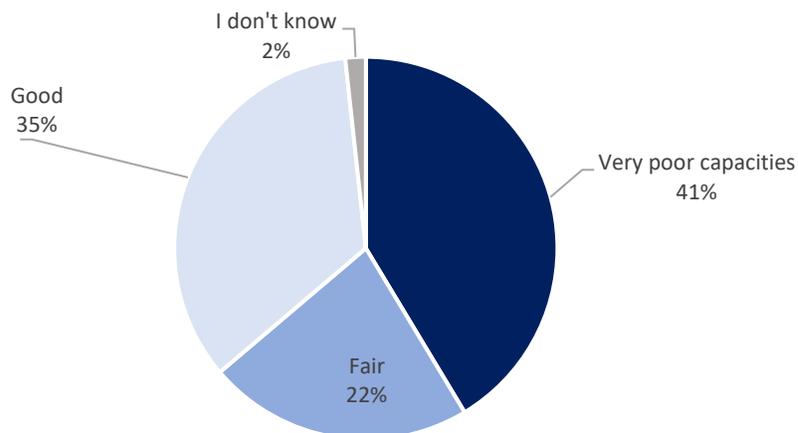
Migrants face a range of issues that hinder proper access to education for their children. According to a study carried out by IOM in 2022 among community migrant leaders from 13 nationalities (Burkina Faso, Chad, Comoros, Eritrea, Ethiopia, Guinea, Liberia, Palestine, Philippines, South Sudan, Sudan, Syria and

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<sup>12</sup> Head of Foreign students Department at the Ministry of Higher Education: “The state’s plan is to enroll 200,000 foreign students by 2025”, Number 1 News Website, January 2021, [مدير إدارة الوافدين بالتعليم العالي : خطة الدولة أن يصل عدد الطلاب الوافدين في عام 2025 إلى 200 ألف طالب - نمر 1 نيوز - Number1News](#)

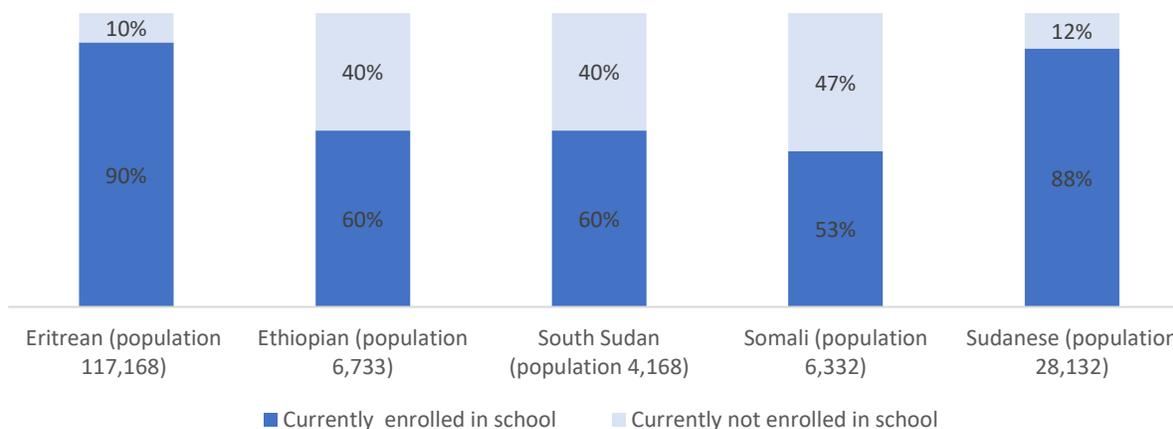
<sup>13</sup> Estimated costs include 500,000 EGP as the average cost for the refurbishment of a class, 40,000 EGP as the average cost of equipment for a class, and 50,000 EGP as the average cost of maintaining a classroom per year. With an estimated average cost of 590,000 EGP per class and a total of some 1,500 classes, the estimated cost of rehabilitation would amount to 885 million EGP.

Yemen)<sup>14</sup>, 41% reported a set of difficulties that limit their accessibility to education. 35% stated that migrants in their communities have good access to education, and 22% described their accessibility as fair.



**Figure 4: Overall Accessibility of Migrant Children to Education in Egypt**

The desk review also shows that the enrolment rate of migrant children in schools in Egypt varies according to nationality, economic conditions, high-vulnerability factors and location. The figure below highlights the enrollment rate by nationality.



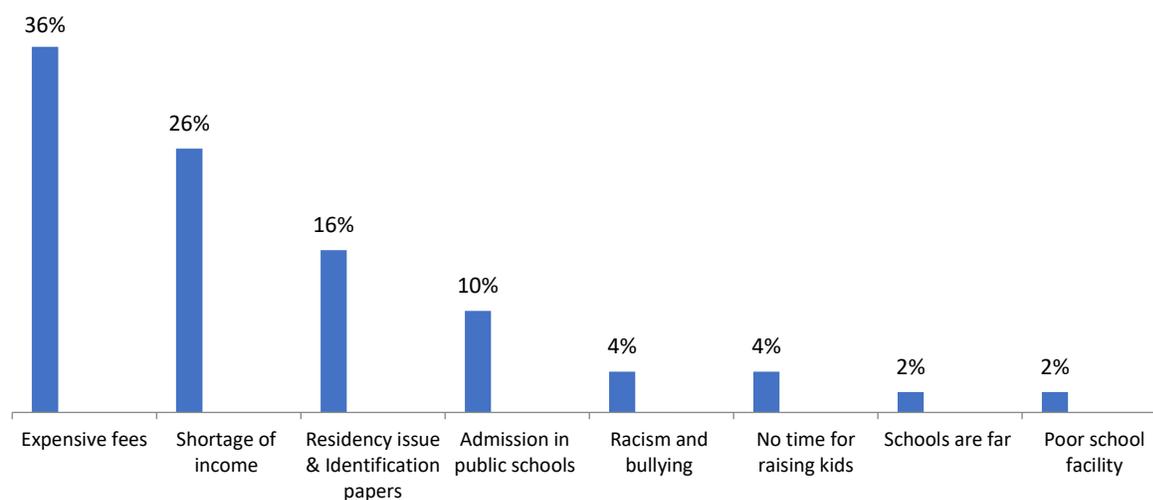
**Figure 5: Schooling status of migrant children by nationality (source: IOM Needs Assessment of Migrants and Host Communities in Egypt, 2016)**

According to the IOM study conducted in 2022 on migrant community leaders, the main reported reasons for the lack of accessibility of migrant children to education in Egypt are as follows:

- **Lack of financial capacity (62%):** 36% of respondents indicate that tuition fees, along with associated expenses, such as transportation (2%), clothing, food and others, are considered a burden for the parents. Therefore, education fees associated with additional expenses combined with the shortage of income (26%) prevent full access to education.

<sup>14</sup> International Organization for Migration (IOM), Community Leaders Assessment, “Access to Basic Services for Migrants in Egypt, with a special focus on Education, Health services and Employment”, January 2022.

- **Documentation and identification papers (26%):** 16% of responses stated that the administrative status of migrants and their inability to present a valid identity paper or residence document hinder their children's access to public schools. Admission to public schools requires proper documentation of parents and children. As a result of a failure to do so (for 10% of surveyed migrant community leaders), parents enroll their children either in community schools, which are limited in number, or in private schools which are more expensive.
- **Racism and bullying (4%)** are one of the reasons why parents prefer not to send their children to public schools. Reportedly, their children suffer from verbal and physical violence from teachers and peers.
- **Lack of prioritization by parents (4%).** Parents prioritize access to basic needs (food, shelter, health) and consider it a primary concern.
- **Limited school facilities** are also mentioned as one of the issues parents face in public schools (2%).



*Figure 6: Reasons for the lack of accessibility of migrant children to education in Egypt*

#### 4.4 Impact of COVID-19 on Education

The suspension of in-class learning due to COVID-19 posed an additional strain on many vulnerable migrant and refugee families who lacked the funds and equipment to enable their children to learn online. Families caring for children with disabilities faced additional challenges in providing education to their children and to support them while they had to stay at home for longer periods. Other families, especially poor refugees with a large number of children, were not able to meet the costs of education resulting in their children not attending classes but working in order to support their families.

In addition, several challenges are of particular significance for refugee families with children of school age. These challenges include:

- a) Access, enrolment and retention (lack of financial assistance/income, lack of documentation, children with special education needs and impairments, destitute cases unable to reach education, etc.)
- b) Quality of education (inter alia, community schoolteachers' qualifications, difference in curricula, lack of teaching materials, overcrowded classrooms, etc.)
- c) Protection (gender inequality, lack of safe learning environments, incidents of bullying and discrimination, limited pre-school education opportunities, etc.).

#### 4.5 UN Country Team support

In 2021, UNHCR was able to support 50,904 refugee school age children (26,383 Syrians, 26,282 Africans and Iraqis) to enroll in public, private and community schools through the education grant modality. The education grant supported 19,400 refugee children in community schools, 1,267 in private schools and 30,237 in public schools. The grant reaches approximately 60-70% of all enrolled refugee age children in schools. Beneficiaries included 498 children with disability and 1,684 unaccompanied and separated children UASC. UNHCR Digital Instant Network Schools (INS) capacity building program in partnership with the Ministry and Vodafone Foundation was implemented in 18 lower secondary schools and benefitted 10,227 refugee and host community children and 440 schoolteachers.

UN agencies have a clear strategy of mainstreaming all migrants and refugees into the more sustainable MoETE schools through engagement with the Government and implementation of a multiyear capacity building program for those schools. Expanding access to tertiary education and scholarships with a focus on Technical Vocational Education & Training (TVET) is also a key priority while continuing to broaden access to education for UASC and children with special needs. UNHCR also provides language classes and bridging programs for children to successfully transfer from the informal Sudanese community schools to public schools and engages them in extracurricular activities to improve their learning and achievements. UN agencies together with national and international partners also play an important role in providing technical and vocational education and learning and close the education and language gaps.

In past years international support to the education of migrants and refugees was negatively impacted by a funding shortfall coupled with increased education needs of an extremely poor population. The public education system was already strained prior to the Syria crisis and COVID-19 pandemic. International donor support has dissipated in recent years and as a result several identified needs have not been addressed. Consequently, and though appreciative of short-term support projects such as classroom upgrades, the MoETE asks for longer-term support. An increased budget to support the expansion and improvement of conditions in existing public schools will enable the sustainability of services at their current level and an improved access to education for refugee children in the most sustainable way possible.

Crucially, support for public schools, in partnership with the Government, including trainings for teachers, admin and social workers, awareness-raising of psychosocial issues, and provision of equipment, furniture and supplies are highly needed. This support, if provided, will have a sizeable impact on the access and quality of education. The required support will also create the conditions for an improved protection space for all refugee children and will contribute to promoting social cohesion and peaceful coexistence between migrant, refugee and host community children and their families.

### 5. Health Services for Migrants and Refugees in Egypt

This chapter on health services to migrants and refugees takes a similar approach to the previous chapter, presenting first the entitlements of migrants and refugees to health services, followed by an overview of the health services provided by the Government. Next it examines the impact of COVID-19 and the response to this, looking at the health needs of refugees. It also presents the findings of a study of migrant perceptions on their access to health services. Finally, it outlines the interventions of various members of the UN Country Team in this area.

#### 5.1 State of Play: entitlements and access

Inclusion of migrants and refugees in the Egyptian public health system has been regulated through different ministerial decrees. Access to primary health care is universal for all migrants and refugees in public health care facilities on an equal footing with Egyptian citizens. Moreover, the Ministry of Health and

Population (MoHP) issued decrees (numbers 217, 337, 601 for the year 2012) that provides for refugees from Sudan, South Sudan, Ethiopia, Yemen, Eritrea and Syria, currently comprising almost 85% of the number of registered refugees, to be treated equally as Egyptians inside hospitals providing secondary and tertiary healthcare.

, In addition, multiple memoranda of understanding have been signed between MoHP and UN agencies to enhance the inclusion and access to curative, emergency and primary healthcare.

Moreover, migrants, refugees and asylum-seekers in Egypt have also been included the national anti-polio campaigns targeting children aged up to five years of age; the breast cancer screening campaign and more recently, the Government's early detection and rehabilitation of hearing deficit campaign rolled out in 1,346 health facilities across Egypt.

H.E. President El-Sisi announced that the Presidential Initiative, '100 Million Health Lives', launched in 2018, shall include all migrants, refugees and asylum seekers residing in Egypt, with screening and treatment being provided free of charge. The 100 Million Healthy Lives Initiative is considered as one of the biggest medical screening campaigns in the world. It aims at eradicating the Hepatis C virus by 2023 and reducing non-communicable diseases.<sup>15</sup>

According to the article 68 of Universal Health Insurance Scheme (UHIS) (issued by the Prime Minister Decree 909 in February 2018), *"there is room for considering special health insurance programs that cover foreign citizens visiting, working or living in Egypt, as well as refugees and asylum-seekers, in consultation with the concerned government agencies (e.g., Ministries of Foreign Affairs, Interior and Health)"*.

## 5.2 Services provided by the Government of Egypt

According to information provided by the GoE, MOHP provides the following primary, preventive and curative healthcare services available to Egyptian citizens to migrants, refugees and asylum-seekers and residents in Egypt.

### **Primary healthcare:**

The number of refugee recipients of primary healthcare services provided through MOHP primary care units and centers quadrupled from 25,000 in 2015 to about 100,000 in 2019. This includes the following:

- Services to females of childbearing age (pre-marriage examination, follow-up of pregnancy and tetanus vaccination, childbirth, follow-up after childbirth, family planning services, health and development education).
- Services provided to children under the age of 5 (issuing a birth certificate in addition to compulsory vaccinations, thyroid examination, integrated child healthcare, referral to MOHP hospitals)
- Raising health awareness to improve the health status of refugee and migrant youth and adolescents through services provided by youth-friendly clinics in primary healthcare units
- Provision of rehabilitation services and compensatory devices for refugee and migrant students with special needs.
- Integrating mental health services in 40 primary healthcare units and centers offering preventative and curative primary health care services in refugee-dense areas, as well as health services and examination provided in outpatient clinics.

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<sup>15</sup> 100 Million Healthy Lives Initiative, the Presidency of the Arab Republic of Egypt, 2021, [100 Million Healthy Lives Initiative \(presidency.eg\)](https://www.presidency.eg/100-million-healthy-lives-initiative)

### ***Preventive care services:***

- Provision of preventive services to all residents in Egypt through 4,573 health offices located in 27 governorates.
- Comprehensive medical examination upon enrollment in various educational levels.
- Routine vaccinations and national vaccination campaigns<sup>16</sup>
- Raising awareness of health and nutrition among refugees and migrant students.
- COVID-19 testing, quarantine, treatment as well as vaccination services were provided to all the migrants and refugees on the same footing as Egyptian nationals.
- Monitoring of cases infected with communicable diseases among migrants and refugees. Some 1,128 cases were followed up on in 2019-2020 from 17 Arab countries, with Sudanese (561), Syrians (175) and Iraqis (105) representing the largest caseloads.<sup>17</sup>
- Family planning services through free reproductive health and family planning convoys with the support of UNFPA: in the period from June 2018 to September 2019 22 medical convoys were organized in five different governorates. This benefitted around 2,792 Syrian refugees, with a cost of 2,019,450 EGP, in addition to many refugees and migrants from different nationalities.
- Refugees have access to emergency ambulance services and emergency room services, while hospital admissions are supported by humanitarian partners.

### ***Rehabilitation and other needs in the health sector:***

A total of 96 medical facilities were identified by the GOE to be in need of rehabilitation. The said facilities comprise the number of hospitals and units that provide primary and emergency care in the governorates of Cairo, Giza, Alexandria and Damietta, where the largest number of migrants and refugees reside, and where there is a need to raise their efficiency and improve the quality of services provided. The identified needs include the following:

- Contracting a larger number of doctors and specialists in medical facilities in the four governorates.
- Purchasing operating supplies and medicines for the main target group.
- Raising the efficiency and skills of service providers working in the field of school health services, counseling and awareness.
- Raising the efficiency and training of medical teams and training workers in the field of maternal and childcare.
- Training the medical teams in integrated medical areas, departments and units to support migrants and refugees, specifically migrant and refugee women and girls who require emergency support.
- Establishing medical facilities that GBV survivors can be referred to and receive emergency and other support.<sup>18</sup>

## **5.3 COVID-19 Impact and Response**

In 2021, the Government of Egypt generously included migrants, refugees and asylum-seekers in the COVID-19 national response plan, despite the limited number of available vaccines. After the launch of the website to register for COVID-19 vaccination, the Ministry of Health and Population added an English language to the website and announced that it was open to all non-Egyptians in Egypt, including migrants and refugees. This allowed migrants and refugees to have free access to COVID-19 vaccination in the same way as Egyptians.

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<sup>16</sup> Standing at a cost of 1,370,000 EGP for Syrian refugees.

<sup>17</sup> The other cases: Yemen (52), Oman (52), Palestine (49), Libya (33), Tunisia (3), Qatar (1), Lebanon (1), Jordan (22), UAE (7), Bahrain (17), Algeria(2), Saudi Arabia (30), Kuwait (8), and Morocco (10).

<sup>18</sup> Other support including comprehensive medical support and clinical management of rape.

The “*Rapid Assessment of Knowledge, Attitudes, and Practices around COVID-19 in Egypt*”, a joint assessment conducted by MoHP, WHO, UNICEF, IOM, UNFPA and UNDP, in July 2020 confirmed that two thirds of surveyed migrants reported that they had been exposed to information about COVID-19 from at least three sources, which is close to the percentage reported by Egyptian respondents (61%). In addition, around 60% of migrant respondents reported the MOHP website and television as the most trusted communication channels, followed by WhatsApp (40%).<sup>19</sup> According to the study, migrants were less likely to know about the COVID-19 hotlines than Egyptian respondents. It is therefore necessary to raise awareness of these hotlines among migrant communities but also to COVID-19 preventive measures. Based on the channels migrant respondents reported trusting, it is recommended that these two messages be communicated via television and the website of MoHP.

### **Health Needs**

UNHCR carried out a Health Access and Utilization Survey (HAUS) among refugees and asylum-seekers of all nationalities in 2021. The results indicated that 76.6% of households surveyed spent out of pocket money on healthcare including consultations, diagnostics, medication and hospitalization. The average out-of-pocket health expenditure per household was EGP 940 with an average of EGP 210 spent on consultation fee, an average of EGP 200 on diagnostic tests, an average of EGP 400 on medication and an average of EGP 130 on hospitalization fees. Some 92.6% women who delivered a baby incurred an average expense of EGP 2,135 for the care received. To cover healthcare expenditure, 44.8% of households who spent money on healthcare completely relied on their wages to cover health expenditure, 24.4% of them relied on loans and borrowing, while the remaining 19.8% relied on community support.

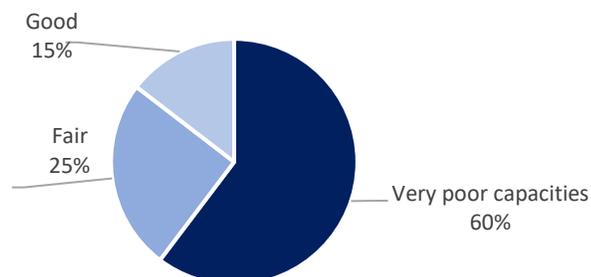
While there are legal provisions for the provision of health services to migrants, refugees and asylum-seekers on par with Egyptian nationals, the access to the health services is often challenging due to the high expenses compounding the socio-economic vulnerabilities of the migrants and refugees. Further, 15.96% of the surveyed refugee households reported having at least one member having a chronic medical condition for which regular medication and follow up are required. The most common chronic conditions are hypertension (18.5%), diabetes (14.4%), asthma (11.3%) and muscular-skeletal conditions (9.9%). A total of 3.9% of household members reported having an impairment, with most of them having a physical impairment.

### **5.4 Migrants’ Perceptions: a Snapshot**

According to IOM study conducted in 2022, migrant community leaders reported that migrants have very limited access to health services in public facilities in Egypt. 60% of the answers stated that migrants in Egypt have “very poor” access to public health services in Egypt, while 26% stated that the migrants have “fair” access to health services and 15% described it as “good”.

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<sup>19</sup> Ministry of Health and Population [Egypt], World Health Organization - Egypt. 2020. *Rapid Assessment of Knowledge, Attitudes, and Practices around COVID-19 in Egypt*. Cairo, Egypt: MOHP, WHO, UNICEF, IOM, UNFPA and UNDP, July 2020.



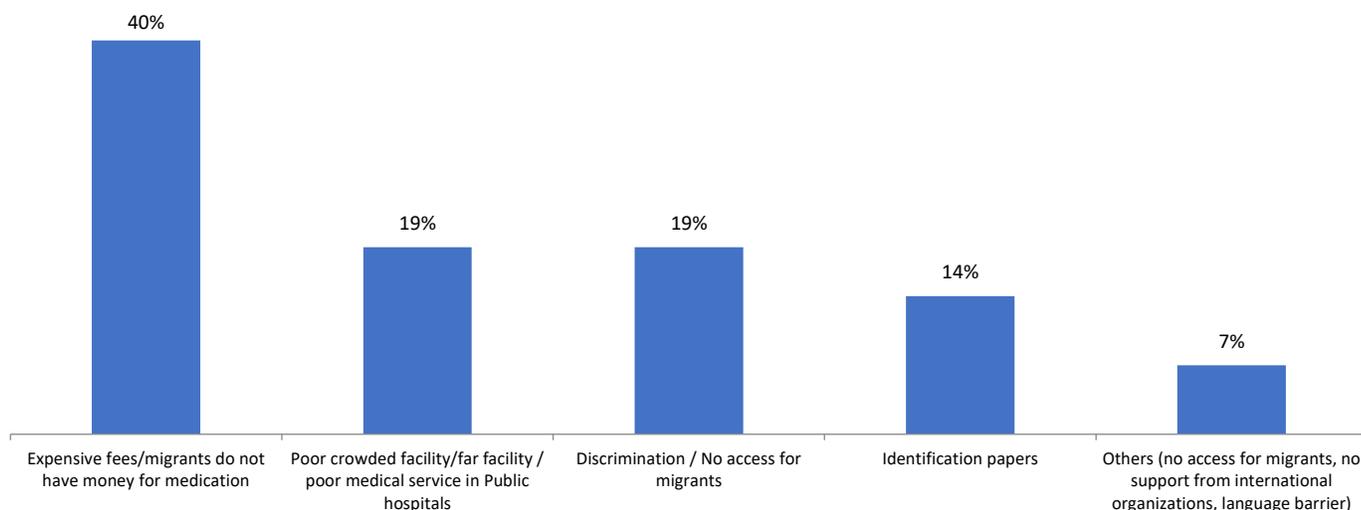
*Figure 7: Overall accessibility of migrants to health services in Egypt*

The desk review showed that in most densely populated areas, the limited number of health facilities leads to high pressure on the latter to provide adequate services, which in return reduces its quality. The poor quality of public healthcare units, the lack of awareness of the rights of migrants and refugees, lack of valid identity documents, in addition to language barriers, are among the reasons why many migrants face difficulties in accessing health care<sup>20</sup>. The recent survey with migrant community leaders confirms these results. A detailed look at the reported reasons for the lack of accessibility of migrants to health services in Egypt shows:

- **Expensive cost of medical services and migrants' lack of financial capacity:** 40% of the respondents stated that migrants cannot afford the fees of health services, noting that in many public healthcare units, the costs may be higher. The associated fees for medications and further examinations also constitute a financial burden.
- **Crowded medical facilities (19%):** 19% of respondents explain that overcrowded facilities, lack of hygiene, poor quality of medical services and long distance to reach health facilities are among the difficulties faced by migrants.
- **Discrimination against migrants (19%):** 19% of the answers showed that migrants face discrimination based on their race or nationality in public health services, embodied in the refusal of healthcare workers providing services to migrants and blocking their chance of getting a doctor's visit or medication.
- **Documentation and identification papers (14%):** 14% of respondents stated that the administrative status of the migrants and inability of presenting valid identity documentation or residence documents, jeopardize their chance in getting a doctor's examination or treatment.

<sup>20</sup> International Organization for Migration (IOM). (2016). Needs Assessment of Migrants & Host Communities in Egypt (pp. 30-66). Cairo: Community Resilience Initiative to support the Regional Development and Protection Programme for North Africa.

- **Language barrier and lack of proper support from the international organizations (7%)** are among the other reasons mentioned by the community leaders.



**Figure 8: Reasons behind lack of accessibility to health services in Egypt**

### 5.5 UN Country Team support

Although the government has initiated different mechanisms to enhance the inclusion of migrants and refugees in the health system, many migrants in vulnerable situations and refugees currently depend almost exclusively on the subsidiary schemes offered by UN agencies. Furthermore, there are gaps in the access and availability of health services. Several non-governmental organizations (NGOs) are currently partnering with the UN to respond to the primary healthcare as well as the secondary and tertiary healthcare needs of the people of concern.

The UN in Egypt and partners have to prioritize the patients based on cost-effectiveness and prognosis of the interventions due to limited resources against high needs. Leveraging on the existing MoUs with MoHP, UNHCR and its referral care partner, are collaborating to find an operational pathway to contract the MoHP secondary and tertiary health facilities. The current absence of an operational agreement requires UNHCR and partners to utilize private hospitals which are more expensive. UNHCR and its health partners are negotiating with MoHP to operationalize the MoUs and action plans to optimally utilize MoHP secondary and tertiary health care services.

UN agencies and NGO partners mainly focus on the medical conditions for which access is often hindered due to high out-of-pocket expenditures. Considering that access to health services particularly for chronic diseases and secondary and tertiary healthcare which are expensive, UN agencies and NGO partners, including the Red Crescent, implement activities according to the gaps and needs identified through response plans, such as 3RP and ERP response plans. At the same time, health interventions are also coordinated at development partners forum as well as UNPDF/UNSDCF platforms.

UNHCR, through its partners, ensured sustained access to essential health services such as life-saving emergency services, regular supply of medicines for patients with chronic conditions, the management of

complicated pregnancies as well as mental health services for refugees and asylum-seekers. A total of 72,618 primary healthcare consultations were provided to refugees and asylum-seekers, while 9,693 patients with hypertension, diabetes, respiratory disease and mental health conditions were provided with care and medications. Furthermore, 11,586 referrals to secondary and tertiary healthcare were made for refugees and asylum-seekers. These referrals include life-threatening emergencies and interventions for chronic medical conditions. In 2021, a total of 2,821 refugee mothers with high-risk pregnancies received medical follow ups, while 1,048 mothers who delivered babies at public health facilities received cash for reimbursement of the hospital costs incurred.

Besides facilitating healthcare services to refugees and asylum-seekers, UNHCR and partners provide support to MoHP to help strengthen its capacity. To that end, UNHCR has been supporting 20 MoHP facilities located in refugee dense areas. The health staff also receive regular trainings as per the topic identified by the MoHP team.

IOM is working with the MoHP to ensure migrants' inclusion in all national public health initiatives and national health programmes, such as the National AIDS Programme (NAP), National Tuberculosis Programme (NTP) and Mental Health and Psychosocial Support (MHPSS) services. In addition, IOM also cooperated with Giza Governorate and Health Directorate of Giza (Ministry of Health and Population) to organize medical convoys to migrant-dense areas to screen, examine and provide free medical counseling and treatment, in collaboration with the Egyptian Red Crescent. In 2021, a total of 2,051 migrants received medical assistance, and 2,000 migrants were provided with COVID-19 vaccines.

UNICEF provides technical and financial support to MoHP to support refugees and migrant children and women accessing routine vaccinations for children under 60 month and health consultations for these children. Refugee and migrant children can also access the services offered inside the UNICEF-supported model, family clubs such as psychosocial support, positive parenting and case management services. UNICEF is also in the process of working on a database to record the recipients of Maternal and Child Health (MCH) services at the primary healthcare units. The database is part of the digital transformation the GOE is embarking on. The database records all non-Egyptian beneficiaries regardless of their legal status being refugees or migrants. The Motherhood & Childhood Health Department (MCH) at MoHP shares with UNICEF monthly and quarterly reports, which provide the data segregated by public healthcare unit, governorate, service, sex and age groups for all types of interventions.

UNFPA supported MoHP in developing the standards of the National Medical Protocol for the Management of Victims of GBV for health care. UNFPA also works closely with Governmental partners to address gaps in access for refugees and migrants, exposed to violence, to public health services and specialized facilities including reproductive health services. Further, UNFPA in collaboration with MoHP is rolling out 10 safe spaces for women and girls located in refugee-dense areas in Cairo, Giza, Damietta, Sharkeya and Aswan governorates. The Safe Spaces offer a comprehensive package of GBV case management services, emergency medical assistance and referral to legal and social services.<sup>21</sup> UNFPA also provides, mobile clinics, in partnership with MoHP and the Ministry of Youth and Sports, offering comprehensive diagnosis, RH consultations, prenatal care, postnatal care, adolescent health, and family planning methods. UNFPA trains service providers of MoHP who work in refugee-dense areas, in facilities most used by migrants and refugees.

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<sup>21</sup> Annually, an estimated of 9,900 women and girls, including migrants and refugees, receive appropriate specialized reproductive health services through UNFPA supported Safe Spaces.

## 6. Summary of Main Findings

The Government of Egypt has been generous in including migrants, refugees and asylum-seekers in the education and health national systems, including on equal footing with Egyptians in many instances and despite the challenges these two sectors are facing. Further, rights and entitlements provided to migrants, refugees and asylum-seekers are predominantly based on nationality and not on status, and hence not always available to all. In addition, the implementation of existing laws and regulations is not always uniform across the health and education sectors. Indeed, the legal/regular status of migrants, asylum seekers and refugees are key to ensuring adequate access to education and health as well as protection in general. Therefore, registration and documentation as well as a related enabling context remain critical priorities

Egypt welcomed some 77,000 migrant and refugee children in its schools, and around 102,000 migrant and refugee students in its universities for the schoolyear of 2020/21, bearing an estimated annual cost of nearly US\$23 million. According to the Government the cost of rehabilitating the 1500 classrooms in the schools that migrants and refugees benefit from in the Governorates of Cairo, Giza, Alexandria and Damietta would amount to an estimated US\$56.5 million. Further, MoHP estimates some 100,000 refugees were provided with primary health care in this period in addition to secondary and curative health care services in public medical facilities. MoHP has indicated some 96 medical facilities in the four aforementioned governorates would benefit from rehabilitation as well as capacity building for medical staff.

In terms of education, MoETE grants Sudanese, South Sudanese, Syrian and Yemeni migrants and refugee school children access to public schools on equal footing with nationals for all grades of basic and secondary education. Other populations, such as Somali, Iraqi, Eritrean and Ethiopian students are allowed access only to the private school system which is under the supervision of Egypt's MoETE. The UN in Egypt supports refugee and migrant children of school age to enroll in public, private and community schools through the education grant modality and by supporting community schools. In this way nearly 51,000 refugee children were supported, with around 60 per cent attending public schools and around 40 per cent attending community schools.

In terms of health, inclusion in the Egyptian health system has allowed migrants and refugees, mainly from Sudan, Eritrea and Syria, to be treated inside secondary and tertiary hospitals. Limited resources and in some cases lack of awareness for some health workers can pose challenges to migrants and refugees. Multiple MoUs have been signed between MoHP and UNHCR to enhance the inclusion and access to primary health care, curative and emergency care. Although the government has initiated different mechanisms to enhance the inclusion of migrants and refugees into the health system, many migrants in vulnerable situations and refugees currently depend largely on the subsidiary schemes offered by UN agencies. In 2021 the UN in Egypt provided more than 100,000 health care interventions to refugees and migrants in vulnerable situations. However, gaps in access and availability of health services remain and access to the health services is often challenging due to high expenses.

In 2016, the Needs Assessment of Migrants and Host Communities in Egypt report,<sup>22</sup> found the documentation and administrative status of migrants impacts their access to basic services. The result of

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<sup>22</sup> International Organization for Migration (IOM), 2016.

the 2021 migrant community leaders survey confirms that the inability of migrants to present proper documentation deprives them from access to education, health service, and livelihood opportunities. The results also showed that discrimination/bullying and language barriers are among the reasons migrants fail to get proper basic services.<sup>23</sup>

Against this backdrop, multi-level interventions are required to address the challenges impacting the socio-economic vulnerabilities and protection space of migrants, refugees and asylum seekers in Egypt.

## 7. The way forward: Suggested Priority Areas for Interventions

### Education

#### *General Suggestions*

- Enable access of migrant and refugee children of all nationalities to public education on par with nationals. Facilitate the integration of migrant and refugee children and adolescents in Egyptian public schools through linkages and referral pathways with community schools, engagement of migrant and refugee parents to better understand the Egyptian education system, and through upskilling teachers in public schools to integrate and support migrant and refugee children.
- Adapt, clarify and communicate the conditions of access to education for migrants and refugees, in particular when it comes to documentation, ensuring all those eligible for education can register and enjoy quality education.
- Improve the facilities capacities and increase the number of teachers, while building capacity of MoETE schools and staff on relevant topics, such as social inclusion and integration, active learning, TVET, gender, protection, inclusion of persons with disabilities.
- Develop a joint education strategy to coordinate efforts and investments towards ensuring that migrant and refugee children can access 12 years of quality, inclusive and affordable education with Ministry of Education and Technical Education (MoETE), the education sector, development partners, donors and communities; and accompany this with a joint advocacy plan and evidence-based action plan.
- Conduct a needs assessment of all the community schools and learning centers established by migrant and refugee communities, aimed at developing minimum standards that ensure quality education for children attending these learning centers.

#### *Targeted Interventions*

- Strengthen protection mechanisms in education facilities in partnership with communities and MoETE.
- Engage MoETE in an awareness-raising campaign against bullying in schools, aimed at the whole population, teachers and school administration personnel.
- Enhance policies and programmes that enable refugee and migrant teachers to become certified after completing alternative certification programmes and demonstrating good teaching practices.
- Enhance access of children with disability and unaccompanied or separated children to suitable education opportunities; and provide targeted education grants for the most vulnerable families with school age children.
- Expand remedial programs addressing migrant and refugee children's learning loss (pre and post-COVID) to ensure basic foundational skills, including literacy and numeracy, are reached.

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<sup>23</sup> International Organization for Migration (IOM), 2022.

- Enhance access for migrants, refugees and host communities to Technical Vocational Education and Training, apprenticeship programmes and Tertiary Education Opportunities for youth through scholarships.

## Health

### *General Suggestions*

- Enhance access of migrants and refugees to health facilities on par with nationals, and exercise tolerance towards migrants and refugees whose identification documents have expired and could not be renewed.
- Increase the number of well-equipped medical facilities particularly in refugee dense areas while developing complimentary mobile outreach health services to remote and frontier areas to reach all beneficiaries including migrants, refugees and asylum seekers.
- Include refugee and migrant health information in the National Health Information System of MoHP with disaggregated data to take evidence-based actions for enhancing inclusion.
- Enhance the referral system between primary, secondary, and tertiary health levels for migrants and refugees.
- Enhance the implementation of the existing legal provisions which standardize the fees of medical services for migrants, refugees and Egyptian citizens.
- Facilitate inclusion of migrants and refugees in the universal health insurance program and work towards a sustainable funding mechanism for these beneficiaries.
- Enhance skills of health care providers at all levels to continue providing equitable high-quality primary health and nutrition services regardless of nationality, ethnicity, age, gender, social class.

### *Targeted Interventions*

- Strengthen health awareness outreach activities through a strong community health worker program to reach to all communities Egyptians and non-Egyptians with key health and nutrition messages.
- Continue engaging with MoHP in an awareness-raising campaign on the rights of migrants and refugees in hospitals and healthcare units, including doctors, healthcare providers and administration personnel in particular, while adhering to an inclusive gender mainstreaming approach.<sup>24</sup>
- Promote inclusion of migrant and refugee survivors of Gender Based Violence (GBV), particularly through the key entry points of shelters and clinical health.
- Strengthen individual case management, empower children and GBV survivors, while also capacitating national institutions to better respond to the protection needs of GBV survivors and groups at risk.
- Engage with women's community groups, conduct GBV awareness-raising campaigns, and strengthen livelihood opportunities for groups with heightened risks.
- Invest in Mental Health and Psychosocial Support services for migrants and refugees.

### Other suggested interventions

- With the view of the ongoing efforts related to the adoption of a national legislation on asylum, Extending the duration of residence permits, to spare persons of concern the cost of renewal and the obstacles they face in relation to renewals, is highly recommended.
- Strengthening the Government capacities, including improved and responsive information systems, in delivering quality protection and social protection services to migrants and refugees.

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<sup>24</sup> In line with the National Strategy for Human Rights (2021-2026) and the Convention on the Elimination of Discrimination against Women

## Annex 1 – Sets of Criteria used by IOM’s Vulnerability Assessment

<p>High level of vulnerability</p>	<ul style="list-style-type: none"> <li>• Victim of Trafficking</li> <li>• Survivor of Sexual and Gender Based Violence</li> <li>• Single Parent (children not attending school)</li> <li>• Family with 4 or more dependents (unemployed)</li> <li>• High risk medical or mental health condition</li> <li>• Women and girls at risk</li> <li>• Homeless</li> <li>• Elderly (65+) with serious health issues (without caregiver)</li> <li>• Single person with disabilities or has children with a disability that seriously limits their ability to work</li> <li>• Disabled dependent (unable to work)</li> </ul>
<p>Medium level of vulnerability</p>	<ul style="list-style-type: none"> <li>• Couple with less than 3 dependents</li> <li>• Medium risk medical condition</li> <li>• Elderly without health issues</li> <li>• Disabled dependent (with at least one household member still able to work)</li> </ul>
<p>Low level of vulnerability</p>	<ul style="list-style-type: none"> <li>• Single (no additional vulnerabilities)</li> <li>• Couple with no dependents nor medical issues</li> <li>• Employed</li> <li>• Low risk medical condition</li> <li>• Part-time job (insufficient income)</li> </ul>

## Annex 2: Interventions by the UN in Egypt

### COVID 19 response, Cash assistance

In 2021, as part of UNHCR's COVID-19 response, over 7,500 newly vulnerable refugee families (approximately 25,000 individuals) received a COVID-19 cash grant to cover their basic needs for up to three months. Despite the growth in volume of cash assistance, major gaps remained in 2021 and UNHCR was not able to assist all refugees living below the poverty line. Due to the funding limitations, UNHCR Egypt was unable to provide regular multipurpose cash assistance (MPCA) to over 6,740 beneficiaries living below the poverty line including some 760 cases below the food poverty line (food insecure).

### Education

The table below includes the number of school age children registered with UNHCR who are enrolled in education, as of January 2022:

Category	Female	Male	Total
Number of children registered with UNHCR (6-14)	26,110	27,008	53,388
Number of children enrolled in primary education (6-14)	23,168	24,210	47,378 (88.7%)
Number of children registered with UNHCR (15-17)	8,083	8,754	16,837
Number of children enrolled in secondary education (15-17)	6,851	7,429	14,291 (84.8%)

In 2021, UNHCR Egypt secured 200 tertiary education scholarships under the DAFI initiative bringing the total beneficiaries for 2021 to 528 refugee youth of all nationalities, some 119 scholars successfully graduated summer 2021.

### Health

In the context of the Presidential '100 Million Healthy Lives' Initiative, IOM Egypt has collaborated with the Ministry of Health and Population, WHO Egypt and UNHCR Egypt to organize campaigns that reached out to more than 2,000 migrants and refugees in different governorates across Egypt between 2019-2021. During the second phase of IOM's project "Supporting and Increasing Healthcare Access for Migrants and Vulnerable Egyptian Host Community, from April to September 2019, IOM collaborated with the Ministry of Health and Population, WHO and UNHCR on medical screening of migrants and refugees for Hepatitis C as part of the presidential initiative '100 Million Healthy Lives'. Moreover, IOM organized school trips to communities to provide psychosocial support and raise awareness on health issues among students. Additionally, IOM celebrated the World Day Against Child Labour and World Day Against Trafficking and held health promotion and assistance events for several communities in Cairo and Alexandria.

UNICEF cooperates with MoHP to provide high-quality primary health care, nutrition, and psychosocial services to Syrian and non-Syrian migrant, refugee asylum seeker women (antenatal care and deliveries) and children (immunization and growth monitoring). The support includes training and enhancing the skills of more than 1,200 health service providers (physicians, nurses, and sanitarians) of PHUs, enhancing information sharing and registration, and providing the facilities with essential and needed primary health care equipment. In addition, UNICEF supported MoHP in appointing 250 Community Health Volunteers (CHVs) from refugee communities to provide health outreach activities to raise awareness among refugee families regarding key health messages particularly COVID protection.

The Joint United Nations Programme on HIV/AIDS (UNAIDS) works closely with the National AIDS Program (NAP) at the Ministry of Health and Population to provide technical support, in reaching the 95-95-95 global cascade commitments and the 2030 goal to end the AIDS epidemic. The UN Joint Team in Egypt currently includes cosponsors from seven UN agencies: WHO, UNICEF, UNDP, UNODC, UNHCR, IOM and UNFPA.

Annual data on the availability of, and uptake of HIV services by refugees, is made available through the continuous work and support of partners.

As part of UNAIDS Egypt's Joint Plan for 2021 and under Priority Area 1: "Tailored HIV prevention services are accessible to key and vulnerable populations", UNHCR with partners, provide HIV prevention, care, and treatment services in close collaboration with MoHP/NAP for equal access to HIV care and treatment services for refugees. UNHCR partners provide complementary services related to HIV Voluntary Counseling and Testing, Prevention of Mother to Child Transmission, treatment for Opportunistic Infection and clinical management of rape survivors with Post Exposure Prophylaxis. The services enhance refugees' access to HIV awareness and VCT services through age, gender and diversity sensitive counseling and care services to mitigate behavioral risks and fast track enrolment of persons living with HIV (PLHIV) at MOHP/NAP facilities. The national HIV response further aims to contribute to the national and global efforts for ending stigma and discrimination against PLHIV and persons affected by HIV while meeting the 95-95-95 targets and ending HIV as a Public health threat by 2030.

Furthermore, since August 2019, Antiretroviral Therapy (ART) became mainstreamed in Egyptian fever hospitals, and refugees in Egypt were able to receive ARVs on equal footing with nationals through fever hospital dispensing points. Prior to this, and since 2008, refugees received NAP ART through a parallel point of care and through UNHCR partners.

### **COVID-19**

IOM Egypt has directly collaborated with the Ministry of Health and Population to organize joint COVID-19 vaccination campaigns targeting thousands of migrants in Cairo and Alexandria. Migrants started registering and receiving the COVID-19 vaccine within the last quarter of 2021. Migrants need an ID to register and access the service, regardless of their status or validity of ID. The services are provided free of charge and without any discrimination.

Refugees and asylum-seekers received COVID-19 testing and treatment services from government health facilities according to national protocol. UNHCR and WHO provided refugees and asylum-seekers with necessary information on a regular basis to ensure health education, timely referral and hygiene supports.

Under the UN COVID-19 response and preparedness framework, UNHCR provided PPE items to frontline health workers working at government health facilities. It also supported MoHP with 200 laptops to help improve digitalization of the vaccination programme. Acknowledging the importance of the need for mental health support in the context of COVID-19, UNHCR is supporting three major mental health hospitals with the provision of IT equipment and furniture and the expansion of clinic infrastructure. UNHCR is also collaborating with relevant agencies to discuss the way forward to include refugees in the national UHIS.

### **Other Interventions**

Alongside the aforementioned services provided in the areas of education and health, other areas are covered by UN agencies for migrants and refugees in Egypt.

**UNFPA** Egypt offers specialized comprehensive package of care in 10 safe spaces located in six governorates, including Cairo, Giza, Damietta,, Aswan, Sharkeya, and Qalyubia, and by providing sexual and reproductive health (SRH) activities to boost demand for SRH services and family planning. In 2021, a total of 14,261 beneficiaries, including refugees, migrants, asylum seekers and host communities, received multi-sectoral GBV services provided in the Safe Spaces. Among them 3,094 were GBV survivors who received case management services, and 3,904 were beneficiaries of community activities on GBV

prevention. To ensure sustainability of the Safe Spaces, UNFPA partnered with the Ministry of Youth and Sports (MOYS) to host eight safe Spaces within eight MOYS affiliated youth centers, in areas with high density of refugees, migrants in vulnerable situations and asylum-seekers.

Further, UNFPA worked closely with the National Council for Women to develop a model to fill the gap in the medical sector and to establish the first specialized medical response clinics for women subjected to violence “Safe Women Clinics”, since 2020. By the end of 2021, 8 clinics were provided with medical equipment including post rape treatment kits, furnishing, capacity building for medical staff (in Ain Shams, Kasr El-Eini, Mansoura, Assiut, Benha, Bani Sweif, Menya and 6th of October University Hospitals). The clinics offer VAW survivors with internal hospital referral, filing, case management, primary psychological support and access to legal and social services. In 2021, UNFPA introduced the established Safe Women clinics to the inter-agency specialized referral mechanism developed in coordination with 60 service providers, including INGOs, national and local NGOs and development actors, to offer GBV services for refugees and migrants. In 2022, UNFPA, through coordination with partners within the GBV sub working group, plans to pilot the referral of cases of GBV survivors from refugee and migrant communities to these clinics.

**WFP** assisted around 130,000 refugees in Egypt in previous years with unconditional cash transfer giving them access to one of the most basic needs all year round. WFP is planning a food security assessment for refugees in the 3rd quarter of 2022 as part of the targeting exercise for 2022 -2023

Based on analysis, more than one third (35 percent) of refugees have poor access to food i.e., they are food insecure, while half of the refugees (52.6 percent) were vulnerable to food insecurity, which implies that they are at risk of having inadequate food consumption due to poor dietary intake and/or limited economic capacity to access food.

**UN Women** has implemented The Women's Leadership, Empowerment, Access and Protection (LEAP) in Egypt since 2018 in close collaboration with the National Council for Women (NCW), and in partnership with UNHCR. The programme addresses the urgent economic and humanitarian needs of refugees in response to the devastating and challenging impacts of the Syrian crisis, providing essential services to women refugees, as well as host community nationals, addressing their immediate and long-term needs, through enhancing their access to livelihood opportunities, including job creations and access to financial services, as well as the provision of protection referrals, awareness raising on rights and gender-based violence (GBV), and psycho-social support. It also contributes directly to promoting social cohesion and peaceful co-existence in the host communities.

The needs of women refugees for livelihood and protection interventions require further support and assistance. The longer-term impact of the COVID-19 is still being understood. What is clear is that since 2020, project beneficiaries’ needs for livelihood support and support to respond to gender-based violence have become starker. To ensure that the most vulnerable women have been prioritized, together with the implementing partners, UN Women strives to ensure that the vulnerability criteria prioritized the most in need - female headed households, young women aged 18 to 26 subjected to and/or at risk of GBV, and women with disabilities.

UN Women is also launching through its implementing partners a market assessment to highlight the needs from both the employers and the beneficiaries’ sides, and to identify gaps in the employability skills that the market currently requires. This assessment will be further used in the design and implementation

of future interventions to ensure the highest benefit and impact of the vocational services provided to refugee women and host community nationals. Building on UN Women's policy for the Preventing Sexual Exploitation and Abuse (PSEA), UN Women conducted a training targeting the staff of implementing partners as well as CBOs in Cairo and Alexandria to enhance awareness of the importance to prevent PSEA at the workplace. Efforts are also underway to develop an employment guide to help women refugees and host community nationals secure better employment opportunities. The guide will include the updated ILO decent employment standards, definitions, and mechanisms to prevent PSEA at the workplace, as well as a referral pathway for the beneficiaries to use in case of exposure to any form of abuse.

**ILO** brings in expertise with respect to the specific themes of the world of work, socio-economic opportunities and social protection, as well as contributing to strengthening the knowledge base on decent work. For example, regarding education and learning, the ILO focuses on providing forcibly displaced persons and host communities with quality education and training. Regarding Employment, the ILO seeks to enhance livelihoods and/or employment in decent work through improvements in labour market governance supporting transition to and entry into employment and formalization.

### Annex 3: Relevant International Coordination Structures

#### Migration and Protection Working Group (under the Development Partners Group)

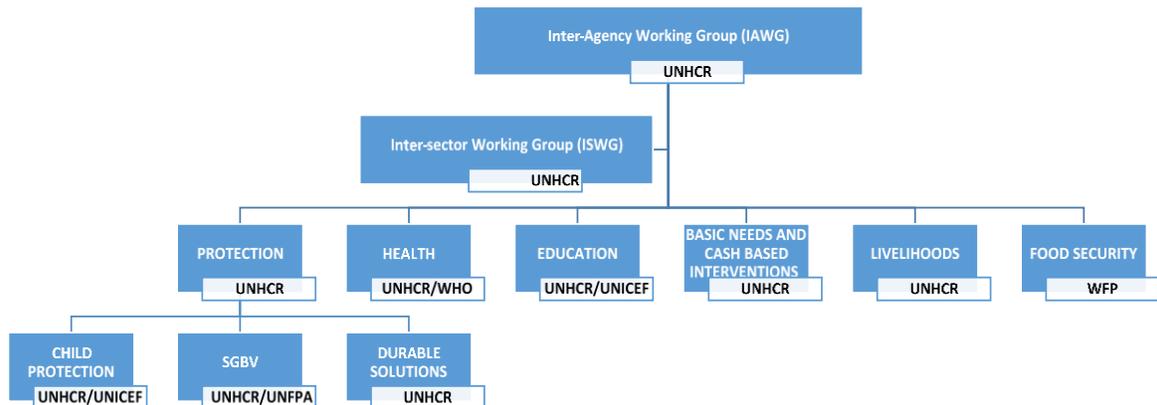
The Thematic Group on Migration and Protection is co-chaired by IOM, the UN Delegation and Save the Children. Meeting is held on a monthly basis with the participation of representatives from UN agencies, INGOs and NGOs, civil society, embassies, government counterparts and migrant community leaders. The aim is to enhance coordination among development partners in Egypt in the field of migration and protection through consultation, cooperation and collaboration as well as alignment on policies, principles, and priorities. In 2022, the Migration and Protection Working Group will focus on three pillars: Protection, Resilience and Governance.

#### Inter-Agency Working Group (IAWG)

The Inter-Agency Working Group (IAWG), chaired by UNHCR, remains the main coordination body for the refugee response in Egypt, where representatives from UN agencies, international and national organizations, and donor countries discussed policy updates.

UNHCR continues chairing the two interagency response plans to coordinate assistance of refugees and asylum seekers from Syria (3RP), Sub Saharan Africa, Iraq and Yemen (ERP). Appealing partners of the 3RP and the ERP report routinely on their activity implementation and funding status to be regularly shared with all stakeholders. While the IAWG discusses policy gaps and strategic priorities, technical assistance is discussed among partners at the sectoral level in sector-specific working group: Each sector working group has its specific set of partners including Government ministries, donors, UN agencies and international and national NGOs.

#### Inter-agency Coordination Forums for the 3RP and Egypt Appeal Partners



#### Education Working Group (under the Inter-Agency Working Group)

The Technical Education Working Group (EWG) was established in 2013 and chaired by UNHCR, co-chaired by UNICEF. Meetings are held on a monthly basis with the participation of representatives from WFP, IOM, Care, Save the children (SCI), Catholic Relief Services (CRS), refugee community groups working in the field

of education in addition to other voluntary sector agencies, donors and at times MoETE representatives. The EWG is part of the coordination and refugee response led by UNHCR in Egypt.

Participants are currently planning for an interagency needs assessment that will analyze: (1) the mainstreaming of refugee children into the public school system, (2) strengthening linkages with MoETE as well as (3) the support needed for refugee children in community schools. The assessment will be spearheaded by UNICEF in cooperation with UNHCR, refugee communities and EWG member agencies. Currently, UNHCR is conducting visits to these schools looking at the number of children receiving their education there in addition to the number of staff who may be affected once the mainstreaming starts, and students transfer to MoETE schools. The EWG participants are also involved in the joint funding documents such as 3RP & ERP and they continue to provide a coordinated response to the needs of refugee school age children, both in public and in community school systems and according to their various mandates.

#### **Health Working Group (under the Inter-Agency Working Group)**

The Technical Health Working Group (HWG) is chaired by UNHCR, co-chaired by WHO. Meetings are held on a monthly basis with the participation of representatives from UNFPA, UNICEF, IOM, Save the children (SCI), Caritas, Episcocare, Terre des Hommes (TDH). Partners in the Health sector work to ensure that preventative, curative and rehabilitative care needs are enhanced to contribute to refugees and host community members' healthy living and wellbeing in a strengthened and resilient health system. The health sector's support to MoHP primary health care facilities for strengthening the family health approach in impacted areas remains a strategic direction. The use of health information systems by partners, needs assessments and Health Access and Utilization Surveys (HAUS) continue to be key tools to measure the impact of health services on reducing morbidities, disabilities and mortality indicators.