

CENTRAL AFRICAN REPUBLIC

REGIONAL REFUGEE RESPONSE PLAN

January- December 2016



Credits

UNHCR wishes to acknowledge the contributions of partners and all staff in the field and at Headquarters who have participated in the preparation of the narrative, financial and graphic components of this document.

Concept design: UNHCR, Regional Representation of West Africa (RRWA)

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FOREWORD BY

THE REGIONAL REFUGEE COORDINATOR



The Central African Republic (CAR) crisis is one of the most forgotten humanitarian crisis in the world. For the past decade, tens of thousands of CAR refugees hosted in Chad, Cameroon, the Republic of the Congo and in the DRC have not received the required attention. While funds reached other, more prominent refugee crisis in the region, CAR refugees and citizens witnessed continuous civil war, religious and ethnic cleansing especially in December 2013, when the most abhorrent violence unfolded in the country. To date, there are over 447,000 CAR nationals internally displaced within their own country, including over 58,000 in the capital Bangui. Meanwhile, Cameroon, Chad, the Congo and the DRC host 456,866 CAR refugees, putting a heavy burden on the villages and host communities that generously share their meager resources with them. Presidential Elections in CAR were postponed three times in 2015, leaving little hope for a quick return of peace and stability in the CAR that would enable displaced populations to return home and join their compatriots to rebuild their lives. The humanitarian community stands

ready to provide protection and life-saving assistance to CAR refugees also in 2016.

In 2015, thanks to the support by donors, even though only 25 per cent of funds were received, 18 RRRP partners were able to assist over 440,000 CAR refugees and host communities in the four countries of asylum. The total request for 2015 was US\$ 331,193,888, of which US\$ 83,657,477 were received.

The CAR 2016 Regional Refugee Response Plan (RRRP) advocates for the needs of over 476,000 Central African refugees and over 289,000 persons in host communities, in Cameroon, Chad, the Congo and the DRC.

While there were certainly achievements made in 2015, which are all listed in this RRRP, refugees and IDPs could have received much more, had we received the necessary funding. Nevertheless RRRP partners and host governments gave their utmost to prioritize the needs and cope with a continuous influx of CAR refugees in 2015. I am pleased to see that next year we will have more humanitarian actors joining us in the refugee response and I look forward to generous contributions from donors.

The CAR 2016 RRRP outlines prioritized needs, the planned response strategies of all sectors and the funding needs of 25 participating partners.

We urge you to enable us to continue providing protection and life-saving assistance for all the affected people.

Thank you!

A handwritten signature in black ink, appearing to read 'Liz Kpam Ahua'.

Liz Kpam Ahua

Regional Refugee Coordinator and Regional Representative
UNHCR

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STRATEGIC OVERVIEW

TARGET POPULATION

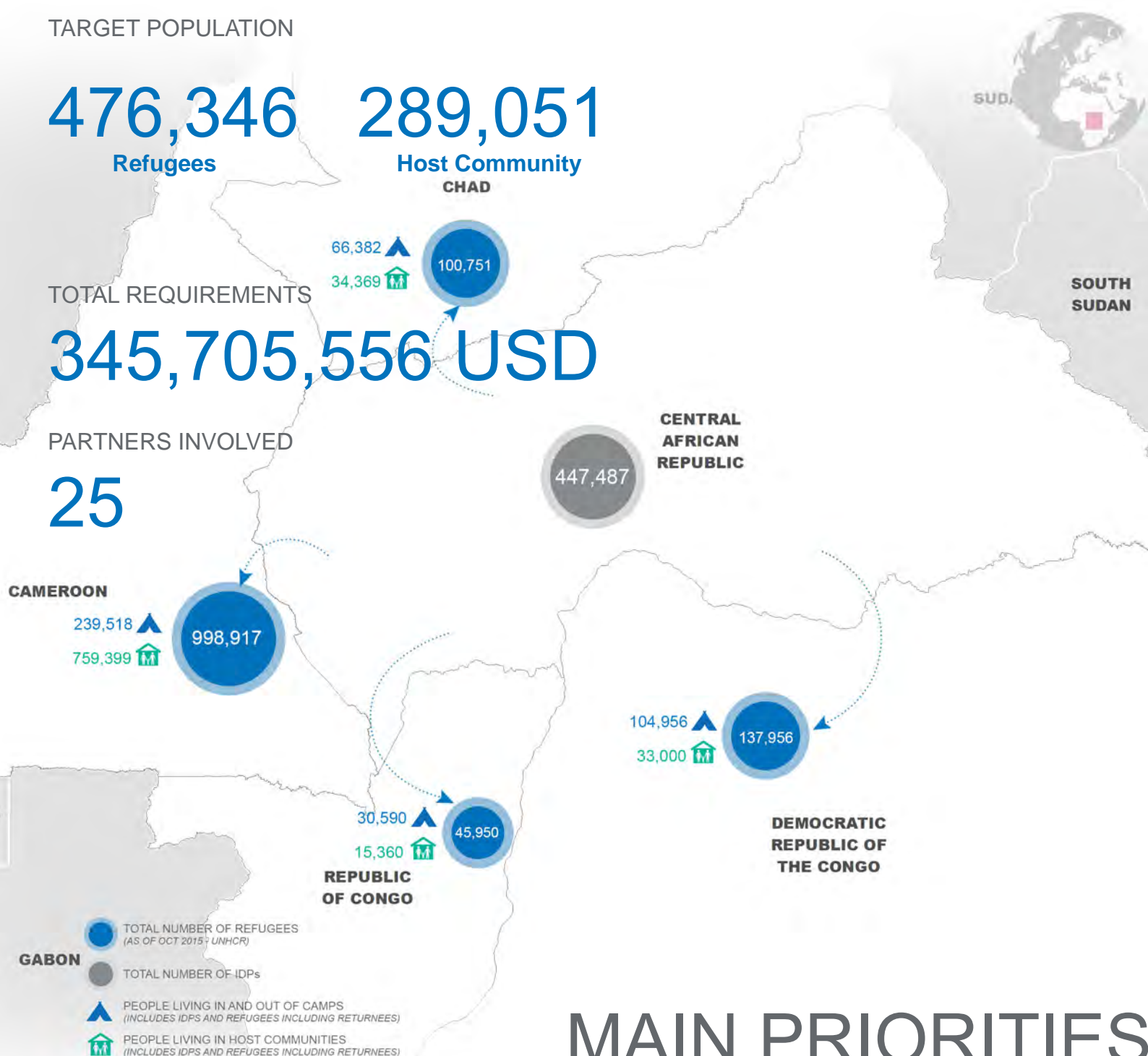
476,346 Refugees
289,051 Host Community
CHAD

TOTAL REQUIREMENTS

345,705,556 USD

PARTNERS INVOLVED

25



MAIN PRIORITIES

1 Ensure access to asylum in particular access to the territories and asylum procedures of the concerned countries, to prevent refoulement of refugees. Ensure provision of protection.

2 Provide humanitarian assistance and promote transition to long-term solutions, including by increasing access to basic services (education, food assistance health and nutrition, shelter, WASH).

3 Encourage self-reliance, resilience and environment protection as a core element of the refugee response to gradually move refugees away from dependency on humanitarian aid.

REGIONAL OVERVIEW

Introduction

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Insecurity, violence and widespread human rights violations by armed elements against the population in the Central African Republic (CAR), including torture, sexual violence, extrajudicial executions and enforced disappearance, generated new refugee influx into Chad, Cameroon, the Democratic Republic of the Congo (DRC) and the Republic of the Congo in 2015. CAR refugees were already being hosted by all countries prior to the restart of internal conflict in the CAR in December 2013. As of October 2015, some 441,446 refugees from the CAR are hosted in Cameroon, Chad, the Congo and the DRC. Many refugees settled in host towns and villages, while others were relocated to refugee camps.

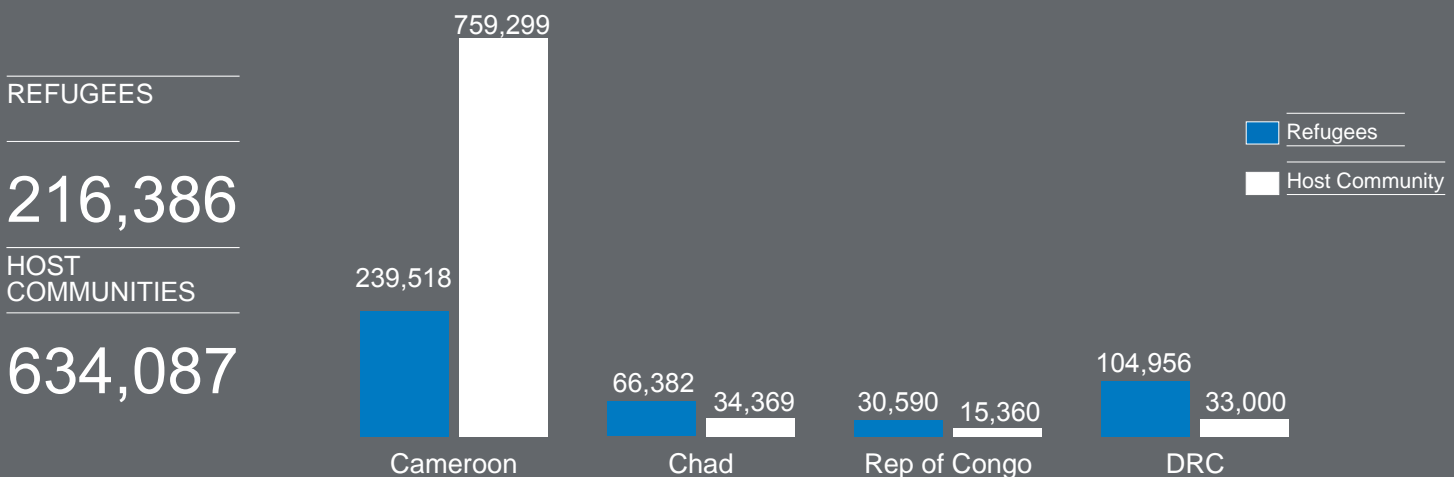
Until today, the security in the CAR has not been fully restored after the latest violent clashes that erupted in September 2015, when the killing of a Muslim man led to tensions and the injury and death of several civilians. These latest events resulted in the third postponement of the planned national referendum and presidential and legislative elections to December 2015. This indicates that it will take some time for the situation in the CAR to stabilize and to become conducive for the return of refugees. Given the critical importance of the participation of refugees in the upcoming elections, which are key for the reconciliation process and a

peaceful transition in the CAR, the enrollment of eligible voters for the next CAR elections has been facilitated in Chad, in Cameroon and in the Congo.

The 2016 CAR Regional Refugee Response Plan (RRRP) aims to outline the strategy for providing protection and humanitarian assistance to refugees and impacted host communities. It also seeks to promote the transition from emergency assistance to more durable solutions by providing a common ground to advocate for support of national development plans and the stronger involvement of development actors in the region. The RRRP is envisioned as a regional partnership strategy and coordinated refugee response plan of UN agencies and NGO partners, and serves as a joint platform for advocacy and fundraising for all actors involved.

The CAR 2016 RRRP contains country chapters for Cameroon, Chad, the Congo and the DRC with detailed information on achievements made and challenges faced in 2015. It presents harmonised planning figures on refugees and members of impacted host communities in all four countries and outlines their needs. Moreover, the country chapters include coordinated and jointly developed detailed sector plans and respective financial requirements of each partner for the inter-agency response. They further explain the coordination structures in each country based on UNHCR’s Refugee Coordination Model (RCM).

POPULATION IN NEED as of 31 October 2015



2015 Achievements

The collective regional achievements for the inter-agency CAR refugee response until October 2015 include:

Supported Protection - Access to asylum and the respect of the non-refoulement principle has been improved. Border monitoring, training and awareness raising campaigns on international protection for border officials and security forces as well as the establishment of cross border coordination mechanism, for example between the CAR and Chad, contributed to such improvement. The civilian character of asylum and refugee camps has been preserved in all refugee camps, due to inter alia the deployment and training of police officers and community mobilization.

One of the main protection achievements in all affected countries in 2015 was the relocation of refugees from border areas to camps and their continuous registration and documentation, which ensured updated individual data on refugees. Biometric registration was either introduced or will be introduced in 2016, together with the implementation of the biometric identity management system. Registration as well as protection monitoring contributed to the identification of people with specific needs (PWSN). In Cameroon, for example, some 35,000 PWSN have been identified. These PWSN, which include children-at-risk and sexual and gender based violence (SGBV) survivors, as well as persons who were subjected to human rights violations, were referred to medical care, psycho-social services and legal aid to ensure a multi-sectoral assistance. SGBV prevention included awareness-raising campaigns and training for community groups, including on SGBV and women leadership. As for child protection, children-at-risk such as unaccompanied and

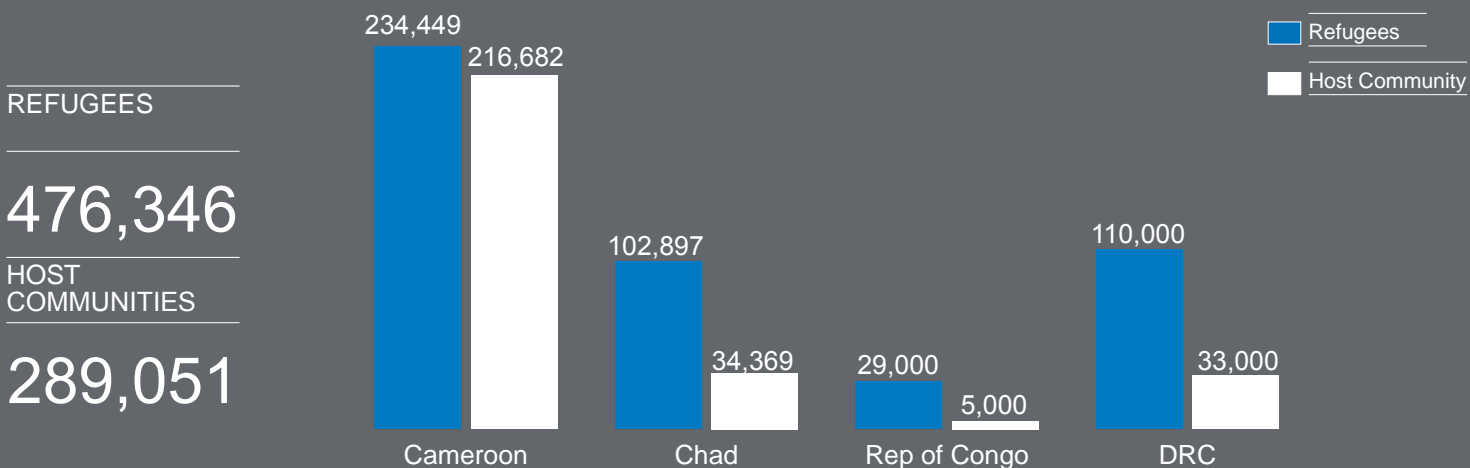
separated children were identified and registered, best interest determinations (BIDs) were conducted, and tracing services were launched, while some children were placed under the care of host families. For example in the Congo, 80 BIDs have been conducted, while in Cameroon about 3,456 children-at-risk have been identified and 987 children were referred to appropriate services. Moreover, children benefitted from three child-friendly spaces with the support of 36 community volunteers.

Regarding durable solutions, partners supported local integration of refugees, including with livelihood projects, assisted spontaneous returns and resettled refugees to third countries, if necessary. It is interesting to note that a physical verification exercise for refugees in four refugee camps in Chad confirmed that more than 10,000 refugees returned spontaneously to the CAR. Tripartite agreements were signed between UNHCR and the Governments of the CAR and Chad, as well as between UNHCR and the Governments of the CAR and Cameroon, on facilitating the participation of refugees in the forthcoming elections, after which UNHCR facilitated the enrolment of CAR refugees in voting lists. It is hoped that fair elections in the CAR will encourage refugees to voluntarily repatriate. Resettlement has been strengthened in Chad by roving teams, interviewing and submitting up to 140 refugees from different camps for resettlement.

Provided Humanitarian Assistance – Partners continued to provide humanitarian assistance to CAR refugees in all affected countries, which included distributions of food and non-food items (NFIs) and shelters. The targeted approach to food distribution has been adapted in Chad, whereby refugees receive food baskets based on their vulnerability. Based on a Wealth Ranking Assessment, four main socio-economic categories have



POPULATION TARGETED



been determined, which define such vulnerability. In some countries, cash-based initiatives (CBIs) such as cash grants or cash voucher distributions have been introduced. According to findings of post distribution monitoring in the DRC, the implementation of CBIs for up to 40,000 refugees in certain areas of the DRC reduced the percentage of refugees with poor food consumption from an estimated 22 per cent to 2 per cent within six months. Upon arrival refugees received emergency shelters before semi-permanent shelters were constructed, especially for PWSN. Moreover, shelter construction toolkits have been distributed to refugee communities, for example in Chad. Partners also constructed or rehabilitated community hangars and road infrastructure around refugee sites.

Increased access to basic services – Health and nutrition services, water and sanitation infrastructures and education for refugees and impacted communities have been improved in 2015. This improvement has been achieved by the construction of hospitals and health centres and their equipment with material, furniture, medicines, disinfectant and water and sanitation material. For instance, partners constructed or rehabilitated, and equipped three hospitals in the DRC and 20 health centres in Cameroon. Pregnant women benefited from antenatal care services, while up to 90 per cent of births were attended by

qualified personnel. Access to HIV/AIDS services and antiretroviral treatment (ARV) has been sustained. Immunization was carried out to prevent diseases. Nutrition programmes to prevent and address global and severe acute malnutrition were established or maintained and humanitarian health staff was trained on nutrition. This intervention resulted, for example, in a decrease of malnutrition in Cameroon from just beyond 30 per cent to between four and 15 per cent. Moreover, mortality rates among refugees decreased. For example, the gross mortality rate in Chad is now at 0.3/1000 and the under-five mortality rate is 1.1/1000.

Partners constructed and rehabilitated water and sanitation infrastructures, supported solid waste management and conducted hygiene awareness-raising sessions for refugees and impacted communities. As a result, the average amount of drinkable water available water in refugee camps in the affected countries increased to 19,5 litres per person per day in Cameroon, which is close to the standard of 20. The water infrastructures have been well maintained by trained members of water point management committees.

Support for education ensured the enrollment of children in primary and secondary education and the enrollment of a few refugees in universities as well as the participation in adult literacy education.



Partners constructed or rehabilitated schools, managed Temporary Learning Spaces (TLS) and distributed school uniforms and school material; for example to over 50,000 children in Cameroon. They further recruited and trained teachers, including up to 600 teachers in Chad and Cameroon. Refugee communities through Parent Teachers Associations have been involved in the management of schools and awareness raising activities to address the low enrolment rates. As for tertiary education, 22 students (including eight females) benefitted from the German Academic Refugee's Initiative DAFI scholarship programme to study at Chadian universities. In the DRC, more than 900 adults participated in literacy education. Other related activities, such as sport training, computer courses and a cyber cafe were also offered, for example in the DRC and Chad.

Supported self-reliance – The self-reliance of refugees in all affected countries improved owing to partners' support with livelihood projects, advocacy and training. Noteworthy in this regard is the fact that partners' advocacy for refugees' access to land, resulted, for example, in the allocation of 30,000 hectares of arable land to refugees in Chad, while more than 17, 000 refugees and other beneficiaries received agricultural tools and seeds. Youth among refugees and impacted communities registered for and graduated from vocational training, while more training centres have been established. Moreover, a multi-year livelihood strategy has been developed and domesticated in

Chad. All mentioned livelihood activities, together with the reinforcement of basic services in refugee hosting areas, not only supported refugees' socio-economic integration, but also contributed to peaceful coexistence between refugees and impacted communities.

2015 Challenges

The key challenges for the inter-agency refugee response in 2015 were:

Limited access to asylum - Ensuring asylum space for refugees proved to be sometimes challenging in 2015 due to the militarization and closure of borders between the CAR and Chad. Given numerous Boko Haram attacks in the Far North of Cameroon, there is a general sense of increased insecurity linked to the presence of foreigners on Cameroonian territory, and which may have a negative impact on asylum space for CAR refugees, in particular along border areas. In the Congo, the annulment of the prima facie recognition of CAR refugees in July 2015 challenges protection against refoulement as local authorities do not have yet a strong capacity to conduct individual refugee status determination.

Restricted freedom of movement - Refugees' freedom of movement is sometimes restricted due to the closure of CAR/Chad borders and heavy military presence along the borders, thus sometimes hampering spontaneous return of refugees.

2015 MAIN CHALLENGES



- Ensuring asylum space for refugees proved to be sometimes challenging in 2015 due to the militarization and closure of borders between the CAR and Chad.
- Refugees' freedom of movement is sometimes restricted due to the closure of CAR/Chad borders and strengthened security measures, thus sometimes hampering spontaneous return of refugees.



- Continuous pressure on natural resources and services in refugee hosting areas, agro-pastoral conflicts and competition for sufficient access to water, health and education services and firewood, sometimes leads to tensions between refugees and host communities.
- Limited access to arable land has strained refugees' capacity from expanding their farm around certain camps and host villages.

Limited resources - Paired with environmental degradation, the continuous pressure on natural resources and services in refugee hosting areas, agro-pastoral conflicts and competition for sufficient access to water, health and education services and firewood, sometimes leads to tensions between refugees and host communities. Limited access to arable land has strained refugees' capacity from expanding their farm around certain camps and host villages. The Chadian Government has not yet included refugees in their national development plan and this remains an impediment for their socio-economic integration. Budgetary constraints and the Government's approach to prevent refugees from having access to income-generating activities affect mainly the newly-arrived CAR refugees in the Congo.

Regional humanitarian needs

The 2016 RRRP outlines the most immediate and prioritized needs of CAR refugees and members of impacted host communities, based on the outcome of studies, surveys, monitoring and rapid and multi-sectoral needs assessments in which an age, gender

and diversity sensitive and participatory approach is applied. The results of these assessments and surveys highlight the need for a coordinated emergency response of the humanitarian community.

All arriving refugees need access to asylum, including respective procedures. The Government of the Congo, who decided to process asylum claims of CAR refugees via individual refugee status determination procedures, lacks sufficient capacity to do so in a timely manner. There is no official authority responsible for the management of refugee affairs in Cameroon. Given the proximity of refugee camps to borders, for example in the DRC, and the presence of armed groups at certain times, there is a strong need for preservation of the civilian and humanitarian character of asylum and to ensure camp security. Most refugees have no civil documents, while administrative authorities often lack the capacity for population management and profiling, civil registration and documentation. This needs to be further improved as documentation not only enhances access to basic services, but is also an essential tool to prevent statelessness.

Basic services, attention and referral mechanisms for PWSN are still lacking in remote host villages. Of special concern in this regard in particular in Chad is the lack of specialized services for refugees with disabilities



such as cognitive, hearing or speech impairments.

There are up to 50 per cent of CAR refugees, for instance in Chad, who are between five and 17 years old with a significant number of unaccompanied and separated children, traumatized children, children subjected to forced labour and children that potentially have been associated with armed forces. Many children need psycho-social support to emotionally recover from their trauma. Adolescents are particularly at risk of SGBV, substance abuse, exploitation and dropping out of school, and specific projects are essential to address their needs. Government child protection services and community based protection mechanisms are often still inadequate. Widespread SGBV is of concern, in particular early marriages, (child) prostitution, female genital mutilation, sexual violence and domestic violence. In the DRC, this situation is exacerbated by women's increased economic and social vulnerability and the lack of specific legislation protecting women against sexual violence. Key ministries, authorities, judiciary and law enforcement agencies need capacity building in order to be able to support SGBV survivors. The Global Strategy for Safe Access to Fuel and Energy (SAFE) needs to be implemented in all affected countries to prevent SGBV. Other human rights violations, including arbitrary arrest and detentions have to be addressed, while stronger efforts are required to prevent them. To support peaceful coexistence among refugees and host communities, members of conflict management and leadership committees need training in law and conflict resolution techniques and refugee participation, in particular of female refugees, in general community management structures of host populations has to be increased.

Living conditions in refugee camps and refugee hosting areas must be improved. New arriving refugees continue to need emergency shelters, which have to be replaced after some time with semi-permanent shelters. Other shelters and community infrastructure, for example in the Congo, are in bad conditions and have to be repaired. All new CAR refugees need NFIs and in particular, women need sanitary kits, as they often use other materials which are not adapted to their specific needs and which can cause infections and other related reproductive health issues. However, scarcity of some basic core relief items in local markets often poses a challenge in this respect. Almost all refugees are dependent on food aid. For example in the DRC, assessments in certain areas revealed that only 67 per cent of refugees had acceptable food

consumption due to inter alia lack of food stocks and unbalanced diet. Acute malnutrition rates, especially for children, are still too high, which is the root cause of child morbidity and mortality. For example, global acute malnutrition rates for children are between six to 12 per cent and the overall anemia rate is up to 65 per cent. In addition to nutrition programmes, refugees need above all support for income-generating activities, including livestock production, fishing and farming. More than 80 per cent of CAR refugees in Cameroon, for instance, need access to land, because they are cattle herders or farmers. It is estimated that around 15 per cent of refugees have experience in commerce/business activities but lack start-up funds. More than 45,000 refugees in Chad need access to financial services through community based savings and loans systems to support income-generating activities. Many refugees also need skills training to improve their access to employment or to become self-employed. Natural resources, such as wood, have to be restored, including by natural regeneration practices, to promote environment protection and peaceful coexistence between refugees and host communities.

While there are no major legal or policy obstacles in all affected countries, access for refugees to basic services such as water, sanitation, education and health services remains inadequate. In most affected countries, such access was already limited in hosting areas. Therefore sustainable investment to reinforce such infrastructures for the local population and for refugees is necessary and will contribute to social cohesion. Humanitarian assistance needs to be complemented by development initiatives strengthening the resilience of the overall population.

Many water and sanitation infrastructures in camps and refugee hosting areas are still not up to standard. For example, in the Congo, there are 193 refugees per toilet, while the standard is 20 persons per toilet. 19 per cent of refugee-hosting villages in Cameroon lack an adequate source of water and populations often use open wells, which are potentially polluted. In addition, families living in refugee camps still use communal latrines which do not guarantee privacy, nor safety, and expose females to SGBV risks. The environmental context and pits deficiency in some refugee-hosting areas require reinforced vector control work, because they can be source to water-borne diseases, especially among children and women. Access to healthcare services, including reproductive health and HIV services, maternal, neonatal and child health services is

sometimes lacking, need equipment or trained staff. For instance, there are only two ill equipped health centers in the district of Bétou in the Congo, for an estimated population of 57,000 people, including 22,000 CAR refugees. Access to quality education is sometimes limited, especially for over-aged children and young persons, who never attended school or dropped out. For instance, about 75 per cent of school-aged refugee children, who arrive in Cameroon, never attended school before and accelerated and targeted school programmes for them are missing. In general, there is a lack of schools, qualified teachers, furniture, educational material and training for teachers. Moreover, high school fees, such as in the DRC, make the cost of education prohibitive for some poor families.

All refugees need support for durable solutions, in particular for local integration and voluntary repatriation, while resettlement is required for those with specific protection needs, who cannot return or integrate. To strengthen the support for such solutions, partners should develop and implement comprehensive durable solution strategies.

Regional response strategy

Partners will aim to ensure that the refugee response is solutions-oriented. The main cross-cutting strategic and prioritized objectives and respective interventions for the 2016 RRRP will be:

Ensure access to asylum and provision of protection

Promote access to asylum, in particular access to the territories and asylum procedures of the concerned countries, to prevent refoulement of refugees. Humanitarian partners will conduct protection monitoring, in particular in border areas, and intervene, where necessary with government officials. In the Congo, RRRP partners will provide capacity building for authorities on refugee status determination. Moreover, once an asylum law will be issued in the Congo, humanitarian partners will advocate for respective decrees and regulations on economic and social rights of refugees. In Chad, RRRP actors will advocate with the Government for the adoption of national asylum law. Partners will also conduct capacity building for government counterparts and security forces on refugee protection.

Support civil registration and documentation, including

quality continuous biometric registration, where feasible, and issuance of ID documents to all refugees. Registration will enable the provision of reliable figures and information on refugees needed to tailor any type of protection and assistance to refugees, including for persons with specific needs. In Chad, UNHCR will continue sharing information with the National Commission for the Reception of Refugees and Returnees (CNARR) while building their capacity through the provision of material and technical support with the aim to eventually manage the refugee database. In the DRC, humanitarian partners will conduct awareness-raising campaigns on the importance of civil status documentation, particularly birth certificates for children, to prevent the risk of statelessness. Late birth registration will be facilitated by mobile court hearings for refugees living with host communities, while partners will advocate for the establishment of civil status registry offices near to refugee camps.

Enhance SGBV prevention and response such as multi-sectoral assistance to SGBV survivors, and SGBV awareness raising and training, for example for health staff, police officers, social workers and teachers. Partners in Chad will improve the outreach for legal assistance through mobile courts. In Cameroon, RRRP actors will construct a safe house. Durable shelters and latrines, lighting and use of fuel-efficient stoves will also contribute to prevent SGBV. In order to protect women-at-risk from falling victim to sexual exploitation and survival sex, income-generating activities and vocational training will be organized. In terms of the SAFE strategy in the DRC, monthly wood distribution and the provision of solar lanterns and improved cooking stoves will be prioritized.

Strengthen child protection, including identification and response to children-at-risk, for example via community-based child protection structures in remote refugee-hosting villages. To assess their needs and tailor the response, Best Interest Determinations (BIDs) will be conducted. In the Congo, various professional learning activities for adolescents-at-risk will be developed and CFS will be maintained. Partners will also conduct awareness-raising campaigns on child protection. Moreover, children access to a safe learning environment and CFS will be improved.

Provide assistance to PWSN and support self-reliance strategies to their particular needs. Humanitarian actors will establish or strengthen monitoring, documentation

and referral systems for them, in particular in remote villages. They will receive cash and non-cash assistance such as psycho-social services, non-food items, wheel-chairs and vouchers. Moreover, community-based structures and social volunteers will be trained to identify and refer PWSN for assistance. In Cameroon, 70 per cent of the PWSN, including persons with disabilities, will be integrated in Government welfare services. Some 80 per cent of the refugee population will be assessed for vulnerability in seven sites and in 50 refugee hosting villages. Advocacy will be conducted with the Ministry of Social Affairs to allow refugees in Cameroon to obtain national disability cards.

Ensure protection mainstreaming inter alia by capacity building and awareness raising on Age, Gender and Diversity Mainstreaming (AGDM). UNHCR will seek to ensure that protection drives the analysis of and strategies to address refugee needs and links between humanitarian assistance, access to basic services and protection outcomes.

Enhance community mobilization and community-based protection mechanisms involving community volunteers, in particular in remote areas with a specific focus on the inclusion of refugee women. Partners will establish and maintain refugee leadership management committees, SGBV committees and community watch groups, and will support community activities for refugees and host communities. In the DRC, community-based protection, including monitoring, outreach and case management, will be supported through mobile monitoring teams and community centers.

Women and girls' participation in community

management and leadership structures will be reinforced through close monitoring of election processes and mass information initiatives on women's rights.

Promote peaceful coexistence between refugees and host communities inter alia by supporting members of non-judicial community-based dispute resolution structures with training on conflict management, awareness raising through community radios and listening clubs, facilitating inter-community dialogue and organizing social, cultural and recreational activities. Moreover, support for peaceful coexistence will be mainstreamed into other key sectors by ensuring that host communities and refugees benefit from assistance. RRRP partners will advocate with the Government and development actors for better development of refugee-hosting areas. In Chad, quick impact projects for education, health and water will be implemented in host villages to support social cohesion.

Promote durable solutions, including through contributing to sustainable local integration, facilitation of voluntary return and successful resettlement to third countries. Partners will continue to engage with all concerned stakeholders in cross-border dialogues and consultations to prepare a tripartite agreement on voluntary returns, should the situation in the CAR improve and become conducive for repatriation, while at the same time assisting spontaneous voluntary returns. The focus in Chad will be on better management of resettlement programming. In Chad, a comprehensive durable solution strategy for CAR refugees will be developed and implemented.



PROTECTION SECTOR

OBJECTIVE: To improve or maintain quality of registration, profiling and access to documentation

INDICATOR: 100% of persons of concern (PoCs) registered on an individual basis

OBJECTIVE: To reduce the risk of human rights violations and SGBV and improve the response

INDICATOR: 100% of SGBV survivors had access to services

OBJECTIVE: To strengthen the protection of children at risk

INDICATOR: 100% of Unaccompanied minors (UAM) identified and supported

Provide humanitarian assistance and promote transition to long-term solutions, including by increasing access to basic services

Service delivery will progressively be reduced in favor of reinforcing social structures in host villages to ensure refugees' access to basic services. Humanitarian agencies will adapt their programmes and interventions to achieve consistency with nationally defined public policies. Advocacy with government actors and development donors for the increased investment in refugee hosting areas will be scaled up.

Increase access to quality education at pre-school, primary and secondary levels such as by construction and rehabilitation of schools, distribution of teaching materials and organisation of trainings. In Cameroon, partners will support the Ministry of Education in developing appropriate functional literacy and vocational training programmes for out-of-school children. In the Congo, community leaders will benefit from capacity building to mobilise children to attend school, in particular girls. In the DRC, partners will work with national and provincial authorities to integrate the educational needs of refugees into national planning and support the transition of CAR refugee children into the national education system. Partners will cover school fees for children from within vulnerable households while advocating for education to be provided free of charge for refugee children.

Reinforce health and nutrition services by the construction and rehabilitation of health centres, provision with drugs and equipment and training for health staff. Preventive interventions, early detection and treatment to fight acute malnutrition as well as prevention and response to epidemics will be strengthened. Further actions include promotion of and improved access to reproductive health care, including through awareness raising, as well as HIV/AIDS prevention and response.

Immunization programmes will continue and mosquito nets will be distributed. In the DRC, a contingency

plan and epidemic preparedness for cholera will be established.

Reinforce Water and Sanitation and other infrastructure by the construction, rehabilitation and maintenance of basic such infrastructures in refugee sites and host villages, including water points, water supply systems, wells, latrines, incinerators, showers and garbage ditches. Partners will also support community mobilization and conduct awareness raising campaigns. In Cameroon and the Congo, water management committees will be established and trained to reduce the risk of water contamination, waterborne diseases and improve household access to water. In Chad, the consolidation process of the main achievements will be pursued and the experimentation of a new deal between partners and refugees called Contrat Social will enable refugees to take the ownership of respective infrastructures management.

Provide Shelter and Non-Food-Items. Humanitarian partners will also promote increased refugee engagement and participation in shelter construction and improvement. For example, in Cameroon and Chad, shelter committees will be formed, sensitized, trained and provided with construction materials and tools for the self-construction of household shelters. In Chad, roads and other public and community infrastructure will be rehabilitated and maintained. Partners will distribute NFIs, including kitchen sets, blankets, jerry cans, mosquito nets and soap to new refugee households, while cash based initiatives will be implemented, where feasible.

Support Food Security for refugees, via food assistance and cash-based interventions, where feasible to contribute to a better choice of food and nutrition by the refugee community. Preferences of the refugees and possible nutritional risks will be considered. In Chad, food assistance will be rationalized, focusing on the most vulnerable to combat malnutrition. In the DRC, food for work projects and school-feeding for children in camp and host community schools will continue.



EDUCATION SECTOR

OBJECTIVE: To ensure optimal access to education to the persons of concern (PoCs)

INDICATOR: 89,271 children enrolled in primary education



FOOD SECURITY SECTOR

OBJECTIVE: To enhance the provision of adequate food assistance to sustain the persons of concern (PoCs)

INDICATOR: 261,000 people receiving food assistance on a monthly basis



HEALTH & NUTRITION SECTOR

OBJECTIVE: To ensure optimal access to reproductive health and HIV services to the persons of concern (PoCs)

INDICATOR: 90% of persons of concern (PoCs) has access to comprehensive reproductive health services

OBJECTIVE: To improve nutritional well being

INDICATOR: Prevalence of Global Acute Malnutrition (GAM) reached the standard <10% (6-59 months children)



SHELTER & NFI SECTOR

OBJECTIVE: To establish, improve and maintain shelter and infrastructures

INDICATOR: 100% of households living in adequate dwellings

OBJECTIVE: To provide sufficient basic and domestic items to the persons of concern (PoCs)

INDICATOR: 197,746 households will receive Non-Food Items (NFI)



WATER, SANITATION & HYGIENE PROMOTION SECTOR (WASH)

OBJECTIVE: To increase and maintain adequate supply of potable water

INDICATOR: A minimum of 20 liters/person/day of potable water are available in the refugee camps

OBJECTIVE: To ensure persons of concern (PoCs) lives in satisfactory condition of sanitation and hygiene

INDICATOR: 85 to 100% of households have access to sanitation facilities

Encourage self-reliance, resilience and environment protection

Strengthening self-reliance will be at the core of the refugee response to gradually move refugees away from dependency on humanitarian aid.

Increase livelihoods of refugees, including by the provision of agricultural and other livelihood kits, and micro-credits. Capacity building will include skills and vocational development and training on income-generating activities, such as crop management, production and marketing. In the Congo and the DRC, humanitarian partners will also support agro-pastoral cooperatives, women's associations and small business associations. In Chad, humanitarian actors will work closely with the Government and development partners to progressively integrate refugees into existing developmental programmes and other relevant

initiatives. Partners will advocate for refugees' access to land and financial services to enable engaging in small and medium entrepreneurs mainly targeting youth and women. Partners in Cameroon will develop a multi-year self-reliance strategy, which will be based on market and value chains analysis as well as capacities, needs and cultural characteristics of the refugee population. Partners in Chad recently validated a five year livelihoods strategy and will focus on strengthening resilience through promotion of sustainable agriculture production, support the livelihood alternatives initiative and create appropriate environment for refugees' employment both in formal and informal sector. Partners will also continue to engage with agencies having expertise in resilience programmes.

Conduct self-reliance monitoring, for example in Cameroon, to measure the level of income and self-

reliance of the refugee community. This will enable an evidence-based decision-making mechanism to progressively reduce household-based humanitarian assistance. In Chad, partners will conduct Joint Assessment Missions to set the baseline for self-reliance monitoring throughout the year, which will be complemented with other primary data collected throughout the year.

Implement development-oriented interventions in refugee-hosting municipalities, in particular if community-based, and increasingly align the humanitarian intervention with Government-led development plans. In the Congo and Cameroon (the latter in collaboration with the National Participatory Development Plan), an area-based support plan focusing on local development on refugee-hosting villages, will be developed to facilitate development

investment. This strategy will reduce the pressure on natural resources, social services and the environment, thus contributing to social justice and peaceful coexistence. In Chad, partners will continue to engage with other development agencies and institutions to benefit from their expertise.

Support environment protection. In Chad, for instance, as refugees cut trees to obtain fire wood, partners will provide improved fuel efficient stoves for refugees. They will also focus on soil restoration using natural regeneration techniques to improve agricultural production and secure land. In Cameroon, RRRP actors will develop an environmental strategy and action plan, plant trees, promote fuel efficient stoves and conduct awareness raising campaigns on alternative sources for energy and natural resource management and water-saving techniques.



LIVELIHOODS & ENVIRONMENT SECTOR

OBJECTIVE: To improve self-reliance and livelihoods

INDICATOR: 85,301 persons will receive production kit/support



Regional coordination

Primary responsibility to assist and protect refugees rests with the host governments of Chad, Cameroon, the Congo and the DRC. In cooperation with these host governments and their line ministries and departments, and on the basis of the Refugee Coordination Model (RCM), the RRRP is led and coordinated by the Regional Refugee Coordinator (RRC) for the CAR situation and is the collective effort of governments, UN agencies and NGOs. Context-appropriate and inclusive coordination structures have been put in place in all four affected countries.

In Cameroon, with the engagement of the authorities, sectorial groups with UN agencies and NGOs have been established by UNHCR, covering the whole operational area, and local coordination mechanisms exist in the East region. In 2016, the focus will be on the harmonization of coordination practices and support for authorities in coordination at local level and camp administration. More efforts need to be made in 2016 to ensure involvement of and capacity building for civil society and grassroots organizations.

UNHCR will continue to collaborate with the Chadian Government and humanitarian actors, including other UN agencies, international and national NGOs. The National Commission for the Reception and Integration

of Refugees and Returnees (CNARR) will continue to serve as a link between UNHCR and line ministries. In N'Djamena and in Gore, regular coordination meetings, with all partners and CNARR involved, including at sector level, will continue to be held, in order to enhance inter-agency cooperation.

In line with the RCM, the coordination of the multi-sector refugee response in the DRC is co-led by UNHCR and the Government Inter-ministerial Emergency Committee for CAR refugees. This coordination of protection and assistance for refugees involves the Government, UN Agencies and NGOs. While the sub-office in Gbadolite and field office in Bunia coordinate the field multi-sectoral response, at the central level the Regional Representative provides regular updates, briefings and communications to the Humanitarian Advisory Group and the Humanitarian Country Team, ambassadors and donors. To strengthen community resilience and to ensure that interventions are solutions oriented, humanitarian actors will work more with development partners.

In the Congo, UNHCR is coordinating the response for CAR refugees in close cooperation with the Commission Nationale d'Assistance aux Réfugiés (CNAR) and local authorities. UNHCR leads multi-sectoral refugee response meetings with other UN agencies in Brazzaville and in the field such as in Bétou.

HUMANITARIAN ACTORS

- ACF Action Contre la Faim
- ADRA Adventist Development and Relief Agency
- AHA African Humanitarian Action
- ASOL Afrique Solidarité Suisse
- Care International
- CRF Croix-Rouge française
- CRS Catholic Relief Services
- FAIRMED
- FAO Food and Agriculture Organization
- FRC-CRC Federation of the Red Cross/ Cameroon Red Cross
- IMC International Medical Corps
- IOM International Organization for Migration
- IRC Internationale Rescue Committee
- LWF Lutheran World Federation
- Plan International
- PU-AMI Première Urgence-Aide Médicale Internationale
- RED DEPORTE
- RET Protecting through Education
- Solidarités International
- UNFPA United Nations Population Fund
- UNHCR United Nations High Commissioner for Refugees
- UNICEF United Nations Children's Fund
- UN Women
- WFP World Food Programme
- WHO World Health Organization

FINANCIAL REQUIREMENTS

by Agency & Country

| ORGANIZATION | CAMEROON | CHAD | THE DEMOCRATIC REPUBLIC OF THE CONGO | THE REPUBLIC OF CONGO | TOTAL REQUIREMENTS (USD) |
|------------------------------|--------------------|-------------------|--|--------------------------|--------------------------------|
| ACF | 2.527.474 | | | | 2.527.474 |
| ADRA | 287.300 | | | | 287.300 |
| AHA | 5.222.723 | 165.498 | | | 5.388.221 |
| ASOL | 505.571 | | | | 505.571 |
| Care International | 788.784 | | | | 788.784 |
| CRF | 2.031.706 | | | | 2.031.706 |
| CRS | 2.113.972 | | | | 2.113.972 |
| FAIRMED | 472.059 | | | | 472.059 |
| FAO | | | 216.578 | 1.848.000 | 2.064.578 |
| FRC-CRC | 2.206.775 | | | | 2.206.775 |
| IMC | 2.274.900 | | | | 2.274.900 |
| IOM | | | 1.485.000 | | 1.485.000 |
| IRC | | 1.969.500 | | | 1.969.500 |
| LWF | 1.295.500 | | | | 1.295.500 |
| Plan International | 2.820.490 | | | | 2.820.490 |
| PU-AMI | 590.000 | | | | 590.000 |
| RED DEPORTE | 169.500 | | | | 169.500 |
| RET | | 22.000 | | | 22.000 |
| Solidarités International | 3.089.113 | | | | 3.089.113 |
| UNFPA | 320.000 | 315.000 | | 1.088.039 | 1.723.039 |
| UNHCR | 55.474.813 | 59.701.427 | 17.353.537 | 57.015.453 | 189.545.230 |
| UNICEF | 8.925.112 | 2.360.247 | 1.230.189 | 4.551.968 | 17.067.516 |
| UN Women | 853.000 | | | | 853.000 |
| WFP | 38.018.548 | 22.425.703 | 7.887.834 | 32.306.800 | 100.638.885 |
| WHO | 810.117 | 2.800.000 | 165.326 | | 3.775.443 |
| Total | 130.797.456 | 89.759.375 | 28.338.464 | 96.810.260 | 345.705.555 |

by Sector & Country

| SECTOR | CAMEROON | CHAD | THE DEMOCRATIC REPUBLIC OF THE CONGO | THE REPUBLIC OF CONGO | TOTAL REQUIREMENTS (USD) |
|-------------------------------|--------------------|-------------------|--|--------------------------|--------------------------------|
| Protection | 17.996.175 | 16.333.999 | 7.003.790 | 16.104.054 | 57.438.018 |
| Education | 6.761.504 | 5.611.202 | 1.287.754 | 6.453.702 | 20.114.162 |
| Food security | 38.081.949 | 22.437.703 | 7.887.834 | 35.364.814 | 103.772.300 |
| Health and Nutrition | 23.554.731 | 12.482.545 | 5.098.115 | 15.297.604 | 56.432.995 |
| Livelihood and Environment | 17.259.375 | 24.879.079 | 2.059.332 | 4.142.633 | 48.340.419 |
| Shelter and NFI | 12.524.500 | 5.607.300 | 3.065.974 | 11.162.681 | 32.360.455 |
| WASH | 14.619.223 | 2.407.547 | 1.935.665 | 8.284.772 | 27.247.207 |
| Total | 130.797.457 | 89.759.375 | 28.338.464 | 96.810.260 | 345.705.556 |

CAMEROON REFUGEE RESPONSE PLAN

STRATEGIC OVERVIEW



TARGET POPULATION

234,449
Refugees

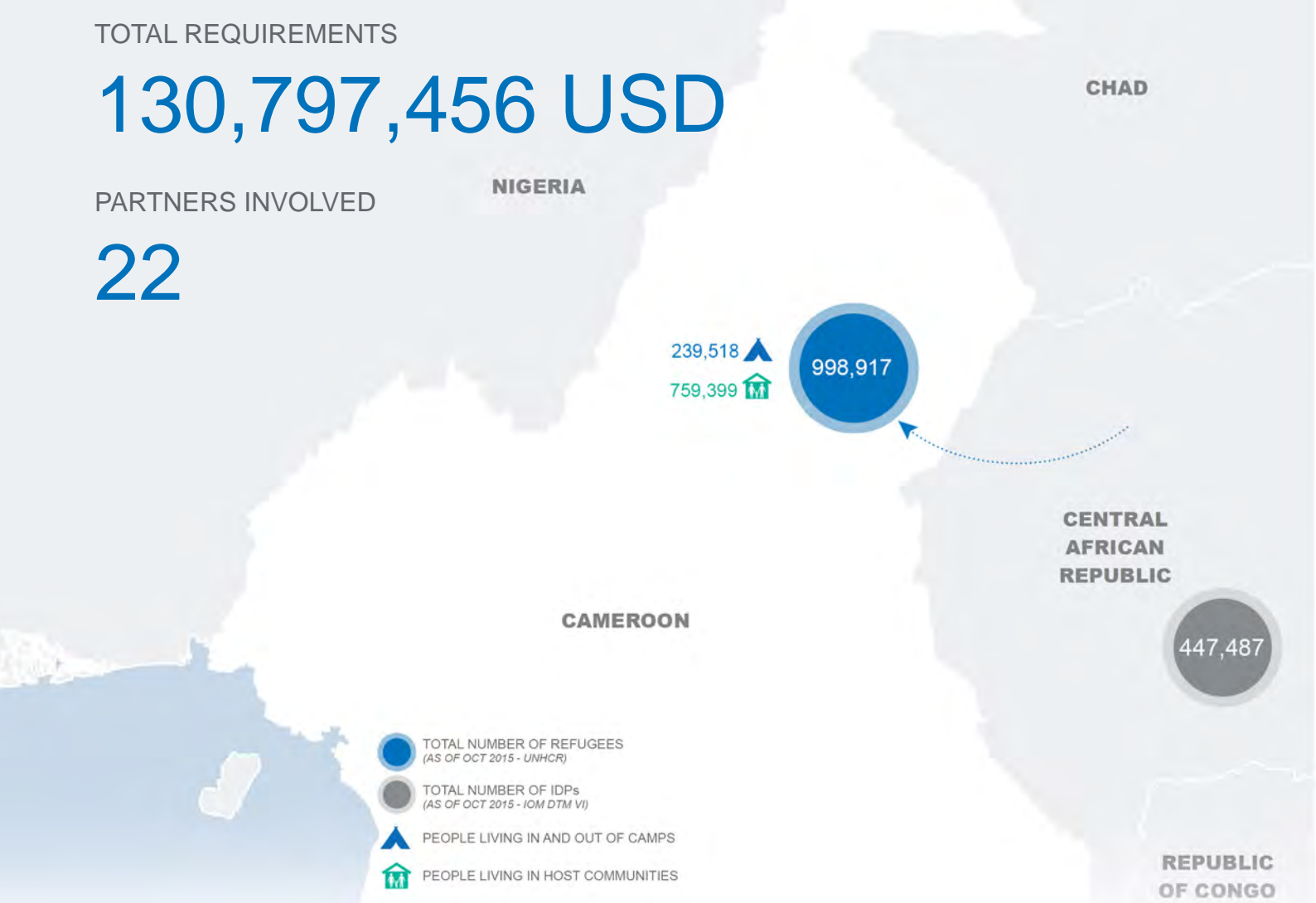
216,682
Host Community

TOTAL REQUIREMENTS

130,797,456 USD

PARTNERS INVOLVED

22



MAIN PRIORITIES

1

Strengthen the capacity of Government authorities to provide refugee protection and assistance.

2

Increase the resilience of refugee and host communities, and reduce their dependence on humanitarian aid.

3

Ensure age, gender and diversity mainstreaming into the refugee response and adequate consideration of persons with specific needs including those in extreme poverty.

COUNTRY OVERVIEW

Introduction

Background

The North, East and Adamaoua regions of Cameroon currently host 234,500 refugees from the Central African Republic (CAR), 99,000 of which arrived prior to 2014, and the rest during 2014 at the height of the conflict in the CAR. Most of the refugees, around 70 per cent, live in host communities while 30 per cent are hosted in seven officially recognized refugee sites. The majority of refugees are of Peuhl ethnicity and work as cattle herders known as Mbororo, although a significant number are merchants or traders of urban origin. Malnutrition levels are high on some sites and some 34 per cent of the population is considered to be at risk of food insecurity. However, in general terms the humanitarian situation for the CAR refugees has stabilized during 2015. Elections in the CAR, with refugee participation, are foreseen for December 2015. The planning assumption is that the situation in CAR will stabilize progressively and that around 35,000 refugees will spontaneously return in 2016, should the outcome of the Elections contribute to establishing peace in the country. Nevertheless, a limited renewed refugee influx of some 7,500 people is expected due to instability and insecurity in some areas of the CAR.

Cameroon, a signatory of the 1951 Convention relating to the Status of Refugees, has practiced an open door policy towards CAR refugees, allowing them to settle among host communities and to access services and natural resources. A number of factors may however create some strains on this policy, in particular due to competition over natural resources with host communities, and a perception that refugees may become vectors of instability linked to criminality or to armed conflict in the CAR.

2015 Achievements

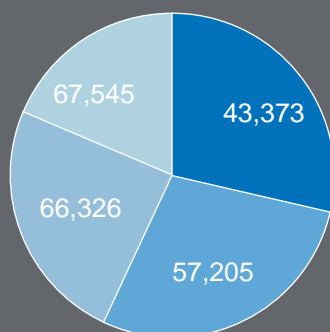
During 2015, the main achievements of the operation can be summarized as follows:

- The humanitarian situation has stabilized, despite some important gaps, in particular regarding nutrition, shelter, food security and access to basic services.
- Peaceful coexistence between refugees and host communities has been maintained. To promote such coexistence, host communities were included in livelihoods programmes and support was provided to local health and education services.
- Through regular consultations and joint activities such as awareness raising campaigns, positive collaboration with authorities and security forces has been maintained.

TARGETED POPULATION

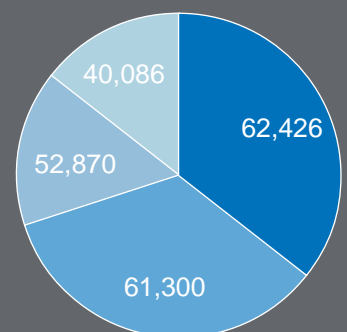
REFUGEES

234,449



HOST COMMUNITIES

216,682



Men (18 and above)

Women (18 and above)

Boys (0-17 yrs)

Girls (0-17 yrs)

2015 Challenges

The key challenges for the refugee response in 2015 were the following:

- Some authorities perceive refugees as a vector of insecurity. Due to numerous recent attacks by Boko Haram in the Far North of Cameroon, foreigners are often suspected of being Boko Haram elements or of supporting them. This may have a negative impact on asylum space for CAR refugees, in particular those living with host communities in border areas.
- The arrival of refugees has aggravated pressure on already scarce natural resources and social infrastructures, in particular regarding access to land, water, health and education services and firewood. In some cases it led to environmental degradation and agro-pastoral conflicts and could cause further tensions with host communities, if not addressed appropriately.

Identified needs

This plan targets the following persons in need: 234,500 CAR refugees, including 99,000 refugees, who arrived prior to 2014, (30 per cent are in refugee sites and 70 per cent in host villages) as well as some 217,000 local inhabitants of refugee-hosting municipalities, affected by chronic food insecurity, limited access to basic services, natural resources and environmental degradation due to the refugee presence.

Although Cameroon ratified the 1951 Convention, there is no official authority yet, who is the responsible entity for the day to day management of refugee affairs. Main protection concerns relate to limited freedom of movement, lack of access to official documentation, child protection and SGBV and need to be addressed in humanitarian interventions in 2016. These problems are compounded by extreme poverty and a high level of female-headed households, where for cultural reasons, women often lack decision-making power.



The needs of CAR refugees remain high with a number of important humanitarian standards not yet met, in particular in refugee sites and in villages hosting a high proportion of refugees. Despite the fact that the refugee-hosting regions remain among the poorest in Cameroon, local authorities allowed refugees to access basic services. Almost all refugees who arrived after January 2014, as well as some 18,000 vulnerable refugees who arrived before, are dependent on food aid. Global acute malnutrition (GAM) in refugee sites stands at 9.6 per cent of children (6 to 59 months). While there are no legal or policy obstacles, access for refugees to basic services such as education and health services remains inadequate and needs to be strengthened. About 75 per cent of school-aged refugee children never attended school. Health consequences of the nutrition crises in 2014 have not yet completely been addressed, but will remain in the focus of humanitarian programmes. Water and Sanitation facilities are substandard. At the same time, 19 per cent of refugee hosting villages lack an adequate source of water and need to be provided with solutions.

The majority of the Mbororo population lost most of its livestock in the CAR. Only 37 per cent of heads of households have a regular income, mostly through conducting trade or domestic work. Refugees have good access to markets and trade but only in border areas. Only a small proportion of the refugee population has access to livelihoods assistance.

Strategic overview for the response

The 2016 response plan for CAR refugees will seek to implement UNHCR's Strategy on Alternatives to Camps and will be part of the Solutions alliance. The plan aims to support and reinforce local capacities to promote peaceful coexistence, manage the refugee population, to adopt a more developmental perspective and to promote the self-reliance of refugees, while durable solutions are being sought. It will consist of the following main components:

Strengthen the capacity of Government authorities to provide refugee protection and assistance

Registration and documentation will be supported.

Governors and other administrative authorities will be supported to achieve better population management, for example through implementation of biometric registration. This will improve the identification and monitoring of refugees, the prevention of fraud and the accuracy of data to ensure access to protection and to plan assistance.

Peaceful coexistence mechanisms will be implemented to prevent and resolve conflicts, in particular through the implementation of recommendations arising from a study on the state of agro-pastoral conflict. In addition, collaboration with local administrative authorities and armed forces will be strengthened. These measures, together with sensitization and training, will also contribute to the preservation of the asylum space.

Development-oriented interventions in refugee-hosting municipalities will be supported, in particular through community-based development mechanisms, and in increasingly aligning the humanitarian intervention with Government-led development plans. In collaboration with the National Participatory Development Plan (PNDP), an area-based support plan to refugee-hosting villages will be developed to facilitate development investment focusing on local development and peaceful coexistence. This strategy will reduce the pressure on natural resources, social services and the environment, thus contributing to social justice and peaceful coexistence.

Increase the resilience of refugee and host communities, and reduce their dependence on humanitarian aid

Development and implementation of a multi-year self-reliance strategy will contribute to increase the resilience of the refugee community. It will be based on market and value chains analysis and take into account capacities, needs and cultural characteristics of the refugee population. The strategy will consider issues with regards to the management of cattle as well as to the environment.

Self-Reliance Monitoring and evaluation mechanisms will be put in place to measure the level of income and self-reliance of the refugee community. This will enable an evidence-based decision-making mechanism to progressively reduce household-based humanitarian assistance.

Humanitarian Assistance provided to those in need, and a satisfactory level of food security will be maintained.

New forms of assistance, in particular through cash-based interventions, will be introduced in order to contribute to a better choice of food and nutrition by the refugee community. Respective population preferences of the refugees and possible nutritional risks involved will be considered.

Access to basic services for refugee and host populations, in particular to health and education, will be improved. Service delivery will progressively be reduced in favor of reinforcing social structures. Humanitarian agencies will adapt their programmes and interventions to achieve consistency with nationally defined public policies. Advocacy with government and development actors will be scaled up resulting in an increased investment in refugee hosting areas.

Ensure age, gender and diversity mainstreaming (AGDM) into the refugee response and adequate consideration of persons with specific needs including those in extreme poverty

AGDM capacity building and awareness raising will be provided to government authorities to ensure their refugee response fully takes into account the specificities of different age, gender and diversity groups. Particular attention will be paid to ensuring that SGBV such as early marriages will be prevented.

Assistance to persons with specific needs, who will not be able to attain self-reliance at the same rhythm as others will be supported. Measures will be adopted to identify these persons, ensure continuity of humanitarian assistance and adapt self-reliance strategies to their particular needs.

Partnership and coordination

Authorities have been actively engaged in the management of the refugee operation, in particular the Governors of the North, East and Adamaoua regions, the administrative authorities at the departement and arrondissement levels, armed forces and delegates from line ministries at the regional level. In line with the Refugee Coordination Model, sectoral groups have been established by UNHCR, covering the whole operational area, and region-based coordination mechanisms exist, although mostly in the East. In 2016, the focus will be on the harmonization of coordination and management practices across the three regions, providing support to the authorities' role in coordination and management at the local level, in particular to municipalities and arrondissements, ensuring also an increased role of authorities in refugee camp administration.

UN agencies and international NGOs are present with limited budgets. They have been instrumental in planning, in particular through relevant needs-assessment initiatives including for food security and livelihoods. More efforts need to be made in 2016 to identify opportunities for collaboration with and capacity building of civil society and grassroots organizations.

HIGHLIGHTS



Some authorities perceive refugees as a vector of insecurity. Due to numerous recent attacks by Boko Haram in the Far North of Cameroon, foreigners are often suspected of being Boko Haram elements or of supporting them. This may have a negative impact on asylum space for CAR refugees, in particular those living with host communities in border areas.



The arrival of refugees has aggravated pressure on already scarce natural resources and social infrastructures, in particular regarding access to land, water, health and education services and firewood. In some cases it led to environmental degradation and agro-pastoral conflicts and could cause further tensions with host communities, if not addressed appropriately.

PLANNED RESPONSE



PROTECTION SECTOR

Current situation

While CAR refugees continue to enjoy a favourable protection environment in Cameroon, during 2015 this environment has come under pressure due to cross-border raids by armed groups, criminality, competition with local communities over resources and the activities of Boko Haram. These factors have increased the perception of refugees as vectors of instability and led to limitations in freedom of movement, sporadic cases of refoulement and calls to regroup refugees in camps. Refugees in prisons live in critical conditions. About 3,456 children at risk have been identified and registered and there is a high prevalence of early marriage, in particular among Mbororo girls. Weak women empowerment is compounded by poverty and prostitution, in particular around mining areas and in border towns. Some 35,000 refugees with special needs have been identified. Refugee leadership structures and committees remain poor.

Noticeable progress has been made during 2015:

Overall, authorities have remained mindful of their protection duties and cooperative with UNHCR. Monthly consultations are held with all law enforcement agencies. Police posts exist in all refugee camps. Strategies, Standard Operating Procedures and case management mechanisms have been established for child protection and SGBV. Some 987 children at risk were referred to the appropriate services, and 176 cases of SGBV received multi-sector response. In general terms, social peace between refugees and host communities has been maintained. Humanitarians have respected “rules of engagement” whereby at least 30 per cent of beneficiaries of livelihoods projects are locals and social infrastructure is built in nearby villages rather than in refugee camps. A study on the impact of agro-pastoral conflict is on-going. Communication and sensitization campaigns have been organized through community radios. Mixed refugee – host community committees exist in all refugee camps.

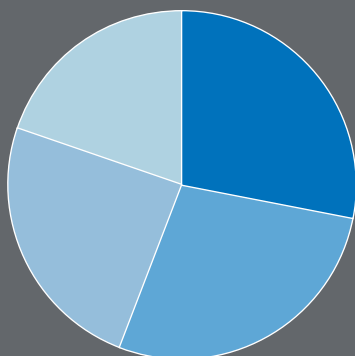
Important challenges will remain in 2016. Continuous instability will continue to create stigma for refugees. Recognition levels of refugee documents by law enforcement agencies remain problematic.



REFUGEE POPULATION as of November 2015

REFUGEES

255,167



- Men (18 and above)
- Boys (0-17 yrs)
- Women (18 and above)
- Girls (0-17 yrs)



Humanitarian resources and development investment remain insufficient to completely stem tensions with host communities over resources. Capacity of the Ministries of Social Affairs (MINAS) and Promotion of Women and Family (MINPROFF) are very limited. The majority of refugee children do not have birth certificates. Judicial response to SGBV remains weak. Negative cultural practices continue to hamper participation in sensitization activities and hamper women's participation in refugee mobilization. Some traditional practices of Mbororo refugees are barriers to the enjoyment of human rights of some groups, especially women and children. There are solid policies and professional capacities inside the Ministry of Social Affairs, although human and material resources are limited.

Prioritized sector needs

The most important needs in the protection sector can be summarized as follows: In order to guarantee asylum and freedom of movement, the Government needs to implement security measures that allow a healthy balance between refugee protection and legitimate concerns over national security, and humanitarians need to improve protection monitoring including border

monitoring. Administrative authorities need support to ensure population management, including refugee camp administration, and support in ensuring better population registration, improving data management and access to civil status documentation. Prison authorities need support and advocacy to improve conditions for detainees, while humanitarian partners need to be more involved.

National child protection services need to be strengthened to increase access to birth registration certificates, and strengthen identification, case management and referral mechanisms for children at risk. Child protection community based mechanisms, SGBV prevention and response, in particular by key ministries, authorities, and judiciary and law enforcement agencies, have to be enhanced. Social centres of MINAS need strengthening to support identification, referral, response and follow up of refugees with specific needs in host communities. Peaceful coexistence needs to be mainstreamed in all sectors to ensure inclusion of host communities. Members of conflict management and leadership committees need training in law and conflict resolution techniques. There is also a need to strengthen refugee participation in the general community management structures of host populations including water, education and health committees.



Sector response plan

The main goal for the protection sector in 2016 will be to reinforce the capacity of Government institutions to ensure protection and peaceful coexistence through the following main lines of action: Partners will improve protection monitoring, including at borders, and advocacy, where necessary. Authorities will be supported in the adoption of biometric registration and documentation as well as refugee camp administration. Partners will also support and advocate with authorities for improved detention conditions.

Material assistance and training will be provided to child protection authorities and community-based structures, in particular in remote refugee-hosting villages, to strengthen the identification of children at risk, referral for multi-sectoral assistance and case management. To improve SGBV prevention and response and in line with the respective National Strategy, humanitarian partners will conduct training and awareness-raising activities, including for refugees, members of impacted communities, local authorities and health services. SGBV prevention committees will be established. Partners will provide material and logistic support to authorities for improved outreach to refugee-hosting villages. Humanitarian partners will ensure the direct provision of multi-sectoral services to SGBV survivors and the construction of a safe house in Bertoua. SGBV prevention and response will be mainstreamed into other sectors activities, such as livelihood and refugee camp management, including into the construction of durable shelters and latrines, lighting and the use of fuel-efficient stoves.

About 70 per cent of persons with specific needs, including persons with disabilities, will be integrated in Government welfare services. Capacity building for the Ministry of Social Affairs will be provided through rehabilitation and support to social centres and training of social workers. This to improve identification, referral and follow up of refugees with specific needs living in the community. About 80 per cent of the refugee population will be assessed for specific needs in seven sites and in 50 impacted villages. Partners will advocate with the same ministry for the issuance of national disability cards to refugees. Persons with specific needs will receive assistance such as psychosocial services, non-food items, wheel-chairs and vouchers. Humanitarian actors will also promote the economic

empowerment of persons with specific needs through targeted livelihood activities.

Community mobilization and participation will be strengthened in seven refugee camps and in 50 impacted villages, with a particular focus on the inclusion of refugee women, with a target of 35 per cent of participation. Some 85 refugee leadership management committees with a total of 2,150 members will be supported.

In order to strengthen peaceful coexistence between refugees and impacted communities, partners will conduct training of 1,500 refugee and local community leaders and members on conflict management, organize awareness-raising campaigns through community radios and listening clubs, promote inter-community dialogue between refugees and host communities and organize social, cultural and recreational activities. Moreover, support for peaceful coexistence will be enhanced by ensuring that host communities also benefit from humanitarian assistance. Furthermore, RRRP partners will continue to advocate with Government and development actors for improved development financing in refugee-hosting areas.

1 OBJECTIVE: Ensure unhindered and continuous access to asylum and maintain the civilian character of the sites

INDICATOR: 100% of persons of concern (PoCs) had access to asylum

| OUTPUT | TARGET & INDICATOR | FUNDING NEEDS (US\$) |
|---|--|----------------------|
| Advocacy interventions with local authorities and government officials. Minimize the risk of infiltration of armed elements implemented | Advocacy interventions (42 seminars/workshops; 24 sensitization sessions; 6 trainings for police officers protecting the sites) made to promote access to entry points and maintain the civilian characters of the sites | 360,000 |
| Systematic and independent border monitoring established or conducted | 90% access points covered by border monitoring | 910,080 |
| Situation of PoCs monitored | 80% of PoCs monitored | 1,627,720 |

2 OBJECTIVE: Improve or maintain quality of registration, profiling and access to documentation

INDICATOR: 100% of persons of concern (PoCs) registered on an individual basis

| OUTPUT | TARGET & INDICATOR | FUNDING NEEDS (US\$) |
|---|--|----------------------|
| Issuance of ID and travel documents to PoCs supported | 100,000 identity documents issued for PoCs | 1,500,000 |
| Birth registration and certificates provided | 79,567 refugee children registered and issued documentation under regular birth registration procedure | 347,856 |

3 OBJECTIVE: Protection of children at risk strengthened

INDICATOR: 100% children at risk identified, referred and supported

| OUTPUT | TARGET & INDICATOR | FUNDING NEEDS (US\$) |
|--|--|----------------------|
| Children at risk identification and referral mechanisms strengthened | 2,127 children at risk identified, referred to the appropriate social services | 1,053,569 |
| Best interest determination process established and operational | 50 BID Panel conducted | 87,278 |
| Family reunification for unaccompanied and separated CAR refugee children (UASC) in host communities in East and Adamaoua Regions promoted and increased | 90% of UASC identified and reunited with their families | 461,281 |
| Relevant social services strengthened in the East, Adamaoua and North Regions | 35 Social Centres and Centres for the Social Action supported | 2,165,430 |

4 OBJECTIVE: Risk of human rights violations and SGBV reduced and response improved

INDICATOR: 100% of SGBV survivors had access to services

| OUTPUT | TARGET & INDICATOR | FUNDING NEEDS (US\$) |
|--|--|----------------------|
| Awareness of the PoCs raised, through trainings, awareness campaign, developing IEC tools in local language over SGBV and HIV/AIDS | 421 trainings/ awareness campaigns conducted | 1,048,425 |
| Judicial sessions organized and followed up | 12 judicial sessions initialized | 200,000 |
| Health centres are well equipped and personnel is trained to respond to the medical need of SGBV survivors | 26 health centres equipped/trained | 841,000 |
| SGBV committees at community level are enabled to identify and follow up cases of SGBV | 46 SGBV committees strengthened | 223,300 |

5 OBJECTIVE: Services for persons with specific needs strengthened

INDICATOR: 100% of persons of concern (PoCs) with specific needs received support

| OUTPUT | TARGET & INDICATOR | FUNDING NEEDS (US\$) |
|--|--|----------------------|
| Support to PoCs with specific needs provided | 17,003 PoCs with specific needs receiving support (non-cash) | 930,000 |
| Participatory approach implemented | 3 participatory assessments conducted | 200,000 |
| Community self-management supported | 85 groups supported | 200,000 |

6 OBJECTIVE: Peaceful coexistence with host communities promoted

INDICATOR: 100% of host communities support the presence of refugees

| OUTPUT | TARGET & INDICATOR | FUNDING NEEDS (US\$) |
|--|--|----------------------|
| Community sensitization campaign implemented | 480 radio broadcasts produced | 2,167,356 |
| The capacity of stakeholders on peaceful coexistence and culture of peace strengthened | 1,500 actors formed on the culture of peace and peaceful coexistence | 1,602,460 |
| Advocacy conducted | 108 public awareness campaigns conducted | 2,070,419 |



EDUCATION SECTOR

Current situation

Currently, the refugee population of children in school age (3 to 17 years old) is at 118,080 consisting of 59,692 girls (50.55 per cent) and 58,388 boys (49.45 per cent). An estimated 75 per cent of refugee children were not enrolled in public schools before their flight as their families are mainly nomads. There are no significant formal obstacles for refugees to access public education in Cameroon except for limited capacities of the Cameroonian Education System in terms of number of teachers and infrastructures. Education authorities are cooperative, policies and curriculum are solid and public servants and teachers are well trained.

Important progress has been made in 2015. In terms of infrastructure and equipment, partners have built 22 classrooms and rehabilitated 18 classrooms in villages hosting refugees. Some 112 Temporary Learning Spaces (TLS) are operational in refugee sites. Tables, benches, teaching and learning material were provided to some schools and school kits for 53,260 children have been distributed. Partners recruited and trained 96 local volunteer teachers, including nine refugee teachers for the TLS and supported School Councils in six refugee sites and six villages and conducted a back-to-school campaign. Currently, 47 per cent of primary school age children (6 to 13 years) attend public primary schools in refugee hosting villages or in

TLS at the refugee sites. However, only 476 children (4.5 per cent of all adolescents between 14 to 17 years) are enrolled in secondary education. Communities are heavily involved in education, supporting additional volunteer teachers through Parent Teacher Associations (PTAs).

The education system in the affected region is poorly resourced and over-stretched and thus not able to absorb all refugee children without significant support from the humanitarian and development community. The main challenge is the limited capacity in terms of infrastructure and human resources, particularly for pre-school programmes and primary education. From the community side, the majority of the Mbororo cattle herders have not experienced modern education in their country of origin. Many of them do not perceive it as adding value to their traditional nomadic way of life and prioritize Koranic school education instead.

Prioritized Sector Needs

The main gaps identified to provide access to quality education for all affected children and adolescents are a lack of teaching staff, school infrastructure and learning and teaching material. For primary education, there is an important need for training of teachers, support for School Management Committees, strengthening the capacity of Ministry of Education staff for supervision and monitoring, and awareness raising campaigns in

ACHIEVEMENTS AND WAY FORWARD

2015

47%

Enrollment rate for primary school



2016

40,521

children will be enrolled in primary school

the community. Accelerated and targeted programmes for children who are 9 to 13 and vocational training for adolescents 14 to 17 years old and who have never been to school are needed.

Sector Response Plan

The main objective of the sector is to ensure provision of quality education to refugees and host populations at pre-school, primary and secondary levels through their integration into Cameroon's education system. This will be achieved through the following main lines of action: In order to increase the capacity of local schools in absorbing additional students, classrooms and sanitary facilities (with support from the WASH sector) will be built by humanitarian actors. Teaching and learning materials will be provided for teachers and students in all public schools and TLSs in refugee-hosting areas. With regard to secondary education, interventions will include support for tuition and other costs. At the same time, partners will advocate with line Ministries, donors and development actors to secure additional funding to address the existing challenges, particularly the recruitment, contracting, training and retention of teachers. The TLS strategy will be pursued in six refugee sites during the 2015-2016 school

year and students will be transferred into the regular system as their capacity gradually increases. Training on education in emergency and peace education will be provided to teachers dealing with refugee children in their class. Partners will support the Ministry of Education in developing appropriate functional literacy and vocational training programs for out of school children (age group of 9 to 17 years old) who can no longer enter the formal education system.

At the community level, partners will support Early Childhood Development and pre-school education programmes benefitting both refugees and host communities. Members of community-based structures such as the PTA will be trained on management. Activities will follow the government's current strategy, which emphasizes community-based initiatives. A harmonized plan for community awareness will be developed by all stakeholders, underscoring the importance and the right to education for all children, particularly girls. Children with special needs will be taken into consideration when designing the different projects. The Ministry of Education and other relevant line ministries will continue to be supported to coordinate education services across the entire operational area.

1 OBJECTIVE: Population has optimal access to education
INDICATOR: 40,521 of primary school-aged children enrolled in primary education

| OUTPUT | TARGET & INDICATOR | FUNDING NEEDS (us\$) |
|---|--|----------------------|
| Preschool education provided or supported | 13,167 children enrolled in preschool education | 1,119,487 |
| Primary education provided or supported | 40,521 children enrolled in primary education | 5,022,704 |
| Secondary education provided or supported | 2,332 children enrolled in lower secondary education | 619,313 |

FOOD SECURITY SECTOR

Current situation

Malnutrition levels are still high on some sites and some 34 per cent of the population is food insecure. Almost all refugees who arrived after January 2014, as well as 18 per cent of refugees who arrived before, are dependent on food aid. Studies have found that an important proportion of refugee households sell food aid to buy other food products such as milk, meat and cassava. This is particularly the case of nomadic Mbororo cattle herders who have been affected by loss of cattle in the CAR or during their flight.

Important achievements have been made during 2015. For example, 145,000 refugees received food assistance on a monthly basis. This has allowed the most vulnerable to access food items improving their health status. Market and food security studies were conducted. In addition, pilot cash-based interventions were started as a complement for nutrition purposes. Government authorities are in general supportive, although short of financial and human resources. Humanitarian actors also have only limited resources for food distribution. This is compounded by frequent logistical problems linked to congestion in the Douala port and by the scattered nature of refugee villages.

Prioritized sector needs

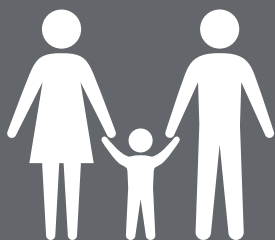
The needs in the food sector are as follows: According to surveys and participatory assessments with refugees, 34 per cent of the refugee population remains food insecure, most lack the means to meet their basic food needs. It was hence necessary to provide food assistance to all refugees from the CAR who arrived after 2013, as well as to 18 per cent of the 2004 – 2008 caseload, amounting to a total of 145,000 refugees or 62 per cent of the refugee population.

Sector response plan

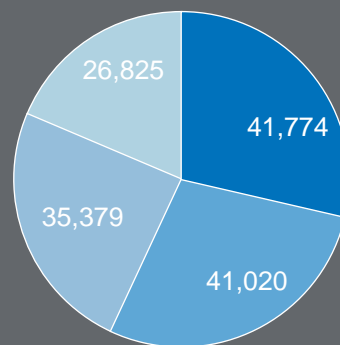
Main actions under this sector will be as follows: Monthly food assistance will be provided to 119,500 refugees. New forms of assistance, in particular through cash-based interventions, will be introduced in order to contribute to providing the refugee community with a better choice of food and nutrition. Thus, part of the refugee population will gradually shift from food assistance to cash-based interventions and transfers in areas where markets are sufficiently active. When introducing these techniques, adequate care will

34

TARGETED POPULATION



34%
of households are food insecure



- Men (18 and above)
- Women (18 and above)
- Boys (0-17 yrs)
- Girls (0-17 yrs)

145,000
refugees will received monthly ratio

be taken of population preferences and possible risks involved. The possibility of using the cash-based transfer as a platform for the transfer of other entitlements, including NFIs, will be explored.

Some 25,500 refugees will benefit from this modality of assistance to cover food needs.

1 OBJECTIVE: Enhance the provision of adequate food assistance to persons of concern (PoCs)
INDICATOR: 145,000 people receiving food assistance on a monthly basis

| OUTPUT | TARGET & INDICATOR | FUNDING NEEDS (US\$) |
|--|--|----------------------|
| Adequate quantity and quality of food aid provided | 119 500 PoCs (62%) received food aid (in kind) | 30,251,032 |
| Sectoral cash grants or vouchers provided | 25,500 PoCs (11%) received vouchers | 7,830,917 |





HEALTH & NUTRITION SECTOR

Current situation

During 2015, the health and malnutrition state of CAR refugees, which was very severe upon arrival, progressively improved. Prevalence of malnutrition in refugee sites as well as mortality of children under five significantly decreased, but is still at emergency levels in some refugee sites. According to the recent Standard Extended Nutritional Survey (SENS), malnutrition prevalence oscillates between 4 and 15 per cent, whereas the first survey revealed levels beyond 30 per cent. Improvements in access for refugees to health care, potable water and sanitation have contributed to this progress.

The humanitarian community provided local health centers and hospitals with medicine, equipment and human resources, and ensured the construction and rehabilitation of at least 20 centers since the beginning of the crisis. More than 100 institutional and humanitarian health staff was trained on nutrition. Moreover, coordination mechanisms covering the health sector in the whole operational area have been established.

The most important challenge in guaranteeing access to quality health care for both refugee and host populations remains a lack of resources. The supply of medicine, including antiretroviral medication (ARV) and treatment against tuberculosis is challenged by lack of financial and logistical means. Integration of nutrition

data into health reporting, as well as disaggregation of refugee health and nutrition data in refugee-hosting villages remain important technical challenges. Finally, both coverage and also proper health and nutrition screening and surveying of the refugee population remain hampered by the dispersed character of refugee settlements.

Prioritized sector needs

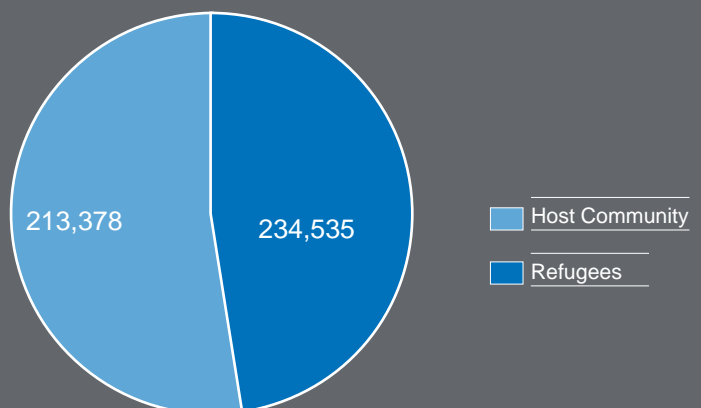
The priority needs can be summarized as follows: Capacities of health centers remain insufficient to guarantee quality health care for refugees and host communities in the East, North and Adamaoua regions. As regards medicines, the supply and management system needs to be strengthened and health personnel need additional training on rational medicine prescriptions and stock management. Capacity building is also needed in the management of the vaccination programme. Despite important coordination efforts, the referral system for refugees is not yet fully operational. In general terms, maternal, neonatal and child health need to be improved.

Given that the nutritional situation of refugees staying with host communities is still not well known, a respective survey is planned for the last quarter of 2015. The response to malnutrition needs to be reinforced, including through training and the provision of management tools, personnel and equipment. The

36

TARGETED POPULATION

447,913
targeted population



reference system has to be strengthened. Nutrition data have to be integrated into health reporting and combined with the respective response. Above all, the main need in nutrition is to progressively change nutrition practices in the community and to reinforce capacities in terms of prevention, screening resulting in a multi-sector and integrated response both at community level and in nutrition centers. There is further a need for regular evaluation of the progress in the nutrition response.

Sector response plan

The main goal of the health and nutrition response for 2016 is to improve the health and nutritional state of the refugee population as well as their access to reproductive health and HIV services. Some 234,535 refugees and 213,378 persons of impacted communities will be targeted. This will be done through the progressive reinforcement of the health care system, advocacy for the integration of refugees in the regular health system and support for self-reliance of refugees (as described in a 4-year health strategy developed during the last quarter of 2015) to enable them to pay for health care.

The main planned lines of action and activities can

be summarized as follows: To improve the access for refugees to the primary health care system, in particular in remote host communities. Integrated health care centers and hospitals will be provided with more equipment, human resources and training. A needs analysis of health infrastructures will be carried out. Based on the outcome of such analysis, the humanitarian community will advocate with the Ministry of Health and development donors for the increased allocation of health funds to refugee hosting areas to respond to such needs. As regards to community-based health care, health committees will be reinforced and the remuneration of community health workers will be rationalized across all health partners. A community-based health financing system will work on contingency plans for epidemics and renewed refugee influxes. To ensure appropriate provision and prescription of medicine, SOPs and contingency stocks will be established. Reference committees will be established to improve case identification and referral of refugees, including for resettlement or health evacuations. HIV/AIDS and reproductive health, including prevention, services will be provided by actors involved, while advocacy for the inclusion of refugees in the national prevention and response systems such as provision of Antiretroviral Treatment (ARV) will continue.



In collaboration with the Ministry of Public Health, partners will support the multi-sector treatment of malnutrition in nutritional centers and at community level, by providing staff and equipment and provide capacity building in community-based prevention and response mechanisms for cases of acute malnutrition. This will be done through joint trainings on treatment, stock management and reporting.

Community work will focus on awareness raising on good practices on breastfeeding and nutrition, support to baby feeding groups and training of community focal points on screening and counseling. Nutrition activities will continue to prioritize children under five months, pregnant and lactating women and HIV and TB-positive patients.

1 OBJECTIVE: Health status of the population improved

INDICATOR: Crude mortality rate <1 (per 1,000 population/month)

| OUTPUT | TARGET & INDICATOR | FUNDING NEEDS (US\$) |
|--|--|----------------------|
| Access to primary health care services provided and/or supported | 315,000 primary health care consultations conducted | 4,235,684 |
| Preventative and community-based health care services provided | 20 community health centres supported | 2,044,526 |
| Referral mechanisms established | 10% of persons referred to primary health care centres | 4,568,923 |

2 OBJECTIVE: Population has optimal access to reproductive health and HIV services

INDICATOR: 90% of persons of concern (PoCs) have access to comprehensive reproductive health services

| OUTPUT | TARGET & INDICATOR | FUNDING NEEDS (US\$) |
|--|---|----------------------|
| Care and treatment of PoCs living with HIV and AIDS provided | 8,700 people with HIV supported | 2,559,632 |
| Prevention of HIV mother to child transmission services provided | 716 pregnant women screened and having benefited from the support | 1,358,963 |
| Preventive reproductive health and HIV services provided | 80% of people sensitized | 2,312,032 |

3 OBJECTIVE: Improve nutritional well-being

INDICATOR: Prevalence of Global Acute Malnutrition (6-59 months) (GAM) <10%

| OUTPUT | TARGET & INDICATOR | FUNDING NEEDS (US\$) |
|---|---|----------------------|
| Appropriate infant and young child feeding practices promoted | 90% of IEC/VAD in IYCF targeting couple mother-children | 669,998 |
| Community management of acute malnutrition programmes implemented and monitored | 18,490 children admitted to community management of acute malnutrition programmes | 3,447,428 |
| Nutrition surveillance system implemented | 4 nutrition surveys and monitoring (SENS, JAM, PDM, etc.) conducted | 600,000 |
| Measures to control anaemia and other micronutrient deficiencies undertaken | 2,600 PLW and Children 6-23 months reached with BSFP programmes | 1,521,183 |
| Capacity development supported | 900 people trained on CMAM, IYCF and CCC in collaboration with MoH or other external partners | 236,361 |



LIVELIHOODS & ENVIRONMENT SECTOR

Current situation

Only 37 per cent of heads of refugee households are economically active. About 83 per cent of the population regularly use negative coping strategies to manage household food shortages. Many nomadic Mbororo cattle herders among the CAR refugees lost their cattle while in the CAR or during flight and cannot pursue any income generating activity.

Important achievements have been made during 2015. Some 3,500 refugees received agricultural tools and seeds, 830 benefited from income generating activities and 290 youth attended vocational training, 30 per cent of beneficiaries were members of host communities. Market and food security studies have been conducted. Pilot cash-based interventions started. A livelihoods sector working group has been established, which will develop a multi-year livelihoods strategy.

Limited access to natural resources remains the main challenge with limited land for cattle and agricultural activities and shortages of water and wood for refugees. The refugee ID is not recognised by financial institutions, which impedes the access for refugees to financial and savings markets. The main source of livelihoods for the refugee population is cattle herding. However, uncontrolled cattle herding often causes conflicts with agriculturalists and other cattle herders and damages the environment, in particular when cattle herd in environmentally protected areas.

Prioritized sector needs

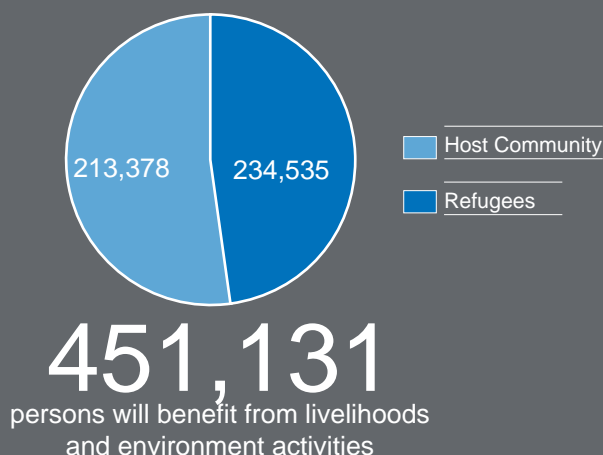
According to surveys and participatory assessments with refugees, more than 80 per cent of refugees need access to land, because they are cattle herders and/or farmers. The involvement of development actors is required to design a valid livelihoods strategy, which should include recommendations on how to respond to this need. It is estimated that around 15 per cent of refugees have experience in commerce or business activities but lack start-up funds.

Sector response plan

It is estimated that 25 per cent of the refugee population between 18 and 59 years are already self-sufficient, thus the long-term target for the livelihood sector response will be 234,449 refugees and 216,682 members of impacted communities.

The main lines for livelihood activities will be the following: In order to reduce the dependency of refugees from humanitarian assistance, a multi-year (2016-2020) livelihoods strategy will be developed and implemented. The strategy will be aligned with Government development priorities, namely with the National Community-Based Development Plan (PNDP) and the National Agricultural Investment Plan (PNIA) 2014-2020. It will offer guidance to all actors

TARGETED POPULATION



48,601
persons will have access to
agriculture, livestock or fisheries



intervening in the livelihoods sector and offer linkages to other sectors (WASH, health, etc.), to complement their interventions. Respect for the environment and conflict-sensitive support to cattle herding will be important elements of the strategy. For the population which is not able of engaging in any kind of sustainable and profitable activity, other support mechanisms will be put in place in coordination with Protection and Community Services and Governmental mechanisms. The humanitarian community will continue to provide livelihoods support (agriculture, livestock, commerce activities, etc.) to refugees and host populations, prioritizing food insecure refugees and young refugees.

It is expected that the employment of young adult refugees will contribute to the prevention of criminality or recruitment by armed groups. Capacity building will include skills development and training on management of income-generating activities, crop management, production and marketing.

RRRP actors will develop an environmental strategy and action plan, plant trees, promote fuel efficient stoves and conduct awareness raising campaigns on alternative sources for energy and natural resource management and water-saving techniques.

1 OBJECTIVE: Improve self-reliance and livelihoods

INDICATOR: 46% of persons of concern (PoCs), 18-59 years, with own business/ self-employed for more than 12 months

| OUTPUT | TARGET & INDICATOR | FUNDING NEEDS (US\$) |
|---|---|----------------------|
| Access to agricultural/ livestock/ fisheries production enabled | 48,601 PoCs (60%) received production kits or inputs for agriculture/ livestock/ fisheries activities | 11,042,712 |
| Access to self-employment/ business facilitated | 12,776 PoCs (79%) provided with guidance on business market opportunities | 1,749,777 |
| Access to training and learning enabled | 5,367 PoCs (50%) received life-skills training for livelihood purposes | 666,598 |

2 OBJECTIVE: Natural resources and shared environment better protected

INDICATOR: 60% of environmental risks associated with the operation are mitigated

| OUTPUT | TARGET & INDICATOR | FUNDING NEEDS (US\$) |
|---|--|----------------------|
| Capacity development supported | 210 environmental education sessions conducted | 2,910,892 |
| Forest protection/ development undertaken | 25,660 tree seedlings planted | 889,396 |



SHELTER & NFI SECTOR

Current situation

The shelter sector is in a transition from emergency towards durable shelters (mud-brick). During the emergency, the strategy for shelter consisted of different phases. Upon arrival, refugees were accommodated in 155 community emergency shelters built in the seven refugee sites. Some of them were then transferred into 1,800 family tents in three refugee sites. At a later stage, partners started the transfer of refugees to emergency shelters, built with wood and plastic sheeting.

Currently, 500 households live in family tents, 60 in community shelters, 1,795 in semi-durable shelters and the rest (vast majority) are accommodated in transitional (plastic sheeting) shelters in the refugee sites. Thus, important progress in refugee sites has been made since the beginning of the emergency. The shelter sector actors did not assist refugees, staying with host communities, with the exception of some very vulnerable households. Refugees, staying in host villages in rural areas often build their own mud-brick houses, which are similar to those of host communities. Refugees in urban areas often pay rent. A number of spontaneous settlements also exist, like in Kette and Ndokayo, mostly with shelter built out of wood and natural fibers.

At the same time, transitional shelters are not durable, do not provide adequate protection for persons at risk

of SGBV and are not well adapted to large temperature changes in the region. Important challenges will remain for the transition to semi-durable shelters, including short supply of construction materials and the need to respect environmental standards when extracting mud for brick-making. In refugee-hosting villages, so far there has been no intervention, with the exception of the Guiwa settlement. As regards capacities, a positive point is the refugees' readiness and in most cases, technical and physical capacity to self-build most of the shelters.

Prioritized Sector Needs

The following needs have been identified in the Shelter and NFI sector: There is currently a need for 12,201 durable shelters in refugee sites. Moreover, an estimated number of 3,340 vulnerable households staying with host communities need shelter assistance. The priorities concern 600 emergency shelters for persons in tents or community shelters, 3,340 durable shelters for households who cannot build their own shelters, and 4,200 households who need materials to build their own shelters. Apart from assistance to persons with specific needs, no shelter intervention is foreseen for spontaneous settlements.

New arrivals will be assisted with a standard NFI kit composed of plastic sheeting, kitchen kit, blankets, mosquito nets, bucket, mats, soap and clothes.

SECTOR PRIORITIES



3,340

vulnerable households will receive a shelter (brick)



140,496

Households will receive Non-Food-Items (NFI)

All refugees arrived since the beginning of the 2014 crises, as well as vulnerable households among the old refugees, will have their NFIs replaced periodically. The number of prioritized beneficiaries stands at 140,496 persons.

Sector Response Plan

For 2016, the shelter response strategy will target refugees and host community members and focus on the construction of durable shelters with local materials (mud-brick). It is foreseen that 3,340 durable shelters will be built for vulnerable persons. The vulnerability of the shelter location (for instance, places prone to flooding) as well as that of the family (including vulnerability to SGBV) will also be prioritization criteria. In refugee-hosting villages, 10 per cent of shelters will be for local destitute families. Some 4,200 households

will be assisted to build their own durable shelter. Shelter committees will be formed, sensitized, trained and provided with construction materials and tools for the self-construction of 4,200 household shelters. Families still in tents or community shelters will be prioritized. For new arrivals to refugee sites, the same strategy will be used as in the 2014 emergency. Once pre-registered, families will be transported from transit centers to refugee sites, to be accommodated in community shelters (tents will only be used as a last resort). Up to 600 emergency shelters will be built to enable households to use their own shelter. It is foreseen that durable shelters for new arrivals in 2016 will be built only in 2017.

NFIs will be regularly distributed to new arrivals and to persons with specific needs among refugees, who arrived before 2014. Hydraform machines, which enable the industrial construction of mud-bricks, will be used for social infrastructure, in particular classrooms and health centres.



1 OBJECTIVE: Shelter and infrastructure established, improved and maintained

INDICATOR: 100% of households living in adequate dwellings

| OUTPUT | TARGET & INDICATOR | FUNDING NEEDS (US\$) |
|--|---|----------------------|
| Transitional shelters provided | 3,340 vulnerable families received a shelter (bricks) | 2,724,500 |
| Shelter materials/ tool kits provided | 4,200 families (non-vulnerable) received shelter material/ tool kit | 1,100,000 |
| Access road constructed, repaired and maintained | 30km of access road constructed | 1,300,000 |

2 OBJECTIVE: Provide sufficient basic and domestic items to population

INDICATOR: 140,496 households whose needs for basic domestic items are met

| OUTPUT | TARGET & INDICATOR | FUNDING NEEDS (US\$) |
|----------------------------|---|----------------------|
| Core relief items provided | 140,496 households whose needs for basic and domestic items are met | 7,400,000 |



WATER, SANITATION & HYGIENE SECTOR

Current situation

Currently, in the North, East and Adamaoua regions only half of the population has access to potable water and even less to proper toilets. The arrival of CAR refugees put significant pressure on the WASH resources that were already very limited, in particular in host villages.

Government and humanitarian actors strived towards the provision of adequate WASH facilities since the beginning of the emergency. For example, 115 boreholes and 3,450 latrines were built for 70,000 refugees in sites. In consequence, the average amount of drinkable water available per person per day reaches 19.5 litres in refugee sites, which is close to the standard of 20. However, with 20 persons per latrine, the standard for sanitation is still far from being met. In refugee-hosting villages, 66 boreholes were built for refugees and host communities.

Important challenges in the WASH and hygiene sector remain. The involvement of development actors in this sector remains limited. Although long-term WASH strategies exist, the lack of material, human resources are challenging their effective implementation.

Prioritized sector needs

The priorities in the WASH sector are as follows: To ensure access to potable water, WASH and hygiene

infrastructures have to be built or rehabilitated. Long term infrastructures are required, boreholes should be replaced by piped water systems. Moreover, authorities need to ensure that WASH infrastructures are adequately functioning, control the water quality and follow-up. Community participation in water and hygiene management needs to be reinforced, to increase their role in repair, maintenance and local management of water resources. The use of the concept of Community-Based Total Hygiene needs to be expanded through awareness raising hygiene campaigns.

Sector response plan

The WASH sector response plan for 2016 will target 185,000 refugees and 175,000 persons in host communities and will focus on the implementation of long term infrastructures, for example through increased use of water pipes rather than water points and durable materials, the promotion of self-sufficiency, in close coordination with the Livelihoods sector, and the support to concerned authorities. Respect for the environment, community participation, peaceful coexistence (through an area-based approach, integrating refugees and host communities) and assistance to persons with specific needs will be the main cross-cutting issues to be considered in the sector response.

The following will be the main lines of action: RRRP partners will support the Government (the Ministry of Water and municipal authorities) in the coordination,

44

ACHIEVEMENTS AND WAY FORWARD



115 boreholes

183 new boreholes

planning and construction of WASH infrastructures and the organisation of community work. For example, they will provide material support, conduct KAP (“Knowledge, Attitudes and Practices”) surveys and joint missions. They will further provide capacity building for community-based development agents (e.g. trained by the National Community-Based Development Programme, PNDP) in all affected municipalities.

At the same time, humanitarian actors will advocate with the Government and development actors and donors to increase their involvement in the WASH sector. The humanitarian community will support the construction, rehabilitation and maintenance of basic WASH and hygiene infrastructures in refugee sites

and host villages, including water points, water supply systems, wells, latrines, incinerators, showers and garbage ditches. Such infrastructures will also be provided to schools and health centres. RRRP partners will support community mobilization to improve WASH facilities, including the establishment and training of water management committees and training of hand pump mechanics. Awareness on hygiene will be promoted through campaigns and municipalities will be supported on Community-Led Sanitation initiatives.

1 OBJECTIVE: Increase and maintain supply of potable water

INDICATOR: A minimum of 20 litres of potable water available per person per day

| OUTPUT | TARGET & INDICATOR | FUNDING NEEDS (US\$) |
|--|---|----------------------|
| Water system (boreholes, wells, piped water systems) constructed | 183 boreholes constructed 11 piped systems constructed 5 wells constructed 12 spring catchments constructed | 5,021,138 |
| Water systems rehabilitated and maintained | 132 boreholes/ wells rehabilitated 190 water systems maintained | 611,224 |
| Capacity development (water system committees and PoCs) | 302 borehole/ well committees trained/ upgraded 8 piped system committees trained 132 hand pump mechanics trained | 114,759 |
| WASH activities monitored | 7 KAP surveys conducted 16 WASH mappings 25 joint missions | 461,051 |
| MINEE delegations and Communal authorities supported | 325 water systems monitored by MINEE representative 14 MINEE delegations supported 46 communities assisted | 456,837 |

2 OBJECTIVE: Population lives in satisfactory conditions of sanitation and hygiene

INDICATOR: 80% of households have access to sanitation facilities

| OUTPUT | TARGET & INDICATOR | FUNDING NEEDS (US\$) |
|---|--|----------------------|
| Latrines, showers and other sanitary facilities constructed | 3,495 durable latrines in refugees sites 2,050 durable showers in refugees sites 1,850 latrines/ showers rehabilitated 75 washing areas 400 blocks of latrines in schools and health centres | 6,796,421 |
| Waste management services implemented | 350 refuse pits constructed/ maintained in refugee site 620 trashcans provided/ maintained 168 health centres provided with medical waste facilities | 250,362 |
| Environmental health and hygiene campaigns implemented | 134,515 PoCs reached by hygiene campaigns in refugees sites 505 hygiene promoters supported 14 communities covered by CLTS and support | 563,034 |
| Household WASH kits provided | 15,000 households received WASH kit | 344,393 |

FINANCIAL REQUIREMENTS

by Agency & Sector

| ORGANIZATION | PROTECTION | EDUCATION | FOOD SECURITY | HEALTH & NUTRITION | LIVELIHOODS & ENVIRONMENT | SHELTER & NFI | WASH |
|--------------------|-------------------|------------------|-------------------|--------------------|---------------------------|-------------------|-------------------|
| ACF | 300,000 | | | | 1,680,533 | | 546,941 |
| ADRA | | | | | | | 287,300 |
| AHA | | | | 5,222,723 | | | |
| ASOL | | | | | | | 505,571 |
| CARE | 273,300 | | | | | | 515,484 |
| CRF | | | | 2,031,706 | | | |
| CRS | | | | | 852,100 | | 1,261,872 |
| FAIRMED | | | | 472,059 | | | |
| FRC-CRC | | 415,090 | 752,480 | 685,305 | 353,900 | | |
| IMC | 1,150,000 | | | 1,124,900 | | | |
| LWF | 35,000 | | | | 1,260,500 | | |
| Plan International | 287,279 | 709,000 | | | 1,000,000 | | 824,211 |
| PU-AMI | | | | | 590,000 | | |
| RED DEPORTE | 169,500 | | | | | | |
| Solidarités | | | 1,060,000 | | 940,000 | 450,000 | 639,113 |
| UNFPA | | | | 320,000 | | | |
| UNHCR | 13,367,540 | 2,738,152 | 1,099,416 | 9,874,226 | 8,313,556 | 12,074,500 | 8,007,423 |
| UNICEF | 1,820,556 | 2,899,262 | | 2,173,986 | | | 2,031,308 |
| UN Women | 593,000 | | | | 260,000 | | |
| WFP | | | 35,170,053 | 839,709 | 2,008,786 | | |
| WHO | | | | 810,117 | | | |
| Total | 17,996,175 | 6,761,504 | 38,081,949 | 23,554,731 | 17,259,375 | 12,524,500 | 14,619,223 |

by Agency

| ORGANIZATION | TOTAL REQUIREMENTS (USD) |
|--------------------|--------------------------|
| ACF | 2,527,474 |
| ADRA | 287,300 |
| AHA | 5,222,723 |
| ASOL | 505,571 |
| Care | 788,784 |
| CRF | 2,031,706 |
| CRS | 2,113,972 |
| FAIRMED | 472,059 |
| FRC-CRC | 2,206,775 |
| IMC | 2,274,900 |
| LWF | 1,295,500 |
| Plan International | 2,820,490 |
| PU-AMI | 590,000 |
| RED DEPORTE | 169,500 |
| Solidarités | 3,089,113 |
| UNFPA | 320,000 |
| UNHCR | 55,474,813 |
| UNICEF | 8,925,112 |
| UN Women | 853,000 |
| WFP | 38,018,548 |
| WHO | 810,117 |
| Total | 130,797,456 |

CHAD REFUGEE RESPONSE PLAN

STRATEGIC OVERVIEW

TARGET POPULATION

102,897

Refugees

34,369

Host Community

TOTAL REQUIREMENTS

89,759,375 USD

PARTNERS INVOLVED

8

NIGERIA

14,891 ▲
19,352 🏠

34,243

60,000

68,382 ▲
34,369 🏠

100,751

CAMEROON

CENTRAL
AFRICAN
REPUBLIC

- TOTAL NUMBER OF REFUGEES (AS OF OCT 2015 - UNHCR)
- TOTAL NUMBER OF IDPs (AS OF OCT 2015 - IOM DISART)
- ▲ PEOPLE LIVING IN/AND OUT OF CAMPS (INCLUDES IDPs AND REFUGEES INCLUDING RETURNED)
- 🏠 PEOPLE LIVING IN HOST COMMUNITIES (INCLUDES IDPs AND REFUGEES INCLUDING RETURNED)

MAIN PRIORITIES

1

Strengthen protection by emphasizing community-based protection, particularly for persons with specific needs:

- Documentation and registration
- Child protection
- SGBV prevention and response

2

Promote basic services and self-reliance for refugees to decrease dependency on assistance and ease the burden for host communities.

- Health and nutrition services
- Education will be supported
- Livelihood support will be at the core of the strategy

COUNTRY OVERVIEW

Introduction

Background

Chad hosts refugees from the Central African Republic (CAR) following seven major waves of conflict in the the CAR between 2002 and 2014. The latest wave caused a massive refugee influx from the end of 2013 throughout 2014 and the spontaneous return of Chadian nationals who had been living in CAR for years. In line with UNHCR's out of camp policy, UNHCR and the Chadian Government settled over 8,500 refugees in the capital and in 19 host villages in the south and south east of Chad while others were relocated to refugee camps. As of 31 October 2015, some 66,382 CAR refugees are living in six camps and in host communities. Further clashes in the CAR in September 2015 resulted in the third postponement of the planned national referendum and presidential and legislative elections, leaving little space for hope that the situation in the CAR will soon stabilize, nor is it foreseen that refugees will be able to return home in the near future, even if they should wish to do so. The targeted refugee population for 2016 consists therefore of 102,897 CAR refugees in camps and in host towns and villages, as well as 34,369 host community members.

2015 Achievements

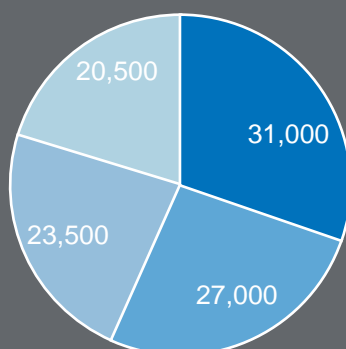
During 2015, the collective achievements of the refugee response were the following:

- A physical verification exercise combined with biometric registration for CAR refugees was completed in Haraze, Maro and Gore refugee camps and is scheduled to begin for refugees in Barh Sara host villages in November 2015. This exercise confirmed that more than 10,000 refugees returned spontaneously to the CAR on the course of 2015.
- A targeted profiling exercise of refugee households in search of durable solutions has been completed in Maro (August 2015) and Haraze (May 2015) and has been ongoing in Gore since September 2015. A total of 2,376 people (523 households) have been profiled with 52 per cent opting for voluntary repatriation, should the situation in the CAR be stable and peaceful, 44 per cent would opt for resettlement if possible, and four per cent would opt either for local integration or remain undecided.
- Considerable progress has been made with regard to socio-economic local integration through the distribution of agricultural tools to 14,477 persons of concern and the construction of one additional Vocational Training Centre in Dosseye Camp as well as the opening of one cybercafé in Maro, which

TARGETED POPULATION

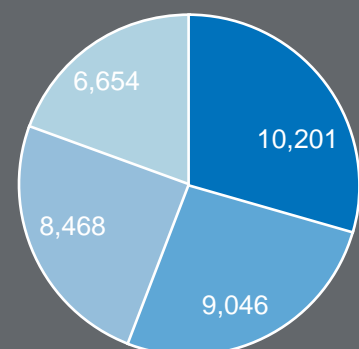
REFUGEES

102,897



HOST COMMUNITIES

34,369



Men (18 and above)

Women (18 and above)

Boys (0-17 yrs)

Girls (0-17 yrs)

will benefit both refugee and host communities.

- A cross border coordination mechanism between UNHCR offices and humanitarian partners in the CAR and Chad has been set up to share information and improve coordination of assistance on both sides.
- Resettlement has been strengthened by roving teams of staff members interviewing potential persons of concern and submitting resettlement cases from different camps.
- A Wealth Ranking Assessment was carried out in five refugee camps to provide targeted food assistance, in the current atmosphere of shrinking food resources available. Four main socio-economic categories were identified, according to which refugees receive a food basket between 700 and 1,800 Kilo calories. The Government, UNHCR and WFP categorise refugees based on multi-sectorial vulnerability assessments.
- In September 2015, a Tripartite Agreement was signed between CAR, Chad and UNHCR on the participation of CAR refugees in the forthcoming elections. UNHCR facilitated the enrolment of 13,793 CAR refugees of voting age in September and October 2015.

2015 Challenges

The key challenges for the refugee response in 2015 can be summarized as follows:

- Only two per cent of eligible refugees will access micro-finance services by the end of 2015 due to funding shortfalls.
- The limited Government capacity to ensure basic services for refugees, to include them in national development plans and to ensure livelihood activities for them remains an impediment for their socio-economic integration.
- The settlement of Chadian nationals, who returned from CAR, in the vicinity of refugee camps and host villages remains of concern. Given the funding shortfall, the withdrawal of other humanitarian actors from these settlements and limited government assistance, these Chadian nationals might be tempted to move into refugee camps.
- Refugee's freedom of movement is now restricted due to the closure of CAR/Chad borders and heavy military presence along the border line, thus sometimes hampering spontaneous return of refugees.
- Access to refugees living in host villages remains limited due to bad road conditions.



Identified needs

The needs and capacities of the CAR refugee population vary, depending not only on their individual capacities but also on the environment they live in, with some residing in refugee camps and others in host villages where assistance is limited. The most significant needs are as follows:

Access to the territory needs to be ensured. The asylum space for refugees was challenged at times in 2015 by the militarisation and temporary closure of the border between CAR and Chad. Humanitarian and government presence in the host villages is limited by logistical and resource constraints leading to challenges in effectively guaranteeing protection and basic services to the refugee and to host communities.

Access to civil registration and documentation for refugees must be maintained. There is a need for continuous prevention and response to human rights violations, including SGBV, and to child protection concerns. Community mobilization and women's participation in community management and leadership structures needs to be strengthened. Assistance for persons with specific needs has to be reinforced, in particular for those living with disabilities. Moreover, support for peaceful coexistence among refugee and host communities needs to be ongoing

Food security may be ensured through advocating for increased access to livelihoods, services and farmlands for CAR refugees. Eager to work, the refugees would also profit from an increase in livelihoods opportunities as well as access to financial services such as micro-loans. Regarding farming activities, the Government has the capacity to provide arable lands. However, these lands are located at 20-50 km away from refugee camps.

The capacity of the Government to ensure basic services for refugees as well as development projects needs to be strengthened: State infrastructures and facilities are insufficient in refugee hosting areas. Access to health care services needs to be improved and the current limited reproductive health care and HIV services should ideally be enhanced. Programmes to prevent and treat malnutrition among refugees and host community members are required. Furthermore, emergency and routine vaccination programs should be strengthened. Access to potable water and good sanitation need to be ensured and WASH

infrastructures require maintenance. More latrines have to be constructed and the promotion of hygiene must be strengthened.

Continued emphasis on all three durable solutions, is needed. In the meantime, assistance for local integration must continue. Furthermore voluntary return shall be envisaged, should the conditions for return be conducive, and resettlement cases must continue to be profiled.

Strategic overview for the response

The main cross-cutting strategic objectives and interventions for the refugee response in 2016 are as follows: Promote and strengthen refugee self-sufficiency.

Strengthen protection by emphasizing community-based protection, particularly for persons with specific needs

Documentation and registration will consist of maintaining a good quality continuous biometric registration and issuance of ID documents to all refugees.

Child protection measures related to the identification and monitoring of children at risk, including Best Interest Determinations and multi-sectorial assistance will be implemented.

SGBV prevention and response, including the prevention of exploitation and violence, especially against refugee girls, will be pursued.

Promote basic services and self-reliance for refugees to decrease dependency on assistance and ease the burden for host communities

Health and nutrition services for CAR refugees and hosting areas will be provided, including through supplying drugs and equipment for health centres and where necessary through organizing medical referrals.

Education will be supported with interventions such as training for teachers, construction and equipment of schools and literacy classes for adults.

Food Assistance will be rationalized to respond to real

needs of refugees, focusing on the most vulnerable in efforts to combat malnutrition.

Livelihood support will be at the core of the strategy to gradually move refugees away from dependency on humanitarian aid. In this respect, humanitarian actors will work closely with the Government and development partners to progressively integrate refugees into existing developmental programs and other relevant initiatives and to advocate for more land for refugees.

Durable solutions for CAR refugees will be considered, through cross-border dialogues to explore possible avenues for voluntary return to CAR and better management of resettlement programming.

other humanitarian actors including UN agencies, international and national NGOs to coordinate the refugee response based on the Refugee Coordination Model. CNARR will continue to serve as a link between UNHCR and line ministries.

In N'Djamena and in Gore, regular coordination meetings, with all partners and CNARR involved, as well as with sector working group meetings will continue to be organized, in order to enhance inter-agency cooperation mechanisms.

Partnership and coordination

UNHCR will continue to collaborate with the Chadian Government through Commission Nationale pour l'Accueil et la Réinsertion des Réfugiés et des Rapatriés (CNARR) and relevant line ministries and

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HIGHLIGHTS



The settlement of Chadian nationals, who returned from CAR, in the vicinity of refugee camps and host villages remains of concern. Given the funding shortfall, the withdrawal of other humanitarian actors from these settlements and limited government assistance, these Chadian nationals might be tempted to move into refugee camps.



The limited Government capacity to ensure basic services for refugees, to include them in national development plans and to ensure livelihood activities for them remains an impediment for their socio-economic integration.

PLANNED RESPONSE



PROTECTION SECTOR

Current situation

Chad continued to generously welcome CAR refugees and thus, as of 31 October 2015, the total number of CAR refugees is at 66,382 settled in refugee camps while the rest of the refugees live in host villages in the south and south east of Chad. In line with UNHCR's out of camp policy, significant efforts have been made to promote peaceful coexistence between refugee and host communities through the implementation of projects and support for both communities such as the construction or rehabilitation of educational facilities for local and refugee children and the strengthening of government health infrastructures to which locals and refugees have equally access. Registration and the provision of individual documentation in close coordination with the CNARR allowed CAR refugees to obtain access to multi-sectorial assistance, including to health and education services, shelter, food and non-items. Nearly 50 per cent of CAR refugees are between five and 17 years old with a significant number of unaccompanied and separated children,

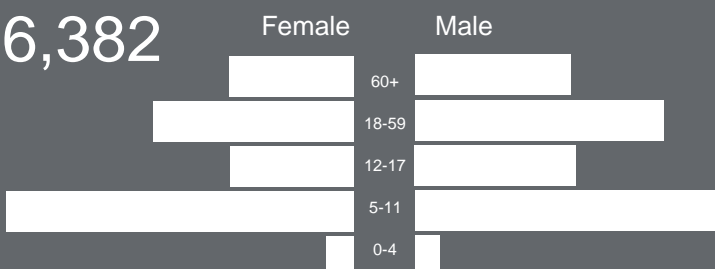
traumatized children and children that potentially have been associated with armed forces. Child labour continues to be a major concern. SGBV remains a challenge, in particular with regard to child marriages, (child) prostitution, female genital mutilation, sexual violence and domestic violence. Women and girls form the majority of survivors of all forms of SGBV, notably sexual violence, child marriage and survival sex. This is exacerbated by their increased economic and social vulnerability in a country where there is a lack of specific legislation protecting women against sexual violence.

One of the achievements of the protection sector in 2015 was the relocation of refugees from border areas to camps, as well as, the joint UNHCR/CNARR roll-out of biometric registration and verification in August 2015, which improved the continuous update of individual data on refugees. Advocacy and training sessions were organized to improve the capacity of local authorities to provide refugee protection, whether in terms of registration and documentation, non-refoulement and the provision of strengthened asylum and protection space. Legal assistance was provided to refugees in

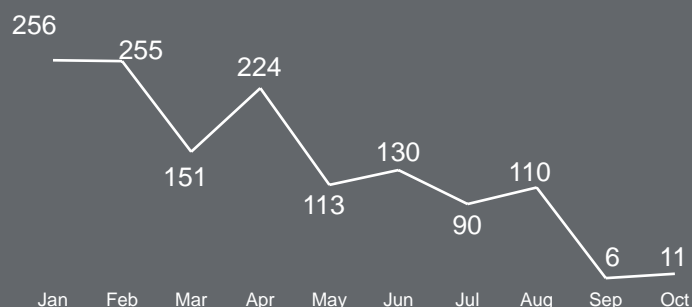
REGISTERED REFUGEE POPULATION as of Oct 2015

REFUGEES

66,382



Number of registered refugees by month



order to ensure the full respect of their rights, including in the judicial process to ensure birth registration and the rehabilitation of 10 child-friendly spaces. Some 140 refugees have so far been submitted for resettlement in 2015, while 184 individuals departed for resettlement during the year. Moreover, RRRP partners conducted awareness raising and training on SGBV prevention and response as well as on women's leadership.

Access to asylum for refugees was challenged at certain times in 2015 by the militarisation and temporary closure of the border between CAR and Chad. RRRP partners had limited access to refugees in remote host villages due to logistical constraints. CNARR is not present in those villages, and generally the level of basic services and infrastructure is very low. In order to improve the outreach and protection of the refugees in host villages, development actors need to increase their interventions and the Chadian Government needs to reinforce state services there. Another constraint was that some programmes did not consider to the extent necessary the specific needs of persons with disabilities, suggesting therefore that more support is needed in that regard.

Overall, identifying and meeting the needs of persons with specific needs, including children at risk and survivors of SGBV must be prioritized. Community-based networks have been strengthened in the areas of

both prevention and response to protection concerns, but continue to require support in terms of capacity development and resources.

Prioritized sector needs

The most important needs in the protection sector can be summarized as follows:

Safe access for refugees to the asylum territory has to be ensured. It is important to conduct regular border monitoring to identify new influx of refugees, to intervene, where necessary and to relocate them to safe host villages or refugee sites. Consistent and continuous civil registration, profiling and documentation of refugees are required, and spontaneous returns need to be monitored.

Access to civil registration and documentation for refugees must be maintained. There is a need for continuous prevention and response to human rights violations, including SGBV. Concerning child protection, the identification, referral and assistance to children at risk needs to be strengthened. Many children need psycho-social support to ensure a gradual recovery to social and emotional well-being. According to reports, adolescents are particularly at risk of SGBV, substance



abuse, exploitation and dropping out of school. Therefore, there is a need to develop specific projects designed to take into account their needs. At the same time, adolescents and youth are active in the youth committees in camps and child friendly spaces through which they themselves organize activities. However, they lack support and resources to fully realize their potential as agents in their own protection. There is also a need to develop specific projects for reintegration support provided to children associated with armed forces.

Community mobilization and women's participation in community management and leadership structures needs to be strengthened. While assistance for persons with specific needs is in place to some extent, it needs strengthening, in particular for those staying in remote host villages with no or limited basic services. Specialized services for those living with disabilities are virtually non-existent and their inclusion and participation in their community's protection remains low. This is particularly true for those suffering from cognitive impairments or hearing and speech impairments. Furthermore, support for peaceful coexistence among refugee and host communities is needed.

A comprehensive strategy for refugees, which includes all three durable solutions, is needed. In the meantime, assistance for local integration, preparations for an eventual voluntary return and profiling of resettlement cases must continue.

Sector response plan

The protection sector will focus on the following main lines of action in their response:

To preserve asylum space and safe access to territory in Chad, RRRP actors will advocate with the Government for the adoption of national asylum law, provide training for government officials and security forces on international refugee protection, conduct border monitoring and intervene, where appropriate. Continuous biometric individual registration and documentation as well as respective updating will be prioritized to enable the collection of reliable figures and information on refugees needed to tailor any type of protection and assistance to refugees, such as providing services to persons with specific needs. The objective is to begin to transfer the whole process of

individual registration and documentation to CNARR, through capacity development, material and technical support and appropriation of the refugee database.

Humanitarian partners will reinforce the multi-sectoral referral and response to cases of human rights violations, in particular SGBV. For example, they will ensure legal assistance to survivors, including through mobile courts, medical treatments, psycho-social support and measures to support their safety and security. They will further provide SGBV training to actors involved in the response. For prevention, awareness-raising campaigns will be conducted and SGBV committees and community watch groups will be established and/or maintained. Women and girls' participation in community management and leadership structures will be reinforced through close monitoring of election processes and mass information initiatives on women's rights. Systematic identification and registration of children at risk (for example, unaccompanied and separated children), rehabilitation of child-friendly spaces, Best Interest Assessment and Determination procedures, specific assistance (including specialized psycho-social programming both at community level and, resources permitting, in terms of specialized clinical services), awareness-raising campaigns on children's rights and community-based child protection structures will be improved to ensure child protection. Humanitarian actors will establish or strengthen identification, monitoring, documentation and referral systems for persons with specific needs among refugees and host communities, in particular in remote villages. Persons with specific needs will receive cash and non-cash assistance. Moreover, community-based structures and social volunteers will be trained to identify and refer persons with specific needs and better promote their rights. To support peaceful coexistence and to prevent violence between refugees and host communities, support for non-judicial mechanisms such as community-based dispute resolution structures will be provided, including training.

A comprehensive durable solution strategy for CAR refugees will be developed and implemented. Partners will continue to engage with all concerned stakeholders to reach a tripartite agreement in preparation for voluntary returns, while at the same time assisting spontaneous voluntary returns. While the local integration of CAR refugees in Chad remains a possible choice for a few, the issue is complex from a legal perspective. UNHCR's resettlement capacity will be strengthened to increase submission of resettlement cases.

1 OBJECTIVE: Improve or maintain quality of registration, profiling and access to documentation

INDICATOR: 100% of persons of concern (PoCs) registered on an individual basis

| OUTPUT | TARGET & INDICATOR | FUNDING NEEDS (US\$) |
|---|---|----------------------|
| Birth registration and certificates provided | 5,000 children registered and issued documentation under regular birth registration procedure | 535,867 |
| Issuance of ID and travel documents to persons of concern (PoCs) supported | 5,000 identity documents issued for PoCs | 77,370 |
| Registration conducted on an individual basis with minimum set of data required | 20,000 PoCs registered on an individual basis with minimum set of data required | 138,327 |
| Registration data updated on a continuous basis | 100% of registration data updated during the last year | 50,000 |

2 OBJECTIVE: Risk of human rights violations and GBV reduced and response improved

INDICATOR: 100% of SGBV survivors had access to services

| OUTPUT | TARGET & INDICATOR | FUNDING NEEDS (US\$) |
|--|---|----------------------|
| Access of PoCs to non-judicial mechanisms supported | 91,235 PoCs supported to access alternative dispute mechanisms | 4,149,720 |
| Legal assistance provided | 1,000 PoCs receiving legal assistance 1,000 reported SGBV incidents for which survivors receive legal assistance | 187,451 |
| Survivors of SGBV have access to multi sectorial assistance services | 600 reported SGBV incidents for which survivors receive multi sectorial assistance | 54,741 |
| Participation of community in SGBV prevention and response enabled and sustained | 30 community-based committees/ groups working on SGBV prevention and response | 137,027 |

3 OBJECTIVE: Comprehensive solutions strategy developed, strengthened or updated (return, resettlement and local integration)

INDICATOR: 100% of Comprehensive solutions strategy identified and agreed

| OUTPUT | TARGET & INDICATOR | FUNDING NEEDS (US\$) |
|--|---|----------------------|
| Strategy developed and implemented | The comprehensive solutions strategy is implemented and monitored | 170,472 |
| Persons of concern identified in need of resettlement submitted for resettlement | 1,141 cases identified, including women and girls at risk | 75,000 |
| Return assistance provided | 15,000 PoCs receiving return packages and provided with safe and dignified returnee transport | 6,000,000 |
| Tripartite agreement concluded | 2 cross border meetings and 1 tripartite agreement concluded | 145,000 |
| Cross border meetings held | 6 cross border meetings held | 526,000 |

4 OBJECTIVE: Services for persons with specific needs strengthened

4 INDICATOR: 87% of persons of concern (PoCs) with specific needs received support

| OUTPUT | TARGET & INDICATOR | FUNDING NEEDS (US\$) |
|---|---|----------------------|
| Sectoral cash grants or vouchers provided | 3,500 PoCs receiving cash grants | 932,263 |
| Support to PoCs with specific needs provided | 2,383 PoCs with specific needs receiving support (non-cash) | 755,300 |
| Specific services for PoCs with disabilities provided | 1,355 PoCs with disabilities receiving specific support | 600,000 |
| Community self-management supported | 10 community self-management structures strengthened | 89,461 |

5 OBJECTIVE: Protection of children at risk strengthened

5 INDICATOR: 100% of children at risk identified, referred and supported

| OUTPUT | TARGET & INDICATOR | FUNDING NEEDS (US\$) |
|--|---|----------------------|
| Provision of psychosocial activities for children and adolescents | 7,000 girls and boys reached with psychosocial support | 980,000 |
| Best Interest of the Child established for the protection of children at risk | 2,500 UASC identified (disaggregated by UAM, SC, girls and boys) by community-based mechanisms and partners | 600,000 |
| Awareness raising specifically directed to adolescents | 8,000 adolescents girls and boys benefiting from awareness raising sessions | 80,000 |
| Identification, release of CAAFAG and community reintegration support for children released from armed forces and armed groups | 150 children identified as associated with armed forces and groups (disaggregated by girls and boys) | 50,000 |



EDUCATION SECTOR

Current situation

As for the education sector, efforts are centred on improving refugees' access to quality education. Out of the total 17,344 children in the age group 6-13 years, 10,297 children are enrolled in primary school in 2014/2015. At the primary level, the gross enrolment rate is at 63 per cent and the net enrolment rate is at 43.5 per cent. Of those children enrolled in primary school, 43.7 per cent are girls. Out of the total estimated 16,000 adolescents in the age group 13 to 17 years, a total of 4,154 (34.6 per cent girls) are enrolled in secondary education. The gross enrolment rate is at 22 per cent, while the net enrolment rate is only five per cent. At the tertiary level, only 22 students (with eight women) have benefitted from the German Academic Refugee Initiative DAFI scholarship program to study at Chadian universities.

To address the low enrolment rates of refugee children, adolescents and young persons across all levels of education development partners and private sector partners active in the education sector have been approached for their support providing eight scholarships. In addition, refugee communities through Parent Teachers Associations (PTAs) have been involved in the management of schools and awareness raising activities to address the low enrolment rates. Some 474 community teachers received supplementary training to improve their teaching skills. To encourage

girls' education, 2,900 school uniforms were distributed to girls transitioning into secondary school. Eight new classrooms have been constructed in the camps and schools were also supported with teaching and learning materials.

The public education system faces considerable constraints to absorb more children in their schools. There is an overall lack of infrastructure, trained teachers and of teaching and learning materials. Other challenges preventing children and adolescents from their education are that firstly Koranic schools are given more prominence by refugees at the expense of formal schools. As public and Koranic schools operate during the same hours in the morning, children are forced to attend either one or the other; secondly, long distances between camps and secondary schools result in drop outs especially among girls (31 per cent); and thirdly, the frequent resignation of trained teachers due to low incentives has been noticed. Unfortunately, there is a lack of opportunities for tertiary education especially for those students that fled CAR while they studied at university in Bangui. This demotivates younger students.

Prioritized sector needs

The main needs in the education sector have been identified as follows: There is a need for recruitment and training of teachers. More classrooms have to

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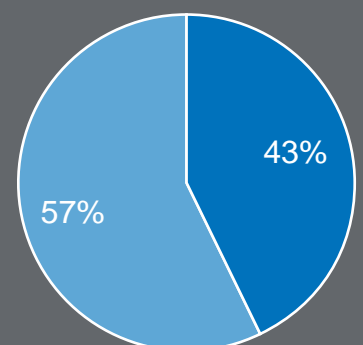
ACHIEVEMENT AND WAY FORWARD



63%
Gross enrollment rate among refugees (primary school)

10,297
Refugee children enrolled in primary school in 2015

■ Girls (0-17 yrs)
■ Boys (0-17 yrs)



be constructed and equipped. School uniforms are required, especially for girls. Enhanced training is required for PTAs to encourage pupils to remain in school and help in the running of camp schools. Temporary learning spaces (TLS), the provision of educational kits and recreational kits are essential.

Sector response plan

In collaboration with the Ministry of Education comprised of local authorities and local communities, RRRP partners will focus their planned education

response on refugees' access to quality education through the following interventions and activities: Teaching and learning materials will be provided to seven schools in refugee camps. Partners will support the recruitment and training of teachers and ensure routine inspections and monitoring of teacher performance with the assistance of the Ministry of Education. About 42 additional classrooms will be constructed and equipped appropriately with desks and benches. Partners will increase teacher retention by giving them improved incentives. Literacy classes for adults will be provided.

1 OBJECTIVE: Population has optimal access to education

INDICATOR: 100% of primary school-aged children enrolled in primary education

| OUTPUT | TARGET & INDICATOR | FUNDING NEEDS (US\$) |
|--|--|----------------------|
| Primary inclusive education provided or supported | 15,000 children enrolled in primary education | 2,324,674 |
| Secondary education provided or supported | 7,500 students enrolled in lower and upper secondary education | 1,632,598 |
| Educational infrastructure constructed, improved or maintained | 42 educational facilities constructed or improved | 920,000 |

2 OBJECTIVE: Quality of education is improved

INDICATOR: 42,000 teachers enrolled in on-going in-service training leading to teacher certification

| OUTPUT | TARGET & INDICATOR | FUNDING NEEDS (US\$) |
|--|--|----------------------|
| Measures to improve primary education quality and learning achievement implemented | 400 teachers enrolled in on-going in-service training leading to teacher certification | 400,000 |
| Teachers' guides, textbooks and kits are developed and available | 1,200 teachers' guide 13,750 textbooks 375 school kits distributed | 111,930 |
| Peace education capacity building conducted | 20,000 persons reached with peace-building activities | 200,000 |
| Functional literacy (income-generating activities-based) | 600 women completed literacy classes | 12,000 |
| Vocational training improved (14-25 years) | 200 youths trained | 10,000 |



FOOD SECURITY SECTOR

Current situation

Chad has been hosting a number of refugees from the Central African Republic for more than ten years. Beginning in 2014, partners' strategic approach to assisting these refugees has focused on the development of durable solutions. For nearly two years, ration levels for refugees have hovered around the 40 percent level. The reductions in rations have increased the interest in ensuring that adequate levels of assistance are channeled to the poorest and most vulnerable households, which implies that the less vulnerable households receive less.

CAR refugees in southern Chad are primarily long-term refugees who arrived in Chad ten or more years ago, but there is also a relatively small number of recent refugees who arrived in 2014. The populations in older camps in southern Chad have received limited rations over the past two years, equivalent to about 40 percent of the planned level, but many households have developed a substantial degree of self-reliance over the past 10 years. Newer arrivals – those arrived in 2014 – have generally received a full ration.

Targeting has been completed in all five of the southern refugee camps, most of which have reasonably good access to land for cultivation. A move to cash-based transfers, using vouchers initially, is planned when funding is available. The areas in which the camps are located produce marketable surpluses of staple crops,

and voucher-based transfers have been successfully implemented for the Chadian returnee population in the same area.

Prioritized sector needs

The following needs have been identified in the Food sector:

For the protracted CAR refugee situation, innovative responses are required that reduce vulnerability and increase possibilities for self-reliance and socio-economic integration.

In 2014, partners commissioned a study to explore possibilities of replacing in kind distribution by cash and voucher assistance. The purpose is to empower people of concern and give them choices and therefore allow them to plan for their food consumption demand while meeting other basic needs. In 2014, the market assessment showed that there are potentialities of inducing the market to meet food demands by just introducing cash and boosting the local economy.

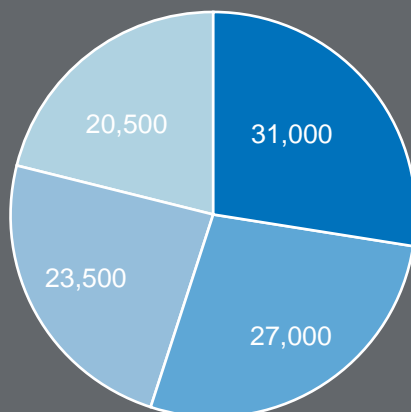
Sector response plan

To respond to the above identified priority needs the food security sector will target 102,897 CAR refugees from CAR and focus on the following activities: Partners

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TARGETED POPULATION

102,000
refugees will receive food assistance via cash grant



- Men (18 and above)
- Women (18 and above)
- Boys (0-17 yrs)
- Girls (0-17 yrs)

will develop and implement a strategy for cash/voucher assistance, conduct education sessions around cash and voucher assistance and implement such targeted assistance. This assistance scheme will replace progressively in-kind distribution. The distribution will also be linked to the survey that was conducted in

the south. Currently, households have been classified under four categories for food distribution: rich; middle; poor and very poor. The cash and voucher assistance will be developed based on the wealth ranking results. Partners will also conduct appropriate post distribution monitoring to ensure learning throughout the process.

1 OBJECTIVE: Enhance the provision of adequate food assistance to persons of concern (PoCs)
INDICATOR: 102,000 people receiving food assistance on a monthly basis

| OUTPUT | TARGET & INDICATOR | FUNDING NEEDS (US\$) |
|--|---|----------------------|
| Adequate quantity and quality of food aid provided | 102,000 individuals receiving food assistance | 22,425,703 |





HEALTH & NUTRITION SECTOR

Current situation

Primary health care is ensured through health centres in or close to refugee camps. All health centres are equipped with qualified personnel and health indicators remain broadly acceptable. A nurse consults an average of 44 people a day, nine per cent being members of the host community. Gross mortality rate is 0.3/1000/0.3 months and the under-five mortality rate is 1.1/1000. Utilization rate of health facilities stands at 1.7 consultations/refugee/year. During the first half of 2015, some 400 refugees accessed secondary and tertiary care. Malaria and respiratory infections remain the most common diseases in the refugee camps for respective implications: 34.9 and 34.5 per 1,000 per month. Some persons at risk, such as malnourished pregnant and lactating women and people living with HIV/AIDS have not been receiving nutrition assistance items since June 2013 due to a lack of funding. Supplementary feeding for children from 6 to 23 months is not included in the regular food assistance thus affecting their nutritional status in terms of micronutrients.

One of the achievements in 2015 was that primary health care services have been provided to refugees as well as to the impacted communities around the refugee camps and sites. Safe motherhood services were provided by 14 trained mid-wives in health centres. Ante-natal care services have benefited 1,213 new pregnant women and 87 per cent of births were

attended by qualified personnel. Access to HIV/AIDS services has been sustained, benefiting refugees and members of impacted communities. Currently 235 persons are under antiretroviral treatment (ARV). A new health post has been established in Doholo refugee camp to ensure adequate coverage of health needs.

In the process of integrating refugees into the surrounding villages, access of refugees to health (primary, secondary, reproductive and HIV/AIDS services) and nutritional services is problematic due to gaps in Government health facilities. Most of these facilities lack qualified staff, essential drugs and equipment as well as supervision. Furthermore, NGOs have limited capacity to cover the gaps. Traditional attitudes and cultural barriers largely contribute to deficiencies in the provision of reproductive health and HIV/AIDS services such as family planning and access to ante and post-natal services. Gaps in nutrition prevention and treatment activities critically affect children from 5 to 23 months, pregnant and lactating women and people living with HIV/AIDS.

Prioritized sector needs

The identified health priority needs are as follows:

Access to primary and secondary health care services for refugees and impacted communities has to be increased. Medical emergency responses have to be strengthened in a coordinated and timely manner. The

SECTOR PRIORITIES



12,6%
Global Acute Malnutrition
(GAM) rate
as of 2014 in Dosseye
refugee camp



60,000
mosquito nets will be distributed as
malaria is endemic in the area

response capacities of Government health facilities are limited and most are lacking qualified health staff, training, regular and sufficient provision of medicines, medical material and proper supervision.

Prevention activities of malaria, potential epidemic diseases, particularly those affecting children, should be reinforced. Immunization programmes, with a particular focus on measles, need to be expanded.

The weak supply circuit for reproductive health and HIV/AIDS programmes by district health systems affect the quality of HIV and reproductive health services in the camps and need to be improved.

Nutrition strategies and malnutrition services have to be enhanced, in particular in Dosseye refugee camp. A strong link to vulnerability and malnutrition can be made. The results of a Standard Extended Nutritional Survey (SENS) conducted in 2014 in Dosseye refugee camp had detected a critical rate of global acute malnutrition (GAM) of 12.6 per cent (standard <10%) and severe acute malnutrition (SAM) of 3.2 (standard <2%). The overall rate of anaemia in children 6 to 59 months observed in the five CAR refugees camps is 65.0 per cent. This rate is higher than the severity threshold (40%). Giving that malnutrition is the root cause of child morbidity and mortality, the high rates of malnutrition in the area are likely to severely affect the health status of children in a context where hygiene practices are below standard and limited health infrastructure is available.

Sector response plan

The health sector response can be summarised as follows: The health partners will provide quality primary and secondary health care to the affected populations (refugees living in the camps, refugees living in the community, and members of impacted communities), through the reinforcement of the current health services in camp health centres, village and district hospitals to reduce morbidity and mortality rates. Particularly, they will improve the provision of essential drugs, ensure the availability of qualified medical staff at the health facilities, expand mobile clinics and reinforce the referral system. To prevent potential epidemic diseases, particularly among children, health partners will strengthen the routine immunization program by improving the provision of vaccines and maintaining a quality cold chain. As for malaria, they will distribute and

raise awareness on the proper use of 60,000 mosquito-nets and ensure malaria treatment.

To improve maternal and new-born health, health partners will ensure the utilisation of reproductive health and family planning services (antenatal and postnatal coverage (>95%)), skilled birth attendance (100%), contraceptive coverage rate (>30%), through the availability of midwives at the health centres and district hospitals, Emergency Obstetric and New-Born Care, contraceptive methods, and adolescent reproductive health services. To strengthen HIV/AIDS prevention and response, partners will develop an awareness and education strategy, which includes specific interventions for adolescents such as a network of peer educators conducting sensitization activities on HIV and reproductive services available at the health facilities. They will further strengthen the capacity of refugee committees in raising HIV awareness, increase the provision of male (80,000) and female condoms (16,600), provide voluntary counselling and testing (VCT), Prevention of Mother to Child Transmission (PMTCT), and ARV treatment, with greater involvement of the Health Districts and UNFPA.

RRRP actors will support the medical management of severe acute malnutrition in areas with a rate of > 15% or > 10 % of GAM, if factors present significant deterioration. Respective nutrition activities will focus on: the early detection of severe and moderate acute malnutrition cases, their referral to health centers and treatment. Complementary food supplements will be distributed for children aged 6 to 23 months, pregnant, lactating women and persons with HIV/AIDS to prevent malnutrition and micronutrient deficiencies. Nutritional surveys to monitor the nutritional status of refugees will be conducted. Partners will also provide capacity building for health centres (anthropometric equipment, training of health workers and community volunteers).

1 OBJECTIVE: Health status of the population improved

INDICATOR: Crude mortality rate <1 (per 1,000 population/month)

| OUTPUT | TARGET & INDICATOR | FUNDING NEEDS (US\$) |
|--|--|----------------------|
| Provide primary health care services to PIN and facilitate medical referral to district hospitals | 100% of PIN primary health care facilities ensured | 4,977,565 |
| Technical support to the monitoring as well as training of Health personnel and community workers in the management of epidemic potential diseases and vaccine preventable diseases | 138 health personnel and CHW trained | 300,000 |
| Support in drugs and medical consumables (including antidiarrheal and anti-malaria drugs (ORS and Zinc, etc.) for children | 100% of health services located in the area where PIN are living had access to drugs and medical consumables | 2,500,000 |
| Quality of secondary health care at Gore Hospital is reinforced | Case Fatality Rate <10 | 700,000 |
| Improving access of Gore district villages' refugees and host communities to quality primary healthcare through deployment of care providers on mobile clinics and advanced strategies | 100% of PIN living out of the camps with access to quality primary healthcare | 999,500 |
| Immunization of children against measles, poliomyelitis and meningitides | 95% of girls and boys immunized against measles, poliomyelitis and meningitides | 54,626 |
| Engage dialogue with communities and social networks to ensure community participation and to promote key health related life-saving practices | 100% of people living in the camps and in host communities who adopt at least 3 life-saving practices | 200,000 |

2 OBJECTIVE: Population has optimal access to reproductive health and HIV services

INDICATOR: 90% of persons of concern (PoCs) have access to comprehensive reproductive health services

| OUTPUT | TARGET & INDICATOR | FUNDING NEEDS (US\$) |
|--|--|----------------------|
| Comprehensive safe motherhood services provided | 90% of consultations pre and postnatal care by qualified personnel | 523,183 |
| Voluntary counselling and testing and prevention of HIV mother to child transmission services are provided | 90% of Preventing Mother-to-Child Transmission (PMTCT) coverage | 500,000 |
| Provision of technical support to build capacity in RH priority areas (EmOc, family planning) clinical management and psychosocial support for survivors of GBV/ rape and STIs, HIV and standard precautions | 20 health staff trained | 160,000 |
| Provision of reproductive health kits to health facilities | 6 health facilities with RH kits received and in use | 85,000 |
| Development of strategic activities addressing the sexual reproductive health among adolescents and young | 90% of youth reached | 70,000 |

3 OBJECTIVE: Improve nutritional well-being

INDICATOR: Prevalence of Global acute malnutrition among 6-59 months <10%

| OUTPUT | TARGET & INDICATOR | FUNDING NEEDS (US\$) |
|---|---|----------------------|
| Assessment and analysis undertaken | 1 nutrition survey conducted according to recommended guidelines | 234,002 |
| Community management of acute malnutrition programmes for children and pregnant and lactating women implemented and monitored | 3,840 new admissions of acute malnutrition admitted and treated | 968,488 |
| Provision of RUTF for the management of severity malnourished children is assured | 1,512 new admissions of acute malnutrition admitted and treated | 110,376 |
| Children 6 - 59 months received Vitamin A supplementations twice a year | 19,961 children 6-59 months receiving vitamin A supplement twice a year | 99,805 |



LIVELIHOODS & ENVIRONMENT SECTOR

Current situation

Currently, only six per cent of adult refugees have access to livelihoods support due to funding challenges. RRRP partners are working to find sustainable solutions that could lead to socio-economic local integration of refugees by improving their self-reliance and increase their households/individual income. The presence of refugees has increased pressure on the environment and natural resources, which tends to create conflicts between host communities and refugees.

Advocacy in 2015 resulted in the allocation of 30,000 hectares of arable land to refugees and host communities. Therefore, 7,000 refugees, who settled in Chadian villages, have access to arable land and natural resources. This supports their socio-economic integration and peaceful coexistence between refugees and host communities. 13,840 households have been assisted with assorted seeds and tools. Seven pilot community plots of 555 hectares in total have been established and supported with extensions services. Some 154 mixed groups of refugees and host communities have been assisted with 460.2 tons of seeds (sorghum, peanuts and sesame), machinery, tools and pesticides. The construction of ten community-based grain and cereals storage facilities is underway. 1,540 youths graduated from vocational training centres and have been equipped with skills to run their own businesses.

One of the challenges refugees face to generate income are the movement restrictions, which hinder their ability to engage in agricultural activities beyond five kilometers, while agricultural activities take place within 20-50km. Most refugees lack access to financial services and therefore, access to credits, for example to establish their own businesses. There is a lack of developed agricultural production systems including irrigation systems and water management. Moreover, refugees have limited access to natural resources including land and water and employment opportunities.

Prioritized sector needs

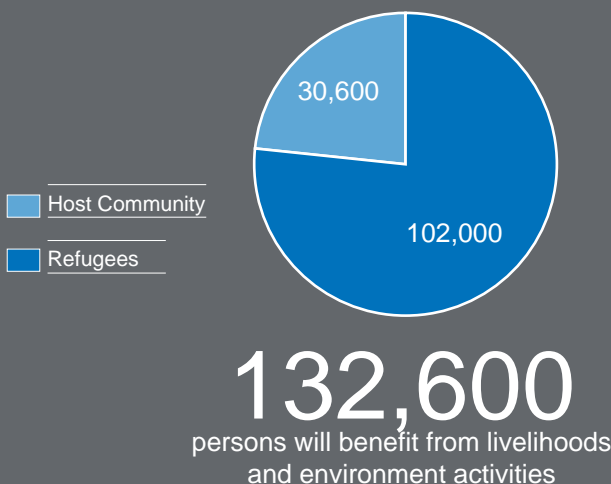
The needs in the livelihood sector can be summarized as follows:

Some 15,000 refugees and host community members need access to farming land, tools and seeds.

Livestock production and fishing should be promoted. More than 45,000 refugees need access to financial services through community based savings and loans systems to support income-generating activities. At least 1,520 youth require skills training. Natural resources have to be restored, including by natural regeneration practices. Quick impact projects are required to promote peaceful coexistence.

68

TARGETED POPULATION AND INTERVENTION



Sector response plan

In 2016, efforts to strengthen self-reliance and livelihood will be enhanced with the following focus:

RRRP partners will facilitate the development of agriculture, animal husbandry and fishery, including by distributing respective tools. Pastoralists will be supported with animal health care. Training will be provided on post-production and processing technology. Rural micro-entrepreneurship will be developed by supporting access for refugees to financial services and professional training. RRRP partners will support the establishment of micro finance community-based systems. Access to employment and development

for refugees and host populations will be improved by advocating for the removal of legal barriers and providing vocational training.

RRRP partners will make efforts to rehabilitate the ecosystem through tree planting and agroforestry. Nursery beds of about 60,000 seedlings will be established by environmental committees in collaboration with government technical services. New environmental clubs will be established and supported in schools and colleges of host villages. Quick impact projects will be developed and implemented to promote peaceful coexistence between refugees and host communities.



1 OBJECTIVE: Improve self-reliance and livelihoods

INDICATOR: 80% of persons of concern (PoCs) (18-59 years) with own business/self-employed for more than 12 months

| OUTPUT | TARGET & INDICATOR | FUNDING NEEDS (US\$) |
|---|--|----------------------|
| Access to agricultural / livestock / fisheries production enabled | 9,000 households receiving production kits or inputs for agriculture/ livestock/ fisheries activities | 7,263,688 |
| Access to self-employment / business facilitated | 12,090 small business associations formed/ trained/ supported | 6,263,688 |
| Access to financial services facilitated (formal and informal) | 60% of money borrowed by PoCs that has been repaid | 4,314,750 |
| Vocational training/ technical skills provided | 1,400 persons supported technical training programmes that are accredited (result in a recognized certificate) | 3,571,230 |

2 OBJECTIVE: Natural resources and shared environment better protected

INDICATOR: 80% of environmental risks associated with the operation are mitigated

| OUTPUT | TARGET & INDICATOR | FUNDING NEEDS (US\$) |
|---|--|----------------------|
| Forest protection/ development undertaken | 20 sessions of environmental education and awareness raising implemented | 590,040 |

3 OBJECTIVE: Socio-economic integration and peaceful coexistence enabled

INDICATOR: 70% of refugees integrated in host villages

| OUTPUT | TARGET & INDICATOR | FUNDING NEEDS (US\$) |
|---|---|----------------------|
| Implementation of projects benefiting local and displaced communities | 37,032 refugees and host community members benefiting from Quick Impact Project | 2,875,683 |



SHELTER & NFI SECTOR

Current situation

The shelter provided to the refugees are semi-permanent shelters built with local materials that require maintenance and rehabilitation; for semi-permanent shelters, a maximum of two years is required for the roof to be renewed in order to prevent leakages.

For about 6,025 refugees living in the host villages there is scarcity of building materials especially for the roofing of their shelter. Traditionally, roofs of CAR refugee huts are made of straw. Since the closure of the Chad/CAR border, commerce has collapsed and refugees do not find enough straw for their cattle on the local market. Hence, they feed their animals with straw from their roofs. To solve this situation, UNHCR has distributed plastic sheets that serve as roofing materials, which is only a temporary solution.

At the end of August, 178 semi-permanent shelters and 13 temporary shelters representing 42 per cent of covered needs have been constructed and 140 transitional shelters for persons with specific needs have been rehabilitated. Four communal structures have also been constructed for registration. A total of 420 shelter construction toolkits (shovel, pick axe, hammer, trowel, tape measure, buckets, leveller, and plastic sheets where necessary) have been distributed to the refugee communities. All refugee families received NFIs. The NFIs include blankets,

mats, soap, plastic sheets, buckets, jerry cans, plastic rolls, mosquito nets, kitchen sets, kettles and sanitary materials and kits. Refugee carpenters in the community were trained to support construction activities.

The main challenges for the shelter sector consist of logistical constraints to move construction materials to sites and host villages due to the bad conditions of the roads, in particular during the rainy season. The scarcity of materials also remains a constraint as well as a break in construction work during the rainy season; furthermore, brick work is also not compatible with the rains. The challenge ahead is to build the shelters with durable materials which are very expensive.

Prioritized sector needs

The main identified needs of the shelter sector are the following:

Refugees and members of host communities need materials (straw, wood) and toolkits (shovel, pick axe, hammer, trowel, tape measure, buckets, leveller, and plastic sheets where necessary) for the construction and rehabilitation of community infrastructure. In particular persons with specific needs will require assistance for the construction of shelters.

SECTOR PRIORITIES



100%

of households living in adequate dwellings



20,000

Households will receive Non-Food-Items (NFI)

Sector response plan

With the strong involvement of the community, the shelter and NFI sector response plan aims to assist 102,897 CAR refugees living in five camps and host villages as follows: RRRP partners will construct 1,750 temporary and 1,200 semi permanent shelters in camps and host villages. They plan to construct four additional community centres. About 840 construction tool kits will be provided to refugees and members

of host communities. About 50 kilometres of roads, eight public and community infrastructures will be rehabilitated and maintained in order to better reach host communities and refugees living there, especially during the rainy season, where most villages are cut off during the poor conditions of the roads.

The humanitarian actors will also continue to procure, transport and distribute NFIs to 20,000 households accommodated in the camps as well as to the most vulnerable members of host communities.

1 OBJECTIVE: Shelter and infrastructure established, improved and maintained

INDICATOR: 100% of households living in adequate dwellings

| OUTPUT | TARGET & INDICATOR | FUNDING NEEDS (US\$) |
|--|--|----------------------|
| General site operations constructed and sustained | 1,750 buildings/ structures constructed | 1,074,000 |
| Shelter materials and maintenance tool kits provided | 840 shelter maintenance tool kits and materials provided | 135,000 |

2 OBJECTIVE: Provide sufficient basic and domestic items to population

INDICATOR: 69% of households whose needs for basic and domestic items are met

| OUTPUT | TARGET & INDICATOR | FUNDING NEEDS (US\$) |
|----------------------------|---|----------------------|
| Core relief items provided | 20,000 households who received core relief items provided | 4,398,300 |



WATER, SANITATION & HYGIENE SECTOR

Current situation

Refugees have access to potable water, an average of 26 liters per person per day (31 l/p/d in the camps, 17 l/p/d in host villages), with 0 coliform per 100 ml of water analyzed. Despite the strong community mobilization for latrine construction, only 57 per cent of households have their own latrines. The hygiene and sanitation situation has been negatively impacted by the new 2013-2014 refugee influxes in camps and host villages. The Results of Knowledge, Attitudes and Practices (KAP) surveys conducted in March 2015 have shown that both refugees and impacted communities do not adhere to proper hygiene practices.

One of the achievements in 2015 is that RRRP partners ensured that water in sufficient quantity and good quality is available in refugee camps with an average of 31 liters per person per day and with zero coliform per 100 ml of water analyzed. The water infrastructure has been well maintained by water point management committees, who are trained to repair boreholes with needed spare parts acquired through a cost recovery method. Boreholes have been constructed in host villages to improve access to safe water. Families have been encouraged to construct latrines using a Community Lead Total Sanitation approach.

The main challenge for the sector is the low level of involvement of Government technical services and community leaders in WASH activities in host villages.

Moreover, some host villages are inaccessible due to bad road conditions, in particular during the rainy season. Another challenge is poor water management at household level.

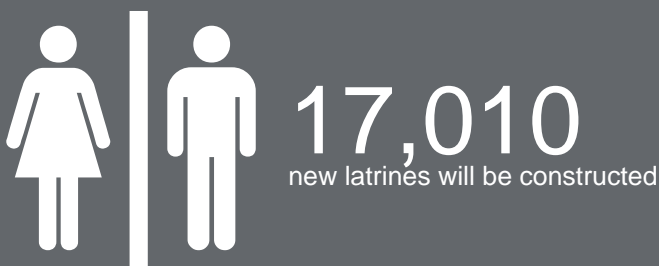
Prioritized sector needs

The main needs in the Wash Sector are the following: More boreholes have to be constructed, especially in impacted host villages. Government and impacted communities need to get more involved in WASH activities. Additional family latrines are needed.

Sector response plan

With the involvement of beneficiaries and local stakeholders, planned interventions are intended to address gaps in WASH provision for 102,897 CAR refugees and host community members in southern Chad as follows: RRRP partners will conduct water tests (through bacteriological and chemical analysis) to ensure water quality. The humanitarian community will construct five additional boreholes in host villages and support rehabilitation of existing water points in refugee camps. The existing water management system will be strengthened through monitoring and training of

SECTOR PRIORITIES



water committees, the maintenance of cost recovery systems and the improvement of coordination in the water sector. Partners will also support the construction of 7,510 family latrines and 10 public latrines, including in health centres. The Community Lead Total Sanitation (CLTS) approach will be introduced in host villages to

improve sanitation coverage. RRRP actors will conduct hygiene promotion campaigns with key WASH and hygiene messages, interventions and distributions of soap. Vector control and waste management campaigns will be organised.

1 OBJECTIVE: Population lives in satisfactory conditions of sanitation and hygiene

INDICATOR: 85% of households have access to sanitation facilities

| OUTPUT | TARGET & INDICATOR | FUNDING NEEDS (US\$) |
|--|--|----------------------|
| Household sanitary facilities/ latrines constructed | 17,010 household latrines constructed | 395,880 |
| Environmental health and hygiene campaigns implemented | 740 environmental health and hygiene campaigns | 416,019 |
| Capacity development supported | 800 persons trained in basic hygiene practices through sessions conducted in schools and communal area | 33,773 |

2 OBJECTIVE: Increase and maintain supply of potable water

INDICATOR: A minimum of 32 litres of potable water available per person per day

| OUTPUT | TARGET & INDICATOR | FUNDING NEEDS (US\$) |
|--|--|----------------------|
| Water management committees established and active | 360 water management committees established | 260,727 |
| Water points constructed/ rehabilitated | 60,000 persons have access to new or rehabilitated water point | 540,000 |
| WASH activities monitored | 46 KAP surveys carried out | 100,148 |
| Capacity development supported | 1,550 persons trained in water management in collaboration with local authorities or other external partners | 661,000 |

FINANCIAL REQUIREMENTS

by Agency & Sector

| ORGANIZATION | PROTECTION | EDUCATION | FOOD SECURITY | HEALTH & NUTRITION | LIVELIHOODS & ENVIRONMENT | SHELTER & NFI | WASH |
|--------------|------------|-----------|---------------|--------------------|---------------------------|---------------|-----------|
| AHA | | 40,790 | | | | | 124,708 |
| IRC | | | | 1,969,500 | | | |
| RET | | 10,000 | 12,000 | | | | |
| UNFPA | | | | 315,000 | | | |
| UNHCR | 16,333,999 | 4,628,482 | | 6,872,728 | 24,879,079 | 5,607,300 | 1,379,839 |
| UNICEF | | 931,930 | | 525,317 | | | 903,000 |
| WFP | | | 22,425,703 | | | | |
| WHO | | | | 2,800,000 | | | |
| Total | 16,333,999 | 5,611,202 | 22,437,703 | 12,482,545 | 24,879,079 | 5,607,300 | 2,407,547 |

by Agency

| ORGANIZATION | TOTAL REQUIREMENTS (USD) |
|--------------|--------------------------|
| AHA | 165,498 |
| IRC | 1,969,500 |
| RET | 22,000 |
| UNFPA | 315,000 |
| UNHCR | 59,701,427 |
| UNICEF | 2,360,247 |
| WFP | 22,425,703 |
| WHO | 2,800,000 |
| Total | 89,759,375 |

**THE DEMOCRATIC
REPUBLIC OF THE
CONGO**

REFUGEE RESPONSE PLAN

STRATEGIC OVERVIEW



TARGET POPULATION

CHAD

110,000

Refugees

33,000

Host Community

TOTAL REQUIREMENTS

96,810,260 USD

PARTNERS INVOLVED

5

CENTRAL
AFRICAN
REPUBLIC





447,487

104,956 ▲
33,000 🏠

137,956

DEMOCRATIC
REPUBLIC OF
THE CONGO

REPUBLIC
OF CONGO

-  TOTAL NUMBER OF REFUGEES
(AS OF OCT 2015 - UNHCR)
-  TOTAL NUMBER OF IDPs
(AS OF OCT 2015 - IOM DTM VI)
-  PEOPLE LIVING IN AND OUT OF CAMPS
-  PEOPLE LIVING IN HOST COMMUNITIES

MAIN PRIORITIES

1

Ensure refugee protection and access to basic services:

- Access to asylum and preservation of the humanitarian character of asylum
- Civil registration and documentation
- SGBV prevention and response
- Child protection
- Assistance to persons with special needs

2

Increase the resilience of refugee and host communities and reduce their dependence on humanitarian aid and environment protection:

- Livelihood will be enhanced
- Peaceful coexistence will be promoted
- Environment protection will be supported

COUNTRY OVERVIEW

Introduction

Background

By September 2015, the number of Central African Republic (CAR) refugees in the Democratic Republic of Congo (DRC) surpassed the 100,000 mark, of which nearly 60,000 are living in four refugee camps in Nord-Ubangi and Sud-Ubangi provinces (former Province Equateur), and a further 10,000 are in Bas-Uele Province (former Province Orientale). Since 2013, the DRC Government has granted “prima facie” status to CAR refugees, and it is expected that by 2016, their numbers will reach 110,000. This projection is based on estimates made in the context of ongoing armed conflict coupled with turmoil in September 2015, which delayed the election process in CAR. While most CAR refugees live in camps, a significant proportion (some 36,000) live in host communities. The provinces where refugees are hosted are known to be the poorest in DRC, and due to limited resources, there are growing tensions between refugees and their hosts.

2015 Achievements

The main achievements recorded so far include:

- Some 17,153 new arrivals were registered and relocated to camps.

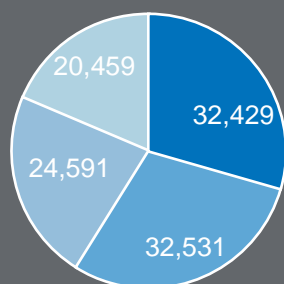
- Awareness-raising training on non-refoulement was conducted for border agents, and 137 police officers were trained and equipped to ensure safety and security in camps and transit centres.
- SGBV prevention and response included multi-sectoral assistance to survivors, awareness-raising campaigns, and establishment of and training for SGBV community groups.
- Some 539 refugees received legal support and 699 children were issued birth certificates.
- Around 65 per cent of refugees had access to local health structures. UNHCR constructed three hospitals (in Inke, Boyabu, Mole camps), which were supplied with medicine, covering 80 per cent of the needs. Immunization was carried out to prevent diseases.
- Some 4,008 children were enrolled in primary education, and 541 children were enrolled in secondary education, while 912 adults participated in literacy education.
- A total of 34,211 refugees benefited from cash grants in the Mole and Boyabu camps, while 17,627 received cash vouchers in addition to 6,007 others who received direct food aid.



TARGETED POPULATION

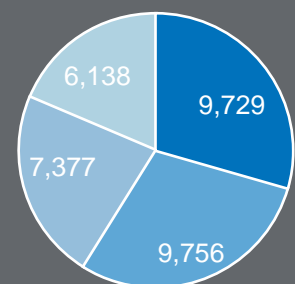
REFUGEES

110,000



HOST COMMUNITIES

33,000



Men (18 and above)

Women (18 and above)

Boys (0-17 yrs)

Girls (0-17 yrs)

2015 Challenges

Since December 2014, the areas hosting CAR refugees continue to receive influxes in Equateur, throughout. Continuous influxes in addition to other factors pose the following challenges:

- Most of CAR refugees are hosted in areas along the border, where access is limited because of the remoteness and the poor and inexistent roads.
- The recent refugee influxes from July to September 2015 worsened the already difficult living conditions in refugee camps and in border areas. Thus, the living conditions are below standards with for instance, 104 refugees at Inke camp sharing one latrine.
- The reception capacity of transit centres is overstretched, and shelter space is limited in the four camps.
- As of February 2015 Equateur province was divided into five smaller provinces. This poses a challenge as new authorities may not be familiar with refugee issues and related obligations yet.
- Identification of former elements belonging to armed groups among the refugees needs to be improved to ensure the civilian character of camps and other refugee sites.

Identified needs

This plan targets 110,000 refugees from the Central African Republic (CAR), as well as 33,000 local inhabitants of refugee-hosting communities, where the influx of refugees is increasing pressure on already limited food, basic services and environmental resources.

The needs of CAR refugees in the Democratic Republic of Congo (DRC) remain high. Although every household is issued an attestation upon registration, the issuance of refugee cards needs to be improved in order for refugees to fully enjoy their rights. Awareness-raising activities on the importance of obtaining civil status documentation, and birth and marriage certificates in particular, are needed.

More emergency shelters and semi-permanent shelters are required to house new arrivals and improve the situation of refugees who arrived several years ago. The average enrolment rate in primary education is 44 per cent for CAR refugee children. The education infrastructure is limited and there is a need for additional school infrastructures, as well as additional teachers. Health infrastructure is substandard and needs to be upgraded. In addition, community-based management



of malnutrition needs to be strengthened. In order to reach the standard of 20 litres of drinking water per person and day, it is necessary to construct more water points. Although the food consumption situation has improved, food security remains a challenge for refugees and cash distributions need to be continued. However, additional livelihood activities are essential to develop sustainable income-generating activities for refugees, this includes access to farm land, livestock and fisheries. All these proposed measures will also target host community members, in order to encourage peaceful coexistence.

Strategic overview for the response

The overall protection and solutions strategy for CAR refugees in 2016 foresees that UNHCR will continue community-based interventions coupled with the alternatives to camps initiative benefiting both refugees and host communities so as to promote peaceful coexistence between communities and explore opportunities for refugees to achieve a sufficient level of self-reliance, resilience and livelihood in the foreseeable future. It will consist of the following main components:

Ensure refugee protection and access to basic services

Access to asylum and preservation of the humanitarian character of asylum will be enhanced, including by border monitoring and advocacy with the Government.

Civil registration and documentation needs to be undertaken on an ongoing basis, including through the introduction of biometric registration, (should necessary resources be made available), followed by the issuance of ID cards in 2016. Moreover, partners will conduct awareness raising campaigns, training and support mobile court hearings to ensure civil documentation, in particular the issuance of birth certificates is provided.

SGBV prevention and response such as SGBV awareness-raising, livelihood support for women and multi-sectorial assistance to SGBV survivors will be prioritized in all camps and refugee hosting areas.

Child protection will include the identification of and assistance to unaccompanied and separated minors, children formerly associated with armed forces and child survivors of human rights violations.

Assistance to persons with special needs and their participation in the various community-based structures will be enhanced.

Community mobilization will be supported to ensure that refugee communities, particularly women, participate in the decision making process; peaceful cohabitation will also be promoted through joint livelihood activities.

Protection mainstreaming will be improved by ensuring that protection drives the analysis of refugee needs, linking these to humanitarian assistance, such as delivery of health services, creation of shelter options and protection outcomes. Humanitarian actors will strive to further mainstream protection into all assistance programmes and to ensure its activities appear as requisite in the United Nations Development Framework UNDAF.

Access to basic services and shelter for refugees and host communities will be supported, including education, health services and water and sanitation. This will include the construction of health centres, provision of equipment and medicines, capacity building for staff and vaccinations. To ease the transition of CAR refugee children into the DRC national education system, schools will be rehabilitated and furnished and capacity building for teachers will be provided. Water and sanitation infrastructures as well as shelters will be constructed or rehabilitated and non-food items (NFIs) will be distributed to refugees.

Food security will be supported. RRRP partners will continue with food distributions, while increasing the use of cash grants and vouchers.

Increase the resilience of refugee and host communities and reduce their dependence on humanitarian aid and environment protection

Livelihood will be enhanced by the implementation of income-generating projects, including for agriculture, for refugees in and outside the camp and for host communities. Community based organizations, in particular women's associations and agricultural cooperatives will be supported. Advocacy will also be strengthened to provide all refugee farmers access to land.

Peaceful coexistence will be promoted by strengthening social cohesion of refugee and host communities through awareness-raising campaigns. Refugee associations will be set up and trained on issues related

to peaceful cohabitation and resolution of conflicts. Environment protection will be supported through the implementation of respective strategies, awareness raising campaigns and reforestation activities.

Partnership and Coordination

In line with the Refugee Coordination Model, the coordination of the multi-sector refugee response is co-led by UNHCR and the Government Inter-ministerial Emergency Committee for CAR refugees. This coordination involves UN Agencies, government bodies and NGOs to collectively provide assistance and protection services to refugees and host communities. They also provide technical expertise, identify gaps and prioritize interventions to address crucial needs in the response.

Refugees are included in the participatory discussions, throughout the implementation of the plan.

This coordination mechanism and partnerships ensured predictability, transparency and accountability, while critical gaps are addressed and duplication is avoided. A desk review was conducted in September 2015 to ensure high performance in the service delivery. While the sub office in Gbadolite and field office in Bunia coordinate the field multi-sectoral response, at the central level, regular updates, briefings and communications for ambassadors, donors, humanitarian actors and UN agencies are being provided, also to the Humanitarian Advisory Group and the Humanitarian Country Team. To strengthen community resilience and pursuant to the Refugee Coordination Model, and humanitarian actors involved in the response, the humanitarian community will work with development partners to ensure that interventions are solutions oriented.

HIGHLIGHTS



The recent refugee influxes from July to September 2015 worsened the already difficult living conditions in refugee camps and in border areas. Thus, the living conditions are below standards with for instance, 104 refugees at Inke camp sharing one latrine.



Identification of former elements belonging to armed groups among the refugees needs to be improved to ensure the civilian character of camps and other refugee sites.

PLANNED RESPONSE



PROTECTION SECTOR

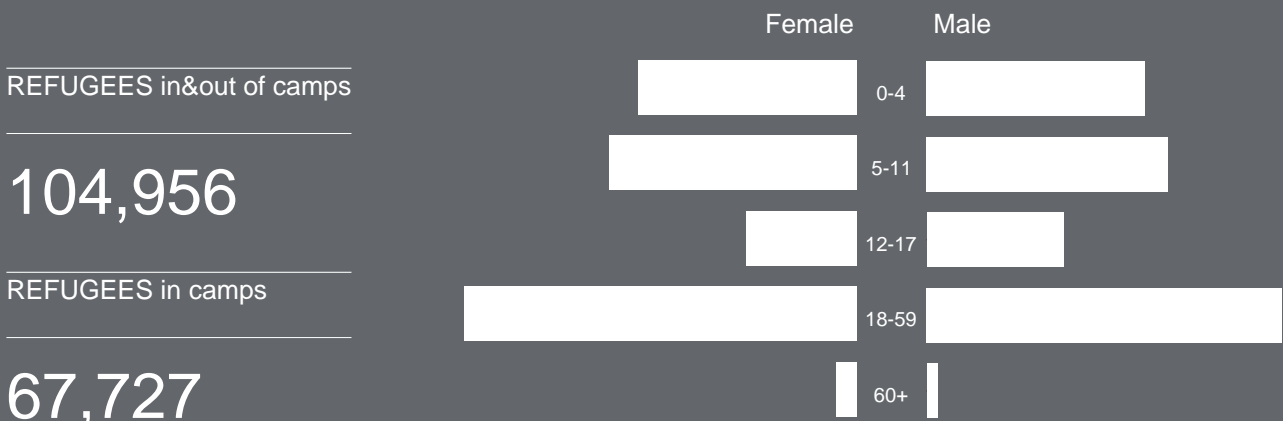
Current situation

As of October 2015, DRC hosts 104,956 Central African refugees in Equateur of which over 67,727 are living in camps. All those living in camps are provided with multi-sectoral assistance by the humanitarian community.

In order to assure the respect of the non-refoulement principle, border monitoring is conducted by the Commission Nationale Pour Les Réfugiés (CNR). Officials at the border are trained on international protection principles. No case of refoulment has been identified. To preserve the civilian character of the asylum and of the camps, the DRC Government in cooperation with CNR has deployed police elements in each of the five camps who are paid by UNHCR. In addition, community patrols composed by refugee volunteers are also organized inside camps during the night. They are supported by UNHCR with small equipment. Both male and female national police officers are regularly trained on the civilian character of a refugee camp. The protection monitoring missions

that were undertaken in various locations hosting CAR refugees allowed for the identification of cases involving human rights violations and abuses against refugees, including SGBV, police harassment, arbitrary arrest, illegal detention and extortion, which were committed against refugees. Refugees, whether in or out of the camps, are continuously registered on an individual basis by a joint UNHCR-CNR team and receive refugee certificates, provisional identity documents and other civil documentation. Refugee children who are born in the DRC have a right to be issued birth certificates free of charge if the birth is reported to the civil status registry office within 90 days. Passed this period, they can still obtain the birth certificate after the issuance of a “jugement supplétif” by the court which costs approximately USD 100 per child. During the registration exercise, people with specific needs are identified and referred to Community Services for adequate care and assistance. Health care, food and NFIs are provided to them in the relocation process to the camps. Mechanisms for SGBV prevention and multi-sectoral response have been put in place. Some 184 sensitization campaigns were conducted and 58

REGISTERED REFUGEES as of 31st October



SGBV survivors benefitted from legal support. About 161 survivors received psycho-social counseling, with material support provided to 90 and medical care to 105 survivors. Six SGBV community groups have been established and received training, including 177 focal points.

One of the challenges for civil registration and documentation is that refugees often do not apply for marriage certificates, because they follow local marriage traditions without going through any formal administrative process. This usually has a negative impact on women's ability to exercise their right to inheritance in case of their husbands' death or to claim their property share in the case of divorce. They also often do not apply for death certificates, because there is a lack of civil registration offices in rural areas, and the capacity of existing ones is limited. Given the lack of ID cards, some refugees are restricted in their movements out of the camps, which has an impact on their livelihood activities. SGBV survivors will not be able to fully reintegrate into the society due to the high level of stigmatization. Children born from a rape are often expelled by the communities or rejected by the mother or her family.

Prioritized Sector Needs

The protection sector identified the following needs: Biometric registration for CAR refugees, for collecting sufficiently accurate and reliable sets of data, for profiling, for targeted assistance as well as for durable solutions purposes is essential. Although an attestation is issued to every household upon registration, there is a need for refugee ID cards to be provided so that refugees can fully enjoy their right to freedom of movement as well as their civil rights. In addition, there is a need to raise awareness among refugees of the importance of obtaining civil status documentation, in particular birth and marriage certificates. Protection monitoring is needed, in particular in border areas in Equateur and Province Orientale. Given the proximity of refugee camps and settlements to the border and border crossings by armed CAR groups, the civilian and humanitarian character of asylum must be preserved. There is a need for ensuring camp security and protection of refugees from crime and violence. Prevention and response to SGBV including through the implementation of the SAFE strategy is required. Assistance for persons with specific needs should be provided. Special attention will be given to separate



children (SC) and unaccompanied minors (UAMs). In addition to determine their best interest through the implementation of the Best Interest Determination panels in each camp, they will be put in host families and benefit of adequate assistance.

Sector Response Plan

The following main activities will be implemented in the protection sector: Protection monitoring missions will be undertaken in border and refugee hosting areas to identify needs, protection risks and human rights violations and to provide protection by presence. In addition, advocacy will be conducted with the government to help ensure access to asylum and to maintain the civilian and humanitarian character of asylum. Registration will be undertaken on an ongoing basis, personal data of the refugees updated regularly, and their profiles assessed, followed by the issuance of ID cards in 2016. Biometric registration will be introduced, should necessary resources be made available. Humanitarian partners will conduct awareness-raising campaigns on the importance of civil status documentation, particularly birth certificates for children to prevent the risk of statelessness and marriage certificates. Late birth registration will be facilitated by mobile court hearings for refugees living with host communities. Partners will strongly advocate for the establishment of civil status registry offices in urban centers nearest to refugee camps and a moratorium on the application of the 90-day legal

deadline with respect to refugees living in remote rural areas. Capacity building activities will be organized for civil status registry offices.

Ongoing priorities remain the identification of unaccompanied and separated children (UASC), children formerly associated with armed groups and child survivors of human rights violations, as well as the conducting of Best Interest Determination and Best Interest Assessments and provision of multi-sectoral response to their needs. Humanitarian partners will provide targeted assistance to support them in achieving durable solutions, including resettlement. Moreover, greater efforts will be made to make sure that all school age children have access to quality education in a safe learning environment, and that an adequate number of child-friendly spaces are made available for pre-school children. SGBV prevention and response (medical, psychological, legal and socio-economic reintegration) will be strengthened. In order to protect women-at-risk from falling victim to sexual exploitation and prostitution, income-generating activities and vocational training will be organized. In terms of SAFE, monthly wood distribution and the provision of solar lanterns and improved cooking stoves will be prioritized. Actions will be undertaken to help ensure that all persons with special needs are identified and taken care of as early as possible and that their situation is closely monitored to ensure that they are not marginalized, stigmatized or subjected to any sort of exploitation. At least 90 per cent of the needs of persons with specific needs identified will be addressed and their participation in the various community-based structures will be enhanced.

1 OBJECTIVE: Improve or maintain quality registration, profiling and access to documentation- INDICATOR: 100% of persons of concern (PoCs) registered on an individual basis

| OUTPUT | TARGET & INDICATOR | FUNDING NEEDS (US\$) |
|---|---|----------------------|
| Birth registration and certificates provided | 7,500 children registered and issued documentation under regular birth registration procedure | 584,856 |
| Issuance of civil status documentation by national institutions supported | 900 PoCs assisted with civil status registration or documentation | 483,856 |
| Registration conducted on an individual basis with minimum set of data required | 110,000 PoCs registered/ updated on an individual basis with minimum set of data required | 6,370,906 |
| Situation of PoCs monitored | 48 monitoring missions conducted and recorded | 679,646 |
| Security packages and support provided | 250 police in camps / communities supported | 2,759,661 |
| Capacity development supported | 100 partner and UNHCR staff trained | 869,037 |

2 OBJECTIVE: Risk of human rights violations and GBV reduced and response improved

INDICATOR: 100% of GBV survivors had access to services

| OUTPUT | TARGET & INDICATOR | FUNDING NEEDS (US\$) |
|--|--|----------------------|
| Access to medical services for GBV survivors facilitated | 504 reported SGBV incidents for which survivors receive medical assistance | 2,494,660 |
| Advocacy on GBV conducted | 50 advocacy interventions made on SGBV prevention and response | 272,856 |
| Participation of community in SGBV prevention and response enabled and sustained | 96 awareness raising campaigns on SGBV prevention and response conducted | 527,856 |
| Legal assistance provided | 250 reported SGBV incidents for which survivors receive legal assistance | 612,866 |
| Capacity development supported | 40 partner, government and UNHCR staff trained on SGBV prevention and response | 447,856 |



EDUCATION SECTOR

Current situation

For CAR refugee children, the average enrollment rate in primary school is 44 per cent. Despite long term development plans to strengthen education, the respective infrastructure in both Province Orientale and in ex Equateur Province is below minimum standards. These schools lack furniture and students sit on the ground or on tree trunks. Other constraints are the lack of classrooms and qualified teachers as well as high school fees, which make the cost of education prohibitive for some families. Access to education is especially limited for over-aged children and young persons who have never attended school or who have dropped out.

The most significant achievements in 2015 include the construction of four primary schools in Equateur Province. A total of 6,123 children were enrolled in primary and 1,129 children in secondary education, while 912 adults participated in literacy education. Some 3,426 persons registered for Capoeira and sports activities. Computer courses and a library at a cyber cafe in Mole camp were frequented by an average of 100 people per day.

Among the challenges were limited capacity by the CAR Ministry of Education to support a CAR curriculum taught outside CAR and the poor scores of CAR refugee children who received instruction from CAR teachers in the national curriculum. Measures are

now in place to support the transition of CAR refugee children into the DRC national system, which would help offer better opportunities in terms of access to secondary education. Children out of school face a range of risks including forced recruitment, early marriage, sexual and other forms of exploitation and/or gender based violence.

Prioritized sector needs

The following needs have been identified in the Education sector: Existing schools lack educational teaching and learning material, as well as recreational and early childhood development kits. There are not enough training opportunities available for teachers and there is a need for additional qualified teachers. School infrastructures are insufficient. A school code-of-conduct has to be introduced to make the schools safe learning spaces.

Sector response plan

The main activities undertaken by the RRRP partners in the Education sector will be the following: Schools will be furnished with equipment. Children will be provided with school supplies including books and uniforms. Schools will be rehabilitated and new classrooms as well as one learning center and child friendly spaces

ACHIEVEMENTS AND WAY FORWARD



2015

6,123

children enrolled in primary school

about 20%
attended school

2016

30,400

children who will be enrolled in primary school

100%
foreseen rate of enrollment

will be constructed. Partners will continue to work with national and provincial authorities to integrate the educational needs of refugees into national planning and to support the national infrastructure and build capacity. To ease the transition of CAR refugee children into the DRC national education system and take into consideration skills brought by CAR refugee teachers, DRC teacher trainings for CAR teachers are planned. Qualified teachers from within the refugee community will be recruited. Early childhood education will be provided to at least 18,000 refugee children. Temporary learning spaces for early childhood will be introduced

for refugee children, who are three to five years old and who are often left alone or in care while parents work or seek work. Through the provision of scholarships, partners aim to provide access to higher education, including in the field of IT and communication technology for at least 120 students with the best performance results. Partners will cover school fees for children from within vulnerable households while pursuing advocacy for education to be provided free of charge for refugee children. As an incentive, partners plan to support the provision of material to schools.

1 OBJECTIVE: Population has optimal access to education
INDICATOR: 100% of primary school-aged children enrolled in primary education

| OUTPUT | TARGET & INDICATOR | FUNDING NEEDS (US\$) |
|---|--|----------------------|
| Capacity development supported | 250 partner staff trained | 272,856 |
| Early childhood education provided or supported | 15,300 children aged 3-5 enrolled in early childhood education | 347,856 |
| Secondary education provided or supported | 5,616 students enrolled in lower secondary education | 705,156 |
| Sectoral cash grants or vouchers provided for education | 120 households receiving conditional cash grants or vouchers for education | 522,256 |
| Primary education provided or supported | 30,400 children enrolled in primary education | 4,605,581 |

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FOOD SECURITY SECTOR

Current situation

Gaps in food security still persist. Furthermore, the distribution of cash requires significant operational costs (estimated at USD 200,000). A total of 100 percent of CAR refugees are meant to have access to commodities by 2016, through the introduction of a cash/voucher system in the camps. Cash grant distributions are currently implemented in Boyabu and Mole Camp (34,211 PoCs), while Cash vouchers distribution is provided in Inke camp (6,007 PoCs). This enables all refugees to have direct access to basic food or to acquire it at the market.

Food assistance has been provided. However with increasing needs, there could be a shortfall, if no complementary funding is obtained. A shortfall of this nature could raise tension among refugees in this very critical CAR transition period. Therefore, complementary assistance in this area is of paramount importance. Complementary action has been undertaken in order to empower this community to gradually start producing their own food since land is available next to the refugee camps.

Prioritized sector needs

The needs in the food security sector are as follows: Despite the strategy of using cash/vouchers to access commodities, food security is still a challenge for

refugees in the camps. Findings of the post distribution monitoring (PDM) suggest that refugees' food situation had significantly improved by December 2014/January 2015 with only two percent of refugees scoring poorly on the food security scale, compared to the June 2014 situation when the proportion of households suffering from food insecurity was estimated to be at 22 percent. Additionally, as the findings of the PDM suggested that refugee households' livelihoods relied heavily on cash distributions, beyond their sole source of income, it was recommended that the cash programme should continue. Now, efforts should be made to involve refugees in income-generating activities, mainly in the agriculture, fishing and livestock sectors as the locations where they are settled offer opportunities in that respect.

Sector response plan

The sector response will include the following activities: Beneficiary refugee households for distribution of agricultural assistance will be identified. Distribution of food in Bili Camp and cash grants and vouchers in Inke Camp is planned. New refugees in camps and/or transit centres will continue to receive hot meals and/or high energy biscuits. Food for work/seed protection projects will be implemented in refugee host communities. School-feeding for 6,123 children in camp and refugee host community schools will be pursued.

SECTOR PRIORITIES



84,000

people will receive food assistance via cash grant

22%
of households are food insecure



1 OBJECTIVE: Enhance the provision of adequate food assistance to sustain the persons of concern (PoCs)

INDICATOR: 84,000 people receiving food assistance on a monthly basis

| OUTPUT | TARGET & INDICATOR | FUNDING NEEDS (US\$) |
|---|---|----------------------|
| Joint assessments, plans & strategies agreed with WFP to address malnutrition | 80 JAM conducted according to recommended schedule | 304,856 |
| Food availability increased due to increased production | 35,000 persons with increased agricultural production | 1,848,000 |
| Sectoral cash grants or vouchers provided | 84,000 PoCs receiving cash grants | 912,856 |
| Adequate quantity and quality of food aid provided | 84,000 people receiving food aid (in kind) | 32,299,102 |



HEALTH & NUTRITION SECTOR

Current situation

The influx of CAR refugees adds burden to the already fragile health system in the Equateur province of DRC. The health system in the region suffers from chronic understaffing, shortage of medicines and limited transportation means; hindering adequate provision of, and access to quality and integrative reproductive health and HIV services for the host community and for refugees. While antiretroviral therapy (ART) may be free of charge, ARV stock shortages are frequent. The health pattern in refugees hosting areas in Equateur is characterized by endemic and epidemic diseases (malaria, diarrheal diseases, cholera, typhoid fever and frequent measles outbreaks).

By the end of 2015, health indicators suggest that crude mortality and under-five mortality rates are below emergency thresholds [respectively <1 and <2/1000persons/month). Assessments have revealed that only 67 per cent of refugees had an acceptable nutrition rate below expected targets 80 per cent) due to inter alia, lack of food stocks and unbalanced diets. While the May-July 2014 nutritional survey (SENS) shows acceptable rates of Global Acute Malnutrition (GAM, 6.8 per cent) and Severe Acute Malnutrition (SAM, 0.5 per cent); chronic malnutrition rates (GCM: 40.9 per cent and SCM 16.1 per cent) and the prevalence of anemia (47 per cent) are high and worrying. In addition, the 88.6 per cent access rate to

nutritional services in the camps is below the required standard (above 90 per cent.)

Achievements include the construction of three health centers, the establishment of a reproductive health service, and the establishment of the nutrition supplementation programme with a referral system to four hospitals that were equipped and supplied with drugs. Some 24,046 mosquito nets were distributed and priority was given to pregnant women and lactating mothers. Despite the recurrent shortage of vaccines and poor cold chain, mass poliomyelitis and measles immunization campaigns were conducted. A phased cash based initiative (CBI) approach has been introduced for food assistance. Some 94.6 per cent of child deliveries have been assisted by skilled personnel and 100 percent of emergency obstetrical care cases have been attended to, while one maternal death was reported.

One of the main challenges is the limited number and capacity of health personnel; the lack of equipment, medical materials and drugs; the remoteness of certain health facilities and poor supervision. All these factors contribute to excessive and expensive referrals outside the operational area.

Prioritized sector needs

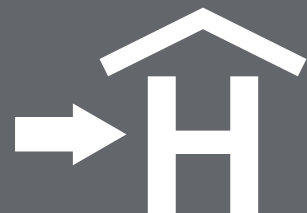
The health sector identified the following needs: In order to ensure access to quality primary health care,

MAIN GAPS

67%
of refugees had an acceptable nutrition rate (below expected target of 80%)



88,6%
of refugees had access to nutritional services (below the standard of 90%)



hospitals and health posts in camps/sites must be better equipped and staffed. Health posts are in need of capacity building and supervision. There is also a need for transport and communication means as well as cold chains. Mass vaccinations and extended immunization programmes are required. Epidemic preparedness and responses to measles, hemorrhagic fever and cholera must be put in place. There is a need for prevention, care and treatment of HIV and AIDS, including awareness-raising to cause behavioral change. Psycho-social support has to be provided and access to ART decentralized. To strengthen community based management of malnutrition, supplementary feeding and capacity building is required.

Sector response plan

The health response plan includes the following activities: Partners will ensure that refugees have access to Primary health care services during the entire displacement cycle. This includes screening and case management during relocation; nutritional screening, mass vaccination upon arrival in the camp and referral

to national health centres and hospitals/nutrition services accordingly. Health posts in the camp and a referral system to national hospitals will be established. Case management will be done at the health facilities in the camps. The increased capacity of health posts will decrease the number of referrals to only a few numbers of currently existing health centres and ensure that referrals to hospitals are limited to severe cases with medical complications. UNHCR will procure ambulances, provide technical support and supervise health programmes.

Nutrition screening and community management will be done at camp level. Confidential identification of PLWA will be ensured and clients will be referred for ART to relevant hospitals. In addition, cases that cannot be treated at camp level will be referred to the public hospital. The amount of internationally procured drugs will be maximized and made available to ensure sufficient quality and quantities. Immunization campaigns will be organized. A contingency plan and epidemic preparedness programme for cholera will be established.



1 OBJECTIVE: Health status of the population improved**INDICATOR:** Crude mortality rate <1 (per 1,000 population/ month)

| OUTPUT | TARGET & INDICATOR | FUNDING NEEDS (US\$) |
|--|--|----------------------|
| Access to essential drugs provided | 8 health facilities supplied with drugs | 2,224,275 |
| Access to primary health care services provided or supported | 4 health facilities equipped/ constructed/ rehabilitated | 3,240,856 |
| Capacity building undertaken | 350 health workers trained in collaboration with MoH, or other external partners | 312,856 |
| Referral mechanisms established | 100 persons referred to secondary and tertiary medical care | 295,456 |
| Contingency plan for disease outbreaks maintained | Contingency plan is available | 399,856 |

2 OBJECTIVE: Population has optimal access to reproductive health and HIV services**INDICATOR:** 90% of persons of concern (PoCs) have access to comprehensive reproductive health services

| OUTPUT | TARGET & INDICATOR | FUNDING NEEDS (US\$) |
|--|---|----------------------|
| Care and treatment of PoCs living with HIV and AIDS provided | 532 PoCs receiving ART | 414,352 |
| Prevention of HIV mother to child transmission (PMTCT) services provided | 100% of PoCs with access to PMTCT services | 323,356 |
| Preventive reproductive health and HIV services provided | 90% PoCs have access to male and female condoms | 1,611,395 |

3 OBJECTIVE: Improve nutritional well-being**INDICATOR:** Prevalence of Global Acute Malnutrition (6-59 months) <10%

| OUTPUT | TARGET & INDICATOR | FUNDING NEEDS (US\$) |
|---|---|----------------------|
| Appropriate infant and young child feeding practices promoted | 100 IYCF programmes targeting children 0-24 months established or maintained | 4,756,083 |
| Assessment and analysis undertaken | 2 nutrition surveys conducted according to recommended guidelines | 397,856 |
| Capacity development supported | 1,045 persons trained on nutrition in collaboration with MoH or other external partners | 293,856 |
| Community management of acute malnutrition programmes implemented and monitored | 6,000 new admissions to community management of acute malnutrition programmes | 712,856 |
| Nutrition surveillance system implemented | Existence of functional surveillance system | 314,556 |



LIVELIHOODS & ENVIRONMENT SECTOR

Current situation

The main livelihood activity for CAR refugees is agriculture, fishery and livestock. In Equateur, CNR negotiated with local authorities to obtain land for agriculture and breeding. However, in Province Orientale, the presence of refugees exerted strong pressure on natural resources which are rare and already insufficient for the local population. Thus, refugees hosted there face challenges to access arable land, seeds and agricultural tools.

In Equateur, agricultural tool kits, seed, fishery, livestock, tailoring and soap-making kits have been distributed to a number of refugee associations to strengthen their livelihoods opportunities. A firewood needs analysis was carried out in all four camps. Risks analysis, associated with deforestation and forest degradation was undertaken in all three camps. The degradation of wood and soil resources are evident around the camps. An impact evaluation on the environment has also been conducted.

The DRC Constitution confers the same rights and freedoms to CAR refugees and foreigners residing in the country with the exception of political rights. While the two communities coexist with each other peacefully, stigmatization and xenophobic attitudes towards refugees are sometimes perceptible. Some members of the host communities perceive them as invaders responsible for the depletion of natural resources.

Prioritized sector needs

Needs in the livelihood sector include the following: There is a need to support income-generating activities. Support and involvement of microfinance institutions are required. With the continuous refugee influx the need for wood is increasing while resources diminish.

Furthermore, peaceful coexistence between refugees and host communities has to be strengthened and promoted.

Sector response plan

The livelihood response sector plans the following activities: Seeds and agricultural tools will be distributed. Opportunities to use Cash Based Interventions (CBI) will be explored for the income-generating activities.

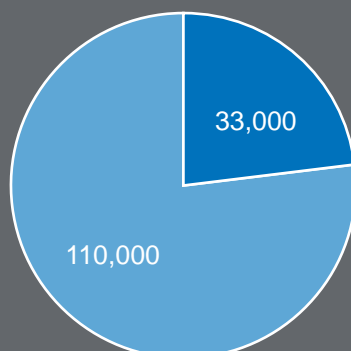
Priority will be given to women's associations and their income-generating activities, and to men's agricultural cooperatives. Advocacy will also be strengthened for farmland access to all refugee farmers. Agricultural projects and income-generating projects will be implemented for refugees and host communities both inside and outside of camps.

The implementation of strategies for the protection of the environment will continue through awareness

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TARGET POPULATION AND INTERVENTIONS

143,000
persons will benefit from livelihoods and environment activities



■ Host Community
■ Refugees

17,700
persons will have access to agriculture, livestock or fisheries



and reforestation activities. UNHCR will continue to invest in strengthening social cohesion within the two communities through awareness-raising campaigns.

Refugee associations will be set up and trained on issues related to peaceful cohabitation and resolution of conflicts as well as protection of the environment.

1 OBJECTIVE: Improve self-reliance and livelihoods

INDICATOR: 60% of female persons of concern (PoCs) (18-59 years) earning at least minimum wages for more than 6 months per year

| OUTPUT | TARGET & INDICATOR | FUNDING NEEDS (US\$) |
|---|--|----------------------|
| Access to agricultural/ livestock/ fisheries production enabled | 17,700 PoCs receiving production kits or inputs for agriculture/ livestock/ fisheries activities 80% of households with access to arable land or other productive natural resources | 973,356 |
| Access to self-employment/ business facilitated | 1,500 PoCs provided with entrepreneurship/ business training 7,500 PoCs provided with guidance on business market opportunities | 454,856 |
| Access to training and learning enabled | 17,700 PoCs receiving life-skills training for livelihood purpose | 294,856 |
| Access to income generating activities promoted | 11,200 persons supported | 1,124,000 |

2 OBJECTIVE: Natural resources and shared environment better protected

INDICATOR: 80% of environmental risks associated with the operation are mitigated

| OUTPUT | TARGET & INDICATOR | FUNDING NEEDS (US\$) |
|---|--|----------------------|
| Forest protection/ development undertaken | 6,000 tree seedlings planted 90% survival rate after planting | 312,856 |

3 OBJECTIVE: Socio-economic integration and peaceful coexistence enabled

INDICATOR: 100% of local communities support continued presence of persons of concern

| OUTPUT | TARGET & INDICATOR | FUNDING NEEDS (US\$) |
|--|--|----------------------|
| Community sensitization campaigns implemented | 20 campaigns conducted 40,000 persons reached through community sensitization campaigns | 453,856 |
| Projects benefiting host and displaced communities implemented | 3 projects benefiting local and displaced communities implemented | 528,856 |



SHELTER & NFI SECTOR

Current situation

Since their arrival, CAR refugees settled in four camps (Boyabu, Mole, Inke and Bili). The findings from AGDM surveys showed that the emergency shelters are getting old and no longer provide suitable accommodation. Often they are also too small for families, with parents and children having to share the same space. This has led to minors moving out of shelters and exposing themselves to SGVB risks.

The most significant achievements include the construction of 490 semi-durable shelters especially for persons with specific needs, including 40 shelters in the Eastern Province. As of end 2015, it is expected that 1,020 transitional shelters out of the 9,000 planned, will be constructed to accommodate approximately 5,100 refugees. Humanitarian partners supplied cash grants and NFIs in the camps of Mole and Zongo. At Inke camp the cash voucher system was introduced in October 2014 to the satisfaction of its residents.

Around 73 percent of the refugee households arrive in Equateur and Province Orientale without any domestic or core relief items, and 90 percent of women lack sanitary kits. Therefore girls and women use other materials which are not adapted to their specific needs and which can cause infections and other related reproductive health issues.

Shortage in the pipeline is another challenge, which can affect the timely delivery of the items to the refugees.

Through the cash-interventions, it is expected that fares will be organized in which refugees can access core relief items through the allocation of cash/vouchers. However, the scarcity of some basic core relief items in the local market will pose a challenge in the implementation of this strategy.

Prioritized sector needs

The needs in the shelter and NFI sector are the following: 5,000 emergency shelters are required to provide accommodation for the newly arrived CAR refugees. The provision of 1,500 semi-permanent shelters for the most vulnerable who have lived for more than two years in emergency shelter must be ensured. All the new CAR refugees need NFIs and in particular, women need sanitary kits. The provision of soap has to be improved.

Sector response plan

The following main activities are planned for the Shelter and NFI sector (shelter/NFIs will be provided to refugees only): Partners will provide support for the construction of the additional 1,500 transitional shelters in the four camps to accommodate 7,500 out of 25,000 new CAR refugees.

96

SECTOR PRIORITIES



12,472

Households will receive a transitional or emergency shelter



30,000

Households will receive Non-Food-Items (NFI)

Partners will distribute NFIs, including kitchen sets, blankets, jerry cans, mosquito nets and soap to new refugee households. Other items will be provided through the Cash Based Initiatives (CBIs) through fairs. Refugee women will be provided with sanitary kits.

Female refugees will be trained in soap production for hygiene and domestic use. Refugees can then buy soap with vouchers or cash.

1 OBJECTIVE: Shelter and infrastructure established, improved and maintained
INDICATOR: 100% of households living in adequate dwellings

| OUTPUT | TARGET & INDICATOR | FUNDING NEEDS (US\$) |
|---|--|----------------------|
| Emergency shelter provided | 1,000 emergency shelters provided | 3,045,907 |
| General site operations constructed and sustained | 9,372 buildings/ structures constructed 11 structures maintained (excl. shelters) | 1,110,856 |
| Transitional shelter provided | 11,472 PoCs receiving transitional shelters | 2,202,751 |

2 OBJECTIVE: Provide sufficient basic and domestic items to population
INDICATOR: 100% of households whose needs for basic and domestics are met

| OUTPUT | TARGET & INDICATOR | FUNDING NEEDS (US\$) |
|---|---|----------------------|
| Core relief items (CRI) provided | 30,000 households receiving CRI | 2,925,956 |
| Cash grants or vouchers provided to buy CRI | 15,000 households receiving cash grants | 299,210 |
| Sanitary materials provided | 24,591 women receiving sanitary materials | 1,578,001 |



UNHCR/C. Fohlen



WATER, SANITATION & HYGIENE SECTOR

Current situation

Despite the considerable investments made, the average consumption rate of drinking water in all camps was 15.6 liters/person/day, as of 31 December 2014. With the construction of 13 boreholes, and piped systems in Bili and Mole in 2015, this rate will increase to only 18.3 liters/person/day due to the increasing number of refugees in the camps. This situation, whilst relatively acceptable in light of the enormous logistical challenges in the Province of Equateur and the lack of will of drilling companies to work in those areas, exposes the refugee population of the camps including children, women and the elderly to suffer from lack of drinking water, and spend a significant portion of their time, fetching water. In addition, water supply shortfalls may be a cause of recurrent tensions and conflict between refugees

The most significant achievements include the construction of 11 productive wells to further facilitate the access to water in the camps, allowing refugees to have an average daily per capita consumption of 15 liters. As of 31 December 2015, the various camps will have a total of 143 collection points of drinking water (boreholes, wells, stand pipes).

Families living in the camps still use communal latrines which do not guarantee privacy or safety, and expose women and girls to risks of sexual violence. In addition, the Eastern and Equateur provinces are located in

a forest area with a dense and humid hydrographic network requiring a reinforced vector control work. Such an environment exposes refugees to water-borne diseases. The insufficient amount of refuse pits (1 pit for 800 refugees) is not conducive to the effective management of solid waste produced in the camps and encourages the proliferation of disease vectors, pollution of the environment and consequently water-borne diseases especially among children and women. In order to achieve full completion of the planned activities for 2015, some 2,500 latrines will be built in five camps hosting CAR refugees. Hence, by 31 December 2015, a coverage in family latrines/showers for 35 per cent of the 19,000 families in these camps will have been achieved.

Prioritized sector needs

The following needs are relevant in the WASH sector: The various camps will have a total of 143 drinking water collection points of (boreholes, wells, stand-pipes) by 31 December 2015. An additional 45 new water points are necessary to cover the consumption standards of drinking water in the camps (20 liters/person/day). For sanitation, the strategy foresees to ensure that each family has access to a shared family latrine. In addition, there is a need for reinforced vector control work.

ACHIEVEMENT AND WAY FORWARD



2015

18,3
liter/person/day

12 boreholes
1 water system

2016

20
liter/person/day

75 new boreholes
1 water system
maintained

Sector response plan

In 2016, the aim is to implement an exit strategy through the achievement of standards of access to drinking water in the camps, but also to strengthen the capacity of the beneficiary communities and public authorities for better retrocession and self-management of realized hydraulic heritage. For refugees living outside the camps estimated at 38,250 people, only those of the Eastern Province will be assisted in the WASH domain through the following activities:

Some 45 boreholes with hand pumps will be built in the camps as well as 10 in host villages, including public primary schools and health centers. Partners will ensure the monitoring and maintenance of existing natural springs, intake structures and the storage of drinking water. Training will be provided to mechanics on how to repair water point pumps and repair kits will be distributed to them. Partners will ensure the purchase and distribution of spare parts for maintenance of existing boreholes and water networks. A total of 10

surveys on water quality including two in each camp, especially at the beginning and at the end of the year will be conducted.

Partners will explore motorizing some boreholes with high yield (greater than 4m³/h) using solar pumping systems where feasible.

A total of 3,087 family latrines out of the 12,350 latrines required will be built.

Partners will conduct awareness and monthly mobilization campaigns in the community to ensure the cleanliness of the camp and the maintenance of latrines. Cash vouchers will be provided for the construction of household sanitary latrines. This approach will be used to speed-up the installation of latrines in the refugee camps. Partners plan to ensure the construction and maintenance of 150 refuse pits for proper management of solid waste, the provision and maintenance of 1,900 mobile garbage bins and hand-washing disposals.

1 OBJECTIVE: Increase and maintain supply of potable water

INDICATOR: Minimum of 20 litres of potable water available per person per day

| OUTPUT | TARGET & INDICATOR | FUNDING NEEDS (US\$) |
|--|---|----------------------|
| Capacity development supported | 600 PoCs trained in water management in collaboration with local authorities or other external partners | 271,756 |
| WASH activities monitored | 10 KAP surveys carried out | 272,856 |
| Water management committees established and active | 75 water management committees established | 270,256 |
| Water system constructed, expanded and/or upgraded | 75 successful boreholes drilled | 1,325,856 |
| Water system operations maintained | 50 boreholes/ wells rehabilitated 240 interventions in the water system | 618,356 |

2 OBJECTIVE: Population lives in satisfactory conditions of sanitation and hygiene

INDICATOR: 85% of households have access to sanitation facilities

| OUTPUT | TARGET & INDICATOR | FUNDING NEEDS (US\$) |
|--|---|----------------------|
| Environmental health and hygiene campaigns implemented | 88,000 PoCs reached by environmental health and hygiene campaigns | 273,856 |
| Household sanitary facilities/ latrines constructed | 12,350 household sanitary facilities/ latrines constructed | 4,354,856 |
| Sanitary facilities/ latrines in schools constructed | 30 sanitary facilities/ latrines constructed in schools | 242,912 |
| Sanitary facilities/ latrines in health centres/ hospitals constructed | 20 sanitary facilities/ latrines constructed in health centres | 326,356 |
| Refuse pits constructed/ maintained | 150 refuse pits constructed | 327,716 |

FINANCIAL REQUIREMENTS

by Agency & Sector

| ORGANIZATION | PROTECTION | EDUCATION | FOOD SECURITY | HEALTH & NUTRITION | LIVELIHOODS & ENVIRONMENT | SHELTER & NFI | WASH |
|--------------|------------|-----------|---------------|--------------------|---------------------------|---------------|-----------|
| FAO | | | 1,848,000 | | | | |
| UNFPA | | | | 1,088,039 | | | |
| UNHCR | 16,104,054 | 2,647,978 | 6,583,814 | 9,213,521 | 3,018,633 | 11,162,681 | 8,284,772 |
| UNICEF | | 158,724 | | 4,393,244 | | | |
| WFP | | 3,647,000 | 26,933,000 | 602,800 | 1,124,000 | | |
| Total | 16,104,054 | 6,453,702 | 35,364,814 | 15,297,604 | 4,142,633 | 11,162,681 | 8,284,772 |

by Agency

| ORGANIZATION | TOTAL REQUIREMENTS (USD) |
|--------------|--------------------------|
| FAO | 1,848,000 |
| UNFPA | 1,088,039 |
| UNHCR | 57,015,453 |
| UNICEF | 4,551,968 |
| WFP | 32,306,800 |
| Total | 96,810,260 |

**THE REPUBLIC OF THE
CONGO**
REFUGEE RESPONSE PLAN

STRATEGIC OVERVIEW



TARGET POPULATION

29,000
Refugees

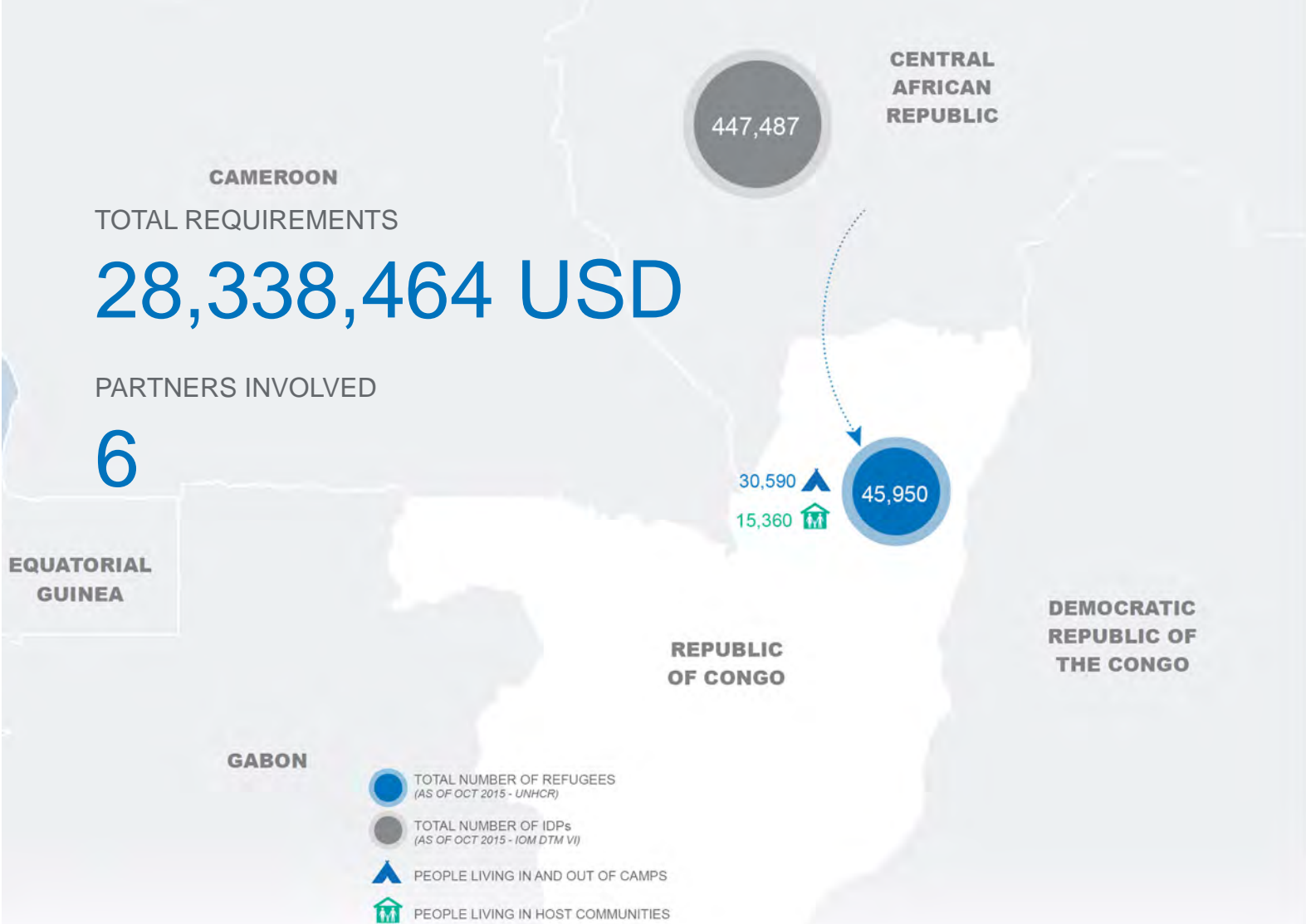
5,000
Host Community

TOTAL REQUIREMENTS

28,338,464 USD

PARTNERS INVOLVED

6



MAIN PRIORITIES

1

Ensure protection of refugees and their access to basic services and assistance:

- Access to asylum will be ensured by supporting asylum procedures and the registration and documentation of new CAR refugees.
- Response to basic needs and provision of essential services will be supported.

2

Increase the self-reliance of refugees and promote durable solutions:

- Livelihood support will be provided
- Durable solutions for refugees will be promoted

COUNTRY OVERVIEW

Introduction

Background

Elections in the Republic of the Congo are planned for September 2016. A debate on whether to revise or amend the constitution so as to allow the President to run for a third term is ongoing. The head of state has announced that the amendment will be submitted to a referendum in the coming months. Opposition and supporters of the Government have voiced their positions, and in light of this there are fears that the situation could decline into looting, clashes and arrests. Demonstrations against the President's third term bid have already started in Brazzaville while, government supporters held demonstrations to support institutions in place. New tensions could easily arise.

These developments could impact refugee response in 2016. In the current political context, foreigners are frequently viewed as de facto supporters of the authorities. Coincidentally, xenophobia has been on the rise since the Mbata ya bakolo (literally slap of the elders in Lingala) operation began last year, which has resulted in the mass expulsion of tens of thousands of foreigners lacking appropriate documentation. Central African Republic (CAR) refugees who benefited from prima facie recognition are now being denied this status and obliged to comply with regular asylum seeking

procedures. Authorities and local populations alike are very critical of refugees' perceived attitude and behaviour, which they have characterised "antisocial" and "aggressive". Added to this is the perception that a significant number of refugees are involved in criminal activities.

CAR refugees have sought refuge in the Congo since 2013 and the current arrival rate stands at 200 to 250 refugees per month. As of 22 October 2015, some 30,590 CAR refugees were registered in the Congo including 19,473 who arrived after 5 December 2013. The majority (66 per cent) live in the Bétou district (Likoula department, north-east), the rest live in Brazzaville (23 per cent), Impfondo (five per cent), Pointe Noire, Ouessou and Pokola (4 per cent). Just over half of all CAR refugees are settled into host communities, a fact that places a heavy burden on hosts' food security and the capacity of social services. The rest will continue to reside in two sites (15 avril and Ikpembele) in the Bétou area, which were initially built for DRC refugees, who were repatriated in 2015.

2015 Achievements

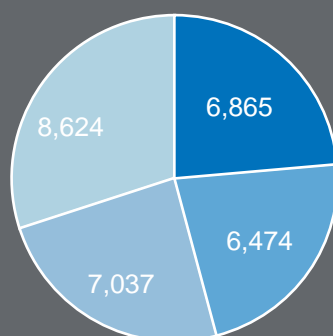
The main collective achievements of humanitarian partners in 2015 can be summarized as follows:

- All CAR refugees were registered upon arrival and received identity documents. In August 2015,

TARGETED POPULATION

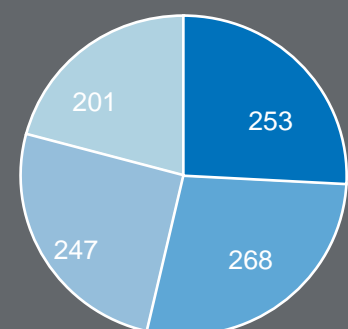
REFUGEES

29,000



HOST COMMUNITIES

5,000



Men (18 and above)

Women (18 and above)

Boys (0-17 yrs)

Girls (0-17 yrs)

UNHCR introduced biometric registration for refugees.

- Unaccompanied minors (UAMs) were identified and registered; 80 Best Interest Determinations were conducted. Tracing services were launched and some children were placed under the care of host families.
- Activities related to sexual and gender based violence (SGBV) prevention and response, including multi-sectorial assistance to SGBV survivors (psychological support, health care, legal assistance and delivery of dignity kits) were carried out.
- Food assistance was provided to 17,175 CAR refugees, including 770 infants (0-59 months) and to 620 pregnant or breastfeeding women. A total of 812,889 tons of food were distributed.
- A nutrition programme was put in place, and partners deliver food supplements in order to fight malnutrition.
- Health centres were equipped with furniture, medicines, disinfectant, water and with various sanitation materials. Furthermore, cases of

severe and acute malnutrition were treated.

- Wells, latrines, showers and sanitary facilities were constructed for 880 persons, and 3,157 persons benefited from awareness-raising activities on hygiene.
- Three community hangars were constructed, and are temporarily hosting 300 refugees. Some 254 shelters were constructed and 64 rehabilitated; these host 1,590 individuals.
- Approximately 5 Km of road were constructed.
- Children of school going age were enrolled and received kits and uniforms. Refugee children of pre-school age were cared for in child-friendly spaces (CFS). Refugees directly participated in the management of these spaces. Some 300 adolescents who were registered for vocational training received school kits and were supported through the payment of their tuition fees.

2015 Challenges

The key challenges for the refugee response in 2015 can be summarized as follows:



- The annulment of prima facie recognition for CAR refugees will complicate the task of the Commission Nationale d'Assistance aux Réfugiés (CNAR), in its identification and referral procedures of asylum cases for refugee status determination and protection against refoulement.
- Due to a lack of resources, the UNHCR Impfondo field office will be closed on 31 December 2015. This will pose a challenge to providing protection and assistance to CAR refugees hosted at this location.
- The limited capacity of specialized care facilities for persons with specific needs such as persons with disabilities in Bétou prevents full delivery.
- Financialary constraints and the Government's approach to prevent refugees from having access to income-generating activities predominantly affect newly arrived CAR refugees.
- Given the instability in the CAR, which causes the refugee influx to continue, it is difficult to prepare for the voluntary repatriation of refugees, including the preparation of realistic planning figures.

Identified needs

It is estimated that in 2016 the CAR refugee population will remain stable at 29,000 persons. The majority (66 per cent) will live in the Bétou district; the rest will live in Brazzaville (23 per cent), Impfondo (five per cent), Pointe Noire, Ouessou and Pokola (4 per cent). While CAR refugees tend to settle into host communities, it is estimated that 40 per cent will choose to stay in the two sites (15 avril and Ikpebele) in the Bétou district.

The following priority needs have been identified:

Improve the living conditions in and around the former DRC refugee camps. Rehabilitate the shelters that are in poor condition and inadequate for hosting people
 Improve the inadequate water system. Populations currently use open wells which are potentially polluted.
 The state of latrines, which are in very poor condition, needs to be improved. There is no planned initiative from the Government to set up a sanitation system.
 There are only two ill equipped health centers in the Bétou district, for an estimated population of 57,000 people out of which 22,000 are CAR refugees.

Strategic overview for the response

The main cross-cutting strategic and prioritized objectives for the refugee response in 2016 will be as follows:

Ensure protection of refugees and their access to basic services and assistance

Access to asylum will be ensured by supporting asylum procedures and the registration and documentation of new CAR refugees. In 2016 and 2017, RRRP partners will continue to build the capacity of the Commission Nationale d'Assistance aux Réfugiés (CNAR) and of the Congolese authorities with regard to the recording, documenting and efficient processing of asylum claims, through training and other forms of assistance. It is assumed that the asylum law will be issued in 2016 and partners will advocate that the economic and social rights of refugees be preserved in the corresponding decrees and regulations.

Response to basic needs and provision of essential services will be supported. RRRP partners will ensure that CAR refugees have access to basic services, including education and health, and multi-sectoral assistance such as shelter and non-food items (NFIs) to support adequate living standards. The provision of individual documentation will help to facilitate such access.

SGBV prevention and response will include multi-sectoral assistance for SGBV survivors, SGBV awareness-raising sessions as well as community mobilization.

Increase the self-reliance of refugees and promote durable solutions

Livelihood support will be provided. Particular emphasis will be placed on empowering refugees living in rural and urban areas, in conformity with the policy on alternatives to camps.

Durable solutions for refugees, particularly those in protracted situations, will be promoted, including through contributing to sustainable local integration, voluntary return and successful resettlement to third countries. UNHCR Congo will engage in a tripartite agreement to facilitate the voluntary repatriation of CAR refugees, if the situation in the CAR stabilizes and if conditions for return in safety and dignity are conducive.

Partnership and coordination

UNHCR is coordinating the response for CAR refugees in accordance with the Refugee Coordination Model (RCM) and in cooperation with the Commission Nationale d'Assistance aux Réfugiés (CNAR) and local authorities.

In 2016, UNHCR interventions will be carried out through implementing partners. UNHCR leads multi-sectoral refugee response meetings in Brazzaville and in the field. This is done in close collaboration with UN agencies and NGOs and underpinned by standing agreements between UNHCR and partners, such as UNICEF, WHO, WFP, FAO, IOM and UNFPA. UN agencies implement their programmes in collaboration with local and international NGOs.

UNHCR field office in Bétou will continue holding regular weekly and monthly meetings with all humanitarian actors intervening in the refugee response.

HIGHLIGHTS



The annulment of prima facie recognition for CAR refugees will complicate the task of the Commission Nationale d'Assistance aux Réfugiés (CNAR), in its identification and referral procedures of asylum cases for refugee status determination and protection against refoulement.



Given the instability in the CAR, which causes the refugee influx to continue, it is difficult to prepare for the voluntary repatriation of refugees, and realistic planning figures are difficult to establish.

PLANNED RESPONSE



PROTECTION SECTOR

Current situation

In 2015, access to the territory was guaranteed and no cases of refoulement were reported. The average number of new arrivals during the January-June 2015 period was between 800 and 1,500 individuals per month and decreased to an average of 300 to 400 hundred as of July 2015. However, since the recent clashes in the CAR capital, Bangui, in September and October 2015, a new influx has been reported. Once again, the number of arrivals is surpassing those recorded at the beginning of the year. For 2016 humanitarian partners expect that there will be fewer arrivals (1,000 to 2,000) should the results of the Presidential elections bring more stability to the CAR.

Refugee families from CAR are biometrically registered on a regular basis and issued with refugee ID cards. Frequent monitoring missions are organized to relocate refugees living near the CAR border. Those not willing to relocate are registered and documented in situ. In 2015, humanitarian partners also conducted several advocacy and awareness-raising campaigns with authorities,

including training in Brazzaville for 200 police and security officers on the principles of non-refoulement and freedom of movement. With regard to sexual and gender-based violence (SGBV), four awareness-raising campaigns were organized, standard operating procedures (SOP) were revised, and social, medical and legal assistance was provided to SGBV survivors through four SGBV multi-sectoral response mechanisms. As for child protection, humanitarian partners continued to identify and register unaccompanied and separated children (UASC), conducted 80 best interest determinations (BIA), launched tracing services and placed certain UASC under the care of host families. About 300 adolescents were registered for vocational training and assisted with tuition fees and school kits. In Bétou, some 800 refugee children (aged two to five), benefitted from three child-friendly spaces (CFS), received a daily meal and participated in educational and recreational activities with the support of 36 community volunteers. A total of 129 persons with specific needs received targeted support, including dignity kits, rental deposits and agricultural kits.

Key challenges include the lack and limited capacity of specialized care facilities for refugees with specific needs,

REGISTERED REFUGEES - Arrivals in 2015 and 2016

REFUGEES

30,059

2015

2016

Jan/Jun

Jul/Sept

whole year

800/1,500

300/400

1,000/2,000

arrivals per week

arrivals per week

during the year

such as persons with disabilities and children at risk. There is also a lack of child protection and SGBV staff, and difficulties remain in obtaining birth certificates from administrative authorities.

Prioritized sector needs

The protection sector identified the following needs: it is important to ensure that CAR refugees continue to have access to asylum and asylum procedures. The decision of the Congolese Government issued on 20 July 2015 to end the prima facie status refugee recognition for new CAR refugees could restrict this access. Refugees are now required to undergo individual refugee status determination procedures, but the Government lacks sufficient capacity to process all asylum claims in a timely manner. On average, six years are required for an asylum seeker to receive a first instance decision in the Congo. There is a need to ensure that continued access to territory and asylum is advocated with Government and local authorities, as well as the strengthening of the CNAR's capacity to carry out refugee status determination. Currently, partners are advocating that the Eligibility Commission hold a session aimed exclusively at granting refugee status to those who arrived after 20 July 2015.

The response to and prevention of SGBV needs to be strengthened. In particular, access to legal recourse for SGBV survivors needs to be ensured, including through the organisation of capacity building and awareness-raising campaigns for judiciary and law enforcement agencies. The identification of children at risk and response to their needs, including by best interest determinations and targeted programmes must be enhanced. Community mobilization, in particular for refugees living in host villages needs to be strengthened. If the influx of CAR refugees into Bétou continues, it is likely that the number of persons with specific needs will increase from 34 to 37 per cent in 2016. They will require specific assistance and consideration within the humanitarian response.

Sector response plan

Protection actors will target 29,000 CAR refugees and 5,000 host community members. They will engage in the following response activities: Humanitarian partners will continue to advocate with the Government

for refugee access to asylum and protection, while working to strengthen the capacity of the CNAR and Congolese authorities to record, document and process asylum claims, by organizing training sessions. Humanitarian partners will also support CNAR field offices to monitor the enforcement of the prima facie recognition annulment and to ensure that asylum claims are referred for individual refugee status determination. Once national asylum law is enforced, UNHCR and partners will advocate that the economic and social rights of refugees be preserved in the corresponding decrees and regulations.

RRRP partners will ensure that the requirements of persons with specific needs are covered. As of 22 October, some 30,590 CAR refugees had been registered in the country, and humanitarian partners will continue to carry out biometric registration and verification as well as to issue appropriate documentation. RRRP partners will support community mobilization and community-based protection mechanisms, through the work of community volunteers in remote areas. SGBV awareness-raising campaigns targeting 5,000 children and 5,000 women and men are planned for 2016. Moreover, partners will ensure the provision of multi-sectoral assistance to SGBV survivors, including medical care, psycho-social counselling and legal assistance. Humanitarian actors will also provide SGBV and child protection training for officials such as health staff, police officers, social workers, and teachers and will continue to ensure the identification of and response for children at risk. Best interest determinations for 150 children are planned. Various vocational trainings and activities will be developed for 500 at risk adolescents and the management of the three child-friendly spaces (CFS) will be ensured. Awareness-raising campaigns on children's rights and child protection targeting 5,000 children and 5,000 women and men will be conducted.

Humanitarian actors expect that the security situation in the CAR will not be conducive to voluntary repatriation. However, support for voluntary repatriation will be provided to some 6,000 refugees if the needs arise. To prepare for these potential returns, negotiations aiming to establish a tripartite agreement are expected to start in 2016.

1 OBJECTIVE: To strengthen the response in case of voluntary return and resettlement

INDICATOR: 210 persons of concern (PoCs) identified in need of resettlement submitted for resettlement

| OUTPUT | TARGET & INDICATOR | FUNDING NEEDS (US\$) |
|--|--|----------------------|
| Return assistance provided | 6,000 PoCs received return packages | 1,286,636 |
| Safe and dignified returnee transport provided | 6,000 PoCs provided with safe and dignified returnee transport | 1,624,635 |
| Resettlement files submitted | 210 Resettlement Registration Forms (RRFs) submitted | 323,859 |

2 OBJECTIVE: Risk of human rights violations and SGBV reduced and response improved

INDICATOR: 100% of SGBV survivors had access to services

| OUTPUT | TARGET & INDICATOR | FUNDING NEEDS (US\$) |
|--|---|----------------------|
| Access to medical services facilitated | 100 reported SGBV incidents for which survivors received medical assistance | 131,839 |
| Material assistance provided | 50 reported incidents for which survivors received material assistance | 356,839 |

3 OBJECTIVE: Strengthen services for persons with specific needs

INDICATOR: 100% of persons of concern (PoCs) with specific needs received support

| OUTPUT | TARGET & INDICATOR | FUNDING NEEDS (US\$) |
|--|--|----------------------|
| Support to PoCs with specific needs provided | 9,865 PoCs with specific needs received support (non-cash) | 770,344 |

4 OBJECTIVE: Improve or maintain quality of registration, profiling and access to documentation

INDICATOR: 100% of persons of concern (PoCs) registered on an individual basis

| OUTPUT | TARGET & INDICATOR | FUNDING NEEDS (US\$) |
|---|--|----------------------|
| Registration data updated on a continuous basis | 100% of registration data updated during the last year | 1,007,844 |
| Capacity development supported | 100% of capacity support provided | 551,839 |

5 OBJECTIVE: The protection of children at risk is strengthened

INDICATOR: 100% of children at risk identified, referred and supported

| OUTPUT | TARGET & INDICATOR | FUNDING NEEDS (US\$) |
|---|--|----------------------|
| Child protection increased | 10,000 persons receiving protection messages | 57,728 |
| Community leaders reinforced | 10,000 leaders reinforced | 36,092 |
| Child friendly spaces supported | 3 child friendly spaces supported | 307,365 |
| Professionals trained | 200 professionals trained | 36,092 |
| Best interest determination process established and operational | 150 best interest determination decisions taken by BID panel | 168,839 |
| Prevention and response services for adolescents implemented | 500 adolescents participated in targeted programmes | 343,839 |



EDUCATION SECTOR

Current situation

In the Likouala department, and especially in the Bétou refugee settlements, the reception capacity of educational facilities is low. At the beginning of the academic year, 3,708 school-aged children previously enrolled in the CAR school system were identified. However, only 2,334 of them (1,207 girls and 1,127 boys) were enrolled in primary school in the Congo. During the first semester of 2015, over 2,000 new CAR refugees settled in the areas of Mouale, Mokabi, Tanri and Lopola in the Bétou district. Among this population, 700 school-aged children are neither enrolled in a school or being assisted.

In 2015, in the Bétou and Ikpembele areas, school-aged children from CAR were enrolled and provided with school supplies in the host community. Ten additional teachers were hired to bring the number up to sixty. The majority of these teachers are refugees. School supplies for pupils (books, copy-books, rulers and pens) were bought and distributed. Awareness-raising campaigns on equal access to education and the enrolment of girls were conducted and parent committees made responsible for identifying school-aged girls and facilitating their enrolment into school. Three classrooms were built, equipped, and provided with recreational material and school toolkits. Books were distributed to 2,110 CAR pupils, with particular focus on secondary level students.

Among the main challenges is the lack of local education infrastructures and their limited capacity to cater for all children in need. The number of teachers is too low and the latter would profit from extensive capacity building and training, to guarantee children's access to quality education.

Prioritized sector needs

The education sector has identified the following needs: Parents require support in order to pay for registration fees and school equipment (i.e. textbooks, dictionaries, photographic prints), especially for refugee girls, to avoid the risks of prostitution. Additional classrooms need to be built as current ones are overcrowded. Furthermore, the need for teachers is great and more need to be hired. Playgrounds and sport fields are lacking and need to be built in the schools. Finally, the high drop-out rate needs to be addressed and outreach activities must target all inhabitants of the area, to ensure a change in the mind-set of parents and children alike.

Sector response plan

The education sector will carry out priority activities, which include the following: RRRP partners will support the recruitment and training of additional teachers.

ACHIEVEMENTS AND WAY FORWARD



2015

2,334

children enrolled in primary school

2016

3,350

children who will be enrolled in primary school

The capacities of educational institutions will be reinforced through the improvement or maintenance of infrastructures and the construction of new classrooms. School kits (supplies and textbooks) will be distributed to 5,000 children at primary and secondary level in Impfondo, Bétou and Brazzaville.

The capacity of community leaders will be strengthened in order to mobilize children and encourage their attendance to school. Some 3,000 children and adolescents will receive life skills and vocational training.

1 OBJECTIVE: Population has optimal access to education

INDICATOR: 100% of primary school-aged children enrolled in primary education

| OUTPUT | TARGET & INDICATOR | FUNDING NEEDS (Us\$) |
|--|---|----------------------|
| Educational infrastructure constructed, improved or maintained | 5 educational facilities constructed or improved | 685,610 |
| Primary education provided or supported | 3,350 children enrolled in primary education | 522,144 |
| School items provided | 5 schools fully equipped (i.e. furniture, books etc.) | 50,000 |
| Capacity of professionals reinforced | 3,350 professionals reinforced | 20,000 |
| Capacity of community leaders reinforced | 3,350 community leaders reinforced | 10,000 |



UNHCR/H. Aminata Couro Djigo

FOOD SECURITY SECTOR

Current situation

Upon arrival, CAR refugees' health conditions are deplorable, and added to this setback is the high level of food insecurity in hosting areas. Indeed, the opportunities for refugees to engage in agricultural and other income generating activities are poor. Furthermore, Government policy imposes certain restrictions on refugee access to land and other subsistence activities. Thus, refugees are nearly entirely dependent on humanitarian assistance and prospects for the improvement of their self-sufficiency are very limited. According to the result of the joint assessment mission of carried out in 2014, it is estimated that 56 per cent of households are facing food insecurity and the vast majority (74 per cent) severely lack subsistence means.

To date, food assistance has been provided to 21,000 CAR refugees. In 2015, some 811,252 tons of food have been distributed to 17,175 people. Some 620 pregnant and lactating women received 1,117 tons of nutritional supplements and 770 children aged between 0-59 months benefitted from 0,520 tons of Plumy Nut Soup. In total, as of September 2015, humanitarian actors distributed 812,889 tons of food.

The use of negative coping strategies among the refugee population is commonplace: 21 per cent of households engage in crisis strategies (full days without eating, reduced spending on health and education) and 75 per cent engage in emergency strategies (depleting savings, undertaking illegal activities).

The sector's response will ensure that the food needs of

refugee populations are addressed, including by providing access to nutrient rich foods such as super cereals.

Prioritized sector needs

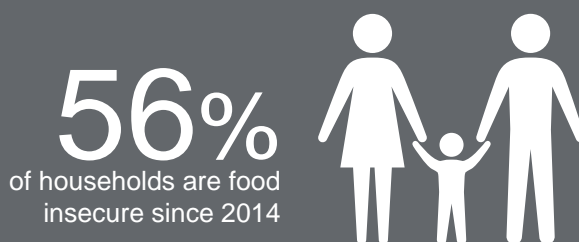
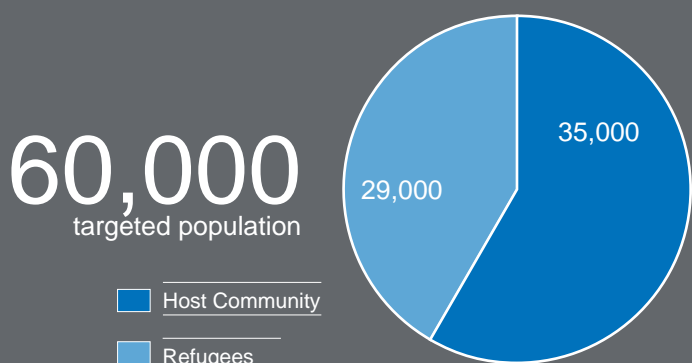
A survey was conducted among refugee households in August 2015 to assess the situation of refugees receiving food assistance in this sector. According to recent reports, refugees' nutritional situation is worrying and the number of malnourished persons assisted has exceeded expectations. In light of this, the main needs that have been identified are as follows: CAR refugees will have to continue receiving food assistance and a nutrition programme needs to be sustained to provide food supplementation to children under two years old, and to pregnant and breastfeeding women.

Sector response plan

The food security sector will carry out priority activities, which include the following: General food distributions will be organized for 25,000 CAR refugees and exceptionally for up to 35,000 host community members. A food security surveillance system will be established to monitor 25,000 refugees. RRRP partners will provide nutritional assistance to 1,200 pregnant and lactating women and 1,000 children aged of 0-59 months, who are displaying signs of malnutrition.

112

TARGETED POPULATION



1 OBJECTIVE: Enhance the provision of adequate food assistance to sustain the persons of concern (PoCs)

INDICATOR: 60,000 people receiving food assistance on a monthly basis

| OUTPUT | TARGET & INDICATOR | FUNDING NEEDS (US\$) |
|--------------------------|---|----------------------|
| Food rations distributed | 60,000 PoCs received food assistance on a monthly basis | 7,887,834 |





HEALTH & NUTRITION SECTOR

Current situation

Bétou is the largest CAR refugee hosting town in the Congo. It is facing challenges in providing health, HIV/AIDS services and nutrition assistance as there are too few medical and nutritional staff, repeated drug shortages in health facilities and breaks in internationally ordered medicine supplies. The technical facilities of laboratories are operating against sub-par standards due to the inadequacy and shortage of equipment. This has led refugees and host communities to engage in self-medication.

Since the arrival of CAR refugees in Bétou, in March 2013, humanitarian actors have established health service mechanisms with the support of local health authorities. The main causes of morbidity remain malaria (40 per cent of consultations), followed by acute respiratory infections (20 per cent), diarrhoeal diseases (15 per cent) and sexually transmitted diseases (10 per cent).

In March 2013, the malnutrition rate (GAM) stood at 14 per cent in Bétou. Health centres remain unable to treat all those suffering from malnutrition and medical and nutritional staff are lacking. The SMART survey conducted in 2014 indicated a moderate acute malnutrition rate of 5.2 per cent and a malnutrition rate of 9.7 per cent among 15 to 49-years old women. A nutritional screening was conducted among breastfeeding and pregnant refugee women, as well

as children among children under five years old. The challenge lies in providing varied diets to fight all types of malnutrition.

Prioritized sector needs

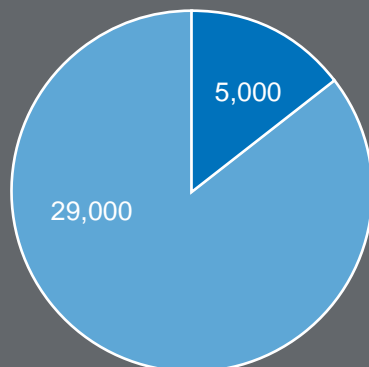
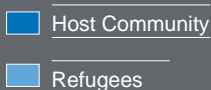
In the health sector, the following needs will have to be addressed: Health structures for essential and generic medicines need to be established and new medical staff recruited. Laboratories need to be equipped with technical facilities. Services are below standard and do not meet beneficiaries' expectations, not only because medical equipment is out-dated, but also because of the inadequacy and shortage of laboratory consumable items. Prevention services and an HIV/AIDS care centre need to be established. Mobile clinics for refugees in the sites are necessary to conduct nutritional screening, vaccinations and various other health promotion activities. All CAR refugee children having recently arrived need to be vaccinated against measles and the supply of vitamin A will have to be ensured.

Educative and community based awareness-raising sessions on nutritional practices for refugees in the sites and in the host community are necessary. Furthermore, there is a need to provide medicines and to treat malnourished persons of concern and breastfeeding and pregnant women, as well as children under five years old. Malnourished persons will need to receive additional food rations.

114

TARGETED POPULATION

34,000
targeted population



1st

cause of morbidity

MALARIA

Sector response plan

The health sector will carry out priority activities, which include the following: Partners will equip centres with technical services, complementary medicines and medical supplies (consumables and basic supplies). RRRP partners will improve and promote reproductive health care access for local and refugee populations. This implies supplying refrigerators, delivery beds, delivery kits and essential medicines for reproductive health. Prevention services and HIV/AIDS care will be established. Capacity building in the form of training will be provided to health workers on the integrated management of childhood diseases, epidemiological surveillance, as well as on hygiene and basic sanitation. RRRP partners will continue to promote good health practices among refugee households, including on

preventive measures against endemic and epidemic diseases such as the Ebola virus disease (EVD); to support this, some 29,000 treated mosquito nets will be distributed.

Preventive interventions and support to fight acute malnutrition in children aged 6 to 59 months and for pregnant women will be reinforced. Partners will equip nutrition rehabilitation centres, implement nutrition surveillance systems and provide complementary food supplements (such as 92 grams daily ration of Plumpy Nut Sup to 2,000 malnourished children for three months). Appropriate infant and young child feeding practices will be promoted through awareness-raising campaigns. RRRP partners will collect and analyse demographic, social and health data taking refugee profiles into account.



1 OBJECTIVE: Health status of the population improved**INDICATOR:** Crude mortality rate <1 (per 1,000 population/month)

| OUTPUT | TARGET & INDICATOR | FUNDING NEEDS (US\$) |
|--|--|----------------------|
| Access to essential drugs provided | 10 clinics supplied with essential drugs | 1,516,052 |
| Access to primary health care services provided or supported | 29,000 persons had access to primary health care facilities | 1,691,940 |
| Vaccination (measles) conducted | 5,545 children under 5 years vaccinated | 58,802 |
| Sufficient mosquito nets distributed | 29,000 long-lasting insecticide treated bed nets distributed | 196,940 |
| Capacity of staff reinforced | 350 staff trained | 40,516 |
| Children access life-saving interventions through community-based activities | 9,918 children under 5 years treated for malaria, ARI, and worms | 46,382 |

2 OBJECTIVE: Population has optimal access to reproductive health and HIV services**INDICATOR:** 100% of persons of concern (PoCs) have access to comprehensive reproductive health services

| OUTPUT | TARGET & INDICATOR | FUNDING NEEDS (US\$) |
|--|---|----------------------|
| Prevention of HIV mother to child transmission (PMTCT) services provided | 2,500 women received post-test counselling and testing in PMTCT | 400,406 |
| Preventive reproductive health and HIV services provided | 80% PoCs had access to male and female condoms | 391,942 |

3 OBJECTIVE: Improve nutritional well-being**INDICATOR:** Prevalence of global acute malnutrition (6-59 months) <10%

| OUTPUT | TARGET & INDICATOR | FUNDING NEEDS (US\$) |
|--|--|----------------------|
| Women and children with acute malnutrition accessed appropriate acute malnutrition management | 2,000 children treated/ admitted for MAM and SAM | 490,626 |
| Women and children accessed micronutrients from fortified foods, supplements or multiple micronutrient preparations | 3,500 children 6-59 months receiving multi-micronutrient, vitamin A supplementation; # of PLW receiving multi-micronutrient supplement (iron and folic acid) | 35,400 |
| Women and children accessed behaviour change communication interventions towards improving health care and feeding practices | 10,000 persons sensitized on key family practices | 97,745 |
| Capacities of health workers strengthened | 250 health and community workers trained and equipped | 56,364 |
| Planning exercise, monitoring, supervision of activities at all levels strengthened | 10 workshops on planning and monitoring of activities conducted | 75,000 |
| Nutrition surveillance system implemented | 2,000 children treated/admitted for MAM and SAM | 461,942 |



LIVELIHOODS & ENVIRONMENT SECTOR

Current situation

Prospects for finding work in the region are notoriously low and in addition, refugees' limited access to agricultural activities and natural resources poses a serious socio-economic challenge. This lack of social mobility brings with it protection risks such as a tendency for male refugees to get involved in crime and violence against women and children. In 2013 and 2014, programmes aiming to provide refugees with income generating activities benefited 3,364 persons (10 per cent of the Bétou population) from the host and refugee communities. However, given the notorious lack of job opportunities in the Congo which is impacting host communities as well, it will be challenging for humanitarian actors to continue building up on the achievements made in 2015, unless more development actors step in to support already ongoing activities and programmes.

Prioritized sector needs

In the livelihoods sector, the following needs will have to be addressed: the development of various income-generating activities is required. In collaboration with refugees, avenues must be explored to help them to

strengthen their socio-economic resilience. They must be given access to farmland and to natural resources and tools for agriculture and fishing will have to be provided.

Sector response plan

The livelihoods sector will target some 7,743 refugees and 9,891 host community members and will focus on the following activities: RRRP partners will reinforce income-generating activities, provide tool-kits, microcredits and support for agro-pastoral cooperatives/groups. Partners will support refugees' access to self-employment by supporting small business associations. Seeds, agriculture and fishery tools will be distributed to refugees. Partners will engage in offering skills development, literacy training on the management of income-generating activities and other livelihood activities.

SECTOR PRIORITIES



17,634

persons will benefit from livelihoods and environment activities

10,000

persons will have access to agriculture, livestock or fisheries



1 OBJECTIVE: Improve self-reliance and livelihoods

INDICATOR: 15,000 persons of concern (PoCs) (18-59 years) with own business/ self-employed for more than 12 months

| OUTPUT | TARGET & INDICATOR | FUNDING NEEDS (US\$) |
|---|---|----------------------|
| Access to agricultural / livestock / fisheries production enabled | 10,000 PoCs received production kits or inputs for agriculture/ livestock/ fisheries activities | 1,409,458 |
| Access to self-employment/ business facilitated | 5,000 small business associations facilitated or supported | 649,874 |



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SHELTER & NFI SECTOR

Current situation

As CAR refugees continue to arrive, additional shelters in the 15 avril and Ikpembele sites are needed. Efforts are also under way to progressively replace transitional shelters with new semi-durable shelters.

Newly arrived CAR refugees need essential household items, and refugees who have been in the RoC for over two years should also have their NFIs replaced, as these older items may otherwise pose a hazard to their health. The household items that are currently available, however, will not meet the existing needs in terms of core relief items, as the refugee population is lacking even the most basic of household items (e.g. kitchen items, sleeping mats, blankets, jerry cans and soap).

Prioritized sector needs

In the shelter and NFIs sector, the following needs will have to be addressed: Additional shelter made of bricks is needed; building in clay bricks may also help boost the local economy, particularly in Bétou. Given that the local communities are hosting more and more refugees, the number of shelters for refugees is expected to decrease in Bétou and Ikpembele. The role, refugees play in responding to their own housing needs and preferences is important, as they can help determine the type of accommodation that is appropriate for their

families. In this regard, CAR refugees expressed a preference for straw roofs as they accumulate much less heat than tarpaulins. Refugees' participation and the maintenance of the buildings is a priority. The overall objective of the shelter and NFI response is to provide some household items and sanitary kits to all 29,000 refugees, respecting guidelines.

Sector response plan

The shelter and NFIs sector will carry out priority activities, which include the following: Partners will construct 500 individual shelters and rehabilitate 300 existing shelters for new arrivals from CAR, while camp and site management in Bétou will continue to be provided. Some 1,600 transitional shelters will be delivered, and core NFIs and sanitary kits will be distributed.

SECTOR PRIORITIES



1,600

Households will receive a transitional shelter



8,700

women will receive a bar of soap every month

1 OBJECTIVE: Provide sufficient basic and domestic items to population

INDICATOR: 100% of households whose needs for basic and domestic items are met

| OUTPUT | TARGET & INDICATOR | FUNDING NEEDS (US\$) |
|---|--|----------------------|
| Core relief items provided | 7,250 households received core relief items 8,700 women benefitted from soap distribution (per person/ per month) | 1,329,501 |
| Sanitary materials provided | 8,700 women received sanitary materials | 521,991 |
| Warehousing provided, repaired and maintained | 5 warehouses maintained | 462,489 |

2 OBJECTIVE: Shelter and infrastructure established, improved and maintained

INDICATOR: 100% of households living in adequate dwellings

| OUTPUT | TARGET & INDICATOR | FUNDING NEEDS (US\$) |
|--------------------------------|--------------------------------------|----------------------|
| Transitional shelters provided | 1,600 transitional shelters provided | 751,993 |



WATER, SANITATION & HYGIENE SECTOR

Current situation

In the beginning of 2015, the 15 avril site had 13 wells for 5,861 people, a ratio of around 450 refugees per well. There was an estimated 13 liters of drinking water per refugee per day. In Ikpengbele, there were only three functional wells for 2,228 people, a ratio of one well for 742 people, which falls below minimum standards. This worrying situation is linked to the poor quality of water and surface water contaminating groundwater. To help address some of these issues water management committees were established in the Bétou area, but most of these committees will need support to be effective.

In the 15 avril site, there are also 42 traditional toilets (193 refugees per toilet) and 46 showers (175 refugees per shower). In this regard, the site does not meet the standard of 50 persons per shower. With almost 426 people sharing the same washing area, the situation is further exacerbated.

In the Ikpembele site, many needs have not been met. There is a ratio of 87 refugees per traditional toilet, while the standard is 20 people per toilet. There are also 59 people per shower and one washing area

is shared by 446 people. This situation is further aggravated by the deterioration of infrastructure, and the fact that the site handles the arrival of an additional 500 refugees or so per month.

Prioritized sector needs

In the WASH and sanitation sector, the following needs will have to be addressed: Daily monitoring of the water quality should be reinforced in order to guarantee access to safe drinking water for refugees. A portable water analysis kit must be available and placed at partners' disposal. Wells must also be equipped with manual water pumps in the 15 avril and Ikpembele sites, and should be replaced by drillings. Additional water management committees need to be set up and supported. Current drainage systems need to be improved to reduce the risk of water contamination and the spread of disease. Training is needed on hygiene and sanitation, as well as on WASH management. Refugees should be sensitized to hygiene measures and to the proper use of water. Further, the management of infrastructure is required, which also help to serve the host community in Bétou and Ikpembele.

MAIN GAPS

“15 avril”
refugee camps

13

liter/person/day

13 wells

for

5,861 refugees

“Ikpengbele”
refugee camps

12

liter/person/day

3 wells

for

2,228 refugees



Sector response plan

The WASH and sanitation sector will carry out priority activities, which include the following: WASH activities will target some 29,000 CAR refugees and some 5,000 host community members. RRRP partners will provide manual water pumps and water purification and quality control products for wells in the 15 avril and Ikpembele sites. Water supply systems will be upgraded, and while 85 water points are rehabilitated, 10 new wells will be constructed. Some 30 water management committees will be established or activated to help reduce water

contamination risks as well as the spread of waterborne diseases, while aiming to provide every household to have enough water, up to 20 liters per person per day. A total of 50 chlorination points will be established and managed, water points will be disinfected, and the water quality will be monitored and controlled. RRRP partners will construct 200 emergency latrines and 250 semi-durable latrines in school and health centres, and rehabilitate communal latrines. Furthermore, awareness-raising campaigns for the promotion of sanitation and hygiene will be conducted.

1 OBJECTIVE: Increase and maintain supply of potable water
INDICATOR: A minimum of 20 litres of potable water available per person per day

| OUTPUT | TARGET & INDICATOR | FUNDING NEEDS (US\$) |
|---|--|----------------------|
| Water management committees established and active | 30 water management committees established | 302,043 |
| Water systems constructed, expanded and/or upgraded | 50 wells constructed | 678,886 |
| Quality assurance of water strengthened | 50 KAP surveys conducted | 50,000 |



2 OBJECTIVE: Population lives in satisfactory conditions of sanitation and hygiene

INDICATOR: 85% of households have access to sanitation facilities

| OUTPUT | TARGET & INDICATOR | FUNDING NEEDS (US\$) |
|---|--|----------------------|
| Community sanitary facilities/ latrines constructed | 200 communal sanitary facilities/ latrines constructed | 954,736 |

FINANCIAL REQUIREMENTS

by Agency & Sector

| ORGANIZATION | PROTECTION | EDUCATION | FOOD SECURITY | HEALTH & NUTRITION | LIVELIHOODS & ENVIRONMENT | SHELTER & NFI | WASH |
|--------------|------------|-----------|---------------|--------------------|---------------------------|---------------|-----------|
| FAO | | | | | 216,578 | | |
| IOM | 1,140,975 | | | 344,025 | | | |
| UNHCR | 5,425,538 | 1,182,754 | | 4,190,387 | 1,842,754 | 3,065,974 | 1,646,130 |
| UNICEF | 437,277 | 105,000 | | 398,377 | | | 289,535 |
| WFP | | | 7,887,834 | | | | |
| WHO | | | | 165,326 | | | |
| Total | 7,003,790 | 1,287,754 | 7,887,834 | 5,098,115 | 2,059,332 | 3,065,974 | 1,935,665 |

by Agency

| ORGANIZATION | TOTAL REQUIREMENTS (USD) |
|--------------|--------------------------|
| FAO | 216,578 |
| IOM | 1,485,000 |
| UNHCR | 17,353,537 |
| UNICEF | 1,230,189 |
| WFP | 7,887,834 |
| WHO | 165,326 |
| Total | 28,338,464 |

ANNEX

ANNEX I

List of Acronyms

| | |
|---------|---|
| ACF | Action Contre la Faim |
| ADRA | Adventist Development and Relief Agency |
| AGD | Age, gender and diversity |
| AGDM | Age, gender and diversity mainstreaming |
| AHA | African Humanitarian Action |
| ART | Antiretroviral therapy |
| ARV | Antiretroviral |
| ASOL | Afrique Solidarité Suisse |
| CAAFAG | Children associated with armed forces and armed groups |
| CAR | Central African Republic |
| CBI | Cash-based initiative |
| CFS | Child-friendly space |
| CMAM | Community-based management of acute malnutrition |
| CNAR | Commission Nationale d'Assistance aux Réfugiés |
| CNARR | Commission Nationale pour l'Accueil et la Réinsertion des Réfugiés et des Rapatriés |
| CNR | Commission nationale pour les réfugiés |
| CRF | Croix-Rouge française |
| CRS | Catholic Relief Services |
| DRC | The Democratic Republic of Congo |
| EIE | Education in Emergencies |
| FAO | Food and Agriculture Organization |
| FRC-CRC | Federation of the Red Cross/ Cameroon Red Cross |
| GAM | Global acute malnutrition |
| GBV | Gender-based violence |
| IDP | Internally displaced people |
| IGA | Income-generating activities |
| IMC | International Medical Corps |
| IOM | International Organization for Migration |

| | |
|-------------|--|
| IRC | Internationale Rescue Committee |
| KAP | Knowledge, attitudes and practices |
| LWF | Lutheran World Federation |
| MAM | Moderate acute malnutrition |
| MINAS | Ministères pour les Affaires Sociales |
| MUAC | Mid-upper arm circumference |
| NFI | Non-food items |
| PDM | Post distribution monitoring |
| PLW | Pregnant and lactating women |
| PMTCT | Prevention of mother-to-child transmission |
| PNDP | Plan National de Développement Participatif |
| POC | Persons of concern |
| PTA | Parent teacher association |
| PU-AMI | Première Urgence-Aide Médicale Internationale |
| RET | Refugee Education Trust |
| ROC | The Republic of Congo |
| SAFE | UNHCR Global Strategy for Safe Access to Fuel and Energy |
| SAM | Severe acute malnutrition |
| SENS | Standardized Expanded Nutrition Survey |
| SGBV | Sexual and Gender-based Violence |
| SMART | Standardized Monitoring and Assessment of Relief and Transitions |
| SOLIDARITÉS | Solidarités International |
| SOP | Standard Operation Procedures |
| TLS | Temporary learning space |
| UASC | Unaccompanied and separated children |
| UNDAF | United Nations Development Action Framework |
| UNFPA | United Nations Population Fund |
| UNHCR | United Nations High Commissioner for Refugees |
| UNICEF | United Nations Children's Fund |
| UN WOMEN | United Nations Entity for Gender Equality and the Empowerment of Women |
| VCT | Voluntary counselling and testing |
| WASH | Water, Sanitation and Health |
| WFP | World Food Programme |
| WHO | World Health Organization |

Working together



and ASOL-SUISSE, RED DEPORTE

