

SOUTH SUDAN - Regional RRP 2017 End of Year Report

December 2017



2017 PLANNED RESPONSE

2,435,120

SOUTH SUDANESE REFUGEES
(DEC 2017)

US\$ 1.3B

REQUIREMENTS IN 2017

33%

FUNDING RECEIVED
(DEC 2017)

58

RRRP PARTNERS
INVOLVED

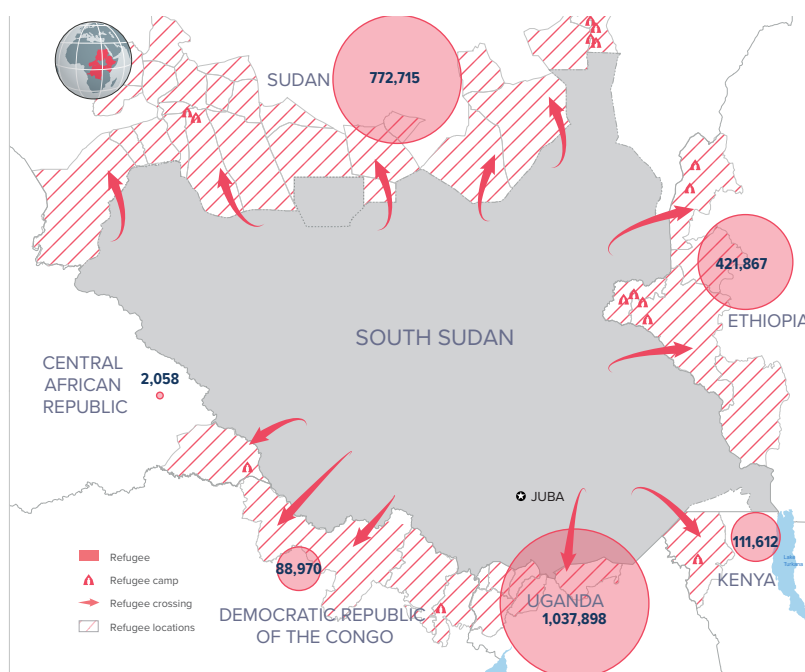
REGIONAL SITUATION OVERVIEW

South Sudan remained engulfed in conflict throughout 2017. Actions on the part of government and opposition actors continue to create an insecure environment, leading to significant protection concerns for the civilian population. The conflict also interfered with planting activities creating a food security crisis which led to a declaration of famine in early 2017. The deepening economic crisis compounded this situation and eroded the coping capacity of the people. Cumulatively, these factors drove internal displacement and large scale population movement to surrounding countries.

In 2017, Uganda received the largest number of arrivals (354,556) and Sudan received triple the expected number of arrivals (195,599)¹. Arrivals to Sudan spiked between January and May, likely linked with the food security shortages which led to a famine being declared in the northern Leer and Mayendit counties in February 2017. Ethiopia also received an increased number of arrivals compared with the previous year due to renewed fighting in the states of Upper Nile, Jonglei and Unity states in 2017. Kenya received similar figures to those of 2016 (23,288), while the Democratic Republic of the Congo (DRC) and the Central African Republic (CAR) received reduced, but not insignificant, numbers of new arrivals, with 22,017 and 414 arriving respectively.

Across the region, what can be observed is that this emergency is disproportionately affecting children. 65% of the refugee population in Sudan are children, 61% in Uganda and 65% in the DRC. This highlights the need for a strong child protection and education response. Child protection response has been strengthened in the region with a focus on identifying risks, providing family tracing services, specialized psychological support and facilitating access to birth registration. However, countries which received large numbers of new arrivals have struggled to cope with the scale of response required. Gaps include lack of deployment of protection staff to the border for on-the-spot assessment of protection risks facing new children arriving, limited follow up on cases due to increasing caseloads, lack of trained staff, lack of capacity to identify protection risks in children beyond the unaccompanied and separated children (UASC) category and the existence of community based protection structures whose effectiveness is sometimes undermined due to lack of resource input. Overall, this is an area requiring continued and strengthened support in order to fully protect vulnerable refugee children.

Robust efforts on behalf of both governments in the region and humanitarian responders are being undertaken to respond to the educational needs of refugee children. Yet the scale of the crisis, the overstretched capacity of existing systems and inadequate funding have led to the reality that less than half of all refugee children from the South Sudan crisis are not enrolled in primary school. Enrollment in Uganda stands at 57%, in White Nile, Sudan at 47%², in the DRC at 58% and in Ethiopia at 54%. Secondary level education is even more problematic with just 12% of young refugees enrolled in Uganda and only 2.68% in Sudan. Kenya has made significant strides this year reducing the number of out of school children to around 35% and witnessing a 3-fold increase in the number of students enrolled in higher education programs. However the gender equality gap persists, particularly in secondary level education, with both Kenya and Uganda reporting lower access to education for girls.

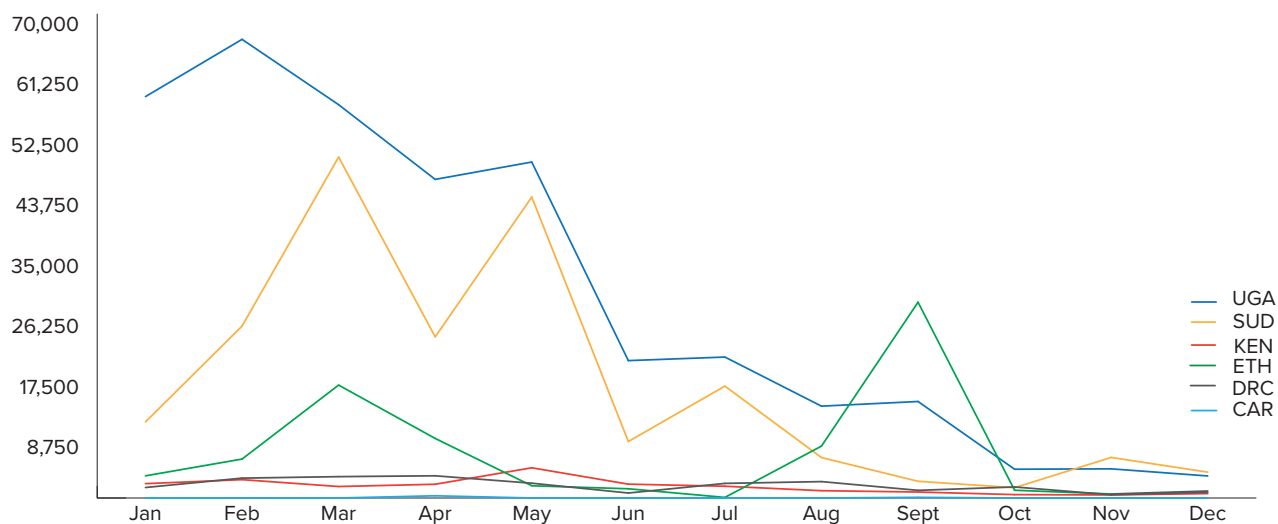


¹ Some may be newly registered as opposed to newly arrived.

² The Sudan operation has limited access to many areas limiting their ability to calculate a figure at country level

Progress was made throughout the region in the health and nutrition response. In Uganda, both refugees and host communities had equal access to primary health care and referral to tertiary services. The DRC achieved 84.8% immunization coverage for measles, Kenya had over 95% hospital delivery rate for pregnant women, Sudan halted the acute watery diarrhea (AWD) outbreak through the Oral Cholera Vaccination (OCV) campaign and Ethiopia reached 100% of its target for vaccines against measles and polio. Alongside this progress there is room for improvement as each of the countries continue to face challenges. The Global Acute Malnutrition (GAM) rate among refugees in Ethiopia remained high at 22.9% and in Sudan at 18.2% in comparison with the threshold of <10%³. In the DRC, the weak existing health system is stretched beyond its capacity and health centers in refugee hosting areas are receiving more than 150% of their caseload. In Sudan, the response is complicated by insufficient medical stocks and challenging remote conditions, which make it difficult to recruit and retain staff. Greater investment is needed to scale up, improve upon and sustain the progress which has been achieved so far.

2017 MONTHLY ARRIVAL TRENDS



Throughout 2017 the high number of new arrivals demanded increased shelter response. Emergency shelter was successfully provided for new arrivals throughout the region with success stories such as in Kenya where 85% of households are now in adequate shelter in Kakuma camp. Other areas still need more support to improve such as Sudan where only 10% of refugees are in adequate shelters and the DRC where 51% are in adequate shelters. Throughout the region there is a need to transition from temporary to semi-permanent and permanent structures to provide a response fitting the longer term needs associated with this protracted crisis.

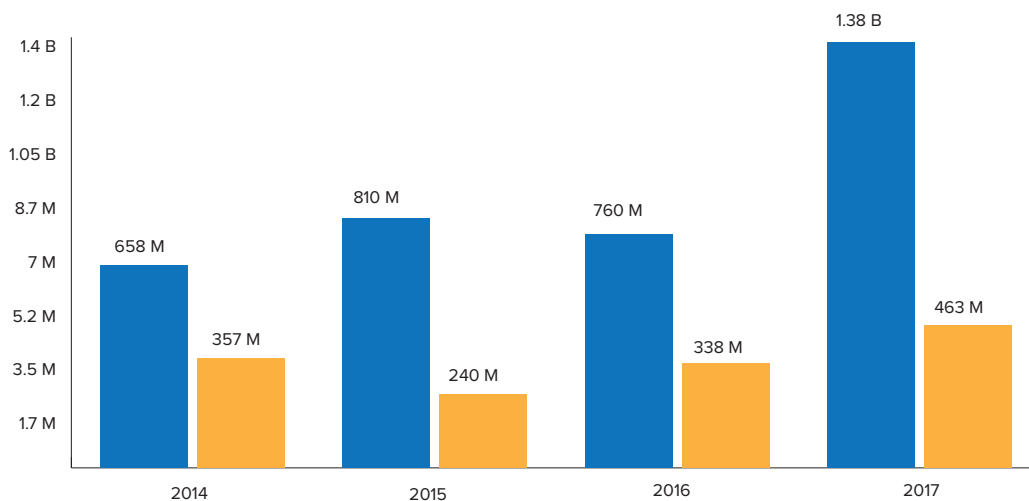
Regionally, many accomplishments were seen in the Water Sanitation and Hygiene (WASH) sector. Sudan improved access to sanitary facilities to 52%. Uganda focused on moving from emergency water trucking to sustainable water supply, though funding shortfalls limited this to a 70% achievement rate. Similarly, in Ethiopia financial constraints limited the transition to sustainable water supply models. CAR succeeded in providing access to 20 litres of drinking water per person per day (L/p/d), while Kenya supplied 22.12 L/p/d. In the DRC some progress was made, with water supply increasing from 8 to 11 L/p/d, though this is well below the 20 litre standard. The situation there is concerning as there is a lack of water at designated refugee sites, and outside of designated sites, no actor is providing safe water for refugees. It is critical that support for the WASH sector is sustained and scaled up.

The long-term nature of the crisis is putting pressure on hosting countries, and to achieve peaceful coexistence of refugee and host communities, livelihoods must be invested in and supported. In Uganda, 71% of the refugee population have access to land, but only 11% have received livelihood support such as seeds, training and tools. In White Nile, Sudan, vocational training resulted in positive outcomes with reports of people being able to generate earnings afterwards but only 11% of refugee households were engaged in livelihood activities. There is a need for an increase in this type of programming. Progress in Kenya has been achieved through a wide range of livelihood activities but challenges still persist in accessing jobs placements for semi-skilled, skilled and professional people. This reflects one of the main hurdles to be overcome in the region, which is ensuring that livelihood programmes have medium to long term sustainability.

The application of the CRRF in three of the major refugee hosting countries of South Sudanese refugees namely Uganda, Ethiopia and Kenya has produced positive actions and initiatives. The CRRF approach in Ethiopia has led to the collaboration of the Ministry of Health, humanitarian and development actors to jointly facilitate medical screening, vaccinations and emergency treatment for new arrivals. In Kenya UNHCR's livelihood programming targeted 10% of its interventions at host communities and worked with multiple stakeholders in a government led response to provide trainings, micro credit, start up kits for farmers and other services. Strong efforts in Uganda to integrate humanitarian health services into the government health care system had led to equal access for both refugee and host communities, to health care services. Continued and expanded engagement of the CRRF model will improve program outputs and reduce tension between refugees and their hosts throughout the region.

³ UNHCR's emergency threshold is <10%, however <5% is the target output.

RRRP FINANCIAL REQUIREMENTS AND FUNDS RECEIVED FROM 2014 TO 2017



REGIONAL COORDINATION

In 2017, Mr Arnauld Akodjenou, the Regional Refugee Coordinator/Special Advisor for South Sudan engaged in political and humanitarian advocacy for over 2.48 million South Sudanese displaced at the regional level, and 2 million internally displaced persons (IDPs) within South Sudan's borders. The South Sudan refugee crisis remains the fastest growing in Africa. Women and children remain disproportionately affected, with 85% of the refugee population comprising of women and children. In addition, 65% of the refugee population are children, making the South Sudan situation a children's crisis.

At an operational level the RRC/SA coordinated the development of the Regional Refugee Response Plan (RRRP) for South Sudan. The RRP is a recognised humanitarian response tool used to determine the level of annual funding required from donors to support refugees in CAR, the DRC, Ethiopia, Kenya, Sudan and Uganda. The RRP is therefore a critical mobilisation and response tool. For 2017 the RRP was only funded at 34%, equating to \$299 million, leaving a funding gap of, \$584 million. This had adverse effects on life saving humanitarian assistance, creating shortages in the supply of: food, water, healthcare, education and livelihood opportunities.

Contingency planning continued in 2017 in preparation to enhance humanitarian response in a worst case scenario of a huge refugee influx into neighbouring countries of South Sudan. The following discussions also started in 2017: Resource mobilisation activities with view to ensuring that funding in 2018 surpassed that of 2017 for the RRP; and replicating Comprehensive Refugee Response Framework (CRRF) approaches to encourage other countries in the region to roll out the CRRF.

At the political level activities included: meeting senior government officials including ministers in South Sudan refugees hosting countries of CAR, the DRC, Ethiopia, Kenya, Sudan and Uganda; meeting regional and international diplomats including AU Commissioners for Peace and Security and Political, Ambassador Nikki Haley and various Ambassadors. The RRC/SA also successfully lobbied for refugee participation in the South Sudan peace talks, leading to their participation in the 2018 IGAD led High Level Revitalization Forum (HLRF). The RRC/SA also lobbied for the participation of UNHCR as an observer in the Peace Talks that led to the signing of the Agreement on Cessation of Hostilities, Protection of Civilians and Humanitarian Access in December 2017. Through his Office, the RRC/SA also coordinated UNHCR support for the government led National Dialogue's Sub-Committee and Refugees and International Outreach consultations with urban and camp based refugees in Uganda and Kenya. The Dialogue seeks to achieve national conciliation at the grassroots level.

FOR MORE INFORMATION

South Sudan Situation Data Portal - <https://data.unhcr.org/southsudan>

Mr. Arnauld Akodjenou RRC and Special Advisor for South Sudan situation akodjeno@unhcr.org; **Mrs. Anna Minuto**, Snr. Information Management Officer, minuto@unhcr.org; **Laura Swanson**, Assc. IM officer swanson@unhcr.org; **Daena Neto**, Reporting officer neto@unhcr.org

REGIONAL RRP PARTNERS

- AAHI - Action Africa International Development Nations Population Help International • FAO - Food Organization Fund
- AAR - Association for and Agriculture • NRC - Norwegian • UNHCR - United Aid and Relief Japan Organisation Refugee Council Nations High
- ACF - Action Against • FCA - Finn Church • OXFAM Commissioner for Hunger Aid • Pancare Refugees
- ADRA - Adventist • FH - Food for the • PI - Plan International • UNICEF - United Development and Hungry • PWJ - Peace Winds Nations Children's Relief Agency • GOAL Japan Fund
- ARC - American • HAI - Help Age • RCK - Refugee • WCC - War Child Refugee Committee International Consortium of Kenya Canada
- ASSIST • IAS - International Aid • SCI - Save the • WFP - World Food Caritas Services Children International Programme
- CWW - Concern • IMC - International • SP - Samaritan's • WHH – World Wide Medical Corps Purse Welthungerhilfe
- DCA - Danish Church • IOM - International • SRCS - Sudanese Red • WHO - World Health Aid Organisation for Crescent Society Organisation
- DRC - Danish Migration • Swisscontact • WMU - Water Mission Refugee Council • IRC - International • TTR - Tutapona Uganda
- EOC-DICAC - Rescue Committee Trauma Rehabilitation • WTI - Windle Trust Ethiopian Orthodox • LWF - Lutheran World • UMCOR - United International Church Development Federation • Methodist Committee • WVI - World Vision and Inter-Church Aid on Relief International Commission
- FAI - Film Aid Multisectoral • UN WOMEN • ZOA International
- UNFPA - United