Central African Republic Revised Regional Refugee Response Plan

January - December 2014

July 2014

Cover photograph:

Marie-Helene, 42, from the Central African Republic. UNHCR / A. Greco

SUMMARY

Period	January to December 2014
Current Beneficiary Population	159,876
Planning Figure to End-2014	306,500
Target Beneficiaries	• New Refugees fleeing the Central African Republic (CAR) since December 2013. • Third Country Nationals fleeing CAR with refugees to Cameroon and Congo. • Host communities.
Financial Requirements	USD 209,707,410[1]
Number of Partners	16

[1]The revised financial requirements do not include $84,720,640 for the needs of returnees in Chad, which will be addressed in the Strategic Response Plan (SRP).

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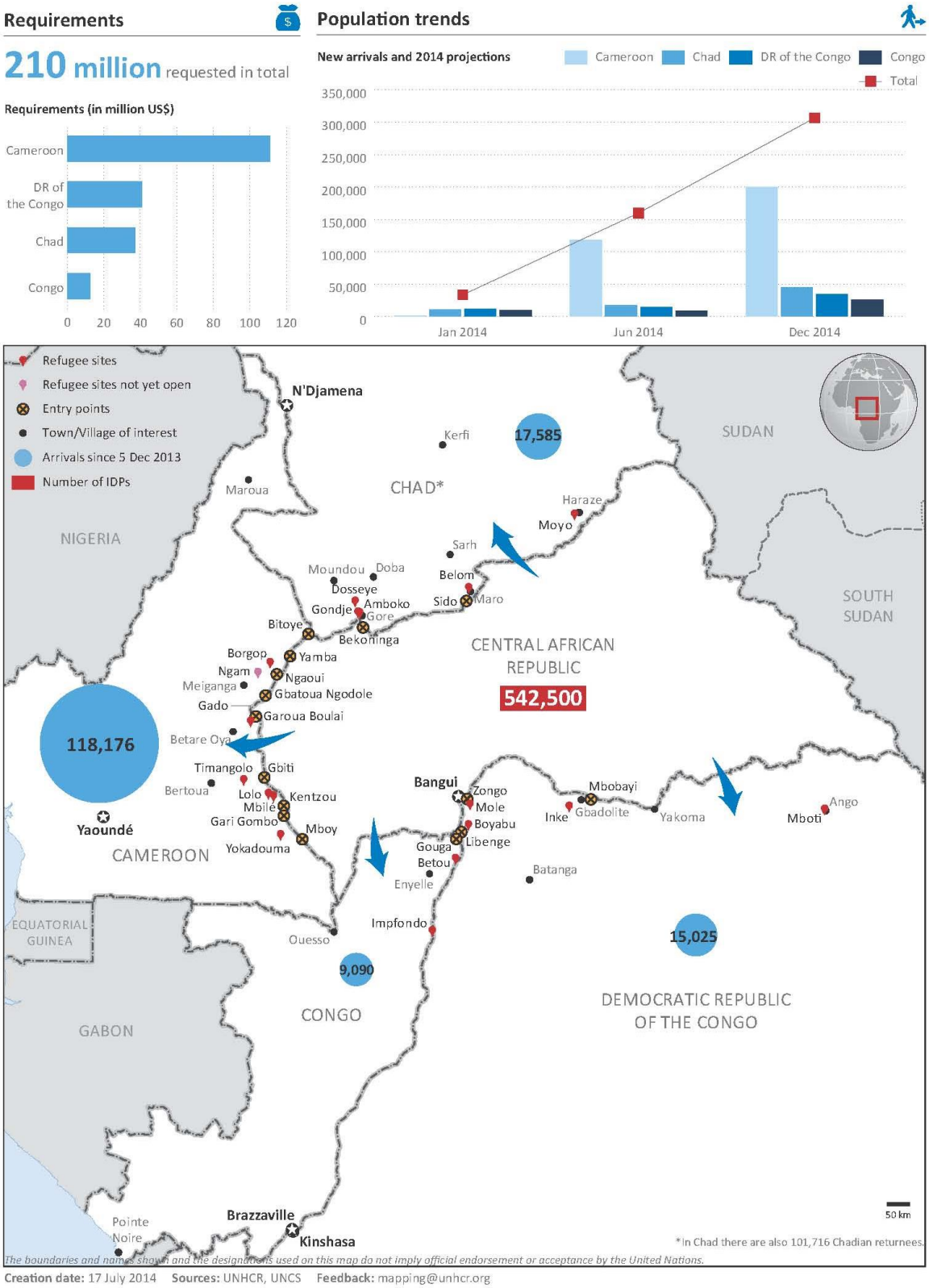
REGIONAL REFUGEE RESPONSE DASHBOARD



REGIONAL OVERVIEW

Beneficiary Population (since December 2013)

	01-Jan-14	15-Jun-14	31-Dec-14
Cameroon	987	118,176	200,000
Chad *	11,240	17,585	45,000
Democratic Republic of the Congo	11,532	15,025	35,000
Congo	9,875	9,090	26,500
Total Population	**33,634**	**159,867**	**306,500**

*These figures include CAR refugees and Third Country Nationals (TCNs) who have been arriving in the region since December 2013. Some 100,000 Chadian "returnees" included in the original RRP have been taken out of the Revised Regional Response Plan and will be covered in the Stategic Response Plan.

Introduction

The situation inside the Central African Republic (CAR) remains extremely volatile. Civilians continue to be killed, thousands have been displaced internally and others have fled into Cameroon, Chad, the Congo and the Democratic Republic of the Congo (DRC).

With the situation continuing to evolve so critically, the Regional Response Plan (RRP) for the CAR refugee situation which was launched in April 2014 has had to be revised. The RRP originally called for USD $274 million based on an expected beneficiary population of 362,200 by December 2014. Now, it includes requirements of USD 210 million based on a beneficiary planning population of 306,500. Crucially, the revision reflects the significant increase of refugees in Cameroon which had not been planned for. Already today, the original planning figure of 100,000 refugees by the end of 2014 has been surpassed.

The first RRP included nearly 100,000 Chadians returning home as part of the displacement from CAR where they have been living or even been born over nearly three generations. The revised RRP now does not reflect this particular group of persons following OCHA's advisory that the operational and resource planning for them are better located in and therefore should be transferred to the Strategic Response Plan (SRP) for Chad due to be issued later in the year. Even so, there is an ongoing verification exercise to better identify the different profiles of the individuals in the group - including those who may be refugees or cases of potential statelessness - and to better ascertain the needs of the group. As this exercise has yet to be concluded, aspects and requirements which properly belong to the RRP will later be reflected accordingly, while the SRP for Chad will fully represent the situation and requirements relating to the so-called 'returnees'.

The main elements of the Revised Refugee Response Plan include, as in the first RRP:

- Reception, registration and relocation of new arrivals from the border to refugee sites.
- Delivery of services in life-saving sectors including protection, food and nutrition, health, shelter, site planning, water and sanitation.
- Development of emergency sites and shelter construction with the participation of refugees.
- Mobilization of more partners and encouragement of existing ones to scale up programme response to the crisis, especially in life-saving sectors.
- Initiation of assistance to refugees settled outside the formal sites.

All refugees are currently being registered and provided with protection documentation in order to avoid protection issues such as arrest, detention or forced return due to lack of documentation. Registration nevertheless still needs to be enhanced across the operations, for instance in Cameroon, where only 60 per cent of the refugees have been registered.

Protection and Humanitarian Needs

The number of refugees - principally from the western part of CAR - has increased significantly since the launch of the RRP on 16 April 2014. In Cameroon, the arrival of now over 105,000 refugees has clearly overwhelmed local services and capacity. The newly arriving refugees show evidence of the extreme violence they have escaped and, after weeks of trudging through forests, surviving on only leaves and drinking whatever water they could find, are in a very poor state of health. In the months of April and May, as many as 40 per cent of newly–arriving refugees in Cameroon were malnourished - including adults - with particularly high incidence of severe malnutrition among children below the age of 5 and pregnant and lactating women.

The ethno-religious character of the violence, insecurity and risks in the Central African Republic is reflected in the profile of the new refugees. Before January 2014, the majority of the refugees from CAR in the region were of non-Muslim background. Since then, the overwhelming majority of the new refugees are of Muslim faith.

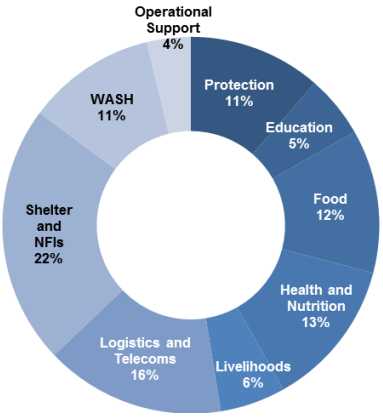
Figure 1: Mole Refugee Camp, some 2 hours' drive from Zongo in Equateur Province, DRC. UNHCR / S. Rich

A core element of the strategic response is to ensure that refugees gain access into asylum and can find safety and security. Even with the Chad/CAR border closed, States have allowed refugees access to their territories without significant hindrances. However, both for security and operational reasons, the relocation of the refugees from border locations to sites which had to be established anew has proved necessary and urgent. Meanwhile, especially in Cameroon, the response has been crucially drawn to addressing the extreme malnutrition and health conditions of the new arrivals and having to provide water, sanitation, hygiene, health and shelter on a priority basis. With the very limited Government, UN-agency and NGO capacity in the initial phases of the emergency, this part of the response proved a major challenge but is steadily being consolidated. The response has also had to address the special protection and assistance needs of a refugee population in which women and children make up the decisive majority (over 60 per cent of refugees). A high number of unaccompanied children has crossed into neighbouring countries. In Chad, the different categories of those displaced - refugees, returning nationals and potential cases of statelessness - continues to pose unique operational challenges.

Against this situation, timely and ample funding availability remains as critical today, as when the RRP was first launched. Donor response has been vital in enabling the emergency response so far. Yet with the appeal funded at only 33 per cent, serious gaps in assistance remain, notably in the areas of shelter and water, sanitation and hygiene.

Budgetary Requirements (in USD)

Total: USD 209,707,410



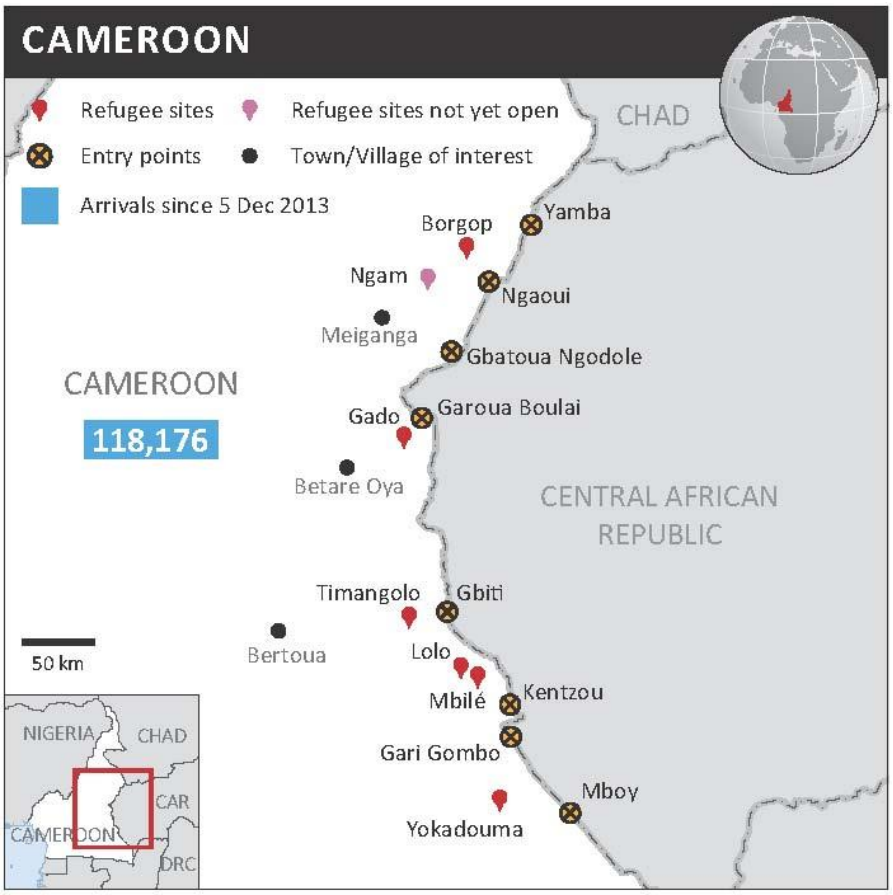
Coordination

UNHCR has designated a Regional Refugee Coordinator for the CAR Refugee Situation who has led the elaboration of this revision of the RRP and fostered strategic, policy, planning, operational and funding consultations and information-sharing with partners and stakeholders in the region. With such a paucity of State and agency capacity for the emergency, this aspect of the response has been a key coordination question. UNHCR's Assistant High Commissioner for Operations held two partner meetings specifically geared to ramping up both partner capacity and the number of agencies participating in the response, particularly in regard to health and nutrition. The number of new partners has increased slightly since then but mobilization of more capacity and engagement remains a priority.

Organizations Participating in the Response

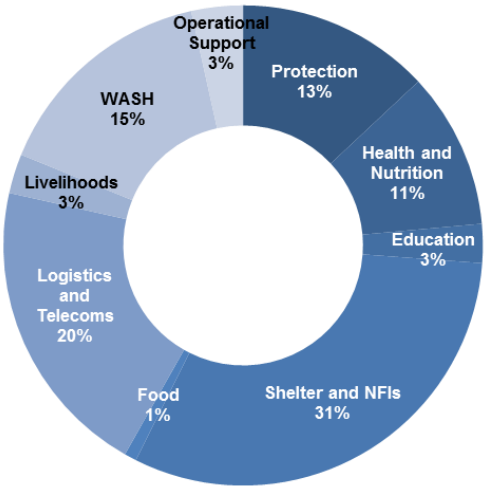
Organization
ASOL Afrique Solidarité Suisse
Avions sans Frontières
CARE International
Caritas
Croix-Rouge française
CRS Catholic Relief Services
FAO Food & Agricultural Organization
IMC International Medical Corps
IOM International Organization for Migration
PLAN International
PU-AMI Première Urgence-Aide Médicale Internationale
UNFPA UN Population Fund
UNHCR United Nations High Commissioner for Refugees
UNICEF United Nations Children's Fund
WFP World Food Programme
WHO World Health Organization

CAMEROON RESPONSE PLAN

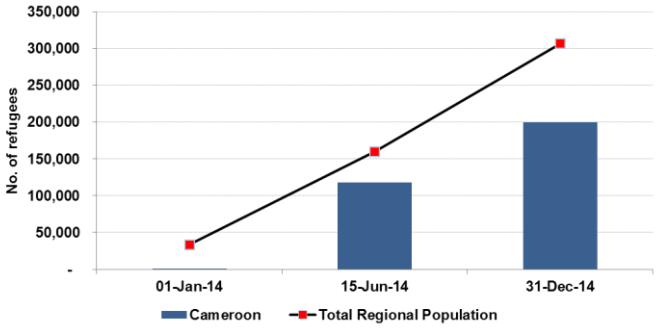


Map Sources: UNCS, UNHCR.
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Creation date: 17 Jul 2014.

Financial Requirements (USD)
111,134,636



Population Trends



Context

Refugees

In Cameroon, the emergency has been particularly acute. In the period after the launch of the CAR Regional Response Plan in April 2014, thousands of refugees continued to flee from CAR to Cameroon, mainly to the East and Adamawa regions.

The initial planning figure to the end of 2014 of 100,000 refugees has clearly been surpassed. By 15 June 2014, UNHCR had registered 102,795 CAR refugees in Cameroon. They are hosted in the East (75,082), Adamawa (19,135), the North (2,751), the Centre (2,405) and the Littoral (3,422). The revised plan now is based on a beneficiary figure of 180,000 refugees to the end of 2014.

Close to 60 per cent of the newly-arrived refugees are children, of whom 20 per cent are below five years of age. Ninety-six per cent of the refugees are Muslim. Refugees arrive in Cameroon in very vulnerable conditions, malnourished, dehydrated and traumatized.

The main challenges to the reception of refugees arise from the extensive border with CAR, the multitude of entry points and the breadth of the operational area spread over 50,000 square kilometres. The bad condition of roads in the areas in which the refugees are settling delays the provision of humanitarian assistance. The security environment is also a concern with the possible presence of armed elements and risks of robbery. The border is, however, open and there are refugees who cross it spontaneously without being registered by UNHCR.

The number of border entry points identified by the Government has increased from 24 to 31 in three months. The main entry points remained Gbiti, Kentzou and Garoua Boulai in the East region; and Ngaoui and Yamba in the Adamawa region. UNHCR has also begun registering refugees at the northern entry points of Mbai-Mboum, Ouro Soley and Guigui, in the North region.

Since March 2014, the Government of Cameroon has provided two additional refugee sites to accommodate the newly arriving refugees. The total number of sites has increased to seven, including five in the East region (Gado Badzere, Lolo, Mbile, Yokadouma and Timangolo) and two in the Adamawa region (Borgop and Ngam). These sites are located in forest areas, making their preparation very difficult as the use of heavy equipment and machinery is required. More sites will be required as the influx continues.

The Government continues to ensure the safety and security of refugees and humanitarian actors in the operational areas by providing armed escorts for humanitarian and relocation convoys when required and placing police stations at refugee sites or in their vicinity. As of 15 June 2014, out of 102,795 new CAR refugees registered by UNHCR in collaboration with the Cameroonian administrative authorities, 36,347 have been relocated to five sites (Mbile, Gado Badzere, Lolo, Timangolo and Borgop) that have been constructed and two sites which are currently under construction (Ngam and Yokadouma). Close to 60,000 still remain at the border in transit sites and in host families. Some are reluctant to be transferred to the sites.

The local communities have extended great solidarity to the refugees notwithstanding their meagre resources. It is thus urgent that humanitarian actors include host communities in their programmes to avoid further impoverishment that may aggravate tensions. Social cohesion activities need to be developed and coordinated across the region. UNHCR is calling for increased involvement of the so far relatively few protection actors in the response.

Third Country Nationals and Returnees

In addition to the estimated 180,000 refugees expected in 2014, IOM estimates that a total of 3,314 returning Cameroonians (registered by UNHCR) and 15,000 Third-Country Nationals (TCNs) have fled violence in CAR, entering Cameroon in the East region after a long and perilous journey. The number of TCNs arriving in Cameroon is expected to rise up to 20,000 by the end of the year. About 5,000 TCNs are still stranded at the border between CAR and Cameroon, many in destitute

conditions, waiting to be evacuated or to receive onward transportation assistance to their countries of origin and communities. The TCNs have been in the border towns for up to four months with no access to basic services, receiving little or no assistance and having to rely on the solidarity of the host community and any savings they were able to bring with them.

Transit centres have been established as elaborated further below to better deal with the situation of the TCNs. The majority of TCNs registered are Chadians, followed by Nigerians, Senegalese and Malians. IOM works with their respective diplomatic missions in devising solutions for their situation, particularly organizing their transportation back to their countries of origin. The extended time the TCNs spend at the border sites and the continuous influx of new arrivals have led IOM to increase the capacity of the transit centres and redouble the advocacy for urgent support for the TCNs with the international humanitarian community and donors.

Key Elements of the Revision

The overall situation of the new CAR refugees has improved as a result of the coordinated intervention of the Cameroonian Government, UN agencies and other humanitarian actors. At the same time, humanitarian response needs to be strengthened and expanded both to maintain the well-being of new arrivals and to respond to the continuous influx, including of refugees settled in host communities. The emergency response will continue to be implemented in the existing and newly identified and constructed refugee sites, as well as in villages hosting new refugees.

On the assumption that the fragile political situation in CAR will continue forcing Central Africans to flee to Cameroon and bearing in mind the arrival rate thus far, the planning figure to December 2014 has been revised from 100,000 to 180,000 refugees.

An estimated 30,000 refugees will be settled in host communities. Supporting host communities is thus an essential component of facilitating the eventual local integration of refugees. The Humanitarian Country Team has revised the strategy to include provision of basic services in these villages. Strengthening health, education, access to drinking water, sanitation and support to livelihood initiatives are strategic priorities in communities receiving refugees. An estimated 50 villages with over 100,000 people will benefit from these interventions.

Meanwhile, the planning figure for TCNs has been revised downwards from 30,000 to 20,000 TCNs. The planning figure for returning Cameroonians is 4,000.

The initial requirements for responding to the new influx of CAR refugees in Cameroon by eight UN agencies and NGOs under the RRP were over USD 65.5 million. In three months, the appealing humanitarian actors received 21 per cent of the required funding. The lack of funding has been one of the main obstacles for the NGOs and new partners. The revised requirements total USD 111,134,838.

Main Identified Needs and Response Strategy

Achievements and Remaining Needs

During the reporting period, the response has been scaled up by the application of vulnerability criteria that helped to ensure provision of support for persons with specific needs among the locals within the communities hosting new refugees. Significant progress has been made in providing life-saving assistance which has to be sustained and further scaled up to respond to the new needs identified.

Refugees

Since early 2014, UNHCR continued to conduct protection monitoring in border areas and entry points. Refugees report having fled anti-Balaka attacks and that many people are hiding in the bush looking for safe routes to the Cameroonian and Chadian borders. At the entry points, the newly-

arriving refugees are registered, screened for protection and specific needs and provided with basic items and life-saving services. From the outset of the crisis an immediate food ration of 15 days has been provided to the newly–arriving refugees at border entry points.

Essential curative care for refugees arriving in serious health condition and trauma has been provided at six major entry points by UNHCR, WHO, UNICEF, IMC, AHA, MSF and the Red Cross. Mobile clinics or temporary health units have been established to provide primary health care and identify medical cases in need of immediate assistance at the other border entry points, where refugees also receive full routine vaccinations.

The new refugees have shown very high prevalence of Global Acute Malnutrition (GAM) in the 6 to 59 months age group, with significant spillover into the 5 to 10 years age group, while the malnutrition situation of older people is also a cause for concern. Approximately 15 per cent of all children admitted to severe acute malnutrition (SAM) treatment are above five years of age. These high GAM rates are the result of acute food shortage, inadequate diet diversity and pervasive infectious disease, in particular measles. For this reason, a high number of children with SAM require hospitalization (approximately 40 per cent of all SAM patients). Some in-patient therapeutic feeding centres have shown mortality rates of over 20 per cent. There are also significant numbers of infants aged between 0 and 5 months that are seriously underweight. Extensive systematic screening of children upon arrival has thus been organised.

As of 15 June 2014, 36,347 newly-arrived refugees who have been relocated to the sites have received multi-sectoral assistance. Hot meals have been provided during the relocation process after registration and medical screening to identify cases in need of immediate assistance has been conducted. Protection and basic services including access to shelter, primary health and nutrition care, potable water, sanitation facilities, food assistance and other community services are provided in all refugee sites. Approximately 40,000 refugees received basic and domestic non-food items (kitchen sets, blankets, mosquito nets, sleeping mats, jerry cans, soap, sanitary pads) and other essential household items.

Partners are carrying out child protection activities in the sites of Gado and Lolo for unaccompanied and separated children (UAMSC), providing psychosocial support and undertaking information campaigns on violence against children. The survivors of sexual and gender-based violence (SGBV) are identified and assisted.

Partner organizations have developed strategies to ensure that refugees in sites have access to comprehensive public health, nutrition and HIV/AIDS services through health posts, with emergency and complicated life-threatening cases being referred to existing district hospitals. Initial interventions in reproductive health have been implemented, involving the provision of delivery beds and equipment, reproductive health kits, contraceptives and training of medical staff on maternity care. Health personnel, basic equipment, drugs and transport means to ensure emergency referrals have been provided. Services available include outpatient care, observation, vaccinations, prenatal care, non-complicated deliveries and nutrition supplementation. Malaria, malnutrition and respiratory infections are among the most frequent health problems.

Health units have been opened in five operational sites (Borgop, Mbile, Gado, Lolo and Timangolo). Human resources, equipment and other infrastructural facilities have been strengthened in three existing health facilities. A mechanism has been put in place to refer patients with serious medical status to secondary or higher-level health units in the two regions. Refugees with chronic illnesses such as HIV/AIDS and tuberculosis were referred for appropriate treatment. For prevention of communicable diseases, training of the medical staff and awareness campaigns among the population were conducted in addition to the distribution of 202,000 male condoms and 15,000 female condoms to prevent sexually transmitted infections and unwanted pregnancies in the sites and host communities. Ten thousand cholera rapid diagnostic kits and four complete cholera kits and chlorine for prevention of eventual cholera outbreaks have been secured. Refugees received 24,000 mosquito nets for malaria prevention.

Figure 2: Maimouna, a refugee woman, and her husband Hamit build their family shelter in Mbilé. UNHCR/ D. Mbaiorem.

Despite all health interventions implemented so far, the situation remains preoccupying. The existing health centres are facing crucial shortages in infrastructure, basic health equipment, medical supplies and staff. They are overwhelmed by the rapid increase in the number of refugees with poor health conditions as the number of consultations has doubled or even trebled in some areas. Due to the lack of an adequate national health infrastructure, referral mechanisms need to be strengthened and new partners identified for sites in Yokadouma and Ngam. Malaria, diarrheal diseases, gastro-enteritis, respiratory infections, trauma and injuries are among the most pressing health conditions of the population. Some refugees have sexually transmitted infections following SGBV incidents while others have chronic conditions such as HIV/AIDS, diabetes and hypertension. A number of reproductive health interventions such as pre-natal care and safe hygienic delivery are also required. Infectious diseases are common in children under five years of age with malnourished children being the most susceptible. A recent measles outbreak in Garoua Boulai, a refugee entry point, required the vaccination of 42,000 refugee children from 0 to 5 years for polio, measles and other vaccine preventable diseases.

Full monthly food rations are distributed to all refugees hosted in the sites. The extension of general food distributions (GFD) to pockets of refugees hosted by local communities has been a challenge due to the sometimes remote locations. The implementation of livelihood activities has proven difficult because of the pastoralist background of the refugees and the late availability of supplies for the agricultural season.

A joint nutrition mission organized in the East and Adamawa regions in June found that global acute malnutrition and mortality rates remain of concern as the conditions on the ground are being exacerbated by the high risk of outbreak of diseases escalated by the rainy seasons and other aggravating factors. The mission recommended improving the food assistance response - including the nutritional content of the general rations - and urged extension of this assistance to refugees living in host communities, as well as the hosting communities themselves. Food assistance will continue to be highly needed in order to mitigate the deteriorating food security situation.

Partners are ensuring steady supply of treatment for severe acute malnutrition cases, drugs, therapeutic milk and technical support for SAM and MAM patients and caretakers. A blanket supplementary feeding programme started in all refugee sites in May reaching out to 9,268 children 6 to 59 months and 2,237 pregnant and lactating women.

It is envisaged that the number of refugees under 18 years of age could reach 108,000 by 31 December 2014. There is a specific need to strengthen child protection systems to respond to the needs of SGBV survivors and unaccompanied and separated children (UAMSC). A system to identify, document, trace and reunify UAMSC needs to be further developed. Children associated with armed groups need to be identified and special care provided. Secure child-friendly spaces which target children and their families in both host community settings and refugee sites have been established.

The high number of new arrivals requires the identification of new refugee sites. It is estimated that between eight and ten sites in total will be needed to accommodate those who will opt to be relocated to the refugee sites. This means that one to three more new sites will need to be identified and established. It is estimated that up to 40 per cent of new refugees may decide to remain with relatives among the old CAR refugee population or within host communities.

A needs assessment mission recommended a gender-sensitive approach to the construction of shelter and water, sanitation and hygiene facilities in existing refugee sites. Host community infrastructures need to be upgraded to include water and sanitation facilities in schools and health centres and increase the capacity of communal facilities (schools, health and nutrition centres, and hospitals for medical referrals) in villages hosting refugees.

An inter-agency field visit took place on 27 April 2014 to evaluate the WASH response. A draft preventive action plan for cholera has been elaborated. As of 15 June 2014, refugees have access to potable water through 39 boreholes constructed, water trucking and water bladders in five refugee sites and two border entry points. A total of 670 latrines and 431 bathing facilities are available for their basic sanitation needs, along with the installation of 340 solid waste pits and provision of 7,000 basic family water kits. Sensitization campaigns on water, hygiene and sanitation have started in refugee sites.

Access to water and sanitation remains below standard. In three out of five sites, the quantity of water provided per day to refugees remains below 15 litres. Water is still provided in some refugee sites by water trucking. Solid waste management and hygiene promotion need to be scaled up and improved. Water and sanitation facilities in schools also need to be upgraded as the number of children will increase in the school year that will resume in September 2014.

No intervention has been made thus far in communities hosting refugees in both the East and Adamawa regions. In nutritional and health centres, the number of patients per day has increased and the water and sanitation situation is deteriorating.

In accordance with the education strategy adopted to ensure continued access to education for all refugee children and children in host communities, 87 temporary learning spaces were established in five refugee sites (Gado, Lolo, Mbile, Borgop, and Timangolo). Awareness-raising campaigns, community mobilization, distribution of school materials and teacher training for temporary volunteers, were also carried out. These interventions also target schools in host communities near the five refugee sites through distribution of school materials, advocacy and mobilization, strengthening the capacity of teachers, inspectors and management committees.

It is estimated that over 36,000 school-aged (pre-school and primary) children and adolescent CAR refugees have arrived in Cameroon since January 2014 with approximately 50 per cent not having attended school for extended periods of time. Only a small number of CAR refugee children reportedly attend school in public schools in hosting communities.

The arrival of large numbers of refugees in a short period of time raises concerns over the impact on environmental degradation and availability of already limited natural resources.

An assessment conducted in April in three refugee sites indicated that most refugee women had encountered difficulties in resuming their livelihood activities and their level of dependency is high. They find themselves deprived of traditional livelihood activities and exposed to high levels of dependency. Many women have witnessed atrocities in the country of origin and during flight and suffer from severe trauma. Many cases of physical assault and various forms of SGBV continue to be underreported. UNWOMEN is proposing an emergency integrated assistance to SGBV survivors

and to all women refugees in addition to the provision of economic assistance for significant life improvement and support for the development of their social resilience capacities.

In May 2014, CARE carried out an assessment which indicated that the psychological impact of the economic losses from their previous situation (cattle for men which was the basis of their social status and various economic activities for women) has been a deterrent factor in the early recovery activities for the refugees. Idleness is also a factor leading to mental stress and diminished resilience.

Third Country Nationals and Returnees

As of 15 June 2014, 15,381 TCNs had been registered, out of which about 5,000 remain stranded at the border between CAR and Cameroon in destitute conditions, waiting to be evacuated or to receive onward transportation assistance to their home countries. So far, two transit sites have been set up where h basic shelter, WASH facilities, food, NFIs, health and psychosocial support are provided. The most vulnerable health cases are referred to health facilities.

To date, 5,118 TCNs have received IOM's assistance to return to their country of origin and Chadian authorities have assisted in the return of over 3,000 Chadian citizens. The capacity of the transit sites to accommodate TCNs has been increased from 500 persons to 1,000 in the border towns of Garoua Boulai and Kenztou.

Protection monitoring and referral to specialized agencies/institutions are carried out by humanitarian partners with particular attention paid to vulnerable groups such as UAMSC, SGBV survivors, female-headed households, older people, disabled and pregnant women and malnutrition, communicable diseases. The most vulnerable migrants receive a basic NFI kit including mats, blankets, buckets and mosquito nets. Undocumented returnees are identified in close coordination with local authorities and are assisted with documentation and a reintegration grant.

Approximately 20 TCNs arrive daily. The average time TCNs are accommodated at the transit sites has increased from one to two months. The extended time spent at the transit sites and the continuous influx of new arrivals have led to a review of the initial plan of relocation and to the expansion of the existing transit sites, efforts to improve living conditions and the set-up of an additional transit site.

Strategy to Respond to Main Identified Needs

Refugees

The coordinated emergency response seeks to provide protection and essential services covering food, nutrition, health, education, water, sanitation and shelter to the new CAR refugees.

Food security: Food assistance will be scaled up to meet the food requirements of all refugees through a four-pronged approach at border entry points, refugee sites, isolated pockets of refugees and host communities. General food distributions will be complemented by food-based nutrition programmes and early recovery activities. In the refugee sites, refugees will receive monthly food rations with the caloric value set at 2,100 kcals per person per day. Refugees at border entry points will be provided with High Energy Biscuits (HEB) for seven days, pending food distributions in which they receive a 15-day ration to cover them as they go through screening and registration before being transferred to refugee sites/villages. Following the recommendations of the nutrition assessment mission, the nutritional content of the monthly ration will be improved with the inclusion of 50grammes of Super-Cereal per person per day. This enriched ration will improve the diet of all refugees to prevent further deterioration of their nutritional status and contribute to their recovery. Food assistance will be extended to cover unregistered refugees and those living in the communities as well as their host communities, also being exposed to increased food insecurity as their already limited resources have been seriously affected. Mobile teams will enhance community outreach with the provision of general food distribution rations.

A rapid food security assessment that will also look at market factors will be carried out to obtain better understanding of the food security of the refugees and their hosts and explore avenues to promote the resumption of early recovery activities.

Mid-term food availability and access for refugees and host populations will be improved through the promotion of gardening activities, provision of cereals (maize) and leguminous seeds (peanuts and beans) and fertilizers to grow high quality food. Livestock production will be improved through vaccination and distribution of animal feed.

The most vulnerable local host communities will be included in food distribution, self-reliance and livelihood activities. Refugees and host communities will share community facilities and services such as access to health care, education and water points.

Protection: All refugees will continue to be registered at the border entry points and issued with relevant documentation upon arrival at refugee sites. Refugees will have access to primary health care services, and receive a one-week emergency food supply as well as essential and basic household items such as sleeping mats, blankets and kitchen sets, as well as hygiene and dignity kits for women while awaiting relocation to the sites where more services are available. The protection and physical safety of refugees before and during their settlement in refugee sites will be ensured in close collaboration with the Government of Cameroon.

Emergency integrated assistance will be provided to women, girls and adolescent refugee survivors of SGBV. Children with specific needs and their families will receive protection and assistance in both the host communities and refugee sites. Mobile units will be set up to assist SGBV survivors and awareness-raising campaigns and community mobilization to address issues of violence will be conducted. Law enforcement officials (police, military and gendarmerie) will be trained to address, investigate and provide timely assistance to SGBV survivors. Community-based dialogue supporting peaceful co-existence and social cohesion of communities, addressing the prevention of child abuse and exploitation will be carried out in refugee sites and host communities. Assistance to at least 1,000 survivors of violence will be provided in coordination with other sectors, in a confidential manner. Referral mechanisms will be established in refugee sites, border entry points and villages hosting refugees as well as medical and psychosocial support.

Child protection services will focus particularly on providing psychological and other support for unaccompanied minors, separated children and those previously associated with armed groups or armed forces. Safe environments will be created for children through child-friendly spaces and complementary activities within the education sector.

Shelter and Infrastructure: To meet the needs of an estimated 180,000 CAR refugees expected as of 31 December 2014, additional sites will need to be identified and established. The capacity of existing facilities will also be further strengthened. Refugees will receive shelter or shelter kits comprising plastic sheeting, wooden poles and timbers, nails, rope and tools to support them in meeting their shelter needs in the new and established sites. Refugees who opt to stay within the host communities and families in the local communities which accommodate new refugees will also be included in this assistance based on clear eligibility criteria. As of 15 June 2014, 36,347 new refugees (approximately 36 per cent of the total) are accommodated in seven sites in family and community temporary shelters made of wooden timbers and poles, plastic tarpaulins and other local materials. Refugees are increasingly involved in the construction of their family shelters.

Non-Food Items (NFIs): Newly arriving refugees will receive a standard package of NFIs including blankets, sleeping mats, kitchen sets, jerry cans, insecticide-treated mosquito nets and reproductive sanitary kits for women and girls (sanitary towels, underwear and soap) and dignity kits (traditional African cloth). Vulnerable families hosting refugees will also be assisted with NFIs after a thorough assessment of their basic needs.

Water, Sanitation and Hygiene (WASH): Different types of interventions will be developed depending on the target populations.

For refugee sites and border entry points, the capacity of existing WASH facilities will be strengthened to fill the gaps up to required minimum standards.

For host communities, WASH interventions will be focused on improving water infrastructure and capacity development of local communities on sanitation and hygiene. For malnourished children, interventions will target both nutritional/health centres (construction and rehabilitation of water points and gender-sensitive latrines) and malnourished children (distribution of WASH kits, household water treatment kits, as well as hygiene monitoring and promotion).

To ensure child-friendly conditions in schools and temporary learning spaces for the new refugees and children in hosting communities, WASH interventions will consist of improving access to potable water and sanitation (construction and rehabilitation of water points and gender sensitive latrines), and promotion of good water, sanitation and hygiene practices through participatory approaches.

Sensitization campaigns and preventive measures will be reinforced as far as cholera prevention is concerned in refugee sites, hosting and neighbouring communities and schools.

Nutrition: In order to ensure a continuum of appropriate nutrition services to new refugees and host communities, the nutrition response will focus on:

- Early detection of acute malnutrition cases through systematic active screening at border entry points during registration and in the refugee sites.
- Extension of blanket supplementary feeding to local populations and new refugees out of the sites targeting some 45,000 children aged under five years and 7,500 pregnant and lactating women.
- Extension of the treatment of acute malnutrition to both severely and moderately malnourished children aged between 6 and 10 and severely malnourished adults.
- Increase and strengthening of medical capacities for inpatients, immunization, financial access to care and geographical access (mobile clinics).
- Extension of infant and young child feeding practices in emergencies in sites, as well as in villages and inpatients facilities, taking into account the profile of the refugee population and increased numbers of young mothers and establishing linkages with blanket feeding, maternal health and community services. Up to 27,200 women in refugee sites will be covered by this support.
- Improvement of nutrition quality of food rations (general food distribution) with fortified foods.

Education: Temporary learning spaces will be set up to increase the capacity of existing schools and facilitate access to pre-school and primary education. Accelerated learning programmes will be put in place to accommodate over-aged learners who have missed out on schooling. To accommodate the additional children, new teachers will be recruited and trained. To promote school enrolment, sensitization campaigns will be carried out and school supplies distributed to children.

Health: Essential medical care will be provided to refugees arriving in poor health. They will receive curative care for common medical conditions and trauma. Among others, a minimum package for reproductive health including emergency obstetric and neonatal care will be implemented. All children below 15 years of age will be screened and vaccinated against measles, polio and other routine vaccine-preventable diseases. Temporary health units will be set up in the refugee sites. A referral mechanism will be put in place for patients with serious medical status. Refugees' medical records will be screened to identify those on treatment for chronic illnesses (such as diabetes, hypertension, HIV/AIDS and tuberculosis) and referred for appropriate medication. Psychosocial support and referral services for persons with mental health illnesses will also be provided. Prevention of malaria will be effected through provision of insecticide treated mosquito nets.

Figure 3: A recovering severely malnourished child with his mother at the feeding centre in Batouri. UNHCR/ C.Schmitt

Livelihoods: To restore refugees' dignity, resilience and well-being, small income-generating activities, such as vocational training, small grants, and material provision will be implemented. The economic capacities of refugees will be reinforced through support to savings and loans and access to small microfinance schemes. The supported activities will aim at reducing the impact of the presence of refugees on environment, the risk of conflict with local communities, or farmer-grazer conflicts, as well as the workload on the women.

Third Country Nationals and Returnees

Newly arrived TCNs and returnees will continue to be registered and their specific needs identified. Emergency assistance and transport support to TCNs and returnees will be provided at border entry points. Protection monitoring and referral to specialized agencies and institutions will be carried out in coordination with protection partners, focussing on assistance to unaccompanied minors and separated children, SGBV cases, female-headed households, older persons, persons with disabilities and pregnant women (particularly advanced pregnancies).

The existing transit sites will be improved to allow TCNs to live in dignified conditions before onward transport. Basic services in existing transit sites need to be improved with the provision of water, sanitation and health triage. Access to urgent health care and referral services shall be facilitated, including psychosocial support and mental health services.

Distribution of basic NFI kits including mats, blankets and mosquito nets to TCNs will continue prior to relocation from the transit sites. Kits will remain similar to those provided to refugees in order to ensure equal treatment between the groups.

Partners will continue to register and screen newly arriving TCNs to identify special needs. Three thousands TCNs are still in need of immediate assistance. Around 2150 Chadians need to be registered in Moby, Bite and Yokadouma. Onward transportation of TCNs with travel health assistance will continue. Additional funds are necessary for air transportation of other TCNs including Nigerians, Malians and Senegalese. This will reduce delays and congestion at the transit sites.

Planned Response

Protection	- Monitor border entry points and continue advocacy for access to asylum and prevent *refoulement* in collaboration with the Cameroonian authorities. - Register 180,000 CAR refugees in a timely manner with data disaggregated by gender and age and provide legal assistance where necessary. - Identify, screen and assess persons with specific needs. - Facilitate peaceful coexistence and social cohesion projects. - Train community leaders and establish complaint mechanisms. - Set up an early-warning system on SGBV incidents at police and gendarmerie stations and border entry points. - Provide emergency assistance to women, girls and adolescent survivors of SGBV. - Create six mobile integrated emergency assistance units in refugee sites to provide psychosocial support to refugees with specific needs, including SGBV survivors and children. - Provide integrated assistance (medical, psychosocial, legal and judiciary) to survivors of SGBV in Women Empowerment Centres (WEC) and health centres. - Establish Gender-based Violence Information Management Systems (GBVIMS). - Conduct sensitization and awareness-raising campaigns against SGBV, child abuse and exploitation. - Strengthen women's participation in social cohesion initiatives and community dialogue on peaceful co-existence. - Identify and support children associated with armed groups. - Set up systems to identify, document, trace and reunify UAMSCs. - Provide psychosocial support for children and their families including UAMSC, children associated with armed groups and malnourished children. - Establish family-based or alternative care options for vulnerable children. - Strengthen child protection systems and community-based mechanisms to prevent and respond to incidences of violence, abuse and neglect of children. - Create secure and child-friendly spaces targeting children and their families in host community and refugee sites. - Conduct sensitization campaigns against child abuse and exploitation and prevent negative coping mechanisms. - Train relevant stakeholders on child protection mechanisms in emergencies.
Shelter and Infrastructure	- Clear and prepare a total of 8 to 10 refugee sites and ensure site management. - Construct 32,000 safe family shelters, including communal and individual lighting with a gender-sensitive approach. - Construct community structures at the reception centres to speed up the relocation from 31 border entry points to the refugee sites. - Provide technical support and distribute construction materials to convert temporary shelters into semi-permanent structures, including to refugees who decide to stay within local communities and local families hosting refugees. - Construct emergency family shelters and semi-permanent shelters for persons with specific needs. - Establish community centres and temporary offices for partners and warehouses.
Non-Food Items (NFI)	- Procure, transport and distribute NFIs at refugee sites and border entry points.

	Planned Response (contd.)
Health	- Conduct mass vaccination campaigns against measles and polio targeting 16,000 children below five years of age. - Strengthen emergency early-warning, detection of and response to outbreaks of communicable diseases (measles, poliomyelitis, cholera, malaria, meningitis). - Train 120 health personnel and 180 community volunteers on case management tools, diseases associated with malnutrition, disease surveillance and reporting of epidemic-prone diseases. - Provide rapid cholera diagnostic tests in health facilities. - Provide 12 diarrheal disease treatment kits. - Provide 15,000 insecticide treated nets to refugee families. - Increase community awareness on cholera, diarrhoea, malaria and sexually transmitted infections (STI)/HIV-AIDS risk reduction through distribution of leaflets and social mobilization. - Supply drugs, basics laboratory reagents and other medical consumables in six health units. - Provide free health care and evacuation services to refugees. - Strengthen the capacity of communities and volunteers for integrated health, HIV/AIDS prevention and community-based support. - Strengthen capacity of health service providers in HIV/PMTCT service delivery integrated into maternal and child health services. - Conduct community awareness raising sessions and social mobilization on HIVAIDS and sexually transmitted infections. - Provide Post Exposure Prophylaxis (PEP) Kits for post exposure emergency management. - Provide HIV/AIDS, STIs testing, early infant diagnosis, ART and STI drugs treatment to refugees and host community. - Conduct routine immunization campaign for children aged between 0 and 11 months.
Nutrition	- Train 400 health workers in Adamawa and East regions in acute malnutrition management. - Train 200 community workers and volunteers and 30 NGO staff in acute malnutrition management and active screening. - Procure and distribute supplementary and therapeutic foods and other essential nutrition commodities to treat 6,000 MAM children, 4,500 SAM children and 1,300 SAM children with medical complications. - Conduct nine coordination meetings with Government and NGOs on the nutrition response in Bertoua, Ngaoundere and Yaoundé. - Undertake nutrition survey with SMART methods to collect key information on malnutrition among new refugees. - Conduct active screening at entry points and in the refugee sites and communities. - Provide targeted screening and assistance to 1,500 pregnant and lactating refugee women. - Establish mobile health units in the refugee sites and villages. - Set up support centres for mothers to encourage breastfeeding, targeting up to 1,500 beneficiaries. - Monitor and supervise nutrition activities in the refugee sites and communities. - Implement a blanket supplementary feeding programme for 19,200 children under 5 and 8,000 pregnant and lactating women. - Organize vector control interventions with the involvement of community health workers. - Implement a minimum package of reproductive health activities, including emergency obstetric and neonatal care. - Ensure management of chronic diseases including non-communicable diseases, mental health, HIV/AIDS and tuberculosis and facilitate referral services as appropriate.

	Planned Response (contd.)
Food	- Provide High Energy Biscuits for 7 days upon arrival at border entry points, then distribute 15-days food rations enriched with Super-Cereals to all registered refugees. - Distribute monthly food rations (2,100 kcal per person per day) enriched with Super-Cereals to refugees in relocation sites. - Organize a rapid food security assessment mission to inform any adjustment to the response. - Distribute vegetable seeds and fertilizers and follow up with the farmers through the cropping season in order to improve their food security and increase access to high quality food. - Distribute farm tools. - Set up 50 processing mills in the refugee sites and villages with the highest numbers of refugees in order to improve storage of cereal and tubers. - Vaccinate livestock. - Distribute animal feed to small ruminant farmers in order to improve production and reduce the pressure on pastures.
Education	- Construct 210 fully-equipped Temporary Learning Spaces (black boards, benches, teacher table and chairs) for 33,600 pupils (pre-school and primary school-age). - Recruit and support 210 teachers. - Train 226 teachers (from refugee sites and host communities' public schools) and animators on life skills, psychosocial support, peace through education, participative child-centred methods, large group management, remedial course and accelerated learning programmes. - Produce sensitization material and organize community mobilisation and sensitization campaigns on the importance of education (particularly girls' education) and participation in school management. - Organize back-to-school campaigns. - Organize accelerated learning and remedial programmes for 16,800 out-of-school children. - Organize pre-school and primary school for 16,800 children. - Train ten district officials for supervision and inspection of teaching practices. - Acquire and distribute teaching and learning materials (15,000 essential learning local kits, 537 schools-in-a-box kits, 405 recreation kits, 193 early child development kits and226 essential textbooks package for teachers) to all 33,600 refugee and 2,500 host-community students and their teachers. - Construct 16 classrooms blocks, eight wells and 16 latrine blocks for girls and boys in eight primary public schools hosting refugees.
Livelihoods	- Conduct Household Economic Analysis. - Implement income-generating activities (agriculture, livestock, and micro-finance). - Provide skills development, literacy training on management of income-generating activities and other activities. - Support 30 mixed groups/cooperatives (meetings and technical support from agriculture experts). - Train 1,000 women in 30 cooperatives on income-generating activities, savings, agro-pastoral techniques, crop management, production and marketing, energy usage and water-saving techniques. - Provide basic equipment to 30 rural women cooperatives (machetes, hoes, wheelbarrows) - Provide revolving funds to support 5,000 refugee women's economic activities. - Plant trees, distribute improved stoves or/and construction of traditional improved stoves. - Conduct sensitization campaigns on the alternative sources of energy and natural resource management.
Assistance to TCNs and Returnees	- Register and identify particular protection cases, including unaccompanied minors and separated children, female-headed households, older persons, persons with disabilities and pregnant women. - Improve transit sites for TCNs with WASH facilities, health and psychosocial care, access to basic NFIs and food. - Repatriate TCNs by land or air transport and provide medical escorts when needed. - Provide travel documents for TCNs in collaboration with diplomatic representations.

Partnership and Coordination

The coordination of the emergency refugee response will continue to be led by UNHCR and the Government Inter-ministerial Emergency Committee for CAR refugees. Coordination efforts are mainstreamed through the existing multi-sectorial approaches to ensure efficient utilisation of resources while cross-cutting issues such as protection, gender, and the environment are taken into consideration by all actors.

The multi-sector response is implemented by FAO, IOM, UNHCR, UNICEF, UNWOMEN, WFP, and WHO and their partners. Sector experts provide technical leadership, highlight gaps in assistance and ensure that these gaps are addressed with the response. Refugees will be included in the participatory needs assessment during the review of the emergency plan to avoid duplication of assistance and persistence of gaps.

NGOs, such as ASOL, CARITAS, Plan International, LWF, IRC, ALIMA, ACF, Solidarites, and NRC have expressed interest and readiness to join the response. This assistance is crucial to the response, however, gaps remain in the refugees' needs (particularly in the areas of social support), and thus UNHCR is calling for more NGOs with the implementation capacity in the region.

UN agencies work with partners already operational on the ground, including Africa Humanitarian Action (AHA), International Federation of the Red Cross (IFRC), International Medical Corps (IMC), International Relief and Development (IRD-US), Plan Cameroun, Adventist Development and Relief Agency (ADRA), Afrique Solidarité - Swiss (ASOL), Première Urgence-Aide Médicale Internationale (PU-AMI), Médecins Sans Frontières (MSF Switzerland), CARE international, Croix-Rouge française, Action Contre la Faim (ACF). Others who will be interested to contribute to join and enhance the emergency response will be welcome.

Financial Requirements Summary – Cameroon

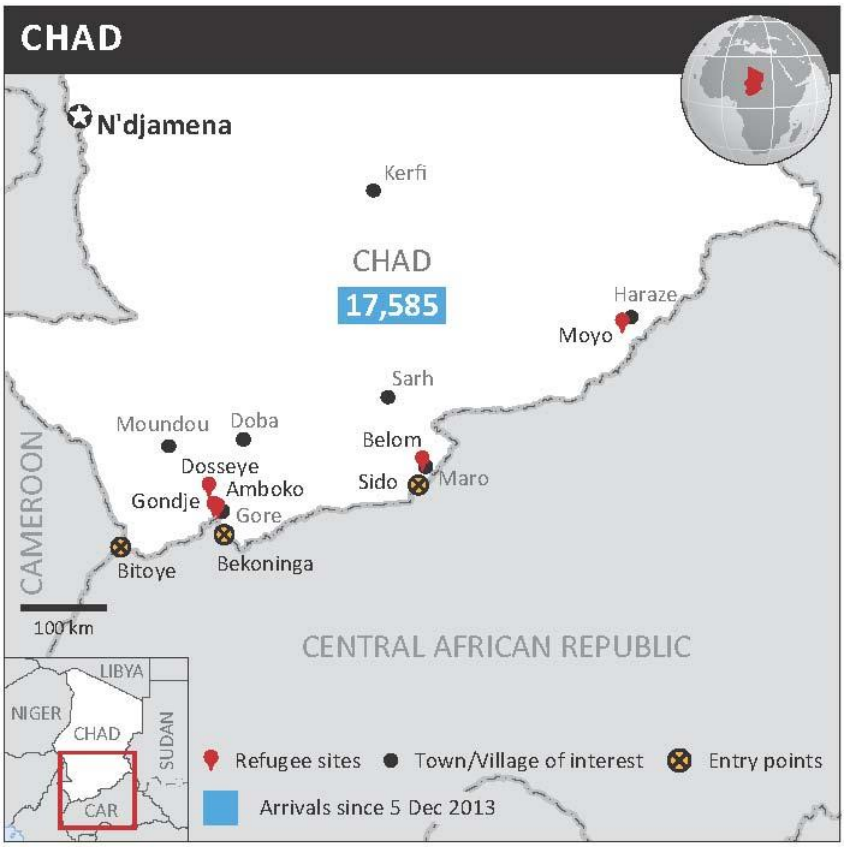
Financial requirements by agency (USD)

Organization	Total
ASOL Afrique Solidarité Suisse	250,000
Croix-Rouge française	1,200,000
CRS Catholic Relief Services	386,000
FAO Food & Agricultural Organization	1,087,120
IMC International Medical Corps	1,000,000
IOM International Organization for Migration	4,088,919
PLAN International	1,996,143
PU-AMI Première Urgence-Aide Médicale Internationale	420,000
UNFPA UN Population Fund	2,339,500
UNHCR United Nations High Commissioner for Refugees	55,052,740
UNICEF United Nations Children's Fund	13,402,801
WFP World Food Programme	23,500,000
WHO World Health Organization	6,411,413
Total	**111,134,636**

Financial requirements by sector (USD)

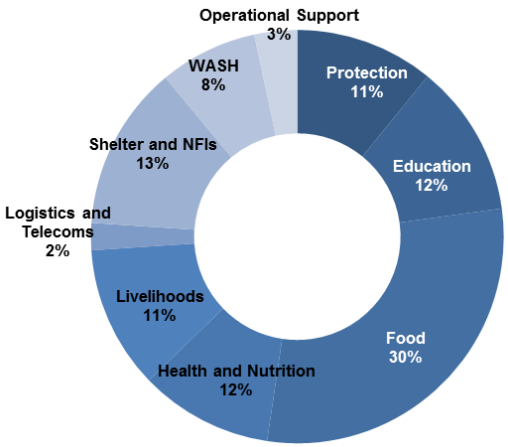
Sector	Total
Protection	14,494,786
Education	2,906,373
Food	913,920
Health and Nutrition	11,691,181
Livelihoods	2,950,942
Logistics and Telecoms	22,565,665
Shelter and NFIs	34,681,476
WASH	17,061,212
Operational Support	3,869,080
Total	**111,134,636**

CHAD RESPONSE PLAN

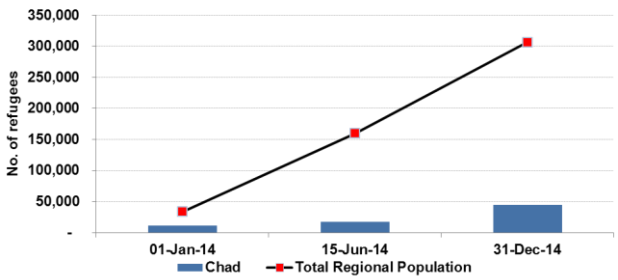


Map Sources: UNCS, UNHCR.
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Creation date: 17 Jul 2014.

Financial Requirements (USD)
37,385,547



Population Trends



Context

While the border between CAR and Chad has been officially closed since May 2014, Central African refugees, Chadian returnees and TCN have continued to cross into the country. As of 15 June 2014, 17,585 CAR refugees and 103,197 Chadian returnees (including 2,000 former refugees) and TCN have arrived in Chad since the end of December 2013. Many second and third-generation Chadian returnees do not have family links and do not possess any identity documents.

To respond to the humanitarian needs of the above groups, all partners in Chad work closely together. IOM and the concerned UN agencies work with the Government of Chad to provide support for the Chadian returnees with family links and TCN. UNHCR, in collaboration with the Government of Chad, leads the responses for refugees and Chadians without family links, who are at risk of statelessness. With the support of the government, UNHCR is implementing a new strategy which favours the settlement of refugees in host villages as an alternative to camps. Efforts will continue in this direction for the new CAR refugees and Chadians without family links, who may opt to settle in host villages.

As of 15 June 2014, 17,585 CAR refugees had entered Chad since December 2013. Close to 60 per cent of the newly-arrived refugees are children of whom 20 per cent are below five years of age. Refugees arrive in Chad in very vulnerable conditions, malnourished, dehydrated and traumatized.

Key Elements for the Revision

In preparing this revision of the RRP, following the advisory by OCHA that the planning and resourcing for them are better located in the Chad Strategic Response Plan (SRP), the Chadian returnees and TCNs initially included within the RRP have now been removed and will be reflected in the SRP. The RRP now caters only for the Chadian returnees who are ultimately established to be CAR refugees or persons who may be at risk of statelessness. The participating agencies which had included Chadian returnees and TCNs in their RRP submissions have revised them accordingly.

The revised RRP is based on projections of some 45,000 CAR refugees who will have sought asylum in Chad by the end of the year. Some USD 37,385,547 will be required to cater for their needs. For the 102,000 Chadian returnees and 2,000 TCNs being catered for under the different clusters in the framework of the SRP, the accompanying requirements by nine UN or international organizations and NGOs come to USD 84,720,660.

Main Identified Needs and Response Strategy

Achievements

Humanitarian actors are working closely with the Government of Chad to assist the new arrivals. UNHCR has continued regular protection monitoring in border areas and entry points. At the entry points, the newly-arrived refugees are registered, screened for protection and specific needs and provided with basic items and life-saving services.

All the identified refugees (17,585 persons) were transferred to existing refugee camps (15,247 persons) in Dosseye, Belom, Moyo, Gondje, Amboko and host villages (2,238 persons). Those transferred to the camps were provided with the same multi-sector assistance provided to the old caseload after registration and benefit from the existing support structures (health, water, sanitation, education, etc.).

Scholarships have been provided to 85 CAR refugee students in order to allow them to continue their studies in N'Djamena.

Figure 4: A CAR refugee boy plows the field with cows in Dossoye refugee camp in Chad. UNHCR/ C.Fohlen

Remaining Identified Needs for Refugees

Protection: New arrivals are exposed to various protection risks such as arbitrary arrest, illegal detention, child labour, prostitution and limited access to basic needs and services exacerbated by the fragility of national and community protection mechanisms. These risks could increase with the upcoming rainy season.

Refugee women and girls, who may already have survived violence in CAR, are vulnerable to all forms of SGBV including rape or other forms of physical abuse, child marriage, survival sex, sexual exploitation and transmission of HIV. Risks increase depending on their economic and social vulnerability in a country without specific laws protecting women against sexual violence. Family separation or deaths of family members add to the domestic workload and put additional economic burden on women and mothers. Children constitute a significant number among the population, including unaccompanied and separated children, child-headed households, children who may have been associated with armed groups and militias and those needing psycho-social support.

Refugees require urgent psychosocial care having experienced violence and the loss of family members, homes and livelihoods. Psychological first aid is provided and recreational activities, support groups and referral mechanisms have been established to facilitate quick recovery, socialization and social cohesion. However, there is a need to continue to establish and maintain family links and to strengthen family tracing and reunification activities.

CAR refugees are located in southern Chad. Since December 2013, the majority of the newly-arriving refugees is made up of Muslims while southern Chad and the old CAR refugee caseload are predominantly Christian. Local authorities are vigilant and conscious that religious tensions in CAR could spill over and become a threat to national security in Chad. It is therefore important to prevent perpetuation of the perceived “religious divide” in the camps and villages.

There could be ex-combatants among the arriving Chadian returnees and CAR refugees. Measures are thus being put in place to ensure the civilian nature of the camps/sites, the stability for all communities in the area and prevent destabilizing factors, such as the presence of armed elements and revenge acts.

Competition for land and natural resources between communities could also potentially erupt. Local authorities are conscious of the situation and endeavour to maintain social cohesion and prevent anything that could destabilise the region.

Shelter and Infrastructure: Additional efforts are required to help refugees build shelter in the camps and host villages. At the outset, each refugee family is provided with an individual section within a larger compartmentalized communal shelter able to host up to 30 families. Registered families then receive construction kits and materials to build their own shelters.

Non-Food Items (NFIs): Refugees arrive with little or no personal belongings. Those who have passed through transit centres in N'Djamena and in the south receive essential domestic items from the Government, UN agencies and NGO partners. Others in various locations receive little or no NFI assistance.

Water, Sanitation and Hygiene (WASH): Refugees have started to settle in former camps and host villages. In the refugee camps, potable water is provided on stable basis but additional arrivals will affect both the quantity and quality of available water and increase risks of contamination. Access to WASH facilities for the host community has also been affected as a result of the presence of refugees. This situation will be exacerbated with the coming of the rainy season and the increasing risk of water-borne and diarrheal diseases.

Health and Nutrition: The global acute malnutrition prevalence rate is above the emergency threshold of 15 per cent in almost all the sites where refugees transit. The already overstretched public health infrastructure, insufficient health personnel and limited financial resources are stressed even more by the influx. There is a need to provide emergency and life-saving health care, increase availability of essential drugs, conduct medical screenings upon arrival, refer the most critical cases to hospitals and provide vaccinations to children. Low technical expertise in health and nutrition in existing health structures must also be addressed and referral systems and medical supply chains established. Measles vaccination at entry points and in host communities targeting children between 6 and 59 months of age is a priority. The mental health programme will comprise community-based psychosocial services and services integrated in the health facilities.

Food: Discussions with the new arrivals in southern Chad showed that 76 per cent had depleted their productive assets. Money, animals and other livelihood assets were looted, lost or left behind before they were forced to flee. This population has therefore few or no food resources. The highest levels of food insecurity - affecting 50 per cent of the population, of which 15 per cent is severely food-insecure - were found among the internally displaced population in Bangui. As a result, it is likely that most of those fleeing the country – particularly those coming by land from rural areas – were already food insecure before their departure from CAR.

In southern Chad, screening undertaken by WFP and other partners using mid-upper arm circumference (MUAC) data indicated high rates of GAM among children aged between 6 and 59 months. Based on the food security situation in CAR and preliminary assessments in Chad, immediate food assistance and nutrition interventions are required to avoid hunger and any further deterioration in the nutrition situation.

Education: An estimated 60 per cent of the new arrivals are children. Among them, primary school-aged children (between 6 and 12 years old) constitute approximately 40 per cent of the population. These children, whose schooling was already discontinued some months or years before in CAR, are exposed to other vulnerabilities such as SGBV and the risk of being recruited into armed groups. Necessary education interventions include the recruitment of teachers, purchasing school supplies and learning materials, organising sports and cultural activities for youth, establishing safe child-friendly temporary learning spaces for pre-schoolers and ensuring access to primary and secondary education.

Logistics and Transport: With hundreds of people having found refuge with host families along the border between Chad and CAR and a further increase of new arrivals expected, the urgent provision of transport assistance to facilitate the relocation of refugees to the camps or host villages is crucial. The current fleet capacity doesn't meet the requirement in terms of both quantity and quality.

Livelihoods: There are challenges to the reintegration and assimilation of thousands of refugees into already vulnerable communities. In addition, these areas are considered particularly vulnerable due to poverty and food insecurity. Specific assistance for the improvement of socio-economic opportunities through projects enabling social cohesion and community stabilization is fundamental to sustainable reintegration into host communities.

Strategy to Respond to Main Identified Needs

The findings and recommendations of an inter-agency assessment mission along with other evaluations, monitoring and assessments carried out by the partners form the basis for this revised response strategy. Concerning CAR refugees, the response will focus on existing camps and settlement in local villages, support to host villages and communities and finding opportunities for self-reliance. New permanent camps will be created if needed but the approach otherwise promotes a community-based approach to the response. In the host communities, scarce resources and religious inter and intra-communal dynamics and potential tensions have to be duly addressed.

Protection: The objective of the response is to ensure protection of the rights of all individuals, as enshrined in human rights and refugee law without any discrimination. Partners will work closely to ensure the protection of beneficiaries with respect to the principles of participation, accountability, 'do no harm', non-discrimination and best interests of the child. They will also work to mitigate any tensions between refugees, returnees and host communities. In this regard, the protection needs of new arrivals will be factored into any assessment aiming at enhancing food security, WASH, health, livelihoods and other interventions.

Comprehensive screening and profiling will help to distinguish between CAR refugees, Chadian returnees and third-country nationals and will support the issuance of pertinent documentation which will also contribute to the prevention of statelessness and ensure civil and political rights. Border and protection monitoring will continue and new arrivals will be duly registered. To preserve the civilian character of asylum, ex-combatants will be separated from civilians and receive different assistance. To ensure peaceful co-existence of a mixed group (refugees, Chadian returnees, third countries nationals and host communities), peace education and awareness-raising activities will be organized. Groups facing particular protection risks such as women, children, youth, the elderly, persons with disabilities and those living with HIV/AIDS will be identified and referred to specialized institutions or agencies.

Identification, documentation, protection risks assessment, tracing and family reunification of unaccompanied and separated children (UASCs) will be conducted, including cross-border family tracing and provision of interim care for unaccompanied children at '*centres d'accueil transitoire'*. A UASC working group will be activated at national and regional level to support coordinated reunification efforts. A free telephone service will be set up allowing families to contact their relatives. A '*listening point*' with photo tracing board will be systematized at each site to register requests, obtain more information for tracing and refer UASCs for care and services. A UASC database will be set up to analyse data and monitor progress related to prevention and protection interventions.

The establishment of child-friendly spaces (CFS) in particular for education and HIV programming will be prioritized. The CFS will be venues for prevention activities and enable psychosocial support for children and their caregivers. A referral system for children with specific needs or risks such as girl mothers, children with disabilities and children who have been associated with armed groups and militias will be set up so that their protection needs are effectively addressed based on the "best interest" principle.

Child protection (CP) community networks will be set up or strengthened to support prevention and sensitization work. CP monitoring, situation analysis, risk identification, and documentation on child rights violations will be carried out. Strengthening capacity in and around transit centres and in refugee camps and host villages to address the comprehensive multi-sector needs of survivors of SGBV (safety, legal, medical and psychosocial support) and other violence will be part of initiatives for prevention of and response to SGBV.

Capacity building on the principles of protection will be provided to national authorities and civil society actors involved in the humanitarian response. To reduce the risk of inter-communal conflict, promote peaceful co-existence and ensure that the communities participate in the protection of the refugees, UNHCR and its partners will ensure extended access to services by the hosting communities.

Shelter and Infrastructure: Shelter needs will be addressed in existing refugee camps and refugee receiving villages in the South and in Salamat. Refugees will have access to shelter in settlements providing privacy, security and protection from the elements. The activities will promote refugees' integration into host communities and strengthen the capacity of national authorities to identify ways to integrate refugees into existing local government structures (schools, health centres, etc.). Settlement in host villages in the South and in Salamat offers an excellent opportunity to further assist and support the social services of the Government which will benefit both the refugees and the host community and promote further integration, peaceful-co-existence and increased resilience.

Non-Food Items (NFIs): Distribution of NFIs will take place in the camps, sites, urban and rural areas. NFIs will be obtained through international or local procurement and donations. The NFIs include blankets, mats, soap, plastic sheets, buckets, jerry cans, plastic rolls, mosquito nets, kitchen sets, kettles and sanitary materials and kits. Agencies involved in NFI distribution will coordinate their responses to avoid duplication.

Water, Sanitation and Hygiene (WASH): A coordinated response aimed at addressing the water, sanitation and hygiene needs in existing camps and host communities is planned. Firstly, the increase of available potable water and number of emergency latrines in existing and new camps and in host villages is necessary. WASH partners will increase their capacity to provide a minimum package of emergency assistance. There will be coordination with the Health and Nutrition sectors to address the spread of infectious diseases. WASH activities will be integrated in a broader response including health, protection and education.

Health and Nutrition: The main objectives of the health and nutrition responses are to ensure access to preventive, curative health care and referral services; reduce mortality and morbidity among the refugees and the host population; provide reproductive health responses including prevention of mother-to-child HIV transmission; and strengthen monitoring, evaluation and nutritional support to prevent or reduce the prevalence of malnutrition. Upon arrival at reception/transit centres, refugees will be vaccinated against measles, and receive Vitamin A supplements (children between 6 and 59 months) and deworming treatment (children between 12 and 59 months). Oral polio vaccines will be provided to all children under five. Partners will provide support to government health facilities to enable access to refugees living in camps and host communities. They will monitor access through an information system and analyse how health centres are providing services.

The causes of morbidity and mortality among refugees are mainly diarrheal diseases, acute respiratory infections and malaria. Advocacy on reproductive health for the integration of new refugees into national HIV national programmes will be conducted. Measures will be taken to ensure that all sites and villages have updated contingency plans and health information systems that have a link with national early warning systems regarding epidemics.

Interventions to improve the nutritional status of the refugees will be implemented through the prevention of micronutrient deficiencies, treatment of acute malnutrition and support of appropriate infant feeding practices, nutrition surveillance and analysis. The nutrition sector will also work to provide longer-term solutions and promote refugee self-reliance. Severely malnourished children with complications will be identified and given appropriate treatment.

Figure 5: Newly-arrived CAR refugees wait for a hot meal in Dosseye refugee Camp in Chad. UNHCR / C.Fohlen

Food: Food assistance to refugees will be provided through food and food vouchers. Voucher transfers are a feasible and cost-effective methodology particularly in the South, where production of staple foods exceeds local consumption and markets are functional and accessible. High-energy biscuits (HEB) will be provided upon arrival at transit centres. HEB will also be used during transit travel for people voluntarily moving into Government-designated areas or the camps.

According to recent studies in CAR, the population in northern CAR suffers from serious acute malnutrition levels. Plumpy Nuts will be provided to children aged between 6 and 23 months to prevent a further deterioration in their nutritional status. Activities for treatment of moderate acute malnutrition (MAM) will be implemented for children aged between 6 and 59 months.

Education: Interventions will focus on school-aged children (3 to 5 years) for pre-school and (6 to 12 years) for primary education in camps. The education sector in partnership with communities, local authorities and civil society organizations will establish child-friendly temporary learning spaces enabling refugee and host community children to access education. School-going children will be given school materials such as slates, exercise books, pens and pencils. Teachers will be identified in the community and trained to deliver emergency education while pedagogical support will be provided by the inspectorates ensuring close monitoring of learning outputs. Teachers will be provided with didactic materials and teaching guides. Efforts will be made to allow for secondary and tertiary education for refugee children.

An additional 400 classrooms are needed to cater to the number of students expected[2]. In coordination with other sectors such as health and nutrition, WASH and protection, education interventions will not only enable children to continue their education but also help them acquire life skills and good hygiene and sanitation practices. To mitigate the effects of trauma and enable peaceful cohabitation, psychosocial support, recreational activities and life skills for peace building will be provided.

Schools will also serve as venues for the sensitization of community members on peaceful cohabitation to strengthen social cohesion and reduce the risk of social conflict. A school

[2] This is based on 20,000 new students applied to 1/50 classroom-to-child ratio.

management committee (SMC) will be established and its members trained in the prevention and mitigation of conflicts. Similarly, members of parent-teacher associations will be trained to assist local school authorities and participate in school-life.

Logistics and Transport: Refugees will be provided with transport to reach the camps or the host villages.

In order to meet the various transport requirements, the existing fleet will be increased by purchase or hiring of trucks and light vehicles. Fleet management and repair systems will need to be enhanced given the increase in fleet. Enhancing capacity of fuel stations to meet increased needs will also be vital. To meet the needs for NFI and food distributions, warehouse capacity will be increased and management improved. Therefore new rub halls (with some equipment i.e. pallets, weighting machines, forklift) will also be set up in various locations.

There is further need to secure air transportation for staff from Ndjamena to support the operation. Funds are also required to allow the United Nations Humanitarian Air Service (UNHAS) to operate in the most optimal conditions possible.

Livelihoods and Environment: Agricultural inputs will be provided to households with the capacity to utilise these inputs appropriately. Support for animal husbandry will focus on proper vaccine coverage in all crisis-affected zones. Provision of agricultural, veterinary and environment kits will allow beneficiaries to diversify their diet and enable self-reliance. In view of the pressure on the pastoral land and existing water supplies due to the increase of herds, supplementary cattle fodder will be provided. To limit social tensions resulting from natural resource competition, a series of mediation campaigns for farmers-breeders and breeders-breeders will be undertaken.

Planned Response

Protection	- Relocation of CAR refugees to the camps or host villages. - Timely registration and profiling all new refugees. - Support issuance of civil status documentation such as children's birth certificates. - Activate UASC working groups at national and regional levels. - Implement tracking systems and database for family reunification. - Provide night care for unaccompanied children at transit centres. - Establish integrated child-friendly spaces with a strong psychosocial component and referral system for children with specific needs or at risk. - Set up and reinforce child-protection community networks. - Support child-protection monitoring mechanisms for situation analysis, risk identification and documentation on violation of children rights. - Establish cross-border coordination systems to improve communication between actors and data exchanges. - Enhance SGBV prevention measures and establish effective referral mechanisms for health care, psychosocial support, legal counselling and judiciary assistance. - Implement peace education programmes to enhance relations between the various groups within the various communities. - Build capacity and provide advisory services to governmental and local authorities as well as national NGOs by UNHCR, OHCHR, UNDP, UNICEF and IOM. - Disseminate HIV prevention messages through community conversations and radio/media campaigns.

Planned response (cont.)	
Shelter and Infrastructure	- Set up one new site for refugees and conduct site planning and clearance. - Construct emergency shelters with local materials. - Provide shelter materials and construction kits to facilitate dwelling shelter construction. - Provide shelter support to those settling in host villages in the South and in the Salamat. - Construct dwelling shelters (shelters constructed in bricks covered with the grass) for vulnerable households (approx. 10 per cent of 30,000 households). - Construct 150 km of road in four camps including Dosseye and 100 km of roads toward villages hosting refugees. - Construct health, distribution and professional training centres (eight each); schools, women's community centres and youth community centres (30 each); and 20 offices in the camps. - Provide 200m^2 of plastic rolls and 20m^2 of plastic sheets for emergency shelters.
Non-Food Items (NFI)	- Provide NFIs to 60,000 refugees and host communities to allow them to prepare their own food and meet basic domestic and hygiene needs. - Procure, handle, store and distribute NFIs including monthly provision of sanitary materials (sanitary pads, underwear, soap) for women.
Health and Nutrition	- Organize immunization campaigns (measles, polio, meningitis) and routine immunization. - Provide essential medicine including anti-retroviral drugs and conduct laboratory tests at health centres in the refugee camps and host villages. - Support district hospitals to provide basic emergency health care and management of referrals. - Strengthen the capacity of health centres with human resources, medical equipment and infrastructures. - Establish a functional disease and nutritional surveillance system. - Develop an emergency preparedness and response plan. - Provide clinical services at health centres focussing on acute and severe malnutrition including Ready to Use Therapeutic Food, essential drugs and equipment. - Ensure pregnant women living with HIV/AIDS have access to adequate care, treatment and support so they remain in good health and their babies are born HIV-free (prevention of mother-to-child transmission). - Ensure people living with HIV/AIDS can access health services and treatment. - Ensure children born of HIV-positive mothers are tested for HIV and provided relevant treatment, care and support. - Provide male and female condoms in the camps.
Food	- Distribute HEB to new arrivals to ensure urgent food provision. - Provide comprehensive food assistance with a combination of general food distribution and voucher transfers (45,000 persons including 15,000 from the host community). - Prevent acute malnutrition among children aged 6 to 23 months through distribution of Plumpy Nuts. - Treat moderate acute malnutrition in 2,000 children aged 6 to 59 months. - Distribute a 15-day individual ration to 150 caretakers of children with SAM to discourage early drop-out from treatment. - Ensure HIV testing for SAM children with complications. - Implement Food for Asset (FFA) activities for 2,000 households in host communities through conditional voucher transfers.

	Planned response (cont.)
Education	- Increase the capacities of temporary learning spaces (pre-school and primary) in the camps and host villages. - Provide teaching/learning/recreation materials. - Provide in-service training for teachers. - Construct semi-permanent classrooms and additional permanent classroom in host community schools. - Conduct training of school management committee members. - Provide pedagogical support. - Develop and disseminate peaceful cohabitation and WASH messages in schools. - Promote the child-friendly school approach. - Undertake assessment, monitoring, evaluation and reporting on education activities including girl attendance. - Provide direct support to students requiring secondary and tertiary education.
Logistics and Transport	- Transport refugees to relevant destinations. - Provide reliable transport of equipment and materials. - Provide effective garage management including repair services. - Store and distribute fuel according to the needs of the operation. - Ensure proper warehouse management including for NFI's reception, storage and distribution.
Livelihoods	- Identify eligible beneficiaries through socio-economic profiling. - Provide capacity-building support to NGOs and local entrepreneurs. - Design, implement and monitor 600 individual income-generating projects. - Provide vocational training. - Procure cereal seeds and tools on the basis of the preferred choice of farmers, local agro-ecological conditions and recommendation by the agricultural governmental authorities. - Distribute cereal seeds to households. - Provide fodder, feed and veterinary products. - Ensure garden seeds quality control. - Conduct training in agricultural production techniques. - Construct 200 improved stoves according to standards. - Train households on usage and management of stoves.

Partnership and Coordination

The coordination of the emergency refugee response will continue to be undertaken by UNHCR in collaboration with the *Commission Nationale d'Accueil et de Réinsertion des Réfugiés* (CNARR) bearing in mind the mechanisms set up by the Government. Coordination efforts are mainstreamed through the existing multi-sectoral approaches to avoid duplication of assistance and persistence of gaps and ensure efficient utilisation of resources while cross-cutting issues such as protection, gender, and environment are taken into consideration by all actors.

The refugee multi-sector response is implemented by FAO, UNHCR, UNICEF, WFP, WHO, UNFPA, Care International and other partners. Sector experts provide technical leadership, highlight gaps in assistance and ensure that these gaps are addressed in the response. Refugees are included in the participatory needs assessment.

UN agencies work with partners already operational on the ground including *Association pour le Développement Economique et Social de Kobe* (ADES), *Secours Catholique pour le Développement* (SECADEV), Red Cross of Chad (CRT) and other national and international NGOs.

In addition to the central coordination mechanisms, it was also agreed that regular coordination has to take place in host villages and at camp level with the relevant authorities and other stakeholders.

Financial Requirements Summary - Chad

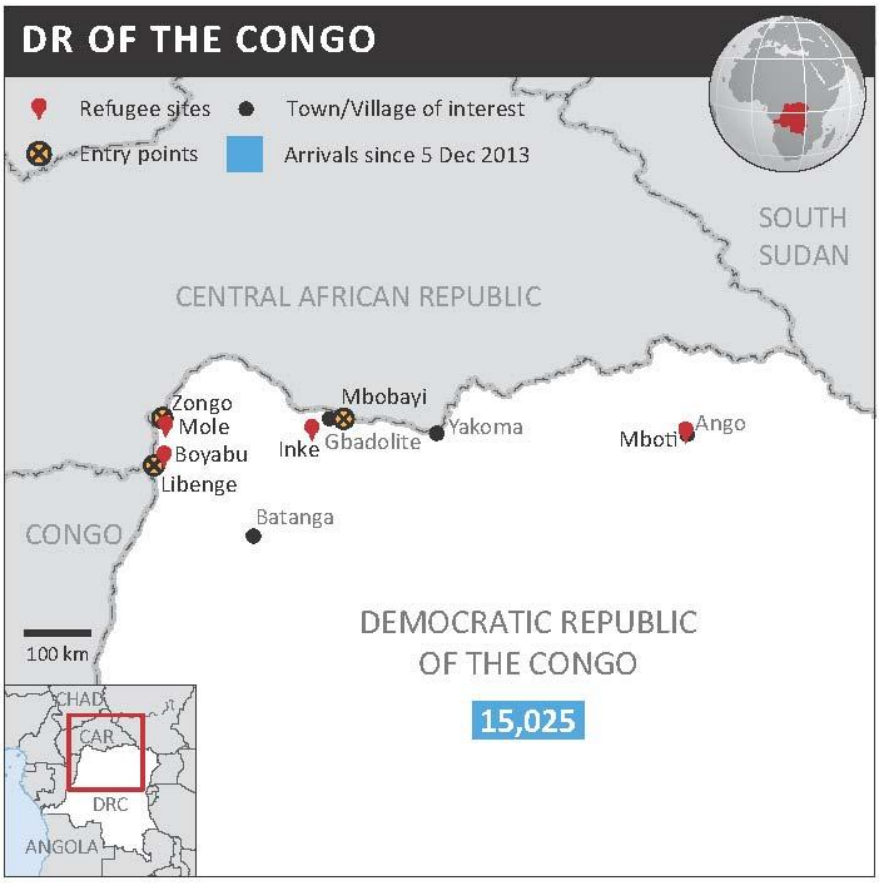
Financial requirements by agency (USD)

Organization	Total
CARE International	1,600,000
FAO Food & Agricultural Organization	1,500,181
UNFPA United Nations Population Fund	606,191
UNHCR United Nations High Commissioner for Refugees	19,173,274
UNICEF United Nations Children's Fund	1,967,652
WFP World Food Programme	11,038,249
WHO World Health Organization	1,500,000
Total	**37,385,547**

Financial requirements by sector (USD)

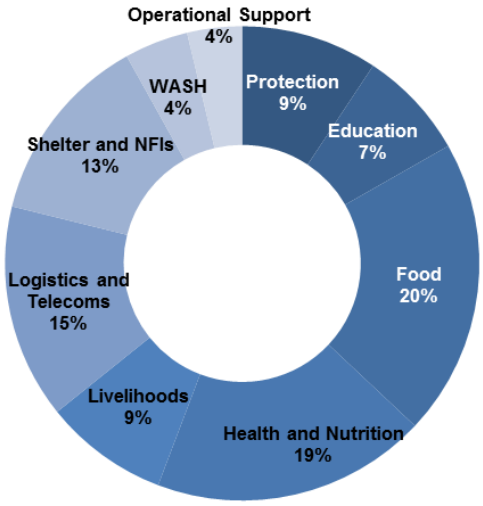
Sector	Total
Protection	4,065,354
Education	4,465,877
Food	11,038,249
Health and Nutrition	3,896,642
Livelihoods	4,177,883
Logistics and Telecoms	795,727
Shelter and NFIs	4,818,364
WASH	2,873,125
Operational Support	1,254,326
Total	**37,385,547**

DEMOCRATIC REPUBLIC OF THE CONGO RESPONSE PLAN

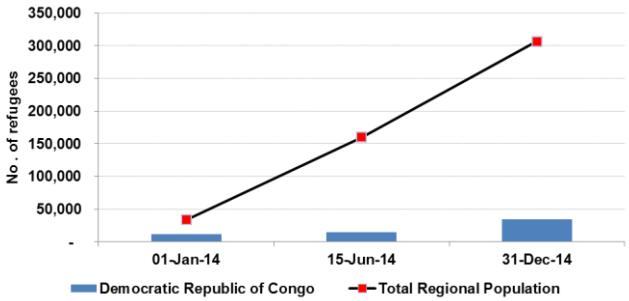


Map Sources: UNCS, UNHCR.
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Creation date: 17 Jul 2014.

Financial Requirements (USD) 40,931,785



Population Trends



Context

As at 15 June 2014, there were 15,025 new refugees from CAR in the DRC. They arrived since December 2013 in successive waves. Slightly more than 83 per cent of the refugee population have been relocated to camps while the remaining opted to live with host communities.

The main constraints that humanitarian partners have been confronted with in responding to the new refugees have included:

- Limited prospects for local integration due to poverty and poor infrastructural and social services in the two main provinces of Equateur and Orientale hosting refugees.
- Limited market opportunities for agricultural products in Boyabu and Inke camps.
- Difficulties of adaptation to rural living conditions for refugees with an urban background.
- Inadequate and almost non-existent opportunities for youth wanting to pursue further education.
- Reluctance by some Muslim refugees to move to existing camps that host Christian refugees.
- The plight of Mbororo refugees (nomadic pastoralists) who have more difficulties accessing asylum.
- Obstacles in operational delivery arising from logistical difficulties such as roads and rivers that become unusable due to weather conditions.

Key Elements for the Revision

On the basis of the arrival rate of the new refugees, the planning figure of beneficiaries to the end of 2014 has been reduced from the 57,200 originally provided for in the RRP to 35,000 in this revision. The initial requirements in the amount of USD 72,059,490 have also been revised downwards to USD 40,931,785. It is, however, still planned to provide the same level of protection, assistance and solutions response for the new arrivals as foreseen originally.

Achievements to Date

By 15 June 2014, some 12,500 new refugees had been settled in 4 refugee camps in Equateur and Oriental provinces of DRC where they are provided protection and assistance. 2,518 remain in host communities with limited access to national services and are supported by humanitarian partners.

The Government has agreed to deploy 120 police personnel to the camps to ensure law and order. SGBV sensitization and other social orientations have been provided to equip the police with the basic humanitarian and legal principles to better serve the refugees and hosting communities. Unaccompanied minors have been registered and placed under the care of host families which are included in the support services provided. Temporary health and nutrition facilities have been established in all four camps to cater for emergency cases. The health structures function with qualified staff who are available full-time and have child-birth and basic emergency obstetric care capacity. In addition to these primary health care services, there is referral to the secondary and emergency health care facilities in the district hospitals.

Mortality and malnutrition rates have been maintained within the thresholds (crude mortality: 0.073/1,000/month, U5 mortality 0.2/1,000/month). A nutrition survey is currently being carried out but routine data shows global acute malnutrition is below four per cent and morbidity corresponds to local epidemiological patterns with no major deviation that can be attributed to the conditions in the camps.

No epidemic has occurred since the arrival of the refugees. Measles vaccination campaigns targeting children and youth aged between 6 months and 15 years were organized during relocation to the camps and are an ongoing activity. Malaria prevention is carried out regularly through the distribution of insecticide-treated nets with at least three bed nets for each household.

The nutritional status of children is monitored. Ready-to-Use Therapeutic Food, Ready–to-Use Supplementary Food and supplementary feeding was provided to fight acute malnutrition Targeted supplementary feeding was provided to 3485 moderately malnourished children and to 76 pregnant

women and nursing mothers among the refugees and host communities through nutritional units in the Equateur refugee camps.

In-kind food assistance was provided regularly to the refugee in camps in the form of dry rations; wet rations were provided in transit camps. Following feasibility assessments and in order to overcome logistical constraints and meet beneficiaries' preferences, as of May, food assistance was partially provided through cash transfers in two camps in Equateur Province. It is foreseen that food assistance will be provided through cash or food vouchers entirely as of the second half of 2014 and onwards.

Comprehensive reproductive health and HIV services, started slowly due to local constraints, but are now firmly established. Minimum Initial Service Package of reproductive health in emergencies was made available immediately and resulted among others in referral for emergency obstetrical care and no maternal deaths. More than 90 per cent of deliveries take place in health structures with skilled-birth attendants.

Identification of people living with HIV/AIDS under antiretroviral therapy has been systematic, with the support of the national programme in particular.

Children aged between 6 and 11 years benefitted from a normal teaching cycle using the Central African school curriculum. Schools have been constructed in all the camps; 426 teachers and three school directors have been recruited and trained; and student school kits and food distributed. A cyber café was opened in Mole to respond to the needs of adolescents and youth for information. Access to distance-learning activities still needs to be put in place.

With regards to shelter, 2,871 out of 3,126 planned emergency shelters were constructed for the new refugees. In Mboti (Ango) refugee camp, 215 tents were erected for the new refugees. Some 42 bridges were rehabilitated in Equateur Province to ensure access to the different sites.

A total of 3,126 households, or 15,025 persons in all, received firewood in Equateur. Six solar panels were installed at strategic points in the settlements to enhance security, specifically for women and children. All the refugees received NFI kits comprising soap, mosquito nets, jerry cans and mats. In Orientale Province, 356 refugees received NFI kits and 664 people received tents.

As of June 2014, 37 water points had been established in the refugee camps. These infrastructures are used by all the refugees and allow for an average daily water provision of 13 litres per person per day in the four camps. Initially, water in the camps was supplied through water trucking and water catchment from springs and other potable water sources. Boreholes are now being drilled to replace these costly modes of water supply to the camps. Two host communities - Inke and Boyabu- have been provided with water with the construction of boreholes in local communities.

Hygiene and sanitation has been improved with the construction of 960 emergency latrines (one latrine per 31 persons) and sensitization campaigns on emergency sanitation and hygiene.

UNHCR and FAO have distributed more than 20 tons of agricultural items to refugees for the next harvest season of October 2014.

Identified Needs and Response Strategy

Protection: Following a protection assessment during an Age, Gender and Diversity Mainstreaming (AGDM)exercise carried out in the first quarter of 2014 in the four camps of Ango, Boyabu, Mole and Inke, many SGBV issues were identified, such as the non-existence of an out-of-camp referral mechanism (legal, medical and psychological) and the lack of infrastructures to provide psychosocial assistance ("counselling centres").

The deployment and training of more national police officers, including female police officers, is essential. Pre-emptive measures to reduce SGBV incidents in the camp, such as outdoor lighting and identification of safe zones for harvesting firewood will also be incorporated in the response strategy.

All refugees, whether in or out of the camps, are continuously registered on an individual basis and receive refugee ID cards and other civil documentation. Refugees living outside the camps will be monitored to reduce the risks of *refoulement*, arbitrary detention or exploitation. Special groups, particularly the Mbororo, have experienced *refoulement* which has been addressed by negotiating for temporary protection measures with the authorities. This enabled the protection of both the people and their cattle. The identification of UASC and children formerly associated with armed forces and groups in camps and hosting communities and the implementation of specific protection activities for children are ongoing priorities.

Community Empowerment and Self-reliance: As a great number of the local population hosts refugees and shares their already scarce resources, measures must be taken to ensure peaceful coexistence of the two communities. The last participatory needs assessment in May 2014 demonstrated the need for support of livelihoods and provision of vocational training that would allow refugees to become self-sufficient.

WFP is appealing for resources to support livelihood projects in collaboration with FAO through provision of food for work and to enhance food security of refugees and host communities. The NGO *Association pour le Développement Economique et Social* (ADES), in partnership with UNHCR, has also distributed agricultural seeds for gardening and food crops in all camps. The need nevertheless remains for additional agricultural inputs (seeds, fertilizers and pesticides) and grants or small loans for fishing, livestock and small businesses.

Shelters and Social Infrastructures: Refugees living in both organized sites and host communities, as well as some of the host families who are providing assistance to incoming refugees, remain vulnerable with regard to access to essential minimum shelter. Through the construction of 390 community structures at the reception centres and/or the installation of tents in the camps, the relocation from entry points to the refugee camps has been accelerated. There is still an outstanding need to construct 5,875 additional emergency shelters to cover the needs of 35,000 refugees by the end of 2014.

In addition to the shelter programme, the planned construction of additional schools and health centres will also contribute to the improvement of the refugees' living conditions. Access roads also need to be built and maintained, given the remoteness of the camps and the deteriorating effects of the rainy season on the condition of these roads.

UNHCR and WFP will need to support partners in the setting up of retailers' centres to implement the voucher programme for the provision of food supplies to refugees in the camps.

Non-Food Items (NFIs): Access to essential household non-food items (NFIs), especially kitchen sets, baby kits and hygiene kits have been identified as one of the most critical needs for the newly-arrived refugees. Both refugees living in the camps and those in host families, and some of the host families themselves are lacking even basic items such as kitchen sets, blankets, sleeping mats, mosquito nets and soap.

Water, Sanitation and Hygiene (WASH): WASH partners, mainly UNHCR and UNICEF, have coordinated water and sanitation activities since the beginning of the emergency in December 2013. Despite these efforts, current assessment findings have shown that access to water is still below the emergency standard of 15 litres per person/per day and stands at 13 litres per person/per day (average) in Boyabu, 12 litres per person/per day in Mole camp, 12 litres per person/per day in Inke camp, 25 litres per person/per day in Ango camp and far below these numbers in the host communities. While access to appropriate emergency latrines meets the emergency needs, the latrines fill up quickly and require replacement. Additional latrines are to be constructed for the new refugees using local materials. The distribution of hygiene items and sensitization on basic hygiene practices will trigger a behavioural change. The high demand of WASH services in the host communities is still unmet. Lessons from the field have also shown the need to connect WASH activities to health outcomes in order to avoid the spread of waterborne diseases such as diarrhoea and cholera.

Health, Nutrition, Reproductive Health and HIV: The CAR refugees have settled across four health zones in Equateur and Oriental Provinces. Out-of-camp refugees, however, are settled in difficult to access areas, especially in Equateur Province resulting in numerous logistical challenges and a health pattern characterized by a variety of endemic and epidemic diseases (malaria, diarrheal diseases, cholera, typhoid fever and frequent measles outbreaks). Furthermore, this part of the country is prone to outbreaks of haemorrhagic fever, malaria and a syndrome that may lead to severe anaemia when malaria is combined with malnutrition and salmonella infections.

The arrival of considerable refugee numbers has had an impact on the local health system and affects the already tenuous nutritional levels of the host communities. The region suffers from a weak and overstretched national health system, a serious lack of health and sanitation infrastructure and a relative deficit of skilled health professionals. The health response currently provided to refugees is therefore integrated into the national health system strategy which requires further support in order to scale up and upgrade the services. A joint nutritional survey conducted by UNHCR, WFP, UNICEF and PRONANUT is underway in the camps and surrounding villages. The results are expected by the end of July 2014.

Based on these realities on the ground, operational delivery in these combined sectors will be scaled up as follows:

- Improve current services including construction of health posts and related structures, and support the local health system.
- Move from emergency to comprehensive services in all those sectors.
- Replace temporary structures with permanent or semi-permanent constructions and more durable solutions.
- Introduce nutritional support activities for malnourished people living with HIV and TB patients in the camps health structures.
- Increase assistance to malnourished pregnant mothers and lactating women in and around the camps by ensuring regular supply of nutritional products.

Food and Food Security: The joint FAO/UNHCR food security evaluation mission carried out at the end of 2013 in Equateur Province showed a very precarious food and nutritional situation predominantly in the refugee camps and the host communities (including unavailability of food, lack of food stocks, lack of access to balanced diet and extreme poverty linked with rising food prices). Post-distribution monitoring conducted by WFP in August 2013 in Inke camp also revealed that 67 per cent of the refugees had acceptable food consumption, which is below expected targets (80 per cent). Among the most food insecure were single people and households with a low number of family members who seemed to have problems managing the food assistance provided. The 10th analysed cycle of the Integrated Food Security Phase Classification conducted in December 2013 classified the territories of Mobayi, Mbongo, Libenge and Zongo to be in a phase of food crisis due to the presence of Central African refugees. Joint market and feasibility assessments conducted in the Equateur camps since May 2013 have shown that cash or voucher transfers are possible and would have a positive impact on the local economies as well as they would meet refugees' preferences. For this reason, food assistance will be provided through cash or voucher transfers starting from the second half of 2014. A Joint Assessment Mission (JAM) planned for mid-August 2014 should provide an even more incisive and accurate picture of the situation as well as directions for sustainable food security solutions; for this, the appeal includes cash or voucher for work components, supported by WFP/FAO and the Ministry of Agriculture, which include local communities in order to enhance food security as a whole in the refugee-impacted areas.

Figure 6 - Children at a primary school in the Mole Refugee Camp. UNHCR / S. Rich

Education: Since 70 per cent of the camp population is under the age of 25, education is part of a youth protection strategy that will explore formal and informal innovative educational opportunities. Currently, there is a lack of space in primary schools to accommodate the influx of refugees. There are insufficient school kits and school materials. The training of teachers must be reinforced. Even though some children attend schools in the host communities, the facilities are limited and inaccessible for refugees living outside of the camp. Large proportions of refugee youth who had been following secondary and tertiary education in Bangui have now been forced to stop their educational development. No secondary or post-secondary education strategy has been developed for this refugee population as agencies are still responding to the most pressing life-saving needs. This increases protection risks such as SGBV and exploitation, especially among girls, and potential recruitment into militia groups for the boys.

The leaders of the refugee committees in the camps appealed to WFP to provide a school feeding programme for their children. However, there are currently insufficient funds for such programmes in the camps and/or host communities.

WFP has therefore included in the appeal the establishment of a school feeding programme for refugee children attending classes in the camps and host community schools as an important contribution to the nutritional needs of primary school children.

Logistics and Transport: Logistics management mechanisms are already in place for this operation in order to ensure that locally and internationally procured goods can be transported to Equateur from Kinshasa after which they can be stocked and secured in the three guarded warehouses. Nevertheless, a major constraint is still the insufficiency of transportation assets (planes, cars and motorcycles) and spare parts to ensure constant and smooth transportation of staff and humanitarian assistance in this remote region. Furthermore, food is stored under conditions that need to be improved constantly. Setting up cash and food voucher transfers in the camps presents a valid alternative to resolve logistical food-delivery constraints.

Repatriation of Congolese Refugees in CAR: During April and May 2014, almost 6,300 refugees from the DRC left Batalimo camp in the troubled Central African Republic and voluntarily returned to their homes in Equateur Province. The operation kicked off on 10 April and was completed on 10

May. UNHCR organized transportation of the refugees from Batalimo to the Central African riverside town of Zinga where they boarded boats for their crossing to Batanga or Libenge in Equateur Province in the DRC. In Batanga, the returnees were registered, provided with documentation and given a cash grant to help them reintegrate. They were then transported to their villages where their situation continues to be monitored.

An assistance package to facilitate their reintegration after more than five years in exile is required. As the situation in CAR is still volatile, more former refugees are willing to come back home. Thus, there are needs for transport, NFIs, as well as short-term and long-term reintegration assistance in the DRC.

Planned Response

Protection **Including:** - **Security** - **SGBV** - **persons with specific needs** - **registration and civil documentation** - **legal assistance** - **protection monitoring** - **child protection**	- Child-friendly spaces and direct support from social workers and support groups of 5,850 children refugees (new and old) and children from the local communities. - Establishment of 2 SGBV focal points in each camp block. - Establishment 1 SGBV working group per camp. - School reinsertion for 100% known SGBV survivors. - Implementation of standard operating procedures for SGBV projects in 4 camps. - Establishment of 4 counselling centres counselling centres - Provision of comprehensive response to 100% of SGBV cases, medical, psychological, legal and socio-economic reinsertion for refugees in the camp. - Medical response within 72 hours and training of community health workers. - Monthly domestic energy (firewood) distribution and installation of lighting in key communal areas for refugees in camps. - SGBV prevention activities (communication campaign, 16 Days of Activism, training key authorities) - Medical and legal referral system in place for SGBV victims and survivors outside the camps as well as transport. - Registration and identification of 100% of persons with specific needs. - Response to 80% of identified persons with specific needs. - Conducting of 2 needs assessments - one in the camp, one outside - on the basis of Age, Gender and Diversity Mainstreaming (AGDM). - Identification, documentation, and registration of 100% of refugees. - Delivery of 60% of birth certificates within period of days or weeks. - Follow up on 40 legal cases. - 30 protection monitoring missions along the border. - Creation of 7 child-friendly spaces in and outside the camps. - Continuous identification through registration of 100% of non-accompanied and separated children. - Deployment of 150 national police officers including female staff.
Community Empowerment and Self-reliance	- Four participatory assessments. - Launch of four sensitization campaigns. - Support to 40 community groups of refugees in agriculture, fishing, petty trade, livestock, poultry and fattening sheep and goats. - Support towards the establishment of 80 small businesses and mills. - Training of 40 community groups on the operation and management of projects. - Monitoring of livelihood activities.

	Planned Response (contd.)
Shelter and Infrastructure	- Assessment of shelter vulnerabilities among non-camp refugees and host families using the shelter score-card approach. - Improvement and maintenance of the four existing camps (clearing of the four sites and maintenance of existing infrastructures) allocated by the Government and ensuring efficient site management. - Construction of gender- sensitive emergency (community and family) shelter including communal or individual lighting to host new CAR refugees as they arrive. - Construction of 350 community structures at the reception centres and/or installation of tents in the sites to speed up the relocation from entry points to the refugee sites. - Procurement of local materials (wooden stakes, thatch, rods, clay) from the villages surrounding the refugee sites. - Provision of technical support and distribution of 5,875 construction kits composed of local materials, plastic sheeting and tools to refugees to construct their emergency (temporary) shelters at the refugee sites. - Construction of semi-permanent shelters for persons with specific needs. - Ensuring efficient and well-coordinated management of sites. - Delivery of shelter maintenance to 2,500 camp refugee families (10,000 people), 2,500 non-camp refugee families (10,000 people) and 1,000 vulnerable host families. - Construction of 2 health centres for the refugees and host communities. - Construction of 3 schools for the host communities. - Rehabilitation of access roads and 390 community centres.
Non-Food Items (NFI)	- Assessments of NFI vulnerabilities among camp and non-camp refugees and host families using the NFI Score-card approach. - Sustaining beneficiary registration and targeting. - Market assessments to determine feasibility of cash-voucher approaches. - Delivery of NFI assistance via distributions and/or fairs to 5,000 camp and non-camp refugee families (25,000 people) and 2,500 vulnerable host families for a total of 7,500 families (37,500 people). - Ensuring post-distribution monitoring.
Water, Sanitation and Hygiene (WASH)	- Construction of 54 boreholes equipped with hand pumps (44 in camps and 10 in host communities). - Rehabilitation/upgrading of 40 water points in host communities. - Construction of 1450 emergency latrines and bath facilities (at ratio of 1 emergency latrine: 20 users) for refugees living in the camps). - Construction/rehabilitation of 300 emergency latrines with hand-washing stations and 250 emergency bath facilities in the host communities. - Construction/rehabilitation of family and 2100 collective latrines and emergency bath facilities with hand washing stations in the host communities. - Rehabilitation/construction of water points, latrine and hand washing facilities in 4 health centres. - Management of solid waste through construction and management of 25 rubbish pits. - Provision of sanitation kits (shovels, rakes, pics, wheelbarrow, etc.) for 12,500 refugees. - Hygiene promotion activities for 54,600 refugee and host community beneficiaries. - Distribution of WASH kits for 12,500 persons (3,125 families). - Contingency stock piling for 35,000 refugees (8,750 families). - Coordination and monitoring of WASH activities.

	Planned Response (contd.)
Health, Nutrition, Reproductive Health and HIV	- Joint initial rapid needs assessment in 7 health zones. - Training of heath service providers and health community workers on Integrated Management of Acute Malnutrition (IMAM) and Infant and Young Child Feeding (IYCF). - Provide therapeutic feeding and equipment to local health facilities. - Supervision of treatment activities and monitoring of the response. - IYCF sensitization and community mobilization. - Nutritional rehabilitation through treatment of moderate malnutrition for 4,055 children aged between 6 and 59 months. - Nutritional rehabilitation through treatment of acute malnutrition (MAS) for 2,969 children aged between 6 and 59 months. - Distribution of nutritional food to 790 pregnant and lactating women in the camps and refugee host communities. - Establishment of 2 additional UNTI (intensive unit for malnutrition). - Provision of high value nutrition products (Plumpy Sup, Super Cereal, Veg Oil). - Nutrition assessments/screening and monitoring in collaboration with UNICEF, WFO, PRONANUT, UNHCR and nutritional NGOs. - Supply of essential medicines and medical supplies, including basic essential medicines in compliance with minimum primary and supplementary health service package norms (including malaria prophylaxes). - Anti-retroviral therapy (ART) for HIV positive refugees under treatment in 14 health centres and 7 referral hospitals within the 7 selected health zones. - Strengthen the capacity of 105 health care providers and 140 Community Health Workers in 14 health areas within the 7 health zones with regard to knowledge and implementation of the minimum health service package of activities in emergency situations including training on the SGONU (gynaeco-obstetric and neonatal emergencies services) and community-based health approaches, especially the early detection of cases and referral. - Response to measles outbreaks in 4 health zones (Bili, Libenge, Mobayi Mbongo and Zongo). - Organize and ensure free-of-charge medical care for refugees and vulnerable populations in the supported health facilities and ensure that national norms and standards are available and distributed. - Strengthen routine immunization in 7 health zones in the Provinces of Equateur and Orientale. - Ensure access to reproductive health services and emergency obstetric care at secondary level including timely (within 72 hours) treatment of victims of SGBV by supplying essential medicines and PEP kits and training of community health workers.

	Planned Response (contd.)
Health, Nutrition, Reproductive Health and HIV (contd.)	- Ensure access to reproductive health services and emergency obstetric care. - Maintain skilled health staff of 21 health centres and strengthen their capacity to provide free of charge health care to the target population. - Monitor and follow up on the implementation of the activities by field visit and supervision and monthly follow up meetings. - Distribute individual delivery kits to 1,000 women visibly pregnant amongst CAR refugees and host vulnerable communities. - Distribute dignity kits to 700 men and 1395 women of child-bearing age among CAR refugees and vulnerable host communities. - Offer delivery services to ensure 1500 safe deliveries, 225 receiving appropriate emergency obstetric care for some 68 caesarean sections among CAR refugees and host vulnerable communities. - Offer medical care to 300 survivors of SGBV among CAR refugees and vulnerable host communities. - Offer treatment to 1,347 cases of STI/HIV among CAR refugees and vulnerable host communities and nutritional support to those who are malnourished. - Equip 8 health facilities with appropriate medical and obstetrical equipment - Distribute Emergency Reproductive health kits to 4 Referral hospitals and 10 health facilities. - Train 60 health care providers in MISP. - Raise awareness to 15.000 affected persons (within both CAR refugees and the vulnerable host communities) in order to properly use MISP/RH services. - Document best practices and success project stories. - Conduct joint monitoring and evaluation field missions including post training follow up visits and indicator data collection on MISP services offered. - Ensure project visibility throughout assisted areas. - Strengthen institutional capacities of six governmental implementing partners (PNSR Equateur, PNSR Oriental Provinces, BCZS Zongo, BCZS Libenge, BCZS Gbadolite et BCZS Bondo).
Food and Food Security	- Identification of beneficiary refugee households for distribution of agricultural assistance. - Distribution of food assistance through cash or vouchers to 40,000 refugees considering in Equateur camps and food in Orientale camp. - Provision of hot meals and/or high energy biscuits to new refugees in camps and/or transit centres. - Purchasing and distribution of agricultural inputs (seeds and tools) for 8,750 households (6,560 refugees and 2,190 host communities) including maize, rice, groundnuts, cowpea, vegetable crop seeds, agriculture inputs and tools as treatment product and 8,750 hand tools. - Post-distribution and post-harvest follow-up on 3080 hectares of plots of land sowed with cereal (maize), beans and vegetable crop products. - Training and sensitization of 12,880 vulnerable households and partners including Governmental partners and NGOs, local trainers and targeting of refugee households on agricultural technical and good nutritional practices.

	Planned Response (contd.)
Education	In-camp - Provision of primary education for 6,000 children. - Provision of supplementary incentives for 165 teachers - Construction of 2 in-camp schools. - Delivery of training sessions for 165 refugee teachers on learner-centred methodologies and CAR curriculum, as well as education for peace building and psychosocial support to children. In host communities - Support to 40 off-camp schools. - Provision of secondary education for 1200 children who have completed primary education. - Provision of 1 online university programme. - Provision of 3 literacy programmes. - Instruction in Capoeira of 1,200 youths. - Distribution of educational and recreational material in the sites and hosting communities for refugee children. - Provision of school vouchers (1 per school) to 40 schools enrolling refugee children (the vulnerable children belonging to host communities will benefit of this school voucher for their education). - School-in-a-carton (3 distributions of a total of 510 kits). - Feeding in schools for 35,200 children in camp and refugee host community schools.
Logistics and Transport	- Supply of goods in the right place, in the right quantity, with the right documentation, within an average of 90 days. - Maintenance and replacement of motorcycles. - Provision of 1 plane based in Mbandaka. - Construction and rehabilitation of 10 km of road.
Repatriation of Congolese Refugees in CAR	- Welcoming of the 7,200 refugees at the transit centre of Batanga where they receive all the centre's services (meals, WASH, health, etc.). - Distribution return WFP food package. - Distribution of NFIs in the form of cash. - Regularization/distribution of identity documents. - Dispatch (transport) of returnees to finale areas of return.

Partnership and Coordination

UNHCR is responsible for coordinating the response to the influx of CAR refugees as per its mandate and its Refugee Coordination Model. The Congolese returnees from CAR will be managed through the Cluster system under the national Humanitarian Action Plan.

The multi-sectoral response to the CAR refugee emergency is underpinned by MOUs between UNHCR and UN agencies including UNICEF, WHO, WFP, FAO and UNFPA. These agencies contribute to the refugee programme in their respective areas of competence as per the global MOUs in force or the local arrangements jointly agreed.

All UN agencies implement their programmes in collaboration with local and international implementing partners including ADSSE, World Vision, Diocesan Caritas agencies, ADRA, Oxfam GB, CADECOD, Peasit, Gaprof, Agis, Caritas, LWF, AIRD, ADES, IEDA, TSF, UPPF, COOPEF, MEMISA, APEE and Aiglons.

The government structures will be associated in all the processes, where relevant, in order to prepare a successful transition to durable solutions for the refugees. More specifically, government counterparts such as CNR, PRONANUT and DPS/PNSR will continue to play a key role in the overall response. UNHCR will facilitate monthly coordination meetings at the provincial and national levels to ensure a concerted approach and implementation. Inter-agency sectoral or multi-sectoral needs assessments will be carried out according to sectoral protocols and the evolution of the situation.

Each agency will carry out monitoring and evaluation of its respective activities and provide feedback on the findings into the coordination forums.

Financial Requirements Summary – Democratic Republic of the Congo

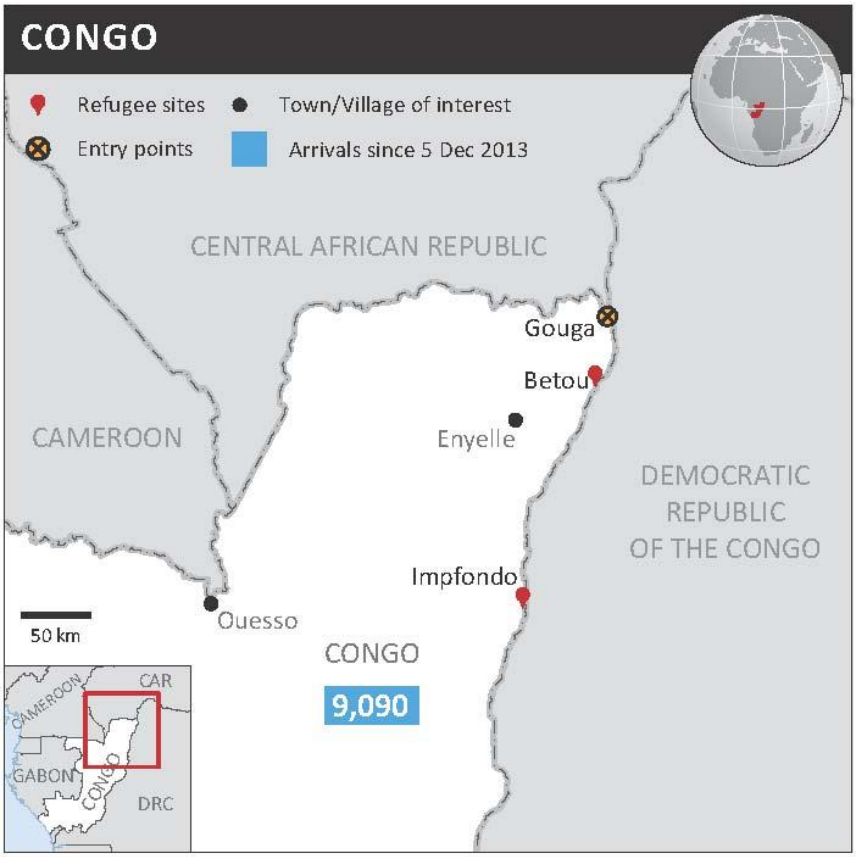
Financial requirements by agency (USD)

Organization	Total
Avions sans Frontières	400,000
Caritas	2,089,321
FAO Food & Agricultural Organization	1,800,000
UNFPA United Nations Population Fund	549,638
UNHCR United Nations High Commissioner for Refugees	21,841,004
UNICEF United Nations Children's Fund	3,059,221
WFP World Food Programme	9,587,490
WHO World Health Organization	1,605,111
Total	**40,931,785**

Financial requirements by sector (USD)

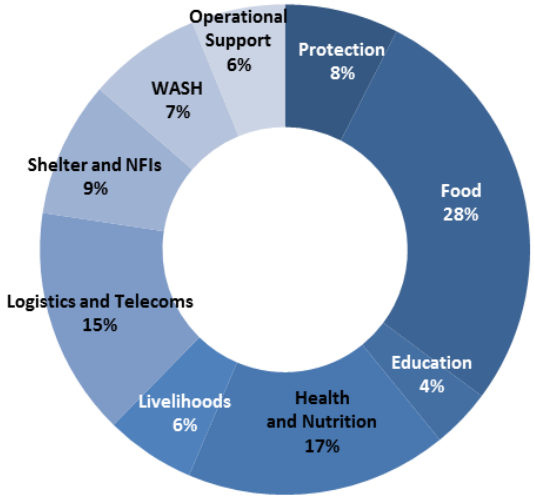
Sector	Total
Protection	3,812,320
Education	3,047,780
Food	8,288,532
Health and Nutrition	7,677,162
Livelihoods	3,468,272
Logistics and Telecoms	5,988,735
Shelter and NFIs	5,338,351
WASH	1,781,763
Operational Support	1,528,870
Total	**40,931,785**

CONGO RESPONSE PLAN

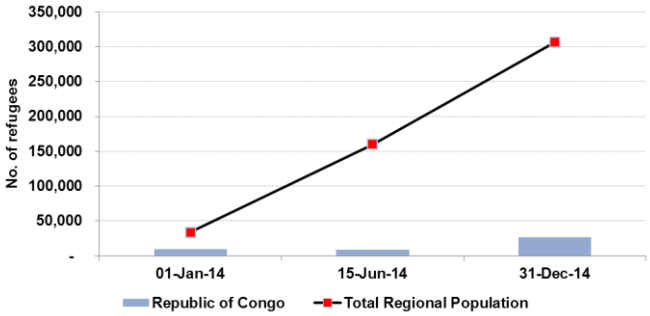


Map Sources: UNCS, UNHCR.
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Creation date: 17 Jul 2014.

Financial Requirements (USD) 20,255,442



Population Trends



Context

Refugees

As of 15 June 2014, UNHCR had registered 7,590 new CAR refugees in the Republic of Congo. About 73 per cent are registered and settled in the district of Bétou and 19 per cent in Brazzaville. Another 8 per cent are settled in Impfondo and Pointe-Noire. On average, around 1,500 new refugees arrive each month. On the basis of current arrival trends, the planning figure of 25,000 CAR refugees to the end of 2014 has been established for the Congo.

Some 60 per cent of these refugees will stay with the host communities, on which the new influx has brought added pressure in terms of food security and access to social services. The other 40 per cent will settle in two sites in Bétou district.

Bétou is a remote locality in Likouala district which has also hosted refugees from the Democratic Republic of the Congo (DRC) since 2009. Existing refugee camps there were originally set up for the DRC refugees whose repatriation back home is almost complete. With the recent arrival of the CAR refugees, conditions in and around the camps have deteriorated and need to be addressed.

Cooperation between the UN, immigration authorities and the National Committee for Refugee Assistance (CNAR) will be strengthened for continued border monitoring. Refugees staying close to the border should be relocated and receive assistance in Bétou. The Government will be supported in providing refugee documentation that should facilitate freedom of movement. Peaceful cohabitation between refugees and the host community and between refugees of Christian and Muslim backgrounds will also be a focus of the response.

Third Country Nationals

An estimated 1,500 third country nationals (TCNs) - the majority of Chadian nationality - have fled into Congo from the violence in CAR. They are stranded in the North of the country in difficult conditions waiting to be relocated or to receive onward transportation assistance to their countries and communities of origin. Many have been in border towns for up to two months, receiving no assistance to survive and having to rely on the charity of the host community. A comprehensive response addressing transport, shelter, water and sanitation, non-food item provision, food, health and psychosocial needs must be developed for targeting this caseload.

Key Elements of the Revision

The revised plan aims to assist 25,000 CAR refugees and 1,500 TCNs in the Republic of Congo and provide them with basic humanitarian assistance on their arrival including access to shelter, household items, health, education, water, sanitation, nutrition, legal support and protection. The total requirements for the initial plan amounted to USD 12,729,517 which had been funded at 30 per cent at the time of the revision of the RRP. The same requirements are maintained in the revised RRP.

Main Identified Needs and Response Strategy

Achievements and Remaining Needs

Since the launch of the Regional Response Plan, progress has been made in protection, shelter and infrastructures, health and nutrition, food, education and others. However, pressing needs still remain to be addressed by UNHCR and partners. Overall, four camp sites as well as the host communities in the settlement region have been identified for interventions in all sectors.

Refugees

Refugees from CAR above the age of 18 years have received an ID card and other documentation for their protection and that of their families. UNHCR will continue to pursue individual registration of CAR

refugees and aims at having a biometric registration planned in August 2014. This process is pivotal for the operation as the identification of persons with specific needs helps to enhance the provision of needs-specific support to the refugees. Border monitoring missions will be conducted to relocate to Bétou refugees living in localities too close to the border. Support is also necessary for survivors of SGBV, people with specific needs and protection monitoring activities for those who live along the Oubangui River.

Progress has been made in shelter and infrastructures with 100 family shelters built for the most vulnerable. There have been similar achievements in the provision of NFIs to 2,575 families in Bétou consisting of 11,612 individuals. The items distributed included mats, blankets, jerry cans, soaps and mosquito nets, allowing UNHCR to estimate that 60 per cent of the refugees' NFI needs were covered. Despite this, poor infrastructure remains a serious obstacle and humanitarian actors lack significant resources to provide food, facilitate access to potable water, establish and strengthen national health centres and improve roads to enable safe relocation from the CAR border.

So far, UNHCR has overseen the construction of two wells and the rehabilitation of ten more. To ensure acceptable hygiene and sanitary conditions, UNHCR needs to continue to mobilize and sensitize refugees to maintain their latrines and bath facilities and oversee the construction of additional latrines to accommodate an expected 25,000 new arrivals in Bétou district.

All refugees have received primary health care with the most serious cases being transferred to referral hospitals. As of 15 June 2014, 274 children and 15 pregnant women were being treated for malnutrition. Food has been distributed to all refugees, irrespective of when they arrived in the camps. All newly-arriving refugees receive hot meals at community kitchens while waiting for WFP food rations. This ration includes 45 grams per person per day of Super-Cereal of a blend consisting of corn and soy flour and a mixture of vitamins and minerals.

The original plan called for the integration of refugee children in rural areas into Congolese public schools to facilitate their access to education. As a result, in collaboration with local authorities, 350 new CAR refugee students were integrated in Congolese primary schools, and supported with school supplies- representing only one quarter of the potential refugee students. For urban refugees, the needs of the most vulnerable children attending primary school must be addressed, with a specific focus on girls' access to education. Early childhood education for children aged between two and five years should also be ensured.

To facilitate the integration of CAR refugees in the community, the host communities require agricultural assistance in order to highlight the benefits of hosting refugees. In addition, seeds, agriculture and fishery materials and technical support need to be provided to refugee households to implement self-reliance activities efficiently. Advocacy with local authorities to release agricultural land to refugees should also be conducted. So far, 11 groups have received small micro projects for income generating activities.

Third Country Nationals

Ninety per cent of TCNs are originally from Chad. Other nationalities include Malians, Nigerians and Cameroonians. UNHCR has taken care of the TCNs by providing community shelters and delivering multi-sectorial assistance. It will continue to register newly arrived TCNs and to identify their specific needs to provide emergency assistance. Protection monitoring and referral to specialized agencies and institutions should be carried out in coordination with protection partners focussing on assistance to unaccompanied and separated children, SGBV cases, female-headed households, the elderly, disabled and pregnant women (particularly advanced pregnancies).

More than 150 TCNs have been identified as the most vulnerable and evacuation is being organised to their country of origin. A remaining group of over 1,300 TCNs will need repatriation or relocation by plane. IOM is currently working closely with relevant embassies to provide those in need with legal or travelling documents.

Where appropriate, transit sites need to be established to allow TCNs and potential returnees to live in dignified conditions before being transferred to the next location. Alternatively, support should also

be provided to host communities so as to continue supporting TCNs. Health triage facilities need to be established to enable access to urgent health care and referral services with transport assistance to and from hospitals. In addition, basic NFI kits need be distributed to TCNs prior to onward transportation. Kits should be similar to those provided to refugees to ensure equity between the groups.

Strategy to Respond to Identified Needs

The coordinated emergency response will strive to provide protection and essential services for the refugee population, which will include food, nutrition, health, education, water, sanitation and shelter and repatriation of TCNs.

Protection: UNHCR will strengthen its activities for the prevention of and response to SGBV. The committees established will be reinforced in order to improve the number of cases reported to UNHCR and its partners. Survivors of SGBV will continue to benefit from support in terms of medical care and psychological and socio-economic support. In addition to the advocacy with the judicial authorities to prosecute perpetrators, UNHCR will continue to support the survivors with other forms of legal assistance. UNHCR will enhance its data collection and analysis with regard to SGBV cases. A particular attention will be paid to children and persons with disabilities.

UNHCR will enhance its collaboration with immigration authorities and CNAR to continue border monitoring so as to relocate refugees living too close to the border and willing to receive UNHCR assistance in Bétou. Immigration officials will be sensitized on the principle of *non-refoulement* to improve admission of refugees into the territory. The identification of cases and registration of specific needs will be enhanced to provide specific support to these refugees.

UNHCR will continue to support the Government in the issuance of refugee identity cards. Refugees in rural areas will also receive identity cards as soon as possible. A special effort will be made to sensitize the refugee population on the importance of civil and birth registration.

Agencies will continue to identify unaccompanied and separated children and implement temporary care arrangements. Where possible, children will live with foster families and their stay closely monitored, while family tracing will be initiated for identified children.

Health and Nutrition: A community health worker system will be established to improve access to basic health care and nutrition support and to pass health, hygiene and nutrition messages to refugees living in sites and in host families. Partners will ensure that the nutritional status of refugee children up to five years is in line with international standards. They will undertake nutrition surveillance to detect and treat cases of moderate and severe malnutrition in a timely manner. To treat moderate acute malnutrition, which is at a worrying level in malnourished children between 6 and 59 months of age, a daily ration of 92 grams of Plumpy Nut will be provided for three months.

Livelihood: Peaceful cohabitation between refugees and the host community and between refugees from Christian and Muslim backgrounds will also be a focus of the operation. Sensitization campaigns with the support of local authorities will be conducted in order to avoid incidents especially in Bétou. Host communities will benefit from UNHCR support with regard to income-generating activities.

In order to facilitate the integration of CAR refugees in the community, UNHCR assistance for production of vegetable crops will continue to be partly directed towards local communities.

Education: Special attention will be given to education, in particular vocational training for young people with an urban profile currently residing in Bétou, a rural locality with very limited access to secondary education and vocational training. Taking into consideration this profile, additional funds are required in order to set up a cybercafé in Bétou that will facilitate refugees' access to the internet in order for some to benefit from distance learning training. Currently, students who have managed to register at universities cannot be assisted because of the limited funds available.

Logistics and Transport: Maintenance of vehicles and water fleet will be assured to ensure they are in adequate condition.

Partnership and Coordination

UNHCR is coordinating the response to the influx of CAR refugees and is also overall responsible for the return of DRC refugees to Equateur Province.

The multi-sectorial response to the refugee emergency is underpinned by standing agreements between UNHCR and partners such as UNICEF, WHO, WFP, FAO, IOM and UNFPA to contribute to refugee assistance programmes as necessary. UN agencies implement their programmes in collaboration with local and international implementing partners, including AARREC, CEMIR, AIRD, MDA and the Government agencies CNAR, DPT Congo and PNSR.

UNHCR is responsible for the overall coordination of the interventions pursuant to this appeal. It will strengthen inter-agency cooperation and complementarity, including work with NGOs and the Government. Coordination meetings led by the UNHCR will be conducted regularly. Follow-up missions will take place every month in each site sheltering refugees to guarantee the continuation of the implementation of various activities.

The composition of multi-functional teams assigned for the follow-up and evaluation of the implementation will be reviewed taking into account the UN agencies and the NGOs intervening in this operation.

Planned Response

Protection	- Register 25,000 CAR refugees and provide legal documentation. - Provide medical care, psychosocial counselling and legal assistance to SGBV survivors. - Train local authorities to recognize refugees and reduce cases of harassment and detention. - Establish recreational areas and areas for children's development for at least 1,500 children between 2 and 5 years. - Provide psychological support for children, adolescents and youth in schools. - Prevent sexual and gender-based violence through sensitization and awareness raising campaigns targeting 5,000 children and 3,500 women and men. - Conduct a study on the intercultural dynamics in refugee populations.
Shelter and Infrastructure	- Construct 30 temporary community shelters for newly-arrived refugees. - Construct 2,000 shelters for 8,000 refugees living in the sites. - Rehabilitate 400 shelters for the more vulnerable refugees.
Non-Food Items (NFI)	- Distribute household goods composed of kitchen sets, blankets and mosquito nets to 15,000 people. - Distribute sanitary kits to 3,000 women and girls.
Water, Sanitation and Hygiene (WASH)	- Provide 15 litres of water per person per day to decrease risk of diseases. - Upgrade water supply systems and construct two new wells. - Construct and rehabilitate 85 water points. - Disinfect water points, households and affected sites. - Monitor and control of drinking water quality. - Construct 650 emergency latrines and rehabilitate 3,209 communal latrines. - Construct 250 semi-durable latrines in schools and health centres. - Conduct awareness campaigns for the promotion of hygiene. - Establish and manage 50 chlorination points.

	Planned Response (contd.)
Health and Nutrition	- Conduct nutritional education sessions (three sessions per weekly per site). - Provide primary health care and medicine to 25,000 refugees. - Set up a mechanism for referrals to secondary level hospitals for 1,000 refugees. - Improve access to basic care and nutrition through a community health worker network and training for the health care staff. - Establish mobile health clinics for the benefit of populations which are located along rivers. - Conduct measles and polio vaccination. - Provide nutrition rehabilitation centre inputs and equipment. - Implement a nutrition surveillance system. - Provide and monitor complementary food supplements. - Promote appropriate infant and young child feeding practices. - Provide refrigerators, delivery beds, delivery kits and essential medicines for reproductive health. - Collect and analyse demographic, social and health data taking into account the profile of the refugees. - Provide 92 grams daily ration of Plumpy Nut to 1,500 malnourished children for three months.
Food	- Distribute of a full ration of nutritional food to refugees.
Education	- Enrol 2,000 children in primary education. - Promote specific measures for girls' education. - Distribute school kit to 2,000 children. - Support extension of capacity at secondary school (CEG Bétou). - Construct classrooms (5 classrooms) in Bétou - Provide vocational training, secondary and tertiary education to refugee youth. - Establish one cyber café in Bétou.
Logistics and Transport	- Maintain vehicle fleet in adequate condition. - Purchase and procure fuel and supplies. - Provide safe and dignified transport for refugees.
Livelihoods	- Negotiate land with local authorities. - Distribute seeds, agriculture and fishery materials. - Facilitate technical advice to households to implement self-reliance activities.
Assistance to TCNs	- Register and identify particular protection cases including unaccompanied and separated children, female-headed households, older persons, persons with disabilities and pregnant women. - Establish transit sites for TCNs with WASH facilities and health and psycho-social care, access to basic NFI's and food. - Repatriate most vulnerable TCNs by air transport and provide medical escorts when needed. - Provide travel documents for TCNs in collaboration with diplomatic representations.

Financial Requirements Summary: Congo

Financial requirements by agency (USD)

Organization	Total
FAO Food & Agricultural Organization	825,000
IOM International Organization for Migration	1,485,000
UNFPA United Nations Population Fund	1,917,878
UNHCR United Nations High Commissioner for Refugees	8,422,628
UNICEF United Nations Children's Fund	2,255,636
WFP World Food Programme	4,524,300
WHO World Health Organization	825,000
Total	**20,255,442**

Financial requirements by sector (USD)

Sector	Total
Protection	1,524,289
Education	800,000
Food	5,600,000
Health and Nutrition	3,500,000
Livelihoods	1,200,000
Logistics and Telecoms	3,052,701
Shelter and NFIs	1,812,503
WASH	1,515,636
Operational Support	1,250,313
Total	**20,255,442**

ANNEXES

Annex 1: Financial Requirements by Agency and Country (USD)

Organization	Cameroon	Chad	DRC	Congo	Total
ASOL Suisse	250,000				**250,000**
Avions sans Frontières			400,000		**400,000**
CARE International		1,600,000			**1,600,000**
Caritas			2,089,321		**2,089,321**
Croix-Rouge française	1,200,000				**1,200,000**
CRS Catholic Relief Service	386,000				**386,000**
FAO Food & Agricultural Organization	1,087,120	1,500,181	1,800,000	825,000	**5,212,301**
IMC International Medical Corps	1,000,000				**1,000,000**
IOM International Organization for Migration	4,088,919			1,485,000	**5,573,919**
PLAN International	1,996,143				**1,996,143**
Première Urgence-Aide Médicale Internationale	420,000				**420,000**
UNFPA United Nations Population Fund	2,339,500	606,191	549,638	1,917,878	**5,413,207**
UNHCR United Nations High Commissioner for Refugees	55,052,740	19,173,274	21,841,004	8,422,628	**104,489,646**
UNICEF United Nations Children's Fund	13,402,801	1,967,652	3,059,221	2,255,636	**20,685,310**
WFP World Food Programme	23,500,000	11,038,249	9,587,490	4,524,300	**48,650,039**
WHO World Health Organization	6,411,413	1,500,000	1,605,111	825,000	**10,341,524**
Total	**111,134,636**	**37,385,547**	**40,931,785**	**20,255,442**	**209,707,410**

Annex 2: Financial Requirements by Country and Sector (USD)

Sector	Cameroon	Chad	DRC	Congo	Total
Protection	14,494,786	4,065,354	3,812,320	1,524,289	**23,896,748**
Education	2,906,373	4,465,877	3,047,780	800,000	**11,220,031**
Food	913,920	11,038,24	8,288,532	5,600,000	**25,840,701**
Health and Nutrition	11,691,181	3,896,642	7,677,162	3,500,000	**26,764,985**
Livelihoods	2,950,942	4,177,883	3,468,272	1,200,000	**11,797,097**
Logistics and Telecoms	22,565,665	795,727	5,988,735	3,052,701	**32,402,828**
Shelter and NFIs	34,681,476	4,818,364	5,338,351	1,812,503	**46,650,694**
WASH	17,061,212	2,873,125	1,781,763	1,515,636	**23,231,736**
Operational Support	3,869,080	1,254,326	1,528,870	1,250,313	**7,902,590**
Total	**111,134,636**	**37,385,547**	**40,931,785**	**20,255,442**	**209,707,410**

Annex 3: Financial Requirements by Country, Agency and Sector (USD)

Organization	Protection	Education	Food	Health and Nutrition	Livelihoods	Logistics and Telecoms	Shelter and NFIs	WASH	Operational Support	Total
Cameroon	**14,494,786**	**2,906,373**	**913,920**	**11,691,181**	**2,950,942**	**22,565,665**	**34,681,476**	**17,061,212**	**3,869,080**	**111,134,636**
ASOL Suisse						250,000				**250,000**
Croix-Rouge française								1,200,000		**1,200,000**
CRS		386,000								**386,000**
FAO							1,087,120			**1,087,120**
IMC	85,000							915,000		**1,000,000**
IOM	119,600			60,800		2,997,020	644,000		267,499	**4,088,919**
PLAN International	432,250		34,805	457,000	131,000	370,542		570,546		**1,996,143**
PU-AMI		225,000				195,000				**420,000**
UNFPA								2,339,500		**2,339,500**
UNHCR	11,913,936	2,295,373	879,115	6,691,380	2,819,942	5,933,103	15,293,556	5,624,753	3,601,581	**55,052,740**
UNICEF	1,944,000			4,482,001		4,320,000	2,656,800			**13,402,801**
WFP						8,500,000	15,000,000			**23,500,000**
Chad	**4,065,354**	**4,465,877**	**11,038,249**	**3,896,642**	**4,177,883**	**795,727**	**4,818,364**	**2,873,125**	**1,254,326**	**37,385,547**
CARE	800,000							800,000		**1,600,000**
FAO					1,500,181					**1,500,181**
UNFPA	606,191									**606,191**
UNHCR	2,659,163	2,498,225		2,396,642	2,677,702	795,727	4,818,364	2,073,125	1,254,326	**19,173,274**
UNICEF		1,967,652								**1,967,652**
WFP			11,038,249							**11,038,249**
WHO				1,500,000						**1,500,000**

Organization	Protection	Education	Food	Health and Nutrition	Livelihoods	Logistics and Telecoms	Shelter and NFIs	WASH	Operational Support	Total
DRC	**3,812,320**	**3,047,780**	**8,288,532**	**7,677,162**	**3,468,272**	**5,988,735**	**5,338,351**	**1,781,763**	**1,528,870**	**40,931,785**
Avions sans Frontières						400,000				**400,000**
Caritas			782,680	423,961			882,680			**2,089,321**
FAO			1,800,000							**1,800,000**
UNFPA				549,638						**549,638**
UNHCR	2,826,595	613,197		3,645,835	2,654,661	5,588,735	3,813,171	1,169,940	1,528,870	**21,841,004**
UNICEF	985,725	254,173		565,000			642,500	611,823		**3,059,221**
WFP		2,180,410	5,705,852	887,617	813,611					**9,587,490**
WHO				1,605,111						**1,605,111**
ROC	**1,524,289**	**800,000**	**5,600,000**	**3,500,000**	**1,200,000**	**3,052,701**	**1,812,503**	**1,515,636**	**1,250,313**	**20,255,442**
FAO					725,000	50,000			50,000	**825,000**
IOM	150,000		300,000	200,000		685,000			150,000	**1,485,000**
UNFPA				1,067,878		600,000			250,000	**1,917,878**
UNHCR	1,374,289	525,666	1,300,000	682,122	475,000	686,399	1,562,503	1,265,636	551,013	**8,422,628**
UNICEF		274,334		800,000		531,302	250,000	250,000	150,000	**2,255,636**
WFP			4,000,000			450,000			74,300	**4,524,300**
WHO				750,000		50,000			25,000	**825,000**
Grand Total	**23,896,748**	**11,220,031**	**25,840,701**	**26,764,985**	**11,797,097**	**32,402,828**	**46,650,694**	**23,231,736**	**7,902,590**	**209,707,410**