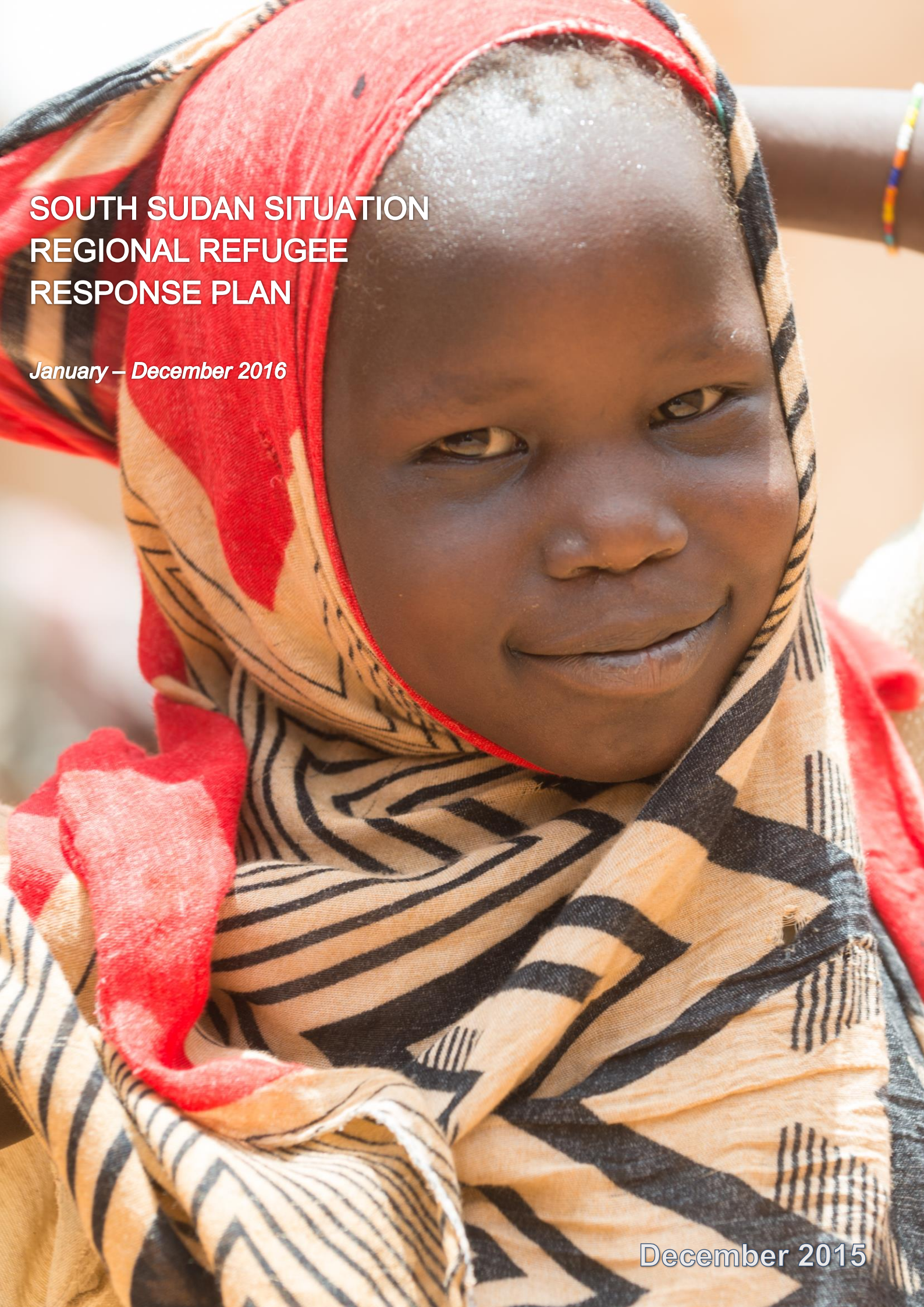

SOUTH SUDAN SITUATION REGIONAL REFUGEE RESPONSE PLAN

January – December 2016

December 2015

Cover photograph:
July 2015. Sudan. A South Sudanese girl who fled with her family from South Sudan due to the ongoing conflict, adjusts her scarf for a photograph outside her home in Jabarona, Khartoum, one of twelve open areas in Sudan. © UNHCR/Hassan Babilonia

Strategic Overview

Period	**January to December 2016**
Current Population	**642,199**
Population Planning Figures	**938,407**
Target Beneficiaries	**938,407**
Financial Requirements	**US$ 637,503,700***
Number of Partners	**45**

*The total programmatic response of USD 637,503,700 includes government requirements in Ethiopia amounting to USD 7,133,195.

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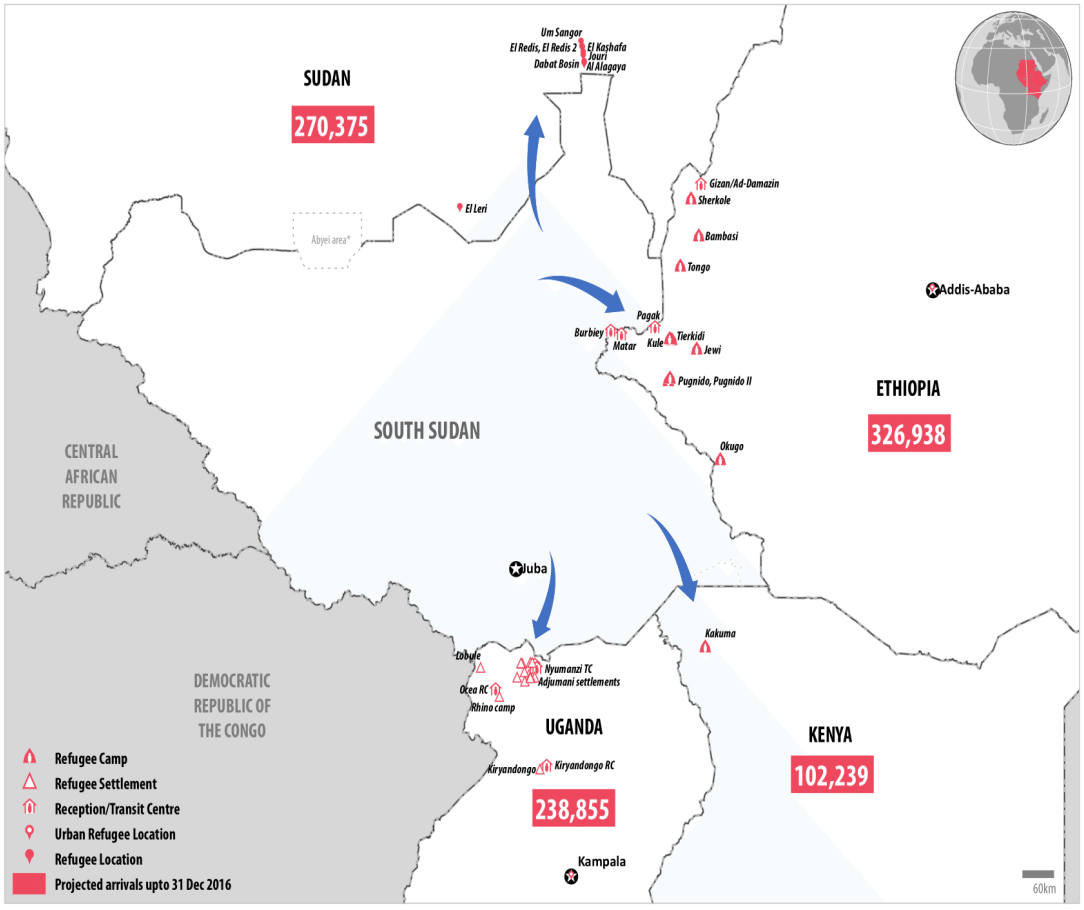
REGIONAL STRATEGIC OVERVIEW

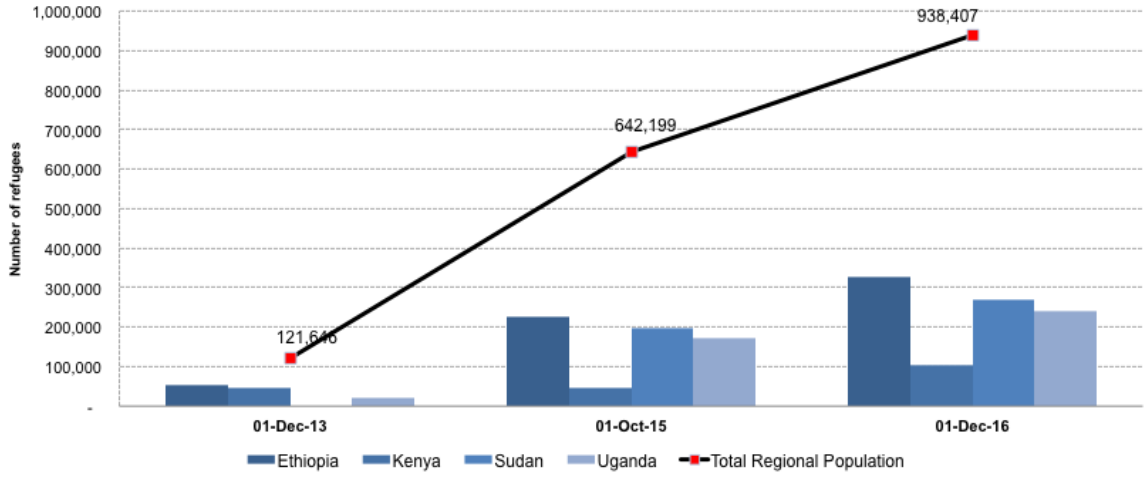
Projected number of refugees from South Sudan by 31 December 2016



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
*Final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined. * Final status of the Abyei area is not yet determined*

Sources: Refugee statistics - UNHCR, IDP statistics - UNOCHA, Boundaries - UNCS, UNDP

Population Trends



Introduction

The Agreement on the Resolution of the Conflict in the Republic of South Sudan, signed by the warring parties in August 2015, currently represents the most viable opportunity to end the armed conflict that has ravaged South Sudan since December 2013. However, the volatility of the situation, the already reported violations of the ceasefire, the deterioration of the protection environment in South Sudan, and the vulnerability of its population, will continue to prompt South Sudanese to keep crossing the border to seek international protection as refugees.

Despite the open border policies, the *prima facie* recognition of South Sudanese refugees in all the countries of asylum, and the stabilization of the emergency in most of the countries, the needs of the South Sudanese refugees remain dire. In a country with some of the worse human development indicators even prior to the crisis, the coping mechanisms of its population have been severely affected and eroded the gains of the short-lasting peace that was achieved when South Sudan became independent in 2011.

Violations of the agreement continue, as active hostilities have been reported in Upper Nile, Jonglei, and Unity States. More worrisome, clashes have extended in States like Lakes and the Equatorias, which were previously spared from the violence.

Currently, as many as 7.5 million people – nearly two in every three people in South Sudan – are food insecure, including 3.9 million who are severely food insecure, while 4.6 million people are estimated to need humanitarian assistance.[1] In this context, lack of security and extreme hunger in South Sudan have disrupted the livelihoods of people; these remain the main triggers that are likely to continue forcing people to seek asylum in the neighbouring countries of Ethiopia, Kenya, Sudan and Uganda in 2016.

Since the 2015 Regional Refugee Response Plan (January-December 2015) was launched in December 2014, population displacements inside and outside South Sudan have continued. As of the end of October 2015, 1.6 million people are displaced inside South Sudan, while over 640,000 South Sudanese have sought refuge in neighbouring countries since December 2013. Based on recent trends, the number of South Sudanese refugees is expected to reach approximately 685,000 by the end of 2015, and new outflows of South Sudanese into neighbouring countries in 2016 are projected at around 130,000 individuals. Additionally, another 121,000 South Sudanese who were already refugees prior to the outbreak of the conflict in South Sudan in December 2013 find themselves trapped in countries of asylum, without the possibility of returning home. Thus, the total number of South Sudanese refugees could exceed 938,000 by the end of 2016. It is important to note that, even if voluntary repatriation is not considered as a viable option at this stage, the humanitarian community is looking closely at the further implementation of the Peace Agreement. If it holds, and conditions become conducive for return, partners will be prepared to counsel and assist the refugees who express their willingness to go back home.

The 2016 Regional Refugee Response Plan, elaborated through a consultative process coordinated by UNHCR with the involvement of some 44 UN agencies and NGO partners, and based on agreed planning figures, will provide a framework for interagency interventions for the assistance and protection of the South Sudanese refugees. Two years into the South Sudan crisis, as the emergency response is slowly becoming a protracted situation for the refugees who fled the country, humanitarian partners are actively exploring and building on existing partnerships with development actors, such as the World Bank and the African Development Bank. This will allow to increasingly promote the synergies and exchanges among different stakeholders, in order to step-up livelihood

[1] Data according to draft South Sudan 2016 Humanitarian Needs Overview

opportunities and refugees' self-reliance, at a time when refugees' needs remain severely underfunded.

A new feature in the 2016 RRRP is the inclusion of all South Sudanese refugees, pre- and post-December 2013. The rationale is to have a consolidated view of their needs and solutions.

Beneficiary Population

	Current Refugee Population *(31 Oct 2015)*	Projected Refugee Population *(31 Dec 2015)*	Projected population growth *(Jan-Dec 2016)*	Pre-Dec.'13 refugee population	Total Planning Population *(31 Dec 2016)*
Ethiopia	225,301	238,014	35,000	53,924	326,938
Kenya	47,292	48,000	9,000	45,239	102,239
Sudan*	197,635	218,549	51,826	/	270,375
Uganda	171,971	181,372	35,000	22,483	238,855
Total Population**	**642,199**	**685,935**	**130,826**	**121,646**	**938,407**

**For Sudan, population growth expected in 2016: 89,950. Net increase expected 51,826 following individual registration.*
***The above figure does not include 25,000 refugees that may spontaneously return to South Sudan by end-2016.*

Regional Protection and Humanitarian Needs

Together with partners and in close collaboration with the Government counterparts in the countries of asylum, UNHCR will continue to ensure that full individual registration and profiling (level II) of refugees is conducted in order to capture any specific needs and vulnerabilities of the newly-arrived population and to provide targeted responses. Where feasible, biometrics will continue to be set up to enhance the effectiveness of registration systems. Particularly important will be the follow-up on the registration in Sudan, where the agreement to carry out level II registration was recently reinstated, and in Uganda, where the Government has taken overall responsibility for refugee registration.

As two years have passed since the beginning of the crisis in South Sudan, and as the refugee response has been progressively consolidated in the countries of asylum, even if amidst several challenges including funding constraints, it becomes imperative to strengthen the emphasis on interventions that promote self-reliance, that build resilience, and that seek longer-term solutions for South Sudanese refugees. In this regard, UNHCR and partners will work closely with Government counterparts to uphold a conducive legal and policy environment for asylum that ensures that refugees can have access to national services.

Children bear the brunt of the refugee crisis. With almost 70 per cent of the refugees under the age of 18, the South Sudanese conflict is nothing less than a war on their children. As stated by the African Committee of Experts on the Rights and Welfare of the Child in regards to the South Sudan conflict: *"the impact of the conflict on children (…) has been greater than in the entire 21-year period of the second civil war"*[2]. Children have been torn from their families because of the conflict, or have been separated because of the depletion of the families' coping mechanisms and their subsequent inability to support children in their care. With over 34,000 children registered as unaccompanied or

[2] African Committee of Experts on the Right and Welfare of the Child, press statement following the mission of the ACERWC on the situation of children in South Sudan, p. 2.

separated, UNHCR and partners continue to struggle to set in place appropriate alternative care arrangements for these children and provide tracing services. The ratio of unaccompanied and separated children (UASC) per social worker is 76, approximately three times the global minimum child protection standards for case management. Only 56 per cent of vulnerable children have had a Best Interest Assessment completed, and fewer than 1,500 South Sudanese refugee children have been reunited with their families[3]. The disruption of social networks and trauma has exacerbated intra-family violence and other protection risks, which demands specialized psychosocial support, as well as the expansion of social welfare services. In 2016, in accordance to the *Updated Framework for the South Sudanese and Sudanese Children* (July 2015-June 2017), emphasis will be placed on strengthening national and local child protection systems to ensure they benefit refugee children and contribute to the expansion of their opportunities and protection, as well as the strengthening of community based systems. Given the large number of children with specific needs, a key priority will be ensuring maximum efficiency and a clear prioritization that targets the most vulnerable children.

Approximately 80 per cent of the households are women-headed, who must take care of large numbers of children. Women and girls continue to be exposed to different forms of sexual and gender based violence (SGBV), including early marriage, and confront cultural barriers that hamper their access to jobs, education, and vocational and life-skill training opportunities.

Overall enrolment rates for South Sudanese refugee children remain critically low at 56 per cent. The provision of education is a cornerstone for the promotion of self-reliance and longer-term solutions of two thirds of the refugee population – the children – and a unique entry point to promote local integration and peaceful coexistence. Comprehensive education strategies at the national and regional levels are being developed with special attention to refugee girls, but there is a need to boost resources and capacity to address the critical gap in this sector. Overall, the link between protection and education should be strengthened in order to address issues such as psycho-social support for children, increase the effectiveness of service provision for host communities, and ensure that services will ultimately contribute to refugee self-reliance by helping displaced communities adapt to the new realities they face.

As part of the overall assistance, basic services, including nutrition and health services, water and sanitation as well as food assistance, will continue to be provided to address the high prevalence of malnutrition observed. Community-based training and sensitization will continue for community compliance and safety. It is critical to provide immunization according to the national schedule to all the children below two years of age, to reduce mortality due to vaccine preventable causes. Strengthening community health systems should be a priority for both the government and development partners.

Increased attention will be given to preventative nutrition interventions such as the continuation of blanket supplementary feeding of children aged 6-23 months and pregnant and lactating women and improved infant and young child feeding interventions. Cash-based interventions will be promoted, when feasible, to increase the choice for refugees and improve their dietary diversity. Continued efforts in joint fundraising will be needed to ensure the access of refugees to complete food rations.

Provisions of basic, emergency WASH services continue to be a priority for new arrivals. While water trucking will continue to be necessary at the initial stage of the development of a new camp, more semi-permanent water sources will be installed. As refugees become more established and the situation more protracted, incremental improvements will be sought to increase access to WASH services through improved coverage (such as household latrines) and the implementation of more sustainable and cost-effective infrastructure to reduce recurrent operational costs (for example, upgrades to water supply and network extensions). Partners in the WASH and energy sectors will work in close coordination to adopt solar technology for water pumping as soon as and where

[3] By September 2015. Review of the Regional Child Protection Response, September 2015. In addition, 2,398 South Sudanese children have been reunified within South Sudan by October 2015.

possible in order to ensure reliability and sustainability of the water supply, while reducing recurrent costs and lessening the environmental impact.

The refugee influx has put a heavy strain on the limited resources and overstretched services in the areas of settlement. As it is most likely that the majority of South Sudanese will remain refugees through 2016, it remains critical to appease any risk of tension that may arise with the host communities. Thus, humanitarian actors will continue to work on integrated approaches and policies that benefit both refugees and host communities and that promote peaceful coexistence through peace-building interventions. Related to that is the importance of continuing the discussion with the Governments for the allocation of suitable land, which will allow the decongestion of camps and settlements and which will enable the design and implementation of more sustainable interventions on livelihood and self-reliance that may benefit both host and refugee communities.

Participation of refugees in planning, implementing and monitoring can ensure that priorities and delivery are reflective of refugee women, men, boys and men and contribute to their own protection. The humanitarian community will work together to ensure that protection and assistance delivery are informed by the views and feedback of persons of concern and that accountability to affected populations operationalized.

South Sudanese refugees in Ethiopia	
October 2015 **279,225**	New arrivals
Projected Dec 2016 **326,938**	**69% children**

In **Ethiopia**, since mid-December 2013, over 225,000 refugees from South Sudan have sought asylum, the vast majority of them in the Gambella region. By October 2015, over 31,000 South Sudanese have sought asylum in Ethiopia in the current year alone. When we include the South Sudanese that were in Ethiopia before December 2013, the total number of refugees stands at 290,000. By the end of 2016, it is estimated that, with an additional 35,000 South Sudanese who will seek asylum in Ethiopia, the total number of refugees in Ethiopia will reach 336,940.

South Sudanese refugees in Kenya	
October 2015 **92,531**	New arrivals
Projected Dec 2016 **102,239**	**68% children**

In **Kenya**, since mid-December 2013, over 47,000 refugees from South Sudan have sought asylum, the vast majority of them in the Kakuma region. The total number is over 90,000 when we include the South Sudanese refugees that were in Kenya prior to the conflict. While the influx remained slow throughout 2015 (600 individuals per month), it is estimated that an additional 9,000 South Sudanese could seek asylum in 2016, thus bringing the total number of refugees in Kenya to 102,239 by the end of 2016.

South Sudanese refugees in Sudan	
October 2015 **197,635**	New arrivals
Projected Dec 2016 **270,375**	**63% children**

In **Sudan**, since mid-December 2013, over 197,000 refugees from South Sudan have sought asylum, the majority of them in White Nile and South Kordofan. By October 2015, 100,000 South Sudanese have sought asylum in Sudan in the current year alone, exceeding the end-2015 estimates and making it the largest receiving country. An additional influx of 90,000 South Sudanese is expected in Sudan in 2016. When this figure will be adjusted based on the on-going individual registration, some 270,375 will be refugees in Sudan by the end of 2016.

South Sudanese refugees in Uganda	
October 2015 **194,454**	New arrivals **67% children**
Projected Dec 2016 **238,855**	

In **Uganda**, since mid-December 2013, over 170,000 refugees from South Sudan have sought asylum, the majority of them in Adjumani, Kiryandongo and Arua regions. By October 2015, over 40,000 South Sudanese have sought asylum in Uganda in the current year alone. Including the South Sudanese refugees that were in Uganda previous to the conflict, the total number of South Sudanese refugees is 195,000. In 2016, another 35,000 South Sudanese are expected to flee to Uganda, bringing the total number of refugees to 238,855 by the end of 2016.

Achievements

- The Governments of Ethiopia, Kenya, Sudan and Uganda have maintained open borders, and they have allowed refugees fleeing South Sudan to have access to asylum on a *prima facie* basis.
- Physical and legal protection of refugees was ensured and the respect of the civilian character of refugee camps and sites was maintained, thanks to community policing and trainings of law enforcement agents.
- Household registration (level I) has been completed in all countries, while individual and biometrics registration (level II) has been carried out for an average of 99 per cent of the South Sudanese refugees in Kenya, Ethiopia and Uganda (compared with 87 per cent last year).
- The Regional Child Protection Network, comprised of Lutheran World Federation, Plan International, Save the Children International, UNICEF, World Vision and UNHCR conducted a regional exercise in 2015 to analyse the challenges and achievements surrounding the child protection response. The findings conclude that child protection systems are in place and have progressively strengthened, and that important policy work has been advanced. Effective procedures have been set up for children, including in registration, with 85 per cent of the registration points having staff trained in child protection. A total of 92 per cent of the children identified with specific needs received appropriate services. Some 105 child friendly spaces were established, and are accessed by 24 per cent of children. At least 22 per cent of children received protection messages through awareness raising activities, and approximately 20 per cent of the adolescent population participated in targeted activities.
- An Updated Framework for the Protection of South Sudanese Refugee Children was developed and endorsed by all key partners through a consultative process, laying the foundation of the regional priorities for the next two years (July 2015-June 2017). The Updated Framework strengthens participation and community based approaches, as well as youth programming; it includes a specific goal on long-term solutions and strengthening of child protection national systems for refugee children; and includes provisions related to peaceful coexistence and engagement with host communities.
- A Regional Information Sharing Protocol on Unaccompanied and Separated Children was established, and a Steering Committee comprising UNICEF, Save the Children and UNHCR was set up. This Protocol sets up a pioneer system for family tracing, based on the centralization and database matching the Child Protection Information Management System. Whilst the Protocol is still in a trial stage and initial operationalization, the centralization of data has already provided an opportunity to revise the case management system and identify gaps in terms of the quality of the data and the information flows.

- Mechanisms to address SGBV have been enhanced and all receiving countries have established inter-agency coordination groups and referral pathways.
- Refugees had access to basic life-saving emergency provisions, such as water, sanitation and hygiene (WASH), primary health care, nutrition services and shelter. The nutrition services include the treatment of severe and moderate acute malnutrition, blanket supplementary feeding to children under two years and pregnant and lactating women, and infant and young child feeding interventions. All countries are close to achieving the emergency water indicator of 15 litres of water per person per day, and have maintained crude mortality rates and under-five mortality rates within the acceptable Sphere standard.
- Regular food distribution has been assured for all new arrivals, and non-food items such as basic household and hygiene items were distributed to new arrivals in a timely manner: each family receives a kitchen set, two jerry cans, one for fetching and one for storing potable water, a mosquito net, a blanket, a sleeping mat and soap for personal hygiene and laundry. A cash-based intervention complementing the general food ration to increase dietary diversity is being implemented in Gambella, Ethiopia.
- In terms of new land allocation, in Sudan, three existing sites in White Nile State were expanded in 2015 (El Redis II, Dabat Bosin and Um Sangor) and the establishment of a third reception area in El Mquiens was initiated, in addition to Joda and Al Kuek, to address the over-congestion that has affected the quality of the response. A ferry and landing sites for the ferry were rehabilitated across the White Nile River, facilitating humanitarian access to locations that are often cut off during the rainy season.
- In 2015, three new camps were established in Ethiopia: two in Gambella, (Jewi and Pugnido II) and one in Benishangul-Gumuz (Tsore), in addition to the two camps established in 2014 (Tierkidi, Kule). Due to heavy floods, Leitchuor and Nip Nip refugee camps were closed in 2015 and all refugees have been successfully relocated to Jewi refugee camp.
- In Kenya, the local Government for a new settlement, Kalobeyei, made 1,500 hectares of additional land available to host up to 60,000 refugees and thus decongest the Kakuma refugee camp. Through a new approach, about 900 hectares will be used for settling refugees while the remaining 600 hectares will be allocated for economic activities, including agriculture. This approach would promote the self-reliance of refugees and host communities, by providing them with better livelihood opportunities and enhanced service delivery.
- With the deteriorating food security and nutritional situation in the Horn of Africa, the implementation of the interagency Regional Support Plan involving UNICEF, WFP, FAO, UNHCR and OCHA, has enabled refugee considerations to be integrated into programmes.

Coordination

The number of partners involved in the South Sudan refugee response across the four countries of asylum has grown from 39 in 2015 to 43 in 2016. The Refugee Coordination Model (RCM) remains the main tool to coordinate the humanitarian response in the context of a large refugee influx. UNHCR coordinates the overall response in collaboration with Government counterparts, UN partner agencies, local and international NGOs, as well as with refugee and local host communities.

The Inter Agency Standing Committee (IASC) renewed the L3 emergency for South Sudan until the end of November 2015, taking into account the magnitude of the humanitarian crisis and the need to scale up humanitarian operations in the conflict-affected areas. Based on the implementation of the Peace Agreement, a phase out or an extension of the L3 will be considered.

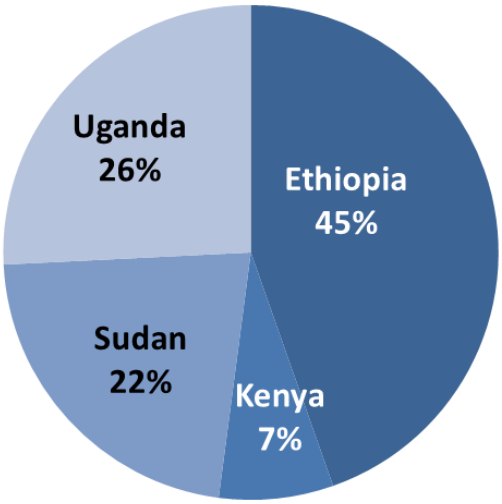
The Regional Refugee Coordinator (RRC) for the South Sudan situation acts as the person ultimately responsible for the coordination of the emergency response and is accountable to all the partners, as well as to the individuals receiving the protection and humanitarian assistance. The RRC ensures interagency strategic coordination, acting as the interface between humanitarian actors in countries of asylum and in the regional, and donors. The RRC ensures a common understanding of the protection and assistance needs, sets regional priorities, harmonizes standards in the response, identifies challenges and monitors the timely and effective delivery of assistance. The RRC has an office based at the UNHCR Regional Support Hub in Nairobi, Kenya, to ensure a permanent coordination presence in the region.

Regional refugee coordination meetings for the South Sudan Situation are regularly held in Nairobi, co-chaired by the RRC and OCHA and with the active involvement of UN agencies, NGOs and donors. Additionally, regional Sector Coordination Working Groups, such as the Regional Child Protection Network, and the Education in Emergencies Working Group, continue to operate also from Nairobi under UNHCR coordination. Through the RRC's leadership and the Regional Sector Coordination Working Groups, the interagency group ensures consistency and the application of minimum standards for the response across countries. In the countries of asylum, similar coordination structures are operating to ensure adequate information exchange, common analysis of priorities and gaps, and harmonized and coherent approaches to the interventions.

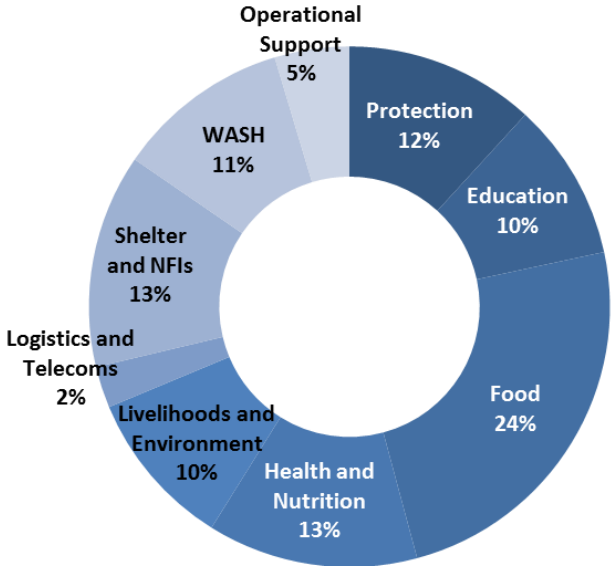
Budgetary Requirements (US dollars)

Total: **637,503,700** **(January-December 2016)**

Requirements by Country



Requirements by Sector



Organizations in the Response

ACF - Action Contre la Faim
ACORD - Agency for Cooperation and Research in Development
ADRA - Adventist Development and Relief Agency
AIRD - African Initiative for Relief and Development
Almanar
ARRA - Administration for Refugee and Returnee Affairs
Assist
Concern Worldwide
DASSC – Development and Social Service Commission
DCA - Dan Church Aid
DICAC - Development and Inter-Church Aid Commission
DRC - Danish Refugee Council
ERCS - Ethiopian Red Cross Society
FAI - Film Aid International
FAO - Food and Agriculture Organization
GOAL
HelpAge - HelpAge International
IMC - International Medical Corps
IAS - International Aid Services
IOM - International Organization for Migration
IRC - International Rescue Committee
LWF - Lutheran World Federation
Malteser International
MCMDO - Mother and Children Intersectoral Development Organization
NCA - Norwegian Church Aid
NRC - Norwegian Refugee Council
NRDEP - Natural Resource and Environmental Protection
Oxfam
Pancare
Plan International
PWJ - Peace Winds Japan
RaDO - Rehabilitation and Development Organization
SCI - Save the Children International
SRCS - Sudan Red Crescent Society
TPO - Transcultural Psychosocial Organization
UNFPA - United Nations Population Fund
UNHCR - United Nations High Commissioner for Refugees
UNICEF - United Nations Children's Fund
UPO - United Peace Organization
WCC - War Child Canada
Welthungerhilfe

WFP - World Food Programme
WHO - World Health Organization
WVI - World Vision International
ZOA International

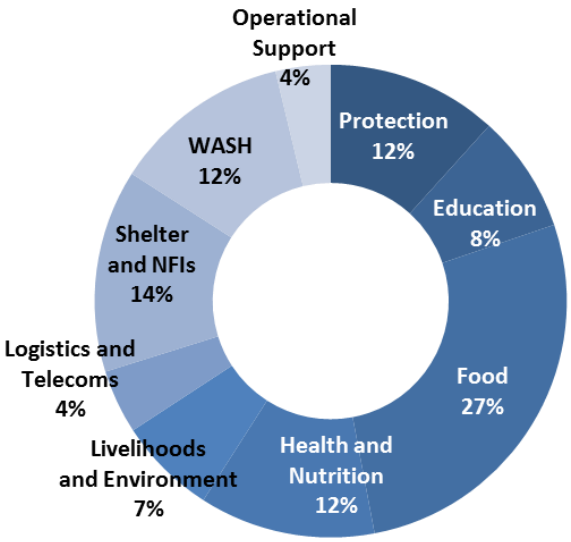
July 2015. Sudan. South Sudanese girl, Wijin Vinistu, teaching her siblings in their home in Jabarona because her family cannot afford to send them to school. © UNHCR/Hassan Babilonia

ETHIOPIA RESPONSE PLAN

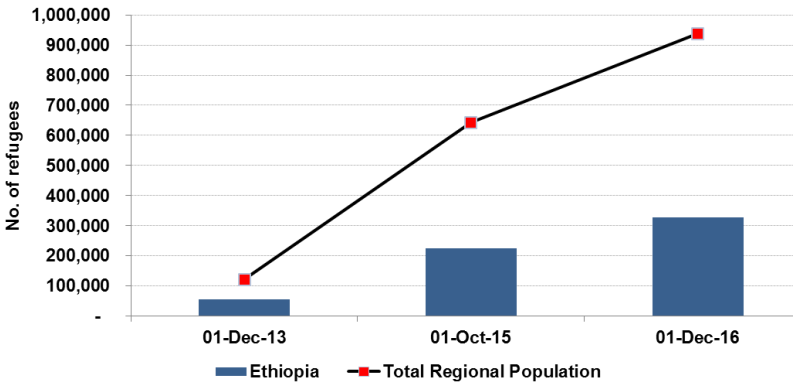
Sources: UNCS, UNHCR

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined. Creation date: 30 Nov 2015

Financial Requirements (US dollars)
284,384,438



Population Trends



Background and Achievements

Over 730,000 refugees of 18 different nationalities are currently hosted in the Federal Democratic Republic of Ethiopia (Ethiopia), making it the largest refugee-hosting country in Africa. The Government of Ethiopia generally maintains open borders for refugees seeking protection in the country and is a party to the 1951 Convention Relating to the Status of Refugees, its 1967 Protocol and the 1969 OAU Convention. The South Sudanese represent the largest refugee community in Ethiopia, followed by Somalis and Eritreans.

Since the onset of the South Sudan crisis in December 2013, the Government of Ethiopia has kept its borders open to incoming refugees in the spirit of "brotherhood" and in respect of its international obligations. UNHCR continues to maintain and strengthen its relationship with the Government of Ethiopia mainly through its counterpart, the Administration for Refugee and Returnee Affairs (ARRA), to ensure the preservation of a favourable protection environment that allows asylum seekers to continue to gain access to the Ethiopian territory on a *prima facie* basis. Gambella is the administrative region where most of the South Sudanese refugees are, while a few of them can also be found in the region of Benishangul-Gumuz.

Almost two years into the emergency, the security situation in South Sudan remains unpredictable, with sporadic incidents related to inter-ethnic tensions. Of particular concern for Ethiopia is the lengthy and porous border with South Sudan, where armed conflict prevails and occasional infiltrations of armed elements have been reported from Jonglei and Upper Nile States. Such developments underline the need to ensure rigorous protection monitoring and scaling up of programmes to prevent any possible recruitment of refugees by parties to the conflict. Despite all the aforementioned challenges, there has been no identified trend of specific and direct hostility against the humanitarian community in the area. Still, the region remains at risk and a hazard-prone operational environment where field missions or presence can be impeded by flooding or may require special security measures including the use of security escorts.

As of 31 October 2015, Ethiopia hosts some 280,000 refugees from South Sudan, the vast majority of whom are hosted in six refugee camps in the Gambella region. Out of this number, 225,301, representing 79 per cent of the planned population, arrived in Ethiopia as a result of the December 2013 events in South Sudan and its aftermath. Refugees have entered Ethiopia into the Gambella region through six main points: Pagak (103,390 individuals), Akobo (48,216) Burbeiy (55,569), Matar (4,961), Raad (3,229), Ponchala (3,461) and Wanke (1,274); 98 per cent of this population is Nuer speaking. In addition, the Benishangul-Gumuz region is hosting a total of 3,000 South Sudanese families consisting of 9,399 individuals predominantly from the Maban tribe (47 per cent) followed by the Nuer tribe (24 per cent). The Gambella region has a weaker health system capacity compared with other regions in Ethiopia and the additional influx presents both challenges and opportunities to strengthen the local health system capacities.

While most of the South Sudanese refugees are transferred to camps, some are also settling with host communities, fostered by the homogenous ethnic composition of populations in border areas between Ethiopia and South Sudan, including some 1,550 refugees who have settled in the Akula community (Gambella region).

The humanitarian community is working closely with the local administration, to mitigate the pressure that the presence of refugees poses to the already strained local resources, and the impact on environmental degradation and energy needs. In order to promote peaceful co-existence and maintain harmonious relations between refugees and the local community, humanitarian actors aim to

ensure that host communities enjoy equal access and benefit from essential services provided to refugees, such as health, education, energy and WASH facilities.

Achievements

In 2015, UNHCR continued to coordinate the emergency response for new arrivals, including the establishment of two new camps in Gambella (Jewi and Pugnido II) and one camp in Benishangul-Gumuz (Tsore) in addition to the two camps established in 2014 (Tierkidi, Kule). The camps opened prior to the recent conflict. Pugnido and Okugo have been further developed to improve the delivery of services. Due to heavy floods in August 2014, Leitchuor and Nip Nip refugee camps were closed in 2015 and all refugees were relocated to Jewi refugee camp.

- Throughout 2015, the interagency group coordinated the emergency response allowing the delivery of appropriate **protection** and assistance interventions to refugees across all sectors. First and foremost, the Government of Ethiopia provided full **access** to territory with no reported cases of *refoulement*. Level I (household) and level II (individual) **registration** procedures (including biometrics) were completed for 99 per cent of the refugee population. Issuance of proof of registration documents was completed in Kule and Tierkidi camps and is on-going in Pugnido II camp. **Child protection** was a key priority and agencies developed monitoring systems and referral pathways to help protect the over 21,200 unaccompanied and separated children (UASCs). Some 36 per cent of the children have been reached with protection messages, and 35 per cent of adolescents have participated in targeted activities. Eleven child friendly spaces were set up, which benefited 76,515 children, and 19 help desks were established, serving over 15,000 children. With regard to **sexual and gender based violence (SGBV)**, the 'Safe from the Start' project was mainstreamed within the overall protection strategy. SGBV standard operation procedures (SOPs) and referral pathways are in place and functional in accordance with the SGBV strategy; under the SGBV Capacity Building Plan, training is provided with the aim of mainstreaming SGBV services into child protection, WASH and in justice systems. Across the six refugee camps in Gambella, seven women-friendly spaces were established and provided psychosocial services to 62,736 refugees. In addition, all the women of reproductive age received dignity kits.

- **Education** partners continued to provide access to quality education for 42,000 school-age children and youth aged 3–18 years. This included the construction of over 100 classrooms, the provision of 30,000 uniforms, teaching and learning materials, desks and blackboards in schools. A total of 200 teachers were hired and trained. Education needs analyses were conducted at the end of the 2014–2015 academic year in preparation of the next academic cycle. In-service teacher training programmes were provided across camps by the national Gambella Teacher Training and Health Institute, supported by UNICEF in coordination with the Gambella Education Regional Bureau and ARRA. Alternative basic education programmes were supported for 5,000 over-age children who never had a chance to attend school.

- **Health** partners have improved access to health services (facilities have increased to eight health centres and seven health posts). Service packages expanded from the curative inpatient and outpatient care to include preventive health care activities, including health promotion activities in the facilities and for the communities, the expanded programme on immunization (EPI) and antenatal and postnatal care in all camps. Delivery services are now available in all refugee camps and all pregnant women have access to HIV testing and prevention of mother to child transmission methods. Furthermore, testing and treatment for HIV and tuberculosis has been made available in all camps. Malaria being the most common

health problem, over 58,400 mosquito nets were distributed to reduce malaria incidents since the beginning of 2015. In addition, indoor residual spraying was conducted in Kule and Tierkidi camp for 8,743 units. To reduce the risk of cholera outbreaks, preparedness plans were established. Médecins Sans Frontières France (MSF-F) conducted an oral cholera vaccination (OCV) campaign in the Pagak entry point. Vaccinations against measles and polio for all children less than 15 years of age are conducted at all border entry points. Due to improved access to primary healthcare services, health partners managed to maintain both crude and under-five mortality rates within the Sphere standards (les than one mortality per 10,000 people per day and less than two mortalities per 10,000 people per day for crude mortality and under-five mortality rates respectively).

- In 2015, the **nutrition** sector response scaled up its service provision, with key focus on improving quality of programming in the community management of acute malnutrition (CMAM) for severely acutely malnourished (SAM) children. Some 5,374 SAM cases were admitted in the refugee camps, of which 82.78 per cent were cured of malnutrition and 4.89 per cent was the proportion of defaulted rates among the children discharged at the outpatient therapeutic feeding programme (OTP) and stabilization centres. A total of 12,024 moderately acutely malnourished (MAM) children, supported through targeted supplementary feeding programmes (TSFP) were admitted, reaching 92.81 per cent of the proportion of children in need of MAM treatment. The proportion of cured rates and defaulted rates were 82.34 per cent and 5.63 per cent respectively. Further promotion, protection and support to infant and young child nutrition (IYCN) were carried out, with an average of 10,000 pregnant and lactating women reached weekly; in the blanket supplementary feeding programme (BSFP) 19,778 children of 6-59 months and 8,816 pregnant and lactating women (PLW) were admitted. The community outreach programme conducted malnutrition screening for 46,094 children under-five years old on a monthly basis, in addition to weekly health, nutrition and WASH promotion messaging. A nutrition survey conducted in March/April 2015 showed a reduction of global acute malnutrition rates in Gambella to an average of 21 per cent from a baseline of 29 per cent. However, further improvements are needed, as the global acute malnutrition level is still above the emergency threshold of 15 per cent.

- UNHCR and WFP continued to provide **food assistance** to all the refugees in line with the recommended food basket and ration scale during the monthly general food distribution. In addition, fruit and vegetable production has been rolled out in the new camps as well as cash-based interventions in Kule camp through fresh food electronic vouchers.

- The **WASH** sector prioritized the provision of safe drinking water and emergency latrines at reception centres, transit points and in camps. Supply of safe water was maintained within the Sphere standards in all the camps. In Jewi it remains below 15 litres per person per day since it is a relatively new camp that has been in existence for barely six months and WASH infrastructures are still being developed. Latrine coverage has generally improved in Kule and Tierkidi camps, registering coverage levels of 1:11 and 1:26 respectively. Increase in coverage in Tierkidi has been challenged by unfavorable soil conditions in some zones of rocky formations. In Pugnido and Pugnido 2, the coverage is 1:38 and 1:50 respectively.

- The **shelter and site-planning** sector managed to plan, map and develop three new refugee camps – Jewi, Pugnido II and Tsore. All the relocated refugees were provided with emergency shelters; however, the coverage ratio of adequate transitional shelters remains a challenge. The 6,800 transitional shelters constructed in 2015 will have increased the adequate shelter coverage in the camp from 30 per cent in 2014 to 35 per cent by the end of 2015.

- During 2015, the **environment and energy sector** has strived to protect natural resources from heavy exploitation. To reduce the pressure on natural forests, tree seedlings were planted on degraded areas, both for protection and energy provision. In 2015 alone, 34,080 solar lanterns were distributed in five camps and 600 solar streetlights were installed in six camps. About 240 hectares of land was planted with trees in different refugee camps. Plantation forest management and maintenance (such as weeding and cultivation) was conducted for about 155 hectares of plantation. Some 38,967 fuel saving stoves (FSS) were also distributed in four refugee camps.

Humanitarian Needs and Vulnerabilities

While arrival rates remained low until April 2015, renewed hostilities and increased food insecurity within South Sudan triggered new displacements, with an average of 255 South Sudanese refugees arriving in the Gambella region per day as of June 2015. Based on the current rate of displacement, a total of 290,000 South Sudanese refugees are expected to be in Ethiopia by the end of the 2015. For 2016, the new arrivals planning figure, as agreed among Government and partners has been set at 35,000, out of which 30,000 are expected to arrive in Gambella and 5,000 in Benishangul Gumuz. This means that a total of 325,000 South Sudanese refugees will need assistance by the end of 2016. Children and women bear the brunt of the conflict: 69 per cent of the South Sudanese refugees in Ethiopia are children, and 72 per cent of the adult population are women.

However, despite the signature of Peace Accords in Addis Ababa in August 2015, in the view of the volatility of the situation partners have agreed to develop contingency plans for a potential higher rate of arrivals, especially at the Pagak entry point due to its easy accessibility from Unity, Upper Nile and Jonglei States, which have, to date, borne the greater impact of the fighting. This may be aggravated by the arrival of refugees fleeing food insecurity, as agricultural and other livelihood activities dwindle due to the protracted war in addition to reduced food assistances.

Despite progress made on child protection, challenges remain. Almost 70 per cent of the refugee population are children, which demands child sensitive programmes and child friendly procedures for all sectors. In regard to UASCs, only 5.5 per cent of the Best Interest Assessments have been completed (1,193 cases out of 21,657 UASC), highlighting the need for prioritization of the most vulnerable. Partners have made efforts to boost tracing efforts, but so far only 21 children have been reunited in Gambella, out of 21,657 UASCs registered. Given the proximity to the border areas and active armed groups, concerns remain about possible cross border recruitment of adolescent boys, and removal of girls back into South Sudan as child brides. School enrolment rates for South Sudanese school-age children remain low at 43 per cent, despite the investment on boosting education services for children.

The 2015 standardized expanded nutrition survey (SENS) still shows high levels of malnutrition in all surveyed camps, with global acute malnutrition rates (GAM) of 28 per cent in Tierkidi, 21 per cent in Kule, 24 per cent in Pugnido and 10 per cent in Okugo. The on-going emergency also affected adequate household food security, whereby food is still being sold to meet other unmet needs. Poor maternal and child care practices, disease burden, especially malaria, watery diarrhoea and lack of adequate access to water and sanitation facilities, combined with poor hygiene practices, remain of critical concern. Though WFP provides general food rations, the lack of adequate access to a diversified diet with high biological value proteins and vitamins (fruit and vegetables) still puts the refugee population at continued risk of deterioration of already critical and high anaemia levels and micronutrient deficiency. Furthermore, the anticipated drought in Ethiopia and the current funding

shortfall have resulted in general food ration cuts starting in November 2015. Thus, household food consumption will decrease, and acute malnutrition is expected to increase across the camps in Gambella in addition to other existing aggravating factors like constant hepatitis E outbreaks.

Despite the improvements in access to health services, the number of available health facilities is insufficient to cater for the needs of the increasing population. Currently, one health facility serves an average of 15,000 refugees, as opposed to the standard of one facility per 10,000. Malaria is a major disease among the refugee population with crude incidence rates ranged between 9.4 in Jewi and 55.5 in Kule at the end of September 2015. Hepatitis E outbreaks were reported from refugee sites in Gambella, particularly in Kule camp, affecting 1,082 individuals between March 2014 and September 2015. HIV/AIDS prevalence among pregnant women is higher in the Gambella refugee camps as compared to other camps in Ethiopia. Okugo refugee camp has seen an increased infection rate of new HIV cases. In combination with high rates of other sexually-transmitted infections, broader interventions are needed to prevent transmission.

The newly established camp in Benishangul-Gumuz, Tsore, is not yet fully operational due to budget constraints. As for the camps in Gambella, special attention is needed for the provision of shelters. The available emergency shelters have a life span of six months and therefore it is necessary to quickly move towards building more transitional and dignified shelters.

Response Strategy and Priorities

In 2016, the top priorities for partners responding to the South Sudanese refugee crisis will be: a) transitioning to a stabilized operation in the established camps, with an emphasis on self-reliance and reduced dependency; and b) continued emergency response for new arrivals, including protection and delivery of life-saving assistance.

UNHCR's 2016 protection and solutions strategy takes into account the immediate protection needs of the population while also considering long-term durable solutions. A key priority area for protection shall include prevention and response to SGBV and child protection risks, in line with the Updated Framework for the Protection of South Sudanese and Sudanese Refugee Children (2015-2017), including improved referral pathways, and prioritization of most critical cases for case management based on the Best Interest procedure, community based approaches, support for UASCs (including tracing and foster care arrangements), and adolescent programming.

Regarding access to asylum, emphasis will be given to protection-focused border monitoring, registration and documentation. Improved education shall be a major priority in 2016. This will include improved quality education to increase enrolment and retention rates, especially for girls and UASCs. UNHCR will re-engage the Government and partners on language of instruction policies, reinforce initial education in emergency (EiE) interventions transitioning to stabilization, access secondary and tertiary education, expand quality adult learning programs (ALPs), mentorship programmes and incentives for teachers; and address youth needs for vocational training opportunities. Identify and deploy health workers among the refugees can ease some of the gap of health workers in Gambella region.

As identified through various participatory assessment processes, physical protection (camp safety) and access to justice for refugees will be strengthened in 2016. The civilian and humanitarian character of asylum space will be further enhanced, including through the deployment of Ethiopian police within the camps, "rights and responsibilities" training for refugees and Government officials, engagement and coordination with existing camp leadership structures, and increased access to the

Ethiopian court system to ensure that serious crimes are not handled in the camps. UNHCR will continue to conduct protection monitoring/community assessments by using a participatory approach to further enhance community-based protection and to prepare for possible voluntary repatriation to South Sudan in the future.

In Ethiopia, refugees are moved from the border to the newly identified camps in Gambella and Beninshangul Gumuz regions. New refugee camp or sites will be developed as required. All refugees in transit centres and camps will be registered and receive individual documentation and the family unit will be preserved. Family reunification is further facilitated between camps to solve the problem of family separation incurred during the flight from South Sudan.

IOM will continue to transport refugees from the border villages to the transit centres and from the transit centres to the camps. The Government refugee agency, ARRA, is in charge of camp management and security. Training of local police and administration officials as well as for local community leaders will also continue, to maintain awareness about humanitarian principles and refugee protection, to ensure timely reporting of new arrivals and encourage a welcoming and hospitable attitude among the local population.

Joint eligibility and registration teams are established by UNHCR and ARRA, to screen and register new arrivals. During this process, due consideration is taken to ensure camps maintain their civilian character. In accordance with UNHCR's operational guidelines and policies in emergencies, women, children, the elderly and people with specific needs are identified during registration and refugees needing support in the area of SGBV and child protection are assisted and referred to the qualified actor. Medical screening of new arrivals will also be conducted at entry point.

In line with the existing global MOU signed between UNHCR and WFP, new arrivals are provided with food in accordance with international standards. In this respect, WFP and UNHCR have jointly established a distribution plan for an agreed period of time, providing estimates of the proposed number of beneficiaries and the means by which distribution shall be carried out. Refugee representatives, in particular women, are engaged in the food distribution process to ensure that food is delivered in a non-discriminatory manner, and that food baskets and nutritional status of refugees are systematically monitored.

UNHCR, WFP and ARRA signed a memorandum of understanding in May 2015 that supports the use of biometric data (fingerprints) to verify the identity of persons of concern during the distribution of food and non-food items. The project involves the construction of biometric food distribution centres, recruitment of staff and implementation of standard operating procedures to support identification of beneficiaries and designation of alternative collectors. The project will begin in Pugnido in late November 2015 and will be introduced to all the camps by mid- April 2016.

ARRA and UNHCR work closely together to promote a peaceful and harmonious relationship between host communities and refugees. Sensitization strategies are instituted and information campaigns are being conducted within the camps and host communities. Local administrations are fully engaged and technical support is provided to ensure that refugee impacted areas are included in the planning processes. Mitigation measures are being developed to ensure that the environment is preserved and resources are not depleted, at the cost of host communities.

Humanitarian partners in Gambella will pre-position stocks of shelter materials (tents and other material for constructing traditional housing known as tukuls) and core relief items (CRIs). The required pre-arrangements for transport of such items and storage facilities will be made to avoid any unnecessary delays in the movement of goods.

Partnership and Coordination

In accordance with the Refugee Coordination Model (RCM), UNHCR's overall coordination role in the refugee response will be further enhanced through the established Refugee Task Forces, co-chaired by the Government and UNHCR, both in Addis Ababa and in the field. These fora continue to serve as key information platforms for updating refugee situations, active interaction and exchanges among various actors, including UN agencies, NGOs and the Government, as well as the diplomatic and donor community. Sector coordination will also continue, through functional technical groups such as the Child Protection Working Group.

Engagement with and support to the host communities around the refugee camps will remain important elements in the 2016 refugee operation in Ethiopia. Humanitarian actors are committed to strengthening the Government's existing services and infrastructure, especially schools and hospitals within the refugee hosting areas, with an aim to enhance long-term sustainability. In addition, the humanitarian community will continue to explore livelihood opportunities for both refugee and host populations, promote and increase their self-reliance; community empowerment through a shared protection of the environment will contribute to the cohesion and peaceful coexistence of these communities.

In close collaboration with the Government, UNHCR continues to advocate for additional partners to provide prompt and adequate assistance to refugees and the host community. The engagement of development institutions such as the World Bank, as well as development agencies from donor countries (AUSAID, USAID, JICA) appears critical to allow for a swift transition from the emergency phase to a stable operation, as well as for direct and bilateral assistance to the host community.

Ethiopia / South Sudanese Refugees / Muon, 18, received a wheel after arriving at the Tierkidi Refugee Camp in the Gambella Region of Ethiopia, near the border of South Sudan.
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Planned Response

Protection	- Advocate for continued unlimited access to territory and asylum to all new arrivals and strengthen monitoring to maintain the civilian character of refugee camps. - Individual registration and issuance of documentation to all new arrivals (35,000 individuals) in a timely manner, capturing bio-data, biometrics and screening for specific needs. - Physical protection of refugees, including referral of high-risk cases to the urban refugee programme. - Enhance general security of refugee camp with special protection consideration for women, children, and other vulnerable population, including prevention of any possible recruitment of armed groups. - Implement SGBV prevention and response mechanisms, including establishing women centres and implement GBVIMS. - Establish community leadership groups and community centres in all camps. - Strengthen child protection response in line with the Updated Regional Framework for the South Sudanese and Sudanese Children (2015-2017), including case management for most vulnerable, under the Best Interest Procedure, support for unaccompanied and separated children (including family tracing and reunification and foster care arrangements), adolescent programming, psychosocial support and establishment of CFS and ECD centres. - Self-reliance capacity building for youth. - Strengthen community mechanisms reaching out to host community and conflict mitigation processes, including scaling up of youth programs. - Organise focus group discussion and participatory assessment for durable solutions. - Strengthen referral systems and services for persons with specific needs and ensure that programmes are inclusive and accessible. - Physical and psychosocial rehabilitation for persons with disabilities.
Education	- Upgrade temporary classrooms to permanent classrooms. - Construct 20 early childhood centres, 19 additional primary schools (3 in host communities), 16 secondary schools, 5 accelerated learning programme centres and 3 vocational training centres. - Enhance protection and safety for children in places of education, - Recruit and build capacity of national teachers across all camps, as well as secondary school staff. - Enrol 5,000 adults in functional adult literacy programmes. - Implement inclusive education, including training teachers of children with specific needs.
Environment and Livelihoods	- Install six new grinding mills and three grinding mill structures - Regular maintenance of 39 grinding mills in all camps, to be adequately managed by refugee committees. - Improved self-reliance through kitchen gardens, livestock, large scale farming, small business management and other income generating activities. - Distribute 6,000 stoves for new arrivals. - Establish school gardens and trees and fruit nurseries - Plant 200,000 seedlings in green zones and degraded areas for protection and energy sources around the camps. - Integrate tree/fruit trees planting with livelihood by practicing apiculture, sericulture. - Link waste management systems at household level with energy through briquette, pellets and bio-gas production systems - Training on energy efficiency and local level energy and stoves production for cooking in all camps. - Install solar street lights in seven camps. - Purchase and distribution of 6000 solar lanterns to new arrivals. - Training on safety, care and management of solar lanterns and street lights in all camps.
Food	- Roll out of biometrics systems for food distribution in all camps. - Timely distribution of general food ration to refugees. - GFD complemented with cash based interventions and/or fresh food vouchers. - Conduct UNHCR-WFP Joint Assessment Mission (JAM) in all refugee camps.

	- Support nutrition sensitive agricultural and diet diversification interventions. - Support school feeding programmes.
Health and Nutrition	- Implement primary health care service package focusing on curative, preventive and promotion of health care. - Upgrade primary health facilities at camp level to semi-permanent structures; provide medical equipment and supplies (including ambulances). - Establish additional health centres/health posts to reach the standard of one health centre/10,000 refugees. - Maintain outbreak response preparedness including immunization services for new arrivals and provide vitamin A supplements and deworming to children 1-5 years. - Procure essential drugs (internationally and locally). - Enhance community-based preventive health services by involving health workers in the refugee population for effective communication and health services support. - Provide HIV/AIDS and tuberculosis prevention, care and treatment services. - Referral to secondary and tertiary health care facilities - Provide prosthetic, orthotic, and mobility aid services. - Triage and management of acute malnutrition in the outpatient therapeutic Programs (OTP), stabilisation centre programmes (SC), targeted supplementary feeding programmes (TSFP) for about 6,900 SAM and 15,700 MAM cases. - Promote, protect and support optimal Infant and young child nutrition at entry points and in the camps for 13,500 pregnant and lactating women. - Procure and provide 187,000 kilograms of Ready to use therapeutic foods (RUTF); F100 milk, F75 milk and Plumpy-nut to all malnourished children. - Provide blanket supplementary feeding programmes at entry points and in camps and micronutrient supplements for children 6-59 months and pregnant and lactating women. - Conduct community outreach activities including malnutrition screening systematic Mid Upper Arm circumference (MUAC) to monitor acute malnutrition trends and provision of nutrition messages. - Conduct annual refugees Standardised Expanded Nutrition Survey (SENS).
Logistics and Transport	- Transport 35,000 new arrivals from border entry points to transit/reception centres and from transit/reception centres to the refugee camps. - Implement safe and reliable riverine transportation in Gambella region to access refugees at entry points. - Provide maintenance services to vehicles, power generators and boats deployed for refugee operation in Gambella region. - Establish common fuel storage for humanitarian activities in Gambella.
Non-Food Items (NFI)	- 35,000 new arrivals are assisted with standard CRIs packages.
Shelter and Infrastructure	- Construct 7,000 emergency shelters for new arrivals. - Construct 10,000 transitional shelters through community participation and construct 2,000 transitional shelters for vulnerable refugees - Maintain 30 kilometres of in-camp roads. - Maintain reception centres in Pagak, Ponchall, Burbiey, Wanke, Raad and Akobo entry points. - Repair and maintain existing reception hangars in Matar, Pagak and refugee camps - Preposition two rub halls, 10 communal tents, 3,500 family tents and 10,500 plastic sheets for refugee influx response.
Water, Sanitation and Hygiene (WASH)	- Maintain permanent water supply systems for Kule, Tierkidi, Jewi, Pugnido, Pugnido II, Okugo and Tsore. - Increase potable water to an average of 20 litres per refugee a day by end of 2016. - Establish WASH facilities in all schools in the camps. - Engage refugees in household latrine construction as part of the 2016 response strategy of self-reliance and reduced dependency. - Construct 19,900 latrines. - Solid waste management in public locations: markets, prayer places, learning centres, food distribution centres. - Distribute 820 tons of washing soap. - Construct 10,500 household showers.

Financial Requirements Summary – ETHIOPIA

Financial requirements by agency (in US Dollars)

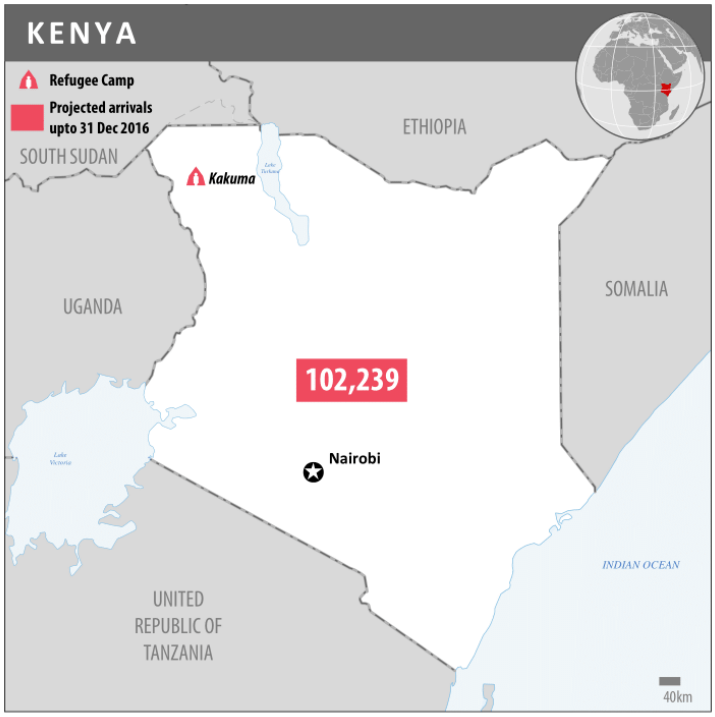
Organization	Total
ACF	3,000,000
ADRA	700,000
Concern Worldwide	2,000,000
DCA	2,100,000
DICAC	5,026,797
DRC	9,348,065
ERCS	906,372
GOAL	2,000,000
HelpAge	929,374
IMC	3,481,847
IOM	5,660,593
IRC	2,700,000
LWF	829,900
MCMDO	1,676,758
NCA/DCA/DASSC	1,700,000
NRC	12,218,785
NRDEP	1,500,000
Oxfam	2,800,000
Plan International	5,900,000
RaDO	2,933,849
SCI	7,100,000
UNHCR	117,474,997
UNICEF	8,426,000
WFP	73,372,820
WVI	625,205
ZOA International	2,839,881
Total United Nations and NGO Interagency	**277,251,243**

ARRA	7,133,195
Total	**284,384,438**

Financial requirements by sector (in US Dollars)

Sector	Total
Protection	33,295,511
Education	22,923,812
Food	77,505,505
Health and Nutrition	34,242,764
Livelihoods and Environment	19,129,512
Logistics and Telecoms	12,463,563
Shelter and NFIs	39,476,654
WASH	34,652,065
Operational Support	10,695,052
Total	**284,384,438**

KENYA RESPONSE PLAN



Sources: UNCS, UNHCR

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Creation date: 18 Nov 2015

Financial Requirements (US dollars)
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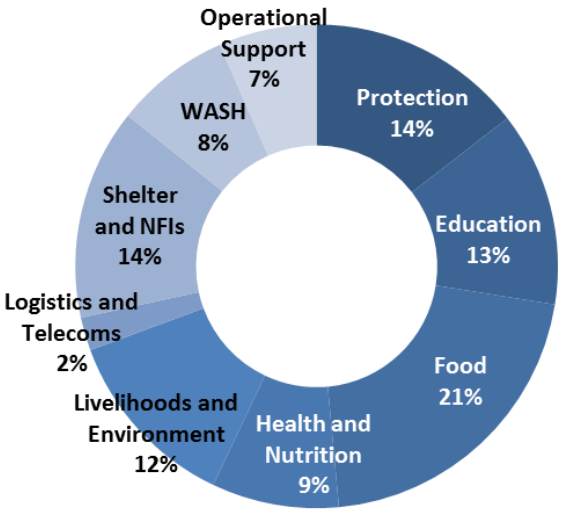
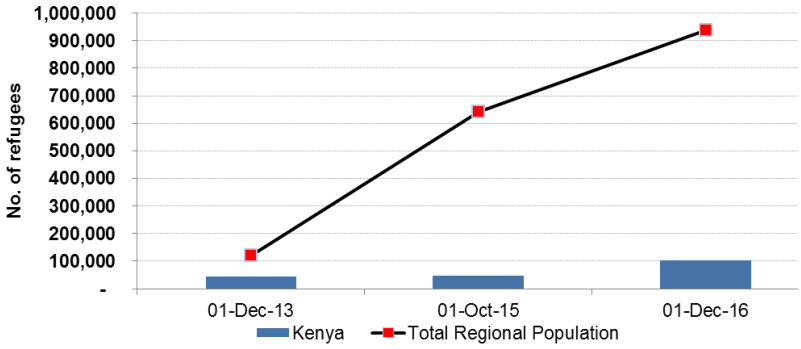


Population Trends



Background and Achievements

At the end of October 2015, Kenya hosts 47,292 South Sudanese refugees who arrived after the clashes of December 2013 in South Sudan. Most of them reside in Kakuma refugee camp, in north-western Kenya. Women (49 per cent) and children (68 per cent) constitute the majority of the population. Most of these refugees come from South Sudan's Jonglei, Unity and Upper Nile States. The initial high influx has significantly reduced to an average of 600 persons per month during 2015, as compared to the peak of the crisis in the first half of 2014.

Since the beginning of the refugee influx, the emergency response has been coordinated by UNHCR in close collaboration with the Government of Kenya. The implementation of planned activities has been carried out through an interagency response. The main focus has been to implement core protection activities, mainly for women and children, to provide life-saving assistance, including solution-oriented activities and to mainstream child protection activities across all sectors of assistance. The latter is of particular importance since children represent almost 70 per cent of the South Sudanese refugees.

Within the limited resources available, a prioritization of activities has been necessary. Thus, whereas the operation has recorded some good progress in various priority interventions such as in individual registration and documentation, health, nutrition, provision of core relief items and shelters to refugees, the delivery of assistance in the sectors of education, water, sanitation and livelihoods is still below international standards.

Before the December-2013 influx, Kakuma camp was already hosting 45,239 South Sudanese refugees, as well as other refugees from different nationalities. The priority of humanitarian partners, in this sense, has been to decongest Kakuma. Eventually, after year-long negotiations between UNHCR and the Department of Refugee Affairs (DRA), in June 2015 the Turkana County Government allocated a new piece of land to settle South Sudanese refugees and thus decongest the existing four camps in Kakuma. The land is located in Kalobeyei, some eight kilometres from Kakuma town along the highway to Lokichoggio. The development of the new site into a settlement is now underway and is expected to greatly improve the situation for about 60,000 individuals that will settle there in 2016. The new settlement will also benefit some 23,600 host community members, as they will have equal access to services such as health, water and education. This arrangement will support the resilience mechanisms of both communities and enhance their socio-economic integration.

The 2016 Refugee Response Plan for Kenya will serve as a planning, coordination and fundraising tool for the South Sudan emergency. It will present the protection needs of the 102,239 South Sudanese refugees in Kenya, including: a) the 45,239 ‘old’ (pre-December 2013) caseload; b) the 48,000 ‘new’ (post-December 2013) caseload and c) the additional 9,000 individuals expected to arrive in the course of 2016.

Achievements

Access and registration

The Government of Kenya has been granting free access to its territory and *prima facie* refugee status determination to South Sudanese asylum-seekers who fled the country after December 2013. UNHCR has coordinated the process of registration and transfer of all new arrivals from the Nadapal reception centre to the Kakuma camp. All new arrivals have now been effectively registered with

UNHCR, thus eliminating the old registration backlog. Currently, South Sudanese refugees approaching the registration office are registered on the same day.

Child and youth protection

There are a total of 853 (549 male and 304 female) unaccompanied and 4,807 (3,144 male and 1,763 female) separated children among the South Sudanese new arrivals. About 75 per cent have had their Best Interest process initiated (100 per cent of the unaccompanied and 50 per cent of the separated children). The operation developed a robust Child and Youth Protection Working Group and has made some achievements in delivering protection to children in need of special care. Notable is the family reunifications for 218 individuals (156 male and 62 female) within the camp over the past year, for a total of 805 since the beginning of the crisis. Eight child friendly spaces have been set up, which benefit over 11,000 children. Some 35 per cent of children have been reached with protection messages through awareness-raising activities, and 95 children's committees, groups and other structures facilitate children's participation. Resilience and life skills training workshops were given to an average of 700 South Sudanese adolescents and youth residing in Kakuma 4, as well as mentorship sessions targeting 225 teenagers. In addition, cultural, talent and other sporting activities have been organized which have been used to promote peace, protection and resilience messages.

SGBV

SGBV case management and data collection will be strengthened by qualified actors. A review of existing referral pathways ensured that 100 per cent of reported cases received quality multi-sectoral response services. An inter-agency SGBV working group was established and meets on a monthly basis. The group launched new SOPs on the management of safe houses that provide protection to SGBV survivors, and ensure the mainstreaming of SGBV prevention in education and child and youth protection.

Education

To meet the education needs of South Sudanese children, partners have set-up and equipped two pre-schools and two primary schools, catering for 4,201 (1,955 female) and 14,645 (5,183 female) children respectively. Net school enrolment rates of 37 per cent and 44 per cent at the pre-primary and primary school levels respectively have been achieved. Clashes among some of the new arrivals (between Nuer and Dinka communities) in 2014 forced some refugees to relocate to other parts of the camp, thereby reducing enrolment in Kakuma 4. This caused a parallel increase in enrolment in Kakuma 1 and 2. A school-feeding programme by WFP in the new schools has contributed to increased enrolment and attendance. In addition, learners have benefitted from a market access project – food processing for schools where children are fed with locally procured cereals, thus providing market access to local farmers. Also, a total of 45 students are being supported to access professional skills and are currently undertaking professional education at tertiary level.

The construction of two additional pre-schools, two primary schools and one secondary school is underway in the new Kalobeyei settlement site, while a new primary school is being built in Kakuma 4. These additional facilities will help in the decongestion of existing schools and allow for the enrolment of out-of-school children.

Food assistance

WFP has provided wet feeding at the Nadapal transit centre (border crossing point) and at the main reception centre in Kakuma to all new arrivals. Children aged 6 to 23 months, pregnant and lactating women and chronically ill individuals were provided with additional blanket supplementary feeding in form of corn soya blend porridge. General food distribution (GFD) includes take-home dry rations comprising of cereals; pulses, vegetable oil, corn soya blend and iodized salt, providing 2,100 kilocalories per person per day up to June 2015.

Health and nutrition

The health and nutritional status for the South Sudanese refugees is relatively stable as evidenced by indicators, which are within Sphere standards. The crude mortality is 0.2/1000/month and under five mortality rate is 0.6/1000/month against standards of 1.5/1000/month and 3/1000/month respectively. The operation is planning to construct two clinics at Kalobeyei before end of the year. The GAM rate for new arrivals was 9 per cent and SAM 0.4 per cent.

Environment and livelihoods

There has been continuous supply of firewood at the Nadapal transit centre, at the Kakuma reception centre, at hospitals and schools and to all new arrival families upon transfers from the Reception Centre to areas of the camp where they are settled. Each family received an energy efficient stove. Families will receive tree seedlings to plant and a woodlot of ten hectares has been established. An environment impact assessment is underway for Kalobeyei settlement to ensure that mitigation measures for the anticipated negative impacts are incorporated at the onset of development of the settlement.

A total of 235 refugees benefitted from a unique loan/revolving fund scheme for business entrepreneurs that was introduced in partnership with Equity Bank. Seventeen groups comprising 300 members have been inducted, trained on modern agriculture production methods and deployed for agriculture and farming activities. Operating partners contributed to livelihood activities through support for: a) vocational training skills that benefited 85 refugees; b) professional training skills for 45 refugees at a local university; c) training on small business skills and the group savings and loans methodology to 19 groups comprising 300 refugees; d) income-generating activities / business start-up for 55 refugees; e) training in kitchen gardening and poultry keeping targeting 60 refugees.

In addition, WFP introduced a restricted and un-conditional cash transfer programme (electronic voucher) in August 2015. This has provided livelihood (business) opportunities by contracting about 150 traders, the majority of whom are refugees themselves who are providing food commodities to fellow refugees.

Logistics, transport and non-food items

Sufficient diesel was provided for vehicles and generators that are used in hospitals and in water and sanitation facilities. Similar fuel support was extended to the Government of Kenya to ensure that police officers provide adequate security to refugees and humanitarian workers in their daily operations in the camp. The stock levels for non-food items were reasonably sufficient in the course of the year and the 5,667 South Sudanese refugees who arrived between January and September have all received their entitlements, which include a kitchen set, a 20 litre water jerry can and a mosquito net per family, as well as a blanket, a sleeping mat and 250 grams of soap per month per person. A new food distribution point (FDP) was completed to cater for about 40,000 beneficiaries in Kakuma 4, including South Sudanese. Warehouses were also expanded to add an additional 2,100 metric tons capacity.

Shelter and infrastructure

In 2015, the operation constructed 5,400 additional shelters for new arrivals from South Sudan, thus raising the percentage households with semi-permanent shelters from 64 to 80 per cent. The development of Kalobeyei settlement site has been ongoing since August 2015 through the initial assessments and surveys, which will inform the development of water system, road network and other public facilities.

WASH

As at 30 September 2015, the operation provided 1,403 latrines to South Sudanese refugees out of the planned 1,900 units. The family latrine coverage currently stands at 21 per cent but it is expected to increase to 25 per cent by the end of 2015, once the remaining 500 units will be constructed. However, an important gap in household latrine coverage remains. Twenty-three water-tapping points were established and the water pipeline was extended by 3,297 metres. With the support from operational partners, two additional boreholes were sunk and three elevated steel tanks of 100 cubic metres each were erected. The per capita water provision currently stands at 17 litres per person per day, which, although greater than 16 litres per person per day recorded at the end of 2014, is still below the post-emergency Sphere standard (which is 20 litres per person per day).

Humanitarian Needs and Vulnerabilities

Registration

Despite clearing the backlog, registration continues to face number of challenges that include insufficient registration staff vis-à-vis the relatively high number of new arrivals, lack of adequate office space to ensure confidentiality of interviews, especially for children and other vulnerable groups, delays in government registration, high number of requests for biodata changes after initial registration; lack of joint registration between UNHCR and the Department of Refugee Affairs.

Thanks to the intensive advocacy conducted between UNHCR and the immigration authorities, the unfortunate incidents involving genuine asylum seekers who were charged KSE 5,000 (equivalent to USD 50) at the border entry points, like normal travellers returning to South Sudan or entering Kenya for business, have now been resolved. UNHCR is monitoring the situation on a regular basis, to avoid that similar incidents happen in the future.

Child protection

Participatory assessments have revealed that a majority of children in Kakuma still face risk of violence, exploitation, abuse or neglect at home, in the community and at school. While systems are being put in place to address their protection needs, children still face challenges in accessing services due to lack of child protection desks in the field, limited knowledge about procedures and insufficient community support. At least 34 per cent of the South Sudanese refugees are adolescents and youth[4], but less than 40 per cent are engaged in constructive activities. Idleness makes them vulnerable compelling them to resort to negative coping mechanisms such as alcohol abuse and ethnic conflicts.

SGBV

Significant underreporting of SGBV cases due to fear of stigmatization and reprisal, low participation and representation of women, as well as lack of timely access to services are the main challenges in prevention and response to SGBV. Cultural practices and lack of understanding of SGBV by survivors and persons at risk are significant barriers towards effective prevention and response. In addition, inadequate safe space for women and children and lack of a safe shelter for men survivors, remain a key challenge to protecting survivors. The capacity of service providers needs to be further strengthened. There are also significant gaps in access to justice systems.

Education

The schools catering for the pre-primary and primary school children are highly congested with as many as 244 children sharing a classroom and other facilities and resources such as desks, latrines, textbooks, learning resources and teacher work force remaining grossly insufficient. Additionally,

[4] As per UN definition, 'adolescents' are 12 - 17 years while 'youth' are 18 - 24 years. However national laws can define it differently. In Kenya, a 'youth' is considered to be between 18 and 35 years old.

about 63 per cent of pre-school aged children and 55 per cent of primary school aged children are out of school and there exist high enrolment of over-age learners who lack alternative learning programmes (ALP) to cater for them. No secondary education opportunities have been established yet and there are only limited possibilities to acquire vocational training. The operation expects some 9,000 new arrivals in 2016 and this will further strain resources and affect the quality of education. In the absence of education opportunities, refugee girls and boys risk being denied their rights to knowledge and acquisition of requisite skills that are essential for their survival and development; substantial amount of resources will be required to set up a functional education system for children at the new settlement site.

Food assistance

In the month of June the food rations were reduced by 30 per cent due to funding constraints. This cut reduced the calories to 1,400 kilocalories per person per day from the standard of 2,100 kilocalories. A slight improvement in the funding situation has helped WFP to restore full rations to small households (family sizes 1 and 2). This prioritization of resources has been informed by the 2014 JAM findings that found that small household sizes are more vulnerable to ration cuts.

Health and nutrition

The arrival of new South Sudanese refugees in Kakuma has overstretched the health system beyond its capacity, since they access the same services provided to the old refugee population. As a result, consultations per clinician remains high at 92 consultations per clinician per day compared with UNHCR standard of 50 consultations per clinician per day and the bed occupancy is above 100 per cent, implying that patients have to share beds. The situation is further worsened by increased incidence of communicable diseases such as watery diarrhea and respiratory tract infections due to overcrowding and increased competition for water. In the nutrition sector, the operation normally records a high number of children who are malnourished or at risk of malnutrition. The high numbers of children in the feeding programmes overstretches the staffing and facilities compromising the quality of services, more so in monitoring the growth of children from birth to five years of age. High numbers have been recorded in the blanket supplementary feeding programme (BSFP) for children aged 6-23 months. As a cross cutting measure in food security and livelihoods as well as health and nutrition, there will be need for a comprehensive behavior change communication strategy with the ultimate aim of sustainable improvement in food security, health and nutritional status as well as health seeking behavior.

Environment and livelihoods

Kalobeyei settlement is planned to be a hybrid settlement with the main goal of empowering refugee and host communities with livelihood opportunities to the extent possible in agriculture and business. Rain fed agriculture is not reliable in Turkana due to low annual rainfall received. Water supply for agriculture activities remains a challenge in the camp due to competing domestic use priorities. As such there is need to have dedicated borehole(s) for agriculture use in addition to the installation of rain water harvesting technologies in strategic locations. Also, a heavy investment is required in training the persons of concern and host community on financial literacy, marketing, business management, modern agricultural production methods, value addition and entrepreneurial skills. There is also a vital need to invest in the provision of local vocational training opportunities.

Firewood and energy-saving stoves are distributed to the refugees upon arrival. Some 2,064 stoves were distributed since January 2015 and WFP is complementing UNHCR's efforts to refugees (old and new caseload) through a project to distribute fuel-efficient stoves, targeting 26,600 households. Firewood provision has remained expensive due to the high costs of transportation and associated environmental challenges linked to firewood harvesting. Consequently, the amount of firewood supplied remained too little to cater for the refugees' energy requirements. Other alternative sources

of energy that have been tried in the past on pilot basis do not seem to have as much impact as firewood due to prohibitive costs and that they are not readily available.

Logistics, transport and NFIs

Some of the logistical challenges experienced in the field include the management and maintenance of the growing fleet. This is further compounded by the absence of a credible motor vehicle company in Kakuma that could be engaged to maintain a fleet of over 50 vehicles. The long procurement processes and the poor state of Kitale – Kakuma road usually causes undue delay in delivery of relief items to Kakuma thus affecting in the quality of humanitarian services provided to population of concern in the camp. In terms of sheltered storage space, the operation has a gap of 700 cubic meters of space and this presents a lot of problems in the storage of non-food items and other supplies.

Shelter and infrastructure

Based on the planning figures, the operation will need to provide about 11,400 shelters in a phased manner for some 48,000 refugees who will be relocated from Kakuma camp to the Kalobeyei settlement and an additional 9,000 new arrivals that are expected in the course of 2016. Since the Kalobeyei settlement is planned to be a hybrid settlement with the main goal of empowering both communities with livelihood opportunities as well as providing essential services, the targeted population for relocation will mostly include skilled refugees to ensure that they engage in production of goods, services and as well as venture into business. To facilitate the movement of people and the volume of trade, the operation will construct some of access roads and other infrastructures. The main challenges however, remain the design of refugee shelters to conform to the proposed settlement model at Kalobeyei as refugees and host communities are expected to live side by side and have equal access to services.

WASH

One of the main challenges in sanitation sector is the low uptake of latrines because refugees do not participate fully in the construction of family latrines. Also, the vandalism of abandoned latrines has been a challenge. In the water sector, operation has invested heavily in water abstraction and storage through sinking of boreholes and installation of elevated steel tanks but the distribution system (pipe network and tapping points) is still not fully developed thus causing long queues and unnecessary conflicts at the water tapping points.

Response Strategy and Priorities

Ensuring admission

The Government of Kenya has maintained an open door policy to South Sudanese asylum seekers, who have had unhindered access to its territory. The Immigration and DRA officials work closely to ensure asylum seekers are admitted and received at the border. UNHCR on its part has continued to maintain the Nadapal transit centre where individuals are temporarily accommodated before being transported to Kakuma refugee camp. The facility hosts an average of 600 asylum-seekers each month. UNHCR also conducts regular border monitoring together with DRA in order to ensure that all asylum seekers have free access to Kenya.

The Government and UNHCR will engage in joint registration and in the development of an effective data sharing policy among partners, with enhanced data protection and confidentiality procedures. Kalobeyei will become the primary location for the reception of new arrivals. In addition, a population verification exercise will begin in Kakuma in 2016.

Where to assist refugees: camps, spontaneous settlement

In Kalobeyei site, with the influx from South Sudan and the steady number of new arrivals from the Great Lakes region, the existing four settlements in the Kakuma camp are unable to accommodate the increasing number of refugees. The Kakuma refugee camp, which was designed to accommodate 100,000 refugees, is currently hosting over 180,000 refugees. On 19 June 2015, the Government of Turkana County allocated about 1,500 hectares of additional land for settlement of newly arrived refugees and decongest the four current settlements in the Kakuma refugee camp. The land is located near Kalobeyei Township, northwest of Kakuma. About 900 hectares will be used for settling refugees while the remaining 600 hectares will be allocated for economic activities, including agriculture. UNHCR and the Department of Refugees Affairs (DRA), agreed with the Government of Turkana to develop a settlement that would promote the self-reliance of refugees and host communities by providing them with better livelihoods opportunities and enhanced service delivery. There is also a growing consensus among the humanitarian, development and donor community that the quality of economic and social interactions between the refugees and host communities needs to be enhanced in order to build the resilience of host communities and to better support refugees in finding durable solutions. The development of the new refugee settlement in Kalobeyei provides a rare opportunity to increase the effectiveness of the refugee program by better integrating the refugee and host community economies and by delivering services in a manner that is integrated to the sub-county development planning.

On 29 July 2015, UNHCR, in collaboration with the World Bank, organized a meeting to explore opportunities for a better approach to development of the new refugee settlement in Kalobeyei. The objective of this forum was to bring together Government agencies, humanitarian and development actors to creatively think about possibilities and ways to develop a sustainable refugee settlement that enables: (i) better livelihood opportunities for refugees and host communities; and (ii) service delivery integrated with the local development plan. Building on the ideas from these consultations, partners have outlined the concept for the Kalobeyei integrated social and economic development programme (KISEDP), a multi-agency collaboration to develop the local economy and service delivery at Kalobeyei. The objective of KISEDP is to facilitate collaboration and coordination between the government, UN agencies, development actors, NGOs, private sector and civil society to build sustainable services and economic opportunities in Kalobeyei, which will accommodate over 60,000 refugees side-by-side with the host communities.

Standards of assistance

Out of the 2015 operational requirements needed by partners working in the emergency response, only 20 per cent has been funded. This had direct consequences on some critical sectors of assistance. For example, while there was a marked progress in a) individual registration, b) distribution of non-food items, c) provision of semi-permanent shelters, nutrition and healthcare services, the indicators for a) education, b) water and sanitation, and c) self-reliance and livelihoods were below the Sphere standards.

Starting to work towards solutions

KISEDP will focus on both short-term (humanitarian) and long-term (development) interventions. While partners will develop a long-term approach to attract the necessary investments, there is the urgent need to decongest the Kakuma refugee camp. Thus, at least 60,000 refugees will be relocated from Kakuma to Kalobeyei in 2016. Properly planned and executed, the humanitarian response will have the added advantage of showing early results, which are critical to building confidence and the momentum needed for long-term investments.

Meanwhile, the recent developments in South Sudan, where a peace agreement was signed by the warring parties, might change the landscape for voluntary repatriation of South Sudanese refugees in the region. If the peace deal holds, some refugees may come forward in 2016 and register for voluntary return. If this situation does not materialize, the operation shall continue to provide protection, assistance and solutions to refugees until conditions that forced them to leave their country of origin cease to exist.

Partnership and Coordination

With the view of reorienting the refugee assistance programme, UNHCR has launched the 'Turkana Initiative' for the integration of the refugee and host community economies, in collaboration with the national and county Governments, bilateral donors, UN agencies, NGOs and development actors. This represents a major paradigm shift. The overall objective of this initiative is to re-orient the refugee assistance program to contribute to: (i) improvement of the socio-economic conditions of the refugee and the host communities; (ii) better prepare the host community to take advantage of emerging economic opportunities in upcoming extraction and potential irrigation-fed agriculture; and (iii) reduce over-dependence on humanitarian aid and support the refugees to achieve durable solutions.

In 2016, the provision of protection and assistance to refugees from South Sudan will be coordinated by UNHCR in close collaboration with the Government's DRA, and other partners, including UN agencies and NGOs. At the country and regional levels, UNHCR will collaborate with the Government of Kenya, the UN Country Team and the donor community to monitor the influx and assess inherent protection risks as well as mobilize resources in order to improve the effectiveness of the humanitarian action. At the camp level, the implementation of emergency response will be carried out in both Kakuma and at the new settlement site at Kalobeyei through a number of participating agencies, as well as the DRA and the line ministries of the National and County Governments Districts. The humanitarian community will collaborate to develop the new settlement, with the main objective to help refugees and host communities achieve some level of self-reliance through promotion of livelihood opportunities. Agencies will have clearly defined roles of what they are expected to do in their area of responsibility.

Planned Response

Protection	**Admission and Reception** - Intensify training of immigration officials and border police. - Step up monitoring missions to the Nadapal border to ensure unhindered access and reception of asylum seekers - Improve information sharing in regards to the rights and obligations of asylum seekers as well as free access to basic services and assistance in the camp and / or at the new settlement. - Counselling and sensitization of refugees in regard to possible transfer from Kakuma camp to the new settlement (Kalobeyei). - Construct a Reception Centre in Kalobeyei. **Registration** - Improve the quality of registration including the collection of enhanced data elements, strengthening the anti-fraud mechanisms, the biometrics system and follow up on the issuance of Government of Kenya (GoK) Alien cards to all South Sudanese refugees. - Identify population with specific needs. - Develop an effective data sharing policy among partners, with enhanced data protection and confidentiality procedures. - Carry out a population verification exercise in Kakuma. **Child Protection** - Strengthen child protection systems, the case management system based on the Best Interest Procedure, community based approached and scaled up youth programming, in line with the newly adapted Updated Framework for the South Sudanese and Sudanese Refugee Children (July 2015-June 2017). - Assist 6,000 children (new arrivals) of which 900 unaccompanied and separated children (UASC). - Conduct Best interest processes to all children new arrivals and provide them with material support and alternative care arrangements. - Construct five child friendly spaces and one youth centre in Kalobeyei. - Establish systems that address the protection needs of children in need of special care. - Mainstream child protection activities across all sectors of assistance. **Sexual and gender-based violence** - Develop Interagency SOPs on SGBV for Kalobeyei through a strong inter-Sectoral coordination. - Construct two safe shelters. - Train 200 agency and incentive workers, provide livelihood opportunities for survivors and other persons at risk, increase community-based security mechanisms and sustained empowerment of women and girls. - In the area of SGBV prevention, pilot new participatory approaches engaging youth in the sensitization of communities.
Education	- Set-up new schools (five pre-schools, five primary and two secondary schools) and associated facilities (desks, WASH and play equipment and school kitchens), - Recruit and train teachers, provide basic teaching and learning materials, school meals and supporting child friendly activities through play. - Ensure enrolment, attendance, equal participation of some 20,000 boys and girls. - Include children with special needs in all school activities, to help them re-establish daily routine and a sense of normalcy and provide a safe and protective environment.
Environment and Livelihoods	- Procure and distribute 2,350MT of firewood. - Fabricate energy saving stoves. - Capacity building for the refugees on energy saving cooking practices and on environmental conservation and protection. - Rehabilitate refugee settlement impacted areas through the establishment of 20ha greenbelt and through continuous production and distribution of tree seedlings. - Develop certified and sustainable wood fuel businesses around the settlement. - Carry out a household socio-economic profiling of population in Kalobeyei to inform

	the development of community assets that will be the basis for livelihood activities: this will include provision of water for irrigation and livestock through drilling of two boreholes for agriculture, provision of agricultural inputs & tools, trainings on modern agriculture production methods. - Establish a revolving fund for business start-ups targeting entrepreneurial refugees. - Train refugees on entrepreneurship and business skills, financial literacy, group formation, cooperative development, marketing and value chain development. - Hire additional technical staff to ensure that activities in agriculture and business components of the programme are implemented. - Set up new buildings for business incubation, community services, site office and VTC. -
Food	- Provide food assistance comprising of GFD using a twin approach of restricted cash programme (electronic voucher) and in-kind. - Provide targeted nutrition programmes and school meals. - Establish extended delivery points (warehouses) and food distribution centres at Kalobeyei to ensure refugees get their food in a protection-sensitive manner. - Implement further livelihood interventions in Kakuma to increase the self-reliance of refugees in the provision of food resources. - Scale-up from 10% to 30 per cent, if the markets respond appropriately, restricted and un-conditional cash transfer programme (electronic voucher) whereby food assistance equivalent to 30 per cent of cereals is remitted to all the refugees, giving them the much needed choice and promoting dietary diversity.
Health and Nutrition	- Construct one maternity ward at the Kalobeyei settlement site. - Equip the new facility with modern medical equipment to ensure fast and accurate diagnosis as well as high quality curative services. - Recruit additional staff to ensure consultations per qualified clinician ratio is maintained within standards of 50/clinician per day. - Provide adequate facilities at the new site to include stores and nutrition distribution waiting bays for the outpatient therapeutic program as well as the supplementary feeding program for malnourished children and those at risk of malnutrition respectively. - Construct and equip a stabilization ward for the treatment of malnourished children with medical complication. - Hire additional technical nutrition staff as well as supportive staff to ensure effective implementation of planned activities. - Implement and strengthen the IYCF friendly framework. - Conduct an annual camp nutrition survey. - Carry out systematic MUAC screening to monitoring acute malnutrition trends. - Provide micronutrients supplementation and deworming for children 1-5 years
Logistics and Transport	- Establish the road and water infrastructure, institutions, refugee shelters/latrine and pre-positioning of relief supplies to develop Kalobeyei. - Lease of five vehicles, acquire one crane truck, erect 2 new rub halls, and install two fuel tanks of 60,000 litres capacity each**.**
Non-Food Items (NFI)	- Provide the new arrivals with a full kit of non-food items.
Shelter and Infrastructure	- The master plan of the new settlement will clearly indicate the settlement areas, locations where agricultural activities (through irrigation) will take place, roads networks, public facilities, markets and other key facilities with the sole purpose of strengthening complementarity and synergies between refugee and host communities. While some structures such as primary schools, clinics, refugee shelters will be located within the settlement, the UN/agencies compounds, the referral hospital, secondary schools, commercial and trading centers will be established at the periphery to attract development around the camp including Kalobeyei town. - Construct 6,000 improved durable shelters, 2.5 kilometers of access roads, two primary schools and one secondary school, two health posts, a police post, one Firewood Distribution Centre. - Install two Rub halls. - Establish an irrigation system.

Water, Sanitation and Hygiene (WASH)	- To be in line with post-emergency Sphere standards, in Kalobeyei, provide about 1,140 cubic meters of water per day for about 48,000 refugees who will be relocated from Kakuma camp and the 9,000 new arrivals expected in the course of 2016. - Drill and equip three boreholes. - Install three elevated steel tanks of 100 cu meters each. - Build a 20 kilometre water pipeline and 100 water tapping points. - Build 3,500 household latrines. - Put in place necessary hygiene promotion systems.

April, 2015. Dadaab/Kenya. Nyamouch and 200 other refugee families from South Sudan benefited from a new pilot project of alternative energy and were given Liquefied Petroleum Gas (LPG) cylinders or ethanol stoves.

Financial Requirements Summary – KENYA

Financial requirements by agency (in US Dollars)

Organization	Total
DRC - Danish Refugee Council	514,423
FAI - Film Aid International	433,351
LWF - Lutheran World Federation	1,798,371
NRC - Norwegian Refugee Council	150,000
PWJ - Peace Winds Japan	500,000
UNHCR - United Nations High Commissioner for Refugees	31,820,917
UNICEF - United Nations Children's Fund	2,400,000
WFP - World Food Programme	10,000,000
Total	**47,617,062**

Financial requirements by sector (in US Dollars)

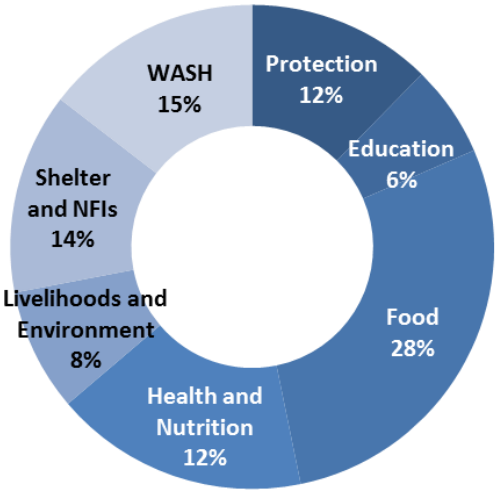
Sector	Total
Protection	6,910,124
Education	6,196,139
Food	10,000,000
Health and Nutrition	4,056,969
Livelihoods and Environment	5,864,834
Logistics and Telecoms	1,059,606
Shelter and NFIs	6,720,216
WASH	3,679,094
Operational Support	3,130,080
Total	**47,617,062**

SUDAN RESPONSE PLAN

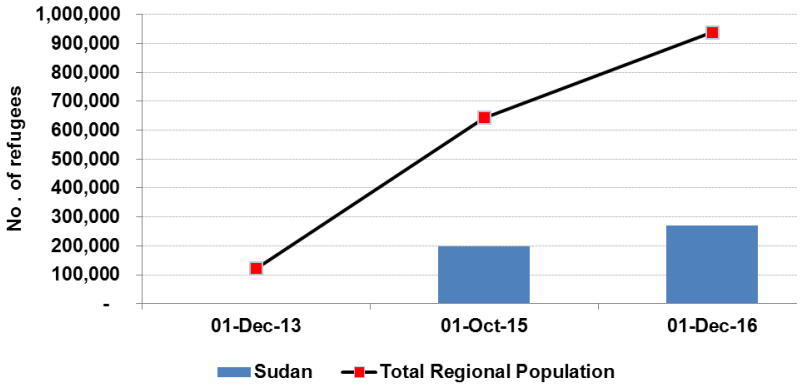
Sources: UNCS, UNHCR

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined. Final status of Abyei area is not yet dertermined. Creation date: 18 Nov 2015

Financial Requirements (US dollars)
141,163,416



Population Trends



Background and Achievements

Sudan continued to face a steady influx of South Sudanese refugees throughout 2015. By the end of October 2015, over 197,000 South Sudanese had sought safety in Sudan, fleeing violence and insecurity in their home country. This number surpassed the initial planning figure for the end of 2015 of 196,000 South Sudanese refugees in Sudan. With some 103,000 new arrivals recorded between January and October, Sudan was in 2015 the country that received the largest influx of South Sudanese refugees in the region.

The months of May, June and July 2015 in particular witnessed a considerable spike in arrivals with a cumulative number of 72,400 South Sudanese refugees entering Sudan, accounting for 70 per cent of the total influx of refugees in 2015 so far. The vast majority (55 per cent) of the South Sudanese refugees reside in seven designated sites across White Nile States, while 24 per cent are hosted in West and South Kordofan in established reception areas, and 18 per cent settled in Khartoum State. The remaining South Sudanese refugee population is located throughout Blue Nile, North Kordofan and East Darfur States. South Sudanese refugees have joined an estimated 350,000 people of South Sudanese origin who had been living in Sudan since the secession of South Sudan in 2011.

Despite the peace agreement signed at the end of August in South Sudan, South Sudanese refugees have continued to cross into Sudan, seeking safety or access to food and basic services following the disruption of the farming season due to the conflict. It is expected that instability will prevail in states of South Sudan neighbouring Sudan, triggering further refugee outflows into Sudan until the end of 2015 and throughout 2016. Humanitarian actors are therefore planning humanitarian interventions for a total of 218,550 South Sudanese refugees as of January 2016 and for an additional 89,950 new arrivals throughout the year[5]. In total, 270,400 South Sudanese refugees will be in need of protection and assistance in Sudan by the end of 2016.

With the continuous influx mainly into White Nile State, the existing sites have exceeded their capacity. The over-congestion has affected the quality of the response, in particular in the field of water, sanitation and hygiene (WASH), with indicators remaining below minimum emergency thresholds. In order to address this issue, three existing sites in White Nile State were expanded in 2015 (El Redis II, Dabat Bosin and Um Sangor) and the establishment of a third reception area in El Mquiens was initiated, in addition to Joda and Al Kuek. A ferry and landing sites for the ferry were rehabilitated across the White Nile River, facilitating humanitarian access to locations that are often cut off during the rainy season.

Host community infrastructure projects are nearly all complete. There will be an increase in the number of classrooms, health centres, security centres and water facilities for refugees and the host community in White Nile State. Due to the high number of arrivals, however, congestion in the White Nile camps remains a serious issue and basic services will continue to struggle to meet minimum standards until additional sites can be developed.

In South and West Kordofan, access has been more constrained due to both administrative restrictions and impassable roads during the rainy season. These areas remain more transitory in nature, with a large number of newly arrived refugees proceeding to other locations in Sudan. It is however critical to maintain adequate reception facilities in these areas.

[5] The estimated net increase between January and December 2016 will amount to 52,000, taking into consideration the on-going individual registration of refugees, which is likely to result in an adjustment of the current population figures.

While population figures in Khartoum State are difficult to quantify, some 24,500 newly arrived South Sudanese are estimated to be residing in 21 open areas and nearly 10,000 in the Bantiu settlement in Jebel Aulia, following the relocation of populations in Khartoum State in 2015.

The Government of Sudan has maintained its open-border policy and continued to consider South Sudanese refugees as "brothers and sisters", allowing them in principle to enjoy the same rights as Sudanese citizens, including full freedom of movement and access to employment and public services. Nearly 170,000 South Sudanese have been registered by the Ministry of the Interior (Directorate of Passport and Immigration) following the agreement signed between the Government of Sudan and UNHCR in December 2014 to register all South Sudanese living in Sudan, including those who had remained in Sudan following the 2011 secession. They are to be provided with identity cards, which would enable them to access services and enjoy rights and freedoms in Sudan, such as movement, residence, work and property.

UNHCR and relevant Government entities will continue to coordinate the overall humanitarian response. The Office will continue to strengthen, and where possible, expand existing partnerships with NGO partners and UN sister agencies, such as FAO, UNFPA, UNICEF, WFP and WHO.

Achievements

Protection

- South Sudanese continue to have unhindered access to the Sudanese territory.
- Since the beginning of the conflict, approximately 2,000 vulnerable individuals have been assisted in obtaining nationality documentation from the South Sudan Consulate in Khartoum.
- The Ministry of the Interior's registration of South Sudanese is on-going and 170,000 individuals have been registered so far in Khartoum and White Nile States. The exercise has also started in Kassala State and is expected to move to other states in a phased approach.
- The individual registration for assistance conducted by UNHCR and the Sudanese Red Crescent Society (SRCS) in White Nile State commenced in April 2015. It was suspended in June in order to improve its coordination with the above-mentioned documentation exercise before resuming in October. So far, about 16,000 individuals have been registered in Jouri, Al Kashafa, Al Alagaya and Dabat Bosin sites.
- Identification of extremely vulnerable individuals in affected areas has led to targeted assistance for gender-based violence (GBV) survivors and persons with disabilities. Hygiene kits were provided to 11,222 vulnerable women and girls of reproductive age in White Nile, Blue Nile and South Kordofan States, as well as to 1,000 in Khartoum.
- Livelihood opportunities (handicraft) are provided to women at-risk and youth from both refugee and host communities in White Nile and Khartoum States through vocational training.
- 977 unaccompanied and separated children were identified in White Nile State, along with an additional 513 in South and West Kordofan states and 265 in Khartoum. Some 90 best-interest assessments were conducted and 189 children have benefited from foster-care arrangements, while 33 were successfully reunified with their families.
- In White Nile, over 3,500 children participated in the activities of seven child-friendly spaces (CFS), and three child-friendly help desks were established, benefiting 29,583 children.
- More than 13,600 children are benefitting from psychosocial support and referral to other social services through 14 CFS in the camps and host communities.
- 1,138 individuals were reached with child protection, prevention of violence and exploitation of children and mine risk awareness messages in White Nile, South Kordofan and West Kordofan States. Some 80 child protection professionals, social workers and community-based child protection networks members, provide these services.
- Coordination mechanisms to support GBV survivors have been supported through eight referral systems and 12 protection networks.

- More than 4,500 South Sudanese were reached with awareness-raising on GBV related issues.

Education

- Efforts to increase access to education for students were undertaken through the construction of 63 permanent schools and 65 semi-permanent learning spaces, including WASH facilities, for some 24,000 refugee and host community students in White Nile State.
- Community-sensitization interventions including radio broadcasts were undertaken to inform refugee communities on the importance of education and encourage school attendance of girls.
- Improvements to the quality of education systems were made through establishment of parent-teacher associations (PTA) and the training of 285 teachers including education in emergencies, psychosocial support and extracurricular programming.
- Students were supported with school materials and tents when the classrooms were inaccessible during the rainy season.
- Learning assessments to determine the educational level of students were conducted in sites and an accelerated learning programme in Arabic was provided to help the grade 1-8 students adjust to the new learning environment while evening classes in English were provided to grade 6-8 students to supplement their learning.

Food security and livelihoods

- Some 136,000 South Sudanese beneficiaries have been supported with over 18,030 MT of food assistance.
- Adequate prepositioning of food assistance and advance distribution across inaccessible locations were carried out to ensure continued assistance during the rainy season.
- The Memorandum of Understanding between Sudan and South Sudan was extended to enable the movement of humanitarian cargo from Sudan to South Sudan. So far, 24,067 MT were transported to South Sudan through river operation and road convoys.
- All registered newly arrived South Sudanese refugees received food assistance.
- 36,000 individuals, including South Sudanese refugees and extremely vulnerable host community members, were provided with agricultural tools and training in White Nile State and South Kordofan.
- 15,620 women were trained on the production and use of fuel-efficient stoves (FES) in White Nile State and South Kordofan.

Shelter, Infrastructure and non-food items (NFIs)

- Nearly 122,000 South Sudanese refugees have received emergency shelter and/or non-food items assistance.
- The number of sites in White Nile State was expanded from four to seven and some 59,200 South Sudanese refugees have been accommodated in individual family shelters in these seven sites.
- Multi-purpose communal shelters were also constructed in the seven sites as waiting points for new arrivals.
- Three new sites have been identified and approved. Site planning has begun at Alghanaa (Jebelain) and Alwaral and Alnaeem (Al Salam locality) to prepare for the relocation of up to 6,814 South Sudanese families waiting for individual shelters.
- River crossing facilities (landing site and ferry) were completed in White Nile State.
- A 3.6 kilometre connecting road to the refugee sites was completed in White Nile State.
- In Khartoum, over 7,500 South Sudanese were relocated from open areas to a more suitable site in Bantiu, Khartoum State. Relocated families were provided with shelter construction material and NFIs upon arrival, including plastic sheets, sleeping mat, blankets, kitchen sets and jerry cans.
- Reception facilities were established in West Kordofan State.

Health

- Primary health-care clinics have been established in the seven refugee sites in White Nile State; clinics were supported to cope with the surge in South Kordofan and West Kordofan States, as well as field clinics and medical referrals system in Khartoum.
- The mortality rate ranges between 0.01 to 0.04 deaths per 10,000 persons per day, which is drastically lower than the emergency level of one death per 10,000 persons per day. Community health promoters and community health workers have been trained to work within the South Sudanese refugee community. The trained staff provide health education and outreach activities to the refugees to improve the health situation.
- A health information system was established to monitor public health indicators and trends. An epidemiological early-warning system has been set up to detect and respond in a timely manner to notifiable and infectious diseases.
- Vaccination of newly arrived refugees is ongoing through fixed and outreach vaccination activities. In White Nile State, 10,518 doses were used for vaccination; the coverage for measles 1 is 79 per cent, and 68 per cent for Penta 3, both reaching above 100 per cent when annualized.
- Health facilities were equipped for basic emergency obstetric and newborn care and staffed adequately to provide basic reproductive health services. Reproductive health and comprehensive emergency obstetric care services were supported at locality and state hospitals.
- Reproductive health commodity security has been maintained and was strengthened to respond to emergency reproductive health and obstetric needs as part of the implementation of the minimum initial package for reproductive health in crisis situations (MISP). Life-saving supplies covered18,935 beneficiaries, including 800 women with complicated deliveries.
- Basic health units have been established in reception facilities at the major border-crossing points, where nutritional screening takes place, targeting children under 5 years of age, as well as pregnant and lactating women.
- Malaria prevention and control activities were undertaken through distribution of bed nets and promotion of its use among refugees.

Nutrition

- Nutrition interventions targeting South Sudanese refugees are covering all sites in White Nile, South Kordofan, West Kordofan and Khartoum States. The response is led by nutrition partners to address issues of malnutrition and food security. Treatment measures include outpatient therapeutic centres for treatment of children with severe acute malnutrition (SAM) cases, supplementary feeding programme for moderate acute malnutrition (MAM) cases, and preventative blanket supplementary feeding covering children under five and pregnant and lactating women. Children with complicated SAM are referred to stabilization centres. Active case finding is carried out through regular mass MUAC screenings.
- Up to 127,000 children have been screened for acute malnutrition using MUAC. Of these, 2,028 have been referred for SAM treatment and 8,970 have been referred for MAM treatment.
- Some 49,000 children under five and pregnant and lactating women were supported with 805 metric tonnes of specialized nutritional foods for the prevention and treatment of moderate acute malnutrition from January to August 2015.
- Overall the cure rate for SAM in White Nile is around 77 per cent, with a defaulter rate of 22 per cent and a mortality rate of one per cent.
- A nutrition coordination meeting is conveyed every two weeks for all nutrition partners.
- Coordination efforts with partners on the ground ensured that complementary health and WASH approaches were also in place for these vulnerable populations.

WASH

- 70,000 South Sudanese refugees and host communities (56,000 in White Nile State, 10,000 in South Kordofan and 4,000 in West Kordofan) now benefit from seven new sustainable improved drinking water supply sources, each made up of a compact water treatment system which treats

raw water from the River Nile and delivers clean, safe water to the refugee camps and the host communities. These new systems replaced the emergency treatment units, which now serve as stand-by facilities and the tanks which are used as additional storage for clean water for the camps. These can be deployed in the future in the event of a new emergency.

- 73,444 people (65,680 South Sudanese refugees and 7,764 individuals from the host communities) have been provided with sanitary means of excreta disposal through the construction of 2,218 emergency latrines and supporting 1,294 households to adopt safe sanitation practices in host communities using the community approach to total sanitation (CATS) approach.
- More than 85,000 refugees and host communities in White Nile, South Kordofan and West Kordofan states have benefitted from hygiene promotion activities, through household visits and mass campaigns in camps and host communities. Essential WASH supplies such as hygiene kits and jerry cans were also distributed to refugees.

Humanitarian Needs and Vulnerabilities

Almost two years into the humanitarian response, Sudan remains in the midst of an emergency, with continued new arrivals who are usually in poor health conditions, both physically and in psychosocial terms, with some having walked for more than a week and surviving solely on edible leaves. The majority of the arrivals, around 84 per cent, are women and children. Children alone represent over 63 per cent of the refugee population. Reception arrangements upon arrival include medical screenings and provision of hygiene kits for females; however further interventions are required to identify and cater to the specific needs of extremely vulnerable individuals, in particular women at-risk and unaccompanied and separated children. The continuous influx has put an increasing pressure on host communities, whose resources remain scarce, and any intervention will aim at benefiting these populations too.

The overall favourable protection environment, with South Sudanese treated as ‘brothers and sisters’, remains tenuous. The absence of a uniformed policy on treating South Sudanese as Sudanese citizens continues to raise questions regarding their legal entitlements and the longer-term durable solutions for this population. While the on-going registration and documentation exercise carried out by the Ministry of the Interior shall help address these issues, it has yet to be rolled out in all areas where South Sudanese live and does not include children under five. The identity card delivered however does not constitute a proof of nationality, which can only be obtained through the South Sudanese Consulate. The resumption of UNHCR’s individual biometric registration is a positive development and will have to be maintained in 2016, in a particularly challenging context as refugees will continue to flow into Sudan.

Over-congestion in the White Nile sites is a serious concern with the current sites hosting twice their capacity. There is an urgent need for additional land to either expand existing sites or establish new ones. Despite the on-going efforts undertaken by the authorities and humanitarian partners to identify additional sites, the anticipated steady influx will continue to pose serious challenges in terms of site management in White Nile State. Delivery of non-food items has also been an issue, with delays in custom clearance and hindered access during the rainy season. In total, some 115,000 refugees will be in need of ES/NFI assistance in 2016, including those who were not assisted in 2015.

Indicators for WASH are critically low in White Nile State, providing only 8.7 litres per person per day and 59 persons per latrine in comparison to refugee response standards of 20 litres per person per day and 20 persons per latrine. The lack of available land is further hampering the quality of the response and there is no sufficient space to build the required number of latrines. In South Kordofan

State, 120,000 litres of water are provided on a daily basis to approximately 8,300 individuals, which still fall short (14.5 litres) of refugee response standards.

Food assistance to South Sudanese remains critical. WFP estimates that a total of 40,810 metric tons of food commodities will be required to meet the food assistance needs in order to support 179,210 individuals who have arrived into Sudan throughout 2014 and 2015. Additionally, an estimated 73,760 refugees will be in need of immediate support upon arrival. Various assessments show that in some camps in White Nile State, nearly half the population are food insecure, while 49 per cent to 90 per cent of the camp-based South Sudanese do not have the means to buy the local food basket. The main drivers of food insecurity are the lack of livelihood opportunities, restriction of movement in and out of the sites in some areas and high prices on local commodities. Outside camp-based areas, such as West Kordofan, the situation remains equally critical.

Gaps in health-care delivery and nutrition services still exist, a direct result of the heightened burden of the refugees on the already-weak health system in the affected states, and a nutrition assessment across all sites in White Nile State will be carried out in 2016 to accurately assess the malnutrition rates. There is a pressing need to establish more long-term health-care and nutrition facilities, with support to facilities like blood banks, reference laboratories, delivery rooms equipped with comprehensive emergency obstetric care, and theatres for surgeries. The referral system needs to be strengthened with proper ambulances assigned to clinics and major hospitals ensuring 24-hour referral capacity. Referral hospitals need to be supported to be able to respond to the needs of South Sudanese refugees, as well as vulnerable Sudanese host community members.

With 63 per cent of the population under 18, this is a children's emergency. Since it is anticipated that there will be some 83,800 school-aged South Sudanese refugee children (6-13 years) in Sudan by the end of 2016, there is a need to reinforce interventions in education. Despite the Ministry of Education's commitment to facilitate South Sudanese children's access to public schools, a number of constraints persist to achieve greater student enrolment. Refugee communities remain reluctant to send their children to schools where the language of instruction of the Sudanese education curriculum is Arabic and not English. While the use of public schools allows the gradual integration of refugees' education into national systems, the distance from camp to school is considered too remote for younger students in the lower grades to travel. The overcrowding in schools due to lack of sufficient classrooms, insufficient learning materials and poor WASH facilities do not accommodate the needs of the growing amount of students. This comes with a greater need for qualified teachers.

In a food-insecure environment there is a need to strengthen school-feeding programmes to increase students' incentives to enrol. Furthermore, given the psychosocial and material needs of South Sudanese children who have experienced displacement, there is a need to reinforce the case management system based on the Best Interest procedure; to boost psychosocial support activities as well as recreation and life-skill opportunities for children, with a special emphasis on adolescents and youth; and to support unaccompanied and separated children through the provision of alternative care arrangement and tracing services.

In Khartoum, the new arrival population is particularly characterized by a high number of extremely vulnerable individuals who have sought some form of assistance and services less readily available than in a camp context, along with others who have joined family members in the city. Key needs include identification and support of unaccompanied and separated children, psychosocial counselling, support to basic personal hygiene and health care and livelihood opportunities.

As this refugee situation extends beyond the initial emergency phase, focus must be placed on providing livelihood and enhancing education opportunities. Small-scale livelihood programmes targeting women have already begun this year in both White Nile and Khartoum States, as 80 per

cent of the refugee households are female-headed. However these should be expanded to further promote self-reliance. Vocational training opportunities for adolescents need to be scaled up.

The overall access to populations of concern has improved over the past year, in particular in White Nile State, although bureaucratic impediments to obtain travel permits to field locations continue to affect the ability to optimally respond to the refugees' needs. In addition, the lengthy customs clearance procedures further hamper the prepositioning and distribution of core-relief items in a timely manner. In most affected areas, the rainy season renders most roads impassable. While in White Nile State, UNHCR and its partners have massively invested in river crossing facilities to reach all sites at any given time some areas in other states remain inaccessible. This limits humanitarian actors' capacity to reach out to vulnerable populations in a timely manner.

Given the concerns regarding the ability to provide a response, which meets minimum standards, there is a possibility of South Sudanese moving onwards within Sudan or abroad to other countries where they would be able to access better services.

Response Strategy and Priorities

The overall strategy to respond to the needs of South Sudanese refugees and host communities in Sudan will be three-pronged: i) maintain an emergency response capacity to address new arrivals' immediate needs in 2016, ii) stabilize the existing programme by aiming to achieve at least minimum emergency standards across sectors, particularly by enhancing further integration in national response mechanisms, and iii) developing interventions to strengthen refugees' livelihood and self-reliance prospects, in order to move to an assistance model better targeted to the specificities of this refugee group.

With the over-congestion in White Nile State, the identification and development of new sites will be a priority, in particular in a context where the majority of refugees head towards White Nile State, notably given the Government's no-site policy in West Kordofan State. The lack of access during the rainy season to and between sites in White Nile State will be addressed with the improvement of roads.

The protection strategy will focus on ensuring safety, protecting rights, addressing vulnerabilities and identifying solutions. The strategy foresees the furthering of these strategic objectives in a phased but integrated manner, while promoting a rights and community-based approach. Support to local authorities, national NGOs and line ministries will be maintained to ensure that capacity is developed in arrival areas for the overall refugee response.

Provision of legal documentation and access thereto is prioritized, as a large proportion of the South Sudanese population in Sudan has only limited access to nationality documents since the secession. Advocacy interventions will be pursued on status-related issues, in particular on the possibilities for enhancing documentation of the population and ensuring fair and equal procedures for nationality determination. Activities aimed at improving access to birth registration will also be implemented. Access to legal support for individuals who face challenges in obtaining documentation will be ensured. While emergency registration will continue for new arrivals, individual biometric registration will remain a priority in order to identify vulnerabilities and improve targeted assistance.

Child-protection interventions and strengthening the national child protection systems – State Council for Child Welfare (SCCW), National Council for Child Welfare (NCCW), the Ministry of Social Welfare, the police and judiciary – continue to require an integrated and holistic approach involving other sectors (health, education, and livelihoods). Child-friendly procedures should be put in place given

the high numbers of refugee children. The Ministry of Social Welfare, SCCW and NCCW will continue to identify UASC and ensure access to family tracing and reunification. Access of children to basic services will be facilitated through the development of mechanisms, including an effective case management system based on the Best Interest procedure that will support referral of vulnerable children to specialized services. Support to the establishment of community-based child-protection networks/mechanisms will be maintained and their capacity built to identify, follow-up and refer vulnerable children to services such as health, education, nutrition, birth registration, protection and other services in the camps. These networks will also be supported to monitor and report on child rights violations. Provision of psychosocial support, social welfare services and recreation opportunities will be maintained as well.

Basic services will continue to be provided upon arrival at the border crossing points so as to ensure that life-saving assistance is improved at the reception centres. In Khartoum, the response to newly arrived refugees from South Sudan will be closely coordinated with activities for the existing South Sudanese population and the local community, to ensure social cohesion in the urban context. Enhanced assistance for the site-based refugees in White Nile State will ensure provision of targeted support and accessibility to basic services, in particular strengthening of community services and community-based protection networks. Provision of basic hygiene materials for women and girls of reproductive age will be a priority, in addition to community awareness-raising on gender-based violence prevention and mitigation mechanisms. South Sudanese populations will be targeted with the provision of livelihood initiatives for the most vulnerable women-headed households and persons with specific needs.

An important priority will also consist of procuring, transporting and pre-positioning emergency shelter and NFIs in strategic locations, such as Kosti (White Nile State), El Obeid (North Kordofan State) and Khartoum, for further distribution to new arrivals and those not having been assisted in 2015 who may still require support. Additionally, shelter construction material and NFIs will be renewed for 50 per cent of the families assisted in 2014 and 2015, based on needs identified through household surveys. Targeted support to needy host community members will also be provided to promote coexistence and prevent potential conflict. As an immediate response, communal shelters at reception sites will be constructed in all locations where there are new arrivals. An important aspect related to safety of the refugees will be the provision of adequate lighting in the form of solar lanterns and solar streetlights in registration and waiting areas.

In order to ensure a food-secure environment, emergency food distribution will continue while, where possible, eligible households will be targeted with programmes aimed at building assets for the communities and supporting school-aged children with food for education. Food assistance will be provided through general food distribution (GFD), consisting of 575 grams per person per day (2,100 kilo calories per person per day) to all new arrivals. To ensure a strong logistical infrastructure to support timely distributions, rub halls have been erected in each camp in White Nile State, while in other locations refugees are served through advance distributions.

The nutrition interventions will target children under five and pregnant or lactating women through SAM and MAM treatment, done through an outpatient service in all camps, an in-patient treatment centre for SAM cases with complications, emergency blanket supplementary feeding (eBSFP), and a transit ration provided at reception centres, where nutritional screening will also take place. Given the mobility of the South Sudanese refugee population, transit rations play a key role in providing a nutritional buffer until the South Sudanese are able to reach a camp or area of settlement.

The provision of treatment services for acute malnutrition will ensure that the most vulnerable arriving with a deteriorated nutritional status can access treatment immediately. The transit ration and eBSFP

will complement the general food distribution by providing age-appropriate food for older infants and young children.

Health interventions will aim at reaching and maintaining standards below emergency levels, ensuring the continuum of health and nutrition services for both refugee and host communities, and their alignment with other services, such as food distribution, education and livelihood interventions. Partners will also seek to improve the quality of services provided and their outreach, as well as the complementarity of supporting services for both health and nutrition. In the stabilization phase of the response, it will be important to focus on improving knowledge generated from health and nutrition interventions, which can be done by focusing on health information systems. This will also need investing in more sophisticated ways of understanding the situation on the ground, such as through conducting comprehensive nutrition surveys and merging reporting templates and pathways across all public health domains (health, nutrition, and WASH).

Models of community participation will be further integrated and parallel programmes that suit the community will be taken into consideration. Building on this capacity will allow quality improvement measures to the services delivered and assist in improving cross-cutting support programmes (psychosocial support, livelihood, HIV and AIDS programmes). The institutional capacity of the Ministry of Health at both federal and state levels will be improved. Maximizing line ministries' role and leadership in monitoring and evaluation will overtime facilitate the strategic shifting from emergency response to normalization of durable long-time response.

Livelihood interventions in camp and non-camp environments will aim at improving South Sudanese refugees' food security and self-reliance through interventions in the areas of agriculture, livestock, fisheries, farm income-generating activities and natural resource management. Vulnerable female-headed households will be provided with materials for and training on the production and use of fuel efficient stoves, to improve the utilization of fuel and reduce negative impact on the environment. Alternative sustainable energy sources, particularly solar, will also be explored.

Significant efforts will be devoted to WASH interventions, where the indicators remain of serious concern, particularly in White Nile State. While the quality of WASH interventions will depend on land availability, such interventions will aim at ensuring that affected populations have timely, equitable and sustainable access to sufficient water of appropriate quality and quantity for drinking, cooking and maintaining personal hygiene. The WASH strategy also includes access to safe, sanitary and hygienic living environment through the provision of sanitation services that are culturally appropriate, secure, sanitary, user-friendly and gender-appropriate. Affected populations will have reduced risk of WASH-related diseases through access to improved hygienic practices, effective community mobilisation to address harmful current practices, hygiene promotion, and delivery of hygiene products and services on a sustainable and equitable basis.

Partnership and Coordination

In close coordination with the relevant Government entities at federal, state and local levels, UNHCR will continue to coordinate the overall humanitarian response for the on-going arrivals of South Sudanese refugees. Minimum operating standards were approved by the Humanitarian Country Team (HCT) to ensure a common, consistent and well-coordinated approach by all humanitarian actors. UNHCR has successfully been applying the Refugee Coordination Model (RCM), capitalizing on existing technical expertise within sector coordination mechanisms in place for internal displacement situations in Sudan to ensure a more streamlined coordination. The existing refugee multi-sector coordination structure will remain the main forum through which humanitarian

coordination for actors working in this emergency takes place, under UNHCR's leadership and in support of the Government's efforts.

Coordination with the authorities takes place at federal and state levels. The Humanitarian Aid Commission at the federal level leads a high level committee. At the state level, a technical committee exists in Kosti (White Nile State) to ensure field coordination with all relevant partners. Joint assessments regularly take place to ensure cohesion and effective planning. Monthly monitoring of partners has been established to enhance the response and ensure the identification of gaps early on. A country Letter of Understanding was developed between UNHCR and UNICEF to ensure greater predictability and coordination in areas of joint responsibility, such as education, child protection, nutrition, WASH and health.

The partners to be involved in the response include:

Adventist Development and Relief Agency; Ahfad University for Women; Al Fanar; Almanar; Algoni Charitable Organization; Business and Professional Women Organization; CARE International; Catholic Agency for Overseas Development; Catholic Relief Services; CDF; Civil Registry; Commissioner for Refugees; Commission for Voluntary and Humanitarian Work; Concern Worldwide; El Ruhama; Emergency Humanitarian Action-Ministry of Health; Food and Agriculture Organization; Friends of Peace and Development Organization; Global Aid Hand; Global Health Foundation; HelpAge International UK; Humanitarian Aid Commission; Labena; International Organization for Migration; IPDO; JASMAR; Ministry of Health/White Nile State; Ministry of Social Development/Khartoum and South Kordofan states; Ministry of Social Welfare Culture and Sports/White Nile State; MSF Spain; Mubadiroon; Muzan; Nada Al Zahar; Organization for Voluntary Humanitarian Assistance; Pancare Programme; Plan Sudan; Rafa; Sanad Charity Foundation; Save the Children Sweden; Sudanese Red Crescent Society; UNICEF; UNFPA; UNHCR; United Peace Organization; Water, Environment and Sanitation; World Food Programme; World Health Organization; Windle Trust International.

Planned Response

Protection	- Screening and registration of new arrivals, including issuance of proof of documentation for the individuals who had been living in Sudan since the secession. Complete biometric individual registration in White Nile State and Khartoum and household registration in West Kordofan and South Kordofan states. Efforts will also be made to assess the needs of South Sudanese populations in the various states of Darfur. - Protection monitoring and continued advocacy for free access at entry points. - Enhanced the case management system, with particular emphasis on the identification and support of unaccompanied and separated children, including best interest assessments for all reported cases, provision of assistance for alternative care arrangements, family tracing and reunification, as well as psychosocial support services. - Strengthening child protection systems (social welfare, police judiciary) to provide child-friendly procedures and ensure inter-departmental and community based networks, building upon existing government and civil society child protection structures and mechanisms. - Identification and targeted support to extremely vulnerable individuals including transport and allowances. - Expansion of livelihoods programming in White Nile State, South Kordofan and Khartoum State, to foster self-reliance for the most vulnerable population to reduce vulnerabilities and support medium to long term resilience. - Strengthening the GBV referral mechanism and community-based protection networks through capacity building of service providers - to support psychosocial needs of GBV survivors and persons at risk. - Increased community-based identification, referral and support of persons with specific needs. - Establishment of women, child and youth-friendly spaces in White Nile State and Khartoum State, including peaceful coexistence initiatives. - Procurement and distribution of hygiene kits to most vulnerable women and girls of reproductive age. - Training of service providers on clinical management of survivors of violence, psychosocial support and legal aid. - Increase coverage of existing youth mobilization programmes, including peaceful coexistence initiatives. - Training of government officials and partners on refugee protection. - Advocacy interventions and direct support to promote access to birth registration and nationality documentation for all South Sudanese. - Enhance access to legal aid in cases related to documentation and registration. - Increase engagement of youth, community leaders and community members in GBV programmes. - Support authorities in camp management and coordination in White Nile State.
Education	- Construction of schools and classrooms with gender-sensitive latrines. - Construction of temporary or semi-permanent safe learning spaces for refugee children in primary education facilities. - Rehabilitation of existing schools, learning spaces and WASH facilities. - Provision of teaching, learning and recreational material. - Assist state-level line ministry in organizing and conducting annual and periodic examination. - Teacher training (child-centred pedagogy, psychosocial support, peace education, subject content and life-skills training). - Community mobilization and capacity building of PTAs (school management, social cohesion, child protection, girl's education, etc.). - Provision of teacher salaries. - Conduct education baseline surveys and schools mapping. - Provide material and cash support to vulnerable South Sudanese refugee students.

Food Security and Livelihoods	- Conduct food security assessments across refugee sites. A Joint Assessment Mission (JAM) will be conducted with relevant stakeholders most likely in early 2016 in White Nile and South Kordofan states, with a specific focus on food security, livelihoods and vulnerabilities. - Assist all new arrivals with full emergency food assistance. Duration of assistance to be determined by on-going assessments. - Continued food assistance to existing South Sudanese populations as per assessment findings. - Provision of food commodities for cross-border operations. - Provision of food for education and food for asset. - Provision of LPG, solar cookers and solar street lights. - Seeds and livestock support to refugees and vulnerable host community to improve their self-reliance. - Agricultural inputs provided for cultivation of field crops and vegetables. - Train and support single female-headed households and women at risk to produce fuel efficient stoves. - Livestock vaccination, feed and restocking of small ruminants. - Provision of fishing tools and equipment. - Provision of vocational training and income-generating activities, including microfinance activities. - Reforestation through planting of tree seedlings.
Health	- Maintain and reinforce existing health facilities to ensure free access to primary health care including reproductive health, maternal, neonatal and child care for refugees and host communities. - Immunization coverage against measles, polio and other antigens above 90 per cent for targeted children. - Mental health counselling and care at community level and health facilities. - Procure and distribute drugs, reagents, kits (diarrhoeal disease kits, rapid response kits, primary health care kits, and reproductive health kits, integrated management of childhood illnesses, clean delivery and hygiene kits), emergency obstetric care equipment and medical supplies to all health facilities. - Train cadre in health facilities serving South Sudanese refugees as well as community health workers and other community volunteers - Weekly collection of epidemiological data and enhanced detection of communicable diseases outbreaks. - Support Ministry of Health and NGOs for provision of health services. - Establish new health outposts/ centres at new locations. - Strengthening of medical referral systems. - Facilitate better availability and access to secondary-level health care. - Support integrated management of childhood illnesses. - Support malaria prevention with long-lasting insecticide treated nets distribution - Support health promotion and health awareness activities. - Support health facilities with basic and comprehensive emergency obstetric care. - Strengthening the capacity of blood donation units by provision of basic and comprehensive supplies, and equipment in support of comprehensive emergency obstetric and newborn care services.
Nutrition	- Community mobilization, health, nutrition and hygiene promotion through community health workers. Capacity building of the community members, including technical trainings and coaching in community management of the programmes. - Establish stabilization centres, outpatient therapeutic sites and targeted supplementary feeding centres for the treatment of acute malnutrition. - MUAC screening of all new arrivals at border/entry when and where possible, and referral of cases of acute malnutrition to appropriate treatment centre, and provision of ready-to-use supplementary food (RUSF). - Provide deworming for young children 1-5 years. - Infant and young child feeding (IYCF) activities covering all expected children and pregnant and lactating women.

	- Vitamin A supplementation for all children under the age of five and ferrous supplementation for all refugee pregnant and lactating women. - Provision of monthly nutrition supplements to all children under five and pregnant or lactating women for six months to prevent acute malnutrition (e-BSFP and transit rations). - Provision of life-saving therapeutic services for all acutely malnourished children and pregnant and lactating women. - Reporting, monitoring and continuous nutrition surveillance.
Shelter, Infrastructure and Non-Food Items (NFIs)	- Additional refugee sites identified and established. - Shelter material distributed and some 15,800 emergency family shelters set up in White Nile and South Kordofan states. - Communal shelters at each new site constructed. - Family tents distributed to vulnerable families. - Emergency shelter material and NFIs procured and pre-positioned in the main hubs in El Obeid, Kosti and Khartoum. - Emergency shelter and NFI packages distributed to an estimated 115,000 refugees, including those not assisted in 2015. - Emergency shelter and NFIs of some 60,000 refugees who were assisted in 2014-2015 renewed upon needs assessment. - Solar lights in White Nile and South Kordofan states (one per 20 households) provided. - 15 km of road in Al Salam and Jebelain localities constructed in areas around the camps for access to markets. - Additional infrastructure requirements supported in host communities to support social cohesion.
Water, Sanitation and Hygiene (WASH)	- Adequate water supply for all refugees in camps provided, ensuring water quality is monitored and maintained. - Basic sanitation for all refugees in camps provided, including improvements in wastewater disposal systems. - Solid waste and sludge collection and disposal services in camps provided. - Adequate WASH services in schools, health facilities, child friendly spaces in camps and in host communities provided. - Intensive hygiene promotion in camps as well as among host communities, focusing on safe water handling and storage, water conservation, hand washing at critical times and latrine usage, with special attention to parents of children at risk of malnutrition. - WASH-related core-relief items distributed to refugees including water kits to support safe drinking water storage and handling at household level and hygiene kits, catering appropriately to the needs of women and adolescent girls of reproductive age. - Sanitary decommissioning of temporary water and sanitation facilities as required, in an environmentally appropriate manner. - Coordination mechanism at national and sub-national levels strengthened.

Financial Requirements Summary – SUDAN

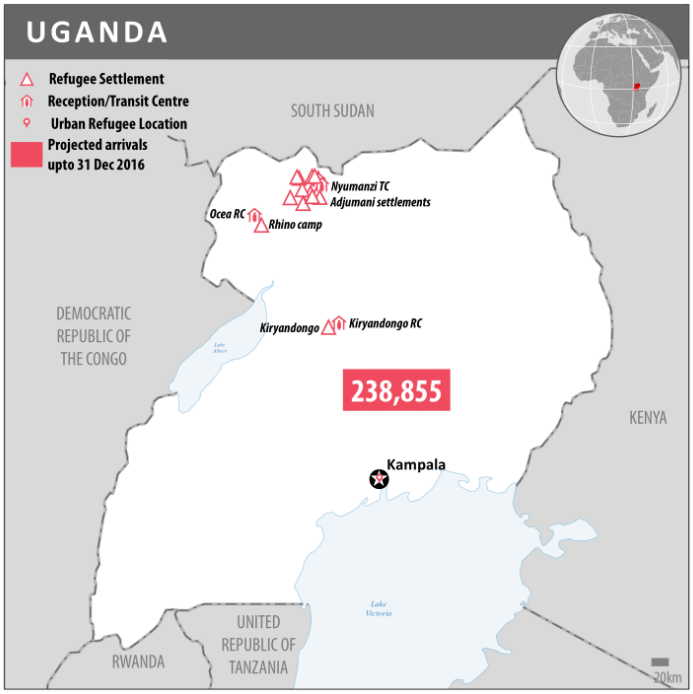
Financial requirements by agency (in US Dollars)

Organization	Total
Almanar	214,590
Assist	906,733
FAO	8,343,120
IOM	1,240,000
Pancare	650,000
SCI	274,050
SRCS	825,714
UNFPA	2,600,000
UNHCR	54,209,171
UNICEF	18,604,594
UPO	200,000
WFP	42,895,444
WHO	10,200,000
Total	**141,163,416**

Financial requirements by sector (in US Dollars)

Sector	Total
Protection	17,442,376
Education	8,624,912
Food	39,969,224
Health and Nutrition	24,000,653
Livelihoods and Environment	11,564,320
Shelter and NFIs	19,006,645
WASH	20,555,286
Total	**141,163,416**

UGANDA RESPONSE PLAN

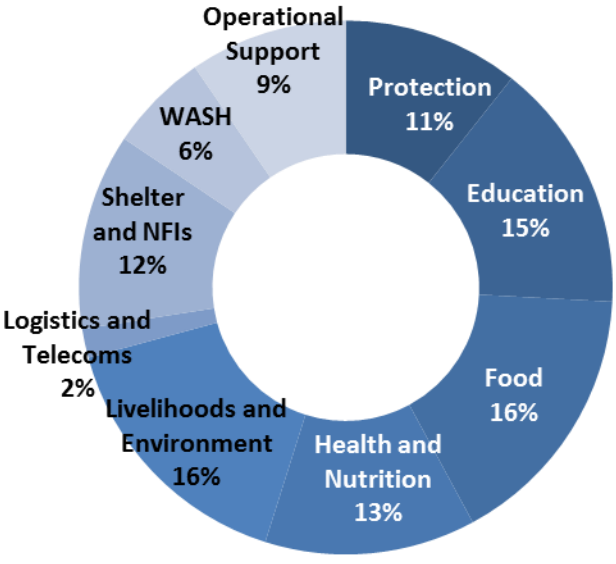


Sources: UNCS, UNHCR

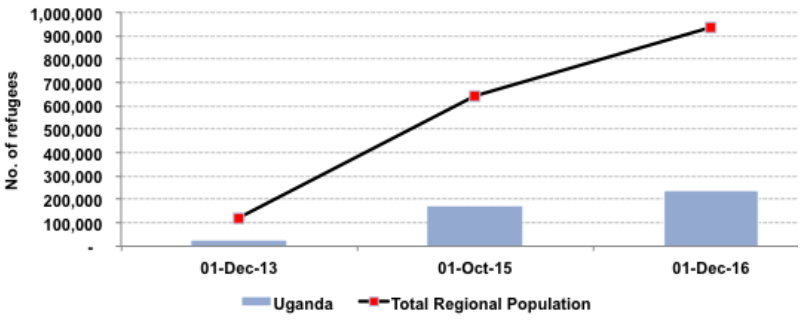
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Creation date: 18 Nov 2015

Financial Requirements (US dollars)

164,338,784



Population Trends



Background and Achievements

Faithful to its long tradition of providing asylum to individuals fleeing conflict and persecution, and with three parallel refugee emergencies affecting the country, Uganda now hosts some 495,000 refugees. The largest groups originate from the Democratic Republic of the Congo, South Sudan, Somalia and Burundi. By providing a favourable protection environment for refugees, which facilitates a non-camp approach, Uganda is widely regarded as an example of best practice in the region. Uganda's refugee legislation (the 2006 Refugees Act) promotes refugees' self-reliance and clearly favours a development-based approach to refugee assistance. This has been emphasized further by the 2010 Refugee Regulations, which provide a pathway for refugees to become self-reliant. Specifically, refugees are integrated within the host communities and have:

- access to the same services (such as health facilities) as nationals;
- the right to livelihoods and establish businesses;
- the right to go to school;
- freedom of movement;
- access to documentation; and
- access to allocated land for agricultural use.

This enabling environment forms the basis for an increasingly developmental and solutions-oriented response programme for South Sudanese refugees. The Government has made refugee-hosting areas a priority through the inclusion of the Settlement Transformative Agenda (STA) in the National Development Plan (NDP II), which will also be supported through the Refugee and Host Population Empowerment (ReHoPE) approach endorsed by the UN Country Team. ReHoPE focuses on progressively enhancing social service delivery in refugee-hosting areas, with a view to integrating services with local government systems, and on economic empowerment of refugee hosting areas.

Since the start of the crisis in South Sudan in mid-December 2013, Uganda has continued to receive a constant influx of South Sudanese refugees. While going through various phases of intensity, the influx is continuing, with almost 38,000 new South Sudanese refugees entering Uganda in 2015 (by October 2015). All the South Sudanese new arrivals are granted refugee status on a *prima facie* basis and issued household attestation letters after biometric registration. Despite the Peace Accord signed in August 2015, the influx into Uganda continues. By the end of 2015, Uganda is likely to host some 181,000 South Sudanese refugees, in addition to some 22,000 individuals who arrived prior to December 2013. This influx trend is expected to continue in 2016, albeit in lower numbers than in 2015.

The majority of the refugees are hosted on communal land in northern Uganda, and share the limited resources available with the host community. Challenges faced include the congestion at reception and transit centres, and the high start-up costs to establish services and basic infrastructure in new refugee settlements, which extend over vast areas. The influx continues to be characterised by large numbers of women and children, which constitute over 84 per cent of the population. Children alone constitute 67 per cent of the population. This requires particular emphasis on child protection and on prevention and response to sexual and gender-based violence (SGBV). There is also a continued need to develop education opportunities to increase retention rates and post-primary possibilities.

Achievements

Throughout 2015, Uganda has been affected by three parallel refugee emergency influxes. The South Sudanese influx is the largest, and the operation has had to respond to the new influx whilst

simultaneously stabilising the already-existing refugee population. In this complex environment, major achievements include:

- continued access to asylum;
- provision of minimum emergency support at the borders and reception centres;
- continued allocation of community owned land by the hosting community, shelter support, NFI provision and food rations;
- the start of integrated service delivery with District Local Government (DLG) systems, in particular in the health and education sectors;
- strengthened child protection and SGBV referral systems; an SGBV-referral pathway has been established and survivors assisted with legal protection, medical and psychosocial support;
- livelihood support from the onset, and gradual socio-economic empowerment of long-stayers; and
- integration of refugee management and protection into the National Development Plan II.

Since March 2015, refugee registration is carried out by the Government of Uganda through the Office of the Prime Minister (OPM). Refugees are now registered in the Refugee Information Management System (RIMS). This constitutes a major shift towards the strengthening of the Government role in managing refugee protection and assistance.

At sectoral level, there are many achievements, and challenges, which could be highlighted, reflecting improvements in nutrition, registration of persons with specific needs (PSNs), child protection and SBGV support, shelter support, livelihood development, infrastructure, and diversified education opportunities. The below table shows some key achievements through the emergency response in terms of meeting basic needs and meeting the SPHERE standards:

- In **protection**, 100 per cent of the refugees were registered upon arrival and no cases of *refoulement* were reported or known. Since March 2015, the government has directly carried out registration activities and launched the RIMS. Concerning **SGBV**, Government officials, partners and UNHCR staff received training on international protection, SGBV, child protection and registration. Over 700 Refugee Welfare Committee members received refresher training on their roles and responsibilities. An SGBV referral pathway was established and a mobile legal aid clinic provides access to justice for survivors of SGBV. Toll free helplines exist for callers to receive information about SGBV services and legal counselling.

- In **child protection**, more than 3,728 UASCs were registered, and 98 per cent of these children were placed in appropriate interim or long-term alternative care and have had the Best Interest Assessment process initiated or completed. Forty child friendly spaces were set up, benefiting approximately 66 per cent of the children. Some 34 per cent of adolescents have participated in targeted activities, and 28 per cent of the children have received protection messages through awareness raising activities. The roll out plan for setting up child protection committees was finalized. The contextualization of the child protection minimum standards (CPMS) document for Uganda was supported through a workshop: government counterparts, NGOs and UN agencies were engaged as key stakeholders in creating awareness about the relevance and availability of the CPMS, to ensure child protection mainstreaming in all sectors.

- In terms of **WASH**, access to potable water exceeds the standards with over 17 litres per person per day (against the standard of more than 15 litres per person per day) and the ratio of persons per latrine is at 19 per cent (standard is less than 50 person per latrine). Eighty per cent of refugees had access to safe water within a distance of 500 to 1,000 metres from

their homes. In Arua, household sanitation stood at 80 per cent with 1,683 completed latrines. The school latrine stances improved from a ratio of 1:92 to 1:58 pupils.

- In the **health** sector, the crude mortality rate and the under-five mortality rate have been reported to be zero. Over 96 per cent of the births took place at a health centre and by skilled health workers. Consultations stand at 57 persons per clinician per day against the Sphere standard of less than 50 people per clinician per day.

- With **education** remaining a priority, some 55 per cent of children aged between three and five years old are enrolled into functional early childhood development centres. At the primary level, 65 per cent of the school-aged children are enrolled in schools.

- **Nutrition**-wise, the severe and moderate acute malnutrition recovery rates were between 80 and 100 per cent for both refugees and local communities.

- In the area of **shelter and site** allocation, a layout plan to accommodate over 100,000 South Sudanese refugees in the seven different settlements, covering an area of 1,954 hectares and incorporating all the basic services required, was prepared and developed. This leads to a surface of 195 square metres per person while the standard stands at more than 45 square metres per person.

Humanitarian Needs and Vulnerabilities

Despite the Peace Accord signed in August, it is expected that the influx of South Sudanese will continue, with an estimated 35,000 new arrivals in 2016. Thus, it will be critical to address the urgent needs of new arrivals, whilst continuing to stabilise the situation of the substantial number of South Sudanese refugees who are already living in Uganda. Spontaneous returns have been observed, and therefore monitoring such movements remains necessary. However, it is not expected that the rate of returns will substantially affect population figures. Since the South Sudanese refugees who arrived pre-December 2013 will be included in the population planning figure, a total of 238,855 South Sudanese are expected to be in Uganda by the end of 2016.

Protection activities at all levels remain important, in particular individual registration and the identification and response to people with specific needs, such as UASCs, single female heads of large households, and the elderly and sick persons, among others. Due to the fact that 85 per cent of the new arrivals are women, with children accounting for up to 67 per cent, this population's profile increases risks traditionally associated with children and women. With an average of 90 children with special needs per social worker, there is an urgent need to increase the child protection workforce and an improvement of the case management system. Low refugee women representation in community leadership structures – due to cultural practises and disrupted community structures after displacement – makes it difficult to address some of the concerns. The operation is still grappling with barriers towards prevention and response to SGBV, including a lack of awareness of available support services, lack of support for community-based structures (such as the Refugee Welfare Committees) in dispute resolution, few police outposts and low capacity of police to handle SGBV cases and limited District capacity to provide service. Therefore, there is a need to identify and expand activities that lead to meaningful engagement of the women and youth by promoting self-reliance.

Reception and transit centres need to be upgraded to cope with the protracted nature of the emergency influx, which has been ongoing for almost two years. These centres also continue to require high intensity management and maintenance, given the high population turnover. New refugee settlement areas will need to be opened, requiring a high initial investment in basic services infrastructure and/or strengthening existing public services. The existing settlements will need to be

stabilised with a focus on capacity building for local government authorities and community self-management structures, including host communities.

Primary health care services risk being overwhelmed by the increasing population. The existing health centres are operating beyond capacity thereby stretching their limited resources.

At present, access to post primary education remains a critical need. While access to primary education has significantly improved during 2015, the retention rate is still low with just 59 per cent of primary school-age children attending school. More class rooms, teachers, teacher accommodation, and sensitisation campaigns are required to address the current gaps in providing secondary and non-formal education provision.

While the policy environment is conducive to promoting self-reliance, more investment in agricultural and non-agricultural livelihood opportunities is required. Consumption support will need to be provided in parallel to allow refugees to graduate towards self-sufficiency.

Many of the emergency shelters provided over the last two years have fallen into decay, and current practises of providing wooden poles have an impact on the environment. Therefore there is a need to shift the approach to transitional shelter, to allow for more dignified and durable housing units. Many of the non-food items (NFIs) provided to refugees over the past two years during the influx need replacement due to wear and tear.

Although some 80 per cent of the population have access to clean water, water availability at some schools and in some communities remains limited. This is compounded by the receding ground water leading to frequent break down of boreholes. The increase in the number of refugees has added pressure to available WASH facilities. At present, overuse and queues are experienced at some water collection points. The strategy of drilling more boreholes is no longer feasible in all locations; hence there is a need to invest more in a piped network using water from high yielding boreholes. Solar powered boreholes should be favoured over other techniques, also to achieve better sustainability.

Response Strategy and Priorities

Strategic priorities for 2016 will look at developing service delivery capacity in health, child protection and education in particular, improved infrastructure especially in WASH, and enhanced socio-economic development with a focus on improved livelihood opportunities for refugees and host communities alike.

Goals and objectives

In 2016, the South Sudan refugee response operation will pursue two overall goals:

1. **Transition from care and maintenance to a solutions-oriented mode**, with a view to maintaining the asylum space and providing the best possible type of interventions in the context of a non-camp refugee policy; and

2. **Enabling refugees and host communities to achieve self-sufficiency**, by combining consumption support (basic needs) with increased interventions promoting livelihoods, towards strengthening resilience against external shocks. Refugee and host communities should become resilient enough to not return to a dependency on humanitarian aid.

The priority strategic objectives of this Refugee Response Plan are:

Strategic Objective 1: Protection including emergency response

Preserve equal and unhindered access to territory and protection space and promote the full enjoyment of rights, while maintaining the civilian character of asylum. This objective includes continued emergency response operations in line with SPHERE standards for recent and newly arriving refugees, which constitute about 20 per cent of the overall South Sudan refugee population.

Strategic Objective 2: Peaceful co-existence with local communities promoted

Refugees live in safety, dignity and harmony with host communities, and together protect their natural environment while contributing to social cohesion.

Strategic Objective 3: Sustainable livelihoods improved

All partners will work with the Government to foster economic self-reliance for refugees and host communities, and thereby contribute to the socio-economic empowerment of refugee hosting areas.

Strategic Objective 4: Social service delivery is integrated with local governments

All partners progressively enhance basic and social service delivery capacity in refugee-hosting areas, with a view to integrating services with local government systems, in line with the Government of Uganda's rural development standards.

Strategic Objective 5: Preparing for durable solutions

All partners contribute to preparing South Sudanese refugees for durable solutions – if and when feasible – such as return, resettlement in third countries, or local integration in Uganda by progressively moving away from dependency towards increased resilience, sustainable self-reliance and development.

Operational markers

Sectoral response activities in Uganda are guided by a set of operational markers that set operational priorities towards achieving the above mentioned goals and objectives, and inform programming decisions:

Protection

- Services tailored towards specific needs, in particular children (for example, child friendly spaces and birth registration), with particular emphasis on case management and strengthening of the child protection workforce, in line with the Regional Updated Framework for the South Sudanese and Sudanese Children (July 2015- June 2017).
- SGBV community-based prevention and response mechanisms are strengthened, including legal assistance, medical support, psychosocial counselling and safe spaces
- Promotion of peaceful co-existence amongst refugees and between refugees and local communities
- Strengthening of refugee and host community leadership and self-management structures.

Education

- Improvement of primary school retention rates;
- Introduction of more post-primary education support, including secondary and non-formal education;

- Support refugee-hosting districts to develop and implement 'education for peace building strategies', to include adolescents and youth and host and refugee community dialogue around education service delivery.
- Build on the successes developing the Conflict and Disaster Risk Management (CDRM) Guidelines for Education with the Ministry, and the capacity development work at central and district levels, to continue to promote resilience in the education sector (such as institutions and services) and communities to refugee influxes (specific CDRM work with refugee-hosting districts).

Health
- Full integration of health services with the national health system;
- Provision of minimum health service package (including vaccinations) for new refugee arrivals;

Livelihoods
- Agricultural and non-agricultural livelihood support;
- Formation of village savings and loan associations (VSLAs) and savings and credit cooperatives (SACCOs);

WASH
- Integration with national water, hygiene and solid waste management systems;

Food
- In-kind and cash-based interventions – with increased consideration for the latter;

Energy and environment
- Energy efficient stoves;
- Increased use of alternative energy sources such as solar;

Shelter and infrastructure
- Transitional shelter solutions;
- Community centres;

Logistics, transport and NFIs
- Continued emergency preparedness through effective supply chain and logistics systems;
- NFIs: in-kind and possibly the introduction of cash based interventions;
- Tools supporting agricultural activities.

Partnership and Coordination

The response to the refugee influx from South Sudan is led and coordinated by the OPM with UNHCR, in broad consultation with UN and NGO partners involved in the response. This coordination arrangement is oriented towards achieving an effective integrated response involving members of refugee and host communities, Government capacities as well as the United Nations agencies and national and international NGOs. The integration of national and external capacities in one response is particularly important in view of the non-camp settlement policy in Uganda.

At Kampala level, interagency coordination meetings take place monthly, co-chaired by the OPM and UNHCR, in addition to sector coordination meetings. The frequency of the Kampala-level meeting may be adjusted as needed. Similarly, regular interagency coordination meetings and sectoral meetings take place at the District and settlement levels.

Together with the OPM, UNHCR supports the planning, implementation and coordination of the overall response for the refugee emergencies in Uganda. At field level, the DLGs are also at the forefront of the emergency response, working closely with the UN and NGO partners supplementing Governmental efforts. As of October 2015, the South Sudan refugee response in Uganda includes 40 partners, comprising six UN agencies (FAO, UNFPA, UNHCR, UNICEF, UN Women, and WFP) and 34 NGOs.

The following NGO partners are part of the response: Action Africa Help, Action Contre la Faim, Adventist Development and Relief Agency, Africa Development Corps, African Initiatives for Relief and Development, Agency for Cooperation and Research in Development, American Refugee Committee, African Medical and Research Foundation, Caritas, Community Empowerment for Rural Development, Concern Worldwide, Danish Refugee Council, Family Research Council, HelpAge International, International Rescue Committee, Lutheran World Federation, Medical Teams International, Norwegian Refugee Council, Oxfam, Real Medicine Foundation, Plan International Uganda, Samaritan's Purse, Save the Children, Transcultural Psychosocial Organization, Trauma Counselling, Ugandan Red Cross Society, Ugandan Refugee and Disaster Management Council, War Child Canada, Water Mission International, Welthungerhilfe, Windle Trust Uganda, World Vision International and ZOA Uganda.

In view of the increased emphasis on the Settlement Transformative Agenda (STA) and the Refugee and Host Population Empowerment (ReHoPE) framework, the coordination structure will be reviewed towards strengthening the transition towards solutions-oriented programming, and linkages with development frameworks.

June 2015. Uganda. Support to South Sudanese woman to set up her own restaurant in Ocea, Arua District.
© UNHCR/Jordi Matas

Planned Response

Protection	- Services tailored towards specific needs, in particular vulnerable children, in line with the Updated Regional Framework for the Protection of South Sudanese and Sudanese Refugee Children (July 2015-June 2017). - Refugee and host community leadership and self-management structure strengthened. - Prevention and response to SGBV - All refugees registered and received documentation. - Identity cards to refugees provided. - Access to civil documentation including birth, marriage and death certificate enhanced. - Identification and submission of resettlement cases enhanced. - Voluntary repatriation facilitate if and when feasible; - RIMS current information coverage to be reviewed so as to become protection friendly and access to data be given to UNHCR; - Individual case management and filing system based on the Best Interest procedure strengthened. - Under the leadership of the District Probation Officer, child protection systems strengthened at the local level to support children from both refugee and host communities. - Training to Government officials on refugee protection provided. - Sustainable and response strategies of programme implementation like SASA for SGBV and NIMS for data collection rolled out. - Institutional and community based early identification, response and documentation of persons with specific needs including male and female SGBV survivors implemented. - Access to justice improved and legal assistance including direct court representation, legal counselling and alternative dispute resolution enhanced. - Capacity building of government officials including police officers leads to crime prevention. - Persons of concern with specific needs protected, including children, persons with disabilities, older persons and LGBTI. - Working with male survivors and engaging men and boys improved. - Community services and SGBV programming will be led by the district community development officer where district structures will be supported to include refugee response. - Refugee community structures will be linked up with national structures for organic response to community needs with focus on sustainable methods of mobilization. The documented structures will be trained on programme ownership and continuity plan. - Attention to activities aimed at prevention and response to SGBV and strengthening child protection referral and response mechanisms. - Preserve the civilian character of asylum by increasing public awareness in the refugee communities, screening luggage/weapons at entry points, and strengthening monitoring and reporting mechanism (MRM) on child recruitment. - Peace building programmes include components of positive traditional dispute resolution mechanisms that work for host community. - Youth-focused peace building programmes to promote peaceful co-existence and build the capacity of youth capacity as leaders.
Education	- Primary school retention rates improved. - More post-primary education support introduced. - Education services fully integrated with the national education system under the leadership of the District Education Officer in refugee

	hosting districts. - Integrated programmes to the education sector promoted through expansion of district institutions and private schools having refugees as part of the integrated community. - Focus on quality education that is guided by efficiency ratio. - Secondary education opportunities enhanced for broader access to refugees and host community through structural development, such as class rooms, teacher accommodation and fee reduction programmes. - Kiryandongo: skills and trade availed at Panyadoli vocational training centre expanded. - Secondary and college scholarship opportunities expanded. - Adult literacy programmes functioning. - Expansion of Community Technology Access for the youth - Promotion of a learning culture and access to reading materials trough establishment of community libraries as part of continuing education - Vocational skills training and income generating activities promoted and tailored to the emerging needs of the refugee hosting context - Linkages and coordination between child protection and education enhanced to reduce harmful practices such as corporal punishment and ensure a protective environment for children
Environment and Livelihoods	- Livelihoods: agricultural and non-agricultural livelihood support, and VSLAs and SACCOs formed. - Energy-saving stoves adoption rate increased and alternative and renewable energy based technologies promoted, as well as relevant livelihood activities (Lorena stoves construction and supply; construction of fuel-efficient devices; solid waste management, alternative energy resources: solar, biogas, organic compost, charcoal briquette). - Environmental Protection Committees (EPCs) supported thus promoting cooperation between refugees and nationals to share and safeguard natural resources; and awareness raising campaigns for both refugees and nationals; - Environmental impact of projects prior to implementation assessed and interagency coordination on environmental risk-prevention/ mitigation enhanced. - Tree-planting and afforestation interventions supported in cooperation with the Local Government, with emphasis on participation and ownership of both the refugee and the host communities and on enhanced tree survival strategies; - Livelihood support to youth prioritized, also with a view to filling the current gap of post-primary education opportunities; - Effective partnership between refugees and host community members – encourage cooperatives - Seeds and livestock provided to refugees for self-sufficiency. - Farmers trained on modern agricultural practices. - Emphasis on building the marketing capacity; - Employment of qualified refugees (map skills, facilitate recognition of educational/professional qualifications) supported. - Advocacy with OPM for negotiations with land-owners to acquire land for farming for livelihood projects; - Collaboration with development agencies and private actors to build the capacity for scaling up livelihood activities - Livelihood projects with vocational training institutions linked. - Formation of village savings and loan associations (VSLAs) and savings and credit cooperatives (SACCOs) for promoting access to financial services
Food	- In-kind and cash based interventions – with increased consideration for cash-based interventions

	- Food rations distributed and food distribution infrastructure improved. - Cash assistance for vulnerable families provided. - Food ration and pipeline management set up.
Health and Nutrition	- Health services fully integrated with the national health system - Minimum health service package (including vaccinations) provided to new arrivals - Additional medicine and health supplies purchased with a focus on vital and essential medicine and supplies. - Health staff capacity built through training, including refresher courses and support supervision. - In-kind and cash assistance systems consolidated through support to food and cash management committees, complaints-mechanisms, coordination with Refugee Welfare Committees and enhanced engagement of the community; - Infant, young child and mother feeding practices strengthened. - Severe and moderate acute malnutrition and prevention of micronutrient deficiencies, including anaemia managed. - Children aged 1-5 years old de-wormed and a Vitamin A supplementation given to children aged 6-59 months. - Access to both preventive and curative health services to persons of concern ensured. - Access to reproductive health and nutrition services ensured. - Health outreach services through the VHT system strengthened. - Access to special medicine facilitated for chronically sick patients - Access to specialised care facilitated through medical referral system. - Additional staff accommodation constructed and replacement of temporary health centre building replaced with more durable ones. - Vaccinations for new arrivals and old caseloads - Existing supplementary feeding programmes for malnourished children expanded.
Logistics and Transport	- Continued emergency preparedness through effective supply chain and logistics systems. - Timely and dignified transport of refugees ensured from reception centre to their allocated plots. - Adequate stock levels of core relief items ensured. - Adjumani mechanical workshop upgraded with better tools and personnel to improve the quality of services offered. - Vehicle spare parts purchased for maintenance of vehicles in Adjumani mechanical workshop. - Need for: forklift for loading and off-loading NFIs; low bed for transporting the earth moving equipment to new construction sites. - Refugees seeking to be reunited with their family members in other settlements helped with transportation. - Ware house and distribution centres management in place. - WASH services supported through water trucking. - Fuel effectively and efficiently managed. - A service bay in the different settlements for cost effectiveness and uninterrupted operations set up.
Non-Food Items (NFI)	- In kind and cash based interventions – possibly the introduction of cash based interventions - Standard basic core relief items (CRI) purchased and distributed in transit centres and settlements. - Soap and sanitary materials purchased and distributed to women of reproductive age among the refugee population.
Shelter and Infrastructure	- Transitional shelter solutions identified and community centres set up. - Innovative initiatives towards sustainable shelter strategy supported.

	- Negotiation of additional land for residential and agricultural activities pursued. - Mud brick shelters comprising at least 200 housing units for people with special needs introduced. - Shelter materials (construction or eucalyptus poles) and treated logs for households' latrines purchased. - Existing access roads maintained and new ones opened. - Provisions made for additional reception centres, health, education facilities, multipurpose community centre, base camps and other infrastructures corresponding to the respective camp population. - Refugee Welfare Council Offices engaged for the use of various community purposes. Hut construction for PSNs receives standardized and uniform support. - Buildings and infrastructure maintained through local government.
Water, Sanitation and Hygiene (WASH)	- Water, hygiene and solid waste management systems integrated with national systems. - Adequate safe clean potable water provided through motorised and hand-operated boreholes. - Jerry cans provided for collection of safe clean potable water to reduce the household water contamination. - Communal latrines constructed in public places across all settlements. - Male/female latrines constructed according to SPHERE standards. - Household level latrines in place. - Hand-washing facilities and soap provided in public places, including schools for good hygiene practices to minimise diarrheal diseases. - Collection, storage and proper disposal of solid waste across the settlement facilitated by providing sanitation tools and health education to the community. - Women involved in capacity building for equitable and sustainable water supply and ensure equal opportunities. - Community Based Maintenance Systems (CBMS) promoted through a 3–tiered system as the approach to ensure sustainable operations and maintenance of facilities. - Solar hybrid motorization of high yield boreholes with gravity fed piped water system promoted. - Water users committees formalized under the leadership of local government with clearly defined roles and responsibilities. - Vector and vermin control, including indoor residual spraying for malaria control and baiting of stray cats to prevent rabies

Financial Requirements Summary – UGANDA

Financial requirements by agency (in US Dollars)

Organization	Total
ACF	3,930,000
ACORD	198,275
AIRD	10,000
DRC	1,391,000
FAO	6,374,151
International Aid Services	91,340
IOM	4,547,500
IRC	1,000,000
LWF	1,894,665
Malteser International	504,000
NRC	1,913,600
Oxfam	1,697,500
Plan international	712,861
TPO	1,000,000
UNFPA	1,142,770
UNHCR	88,807,513
UNICEF	7,470,042
WCC	560,000
Welthungerhilfe	507,293
WFP	36,211,232
WHO	3,924,600
WVI	450,443
Total	**164,338,784**

Financial requirements by sector (in US Dollars)

Sector	Total
Protection	17,550,544
Education	24,928,439
Food	26,716,764
Health and Nutrition	20,995,599
Livelihoods and Environment	26,097,226
Logistics and Telecoms	2,883,853
Shelter and NFIs	19,539,364
WASH	9,909,053
Operational Support	15,717,942
Total	**164,338,784**

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

Organization	Ethiopia	Kenya	Sudan	Uganda	Total
ACF	3,000,000			3,930,000	6,930,000
ACORD				198,275	198,275
ADRA	700,000				700,000
AIRD				10,000	10,000
Almanar			214,590		214,590
ARRA	7,133,195				7,133,195
Assist			906,733		906,733
Concern Worldwide	2,000,000				2,000,000
DCA	2,100,000				2,100,000
DICAC	5,026,797				5,026,797
DRC	9,348,065	514,423		1,391,000	11,253,488
ERCS	906,372				906,372
FAI		433,351			433,351
FAO			8,343,120	6,374,151	14,717,271
GOAL	2,000,000				2,000,000
HelpAge	929,374				929,374
IMC	3,481,847				3,481,847
International Aid Services				91,340	91,340
IOM	5,660,593		1,240,000	4,547,500	11,448,093
IRC	2,700,000			1,000,000	3,700,000
LWF	829,900	1,798,371		1,894,665	4,522,936
Malteser International				504,000	504,000
MCMDO	1,676,758				1,676,758
NCA/DCA/DASSC	1,700,000				1,700,000
NRC	12,218,785	150,000		1,913,600	14,282,385

Organization	Ethiopia	Kenya	Sudan	Uganda	Total
NRDEP	1,500,000				1,500,000
Oxfam	2,800,000			1,697,500	4,497,500
Pancare			650,000		650,000
Plan international	5,900,000			712,861	6,612,861
PWJ		500,000			500,000
RaDO	2,933,849				2,933,849
SCI	7,100,000		274,050		7,374,050
SRCS			825,714		825,714
TPO				1,000,000	1,000,000
UNFPA			2,600,000	1,142,770	3,742,770
UNHCR	117,474,997	31,820,917	54,209,171	88,807,513	292,312,598
UNICEF	8,426,000	2,400,000	18,604,594	7,470,042	36,900,636
UPO			200,000		200,000
WCC				560,000	560,000
Welthungerhilfe				507,293	507,293
WFP	73,372,820	10,000,000	42,895,444	36,211,232	162,479,496
WHO			10,200,000	3,924,600	14,124,600
WVI	625,205			450,443	1,075,648
ZOA International	2,839,881				2,839,881
Total	**284,384,438**	**47,617,062**	**141,163,416**	**164,338,784**	**637,503,700**

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

Sector	Ethiopia	Kenya	Sudan	Uganda	Total
Protection	33,295,511	6,910,124	17,442,376	17,550,544	75,198,555
Education	22,923,812	6,196,139	8,624,912	24,928,439	62,673,302
Food	77,505,505	10,000,000	39,969,224	26,716,764	154,191,493
Health and Nutrition	34,242,764	4,056,969	24,000,653	20,995,599	83,295,985
Livelihoods and Environment	19,129,512	5,864,834	11,564,320	26,097,226	62,655,893
Logistics and Telecoms	12,463,563	1,059,606		2,883,853	16,407,022
Shelter and NFIs	39,476,654	6,720,216	19,006,645	19,539,364	84,742,879
WASH	34,652,065	3,679,094	20,555,286	9,909,053	68,795,498
Operational Support	10,695,052	3,130,080		15,717,942	29,543,074
Total	**284,384,438**	**47,617,062**	**141,163,416**	**164,338,784**	**637,503,700**

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

Organization	Protection	Education	Food	Health and Nutrition	Logistics and Telecoms	Shelter and NFIs	WASH	Livelihoods and Environment	Operational Support	Total
ETHIOPIA	**33,295,511**	**22,923,812**	**77,505,505**	**34,242,764**	**12,463,563**	**39,476,654**	**34,652,065**	**19,129,512**	**10,695,052**	**284,384,438**
ACF				3,000,000						3,000,000
ADRA							700,000			700,000
ARRA				3,451,480	3,681,715					7,133,195
Concern				2,000,000						2,000,000
DCA			2,100,000							2,100,000
DICAC	309,695	4,415,300							301,802	5,026,797
DRC	406,840					4,289,047	1,450,513	710,705	2,490,960	9,348,065
ERCS				831,496					74,876	906,372
GOAL				2,000,000						2,000,000
HelpAge	929,374									929,374
IMC	1,263,995			2,217,852						3,481,847
IOM					3,628,986	2,031,607				5,660,593
IRC							2,700,000			2,700,000
LWF							829,900			829,900
MCMDO								1,676,758		1,676,758

Organization	Protection	Education	Food	Health and Nutrition	Logistics and Telecoms	Shelter and NFIs	WASH	Livelihoods and Environment	Operational Support	Total
NCA/DCA/DASSC							1,700,000			1,700,000
NRC		2,400,000				5,154,500	3,570,415		1,093,870	12,218,785
NRDEP								1,500,000		1,500,000
Oxfam							2,800,000			2,800,000
Plan	1,500,000	2,700,000							1,700,000	5,900,000
RaDO	2,721,318			212,531						2,933,849
SCI	4,300,000	2,800,000								7,100,000
UNHCR	20,225,275	8,621,782	2,032,685	16,229,405	5,126,862	28,001,500	19,535,147	13,195,261	4,507,079	117,474,997
UNICEF	1,500,000	1,800,000		4,300,000	26,000		800,000			8,426,000
WFP			73,372,820							73,372,820
WVI		186,730					438,475			625,205
ZOA	139,015						127,614	2,046,788	526,465	2,839,881
KENYA	**6,910,124**	**6,196,139**	**10,000,000**	**4,056,969**	**1,059,606**	**6,720,216**	**3,679,094**	**5,864,834**	**3,130,080**	**47,617,062**
DRC								514,423		514,423
FAI	213,754								219,597	433,351
LWF	977,929	480,524						339,918		1,798,371
NRC							100,000	50,000		150,000
PWJ						500,000				500,000

Organization	Protection	Education	Food	Health and Nutrition	Logistics and Telecoms	Shelter and NFIs	WASH	Livelihoods and Environment	Operational Support	Total
UNHCR	4,968,441	4,815,615		3,706,969	1,059,606	6,220,216	3,279,094	4,860,493	2,910,483	31,820,917
UNICEF	750,000	900,000		350,000			300,000	100,000		2,400,000
WFP			10,000,000							10,000,000
SUDAN	**17,442,376**	**8,624,912**	**39,969,224**	**24,000,653**		**19,006,645**	**20,555,286**	**11,564,320**		**141,163,416**
Almanar				214,590						214,590
Assist							906,733			906,733
FAO								8,343,120		8,343,120
IOM							1,240,000			1,240,000
Pancare				650,000						650,000
SCI				274,050						274,050
SRCS						825,714				825,714
UNFPA	1,450,000			1,150,000						2,600,000
UNHCR	14,538,125	3,335,000		2,444,000		18,080,931	12,689,915	3,121,200		54,209,171
UNICEF	1,454,251	5,289,912		6,641,793			5,218,638			18,604,594
UPO						100,000		100,000		200,000
WFP			39,969,224	2,926,220						42,895,444
WHO				9,700,000			500,000			10,200,000
UGANDA	**17,550,544**	**24,928,439**	**26,716,764**	**20,995,599**	**2,883,853**	**19,539,364**	**9,909,053**	**26,097,226**	**15,717,942**	**164,338,784**
ACF				2,500,000			500,000	500,000	430,000	3,930,000
ACORD	88,381			60,885				27,496	21,513	198,275

Organization	Protection	Education	Food	Health and Nutrition	Logistics and Telecoms	Shelter and NFIs	WASH	Livelihoods and Environment	Operational Support	Total
AIRD		10,000								10,000
DRC						500,000		800,000	91,000	1,391,000
FAO								5,311,792	1,062,358	6,374,151
IAS		19,228					23,329	30,304	18,479	91,340
IOM							2,900,000	1,350,000	297,500	4,547,500
IRC	150,000			300,000			300,000	250,000		1,000,000
LWF	708,911					759,287	116,296	225,171	85,000	1,894,665
Malteser					14,000		360,000	46,000	84,000	504,000
NRC		700,000					322,000	450,000	441,600	1,913,600
Oxfam	368,000						656,000	417,500	256,000	1,697,500
Plan	217,880	214,705						16,559	263,717	712,861
TPO	1,000,000									1,000,000
UNFPA	331,320			546,800					264,650	1,142,770
UNHCR	12,359,609	23,474,506		8,125,960	2,869,853	18,280,077	4,112,705	15,328,996	4,255,807	88,807,513
UNICEF	1,500,000	510,000		3,160,042			600,000		1,700,000	7,470,042
WCC	376,000								184,000	560,000
Welthungerhilfe				45,162			18,723	443,408		507,293
WFP			26,716,764	2,332,150				900,000	6,262,318	36,211,232
WHO				3,924,600						3,924,600
WVI	450,443									450,443
Total	**75,198,555**	**62,673,302**	**154,191,493**	**83,295,985**	**16,407,022**	**84,742,879**	**68,795,498**	**62,655,893**	**29,543,074**	**637,503,700**