SUDAN EMERGENCY
REGIONAL REFUGEE RESPONSE PLAN

May-December 2023 - *Revised August 2023*

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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 Sudan Data Portal.

COVER PHOTO CONTENT

Hundreds of Sudanese recently arrived in Chad.
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NOTE

This regional inter-agency response plan for the Sudan refugee situation is developed in accordance with the Refugee Coordination Model (RCM). This August 2023 revision published on 4 September 2023 replaces the version published on 17 June 2023. It extends the original 6 month timeframe to the end of the year, and reflects increased population planning figures and associated budget requirements for all countries except the Central African Republic.

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AT A GLANCE

Regional Planned Response

May-December 2023

1.04 M

Sudanese Refugees and Refugees of other nationalities

719.5 K

Returnees*

49 K

Third Country Nationals

Total planning figure
(Refugees, Returnees and Third Country Nationals)

1.8 M

1.005 B

Total financial requirements

64**

Partners

Region	Financial requirements in million USD	Partners
Central African Republic	42.65	9
Chad	388.5	21
Egypt	125.5	27
Ethiopia	92.13	17
South Sudan	355.97	29

* *The returnee figure includes refugees and migrants who were hosted in Sudan and are now returning to their countries of origin.*

** *UN agencies and some INGOs are operational in more than one country and are therefore counted only once as a member of the Regional Refugee Response Plan although their interventions may vary by country, as opposed to the cumulative total across countries that was used for previous versions of the Sudan RRP.*

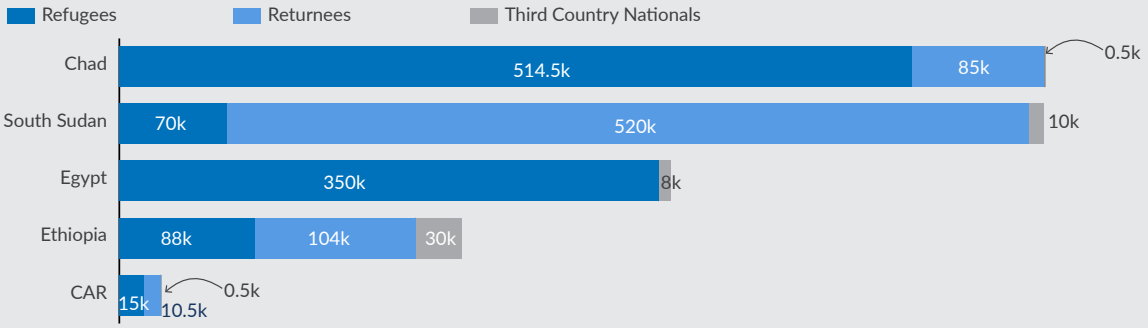
1,806,000
Total planning figure

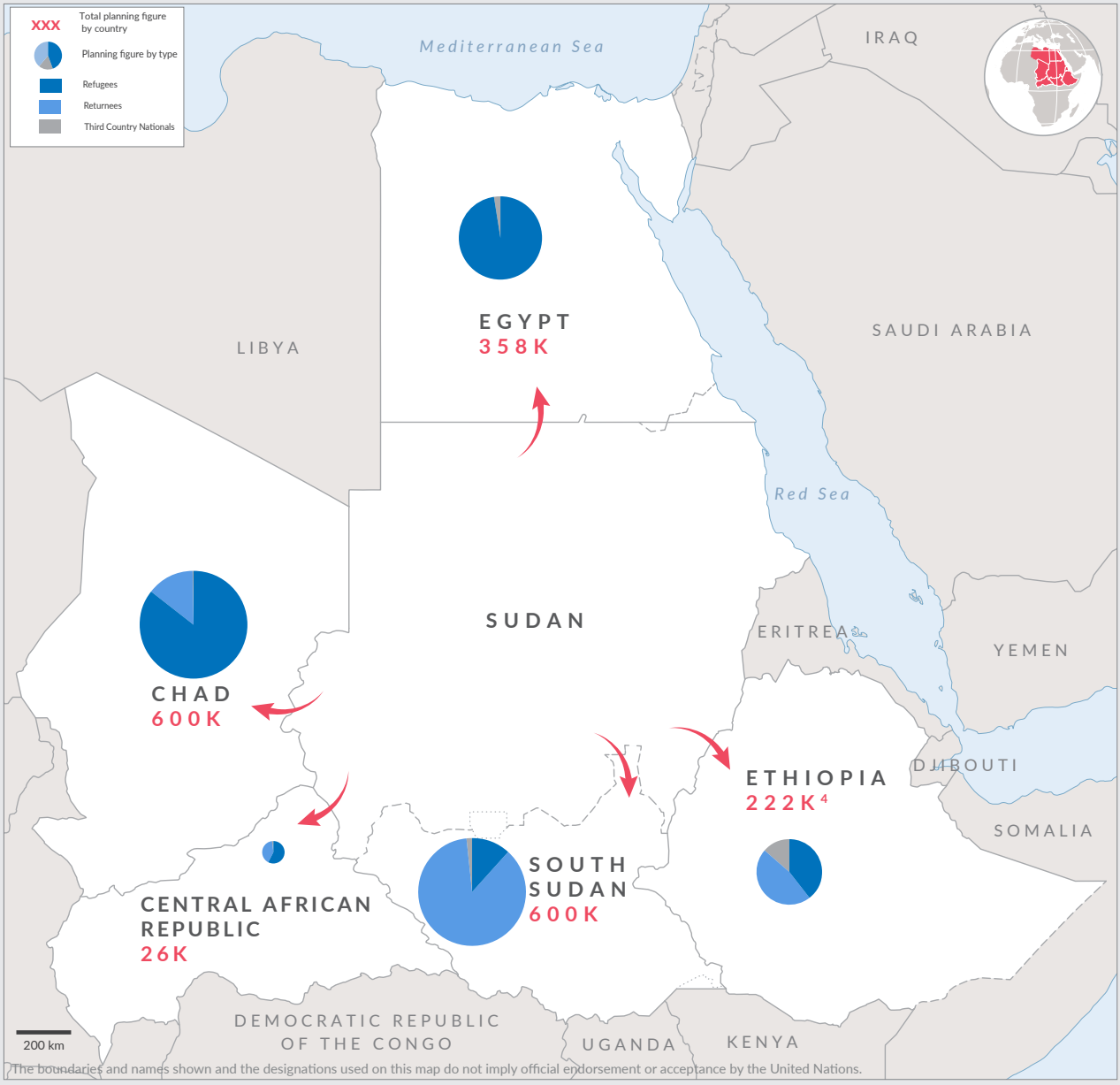
1,037,500
Total projected Refugees[1]

719,500
Total projected Returnees[2]

49,000
Total projected Third Country Nationals[3]

Planning figures | in thousands





[1] This figure includes Sudanese refugees and others who were themselves refugees in Sudan now fleeing into neighbouring countries.
[2] The returnee figure includes refugees and migrants who were hosted in Sudan and are now returning to their countries of origin.
[3] IOM projects 49,000 TCNs of which 19,000 will be assisted under this Plan.
[4] 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

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Regional Overview

The magnitude of displacement within Sudan and into neighbouring countries has continued to increase since the devastating conflict erupted in Sudan in mid-April 2023, with 3.6 million internally displaced in Sudan by the end of August, and more than 1 million refugees, returnees and third country nationals having arrived in the neighbouring countries of the Central African Republic (CAR), Chad, Egypt, Ethiopia, and South Sudan.

This August 2023 revision of the Regional Refugee Response Plan (RRP) for the Sudan emergency extends the original six-month Plan through the end of the year and reflects the updated population planning figures (increased from a total of 1.2 million to 1.8 million refugees, returnees and third country nationals), and increased financial requirements (increased from total requirements of USD 556 million to USD 1.005 billion).

The dramatic increase in financial requirements (particularly in Chad and South Sudan, with smaller increases in Egypt and Ethiopia) reflects the extended timeframe[1], higher projected arrivals in several countries (particularly South Sudan and Chad[2]), new partners involved in the response, and varied needs of different population groups. While the overall objectives of the RRP remain the same, adjustment to the response approach have been made where relevant. The revised Regional RRP also highlights the prominent role that the governments and their different ministries play in the response in the five countries.

In Sudan, hostilies have been continuous since the outbreak of fighting. The relentless fighting in Khartoum, catastrophic resumption of inter-communal violence in the Darfur region, and spread of the conflict to the Kordofan and other parts of the country has trapped civilians and made many areas inaccessible for desperately needed humanitarian assistance to be safely delivered. Access to health care has been critically impacted by the conflict, with direct attacks on healthcare facilities as well as severe shortages of medicines and vital supplies. Humanitarian assets continue to be looted in areas affected by the conflict. The humanitarian situation remains dire with pervasive food, water and fuel shortages, limited access to communication and electricity, and skyrocketing prices for essential items.

The insecurity, cost of fuel and transport, as well as family separation, make it difficult for people to leave conflict-affected areas and move to safer locations, whether within Sudan or across borders.[3] The crisis comes on top of an already challenging humanitarian situation in Sudan; almost 16 million people were already estimated to need humanitarian assistance in 2023.

Those fleeing Sudan have been arriving in remote border locations where RRP partners have been receiving new arrivals, providing critical life-saving assistance and facilitating onward movement in extremely difficult conditions. The

1 *In South Sudan, the original response plan for returnees – who constitute more than 90% of arrivals – was originally only for three months, whereas the rest of the RRP for for six months. The five month extension to the end of the year for the South Sudan response plan is a primary factor in the significant increase in financial requirements.*

2 *In Chad, while many refugees have been recorded in the last months and the pace of arrivals remain high, the increase in the population planning figure remains modest against current total arrival figures due to expectations that the figures may reduce by up to 20% when individual level (versus family level) registration is conducted.*

3 UNHCR Urges Sudan Warring Parties to Allow Safe Passage

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. The need to improve infrastructure and conditions in transit centres and refugee camps and settlements remains urgent and expensive. As many families have been on the move for weeks – with very little food or medicine – rising malnutrition rates, disease outbreaks and related deaths are of great concern.[4] RRP partners are doing everything they can to respond but more funding is desperately needed.

Countries neighbouring Sudan impacted by this new emergency were already hosting large refugee, migrant and internally displaced populations before the crisis. Recent refugee arrivals to Chad add to the more than 400,000 Sudanese refugees who have been in a protracted situation in eastern Chad for some 20 years. In South Sudan, 76 per cent of the population were already estimated to be in need of aid. Humanitarian programmes in these countries were already, and remain severely underfunded.

Receiving and hosting countries have, nevertheless, for the most part opened their borders to those seeking safety. They need international support to sustain this generosity, including from development actors to accompany the initial humanitarian response with investments to strengthen basic services and socio-economic inclusion for refugees and host communities in integrated settlements, and in areas of return. Proactive engagement with development actors is underway, to complement and build on the response under the RRP.

In addition to the Sudanese and refugees of other nationalities, as well as refugee returnees, crossing into neighbouring countries, there are also migrant returnees and third country nationals (TCNs). Migrant returnees are arriving in vulnerable conditions and require humanitarian and protection assistance upon arrival, as well as onwards assistance. TCNs, who are not nationals of the country in which they arrive, may wish to return to their countries of origin. However, they often face challenges linked to the availability and accessibility of consular services, proper documentation, transportation means and conditions of dignified return and reintegration in their countries of origin. IOM is the lead agency supporting migrant returnees and TCNs who do not have international protection needs, together with government counterparts and relevant RRP sectors, ensuring complementarity across the response. UNHCR and IOM are working side by side at several border crossings to help all people fleeing Sudan, to identify the different population groups leaving the country, register those in need of protection, and identify the most vulnerable.

In line with the Global Compact on Refugees[5], this inter-agency RRP aims to support the host countries in the region to lead and coordinate the response to the refugee outflow. The RRP is undertaken in accordance with the Refugee Coordination Model (RCM) and outlines the multi-partner, multi-sector response strategy and financial requirements of 64 partners in CAR, Chad, Egypt, Ethiopia and South Sudan, to provide protection services and urgent humanitarian assistance to refugees, returnees and third country nationals, together with impacted host communities. The RRP has been developed by partners – including UN Agencies, national societies of the Red Cross and Red Crescent, national and international non-governmental organizations, faith-based organizations and civil society, and builds on the collective and coordinated work already being done in these countries, much of it government-led, and promotes an area and a needs-based approach.

4 *UNHCR Briefing Note on Worsening Health Conditions*

5 *Global Compat on Refugees website / What is the Global Compact on Refugees*

Regional Protection Needs, Vulnerabilities and Risks

The priority to better protect and assist those fleeing remains to support local authorities with the registration of new arrivals and to identify individuals at heightened risk (unaccompanied children, individuals in a critical medical condition or with disabilities, survivors of gender-based violence and older persons). Families are frequently separated as they flee; most new arrivals are women and children, a number of whom are involuntarily unaccompanied or separated from their families. Efforts need to be expanded to ensure that mechanisms are established to mitigate and respond to gender-based violence (GBV) – including life-saving services; that support is available for children at risk and GBV survivors; and that specialized services for children, including family tracing and alternative care arrangements for the unaccompanied, and Best Interests Procedure and psychosocial support for children at risk, are in place. Also important are preventive messages amongst those populations to address risks of trafficking and sexual exploitation and abuse (SEA) and parenting messages for families as distress within families exposes children to violence and abuse. The conflict, violence and trauma experienced make it imperative that psychosocial support for children and parents is available, and that community-based mechanisms are established to support two-way communications, identification of persons at risk and referrals.

The impact of the conflict beyond Sudan's borders, including on the commercial side, such as the disruption of existing trade and supply chains, inflation, and increasing cost of the humanitarian response, is already creating increased hardship for vulnerable host communities. In turn, this situation could fuel tensions between refugees and host populations with disputes over scarce resources. If a political solution to the crisis in Sudan is not found, the entire region could be destabilized, leading to further outflows of refugees and migrants from Sudan.

Regional Response Strategy and Priorities

As set out in the Global Compact on Refugees (GCR), this RRP is taking a "whole-of-society" approach and is designed to support hosting governments, who are leading the response. It builds on the capacities and expertise of the refugees and returnees themselves and the communities acting as first responders, noting that in many locations, the capacity to respond is already overstretched as refugees and migrants are arriving in areas where food insecurity is high and existing services are minimal or non-existent.

UNHCR and partners are engaged in advocacy with neighbouring country governments to seek assurances that they continue to keep their borders open for those fleeing Sudan. RRP partners have emergency teams on the ground and are assisting the authorities with technical support; screening and registering new arrivals; carrying out and expanding regular protection and border monitoring; and strengthening reception capacity. In many of the neighbouring countries, reception centres are open and hotlines are available to orient new arrivals and provide vital information. This two-way communication with communities remains critical to understand the evolving situation, risks, and needs, and to inform communities about the available services, the

necessary registration/verification procedures, as well as the relocation processes to areas further away from the border.

Protection interventions include identifying refugees and migrants in situations of heightened risk and vulnerability, in particular survivors of violence, unaccompanied and separated children and children exposed to or at risk of violence, abuse and exploitation, older persons, persons with disabilities, single women and female-headed households with no family or community support, as well as other profiles at risk. Those in need will be offered assistance and referrals to key services such as legal aid, family reunification and alternative care arrangements. Specialized services and referral mechanisms will be reinforced to respond to the needs of displaced women, girls and boys most at risk from GBV and sexual exploitation and abuse.

Basic and urgent needs of refugees, returnees and other new arrivals are being addressed through the provision of food, shelter and core relief items, as well as health, nutrition and water, sanitation and hygiene services. UNHCR's and partners' global supply chains have been activated, core relief items are being distributed and airlifts to the most remote locations are ongoing.

Of great concern are disease outbreaks hot spots and the risk of spread in several countries in the response. In the White Nile region in Sudan, a total of 1,527 deaths (including 1,056 deaths of children under 5) have been reported due to measles and malnutrition since early May until 20 August. In Renk, South Sudan a measles outbreak killed 57 children in July. The daily under 5 mortality rate continues to cross the emergency threshold periodically. Despite challenges, measles vaccination campaigns are being conducted in all locations and vaccinations for new arrivals are being put in place.

As schools in four of the five countries involved in the Sudan emergency response (CAR, Chad, Egypt and Sudan) prepare to start a new academic year and RRP partners engage with national Ministries of Education (MoE) to ensure refugee children and youth can enroll for the new school year, the approach will take into account two critical considerations for both advocacy and programming purposes: the high rates of out-of-school children in Sudan and neighbouring countries before the crisis, and insufficient existing infrastructure. In this challenging context, a hybrid humanitarian and development approach is required to provide systemic support to host countries. In order to enable the resumption of learning, the challenge is to quickly expand absorption capacities through the establishment of temporary learning spaces while permanent or semi-permanent structures are being constructed as part of more long-term system strengthening. Additional teachers will be needed to accommodate the surge in enrolment in areas of displacement but qualified teachers are in short supply across the region, especially in remote and rural areas.

RRP partners will use cash assistance as part of the emergency response which contributes to protection and solutions outcomes and maximizes efficiency, effectiveness, and impact in programme delivery. Based on careful consideration of context specificities in the affected countries, cash assistance will build on cash feasibility including, risk assessments, response analysis, available delivery arrangements, SEA risk assessments, partnerships and contracting of financial service providers available to provide rapid cash assistance. Partners will ensure a community-based and participatory approach, engaging the affected population throughout the process of planning for and delivering assistance.

RRP partners will also seek to foster opportunities for solutions, inclusion, and self-reliance in the framework of the humanitarian-development nexus and GCR.

Age and gender breakdown[6]

16%[7] of total 1.8 M
Persons with disabilities

50%
Children

26%
Women (ages 18+)

26%
Girls (ages 0-17)

23%
Men (ages 18+)

25%
Boys (ages 0-17)

Regional Objectives

RRP partners will support government-led efforts to mitigate and address the protection risks and other urgent protection and assistance needs of refugees (Sudanese refugees and refugees of other nationalities hosted in Sudan), refugee and migrant returnees, and third country nationals, and will be driven by the following regional objectives:

- Support host countries to ensure access to territory and asylum for all individuals in need of international protection and in compliance with the principle of non-refoulement and the civilian and humanitarian character of asylum.
- Support host countries to provide timely and life-saving protection and humanitarian assistance for all those fleeing Sudan, with a specific focus on the most vulnerable and those most at risk.
- Identify persons with specific protection needs and in vulnerable situations and provide specialized protection interventions and other services.
- Support neighbouring countries to ensure access to their territory for third country nationals and assist, in close coordination with embassies and consulates, third country nationals with immigration procedures and in contacting respective consular authorities to enable them to return home to their respective countries of origin.

6 *Situation Sudan situation (unhcr.org)*

7 *Global report on health equity for persons with disabilities (who.int)*

Regional Cross-Cutting Response Priorities

Accountability to Affected Populations (AAP)

Programming decisions and actions will respond to the expressed priorities, needs, capacities and views of all refugees, returnees and others involved in this plan. RRP partners will ensure that all persons we serve have equal and non-discriminatory access to protection, assistance and solutions. Refugees, returnees and host communities will be actively involved in the planning, implementation and monitoring of the response through the programme cycle.

Consulting with and integrating host communities in response planning and implementation can diminish social tension and address existing vulnerabilities. Operational interventions, priorities, and course corrections will be informed on an ongoing basis by the views of affected populations.

The response will also ensure that a range of inclusive, accessible and rapid channels of two-way communication using local languages, such as information desks and complaints and feedback mechanisms, that are child friendly, are reinforced at points of entry as well as at transit centres, around distributions, and at service provision points based on communication assessments and as applicable to the different country contexts. They will be used to inform new arrivals about procedures, structures, and processes that affect them, so that they are able to make informed decisions and choices. Other systems (including for confidential complaints), such as helplines, suggestion boxes, complaint boxes, SMS systems and social media platforms will also be strengthened.

Age, Gender and Diversity (AGD)

All interventions will be designed, implemented and monitored through rights-based, community-based and Age Gender Diversity (AGD) approaches. The RRP will ensure that refugee, returnee, third-country nationals, and host community needs are identified and addressed through an AGD lens in programming across sectors. Aligned with the commitment to AAP, elaborated above, partners will actively engage communities in planning, implementation, and evaluation of the response by consulting, listening to, and acting upon the voices and priorities of diverse women, girls, boys, and men, including the most marginalized and at-risk people among affected communities. RRP partners will aim to strengthen the monitoring of assistance using age, gender, and diversity disaggregated approaches to identify gaps in the response.

The AGD approach addresses vulnerabilities by using participatory methodologies to incorporate the capacities and priorities of women, men, girls and boys of diverse backgrounds into protection, assistance and solutions programming. It also encompasses the collection and analysis of data disaggregated by age, sex and disability, and diversity where contextually appropriate and possible, to inform programme design, monitoring and reporting and to ensure gender disparities are met.

Disability Inclusion

Individuals with disabilities make up an estimated 16 per cent of any population (WHO estimates), with higher numbers expected in situations of conflict-induced forced displacement

According to global estimates, the prevalence of disability is often higher among women. RRP partners will invest in evidence-based, multi-level strategies such as social and behavioral change, inclusive education and skills opportunities to promote policies that combat institutionalized stigma and discrimination against persons with disabilities. The disability status of refugees needs to be considered during registration; vulnerability sessions will be organized for partners on disability inclusion programming, aiming to bring meaningful interventions and create a disability-sensitive culture. Persons with disabilities, including children, face additional barriers that prevent them an equal access in the areas of WASH, Health & Nutrition, Protection, Social Protection and Education.They face higher levels of poverty on average, and they are likely to be among those who experience the worst effects of a crisis. Partners are working to break down these barriers and are ensuring a disability-inclusive approach in this response.

Close cooperation will also be sought with national and local organizations representing and working with persons with disabilities.

Older Persons

An estimated 4 per cent of forcibly displaced persons are older people. Older persons may face challenges due to limited mobility and low resources when fleeing from violence. They often lack documentation required to cross borders, lose family and community support, or acquire care responsibilities for children separated from their parents. RRP partners will consider specific assistance for age-related needs of older persons and targeted support to overcome barriers in accessing services and assistance through community-based and volunteer interventions.

Protection from Sexual Exploitation and Abuse (PSEA)

Risks of sexual exploitation and abuse (SEA) are particularly heightened in an emergency displacement situation due to multiple factors, such as the lack of awareness by refugees and migrants about their rights and entitlements in an unfamiliar environment, disruption of means of livelihood, family separation, breakdown of usual protective institutions and networks, and rapid and massive scale-up of recruitments and deployment of personnel from a wide array of organizations.

Protection from sexual exploitation and abuse (PSEA) is, therefore, an integral and cross-cutting component of the RRP and is mainstreamed across the response for refugees, returnees and third-country nationals from Sudan. Inter-agency PSEA Networks will coordinate collective efforts and action for prevention, risk mitigation and response to SEA among all partners involved in

the response. Community engagement and awareness raising on PSEA will be strengthened, using diverse channels that are adapted to the local context and accessible for women, men, girls and boys of diverse backgrounds. Systematic integration of key PSEA messages in information campaigns for new arrivals and multi-sectoral service delivery will be enhanced to ensure that affected communities are aware of their rights and entitlements, how to access services, what is SEA, and how to report any related concerns.

PSEA training and awareness-raising sessions will be enhanced and conducted with all personnel, contractors, community workers and volunteers, and others involved in the response. SEA risk assessments will be undertaken where they have not already been conducted to identify high-risk areas and inform measures to mitigate risks across multi-sectoral programmes. Through collaboration with AAP coordination structures, complaints and feedback mechanisms will be strengthened to ensure that they are accessible and can safely receive and refer any complaints related to SEA for follow up. PSEA networks will also ensure coordination with the GBV and Child Protection sub-sectors to ensure that victims of SEA have access to support through existing inter-agency GBV and child protection referral pathways, in line with a victim-centred approach.

Localization

Meaningful engagement of local organisations, including grass-root organisations, is critical in informing the response and in shaping efforts to find more predictable and inclusive solutions to the plight of refugees. They have often shown how they may be the first and most effective respondents in constrained situations. UN Agencies and NGOs among others, made a commitment at the World Humanitarian Summit (WHS) in May 2016 “to empower national and local humanitarian action”, and to work towards greater localization. The New York Declaration and the Global Compact on Refugees (GCR) both emphasize the importance of engaging directly with forcibly displaced persons. The Sudan Regional RRP includes national NGO partners, local refugee-led organizations (RLOs), women-led organizations (WLOs) and local faith-based organizations, demonstrating engagement of national NGOs and local actors in the response. Not only are many of them directly appealing partners in the Plan but some others are funded directly by appealing partners in the response. National and local actors, including RLOs and WLOs. Will be supported to identify, design and implement interventions that address the challenges refugees and returnees face. This will include strengthening their capacity on project management, accountability and transparency as needed. RRP partners will continue to engage a wide range of stakeholders, including regional and local governments, through a whole of-society approach.

Climate Action

RRP partners working on the refugee response will strengthen efforts to make their programming climate-smart and environmentally sound. Scaling-up of activities that protect both people and the environment, such as clean cooking and solar energy interventions, will take place in RRP

countries. In addition, partners will analyze climate and environmental risks, and will undertake mitigation measures relevant to the contex.

Partnership and Coordination

In line with the Global Compact on Refugees, UNHCR is facilitating support to the host governments who are playing a lead role in the response to the Sudan crisis, ensuring a multistakeholder approach and laying the groundwork for solutions from the start. The implementation of the Sudan Regional RRP will be done in line with the Refugee Coordination Model (RCM) in close collaboration with inter-agency partners and other stakeholders. Coordination mechanisms in some countries are being strengthened with the set-up of specific inter-agency refugee coordination fora that agree on response strategies, steer implementation of the response and ensure vulnerability information sharing with all partners. This enables RRP partners to work efficiently together to maximize the response, avoid duplications and better link up to existing longer-term coordination mechanisms to encourage development actors to be part of the response as soon as possible. It is also aiming at guiding joint advocacy initiatives and resource mobilization efforts in support of country-level response plans.

As the UN Agency mandated by the General Assembly to lead refugee responses, UNHCR is the reference point on refugee and refugee returnee data, facilitating and coordinating the provision of necessary data and information to support RRP partners' response planning. Close collaboration is maintained with IOM who coordinate the response to the needs of migrant returnees and third country nationals.

As outlined in the RCM, for the response to the Sudan emergency, together with government counterparts, UNHCR leads or co-leads refugee coordination structures that include refugee coordination fora and sectoral or cross-sectoral working groups at the country level in CAR, Chad, Egypt, Ethiopia and South Sudan on protection, child protection, gender-based violence, WASH, health & nutrition, shelter/NFI, food security and livelihoods and economic inclusion, humanitarian transportation, PSEA and others depending on the country context. Throughout the response, UNHCR will ensure that joint assessments, monitoring and reporting on progress and communication and information-sharing tools are put in place in coordination with the governments and RRP partners.

Recognizing the importance of the principle of leaving no one behind, UNHCR will closely coordinate with IOM in the response to migrant returnees and third country nationals in all countries involved in this Regional RRP. As such, IOM will lead the response to these populations in close collaboration with all other RRP partners.

Importantly also, the Offices of the UN Resident Humanitarian Coordinators work closely with RRP partners to enhance synergies and complementarities among UN Agencies as well as NGO partners and will work to ensure the best possible outcomes as outlined in this plan.

Stakeholders' participation in the inter-agency plans, Humanitarian Country Teams and other coordination mechanisms will be supported and reinforced with reports on achievements, experiences, challenges and lessons learned linked to the refugee response. The harmonization and coordination of different interventions is essential to maximize benefits for the people we work with. Through the framework of the RRP, UNHCR and partners will provide regular updates to donors and key stakeholders.

The Regional RRP is guided by the objectives of the

GCR to promote solutions and inclusion from the outset of the refugee emergency. Humanitarian, development and peacebuilding actors are starting to work together to strengthen engagement and complementarities in this refugee crisis. Effective coordination with development partners will help facilitate the search for solutions for the refugees and refugee returnees fleeing Sudan and foster self-reliance and socioeconomic inclusion of refugees and returnees by easing the pressure on host communities and supporting host governments in their response. Partners are exploring support from development actors in terms of development needs assessment; expansion of education and vocational training; health water and sanitation services; access to electricity; and capacity building for local governments and municipalities. Development partners can take advantage of their existing knowledge and experience working in these countries and potentially expand their support to existing programmes to include refugees and returnees, as well as to advocate for inclusion of refugees in national systems and services.

Financial Requirements

The RRP partner's appeal for 566.4 million USD for May to October 2023 has been revised upwards to **1 billion USD** to meet the multiple needs of the population projected to grow to **1.8M refugees, returnees and third country nationals** by the end of December 2023. The significant budget increases are in Chad and in South Sudan which would receive and support a total population of 1.2M of this 1.8M by December 2023. In Chad, the population is coming through 34 different entry points where emergency assistance has to be provided. In addition, six new camps are required to accommodate the refugees being relocated from the borders and so far, only three have been established. The cost of bringing assistance to the border and relocating people away from it is generally high and goes up considerably during the rainy season when road access may be cut and more movements by air are required.

In South Sudan, the original response plan specifically for returnees was only for three months till end the end of July 2023, whereas the rest of the RRP was for six months; the five month extension to the end of the year for the South Sudan response plan is a primary factor in the significant increase in financial requirements there.

In the initial RRP, it was estimated that assistance would only be required for 20% of new arrivals who are in conditions of vulnerability ; however, most new arrivals have specific vulnerabilities and need assistance, including transportation. The vast majority of new arrivals are entering through Renk and Joda crossing-points which are remote and require extensive logistical arrangements to relocate refugees and returnees to more habitable locations where services are available. UNHCR has had to set up a permanent presence in three new locations, Renk, Aweil and Abyei to be able to better respond to the increasing needs of a vulnerable population.

In Ethiopia, the main budget increase is for food assistance, and in Egypt the budget increase is to cover the scale-up of registration and cash assistance, including to meet the needs of the population during the winter season. The arrivals into CAR have been more limited; therefore, the projected population figures and the budget to secure services have not increased.

Regional budget summary per country (in million US dollars)

Central African Republic	Chad	Egypt	Ethiopia	South Sudan	Total
42.65	388.5	125.50	92.13	355.98	1004.76

Regional budget summary per country and sector

Sector	Central African Republic	Chad	Egypt	Ethiopia	South Sudan	Total
Protection	5,582,914	7,782,956	8,333,129	2,147,316	10,067,843	33,914,158
Child Protection	1,155,995	4,347,340	5,527,411	1,848,976	9,866,000	22,745,722
Gender Based Violence	1,354,210	1,653,588	8,494,924	3,033,850	5,742,803	20,279,374
Camp Coordination & Camp Mangement					21,782,869	21,782,869
Coordination & Common Services					13,174,843	13,174,843
Education	2,342,750	8,827,990	8,697,745	5,362,873	5,201,825	30,433,183
Emergency Support to Migrant Returnees and Third Country Nationals		50,025,000	11,260,000			61,285,000
Energy & Environment		1,118,000		547,750		1,665,750
Food Security	5,457,256	75,069,679	20,190,163	17,564,557	128,617,832	246,899,487
Health & Nutrition	3,467,428	35,336,938	23,358,363	12,312,982	40,017,755	114,493,466
Livelihoods, Resilience & Socio-Economic Inclusion	411,870	9,000,000	6,281,456	1,007,860		16,701,186
Logistics, Telecoms & Operational Support	13,332,051	37,393,162	1,194,306	8,678,650	9,540,000	70,138,169
Multipurpose Cash Assistance			21,626,005	3,000,000		24,626,005
Reception, Transit, Transportation				6,412,283	40,450,000	46,862,283
Shelter & Non-Food Items	6,100,000	125,461,711	4,840,943	18,393,416	46,270,595	201,066,665
Water, Sanitation & Hygiene	3,445,178	32,488,926	5,700,000	11,814,963	25,244,541	78,693,608
Grand Total	**42,649,652**	**388,505,290**	**125,504,445**	**92,125,478**	**355,976,906**	**1,004,761,770**

Humanitarian-Development-Peace Nexus

The Regional Refugee Response Plan is guided by the objectives of the Global Compact on Refugees (GCR) to promote solutions and inclusion from the outset of the refugee emergency. Humanitarian, development and peacebuilding actors should work hand-in-hand from the outset of this refugee crisis. Effective coordination with development partners facilitates the search for solutions for the refugees and refugee returnees fleeing Sudan and fosters self-reliance and socioeconomic inclusion of refugees by easing the pressure on host communities and supporting host governments in their response. Potential areas of support include development needs assessment; expansion of education, health water and sanitation services and vocational training; access to electricity; and capacity building for local governments and municipalities. Development partners can take advantage of their existing knowledge and experience working with those countries, potentially expanding their support to existing programmes to refugees.

Monitoring Plan

An interim monitoring framework has been developed for 2023 against which the RRP partners will report their progress and achievements. Common reporting tools, timeframes and assessments will also be agreed upon, and capacity-building support provided. This will contribute to establishing benchmarks to inform a more comprehensive monitoring framework for 2024.

Sector	Indicator
Protection	# of people registered on an individual basis
	# of people who received protection services
	# of people supported with emergency and transportation cash allowance
	# of people transported from border crossings to reception/transit centers and/or final destinations
Child Protection	# of identified unaccompanied and separated children
	# of children provided with child protection service
Gender-Based Violence	# of identified GBV survivors assisted with appropriate support (including dignity kits, life-saving services, psychosocial support, case management, referral)
Education	Proportion of children enrolled in primary education
	Proportion of children enrolled in secondary education
	# of children and youth engaged in formal and non-formal educational activities
Food Security	# of people receiving food assistance (in-kind/ CBI/hybrid)

	Health & Nutrition	Proportion of births attended by skilled health workers
		# of individuals received primary healthcare consultations
		Proportion of children [below 15 years] vaccinated against measles
		# of children below 5 years of age screened for malnutrition
		Under 5 Mortality Rate (U5MR)
	Water, Sanitation & Hygiene	# of people per communal toilet/latrine
		# of boreholes/wells constructed/drilled or rehabilitated
		Average # of litres of potable water available per person per day
	Shelters / NFIs & Settlements	# of people who have received shelter and housing assistance
		# of people who received non-food items
		# emergency shelters provided/maintained
	Livelihood & Economic Inclusion	# of people who received livelihood support (productive assets, training and/or cash or in-kind business support)
	Partnership	# of RRP partners able to deliver in the response.

COUNTRY OVERVIEW

CENTRAL AFRICAN REPUBLIC

Sudanese refugees have been relocated to Birao, 65 kilometers from the border. Fatma and her children fled the town of Nyala to find refuge in CAR. © UNHCR/ Josselin Brémaud

AT A GLANCE

CAR Planned Response

May – December 2023

15K
Sudanese Refugees

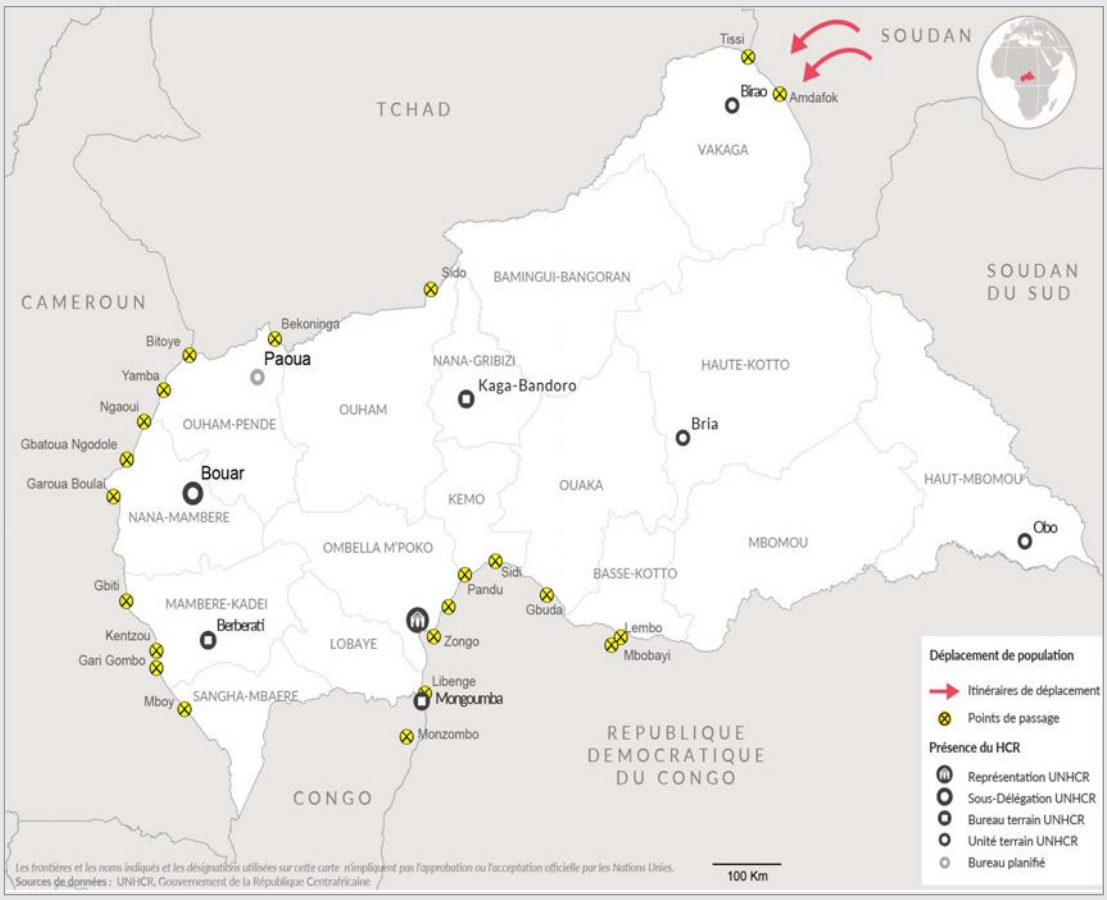
10K
CAR Refugee Returnees

500
CAR Migrant Returnees

500
Third Country Nationals

42.6 M
Total financial requirements

9
Partners



Country Overview

Part 1: Current Situation

At the time the clashes broke out, there were some 24,000 Central African refugees hosted in Sudan. Violence in Sudan has heavily affected South Darfur, which borders the remote northern region of the Central African Republic (CAR). **As of end August, 18,011 individuals had fled to CAR**, including 13,310 Sudanese refugees and 4,701 returning CAR refugees. As the unrest and violence in Sudan continues, RRP partners are preparing for the arrival of 26,000 individuals, including 15,000 Sudanese refugees, 10,000 CAR refugee returnees and 1,000 migrant returnees and third-country nationals.

Most asylum seekers from Sudan are women and children. They have arrived in dire conditions, often after witnessing and experiencing violence in their areas of origin as well as during their travel, with little or no assets and resources. Upon arrival, they have been sleeping under trees, with host families, or in makeshift shelters and schools in the border area of Am-Dafock. In the first phase of the response, UNHCR and partners provided protection and life-saving assistance at the border.

The border area of Am-Dafock is difficult to access due to poor road and security conditions, and the closest point of operation with humanitarian presence is 65 km away in the town of Birao. In coordination with national and local authorities, partners have worked on a relocation plan of new arrivals to a more suitable and safer location, designated by the Government near Birao. The new location is called Korsi ("Be welcome") and was chosen for its proximity to essential infrastructure (MINUSCA base, schools, hospital, local authorities).

By the start of the rainy season at the end of June, UNHCR and partners had relocated more than 800 people to the new location. As roads became inaccessible, the assisted and voluntary relocation had to be suspended, until the heavy rains subsided. Partners have deployed staff to Am-Dafock to conduct border and protection monitoring, to raise awareness of the challenges of remaining at the border and provide information on Korsi and available services. Self-relocations of refugees to Korsi continue on donkeys and motorbikes.

As of 21 August, 1,645 individuals have been relocated to Birao/Korsi, where biometric registration is continuing. Assistance is being provided in Korsi, where the construction of family and community shelters, gender-segregated latrines and showers is underway. A listening center was established and individual and community psychosocial support is being provided, particularly to women and girls who have experienced various forms of GBV in conflict-areas in Sudan or during flight. Awareness-raising sessions on gender-based violence (GBV), Protection from Sexual Exploitation and Abuse (PSEA), and child protection are also taking place, as well as the distribution of food and core relief items (CRIs).

A UNHCR office has been established in Birao to coordinate the response. Other partners have also strengthened their capacity to support the emergency response in various sectors of interventions.

Logistical challenges are significant, as Birao is located over 1,400 km from the capital, Bangui, and road transportation of humanitarian supplies can take as long as one month in the dry season

due to poor infrastructure and insecurity.

During the rainy season – which could last until October – Birao is essentially inaccessible by road. Partners will need to rely heavily on airlifts to continue to reach new arrivals and to ensure proximity to refugees and other affected communities, despite the high costs and limited resources available.

Population Planning Figures

Central African Republic	Estimated Population as of end December 2023
Populations to be assisted	
Sudanese Refugees	15,000
CAR Refugee Returnees	10,000
CAR Migrant Returnees	500
Third Country Nationals (TCNs)	500
Total	**26,000**

Protection Needs, Vulnerabilities and Risks

CAR has continued to keep its borders open to grant access to refugees from Sudan and will ensure that returnees access their rights. The Government of CAR signed a decree on 19 August granting prima facie refugee status to Sudanese nationals who have fled the violence in their country since April 2023. The security situation remains very complex in the border areas with the presence of armed groups, and new arrivals in Am-Dafock identified insecurity as their number one concern. Many new arrivals are women and children who have experienced violence and trauma and have been separated from their family members.

Given the fragile security situation at the border and the limited accessibility for humanitarian actors, it was necessary to relocate the refugees to the newly created refugee site of Korsi near Birao, where access to services and assistance is easier and safety conditions are better. The relocation began on 9 June, as the rainy season approached. It was preceded by sensitization and communication with the refugee and host communities about this exercise.

In early May 2023, an Inter-Agency Multi-Sectoral Rapid Assessment (MIRA), conducted in Birao and Am Dafock, identified food, shelter, core relief items, health services, water, and sanitation as the most urgent needs of the population.

As many refugees are women and children, priorities also include child protection interventions such as the identification of unaccompanied children or other children at risk, family tracing and reunification, Best Interest Procedures, psychosocial support ; life-saving services for GBV survivors and GBV risk mitigation in all humanitarian interventions – through

trainings and GBV mainstreaming for humanitarian actors active in Korsi – as well as other psychological support to individuals in distress.

Protection from Sexual Exploitation and Abuse mechanisms are in place based on the national guidelines and referral systems. An upcoming challenge could be the separation and care of ex-combatants, which needs to be addressed by government entities and all stakeholders, with clear procedures that guarantee access to asylum for those who need it, while maintaining a civilian and humanitarian character. Standard Operating Procedures (SOPs) to clarify roles of the government and partners are currently being developed.

Part 2: Emergency Response Strategy

In support of the Central African Government's efforts, RRP partners are providing a protection-centered response to the pressing needs of arriving Sudanese refugees and Central African refugee returnees and migrant returnees, within an extremely challenging operational and logistical context. Partners had to address short-term priorities in areas of first arrival along the border, while urgently preparing for the transition to the more sustainable relocation area in Korsi, Birao. RRP partners have therefore taken a two-pronged approach to the emergency response.

Phase 1:

Partners have worked with the Government, through the National Commission for Refugees (CNR), and supported the authorities to ensure access to territory and asylum, to provide protection and security, and to respond to the most urgent needs identified at entry points, including through registration and identification of individuals at heightened risk, food distribution, provision of emergency shelter and basic items such as mosquito nets and hygiene kits, drinking water, and health services. Protection activities included the establishment of life-saving services for GBV survivors, such as case management through listening centres[8] (centres d'écoute) and training of frontline workers and members of community structures on safe disclosure and referral of GBV survivors. UNHCR and protection partners have also worked on the identification of unaccompanied or separated children and persons at heightened risk, such as persons with disabilities or medical needs.

Phase 2:

From 9 June, **Sudanese refugees began to be relocated to the safer and more accessible areas** in Korsi, Birao, where the Government and RRP partners continue to register spontaneous new arrivals, provide protection services and multi-sectoral assistance. As of 21 August, 1,645 individuals have relocated to Korsi, Birao where biometric registration is continuing.

The relocation was voluntary and was preceded and accompanied by information, clear communication and consultations with arriving refugees and host communities. Compensation is being considered for refugees who are able to reach Birao from the border on their own.

As the area identified by the authorities for the settlement of refugees is part of the town of Birao, the local population will also be able to benefit from the refugee response interventions and investment in local services, including education, WASH and health services. Inclusion into and

8 *Centre d'écoute Mam Bi Si are the model used in CAR. See, UNHCR-CAR - TdB_MAMBISI_Octobre_V2 (2).pdf*

strengthening local services are among the priority actions to promote peaceful coexistence between refugees and Birao dwellers.

Strategic Objectives

- **SO1:** Support the Government of CAR to ensure continued and safe access to the territory and to asylum for people fleeing from Sudan, through the provision of protection services and multi-sectoral assistance at border points.
- **SO2:** Identify, including through registration procedures and community-based outreach, persons at risk and in vulnerable situations and provide targeted assistance and specialized protection services in refugee hosting locations and hosting communities.
- **SO3:** Continue to support the relocation of refugees away from border areas to the identified safe site or settlement suitable for hosting large numbers of refugees.
- **SO4:** Support the authorities in receiving and facilitating the reintegration of Central African nationals, including those who were refugees or migrants in Sudan and returned under 'adverse circumstances'. Provide consular and repatriation assistance to third-country nationals in coordination with relevant embassies and consulates.

Sectoral Responses

Protection

UNHCR and the CNR pre-register and register newly arrived refugees and provide them with identity documents. An initial registration of the new arrivals was carried out in Am-Dafock in cooperation with the authorities. In Korsi, UNHCR and the CNR have deployed additional capacity to continue the registration of refugees arriving in Birao by their own means.

As the Government of CAR has designated Korsi as a safe location and sustainable option to host new arrivals and improve their overall protection, a reception centre has been set up to assist new arrivals with plot allocation and shelter assistance. Protection services, including for women and children, are being scaled up in this area.

Protection monitoring, including at the border, is conducted in close coordination with local authorities. Protection monitoring has been established through the engagement of community-based outreach workers, who have been trained on safe and ethical information gathering from key community informants, selected with due consideration to age, gender, and diversity characteristics. Protection monitoring will enable evidence-based advocacy and informs appropriate programmatic responses.

UNHCR and partners will continue to advocate with the authorities to maintain the civilian and humanitarian character of asylum and will sensitise authorities and other humanitarian actors working in the area, as well as communities.

UNHCR will continue to advocate with authorities to ensure that refugees have safe access to the territory, that refoulement is prevented, and will invest resources so that new arrivals are individually registered to ensure better protection and to detect risk and specific vulnerabilities that can inform the delivery of life-saving assistance.

Partners will continue to work with and invest in communities and local solutions, promote accountability to affected populations, including through two-way communication and response and feedback mechanisms. The engagement with and support to local partners will be encouraged as much as possible, either in in delivering assistance and services and in mobilizing the capacity and agency of community-based structures.

Additionally, partners are working to ensure that existing refugee community representation structures are strengthened and contribute to the emergency response. Decision-making will include consultations with persons of different age, gender, and diverse characteristics to ensure that the needs of the various communities are understod and taken into consideration. Empowering communities in self-support will be promoted in various aspects of the response, including to support community members in vulnerable situations, through the dissemination of information on assistance and servies, and through the identification and referral of individuals at risk. The response will also entail a close cooperation with local grassroots organisations, including those led by youth and women, to strengthen social cohesion and resilience.

Sub-Sector: Child Protection

In collaboration with child protection actors, community-based child-friendly spaces have been created in Korsi to provide safe and protective environments to support the psychosocial wellbeing of refugee children. Protection activities are carried out and include the identification of children who are unaccompanied, separated or at heightened risk, as well as assessments and follow up actions to support their best interests. These also include family tracing and reunification, provision of appropriate family-based alternative care for unaccompanied children, and assessment and follow-up for separated children. Prevention of risk, including prevention of family separation are prioritized through community-based and family strengthening programmes. Staff from other sectors and community volunteers are trained in safeguarding, on safe identification and referral, and the capacity of service providers and national child protection actors are being strengthened.

Sub-Sector: Gender-based Violence (GBV)

During the first phase of the response, partners have trained frontline workers and members of community structures on safe and confidential disclosure and referral of GBV survivors, provided dignity kits, and engaged refugees in initial prevention activities.

Life-saving services for survivors have been set up and strengthened to respond to GBV and GBV risk mitigation plans have been promoted in all humanitarian interventions, in support of other sectors. Partners will continue to invest in the prevention, mitigation and response to GBV,

ensuring that survivors have access to quality case management services and essential services such as safety and health. GBV "listening centres" and safe spaces for women and girls have been established in refugee sites to provide initial care to survivors and psychosocial support, according the Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programing and the Mam Bi Si[9] approach, developed in the local sicoal and cultural context.

Education

Ensuring a rapid return to learning for newly arrived refugees and returnees is a priority for the Education Sector. Education partners are working with the national authorities to support access to a protective, inclusive, and quality education for those displaced from Sudan, as well as children from local communities. Where appropriate, education partners will support the expansion of existing school facilities to accommodate additional students. During the expansion of existing school facilities, temporary solutions will be sought to ensure a rapid return to learning for all refugee and returnee children. Additional support will be provided to children who do not speak the language of instruction to enable them to acquire communication and literacy skills.

Community sensitization campaigns on the importance of education and a rapid result to learning will be conducted. Special attention will be paid to ensuring that schools are safe and welcoming environments, and that girls' and adolescents' needs are considered. Education partners will work closely with Child Protection, PSEA and GBV sub-sectors in promoting safe access to schools

.

Food Security

During the first phase of the response, newly arrived asylum seekers were in dire need of food assistance. Partners drew on existing prepositioned stocks in Birao in anticipation of the rainy season and the resulting inoperability of the roads. This enabled them to provide a one-off monthly food distribution to the influx from Sudan upon their arrival at Am-Dafock, on the border with South Darfur.

Upon their arrival in Korsi, asylum seekers are given hot meals, immediately followed by 30-day food rations once they are allocated to their family settlement. The rainy season, which began in mid-June, has made roads impassable and food commodities prices in Birao and the surrounding area have skyrocketed as supply lines from South Darfur have been disrupted.

Safeguards have been put in place by partners to ensure that distribution is safe for women and girls, accessible for persons with disabilities or other specific characteristics, and child protection, SEA and GBV risks are mitigated.

9 *"Ma Mbi Si" means "Listen to me too" in Sango and is the name that displaced women and host communities have chosen for this service. At the center of Ma Mbi Si is active listening, the first step in helping GBV survivors rebuild their lives and their resilience.*

Health and Nutrition

As part of the immediate response, partners have supported the local health centres in Am-Dafock, and donated medicines and emergency health kits. These efforts in Am-Dafock continue to serve the general population and asylum seekers who are still hosted by the community in Am-Dafock.

Following the relocation of refugees, partners have strengthened the existing health structures, including through additional medical staff, medicines and health kits, and facilitated access to primary health services as needed. Clinics have been set up to provide medical consultations, psychosocial support, and nutrition screening. Malnourished and high-risk children under-five, as well as pregnant and lactating women, are being treated in local health facilities. Health services are available for survivors of GBV, including sexual violence, and a safe disclosure and referral system is in place among health practitioners.

Livelihoods and Economic Inclusion (LEI)

The possibility for asylum seekers to access farmland or other economic activities has been explored. In particular for refugees, access to land has been negotiated with local authorities, traditional leaders and communities. Partners will continue to focus on inclusion and reintegration by closely working with local organizations who already know the communities. Central Africans returnees will benefit from reintegration packages similar to those in place in the rest of the country.

Shelter / NFIs and Settlements

For the immediate response in Am-Dafock, partners provided plastic sheeting, mosquito nets and other basic items to the new refugee arrivals that were most in need.

To ensure safety and improve humanitarian access, refugees and Central African returnees have been offered the possibility to be relocated to Birao. Refugees are housed in shelters that make use of local knowledge and materials, and investments are made in structures that benefit local development.

Partners support and strengthen community-based leadership structures and work to ensure that refugees and returnees are empowered to actively participate in proposed shelter solutions.

Measures to ensure the safety of women and children, particularly girls, and to mitigate the risk of gender-based violence are also being established in Korsi. These measures include gender-sensitive communal shelters, and adequate lighting, including access to individual lamps where possible.

Partners provide in-kind support and technical expertise to facilitate access to covered living spaces during the relocation process of Central African returnees in Birao and to contribute to the longer-term recovery of returnee populations who fled the conflict and are willing to return to their places of origin.

Water, Sanitation and Hygiene (WASH)

As part of the immediate response, WASH partners provided assistance to improve access to water in Am Dafock; two 15,000-litre water bladders were set up and jerry cans distributed to those most in need among the new arrivals and returnees. Initial inter-agency airlifts also included WASH supplies to improve access in arrival areas.

To ensure sustainable access to drinking water for refugees after relocation, WASH partners have conducted water trucking in the first weeks (30,000 liters available daily). Construction of wells and boreholes, and installation of storage tanks, fountains, solar stations, and distribution pipes are ongoing. Gender-sensitive communal toilets and bathing facilities are being constructed. Community participation will be supported through the establishment of water committees to ensure water point management initiatives including maintenance and quality monitoring.

Handwashing stations have also been installed, and hygiene kits containing menstrual hygiene products have been distributed to new arrivals to ensure dignity, promote good hygiene practice, and reduce the risk of disease. WASH facilities are built in a location close to shelters and lighting around toilets will be available to mitigate risks of gender-based violence.

Logistics, Telecoms and Operational Support

To facilitate the response, UNHCR is still in the process of setting up a new office in Birao, to ensure coordination of assistance and monitoring.

Under the overall coordination of the UNHCR-led Refugee Emergency Telecommunications Sector (RETS), internet connectivity, security telecommunications and other technologies services have been set up and will be provided in common operational areas/sites as humanitarian needs and operations require.

The logistical support from Birao also allows for transportation of core relief items, particularly by air and by road. The response relies on airlifts to preposition items in Birao, and transportation expenses are high. Truck transport across the 2,000km from Bangui to Birao can take up to a month in the dry season, and two to three months in the rainy season, which runs from May to October. In addition, Sudan used to be a major supply route for this area of CAR, and the closure of this trade route has limited the procurement options for the humanitarian response.

Use of Cash-Based Interventions (CBI)

The possibility to provide cash-based assistance (CBI) or vouchers as the main method of assistance will be explored; however, as the Birao area is highly dependent on trade with Sudan, and imports of goods have been severely disrupted by the Sudanese crisis, there is very little quantity and variety of goods available on the local market.

Cash is used to a limited extent for refugee communities elsewhere in CAR for education, and as part of returnees' reintegration grants. Cash assistance could be used to facilitate the purchase of local building material, which could spur the local market and ensure some sustainability and choice.

Assistance for Third Country Nationals

IOM in close coordination with embassies and consulates, will offer the most vulnerable third country nationals the possibility to return to their countries of origin. This will entail the provision of different services such as the identification of immediate needs (hygiene kits, medical assistance, NFIs, clothes); onward transport in country and to their countries of origin; transit assistance; accommodation (on a needs-basis), food assistance, hygiene and dignity kits, medical stabilization and treatment, and where necessary IOM escorts and international movement assistance.

IOM will work closely with UNHCR and other partners to ensure third country nationals with special protection needs receive tailored assistance, including vulnerable cases such as Victims of Trafficking (VoTs), GBV survivors, unaccompanied or separated children, older persons, persons with disabilities, and persons with severe medical conditions.

Cross-cutting Priorities

- **Accountability to Affected People (AAP)**
- **Age, Gender and Diversity (AGD)**
  - Disability Inclusion
  - Older Persons
- **Protection from Sexual Exploitation and Abuse (PSEA)**
- **Localization**
- **Climate Action**

Read more in the Regional Overview pp.11 to 14.

Partnership and Coordination Arrangements

In line with the Refugee Coordination Model, UNHCR supports the Government to lead and coordinate the response. From the onset of the crisis, UNHCR and the CNR held coordination meetings in Bangui on the Sudan situation with humanitarian partners. For wider coordination beyond the RRP, UNHCR and CNR are leading a Refugee Response Working Group with over 27 partners, including UN Agencies, and international/national NGOs.

In Birao, where a humanitarian coordination mechanism existed prior to the Sudan crisis, UNHCR and the CNR are leading the refugee response in collaboration with the actors that are already active in the area. The response to refugee arrivals from Sudan is an opportunity for UNHCR and partners to develop partnerships with local actors, including women-led organizations,who know the area well, speak the local languages, and understand the dynamics of the local communities.

Given the presence of IDPs and the wider humanitarian needs in the Vakaga area, the refugee response will be conducted in close coordination with OCHA and partners, in line with the "OCHA-UNHCR Joint Note on Mixed Situations". While UNHCR maintains the strategic leadership and accountability for the refugee response, this approach maximizes complementarity and efficiency of coordination and delivery and avoids duplication. UNHCR also ensures close coordination with IOM in country, as IOM leads the response to migrant returnees and TCNs. The IOM-UNHCR Framework of Engagement: Serving and Protecting Together, provides further guidance on refugee and migrant movements.

9
Partners

7
UN Agencies

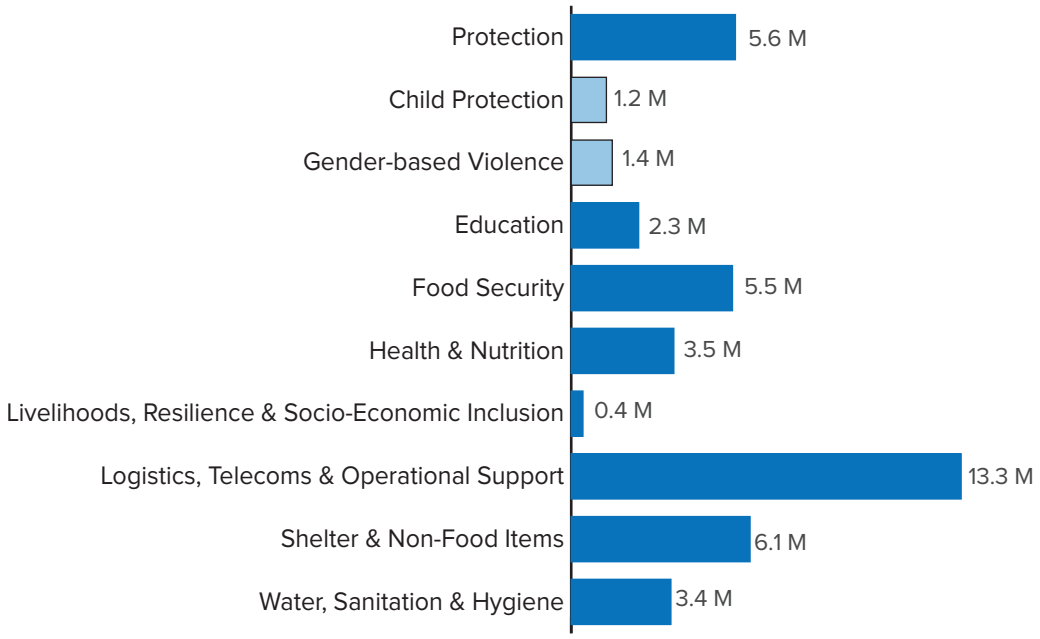
2
International NGOs

Inter-Agency Financial Requirements

Total Financial Requirements
In USD

$42.6 M

Budget summary by sector
in Million USD



Annex 1

List of RRP Partners and Budget breakdown by RRP Partner in Central African Republic

Partner	Acronym / Short Title	Type	Requirements in US$
INGOs			**1,537,446**
International Medical Corps		INGO	600,000
Plan Ireland		INGO	437,446
TRIANGLE		INGO	500,000
UN Agencies			**41,112,206**
International Organization for Migration		UN	2,100,000
United Nations Children's Fund		UN	6,257,311
United Nations High Commissioner for Refugees		UN	16,182,914
United Nations Population Fund		UN	1,836,291
World Food Programme		UN	14,535,690
World Health Organization		UN	200,000
TOTAL $			**42,649,652**

COUNTRY OVERVIEW

CHAD

Relief items kits are distributed to newly arrived Sudanese refugees at the Madjigilta site in Chad's Ouaddaï region, on the border with Sudan. The kits include a plastic bucket, soap and a jerry can. © UNHCR/Colin Delfosse

AT A GLANCE

Chad Planned Response

May – December 2023 - Revised August 2023

514.5 K
Sudanese Refugees

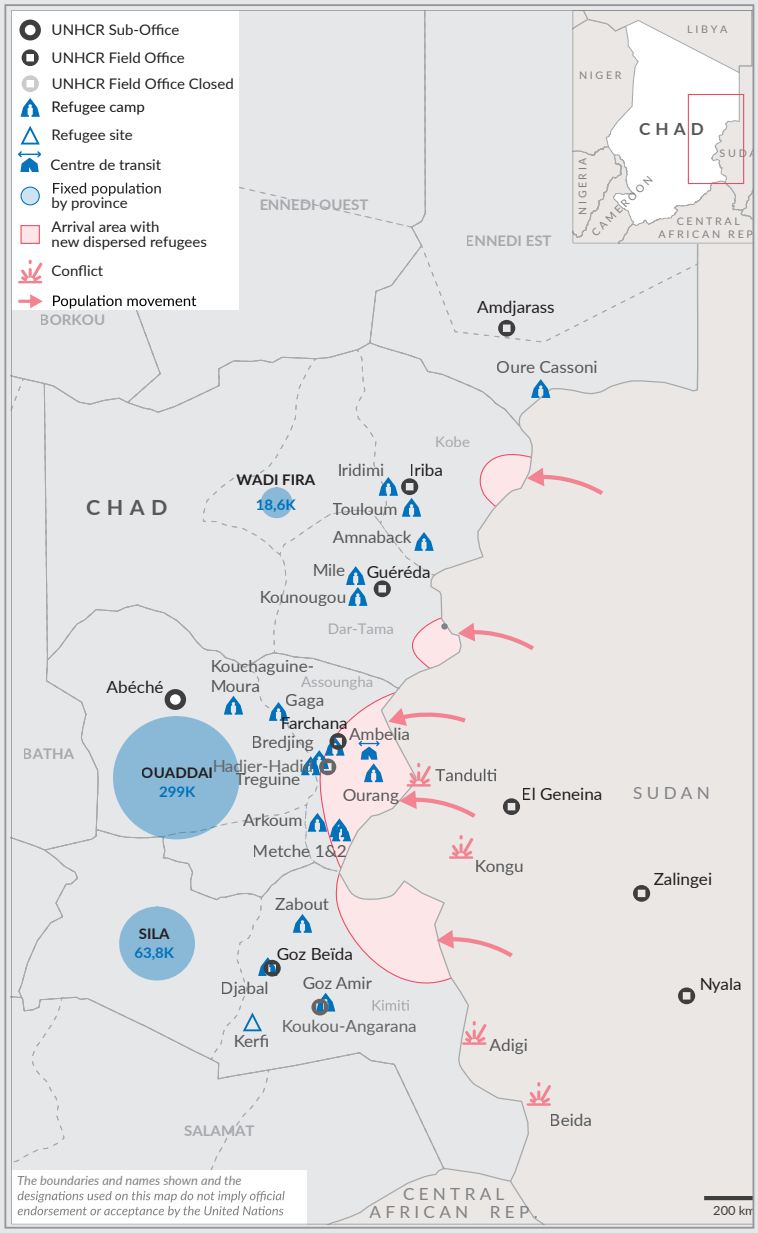
5 K
Chadian Refugee Returnees

80 K
Chadian Migrant Returnees

500
Third Country Nationals

388.5 M
Total financial requirements

21
Partners



Country Overview

Part 1: Current Situation

Since the start of the Sudan crisis, UNHCR and the Government of Chad have counted **382,320 newly arrived Sudanese refugees** in eastern Chad as of end August. IOM also reports an additional estimated estimated **61,764**[10] **migrant returnees** who have arrived in Chad. Despite intermittent ceasefires, there are still reports of severe fighting in the Darfur region bordering Chad, and the security situation has deteriorated. While the Chad-Sudan border is officially closed, Chad has continued to welcome Sudanese refugees from Darfur on a daily basis, with a sharp increase observed in June following a surge in violence in Darfur, including the assasination of the Governor of West Darfur. Given the prevailing instability, persistent armed violence, and inter-communal clashes in Sudan, the government and RRP partners now anticipate that up to 514,500 refugees, 5,000 Chadian refugee returnees, and 80,500 Chadian migrant returnees and third-country nationals could arrive in Chad by the end of 2023.

Efforts are underway to relocate refugees from spontaneous sites in insecure border areas to existing and newly established camps. As of 18 August 2023, the government and partners have already relocated 139,112 refugees to camps. However, with the onset of heavy rains, which will increase access challenges, and continued refugee arrivals, partners may not be able to relocate all refugees during the rainy season. Therefore, authorities and RRP partners are taking a two-pronged approach to address refugees' most pressing needs:

i. Provision of urgent emergency assistance at the border and relocation to camps: The emergency response will prioritize addressing the most immediate life-saving needs of refugees at the border, and as many refugees as possible will be urgently relocated from spontaneous sites along the border to camps with safer and more secure living conditions with access to essential humanitarian assistance. To accommodate new arrivals, UNHCR and RRP partners are scaling up capacity in existing camps and establishing up to six new camps (four are already completed or underway), and a transit centre with basic facilities, infrastructure and services, including protection, healthcare, food, water, hygiene and sanitation, shelter and education.

ii. Maintaining life-saving humanitarian assistance at the border: With heavy rains likely to cut off access to most border villages and roads serving a large proportion of the refugee camps in the eastern provinces, and with the likelihood that a significant proportion of the refugee and returnee population will remain in border areas in dire need of assistance, RRP partners are scaling up essential services in host villages, including water, sanitation and health, and pre-positioning humanitarian aid in strategic border areas. This is to ensure that protection and assistance can continue to reach those who cannot be relocated in time, including those who are likely to arrive during the rainy season.

UNHCR and RRP partners will also provide life-saving assistance and protection services to refugees and returnees in urban settings and progressively develop a dedicated urban programme to address their multi-sectoral needs.

10 IOM DTM

New refugees and returnees arriving in Chad need shelter, clean water, food, necessities such as mattresses, soap, cooking utensils, and toilets, and primary health and protection services, including pre-registration and identification of unaccompanied and separated children. Given the traumatic experiences of conflict and flight, UNHCR and RRP partners are also prioritizing first aid and psychosocial support.

Refugees are arriving in an area already hosting 407,000 Sudanese refugees in a protracted situation, following successive influxes over the past 20 years. In this region, where natural resources are scarce and infrastructure, essential services, and livelihoods activities are limited, the most vulnerable host, refugee and returnee families face incredible hardship. The host populations in 34 Chadian villages along the border have been the first to generously welcome and assist the new arrivals, by sharing their limited resources, but their resilience is rapidly diminishing.

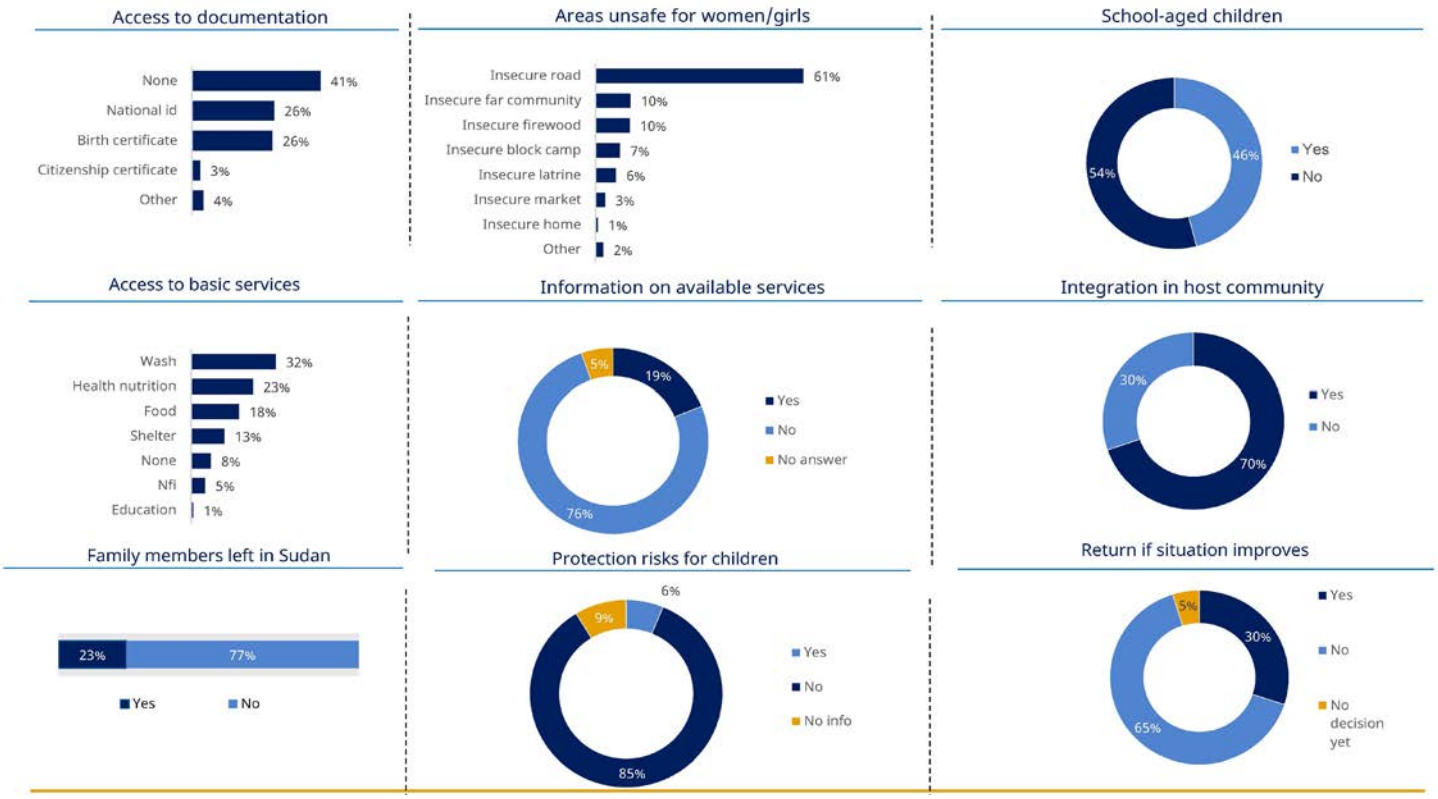
In recent years, most vulnerable host and refugee families have been severely impacted by the combined effects of the COVID-19 pandemic, poor harvests, and the rising prices of necessities, including food and fuel, resulting from the global supply chain disruptions caused by the war in Ukraine. The devastating floods of 2022 destroyed homes, damaged acres of farmland, washed away crops and pushed families further into poverty, hunger, and malnutrition, with refugee families the hardest hit. According to the latest surveys and monitoring reports, some 60 per cent of refugees living in a protracted situation in the east of the country, face food insecurity. Global acute malnutrition affects 19 per cent of Sudanese refugee children under five. Before the new influx of arrivals, health partners were already reporting a 65 per cent increase in admissions to acute malnutrition treatment programmes in eastern refugee sites. At an increasing rate, families are resorting to harmful coping strategies to survive. These include selling household assets, reducing the quantity and nutritional value of meals, begging, resorting to survival sex, borrowing from traders, and withdrawing children from school to support income-generating activities for the family.

In this context, the planning figures of up to 514,500 refugees arriving by the end of 2023 – a 126.5 per cent increase over the pre-existing Sudanese refugee population in Chad – risks increasing the pressure on already overstretched services, exacerbating competition for scarce resources and fuelling tensions between communities. The conflict has severely disrupted the supply chain between Sudan and Chad, worsening living conditions for the most vulnerable communities. The World Food Programme (WFP) has reported exponential increases in basic food and fuel prices in the east of the country, with the cost of sorghum more than doubling since the start of the conflict.

Partners are counting on the international community's continued generosity to mobilize the emergency funds needed to protect and save lives, and reduce the immediate burden on the hosting communities, thus mitigating risks of social and communal tensions and fostering peaceful coexistence. However, a purely humanitarian response will not be able to address the complexity and scale of this crisis, with its multiple repercussions. Development actors' engagement with authorities and humanitarian partners will be crucial to ensure adequate investment in national services and infrastructure. For example, the construction of roads, schools, health facilities, and expansion of power grid and water supply networks, plus livelihoods support to accommodate increased needs and improve the overall socio-economic situation of refugee-hosting areas in eastern Chad.

Hundreds of newly arrived Sudanese refugees wait for food distribution, Koufrune site, Ouaddai region, in Chad. New arrivals fled violence and insecurity in Sudan. © UNHCR / Colin Delfosse

PROTECTION MONITORING RESULTS (as of 21 August)



Population Planning Figures

Chad	Estimated Population as of end December 2023
Populations to be assisted	
Sudanese Refugees	514,500
Chadian Refugee Returnees	5,000
Chadian Migrant Returnees	80,000
Third Country Nationals (TCNs)	500
Total	**600,000**

Protection Needs, Vulnerabilities and Risks

As of end August, 382, 230 new refugees, mostly women and children, have arrived in eastern Chad.

As of 21 August 2023, a UNHCR-led protection monitoring initiative in the refugee-hosting areas of eastern Chad ("Project 21") has collected data from 5,021 newly arrived households located in 16 villages in the provinces of Ouaddaï, Wadi-Fira and Sila. Ninety-two per cent reported that they had not encountered any difficulties in accessing the country of asylum. Fifteen per cent reported that they had been victims of physical aggression on the Sudanese side during their displacement to Chad.Twenty-three per cent of the households interviewed said that family members had remained in Sudan and would travel to Chad as soon as the situation allowed. Ninety per cent of households have children who attended school in Sudan.

In terms of documentation, 41 per cent of households reported having no documents, 33 per cent had identity cards or other forms of identification, and 26 per cent had birth certificates. Sixty-one per cent of households reported feeling unsafe on the streets because of the risk of gender-based violence (GBV). Sixty-five per cent of households say that they do not intend to return to Sudan even if the situation improves in the coming months, and 70 per cent say that they feel integrated into the host community thanks to good co-existence with the host community.

Interviewees who do not yet feel integrated cite possible tensions over access to resources (30 per cent) and the risk of intercommunal tensions spilling over from Sudan into Chad (54 per cent).

The main concerns of the newly settled refugee communities are peaceful coexistence, the risk of tensions with former refugees from the camp, and the host communities due to the pressure that their arrival puts on already scarce resources and overstretched infrastructures and services. Identified child protection risks include family separation, as many men and youth have remained in Sudan, dropping out of school, and the risk of physical violence.

If relocation of refugees from spontaneous sites, including Adré, the main gathering area for newly arrived refugees, is not carried out promptly with the onset of the rainy season, there will be significant risks to food security and the spread of epidemics. The arrival of Sudanese refugees into eastern Chad may exacerbate already challenging living conditions, leading to food shortages, malnutrition, and inadequate access to clean water and sanitation facilities. Overcrowded and unhygienic living conditions can facilitate the rapid transmission of infectious diseases, posing a significant threat to the health and well-being of the forcibly displaced population. Urgent action is needed to mitigate these potential crises to ensure the well-being of those affected.

Part 2: Emergency Response Strategy

RRP partners are leading a protection-centred emergency response for new arrivals from Sudan using a two-phased approach by first prioritizing the most pressing needs in areas of first arrival and then relocating new arrivals to new or existing camps. A programme for urban refugees is also being developed.

Phase 1:

Provide an immediate response to the most urgent needs of the newly arrived refugees and returnees identified at the border through an inter-agency emergency response coordinated by the Commission for National Reception and Reintegration of Refugees (CNARR) and UNHCR, with the support of RRP partners. The emergency response includes protection interventions such as physical count, identification of persons with urgent specific needs through pre-registration activities by mobile teams, and protection monitoring at the border and in spontaneous sites. The response also prioritizes identification of and assistance to those who have witnessed atrocities and survivors of violence, including GBV and other human rights violations. Assistance at the border also includes food distribution, screening and treatment for malnutrition, emergency water supply, borehole construction and emergency community latrines, mobile health clinics and vaccinations. As heavy rains can severely limit access during the rainy season, measures are in place to strengthen services in temporary hosting villages for refugees who cannot be relocated, including pre-positioning food and non-food items. In addition, partners will provide appropriate assistance to newly arrived urban refugees, including those with socio-professional profiles, such as doctors, humanitarian workers, civil servants, and other self-employed workers.

Phase 2:

Relocate refugees and other arriving populations from insecure border areas and provide essential humanitarian services. Partners are supporting the voluntary relocation of refugees to existing and newly established camps, where efforts are led to expand infrastructures and scale up services to provide refugees with protection services and assistance through a multi-sectoral response. Community-based structures are at the heart of the response. UNHCR and the Government have identified new sites to establish new camps to relocate new arrivals and urgently decongest some spontaneous sites at the border. In addition, RRP partners will relocate some new arrivals with specific protection risks to urban areas where they will receive multi-sectoral assistance. UNHCR and the International Committee of the Red Cross (ICRC) also lead efforts to preserve the civil and humanitarian character of the sites, including through training and awareness raising activities.

Strategic Objectives

- **SO1:** Support the Government of Chad to ensure access to the territory for people fleeing violence in Sudan and maintain the civilian character of asylum.
- **SO2:** Ensure registration of new refugee and migrant arrivals and adequate identification of persons with specific needs.

- **SO3:** Provide protection and multi-sectoral assistance to all new arrivals, including those arriving in urban areas, and support the inclusion of forcibly displaced people in national services and community-based structures.
- **SO4:** Relocate refugees to existing camps and establish new camps at the request of the Government

Role of the Government

Through the Refugee Response Plan (RRP) framework, UNHCR and its partners collaborate to support the hosting national and local authorities, who yet again have welcomed refugees and are leading efforts to address the needs of all those who have crossed the border in search of safety. At the national level, the UNHCR Representative, the Resident Coordinator/Humanitarian Coordinator (RC/HC) and the Ministry of Territorial Administration lead this coordination and support. The RC/HC coordinates with the Ministry of Planning, senior officials, partners, and donors. In Chad, the inter-agency emergency response takes place under the aegis of the Commission for National Reception and Reintegration of Refugees (CNARR), in close collaboration and coordination with the Ministry for Economic Prospect and International Partnerships, the Ministry of Territorial Administration, Decentralization and Good Governance, and the Ministry for Public Security and Immigration.

Sectoral Responses

Protection

UNHCR and CNARR continue to pre-register new arrivals at the border areas. Individual registration with biometrics has begun in Gaga, Farchana and Abéché camps. As of 18 August, 16,457 individuals (5,074 households) have been registered. Biometric registration in under way in other camps. UNHCR and CNARR are working closely with other government entities, including the Security and Defence Forces and partners, to preserve the civilian and humanitarian character of asylum and sites through a specific screening conducted by the authorities.

In coordination with the authorities, UNHCR and partners are providing a range of protection services. These include pre-registration, registration and identification of individuals with specific protection needs; issuance of documentation, including birth certificates issued by the mandated authority (Agence Nationale de Titres Sécurisés (ANATS); gender-based violence mitigation and response services; child protection interventions, including family tracing, best interest procedures and foster care arrangements; sensitization on peaceful coexistence; two-way communication with communities and information on existing protection services.

UNHCR and partners conduct protection monitoring at the border, in refugee-hosting sites and camps using the regional inter-agency harmonized Protection Monitoring tool, Project 21. The data collected helps to identify protection risks and needs, inform responses, facilitate referral pathways, and enhance targeted advocacy. Partners have also identified protection focal points among the newly arrived refugees to support the ongoing relocation program, including

by identifying persons with specific needs, conducting awareness-raising activities on relocation modalities, and leading sensitization on protection risks and available protection services.

CNARR and UNHCR have identified some 10,000 new Sudanese refugees from Darfur and Khartoum in major urban centres such as N'Djamena and Abéché. This population includes individuals facing heightened protection risks, such as women in charge of households and older persons. Some people are traumatized by their experiences in Sudan and require multi-sectoral assistance and specialized protection services.

RRP partners will also support the coordination and monitoring of the response to improve data collection and analysis to strengthen evidence-based planning and advocacy.

Sub-Sector: Child Protection

RRP partners work in line with child protection principles to provide a holistic set of activities for preventive actions and responses in the best interest of the child and to address multiple child protection risks. Child protection partners will establish Best-interest Procedure for at-risk children. Partners will also enhance the capacity of child protection staff to handle child protection cases.

In the camps, partners will establish 20 child-friendly spaces and 50 equipped early childhood centres in close collaboration with community child protection structures to ensure children have a safe space to play, learn, and develop. Partners will also increase the number of facilitators for child-friendly spaces and early childhood centres, social workers, and supervisors and train them to safely identify and refer at-risk children to specialized child protection services. Family-based alternative care arrangements for unaccompanied and strengthening existing care for separated children and other at-risk children will be sought, including a foster care system in which parents and families will benefit from support and parental education sessions.

Child protection actors will focus their efforts on preventing, mitigating and monitoring violations against children through establishing and strengthening community-based child protection mechanisms. Social workers will also conduct capacity building on child protection in emergencies to improve the quality of services. Security forces will receive training on children's rights and protection principles. Emphasis will also be placed on the protection of children affected by armed conflict through psychosocial support and healthcare, family tracing and reunification, and the reintegration of children associated with armed groups before their forced displacement.

Sub-Sector: Gender-based Violence (GBV)

Ongoing protection monitoring activities (Project 21) have shown that women and girls do not feel safe in many areas and away from their community, because of the risk of exposure to GBV. RRP partners undertake a range of activities to prevent, respond to and mitigate the risks of GBV, including awareness -raising at the border and the identification of safe shelters for GBV survivors,

establishing or strengthening referral pathways, awareness-raising, and providing health, psychological support, and legal services in the camps.

In addition, the coordination mechanism has been strengthened by revamping the GBV and Protection from Sexual Exploitation and Abuse (PSEA) coordination meetings.

To have a holistic and coherent response to GBV cases, RRP partners have utilized a range of services adapted to the needs of survivors through five key sectors: legal, medical, psychosocial, security and socio-economic services. Furthermore, GBV partners continue to conduct mass awareness sessions on available services, fraud prevention, and PSEA for refugees and humanitarian actors.

Education

An estimated 55 per cent of the new arrivals are school-age children, of whom 29 per cent are pre-primary school age, 43 per cent are primary school age, and 28 per cent are of secondary school age. Urgent joint support to the authorities is needed to address the educational needs of school-age children by expanding existing schools and creating new ones through the construction of additional classrooms and other educational facilities, as well as through the recruitment and training of teachers to support access to education for both refugees and host communities.

RRP partners plan to construct 600 classrooms (200 durable materials and 400 temporary learning spaces - TLSs) with 60 administrative blocks and recruit and train 700 new teachers in the camps to enable refugee children to continue their education. RRP partners will also support children by providing 160,000 school kits and 5,000 educational kits. To ensure that the concerned 160,000 children, including 55% of girls, continue to have access to education, partners will work closely with Child Protection, GBV and WASH partners as well as the PSEA network to mitigate child protection, GBV and SEA risks, provide school-based mental health and psychosocial support (MHPSS) services, and reduce school dropouts.

Education partners will train teachers on how to safely identify and refer children at risk to appropriate services on child protection and GBV referral pathways to ensure children's physical safety in schools and on their way to school. Teachers will receive dedidacted training on PSEA by the UNHCR led PSEA Network. Partners will also support menstrual health and hygiene activities to support girls to continue their education. Community engagement will play a key role in education activities through reinforcement of parent associations at school, involving community leaders in the camps to mobilize families to enrol their children in school.

Food Security

Partners will ensure that new arrivals receive hot meals during the relocation process from the border to the camps for a maximum of 10 days. In addition, new refugees and host communities will receive food assistance. This food assistance will be coupled with nutritional assistance to prevent acute malnutrition in children under two and pregnant or breastfeeding women. The prevailing conditions and analysis of market functionality will determine the specific modality used for food

assistance. When implementing cash transfers, partners will also conduct a risk analysis to minimize adverse impacts and ensure compliance with the "Do No Harm" principle.

Health and Nutrition

RRP partners plan to construct six health centres in the new camps, upgrade eight health centres, recruit 550 health workers and provide essential drugs for primary healthcare. Health facilities will provide refugees, Chadian migrant returnees and host populations with nutrition, mental health, sexual and reproductive healthcare. Malnourished children under five, and pregnant or lactating women will receive treatment.

The Health Sector will strengthen the implementation of the Minimum Initial Service Package (MISP) for sexual and reproductive health services, including for pregnant women, pregnancy-related complications and family planning. Partners will also provide integrated services for survivors of GBV. RRP partners will distribute inter-agency emergency reproductive health kits and menstrual hygiene kits. Capacity building or refresher training will be provided to health workers on the integrated management of childhood illnesses and to midwives on Basic/ Comprehensive Emergency Obstetric and Newborn Care.

RRP partners will provide treatment assistance to children under five suffering from severe acute malnutrition and children under five and pregnant or lactating women suffering from moderate acute malnutrition.

Health centres or mobile clinics will provide treatment assistance, awareness sessions on social and behavioural change, infant and young child feeding (IYCF), and regular screening exercises. Health delegations will receive capacity building or strengthening on the management of malnutrition. Additionally, RRP partners will upgrade three district hospitals to provide comprehensive emergency obstetric care.

Livelihoods and Economic Inclusion (LEI)

RRP partners will focus on ensuring the self-reliance of refugees and host communities at the onset of the emergency to mitigate protection risks, preserve livelihoods and avoid worsening their economic situation. The main activities will focus on agriculture, livestock, and market gardening through the distribution of agricultural kits (including access to land, seeds, tools, small ruminants, and poultry) and non-agricultural income-generating activities. This support will be accompanied by specific training, such as innovative agricultural techniques or village savings and loan associations. RRP partners will work closely on the economic inclusion of forcibly displaced persons through enhanced strategic partnerships with development actors.

Shelter / NFIs and Settlements

The Shelter/CRI and Settlements partners aim to ensure that every refugee household has access to protection-sensitive and culturally appropriate Shelter and CRI solutions that offer privacy, security, reduced exposure to hazards, and space to store goods and food with dignity. In support of CNARR, partners will strengthen services and infrastructure in the existing and new camps. As of 25 August partners have already built 28,300 family shelters. About 100,000 more will be needed to accommodate up to 514,500 new arrivals. RRP partners will continue to maintain communal shelters and construct new ones, if needed, in transit centres, taking into consideration gender-sensitive approaches. To ensure the well-being of the occupants, the shelters built will be structurally safe, made from materials resistant to rapid deterioration and located on sites protected from natural disasters and other shocks.

The shelter construction approach will focus on community participation and technical capacity building to allow refugees and returnees to maintain their own shelters for as long as possible. The structures set up during the emergency phase will be such that refugees and returnees can easily transform them into semi-durable shelters in the future. Partners will also conduct safety assessments of shelters and infrastructure to evaluate accessibility for persons with disabilities, mitigate risks of gender-based violence and implement a gender-sensitive approach. Partners will install sufficient lighting in public spaces to ensure the safety of residents. Refugees of all genders, ages, and abilities will be invited to participate in shelter design, training and construction, and special measures will be taken to facilitate the inclusion of marginalized groups – such as people with disabilities, young people, and women – in programme planning and implementation.

In addition, capacity will be strengthened for shelter upgrading and maintenance, including disaster risk reduction (DRR), and site upgrading at the household level in existing camps. RRP partners will establish six new camps. In the camps, sector partners will construct family shelters and distribute essential household items, including blankets, jerry cans, cooking sets, mattresses, mosquito nets, and solar lamps, for up to 514,500 refugees. Resilience to climate-related hazards, such as flooding and drought, will be considered for extensions of existing and newly established camps. RRP partners will strengthen coordination on the ground to improve the emergency response, as well as communications by organisizing regular activities. Sectoral partners will mainstream environmental protection activities such as planting trees, waste management, making stoves, and drainage through community participation. UNHCR will continue to work with local authorities to identify additional locations to build new shelters and relocate new arrivals.

Water, Sanitation and Hygiene (WASH)

RRP partners plan to construct 70 boreholes and install 30 storage tanks, 1,750 water distribution fountains, five solar water stations, and 45,000 meters of water pumping and distribution pipes to ensure sufficient access to safe water. RRP partners plan to rent 55 tankers to provide a minimum water supply to new arrivals before the water infrastructure is completed. RRP partners will contribute to the treatment and management of the water points whilst also involving the community in water point

management, water quality monitoring and treatment. Handwashing stations and hygiene kits will be distributed to new arrivals to ensure dignity, promote good hygiene practices, and reduce the risk of disease transmission. RRP partners will also construct 500 emergency gender segregated latrines and bathing facilities in arrival areas and 18,025 family toilets and showers in relocation areas. RRP partners will also provide site cleaning and waste management services, including placing approximately 10,300 trash cans and constructing 78 waste burial pits to facilitate household solid waste management.

Logistics, Telecoms and Operational Support

Logistical capacity will be strengthened to ensure the transport and pre-positioning of core relief items at strategic locations for rapid deployment to any point of entry, requiring the mobilization of 57 trucks of 40 tons each.

The relocation exercise will require mobilising 100 trucks, 10 water tank trucks, 10 Rubb Halls and 50 light vehicles to transport refugees and their belongings from the border areas to the identified sites and camps. To ensure the smooth implementation of this activity, UNHCR is reinforcing its fleet with new trucks and procuring spare parts for timely maintenance.

In terms of telecommunications, the existing tools will need to be upgraded to facilitate emergency response activities in the east, as good connectivity in the reception camps will be essential for the efficient and effective implementation of relocation, registration, and other related activities.

Under the overall coordination of the UNHCR-led Refugee Emergency Telecommunications Sector (RETS), internet connectivity is provided to humanitarian responders at five sites across eastern Chad, in Amleyouna/Gaga Camp, Arkoum, Farchana, Goz Beida and Zabout.

A dedicated RETS Coordinator is deployed to continue working closely with partners to provide internet connectivity, security telecommunications and other technology services in additional common operational areas as required.

Assistance for Third Country Nationals

To respond to Third Country Nationals (TCNs) needs, IOM, in close coordination with embassies and consulates, will provide the most vulnerable TCNs with the possibility to return to their countries of origin. This will entail the identification of immediate needs and the provision of different services such as medical assistance, core relief items, onward transport in-country and to their countries of origin, transit assistance, shelter, food assistance, hygiene and dignity kits, medical stabilization and treatment, and where necessary, IOM escorts and international movement assistance. IOM will work closely with other partners to ensure that TCNs with special protection needs receive tailored assistance, including vulnerable cases such as Victims of

Trafficking (VoTs), survivors of gender-based violence, unaccompanied or separated children, older persons, persons with disabilities, and persons with severe medical conditions.

Assistance for Returning Chadian Refugees & Migrants

RRP partners will support the return of Chadian refugees from Sudan amid the ongoing conflict. Upon arrival at the border, they will promptly be identified and provided with assistance to return safely to their areas of origin or destination of choice. Chadian returnee refugees will also receive reintegration kits or cash assistance tailored to their needs to promote stability and dignified reintegration into their communities.

The response to Chadian migrant returnees from Sudan will be holistic and sustainable, focusing on their immediate needs and reintegration into local communities. Through the collaboration of various organizations, comprehensive support will be provided to ensure the well-being and dignity of the returnees during their transition back into communities in Chad.

Shelter and settlements will be a priority. RRP partners will construct some 16,000 family shelters to accommodate 80,000 returnees who would otherwise not have housing. These settlements will be strategically located close to local communities to facilitate reintegration and access to basic services. Water, Sanitation, and Hygiene (WASH) services will also be provided. Boreholes, latrines, and bathing facilities will be constructed in both arrival areas and in settlements to ensure access to clean water and promote good hygiene practices.

Livelihood support will be crucial for the self-reliance of returnees. Activities will focus on agriculture, market gardening, livestock, and income-generating initiatives. This support will be accompanied by specific complementary trainings, such as innovative agricultural techniques and financial literacy. Health services will be provided through mobile health clinics in arrival areas, and health centres will be rehabilitated or constructed in settlements. Returnees and migrants will also have access to mental and reproductive health care. Food and nutrition assistance will be provided to ensure that new arrivals receive hot meals for up to 30 days during relocation and that necessary nutritional support is provided for children.

Protection services will include the identification and registration of forcibly displaced individuals, as well as the provision of documentation. Special attention will also be given to child protection and the prevention of gender-based violence. Child-friendly spaces and early childhood centres will be established, and efforts will be made to find alternate family-based care arrangements for unaccompanied and separated children. Specialized gender-based violence services – including safe spaces for women and girls and community awareness-raising sessions – will be prioritized. IOM's Displacement Tracking Matrix will continue to monitor the needs and movements of returnees and migrants, guiding all response efforts.

Cash-Based Interventions (CBI)

Findings from the market assessment conducted in June/July indicated that the market system is affected by the continuous arrival of asylum seekers, the disruption of the supply chain

following the closure of the borders with Sudan, and the rainy season, which leads to market disruptions, price increases, and shortages of cereals and non-food items. The Assoungha and Kimiti departments (where more than 80% of new refugees are located) are at medium risk of the feasibility of CBI, while the Dartama department is at high risk.

The results of the market monitoring conducted in August to assess the feasibility of cash interventions for core relief items show some resilience of the market in existing camps. Traders quickly adjusted to the change; stocks are available albeit at a higher price. In these locations, cash-based interventions can be considered. However, in-kind modality is more indicated in new camps, where markets are yet to be developed. Continued market monitoring will inform changes in the modality of assistance.

In addition to these recommendations, and subject to the availability of funds, UNHCR will seek to implement CBI to help refugees cover their basic needs and rebuild and protect their livelihoods. RRP partners will continue to monitor the market situation through the Cash Working Group, and adapt the CBI strategy accordingly.

Cross-cutting Priorities

- **Accountability to Affected People (AAP)**
- **Age, Gender and Diversity (AGD)**
  - Disability Inclusion
  - Older Persons
- **Protection from Sexual Exploitation and Abuse (PSEA)**
- **Localization**
- **Climate Action**

Read more in the Regional Overview pg.11 to 14.

C4C Initiative

Building on the mobilization of communities and community leaders, the two-way communication channels and feedback and complaint management mechanisms will be implemented in line with the C4C initiative launched in eastern Chad in July 2022. RRP partners will undertake additional activities to:

- Promote community engagement and active participation in the response, and strengthen community-based protection approaches.
- Ensure two-way communication between partners and affected populations.
- Prevent sexual abuse and exploitation and fraud through awareness-raising, information, and training sessions for all actors.
- Disseminate information on available complaint and feedback mechanisms to improve access.

Partnership and Coordination Arrangements

In line with the Global Compact on Refugees and the Refugee Coordination Model, UNHCR works closely with the Ministry for Economic Prospect and International Partnerships, the Ministry of Territorial Administration, Decentralization and Good Governance, and the Ministry for Public Security and Immigration and CNARR to support and coordinate the Government's response for refugees.

At the national level, this coordination and support is led by the UNHCR in conjunction with the Ministry of Territorial Administration and in close communication with the RC/HC. UNHCR also supports all sectoral coordination meetings led by CNARR in N'Djamena and the Eastern Province. At the onset of the crisis, sectoral groups for Protection, Shelter/NFI, WASH, Health, Food Security / Nutrition and Logistics were immediately activated. CNARR is the interface between humanitarian partners, local authorities, and the decentralized state services at the provincial level. UNHCR and CNARR offices in Abéché are jointly coordinating and monitoring the response. UNHCR also leads the Protection Working Groups in Abéché and N'Djamena as part of inter-agency coordination under the Refugee Coordination Model (RCM). IOM, as the lead agency responding to migrants, leads the coordination of the response to third-country nationals (TCNs) and migrant returnees in close cooperation with UNHCR and other partners, ensuring complementarity in the response.

21
Partners

7
UN Agencies

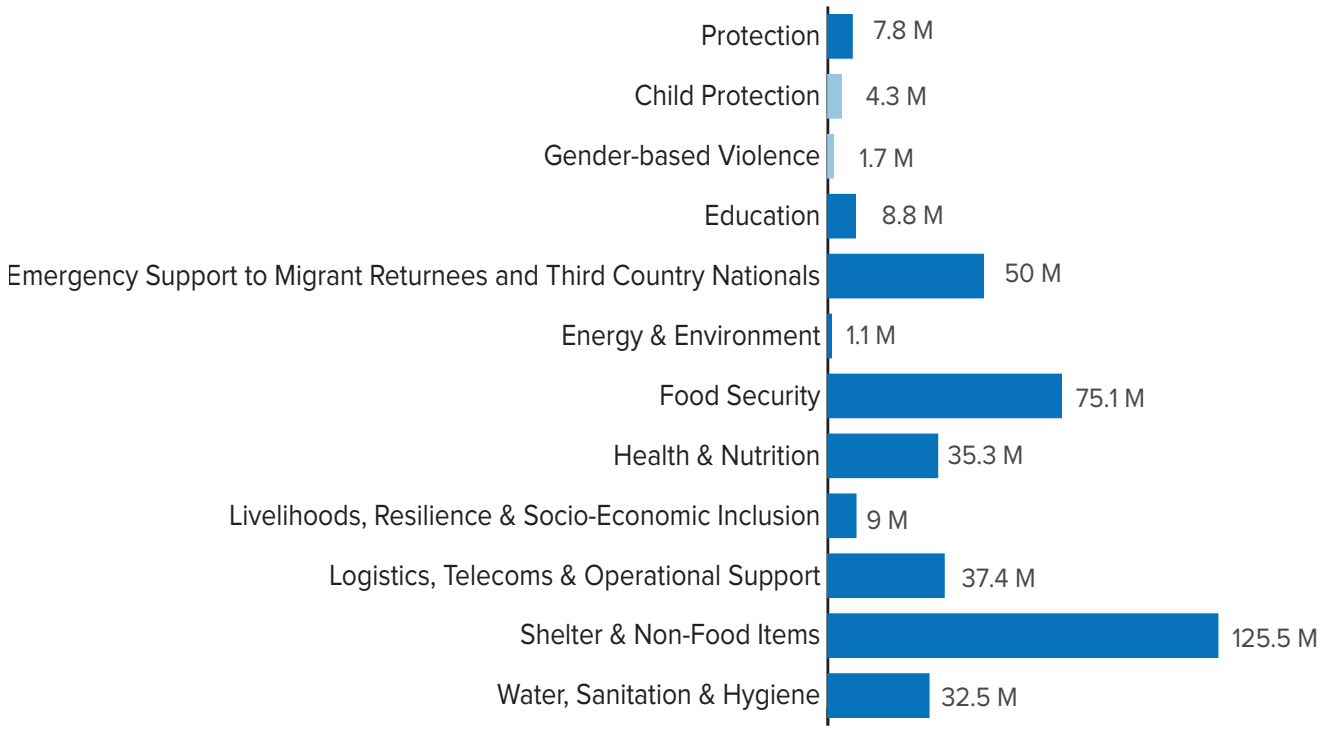
14
International NGOs

COUNTRY OVERVIEW

Total Financial Requirements
In USD

$388.5 M

Budget summary by sector
in Million USD



Annex 1

List of RRP Partners and Budget breakdown by RRP Partner in Chad

Partner	Acronym / Short Title	Type	Requirements in US$
INGOs			**57,271,997**
ADRAH	ADRAH	INGO	836,879
Agency for Technical Cooperation and Development	ACTED	INGO	17,337,036
ALIMA - Alerte Sante	ALIMA - Alerte Sante	INGO	337,757
CARE International	CARE	INGO	3,205,991
Catholic Relief Services	CRS	INGO	10,282,374
Concern Worldwide	Concern Worldwide	INGO	2,015,880
HIAS	HIAS	INGO	2,462,647
International Rescue Committee	IRC	INGO	4,784,288
Jesuit Refugee Service	JRS	INGO	235,456
Lutheran World Federation	LWF	INGO	3,979,987
Mouvement Croix Rouge	Mouvement Croix Rouge	INGO	2,635,931
OXFAM International	OXFAM	INGO	295,386
Plan International	PI	INGO	1,514,363
Premiere Urgence Internationale	Premiere Urgence Internationale	INGO	7,348,023
UN Agencies			**331,233,292**
Food and Agricultural Organisation	FAO	UN	8,003,100
International Organisation for Migration	IOM	UN	33,950,000
United Nations Population Fund	UNFPA	UN	6,070,442
United Nations High Commissioner for Refugees	UNHCR	UN	166,126,091
United Nations Children's Fund	UNICEF	UN	35,737,278
World Food Programme	WFP	UN	72,143,185
World Health Organization	WHO	UN	9,203,196
TOTAL $			**388,505,290**

Annex 2

List of Additional RRP Partners in Chad *

2023 CHAD OTHER RRP PARTNERS

- United Nations Office for the Coordination of Humanitarian Affairs
- ACTION CONTRE LA FAIM
- Adventist Development and Relief Agency
- African Initiatives for Relief and Development
- Atlas Logistic
- Comité International pour L'Aide D'Urgence et le Développent
- COOPI
- FLM
- French Red Cross
- HELP TCHAD
- Humanité & Inclusion
- International Committee of the Red Cross
- INTERSOS
- Läkarmissionen International
- MSF (France, Holland, Switzerland)
- Norwegian Refugee Council
- QATAR CHARITY
- Samaritan Purse
- Secours Islamique France
- SOLIDARITES Int/ACHDR
- WORLD VISION
- Association for the Promotion of Communication, Animation, Training and Integrated Development
- Agence de Developpement Economique et Social
- Association to Support Development in the Ouaddai Region
- Women's Association for Integrated Development
- Association Kari Assoungha for Development
- Action to Protect Health, the Environment and Fight Food Shortages
- Chadian Association for Family Well-Being
- Chad Red Cross
- KITES
- NIRVANA
- SAHKAL
- SECADEV

** This list includes other partners who are engaged in the refugee response but who are not listed as appealing partners.*

EGYPT

The Egyptian Red Crescent is distributing water, food and hygiene items, donated by the UN at the Qustol border. © UNHCR/Christine Beshay

AT A GLANCE

Egypt Planned Response

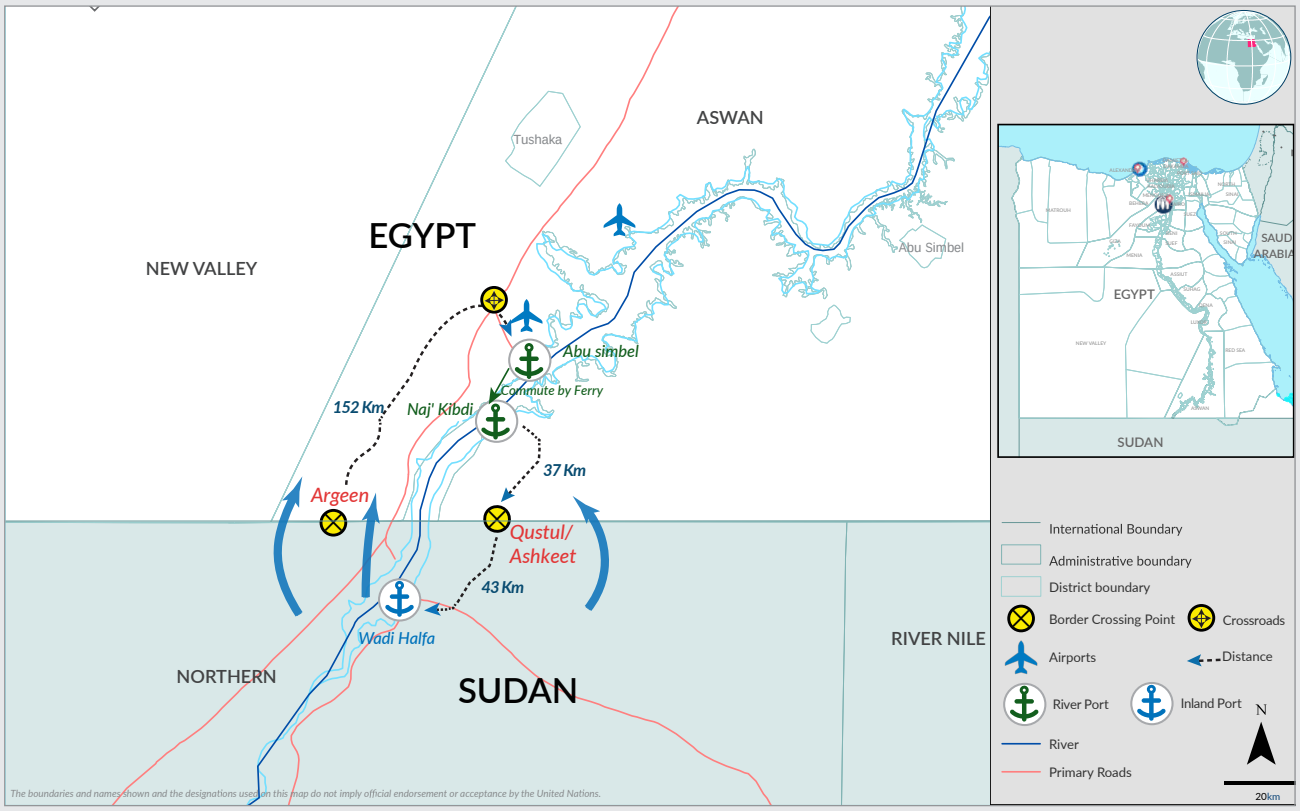
May – December 2023

350 K
Refugees

8 K
Third Country Nationals

126 M
Total financial requirements

27
Partners



Country Overview

Part 1: Current Situation

Egypt is a signatory of the 1951 Convention and its 1967 Protocol, and the 1969 OAU Refugee Convention. The 1954 Memorandum of Understanding (MoU) continues to be the formal bilateral agreement governing cooperation between the Government of Egypt (GoE) and UNHCR.

The latest crisis in Sudan has resulted in at least **280,000** Sudanese and **7,230** third-country nationals **arriving in Egypt** from Sudan, according to the latest statistics from the Egyptian Ministry of Foreign Affairs. The main entry points from Sudan to Egypt along the Southern Egyptian border have been the Argeen crossing (920 km south of Cairo) and the Qustul crossing (895 km south of Cairo). Of these, as of 21 August, 62,799 individuals, the vast majority Sudanese nationals, have approached UNHCR Egypt through the Infoline or through the UNHCR registration centres in Cairo and Alexandria, seeking international protection. Of those who have approached UNHCR, 36,995 individuals have already been registered, with priority for compelling protection and assistance needs, while the remaining individuals have been provided with future registration appointments.

The Egyptian authorities launched an immediate action plan and adopted a set of measures to respond to the emergency situation at the borders and to provide the necessary humanitarian assistance for people fleeing the conflict. Such response entailed a large-scale mobilization of resources at a time when services are already overstretched and the economy is under strain due to the global political and economic context and the consequent supply chain disruptions, especially given Egypt's status as a net food importer. The authorities ensured that stockpiles for the reception and relief of those seeking safety in Egypt were immediately made available, while health authorities were instructed to provide the necessary assistance to the most vulnerable and needy, including vaccination and medical care.

The efforts exerted by the Egyptian authorities also included the provision of additional personnel and logistical arrangements to ensure the operation of the border crossings Qustul and Argeen, the installation of sewage systems and toilets in the border area, infrastructure enhancement and the installation of lights alongside the Nasser Lake in order to enable the navigation of ferries during the night, an increase in the number of buses and drivers to facilitate transport for Sudanese arrivals, the provision in collaboration with local civil society and grass-roots organizations of food and water, accommodation, hygiene services, as well as the deployment of ambulances and attention to medical emergency cases in Aswan University Hospital.

The Egyptian Red Crescent (ERC) provides immediate emergency assistance at Qustul and Argeen border-crossing points to returning Egyptians, fleeing Sudanese and third-country nationals. The ERC runs two service points at each of these crossings for the delivery of basic medical assistance and the facilitation of medical referrals, as well as the distribution of core relief items including ready-to-eat food parcels, safe drinking water, hygiene kits and transport for the most vulnerable refugees.

According to the Government of Egypt (GoE), it maintains an "open-door policy," as anyone with a valid passport can apply for a visa. At the beginning of the recent influx from Sudan, the GoE allowed entry with a valid passport for Sudanese nationals who are male below the age of 16 and above 50, as well as females of any age without a visa in line with bilateral agreements, while Sudanese males between 16 and 50 years of age needed to obtain a visa from the Egyptian consulate in Wadi Halfa.

From 10 June 2023, the Government is managing the borders with greater scrutiny, implementing new entry procedures requiring all Sudanese nationals, regardless of age or gender, to have a valid passport and visa in order to enter Egypt. According to the GoE the new measures are meant to regulate the entry of Sudanese citizens and respond to an increase in illegal activities on the border, including the forgery of documents and visas. The Egyptian consulate remains open in Wadi Halfa and Port Sudan. Visa procedures remain a requirement for all Third-Country Nationals (TCNs). At present, however, individuals without valid travel documents, both Sudanese and TCNs, are only allowed entry into Egypt if they are in possession of a security clearance, which can be facilitated through select travel agencies upon payment of additional fees.

The situation at the Sudanese side of the border remains delicate and concerning, with dire living conditions and an increasing number of people present at the border. Wadi Halfa is reportedly congested with large numbers of people waiting processing, with limited access to basic services and life-saving humanitarian assistance. Urgent needs such as water, food, health care, shelter, and WASH facilities are reportedly increasing by the day. Aside from the urgent need of humanitarian assistance, appropriate arrangements for the timely identification of persons at heightened protection risks are also needed. This situation calls for continued cross-border coordination for the delivery of assistance with relief items which may at times need to be shipped to Wadi Halfa through the Egyptian border. As of 15 June, a humanitarian corridor was opened between the Qustol crossing and Wadi Halfa inside Sudan. Cash assistance has been an important response delivery modality for new arrivals across severalsectors , to the extent the market allows. The ERC reported an increase in medical cases arriving at the border due to the failure of the health system in Sudan. The Ministry of Health and Population (MoHP) has deployed medically equipped ambulances to the border to assist with health care.

Many of the 280,000 Sudanese who already entered Egypt are gravitating towards the urban centres of Cairo, Aswan and Alexandria where there are extensive Sudanese support and community networks and where they can access assistance and protection. Arrivals in both Abu Simbel and Aswan, as well as Cairo and elsewhere in Egypt, report that prices of fuel, food, transportation to Egypt, and other basic services such as shelter have increased, coupled with a decrease in the exchange rate of the Sudanese Pound against the Egyptian Pound in unofficial parallel exchange rate markets (around 40-60 per cent decrease).

With Egypt already hosting significant numbers of refugees and asylum seekers, the presence of 287,230 new arrivals from Sudan (280,000 Sudanese and 7,230 TCNs) is placing further strain on these community networks, public services, and existing programmes. As of end-June 2023, 314,301 refugees and asylum seekers of some 50 different nationalities were registered with UNHCR in Egypt, including 147,999 Syrian refugees making up 47 per cent of the total population, followed by Sudanese at 77,140 or 25 per cent – roughly 20 per cent of whom are registered new arrivals,South Sudanese, Eritreans, Ethiopians, and other nationalities (89,162 persons or 28 per cent).

In addition to registered refugees, Egypt is reportedly home to ninemillion people from 133 countries, most of whom are from neighbouring

countries facing protracted crises and many of whom have been living in Egypt for over a decade. This includes several million Sudanese who did not previously seek asylum due to their ability to integrate into society facilitated by existing bilateral arrangements. Following the onset of the crisis, UNHCR issued a non-return advisory for Sudan in May 2023, cautioning against deportation and refoulement and because of this change in context a notable number of this population may now be in a refugee-like situation.

Even though underfunding remains one of the major challenges, Egypt maintains an "Out-of-Camp Policy" which allows for the integration of refugees and migrants and their inclusion in basic services, especially education and health, on an equal footing with Egyptians. The Government and public services is a cornerstone of the response to the needs of refugees, asylum seekers and migrants. This support – in particular in Health and Education – has been further extended to many of the new Sudanese arrivals. Humanitarian agencies have sought to increase the capacity of public services, as well as local civil society organizations in the areas hosting most of the new arrivals, including, but not limited to, Aswan, Cairo and Alexandria, Edfu, and Karkar. In parallel, humanitarian agencies have filled gaps for persons with specific protection needs who may not be able to access public services.

At the June 2023 high-level pledging conference for Sudan and the region, the Egyptian Foreign Minister H.E. Mr. Sameh Shoukry noted the large numbers of those fleeing the conflict in Sudan being hosted by Egypt. He urged the international community to provide necessary financial support to host communities in neighbouring countries to promote their resilience and ensure peaceful coexistence. While major commitments were made during the pledging conference, as of 21 August 2023, the Egypt chapter of the Regional Refugee Response Plan remains only 27 per cent funded. A detailed description of the key achievements in the emergency response to the Sudanese crisis in Egypt can be found in the Sudan RRP 2023 – July Progress Report for Egypt. Under this revision which extends the plan until the end of 2023 from its original timeline of May – October 2023, the budget for the Egypt chapter of the Sudan Situation RRP increases slightly from USD 114 million to USD 126 million. This reflects the maintenance of the same population planning figures but accounts for slight adjustments in key areas that require additional resources such as Health, Food Security, Protection (registration), and Cash Assistance among others.

Population Planning Figures

Egypt	Estimated Population as of end December 2023
Populations to be assisted	
Refugee Population	350,000
Third Country Nationals	8,000
Total	**358,000**

The estimated projections for new arrivals stand at 350,000 Sudanese, following the arrival of 280,000 Sudanese by 21 August and the heightened requirements in place for access since 10 June. This also takes into account that Sudanese who were already in Egypt on a different status are starting to approach UNHCR seeking protection.

UNHCR is providing registration and documentation services –so far some 25,123 persons have been prioritized and registered,

based on their vulnerability profiles. A separate section covers TCNs not in need of international protection who have been forced to escape the fighting in Sudan. Partners estimate that 8,000 TCNs will need assistance.

Protection Needs, Vulnerabilities and Risks

Access to territory and asylum procedures is challenging for people forced to flee Sudan, particularly for TCNs, those without valid travel documents, including valid passports for Sudanese and other nationalities and those who are unable to obtain visas, pay the required processing fees or cover the costs related to the issuance of a security clearance being used as a substitute for an entry visa.

There is an increased risk of family separation, with the arrival of unaccompanied and separated children, who may be at risk of trafficking or exploitation, and a trend in female-headed households. Arriving refugees are clearly distressed, having experienced trauma linked to their flight, fear of and exposure to violence and conflict in Sudan. Newly arriving women and girls report risks related to gender-based violence (GBV) that they have either witnessed, heard about or were exposed to in Sudan. Mental Health and Psychosocial support (MHPSS), medical care and case management and referrals are needed, especially for children and survivors of GBV. Due to the collapse of the Sudan banking system, new arrivals report having no access to cash rendering them helpless at the border and unable to pay for transportation/basic needs, which in turn may make them vulnerable to harmful coping mechanisms.

Both the new arrivals in Egypt and many of the Sudanese refugees from within the old caseload are facing protection risks linked to poverty and limited assets. Sudanese refugees already present before the current crisis have also been seriously affected by the ongoing conflict in Sudan that has resulted in the loss of their sources of income, such as different types of businesses and the rental of their apartments or houses, that they used to rely on to provide for themselves and their family members in Egypt. Local communities particularly Refugee-Led Organizations (RLOs) and other grass-roots initiatives hosting newly arrived Sudanese are in need of material and financial support to help them address the basic needs of the recent arrivals.

In partnership with the relevant Egyptian authorities there is a clear need to strengthen asylum procedures, increase humanitarian presence to support a protective environment, improve reception conditions, identify individuals in vulnerable situations and with profiles at risk. This includes persons with disabilities, older persons at risk, women at risk and other populations in situations of vulnerability or with critical medical conditions. Ongoing assessments and community outreach will ensure up to date information on protection and assistance needs to enhance the overall emergency response in Aswan. Community-based protection networks will be reinforced to ensure a sound two-way communication with communities, functioning complaint and feedback mechanisms, and the participation of those affected with attention to age, gender and diversity (AGD) considerations.

In locations hosting large numbers of new arrivals including Cairo, Alexandria, and Aswan, registration and documentation activities will continue to be enhanced to respond to new arrivals from Sudan in the context of ongoing needs of the current population with a focus on identification and referral of individuals at heightened risk. Partners will also need to reinforce legal assistance and specialized protection services, including MHPSS Capacity

building and awareness raising among new arrivals on asylum proceedings for border authorities and other relevant officials in Egypt need to be strengthened.

Early identification and timely referrals of children-at-risk will be crucial, following up with case management and appropriate services to ensure the best interests of the children. Psychosocial support and vulnerabilities will be addressed by enhancing the current refugee outreach modality which provides much needed support at the community level and through additional hotlines, from which specialized mental health services will be provided for referred cases in need. Identification of and targeted assistance to persons with disabilities, older persons at risk, women at risk and other populations in situations of vulnerability or with critical medical conditions will be priortized. Partners will provide survivor-centered support to GBV survivors including through the establishment of safe and confidential GBV multi-sectoral referral pathways, in urban centres such as Aswan, Cairo, and Alexandria.

Third-country nationals who are not in need of international protection will nonetheless need support and IOM will facilitate their voluntary return to their countries of origin, in coordination with the GoE, relevant embassies and IOM missions in countries of origin for their safe, dignified, and sustainable return.

Part 2: Emergency Response Strategy

Strategic Objectives

- **SO1:** Work with the Government of Egypt to maintain access to territory and asylum for all individuals in need of international protection, including support to any needed cross-border operations and border management.
- **SO2:** Provide well-coordinated comprehensive multi-sectoral life-saving protection and humanitarian assistance to all new arrivals and support their host communities.
- **SO3:** Identify, including through registration procedures and community-based outreach, persons at risk and in vulnerable situations and provide targeted assistance and specialized protection services, as needed.
- **SO4:** Advocate for more support by the international community to the Government of Egypt to ensure the sustainability of the services provided to refugees, and to support developmental interventions aimed at enhancing the resilience of host communities and promoting social cohesion, in line with the principle of burden and responsibility-sharing.
- **SO5:** Support the Government of Egypt, and in close coordination with embassies and consulates, assist third-country nationals with immigration procedures and in contacting respective consular authorities to enable their safe, dignified, and sustainable return back to their countries of origin.

Role of the Government

As mentioned earlier, the Government and public services – in particular in the areas of Health and Education – have been a cornerstone of the response to the needs of Sudanese arrivals. The Egyptian government has a policy to "Leave No One behind," which is the guiding principle of the 2030 Agenda for Sustainable Development. This is reflected in the "Egypt Vision 2030" plan that the government is implementing for Egyptian citizens and all foreign nationals living in Egypt including refugees.

Healthcare

Refugees and migrants have enjoyed access to various public medical services in Egypt for many years. For primary health care services, such as vaccinations, ante- and post-natal care, treatment and follow-up for non-complex common illnesses, access is granted to all foreigners. For specialist care, refugees and asylum-seekers have been granted the same access to public hospitals as Egyptian citizens since 2016, according to a specific Memorandum of Understanding between the GoE and UNHCR. Also, as part of the national health policy to provide Universal Health Coverage for all Egyptians and persons living in Egypt, the Egyptian government adopted a national law in 2018 with related bylaws that include a provision stipulating that refugees can enjoy health insurance services within existing schemes. With the onset of violence in Sudan, the GoE pledged to extend such access to all Sudanese who were seeking refuge in Egypt.

Consequently, the Egyptian health sector's response to the Sudanese crisis is relying heavily on the services provided by the Egyptian Ministry of Health and Population (MOHP) and one of the main objectives of the health partners is to support the MOHP in providing the required healthcare whether primary, secondary, tertiary and rehabilitation not only in Aswan governorate but in other areas with a high density of Sudanese people. This requires effective collaboration with different health partners together with the MOHP to avoid any overlap in the services provided. Some types of care are expensive also for Egyptian citizens, such as treatments for complex chronic diseases and advanced hospital interventions. However, for such care there are financial protection mechanisms available only for Egyptians. An additional priority for the health sector is to make such care available also to the new arrivals.

Education

With extensive advocacy, the Ministries of Education and Technical Education (MoETE) have granted Sudanese and South Sudanese access to public education schools at the same level as nationals. This includes exemptions from paying education fees levied on foreign nationals, which is an important step towards refugee inclusion. According to MOETE data, the Egyptian general and technical education system has around 44,701 Syrian students, 9,532 Sudanese as well as 4,844 Yemeni students, both male and female. In addition, approximately 34,000 refugee students are enrolled in private schools.

MOETE requires a learning assessment for placing students, which allows them to better understand how to support students new to the system. The enrollment for the new academic year 2023/2024 starts after the 25th of July and is extended for refugees until December. The MoE also intends to conduct placement tests for new arrivals who do not have their original certificates to facilitate their enrollment at schools and support them to continue their education.

It is worth noting that the Egyptian education system is markedly more open than other systems in the region and investments in public education benefit both Egyptians and refugee children. The GoEin partnership with development partners has

recently launched the Migration Platform, which will progressively support coordinated actions and better data for decision-making, towards better policies and services that benefit refugee children – including in education. The Ministry of Education (MoE) estimates the costs incurred by the Egyptian government to provide education for migrant and refugee students registered in government-run schools at USD 23 million annually.

In response to the recent crisis in Sudan, UNHCR and MoE conducted a joint mission in Aswan to assess education capacity in areas with a high density of Sudanese refugees, and in particular the needs of 15 local schools in preparation for the coming academic year in order to accommodate more students. They also met with the Aswan Under-Secretary of Education and school administrations of Aswan city, Nasr El-Nuba, Daraw, Kom Ombo, and Edfu.

Sectoral Responses

Protection

UNHCR and partners work in close collaboration with GoE at all levels to ensure that all persons seeking international protection from Sudan have access to territory, asylum, rights, and services in law with a view to enhancing existing national protection actors and systems.

Registration, reception, and identification of individuals with protection profiles at risk will be strengthened to improve the overall response, including via the provision of individual counselling. To address particular needs identified in the Protection Sector, UNHCR and partners will provide legal assistance, counselling, and information to refugees from Sudan on access to legal status, civil documentation, and other rights within in the context of forced displacement in coordination with the GoE.

Special attention will be given to children-at-risk, survivors of GBV, Persons with Disabilities, older persons at risk, women at risk and others who have endured the traumas of conflict and violence. Protection Information Management, through context-tailored tools, will be provided to support the GoE and all stakeholders to ensure a comprehensive response to emergency needs, in Egypt. Capacity building will focus on scaling up national protection by offering training, technical expertise, and advice to national and local authorities on international protection and refugee which protection mainstreaming principles are upheld. All Protection partners will also be involved in coordination, protection and response monitoring for better data collection and analysis to strengthen evidence-based planning and advocacy.

Sub-Sector: Community-Based Protection (CBP)

Given the urban context of the refugee response in Egypt, the CBP network, with its Communication with Communities (CwC) efforts, will ensure a cohesive and integral approach within Protection and across sectors in the various areas of intervention. Specifically, outreach to and partnership with refugee communities in Aswan, Greater Cairo, and the North Coast, including with refugee-led organizations (RLOs), will form a central component of the response ensuring two-way communication with communities and developing and testing messaging with communities to ensure their preferred communication channels are identified and used. Material and technical support will also be provided for community-based initiatives from RLOs to support new arrivals.

Following an increase in social tension reported since the onset of the crisis, close monitoring of incidents and 'hot spots' will be undertaken to help design appropriate tailored activities at the community level to promote social cohesion among refugee and host communities. There is also a need to enhance long-term development interventions aiming at strengthening the resilience of host communities and promoting social cohesion and peaceful coexistence.

Community outreach and meaningful engagement with community-led structures, which will form the basis of a community-based protection network, will facilitate psychosocial support through refugee outreach teams in line with the MHPSS intervention pyramid.

The CBP network will also enhance the identification of persons with specific needs of diverse age, gender, and other characteristics, including minorities to address barriers and facilitate inclusive access to initial life-saving assistance such as shelter, food, cash assistance, and health services as well as effective referral mechanisms to available for protection services. Accountability to affected populations (AAP) will be prioritized throughout the response by ensuring that adequate feedback and response mechanisms are in place.

Sub-Sector: Child Protection

In order to ensure an effective, holistic and sustainable child protection response, priority will be given to strengthening the existing capacity of the national child protection system and child protection actors as well as working towards the quality inclusion of refugee children and mainstreaming child protection (CP). Child protection mainstreaming will be reinforced to ensure safe identification, referrals, and timely follow-up and support for children at risk and ensure CP concerns are embedded in all types of services and assistance. The identification and response to unaccompanied and separated children (UASC) and children-at-risk of abuse, violence, exploitation and neglect will continue to be undertaken through the implementation of Best Interests Procedure. Family tracing and reunification will be prioritized as well as mitigating family separation, and documentation for children will be provided, including through the facilitation of birth registration. Family-based alternative care arrangements for vulnerable children at risk, particularly young unaccompanied children, will be prioritized and close monitoring and follow-up will be implemented for UASCs.

Targeted family strengthening programmes will be provided such as the prevention of separation

which will be supported by linking cash-based interventions with child protection services to comprehensively address the risks children are exposed to. Interventions will ensure children at risk have access to psychosocial support, child-friendly information on protection assistance such as gender-based violence (GBV) and specialized services. This will also include activities for children, peer support programmes for adolescent girls and boys and the creation of child friendly spaces (CFSs) that offer culturally, gender- and age-sensitive group activities.

Sub-Sector: Gender-based Violence (GBV)

To ensure a coordinated and effective response to GBV, the sector leads (UNFPA, UNHCR) and other appealing partners will strengthen prevention, risk mitigation and response activities to ensure that survivors of GBV, SEA and trafficking for sexual exploitation have access to quality and timely survivor-centred support services. Safe and confidential GBV multi-sectoral referral pathways including emergency shelter, psychosocial support, legal assistance, emergency cash assistance, medical support, clinical management of rape, and timely response for urgent cases will be continuously updated and reviewed. Staff in frontline positions will receive the necessary training to help with the proper dissemination of information.

The provision of psychosocial support for frontline workers will also be prioritized to ensure the quality and continuity of services. In addition, coordination with the National Council for Women, the Ministry of Social Solidarity, as well as the Ministry of Youths and Sports will be strengthened and capacity building for GBV actors including government staff will be strengthened through training on GBV guiding principles, case management, minimum standards and data protection.

Mainstreaming of GBV will be reinforced through technical support to other sectors' GBV risk mitigation efforts including tailored training to frontline responders and community members on handling GBV disclosures safely and ethically. This will also include support in assessment and analysis of SEA risks, including safety audits as relevant for each sector. Prevention activities that include social and economic empowerment, establishing community- based prevention mechanisms, engaging men and boys in GBV prevention, awareness raising and information sessions will be undertaken.

Partners will collaborate with local actors, particularly women-led and refugee-led organizations, on the implementation of these planned activities to strengthen a community-based response.

Task Force: Third Country Nationals

This time-bound Task Force is included under Protection to support an appropriate, efficient response to all who were forced to flee the conflict and violence in Sudan, including those of other nationalities who are not in need of international protection. The International Organization for Migration (IOM) will provide assistance for the return of TCNs in a vulnerable situation to their countries of origin. This includes the provision of different services starting with

transportation, accommodation, food and non-food items, medical assistance, and escort movements. IOM will ensure strong coordination with the GoE, relevant embassies, local authorities, and respective IOM missions in countries of origin to ensure their safe return and reintegration.

Additionally, sensitization and awareness-raising sessions will be held, including the development of guidelines for first responders and other humanitarian workers with respect to international refugee law within the context of a complex operational environment. Coherent, non-parallel systems are also required given the heightened trafficking risks of vulnerable populations, including third- country nationals in the context of displacement. Counter-trafficking prevention and response activities will include trainings, awareness-raising and the development of specific services within existing referral pathways.

Education

A priority for the Education Sector will be to ensure that children and youth return to learning as quickly as possible. Many of the families being displaced by the crisis in Sudan will face several challenges related to lack of documentation, loss of learning, dealing with the trauma experienced, malnutrition and lack of financial means among others. Sudanese children displaced by the current crisis will have access to public Ministry of Education and Technical Education (MoETE) schools in Egypt, but the enrollment process may present an obstacle due to the limited capacity and awareness of enrollment and certification officers, particularly at local level.

To date, the vast majority of newly arriving families have taken refuge in Cairo, Alexandria and in and around Aswan City. Upon arrival, approximately 2,160 grade 6 children needed to take their Sudanese exams and support was provided by RRP Education partners in paying the exam fees required by the Sudanese Ministry of Education (MoE) through the Embassy in Cairo. However, many students did not sit for their exams due to the trauma suffered in recent months. Grade 12 exams will pose another challenge for children who have missed their grade 8 certificates as it is a requirement by the Sudanese MoE. RRP partners will support Sudanese 12th grade students to continue studying and prepare for the exams so that they do not fall behind and are ready to sit them once they are rescheduled.

Education Sector partners in Egypt plan to support arriving refugee children with a range of activities to enable them to continue their learning and improve their mental and physical well-being. Mapping of newly arrived school-age children will be conducted to allow efficient targeting. Partners will support an estimated 15,000 school children and youth with education cash grants to allow them to pay tuition fees for the academic year 2023-2024, catch up classes to recover their learning loss, buy school uniforms and pay for safe transportation. In addition, the most vulnerable children will be provided with school bags and stationery. Bridging and extracurricular activities will be provided to facilitate their integration into existing public and community schools across Egypt, as well as within hosting communities.

Partners will also assess the capacities of schools in targeted areas to implement capacity-building activities in areas hosting arriving refugee children and youth. These activities will include infrastructure improvement interventions, refurbishment and the provision of supplies to enhance the absorption capacity of approximately 50 public and community schools and promote

safety inside and around schools. An intensive training programme of enrollment and certification officers will be delivered to some 250 MoE officials to facilitate enrollment. Discussions with the Government on training for teachers on safe identification and referral of children at risk will be carried out.

National and international agencies and community-based organizations (CBOs) working in refugee education in Egypt are also planning an awareness-raising campaign on the available education options in addition to support children at risk, including UASC and children with disability to enroll in schools suitable for their specific needs. In addition, RRP partners will work on both public schools and community learning centers, and a rigorous safeguarding system will be established and/or enhanced to prevent violence against refugees and improve social cohesion with the refugee community and the host community. All the above needs to be achieved by taking into consideration a nexus approach that addresses the urgent humanitarian needs of refugees, but at the same time improving the existing systems to sustain safe quality education for all.

Food Security and Nutrition

The initial rapid needs' assessment conducted jointly by the UN at the Egyptian borders during the first weeks of the Sudan conflict highlighted the urgent need for food assistance to people arriving in the country. Many arrivals reported constraints in accessing basic needs both prior to leaving Sudan and during the long waits at the border in difficult conditions. A proportion of households are especially vulnerable or lacking the resources required to access sufficient nutritious food on arrival in Egypt and in the months that follow. In response, WFP Egypt implemented a two-pronged approach whereby ready-to-eat (RTE) food rations were distributed at border crossings to Sudanese and non-Sudanese arrivals. Cash assistance was provided to the most vulnerable Sudanese individuals who make it into urban and peri-urban settings. In cities and other areas where Sudanese are hosted, meeting basic needs remains a struggle mainly due to lack of cash. Their sustenance remains heavily reliant on charity and assistance from various humanitarian actors and other local entities.

To respond to Sudanese arrivals' immediate and medium-term needs, WFP assisted (as of July 13th) about 156,500 people transitioning from Sudan into Egypt with RTE food rations in Aswan which include fortified date bars and other locally available food items. Cash assistance has been provided to 38,500 Sudanese individuals for food security purposes in Aswan, Cairo and Alexandria based on agreed upon vulnerability criteria.

Sector partners continue to work to ensure that basic needs of vulnerable crisis affected Sudanese populations are met in high-concentration cities, namely Aswan, Cairo, and Alexandria, and are working in coordination with the Government, the Egyptian Red Crescent (ERC) and other Non-Governmental Organizations (NGOs) to identify the most vulnerable households and those without sufficient resources, to access safe and nutritious food programmes. Using its pre-existing cash assistance platform, WFP launched the emergency cash programme and has partnered with UNICEF to extend cash assistance to as many people possible. Between May and December 2023, WFP Egypt aims to reach 75,000 vulnerable Sudanese monthly with cash assistance and 225,000 with RTE food rations.

Longer-term planning includes the transition of

vulnerable households from emergency cash assistance to existing cash-based programming and resilience and self-reliance activities in support of crisis affected people in Egypt. Additionally, WFP Egypt in coordination with WFP in Sudan has activated a logistical corridor between Egypt and Sudan. Clearances for cross border operations were received and the first shipment of 50 metric tonnes (MT) of food assistance was made on 15 June 2023. The logistical corridor in Aswan remains operational and available for cross border delivery of assistance between Egypt and Sudan for sector partners as well as for UN and other development/ aid entities.

The strain faced by the Egyptian economy considering the current global political and economic context, supply chain disruptions, and high levels of inflation continue to have an impact on the vulnerability of populations and the work of the Food Security Sector and will need to be monitored closely going forward.

Sub-Sector: Nutrition

A Nutrition Sub-Sector Technical Working Group (NsTWG) has been activated under the food security working group, led by UNICEF and WFP, with participation from key responders and with open invitations to other relevant agencies to participate according to needs and mandate.

According to available data, around 40 per cent of the localities in Sudan had more than 15 per cent of Global Acute Malnutrition (GAM) rates. Overall, the prevalence of GAM among under- fives is 16.3 per cent and, of this group, 20 per cent and 80 per cent suffer from Severe (SAM) and Moderate Acute Malnutrition (MAM) respectively Micronutrient deficiencies are also widespread, with 48.1 per cent of children under five being anemic and 57.8 per cent vitamin A deficient. A recent Child Food Poverty Report highlighted that 34 per cent of children under five in Sudan live in severe food poverty (eating less than three of the eight recommended food groups). At the same time, 24.1 per cent of children under two years old are fed less diverse and nutritious foods due to suboptimal infant and young child feeding practices. With the estimated number of arrivals from Sudan, it is expected that approximately 11,000 children under five will be suffering from GAM (2,000 children with SAM and 9,000 children with MAM).

Immediate and short-term response at the borders included setting up a coordination technical committee led by the Ministry of Health and Population (MoHP), with support from UNICEF, WFP, WHO, and UNHCR. The committee conducted a rapid assessment to estimate the required capacity needs for screening and referral of acute malnutrition cases among Sudanese children under five and Pregnant and Lactating Women (PLW) at the borders and transit points in Aswan. Accordingly, health care workers were trained in Aswan on screening and referral of acute malnutrition, and screening sites were prepared where trained health care personnel provide screening, and referral services to children and PLWs, as well as infant and Young Child Feeding (IYCF) counselling services, including setting up of breastfeeding corners. The MOHP also provided referral sites for the management of Severe and Moderate Acute Malnutrition cases, where management support will be provided by WFP for MAM, UNICEF for SAM, and WHO for SAM with complications.

Other key interventions in the intermediate term, will focus on scaling up screening, referral and management sites within primary health care units, hospitals, and community-based settings (such as CBT distribution sites) where applicable, beyond

Aswan, including Cairo and Alexandria. Sector partners aim to provide supplies of Ready-to-Use Therapeutic Foods (RUTF) for management and treatment of SAM and MAM in coordination with MOHP. WFP will be providing support to MAM cases through provision of Ready to Use Supplementary food, while UNICEF will be supporting SAM cases with Ready to Use Therapeutic food, in addition to scaling up the screening and referral processes in collaboration with sector partners. The sector will aim to deliver system strengthening interventions to closely monitor nutrition programmes within healthcare system and within the community in collaboration with civil society organisatins (CSOs) and partners.

With regards to the medium-term response at primary healthcare units and hospitals, sector partners will aim to strengthen IYCF counselling capacity at the MOHP, the ERC and among host community NGOs. The Sector will also work to support the capacity of MOHP in selected PHC units and hospitals to detect and manage MAM and SAM and other forms of malnutrition in both outpatient and inpatient settings, including by providing the needed supplies and commodoties for continued services to refugees and host communities. The Sector will aim to deliver system strengthening interventions and provide infrastructure support to closely monitor nutrition programmes within healthcare system, and will work closely with CSOs to provide community detection of GAM with appropriate referral pathways.

Health

The partners of the health sector under the lead of WHO and UNHCR will follow developments at the border crossings and in coordination with MOHP to provide equipment, consumables and essential medication, training of staff, and strengthening of surveillance, coordination, and referral mechanisms, as well as support for service provision of primary, secondary, and tertiary health services through implementing partners. This will, ensure availability of preventative services such as vaccination and communicable disease control, acute medical services including clinical management of rape (CMR), emergency reproductive health, emergency obstetric and neonatal care (EmONC) and mental health and psychosocial support (MHPSS), as well as referrals to secondary and tertiary care of those in need. The needs of persons with disabilities will also be taken into consideration.

In the greater urban centers (especially greater Cairo but also elsewhere depending on the presence of new arrivals from Sudan), the sector leads (WHO, UNHCR) and other partners will provide medical services in complementarity with those offered by the MOHP (i.e., support to outbreak response, treatment of non-communicable diseases including mental illnesses, secondary and tertiary health care services, and certain reproductive health services). In addition, public health infrastructure will be strengthened through procurement of essential equipment, medical supplies, medication and vaccines, capacity building of human resources and establishing and updating of standard operating procedures SOPs and guidelines. Special attention will be given to reproductive health services including for GBV survivors as well as communicable diseases, including HIV and TB. Advocacy efforts will facilitate the inclusion of persons of concern into the national health sector development response. Furthermore, information sharing, and community engagement will be strengthened to ensure that new arrivals are aware of available services, coping mechanisms and that mis/disinformation is minimized.

Basic Needs

When people are forced to flee their homes, they leave with very little. Providing cash assistance seeks to protect refugees by reducing the risks they face and offers a more dignified form of assistance, giving them the ability to immediately prioritize and address their most pressing needs. Cash transfers enable vulnerable individuals to reduce the risk of harmful coping strategies that generate protection risks. They also directly benefit the local economy and can contribute to peaceful coexistence with host communities.

In Egypt, UNHCR implements a well-developed Multi-Purpose Cash Assistance (MPCA) programme targeting the most vulnerable refugees and asylum-seekers. The cash assistance is crucial in reducing protection risks and harmful coping mechanisms such as reduced meals, begging, child labour, sexual exploitation and abuse and accumulating debt, while at the same time allowing severely vulnerable families to meet their basic needs, including rent, utilities, medicines and food. Partners will also provide winterization cash assistance to vulnerable newly arrived families to help them meet additional needs arising during the winter months (clothing, heating and blankets, as well as services such as electricity to cope with lower temperatures). To support newly arrived Sudanese in meeting their most pressing needs, UNHCR provides newly arrived families with one-time emergency cash assistance to both registered refugees and asylum-seekers and to families who are not registered with UNHCR. Eligibility is determined based on set categorical vulnerability criteria. Additionally, UNHCR is providing MPCA to newly arrived Sudanese families who are found to be eligible through vulnerability assessments. Sudanese families undergo the vulnerability assessment in an expedited manner through UNHCR's partner, Caritas.

The Cash Working Group (CWG) in Egypt is a technical working group set up within the Inter-Sector Working Group (ISWG) and established in 2017. The CWG ensures operational coordination on cash transfers and follows a common rationale and approach. This includes harmonization of tools and transfer modalities, avoidance of duplication, reporting and monitoring among humanitarian actors. To ensure that available resources can reach those who need it the most, priority is given to the most vulnerable families (female- headed households, large families, families with disabilities, etc.). The targeting methodology is regularly reviewed and updated based on the needs.

Non-Food Items (NFI)

Providing non-food items (NFIs) is a critical intervention to support populations displaced by any humanitarian emergency. NFIs consist of essential items that meet the immediate needs of beneficiaries, often being a vital intervention to ensure the well-being and dignity of recipients.

NFI materials can be distributed in kits or as loose items targeted according to the needs of the affected population in a specific area. NFIs kits are tailored to meet the specific needs of different vulnerable groups and includemattresses and blankets, but also dignity kits containing hygiene

products for women and girls and post-natal kits for women who have recently given birth.

In coordination with relevant sectors, the provision of NFIs will support new arrivals to restore their dignity and reduce exposure to protection and health risks. Among all vulnerable populations, pregnant and breastfeeding women, chronically ill people, unaccompanied children, older persons and people with disabilities are highly vulnerable and will be considered a priority. Alternatives to in-kind provision (including multipurpose cash and/or vouchers) are considered when appropriate, with an emphasis on providing greater flexibility in meeting the needs of the most vulnerable depending on personal preferences, family composition and specific needs.

Livelihoods and Economic Inclusion (LEI)

Livelihood and economic inclusion interventions are in high demand from new arrivals. After an initial period in which at least some of the new arrivals utilized limited savings and support from relatives, the need for a source of income has become more pressing for all. In addition, the existing Sudanese community in Egypt has been directly and indirectly affected by the conflict in Sudan with lack of revenues as well as Sudanese products that were originally the basis of many Sudanese businesses in Egypt. Supporting refugees and asylum-seekers with livelihoods interventions at the onset of an emergency is considered an approach to mitigate protection risks and to avoid the deterioration in their economic situation and slipping into poverty. Increasing inflation across the country and the existing challenges related to formal access to labor employment opportunities are negatively impacting refugees and asylum- seekers who already live in Egypt and have an existing source of income. They also limit new arrivals from accessing the labour market. This situation will increasingly affect the recently arrived refugees who may fall victim to brokers or find themselves forced to accept employment options that put them at risk.

Sector partners seek to support in terms of employability skills, career guidance, wage employment facilitation and self-employment by extending grants to host communities, refugees, and asylum-seekers to start their own business. Women and older adolescent girls will be given priority in livelihood opportunities to mitigate the risks of GBV and reduce recourse to harmful coping mechanisms. Cash assistance for vulnerable women and girls, including GBV survivors will facilitate access to essential life-saving reproductive health services and protection services. Furthermore, needs and capacity assessments will be conducted to support the Government's response capacity and local actors to deliver key basic services to affected people.

The Livelihoods working group will support Sudanese new arrivals, existing Sudanese families hosting new arrivals and Egyptians, with various livelihoods and economic inclusion interventions to be implemented at individual, household and community level. A joint assessment of the socio-economic profile of the new arrivals through international NGOs (INGOs), NGOs and CBOs is currently being explored in terms of dimension, thematic areas, geographic areas and modalities of implementation. Further activities will also include surveying livelihoods and socio-economic needs of both refugees and host communities, including labor market gaps and required skills and qualifications. Direct support through CBOs, INGOs and NGOs will also include community-based initiatives targeting job creation, entrepreneurship support, job matching and skills development for both refugees and host communities. CBOs, INGOs and NGOs will also support community-based livelihoods interventions encompassing social dialogue to

ensure social cohesion between both refugees and host communities while ensuring the inclusion of youth and women as active participants. This will also include activities to avoid stigma and negative perceptions in relation to the new arrivals and the refugee community as a whole.

Water, Sanitation and Hygiene (WASH)

WASH partners continue to work in a coordinated manner to facilitate access to clean water and safe sanitation and hygiene to ensure dignity, promote good hygiene practices and reduce the risk of disease. WASH is a life-saving component of the immediate response at the border and surrounding areas. The necessary components of the WASH response are in place, based on the needs assessments, including access to sufficient quantities and quality of drinking water, the installation of gender-segregated sanitation services (mobile toilets and showers) at border crossings and in surrounding areas to ensure locations are safe andmitigate potential GBV-related risks.

UNICEF is taking the lead in coordinating the WASH Technical Working Group (TWG) and is providing assistance for the WASH response to the needs of Sudanese people and others of various nationalities. Since the emergency began, significant quantities of NFIshave been delivered to the border areas. These include Rubhalls, family tents, commercial fridges, trash cans, fans, mattresses, blankets, hygiene kits (with ongoing coordination between NFIs and WASH sectors), dignity kits, wheelchairs, office equipment, and accommodation caravans for healthcare workers at Qustul land port, equipped with beds and showers. Key activities at arrival points (Qustul and Argeen land ports, and Karkar bus station) include the provision of drinking water, standard hygiene kits, sanitary napkins, and rehabilitation, distribution and installation of latrines by UNICEF jointly done with sector partners such as WHO.

In collaboration with WASH partners, UNICEF in cooperation with ERC supports waste management systems to ensure effective waste collection and disposal, reducing environmental contamination and minimizing the risk of disease transmission and outbreaks. Moreover, partners are actively engaged in community-based health and hygiene promotion activities to raise awareness among the population about the importance of clean water, safe sanitation, and proper hygiene practices, including handwashing. To facilitate this, UNICEF has procured soap and soap dispensers for the border, train stations, and bus stations in Aswan, ensuring access to handwashing and hygienic practices. In addition, WHO is supporting medical health management by providing technical support to MOHP.

WASH TWG partners have initiated various interventions to support WASH services and restore and maintain sanitation services in the three areas. These interventions involve providing necessary cleaning, maintenance and operation materials for critical WASH facilities.

Logistics, Telecoms and Operational Support

Transit points beyond the border are planned to serve as a space to provide basic assistance to people on the move. This could be challenging depending on the number of people concentrated there at a time. Further, vulnerable people entering Egypt as a result of the current conflict in Sudan cannot always afford their own

transportation from border crossings to transport hubs, and onward to their final destinations in larger urban centres. Transportation to Cairo (by train or bus) has been reported as challenging due to overcrowding and high costs. In response, ERC has arranged transportation for vulnerable families who cannot afford to pay for their own transportation from Arqeen crossing to Karkar bus station (near Aswan) and onwards to Cairo and other parts of the country to be received by host families and communities. The Egyptian Ministry of Transportation introduced additional trains to accommodate the growing numbers of new arrivals from Sudan and to facilitate their travel towards Cairo and other governorates.

In light of the significant change in the humanitarian situation related to the Sudan crisis, and more specifically the movement of refugees into Egypt, the humanitarian community under the leadership of the Government and UNHCR, will provide and/or scale up assistance to meet the needs of people arriving from Sudan. While the logistics capacity in Egypt is not likely to be affected by the scale of the planned refugee responseand since the market is functioning, the sector will mitigate possible gaps or bottlenecks that may be foreseen, such as: i) at Egypt/Sudan border crossings and other transit points where refugees and arriving populations are concentrated, storage may not be adequate or sufficient; and ii) at entry points where relief cargo may be consolidated before being distributed. Partners will take a coordinated approach to avoid duplication and make the best use of limited resources to optimize the response.

In line with its recognized technical expertise in the field of logistics, WFP Egypt stands ready to provide the necessary logistics, operational services, and coordination to its UN partners for the duration of the proposed 6-month response. Under the overall coordination of the UNHCR-led Refugee Emergency Telecommunications Sector (RETS), WFP Egypt can also provide telecommunications support. Requests are still being consolidated from the GoE and ERC, as well as UN Agencies as they conduct their needs assessments. However initial requests have already been discussed for:

- Telecoms, connectivity, and other technology support.
- Logistics support for the delivery and storage of NFIs for the border region and critical transit points.
- Provision of Mobile Storage Units (MSUs) for the storage of food and NFIs

Although the telecommunications infrastructure in Egypt is strong, services are limited where people are arriving. Most of them have been on the road for days without access to power to charge their phones and have not been able to communicate with anyone. Partners will provide this service for six months.

Third Country Nationals (TCNS) not in need of international protection

In the wake of the Sudan crisis, Egypt witnessed the entry of thousands of non-Sudanese nationals residing in Sudan who were forced to flee the armed conflict in different parts of the country. Since then, many embassies representing their third-country nationals (TCNs) have contacted IOM requesting humanitarian return assistance. Many have found themselves stranded at the Arqeen and Qustul border entry points in need of immediate assistance. IOM in close coordination with Embassies and consulates, will offer the most vulnerable of

these TCNs assistance to return to their countries of origin. This entails provision of different services starting with identification of immediate needs (hygiene kits, medical assistance, NFIs, clothes); onward transport to Aswan (charter movements departing directly from Aswan for large groups) or Cairo; transit assistance; accommodation (on a needs-basis), further food, hygiene and dignity kits, medical stabilization and treatment, and where necessary IOM escorts and international movement assistance.

IOM will work closely with the Protection Sector. Processing will require special attention and tailored case management to vulnerable cases such as Victims of Trafficking (VoTs), GBV survivors, unaccompanied or separated children, older persons, persons with disabilities, and persons with severe medical conditions. IOM works with the GoE to provide the necessary facilitation to operate movements in Egypt, while ensuring strong coordination with relevant embassies and consulates and IOM missions in respective countries of origin. The response will revolve around:

- Supporting the identification, documentation, and logistical arrangements to evacuate the third-country nationals from the Egyptian borders to their country of origin.
- Providing multi-sectoral direct assistance to TCNs.
- Support reintegration of TCNs through close coordination with IOM Missions in countries of origin.

Cross-cutting Priorities

- **Accountability to Affected People (AAP)**
- **Age, Gender and Diversity (AGD)**
  - Disability Inclusion
  - Older Persons
- **Protection from Sexual Exploitation and Abuse (PSEA)**
- **Localization**
- **Climate Action**

Read more in the Regional Overview pp.11 to 14.

Partnership and Coordination Arrangements

In support of the Government of Egypt, the Sudan Regional RRP outlines a multisectoral emergency response to the Sudan crisis. The RRP currently brings together 27 partners, including eight UN Agencies, seven International NGOs, and 10 National NGOs. RRP partners, working in close collaboration with the respective line ministries, will ensure coordinated emergency assistance and will aim to strengthen Sudanese refugees' resilience and self-reliance and will support host communities to enhance peaceful coexistence. On going coordination with the Government of Egypt, as the primary responder, is maintained at the strategic level as well as at technical level.

The coordination structure for this RRP is underpinned by the multi-stakeholder and partnership approaches outlined in the Refugee Coordination Model and the Global Compact on Refugees (GCR). Under the leadership of the Inter- Agency Working Group, the Inter-Sector Working Group will coordinate the multisectoral response at the technical level. Since 2015, Egypt has also been part of the 3RP, the Regional Refugee Response Plan to respond to the Syria crisis, which provides an established and well-functioning platform and allows for enhanced cooperation mechanisms among humanitarian and development partners. Building on the existing coordination structure, Protection, Education, Health, Food Security, Livelihood and Economic Inclusion, Basic Needs and NFIs will be standalone sectors. Protection will have three sub-sectors, Child Protection, GBV, and Community-based Protection (CBP). The Food Security Sector will have Nutrition as a sub-sector. Meanwhile, the WASH and Logistics and Telecoms sectors have been newly created. A Task Force will cover Third Country Nationals (TCN), led by IOM for those TCN not in need of international protection.

Since the onset of the crisis, a Sudan Situation Protection from Sexual Exploitation and Abuse (PSEA) network has been established with UNHCR and IOM as co-chairs. The network oversees functional PSEA coordination and takes all necessary action to prevent, mitigate the risks of, and respond to SEA and to put the protection, rights, and dignity of victims at the forefront, in line with a victim-centered approach. The PSEA Network has carried out a PSEA risk assessment in Aswan in July and will follow up with assessments in Cairo and Alexandria, based on which a workplan will be developed and will ensure that all actors involved in the Sudan Situation ensure that PSEA commitments remain at the forefront of their work.

In line with the Grand Bargain and the GCR, national partners, including CBOs and CSOs, play a key role in identifying needs across all sectors and will be central to the response on the ground.

27 Partners

9 UN Agencies

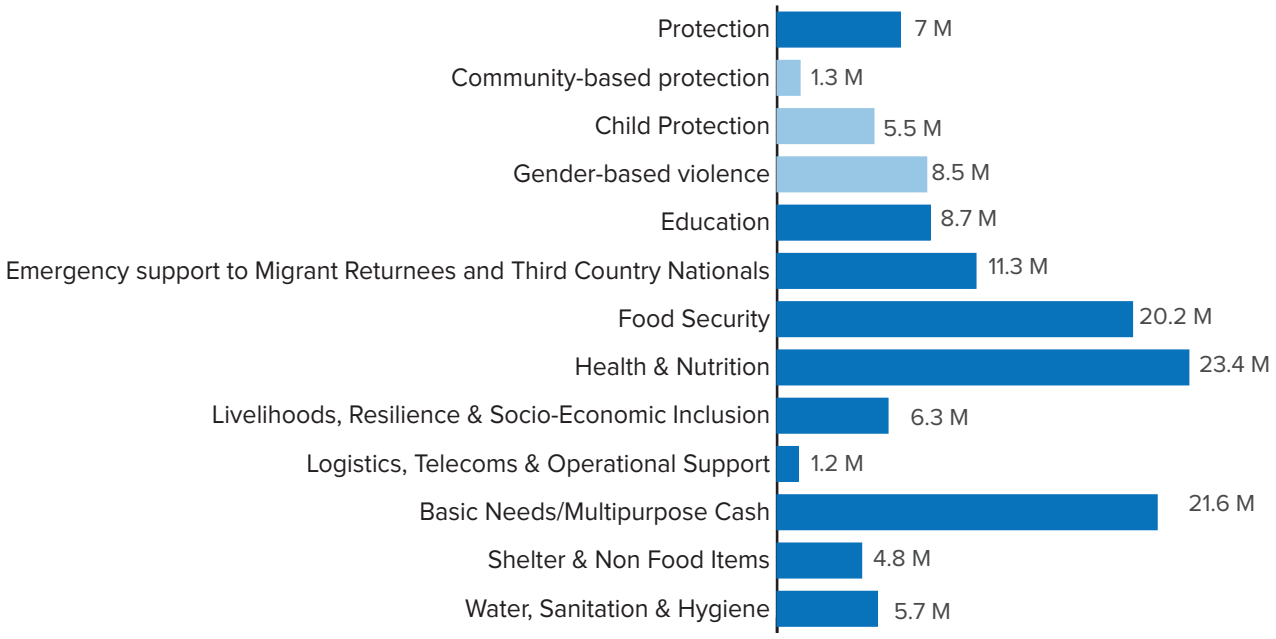
8 International NGOs

10 National NGOs

Total Financial Requirements
In USD

$125.5 M

Budget summary by sector
in Million USD



Annex 1

List of RRP Partners and Budget Breakdown by RRP Partner in Egypt

Partner	Acronym / Short Title	Type	Requirements in US$
INGOs			**10,518,196**
Don Bosco - Egypt	Don Bosco	INGO	337,966
Fondation Terres des Hommes	TdH	INGO	98,312
Humanity and Inclusion	HI	INGO	500,000
MAIS	MAIS	INGO	184,212
Plan International	PI	INGO	297,706
Save the Children International	SCI	INGO	9,100,000
INGO/FBO			**3,969,796**
Caritas Egypt	Caritas	INGO/FBO	2,309,796
Catholic Relief Services	CRS	INGO/FBO	1,660,000
National NGOs			**4,634,505**
Gezour Foundation	Gezour Foundation	NNGO	48,500
Syria Al Gad	Syria Al Gad	NNGO	24,000
CARE Egypt	CARE	NNGO	466,688
Egyptain Foundation for Refugee Rights	EFFR	NNGO	10,000
Life Makers Foundation (Egypt)	LMF	NNGO	3,094,793
Psycho-social Services and Training Institute in Cairo	PSTIC	NNGO	728,524
Refuge Egypt	Refuge Egypt	NNGO	10,500
United Lawyers	UL	NNGO	10,000
Youth and Development Consultancy Institute Etijah	Etijah	NNGO	241,500
IFRC/ICRC			**5,180,742**
Egyptian Red Crescent	ERC	NNGO	5,180,742
UN Agencies			**101,201,206**
International Labor Organization	ILO	UN	300,000
International Organization for Migration	IOM	UN	19,860,000
United Nations Children's Fund	UNICEF	UN	12,400,000
United Nations Development Programme	UNDP	UN	5,000,000
United Nations Women	UNWOMEN	UN	200,000
United Nations High Commissioner for Refugees	UNHCR	UN	28,206,043
United Nations Population Fund	UNFPA	UN	6,645,000
World Food Programme	WFP	UN	18,590,163
World Health Organization	WHO	UN	10,000,000
TOTAL $			**125,504,445**

COUNTRY OVERVIEW

ETHIOPIA

Refugees, asylum-seekers, Ethiopian returnees and third country nationals arrive at Metema Yohannes border crossing point in West Gondar, Ethiopia, after fleeing fighting in Sudan. © Lucrezia/ UNHCR

AT A GLANCE

Ethiopia Planned Response

May – December 2023

88 K
Refugees

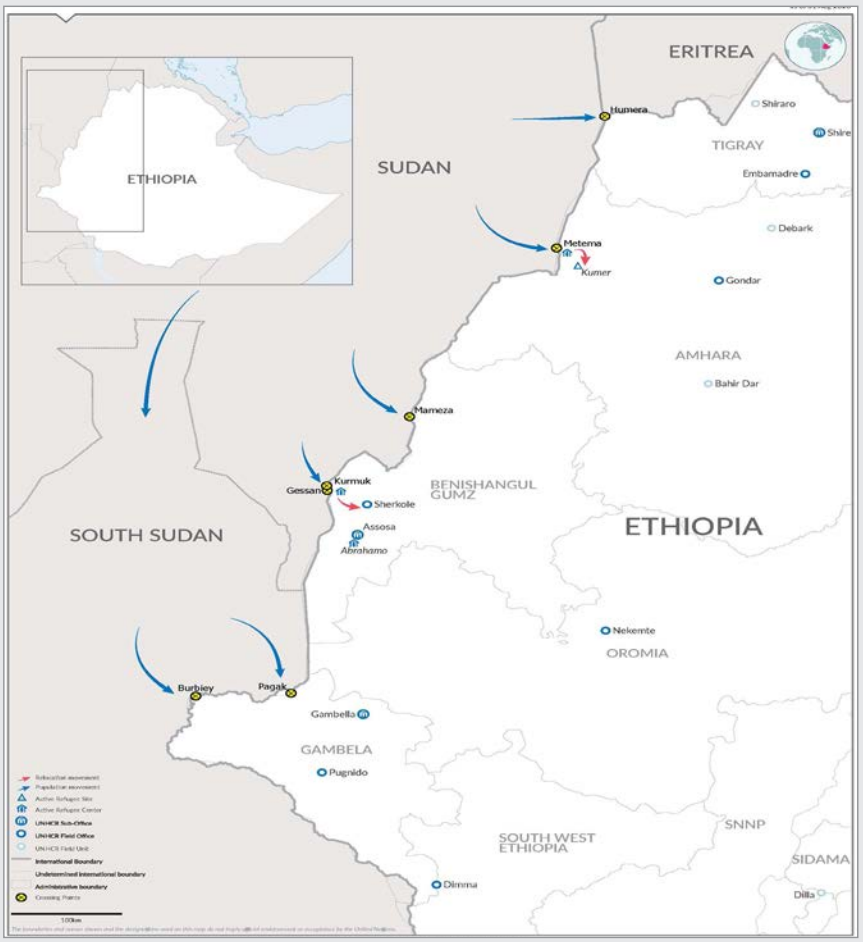
4 K
Refugee Returnees

100 K
Migrant Returnees

30 K
Third Country Nationals

92.1 M
Total financial requirements

17
Partners



Country Overview

Part 1: Current Situation

Following the eruption of armed clashes in Khartoum and other parts of Sudan on 15 April 2023, thousands of people have already fled to neighbouring countries and beyond. According to the joint UNHCR-IOM screening and verification exercise, thousands of individuals from over 60 nationalities, including Ethiopian returnees, Sudanese refugees, Eritrean and South Sudanese refugees and other third country nationals have arrived in Ethiopia mainly though the Metema border crossing point, Amhara region, while others have entered via the Kurmuk border point in Ethiopia's Benishangul Gumuz Region. There have also been new arrivals at the Pagak/Bubieyr border crossing in the Gambella Region. The main groups crossing into Ethiopia include Ethiopians who were residents in Sudan, third-country nationals transiting through Ethiopia to their countries of origin who are not seeking asylum, persons seeking asylum in Ethiopia (Sudanese and other nationalities in need of international protection), returnees (Ethiopian refugees returning from Sudan), and other recognized refugees in Sudan displaced into Ethiopia. Due to the nature of displacement, Sudanese nationals have entered Ethiopia on different types of visas but are believed to be in need of international protection. **As of August, over 34,715 individuals (Eritreans, Sudanese and South Sudanese) have sought international protection in Ethiopia**. Of these, the majority crossed through Metema and the others entered via the Kurmuk border point in the Benishangul- Gumuz region. As a result of the new armed clashes in Blue Nile region, arrivals have also been reported through Gessan border crossing point. Many of the Sudanese nationals had been previously registered as refugees in Ethiopia before and had returned home but have now fled to Ethiopia again in search of safety.

In response to the emergency, the Refugees and Returnees Service (RRS), the lead agency within the Government of Ethiopia mandated to provide protection to refugees and returnees and to ensure emergency preparedness, sent a joint monitoring mission which included humanitarian partners to the border crossing areas in Amhara, Tigray, Benishangul-Gumuz, and Gambella to monitor possible inflows of refugees and returnees. Inter-agency coordination structures for the emergency response have also been activated in the field and at Addis Ababa level, co-led by UNHCR and RRS. Preparedness measures and early actions, including protection monitoring at border crossings, prepositioning of relief items, review of partner presence and capacity, review of the supply chain and rapid response to the new arrivals, among others have been taken to respond to the ongoing and anticipated influx. The Government and RRP partners are already providing assistance such as high energy biscuits, emergency clinical services, core relief items and water to support the new arrivals at the border areas. In Metema, in the Amhara region, which has seen the largest population inflows, a Transit Center has a been set up and accommodates some 2,000 refugees, whereas a settlement has been established in Kumer, where over 8,000 refugees have already been relocated. In Benishangul Gumuz, more than 12,000 refugees and asylum seekers are currently hosted in Kurmuk's Transit center while efforts to increase reception capacity in Shekole refugee camp are on-going. With new arrivals crossing through Gessan, UNHCR and RRS will need to strengthen reception arrangements through the

establishment of a common post and establish a new reception center

With the on-going fighting in Sudan, more refugees and other forcibly displaced people, returnees and third country nationals are expected to cross into Ethiopia to seek safety and international protection. It is projected that some 92,000 persons in need of international protection and refugee returnees will enter Ethiopia by end 2023. This figure includes 62,000 Sudanese refugees, 26,000 refugees of other nationalities hosted by Sudan (estimated 10,000 South Sudanese and 16,000 Eritreans), and 4,000 Ethiopian refugees returning from Sudan. The latest developments and the declaration of the state of emergency in the Amhara region might impact the influx of new arrivals. The zonal authorities have already identified plots to establish new refugee settlements adopting an inclusion approach, where basic services are integrated to serve both refugees and the host community. An estimated 100,000 Ethiopian returnees and 30,000 third country nationals are not accounted for in this plan as the Government of Ethiopia is coordinating partners' response at national level. Migrant returnees and TCN's needs are reflected in the IOM Response Overview to the Sudan Crisis and Neighbouring countries.

Population Planning Figures

Ethiopia	Estimated Population as of end December 2023
Populations to be assisted	
Sudanese Refugees	62,000
Refugees of other nationalities	26,000
Ethiopian Refugee Returnees	4,000
Total	**92,000**
N.B. 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.The estimated planning figures were set at the start of the emergency and have not been revised.	
Ethiopian Migrant Returnees	100,000
Third Country Nationals	30,000

Protection Needs, Vulnerabilities and Risks

Ethiopia currently hosts over 1 million refugees (including the recent refugee influx from the Laascanood region of Somalia). Inadequate funding for humanitarian organizations is hampering the current emergency response. RRS supported by UNHCR is screening and recording new arrivals in need of international protection at Kurmuk, Metema and Pagak/Gambella crossing points. This includes the identification of Sudanese refugees, Ethiopian refugee returnees, and refugees of other nationalities hosted by Sudan, some of whom have advanced

resettlement cases. The 31,540 new arrivals who have been screened include more than 8,224 Eritrean refugees. Over 1,400 have self-declared third country options underway, including family reunification, private sponsorship and resettlement. Some individuals with urgent medical needs have been identified and referred to health facilities. According to the inter-agency joint monitoring mission conducted to the border points with Sudan, together with local and regional authorities from the Ethiopian Government, the priority needs include food, water, sanitation and hygiene promotion, health and nutrition, shelter, core relief items (CRIs) and the delivery of protection services.

RRS and UNHCR are working on a guidance document for providing protection to those in need among those crossing the border. At least 39 per cent of the displaced are women and girls and the protection risks, including family separation, GBV, sexual exploitation abuse, are high hence the urgent need for the establishment of prevention, mitigation and response mechanisms. Signs of psychological distress among refugees and asylum-seekers have been observed and provision of MHPSS services including psychological first aid are key. Providing protection services to newly arrived refugees and returnees is therefore key, including child protection (CP), family tracing and reunification, protection risk mitigation (including GBV), as well as improving complaints and feedback mechanism, support to persons with specific needs, raising awareness on protection services, establishing referral pathways and strengthening community engagement and participation in the response. Capacity building of border management agencies on protection as well as of regional administrations, and local woredas (districts) to support and facilitate community-based protection activities and peaceful coexistence among displaced refugees and host communities is also a priority

.

Part 2: Emergency Response Strategy

The response plan is guided by the Refugee Coordination Model and the objectives of the Global Compact on Refugees (GCR) to promote solutions and inclusion from the onset of the refugee emergency. All interventions will be designed, implemented, and monitored through rights-based, community-based and Age Gender Diversity (AGD) approaches. The key response approach includes the construction of transit centres at border points to receive and assist persons in need of international protection upon arrival, the relocation of refugees who cannot sustain themselves in urban areas into existing refugee settlements/camps, and the construction of new refugee settlements where required.

Upon arrival at the border, the refugees are screened and recorded by RRS to facilitate access to services and assistance. During the screening, refugee's intentions (e.g., those wishing to stay with family in Addis Ababa, resettlement cases at an advanced stage, etc.) will be documented.

Protection teams will assist in screening, identification, registration and referral of persons with specific needs, such as unaccompanied and separated children and other children at risk of neglect, abuse, violence and exploitation, older persons, persons with chronic illnesses, pregnant mothers, persons with disabilities, and others. Protection monitoring and assessment, including border monitoring, to detect the presence and assess the situation of refugees and asylum-seekers will continue. It is estimated that refugees may stay at the transit centre for 1 – 2 months while further solutions are being sought. Other

forms of emergency assistance provided will include provision of high energy biscuits, cooked meals, and basic medical assistance. In addition, WASH services, including emergency water supply for the first three months, construction of toilets and bathing facilities, and safety and dignity services will be undertaken.

Partners will work closely with RRS to ensure that refugees with family ties in urban areas or host communities, or refugees that are able to support themselves, are allowed to stay in urban areas. Refugees without any means to sustain themselves and those who choose to do so, will be relocated to existing refugee formal settlements. However, noting that some existing settlements /camps have reached full capacity, new refugee sites are already being established in collaboration with local authorities to develop new refugee settlements as needed. A community-based protection approach will be implemented in all interventions, to meaningfully engage refugees in the response, and promote peaceful coexistence among refugees and host communities.

It is also important to underscore that the humanitarian and development communities are strongly committed to implementing the Ethiopia Interagency Strategy on Protection from Sexual Exploitation and Abuse (PSEA), signed in 2020 with clear guidelines on safe and ethical referrals and reporting.

Strategic Objectives

- **SO1:** Individuals in need of international protection can access territory and asylum; those at risk are provided with needed protection services; and protection is mainstreamed in all sectors of the emergency response so that all forcibly displaced persons have access to protection and enjoy their rights.
- **SO2:** All refugee returnees and other forcibly displaced people have dignified access to basic services, in a progressively inclusive manner facilitated by improving national services for the newly arrived population and their host communities.

Sectoral Responses

Protection

Protection partners and RRS will work closely to identify new arrivals and their protection needs at entry points and to register refugees, asylum-seekers and refugee returnees. RRS and UNHCR are jointly conducting the pre-registration for all new arrivals in need of international protection. They will be conducting individual registration with biometrics and will provide them with documentation. UNHCR will support the Government on the implementation of refugee status determination procedures (RSD), with a preference for prima facie recognition for Sudanese and simplified RSD procedures for other nationalities. Partners will assist the Government and local authorities to provide timely, accessible and accurate information, including child-friendly information, on the legal framework, administrative procedures and services available to persons arriving in Ethiopia and those in transit, including through protection offices, mobile teams, community centres, counselling lines, community networks and other community-based outreach mechanisms. Partners will work together to provide legal assistance and representation to refugees: i) facing obstacles to access territory and asylum; ii) needing support to regularize their stay in Ethiopia; and/or iii) facing administrative obstacles to accessing services. UNHCR will support the lead agency mandated to work on returnees (RRS) by providing a return and reintegration package and assistance for former Ethiopian refugees who return from Sudan, including interventions on Housing, Land and Property (HLP). RRS and partners will work closely to ensure a conducive protection environment, including through consultation and participation of refugee and hosting communities. Registration activities will be supported with the necessary technological tools and technical assistance.

Protection is mainstreamed throughout the initial emergency response and protection-sensitive approaches will continue to inform the longer-term response. All responses will be aligned to UNHCR and interagency principles and guidelines, including age, gender and diversity considerations, accountability to affected people (AAP), the Interagency Minimum Standards for Child Protection, and the Interagency GBV Minimum Standards. Collaboration and coordination with RRS, regional government sectoral authorities, regional and country-based inter-agency fora will be promoted and a localization agenda, prioritizing cooperation with local authorities and local and community-based organizations (including refugee-led and women-led organizations), will be actively pursued.

Two-way communication, feedback and response mechanisms engaging communities is crucial for the affected population to access timely, accessible, accurate and actionable information on rights, obligations, available services and entitlements. This will enable them to access services or make well-informed decisions for them and their communities. Gender and age-sensitive community leadership and representation structures will be established to facilitate information dissemination to refugees in different locations, including those along the borders. In collaboration with the regional, zonal and woreda authorities, community-driven solutions would be enhanced in refugee-hosting areas, through setting up community centres, engaging refugee leaders and the host community local authorities to maintain peaceful coexistence between refugees and host community, including, as appropriate, through the organization of townhall meetings as avenues for community sensitization

and information dissemination .

Sub-Sector: Child Protection

Best Interests Procedure (BIP) will be initiated upon identification and registration of children at risk at the reception centres, and during site planning and relocation as well as through community services and structures. The child protection programme will be guided by the Interagency Minimum Standards for Child Protection. Protection actors will work with health care providers to ensure mental health and psychosocial support (MHPSS) services to children and caregivers, including setting up Child-Friendly Spaces (CFS) to allow children to engage in safe play and recreational activities to build their resilience and promote psychosocial well-being. Tracing and family reunification services will be provided in collaboration with the ICRC. Family-based alternative care placement for unaccompanied children and assessment of care for separated children will be implemented through the Bureau of Women and Children Affairs (BoWCA) in collaboration with protection partners. Best Interest Procedures (BIP)/case management training for partners, BoWCA social workers and outreach workers will be undertaken. Family strengthening and community engagement for behaviour change to prevent and respond to violence, exploitation, abuse, harmful practices, and to mitigate other forms of gender-based violence (GBV) against children will be essential cross- sectoral activities. Community engagement and building on existing protection systems will be an integral part of the child protection response, which will focus on prevention of family separation, identifying unaccompanied and separated children, family tracing and reunification and providing family-based alternative care options when family tracing is not possible. Partners will work with the BoWCA that has the statutory responsibility to provide case management for children and their families facing protection concerns. Child protection will be mainstreamed into other sectors, and sectoral staff will be trained on safe identification of children at risk and referral to specialized services, and child protection coordination mechanisms led by authorities will be strengthened to provide timely interventions for prevention and response for children.

Sub-Sector: Gender-based Violence (GBV)

On prevention, mitigation and response to GBV, the programme will be guided by the Interagency Minimum Standards on GBV in Emergencies. To address immediate needs, GBV service providers will focus on case management, psychosocial support (PSS), and coordination with health care providers for access to integrated Sexual Reproductive Health (SRH). In addition, partners will provide dignity kits to women and girls of reproductive age. Responders are also strengthening existing community-based mechanisms to raise awareness and ensure safe disclosure and referral of GBV survivors. Efforts will be undertaken to strengthen institutional response capacity, establishing new systems where none exist, and responding to the needs of refugees and affected host communities in the refugee influx hosting locations. Capacity development for frontline responders will be reinforced through targeted trainings, establishing GBV referral pathways, supporting community structures (including women's networks and

organizations), and Information Education and Communication (IEC). Information will be shared in the appropriate languages to inform the community members of available services for GBV survivors and GBV risk mitigation measures. UN Agencies will provide specialized support for outreach activities and for a whole-of-community engagement for social norm change, the establishment of women and girls' safe spaces and child-friendly spaces to improve safety of women, girls, and boys, including by providing safe and confidential case management to survivors of GBV and referrals to specialist services. Collaboration with other sectors on GBV risk mitigation will be carried out to ensure sectors interventions are safe and that sectors contribute to reduction of GBV risks.

Education

To ensure that the most affected population have access to education services and opportunities, the proposed interventions promote equitable access for children and adolescents to inclusive and quality learning opportunities in line with Sustainable Development Goal (SDG 4). This includes primary and secondary education, formal and non-formal education and early learning in safe and protective learning environments for all refugee children within a few months from the initial displacement. Inclusive access to education opportunities will be ensured with specific attention to girls, children with disabilities, refugees, and other marginalized and vulnerable children. As part of the initial emergency response, the RRS and RRP partners will liaise with the regional government authorities responsible for education on how to integrate new arrivals into host community education systems at all levels of education. Emphasis will be on pre-primary, primary and secondary education. Major interventions will include establishing focused coordination and governance mechanisms of the refugee coordination model in collaboration with the education partners, under the Regional Education Bureau. This will facilitate rapid joint assessment of returnee and refugee children, joint mapping of the existing education facilities, rehabilitating and expansion of existing school infrastructure and setting up temporary Child Friendly learning Spaces. In addition, language classes, the use of the Government's alternative education and accelerated learning approach will be implemented to support integration into the host country curriculum.

Other interventions will include providing essential teaching learning materials to support children's learning, providing hygiene promotion supplies for schools / learning programmes to support safe operation in the learning centers. This will be complemented by supporting the conduct of enrolment campaigns, community events and messaging to engage parents in support of back to learning. It will be necessary to build the capacity of teaching and education personnel for smooth integration of the returnees and refugees into the existing curriculum. Teachers will be trained in teaching methodologies, classroom management, conflict sensitive peacebuilding education and basic pedagogy MHPSS, child safe guarding including PSEA, safe identification and referral of children at risk of GBV, SEA and other risks. Psychosocial training for children, adolescents, parents and teachers will be necessary to deal with trauma among the refugees and returnees. Child protection case management services will be facilitated through coordinated education and child protection multi sectoral support for vulnerable children who face child protection concerns. UNICEF, education partners will work closely with UNHCR and RRS in providing quality education for

newly arriving refugee children and returnees.

Food Security

The newly arriving refugee population are joining an existing refugee population that is already food insecure. Ethiopia has experienced economic and climate shocks and is endeavoring to rebuild livelihoods through agricultural activities and support to markets in locations expected to receive new arrivals. Refugees in Ethiopia were only receiving 60 per cent of the general food ration since 1 May 2023, which only provided about 1262 kcal/p/day.

As of June 2023, a pause on food aid was announced by USAID and WFP following allegations of food aid diversion in the country. Up to date UNHCR has been providing hot meals through its partners IHS and GOAL, with the hope that dry food rations can be provided as soon as possible through WFP and its new cooperating partners (CPs). Once the pause on food assistance is lifted, in collaboration with WFP through the CPs, refugees will be provided hot meals, High Energy Biscuits (HEBS) and eventually dry food rations at reception sites and upon relocation to settlements/sites. Where food will be provided in-kind, temporal distribution sites will be established, and modalities will be designed in consultation with stakeholders.

- Provision of hot meals and targeted dry rations by UNHCR through Innovative Humanitarian Solutions (IHS) and other partners as a lifesaving measure temporary pending resumption of the general food distribution.
- Distribution in refugee settlements will be conducted by WFP's cooperating partners (CPs).
- Emergency food rations is provided in line with the food basket ration scale.
- WFP will lead end to end distribution through its CPs in line with the revised SOPs on food distribution.
- UNHCR will ensure emergency data of beneficiaries to be assisted is shared and when L2/L3 registration is done ensure the use of the digital GDT platforms.
- WFP, UNHCR and RRS and partners will provide assistance in new sites.
- Where feasible, and dependent on market assessments on available food commodities and service agents, cash modalities will be explored and prioritized. From the outset, consideration for food security and livelihoods options will be explored to enable self-reliance and household food security.

Health and Nutrition

Essential primary healthcare and nutrition activities as per the Ministry of Health service package will be provided from border entry points and will include screening for malnutrition and diseases and referral for treatment, vaccinations, and linkage to existing Ministry of

Health-run health facilities for other services. This includes treatment of common illnesses, communicable diseases, integrated management of childhood illnesses, sexual and reproductive health (SRH) services, initially focusing on the minimum initial service package for SRH in crisis situations (MISP), health services for GBV survivors including clinical management of rape, mental health and psychosocial support specialized services, management of non-communicable diseases, continuation of treatment for chronic diseases and prevention of HIV and provision of anti-retroviral therapy. Where Ministry of health facilities do not have sufficient capacity, health services will be expanded in coordination with the local health authorities. Health facilities will be established near or at the transit centre or where the refugees/ asylum-seekers will reside if they are at a long distance from the existing health facilities. Secondary healthcare will be accessed at the general hospital in the region of arrival.

In addition, using a system-strengthening approach through nutrition selected partners, the nutrition response will be provided through existing health facilities (health centres and health posts) in the host communities. Key nutrition specific activities mainly: Community management of acute malnutrition (CMAM) will be provided and infant and young child feeding practices promoted. Where existing host communities do not have sufficient capacity, services and facilities will be expanded according to the catchment population. As the need has increased due to the influx of refugees, the Mobile Health and Nutrition Teams (MHNTs) or Sustainable Outreach Service (SOS) approach will be deployed to ensure the availability of quality live-saving nutrition services to the refugees and host communities. The modalities of the mobile team will be designed to provide comprehensive services which include life-saving primary health care, immunization, surveillance, nutrition screening and management, life-saving emergency SRH, mental health consultation, and health services for GBV survivors. RRP partners will procure and transport critical health and nutrition supplies, provide training, and support operational costs for deploying the MHNTs/SOS to the locations. The nutrition situation of newly arriving Sudanese to Ethiopia is expected to be worsened by the loss of livelihoods and limited access to basic services mainly due to conflict. The Government's regional health authorities and nutrition partners will endeavour to provide emergency nutrition-specific services and scale up nutrition-sensitive programmes in alignment with the national food and nutrition strategy.

Key nutrition-specific activities include capacity building and system strengthening of nutrition programmes for vulnerable groups especially pregnant and lactating women, and children under five years at entry points, health facilities, settlements and in communities/villages for refugees and hosting communities. Vitamin A supplementation and deworming; blanket supplementary feeding for all children 6-23 months (and expanded to 24-59 months depending on the level of the emergency); screening for acute malnutrition and treatment of Severe acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM); Infant and Young Child Feeding in Emergencies (IYCF-E) interventions including Baby Friendly Spaces; nutritional screening using Mid Upper Arm Circumference (MUAC) <115 mm or weight-for-heigh z-score (WHZ) ; Nutrition Monitoring and Surveillance; Ready-to-Use Therapeutic Foods (RUTF); Ready-to-Use Supplementary Foods (RUSF), C products management; community outreach and follow-up; continued support for the host community nutrition programmes; Rapid Standard Extended Nutrition Survey (SENS)/SMART survey; surge capacity for nutrition technical support; and mobile nutrition teams to the sites and facilities.

There will be an increased risk of disease outbreaks such as cholera, malaria, and measles due to overcrowding, poor hygiene and sanitation. Therefore, prevention and control of disease outbreak activities including training of rapid response teams (RRT), prepositioning of health commodities and conducting community engagement programmes. In addition, technical

assistance will be provided to conduct supportive supervision, mentoring, monitoring, and evaluation.

Mental Health and Psychosocial Support (MHPSS) is required in support to individuals experiencing armed attacks and abuse while fleeing in search of safety; family separation, including an increase in the number of unaccompanied and separated children; and heightened risk of sexual and gender- based violence, particularly affecting women and children. Activities and programming will be integrated into wider systems (e.g., existing community support mechanisms, formal/non-formal school systems, general health services, general mental health services, social services, etc.

Livelihoods and Economic Inclusion (LEI)

RRP partners will implement the Livelihoods and Economic Inclusion response with one key objective: enhance the self-reliance of refugees by promoting activities targeting communities, households and individuals through conditional seasonal programmes linked to livelihoods and asset creation. Refugee economic inclusion is critical in ensuring that they can meet their basic needs with dignity through decent jobs and actively participating in local economies. Attention will be paid to three employment pathways, i.e., self-employment, wage employment, and enterprise development, through strategic partnerships with development and humanitarian actors. In the urban context, refugees, and members of host communities, who owned enterprises, will be supported by facilitating their access to financial services in partnership with commercial providers. Advocacy efforts with the Government will continue to facilitate access to work permits and business licenses.

Shelter and Settlements

Emergency communal shelters will be set up in the transit centres that are being established to accommodate refugees and asylum-seekers, with attention gender-sensitive considerations and accessibility. More dignified shelters either through in-kind or cash assistance to families will also be provided. Simultaneously, in coordination with RRS and the local authorities, two sites, Kumer and Awulala, have been identified, with Kumer already being developed. In both Gambella and Benishangul Gumuz, the capacities of existing refugee camps/sites will be reinforced, with possibilities of further extensions, and assessment will be conducted for the possibility of establishing new settlements. Once the necessary documentation is provided by authorities, the sites are going to be established with the Master Plan Approach in a way that accommodates, complements, and aligns to all existing local, regional and national government plans and frameworks for development and ensuring participation and consultation of relevant sectors and stakeholders and refugees and returnees in the process. Through this settlement approach, services, such as health, schools, water systems, and other facilities will be strengthened to support both host and refugee communities. New settlements will be established in areas that minimize the risks of floodingand refugee communities. New settlements will be established in areas that minimize the risks of flooding.

Water, Sanitation and Hygiene (WASH)

RRP partners will work closely with the regional government water authorities and RRS in coordinating the WASH response. Immediate water provision is planned through water trucking (10liters/per person/per day) until more sustainable approaches are possible. The Regional Water Bureau (RWB) will be engaged to provide technical support and oversight in the development of water systems. Once durable permanent water sources are developed, the response will endeavor to provide ≥ 20l/p/d. In line with the WASH strategy, solarization of water systems will be prioritized.

Gender segregated water and sanitation facilities will be constructed. These will initially be communal, while families will be gradually supported to build their own latrines. Timely and consistent provision of soap during an emergency and post emergency cannot be overemphasized. This is a key priority to promote personal hygiene through hand washing especially in the fight against infectious diseases. Hygiene promotion will be undertaken to ensure that they are always clean and covered. Solid waste management will be supported as part of hygiene promotion through clean up campaigns and awareness raising.

Throughout the response, UNHCR will coordinate closely with other agencies such as UNICEF, national and international partners in the provision of WASH services. Protection aspects will be mainstreamed in the design and location of all WASH facilities and services by ensuring meaningful consultation and effective participation of all persons forced to flee, taking into consideration age, gender and diversity. Community Based Management and the involvement of beneficiaries at every stage of WASH interventions will be ensured to improve ownership.

Energy and Environment (climate action)

New arrivals will be provided with fuel efficient stoves, while vulnerable groups will also receive firewood. Once the pause on food assistance is lifted, these interventions will help refugees cook their food rations without having to travel long distances to collect firewood. Access to energy sources is a key mitigation measures to reduce the risk of GBV, conflict with host communities and environmental degradation in the newly established sites. Solar lamps will also be included in the NFI package to help newly arrival refugees.

Longer term energy solutions will also be assessed, including consideration to the national electricity grid for communal cooking and the installation of solar streetlights at protection sensitive locations to the benefit of both refugee and host populations. In collaboration with the local communities and authorities, locally adaptable multipurpose tree seedlings will also be planted in and around the sites.

Logistics, Telecoms and Operational Support

RRP partners will ensure timely and safe transportation of new arrivals from the borders to transit centres and onward to existing camps or new settlements. There is a need to increase the level of logistics, transport and warehousing cooperation with partners and the Government through local contracting or direct implementation, as well as prepositioning fuel supplies. In this regard, a series of actions have been taken, including beefing up stockpiles at regional level, initiating the replenishment of CRIs stock and prepositioning available quantities of CRIs to the areas of intervention. Airlift options for the delivery of CRIs are being identified if needed. Under the overall coordination of the UNHCR-led Refugee Emergency Telecommunications Sector (RETS), internet connectivity, security telecommunications and other technologies services will be provided in common operational areas as humanitarian needs and operations require.

RRP partners will provide protection related transport and pre-travel health screening assistance for refugees and refugee returnees to ensure their safe and secure transportation from the border to the designated location/camps, to ensure refugees are able to access life-saving services provided by RRS, UNHCR, and other humanitarian partners in designated refugee camps or sites. Measures will be put in place to mitigate child protection and GBV risks in transportation services and prevent family separation. An effective feedback mechanism will be put in place to ensure beneficiaries receive adequate and timely information on distance of travel, access to assistance, to receive and address complaints, and to identify areas of needed improvement. Experienced medical and operations staff will be deployed to support the response and any refugees in need of additional care and support.

Use of Cash-based interventions (CBI)

Increasing the use and coordination of cash-based interventions is part of the Grand Bargain commitments. Although lack of financial and communication infrastructure as well as economic instability pose challenges in some areas to introduce cash-based interventions (CBIs) several

RRP partners will continue to expand multipurpose case assistance as modality for refugees and returnees and to contribute to protection and other sectorial outcomes whenever possible

Cross-cutting Priorities

- **Accountability to Affected People (AAP)**
- **Age, Gender and Diversity (AGD)**
  - Disability Inclusion
  - Older Persons
- **Protection from Sexual Exploitation and Abuse (PSEA)**
- **Localization**
- **Climate Action**

Read more in the Regional Overview pp.11 to 14.

Partnership and Coordination Arrangements

The response to the arrival of Sudanese refugees and refugee returnees into Ethiopia is led by the Government of Ethiopia under the leadership of the Refugees Returnees Service (RRS) and supported by the response partners, in adherence to the Refugee Coordination Model (RCM) and the Global Compact for Refugees (GCR). The response is co-led by RRS and UNHCR at national and regional level with the contribution of RRP partners, donors, government social service bureaux at regional level and other local authorities. A technical level Inter-Agency Task Force, co-chaired by UNHCR and RRS, has been set up in each of the four regions expected to receive refugee and/or refugee returnee arrivals. The inter-agency task forces are complemented by sectoral working groups on protection (with sub-groups for GBV and child protection), WASH, health, shelter, and education. In addition, UNHCR and RRS have initiated and are coordinating ad-hoc meetings with government authorities and RRP partners to critically assess the situation and respond accordingly. In line with the Global Compact on Refugees (GCR), RRP partners will engage a wide range of stakeholders, including regional and district governments, through a whole of-society approach. Partners will include refugee-led organizations (RLOs) or other organizations led by displaced, stateless persons, and community-based organizations (CBOs), including those led by women and youth.

17 Partners

5 UN Agencies

10 International NGOs

2 National NGOs

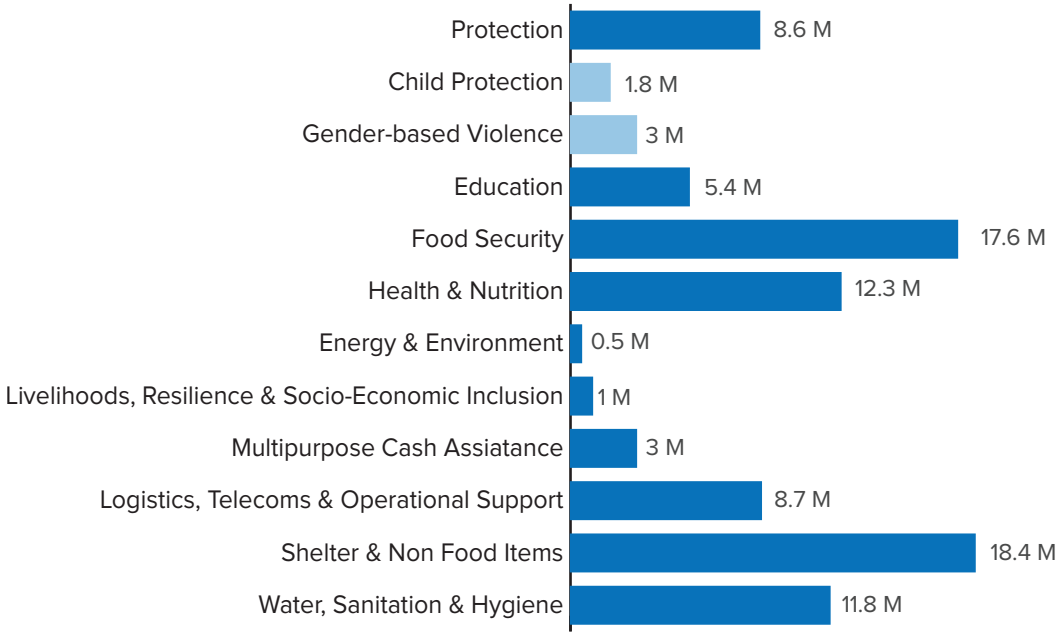
Requirements

COUNTRY OVERVIEW

Total Financial Requirements
In USD

$92.1 M

Budget summary by sector
in Million USD



Annex 1

List of RRP Partners and Budget breakdown by RRP Partner in Ethiopia

Partner	Acronym / Short Title	Type	Requirements in US$
INGOs			**16,705,000**
HelpAge International	HAI	INGO	1,000,000
Innovative Humanitarian Solutions	IHS	INGO	500,000
International Medical Corps	IMC	INGO	480,000
International Rescue Committee	IRC	INGO	800,000
Lutheran World Federation	LWF	INGO	2,250,000
Medical Teams International	MTI	INGO	1,000,000
Norwegian Refugee Council	NRC	INGO	5,835,000
Plan International Ethiopia	PIE	INGO	3,000,000
World Vision Ethiopia	WVE	INGO	1,140,000
ZOA	ZOA	INGO	700,000
National NGOs			**490,000**
African Humanitarian Aid and Development Agency	AHADA	NNGO	350,000
Action for the Needy in Ethiopia	ANE	NNGO	140,000
UN Agencies			**74,930,478**
International Organisation for Migration	IOM	UN	8,000,000
United Nations Population Fund	UNFPA	UN	3,200,085
United Nations High Commissioner for Refugees	UNHCR	UN	38,772,510
United Nations Children's Fund	UNICEF	UN	8,210,800
World Food Program	WFP	UN	16,747,083
TOTAL $			**92,125,478**

* *This list only includes appealing organizations under the RRP, many of which collaborate with implementing partners to carry out RRP activities.*

SOUTH SUDAN

With the UNHCR transit centre in Renk, South Sudan reaching its full capacity of 5,000, many new arrivals who crossed the border after fleeing the conflict in Sudan, set up temporary shelters in the bush surrounding the town. Many of those arrived were in poor condition due to walking long distances and exposure to the sun. © UNHCR/Andrew McConnell

AT A GLANCE

South Sudan Planned Response

May – December 2023

70 K
Sudanese Refugees and Refugees of other nationalities

520 K
South Sudanese Refugee returnees and Migrant Returnees

10 K
Third Country Nationals

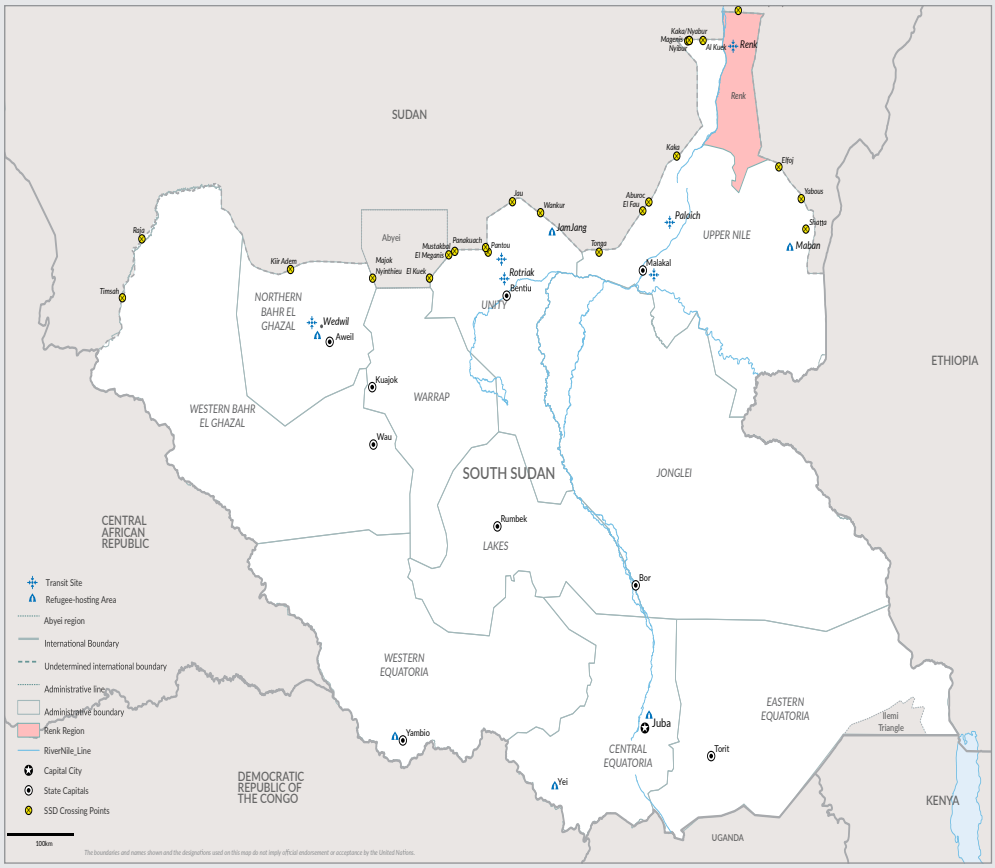
356 M
Total financial requirements

$77 M
for Refugees

$279 M
for Returnees

$400 K
for TCNs

29
Partners



Country Overview

Part 1: Current Situation

South Sudan – the world's newest country - faced considerable challenges even before the conflict in Sudan caused a large influx of people crossing through its northern borders. **As of end August, 240,245 refugees and returnees have fled to South Sudan**. According to the 2023 Humanitarian Needs Overview, an estimated 2.2 million people are displaced inside South Sudan since 2013 and more than 2.3 million South Sudanese refugees have fled to neighbouring countries. The pre-existing displacement crisis in South Sudan is one of the largest in Africa. An estimated 9.4 million people, 76 per cent of the population, were projected to need of humanitarian aid and protection services in 2023, including 2.2 million women and 4.9 million children. South Sudan has a strong tradition of providing asylum to people seeking international protection grounded in a robust Refugee Act (2012), its 2017 Refugee Status and Eligibility Regulations and complemented by the 2019 National Comprehensive Migration Policy. Prior to April 2023, South Sudan hosted close to 300,000 refugees and asylum-seekers in its territory of whom 93 per cent are from Sudan primarily living in refugee camps or settlements in States bordering Sudan. Prior to the conflict, Sudan hosted some 1.1 million refugees and asylum-seekers, of which 800,000 were registered South Sudanese nationals[11]. Many more South Sudanese live in Sudan and have not sought international protection. Since 2018, an estimated 174,000 South Sudanese had spontaneously and independently returned from Sudan[12].

After independence in 2011, South Sudan fell back into civil conflict with major outbreaks of violence in 2013 and 2016. The Revitalised Agreement on the Resolution of the Conflict in the Republic of South Sudan (R-ARCSS) brought an end to the conflict in September 2018 and, ultimately, the formation of the Revitalised Transitional Government of National Unity (RTGoNU) in February 2020. Decades of conflict left South Sudan chronically underdeveloped and vulnerable to instability. The UNDP Human Development Index ranks South Sudan as the least developed economy globally ranked last out of 191 countries, based upon life expectancy, education and gross domestic product per capita.

Public infrastructure such as roads, schools and hospitals are limited across the country and, where available, inadequate to meet the needs in a vast populous country. Agriculture constitutes the backbone of the South Sudanese economy, with many reliant on farming, livestock, and fishing for subsistence and livelihoods. Today, South Sudan faces food insecurity across large parts of the country and millions of people are reliant on humanitarian food assistance. Flooding in 2022 has been the most severe in decades, particularly in Unity and Jonglei but also Lakes, Warrap, and Upper Nile States. Economic underdevelopment, lack of resources, and insufficient infrastructure leave the people of South Sudan highly vulnerable to the long-term effects of climate change. The humanitarian crisis in South Sudan is the result of an accumulation of interlocking factors the legacy of decades of civil war, sub-national inter-communal violence, economic underdevelopment, flooding, climate change and

11 UNHCR Sudan- Overview of refugees and asylum seekers distribution and movement in Sudan Dashboard as of 09 July 2023

12 *UNHCR South Sudan - Overview of spontaneous refugee returns, April 2023.*

with more than 6.6 million people food insecure. The conflict in neighbouring Sudan threatens to destabilize the already fragile situation in the country further.

The Sudan-South Sudan border is actively used by refugees, migrants, and South Sudanese nationals for cross-border trade. In the past year, the South Sudanese pound has experienced a 55 per cent depreciation from SSP 454 to SSP 1,000 against the United States' dollar. The north of the country is heavily dependent on Sudan for supplies of food, fuel and basic goods and as a result of currency depreciation, households' purchasing power has also declined. The conflict in Sudan has also had an impact on fuel prices which have risen significantly, e.g. some 233 per cent in Renk, Upper Nile State and 213 per cent in Yida, Ruweng Administrative Area – both important border crossing points into South Sudan[13].

Since mid- April 2023 over 220,000 people, the majority South Sudanese returnees, have arrived in South Sudan. Most people have endured long, arduous journeys, are traumatized by the lived experience of violence against civilians, and many arrivals – particularly women and girls - have experienced various forms of gender-based violence (GBV). People are arriving in South Sudan in extremely bad health, nutrition and physical conditions, almost all have been detected to experience food insecurity at various degrees and the inability to meet basic needs. With the onset of the rainy season the already inadequate infrastructure will complicate the transport of goods, personnel and humanitarian operations resulting in the further deterioration of the socio-economic situation in the country and communities hosting newly arriving people.

In South Sudan, the Relief and Rehabilitation Commission (RRC) of the Ministry of Humanitarian Affairs and Disaster Management is tasked to assist returning South Sudanese citizens and coordinate the response for internally displaced populations. On the other hand, the Commission for Refugee Affairs (CRA) is responsible for the overall management and coordination of refugee and asylum matters and takes the lead in preparedness and regulating the refugee reception mechanisms with the support of UNHCR.

Conflict Overview

Four and a half months on, Khartoum is still the centre of fighting although violence has been particularly deadly in the Darfur region. The conflict has also expanded to and escalated in other areas, including to South Kordofan. Multiple attempts to broker a ceasefire since May 2023 did not hold and fighting escalated again. Violence in Sudan continues to spread, pointing to a protracted conflict with further forced displacement internally and to neighbouring countries like South Sudan.

The conflict dynamics in Sudan are complex and several likely developments have been considered, most of which linked to the intensification of conflict in Darfur, South Kordofan and Blue Nile regions. While Darfur is already seeing high levels of conflict, South Kordofan and Blue Nile have till now stayed relatively stable. However, both States have historically been the centre of military campaigns against the Sudan People's Liberation Army/Movement (SPLA/M) in South Sudan. The split of the SPLM in 2017 into two factions has further complicated reconciliation efforts, most notably the Juba Peace Agreement (2020). The risk of increased tensions between the two factions including realignment to the main parties of the conflict is very likely, with episodes of conflict already occurring.

In all cases, the likelihood of increased internal and cross-border displacement is extremely high as the conflict in Sudan continues and diversifies. It is unlikely that forcibly displaced people will return to Khartoum and other conflict-affected

13 *WFP Weekly Price Bulletin, May 2023.*

areas in Sudan in the short-term. The rainy season will also increase access challenges and exacerbate existing needs inside Sudan, and food insecurity is projected to increase. Areas in Sudan likely to be particularly affected are Kassala, Gedaref, White Nile, Central, West, and South Darfur.

Since mid-April 2023, some 2.4 million people are already internally displaced[14] and an estimated 200,000 refugees and asylum-seekers in Sudan have reportedly moved out of Khartoum and Darfur States to other locations in Sudan[15]. The majority are South Sudanese nationals moving to existing refugee camps or other informal gathering sites in the White Nile State, which already accommodate some 300,000 South Sudanese refugees and several thousand IDPs. The primary impact of the escalation of violence in Darfur and the expansion of the conflict to South Kordofan and Blue Nile will be a significant increase in displacement into South Sudan from those areas, particularly if the White Nile State is also affected. Any violence in these areas could also result in the displacement of Sudanese refugees and migrants to the Ruweng Administrative Area and Upper Nile State. It is also expected that while access on the south-western borders of Sudan may be challenging during the rainy season and as a result of increased insecurity, it is expected that forcibly displaced people will enter South Sudan through Upper Nile State and have longer journeys, with increased exposure to risks of violence, repercussion on their physical and mental well-being and possibly on their level of assets.

Risk Analysis & Mitigation Measures

There are a range of risks which could impact the emergency response, preventing the provision of adequate protection, assistance and durable solutions for people arriving from Sudan. Risks are connected with the conflict in Sudan and are also linked to pre-existing operational challenges in South Sudan which can affect how the Government and partners can respond to the emergency.

Specific risks which may impact the response include the rapidly deterioration of the security situation inside Sudan precipitating a sudden influx of people into South Sudan. A shift in conflict dynamics, resulting either in the conflict crossing into South Sudan or parties within South Sudan aligning with factions in the Sudan conflict, will also overwhelm the response capacity of the Government and partners in South Sudan. The existing fragile public infrastructure and social services will rapidly deteriorate with a sudden influx of people or a deteriorating security situation.

Weather conditions and increased insecurity along routes in Sudan may also hinder displaced people's ability to reach South Sudan, putting them at increased risks of violence, exploitation and extortion, with repercussions on their physical and mental well-being and on their already depleted material and financial assets. In South Sudan, the rainy season and risk of flooding in certain areas will also affect the Government and humanitarian partners' ability to effectively respond including providing timely onward transport to areas of return.

Insecurity in South Sudan such as the recurrent inter- and intra-communal tensions may flare up periodically which can affect humanitarian operations particularly in areas of return. In addition, large return movements in adverse conditions and with poor reception infrastructure will determine situations of congestion and overcrowding, particularly in transit / reception centres presents, in turn triggering health hazards, particularly the risk of communicable diseases. In

14 *IOM Sudan DTM - https://dtm.iom.int/sudan*

15 *UNHCR Sudan- Overview of refugees and asylum seekers distribution and movement in Sudan Dashboard as of 09 July 2023*

this context, the fragile public health services will become further strained and in need of additional support to meet the increased demand.

The deterioration of the socio-economic situation in South Sudan with high inflation, currency devaluation and competition for limited resources risk heightening tensions with new arrivals. The disruption of supply chains for basic commodities risk increasing food insecurity in the country, which already displays country-wide food insecurity with over 54 per cent[16] of the population experiencing high levels of acute food insecurity, classified in Crisis (IPC Phase 3) or worse between October and November. As demonstrated in various situations, growing food insecurity will have negative repercussions on the protection situation of already vulnerable segments population, triggering harmful coping strategies such as child labour, including in its worst forms, school drop-out, early marriages, sale and exchange of sex, and other forms of neglect and marginalisation.

Lack of sufficient and sustained resources to finance a high cost, logistics-heavy emergency response is ever-present and is a critical risk to effectively respond. The result of insufficient funding for all phases of the response will result in RRP partners' reduced capacity to deliver life-saving assistance, therefore enhancing the deteriorating situation for arriving and hosting populations.

The realization of these risks will significantly hamper the effective implementation of response phases. Partners may find themselves unable to provide even the most basic protection services and humanitarian assistance to the people fleeing conflict in Sudan. It may result in further increased risks to the safety (protection), security and dignity of arrivals and host communities and also increase tensions against humanitarian staff due to unmet expectations. Given these potential ramifications, it is imperative to closely monitor these risks and adopt a conflict-sensitive approach to the provision of assistance.

Mitigation measures being put in place to manage the risks include regular dialogues between the Humanitarian Country Teams of Sudan and South Sudan on conflict dynamics to plan for possible peaks in arrivals and preparation steps for reception capacity and services for refugee and IDP sites in various States of the Southern and Eastern regions of Sudan. At the technical level, cross-border consultations and information gathering is taking place to inform the planning and adapt the response. The regular dialogue with the authorities to maintain and manage security along transport routes is critical for timely movement of people, goods and personnel. Upstream support to strengthen public services, especially in health provision, is required in arrival/transit and destination States.

Through prioritising accountability to affected populations approaches, partners continue to identify concerns, manage expectations, provide relevant information to arriving populations on movement options, services, and assistance. Regular communication in the field and in the capital strengthens coordination and response both in arrival, transit and destination locations. Contingency planning for increased arrivals, pre-positioning of stocks and inclement weather conditions for partners' scalability in arrival and destination states is needed, and considered in the updated response plan. Partners taking part in the humanitarian response (Phase 2 of the programme cycle) and in the solutions (Phase 3 of the programme cycle) are aware of the developments and plans that are being elaborated at the State level. In addition, it is imperative to undertake a comprehensive review and update of programme criticality, evacuation protocols and business continuity strategies. This approach ensures preparedness in the face of an evolving operational landscape. In addition, engagement with regional actors such as the

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Intergovernmental Authority on Development (IGAD) and the African Union is crucial to provide solutions to the conflict in Sudan and obtain financial support to neighbouring countries, such as South Sudan.

Planning Assumptions & Parameters

This updated response plan will support the Government's efforts to manage the emergency and has taken into account the conflict and risk analysis above to define the planning assumptions and parameters. The plan assumes the security situation in South Sudan stays stable until year-end. In the event of a significant deterioration in security or sudden influx of forcibly displaced people from Sudan, the plan will need to be revised. As a result of the ongoing conflict in Sudan, the socio-economic conditions in South Sudan will become increasingly strained, with border States and the capital Juba hosting more returnees, refugees and asylum-seekers. The rainy season which normally lasts between April and November and high likelihood of flooding in certain areas will make the movement of goods, personnel and people more complicated and provision of humanitarian assistance more challenging.

Border crossing points shall stay open, but routes into Sudan will become more difficult due to insecurity and weather conditions which in turn will affect arrival rates. The arrival of returnees, refugees and asylum-seekers are projected to pick-up pace towards year-end along the north-western borders of South Sudan. Arrivals of South Sudanese will continue from Khartoum, but also increase from White Nile refugee camps, in addition to Darfur, Blue Nile and the Kordofans. Most arrivals are projected to enter into Upper Nile State, in some cases making their journey significantly longer, and affecting negatively their physical, mental health and nutrition condition. Newly arriving populations could be carriers of infectious disease or viruses which could lead to an outbreak in areas of high population density and in final destinations. Food insecurity and the inability to meet basic needs will increase.

Though onward transport to final destinations will still be prioritized, intermittent stoppages are to be expected due to security concerns, weather conditions and availability of transport. As a result, the estimated transit time at each location will be an average of four weeks. In light of the projected increased number of people arriving from Sudan until year-end and longer transit period, existing transit centres and refugee camps will need to be rehabilitated or expanded. The number of people with specific needs is expected to increase. Therefore, specialized protection services such as child protection, responses to gender-based violence (GBV), mental health, and support to older persons, will also need to be strengthened. To address the large number of refugee and asylum-seekers in the capital, Juba, a refugee settlement may need to be established in Northern Bahr-el-Ghazal State and refugees might be voluntarily relocated, requiring significant resources and personnel to set up proper information, counselling, and for the envisaged logistic effort. It is expected that Upper Nile, Unity and Central Equatoria States will be the main destinations of return and to a lesser extent the greater Bahr-el-Ghazal region.

In addition, South Sudanese returnees may opt to stay at border areas in host communities or choose to return, if there is a perceived improvement of the situation in Sudan. Onward movement out of South Sudan to neighbouring countries such as Uganda and Ethiopia though limited, is also expected to continue. To support markets in transit, final destinations and taking the mobile nature of the newly arrived populations into consideration, partners are encouraged to consider distribution of cash if feasible and appropriate in coordination with the Cash Working Group. Linkages with providers of humanitarian and solutions assistance in areas of return will also need strengthening.

Population Planning Figures

Following detailed consultations with counterparts in Sudan and taking due consideration of conflict shifts and weather-related impediments to flight, RRP partners have agreed and endorsed the below population planning figures until year-end for this Emergency Refugee Response Plan.

South Sudan	Current Population (as at 15 August 2023)*	Estimated Population (as of end December 2023)
Populations to be assisted		
South Sudanese returnees	202,749	520,000
Refugees and Asylum-seekers	18,046	70,000
Third Country Nationals	1,534	10,000
Total	**222,329**	**600,000**

RRC, UNHCR and IOM collect data at various border crossing points where people arrive into South Sudan. The situation at the border remains fluid and all numbers are indicative only. It is likely that more people are arriving than UNHCR and IOM teams present at border crossing points can identify and register.

Strategic Objectives

- **SO1: Deliver life-saving assistance including protection services to people fleeing Sudan at border crossing points.**
  Provide emergency life-saving basic needs assistance, including health interventions, nutrition & protection vulnerability screening to arrivals at border entry points.

- **SO2: Assist South Sudanese returnees, refugees, asylum-seekers and third-country nationals during transit and at transit and reception locations**
  Provide protection and basic needs assistance to South Sudanese returnees, refugees, asylum-seekers and third-country nationals using a multi-sector approach at transit/reception locations and provide transport assistance to final destinations.

- **SO3: Guarantee protection to refugees and asylum seekers and maintain civilian character of asylum.**
  Provide protection and basic needs assistance services to all refugees and asylum-seekers.

- **SO4: Support to third-country nationals (TCNs)**
  Assist third-country nationals in immigration procedures and in contacting respective consulate authorities. Provide humanitarian transportation for those in need.

Role of the Government

The Refugee Response Plan supports host governments who are taking the lead and playing a crucial role in this emergency. In South Sudan, the line ministries playing a critical role in this response include, but are not limited to the following:

- National and State Ministry of Gender Child and Social Welfare, MoGCSW
- National and State Ministry of General Education and Instruction, MoGEI
- Ministry of Health, MoH
- Ministry of Health-County Health Department, MoH - CHD
- Ministry of Humanitarian Affairs and Disaster Management - MHADM
- South Sudan Relief and Rehabilitation Commission, SSRRC
- South Sudan Commission for Refugee Affairs, CRA
- Ministry of Interior

Sectoral Responses

Protection

The Government of South Sudan will grant access to its territory to all individuals arriving from Sudan. In response to the influx, the South Sudanese authorities will grant a prima facie refugee-status recognition to all Sudanese nationals seeking asylum, and refugees and asylum-seekers who were previously registered in Sudan. The Government of South Sudan will maintain the Civilian Character of Asylum (CCA) through screening and identification of possible combatants who will be separated and transferred to different facilities for further processing.

The South Sudanese authorities have identified key border crossing points along the Sudan-South Sudan border, where the Government, and partners, are tracking population movements, conducting protection vulnerability profiling, nutrition and health screening. Arrival data and basic demographic and nationality information is made available on the UNHCR-IOM joint population dashboard. Returnees, refugees and asylum-seekers who arrive at the border, are assisted, counselled and supported to reach areas of return or existing refugee camps if consent is provided. Third-country nationals, not seeking asylum, are linked up with immigration authorities and supported to return to their countries of origin.

At reception areas near the border, people receive

emergency medical assistance and basic assistance before being provided with onward transport to transit centres. People identified with specific needs, such as separated children, survivors of gender-based violence (GBV), people with disabilities and older people, receive immediate assistance including psychological first aid, clinical management of rape and are referred to receive comprehensive/targeted services including and family tracing at transit locations or final destinations. Counselling and protection services are available at transit locations and referral pathways for specialized case management and services will be strengthened to consider the journey of the new arrivals from the border-entry point to final destinations. The referral mechanism aims at continuing protection interventions and services for all new arrivals and should facilitate their integration into the existing protection/development programming at final destinations. Communication with communities on key protection messages e.g. on emergency protection services, family unity, and others is particularly relevant for people on the move and referral mechanism will be strengthened.

Through regular protection assessments and monitoring, the needs and concerns of people in transit locations and in areas of return will be identified and trends analysed to enable partners to flexibly respond to the evolving needs, and to formulate risk mitigation strategies and advocacy interventions with authorities and other stakeholders including donors.

Sub-Sector: Child Protection

Child protection services will be set up or strengthened at all transit centres and in refugee camps to identify and provide key child protection services including specialized services for children-at-risk. These include the identification of unaccompanied and separated children (UASC), case management for vulnerable children and referrals to specialized services. Specifically, family tracing and reunifications will be provided for UASC and children will benefit from quality mental health and psychosocial support based on identified needs, including for children recruited into armed groups. These services will be provided in already established, or expanded, child friendly spaces and women and girls' friendly spaces ensuring their safety and confidentiality. Recreational activities will also be undertaken with children in these spaces, thus offering basic support to psychological well-being, as well as strengthening and enabling continuity of education through basic numeracy and literacy. Child protection partners will further strengthen and enhance referral pathways between border entry points, transit sites and final destinations, including enhanced tracking of vulnerability between destinations.

Focus will also be put on prevention of risks of violence, neglect, abuse and exploitation, through, for example, scaling up community-based child protection approaches through workforce strengthening at the community level. Furthermore, attention will be given to risk education on explosive ordnance risk education (EORE) in schools and community on the dangers of mines and explosive ordnance.

Sub-Sector: Gender-based violence (GBV)

In the current situation, exposure to violence and conflict through war zones, precarious situations in transit and reception areas, the disruption of community networks and loss of family assets have heightened the risk of violence, exploitation and abuse, particularly for women and girls. Women and adolescent girls are often at particular risk of sexual violence, exploitation and abuse, forced or early marriage, denial of resources and harmful traditional practices. A total of 175 GBV services including PSS, medical and legal were provided to the reported GBV cases (85 per cent cases of adults and 15 per cent of minors) reported during the period April – June 2023 among the newly arriving populations. Of these reported cases, some 95 per cent were reported by women and girls while 5 per cent were reported by men and boys. In 56 per cent of the cases, physical assault were reported, physical/emotional abuse in 34 per cent of the cases and rape in 20 per cent of the cases. Incidents pertaining to denial of resources and services were reported in 18 per cent of the cases. Some 79 reported cases received psychosocial support, 53 were referred for medical services, 21 were provided with material assistance while other cases were provided with security and legal support.

Raising awareness on available services, referral mechanisms and support networks in transit and final destinations will also be prioritized and include updating existing referral pathways at border, transit and final destinations. Translation into local and other languages for wide dissemination in transit and final destinations and in refugee camps is also necessary. The implementation of the recommendations of Safety Audits (SA) will be monitored and further audits conducted as necessary. A safety audit is a tool typically used in emergency settings, to assess safety and security concerns and identify promptly GBV risks and gaps with a focus on women and girls. The provision of clinical management of rape services and referrals for survivors at transit sites and the provision of comprehensive case management services at final destinations will be strengthened. Specialized assistance including psychosocial support, mental health support and clinical management of rape services will need to be provided in coordination with public health and specialized health partners. Where possible, community support networks can be established, and community-based support provided, at women and girls friendly spaces in transit locations. If appropriate specific assistance for women and girls can be provided through cash assistance, in coordination with relevant cash working group partners.

Education

Available data shows that more than 53 per cent of new arrivals are children of school-going age in need of early childhood development and education services, including primary and secondary education. Given the large number of children of school-going age, the education response will focus on ensuring continuity of learning for all children – South Sudanese returnees, refugees and asylum-seekers, bearing in mind that the education system in South Sudan faces a number of challenges including one of the world's highest proportions of out-of-school children (with about 3 in 5 children outside of the classroom and girls representing the largest group

of out of school children), lack of teachers (1 teacher employed for every 77 students), poor qualification and irregular payment of teachers, inadequate school infrastructure, etc.

Education services will be offered in three main settings. The first will target refugee and asylum-seeker children in refugee camps and will include a comprehensive package to establish learning spaces, revitalize existing ones, build/strengthen foundational literacy and numeracy skills, social emotional learning and education pathways through formal and non-formal education. The second will target children-on-the move in child-friendly spaces in transit centres where the focus will be on strengthening learning through play/recreation in close collaboration with child protection partners.

Lastly, the Education Cluster will mobilise partners in support of the Ministry of General Education and Instruction (MoGEI) to expand the absorption capacities of schools to enrol South Sudanese returnee school-age children who settle in communities. At the point of entry, families will be provided with information on learning facilities at their choice of destination to facilitate a speedy enrolment of learners and avoid further learning loss.

Food Security

Displacement is a major driver of food insecurity. Based on partners' needs assessments among new arrivals, the lack of food has been identified as the most critical need, including to mitigate further resorting to harmful coping strategies potentially leading to a variety of protection risks. Food assistance will be provided to new arrivals throughout their movement from the border to final destinations.

Upon their arrival in the reception centres at border crossing points, high energy biscuits (HEB) or other types of ready-to-eat food will be provided to support the resilience from the journey and for onward movement from border point to transit locations. At transit locations, hot meals will be provided to vulnerable people, while in-kind food or cash assistance will be provided to others to meet their needs. People assisted with onward movement will be given HEB to support their needs during movement to their next destination. Upon arrival at final destinations, returnees will be supported with a one-set food assistance based on a three-month ration either in-kind or in cash. Refugees and asylum-seekers in camps will be supported with hot meals for a few days upon arrival, until they are registered after which they will be included in the general food assistance distributions already in place in the camps. The modality of in-kind or cash will be provided as is deemed feasible, with close monitoring of markets and adjustment of transfer values accordingly.

Health

Emergency health needs increased substantially since the arrival of large numbers of returnees, refugees and asylum-seekers from Sudan since April 2023. The fleeing population, many of whom are women and children are arriving with dire health needs. Trends from the integrated disease

surveillance during the second week of July recorded 49 per cent of people with acute respiratory infections, 25 per cent with acute watery diarrhoea, 17 per cent with Malaria, 7 per cent with eye infections and 2 per cent with measles. These conditions are leading causes of morbidity among the arriving population. Also, measles cases have significantly increased in most locations due to low vaccination coverage in Sudan or other countries of origin and contributed to increased mortalities among children. Mid-July 2023, Unity State had registered a total of 723 cases of measles in seven counties with 33 reported deaths (the highest number of cases were reported in Rubkona County with 606 cases and 31 deaths).

As a result, the priority will be to provide life-saving health services and specialized health kits to health partners for immediate responses at reception and in transit locations. Essential health care services and management of non-communicable diseases will be provided through static or mobile services as applicable. Immunization of children at border crossing points and in transit locations will be provided to limit the spread of communicable diseases while in transit and reduce the risk of severe disease outbreaks in the wider community. Where necessary, rapid response teams will be deployed to provide reactive and proactive immunization campaigns. Water quality testing in transit locations will be regularly carried out to limit the incidence and spread of water-borne health conditions. In areas of transit, maternal and reproductive health care and clinical management of rape services will be provided in coordination with partners and public health facilities. Mental health, psychosocial support and provision of appropriate medication will also be provided to those in need.

The capacity of partners for disease surveillance and response will be strengthened with improvement of health screening at border crossing points and capacity building of health partner staff and measures put in place for outbreak preparedness. Referral systems will be strengthened in arrival and final destinations for patients to receive continued care in areas of return, including where necessary arranging for medical evacuations for patients with chronic conditions needing specialized treatment. Basic health screening will be undertaken for people registering for transport assistance to ensure safe journey and limit mortality during onward movement. Also, procurement of essential medications and supplies for public health facilities and health partners is a key priority to provide the necessary emergency care to people arriving.

Nutrition

Since mid-April, over 10,000 newly arrived children under five have been screened for malnutrition. Over 2,500 were found to be acutely malnourished – 1,877 moderate (MAM) and 743 severe (SAM). These figures represent a global acute malnutrition (GAM) rate of 25.5 per cent, which is indicative of an IPC 5 level of acute malnutrition in the arriving population. Malnutrition among the new arrivals continue to rise sharply as the months pass, with a 60 percent increase in enrollment of malnourished children between May and June 2023 alone. The nutrition response will therefore focus on preventing and treating malnutrition through an integrated set of food and non-food interventions. As immediate nutritional support, all children under five years of age will be screened and provided with lipid-based emergency nutrition supplements on arrival at the border point.

Under the prevention pillar, in transit centres, all pregnant and breastfeeding women and girls (PBW/G) and children under five will undergo anthropometric assessments to determine their nutritional status. Those who are not malnourished will be enrolled in the prevention programme and their diets will be supplemented with a daily ration of Plumpy'Doz for children under five and fortified blended food (Supercereal Plus) for PBW/G, served daily as a hot porridge. All children under 2 years of age leaving the transit centre shall be provided with 1 week-worth of supplementary food (Plumpy'Doz) as a preventative ration until they are able to access nutrition services at their place of settlement. Maternal, infant, and young child nutrition (MIYCN) screening and counselling will be provided in transit centres to mothers and caregivers of children to prevent malnutrition through adoption of good health, nutrition, and hygiene practices. Vitamin A and deworming services will be delivered to children 6-59 months and 12-59 months, respectively.

The treatment of malnutrition will comprise of three parts in this emergency response. Firstly, nutrition partners will conduct nutrition screening at the border as well as in transit sites to identify acutely malnourished (wasted) children under five and pregnant and breastfeeding women and girls (PBW/G). Those making their way to the transit centres will be enrolled in nutrition services being provided at the transit centre or through mobile outreach. Those who are headed into their final destinations will be referred to their nearest nutrition site for timely treatment. Children with acute malnutrition and with medical complications will be referred to specialized inpatient care services, in stabilization centres and be provided with transportation assistance to facilitate access for acute conditions. Nutrition services will be strengthened and expanded in refugee camps or returnees hosting areas to support additional caseloads due to the influx, in line with the sector/cluster response in those locations.

Secondly, to ensure quality services provision during the response, nutrition monitors will be deployed to provide technical support to implementing partners and conduct programme monitoring and, on-the-job coaching. Where necessary standard trainings will be conducted on prevention and treatment of wasting to enhance capacity.

As part of community engagement and ensuring community participation in nutrition interventions and risk in nutrition, nutrition partners will use existing platforms to engage communities especially caregivers and key influencers on prevention and control of malnutrition by delivering integrated key lifesaving practices through interpersonal engagement, community stakeholders' sensitization, radio messaging and dissemination of nutrition key messages through information education and communication materials. Community-based volunteers such as community nutrition volunteers (CNVs), community mobilizers, Boma Health Workers (BHWs) and hygiene promoters will be capacitated to ensure strengthened and harmonized community feedbacks mechanisms, message dissemination and referrals.

Shelter and Non-Food Items

Partners will upgrade or rehabilitate existing transit or reception centres at arrival areas. Where the existing centres no longer meet the needs or emergency standards for the arriving populations,

new sites will be established in coordination with the authorities and CCCM partners. Current establishment of new sites include Renk Transit Centre and Wedwil Refugee Settlement. Depending on the needs, upgrade may be needed for Malakal Reception Centre, Panakuach, Rotriak and Paloich Transit Centres.

For newly identified sites, proper site planning and service provision should be considered, and a phased approach utilized to gradually scale up in line with arrival trends. The infrastructure, while basic, should be durable enough for continuous use by a large number of people, who may stay up to four weeks on average at each location until transport to final destinations is possible. In existing refugee settlements, partners together with the authorities will allocate additional land for shelters, while services and common areas may also need expansion to cater to larger numbers of people. In areas, where there are no pre-existing refugee settlements/camps, or these are far away, new settlements will be established in line with existing standards. Efforts will be made to construct emergency or temporary shelters immediately for dignified, gender-sensitive and accessible accommodation, which can be upgraded over time when conditions allow.

Though most people will be on the move, extended stays in transit locations will require regular distribution of key non-food items such as plastic sheets, mosquito nets or other consumable items such as soap or dignity kits. Consideration should also be made to distribute multi-purpose cash both in transit and at destination areas, in consultation with the Cash Working Group to support local markets and support returnees' choice to identify most important needs.

Water, Sanitation and Hygiene (WASH)

Partners will provide life-saving water, sanitation, and hygiene (WASH) services at points of entry and in transit locations for displaced people to access daily survival requirements, enabling health and well-being and to prevent WASH-related diseases. The response will provide at least 15 litres of safe water per person per day by trucking/treating water, or by constructing or extending existing water networks. Where possible, water points will be rehabilitated or repaired for adequate provision of water to people in transit. Water trucking will be used and/or continued as a last resort. WASH partners will construct additional water storage and distribution points as required to ensure equitable access, supply and short wait times in the sites.

Safe, dignified and gender appropriate sanitation interventions will be expanded and improved across the transit and receptions sites. This includes construction of emergency and/or rehabilitation of permanent latrines and bathing shelters, construction of emergency septic tanks and desludging will be increased for adequate faecal sludge management. Partners will ensure the maintenance of latrines and bathing shelters, including repairs, refilling of hand-washing facilities, and establishment of mechanisms lace for regular cleaning to ensure hygienic and safe sanitation conditions.

WASH partners will distribute consumable WASH supplies at transit sites such as soap, and

menstrual management hygiene (dignity) kits for women and girls of menstruating age. The distribution of the kits will be done in conjunction with risk communication and hygiene promotion messaging.

In the host communities, IDPs and refugees' sites, risk communication and community engagement actors, and WASH partners, will scale up promotion of positive behavioural practices through trained community mobilizers, and hygiene promoters who will conduct house-to-house awareness sessions, and message sharing through megaphone announcement and face-to-face interactions, educating households on cholera prevention and control. Additionally, other communication and community engagement such as radio messaging, display of information, education and communication materials, sensitization, and engagement of community leaders/ influencers to advocate for WASH interventions among refugee, migrant and host communities will be carried out.

In refugee camps and host communities, WASH partners in coordination with camp management will review site plans and ensure that appropriate and safe WASH facilities are installed to cater for newly settled refugees and returnees. This includes construction, installation, repair or rehabilitation of sufficient water points and networks to ensure sufficient access to safe water and to ease the stress on the existing water facilities due to the increased population. Sanitation interventions will target temporary latrines for new arrivals, with transit to household latrines and support for bathing shelters. Risk communication and hygiene promotion engagement will also be similarly delivered in refugee camps and host communities to ensure safe hygienic practices and appropriate use of WASH facilities.

Logistics, Telecoms and Operational Support

As a result of the limited transport infrastructure in South Sudan, which is also heavily affected by the rainy season, providing timely assistance, delivery of goods, services and personnel in operational areas is challenging and extremely costly. There is a limited road network, riverine movements are long and routes are often insecure. Only a few airports have tarmac runways limiting the amount of cargo which can be transported at any given time. Well-planned out logistics arrangements are needed for supply chains to stay uninterrupted, enabling a continuity of humanitarian operations. In remote locations, efforts will be made to provide common office spaces for partners and telecommunications connectivity.

Humanitarian Transportation

Transport assistance is the single most important activity of this response, without which returnees will find themselves stranded in areas with little or no access to services and basic life-saving assistance from humanitarian partners. Transport assistance will be provided to arrivals based on needs. Partners will work closely with the authorities to facilitate the onward movement firstly from border crossing points to transit locations and onwards to final destinations by riverine, air, road or a combination of modes of transport. Support will also be provided to the

authorities, who are also providing transport to returnees. Refugees and asylum-seekers will be assisted to move to existing nearby refugee camps, upon their consent, while third-country nationals will be supported to reach their countries of origin in close coordination with respective national authorities. Transportation support for returnees will include cash assistance to support returnees reach their final destinations from State capitals. The amount of cash provided will be agreed in coordination with the Cash Working Group (CWG). To enable safe transport for returnees, basic health/fit for travel screening will be undertaken at registration points and manifests shared to prepare partners in return areas.

Onward movement will be organized at transit sites and information on options for transport assistance. Information on organized onward movement will be shared with partners at receiving areas through transport manifests.

Camp Coordination and Camp Management

The authorities and partners will identify existing facilities or allocate land which can serve as transit/reception centres, where people can be accommodated in temporary communal shelters until their movement onwards to final destinations or refugee camps. Currently this includes allocation of new land in Renk to extend the Transit Centre and in Aweil to establish a refugee settlement.

Transit centres will be established according to emergency standards with the necessary facilities such as communal shelters, latrines, bathing areas, common spaces, protection, health and nutrition services. As part of protection mainstreaming, due consideration will be given to gender sensitive and accessible facilities, through gender segregated latrines, proper lighting and proper configuration of communal shelters. Where space allows, child, women and girls' friendly spaces will be established, to support partners implement specific activities. The infrastructure set up, while temporary in nature, should be durable enough to cater to a large number of people transiting through. Refugee settlements will be planned out according to standards and in line with service provision in existing refugee camps. Due to the urgency of the establishments, all sites will be established in a phased approach.

Camp management partners are responsible for assessing and planning out spaces and service provision to meet emergency standards, mapping out services, creating community-based structures such as committees, including women-led structures, identifying gaps in service provision and seeking solutions with relevant partners. Partners will establish common services such as communal kitchens, ensure regular solid waste management, maintain internal and access roads and track populations in the sites. Regular meetings will be held with service providers for appropriate and timely assistance and protection service provision.

Coordination and Common Services

A coordination system has been established in the field and the capital for an efficient and evidence-based humanitarian response which synchronizes with other response efforts already in place.

Information is shared regularly between emergency response coordinators, cluster coordinators and development actors in the field and the capital. In arrival and transit locations, regular inter-agency sector specific and multi-sector needs assessments will be conducted to identify gaps and adjust the response according to the evolving realities. Through the coordination system, planning assumptions and sector priorities will be agreed upon, gaps identified, and solutions implemented for the benefit of people arriving.

Common services such as office space and connectivity will be provided to partners working in remote locations to enhance communication and coordination at the field level. Regular communication and consultation with authorities will inform planning and implementation of the response. The joint dashboard will be regularly updated to include information relevant for the immediate response and planning including but not limited to arrival information, demographic profile, movement information and return intentions.

Partnership and Coordination Arrangements

	South Sudanese refugee and migrant returnees	Refugees	Third country nationals (TCNs)
Government of the Republic of South Sudan	Relief and Rehabilitation Commission (RRC)	Commission for Refugee Affairs (CRA)	Ministry of Interior
United Nations	UNHCR + IOM	UNHCR	IOM

The emergency response plan is implemented under the coordination and leadership of the Relief and Rehabilitation Commission (RRC) of the Government of the Republic of South Sudan, who will lead a whole of government response.

Cross-cutting Priorities

- Accountability to Affected People (AAP)
- Age, Gender and Diversity (AGD)
  - Disability Inclusion
  - Older Persons
- Protection from Sexual Exploitation and Abuse (PSEA)
- Localization
- Climate Action

Read more in the Regional Overview pp.11 to 14.

Along with seven government entities that are playing a crucial role in leading the response, there are 29 partners who are directly appealing for funds through this appeal, and an additional 36 partners who are supporting the response. A total of 65 partners in coordination with at least eight government entities are participating in the response in South Sudan.

UNHCR and IOM will co-lead the overall response for returning South Sudanese, in close coordination with OCHA, cluster leads, non-governmental organizations (NGOs), UN system members, and other humanitarian actors to ensure harmonization of coordination structures. Once returnees reach their destination of choice, those who have a vulnerability that requires humanitarian intervention are supported where possible through the cluster response under the existing 2023 HRP. State Inter-Cluster response plans are in place, which are risk lensed and conflict sensitivity informed, and will be revised as necessary under the Humanitarian Country Team (HCT).

In accordance with the Refugee Coordination Model, UNHCR maintains its leadership responsibility in refugee response in cooperation with the Commission for Refugee Affairs (CRA), as the government refugee entity responsible for the overall management and coordination of refugee and asylum matters and leading in preparedness and regulating of refugee reception mechanisms with the support of UNHCR.

IOM maintains its leadership responsibility for third-country nationals not seeking asylum, in close cooperation with immigration authorities and the Relief and Rehabilitation Commission (RRC).

$279 M
for returnees

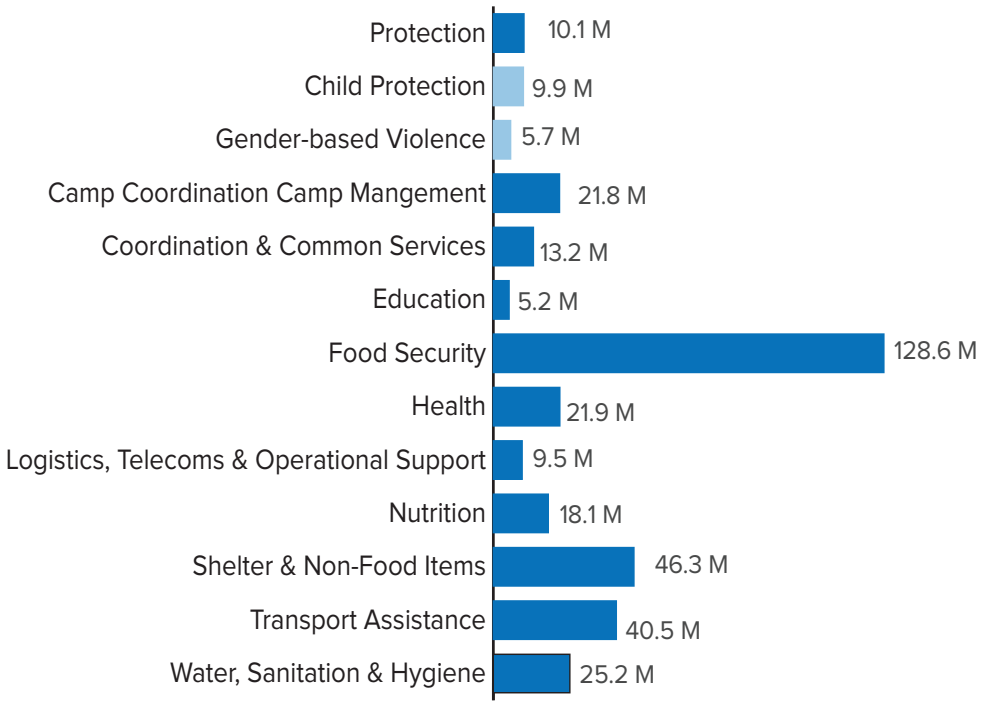
$77 M
for refugees and asylum-seekers

$400 K
Third Country Nationals

Total Financial Requirements
In USD

$356 M

Budget summary by sector
in Million USD



Annex 1

List of RRP Partners and Budget breakdown by RRP Partners in South Sudan

Partner	Acronym / Short Title	Type	Requirements in US$
INGOs			**29,897,255**
Adventist Development and Relief Agency	ADRA	INGO	300,000
Agency for Technical Cooperation and Develop-ment	ACTED	INGO	1,860,000
Concern International	Concern	INGO	200,000
Danish Refugee Council	DRC	INGO	2,204,672
For Afrika	For Afrika	INGO	400,000
GOAL	GOAL	INGO	4,304,000
International Medical Corps	IMC	INGO	900,000
International Rescue Committee	IRC	INGO	500,000
INTERSOS	INTERSOS	INGO	850,000
Medair	Medair	INGO	550,000
Mentor Initiative	MENTOR	INGO	600,000
Norwegian Refugee Council	NRC	INGO	2,927,719
OXFAM International	OGB	INGO	1,272,086
Plan International	PI	INGO	400,000
Relief International	RI	INGO	856,622
Samaritan Purse	SP	INGO	1,130,000
Save the Children International	SCI	INGO	5,413,400
Solidarites International	SI	INGO	1,000,000
War Child Holland	WCH	INGO	600,000
World Vision International	WVI	INGO	3,628,756
National NGOs			**2,482,000**
Africa Development Aid	ADA	NNGO	650,000
Centre for Emergency & Development Support	CEDS	NNGO	132,000
Humanitarian & Development Consortium	HDC	NNGO	1,700,000
UN Agencies			**323,597,651**
International Organization for Migration	IOM	UN	47,120,000
United Nations Children's Fund	UNICEF	UN	19,883,028
United Nations High Commissioner for Refugees	UNHCR	UN	112,355,000
United Nations Population Fund	UNFPA	UN	1,148,800
World Food Programme	WFP	UN	139,304,975
World Health Organization	WHO	UN	3,785,848
TOTAL $			**355,976,906**

* *This list only includes appealing organizations under the RRP, many of which collaborate with implementing partners to carry out RRP activities.*

Annex 2

List of Additional RRP Partners in South Sudan*

2023 SOUTH SUDAN OTHER RRP PARTNERS

- Action Contre le Faim
- Abyei Community Action for Development
- Action Africa Help International
- Africa Development Aid
- African Humanitarian Action
- African Initiative for Relief and Development
- Alight
- Amref Health Africa
- Association of Christian Resource Organizations Serving Sudan
- Care International
- Catholic Relief Service
- Christian Mission Aid
- Community Action Organization
- Community Aid for Relief and Development Organization
- Concern Worldwide
- Cordaid
- Eye Media
- Greater Upper Nile Organization
- Hold the Child
- Hope Restoration South Sudan
- International Rescue Committee
- Jesuit Refugee Services
- Lutheran World Federation
- Médecins Sans Frontières - Holland
- Médecins Sans Frontières - Spain
- Médecins Sans Frontières - Switzerland
- Mission To Alleviate Suffering in South Sudan
- Morning Tears South Sudan
- Peace Winds Japan
- Smile Again Africa Development Organization
- South Sudan Council of Churches
- Tearfund
- The Organisation for Children Harmony

** This list includes other partners who are engaged in the refugee response but who are not listed as appealing partners.*

Annex:

Regional Budget Breakdown by Country and by RRP Partners

Partner	Central African Republic	Chad	Egypt	Ethiopia	South Sudan	Total
Action for the Needy in Ethiopia				140,000		140,000
ADRAH		836,879				836,879
Adventist Development and Relief Agency					300,000	300,000
Africa Development Aid					650,000	650,000
African Humanitarian Aid and Development Agency				350,000		350,000
Agency for Technical Cooperation and De-velopment		17,337,036			1,860,000	19,197,036
ALIMA - Alerte Sante		337,757				337,757
CARE International		3,205,991	466,688			3,672,679
Caritas			2,309,796			2,309,796
Catholic Relief Ser-vices		10,282,374	1,660,000			11,942,374
Centre for Emergency & Development Sup-port					132,000	132,000
Concern Worldwide		2,015,880			200,000	2,215,880
Danish Refugee Coun-cil					2,204,672	2,204,672
Don Bosco - Egypt			337,966			337,966
Egyptian Foundation for Refugee Rights			10,000			10,000
Egyptian Red Crescent			5,180,742			5,180,742
Fondation Terres des Hommes			98,312			98,312
Food and Agriculture Organization		8,003,100				8,003,100

Partner	Central African Republic	Chad	Egypt	Ethiopia	South Sudan	Total
For Afrika					400,000	400,000
Gezour Foundation			48,500			48,500
GOAL					4,304,000	4,304,000
HelpAge International				1,000,000		1,000,000
HIAS		2,462,647				2,462,647
Humanitarian & Devel-opment Consortium					1,700,000	1,700,000
Humanity and Inclu-sion			500,000			500,000
Innovative Humaniteri-an Solutions				500,000		500,000
International Labor Organization			300,000			300,000
International Medical Corps	600,000			480,000	900,000	1,980,000
International Organiza-tion for Migration	2,100,000	33,950,000	19,860,000	8,000,000	47,120,000	111,030,000
International Rescue Committee		4,784,288		800,000	500,000	6,084,288
INTERSOS					850,000	850,000
Jesuit Refugee Service		235,456				235,456
Life Makers Founda-tion			3,094,793			3,094,793
Lutheran World Feder-ation		3,979,987		2,250,000		6,229,987
MAIS			184,212			184,212
Medair					550,000	550,000
Medical Teams Inter-national				1,000,000		1,000,000
Mentor Initiative					600,000	600,000
Mouvement Croix Rouge		2,635,931				2,635,931
Norwegian Refugee Council				5,835,000	2,927,719	8,762,719

Partner	Central African Republic	Chad	Egypt	Ethiopia	South Sudan	Total
OXFAM International		295,386			1,272,086	1,567,472
Plan International		1,514,363	297,706	3,000,000	400,000	5,212,069
Plan Ireland	437,446					437,446
Premiere Urgence Internationale		7,348,023				7,348,023
Psycho-social services and Training Institute in Cairo			728,524			728,524
Refuge Egypt			10,500			10,500
Relief International					856,622	856,622
Samaritan Purse					1,130,000	1,130,000
Save the Children International			9,100,000		5,413,400	14,513,400
Solidarites Internation-al					1,000,000	1,000,000
Syria Al Gad			24,000			24,000
TRIANGLE	500,000					500,000
UN Women			200,000			200,000
United Lawyers			10,000			10,000
United Nations Chil-dren's Fund	6,257,311	35,737,278	12,400,000	8,210,800	19,883,028	82,488,417
United Nations Devel-opment Programme			5,000,000			5,000,000
United Nations High Commissioner for Ref-ugees	16,182,914	166,126,091	28,206,043	38,772,510	112,355,000	361,642,558
United Nations Popula-tion Fund	1,836,291	6,070,442	6,645,000	3,200,085	1,148,800	18,900,618
War Child Holland					600,000	600,000
World Food Pro-gramme	14,535,690	72,143,185	18,590,163	16,747,083	139,304,975	261,321,096
World Health Organi-zation	200,000	9,203,196	10,000,000		3,785,848	23,189,044
World Vision Interna-tional				1,140,000	3,628,756	4,768,756

Partner	Central African Republic	Chad	Egypt	Ethiopia	South Sudan	Total
Youth and Develop-ment Consultancy Institute Etijah			241,500			241,500
ZOA				700,000		700,000
TOTAL	**42,649,652**	**388,505,290**	**125,504,445**	**92,125,478**	**355,976,906**	**1,004,761,770**

2023 SUDAN REGIONAL RRP PARTNERS

- Action for the Needy in Ethiopia
- ADRAH
- Adventist Development and Relief Agency
- Africa Development Aid
- African Humanitarian Aid and Development Agen-cy
- Agency for Technical Cooperation and Develop-ment
- ALIMA - Alerte Sante
- CARE International
- Caritas
- Catholic Relief Services
- Centre for Emergency & Development Support
- Concern Worldwide
- Danish Refugee Council
- Don Bosco - Egypt
- Egyptian Foundation for Refugee Rights
- Egyptian Red Crescent
- Fondation Terres des Hommes
- Food and Agriculture Organization
- For Afrika
- Gezour Foundation
- GOAL
- HelpAge International
- HIAS
- Humanitarian & Development Consortium
- Humanity and Inclusion
- Innovative Humaniterian Solutions
- International Labor Organization
- International Medical Corps
- International Organization for Migration
- International Rescue Committee
- INTERSOS
- Jesuit Refugee Service
- Life Makers Foundation
- Lutheran World Federation
- MAIS
- Medair
- Medical Teams International
- Mentor Initiative
- Mouvement Croix Rouge
- Norwegian Refugee Council
- OXFAM International
- Plan International
- Plan Ireland
- Premiere Urgence Internationale
- Psycho-social services and Training Institute in Cairo
- Refuge Egypt
- Relief International
- Samaritan Purse
- Save the Children International
- Solidarites International
- Syria Al Gad
- TRIANGLE
- UN Women
- United Lawyers
- United Nations Children's Fund
- United Nations Development Programme
- United Nations High Commissioner for Refugees
- United Nations Population Fund
- War Child Holland
- World Food Programme
- World Health Organization
- World Vision International
- Youth and Development Consultancy Institute Eti-jah
- ZOA

SUDAN EMERGENCY

REGIONAL REFUGEE RESPONSE PLAN

CONTACT
Nayana Bose
bose@unhcr.org

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