Central African Republic Regional Response Plan

January - December 2014

Cover photograph:

Marie-Helene, 42, from the Central African Republic.
UNHCR / A.Greco

Strategic Overview

Period	January – December 2014
Current Population	198,258 persons
Population Planning Figures	362,200 persons
Target Beneficiaries	Refugees from Central African Republic and other people of concern such as Third Country Nationals and returnees fleeing the Central African Republic since December 2013 as well as their host communities.
Financial Requirements	USD 274,196,087
Number of Partners	15

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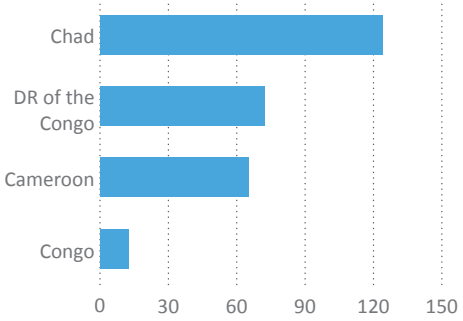
REGIONAL RESPONSE DASHBOARD

as of 1 April 2014

Requirements

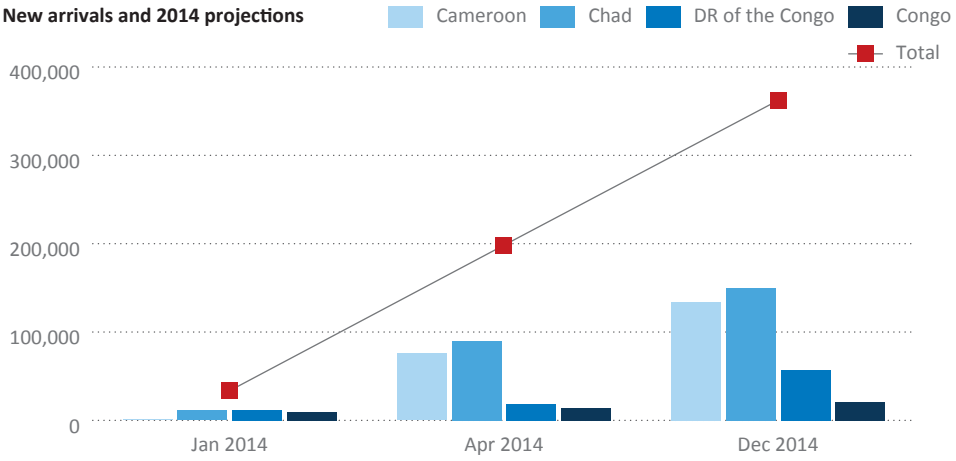
274 million requested in total

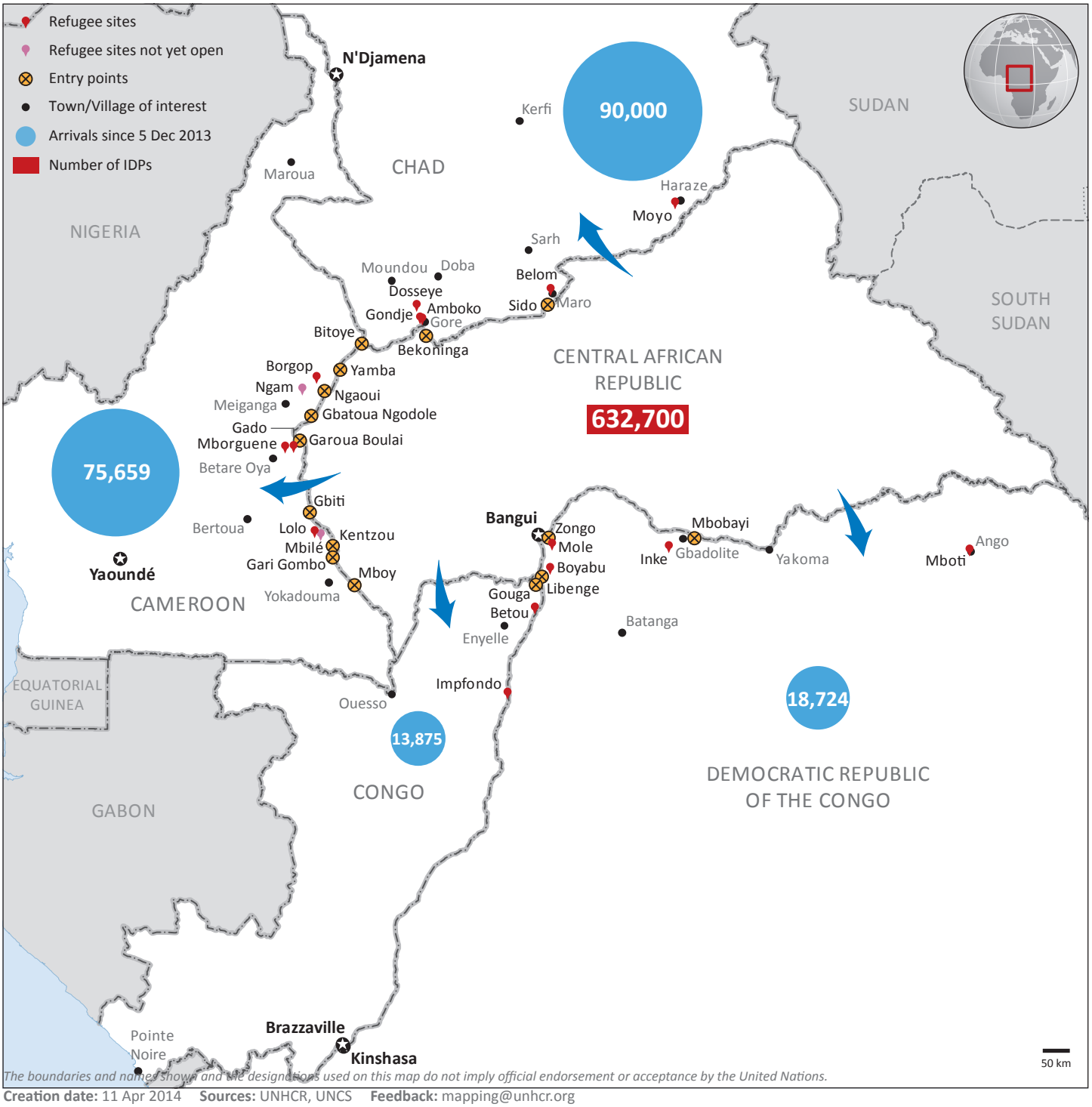
Requirements (in million US$)



Population trends

New arrivals and 2014 projections





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Creation date: 11 Apr 2014 **Sources:** UNHCR, UNCS **Feedback:** mapping@unhcr.org

REGIONAL STRATEGIC OVERVIEW

Introduction

This regional inter-agency appeal aims at mobilizing the emergency response for the influx of refugees from the Central African Republic (CAR) since December 2013 to the Republics of Cameroon and Chad, the Democratic Republic of Congo (DRC) and the Republic of Congo (RoC). Immediate priorities to support the preservation of lives include the provision of food, individual and family protection, health and nutrition, water and sanitation and shelter.

This appeal complements the country Strategic Response Plans (SRP) for Cameroon, Chad[1] and DRC which already take into consideration CAR refugees that existed in these countries before the current crisis. The SRPs therefore do not include the recent outflow of refugees to neighbouring countries, including the Republic of Congo. While responding to the specific and immediate protection needs of the refugee populations that had not been anticipated or included in the SRPs, the current appeal has been formulated in a manner that it remains fully in line with, and complements them, recognizing the double aim of the SRPs: to support affected and vulnerable populations in reducing their vulnerabilities so as to better cope with (natural or man-made) disaster situations and quickly recover; and to deliver integrated life-saving assistance. There is full complementarity. In implementing the response strategy, partners in this appeal will seek convergence between the imperatives of the emergency responses and the need to take into account in such responses, the less urgent but equally immediate need to move onto building community resilience.

The current political and humanitarian crisis in CAR started in December 2012 when armed attacks against the central government intensified leading to President Bozize to be deposed and replaced by the Seleka coalition in March 2013. These developments are central to the crisis which has resulted in the internal displacement of around 20 per cent of the country's population and the initial waves of refugee influx into neighbouring countries. In response to continuous violations by Seleka elements, a traditional community based militia called the "anti-Balaka" launched attacks against ex-Seleka and Muslim civilians suspected of supporting the Seleka coalition. Population displacement has intensified following attacks by "anti-Balaka" with an outflow since December 2013 of close to 200,000 refugees, returnees and third-country nationals into Cameroon, Chad, DRC and RoC. Ninety percent of these refugees are Muslims fleeing the towns of Bozoum, Bouar, Berberati and areas on the axis Boda-Mbaiki-Batalimo and Bangui-Damara.

Beneficiary Population (since December 2013)

	01-Jan-14	31-Mar-14	31-Dec-14
Cameroon *	987	75,659	134,000
Chad *	11,240	90,000	150,000
Democratic Republic of Congo*	11,532	18,724	57,200
Republic of Congo*	9,875	13,875	21,000
Total Population	**33,634**	**198,258**	**362,200**

**Populations statistics include CAR refugees, Third Country Nationals and/or returnees arriving in respective countries since December 2013. Statistics are under review.*

On 11 December 2013 the Emergency Relief Coordinator formally activated an IASC system-wide Level 3 emergency response to CAR. French troops (Sangaris) and African Intervention Force (MISCA) have been deployed to help stabilize the situation and provide protection of civilians. Unfortunately, inter-communal conflict and the targeting of Muslim communities by Anti-Balaka

[1] The Chad SRP revised in January 2014 took into account the less than 1,000 additional CAR refugees at the time. Inside CAR, the SRP was revised after the resignation of President Michel Djotodia on 10 January 2014 and the deployment of African and French troops; it takes into account some 902,000 IDPs and 17,000 refugees, and is therefore not part of this appeal.

elements continue leading to the large-scale evacuation by Governments in the region of their nationals, and the flight of refugees in desperate situation to neighbouring countries and in particular Cameroon. Some 20,000 persons of Muslim faith who have not been able to leave are presently entrapped in some 18 locations or “enclaves’ in the Western region of CAR. These enclaves are being temporarily protected by international troops, but the entrapped population do not enjoy any freedom of movement and are in constant fear of attacks by the Anti-Balaka. Under these conditions, the humanitarian community has considered as a measure of last resort the possible exceptional evacuation to safer places, including outside CAR of Muslim IDPs who are under imminent threat of attacks.

Regional Protection and Humanitarian Needs

Protection – Admission and asylum policy/practice

Neighbouring countries have generously kept the access to asylum possible. Refugees have initially been received by host communities, despite the meagre resources of these, and in most cases have subsequently been sent to or relocated to designated settlements or camps away from the border, as a security measure in order to prevent or stop attacks by armed elements near border areas. Most settlements are located within the perimeters of local villages offer the possibility for refugees to live among the host communities.

Almost 90 per cent of refugees from CAR who arrived since December 2013 are Muslims fleeing attacks by Anti-Balaka groups that continue to terrorize communities (including non-Muslim) in CAR. In Cameroon, the emergency has been more acute with a steady number of refugees, returnees and third country nationals arriving. In the last week of March over 10,000 persons crossed over into Cameroon.

The current crisis does not only affect refugees, but also third country nationals (TCN) and returnees, in particular Chadians residing in CAR and who have been forced to flee, most of them under Chadian army protection or through logistical aerial support of their government, in collaboration with IOM. Some Chadians are still transiting through Cameroon to reach their country. Once in Chad, a small number may be able to trace their ancestral roots and move on, while others who are second or third generation Chadians without family links may require additional assistance to reintegrate. In the meantime, registering and identifying areas of origin of returnees, as well as documenting and finding alternative solutions in consultation with the government of Chad and IOM will be a priority, to avoid situations similar to statelessness.

Peaceful coexistence with host communities is a core protection priority in the response. The strengthening of community interventions will be core to preserving a positive and enabling protection environment, including in view of return. Populations in displacement require targeted protection against gender-based violence particularly in communities where irregular militia groups are present. Child protection and family reunification are also particular priorities.

Reception at borders and/or transfer

With the participation of concerned governments, UNHCR has been providing frontline registration on arrival in countries of asylum. In Chad such registration is conducted also with the collaboration of IOM. In particular, the profiling of second and third generation Chadians without family links is a priority to reduce the risk of statelessness. The relocation of refugees to existing and sites is designed to provide in a cost-effective manner access to existing services and other basic emergency assistance. Refugees and returnees in Chad have been temporarily sheltered in Transit Centres, with basic, shelter infrastructure, which has proven to be most often inadequate due to the very large numbers of returnees. Relocation to host communities is voluntary and takes into account the imperatives of countries of asylum, the willingness of refugees to relocate and the capacity of host populations to continue and sustain their presence.

Refugees arriving in DRC have entered mostly through Zongo and Libenge, from where they were registered and transported to Inke and Mboti in Gbadolite, Mole and Boyabu camps in Libenge

(Equateur). In the Republic of Congo, CAR refugees are in the Departement de Likouala, (Bétou and Impfondo), with others in Brazzaville and Pointe Noire (urban).

In Cameroon, the challenge of reception of the new influx is the extensive border with CAR and the multitude of entry points. While mobile teams have been able to provide emergency health services, it has taken time to provide nutrition rehabilitation services, as well as the necessary shelters, which are now being distributed or are under construction. More importantly, of the 60,000 new arrivals by mid-March 2014, some 17,000 had been transferred to settlements that have been developed to accommodate newly arrived refugees and returnees, and where services such as water and sanitation, shelter are provided. After registration, refugees are transferred to four developed settlements: Mborgene, Lolo, Gado-Badzere and Borgop, where community shelters as well as some family tents have been set up. These settlements are in close proximity of communities and some key services, such as schools, health centres and water points are shared infrastructure most of which already existed before the influx. Third-country nationals are being transferred to the capital for onward transportation to their country of origin.

Emergency response, livelihoods and community assistance

Emergency response has started with a first phase of reception centres in DRC and Chad, while in Cameroon refugees were first received in host communities along the large border. Mobile health services were not enough to provide adequate coverage and it has taken long to realize the transfer of refugees from precarious situations at border areas into proper shelters and arranged sites. New arrivals in all countries are being medically and nutritionally screened although the number of partners is still small compared to the needs. Blankets, sleeping mats, kitchen sets, jerry cans and soap, as well as hygienic kits to women of reproductive age have also been distributed, but will need to be increased to sustain the emergency response. Key to the response will remain emergency food assistance. The development of basic delivery infrastructure, strengthening logistics and transport are vital to delivering protection and emergency assistance. Immediate priorities also include the provision of individual and family protection, including family reunification and the protection of unaccompanied and separated children, pending such reunification, health and nutrition, water and sanitation, education and shelter.

Refugees and returnees in general arrived in DRC, RoC, Chad and Cameroon in general exhausted without personal belongings, limited financial means and often in very bad health and poor physical condition. Those arriving in Cameroon have a very precarious health and nutritional status. Available data shows high levels of Global Acute Malnutrition (GAM) amongst CAR refugees. Food assistance has been slow to arrive to refugees. Although food distribution is underway in Cameroon, distributions remain irregular in DRC and RoC and the supply pipeline remains fragile.

In Cameroon, the response is still weak but started at the border with mobile health services, and communal shelters. Six sites (Borgop, Gado Badzere, Mborguene and Lolo are operational and Mbile and Ngam are still to be developed) are being developed. In all these sites, there is already community infrastructure such as schools, health centres, water points that need to be strengthened.

The response has suffered from lack of funding for the rapidly evolving emergency and the rate of arrival of new refugees. While in Chad existing sites can respond to the influx of refugees and new sites have been identified, additional infrastructure needs developing in Cameroon, the DRC and in Republic of Congo, where also 60 per cent of refugees live in camps while the rest are able to find accommodation in host communities. The fragility of host communities in receiving countries needs to be taken into account, since a large part of the refugees has initially been accommodated and supported by local communities along the border. Such response, while positive, aggravates an already precarious vulnerability of rural communities. Recognizing that the resources of host communities are already overstretched, reinforcing their capacities remains important to address vulnerabilities and avoid creation of additional camps.

Key protection response

Refugees and returnees fleeing from CAR into neighbouring countries are deeply The negative relational dynamic that the Anti-Balaka inside CAR are fostering between communities is a key issue

to be addressed, not only for the peaceful and dignified return of the CAR refugees, mostly Muslim, but also for the delivery of protection in refugee settings. Peaceful co-existence and social cohesion programmes will need to be implemented in line with national reconciliation programmes inside CAR. Without reconciliation, there can be no national healing.

It is estimated that of 81,000 Chadian returnees about 21,000 have family links in Chad, with a larger part belonging to second to third generation descendants without family links. More such returnees can be expected in the future. In collaboration with IOM and the government, there will be a sustained registration and profiling exercise to help stakeholders manage this unique situation in a manner that seeks a durable solution for all returning Chadians.

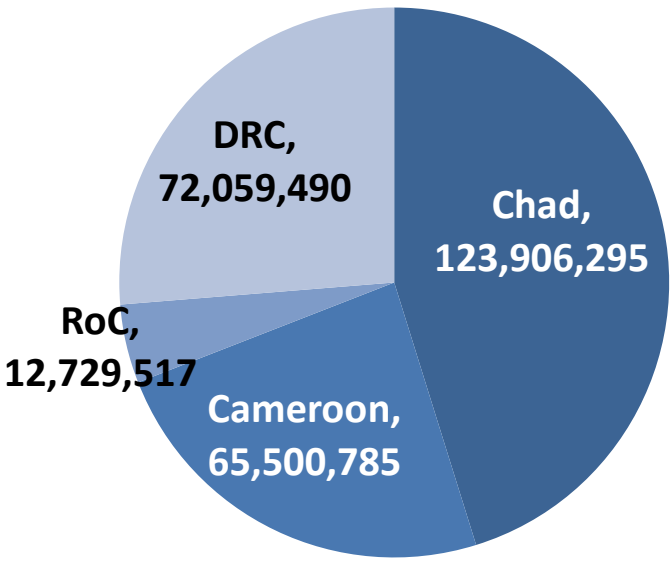
Registration and identification of persons with specific needs, including unaccompanied and separated children, female-headed households, survivors of SGBV, traumatized individuals and others with immediate protection needs will continue to be identified. Responses, including community-based interventions to address their protection needs will need to be reinforced.

Monitoring of access will ensure that while respecting the concerns of governments over security along the border and in the refugee camps, the protection environment, including access to asylum and prima facie recognition remain the way in which governments support humanitarian agencies in the response to refugee influxes. Monitoring and interventions will also continue to ensure the respect of the principle of the civilian character of asylum and of refugee settlements.

In Cameroon, DRC and Republic of Congo a large number of refugees may not be willing to go to designated sites. The humanitarian response will take into account also those that remain in host communities and will include affected host populations through targeted community-based projects, designed to assist the most vulnerable. Transfer to designated sites will be preceded by information campaigns to ensure that movement is voluntary, while taking into account the concerns of the governments of the countries of asylum.

Budgetary Requirements (in US dollars)

Total: 274,196,087



Coordination

The existing refugee programmes in DRC, Chad and Cameroon are part of the SRP elaborated in each country and continue to be implemented in the same context and delivered through strong collaboration with national governments, national and international NGOs, the Red Cross and Red Crescent Movement, the UN and IOM. The multi-sector response is supported and coordinated with IOM, UNICEF, UNWOMEN, UNFPA, WFP, WHO and their partners. Partnerships with UNICEF, WFP, OCHA and the UNCT at large will be strengthened not only for the emergency response, but also facilitate relief-to-development programming, community empowerment through education and livelihood activities.

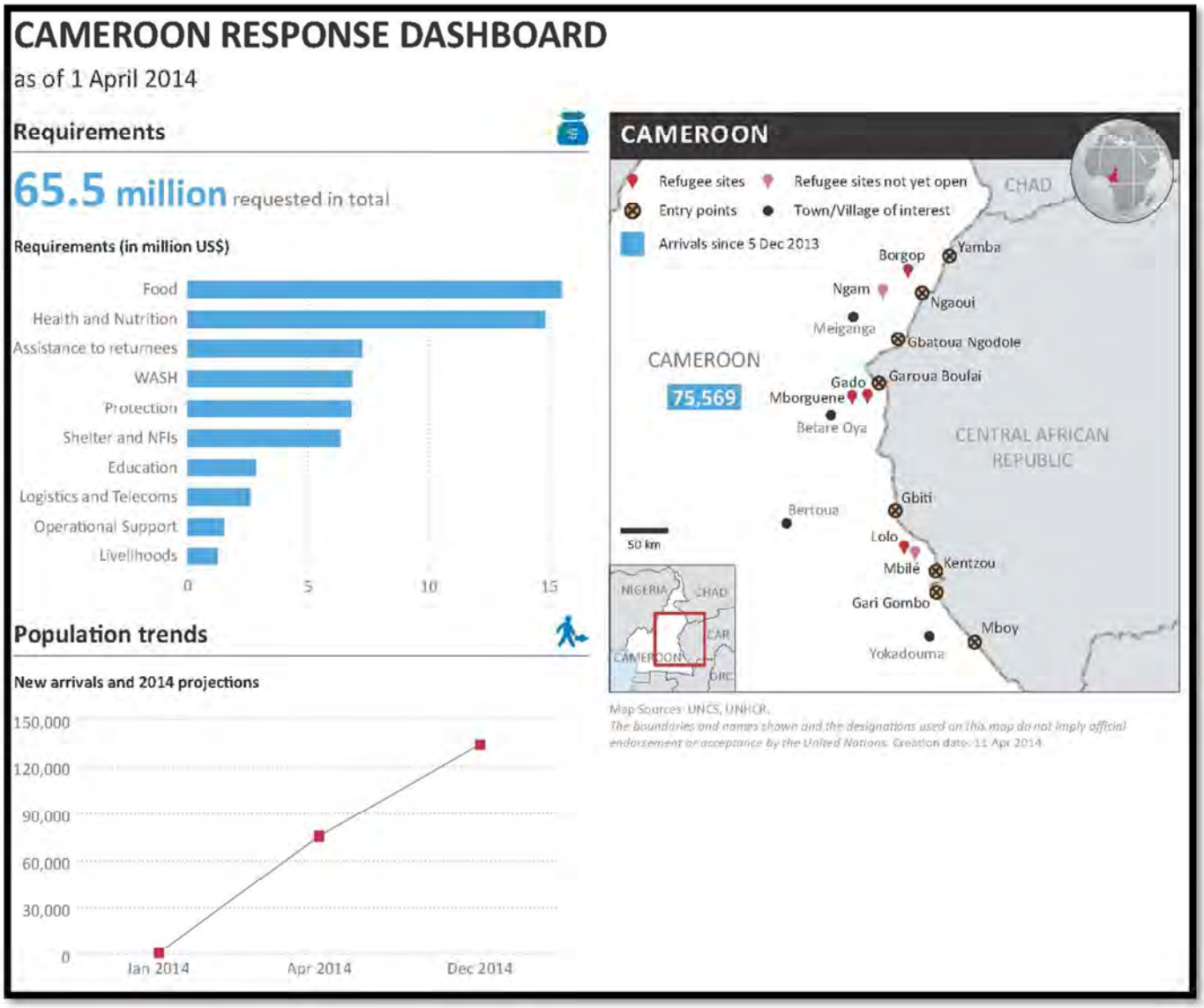
The coordination of the emergency refugee response is being undertaken in cooperation with the line Ministries and Departments of respective countries, in line with the Transformative Agenda and UNHCR's model for refugee coordination. Coordination efforts are mainstreamed through the existing multi-sectoral approach to ensure a more efficient utilization of resources. Also, it aims to ensure that cross-cutting issues such as protection, gender and environment are taken into consideration by all actors. Inter-agency collaboration will be reinforced in-country and across the region through and with the guidance of the Regional Refugee Coordinator appointed by UNHCR.

Leading the coordination of the response to Third Country Nationals and returnees will be IOM in close collaboration with the respective Governments, the UN and other humanitarian actors in the country.

Organizations in the Response

Organization
Avions sans frontières
CARE International
Caritas
FAO Food & Agricultural Organization
IMC International Medical Corps
IOM International Organization for Migration
Oxfam
PLAN International
Première Urgence-Aide Médicale Internationale
SCI Save the Children International
UNFPA United Nations Population Fund
UNHCR United Nations High Commissioner for Refugees
UNICEF United Nations Children's Fund
WFP World Food Programme
WHO World Health Organization

CAMEROON RESPONSE PLAN



Background

Refugees

The Government of Cameroon traditionally welcomes refugees and asylum seekers. The country has been hosting over 92,000 CAR refugees (2006 caseload) before the recent hostilities between Ex-Seleka rebels and Anti-Balaka militia, massive human rights violations and escalation of violence caused a new influx from December 2013 onwards. By early April 2014, UNHCR registered over 60,000 CAR refugees in Cameroon.

The majority of the newly arrived refugees (ca. 57 per cent) are children of which about 20 per cent are below five years of age. About 53 per cent of refugees are female and 3 per cent elderly persons. The majority refugees (about 93 per cent) belong to the Mbororo ethnic group while rest are Gbaya. Almost 96 per cent of refugees are Muslim, the others are Christian. In Cameroon, the influx predominately affected the East and Adamaoua regions. The main entry points are Garoua Boulai and Kentzou in the East region and Ngaoui, Gbatoua-Godole and Yamba in the Adamaoua

region. Recently, UNHCR has also begun registering refugees at northern entry points of Mbai-Mboum, Ouro soley and Guigui. There are 24 entry points currently identified in the three regions (East Adamaoua and North).

To address this emergency and accommodate the newly arrived refugees, the Government of Cameroon made six sites available - four in the East region (Mborguene, Gado Bazere, Lolo and potentially Mbile) and two in Adamaoua region (Borgop and Ngam). These sites are located in forest areas, making their preparation very difficult requiring the use heavy equipment and machinery. The Government is responsible for the safety and security of refugees and humanitarian actors. It provides armed escorts for humanitarian and relocation convoys and there is a police station at each refugee site. New arrivals have access to existing community services and most of them are settled in temporary communal shelters, while some are hosted by families.

In addition to government and community actions, emergency assistance is being provided by the UN and its partners. Considering the large number of arrivals and the limited capacity of existing social service facilities and natural resources a humanitarian multi-sectoral (protection, security, shelter, health, food, nutrition, education, gender/SGBV issues, water and sanitation) response to address the emergency situation is required. The active screening for acute malnutrition has identified many cases of malnutrition among children. Contributing factors of malnutrition include the lack of sufficient quality food, water and sanitation services, and preventive health services.

The influx puts additional strain on the local populations, who share their meagre resources (food and basic commodities), firewood, accommodation, grazing and farmland with refugees. Existing community facilities and services (health, water points, sanitary facilities, community buildings, etc.) are overstretched. Most of the newly arrived CAR refugees are exhausted, in bad health and have little or no financial means of their own. As a result, in most refugee-hosting areas, the overall population has increased drastically. In some locations, like Kenzou, refugees exceed the local population. Access to water, sanitation and hygiene facilities in these areas has diminished while the risks of disease outbreaks because of congestion and deterioration of hygienic conditions have increased. Refugees sleep and defecate in open fields. There is concern among humanitarian actors this situation may worsen in the upcoming rainy season and swift action must be taken to address this.

Existing coping mechanisms of local communities and new arrivals cannot address the current crisis. This complex situation may lead to a more complicated humanitarian crisis resulting in inter-communal conflicts unless the government and humanitarian actors take timely actions to mobilize required resources to efficiently address the emergency situation.

Third Country Nationals and Returnees

IOM estimates about 3,300 Cameroonians and 12,000 third country nationals (TCN), the majority Chadian, have fled violence in CAR. They are stranded at the border with CAR in difficult conditions, waiting to be relocated or receive onward transportation assistance to their countries and communities of origin. Many have been in border towns for up to two months, receiving little or no assistance to survive having to rely on the charity of the host community and their limited savings. As TCNs and returnees arrive to ‘refugee-like situations’ but do not receive basic assistance provided to refugees, a comprehensive response addressing shelter, WASH, NFI, food, health and psychosocial needs must be developed. The number of arrivals is estimated to reach 30,000 by 31 December 2014.

Figure 1: Refugee kids playing in Mborguene site, Cameroon. UNHCR / D. Mbaiorem.

Main Identified Needs and Response Strategy

Main identified needs

Refugees

To support government efforts and respond efficiently to the emergency a rapid joint mission was organised by the UN Country Team mid-February 2014 to assess needs of the newly arrived CAR refugees in the East and Adamaoua regions. This mission was led and coordinated by UNHCR and included UNICEF, WHO, WFP, UNFPA, UNWOMEN and IOM. Needs and priorities were identified through interviews with refugees, host families, government officials, registrars, partners and medical staff.

Refugees arrive in Cameroon in very vulnerable conditions, malnourished, dehydrated and traumatized. Some have been exposed to atrocities and survived violence. Refugees are vulnerable to food insecurity, measles, malaria and diarrhoea. Lack of sufficient high-quality food, water and sanitation services, and preventive health care are the main causes. Provision of immediate food assistance is critical. The active screening of acute malnutrition specifically amongst children, pregnant and lactating women and its treatment are among top priorities for life-saving interventions.

Protection: Timely registration of new arrivals and provision of documents, protection and security are equally essential. Profiling will identify persons with specific needs and vulnerabilities, such as survivors of sexual and gender-based violence (SGBV), unaccompanied minors and separated children, older persons, women requiring specific attention (female headed households, pregnant and lactating women), persons with disabilities and those who need immediate psychological support. Reporting cases of gender-based violence, child abuse and exploitation is often hampered by cultural barriers. Campaigns and raising awareness will be aimed at prevention and breaking the cultural stigma surrounding these issues. Centres will be established where survivors of SGBV can disclose the experiences they have gone through and access appropriate response services.

It is envisioned that the number of refugees under 18 years of age could number up to 60,000 by year end. There is specific need to strengthen child protection systems to respond to the needs of SGBV survivors and unaccompanied and separated children (UASC). This includes strengthening community-based child protection mechanisms, establishing family-based care opportunities or appropriate alternative care for the most vulnerable children. A system to identify, document, trace and reunify for UASC needs to be set up. Children associated with armed groups need to be identified and special care provided. Secure child friendly spaces which target children and their families in both host community settings an in refugee sites should be established. To respond to distress and traumas of children refugees, psychosocial support will also be provided.

Shelter and Infrastructure: The high numbers arriving refugees requires the identification of new refugee sites. It is estimated that between eight and ten sites will be needed to accommodate the estimated 100,000 new arrivals expected by year-end. The needs assessment mission recommended a gender sensitive approach to the construction of shelters and water, sanitation and hygiene facilities in existing refugee sites. Host community infrastructures should be upgraded to include water and sanitation facilities in schools and health centres.

Non-Food Items (NFIs): Most refugees have lost all their belongings and arrive without food, money or basic items. They require urgent assistance to replace basic household items to establish themselves in refugee sites. Standard non-food items packages will be distributed to refugees and attention paid to persons with specific vulnerabilities or needs.

Water, Sanitation and Hygiene (WASH): Poor hygiene practices were observed both in host communities and at refugee sites. This situation may lead to epidemics in light of the upcoming rainy season. Hygiene and sanitation campaigns are needed in refugee sites and host communities to prevent and reduce hygiene-related illness and spread of disease. In addition, sensitization and social mobilization will be conducted for the prevention and risk mitigation of diseases including cholera.

Health and Nutrition: Three out of six sites do not have neighbouring health centres and the three existing health centres are facing crucial shortages in infrastructure, basic health equipment and materials, medical supplies and personnel. Refugee health needs are linked to the management of malaria, diarrheal diseases, gastro-enteritis, respiratory infections, trauma and injuries. Some refugees have sexually transmitted infections following SGBV incidents while others have chronic conditions such as HIV/AIDS, diabetes and hypertension. Infectious diseases are common in children under five years and malnourished children are more susceptible. Pre-natal care and safe hygienic delivery including other reproductive health care interventions are also required. Many refugee children have not been vaccinated and there is a high risk of outbreaks such as measles and polio. In fact measles outbreaks have already been widely experienced in the countries hosting the refugees. As a result, all refugee children from 0 to 15 years will require vaccinations for polio and measles.

Food: The majority of refugees are cattle breeders from the Fulbé and Mbororos ethnic groups. Their productive assets have been depleted; cattle, money and other livelihood assets were looted, burned or left behind. They entered Cameroon completely exhausted after several days walk with no food. The livelihoods of the East, Adamaoua and North regions that are hosting the newly arrived refugees are based on natural resources and agricultural production that has declined due to adverse climactic conditions and diminishing foreign demand. These refugees having limited resources, and after several weeks in open air with no food support, their food and nutrition status is likely to worsen. Thus immediate food assistance is highly needed in order to mitigate the deteriorating food security situation.

Education: It is estimated over 26,000 school-age (pre-school and primary) children and adolescent CAR refugees have arrived in Cameroon since January 2014 and about half have not attended school for extended periods of time. It is estimated only a small number of CAR refugee children attend school in public schools in hosting communities. Many are thought to have been either victims of or witnessed traumatic events and are thus in immediate need of psycho-social support. Children

hosted in transit or refugee sites have no activities or learning or recreational and have lost all benchmarks for normal life. Education not only transmits vital life-saving skills and ensures children can reach their full potential but also offers protection and structure in situations characterized by instability. Assisting children and those most vulnerable to regain a normal life and build the best foundations for a better future is critical.

Social Cohesion: It will be important to establish and maintain harmonious relationships between refugee and host communities to enable continuous access to health and education services and humanitarian assistance. Available health and educational services are already insufficient and inadequate without also accommodating the needs of an increased number of refugees. Therefore capacities need to be increased, additional medical staff and teachers recruited and trained so as not adversely affecting the local population and limit the possibility of generating new conflicts.

Livelihood and Environment: There are concerns that the arrival of large numbers of refugees in a short period of time will lead to environmental degradation and negatively affect the availability of already limited natural resources.

Third Country Nationals and Returnees

Families and individuals are unable to meet basic needs in terms of shelter, non-food items (NFI), WASH, health, psycho-social care or onward transportation. As reported by IOM registration teams, many TCN live out in the open, in makeshift shelters or in host communities often for long periods of time with limited access to safe water, hygiene and primary health care. Migrants are exposed to heightened health risks and subsist on limited savings. Often they sell their belongings and sometimes receive support from host communities who already struggle to cope with the influx of refugees.

In addition, most TCN's and returnees have varying war-related experiences such as family separation, loss of homes and livelihoods. They have been exposed to conditions that result in heightened emotional distress and trauma. As most TCN's and returnees remain in the border towns for several weeks or months without access to onward transportation, host community resources are increasingly coming under strain. An additional complexity is that the majority of returnees have spent their entire lives in CAR and will need assistance to restart their lives and reintegration into Cameroon.

Strategy to respond to main identified needs

The response strategy is based on the findings of the inter-agency assessment mission, regular monitoring, evaluations and assessments carried out by the UN, the Government and its partners. The coordinated emergency response seeks to provide protection and essential services covering food, nutrition, health, education, water, sanitation and shelter to CAR refugees arriving since December 2013.

The most vulnerable local host communities will be included in food distributions, self-reliance and livelihood activities. Refugees and hosts will share community facilities and services such as access to health care, education and water points.

Protection: All refugees will be registered at the entry points and issued with relevant documentation. Refugees will receive a week's supply of emergency life-saving food and have access to primary health care services, essential and basic household items such as sleeping mats and blankets, hygiene and dignity kits for women while awaiting their relocation to sites where more services are available. The protection and physical safety of refugees before and during their settlement in refugee sites will be ensured in close collaboration with the Government of Cameroon.

Emergency integrated assistance will be provided to women, girls and adolescent refugee survivors of SGBV. Children with specific needs and their families will receive protection and assistance both

in host communities and refugee sites. Mobile units will be set up to assist SGBV survivors and awareness-raising campaigns and community mobilization to address issues of violence will be conducted. Security personnel will be trained to address, investigate and provide timely assistance SGBV survivors. Community-based dialogues supporting peaceful co-existence and social cohesion of communities, addressing the prevention of child abuse and exploitation will be carried out in refugee sites and in host communities. Assistance to at least 500 survivors of violence will be provided in coordination with other sectors in a confidential and secure manner. Referral mechanisms will be established in refugee sites, including medical and psychosocial support.

In particular, child protection services will be supported for up to 48,000 children with a particular focus on providing support for unaccompanied and separated children, psycho-social support for children, as well as support for children associated with armed groups or armed forces (CAAGAF). Safe environments will be created for children through child-friendly spaces including through complementary activities with the education sector.

Shelter and Infrastructure: To meet the needs of an estimated 100,000 CAR refugees by year-end, additional sites will need to be identified and established. The capacity of existing facilities will be also need to be increased. Refugees will receive shelter or shelter kits comprising plastic sheeting, wooden poles and timbers, nails, rope and tools to support them meet their shelter needs in new and established sites.

Non-Food Items (NFIs): CAR refugees will also receive a standard package of non-food items including blankets, sleeping mats, kitchen sets, jerry cans, impregnated mosquito nets and reproductive sanitary kits for women and girls (sanitary towels, underwear and soap) and dignity kits (traditional African cloth).

Water, Sanitation and Hygiene (WASH): The capacity of existing water, sanitation and hygiene facilities will be strengthened to benefit of both refugees and host communities. Infrastructure will be developed and additional staffing and supplies provided to meet the increased needs. WASH activities will be prioritized both in refugee sites and in host communities. Interventions will ensure provision of potable water, adequate sanitation, solid waste management and hygiene promotion. While activities will be focused in refugee sites, some activities will also target host community schools and health centres. Activities will be reinforced by community mobilization and sensitization on safe water, sanitation and hygiene practices. Targeted support will also be provided to extremely vulnerable individuals, including through psycho-social support and access to basic hygiene, including sanitary items. Cholera prevention activities will be carried out both in communities and in refugee sites.

Health and Nutrition: Essential medical care will be provided to refugees arriving in poor health and will receive curative care for common medical conditions and trauma. Among others, minimum package for reproductive health including emergency obstetric and neonatal care will be implemented. All children below 15 years will be screened and vaccinated against measles and polio in addition to the other routine vaccine-preventable diseases. Temporary health units will be set up in the refugee sites. A referral mechanism will be put in place for patients with serious medical status. Refugees' medical records will be screened to identify those on treatment for chronic illnesses (such as diabetes, hypertension, HIV/AIDS, tuberculosis, etc.) and referred for appropriate medication. Psychosocial support and referral services for people with mental health illnesses will also be provided. Prevention of malaria will be effected through provision of insecticide treated mosquito nets (ITNs).

To save lives, refugees will be rapidly screened to identify acutely malnourished persons who will be referred to nutrition centres. It is estimated that up to 22,000 children below five years will be screened and referred to health facilities. Up to 10,554 acute malnutrition cases are estimated from January to December 2014 amongst new refugees including 4,554 cases of SAM and 6,000 MAM cases amongst children under five. This planning figure will be reviewed once the data from nutrition survey and monitoring system is available.

A regular Integrated Management of Acute Malnutrition (IMAM) programme (Supplementary Feeding Programme (SFP), Out-patient therapeutic Feeding (OTP) and Inpatient Therapeutic Feeding (InpF) in both Adamaoua and East regions benefitting refugees and host communities in seven districts and 22 health facilities will be carried out. Outreach nutrition clinics will be organised in remote areas with limited access to health facilities. Supplementary and therapeutic food, drugs and equipment will be provide to increase management capacities. Monitoring and coordination will ensure that minimum quality standards (75 per cent of cured rate and less than 10 per cent mortality rate) are met. Nutrition surveys will be conducted for new refugee population and for the host community areas.

A supplementary feeding programme (SFP) will provide nutritional supplement to about 19,200 children under five and 8,000 pregnant and lactating women. Mothers (pregnant and lactating women) will be supported to learn breastfeeding practices. Promoting complementary feeding and reinforcing preventive actions for decreasing the burden of malnutrition through provision of micronutrients, and hygiene practices will also be carried out. Women and children will have access to maternal and child health service including prevention of mother-to-child transmission (PMTCT) assistance. Access to HIV supplies for acutely malnourished children and the capacities of health staff capacity to carry out HIV and severe acute malnutrition (SAM) testing will be improved and strengthened. A monitoring and surveillance system will be enhanced to enable easy collection and analysis of epidemiological and nutritional data.

Food: In the refugee sites, refugees will receive monthly food rations with the caloric value set at 2,100 kcals per person per day. Refugees at entry points will be provided with a 15-days food rations while they are going through a screening and registration process before their transfer to Camps. Mid-term food availability and access for refugees and host population will be improved by the provision of cereals (maize) and leguminous (peanuts and beans) seeds and fertilizers to grow high quality food. Ten processing mills will be set up to improve storage of cereal and tubers improving conservation of crops.

Education: Temporary learning spaces will be set up to increase the capacity of existing schools and facilitate access to pre-primary and primary education. Accelerated learning programmes will be put in place to accommodate over-aged learners who have missed out on schooling. To accommodate the additional children, new teachers will be recruited and trained. To promote school enrolment, sensitization campaigns will be carried out, and school supplies will be distributed to children.

Figure 2: A refugee girl and her family at Garoua Boulai entry point, Cameroon. UNICEF / E. Ekwele

Third Country Nationals and Returnees

Newly arrived TCNs and returnees will be registered and their specific needs identified. Emergency assistance and transport support to TCNs and returnees will be provided at the border. Protection monitoring and referral to specialized agencies and institutions will be carried out in coordination with protection partners, focussing on assistance to unaccompanied and separated children, SGBV cases, female-headed households, the elderly, disabled and pregnant women (particularly advanced pregnancies).

Transit sites will be established to allow TCNs and returnees to live in dignified conditions before onward transport. Basic community shelters and WASH facilities will be set up at sites in coordination with shelter partners addressing refugee needs. Health triage facilities will be established to enable access to urgent health care and referral services with transport assistance to and from hospitals. Psychosocial support and referral services for people with mental health illnesses will also be provided. Basic NFI kits will be distributed to TCN and returnees prior to onward transportation. Kits will be similar to those provided to refugees to ensuring equity between the groups.

Varied reintegration packages will be provided for about 4,000 Cameroonian returnees based on needs. Smaller reintegration packages will be provided to returnees with existing support networks while a more comprehensive livelihood support packages (including training and assistance to re-start income generating activities) will be provided to returnees without family ties. Regular monitoring will enable identification of additional needs also in the host community.

Planned Response

Planned Response	
Protection	- Monitor border crossings and continue advocacy for access to asylum and to prevent refoulement in collaboration with the Cameroonian authorities. - Register 100,000 CAR refugees in a timely manner with data disaggregated by gender and age and provide legal assistance where necessary. - Identify, screen and assess persons with specific needs. - Facilitate peaceful co-existence and social cohesion projects. - Train community leaders and establish complaint mechanisms. - Set up an early warning system on SGBV incidents at police and gendarmerie stations and at border entry points. - Provide emergency assistance to women, girls and adolescent-survivors of SGBV. - Create six mobile integrated emergency assistance units in refugee sites to provide psycho-social support to refugees with specific needs, including SGBV survivors and children. - Provide integrated assistance (medical, psychosocial, legal and judiciary,) to survivors of SGBV in Women Empowerment Centres (WEC) and health centres. - Conduct sensitization and raising awareness campaigns against SGBV, child abuse and exploitation. - Strengthen women's participation in social cohesion initiatives and community dialogue on peaceful co-existence. - Identify and support children associated with armed groups. - Set up system to identify, document, trace and reunify UASC. - Provide psycho-social support for children and their families including UASC, children associated with armed groups and malnourished children. - Establish family-based or alternative care options for vulnerable children. - Strengthen child protection system and community-based mechanism to prevent and respond to incidences of violence, abuse and neglect of children. - Create secure and Child Friendly Spaces targeting children and their families in host community and refugee sites. - Conduct sensitization and awareness campaigns against child abuse and exploitation and to prevent negative coping mechanisms. - Train relevant stakeholders on child protection mechanisms in emergencies.
Shelter and Infrastructure	- Clear and prepare 8-10 refugee sites and ensure site management. - Construct 16,000 safe family shelters including communal and individual lighting with gender sensitive approach. - Construct community structures at the reception centres to speed up the relocation process from entry points to the refugee sites (15 identified) to protect new refugees from bad weather conditions. - Provide technical support and distribute construction materials to convert temporary shelters into semi-permanent shelters. - Construct emergency family shelters. - Construct semi-permanent shelters for persons with specific needs. - Establish community centres, temporary offices for partners and warehouses.
Non-Food Items (NFI)	- Procure, transport and distribute NFIs at refugee sites and entry points.
Water, Sanitation and Hygiene (WASH)	- Construct boreholes with pumps for potable water in six refugee sites and in host community schools and health centres. - Construct latrines and shower areas with gender sensitive approach in refugee sites and community health centres and schools. - Ensure regular water quality control. - Distribute basic family water treatment and storage kits and hygiene kits to adults. - Conduct cholera prevention campaign at refugees sites and communities - Conduct hygiene sensitization campaigns in refugee sites and host communities on safe water, sanitation and hygiene practices. - Train water management committees. - Establish a solid and liquid waste management and drainage system in refugee sites. - Coordinate WASH interventions and management of WASH infrastructure.

Planned Response (contd.)	
Health and Nutrition	- Conduct mass vaccination campaigns against measles, polio targeting 16,000 children below five years of age. - Strengthen emergency early warning and response systems detection of and response to outbreaks of communicable diseases (measles, poliomyelitis, cholera, malaria, meningitis etc.) - Train 120 health personnel and 180 community volunteers on case management tools, diseases associated with malnutrition, disease surveillance and reporting of epidemic-prone diseases.. - Provide rapid cholera diagnostic tests in health facilities. - Provide 12 diarrheal disease treatment kits. - Provide 15,000 insecticide treated nets (ITN) to refugee families. - Increase community awareness on cholera, diarrhoea, malaria and STI/HIV-AIDS risk reduction through distribution of leaflets and social mobilization. - Supply drugs, basics laboratory reagents and other medical consumables in six health units. - Provide free health care and evacuation services to refugees. - Strengthen capacity of community and volunteers for integrated health/HIV prevention and community based support. - Strengthen capacity of health service providers in HIV/PMTCT service delivery integrated to maternal-child health services (MCH). - Conduct community awareness raising sessions and social mobilization on HIV/STI - Provision of PEP Kits for post exposure emergency management - Provide HIV/STIs testing, early infant diagnosis, ART and STI drugs treatment to refugees and host community. - Conduct routine immunization campaign for children 0-11 months. - Train 400 health staff in Adamaoua and East regions in acute malnutrition management. - Train 200 community workers, volunteers and 30 members of NGO acute malnutrition management and active screening. - Procure and distribute supplementary and therapeutic foods and other essential nutrition commodities to treat 6,000 MAM children, 4,500 SAM children including supplies to treat 1,300 SAM children with medical complications. - Conduct nine coordination meetings with Government and NGOs on the nutrition response in Bertoua, Ngaoundere and Yaoundé. - Nutrition Survey with SMART methods to collect key information on malnutrition among new refugees. - Conduct active screening at entry points, in refugee sites and in the community. - Provide targeted screening and assistance to 1,500 pregnant and lactating refugee women. - Establish mobile health units in the refugee sites and areas. - Set up support centres for mothers to encourage breastfeeding - 1,500 mothers and pregnant women receiving support. - Monitor and supervise nutrition actions in the refugee sites and at community level. - Blanket Supplementary Feeding Programme for 19,200 children under 5 and 8,000 pregnant and lactating women. - Organize vector control interventions with the involvement of community health workers - implement minimum package for reproductive health including Emergency Obstetric and neonatal care - Identify ensure management of chronic diseases including non-communicable diseases, mental health, HIV/AIDS and TB and facilitate referral services as appropriate.

Planned Response (contd.)	
Food	- Provide hot meals upon arrival at the entry points and refugee sites. - Distribute upon arrival at entry points 15-days food rations to all registered refugees - Distribute monthly food rations (2,100 kcal per person per day) to refugees in camps. - Distribute peanut and bean seeds in order to increase access to high quality food. - Distribute improved maize seeds and fertilizers. - Set up ten processing mills in the refugee sites with the highest numbers of refugees in order to improve storage of cereal and tubers.
Education	- Construct 210 fully-equipped Temporary Learning Spaces (TLS) (black boards, benches, teacher table and chairs) for 33,600 pupils (pre-school and primary school-age). - Recruit and support 210 teachers. - Train 226 teachers (from refugee sites and host communities public schools) and animators on life skills, psycho-social support, peace through education, participative child-centred methods, large group management, remedial course and accelerated learning programmes. - Produce sensitization material and organize community mobilization and sensitization campaigns on the importance of education (particularly girl's education) and participation in school management. - Organize back-to-school campaigns. - Organize accelerated learning and remedial programmes for 16,800 out-of-school children. - Organize pre-school and primary school for 16,800 children. - Train ten district officials for supervision and inspection of teaching practices. - Acquire and distribute teaching and learning material (15,000 essential learning local kits, 537 schools in a box kits, 405 recreation kits, 193 early child development (ECD) kits, 226 essential textbooks package for teachers) to all 33,600 refugee and 2,500 host community students and their teachers. - Construct16 classrooms blocks, eight wells and 16 latrine blocks for girls and boys in eight primary public schools hosting refugees.
Livelihoods	- Implement income generating activities (agriculture, livestock, and micro finance). - Provide skills development, literacy training on management of IGA and other activities. - Support 30 mixed groups/cooperatives (meetings and technical support from agriculture expert) - Train 1,000 women in 30 cooperatives on income generating activities, savings, agro-pastoral techniques, crop management, production and marketing, energy usage and environmentally friendly arable techniques. - Provide basic equipment to 30 rural women cooperatives (machetes, hoes, wheelbarrows) - Provide revolving funds to support 5,000 refugee women's economic activities. - Plant trees, distribute improved stoves or/and construction of traditional improved stoves - Conduct sensitization campaigns on the alternative sources of energy and natural resources management.
Multi-sectoral assistance to TCNs and returnees	- Register and identify particular protection cases, including unaccompanied and separated children, female-headed households, older persons, persons with disabilities and pregnant women. - Establish transit sites for TCNs with WASH facilities and health and psychosocial care, access to basic NFI's and food. - Repatriate TCNs by land or air transport and provide medical escorts when needed. - Provide travel documents for TCNs in collaboration with diplomatic representations. - Provide reintegration assistance to 4,000 Cameroonian returnees.

Partnership and Coordination

The coordination of the emergency refugee response is undertaken by UNHCR and Government Inter-ministerial Emergency Committee for CAR refugees. Coordination efforts are mainstreamed through the existing multi-sectoral approaches to ensure efficient utilization of resources while cross-cutting issues such as protection, gender, and environment are taken into consideration by all actors. Since the beginning of the recent influx partnerships between the UN and NGOs operational in the affected regions have been established to support the multi-sectoral emergency response. This supports coordination structures, avoids duplication and addresses critical gaps.

The multi-sector response is implemented by FAO, IOM, UNHCR, UNICEF, UNWOMEN, WFP, and WHO and their partners. Sector experts provide technical leadership, highlight gaps in assistance and ensure that these gaps are addressed in the response. Refugees will be included in the participatory needs assessment during the review of the emergency plan to avoid duplication of assistance and persistence of gaps.

UN agencies work together with partners already operational, have the required expertise and capacity. These include Africa Humanitarian Action (AHA), International Federation of Red Cross (IFRC), International Medical Corps (IMC), International Relief and Development (IRD-US), Plan Cameroun, Adventist Development and Relief Agency (ADRA), Afrique Solidarité (AS), Première Urgence-Aide Médicale Internationale (PU-AMI) and Médecins Sans Frontières (MSF Switzerland).

In addition to UN agencies' financial requirements IMC, PU-AMI and Plan Cameroun seek funding within this appeal for separate projects in support of refugees and host communities.

Financial Requirements Summary - Cameroon

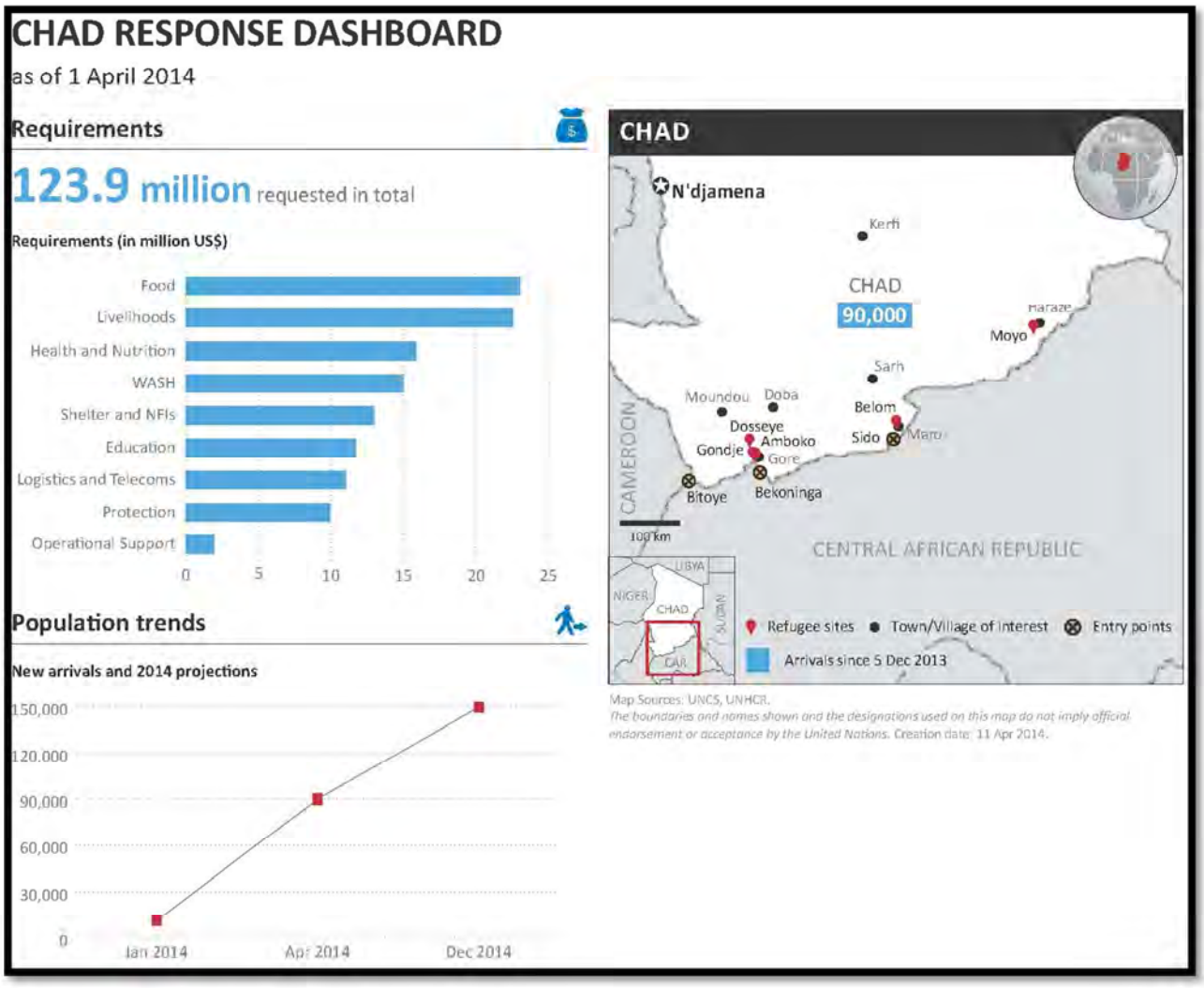
Financial requirements by agency (in US dollars)

Organization	Total
IMC International Medical Corps	1,000,000
IOM International Organization for Migration	7,234,056
PLAN International	276,000
Première Urgence-Aide Médicale Internationale	420,000
UNHCR United Nations High Commissioner for Refugees	22,612,521
UNICEF United Nations Children's Fund	13,402,800
WFP World Food Programme	16,150,000
WHO World Health Organization	4,405,408
Total	**65,500,785**

Financial requirements by sector (in US dollars)

Sector	Total
Protection	6,762,905
Education	2,820,200
Food	15,477,201
Health and Nutrition	14,808,186
Livelihoods	1,213,176
Logistics and Telecoms	2,597,338
Shelter and NFIs	6,321,873
WASH	6,786,526
Assistance to returnees	7,234,056
Operational Support	1,479,324
Total	**65,500,785**

CHAD RESPONSE PLAN



Background

The Central African Republic (CAR) saw an escalation in conflict between Ex-Seleka members (of Muslim faith) and Anti-Balaka Christians at the end of 2013, reaching unprecedented levels of violence and human rights abuses. The targeting of members of the Muslim community and Chadian nationals in Bangui and other parts of CAR have prompted the Government of Chad to organize the evacuation of over 90,000 persons back to Chad.

Late December 2013, the evacuation of refugees, Chadian returnees and third-country nationals (TCN) Bangui to N'Djamena, Sido and Sarh began. End-December 2013, the humanitarian community conducted an inter-agency mission to the south to assess the sectorial needs of the newly arrived populations. A second mission of agencies and donors took place from mid-January 2014. Instability has continued in CAR and may be spreading to north near the border with Chad. More persons are expected to flee the insecurity and lack of opportunities. Also, family members of those who are already in Chad as returnees or refugees might decide to join their families in Chad at a later stage.

Refugees

The Chadian government traditionally welcomes refugees and asylum seekers in Chad. The country has hosted more than 350,000 Sudanese refugees and 80,000 refugees from CAR for nearly a decade. End March 2014, Chad hosted some 442,000 refugees from CAR and Sudan. Since the escalation of violence in December 2013 another 8,000 refugees from CAR arrived in southern Chad, some 1,800 arriving by chartered flight. This brings the total number of CAR refugees in Chad to over 86,000 individuals and presents a sizable proportion of the total population of CAR.

UNHCR together with the Government of Chad monitors border points in the south to pre-register refugees providing the option to relocate to an existing camp or a local village away from the border.

Chadian Returnees

The majority of the stranded migrants evacuated by the Government of Chad or by IOM are either Chadians, people of Chadian descent and TCNs. Most are Muslims and are hosted in transit centres in the south and N'Djamena. Almost all have fled extreme violence and attacks and have arrived with little or no belongings and no means to continue their journey to their communities of origin. Many have lost relatives, their homes and livelihoods.

The Government of Chad has recognized second and third generation returnees as de facto nationals, but there is uncertainty as to what extent those nationals will receive national identity cards, have a legal basis to stay in Chad and have access to basic services. There are some Chadians with family links but others who have no attachment and remain in transit centres across the country. End-March 2014, a total of 60,000 Chadian returnees are still in transit centres. Following sustained advocacy, the Government has identified two sites where this group will be relocated to and be provided with better assistance. Members of the UN Humanitarian Team are profiling the group to ensure their proper settlement. To prevent statelessness, advocacy continues for their Chadian nationality to be recognised and for nationality documents to be issued.

Third-Country Nationals

The population influx CAR also includes third-country nationals (TCN). Since late December 2013, IOM registered some 900 TCNs from several countries including Cameroon, Sudan, Mali, Senegal, Togo and Niger. Transport assistance has been provided to some 400 TCNs to their countries of origin and about 500 remain at transit sites. Many TCNs are waiting to be evacuated or to receive onward transport assistance to their home countries. A comprehensive response addressing the needs of TCNs is incorporated in this appeal

In the first quarter of 2014, the majority of beneficiaries were Chadian returnees rather than CAR refugees. However, it is expected this trend is likely to change with less Chadian returnee arrivals compared to an increase in CAR refugee arrivals. The planning ratio after April 2014 is 60 per cent CAR refugees and 40 per cent Chadian returnee arrivals. By end December 2014, the total beneficiary number will be 150,000 including CAR refugees (45,000), Chadian returnees (100,000) and TCNs (3,000).

This appeal will include various population groups, including CAR refugees, Chadian returnees, third-country nationals and repatriated Chadian refugees. The humanitarian needs in this crisis need to be taken into consideration on a broader scale and all partners work closely together in the various clusters and sectors to comprehensively target the various populations. Given the distinction of mandates, IOM and other UN agencies involved under the leadership of the Government of Chad will take the lead for the Chadian returnees and third-country nationals while UNHCR and the Government of Chad will take the lead for the responses for refugee and Chadians without family links that are at risk of statelessness. There is some unavoidable overlap between population groups. Host communities will be targeted through various interventions but exact numbers will be defined by each sector response as they vary according to needs and area of intervention.

Planned interventions within this appeal will focus on the southern region from Logone Oriental to the Salamat and N'Djamena. Activities will be carried out at transit sites (Sido, Doyaba, Doba,

Moundou, Goré), in Bitoye (which constitutes several villages), in refugee camps (Dossey and Belom) and in host communities. Two new temporary sites in Danamadji and Danamadja are being established for Chadians without family links. Chadians with family links will be supported to return to their areas in N'Djamena, Am Timan, and Moundou where reintegration activities are being implemented. Some CAR refugees and returning Chadians may opt to settle in local villages in the south and Salamat which is in line with the government's request and the UN's priority not to create additional permanent camps.

Contributions by the Government of Chad are significant. Not only has the Government evacuated people at risk of being killed by air and road, but it also provided initial support to new arrivals in transit sites in N'Djamena and the south through the local authorities and other national entities. Furthermore, the Government pledged to support the new temporary sites where the Chadians without family links will be transferred. At the time of writing, the details of the Government's commitments are not yet known, but the international community was informed Government funding will be channelled through three national NGOs. The Chad component of the regional inter-agency appeal has to be viewed as a complement to the Government of Chad efforts and has been fully coordinated with the various government authorities involved.

Main Identified Needs and Response Strategy

Main identified needs

Protection: New arrivals are a mix of CAR refugees, Chadian returnees and third-country nationals. Many second and third generation Chadian returnees do not have family links and do not possess any identity documents. To preserve asylum space for the large refugee population already hosted in Chad and mitigate the risks of statelessness comprehensive registration, profiling and documentation is required. Registration will help to distinguish between arrival categories to provide appropriate protection and assistance. New arrivals are exposed to various protection risks, including arbitrary arrest, illegal detention, child labour, prostitution, and limited access to basic needs and services exacerbated by the fragility of national and community protection mechanisms. These risks could increase with the upcoming rainy season.

Women and girls, who may already have survived violence in CAR, are vulnerable to all forms of sexual and gender-based violence (SGBV) including sexual violence, child marriage, survival sex, sexual exploitation and transmission of HIV. Risks increase in relation to their economic and social vulnerability in a country without specific laws protecting women against sexual violence. Family separation or death of able-bodied family members adds to the domestic workload and puts additional economic burdens on women and mothers. Children constitute a significant number of refugees and include unaccompanied and separated children, child head of households, children who may be associated with armed groups and militias, and those needing psychosocial support.

Chadian returnees, refugees and TCNs require urgent psychosocial care having experienced acts of violence, often losing family members, homes and livelihoods. Assistance includes provision of psychological first aid, recreational activities, identification of support groups and setting up referral mechanisms to facilitate quick recovery, enable the socialization and facilitate social cohesion. There is need to establish and maintain family links and to strengthen family tracing and reunification.

Since December 2013, the majority of the refugees are Muslims while southern Chad is pre-dominantly Christian. Local authorities are vigilant and conscious that religious tensions in CAR could spill over and become a threat to national security in Chad. In camps, it will be important to prevent the perpetuation of perceived "religious divide" into the camps and villages. It is possible that ex-combatants are among the arriving Chadian returnees and CAR refugees. Measures need to be put in place to ensure the civilian nature of the camps/sites and stability for all communities in the area. It is crucial to prevent destabilising factors such as armed elements and revenge acts. Competition between communities for land and natural resources could also potentially erupt. Local

authorities are conscious of the situation and will attempt to maintain social cohesion and prevent anything that could destabilise the region.

Figure 3: Chadian returnee and her children at a site in Haraza, Chad. UNHCR / M. Farman

Shelter and Infrastructure: It is expected that all CAR refugees, Chadian returnees and TCNs live in safety and with dignity in adequate shelters. Additional efforts are therefore required to help refugees, returnees and TCNs to build shelters in the camps and sites. At the outset, each family was provided an individual section within a larger compartmentalised communal shelter able to host up to 30 families. The Government of Chad has identified two relocation sites for Chadian returnees where better assistance can be provided. These sites will need to be fully established and shelters and other infrastructure constructed.

Refugees who were transferred to existing camps are considered to live in adequate dwellings, whereas transit sites in Sido, Doyaba, Gore and Dobado do not meet international standards. In these sites the main needs are emergency shelters, shelter materials and tools. Access roads to villages in the Salamat region, in existing camps in Belom and Dosseye and at the new sites are required. In addition, adequate shelters have to be provided for refugees and returnees settling in host villages in the south and in the Salamat.

The urgency of shelter needs and their quick implementation is critical in view of the upcoming rainy season. During this period, access to sites and villages becomes a challenge and often areas are in-accessible.

Non-Food Items (NFI): Refugees and Chadian returnees arrive with little or no personal belongings. Out of the over 90,000 persons who have arrived by end-March 2014, only those who have passed

through transit centres in N'Djamena and in the south have received essential domestic items from the Government, UN agencies and NGO's partners. Other returnees particularly in the south and various other locations have received little or no NFI assistance.

Water, Sanitation and Hygiene (WASH): Poor water and sanitation conditions pose a public health risk, including increasing risk for spread of communicable diseases in refugee and returnee sites. The coverage for safe drinking water and sanitation facilities in existing sites is far below minimum standards and is aggravated by common practice of open defecation. In new sites WASH activities are yet to start. Refugees have started to settle in former camps, some new sites and host villages though some returnees are hesitant to be relocated to sites where no WASH facilities are available. Thus, existing sites are overcrowded with poor hygiene, sanitation conditions. In refugee camps, the potable water provision is stable but additional arrivals will influence both the quantity and quality of available water and will increase risks of contamination.

Access to WASH facilities for the host community has also been affected as a result of sharing with refugees. The population lacks not only good hygiene practices but also essential items. This situation will be exacerbated in with the upcoming rainy season and location of refugees/returnees in high-risk areas for epidemic diseases such as cholera and flooding. The risk of increased mortality, water-borne and diarrheal disease is high in most existing settlements.

Health and Nutrition: The already overstretched public health infrastructure, insufficient health personnel and limited financial resources in Chad have been negatively affected by the influx from CAR. There is a need to provide emergency and life-saving health care, increase availability of essential drugs, conduct medical screenings upon arrival, refer the most critical cases to hospitals and provide vaccinations to children.

Health centres at border entry points and in host communities cannot cope with increasing numbers of refugees and returnees. Low technical expertise in the area of health and nutrition in Ministry of Health and existing health structures must also be addressed with strengthening of referral systems and medical supply chains. Measles vaccination targeting 6-59 month old children is a priority at entry points and in host communities.

The global acute malnutrition prevalence rate is above the emergency thresholds of 15 per cent in almost all the sites. End March 2014, the figures exceeded 20 per cent of global acute malnutrition (GAM) rate in the Doba site following an exhaustive screening of children under five years and among the Fulani children on Doyaba and Gore sites. The mental health programme will comprise community-based psychosocial services and services integrated in the health facilities

Food: Discussions with newly-arrived people in the southern Chad showed that 76 per cent had depleted their productive assets such as money, animals and other livelihood assets were looted, lost or left behind before they were forced to flee. This population has thus few or no food resources. Though the number of individuals opting to leave transit sites is relatively small, the ones that choose to leave live in fragile and food-insecure regions, creating additional burdens for host communities. The CAR emergency food security assessment (EFSA) released in December 2013 showed a significant decrease in agricultural production and heavy losses of livestock. The highest levels of food insecurity, reaching 50 per cent with 15 per cent severely food-insecure, were found among the internally displaced population in Bangui. As a result, it is likely that most of those fleeing the country – particularly those coming by land from rural areas – were already food insecure before their departure from CAR.

In southern Chad, screening undertaken by WFP and other partners using mid-upper arm circumference (MUAC) data indicated high rates of GAM among children between 6 and 59 months. Based on the food security situation of population in CAR and preliminary assessments in Chad immediate food assistance and nutrition interventions are required to avoid hunger and any further deterioration in the nutrition situation.

Education: It is estimated that about 60 per cent of new arrivals will be children. Among them, primary school-aged children (6-12 years old) constitute approximately 40 per cent. These children, whose schooling has already been discontinued some months or years before in CAR, are exposed to other vulnerabilities such as sexual and gender-based violence and the risk of being recruited into armed groups. Necessary education interventions include the recruitment of teachers, purchasing school supplies and learning materials, organising sports and cultural activities for youth, establishing safe child friendly temporary learning spaces, for pre-school, and ensuring access to primary and secondary education need to be established to protect these children and youth and realise their rights to education. Many returnees and refugees will need access to secondary and tertiary education. Direct support to students and partnership will be required for these persons to continue their studies

Logistics and Transport: With over 60,000 persons already accommodated in transit sites and a further increase of new arrivals expected, the urgent provision of transport assistance to facilitate the decongestion of transit sites and enable returnees and TCNs to return to their respective areas is crucial. The current fleet capacity doesn't meet the requirement both in term of quantity and quality. More than 80 per cent of trucks were purchased 10-15 ago and are no longer roadworthy. Their fuel consumption is high and spare parts not available or are costly. In addition, sufficient warehousing has to be guaranteed.

Livelihoods: There are challenges to the reintegration and assimilation of thousands of refugees and Chadians returnees into already vulnerable communities which may generate dissentions and conflict among between the groups. In addition, these areas are considered particularly vulnerable due to poverty and food insecurity.

The majority returnees have been living in CAR for decades (66 per cent reported being born in CAR) and many have little connections within or to Chad. At the same time, only seven per cent expressed the wish to return to CAR in the near future. This means returnees must reintegrate into communities in Chad. It is therefore crucial to support the reintegration process to alleviate tensions within communities of high return and to enable socio-economic opportunities for both the returnees and the community at large. The social integration of returnees has to be facilitated to prevent conflicts over resources, infrastructure or social and cultural values.

In the recent past Chad has absorbed sudden arrivals of from various countries including Sudanese and CAR refugees and Chadian returnees from Libya, Sudan and Nigeria. Thus, there is a need to support individual returns, enhance the absorption capacity of host communities and build social cohesion between host communities and returnees preventing conflicts which may result in displacement and instability in the region. Specific assistance targeting the improvement of socio-economic opportunities through projects enabling social cohesion and community stabilization is fundamental to sustainable reintegration into host communities.

Strategy to respond to main identified needs

The findings and recommendations of the inter-agency assessment mission along with other evaluations, monitoring and assessments carried out by partners is the basis for the response strategy. Concerning CAR refugees, the response will focus on the settlement in local villages, the support to host villages and communities, and finding opportunities for self-reliance. Creation of new permanent camps shall be avoided as much as possible. For Chadians with family links, focus will be on family reunification, transport assistance, integration and support for self-sufficiency. For Chadians without family links, support will be provision of documentation to prevent statelessness and transport to suitable sites and communities, including in the Salamat, avoiding the creation of camps and ensuring humanitarian and self-reliance support. Regarding host communities, scarce resources and religious inter and intra-communal dynamics and potential tensions have to be addressed.

Figure 4: Group of CAR refugees crossing into Chad on foot from the CAR near Mbitoye, Chad. IOM / C. Murphy

Protection: The objective of the response is to ensure protection of the rights of all individuals, as enshrined in human rights law and refugee law without any discrimination. Partners will work closely on the protection of beneficiaries with respect to the principles of participation, accountability, 'do no harm' and non-discrimination and best interest of the child. They will also try to avoid the tensions between communities arriving and host communities. In this regard, an assessment aiming at ensuring that livelihood, food security, wash, health and other interventions will include protection needs.

Comprehensive screening and profiling will help to distinguish between CAR refugees, Chadian returnees and third-country nationals and will support issuance of accurate documentation preventing statelessness and to ensure civil and political rights for them. For Chadian returnees without family links and/or with no identity documents, advocacy with the Chadian Government will be conducted to recognize their Chadian nationality. The Government will be supported to issue identity and other relevant documents. Border and protection monitoring will continue in order to ensure the registration and protection of new arrivals. To preserve the civilian character of asylum, ex-combatants will be separated from civilians and receive different assistance. To ensure peaceful co-existence of a mixed group (refugees, Chadian returnees, third countries nationals and host communities), peace education and awareness raising activities will be organized. Groups that face particular protection risks such as women, children, youth, the elderly, persons with disabilities and those living with HIV/AIDS will be identified and referred to specialized institutions or agencies.

Identification, documentation, protection risks assessment, tracing and family reunification of unaccompanied and separated children (UASCs) will be conducted including cross-border family tracing and provision of interim care for unaccompanied children at '*centres d'accueil transitoire'*. A UASC working group will be activated at national and regional level to support coordinated reunification efforts. A free telephone service will be set up allowing families to contact their relatives, a '*listening point*' with photo tracing board will be systematized at each site to register requests, obtain more information for tracing and refer UASCs for care and services. A UASC database will be set up to analyse data and monitor progress related to prevention and protection interventions.

The establishment of child-friendly spaces (CFS) in particular for education and HIV programming will be prioritized. The CFS will be venues for prevention activities and enable psychosocial support for children and their caregivers. A referral system for children with specific needs or at risk such as girl mothers, children with disabilities and children who have been associated to armed groups and militias will be set up so their protection needs are effectively addressed based on the best interest principle.

Child protection (CP) community networks will be set up or strengthened to support prevention and sensitization work. CP monitoring such as situation analysis, risk identification, and documentation on child rights violations will be carried out. Strengthening capacity in and around transit centres and in areas of return to address the comprehensive multi-sector needs of survivors of GBV (safety, legal, medical and psycho-social support) and other violence will be part of initiatives for prevention and response to SGBV.

Capacity building on the principles of protection will be provided to national authorities and civil society actors involved in the humanitarian response. To reduce the risk of inter-communal conflict and promote peaceful co-existence, UNHCR and its partners will ensure the suitability of the area identify hosting persons of concern with regard to access to water, susceptibility to flooding and availability of land. Efforts will be deployed to ensure protection mainstreaming in all sectors and activities.

Shelter and Infrastructure: Shelter needs will be addressed in Dosseye refugee camp, the two new temporary sites and villages in the south and in Salamat. Refugees and Chadians without family links will have access to shelter in settlements providing privacy, security, and protection from the elements. The activities will promote refugees' and returnees' integration into host communities and strengthen the capacity of national authorities identify ways to integrate refugees into existing local government structures (schools, health centres, etc.). Settlement in host villages in the south and in Salamat are an excellent opportunity to further assist and support social services of the Government, which will benefit both the refugee and the host community and will promote further integration peaceful-co-existence, and an increased resilience of the population.

In addition, a comprehensive response including site management and coordination will be provided to ensure the successful provision of assistance to residents in existing and new sites. Capacity building initiatives regarding site management and coordination will ensure effective and efficient response and improved capacities of the local authorities. A 'Displacement Tracking Matrix' will identify and track migration flows from the CAR in order to provide information for targeted assistance.

Non-Food Items (NFI): NFIs will be obtained through international or local procurements and through donations. Distribution of NFIs in camps and sites, urban and rural areas will take place. The NFIs include blankets, mats, soap, plastic sheets, buckets, jerry cans, plastic rolls, mosquito nets, kitchen sets, kettle, sanitary materials and kits. For planning purpose, the average family size of three persons per family was agreed by the NFI sector member. Agencies involved in NFI distribution will coordinate responses to avoid duplication.

Water, Sanitation and Hygiene (WASH): A coordinated response aimed at addressing the water, sanitation and hygiene needs in existing sites, camps, host communities, and at the new returnee sites is planned. Firstly, the increase of available potable water and number of emergency latrines in existing and new camps and sites and in host villages is necessary. WASH partners will increase their capacity to provide a minimum package of emergency assistance. Coordination with the Health and Nutrition sector will address the spread of infectious diseases. Lastly, WASH activities will be integrated in a broader response including health, protection and education.

Health and Nutrition: The main objectives of health and nutrition response are ensuring access to preventive, curative health care and referral services reducing mortality and morbidity among the

refugees and in the host population, providing reproductive health responses including Prevention of Mother-to-Child HIV transmission and strengthening monitoring, evaluation and nutritional support to reduce and prevent the prevalence of malnutrition. Upon arrival at reception/transit centres, refugees will be vaccinated against measles, and receive Vitamin A supplements (children 6-59 months) and deworming treatment (children 12-59 months). Oral polio vaccine will be provided to all children under five. Partners will provide support to government health facilities enabling access to refugees living in camps and host communities. They will monitor access through an information system and analyse how health centres are providing services.

The causes of morbidity and mortality among refugees and returnees areas are mainly diarrheal diseases, acute respiratory infections and malaria. Advocacy on reproductive health for the integration of new arrivals into national HIV national programmes will be conducted. Measures will be taken to ensure that all sites and villages have updated contingency plans and health information system that has a link with the epidemics national early warning systems.

Interventions to improve nutritional well-being will be implemented through the prevention of micronutrient deficiencies, treatment of acute malnutrition, and support of appropriate infant feeding practices, nutrition surveillance and analysis. The nutrition sector will also be working closely with livelihoods to provide longer-term solutions and to promote refugee self-reliance. Severely malnourished children with complications will be identified and given appropriate treatment.

Food: Food assistance to refugee will be provided through food and food vouchers. Voucher transfers are a feasible and cost-effective methodology particularly in the south where production of staple foods exceeds local consumption, markets are functional and accessible. High-energy biscuits (HEB) will be provided upon arrival at transit centres. HEB will also be used during transit travel for people voluntarily moving into Government-designated areas. According to recent studies in CAR the population in northern CAR suffers from serious acute malnutrition levels. *Plumpy'doz* will be provided to children aged 6–23 months to prevent a further deterioration in nutritional status. Based on the recent nutritional screening results mentioned above, activities for treatment of moderate acute malnutrition (MAM) will be implemented for children aged 6–59 months.

Education: Interventions will focus on school aged children (3-5 years) for pre-school and (6-12 years) for primary education in camps with children. The education sector in partnership with communities, local authorities and civil society organizations will establish child friendly temporary learning spaces enabling children of Chadian returnees, refugees and host community to access education. School-going children will be given school materials such as slates, exercise books, pens and pencils. Teachers will be identified in the community and trained to deliver emergency education while pedagogical support will be provided by the inspectorates ensuring close monitoring of learning outputs. Teachers will be provided with didactic materials and teaching guides. Efforts will be made to allow for secondary and tertiary education for returnee and refugee children to continue.

An additional 1,200 classrooms are needed to cater to the number of students expected[2]. In coordination with other sectors such as health and nutrition, WASH and protection, education interventions will not only enable children to continue their education but also help them acquire life skills and good hygiene and sanitation practices. To mitigate the effects of trauma and enable peaceful cohabitation, psychosocial support, recreational activities, and life skills for peace building will be provided.

Schools will also serve as venue for the sensitization of community members on peaceful cohabitation to strengthen social cohesion and reduce the risk of social conflicts. A school management committee (SMC) will be established and its members trained in the prevention and mitigation of conflicts. Similarly, members of parent-teacher associations will be trained to assist local school authorities and participate in school-life.

[2] This is based on 60,000 new students using ratio of (1/50) per classroom per child.

Logistics and Transport: Chadian returnees and TCNs will be provided with transport to reach their final destinations or countries of origin. According to IOM data, 79 per cent Chadian returnees expressed the intention to settle in the following locations N'Djamena, Sarh, Gore, Doba, Am Timan and Mbitoye. These requests have been taken into consideration in light of the need to rapidly decongest the transit sites and enable the returnees with family links to return safely and humanely in their communities of origin.

In order to meet the various transport requirements the existing fleet will be increased by purchase or hiring of trucks and light vehicles. A transport monitoring mechanism will be established to track movements where mobile phone service is not optimal. Fleet management and repair systems will need to be enhanced given the increase in fleet. Enhancing capacity of fuel stations to meet increased needs will also be vital. To meet the needs for NFI and food distributions, warehouse capacity will be increased and management improved. Therefore new rub halls (with some equipment i.e. pallets, weighting machines, forklift) will also be set up in various locations.

Furthermore there is a need of securing air transportation for staff from Ndjamena to support the operation and funds are required to allow UNHAS to operate in optimal conditions.

Livelihoods and Environment: Agricultural inputs will be provided to households with the capacity to utilise these inputs appropriately. Support for animal husbandry will focus on proper vaccine coverage in all crisis-affected zones. Provision of agricultural, veterinary and environment kits will allow beneficiaries to diversify their diet and enable self-reliance. In view of the pressure on the pastoral land and existing water supplies due to the increase of the number of herds supplementary cattle fodder will be provided. To limit social tensions resulting from natural resource competition a series of mediation campaigns for farmers-breeders and breeders-breeders will be undertaken.

For Chadian returnees, specific assistance targeting the improvement of socio-economic opportunities through projects facilitating social cohesion and community stabilization is fundamental for the sustainable reintegration into host communities. The proposed activities and outputs are based on the previous experience in responding to similar situations. The response is based on three pronged approach which supports individual returns, enhances absorption capacity of receiving communities and builds social cohesion between communities and returnees.

Planned Response

Planned Response	
Protection	- Relocation of Chadian returnees, CAR refugees and TCN to identified sites. - Timely registration and profiling all new arrivals (refugees, returnees and TCNs). - Advocacy with the relevant authorities to issue identity documents for Chadian returnees with no family links to prevent statelessness. - Support issuance of Chadian national documents all eligible persons. - Support issuance of civil status documentation such as children's birth certificates. - Activate UASC working group at national and regional levels. - Implement tracking systems and database for family reunification. - Provide night care for unaccompanied children at *'centre d'accueil transitoire'*. - Establish integrated child-friendly spaces with a strong psychosocial component and referral system for children with specific needs or at risk. - Set up and reinforce child protection community networks. - Support child protection monitoring mechanisms for situation analysis, risk identification and documentation on child rights' violations. - Establish cross-border coordination system to improve communication between actors and data exchanges. - Enhance SGBV prevention measures and establish effective referral mechanism for health care, psycho-social support, legal counselling and judiciary assistance. - Implement peace education programmes to enhance relations between the various groups within the various communities. - Build capacity and provide advisory services to Governmental and local authorities as well as national NGOs by UNHCR, OHCHR, UNDP, UNCEF and IOM. - Disseminate HIV prevention messages through community conversations and radio/media campaigns.
Shelter and Infrastructure	- Set up two new sites including site planning and clearance. - Construct emergency shelters with local materials. - Construct emergency family shelters (5x3.5m) with local materials (hangars covered in plastic) for Chadian returnees. - Provide shelter materials and construction kits to facilitate dwelling shelter construction - Provide shelter support to those settling in host villages in the south and in the Salamat. - Construct dwelling shelters (shelters constructed in bricks covered with the grass) for vulnerable households (ca. 10 per cent of 30,000 households) - Construct 150 kms of road in four camps, including Dosseye and 100kms of road toward villages. - Construct health centres, distribution centres and professional training centres (eight each); schools, women's community centres, youth community centres (30 each); and 20 offices in the camps. - Provide plastic rolls 200m^2 and plastic sheets of 20m^2 for emergency shelters. - Provide camp coordination and camp management (CCCM) for an effective and efficient delivery of humanitarian assistance and essential services.
Non-Food Items (NFI)	- Provide NFIs to affected people in return areas, villages and in the two identified sites to allow them to prepare their own food and meet their basic domestic and hygiene needs. - Procure, handle, store and distribute NFIs including monthly provision of sanitary materials (sanitary pads, underwear, soap) for women.

Planned Response (contd.)	
Health and Nutrition	- Organize immunization campaign (measles, polio, meningitis) and routine immunization. - Provide essential drugs (including anti-retroviral drugs) supplies, conduct laboratory tests at health centres in the returnee sites and host villages. - Support district hospitals to provide basic emergency health care and management of referrals. - Strengthen capacity of health centres with human resources, medical equipment and infrastructures. - Establish a functional disease and nutritional surveillance system. - Develop emergency preparedness and response plan. - Provide clinical services at health centres and community levels focussing on acute and severe malnutrition (including Ready to Use Therapeutic Food RUTF, essential drugs, equipment) - Ensure pregnant women living with HIV have access to the adequate care, treatment and support so they remain in good health and their babies are born HIV-free (Prevention of Mother-to-Child transmission). - Ensure people living with HIV can access health services and continue treatment. - Ensure children born of HIV-positive mothers are tested for HIV and provided with relevant treatment, care and support. - Ensure male and female condoms are readily available in camps..
Food	- Distribution of HEB to new arrivals to ensure urgent food provision. - Provide comprehensive food assistance with a combination of general food distribution (50,000 people in transit centres) and voucher transfers (100,000 persons with host communities). - Prevent acute malnutrition among children aged 6–23 months through distribution of Plumpy'Doz. - Treat moderate acute malnutrition of 4,000 children aged 6–59 months with MAM. - Distribute a 15-day individual ration to 150 caretakers of children with SAM to discourage early drop-out from treatment. - Ensure HIV testing for SAM children with complications to enable access to children. - Implement Food for Asset (FFA) activities for 2,000 households in host community through conditional voucher transfers.
Education	- Establish safe temporary learning spaces (pre-school and primary) in Log Oriental, Mandoul and Moyen Chari regions. - Provide teaching/learning/recreation materials. - Provide in-service training of teachers. - Construct semi-permanent classrooms and additional permanent classroom in host community schools. - Conduct training of school management committee members. - Provide pedagogical support. - Develop and disseminate peaceful cohabitation and WASH messages in schools. - Promotion of Child-Friendly School approach. - Assessment, monitoring, evaluation and reporting on education activities, including girl attendance. - Provide direct support to students requiring secondary and tertiary education.
Logistics and Transport	- Transport of returnees and refugees to destinations. - Provide reliable transport of equipment, materials, persons under UNHCR's mandate and their luggage. - Provide effective garage management including repair services. - Store and distribute fuel according to the needs of the operation. - Ensure proper warehouse management including for NFI's reception, storage and distribution.

Planned Response (contd.)	
Livelihoods	- Identify eligible beneficiaries through socio-economic profiling. - Provide capacity-building support to NGOs and local entrepreneurs. - Design, implement and monitor 1,200 individual income-generating projects. - Provide vocational training and create returnee cooperatives. - Create local committees comprising home community and returnee members to manage community projects. - Design and implement 30 community projects based on the decisions made by the local committees. - Procure cereal seeds and tools. The choice of crop varieties will be based on the preference of farmers, adaptation to local agro-ecological conditions and recommendation by the agricultural governmental authorities. - Distribute cereal seeds to households. - Control pit construction and perimeter rehabilitation. - Provide fodder, feed and veterinary products. - Ensure garden seeds quality control. - Conduct training in agricultural production techniques. - Construct 200 improved stoves and establish of construction surveillance system including deliver stoves. - Train households on usage and management of stoves.

Partnership and Coordination

A stakeholder analysis was conducted to identify partners to be involved in the regional refugee appeal process. A meeting between UNHCR, Government authorities (Commission Nationale d'Accueil, de Réinsertion des Réfugiés et des Rapatriés - CNARR), key UN Agencies and other partners was convened explaining the process and timeline. The group jointly defined population figures, locations, priorities and targets. Sector groups were set up comprising sector lead, Government and UNHCR representatives. Similar meetings were held in field with relevant partners to coordinate responses. Focus group discussions and interviews conducted in the camps and sites were taken into consideration to ensure participation of and accountability to the communities.

The refugee appeal process was elaborated to the Humanitarian Coordinator and UN agencies through various coordination mechanisms. UNHCR and OCHA ensured the refugee appeal is linked to the Strategic Response Plan ensuring no duplication of activities. The opportunities of this appeal were presented to CNARR and the Ministries of Planning and Social Affairs. Similarly, donors in the capital were briefed on the process. At the field level in Goré, Sarh, Maro, Sido and other areas, agencies coordinated activities at site levels and had regular coordination meetings with the respective Governors.

End-March, UNHCR, OCHA and IOM met with CNARR and three NGOs that will be working at the new temporary sites for Chadian returnees and have been identified by the Government. They are Association pour le Développement Economique et Social de Kobe (ADES), Secours Catholique pour le Développement (SECADEV), Red Cross of Chad (CRT). The activities which these NGOs will carry out include infrastructure and shelter construction, health, education, and WASH and budgets have been submitted to the Government for approval. Activities carried out by these NGOs have been taken into account in the development of this appeal. Other national and international NGOs have either submitted their requests within this appeal or are incorporated as implementing partners of other agencies.

In addition to the central coordination mechanisms, it was also agreed that regular coordination has to take place on site and camp level with the various authorities.

Financial Requirements Summary - Chad

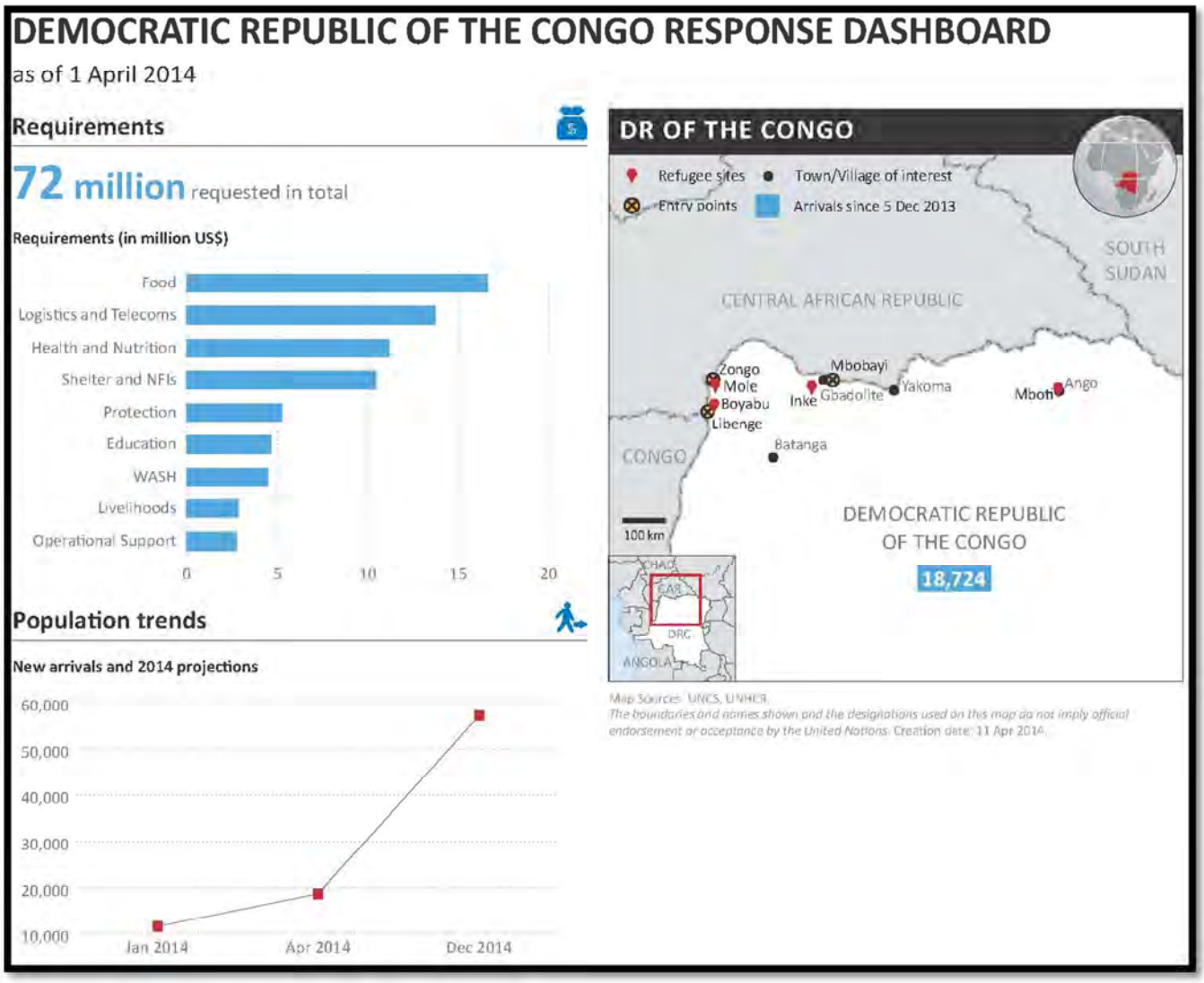
Financial requirements by agency (in US dollars)

Organization	Total
CARE International	3,000,000
FAO Food & Agricultural Organization	6,000,722
IOM International Organization for Migration	29,939,700
Oxfam	3,254,765
SCI Save the Children International	2,500,000
UNFPA United Nations Population Fund	1,010,319
UNHCR United Nations High Commissioner for Refugees	29,575,263
UNICEF United Nations Children's Fund	19,729,174
WFP World Food Programme	24,996,352
WHO World Health Organization	3,900,000
Total	**123,906,295**

Financial requirements by sector (in US dollars)

Sector	Total
Protection	9,929,163
Education	11,737,623
Food	22,996,352
Health and Nutrition	15,887,497
Livelihoods	22,496,541
Logistics and Telecoms	11,019,591
Shelter and NFIs	12,970,123
WASH	14,934,575
Operational Support	1,934,830
Total	**123,906,295**

DRC RESPONSE PLAN



Background

Since December 2012, when the Seleka rebels took control of several cities in the Central African Republic (CAR), including in the Basse Kotto prefecture facing the district of Mobayi-Mbongo across the Ubangi River in the Democratic Republic of Congo (DRC), a new wave of CAR refugees arrived in northern DRC fleeing human rights violations and instability. The deteriorating security conditions in Bangui throughout the year 2013 led to a steady influx of new arrivals, which totalled some 50,000 by December, when the violence escalated further with "Anti-Balaka" militia attacking Bangui and Bossangoa.

Two major obstacles stand in the way of refugees fleeing violence; a wide river and a dense forest where the presence of active Lord's Resistance Army (LRA) elements have been detected. For this reason, the majority of these refugees are forced to move to the Gbadolite, Zongo, and Libenge territories of Equateur province, while others have moved to the Bondo region of Orientale Province.

Since the beginning of 2013, the Government of the DRC recognizes refugees from the CAR on a "*prima facie*" basis. However, the Government has decreed that assistance should be afforded only

to refugees in camps. Accordingly, UNHCR, UNICEF, WFP and WHO have been assisting refugees in host communities through community-based assistance.

CAR refugees have been accessing the DRC provinces of Equateur and Orientale via 26 entry points along the 1,200 km CAR-DRC border. Identifying refugees in this vast territory is extremely difficult since the Ubangi River marks the border and is therefore a restricted zone.

Since January 2013, the DRC has deployed its armed forces along the Ubangi River in Equateur province to prevent Seleka rebels Seleka or the Central African army (FACA) to infiltrate the DRC. In addition, the activism of members of the LRA continues to cause internal displacement in this area. Moreover, the presence of Anti-Balaka elements has been confirmed both in Worobe and surrounding areas, and on the axis between Ubangi and Bakundu in the northern part of the province.

There are over 63,000 CAR refugees in the DRC with a continuous trickle of several hundred new arrivals per week. The refugees have settled to 54 per cent in four established camps and the remaining 46 per cent preferred to remain within the host communities.

This appeal addresses the emergency needs of CAR refugees who arrived after the events of 4 December 2013. End-March over 18,000 refugees have arrived in the DRC and it is estimated total of 50,000 refugees will arrive by year-end. The response is based on a planning figure of half settling in camps and the other half in host communities. Wherever necessary and useful, the response to the refugees in host communities will also address the needs of the latter, at the ratio 1:1, i.e. 25,000 persons in host communities.

At the same time about 7,200 Congolese refugees, who had previously fled to CAR, require humanitarian repatriation back to the DRC. About 6,000 residing in Batalimo will be repatriated to Libenge while 1,200 residing in Zemio will be repatriated to Province Orientale. This situation, which was not foreseen and represents an important protection priority, requires immediate attention.

Protection needs include support to survivors of sexual and gender-based violence (SGBV), assistance for people with specific needs and protection monitoring for those who live along the Ubangi River. Furthermore, basic infrastructure and services are lacking in multiple sectors, thus requiring significant resources to provide food, facilitate access to potable water, establish and strengthen national health centres, improve roads to enable safe relocation from the Central African border. Four camp sites as well as the host community in the settlement region have been identified for interventions in all sectors.

Main Identified Needs and Response Strategy

Main identified needs

Protection: Due to the sizeable populations, the risk of domestic violence and theft among the refugees is high. Camp security is a necessity which will require the deployment and training of more national police officers. Following a protection assessment, many problems related to SGBV were identified, including survival sex, the lack of an off-camp referral mechanism and a lack of medical and psycho-social assistance in the 72 hours after a rape.

Persons with specific needs (mainly the disabled and the old aged) who have trouble accessing resources and are vulnerable to exploitation must be identified. About 3,000 persons with specific needs have been identified, but new arrivals must also be identified and profiled for appropriate care.

Refugees in and out of camps must be registered on an individual basis. They must also receive refugee identification cards and civil documentation. It is essential to ensure refugees receive the

right to legal assistance through the national authority for the duration of their asylum in the DRC. Refugees living outside of camps are more vulnerable to human rights violations, thus protection monitoring must be reinforced to reduce the risks of refoulement, arbitrary detention, and exploitation. Finally, to ensure child protection, the imperative is to focus on children in camps and host communities, notably to identify separated and unaccompanied children (UASC) and children formerly associated with armed forces and groups.

Community Empowerment and Self-Reliance: Since a great portion of the local population hosts refugees and share already scarce resources, measures must be taken to ensure peaceful coexistence. Participatory needs assessments have revealed that refugees would like to engage livelihoods activities such as agriculture or require vocational training allowing them to become self-sufficient. As for gender mainstreaming, in a June 2013 assessment, it was found that within the camp management committees, the participation of women was at 36 per cent, a number which should be increased to at 50 per cent.

Shelter and Infrastructure: Refugees coming to the camps require shelter. The plastic sheeting provided for emergency shelters only lasts for an average of six months, after which it deteriorates and becomes unsuitable to the sun and rain-intensive local climate. Thus, transitional shelters are necessary. In addition, access roads are required and should be maintained, given the remoteness of the camps and the deteriorating effects of the rainy season on the condition of these roads.

Non-Food Items (NFI): Access to essential household and basic non-food items (NFIs), like kitchen sets, baby kits, and hygiene kits have been identified as most critical needs for newly arrived refugees who have few personal possessions and are in a remote and already impoverished region. Refugees living in camps and in host families and some of host community families are extremely vulnerable to access essential NFI for daily use and ensure their well-being.

Water, Sanitation and Hygiene (WASH): Access to safe water in quality and quantity compliant with the DRC's WASH standards remains a challenge. In order to reduce the risk of transmission of waterborne diarrheal diseases (notably cholera) that may spread from the Ubangi River, refugees need access to appropriate sanitation and hygiene promotion. Consequently, the aim is to increase the provision of potable water and reduce the risk of transmission of infectious waterborne diseases through prevention and emergency response and adjusting sanitary behaviours to the population densities of the camps.

Health and Nutrition: Health centres in areas where refugees have settled not easily accessible particularly in Equateur province. They are spread out over vast areas of relative low population density. Health patterns are characterized by a variety of endemic and epidemic diseases such as malaria, monkey pox, diarrheal diseases and cholera, typhoid fever and frequent measles outbreaks. Furthermore, this part of the country is prone to outbreaks of haemorrhagic fever, malaria, and a syndrome that may entail severe anaemia when malaria is concomitant to malnutrition and salmonella infections.

Improving access to primary health care services and medicine, in camps and in state structures represent essential needs for refugees and host communities. Referrals to secondary health care, HIV treatment programmes, reproductive health services and an expanded programme of immunisation (EPI) are equally important. The massive arrival of refugees has affected not only the health care situation but also the nutrition of host communities which already have limited coping mechanisms. Malnutrition in these areas is reported to be already high and the burden of refugees could worsen the situation. The region has serious health and sanitation infrastructure problems and a lack of skilled health professionals.

Food and Food Security: A joint food security evaluation mission carried out at the end of 2013 showed a precarious food and nutritional situation prevailing in the refugee camps and host communities. According to the Integrated Food Security Phase Classification (IPC), factors such as food unavailability, lack of food stocks, difficulty in having access to balanced diet, and extreme poverty coupled with soaring food prices due to the refugee influx, qualify certain zones of Equateur

Province as being in a state of food crisis. The prolonged presence of refugees in camps and host communities require an adaptation of assistance strategies to improve nutritional status and food production. Food production activities for refugees in host communities will be supported through provision of seeds, tools and seed protection food distributions in favour of 3,000 vulnerable households.

A recent joint UN/NGO mission to refugee camps confirmed that food assistance through cash and a voucher programme is possible. As a result, food assistance through vouchers will provided to refugees in Zongo (Mole camp) and Libenge (Boyabu camp) and mixed food and vouchers in Gbadolité (Inké) in the Equateur Province.

Education: Since 70 per cent of the camp population is under the age of 25, education remains an important part of a child and youth protection strategy. Currently, there are an estimated 16,000 out-of-school children. Formal and informal innovative educational opportunities need to be explored. There is a lack of space in primary schools to accommodate the influx of refugees, school kits are insufficient and teacher training must be strengthened. Primary schools are unavailable to refugees out of camp. Large proportions of refugee youth who were in secondary and tertiary education in Bangui are hoping to continue this in the DRC. There has been no secondary education strategy promoted among the refugees also including information on protection risks such as SGBV and exploitation of girls who may be driven to survival sex. The leaders of refugee committees in the camps have identified school feeding as a necessary intervention.

Logistics and Transport: Mechanisms for logistical management are already in place for this operation in order to ensure that locally and internationally-procured goods are transported from Kinshasa and stocked and secured in three guarded warehouses in Equateur Province. Nevertheless, a major constraint is still the insufficiency of vehicles and spare parts to ensure the flow and transport of staff and humanitarian assistance in this remote region.

Repatriation of Congolese Refugees from CAR: Congolese returnees will require transport, NFI support, as well as short-term and long-term reintegration assistance on their return to the DRC.

Strategy to respond to main identified needs

Protection: In camps, security will be ensured through the deployment of well-trained national police officers. To reduce the risk of SGBV, focal points will be designated in each camp to coordinate the comprehensive response. Income-generating activities will be promoted to prevent survival sex. Furthermore, school reinsertion and SAFE projects will be implemented. Counselling centres will set up in each camp to ensure identification and comprehensive response. Persons with specific needs will be identified and profiled for appropriate care through individual registration. The elderly and disabled will receive adequate community-based attention and protection. Age, Gender and Diversity, Mainstreaming (AGDM) needs assessments and profiling will be used to identify groups with heightened protection risk amongst the out of camp refugees.

Refugees in camps and in host communities will be registered on an individual basis and receive refugee identification cards. Proper civil documentation (i.e. birth certificates) will be delivered to refugees in and out of camps within three months. Refugees will receive access to legal assistance during the duration of their asylum in the DRC, through the national authority.

The 1,200 km-long CAR-DRC border and entry points will be regularly monitored to identify any cases of refoulement, arbitrary detention, SGBV, exploitation and other human rights violations. Identified cases will be shared with specialized agencies or institutions able to provide appropriate responses to individual cases.

In order to promote the rights of boys and girls affected by conflict and violence, child-friendly spaces will be created and maintained. Additionally, children will receive psycho-social support, non-formal education. Specific protection issues will be identified and children referred to specialised services.

Non-accompanied and separated children will be screened, needs identified and best interest determination (BID) assured.

Figure 5: Refugees awaiting registration at Boyabu refugee camp, Equateur Province, DRC. UNHCR / C. Schmitt

Community Empowerment and Self-Reliance: Sensitization campaigns will be launched in order to ensure peaceful co-existence between host communities and refugees. Refugees will be encouraged to live peacefully amongst each other and not perpetuate the conflict in the CAR. The provision of agricultural tools and seeds as well as vocational training will allow them to become self-sufficient. Furthermore, the participation of women in camp committees will be reinforced.

Shelter and Infrastructure: To improve the accommodation of refugees semi-temporary shelters in camps will be allocated to persons with specific needs and shelter tool kits will be provided. In addition, health centres and schools will be constructed. Finally, the construction and rehabilitation of roads will be completed to improve transport to and from camps.

Non-Food Items (NFI): Refugee populations living in camps, outside of sites, and a proportion of vulnerable host families will receive a combination of direct NFI distributions and vouchers. Items less available on the local market such as high quality tarpaulin, jerry-cans, mosquito nets and hygiene kits will be distributed in-kind and in combination with cash vouchers for items more readily available including clothing, kitchen items, soap, and mattresses.

Water, Sanitation and Hygiene (WASH): Aquatab/Pur tablets for water purification will be distributed to newly arrived refugees. Water points will be constructed and rehabilitated in camps and host communities. Additionally, emergency latrines, emergency showers, and hand washing stations will be constructed and rehabilitated. There will also be a waste management activities will be implemented and hygiene promotion campaigns organised. Hygiene kits will be distributed and

hygiene messages disseminated. Throughout the implementation period, there will be an available contingency stock to support the response in case of extension of the crisis and or arrival of new refugees.

Health and Nutrition: Health care responses are coordinated with the Ministry of Health and the national public health care framework to maximise the response in this area and avoid duplication. It is planned to provide free primary and secondary health care services, epidemic prevention and control for refugees and host communities. To ensure proper targeting of health responses, a joint rapid needs assessment will be conducted. The local health care system will be strengthened through provision of medical supplies, equipment, capacity building of staff and support to implement immunization activities. The clinical management of rape survivors, treatment of chronic and non-communicable diseases will be provided. Interventions will ensure improved referral services for emergency obstetric care, treatment of injuries, severe anaemia and malaria. Emergency child care, effective response to measles outbreaks, HIV and other disease treatment will be supported and technical expertise strengthened. Nutrition support will be provided for malnourished children aged 6-59 months and pregnant and lactating women in camps and those refugee hosting communities including refugees outside of camps.

In addition, health service providers and health community workers will be trained on Integrated Management of Acute Malnutrition (IMAM) and Infant and Young Child Feeding (IYCF). Therapeutic feeding will take place and equipment supplied to local health facilities. Additionally, treatment activities will be supervised, responses monitored, and IYCF sensitization and community mobilization sessions conducted. Nutrition activities will ensure participation of local health authorities and the community while building the capacity of community and health services providers.

Food and Food Security: The nutritional state of refugees and refugee host communities will be strengthened through food distributions, cash and vouchers in camps. Seeds and tools will be distributed and agricultural training for transition from humanitarian assistance to self-reliance provided.

Education: Primary education which delivers the CAR curriculum is a key priority, while for secondary education integration in local schools will be sought. To support post-secondary education, cyber-cafes will permit refugees to continue their studies. Informal education will be developed as a youth protection strategy through literacy programmes and creative and artistic training (e.g. Capoeira training). School meals will be provided to children attending classes in refugee camps and in host communities to encourage school attendance.

Logistics and Transport: The maintenance and replacement of a plane based in Mbandaka, the regional hub, and motorcycles will continue to serve the operation by ensuring both refugee and staff mobility, and the timely reception of goods.

Repatriation of Congolese Refugees from CAR: Congolese returnees will be transported by river and road from the CAR to Libenge and Orientale Province and will receive necessary documentation and cash grants to ease their return. They will be assimilated to the country's existing reintegration programme.

Planned Response

Planned Response	
Protection	- Deploy 150 national police officers for security. - Identify, document, and register all refugees. - Conduct 30 protection monitoring missions along the border. - Establish two SGBV focal points in each camp commune. - Ensure school reinsertion for SGBV survivors and girls at risk of SGBV. - Implement standard operating procedures for SGBV and SAFE projects in three camps. - Establish three counselling centres. - Provide comprehensive response services to SGBV survivors. - Register and identify persons with specific needs and respond to their. - Conduct two Age, Gender and Diversity Mainstreaming (AGDM) needs assessments – one each in and outside the camp. - Identify unaccompanied and separated children. - Deliver 60% birth certificates. - Follow up on 40 legal cases by office. - Establish of seven child-friendly spaces, on and out-of- camps.
Community Empowerment and Self-reliance	- Launch four sensitization campaigns for peaceful coexistence. - Conduct four participatory assessments. - Support sectoral community groups.
Shelter and Infrastructure	- Construct and maintain 10 kilometres of access roads. - Construct 1,250 transitional shelters for persons with specific needs. - Provide 5,000 shelter construction kits in camps.
Non-Food Items (NFI)	- Conduct assessments of NFI vulnerabilities among non-camp refugees and host families using the NFI Score-card approach and register beneficiaries. - Conduct market survey to determine feasibility of cash-voucher approaches. - Deliver NFI assistance via distributions and/or fairs to 7,000 families (35,000 people) - 5,000 non-camp refugee families (25,000 people) and 2,000 vulnerable host families. - Conduct post-intervention monitoring.
Water, Sanitation and Hygiene (WASH)	- Distribute Aquatab/Pur tablets to 25,000 refugees in the host community. - Construct and rehabilitate water points for 25,000 refugees. - Construct and rehabilitate emergency latrines, emergency showers, and hand washing stations for 25,000 refugees. - Construct and rehabilitate family and collective latrines, emergency showers, and hand washing stations for 25,000 refugees. - Ensure efficient waste management for 25,000 refugees. - Organize hygiene promotion campaign reaching 81,000 persons in camps and host communities. - Distribute of hygiene emergency kit to 38,000 refugees. - Print, distribute and education of information, education & communication (IEC) material on hand washing, hygiene to 38,000 refugees. - Establish a contingency stock to support 38,000 refugees in case of extension of the crisis.

Planned Response (contd.)

Health and Nutrition	- Conduct joint rapid needs assessment in eight health zones. - Supply essential medicines and supplies including malaria prophylaxes, anti-retroviral to health centres and referral hospitals in seven health zones and camps. - Strengthen the capacity of 140 health care providers and 210 community health workers to implement minimum health service package in emergency situations including training gyneo-obstetric and neonatal emergencies services, community based health approaches and early detection referral cases. - Respond to measles outbreaks in Bili, Libenge and Zongo. - Organize free medical care for refugees and vulnerable populations in line with national norms and standards. - Strengthen routine immunization in seven health zones in Equateur and Orientale provinces. - Ensure access to reproductive health services and emergency obstetric care at secondary level, including timely treatment of SGBV, provision of PEP kits, and training of community health workers. - Maintain skilled health staff in health centres and strengthen capacity to provide free of charge health care. - Distribute delivery kits to 3,200 women. - Distribute dignity kits to 4,575 women of child-bearing age and 2,288 men. - Ensure 4,902 safe delivery of babies including 245 caesarean sections. - Provide support to 980 SGBV survivors of SGBV. - Treat 4,400 cases of STI/HIV. - Equip 8 health facilities with appropriate medical and obstetrical equipment. - Distribute emergency reproductive health kits to referral hospitals and health facilities. - Train 60 health care providers in Minimum Initial Service Package (MISP) for Reproductive Health (RH) - Raise awareness to 30,000 affected persons to properly use MISP/RH services. - Document best practices and success project stories. - Conduct joint monitoring and evaluation field missions, including post training follow up visits and indicator data collection. - Strengthen institutional capacities of six governmental implementing partners. - Train health providers and community health workers on Integrated Management of Acute Malnutrition (IMAM) and Infant and Young Child Feeding (IYCF). - Provide therapeutic feeding and equipment to local health facilities. - Supervise treatment activities and monitor the response. - Conduct IYCF sensitization and community mobilization. - Treat moderate acute malnutrition for 8,000 children aged 6-59 months. - Treat severe malnutrition for 4,055 children aged 6-59 months. - Distribute nutritional food to 6,000 pregnant and lactating women in the camps and refugee host communities. - Establish two additional UNTI (intensive unit for malnutrition). - Provide high value nutrition products (Plumpy Supp, Super cereal, Veg Oil, sugar, Corn-Soya Blend (CSB). - Undertake inter-agency nutrition assessments/screening and monitoring.
Food	- Identify 10,000 vulnerable beneficiary refugee households for distribution of agricultural assistance and provide food for seed protection for the vulnerable households. - Purchase and distribute agricultural inputs (seeds and tools) containing a collective total of 131 tonnes of cereal (maize), beans and vegetable crop seeds, 39,000 pieces of hand tools, to 13,000 households. - Conduct post-distribution and post-harvest follow-up to ensure that 400 hectares of plots are sowed with cereal (maize), beans and vegetable crop products; at least 8,300 tons of foods are produced. - Train and sensitize government partners and NGOs, local trainers and 13,000 refugee households on agricultural technical and good nutritional practices. - Provide food assistance - food, cash and cash vouchers to 57,500 refugees. - Conduct school-feeding for 59,114 refugee children. - Target 10,000 households for seed protection for Food for Work project. 3,000 vulnerable households).

Planned Response (contd.)	
Education	In-camp - Provide primary education for 10,000 children. - Construct two on-camp schools. - Deliver of training sessions for 165 refugee teachers on learner-centred methodologies and CAR curriculum, as well as education for peace building and psychosocial support to children. - Feeding in schools to 4,725 refugee children In host communities - Support 40 schools through school vouchers. - Conduct two training sessions for refugee and host community. - Provide secondary education for 6,000 children who have completed primary education. - Implement one online university programme. - Conduct three literacy programmes. - Conduct capoeira classes for 1,200 youths. - Feeding in schools to 57,341 children in refugee host communities. In and out-off camp - Distribute three school-in-a-carton.
Logistics and Transport	- Ensure efficient and timely supply of goods (average of 90 days). - Ensure regular maintenance and replacement of motorcycles. - Ensure availability of a transport plane based in Mbandaka. - Construct and rehabilitate of 10 kms of road.
Repatriation of Congolese Refugees from CAR	- Transport 6,200 returnees. - Distribute cash grants to families.

Partnership and Coordination

UNHCR is responsible for coordinating the response to the influx of CAR refugees as per its mandate and the IASC overall coordination structure. It is also overall responsible for the return of DRC refugees to Equateur province even though the returnees are included under the national Humanitarian Action Plan.

The multi-sectoral response to the refugee emergency is underpinned by standing agreements between UNHCR and partners such as UNICEF, WHO, WFP, FAO and UNFPA to contribute to refugee assistance programmes as necessary. UN agencies implement their programmes in collaboration with local and international implementing partners, including ADES, ADSSE, ADRA, AIRD, APEE, CADECO COOPEF, FISH, GRADIS, IEDA, MEMISA, SAD-AFRICA, SFCG, TSF, UPPF, and the Government agencies CNR, DPT Congo and PNSR.

UNHCR will facilitate monthly coordination meetings at the provincial and national levels to ensure a coordinated approach and implementation. Inter-agency sectoral or multi-sectoral needs assessments will be carried out according to agreed protocols and the evolution of the situation. Each agency will carry out monitoring and evaluation of its respective area of responsibility and feedback the findings into the coordination forums.

Financial Requirements Summary – Democratic Republic of Congo

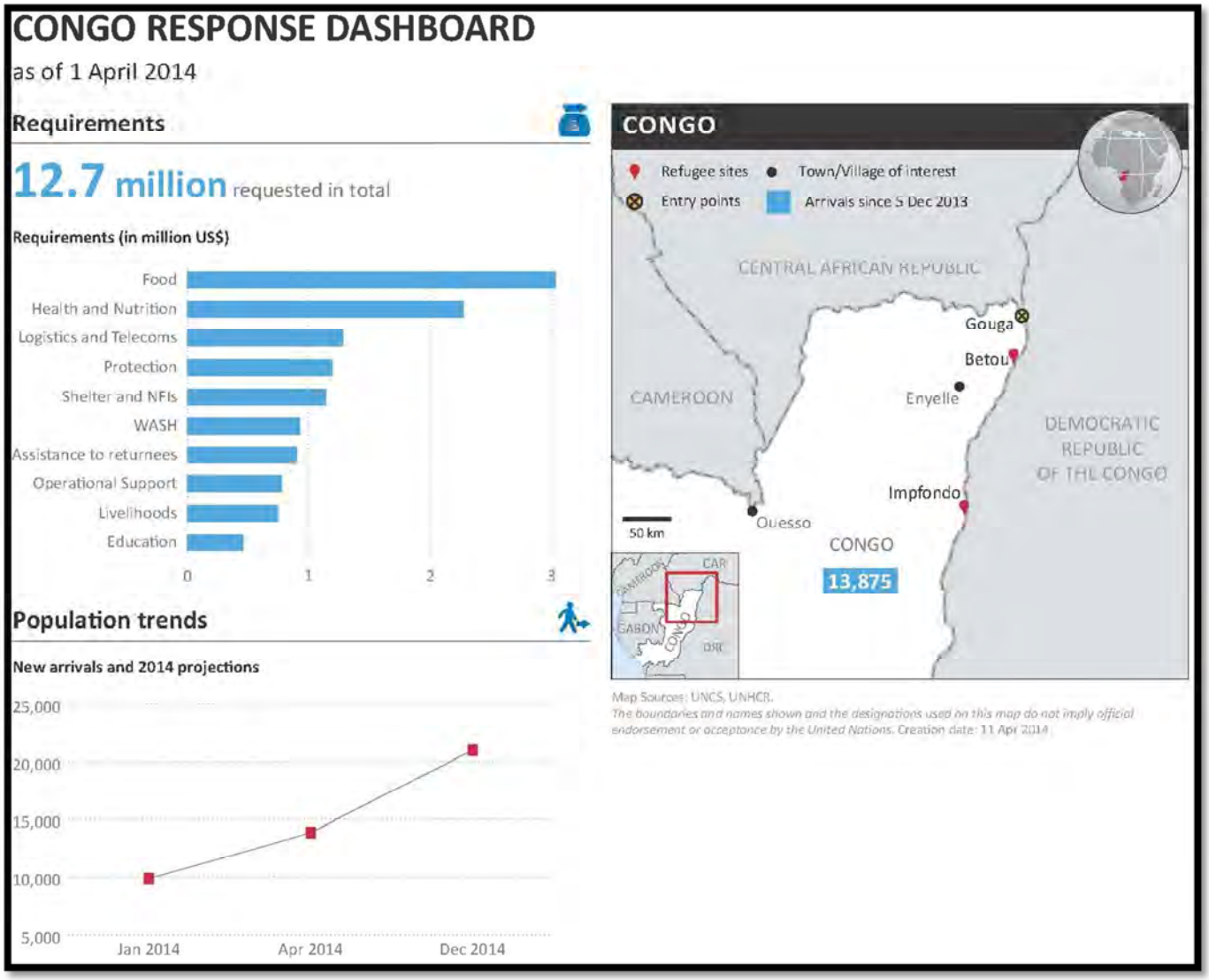
Financial requirements by agency (in US dollars)

Organization	Total
Avions sans frontières	400,000
Caritas	3,006,975
FAO Food & Agricultural Organization	1,820,000
UNFPA United Nations Population Fund	607,466
UNHCR United Nations High Commissioner for Refugees	42,082,673
UNICEF United Nations Children's Fund	4,158,979
WFP World Food Programme	17,797,119
WHO World Health Organization	2,186,278
Total	**72,059,490**

Financial requirements by sector (in US dollars)

Sector	Total
Protection	5,274,190
Education	4,678,693
Food	16,641,756
Health and Nutrition	11,190,063
Livelihoods	2,854,474
Logistics and Telecoms	13,745,689
Shelter and NFIs	10,435,691
WASH	4,485,862
Operational Support	2,753,072
	72,059,490

CONGO RESPONSE PLAN



Background

Refugees from the Central African Republic (CAR) arrived in the Republic of Congo (RoC) in the aftermath of the political and security crisis in 2013. The first influx started in March 2013. Refugees continue to arrive and be registered. Refugees are welcomed in RoC and recognized on a prima facie basis since July 2013. Immigration officials are conducting a registration at the border upon arrival of the refugees. UNHCR is conducting a registration at level 2 in ProGres following registration by the "Comité National d'Assistance aux Refugiés" (CNAR).

Most refugees fled as a result of harassment of civilians by Seleka rebels in Bangui and its suburbs. Most of the refugees are young people who are at risk of being recruited or killed in CAR. The main refugee population is located in Bétou, while Brazzaville and Impfondo host smaller groups of refugees. About 14,000 CAR refugees have been registered with UNHCR since 2013. About 77 per cent are registered and settled in the district of Bétou. Since December 2013, more than 4,000 new refugees were registered. By the end of 2014, it is estimated that 20,000 refugees will arrive in Congo. About 60 per cent will be living with host communities and will be an additional burden in

terms of food security and access social services. The other 40 per cent of refugees will settle in two sites in Bétou district.

Bétou is a remote locality in Likouala district which is also hosts refugees from the Democratic Republic of Congo (DRC) since 2009. As a result, local authorities are familiar with general principles of international protection. Existing refugee camps were originally set up for DRC refugees, but are now in deteriorated conditions since the repatriation of these refugees is almost complete. With the recent arrival of refugees from CAR living conditions in and around camps have again worsened and need to be addressed. The cooperation between the UN, immigration authorities and the CNAR will be strengthened for continued border monitoring. Refugees staying close to the border should be relocated and receive assistance in Bétou. The government will be supported to provide refugee documentation allowing freedom of movement. Peaceful cohabitation between refugees and the host community and between refugees from Christian and Muslim religion will also be a focus of the response.

The present appeal of funds will cover the assistance of 20,000 CAR refugees and an estimated 1,000 TCNs in Republic of Congo and provide them with basic humanitarian assistance on their arrival including access to shelter, household items, health, education, water, sanitation, nutrition, legal support and protection.

Third Country Nationals

It is estimated that about 1,000 third country nationals (TCN), the majority Chadian, have fled violence in CAR. They are stranded in the north of the country in difficult conditions, waiting to be relocated or receive onward transportation assistance to their countries and communities of origin. Many have been in border towns for up to two months, receiving no assistance to survive having to rely on the charity of the host community. Considering that TCNs, in many cases, cannot access basic assistance provided to refugees, a comprehensive response addressing transport, shelter, water and sanitation, non-food item provision, food, health and psychosocial needs must be developed targeting this caseload.

Main Identified Needs and Response Strategy

Main identified needs

Protection: About 60 per cent of the refugee population is living in host communities while the rest are in two refugee sites ("*15 April*" and *Ikpengbele*). A number of refugees have moved on to the towns of Impfondo and Brazzaville and living with host families. Freedom of movement is restricted and police harassment is frequent in Brazzaville. It is therefore important to strengthen the awareness of the local authorities to enhance recognition of refugee documents and reduce the risk of harassment of refugees.

Activities with regard to peaceful coexistence between refugees and host community and amongst refugee community itself are required. There are both Muslims and Christian CAR refugees in Congo and although no major tensions have been reported to date, preventive activities with the support of local authorities needs to be strengthen to prevent any future conflict.

Special attention will be paid to children's birth registration, specific assistance to children at risk and sexual and gender-based violence (SGBV) survivors. Though SGBV and child protection mechanisms already exist these need strengthening along with capacity building of authorities. Awareness of the refugee community with regard to SGBV and child protection issues will be enhanced.

Family tracing is ongoing with the support of local Red Cross Society. Child protection networks have been established in camps and trainings have been conducted. A child protection meeting has been established twice a month with partners and refugees belonging to the network. Child friendly spaces have been established in the two camps.

Figure 6: CAR refugees in the village of Bétou, Rep. of Congo. UNHCR / L. Colot.

Shelter and infrastructure: Refugees arrive in Congo in extreme poverty and are most urgently in need of shelter. The majority of refugees are single women with children. Upon their arrival, the refugees are accommodated in communal shelters and in two transit centres intended for the repatriation of DRC refugees. The conditions in these transit centres and communal shelters are unhealthy, including risks of SGBV and propagation of diseases. So far, 600 family shelters of 4mx3m have been built for some 2,400 refugees. Until the end of the year, another 1,400 shelters (70%) have to be built in the two refugees sites.

Non-Food Items (NFI): The refugees arrive in area of refuge with no personal belongings and limited savings or assets. To settle in camps or host communities they need support to replace these basic items such as blankets, household supplies, soap and mattresses.

Water, Sanitation and Hygiene (WASH): In the Département of Likouala, refugees and local populations use unfiltered river water for drinking and other domestic activities including bathing. The increase in population has multiplied the risk of water contamination and in particular the spread of waterborne diseases such as bloody diarrhoea and cholera, to which children and older persons are most susceptible. This is especially important during the dry season when the water is stagnating on the edge of the settlements.

Health and Nutrition: The Département of Likouala has some of the worst health indicators with the general health coverage rate estimated at 22.6 per cent. The Diphtheria-tetanus-pertussis (DTP3) immunization coverage is at 49.6 per cent and the HIV prevalence is 1.9 percent. There is an almost endemic presence of cholera and measles and the emergence of new diseases such as monkey pox may occur. The arrival of refugees in this area increases the risk of the health indicators to worsen.

Due to the arrival of more CAR refugees health posts are overwhelmed. Thus, four new health posts were already opened by humanitarian organizations. The supply of medicines and the increase of medical personnel a real problem to ensure proper functioning of the health centres. Moreover, the

STI/STD prevention service and reproductive health services need to be enhanced. The capacity of the medico-social centre for nutritional recovery at Bétou is struggling to cope with increased numbers. At present, two children share one bed making treatment challenging.

Food: The refugees are arriving in poor physical condition in a region with food shortages and with little opportunities for food production activities. Government policy places some restrictions on access to land and to other livelihood activities for refugees. Refugees are almost completely dependent on assistance from the local population or humanitarian organizations, and their prospects for improving their level of self-sufficiency are limited.

According to the C.A.R. nutrition cluster, the most recent comprehensive information on nutrition dates back to 2012, before the current crisis, and places the rate of general acute malnutrition at 7.8 per cent. As a result of the current crisis this rate is expected to have increased and for refugees their flight from CAR is an aggravating factor. In addition, during the past six months WFP has had insufficient resources to consistently provide a full ration to all of the refugees further undermining their nutritional status, especially that of young children. Rations need to be provided more consistently, and they need to be enriched with Supercereal to provide more protein and micronutrients.

Education: Refugees have access to public primary and secondary schools. Nevertheless, due to the limited number of classrooms and teachers refugee children do not attend. There are an estimated 1,308 out-of-school children. Congolese public schools need support to integrate the refugee students in primary schools by increasing the number of classrooms and teachers. Moreover, these children need support to receive school supplies and uniforms.

The refugee population comprises a significant number of youth needing special attention to attend secondary education and vocational training. Bétou is a small town with few such opportunities. Funds are thus required for a cybercafé in Bétou to facilitate refugees' access to the internet including distance learning opportunities. Support to some students who managed to register at the University of Brazzaville is also desirable if funding would permit.

Logistics and Transport: Transport between sites has to be made by boat and the high price of fuel and equipment coupled with difficulty to find trained staff makes the operation very costly. Other challenges include inaccessibility of some villages during certain times of the year due to low water levels in the river.

Livelihoods and Environment: CAR refugees are dependent on food distribution and attempts to support livelihood activities for self-reliance are unsatisfactory. Some families move to villages in order to find food by engaging in fishing or other informal livelihood activities. To support livelihood activities is a priority. Provision of seeds, agricultural/fishing tools and other livelihoods materials will be required to improve food security.

Third Country Nationals

An estimated 1,000 TCN are unable to meet their basic needs in terms of shelter, non-food items (NFI), water and sanitation, health, psycho-social care or onward transportation. They are exposed to heightened health risks and subsist on limited savings, living mostly with host communities. Often they sell their belongings and sometimes receive support from host communities who already struggle to cope with the influx of refugees.

In addition, most TCN's have disturbing war-related experiences such as family separation, loss of homes and livelihoods. They have been exposed to conditions that result in heightened emotional distress and trauma. To better understand the age and gender and country of origin profile of TCNs, registration activities will be carried out. This will support the identification of specific needs in terms of humanitarian assistance.

The vast majority of TCNs in Congo are from Chad. The Government of Chad is facing challenges to reabsorb the massive repatriation of their citizens, however they have requested assistance to urgently support this population to stabilise their living conditions, until a solution is found for their return to CAR or repatriation to Chad.

Strategy to respond to main identified needs

Protection: Training of immigration officials and local authorities on international protection will continue. Border monitoring missions will be conducted to relocate refugees living in localities too close to the border and willing to receive assistance in Bétou. The individual registration of CAR refugees will be pursued with the aim of having a biometric registration during the verification exercise planned in August 2014. The identification of persons with specific will be enhanced to provide specific support to these refugees.

The government will be supported to issue refugee identity cards for refugees in camps and in rural areas. A special focus will be made on raising awareness of the requirements of refugee population on civil registration and especially birth registration. Peaceful cohabitation between refugees and the host community and between refugees of different religions will also be the focus of the operation. Awareness campaigns with the support of local authorities will be conducted on peaceful co-existence to avoid incidents. Host communities will benefit of assistance given to refugees such as for to education and income generating activities.

Committees established to address SGBV will be strengthened in prevention and response in communities and improve the protection of SGBV survivors. Medical and psychological care and socio-economic support will be provided to survivors. Advocacy with authorities to arrange court hearings and provide legal assistance will continue to be provided to the survivors. Partners will strengthen data collection and analysis of SGBV cases.

Children born in Congo will be registered within 30 days. Awareness of the refugee community about the importance of birth registration will go on alongside with the support provided to the local authorities in charge of civil registration. Unaccompanied and separated children will be identified and temporary care arrangements implemented. Where possible, children will live with foster families and their stay closely monitoring. Family tracing will be initiated for identified children.

Shelter and Infrastructure: Ten temporary community shelters with the capacity of 100 persons each will be constructed. These shelters will accommodate refugees while awaiting allocation and transfer to separate family shelters in the two refugee camps.

Non-Food Items (NFI): Procurement and distribution of household NFI kits such as kitchen sets, blankets, mosquito nets, sanitary kits for women and girls of reproductive age will be implemented.

Water, Sanitation and Hygiene (WASH): Rehabilitation and maintenance of existing water systems in refugee sites will be undertaken. To ensure acceptable hygiene and sanitation conditions refugees will be mobilized and sensitized to maintain their latrines and showers. Procurement and provision of community sanitation kits for communal latrines and for family latrines will be initiated. Additional latrines will be constructed for some of 20,000 new arrival refugees in Bétou district.

Health and Nutrition: Provision of medical supplies will enable access to primary health care facilities for refugees. Complicated medical cases will be referred to appropriate hospitals. Partners will strengthen activities for refugees in rural and urban areas towards prevention and response to SGBV. Legal services will also be increased and medical and social support will be enhanced to reduce the vulnerability of SGBV survivors.

A community health worker system will be established to improve access to basic health care and nutrition support and to pass health, hygiene and nutrition messages refugees living in sites and in

host families. Partners will ensure that nutritional status of refugee children up to five years are in line with international standards. Ensure nutrition surveillance to detect and timely treat cases of moderate and severe malnutrition. To treat moderate acute malnutrition, which is at a worrying level, in malnourished children between 6 and 59 months of age, a daily ration of 92 grams of Plumpy Sup will be provided for three months.

Food: Refugees will receive a full ration of nutritional foods. This ration will include 45 grams per person per day of Supercereal, a mixed commodity which includes corn flour, soya flour and a mixture of vitamins and minerals. This commodity will provide additional protein and micronutrients to the diet of all refugees to help prevent further malnutrition from developing and to assist with the physical recovery of the refugees. As part of the ration, the oil will be fortified with vitamin A and salt with iodine.

Education: In rural areas, access to education will be facilitated through the integration of refugee children into Congolese public schools. Specific actions will be undertaken to strengthen those schools and enable successful integration of children. For urban refugees, the needs of the most vulnerable children attending primary school will be addressed, with a specific focus on girls' access to education for girls Early childhood education for children aged between two and five years will be ensured. At least 600 students will receive psychological support to prevent long-term disorders. In addition, information campaigns on violence against children will be conducted.

The high proportion of young men requires special attention to implement appropriate vocational activities, support attendance to secondary and tertiary education to address idleness amongst youth which may lead to conflict or other social problems.

Logistics and Transport: Maintenance of vehicles and water fleet will be guaranteed to ensure they are in adequate condition through procurement of spare parts in a timely manner.

Livelihoods: Seeds, agriculture and fishery materials will be distributed to refugees. Technical support will be given to households to implement self-reliance activities efficiently. Advocacy with local authorities to release agricultural land to refugees will be conducted. To facilitate the integration of CAR refugees in the community agricultural assistance will also benefit host communities.

Third Country Nationals

Newly arrived TCNs will be registered and their specific needs identified. Emergency assistance will be provided. Protection monitoring and referral to specialized agencies and institutions will be carried out in coordination with protection partners, focussing on assistance to unaccompanied and separated children, SGBV cases, female-headed households, the elderly, disabled and pregnant women (particularly advanced pregnancies).

Where appropriate transit sites will be established to allow TCNs and returnees to live in dignified conditions before onward transportation. Alternatively support will be provided to host communities to continue to support the TCNs. Basic community shelters and WASH facilities will be set up at sites. Health triage facilities will be established to enable access to urgent health care and referral services with transport assistance to and from hospitals. Basic non-foot items kits will be distributed to TCNs, including prior to onward transportation. Kits will be similar to those provided to refugees to ensure equity between the groups.

Planned Response

Planned Response	
Protection	- Register 20,000 CAR refugees and receive legal documentation. - Provide medical care, psychosocial counselling and legal assistance to SGBV survivors. - Train local authorities to recognize refugee and reduce cases of harassment and detention. - Establish recreational areas and areas for children's development for at least 1,500 children between 2-5 years. - Provide psychological support for children, adolescents and youth in schools. - Prevent sexual and gender-based violence through sensitization and awareness raising campaigns targeting 4,000 children and 3,000 women and men. - Conduct a study on the intercultural dynamics in refugee populations.
Shelter and Infrastructure	- Construct 10 temporary community shelters for 1,000 new arrivals. - Construct 1,400 shelters for 5,200 refugees living in the sites. - Rehabilitate of 100 shelters for the more vulnerable refugees households.
Non-Food Items (NFI)	- Distribute household goods composed of kitchen sets, blankets and mosquito nets to 10,000 people. - Distribute sanitary kits to 3,000 women and girls.
Water, Sanitation and Hygiene (WASH)	- Provide 15 litres/person/day to decrease risk of disease. - Upgrade water supply system and construct of two new wells. - Construct and rehabilitate 85 water points. - Disinfect water points, households and affected sites. - Monitor and control of drinking water quality. - Construct 450 emergency latrines and rehabilitate 3,209 communal latrines. - Construct 50 semi-durable latrines in schools and health centres. - Conduct awareness campaigns for the promotion of hygiene. - Establish and manage 50 chlorination points.
Health and Nutrition	- Procure drugs for 20,000 refugees. - Conduct nutritional education sessions (three sessions per weekly per site). - Provide primary health care to 20,000 refugees. - Set up a referral mechanism to secondary level hospital for 1,000 refugees. - Conduct five training and capacity building sessions for the health care staff. - Improve access to basic care and nutrition through a community health worker network. - Establish mobile health clinics for the benefit of populations which are located along rivers. - Provide nutrition rehabilitation centre inputs and equipment. - Implement nutrition surveillance system. - Provide and monitor complementary food supplements. - Promote appropriate infant and young child feeding practices. - Provide refrigerators, delivery beds, delivery kits and essential medicines for reproductive health. - Collect and analyse demographic, social and health data taking into account the profile of the refugees. - Provide 92 grams daily ration of Plumpy Supp to 1,000 malnourished children for three months. - Conduct measles and polio vaccination.

Planned Response (contd.)	
Food	- Distribute of a full ration of nutritional foods to refugees.
Education	- Enrol 1,308 children in primary education. - Promote specific measures for girls' education. - Distribute school kit to 1,308 children. - Support extension of capacity at secondary school (CEG Bétou). - Construct classroom block (3 classrooms) in Bétou - Provide vocational training, secondary and tertiary education to refugee youth. - Establish one cyber café in Bétou.
Logistics and Transport	- Maintain vehicle fleet in adequate condition. - Purchase and procure fuel and supplies. - Provide safe and dignified transport of all refugees.
Livelihoods	- Negotiate of lands with local authorities. - Distribute seeds, agriculture and fishery materials. - Ensure technical expertise to households to implement self-reliance activities.
Multi-sectoral assistance to TCNs	- Register and identify particular protection cases, including unaccompanied and separated children, female-headed households, older persons, persons with disabilities and pregnant women. - Establish transit sites for TCNs with WASH facilities and health and psycho-social care, access to basic NFI's and food. - Repatriate most vulnerable TCNs by air transport and provide medical escorts when needed. - Provide travel documents for TCNs in collaboration with diplomatic representations.

Partnership and Coordination

UNHCR will assume the overall coordination of the interventions of this appeal. It will strengthen the inter-agency cooperation and complementarity, including with the NGOs and the Government. Coordination meetings led by the UNHCR will be conducted regularly. Follow-up missions will take place every month in each site sheltering refugees to guarantee the continuation of the implementation of various activities.

The composition of multi-functional teams assigned for the follow-op & evaluation of the implementation will be reviewed taking into account the Sister agencies and the NGOs intervening in this operation.

The implementing partners carrying out the activities under this appeal are: Agence d'Assistance aux Rapatriés et Refugiés du Congo (AARREC); Commission d'entraide pour les Migrants et les Réfugiés (CEMIR); African Initiatives for Relief and Development (AIRD).

Financial Requirements Summary: Republic of Congo

Financial requirements by agency (in US dollars)

Organization	Total
FAO Food & Agricultural Organization	500,000
IOM International Organization for Migration	900,000
UNFPA United Nations Population Fund	1,162,350
UNHCR United Nations High Commissioner for Refugees	5,558,115
UNICEF United Nations Children's Fund	1,367,052
WFP World Food Programme	2,742,000
WHO World Health Organization	500,000
Total	**12,729,517**

Financial requirements by sector (in US dollars)

Sector	Total
Protection	1,194,045
Education	460,202
Food	3,029,907
Health and Nutrition	2,275,169
Livelihoods	747,044
Logistics and Telecoms	1,282,405
Shelter and NFIs	1,142,479
WASH	924,373
Assistance to returnees	900,000
Operational Support	773,893
Total	**12,729,517**

ANNEXES

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

Organization	Cameroon	Chad	DRC	Congo	Total
Avions sans frontières			400,000		**400,000**
CARE International		3,000,000			**3,000,000**
Caritas			3,006,975		**3,006,975**
FAO Food & Agricultural Organization		6,000,722	1,820,000	500,000	**8,320,722**
IMC International Medical Corps	1,000,000				**1,000,000**
IOM International Organization for Migration	7,234,056	29,939,700		900,000	**38,073,756**
Oxfam		3,254,765			**3,254,765**
PLAN International	276,000				**276,000**
Première Urgence-Aide Médicale Internationale	420,000				**420,000**
SCI Save the Children International		2,500,000			**2,500,000**
UNFPA United Nations Population Fund		1,010,319	607,466	1,162,350	**2,780,135**
UNHCR United Nations High Commissioner for Refugees	22,612,521	29,575,263	42,082,673	5,558,115	**99,828,572**
UNICEF United Nations Children's Fund	13,402,800	19,729,174	4,158,979	1,367,052	**38,658,005**
WFP World Food Programme	16,150,000	24,996,352	17,797,119	2,742,000	**61,685,471**
WHO World Health Organization	4,405,408	3,900,000	2,186,278	500,000	**10,991,686**
Total	**65,500,785**	**123,906,295**	**72,059,490**	**12,729,517**	**274,196,087**

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

Sector	Cameroon	Chad	DRC	Congo	Total
Protection	6,762,905	9,929,163	5,274,190	1,194,045	23,160,303
Education	2,820,200	11,737,623	4,678,693	460,202	19,696,718
Food	15,477,201	22,996,352	16,641,756	3,029,907	58,145,216
Health and Nutrition	14,808,186	15,887,497	11,190,063	2,275,169	44,160,915
Livelihoods	1,213,176	22,496,541	2,854,474	747,044	27,311,235
Logistics and Telecoms	2,597,338	11,019,591	13,745,689	1,282,405	28,645,023
Shelter and NFIs	6,321,873	12,970,123	10,435,691	1,142,479	30,870,166
WASH	6,786,526	14,934,575	4,485,862	924,373	27,131,336
Assistance to returnees	7,234,056			900,000	8,134,056
Operational Support	1,479,324	1,934,830	2,753,072	773,893	6,941,119
Total	**65,500,785**	**123,906,295**	**72,059,490**	**12,729,517**	**274,196,087**

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

Organization	Protection	Education	Food	Health and Nutrition	Livelihoods	Logistics and Telecoms	Shelter and NFIs	WASH	Assistance to returnees	Operational Support	Total
Cameroon	**6,762,905**	**2,820,200**	**15,477,201**	**14,808,186**	**1,213,176**	**2,597,338**	**6,321,873**	**6,786,526**	**7,234,056**	**1,479,324**	**65,500,785**
IMC	85,000			915,000							**1,000,000**
IOM									7,234,056		**7,234,056**
PLAN	36,200	163,400						76,400			**276,000**
PU-AMI							225,000	195,000			**420,000**
UNHCR	4,697,705		477,201	3,855,778	1,213,176	2,597,338	6,096,873	2,195,126		1,479,324	**22,612,521**
UNICEF	1,944,000	2,656,800		4,482,000				4,320,000			**13,402,800**
WFP			15,000,000	1,150,000							**16,150,000**
WHO				4,405,408							**4,405,408**
Chad	**9,929,163**	**11,737,623**	**22,996,352**	**15,887,497**	**22,496,541**	**11,019,591**	**12,970,123**	**14,934,575**		**1,934,830**	**123,906,295**
CARE	1,500,000							1,500,000			**3,000,000**
FAO					6,000,722						**6,000,722**
IOM	3,860,000			1,690,536	10,000,000	8,223,864	6,165,300				**29,939,700**
Oxfam							704,440	2,550,325			**3,254,765**
SCI	700,000	850,000			950,000						**2,500,000**
UNFPA	210,000			800,319							**1,010,319**
UNHCR	3,659,163	4,996,449		2,396,642	5,545,819	795,727	6,100,383	4,146,250		1,934,830	**29,575,263**
UNICEF		5,891,174		7,100,000				6,738,000			**19,729,174**
WFP			22,996,352			2,000,000					**24,996,352**
WHO				3,900,000							**3,900,000**

Organization	Protection	Education	Food	Health and Nutrition	Livelihoods	Logistics and Telecoms	Shelter and NFIs	WASH	Assistance to returnees	Operational Support	Total
DRC	**5,274,190**	**4,678,693**	**16,641,756**	**11,190,063**	**2,854,474**	**13,745,689**	**10,435,691**	**4,485,862**		**2,753,072**	**72,059,490**
Avions sans frontières						400,000					**400,000**
Caritas			1,482,325				1,524,650				**3,006,975**
FAO			1,820,000								**1,820,000**
UNFPA				607,466							**607,466**
UNHCR	4,086,690	821,198		5,764,647	2,854,474	13,345,689	7,971,041	4,485,862		2,753,072	**42,082,673**
UNICEF	1,187,500	336,049		1,695,430			940,000				**4,158,979**
WFP		3,521,446	13,339,431	936,242							**17,797,119**
WHO				2,186,278							**2,186,278**
Congo	**1,194,045**	**460,202**	**3,029,907**	**2,275,169**	**747,044**	**1,282,405**	**1,142,479**	**924,373**	**900,000**	**773,893**	**12,729,517**
FAO			467,290							32,710	**500,000**
IOM									900,000		**900,000**
UNFPA		140,187		471,028		428,364	46,729			76,042	**1,162,350**
UNHCR	1,194,045	167,585		870,154	747,044	854,041	1,095,750	265,881		363,615	**5,558,115**
UNICEF		152,430		466,697				658,492		89,433	**1,367,052**
WFP			2,562,617							179,383	**2,742,000**
WHO				467,290						32,710	**500,000**
Total	**23,160,303**	**19,696,718**	**58,145,216**	**44,160,915**	**23,311,235**	**28,645,023**	**30,870,166**	**27,131,336**	**8,134,056**	**6,941,119**	**274,196,087**