

SUDAN COUNTRY REFUGEE RESPONSE PLAN

January 2020 - December 2020

FRONT COVER PHOTOGRAPH:

Hayat Yawin fled war in South Sudan and lives in a refugee camp in White Nile State.

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2020 PLANNED RESPONSE

1,146,239

TOTAL REFUGEE POPULATION IN NEED

(Estimated by the end of 2020)

904,951

REFUGEES TARGETED IN 2020

226,238

ESTIMATED HOST COMMUNITY BENEFICIARIES

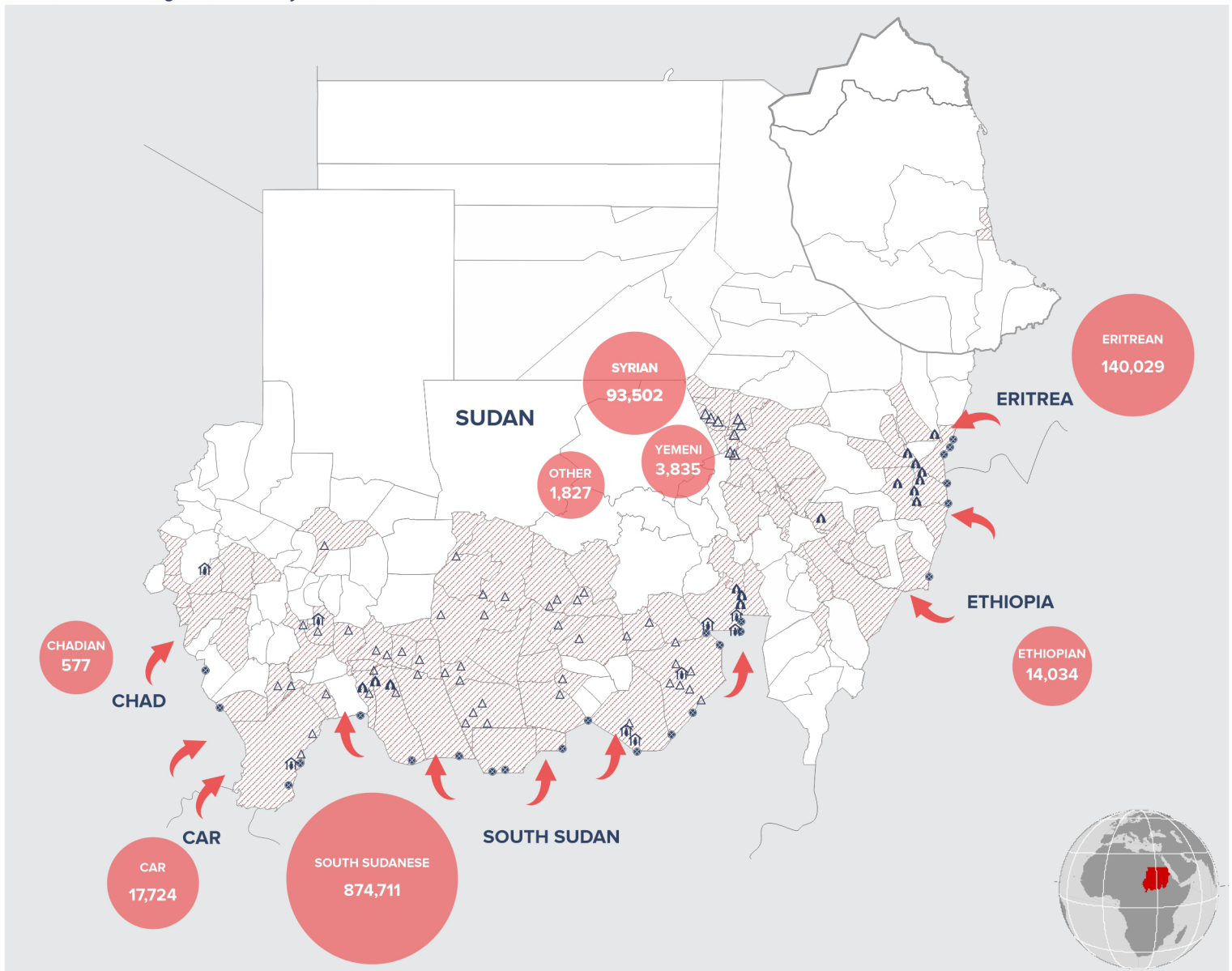
US\$ 476.9M

BUDGET REQUIREMENTS

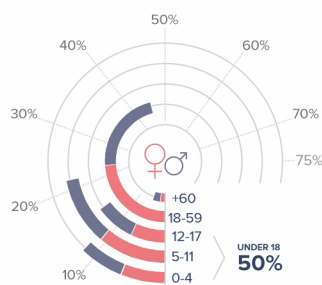
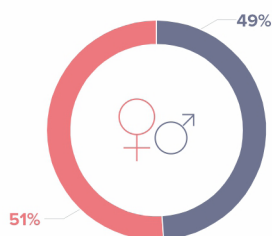
34

PARTNERS

Estimated Total Refugees in Sudan by End of 2020



Age and Gender Breakdown



Legend

- Refugee Camp
- Reception Center
- Refugee Settlement Open Area
- Crossing Point
- Refugee Crossing
- Refugee Locations

Overview

Sudan has a long history of hosting refugees and asylum seekers, with over 1.1 million individuals^{1 2} estimated to be living in Sudan (as of 30 November 2019). This includes refugees from the Central African Republic (CAR), Chad, the Democratic Republic of Congo (DRC), Eritrea, Ethiopia, Somalia, South Sudan, Syria and Yemen, who have arrived in search of safety from violence, persecution and other hazards in their countries of origin.

The South Sudanese refugee emergency remains the largest refugee crisis in Africa, and Sudan hosts one of the largest populations in the region with more than 840,000 South Sudanese refugees reported to be living in Sudan, as of 30 November 2019. In East Sudan, there are more than 130,000 Eritrean and Ethiopian refugees and asylum-seekers, living in camps and urban areas across Gezira, Gedaref, Kassala, Red Sea and Sennar states. There are over 120,000 Ethiopian, Eritrean, Congolese, Somali, Yemeni, Syrian and Burundian refugees living in Khartoum and in need of assistance. While Syrian and Yemeni refugees are considered “brothers and sisters” by the Government of Sudan and are not required to register with UNHCR and Commission for Refugees (COR) upon arrival, over 15,000 Syrian and Yemeni refugees are registered in Khartoum for assistance due to their vulnerability. There are an additional 79,800 Syrian nationals estimated to be living in Sudan. In Darfur, an ongoing influx of CAR refugees into remote parts of South and Central Darfur States has seen the population swell from nearly 7,800 refugees by the end of August, to nearly 17,000 in just two months to the end of November 2019. There are also nearly 3,100 Chadian refugees living in Central Darfur waiting to return to Chad in 2020.

Refugees in Sudan are living in camps, rural out-of-camp settlements and urban areas in 104 localities across 18 States. About 70 per cent live outside of camps in more than 100 settlements across the country, including large collective self-settlements where thousands of refugees live in “camp-like” areas adjacent to reception centres, as well as smaller dispersed self-settlements where refugees live in a more integrated manner with host communities. Many out-of-camp settlements are in remote and underdeveloped areas, where resources, infrastructure and basic services are extremely limited. Some 30 per cent of refugees in Sudan live in one of 21 camps, and over half of those living in camps were born there.

While the Government of Sudan maintains a generous open border policy for those fleeing conflict and persecution, key protection gaps still persist that undermine the liberty, safety and dignity of refugees, including: access to registration and documentation gaps; limits on freedom of movement and access to basic services; and a lack of land and asset ownership, labour markets and financial services. While some progress has been made on improving access to work permits and public education for refugees, refugees still face challenges when trying to access public services. Refugees often face higher fees and tariffs for public services compared to other populations.

¹ Overall, the Government of Sudan estimates there are up to 2 million refugees in Sudan, including an estimated 1.3 million South Sudanese refugees in Sudan; however, additional estimates require further verification.

² Population estimates for South Sudanese refugees are being reviewed with the Government of Sudan based on ongoing registration and verification processes in some States. The Refugee Consultation Forum (RCF) does not anticipate this to change the number of refugees targeted for assistance under the refugee response, as targets are based on refugee registration progress and projections aligned to verified figures.

Furthermore, encampment policies and movement restrictions force refugees and asylum-seekers to use smugglers to facilitate their internal and onward movements, which often exposes them to human trafficking and grave protection risks.

Significant funding gaps persist for the refugee response in Sudan, which have been exacerbated by Sudan's ongoing economic situation. The majority of refugee and asylum-seekers in Sudan face high levels of poverty, limited access to livelihood opportunities, and are hosted in some of the poorest regions of the country, where host communities are also struggling. While refugees often benefit from generous support provided by host communities, local resources remain scarce and local service systems are often unable to keep up with increased demand for services.

Voluntary return is not an option for a vast majority of refugees due to the situation in their countries of origin and resettlement opportunities remain limited. It is anticipated that CAR, South Sudanese, Eritrean and Ethiopian refugees will continue to arrive in Sudan in 2020. Inter-agency partners estimate 32,100 new arrivals by the end of 2020. It is also estimated that some 20,000 South Sudanese refugees and 1,000 Ethiopian refugees will spontaneously return in 2020, and at least 2,500 Chadians will be supported to voluntarily return. With this in mind, inter-agency partners are anticipating a net increase of over 8,000 individuals.

Based on these assessments, it is anticipated that over 1.14 million refugees will be living in Sudan and in need of assistance by the end of 2020. Refugees in Sudan are in need of multi-sectoral interventions to address their vulnerabilities and assistance needs while in asylum, bolster their self-reliance and well-being over the long term, and maintain and fulfil their rights as refugees under the 1951 Refugee Convention. Investments in local infrastructure and strengthening of education, health, nutrition and water, sanitation and hygiene (WASH) services is also needed to ensure that local service systems have the capacity to absorb the increasing needs of refugees and impacted host communities, and strengthen social cohesion and peaceful coexistence so both communities can thrive.

Beneficiary Population

The 2020 Sudan Country Refugee Response Plan (CRP) is the first inter-agency, comprehensive and multi-sectoral response plan which brings together 34 humanitarian and development partners to cover the needs of all major refugee populations in Sudan, including: South Sudanese refugees, CAR refugees, Chadian refugees, urban refugees living in Khatoum, and refugees living in East Sudan.

The 2020 Sudan CRP aims to address the needs of 904,951 refugees living across 56 localities. The refugee target is aligned to the number of registered refugees in country as of the end of 2019, and those projected to be in need of registration by the end of 2020.

Response activities and interventions in refugee hosting areas will also support communities hosting or living side by side with refugees, with the aim to provide assistance to some 226,000 individuals.

	PROJECTED POPULATION AS OF END OF 2020*	POPULATION TARGETED FOR ASSISTANCE IN 2020
South Sudanese refugees	874,711	637,144
Urban refugees living in Khartoum	122,979	122,979
Refugees living in East Sudan	130,248	124,039
CAR refugees	17,724	17,724
Chadian refugees	577	3,065
TOTAL	1,146,239	904,951

Assisted Host Population	226,238
Total Assisted Population	1,131,189

*Based on population projection estimates as of 30 September 2019, and are subject to change.



A glimpse into the living conditions of refugees in 2020. 7,000 South Sudanese live in this settlement on the outskirts of Khartoum.
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Needs Analysis and Response Prioritization

Refugee Severity of Needs Ranking

Given the size, diversity and geographic scope of the refugee population in Sudan, comparing needs between population groups and across different types of refugee locations can be challenging. The Refugee Consultation Forum (RCF)³ has developed a multi-sectoral severity ranking consolidating data on protection, health, nutrition, water supply, water, sanitation and hygiene (WASH), education, shelter, non-food items (NFIs), food security and livelihoods for refugees living across 104 refugee-hosting localities in Sudan. This was done in collaboration with inter-agency partners and COR and is used to identify needs, response gaps and priorities in specific refugee locations to inform response planning and resource allocation.

Refugee needs analysis is done at the location level within each hosting locality. Consolidated sectoral data (as of 30 September 2019) was categorized into a multi-sectoral severity ranking to categorize 'very low' to 'very high' needs in each refugee location. Details on the Refugee Severity of Needs Ranking methodology and indicators can be found in Annex 3. Key trends emerging from the severity analysis include:

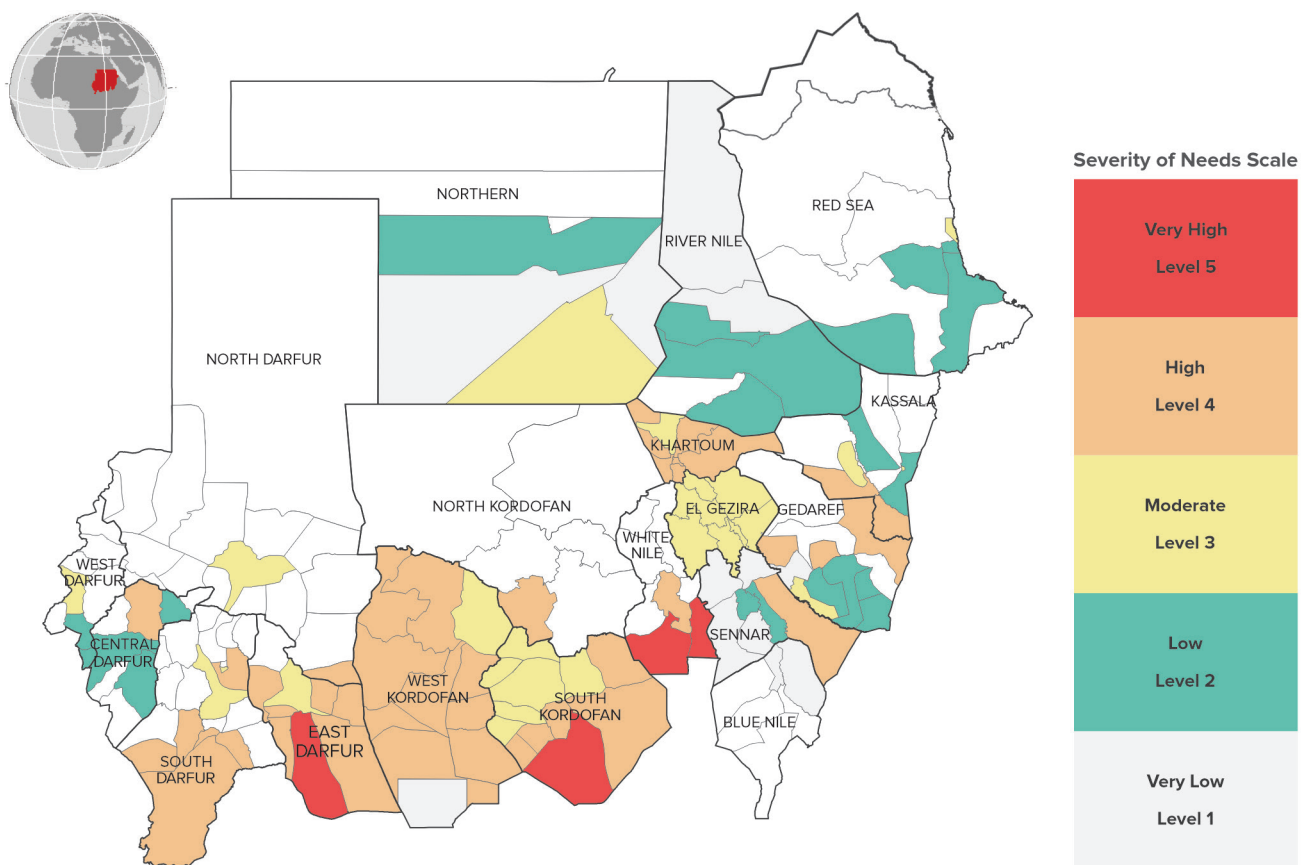
- **Severity Level 5 or 'very high' needs:** South Sudanese refugee locations with approximately 20,000 refugees or more in camps or large camp-like settlements (i.e., El Leri West settlements in Talodi, South Kordofan). These locations include key reception points high rates of new arrivals, with high reliance on humanitarian assistance delivered through parallel service systems that need to be sustained and/or scaled-up to accommodate increasing numbers of people. All refugees living in these locations are registered. All of these locations are also covered by recent Standardized Expanded Nutrition Surveys (SENS) providing detailed food security, nutrition, health and WASH data.
- **Severity Level 4 or 'high' needs:** East Sudan and Central Darfur camp locations, large collective out-of-camp settlements with over 1,000 people, key reception areas for new arrivals, and the majority of Khartoum State refugee areas, including Khartoum's 'Open Areas'. These locations typically have 'critical' or 'serious' malnutrition rates, poor WASH and health infrastructure and service availability, acute food insecurity and protection gaps. These locations have good registration coverage and on-going multi-sector response, unmet assistance needs and high reliance on humanitarian assistance.

³ For more information on the RCF's coordination mechanisms in Sudan, please refer to page 13.

- **Severity Level 3 or 'moderate' needs:** Urban caseloads (excluding Khartoum's 'Open Areas') or dispersed out-of-camp settlements with less than 1,000 refugees. These locations have ongoing multi-sector responses with capacity to integrate refugees within public service systems, with some registration coverage that likely requires scale-up. Nutrition and food security situations are relatively stable. These locations will benefit from updated needs assessments and SENS to improve the evidence base for severity analysis.
- **Severity Level 1-2 or 'low' to 'very low' needs:** Locations in States without an active refugee response. These are typically estimated or reported populations who remain unregistered, with low registration uptake, and who live scattered within host communities and urban areas.

The Refugee Severity of Needs Ranking is used to identify specific needs, response gaps and priorities at the refugee location level to inform response planning and resource allocation. The Ranking is dynamic, and will be updated on a quarterly basis as new assessment data becomes available. This will ensure that response prioritization decisions are based on available evidence and aligned to the situation on the ground as it evolves in refugee locations targeted for response.

Figure 1. Refugee Population Severity of Needs Ranking



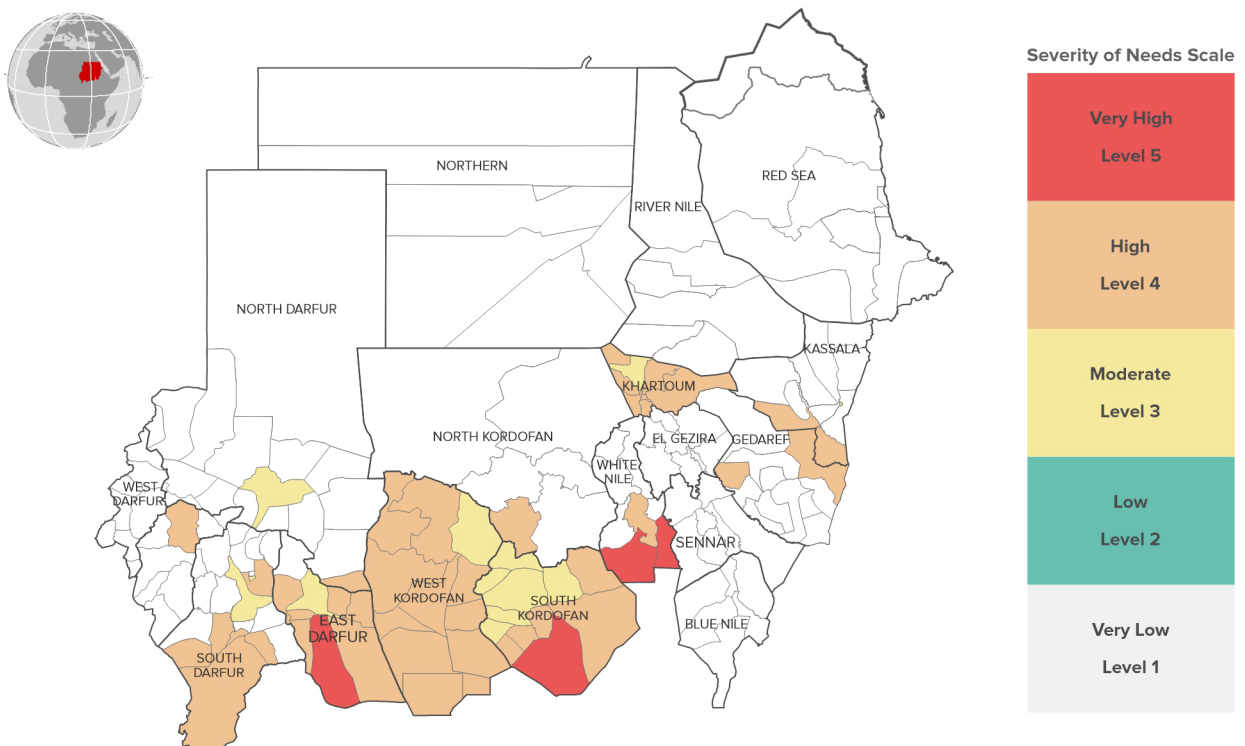
Prioritization and Response Targeting

The 2020 CRP targets 56 refugee-hosting localities covering over 100 refugee locations in 11 States. Prioritization of refugee locations is focused on areas with ‘moderate’ to ‘very high’ assessed severity of needs (Levels 3, 4 and 5). Further prioritization of localities with ‘moderate’/Level 3 ranking was completed to focus on locations with an established active refugee response and/or capacity of partners to initiate a new response as needed.

All prioritized refugee locations are targeted for multi-sectoral responses aligned to the needs of particular refugee populations living in those locations. Camps and large collective out-of-camp settlements are prioritized due to refugees’ reliance on humanitarian assistance in these locations and the need to sustain parallel service systems. Localities hosting new influxes of refugees are also prioritized for multi-sector response to ensure the emergency and lifesaving assistance needs of newly arrived refugees are met in a timely way. Assistance in these areas is targeted at the community and individual levels. Refugees in urban locations dispersed within host communities are targeted for assistance based on individual vulnerability, coupled with capacity building, sensitization and advocacy initiatives for local authorities, line ministries and local service providers to support refugee protection and social cohesion, and enhance their access to local services.

The prioritization of refugee locations is led by Refugee Consultation Forum (RCF), in collaboration with COR and inter-agency partners. A detailed prioritization and targeting list by locality is outlined in Annex 4.

Figure 2. Prioritized refugee-hosting localities targeted for multi-sectoral assistance



Response Strategy

All refugee responses in Sudan in 2020 will fall under the umbrella of three Strategic Objectives:

1. Provide protection, reception and basic services assistance for new arrivals.
2. Address ongoing or unmet needs among the existing refugee caseload and improving service provision and national protection systems to meet sectoral standards.
3. Contribute to building self-reliance among refugees, resilience among host communities, and sustainability of interventions across the response.

The response strategy aligns with the key priorities and solutions raised by targeted refugee populations through UNHCR's annual Participatory Assessment exercise, as well as the outcomes of inter-agency needs assessments in specific refugee locations, which include multi-sectoral assessments and technical surveys, such as the SENS, Joint Assessment Missions (JAM), and Knowledge, Attitudes and Practices (KAP) Surveys. The response strategy aims to ensure that the protection and humanitarian needs of refugees and asylum-seekers are addressed, while promoting solutions through increased self-reliance, and resettlement and voluntary repatriation opportunities where possible.

The 2020 response seeks to ensure that international standards of protection are met, upheld and applied for all refugees in Sudan. This includes a focus on improving Sudan's protection environment and support for expansion of civil, social and economic rights of refugees to maximize their self-reliance and increase opportunities for solutions. Advocacy to improve refugees' access to freedom of movement, labour markets, land and assets supports these aims, as does partners' work to strengthen public service systems to enhance refugees' access to basic services in out-of-camp and urban locations. Timely delivery of protection assistance, including access to registration, documentation and reception services will bolster refugees' access to their basic rights, including access to lifesaving assistance. Capacity building and sensitization initiatives with local authorities, host communities and service providers will be used to address discrimination and social cohesion issues.

The majority of refugees in Sudan remain reliant on humanitarian assistance. In addition to sustaining the provision of life-saving assistance in most locations, partners will integrate asset-building and livelihoods interventions to strengthen self-reliance and ensure that all refugees targeted under the response plan may lead dignified lives while in Sudan. The response will also prioritise longer-term solutions, with a strong role for protection through self-reliance initiatives to address the unique needs of refugees living outside of camps and for protracted caseloads.

In camps, individual and household-level assistance will continue to be provided to address ongoing needs in protection, shelter, NFIs, energy, food security, nutrition, health, WASH and livelihoods. I/NGO partners are relied

upon to fill response gaps and ensure the quality and speedy delivery of services. Partners will continue to work with COR, and with relevant line ministries where possible, to ensure the sustainability of interventions. This also includes greater participation by refugees in camp management, shelter and latrine construction, protection and security functions within their communities, community mobilization and service delivery.

In out-of-camp and urban settings, community-based approaches are the preferred modality. While Sudan is not officially implementing the Comprehensive Refugee Response Framework (CRRF), the out-of-camp assistance model in Sudan follows the same approach, with an aim towards improved humanitarian-development “nexus” approaches to supporting national service providers and host communities to meet the additional demand on services in refugee hosting areas. The approach avoids setting up new parallel services for refugees, and instead prioritizes enhanced access to public services where possible. This includes a focus on community-based assistance, especially for health, WASH, education and protection, through the introduction of basic infrastructure and improved access to local services for refugees. In urban areas, individual protection, health, education and livelihoods assistance will be provided based on assessed vulnerability.

The response will also seek to integrate cash-based interventions (CBIs) across all locations where feasible to support stabilization of existing assistance programmes and complement self-reliance initiatives. This is especially important for refugees in urban areas, where they often form part of the “urban poor” and struggle to meet their basic needs. This leaves them at heightened risk of harassment, exploitation and abuse, with women and children being particularly at-risk

Refugees living with disabilities

An estimated 15 per cent of refugees (nearly 136,000 individuals) targeted for assistance in Sudan are living with disabilities. These individuals are at particular risk because they are not always identifiable and because they face specific difficulties in participating actively in decisions that concern them, which makes it less likely that their essential protection and assistance needs are met. The response aims to proactively identify individuals with disabilities, respond to their specific needs of persons with disabilities and ensure that day-to-day care is made available to them. Partners have also committed to consulting with refugees living with disabilities to identify their needs and capacities and understand what obstacles impede the effectiveness of protection and assistance programmes. This includes considerations for more accessible food, shelter and NFI distributions, and how to better design latrines, shelters, clinics and camp infrastructure to improve physical access for individuals with limited mobility.

Strengthening livelihoods and resilience

The 2020 CRP emphasizes improved resilience, including: support for livelihoods and promotion of economic inclusion; integrating refugees into national and local systems for basic service provision; increased focus on sustainable energy and environment; and moving towards more durable infrastructure and sustainability of interventions. This is especially relevant for Sudan, given the protracted situation that many refugees and their host communities are now facing in a context of a challenging economic situation, compounded by chronic underfunding. This is in line with the Government of Sudan’s commitments at the 2019 Global Refugee Forum, which

aim to enhance integration of refugees within national education and health systems, reduce movement restrictions and improve access to work.

Host communities

Many refugee locations are in communities where infrastructure is weak and services are inadequate. However, many host communities welcome refugees and provide them with support where possible. Communities hosting or living alongside refugees can benefit substantially from investments in local infrastructure and services when these are enhanced to accommodate refugees' humanitarian needs. The increase in population and resulting productive activity, trade and human mobility can stimulate the local economy and agricultural productivity if managed carefully.

Under the 2020 CRP, impacted host communities will be supported through integrated interventions targeting the most vulnerable individuals including: receipt of NFIs and energy assistance alongside refugee communities; improved access to health, nutrition, education and WASH services through investments to expand the capacity of local clinics, schools and water supply systems; and integration of host community members within livelihoods and environmental management programmes and within sexual- and gender-based violence (SGBV) response initiatives in refugee-hosting areas.

Partnership and Coordination

The response is co-led by UNHCR and COR, in close coordination with other humanitarian and development partners (including national and international non-government organizations and UN agencies) under the RCF. The RCF is the main refugee coordination mechanism in Sudan, with more than 45 UN, INGOs, NGOs and government partners actively participating in the RCF. The RCF also seeks to engage development actors around “nexus”-style interventions. The RCF includes technical, state and field-level coordination mechanisms for each refugee response covered under the 2020 Sudan CRP. The response is also supported by the UN Country Team and other humanitarian and development partners.

The Global Compact on Refugees and the 2030 Sustainable Development Agenda provide an important framework for collaboration with partners in the refugee response. The Sudan CRP will broaden the scope of partnerships to mobilize resources and increase visibility for the needs of all the refugee populations in Sudan and their host communities.

Financial Requirements by Refugee Situation

REFUGEE SITUATION	BUDGET REQUIREMENT (USD)
South Sudan	\$343,115,570
East Sudan	\$60,517,571
Khartoum Urban	\$49,253,726
CAR	\$21,210,776
Chad	\$2,765,679
TOTALS	\$476,863,322

Financial Requirements by Sector

REFUGEE SITUATION	BUDGET REQUIREMENT (USD)
Food Security	\$109,721,625
Health & Nutrition	\$70,781,853
Protection	\$68,095,929
Shelter & NFI	\$64,078,702
WASH	\$64,046,863
Livelihoods & Resilience	\$59,082,476
Education	\$34,598,867
Energy & Environment	\$6,457,007
TOTALS	\$476,863,3232

Financial Requirements by Partner

PARTNER	ACRONYM	TOTAL BUDGET REQUIREMENTS (USD)
Adventist Development and Relief Agency	ADRA	\$3,325,000
Al Manar Voluntary Organization	AMVO	\$950,000
Alshoorq Organization for Social and Cultural Development	AOSCD	\$100,000
American Refugee Committee	ARC	\$2,342,000
Business Professional Women's Organization	BPWO	\$205,000
Catholic Agency for Overseas Development	CAFOD	\$850,000
Care International Switzerland	CIS	\$4,035,000
Concern Worldwide	CWW	\$975,000
Cooperazione Internazionale	COOPI	\$1,272,000
Global Aid Hand	GAH	\$950,000
JASMAR Human Security Organization	JASMAR	\$400,000
Islamic Relief Worldwide	IRW	\$1,728,000
Mutawinat	MUTAWINAT	\$150,000
Mercy Corps	MC	\$1,100,500
Nada El Azhar for Disaster Prevention and Sustainable Development	NADA	\$1,000,000
Norwegian Church Aid	NCA	\$2,840,780
Oxfam America	OUS	\$2,985,000
Plan International Sudan	PIS	\$3,834,900
Relief International	RI	\$1,000,000
Save the Children International	SCI	\$2,475,000
Sudanese Organization for Relief and Recovery	SORR	\$259,500
United Mission on Relief and Development	UMORD	\$1,026,623
UN - Development Programme	UNDP	\$22,189,000
UN - Food and Agriculture Organization	UN-FAO	\$10,525,000
UN - Population Fund	UNFPA	\$16,233,993
UN - High Commissioner for Refugees	UNHCR	\$213,416,995
UN - Children's Fund	UNICEF	\$31,307,160
UN - Industrial Organization	UNIDO	\$500,000
UN - International Organization for Migration	UN-IOM	\$6,135,000
UN - World Food Programme	UN-WFP	\$121,220,959
UN - World Health Organization	UN-WHO	\$13,250,000
United Peace Organization	UPO	\$367,200
Welthungerhilfe	WHH	\$2,532,630
World Vision International	WVI	\$5,381,082
TOTALS		\$476,863,322

SOUTH SUDANESE REFUGEES

2020 PLANNED RESPONSE - SOUTH SUDANESE REFUGEES

637,144
REFUGEES TARGETED

US\$ 343.1M
REQUIRED

115
REFUGEE LOCATIONS

28
PARTNERS

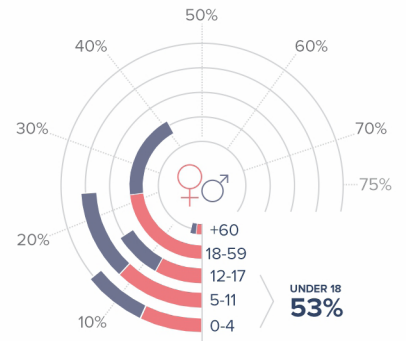
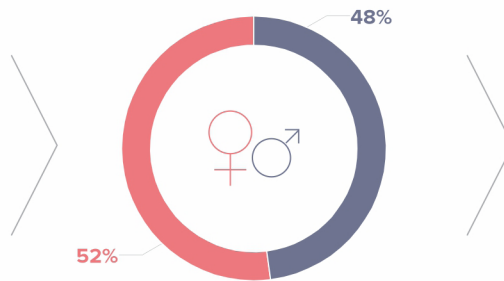
- Multi-sectoral response to address Protection, Education, Health, Nutrition, WASH, Livelihoods, Energy and Food needs

874,711

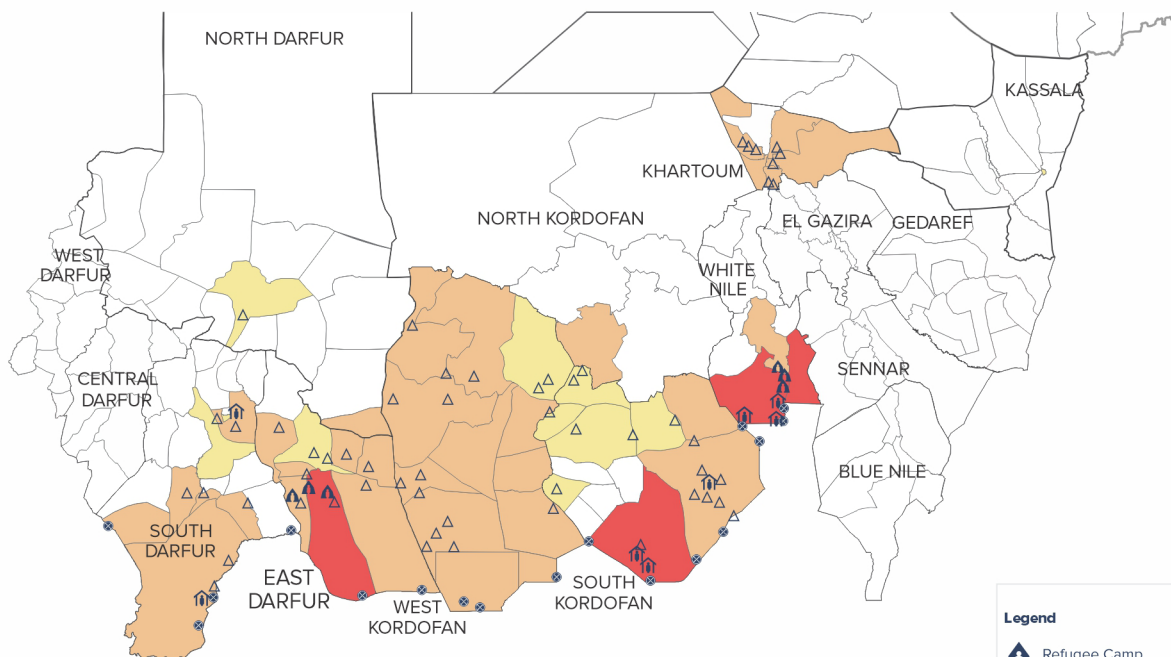
Total Estimated South Sudanese Refugee Population by End of 2020

Age and Gender Breakdown

Age Group	♀ Female	♂ Male
0 - 4 Years	61,230	61,230
5 - 11 Years	104,965	104,965
12 - 17 Years	69,977	69,977
18 - 59 Years	201,184	166,195
Over 60 Years	17,494	17,494
Total	454,850	419,861



State	# of refugees (individuals)
Khartoum	286,145
White Nile	272,152
East Darfur	108,297
West Kordofan	60,226
South Kordofan	41,275
South Darfur	29,061
North Darfur	21,637
Al Gezira	16,027
Sennar	8,823
North Kordofan	8,563
Gedaref	4,825
Kassala	4,018
Nile	3,702
Blue Nile	3,577
Red Sea	3,445
Central Darfur	1,435
Northern	1,118
West Darfur	385



Legend

- Refugee Camp
- Reception Center
- Refugee Settlement Open Area
- Crossing Point



Severity of Needs Scale: **Very High** (red) | **High** (orange) | **Medium** (yellow) | **Low** (green) | **Very Low** (grey)

Overview

Sudan shares a 2,000 km border with South Sudan, and refugees from South Sudan cross into White Nile, South Kordofan, West Kordofan, East Darfur and South Darfur states through at least 14 different entry points. North Darfur, North Kordofan and Khartoum states also receive onward movements of refugees seeking livelihood opportunities. As of 30 November 2019, the majority of refugees are women and children representing the 79 per cent of the total refugee population. Refugees arrive in poor health after traveling many days to reach Sudan, often by foot, and are in urgent need of protection, nutrition, shelter and health support. Many new arrivals have arrived from parts of South Sudan experiencing high rates of food insecurity and malnutrition. While the arrivals have slowed down during 2019 (15,551 until September 2019), it is expected that in 2020 around 20,000 South Sudanese refugees will arrive to Sudan, with an anticipated total caseload of 874,711 by the end of 2020.

The Government of Sudan has maintained an open border policy, allowing safe and unrestricted access to its territory for those fleeing conflict and conflict-related food insecurity in South Sudan. New arrivals are granted refugee status, as per the Memorandum of Understanding (MOU) signed between UNHCR and the Government of Sudan's Commission for Refugees (COR) in September 2016.

Approximately 76 per cent of the current South Sudanese refugee population are living outside of official camps, alongside host communities in more than 100 out-of-camp settlements in South Kordofan, West Kordofan, East Darfur, South Darfur and North Darfur. These include large collective self-settlements where thousands of refugees live in camp-like settlements adjacent to reception centres, as well as smaller dispersed self-settlements where refugees live in a more integrated manner with the host community. Many out-of-camp settlements are in remote and underdeveloped areas, where resources, infrastructure and basic services are extremely limited. In some out-of-camp areas of East Darfur, South Kordofan and West Kordofan, insecurity and geographic isolation can pose challenges to regular access by response partners. Refugee populations living in North Darfur are also living in remote and difficult to access areas. Sudan's rainy season (June to September) further aggravates logistics of access, with many camp and out-of-camp areas difficult to access or completely inaccessible for weeks and months at a time due to washed out roads.

There are nearly 205,000 refugees living across nine camps in White Nile, amongst whom refugee women represent the 55 per cent, and two camps in East Darfur with 49 per cent of women refugees out of the total population. It remains difficult to ensure that adequate space and basic services are available to absorb new arrivals while sustaining service provision to the existing caseloads in the camps. Over-crowding and congestion remain a serious concern, with all camps currently hosting populations beyond initial capacity. This is particularly problematic in White Nile, where the majority of South Sudanese refugees arrived in 2017. In addition to the establishment of a new camp at Al Jamey'a, land extensions have been secured for three other camps in White Nile State to accommodate an additional 5,000 households. In East Darfur, after a year of negotiations, additional land has been secured for Kario camp, while for Al Nimir camp negotiations with private landowners and host communities are still ongoing.

In Khartoum, at least 58,000 South Sudanese refugees continue to live in dire humanitarian conditions, despite renewed access for partners granted by the Government of Sudan in December 2017. These needs are compounded by underfunding of the inter-agency response plan. Urgent needs persist across all sectors, including health, nutrition, education and WASH. Many refugee communities targeted under the Plan have lived in these areas for decades, and have demonstrated considerable resilience in a context of significant protection and humanitarian assistance gaps over many years. The response aims to build on community resilience and established coping mechanisms to advance protection-oriented solutions that address key vulnerabilities, bolster self-reliance and support the wellbeing and dignity of refugees who wish to remain in Khartoum.

While the Revitalized Agreement on the Resolution of Conflict in the Republic of South Sudan (R-ARCSS) was signed in September 2018, no organized returns process is planned for 2020 and the near future as the conditions for safe and dignified return have not yet been met in South Sudan. Following attacks on South Sudanese refugees in certain neighborhoods in Khartoum on 5-6 June 2019, over 7,000 South Sudanese refugees fled to 'Open Areas' in Khartoum and camps in White Nile State. Over 25,000 refugees are estimated to have returned to South Sudan from 1 June – 31 July. A July 2019 survey of returnees to Bentiu (South Sudan) showed that 75 per cent cited "insecurity in Sudan" as a reason for their return. Overall some 43,000 South Sudanese refugees are reported to have spontaneously returned to South Sudan from Sudan since November 2017; however, tracking returns in Sudan remains challenging.



A partnership between Mercy Corps and UNHCR has helped Hayat Yawin, mother of six who fled war in South Sudan, to start a small business selling vegetables in a camp in White Nile State.
© UNHCR/ROLAND SCHÖNBAUER

Needs Analysis

Despite the lower arrival rates in 2019, the capacity of inter-agency partners to respond continues to be stretched, exacerbated by a critical funding gap as well as Sudan's ongoing economic crisis. While progress has been made, many areas are still below emergency standards and require continued investment and scale-up in order to meet the protection and basic service needs of refugees. The South Sudanese refugee population in Sudan have an exceptionally heightened vulnerability, with women and children comprising 82 per cent of the population.

Protection

Case management gaps across the response continue to compound protection issues. Lack of documentation remains a key driver of refugee vulnerability in Sudan, especially for refugees living in out-of-camp settlements, as those without sufficient documentation are unable to access social services where available, access formal and stable livelihoods opportunities, and face movement restrictions. Despite progress made in 2019, approximately 50 per cent of the estimated South Sudanese refugee caseload is not biometrically registered. Closing this gap is challenging given the geographic scale of the response, rainy season accessibility issues and the high mobility of the refugee population, especially during the agricultural season. Furthermore, access to birth registration is limited in most locations, which places refugee children born in Sudan at risk of statelessness.

Participatory Assessment findings for South Sudanese refugee communities across all States indicate that many refugees are concerned about the prevalence of SGBV in their communities. SGBV risk is aggravated by inadequate lighting in camps and settlements, and access to energy and water supply gaps that require women and girls to travel long distances to collect water and firewood, exposing them to harassment and violence. The lack of livelihoods opportunities and the deteriorating economic situation in Sudan also further undermines the safety and well-being of refugee women, girls and boys. Refugee survivors of SGBV have very limited access to justice and legal aid, and there remain significant gaps in medical and other support services.

Education

Just 69 per cent of school-aged children are enrolled in school, and retention rates are low. School drop-out is high, which compounds refugee children's vulnerability to exploitation, abuse and other protection issues. The absorption capacity of public schools is limited, with a lack of classrooms and WASH facilities, trained teachers, textbooks, school supplies and seating. Refugees are required to pay school fees at the same rate as national residents; however, many families are unable to sustain this due to a lack of access to income. There is a need for school construction and rehabilitation, provision of school uniforms and broader retention support to help refugee families keep their children in school.



WASH

While water supply quantities average 15 litres per person per day across the response, some areas remain well below response standards with just 7 litres per person per day. The response has an average of 50 persons per latrine. Open defecation due to poor latrine coverage and inadequate sanitation and hygiene practices remains an ongoing challenge. Jerry can replenishment and cleaning, and hygiene promotion are urgently needed. Acute watery diarrhea (AWD) risks still persist across many states. Investments in additional latrines, sanitation and hygiene promotion are urgently needed to mitigate ongoing risk.



Health & Nutrition

In addition to waterborne disease risks driven by the WASH situation, the health and nutrition status of refugees remains a concern, especially among South Sudanese refugees arriving from areas of South Sudan facing emergency levels of acute malnutrition and food insecurity. Sustaining health and nutrition screening services at border crossing points and reception centres remains a challenge. SENS conducted in White Nile and South Kordofan indicate 'critical' rates (>15 per cent) of Global Acute Malnutrition (GAM) and Severe Acute Malnutrition (SAM) (>3 per cent) among children 6 to 59 months of age. The SENS also indicate high rates of anaemia (>40 per cent) among children and women (aged 15-49 years), as well as low antenatal service and measles immunization coverage for refugees in both States. While food insecurity remains a key driver of poor nutrition status across the camps, the findings also point to the wider effects of chronic underfunding for the response, especially in WASH, health and livelihoods sectors.

Refugees and their host communities live in areas with limited health infrastructure, understaffing and drugs and medical supply shortages. While refugees in camps are significantly better off, with over 90 per cent having access to primary health services, only 25-50 per cent of refugees living in outside of camps have consistent access to quality health care. Integration of health services to meet the needs of both out-of-camp refugees and host communities is also a key challenge.



Energy

Aproximately 90 per cent of refugee sites are located in rural areas where host communities have no access to electricity. Both refugees and host communities are dependent on firewood for cooking, housing and lighting, with no alternative cooking fuel or energy sources available on local markets. Refugee households are often required to travel far distances of 3-5 km to collect firewood for cooking. Only 5 per cent of refugee households are able to purchase firewood on local markets, with the majority of these households only able to do so by selling food rations. Most households rely on inefficient three-stone stoves, which are a major fire hazard due to their instability and present negative health impacts for households due to smoke inhalation and burn risk. Furthermore, the reliance on firewood has led to forest degradation in many areas, increasing host community tensions over this scarce resource.

Firewood collection introduces additional SGBV risks for women and children, who are the primary collectors of firewood across the South Sudanese refugee response.

Food Security

South Sudanese refugees in Sudan remain reliant on monthly food assistance. According to WFP, over 90 per cent of refugees cannot afford the local food basket. A diverse set of activities are needed to effectively meet their food security needs. Despite the relatively peaceful coexistence enjoyed between refugee and host communities, conflicts persist due to limited natural resources and services. In this fragile context, humanitarian interventions seeking to promote food and nutrition security need to take an integrated approach and combine short-term relief with long-term solutions.

Shelter & NFIs

Substantial gaps in shelter and NFI distribution persist across out-of-camp settlements, in particular dispersed self-settlements in South and West Kordofan States. In Khartoum's 'Open Areas', successive distributions of NFIs in 2018 and 2019 to refugees and host communities has addressed some NFI gaps; however, restrictions on shelter provision there means most refugees are living without adequate shelter. Congestion of refugee camps in East Darfur and White Nile States has increased the urgency of shelter distribution and replenishment needs to support decongestion and relocation to the new camp at Al Jamey'a in White Nile State, and to other site extensions. While the primary focus is on durable shelters for all new camps and site extensions, the roll-out of durable shelter activities has been delayed due to funding constraints and fluctuating availability of materials in local market due to economic challenges.



Just 69 % of refugee girls and boys of school age are enrolled in school.
100 % are eager to learn – and to play.
© UNHCR/ROLAND SCHÖNBAUER

Response Strategy and Priorities

In the seventh year of the South Sudanese refugee response, there will be an increased focus on longer-term solutions that strengthen the resilience of refugees and allow them to become more self-reliant, especially for those living in out-of-camp settlements. There will be emphasis on improving quality of service provision to meet sectoral standards. To achieve this, the focus will be needed on support to livelihoods and promotion of economic inclusion; integrating refugees into national and local systems of service provision (especially in out-of-camp context); increased focus on sustainable energy and environment; and moving towards more durable infrastructure and sustainability of interventions (especially in camps). Engagement with- and involvement of development actors where appropriate will be an important aspect of realizing the above objectives.

Longer-term solutions are needed to strengthen the resilience of both the South Sudanese refugees and their host communities, and to support refugees' self-reliance, especially for the 76 per cent who are living in out-of-camp settlements. Ongoing verification exercises across States hosting South Sudanese refugees will continue in 2020, which will provide a clearer picture of the extent of returns, as well as community intentions to return.

Protection

The protection response will focus on two key priorities: 1) prevention of- and response to SGBV; and 2) improved access to individual registration and documentation.

A key priority will be to ensure that refugees have access to timely and quality lifesaving SGBV response services, including improved case management systems and referral pathways, and expanding the coverage of legal aid services. Partners will continue with a multi-sectoral approach to mainstreaming of SGBV prevention considerations and activities within the WASH, health and nutrition, education and livelihoods responses. Host communities will also receive services along with refugee communities and will directly benefit from referral for SGBV cases for medical services, community sensitization, advocacy and psychosocial support activities.

Ongoing verification exercises across States hosting South Sudanese refugees will continue in 2020, which will provide a clearer picture of the extent of returns, as well as community intentions to return. Full coverage of biometric registration for all refugees living in camps and out-of-camp remains a main priority. The provision of refugee and civil documentation will be prioritized, including access to birth registration through continuation of the partnership with the General Directorate of Civil Registry, with specific focus on capacity building for civil registry staff and mobile registration teams. Access to individual documentation reduces the risk of refugees to become stateless.

The child protection response will focus on addressing access to birth registration and other documentation issues; scale-up of family tracing and reunification (FTR) and expansion of coverage to more remote areas where possible;

improved individual case management, with prioritization of UASC, children with specific needs and other children at risk; and support for- and establishment of mechanisms for the prevention of- and response to abuse, violence, neglect and exploitation of children, including child marriage and child labour. The response will also aim to improve support available for youth and adolescents, including targeted programmes for youth leadership and life skills, vocational and skill development, livelihoods activities and access to employment opportunities.



Education

Partners will continue to invest in school infrastructure, including WASH facilities, and support for school supplies, textbooks and other retention initiatives in both camps and out-of-camp locations to improve refugee children's access to quality education in the areas where they live. The integration of basic school-aged refugee children within public schools will be prioritized. This will include capacity building initiatives for national partners and the Federal and State Ministries of Education to support the integration of South Sudanese refugee children within the national and state education systems where feasible.

The response will link with livelihoods and child protection initiatives to address household income gaps and other protection issues that limit children's school attendance and enrollment. This includes efforts to identify and train refugee teachers to support access to livelihoods alongside education quality improvements. A key objective is to facilitate the integration of refugee teachers more formally within the national system for eventual government-led oversight of assessment, training and remuneration. School Management Committees or Parent Teacher Associations with membership comprised of refugee teachers, refugees and host community members need to be formed and/or strengthened to support oversight of refugee education and support social cohesion between refugees and host communities.



Livelihoods & Resilience

Livelihoods partners will seek to promote the self-reliance of South Sudanese refugees and enhance refugee food security through the facilitation of alternative livelihoods alongside host community members. This includes the adoption of new technologies and strategies to increase the availability and affordability of quality produce; skills building initiatives to enhance agriculture and livestock production for value addition (increased production, product processing, packaging and marketing) through demonstrative livelihood diversification skills that aims at increasing food and income opportunities for the poor refugee households and host communities. A key focus will be on improved market access through private sector partnerships and close coordination with the Government of Sudan to support links to national development planning through local economic stimulation initiatives. Partners will also advocate for access to land and other productive assets for refugee farmers, as well as for work permits more broadly. The response will also integrate livelihood interventions within other sector initiatives to improve response sustainability and impact through links with energy, environment, WASH and health and nutrition initiatives.

Health & Nutrition

Partners will continue to scale-up health and nutrition service provision to benefit both refugees and host communities. Camp-based assistance will include direct support to refugee camp clinics to ensure sufficient coverage of primary and reproductive health services, and nutrition services. In out-of-camp locations, the response will focus on strengthening local health infrastructure and services to improve quality of care and service access for both refugees and host communities. Specific response objectives include: scale-up of immunization, maternal and neonatal care and coverage of midwives; support for disease surveillance and outbreak response, including communicable disease prevention and control; expanding coverage of minimum service packages for sexual and reproductive health, including clinical management of rape, emergency obstetric care, and sexually transmitted infection prevention and care services; and behaviour change communication for hygiene and health promotion. Comprehensive nutrition response will focus on strengthening and expansion of Community-based Management of Acute Malnutrition (CMAM) programmes, including periodic mid-upper arm circumference (MUAC) screening and active case detection of malnutrition cases, expansion and strengthening of outpatient therapeutic program (OTP) and supplementary feeding program (SFP) centres, promotion of preventive nutrition interventions, scale up of nutrition services, promotion of infant and young child feeding (IYCF) interventions, monitoring and periodic SENS. Partners will also support capacity building of the national health system to improve health information management and broad coverage of South Sudanese refugees within host communities.

Shelter & NFIs

Partners will continue to provide shelter and NFIs to all newly arrived refugees in camps, in line with the Government of Sudan's policy. Shelter and NFI replenishment for older caseloads will be completed based on needs and vulnerability, prioritizing refugee households with more than five persons, and fire or flood-affected households. NFI distribution for refugees in smaller settlements will be based on assessed needs. Vulnerable host communities members will also be served with NFI kits based on needs or in the advent of a hazards such as floods and/ or fire.

Environmentally friendly durable shelter initiatives will continue to be rolled out for refugee camps, with the intention to expand durable shelter strategy for out-of-camp locations by the end of 2020 to support resilience and sustainability. Shelter and NFIs will also be provided for refugees living in larger out-of-camp settlements in the Darfur and Kordofan States, using a cash assistance approach where feasible. Construction of transitional and durable shelter will be adapted to the capacity of the communities, available resources and skilled labour availability. Vulnerability assessments and priority-based planning will be considered to ensure shelter interventions are provided to the entire population including refugees and vulnerable host communities. Both Shelter and NFI response will prioritize people with specific needs, including women, children, older people and those living with disabilities.

Energy & Environment

The response will aim to improve safe access to cooking fuel and lighting targeting women and children who are vulnerable to protection risks imposed by firewood collection and a lack of lighting. The response will also expand support for reforestation to mitigate environmental degradation near refugee locations. Partners will prioritize the expansion of current initiatives to refugee locations where interventions have not yet reached, including South and West Kordofan and the Darfur States, as well as in Khartoum. Additional support will be provided to the Government's National Forestry Corporation (NFC) nurseries initiatives, and distribution of trees and seedlings to refugees and host communities for planting near homes.

Partners will also provide mixed energy resources adapted to local contexts, with the construction and distribution of fuel-efficient stoves (FES) to support ongoing use of firewood where needed. FES initiatives will target both refugees and host communities. For safe access to lighting, solar-powered street lighting will be installed in main areas of settlements and camps. Household solar-powered and rechargeable lamps will also be distributed. Solar charging centres in each targeted refugee location will be established and maintained. Community management initiatives will be used to ensure sustainability and accessibility over the long term.

WASH

A key priority for the WASH response is expanded access to safe water supply through supporting operation and maintenance of existing systems, rehabilitation/upgrading, network extension or construction of new water points. Water tariff systems will also be introduced, beginning with out-of-camp settlement areas. CBIs will be used to complement direct provision modalities to increase access to drinking water through a variety of water vendors, as well as to improve access to convenient and dignified provision of hygiene items. Innovation and private sector engagement will be explored by all partners in an effort to provide low cost durable WASH solutions.

WASH partners will also integrate livelihood opportunities through WASH construction and other cash-for-work initiatives. Solarized water supply systems will be prioritized for both new and rehabilitated systems to mitigate the high cost of diesel-fuel systems driven by ongoing fuel shortages, as well as enhance environmental sustainability. Investments in rainwater harvesting facilities will also be explored for areas where groundwater is limited, such as South Kordofan. Household water treatment will be also be prioritized to address waterborne illness risks in locations prone to systemic chlorination gaps. Institutional WASH will be strengthened at schools and health facilities.

WASH partners will support adoption of integrated water resources management approaches, such as ground water monitoring, to support improved refugee and host community water management in out-of-camp locations. Ownership and sustainability of water and sanitation infrastructure will be strengthened through operation and maintenance training and procurement tool kits. Water user management committees will be established and existing once will be strengthen. Capacity building of local government personnel will also be done to equip them

to provide the much needed technical support. In hard to reach out of camp locations, stock piling and pre-positioning of key WASH supplies and equipment will be ensured for timely delivery of WASH services.

Construction of shared household latrines will be prioritized, with distribution of children's potties to address gaps in safe disposal of children's faeces and mitigate diarrheal disease prevalence and risk. Provision of bathing shelters will also be a priority together with latrines, including improvements in the provision of wastewater disposal, solid waste and sludge collection and refuse disposal. A mix of hygiene promotion modalities will be pursued. Menstrual hygiene management will remain an integral part of WASH programming by ensuring consistent supply and replenishment of basic key personal hygiene items to ensure safety, dignity and well-being of refugee women and girls of reproductive age.

Food Security

The response will aim to ensure all refugees deemed in need of food assistance and livelihoods will be supported to mitigate negative coping mechanisms. A diverse approach, coupled with more innovative solutions, will be adopted to ensure a food-secure environment through: 1) in-kind assistance and nutritional support for children 6-59 months and pregnant and lactating women, and 2) cash-based assistance where markets are functioning. With renewed commitment to accountability to affected populations and protection mainstreaming, a hybrid approach, of both in-kind and cash based assistance will also be explored in the refugee response. Partners will look for opportunities to integrate livelihoods with food security interventions to support the sustainability of the response.

Partnership and Coordination

More than 45 UN, NGO and government partners support the South Sudanese refugee response within the RCF at the national technical and field levels. Refugee Working Groups (RWGs) have been established in all states hosting South Sudanese refugees to facilitate state-level inter-agency coordination and preparedness, including in Khartoum to support coordination of the multi-sectoral South Sudanese refugee response in Khartoum's 'Open Areas'.

The September 2016 UNHCR-COR MOU outlines COR's role in coordinating the South Sudanese refugee response on behalf of the Government. Coordination with the authorities continues to take place at federal and state levels, with extensive support from COR. Government line ministries also engage in sector-level coordination mechanisms at the national and state levels.

Joint assessments regularly take place with government, UN and NGO partners to ensure cohesion and effective planning. Quarterly monitoring of partners has been established in order to enhance the response and ensure the identification of gaps early on.

Financial Requirements by Sector

SECTOR	BUDGET REQUIREMENT (USD)	PARTNERS
Food Security	\$97.5 M	WFP
Shelter & NFIs	\$55.2 M	NCA, UNHCR, UPO, WHH, WVI
WASH	\$54.3 M	ADRA, ARC, CIS, CWW, COOPI, IOM, IRW, NCA, OUS, PIS, UMORD, UNHCR, UNICEF, WHH, WVI
Health & Nutrition	\$42.3 M	AMVO, ARC, CIS, CWW, IRW, NCA, RI, SCI, UNFPA, UNHCR, UNICEF, WFP, WHO, WVI
Livelihoods & Resilience	\$38.4 M	ADRA, CAFOD, CIS, COOPI, FAO, IRW, MC, OUS, PIS, UNDP, UNHCR, WHH, WVI
Protection	\$30.9 M	GAH, NADA, PIS, SCI, UNFPA, UNHCR, UNICEF, WVI
Education	\$20.7 M	ADRA, CAFOD, IRW, UMORD, UNHCR, UNICEF
Energy & Environment	\$3.8 M	ADRA, PIS, UNHCR
TOTAL	\$343.1 M	



Maintaining their traditions helps South Sudanese refugees such as this Shiluk lady, pictured in traditional clothes in Khor Al Waral Camp in White Nile State, endure the hardship of living in exile.
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URBAN REFUGEES LIVING IN KHARTOUM

122,979

REFUGEES TARGETED FOR ASSISTANCE ACROSS KHARTOUM STATE

US\$ 49.3 M

REQUIRED

12

PARTNERS

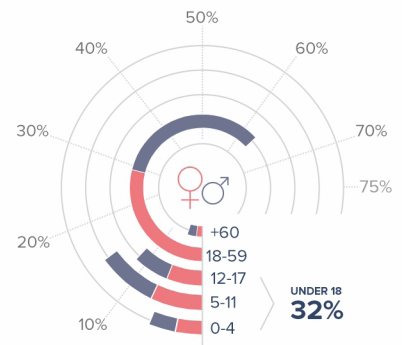
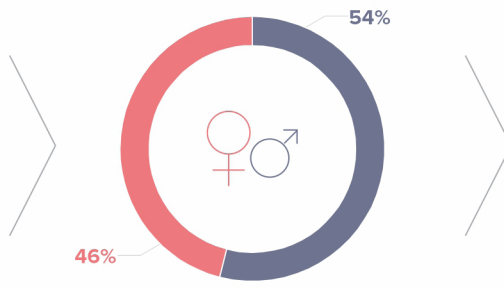
- Multi-sectoral response to address Protection, Education, Health and Livelihoods & Resilience needs

122,979

Total Estimated Refugee Population in Khartoum State by End of 2020

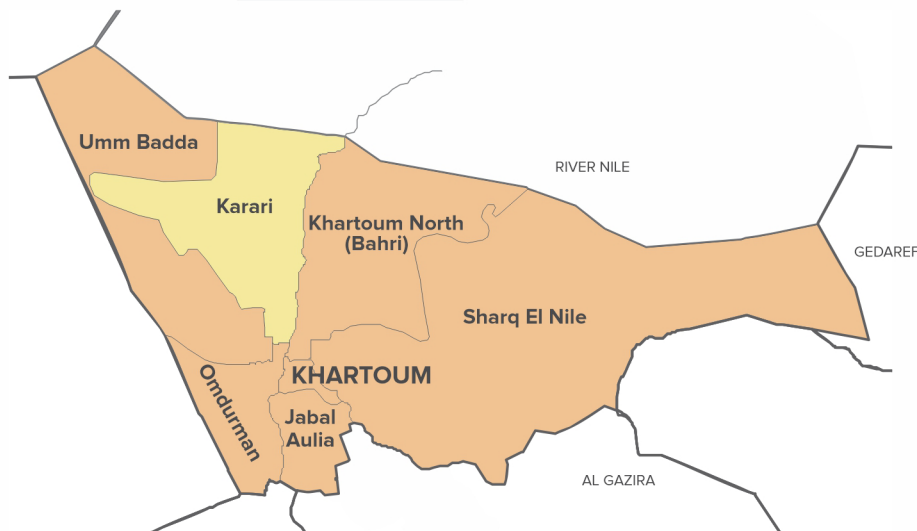
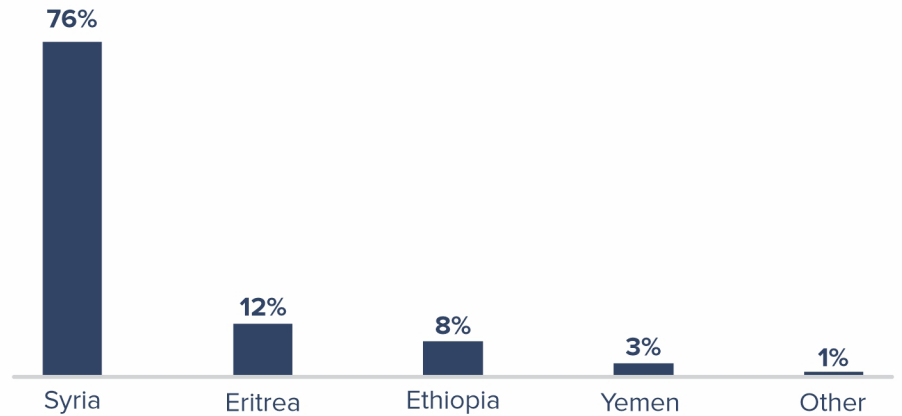
Age and Gender Breakdown

Age Group	♀ Female	♂ Male
0 - 4 Years	4,034	4,268
5 - 11 Years	10,613	11,978
12 - 17 Years	7,168	7,952
18 - 59 Years	32,129	40,391
Over 60 Years	1,902	2,544
Total	55,847	67,132



Population Group

Country of origin	# of refugees (individuals)
Syria	93,403
Eritrea	14,441
Ethiopia	9,899
Yemen	3,744
Other	1,492



Overview

There are 122,979 refugees and asylum-seekers anticipated to be living in Khartoum State⁴ by the end of 2020 and targeted for assistance, including refugees from Eritrea, DRC, Somalia, Syria, Yemen and other countries. Urban refugees in Khartoum live within host community neighbourhoods, and vulnerable individuals typically must travel across the State to access individual assistance at UNHCR or COR offices. Recorded new arrivals to Khartoum are low due to movement limitation to Khartoum for refugees arriving in the East and other parts of Sudan. In 2019, only 230 new arrivals were registered by 30 November, and the majority of these are adult men from Syria and Yemen arriving by plane.

While Syrian and Yemeni refugees are considered “brothers and sisters” by the Government of Sudan and are not required to register with UNHCR and COR upon arrival, there are 15,022 Syrian and Yemeni refugees (as of 30 November 2019) who have been registered in Khartoum by UNHCR and COR and identified as in need of individual protection services and assistance.



Ethiopian refugees who come to the Sudanese capital Khartoum try to survive alongside their host community. Many are concerned about their legal and physical protection, but face challenges in seeking legal aid.

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⁴ Excluding South Sudanese refugees living in the ‘Open Areas’. This population is included under the South Sudanese Refugee Response Plan (pages 17 - 28).

Needs Analysis

According to the 2018 UNHCR Participatory Assessment, the primary concern among refugees living in Khartoum are legal and physical protection issues, including concerns about harassment, exploitation and detention, which is exacerbated by lack of adequate documentation. SGBV incidence and risk is also primary concern across all population groups. Refugees also cited access to education and child protection services as their key priorities, including access to birth certificates for their children, school fee assistance and support to address school enrollment and retention issues they face, including language barriers. Food insecurity and access to livelihood opportunities, including access to work permits, and health and nutrition support are also flagged as key needs. Refugees cite a lack of livelihoods and education as key drivers of onward movement and irregular migration from Khartoum.

In most cases, the provision of shelter assistance to refugees in Khartoum is not permitted. Refugees typically rent housing within host communities, living in close proximity to their community members. For this reason, WASH service access is through public systems and there is no targeted WASH support provided to refugee communities, except through hygiene promotion initiatives integrated within community health promotion activities.

Protection

Physical protection needs are very high, and many refugees face challenges accessing legal aid and other protection assistance. Only 29 per cent of refugees in Khartoum are registered. Refugees can only live in Khartoum with permission, and registration services are difficult to access due to restrictions that allow for registration at original points of entry only. Movement restrictions that do not allow refugees to travel to other States affect all refugee populations, limiting their access to livelihoods and services. This also exposes refugees to kidnapping and trafficking risk by forcing them to rely on smuggling networks for travel within Sudan. Lack of documentation places refugees at risk of arrest, detention, exploitation and deportation. Even when refugees do possess ID cards and documents permitting them to live in Khartoum, local authorities often do not recognize their documentation as legitimate. Refugees also have physical protection issues linked with host community tensions, including discrimination, harassment and violence. Among registered refugees, 27 per cent have been identified as having specific needs and in need of individualized protection and lifesaving assistance, including 1,900 unaccompanied and separated children (UASC), persons with disabilities, survivors of sexual and gender-based violence (SGBV).

Child protection is a consistent concern for refugees living in urban locations. Poverty and lack of livelihoods keeps refugee children out of school and exposes them to child labour, early marriage, and onward movement, including smuggling and trafficking. Onward movement is also triggered by lack of access to tertiary education, vocational training and livelihood opportunities for youth. There is also a high number of Eritrean UASC in need of family reunification support, alternative care arrangements and assistance.

Education

There are some 40,000 refugee children living in Khartoum who are in need education assistance of some kind, including nearly 30,000 basic-school aged children and over 10,000 secondary-school aged children, and 50 per cent are girls. Most refugee families in need of assistance in Khartoum cannot afford to keep their children in school due to limited household income, lack of access to livelihoods, food insecurity and dependence on assistance. Refugee community schools are over capacity and lack facility maintenance, teaching and curriculum support. Refugee children report harassment and targeted violence at school and in transit to school. Educational attainment is also undermined by language barriers and limited opportunities for secondary and tertiary education, which further drives school drop-out. A lack of access to quality education in asylum reduces refugee children's lifetime income-earning capacity and undermines their resilience throughout adulthood, perpetuating cycles of poverty and vulnerability to discrimination and persecution.

Health

Refugees living in Khartoum consistently report having to pay higher service fees than nationals for basic health services in public facilities, and individual fee coverage claims indicate charges two or three times the standard rates and charges for items should be typically delivered for free. Lack of household income means that the majority of refugees in Khartoum have very limited access to quality secondary and tertiary medical care treatment. While some individual assistance is available for secondary and tertiary health services, there is no coverage support for the treatment of chronic illnesses and so refugees must pay out of pocket, which many do not have the capacity to do. Broader medical supply and personnel shortages across Khartoum are also affecting health facilities frequented by refugees. Refugees also have unique mental health needs related to high prevalence of trauma related to persecution and asylum flights, as well as other mental health needs, but service availability in Khartoum remains low.

While there is no refugee-specific nutrition data available for Khartoum, refugees live in localities with poor food security situations, indicated by very low dietary diversity and meal frequency scores, as per 2019 Simple, Spatial, Survey Method (S3M) data, and Integrated Food Security Phase Classification (IPC) Phase 3 or more. This places vulnerable refugees in Khartoum at risk of malnutrition, compounded by their lack of livelihoods, protection and education services.

Livelihoods

Refugees continue to face challenges to access work permits, despite recent Government directive on refugee eligibility to work. Livelihoods opportunities available to refugees are largely informal, temporary or high risk, and refugees are extremely vulnerable to exploitation, sexual harassment and abuse at work. Lack of income also undermines refugees' housing security, with many reporting being unable to cover increasing rents and food costs.

Movement restrictions further reduce their capacity for self-reliance by preventing them from being able to move to areas in Sudan to take advantage of work opportunities. Livelihoods gaps have direct impacts on child protection by reducing families' capacity to keep their children in school, and turning to high risk coping strategies including early marriage and child labour. Access to formal livelihoods opportunities is even more challenging for over 13,000 single women-headed households and nearly 1,000 child-headed households in Khartoum.

Response Strategy and Priorities

The refugee response in Khartoum aims to strengthen the delivery of community-based protection, education and health services, improving access to individual assistance for vulnerable refugees in need, and scale-up capacity building, sensitization and advocacy with local authorities and host communities to address protection gaps. Partners will target refugees living across all seven localities in Khartoum State. The response uses a community-based assistance approach, with individual assistance provided based on individual vulnerability and needs. Vulnerable host community members accessing education or health services alongside refugees will benefit from investments in public facilities to improve quality and capacity of local schools and clinics accommodating refugees. Vocational training and other skills-building initiatives will include the participation of vulnerable individuals from host communities where feasible.

Protection

Community-based protection interventions will support outreach, information dissemination, early marriage prevention, SGBV awareness and access to services. Strengthening individual case management for vulnerable refugees with specific needs will support improved access to individual assistance (e.g., cash assistance) for those who need it most, including for UASC and children at risk, elderly people, people with disabilities, single parents, child-headed households and SGBV survivors. Improved access documentation is a key priority to support refugee protection outcomes, facilitate access to public services, labour markets and freedom of movement in Khartoum.

Expanding detention monitoring and access to legal aid will help to ensure refugees' basic rights are fulfilled and support response targeting. Host community sensitization will be pursued to support social cohesion and address tensions that aggravate refugee protection risks. Capacity building of local authorities and service providers will be important to address discrimination and harassment and ensure equitable access to protection, health and education services.

Child protection response will focus on optimizing case management systems and best interest procedures to support effective identification of children at risk, and timely access to specialized services and cash assistance. Community-based child protection networks and mechanisms will be strengthened to support identification of vulnerable children, information dissemination and the development and uptake of community-level responses to child protection issues. Capacity building of local authorities and service providers will also be pursued to improve

their capacity to identify and respond to child protection cases. Finally, youth-led initiatives and targeted programmes will also be prioritized, with an aim to build children's capacity and resiliency, and foster their participation in community structures.

Education

Partners will work to expanding access to public schools for refugee children, targeted capacity building and increased coverage of individual education assistance for vulnerable refugee families and UASC. One key priority is advocacy on mainstreaming refugees' access to education within the Sudanese public school system, including absorption of refugee teachers within the Ministry of Education, rehabilitation and expansion of public schools near refugee communities, targeted school enrollment campaigns and capacity building of local teachers and parent-teacher associations to improve quality education access.

Host community sensitization in public schools will be used to address harassment, and support refugee children's protection and physical safety while in school. Individual education assistance will support access, school retention and child protection outcomes for vulnerable refugee students, including provision of school fees, school supplies and textbooks. Where school supplies and textbooks are provided to refugee students in public schools, vulnerable host community students will also be targeted for receipt of these materials. The response will also prioritize facility and curriculum support for refugee community schools to increase capacity and quality. These activities will target basic and secondary school children. Improving access to tertiary education is also a priority, including through the expansion of scholarship programmes and access to academic documentation.

Livelihoods & Resilience

Individual and community support to facilitate access to work permits is a key priority to ensure refugees' have access to the documentation they need. Many refugees have skills that can be transformed into livelihood opportunities through some targeted vocational training, language training and entrepreneurship initiatives, paired with coaching and mentoring support. Community-based livelihoods initiatives will also be pursued along with building partnerships with private actors. Targeted life skills and vocational training for refugee youth are also prioritized. Access to protection assistance for refugees who work in the informal sector will also be used to address discrimination, harassment and exploitation issues. Improved access to livelihoods and household income will improve refugees' capacity to pay for education, health and nutrition services, with positive health and nutrition outcomes by supporting household food security.

Health

The health response in Khartoum aims to improve refugees' access to public health facilities, including pediatric and reproductive health services, through capacity building of service providers in refugee community areas and facility support in partner-run clinics. Individual health assistance will be provided for vulnerable refugees through coverage

of primary health service fees in public facilities, targeted support for refugees who face challenges accessing services (including people with disabilities, language barriers and other specific needs) and strengthening medical referral mechanisms to improve access to secondary and tertiary health services as needed. Sensitization of service providers in public facilities and partner-run clinics is a key priority to address discrimination and harassment issues and improve refugees' equitable access to health services.

Partners will also pursue community-based health promotion, which will integrate awareness-raising on key health issues along with hygiene and nutrition awareness to support positive health outcomes. While nutrition outreach for refugees is mainstreamed through health service providers, capacity building of providers will enhance refugees' access to available nutrition services as needed.

Partnership and Coordination

The primary coordination mechanism for the inter-agency refugee response in Khartoum is the State RWG. The primary objective of the RWG is to support the effective coordination and management of the Khartoum urban situation with humanitarian partners on the ground. The RWG reports to the RCF and facilitates inter-agency information sharing between field partners in order to support the delivery of a targeted response that is informed by needs assessments and monitoring to address urgent response gaps and mitigate duplication. The Khartoum RWG is co-chaired and coordinated jointly by UNHCR and COR. RWG membership includes representatives of over 20 UN, INGO, NGO and government partner organizations involved the planning and implementation of refugee response activities in the field. Technical experts and donor representatives participate in the RWG on a periodic basis.

Financial Requirements by Sector

SECTOR	BUDGET REQUIREMENT (USD)	PARTNERS
Protection	\$22.3 M	ADRA, GAH, MUTAWINAT, NADA, PIS, UNFPA, UNHCR
Health	\$11.5 M	AMVO, UNFPA, UNHCR
Education	\$9.7 M	ADRA, CAFOD, PIS, UNHCR
Livelihoods & Resilience	\$5.8 M	AMVO, BPWO, GAH, SOSCD, UNHCR, UNIDO
TOTAL	\$49.3 M	

REFUGEES LIVING IN EAST SUDAN

2020 PLANNED RESPONSE - REFUGEES LIVING IN EAST SUDAN

124,039
REFUGEES TARGETED

US\$ 60.5 M
REQUIRED

10
REFUGEE LOCATIONS IN
KASSALA AND GEDAREF
STATES

13
PARTNERS

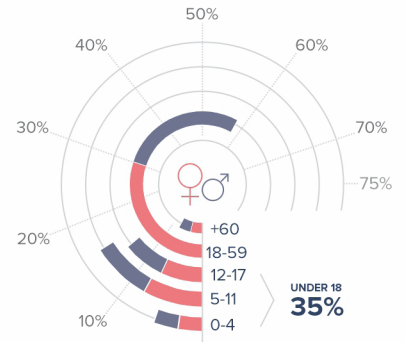
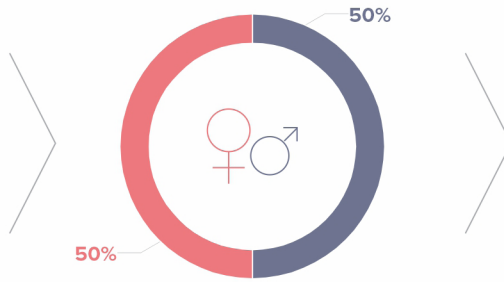
- Multi-sectoral response to address Protection, Education, Health, Nutrition, WASH, Livelihoods, Energy and Food needs

130,248

Total Estimated Refugee Population in East Sudan by End of 2020

Age and Gender Breakdown

Age Group	♀ Female	♂ Male
0 - 4 Years	2,667	2,811
5 - 11 Years	10,201	10,503
12 - 17 Years	9,255	9,698
18 - 59 Years	38,677	36,450
Over 60 Years	4,610	5,376
Total	65,410	64,838



96%



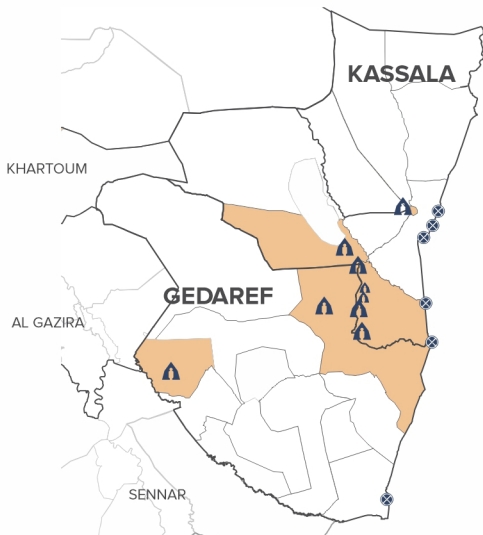
Eritrea

Ethiopia

Other

Population Group

Country of Origin	# of Refugee (Individuals)
Eritrea	125,585
Ethiopia	4,135
Other	528



State	Locality	Camp
Kassala	Kassala	Wad Sharifie
	Wad El Helew	Shagarab I, Shagarab II, Shagarab III, Abuda
	Khashm Girba	Girba, Kilo 26
Gadaref	El Fashaga	Um Gargour
	El Fau	Fau-5



Severity of Needs Scale



Overview

There are over 124,000 refugees and asylum-seekers anticipated to be in need of assistance by the end of 2020, living in nine camps in Kassala and Gedaref, and parts of Kassala Town. East Sudan hosts one of the most protracted refugee situations in the world, with the first influx of Eritrean refugees arriving over 50 years ago. Over 40 per cent of refugees in East Sudan have been in asylum for more than 20 years, and approximately 50 per cent of refugees living in the camps were born there.

New arrivals to camps in Kassala and Gedaref are ongoing, 8,514 new arrivals in 2019 so far (as of 30 November). The majority of new arrivals are from Eritrea. Asylum-seekers are received and assisted by COR at the Sudanese border where they are temporarily housed in reception centres before being transferred to the Shagarab camps where they undergo health and nutrition screening, registration and are able to initiate Refugee Status Determination (RSD) procedures.

An estimated 40 per cent of the new arrivals migrate onwards, becoming vulnerable to criminal networks involved in human smuggling and trafficking of people. Along these migratory routes, refugees and asylum-seekers can be exposed to various forms of exploitation that can result in human rights violations, including SGBV. Moreover, onward movement also puts refugees at further risk of refoulement. UASC arriving through these routes are of key concern.



Fleeing with the help of smugglers often means violence. Mariam (not her real name of the SGBV victim, it was already changed) from Eritrea was sexually abused during her journey. She now lives in a UNHCR-supported "Safe House" and gets psychosocial care.

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Needs Analysis

According to the 2018 UNHCR Participatory Assessment, the threat of kidnapping or abduction is the most commonly identified protection risk among boys and men consulted in Kassala Town and Shagarab camps. SGBV and sexual harassment is the primary protection concern among women and girls. Lack of access to potable water reportedly drives tensions between refugees in camps, and particularly disadvantages elderly people and those living with disabilities. Limited access to quality health facilities, qualified health personnel and medication affect the well-being of refugees, while lack of educational opportunities and high rates of school dropout are of key concern for parents and their children. Movement restrictions aggravate already very limited livelihoods opportunities and access to quality secondary and tertiary health services. A lack of access to energy is of concern to refugees, particularly for older people, and is driven by high prices for firewood and charcoal, compounded by limited access to alternatives including liquified petroleum gas (LPG) and solar options.

Socioeconomic challenges and protection concerns are often cited by refugees as the primary factors in their choice to move onward, including the lack of education and livelihood opportunities, and limited access to health, water and sanitation services in camps and other assistance. Chronic underfunding has left refugees living in camps in East Sudan with poor access to sufficient infrastructure and services, where WASH, health and education facilities are in urgent need of rehabilitation and expansion.

Protection

While all refugees living in camps are registered within one to two weeks of arrival, access to documentation gaps persist, including for birth certificates, and refugees face challenges obtaining travel permits and renewing ID cards. In Kassala Town, refugees report harassment from host communities and local authorities, and their restricted movement outside of refugee camps compounds harassment and protection risks, including kidnapping, SGBV risk, smuggling and trafficking. The most vulnerable refugees include victims of trafficking, UASC, people living with disabilities and/or mental illness and single parents; however, gaps in the provision of cash assistance and individualized protection assistance limit the extent of support available to them.

Child protection is of particular concern in East Sudan, where there are over 1,000 UASC among new arrivals to the camps. Many UASC are absent from the camps after registering and they may have moved onwards, exposing them to protection risks associated with smuggling. All UASC are in need of appropriate alternative care arrangements, targeted assistance, facilitated access to basic services and family reunification and resettlement support, where possible. In addition, family poverty and limited livelihood opportunities also expose accompanied children to protection risks such as child labour, early marriage and school dropout.

Education

There are over 32,000 refugee children living in East Sudan who are in need education assistance of some kind, including some 17,400 basic-school aged children and 14,600 secondary-school aged children, and nearly half are girls. The majority of schools in refugee camps are in urgent need of rehabilitation to accommodate refugee students and support quality education access. A lack of sustained teachers incentives introduces curriculum gaps and school closures. Given the lack of income among refugee families, refugees are unable to supplement incentives or cover the costs of exam fees, uniforms, supplies and textbooks. Refugee girls are in most need of support as they have higher drop-out rate than boys, which is likely linked to early marriages and domestic support at home, among other causes. Gaps in secondary school education opportunities continue to undermine education attainment. Where refugee students are able to access local public schools, harassment and discrimination remain key challenges children face. Sustaining camp education systems is challenging in a context of chronic underfunding, and there a need to explore mainstreaming of refugee education access within the national education system to the extent that is possible in remote, underserved areas where host communities are also struggling to access quality education.

Health & Nutrition

2019 SENS data indicates 'serious' GAM rates of 13.3 per cent across the Shagarab camps, and over 11 per cent for all other camps. Stunting prevalence is 'critical' in Shagarab camps at 53.1 per cent, as well as for Abuda, Um Gargour and Fau 5 at 45.3 per cent. The SENS also indicate high rates of anaemia (>40 per cent) among children (6-59 months) and women (aged 15-49 years). The average rate of diarrhea amongst children aged 6-59 months is 10.9 to 12 per cent across all camps, while enrolment coverage for children in malnutrition treatment programmes is below 90 per cent. In addition, there is a low coverage of mosquito nets across all camps, which exposes refugees to mosquito-borne diseases.

Low rates of vaccine coverage, overcrowding, poor WASH service access and food insecurity make refugees living in camps more vulnerable to infectious disease. An estimated 20 per cent of refugees are living with disabilities or chronic illnesses and are without access to secondary health services they need. Camp clinics are in urgent need of rehabilitation and operational support, including supplies, staffing and capacity building to ensure sufficient coverage of qualified staff. Refugees living in Kassala Town are often charged higher fees for accessing primary health services and medicines through public health facilities because of their refugee status. The most vulnerable refugees in need are children under 5 years of age due to high malnutrition rates and lack of vaccine coverage, pregnant women and girls due to reproductive health service gaps, chronically ill persons and elderly people.

Food Security

Less than 40 per cent of refugee households in Abuda, Um Gargour, Fau-5, Kilo 26, Girba and Wad Sharifie camps report having food ration cards, while just 53 per cent of households in Shagarab camps have cards. Refugees report

registration gaps as a key driver of missing ration cards, along with ineligibility. This is very low. Just 44 per cent of households in Abuda, Um Gargour and Fau-5 camps report that their monthly food rations or cash/voucher amounts cover food needs for a full 30 days, while less than 3 per cent of households in Kilo 26, Girba, Wad Sharifie and Shagarab camps have enough food for the 30 day period. Approximately 56 – 70 per cent of refugees living in camps are reportedly engaged in risky or harmful coping strategies (including alcohol production, child labour, sex work and others) to mitigate household food insecurity. The majority of refugee camps are located in areas of Kassala and Gedaref with IPC Level 2 (stressed) or 3 (crisis) acute food insecurity.

WASH

Camp water supply systems need to be mainstreamed within national water systems, especially where host communities and local livestock are relying on camp water systems. Mainstreaming will also require targeted support for refugee households to pay user fees. Camp water supply systems and piping networks are old and in urgent need of rehabilitation, and diesel generators are difficult to maintain given fuel shortages. Water distribution points and latrines remain a challenge to access for all refugees. The Shagarab camps in particular have poor drainage, and stagnant water issues require vector control support. Poor road access to most camps makes waste removal difficult, which drives vector breeding and infectious disease risk. In urban settings, refugees access water through donkey vendors or in rental housing where gaps in access and chlorination are common, especially during dry season, making them also vulnerable to waterborne illnesses. Women and girls are also in urgent need of menstrual hygiene support in all locations.

Livelihoods

A lack of opportunities continues to be a critical gap and remains a key driver for onward movement among refugees and asylum seekers in East Sudan. It is estimated that 46 per cent of camp-based refugees are living in extreme poverty (less than USD 2 per day), with the highest rate of poverty in Kilo 26 camp (82 per cent) and Abuda camp (75 per cent), while the lowest is in Shagarab II and III camps (31 per cent). Sudan's high inflation rate, dire economic situation, and rainfall fluctuation has further limited access to seasonal work opportunities, and movement restrictions within the State or between camps, makes access to livelihoods very challenging for refugees.

Shelter & NFIs

Major gaps remain for both new arrivals and protracted caseloads, as refugees are unable to purchase shelter materials on local markets and use broken materials for shelters that do not protect them appropriately against the elements. NFI gaps persist for all refugees in camps, and assessments are needed to identify replenishment needs.



Energy

Refugees in camps are heavily reliant on biomass energy in form of firewood, charcoal and plant residues. Firewood is scarce and not available close to camps and its access is becoming increasingly difficult for women and children. However, alternative sources of energy are very expensive and unaffordable for refugee families. Some of the larger refugee camps like Shagarab and Um Gargour are not connected to the general electric power grid lines and there is no lighting in the camps. Energy scarcity impacts children, adolescent girls and women the most due to being at higher risk of SGBV and trafficking while they are fetching water and firewood from the river or in forested areas located outside camps.

Response Strategy and Priorities

The refugee response in East Sudan aims to sustain the provision of life-saving multisectoral assistance to refugees living in camps, with improved access to individual assistance for refugees living both in camps and outside of camps. Partners will target refugees living across all nine camps and registered refugees living in Kassala Town through integrated, multi-sectoral interventions to address the urgent protection, education, health, nutrition, WASH, shelter, NFI, livelihoods, energy and food assistance needs. Innovative approaches aligned to 'humanitarian-development nexus' objectives are needed to address this significantly protracted refugee situation in Sudan. Improvements in refugees' freedom of movement and access to the right to work is imperative to achieve this.



Protection

Improving refugees' access to documentation is a key priority for the response in 2020, including timely access to RSD and biometric registration processes, and provision of ID cards. Individual protection assistance will be expanded, particularly for persons with specific needs (including people living with disabilities and mental illness, older persons and lesbian, gay, bisexual, transgender, and intersex (LGBTI) persons), to increasing self-reliance and sustainability of interventions. At the same time, advocacy for integrating the delivery of social services with local government services will continue. Biometric registration, RSD, access to documentation initiatives and case management will be prioritized, as well as protection from crime interventions, particularly trafficking. SGBV prevention and response services will remain a strong component of the response. Activities to strengthen community-based protection networks and mechanisms, and refugee self-management structures together with host community sensitization and peaceful coexistence initiatives will foster social cohesion and self-reliance. Finally, access to durable solutions and complementary pathways will continue to be sought for refugee women and men, seeking to find sustainable solutions to their refugee status.

Partners will also prioritize targeted child protection initiatives, including prevention and response to child labour, exploitation and other forms of abuse through individual case management, financial assistance for vulnerable households and UASC, strengthened community-based child protection networks and mechanisms and capacity

building of local authorities and child protection institutions. In addition, family reunification and sponsorship processes for UASC will be strengthened. Partners will also seek to support youth-led initiatives to foster their capacity, resilience and participation to address the need of young refugees in East Sudan. Finally, host community sensitization and peaceful coexistence initiatives will be implemented through schools to address protection issues that refugee children face at school.

Education

To improve access to quality education, camp school rehabilitation will be prioritized, in addition to better access to learning materials and Accelerated Learning Programs (ALPs) to help refugee children who have been out of school for many years before seeking asylum or since arriving. Partners will scale-up school retention activities in camps, including enrollment and support for school fees and school supply distribution, and targeting vulnerable families in need of assistance in urban areas. Capacity building of teachers and school directors is a key priority, focusing on participatory pedagogy, core subjects and educational programme management, as well as capacity building of Parent Teacher Associations (PTAs) in school service provision and management to increase the self-sufficiency of schools and improve community mobilization. Incentives to refugee teachers and headmasters will also be key in responding to the needs of the refugees in education. Mainstreaming of refugee education in East Sudan within the public school systems will also be explored, with state ministers of education.

Livelihoods & Resilience

Partners will support advocacy for refugees' access to work permits in order to facilitate their access to labour markets and enhance self-reliance. Refugees access work permits in order to facilitate their access to labour markets and enhance self-reliance. Livelihoods initiatives planned include basic life skills training (including functional literacy and numeracy, food processing, etc.), vocational training, apprenticeship opportunities, targeting refugee youth, vulnerable individuals, women-headed households and people at risk of irregular onward movement. Other activities planned are microfinance initiatives targeting refugee women, including Village Savings and Loans programmes, agricultural extension and value chain development, and the provision of productive assets, including agricultural tools and livestock support.

Health & Nutrition

To provide life-saving basic health assistance, the response will focus on providing primary health care for refugees, comprehensive reproductive health services (including antenatal care, delivery, postnatal and family planning) and referral services for access to secondary and tertiary health services. Partners will also seek to provide operational and maintenance support for health facilities accommodating refugees in and outside of camps (including provision of drugs, equipment and support on staffing). Efforts will also be made to expand health promotion and routine immunization campaigns in camps. Disease surveillance to ensure early detection, investigation and management of diseases with outbreak potential will be supported in camps as part of ongoing outbreak management.

The nutrition response focuses on establishing and maintaining robust CMAM programming across all camps, with a focus on strengthening and expanding IYCF interventions. This includes expanded coverage of refugee community volunteers to support early detection of malnutrition, active case finding, service referral and awareness promotion. Equipping health centres with appropriate anthropometric kits to support proper screening and nutrition assessment is also important to ensure regular MUAC screening for children.

Food Security

Food assistance will continue to be provided to refugees in camps through a targeted approach based on set vulnerability criteria, where new arrivals with family members less than 22 years of age, protracted cases with vulnerability classifications (including older age, chronic illness, etc.) are entitled to monthly cash vouchers for two years, after which vulnerable refugees receive 50 per cent of the monthly voucher value. Given the high inflation and challenging economic situation in Sudan, WFP will periodically adjust voucher values to ensure the minimum daily food consumption requirement of 2,100 Kcal per person is maintained.

Shelter & NFIs

Procurement and repositioning of shelter and NFI kits to accommodate new arrivals at Shagarab camps is a key priority. Replenishment assessments are also planned across all camps to identify individual households in need of shelter and NFI replacement. Partners will also explore conditional cash assistance or multi-purpose to allow refugees to buy their own materials from local markets.

Energy & Environment

Partners will distribute fuel efficient stoves to refugee households in camps, accompanied by training on their use and maintenance. Distribution of LPG cylinders and maintenance of gas refill stations in Shagarab will be piloted. Host community sensitization and integration initiatives coupled with joint community forestry management trainings will be used to facilitate refugees' access to firewood and other resources.

WASH

Water monitoring, repair and operational and maintenance cost coverage for existing water supply systems in camps will be prioritized to ensure access to safe water. Partners will also lead household latrine construction and rehabilitation with refugees in camps, introducing more accessible designs for children, elderly people and people living with disabilities. Desludging services will be scaled up to support vector control and improvements to the overall sanitation situation. Water drainage system installation, water treatment systems upgrade, solid waste management and road repair/construction to facilitate this is also planned. Back-up pumping systems for camp water supply systems and the installation or rehabilitation of water storage tanks can help mitigate impacts of system

breakdowns. The expansion of water pipeline networks is also key to reduce water access gaps, with a focus on installing accessible water points for people living with disabilities. Efforts to integrate camp water supply systems with local water networks in Um Gargour and Fau-5 camps will be pursued, with individual assistance provided to vulnerable refugee families to afford user fees will be explored as a pilot. Provision of menstrual hygiene kits, vector control and hygiene promotion trainings and activities are also key activities. Partners also plan to support joint refugee-host community water committees to manage mixed use of potable water to reduce the risk of tensions over competition for resources.

Partnership and Coordination

Refugee response coordination in East Sudan is done through monthly inter-agency meetings, including the Kassala Protection Working Group, chaired by UNHCR and with active participation from UN agencies present in the East, including WFP, WHO, FAO, UNICEF, UNFPA, as well as INGOS and NGOs delivering camp-based response. UNHCR also coordinates Child Protection and SGBV sub-groups focused on refugee issues and host communities in the area, where implementing and operational partners meet as needed to discuss ongoing projects or emerging needs. UNHCR also leads the Field Coordination Group with local authorities and partners to coordinate the response at the camp and reception centre level.

Mixed migration and counter trafficking response is coordinated through the State Committee on Counter-trafficking (CCT) in Kassala, chaired by Kassala Ministry of Social Welfare and supported by UNHCR, and the East Sudan Mixed-Migration Working Group led by UNHCR and with active participation by IOM, BMM/GIZ, DRC/SRC, UNDP, UNICEF, UNFPA and UNICEF. The group aims to support the implementation of national counter-trafficking activities, and builds on each agency's comparative advantage in addressing the problems of irregular mixed migration and counter-trafficking in a coordinated manner.

Financial Requirements by Sector

SECTOR	BUDGET REQUIREMENT (USD)	PARTNERS
Health & Nutrition	\$13.8 M	UNFPA, UNHCR, WFP, WHO
Protection	\$12.7 M	MUTAWINAT, UNFPA, UNHCR, WHH
Food Security	\$10.8 M	WFP
Livelihoods & Resilience	\$7.7 M	COOPI, FAO, IRW, MC, UNDP, UNHCR, WHH
WASH	\$6.9 M	CIS, COOPI, IRW, UNHCR, WHH, WHO
Shelter & NFI	\$3.3 M	COOPI, UNHCR, WHH
Education	\$2.8 M	JASMAR, IRW, UNHCR
Energy & Environment	\$2.5 M	IRW, UNDP, UNHCR, WHH
TOTAL	\$60.5 M	



Repair and maintenance of water and sanitation facilities such as this one in Sharagab camp remain crucial to prevent the spread of diseases.

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CENTRAL AFRICAN REPUBLICAN (CAR) REFUGEES

17,724
REFUGEES TARGETED

US\$ 21.2 M
REQUIRED

6
REFUGEE LOCATIONS IN
SOUTH DARFUR AND
CENTRAL DARFUR

11
PARTNERS

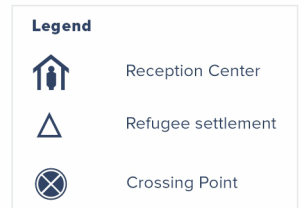
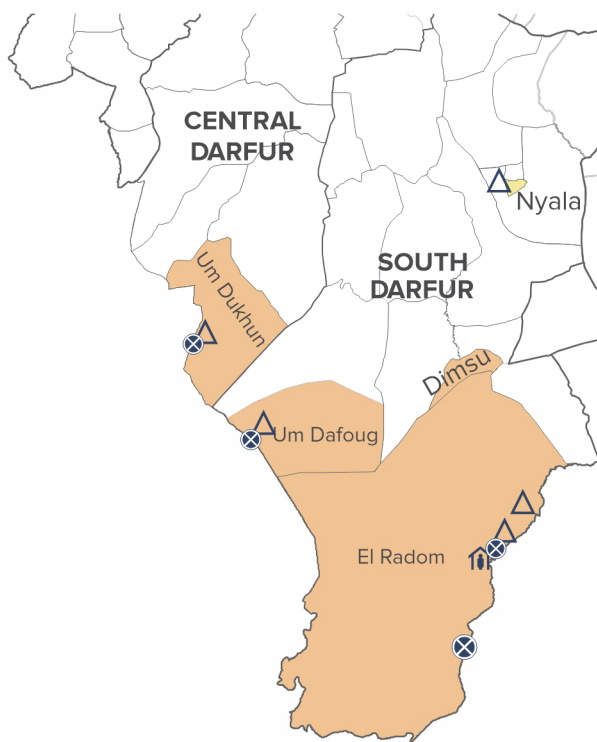
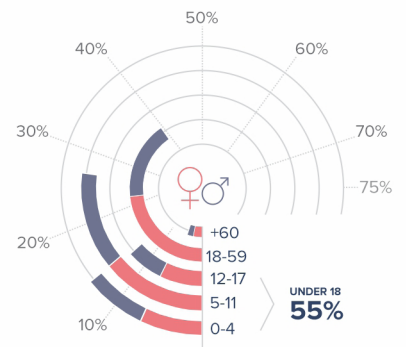
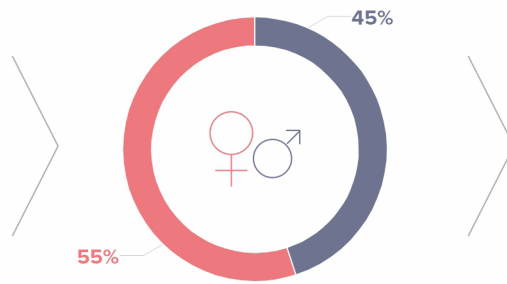
- Multi-sectoral response covering Protection, Education, Health, Nutrition, WASH, Livelihood, Energy and Food needs

17,724

Total Estimated CAR Refugee Population by End of 2020

Age and Gender Breakdown

Age Group	♀ Female	♂ Male
0 - 4 Years	1,317	1,130
5 - 11 Years	2,501	2,280
12 - 17 Years	1,233	1,068
18 - 59 Years	4,150	3,057
Over 60 Years	487	322
Total	9,687	8,037



Severity of Needs Scale: **Very High** (red) | **High** (orange) | **Medium** (yellow) | **Low** (green) | **Very Low** (grey)

Overview

Rapid influxes of CAR refugees into South and Central Darfur from August 2019 have quickly required the urgent implementation of new emergency multi-sectoral responses in both States to meet the lifesaving assistance needs of new arrivals. Renewed inter-tribal violence in areas of Birao locality in north-eastern CAR continue to force people to flee their homes and seek safety in Darfur, Sudan. An estimated one million people are internally displaced in CAR due to the fighting, out of whom 410,000 people are still displaced, including more than 15,000 individuals in Birao near the border with Sudan.

An influx of over 11,000 individuals arrived between July and November 2019 to Um Dafoug, South Darfur and Um Dukhun, Central Darfur. There are also an additional 6,000 CAR refugees living in settlements in El Radom and Dimsu localities, who have arrived since 2016, and another 1,500 living in Nyala who arrived in 2014. CAR refugees in Darfur are living in extremely remote and underserved parts of both States. It takes many days to travel by road to reach both areas: Um Dafoug is 250 km away from Nyala, South Darfur, while Um Dukhun is nearly 300 km from Zalingei, Central Darfur. Refugees have been given the option to voluntarily relocate from Um Dukhun to Um Shalaya camp in Azum. Central Darfur, with the process planned to begin in December 2019 and continue through to early 2020. UNHCR and COR are exploring potential to relocate refugees in Um Dafoug, South Darfur to a more accessible settlement site closer to Nyala to facilitate access to assistance and services.

While the 2020 CRP anticipates nearly 18,000 CAR refugees to be in South and Central Darfur and in need of assistance by the end of 2020, the situation in CAR remains volatile, and arrival projections are subject to change as the situation evolves.



Preparedness for rapid influx of refugees such as these families from the Central African Republic into Darfur will remain paramount to help them recover and feel safe.
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⁵ Site development and voluntary relocation costs are not included in the budget requirements presented in the 2020 CRP. Given the changing situation in CAR, partners will be reviewing requirements in the first quarter of 2020 based on updated situation analysis in CAR and influx rates to determine whether a revision is required.

Needs Analysis

CAR refugees are among the most vulnerable refugee populations in Sudan and face unique protection concerns due to their relative isolation, language barriers and limited capacity to integrate with host communities. They typically lack access to local public services and have very limited coverage of refugee-specific health and nutrition services where they have settled. They require specialized and targeted health, nutrition and WASH interventions to ensure their basic needs are met.

According to the 2018 UNHCR Participatory Assessment, language barriers are a key concern to access health services, education and livelihood opportunities, as most newly arrived CAR refugees do not speak Arabic. Refugees report a lack of household income to cover school fees, uniforms and school supplies. Refugees are also unable to cover the costs of shelter materials in the local market. CAR refugees also flagged that food assistance gaps aggravate their lack of livelihoods, as available rations are not enough to cover household needs. While they have the capacity to farm and grow their own food, refugees lack access to land due to their refugee status and challenges arranging crop sharing agreements with local farmers.

Protection

Only 24 per cent of CAR refugees are currently individually registered. Among new arrivals and older caseloads, a lack of access to documentation is compounded by language barriers and cultural differences and results in service access challenges in public facilities. Lack of livelihood opportunities links to school dropout, child labour, early marriage and other protection issues for families, including vulnerability to exploitative labour situations.

Individual case management systems gaps for child protection, family poverty and lack of livelihoods results in high rates of child labour and of out-of-school refugee children across all settlement locations. Early marriages also increase school dropout rates, particularly for girls. There is limited capacity across all location for identification of children at-risk and access to specialized services, including for UASC. Capacity building on unique CAR refugee child protection issues is needed for State child protection agencies, local authorities and community members.

Education

Over 90 per cent of CAR refugee children are out of school due to lack of schools in areas where they have settled and families' inability for families to pay for school fees. For those who can attend public schools, language barriers make educational attainment challenging. CAR refugee students lack textbooks, uniforms and school supplies. The dire economic situation of CAR refugees also drives children to work on local farms and puts them at risk of early marriage, particularly for girls. There is a need for linking livelihood interventions with education programming to reduce child labour and ensure that families are able to keep their children in school. School feeding targeting refugees and vulnerable host community children can also help to address low enrollment and retention.

Health & Nutrition

New arrivals from CAR reach Sudan in poor health status after walking for many days to cross the border. Communities typically have low immunization coverage due to service gaps in CAR. Refugees access primary health services through public health facilities, where language barriers and fee coverage remain challenging. At risk of being charged higher fees for their refugee status, CAR refugees cannot pay for health services and medicines due to limited livelihoods opportunities and general dependence on food assistance. Refugees require targeted support to address access barriers in health facilities, and access to referrals for secondary health services. Provision of operational and maintenance support for health facilities is needed, including supplies and staffing, to ensure facilities can accommodate refugee caseloads.

While SENS data is not available, initial MUAC screenings of new arrivals in Um Dafoug and Um Dukhun indicate prevalence of moderate acute malnutrition (MAM) and at-risk children. In other settlements in El Radom and Dimsu, CAR refugees also face high risk of malnutrition due to the cumulative effects of food insecurity and gaps in targeted nutrition outreach and WASH services. According to S3M data for Dimsu locality from July 2019, GAM is 20 per cent and SAM 3.8 per cent, well above the WHO emergency threshold (>15% GAM and >2% SAM), and indicate 'critical' malnutrition requiring immediate nutrition and health interventions. The most vulnerable across all locations are children under 5 years of age, pregnant and lactating women, elderly people and people living with chronic illnesses. Targeted nutrition services are needed in all settlement areas with enough supplies and staffing coverage to accommodate additional demand for services from new arrivals, along with protection mainstreaming to mitigate access barriers due to language and isolation.

Food Security

While host communities across all settlement areas offer share scarce food supplies with new arrivals as best they can, hosting areas are also struggling with food insecurity. IPC data for August 2019 indicates 'crisis' level (Level 3) acute food insecurity in El Radom, Dimsu and Um Dukhun localities, with 'stressed' level (Level 2) acute food insecurity in Um Dafoug and Nyala. Refugee food insecurity in these areas is compounded by a lack of access to livelihoods. New arrivals in 2019 are extremely vulnerable, having arrived without household assets. WFP rapid assessments in Um Dafoug and Um Dukhun in October 2019 indicate urgent need for emergency food assistance for new arrivals. General food distribution for caseloads in Dimsu and El Radom is ongoing.

Livelihoods

Newly arrived refugees have arrived in Sudan without livestock or assets and are now dependent on food assistance. CAR refugees in Dimsu, El Radom and Um Dafoug have agricultural skills that are willing to use but language barriers make it difficult for them to access local job markets and agricultural extension opportunities

live through land/crop sharing with host communities. Non-agricultural livelihood opportunities are very rare as they are in very remote areas. Vocational training and small business support are needed, especially for refugee youth.

WASH

CAR refugees require targeted support linked with protection initiatives to improve their access to WASH interventions and facilities across settlements in both States. Outside of El Radom settlement, CAR refugees have access to 5-10 litres per person per day. Most are living in areas without latrine access. Lack of menstrual hygiene support for women and girls remains a persistent gap across the response. In El Radom, CAR refugees access WASH services alongside South Sudanese refugees in the main settlement near the reception centre. Hygiene promotion gaps are a challenge due to language barriers and other challenges that CAR refugees face accessing assistance. In Dimsu, CAR refugees are living in settlements in Maramousa and Karakada towns where water distribution networks need to be rehabilitated to accommodate the needs of both refugees and host communities.

Shelter & NFIs

Over 90 per cent of CAR refugees living outside of Nyala have not received shelter support since their arrival, and are living in makeshift temporary shelters that offer little to no protection from the elements. Most refugees are unable to purchase shelter materials at local markets and can only repair broken shelters with items from their immediate environment. Some NFI assistance has been delivered; however gaps in jerry can provision persist.

Energy

All CAR refugee settlements outside of Nyala are located in rural areas where host communities have no access to electricity. Refugee households are reliant on firewood and charcoal. Energy scarcity impacts children, adolescent girls and women the most due to being at higher risk of SGBV while they are fetching firewood from forested areas outside of settlements. Removal of forests for household energy consumption introduces tension risk with host communities.

Response Strategy and Priorities

The CAR refugee response in South and Central Darfur aims to mobilize new emergency multi-sectoral response in Um Dafoug and Um Dukhun to address recent rapid influxes in remote, underserved areas. As Um Dukhun in Central Darfur, is only about five kilometers away from the CAR border and the incursion of armed elements cannot be ruled out, the relocation of CAR refugees to the Um Shalaya refugee camp in Azum locality is planned to begin in December 2019. A new emergency response has been mobilized in Um Dafoug; however, the distance from Nyala drives logistical challenges and assistance gaps, and partners are exploring voluntary relocation options to a new settlement site closer to Nyala.

The response in Dimsu and El Radom will be scaled-up to ensure capacity to address the needs of all new arrivals, with targeted interventions, including host community sensitization and capacity building with local service providers to address protection and service gaps. In Nyala, partners will continue to strengthen the delivery of community-based protection and support to integrate refugees into local education and health services, while improving access to individual assistance for vulnerable refugees in need, and scale-up capacity building, sensitization and advocacy with local authorities and host communities to address protection gaps.

Protection

Scale-up of biometric registration services will be prioritized to ensure CAR refugees have access to documentation and vulnerable individuals are identified and provided with case management support on a timely basis. Key priorities include the establishment and strengthening of community-based protection networks and individual case management for persons with specific needs and highly vulnerable individuals address protection issues. Capacity building of local service providers and authorities on CAR refugee situation in affected localities will be integrated by partners across the multi-sector response, together with host community sensitization to facilitate peaceful coexistence.

For child protection, partners will work to establish individual case management systems targeting refugee children alongside efforts to strengthen coordination and collaboration with state- and national level child protection authorities. Specific UASC services are planned, including early identification, individual case management, alternative care arrangements, family tracing and reunification and psychosocial support for trauma survivors. The establishment of community-based child protection networks and mechanisms and capacity building for child protection authorities, local partners, refugee and host community members will be prioritized to facilitate identification and response.

Education

Basic school construction in the refugee settlement areas in Dimsu and Um Dafoug, as well as the rehabilitation of schools hosting refugees in El Radom and Nyala town, will be prioritized by partners in South Darfur. Rehabilitation of the basic school in Um Shalaya camp in Central Darfur is also planned to accommodate newly arrived refugee students. In addition, school supplies, textbooks, sports equipment and school feeding are integrated in the response, together with the provision to support school fees and incentives for the refugee teachers. WASH in schools will also be a priority, while work on preventing sexual exploitation and abuse and SGBV will be done by training through local PTAs.

Livelihoods & Resilience

Partners will integrate targeted livelihood assistance interventions with protection initiatives to address the unique barriers CAR refugees in Dimsu, El Radom and Um Dafoug face to access local markets. Livelihood activities will focus on agricultural extension services, provision of agricultural inputs, small livestock distribution and animal health support. Similar initiatives are planned for relocated refugees from Um Dukhun to Um Shalaya camp. In Nyala, the support will focus on providing targeted vocational training and business start-up support.

Health & Nutrition

Prioritized activities will focus on providing primary health care to CAR refugees through support for operation and maintenance of local health facilities that accommodate them. This will include the provision of drugs, equipment and support on the recruitment of staff. Comprehensive reproductive health services such as antenatal care, delivery, postnatal and family planning will also be included in the response. The referral to access secondary and tertiary health services in Nyala will be conducted when needed. Finally, some prevention activities are also envisioned, such as health promotion, routine immunization campaigns targeting refugee settlement areas, and disease surveillance to ensure early detection, investigation and management of diseases with outbreak potential.

Several interventions are prioritized in the response to cover the most urgent nutrition needs of CAR refugees, including establishing comprehensive CMAM programmes in settlement areas (including screening, outreach, referrals, treatment and IYCF), while regularly monitoring the growth of CAR refugee children to check for stunting. In that sense, the construction or rehabilitation of local nutrition centres, including operational and maintenance support for OTPs and nutrition centres, will be prioritized, together with improving the capacity of local staff on refugee needs and the services they need. Protection mainstreaming across health and nutrition services will seek to address unique barriers CAR refugees face in accessing services.



Food Security

General food distribution for El Radom and Dimsu settlements will continue in 2020. Emergency food assistance has been established in Um Dukhun and Um Dafoug, and will be reviewed as biometric registration progresses and further assessments of need are completed. In-kind assistance will continue to be provided and scaled-up for new arrivals as needed, and nutritional support for children 6-59 months and pregnant and lactating women will be provided. With renewed commitment to accountability to affected populations and protection mainstreaming, a hybrid approach, of both in-kind and cash based assistance will also be explored in the refugee response. Partners will look for opportunities to integrate livelihoods with food security interventions to support the sustainability of the response.



Shelter & NFIs

Shelter and NFI procurement and distribution to meet the urgent needs of new arrivals is a key priority. Closing the shelter gap for CAR refugees living in Dimsu and El Radom will also be important in 2020. Where feasible, cash assistance will be explored as an option to allow refugees to buy their own materials as they see fit from the local markets. Vulnerability assessments and priority-based planning will be considered to ensure shelter interventions are provided to refugees and vulnerable host communities. Both Shelter and NFI response will prioritize people with specific needs, including women, children, older people and those living with disabilities.



WASH

Improving access to safe water supply will use a protection-integrated approach to mitigate the barriers CAR refugees face when access host community resources in Dimsu, Nyala and Um Dafoug, and existing water networks in the South Sudanese refugee settlement in El Radom . The response will invest in supporting operations and maintenance of existing water supply infrastructure, rehabilitate the existing water distribution network in Maramousa, Dimsu and Um Shalaya camp, Central Darfur, and construction of additional water supply infrastructure in Karakada (Dimsu), to ensure all CAR refugees have access to water to the minimum refugee emergency standard of 20 litres per person per day. Hygiene promotion activities, with procurement and distribution of soap, jerry cans and household water treatment supplies will also be prioritized together with vector control activities and water quality monitoring. Partners will also support construction of household latrines in settlements that are adapted to the accessibility needs of people living with disabilities and children, and seek to ensure complete coverage of menstrual hygiene kits for women and girls of reproductive age.

Partnership and Coordination

Following the influx of CAR refugees to Um Dukhun area in Central Darfur in September 2019, refugee coordination mechanisms have been activated at state-level in Zalingei and at the locality level in Um Dukhun. The meetings are co-chaired by UNHCR and COR and are held bi-weekly, with over 15 partners actively support response coordination in Central Darfur. In South Darfur, CAR refugee response is coordinated through the South Darfur RWG, alongside South Sudanese refugee response. The South Darfur RWG has over 20 active participants across UN, INGO, NGO and government partners.

Financial Requirements by Sector

SECTOR	BUDGET REQUIREMENT (USD)	PARTNERS
Livelihoods & Resilience	\$6.6 M	ARC,FAO, GAH, IOM, SCI, UNHCR, UPO, WVI
Shelter & NFIs	\$5 M	IOM, NCA, UNHCR
WASH	\$2.7M	ARC, IOM, NCA, SCI, UNHCR, WVI
Health & Nutrition	\$2.5 M	ARC, GAH, UNFPA, UNHCR, WFP, WVI
Protection	\$2.1 M	ARC, GAH, UNFPA, UNHCR, WVI
Education	\$1.1 M	IOM, SCI, UNHCR, WVI
Food Security	\$1.2 M	WFP
Energy & Environment	\$0.08 M	SCI, WVI
TOTAL	\$21.2 M	

CHADIAN REFUGEES

3,065

REFUGEES TARGETED FOR ASSISTANCE IN UM SHALAYA CAMP, CENTRAL DARFUR

US\$ 2.8 M

REQUIRED

4

PARTNERS

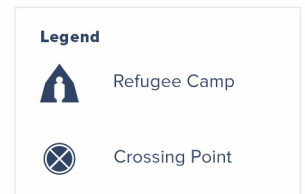
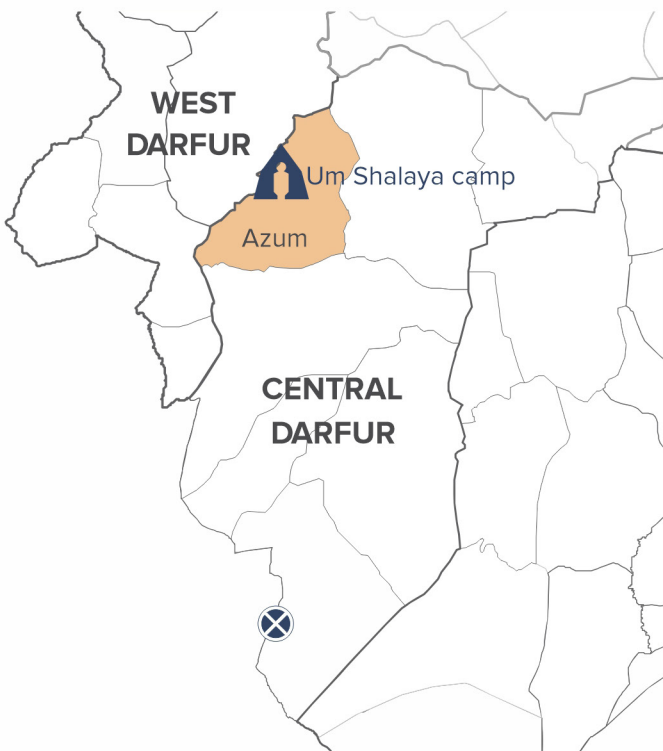
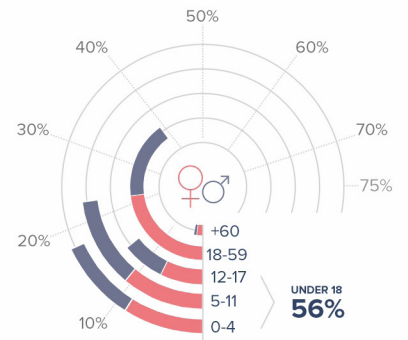
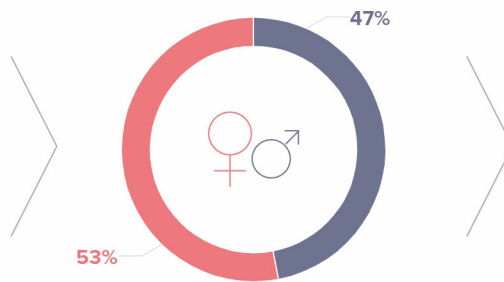
- Multi-sectoral response to address Protection, Education, Health, Nutrition, WASH, Livelihoods, Energy and Food needs

3,065

Registered Chadian Refugee Population Targeted for Voluntary Repatriation or Integration in 2020

Age and Gender Breakdown

Age Group	♀ Female	♂ Male
0 - 4 Years	276	276
5 - 11 Years	337	368
12 - 17 Years	215	214
18 - 59 Years	705	521
Over 60 Years	92	61
Total	1,625	1,440



Overview

Since the outbreak of violence in Chad in 2005-2007, Central Darfur State has hosted some 9,000 Chadian refugees. An organized returns process for Chadian refugees in Central Darfur began in 2018 under the Tripartite Agreement on Voluntary Repatriation between Sudan, Chad, and UNHCR, with 6,030 Chadian refugees returned to Chad until March 2019. There are 3,065 Chadian refugees living in Um Shalaya camp in Azum locality, with at least 2,500 waiting to return.

As security tensions intensified in April 2019, the returns process was put on hold during the rest of 2019. Given that the situation has since improved, it is expected that the majority of remaining Chadian refugees will voluntarily return to Chad by the end of 2020. In the meantime, a multi-sector response is needed to sustain services at Um Shalaya camp and support Chadian refugees' access to livelihoods until they can voluntarily return.



Refugee children are not little adults. Any response, whether in Kharāsana, West Kordofan (pictured) or elsewhere, needs to help them realize their rights and address their needs according to their age.

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Needs Analysis

According to the 2018 UNHCR Participatory Assessment, food assistance gaps and lack of livelihood opportunities are concerns for Chadian refugees living in Central Darfur. Concerns over access to education, health and medicines are also prevalent, along with challenges refugees report facing in accessing potable water, adequate shelter and latrines while living in the camp.

Protection

Refugees report being targeted for criminal activities and violence by armed groups near Um Shalaya camp. Referral systems, psychosocial counseling and SGBV prevention and response need to be strengthened to respond to the physical protection risks refugees are facing. Individualized protection assistance is needed to ensure persons with specific needs, including people living with disabilities, are able to access basic services.

Education

There are some 1,160 school-aged refugee children living in Um Shalaya camp in need of education assistance of some kind. Over 60 per cent are out of school. Poverty among families, child labour and early marriage causes high dropout rates, particularly for girls. Lack of school supplies, furniture and textbooks also affect the quality of the education. The camp school requires rehabilitation and WASH support.

Livelihoods & Food Security

Chadian refugees are primarily from farming backgrounds, but lack access to land ownership while in Sudan. Where land is available to rent, prices are too high due to refugees' limited household income. Vocational training initiatives in the past have proved challenging for sustained labour market access due to the remote location of the camp. Where they are able to secure crop-sharing agreements, they report being vulnerable to exploitation by landowners. While Azum locality where the camp is located is in 'crisis' phase acute food insecurity (Level 3) according to IPC data from August 2019, food assistance eligibility is limited to persons with specific needs and assessed vulnerability. A lack of livelihoods undermines refugees' capacity to purchase food on local markets. School dropout is aggravated by food assistance gaps.

Health & Nutrition

There is a shortage of medicines and pressure on the health services in the camp clinic, which is also accessed by host communities and nomads. The referral processes for urgent or secondary health services are lengthy and there

is a need to support them further. Refugees face challenges access travel permits to access health care outside of the camp. While CMAM programming is in place, funding gaps and lack of staffing undermine coverage of routine MUAC screenings, nutrition outreach and IYCF activities.

Shelter & NFIs

The majority of remaining households in the camp lack sufficient shelter coverage, relying on old or broken materials. Purchase of shelter materials on local markets is difficult due to lack of household income. NFIs, especially jerry cans, are in urgent need of replenishment.

WASH

Maintenance of portable water services remains critical to ensure refugees and host communities have access to safe water. Refugees are using overcrowded communal latrines, with risk of disease outbreaks, little privacy, and exposure of women and children in particular to protection risks.

Response Strategy and Priorities

The Chadian refugee response in 2020 aims to offer full voluntary return packages for all registered Chadian refugees confirmed for return. A multi-sectoral camp-based response in Um Shalaya camp will be prioritized, with a focus on livelihoods support to enhance self-reliance while waiting and position them to re-integrate upon return to Chad. The 2020 response also includes voluntary repatriation logistics and transportation activities.

Protection

While the voluntary repatriation of Chadian refugees in Darfur will be supported in 2020, the provision of basic services and protection assistance for the Chadian refugees remains essential. Advocacy with the Government of Sudan and other stakeholders will continue to ensure support local integration of refugees who choose to remain in Sudan, as well as integration of refugee services within national service systems. For the refugees who decide to stay, referral systems and counseling services are planned to support integration and access to public services. Expanding capacity of SGBV prevention and response is also a key priority for the response.

Adequate child protection and targeted support programs are prioritized for vulnerable children, including psychosocial support, recreational programs, access to education, and income generating activity support to vulnerable families. Support of UASC and the strengthening of a community-based child protection network is also included in the response.

Education

Support for the refugee camp school will be sustained in 2020, along with rehabilitation of the school, including WASH services, with the aim to hand over the school to the State Ministry of Education upon completion of the voluntary repatriation and integration processes. School retention support will be prioritized, including enrollment of out-of-school children and access to ALPs, provision of school seating, textbooks, uniforms and training and incentives for teachers.

Livelihoods & Resilience

Agricultural extension services will be pursued to facilitate refugees access to seasonal labour and land sharing opportunities, as well as agricultural training for those interested in continuing farm-based livelihoods upon repatriation. Vocational training and skills-building will also be pursued, with mentoring and market access support to enhance self-reliance and support their transition once in Chad or if they choose to remain in Sudan.

Food Security

Partners will continue to provide monthly food assistance for vulnerable individuals based on assessed needs, including for persons with specific needs. Supplementary feeding will continue to be provided to children 6-59 months and pregnant and lactating women, as part of integrated nutrition activities.

Health & Nutrition

Partners will continue to support the operations and maintenance of the camp health clinic, with rehabilitation and support on staffing, medicine and equipment to sustain access to primary health services, including reproductive health services and immunization programmes, for both refugees and host communities. Provision of HIV testing kits and a HIV/AIDS awareness campaign is also envisioned. The operation and maintenance of the nutrition centre, including the provision of nurses' incentives, will also be prioritized. MUAC screenings, IYCF training for community volunteers and the provision of medicines for OTP, SFP and stabilization centers are also included in the response.

Shelter & NFIs

Chadian refugees require renewed NFI distribution based on the protection assessment findings, as access to livelihoods is limited and NFI packages are not durable. As part of the comprehensive response, NFIs (including plastic sheets, kitchen sets, blankets, buckets, mosquito nets, jerry cans, sleeping mats, and flashlights) will be distributed.

Energy & Environment

Partners will train women on FES production and provide start up materials. Awareness raising on environmental protection, including forest management, will also be key, along with host community initiatives to support peaceful coexistence and shared management of local forest resources.

WASH

Partners continue to support the supply of portable water services in Um Shalaya refugee camp in order to ensure safe access to water for both refugees and host communities, including the rehabilitation of hand pumps and sustained water chlorination. Latrine desludging, decommissioning and construction is a key priority to address sanitation issues in the camp. Vector control activities, hygiene promotion campaigns and the provision of menstrual hygiene kits will also be prioritized.

Partnership and Coordination

UNHCR and COR lead a camp coordination and camp management (CCCM) meeting on a bi-weekly basis in Um Shalaya camp. This coordination mechanism includes INGOs and NGOs working with Chadian refugees and members of the refugee committees of the camp.

The voluntary repatriation process is coordinated in close collaboration with UNHCR Chad and the Commission Nationale pour l'Accueil et la Réinsertion des Réfugiés et des Rapatriés.

Financial Requirements by Sector

SECTOR	BUDGET REQUIREMENT (USD)	PARTNERS
Livelihoods & Resilience	\$0.6 M	SORR, SCI, UNHCR
Shelter & NFIs	\$0.6 M	SORR, UNHCR
Health & Nutrition	\$0.6 M	SCI, UNHCR, WFP
Protection	\$0.3 M	SORR, SCI, UNHCR
Food Security	\$0.3 M	WFP
Education	\$0.2 M	SCI, UNHCR
WASH	\$0.2 M	SCI, UNHCR
Energy & Environment	\$0.04 M	SORR, SCI
TOTAL	\$2.8 M	



Restrictions to the freedom of movement for refugees such as this family in Sharfey, East Sudan, makes it difficult for them to get on their own feet.
© UNHCR/WALEED AHMADON

2020 SECTOR FINANCIAL REQUIREMENTS SUMMARY

By Refugee Population and Organization

ORGANIZATION	BUDGET REQUIREMENT FOR 2020
SOUTH SUDANESE REFUGEES: \$343,115,5710	
Adventist Development and Relief Agency	\$2,675,000
Al Manar Voluntary Organization	\$500,000
American Refugee Committee	\$1,087,000
Catholic Agency for Overseas Development	\$550,000
Care International Switzerland	\$3,035,000
Concern Worldwide	\$975,000
Cooperazione Internazionale	\$462,000
Global Aid Hand	\$440,000
Islamic Relief Worldwide	\$920,000
Mercy Corps	\$300,000
Nada El Azhar for Disaster Prevention and Sustainable Development	\$600,000
Norwegian Church Aid	\$2,255,780
Oxfam America	\$2,985,000
Plan International Sudan	\$2,947,845
Relief International	\$1,000,000
Save the Children International	\$850,000
United Mission on Relief and Development	\$1,026,623
UN - Development Programme	\$21,889,000
UN - Food and Agriculture Organization	\$4,325,000
UN - Population Fund	\$2,422,000
UN - High Commissioner for Refugees	\$137,408,403
UN - Children's Fund	\$31,307,160
UN - International Organization for Migration	\$3,500,000
UN - World Food Programme	\$107,475,621
UN - World Health Organization	\$7,750,000
United Peace Organization	\$267,200
Welthungerhilfe	\$1,475,000
World Vision International	\$2,686,938
URBAN REFUGEES LIVING IN KHARTOUM: \$49,253,726	
Adventist Development and Relief Agency	\$650,000
Al Manar Voluntary Organization	\$450,000
Alshoorq Organization for Social & Cultural Development	\$100,000
Business and Professional Women Organization	\$205,000
Catholic Agency for Overseas Development	\$300,000
Global Aid Hand	\$250,000
Mutawinat	\$45,000
Nada El Azhar for Disaster Prevention and Sustainable Development	\$400,000
Plan International Sudan	\$887,055
UN - Population Fund	\$3,730,000
UN - High Commissioner for Refugees	\$41,736,672
UN - Industrial Organization	\$500,000
REFUGEES LIVING IN EAST SUDAN: \$60,507,571	
Care International Switzerland	\$1,000,000
Cooperazione Internazionale	\$810,000
JASMAR Human Security Organization	\$400,000
Islamic Relief Worldwide	\$808,000
Mutawinat	\$105,000
Mercy Corps	\$800,500
UN - Development Programme	\$300,000
UN - Food and Agriculture Organization	\$3,250,000
UN - Population Fund	\$9,101,993
UN - High Commissioner for Refugees	\$25,204,188
UN - World Food Programme	\$12,180,260
UN - World Health Organization	\$5,500,000
Welthungerhilfe	\$1,057,630
CENTRAL AFRICAN REPUBLICAN (CAR) REFUGEES: \$21,210,776	
American Refugee Committee	\$1,255,000
Global Aid Hand	\$260,000
Norwegian Church Aid	\$585,000
Save the Children International	\$990,000
UN - Population Fund	\$980,000
UN - Food and Agriculture Organization	\$2,950,000
UN - High Commissioner for Refugees	\$7,506,632
UN - International Organization for Migration	\$2,635,000
UN - World Food Programme	\$1,255,000
UN - World Vision International	\$2,694,144
United Peace Organization	\$100,000
CHADIAN REFUGEES: \$2,765,679	
Save the Children International	\$635,000
Sudanese Organization for Relief and Recovery	\$259,500
UN - High Commissioner for Refugees	\$1,561,101
UN - World Food Programme	\$310,078

ACRONYMS

List of Acronyms

ADRA	Adventist Development and Relief Agency
ALP	Accelerated Learning Program
AMVO	Al Manar Voluntary Organization
ARC	American Refugee Committee
AWD	Acute watery diarrhea
BPWO	Business and Professional Women Organization
CAFOD	Catholic Agency for Overseas Development
CAR	Central African Republic
CBI	Cash-based intervention
CIS	Care International Switzerland
CMAM	Community-based Management of Acute Malnutrition
COR	Sudanese Commissioner of Refugees
CRP	Country Refugee Response Plan
CWW	Concern Worldwide
COOPI	Cooperazione Internazionale
DRC	Democratic Republic of Congo
FES	Fuel-efficient stoves
FTR	Family tracing and reunification
GAH	Global Aid Hand
GAM	Global Acute Malnutrition
JAM	Joint Assessment Mission
JASMAR	JASMAR Human Security Organization
INGO	International non-governmental organization
IPC	Integrated Food Security Phase Classification
IRW	Islamic Relief Worldwide
IYCF	Infant and young child feeding
KAP	Knowledge, Attitudes and Practices
LPG	Liquefied petroleum gas
MAM	Moderate Acute Malnutrition
MC	Mercy Corps
MUAC	Mid-upper arm circumference
NADA	No Nada El Azhar for Disaster Prevention and Sustainable Development
NCA	Norwegian Church Aid
NFI	Non-food item
NGO	National non-governmental organization
OTP	Outpatient therapeutic program
OUS	Oxfam America

PIS	Plan International Sudan
PSN	Persons with specific needs
PTA	Parent Teacher Association
RCF	Refugee Consultation Forum
RI	Relief International
RWG	Refugee Working Group
S3M	Simple, Spatial, Survey Method
SAM	Severe Acute Malnutrition
SCI	Save the Children International
SENS	Standardized Expanded Nutrition Survey
SFP	Supplementary feeding program
SGBV	Sexual and gender-based violence
SORR	Sudanese Organization for Relief and Recovery
SOSCD	Alshoorq Organization for Social and Cultural Development
UASC	Unaccompanied and separated children
UMORD	United Mission on Relief and Development
UNDP	United Nations Development Programme
UN-FAO	Food and Agriculture Organization
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNIDO	United Nations Industrial Organization
UN-IOM	International Organization for Migration
UN-WFP	World Food Programme
UN-WHO	World Health Organization
UPO	United Peace Organization
WASH	Water, sanitation and hygiene
WHH	Welthungerhilfe
WVI	World Vision International

ANNEX

Annex.1

Monitoring Framework

PROTECTION	
# refugees biometrically registered by end of 2020	905,951
# refugees receiving specialized protection assistance	450,000
# refugee children with specific needs receiving assistance	178,717
EDUCATION	
# refugee children enrolled in basic school	291,011
# refugee children enrolled in secondary school	103,000
# refugee children receiving school retention support	400,011
LIVELIHOODS	
# of refugees receiving livelihoods assistance	293,400
ENERGY	
# of refugees receiving energy assistance	304,900
SHELTER & NFI	
# refugees received shelter assistance	50,000
# refugees received NFI assistance	341,584
WASH	
Average # of litres of potable water available per person per day	≥ 20 L/p/d
# of persons per toilet/l atrine	≤ 20 persons
HEALTH	
# health consultations in health facilities accessed by refugees	904,951
# deliveries by refugee women assisted by skilled health professionals	14,658
NUTRITION	
# of MAM refugee cases identified and treated	32,600
# of SAM refugee cases (including with medical complications) identified and treated	8,150
# of pregnant refugee women and lactating mothers targeted for IYCF, and supplementary feeding	83,634
FOOD ASSISTANCE	
# of refugees receiving food assistance	606,119

Annex.2

List of Partners by Sector

PROTECTION		
American Refugee Committee	Catholic Agency for Overseas Development	
Global Aid Hand	Care International Switzerland	
Mutawinat	Cooperazione Internazionale	
Nada El Azhar for Disaster Prevention and Sustainable Development	Global Aid Hand	
Plan International Sudan	Islamic Relief Worldwide	
Save the Children International	Mercy Corps	
Sudanese Organization for Relief and Recovery	Oxfam America	
UN Population Fund	Plan International Sudan	
UN High Commissioner for Refugees	Save the Children International	
UN Children's Fund	Sudanese Organization for Relief and Recovery	
Welthungerhilfe	UN Development Programme	
World Vision International	UN Food and Agriculture Organization	
EDUCATION		
Adventist Development and Relief Agency	UN International Organization for Migration	
Catholic Agency for Overseas Development	United Peace Organization	
JASMAR Human Security Organization	Welthungerhilfe	
Islamic Relief Worldwide	World Vision International	
Plan International Sudan	ENERGY & ENVIRONMENT	
Save the Children International	Adventist Development and Relief Agency	
UN High Commissioner for Refugees	Islamic Relief Worldwide	
UN Children's Fund	Plan International Sudan	
UN International Organization for Migration	Save the Children International	
United Mission on Relief and Development	Sudanese Organization for Relief and Recovery	
World Vision International	UN Development Programme	
LIVELIHOODS & RESILIENCE		UN High Commissioner for Refugees
Adventist Development and Relief Agency	Welthungerhilfe	
Al Manar Voluntary Organization	World Vision International	
American Refugee Committee	SHELTER & NFIS	
Ashoorq Organization for Social and Cultural Development	Cooperazione Internazionale	
Business and Professional Women Organization	Sudanese Organization for Relief and Recovery	
	UN High Commissioner for Refugees	
	UN International Organization for Migration	

United Peace Organization
Welthungerhilfe
World Vision International
WASH
Adventist Development and Relief Agency
American Refugee Committee
Care International Switzerland
Concern Worldwide
Sudanese Organization for Relief and Recovery
Islamic Relief Worldwide
Norwegian Church Aid
Oxfam America
Plan International Sudan
Save the Children International
United Mission on Relief and Development
UN High Commissioner for Refugees
UN Children’s Fund
UN International Organization for Migration
Welthungerhilfe
World Vision International
HEALTH
Almanar Voluntary Organization
American Refugee Committee
Care International Switzerland
Concern Worldwide
Islamic Relief Worldwide
Norwegian Church Aid
Relief International
Save the Children International
UN Population Fund
UN High Commissioner for Refugees
UN Children’s Fund
UN World Health Organization
World Vision International
NUTRITION
American Refugee Committee
Care International Switzerland
Concern Worldwide

Islamic Relief Worldwide
Norwegian Church Aid
Relief International
Save the Children International
UN High Commissioner for Refugees
UN Children’s Fund
UN World Food Programme
UN World Health Organization
World Vision International
FOOD SECURITY
UN World Food Programme



Annex.3

Refugee Severity of Needs Ranking Indicators

SECTOR	INDICATOR	WEIGHT	DATA SOURCES
PROTECTION	# of Woman-headed HH	1	UNHCR ProGres
	# of Child-headed HH	1.5	UNHCR ProGres
	% Engaged in potentially risky or harmful activities	1	UNHCR ProGres
	Camp congestion (population/capacity)	1.5	UNHCR ProGres
	Projected new arrivals 2020 (in 1,000)	1	UNHCR ProGres
	Registration targets 2020 (in 1,000)	1.5	UNHCR ProGres
EDUCATION	# of school age children 2019	1	UNHCR ProGres
	# of projected school-aged children arrivals in 2020	1	UNHCR ProGres
HEALTH	% Measles vaccination with card (9-59 months)	0.5	SENS, S3M
	% Currently enrolled in ANC programme	1	SENS, S3M
	Vitamin A supplementation within past 6 months with card	0.5	SENS, S3M
	CMR (total deaths/10,000 people / day)	1	SENS, S3M
	U5MR (deaths in children under five/10,000 children under five / day)	1	SENS, S3M
	Household : Time to health facility < 1 hour	1	S3M
NUTRITION	% GAM rate (6-59 months)	1.25	SENS, S3M
	% Anaemia (6-59 months)	1	SENS, S3M
	% Stunting (6-59 months)	1	SENS, S3M
	% Exclusive breast feeding (0-5 months)	1	SENS, S3M
	% Introduction of food (6-8 months)	1	SENS, S3M
WASH	% Diarrhea in the past 2 weeks	1	SENS, Refugee clinic consultation data, KAP survey
	Average consumption: Liters per person per day (LPPPD)	1	SENS, UNHCR/WES data, KAP survey
	Improved drinking water source within 30 minutes	1	S3M
	% households using an improved toilet facility, not shared	1	SENS, KAP Survey, S3M
FOOD SECURITY AND LIVELIHOODS	IPC Phase	1	IPC 2019
	Age-appropriate dietary diversity	1	S3M
	Age-appropriate meal frequency	1	S3M
SHELTER & NFIS	% Camp congestion (population/capacity)	1.5	UNHCR ProGres
	# of projected arrivals in 2020	1	UNHCR ProGres
	Registration targets 2020	1	UNHCR ProGres

Annex.4

2020 Refugee Response Prioritization

PRIORITY #1 (23 LOCALITIES)			
<i>Prioritized locations include: Refugee camps, large camp-like settlements, Khartoum's 'Open Areas', areas with high new arrival/influx rates, reception points, areas with high reliance on humanitarian assistance</i>			
SEVERITY	STATE	LOCALITY	LOCATION TYPES
5	White Nile	El Jebelein	Camp
5	White Nile	El Salam	Camp
5	East Darfur	Bahr Al Arab	Camp
5	South Kordofan	Talodi (Leri)	Camp-like settlement; reception point
4	East Darfur	Assalaya	Camp
4	East Darfur	El Ferdous	Camp-like settlement
4	Kassala	Wad El Helew	Camp, reception point
4	Kassala	Khashm Girba	Camp, reception point
4	Kassala	Kassala	Camp
4	Gedaref	El Fashaga	Camp
4	Gedaref	El Fau	Camp
4	South Kordofan	Abu Jubaiha	Camp-like settlement; reception point
4	West Kordofan	Abyei-Muglad (El Meiram)	Camp-like settlement; reception point
4	West Kordofan	Keilak	Camp-like settlement; reception point
4	Khartoum	Jebel Aulia	Open Area
4	Khartoum	Um Badda	Open Area
4	Khartoum	Sharq El Nile	Open Area
4	South Darfur	El Radom	Camp-like settlement; reception point
4	South Darfur	Beilel	Settlement in Beilel IDP camp
4	South Darfur	Um Dafoug	Camp-like settlement
4	South Darfur	Dimsu	Camp-like settlement
4	Central Darfur	Um Dukhun	Camp-like settlement; reception point
4	Central Darfur	Azum	Camp

PRIORITY #2 (22 LOCALITIES)			
<i>Prioritized locations include: Rural settlements; areas with poor nutrition, WASH, health and food security situations; areas with high rates of new arrivals and high reliance on humanitarian assistance; areas with urgent need for protection assistance</i>			
SEVERITY	STATE	LOCALITY	LOCATION TYPES
4	East Darfur	Abu Jabra	Rural (dispersed and collective settlements)
4	East Darfur	Abu Karinka	Rural (dispersed and collective settlements)
4	East Darfur	Adila	Rural (dispersed and collective settlements)
4	East Darfur	Yassin	Rural (dispersed and collective settlements)
4	North Darfur	Al Lait	Rural (collective settlements)
4	South Darfur	Buram	Collective settlements
4	South Darfur	Nyala	Urban (dispersed and collective settlements)
4	South Darfur	El Salam	Rural (dispersed settlements)
4	South Kordofan	Tadamon	Rural (dispersed settlements)
4	North Kordofan	Sheikan	Urban and dispersed settlements
4	West Kordofan	Al Sunut	Rural (dispersed settlements)
4	West Kordofan	Babanusa	Rural (dispersed settlements)
4	West Kordofan	El Salam (El Fula)	Urban (dispersed and collective settlements)
4	West Kordofan	Ghubaysh	Rural (dispersed settlements)
4	West Kordofan	Lagawa	Rural (dispersed settlements)
4	West Kordofan	Wad Banda	Rural (dispersed settlements)
4	West Kordofan	El Debab	Rural (dispersed settlements)
4	West Kordofan	El Nouhoud	Rural (dispersed settlements)
4	West Kordofan	Odoya	Rural (dispersed settlements)
4	Khartoum	Omdurman	Urban
4	Khartoum	Khartoum North	Urban
4	Khartoum	Khartoum	Urban

PRIORITY #3 (11 LOCALITIES)			
<i>Prioritized locations include: Smaller rural settlements; urban caseloads and those with higher self-reliance; refugee locations requiring sustained protection assistance and food assistance</i>			
SEVERITY	STATE	LOCALITY	LOCATION TYPES
3	East Darfur	Ed Daien	Urban
3	Khartoum	Karari	Urban
3	North Darfur	El Fasher	Urban
3	White Nile	Kosti	Urban (dispersed settlements)
3	West Kordofan	Al Zabad	Rural (dispersed settlements)
3	West Kordofan	Al Khowey	Rural (dispersed settlements)
3	South Kordofan	Rashad	Rural (dispersed settlements)
3	South Kordofan	Habila	Rural (dispersed settlements)
3	South Kordofan	Dilling	Rural (dispersed settlements)
3	South Kordofan	Al Qoz	Rural (dispersed settlements)
3	South Kordofan	Kadugli	Urban (dispersed settlements)



None of these refugee boys should be left behind. Quality education cannot wait. All refugee children need a classroom, a teacher and textbooks.

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SUDAN COUNTRY REFUGEE RESPONSE PLAN

JANUARY 2020 - DECEMBER 2020