

**REVISED  
SOUTH SUDAN REGIONAL  
REFUGEE RESPONSE PLAN**

*January – December 2016*



**Revised  
August 2016**

**Cover photograph:**

Justine Underete taking her sick daughter Fozia to the health centre. She fled from South Soudan with her two daughters. UNHCR/C.Delfosse.

## Strategic Overview

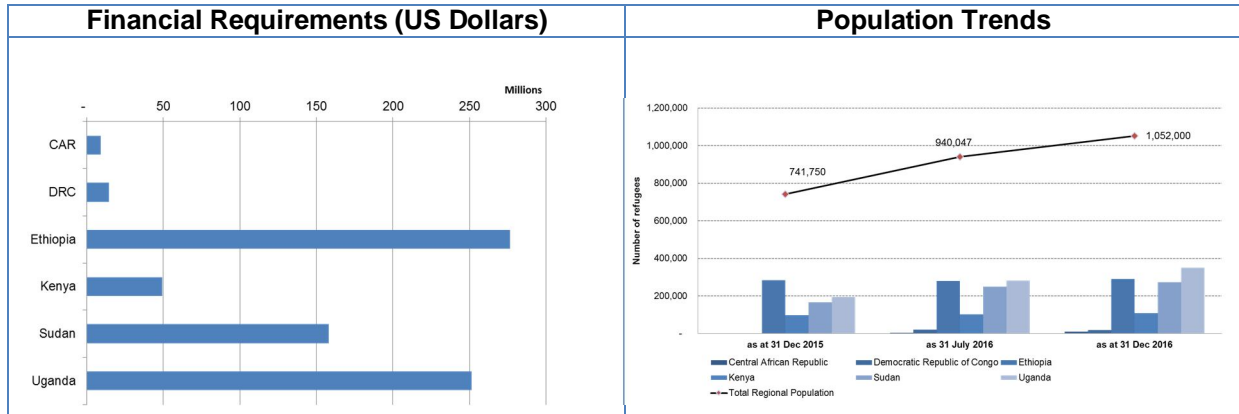
<b>Period</b>	<b>January to December 2016</b>
<b>Current Population</b>	<b>940,047</b>
<b>Population Planning Figures</b>	<b>1,052,000</b>
<b>Target Beneficiaries</b>	<b>1,052,000</b>
<b>Financial Requirements</b>	<b>US\$ 759,046,304</b>
<b>Number of Partners</b>	<b>48</b>

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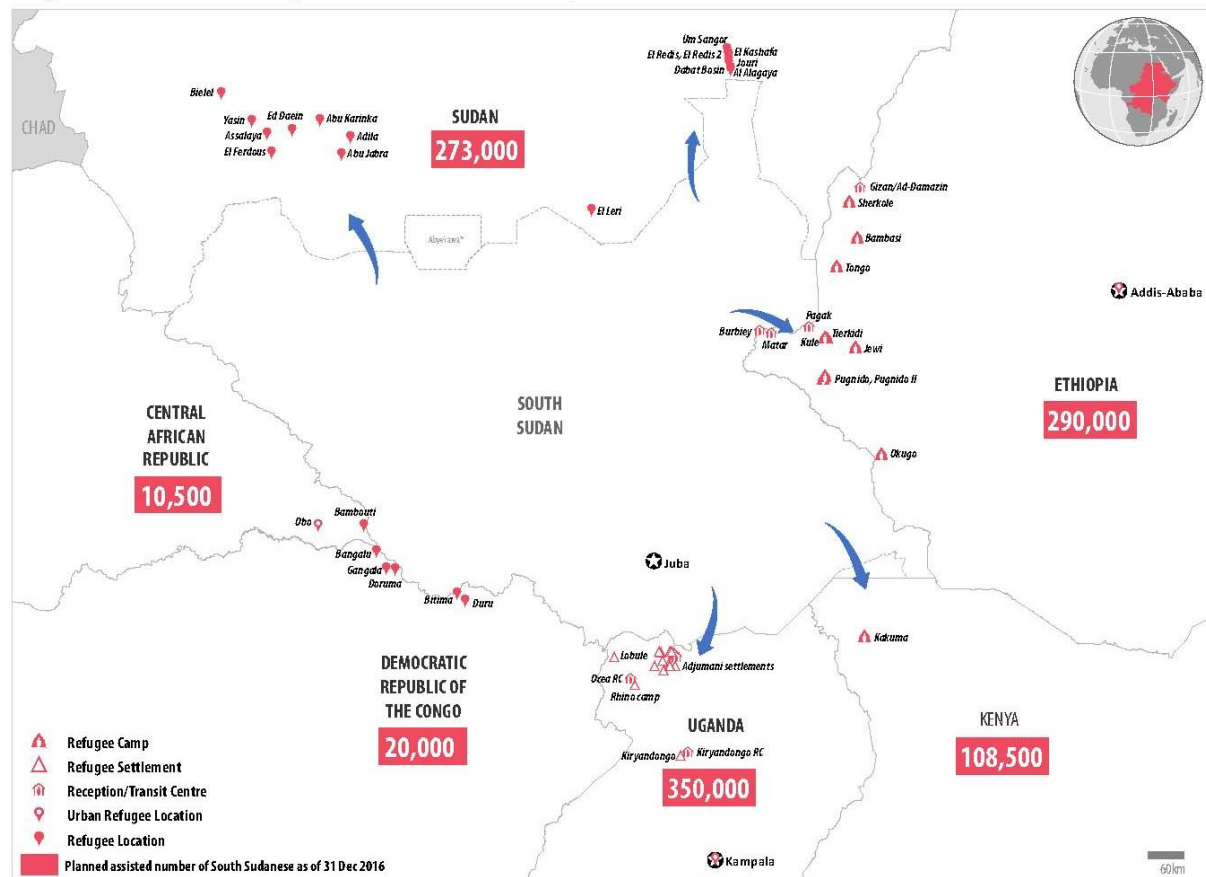
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# REGIONAL REFUGEE RESPONSE DASHBOARD



## Projected number of refugees from South Sudan by 31 December 2016



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined. \* Final status of the Abyei area is not yet determined. Sources: Refugee statistics - UNHCR, Boundaries - UNCS

# REGIONAL STRATEGIC OVERVIEW

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## ***Introduction***

The year 2016 has seen consistent and high numbers of new refugees from South Sudan. From January to July 2016, more than 198,000 South Sudanese refugees have sought asylum, mainly in Uganda (some 89,000 individuals) and Sudan (82,000 individuals). For the first time, the Central African Republic (CAR) and the Democratic Republic of the Congo (DRC) received refugees from South Sudan, as conflict and insecurity spread to new areas of the country. As of 31 July 2016, the total number of South Sudanese refugees stands at more than 940,000 individuals, of whom some 817,000 people have fled since December 2013. Out of this total, some 70 per cent are children and close to 60 per cent are adult women.

The Agreement on the Resolution of the Conflict in the Republic of South Sudan signed in August 2015 represents a key opportunity to end the armed conflict that killed tens of thousands and left some 2.4 million people displaced inside and outside of South Sudan since the conflict broke out in mid-December 2013. On 26 April 2016, the South Sudan First Vice President Designate, Dr. Riek Machar, arrived in Juba and was subsequently sworn in as the first vice-president in a newly formed Transitional Government of National Unity (TGoNU), which will run the country for 30 months.

While the formation of the TGoNU is a positive step, human rights violations remain and the situation is volatile with localized conflict continuing in certain areas of the country, including those previously unaffected by conflict in Greater Bahr El Ghazal and Greater Equatoria. While small-scale spontaneous return movements have been observed in South Sudan the forced displacement inside and outside of the country continues.

In a statement issued on 4 May 2016, the United Nations Security Council called on South Sudan's newly formed Transitional Government of National Unity to urgently remove impediments to the delivery of humanitarian assistance and to allow UNMISS free movement to exercise its mandate, including protection of civilians and investigation of human rights violations. Targeted sanctions remain in place for South Sudan, and a Panel of Experts is mandated to oversee implementation, gather, examine and analyse information regarding sanctions.

According to the Integrated Food Security Phase Classification of South Sudan, issued on 29 June 2016, up to 4.8 million people are projected to face severe food shortages over the coming months, with the risk of a food crisis continuing to threaten other parts of the country. This prognosis comes at a time of an unusually harsh season where roads become impassable and represents the highest level of hunger since the conflict began two and half years ago. Of particular concern are new areas of severe food insecurity such as Northern Bahr el Ghazal and Eastern Equatoria that have already started contributing to the outflow of the population.

The 2016 Regional Refugee Response Plan, launched in December 2015, was elaborated through a consultative process coordinated by UNHCR with the involvement of some 45 UN agencies and NGO partners; based on agreed planning figures it provides a framework for interagency interventions for the assistance and protection of the South Sudanese refugees.

In April 2016, UNHCR and Regional RRP partners agreed to revise the Regional RRP for 2016 based on the new large-scale influx of South Sudanese refugees between January and end April in the traditional asylum countries but also including the two new asylum countries, CAR and DRC. In the first four months of the year, Sudan had received 88 per cent of their planned 2016 population and Uganda had received 73 per cent of their anticipated annual arrivals. UNHCR and Regional RRP partners estimate based on the current trends, that the total population figure will approach one million South Sudanese refugees by the end of 2016.

A new agreed feature in the 2016 Revised Regional RRP is the inclusion of all South Sudanese refugees who were in the countries of asylum prior to the start of the conflict in December 2013. The rationale is to have a consolidated view of the needs and solutions for all South Sudanese refugees in the region.

An inter-agency coordination meeting called by UNHCR took place in Nairobi in May to discuss revising the 2016 Regional Refugee Response Plan and the Contingency Plan based on the new planning figures and the addition of CAR and DRC to the plan.

This revision is therefore the result of collaborative work between UNHCR and Regional RRP partners at the country and regional levels, to plan for the rest of the year – from June to December 2016.

## Second Revision of the Uganda Response Plan<sup>1</sup> - August 2016

On 7 July 2016, fighting again broke out in Juba between the Government forces of President Salva Kiir and rebel forces loyal to then Vice President Riek Machar. The clashes, which left over 300 dead and tens of thousands fleeing the capital, brought political instability throughout the country and cast doubt upon the Transitional Government of National Unity of the August 2015 Peace Accords.

In Uganda, the resumption of fighting in South Sudan triggered one of the worst refugee emergencies since the initial influx of South Sudanese refugees in 2014 and saw some 70,000 South Sudanese refugees arrive in the month following 7 July. Worryingly, women and children made up as much as 95 per cent of the new arrivals during this period, fleeing from a conflict now notorious for sexual and gender-based violence and other war crimes.

This rapid mass influx exceeded the end of year planning figure for Uganda of 271,000 and saw the country hosting over 300,000 Sudanese refugees by early August 2016. This prompted a second revision of the Uganda country chapter of the 2016 South Sudan Regional RRP in August 2016 to highlight and respond to the additional needs of more than 70,000 newly arrived South Sudanese refugees since July 2016. With this second revision, the overall population planning figure increases from 271,000 to 350,000 South Sudanese refugees hosted in Uganda by the end of 2016.

## Beneficiary Population

	End-Year Population <i>(31 Dec 2015)</i>	Current Population <i>(31 Jul 2016)</i>	Final Planning Population <i>(31 Dec 2016)</i>
Central African Republic		4,103	10,500
Democratic Republic of Congo		20,954	20,000
Ethiopia	283,537	280,301	290,000
Kenya	97,955	103,104	108,500
Sudan	166,638	248,878	273,000
Uganda	193,620	282,707	350,000
<b>Total Population</b>	<b>741,750</b>	<b>940,047</b>	<b>1,052,000</b>

In the **Central African Republic**, since mid-December 2015, more than 4,000 refugees from South Sudan have sought asylum, the vast majority of them in the Bambouti. By the end of 2016, it is estimated that, the total number of refugees in will reach 10,500.

In the **Democratic Republic of the Congo**, since mid-December 2016, more than 20,900 refugees from South Sudan have sought asylum, the vast majority of them in the Haut-Uele region, and more particularly in Dungu. By the end of 2016, it is estimated that the total number of refugees in will reach 20,000.

In **Ethiopia**, more than 280,000 refugees from South Sudan have sought asylum, the vast majority of them in the Gambella region. This includes the pre-December 2013 caseload of about 54,000

<sup>1</sup> See page 68 for the revised Uganda Response Plan of August 2016.

refugees. By the end of 2016, it is estimated that the total number of South Sudan refugees in Ethiopia will be 290,000.

In **Kenya**, more than 103,000 refugees from South Sudan have sought asylum, the vast majority of them in the Kakuma region. The total number includes South Sudanese refugees who were in Kenya prior to the end-2013 conflict. It is estimated that an additional 5,300 South Sudanese could seek asylum in 2016, bringing the total number of refugees in Kenya to 108,500 by the end of 2016.

In **Sudan**, more than 248,000 refugees from South Sudan have sought asylum, the majority of them in White Nile and South Kordofan. This number includes some 82,000 newly arrived South Sudanese since the beginning of the year. Based on current trends, an additional influx of some 24,000 South Sudanese is expected in Sudan by the end of 2016 bringing the total number of South Sudanese refugees to 273,000 by end-2016.

In **Uganda** by early August 2016 almost 300,000 South Sudanese refugees have sought asylum mainly in Adjumani, Kiryandongo and Arua regions. This number includes those in Uganda prior to the 2013 conflict and the new influx from January to July 2016 of some 89,000 persons. With the exodus continuing, another 50,000 South Sudanese are expected to flee to Uganda in the coming months, bringing the total number of refugees to 350,000 by the end of 2016.

## ***Regional Protection and Humanitarian Needs***

Despite the open border policies, the *prima facie* recognition of South Sudanese refugees in all the countries of asylum, and the stabilization of the emergency in most of the countries, the needs of South Sudanese refugees remain dire. In a country with some of the worst human development indicators even prior to the crisis, the coping mechanisms of its population have been severely affected and the gains of the short-lasting peace that were achieved when South Sudan became independent in 2011 have been eroded.

Currently, more than 7.5 million people – nearly two in every three persons in South Sudan – are food insecure, including four million who are severely food insecure, while 4.6 million people are estimated to need humanitarian assistance. In this context, lack of security and subsequent extreme hunger in South Sudan have disrupted the livelihoods of people; these remain the main triggers that are likely to continue forcing people to seek asylum in the neighbouring countries of CAR, DRC, Ethiopia, Kenya, Sudan and Uganda in 2016.

Together with partners and in close collaboration with Government counterparts in the countries of asylum, UNHCR will continue to ensure that individual registration and profiling of refugees is conducted in order to capture specific needs and vulnerabilities of the newly-arrived population and to provide targeted responses. Where feasible, biometrics will be used to enhance the effectiveness of registration systems. Particularly important will be the follow-up on the registration in Sudan and in Uganda where the Government has taken the overall responsibility for refugee registration.

As more than two years have passed since the beginning of the crisis in South Sudan, and as the refugee response has been progressively consolidated in the countries of asylum, it has become imperative to strengthen the emphasis on interventions that promote self-reliance, build resilience, and seek longer-term solutions for South Sudanese refugees despite challenges including funding constraints. In this regard, Regional RRP partners will work closely with Government counterparts to uphold a conducive legal and policy environment for asylum that ensures that refugees can have access to national services in order to bridge the gap from humanitarian assistance to development.





Figure 1: Newly arrived refugees from South Sudan queue to receive their daily food ration at Nyumanzi reception centre in Adjumani, Uganda. UNHCR/I.Kasamani

With some 70 per cent of the refugees under the age of 18, children bear the brunt of the refugee crisis. As stated by the African Committee of Experts on the Rights and Welfare of the Child referring to the South Sudan conflict: *“the impact of the conflict on children (...) has been greater than in the entire 21-year period of the second civil war”*. Children have been torn from their families because of the conflict, or have been separated because of the depletion of the families’ coping mechanisms and their subsequent inability to support children under their care. With over 36,000 children registered as unaccompanied or separated across the region, Regional RRP partners need to strengthen their collaboration to continue to provide interim care arrangements and family tracing and reunification.

The disruption of social networks and trauma caused by the conflict and the multiple movements have exacerbated intra-family violence, high-risk behaviour of adolescents and youth such as child recruitment, early pregnancy, and other protection risks. To address those risks, referral mechanisms and specialized services such as psycho-social support, medical services, legal aid and safe shelters must be in place. In line with the Updated Framework for the South Sudanese and Sudanese Children (July 2015-June 2017), emphasis will be placed on working to address the needs of affected children and youth victims of abuse, violence and neglect, including through case management and strengthening national child protection systems. In the meantime, community based protection mechanisms should be established and/or strengthened to mobilize, *inter alia*, the youth, religious leaders and refugees, which will contribute to prevent child protection violations and mitigate protection risks.

Approximately 80 per cent of the households are headed by women, who must care for many children. Women and girls continue to be exposed to different forms of sexual and gender based violence (SGBV), including early marriage, and confronting cultural barriers that hamper their access to jobs, education, and vocational and life-skills’ training opportunities.

Overall enrolment rates for South Sudanese refugee children remain critically low at 56 per cent. The provision of education is a cornerstone for the promotion of self-reliance and longer-term solutions of two-thirds of the refugee population – the children – and a unique entry point to promote local integration and peaceful coexistence. Comprehensive education strategies at the national and regional levels are being developed to special attention to refugee girls. Overall, the link between

protection and education should be strengthened in order to address issues such as psycho-social support for children, increase the effectiveness of services for host communities, and ensure that services will contribute to refugee self-reliance by helping displaced communities adapt to the new circumstances they face.

Basic services, including nutrition and health care services, water and sanitation as well as food assistance, will continue to be provided to address the high prevalence of malnutrition. Community-based training and sensitization will continue for community compliance and safety. It is critical to provide immunizations according to the national schedule to all the children below two years of age, to reduce mortality due to vaccine preventable causes. Strengthening community health systems should be a priority for both the governments and development partners.

Increased attention will be given to using preventative nutrition such as the continuation of blanket supplementary feeding of children aged 6-23 months and pregnant and lactating women and improved infant and young child feeding. Cash-based interventions will be promoted, when feasible, to increase the choice for refugees and improve their dietary diversity. Continued efforts in joint fundraising will be needed to support WFP, to ensure the access of refugees to full food rations.

Provision of basic, emergency WASH services continue to be a priority for new arrivals. While water trucking will be necessary at the initial stage of the establishment of a new camp, more semi-permanent water sources will be installed. As refugees become more settled and the situation becomes more protracted, incremental improvements will be sought to increase access to WASH services through improved coverage (such as household latrines) and the implementation of more sustainable and cost-effective infrastructure to reduce recurrent operational costs (for example, upgrades to water supply and network extensions). Partners in the WASH and energy sectors will work in close coordination to adopt solar technology for water pumping as soon as and where possible in order to ensure the reliability and sustainability of the water supply, while reducing recurrent costs and lessening the environmental impact.

The refugee influx has put a heavy strain on the limited resources and overstretched services in the areas of settlement. As it is most likely that the majority of South Sudanese will remain refugees throughout 2016, it remains critical to ease any risk of tension that may arise with the host communities. Thus, humanitarian actors will continue to work on integrated approaches and policies that benefit both refugees and host communities, and promote peaceful coexistence through peace-building interventions. Related to that is the importance of continuing the discussion with the Governments for the allocation of suitable land, which will allow the decongestion of camps and settlements and which will enable the design and implementation of more sustainable interventions for livelihoods and self-reliance - that may benefit both host and refugee communities.

Participation of refugees in planning, implementing and monitoring can ensure that priorities and delivery are reflective of refugee women, men, boys and girls and contribute to their own protection. The humanitarian community will work together to ensure that protection and assistance are informed by the views and feedback of persons of concern and that accountability to affected populations is operationalized.



Figure 2: A family of refugees from South Sudan fetch water from the well near the home of the Congolese family that has taken them in Dungu, Democratic Republic of Congo. UNHCR/C. Delfosse.

## **Achievements**

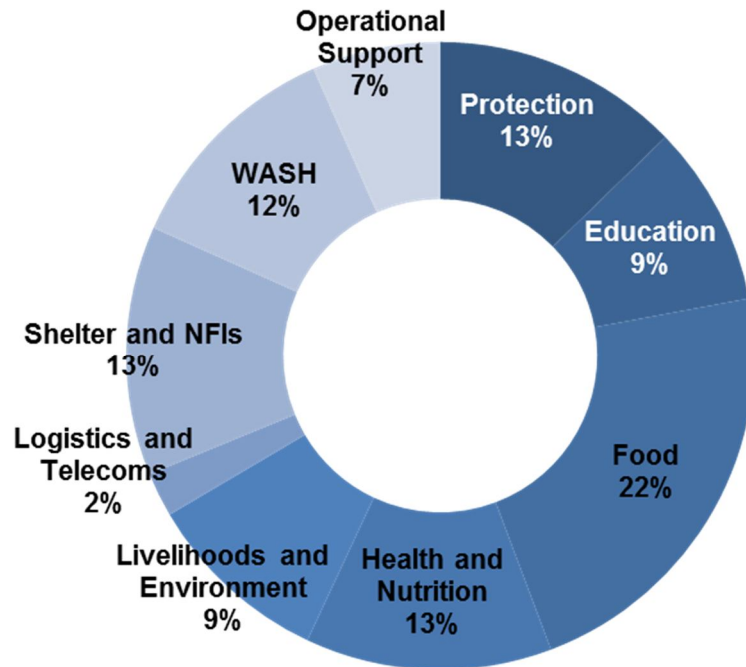
- The Governments of CAR, DRC, Ethiopia, Kenya, Sudan and Uganda have maintained open borders, and they have allowed refugees fleeing South Sudan to have access to asylum on a prima facie basis.
- Physical and legal protection of refugees was ensured and the respect of the civilian character of refugee camps and sites was maintained, thanks to community policing and trainings of law enforcement agents.
- Household registration has been completed in all countries, while individual and biometrics registration has been carried out for an average of 99 per cent of the South Sudanese refugees in Kenya, Ethiopia and Uganda (compared with 87 per cent last year).
- The Regional Child Protection Network comprised of Lutheran World Federation, Plan International, Save the Children International, UNICEF, World Vision and UNHCR conducted a regional exercise in 2015 to analyse the challenges and achievements surrounding the child protection response. While child protection mechanisms and specialized services have been put in place, more effort will need to be made to strengthen them and ensure their sustainability. All registration points have a child protection desk with staff equipped with child friendly interview techniques and with skills to safely identify and refer UASC and children with other protection risks. The interventions of the Regional Child Protection Network are guided by the regional priorities set in the Updated Framework for the Protection of South Sudanese Refugee Children (July 2015-June 2017) aiming at strengthening the national child protection systems through the emergency response and enhancing community based protection mechanisms to mitigate protection risks and support the safe identification and referral of children victims of abuse and violence.
- A Regional Information Sharing Protocol on Unaccompanied and Separated Children (RISP) was established in May 2015 to facilitate cross-border, inter-agency sharing of personal data in order to trace separated children and parents and to track children who have been registered by UNHCR or a Child Protection agency but whose current whereabouts are

unknown. A Steering Committee comprising UNICEF, Save the Children and UNHCR was set up. A review of the RISP was conducted by an independent team of consultants throughout May and June 2016 to analyse the extent of the effectiveness of the Regional Information Sharing Protocol in supporting the tracking and tracing for South Sudanese unaccompanied and separated children and their parents/relatives. Findings will be shared in July 2016. A review was also conducted with partners involved from countries of asylum. Preliminary findings show the need to invest more in country foundations to ensure success of family tracing and cross-border reunifications.

- Mechanisms to address SGBV have been enhanced and all receiving countries have established inter-agency coordination groups and referral pathways.
- Refugees had access to basic life-saving emergency provisions, such as water, sanitation and hygiene (WASH), primary health care, nutrition services and shelter. The nutrition services include the treatment of severe and moderate acute malnutrition, blanket supplementary feeding to children under two years and pregnant and lactating women, and infant and young child feeding interventions. All countries are close to achieving the emergency water indicator of 15 litres of water per person per day, and have maintained crude mortality rates and under-five mortality rates within the acceptable Sphere standard.
- Regular food distribution has been ensured for all new arrivals, and non-food items such as basic household and hygiene items were distributed to new arrivals in a timely manner: each family receives a kitchen set, two jerry cans, one for fetching and one for storing potable water, a mosquito net, a blanket, a sleeping mat and soap for personal hygiene and laundry. A cash-based intervention complementing the general food ration to increase dietary diversity is being implemented in Gambella, Ethiopia.
- In terms of new land allocation, in Sudan, three existing sites in White Nile State were expanded in 2015 (El Redis II, Dabat Bosin and Um Sangor) and the establishment of a third reception area in El Mquiens was initiated, in addition to Joda and Al Kuek, to address the over-congestion that has affected the quality of the response. A ferry and landing sites for the ferry were rehabilitated across the White Nile River, facilitating humanitarian access to locations that are often cut off during the rainy season.
- In 2015, three new camps were established in Ethiopia: two in Gambella, (Jewi and Pugnido II) and one in Benishangul-Gumuz (Tsore), in addition to the two camps established in 2014 (Tierkidi, Kule). Due to heavy floods, Leitchuor and Nip Nip refugee camps were closed in 2015 and all refugees have been successfully relocated to Jewi refugee camp.
- In Kenya, the local government for a new settlement, Kalobeyei, made 1,500 hectares of additional land available to host up to 60,000 refugees and thus decongest the Kakuma refugee camp. Through a new approach, about 900 hectares will be used for settling refugees while the remaining 600 hectares will be allocated for economic activities, including agriculture. This approach would promote the self-reliance of refugees and host communities, by providing them with better livelihood opportunities and enhanced service delivery.
- With the deteriorating food security and nutritional situation in the Horn of Africa, the implementation of the interagency Regional Support Plan involving UNICEF, WFP, FAO, UNHCR and OCHA, has enabled refugee considerations to be integrated into programmes.

## ***Budgetary Requirements (US dollars)***

Total: 759,046,304



## ***Coordination***

The number of partners involved in the South Sudan refugee response across the six countries of asylum has grown from 39 in 2015 to 48 in 2016. The Refugee Coordination Model (RCM) remains the main tool to coordinate the humanitarian response in the context of a large refugee influx. UNHCR coordinates the overall response in collaboration with Government counterparts, UN agencies, local and international NGOs, as well as with refugee and local host communities.

The Regional Refugee Coordinator (RRC) for the South Sudan situation has responsibility for the coordination of the emergency response and is accountable to all the partners, as well as to the individuals receiving protection and humanitarian assistance. The RRC ensures interagency strategic coordination, acting as the interface between humanitarian actors in countries of asylum, in the region, and with donors and other interested stakeholders. The RRC, through regular briefings, and the dissemination of information, ensures a common understanding of the protection and assistance needs, sets, with regional agencies and entities, regional priorities, harmonizes standards in the response, identifies challenges and monitors the timely and effective delivery of assistance. The RRC has an office based at the UNHCR Regional Service Centre (RSC) in Nairobi, Kenya, to ensure a permanent coordination presence in the region.

Lack of resources continues to condemn affected populations to extreme distress. In the face of growing global demands on humanitarian financing, the South Sudan refugee situation has, by mid-year, an 81 per cent deficit against the revised budget of USD 701 Million for 2016. Therefore, the Regional Refugee Coordinator for the South Sudan situation will boost interagency efforts to mobilize resources through traditional and non-traditional donors, through sharp strategic messaging highlighting the colossal outstanding humanitarian needs and the impact of underfunding. The enhanced effort will seek to step up content linked to key messages for a range of target audiences through direct contacts, media outreach and an array of digital platforms.

The Refugee Coordination Model provides a framework for a unified and articulated response to refugee emergency situations, cognizant of UNHCR's leadership role promoting inclusiveness from the planning stage to the implementation of response activities.

In order to provide strong leadership and efficient coordination for the Burundi, South Sudan and Yemen situations, a dedicated RRC team interacts with key stakeholders involved in the implementation and monitoring of refugee response plans. This team, which will be reinforced with additional communications and protection resources by the end of 2016, will be based in the UNHCR RSC in Nairobi, Kenya.

Under the supervision of the Regional Refugee Coordinators for the Burundi, South Sudan and Yemen situations the team's main activities are to:

- prepare, coordinate and update contingency plans;
- prepare, coordinate and update Regional Refugee Response Plans (Regional RRP);
- organize regular consultations with key partners and donors involved in the implementation and monitoring of the Regional RRP;
- provide periodic situational analysis to regional coordinators and partners;

Regional refugee coordination meetings for the South Sudan Situation are regularly held in Nairobi, co-chaired by the RRC and OCHA and with the active involvement of UN agencies, NGOs and donors. In addition, regional Sector Coordination Working Groups, such as the Regional Child Protection Network, and the Education in Emergencies Working Group, continue to operate from Nairobi coordinated through the RRC's leadership and the Regional Sector Coordination mechanism.

The interagency group ensures consistency and the application of minimum standards for the response across countries. In the countries of asylum, similar coordination structures are operating to ensure adequate information exchange, common analysis of priorities and gaps, and harmonized and coherent approaches to the interventions.



Figure 3: A volunteer from the host community cooks food for the newly arrived South Sudanese refugees at the Nyumanzi reception centre, Uganda. UNHCR/I. Kasamani.

## ***Partnerships to Promote Social Cohesion***

More than two years into the South Sudan crisis, humanitarian partners are actively exploring and building on existing partnerships with development actors, such as the World Bank and the African Development Bank. This will promote the synergies and exchanges among different stakeholders in order to step-up livelihood opportunities and refugee self-reliance at a time when refugee needs remain severely underfunded.

Forced displacement in the region is not only a humanitarian and security challenge, but also a development challenge. As we move into a more protracted situation with the prospects for organised repatriation not being an immediate realistic option, there is growing recognition among the humanitarian, development and donor community that a holistic programming approach is needed, which prioritises social cohesion. The quality of economic and social interactions between the refugees and host communities needs to be enhanced in order to build the resilience of host communities and to better support refugees in finding durable solutions.

In all the countries hosting South Sudanese refugees, historical, political, cultural and religious contexts play a powerful role in social cohesion. Social cohesion requires thinking beyond refugee-host community dynamics. Social tensions are multi directional: tensions can exist between communities, for example between host and refugee families or between communities and those who govern and administer them.

The hosting communities, home to some of the most vulnerable populations in the countries of asylum, are the first to take on the responsibility of responding to a refugee influx. The arrival of refugees puts pressure on already overstretched basic service infrastructure, which can generate tensions among communities. Regional RRP partners will therefore extend protection and service provision to host communities, and promote peaceful coexistence and peace-building initiatives among the different communities.

Together with the World Bank and other key partners in the region, UNHCR has been exploring transitional solutions that enhance social cohesion between, and increase, the self-reliance of refugees and host communities by building on their human, social and financial skills and capital. Integrated programming will improve the quality of social and economic interactions between refugees and host communities. An interdependent focus on strengthening the resilience of host communities will also prepare refugees for durable solutions. Equipping refugees to access sustainable livelihoods, resources and assets will positively contribute to the hosting community and promote a better chance of repatriation. Key components to strengthen coping mechanisms of refugees are facilitating access to land, property, livelihoods, services delivery, and ensuring that other support is based on accountable and responsive governance principles.

Further action will be invested at country and regional level to advocate for enhanced development investment in host communities, to address host community high levels of chronic vulnerability and to ensure that basic services, additional resources and infrastructure capacities are provided to benefit both host and refugee communities.

**CAR:** In the challenging operating environment, partners have endeavoured to provide basic assistance to the refugees and host communities, recognising that the host community is overstretched beyond its resources.

**DRC:** Support will be provided to ensure that refugees can live in host communities and that communities will benefit from the presence of refugees. This will strengthen the social cohesion between refugee and host communities and will allow basic services such as health, education, and sanitation to be improved.

**Ethiopia:** The Government and RRP partners are working closely together to promote a peaceful and harmonious relationship between host communities and refugees. Sensitization strategies are instituted and information campaigns are being conducted within the camps and host communities. Local administrations are fully engaged and technical support is provided to ensure that refugee impacted areas are included in the planning processes. Mitigation measures are being developed to

ensure that the environment is preserved and resources are not depleted at the cost of host communities.

**Kenya:** The new refugee settlement that is being established to accommodate the increasing number of refugees in Kakuma provides an opportunity to pilot a different and better approach to refugee assistance programming. UNHCR and the former Department of Refugees Affairs have agreed with the Turkana County Government to develop a settlement that will promote the self-reliance of refugees and host communities by providing them with better livelihoods opportunities and enhanced service delivery. In collaboration with the World Bank, UNHCR is currently developing the Kalobeyei Integrated Social and Economic Development Programme (KISEDPP), a multi-agency collaboration to develop the local economy and service delivery at Kalobeyei. This represents a major paradigm shift. In addition to enhancing social and economic ties and interactions, the increased community voice role in budget decision-making and in design and implementation of development interventions will support social accountability and contribute to improved social cohesion between refugees and host communities.<sup>2</sup>

**Sudan:** The shift from South Sudanese as 'brothers and sisters' to being designated as 'foreigners' by the Government of Sudan may have a negative impact on the ability of south Sudanese refugees to reside peacefully within local communities in various parts of the country. If this significant change in policy is implemented, it will have an effect on the resources needed to cater for this population, who have so far been able to benefit from freedom of movement and job possibilities outside of a camp environment.

**Uganda:** The Refugee and Host Population Empowerment (ReHoPE) Program is being designed by the UN country team and the Government of Uganda (GOU) as a self-reliance and resilience strategic framework for refugee and host communities in Uganda. The Government of Uganda allocates land to refugees with the aim of integrating them into local communities and service provision provided by the district Government. This practice has significant resource implications compared to a policy based on encampment. To accommodate South Sudanese refugees, the government-led process has established a range of humanitarian priorities that affect both refugees and host communities in Adjumani, Arua, Kiryandongo and Koboko, and proposes a coordinated response to those challenges.



Figure 4: South Sudanese refugee children play in Adjumani, Uganda. UNHCR/I. Kasamani

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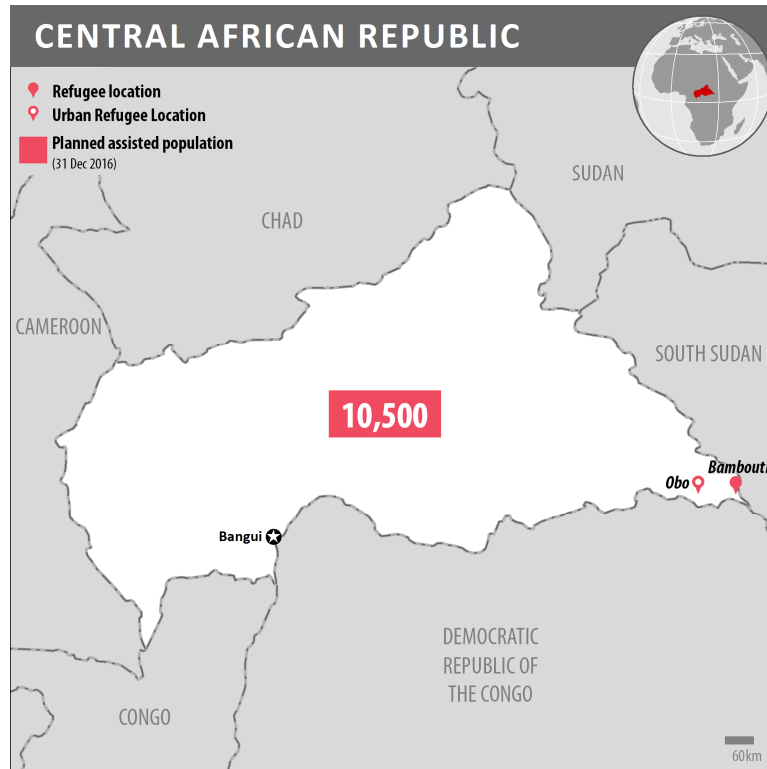
<sup>2</sup> Kenya Comprehensive Refugee Programme 2016: (<http://reliefweb.int/sites/reliefweb.int/files/resources/2016-KCRP5.13fv.pdf>)



## ***Organizations in the Response***

<b>Organization</b>
ACF - Action Contre la Faim
ACORD - Agency for Cooperation and Research in Development
ADRA - Adventist Development and Relief Agency
AIRD - African Initiatives for Relief and Development
Almanar
ARRA - Administration for Refugee and Returnee Affairs
ASSIST
Concern Worldwide
DCA - Danish Church Aid
DICAC - Development and Inter-Church Aid Commission
DRC - Danish Refugee Council
ERCS - Ethiopian Red Cross Society
FAI - Film Aid International
FAO - Food and Agriculture Organization
FCA - Finn Church Aid
GOAL
HelpAge
IAS - International Aid Services
IMC - International Medical Corps
IOM - International Organization for Migration
IRC - International Rescue Committee
LWF - Lutheran World Federation
Malteser International
MCMDO - Mothers and Children Multisectoral Development Organization
NCA/DCA/DASSC
NRC - Norwegian Refugee Council
NRDEP - Natural Resource and Environmental Protection
Oxfam
Pancare
Plan International
PWJ - Peace Winds Japan
RaDO - Rehabilitation and Development Organization
SCI - Save the Children International
SP - Samaritan's Purse
SRCS - Sudanese Red Crescent Society
TPO - Transcultural Psychosocial Organization
UNFPA - United Nations Population Fund
UNHCR - United Nations High Commissioner for Refugees
UNICEF - United Nations Children's Fund
UNWOMEN
UPO - United Peace Organization
WCC - War Child Canada
WFP - World Food Programme
WHH - Welthungerhilfe
WHO - World Health Organization
WTU - Windle Trust International
WVI - World Vision International
ZOA

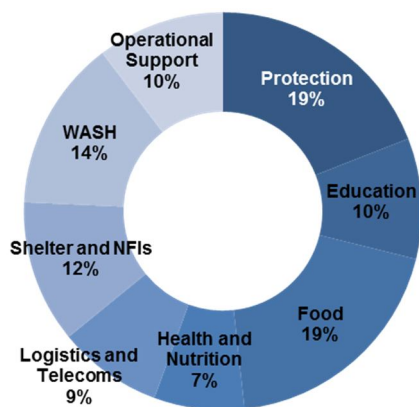
# CENTRAL AFRICAN REPUBLIC RESPONSE PLAN



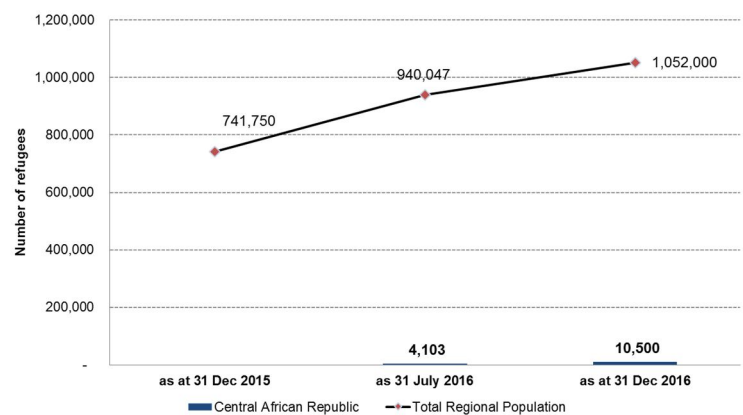
Sources: UNCS, UNHCR  
 The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined. Creation date: 11 Jul 2016

## Financial Requirements (US dollars)

9,281,136



## Population Trends



## ***Background and Achievements***

As of May 2016, UNHCR and partners are assisting almost 10,500 South Sudanese refugees who found asylum in the town of Bambouti, situated on the border between South Sudan and the Central African Republic, following a clash between Sudan People's Liberation Army (SPLA) and groups of youth known as "the Arrow Boys" in the region of Yubu and Ezo. The refugees are hosted in a community of about 950 persons. In April 2016, UNHCR recorded some 10,454 South Sudanese refugees in the town of Bambouti. A more detailed Level 2 registration undertaken end-June 2016 confirmed the presence of 4,050 refugees in Bambouti. Nearly 70 per cent of the total refugee population registered in Bambouti are children and more than 50 per cent are female.

The new arrivals in Bambouti greatly outnumber the host community, putting a severe strain on the already limited existing resources. It is reported that many refugees are suffering from malaria, waterborne diseases and malnutrition. Access to potable water, food, health care, sanitation and shelter is urgently needed for the entire population. Lack of adequate shelter, food and protection are factors that may contribute to an insecure protection environment requiring close monitoring, advocacy and identification of persons at risk. Access to Bambouti itself is challenging: the town is only accessible by air or 8x8 truck in the dry season. The proximity of the SPLA, Lord's Resistance Army (LRA) and CAR rebel groups pose serious security and protection concerns.

The response to the South Sudanese refugee influx in CAR is led by UNHCR and supported by the Government of the Central African Republic (GoCAR) through the Commission Nationale pour les Réfugiés (CNR). From the outset of the influx, UNHCR has worked closely with the GoCAR, UN agencies, national and international NGOs.

UNHCR has advocated with the GoCAR for the establishment of a functional police presence in Bambouti, as the South Sudanese refugees arrived in an isolated area with very limited access and little or no presence of local authorities. Despite these challenges and issues related to delivery of material and equipment, Regional RRP partners undertook appropriate steps to deploy staffing in Bambouti.

The operation will pursue an out-of camp approach and due to the fact that refugees reside with the local community, humanitarian assistance will also be extended to the 950 Bambouti local residents.

### **Achievements**

- Two joint missions were undertaken to Bambouti to assess the situation of the new arrivals.
- A rub hall was erected in Bambouti to store CRI and equipment.
- Registration of 10,454 refugees (2,270 households) was completed and planning for a more detailed level of registration is on-going.
- Distribution of food (High Energy Biscuits) to 2,310 households including host community members.
- Distribution of core relief items to 2,310 households.
- Distribution of mosquito nets to all pregnant women.
- Vaccination of 850 children and 97 pregnant women.
- Provision of 1,500 kits of seeds and agricultures tools.
- On site testing of water used by the population showing high turbidity (150 NTU).
- Construction of two improved wells.

## ***Humanitarian Needs and Vulnerabilities***

As a result of the political crisis in South Sudan, fighting erupted between several entities. In Source Yubu and Ezo areas, located along the South Sudan and CAR border, clashes broke out between the SPLA (Soudan People's Liberation Army) and an armed coalition of young fighters. Reports of the outflow of hundreds of South Sudanese refugees into Bambouti from November to December 2015 were received in Bangui at the end of December 2015. The political conflict in Source Yubu and Ezo gradually turned into an ethnic conflict between Zande and Dinka ethnic groups resulting in the flight of 10,454 refugees (2,270 households) to the locality of Bambouti as of April 2016.

To date, Regional RRP partners have endeavoured to provide basic assistance to the refugees as well as to the host community, which is also affected by the arrival of refugees overstressing its meagre resources. Both populations lack minimal multi-sectoral assistance and protection services. Some refugee households go back to villages in South Sudan bordering CAR to look for food, exposing themselves to threats from armed groups. The lack of protection services, support to vulnerable persons, food, water, education, proper health facilities including Anti-Retroviral Treatment (ART) for HIV/AIDS affected are major concerns in Bambouti. An initial rapid assessment of the situation of the new arrivals identified the presence of four unaccompanied minors (two with disabilities), risk of Gender Based-Violence (GBV) and Sexual Exploitation and Abuse (SEA). Recognising that SEA and GBV are widespread issues of concern in CAR, prevention and response mechanisms need to be established.

Refugee children currently have no access to education opportunities exacerbating protection concerns and exposing children and youth to risks such as recruitment into armed groups, early marriage and sexual exploitation. Out-of-school boys are more susceptible to recruitment by armed groups, falling into criminality or drug abuse and out-of-school girls are at higher risk of early/forced marriage, unwanted pregnancies and prostitution.

The assistance provided so far is insufficient and a deterioration of the nutrition situation is expected caused by the lack of seasonal foods during the rainy season. There is an urgent need to provide refugees and the local community with food, water, sanitation facilities, seeds, tools and access to protection services such as education, as well as security and safety to enhance their resilience.



*Figure 5: South Sudanese refugee children in Bambouti, CAR. UNHCR/P.Ntemgwa*

# ***Response Strategy and Priorities***

Following assessment missions in Bambouti, several priority actions have been identified. Refugees will be assisted at their current locations (out of camp). Relocation to areas further away from the border has been considered but is not feasible because of lack of road infrastructure and presence of LRA rebels about 50 km from Bambouti. As such, all stakeholders drafted a joint refugee action plan with the following priorities.

## **Protection**

A Sous Préfet and a Mayor are the state representatives in Bambouti. In the absence of the CAR National Forces, security is under the Ugandan People's Defence Force (UPDF). However, the departure of the UPDF from Bambouti in October 2016 is under discussion, which would expose refugees to possible threats from armed groups from the SPLA and the LRA. Advocacy has been conducted by UNHCR with CAR authorities for the deployment of CAR public forces, which has been granted. However, the 10 police agents to be posted to Bambouti are yet to be deployed due to logistical constraints. Advocacy continues for the increase of their number by at least 10 additional police agents with adequate equipment.

## **Registration**

Refugees were registered with basic information at household level. To ascertain the actual number of refugees and to better tailor the response to the refugee population, there is a need to carry out a more precise registration at individual level ideally using a biometric system. This will result in more comprehensive data on the composition of the population by sex and age, and to identify people with special needs.

## **Child protection**

The Child Protection Working Group will conduct an assessment to identify major child protection needs. Based on the findings of the assessment, a response mechanism will be set up to ensure timely referral of children at risk, including unaccompanied and separated children, and child victims of violence and abuse in Bambouti to appropriate services. The response will also address the needs of the host community. Child Protection Committees will be established within the community to provide a safe environment for children with the establishment of Child Friendly Spaces (CFS) contributing to the safe identification and referral of children at risk of violence and abuse.

## **Gender-based Violence (GBV) response**

Some 70 per cent of the total population registered in Bambouti are children and over 50 per cent are female. Lack of adequate shelters, lack of adequate food and presence of military personnel are factors that may contribute to an insecure environment and need close protection monitoring, advocacy and identification of persons at risk. GBV referral mechanisms will be established to give GBV survivors appropriate support through specialized services. A community based protection network will be established in and around Bambouti.

## **Education**

Children from the host and refugee communities in Bambouti currently have no access to education. The school in Bambouti has not been functional since 2002 when it was looted. Two teachers have been trained in Obo and have been deployed to Bambouti. In addition, teachers have also been identified within the refugee community. At a minimum, school materials, basic infrastructure and teacher training are needed to start education in emergency activities. In the meantime, the Bambouti school needs rehabilitation, including water, sanitation and hygiene (WASH) facilities to ensure security and dignity of boys and girls, and male and female teachers. In addition, the Ministry of Education is encouraged to deploy teachers to the area. Given that almost 70 per cent of the refugee population is under 18 years old, educational activities are of critical importance to ensure the future development and protection of these children.

## **Food and Nutrition**

Due to access constraints, limited food assistance has reached Bambouti except for high energy biscuits distributed to mitigate the risk of critical hunger and acute malnutrition. According to the assessments conducted by the joint missions, only 23 per cent of the refugees and 25 per cent of the residents have an acceptable diet. The refugees live mainly on wild yam, mangos and mushrooms, which do not offer a sustainable solution to food and nutritional security as they are subject to

seasonal availability and there is no effective means of storage for these perishable products. The response aims to combine food assistance with the provision of agricultural tools and seeds so that the refugee and host communities are able to cultivate and source their own food in the longer-term.

### **Health and HIV**

Malaria, diarrhoea, water borne diseases and malnutrition (moderate and severe) are amongst the major health issues reported in the refugee population. Over 3,500 refugees who attended the Bambouti health centre were screened. Pregnant women and children were vaccinated. However, HIV-affected refugees under ART in Bambouti have no assistance in the absence of adequate drugs. There is no doctor posted in Bambouti and the health centre lacks adequate medicines and equipment and is also in need of rehabilitation.

### **Shelter and Infrastructure**

Refugees currently live in makeshift shelters made of poles, reeds and palm tree leaves. The nature of their shelters in the very humid environment exacerbates the respiratory problems identified as a main concern amongst both the refugee and local communities. There is a need to assist refugees with materials to put up more protective emergency shelters as well as mosquito nets. In addition, lack of adequate shelter poses risks of GBV.

### **Water, Sanitation and Hygiene (WASH)**

The populations in Bambouti collect water from three open sources with bad quality water. Rivers and ponds are the main water sources leading to a recurrence of diarrhoea among refugee and host communities. Lack of sanitary facilities is likely to cause water borne diseases especially during the rainy season. Women and girls are exposed to heightened risk of gender based violence at water collection points, which are in insecure areas close to the border with South Sudan. Refugees are willing to participate actively in the digging of wells or manual drilling construction if appropriate tools are available.

### **Logistics**

Bambouti is a sub-prefecture located in the Prefecture of Haut Mbomou, 4 kilometres from the CAR/South Sudan border and 150 km from Obo, the nearest locality with a proper airstrip. The road to Bambouti from Obo is not accessible during the rainy season, isolating Bambouti from the rest of the country. There is an airstrip in Bambouti, which could be used by light aircraft; however, it needs to be rehabilitated to allow the landing of planes with larger capacity. In the interim, procurement through Yambio will be favoured as well as procurement from Uganda. Food commodities will also be transported from Nairobi to Bambouti.

## ***Partnership and Coordination***

UNHCR continues to lead the response to the Bambouti influx in partnership with CNR (UNHCR's Governmental Partner in charge of refugee issues in CAR) together with FAO, OCHA, UNICEF, WFP, MINUSCA, MSF, JUPEDDEC and Vision to Change.

## ***Planned Response***

	<b>OUTPUT</b>	<b>INDICATOR</b>	<b>TARGET</b>
	Child protection strengthened	% children with specific needs assisted	100 %
<b>Protection</b>		% SEA cases which are known and reported	100 %

	<b>OUTPUT</b>	<b>INDICATOR</b>	<b>TARGET</b>
<b>Protection (contd.)</b>	Risk of GBV reduced	# people reached through sensitization activities	9,000
		% known GBV survivors' cases referred	100%
	Government officials trained and deployed	# Government officials trained and deployed to Bambouti	20
	Refugees are registered and documented	% refugees registered individual and documented	100 %
<b>Education</b>		# school facilities rehabilitated and operational	1
	Refugee children have access to basic education	% refugee children at school age who attend school	100 %
		% school teachers who received training	100%
<b>Food</b>	Food assistance provided	% refugees receiving timely monthly assistance of 2,100 kcal or cash equivalent	100 %
<b>Health and Nutrition</b>	Refugees have access to health facilities	# health facilities rehabilitated and operational	1
	Health of refugee population improved	% refugees who have access to health care	100%
	Nutrition wellbeing of refugees improved	% refugee children who have access to a nutrition centre	100%
<b>Logistics and Transport</b>	General operations management supported	# warehouse facilities established	2
		# partners supported	5
<b>Non-Food Items (NFI)</b>	Emergency kits distributed to refugees	# kits distributed	2,500
<b>Shelter and Infrastructure</b>	Emergency shelters are distributed	# households who received emergency shelter	2,800
<b>Water, Sanitation and Hygiene (WASH)</b>	Refugees have access to safe drinking water and safe sanitation facilities	% refugees who have access to safe drinking water and toilets	100%

## Financial Requirements Summary – CAR

### Financial requirements by agency (in US dollars)

Organization	Total
UNHCR - United Nations High Commissioner for Refugees	5,681,136
UNICEF - United Nations Children's Fund	1,800,000
WFP - World Food Programme	1,800,000
<b>Total</b>	<b>9,281,136</b>

### Financial requirements by sector (in US dollars)

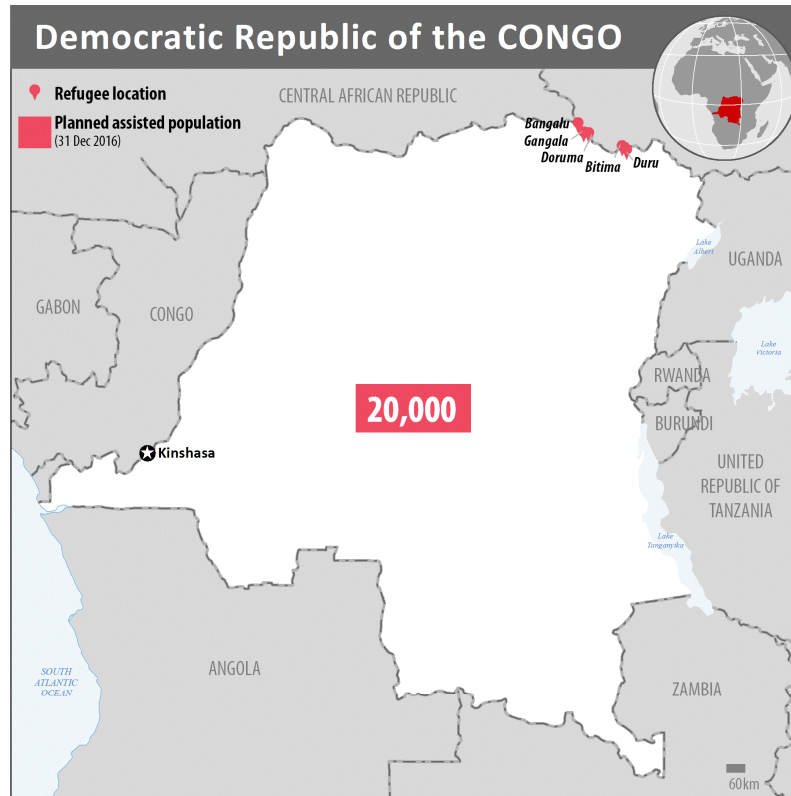
Sector	Total
Protection	1,769,500
Education	910,000
Food	1,800,000
Health and Nutrition	680,973
Logistics and Telecoms	790,000
Shelter and NFIs	1,077,000
WASH	1,291,000
Operational Support	962,663
<b>Total</b>	<b>9,281,136</b>



Figure 6: A South Sudanese refugee pounds cassava to make flour for pap in Bambouti, CAR. UNHCR/P. Ntemgwa.

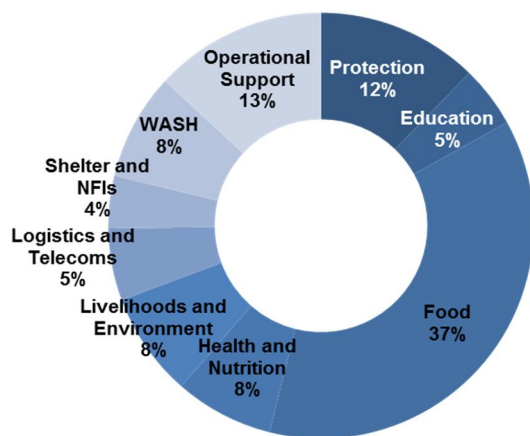


# THE DEMOCRATIC REPUBLIC OF CONGO RESPONSE PLAN

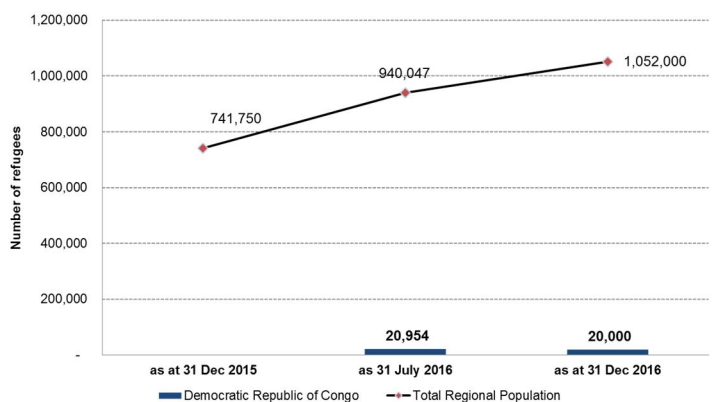


Sources: UNCS, UNHCR  
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Creation date: 11 Jul 2016

## Financial Requirements (US dollars) 14,750,559



## Population Trends



## ***Background and Achievements***

Despite the August 2015 Peace agreement between President Salva Kiir and his former Vice President Riek Machar under the auspices of the Inter-Governmental Agency for Development (IGAD), the conflict in South Sudan continued and extended to Equatoria State in October 2015. It is in this context of tension that the rebel group called "Arrow Boys" was formed. The group is mainly composed of the Azande tribe, who felt discriminated and marginalised by the two main groups – the Dinka and the Nuer. Between October and November 2015, heavy fighting was reported between government armed forces and the "Arrow Boys", particularly in the area of Ezo, resulting in deaths and massive population displacement. As a result of this new conflict, South Sudanese refugees began to arrive in the province of Haut Uele in the Democratic Republic of the Congo (DRC) in November 2015. As at May 2016, 11,966 refugees were registered. Some of the refugees are hosted by local families and others are grouped in camp-like settlements. The largest of these sites (Doruma) currently hosts 5,531 persons. The refugees are mainly from the Azande tribe, which is the third largest tribe in South Sudan. They are found in Maridi, Yambio and Tambura districts in the tropical rain forest belt of western Equatoria and Bahr el Ghazal. The Azande are also found in DRC and in the Central African Republic.

In March 2016, an inter-agency multi-functional team undertook an assessment mission in the localities and sites hosting the South Sudanese refugees. The assessment revealed immense protection and assistance gaps.

With limited funding, partners commenced the humanitarian response focusing on the most urgent basic needs and essential services.

### **Achievements**

- Biometric registration is on-going. To date, 11,120 refugees have been biometrically registered and 846 registered at level 1.
- Over 40 per cent of the registered refugees issued with refugee attestations. The attestation confers refugee status on the holders and serves as a protection tool (e.g. against arbitrary arrest and detention).
- 2,017 unaccompanied children identified and their cases shared with the Red Cross for family reunification.
- Mechanisms for prevention/monitoring of sexual and gender-based violence (SGBV) cases, such as awareness raising with refugees and host communities, procedures for identification of cases, and SOPs for assistance to survivors have been put in place.
- Border protection monitoring is carried out by partners and local authorities. The Government's Commission Nationale pour les Réfugiés (CNR) has deployed two permanent staff in Doruma and Dungu for regular protection monitoring and provide necessary assistance.
- Provision of food to new arrivals on a monthly basis limited to a maximum period of six months.
- Partners are implementing protection and emergency responses focusing on health, education, water, sanitation and hygiene (WASH), livelihoods, self-reliance and GBV
- Distribution of NFIs in Dungu-Bitima axis and in Doruma town.
- 38 water points were identified for rehabilitation in Doruma, Gangala and Masombo.
- A WASH assessment was carried out to the construct 15 new water points in hosting villages where potable water access is a challenge.
- 3,173 persons with specific needs have been identified and provided assistance.
- A survey to identify opportunities for self-reliance and income-generating activities for refugee and local communities. Agricultural activities, particularly the cultivation of rice, maize and beans are dominant in the hosting areas. But opportunities for livestock and trade also exist. This survey will also identify refugee skills, economic profile, needs and what they wish to do.
- Partners established an operational base in Doruma to provide protection and emergency response to both refugee and hosting communities.
- The United Nations Humanitarian Air Services (UNHAS) is providing transport support through a flight every two weeks from Bunia to Doruma.

## ***Humanitarian Needs and Vulnerabilities***

This response plan for the DRC is based on the assumption that the peace process in South Sudan will hold, and that there will be no major escalation in the conflict from June to December 2016. However, pockets of insecurity due to armed militias and conflicts between Azande and other groups will probably continue.

Under this scenario, it is projected that an additional 8,000 refugees will cross the border into DRC during the second half of the year. This will bring the population of South Sudanese refugees in DRC to 20,000.

Based on the inter-agency assessment, the main needs / challenges that South Sudanese refugees face are the following:

- Some of the refugees informed the assessment team that they were forcibly recruited by the South Sudan National Liberation Movement (SSNLM). This creates tensions between them and other refugees.
- The Congolese communities in which the refugees are hosted are poor. For many of the localities, the refugees now far outnumber the local population. Thus, there is a strain on local services with the potential for conflict between refugee and the host communities.
- 3,949 refugees of school age (6-17 years) are out of school. In addition to the disruption of their education, these children stand a risk of forceful recruitment by armed elements.
- Overall, 63 per cent of refugees are children. At the time of the assessment, there were no special facilities for children e.g. child friendly spaces.
- The high number of refugees living in sites without appropriate shelter increases considerably the risk of GBV. The refugees unmet needs may trigger survival sex among some refugee women.
- In the Doruma settlement, refugees live in temporary shelters constructed from raffia with an average space of 0.04 m<sup>2</sup> per person (as opposed to the standard of 3.5 m<sup>2</sup>). The WASH situation is alarming with insufficient potable water points and latrines.
- About 25 per cent of the refugee population is HIV positive and in need of continuation of ART. However there are very limited health facilities; there is only one referral hospital in the area and it is largely dysfunctional.



*Figure 7: Emmanuel, a South Sudanese refugee is building his own shelter with palm trees in Bitima, DRC. UNHCR/C.Delfosse.*

## ***Response Strategy and Priorities***

The overarching strategy for the response to the South Sudanese refugees is based on an alternative to camps policy, which focuses on an integrated protection strategy combining emergency assistance and empowerment of the communities through a community-based approach, targeting in the short and medium term self-reliance and livelihood of refugees. As much as possible, partners will discourage the accommodation of refugees in camps not only for security reasons, but also because of logistical constraints (roads are impassable for 10 months a year during the rainy season).

### ***Priority # 1: Ensure that refugees have access to asylum, continuous registration and documentation***

Legal assistance and border monitoring will be implemented in partnership with CNR, which already has an office in Doruma and Bitima. Partners with expertise in protection will work in collaboration with CNR to ensure effective protection monitoring in the border areas. The presence of the national police force will be reinforced in Doruma and in other communities hosting refugees.

Partners will ensure the continuous registration of new arrivals, timely refugee status determination and support provision of relevant documentation to refugees. In partnership with UNICEF and the Government, UNHCR will follow up on the issuance of birth certificates, and promote or enhance access to education in compliance with the national legislation.

### ***Priority # 2: Pursue the alternatives to camps policy***

Support will be provided to ensure that refugees can live in host communities and that communities will benefit from the presence of refugees. This will strengthen the social cohesion between refugee and host communities and will allow basic services such as health, education, sanitation etc., to be constructed or rehabilitated. Activities will focus on enhancing the self-reliance of refugees and host communities to eventually reduce their reliance on humanitarian assistance. Self-reliance and livelihood activities will be supported from the onset of the response. Local communities will play a role in protection-related activities to enhance the peaceful co-existence between refugee and host communities. An assessment of the needs of the host communities will also be conducted. Training on international protection will be provided to CNR staff and local authorities to ensure that they can perform their roles and responsibilities effectively.

### ***Priority # 3: Ensure access to basic and essential services***

Access and enhancement of basic needs and essential services will be linked to self-reliance in collaboration with local communities. Access to health care will be met through the existing national health system (referral hospital, health centres and health posts) found in the localities where the refugees live. The nutrition centres in the different areas will be supported. For HIV/AIDS, links will be established with existing prevention / awareness programmes at the community levels, while HIV positive refugees will be integrated into the national anti-retroviral therapy (ART) system in collaboration with the Government. There are enormous challenges regarding the health infrastructure as well as equipment available in the refugee hosting areas. Thus, efforts will also be directed at improving the health infrastructure in the refugee hosting areas.

Temporary shelters will be constructed with the community for the extremely vulnerable while awaiting their transfer to host communities where they will benefit from semi-durable shelters. NFIs (mats, blankets, buckets, used clothes, kitchen sets, and plastic sheets) will continue to be distributed to refugees upon arrival based on necessity and vulnerability.

Due to the high cost of mechanical hand pumps and the difficulties of drilling boreholes, focus will be on the construction of wells. To ensure sustainability, committees comprising refugees and host communities will be established to manage the water points.

Given that the refugees are mostly from agricultural backgrounds, agricultural production, including the provision of seeds and tools, will be supported. The programme will also target host communities to enhance peaceful co-existence.

Over one third of the refugee population (3,949 individuals) are within the school-age range of 5 – 17. However, most of them are currently not enrolled in school. Due to six years of civil war and the presence of armed groups, many Congolese children in this province are also out-of-school.

Reasons include the arrival of the refugees close to the end of the DRC school-year and the difficulty of adjusting to the DRC curriculum with French being the language of instruction from the third year of primary school (for the first two years national languages are used for instruction). There are existing schools in Doruma and Nambili – localities where the majority of refugees are located and assistance will be provided to enhance the capacities and quality of existing schools to accommodate refugee children.

The education strategy focuses on integrating, all refugee children of school age into the Congolese schools. This will be achieved in two phases: the first phase will consist of an intensive French course. Once refugees have gained some level in the French language, they will be admitted in the national school system. In order to accommodate refugee children in the school, necessary support will be given to those schools which receive them. This will include construction of additional classrooms, provision of benches, provision of teaching and learning materials etc.

It is imperative to set up a transitional system for newly arrived refugees to enable them to adapt smoothly to the new Congolese system. Efforts will be made to improve access and quality of primary and secondary education but also maintain a protective environment within schools attended by refugees. Particular attention will be paid to monitoring children at-risk

#### **Priority # 4: Reduce the risk of SGBV while providing responses to survivors**

SGBV activities will include identification and the provision of comprehensive assistance to survivors whenever possible (medical, psychosocial, legal and socioeconomic/ school reintegration). Self-reliance by providing livelihoods activities for women and girls at-risk (including IGA and school reinsertion) to meet essential needs (including food, water, shelter, personal safety, health and education) to reduce dependence on external assistance will be prioritised. A community-based support approach will be established to ensure appropriate response to GBV incidents, in improving identification and referrals of survivors to service providers. Prevention within local communities (i.e. groups of men and boys, traditional and religious leaders) to encourage positive changes in attitudes and behaviour will be promoted. Capacity development on GBV prevention and response will be supported.

The SAFE approach that aims to safeguard refugees from protection risks such as SGBV, which often occur in the search for firewood and during dark hours, will be implemented through the production of fuel-efficient stoves (FES) and/or alternative fuel, such as briquettes, and distribution of durable solar lanterns. It will also help to realize other rights related to health, nutrition, education and livelihoods as well as decrease tensions that may arise between refugee and host communities due to competition over energy resources. Partners will encourage all staff to be trained on the code of conduct and promote feedback mechanisms that are simple, accessible, safe and confidential to the community to report cases of SEA.

## ***Partnership and Coordination***

UNHCR coordinates protection and humanitarian assistance for refugees in close collaboration with the Government (CNR), local authorities, United Nations agencies and NGOs. The South Sudan refugee response in DRC includes 15 partners, comprising seven UN agencies (UNHCR, OCHA, WFP, UNICEF, FAO, WHO, MONUSCO) and seven NGOs (INTERSOS, COOPI, ADES, AIRD, AIDES, SOLIDARITES, TSF).

The goal is to strengthen the capacity for rapid response and to ensure effective coordination between humanitarian actors involved in the response.

## Planned Response

To ensure adequate protection and humanitarian assistance to refugees, UNHCR and response partners will take the following actions:

- Advocate for unhindered access to asylum for South Sudanese refugees. Work closely with government authorities to ensure that the principle of non-refoulement is respected. Ensure that monitoring is done at official entry points and other places that refugees could use to enter DRC. Ensure that refugees have settled at a reasonable distance from national borders in order to ensure the security of persons and access to facilities.
- Ensure that refugees have access to basic and essential services, including food, health, nutrition, potable water, adequate sanitation, education, shelter and assistance to persons with specific needs.
- Support self-reliance / livelihoods activities for both refugees and host communities
- Undertake community infrastructure rehabilitation to facilitate peaceful co-existence between refugees and host communities.
- In close collaboration with local communities, establish and support mechanisms for combatting SGBV.

	OUTPUT	INDICATOR	TARGET
	Refugees are granted access to DRC territory at border crossing points	# known cases of refoulement	100%
	Refugees on arrival and new-borns registered and provided with documents	% refugees and new-borns registered and provided with individual documents	100%
	Persons with specific needs are identified and provided adequate support	% persons with specific needs who received appropriate protection services	100%
<b>Protection</b>	Risk of SGBV reduced and quality of response improved	Extent community is active in SGBV prevention and response	100%
	Refugees live peacefully in / and accepted by the local communities	Extent local communities support continued presence of refugees	100%
	Self-reliance and livelihoods of persons of concern improved	% persons of concern (18-59 years) with own business, self-employed for more than 12 months	40%
	Population has optimal access to education	% primary school-aged children enrolled in school	100%

	OUTPUT	INDICATOR	TARGET
<b>Food</b>	Adequate quantity and quality of food aid provided	% refugees receive timely monthly food assistance of 2,100 kcal or cash equivalent	100%
	Health status of the population improved	Crude mortality rate (per 1000 population/month)	0.8
<b>Health and Nutrition</b>	Population has optimal access to reproductive health and HIV services	Extent persons of concern have access to HIV services	100%
	Nutritional well-being improved or maintained	Prevalence of global acute malnutrition (6-59 months)	10
<b>Logistics and Transport</b>	Logistics and supply optimized to meet operational needs	Extent logistics management mechanisms working	100%
<b>Non-Food Items (NFI)</b>	Standard non-food item kits distributed to refugees	# refugee households where who receive NFIs	4,000
<b>Shelter and Infrastructure</b>	Shelter emergency kits provided	# emergency shelter kits provided	3,000
	Water systems constructed, expanded and/or upgraded	# functional boreholes drilled	40
<b>Water, Sanitation and Hygiene (WASH)</b>	Community sanitary facilities/ latrines constructed	# facilities / latrines constructed	15
	Household sanitary facilities / latrines constructed	# household sanitary facilities / latrines constructed	1,322



Figure 8: Refugee shelters in Bitima village, DRC. UNHCR/C. Delfosse.

## ***Financial Requirements Summary – DRC***

### **Financial requirements by agency (in US dollars)**

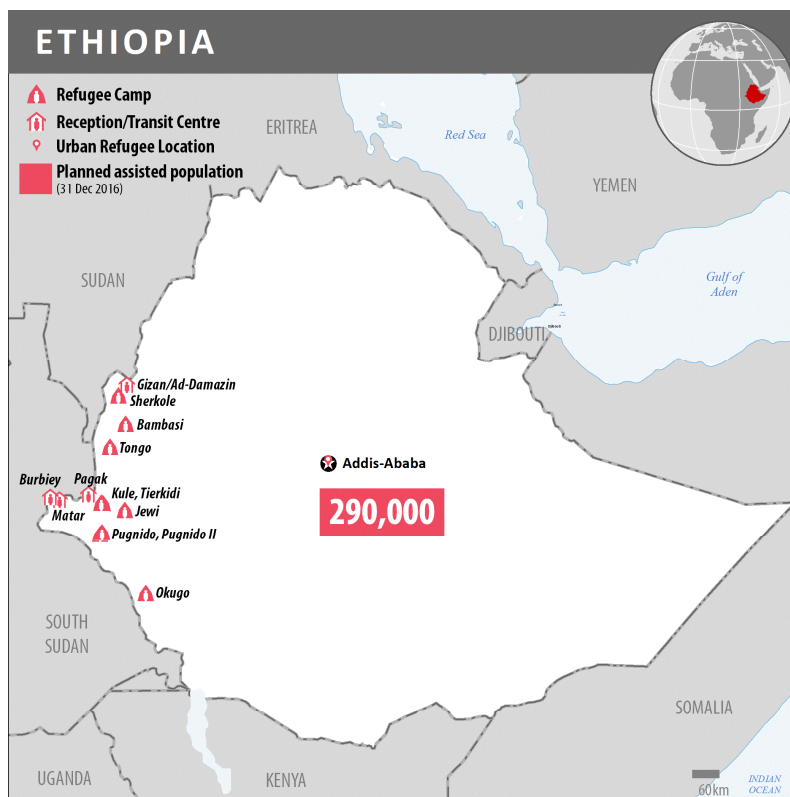
<b>Organization</b>	<b>Total</b>
FAO - Food and Agriculture Organization	924,000
UNFPA - United Nations Population Fund	521,971
UNHCR - United Nations High Commissioner for Refugees	6,741,000
UNICEF - United Nations Children's Fund	1,186,500
WFP - World Food Programme	5,377,088
<b>Total</b>	<b>14,750,559</b>

### **Financial requirements by sector (in US dollars)**

<b>Sector</b>	<b>Total</b>
Protection	1,809,305
Education	688,291
Food	5,451,934
Health and Nutrition	1,107,042
Livelihoods and Environment	1,168,534
Logistics and Telecoms	808,566
Shelter and NFIs	586,040
WASH	1,198,035
Operational Support	1,932,812
<b>Total</b>	<b>14,750,559</b>

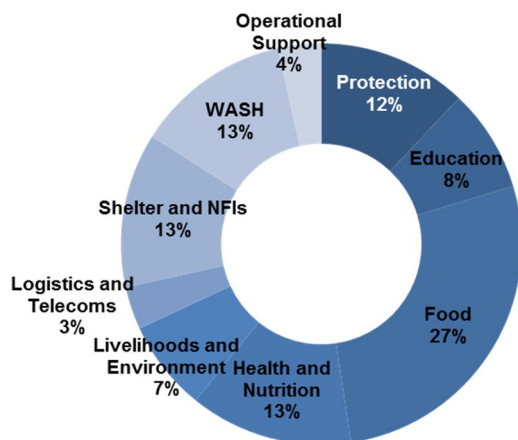


# ETHIOPIA RESPONSE PLAN

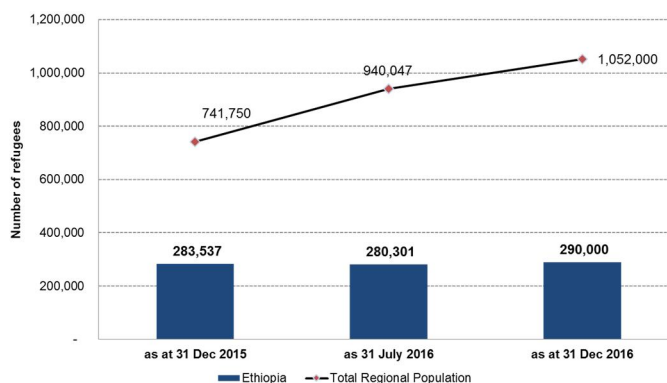


Sources: UNCS, UNHCR  
 The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined. Creation date: 11 Jul 2016

## Financial Requirements (US dollars) 276,379,510



## Population Trends



## **Background and Achievements**

About 738,000 refugees of 18 different nationalities are currently hosted in the Federal Democratic Republic of Ethiopia (Ethiopia), making it the largest refugee-hosting country in the entire African continent. The Government of Ethiopia generally maintains open borders for refugees seeking protection in the country, and it is a party to the 1951 Convention Relating to the Status of Refugees, its 1967 Protocol and the 1969 OAU Convention. The South Sudanese represent the first refugee community, followed by Somalis and Eritreans. Between January and April 2016, the total number of new arrivals was 2,120 persons.

UNHCR continues to maintain and strengthen its relationship with the Government of Ethiopia mainly through its counterpart, the Administration for Refugee and Returnee Affairs (ARRA), to ensure the preservation of a favourable protection environment that allows asylum seekers to continue to gain access to the Ethiopian territory on a *prima facie* basis. Gambella is the administrative region where most of the South Sudanese refugees are, while a few of them can also be found in the region of Benishangul-Gumuz.

More than two years into the emergency, the security situation in South Sudan continues to remain unpredictable, with sporadic incidents related to inter-ethnic tensions. Of particular concern for Ethiopia is the lengthy and porous border with South Sudan, where armed conflict prevails and occasional infiltrations of armed elements have been reported from Jonglei and Upper Nile States. Such developments underline the need to ensure rigorous protection monitoring and scaling up of programs to prevent any possible recruitment. Despite all the aforementioned, there has been no identified trend of specific and direct hostility against UN/INGO or the wider humanitarian community in the area. Still, the region remains at risk and a hazardous-prone operational environment, where field missions or presence can be impeded by flooding or may require special security measures including the use of security escorts.



Figure 9: South Sudanese refugee children sharing a meals at Pagak reception centre in Gambella, Ethiopia. UNHCR/R. R. Thot

As of May 2016, Ethiopia hosted some 285,657 refugees from South Sudan, the vast majority of whom are hosted in six refugee camps in Gambella region. Out of this number, 230,434 arrived in Ethiopia as a result of the December 2013 events in South Sudan and its aftermath. 98 per cent of this population is Nuer speaking. In addition, Benishangul-Gumuz Region is hosting a total of 11,301 South Sudanese refugees, predominantly from Maban tribe (47 per cent) followed by Nuer tribe (24 per cent). Gambella region has a weaker health system capacity compared to the other regions in Ethiopia and the additional influx presents both challenges and opportunities to strengthening the local health system capacities.

Between January and April 2016, Ethiopia has received 2,120 South Sudanese. While most of the incoming refugees of South Sudanese nationality are transferred to camps, 32,880 are also settling with host communities, fostered by the homogenous ethnic composition of populations in border areas between Ethiopia and South Sudan.

The humanitarian community is working closely with the local administration, to mitigate the pressure that the presence of refugees poses to the already restrained local resources, and the impact on environmental degradation and energy needs. In order to promote peaceful co-existence and maintain harmonious relations between refugees and the local community, the partners in the response ensure that hosts communities enjoy equal access and benefit from essential services provided to refugees, such as health, education, energy and water, sanitation and hygiene (WASH) facilities.

## **Achievements**

- UNHCR and the Government of Ethiopia have undertaken individual biometric registration for 100 per cent of this population of concern. Furthermore, proof of registration documents have been issued to each household registered.
- Primary health care services are provided to the refugees, including polio, measles and cholera vaccination. Crude and under-five mortality rates are maintained within the acceptable range (<1/10,000/day and <2/10,000/day for CRM and <5MR respectively). Malaria prevention activities are conducted as well.
- There is high rate of HIV infection in Gambella refugee camps compared to other camps in Ethiopia (e.g. the total number of persons ever enrolled in HIV care reached more than 2,000 and 1,534 persons living with HIV are currently on antiretroviral therapy - ART). There is a low awareness of sexual and reproductive health activities among refugees. The overall Contraceptive Prevalence Rate (CPR) remained below 5 per cent and women of reproductive age have high risk of unwanted pregnancies which is a challenge to infant and child survival.
- WASH services remained at sub-standard level and resulted in increased risk of communicable diseases including Hepatitis E and diarrheal diseases. Watery diarrhoea and malaria were on top of major disease burdens in all refugee camps. The incidence rates of watery diarrhoea at the end of 2015 were 46.0 in the under 5 population and 12.9 in the general population. Similarly the malaria incidence rate in the under 5 and general population were 39.4 and 32.8 respectively at the end of December 2015.
- The WASH sector prioritized the provision of safe drinking water and emergency latrines at reception centres, transit points and in camps. Supply of safe water is maintained within the Sphere standards in all the camps except Jewi where it has been averaging at 10 litres per person per day. Construction of permanent water supply infrastructure commenced in both Pugnido 2 and Jewi. The number of refugees per latrine stance was 9 for Kule, 18 for Tierkidi, 46 for Jewi, 40 for Pugnido 2 and 22 for Old Pugnido.
- The 2015 standardized expanded nutrition survey (SENS) still shows critical levels of malnutrition in all surveyed camps; Global Acute Malnutrition rates (GAM) are of 28 per cent in Tierkidi, 21 per cent in Kule, 24 per cent in Pugnido and 10 per cent in Okugo camp.
- The cuts of the WFP food rations already impact the nutrition status of the refugees with increasing malnutrition and anaemia rates.
- UNHCR and WFP have been able to introduce biometric procedures for the distribution of food and non-food items in most of the camps in the Gambella operation. This has significantly improved the identity management in the distribution process.
- The Shelter and Site Planning sector managed to plan, map and develop two refugee camps – Jewi and Pugnido II refugee camps. All the relocated refugees were provided with

emergency shelters. Coverage of adequate shelters is a challenge mainly due to budget constraints. Around 6,622 transitional shelters were constructed in 2015 hence this increased the adequate shelter coverage in the camp from 30 per cent in 2014 to 35 per cent by mid-2016.

- Since the onset of the conflict in December 2013, some 260,596 South Sudanese refugees received safe and humane transportation assistance from border points to refugee camps in Gambella including relocation assistance between camps.
- A child protection working group has been established in Gambella to focus on assistance to the most vulnerable children in the refugee camps, in coordination with all relevant stakeholders, building consistency in response across the camps and assuring that systems are in place. An information sharing protocol between CP agencies has been established, in complementarity to the regional information sharing protocol. A verification exercise of unaccompanied and separated minors in Gambella 6 camps has been initiated to have more up to date information on their situation and needs.

## ***Humanitarian Needs and Vulnerabilities***

Arrival rates remained low in the first half of 2016 with a recording of 2,120 South Sudanese arriving in Ethiopia between January and April 2016. Based on the current rate of displacement, a total of 5,500 South Sudanese refugees are expected to seek asylum in Ethiopia in 2016, out of which 5,000 are expected to arrive in Gambella and 500 in Benishangul Gumuz. The anticipated arrival of 5,500 persons is a downward revision of the initial projection of 35,000 arrivals.

This means that over 286,700 South Sudanese refugees will have to be assisted by the end of 2016. Children and women bear the brunt of the conflict: 67 per cent of the South Sudanese refugees in Ethiopia are children, and 71 per cent of the adult population are women.

### **Child Protection and Education**

Despite progress made on child protection in coordination with UNICEF and other partners, challenges remain. Almost 70 per cent of the refugee population are children, which demands child sensitive programmes and child friendly procedures for all sectors. In line with the joint UNHCR/UNICEF action plan, technical support was provided by UNICEF to establish the Child Protection Information Management System (CMIS) which is now managed by UNHCR. Through CPIMS there is a systematic data management and an IMS coordination structure to place unaccompanied and separated children (UASC) in alternative care. In regards to the unaccompanied and separated children, only 16 per cent of the Best Interest Assessments have been completed highlighting the need for prioritization of most vulnerable. Partners have made efforts to boost tracing efforts, but so far only 21 children have been reunified in Gambella, out of the 21,560 unaccompanied or separated children registered in UNHCR's proGres registration system. Apart from the UASC, many children are also considered vulnerable, and their needs have to be addressed to prevent them from abuse and exploitation. Given the proximity to the border areas and active armed groups, concerns remain about possible cross border recruitment of adolescent boys, and removal of girls back into South Sudan as child brides. UNICEF provided support towards establishing and strengthening psychosocial support services for children in refugee camps and host communities. School enrolment rate for South Sudanese remains low: 40 per cent for primary education, despite the investment (infrastructure, recruitment and training of teachers, etc.) on boosting education services for children.

### **Food and Nutrition**

The 2015 standardised expanded nutrition survey (SENS) still shows high levels of malnutrition in all surveyed camps. Poor maternal and child care practices, disease burden, especially malaria, watery diarrhoea and lack of adequate access to water and sanitation facilities, coupled with poor hygiene practices, remain of critical concern. This is exacerbated by the cut of the WFP rations, with a cut in cereals of by nearly 40 per cent, due to funding constraints. This negatively contributes to the lack of adequate access to a diversified diet with high biological value proteins and vitamins (fruits and vegetables) and puts the refugee population at continued risk of deterioration of already critical and high anaemia levels and micronutrient deficiency. As a result of the ration cuts, acute malnutrition is expected to increase across the camps in Gambella in addition to other existing aggravating factors like constant Hepatitis E outbreaks.

## **Health**

Despite the improvements in access to health services, the number of available health facilities is insufficient to cater for the needs of the increasing population. Currently, one health facility serves an average of 15,000 refugees, as opposed to the standard of one facility per 10,000 persons. Malaria is a major disease among the refugee population with crude incidence rates ranged between 22.5 in Okugo and 11.6 in Kule during the past 12 months. Hepatitis E outbreaks were reported from refugee sites in Gambella, particularly in Kule camp, affecting 1,082 individuals between March 2014 and December 2015. HIV/AIDS prevalence among pregnant women is higher in the Gambella refugee camps as compared to other camps in Ethiopia. Okugo refugee camp is also becoming a hot spot for new HIV cases, due to an increasing infection rate. In combination with high rates of other sexually-transmitted infections, broader interventions are needed to enhance prevention of transmission.

## **Shelter and Infrastructure**

The newly-established camp in Benishangul-Gumuz, Tsore, does not yet provide all required basic services due to budget constraints. As for the camps in Gambella, special attention is needed for the provision of shelters. The available emergency shelters have a life span of six months and therefore it is necessary to quickly move towards building more transitional and dignified shelters.

# ***Response Strategy and Priorities***

In 2016, the top priorities for partners responding to the South Sudanese refugee crisis will be: a) transitioning to a stabilized operation in the established camps, with an emphasis on self-reliance and reduced dependency; and b) continued emergency response for new arrivals, including protection and delivery of life-saving assistance.

Protection and solutions strategy takes into account the immediate protection needs of the population while also considering long-term durable solutions. A key priority area for protection shall include prevention and response to GBV and child protection risks, in line with the Updated Framework for the Protection of South Sudanese and Sudanese Refugee Children (2015-2017), including improved referral pathways, and prioritization of most critical cases for case management based on the Best Interest Procedure, community based approaches, support for unaccompanied and separated children (including tracing and foster care arrangements), and adolescent programming.

Regarding access to asylum, emphasis will be given to protection-focused border monitoring, registration and documentation. Improved education shall be a major priority in 2016. This will include improved quality education to increase enrolment and retention rates, especially for girls and UAM/SC. UNHCR will re-engage the Government and partners on language of instruction policies, reinforce initial education in emergency (EiE) interventions transitioning to stabilization, access secondary and tertiary education, expand quality adult learning programs (ALPs), mentorship programmes and incentives for teachers; and address youth needs for vocational training opportunities. Identify and deploy health workers among the refugees can ease some of the gap of health workers in Gambella region.

As identified through various participatory assessment processes, physical protection (camp safety) and access to justice for refugees will be strengthened in 2016. Civilian and humanitarian character of asylum space will be further enhanced. This will include deploying Ethiopian police within the camps, "rights and responsibilities" trainings for refugees and Government officials, engagement and coordination with existing camp leadership structures, and increased access to the Ethiopian court system to ensure that serious crimes are not handled in the camps. UNHCR will continue to conduct protection monitoring/community assessment by using participatory approach to further enhance community-based protection and to prepare for possible voluntary repatriation to South Sudan in the future.

In Ethiopia, upon arrival, refugees are moved from the border to the newly identified camps in Gambella and Benishangul Gumuz regions. New refugee camp/sites will be developed as required. All refugees in transit centres and camps will be registered and receive individual documentation and the family unit will be preserved. Family reunification is further facilitated between camps to solve the problem of family separation incurred during the flight from South Sudan.

IOM will continue to transport refugees from the border villages to the transit centres and from the transit centres to the camps. The Government's refugee agency, ARRA, is in charge of camp management and security. Training of local police and administration officials as well as for local community leaders will also continue, to maintain awareness about humanitarian principles and refugee protection, to ensure timely reporting of new arrivals and encourage a welcoming and hospitable attitude among the local population.

Joint eligibility/registration teams are established by UNHCR and ARRA, to screen and register new arrivals. During this process, due considerations is taken to ensure camps maintain their civilian character. In accordance with UNHCR's operational guidelines and policies in emergencies, women, children, the elderly and people with specific needs are identified during registration and refugees needing support in the area of SGBV and child protection are assisted and referred to the respective partner. Medical screening of new arrivals will also be conducted at entry point.

In line with the existing global MOU signed between UNHCR and WFP, new arrivals are provided with food in accordance to international standards. In this respect, WFP and UNHCR have jointly established a distribution plan for an agreed period of time, providing estimates of the proposed number of beneficiaries and the means by which distribution shall be carried out. Refugee representatives, in particular women, are engaged in the food distribution process to ensure that food distributions are delivered in a non-discriminatory manner, and that food baskets and nutrition status of refugees are systematically monitored.

UNHCR, WFP and ARRA signed a memorandum of understanding in May 2015 that supports the use of UNHCR proGres biometric data (fingerprints) to verify the identity of persons of concern during the distribution of food and non-food items. The project involves the construction of biometric food distribution centres, recruitment of staff and implementation of standard operating procedures to support identification of beneficiaries and designation of alternative collectors. The project was initiated in Pugnido in late November 2015 and has been rolled out in Kule, Tierkidi, Jewi, Pugnido II. Okugo will start in July, and Jewi probably also July.

ARRA and UNHCR work closely together to promote a peaceful and harmonious relationship between host communities and refugees. Sensitization strategies are instituted and information campaigns are being conducted within the camps and host communities. Local administrations are fully engaged and technical support is provided to ensure that refugee impacted areas are included in the planning processes. Mitigation measures are being developed to ensure that the environment is preserved and resources are not depleted, at the cost of host communities.

Based on a long standing agreement between UNHCR and UNICEF, UNICEF is supporting the implementation of emergency child survival, education and protection humanitarian programmes targeting South Sudanese refugees and host communities in Gambella Region. UNICEF emergency response strategy comprises of dual-approach of responding to the humanitarian needs of the refugees and also addressing the emergency needs of the vulnerable communities that are hosting the refugees.

Humanitarian partners in Gambella will pre-position stocks of shelter materials (tents and other material for constructing traditional housing-Tukuls) and Core Relief Items (CRIs). Necessary pre-arrangements for transport of such items and storage facilities will be made to avoid any unnecessary delays of movement of goods.

## ***Partnership and Coordination***

Implementing the Refugee Coordination Model, UNHCR's overall coordination role in the refugee response will be further enhanced through the established Refugee Task Forces, co-chaired by the Government and UNHCR, both in Addis Ababa and in the field. These fora continue to serve as key information platforms for updating on the situation of refugees, active interaction and exchanges among various actors, including UN agencies, NGOs and the Government, as well as the diplomatic and donor community. Sector coordination will also continue, through functional technical groups such as the Child Protection Working Group.

Engagement with and support to the host communities around the refugee camps will remain important elements in the 2016 refugee operation in Ethiopia. UNHCR and partners will be committed to strengthening the Government's existing services and infrastructure, especially schools and hospitals within the refugee hosting areas, with an aim to enhance sustainability. In addition, the humanitarian community will continue to explore livelihood opportunities for both refugee and host populations, promote and increase their self-reliance; promote community empowerment through a shared protection of the environment which will contribute to the cohesion and peaceful coexistence of these communities.

In close collaboration with the Government, UNHCR continues to advocate for additional partners to provide prompt and adequate assistance to refugees and the host community. The engagement of development institutions such as the World Bank, as well as development agencies from donor countries (AUSAID, USAID, JICA, DFID) appears critical not only to allow for a swift transition from the emergency phase to a stable operation, but also in regards to direct and parallel assistance to the host community.

## ***Planned Response***

### **Protection**

- Advocacy for unlimited access to territory and asylum to all new arrivals, strengthening monitoring & maintaining the civilian character of refugee camps.
- Individual biometric registration and issuance of documentation to all new arrivals (5,500 individuals) and screening for specific needs.
- Physical protection of refugees, including referral of high-risk cases to the urban refugee programme.
- Enhancement of camp security with special consideration for women, children, and other vulnerable populations.
- Implementation of SGBV prevention and response mechanisms, including the establishment of Women Centres and implementation of GBVIMS.
- Establishment of community leadership groups and community centres.
- Strengthening child protection response, including case management, Best Interest Procedures, support for unaccompanied and separated children (including family tracing and reunification and foster care arrangements), adolescent programming, psychosocial support and establishment of CFS and ECD centres.
- Scaling up self-reliance capacity building for youth.
- Strengthen community mechanisms and conflict mitigation processes.
- Strengthening referral systems and services for persons with specific needs ensuring inclusivity and accessibility.
- Physical and psychosocial rehabilitation for persons with disabilities.

<b>Education</b>	<ul style="list-style-type: none"> <li>- Upgrading of temporary classrooms to permanent classrooms.</li> <li>- Construction of 20 Early Childhood centres, 19 additional primary schools (3 of them in host community), 16 secondary schools, 5 accelerated learning programme centres and 3 vocational training centres.</li> <li>- Enhancement of protection and safety for children in places of education.</li> <li>- Recruitment and capacity building of incentive and national teachers across all camps, as well as secondary school staff.</li> <li>- Enrolment of 5,000 adults in functional adult literacy programmes.</li> <li>- Implementation of inclusive education, including training of teachers of children with specific needs.</li> </ul>
<b>Environment and Livelihoods</b>	<ul style="list-style-type: none"> <li>- Install six new grinding mills and three grinding mill structures</li> <li>- Regular maintenance of 39 grinding mills in all camps, to be adequately managed by refugee committees.</li> <li>- Improved self-reliance through kitchen gardens, livestock, large scale farming, small business management and other income generating activities.</li> <li>- Distribution of 6,000 stoves for new arrivals.</li> <li>- Establishment of school gardens and trees and fruit nurseries</li> <li>- Planting of 200,000 seedlings in green zones and degraded areas for protection and energy sources around the camps.</li> <li>- Integrate tree/fruit trees planting with livelihood through practicing apiculture, sericulture.</li> <li>- Linking waste management systems at household level with energy through briquette, pellets and bio-gas production systems</li> <li>- Training on energy efficiency and local level energy and stoves production for cooking in all camps.</li> <li>- Installation of solar street lights in seven camps.</li> <li>- Purchase and distribution of 6000 solar lanterns to new arrivals.</li> <li>- Training on safety, care and management of solar lanterns and street lights in all camps.</li> </ul>
<b>Food</b>	<ul style="list-style-type: none"> <li>- Roll out of biometrics systems for food distribution in all camps.</li> <li>- Timely distribution of general food ration to refugees.</li> <li>- GFD Complemented with Cash Based Interventions and/or Fresh Food Vouchers.</li> <li>- Conducting the UNHCR-WFP Joint Assessment Mission (JAM) in all refugee camps.</li> <li>- Support implementation of nutrition sensitive agricultural and diet diversification interventions.</li> <li>- Support school feeding programmes.</li> </ul>
<b>Health and Nutrition</b>	<ul style="list-style-type: none"> <li>- Implementation of primary health care service package focusing on curative, preventive and promotive health care.</li> <li>- Upgrading of primary health facilities at camp level to semi-permanent structures, provision of medical equipment and supplies (including ambulances).</li> <li>- Establishment of additional health centres/ health posts to reach the standard of one health centre/ 10,000 refugees: <ul style="list-style-type: none"> <li>o Maintain outbreak response preparedness including immunization services for the new arrivals, Vitamin a supplementation and deworming of young children 1 -5 years.</li> <li>o Procurement of essential drugs (internationally and locally).</li> <li>o Enhance community-based preventive health services by involving health workers among the refugee populations for effective communication and supporting health services.</li> <li>o Provision of HIV/AIDS and tuberculosis prevention, care and treatment services.</li> </ul> </li> </ul>



<b>Health and Nutrition (contd.)</b>	<ul style="list-style-type: none"> <li>- Referral to secondary and tertiary health care facilities.</li> <li>- Provision of prosthetic, orthotic, and mobility aid services.</li> <li>- Triage and management of Acute Malnutrition in the outpatient therapeutic Programs (OTP), stabilisation centre Programs (SC), targeted supplementary Feeding Programs (TSFP) for about 6,900 SAM and 15,700 MAM cases.</li> <li>- Promote, Protect and support optimal Infant and young child Nutrition at entry points and in the camps for 13,500 Pregnant and lactating women.</li> <li>- Procure and provide 187,000 kilograms of Ready to use therapeutic foods (RUTF); F100 milk, F75 milk and Plumpy-nut to all malnourished children.</li> <li>- Provision of blanket supplementary feeding programs at entry points and in the camps and micronutrient supplementation for children 6-59 months and pregnant and lactating women.</li> <li>- Conduct community outreach activities including systematic Mid Upper Arm circumference (MUAC) malnutrition screening to monitor acute malnutrition trends, vitamin A supplementary, deworming and provision of nutrition messages.</li> <li>- Conduct annual refugees Standardised Expanded Nutrition Survey (SENS).</li> </ul>
<b>Logistics and Transport</b>	<ul style="list-style-type: none"> <li>- Transport 5,500 new arrivals from border entry points to transit/reception centres and from transit/reception centres to the refugee camps.</li> <li>- Implement safe and reliable riverine transportation in Gambella region to access refugees at entry points.</li> <li>- Provision of maintenance services to vehicles, power generators and boats deployed for refugee operation in Gambella region.</li> <li>- Establishment of common fuel storage for humanitarian activities in Gambella.</li> </ul>
<b>Non-Food Items (NFI)</b>	<ul style="list-style-type: none"> <li>- 35,000 new arrivals are assisted with standard CRI packages.</li> <li>- Construction of 1,100 emergency shelters for new arrivals.</li> <li>- Construction of 10,000 transitional shelters through community participation and construction of 2,000 transitional shelters for vulnerable refugees.</li> </ul>
<b>Shelter and Infrastructure</b>	<ul style="list-style-type: none"> <li>- Maintenance of 30 kilometres of in-camp roads.</li> <li>- Maintain reception centres in Pagak, Ponchall, Burbiey, Wanke, Raad and Akobo entry points.</li> <li>- Repair and maintain existing reception hangars in Matar, Pagak and in the refugee camps</li> <li>- Prepositioning of two rub halls, 10 communal tents, 3,500 family tents and 10,500 plastic sheets for refugee influx response.</li> </ul>
<b>Water, Sanitation and Hygiene (WASH)</b>	<ul style="list-style-type: none"> <li>- Operation and routine maintenance of permanent water supply systems for Kule, Tierkidi, Jewi, Pugnido, Pugnido II, Okugo and Tsore.</li> <li>- Increase the provision of potable water to an average of 20 litres of water per refugee a day by end of 2016.</li> <li>- Establishment of WASH facilities in all schools in the camps.</li> <li>- Engagement of refugees in household latrine construction as part of the 2016 response strategy of self-reliance and reduced dependency.</li> <li>- Construction of 19,900 latrines.</li> <li>- Solid waste management in public locations: markets, prayer places, learning centres, food distribution centres.</li> <li>- Distribution of 820 tons of washing soap.</li> <li>- Construction of 10,500 HH bathing shelter.</li> </ul>

## Financial Requirements Summary – Ethiopia

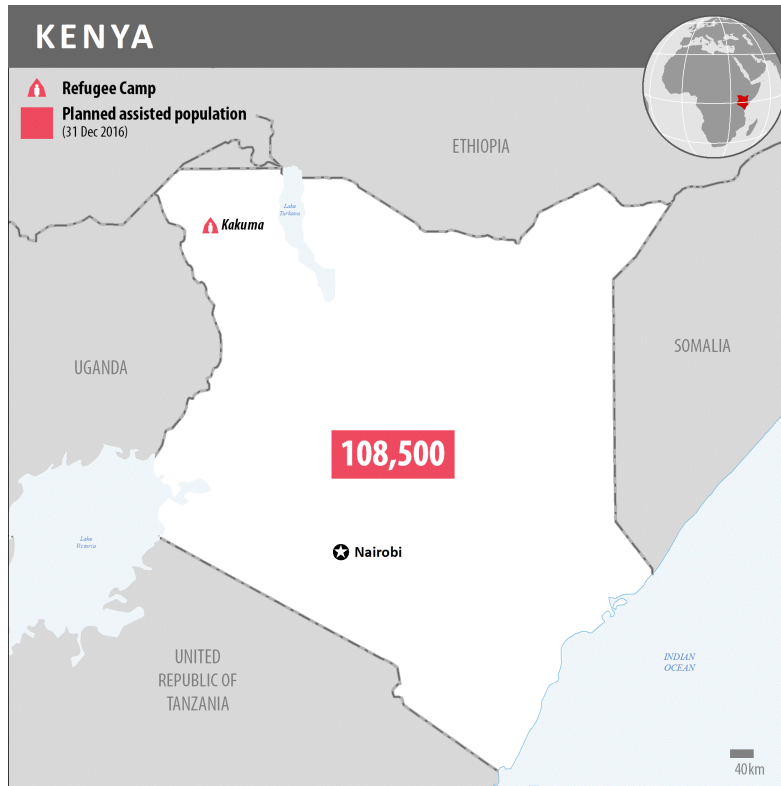
### Financial requirements by agency (in US dollars)

Organization	Total
ACF - Action Contre la Faim	3,000,000
ADRA - Adventist Development and Relief Agency	700,000
ARRA - Administration for Refugee and Returnee Affairs	7,133,195
Concern Worldwide	2,000,000
DCA - Danish Church Aid	2,100,000
DICAC - Development and Inter-Church Aid Commission	5,026,797
DRC - Danish Refugee Council	9,348,065
ERCS - Ethiopian Red Cross Society	906,372
GOAL	2,000,000
HelpAge	929,374
IMC - International Medical Corps	3,481,847
IOM - International Organization for Migration	1,330,910
IRC - International Rescue Committee	2,700,000
LWF - Lutheran World Federation	829,900
MCMDO - Mothers and Children Multisectoral Development Organization	1,676,758
NCA/DCA/DASSC	1,700,000
NRC - Norwegian Refugee Council	12,218,785
NRDEP - Natural Resource and Environmental Protection	1,500,000
Oxfam	2,800,000
Plan International	5,900,000
RaDO - Rehabilitation and Development Organization	2,933,849
SCI - Save the Children International	7,100,000
UNHCR - United Nations High Commissioner for Refugees	113,799,752
UNICEF - United Nations Children's Fund	8,426,000
WFP - World Food Programme	73,372,820
WVI - World Vision International	625,205
ZOA	2,839,881
<b>Total</b>	<b>276,379,510</b>

### Financial requirements by sector (in US dollars)

Sector	Total
Protection	33,295,511
Education	22,923,812
Food	75,405,505
Health and Nutrition	36,342,764
Livelihoods and Environment	20,223,383
Logistics and Telecoms	9,495,057
Shelter and NFIs	34,440,232
WASH	34,652,065
Operational Support	9,601,181
<b>Total</b>	<b>276,379,510</b>

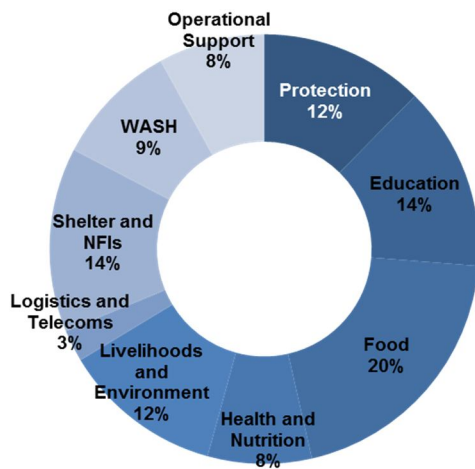
# KENYA RESPONSE PLAN



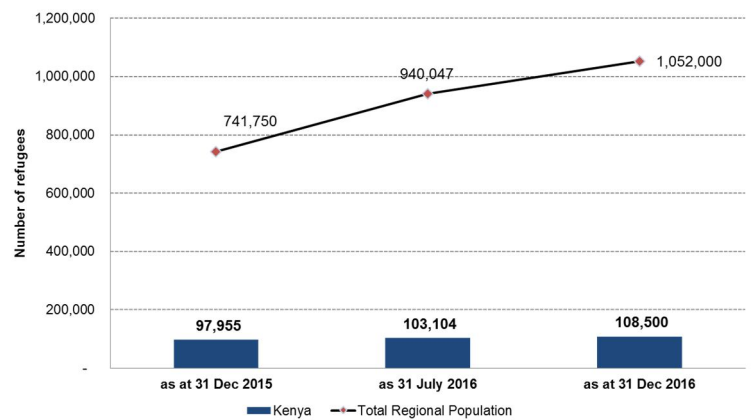
Sources: UNCS, UNHCR  
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Creation date: 11 Jul 2016

## Financial Requirements (US dollars)

**49,543,634**



## Population Trends



## **Background and Achievements**

At the beginning of April 2016, Kakuma hosted a total of 93,413 South Sudanese refugees, out of whom 48,522 arrived between December 2013 and 31 May 2016. The female population (49 per cent) and children (68 per cent) constitute the majority of the population. Most of these refugees come from South Sudan's Jonglei, Unity and Upper Nile States. The initial influx, which peaked in 2014, reduced to an average of 600 persons per month during 2015 and in 2016 there were some 5,000 new arrivals in the first four months.

The emergency response has been coordinated by UNHCR in close collaboration with the Government of Kenya. The implementation of planned activities was carried out through an inter-agency response that includes twelve NGOs and four UN agencies. The main focus has been to implement core protection activities, mainly for women and children, to provide life-saving assistance including solution-oriented activities and to mainstream child protection activities across all sectors of assistance. The latter is of particular importance since children represent almost 70 per cent of the South Sudanese refugees. Within the limited available resources, a prioritization of activities has been necessary. Thus, whereas the operation has recorded some good progress in various priority interventions such as in individual registration and documentation, health, nutrition, provision of core relief items and shelters to refugees, delivery of assistance in the sectors of education, water, sanitation and livelihoods is still below international standards.

Before the December-2013 influx, Kakuma camp was already hosting 45,239 South Sudanese refugees, as well as other refugees from different nationalities. The priority of humanitarian partners has been to decongest Kakuma. Eventually, after a year of negotiations between UNHCR and the Department of Refugee Affairs (DRA), the Turkana County government allocated a new piece of land to settle South Sudanese refugees and thus decongest the existing four camp sites in Kakuma in June 2016. The land is located in Kalobeyei, some eight kilometres from Kakuma town along the highway to Lokichoggio. The development of the new site into a settlement is now underway and is expected to immensely improve the situation for about 60,000 individuals. The new settlement will also benefit some 23,600 host community members as they will have equal access to services such as health, water and education. This arrangement will support resilience of both communities and enhance socio-economic integration between the two communities.

The 2016 Regional Refugee Response Plan for Kenya will serve as a planning, coordination and fundraising tool for the South Sudanese refugees' situation. It will present the protection needs of the 108,500 South Sudanese refugees in Kenya. This number includes South Sudanese refugees from the pre-December 2013 caseload.

### **Achievements**

#### **Access and Registration**

Until May 2016, the Government of Kenya has been granting free access to its territory and *prima facie* refugee status determination to South Sudanese asylum-seekers who fled the country after December 2013. UNHCR has coordinated the process of registration and transfer of all new arrivals from Nadapal reception centre to Kakuma camp. Most of the new arrivals have now been registered with UNHCR, thus eliminating the registration backlogs. Currently, South Sudanese refugees approaching the registration office are registered on the same day.

#### **Child and Youth Protection**

There are a total of 1,612 (1,223 male and 389 female) unaccompanied and 9,626 (6,250 male and 3,376 female) separated children among the South Sudanese refugees registered in UNHCR's database. About 65 per cent have had their best interest process initiated (100 per cent of the unaccompanied and 30 per cent separated children). The operation has a robust Child and Youth Protection Working Group and has made some achievements in delivering protection activities to children in need of special care. Notable among these achievements is the number of family reunifications recorded over the past one year within the camp of 735 (551 male and 184 female), have been reunified within the camp and 15 (14 male and 1 female), have been reunified cross-border.

Two Inter-agency (One-stop) Child Protection (CP) centres, funded by combined resources of the Child and Youth Protection Partners and coordinated by UNHCR, have been established to be a safe space for children to access integrated services (CP desk, Family Tracing Reunification -FTR, legal assistance, counselling, basic informal education) as well as a safe big play area in a single location. These are in addition to eight child friendly spaces that have been set up, which benefit over 20,000 children. Children are reached with protection messages through awareness-raising activities, in addition to 96 children's committees, groups and other structures facilitate children's participation. Resilience and life skills training workshops to an average of 700 adolescents and youth have been provided to the South Sudanese residing in Kakuma 4 and over 791 adolescents have benefitted from psychosocial support. In addition, cultural/talent and other sporting activities have been organized which have been used to promote peace, protection and resilience messages.

Construction of a temporary One Stop Centre is underway at Kalobeyei. This facility will ensure access to child protection services in the new settlement.

### **Sexual and Gender-based Violence (SGBV)**

Partners have worked to strengthen SGBV case management and data collection. A review of existing referral pathway ensured that 100 per cent of reported cases received quality multi-sectoral response services. An inter-agency SGBV working group was established and meets on a monthly basis. The group launched new Standard Operational Procedures (SOPs) on the management of the Safe Houses that provide protection to SGBV survivors, and ensure the mainstreaming of SGBV prevention in Education and child and youth protection.

### **Education**

To meet the education needs of children, RRP partners support the running of 12 pre-schools, 21 primary schools and 5 secondary schools catering for approximately 11,500 (5,588 female), 58,280 (23,257 female) and 5,750 (1,488 female) children respectively across Kakuma's camp sites.

Net school enrolment rates of 40 per cent, 73 per cent and 2 per cent at the pre-primary, primary and secondary school levels respectively have been achieved. The construction of two additional pre-schools, two primary schools and one secondary school will be initiated in the new Kalobeyei settlement site to cater for new influx of refugees as well as for those relocated from Kakuma camp. School feeding programmes continue in the new schools and this has contributed to increased learners enrolment and attendance. In addition, learners have benefitted from a market access project – food processing for schools where children are fed with locally procured cereals, thus providing market access to local farmers. Also, a total of 45 students are being supported to access professional training in courses such Business Management, Human resource management, Procurement and Supply, Community Development and Social work in Public Universities.

### **Food Assistance**

Wet feeding has been provided at the Nadapal transit centre (border crossing point and at the main reception centre in Kakuma) to all new arrivals. Children aged 6 to 23 months, pregnant and lactating women and chronically ill individuals were provided with additional blanket supplementary feeding in form of corn soya blend porridge. General food distribution includes take-home dry rations comprising of cereals; pulses, vegetable oil, corn soya blend and iodized salt, providing 1,470 kilocalories per day while 30 per cent of the ration is in the form of an electronic food voucher redeemed at local shops in and around the camp. The combination of the food voucher and in kind food at the general food distribution is estimated to provide 2,100 kcal per day. WFP has initiated 100 per cent coverage by electronic food vouchers for the population to be settled in the Kalobeyei settlement with only distribution of CSB+ in kind.

### **Health and Nutrition**

Although there have been high malnutrition trends among the new arrivals with SAM rates of over 15 per cent and GAM rates above 25per cent in the months of April and May 2016, the health and nutritional status for the South Sudanese refugees is relatively stable as evidenced by indicators, which are within Sphere standards. Crude mortality rate is 0.2/1,000/month and the under 5 mortality rate is 0.6/1,000/month against Sphere standards of 1.5/1,000/month and 3/1,000/month respectively. Health partners continued to ensure that the population in Kakuma, including new arrivals, have access to comprehensive health care services. This has been facilitated by the construction and

operationalization of a new 180 bed capacity facility to serve the increased population in Kakuma and serve as a referral hospital for the new facilities in Kalobeyei.

The response has currently operationalized one semi-permanent clinic in Kalobeyei that is offering both primary health care and nutrition services with a plan to construct one other clinic as well as upgrade and equip local county dispensary.

### **Environment and Livelihoods**

In order to meet the refugee energy need requirements, there has been a steady supply of firewood to the South Sudanese refugees. There has also been a constant supply of firewood to Nadapal Transit Centre, Kakuma Reception Centre and to the camp schools and hospitals. To complement this firewood, each household received an energy efficient stove. Tree seedlings have continuously been distributed to the refugee families for household tree-planting. Environmental rehabilitation in the refugee-affected area was done through establishment of a 10 hectare greenbelt.

A total of 235 refugees benefitted from a unique loan/revolving fund scheme for business entrepreneurs which was introduced in partnership with Equity Bank. Seventeen groups, comprising 300 members, have been inducted, trained on modern agriculture production methods and deployed for agriculture and farming activities. Operating partners contributed to livelihood activities through supporting:

- a) vocational training skills that benefited 85 refugees;
- b) professional training skills for 45 refugees at a local university;
- c) training on small business skills and the group savings and loans methodology to 19 groups comprising 300 refugees;
- d) income-generating activities / business start-up for 55 refugees;
- e) training in kitchen gardening and poultry keeping targeting 60 refugees.

In addition, an unconditional cash transfer programme (electronic voucher) was introduced in August 2015. This has provided livelihood (business) opportunities by contracting about 150 traders, the majority of whom are refugees themselves who are providing food commodities to fellow refugees.

### **Logistics, Transport and Non-Food Items (NFI)**

Sufficient diesel was provided for vehicles and generators that are used in hospitals and in the water and sanitation facilities. Similar fuel support was extended to the Government of Kenya to ensure that police officers provide adequate security to refugees and humanitarian workers in their daily operations in the camp. The stock levels for non-food items were reasonably sufficient in the course of the year. NFI entitlements comprised a kitchen set, a 20 litre water jerry can, and a mosquito net per family, as well as a blanket, a sleeping mat and 250gm of soap per month per person. A new Food Distribution Point was constructed in late 2014, to cater for about 40,000 beneficiaries in Kakuma 4, including South Sudanese. Warehouses were also expanded to add an additional 2,100 metric tons capacity.

### **Shelter and Infrastructure**

In the course of 2015, the operation constructed 5,400 shelters for South Sudanese new arrivals, thus increasing the percentage of refugee living in adequate households from 64 per cent at the beginning to 80 per cent. From January to June 2016, 1,145 T-shelter were provided to new arrivals and additional 1,120 units are being constructed at Kalobeyei settlement. Public facilities such as schools, clinic, police post, conference hall as well as market/shops and opening up of access roads at Kalobeyei settlement are underway

### **Water, Sanitation and Hygiene (WASH)**

Partners maintained the water distribution system and established 14 new water tapping points including extension of water pipeline by 2.3 kilometres. Water per capita increased from 15L to 21L due to increased pumping hours and storage. Two elevated storage tanks (100 cubic metres each) that served 48,522 South Sudanese new arrivals were constructed. Family latrine coverage for new arrivals improved to 41.9 per cent compared to 26 per cent at the beginning of 2015 due to construction of 2,700 units.

# ***Humanitarian Needs and Vulnerabilities***

## **Registration**

A few weeks after the statement of the Kenyan authorities on 6 May 2016 announcing the closure of the Dadaab camps and the disbandment of the Department of Refugee Affairs, the Immigration Department at the Nadapal Border point temporarily suspended granting access to new asylum seekers from South Sudan. UNHCR and partners continue monitoring missions and discussions with the authorities to request that access to asylum for all new arrivals resumes as soon as possible. Despite the clearing of the backlogs, registration continues to face number of challenges, including insufficient registration staff vis-à-vis the relatively high number of new arrivals, lack of adequate office space to ensure confidentiality of interviews, especially for children and other vulnerable groups, delays in government registration, high number of requests for bio-data changes after initial registration and lack of joint registration between UNHCR and the DRA.

## **Child Protection**

Participatory assessments have revealed that children in Kakuma still face violence, exploitation, abuse or neglect at home, in the community and at school. While systems are being put in place to address their protection needs children still face challenges in accessing services due to the insufficient child protection desks in the field, limited knowledge about procedures and insufficient community support. Thirty-four per cent of the South Sudanese refugees are adolescents and youth, but less than 40 per cent of them are engaged in constructive activities. Idleness makes them vulnerable compelling them in negative coping mechanisms such as alcohol abuse and ethnic conflicts.

## **Sexual and Gender-based Violence (SGBV)**

Significant underreporting of SGBV cases due to fear of stigmatization and reprisal, low participation and representation of women, as well as lack of timely access to services are the main challenges in prevention and response to sexual and gender-based violence. Cultural practices and lack of understanding of SGBV by survivors and persons at-risk are significant barriers towards effective prevention and response. In addition, inadequate safe space for women and children and lack of a safe shelter for men survivors remain a key challenge to protecting survivors. The capacity of service providers needs to be further strengthened through trainings, mentorship and coaching. There are also significant gaps in access to justice.

## **Education**

Despite the progress made to improve education access and quality, many children remain out of school at the pre-primary (60%), primary (27%) and secondary school levels (98%). The existing schools are highly congested with as many as 140 children sharing a classroom and other facilities and resources such as desks, latrines, textbooks, learning resources and teacher workforce remaining grossly insufficient. With increasing number of primary school graduates and insufficient number of secondary schools, transition continues to be greatly hampered with a potential to affect student motivation and lower demand for primary education. Additionally, comparison of primary school Gross Enrollment Rate (GER) 123 per cent and Net Enrollment Rate (NER) 73.4 per cent indicates high enrolment of overage learners who lack alternative learning programmes to meet their education needs. This situation exacerbates not only school congestion but also presents protection challenges for young age appropriate learners. Gender disparities continue to be evident both in student enrolment and teacher workforce with fewer girls (70%) enrolled in primary as compared to boys (77%). This disparity is attributed to teenage/early pregnancies, early marriages, labour obligations as well as unfriendly school environments and low parental commitment towards girls' education. The operation expects over 15,000 new arrivals in 2016 and this will further strain resources and affect the quality of education. In the absence of education opportunities, refugee girls and boys risk being denied their rights to knowledge and acquisition of skills that are essential for their survival and development. Substantial amount of resources will be required to expand education infrastructure in Kakuma and set up a functional education system for children at the new settlement site.

### **Food Assistance**

In 2016, the food ration was increased to ensure all refugees were able to get 2,100 kcal per person per day up from 1,400kcal per person per day. This was a result of the health and nutrition survey that showed an increase in GAM from 7 per cent in 2014 to 11 per cent in 2015 while SAM increased from 0.3 per cent in 2014 to 1.4 per cent in 2015.

### **Health and Nutrition**

The continued increase of South Sudanese refugees continues to stretch the health system in the camp. This is depicted by indicators like high consultations per clinician which stands at over 70 consultations per clinician per day against a standard of 50 consultations per clinician, and bed capacity at inpatient facilities going above 100 per cent hence sharing of beds between patients. This also results in over dependence on unqualified auxiliary staff to offer medical care which compromises quality of services being offered.

The situation is further worsened by an increase in the incidence of communicable diseases like respiratory tract infections watery diarrhoea and malaria driven by overcrowding as well as competition for available sanitation facilities and water which are not enough for the increased population.

Most of the new arrivals are in poor nutritional status with GAM rates of up to 45 per cent. In the last two months admissions to the stabilization ward have increased from an average of 10 admissions per week to an average of 45-60 admissions/week currently. Mortalities in this group have also increased due to late presentation and severity of their condition on admission.

### **Environment and Livelihoods**

Energy supply tends to be the most serious environment-related issue. Firewood provision has remained an expensive activity due to the high costs of transportation linked to firewood harvesting. Only 10 per cent of the refugee energy needs are met through organized firewood distribution. The majority of refugees are forced to harvest extra firewood exposing them to protection risks affecting the camp environs and co-existence with the host community. As an immediate solution, partners supply energy efficient stoves to the refugees. The stoves are locally fabricated by the Refugees and the Host Community at the Stove Production Unit Alternative energy sources have been tried in the past but with little success, hence the need for alternative sources of energy as dry firewood is getting depleted. The operation expects approximately 15,000 additional new arrivals in 2016 and this will further strain the current environment and energy resources.

Kalobeyi settlement is planned to be a hybrid settlement with the main goal of empowering refugee and host communities with livelihood opportunities to the extent possible in agriculture and business. Rain fed agriculture is not reliable in Turkana due to low annual rainfall received. Water supply for agriculture activities remains a challenge in the camp due to competing domestic use priorities. As such there is a need to have dedicated borehole(s) for agricultural use in addition to the installation of rain water harvesting technologies in strategic locations. Also, a heavy investment is required in training the persons of concern and host community on financial literacy, marketing, business management, modern agricultural production methods, value addition and entrepreneurial skills. There is also a vital need to invest in the provision of vocational training opportunities in skills such as plumbing, motor vehicle repair, tailoring, welding, electrical works and solar installation and computer literacy.

### **Logistics, Transport and Non-Food Items (NFIs)**

Some of the logistical challenges experienced in the field include the management and maintenance of the growing fleet. This is further compounded by the absence of a credible motor vehicle company in Kakuma that could be engaged to maintain a fleet of over 50 vehicles. The long procurement processes and the poor state of Kitale – Kakuma road usually causes undue delay in delivery of relief items to Kakuma thus affecting in the quality of humanitarian services provided to population of concern in the camp. In terms of sheltered storage space, the operation has a gap of 700 cubic metres of space and this presents a lot of problems in the storage of non-food items and other supplies. The office need to construct 2 rub halls to increase warehouse space.





Figure 10: A young South Sudanese refugee carries NFIs in the 'Kakuma 4' area of Kakuma Refugee Camp, Kenya. UNHCR/W. Swanson

### **Shelter and Infrastructure**

Based on the planning figures, the operation will need to provide about 12,000 shelters in a phased manner for some 45,000 refugees who will be relocated from Kakuma camp to the Kalobeyei settlement and an additional 15,034 new arrivals that are expected in the course of 2016. The projected 12,000 shelters will be in the form of upgradable shelters that will be in turn transformed into Interlocking stabilized soil block gradually implemented as per the agreed design of Kalobeyei settlement.

Since the Kalobeyei settlement is planned to be a hybrid settlement with the main goal of empowering both communities with livelihood opportunities as well as providing essential services, the targeted population for relocation will mostly include skilled refugees to ensure that they are engaged in the shelter program in the form of cooperative groups as well as in the production of goods, services and as venture into business. With the beginning of relocation of some South Sudanese refugees at Kalobeyei settlement, and in order to provide basic services, some temporary facilities such as schools, clinic, shops and communal halls are being constructed to accommodate new arrivals from South Sudan as the permanent infrastructures are ongoing. To enable the smooth movement of people and the volume of trade, the operation will continue the development of access roads, drainage systems and floods mitigation structures, as well as other public infrastructures in Kalobeyei settlement. Partners will continue working to finalize the most convenient design of refugee shelters to conform to the proposed settlement model at Kalobeyei as refugees and host communities are expected to live side by side and have equal access to services. The main challenge will remain the development of a comprehensive drainage system to mitigate risks of flooding inclusive of Kalobeyei Township. The spatial planning and infrastructure development working group is working on this aspect along with the development of the remaining parts of master plan for Kalobeyei

### **Water, Sanitation and Hygiene (WASH)**

Efforts are in place to mobilize new arrivals to participate fully in construction of family latrines. Partners are devising systems to curb vandalism of abandoned latrines. In the water sector, investment has been made in water extraction and storage through sinking of boreholes and installation of elevated steel tanks. However, the distribution system (pipe network and tapping points) is not yet fully developed. On average 19 litres of water per person per day will be provided to South

Sudanese refugees. At the new site in Kalobeyei an interim infrastructure will be developed to distribute water through water trucking from Kakuma for a period of three months until a long term solution of connecting water to the boreholes drilled in Kakuma is developed. The long term will include laying a pipeline from Kakuma to Kalobeyei. Three new elevated steel tanks of 100 cubic metres each will be installed while maintaining the water supply distribution network in Kakuma. Five thousand /household latrines and 200 communal latrines will be constructed to address the sanitation needs and this will go hand in hand with hygiene promotion activities.

## ***Response Strategy and Priorities***

### **Ensuring admission:**

Until May 2016, the Government of Kenya has maintained an open door policy to South Sudanese asylum seekers, who have had unhindered access to its territory. However, after the disbandment of the Department of Refugee Affairs, the Immigration authorities at the Nadapal border have stopped admitting new asylum-seekers from South Sudan. UNHCR will therefore need to continue conducting regular border monitoring in order to ensure that free access to Kenya for all asylum seekers resumes. Partners have continued to maintain the Nadapal Transit Centre where individuals are temporarily accommodated before being transported to Kakuma refugee camp. The facility hosts an average of 600 asylum-seekers each month.

The Government and UNHCR will engage in Joint Registration and in the development of an effective data sharing policy among partners, with enhanced data protection and confidentiality procedures. Kalobeyei will become the primary location for the reception of new arrivals. In addition, population verification exercise will begin in Kakuma in 2016.

### **Where to assist refugees – camps, spontaneous settlement:**

With the influx from South Sudan and the steady number of new arrivals from the Great Lakes region, the existing four settlements in the Kakuma camp are unable to accommodate the increasing number of refugees. The Kakuma refugee camp, which was designed to accommodate 100,000 refugees, is currently hosting over 180,000 refugees. UNHCR and the National Government agreed with the Government of Turkana to develop a settlement that would promote the self-reliance of refugees and host communities by providing them with better livelihood opportunities and enhanced service delivery. There is also a growing consensus among the humanitarian, development and donor community that the quality of economic and social interactions between the refugees and host communities needs to be enhanced to build the resilience of host communities and to better support refugees in finding durable solutions. The development of the new refugee settlement in Kalobeyei provides a rare opportunity to increase the effectiveness of the refugee programme by better integrating the refugee and host community economies and by delivering services in a manner that is integrated to the sub-county development planning.

The objective is to develop a sustainable refugee settlement that enables: (i) better livelihood opportunities for refugee and host communities; and (ii) service delivery integrated with the local development plan. The Kalobeyei Integrated Social and Economic Development Program (KISED), a multi-agency collaboration to develop the local economy and service delivery at Kalobeyei, has the objective to facilitate collaboration and coordination between the Government, UN agencies, development actors, NGOs, private sector and civil society to build sustainable services and economic opportunities in Kalobeyei, which will accommodate over 60,000 refugees side-by-side with up to 23,600 the host community members.

KISED will focus on both short-term and long-term interventions. While partners will develop a long-term approach to attract the necessary investments, there is the urgent need to decongest the Kakuma refugee camp. Thus, at least 15,000 refugees will be relocated from Kakuma to Kalobeyei in 2016 including the new arrivals. Properly planned and executed, the humanitarian response will have the added advantage of showing early results, which are critical to building confidence and the momentum needed for long-term investments.

**Starting to work towards solutions:**

Meanwhile, the recent developments in South Sudan, where a peace agreement was signed by the warring parties, might change the landscape for voluntary repatriation of South Sudanese refugees in the region. If the peace deal holds, some refugees may come forward in 2016 and register for voluntary return. If this situation does not materialize, the operation shall continue to provide protection, assistance and solutions to refugees until conditions that forced them to leave their country of origin cease to exist.

## ***Partnership and Coordination***

With the view of reorienting the refugee assistance programme, UNHCR has launched the Turkana Initiative on the Integration of the Refugee and Host Community Economies, in collaboration with the national and county governments, bilateral donors, UN agencies, NGOs and development actors. This represents a major paradigm shift. The overall objective of this initiative is to re-orient the refugee assistance program to contribute to:

- (i) improvement of the socio-economic conditions of the refugee and the host communities;
- (ii) better prepare the host community to take advantage of emerging economic opportunities in upcoming extraction and potential irrigation-fed agriculture; and
- (iii) reduce over-dependence on humanitarian aid and support the refugees to achieve durable solutions.

In 2016, the provision of protection and assistance to refugees from South Sudan will be coordinated by UNHCR in close collaboration with the Government. The South Sudan refugee response in Kenya includes eight partners, comprising four UN agencies (FAO UNICEF, UNHCR and WFP) and four NGOs (DRC, LWF, NRC, PWJ).

At the country and regional level, UNHCR collaborates with the Government of Kenya, the UNCT and the donor community to monitor influxes, assess protection risks and mobilize resources. At the camp level, the emergency response is carried out in Kakuma and at the new settlement at Kalobeyei by participating agencies and the line ministries of the National and County Governments Districts.

## ***Planned Response***

### **Admission and Reception**

- Intensify training of immigration officials and border police.
- Step up monitoring missions to the Nadapal border to ensure unhindered access and reception of asylum seekers.
- Improve information sharing in regards to the rights and obligations of asylum seekers as well as free access to basic services and assistance in the camp and/or at the new settlement.
- Counselling and sensitization of refugees in regard to possible transfer from Kakuma camp to the new settlement (Kalobeyei).
- Construct a Reception Centre in Kalobeyei.

### **Protection**

#### **Registration**

- Improve the quality of registration including the collection of enhanced data elements, strengthening the anti-fraud mechanisms, the biometrics system and follow up on the issuance of Government of Kenya (GoK) Alien cards to all South Sudanese refugees.
- Identify population with specific needs.
- Develop an effective data sharing policy among partners, with enhanced data protection and confidentiality procedures.
- Carry out a population verification exercise in Kakuma.

<p><b>Protection (contd.)</b></p>	<p><b>Child Protection</b></p> <ul style="list-style-type: none"> <li>- Strengthen child protection systems, the case management system based on the Best Interest Procedure, community based approached and scaled up youth programming, in line with the newly adapted Updated Framework for the South Sudanese and Sudanese Refugee Children (July 2015-June 2017).</li> <li>- Assist 6,000 children (new arrivals) of which 900 unaccompanied and separated children (UASC).</li> <li>- Conduct Best interest processes to all children new arrivals and provide them with material support and alternative care arrangements.</li> <li>- Construct five child friendly spaces and one youth centre in Kalobeyei.</li> <li>- Establish systems that address the protection needs of children in need of special care.</li> <li>- Mainstream child protection activities across all sectors of assistance.</li> </ul> <p><b>Sexual and gender-based violence</b></p> <ul style="list-style-type: none"> <li>- Develop Interagency SOPs on SGBV for Kalobeyei through a strong inter-Sectoral coordination.</li> <li>- Construct two safe shelters.</li> <li>- Train 200 agency and incentive workers, provide livelihood opportunities for survivors and other persons at risk, increase community-based security mechanisms and sustained empowerment of women and girls.</li> <li>- In the area of SGBV prevention, pilot new participatory approaches engaging youth in the sensitization of communities.</li> </ul>
<p><b>Education</b></p>	<ul style="list-style-type: none"> <li>- Set-up new schools (five pre-schools, five primary and two secondary schools) and provide desks, equipment and school kitchens.</li> <li>- Recruit and train teachers, provide basic teaching and learning materials, school meals and support child friendly activities.</li> <li>- Ensure enrolment, attendance, equal participation of some 20,000 boys and girls.</li> <li>- Include children with special needs to help re-establish daily routine.</li> </ul>
<p><b>Environment and Livelihoods</b></p>	<ul style="list-style-type: none"> <li>- Procure and distribute 2,350MT of firewood.</li> <li>- Fabricate energy saving stoves.</li> <li>- Capacity building for refugees on energy saving cooking practices, conservation and protection.</li> <li>- Rehabilitate refugee settlement impacted areas through the establishment of 20ha greenbelt and distribution of seedlings.</li> <li>- Develop certified and sustainable wood fuel businesses.</li> <li>- Carry out a household socio-economic profiling in Kalobeyei.</li> <li>- Drill two boreholes for irrigation and livestock, provide agricultural inputs &amp; tools, training on modern agriculture production methods.</li> <li>- Establish a revolving fund for business start-ups including training and financial literacy.</li> <li>- Hire additional technical staff for programme implementation.</li> <li>- Set up new buildings for business incubation, community services, site office and VTC.</li> </ul>

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<b>Food</b>	<ul style="list-style-type: none"> <li>- Provide food assistance comprising of restricted cash programme (electronic voucher) and in-kind.</li> <li>- Provide targeted nutrition programmes and school meals.</li> <li>- Establish extended delivery points and food distribution centres at Kalobeyei.</li> <li>- Implement further livelihood interventions in Kakuma to increase the self-reliance of refugees in the provision of food resources.</li> <li>- Scale-up from 10% to 30%, if the markets respond appropriately, restricted and un-conditional cash transfer programme (electronic voucher) whereby food assistance equivalent to 30 per cent of cereals is remitted to all the refugees, giving them the much needed choice and promoting dietary diversity.</li> </ul>
<b>Health and Nutrition</b>	<ul style="list-style-type: none"> <li>- Construct one maternity ward at the Kalobeyei settlement site.</li> <li>- Equip the new facility with modern medical equipment to ensure fast and accurate diagnosis as well as high quality curative services.</li> <li>- Recruit additional staff to ensure consultations per qualified clinician ratio is maintained within standards of 50/clinician per day.</li> <li>- Provide adequate facilities at the new site to include stores and nutrition distribution waiting bays for the outpatient therapeutic program as well as the supplementary feeding program for malnourished children and those at risk of malnutrition respectively.</li> <li>- Construct and equip a stabilization ward for the treatment of malnourished children with medical complication.</li> <li>- Hire additional technical nutrition staff as well as supportive staff to ensure effective implementation of planned activities.</li> <li>- Implement and strengthen the IYCF friendly framework.</li> <li>- Conduct an annual camp nutrition survey.</li> <li>- Carry out systematic MUAC screening to monitoring acute malnutrition trends.</li> <li>- Provide micronutrients supplementation and deworming for children 1-5 years.</li> </ul>
<b>Logistics and Transport</b>	<ul style="list-style-type: none"> <li>- Establish the road and water infrastructure, institutions, refugee shelters/latrines and pre-positioning of relief supplies to develop Kalobeyei.</li> <li>- Lease of five vehicles, acquire one crane truck, erect 2 new rub halls, and install two fuel tanks of 60,000 litres capacity each.</li> </ul>
<b>Non-Food Items (NFI)</b>	<ul style="list-style-type: none"> <li>- Provide the new arrivals with a full kit of non-food items.</li> </ul>
<b>Shelter and Infrastructure</b>	<ul style="list-style-type: none"> <li>- A master plan of the new settlement will be and trading centres will be established at the periphery to attract development around the camp including Kalobeyei town.</li> <li>- Construct 6,000 improved durable shelters, 2.5 kilometres of access roads, two primary schools and one secondary school, two health posts, a police post, one Firewood Distribution Centre.</li> <li>- Install two Rub halls.</li> <li>- Establish an irrigation system.</li> </ul>
<b>Water, Sanitation and Hygiene (WASH)</b>	<ul style="list-style-type: none"> <li>- Provide about 1,140 cubic metres of water per day to 48,000 refugees who will be relocated from Kakuma camp and the 9,000 new arrivals, to be in line with post-emergency SPHERE standards.</li> <li>- Drill and equip three boreholes.</li> <li>- Install three elevated steel tanks of 100 cubic metres each.</li> <li>- Build a 20 kilometre water pipeline and 100 water tapping points.</li> <li>- Build 3,500 household latrines.</li> <li>- Put in place necessary hygiene promotion systems.</li> </ul>

## ***Financial Requirements Summary – Kenya***

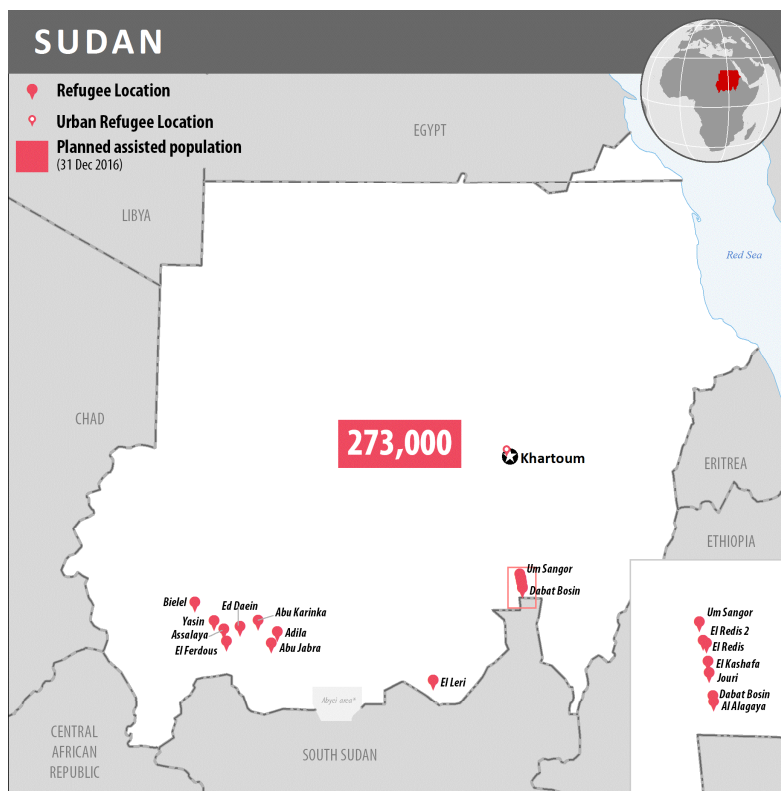
### **Financial requirements by agency (in US dollars)**

<b>Organization</b>	<b>Total</b>
DRC - Danish Refugee Council	514,423
FAI - Film Aid International	375,605
LWF - Lutheran World Federation	1,798,371
NRC - Norwegian Refugee Council	650,000
PWJ - Peace Winds Japan	500,000
UNHCR - United Nations High Commissioner for Refugees	33,305,235
UNICEF - United Nations Children's Fund	2,400,000
WFP - World Food Programme	10,000,000
<b>Total</b>	<b>49,543,634</b>

### **Financial requirements by sector (in US dollars)**

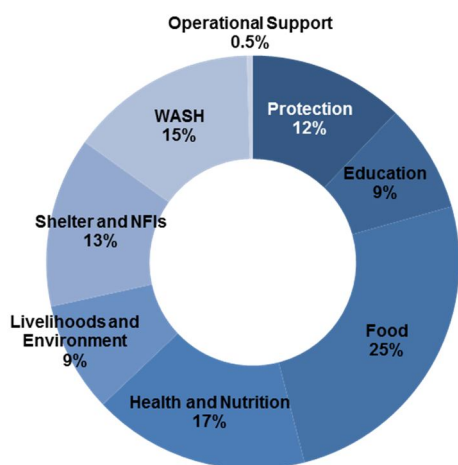
<b>Sector</b>	<b>Total</b>
Protection	6,131,789
Education	6,873,186
Food	10,000,000
Health and Nutrition	3,874,037
Livelihoods and Environment	5,993,546
Logistics and Telecoms	1,196,214
Shelter and NFIs	6,873,010
WASH	4,626,444
Operational Support	3,975,408
<b>Total</b>	<b>49,543,634</b>

# SUDAN RESPONSE PLAN

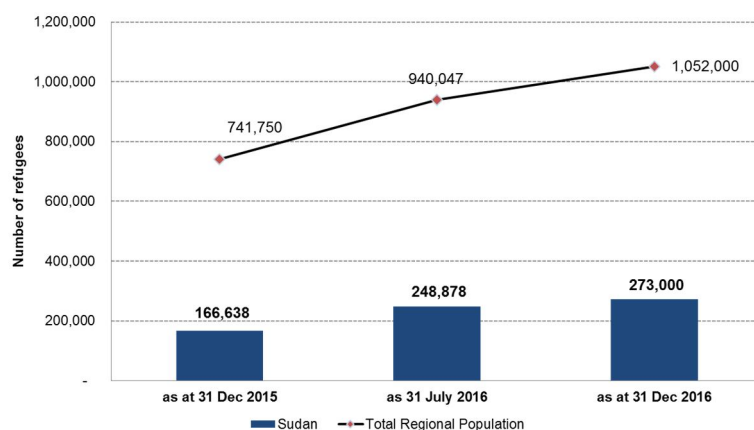


Sources: UNCS, UNHCR  
 The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined. Final status of Abyei area is not yet determined. Creation date: 11 Jul 2016

## Financial Requirements (US dollars) 157,928,491



## Population Trends



## **Background and Achievements**

Sudan continued to face a steady influx of South Sudanese refugees throughout 2015. By the end of October 2015, over 197,000 South Sudanese had sought safety in Sudan, fleeing violence and insecurity in their home country. This number surpassed the initial planning figure for the end of 2015 of 196,000 South Sudanese refugees in Sudan. With some 103,000 new arrivals recorded between January and October, Sudan was in 2015 the country that received the largest influx of South Sudanese refugees in the region.

Beginning January 2016, there was a surge of South Sudanese fleeing into Sudan. In just over two months, approximately 58,500 South Sudanese arrived in a very poor state of nutrition and health in East Darfur, South Darfur and West Kordofan, the majority were women and children. To illustrate the extent of the crisis in East Darfur, the refugee population rose from 164 individuals in December 2015 to over 47,000 individuals by mid-June. A large number (41 per cent) of the total South Sudanese refugees continue to reside in eight designated sites in two localities in White Nile States, while 24 per cent are now located in Khor Omer, East Darfur, Beliel, South Darfur and El Meriam, West Kordofan. Some 20 per cent are hosted in West and South Kordofan in established reception areas, and 15 per cent settled in Khartoum State. The remaining South Sudanese refugee population is located throughout Blue Nile and North Kordofan. South Sudanese refugees have joined an estimated 350,000 people of South Sudanese origin who continued to reside in Sudan since the secession of South Sudan in 2011. The overall favourable protection environment, with South Sudanese treated as 'brothers and sisters', has weakened with the government's decision in 2016 to treat all the South Sudanese in the country as foreigners. This apparent drastic change in policy will have an effect on the resources needed to cater for this population, who have so far been able to benefit from freedom of movement and job possibilities outside of a camp environment.

Despite the peace agreement signed at the end of August in South Sudan, South Sudanese refugees have continued to cross into Sudan, seeking safety or access to food and basic services following a continuation of localized fighting and food insecurity due to the on-going conflict. It is expected that instability and food insecurity will prevail in states of South Sudan neighbouring Sudan, triggering further refugee outflows into Sudan throughout 2016. Humanitarian actors are therefore planning for an additional 105,000 new arrivals throughout the year<sup>3</sup>. In total, 272,811 South Sudanese refugees in Sudan will be in need of protection and assistance by the end of 2016.

## **Achievements**

### **Protection**

- South Sudanese continue to have unhindered access to the Sudanese territory, despite some recent border closures.
- Approximately 800 vulnerable individuals were assisted in 2016 to obtain nationality documentation from the South Sudan Consulate in Khartoum.
- The Ministry of the Interior's registration of South Sudanese is on-going in 2016, with 246,087 individuals registered so far in 10 states, and a total of 240,286 cards for South Sudanese produced and majority issued.
- Individual registration for assistance in White Nile State was completed in all camps in 2016. As of June a total of 76,514 individuals (19,700 households) have been registered in eight camps.
- Identification of 1,678 individuals through vulnerability assessment was undertaken in White Nile state of which 1,500 Persons with Specific Needs including Women at Risk were supported. In addition, 243 older persons and 178 Persons with Disabilities were identified and provided with specific support including assistive devices.
- Personal Hygiene kits were provided to 3,500 refugee girls and women in Khartoum.

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<sup>3</sup> The total planned population figure anticipated by the end of 2016 has not increased significantly, despite the fact that the planned new arrivals in 2016 has increased from 89,950 to 105,000 individuals. This is due to the total population figure at the end of 2015, which was 194,289, being revised downwards to 167,811 individuals as a result of the completed biometric registration in White Nile State in the first half of 2016.



- 1,560 unaccompanied and separated children have been identified in White Nile State, along with an additional 420 children in South and West Kordofan states, 309 in Khartoum, and 180 in Khor Omor, East Darfur.
- More than 12,800 children are benefitting from psychosocial support and referral to other social services through 17 CFS in the camps and host communities.
- Coordination mechanisms to support timely referrals for SGBV survivors have been facilitated through the establishment of referral networks and community based protection networks in White Nile State.

### **Education**

- In White Nile State, access to quality basic education increased for 2,500 refugee children (50% girls and boys) through construction of 50 semi-permanent classrooms. Capacity building was conducted for 65 South Sudanese teachers (37% women) on providing child centred pedagogy in emergencies, psychosocial support and recreation services
- In East Darfur State, access to quality basic education increased for 647 refugee children (311 girls; 336 boys) by establishing five temporary learning spaces and the provision of essential learning, teaching and recreational materials.
- In West Kordofan, access to education was restored to 2,655 refugee and host community children (485 girls; 415 boys) through the provision of essential teaching and recreation kits as well as learning and teaching materials. In addition, capacity building was provided for 75 South Sudanese teachers and volunteers (30% women) to improve the quality of education for the refugee children in West Kordofan covering education in emergencies, psychosocial support and child centred learning and teaching methodologies.

### **Food Security and Livelihoods**

- As of April 2016, a total of 32,974 MT of emergency food assistance has been distributed to 204,636 South Sudanese refugees residing in Sudan, including nearly 15,000 MT in 2016. This includes 26,208 new arrivals in East Darfur, and 1,881 in South Darfur since the beginning of the 2016 influx, as well as on going GFD in White Nile State and other locations.
- In White Nile, a food security assessment (FSMS) was conducted in April 2016 to improve understanding of the food security and livelihood situation among South Sudanese refugees living in camps in White Nile State, as well as host communities and returnee communities. In South Darfur, a follow-up food security assessment took place early June 2016 to assess the current food security situation of new arrivals.
- As of May 2016, 47,087 MT of food has been delivered by 43 road or barge convoys to South Sudan.
- In White Nile State, 13,200 individuals, including South Sudanese refugees and extremely vulnerable host community members, are being provided with fishery inputs and training, and 3,000 provided with dairy goats.

### **Shelter, Infrastructure and Non-Food Items (NFIs)**

- NFI distributions including plastic sheets, sleeping mats, blankets, kitchen sets, mosquito nets and jerry cans have taken place targeting newly arrived refugees in the new influx since January 2016. This has benefitted 6,000 households in East Darfur, 675 households in South Darfur, and 950 households in West Kordofan.
- A new site, Al Waral, has been established in White Nile State, with 4,273 individuals relocated as of June 2016 to decongest other sites and improve service delivery. This increased the number of sites in White Nile to eight, accommodating over 78,000 refugees, a majority of whom are accommodated in individual family shelters.

### **Health**

- Community health promoters and community health workers have been trained to work within the South Sudanese refugee community. The trained staff provides health education and outreach activities to the refugees to improve the health situation.
- To strengthen the Early-Warning System medical staff in 2016 has been trained on case definition, surveillance, outbreak response and infection prevention.
- 594 South Sudanese refugee children aged 6 months to 15 years have received measles vaccine during the measles outbreak response campaign in El Meiram.
- Referral system to secondary/tertiary hospitals was put in place in White Nile State.

- Reproductive health commodity security has been maintained and was strengthened to respond to emergency reproductive health and obstetric needs as part of the implementation of the minimum initial package for reproductive health in crisis situations (MISP). Life-saving supplies covered 18,935 beneficiaries, including 800 women with complicated deliveries.
- Basic health units in reception facilities and at the major border-crossing points continue to conduct nutritional screening targeting children under 5 years of age, as well as pregnant and lactating women.

### **Nutrition**

- Nutrition interventions targeting South Sudanese refugees are covering all refugee sites in White Nile, East Darfur, South Darfur, South Kordofan, West Kordofan and Khartoum States. Treatment measures include outpatient therapeutic centres for treatment of children with severe acute malnutrition (SAM) cases, supplementary feeding programme for moderate acute malnutrition (MAM) cases, and preventative blanket supplementary feeding covering children under five and pregnant and lactating women.
- Between January and May 2016, 908 South Sudanese refugee children have been treated for severe acute malnutrition in White Nile, East Darfur and West Kordofan. Overall the cure rate for SAM in White Nile at the end of May was 85 per cent, with a defaulter rate of 14 per cent and a mortality rate of one per cent.
- 97,145 individuals (pregnant and lactating women and children under 5 have been assisted through emergency blanket supplementary feeding programmes for the prevention of acute malnutrition, targeted supplementary feeding for the treatment MAM, and provision of a transit ration at all entry points to newly arriving South Sudanese refugees.
- In White Nile State, MUAC mass screening data showed a reduction in MAM prevalence from 2.45 per cent to 1.99 per cent in children under 5 and from 8.4 per cent to 4.52 per cent in pregnant and lactating women.
- With the new influx into South and East Darfur, a total of 5,302 children under five and pregnant and lactating women have been assisted with blanket emergency nutrition support.
- In May 2016, Social and Behaviour Change Communication (SBCC) TOT trainings were conducted for all implementing partners in South Kordofan and White Nile States.

### **Water, Sanitation and Hygiene (WASH)**

- 70,000 South Sudanese refugees and host community members (56,000 in White Nile State, 10,000 in South Kordofan and 4,000 in West Kordofan) continue to benefit from seven improved drinking water supply sources, each made up of a compact water treatment system which treats raw water from the River Nile and delivers clean, safe water to the refugee camps and the host communities.
- 45,897 individuals were supported with access to improved drinking services through daily water trucking in the new El Waral site in White Nile (4,000), El Meiram (6,255) and Kharasana (9,776) in West Kordofan, and Khor Omer in East Darfur (28,100). The service level ranged from 18 litres of water per person per day in El Waral site to 1.5 litres of water per person per day in Khor Omer.
- WASH partners support sustained access to improved drinking water supply for 67,323 South Sudanese refugees in the seven camps of White Nile through operation and management support to WES.
- 5,500 South Sudanese refugees gained access to a safe means of excreta disposal through the construction of 122 shared emergency latrines and 5,276 families were reached with messages on good hygiene practices and six cakes of soap each.
- WASH supplies were prepositioned in El Mieram warehouse, including 2,000 jerry cans, 60 cans of 1.67g chlorine tablets (200 tab in cans), 5 cartons of 33mg chlorine tablets (33 10,000 tab in box), 200 latrine plastic slabs, 10 cartoons of hydrogen sulphide for water testing, 2 bladders of 10,000 litres and 2 bladders of 5,000 litres capacity.

## ***Humanitarian Needs and Vulnerabilities***

Almost three years into the humanitarian response, Sudan remains in the midst of an emergency, with the influx of South Sudanese refugees that began in late January 2016 continuing, driven by deteriorating food insecurity and ongoing violence in South Sudan. The new arrivals are mostly women, children and elderly, who are in poor health condition as a result of hunger and exhaustion from the journey and are in need of protection, nutrition, shelter and health support. They have primarily settled in areas not previously covered by a response, where partners and resources are extremely limited and, in some areas of East Darfur and West Kordofan, where access is constrained by insecurity and geographic isolation. The majority of the arrivals, around 88 per cent, are women and children. Children alone represent over 67 per cent of the refugee population. The planning figure for 2016 has been increased to 105,000 new arrivals to accommodate the increased number of refugees who have fled ongoing conflict and food insecurity, mostly from Northern Bahr El Ghazal and Warrap States.

The humanitarian situation in East Darfur's Khor Omer camp where the majority of new arrivals have settled has improved since the initial influx with ongoing humanitarian intervention. Relief items, including food, nutrition and emergency household supplies have been provided to almost all new arrivals in Khor Omer, personal hygiene kits distributed to most pregnant and lactating women and a measles campaign has reached 3,000 children under five. Despite these efforts, the situation remains critical. The distribution of shelter materials has not been permitted and refugees will be required to wait until a new site is identified. Many are still surviving under trees and using plastic sheets as their only protection from the rains. Education facilities and supplies are reportedly overwhelmed with large numbers of children, particularly girls, not attending school. Health services in Khor Omer are limited and more support is needed to rehabilitate and expand the clinic, introducing more staff, providing access to water and laboratory capabilities, as well as supporting a referral mechanism. Reproductive health equipment and kits have also been highlighted as an urgent need. The current availability of water is at 5 litres per person per day, which is an improvement from 3 litres the previous month but remains far below emergency standards. Hygiene and sanitation is also a concern with a lack of space in the current location to construct latrines.

For an additional estimated 17,000 refugees in seven other localities in East Darfur, the first interagency mission, to access some of these areas, was conducted in May 2016, visiting Abu Jabra, Bahr El Arab and El Ferdous localities. Food assistance was provided to a total of 6,875 individuals by mid-June in these three localities; however, no follow-up missions have yet been permitted for other sectors. Partners have not accessed or been able to provide assistance to arrivals in the other localities.

A rapid needs' assessment conducted in late March 2016, and a further assessment in May and June 2016, have indicated that South Sudanese refugees have travelled long distances through East Darfur to reach South Darfur. The majority are living in Bielel, an existing IDP camp, with limited services and available shelter. This increase in population in the IDP camp has put an important strain on service delivery. Separated and unaccompanied children have been reported. Refugees are suffering from diarrhoea and other illnesses amidst a lack of medical facilities. There is a lack of latrines, which has resulted in open defecation. There is also a need for increased access to water, household items, and food. There is a need to establish mechanisms for reception and assistance delivery in camps in Bielel, to facilitate urgent intervention and life-saving assistance for new arrivals.

In West Kordofan, assessments indicate that new arrivals are settling in two locations in El Meriam: one group at the main market, in empty shops (owned by the town's traders), and a second group with relatives at El Mashama, an area in the eastern part of town. A smaller number of households are residing in seven locations outside town, in Um Senana, Saeed Daba, El Fazarhom, El Gantoor, Tadamma, Maati, and El Haloof. Inter-agency assessments have reported a number of unaccompanied and separated children needing assistance, along with protection concerns for women and vulnerable individuals, malnutrition and insufficient access to food, and challenges accessing water.

Over-congestion in the White Nile sites, East Darfur and South Darfur is a serious concern as most sites and IDP camps are hosting far beyond their capacity. There is an urgent need for additional land to be identified in Khor Omer and Abu Jabra in East Darfur and further development of El Waral site in

White Nile State is required. The emphasis has been, where possible, to reinforce existing infrastructure but in some underserved areas the sheer size of the populations arriving has overwhelmed communities, requiring the establishment of a separate site. More sites may need to be identified as refugees continue to arrive across the border in need of immediate emergency assistance.

In White Nile State, indicators for WASH have significantly improved but remain low, providing 13.1 litres per person per day and 23 persons per latrine in comparison to refugee response standards of 20 litres per person per day and 20 persons per latrine. The lack of available land has hampered the quality of the response and there is not sufficient space to build the required number of latrines. Gaps in health-care delivery and nutrition services still exist, a direct result of the heightened burden of the refugees on the already weak health system in the affected states. A nutrition assessment conducted across sites in White Nile State indicated a global acute malnutrition rate of 3.5 per cent, which falls within standards. However, a recent food insecurity assessment indicates that in some camps in White Nile State, nearly half the population are food insecure, while 80 per cent of South Sudanese in two of the designated sites do not have the means to buy the local food basket. The main drivers of food insecurity are the lack of livelihood opportunities, restriction of movement in and out of the sites in some areas and high prices on local commodities.

Food assistance to South Sudanese in all areas remains critical. WFP estimates that a total of 40,810 metric tons of food commodities will be required in order to support the 272,811 refugees projected to be in need by the end of 2016. Outside camp-based areas, such as West Kordofan, the situation remains particularly critical.

With 67 per cent of the population under 18, this is a children's emergency and there is an urgent need to reinforce interventions in education. Despite the Ministry of Education's commitment to facilitate South Sudanese children's access to public schools, a number of constraints persist to achieve greater student enrolment. Refugee communities remain reluctant to send their children to schools where the language of instruction of the Sudanese education curriculum is Arabic and not English. While the use of public schools allows the gradual integration of refugees' education into national systems, the distance from camp to school is considered too remote for younger students in the lower grades to travel. The overcrowding in schools due to lack of sufficient classrooms, insufficient learning materials and poor WASH facilities do not accommodate the needs of the growing number of students. This comes with a greater need for qualified teachers.

In a food-insecure environment there is a need to strengthen school-feeding programmes to increase students' incentives to enrol. Furthermore, given the psychosocial and material needs of South Sudanese children who have experienced displacement, there is a need to reinforce the case management system based on the Best Interest Assessment procedure; to boost psychosocial support activities as well as recreational and life-skill opportunities for children, with a special emphasis on adolescents and youth; and to support unaccompanied and separated children through the provision of alternative care arrangement and tracing services.

In Khartoum, the newly-arrived population is particularly characterized by a high number of extremely vulnerable individuals who have sought assistance and services less readily available than in a camp context, along with others who have joined family members in the city. Key needs include identification and support of unaccompanied and separated children, psychosocial counselling, support to basic personal hygiene and health care and livelihood opportunities.

As this refugee situation in some areas extends beyond the initial emergency phase, focus must be placed on providing livelihood and enhancing education opportunities. Small-scale livelihood programmes, such as pasta production, baking, working with fabric, targeting women have being rolled out in both in White Nile and Khartoum States, as 80 per cent of the refugee households are female-headed. However, these should be expanded to further promote self-reliance. Vocational training opportunities for adolescents need to be scaled up.

The overall access to populations of concern has improved over the past year, except for Khartoum where restrictions to visit open areas has decreased, although bureaucratic impediments to obtain travel permits to field locations continue to affect the ability to optimally respond to the refugees' needs. In addition, the lengthy customs clearance procedures further hamper the repositioning and

distribution of core-relief items in a timely manner. In most affected areas, the rainy season renders most roads impassable. While in White Nile State, partners have massively invested in river crossing facilities to reach all sites at any given time in some areas, in other states this is still an issue as they remain inaccessible. This limits humanitarian actors' capacity to reach out to vulnerable populations in a timely manner. In East Darfur, access to UNHCR has been granted and UNHCR is working with OCHA to coordinate the response.

In addition to the new influx, there has been a shift in the government's policy from South Sudanese being treated as 'brothers and sisters' to now being declared as 'foreigners' will have a negative impact on their ability to reside peacefully within local communities in various parts of the country. This apparent drastic change in policy will have an effect on the resources needed to cater for this population, who have so far been able to benefit from freedom of movement and job possibilities outside of a camp environment. For example, more refugees may require registration and assistance. The absence of a uniform policy on treating South Sudanese as Sudanese citizens will also continue to raise questions regarding their legal entitlements and hinder finding longer-term durable solutions for this population. The Ministry of the Interior has helped address these issues with on-going registration and documentation of the South Sudanese but it has yet to be completed in all areas of Sudan and only targets South Sudanese aged five and above, leaving out an important demographic. The identity card delivered, however, does not constitute a proof of nationality, which can only be obtained through the South Sudanese Consulate. The completion of individual biometric registration in White Nile State is a positive development and will have to be further rolled out in 2016, in a particularly challenging context, as refugees will continue to flow into Sudan.

Given the concerns regarding the ability to provide a response which meets minimum standards, there is a possibility of South Sudanese moving onwards within Sudan or abroad to other countries where they would be able to access better services.



Figure 11: A distribution of NFIs to South Sudanese arriving in East Darfur, Sudan, in April 2016. UNHCR

## ***Response Strategy and Priorities***

The overall strategy to respond to the needs of South Sudanese refugees and host communities in Sudan will be to:

- i) maintain an emergency response capacity to address new arrivals' immediate needs in 2016;
- ii) stabilize the existing programme by aiming to achieve at least minimum emergency standards across sectors, particularly by enhancing further integration in national response mechanisms;
- iii) ensure effective protection of refugees and those at risk of statelessness, with particular attention to vulnerable groups including, children, youth, women at risk, and victims of gender-based violence;
- iv) develop interventions to strengthen refugees' livelihood and self-reliance prospects in order to move to an assistance model better targeted to the specificities of this refugee group.

The overall response strategy will prioritize assistance for the new influx and rise in number of assisted refugees, through camp-based assistance in White Nile State and East Darfur, and rural community-based assistance in West Kordofan, South Kordofan, Khartoum and South Darfur. Camp-based assistance will involve site development, provision of emergency shelter and non-food items and provision of basic assistance in areas of WASH, primary health, education and nutrition, as well as general food distribution, support and protection to the vulnerable groups, livelihood activities, and support to host communities.

Community-based assistance will focus on strengthening local infrastructure to better serve South Sudanese new arrivals and the hosting communities, as well as targeting new arrivals and the most vulnerable of the host communities with WASH, health, protection, education and livelihood assistance. An important aspect related to safety of the refugees will be the provision of adequate lighting in the form of solar lanterns and solar streetlights in registration and waiting areas. The strategy also has a view to ensure emergency standards (SPHERE emergency standard) are met in all areas. Basic emergency assistance to address the needs of the newly arriving refugees in East and South Darfur as well as West Kordofan will be coordinated with the Government, UN agencies and partners to ensure a timely and efficient response.

To further expand on protection, reception arrangements will be established at border arrival areas with the Government to facilitate registration (passport control/immigration), medical screening, identification of vulnerabilities, nutritional assistance (screening and treatment for SAM, MAM and emergency blanket supplementary feeding), basic services for temporary stay (3-4 days) and onwards transportation. Reception centres will be established in key strategic locations i.e. border crossings in East Darfur and in West Kordofan. Biometric registration will be conducted of the South Sudanese population in all areas, including identifying extremely vulnerable individuals.

Child-protection interventions and strengthening the national child protection systems will continue to require an integrated and holistic approach. Given the high number of children, child friendly procedures will be utilized to ensure access to all services for all children throughout all sectors. The identification of unaccompanied and separated children (UASC) will continue and access to family tracing and reunification will be ensured. Beyond the basic services all children require (health, education, access to nutrition), additional support will be provided to children with high protection needs including an effective case management system. Support to the establishment of community-based child-protection /mechanisms will be maintained and their capacity built to identify, follow-up and refer vulnerable children to services such as health, education, nutrition, birth registration, protection and other services. These networks will also be supported to monitor and report on child rights violations. Provision of psychosocial support, social welfare services and recreational opportunities will be maintained as well.

Provision of basic hygiene materials for women and girls of reproductive age will be a priority, in addition to community awareness-raising on gender-based violence prevention and mitigation mechanisms. South Sudanese populations will be targeted with the provision of livelihood initiatives for the most vulnerable women-headed households and persons with specific needs.

Refugee children and host community children will be provided with access to schools in coordination with the Ministry of Education and education sector partners. The priority will be to ensure a safe learning environment by constructing new schools, classrooms and separate latrines for boy and girls. Education support activities will be provided, including teachers' recruitment, training as well as school monitoring and supervision. Advocacy efforts will also be made to ensure relevant curriculum and language of instruction, in consultation with the refugee community, while taking into consideration the importance of providing quality, certified education services in the most sustainable way. Support will be provided to refugees for intensive language training and accelerated learning programs to ensure smooth integration into national systems.

Provision of legal documentation and access will be prioritized, as a large proportion of the South Sudanese population in Sudan has only limited access to nationality documents since the secession. Advocacy interventions will be pursued on status-related issues, in particular on the possibilities for enhancing documentation of the population and ensuring fair and equal procedures for nationality determination. Access to legal support for individuals who face challenges in obtaining documentation will be ensured.

## ***Partnership and Coordination***

In close coordination with the relevant Government entities at federal, state and local levels, UNHCR will continue to coordinate the overall humanitarian response for the on-going arrivals of South Sudanese refugees. Minimum operating standards were approved by the Humanitarian Country Team (HCT) to ensure a common, consistent and well-coordinated approach by all humanitarian actors. UNHCR has successfully been applying the Refugee Coordination Model (RCM), capitalizing on existing technical expertise within sector coordination mechanisms in place for internal displacement situations in Sudan to ensure a more streamlined coordination. The existing refugee multi-sector coordination structure will remain the main forum through which humanitarian coordination for actors working in this emergency takes place, under UNHCR's leadership and in support of the Government's efforts.

In East Darfur, coordination efforts are being undertaken by OCHA through existing inter-sector coordination structures and in line with the overall vision of the Sudan Refugee Response Strategy. UNHCR currently has staff on the ground in Ed Daein to reinforce these efforts and has initiated the procedure for opening a field office in Ed Daein.

Coordination with the authorities takes place at federal and state levels. The Humanitarian Aid Commission at the federal level leads a high level committee. At the state level, a technical committee exists in Kosti (White Nile State) to ensure field coordination with all relevant partners. Joint assessments regularly take place to ensure cohesion and effective planning. Monthly monitoring of partners has been established to enhance the response and ensure the identification of gaps early on. A country Letter of Understanding was developed between UNHCR and UNICEF to ensure greater predictability and coordination in areas of joint responsibility, such as education, child protection, nutrition, WASH and health.

### **The partners involved in the response include:**

Adventist Development and Relief Agency; Ahfad University for Women; Al Fanar; Almanar; Algoni Charitable Organization; American Refugee Committee; Business and Professional Women Organization; CARE International; Catholic Agency for Overseas Development; Catholic Relief Services; CDF; Civil Registry; Commissioner for Refugees; Commission for Voluntary and Humanitarian Work; Concern Worldwide; El Ruhama; Emergency Humanitarian Action-Ministry of Health; Food and Agriculture Organization; Friends of Peace and Development Organization; Global Aid Hand; Global Health Foundation; HelpAge International UK; Humanitarian Aid Commission; Labena; International Organization for Migration; IPDO; JASMAR; Ministry of Health/White Nile State; Ministry of Social Development/Khartoum and South Kordofan states; Ministry of Social Welfare Culture and Sports/White Nile State; MSF Spain; Mubadiroon; Muzan; Nada Al Zahar; Organization for Voluntary Humanitarian Assistance; Pancare Programme; Plan Sudan; Rafa; Sanad Charity Foundation; Save the Children Sweden; Sudanese Red Crescent Society; UNICEF; UNFPA; UNHCR; United Peace Organization; Water, Environment and Sanitation; World Food Programme; World Health Organization; Windle Trust International.

## ***Planned Response***

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### **Protection**

- Screening and registration of new arrivals.
- Issuance of proof of documentation for the individuals who had been living in Sudan since the secession.
- Biometric individual registration in White Nile State and Khartoum, East and South Darfur, West Kordofan and South Kordofan.
- Protection monitoring and continued advocacy for free access at entry points.
- Enhanced case management systems, with emphasis on the identification and support of unaccompanied and separated children, best interest assessments, provision of alternative care arrangements, family tracing and reunification and psychosocial support services.
- Strengthening child protection systems (social welfare, police judiciary) to provide child-friendly procedures and ensure inter-departmental and community based networks, building on existing government and civil society child protection structures.
- Identification and targeted support to extremely vulnerable individuals including transport and allowances.
- Expansion of livelihoods programming in White Nile State, South Kordofan and Khartoum State, to foster self-reliance for the most vulnerable.
- Strengthening the GBV referral mechanism and community-based protection networks through capacity building of service providers to support psychosocial needs of GBV survivors and persons at risk.
- Establishment of women, child and youth-friendly spaces in new site in White Nile State, East Darfur, South Darfur, West Kordofan and Khartoum State, including peaceful coexistence initiatives.
- Procurement and distribution of hygiene kits to vulnerable women and girls.
- Training of service providers on clinical management of survivors of violence, psychosocial support and legal aid.
- Increase coverage of existing youth mobilization programmes.
- Training of government officials and partners in refugee protection.
- Advocacy and direct support to promote access to birth registration and nationality documentation for all South Sudanese.
- Enhance access to legal aid for documentation and registration.
- Support authorities in camp management and coordination in White Nile State.



<p><b>Education</b></p>	<ul style="list-style-type: none"> <li>- Construction of schools and classrooms with gender-sensitive latrines.</li> <li>- Construction of temporary or semi-permanent safe learning spaces for refugee children in primary education facilities.</li> <li>- Rehabilitation of existing schools, learning spaces and WASH facilities.</li> <li>- Provision of teaching, learning and recreational material.</li> <li>- Assist state-level line ministry in organizing and conducting annual and periodic examination.</li> <li>- Teacher training (child-centred pedagogy, psychosocial support, peace education, subject content and life-skills training).</li> <li>- Community mobilization and capacity building of PTAs (school management, social cohesion, child protection, girl's education).</li> <li>- Provision of teacher salaries.</li> <li>- Conduct education baseline surveys and schools mapping.</li> <li>- Provide material and cash support to vulnerable South Sudanese refugee students.</li> </ul>
<p><b>Food Security and Livelihoods</b></p>	<ul style="list-style-type: none"> <li>- Conduct food security assessments across refugee sites. A Joint Assessment Mission (JAM) will be conducted with relevant stakeholders in late 2016 in White Nile, with a focus on food security, livelihoods and vulnerabilities.</li> <li>- Assist new arrivals with full emergency food assistance. Duration of assistance to be determined by on-going assessments.</li> <li>- Continued food assistance to existing South Sudanese populations as per assessment findings.</li> <li>- Provision of food commodities for cross-border operations.</li> <li>- Provision of food for education and food for asset.</li> <li>- Provision of LPG, solar cookers and solar street lights.</li> <li>- Seeds and livestock support to refugees and vulnerable host community to improve self-reliance.</li> <li>- Agricultural inputs provided for cultivation of field crops and vegetables.</li> <li>- Train and support single female-headed households and women at risk to produce fuel efficient stoves.</li> <li>- Livestock vaccination, feed and restocking of small ruminants.</li> <li>- Provision of fishing tools and equipment.</li> <li>- Provision of vocational training and income-generating activities, including microfinance activities.</li> <li>- Reforestation through planting of tree seedlings.</li> </ul>
<p><b>Health</b></p>	<ul style="list-style-type: none"> <li>- Maintain and reinforce existing health facilities to ensure free access to primary health care including reproductive health, maternal, neonatal and child care for refugees and host communities.</li> <li>- Immunization coverage against measles, polio and other antigens above 90 per cent for targeted children.</li> <li>- Mental health counselling and care at community level.</li> <li>- Procure and distribute drugs, reagents, kits (diarrhoeal disease kits, rapid response kits, primary health care kits, and reproductive health kits, integrated management of childhood illnesses, clean delivery and hygiene kits), emergency obstetric care equipment and medical supplies to all health facilities.</li> <li>- Train staff in health facilities serving South Sudanese refugees, community health workers and volunteers</li> </ul>

<p><b>Health (contd.)</b></p>	<ul style="list-style-type: none"> <li>- Weekly collection of epidemiological data and enhanced detection of communicable diseases outbreaks.</li> <li>- Support Ministry of Health and NGOs to provide health services.</li> <li>- Establish new health outposts/ centres.</li> <li>- Strengthen medical referral systems.</li> <li>- Facilitate availability and access to secondary-level health care.</li> <li>- Support integrated management of childhood illnesses.</li> <li>- Support malaria prevention with long-lasting insecticide treated nets distribution</li> <li>- Support health promotion and health awareness activities.</li> <li>- Support health facilities with basic and comprehensive emergency obstetric care.</li> <li>- Strengthen the capacity of blood donation units and provide equipment for emergency obstetric and new born care services</li> </ul>
<p><b>Nutrition</b></p>	<ul style="list-style-type: none"> <li>- Community mobilization, health, nutrition and hygiene promotion through community health workers. Technical trainings and coaching in community management of nutrition programmes.</li> <li>- Establish stabilization centres, outpatient therapeutic sites and targeted supplementary feeding centres for the treatment of acute malnutrition.</li> <li>- MUAC screening of all new arrivals at border/entry and referral of cases of acute malnutrition to appropriate treatment centre, and provision of ready-to-use supplementary food (RUSF).</li> <li>- Deworming for young children 1-5 years.</li> <li>- Infant and young child feeding (IYCF) activities covering all children and pregnant and lactating women.</li> <li>- Vitamin A supplementation for all children under the age of five and ferrous supplementation for all pregnant and lactating women.</li> <li>- Provision of monthly nutrition supplements to all children under five and pregnant or lactating women for six months to prevent acute malnutrition (e-BSFP and transit rations).</li> <li>- Provision of life-saving therapeutic services for all acutely malnourished children and pregnant and lactating women.</li> <li>- Reporting, monitoring and continuous nutrition surveillance.</li> </ul>
<p><b>Shelter, Infrastructure and Non-Food Items (NFI)</b></p>	<ul style="list-style-type: none"> <li>- Additional refugee sites identified and established.</li> <li>- Communal shelters constructed at each new site.</li> <li>- Family tents distributed to vulnerable families upon arrival.</li> <li>- Emergency shelter material and NFIs procured and pre-positioned in the main hubs in El Obeid, Kosti and Khartoum.</li> <li>- Emergency Shelter material and NFI packages distributed and emergency family shelters constructed for new arrivals and for those not assisted in 2015.</li> <li>- Emergency shelters and NFIs for some 60,000 refugees who were assisted in 2014-2015 renewed upon needs assessment.</li> <li>- Solar lights in White Nile and South Kordofan states (one per 20 households).</li> <li>- 15 km of road in Al Salam and Jebelain localities constructed in areas around the camps for access to markets.</li> <li>- Additional infrastructure requirements supported in host communities to support social cohesion.</li> </ul>

### Water, Sanitation and Hygiene (WASH)

- Adequate water supply for all refugees in camps provided, ensuring water quality is monitored and maintained.
- Basic sanitation for all refugees in camps provided, including improvements in wastewater disposal systems.
- Solid waste and sludge collection and disposal services in camps.
- Adequate WASH services in schools, health facilities, child friendly spaces in camps and in host communities provided.
- Intensive hygiene promotion in camps as well as among host communities, focusing on safe water handling and storage, water conservation, hand washing and latrine usage, with special attention to parents of children at risk of malnutrition.
- WASH-related core-relief items distributed to refugees including water kits to support safe drinking water storage and handling at household level and hygiene kits, catering appropriately to the needs of women and adolescent girls of reproductive age.
- Sanitary decommissioning of temporary water and sanitation facilities as required, in an environmentally appropriate manner.
- Coordination mechanism at national and sub-national levels strengthened.

## Financial Requirements Summary – Sudan

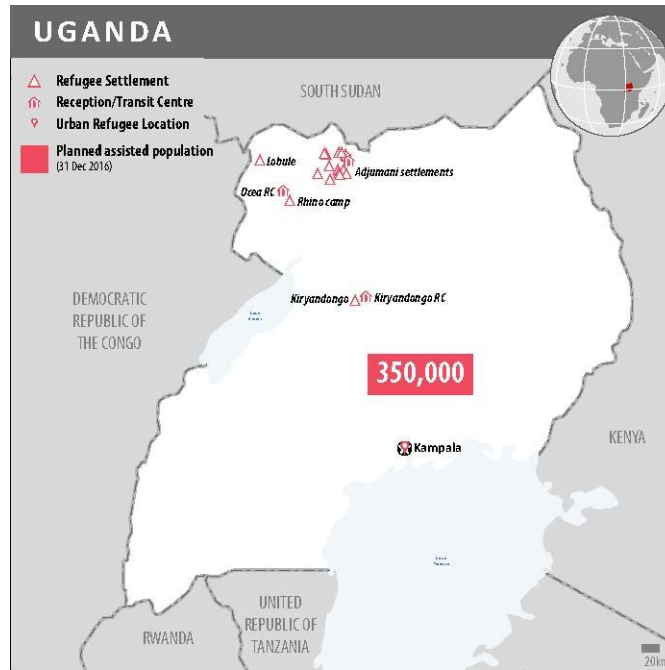
### Financial requirements by agency (in US dollars)

Organization	Total
Almanar	214,590
ASSIST	725,386
FAO - Food and Agriculture Organization	7,517,392
IOM - International Organization for Migration	1,546,000
Pancare	520,000
SCI - Save the Children International	274,050
SRCS - Sudanese Red Crescent Society	660,571
UNFPA - United Nations Population Fund	3,060,000
UNHCR - United Nations High Commissioner for Refugees	65,340,215
UNICEF - United Nations Children's Fund	20,931,968
UPO - United Peace Organization	350,000
WFP - World Food Programme	45,878,319
WHO - World Health Organization	10,910,000
<b>Total</b>	<b>157,928,491</b>

### Financial requirements by sector (in US dollars)

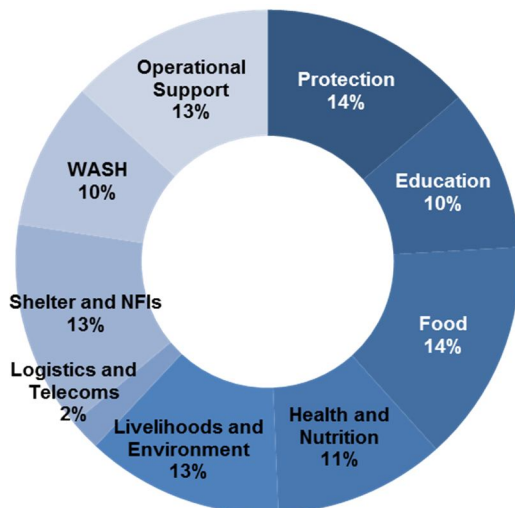
Sector	Total
Protection	19,198,371
Education	13,418,334
Food	39,969,224
Health and Nutrition	26,789,752
Livelihoods and Environment	13,634,878
Shelter and NFIs	21,021,789
WASH	23,167,944
Operational Support	728,199
<b>Total</b>	<b>157,928,491</b>

# UGANDA RESPONSE PLAN

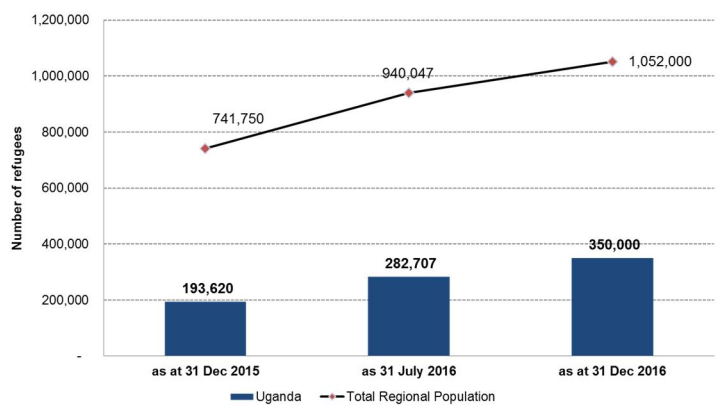


Sources: UNCS, UNHCR  
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Creation date: 11 Jul 2016

## Financial Requirements (US dollars) 251,162,974



## Population Trends



## ***Background and Achievements***

Since the South Sudan crisis erupted in December 2013, Uganda has received refugees from in multiple waves. At various times, refugee influx rates have reached tens of thousands per month. In early 2016, rates again increased to about 10,000 individuals per month requiring a first revision of the South Sudan Regional Refugee Response Plan (RRP) published in early July 2016.

Another mass influx of South Sudanese refugees began after fighting broke out in South Sudan's capital Juba on 7 July 2016. Some 70,000 South Sudan refugees arrived in just over one month. This rapid mass influx was anticipated only in 'worst-case' contingency planning and is the reason for the second revision of the 2016 South Sudan Regional RRP. The number of new arrivals during 2016 is now expected increase from 70,800 to 150,000, bringing the total number of South Sudanese refugees hosted in Uganda to 350,000 by year-end. Early-August Uganda hosted almost 300,000 South Sudanese refugees.

### **Latest Refugee Mass Influx from South Sudan to Uganda**

On 7 July 2016 heavy fighting broke out in Juba, between the government forces of President Salva Kiir and rebel forces loyal to then Vice President Riek Machar. The clashes left over 300 dead, thousands fled the capital and brought political instability to the country and place to the Transitional Government of National Unity of the August 2015 Peace Accords into question. This recent outbreak of fighting triggered one of the worst refugee emergencies since the initial influx of South Sudanese refugees into Uganda in 2014. In the days following the July fighting, the refugee influx to Uganda skyrocketed from roughly 200 per day to more than 8,337 refugees crossing the border on 21 July, a daily average of 2,117 refugees. Worryingly, women and children made up as much as 95 per cent of newly arriving South Sudanese refugees fleeing from a conflict now notorious for sexual and gender-based violence and other heinous war crimes.

Refugees report sporadic and intense violence in multiple locations throughout South Sudan. Armed groups are reportedly operating in the major corridors to border points into Uganda. Refugees frequently cite the fear of physical and sexual violence, persecution, political uncertainty, forced recruitment and kidnapping of children, a rise in disappearances, threats to civilians, and looting as reasons for fleeing. The majority of the new arrivals arriving in Uganda belong to Madi and Lotuko ethnicities of Eastern Equatoria and Juba, and the Kakwa and Pojulu ethnicities, originating from Central Equatoria region, mainly Mugo, Lanya and Yei States. Additionally, smaller numbers of Dinka, Lotuku, and Nuer ethnicities have also arrived in Uganda. Further insecurity and ethnic tensions are also reported in Bor, Bentiu, and Eastern Equatoria, Central Equatoria, and Juba.

As a result, the refugee response partners acted quickly to avert a major humanitarian crisis. As part of a high level of preparedness in Uganda, the following measures were already in place and facilitated a rapid scalable response:

- The contingency plan and response strategy for the worst case scenario;
- The Government of Uganda (in particular the Office of the Prime Minister (OPM) and district authorities), over 50 UN and NGO partners were already active in the response and have scaled up rapidly;
- Nine temporary reception facilities for South Sudanese refugees were operational when this new crisis started;
- Stockpiling of food and NFIs in-country and in the region;
- Well established humanitarian response systems and processes, were adjusted to the needs of a faster and larger scale response;
- Uganda internal emergency trainings and emergency simulations allowed for country internal personnel deployment rosters, which were activated for the response;
- Ongoing programmes were rapidly adapted to the emergency response requirements and many resources were re-prioritised to respond to urgent life-saving needs. This facilitated an initial rapid response without availability of additional funding, but has negatively affected delivery in other areas. As such, livelihoods and stabilisation programmes for existing refugee settlements had to be reduced.
- Some agencies were able to draw on their global rapid response mechanisms, such as emergency staff deployments, NFI stockpiles and agency internal emergency funding.

## **Country Context**

Uganda's refugee population is at one of the highest points in its history with 568,414 asylum-seekers in country as of July 2016 (population verification ongoing). The majority originate from one of three ongoing conflicts in East Africa and the Great Lakes Region: South Sudan, the Democratic Republic of the Congo, and Burundi. In Uganda, the largest refugee population from these conflicts is by far the South Sudanese refugee population, which is 42% of the total refugee population in country.

Uganda has an exemplary refugee protection environment, providing refugees with freedom of movement, the right to work and establish businesses, the right to documentation, access to social services, and allocation of plots of land for shelter and agricultural production through a generous asylum policy (the Refugee Act of 2006 and the Refugee Regulations of 2010). The country pursues a non-camp settlement policy, by which refugees are allocated relatively large plots of land that are stretched out over vast territory, which allows for both shelter and agricultural production. In the case of West Nile, the new settlements are being designed for the clustering of household plots (at a size of 30 x 30 metres) with larger surrounding areas designated for agricultural use (at a size of 50 x 50 metres). This method helps to increase yields through mechanized farming and larger scale production. Typically, the settlement approach incurs higher up-front costs than that of a camp environment, when basic life-saving provision is being established. However, over time, the settlement approach encourages protection and innovative self-reliance opportunities for refugees that are otherwise not feasible in a camp setting. The international community has committed to supporting the Government of Uganda in pursuing this approach, which supports transitioning into solutions oriented programming and linking to development frameworks.

Thus, Uganda demonstrates how a progressive refugee policy is economically and socially advantageous for both refugees and their host communities. As a guiding principle, approximately 30 percent of the resources of the refugee response is aimed at benefiting host communities. When communities recognize that refugees positively contribute to the sustainable development of their districts, the refugee asylum space is not only protected, but strengthened. Whereas the incidences and intensity of poverty have declined, a large section of the Ugandan population remains vulnerable to poverty.

The Government of Uganda has initiated steps to further build on the enabling environment through the inclusion of the Settlement Transformative Agenda in its 5-year National Development Plan II (NPD II 2016-2020). The UN Country Team (UNCT) in Uganda is supporting this approach through the development of the Refugee and Host Population Empowerment (ReHoPE) framework and its inclusion in the UN Development Assistance Framework for Uganda (UNDAF 2016-2020). The common goals of these initiatives are to enhance social service delivery in refugee hosting areas through integration with local government systems while supporting the gradual socio-economic empowerment of refugees and their host communities. While implementation of these strategies continues, the current scale of the South Sudanese influx into Uganda requires a targeted focus on life-saving emergency response activities to cope with the prevailing emergency. The targeted response will be implemented in such a way as to support existing systems and structures serving refugees and host communities.

## **Achievements**

### **Post - July 2016**

The massive number of new arrivals received following the 7 July crisis required swift and immediate action from the partners involved in the refugee response in Uganda. From the period between 7 July and 9 August Uganda had received 71,987 new arrivals. Added to the pre-existing refugee population, the total number of South Sudanese refugees in Uganda is greater than 301,163. In order to prevent the loss of life and a major humanitarian crisis, the operation prioritized all life-saving activities ensuring that water and sanitation, nutritious foods, health care, shelter, and protection responses (Registration, Child Protection, GBV prevention and response) were scaled in West Nile and Midwest.

High-level emergency preparedness activities have taken place and this strengthening can be seen in the achievements of the operation following the 7 July crisis. Achievements from this period include:

- The establishment, expansion, and subsequent filling of multiple refugee settlements and sites in the West Nile and Midwest regions.
- The opening of Bidibidi, a new settlement for 100,000+ in Yumbe District, within five days.
- The reception centre (RC) in Nyumanzi was expanded, a second collection point at Elegu established, and two new RCs in Pagarinya settlement were opened.
- The on-going provision of basic protection and life-saving humanitarian relief (protection, SGBV response and prevention including psychosocial support, Child Protection, Health and Nutrition, WASH, Shelter and NFIs, and Food) in all receiving settlements.
- Provision of solar lanterns as part of the NFI kit as one measure, among others, to prevent incidences of SGBV in the temporary reception facilities.
- Lighting was provided in the communal shelters in the reception facilities to improve protection.

### **Pre-July 2016**

In 2016, Uganda continued to meet the pressing needs of its three parallel refugee crises through direct and timely life-saving humanitarian assistance and innovative approaches for solutions-oriented, development programming. With respect to the South Sudan refugee crisis — Uganda's largest refugee crisis — consistent emphasis has been placed upon ensuring the protection, life-saving response strategies, dignity, and safety for this at-risk population.

The prioritization of the South Sudan humanitarian response anchors the provision of high quality services within national government mechanisms while extending, investing in, and building the capacities of the Government of Uganda and implementing partner service providers. To meet the needs of the existing refugee population and the steady stream of new arrivals, scope of implementation has been widened to the West Nile and Midwest regions of Uganda. It prioritizes all existing resources through the identification and maximization of institutional synergies across government, NGOs, and UN partners.

In addition to the humanitarian response, targeted solutions-oriented approaches have sought to promote the further stabilization of the refugee population in the West Nile region of Uganda through sustainable livelihoods interventions and household-level income generation. The large percentage of women and children (87%) within the South Sudan refugee population has guided the strategy and implementation of activities in West Nile and Midwest and remains a central facet of the overall response.

Achievements include:

- Continued access to asylum and refugee protection for all new arrivals from South Sudan
- Provision of life-saving emergency services available at all border access areas, reception and transit centres, and Uganda/South Sudan waypoints
- Access to semi-permanent shelter support, NFI provisions, support services to persons with special needs (PSN), dignity kits for women of reproductive age, and food rations upon arrival.
- Allocation of communal lands by the host community for refugees' agricultural use
- Issuance of WASH, health care (including sexual and reproductive health), and educational support through integrated service delivery within District Local Government (DLG) systems
- Strengthened child protection and SGBV referral mechanisms and targeted support for PSN such as the older persons, the sick, and in need of medical and psychosocial support.
- Increased opportunities for livelihood interventions and gradual socio-economic empowerment of refugees in country beyond 2-years
- Continued implementation of participatory approaches to ensure accountability to persons of concern and the application of a strong Age Gender and Diversity (AGD) approach across all sectors and intervention activities
- Integration of refugee protection and management into the 5-year Uganda National Development Plan II, the Settlement Transformative Agenda, and the UN Development Assistance Framework (UNDAF) for Uganda through Output 1.4: the Refugee and Host Population Empowerment (ReHoPE) framework, and the Uganda Protection and Solutions Strategy 2016-2020



Figure 12: A volunteer from the host community cooks beans for newly arrived South Sudanese refugees in the Uganda. UNHCR/I. Kasamani

Multiple achievements in broad sector-based programming have ensured that the basic services provided by the operation meet the needs of the South Sudanese refugee population. Broadly, the following achievements have been made in each of the sectors noted below. The statistics refer to achievements met prior to 7 July 2016.

- In terms of overall refugee **protection**, 100 per cent of refugees were registered upon arrival in Uganda through the Government of Uganda's bio-metric registration system known as the Refugee Information Management System (RIMS). Persons with Specific Needs (PSNs) were identified and referred to the appropriate services, including unaccompanied and separated children, female-headed households, older persons, and the terminally ill. UNHCR continues to provide skills training and capacity building for government officials, implementing partners, and to its staff — with an emphasis upon international protection standards and law, SGBV prevention and response, child protection, and registration procedures. Strong cooperation with the local government, police enforcement and border officials has also ensured that refoulement has remained at zero while arrests were confined to a few petty offences. All response activities were aligned with the findings of the annual participatory assessments to ensure that responses are AGD sensitive, and reflect needs prioritised by refugee women, men boys and girls. The participatory assessments further directed the course of community-based protection activities, ensuring ongoing conscientiousness surrounding age and gender and other diversity needs as they apply to community monitoring. UN Women, in partnership with OPM and the interagency response, has been supporting the gender mainstreaming of the overall response in Uganda. In June, over 40 women refugees were trained on women's participation in leadership ahead of elections of the Refugee Welfare Committees in Adjumani, which resulted in an increased number of women candidates in the elections but most notably as elected members of the committees. There has been on-going support of Gender Forums in the settlements in Adjumani, to provide a forum for women's voice in the refugee response and increase the decision making capacity of women refugees as leaders.



- With respect to the **SGBV response**, 100 per cent of known SGBV survivors received appropriate legal, medical, and psycho-social support as well as access to safe houses. In early 2016, a total of 56 community based committees were mobilized to protect and ensure the welfare of the refugee communities. SGBV referral pathways were maintained as were mobile legal aid clinics, providing legal recourse for SGBV crimes through the Government of Uganda's legal system. All SGBV-related partners actively participated and assisted in the coordination of SGBV mechanisms and the streamlining of referral pathways. A five-year inter-agency SGBV Strategy 2016-2020 was finalised and community trainings were rolled out that included innovative community based approaches on SGBV, further supported by community dialogues through various means such as sports, theatre, music and dance.
- In terms of **child protection**, by end of year 2015, 2,287 Best Interest Assessments (BIAs) were initiated and/or completed. In the first four months of 2016, a monthly average of 13,000 refugee children were attending Child Friendly Spaces in West Nile and Kiryandongo. A total of 61 refugee community-based groups were involved in child protection needs identification, assessment, referral and assistance. The roll-out of the joint UNICEF-UNHCR Child Protection Information Management System (CPIMS) was completed in late 2015, providing a single system for child protection cases designed to improve operational efficiencies across agencies and actors while maintaining client privacy. Ongoing training and capacity building in CPIMS use for government counterparts, implementing partners, and other UN agencies are underway. Additionally, birth registration of refugee children born in Uganda is being provided by the National Identification and Registration Authority (NIRA).
- In the **WASH** sector, access to potable water remained within acceptable SPHERE standards in the first half of 2016 (15 litres / person / day) with 16 litres of water / person / day in Adjumani, 15 litres of water / person / day in Arua, and 16.3 litres of water in Kiryandongo. The average ratio of persons per latrine was well within the standards for areas hosting South Sudanese refugees at 12.3 persons per latrine as compared to the SPHERE standard of <50 persons per latrine. By end of year 2015, a total of 62 boreholes were rehabilitated and maintained, and 16 had been successfully drilled
- For the **health and nutrition** sector, the health situation of new arrivals remained stable in the first half of 2016 with the crude mortality rate at 0.1 (standard is <0.75 deaths/1,000/month) and Under-five mortality rate at 0.2 (standard is <1.5 deaths/1,000/month). There was no reported maternal mortality during this period. Refugees had good access to health care as evidenced by the health facility utilization rates of 1.4 (standard is 1-4 visits/year). Malaria outbreaks were addressed with the long-lasting insecticide treated nets hang-up campaign in all the locations. All new arrivals received a package of interventions at the point of entry – screening, vaccinations, deworming, treatments, referrals, feeding and psychosocial first aid. Refugee settlements benefited from the National Polio and measles campaigns by the Ministry of health. While in the settlements, refugee women have access to safe motherhood services (91 per cent of deliveries are by skilled health workers) and 98% of first time antenatal attendants get an HIV test. Uganda has been experiencing frequent disease outbreaks like cholera, Hepatitis A, and malaria (currently ongoing) with good response. Children with acute malnutrition according to the admission criteria were enrolled in their respective feeding programs provided with treatment and nutrition packages according to the feeding programme protocols. Women to women support groups were formed in order to support infant and young child feeding and care among refugee new arrivals in the settlements. At the end of 2015 the prevalence of acute malnutrition was measured at below 10 per cent compared to beyond 15 per cent at the beginning 2015.
- For **food security**, throughout 2015 and the first half of 2016 refugee new arrivals were kept at 100 per cent of their food ration entitlement. The operation provided cooked meals at the transit centres before refugees were re-located to their settlements. All refugees received 2100 kilocalories of the general food ration comprised of the cereals, pulses, cooking vegetable oil, corn soy blend and salt. A total of 7,612 households (31% host communities) equivalent to 29,288 beneficiaries received 30mt of assorted staple crops, vegetable seeds and 4,000 pieces of hoes in Kiryandongo, Rhino camp and Adjumani refugee settlements. The crop seeds distributed planted an estimated 3,000 acres of staple food crops. Most of the

leafy vegetables were harvested and eaten piece meal. 1,194 households equivalent to 6,594 beneficiaries under supplementary and therapeutic feeding programme were supported to establish poultry production unit through provision of 11,000 kurioler chicks with accompanying feeds. 150 biolite energy saving stoves were distributed to extremely vulnerable households in the three settlements above and over 20.

- In the **education** sector, in the first half of 2016, a total of 64 per cent of refugee children between three and five years were enrolled in early childhood development centres, up from 55 per cent in 2015. At the primary school level, a total of 60 per cent or over 36,600 primary school aged children were enrolled in primary education in local schools and schools in the settlements. Furthermore, 20 per cent of secondary school-aged young people were currently enrolled in secondary education in Ugandan schools.
- In the **shelter and NFIs sector**, a new shelter strategy is being developed to transition from emergency shelter to a semi-permanent shelter approach. All new South Sudanese refugee arrivals during the first half of 2016 received emergency shelter support (tools, wooden poles and plastic sheeting). PSNs have been supported with the construction of shelters in line with the phase-in new semi-permanent shelter strategy. As of July 2016, this approach will gradually transition to a cash-based intervention for shelter for PSN so households can engage wage labour for shelter construction. Furthermore, all refugee households receive an NFI package (blankets, kitchen sets, bars of soap, plastic basins, jerry cans (20 litres), sleeping mats, and mosquito nets) upon arrival in Uganda. Women of reproductive age in the settlements receive regular distributions of dignity kits.
- In the **livelihoods and environment** sector, in 2015 and 2016, multiple livelihood interventions have taken place in West Nile and Midwest. One project targeted a total of 215 farmers comprised of refugees and host community members in eight West Nile areas. These farmers were organized and supported with crop tools, vegetable seeds, vegetative planting materials and livestock. The groups were further supported through the tilling of 50 acres of land by machines. In Arua, 10 groups of 230 farmers were established and supported through the initial costs of bulk sesame production. In Kiryandongo, 2,830 households in Ranch 37 were supported with a total 1,800 kg of maize, 15,000 kg of beans, and 2,000 kg of ground nuts. Additionally, thousands of refugees were supported through the promotion of small business, savings and loan cooperatives, and micro-finance, as well as provision of start-up kits and vocational training.

## ***Humanitarian Needs and Vulnerabilities***

### **Post-July 2016**

#### **Protection**

##### *Registration*

Protection activities remain a critical need area for the South Sudan response. Individual registration and the identification of persons with specific needs, including unaccompanied and separated children, single female headed households, refugees over the age of 60, and the critically ill is an indispensable precursor to getting PSNs access to support. Currently the enormous number of refugee entering Uganda has placed significant stresses upon the existing registration processes, leading to rapid congestion in reception and transit centres, and presenting a significant protection and public health risk. Bio-metric registration is currently not feasible at the scale of refugees being received, although this is quickly being managed as over 70 registration staffers have been deployed throughout the country by OPM and supported by UNHCR.

Reception and transit centres are managing populations well beyond their intended capacities. Delays in reception and transit centres has generated a significant number of refugees waiting to be assigned individual households plots and presents an issue for the protection of women children, and PSNs. As of 9 August, some 50,014 refugees are currently housed in temporary locations.

Thus, there is significant need for the quick scaling up of bio-metric and manual registration staffing and procedures to avoid blockages at reception and transit centres to further mitigate potential impacts on protection, WASH, and health services at these locations.

#### *SGBV, Child Protection, and Support to Persons with Specific Needs*

As the current percentage of South Sudanese refugees is 87 per cent women and children, and 64 per cent are children under the age of 18, and 3 per cent are older persons, child protection, SGBV prevention and response, psycho-social support, legal aid, education, and general support to persons with specific needs (women, children, older persons, people with disabilities, and chronically ill) remain of critical importance to this response. Many of the refugees arriving in Uganda are the survivors or witnesses of violence and abuse, citing insecurity, violence, paramilitary recruitment, forced evacuations, theft of property, physical and sexual violence towards women and children, and growing tensions between tribes as reasons for seeking asylum. The high risk of sexual and gender based-violence (SGBV) and psycho-social trauma while fleeing conflict in South Sudan reemphasizes the essential need for these tailored protection services upon reception in Uganda. The current large population in temporary reception facilities (communal accommodation), poses an enormous SGBV protection risk, which needs to be mitigated and addressed through decongestion and rapid relocation of refugees to settlements, in addition to awareness among the refugees.

Since the onset of renewed fighting in South Sudan in 2013, abhorrent reports of sexual violence have drawn international attention to the development of a rape crisis within the country's borders. An assessment carried out by the United Nations Office of the High Commissioner for Human Rights (OHCHR) released in March 2016 confirmed the extreme use of sexual violence in South Sudan.

Between April and September 2015, more than 1,300 cases of rape were reported in "just one of South Sudan's ten states."<sup>4</sup> In October 2015, the African Union Commission of Inquiry on South Sudan (AUCISS) released a report documenting cases of brutally violent rape perpetrated by government and opposition forces. In some cases, reports indicate that government soldiers were permitted to rape women in lieu of wages.<sup>5</sup> In others, reports of radio broadcasts produced by opposition forces encouraged men to engage in ethnically targeted rape.<sup>6</sup>

Low numbers of women in refugee leadership positions and participation in community member self-management structures has led to difficulties in identifying protection cases. Therefore, there is pronounced need to improve registration facilities and case management oversight, refugee management structures, and legal, medical, and psycho-social safe guards for SGBV and Child Protection identification cases. The SGBV referral pathway and services also needs to be updated and strengthened, especially in the new settlements. Increased attention and support to female leadership within refugee-led committees and self-management structures will remain a primary intervention for refugee empowerment, implementation of community-based protection monitoring strategies, and age, gender, and diversity sensitive programming. Refugee-led structures further strengthen response pathways for survivors of violence, ensuring quick and timely access to services. The further AGD capacitation and training of refugee leaders, police, government officials, and IP staff adoption will be required to ensure the humanitarian response standards of age and gender protection mechanisms are met.

Child protection services remain a high operational priority as 64% of the South Sudanese refugee population consists of children, and there is a need to ensure child-friendly procedures at reception centres in Arua as the majority of new arrivals are children and women. Additionally, there is significant need for child friendly spaces and the strengthening of protection and alternative care for Unaccompanied and Separated Children (UASC).

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<sup>4</sup> OHCHR. "South Sudan: UN report contains 'searing' account of killings, rapes and destruction." 11 March 2016. Retrieved from <http://ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=17207&LangID=E>.

<sup>5</sup> Ibid <http://ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=17207&LangID=E>.

<sup>6</sup> African Union Commission of Inquiry on South Sudan report 2014, pg. 135.

## **Education**

There are extraordinary needs within the education sector in terms of infrastructure, learning aids, teacher deployment, and classroom accommodations. This applies to both newly opened settlements like Bidibidi Settlement in Yumbe District as well as “full” settlements like Maaji III, which still do not have sufficient educational infrastructure to service its refugee populations. Of the pre-7July refugee population, nearly 35 per cent of children aged 3-5 years are not enrolled in pre-primary education, and 40 per cent of 6-13 year olds are not enrolled in primary school.

Educational indicators continue to show substantial need. In Arua, the pupil teacher ratio can be as high as 1:128 (against the government standard of 1:53). In Kiryandongo, the pupil teacher ratio (currently 1:69), the pupil classroom ratio (currently 1:90) and the pupil latrine stance ratio (currently 1:61) have all increased since the beginning of 2016. In secondary education, only 20 per cent of students of secondary school-age were enrolled in secondary school, and only 80% of these students graduated from secondary school. As refugee girls are much more likely to be out of school than boys, targeted educational outreach approaches are required to ensure the enrolment and retention of girls in school.

## **Water, Sanitation and Hygiene (WASH)**

Initially, WASH services declined greatly in West Nile following the 7 July crisis as agencies and implementing partners struggled to provide the water and sanitation infrastructure for the response. This was especially true in Transit Centres, where the daily average fell to five litres of water per person day at Nyumanzi Transit Centre (as of 27 July), which is less than half of the minimum humanitarian standard of 15 litres of water per person per day. Garbage managers, hygiene promoters, and cleaners were also in short supply. Latrine coverage per person was greater than 100 per latrine (more than double the humanitarian standard of <50 persons per latrine).

Since this time, water access and availability has greatly improved to 11 litres per person per day, although it is still below emergency standards. Latrine coverage has also improved but is currently not within international standards.

In areas with a pre-existing South Sudanese refugee population, average safe water access in areas hosting South Sudanese refugees remains only a fraction above the SPHERE standard of 15 litres per person per day at 15.2 litres per person per day. Borehole pump malfunctions and shortages have decreased the overall water supply capacity in the West Nile area, requiring costly, limited and unsustainable water trucking operations. The opening of additional sites will also require adequate WASH infrastructure including access to groundwater as well as household and community-level latrines as part of the WASH care and maintenance strategy.

## **Health and Nutrition**

Given the large influx and refugees staying longer than anticipated in crowded temporary reception facilities, the health risks for these populations have risen. Furthermore, cholera was reported in South Sudan and as of 13 August 2016, there were several suspected cases of cholera among newly arriving refugees in West Nile. In this context, there is a need to further strengthen measures to prevent the spread of communicable diseases, strengthen disease surveillance, and to deploy rapid test kits and response kits for cholera.

Primary health care institutions continually operate beyond capacity, threatening the care of the new arrivals and the existing refugee population. Existing health centres, including those operating in tandem with the host community health centres, frequently operate beyond capacity, stretching limited resources and resulting in an overall decrease in quality health care. Thus, the further strengthening of the existing health care system and the establishment of new health facilities with a full package of interventions (including nutrition) and inputs such as staffing, medical supplies and equipment, nutrition supplements, life-saving drugs, and referral capacities is a necessity. There is still need to improve the comprehensiveness of reproductive health interventions including emergency obstetric care, family planning, adolescent and youth sexual and reproductive health, and cervical cancer screening as well as comprehensive HIV/AIDS services. The Joint UN assessment identified opportunities in HIV prevention (low levels of HIV knowledge, inadequate provision and low uptake of HIV services due to high levels of stigma, low community-based HIV testing, and inadequate interventions targeting the youth). There is therefore need for continued interventions with respect to HIV/AIDS medicines and support.

In areas with large numbers of new arrivals, life-saving drugs and essential medical supplies have been in short supply with stocks of anti-malarial medicines for children repeatedly being depleted. Health workers that can assist in the provision of life-saving treatment and screen for medical needs are also overstretched given the number of daily cases they receive. As of 9 August, six deaths were reported since the emergency started on the 7 July. This translates into an under-five mortality rate of 0.05/10,000 per day (Sphere emergency threshold: < 2/ 10,000) and a crude mortality rate of 0.03/ 10,000 / day (Sphere emergency threshold: < 1/10,000). Disease surveillance and monitoring remains an operational high priority. In August 2016, a cholera outbreak occurred and the potential for transmission of other communicable diseases remains very high, especially as transit and reception centres are being decongested. On average, respiratory tract infections, malaria, and watery diarrhoea accounted for 46%, 38 % and 5.2% of the total consultations.



Figure 13: Young South Sudanese refugee children at the Nyumanzi reception centre in Adjumani, Uganda. UNHCR/I. Kasamani

Malnutrition rates remain within international standards although the situation remains extremely tenuous. Global Acute Malnutrition is currently at 5.7%, while Severe Acute Malnutrition is at 2.1%. These numbers can only be maintained through a sustained response in the health and nutrition sector. For the pre-existing refugee population, recovery rates for Severe Acute Malnutrition and Moderate Acute Malnutrition average recovery rates of 90% per cent and 80% respectively. These rates remain above SPHERE standards but the numbers can still be improved further through targeted interventions and uninterrupted provision of nutritious supplements.

### **Shelter and Non-Food Items (NFIs)**

New settlements are currently being opened in West Nile to accommodate new arrivals. In the largest new settlement, Bidibidi Settlement of Yumbe District, extensive site development will need to continue be rapidly assessed and implemented for a carrying capacity of 100,000 refugees. Furthermore, increased resources are needed to support the operation the establishment of roads, hubs and access areas for WASH, health, and education services. Rapid construction of huts for Persons with Specific Needs (PSNs) is needed, specifically for orphans, older people, people with disabilities, the chronically ill, and persons with disabilities. NFIs are also needed to support all newly arriving refugees in the construction of their shelters as well as to provide essential household items

like blankets, cooking utensils, plates and cups, soap, jerry cans, sleeping mats, mosquito nets, and other essentials.

### **Livelihoods**

Agricultural interventions provide food security and increased peaceful coexistence amongst refugees and host community members. These interventions are part of the overall food security planning. Seeds, small livestock, and income-generating opportunities are provided to buffer against food rationing caused by increased emergency influxes. The added value of increased peaceful coexistence due to decreased strains on food, further reinforces the principle directives of the South Sudan response strategy and priorities.

### **Food Security**

All refugees arriving since 7 July will require food assistance in addition to all refugees received after July 15th 2015 and all vulnerable populations. For the new arrivals, food distribution facilities and hot meal kitchens need to be strengthened in all transit and reception centres and settlements. In areas with pre-existing South Sudanese refugee populations, food pipelines and distribution networks must continue at their pre-7 July capacities. Cash assistance to complement food aid rations and or offset ration cuts is increasingly common practice and is a necessity as well as strategic priority.

## ***Response Strategy and Priorities***

In line with the Uganda Protection and Solutions Strategy 2016-2020, the 2016 South Sudan refugee response pursues the following strategic objectives:

### **Strategic Objective 1: Provide protection including emergency response**

Preserve equal and unhindered access to territory and protection space and promote the full enjoyment of rights, while maintaining the civilian character of asylum. Life-saving multi-sector emergency response continues in line with refugee influx trends.

### **Strategic Objective 2: Promote peaceful co-existence with local communities**

Refugees live in safety, harmony and dignity with host communities, and together protect their natural environment while contributing to social cohesion. UNHCR, along with Government and other UN agencies, successfully attracts resources from development partners, private sector, academia and other partners to benefit refugee and host community populations, thereby promoting peaceful-co-existence.

### **Strategic Objective 3: Improve sustainable livelihoods**

UNHCR, along with other UN agencies, development partners, and the private sector will work with the Government of Uganda to foster economic self-reliance and integration of refugees and host communities, thereby contributing to inclusive socio-economic growth and development. Focus areas will include Agricultural Productivity and Value Addition, Business Development and Employment, and Environment Conservation.

### **Strategic Objective 4: Integrate social service delivery with local governments**

UNHCR and development partners progressively enhance social service delivery capacity in refugee-hosting areas, with a view to integrating services with local government systems, including Ugandan Social Safety Nets or "Social Protection" mechanisms.

### **Strategic Objective 5: Achieve Durable Solutions**

Refugees in Uganda return voluntarily to their countries of origin or resettle in third countries, and those that remain in Uganda progressively move away from dependency towards increased resilience, sustainable self-reliance and development while attaining full legal rights and entitlements as accorded to permanent legal residents.

### **Operational Priorities**

The Government of Uganda's Office of the Prime Minister (OPM), Refugee Department, has prioritized Bidibidi settlement (capacity 100,000 individuals+) in Yumbe District as the primary receiving settlement for newly arrived refugees from South Sudan. In addition, South Sudanese refugees will also be settled in Rhino Settlement (Arua District), and several smaller sites in Adjumani

district. Lamwo district is also mentioned as a possibility. Kiryandongo settlement in the Mid-west has reached its maximum capacity, and no longer receives new arrivals since mid-August.

The response is guided by the following strategic operational priorities:

- **Provide protection and support services targeted to a majority vulnerable demographic group** (87 percent women and children, 64 percent children, and 3 percent older persons);
- **Expedite registration, verification and relocation of new refugees directly from border to reception areas and onto receiving settlements and sites;**
- **Improve access to protection and relief assistance at temporary reception facilities,** through increased protection staffing presence, SGBV prevention and response, and child protection; and improved WASH, health and nutrition services, designed and implemented through an age, gender and diversity sensitive approach in consultation with refugee communities to prevent and respond to communicable diseases and people at risk;
- **Develop new settlements and sites such as Bidibidi in Yumbe District and other receiving districts;** and
- **Ensure new settlements and sites offer access to and delivery of adequate multi-sector emergency protection and assistance solutions** in community based protection, SGBV, child protection, education, health and nutrition, WASH, food, shelter, core relief items, and livelihoods and resilience support that are designed and implemented in consultation with refugee communities.
- **Ensure that response delivery is done through national systems to the extent possible, necessitating the boosting and capacitating of existing service delivery systems.**

### **Operational Markers**

All sector-based response activities in Uganda are guided by a set of operational markers. These markers set the priorities of the operation and align programming decisions and activities towards achieving the above mentioned goals and strategic objectives. These markers include:

### **Protection**

- Biometric registration of refugees in the Government of Uganda's Refugee Information Management System (RIMS); identification of persons with specific needs.
- Services tailored towards specific needs, in particular children (e.g. child friendly spaces, birth registration and issuance of birth certificates, identification and services for Unaccompanied and Separated Children), specialized services for children victims of violence and abuse, with particular emphasis on case management and strengthening of the child protection workforce in line with the Regional Updated Framework for South Sudanese and Sudanese Children (July 2015 - June 2017).
- SGBV community-based prevention and response mechanisms are strengthened in line with the five-year inter-agency SGBV Strategy 2016-2020, including legal assistance, medical support, psychosocial counselling, and safe spaces.
- Increasing the space for women to participate as decision makers in the emergency response
- Promotion of peaceful co-existence within refugee communities and between them and local communities Strengthening of refugee and host community leadership through self-management structures that are age, gender and diversity inclusive (Refugee Welfare Councils and refugee-led sector-based planning committees).
- Improve reception condition, and maintain civilian character of asylum.
- Strengthen individual case management through existing systems.
- Implement participatory approaches that are age, gender and diversity sensitive at all stages of the emergency response to ensure accountability to persons of concern.

## **Education**

- Child-friendly spaces and early childhood development centres in new settlement areas.
- Improvement of primary school enrolment, retention, transition, and completion rates.
- Support refugee-hosting districts to develop and implement education for peacebuilding strategies, including youth participation and refugee and host community dialogue around education service delivery.
- Build on the successes of the Ministry of Education's Conflict & Disaster Risk Management Guidelines to continue to promote resilience in the education sector (such as institutions and services) at the district level.
- Increase opportunities for transitioning to secondary school and post-primary education including skills training for relevant and marketable fields.

## **Health and Nutrition**

- Provision of minimum health service package (including vaccinations) for all new refugee arrivals.
- Implementation of Minimum Initial Services Package (MISP) for sexual reproductive health and HIV/AIDS services and the management of the consequences of sexual violence.
- Supplementary feeding and emergency nutrition programmes to address malnutrition
- Full integration of health services within the Ministry of Health's national system

## **Water, Sanitation and Hygiene (WASH)**

- Minimum standard safe water provision and sanitation services.
- Integration with national water, hygiene and solid waste management systems.

## **Food**

- In-kind and cash-based interventions – with increased consideration for the latter.

## **Energy and Environment**

- Energy efficient stoves.
- Increased use of alternative energy sources such as solar at the household level and community level.
- Conservation projects, including tree planting.

## **Shelter and Non-Food Items (NFIs)**

- Roll-out of semi-permanent shelter solutions (including the use of cash-based interventions as funding permits) and emergency shelter options.
- Management and improvement of transit and reception centres.
- Basic NFI package for all new arrivals, including tools to support agricultural activities.

## **Livelihoods**

- Agricultural and non-agricultural livelihood support.
- Formation of village savings and loan associations (VSLAs) and savings and credit cooperatives (SACCOs).
- Small business development support.

## **Logistics and Transport**

- Continued emergency preparedness through effective supply chain and logistics systems.
- Support to refugee internet and mobile connectivity.

In line with the Uganda Government policy, the operation continues to pursue an approach by which 30 per cent of all assistance services benefit the Ugandan host population. This contributes to peaceful co-existence between refugees and hosting communities.



## ***Partnership and Coordination***

The refugee response in Uganda is led and coordinated by the Office of the Prime Minister (OPM) and UNHCR, in partnership with the UN, NGO and the World Bank community. Inter-agency collaboration and coordination aims to achieve an effective and integrated response across the humanitarian-development spectrum, from refugee and host communities to the government, UN, World Bank, national and international NGOs. Coordination takes place at three levels: leadership, sector and district. The response will seek to capacitate existing systems and to deliver through national systems for sustainable integration of refugees into local systems alongside their host communities.

With increased emphasis on advocacy and institutional synergies through the Settlement Transformative Agenda (STA) and the Refugee and Host Population Empowerment (ReHoPE) framework, the coordination structure is aimed towards strengthening the transition into longer-term solutions-oriented programming for the South Sudan Refugee response, creating linkages with development frameworks and actors.

Inter-agency coordination meetings take place on a weekly (emergency) or monthly (non-critical emergencies) basis, and are co-chaired by OPM and UNHCR, in Kampala and in the operational regions. Similarly, at the district and settlement level, regular inter-agency coordination and sector-based meetings take place with the District Local Governments (DLGs), UN, NGOs and refugee committees.

Together with OPM, UNHCR facilitated inter-agency planning, implementation, and coordination of the overall response for the refugee emergencies in Uganda. At the field level, the DLGs are at the forefront of the emergency response, working closely with UN and NGO partners supplementing governmental efforts. The South Sudan refugee response in Uganda includes 61 partners: the Government of Uganda's Refugee Department of the Office of the Prime Minister; Four District Local Governments (DLGs); nine UN and affiliated agencies (FAO, UNDP, UNFPA, UNHCR, UNICEF, UN Women, WFP, WHO, and IOM) and 42 NGOs.

The following NGO partners play an integral role in the South Sudanese refugee response: Action Africa Help (AAH), Action Against Hunger (ACF-AAH), Adventist Development and Relief Agency (ADRA), Africa Development Corps (ADC), African Initiatives for Relief and Development (AIRD), Agency for Cooperation and Research in Development (ACORD), American Refugee Committee (ARC), African Medical and Research Foundation (AMREF), CARE International, Caritas, Community Empowerment for Rural Development (CEFORD), Concern World Wide (CWW), Danish Refugee Council (DRC), Family Research Council (FRC), Finn Church Aid (FCA), Finnish Refugee Council (FRC), Help-Age International, Inter-aid Uganda (IAU), International Aid Services (IAS), International Rescue Committee (IRC), Jesuit Refugee Service (JRS), Lutheran World Federation (LWF), Malteser International, Medical Teams International (MTI), Norwegian Refugee Council (NRC), Obadiah Brothers Canada (OBK), Oxfam (OXFAM), Real Medicine Foundation (RMF), Plan International Uganda (PLAN), Samaritan's Purse (SP), Save the Children (SC), Touch Africa, Transcultural Psychosocial Organization (TPO), Trauma Rehabilitation Counselling in Africa's War-Affected Communities (TUTAPONA), Ugandan Red Cross Society (URCS), Ugandan Refugee and Disaster Management Council (URDMC), War Child Canada (WCC), Water Mission International (WMI), Windle Trust Uganda (WTU), World Vision International (WVI), Welthungerhilfe (WHH), and ZOA-Uganda (ZOA).

## Planned Response

	OUTPUT	INDICATOR	TARGET
Protection	Protection of unaccompanied minors and separated children	% registered in CPIMS benefiting from BIAs and BIDs	100%
	Community self-management supported	% of settlements with refugee self-management committees and volunteer groups	100%
	Access to legal assistance and legal remedies improved	% of persons of concern who have access to legal assistance, direct court representation, legal counselling, and alternative dispute resolution	100%
	Potential for voluntary return realized	% of persons of concern who have received support to spontaneously return t	100%
	Access to resettlement	# of persons of concern identified in need of resettlement submitted for resettlement	100%
	Civilian character of asylum preserved	# of incidents of non-civilian character of asylum	0
	Peacebuilding and peaceful coexistence projects implemented	# of peacebuilding and peaceful coexistence projects implemented	70
	Peacebuilding and peaceful coexistence for youth projects	% of youth attending peacebuilding and coexistence programmes	100%
	Women actively participate in refugee management structures	# of refugee women supported to take up leadership on refugee committees	130
	Increased awareness on SGBV among refugee women and men	# of refugees reached with awareness activities	70,000
Survivors have access to multi-sector SGBV services	% refugees with access to lifesaving psychosocial, legal, and outreach services for survivors of SGBV	100%	
Increased capacity of humanitarian actors in gender equality programming	% humanitarian actors trained on Gender Equality Humanitarian Programming	100%	

	OUTPUT	INDICATOR	TARGET
<b>Education</b>	Measures to improve primary education quality and learning achievement implemented	# of children per teacher	60
	Educational infrastructure constructed, improved or maintained	# of children per classroom (primary school)	85
	Early childhood education provided or supported	% of children aged 3-5 years enrolled in early childhood education	100%
	Primary education provided or supported	% of children enrolled in primary education (net enrolment)	100%
		% of primary school graduates (successful completion of final grade)	100%
	Secondary education provided or supported	% of children enrolled in secondary education	100%
		% of secondary school graduates (successful completion of final grade)	100%
<b>Environment and Livelihoods</b>	Access to agricultural / livestock / fisheries production enabled	# of PoC receiving production kits or inputs for agriculture/livestock/fisheries activities	25,000
	Access to self-employment / business facilitated	# of small business associations formed / supported	800
		# of PoC provided with entrepreneurship / business or financial literacy training	5,500+
		# of PoC provided with guidance on business market opportunities	5,500+
	Self-reliance and livelihoods improved	% of persons of concern (18-59 yrs) with own business / self-employed for more than 12 months	10%
	Access to training and learning enabled	# of PoC completing vocational skills training	160,000

	<b>OUTPUT</b>	<b>INDICATOR</b>	<b>TARGET</b>
<b>Environment and Livelihoods (contd.)</b>	Protection of the environment promoted	% of refugee households using energy efficient stoves and solar lanterns at households, institutions and community streets.	100% of HHs; 100% institutions, and 50% coverage of lit streets.
		# of tree seedlings planted	150,000
		# of community institutions with functional water harvesting facilities.	100% institutions
<b>Food</b>	Food assistance provided to refugees	% of eligible settlement based refugees who receive timely monthly food assistance in-kind or cash equivalent	100%
	Cash-based assistance provided to refugees	% of eligible settlement based refugees receiving cash-based assistance in lieu of food rations	100%
<b>Health and Nutrition</b>	Access to primary health care services provided or supported, including access to essential drugs	# of health facilities equipped/constructed/rehabilitated	30
		% of persons of concern have access to primary health care	100%
		Under-5 mortality rate (per 1,000 ind./month)	1.5
	Nutritional wellbeing improved	Prevalence of global acute malnutrition and severe acute malnutrition (6-59 months)	<5%
		Prevalence of anaemia in children (6-59 months)	<20%
		Prevalence of anaemia in women of reproductive age (15-49 yrs)	<10%
	Referral mechanisms established	# of persons referred to secondary and tertiary medical care	10,000

	OUTPUT	INDICATOR	TARGET
<b>Health and Nutrition (contd.)</b>	Population has optimal access to reproductive health and HIV services	% of persons of concern have access to comprehensive reproductive health services	100%
		% of rape survivors receiving PEP within 72 hours of an incident	100%
	Measles vaccination	Measles vaccine coverage	100%
	Comprehensive safe motherhood services provided	# of qualified midwives/MCH staff	1,00
	Village Health Team (refugee volunteers) system strengthened	# of refugees per CHW	1,000:1
<b>Logistics and Transport</b>	Continued emergency preparedness through effective supply chain and logistics systems	# of supply chain and frame agreements with suppliers in place	50
	Adequate preparedness stock levels of non-food items	% of settlements with NFI preparedness stock for 30,000	100%
	Timely and dignified transport of refugees from reception centre to their allocated plots	% of new arrivals transported in a timely and dignified way	100%
	Ensure adequate stock levels of core relief items	% of settlements with NFI preparedness stock for 30,000	100%
	Mechanical workshops and support for fleet management; Sufficient fuel supply	% of settlements with sufficient fleet support systems in place	100%
	Sufficient warehouse and distribution services capacity	% of settlements with sufficient warehouse and distribution capacities	100%
<b>Non-Food Items (NFI)</b>	Essential NFIs provided	% of new arrivals in settlements receiving household NFI kits	100%
	Sanitary materials provided	% of refugee women in reproductive age receiving sanitary materials	100%

	OUTPUT	INDICATOR	TARGET
<b>Shelter and Infrastructure</b>	Newly arriving refugees are allocated plots in settlements	% of new arrivals in settlements who have been allocated a plot	100%
	Shelter provided	% of South Sudanese refugees in settlements with emergency or semi-permanent shelter	100%
	Access roads constructed, repaired and maintained	# of kilometres of access road constructed or rehabilitated	400
<b>Water, Sanitation and Hygiene (WASH)</b>	Supply of potable water increased or maintained	Minimum # of litres of safe potable water available per person per day	>15
	Community sanitary facilities/ latrines constructed	# of persons of concern per drop-hole in communal latrine	50
	Household sanitary facilities / latrines constructed	% of households with drop-hole latrine or drop-hole toilet	100%
	Water system constructed, expanded and/or upgraded	# of successful boreholes drilled	100
	Water system operations maintained	# of boreholes / wells rehabilitated	280
	Environmental health and hygiene campaigns implemented	% of PoC reached by environmental health and hygiene campaigns	100%

## Financial Requirements Summary – Uganda

### Financial requirements by agency (in US dollars)

Organization	Total
ACF - Action Contre la Faim	4,303,000
ACORD - Agency for Cooperation and Research in Development	198,275
AIRD - African Initiatives for Relief and Development	10,000
Concern Worldwide	223,365
DRC - Danish Refugee Council	5,105,757
FAO - Food and Agriculture Organization	6,374,151
FCA - Finn Church Aid	332,571
IAS - International Aid Services	369,306
IOM - International Organization for Migration	6,045,500
IRC - International Rescue Committee	1,417,822
LWF - Lutheran World Federation	3,213,338
Malteser International	504,000
NRC - Norwegian Refugee Council	2,500,000
Oxfam	3,167,441
Plan International	1,053,278
SCI - Save the Children International	2,067,478
SP - Samaritan's Purse	1,292,484
TPO - Transcultural Psychosocial Organization	1,000,000
UNFPA - United Nations Population Fund	2,654,582
UNHCR - United Nations High Commissioner for Refugees	142,482,122
UNICEF - United Nations Children's Fund	15,000,000
UNWOMEN	1,200,000
WCC - War Child Canada	560,000
WFP - World Food Programme	44,230,134
WHH - Welthungerhilfe	507,293
WHO - World Health Organization	4,024,600
WTU - Windle Trust International	426,034
WVI - World Vision International	450,443
ZOA	450,000
<b>Total</b>	<b>251,162,974</b>

### Financial requirements by sector (in US dollars)

Sector	Total
Protection	34,381,654
Education	26,068,297
Food	35,847,958
Health and Nutrition	27,563,602
Livelihoods and Environment	31,735,382
Logistics and Telecoms	5,041,032
Shelter and NFIs	33,698,040
WASH	23,741,468
Operational Support	33,085,540
<b>Total</b>	<b>251,162,974</b>

## **Annex 1: Financial Requirements by Agency and Country (US dollars)**

<b>Organization</b>	<b>CAR</b>	<b>DRC</b>	<b>Ethiopia</b>	<b>Kenya</b>	<b>Sudan</b>	<b>Uganda</b>	<b>Total</b>
ACF - Action Contre la Faim			3,000,000			4,303,000	<b>7,303,000</b>
ACORD - Agency for Cooperation and Research in Development						198,275	<b>198,275</b>
ADRA - Adventist Development and Relief Agency			700,000				<b>700,000</b>
AIRD - African Initiatives for Relief and Development						10,000	<b>10,000</b>
Almanar					214,590		<b>214,590</b>
ARRA - Administration for Refugee and Returnee Affairs			7,133,195				<b>7,133,195</b>
ASSIST					725,386		<b>725,386</b>
Concern Worldwide			2,000,000			223,365	<b>2,223,365</b>
DCA - Danish Church Aid			2,100,000				<b>2,100,000</b>
DICAC - Development and Inter-Church Aid Commission			5,026,797				<b>5,026,797</b>
DRC - Danish Refugee Council			9,348,065	514,423		5,105,757	<b>14,968,245</b>
ERCS - Ethiopian Red Cross Society			906,372				<b>906,372</b>
FAI - Film Aid International				375,605			<b>375,605</b>
FAO - Food and Agriculture Organization		924,000			7,517,392	6,374,151	<b>14,815,543</b>
FCA - Finn Church Aid						332,571	<b>332,571</b>
GOAL			2,000,000				<b>2,000,000</b>
HelpAge			929,374				<b>929,374</b>
IAS - International Aid Services						369,306	<b>369,306</b>
IMC - International Medical Corps			3,481,847				<b>3,481,847</b>
IOM - International Organization for Migration			1,330,910		1,546,000	6,045,500	<b>8,922,410</b>
IRC - International Rescue Committee			2,700,000			1,417,822	<b>4,117,822</b>
LWF - Lutheran World Federation			829,900	1,798,371		3,213,338	<b>5,841,609</b>
Malteser International						504,000	<b>504,000</b>
MCMDO - Mothers and Children Multisectoral Development Organization			1,676,758				<b>1,676,758</b>
NCA/DCA/DASSC			1,700,000				<b>1,700,000</b>
NRC - Norwegian Refugee Council			12,218,785	650,000		2,500,000	<b>15,368,785</b>
NRDEP - Natural Resource and Environmental Protection			1,500,000				<b>1,500,000</b>
Oxfam			2,800,000			3,167,441	<b>5,967,441</b>



## Annex 1: Financial Requirements by Agency and Country (US dollars)

Contd.

Organization	CAR	DRC	Ethiopia	Kenya	Sudan	Uganda	Total
Pancare					520,000		520,000
Plan International			5,900,000			1,053,278	6,953,278
PWJ - Peace Winds Japan				500,000			500,000
RaDO - Rehabilitation and Development Organization			2,933,849				2,933,849
SCI - Save the Children International			7,100,000		274,050	2,067,478	9,441,528
SP - Samaritan's Purse						1,292,484	1,292,484
SRCS - Sudanese Red Crescent Society					660,571		660,571
TPO - Transcultural Psychosocial Organization						1,000,000	1,000,000
UNFPA - United Nations Population Fund		521,971			3,060,000	2,654,582	6,236,553
UNHCR - United Nations High Commissioner for Refugees	5,681,136	6,741,000	113,799,752	33,305,235	65,340,215	142,482,122	367,349,460
UNICEF - United Nations Children's Fund	1,800,000	1,186,500	8,426,000	2,400,000	20,931,968	15,000,000	49,744,468
UNWOMEN						1,200,000	1,200,000
UPO - United Peace Organization					350,000		350,000
WCC - War Child Canada						560,000	560,000
WFP - World Food Programme	1,800,000	5,377,088	73,372,820	10,000,000	45,878,319	44,230,134	180,658,361
WHH - Welthungerhilfe						507,293	507,293
WHO - World Health Organization					10,910,000	4,024,600	14,934,600
WTU - Windle Trust International						426,034	426,034
WVI - World Vision International			625,205			450,443	1,075,648
ZOA			2,839,881		520,000	450,000	3,289,881
<b>Total</b>	<b>9,281,136</b>	<b>14,750,559</b>	<b>276,379,510</b>	<b>49,543,634</b>	<b>157,928,491</b>	<b>251,162,974</b>	<b>759,046,304</b>

## ***Annex 2: Financial Requirements by Country and Sector (US dollars)***

<b>Sector</b>	<b>CAR</b>	<b>DRC</b>	<b>Ethiopia</b>	<b>Kenya</b>	<b>Sudan</b>	<b>Uganda</b>	<b>Total</b>
Protection	1,769,500	1,809,305	33,295,511	6,131,789	19,198,371	34,381,654	96,586,130
Education	910,000	688,291	22,923,812	6,873,186	13,418,334	26,068,297	70,881,920
Food	1,800,000	5,451,934	75,405,505	10,000,000	39,969,224	35,847,958	168,474,621
Health and Nutrition	680,973	1,107,042	36,342,764	3,874,037	26,789,752	27,563,602	96,358,171
Livelihoods and Environment		1,168,534	20,223,383	5,993,546	13,634,878	31,735,382	72,755,723
Logistics and Telecoms	790,000	808,566	9,495,057	1,196,214		5,041,032	17,330,869
Shelter and NFIs	1,077,000	586,040	34,440,232	6,873,010	21,021,789	33,698,040	97,696,111
WASH	1,291,000	1,198,035	34,652,065	4,626,444	23,167,944	23,741,468	88,676,956
Operational Support	962,663	1,932,812	9,601,181	3,975,408	728,199	33,085,540	50,285,803
<b>Total</b>	<b>9,281,136</b>	<b>14,750,559</b>	<b>276,379,510</b>	<b>49,543,634</b>	<b>157,928,491</b>	<b>251,162,974</b>	<b>759,046,304</b>

### Annex 3: Financial Requirements by Country, Agency and Sector (US dollars)

Organization	Protection	Education	Food	Health and Nutrition	Logistics and Telecoms	Shelter and NFIs	WASH	Livelihoods and Environment	Operational Support	Total
<b>CAR</b>	<b>1,769,500</b>	<b>910,000</b>	<b>1,800,000</b>	<b>680,973</b>	<b>790,000</b>	<b>1,077,000</b>	<b>1,291,000</b>		<b>962,663</b>	<b>9,281,136</b>
UNHCR	1,269,500	410,000		680,973	790,000	1,077,000	491,000		962,663	5,681,136
UNICEF	500,000	500,000					800,000			1,800,000
WFP			1,800,000							1,800,000
<b>DRC</b>	<b>1,809,305</b>	<b>688,291</b>	<b>5,451,934</b>	<b>1,107,042</b>	<b>808,566</b>	<b>586,040</b>	<b>1,198,035</b>	<b>1,168,534</b>	<b>1,932,812</b>	<b>14,750,559</b>
FAO			924,000							924,000
UNFPA	181,900			340,071						521,971
UNHCR	944,905	333,413	33,133	673,061	808,566	586,040	760,035	669,035	1,932,812	6,741,000
UNICEF	682,500			66,000			438,000			1,186,500
WFP		354,878	4,494,801	27,910				499,499		5,377,088
<b>Ethiopia</b>	<b>33,295,511</b>	<b>22,923,812</b>	<b>75,405,505</b>	<b>36,342,764</b>	<b>9,495,057</b>	<b>34,440,232</b>	<b>34,652,065</b>	<b>20,223,383</b>	<b>9,601,181</b>	<b>276,379,510</b>
ACF				3,000,000						3,000,000
ADRA							700,000			700,000
ARRA				3,451,480	3,681,715					7,133,195
Concern				2,000,000						2,000,000
DCA				2,100,000						2,100,000
DICAC	309,695	4,415,300							301,802	5,026,797
DRC	406,840					4,289,047	1,450,513	710,705	2,490,960	9,348,065
ERCS				831,496					74,876	906,372
GOAL				2,000,000						2,000,000
HelpAge	929,374									929,374
IMC	1,263,995			2,217,852						3,481,847
IOM					660,480	670,430				1,330,910
IRC							2,700,000			2,700,000
LWF							829,900			829,900
MCMDO								1,676,758		1,676,758
NCA/DCA/DA SSC							1,700,000			1,700,000
NRC		2,400,000				5,154,500	3,570,415	1,093,870		12,218,785
NRDEP								1,500,000		1,500,000
Oxfam							2,800,000			2,800,000
Plan Int'l	1,500,000	2,700,000							1,700,000	5,900,000
RaDO	2,721,318			212,531						2,933,849
SCI	4,300,000	2,800,000								7,100,000
UNHCR	20,225,275	8,621,782	2,032,685	16,229,405	5,126,862	24,326,255	19,535,147	13,195,261	4,507,079	113,799,752
UNICEF	1,500,000	1,800,000		4,300,000	26,000		800,000			8,426,000
WFP			73,372,820							73,372,820
WVI		186,730					438,475			625,205
ZOA	139,015						127,614	2,046,788	526,465	2,839,881

### Annex 3: Financial Requirements by Country, Agency and Sector (US dollars) Contd.

Organization	Protection	Education	Food	Health and Nutrition	Logistics and Telecoms	Shelter and NFIs	WASH	Livelihoods and Environment	Operational Support	Total
<b>Kenya</b>	<b>6,131,789</b>	<b>6,873,186</b>	<b>10,000,000</b>	<b>3,874,037</b>	<b>1,196,214</b>	<b>6,873,010</b>	<b>4,626,444</b>	<b>5,993,546</b>	<b>3,975,408</b>	<b>49,543,634</b>
DRC								514,423		514,423
FAI	156,008								219,597	375,605
LWF	977,929	480,524						339,918		1,798,371
NRC							600,000	50,000		650,000
PWJ						500,000				500,000
UNHCR	4,247,852	5,492,662		3,524,037	1,196,214	6,373,010	3,726,444	4,989,205	3,755,811	33,305,235
UNICEF	750,000	900,000		350,000			300,000	100,000		2,400,000
WFP			10,000,000							10,000,000
<b>Sudan</b>	<b>19,198,371</b>	<b>13,418,334</b>	<b>39,969,224</b>	<b>26,789,752</b>		<b>21,021,789</b>	<b>23,167,944</b>	<b>13,634,878</b>	<b>728,199</b>	<b>157,928,491</b>
Almanar				214,590						214,590
ASSIST							725,386			725,386
FAO								7,517,392		7,517,392
IOM							1,546,000			1,546,000
Pancare				520,000						520,000
SCI				274,050						274,050
SRCS						660,571				660,571
UNFPA	1,910,000			1,150,000						3,060,000
UNHCR	15,696,970	6,448,145		4,560,569		20,261,218	14,203,914	3,441,200	728,199	65,340,215
UNICEF	1,591,401	6,820,189		6,227,734			6,292,644			20,931,968
UPO		150,000				100,000		100,000		350,000
WFP			39,969,224	3,332,809				2,576,286		45,878,319
WHO				10,510,000			400,000			10,910,000

### Annex 3: Financial Requirements by Country, Agency and Sector (US dollars) Contd.

Organization	Protection	Education	Food	Health and Nutrition	Logistics and Telecoms	Shelter and NFIs	WASH	Livelihoods and Environment	Operational Support	Total
<b>Uganda</b>	<b>34,381,654</b>	<b>26,068,297</b>	<b>35,847,958</b>	<b>27,563,602</b>	<b>5,041,032</b>	<b>33,698,040</b>	<b>23,741,468</b>	<b>31,735,382</b>	<b>33,085,540</b>	<b>251,162,974</b>
ACF				2,658,000			575,000	500,000	570,000	<b>4,303,000</b>
ACORD	88,381			60,885				27,496	21,513	<b>198,275</b>
AIRD		10,000								<b>10,000</b>
Concern Worldwide				123,365			100,000			<b>223,365</b>
DRC -	800,000	129,500				1,200,000	1,025,257	1,400,000	551,000	<b>5,105,757</b>
FAO -								5,311,792	1,062,359	<b>6,374,151</b>
FCA -		332,571								<b>332,571</b>
IAS -		42,620					266,903	41,304	18,479	<b>369,306</b>
IOM -							4,100,000	1,550,000	395,500	<b>6,045,500</b>
IRC -	448,044			441,922			102,856	250,000	175,000	<b>1,417,822</b>
LWF -	853,351					1,388,780	375,085	485,722	110,400	<b>3,213,338</b>
Malteser International					14,000		360,000	46,000	84,000	<b>504,000</b>
NRC -		1,100,000	750,000						650,000	<b>2,500,000</b>
Oxfam	576,679						1,621,185	466,041	503,536	<b>3,167,441</b>
Plan International	217,880	246,847				300,275		16,559	271,717	<b>1,053,278</b>
SCI -	1,380,750	575,862						110,866		<b>2,067,478</b>
SP Samaritan's Purse							874,535	327,715	90,234	<b>1,292,484</b>
TPO -	1,000,000									<b>1,000,000</b>
UNFPA -	998,000			1,467,585					188,997	<b>2,654,582</b>
UNHCR -	21,992,126	21,604,863	957,521	10,918,178	5,027,032	30,808,985	12,722,924	19,608,479	18,842,013	<b>142,482,122</b>
UNICEF -	4,000,000	1,500,000		5,300,000			1,499,000		2,701,000	<b>15,000,000</b>
UNWOMEN	1,200,000									<b>1,200,000</b>
WCC -	376,000								184,000	<b>560,000</b>
WFP			34,140,437	2,523,905				900,000	6,665,792	<b>44,230,134</b>
WHH -				45,162			18,723	443,408		<b>507,293</b>
WHO -				4,024,600						<b>4,024,600</b>
WTU -		426,034								<b>426,034</b>
WVI -	450,443									<b>450,443</b>
ZOA		100,000					100,000	250,000	570,000	<b>450,000</b>
<b>Grand Total</b>	<b>96,586,130</b>	<b>70,881,920</b>	<b>168,474,621</b>	<b>96,358,171</b>	<b>17,330,869</b>	<b>97,696,111</b>	<b>88,676,956</b>	<b>72,755,723</b>	<b>50,285,803</b>	<b>759,046,304</b>