

Report on identification of Persons with Specific Needs in Renk, South Sudan



Support to older persons during relocation of Nubian Refugees @UNHCR/R.Kirui

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Introduction

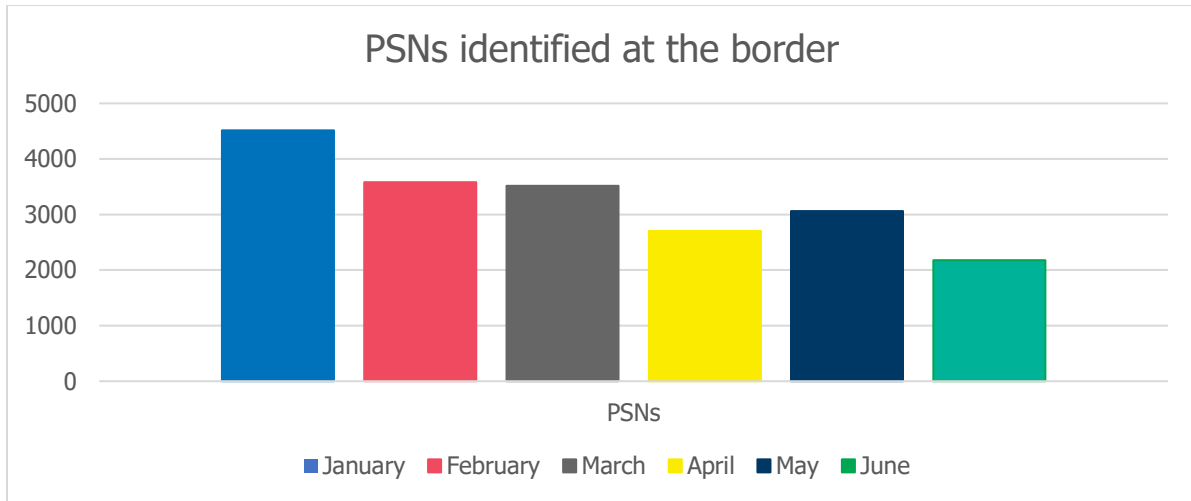
The United Nations High Commissioner for Refugees (UNHCR) and its partners are dedicated to recognizing and addressing the needs of individuals with specific needs who arrive through both official and unofficial crossing points. Active identification is crucial, as these needs are often not immediately visible. Without early identification in emergencies, these individuals may face increased protection risks, such as discrimination, abuse, violence, or stigma.

To enhance these efforts, UNHCR, along with the International Rescue Committee (IRC) and the Humanitarian & Development Consortium (HDC), is implementing comprehensive screening processes and training for frontline workers to better identify and support those with specific needs. Collaboration with local communities and other humanitarian organizations has also been strengthened to ensure a more inclusive and protective environment. By prioritizing early identification and intervention, the Renk response aims at mitigating risks and provide timely assistance to the most vulnerable individuals.

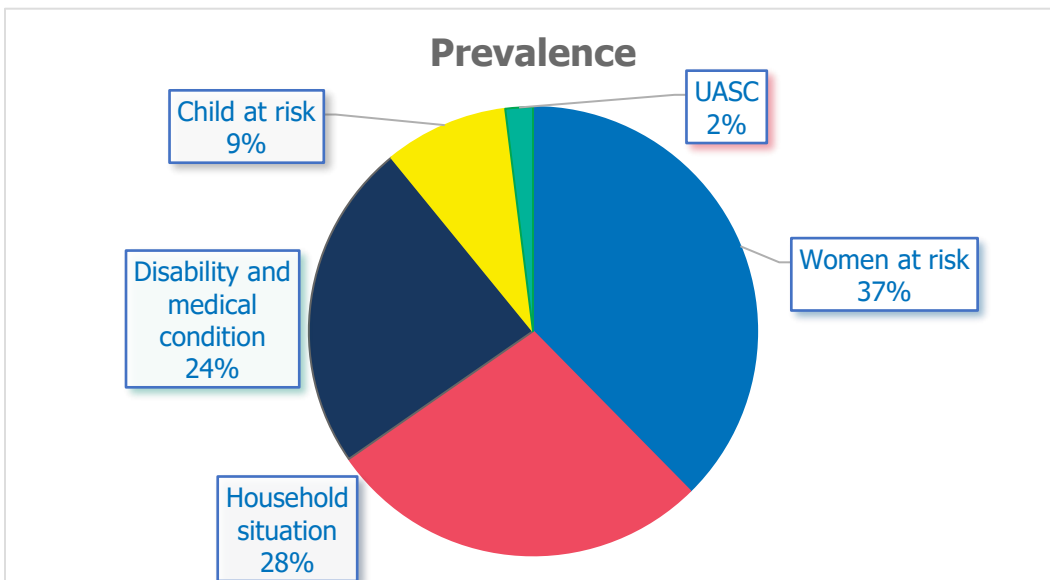
Additionally, the implementation of Child Protection and Gender-Based Violence (GBV) Standard Operating Procedures (SOPs) and Persons with Specific Needs (PSN) guidelines by UNHCR has been pivotal. These guidelines ensure that frontline workers are equipped to handle cases involving children and survivors of GBV with the utmost care and sensitivity. The SOPs have played a key role in providing a structured approach to managing these cases, ensuring that all necessary steps are taken to protect, and support affected individuals in a more confidential manner. This comprehensive approach helps in creating a safer and more supportive environment for those at risk.

Trends analysis

From January to June 2024, a total of **19,559** individuals with specific needs (**74 percent female and 26 percent male**) were identified and referred through both static and mobile methods at the Wunthau/Joda Reception Centre and transit centers, as illustrated in the graph below. The number of identified cases peaked in January and then steadily declined in the subsequent months, closely reflecting the decrease in inflows during the same period.



As shown in the chart, the most common vulnerabilities identified were women at risk (**37 percent**), household situations (including older persons and single-headed households) at **28 percent**, individuals with disabilities and medical conditions at **24 percent**, children at risk at **9 percent**, and unaccompanied and separated children (UASC) at **2 percent**.



Levels of Identification of Persons of Specific Needs

I. Identification at the Joda/Wunthau border entry point

UNHCR, IOM, and HDC partners identified individuals with specific needs at the border through initial screenings. Between January and June, twenty case workers, frontline workers, and protection monitors trained in vulnerability screening were able to identify cases of persons with specific needs (PSNs) at official crossing points and referred them to the reception center for profiling. After the initial screening, cases were sent to reception centers for profiling. Individuals were then directed to specialized services, such as medical and psychosocial support, ensuring they received the necessary assistance and protection before being relocated to Renk transit centers.

Services Provided to PSNs at the Reception Centre

At the Joda/Wunthau reception center, individuals received immediate health and psychosocial support services. Additionally, cases of Unaccompanied and Separated Children (UASC) were identified by the child protection partner Save the Children (SCI) for further profiling prior to transportation to Renk transit centers. The following procedures were taken into consideration:

- **Urgent Medical Cases:** Referred to IOM and Médecins Sans Frontières (MSF) clinics for immediate medical attention before being transported to primary and secondary healthcare facilities at the transit centers and Renk Civil Hospital.
- **Unaccompanied and Separated Children (UASC):** Referred to Save the Children to ensure safe transfer and immediate referral from the reception center to transit centers, where their Best Interest Assessments and Procedures were conducted.
- **Mental Health Support:** IOM provided mental health and psychosocial support to new arrivals before their transfer to the transit centers.

II. Identification through ProGres database

While UNHCR registered the refugees through ProGres (UNHCR's case management tool), WFP ensured the registration of returnees. However, the identification of PSNs was only captured in the ProGres database and not in the scope database implemented by WFP. From January to June, at least **2,343** persons with specific needs were recorded in the ProGres registration database as part of the initial stages of providing registration, documentation, and assistance. UNHCR incorporated the ProGres tool for registration as a component of case management to help in recording all individuals with specific needs. To ensure confidentiality, only UNHCR and trained partner staff ACTED, and Across assisted in the registration process, ensuring each category of PSN was well captured and that information was systematized for further assistance.

III. Offline Identification

Since the registration process for returnees uses Scope instead of ProGres, the identification of Persons with Specific Needs (PSNs), primarily returnees, was conducted using offline documentation through the inter-Agency Referral form. Identification was carried out via door-to-door visits, awareness campaigns, community feedback mechanisms, including complaint desks, and referrals from WFP. These referrals were then assessed at the protection desk, mainly during the case management process. To ensure confidentiality, a hardcopy coded referral form was completed and directed to various assistance services, including psychosocial support, legal aid, in-kind support, Multi-Purpose Cash Assistance (MPCA), Individual Protection Assistance (IPA), and non-food items, among other prioritized needs. From January to June, out of the total **5,642 PSNs** identified through offline referrals, **58 percent** were returnees from both official and unofficial crossing points supported by partners IRC and ACTED.

IV. Identification through the Case Management Process

Of the **5,278** cases referred to the International Rescue Committee (IRC) protection desk, trained frontline workers, including case workers, coordinated to ensure comprehensive support by facilitating referrals using a coded or password-protected inter-agency referral form. These referrals were made to health services, psychosocial support, legal consultations, and shelter allocation to ensure safety and protection based on specific vulnerabilities and circumstances. Additionally, **90 percent** of the cases were supported with non-food items, while **10 percent** received in-kind assistance. Through case management, progress monitoring, particularly in areas of relocation, was prioritized to ensure comprehensive services were provided by protection staff from the receiving refugee camps.

Additional assistance

Due to limited resources, case-by-case referrals were made through Individual Protection Assistance, where those with heightened risks and increased vulnerabilities were provided with cash to mitigate protection risks. Out of the total 19, 559 identifies during the first half of the year, **10,920 (56 percent)** received targeted assistance in transit centers. Similarly, partners Jesuit Refugee Service (JRS) and Chagai Foundation distributed assistive devices, including wheelchairs and crutches, to **133** individuals with mobility challenges, enabling ease their movement from one service provider to another.

Monitoring and tracking

The identification, case management, and ProGres database continued to support the tracking of individuals with specific needs. Between January and June, **514 individuals** (41 percent female) registered for relocation to Ajuong Thuok and Maban refugee camps. To facilitate further assistance, UNHCR shared information from the ProGres database from Renk to these locations, maintaining confidentiality. Most of the identified cases during relocation included Women at Risk,

Older Persons at Risk, Single Parents, Unaccompanied and Separated Children, individuals with Serious Medical Conditions, and people with disabilities. Relevant information was shared with protection staff at the two camps for follow-up and referral for ongoing psychosocial support needs.

Risk mitigation measures undertaken for Persons with Specific Needs

Active Identification

Through an active identification process, UNHCR, WFP and partners in Renk actively identified PSNs through various methods, including during registration, awareness campaigns, door-to-door visits, community feedback mechanisms, and referrals from other organizations. This ensured that individuals who may not be immediately visible were recognized and assisted.

Comprehensive Training

Forty-one frontline workers received extensive training on vulnerability screening and case management to better identify and support PSNs. This included training on Child Protection and GBV SOPs, legal frameworks and safe disclosure.

Collaboration with Partners and community structures

A strengthened collaboration with local communities, community representatives, humanitarian organizations, and specialized partners for health, legal, shelter, Camp Coordination and Camp Management (CCCM) and Water, Sanitation, and Hygiene (WASH) continued to mainstream disability inclusion by setting up disability friendly wash facilities, lighting the transit centers, and prioritizing shelter allocation for PSNs.

Confidential Referral Systems

A hardcopy coded referral form was used to ensure confidentiality when directing PSNs to various assistance services, such as psychosocial support, legal aid, and medical care.

Specialized Services

PSNs were referred to specialized services for urgent medical care, mental health support, and protection services. This included immediate medical attention and continuous mental health and psychosocial support.

Community Engagement and feedback mechanisms

Renk response had an active Community Feedback Mechanism (CFM) system, led by the task team, where information and feedback from the community was addressed in line with specific needs, including for vulnerable individuals in need of assistance. These were mainly channeled through suggestion boxes, complaint boxes, protection desks and hotline numbers.

Legal and Protection Services

Legal partners IRC and Norwegian Refugee Council (NRC) provided assistance to help PSNs understand their rights and navigate legal processes. Protection services were also in place to safeguard individuals from exploitation and abuse.

Multi-Purpose Cash Assistance (MPCA) and Individual Protection Assistance (IPA)

For enhanced mitigation measures to ensure risks of GBV and Sexual Exploitation and Abuse (SEA) were undertaken, cash assistance programs were offered to meet the diverse needs of PSNs, allowing them to meet their needs while prioritizing their safety and wellbeing.

Gaps and Unmet Needs

- **As observed, there was still limited response to relocation among Persons with Specific Needs to proceed to their final destinations**, resulting in an increased need for food and non-food items (NFI).
- **Insufficient resources (human, material, financial) and capacity** to address specific needs related to mental health cases.
- **Inadequate response at unofficial crossing points**, exacerbating protection risks among refugees and returnees including people with disabilities.

Proposed recommendations

- Additional ambulances are required to assist in transporting PSNs with severe medical conditions.
- Enhance protection assistance of psychosocial support, legal consultations, and safety for PSNs.
- Enhance mental health services at transit centers and Renk Civil Hospital.
- Recruit border and protection monitors at active unofficial crossing points to screen and identify PSNs.
- Assess the feasibility of providing mobile assistance for PSNs using unofficial crossing points.
- Strengthen border and protection monitoring and information sharing regarding access to services for PSNs.
- Due to high staff turnover, continuously train frontline workers on identifying and supporting PSNs.