

IAWG MENA Conference Matrix

Each country team is requested to complete the following form. Content can be based on discussions among working group participants, with SRH focal agencies in country, available data or otherwise identified needs by SRH stakeholders.

IAWG RH in Crisis Situations MENA Working Groups' Scope of Work: The main purpose of developing a regional work group is to develop a common understanding about the nature of crises prevailing within the region, understand the specific dynamic affecting reproductive health and rights during crises and protracted/post-crisis situations and ultimately develop coherent and mutually supportive responses, preparedness and contingency planning, when applicable.

Country	Egypt
Location of crisis	Cairo
Description of current or most recent crisis from 2000 onwards - (nature, type, duration, affected population)	<p><i>Ex. manmade, natural, civil war, earthquake, internally displaced persons, refugees in camp settings, refugees in urban areas, , collective centers, host families</i></p> <p>Refugees and migrants in urban areas (women, girls, boys and men as individuals, families or separated minors) in long protracted displacement situations, for many varying between 10-15 years in exile.</p> <p>The displacement nature is mainly related to chronic non resolving conflicts in Sudan, Somalia and Iraq and situations of massive human rights violation as is the case of Eritrea. Egypt in addition faces the issue of internal migration from rural to urban areas.</p>
Number of persons affected	<p>Refugee population as at July 1st, 2009 mounted to 41,506 among whom 8386 are girls and women i.e.20% who are at a potential Reproductive health related risks. Refugee main nationalities are from Sudan, Iraq, Somalia, Eritrea and Ethiopia.</p> <p>Thousands of migrants and forced migrants in refugee like situations are also acceding to and residing in Egypt. Meanwhile there are considerable high numbers of undocumented migrants living inside Egypt from the same main nationalities above mentioned.</p> <p>In 2008 , from the records of one refugee servicing NGO, reported women and girls survivors of SGBV, were estimated at 38 survivors of SGBV incidents which took place in countries of origin or in the country of asylum between rape , FGM/C , domestic violence , early marriage , forced pregnancies etc.. to mention but few of the types of SGBV incidents faced by survivors</p>
In your experience, list what worked well with SRH in emergency responses?	<p><i>Ex. SGBV trainings, interagency coordination, donor support, etc.</i></p> <ul style="list-style-type: none"> - Partnerships with civil society and inter-sectoral coordination is being addressed for the inclusion of health promotion for all in community based program activities -Donor support and collaboration among international and national organization for training and establishments of cadres - Establishing SRH services in NGOs offering Primary Health care services among which ; antenatal , natal and post natal care, HIV VCCT service , PMTCT, PEP for HIV , STIs presumptive therapy and Emergency contraception for rape survivors

Is there an existing national mechanism in place to respond to SRH in crises? Please indicate whether yes or no and explain.	Yes	List key stakeholders * UNFPA * National Council for Childhood & Motherhood * National Council of Women	RH component * Support of MoH in Reproductive health care services, VCT and Reproductive rights * Prevention and response to FGM/C * Ombudsman office for response to grievances on violence against women
	No – List 3 main reasons/challenges preventing SRH from being integrated into the national response mechanism - Ex. limited resources, lack of technical expertise and knowledge, lack of will, etc. 1. Existing communities taboos related to addressing Sexual health and SGBV as part of RH 2. Trickle down of SRH strategies and policies into action oriented program at district and community level with an all inclusive access 3. Limited resources and government support , setting Sexual health as the least to be prioritized within RH services		
	Do you expect a future crisis? If yes, please explain in details the most likely scenario to occur. -If civil wars and political unsettlement continue, more population displacement will take place while many further seeking asylum to neighboring countries		
	Please provide up to three recommendations that would improve SRH emergency response in your setting? - Training and establishing cadres to deal with emergency situations emphasizing responses related to sexual and reproductive health in crisis - Increasing accessibility to RH services facilities where refugees and migrants can go when an RH or Obstetric emergency situation arises - Improving the quality of existing SRH services		
Recommendations for MISP for SRH in crisis situations training <u>Components include:</u> 1) Coordination 2) Maternal & Newborn Health: 3) HIV/STIs: 4) SGBV: 5) Planning for Comprehensive RH Services:	All following five components are needed ; 1) Coordination 2) Maternal & Newborn Health 3) HIV/STIs 4) SGBV 5) Planning for Comprehensive RH Services In addition to ; 6) Emergency Obstetric care at community and referral level		
List of focal agencies able to carry action plan forward	<ul style="list-style-type: none"> • IOM (International Organization for Migration) • Cairo Family Planning and Development Association • Refuge Egypt 		
Priority outcomes desired from IAWG MENA working group <i>(please list at least 3)</i>	<ul style="list-style-type: none"> • Improving refugee and migrants access to emergency SRH care needs and SGBV responses • Orientation of migrant and refugee communities on emergency SRH services and SGBV responses under MISP and EOC • Reducing violence against women in view of its complete elimination • Improving SRH , newborn and child health • Better understanding and recognition of migrants and refugees SRH issues • Contributing to the improvement of quality SRH at local and community based health care system 		