



Impact of Sudan Crises on the Mental Health of Sudanese  
Refugees in Egypt: Challenges and Coping Mechanisms

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2024



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# SUMMARY

The outbreak of fighting between the Sudanese Armed Forces (SAF) and the Paramilitary Rapid Support Forces (RSF) in Sudan on April 15 has led to massive displacement and a humanitarian crisis inside Sudan and its neighboring countries. An estimated 3 million Sudanese have been displaced, with almost 2.5 million displaced internally. The rest have fled their homes to surrounding countries. At least 250,000 people have sought refuge in Egypt, and another 120,000 are stuck on the Sudan side of the border awaiting entry.

New arrivals to Egypt recount an arduous journey. They described difficulties in finding transport, exorbitant fares, and unpredictable checkpoints. At the border crossing, they face long waits, unsanitary conditions, entry restrictions based on age and sex, visa backlogs, and a lack of necessities and services.

The situation is particularly dire at the border town of Wadi Halfa—a city in the Northern state of Sudan near the border with Egypt. Thousands of new arrivals are stranded for weeks waiting for Egyptian authorities to issue those visas or for Sudanese authorities to issue their travel documents.

Due to long wait times to get visas, many families opt to send women, children, and elderly members ahead, splitting up families for uncertain periods.

On June 10, Egypt further tightened its entry requirements by announcing that all Sudanese citizens must obtain visas from the Egyptian consular office in Wadi Halfa or Port Sudan before crossing the border. According to the Egyptian authorities, the move was to counter the forgery of visas and better

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manage Sudanese refugees' entry into Egypt. The decision reverses a longstanding exemption granted to children, women, and elderly men.

The new refugees join thousands of previously arrived Sudanese in a historically less than-welcoming environment in Egypt. Sudanese refugees who arrived in previous years describe government policy and broader societal discrimination that has made living in Egypt difficult.

Most refugees live in poor, unsafe neighborhoods where sanitary services are lacking, relying on Sudanese-led refugee organizations and mutual aid associations. These local organizations are, however, struggling with the enormous demands for their services.

Without a unified asylum law, the Egyptian government has tasked the UN Refugee Agency (UNHCR) with the primary responsibility of registering, documenting, and resettling refugees. But relations between UNHCR and the Sudanese refugees are tense and sometimes hostile because of the frustrations with the massive backlog in registrations and Refugee Service Determinations (RSDs).

The refugee experience is associated with several potentially traumatic events that increase the risk of developing mental health consequences, including worsening of subjective wellbeing and quality of life, and risk of developing mental disorders.

This study has found that the continuous exposure to the traumatic stories that refugees go through has negative implications on their mental health and well-being.

Additionally, a lack of resources and negative management cultures impose stress on the refugees. Negligence and failure by organizations to mitigate these stressors lead to a deterioration in the mental health state of the Sudanese Refugees as well as the quality of services provided.

Implications on mental health include symptoms of, fatigue, desperation, and secondary traumatic stress, among other consequences.

However, there were various barriers to healthcare access, such as lack of financial resources, long waiting hours in healthcare facilities, competing priorities like work, limited awareness of available services, and discrimination.

Consequentially, findings of the study have found that affected refugee who providing the services are subject to different forms of maltreatment and abuse.

On the other hand, social and institutional supports have been found to reduce the intensity of psychological distress and mediate the possible consequences on the quality of services provision.

## **The Study problem:**

The Sudanese flee the scourge of war and persecution from the ruling regime and the fear of being killed and arrested to Egypt in search of safety and protection, but unfortunately the Sudanese are exposed to arrest and security harassment from the Egyptian government, when the residency expires and is not renewed for some reason due to lack of money, because in order to renew it, they need to travel to Cairo, where it is being renovated in Abbasiya. Most Sudanese families who live in Alexandria or other governorates cannot travel because it is expensive and because it requires the presence of the entire family to implement the residency.

The Commission UNHCR has repeatedly promised refugees decentralization in the implementation of residency, but despite this, refugees of all nationalities are still suffering hardships to obtain residency in Egypt on the UNHCR card for fear of arrest or deportation to Sudan. These problems have a negative impact on the psychological health of Sudanese refugees in Egypt and their families.

Therefore, identifying their problems has become an important matter and providing assistance is a duty required by the human conscience.

In surveys of samples of Sudanese refugee families in the various neighborhoods of Cairo, it was clearly evident the extent of the living suffering and difficult humanitarian conditions that these families go through due to the weakness of basic services and the assistance they receive from the partner organizations of the United Nations High Commissioner for Refugees in Egypt.

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Innovative strategies have been tested; important challenges to providing mental health and psychosocial support interventions at scale in low-resource humanitarian settings remain.

Because it is a recent problem, studies are therefore insufficient, there is no recent studies in mental health and psychological- wellbeing of Sudanese refugees in Egypt.

The percentage of Sudanese in Egypt is large and increased, light must be shed on their living and psychological situation,

Sudanese problem doesn't have the needed attention from world. The problem of the Sudanese they do not find sufficient support from the world, the world neglects to look into this profile.

## **The Importance of Studying: -**

The importance of this research is evident in its treatment of the problems of Sudanese refugees residing in Egypt, which threatens the psychological health of refugees as a result of their difficult living conditions.

Protecting and assisting refugees should not be a lucky ticket or a disproportionate burden falling on a few countries and communities based on their geographical location, but rather a shared duty for all of humanity.

Refugees bring productivity to their host countries, where they integrate into different societies. They help enrich their local communities, create cultural diversity among local people and help promote understanding and appreciation of social diversity.

Refugees face many challenges along the way to seek protection, which often puts them in precarious situations.

Many children and families are separated from their families during the refugee journey and arrive in dire need of medical and psychological support, in addition to quickly depleting the small savings they were able to use to escape in Egypt.

The Egyptian government is working to ensure that individuals forced to flee have access to basic health care services and education on an equal basis with Egyptian citizens. However, building long-term resilience and strengthening the livelihoods of host communities and the Sudanese community in Egypt is crucial.

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Despite the assistance that UNHCR and partners provide, such as training, financing projects, providing subsistence support, providing financial and health aid, raising awareness, and searching for work resources on a weekly basis, many refugees fail to communicate well with the Egyptian environment due to language and cultural barriers, which makes it impossible., adapts and coexists with the Egyptian communities , which causes an increase in societal factors that contribute to their psychological companionship and their quality of life.

It is worth noting that since April 2023, the number of Sudanese refugees registered with the United Nations High Commissioner for Refugees in Egypt has increased fivefold to reach 300,000 people, representing more than 52% of the total number of registered refugees in the country.

Another 250,000 Sudanese are waiting to register with UNHCR in Egypt. Demand for registration is expected to continuously increase in the next six months due to the turbulent situation in Sudan, with no immediate prospects for sustainable peace in sight.

## **Objectives of the Study:**

To identify the phenomenon of asylum and studying the effects of wars and disasters on mental health.

Knowing the live conditions and Factors Contributing to mental health of Sudanese refugees and their psychological state in Egypt.

To assess the impact of the lack of health and psychological services provided to refugees by organizations and government on mental health and psychological well-being of Sudanese refugees in Egypt.

Describe the challenges face Sudanese refugees and their psychological effects.

Overview of UNHCR and Refugees in Egypt

To enhance refugees outcome and health care quality.

To encourage further research and innovation, inspire further research and innovation in the field of psychological health and Refugees quality of life.

Are Organizations and governments working to save the lives and protect Sudanese refugees residing in Egypt?

These objectives collectively form the foundation of this research study.

## **Study Hypothesis and Questions: -**

In order to answer the research question “what are the different risk factors, and their consequences on mental health and well-being, including experiences of burnout, traumatic stress and depression among refugees in Egypt?”,

This study hypothesizes that (a) refugees- who are dissatisfied with perceived social support from NGOs will experience increased psychological distress.

(b) refugees- who are dissatisfied with institutional support mechanisms will experience increased psychological distress.

The study also explores refugees’ perceptions on how these effects will reflect on the quality of provision of services to refugees. To achieve these research goals.

There is a relationship between the high rate of psychological problems that refugees suffer from and the bad conditions they live in inside Egypt.

There is a relationship between the lack of health and psychological services provided by human rights organizations and the mental health of refugees in Egypt. What are the primary barriers and challenges that Sudanese immigrant face when utilizing health services in Egypt?

Are organizations and governments actually working to save the lives and protect Sudanese refugees residing in Egypt? Through research, we will prove or deny the hypothesis

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## **Study Approach:**

"The descriptive analytical approach was employed in this study".

**The limits of the study:**

Spatial boundaries: The Arab world

Time limits: 2012-2024.

## **Study Plan:**

### **Chapter 1: Introductory Chapter**

Firstly: Sudan in Crisis, Inside Sudan,

Secondly: The fighting and resulting humanitarian needs are driving people to flee, Preferred Destination

Third: Inside Egypt, Refugee Status Determination.

Section 2: Overall Progress and Response.

Firstly: Explain the significance of Health & Wellbeing,

Secondly: Describe the Protection, Gender and Inclusion,

Third: Explain the Overview of UNHCR and Refugees in Egypt. Refugee Assistance in Cairo: UNHCR and its implementing and operational partners.

### **Chapter 2: Evaluate the Mental Health among Refugees in Egypt**

Section 1: Examine the Psychological Turmoil of Displacement

Firstly: Describe the Migration and escape routes:

Secondly: Evaluate the Mental Health among Refugees in Egypt: - Who can provide mental health and psychosocial support services?

Third: Discuss the stigma of mental illness and what is its impact?

### **Chapter 3: What are the most important mental health problems? How do I recognize a mental health problem?**

Section one

Firstly: Examine Prevalence and predictors of depression, anxiety, and stress among refugees in Egypt.

Section 2: Discuss the different Factors contributing to mental health: -

Firstly: Psychological services and access to health services of refugees provided by NGOs in Egypt

Secondly: Analyze the Protection problems and –Detention

### **Chapter 4: Discuss Lack of Livelihoods**

Firstly: Summarize. Human Rights Violations among Sudanese Refugees in Egypt.

Secondly: Identify the key factors that contribute to –Refugees Integrations Difficulties.

Third: Discuss the -unemployment, Culture and language barriers., functional support. Little aid-Residency procedures.

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-Education - Discrimination, they are not wanted

-kidnappings, and/or social isolation

-Conclusion.

-Results.

-Recommendations

## **Conclusion**

The current trajectory of the Sudan conflict is such that more Sudanese will flee to neighboring countries, including Egypt, for their safety. Instead of facilitating their entry, Egypt disregards refugee law, and the Four Freedoms agreement it signed with Sudan and has erected various entry barriers.

As a result, thousands of Sudanese are stuck at or near the border in unsanitary conditions where they cannot meet their Basic needs for weeks. Those who cross the border must contend with a painfully slow registration and RSD backlog by UNHCR and a less-than-welcoming environment.

The net result means refugees are stuck between conflict and a hostile environment inside Egypt.

Relaxation of entry and expediting the refugee determination process, combined with livelihood and labor access by the Egyptian authorities and UNHCR, will reduce the humanitarian suffering at the border and inside Egypt.

The occurrence of a wide variety of psychological symptoms and syndromes in the populations in conflict situations is widely documented by available research. However, research also provides evidence about the resilience of more than half of the population in the face of the worst trauma in war situations.

There is no doubt that the populations in war and conflict situations should receive mental health care as part of the total relief, rehabilitation and reconstruction processes. As happened in the first half of the 20th century, when war gave a big push to the developing concepts of mental health, the study of the psychological consequences of the wars of the current century

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could add new understandings and solutions to mental health problems of general populations.

A number of issues have emerged from the extensive literature on the prevalence and pattern of mental health effects of war and conflict situations. Are the psychological effects and their manifestation universal? What should be the definition of a case requiring intervention? How should psychological effects be measured? What is the long-term course of stress-related symptoms and syndromes? All these issues need to be addressed by future studies.

It is important to report that the WHO and some other UN-related bodies have recently created a task force to develop "mental health and psychosocial support in emergency settings" which is expected to complete its activity in one year.

Mental health problems are prevalent among the refugee population in Egypt that are compounded by the difficult post-migration socio-economic situation. Multisectoral attention towards refugees' mental health is urgently needed.

The current work revealed that the prevalence and comorbidity of mental health problems, including anxiety, depression, and stress is high among the refugee population in Egypt.

Psychological distress among refugees is compounded by the difficult post-migration socio-economic situation, where they face housing and employment difficulties and economic hardship in their monthly income. In

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addition, being a woman refugee increases the risk of developing mental health problems.

A comprehensive response is urgently needed from multiple sectors, including the relevant government sectors and in particular, the healthcare system, and the community sectors, to address the refugees' mental health needs, reduce post-migration stressors, and provide needed mental health services. The clinical implications include providing different interventions including screening programs in the primary health care facilities for early identification and treatment, as well as providing evidence-based psychosocial interventions for at-risk groups, and referral services for severe cases.

Future studies on refugee mental health should assess the role of past traumatic experiences on refugees' mental health residing in Egypt and the relationship between symptoms of psychological distress and refugees' quality of life. In addition, future research should be directed to assess mental health care services provided to refugees in Egypt.

## **Results: -**

This Study shows different Key facts.

- There were an estimated 272 million international migrants in 2019 (1). Refugees, asylum seekers and irregular migrants are of special concern and need protection and support.
- Migrants and refugees can be exposed to various stress factors which affect their mental health and well-being before and during their migration journey and during their settlement and integration.
- The prevalence of common mental disorders such as depression, anxiety, and post-traumatic stress disorder (PTSD) tends to be higher among migrants exposed to adversity and refugees than among host populations.
- Many migrants and refugees lack access to mental health services or experience barriers in accessing these services. They also face disruptions in continuity of care.
- The mental health needs of migrants and refugees should be addressed by organizing inclusive and accessible promotion and prevention programmes; strengthening mental health as part of general health services; and ensuring timely diagnosis, treatment, and rehabilitation.
- Migrants and refugees contribute positively to society, but they cannot reach their full potential unless they are in good physical and mental health.

## Problems and stressors facing migrants and refugees

Migrants and refugees often face various problems and stressors which can take place at various stages of the migration process:

**Pre-migration:** lack of livelihoods and opportunities for education and development, exposure to armed conflict, violence, poverty and/or persecution.

**Migration travel and transit:** exposure to challenging and life-threatening conditions including violence and detention and lack of access to services to cover their basic needs.

**Post-migration:** barriers to accessing health care and other services to meet their basic needs as well as poor living conditions, separation from family members and support networks, possible uncertainty regarding work permits and legal status (asylum application), and in some cases immigration detention.

**Integration and settlement:** poor living or working conditions, unemployment, assimilation difficulties, challenges to cultural, religious, and gender identities, challenges with obtaining entitlements, changing policies in host countries, racism and exclusion, tension between host population and migrants and refugees, social isolation and possible deportation.

## **Risk and protective factors for mental health conditions:**

All of the above-mentioned stressors can increase the risk of developing mental health conditions. For example, unemployment, poor socioeconomic conditions, and lack of social integration among migrants and refugees are risk factors for mental health conditions such as depression. At the same time, these stressors can also exacerbate pre-existing social and mental health problems.

Factors that negatively impact the mental health and well-being of migrant and refugee children include socioeconomic deprivation, discrimination, racism, low family cohesion, and frequent school changes. Children who have been separated from migrating parents are at heightened risk of developing depression, anxiety, suicidal ideation, conduct disorder, and substance use problems.

On the other hand, the impact of stressors can be buffered by protective factors such as access to employment and services, social support, proficiency in the language of the host country, and family reunification.

Among resettled refugee children, protective factors include better socioeconomic status, access to education, a perceived sense of safety, contacts with family, living and socializing alongside other people of the same ethnic origin, a stable and cohesive family structure and good parental mental health.

## **Prevalence of mental health conditions:**

Many migrants and refugees will experience distress (e.g. feelings of anxiety and sadness, hopelessness, difficulty sleeping, fatigue, irritability, anger and/or aches and pains). For most people, these reactions will improve over time.

This study shows that the prevalence of common mental disorders (e.g. depression, anxiety and post-traumatic stress disorder (PTSD)) is higher among migrants and refugees than among host populations. Asylum seekers tend to be at elevated risk of suicide. There is also consistent evidence that the incidence of psychoses is higher among migrant populations in a number of countries, and this has been linked with the cumulative effect of social disadvantages before, during and after migration.

## **Responding to the mental health needs of migrants and refugees**

A comprehensive, multi-disciplinary and inclusive approach is needed to address the mental health needs of migrants and refugees.

## **Overcoming barriers to receiving mental health care**

This study addressing barriers to receiving mental health care should include:

- Provision of clear information on mental health care entitlements and how to receive services (e.g. through reception centers, community outreach, schools, religious or cultural settings).

- Outreach to at-risk groups (e.g. unaccompanied minors, persons with disabilities. facilitation of affordable and non-discriminatory access to care regardless of legal status, ensuring financial coverage of mental health services and care provided.
- Facilitation of communication (e.g. through engaging interpreters and cultural mediators).
- Providing person-centered care that is respectful of cultural differences.
- Facilitating the engagement of multiple sectors and systems (e.g. law enforcement, protection, social services and education) to integrate mental health considerations and support and ensure referral and access to mental health services.

## **Integrating mental health in primary health care**

Making mental health care available through general health care can help identify migrants and refugees with mental health conditions and can make care more accessible and cost effective.

The delivery of interventions may require adaptation to migrant and refugee populations to take into account language and cultural considerations. Interventions provided should be consistent with the national guidelines and policies on mental health of the host country.

## **Ensuring continuity of care**

When providing mental health care, an important consideration is related to the length of stay of the migrant or refugee in the host country. The continuity and quality of mental health care of migrants and refugees on the move can be improved by creating international protocols for assuring continuity of care, improving communication among different social and mental health service providers and providing key written information tailored to their needs that migrants and refugees can take with them and share with different providers.

### **Addressing social determinants and promoting social integration and inclusion**

Migration management policies and provision that have proved to have a negative effect on the mental well-being of migrants (e.g. separation of families and children) should be avoided. The social integration of migrants and refugees can be facilitated by equal access to employment opportunities and decent work, vocational training, financial support, social protection services, and legal and law enforcement agencies, as well as mental health care and psychosocial support. The recognition of skills and qualifications acquired pre-migration can also help their integration into the employment sector. Activities and events that promote the social inclusion of migrants and refugees include community forums or peer-mentorship programmes organized by members of the same refugee or migrant group who are already well-integrated into the local community. Special attention is required to support asylum seekers.

## WHO response

WHO is the lead international agency in providing technical advice on mental health.

WHO developed a Global Action Plan (2019-2023) to promote the health of migrants and refugees, approved by the World Health Assembly in May 2019. The Global Action Plan describes overarching priorities and guiding principles to promote the health of migrants and refugees and to contribute to achieving the aim of the 2030 Agenda for Sustainable Development – to leave no one behind. The Global Action Plan highlights how the many barriers that migrants and refugees experience in accessing health-care services can precipitate negative mental health outcomes.

The plan recommends priorities and options for action by the Secretariat in coordination and collaboration with the International Organization for Migration (IOM), the United Nations High Commissioner for Refugees (UNHCR) and other relevant partners.

In May 2021, the World Health Assembly endorsed an update of the Comprehensive Mental Health Action Plan (2013-2030), *with the overall goal to promote mental well-being, prevent mental disorders, provide care, enhance recovery, promote human rights and reduce the mortality, morbidity and disability of persons with mental disorders.*

WHO is committed to supporting Member States in promoting the physical and mental health of migrants and refugees by strengthening health care

services, as appropriate and acceptable to country contexts and financial situations, and in line with their national priorities and legal frameworks and competence. WHO is also committed to ensuring that essential components are addressed, including the provision of treatment and care for mental and behavioral disorders.

In line with the Global Action Plan, WHO is operational on mental health in a range of countries and territories that host large numbers of migrants and refugees. These include Bangladesh, Colombia, Pakistan, Iraq, Jordan, Lebanon, Libya, Pakistan, South Sudan, Sudan, Turkey and Uganda.

WHO has close working relationship with other UN partners, including IOM and UNHCR to meet the mental health needs of migrants and refugees.

WHO co-chairs the Inter-Agency Standing Committee Reference Group on Mental Health and Psychosocial Support in Emergency Settings that provides advice and support to organizations working in emergencies and helps ensure that the mental health response is coordinated and effective. Emergency situations often cause displacement and may lead to people becoming refugees or internally displaced.

WHO's advice and tools are used by most large international humanitarian organizations active in mental health. WHO and partners have published a range of practical tools and guidelines to meet the mental health needs of people affected by emergencies, including migrants and refugees.

### **Recommendations: -**

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Implementing community-based health education programs plays a pivotal role in empowering immigrant Sudanese individuals in Egypt to make informed health choices and adopt healthy lifestyles. Disseminating information about available healthcare services is a crucial component of improving healthcare access for immigrant Sudanese individuals.

### Strengthening community supports

In addition to clinical management, encourage activities that enhance family and community support for everyone, especially marginalized community members. For further guidance, see *Understanding Community-Based Protection* (UNHCR, 2013) and Action Sheet 5.2 of the *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings* (IASC, 2007).Box GPC.

Relaxation exercise: instructions for slow breathing technique I am going to teach you how to breathe in a way that will help relax your body and your mind. It will take some practice before you feel the full benefits of this breathing technique.

The reason this strategy focuses on breathing is because when we feel stressed our breathing becomes fast and shallow, making us feel tenser. To begin to relax, you need to start by changing your breathing.

Before we start, we will relax the body. Gently shake and loosen your arms and legs. Let them go floppy and loose. Roll your shoulders back and gently move your head from side to side.

Now place one hand on your belly and the other hand on your upper chest. I want you to imagine you have a balloon in your stomach and when you breathe in you are going to blow that balloon up, so your stomach will expand. And when you breathe out, the air in the balloon will also go out, so your stomach will flatten. Watch me first. I am going to exhale first to get all the air out of my stomach. [Demonstrate breathing from the stomach – try and exaggerate the pushing out and in of your stomach].

OK, now you try to breathe from your stomach with me. Remember, we start by breathing out until all the air is out; then breathe in. If you can, try and breathe in through your nose and out through your mouth.

Great! Now the second step is to slow the rate of your breathing down. So we are going to take three seconds to breathe in, then two seconds to hold your breath, and three seconds to breathe out. I will count with you. You may close your eyes or keep them open.

OK, so breathe in, 1, 2, 3. Hold, 1, 2. And breathe out, 1, 2, 3. Do you notice how slowly I count?

[Repeat this breathing exercise for approximately one minute]

That's great. Now when you practice on your own, don't be too concerned about trying to keep exactly to three seconds. Just try your best to slow your breathing down when you are stressed.

OK, now try on your own for one minute.

To the Egyptian government:

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- Lift or ease requirements for Sudanese to enter the country in accordance with the recognition that they are de facto refugees.
- Grant Sudanese refugee’s prima facie refugee status to enter and remain in Egypt without requiring time-consuming Refugee Status Determinations (RSDs). Prima facie status is granted based on the objective evaluation of circumstances in the country of origin, including generalized violence in the case of Sudan following the conflict. While it can be used for individual RSDs, it is used chiefly for groups because individual determination is unnecessary and impractical.
- To safeguard family unity, offer Derivative Refugee Status to the families, spouses, and relatives separated by war and Egypt’s stringent entry requirements. Egypt’s policy of requiring entry visas for men between 16-50 has separated families.

Allowing Sudanese stuck at the border to have refugee status through their families who have already been granted refuge will ease the congestion at the border.

- For Sudanese already in Egypt whose refugee status was denied, re-open their files, and use the OAU Convention Governing the Specific Aspect of Refugee Problems in Africa.

This Convention offers a more expansive definition of a refugee than the UN Refugee Convention, particularly the standard regarding “events seriously disturbing public order.” By moving away from an individual situation or a “well-founded fear of persecution,” and instead focusing on events and

circumstances that seriously “disturb public order” in a refugee’s country of origin, including widespread human rights abuse and generalized violence, the OAU Convention expands circumstances under which refugees are protected.

- The Egyptian government should reform its current law that allows the government to approve or deny whether an NGO can receive funding during a 60-day period in which the funds cannot be spent, creating a massive inconvenience for NGOs seeking funding to provide services to refugee populations.

To donors:

- Fund local Sudanese-led mutual aid and refugee organizations in Egypt. These organizations provide Sudanese refugees with critical assistance, including housing, food, health, education, and psychosocial support.
- Increase UNHCR funding to clear the backlog of cases and offer protection to new arrivals. Halfway through 2023, UNHCR had not received even 30 percent of its funding for this year, hamstringing the agency at a time when thousands of Sudanese refugees are arriving in Egypt.
- Fund the NGOs providing humanitarian aid to Sudanese refugees near the border so that they can scale up their operation to complement Egyptian Red Cross and other UN agency efforts.

To UNHCR:

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- Urge the government of Egypt to grant prima facie refugee status to Sudanese fleeing conflict.
- Increase capacity to address the backlog of registration and status determinations for refugees in Egypt .

How does Egypt benefit refugees and benefit from their presence?

Based on the information presented about the refugee registration process and the experiences of other countries that have large numbers of refugees and immigrants, the Egyptian government can take several measures to aid refugees and benefit from them as well, including:

- Distinguishing refugees and migrants as two separate groups.
- Cease the release of any statements that label refugees and migrants as a burden on the state. Especially since these official statements may subject migrants and refugees to cyber bullying and may encourage xenophobic comments on the streets and in workplaces.
- Continue cooperation with the UNHCR, as the UN agency pays the Egyptian government to educate every registered refugee. The UNHCR also provides financial support in the fields of education and health by training teachers and repairing government schools and hospitals.
- Reconsidering the refugee's fees, specifically the two thousand dollars for university registration, a decision that the government imposed in August 2023 on any foreign student, including refugees, and the value is borne by the High Commission.

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The Egyptian government can benefit from the refugees and migrants by integrating them into society and utilizing their talents, just as countries like Germany have done (The Federal Government, 2023). Moreover, focusing on the places they reside and creating specific job opportunities, thereby enabling them to work and produce, which ultimately benefits them and the state.

In addition, the government needs to assess the impact of their residence in specific areas on property prices and rent. Egypt needs a “legislation that regulates the status of refugees” and regulates their dealings with the government. Also, their distribution within residential clusters needs to be regulated (Marae, 2008) in order to reduce inequality and avail basic services to both citizens and foreigners, just as Morocco did through its laws.

As presented before, refugees in Egypt suffer from many issues that undermine their mental health and psychosocial wellbeing, in absence of appropriate MHPSS interventions to minimize the harm.

The MHPSS for refugees in Egypt is affected by the poor coordination, lack of commitment of some stakeholders, insufficient financial resources and the weak capacity of public health system. The policies and practices on refugees specially regarding status, rights and access to services including health care, education and work has great impact of refugee's psychosocial wellbeing.

The main policy gaps identified are absence of comprehensive national policy on refugees and absence of international consensus on target population are related terms and definitions, policy and SOPs on refugees' issues.

Policies and services for refugees neglect the undocumented refugees. Legal status has a relatively high impact on refugee's psychosocial wellbeing as it provides some legal protection and access to some services as health care, despite being limited. Undocumented refugees and asylum seekers, VoT and stateless persons lack legal, financial and psychosocial protections which increase their risk of mental and psychosocial problems.

Socioeconomic problems like poverty, unemployment and exploitation of the illegally working refugees and lack of adequate access to health care and psychosocial support, affect the ability of refugees to sustain themselves and their dependents and hereby increase their vulnerability to mental health and psychosocial problems and aggravate the preexisting conditions.

Sociocultural problems as discrimination based on race or faith and SGBV have very negative impact on the refugees and their communities as this leads to variety of health and social problems and lead to further marginalization of refugees.

The offensive violating measures as detention, deportation and excessive use of force with refugees not only endanger their mental health and psychosocial wellbeing, but also threaten their lives directly.

#### For Egyptian Public Mental Health System:

Integration of Mental health care into primary health care system with improving governance in primary health care system and quality of its services. Increasing public expenditure on mental health. □ Promote human resources for mental health to reach the optimum capacity to achieve effective coverage for quality mental health care services for both citizens and refugees, with improving retention of MHW. □ Task shifting and creating transient cadres to fill the need for human resources for mental health.

Distribution of human and financial resources for Mental health equitably and avoid centralization of services.

Decentralizations of decision making on mental health policies and practices to local health administrations in different governorates.

Decreasing hospitalization, shifting towards community model of health care.

Outreaching population at risk of mental illness and provide preventive psychosocial support. For Refugees' Status and Protection issues in Egypt:

Immediate cessation and accountability for violation toward refugees' rights as detention and deportation by GoE, and removal of restrictions on refugees' basic rights as asylum, work, education and health care.

Formulation of comprehensive national policy on refugees, improving legal framework governing refugees in Egypt and providing them the due recognition and protection by GoE.

Prevent detention of VoT, provides them with asylum rights and status.

Provide legal status and protection for stateless persons. For MHPSS for refugees in Egypt:

Strengthen coordination among IASC, GoE, IGOs and NGOs on MHPSS.

Conduct comprehensive and participatory situation analysis for MHPSS for all groups of refugees in Egypt.

Engage more international and stakeholders for MHPSS for refugees. □

Increase financial and human resources available for MHPSS for refugees in Egypt.

Provide equal and adequate MHPSS for marginalized groups of refugees as undocumented refugees and VoT.

Including affected communities in policy making and monitoring its implementation to promote community ownership.

For research:

Conducting systematic review on determinants of mental health and psychosocial wellbeing of refugees in Egypt and comprehensive assessment of impact of current policies and practices on psychosocial wellbeing of refugees.

Developing a method for more accurate estimation of all refugees count in urban setting like Egypt.

## **The Reviewer: -**

1-ABDULLAHI HALAKHE JULY 2023, SUDAN IN-CRISIS ,Improving the Response for Sudanese Refugees in Egypt,Refugee International ,

.( Abdullahi Halakhe is the senior advocate for East and Southern Africa at Refugees International. Follow him on Twitter @QulshTM)

2- UNHCR global website

Resources

Guidance for programming

- [MHPSS annex of public health strategy 2021-2025](#)
- [Operational guidance MHPSS programming for refugee operations](#)
- [Toolkit: Suicide prevention in refugee settings](#)
- [Executive Committee of the High Commissioner's programme conclusion on MHPSSLink is external](#)

Mental health and psychosocial support annual reports

- [Mental health and psychosocial support – Annual report 2023](#)
- [Strengthening mental health and psychosocial support in UNHCR – Annual report 2022](#)
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