SUDAN EMERGENCY REGIONAL REFUGEE RESPONSE

December 2023 - End of Year Report



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 <u>Sudan Situation Portal</u>.

NOTE

This regional inter-agency end of year report (April to December 2023) for the Sudan refugee situation reflects the response and the actual population figures in 2023, and associated budget received for all countries.

COVER PHOTO

Panam, (left), and Agoth, (Panam's niece) at the UNHCR transit centre in Renk, South Sudan. Their extended family of 19 spent three days travelling by foot, and then by trucks, to reach the border, after fleeing the conflict in Khartoum, Sudan. The centre was filled beyond capacity for much of 2023, with many new arrivals setting up temporary shelters in the bush surrounding the town. Before the fighting began in Sudan, the family says they could find casual work and life was okay in Khartoum, but they always thought of returning to South Sudan. Agoth says: "We always thought we would return, but I did not think it would be from a war in Sudan."

In 2023, South Sudan received more than 500,000 people from Sudan, the majority (80%) being South Sudanese returnees. © UNHCR / Andrew McConnell

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AT A GLANCE

Sudan Situation Regional Overview

Arrival figures as of 31st Dec 2023



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

13

130

** UN agencies and some international NGOs are operational in more than one country but are counted only once as a partner in the RRP although their interventions may vary by country.

17

29

*** Data retrieved from Refugee Funding Tracker.

Ethiopia

South Sudan









Total Arrival figures as of 31 December | in thousands



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 Third country nationals (TCNs) are foreign nationals who are not refugees but were in Sudan and fled from Sudan to neighbouring countries due to the conflict.

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, Governments

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Region	Planned population as at end 2023	Actual Population figures as at end 2023
Refugee Population	1,037,500	1,020,085
Returnee Population	719,500	506,275
Third Country Nationals	49,000	30,984*
Total	1,806,000	1,557,344

Population Figures

 * The figure for third country nationals for 2023 is provided by IOM.

Regional Overview

Situation Overview

Nine months on, the magnitude of displacement within Sudan and into neighbouring countries continues to increase since the devastating conflict broke out between the Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF) in mid-April 2023. As the conflict has continued to evolve, the Sudan situation has become one of the largest and most acute protection crises in the world. By January 2024, more than 7.8 million¹ people had been forcibly displaced, with some 6 million newly internally displaced in Sudan and more than 1.6 million refugees, returnees and asylum-seekers having arrived in the neighbouring countries of the Central African Republic, Chad, Egypt, Ethiopia, and South Sudan.

These countries were already hosting large refugee, migrant and internally displaced populations before the crisis. The Central African Republic, Chad, Egypt, Ethiopia and South Sudan hosted at least 800,000 Sudanese refugees before 15 April 2023. The new refugee arrivals to Chad added to the more than 400,000 Sudanese refugees who were 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 humanitarian assistance, in addition to more than 290,000 Sudanese who arrived pre-April 2023. In Ethiopia, more than 20 million people were in need of humanitarian assistance, in addition to almost 50,000 Sudanese refugees who arrived pre-April 2023. Egypt has historically hosted many Sudanese and had the second-highest number of Sudanese refugee arrivals in 2023.

The impact of the conflict beyond Sudan's borders, including on the commercial side, such as the disruption of existing trade and supply chains, has caused inflation, increased the cost of the humanitarian response, and created hardship for vulnerable host communities. An example was the impact on fuel prices in South Sudan that had risen significantly, by some 266 per cent in Renk, Upper Nile State and 223 per cent in Yida, Ruweng Administrative Area – both important border crossing points into South Sudan.

The influx into countries of asylum has put pressure on national systems, in particular health. Disease outbreaks in Sudan, including measles, dengue, and cholera, exceeding 5000 cases in November 2023, posed risks to neighbouring countries. Ethiopia reported a cholera outbreak in the Kumer refugee settlement in August among new arrivals, and South Sudan had its first cholera case in Renk in December.

The alarming levels of global acute malnutrition among refugees in multiple locations were a concern in South Sudan and Ethiopia in 2023 which had suffered food cuts due to funding shortfalls and in Ethiopia due to aid diversion concerns. Food insecurity and malnutrition is expected to worsen with the introduction of a 50 per cent food ration cut for refugees in Sudan as of January 2024 and with the response in Chad facing a pipeline break for refugee food rations as early as April 2024 under the current funding scenario.

The ongoing crisis in Sudan and its impact on neighbouring countries have highlighted the challenges for education systems to respond to emergencies. Host countries were struggling with challenges to provide education to national students, with high out-of-school rates, and had limited capacity to enrol Sudanese refugee children who had lost several months of school. In 2023, the education response in host countries was limited in scope, focused on the educational

¹ https://data.unhcr.org/en/situations/sudansituation

needs of new arrivals, hampered by a lack of funding, and unable to address the pre-crisis low enrolment rates for Sudanese refugee children. Some of the gaps applied to refugees and nationals, namely insufficient number and qualification of teachers, inadequate school facilities, etc. In addition, refugee students had their own unique needs such as language and curriculum transition from the home to the host country system, and the need for psychosocial support for the resumption of healthy development and learning.

In many locations, shelter and WASH facilities were inadequate to respond to the increased needs of the new refugee population. For example, WASH services in Ethiopia for 20,000 refugees in the Metema transit centre and Kumer settlement in Amhara region fell significantly below the standard with only one latrine available per 100 people. Moreover, the daily water allowance per person was also below standard. Inadequate WASH services significantly increased the risk of diseases.

Humanitarian programmes in these countries are chronically underfunded and need international support to sustain their generosity as host countries. The 2023 Regional Refugees Response Plan (RRP) was just 38 per cent funded.

Highlights and Achievements

642K	individuals received protection services	In the Central African Republic , the response evolved significantly, expanding from a single-entry point in the country's northeastern district of Vakaga, to multiple arrival routes, one established site, and nine			
613K	individuals provided with food assistance (in-kind/ CBI/Hybrid)	spontaneous settlements across five districts. RRP partners supported the government in establishing the Korsi settlement, a new 50-hectare area within the town of Birao, to host Sudanese refugees in the northeast.			
Г 209 К	individuals supported with shelter or housing assistance	Despite the official closure of the border for commercial traffic, the Government of Chad continued to receive asylum-seekers and implement laws to protect their rights. Five new sites were opened to accommodate new arrivals, along with expansions of			
558 K	individuals transported from border crossings to reception/ final destination/ supported with transportation cash allowance	existing sites. The government worked on a National Response Plan that incorporated key aspects of the RRP and the humanitarian-development-peace-nexus approach. The plan will be finalized in 2024.			
- ↑ 299 K	individuals received non-food items	In Egypt , entry restrictions that came into force in July 2023 severely impacted the ability of Sudanese and third country nationals to enter the country through regular channels. In the first months of the Sudan crisis, an average of 4,000/6,000 people crossed the two official borders			

(Argeen and Qustul) daily, but by the end of the year, it had reduced to only 350/400 people per day.

In Ethiopia, a 'solutions from the onset' approach shaped the emergency response. This included enabling refugees to access existing national services, such as health and education. Investments were made to strengthen existing local facilities, including in health centres and by constructing boreholes for better access to water.

The emergency response in South Sudan focused on life-saving assistance at the border and in transit, prioritizing the onward transportation of returnees, refugees, asylum-seekers and third country nationals to their final destination. Protection was central to the entire response, from border monitoring and vulnerability profiling to the biometric registration and documentation and specialized child protection and gender-based violence (GBV) services. A UNHCR- established transit centre in Northern Bahr-el Ghazal State was transformed into Wedwill refugee settlement, hosting 11,690 new arrivals.

Sectoral Responses







590,210 people registered on an individual basis

In the **Central African Republic**, a total of 25,836 forcibly displaced people have received protection services across five hosting districts. In August the Government granted *prima facia* refugee status to all Sudanese displaced due to the current Sudan crisis. Biometric registration was completed for 10,614 refugees in Vakaga district, and registration was completed in Haut-Kotto, Mbomou, Bamingui-Bangoran, and Ouaka districts.

By the end of December, Korsi hosted 2,866 refugees (1,383 households), including 1,304 women and 1,381 children. More than 1,500 protection incidents were documented and responded to in Korsi with the support of 30 trained mediators from the community. Over 400 protection awareness-raising sessions were organized for more than 2,000 members of the refugee and host-community.

In **Chad**, protection partners provided services to 254,435 individuals. During biometric pre-registration/registration persons with specific needs, including survivors of physical violence and other vulnerabilities were identified, for targeted assistance. Refugee certificates were issued to each biometrically registered household. The Protection Monitoring Tool (P21) was used to measure the response of beneficiaries on many protection issues such as pre-departure information, access to international protection, and physical security in camps.

216 Chadian and French soldiers were trained on the civilian and humanitarian nature of asylum to promote the protection of refugees and prevent incidents of refoulement.

Partners implemented protection mainstreaming interventions including establishing community protection mechanisms. This facilitated identification and referral of vulnerable cases, birth registration, response to and prevention of GBV, and protection from sexual exploitation and abuse (PSEA).

Some 217,692 new arrivals were relocated from border areas to consolidated sites where protection services were made available and security guaranteed. RRP partners continued their efforts to maintain the civilian and humanitarian character of asylum in the various refugee sites to mitigate the risk of conflict.

In coordination with the National Commission for Refugee Reception and Reintegration (CNARR) and UNHCR, IOM registered 93,700 returnee migrants, 93 per cent of whom were women and children who had fled Sudan. Given the magnitude of the violence witnessed by refugees many show signs of trauma; however, the response had insufficient expertise in professional psychosocial assistance, legal assistance and legal aid for survivors of violence.

In **Egypt**, the operation received a total of 779 requests from Sudanese who were rejected or had abandoned/withdrawn their asylum claims to reopen them. Almost 1,000 cases were reopened based on prioritization of vulnerabilities, including persons with specific needs such as individuals with disabilities and serious medical needs, women and children at risk and people at risk of deportation due to lack of documentation.

To meet the demands of the increasing numbers of asylum-seekers in Egypt registration capacity was increased to six days a week with extended working hours. The biometric registration of refugees (BIMS) was introduced for the first time in Egypt in September, to enhance integrity and identity management protocols. 138,116 new arrivals from Sudan were registered since mid-April; 90 per were Sudanese with a small number of South Sudanese (4 per cent), and Eritreans (3 per cent) registered. Registration demands in Cairo and Alexandria continued to rise as the number of new arrivals from Sudan entering irregularly increased from 14 per cent since the outbreak of the conflict to 81 per cent by year-end.

As of 31st December, UNHCR Egypt had provided pre-registration appointments to 233,167 new arrivals from Sudan, of whom 140,027 (60 per cent), were registered. Setting up registration offices and mobile units in Aswan was crucial

to ensure effective access to the territory and asylum procedures, prevent the risk of detention and forced return and to identify people with onward movement needs. RRP partners provided information on access to protection and assistance services in Egypt to some 56,000 new arrivals from Sudan.

Some 137,815 people have received registration appointments through the Infoline service since the start of the crisis. Following the merging of the Cairo and Alexandria lines and the hiring of additional agents, the average number of calls per day has tripled to 2500/3000 daily, compared to pre-crisis levels.

In 2023, some 48,000 people received protection services including legal services, community-based protection, case management and services at reception centres. Further, 186 persons were assisted by IOM with their voluntary repatriation programme, including provision of transportation, medical assistance, accommodation, non-food-items, and cash. The Protection Working Group (PWG) prioritized joint advocacy on easing visa restrictions and ensuring non-sanctions for irregular entry for those seeking international protection; alternatives to detention and access to asylum procedures for those in detention pending removal proceedings, as well as the extension of asylum-based residency permits. Training was provided to enhance partner capacity, including on the age, gender and diversity (AGD) approach; communication with communities; anti-fraud measures; PSEA; and information data management.

By the end of 2023, a total of 2.379 information sessions conducted by refugee outreach workers were attended by 37,409 individuals; 337 sessions for new arrivals reached 9204 individuals across Cairo providing them with information



on services, safety, managing daily life, procedures for reporting fraud and complaints that empowered them to make well-informed decisions for their smooth integration into the country. A total of 17,616 new arrivals from Sudan at UNHCR's reception centre in Cairo were given assistance and information on registration and protection services. In Ethiopia, a key milestone was the guidelines from the Government of Ethiopia enabling all individuals in need of international protection from Sudan to be registered. The registration of refugees in Ethiopia had been suspended in November 2022, during the conflict in Northern Ethiopia, and has only resumed in limited locations, with refugees from Sudan being one of the few population groups being able to register in the country. As of 31st December 2023, a total of 19,169 families (consisting of 41,495 individuals) who crossed the border from Sudan to Ethiopia, were registered. The entry points were Metema in Gondar, Kurmuk through Benishangul Gumuz and different entry points in Gambella (Pagak, Burbiey). Biometric registration was initiated in Kumer site (Amhara region) with 1,767 individuals registered, so far.

Protection desks were established in locations hosting Sudanese refugees. The desks function as a point for assessing vulnerabilities, providing counselling, and monitoring and reporting on protection concerns and making urgent referrals for assistance. Asylum-seekers from Sudan in Addis Ababa are directed to the

government's Refugees and Returnees Service (RRS) office where they obtained a pass-permit enabling them to travel to registration centres in Kurmuk, Metema, or Sherkole. Unfortunately, some referrals presented logistical difficulties especially with travel for refugees with physical and emotional challenges. In keeping with the spirit of the Global Compact on Refugees, over 2,600 refugees and asylum-seekers from Sudan were screened in Metema to facilitate solutions through complementary pathways in at least 12 countries. Of the new arrivals from Sudan, some 224 refugees departed for Canada on resettlement in December 2023 through an airlift organized by the Government of Canada.

In South Sudan, cross-border movement at the 24 official entry points was regularly monitored by the government, IOM, and UNHCR, and the data on arrivals and movements recorded and analyzed through a Joint Dashboard. Since April 15, 2023, approximately 78,000 refugees and asylum-seekers, mostly Sudanese nationals, have arrived in South Sudan. Significant numbers settled in the Maban refugee camps in the Upper Nile State, hosting 23 per cent of refugees, Gorom refugee settlement with 16 per cent in Central Equatoria State, Wedwil refugee settlement in Northern Bahr-el Ghazal State, which hosts 15 per cent of recorded newly arrived refugees. Some 41 per cent of new arrivals remain in Renk waiting for transportation to Maban. The Wedwil refugee settlement was newly established in 2023 as a result of increasing arrivals from Sudan. Vulnerable new arrivals were identified and vulnerability profiled² to facilitate coordinated protection assistance. Some 244,127 returnees and refugees received protection services in transit and destination.

Protection partners increased their presence in Renk, close to the Joda border crossing point, in Malakal, Abyei, Panakuach, Wedwil, Gorom, Jamjang and Maban. Key developments included the establishment of protection desks, referral pathways, a hotline number, and vulnerability criteria for distributions in Renk. However, challenges persist, such as overcrowding at transit centres and increasing protection risks, particularly for women and girls.

Sub-Sector: Child Protection





14,965 unaccompanied and separated children identified

In the Central African Republic, a total of 1,584 children received child protection services. In Korsi, 390 children, of which 52 per cent are girls, attended three child-friendly spaces (CFSs) where recreational activities are regularly organized, and 89 children were referred for case management after identification through the CSFs. A total of 155 unaccompanied and separated children (UASC) were identified, and 12 temporary families hosting UASC were trained and supported to provide care.

In Chad, child protection activities targeted 2,496 children at heightened risk out of a total of 13,574. Some 5,586 were UASC. The children were referred for health services, psychosocial counselling, and psychiatric care. Some 1,665 UASC benefitted from care arrangements, including placement in foster families, and 1,109 were referred to ICRC for family tracing. Awareness-raising activities related to child protection reached 75,946 people, including children, while capacity building sessions targeted 251 humanitarian and child protection actors. Some 14,000 refugee children were provided with birth certificates.

With support for UNICEF and UNHCR, partners provided psychosocial support to 62,051 children. Improved coordination, mapping and information sharing on child protection resulted in better positioning of several child protection organizations/actors. Plan International built a multifunctional space on the Ourang site and deployed case management staff. SOS Villages d'Enfants Tchad was managing in the Gaga camp, Agence de Développement Economique et Social (through ADRAH, a local NGO based in Adre and Sila), UNICEF and its partners CRT, Cooperazione Internazionale (COOPI) and World Vision in Ouaddai, Sila and Wadi Fira respectively.

In Egypt, some 5,717 UASC have been registered as of 31 December 2023, of which 1,660 are Sudanese children. This was a 27 per cent increase in the total number of registered children from the end of April. Child protection partners provided case management to over 2,500 children at risk, including unaccompanied children as well as children facing

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https://app.powerbi.com/view?r=eyJrljoiOTBiODE5NzltNTE5MC00ZDdhLTk4MWMtYml3ODYzODBIMmZjliwidCl6lmU1YzM3OTgxLTY2NjQtNDEz NC04YTBjLTY1NDNkMmFmODBiZSIsImMiOjh9

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abuse, neglect, violence or exploitation. Significant numbers of detentions and deportations of minors continue to be ongoing due to irregular entry to Egypt and migration towards Libya. Awareness-raising remained a key priority especially at border areas. The community protection sub working group developed common counselling messages on the dangers of crossing the border to Libya and risk of irregular exit from Egypt.

In **Ethiopia**, in Kurmuk (Benishangul Gumuz region) and Metema (Amhara region), 1,558 UASC (1,035 boys and 523 girls) and 359 other children at risk were identified through the collaboration of RRP partners, the government and refugees. Best interest assessments (BIA) were conducted, and appropriate services were ensured for 1,081 UASC (760 boys and 321 girls) and other children at risk. Home-to-home monitoring visits were conducted for 989 UASC and other children at risk in all refugee locations and transit centres. Alternative care arrangements were facilitated for 524 (312 boys and 212 girls) unaccompanied children. Best interest determination (BID) panels were held for children requiring family tracing and reunification. In Metema, cross border family tracing and reunification service was provided to four (1 boy and 3 girls) unaccompanied children with the support of ICRC. In Assosa, five children (three boys and two girls) in Kurmuk were reunified with their family members in Tsore and Sherkole. In addition, 3,764 refugee children at risk (2,125 boys and 1,639 girls) received core relief items (CRIs) while 120 children from the host community received in-kind support. Child-friendly spaces in Metema and Assosa engaged 32,318 (30,353 boys and 1,965 girls) children in education and sport activities to enhance their social, mental, and psychological skills.



In Kurmuk, 63 community-based structures with 1,260 (405 male and 855 female) members received assistance in carrying out their responsibilities and upholding the safety and dignity of children. Trainings/community engagements were provided for 2,275 (2,136 male 139 female) community members on life skills, child protection, GBV and sexual exploitation abuse (SEA) prevention. The child protection help desk at Kumer refugee site received and responded to complaints from 178 (157 male and 21 female) community members.

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In **South Sudan**, partners identified and assisted UASC at border entry points, and provided immediate support and referrals to child protection partners at transit centres. Child protection partners assisted over 128,000 vulnerable girls and boys at various locations with child protection services, including case management, mental health support, family tracing, and awareness activities. Some 15,759 UASC were referred for specialized services, whilst 9,549 unaccompanied children were supported with best interest procedures. Additionally, community-based mechanisms involving trained volunteers were established in Wedwil refugee settlement to identify and support at-risk children. Six child-friendly spaces were set up in the Renk transit centre and equipped with play items and child-friendly activities.





In the **Central African Republic**, a total of 464 people were reached through GBV prevention activities including training and awareness-raising campaigns. Four GBV response and prevention centres – two listening centres and two safe spaces were established in Korsi and in the district hospital to reach both refugee and host communities. Trained psychologists, psychosocial support workers, and healthcare providers supported 359 survivors with services including medical treatment, individual counselling, and group counselling. A total 143 dignity kits were distributed to survivors of GBV. Through the *Ma Mbi Si*³ programme, seven women's groups with 140 survivors, were supported to create a women's garden as an agro-therapy project which also doubled as an income-generating activity.

In **Chad**, GBV was under-reported. In the provinces of Ouaddaï, Wadi-Fira, and Sila, 689 incidents of GBV were documented among new refugees, with all survivors being women and girls. The survivors received comprehensive support, including psychosocial assistance for 689 individuals, medical care for 269, safe care for 182, legal aid for 39, and 3,893 dignity kits were distributed.

GBV prevention initiatives involved extensive awareness-raising activities and reached 198,590 refugees through mass sessions, focus group discussions, and women's spaces. Some 636 refugees were trained in GBV and PSEA alongside psychological first aid. Additionally, 171 RRP partner staff were trained in GBV and PSEA. A project funded by Safe from the Start and implemented by HIAS, established 10 self-managed support groups comprising 150 individuals to expedite the recovery of women and girls from conflict-related trauma. Some 178 community mobilizers and GBV committee members were trained in stress management and positive coping strategies. Sixty community leaders were trained in psychological first aid, while psychoeducation sessions reached 535 members of the refugee and host community. Moreover, 150 self-managed group members were trained in Village Savings and Loan Association (VSLA), and 4,000 refugees benefited from stress management and self-care adaptation sessions. UNFPA provided PEP kits, established temporary safe spaces in new camps, and delivered mental health and reproductive health services.

In **Egypt**, GBV partners through the Women and Girls Safe Spaces (WGSS) reached 9,300 Sudanese new arrivals who were seeking support for comprehensive GBV and reproductive health services. During the reporting period, 5,940 women and girls initiated GBV case management consultations, and 4,550 attended Mental Health and Psychosocial Support (MHPSS) sessions. Awareness-raising sessions on GBV, reproductive health, and harmful practices reached 5,100 refugees. More than 2,600 women and girls received basic reproductive health counseling services through the medical counseling rooms established in five WGSS with the support of the Ministry of Youths and Sports (MOYS) in Aswan, Maadi, and Alexandria. 20,000 dignity kits were distributed to the Sudanese new arrivals in different governorates. A cash assistance programme provided a safety and recovery package to 1,152 people, some of whom were GBV survivors.

GBV trends among the Sudanese refugees were identified, such as increases in rape cases, female genital mutilation (FGM) cases, UASC cases in need of safe relocation, cases of intimate partner violence (IPV), and repeated incidents by the same perpetrators. Key gaps and challenges identified included lack of awareness on available legal assistance, economic challenges in finding safe relocation, limited access to post-rape medical support, and the lack of coordinated GBV data management.

³UNHCR, in collaboration with COOPI, launched the "Ma Mbi Si" project in 2021, with the primary purpose of bringing support to GBV survivors through listening centres

In Aswan, 316 Sudanese new arrivals were targeted with awareness-raising sessions on GBV case management services. In Cairo, two community engagement sessions on IPV and child marriage were conducted in September and October, targeting 76 Sudanese women.

In **Ethiopia**, awareness-raising on GBV prevention and response conducted with refugee community volunteers, reached over 10,500 individuals in the Kumer site (Amhara region), and Kurmuk transit centre (Benishangul Gumuz region). In addition, more than 2000 flyers with GBV and messages in Arabic, English and Tigrinya were distributed to refugees and asylum-seekers. New staff were trained, and social and case workers mentored on GBV programming. A total of 48 (25 male, 23 female) frontline workers from partners, and government were trained on basic concepts of GBV, case management and safe referrals to increase their knowledge and skills on GBV prevention, risk mitigation and response. In addition, 42 community volunteers were trained on psychological first aid in Kumer. WGSS were established at the Metema and Kurmuk transit centres. The WGSS offered a wide range of GBV services, including case management, psychosocial support, and provision of material assistance (CRIs and dignity/sanitary materials). Over 400 girls have received psychosocial support and information on available services and participated in empowerment activities held at WGSS. GBV survivors were assisted to access services and received psychosocial support.

GBV safety audits were undertaken in all locations, and GBV risk mitigation mainstreamed in all sectoral interventions.16 days of activism was celebrated with all partners in all locations under the theme: "Invest to prevent violence against women and girls". As part of the commitment, stakeholders underscored the need to work together and prevent violence against women and girls.

Challenges in 2023 included underfunding of the GBV response. This has resulted in limited staff to implement essential interventions and that lowered the quality of the response (including case management, mental health response, material assistance/dignity kits, etc.).

GBV responses to Ethiopian refugee returnees was limited in Benishangul-Gumuz and Amhara regions; however, information dissemination sessions on prevention and response to GBV and available services were held regularly for refugee returnees from Sudan in Tigray region and advocacy interventions were conducted with stakeholders, including government. Some refugee returnees unable to return to their place of origin, were living as IDPs, and others moving from place to place which made it difficult to support and follow-up as they had no permanent address.

In **South Sudan**, RRP partners conducted five GBV safety audits in Renk, Maban and Malakal in Upper Nile State, Aweil, Northern Bahr El Ghazal State and Gorom, Central Equatoria State that identified risks and gaps in access to services for survivors. Improving lighting, safe spaces, and protection desks were established. The GBV sub-sector working group was activated in Renk, Upper Nile State and in other arrival areas. Some 252 frontline workers were trained on GBV. Safe spaces for women and girls were established in various locations, and awareness sessions reached over 221,000 individuals. Additionally, support was provided to 3,041 GBV survivors and women at risk of GBV, including psychosocial, medical, and legal assistance. Protection monitoring revealed various violations experienced by returnees and refugees, including theft, forced detention, and sexual violence, with challenges including limited clinical management of rape (CMR) services, safe housing, and underreporting due to stigma and fear.



Education

 138,107 identified children and youth engaged in formal and non-formal education activities

In the **Central African Republic (CAR)**, RRP partners supported four local primary and secondary schools in the town of Birao by constructing temporary classrooms and distributing school kits, pedagogical kits, school materials, and recreational kits. Before the start of the school year, 30 educators were trained for 10 days on teaching *French as a Foreign Language (FLE)* to equip teachers to be able to accompany Arabic-speaking refugee students in their transition to the French-speaking education system of CAR. A second five-day training in December reinforced teachers' capacity on pedagogical foundations on reading, math, and life sciences. Extra support classes were hosted for over 300 refugee children in the four weeks leading up to the start of the school year to support students' language abilities and transition to the new curriculum.

School-based protection and MHPSS referral mechanisms were established in all institutions, where trained child protection/psychosocial support focal points regularly identified and referred children to appropriate structures for further support needed. A total of 50 teachers, administrators, local education authorities, and local leaders were trained on MHPSS, child Protection, and the prevention of GBV in school. Children's clubs were created in three schools to promote peaceful coexistence between the refugee and host communities through sports and recreation. Many of the education activities are thanks to funding provided by Education Cannot Wait in CAR.

In **Chad**, by the end of December, there were over 260,000 school aged children, of which 35,000 are enrolled in schools. Several teachers were identified among the new arrivals (1,490) and 260 recruited, of whom 178 are female. 36,000 school kits and 2,500 pedagogical kits were distributed. As a result of the trauma suffered during the conflict, 10 MHPSS focal points were recruited and deployed in schools to help address these issues.

Since September, catch-up learning programmes were implemented in Farchana, Gaga and other refugee camps to help children cope with the Chadian curriculum. RRP partners conducted needs assessments in nine locations in the provinces of Ouadaï, Wadi Fira and Sila, which showed that refugees preferred integration of their children in the Chadian education system. Some 443 pupils (168 refugees) benefited from scholarships.

Sixty-seven temporary learning spaces were constructed in collaboration with UNICEF, the Jesuit Refugee Service and the Norwegian Refugee Council. Four schools in the affected areas were rehabilitated to accommodate large numbers of refugee and host community children. In addition, 16 classrooms and two offices were equipped with teaching and learning materials. Despite the work done, urgent and critical needs in the education sector include additional classroom construction, teacher recruitment and training, provision of school kits, recreational and psychosocial support.

In **Egypt**, Education Working Group (EWG) partners supported Sudanese children to access quality, safe, and inclusive education through formal and non-formal settings. Partners advocacy efforts with the Ministry of Education and the Ministry of Foreign Affairs, resulted in a ministerial decree allowing refugees to access public schools. More than 2,500 refugee students received education cash grants to support their enrolment in public schools and community learning centres, safe transportation to education facilities and to cover the cost of stationery and school uniforms.

Moreover, 27 Sudanese students received the German funded DAFI scholarships in Egyptian universities. Additionally, 192 Sudanese from various education levels have registered on Learning Passport (LP) and are now able to benefit from online learning resources and educational materials along with the existing 4,198 Sudanese already accessing the platform.

Studies conducted by education partners guided various interventions, particularly at the border area, such as the construction of four playgrounds in four public schools in Aswan that improved social cohesion and peaceful coexistence between refugees and host communities. EWG partners provided key learning interventions in refugee community schools that conducted catch-up classes for Grade 12 students for their formal examinations, distributed school kits and learning materials. Additionally, in Aswan, EWG partners supported community-based learning initiatives in 25 community learning centres to promote community cohesion, provide psychosocial support, implement Life Skills and Citizenship Education (LSCE), and run the Learning Recovery for Foundational Literacy and Numeracy programmes.

Capacity-building sessions for teachers on ICT skills training, and teachers in crisis contexts were provided in the community learning centres. Socioeconomic vulnerabilities of the newly arrived Sudanese households impeded their ability to access various services including the documentation required for children's education and enrolment in any educational institution.

A protection and education task force was formed to create a platform for stakeholders and partners to coordinate their efforts in addressing GBV risks in refugee community schools. This includes developing a comprehensive database containing essential details about the schools and GBV cases reported. The task force serves as the primary communication and advisory body, responsible for delivering key messages and making decisions regarding the principles and guidelines to be followed on GBV reporting in these schools particularly in cases where no organization meets the eligibility criteria for conducting investigations or when the available data are insufficient to initiate an investigation process. The task force will ensure that responses to these reports uphold the principles of accountability and shared responsibility while prioritizing a safe learning environment for all refugee children in all refugee community schools.

In **Ethiopia**, two joint education needs assessments were carried out by RRP partners for Metema (Amhara region) and Kurmuk (Benishangul-Gumuz region). These assessments identified key gaps in education services and informed

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education response planning for both refugees and the host community for the Sudan situation. By the end of 2023, a total of 15,818 refugee children had been registered and enrolled in host community schools; 9,115 in primary education and 6,702 in secondary education. Plan International in Ethiopia was selected to implement education activities for both refugees and the host community in an integrated approach in Metema and Kurmuk. UNICEF donated five classroom tents, 3,200 school bag kits, 30 ECD kits, 40 school in a carton and 30 recreational kits for Metema (Kumer and Awlala sites) and two classroom tents for Kurmuk, that were in use. Other RRP partners, such as Save the Children donated a



Sudanese civilians and Central African returnees seek refuge from fighting in Sudan. Thousands of Sudanese civilians crossed the CAR border fleeing violence in Darfur to the small border town of Am Dafock, located just one kilometre away from the borders. ©UNHCR/Xavier Bourgois

10,000-litre capacity water tank for education purposes in Kumer site. UNHCR received funding from Education Cannot Wait, amounting to USD 840,000 for the Sudan situation. The key challenges were limited infrastructure in the host community schools to accommodate large numbers of refugee children and inadequate funding for education on a long-term basis.

In **South Sudan**, integration of returnees and refugees into existing school facilities was crucial, given that nearly 30 per cent were school-aged. Efforts include strengthening education coordination platforms, activating the education working group in Renk county, conducting rapid needs assessments in schools, providing scholastic materials, and expanding education facilities in refugee camps. Close to 3,000 refugee and returnee children were assisted with materials for schools. Additionally, 55,591 returnees and refugee children were assisted in enrolling in primary school, and 620 children were assisted in enrolling into secondary education. Education facilities in the refugee camps in Maban, Gorom and Jamjang were being expanded to include the new arrivals, ensuring every child has access to learning opportunities.

Lack of funding remained a challenge, and many educational needs were still unmet, worsening an already weak education system. The proportion of children and young people enrolled in schools was 56.60 per cent and 17.6 per

cent for primary and secondary, respectively, marking a significant reduction from 66.50 per cent and 43.80 per cent reported in 2022, attributed to the exponential increase in the primary (6-13 years) and secondary (14-17 years) age population due to the Sudan conflict.



Food Security



1,312,718 individuals provided with food assistance (in-kind/ CBI/Hybrid)

In the **Central African Republic**, life-saving food security assistance was provided to approximately 9,700 refugees and returnees affected by the Sudan crisis. Unconditional food distribution of 30-day rations were provided, covering between 66 per cent to 100 per cent of people's daily needs. In Korsi, daily hot meals were provided in the transit centre for refugees waiting for biometric registration and core relief items. Since the beginning of the emergency, a total of 20,901 hot meals were served.

Chad is an arid country and less rainfall added to food security challenges. WFP continued to provide food for the population forced to flee. As of 31 December, WFP provided food assistance for 462,231 refugees, 85,763 returnees, and 43,386 host community members, totaling 591,380 individuals. WFP provided cash assistance instead of food to refugees. Also, WFP and their partners provided hot meals to 217,692 new arrivals (58,849 households) as of the end of December 2023. Funding shortfalls for continued food/cash assistance remain a major gap for WFP and partners.

In **Egypt**, as of 31 December 2023, WFP assisted over 320,000 new arrivals into Egypt with food assistance in Aswan and cash assistance in Alexandria, Aswan, Cairo and Giza. Among them, approximately 240,000 individuals received ready-to-eat food assistance, while over 80,000 benefited from cash assistance. Given the funding shortages, emergency cash assistance will only continue until March 2024. WFP made its cash assistance platform available to sister UN agencies to address additional humanitarian needs. In September 2023, WFP established a new partnership with UNFPA to provide emergency cash assistance to women and girls under UNFPA's GBV programme through WFP's cash delivery platform. IOM partnered with WFP to provide cash assistance to migrant families. While the immediate needs were addressed through food and cash assistance, the need for medium- and long-term support has risen.

The humanitarian corridor established by WFP and the Government of Egypt between Aswan (Egypt) and Wadi Halfa (Sudan) in June 2023 remains operational for cross-border delivery of assistance for UN agencies, development organizations, and humanitarian partners to address the urgent needs of people affected by the ongoing conflict.

In **Ethiopia**, food distribution has been prioritized for newly arrived refugees from Sudan at Metema (Amhara region) and Kurmuk (Benishangul Gumuz region) at point of entry, transit centres, and sites. A communal kitchen was constructed at Kurmuk transit centre for hot meal preparation to new arrivals. During the food pause in food aid for all population groups in Ethiopia (including refugees) from June to October 2023, hot meals were provided to beneficiaries, using already stretched resources. Authorization was given to resume food assistance to refugees in October 2023, upon the successful implementation of actions to strengthen systems around general food distribution. Since the resumption in October 2023, three rounds of General Food Distribution (GFD) were successfully completed in Metema and Kumer, reaching 7,760 people in October, 7,859 people in November and 7,872 people December 2023. At the Kurmuk transit centre, one round of GFD was completed, reaching 14,639 refugees. Two distribution cycles were missed, due to insecurity which inhibited road access to deliver food.

In **South Sudan**, upon arrival at transit centres, refugees and returnees receive high-energy biscuits and cash assistance for a transit period of seven days, replacing hot meals to accommodate preferences and mobility needs. Returnees departing by boat were provided with high-energy biscuits for their onward journey. Assistance at final destinations was temporarily halted due to resource constraints, but were resumed, offering a three-month food assistance ration. In refugee camps, new arrivals received hot meals during registration, then transition into regular ongoing assistance in the camps. Assessments revealed high levels of food insecurity and malnutrition rates among children and mothers among families crossing the border. Food security partners provided aid to over 412,526 individuals, including at border reception centres, transit centres, and final destinations since the response began.





460,590 individuals received primary healthcare consultations



83,609 children below 5 years of age screened for malnutrition

In the **Central African Republic**, RRP partners constructed an infirmary and a maternity ward at the health centre in Korsi, which was supported by the Ministry of Health and the District Sanitaire. A total of 11,438 people received primary medical consultations, including 1,500 host-community patients from the neighbourhood near Korsi. A total of 559 women received pre-natal care and 33 received post-natal care. The obstetrics team supported 33 births. A total of 809 children under 15 years old received measles vaccinations and 635 children under 5 years old were screened for malnutrition. A total of 327 children under five years old were included in the malnutrition programme, 85 per cent for moderate acute malnutrition and 15 per cent for severe acute malnutrition. A total of 100 children, including girls (90 per cent aged 6 to 23 months), pregnant and lactating women were supported through a malnutrition prevention programme across four districts hosting refugees. A total of 232 refugee children in Korsi benefitted from nutritional support (fortified cereal) as part of the nutrition rehabilitation programme.

In **Chad**, the health sector carried out 288,639 medical consultations in 16 mobile clinics in border areas and consolidated sites in eastern Chad. The mobile clinics helped to reach refugees and host communities in remote areas without health facilities. With the large influx of new arrivals, five temporary health centres and 10 health posts were established. This required recruiting an additional 336 health workers from Wadi Fira, Ennedi-Est and Goz Beida to cope with the situation.

A total of 187,071 children (0-18 years) were screened for malnutrition, including 12,043 for severe malnutrition. Health teams treated 2,365 malnourished pregnant women. Some 3,545 deliveries were attended by skilled health personnel. A total of 8,157 mental health consultations were provided. Vaccinations against polio and measles were carried out in refugee camps and sites. The percentage of children under five who were vaccinated against measles was 96.5 per cent. The under-five mortality rate was 0.35 deaths per 10,000 persons per day. Awareness-raising was undertaken on medical issues of vaccination, exclusive breastfeeding, and the need to give birth in health facilities.

In **Egypt**, given the growing number of Sudanese arrivals, demands on the existing programmes of the health sector partners increased. The Government of Egypt and the Ministry of Health and Population (MoHP) carried a large part of the health sector response, ensuring access to its health facilities for all newly arrived Sudanese at par with Egyptian citizens. The health sector partners supported the MOHP with training of staff, donations of medical equipment to hospitals, consumables, and medication to manage and complement the increased workload. In 2023, the Egyptian Red Crescent provided medical services to more than 31,900 persons newly arrived from Sudan at the Qustol and Argeen border crossings. In addition to the services provided at the borders, health partners delivered primary health care consultations to more than 2,300 recently arrived Sudanese and 985 Sudanese were referred for secondary and tertiary care. RRP partners actively implemented the secondary and tertiary healthcare programme in Aswan governorate in the ten largest government hospitals in Aswan and Abu Simbel.

WHO has installed a mobile clinic at EI-Sadakka district, including a MHPSS clinic and non-communicable diseases (NCDs) clinic. The mobile clinic was staffed by healthcare providers from MoHP and provides free of charge services for both Egyptians and Sudanese, covering more than 350 NCD consultations and more than 80 MHPSS consultations. RRP partners also provided consultations for NCDs, reproductive health, human immunodeficiency virus (HIV) and tuberculosis (TB) and helped with payments for hospital admissions.

Five medical counselling rooms were established in five different WGSS in Aswan and Greater Cairo to provide basic reproductive health and family planning counselling as well as to support emergency referrals to nearby hospitals and clinics. Children were vaccinated against polio and measles. Training was held on integrated management of childhood illnesses and midwifery in governmental health care facilities. Sessions on health, MHPSS, stress management and group therapy for new arrivals in Aswan, Cairo, and Alexandria were organized by health partners. Some 200 health care workers were trained in management of mental illness during humanitarian crisis.

Over 3,034 Sudanese children (1,325 boys and 1,709 girls) aged 6-59 months were screened for malnutrition. Thirtyfour children diagnosed with severe acute malnutrition (SAM), and 57 with moderate acute malnutrition (MAM) were referred to the National Nutrition Institute (NNI) for treatment and follow-up. More than 479 Sudanese pregnant and

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lactating mothers with children less than 24 months were screened for malnutrition and received infant and young child feeding counselling. UNICEF supported setting up a nutrition referral clinic in Aswan for children detected with malnutrition, 120 children were screened till end of December.

Following a training organized by UNICEF in coordination with WFP, WHO, NNI and the MoHP, the first national guidelines for the prevention and management of wasting were drafted. UNICEF, in partnership with MoHP, trained health workers to provide nutrition counselling and malnutrition screening, including wasting, in 16 primary healthcare units located in Cairo and Giza. UNICEF coordinated with MoHP to integrate a nutrition module into the National District Health Information System (DHIS2) database.

In **Ethiopia**, primary healthcare and nutrition services for new arrivals were provided in Kumer and Metema (Amhara region) and in Kurmuk (Benishangul Gumuz region) through partners, while patients in need of secondary or tertiary healthcare were referred to government hospitals. Engagement and coordination through the Ministry of Health authorities ensured that new arrivals accessed health services through the existing national health facilities, avoiding the establishment of parallel systems, except for temporary clinics at the point of entry and transit centres.



Sudanese refugees, Fadila, 27, and her son Mazine, visit a medical centre in Chad as Mazine had fever. They fled violence and insecurity and crossed the border from Darfur, Sudan. © UNHCR/ Colin Delfosse

In Kurmuk, 10,070 outpatient consultations were conducted, and 2,827 individuals were screened for malnutrition, of which 136 were enrolled for treatment. At Kumer site, there were 13,860 outpatient consultations, 279 clinical mental health consultations and 45 deliveries conducted at the health post. Some 3,488 individuals were screened for malnutrition, with 21 children admitted into the treatment programme for severe malnutrition.

A cholera outbreak in Kumer site was controlled with support from the Ministry of Health and partners, of which 452 cases were recorded between August and September 2023, with a case fatality rate of 1.9 per cent. Surveillance, improved WASH services, establishment of a Cholera Treatment Centre and a robust community outreach response contributed to the control of the outbreak. Despite these efforts, both regions faced critical challenges, including inadequate resources to expand service provision within the existing health facilities to accommodate the increased

population, shortages of essential medicines and medical supplies, inadequate medical staff, inadequate ambulance services and insecurity affecting staff and goods' movement.

At Metema, one of the nutrition emergency locations, an estimated 578 children were identified as acutely malnourished (111 SAM and 467 MAM) and referred for admission at the nutrition centre programmes. At Kurmuk, RRP partners continue to provide nutrition sensitive interventions and 303 (229 SAM and 652 MAM) and referred for admission at treatment at the nutrition centre programmes.

A Standardised Expanded Nutrition Survey (SENS) were conducted in December 2023. Preliminary analysis of findings for refugees from Sudan shows very high/critical nutrition status of children under five years in Kurmuk with global acute malnutrition (GAM) prevalence at 23.1 per cent. This means that one in every four children under the age of five years was acutely malnourished. In Metema, findings from the survey showed a serious GAM prevalence of 9.3 per cent. As a result, many refugees are resorting to one or more negative coping strategies to meet their basic food needs.

In **South Sudan**, nutrition teams were screening children under five and pregnant/lactating women at transit centres, reaching over 20,214 individuals with interventions to prevent malnutrition, including vitamin supplementation. Vaccination efforts targeted over 118,537 children under 15 for polio, measles, and other diseases at transit centres, with a primary healthcare centre established in Renk transit centre. Preliminary data indicates high malnutrition rates, with interventions provided on-site or at nearby centres, including supplementary feeding programmes. Some 214,449 medical consultations for returnees and refugees were provided in transit. At the same time, challenges such as insufficient WASH facilities and increased disease risks persist due to population influx and rainy season conditions, with malaria emerging as a primary concern. Due to the high risk of cholera spread, additional measures were implemented at reception, in transit and upon arrival to the final destination – health screenings for refugees and returnees before and after movement, enhanced surveillance and early detection, increased community engagement and communication and deployment of the cholera treatment units.



Livelihoods & Economic Inclusion (LEI)



5,400 people received livelihood support (productive assets, training and/or business support in cash or in kind)

In the **Central African Republic**, RRP partners established a programme to enhance life skills, including trainings on handicrafts, such as mat-making and knitting, as well as on cooking. The programme targeted women and girls and was complemented by psychosocial support sessions organized in the safe spaces. Seven women groups, with 140 survivors, were supported to create a women's garden which also serves as an income-generating activity.

In **Chad**, support was provided to refugees and host community members through agricultural inputs, land, training, and some machinery such as motor pumps and grinding machines. Some 21,140 hectares of land were provided for three years in four provinces (Ouaddai, Sila and Wai-Fira and Ennedi Est). A variety of seeds, mainly groundnut, millet, and sorghum (890 tonnes), were provided for planting. A total of 1,102 households (refugee: 651 and host: 451) benefited from the seeds.

In Sila province, 45 households benefited from small ruminants and 29 households benefited from training on beehive management and marketing. Five hundred refugee households benefited from techniques to identify and manage commercial activities. This allowed them to grow their own food and supplement the WFP food basket. The joint support also helped to improve peaceful co-existence between the two communities through agriculture, rehabilitation of host community structures such as the slaughterhouse in Gaga market, construction of a storage facility in Abloue (Sila province), construction of a shed in Gaga market, inter-community dialogues and environmental protection activities such as training in natural resource management in all locations and the planting of 10,000 trees in Sila and Iriba.

In **Egypt**, the Livelihoods & Economic Inclusion Working Group (LEIWG) partners support Sudanese new arrivals, Sudanese families hosting new arrivals, and vulnerable Egyptians, with livelihoods and economic inclusion interventions to be implemented at individual, household, and community levels. Through a community-based approach, the LEIWG continues targeting entrepreneurship support, job matching, and skills development for refugees and host communities. Refugees were facing challenges due to limited access to finance related to work compensation, remittances, and

maintaining savings. The current socioeconomic situation in the country and the increase in prices of goods and utilities has also impacted refugees and asylum-seekers.

Appealing partners were engaged in livelihoods activities targeting different age groups, from the UASC aging out and transitioning into adulthood and employment to people over 45 years old who need support to use their professional skills. As of the end of December, 541 Sudanese benefited from livelihood support activities provided by RRP partners (UNHCR, Caritas, Don Bosco, and Refuge Egypt); these include vocational and employability skills training, job placements, and entrepreneurship support. Sector members conducted eight socioeconomic assessments and consultations of all nationalities including Sudanese refugees to inform and improve programming for 2024.



UNDP supported the Governorate of Aswan through the Micro, Small, and Medium Enterprises Agency to rehabilitate the health unit in Karkar village, to enhance access to healthcare services for host communities and Sudanese families, providing approximately 2,000 workdays. The Karkar Health Centre will also lead to job opportunities for young women in health awareness activities and advocacy initiatives.

In **Ethiopia**, support to livelihoods programmes were limited for the newly arriving refugees from Sudan due to lack of resources and the emergency nature of the response.

In **South Sudan**, as the arriving populations were still on the move to their areas of return and life-saving assistance was prioritized, no significant programming has been done on livelihoods or resilience. Returnees who have made their way to urban areas or their final destinations on their own may have the ability to secure basic livelihood opportunities. However, resilience is being considered under phase three of the response and will become a much stronger component as more and more people arrive in their communities of choice.

Logistics, Supply & Telecommunications

UNHCR established a workspace in Birao in the compound of the United Nations Multidimensional Integrated Stabilization Mission in the **Central African Republic** (MINUSCA). The UNHCR workspace, equipped with satellite internet, serves as an adhoc co-working space for multiple RRP partners. Efforts are ongoing to reinforce the infrastructures of the workspace and to establish a fully equipped UNHCR office. Logistics remains a challenge due to insecurity across the country, and it was further exacerbated by the impassability of roads during the six-month rainy season, during which the town of Birao was cut off from the rest of the country. To mitigate these logistical challenges, WFP increased the number of mobile storage units in Birao increasing their storage capacity to 1,800 mt, and they prepositioned food on site to reduce lead times. Supply chain between CAR and Sudan has been negatively affected since the conflict began, creating challenges to procure materials locally and contributing to an inflation of prices on the local market, especially for construction materials.

In **Chad**, challenges continue in terms of logistics due to the expanding emergency. A major constraint was a limited and ageing number of trucks, with the operation having only 10 UNHCR trucks, less than the number required. The operation has rented commercial trucks to transport CRIs to the various camps. The same commercial trucks and light vehicles were used to relocate new arrivals from the border areas to the camps at a very exorbitant cost to the operation. The fuel scarcity, which increased the price of the limited fuel, also negatively impacted the operation. With the support of the French military, a one-off assistance with 20 trucks was received to relocate refugees.

For telecommunications, continued efforts helped provide internet connectivity to support biometric registration activities in the camps. Very High Frequency (VHF) coverage has been improved in Farchana operational areas, allowing UNHCR and partners to communicate on the radio. The challenge with mobile telephone communications remained, especially in very remote areas.

In **Ethiopia**, an IT emergency coordinator was deployed to bolster emergency response efforts, leading to the establishment of three vital connectivity hubs: one in Tsore in the Benishangul region and two in Amhara region, located in Gondar and Gende Waha. These hubs provide internet connectivity for UNHCR staff, partners, and the broader humanitarian community, enhancing essential communication and coordination in these challenging areas. Additionally, technical IT support and expertise was offered to local governments. This support assists them in developing and implementing their own connectivity solutions, thereby strengthening overall emergency response efforts. Two VSATs (very small aperture terminals) were installed in Gondar and Gende Waha. These satellite communication systems are crucial to establishing a reliable and independent connectivity channel, especially vital in areas where local network infrastructure may be compromised or unstable. This ensured uninterrupted and secure communication for humanitarian responders, which was crucial for the efficient and effective delivery of aid and protection to people forced to flee their homes.

Essential medicine and medical items were sent to Kumer and Kurmuk and distributed to new arrivals from Sudan.

In **South Sudan**, by the end of December, close to 179,374 returnees were assisted with onward movement to final destinations by the government and humanitarian partners. Many others travelled on their own to their final destinations, mostly to Upper Nile, Unity, Northern and Western Bahr-el Ghazal and Central Equatorial states. Riverine movements facilitated most relocations within Upper Nile State and to Unity, while destinations farther away were arranged by air. From April to December, IOM supported 118,931 individuals to move by boat, 66,792 by air and 25,964 by road to final destinations. UNHCR facilitated the movement of refugees from the border to the refugee hosting areas – Wedwil refugee settlement in Northern Bahr-el Ghazal, Jamjang in Ruweng Administrative Area and Maban in Upper Nile. Onward transportation from the border has been the cornerstone of the response strategy to avoid congestion, overcrowded shelters, the spread of communicable diseases and, as a result – loss of life.

Refugee Emergency Telecommunications Sector (RETS), in collaboration with partners, provided internet connectivity and security communication services to UN partners, the wider humanitarian community and some refugees and asylum–seekers. RETS connected four sites, including Renk transit centre, UNHCR Renk field unit, Wedwil refugee settlement, and Gorom refugee settlement, enabling over 500 humanitarian workers to access internet connectivity and offer essential protection services in these different sites. These services enable the prompt provision of vital protection and aid for those impacted by the Sudan situation.







299,594 people who received non-food items

In the **Central African Republic**, 641 emergency family shelters were constructed in Korsi for relocated refugee families. At the border town of Am Dafock and in Korsi, 31 registration and transit hangars were constructed. A total of 1,373 CRI kits were distributed to new arrivals including mats, blankets, mosquito nets, buckets, kitchen sets, soap, and solar lamps. Household surveys with new arrivals in Korsi highlighted concerns about access to shelter and CRIs. Additional funding was urgently needed to ensure transition to semi durable and durable shelter construction before the next rainy season begins.

In **Chad**, the construction of family and communal shelters continued through the year in response to the emergency. A total of 59,026 family shelters and 168 community transit shelters were constructed by various partners and allocated to newly arrived households in five new camps (Metché, Orang, Arkoum, Alacha (Ouaddai province) and Zabout (Sila province)) and in the extensions of old camps. Essential construction materials such as tarpaulins, corrugated iron and planks were provided. CRIs were also distributed to the refugees. Some 2,364 Refugee Housing Units (RHUs) donated by the Government of Turkey, 268 family tents donated by Afet ve Acil Durum (AFAD) and 984 transitional shelters provided by IOM were also installed in the new Alacha refugee site.

Despite the number of shelters constructed and donations received, the challenges and gap in core shelter needs for new arrivals remained enormous. Some new arrivals who were allocated shelters were still living in makeshift accommodation. CRIs were distributed to 56,668 new arrivals (13,269 households).

In **Ethiopia**, over 10,000 refugees safely relocated to Kumer settlement (Amhara region) and 1,528 individuals to Sherkole refugee camp (Benishangul Gumuz region), in which the operation managed to provide immediate shelter and public facilities, including 2,187 emergency shelters (composed of 1,690 emergency family tents in Kumer, 50 family tents installed in Awlala, 248 emergency shelters made of eucalyptus poles and plastic sheeting in Sherkole and 199 family tents installed in Kurmuk transit centre), 91 transitional shelters made of corrugated iron sheets and walling covered with plastic sheeting, 17 communal shelters, child-friendly structures, two rub halls for warehouse space, protection desks, two security posts, distribution sites. Also 2.35km of access roads were constructed and a temporary cholera treatment centre near the health post was established. Transit centres are fully operational at the border entry points of Kurmuk, Metema and Gizan to support incoming refugees, with over 23,000 refugees still living at the transit centres in 52 temporary communal shelters.

Site layouts for Awlala settlement in Amhara region was completed and implementation started with over 52 family tents installed, six solar public lights installed, and temporary police post constructed. The regional government in Benishangul Gumuz allocated 350Ha of land at Ura woreda for the establishment of a new refugee site and plans are underway for site development, that was expected to host up to 34,000 individuals.

CRIs were provided to about 30,000 individuals in all locations (items distributed includes blankets, buckets, jerrycans, kitchen sets, mosquito nets, plastic sheets, sanitary napkins, women's underwear, sleeping mats, solar lamps). This includes more than 7,500 sleeping mats, 19,500 blankets, and 1,000 kitchen sets were sent to Kurmuk and Kumer and distributed to the refugees.

In **South Sudan**, in response to the emergency, partners swiftly established reception centres at key border crossings, notably Renk transit centre in Upper Nile State, which has accommodated many returnees and refugees, with approximately 400,000 individuals passing through. Similar sites were set up in locations like Aweil, Bentiu, Malakal, and Abyei to temporarily host new arrivals before their onward journeys. At these centres, arrivals receive essential aid such as food, mosquito nets, sleeping mats, blankets, and WASH items, along with plastic sheets for shelter. With the limited resources available for non-food items (NFIs), close to 72,000 vulnerable individuals received NFIs in transit.

Logistical challenges, transportation costs, material scarcity, and weather conditions impeded onward movement. They slowed shelter construction efforts, particularly in areas like Renk, where soil stabilization and drainage pose additional challenges. Additionally, a UNHCR-established transit centre in Northern Bahr-el Ghazal state has transitioned into the Wedwil refugee settlement, hosting around 11,690 new arrivals. Efforts were underway to coordinate with authorities

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for the phased development of this settlement. Additionally, existing refugee camps in Maban, Jamjang and Juba were extended to accommodate new arrivals. This has required camp extensions and the provision of essential services like water and sanitation, health, education and others, as well as family emergency shelters for close to 34,000 new refugee arrivals.





39 boreholes/ wells constructed/ drilled or rehabilitated



13 average # of litres of potable water available per person per day

In the **Central African Republic**, one borehole was drilled and equipped with a bladder and fountain system providing 40 cm³ of potable water per day to Korsi and was able to provide 14 litres of water per person per day. A second borehole was drilled and will soon be equipped with a solar pumping system. A water reservoir was also under construction to improve the water storage on the site. A total of 105 emergency latrines and showers were constructed, and despite the degradation from the rainy season, and filling of latrines, the ratio increased to more than 27 people per latrine by the end of the year, which was above the SPHERE emergency standards. RRP partners were working on additional solutions to improve access to water and WASH facilities and transition to semi-durable, but this requires substantive additional funding.

In **Chad**, thirty-one boreholes and eight modern wells were drilled in the sites, while 20 water bowsers were used to transport water to camps where boreholes could not provide water. 12 reservoirs of 70 to 100m3 were built to help store water in the camps. These reservoirs were connected to 191 water distribution points. In addition, 25,662 metres of linear piping were installed, and 2,501 metres rehabilitated to support water distribution in the camps. Residual chlorine tests (7,668) were carried out to ensure that the water was safe to drink.

Some 214 community mediators were recruited and trained, including refugees. These mediators conducted 2,450 hygiene promotion awareness campaigns in the various camps, reaching 382,694 people. Sector coordination meetings were held at field and national levels in Ndjamena to ensure proper coordination of WASH activities. In terms of hygiene and sanitation, 10,524 emergency latrines and showers, 21 refuse pits and 11 washing areas were constructed in the operation areas, including transit points near the border areas. The need for latrines continues to grow as the number of refugees increases.

In **Egypt**, WHO and UNICEF jointly conducted a comprehensive assessment of the WASH and infection, prevention, and control (IPC) in facilities in healthcare centres in Aswan. Actions were taken to address gaps in the procurement of WASH, medical waste management and infection prevention supplies and distribution of supplies was done to 21 healthcare facilities including primary healthcare centres, secondary and tertiary hospitals, points of entry clinics and two medical waste treatment facilities. Moreover, 25 healthcare workers affiliated to Aswan health directorate, university hospitals, and the Egyptian Health Authority were trained to enhance their knowledge and skills in IPC measures and how to efficiently utilize the provided supplies. As part of the WASH-IPC assessment, the Aswan health directorate has been supplied with drinking water quality monitoring devices and 20 environmental health personnel affiliated to Aswan health directorate were trained to operate these devices.

Around 50,000 personal hygiene and dignity kits were distributed to Sudanese refugees at the border and in community schools, to promoted menstrual health. As part of improving the WASH infrastructure, latrines were renovated or installed at the border areas and bus stations, including those designed for people with special needs and a dedicated space for changing babies' clothes. Overall, 225,000 people had access to sufficient and safe drinking water and over 350,000 people to appropriate sanitation services. The provision of water at the border remains critical for new arrivals as well as truck drivers waiting in no man's land to deliver important supplies to Sudan. Since the beginning of the crisis, a total of 634,000 bottles of water were delivered to mitigate risks associated with dehydration and prolonged sun exposure. Sector members continue working with Aswan Water Company to improve the WASH facilities in five primary healthcare units and four hospitals in Aswan.

In **Ethiopia**, at least 10 litres/per/day (I/p/d) per person was provided in Kurmuk (Benishangul Gumuz region) by rehabilitating an existing water system and extending the water network. In Gambella, at least 11.5 I/p/d was provided through the operation and maintenance of existing systems in Metema (Amhara region), both the refugee permanent site in Kumer, health post and the transit site received water through water trucking, which on average ranged from 9-

12l/p/d. Two water tanks with a capacity of 10,000 litres were installed in preparation to serve the refugee population for the new location in Awlala, also in Amhara region. A hydrogeological survey has been conducted in Kumer to identify potential locations for the drilling of a permanent water source as an exit strategy from water trucking.

A total of 35 blocks (175 drop holes) of emergency and transitional latrines were constructed in Metema (25 in Kumer, six blocks at Metema transit site, three in Awlala and one block(10 drop holes) at the cholera treatment centre. 15 sanitation workers were recruited during the cholera outbreak to ensure proper cleaning and management of the latrines in Kumer. A faecal sludge disposal site was constructed for Kumer for safe disposal of dislodged excreta. In Kurmuk, five blocks of communal latrines were completed. Some 238 latrines were completed at the Kurmuk transit centre and Sherkole camp for relocated families. In Gambella, 106 households were trained to construct household latrines with available materials. The ratios of latrines to the people in need and provision of clean drinking water was still below standard.

Five hundred hygiene kits (bucket, laundry and bathing soap, disposable sanitary pads, toothpaste and toothbrushes) were distributed at Metema transit site. Dignity kits were distributed to close to 13,300 women and girls of reproductive age in Kurmuk and Metema. In October, the Global handwashing day – "clean hands are within reach" –was marked by speeches, promoting handwashing practices among children and a coffee ceremony where the benefits of handwashing were highlighted, in Kumer refugee settlement and Metema transit centre.

In **South Sudan**, safe drinking water was provided in all transit and reception sites through emergency water treatment systems, water trucking, and borehole rehabilitation, with efforts underway to repair Renk town water systems. Emergency sanitation facilities were installed, but there were still challenges in meeting minimum standards, with gaps in funding for construction, operations, maintenance, and desludging. RRP partners have successfully advocated for borehole drilling and solarization, reducing water trucking costs, but additional boreholes were needed to support the growing refugee population in the refugee-hosting areas. Insufficient resources for WASH, NFIs, and menstrual hygiene management kits in transit centres increase the risk of waterborne disease outbreaks.

A mother's flight to safety and a future.

Cash assistance for those with specific needs, helps a single mother find her way in Egypt after fleeing from Sudan.



Nadia with her children in Cairo. © Pedro Costa Gomes

Nadia, a single mother of a boy, Adel and Awadeya, a little girl with Down Syndrome, had to leave the only place she knew and jump on the first bus out of Khartoum to save their lives.

"Death was surrounding us from every direction. If the bombs didn't kill us, hunger would have," said Nadia.

For the first few days of the conflict people were able to step out of their homes to buy necessities but with every passing hour, the situation deteriorated to the extent that shops had hardly anything to sell. Water and electricity cuts became the norm; health facilities were for the vast majority destroyed and the rest were not operational.

"I opened the door, held a child in each hand and ran. I carried nothing with me, no money, no clothes, no food, no medication, absolutely nothing. My mind froze," said Nadia, tearing up as she remembered the horror of flight.

Holding onto her children, Nadia rushed to the bus station where she jumped on the first bus heading to Egypt. People on the bus were kind –they paid for their tickets and shared food. In Aswan, Nadia met other new arrivals from Sudan, who hearing her story, helped her to reach Cairo.

"I have distant relatives in Faisal, I knew that they will not be very welcoming but with no money I had no other alternative. I headed to the crowded neighbourhood and to my surprise I saw Sudanese people in the streets. Sudanese restaurants and shops were common. I calmed down for few hours before waking up to the reality that my relatives will not be very happy with three more mouths to feed," said Nadia.

Shortly after she arrived in Cairo, Nadia approached UNHCR to register and benefit from the assistance UNHCR provides to the most vulnerable.

"My special needs daughter suffers now from pee reflex due to the situation we are in. I have no money to buy her adult diapers. My relatives don't understand why she does that and hit her several times a day - that made things worse," explained Nadia.

With the cash assistance Nadia receives from UNHCR, she is now able to put some food on the table and cover some of the needs of her children until she finds a more stable source of income.

UNHCR Egypt has provided emergency cash assistance to 54,521 people newly arrived from Sudan to support them with their most pressing needs; recipients are selected following a rapid needs assessment to ensure that funds are given to those most in need. The Government of Egypt estimates that some 400,000 people have fled to Egypt since the start of the conflict.

By: Nawar Eltahawy, UNHCR

Regional Cross-Cutting Response



In the **Central African Republic**, an information and feedback centre was established in Korsi, and 62 sessions were organized through the year to share how the feedback mechanisms work, and to receive feedback on how to strengthen the procedures. A total of 753 complaints were recorded, analyzed and shared with relevant stakeholders. Some 568 complaints were referred to other actors and for 94 per cent a direct answer was provided to the complainant. A total of 126 feedback meetings were organized to discuss satisfaction/dissatisfaction with complaint feedback and/or resolve confrontation between complainants and service providers.

In **Chad**, protection mechanisms include suggestion boxes, hotlines, WhatsApp messages and refugee committees. The various mechanisms allowed refugees to air their grievances and receive feedback and referrals where necessary. In total, 1,120 complaints and 805 feedbacks were made through these mechanisms. Coordination and sectoral meetings were also organized in refugee sites. Refugee-led protection committees for GBV, child protection and community-based protection were in place and work closely with protection partners.

By December, 2,236 refugee women had been trained in leadership. Awareness-raising campaigns were conducted on free humanitarian services, zero tolerance for fraud and sexual abuse and exploitation, Sessions on UNHCR's mandate and GBV referral mechanisms, reached 3,000 people in the four provinces. Thirteen information desks and a one-stop centre for urban refugees in Abeche were established to provide additional opportunities for refugees to express themselves.

In **Egypt**, the community-based protection (CBP) sub-working group has made significant strides in advancing disability inclusion through its collaboration with refugee community structures. An online training course was designed and delivered to raise awareness and equip members with practical tools for integrating disability strategies and principles into their programmes. The CBP members tested the communicating with communities messaging tool to facilitate the creation and customization of targeted messages for communities, taking into account the AGD approach. The UNHCR Egypt help website was one of the primary tools to provide useful information to refugees in the country and was available in the six major languages used by refugees in Egypt (Arabic, English, Somali, Amharic, Oromo, and Tigrinya). CBP partners continue conducting weekly awareness sessions in Aswan to keep newly arrived Sudanese informed about services available and counter the spread of rumours and unverified information within the refugee community.

In **Ethiopia**, various mechanisms were established to ensure the participation of refugees and asylum-seekers. Community leadership structures were set up in all sites and for all sectors. Community incentive workers were engaged to support the work of partners in all sectors. Community leaders and community outreach workers were trained on various topics including anti-fraud and PSEA. Regular community meetings were held with community leaders to share information and receive feedback. Further, protection desks were set up at all sites to ensure the receipt of individual feedback. WGSSs and CFSs offer additional locations to offer feedback. Assessments were also regularly held with diverse groups on various issues such as MHPSS. However, internal conflict particularly in Amhara has made engagement difficult including with the host community.

In **South Sudan**, during the initial stages of the emergency, a rapid assessment was conducted to gain insights into the social dynamics, attitudes, behaviors, and collective perceptions among refugees and returnees, which informed the development of a comprehensive communication plan. Social mobilisers were deployed at transit sites to disseminate crucial life-saving messages and promote partner services through channels such as interpersonal communication, Information Education and Communication (IEC) materials, radio broadcasts, megaphone announcements, and radio listening clubs. Community-based complaint mechanisms were established and facilitated by social mobilizers and a hotline, with efforts focused on streamlining feedback mechanisms and fostering regular discussions among partners to address feedback effectively. Additionally, the community engagement network facilitated the recording and widespread dissemination of messages among the displaced population. Messages were continually adapted to reflect evolving service provisions, such as emphasizing cholera prevention measures and demonstrating a dynamic approach to the communication strategy in response to changing circumstances.



Protection from Sexual Exploitation and Abuse (PSEA)

In the **Central African Republic**, UNHCR led the PSEA working group and trained 34 focal points from the RRP partner organizations in Birao.

In **Chad**, activities on PSEA were carried out by RRP partners in all refugee camps. Activities included focus group discussions, risk assessments and awareness campaigns. By December 2023, some 198,590 people had been reached through sensitization activities in the different refugee camps and settlements. Training provided aimed at building the capacity of different actors in preventing and responding to sexual exploitation. Topics covered during the training included zero tolerance for sexual exploitation, mechanisms for reporting and dealing with sexual misconduct, referral channels and a website address for further training and reporting such misconduct.

A PSEA sub-working group was established with the RRP partners which held monthly sectoral meetings to address PSEA issues.

In **Egypt**, the Sudan situation PSEA network, which comprises of UN agencies, NGOs, community-based organizations (CBOs) and community development associations (CDAs), conducted rapid PSEA risk assessments in Aswan. Over six PSEA training courses were delivered to CBOs/CDAs and community leaders in Cairo, Aswan, and Alexandria with more than 100 participants. Around 1,000 beneficiaries attended PSEA awareness sessions, and received PSEA IEC materials that were translated into eight languages to reach a wider refugee population.

The GBV sub-working group trained child protection partners on referral pathways so that members could ensure an effective referral system was in place for survivors.

In **Ethiopia**, PSEA activities were conducted from the onset of the emergency at both Kurmuk and Metema. Training and awareness-raising activities focused on partner staff, refugee leaders and incentive workers. Awareness-raising has also been expanded to refugee and asylum-seeker communities. PSEA focal points from all organizations were designated and trained. PSEA information dissemination has been mainstreamed into sector activities, with IEC materials in all relevant languages were placed strategically, for example at food distribution points.

In **South Sudan**, over 166 partner staff in Renk, Wau, Rumbek, Malakal, and Juba were trained on PSEA. For new partners, PSEA assessments were conducted to assess their organizational capacities, and to identify gaps and areas of improvement. Key PSEA messages were developed and translated. Through the PSEA national task force, coordination and collaboration amongst partners in the emergency response was stepped up, including a joint PSEA assessment mission, joint training and strengthening of the community-based complaints mechanism in field locations impacted by the response. A PSEA task force was established in Renk. Following the training sessions conducted with humanitarian actors and the consultations with the community leaders, youth, children, and authorities, partners developed a PSEA work plan focusing on four thematic areas: management and coordination of the task force, prevention of sexual exploitation and abuse, complaint reporting and response and enforcement and compliance with standards.



Cash-based interventions (CBI)

In the **Central African Republic**, multi-purpose cash assistance was distributed in Birao to 1,703 refugees, returnees, and host community families to support their needs across different sectors, including food security, nutrition, shelter, livelihoods, and education.

In **Chad**, RRP partners carried out evaluations in June 2023, covering 14 markets in and around the sites hosting new refugees in the provinces of Ouaddaï, Wadi-Fira and Sila, where interviews were conducted with partners, market actors and retailers. The use of cash was recommended in the old expansion camps, with the exception of Goz-Amir. The markets in these camps have strong capacities in terms of diversity, volume of stock and number of actors involved. Cash would help to revive trade and strengthen social cohesion. Cash was not recommended in the new sites, where the market was almost non-existent.

OXFAM and CARE distributed multi-purpose cash in Farchana and Gaga refugee sites in the third quarter of the year, benefiting 3,700 households and helping them to meet their basic needs. For Chadian returnees, IOM distributed cash

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to 12,874 returnees, enabling them to buy food and other basic necessities. At the national level, OCHA leads the cash working group, with WFP as co-leader. Other livelihood partners introduced cash-based interventions in some of their activities.

In **Egypt**, UNHCR delivered one-off emergency cash assistance to 12,786 families (34,694 individuals) registered as new arrivals from Sudan to meet their most pressing basic needs in Cairo, Alexandria and Aswan. Additionally, UNHCR



Omama Awood, a Sudanese refugee, on a ferry going to Abu Simbel after crossing the Qustul border, the main entry point for refugees from Sudan. © UNHCR/ Pedro Costa Gomes

delivered a one-off emergency cash assistance to 4,369 newly arrived families (14,450 individuals) who were unregistered but were considered eligible through a rapid needs assessment conducted by Caritas in Aswan.

Under the multi-purpose cash assistance (MPCA) programme, 3,827 Sudanese households were added to the bimonthly cash list. UNICEF funded 4,624 Sudanese households to received MPCA for two consecutive bi-monthly cycles. The financial service provider was the Egyptian Post Office (EPO) for beneficiaries possessing national passports or UNHCR documents. Partners collaborated closely through the cash working group to increase outreach methodologies and share information on beneficiaries to identify the most urgent needs and gaps across different sectors.

The cash working group established three task forces. First, the survival minimum expenditure basket (SMEB) to help agencies harmonize transfer values and ensure that the assistance provided was enough to cover basic needs. The value of the SMEB was revised every month and shared with cash partners. Second, the joint post-distribution monitoring (PDM) task force through which common indicators and a joint questionnaire were developed to produce a collective cash working group report. Third, a de-duplication task force to identify a harmonized tool between agencies to avoid duplication of assistance was set up. Guidelines for data sharing and protection were developed by the cash working group and an orientation on the RAIS - Refugee Assistance And Information System (unhcr-mena.github.io) was provided to partners to upload their data and avoid duplication of assistance to same households. The total number of individuals assisted with emergency cash assistance by partners since the beginning of the crisis was 57,081 individuals, registered and unregistered, residing in Cairo, Alexandria, Damietta, and Aswan.

In **Ethiopia**, Multi-Purpose Cash Assistance for vulnerable households was given at Metema refugee site for a total of 691 households with each household receiving ETB 6,300 (approximately USD 113). Cash disbursements continue to be inadequate due to a lack of funding, limiting the operation to prioritize support among very vulnerable groups.

In **South Sudan**, cash and voucher assistance played a crucial role in facilitating the movement of displaced people from the Renk transit centre to Malakal and beyond. IOM provided unconditional vouchers to 118,931 returnees for boat transportation, while those arriving in Malakal via boat and chartered flights received direct cash assistance equivalent to USD 20 in the local currency to cover their last-mile transportation. This assistance empowered recipients to make autonomous decisions on the use of the funds. Cash-based assistance was rapidly scaled up in South Sudan, and RRP partners provided cash assistance for 33,666 individuals. Additionally, food assistance, provided in transit in Renk and other locations following market and feasibility assessments, was switched from hot meals to cash modality early in the response.



Localization

Out of 64 partners in the RRP, one-fifth (13) were national organizations.

In the **Central African Republic** although there were only nine appealing RRP partners, in terms of operational presence, 18 organizations were represented, including government services, contributing to assistance in 15 different sectors, such as food security, WASH, protection, health, GBV and shelter/NFIs.

In **Chad**, there were 21 appealing partners, plus others who support the response. The government partner was responsible for camp administration and management in all refugee settlements. The local authorities – governors, prefects, sous-perfects, cantons and landowners – facilitated the refugee response with RRP partners in coordination; help in provision of land for establishing refugee sites; resettlement of new arrivals; immigration control, etc. The authorities (SPONGA) were in the process of identifying local organizations involved in the response in order to better understand gaps in capacity building and existing resources.

UNHCR worked closely with three local NGOs as partners. Croix Rouge du Tchad (CRT) provided multisectoral, legal assistance and protection monitoring and mixed movement. Agence de Développement Economique et Social (ADES) carried out shelter, infrastructure, and site management activities in the various camps. HIAS provided assistance to survivors of GBV, children, persons with special needs and community-based interventions.

In **Egypt**, there were 27 appealing partners, of which 10 were national NGOs. As part of the ongoing mapping of refugee-led organizations (RLOs), 204 were identified across Greater Cairo, bringing together a total of 8,200 members, of which 92 per cent are female. RLOs were instrumental in implementing community solutions, including community housing support for new arrivals and in identifying and making timely referrals for refugees with specific needs and asylum-seekers to protection services and mental health care as required.

In **Ethiopia**, out of the 17 partners, two were national NGO partners. There were also a number of other national partners and community structures from the host communities, the local/regional authorities and representatives of asylum-seekers and refugees assisting in the settlements in various sectors and activities: water and sanitation, protection, allocation of new transit centres and settlements, awareness campaigns on health, GBV, child protection and dissemination of information. Local authorities and host communities were among the first respondents in providing basic services at the border areas and transit centres since the start of the emergency.

In **South Sudan**, the emergency response plan comprised of 29 appealing partners, of which three were national NGOs providing vital protection services and assistance. In total, there were more than 60 operational agencies on the ground, including national/local agencies, who are also involved in the response. During the scale-up of the response at the border and in transit centres, first responders were trained in needs assessments, identification and referral of vulnerable individuals, and provision of multi-sectoral services in the emergency phase of the response.

Climate Action

In the **Central African Republic**, awareness-raising campaigns were organized at Korsi to sensitize communities on environmental protection, notably to reduce deforestation around the site.

In **Chad**, to protect the environment and mitigate the effects of climate change, a rapid energy and environmental assessment was carried out in September by a NORCAP specialist in collaboration with the Ministry of the Environment in Farchana refugee camp and Ourang, Bredjing and Treguine camps. The aim of the assessment was to inform stakeholders about long-term energy interventions and solutions for refugees and host communities in eastern Chad. The assessment identified energy as a sector that could affect the peaceful coexistence of the two communities, as Chad itself is highly vulnerable to climate and environmental hazards.

The assessment suggested the use of clean energy options such as liquefied petroleum gas (LPG) for the most vulnerable populations, the use of energy efficient measures such as improved cooking stoves made mainly of traditional mud and metal, or the use of sustainable fast-growing trees as cooking fuel as a long-term environmental management solution.

In **Ethiopia**, a total of 24 solar streetlights were installed at Kumer, Kurmuk and Awlala sites and transit centres to reduce protection risks, while 852 solar lamps, were provided to newly arrived refugee families as part of the NFI package for basic household lighting. In Kurmuk, 500 families have received firewood for cooking.

In **South Sudan**, the Renk transit centre was solarized, resulting in the functionality of the health facility at night and the reduction of protection risks.



Verses against violence: Arefa's poetic fight for women

Programmes on women's empowerment help a young woman to dream again in a refugee camp in Ethiopia.

"Women are the beginning and the end, Women know how to resolve conflict, Women are key to family and this world, Women carry many burdens but keep shining like the sun, Women can raise the next generation of powerful and kind humans."



The poem Arefa wrote Photo: © Hermela Alemneh

Arefa Sherif, 23, wrote this for the 16 days of activism against genderbased violence event in Kurmuk reception centre, Benishangul Gumuz.

Originally from Sudan, she had a few months left to graduate from a bachelor's in computer science when conflict in Sudan forced her to leave her home. Desperate to be safe, she recalls the gruelling three days of walking before crossing the border into Ethiopia.

"Looting and attacks were happening everywhere, especially in Khartoum where most healthcare facilities were closed. Without access to basic services like healthcare, water, and food, people were suffering greatly. Prices were rising as essential goods and services became scarce, making it even harder for people to cope".

Arefa reached Kurmuk after days of walking. At Kurmuk, she participated in women's empowerment and GBV training programs run by RRP partners that resonated deeply with her, inspiring her to become a vocal advocate for her community.

"I seize every opportunity to educate others about gender equality and protect vulnerable individuals from genderbased violence. My experiences during the war have ignited a passion in me for giving back."

She now uses poetry as a canvas for her emotions, pouring her heart and soul into giving a voice to the plight of women who have suffered violence. Arefa says poetry has a special power to move people differently, to resonate with emotions on a deeper level.

"It's not just about raising awareness; it's about stirring a passionate response to compel people to stand up and fight for a world free from violence".

Arefa dreams of building a charity organization that provides a haven for women and elderly people, a place where people would find a sanctuary away from the trauma of war, regain hope and reach their full potential.

By Hermela Alemneh, IRC

Monitoring framework

Sector		Indicator	Central African Republic	Chad	Egypt	Ethiopia	South Sudan	Total Reached
F		# of people registered on an individual basis	10,614	254,435	207,833	41,495	75,833	590,210
		# of people who received protection services	25,836	254,435	47,644	41,495	244,127	613,537
	Protection	# people supported with emergency and transportation cash allowance	N/A	N/A	43,608	532	53,479	97,619
1 • 1		# of people transported from border crossings to receptions/ final destinations	849	217,629	N/A	11,689	230,585	460,752
	Child Protection	# of identified unaccompanied and separated children	155	5,586	1,660	1,558	6,006	14,965
	FIOLECIION	# of children provided with child protection service	1,584	62,051	5,558	1,939	128,000	199,132
	Gender- Based Violence	# of identified GBV survivors assisted with appropriate support (including dignity kits, life-saving services, psychosocial support, case management, referral)	449	3,209	6,697	1,417	571	12,343
	Education	# of children and youth engaged in formal and non- formal educational activities	430	35,000	30,648	15,818	56,211	138,107
	Food Security	# of people receiving food assistance (in- kind/CBI/hybrid)	9,700	547,994	320,000	22,498	412,526	1,312,718
		Proportion of births attended by skilled health workers	100%	92%	N/A	100%	100%	98%
🤝 Hea	Public Health & Nutrition	# of individuals received primary healthcare consultations	11,438	288,639	78,199	8,667	73,647	460,590
	Nutrion	# of children below 5 years of age screened for malnutrition	N/A	74,848	3,034	1,073	4,654	83,609
		# of people per communal toilet/latrine	27	62	N/A	29	20	35
5	WASH	# of boreholes/wells constructed/drilled or rehabilitated	2	31	N/A	3	3	39
		Average # of litres of potable water available per person per day	14	8	N/A	11.5	20	13
Î	Shelter / NFIs and Settlements	# of individuals supported with shelter or housing assistance	2,564	169,130	N/A	18,287	19,025	209,006
		# of people who received non-food items	5,136	176,861	16,000	30,000	71,597	299,594
>>> • • •	Livelihood & Economic Inclusion	# of people who received livelihood support (productive assets, training and/or business support in cash or in kind)	140	3,255	541	1,464	N/A	5,400

Note: For WASH, average value is taken for regional total reached for potable water and # of people per communal toilet/ latrine.

Partnership & Coordination

In line with the Global Compact on Refugees, UNHCR and RRP partners facilitated support to host governments who led 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 was through the Refugee Coordination Model (RCM) in close collaboration with inter-agency partners and other stakeholders. Coordination mechanisms were 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 enabled 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.

Local host governments led and coordinated this response through designated ministries and organizations, ensuring that their borders remain opened for those forced to flee. In the **Central African Republic**, it was the Commission Nationale pour les Réfugiés (CNR). In **Chad**, it was CNARR and the Ministry of National Solidarity and Humanitarian Affairs, Territorial Administration, in close collaboration with ministries of Decentralization and Good Governance, Public Security and Immigration, Foreign Affairs and International Cooperation, National Education and Civic Promotion, Health and Prevention, Justice and Human Rights, Women and Protection of Early Childhood; **in Ethiopia** the government's Refugees and Returnees Service (RRS) was the main government agency responsible for refugee protection and in South Sudan the Commission for Refugee Affairs and the Ministry of Interior.

In **Egypt** various ministries, including Health and Education, were part of the coordination structure In Ethiopia, other line ministries that supported the refugee sectoral response included the Ministry of Water and Energy, Ministry of Education, Ministry of Irrigation and Lowlands, Ministry of Health, Ministry of Women and Social Affairs and the Ministry of Skills and Labour. In **South Sudan**, the line ministries that played a critical role in this response included but are not limited to the following: National and State Ministry of Gender Child and Social Welfare; National and State Ministry of General Education and Instruction; Ministry of Health; Ministry of Humanitarian Affairs and Disaster Management; Relief and Rehabilitation Commission.

UNHCR was 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 was maintained with IOM who coordinate the response to the needs of migrant returnees and third country nationals.

UNHCR led or co-led refugee coordination structures that included refugee coordination fora and sectoral or crosssectoral working groups at the country level in CAR, Chad, Egypt, Ethiopia and South Sudan on protection, child protection, GBV, WASH, health & nutrition, shelter/NFI, food security and livelihoods and economic inclusion, PSEA and others depending on the country context.

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

Humanitarian, development and peacebuilding actors worked together to strengthen engagement and complementarities in this refugee crisis. In particular, the mission by the managing director of the World Bank in Chad (<u>The World Bank and UNHCR join forces to support Sudanese refugees and host communities in Chad</u>) and the launch of EU-INTPA funded regional program on the Sudan situation, covering Chad, Ethiopia and South Sudan.(<u>European Union provides EUR 17 million new development funding to UNHCR and IOM for thousands affected by Sudan conflict UNHCR Africa</u>) helped engage development actors.

UNHCR also convened governments and development partners for a high-level side-event at the Global Refugee Forum in December 2023, to support early development responses to the Sudan crisis. Panelists included the AfDB, EU-INTPA and the Islamic Development Bank. Effective coordination with development partners facilitated the search for solutions for the refugees and refugee returnees fleeing Sudan and fostered self-reliance and socioeconomic inclusion of refugees by easing the pressure on host communities and supporting host governments in their response.

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Notes: This list only includes appealing organizations under the RRP, many of which collaborate with implementing partners to carry out RRP activities. Implementing partners can also be highlighted in this section if they are different from operational partners.

Funding

RRP partners reiterated the message on the importance of flexible funding, which allowed partners to prioritize the most pressing needs across the region and integral to the humanitarian response for the Sudan Situation.

The 2023 Sudan RRP was 38 per cent funded. Further information on funding levels of the response is available on the *Refugee Funding Tracker* which tracks interagency funding levels of the response.

	Country	Requirements	Funding	Gap	Targeted Population	# of partners	Funded	Gap
	Chad	\$388,505,291	\$161,414,689	\$227,090,602	600,000	21	42%	58%
*	South Sudan	\$355,976,906	\$129,904,081	\$226,072,825	600,000	29	36%	64%
8	Egypt	\$125,504,445	\$62,938,048	\$62,566,397	358,000	27	50%	50%
	Central African Republic	\$42,649,652	\$18,355,868	\$24,293,784	26,000	9	43%	57%
*	Ethiopia	\$92,125,478	\$13,054,713	\$79,070,765	222,000	17	14%	86%

RRP partners gratefully acknowledge government donors, private donors, charities, and other organizations for their valuable contributions to RRP 2023. RRP partners also acknowledge the generosity of the host countries to Sudanese refugees.

Sudan Regional RRP Partners

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

Regional RRP Donors⁴

Australia (Gov)	Ireland (Gov)	Private Donors
Canada (Gov)	Japan (Gov)	Republic of Korea (Gov)
CERF	Jersey	Spain (Gov)
Country Others-based Pooled Funds	Luxembourg (Gov)	Sweden (Gov)
Denmark (Gov)	Malta (Gov)	Switzerland (Gov)
Estonia (Gov)	Monaco (Gov)	The Global Fund (Gov)
European Union	Netherlands (Gov)	United Arab Emirates (Gov)
France (Gov)	New Zealand (Gov)	United Kingdom (Gov)
Gabon	Norway (Gov)	United States of America (Gov)
Germany (Gov)	Philippines (Gov)	Allocations from flexible funding
Guernsey	Poland (Gov)	

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⁴ The list of donors is mostly drawn from the Refugee Funding Tracker

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