

# SOUTH SUDAN REGIONAL REFUGEE RESPONSE PLAN

*January – December 2017*



December 2016



**Cover photograph:**

South Sudanese refugees crossing Kibali bridge, Democratic Republic of the Congo. November 2016.  
UNHCR/Gloria Ramazani

## Strategic Overview

<b>Period</b>	January to December 2017
<b>Current Population</b>	1,259,036 <i>(at 31 October 2016)</i>
<b>Population Planning Figures</b>	1,886,500
<b>Target Beneficiaries</b>	1,886,500
<b>Financial Requirements</b>	US\$ 1,212,939,774
<b>Number of Partners</b>	47

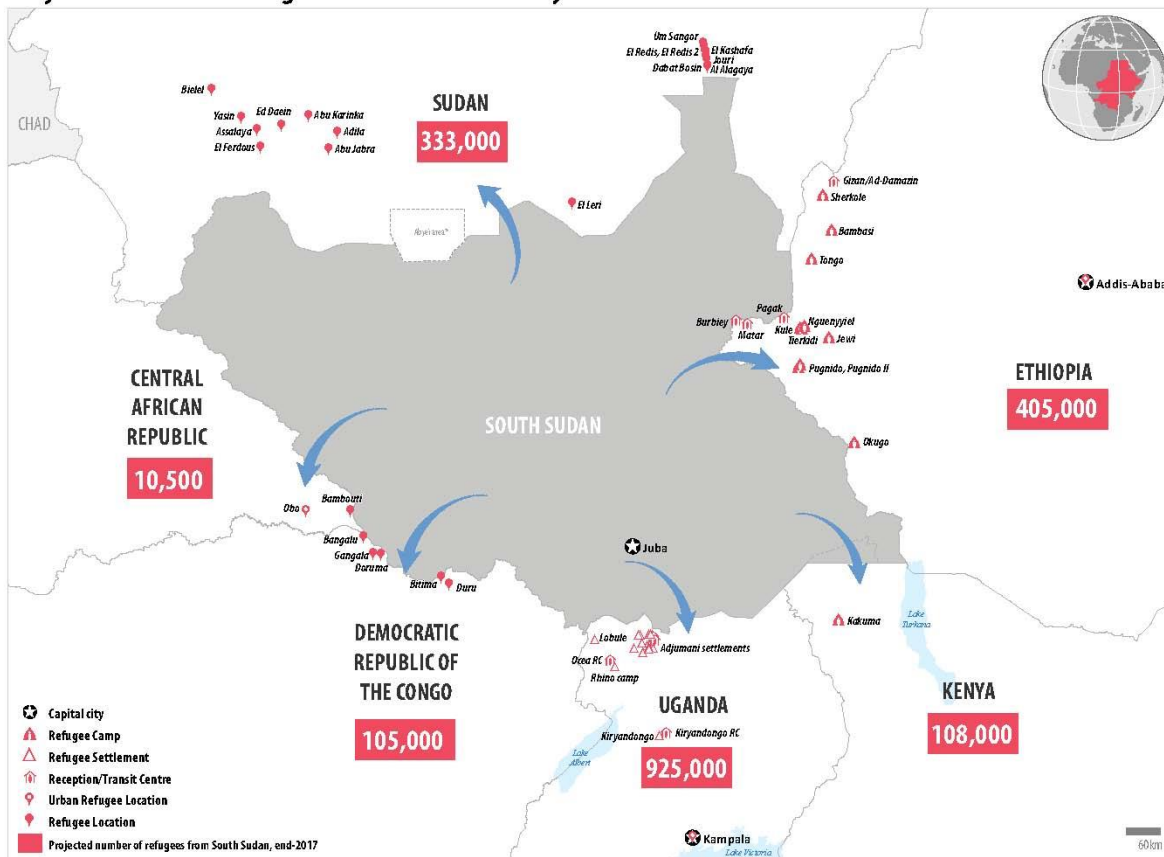
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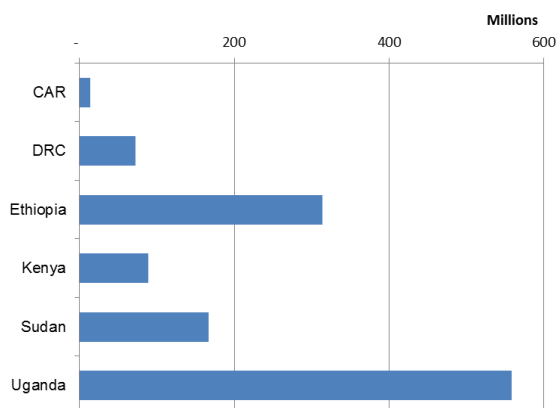
# REGIONAL REFUGEE RESPONSE DASHBOARD

## Projected number of refugees from South Sudan by 31 December 2017

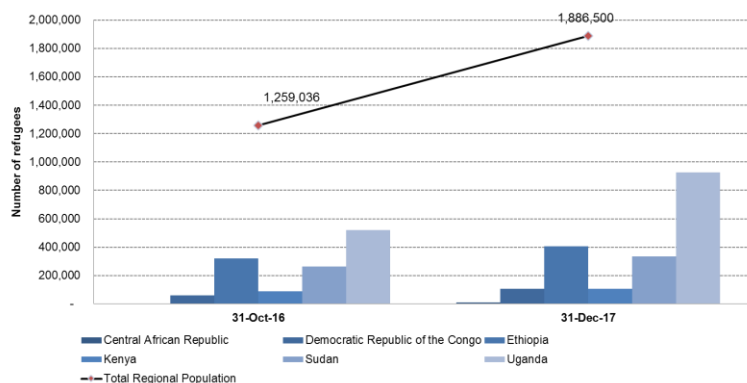


The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined. \* Final status of the Abyei area is not yet determined.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

## Financial Requirements (US Dollars)



## Population Trends



# REGIONAL STRATEGIC OVERVIEW

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## ***Introduction***

Conflict in South Sudan has further intensified since July 2016 and continues to be characterized by international human rights and humanitarian law violations, including: reports of extrajudicial killings of civilians; enforced disappearances; rape and other forms of sexual and gender-based violence (SGBV); recruitment and use of children in armed conflict; looting and destruction of civilian and humanitarian assets; and curtailment of freedom of movement. Reported incidents appear to have an ethnic dimension and may indicate wider-scale atrocities, including ethnic cleansing. In a statement delivered following his last visit to South Sudan in November 2016, the UN Special Advisor on the Prevention of Genocide cautioned that. *“As the conflict is becoming ever more complex, the effects of the December 2013 outbreak of violence linger, and human rights violations committed at that time have not been accounted for. On the contrary, there is renewed violence on a daily basis, and any hope of reconciliation is elusive”*.

Alarming, 4.8 million people in South Sudan – more than one-third of the total population – are food insecure. The prevalence of global acute malnutrition (GAM) has reached above the 15 per cent emergency threshold in 7 of 10 states, and is approximately double the emergency threshold in Unity and Northern Bahr el-Ghazal. The country has also suffered a cholera outbreak for the third consecutive year.

The Agreement on the Resolution of the Conflict in the Republic of South Sudan, signed by the Sudan People's Liberation Army (SPLA) and SPLA in Opposition in August 2015, remains fragile. A Transitional Government of National Unity (TGoNU) was formed in April 2016. However, effective implementation of the agreement has been repeatedly derailed by political fragmentation, defection of various actors, and increasing polarization. Lack of progress on the political agreement has in turn undermined the mandate of the United Nations Mission in South Sudan (UNMISS) to effectively protect civilians.

Economically, the South Sudanese Pound (SSP) currency depreciated rapidly in 2016, reaching an all-time low of more than 100 SSP to 1 USD in November 2016. The cost of living has risen exponentially, with the South Sudan annual consumer price index increasing by 835.7 per cent from October 2015 to October 2016, the highest year-on-year inflation rate in the world. Insecurity along main roads has crippled trade and the ability of traders to access hard currency for imports.

The combined factors of increased insecurity compounded by faltering mediation by the UN, IGAD Plus and the AU, which have yet to restore a tenable peace, have resulted in 1.7 million internally displaced people (IDPs), 75 per cent of whom reside in the three hardest-hit conflict areas of Unity, Upper Nile and Jonglei States. With the advent of the dry season, it is expected that fighting will continue in various parts of Greater Upper Nile and Greater Equatoria, precipitating further displacement, both internally and across borders, into 2017. As the conflict enters its fourth year in 2017, food insecurity is expected to remain extremely high, compounded by an economic decline exacerbating humanitarian needs. An unprecedented 1.2 million South Sudanese are refugees in the region, making forced displacement from South Sudan the largest scale refugee movement in Africa.

South Sudanese refugees have been granted asylum in the region by the Governments of the Central African Republic (CAR), the Democratic Republic of the Congo (DRC), Ethiopia, Kenya, Sudan and Uganda. The generous asylum policy of those countries is noteworthy given that they, such as CAR, the DRC and Sudan, are ranked among the 10 most fragile states according to the 2016 Fragile State Index of the Fund for Peace. Upholding their exemplary solidarity is an overarching strategic and cross-cutting priority of the refugee responses in 2017. As such, the 2017 Regional Refugee Response Plan (RRRP) for South Sudan seeks to support host States to continue to maintain their asylum obligations and meet minimum standards for assistance and protection of South Sudanese refugees, whose exodus shows no sign of abating. In November 2016, Uganda continued to witness a daily arrival rate averaging 2,000-3,000 refugees coming through various entry points along its border with South Sudan. Ethiopia registered over 30,000 new arrivals in September alone, while the total number of South

Sudanese in the DRC has reached 60,000. In Ethiopia, the DRC and Uganda, the South Sudanese refugee population as of October have already surpassed projected planning figures for 2016.

Humanitarian needs of South Sudanese refugees has continued to rise over the past three years. The original RRRP for South Sudan was launched in the immediate aftermath of the outbreak of the conflict in December 2013, and was revised in 2014, 2015 and in July 2016. During this period, the level of refugee displacement surged from 115,000 in December 2013 to 400,000 in 2014, 973,000 in July 2016, and to 1.28 million as of October 2016. By the end of 2017, the projected planning figure is more than 1.8 million South Sudanese refugees. Despite the compelling needs, the funding levels for respective versions of the RRRP have remained around 25 per cent. A paradigm shift in resource mobilization is urgently called for among the international community, including partners, donors, regional organizations and other stakeholders, to increase assistance to a level commensurate with the solidarity shown by the host Governments whose resources are increasingly overstretched and depleted. Addressing the spiralling needs of South Sudanese refugees in a comprehensive and timely manner has become a regional imperative, especially considering that the majority are women, children and youth who have been rendered extremely vulnerable by protracted exposure to violence, food insecurity, and multiple displacements, as well as protection risks including SGBV and forced recruitment.

With the limited availability of infrastructure, the influx is straining reception capacities in under-served hosting areas, triggering tensions and critical shortfalls across all sectors, in particular food, water, shelter, health, education and access to arable land, which can enhance the capacity for self-reliance. Furthermore, an inability to shore up the requisite level of timely support would not only result in a highly complex humanitarian crisis, but poses a tangible threat to stability in the Eastern Africa and the Great Lakes subregions which, if left unaddressed, could result in onward movements of refugees in search of assistance and durable solutions. The risks posed by the South Sudanese forced displacement situation is further underscored by the “2016 Regional Outlook for The Horn of Africa and the Great Lakes Region”, a document elaborated on a UN inter-agency basis and endorsed by IGAD and other stakeholders.

### Strategic Objectives

Against this backdrop, the following four strategic objectives underpin the 2017 South Sudan RRRP:

1. Uphold the quality of asylum for South Sudanese refugees in the region by meeting their lifesaving needs according to applicable minimum standards, in particular through:
  - Mitigation of heightened protection risks faced by women, children and youth, who constitute an overwhelming majority of the South Sudanese refugee population, and provision of adequate services to victims of violence and other protection risks;
  - Full integration of community-based protection mechanisms into refugee assistance programmes to strengthen food and nutritional security and existing coping mechanisms of refugees;
  - Increasing refugee access to quality and inclusive education and basic health services by maximizing synergies with national systems which address the needs of vulnerable host communities;
  - Broadening economic opportunities available to refugees by supporting policies that offer alternatives to camps and access to self-reliance activities benefiting both refugee and host communities;
  - Implementing environmentally sound refugee site planning that ensures sustainable access to water and sanitation;
  - Supporting peace education and other initiatives aimed at encouraging co-existence among refugee communities of different ethnicities, as well as between refugees and their hosts;
2. Anchor the response within national and regional multi-year protection frameworks, policies, laws, and standards which address legal and physical protection needs of South Sudanese refugees.
3. Enhance biometric registration, documentation and data management in collaboration with host Governments to support implementation of durable solutions strategies. Aggregate socio-economic data on livelihoods and skills profiles to improve evidence-based joint programming with line

ministries, humanitarian partners, the World Bank, the African Development Bank (AfDB) and other multilateral development agencies.

4. Proactively explore and, where applicable, pursue innovative approaches stemming from participatory assessments with refugees, Governments, humanitarian and development actors, private sector, and civil society, with a view to introduce cash-based interventions (CBIs) and other initiatives to alleviate the dependency of refugees on aid.

### Beneficiary Population

	Current Population (31 Oct 2016)	Final Planning Population (31 Dec 2017)
<b>Central African Republic</b>	4,931	10,500
<b>Democratic Republic of Congo</b>	60,211	105,000
<b>Ethiopia</b>	321,342	405,000
<b>Kenya</b>	90,181	108,000
<b>Sudan</b>	261,794	333,000
<b>Uganda</b>	520,577	925,000
<b>Total Population</b>	<b>1,259,036</b>	<b>1,886,500</b>

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

### Regional Protection Risks and Responses

Some 87 per cent of the 1.2 million South Sudanese refugees in the region are women and children. A further breakdown of the data by age reveals that 70 per cent of the population are children below 18 years of age. The South Sudanese refugee crisis is considered a child protection emergency and identified as a strategic priority for the refugee response. This was validated and further evidenced by the profile of the refugee influx which continued through 2016. A total of 36,000 South Sudanese refugee children have been registered as unaccompanied or separated throughout the region. Ethiopia witnessed a sudden surge of new South Sudanese arrivals to Gambella in September 2016, and 87 per cent of the new arrivals to Ethiopia are women and children, confirming the regional trend.

The spectrum of protection risks faced by South Sudanese children is further amplified by the fact that 64 per cent of South Sudanese refugee children between 3-17 years of age are not enrolled in primary or secondary school, despite the efforts of agencies and response partners to support refugee education. Inherent challenges include insufficient resources made available to effectively integrate refugees with their host communities and national education systems, and a shortage of school supplies, learning supplies and trained teachers. For example, an estimated 10,000 South Sudanese refugee children in the DRC are at risk of being out of school. The compromise of the civilian character of asylum by armed groups from South Sudan or elsewhere (such as LRA), heightens the risk of recruitment or abduction, especially for children. The same risks prevail in the CAR where maintaining the civilian character of camps is a priority.

Due to the dwindling resources and resulting vulnerability of the South Sudanese refugee population, response planning undertook constant re-prioritization and narrowing targets for assistance during the year. This process left considerable gaps in the needs of segments of vulnerable refugees. The results of nutritional screening data among new arrivals refugees indicating increase in the GAM levels. The heavy dependency of refugees on food assistance is one of the main challenges for the regional response.

In the health sector, mobilization of national resources in asylum countries to expand services in refugee-hosting areas has been of paramount importance. In particular, intensifying surveillance and preparedness to respond to communicable diseases, such as cholera, in reception areas was instrumental in containing outbreaks. While these concerted efforts are encouraged, they must be



sustained through adequate resources to ensure contingency plans are in place. Equally important is the need to integrate HIV response in the initial phase of the emergency response.

In the countries affected by the South Sudan refugee emergency, child protection and SGBV response has been integrated into the protection strategies and plans. Partners continue working to strengthen case management systems and referral pathways for vulnerable children, including the unaccompanied or separated, as well as in the provision of psychosocial support, including through the establishment of child-friendly spaces.

SGBV coordination structures are in place and led by UNHCR and governments, with co-lead responsibilities assumed by international NGOs in some locations. Countries receiving large-scale influxes are complementing existing coordination mechanisms with additional measures, such as more frequent partner meetings in Ethiopia, or adding new sub-groups in some field locations in Uganda. Refugee operations in CAR, DRC and Sudan are facing significant challenges in accessing areas where new arrivals are present, and it is not possible to engage in a meaningful SGBV strategy process at this point. The focus so far has been to ensure that all reported SGBV cases receive timely multi-sectoral support, including medical, psychosocial, safety, security, and legal assistance.

Safety and prevention arrangements were enhanced at reception and registration centres, where protection desks were established to facilitate identification and referral of SGBV cases. Particular attention was given to strengthening prevention measures through effective community engagement strategies and awareness-raising activities, including the SASA approach. SASA is a Kiswahili word that means “now”. The SASA approach is a ground-breaking community mobilization approach developed by Raising Voices for preventing violence against women and HIV. SASA is currently being used in more than 20 countries around the world by more than 35 organizations and institutions in various contexts and settings, including refugee camps and settlements, pastoralist communities, and urban and rural communities. Operational priorities have been anchored on securing safe spaces for women and girls and mainstreaming of SGBV in other sectors.



Figure 1: South Sudanese refugee woman preparing her shelter, Ethiopia. UNHCR/R.Riek

### Transitioning Towards Solutions

The majority of South Sudanese refugees in the subregion are hosted in relatively remote, under-developed and economically under-served areas. The local communities hosting the refugees are themselves in a precarious socioeconomic situation, impacted by food insecurity and malnutrition, suffering from limited access to basic social services and economic infrastructure, as well as scarce livelihood opportunities. The presence of refugees could further exacerbate their situation by increasing competition over limited social services and economic infrastructures, livelihood opportunities, and environmental and natural resources. These development-related challenges could contribute to incidences of conflicts and clashes between refugees and host communities and negatively impact the protection and safety of refugees unless properly addressed in a timely manner. Enhancing the productive capacities and coping mechanisms of the host populations is seen as a critical step for safeguarding asylum space for refugees in the host countries.

RRP partners are working proactively in the region to explore the systematic and expanded use of CBIs to enable refugees to meet their basic needs. Where feasible and designed and delivered appropriately, CBIs have offered greater choice and dignity, reduced protection risks, facilitated solutions, improved efficiency and effectiveness in programme delivery and contributed to the local economy.

At the regional level, the World Bank's regional displacement project – *the Development Response to Displacement Impacts Project in the Horn of Africa (DRDIP)* – attempts to improve access to basic social services, expand economic opportunities, and enhance environmental management for refugee hosting communities in Ethiopia, Kenya, and Uganda. The country components of the project are in different phases; DRDIP-Ethiopia is at the early stages of implementation; DRDIP-Kenya is currently under preparation; and DRDIP-Uganda is awaiting parliamentary approval.

In Kenya, the UNHCR-led Turkana Initiative on the Integration of the Refugee and Host Community Economies (the Turkana Initiative) has been facilitating collaboration between the national and county governments, bilateral donors, UN agencies, NGOs and development actors in order to re-orient the refugee assistance program to: (i) contribute to the improvement of the socio-economic conditions of the refugee and the host communities; (ii) better prepare the host community to take advantage of emerging economic opportunities; and (iii) reduce over-dependence on humanitarian aid and prepare the refugees for durable solutions.

In Uganda, UNHCR has been working closely with the UN, the World Bank and other stakeholders to address the development needs of refugees and their host communities. Uganda's Second National Development Plan (NDP II, 2015/16-2019/20) has a refugee-specific strategy known as the "Settlement Transformative Agenda" (STA), an initiative led by the Office of the Prime Minister with the aim of achieving "self-reliance and local settlement for refugees, and to promote social development in the refugee hosting areas as a durable solution to the refugees' problems, while protecting national and local interests." In response to the Government's request to support the STA, the UN and WB are in the process of developing the Refugee and Host Population Empowerment (ReHoPE), a joint strategic framework for a self-reliance and resilience program for refugee and host communities in Uganda. ReHoPE aims to enhance coordination of the gradual transition of programming for refugee-impacted districts from humanitarian towards development approaches. Through a multi-year and multi-sectorial partnership, the Government of Uganda and UN agencies, supported by their development partners, will embark on new development programming in refugee-impacted districts, and thereby enable refugee and host communities to meet their immediate needs and to manage future shocks. This goal will be achieved through joint analysis, collective advocacy, integrated service delivery, and joint resource mobilization.

## **Achievements**

- 1.2 million refugees from South Sudan were granted access to asylum on a *prima facie* basis and in accordance with international refugee law in CAR, the DRC, Ethiopia, Kenya, Sudan and Uganda.
- SGBV prevention and response mechanisms are in place, with more systematic reporting on the Gender-Based Violence Information Management System (GBVIMS).
- Refugees had access to life-saving emergency provision of general food assistance, water and sanitation (WASH), and primary health care.

### **Registration and Documentation**

- Refugees were biometrically registered in all asylum countries. Registration modalities were jointly agreed upon with government counterparts. The registration process ensured legally recognised identity documentation are issued to refugees, facilitating their freedom of movement and enabling them to engage in income-generating activities where permitted.

### **Reception and Relocation**

- Reception centres were established where refugees can access assistance. Protection border monitoring capacity has been enhanced to prevent refoulement. Protection monitoring was established at all six entry points from South Sudan to the DRC. The civilian character of camps and the legal and physical protection of refugees of all new arrivals was upheld by relocation exercises conducted with host Governments in the region.
- Of some 41,000 new arrivals in Ethiopia since September, most were promptly relocated to Jewi, Kule, Nyguenyiel and Triekidi camps, decongesting Pagak border transit centre. The transfer of nearly 5,000 refugees in CAR to Obo camp prevented their exposure to cross-border armed attacks. In the DRC, 50,000 refugees will be relocated in early November from border areas in Aru, Dungu and Faradje to more secure areas.

### **Child Protection and Education**

- 273,502 (36%) South Sudanese refugee children were enrolled in primary and secondary schools. Nevertheless, less than 1 per cent of refugees attended university.
- In Uganda, 7,745 UASCs were provided with family tracing and alternative care services. About 48,000 children (30,658 boys and 17,508 girls) South Sudanese refugee children and host community children benefited from psychosocial support and referral services at 45 child-friendly spaces (CFS). Some 40 refugee girls received support in response to sexual violence. Over 45,435 children under five received birth notification and birth certificates.
- In Sudan, 33,500 refugee children benefitted from psychosocial support and referrals to other social services through 30 CFS in camps and in host communities. 4,859 UASC have been identified in White Nile state. In West Kordofan, 6,033 refugee and host community children (46% girls) could attend school after receiving educational materials and 26 CFS were constructed
- In Ethiopia, 188 children were reunited with their families across Gambella refugee camps and 73 reunifications are under finalization.

### **Nutrition and Basic Services**

- In Uganda, 34,101 children aged between 6-59 months were screened for malnutrition. As a result, 764 severely acute malnourished (SAM) cases and 3,528 moderately acute malnourished (MAM) cases were identified and enrolled for treatment in the therapeutic feeding and supplementary feeding programme. Some 7,400 pregnant and lactating refugee women benefitted from a blanket supplementary feeding programme.
- In Ethiopia, 6,398 children aged between 6-59 months were screened for malnutrition. As a result, 188 SAM cases and 354 MAM cases were identified and enrolled for treatment in the inpatient/outpatient therapeutic and supplementary feeding programmes. To monitor the nutrition situation in the Gambella refugee camps, an annual standardized expanded nutrition survey (SENS) was carried out in four camps hosting South Sudanese refugees (Pugnido 1, Pugnido 2, Kule and Tierkidi). The results showed the prevalence of GAM was greater than 15 per cent and prevalence of SAM was greater than 2 per cent.

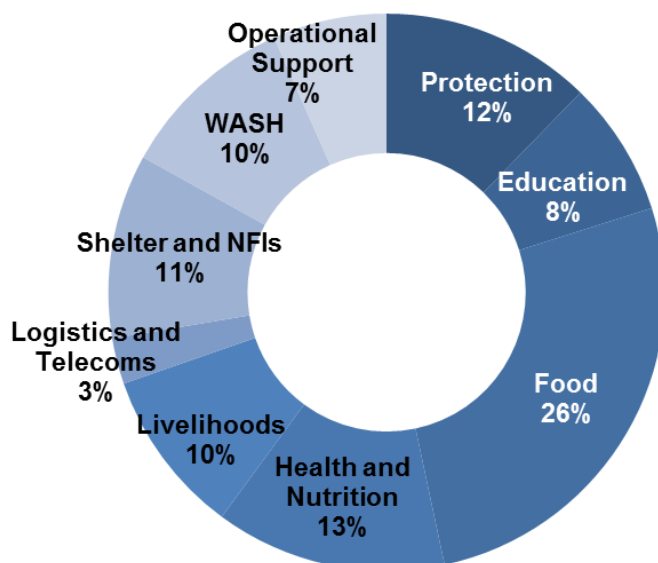
- In Kenya, 3,886 children between six and 59 months were screened for acute malnutrition. Some 290 SAM cases and 464 MAM cases were identified and enrolled for treatment in the therapeutic feeding and supplementary feeding programme.
- In Sudan, 135,495 community-based screenings for SAM were carried out for South Sudanese refugee children under five years. Among them, 2,229 were diagnosed with SAM. Some 6,928 caregivers received counselling on recommended appropriate feeding practices and 8,197 received vitamin A supplements. To monitor the nutrition situation in the refugee camps in White Nile Sudan, a baseline SENS was conducted in the eight camps hosting South Sudanese refugees (Alkashafa, Jourie, UmSangour, Alwarel, Alredais1 and 2, Alagaya and Dabat Bosin).
- To minimize the risk of excessive morbidity and mortality due to acute watery diarrhoea active surveillance, mass mobilization, prevention, control, and improvement in WASH facilities are in place across the region. In Uganda, a cholera outbreak was reported. With over 250,000 refugees at risk, only 164 persons with symptoms and signs consistent with cholera were reported. They were rapidly provided treatment, the community was mobilized and emergency cholera control measures were adopted. As a result of these multi-sector efforts, the outbreak was controlled and no deaths attributed to it.
- For uninterrupted treatment for sufferers of chronic diseases, including TB and HIV/AIDS, confidential self-reporting systems are in place at entry points and refugee camps to identify those on chronic care medication and provide them with treatment. In the DRC and Uganda, 1,400 and 505 refugees needing treatment for HIV/AIDS were identified and enrolled in treatment programmes.

#### Livelihoods

- 440,181 South Sudanese refugees were allocated arable land to sustain their livelihoods in Uganda. Similar out-of-camp settlement policies have been initiated for both rural and urban-based refugees. UNHCR's policy of alternatives to camps was actively pursued.
- South Sudanese refugees benefited from cash-based assistance, reducing their dependency on aid and strengthening their self-reliance.

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

**Total: 1,212,939,774**





## Coordination

In line with the Refugee Coordination Model (RCM), the humanitarian response in the subregion is led by UNHCR, in collaboration with governments, UN agencies, local and international NGOs, and host communities. UNHCR appointed a Regional Refugee Coordinator (RRC) for South Sudan in 2014 and a support unit was established in Nairobi. The RRC leads strategic inter-agency coordination in the South Sudan refugee response acting as the interface between humanitarian actors in asylum countries, donors and other stakeholders. In regional refugee response countries which also have mixed situations of IDPs and refugees, the RCM is applied to maximize a protection sensitive approach and complementarity with the cluster system where it is activated, i.e., in the DRC, CAR and Sudan.

The Regional Refugee Coordinator (RRC) is responsible for coordinating the response for refugees and is accountable to all partners and those receiving protection and humanitarian assistance. The RRC, through regular regional briefings and the dissemination of information, ensures a common understanding of the protection and assistance needs, sets regional priorities together with RRP partners, harmonizes standards in the response, identifies challenges and monitors the timely and effective delivery of assistance.



Figure 2: South Sudanese refugees crossing a river to reach safety in Uganda. UNHCR/ M. Farmaian

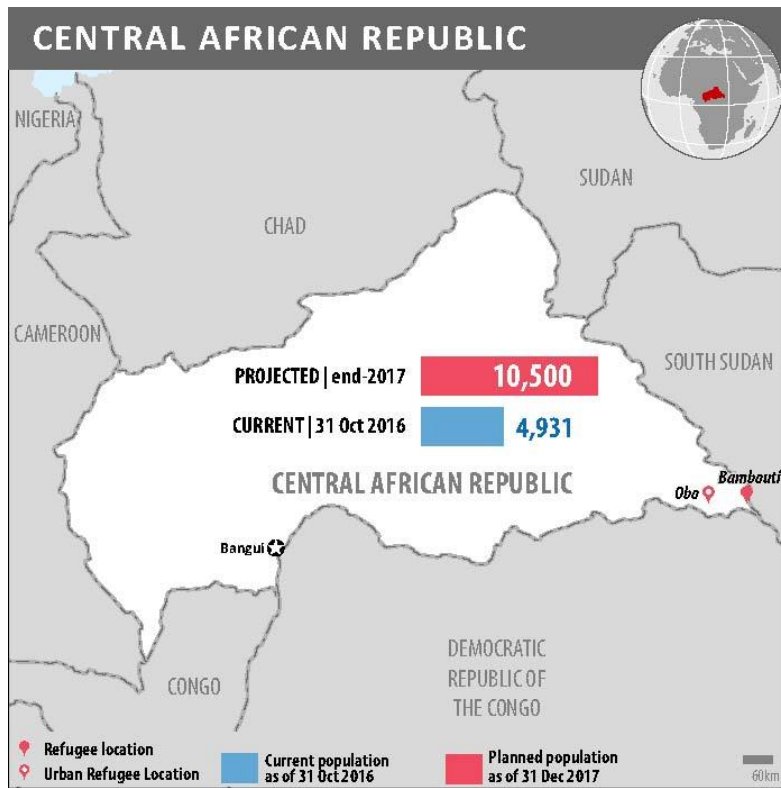
The Regional Child Protection Network (RCPN) implemented the recommendations of the Regional Information Sharing Protocol review of June 2016 to strengthen tracing and reunification of unaccompanied and separated children. The key priorities will be country level case management, prioritization, data quality and capacity building. The RCPN regional action for 2017 and the Regional Child Protection Framework for the South Sudanese and Sudanese refugee children will guide the regional child protection response and seek greater harmonization between operations. The inter-agency effort will focus on capacity building to strengthen country level mechanisms and procedures through training, joint technical missions and provision of coaching tools.

The RRC will broaden the scope of partnerships to mobilize resources and increase visibility for the needs of South Sudanese refugees. Advocacy and humanitarian platforms are important so needs of South Sudanese refugees and their hosts are more widely known and addressed. Aside from the United Nations regional and country teams and civil society, stakeholders include member states, multilateral financial institutions, and mandated intergovernmental agencies such as the Intergovernmental Authority on Development (IGAD), the East African Community, and the African Union, among others.

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

<b>Organization</b>
AAHI - Action Africa Help International
AAR - Association for Aid and Relief Japan
ACF - Action Against Hunger
ADRA - Adventist Development and Relief Agency
ARC - American Refugee Committee
ASSIST
Caritas
CWW - Concern World Wide
DCA - Danish Church Aid
DRC - Danish Refugee Council
EOC-DICAC - Ethiopian Orthodox Church Development and Inter-Church Aid Commission
FAI - Film Aid International
FAO - Food and Agriculture Organisation
FCA - Finn Church Aid
FH - Food for the Hungry
GOAL
HAI - Help Age International
IAS - International Aid Services
IMC - International Medical Corps
IOM - International Organisation for Migration
IRC - International Rescue Committee
LWF - Lutheran World Federation
MCMDO - Mothers and Children Multisectoral Development Organization
NRC - Norwegian Refugee Council
OXFAM
Pancare
PI - Plan International
PWJ - Peace Winds Japan
RCK - Refugee Consortium of Kenya
SCI - Save the Children International
SP - Samaritan's Purse
SRCS - Sudanese Red Crescent Society
Swisscontact
TTR - Tutapona Trauma Rehabilitation
UMCOR - United Methodist Committee on Relief
UN WOMEN
UNFPA - United Nations Population Fund
UNHCR - United Nations High Commissioner for Refugees
UNICEF - United Nations Children's Fund
WCC - War Child Canada
WFP - World Food Programme
WHH – Welthungerhilfe
WHO - World Health Organisation
WMU - Water Mission Uganda
WTI - Windle Trust International
WVI - World Vision International
ZOA

# CENTRAL AFRICAN REPUBLIC RESPONSE PLAN

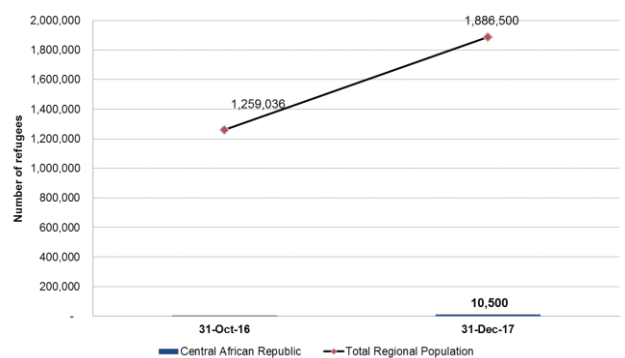
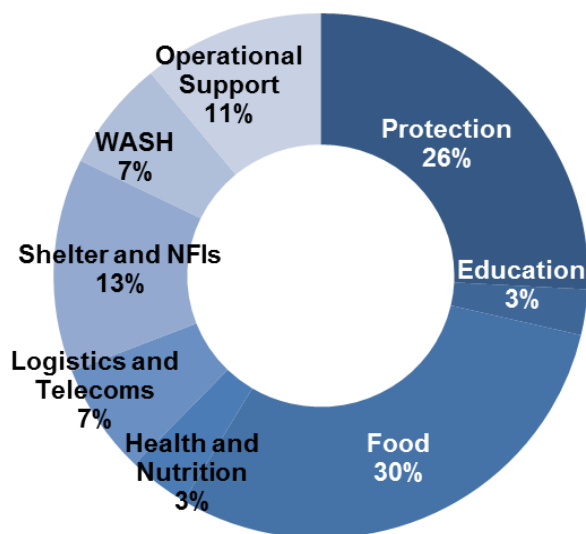


Sources: UNCS, UNHCR  
 The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined. Creation date: 22 Nov 2016

## Financial Requirements (US dollars)

13,834,819

## Population Trends





## ***Background and Achievements***

As a result of the ongoing power struggle in South Sudan, fighting erupted between the SPLA (Sudan People's Liberation Army) and an armed coalition of young fighters in Source Yubu and Ezo along the Central African Republic (CAR) border at the end of 2015. The subsequent flight of some hundred refugees into Bambouti, an isolated village about 4 km from the South Sudan border in CAR, was reported at the end of December 2015. By September 2016, 4,800 refugees had been registered in Bambouti. Of this population, 52% are female, and over 72% are under the age of 18, with almost 20% under 5 years of age. Lord's Resistance Army (LRA) presence in the area had led to attacks in Bambouti in the past, and key services such as health and education had been discontinued in previous years. The local population numbered less than 300, malaria was rife, malnutrition rates were growing, and clean drinking water was not available. Access to Bambouti itself was challenging as the town is only accessible by 8x8 truck in the dry season and the proximity of the military, LRA and CAR rebel groups poses serious security and protection concerns.

The refugees' vulnerability was heightened by the onset of the rainy season which cut off the one road by which the location could be accessed. RRP partners managed to rotate a series of missions in and out of the area by chartering flights, but the landing strip was inadequate and could only serve a small aircraft. Initial assessment missions reported that many refugees suffered from malaria, waterborne diseases and malnutrition. Access to potable water, food, education, healthcare, sanitation and shelter was needed for the entire population as Bambouti did not have any functioning health, sanitation, and potable water or education facilities nor did it have any presence of administrative, judicial or national security forces. While it was initially decided to set-up a response programme in Bambouti itself and basic assistance in NFI, shelter, health, protection and WASH was provided to the extent possible, lack of access and security incidents forced a rethink of the response plan.



*Figure 3: Refugee women preparing food in Obo, CAR. UNHCR/ S. Gneneman*



After six months of efforts to deliver suitable protection and assistance to Bambouti, it was decided in agreement with the Government that the location was too vulnerable and too remote to provide a safe hosting environment for the refugee population. UNHCR and the CAR authorities consequently agreed to move the refugee response to the town of Obo, 100km west of Bambouti, a location that benefits from easier access, the existence of some basic services, and a presence of security forces. It also addressed the refugees' main protection concerns relating to the risk of cross-border incursions. Obo is a more-densely populated area than Bambouti, with over 20,000 people living in the town itself, and it has been agreed with the designated Government agency, the National Refugee Committee (CNR), and with the local authorities in Obo, that vulnerable members of the local population will also enjoy full access to the services being provided in the refugee response.

Whilst this move is preferable both from a protection and logistical point of view, it does require relocation of those refugees opting to move away from the border. A survey among the refugee population indicated that the large majority of refugees would choose to move to Obo. The relocation started at the end of October 2016 and was expected to take at least two to three months to complete as transport depends on availability of 8x8 rental trucks and is frequently interrupted by bad weather.

As the situation in South Sudan remains extremely volatile, the operation estimates that the total influx may reach 10,500 South Sudanese refugees by the end of 2017. A seed distribution programme is operating in the area to strengthen food security, whilst partners are also ensuring that food is distributed to local, vulnerable households. As of November 2016, the first refugee convoy had arrived in Obo, and services were being provided as planned.

### **Achievements**

Initial assistance was provided to refugees in Bambouti whilst a medium-term plan for relocation to Obo was developed. Partners supported the following achievements:

- Successful registration and verification of the population
- Temporary support to health services
- Basic security ensured by a detachment of Ugandan forces
- Basic shelter assistance in the form of plastic sheeting
- The provision of high-nutrition biscuits to supplement locally available food items
- Basic schooling re-established

As the security situation became increasingly challenging in Bambouti, mostly because of incursions of armed combatants from South Sudan and the absence of law enforcement officials, the decision was made to relocate the refugees to Obo located 120 km from Bambouti. A site for the refugees was identified outside of the main town of Obo in conjunction with local authorities, and preparations undertaken prior to the arrival of the first relocation convoy. Health and Protection services were put in place ready for the arrival of refugees, and relocation convoys of 100 refugees at a time have been conducted using the only trucks available in the area.

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

With nearly 70 percent of the refugee population under 18 and more than 50 percent female, SGBV and child protection risks are key priority areas for intervention. Lack of adequate shelter, food and presence of military personnel and especially armed rebel groups are factors that will contribute to an insecure protection environment and need close monitoring, advocacy and identification of persons at risk. The initial registration allowed the identification of unaccompanied minors without proper foster arrangements. With Sexual Exploitation and Abuse (SEA) and SGBV being widespread issues in CAR, prevention mechanisms have to be put in place.

While some basic services are available in Obo, they are insufficient and sub-standard. School, health and water infrastructure are largely inadequate to cater for both the refugee and host population. Refugees have no access to accommodation or a reception centre for the screening and registration of new arrivals.

Key protection needs include registration, case identification and establishment of case management systems and referral pathways, prioritization of most critical cases for case management based on Best Interest procedures, community based approaches, support for unaccompanied and separated children

(including tracing and foster care arrangements), and improved physical protection through deployment of national police.

Protection and border monitoring activities will be required in Bambouti ensuring that new arrivals are recorded and if need be, provided with transport to relocate from the border to Obo where multi-sectoral assistance will be provided to refugees and vulnerable persons among the host population. Support for the rehabilitation of the health centre and school in Obo will be provided ensuring that basic services are in place to serve both the refugees and the host population. A reception center will be established to facilitate appropriate screening of new arrivals for the purpose of identification of needs and the appropriate response. In addition, refugees will be provided with Core Relief Items (CRIs) and basic shelter material in an attempt to improve their extremely difficult living conditions.



Figure 4: Refugees arriving with their belongings at Obo, CAR. UNHCR/ S. Gneneman

## **Response Strategy and Priorities**

The needs of refugees will continue to be addressed through a coordinated approach, with UNHCR acting as the convening agency for the response. Initial priorities will be to prepare the site in Obo for the sudden increase in population and to ensure the smooth and dignified relocation of those refugees currently in Bambouti to their new location.

### **Protection:**

Limited presence of state authorities, MINUSCA personnel and national law and order personnel has led to a vacuum in the protection environment. Advocacy will continue with both national authorities and MINUSCA for the deployment of CAR public forces and international security personnel to the OBO area. Training and sensitization of national and MINUSCA forces will be provided while protection monitoring in Bambouti and relocation of vulnerable refugees from the border area will continue. Refugees will also be provided with sensitization sessions upon arrival in Obo. These will focus on peaceful coexistence, respect for the authorities in the country of asylum and on maintaining the civilian character of the camp.

**Registration:** refugees were registered with basic information at household level. To ascertain the actual number of refugees and to better tailor the response to the refugee population, there is a need to carry out a more precise registration at individual level ideally using a biometric system. This will allow for a better profiling of the population by sex and age and to identify people with special needs. Refugees will be provided with individual documentation.

**Child protection:** A response mechanism will be set up to ensure timely referral to appropriate services of children at risk, including unaccompanied and separated children, and children victims of violence

and abuse in Obo. The response will also factor the needs of the host community already sharing its limited resources with the refugee population. The community will be mobilized through child protection committees to provide a safe environment for children through the establishment of Child Friendly Spaces (CFS) and to contribute to safe identification and referral of children at risk of violence and abuse.

**SGBV response:** Some 70 per cent of the total population registered in Obo are children, and over 50 per cent are female. Lack of adequate shelters and food as well as the presence of military personnel are factors that may contribute to an insecure environment requiring protection monitoring, advocacy and identification of persons at risk. The initial assessment allowed the identification of unaccompanied minors without proper foster arrangements, identification of persons with specific needs who will require targeted support. Psychosocial support, medical services and wherever relevant, socio economic activities, will be provided to SGBV survivors;

**Multi-sector assistance:**

Having taken the necessary steps to shift assistance from Bambouti to Obo, RRP partners are better positioned to cope with further new arrivals. The presence of a much larger host population in Obo will necessitate a degree of understanding on the part of humanitarian actors, with programmes to enhance peaceful coexistence a central tenet of the approach. The multi-sector response will also include the local population in Obo, who will benefit from the health, education and wash interventions as well as NFI support for vulnerable individuals among the local population, which is estimated at 20,000. Inclusion of the host population is essential to avoid conflicts in an already tense operating environment. Presence of LRA and other armed groups necessitate significant investments in risk mitigating measures.

School and health infrastructure will be extended, qualified staff provided and medicines and educational material procured. WASH infrastructure will be rehabilitated and extended.

Shelter needs in Obo will be addressed through the provision of 100 emergency shelters for families with with specific needs, and family-sized tents for each refugee family staying on-site.

Only 23 per cent of the refugees and 25 per cent of the residents have an acceptable diet. Food assistance will be combined with the provision of agricultural tools and seeds so that the refugee and host communities will be able to cultivate and source their own food in the longer-term. Nutrition monitoring will continue while provisions will be made for the treatment of children suffering from severe and moderate acute malnutrition.

A MOSS-compliant base is being established in Obo to serve partner staff. Transport to the area, though easier than Bambouti, is nonetheless complex and difficult by road; access will continue to be undertaken by UNHAS flights while transport of goods will be undertaken by 6X6 trucks only.

## ***Partnership and Coordination***

The response to the South Sudanese influx in CAR is led by UNHCR and supported by the Government of CAR through the Commission Nationale pour les Réfugiés (CNR) with participation of UN Agencies (UNICEF, WFP, OCHA, FAO), MINUSCA and NGOs (MSF, JUPEDDEC, Vision to Change) and support of the RC/HC. Regular coordination meetings are organised by UNHCR and updates are shared with the Humanitarian Country Team (HCT).

The initial response was supported primarily by UNHCR, WFP, and UNICEF. Assistance missions were also conducted by Oxfam, which provided some basic WASH and NFI assistance. JUPEDDEC and Vision to Change the World carried out missions during the initial planning and set up in Bambouti. The approach also benefited from an inter-agency mission with government participation and support throughout the process.

## Planned Response

SECTOR	OUTPUT	INDICATOR	TARGET
Protection	Risk of SGBV is reduced and quality of response improved	# Awareness raising campaigns on SGBV prevention and response mechanisms conducted	14
		# Community-based committees/ groups working on SGBV prevention and response	1
		% reported SGBV incidents for which counselling and medical support are provided	100%
	Protection of children strengthened	# Community-based committees/groups dedicated to child protection issues functioning	2
	Refugees on arrival and new-borns registered and provided with documents	% refugees and new-borns registered with documents	100%
	Government officials trained on refugee protection	# government officials trained	300
	Services for persons with specific needs strengthened	% older persons of concern who receive services for their specific needs	100
Food	Children and adolescents have access to quality and inclusive education	% primary school-aged children enrolled in primary and secondary education	100
		# children per teacher	40
	Food assistance provided to refugees	% refugees receive monthly food assistance of 2,100 kcal or cash equivalent	100%



SECTOR	OUTPUT	INDICATOR	TARGET
<b>Health and Nutrition</b>	Targeted Supplementary feeding programme (TSFP) implemented and monitored	Programme coverage	>90%
	Therapeutic feeding programme (OTP/SC) implemented and monitored	Programme coverage	>90%
		Programme coverage	>90%
	Blanket Supplementary feeding programme (BSFP) implemented and monitored	Programme coverage	>90%
		Programme coverage	>90%
	Programme on support and promotion of IYCF practices implemented and monitored		
	Standardized Expanded Nutrition Survey (SENS) conducted	# of SENS conducted	All camps
	Health and nutritional condition of refugees upon arrival and through home visits and mobile teams monitored	# of health and nutrition screenings conducted	12
Health status of the population improved	% of population with access to primary healthcare	100%	
<b>Logistics and Transport</b>	Extent persons of concern have access to HIV services	% HIV positive PoC receiving ART	100%
	Emergency onwards travel assistance provided to stranded and transiting refugees	# of refugees transported to the location of assistance	10,000
<b>Non-Food Items (NFI)</b>	Standard non-food item kits distributed to refugees	# of refugee households where NFIs were distributed	1,500
<b>Shelter</b>	Family tents to vulnerable families distributed	% of vulnerable families distributed with tents	100%
	Shelter materials and maintenance toolkits provided	# of POC receiving shelter support	10500
<b>Water Sanitation and Hygiene (WASH)</b>	Gender-sensitive showers and latrines according to SPHERE standards constructed	# of functional showers/latrines constructed according SPHERE standards	500
	Garbage pits built	# of garbage pits built	6
	Sanitary materials provided	% of women with sanitary supplies	100

## ***Financial Requirements Summary – CAR***

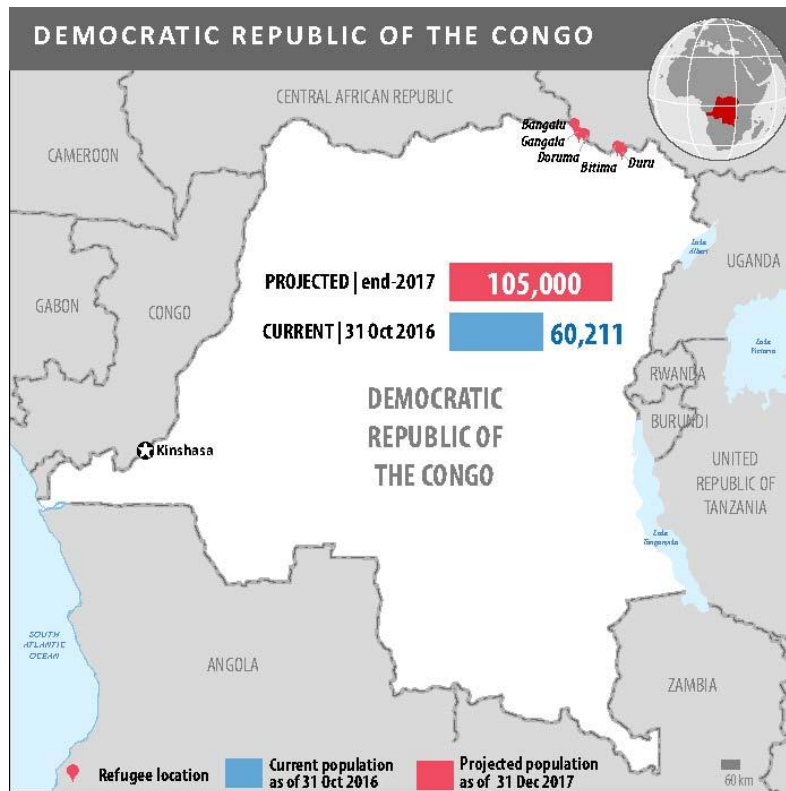
### **Financial requirements by agency (in US dollars)**

<b>Organization</b>	<b>Total</b>
UNHCR - United Nations High Commissioner for Refugees	9,982,819
WFP - World Food Programme	3,852,000
<b>Total</b>	<b>13,834,819</b>

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

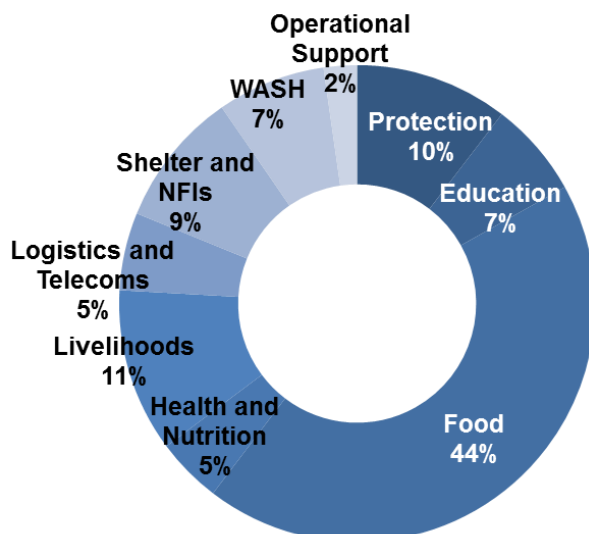
<b>Sector</b>	<b>Total</b>
Protection	3,572,850
Education	389,103
Food	4,141,000
Health and Nutrition	510,000
Logistics and Telecoms	943,000
Shelter and NFIs	1,818,772
WASH	941,177
Operational Support	1,518,917
<b>Total</b>	<b>13,834,819</b>

# THE DEMOCRATIC REPUBLIC OF THE CONGO RESPONSE PLAN

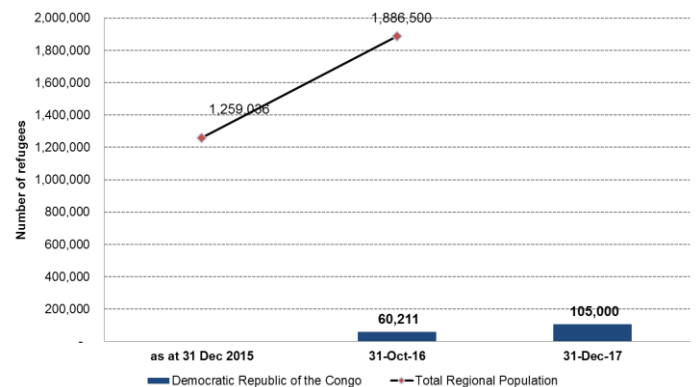


Sources: UNCS, UNHCR  
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Creation date: 22 Nov 2016

## Financial Requirements (US dollars) 72,006,531



## Population Trends



## ***Background and Achievements***

Since the outbreak of the conflict in December 2013 until October 2016, over 1.2 million South Sudanese refugees fled to neighbouring countries, including 60,000 to the Democratic Republic of the Congo (DRC).

Refugee outflows from South Sudan continued despite the signing of the agreement brokered by the IGAD on the Resolution of the Conflict in August 2015, and the subsequent formation in May 2016 of the Transitional Government of National Unity. A new and larger influx to the DRC began following the outbreak of violence in Juba in July 2016. Very few humanitarian actors are present in the refugee hosting areas of the DRC.

There are six major entry points utilised by South Sudanese refugees entering the DRC located in Ituri and Haut-Uele provinces. The dispersal of refugees along the border between the two countries represents a major protection concern, particularly in the territories of Aru and Faradje. The risk of attacks and recruitment by armed groups from South Sudan as well as SGBV incidents remains high. UNHCR works closely with the Government to ensure the civilian and humanitarian character of asylum is preserved. In this vein, DRC authorities have requested transfer of all refugees to four designated sites further away from the border. The identified sites are the Congolese villages of Birindi, Meri, Doruma and Doru. Some refugees are settled with host communities in: Bangalu, Bitima, Dungu, Doruma, Duru, Gangala, Massombo, Mogorko and Sugba, in the province of Haut-Uélé.

In view of this operational setting, the response to the refugee situation in the DRC is centred on advancing an “alternative to camp” approach. RRP partners promote inclusion of refugees in host communities and services, where available, and support an integrated approach benefitting both populations. Assessments conducted in 2016 revealed that the areas concerned lack almost all basic and essential services as well as extremely poor conditions of the hosting population.



*Figure 5: South Sudanese refugees arrive at the Meri camp in the DRC after fleeing ongoing violence in 2016. UNHCR/G. Ramazani*



The on-going emergency response in DRC includes screening from the border onward of most vulnerable cases, SGBV survivors, unaccompanied and separated children; protection monitoring at all entry points; biometric registration and documentation of all asylum seekers; food and core relief items provision, health care, including reproductive health care and HIV/AIDS response, emergency shelter, WASH and education support.

In addition to major security concerns, logistics and supply constraints are the other main challenge of the emergency response. Impassable roads hamper the relocation and the capacity of the overall operational response. The persistent lack of communication networks to enable flow of communication among humanitarian actors adds further strain affecting the smooth coordination of activities.

All interventions are coordinated with the *Commission Nationale pour les Réfugiés* (CNR), while the coordination structure led by UNHCR has been moved from Bunia to Aru to bring it closer to beneficiaries.

## **Achievements**

### Protection

- Biometric registration is on-going. As of October 2016, 60,000 refugees were registered - 29,000 with biometric registration.
- 60% of registered refugees received refugee attestations ensuring freedom of movement
- A major relocation exercise of over 50,000 refugees was launched in early November from borders areas in Aru, Dungu and Faradje.
- Protection monitoring was established at all 6 entry points.
- 16 SGBV survivors received medical assistance and 2 legal assistance. Awareness raising is ongoing to increase the reporting of SGBV incidents.
- A joint committee composed of local population, refugees and local authorities was set up in Doruma to address problems and find solutions relating to the sharing of resources and coexistence.

### Food Assistance

- From January to September, 1283 MT of food was provided benefitting some 53,960 refugees.

### Health and Nutrition

- 157 pregnant women were registered at the health centre along with 193 children aged less than 5 years old since July 2016.
- 75% of people living with HIV had access to ARV by October 2016.
- Immunization coverage against measles reached 99% in October 2016.
- 150 people benefitted from the nutritional support through nutrition programme (OTP, TSFP).
- 460 impregnated mosquito nets were distributed.

### Water and Sanitation

- 14 water points were rehabilitated benefitting 7,000 people. Out of 23 water points planned for rehabilitation by the end of 2016 to reach a target of 11,500 beneficiaries in Doruma, Gangala and Masombo.
- 6 new boreholes were constructed out of 11 planned in 2016 in support of hosting villages where access to water remains a challenge.
- 11 out of 23 planned management committees were established.
- 283 communal (emergency) latrines were built in the site of Doruma.

### Shelter and NFIs

- 300 out of 600 emergency shelters planned on the Doruma-Nambili axis were constructed.
- 4 community hangars were constructed.
- Material availability is gradually increasing in the sites of Doruma, Masombo and Gangala, where wood has been put at disposal for shelter construction.
- NFIs have been distributed in Dungu-Bitima axis and in Doruma town.

- NFIs for 6000 beneficiaries are under procurement to cover immediate needs of most vulnerable.

#### Education

- An educational committee was set up in Dongu.16 educators were recruited.
- 847 refugee pupils (456 girls and 391 boys) were enrolled and started French language classes.
- 150 pupils received school kits.
- Additional campaigns to boost school enrolment were conducted in Gangala and Masombo with the involvement of parents.
- Advocacy is ongoing to ensure the integration of refugee students who do not have school certificates in the hosting community schools.

#### Logistics

- The fleet in Doruma was reinforced with 5 additional vehicles.
- Some road rehabilitation is planned by the end of 2016 to facilitate access.



Figure 6: A South Sudanese refugee couple prepare their garden plot which is adjacent to their house plot. UNHCR/G. Ramazani

## **Humanitarian Needs and Vulnerabilities**

Based on the present arrival rate in north-eastern DRC which almost doubled in September 2016, it is anticipated that the South Sudanese refugees in DRC will reach 75,000 people by the end of December. An additional 30,000 refugees are expected in 2017, thus bringing the population planning figure for South Sudanese refugees in DRC to 105,000.

Among the 60,000 refugees currently in DRC, nearly 39,600 or 66 percent are under the age of 18; 24 percent under 5; 28 percent between the age of 5 and 11; 14 percent between 12 and 17; and 2 percent are elderly. The high percentage of school aged children and youth requires specific attention in terms

of protection from forced recruitment, sexual exploitation and abuse, and to ensure access to quality education and positive coping mechanisms. It is projected that by the end of 2017, 68,000 refugees will be under 18 years of age. Women and children will represent 84 percent of the refugee population.

Inter-agency assessments were carried out in March and September 2016. They identified critical protection and assistance gaps among the South Sudanese refugees and revealed that the host population is already extremely vulnerable and lacks most basic and essential services. The response by the humanitarian community will be tailored accordingly.

The major challenges remain security and critical logistical constraints. Security remains highly volatile with some incidents leading to the temporary suspension of assistance in September.

Impassable roads, the long distances covered to reach designated sites, challenges in the supply of humanitarian assistance and items needed to run the operation, often coupled with lack of communications coverage make the response extremely difficult.

The living conditions of host communities are poor in terms of communal infrastructure. The health care system is plagued by lack of qualified staff, equipment and medicines coupled with a non-functioning medical referral system and non-existent medevac capacity for emergency cases. The morbidity profile of the refugee and host populations are nearly identical. Malaria is the first illness followed by respiratory infections, diarrhoea and STIs. A rapid assessment of the nutritional status of refugees revealed a Global Acute Malnutrition of 10.9 percent, of which 3 percent severe malnutrition and 7.9 percent moderate malnutrition.

The education system needs to be supported to enable access to education for the South Sudanese children of 46,000 pupils under 18. Protection, including registration, documentation and SGBV prevention and response, as well as access to food, health, wash, shelter, nutrition and education reflect the key areas where interventions are needed.

To support the socio-economic integration of refugees and the peaceful cohesion with the host population, self-reliance and income-generation activities for both refugee and host communities are critical. Agricultural activities are dominant in the area and opportunities for rearing livestock and trade also exist. The increased pressure on productive resources, food reserves and land, require immediate protection and strengthening of agricultural livelihoods.

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

The response will be based on a *policy of alternatives to camps*, focused on ensuring access of refugees to the local services (health, water and sanitation, education, legal system etc.) while supporting the existing public structures for the benefit of both populations.

To ensure the physical safety of new arrivals, it is paramount to relocate the refugees away from the border areas. A major relocation exercise started on 1 November 2016. Once relocated, refugees receive basic assistance in the identified relocation sites. Support is also provided to those living with host communities targeting the most vulnerable.

Protection and border monitoring will be carried out by the CNR with the support of UNHCR. They will continue to work closely with the border authorities to ensure respect of the principle of *non-refoulement* and will continue to ensure biometric registration and documentation of all refugees.

RRP partners will ensure continued protection monitoring. In parallel, it will be essential to develop community based mechanisms to foster social cohesion as there is a growing perception that refugees may pose security threats to the country.

The prevention and response to SGBV will remain a key priority, including the promotion of community-based support, the prompt referral of victims as well as the prepositioning of PEP Kits.

In terms of shelter, for refugees living with host families, priority will be given to the rehabilitation of communal infrastructures to benefit host and refugee communities alike. Only the most vulnerable refugees will be provided with a shelter. For refugees relocated from the border to the identified sites, support will be provided for the construction of family shelters.

Core relief items will mainly include blankets, mattresses, buckets and other hygiene items, kitchen sets and mats. They will be provided to refugees in the relocation sites. Distribution among refugees living with host families will be based on vulnerability.

Refugees and host communities will share the same health care system which will be reinforced through the rehabilitation and construction of some structures, the provision of equipment, medicines and staff training. Reproductive health care, HIV/AIDS response and malnutrition will require specific focus.

The education strategy aims at the integration of children into the local schools. Support will include schools' rehabilitation, the provision of equipment, school kits and intensive French language courses.

WASH activities will include the construction of 5 piped water systems, 50 new boreholes, 11,000 latrines, the rehabilitation of 60 boreholes and the establishment of 115 WASH committees.

Food assistance for the refugees and most vulnerable hosting families will continue to be provided.

Support for refugee self-reliance by encouraging income-generating activities as a key priority to curb the dependency on humanitarian assistance. Seeds, tools and training will be provided for the start-up and/or rehabilitation of agricultural activities for refugees as well as protection of agricultural livelihoods of already vulnerable host communities. Cash for work modalities will be introduced. Additional support will target vulnerable women to lower the risk of engaging in harmful survival strategies.

## ***Partnership and Coordination***

UNHCR jointly coordinates the refugee response with the DRC authorities. The DRC Government is represented by the *Commission Nationale pour les Réfugiés* (CNR) which is the main counterpart in dealing with the emergency response, along with immigration police and local authorities in the refugee hosting areas. RRP partners work in support of the DRC Government, the local authorities as well as the refugee and local communities.

As of October 2016, the coordination structure led by UNHCR has been relocated from Bunia to Aru to bring it closer to the refugees. As not all agencies are present yet in Aru, the coordination currently involves the authorities and RRP partners present on the ground, while remote coordination is maintained with actors not yet physically present. It is expected that most partners will ensure their presence in Aru by early 2017. Interagency assessments were carried out in March 2016 and in September 2016. Further inter-agency assessments will be carried out in 2017 to measure progress and inform further planning.



## Planned Response

SECTOR	OUTPUT	INDICATOR	TARGET
Protection	Quality of registration and profiling improved or maintained	# of refugees registered on an individual basis	45,000
	Services for persons with specific needs strengthened	# of refugees with specific needs receiving support (non-cash)	5,250
		# of social / recreational events organized	30
		Risk of SGBV is reduced and quality of response improved	# of community-based committees/groups established
		# of awareness raising campaigns on SGBV conducted	60
		# of reported SGBV incidents receive counselling or assistance	350
		# of survivors enrolled in income generating activities	350
		# of people trained SGBV prevention and response	160
	Protection of children strengthened	# of best interest assessments conducted	600
	Peaceful coexistence with local communities promoted	# of campaigns conducted	5
# of persons reached through community sensitization campaigns		150,000	
Reception/transit centre infrastructure established and maintained	# of refugees accommodated	40,000	
	# of reception centre buildings/ structures established	40	
Education	Children (boys and girls) have access to quality education in safe and protective environments	# of children enrolled and regularly attending primary education	29,000
		# of students attending language of instruction classes	17,000

SECTOR	OUTPUT	INDICATOR	TARGET
Food	Adequate quantity and quality of food assistance provided	# of people receiving food assistance (in kind)	105,000
		# of student covered by school feeding programme	29,000
	Food security and the livelihoods of South Sudanese refugees and host families are restored	# of refugee households and host families that received agricultural input kits	12,000
Health and Nutrition	Access to primary health care services provided or supported	Access to primary health care facilities ensured	YES
		# of health facilities established	6
	Contingency plan for disease outbreaks maintained	Stockpile for disease outbreaks established	YES
	Preventive reproductive health and HIV services provided	Refugees have access to male and female condoms	YES
	Nutritional well-being improved	Coverage of nutritional screening of U5 children among new arrivals and at camp level	>90%
		Coverage of Supplementary feeding programme (TSFP)	>90%
		Coverage of Therapeutic feeding programme (OTP/SC)	>90%
		Coverage of complementary food supplements	>90%
		Coverage of IYCF practices	>90%
	Logistics and Telecoms	Warehousing provided, repaired and maintained	# of warehouses maintained
Non-Food Items (NFI)	Core relief items provided	Grams of soap distributed	250g
		# of women receiving hygienic supplies	37,250
Shelter	Emergency shelter provided	# of emergency shelters provided	800
	General site operations constructed and sustained	# of buildings/ structures constructed	40
	Shelter materials and maintenance tool kits provided	# of shelter maintenance tool kits and materials provided	11,000

SECTOR	OUTPUT	INDICATOR	TARGET
<b>Water Sanitation and Hygiene (WASH)</b>	Water system constructed, expanded and/or upgraded	Average # of liters of potable water available per person per day	20
	Household sanitary facilities / latrines constructed	# of household sanitary facilities/ latrines constructed	11,000
	Refuse pits constructed/ maintained	# of refuse pits constructed	110
	Sanitary facilities/ latrines in health centers / hospitals, schools constructed	# of sanitary facilities/ latrines, constructed in health centers and schools	6

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

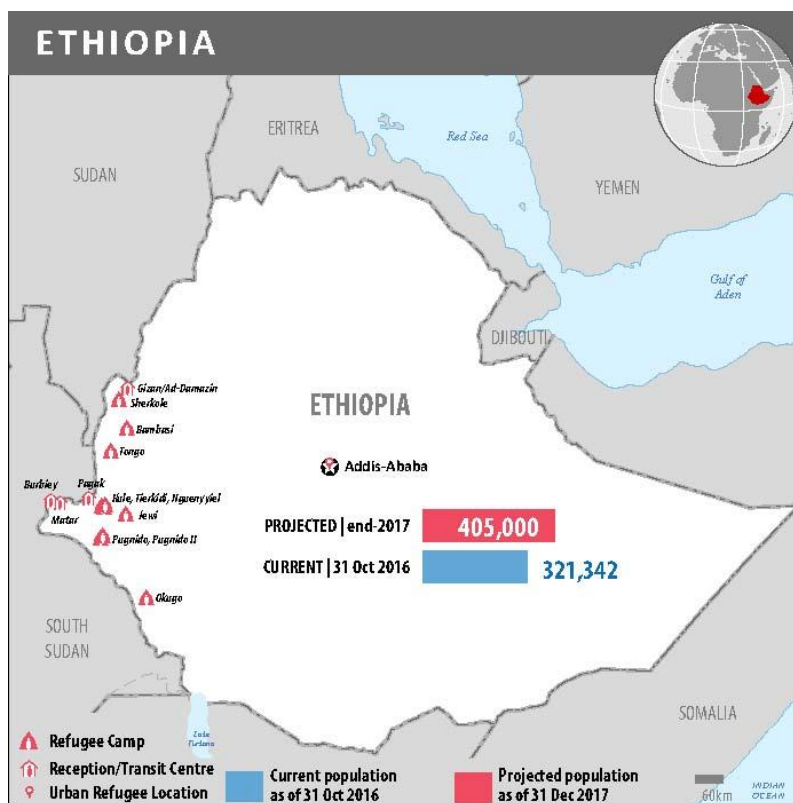
### **Financial requirements by agency (in US dollars)**

<b>Organization</b>	<b>Total</b>
FAO - Food and Agriculture Organisation	2,664,000
UNHCR - United Nations High Commissioner for Refugees	31,939,872
UNICEF - United Nations Children's Fund	5,493,512
WFP - World Food Programme	31,909,147
<b>Total</b>	<b>72,006,531</b>

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

<b>Sector</b>	<b>Total</b>
Protection	7,486,584
Education	4,666,000
Food	31,303,005
Health and Nutrition	3,191,479
Livelihoods	7,997,882
Logistics and Telecoms	3,800,000
Shelter and NFIs	6,630,000
WASH	5,300,000
Operational Support	1,631,580
<b>Total</b>	<b>72,006,531</b>

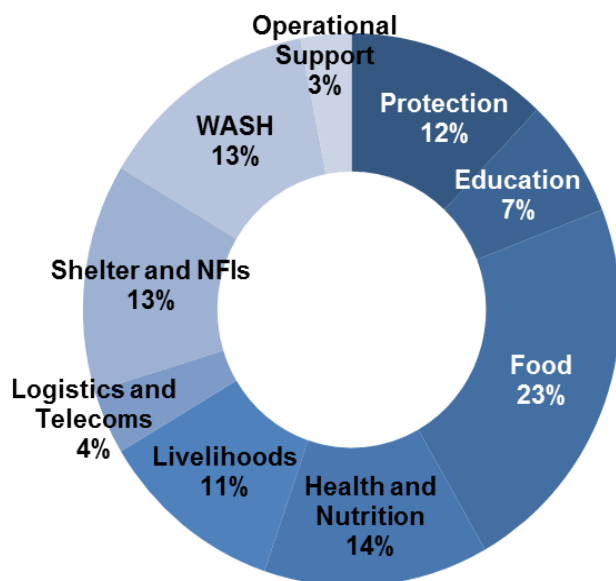
# ETHIOPIA RESPONSE PLAN



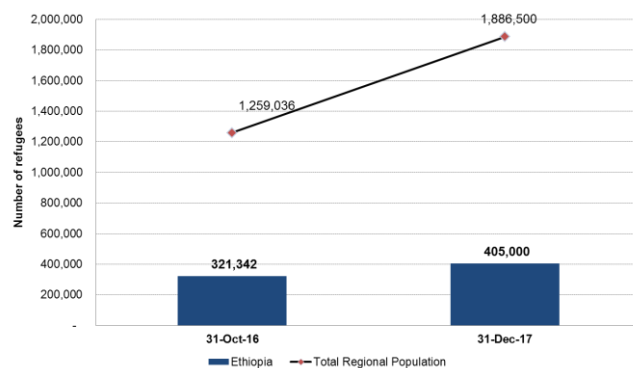
Sources: UNCS, UNHCR  
 The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined. Creation date: 22 Nov 2016

## Financial Requirements (US dollars)

**313,574,894**



## Population Trends





## ***Background and Achievements***

Since 3 September 2016, more than 41,000 refugees arrived in Western Ethiopia from South Sudan, in addition to the 285,000 South Sudanese already being hosted in Gambella and Assosa Regions. The total registered population of more than 320,000 South Sudanese currently represents the largest refugee group residing in Ethiopia.

Pagak is the main border entry point for new arrivals, even though, 1,800 refugees had arrived through Akobo in a very remote border area further south (220km from Gambella), which is accessible only by boat. In November 2016, an average of 520 people were arriving per day; the majority of them women and children (86%), with considerable numbers of unaccompanied and separated children (UASC) amongst them (nearly 9,000 as of 21 November).

Refugees arrive mostly from Upper Nile, Jonglei and Rueng (formerly called “Unity”) states which are predominantly populated by ethnic Nuer tribes. The new arrivals cite the spread of violence and renewed fighting since the political upheaval in July in Juba, food shortage due to insecurity, and forcible military recruitment, as reasons for their flight. Women also reported sexual and gender-based violence (SGBV) incidents during their flight.

By mid-October 2016, some 30,000 newly arrived refugees have been relocated to extensions of the pre-existing three camps (Kule, Jewi and Tierkidi). As those camps quickly reached maximum capacity, the Gambella Regional Government approved a new site in Nguenyiel in the vicinity of Tierkidi camp, after it was considered suitable (i.e., within the zone of the Nuer ethnic community and not flood-prone). With camp development in Nguenyiel ongoing, it started receiving refugees as of 20 October. Access roads were cleared, and temporary health and nutrition facilities, child protection and youth centres were established as well as a protection helpdesk. Emergency shelters and communal latrines were being constructed, and a water distribution network developed to allow for the trucking of water, whilst the transfer of the new arrivals continued (over 12,000 as of 21 November 2016).

The Gambella Region is one of the least developed remote states in Ethiopia, with very limited public facilities and infrastructures. All infrastructure and facilities for the provision of basic minimum services for refugees need to be established through RRP partners.

Due to the declaration of a State of Emergency since 9 October 2016, travel and transportation via road and communication throughout the country have been impacted exacerbating the challenges related to Gambella’s remoteness and under-development and hampering progress in site development and other emergency response activities. Even prior to the State of Emergency, the region experienced three security incidents in the first half of 2016, which hindered the access of humanitarian workers to the refugee camps and impacted on the security of the refugees and the host community.

### **Achievements**

#### Pagak

- Pagak border entry point decongested and refugees registered prior to relocation.
- Protection helpdesk operational, addressing cases of registration, physical protection, medical referrals and family reunification.
- 500 children and youth participated in cultural and sports activities in child friendly spaces.
- Emergency SGBV prevention and response services established in Pagak.
- Health services provided for refugees and host community.
- Blanket vaccination and supplementation provided to new arrivals.
- 28,162 children vaccinated against polio
- 26,068 children vaccinated against measles
- 14,782 children received supplementary vitamin A
- 9,700 children received albendazole.
- 8,742 children between the ages of six and 59 months screened for malnutrition; Global Acute Malnutrition rate at 6.6%.
- Water, Sanitation and Hygiene (WASH) conditions and standards maintained.
- 41,123 refugees relocated from Pagak to camps - Tierkidi, Jewi and Kule - between 3 September and 21 November 2016.

## Camps

- 9,741 emergency shelters and 886 tents constructed in all camps covering 100% of needs.
- Nguenyiel Camp opened 20 October 2016 to accommodate refugees relocated from Pagak with the following services provided:
  - 5,606 emergency shelters(Bajaj) constructed and site clearance of 581 hectares.
  - Temporary child friendly space, youth centres and child protection helpdesk operational.
  - Emergency SGBV prevention and response services established. A temporary women space established for SGBV case management, psychosocial support and referral services.
  - Feedback and complaint mechanisms in place since opening of the camp.
  - Primary health care services provided, including maternal and child healthcare.
  - 4,567 children between the age of six and 59 months screened for malnutrition and 298 enrolled in nutrition programmes. Counselling on IYCF practices provided, along with Vit A supplementation and de-worming.
  - 11 water points installed providing 220,000 litres per day.
  - 744 latrines built and maintained. Latrine and safe hygiene practices promoted.
  - Enrolment of 66,194 (31%) South Sudanese refugee students by September 2016.
- Emergency services including emergency shelter, communal latrines and shower facilities provided to 16,232 newly arrived refugees in Tierkidi Camp.
- 605 refugees settled in tents, receiving services in WASH, protection, health and nutrition in Kule Camp.
- 12,158 refugees relocated to Jewi Camp and allocated emergency family shelters, WASH services and incorporated into the existing protection, health and nutrition services.



Figure 7: South Sudanese children sit at the Pagak Transit Centre, Ethiopia. UNHCR/ R. Riek

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

With no immediate political solution in sight to address and resolve the conflict in South Sudan, a considerable number of refugees are further anticipated to seek asylum in Ethiopia. Under the best case scenario, the planning figure for 2017 will be limited to a total of 75,000 new refugees to reach an overall total of 405,000 South Sudanese refugees in Ethiopia. The worst case scenario foresees an influx of up to 125,000 new refugees. With the approaching dry season, the arrival rate from South Sudan could further increase and the new Nguenyiel camp would receive more than 50,000 refugees by the end of 2016 with a maximum capacity of 80,000.

Anticipating 75,000 new arrivals (under the best case scenario), the new camp is likely to be filled quickly, and an additional camp would need to be established in early 2017. Identifying land within the Nuer zone which is not prone to flooding poses a particular challenge. RRRP partners will initiate the negotiations with the local authority as early as possible to prevent new congestion at the Pagak Transit Centre by vulnerable refugees, largely children and women awaiting relocation to a camp for an extended period – especially in the current insecure conditions.

Of the new arrivals, 86 percent are women and children with women accounting for 62 percent of the adult population. Many of the households are headed by single women. 23 percent of the new arrivals are youth with specific needs to be addressed. Protection assessments utilised individual interviews and focus group discussions to detect specific needs of new arrivals. Women reported rape, killing of their husbands and abduction of children during the flight. Amongst the large number of children (64 percent of new arrivals), there are many unaccompanied and separated children, some with traumatic experiences causing flight or during their journey, including the death of parents or recruitment by armed actors. The girls, boys, women and men arrive with very specific protection needs to be addressed.

The security situation in Gambella is tense and rather unpredictable; past security incidents affected refugees, host communities and humanitarian workers, including fatalities. The natural environment in the area is fragile and access to alternative energy for cooking and light is mostly not available, forcing refugees to collect firewood. The new arrivals are mostly of Nuer ethnicity, whilst the majority of the Ethiopians in the Gambella region are Anuak; identifying land for a camp within the areas inhabited by Ethiopian Nuer as well as implementing peaceful coexistence and security programmes is vital.

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

For the projected arrivals of 75,000 new refugees in 2017, immediate and timely registration, including screening for specific needs and vulnerabilities is important. Whilst most refugees currently arrive through the Pagak entry point where a Reception Centre was established, refugees might also arrive through extremely remote entry points such as Akobo which is only accessible by boat or helicopter. While awaiting registration and relocation at the Reception Centre, basic services will be provided to the new arrivals, including health, nutrition, WASH and protection and education interventions. In Ethiopia, refugees are generally expected to reside in camps and for the new arrivals since 2014, four new camps have been opened, while two others were already in place. In 2017, the Nguenyiel camp, as well as the extensions of the existing three camps will be developed further with all basic services. Temporary facilities are to be replaced by semi-permanent structures, including the temporary health and nutrition facilities, water trucking, emergency refugee shelters and communal latrines. Comprehensive education, Child Protection and SGBV services (including PSEA) will be established and particular attention will be given to projects addressing the needs of youth (23 percent of the new arrivals are youth and the risks of forced recruitment are high). In Education, expansion of infrastructure, establishment of double shift system, training teachers on psychosocial support, safe schools, SGBV and Child protection and advocating for inclusion of refugee children in National education systems, will be undertaken.

Besides consolidation of the four camps that accommodate the 2016 arrivals, a new fifth camp providing access to all basic services and protection interventions, will be established once a suitable site is identified. All seven camps in Gambella require improvements and further assistance to refugees. Education and livelihood programmes will be implemented, and food and access to domestic energy will be provided; all taking into account the need for peaceful coexistence in a region which witnessed

ethnic related tensions during the first six months of 2016. Protection interventions and the provision of basic services will continue at the Pagak Reception Centre, while monitoring of other potential entry points (including the remote Akobo area) will continue to ensure new arrivals have access to asylum procedures.

Through the provision of basic services, including in the food, WASH and health sectors, malnutrition and mortality rates are expected to remain within the acceptable threshold for an emergency situation. Comprehensive protection services, including measures to enhance peaceful coexistence, will ensure the protection of women, youth and children, of whom a high proportion are UASC. The provision of household energy options, solar lights and lanterns, as well as livelihood opportunities, will significantly contribute to the reduction of protection risks and improve the well-being of the South Sudanese refugees.

## ***Partnership and Coordination***

Under the Refugee Coordination Model, UNHCR provides leadership in the coordination of protection and assistance at Addis Ababa and Gambella level through Inter-Agency Task Force meetings co-chaired with ARRA. Working groups are functional for the main sectors at Addis and/ Gambella, where the Refugee Protection Working Group coordinates the protection response.

The regional authorities and agencies, such as the Regional Government and the Regional Health Bureau, are fully engaged in coordination of the refugee response. Cooperation with national and international NGOs proved essential and the emergency response in 2016 has been possible thanks to the support of all partners involved. At the same time, critical and life-saving projects were implemented with additional partners in the older camps that have not received new arrivals. In 2016, more than 40 partners supported the refugee response in Gambella.

## ***Planned Response***

<b>SECTOR</b>	<b>OUTPUT</b>	<b>INDICATOR</b>	<b>TARGET</b>
<b>Protection</b>	New arrivals registered and screened for vulnerabilities and specific needs	% of new arrivals registered	100%
	Refugees relocated from border points and registration sites to the camps	# of refugees relocated	75,000
	Children at risk, including UASC, identified and comprehensive community-based child protection services provided	% of identified children of concern with specific needs that are assisted	92%
	GBV prevention and response prioritised, integrated and coordinated	# of reported incidents and % of SGBV survivors access appropriate services in a safe and timely manner	100%
	Peaceful coexistence projects implemented and security mechanisms supported	% of camps with peaceful coexistence programmes in place	100%
	Psychological First Aid provided	# of refugees benefitting from PFA	3,150
	Youth and sports programmes provided and youth engagement promoted	% of youth benefitting from targeted activities	60%
	Assistance provided to people with specific needs,	# of people with specific needs supported	42,000



SECTOR	OUTPUT	INDICATOR	TARGET
<b>Education</b>	Emergency education provided	% of newly arrived children enrolled in school	80%
	Education facilities constructed	# of new classrooms constructed	200
	Sports programmes provided	% of schools providing sport programmes	100%
	Primary education provided	% of primary school-aged children enrolled in school	80%
	Secondary school facilities constructed and education services provided	% of secondary school-aged children enrolled in school	25%
	Accelerated Learning Programme provided	# of children enrolled in ALP	6,000
<b>Energy, Environment &amp; Livelihoods</b>	Domestic energy provided and alternative energy promoted	# of refugee households provided with fuel saving stoves and fuel	18,750
	Solar street lights and solar lanterns provided	# number of refugee households provided with solar lantern	18,750
	Livelihood support provided, including; vocational and skills training, and start up kits and cash grants provided	# of refugee and host community members supported	200,000
<b>Food</b>	Food assistance provided to refugees	% of refugees receive timely monthly food assistance of 2,100 kcal or cash equivalent	100%
	Fresh food vouchers provided and back-yard gardening supported	# of refugees benefitting from fresh food vouchers	4,000
	Cash assistance provided	# of refugees benefitting from cash assistance	10,000
	School feeding provided	# of children provided with school feeding	36,000
<b>Health and Nutrition</b>	Targeted Supplementary feeding programme (TSFP) implemented and monitored		
	Therapeutic feeding programme (OTP/SC) implemented and monitored	Coverage of all programmes	>90%
	Programme on support and promotion of IYCF practices implemented and monitored		
	Preventive Blanket Supplementary feeding programme (BSFP) implemented and monitored		
	For the monitoring of nutrition situation Standardized Expanded Nutrition Survey (SENS) conducted	# of SENS survey conducted	5

SECTOR	OUTPUT	INDICATOR	TARGET
	Primary health care services focusing on preventive, promotion and curative health care provided	Under 5 mortality rate	1.5 / 1,000/ month
	Referral to secondary and tertiary health care services	# of patients referred	8,000
	Mental health services provided	# of refugees benefitting	3,400
	Comprehensive Reproductive Health (RH) and HIV services provided	% of deliveries attended by skilled personnel	<90%
	Outbreak preparedness maintained	# of suspected outbreaks investigated	100%
<b>Logistics and Transport</b>	Relief items procured, stored and transported to the refugees	# warehouses operated	11
<b>Non-Food Items (NFI)</b>	Standard non-food item kits distributed to refugees	# of refugee households provided with NFI kits	18,750
	Access roads and in-camp roads constructed	# of km of road constructed	91
	Land for camps identified and plots cleared and demarcated	# of new camps established	1
<b>Shelter &amp; Infrastructure</b>	Emergency shelter kits provided to all new arrivals	# of refugee households provided with emergency shelter	18,750
	Transitional shelter provided	% of refugee households provided with transitional shelter	60%
	Communal latrines constructed	# of communal latrines constructed	1,200
	Family latrines constructed and maintained	% families with their own latrine	85%
<b>Water Sanitation and Hygiene (WASH)</b>	Hygiene promotion conducted	# of KAP surveys conducted	1
	Water systems constructed and/or expanded	# of camps with functioning permanent water system	8
	Water trucking provided	Max # of months water trucked	6

## Financial Requirements Summary – Ethiopia

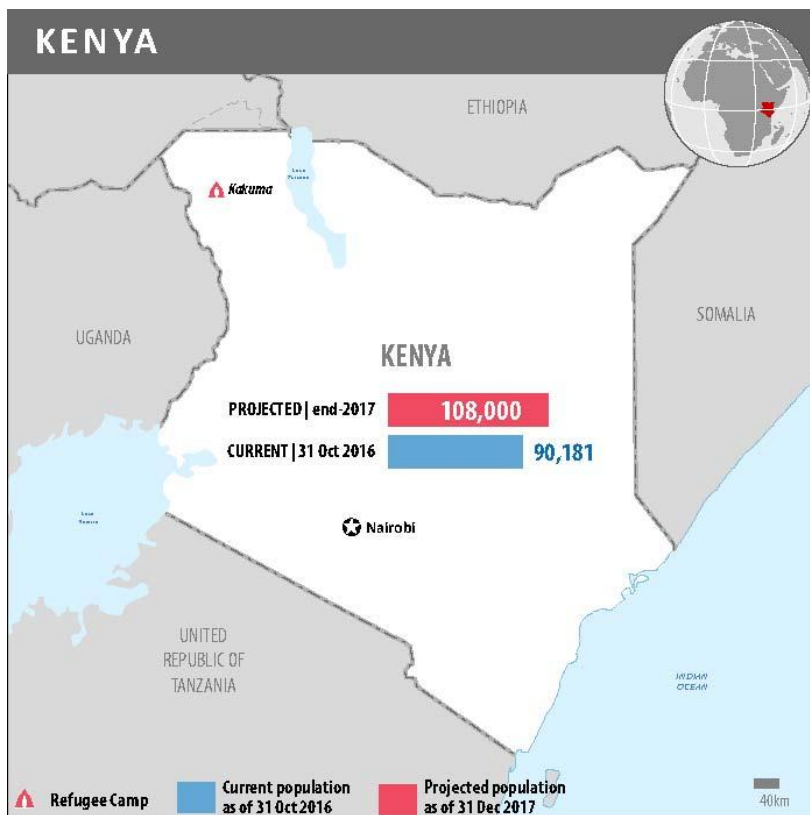
### Financial requirements by agency (in US dollars)

Organization	Total
ACF - Action Against Hunger	2,884,620
ADRA - Adventist Development and Relief Agency	1,400,000
CWW - Concern World Wide	4,400,000
DCA - Danish Church Aid	1,220,776
DRC - Danish Refugee Council	8,370,000
EOC-DICAC - Ethiopian Orthodox Church Development and Inter-Church Aid Commission	2,198,475
FAO - Food and Agriculture Organisation	5,880,000
GOAL	700,000
HAI - Help Age International	804,500
IMC - International Medical Corps	2,900,000
IOM - International Organisation for Migration	8,108,245
IRC - International Rescue Committee	2,930,000
LWF - Lutheran World Federation	865,096
MCMDO - Mothers and Children Multisectoral Development Organization	660,176
NRC - Norwegian Refugee Council	5,365,555
OXFAM	6,932,281
PI - Plan International	5,080,000
SCI - Save the Children International	2,015,568
UNHCR - United Nations High Commissioner for Refugees	160,781,126
UNICEF - United Nations Children's Fund	13,580,000
WFP - World Food Programme	74,141,887
WVI - World Vision International	899,768
ZOA	1,456,821
<b>Total</b>	<b>313,574,894</b>

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

Sector	Total
Protection	38,006,345
Education	21,894,951
Food	70,963,814
Health and Nutrition	42,421,928
Livelihoods	35,024,781
Logistics and Telecoms	11,916,522
Shelter and NFIs	41,816,214
WASH	41,898,146
Operational Support	9,632,194
<b>Total</b>	<b>313,574,894</b>

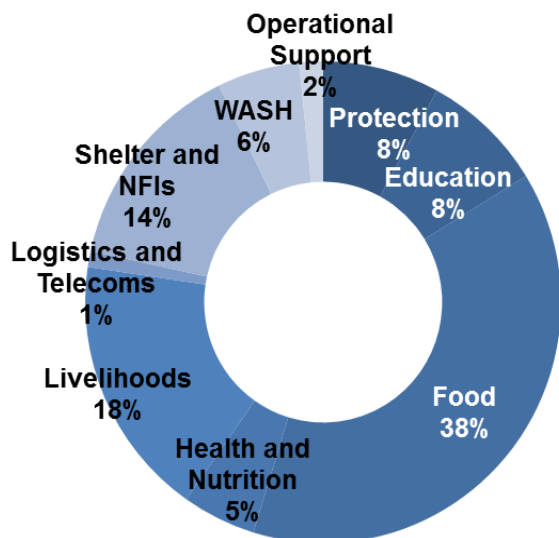
# KENYA RESPONSE PLAN



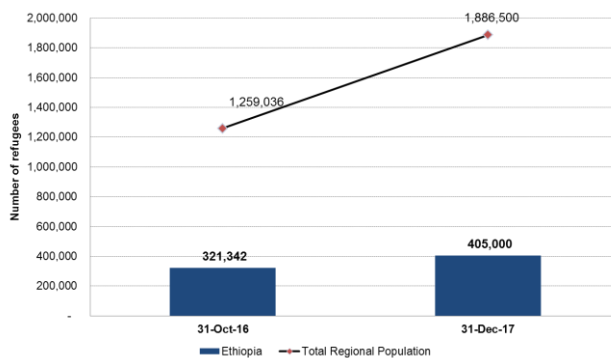
Sources: UNCS, UNHCR  
 The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Creation date: 22 Nov 2016

## Financial Requirements (US dollars)

### 88,625,895



## Population Trends





## ***Background and Achievements***

At the end of October 2016, Kakuma hosted over 90,000 South Sudanese refugees, of whom over 60,000 arrived since conflict started in December 2013. Since the beginning of October, Kakuma has witnessed a significant increase in the number of new arrivals. The planning figure for 2016 (15,000) was already surpassed. A total of 46 percent of new arrivals are female, while 60 percent are children (including 9,108 separated children and 1,568 unaccompanied minors). Most of the refugees originate from Jonglei, Eastern Equatoria, Unity and Upper Nile States and fled due to insecurity, scarcity of food, lack of health and other social services.

Development of the new Kalobeyei settlement site designed to accommodate 60,000 refugees continued with priority for the accommodation of new arrivals and also the non-Somali refugees relocated from Dadaab in compliance with the Government's plan to close Dadaab refugee camps. The new settlement will also benefit some 23,600 host community members, who will have equal access to services such as health, water and education. Plans will continue to develop Kalobeyei as an integrated socio-economic settlement serving both refugees and host community enhancing their economic situation and creating a sustainable model for refugee assistance in Kenya.

During 2016 the refugee response has been coordinated by UNHCR in close collaboration with the Government of Kenya. The implementation of planned activities was carried out through an inter-agency response that includes 16 RRP partners. The main focus has been to implement core protection activities, mainly for women and children, to provide life-saving assistance including solution-oriented activities and to mainstream child protection activities across all sectors of assistance. Within the limited available resources, a prioritization of activities has been necessary. Whereas the response has recorded some good progress in various priority interventions such as individual registration and documentation, health, nutrition, provision of core relief items and shelters to refugees, delivery of assistance in the sectors of education, water, sanitation and livelihoods is still below international standards.

The 2017 Refugee Response Plan for Kenya will serve as a planning, coordination and fundraising tool for the South Sudanese refugees' situation. It presents the protection and assistance needs of 108,000 South Sudanese refugees in Kenya.

### **Achievements**

#### Protection

- The Government of Kenya has granted free access to its territory and prima facie refugee status to South Sudanese asylum-seekers who fled their country.
- Regular border monitoring missions conducted and transfer of all new arrivals from Nadapal reception centre at the border to Kakuma and Kalobeyei.
- Most new arrivals registered eliminating the old registration backlogs. South Sudanese refugees approaching the registration office are registered within a few days of arrival.
- In May 2016 Kakuma piloted the BIMS enrolment in Kakuma 4. This approach is now being implemented during the verification exercise for the whole population in Kakuma. The verification exercise will be completed in January 2017.
- 5,104 new arrivals received debriefing to psychologically prepare them for camp life and 3,833 persons with specific needs received counselling services.
- 361 vulnerable persons with specific needs were assisted with emergency cash assistance and a further 1408 assisted with material support.
- 139 South Sudanese in Kakuma 4 and Kalobeyei provided assistive devices and occupational therapy to improve independent living. Streamlined coordination through the Persons with Specific Needs Working Group resulted in better service provision and coordinated case management process.

### Child and Youth protection

- All unaccompanied and separated children (UASC) and other vulnerable children identified at the Nadapal border and Kakumas' reception centre and referred to relevant services.
- Unaccompanied children were referred to foster care families and teenagers to live in supervised group care arrangements. All children at risk benefitted from community-based initiatives to ensure increased protection within their communities.
- 1,058 BIAs were conducted to support children at risk, while 261 Best Interest Determinations (BIDs) conducted for UASC to identify durable solutions.
- Psychosocial support, one to one counselling (425 children: 180 Male and 245 Female), NFI provision, family tracing (136 in total: 93 male and 43 female), and referral to health, shelter and education services. A child protection and youth desk established in Kalobeyei for new arrivals.
- Refugee outreach workers identified children at risk within their communities and referred them for support and regular home visits. Children's committees ensured their participation in decision-making processes.
- Refugee youth benefitted from youth development activities such as sport, skills development, vocational and talent development trainings. Youth group working on disability inclusion established. Youth representatives from Kakuma and Kalobeyei identified and shared their recommendations on improving humanitarian assistance during the annual youth congress.

### Sexual and Gender Based Violence (SGBV)

- Inter-Agency SOPs on SGBV for Kalobeyei strengthened. All reported SGBV cases received full support including provision of quality medical, psychosocial and legal aid.
- 70 agency and incentive workers trained on identification, referral and counselling of SGBV victims. Other areas of capacity building included; mainstreaming SGBV programming in emergencies, mental health, GBVIMS and Community Based Protection.

### Education

- The existing 13 pre-schools, 22 primary and 5 secondary schools across Kakuma camps and Kalobeyei Settlement enrolled 38% of pre-primary, 70% of primary and 3% of secondary school age children.
- An additional 3 pre-primary schools, 3 primary schools and 1 secondary school were opened in Kakuma to cater for new arrivals from South Sudan.
- Following the opening of Kalobeyei settlement, 1 temporary pre-school and 1 temporary primary school were set-up. Over 24,000 (8,727 female) South Sudanese new arrival children attended school, an enrolment increase by 28% since end-2015.
- 2 pre-schools, 2 primary schools and one secondary in Kalobeyei settlement are under construction..
- 58 youth were supported in 2016 to post-secondary education training in collaboration with a local public university.

### Livelihoods and Environment

- An integrated livelihoods strategy developed with the Government defining strategic objectives, activities and implementation approaches for livelihoods programming.
- 1,234 South Sudanese accessed vocational skills training. Socio-economic profiles captured for 6,541 new arrivals. 3,841 new arrivals received livelihoods induction and basic financial skills at the reception centre.
- 85 South Sudanese received agricultural support and 39 Village Saving and Lending Association groups (374 refugees) were formed. 150 refugees assisted with IGA grants to start businesses.
- 11184 MT of firewood distributed in four distributions since January 2016.
- 10,000 Energy Saving Stoves commissioned and 4,100 distributed.
- 115,682 assorted tree seedlings produced in the Tree Nurseries. 51,137 seedlings distributed and planted in the camp and its periphery. Establishment of a 10ha greenbelt started with 2800 micro catchments extracted and plans to plant 2800 indigenous seedlings during the rainy period.
- 21,011 (5,967 men and 15,044 women) host community members sensitized on environmental conservation.

### Shelter & Infrastructure

- Over 28,000 refugees in Kakuma and Kalobeyei assisted with construction of 5,727 transitional shelters for South Sudanese new arrivals.
- The increased shelter provision in Kakuma camp increased the percentage of refugees living in adequate households from 64% to 80% while 100% of refugees in Kalobeyei settlement received adequate housing.
- The Kalobeyei settlement master plan including the construction of a clinic, police station, community complex centre, road networks, two primary schools, one secondary school and public facilities, with markets and other key facilities finalised or close to completion.

### Water and Sanitation

- The per capita water supplied to new arrivals in Kakuma 4 improved from 21.7L/P/D at the beginning of 2016 to 22.3L/p/d mid-2016. This improvement is linked to proper running of the water supply system. Two boreholes serving new arrivals were solar equipped increasing the number of pumping hours and saving on fuel.
- With the settling of new arrivals in Kalobeyei, WASH facilities installed including 36 5,000 litre plastic tanks on a 2m steel platform, 11km of internal water distribution network pipeline and 123 new tap stands constructed. Three boreholes drilled and 12km pipeline installed coupled with construction of a booster pumping station in order to discontinue water trucking. Six 100,000 litre elevated steel tanks under construction in Kalobeyei.
- 3775 latrines out of the targeted 5000 for 2016 constructed by October 2016 in Kakuma Camp.
- 10 refuse pits constructed in Kalobeyei.
- The second cycle of indoor residual spraying completed with 90% of Households sprayed resulting in a reduction of the number of malaria cases.

### Food Assistance

- 78,533 South Sudanese refugees received food assistance, both in-kind and cash assistance. 30 percent of the food ration provided in form of cash-based transfers to all refugees in Kakuma while 95 percent of food assistance to all new arrivals in Kalobeyei is provided in form of cash-based transfers, with 5 percent of the ration given in kind.

### Health and Nutrition

- 4,279 newly arrived children screened at the reception centre and Nadapal transit from January to October 2016. 734 children admitted into the stabilization ward with severe acute malnutrition, 5763 children admitted with moderate malnutrition and 2379 admitted into the outpatient program.
- A daily therapeutic feeding site set up at the reception and Nadapal transit center. 7 therapeutic feeding sites set up at different clinic sites within Kakuma and Kalobeyei to care for malnourished children within the community.
- Nutrition indicators such as recovery rates, defaulter rates and death rates were high at the beginning of the year due to the influx of new arrivals. As of October 2016, all the indicators were within minimum standards.
- Crude mortality rate and under five mortality rate at 0.2/1000/month and 0.7/1000 /month between January and October 2016 within UNHCR standards of 0.8/1000/month and 1.5/1000/month.
- Six facilities run in Kakuma and one on Kalobeyei to ensure access to comprehensive primary health care services. Supported by 2 ambulances in Kakuma and one in Kalobeyei running 24 hours a day to ensure assistance for emergency cases.
- Essential medicines provided to treat major causes of morbidity including malaria, respiratory tract infections, watery-diarrhoea and skin infections.
- Two nurses stationed at Nadapal transit centre and Kakuma reception centre to ensure all new arrivals screened for communicable diseases, vaccinated against yellow fever and all children up to the age of 15 (totalling 9,314) vaccinated in line with ministry of health protocols.
- All new arrivals provided with LLITN. Reduction in prevalence of malaria noted by almost 50% following public health interventions of mass distribution of LLITN and indoor residual spraying.

### Logistics, Transport & NFIs

- Sufficient CRIs for new arrivals from South Sudan and general distribution with contingency stock for 10,000 individuals in case of emergency.

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

### Protection

Adequate office space and staffing is required to enable registration to be conducted in a protection-sensitive manner. With a new government structure in place (Refugee Affairs Secretariat) and in view of the increased influx, a registration centre will need to be constructed in Kalobeyei settlement and additional registration staff to be hired.

According to registration data at November 2016, there are 5,828 persons with specific needs (PSNs) in Kakuma and Kalobeyei. Gaps exist in provision of assistive devices for persons with specific needs, material and emergency cash assistance for the elderly, women at risk and persons with chronic medical conditions, partly due to the arrival of new PSNs from South Sudan.

### Child and Youth Protection

Children represent 60% of the population of South Sudanese refugees. When combined with youth they represent 70% of the total population. Based on planning figures for the most likely scenario in 2017, around 9,000 additional South Sudanese children are expected, while children and youth combined would amount to 10,500 individuals. These planning figures for newly arriving children and youth in 2017 have to be analysed in conjunction with the existing high number of South Sudanese refugee children and youth in Kakuma/Kalobeyei with needs for protection services.

Separation from families will likely remain the major concern for South Sudanese children in 2017. Unaccompanied and separated children (UASC) are in need of social support through individual case management while for some alternative care arrangements will have to be found. Family tracing and reunification programs will play an important role in the response along with the identification of durable solutions for UASC. Children who have been subjected to sexual and gender based violence or other type of violence, abuse, neglect and exploitation will be supported through individual case management programs. Given the numerous reports on South Sudan highlighting the risk of sexual violence for girls and recruitment for children, particularly boys, there is a need to increase the capacity of existing programs to provide specialized support to these highly vulnerable children. Early marriage is a concern and is likely to remain so in 2017. Psycho-social support programs will be essential to ensure the well-being of children and their caregivers and should be expanded.

South Sudanese youth are also at risk of violence in South Sudan, in particular sexual violence for female youth and forced recruitment for male youth. In Kakuma/Kalobeyei, one of the main concerns for youth is idleness and engaging in risky behaviours. Youth development activities will play a key role in improving the well-being of youth.

### Sexual and Gender Based Violence (SGBV)

The multi-sectorial response to SGBV; medical, psycho-social support, legal aid, physical security, and economic empowerment to vulnerable groups including women, children, the elderly, and chronically ill will support the prevention and response strategies to SGBV. In view of the refugee influx from South Sudan there is need to scale up life-saving services to respond to SGBV related incidents and cases. Additional funding will be required to set-up two fully equipped safe shelters, recruit more staff, provision of dignity kits, support the development of prevention and response programmes and create community awareness. Information on available services and referrals for medical and psycho-social assistance will be required for SGBV survivors.

With experiences from their country of origin and deteriorating flight corridor security, refugee women and girls arriving in Kalobeyei report witnessing violence and being victims of violence. Complementary reports documented human rights violations including torture and sexual violence during the conflict in South Sudan confirms the need for SGBV responses for new arrivals. There is a need to prioritize the establishment of comprehensive support services. The need to access services that are not yet fully operational in Kalobeyei has contributed to back and forth movement of women and girls to Kakuma, predisposing them to violence especially on isolated roads. Organised transportation services between the two camps are under consideration.

The integration of host communities in the settlement also requires heavy investment in awareness creation on SGBV, men and boys engagement, peaceful coexistence and reporting of SGBV cases.





Figure 8: A South Sudanese lady in her tailor shop in Kakuma refugee camp, Kenya. UNHCR/A. Karumba

### Education

Whilst some progress has been made to improve education access and quality, a significant number of children and youth remain out of school (62% at pre-primary, 30% at primary and 97% at secondary). With missed school time, there is a greater risk that these young people will not be able to return to formal education, exponentially increasing their vulnerability to protection risks. These protection risks include drug abuse, recruitment into criminal and militia groups, and survival sex. Early marriage, SGBV and child labour are also other common risks in this context.

School overcrowding hinders provision of quality education and appropriate learning environment. Inadequate sanitation facilities, lack of safe play spaces, insufficient school personnel and shortage of teaching and learning materials are also apparent. Classroom sizes are four times the recommended standard and teacher-pupil ratio is 1:146 while desk-sharing ratio is 1:9. Gender disparities are evident in student enrolment and teacher work force especially in upper levels of schooling. This disparity is attributed to teenage/early pregnancies, early marriages, labour obligations, unfriendly school environments and low parental commitment towards girl child education. The majority of new arrivals are women and children and with the influx projected to increase, there is an urgent need to set-up six additional schools and facilities.

### Food

At Kalobeyei, food assistance is provided as 95 per cent cash assistance. It provides choice and improve dietary diversity. There is a need for nutrition education for refugees so vouchers are used to buy produce for a balanced diet. For in-kind the rations it is imperative to have cooking demonstrations and provide foods with higher acceptability to prevent refugees redeeming their vouchers on other staple foods.

South Sudanese refugees in the Kakuma camps will receive the majority of their food assistance (70 per cent) as in kind assistance. due to funding constraints, the rations will be reduced by half likely resulting in a rise in malnutrition rates and negative coping strategies on families that fully depend on food aid.

### Health and Nutrition

Low rates of breastfeeding and delayed, inadequate complementary feeding are some of the causes of malnutrition. According to a Maternal and infant young child feeding (MIYCN) KAP survey conducted in 2016, the exclusive breastfeeding rate is 21 percent with the national exclusive breastfeeding levels at 61 percent. In order to improve these rates, there is a need to provide adequate incentive staffing, encourage community networks that protect, promote, and support breastfeeding, capacity building for the MIYCN community component and strengthen linkages between health facilities and communities.

The anaemia rates among women of reproductive age have increased from 29.5 percent in 2014 to 34 percent according to 2015 SMART survey results, with children under 5 rates above the 40 percent threshold of public health significance. Complementary feeding with iron rich foods for children above 6 months and pregnant and lactating women is key to prevent micronutrient deficiencies. Routine screening of anaemia for children under five should be conducted during growth monitoring where additional drugs, personnel and equipment will be required.

As the population in Kalobeyei continues to increase there is a need to expand existing health infrastructure to ensure adequate access to health services. This will be achieved by construction of 2 more health clinics complete with solar power within Kalobeyei as well as equipping the existing government health centre in Kalobeyei town so it can better serve the local population. There is a need to expand ambulance services with 3 more ambulances. There is also a need to adequately equip the new 180 bed capacity facility in Kakuma 4 with radiology emergency as well as theatre equipment to enable it to become the main referral facility for those living in Kakuma as well as Kalobeyei and to reduce costs associated with referral of patients for services not previously available in Kakuma.

In 2016, the consultation rate per clinician per day was 89, which is above the sphere recommended standard of 50. This led to over reliance on unqualified staff in delivering health services leading to poor outcomes. There is a need to maintain the health workforce as well as increase the number of qualified health workers within WHO standards to ensure delivery of good quality health care.

Though a lot has been done through public health interventions such as provision of LLITN and indoor residual spraying to control communicable diseases there is a need to ensure adequate supply of high quality essential drugs for common diseases. This includes drugs to treat non-communicable diseases such as hypertension and diabetes whose incidence is on the increase.

### Livelihoods

Challenges that face livelihoods programming include inadequate water for irrigation (need to explore more sources for water for irrigation), the encampment policy that restricts free movement of refugee entrepreneurs and poorly developed markets compounded by poor infrastructure in the Turkana West Sub County. According to a refugee vulnerability study commissioned by UNHCR and WFP, only about 4% of the refugees in Kakuma are self-reliant. This has been partly caused by underfunding of the livelihoods sector. There is an increasing focus by RRP partners to embrace developmental approaches to address some of the refugee protection issues. Comprehensive assessments are needed to inform livelihood programming including assessments on water for irrigation and selected value chains like tomato and aloe vera. Innovative initiatives are needed in the agricultural sector including partnering with research institutions to improve crop selection and development of high yielding drought resistant crop varieties. Water saving techniques [drip irrigation, green house and conservation farming], use of solar powered boreholes, and investing in other alternative sources of water for irrigation like dams and water pans need to be explored. Additionally, initiatives to promote sustainable water use, natural resources management, environmental protection and conservation are required.

### Energy and Environment

Refugees have been a cause of deforestation in Kakuma resulting in approximately 1000 Ha of land within a radius of 25 km in need of rehabilitation. The provision of adequate firewood for refugees' daily energy requirements has remained a challenge due to environmental concerns. Refugees rely almost entirely on firewood for their domestic energy needs. The refugee population in both Kakuma and Kalobeyei is over 227,000 with each person requiring 15kgs of firewood per month, translating to an annual firewood demand of 41,000MT. The annual firewood target of 7,823MT due to associated cost implications of firewood procurement results in significant unmet needs of 33,000MT.

There is a need for establishment of two tree nurseries in Kalobeyei to support seedling production for afforestation, reforestation and rehabilitation of the refugee affected areas and to establish an additional four 10-hectare green belts or forest-to-be-protected areas around Kalobeyei. Forestry extension staff requires frequent trainings on agronomic/agroforestry practices, soil and forest conservation, farmer managed natural regeneration, environmental impact training, water storage/conservation structures management, participatory rural needs assessments and creation of environmental awareness among refugee leaders and communities.

#### Shelter

15,600 Interlocking stabilized soil block (ISSB) shelters will be required in a phased manner for some 30,000 refugees who will be relocated from Kakuma camp to the Kalobeyei settlement and an additional 15,000 new arrivals that are expected in the course of 2017.

With the development of the Kalobeyei integrated master plan and to provide basic services, key infrastructures such as schools, clinic, business parks, recreational centre, and communal facilities will need to be constructed to accommodate both new arrivals and refugees who will be relocated from Kakuma. Comprehensive drainage systems are being designed to mitigate risks of flooding in parts of the settlement

#### WASH

Strategies to improve the per capita water supply from the current 13 Litres/person/day to the UNHCR minimum of 20Litres/person/day are needed. With the current increase in population, 5 additional boreholes will need to be drilled in Kalobeyei in 2017. The three boreholes drilled have a capacity of 80m<sup>3</sup>/hr. With the additional 5 boreholes, it is expected that an additional 150m<sup>3</sup>/hr. of water will be available in the system bringing the per capita to 20Litres/person/day. Potential drilling sites will be identified by hydrogeological surveys within and outside the settlement. In order to improve the distribution network in Kalobeyei, a total of 50km of pipeline will need to be installed and connected to 200 new tapping points complete with concrete aprons. Completion and commissioning of the 12km long 8" pipeline from the river Tarach to Kalobeyei will need to be accomplished to allow for discontinuation of water trucking.

In sanitation and hygiene, a total of 6,000 family/house hold latrines need to be constructed to replace the current communal latrines. These will be provided by 6,000 hand washing facilities. The number of refuse pits need to be increased from the current 10 to 60 with one refuse pit serving 500 refugees.

#### Logistics, Transport & NFIs

Transportation needs due to the growing number of refugees and establishment of Kalobeyei site amount to 3 trucks and fuel storage facilities. Additional CRIs to cater for an anticipated 15,000 new arrivals in 2017 will be required.

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

Strategic Objective 1: Refugees have access to territory, enjoy access to asylum and are protected from refoulement; Kenya and South Sudan maintain an open-borders policy; Kenya ensures that the humanitarian and civilian character of asylum is preserved.

Strategic Objective 2: Refugees from South Sudan are provided with international protection and granted unhindered access to lifesaving and other forms humanitarian assistance and services in accordance with minimum standards.

Strategic Objective 3: Refugees are consulted and participate in the design and delivery of assistance interventions. The needs of boys, girls, women, elderly and other persons with specific needs are addressed in all sector responses, guided by primary protection considerations.

Strategic Objective 4: Refugees from South Sudan enjoy peace and security in the countries of asylum and humanitarian response operation contributes to peaceful coexistence among different ethnic groups and with host communities promoting self-reliance and integrated services.

Strategic Objective 5: Refugees from South Sudan benefit from early identification and facilitation of possible durable solutions from the onset of the emergency.

#### Protection

RRP partners will continue regular border monitoring to ensure that all new arrivals have full access to Kenyan territory and receive protection from refoulement, violence, SGBV and exploitation. During 2017, UNHCR and the Government of Kenya will engage in joint registration and will make efforts to further reduce the new arrival waiting period for registration. Efforts will be made to increase capacity to collect and analyze data on the profile of new arrivals, including information on their vulnerabilities, in order to ensure timely and efficient access to appropriate assistance. More detailed information will be provided to refugees and asylum seekers regarding available services, their rights and duties.

In pursuit of sustainable solutions to address the needs of PSNs, partners will continue to strengthen community based protection initiatives, which build upon family and community support networks. Community based rehabilitation will be strengthened to promote independent living of persons with disabilities. Coordination and case management tools will be strengthened to improve service delivery.

#### SGBV

The majority of new arrivals in 2017 will be located in the Kalobeyei settlement. The establishment and decentralization of key services in Kalobeyei camp will go a long way to support easy access to protection information, reporting and referral of SGBV cases and quality of response. The community leadership structures complemented by community security structures will help address the general challenge in SGBV, which is low reporting of such cases. Key services include the presence of a police post to facilitate easy reporting. Skills building and access to livelihood opportunities will be prioritized as a protection tool for vulnerable groups to address SGBV and sustain the development approach of the settlement as part of transition from the humanitarian approach.

#### Child Protection

Community based interventions will be key to mobilize the South Sudanese communities to protect children and to avoid harmful coping mechanisms while at the same time giving space for children and youth to participate in decisions which affect their life. The main challenge remains the lack of social workers for case management programmes supporting children at risk. There is also a need for more support with cash-based interventions or targeted livelihood support for vulnerable families to prevent negative coping mechanisms (such as early marriage) as well as foster families or unaccompanied teenagers in independent living arrangements. The barriers preventing girls from fully participating in activities or accessing certain services will remain a concern unless more funding can be allocated for specialized programs (such as programs for teenage mothers or scholarships for girls at risk). There are few vocational training and scholarship opportunities for youth, which contributes to a general feeling of hopelessness and creates tensions among youth. There is a need to develop further livelihood and scholarship programs for youth.

#### Education

Expansion and improvement of school infrastructure, WASH facilities and playgrounds for refugees in Kakuma. Training of teachers on psycho-social support to children, safe learning environment, SGBV and teachers code of conduct to address children exposed to high levels of violence during the conflict. Make linkages with the Global Education Unit lead for start up of ALP classes in Kakuma. Community awareness creation to facilitate increased community participation in education and advocacy on inclusion of refugees into the MoE National and County level systems.

#### WASH

The water storage capacity in the settlement will be enhanced by installation of six more 100m<sup>3</sup> elevated water storage tanks. This will improve the cumulative storage from 600m<sup>3</sup> to 1200m<sup>3</sup> for the entire settlement. Routine water quality monitoring will be carried out at household level and tapping points by measuring the residual Free Chlorine levels in water. Other physical and chemical tests will be carried out after commissioning of the water testing lab.

Environmental campaigns will be undertaken in order to transmit hygiene promotion messages. WASH committees will be enhanced by one training per quarter. The number of hygiene promoters will be increased from the current 10 to 60 as the population continues to increase. It is envisaged that the UNHCR standard of 1 hygiene promoter for every 500 refugees will be met.



### Shelter

In addition to the refugee population, partners will continue strengthening complementarity between refugee and host communities by providing same standard of shelters to the host community. Through the cooperative approach between host and refugee communities for ISSB shelter project, 20% will be allocated to the Kalobeyei community. The projected 15,600 shelters will be upgradable shelters that will be transformed into Interlocking stabilized soil block (ISSB) as the cooperative crews are formed and trained for ISSB production and shelter construction.

The Kalobeyei settlement is planned to be a hybrid settlement with the objective of empowering both communities with livelihood opportunities as well as providing essential services, the targeted population for relocation will mostly include skilled refugees to ensure that they are engaged in the shelter program in the form of cooperative groups as well as in the production of goods, services and business ventures.

### Livelihoods

RRP partners will upscale the revolving loan initiative to improve access to loans for business development. Additionally the Village Saving and Lending Associations methodology will be promoted to enhance access of informal loans for refugees. To ensure that businesses are competitive and thriving, the operation will ensure that business development skills are transferred to the entrepreneurs. Training on marketable skills will be prioritized to supply labour and services to high potential trade and investment sub sectors.

RRP partners will invest resources in the agricultural and business development sectors. Additionally, the Kenya national government, Turkana County and the private sector will be engaged to unlock livelihoods opportunities for both the refugees and host community members. These efforts will be envisioned to create a favourable business environment for both refugees and the host community. Among other initiatives, government departments responsible for trade and investment will be engaged to initiate and implement regulatory reforms, investment promotion activities that improve the business environment. Additionally in collaboration with the government and partners, a system of guarantees, enterprise funds, public sector incentives and trade finance facilities will be developed to support growth of enterprises and small businesses.

## ***Partnership and Coordination***

The refugee response is coordinated by UNHCR in close collaboration with the Government of Kenya. The implementation of planned activities is carried out through an inter-agency response that includes 16 RRP partners.

With the view of reorienting the refugee assistance programme, the Kalobeyei Integrated Socio-Economic Development Plan has been developed. It covers the period until 2030 for the integration of refugee and host community economies in collaboration with the national and county Governments, bilateral donors, UN agencies, NGOs and development actors and is to be implemented in the Kalobeyei settlement site. The overall objective of this initiative is to re-orient the refugee assistance program to contribute to: (i) improvement of the socio-economic conditions of the refugee and the host communities; (ii) better prepare the host community to take advantage of emerging economic opportunities in upcoming extraction and potential irrigation-fed agriculture; and (iii) reduce over-dependence on humanitarian aid and support the refugees to achieve durable solutions. Currently, a 5-year plan for Kalobeyei integrated settlement is being finalised and it has been structured around four thematic areas that comprise all partners working in Kakuma and Kalobeyei under the leadership of the Turkana County and UNHCR. The thematic working groups include Sustainable Provision of Social Services, Agriculture and Livelihoods, Spatial Planning, and Entrepreneurship and Private Partnership. The draft 5 Year Plan will be presented to all stakeholders in December 2016 for vetting and in order to bring on board development actors to ensure sustainability of the model. The areas to be covered by the County and development actors include the provision of services in the public facilities that are being set up in the settlement, including staffing needs to be gradually taken on by the County (i.e. health and education staff).

The Kenya Response Plan in the RRRP 2017 covers the most urgent humanitarian needs for those that will be gradually settled in Kalobeyei in the course of 2017 in addition to the South Sudanese refugees settled in other Kakuma camps (predominantly in Kakuma 4). In 2017, the provision of protection and assistance to refugees from South Sudan will be coordinated by UNHCR in close collaboration with the Government's Refugee Affairs Secretariat (RAS), the Turkana County and Turkana West Sub-County, and other partners, including UN agencies and NGOs as well as the World Bank. At the country and regional levels, UNHCR will collaborate with the Government of Kenya, the UN Country Team and the donor community to monitor the influx and assess inherent protection risks as well as mobilize resources in order to improve the effectiveness of the humanitarian action.

At the camp level, the implementation of emergency response will be carried out in both Kakuma and at the new settlement site at Kalobeyei through participating agencies, as well as the RAS and the line ministries of the National and County Governments Districts. The four thematic working groups listed above will continue to work on further conceptualisation of the Kalobeyei project, as well as to monitor the implementation of interventions. RRP partners will collaborate with the county and World Bank with other development actors to develop the new settlement with the main objective of helping refugees and host communities achieve self-reliance through promotion of livelihood opportunities.

## ***Planned Response***

<b>SECTOR</b>	<b>OUTPUT</b>	<b>INDICATOR</b>	<b>TARGET</b>
<b>Protection</b>	Refugees have access to territory, enjoy access to asylum and are protected against refoulement	% of new arrivals who have full access to Kenya	100%
	Newly arrived asylum seekers are registered by authorities and UNHCR in a timely manner and quality of registration and profiling is improved	% of new arrivals registered within one week upon arrival at the level of Government and UNHCR registration	100%
	Risk of SGBV is reduced and quality of response improved	% of reported SGBV incidents for which survivors receive medical and material assistance	100%
		% of reported SGBV incidents for which survivors are provided with a safe space	100%
	Early identification and referral mechanisms are established and/or strengthened to address the needs of UAMs, SCs and other vulnerable children to ensure timely and efficient assistance, services and follow-up	% of UASCs / vulnerable children among the new arrivals identified at an early stage and referred to respective agencies for proper assistance and follow up.	100%
	Services for persons with specific needs established and strengthened including psychosocial services	# of persons with specific needs who receive psychosocial support to improve their psychosocial functioning.	100%

SECTOR	OUTPUT	INDICATOR	TARGET
Education	Educational infrastructure constructed, improved or maintained	Number of educational facilities constructed or improved	15
	Measure to improve primary education quality & learning achievement implemented	Children / teacher ratio	40/1
	Primary and secondary education provided or supported	Number of children enrolled in primary / secondary education	100%
Livelihoods	Access to agricultural/livestock/fisheries production enabled	# of PoC receiving production kits or inputs for agriculture/livestock activities	600
	Access to self-employment / business facilitated	# of small business associations formed / supported	100
	Vocational training/technical skills provided	# of PoC enrolled in formal institutions for certified skills training	900
Food	Food assistance provided to refugees	% of refugees receive timely monthly food assistance of 2,100 kcal or cash equivalent	100%
	School feeding provided	% of students in the school	100%
Nutritional well-being improved	Nutritional screening of U5 children among new arrivals and at camp level carried out	Programme coverage	>90%
	Targeted Supplementary feeding programme (TSFP) implemented and monitored	Programme coverage	>90%
	Therapeutic feeding programme (OTP/SC) implemented and monitored	Programme coverage	>90%
	Programme on support and promotion of IYCF practices implemented and monitored	Programme coverage	>90%
	Preventive Blanket Supplementary feeding programme (BSFP) implemented and monitored	Programme coverage	>90%
	For the monitoring of nutrition situation Standardized Expanded Nutrition Survey (SENS) conducted	# of SENS conducted	3
Health	Access to primary health care services provided	Access to non-communicable disease programmes provided	100%
		Access to primary health care services provided or supported	100%

SECTOR	OUTPUT	INDICATOR	TARGET
<b>Logistics and Transport</b>	Warehousing provided, repaired and maintained	# of warehouses maintained	14
	Core relief items provided	% of households receiving core relief items	100%
<b>Non-Food Items (NFI)</b>	Sanitary materials provided	% of women receiving sanitary materials	100%
	Long-term/ permanent shelter provided and sustained	# of PoC receiving long term/permanent shelter	7,600
<b>Shelter</b>	Access roads constructed, repaired and maintained	#of kilometres of access road constructed	30km
	Water system constructed, expanded and/or upgraded	# of PoC served by water	75,000
<b>Water Sanitation and Hygiene (WASH)</b>	Supply of potable water increased or maintained	# of litres of water available per person per day	23
	Community sanitary facilities/ latrines constructed	# of communal sanitary facilities/latrines constructed	200

## Financial Requirements Summary – Kenya

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

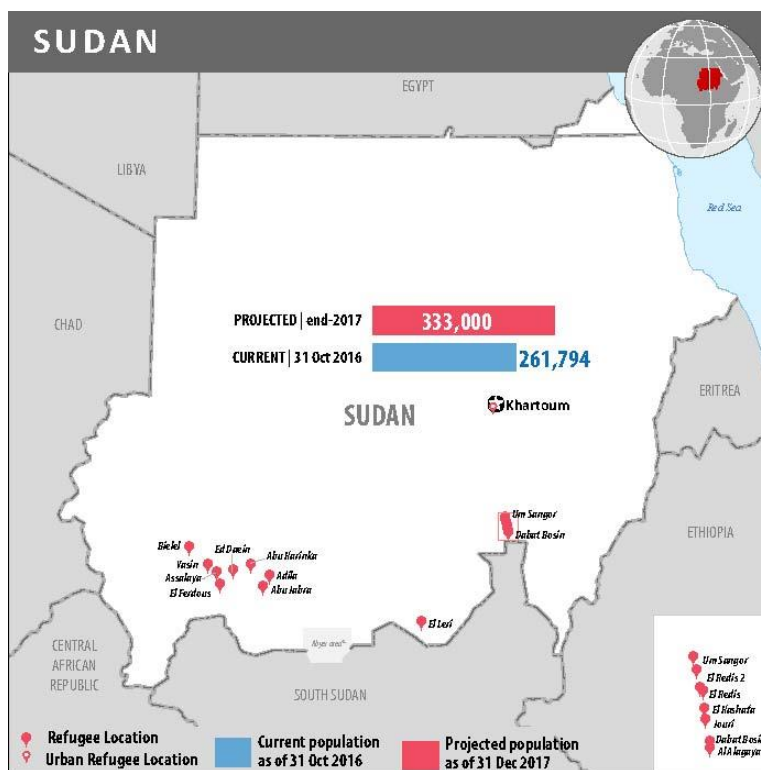
Organization	Total
AAHI - Action Africa Help International	367,691
DRC - Danish Refugee Council	514,423
FAI - Film Aid International	378,313
LWF - Lutheran World Federation	1,378,676
PWJ - Peace Winds Japan	2,000,000
RCK - Refugee Consortium of Kenya	111,272
Swiss contact	1,003,000
UNHCR - United Nations High Commissioner for Refugees	41,025,617
UNICEF - United Nations Children's Fund	2,454,499
WFP - World Food Programme	38,375,000
WVI - World Vision International	1,017,404
<b>Total</b>	<b>88,625,895</b>

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

Sector	Total
Protection	7,021,818
Education	7,362,693
Food	34,125,000
Health and Nutrition	4,444,708
Livelihoods	15,585,886
Logistics and Telecoms	950,858
Shelter and NFIs	12,740,546
WASH	4,955,536
Operational Support	1,438,850
<b>Total</b>	<b>88,625,895</b>

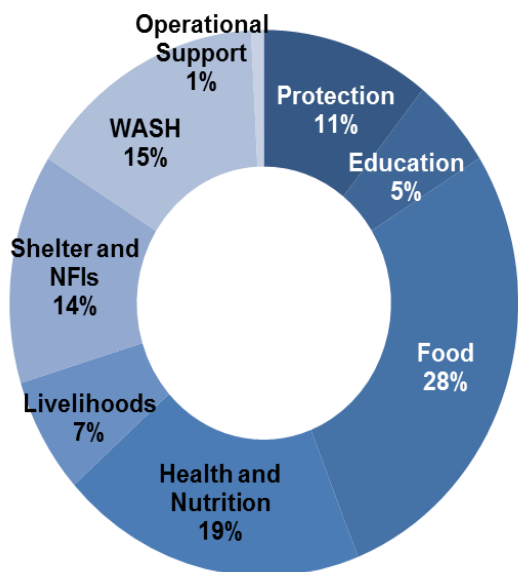


# SUDAN RESPONSE PLAN

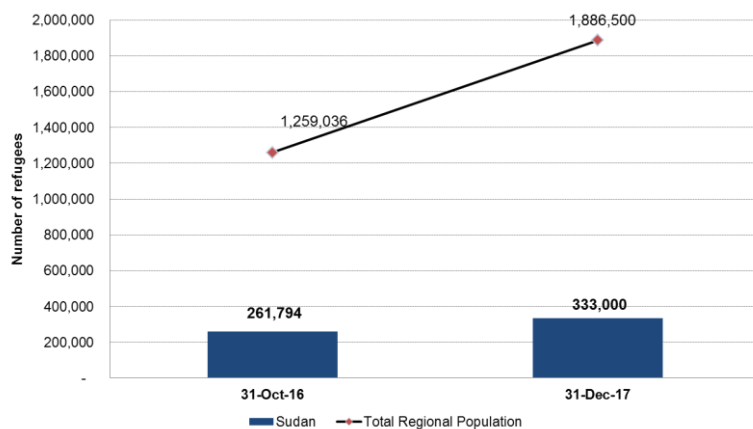


Sources: UNCS, UNHCR  
 The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined. Final status of Abyei area is not yet determined. Creation date: 22 Nov 2016

## Financial Requirements (US dollars) 166,655,247



## Population Trends



## ***Background and Achievements***

Over 260,000 South Sudanese refugees have arrived in Sudan since December 2013. Sudan also hosts an estimated 350,000 South Sudanese refugees who remained in Sudan following the Independence of the Republic of South Sudan in 2011. There has been a steady arrival of South Sudanese refugees into White Nile state at a rate of approximately 2,000 individuals per month, as well as sporadic influxes into mostly White Nile and East Darfur, which has averaged at approximately 3000 individuals per month in 2016. This has stretched the capacity of RRP partners to respond while putting additional pressure on host communities who are already impoverished and struggling. The steady yet significant flow of new arrivals into Sudan combined with moderate spikes in arrivals related to localized fighting, political instability and malnutrition, are expected to continue into 2017.

Beginning January 2016, there was a surge of South Sudanese refugees fleeing into Sudan. In just over two months, approximately 58,500 South Sudanese refugees arrived in East Darfur, South Darfur and West Kordofan, with critical and urgent health and nutrition needs, the majority were women and children. To illustrate the extent of the crisis in East Darfur, in six months the refugee population went from 164 individuals in December 2015 to over 47,000 individuals by mid-June 2016. A large number (45 per cent) of South Sudanese refugees continue to reside in eight designated sites in two localities in White Nile state and in two newly established sites in East Darfur. The rest of the South Sudanese arrivals are highly mobile and spread out across Sudan, living mainly outside of formally established camps in South Darfur, West and South Kordofan and Khartoum, with a small number also living in Blue Nile, North Kordofan and North Darfur.

The Government of Sudan has maintained an open border policy, allowing safe and unrestricted access to its territory for those fleeing the conflict in South Sudan, and has ensured their immediate protection and safety within its borders. The Four Freedoms Agreement supported by the President of Sudan allows South Sudanese to move, reside, work and own property in Sudan, while maintaining their unique and historical ties to the country. On 1 September, a Memorandum of Understanding (MoU) was signed between UNHCR and Sudan's Commissioner for Refugees (COR) as a framework to clarify the status of South Sudanese arrivals as refugees and COR's role in coordinating the response on behalf of the government and may improve humanitarian access in some areas. Additionally, the federal government also intends to transition away from humanitarian response to focus more on early recovery development, which will provide opportunities to work together towards finding durable solutions to the ongoing crisis.

South Sudanese refugees continued to cross into Sudan seeking safety, access to food and basic services, following a continuation of localized fighting, limited humanitarian assistance and food insecurity driven by South Sudan's ongoing conflict. The events in Juba at the beginning of July 2016 have added to growing concerns that the situation in South Sudan will not stabilize soon, and that instability and food insecurity will persist and drive far greater number of refugees to enter Sudan in 2017. RRP partners are planning for an additional 60,000 new arrivals throughout 2017 with an anticipated total of 333,000 South Sudanese refugees in Sudan in need of protection and assistance by the end of 2017.

Access to populations of concern has improved over the past year, except in Khartoum where restrictions to visit open areas increased. Bureaucratic impediments to obtain travel permits to field locations continue to constrain the response to refugee needs. This has been particularly challenging, as most South Sudanese refugees are located in sensitive border areas. The lack of consistent presence of international staff in the field to support national staff seriously impacts the capacity to deliver, monitor and coordinate the response. In East Darfur, UNHCR has been granted access and is working with OCHA and other partners to coordinate the response. Lengthy customs clearance procedures hamper timely prepositioning and distribution of core-relief items. The rainy season compounds access and distribution issues, where heavy rains render most roads impassable. In South Kordofan, refugee sites are largely inaccessible during the rainy season. While significant investments have been made in river crossing facilities to reach all sites in White Nile state, sites still remain inaccessible where roads are washed away during the rainy season significantly limiting the capacity of RRP partners to reach vulnerable populations in a timely manner.

## **Achievements**

### Protection

- South Sudanese refugees have access to the Sudanese territory, despite some border closures.
- The Ministry of the Interior registered 246,087 individuals across 10 states, produced and issued 240,286 cards for South Sudanese refugees.
- Individual registration for assistance in White Nile State was completed in all camps.
- Initial screening and registration of households in South Kordofan and East Darfur was completed, with plans finalized to introduce biometric registration in both states.
- 810 vulnerable individuals were assisted to obtain nationality documentation from the South Sudan Consulate in Khartoum.
- Coordination mechanisms to support timely referrals for SGBV survivors facilitated through the establishment of referral networks and community-based protection networks in White Nile state.
- 50 refugee volunteers were trained and became operational in sexual and gender-based violence (SGBV) services and 7 health workers trained in clinical management of rape.
- Personal hygiene kits distributed to 19,616 refugee girls and women in Khartoum and White Nile.
- 4,859 unaccompanied and separated children identified in White Nile through biometric registration.
- Best Interest Assessment (BIA) processes established in White Nile, Khartoum and South Kordofan states, and over 1,000 BIAs completed.
- More than 33,500 children benefitted from psychosocial support and referrals to other social services through 30 child-friendly spaces (CFS) established in the camps and host communities.
- 89 community-based child protection networks established in East Darfur (22), West Kordofan (37) and White Nile (30). In West Kordofan, over 116 children reunified with family members
- Through an agreement with the Central Registry in Sudan, South Sudanese children born in Sudan will receive birth certificates, including those born in Sudan prior to 2013.
- 67 birth registration and documentation cases resolved in Khartoum by legal aid lawyers.

### Education

- Over 22,000 refugee children accessed quality basic education through the provision of essential teaching, learning and recreational materials and the construction and rehabilitation of classrooms or establishment of temporary learning spaces.
- Capacity building was conducted for over 400 South Sudanese and host community teachers (31 per cent women) to improve the quality of education for refugee children in the state.

### Food Security, Livelihoods and Energy

- 215,834 South Sudanese refugees assisted with 24,742 mt of food assistance and 5,794 vulnerable individuals received supplementary feeding aimed at reducing malnutrition.
- In White Nile State, a household food security assessment was conducted in April 2016 to improve the humanitarian community's understanding of the food security and livelihood situation among South Sudanese refugees living in camps, host communities and returnee communities. In South Darfur and East Darfur, a separate household food security assessment took place in early June 2016 to assess the current food security situation of new arrivals.
- Adequate prepositioning of food assistance and advanced distribution took place across hard-to-reach locations to ensure continued assistance during the 2016 rainy season.
- A livelihoods assessment was undertaken in White Nile State, aimed at understanding the livelihood situation of South Sudanese refugees, to assess living conditions and measures required to enable them to accumulate assets in order to strengthen self-reliance.
- Over 900 men, women and youth received vocational skills training to enhance self-employment opportunities
- A strategy was developed for Safe Access to Fuel and Energy (SAFE) in 2015-2016. A SAFE project implemented in White Nile state providing 2,059 families with safe cooking fuel, and 1,467 most vulnerable families were provided with charcoal. Solar cookers were introduced for 30 families as a pilot project on renewable energy, and 300 families were trained on construction and use of improved stoves. Liquefied petroleum gas stoves were distributed to 332 families.

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

- NFI distributions (including plastic sheets, sleeping mats, blankets, kitchen sets, mosquito nets and jerry cans) for newly arrived refugees reached 9,000 households (HH) in East Darfur, 1,749 HH in South Darfur, 1,823 HH in White Nile State and 847 HH in South and West Kordofan, all based on need verification assessment.
- A new site at Al Waral in White Nile was established with 7,653 individuals relocated to decongest other sites and improve service delivery. This increased the number of sites in White Nile to eight, accommodating over 82,000 refugees – most living in individual family shelters.
- In Al Salam and Jebelain localities in White Nile roads were constructed in areas around the camps for access to markets.

### Health

- 113,000 outpatient consultations conducted in health units and over 270 health workers trained in White Nile, East Darfur, North Darfur and West Kordofan.
- Medical staff trained on case definition, surveillance, and outbreak response and infection prevention in order to strengthen local health systems in affected states.
- 594 South Sudanese refugee children aged 6 months to 15 years received measles vaccine during measles outbreak response campaign in El Meiram.
- Referral system to secondary and tertiary hospitals implemented in White Nile state, referring more than 450 cases.
- Reproductive health commodity security was maintained and strengthened to respond to emergency reproductive health and obstetric needs, as part of the implementation of the minimum initial package for reproductive health in crisis situations (MISP). Life-saving supplies covered the needs of 18,935 beneficiaries, including 800 women with complicated deliveries.
- 3,433 South Sudanese children under one received measles vaccine in White Nile, West Kordofan, and East Darfur.
- In Khartoum, 4,618 South Sudanese accessed primary health care services with referrals and access to secondary and tertiary services.

### Nutrition

- 40,536 moderately malnourished children aged 6-59 months and pregnant and lactating women assisted using ready-to-use supplementary food (RUSF).
- 72,623 children from 6–59 months and pregnant and lactating women (PLW) were screened with MUAC and given required ration of emergency blanket food.
- 3,190.10 MT of RUSF distributed to children from 6–59 months and pregnant and lactating women (PLW) for treatment of moderately malnourished individuals and Emergency Blanket Supplementary Feeding Programme (eBSFP).
- Basic health units in reception facilities and at the major border-crossing points conducted nutritional screening targeting children under 5 years as well as pregnant and lactating women.

### WASH

- In White Nile state, 82,379 South Sudanese refugees accessed to over 1,165 million litres of water from improved potable water sources. Seven sites across the state provided an average of 15.07 litres of water per person per day, while a new site at Al Waral provided 9.8 litres per person per day.
- In White Nile state, 4,258 latrines were available in eight sites. 83,311 South Sudanese refugees and host community members were reached with hygiene promotion messaging.
- In East Darfur's Khor Omer camp, 73 hygiene promoters were trained. In the new Kario site, more than 100 latrines were installed and daily water trucking ensured access to safe drinking water for 3,758 individuals.
- 44,131 South Sudanese refugees were supported with improved drinking services through daily water trucking in El Meiram (6,255) and Kharasana (9,776) in West Kordofan, and Khor Omer in East Darfur (28,100).
- WASH supplies were prepositioned in El Mieram warehouse, including jerry cans, chlorine tablets, latrine plastic slabs, hydrogen sulphide for water testing, 2 bladders of 10,000 litres and 2 bladders of 5,000 litres capacity.
- In South Kordofan, access to WASH services was improved for 21,447 refugees living in Abu Jubeiha and Elleri localities.

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

Three years into the South Sudan refugee response, Sudan remains in the midst of an emergency, with the steady influx of South Sudanese refugees continuing. The emergency is driven by ongoing violence, deteriorating food insecurity and limited humanitarian assistance in South Sudan. The new arrivals are mostly women and children in poor health as a result of lack of food and exhaustion from the journey and are in urgent need of protection, nutrition, shelter and health support.

This remains a children's emergency with children making up over 67 per cent of the refugee population and the majority of new arrivals (approximately 88 per cent) are women and children. The refugees have primarily settled in areas not previously covered by a response, where partners and resources are extremely limited. In some areas of East Darfur and West Kordofan, access is further constrained by insecurity and geographic isolation.

Beginning in late January 2016, there was an influx of South Sudanese fleeing into Sudan and settling for the first time in large numbers in East Darfur. These refugees arrived into some of the most impoverished and difficult areas to access in Sudan. East Darfur has experienced the largest number of arrivals, with nearly 55,000 people residing there at November 2016. The majority of these arrivals initially settled at Khor Omer IDP camp in the town of El Ferdous, where they received lifesaving assistance, including food, nutrition and emergency household supplies. However, the situation at Khor Omer camp was critical: the distribution of shelter materials was not permitted; education facilities were overwhelmed, nearly 42 per cent of school aged children refugees are without access to education (an additional 246 learning spaces are needed to meet demand); health services (including reproductive health) were limited and overstretched; and hygiene and sanitation was a growing concern. A WFP assessment of the South Sudanese refugee situation (from May 2016) reported that 47 per cent of households living in the Khor Omer camp were food insecure. Refugees in El Ferdous were also in need of urgent solutions. Open defecation was widely practiced and refugees faced persistent water shortages due to overcrowding, long distances to reach medical services, no capacity at the local school and no assistance to separated and unaccompanied children.

The local and state authorities identified land and granted permission to develop two new sites to host South Sudanese refugees, in lieu of improving existing infrastructure in El Ferdous and at the Khor Omer camp. On 20 August, RRP partners began the relocation of 3,758 South Sudanese refugees from Khor Omer to the new site in Kario. Household-level biometric registration of refugees at Kario was planned to begin in December 2016. The relocations helped ease congestion, allowing for improved basic services. Water is now available at the Kario site, open defecation has decreased, primary schools are under construction and there are child-friendly spaces and a women's centre.

However, needs remain critical with a lack of livelihood opportunities compounding protection issues, particularly for women. No funding has yet been committed to improve and facilitate handover of service delivery to government line ministries in Kario after December 2016. The situation for refugees living in El Ferdous remains precarious while they wait for relocation to the new site in Al Nimir to begin. Site development activities and the provision of critical lifesaving assistance are planned (emergency shelter, health, nutrition and WASH, as well as protection, including child protection, documentation, SGBV prevention and response and identification of and support to persons with specific needs). A reception centre has been constructed in El Ferdous to provide temporary protection and support to new arrivals from Raja town, Western Bahr El Ghazal.

The situation remains bleak for an estimated 16,000 additional refugees who are residing in seven other localities across East Darfur where access is limited. The response in these areas has been hampered by limited capacity and presence of partners in areas outside of Ed Daein and El Ferdous.

Rapid needs assessments conducted in March, May and June 2016 indicated that South Sudanese refugees travelled long distances through East Darfur to reach South Darfur. A WFP assessment conducted in May 2016 reported that 72 per cent of households at the Beliel IDP camp were food insecure, a figure far higher than typical for protracted internally displaced persons (IDPs) in Darfur. The majority of refugees are living at the Bielel camp, with limited services and shelter. This increase in the camp's population has placed significant strain on service delivery. Unaccompanied and separated children (UASC) have been reported. Refugees suffer from diarrhoea and other illnesses



amidst a lack of medical facilities and a lack of latrines at the camp has resulted in open defecation. Increased access to food, water, household items and shelter materials is needed. Mechanisms to guide refugee reception and assistance delivery at the Bielel camp are needed in order to facilitate urgent intervention and lifesaving assistance for new arrivals. The local community has identified available land inside the camp and in outskirt areas for refugees. A land planning committee has been formed, and refugees have been consulted on their options for land allocation within the existing camp. The process of allocating the land will prioritize the most vulnerable families.

The ability of South Sudanese refugees in East Darfur and South Darfur to become self-reliant remains challenging, with most households unable to find work or engaged in casual labour on low wages, as compared to the region's high cost of living. No households sampled by WFP in a recent assessment were able to generate sufficient income to afford their food requirements. On average, households spent over 80 per cent of income on food, leaving little to meet other essential needs.

An estimated 6,000 – 9,000 refugees who have travelled from East Darfur and West Kordofan, have also been reported in the North Darfur localities of Allait and Eltewisha. The Government has granted permission for an inter-agency needs assessment mission. An initial rapid needs assessment to Allait in June 2016 to assess 2,000 refugees reported poor health, nutrition and sanitation among the chief concerns, including cases of measles, malaria, diarrhoea and Acute Respiratory Infections. A lack of shelters, NFIs and overcrowding also contributed to poor health conditions. The North Darfur State Council for Child Welfare (SCCW) also visited Allait locality and reported prevalence of separated children and other child protection concerns, including exploitation of children.

In West Kordofan, assessments indicated that new arrivals continue to settle in Kharasana and El Meriem. In El Meriam, one group resides at the main market in empty shops (owned by the town's traders), and a second group resides with relatives in El Mashama. Less households reside in seven locations outside of El Merima. Interagency assessments reported a number of UASC needing assistance, protection concerns for women and vulnerable individuals, malnutrition and insufficient access to food, as well as challenges accessing water. Registration remains one of the main protection gaps in West Kordofan, with thousands of refugees who are not yet verified and scattered across vast urban and rural areas. The resistance of the host community to food assistance being provided exclusively for the refugees, particularly in Kharasana, has been a major challenge.

In North Kordofan state, an interagency assessment of new arrivals indicated that while markets are accessible, households did not have enough money to meet daily basic needs, with reductions in number of daily meals identified as a main coping strategy.

Over-congestion at refugee sites across White Nile, East Darfur and South Darfur is a serious concern as most sites are hosting population numbers far beyond capacity. There is an urgent need for additional land to be identified in Abu Jabra in East Darfur, and further development of the El Waral site in White Nile is required. The emphasis has been on reinforcing existing infrastructure; however, the sheer size of the populations arriving in some underserved areas has overwhelmed communities, and restrictions by the Government has required the establishment of separate sites. More sites may need to be identified or expanded as refugees continue to arrive across the border in need of immediate emergency assistance.

Indicators for WASH have significantly improved in White Nile state with the provision of 14.14 litres per person per day and 19 persons per latrine. This is below the refugee response standards. The lack of available land has hampered the quality of the response and there is insufficient space to build the required number of latrines, especially at the Alagaya, Jouri, Kashafa and Redis 1. Gaps in healthcare delivery and nutrition services still persist and are a direct result of the heightened burden of refugees on the already weak health systems in affected states.

Food assistance to South Sudanese refugees is critical. A nutrition assessment conducted across sites in White Nile State in October 2016 identified a Global Acute Malnutrition (GAM) rate higher than 15 per cent, and Severe Acute Malnutrition (SAM) rate of more than 3 per cent. A recent assessment indicates that in some camps in White Nile, 40 per cent of the population are food insecure, while 54-94 per cent of camp-based South Sudanese refugees cannot afford local food prices. The main drivers of food insecurity are the lack of livelihood opportunities, restriction of movement in some areas, high prices on local commodities, and no access to land for farming.

The nutritional status of South Sudanese refugees remains a concern, as those entering Sudan came from areas in South Sudan facing emergency levels of acute malnutrition (IPC level 4). There are now 4.8 million people who are food insecure in South Sudan, compared to 3 million people pre-conflict. The journey across the border during the rainy season in conditions of insecurity increases the risk of deteriorating nutritional status of the most vulnerable groups, particularly women and children.

With 67 per cent of the population under 18 there is an urgent need to reinforce interventions in education. Despite the federal Ministry of Education's commitment to facilitate South Sudanese children's access to public schools, a number of constraints persist to achieve greater student enrolment. Refugee communities remain reluctant to send their children to schools where the language of instruction is Arabic and not English. While the use of public schools allows the gradual integration of refugees' education into national systems, the distance from camp to school is considered too remote for younger students in the lower grades to travel. It is estimated that 35,000 school-aged refugee children do not have access to primary schools, with approximately 40 per cent of school-aged refugees without access to education in East Darfur, South Darfur, West Kordofan, South Kordofan and Khartoum open areas. This has led to overcrowding in schools due to lack of qualified teachers, insufficient classrooms and learning materials. Furthermore, poor WASH facilities do not accommodate the needs of the growing number of students.

In a food insecure environment there is a need to strengthen school-feeding programmes to increase students' incentives to enrol. Furthermore, given the psychosocial and material needs of South Sudanese children who have experienced displacement, there is a need to reinforce the case management system based on the Best Interest Assessment (BIA) procedures. There is also a need to boost psychosocial support activities, as well as recreational and life-skill opportunities for children, with a special emphasis on adolescents and youth. Enhanced support for UASC is also required, especially as it relates to increased provision of alternative care arrangement and tracing services.

In Khartoum, the newly-arrived population is characterized by a high number of extremely vulnerable individuals in need of access to lifesaving assistance and services in areas with significant service gaps, along with others who have joined family members in the city. Key needs include the identification of and support for UASC, psychosocial counselling, support for basic personal hygiene, access to primary healthcare services and livelihood opportunities. On 18-19 August 2016, over 6,000 South Sudanese were forcibly moved by the local authorities from three open areas in Jabrona sites, located in Omdurman locality (Omdurman) to a new site in Nivasha, 15km from Jabrona. Access during 2016 to areas within Khartoum has been limited, particularly to NGO partners, which has hampered the response.

The majority of South Sudanese refugees in Sudan are living in chronic poverty. According to recent livelihood assessments conducted in the White Nile state and other interagency assessments, refugees are not allowed to own land, and most work as agricultural or casual labourers earning insufficient income to meet household needs. Many do not have the necessary livelihood capabilities to facilitate self-employment (such as social capital, literacy, education, vocational and financial skills).

As the refugee situation enters its fourth year, there is a need to move beyond the emergency phase and focus on longer-term solutions that strengthen the resilience of refugees and allow them to become more self-reliant. Approximately 80 per cent of refugee households are women-headed; therefore, small-scale livelihood programmes have been implemented to target women. These programmes have been rolled out in the Kordofans, White Nile and Khartoum states and should be expanded to promote self-reliance and contribute to a longer-term strategy that narrows the gap with development partners. Strengthening links with development processes in Sudan, including the UNDAF are ongoing. Emphasis on livelihood opportunities (including vocational training for adolescents) is essential.

Many refugees lack access to clean and sustainable energy for cooking and lighting. They usually spend 6-9 hours a day in search of wood and a considerable amount of their income on fuel for cooking and lighting. Households have been reported to exchange food for fuel. Energy remains a cross-cutting issue affecting the health, education and ability of refugees to engage in other productive tasks.

Given concerns regarding the capacity of humanitarian actors to provide a response that meets minimum standards, there is a possibility of South Sudanese refugees moving onwards within Sudan or abroad to other countries where they would have improved access to services.

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

The overall strategy to respond to the needs of South Sudanese refugees and host communities in Sudan is to ensure the effective protection of refugees and those at risk of statelessness. This strategy has three main components: i) maintain an emergency response capacity to ensure immediate protection responses, including legal protection, and address the urgent needs of new arrivals in 2017; ii) stabilize the existing programme by aiming to achieve at least minimum emergency standards across sectors, particularly by enhancing further integration with national response mechanisms; and iii) promotion of solutions with a particular emphasis on enhancing protection through self-reliance and host community support, as well as on creating linkages to other national development plans.

A key priority is to ensure emergency SPHERE standards are met, with a progression towards attaining UNHCR emergency standards. Basic emergency assistance to address the needs of newly arriving refugees will be coordinated with the Government, UN agencies and partners in order to ensure a timely and efficient response.

The response strategy will prioritize assistance for the new influx and the rise in number of assisted refugees, through camp-based assistance in White Nile and East Darfur states, as well as community-based assistance in the Kordofans, Khartoum, South Darfur and North Darfur. Camp-based assistance will involve site development, provision of emergency shelter and non-food items, and provision of basic assistance in WASH, primary health, education and nutrition, as well as general food distribution, support and protection to vulnerable groups, livelihood activities and support to host communities. Community-based assistance will focus on strengthening local infrastructure and services to better serve South Sudanese new arrivals and host communities.

A key component of the response will be to ensure all newly arrived refugees are registered in a timely way, with emphasis on the implementation of a Biometrics Identity Management System (BIMS) across White Nile, Khartoum, East Darfur, South Darfur, West Kordofan and South Kordofan. This will require close collaboration between UNHCR and the Government of Sudan, as well as other humanitarian partners. Key infrastructure developments will be needed to ensure that data is transferred quickly to data centres for secure storage on server networks closest to the areas where refugees reside.

Provision of legal documentation and access to legal aid will be prioritized as a large proportion of the South Sudanese population in Sudan has limited access to nationality documents. Advocacy interventions will be pursued on status-related issues, particularly on possibilities for enhancing documentation of the population and ensuring fair and equal procedures for nationality determination. The most vulnerable refugees will be supported to obtain nationality documentation from the South Sudan Consulate, targeting approximately 1,800 individuals in Khartoum, and will be expanded to other areas. Access to legal support for individuals who face challenges in obtaining documentation will be ensured by strengthening national networks of lawyers and paralegals. Access to birth registration will be prioritized through continuation of the partnership with the General Directorate of Civil Registry, with specific focus on capacity building for civil registry staff and support for mobile registration teams to enrol South Sudanese refugees living in Khartoum, White Nile, South Kordofan and the Darfur states.

Community-based protection will work with community structures to draw upon existing capacities, skills and resources to include them directly in decision-making processes. Interventions will be focused around priorities identified by refugee and host communities in order to enhance both resilience and sustainability. The establishment and expansion of community-based protection mechanisms, including protection networks, will improve the identification of PSNs, including survivors of SGBV, and ensure appropriate assistance and strengthen referral pathways. The expansion of existing community centres and the creation of new ones will empower refugee and host communities and provide safe public spaces for women, men, boys and girls. It can also serve as a key resource to foster peaceful coexistence, social events, recreational activities, public information and education. An important aspect related to safety of the refugees will be the provision of adequate lighting in the form of solar lanterns and solar streetlights in registration and waiting areas.

To further expand the protection response, reception arrangements will be established at border arrival areas with the government in order to facilitate registration (i.e. passport control and/or immigration), medical screening, identification of vulnerabilities, nutritional assistance (i.e. screening and treatment

for SAM, MAM and emergency blanket supplementary feeding), basic services for temporary stay (3-4 days) and onward transportation. Reception centres at border crossings will be established in key strategic locations (East Darfur, South Darfur, South and West Kordofan) and biometric registration that meets the needs of a highly mobile population will be conducted on an on-going basis, including using it to facilitate the identification of extremely vulnerable individuals.

Child protection interventions and strengthening national child protection systems will continue to require an integrated and holistic approach. Given the high number of children, child friendly procedures will be utilized to ensure access to all services for all children throughout all sectors. The identification of UASC will continue and access to family tracing and reunification will be ensured. Beyond the basic services all children require (i.e., health, education and access to nutrition), additional support will be provided to children with high protection needs, including an effective case management system. Support to the establishment of community-based child protection mechanisms will be maintained and capacity will be strengthened to enhance the identification, follow-up and referral of vulnerable children to services, such as health, education, nutrition, birth registration, protection and other services, including community-based alternative care arrangements for UASC. These networks will also be supported to monitor and report on child rights violations. Provision of psychosocial support, social welfare services and recreational opportunities will also be maintained. Recognizing that youth have unique needs from that of younger children, UNICEF conducted an assessment of adolescents living in White Nile state to better understand their self-identified needs and to ensure that programming took into consideration the challenges faced by youth. As a result, youth will be provided with targeted support to meet their needs including vocational training, educational support, referrals to psycho-social support and appropriate recreational activities.

Provision of basic hygiene materials for women and girls of reproductive age will be a priority. The protection response will also focus on improving the capacity of service providers in clinical management of SGBV, in addition to community awareness-raising on SGBV prevention and response, and strengthening of referral mechanisms. South Sudanese populations will be assisted with livelihood initiatives for the most vulnerable women-headed households and persons with specific needs.

To improve the coordination of the education response, a comprehensive strategy for refugee education will be developed in collaboration with the Government and RRP partners. Refugee children and host community children will be provided with access to schools in coordination with the Ministry of Education and education sector partners, including the facilitation of periodic examinations through support to state line ministries. Discussions are underway with the Ministry of Social Affairs (MoSA) in South and West Kordofan states to deploy social workers to refugee schools in order to provide psychosocial support as part of an initiative to reduce the number of student dropouts. Another key priority will be to ensure a safe learning environment by constructing new schools, classrooms and separate latrines for boy and girls, and through the provision of sufficient teaching, learning and recreational materials. Vulnerable refugee students will be assisted with material and cash support. Rehabilitation of existing school, learning spaces and WASH facilities will be pursued. Education activities will be provided, including teachers' recruitment, capacity building and training on child-centred education, psychosocial support, peace education, life skills and school monitoring best practices. Advocacy efforts will be made to ensure relevant curriculum and language of instruction, in consultation with the refugee community, while taking into consideration the importance of providing quality, certified education services in the most sustainable way, especially for girls' education. Support will be provided to refugees for intensive language training and accelerated learning programs to ensure smooth integration into national systems for out-of-school children and youth. Community mobilization and capacity building of parent-to-teachers' associations (PTAs) will be pursued, with a focus on improving school management, social cohesion and child protection mechanisms.

Increased access to free primary health services is the main aim of the health response, with an emphasis on the provision of reproductive health, maternal, neonatal and child care services for both refugee and host communities. This will be pursued through both the maintenance and construction of new and existing health facilities, as well as through the procurement and distribution of all required equipment and medical supplies, including drugs, reagents and health kits. The response will also seek to improve the capacity of community health workers and service providers to meet patient needs, with an emphasis on the provision of mental health counselling and care at both the community level and via health facilities. Improved immunization coverage for children (up to 15 years of age) against measles, polio and other childhood illnesses will remain a priority, as well as support for malaria

prevention via vector control, net distribution and treatment access. This will be complemented by initiatives to strengthening the health systems' capacity to respond quickly to communicable disease outbreaks, with an emphasis on improved collection of epidemiological data, monitoring, laboratory-based surveillance, and implementation of early warning systems and the provision of operational support.

Addressing existing gaps in access to WASH facilities and services will be essential. The response will continue to improve safe water supply access, with emphasis on water quality monitoring and maintenance, and the provision of WASH-related core items to all refugee households. The provision of basic sanitation services at all refugee sites will be ensured, including improvements in the provision of wastewater disposal, solid waste and sludge collection and refuse disposal. Intensified hygiene promotion at refugee sites will also be pursued, including hand washing and latrine usage, safe water handling and storage and water conservation, with special attention paid to the hygiene needs of children at risk of malnutrition.

To ensure a food-secure environment, emergency food distribution will be provided while targeting eligible households with programmes to build assets for host communities and refugees, and supporting South Sudanese school-age children with school meals. The focus of the nutrition response is to prevent morbidity and mortality associated with acute malnutrition in children under 5 years and pregnant and lactating women who constitute a sizeable percentage of the new arrivals. MUAC screening of all new arrivals at border and entry points will be completed, with referral of cases of acute malnutrition to appropriate treatment centres, complemented by the rehabilitation of existing and establishment of new stabilization centres and outpatient therapeutic sites. The nutrition response complements the general food distribution, and other interventions of WASH, shelter and health. The aim is to assist all arriving South Sudanese refugees with full General Distribution (GFD) rations and to treat 40,536 pregnant and lactating women and children under 5 for moderate acute malnutrition through Targeted Supplementary Feeding Programs (TSFP) and provide preventative nutritional support to approximately 72,623 through Emergency Blanket Supplementary Feeding Programs (eBSFP). It is anticipated that this support will require a total of 3,190 MT of RUSF. This will be complemented by increased coverage of school meals and food-assistance-for-assets initiatives. Deworming for children under 5, as well as Vitamin A and ferrous supplementation for all refugee children and pregnant and lactating women will also work to improve nutrition outcomes.

The livelihoods strategy will develop close links between livelihood interventions and protection principles through a multi-functional team. The approach will involve targeted interventions at graduated phases with a view to transition from relief to early recovery programmes. Innovative initiatives (including vocational training, cash-based interventions, micro-financing, and protection of livelihood assets such as livestock and land access) will be actively pursued as well as the development of partnerships with the private sector and development actors in order to enhance the livelihood opportunities of refugees and promote self-employment. Access to energy will be a priority, with an emphasis on support for single women-headed households and women-at-risk on the production and use of fuel efficient stoves in order to bolster women's protection initiatives.

## ***Partnership and Coordination***

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

In East Darfur, coordination efforts were undertaken by OCHA through existing inter-sector coordination structures and in line with the overall vision of the Sudan Refugee Response Strategy. OCHA is supporting UNHCR to transition from the existing A/ISCG structures to a UNHCR refugee-led approach



within the parameters of the Refugee Coordination Model. In November 2016, the Government of Sudan approved an initial presence for UNHCR in East Darfur in order to support the provision of humanitarian assistance to South Sudanese refugees and to facilitate the coordination of an effective and timely response.

The Memorandum of Understanding (MoU) signed between UNHCR and Sudan's Commissioner for Refugees (COR), has now clarified COR's role in coordinating the response on behalf of the Government. Coordination with the authorities will continue to take place at federal and state levels. At the state level, a technical committee exists in Kosti (White Nile state) to ensure the effective field coordination with all relevant partners. Coordination in East and South Darfur state are being strengthened with support of COR and UNHCR. A dedicated discussion on refugee coordination has been established in South Kordofan. Joint assessments regularly take place to ensure cohesion and effective planning. Monthly monitoring of partners has been established in order to enhance the response and ensure the identification of gaps early on. A country Letter of Understanding was developed between UNHCR and UNICEF to ensure greater predictability and coordination in areas of joint responsibility, such as education, child protection, nutrition, WASH and health.

## Planned Response

SECTOR	OUTPUT	INDICATOR	TARGET
Protection	Refugees are registered and provided with documentation	% of refugees individually registered	100%
	Unaccompanied and separated children (UASC) are identified and provided with adequate support	% of UASC identified and assisted	100%
		% of refugee children (by gender) receiving individual or community-based psychosocial support and services	100%
Education	School aged children have access to primary education	% of school-age children refugees in primary school education	100%
		% of refugee schools supported with teacher incentives,	100%
Food Security and Livelihoods	Food assistance provided to refugees	% of targeted refugees received monthly food assistance.	100%
	School meals provided to the students	% of targeted students covered by school meals	100%
	Self-reliance and livelihoods opportunities improved	% of refugees assisted with livelihoods programmes	25%
	Protection of the environment promoted	% of refugee households received domestic fuel needs	>50%

SECTOR	OUTPUT	INDICATOR	TARGET
<b>Health and Nutrition</b>	Access to adequate primary healthcare services provided or supported	# of gender-sensitive health units available	33
		Crude mortality rate (per 10,000 individual/day)	<1
	Refugees have access to quality lifesaving nutrition services	Prevalence of GAM in screened refugee children (6-59 months)	<15%
		Prevalence SAM among screened refugee children (6-59 months)	<3%
		Nutritional screening of U5 children in new arrivals and camp	>90%
		Targeted Supplementary feeding programme	>90%
		Therapeutic feeding programme	>90%
Programme on support and promotion of IYCF practices implemented and monitored	>90%		
Standardized Expanded Nutrition Survey (SENS) conducted	All camps		
<b>Shelter and Non-Food Items (NFI)</b>	Quality and timely emergency shelter materials and non-food item packages provided to refugees	% of newly arrived refugees assisted with non-food items and/or emergency shelter	100%
		% of most vulnerable pre-existing refugee households (PSNs) received renewal NFIs (household heads disaggregated by gender).	100%
<b>Water Sanitation and Hygiene (WASH)</b>	Refugees have safe access to water of sufficient quality and quantity	# of litres per person per day of safe water available at refugee sites	20
	Refugees have safe access to adequate quality sanitation facilities	# of gender-sensitive latrines per person (by gender) available at refugee sites	20
		Refugees have improved hygiene	% of refugee households that have received hygiene promotion training

## Financial Requirements Summary – Sudan

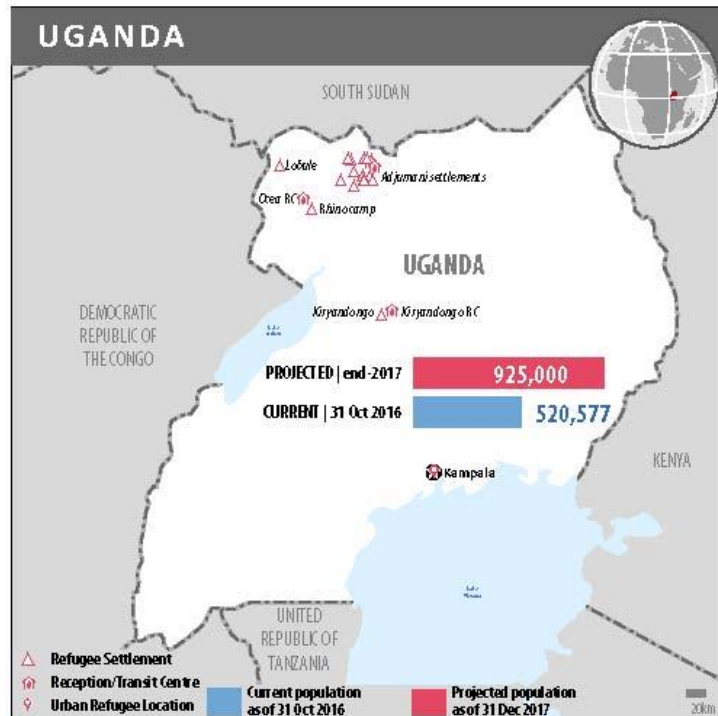
### Financial requirements by agency (in US dollars)

Organization	Total
ASSIST	725,386
FAO - Food and Agriculture Organisation	3,784,194
IOM - International Organisation for Migration	2,900,000
Pancare	450,000
SRCS - Sudanese Red Crescent Society	1,800,000
UMCOR - United Methodist Committee on Relief	850,000
UNFPA - United Nations Population Fund	2,350,000
UNHCR - United Nations High Commissioner for Refugees	69,342,061
UNICEF - United Nations Children's Fund	14,788,003
WFP - World Food Programme	55,465,603
WHO - World Health Organisation	14,200,000
<b>Total</b>	<b>166,655,247</b>

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

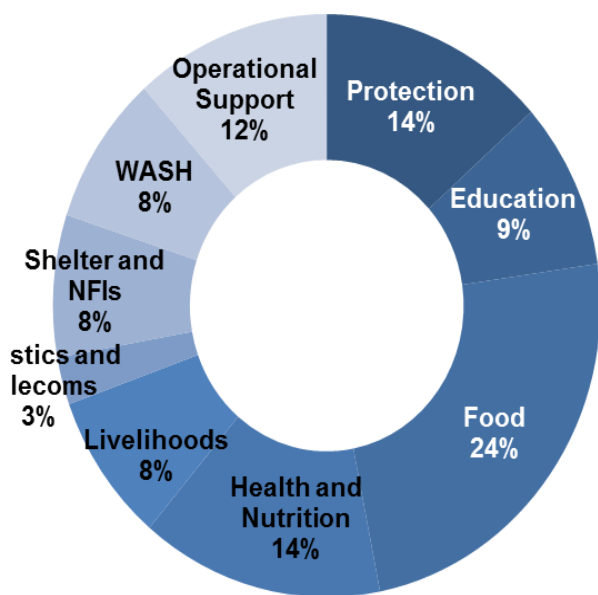
Sector	Total
Protection	17,884,927
Education	8,944,793
Food	46,441,223
Health and Nutrition	32,409,271
Livelihoods	11,426,627
Shelter and NFIs	22,667,897
WASH	25,525,386
Operational Support	1,355,123
Protection	17,884,927
<b>Total</b>	<b>166,655,247</b>

# UGANDA RESPONSE PLAN

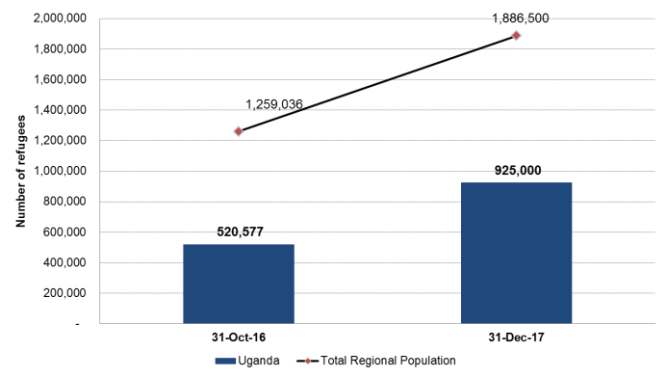


Sources: UNCS, UNHCR  
 The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Creation date: 22 Nov 2016

## Financial Requirements (US dollars) 558,242,388



## Population Trends



## ***Background and Achievements***

In 2016, the South Sudan refugee emergency in Uganda dramatically peaked. The country received the single largest refugee influx from South Sudan with some 330,577 new arrivals as of 31 October 2016. By the end of 2016, the South Sudan refugee population hosted by Uganda is likely to triple in comparison with the end-2015 population, bringing the total number of South Sudan refugees in the country to approximately 625,000 individuals. At the same time, Uganda continues to receive refugees from the DRC, Burundi and other countries. This unprecedented mass influx to Uganda puts enormous pressure on the country's resources, in particular on land, basic service delivery systems, on humanitarian and development partners' capacity to respond to the crisis, and on the ability to maintain Uganda's generous good practice refugee policy. In 2017, a concerted effort of humanitarian and development partners is required to continue to save lives, provide basic services including WASH, health and education, and to stabilise refugee hosting areas in Uganda.

Since the South Sudan crisis erupted in December 2013, the country has received refugees from South Sudan in waves. In early 2016, influx rates suddenly increased to about 10,000 individuals per month, and then reduced again. July 2016 marked a key tipping point, when heavy fighting broke out in Juba, between the government forces of President Salva Kiir and rebel forces loyal to then Vice President Riek Machar. The clashes, which left over 300 dead and tens of thousands fleeing the capital, brought political instability throughout the country and the transitional government of national unity of the August 2015 Peace Accords into question. This triggered a refugee emergency in Uganda with continuous escalating mass influxes. On average, over 61,000 new refugees have fled to Uganda every month since July 2016. This influx shows no signs of abating at December 2016.

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

### Key challenges in 2016:

- Mass influxes from South Sudan at more than eight border points, with average daily arrival rates of 2,223 individuals since July 2016; on certain days, some border point temporary reception facilities hosted 10,000+ individuals;
- 86% of all South Sudan refugees in Uganda are women and children, making targeted responses to their needs a priority, including child protection, prevention and response to sexual and gender based violence (SGBV) and education;
- Between August and September 2016, Cholera broke out in several refugee reception facilities as well as in Bidibidi settlement, possibly linked with the Cholera outbreak in South Sudan. While this has been contained, preventive measures remain a high priority to prevent further outbreaks.
- Adjumani district has been undergoing a malaria outbreak affecting nationals and refugees. Malaria prevalence increased above expected levels for the district and the season. Interventions led to overwhelming requirements for medicines.
- New arrivals have been accommodated in five settlement areas. With existing refugee settlements filling up fast, the pressure to identify and prepare new settlement areas is high.
- Bidibidi settlement in Yumbe district grew from largely empty overgrown savannah land to a sprawling settlement hosting 160,000+ refugees in only two and a half months, making it one of the largest refugee hosting sites worldwide. The rapid settlement growth has posed severe challenges for service provision and establishing essential settlement infrastructure in a timely manner;
- By mid-October 2016, the average water supply in Bidibidi settlement was about 9 litres per person per day, below the global recommended minimum emergency standard of 15 litres. While sustainable water sources are being prepared in line with the WASH strategy for the site, costly water trucking remains a key operational measure to secure life-saving water supply. Every month, water trucking for the site costs between 200,000 and 400,000 US\$.



## **Uganda Country Context**

Uganda's refugee population stands at one of the highest points in its history with 898,082 refugees and asylum-seekers as of 31 October 2016 (population verification ongoing). The majority of these refugees originate from South Sudan, the Democratic Republic of the Congo and Burundi. Uganda has an exemplary refugee protection environment, providing refugees with freedom of movement, the right to work and establish businesses, the right to documentation, access to social services, and allocation of plots of land for shelter and agricultural production through a generous asylum policy (the Refugee Act of 2006 and the Refugee Regulations of 2010). The country pursues a non-camp settlement policy, by which refugees are allocated relatively large plots of land that are stretched out over vast territories, which allows for both shelter and agricultural production. In the case of Bidibidi settlement for example, new settlement areas are being designed for household plots (30 x 30 metres) with larger surrounding areas designated for agricultural use (50 x 50 metres). This method helps to increase yields through mechanized farming and larger scale production. Typically, the settlement approach incurs higher up-front costs than a camp environment, when basic life-saving provision is being established. However, over time, the settlement approach encourages innovative self-reliance opportunities for refugees that are otherwise not feasible in a camp setting.

Uganda demonstrates how a progressive refugee policy is economically and socially advantageous for both refugees and their host communities. As a guiding principle, approximately 30 percent of the resources of the refugee response is aimed at benefiting host communities. When communities recognize that refugees positively contribute to the sustainable development of their districts, the refugee asylum space is not only protected, but strengthened. Whereas, the incidences and intensity of poverty have declined, a large section of the Ugandan population remains vulnerable to poverty. The Government of Uganda has initiated steps to further build on the enabling environment through the inclusion of the Settlement Transformative Agenda in its 5-year National Development Plan II (NPD II 2016-2020). The UN Country Team (UNCT) in Uganda is supporting this approach through the development of the Refugee and Host Population Empowerment (ReHoPE) framework and its inclusion in the UN Development Assistance Framework for Uganda (UNDAF 2016-2020). The common goals of these initiatives are to enhance social service delivery in refugee hosting areas through integration with local government systems while supporting the gradual socio-economic empowerment of refugees and their host communities. While implementation of these strategies continue, the current scale of the South Sudanese influx into Uganda requires a targeted focus on life-saving emergency response activities to cope with the prevailing emergency.

## **2017 Planning Approach**

With no sign of mass arrivals to Uganda reducing as of end October 2016, and continued concerns about violent conflict in South Sudan, no progress on a political solution and reports of severe conflict induced food insecurity, Uganda continues to foresee a large scale emergency response. Given the specific opportunities of the Uganda refugee model, programmes that build resilience for both refugee and host community populations must form part of the emergency response from early on and will be further strengthened. In parallel, the programmatic planning implementation of the ReHoPE framework will be further strengthened with area based district level planning. The Uganda Government has also taken preparations for the implementation of the Settlement Transformative Agenda (STA), which will be launched when the final decision on the activation of the World Bank loan has been taken.

## **Achievements**

### Overall cross-cutting achievements

- Continued access to asylum and refugee protection for all new arrivals from South Sudan;
- Protection and life-saving assistance services for 330,577 new arrivals (at 31 October 2016);
- Support to 190,000 residual refugees from South Sudan in settlements and urban areas;
- Allocation of communal land by the host community for refugee settlement and agricultural use;
- Provision of multi-sector live-saving and humanitarian services in all settlements;
- Continued solutions oriented interventions from early on in the emergency response, through livelihood support and establishment of water, education and health service infrastructure
- Integration of refugee protection and management into the 5-year Uganda National Development Plan II, the Settlement Transformative Agenda, and the UN Development Assistance Framework (UNDAF) for Uganda through Output 1.4: the Refugee and Host Population Empowerment (ReHoPE) framework, and the Uganda Protection and Solutions Strategy 2016-2020

## Protection

- Emergency registration (non-biometric) of all refugees on arrival in Uganda. Biometric individual registration through the Government of Uganda's Refugee Information Management System (RIMS) initiated at all operational locations.
- Continued identification of persons with specific needs (PSN) and provision of targeted support. SOPs for Individual Case Management developed.
- Continued advocacy to ensure the civilian character of asylum.
- Population profiling and assessment exercise conducted in the settlement using the AGDM approach. Protection monitoring conducted in the settlement.
- 100 percent of known SGBV survivors received appropriate legal, medical, and psycho-social support and access to safe houses. SGBV prevention and response mechanisms strengthened, including referral pathway, SOPs for SGBV survivor support, SGBV information management mechanism put in place and establishment of Women's Groups. Dedicated staff from the 'safe from the start' initiative deployed within weeks of the emergency.
- Provision of solar lanterns, and installation of solar street light in transit centres and settlements to help prevent incidences of SGBV.
- Enhanced systems at registration points to identify and refer children at risk, including un-accompanied and /separated children (UASC) to specialised support services. 7,745 (4,133 boys and 3,632 girls) UASC identified and provided with family tracing and alternative care services by RRP partners. 47,966 (30,658 boys and 17,508 girls) South Sudan refugee and host community children benefited from psychosocial support and referral services through 45 Child Friendly Spaces (CFS) established in refugee settlements. 38 South Sudanese refugee girls received multi-sectoral support in response to sexual violence in South Sudan or Uganda. Over 6,743 Best Interest Assessments (BIAs) initiated and/or completed. 88 family reunions accomplished. Best interest determination (BID) panels convened regularly at all locations. Families eligible to provide foster care identified and trained to ensure the care of refugee children (UAMs/SCs); over 4,328 children followed up through home visits.
- 41,288 children participated in CFS structured activities, including 15,283 are adolescents. Establishment and training of over 250 community-based child protection structures and 1,633 peer-to-peer support group members for prevention and response to abuse, neglect, exploitation and violence against children. More than 250 child protection committees established and trained in refugee settlements.
- 90,856 (49,587 male, 41,269 female) children and adults reached with peacebuilding initiatives to enhance self-resilience and peaceful coexistence among refugee and host communities.
- Over 45,435 children under 5 received birth notification and birth certificates across the emergency districts in coordination with OPM and the district local governments.
- Promotion of information sharing mechanisms with refugee and host communities. "Boda Boda Talk Talk" mechanisms put in place and Protection Information and Counselling Desks (PICD) established, including mobile desks with an average of 200 referrals per day.
- Establishment of community structures and leadership "elections" in all refugee settlements; Support provided towards the fair representation of women in community structures.

## Shelter and site planning

- Multiple collection points, transit and reception centres established or expanded, with multi-sector life-saving services provided, including new reception facilities at seven border points;
- Site planning, establishment, expansion, and filling of multiple refugee settlement areas in West Nile and Midwest regions, including Maaji II, Maaji III, Pagirinya, and Kiryandongo;
- Opening of a new 200,000+ capacity settlement in Yumbe District in five days from the decision to use the site – Bidibidi Settlement – officially opened 2 August 2016; five zones developed, including 200 km of access roads for the provision of services and community structures.
- Provision of household NFI kits and emergency shelters to all new arrivals.

## Food

- 360,000 South Sudanese refugees reached with food in-kind assistance and 14,000 with cash assistance (September 2016).
- To prevent acute malnutrition during the high risk period after arrival blanket supplementary feeding (BSFP) provided for pregnant and lactating women (PLW) and children 6-59 months old.

## WASH

- 520,577 South Sudan refugees (31 October 2016), including new arrivals, received access to safe drinking water, achieved through water trucking, drilling of wells, construction of manual and motorised pumps, and construction of water distributions systems.
- A water treatment plant established on the River Nile, 40 km from Bidibidi settlement, to support water trucking services to the growing population in the settlement.
- A comprehensive hydrogeological survey of Rhino and Bidibidi settlements planned before the end of the 2016. Due to the huge demand on existing water resources by new refugees and hosts there is a high risk of depletion of existing aquifers. Appropriate mitigating measures will be put in place on the findings of the hydrogeological survey.
- Communal latrines provided to all new arrivals and construction of household latrines initiated.
- Hand-washing stations placed at all latrine blocks, educational facilities/schools, health posts and other communal areas to prevent communicable diseases, in particular Cholera.
- In response to the Cholera outbreak, disinfection was undertaken at all affected communal facilities, refugee transport vehicles and the ferry crossing the river Nile.
- A comprehensive WASH strategy has been put in place for Bidibidi and Rhino settlements.

## Health & Nutrition

- New arrivals received a package of interventions which included nutrition screening, vaccination, deworming, TT for women in the reproductive age group, psychological first aid, pregnancy mapping, treatment of basic ailments and referrals. Over 50,000 children were vaccinated against measles, 25,606 for Polio, 29,759 dewormed and 19,716 given vitamin A.
- Refugees have access to health care services, including sexual and reproductive health as evidenced by the lives saved with crude mortality rate of 0.1 (standard is <0.75 deaths/1000/month) and under five mortality rate of 0.3 (standard is 1.5 deaths/1000/month). There were no reported maternal deaths in the South Sudanese hosting settlements. The crude mortality rate and under-five mortality rates were slightly higher among new arrivals in Bidibidi – 0.2 and 0.5 deaths/1000/month. Medicine and medical supplies procured to ensure access to curative health care services. 93% of pregnant women delivered by skilled birth attendants and 84% received an HIV test on their first antenatal attendance.
- 32 health facilities provided services for South Sudanese refugees of which 13 were newly created. Most of the new facilities recognised by Government as potential permanent facilities.
- Four referral health facilities supported to improve access to secondary health care services and four ambulances provided to improve the safe transportation of sick refugees.
- Youth spaces established for adolescent sexual reproductive health and life skill building.
- Each settlement has an updated Epidemic Preparedness and Response Plan. Cholera outbreaks controlled in Adjumani and Yumbe with management of 160 cases and no death.
- In line with ReHOPE, refugee health is being integrated with local service delivery systems at the inception of the health response including:- (1) 95% refugee-serving health facilities registered with the relevant government ministry and temporary ones in new settlements sited in discussion with district health authorities (2) capacity of district local government for delivering healthcare bolstered through support to referral hospitals in Kiryandongo, Adjumani and Yumbe. Operationalization of the health centre IV located near settlements (3) Coordination between district local governments and line ministries for health. The District Health Office chairs refugee public health meetings and health managers are part of the district health team.
- Feeding programmes treated 3,528 children under 5 years (3,059 with moderate acute malnutrition and 479 with severe acute malnutrition).
- 13 supplementary and 11 therapeutic feeding program centres established to offer treatment and rehabilitation to children affected by malnutrition.
- Recovery rate of the supplementary feeding programme was 78.3% (standard is >75%). The death rate was 0.2% (standard is <3%) the defaulter rate was 9.9% (standard <15%).
- The mean length of stay in the therapeutic feeding programme was 36 (target <40 days) and in the supplementary feeding programme was 58 days (target <60 days).

## Education

- Term 2 enrolment of refugee students in primary schools in eight settlements (not including Bidibidi) and the urban is 90,544 gross enrolment rate (GER). At 64%, this is an increase of 9,971 students since Term 1. In 2016, Uganda was able to successfully place 88 new students in University through an increased allocation of DAFI scholarships.

- In Bidibidi, 10 temporary (tented) schools established, with a total enrolment of 13,467 children. 275 teachers, classroom assistants and head teacher recruited and deployed to these schools. 149 teachers received training on in Education in Emergency Settings. Over 900 desks, 3,000 text books and 7,000 exercise books distributed.
- In Bidibidi, 9 Early Childhood Development Centres (ECDs) constructed, with 3,949 children registered and a daily attendance rate of 67%.
- In Bidibidi, temporary secondary school constructed and 32 teachers deployed. A technical assessment of secondary schools in the catchment area of Bidibidi Settlement carried out with Yumbe District Education Office to provide information on learning opportunities to refugees.
- Conflict and disaster prone schools in Arua, Adjumani, Yumbe and Moyo refugee hosting districts oriented in disaster risk management.

#### Livelihoods

- All new arrivals received livelihood toolkits such as agricultural tools with their NFI kits.
- Multiple livelihood interventions in refugee hosting areas of West Nile and Midwest Uganda: 215 farmers from refugee and host communities in eight West Nile areas supported with crop tools, vegetable seeds, vegetative planting materials and livestock. In Arua, 10 groups of 230 farmers established and supported in bulk simsim production. Thousands of refugees supported in small business, savings and loan cooperatives, micro-finance and vocational training.

A rapid livelihoods needs assessment conducted in the newly established settlement Bidibidi and livelihood support interventions initiated within two months of opening the settlement.

- 2,500 HHs (i.e. 12,500 individuals) newly-arrived South Sudanese refugees in Yumbe Districts, Bidibidi settlement benefiting from enhanced food security and livelihoods through food production and (non-)agricultural income generation.
- 218 Extremely Vulnerable Households/Individuals supported by ploughing and planting their plots
- 380 women and 126 men from youth and women groups trained in business and entrepreneurship skills.
- 2,018 households received farming tools and crop seed materials for their plots.
- On site farmers trainings on improved agronomic practices such as proper spacing and intercropping conducted with demonstrations. 13 farmer groups comprising 416 beneficiaries formed in Bidibidi.

#### Logistics

- Transport, warehousing and distribution services functioning for all food and non-food items.
- New rub halls for storage have been installed at several locations.
- Airlifts of non-food items took place, most of them funded through in-kind donations.
- Over 300,000 refugees (as of 24 October) transported from border points to transit reception centres in settlements with buses and trucks.



Figure 9: South Sudanese refugees arriving in Uganda by bicycle at an unofficial border point. UNHCR/M. Farmaian

## ***Needs and Vulnerabilities***

With no sign of mass arrivals to Uganda reducing as of October 2016, and continued concerns about violent conflict in South Sudan, no progress on a political solution and reports of severe conflict induced food insecurity, Uganda continues to foresee a large scale emergency response in 2017. In parallel, all refugee settlement areas which were rapidly established in 2016 need to be stabilised and services should attain minimum humanitarian standards. By the end of 2016, Uganda may host up to 625,000 refugees from South Sudan, which corresponds to a total 2016 influx of 425,000 refugees from South Sudan (verification and biometric registration ongoing). In 2017, it is anticipated that another 300,000 South Sudanese refugees may flee to Uganda with 64% being children.

The continued large proportion of women and children among the South Sudan refugee population (86%) requires priority attention and services for the specific needs of this group. This includes prevention and response to SGBV, specialised services for child protection, in particular for unaccompanied and separated children and access to quality education.

### Protection

Protection activities remain a critical need area for the South Sudan refugee response. Individual registration and the identification of persons with specific needs, including unaccompanied and separated children, single female headed households, refugees' over the age of 60, and the critically ill, is an indispensable precursor to providing support to PSN. The enormous number of refugees entering Uganda has placed significant stresses upon existing registration processes, leading to rapid congestion in reception and transit centres, and presenting a significant protection and public health risk. To implement bio-metric registration over 70 registration staff have been deployed throughout the country by OPM and supported by UNHCR.

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

The current percentage of South Sudanese refugees is 86 per cent women and children, 64 per cent children under 18, and 3 per cent elderly. Therefore, child protection, sexual and gender based-violence (SGBV) prevention and response, psycho-social support, legal aid, education, and general support to persons with specific needs remain of critical importance to this response. Many of the refugees arriving in Uganda are survivors or witnesses of violence and abuse, citing insecurity, violence, paramilitary recruitment, forced evacuations, theft of property, physical and sexual violence towards women and children, and growing tensions between tribes as reasons for seeking asylum. The high risk of SGBV



and psycho-social trauma while fleeing conflict in South Sudan emphasizes the need for tailored protection services upon reception in Uganda. The current large population in temporary reception facilities (communal accommodation), poses an enormous risk of SGBV, which needs to be mitigated through decongestion and rapid relocation of refugees to settlements.

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

Low numbers of women in refugee leadership positions and participation in community self-management structures has led to difficulties in identifying protection cases. There is a pronounced need to improve registration facilities and case management oversight, refugee management structures, and legal, medical, and psycho-social safe guards for SGBV and child protection cases. The SGBV referral pathway needs to be updated especially in the new settlements. Increased support to female leadership within refugee-led committees and self-management structures will remain a primary intervention for refugee empowerment, implementation of community-based protection monitoring strategies, and age, gender, and diversity sensitive programming. AGDM capacitation and training of refugee leaders, police, government officials, and partner staff will be required to ensure standards of age and gender protection mechanisms are met.

Child protection services remain a high operational priority as 64% of the South Sudanese refugee population consists of children, 33% being adolescents. There is a need for play equipment and materials for children at reception centres in Arua. Additionally, there is significant need for child friendly spaces for psychosocial support, life skills services, strengthening of protection community structures to facilitate the effectiveness of referral pathways for vulnerable children including UASC. Community awareness initiatives on rights and child protection to end negative social norms and practices creating gender imbalance remain a great need.

### Education

There are extraordinary needs at all levels of the education sector, from early childhood to post primary. Adequate infrastructure - classrooms, teacher accommodation, boarding facilities, and latrines are lacking in every settlement. This applies to both newly opened settlements like Bidibidi Settlement as well as "full" settlements like Maaji III, which still do not have sufficient educational infrastructure to service its refugee population. Overcrowding in early childhood centres and primary schools is particularly pronounced. In lower classes, child to classroom ratios in Bidibidi, average at 150:1 (rising to over 200 in some cases); and 100:1 average in senior classes; with 2 of the 10 schools recording an overall enrolment of 3,575 and 3,087 each. The current out of school population in the 6-13 year age cohort in the 8 settlements and Kampala (and excluding Bidibidi) is 51,027 (36%). Adolescent friendly services are non-existent and opportunity for secondary or post primary alternative education and life skills are largely lacking.

To ensure all children are receiving the appropriate education and engagement for their capacity, there is a need for each primary school to have an early child development centre (ECD) attached, implementing the Government/Presidential pronouncement to have community based ECD centres annexed to each primary school. This helps to reduce over-age children in ECD, and under-age children in P1 and P2. Quality education is difficult to attain with such high class numbers. Options for 'double shift schooling' need to be explored at primary level. Should a school take on this approach, teachers would need to be capacitated with quality training and resources to ensure student learning and avoid teacher burnout. Accelerated learning and life skills programmes should be widely rolled out, as the number of over-age learners from South Sudan is particularly high. Scholarships for children with special learning needs, and for vulnerable adolescent girls and children with disabilities, must be provided for. There is an urgent need to develop innovative approaches, including the use of technology and alternative non-formal education opportunities.

To ensure pathways to tertiary education and employment through investment in secondary education and vocational skills training, there is a need to construct at least 5 new secondary schools, to build additional classrooms in 7 other existing schools, to construct vocation training centres, and to establish MOUs with Government schools (classroom construction to offset fees). It will be important to mobilise

communities and strengthen school management committees in supporting education including parenting especially to address the needs of young children and adolescents

### Food

It is estimated that some 925,000 South Sudan refugees in Uganda will need food assistance by the end of 2017, half of which will be delivered in-kind and half in the form of cash based interventions. Cash equivalent assistance in lieu of food is increasingly common and is a prioritized consideration where markets are stable enough to meet demand. For new arrivals in 2017, food distribution facilities and hot meal kitchens need to be strengthened and operated in all transit, reception centres and settlements.

### Health and Nutrition

Given the outbreak of cholera in refugee settlements in West Nile in 2016, prevention and response to, cholera remains a priority. The public health needs for new arrivals includes health screening at the border/transit, provision of high energy biscuits and emergency health services during transit and minimum package of interventions:

- One primary healthcare facility for every 10,000 people. The final number will be determined by distance (health facility accessible within 5km) and settlement layout
- At least one health centre IV available for every 100,000 people.
- At least one district hospital available for every 250,000 people.
- More than 10 in-patient and maternity beds available for every 10,000 people.
- One basic emergency obstetric care facility for every 100,000 people
- One comprehensive Emergency obstetric and new-born care facility for 500,000 people

With the increasing refugee population primary healthcare institutions are constantly overwhelmed by new arrivals hence the need to open new ones. Existing health centres, including those operating in tandem with host community health centres, frequently operate beyond capacity, stretching limited resources and resulting in an overall decrease in quality healthcare. Strengthening of existing health care systems and setting up new health facilities with full package of interventions (including nutrition), staffing, medical supplies (including nutrition supplies), infrastructure, equipment and referral capacity. Primary health care services including routine immunization and access to essential health services through the Village Health Teams could be strengthened to support overstretched health staff.

Improvements to the comprehensiveness of reproductive health interventions are required including family planning, adolescent sexual and reproductive health, cervical cancer screening and comprehensive HIV/AIDS services. The Joint UN assessment identified challenges in HIV prevention (Low levels of HIV knowledge, inadequate awareness, inadequate provision of and low uptake of HIV services due to cultural factors exacerbated by high levels of stigma, low community-based HIV testing and inadequate interventions targeting the youth who are the majority). Therefore, contingency planning, preparedness and response activities are needed including stock-piling and capacity building.

In areas with large numbers of new arrivals, life-saving drugs and essential medical supplies have been in short supply with stocks of anti-malarial medicines for children repeatedly being depleted. Health workers that assist in the provision of life-saving treatment and medical screening are overstretched.

Malnutrition rates remain below international agreed emergency standards although the situation remains tenuous. Global Acute Malnutrition is currently at 5.6%. These indicators can only be maintained through a sustained response in the health and nutrition sector. For the pre-existing refugee population, recovery rates for Severe Acute Malnutrition and Moderate Acute Malnutrition average recovery rates of 87% per cent and 81% respectively. These rates remain above SPHERE standards but can still be improved through targeted interventions and provision of nutritious supplements.

### Livelihoods and Environment

Livelihoods have become an essential need area wherein agricultural interventions provide food security and increased peaceful coexistence amongst refugees and host community members. It has been reported that the land the Ugandan Government gives one refugee household generates up to \$220 annually for the local economy. Emergency livelihood interventions are part of the overall emergency response plan towards addressing immediate needs and to prevent asset depletion and negative coping strategies among the new arrivals. Agricultural inputs including seed, small livestock, and non-agricultural income-generating opportunities are provided to buffer food rationing caused by

increased emergency influxes. The added value of increased peaceful co-existence due to decreased strains on food reinforces the South Sudan response strategy and priorities.

Refugees are increasingly arriving with livestock in Uganda. Some refugees are fleeing with their livestock posing a risk for the spread of livestock and transmissible human diseases across international boundaries. Travel with animals presents an asylum risk as well due to possible restriction of entry of refugees with animals into the country. Efforts to protect the ownership of these animals and mitigate any potential health risks through patrols, surveillance and vaccination at border points may be required.

The establishment of new large settlement areas has an impact on the environment, and mitigation measures need to be considered in the development of the settlement. Consideration for agricultural lands with respect to the natural environment, *i.e.* land use planning, remains a high priority.

#### Shelter, Site, and Non-Food Items (NFIs)

Multiple new refugee settlement areas for some 300,000 additional refugees will need to be opened, including preparation of reception centres, communal areas and access roads, requiring the use of heavy earthmoving equipment. All new arrivals will receive emergency NFI and shelter kits, and where possible the new semi-permanent shelter approach will be introduced. Rapid construction of shelters for Persons with Specific Needs (PSNs) is needed, specifically for orphans, the elderly, the chronically ill, and persons with disabilities.

#### WASH

WASH sector performance indicators remain a great concern in most new refugee settlement sites opened in 2016. In Bidibidi, the average water provision amounts to 9.1 litres per person per day, while communal latrine coverage is currently at 49 persons per latrine.

Given the extremely fast growth of settlements due to the influx rate, the provision of water through sustainable solutions (*i.e.* from wells, solar motorized systems and water distribution networks) will take time, and water trucking in the meantime often remains the only emergency solution. Since water trucking is very costly and will likely reach a monthly cost of US\$ 400,000 just for Bidibidi by the end of 2016, the WASH strategy targets a water provision of 10 litres of water per person per day in the emergency phase, which frees more resources for the establishment of sustainable water sources.

The following priority WASH interventions will be required:

##### *Emergency (all new settlement areas)*

- 10L/p/d water, 1:50 ratio for latrines and bath shelters
- Development of sources for Water Trucking
- Materials pipeline for latrine construction
- Communal hygiene promotion and hand-washing facilities

##### *Transition (settlements no longer receiving additional refugees)*

- 15L/p/d water, 1HH latrine per 4HH
- Detailed Hydrogeological study
- Development of Handpump wells, springs and solar powered mini networks
- Phase out water trucking
- Accelerate HH latrine programme
- Hygiene promotion

##### *Long Term (settlements in place for one year +)*

- Increase access to 20L/p/d, 1 latrine per HH
- Hygiene promotion

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

In line with the Uganda Protection and Solutions Strategy 2016-2020, the 2017 South Sudan refugee response in Uganda pursues the following strategic objectives and operational priorities:

1. Protection including emergency response: Preserve equal and unhindered access to territory and protection space, promote the full enjoyment of rights, and maintain the civilian character of asylum.
2. Peaceful co-existence with local communities promoted: Ensure refugees live in safety, harmony and dignity with host communities and together protect their natural environment while contributing to social cohesion.
3. Sustainable livelihoods improved: Foster economic self-reliance for refugees and host communities, thereby contributing to socio-economic growth.
4. Social service delivery is integrated with local governments: Progressively enhance social service delivery capacity in refugee-hosting areas, with a view to integrating services with local government systems, including Ugandan social safety nets or social protection mechanism.
5. Durable Solutions are achieved: Ensure refugees can access durable solutions and those that remain in Uganda progressively move towards increased resilience, sustainable self-reliance and inclusive development.

### **Operational Priorities:**

- Targeted protection interventions for refugees including registration, documentation, identification and support to all persons with specific needs, in particular women and children who constitute some 86% of all South Sudan refugees, including the prevention and response to gender based violence.
- Continued life-saving service provision and opening of multiple new refugee settlement areas at different locations for all new arrivals in 2017. Should the influx continue at the same scale, the approach to settlement planning may have to change with a significant reduction of plot size and the creation of temporary reception settlements (priority sectors: WASH, health & nutrition, shelter/site planning, food, NFIs, logistics).
- Stabilization of all existing refugee settlement areas which were rapidly opened in 2016 where emergency services have to transition to more stable and sustainable service provision arrangements. These include, among others, Yumbe, Maaji, Agojo, Pagirinya, Rhino, Kiryandongo, and all other new settlement areas which will be opened before the end of 2016. Programmes should include support to affected district authority systems to strengthen their service delivery in refugee hosting areas, including related infrastructure (priority sectors: WASH, health & nutrition, education).
- Community support projects and strengthening community involvement and resilience across all sectors.
- Phase-in and strengthening of initial livelihood support programmes in all refugee hosting areas to initiate the process of graduating households towards self-sufficiency and resilience. Livelihood support should be appropriate to context and skill-set of persons of concern, and may include agricultural and non-agricultural activities.
- Emergency preparedness for higher than anticipated refugee influxes.

## ***Partnership and Coordination***

The refugee response in Uganda is led and coordinated by the Office of the Prime Minister (OPM) and UNHCR, in close consultation with UN and NGO partners. This coordination arrangement is geared towards achieving an effective and integrated response mechanism involving members of the refugee and host communities, government UN agencies and national and international NGOs. Coordination takes place at three levels, the leadership level, the sector level, and the regional/settlement level.

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

Together with the OPM, UNHCR facilitates inter-agency planning, implementation, and coordination of the overall response for the refugee emergencies in Uganda. At the field level, the DLGs are at the forefront of the emergency response, working closely with UN and NGO partners supplementing governmental efforts. The South Sudan refugee response in Uganda includes 57 partners, of which the Government of Uganda's Refugee Department of the Office of the Prime Minister, 4 District Local Governments (DLGs) 9 UN agencies (FAO, IOM, UNDP, UNFPA, UNHCR, UNICEF, UN Women, WFP, and WHO), and 43 NGOs.

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



*Figure 10: Newly arrived refugee children await relocation to Bidibidi, Uganda, UNHCR/ M. Farmaian*

## Planned Response

SECTOR	OUTPUT	INDICATOR	TARGET
Protection	New arrivals registered and provided with documents	% of newly arriving refugees registered with documents, including identity cards	100%
	PSNs identified and provided adequate support including survivors of violence, abuse and exploitation, SGBV	% of PSNs who received appropriate protection services	100%
	Refugees have access to civil documentation	% of refugees receiving documentation including birth, marriage and death certificates	100%
	Protection of children strengthened	% of children identified as vulnerable with access to psychosocial and life skills services through child friendly spaces.	100%
	Protection of vulnerable children including unaccompanied and separated children	% of children victims of SGBV who benefit from multi-sectoral response	100%
		% registered in CPIMS and benefiting from BIAs and BIDs	100%
		% of children reunified or placed under alternative foster care arrangements	100%
	Community self-management supported	% of settlements with refugee self-management committees and volunteer groups	100%
	Access to legal assistance and legal remedies improved	% of persons of concern who have access to legal assistance	100%
	Access to resettlement	% of refugees identified in need of resettlement submitted for resettlement	100%
Peacebuilding and peaceful coexistence projects implemented	% of youth/adolescents participating in	100%	



SECTOR	OUTPUT	INDICATOR	TARGET
		peacebuilding programmes	
	Women actively participate in refugee management structures	% of representation structures with women participation	100%
		% of community members receiving information on rights and child protection	100%
	Survivors have access to multi-sector SGBV services	% refugees with access to lifesaving medical, psychosocial, legal, and outreach services for survivors of SGBV	100%
	Measures to improve primary education quality and learning achievement implemented	# of children per teacher	55
	Educational infrastructure constructed, improved or maintained	# of children per classroom (primary school)	55
	Early childhood education provided or supported	% of children aged 3-5 years enrolled in early childhood education	80%
<b>Education</b>	Primary education provided or supported	% of children enrolled in primary education	80%
	Secondary education provided or supported	% of children enrolled in secondary education	40%
		% Number of adolescents accessing formal or informal education/life skill, including secondary schools	82%
	Food assistance provided to refugees	% of eligible settlement based refugees who receive timely monthly food assistance in-kind or cash equivalent	100%
<b>Food</b>	Cash-based assistance provided to refugees	% of eligible settlement based refugees receiving cash-based assistance in lieu of food rations	50%
	School feeding provided to the student	% of students covered by school feeding programme	100%

SECTOR	OUTPUT/OBJECTIVE	INDICATOR	TARGET
Health and Nutrition	Nutritional screening of U5 children among new arrivals and at camp level carried out	Programme coverage	>90%
	Targeted Supplementary feeding programme (TSFP) implemented and monitored	Programme coverage	>90%
	Therapeutic feeding programme (OTP/SC) implemented and monitored	Programme coverage	>90%
	Programme on support and promotion of IYCF practices implemented and monitored	Programme coverage	>90%
	Preventive Blanket Supplementary Feeding programme (BSFP) implemented and monitored	Programme coverage	>90%
	Standardized Expanded Nutrition Survey (SENS) conducted	# of SENS conducted	All camps
	Access to primary healthcare services provided or supported, including access to essential drugs	% of refugees have access to primary health care	100%
		Crude mortality rate (per 10,000 ind./day)	<1
	Referral mechanisms established	% of refugees have access to comprehensive reproductive health services	<30%
	Population has optimal access to reproductive health and HIV services	% of rape survivors receiving PEP within 72 hours of incident	100%
	Essential vaccinations provided	Vaccination coverage	100%
	Comprehensive safe motherhood services provided	# of qualified midwives/MCH staff	>95%
	Village Health Team (refugee volunteers) system strengthened	# of refugees per CHW	1,000
Emergency preparedness and effective response to outbreak	% of health facilities with timely and complete IDSR reporting	85%	

SECTOR	OUTPUT/OBJECTIVE	INDICATOR	TARGET
<b>Livelihoods and Environment</b>	Access to agricultural / livestock / fisheries production enabled	# of refugees receiving production kits for agriculture/livestock/fishery activities	100,000
	Access to self-employment / business facilitated	# of small business associations formed / supported	500
		# of refugees provided with entrepreneurship / business or financial literacy training	10,000+
		# of refugees provided with guidance on business market opportunities	10,000+
		Self-reliance and livelihoods improved	% of refugees (18-59) with own business self-employed for more than 12 months
	Access to training and learning enabled	# of refugees completing vocational skills training	200,000
	Protection of the environment promoted	% of refugee households using energy efficient stoves	30 %
		# of tree seedlings planted	300,000
		# community institutions with functional water harvesting facilities.	100%
	<b>Logistics and Transport</b>	Timely and dignified transport of refugees from reception centre to settlements	% of new arrivals transported in a timely and dignified way
Sufficient warehouse and distribution services capacity		% of settlements with sufficient warehouse and distribution capacities	100%

SECTOR	OUTPUT/OBJECTIVE	INDICATOR	TARGET
<b>Shelter and Non-Food Items (NFI)</b>	New settlement areas identified and prepared to receive refugees	Number of new settlement areas opened	5+
	Newly arriving refugees are allocated plots in settlements	% of new arrivals in settlements who have been allocated a plot	100%
	Shelter provided	% of refugees in settlements with emergency or semi-permanent shelter	100%
	Access roads constructed, repaired and maintained	# of kilometres of access road constructed or rehabilitated	500+
		# of culverts constructed/rehabilitated	3,500
	Essential NFIs provided	% of new arrivals receiving household NFI kits	100%
Sanitary materials provided	% of refugee women of reproductive age receiving sanitary materials	100%	
<b>Water Sanitation and Hygiene (WASH)</b>	Supply of potable water increased or maintained	Minimum # litres of safe potable water/person/day (emergency phase)	>10
		Minimum # of litres of safe potable water / person/day (transition to longer term)	15 – 20
	Community sanitary facilities/ latrines constructed (emergency)	# of persons of concern per drop-hole in communal latrine	50
		% of households with drop-hole latrine/toilet	100%
	Household sanitary facilities / latrines constructed (longer term)	# of successful boreholes drilled	30
	Water system constructed, expanded and/or upgraded	# of boreholes / wells rehabilitated	300
Water system operations maintained	% of refugees reached by environmental health and hygiene campaigns	100%	
Environmental health and hygiene campaigns implemented			

## Financial Requirements Summary – Uganda

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

Organization	Total
AAR - Association for Aid and Relief Japan	1,200,000
ACF - Action Against Hunger	2,770,000
ARC - American Refugee Committee	390,161
Caritas	335,000
DCA - Danish Church Aid	1,000,000
DRC - Danish Refugee Council	1,417,766
FAO - Food and Agriculture Organisation	10,320,000
FCA - Finn Church Aid	768,460
FH - Food for the Hungry	420,000
IAS - International Aid Services	330,287
IOM - International Organisation for Migration	7,893,390
IRC - International Rescue Committee	1,950,000
LWF - Lutheran World Federation	2,401,437
NRC - Norwegian Refugee Council	2,500,000
OXFAM	10,585,900
PI - Plan International	1,073,428
SCI - Save the Children International	2,510,656
SP - Samaritan's Purse	1,601,301
TTR - Tutapona Trauma Rehabilitation	133,603
UN WOMEN	2,700,000
UNFPA - United Nations Population Fund	4,840,497
UNHCR - United Nations High Commissioner for Refugees	297,035,538
UNICEF - United Nations Children's Fund	35,700,667
WCC - War Child Canada	4,375,000
WFP - World Food Programme	156,853,828
WHH - Welthungerhilfe	2,125,220
WHO - World Health Organisation	1,450,250
WMU - Water Mission Uganda	600,000
WTI - Windle Trust International	1,060,000
ZOA	1,900,000
<b>Total</b>	<b>558,242,388</b>

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

Sector	Total
Protection	74,893,227
Education	51,845,413
Food	134,971,092
Health and Nutrition	80,005,465
Livelihoods	46,311,932
Logistics and Telecoms	14,717,201
Shelter and NFIs	44,069,898
WASH	46,562,578
Operational Support	64,865,582
<b>Total</b>	<b>558,242,388</b>

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

<b>Organization</b>	<b>CAR</b>	<b>DRC</b>	<b>Ethiopia</b>	<b>Kenya</b>	<b>Sudan</b>	<b>Uganda</b>	<b>Total</b>
AAHI - Action Africa Help International				367,691			367,691
AAR - Association for Aid and Relief Japan						1,200,000	1,200,000
ACF - Action Against Hunger			2,884,620			2,770,000	5,654,620
ADRA - Adventist Development and Relief Agency			1,400,000				1,400,000
ARC - American Refugee Committee						390,161	390,161
ASSIST					725,386		725,386
Caritas						335,000	335,000
CWW - Concern World Wide			4,400,000				4,400,000
DCA - Danish Church Aid			1,220,776			1,000,000	2,220,776
DRC - Danish Refugee Council			8,370,000	514,423		1,417,766	10,302,189
EOC-DICAC - Ethiopian Orthodox Church Development and Inter-Church Aid Commission			2,198,475				2,198,475
FAI - Film Aid International				378,313			378,313
FAO - Food and Agriculture Organisation		2,664,000	5,880,000		3,784,194	10,320,000	22,648,194
FCA - Finn Church Aid						768,460	768,460
FH - Food for the Hungry						420,000	420,000
GOAL			700,000				700,000
HAI - Help Age International			804,500				804,500
IAS - International Aid Services						330,287	330,287
IMC - International Medical Corps			2,900,000				2,900,000
IOM - International Organisation for Migration			8,108,245		2,900,000	7,893,390	18,901,635
IRC - International Rescue Committee			2,930,000			1,950,000	4,880,000
LWF - Lutheran World Federation			865,096	1,378,676		2,401,437	4,645,209
MCMDO - Mothers and Children Multisectoral Development Organization			660,176				660,176
NRC - Norwegian Refugee Council			5,365,555			2,500,000	7,865,555
OXFAM			6,932,281			10,585,900	17,518,181
Pancare					450,000		450,000
PI - Plan International			5,080,000			1,073,428	6,153,428
PWJ - Peace Winds Japan				2,000,000			2,000,000
RCK - Refugee Consortium of Kenya				111,272			111,272
SCI - Save the Children International			2,015,568			2,510,656	4,526,224
SP - Samaritan's Purse						1,601,301	1,601,301
SRCS - Sudanese Red Crescent Society					1,800,000		1,800,000



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

<b>Organization</b>	<b>CAR</b>	<b>DRC</b>	<b>Ethiopia</b>	<b>Kenya</b>	<b>Sudan</b>	<b>Uganda</b>	<b>Total</b>
Swisscontact				1,003,000			1,003,000
TTR - Tutapona Trauma Rehabilitation						133,603	133,603
UMCOR - United Methodist Committee on Relief					850,000		850,000
UN WOMEN						2,700,000	2,700,000
UNFPA - United Nations Population Fund					2,350,000	4,840,497	7,190,497
UNHCR - United Nations High Commissioner for Refugees	9,982,819	31,939,872	160,781,126	41,025,617	69,342,061	297,035,538	610,107,033
UNICEF - United Nations Children's Fund		5,493,512	13,580,000	2,454,499	14,788,003	35,700,667	72,016,681
WCC - War Child Canada						4,375,000	4,375,000
WFP - World Food Programme	3,852,000	31,909,147	74,141,887	38,375,000	55,465,603	156,853,828	360,597,465
WHH - Welthungerhilfe						2,125,220	2,125,220
WHO - World Health Organisation					14,200,000	1,450,250	15,650,250
WMU - Water Mission Uganda						600,000	600,000
WTI - Windle Trust International						1,060,000	1,060,000
WVI - World Vision International			899,768	1,017,404			1,917,172
ZOA			1,456,821			1,900,000	3,356,821
<b>Total</b>	<b>13,834,819</b>	<b>72,006,531</b>	<b>313,574,894</b>	<b>88,625,895</b>	<b>166,655,247</b>	<b>558,242,388</b>	<b>1,212,939,774</b>

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

<b>Sector</b>	<b>CAR</b>	<b>DRC</b>	<b>Ethiopia</b>	<b>Kenya</b>	<b>Sudan</b>	<b>Uganda</b>	<b>Total</b>
Protection	3,572,850	7,486,584	38,006,345	7,021,818	17,884,927	74,893,227	148,865,751
Education	389,103	4,666,000	21,894,951	7,362,693	8,944,793	51,845,413	95,102,953
Food	4,141,000	31,303,005	70,963,814	34,125,000	46,441,223	134,971,092	321,945,134
Health and Nutrition	510,000	3,191,479	42,421,928	4,444,708	32,409,271	80,005,465	162,982,851
Livelihoods		7,997,882	35,024,781	15,585,886	11,426,627	46,311,932	116,347,109
Logistics and Telecoms	943,000	3,800,000	11,916,522	950,858		14,717,201	32,327,581
Shelter and NFIs	1,818,772	6,630,000	41,816,214	12,740,546	22,667,897	44,069,898	129,743,327
WASH	941,177	5,300,000	41,898,146	4,955,536	25,525,386	46,562,578	125,182,823
Operational Support	1,518,917	1,631,580	9,632,194	1,438,850	1,355,123	64,865,582	80,442,246
<b>Total</b>	<b>13,834,819</b>	<b>72,006,531</b>	<b>313,574,894</b>	<b>88,625,895</b>	<b>166,655,247</b>	<b>558,242,388</b>	<b>1,212,939,774</b>

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

Organization	Protection	Education	Food	Health and Nutrition	Livelihoods	Logistics and Telecoms	Shelter and NFIs	WASH	Operational Support	Total
<b>CAR</b>	<b>3,572,850</b>	<b>389,103</b>	<b>4,141,000</b>	<b>510,000</b>		<b>943,000</b>	<b>1,818,772</b>	<b>941,177</b>	<b>1,518,917</b>	<b>13,834,819</b>
UNHCR	3,572,850	389,103	541,000	510,000		943,000	1,818,772	941,177	1,266,917	9,982,819
WFP			3,600,000						252,000	3,852,000
<b>DRC</b>	<b>7,486,584</b>	<b>4,666,000</b>	<b>31,303,005</b>	<b>3,191,479</b>	<b>7,997,882</b>	<b>3,800,000</b>	<b>6,630,000</b>	<b>5,300,000</b>	<b>1,631,580</b>	<b>72,006,531</b>
FAO					2,664,000					2,664,000
UNHCR	5,647,184	3,600,000	530,908	2,530,200	4,700,000	3,800,000	5,700,000	3,800,000	1,631,580	31,939,872
UNICEF	1,839,400	1,066,000		158,112			930,000	1,500,000		5,493,512
WFP			30,772,097	503,167	633,882					31,909,147
<b>Ethiopia</b>	<b>38,006,345</b>	<b>21,894,951</b>	<b>70,963,814</b>	<b>42,421,928</b>	<b>35,024,781</b>	<b>11,916,522</b>	<b>41,816,214</b>	<b>41,898,146</b>	<b>9,632,194</b>	<b>313,574,894</b>
ACF				2,884,620						2,884,620
ADRA								1,400,000		1,400,000
CWW				4,400,000						4,400,000
DCA			220,776					1,000,000		1,220,776
DRC	1,425,000				745,000		3,700,000		2,500,000	8,370,000
EOC	334,419	1,760,189			103,867					2,198,475
FAO					5,250,000				630,000	5,880,000
GOAL				700,000						700,000
HAI	339,500			281,000	62,000				122,000	804,500
IMC	1,500,000			1,400,000						2,900,000
IOM	123,456	456,789			2,028,000	2,250,000	3,250,000			8,108,245
IRC								2,930,000		2,930,000
LWF	82,982				643,222				138,892	865,096
MCMDO					660,176					660,176
NRC		600,000			1,300,000		2,318,980	1,146,575		5,365,555
OXFAM			1,000,000					4,471,467	1,460,814	6,932,281
PI	3,180,000	1,900,000								5,080,000
SCI	565,113	847,669							602,787	2,015,568
UNHCR	29,422,959	14,393,082	3,762,893	22,694,566	23,506,036	9,666,522	32,547,234	21,047,180	3,740,655	160,781,126
UNICEF	880,000	1,800,000		1,900,000				9,000,000		13,580,000
WFP			65,980,145	8,161,742						74,141,887
WVI		137,222						762,546		899,768
ZOA	152,917				726,480			140,378	437,046	1,456,821

Organization	Protection	Education	Food	Health and Nutrition	Livelihoods	Logistics and Telecoms	Shelter and NFIs	WASH	Operational Support	Total
<b>Kenya</b>	<b>7,021,818</b>	<b>7,362,693</b>	<b>34,125,000</b>	<b>4,444,708</b>	<b>15,585,886</b>	<b>950,858</b>	<b>12,740,546</b>	<b>4,955,536</b>	<b>1,438,850</b>	<b>88,625,895</b>
AAHI					367,691					367,691
DRC					514,423					514,423
FAI					378,313					378,313
LWF	873,774				504,902					1,378,676
PWJ							2,000,000			2,000,000
RCK	111,272									111,272
Swiss contact					1,003,000					1,003,000
UNHCR	5,225,968	5,137,413		3,865,871	9,310,457	950,858	10,740,546	4,355,654	1,438,850	41,025,617
UNICEF	300,500	975,280		578,837				599,882		2,454,499
WFP		1,250,000	34,125,000		3,000,000					38,375,000
WVI	510,304				507,100					1,017,404
<b>Sudan</b>	<b>17,884,927</b>	<b>8,944,793</b>	<b>46,441,223</b>	<b>32,409,271</b>	<b>11,426,627</b>		<b>22,667,897</b>	<b>25,525,386</b>	<b>1,355,123</b>	<b>166,655,247</b>
ASSIST								725,386		725,386
FAO					3,784,194					3,784,194
IOM				300,000				2,600,000		2,900,000
Pancare				450,000						450,000
SRCS							1,000,000	800,000		1,800,000
UMCOR					850,000					850,000
UNFPA	1,350,000			1,000,000						2,350,000
UNHCR	15,529,927	6,356,681		4,640,000	6,792,433		21,667,897	13,000,000	1,355,123	69,342,061
UNICEF	1,005,000	2,588,112		3,194,891				8,000,000		14,788,003
WFP			46,441,223	9,024,380						55,465,603
WHO				13,800,000				400,000		14,200,000

Organization	Protection	Education	Food	Health and Nutrition	Livelihoods	Logistics and Telecoms	Shelter and NFIs	WASH	Operational Support	Total
<b>Uganda</b>	<b>74,893,227</b>	<b>51,845,413</b>	<b>134,971,092</b>	<b>80,005,465</b>	<b>46,311,932</b>	<b>14,717,201</b>	<b>44,069,898</b>	<b>46,562,578</b>	<b>64,865,582</b>	<b>558,242,388</b>
AAR		1,200,000								1,200,000
ACF				1,405,000	405,000			406,000	554,000	2,770,000
ARC	176,603				36,955			176,603		390,161
Caritas		80,000			120,000			40,000	95,000	335,000
DCA			350,000		650,000					1,000,000
DRC	829,205				231,371		77,766	279,424		1,417,766
FAO					10,320,000					10,320,000
FCA		768,460								768,460
FH					420,000					420,000
IAS		80,647			96,963			61,985	90,692	330,287
IOM					2,925,000			4,452,000	516,390	7,893,390
IRC	250,000			650,000	850,000				200,000	1,950,000
LWF	435,472		265,650		95,237	27,901	1,023,387	468,590	85,200	2,401,437
NRC		1,000,000			500,000			1,000,000		2,500,000
OXFAM	2,383,500				2,103,000			4,507,500	1,591,900	10,585,900
PI	530,964	365,477						176,987		1,073,428
SCI	719,592	1,412,887			378,177					2,510,656
SP	78,949				403,348			1,046,102	72,902	1,601,301
TTR	133,603									133,603
UN WOMEN	1,700,000				800,000				200,000	2,700,000
UNFPA	1,294,704			2,702,329					843,464	4,840,497
UNHCR	59,010,635	37,964,942	890,630	53,118,843	22,844,179	14,557,640	42,555,265	24,557,740	41,535,664	297,035,538
UNICEF	6,000,000	6,363,000		8,781,295				7,900,000	6,656,372	35,700,667
WCC	1,350,000	950,000			1,200,000				875,000	4,375,000
WFP			133,464,812	11,897,748	511,500				10,979,768	156,853,828
WHH					521,202	131,660	413,480	489,647	569,231	2,125,220
WHO				1,450,250						1,450,250
WMU								600,000		600,000
WTI		1,060,000								1,060,000
ZOA		600,000			900,000			400,000		1,900,000
<b>Grand Total</b>	<b>148,865,751</b>	<b>95,102,953</b>	<b>321,945,134</b>	<b>162,982,851</b>	<b>116,347,109</b>	<b>32,327,581</b>	<b>129,743,327</b>	<b>125,182,823</b>	<b>80,442,246</b>	<b>1,212,939,774</b>