SUDAN EMERGENCY

REGIONAL REFUGEE RESPONSE

June 2023 - Progress report

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CREDITS

UNHCR wishes to acknowledge the contributions of all relevant partners at regional and country level, in the preparation of this document.

MAP & STATISTICS NOTE

The maps in this publication do not imply the expression of any opinion on the part of UNHCR concerning the legal status of any country or territory or area, of its authorities, or the delimitation of frontiers or boundaries. All statistics are provisional and subject to change. Regularly updated population figures can be found on the data.unhcr.org Sudan portal.

COVER PHOTO CONTENT

The majority of new arrivals to South Sudan fleeing the Sudan crisis have arrived in Renk, Upper Nile State. The transit centre there is at the epicentre of the emergency response in South Sudan, where RRP partners are working simultaneously to improve conditions and increase the pace of onward movement. © UNHCR/Charlotte Hallqvist

AT A GLANCE

Sudan Situation Regional Overview

Arrival figures as of 13 June 2023

360 K
Newly arrived Sudanese Refugees and Refugees of other nationalities

111.2 K
Newly arrived Refugee Returnees

58.8 K
Newly arrived Migrant Returnees

15.8 K
Newly arrived Third Country Nationals

15%
Funded

139
Partners involved

Region	Funding received in million USD	Partners involved
Central African Republic	5	9
Chad	21.9	22
Egypt	11	25
Ethiopia	8.8	17
South Sudan	38.8	66

545,799
Total Arrivals figures as of 13 June

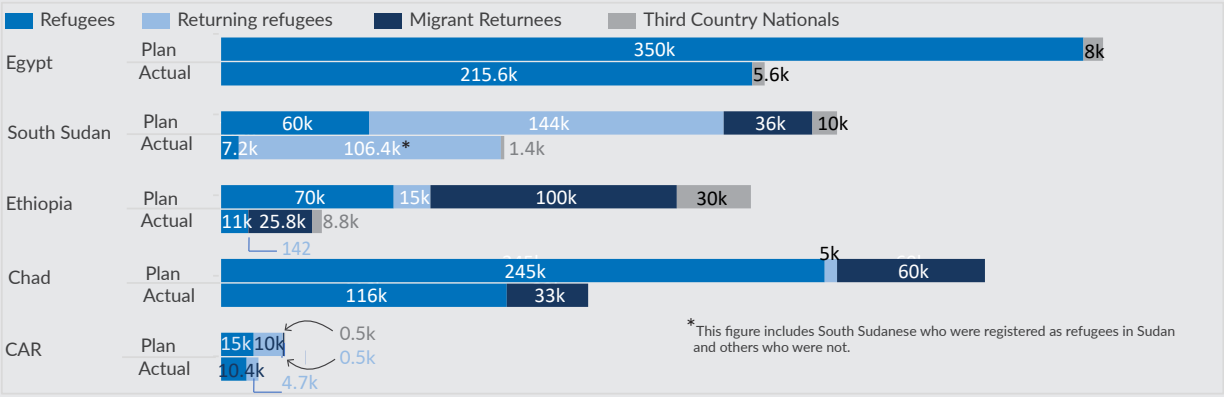
360,071 Total arrived Refugees[1]

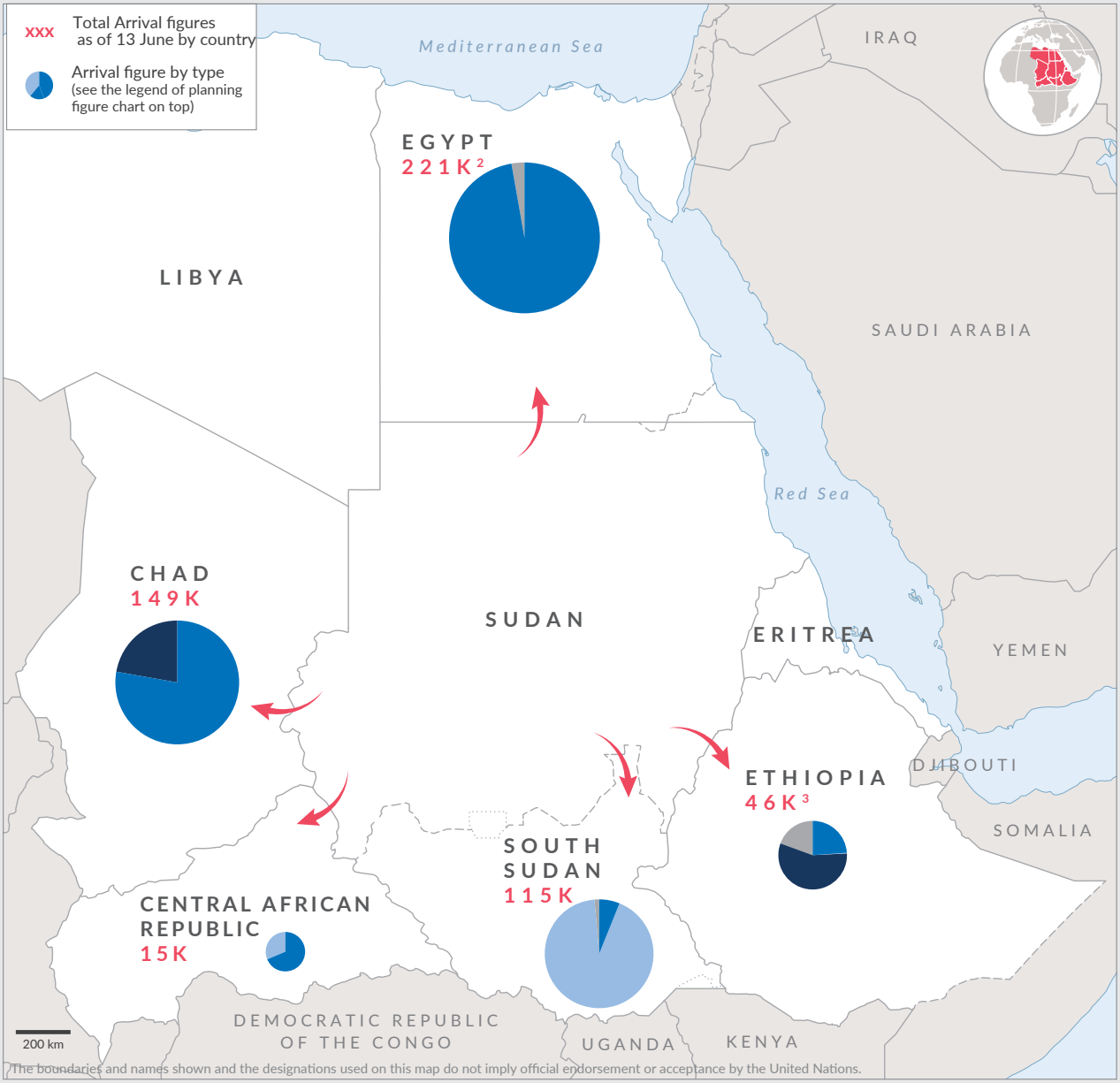
111,166 Total arrived Refugee Returnees

58,800 Total arrived Migrant Returnees

15,762 Total arrived Third Country Nationals

Total Arrival figures as of 13 June | in thousands





[1] This figure includes Sudanese Refugees and others who were themselves refugees in Sudan now fleeing into neighbouring countries.
[2] IOM projects 30,000 TCNs of which 8,000 will be assisted under this Plan.
[3] The needs for 100K Ethiopian migrant returnees and 30K third country nationals in Ethiopia are not budgeted in this plan, they are reflected in the IOM Response Overview to the Sudan Crisis and Neighbouring Countries.

Sources: UNHCR, IOM, Government

Regional Overview

Situation Overview

The scale and magnitude of displacement within Sudan and into neighbouring countries has continued to increase since the conflict erupted in mid-April 2023 between the Sudanese Armed Forces (SAF) and the paramilitary Rapid Support Forces. As of 13 June, the fighting had displaced an estimated 1.67 million people inside Sudan[1]. In addition, over 550,000 people have fled Sudan, including more than 475,000 refugees and refugee returnees, and at least 75,000 migrant returnees and third-country nationals. Many of the refugees are fleeing to neighouring countries while some refugees along with migrants and third-country nationals are returning to their home countries in adverse circumstances.

In May, UNHCR, partners and host governments launched a six-month Regional Refugee Response Plan (RRP) for the Sudan situation. The total budget request for the RRP as revised in June 2023 to account for higher than anticipated arrivals to Chad amounts to USD 566.4 million[2]. UNHCR leads the inter-agency response for refugees and refugee returnees, while IOM leads the support to migrant returnees and third-country nationals who do not have international protection needs. Both agencies are working together with government counterparts and relevant RRP partners, ensuring complementarity across the response.

As of mid-June, RRP partners were present at several border locations receiving new arrivals, providing life-saving assistance and facilitating onward movement. The response in many of the receiving countries (CAR, Chad, Ethiopia, and South Sudan) is under urgent pressure as the rainy season begins, to move people from border areas and to improve infrastructure and conditions in transit centres, refugee camps and settlements. The border regions of CAR, Chad, and South Sudan are normally dependent on cross-border trade with Sudan and the conflict has had a substantial economic impact, increasing the burden on hosting communities and increasing the cost of the humanitarian response.

In the **Central African Republic**, over 15,000 refugees and returnees, including about 10,400 Sudanese refugees and 4,700 Central African refugee returnees have sought refuge in Am Dafock, a remote area in the Vakaga region. Many escaped from Nyala, South Darfur, where they experienced violence, looting and infrastructure destruction. Some 95% of the new arrivals are women and children, who were initially staying with host families or in makeshift shelters.

Due to the volatile security situation at the border, a new site was identified near the town of Birao, some 65 km away from Am Dafock. At the new site, named “Korsi”, construction of family shelters and important infrastructure is ongoing. Relocation to Korsi started on 29 May, and as of 14 June, some 536 individuals (154 households) have been relocated and are receiving assistance from RRP partners. While some new arrivals were hesitant to be relocated, concerted sensitization and information-sharing efforts have been conducted to explain the importance of relocation for improved security and assistance. However, the impending rainy season will likely prevent facilitated relocation convoys from continuing until heavy rains subside. Spontaneous relocations using light vehicles are expected to continue arriving in Korsi during the rainy season.

1. IOM DTM Update 8, June 13

2. This represents an increase of USD 96 million, to the original USD 470.4 million budget, based on increased population planning figures and associated budget requirements in Chad, as reflected in the 16 June 2023 revision of the Regional RRP.

In **Chad**, UNHCR has documented an influx of 115,980 new arrivals from Sudan in Ouaddaï, Sila, and Wadi Fira provinces. They are joining an existing population of 407,000 Sudanese refugees already living in 14 camps. IOM has documented over 33,000 Chadian migrant returnees who have arrived in the same three provinces, as well as in Ndjamena. Most of them had been living in Darfur for over 20 years and do not have a place of residence in Chad.

Despite the official border closure, the government is keeping the border open to Sudanese refugees. Response efforts include protection, registration, distribution of core relief items and shelter assistance. Due to insecurity in the border areas, new arrivals are being relocated away from the border to existing or new camps. While urgent additional assistance is required to support new arrivals, partners must be mindful of potential inter-community tensions as the conflict has disrupted Chad's supply chain, increasing hardships for vulnerable hosting communities.

More than 210,000 Sudanese have fled to **Egypt**, according to data shared by the Ministry of Foreign Affairs as of early June. In addition, 5,565 third-country nationals are reported to have arrived based on the latest data available. Some 19,700 people, the vast majority Sudanese, have approached UNHCR in Egypt seeking international protection and are being registered accordingly.

Local community leaders report that increasingly vulnerable families arriving in Aswan and Cairo are in need of support. 90% of new arrivals are going to Cairo, where increasing rental prices and exploitation are resulting in significant challenges in finding housing, and often leading to homelessness among the new arrivals.

As of 10 June, all Sudanese entering Egypt are required to have a valid passport and visa, irrespective of age and gender. The new entry requirements have resulted in a significant decrease in daily arrivals. Some 12,000 families are stranded in difficult conditions in Wadi Halfa, Sudan, waiting for their visas to be processed at the Egyptian consulate.

On 15 June, the UN achieved a significant breakthrough with the delivery of cross-border aid from Egypt to Wadi Halfa. Three WFP trucks brought a first consignment of 50 metric tonnes of food through the Qustol-Ashkeet border and then on to Wadi Halfa after facilitation from the Egyptian Ministry of Foreign Affairs. UNICEF has an approved shipment of hygiene equipment that it expects to deliver through the humanitarian corridor later in June. UNICEF also has the approval to install latrines in the buffer zone between the two borders near the main crossing points, where people are stranded waiting for access into Egypt.

Over 45,600 people have arrived in **Ethiopia** through multiple border crossing points in Amhara, Benishangul Gumuz, and Gambella regions. The majority are arriving at the Metema border point in the Amhara region at a rate of close to 1,000 per day. Arrivals include some 25,800 Ethiopian migrants returning home, over 8,000 Sudanese, and more than 11,700 third-country nationals from 69 countries[3].

As of 13 June, the Ethiopian Refugee and Returnee Service, with the support of UNHCR had screened more than 11,000 people crossing the border as refugees and asylum-seekers. The majority are Eritrean (57%) and Sudanese (31%), as well as South Sudanese (11%) and a smaller number of Ethiopian refugee returnees (1% or 142 individuals). Eritrean refugees with pending resettlement cases are being followed up by UNHCR.

Heavy rains have caused damage to shelters, and the possibility of disease outbreak is now also a concern, given the congestion at the Metema entry point.

3. Of the 8,000 Sudanese who have arrived, 3,400 have been screened as asylum seekers. Of the 11,700 third country nationals, 7,500 have been screened as either registered refugees in Sudan or asylum seekers. The remaining 8,800 are not seeking international protection (although they could still choose to do so) and are considered migrants.

Since 15 April 2023, more than 115,000 people have crossed into **South Sudan**, the majority of whom are South Sudanese refugee returnees. Almost 76% entered the Wunthow-Joda border crossing point in Upper Nile State. Prior to the conflict, Sudan hosted over 800,000 South Sudanese registered refugees and many more without refugee status (estimates of 2-3 million South Sudanese living in Sudan). The remaining nationalities arriving in South Sudan are Sudanese, Eritrean, and people of other nationalities, all of whom the Government of South Sudan has generously welcomed. The Government decided to grant prima facie status upon arrival to Sudanese nationals and other nationalities who had been registered as refugees in Sudan. Refugees who had resettlement cases pending in Sudan are being identified so that the process can be finalized in South Sudan.

The operational context in South Sudan is extremely challenging with inadequate basic services, poor connectivity, limited road network, security incidents, inter and intra-tribal conflicts, and extreme weather conditions, all of which hamper the delivery of assistance. The emergency response has prioritized onward movement from the border to areas of origin, destinations of choice and to existing refugee camps. However, six weeks into the emergency, it has not been possible to facilitate onward movement predictably and steadily, leading to overcrowding at transit sites and many people being stranded in different locations, mostly in the Upper Nile State.

Highlights and Achievements

In the **Central African Republic (CAR)**, immediate efforts to assist new arrivals in border areas have included the biometric registration of new arrivals, distribution of core relief items, the construction of communal shelters and WASH activities, and support to the local health clinic to facilitate a five-fold expansion of patient capacity. As of 12 June, 170 family shelters had been constructed in Korsi, the new site near Birao, and 536 refugees have been relocated there. As part of gender-based violence (GBV) prevention and response programming, community-based 'listening' groups have been established, and Korsi has a dedicated 'listening centre'.

IOM continues to work on the scale-up of its DTM presence across border areas with the deployment of a DTM team to Ndélé to conduct flow monitoring activities at Ngarba on the border between Chad and CAR, in addition to the deployment of a DTM team in Haute Kotto Sam Ouandja.

In **Chad,** RRP partners and Chad's Commission Nationale d'Accueil de Réinsertion des Réfugies are responding at 27 border entry points. Registration activities, border and protection monitoring, advocacy, awareness sessions, and training to ensure the humanitarian and civilian nature of asylum are ongoing. Specific attention is being given to vulnerable groups such as unaccompanied children, the elderly, and pregnant women. The response is prioritizing core relief item distribution, food provisions, healthcare consultations, malnutrition screening, and vaccination services. Efforts are also underway to ensure access to clean water through water trucking and borehole construction. Relocation of new arrivals from the border to existing camps started on 15 May, and over 17,327 refugees were relocated to newly constructed shelters in existing camps as of 12 June. Two new camps are being constructed in Sila and Ouaddai provinces.

IOM is providing multi-purpose cash to 2,879 households of returning Chadian migrants and this is benefiting 12,874 individuals. At Toumtouma, the largest returnee site, emergency shelter has been distributed to 968 households, and 4 water tanks have been installed. Shelter and water are the two of the most urgent needs and this is set to increase with the impending rainy season and severe dryness of the Sahelian eastern provinces.

A volunteer in Am Dafock, Central African Republic, unloading a truck of core relief items. ©UNHCR/ Xavier Bourgois

In **Egypt**, the UN High Commissioner for Refugees Filippo Grandi visited Cairo, Aswan and the main border crossing point into Egypt at Qustol from 26-29 May. He met with national authorities, refugees, the UN country team (UNCT), donors and the press. The visit reinforced the key advocacy messages previously agreed within the Refugee Coordination Forum on open borders, upholding the Four Freedoms agreement, humanitarian access for responding agencies, and the urgent need for increased support to host countries like Egypt.

The RRP partners have been responding since the beginning of May, to meet the needs of arrivals at the two main border crossings, Argeen and Qustol. Assistance has included water, hygiene kits, sanitary napkins, wheelchairs, waste collection containers, and mobile sewage trucks. Material and logistical support was also provided to the Egyptian Red Crescent who is working on the border. Mobile tents have been installed at each border crossing to assist the Egyptian Red Crescent in scaling up their activities, to locate information desks, and to provide space for the delivery of psychosocial support services, among others. Another tent has been installed in the buffer zone between the two borders to serve as a space for asylum-seekers to rest during long waiting hours prior to admission.

IOM has supported the voluntary humanitarian evacuation of 60 third-country nationals from the border area to Cairo, and onwards to their country of origin in coordination with relevant embassies. Transport, food, accommodation, medical checks, and other logistical support has been provided as part of this process. Other cases are currently being evaluated for voluntary humanitarian evacuation and IOM is coordinating with the relevant countries of origin to ensure reintegration is facilitated in their home country.

In **Ethiopia**, the Government and humanitarian partners rapidly put in place mechanisms to receive new arrivals in safe and dignified conditions. They continue to respond with limited resources, providing hot meals, health services, nutrition screening and supplementation, transportation, relocation activities and protection services. Partners are also providing mental health and psychosocial services, as well as to GBV services, at the entry point and transit centre in Metema in th Amhara region.

The Government has allocated land in Kumer and Awulala, about 70 Km from Metema, to build new settlements for refugees and asylum seekers to decongest the border and transit centre. A temporary transit centre has been set up at Kurmuk border point to host new arrivals before relocating them to existing camps in Assosa or new settlements in Kumer. In Gambella, newly arrived refugees are moving directly to the existing refugee camps.

IOM has scaled up presence and response at border crossing points and the Migration Response Centre in Metema and is providing multi-sectoral assistance to people arriving people at the centre, including health and WASH assistance, onward transportation, and tailored protection assistance. To date, IOM has supported 22,700 Ethiopian migrants, 5,200 refugees, and 6,600 third-country nationals with a variety of services.

In **South Sudan**, the Government, IOM and UNHCR are present at 27 border points monitoring arrivals, identifying those with vulnerabilities and providing life-saving assistance. Joint border monitoring was established and real-time information is available on the Joint Dashboard on Population Movements from Sudan to South Sudan. A protection vulnerability profiling tool facilitates health and vulnerability screening of new arrivals, captures their nationality, and information on their movement intentions and enables identification of those who wish to seek asylum in South Sudan.

In Renk, Upper Nile State, where most arrivals are entering South Sudan, partners have established a transit centre with protection and information desks, medical services, hot meals and registration for onward transportation to areas of return. As of early June, eight communal shelters were set up and a further 18 are under construction with basic WASH facilities. Despite the efforts of RRP partners, conditions for new arrivals remain dire and additional support is urgently needed. In other arrival locations, similar facilities are being set up in coordination with the authorities.

The response is focusing on facilitating the onward movement of the most vulnerable South Sudanese returnees, refugees and asylum-seekers and third-country nationals to avoid congestion at border crossing points. Onward transportation assistance is being provided to vulnerable returnees and third-country nationals from border crossings to transit centres and areas of return, while refugees and asylum-seekers are being moved from transit centres to nearby existing refugee camps. As of 13 June, the Government and partners have facilitated onward transportation assistance to an estimated 42,500 vulnerable returnees. Several others have travelled with their own means. Transport is logistically challenging, dangerous, and costly. Immediate funding to support safe and dignified onward transportation assistance is needed. IOM has supported 446 third-country nationals with onward transportation assistance and other services. This includes mostly Kenyans and Somalis but also Ugandans, Nigerians, Burundians, and Eritreans. They continue to coordinate with relevant Governments for onward transportation to respective countries of origin or residence. In Renk, IOM is distributing predeparture cash assistance for food and accommodation, conducting protection screenings, and providing counselling and referrals to UNHCR for third-country nationals who do not wish to return to their countries of origin.

In areas of return, humanitarian partners under the leadership of OCHA and in line with the South Sudan Humanitarian Response Plan, are providing initial humanitarian assistance to those returning. Returnee monitoring is ongoing to identify the needs of South Sudanese as they integrate into the areas of return.

Sectoral Responses

Protection

Host governments, with the support of protection partners are working to register new arrivals, conduct screening and ensure access to asylum procedures. Protection services are being established or strengthened in all host countries.

In the **Central African Republic**, a total of 7,969 refugees have been biometrically registered as of 14 June. Protection monitoring is ongoing and persons with specific needs are being identified to receive prioritized assistance. As part of the GBV response, two listening areas have been created at the transit centre and at Korsi, the new site. Individual and community psychosocial activities are also being implemented. Due to the volatile security situation at the border, relocation to Korsi started on 29 May, and persons with specific needs were prioritized for relocation. While some refugees were initially hesitant to be relocated, concerted information-sharing and sensitization efforts have been conducted to convey the importance of relocation for security and assistance. Advocacy is also ongoing with authorities on preserving the civilian character of asylum.

In **Chad**, some 115,980 refugees have received protection services as of 10 June. Ongoing protection activities include biometric registration, protection monitoring through the interagency system Project 21, identification of persons with specific needs, GBV prevention and response, child protection, and relocation of refugees from arrival sites to camps. Awareness-raising on available services for refugees and host communities is ongoing.

In **Egypt** 36% of the 20,608 new arrivals who approached UNHCR have been registered. Registration capacity has been expanded and an increase in the number registered is expected in the coming weeks. Protection services are being expanded with an aim of reaching more than 2,700 people per day. This would include 1,700 new registrations per day but is contingent on securing mobile registration locations with the requisite government approvals. Vulnerable cases are being identified for priority registration and access to services. Information centres are being expanded with 32 additional operators in Cairo and Alexandria. Stricter procedures for admission at the border have been introduced which are expected to put more pressure on protection partners as more individuals may need legal assistance. Over 600 persons with specific needs have been identified through reception counselling and referred for fast-track services including registration, cash-based interventions, and protection services.

In **Ethiopia**, the Government, with support from partners, are screening people requesting international protection at the borders. 8,672 have been screened as of 6 June, including those verified in Gambella refugee camps. The majority are Eritreans, followed by Sudanese. Protection desks at the borders provide referrals, individual protection and targeted assistance, counselling and guidance. The main protection issues reported include medical, resettlement and relocation requests, as well as GBV and child protection concerns. Training has also been conducted for border officials.

In **South Sudan**, within the first 48 hours, the Government, IOM and UNHCR set up joint border monitoring for new arrivals including vulnerability profiling. They are monitoring arrivals and providing assistance at 27 border points. Real-time information on new arrivals is available on the Joint Dashboard on Population Movements from Sudan to South Sudan. By early June, more than 100,000 individuals were recorded as arriving in South Sudan, the majority of whom (93%) are South Sudanese nationals.

The protection vulnerability profiling tool, deployed at reception centres near the border, enables partners to identify the most vulnerable people for targeted assistance or referrals. At transit centres, persons with specific needs are guided to relevant service providers or for further assistance to relevant government service providers. Hot meals, medical services and a variety of protection services are also available.

Protection assessments are ongoing across all reception and transit centres hosting new arrivals, which will help inform the response. A national protection analysis has also identified specific risks and gaps to be addressed during the emergency response.

Sub-Sector: Child Protection

In the **Central African Republic**, individual registration ensures that children have the necessary documentation to attend school and access essential services, and 115 refugee children are benefitting from the child-friendly space has been established in Korsi, the new site.

In **Chad**, by the end of May, 190 children at risk were identified and family reunification efforts were initiated for 109 unaccompanied and separated children (UASC). In Ouaddai and Sila provinces, discussions and awareness sessions on community-based child protection reached 5,631 people. Psychosocial support and recreational activities have targeted 1,173 children, including 668 girls. Furthermore, 1,300 birth kits were provided in Abéché, Ouaddai province.

In **Egypt**, there is an increasing trend of UASC arriving through irregular pathways. Already over 100 UASC have been assisted. Homelessness or lack of stable housing, and family separation are the two key issues requiring attention. Two psychosocial support and child-friendly spaces are operational at Qustol and Argeen with psychological first aid and psychologists present in both locations. Four additional child-friendly spaces have been established in Aswan. To date, more than 4,000 children have approached the child-friendly spaces.

In **Ethiopia**, child protection coordination mechanisms have been activated at Metema border to coordinate child protection partners on the ground and a child-friendly space is planned. Partners, in cooperation with the regional authorities, are providing technical assistance on the identification, documentation, tracing, and reintegration of 27 UASC at Gendawuha children's temporary shelter in collaboration with actors who are providing food, shelter and transportation. A total of 44 UASC have been recorded to date and placed under the supervision of caregivers.

In **South Sudan**, UASCs are identified at border points using the protection vulnerability profiling tool. They are provided with immediate assistance and referred to child protection partners at transit centres. Family tracing support and other services are also provided at transit centres. Child-friendly spaces have been set up at the Renk transit centre with play items and child-friendly activities.

Sub-Sector: GBV

In the **Central African Republic**, GBV has been prioritized from the outset of the emergency as 95% of new arrivals are women and children. A GBV action plan, referral pathways, and standard operating procedures have been established, and psychosocial support activities have been initiated. Listening sessions and listening centres

First relocation convoy of refugees from Goungour site to Gaga camp in eastern Chad. ©UNHCR Aristophane Ngargoune

('centres d'écoute') have been established in Korsi and in the transit centre to offer assistance and support.

In **Chad**, two GBV risk assessments were conducted in eastern Chad, shedding light on the prevalence of physical, psychological, and emotional violence experienced by refugee women and girls. In response, services were provided to survivors and individuals at risk. Awareness campaigns targeting GBV and early marriages reached a total of 3,763 people, and efforts were made to enhance coordination among various stakeholders involved in the GBV response. Post-Exposure Prophylaxis kits were provided to survivors of sexual assault, and safe spaces were established at the border. Additionally, dignity kits were distributed to 1,170 individuals in the Gaga camp. Training sessions on GBV mitigation and response and on Protection from Sexual Exploitation and Abuse (PSEA) have been facilitated for refugees and humanitarian workers.

In **Egypt**, partners in close coordination with the Ministry of Youth and Sports have assisted GBV cases in Aswan and Cairo. Among those are Sudanese and third-country nationals from South Sudan and Eritrea. Their most frequent requests are safe relocation, fast-tracked registration, and psychosocial support.

Safe spaces for women and girls have been established offering GBV case management services. Services also include group therapy and individual counselling, and vocational skills training sessions. Refresher training for all caseworkers in Aswan has been provided regarding GBV case management and psychological first aid.

In **Ethiopia**, 42 female GBV survivors' cases have been identified in Metema transit centre and referred to relevant service providers for support, including the provision of dignity kits and psychological first aid. Awareness raising on GBV prevention and referral mechanism has been conducted at the transit centres. Currently new arrivals can avail of mental health and psychosocial support, as well as GBV services. People with special needs including the elderly, adolescent girls, and persons with disabilities, are receiving material support, psychological first aid and dignity kits. There is an urgent need for additional dignity kits.

In **South Sudan**, four GBV safety audits have been conducted at the main border locations Renk, Maban and Malakal in Upper Nile State and Aweil, Northern Bahr-el-Ghazal State to identify GBV risks and gaps in access to services for GBV survivors. The GBV sub-sector has been activated under the Protection Coordination Working Group and is currently operationalized in Renk, Upper Nile State, where most arrivals are located. Similar systems are being put in place in other major arrival areas to harmonize and strengthen the GBV response. Women and girl-friendly spaces have been set up in some sites and more are planned.

The population at the transit centre in Renk has almost doubled in recent weeks due to challenges with onward movement for vulnerable returnees, increasing costs at the local market, depletion of returnees' own resources and the onset of the rainy season. Protection and other service providers are now overstretched and protection risks are expected to increase. It will be important to swiftly implement recommendations made in the protection assessments and GBV safety audits and to scale up of the overall protection response.

Partners' capacity to provide effective case management, to operationalize referral pathways and to address sexual, abuse and GBV incident incidents needs strengthening. However, they also need financial support to scale up their response to address the increased needs of a growing population.

Education

In the **Central African Republic**, efforts are ongoing to ensure children can resume their education as soon as possible. Emergency education activities have been planned and work in underway to establish bridging and language programmes to facilitate the inclusion of Sudanese children in local schools.

In **Chad**, where some 55% of new arrivals are school-aged children, classroom construction, teacher recruitment and training, recreational activities, and psychosocial support are critical needs. Assessments conducted by RRP partners in nine arrival sites in the Ouaddai, Wadi Fira, and Sila provinces reveal that refugee families favour the integration of refugee children into the national system. 212 teachers have been identified amongst the new arrivals to reinforce the teaching capacity for emergency education activities.

In **Egypt**, a joint assessment was conducted in Aswan in coordination with authorities that will be used to inform education programmes. In Cairo, partners are working with the Sudanese embassy to support children with the exam fees for summer exams disrupted by the conflict and which the embassy is helping to facilitate access to in Egypt. Support to school feeding programmes is ongoing. The Sudanese curriculum is being used on the UNICEF online learning platform to provide interactive online learning opportunities to refugee students shared via Whatsapp in support of their learning and exam preparation. Efforts to identify Sudanese teachers to support with additional classes, until the September exams are underway. Partners are working with the Ministry of Education on awareness campaigns to ensure smooth integration into national schools.

Advocacy is needed with Sudanese communities, the Sudanese Embassy and the Ministry of Education to enrol students in public schools even if the law allows for it. Postponement of the secondary school exams is an issue and there is also a need to work with Livelihood partners to prevent child labour.

In **Ethiopia**, in the Benishangul Gumuz region 500 school bags and educational materials have been distributed to Sudanese children joining existing refugee schools. Comprehensive assessments are underway to inform education programming. Assessments have started in Metema and Guba, and 5,000 children will be targeted initially in these two areas. Existing education facilities and potential learning centres are being mapped and

temporary learning spaces are being planned. Assessments identified the need to construct temporary learning spaces, and the emergency rehabilitation and expansion of existing classrooms. They also revealed a need for the provision of basic school supplies and teaching and learning materials such as student kits and teacher kits.

In **South Sudan**, as arriving South Sudanese populations move to areas of return efforts are underway to quantify the number of school-aged children in collaboration with the Education Cluster and Ministry of General Education and Instruction. The educational needs of newly arriving refugees and asylum-seekers will become clearer as registration progresses and appropriate responses will be developed in coordination with the relevant authorities and partners.

Food Security

New arrivals are in dire need of food assistance and efforts are being made across all host countries to ensure some type of hot meal is being provided. As they transition to camps or settlements, they are being assisted with food rations. Cash-based assistance is underway for the most vulnerable in Egypt.

In the **Central African Republic**, food distribution has been provided from the outset of the emergency. During relocation to the new site, hot meals are provided until the refugees receive their food rations and core relief items so that they can prepare their own meals.

In **Chad**, some 98,000 people have been reached with food assistance including some 64,000 in Ouaddaï, 30,000 in Sila and almost 4,000 in Wadi Fira. In addition, more than 16,700 refugees were provided with hot meals during the relocation process from various sites to the camps.

In **Egypt**, more than 20 metric tons of fortified emergency food was dispatched to address immediate needs at the border. Now cash assistance is being explored, and a pilot has been launched in Aswan and Cairo. Some 10,000 individuals have benefitted so far, based on vulnerability. The cash grant is the same amount given to refugees in Egypt before the crisis. Post Distribution Monitoring is planned to monitor and assess the response. Needs are being identified among people moving onward to Cairo. The sector partners are collecting feedback from new arrivals on adjusting the ration package. There are nascent discussions on integrating new arrivals into regular food assistance programmes and checking vulnerability criteria for cash assistance.

In **Ethiopia**, hot meals are being provided to almost 3,000 people daily at the Metema entry point and the transit centre. Due to funding constraints, this assistance is only for the most vulnerable. Despite partners providing high-energy biscuits at the transit centre this is resulting in complaints as many are going hungry as they wait to be relocated from the border. With onward transportation not able to keep up with the scale of increased daily arrivals, on average 3,000 people are staying overnight, and have only shared meals offered to them by residents of Metema. The Food Cluster in Metema has raised an urgent request for more partners to engage in food distribution. In Kurmuk, the provision of hot meals may have to be suspended due to depleted funds.

In **South Sudan**, at border crossing points, humanitarian partners are providing energy biscuits prior to transfer to transit centres. Vulnerable arrivals receive hot meals for a period after which, depending on the location and number of people at the centres, dry rations are provided. When people arrive at their destination, standard food packages and rations are distributed by partners in line with programming in the Humanitarian Response Plan.

Similarly, at refugee camps, refugees and asylum-seekers are given hot meals during the initial period of arrival

A refugee from Sudan is assisted by a Red Crescent doctor at the Qustul border crossing, the main entry point in Egypt for Sudanese refugees. ©UNHCR Pedro Costa Gomes

after which dry rations along with kitchen supplies are provided allowing new arrivals to prepare meals for themselves.

Overall, the logistical challenges in South Sudan, the onset of the rainy season and rising commodity prices is making it difficult to preposition sufficient stocks for hot meals and dry rations. It is also making it more challenging for returnees to purchase goods on the local market in areas of return. The indefinite provision of hot meals at transit centres is unsustainable in the long term and other solutions will be explored which will allow new arrivals choice and dignity in their food preparation and options.

Funding shortfalls among food security partners may result in pipeline breaks in the immediate future as they plan for both for the rainy season's flood response in addition to providing food for new arrivals from Sudan. The deteriorating socio-economic situation of returnees and limited livelihood opportunities while still on the move will further impact people's ability to fend for themselves when in areas of return.

Health and Nutrition

Partners are supporting existing health facilities and establishing emergency clinical services in areas close to where people are crossing.

In the **Central African Republic**, coordination of medical and health activities in Am Dafock has enabled all incoming refugees to access the local clinic, ensuring their healthcare needs are met. Before their departure to

Korsi, the new site established near Birao, all children were vaccinated against measles. Two new health centres are also being established in Korsi.

In **Chad**, mobile clinics have been deployed to border areas and across the different provinces, providing health services to more than 17,500 individuals. Measles vaccinations were administrated to 20,139 refugee children, and 22,550 were vaccinated against polio. Almost 8,600 children have been screened for malnutrition, and treatment has been given for 449 severe acute cases and 1,518 moderate acute cases. Assistance has also been provided for 90 birth deliveries.

Once relocated to existing camps, refugees can access health centres in those camps, ensuring continued support. There are also plans to strengthen health centres and services at the border in preparation for the upcoming rainy season, which may limit movements.

In **Egypt**, the Ministry of Health and Population (MOHP) and the Egyptian Red Crescent (ERC) are providing healthcare support at the border. This has included the administration of 30,000 doses of polio and the measles, mumps, and rubella vaccines, testing for communicable diseases, medication for chronic conditions, maternal and child health services, and treatment for non-complex urgent conditions. Critical complex cases are stabilized and referred to secondary and tertiary care.

MOHP ensures that new arrivals can access primary, secondary, and tertiary services in public facilities at par with Egyptians. Health sector partners are providing support at border entry points and Aswan governorate. They are doing this through the donation of medical consumables (more than 30 tons) and medication (such as non-communicable disease medications for 20,000 people for 3 months), diagnostic kits, mental health training of staff, and the establishment of points of care where many new arrivals gather. In Cairo and Alexandria, partner programs support the treatment of complex chronic disorders including mental illnesses and advanced hospital care including surgery.

At the borders there is a need to increase the availability of certain specialized services, improve pharmacy management, and ensure referrals from Qustul are available on a 24-hour basis. Additional work is needed to strengthen the capacity to detect, respond to and prevent communicable diseases including through vaccination and vector control campaigns. Further support is needed for public health facilities in Aswan governorate to ensure similar availability to health services elsewhere in Egypt.

Efforts are underway to clarify which national institutions provide MHPSS services and to include migrants, TCNs, refugees and asylum seekers in these services. More than 3,500 children have benefitted from MHPSS interventions so far. More work is needed to promote the available services that people can avail of and to disseminate contact details regarding health-related inquiries. Secondary and tertiary care referral pathways are still being developed.

The MOHP are establishing a task force on malnutrition. Two nutrition screening points were set up at border points in Argeen and Qostul. 86 under-five children were screened and no cases of wasting or stunting have been detected.

In **Ethiopia**, the clinic at the Metema Transit Centre provides health services, including mental health support and nutritional screening and support. Referrals can be made from here to other health institutions. In the refugee camps in Gambella and Beneshangul-Gumuz, nutrition partners are screening new arrivals. Two mobile health and nutrition teams have been deployed to support health services and essential drug kits have been provided. Risk communication activities have been strengthened and 6,000 mosquito nets have been provided for 12,000

refugees. Language barriers are a serious constraint for counselling services as new arrivals mostly speak Arabic as their primary language. Translators are urgently required.

In **South Sudan**, partners are providing medical support and nutrition screening at border crossing points and children under five years are being vaccinated against polio and measles. Where needed, referrals are being made to medical services available at the transit centres and urgent cases are referred to nearby hospitals.

A primary health care centre has been set up at Renk Transit Centre. Awareness raising on good hygiene practices, as well as malnutrition screening is being provided. Some 25% of children and 14% of pregnant and nursing mothers are malnourished, well above the emergency standard of 15% set by the WHO. Malnourished children and women are being treated either on-site or at nearby nutrition centres. In Renk, a nutrition outreach site has been established to cater to the increased needs and children under five are being enrolled in supplementary feeding programmes. Medical outreach services are also being provided to returnees living in urban areas outside the transit centre.

There are insufficient stocks of key medical supplies, equipment and medication due to the growing population at the Renk Transit Centre, the onset of the rainy season, inherent supply chain challenges and increased costs.

Due to insufficient funding for medical air evacuations some chronically ill patients, who cannot receive adequate treatment at the nearby hospitals can not be medically evacuated to the capital, Juba. Negotiations are ongoing to find solutions, but in the absence of funding these patients and other patients with chronic conditions are in a dire situation.

Insufficient WASH facilities and inadequate water provision at the transit centre combined with the rains will increase the risks of water-borne and other communicable diseases. Some cases of measles have already been detected.

In areas of return, in a country where medical services were already insufficient and inadequate prior to this emergency, especially in remote areas, returnees will face further difficulties in maintaining their health and well-being, despite the best efforts of health partners.

Livelihoods and Economic Inclusion (LEI)

Assessments to support livelihood and inclusion programmes are planned or underway.

In **Egypt**, the possibility of supporting new arrivals with various livelihoods and economic inclusion interventions at individual, household and community level are being explored. This will also include host communities to avoid stigma against new arrivals and the refugee community as a whole. The possibility of a joint assessment of the economic characteristics of the new arrivals through NGOs and community-based organizations is currently being explored.

Information on the locations of newcomers beyond Aswan, Cairo and Alexandria and coverage of immediate needs is required before engaging new arrivals in livelihood interventions.

In **South Sudan**, as the populations are still on the move to their areas of return, the priority remains on life-saving assistance and no significant programming is underway on livelihoods or resilience. South Sudanese returnees may be able to secure basic livelihood opportunities.

Logistics, Telecoms and Operational Support

With most people arriving in remote locations with very little infrastructure and connectivity, significant investment to support this sector is needed.

In the **Central African Republic**, the response is facing several logistical challenges. The rainy season has already deteriorated the conditions of the road connecting Am Dafock and Birao, which will likely prevent the continuation of official relocation convoys. An office is being established in Birao, and will be equipped with appropriate staffing and communication facilities. Additionally, due to the disruption of supply chains from Sudan and the inaccessibility from Bangui by road during the rainy season, the response will continue to rely on airlifting.

In **Chad** transportation capacity has been expanded to support ongoing relocation and Non-Food Item distribution activities. UNHCR's fleet now includes 65 cargo trucks, six tankers, and 30 light vehicles. As the rainy season begins, challenges are already arising due to rains and flooding, especially in the Sila region, resulting in increased transport and fuel costs and delays in accessing refugees in border areas. UNHCR and WFP plan to preposition supplies in selected areas near new arrivals at the border, and a temporary structure has been constructed in Borota for registration activities.

In **Ethiopia**, over 2,300 people were transported to designated locations following their arrival through Metema and Kurmuk border crossing points.

In **South Sudan**, humanitarian personnel and material resources and supplies have been continuously transported to northern South Sudan, where the emergency response is concentrated. Partners have been successful in deploying the required resources to scale up the response. However, they are operating in challenging conditions which will be exacerbated by the onset of the rainy season in June, which will render many airstrips inaccessible.

An estimated 42,500 have been assisted with onward movement by the Government and partner agencies. Many others have travelled on with their own means to their final destinations in Upper Nile, Unity, Northern and Western Bahr-el Gahzla and Central Equatorial States. Most movements within Upper Nile State and to Unity have been facilitated by riverine movements while destinations farther away are arranged by air.

Telecommunication services have been set up in transit centres enabling returnees to contact family members, arrange for onward transport and for partners to support family tracing for those who were separated. ICT services will also be made available to partners working at the sites in the coming weeks and months.

Frequent security incidents along the routes and multiple checkpoints slow down the progress of the movement of people and goods and the increasing costs of fuel is steadily impacting people who want to travel to their final destination using their own financial means. Supporting dignified and safe onward movement for people can only be done with sufficient and sustained funding. Furthermore, with the impending rainy season it will be crucial to provide dignified, secure and safe shelter options in transit centres for those unable or unwilling to move onwards in the coming months.

Newly arrived refugees and asylum seekers to Ethiopia receive hot meals at the border with Sudan. © UNHCR/ Lucrezia Vittori

Shelter / NFIs and Settlements

In most countries, emergency reception centres have been established, but with the sheer numbers of people arriving and the logistical challenges to move them onward, they are becoming severely overcrowded.

In the **Central African Republic**, 10 communal shelters were constructed at the border in Am Dafock to provide temporary housing for newly arrived refugees. As of 12 June, 170 family shelters have been constructed in the new relocation site near Birao. The new site has been named “Korsi”, which means “Welcome” in the local Kara language.

In **Chad**, more than 2,700 family and communal shelters have been constructed both in existing and in new camps, and more than 16,000 households have received non-food items. As part of the immediate response near the border, more than 7,000 households received tarpaulins for shelter.

In **Egypt**, relief items have been delivered to the border areas since the beginning of the emergency, including Rubhalls, family tents, commercial fridges, trash cans, fans, mattresses, blankets, hygiene kits, dignity kits, wheelchairs as well as office equipment.

In **Ethiopia**, a transit site was constructed in Metema. A survey will be conducted in refugee camps in Gambella to identify empty shelters that can be allocated to new refugee arrivals. An emergency shelter with the capacity to host 400 people is being constructed in Sherkole camp, Beneshangul-Gumuz region. So far 1,695 people have received kits that include blankets, mosquito nets, sleeping mats, laundry soap, buckets and jerricans, in addition, 300 persons received hygiene kits. Shelters will need to be constructed at additional sites where land is being allocated by the government. In the interim, tents will be provided.

In **South Sudan**, partners set up reception centres at the main border crossings. At Renk, Upper Nile State a transit centre and WASH facilities comprising eight communal shelters was established with another 18 under construction. In Aweil, Northern Bahr-el-Ghazal and Benitu, Unity State, similar sites are being established to host new arrivals prior to their onward journeys to areas of return. At reception and transit centres arriving populations are provided with hot meals, basic non-food items including mosquito nets, sleeping mats, blankets and WASH items to cover their temporary stay. Plastic sheets are distributed to protect people and shelter them from the rains. In areas of return the humanitarian community has agreed on standardized return packages which include additional non-food items to facilitate reintegration. Logistical challenges, increasing transport costs, scarcity of materials in the local market and the weather are posing challenges to further scale up the response. Partners will need to provide much-needed items and increase shelter capacity as the population particularly in Renk increases. Financial resources are urgently needed to ensure minimum standards at the transit centre.

Water, Sanitation and Hygiene (WASH)

As part of the initial emergency response, partners have been providing water and sanitation to populations in need.

In the **Central African Republic**, the existing water trucking system will continue to operate until two new boreholes are drilled at the new site. Partners are conducting water trucking providing 29 litres of water per person per day. A total of 24 water taps are available following the installation of 3 bladders. 65 latrines and shower blocks have been constructed to date. A comprehensive needs assessment identified gaps in WASH services that need to be addressed, and discussions are underway with partners to respond.

In **Chad**, 425 latrines and showers have been constructed in existing camps, and 13 boreholes have been drilled in arrivals areas and in existing camps to ensure access to clean water. Additional sanitary facilities have also been provided in arrival areas to support arriving refugees.

In **Egypt**, partners have distributed 700,000 water bottles, 54,000 hygiene kits, 13,000 sanitary napkins and 6,000 dignity kits for women. 36 latrines were installed at the border crossing points and in Aswan, including 12 at Karkar bus station, where people coming from the border disembark. Rehabilitation of existing latrines and water trucking is ongoing.

In **Ethiopia**, water is being supplied at the transit centre allowing for 3 litres per person per day in the transit centre in Metema. Hygiene promotion activities are underway, and 300 hygiene kits have been distributed. There is an urgent need to support the establishment of water systems in Kumuk and Metema transit centres as well as in the new settlements under construction.

In **South Sudan**, water treatment and trucking has enabled emergency standards of water to be provided in the transit centre in Renk. Water bowzers and two water treatment bladders from the refugee camp have been

At Palouch airport, hundreds of South Sudanese returnees wait for a cargo plane to transport them to Wau, Western Bahr el Ghazal State, after fleeing the conflict in Sudan.

© UNHCR/Andrew McConnell

redeployed to support the emergency response. Partners provided latrines and basic WASH facilities and have rehabilitated existing infrastructure where this was needed.

However, the WASH facilities such as latrines, water points and desludging services are no longer sufficient to meet the needs of the growing population and open defecation has been observed. With the rainy season starting, the risk of flooding and the spread of water-borne diseases increases dramatically. Prepositioning materials and hygiene items will be even more challenging and costly in the coming months.

RESPONSE HIGHLIGHT

In the Central African Republic, MamBi Si – meaning 'listen to me' in the Sango language – is a successful model for GBV prevention and response. MamBi Si serves as a virtual 'space' facilitated by experienced GBV workers where women and girls can openly discuss and support each other. At the border in Am Dafock, sessions have allowed trauma survivors from Nyala in South Darfur to share their experiences and to receive support. Once relocated to their new settlement, refugee women continued these group sessions. Other psychosocial activities included the celebration of Mother's Day on 4 June, baking Sudanese cakes and knitting. The activities take place under the shade of trees until a dedicated space is built.

Regional Cross-Cutting Response

AAP

Programming decisions and actions have been aimed at addressing the expressed priorities, needs, capacities and views of refugees, and returnees. RRP partners are making efforts to ensure that displaced populations have equal and non-discriminatory access to protection, assistance, and solutions. A range of inclusive, accessible, and rapid channels of communication using local languages, are being used to inform new arrivals about procedures, structures, and processes that affect them, so that they are able to make informed decisions. Other systems (including for confidential complaints), such as helplines, suggestion boxes, SMS systems, and social media platforms will also be made available. For example, in Egypt, partners have completed the mapping of the CBOs and national NGOs in Aswan and have produced a leaflet reflecting the emergency services in Aswan along with the services in Cairo and other major cities. These include hotline numbers for essential protection and assistance services provided by all partners.

Prevention of Sexual Exploitation and Abuse (PSEA)

Prevention of sexual exploitation and abuse is a key concern across all countries involved in the response. In the Central African Republic training has been provided to various actors. In Chad, a comprehensive communication campaign was implemented in collaboration with multiple partners reaching 644 individuals including 106 in Borota, 203 in Koufroun, 120 in Madjiguilta, and 215 in Goungour. At Gaga camp, more than 3,000 people were sensitized through mass awareness sessions during food and Non-Food Item distributions, as well as through door to door outreach. In Egypt, partners are mainstreaming PSEA in all sectors, including through support from the Refugee Coordinator and the PSEA Network. In South Sudan, 23 partners were assessed against PSEA standards.

Use of Cash-Based Interventions (CBI)

Efforts are being made to introduce cash assistance wherever possible. In Chad, the Cash Working Group has been activated and is supporting market assessments and risk analyses in areas hosting new refugees. In Egypt, the emergency CBI programme started with 913 individuals from the most vulnerable newly arrived families receiving a one-off emergency cash payment.

In Ethiopia, multi-purpose cash was distributed to 4,882 returnees' households in Guba and Metema. Many of these households continue to move, so this is a one-off distribution in line with the Cash Working Group guidance. Cash is also being distributed to refugees in Kurmuk. Responses remain inadequate due to lack of funding prioritization and limited resources.

In South Sudan, emergency protection cash assistance is provided to vulnerable people to support their immediate needs. Returnees are also provided with cash vouchers to access transport for riverine movements to areas of return.

Localization

National NGOs are playing a significant role in the response in CAR, Chad, Egypt, Ethiopia, and South Sudan. Their critical presence on the ground and their knowledge and expertise has been extremely beneficial. In South Sudan 35 of the 67 partners are national NGOs providing vital protection services and assistance.

Climate Action

RRP Partners working on the refugee response are scaling up activities that protect both people and the environment, such as clean cooking and solar energy interventions. In addition, partners have and will continue to analyze climate and environmental risks and have undertaken mitigation measures relevant to the context.

Partnership & Coordination

In the **Central African Republic**, a refugee response coordination mechanism exists in the capital city, Bangui. In the field, thematic working groups have been established.

In **Chad**, there is close collaboration with the Ministry of Territorial Administration, Public Security and Immigration, and the Commission Nationale d'Accueil et de Réinsertion des Réfugiés (CNARR) to support and coordinate the government's response to refugees. At the national level, coordination is led by UNHCR Representatives, the Resident Coordinator, the Humanitarian Coordinator, and the Ministry of Territorial Administration. At provincial level, CNARR and UNHCR take the lead. UNHCR and CNARR coordinate and monitor the response in Abeche as well as in various field locations, including Farchana in Ouaddai and Goz Beida in Sila.

In **Egypt**, UNHCR is strengthening its engagement and coordination leadership with partners in Cairo as well as in the south and border areas, while continuing to engage local authorities and community-based organizations to assess the needs and scope of the response. Two technical inter-sector working groups, one in Aswan and one in Cairo, continue to meet on a weekly basis to report any issue that needs the attention of the inter-agency working group.

In **Ethiopia**, the response is led by the Government under the leadership of the Refugees Returnees Service (RRS) and supported by the response partners, in adherence to the Refugee Coordination Model. An Inter-Agency Task Force, co-chaired by UNHCR and RRS, has been set up in the three regions receiving refugee and returnee arrivals. In existing refugee camps a similar inter-agency task force is in place with sectoral working groups on protection, WASH, health, shelter, and education. Daily inter-agency monitoring missions are conducted to border points.

In **South Sudan**, the coordination is co-led by IOM and UNHCR under the oversight of the South Sudan Humanitarian Country Team and in close coordination with relevant authorities, namely the Relief and Rehabilitation Commission of the Ministry of Humanitarian Affairs for returnee issues and Disaster Management and the Commission for Refugee Affairs responsible for the management and coordination of refugee and asylum matters. One significant achievement of the emergency response has been the effective coordination with the Government and humanitarian partners which has enabled the quick deployment of personnel and resources to

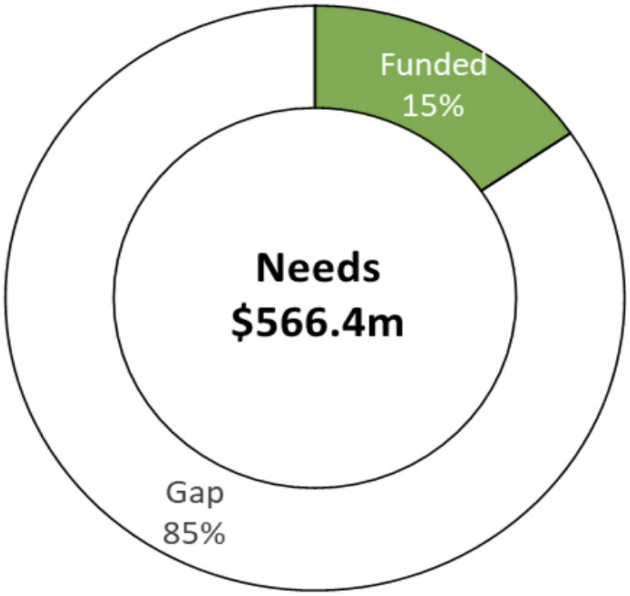
meet emerging needs. In areas of return, humanitarian partners under the leadership of OCHA and in line with the South Sudan Humanitarian Response Plan, provide assistance to those returning.

Funding update

RRP Partners gratefully acknowledge government donors, private donors, charities, and other organizations for their valuable contributions through earmarked funding as well as flexible funding at a global, regional, or sub-regional level which has contributed to the response. RRP partners acknowledge the generosity of host countries for their reception and hosting of Sudanese and other refugees, returnees, migrants and third country nationals. However, as of 15 June, the Sudan RRP was only 15% funded. The protection and life-saving needs of refugees, returnees and others in the Central African Republic, Chad, Egypt, Ethiopia and South Sudan come on top of an already challenging humanitarian and funding situation in these countries.

The Sudan RRP urgently needs funding to meet the critical needs of the new arrivals. To avoid a worsening of the current situation it is imperative that funding for the Sudan crisis be additional and support is also maintained for the already existing Humanitarian Response Plans and country Refugee Response Plans developed to assist a range of affected populations across these countries. RRP partners need flexible and multi-year funding to allow them to prioritize the most pressing needs and to provide a more predictable response.

Further information on funding levels of the response is available on the Refugee Funding Tracker which tracks interagency funding for the response.



2023 REGIONAL SUDAN RRP PARTNERS

- Access for Humanity
- ACTED
- Action Africa Help International
- Action Aid Intervention for Development Organization
- Action for the needy (Ethiopia)
- ADRAH
- Africa Development Aid
- African Christian Ecumenical Alliance
- African Community Agency for Development and Relief
- African Humanitarian Aid and Development Agency
- African Initiatives for Relief and Development
- African Relief and Development Foundation
- Agency for Women and Children Development
- ALIMA - Alerte Sante
- Buckeye Maternal & Child health organization
- CARE International
- Caritas Egypt
- Caritas Egypt - Alexandria
- Catholic Relief Services
- Chad other NGOs
- Children Aid South Sudan
- Child's Destiny and Development Organization
- Coalition for Humanity
- Community Action Organization
- Community Aid for Relief and Development
- Community Humanitarian Inter-Livelihoods and Emergency Focus
- Concern worldwide
- Danish Refugee Council
- Dialogue and Research Institute
- Doctors Actively Serving in Africa
- Don Egypt - Bosco
- Egyptian Foundation for Refugee Rights
- Egyptian Red Crescent
- Episcopal Development Aid
- Facilitating Action for Community Empowerment
- Fondation Terres des Hommes
- Food and Agriculture Organization
- For Afrika to Thrive
- Gezour Foundation
- GOAL International
- Greater Upper Nile Organization
- Health Action Africa
- HelpAge International
- HIAS
- Humane Aid for Community Organization
- Humanitarian Development Consortium
- Humanity and Inclusion
- Innovative Humanitarian Solutions
- Institute for Promotion of Civil Society (IPCS)
- International Labor Organization
- International Medical Corps
- International Organization for Migration
- International Rescue Committee
- Jesuit Refugee Service
- Joy Cares Foundation
- Life Makers Foundation (Egypt)
- LiveWell South Sudan
- Loul Deng Foundation
- Lutheran World Federation
- MAIS
- Medair
- Medical Teams International
- Mercy Corps South Sudan
- Mouvement Croix Rouge
- NCDO
- Norwegian Refugee Council
- OXFAM
- Plan International
- Première Urgence Internationale
- Psycho-social services and Training Institute in Cairo
- Refuge Egypt - Egypt
- Relief International
- Restoration South Sudan
- Samaritan's Purse
- Save the Children International
- Smile Again Africa Development Organization
- Solidarites International
- South Sudan Grassroots Initiative for Development
- Tearfund
- The MENTOR Initative
- Triangle
- United Lawyers
- United Nations Children's Fund
- United Nations Development Programme
- United Nations High Commissioner for Refugees
- United Nations Population Fund
- United Nations Population Fund/UN Women
- United Networks for Health
- Veterinarians without Borders/ Veterinaires sans Frontieres - Canada
- Welthungerhilfe
- Wider Aid & Development Agency-South Sudan.
- Women and Children Health Organisation
- World Food Programme
- World Health Organization
- World Vision International (Ethiopia)
- World Vision International-South Sudan
- Yo' Care South Sudan
- Youth and Development Consultancy Institute Etijah
- Youth Empowerment and Development Aid
- ZOA