

SOUTH SUDAN REGIONAL REFUGEE RESPONSE PLAN

January – December 2015



December 2014

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Front and back cover photographs:

Five year old South Sudanese girl, waiting for class to begin at Mary John Primary School, in Leer, South Sudan, UNHCR / A. McConnell

Strategic Overview

Period	January – December 2015
Current Population	478,109 persons
Population Planning Figure (15 December 2013 to 31 December 2015)	821,000 persons
Target Beneficiaries	South Sudanese refugees displaced since December 2013
Financial Requirements	USD 809,913,788
Number of Partners	39

In response to the massive influxes of refugees fleeing the conflict in South Sudan that began in December 2013, UNHCR and partner agencies launched an initial Inter-Agency Appeal for the South Sudanese Refugee Emergency for January to December 2014 to cover the needs of refugees in the neighbouring countries of Ethiopia, Kenya, Sudan and Uganda.

This initial appeal was updated in July 2014 as the South Sudan Refugee Emergency: Revised Regional Response Plan, with financial requirements totalling USD 657.7 million on behalf of 34 partners.

For 2015, with population displacements from South Sudan into neighbouring countries continuing, the 39 partners working to respond to this emergency are appealing for USD 809.9 million through the South Sudan Regional Refugee Response Plan for January-December 2015.

List of Acronyms

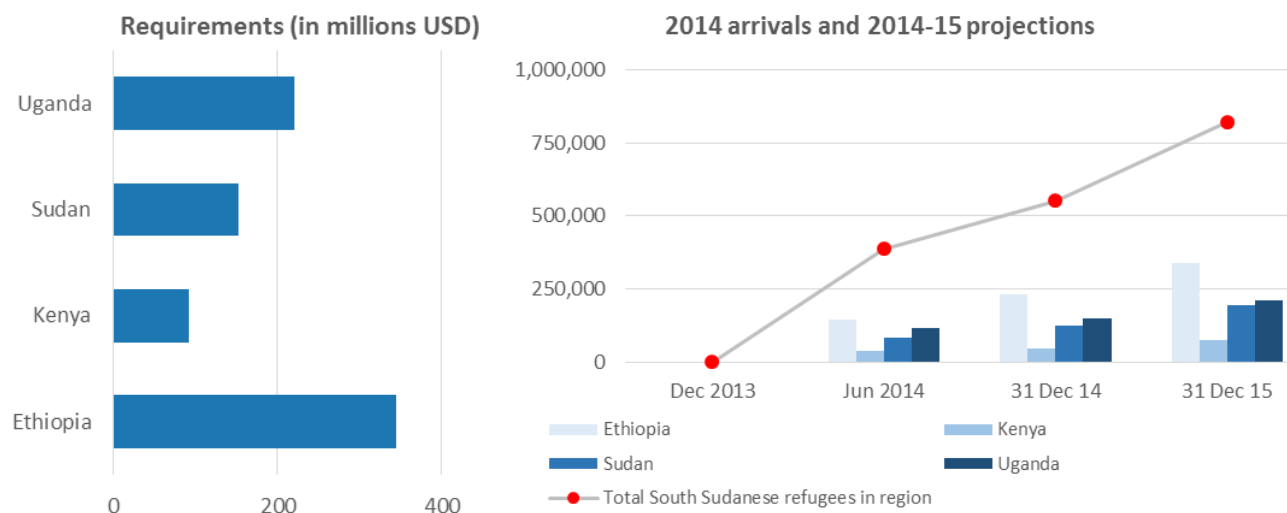
BIA/BID	Best Interest Assessment / Determination
BSFP	Blanket Supplementary Feeding Programme
CFS	Child Friendly Space
CRIs	Core Relief Items
ECD	Early Childhood Development
FTR	Family Tracking and Reunification
GAM	Global Acute Malnutrition
GER	Gross Enrolment Rate
GFD	General Food Distribution
HIV	Human Immunodeficiency Virus
IASC	Inter-agency Standing Committee
IGA	Income Generating Activity
IGAD	Intergovernmental Authority on Development
IDPs	Internally Displaced Persons
IYCF	Infant and Young Child Feeding
KAP	Knowledge Attitude and Practice
LLITN	Long Lasting Insecticide Treated bed Nets
MRM	Monitoring and Reporting Mechanism
MUAC	Mid-Upper Arm Circumference
NER	Net Enrolment Rate
NFIs	Non-Food Items
OTP	Outpatient Therapeutic Centre
PSN	Person with Specific Needs
PLW	Pregnant and Lactating Women
PTAs	Parent-Teacher Associations
RC	Reception Centre
RCM	Refugee Coordination Model
RRC	Regional Refugee Coordinator
RUSF	Ready-to-Use Supplementary Food
SAM	Severe Acute Malnutrition
SOPs	Standard Operating Procedures
TB	Tuberculosis
TC	Transit Centre
UASC	Unaccompanied and Separated Child
WASH	Water, Sanitation and Hygiene
WFS	Women Friendly Space

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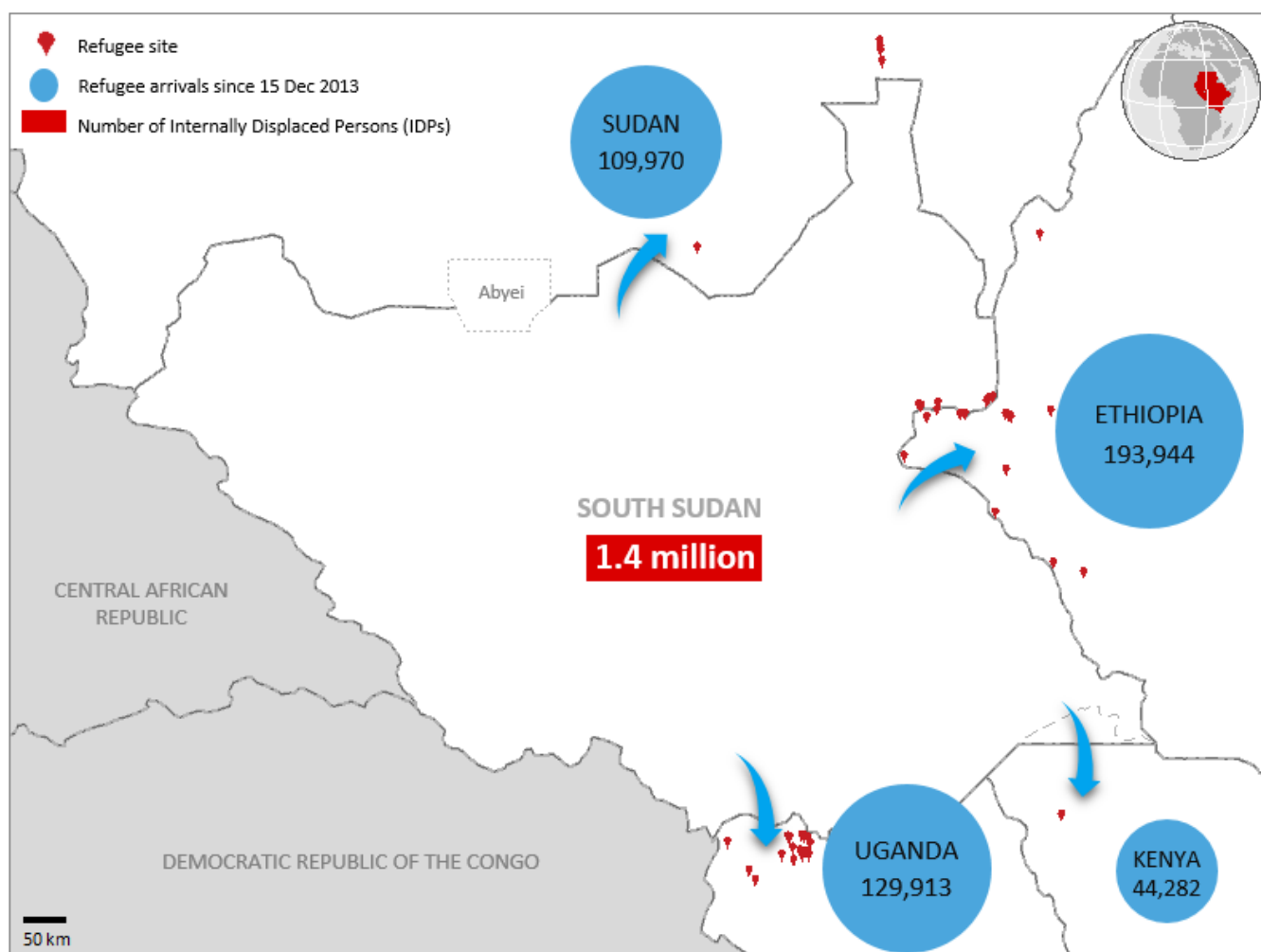
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REGIONAL REFUGEE RESPONSE DASHBOARD

810 million requested in total



Situation map as of 24 November 2014



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.

Creation date: 01 December 2014 Sources: Refugee statistics - UNHCR, IDP statistics - UNOCHA, Boundaries - UNCS Feedback: UNHCR Regional Support Hub in Nairobi keniasg@unhcr.org

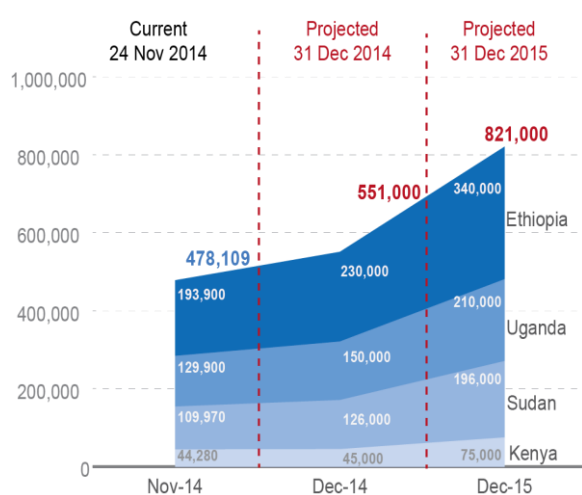
REGIONAL STRATEGIC OVERVIEW

Introduction

Since fighting broke out in South Sudan in December 2013, civilians have borne the brunt of the conflict. Despite the signature of a cessation of hostilities under the auspices of the Intergovernmental Authority on Development (IGAD) in January 2014, the situation on the ground remains dire. Violations of the agreement continue to be reported, active hostilities have continued in Upper Nile, Jonglei, and Unity States, and there are ominous signs that the conflict could spread to other parts of the country as the dry season approaches in the last quarter of 2014.

Conflict and fear of conflict have disrupted livelihoods of people, affected the normal functioning of markets and reduced food and livestock production. As many as 2.5 million people are projected to face severe food shortages in the first quarter of 2015, and 6.4 million people are estimated to need humanitarian assistance. In South Sudan's neighbouring countries, the general nutrition condition of the newly arriving refugees remains a concern, with high levels of acute malnutrition among children under five years. In this context, fighting and hunger in South Sudan are likely to continue forcing people to seek asylum in the neighbouring countries of Ethiopia, Kenya, Sudan and Uganda.

Since the revised 2014 Regional Refugee Response Plan (Inter-Agency Appeal for the South Sudanese Refugee Emergency, January-December 2014) was launched in July 2014, population displacements inside and outside South Sudan have continued. As of mid-November, 1.4 million people were displaced inside South Sudan, while over 475,000 South Sudanese had sought refuge in neighbouring



countries. Based on recent trends and the likely escalation of the conflict, coupled with the onset of the dry season, the number of South Sudanese refugees is expected to reach approximately 551,000 by the end of 2014, and new outflows of South Sudanese into neighbouring countries in 2015 are projected at some 270,000 individuals. If recent trends hold, the total number of refugees who have fled South Sudan since the conflict began could reach 821,000 in 2015. It is important to note that even though this number represents the most

likely scenario, the humanitarian community will be prepared in case the actual number exceeds this planning figure.

In 2015 the humanitarian community will continue to respond to the regional consequences of the ongoing conflict in South Sudan, and the dire humanitarian needs of the South Sudanese refugees and

their host communities. In this context, the 2015 Refugee Response Plan, elaborated through a consultative process coordinated by UNHCR involving UN agencies and NGO partners, and based on agreed planning figures among all partners, will provide a framework for inter-agency interventions for the assistance and protection of these refugees. The financial resources are included in this plan.

Beneficiary Population (Post 15 December 2013 arrivals)

	Current Refugee Population <i>(24 Nov 2014)</i>	Projected Refugee Population <i>(31 Dec 2014)</i>	Total Planning Population <i>(31 Dec 2015)</i>
Ethiopia	193,944	230,000	340,000
Kenya	44,282	45,000	75,000
Sudan	109,970	126,000	196,000
Uganda	129,913	150,000	210,000
Total Population	478,109	551,000	821,000

It should be recalled that, given the specific conditions and strategies applied in the operations, the budgetary and per capita values may differ from country to country.

Regional Protection and Humanitarian Needs

New refugees will require basic protection services -- from border reception to registration and documentation, as well as access to life-saving and life-sustaining assistance, including food and nutrition, healthcare, shelter and non-food items, water and sanitation, education and targeted protection support. Interventions carried out during the emergency phase will need to be strengthened and complemented with programmes that respond to the refugees' longer-term needs and enhance their well-being, self-reliance, and resilience.

Appropriate refugee **registration** and profiling will continue as a key means to capture profiles, needs and vulnerabilities of the newly arrived populations. This will enable partners to provide targeted responses according to the specific needs of vulnerable persons or identified groups.

All countries neighbouring South Sudan continue to witness a disproportionate number of women and children among the new arrivals, with children constituting up to 70 per cent of the refugee populations. Children are exposed to the risks of sexual violence and other gender-based violence, as well as harmful practices such as early marriage. The disruption of social networks and trauma exacerbate intra-family violence. Many of the children have fled without their parents or even extended families.

Since 15 December 2013 some 35,000 displaced children have been registered as unaccompanied and separated from family in South Sudan and countries of asylum. The large number of unaccompanied and separated children requires a regional approach to harmonize and strengthen

child-friendly programming, including information-management systems and capacity building. While significant investments have been made to boost capacity for child protection in all asylum countries, these efforts are still not sufficient and resources are lacking at both country and regional level.

The strengthening of **education** services provides a critical protective environment, a sense of normalcy for conflict-affected children, and facilitates integration and peaceful coexistence. Education is a very effective way to convey key life-saving messages in health, hygiene, protection, and a vehicle to promote inclusive, equitable and tolerant societies. As the situation on the ground continues to deteriorate and the likelihood of return to South Sudan in the near future remains slim, there is a need to ensure the effective provision of quality pre-primary and primary education for all refugee children, building on ongoing efforts by partners. Girls' enrolment remains low among refugees, and only a small proportion of youngsters currently have access to secondary education. Comprehensive education strategies are being developed with special attention to refugee girls, while there is a need to increase the offer of formal as well as non-formal post-primary education opportunities.



South Sudanese refugee pupils in a community school in Uganda founded and managed by Abraham, a refugee who was formerly a teacher in South Sudan. UNHCR / F. Noy

As part of the overall life-saving assistance, **nutrition services and food assistance** will continue to be provided to address the significant rate of malnutrition found among new arrivals. Wherever feasible, cash-based interventions will be explored for the provision of food assistance, to improve dietary diversity and to provide more dignity and choice for the refugees.

The availability of **suitable land** is a major priority and challenge for all asylum countries, as camps and settlements are becoming congested with the continued arrival of refugees. Partners are actively working with local and central host governments and with host communities to identify suitable land to accommodate newly arriving refugees, and to decongest existing settlements and camps.

The **hosting** communities, home to some of the most vulnerable populations in the countries of asylum, are the first to take on the burden of a refugee influx. The arrival of refugees puts pressure on already overstretched basic service infrastructure, which can generate tensions among communities. UNHCR and partners will therefore extend protection and service provision to host communities, and promote **peaceful coexistence** and peace-building initiatives among the different communities. Further action will be required at country and regional level to advocate for enhanced development investment in host communities, to address their high levels of chronic vulnerability and to ensure that basic services, additional resources and infrastructure capacities are provided to benefit both the host and refugee communities.

South Sudanese refugees in Ethiopia	
Nov 2014 193,944	New arrivals
Projected Dec 2015 340,000	70% children

In **Ethiopia**, since mid-December 2013, close to 194,000 refugees from South Sudan have sought asylum, the vast majority in the Gambella region. The number of South Sudanese refugees in Ethiopia is expected to reach 340,000 by the end of 2015. The majority of the new arrivals are women (80 per cent of the adult population) and children (70 per cent), including significant numbers of unaccompanied or separated children. The Administration for Refugees and Returnee Affairs (ARRA), the Government's refugee agency, supported by UNHCR and its partners, is delivering assistance through a coordinated refugee response. One of the main challenges in Ethiopia is the allocation of suitable land for the establishment of additional refugee camps, which in Gambella region is particularly challenging as it is low-lying area prone to seasonal flooding.

South Sudanese refugees in Kenya	
Nov 2014 44,282	New arrivals
Projected Dec 2015 75,000	65% children

In **Kenya**, by mid-November 2014, some 44,000 refugees had arrived since the beginning of the conflict. Even though there has been a marked fall in the arrival rate since August 2014, it is expected that, unless there are significant improvements in the situation in South Sudan, the pace of arrivals will pick up again once the rainy season is over. For 2015, an influx of 30,000 new refugees is anticipated, with a total of 75,000 individuals needing to be assisted in 2015. Among the new refugees, 65 per cent are children, many of whom are unaccompanied or separated. A particular emphasis will be put on promoting peaceful coexistence between the two communities from South Sudan, the Nuer and the Dinka, as well as in scaling up existing education programmes and introducing cash-based interventions for general food assistance. As Kakuma camp has reached its population limit, UNHCR and the Department of Refugee Affairs

(DRA), its Government counterpart, are negotiating for the County to allocate additional communal land on which to settle new arrivals.

South Sudanese refugees in Sudan	
Nov 2014 109,970	New arrivals
Projected Dec 2015 196,000	70% children

In **Sudan**, some 110,000 South Sudanese refugees have fled mainly to White Nile, Khartoum and South Kordofan States since 15 December 2013. About 70 per cent of the refugees are children. An upsurge in the number of weekly arrivals has been noticed recently, with an average of 1,200 registered new arrivals every week, and it is expected that this trend will continue in the coming months reaching a total of 196,000 refugees by the end of 2015. UNHCR will soon initiate individual registration in agreement with the Government. It will continue to pursue

advocacy interventions on status-related issues, in particular on the possibility of enhancing documentation of the population with a view to securing their rightful stay in the country and their enjoyment of refugee rights.

South Sudanese refugees in Uganda	
Nov 2014 129,913	New arrivals
Projected Dec 2015 210,000	65% children

In **Uganda**, as of mid-November, there were close to 130,000 South Sudanese refugee arrivals, and up to 210,000 are expected to be received by the end of 2015. New arrivals continue to be registered at transit and reception centres in Adjumani, Arua and Kiryandongo districts. The Office of the Prime Minister's Refugee Department (OPM) continues to negotiate with the host communities for additional land. Strengthening the protection environment, particularly by increasing the opportunities for education and livelihood, and expanding support to the

host communities, remain the main challenges, and therefore the prioritized interventions.

Achievements

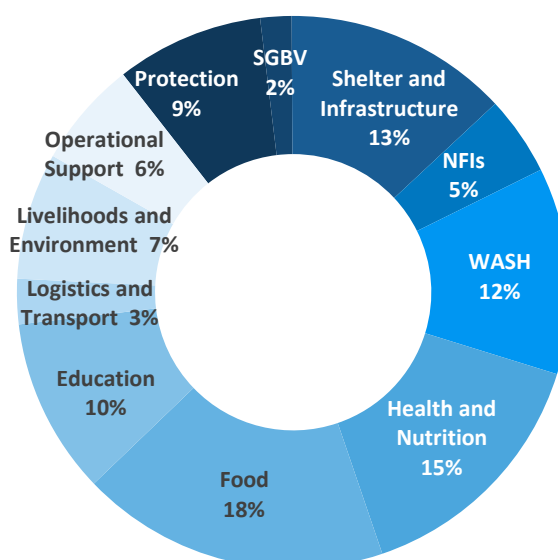
- Thanks to Governments' open border policies, refugees fleeing South Sudan have had access to asylum in Ethiopia, Kenya, Sudan and Uganda on a *prima facie* basis, and benefited from unrestricted access to host country territory. UNHCR has closely coordinated with the Governments to ensure the physical protection of refugees and the full respect of the civilian character of refugee camps and sites. Community policing has been established in several sites, and training of law enforcement agents has been implemented.
- Reception and transit centres have been established in all border areas, where refugees receive basic humanitarian assistance. Basic registration (level 1) has been completed in all countries, while individual registration and biometrics (level 2) has been carried out for 87 per cent of the South Sudanese refugees in Kenya, Ethiopia and Uganda. For Sudan, individual registration was initiated in October 2014.
- Refugees have had access to physical and legal protection as well as 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 Sphere emergency water indicator of 15 litres of water per person per day, and have maintained crude mortality rates and under-5 mortality rates within the acceptable Sphere standard¹. Each country is now working towards the achievement of UNHCR sector-specific standards or alternative agreed country-specific standards.

- 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.
- Child-friendly procedures in the reception and registration points have been established, and a child protection framework has been jointly developed among partners. Over 130 community-based child protection groups and 60 child-friendly spaces have been set up to provide a structured space for the children for learning, play and for psychosocial support.
- Mechanisms to address sexual and gender-based violence have been enhanced, and all receiving countries have established inter-agency coordination groups and referral pathways.

Budgetary Requirements (US dollars)

Total: 809,913,788



¹ Crude Mortality Rate < 1 death/10,000/day, and Under 5 Mortality Rate: 2 deaths/10,000/day.

Coordination

Based on the Refugee Coordination Model, the humanitarian response to the refugee influx continues to be coordinated by UNHCR, in collaboration with government counterparts in asylum countries, UN partner agencies, local and international NGOs, as well as local host communities.

In October 2014, the Inter Agency-Standing Committee (IASC) unanimously agreed to the extension of the L3 emergency, noting the magnitude of the humanitarian crisis and the need to scale up the humanitarian operations in the conflict-affected areas. The same month, the initial six-month mandate of the Regional Refugee Coordination (RRC) for the South Sudan situation was extended until further notice. An office of the RRC has been established at the UNHCR Regional Support Hub in Nairobi to ensure a permanent coordination presence. Based on the Refugee Coordination Model, the RRC ensures inter-agency strategic coordination, acting as the interface between UNHCR Representatives in countries of asylum, regional partner agencies and donors. The RRC ensures a common understanding of the protection and assistance needs, sets priorities, harmonizes standards and the response, as well as identifying challenges and monitoring the timely and effective delivery of assistance.



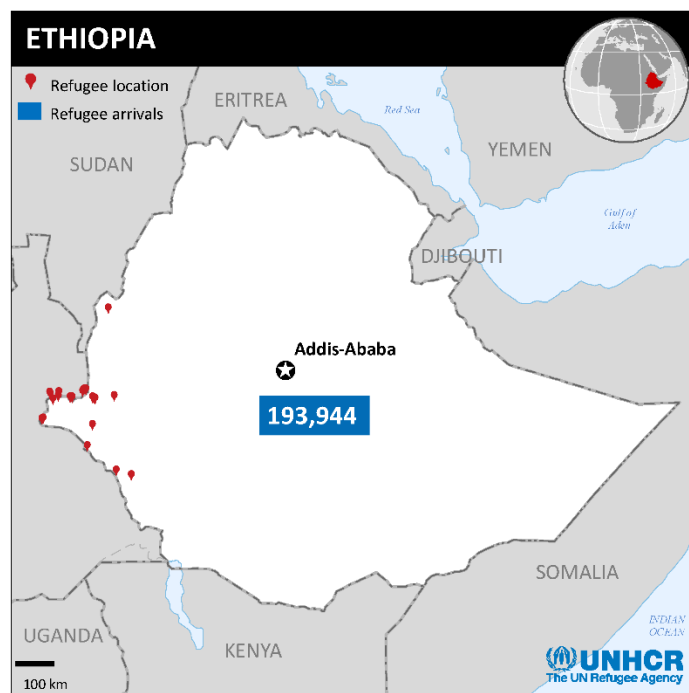
A blind South Sudanese refugee woman walks with relatives near Pugnido Refugee Camp, Gambella, Ethiopia. UNHCR/C. Tijerina

Regional coordination of the South Sudan Refugee Situation is currently carried out from Nairobi, Kenya. Regional refugee coordination meetings for the South Sudan Situation are held regularly, co-chaired by the RRC and OCHA and with the active involvement of UN agencies, NGOs and donors. Additionally, regional Sector Coordination Working Groups on key issues, such as protection and child protection specifically, education, and food security and nutrition continue to operate also from Nairobi. Through the RRC's leadership and the Regional Sector Coordination Working Groups, the inter-agency group ensures consistency and 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.

Organizations in the Response

ACF Action Contre la Faim
ADRA Adventist Development and Relief Agency
Almanar Organisation
ASSIST
CAFOD Consultants for Fishery, Aquaculture and Regional Development
CIS Care International Switzerland
CONCERN Worldwide
CRS Catholic Relief Service
DICAC Development and Inter Church Aid Commission
Don Bosco
DRC Danish Refugee Council
FAO Food & Agriculture Organization of the United Nations
FilmAid
FPDO Friends of Peace and Development Organization
GOAL
HELP Age
IMC International Medical Corps
IOM International Organization for Migration
IRC International Rescue Committee
JRS Jesuit Refugee Services
LWF Lutheran World Federation
NCK National Council of Churches of Kenya
NGOs in Uganda
NRC Norwegian Refugee Council
PLAN International
PLAN Sudan
RCK Refugee Consortium of Kenya
SCI Save the Children International
SCS Save the Children Sweden
SIBRO Organisation
SRCS Sudanese Red Crescent Society
UNFPA United Nations Population Fund
UNHCR United Nations High Commissioner for Refugees
UNICEF United Nations Children's Fund
UNWOMEN
WFP World Food Programme
WHO World Health Organization
WV World Vision
WV Ethiopia
ZOA International

ETHIOPIA RESPONSE PLAN

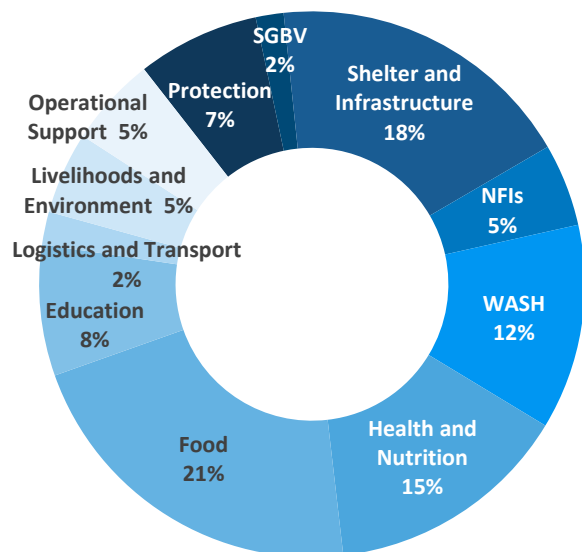


Map Sources: UNCS, UNHCR

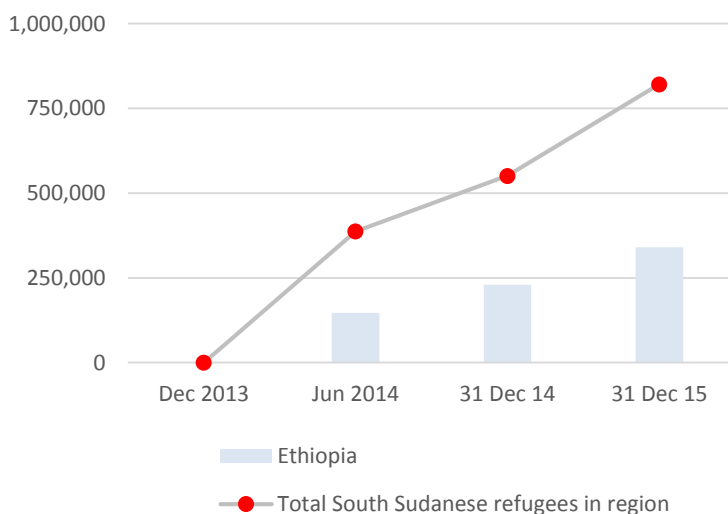
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined. Creation date: 01 Dec 2014

Financial Requirements (US dollars)

344,980,121



Population Trends



Background and Achievements

Ethiopia currently hosts 644,000 refugees from neighbouring countries, including Eritrea, Somalia, South Sudan (now the largest refugee group) and Sudan. The refugees from South Sudan are hosted in Gambella and Benishangul-Gumuz regional states on the western border.

Since mid-December 2013, close to 200,000 South Sudanese refugees have arrived in Gambella through the entry points of Pagak (49 per cent), Burbiey (24 per cent) and Akobo (22 per cent). The majority of these new arrivals are women (80 per cent of adult population) and children (70 per cent of total population), including some 13,700 unaccompanied or separated children.



South Sudanese children in school in Pugnido settlement, Gambella, Ethiopia. UNHCR / C. Tijerina

Most of the refugees who have arrived since December 2013 are currently assisted in three camps which have now reached their full capacity: Kule, Tierkidi and Leitchuor. The rainy season, which started in August, resulted in the flooding of a fourth camp, Nip Nip, part of Leitchuor camp as well as Pagak reception centre and Mataar transit centre. A few thousand refugees have relocated themselves to higher ground, including by roadsides, in public buildings and amongst the local host community which has welcomed them owing to their common Nuer heritage. An operational continuity plan has been developed with the Government and all partners to sustain services to refugees in affected areas, and also to support the local communities that are sharing their limited resources with the refugees. In parallel, a joint relocation plan has been prepared, further to the announcement by the Government of its intention to close the Leitchuor camp and relocate the refugees to the Dimma Woreda, 450 km south

of Gambella, where new sites have been identified in addition to the current Okugo camp. As of mid-October, flooding of the roads had prevented any relocation.

The Administration for Refugee and Returnee Affairs (ARRA), the Government's refugee department, and UNHCR are coordinating activities under an Inter-Agency Refugee Task Force, both at Addis and Gambella levels.

One of the main challenges in this emergency in Ethiopia remains the identification and allocation of suitable land for the establishment of additional refugee camps: Gambella region is low lying and prone to seasonal flooding with its numerous rivers frequently breaking their banks during the rainy season. Refugees are so far unwilling to relocate to the other areas identified by the Government in the Dimma Woreda, which they consider insecure and too far away from their home villages. To confirm the nationality of those seeking protection and assistance as refugees and to identify any Ethiopian nationals among the refugees, a joint nationality screening has started in coordination with ARRA, the regional authorities and the refugee community.

An emergency preparedness review was also developed in October with partners, in anticipation of an additional refugee influx in the remaining months of 2014, due to the continued fighting and the high risk of famine in South Sudan.

For 2015, and based on the current context in South Sudan, the Inter-Agency Task Force is working on an overall planning figure of 340,000 refugees from South Sudan in need of protection and assistance in Ethiopia. Plans are under way to establish a fourth camp at Dembidolo, a new site which the Government has identified is located 110 kilometres north-east of Gambella town.

Achievements

Protection

- Over 190,000 refugees registered at entry points (level-1 registration with basic bio data) with priority being given to vulnerable groups.
- Nationality screening procedures strengthened and over 84 per cent of the new arrivals have undergone detailed individual registration (level-2 registration with biometric information and detailed specific needs).
- Sexual and Gender-Based Violence (SGBV) referral pathways operational in four camps, although lack of access to legal services remains a significant gap.
- 80 refugee volunteers trained and operational in SGBV services and 24 health workers trained in clinical management of rape.
- 12,000 solar lamps in pipeline for distribution and 14,000 hygiene kits distributed to highly vulnerable women and girls.

- Three women friendly spaces (WFS) established, welcoming 300 women and adolescent girls per week (but one destroyed by Leitchuor flooding). Community outreach has reached over 900 women, men, girls and boys per week.
- Over 13,700 unaccompanied (UAM) and separated children registered and documented.
- Psychological support provided to 200 children and an average of 16,000 children access child-friendly spaces (CFS) on a weekly basis.
- Community-based child protection structures established, including child protection committees and foster parents associations.
- Draft standard operating procedures (SOPs) on combatants shared with ARRA for their concurrence.

Education

- Education in Emergencies is essential and therefore ongoing efforts must be scaled up to gradually enroll all refugee children, while enhancing the quality of the education provided:
- 269 primary teachers and 74 pre-primary facilitators recruited and trained, but teacher-to-child ratios are typically 1:175.
- Approximately 100 classrooms constructed in temporary and semi-permanent learning centres.

Food Assistance, Health and Nutrition

- Sufficient and nutritionally balanced monthly food rations provided for close to 200,000 refugees.
- Crude and under-5 mortality in the camps has remained within Sphere standards of <1/10,000/day and <2/10,000 per day respectively, despite the risk of diseases and reported outbreaks including measles and hepatitis E.
- Vaccination against measles, polio and cholera were carried out with good coverage results.
- Health centres and health posts established in the three camps of Tierkidi, Kule and Leitchuor as well as in the village of Itang, which serves as a referral centre for Kule and Tierkidi. Regular mobile clinics established at entry points and transit sites. In all locations, more than 130,000 consultations and 2,500 inpatient treatments took place between mid-December 2013 and the end of September 2014.
- Three new camps established with a total of five nutrition centres, and four additional nutrition centres in transit/reception centres.
- Over 11,700 children under five years old treated for acute and moderate malnutrition between mid-December 2013 and the end of September 2014.
- Over 6,300 pregnant and lactating women and 30,500 children under five years old enrolled in blanket supplementary feeding programme (BSFP).

Logistics, Transport and NFIs

- Warehouse capacity of 1,250 MT installed in Gambella.
- Total 41 km of roads constructed with some roads within camps still under construction, waiting for the dry season to allow road work to resume.

- Since May 2014, a Mi8 helicopter has been used, with 210 passengers per week on average. It also allows medical evacuation for sick refugees as well as the airlifting of essential supplies such as medicines and fuel from Gambella to Leitchuor camp and the Dimma Woreda/Okugo camp.
- A total of 264,000 litres of diesel fuel (22,000 litres monthly) procured and sent from Addis to Gambella.
- Each family of four people received plastic sheets and non-food items (NFIs) package.

Shelter and Infrastructure

- Three new fully operational camps (Kule, Tierkidi and Leitchuor) established, in addition to Okugo and Pugnido.
- Adequate shelters provided either in the form of tents or transitional shelter units that will eventually replace remaining tents.
- Additional school sites allocated and school complex in construction.
- Maps of camps produced and updated on a regular basis to reflect developments as well as identify gaps in these camps. These maps guide partners in the development of infrastructure.
- Proactive site assessment and camp preparation taking place to receive additional refugees in Okugo camp in the Dimma Woreda as well as other sites proposed by ARRA.

WASH

- Water access ranging from 10 l/p/d to 18 l/p/d in camps and entry points.
- Latrine-to-person ratios are less than 1:50 in camps and less than 1:100 at entry points and way stations (some destroyed during the rainy season).
- Hand-washing coverage and usage stands at more than 90 per cent in camps, use of soap for hand-washing maintained especially during the rainy season. Hygiene message dissemination conducted on a scheduled basis.

Humanitarian Needs and Vulnerabilities

Protection

In addition to the 200,000 South Sudanese refugees having arrived so far (end-November 2014) since 15 December 2013, it is expected that up to 140,000 more could arrive by end-December 2015. From January to July 2014, refugees arrived at an average rate of 25,000 per month. The number of arrivals fell during the rainy season (August to October); but, with no short-term solution to the conflict in South Sudan, and an imminent food crisis in view, this is expected to increase once the roads are passable again.

The waiting period for registration of asylum-seekers at entry points/reception centres and their relocation to the camps for detailed individual registration, needs to be reduced.

Psychosocial support needs to be reinforced to assist refugees, particularly children, who have witnessed terrible events, lost family members and suffered prolonged uncertainty and disorientation due to the conflict and subsequent displacement.

The lack of both partners and life-saving services for SGBV response needs urgent addressing: there are no SGBV partners in at least three sites, and only two partners spread thinly across Gambella region; there is a critical need for temporary safe and confidential space for SGBV survivors to access immediate healthcare, safety and psychosocial services.

Unaccompanied and separated children continue to suffer from challenges ranging from inadequate numbers of social workers to respond to their psychological needs, limited foster-care arrangements, competition for school space and recreational facilities and poor welfare assistance. Girls in particular are at further risk. Family tracing and reunification activities need to be strengthened and cross-border mechanisms to be urgently operationalized in line with regional information-sharing protocols.

Education

The focus has so far been largely on the number of children enrolled and not the quality of the learning outcome. The enrolment figures for girls are low compared to those for boys, and there is a lack of female teachers. No education services target young people above 14 years old. In Okugo camp and the entry points/reception centres, there are no education services. In Leitchuor, education services are severely hampered by the flooding. This sector has significant gaps and should be considered as an essential service and a priority. Education actors are developing a strategy to gradually improve access to, and the quality of, education in Gambella.

Food Assistance, Health and Nutrition

A nutrition survey conducted in July 2014 showed critical levels of acute malnutrition in the newly established camps. While ARRA, UNHCR, WFP and nutrition partners have reinforced their assistance to targeted beneficiaries in order to reduce morbidity and mortality due to malnutrition, the floods and delayed relocation from entry points/reception centres have affected access and service delivery, despite the creation of mobile nutrition sites. Also, malnutrition rates are affected by underlying causes such as WASH conditions and disease outbreaks. Continuous efforts in nutrition response are paramount in view of the expected influx from South Sudan, based on reports showing alarming food insecurity and malnutrition rates in South Sudan.

Endemic diseases and those with epidemic potential including measles, hepatitis E, Kala Azar, etc. will continue to pose major risks next year. Providing adequate and quality primary health care; comprehensive emergency obstetrics care; referral services; care for chronic illnesses; and improved capacity of the referral hospital in Gambella, will be challenging, while being cautious of not weakening the existing local health system of the host country due to increased pressure and needs.

Shelter and Infrastructure

Delays in the construction of a proper road network within the camps continue to hamper service delivery and other project implementation, such as shelter and infrastructural development. More sensitization is required to enhance community participation in the area of shelter completion.

WASH

Water access need to be improved through surface-water treatment, water trucking, drilling and equipping of boreholes with submersible pumps, installation of temporary pipelines and continuous water quality monitoring. For sanitation, while emergency standards were generally achieved in settled camps through construction of communal latrines, the access levels fluctuate at border and transit points, due to changing population figures.

Response Strategy and Priorities

In the last 10 months, UNHCR has worked closely with the Government of Ethiopia to ensure that asylum-seekers have unhindered access to asylum in Ethiopia on a *prima facie* basis and that the civilian character of asylum is maintained.

The two levels of registration will be strengthened, and UNHCR, in collaboration with the Government, will establish mechanisms for the issuance of individual documentation after detailed registration in the camps.

Priority will be given to intensifying SGBV in Emergencies prevention and response – particularly clinical management of rape and other life-saving activities; intensifying efforts on training health providers; strengthening referral pathways; as well as awareness raising within the community. Safe and ethical SGBV data management needs to be reinforced. Additional partners are required to provide life-saving services.

Child protection partners will establish basic services at entry points/reception centres to identify and document unaccompanied minors and separated children and assist them with psychosocial support activities. In spontaneous settlements in particular, outreach child-protection activities need to be improved as well as awareness raising within the community on child rights. Efforts will be made to further strengthen the comprehensive capacity building plan already in place for all social workers, including securing technical support from child protection consultants. Specific services for persons with specific needs such as older people and people with disabilities will continue to be provided.

Coverage of primary education and the quality of the education delivered will be consolidated through need-based teacher training as well as by increasing the number of female teachers to encourage girl students to enroll and ensure there is retention. Formal and informal gender-sensitive, conflict-sensitive education services for youth should be developed (secondary schooling, vocational training, literacy, and life skills).

Timely food and nutrition assistance will continue to be provided to the current refugees and new arrivals at the entry points, reception centres and in the camps. WFP will provide food assistance in line with recommended food allowances and provide supplementary food for all moderately malnourished children as well as for children between 6 and 59 months old and pregnant and lactating women. Therapeutic nutrition management will be undertaken for under-five-year-old children as well as severely malnourished pregnant and lactating women.

Primary health care will be provided in up to 12 new health centres. The capacity of Gambella hospital, the only referral hospital in the region, needs to be reinforced, and control strategies for endemic diseases like malaria need to be strengthened. With the recent floods, operational research looking into the epidemiological angles of hepatitis E to devise better control measures is needed.

Logistics demands are expected to increase in 2015 with the expansion or creation of new camps and related additional needs for transportation, storage, vehicles, CRIs, road rehabilitation, etc.

The swift implementation of road construction projects within camps needs to be undertaken. Additional partners are encouraged to join the operation to assist with shelter and other camp infrastructure, such as markets, women-friendly spaces, child friendly spaces, community centres, etc.

Humanitarian partners will also work with the Government to address and mitigate the environmental degradation around camps, in order to preserve the fragile ecosystem and reduce possible tensions between refugees and host communities who have to share their limited resources. So far, a total of 12,226 households at Kule, 12,162 households at Tierkidi, and 10,084 households at Leitchuor have been supplied with firewood. This has been a source of household energy since the establishment of these camps in early 2014, by using the traditional three-stone fire stoves. Furthermore, a total of 2,600 rocket stoves and 4,032 safe stoves have been distributed to 6,632 households at Leitchuor camp.

WASH agencies will continue to focus on the provision of life-saving services (adequate water and sanitation facilities) for the new refugees, as well as the improvement of services in existing camps through permanent WASH facilities construction, including innovative approaches. Prepositioning of adequate WASH supplies to meet emerging and current needs (soap, jerry cans and water treatment kit/chemicals) has been reviewed, and efforts made to collect baseline data (for new camps) through an inter-agency knowledge, attitudes and practice (KAP) survey.

Partnership and Coordination

In line with the Refugee Coordination Model, UNHCR is providing leadership and guidance in the coordination of protection and humanitarian assistance at Addis Ababa and Gambella level through Inter-Agency Task Force meetings co-chaired with ARRA. Held twice a month in Addis and twice a week in Gambella, these meetings further cascade down to smaller technical working groups to harmonize the response. About 40 partners, including government agencies, national and international

non-governmental organizations and UN agencies, including WFP, UNICEF and IOM, work closely with UNHCR to support the refugees.

An Inter-Agency Family Tracing and Reunification Task Force has been established in Gambella to focus on inter-camp tracing of unaccompanied minors and separated children between entry points/reception centres, camps and host communities. This new mechanism reports to the Child Protection-SGBV working group under the Protection cluster.

The full involvement of relevant regional and local authorities is critical, and regular consultations and field visits take place with ARRA zonal and area coordinators as well as sector specialists.

Refugee issues, particularly with regard to the South Sudan situation, are a regular item for discussion and consultation within the Ethiopia Humanitarian Country Team and the UN Country Team.

Donors continue to be fully engaged with the response to the South Sudan situation in Ethiopia which is regularly reviewed during the meetings of the Humanitarian Response and Development Group. Furthermore, some donors' initiatives are being piloted in the refugee camps in Gambella region, such as the US-funded "Safe from Start" initiative to prevent and respond to SGBV in humanitarian emergencies worldwide.

Planned Response

Protection

- Monitoring and advocacy for continued access to territory and asylum to all new arrivals, maintaining civilian character of refugee camps and sites.
- Monitoring of grave child rights violations that children have survived and witnessed in South Sudan – with data to be fed back to South Sudan MRM system.
- Individual registration of all new arrivals in a timely manner, capturing bio-data, biometrics and screening for specific needs.
- Issuance of documentation.
- Physical protection of refugees, including referral of high-risk cases to more secure areas: refugees who have physical protection needs are usually referred to Addis Ababa under the urban refugee programme out of the refugee camps.
- Ensuring that all camp management processes take into account children's specific needs.
- Community awareness-raising on child rights including education, SGBV, persons with specific needs and where to receive support.
- Training of all actors to mainstream child protection.

	<ul style="list-style-type: none"> ▪ Unaccompanied minors and separated children are registered, documented and assessed; care arrangements are identified and monitored according to Minimum Standards. Facilitate tracing, restoring, maintaining family links and reunification efforts. ▪ Community-based child protection structures (including child-friendly spaces) are established, and case management systems are put in place (including referral mechanisms for violence against children). ▪ Updated child protection plans and Standard Operation Procedures (SOPs) on child protection strengthened and regular interagency coordination maintained. ▪ Child Protection and SGBV Information Management Systems are implemented, used for reporting and programming, and linked to regional mechanisms governed by information sharing protocols. ▪ The most at-risk children are targeted, identified and supported, support provided (psychosocial, education, Core Relief Items), family separation prevented and addressed. ▪ Community leadership groups and complaint mechanisms are strengthened/ established ensuring that age, gender and diversity is mainstreamed within the structures. ▪ SOPs on SGBV based on the Ethiopia National SGBV Guidelines. ▪ SGBV community-based prevention and response mechanisms are put in place, including legal assistance, medical support, psychosocial counselling and safe spaces.
	<ul style="list-style-type: none"> ▪ Development of a comprehensive strategy for refugee education ▪ Provision of early childhood care and primary education for refugee children (based upon the existing population composition, the pre-primary pupils (3-6 years old) would constitute 15% of the total refugee population – or 51,000 out of 340,000. Primary students (7-14 years old) would represent 21% - or 71,000. ▪ Development of an accelerated learning programme (ALP) for out-of-school children and youth.
Education	<ul style="list-style-type: none"> ▪ Establishment of temporary and permanent learning spaces and schools. ▪ Recruitment and training of teachers from refugees and local community. ▪ Provision of teaching and learning materials and hygiene kits for teenage girl students. ▪ Monitoring system with baselines to be set up (Education Management Information Systems).
Environment and Livelihoods	<ul style="list-style-type: none"> ▪ Provision of alternative and /or renewable energy sources for refugee households, such as bio-gas, communal kitchens that use electricity;

	<p>kerosene; and ethanol, will also be extended where feasible to the Gambella region in 2015.</p> <ul style="list-style-type: none"> ▪ Provision of solar lanterns and solar street lights for priority public facilities/areas. ▪ Provision of grinding mills. ▪ Development of community-based environmental action plan. ▪ Community sensitization on environmental protection. ▪ Establishment of tree nurseries and demarcation of protected areas in/near the refugee sites. ▪ Livelihood projects and vocational training benefiting displaced and host communities implemented.
	<ul style="list-style-type: none"> ▪ Provision of sufficient and nutritionally balanced monthly food rations to refugee households.
Food	<ul style="list-style-type: none"> ▪ Provision of school feeding in the camps. ▪ Specific support to facilitate prioritization of persons with specific needs to access ration cards and food.
Health and Nutrition	<ul style="list-style-type: none"> ▪ Provision of emergency primary health care services to all refugees. ▪ Provision of emergency response capacity for surgeries, including emergency obstetrics care. ▪ Controlling the spread of communicable diseases and providing immunization (such as measles and polio). ▪ Provision of essential and emergency reproductive health care services. ▪ Training of health workers on clinical management of rape for SGBV survivors. ▪ Provision of community-based mental health services for refugees and referrals to clinics. ▪ Enhancing the disease surveillance system and laboratory investigation capacity for timely detection of epidemics. ▪ Establishment of clear and strong referral mechanisms for treatment of endemic diseases and chronic diseases, including tuberculosis (TB) and human immunodeficiency virus (HIV). ▪ Undertaking of entry point nutritional screening to all children and pregnant and lactating women. ▪ Provision of high energy biscuits to new arrivals at entry points/reception sites. ▪ Provision of blanket supplementary feeding to all children of 6-59 months and pregnant and lactating women.

	<ul style="list-style-type: none"> ▪ Establishment of community-based management of severe and moderate acute malnutrition. ▪ Provision of supplementary food to moderately malnourished refugees. ▪ Conduct nutrition survey using SENS methodology.
Logistics and Transport	<ul style="list-style-type: none"> ▪ Transportation of new arrivals in safety and dignity from entry points to the camps, including medical evacuation by helicopter from areas not accessible by road. ▪ Transportation, storage and distribution of Core Relief Items (CRI).
Non-Food Items (NFIs)	<ul style="list-style-type: none"> ▪ Provision of CRI kits, including blankets, jerry cans, plastic sheets, kitchen sets, sleeping mats, water buckets and mosquito nets. ▪ Monthly provision of 250 g of soap to each refugee. ▪ Monthly provision of sanitary materials (sanitary pads, underwear, soap) to women in reproductive age.
Shelter and Infrastructure	<ul style="list-style-type: none"> ▪ Construction of communal shelters in the transit centres and reception centres. ▪ Construction of additional way stations and reception centres. ▪ Provision of materials for construction of transitional shelter. ▪ Provision of emergency shelter. ▪ Construction of access roads, in-camp roads and security parameter roads. ▪ Bush clearing and demarcation of plots in the new camps. ▪ Construction of base camp office/staff accommodation. ▪ Refugee participation in the distribution of both CRI and food items.
Water, Sanitation and Hygiene (WASH)	<ul style="list-style-type: none"> ▪ Provision of potable water through emergency water trucking. ▪ Construction of temporary distribution and pumping pipelines. ▪ Construction of permanent water system, including drilling of boreholes. ▪ Construction of communal showers and laundries and distribution of water kits. ▪ Community sensitization and hygiene promotion activities. ▪ Construction of family latrines. ▪ Construction of sanitary facilities in health centres and educational facilities. ▪ Organization of vector control and waste management campaign.

Financial Requirements Summary – ETHIOPIA

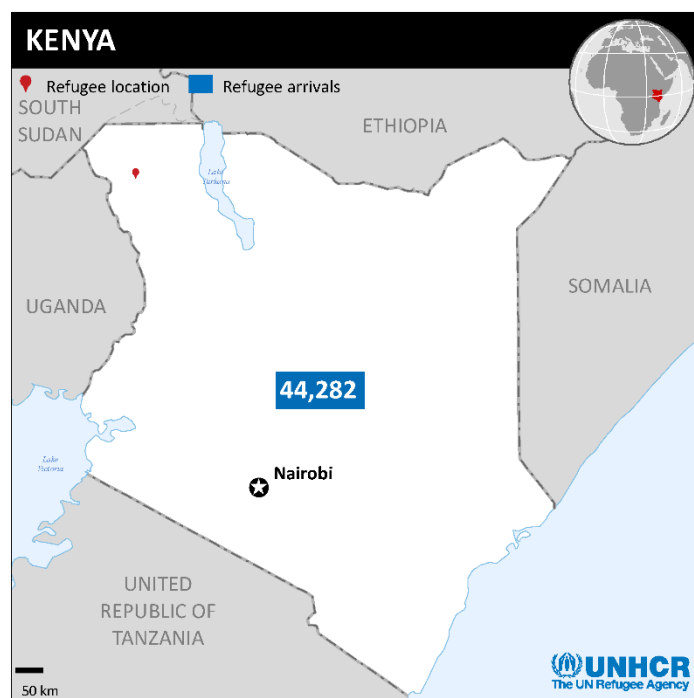
Financial requirements by agency (in US dollars)

Organization	Total
ACF	4,000,000
ADRA	210,000
CONCERN Worldwide	3,170,000
DICAC	582,250
DRC	6,736,700
GOAL	2,570,000
HELP Age	750,000
IMC	8,474,400
IOM	8,300,000
IRC	4,305,665
LWF	3,765,000
NRC	23,876,786
PLAN International	7,000,000
SCI	12,000,000
UNFPA	3,740,010
UNHCR	153,235,556
UNICEF	13,674,048
WFP	79,129,706
WHO	1,450,000
WV Ethiopia	5,750,000
ZOA	2,260,000
Total	344,980,121

Financial requirements by sector (in US dollars)

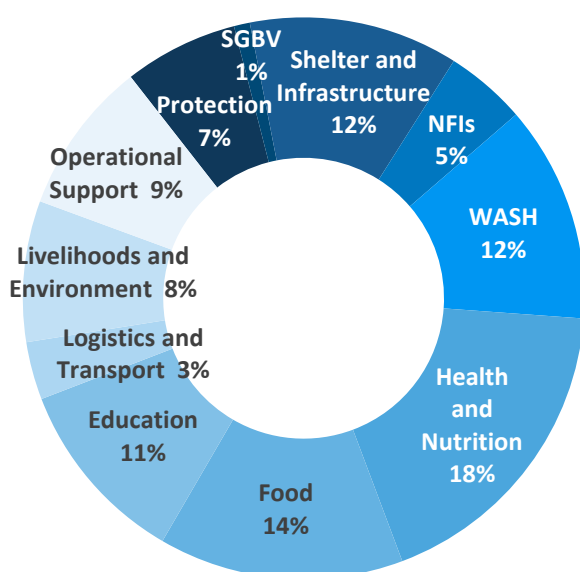
Sector	Total
Protection	24,981,773
SGBV	5,712,200
Shelter and Infrastructure	62,991,137
Non Food Items	16,900,000
Water, Sanitation and Hygiene	41,964,447
Health and Nutrition	50,030,452
Food	73,851,530
Education	26,756,887
Logistics and Transport	6,725,000
Livelihoods and Environment	16,767,933
Operational Support	18,298,762
Total	344,980,121

KENYA RESPONSE PLAN

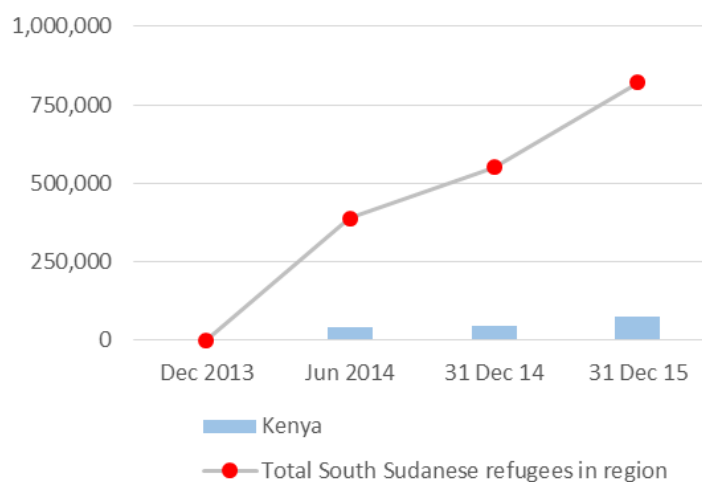


Map Sources: UNCS, UNHCR
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Creation date: 01 Dec 2014

Financial Requirements (US dollars) 92,206,190



Population Trends



Background and Achievements

By the end of November 2014, Kenya had received 44,282 refugees fleeing the crisis and conflict in South Sudan. The majority of new refugees are children below 18 years (65 per cent). Many are unaccompanied or separated, requiring targeted solutions in child protection, individual case management, alternative care solutions, nutrition and health, education and youth skills development.

At the height of the crisis that began in December 2013, between January and March, the daily arrival rates were around 350 persons. Since August 2014, there has been a drastic drop in the arrival rate to an average of 50 people per day. However, once the current rains are over, Kenya expects the influx rate to pick up, as mobility becomes easier again and living conditions deteriorate further in South Sudan. Consequently, the planning figure for 2014 has been revised down to 45,000 refugees by the end of the year. With 30,000 new arrivals expected in 2015, the planning figure for South Sudanese refugees in Kenya will be 75,000 by the end of 2015.



South Sudanese family recently arrived in Kenya, heading to Kakuma settlement, Kenya. WFP / R. Ogola

The response to the emergency has been ongoing in all sectors, in cooperation with the Government of Kenya. UNHCR and partners have managed to boost the humanitarian response to receive and accommodate all new arrivals in the existing Kakuma camp. WFP has expanded its capacity to deliver food to new arrivals. Other agencies, including UNICEF, IOM and WHO, have stepped in with immediate support in the fields of child protection, education, WASH, transportation and medical

supplies, respectively. Implementing partners have also increased their efforts and raised considerable additional resources to respond to the influx.

Sustaining the quality and effectiveness of the emergency response, in an overpopulated and congested space like Kakuma, is proving increasingly challenging, raising the risk of a public health crisis and/or a breakdown in law and order. Currently, the main operational challenge and priority in the emergency response is to secure adequate new land on which to settle arriving refugees.

Achievements

Protection

In June 2014, the Government of Kenya granted all Southern Sudanese asylum-seekers fleeing the current crisis, *prima facie* refugee status. Eligible new arrivals can access international protection and emergency humanitarian assistance without going through lengthy refugee status determination procedures. Ninety-five per cent of the new arrivals have undergone detailed individual registration (level 2 registration with biometric information and detailed specific needs), with issuance of attestation/proof of registration documents.

Some 1,250 unaccompanied and over 6,000 separated children were identified among the new arrivals and 90 per cent have had a best interest process initiated. Four new child friendly spaces (CFS) have been created, and new alternative care systems have been created to support all vulnerable children. These children have received psychosocial and healthcare support, as well as material support in terms of shelter. Concerning SGBV, 107 incidents were reported with 100 of them being from country-of-origin. All affected children have received appropriate support. Refugees are being assisted to restore community-based systems for their well-being. Targeted interventions have also been undertaken to address the protection needs of some 200 vulnerable older persons.

Education

To meet the emergency education needs of children, two early childhood development (ECD) centres and two primary schools have been set up, with an enrolment of 3,363 (1,382 female) and 11,804 (4,075 female) children respectively. This coverage represents a participation rate of 32 per cent at the ECD level and 57 per cent at the primary level sub-sector. Renovations to increase the capacity at existing schools have been made, and all lower primary schools now run double shifts. Education partners will update the Kakuma Refugee Education Strategy 2013 – 2016 to take into account the new influx and include the new emergency facilities in the overall education strategy. There is a need to sustain the efforts to give access to education to all children in the camp. Similarly youth should be offered formal and non-formal education opportunities, as an essential protective and capacity building measure.

Food Assistance, Health and Nutrition

WFP and partners have scaled up and enhanced ongoing food and nutrition programmes, including the establishment of an additional clinic in the settlement area for new arrivals. General food distributions are conducted twice a month. New arrivals benefit from blanket supplementary feeding to pregnant/lactating women and children under two years of age; treatment of acute malnutrition; supplementary food ration for malnourished, HIV and TB refugees; hot snacks of porridge for children attending primary school; lunches in vocational training centres for youth in camps; and food rations in stabilization centres. From January to September 2014, nearly 8,000 children were screened.

Refugees' health status remained stable as demonstrated by the monthly crude mortality rate of 0.2/1000 (standard: <0.75/1000) and the under-five mortality rate of 0.6/1000 (standard <1.5/1000). The achievement was partly due to effective medical screening at Nadapal border point, provision of appropriate health care and disease outbreak control measures.

UNHCR, WHO, UNICEF and sector partners responded promptly to a measles outbreak in Kakuma refugee camp and the surrounding host community in February 2014. WHO deployed an epidemiologist to provide technical support to partners engaged in the refugee health response, and to support the host community. The health sector continues to conduct screening at Nadapal entry point, support IRC in Kakuma refugee camp and Lopiding referral hospital to provide appropriate medical intervention. Health promotion and vaccination of children under five years were maintained in the refugee camps and immediate host communities.

Environment and Livelihoods

New refugee arrivals have received small quantities of wood for fuel (60kg/person over a period of 10 months) for domestic use. This was complemented by the distribution of energy-saving stoves to 3,800 households. From the onset, the operation engaged refugees in environmental conservation by planting over 21,000 seedlings in plots. There are limited livelihood projects to occupy the predominantly young camp population.

Logistics, Transport and NFIs

Basic household and hygiene items were delivered and distributed in a timely manner. All the new arrivals have benefitted from the distribution of a full kit of non-food items. Each family received a kitchen set, a 20-liter water jerry can and a mosquito net while each person received a blanket, a sleeping mat and 250gm of soap per person per month. All new arrivals at Nadapal were provided with timely and dignified transport assistance.

Shelter and Infrastructure

5,790 semi-permanent shelters out of the expected 11,175 units have been constructed so far. This means that 52 per cent of new arrival households have been accommodated in adequate shelters. In

addition, materials for the construction of 4,500 units in next year are being pre-positioned. New access roads (8.8 km) have been constructed in the new settlement area.

WASH

Water supplies for new arrivals are currently below standard, at 16 litres per person per day. In the sanitation sector, humanitarian actors will have constructed 3,000 of the anticipated 8,940 family latrines by the end of the year. This means that only 33 per cent of households will have family latrines. In the site receiving new arrivals in Kakuma, the ratio is 600 people per drop-hole latrine, and this requires immediate improvement as it poses a serious health hazard.

Support to the host community

UNHCR, working with the Government and local leaders, has initiated various host community projects in Turkana County in support of the education, water and health sectors. This is crucial because such initiatives help promote peaceful co-existence between the two communities, thus reducing protection risks towards the population of concern, which are caused by competition for meagre resources such as wood, water and land. The host-community projects are dispersed across the entire Turkana West Sub-County that has been hosting refugees since 1992.

Humanitarian Needs and Vulnerabilities

Protection

Limited understanding of asylum issues by some government officials is a challenge at the border crossing point, with some reported incidents of immigration officials demanding entry fees from asylum-seekers. The language barrier is also a problem. In the camp, reception conditions are inadequate in terms of space, privacy, lighting, appropriate food items for children and clothing for those in need. Registration is done separately by the Government and UNHCR, requiring refugees to be shuttled between offices.

Demographic analyses reveal that 65 per cent of new arrivals are children. During displacement and flight, some of the women and children were targeted and exposed to sexual and gender-based violence, in particular rape. While systems are being put in place to address their protection needs, women and children still face challenges in accessing services owing to limited knowledge about procedures and insufficient community support structures.

Education

Comparisons between the school and camp population data and analysis, and the gross and net enrolment rate reveal a high number of out-of-school children and enrolment of over-age learners at all levels. The existing school spaces remain insufficient, with high levels of congestion; few desks and lack of WASH facilities; insufficient availability of teaching and learning materials; and absence of

programmes to cater for over-age learners. The number of school-aged children is projected to grow by over 30 per cent in 2015, which will put further pressure on available sector resources.

Food Assistance

WFP's food security and outcome monitoring of September 2014 indicates that despite regular food assistance provided to the refugees in Kakuma camp, 15 per cent were severely food insecure and 28 per cent moderately food insecure; the daily dietary score for refugees in Kakuma is 3.8 (an average dietary score below 4.5 is considered "low"); the proportion of children identified with severe acute malnutrition (SAM) has increased in recent months, indicating a worsening condition in Southern Sudan and thus of the new arrivals; over 90 per cent of families in Kakuma cannot support themselves with a minimum healthy food basket; and 54 per cent spend as much as 75 per cent of their income on food.

Due to funding shortfalls, WFP has been forced to reduce general food rations for all refugees in Kenya, including new arrivals, since mid-November 2014. Full rations may resume in January 2015, depending on the funding scenario. The current food ration cuts of 50 per cent, in an arid region with limited livelihoods, and among a new arrival population with critical rates of malnutrition, will have a disastrous impact on the household food security and on the prevalence of malnutrition in Kakuma.

Health and Nutrition

The major challenges have been: an inadequate number of qualified medical staff, with the average daily consultation per clinician 1: 95 compared to the UNHCR standard of 1: <50; overstretched health resources, including equipment and personnel; high turnover of qualified staff, especially doctors and nurses; and dilapidated health infrastructure, especially the camp's main hospital.

The nutrition programme has been largely underfunded. In addition to low staffing levels, there are too few nutrition product distribution points resulting in congestion/overcrowding on food distribution days. These conditions are partly responsible for the delays in nutrition services delivery, and consequently higher dropout rates and lower coverage of the programme than required. In a situation with increasing malnutrition rates amongst the new arrivals, the sector requires immediate attention.

Environment and Livelihoods

The new arrivals rely entirely on firewood for their domestic energy requirements. Unfortunately, this commodity is very expensive and only small quantities are provided by UNHCR. The energy-saving stoves distributed only cover 38 per cent of households. The majority of refugees are forced to harvest extra firewood, exposing them to protection risks while rapidly degrading the area surrounding the camp and creating conflict with the host community. UNHCR has been working on a new Kenya energy strategy which should inform the programming in 2015.

Logistics and Transport

All new arrivals received recommended quantities of basic household and hygiene items upon arrival. However, owing to a disruption in the distribution of core relief items (CRI) in the old sections of the camp, the protracted refugee population lacks sufficient basic supplies. In addition, IOM will continue to provide safe and orderly transportation services for asylum-seekers arriving in Kenya via Nadapal border point and their transfer to the reception centre in Kakuma.

Shelter and Infrastructure

Insufficient land to settle refugees remains a serious challenge. By end of 2014, it is projected that only 52 per cent of households will have adequate dwellings. Moreover, the camp's infrastructure still requires more investment, especially access roads, a new hospital, schools and related water and sanitation facilities. The state of most access roads is deplorable.

WASH

Household latrine coverage in the camp is only 33 per cent. The immediate needs include provision of adequate household/communal latrines, solid-waste management, hygiene-promotion activities and improving WASH facilities in schools. In the water sector, some 3 boreholes were sunk, 27 km of pipework established, 12 tap stands constructed out of a planned 130 and 3 steel elevated water tanks (capacity 108m³ each) constructed to supply water to newly inhabited sites of Kakuma camp. The challenge is that the distribution system is not fully operational. Recent flooding in the camp swept away some pipelines, whilst the water table in the area has dropped, leading borehole yields to fall. At least, two more overhead tanks are required. In addition, improvements to the water systems in Kakuma 1, 2 and 3 are required to support South Sudanese refugees who have settled in these areas.

Response Strategy and Priorities

Admission and reception

UNHCR has consistently engaged with the Government both at national and county level to increase available reception areas for asylum-seekers. At the border crossing point, UNHCR engages with immigration officials to ensure that asylum-seekers can access territory and are treated fairly as their documents are processed. Besides training government officials at the border on refugee protection, UNHCR has also supported the Government by constructing a transit centre at the border to accommodate the new arrivals.

Standards of assistance

The humanitarian community aims at providing protection and assistance to the recommended standards. This calls for additional resources to address life-saving and life-sustaining priorities and solutions in a coordinated, efficient and effective manner that supports refugees and receiving communities.

As from mid-2015, the general food distribution component of WFP's Kenya refugee operation will be a combination of food and a cash or voucher transfer, using the WFP-UNHCR biometric fingerprint system that was put in place to ensure that only eligible refugees and asylum-seekers, residing in the camps, can collect their entitlements.

Host community involvement

Recognizing both the important role that the host communities play in the protection of refugees, and in recognition to the additional burden they face hosting large number of refugees, UNHCR is complementing the Government of Kenya's efforts to address the needs of the refugee hosting communities. In the Kakuma context, refugees have, in some sectors, better access to services than the host communities do. UNHCR will work with partner agencies to enhance the assistance provided to the host communities, to address their basic needs and to promote a peaceful co-existence and mutually supportive and beneficial relationships.

Working towards solutions

The current focus in the response to the South Sudanese refugee influx is on emergency assistance and stabilization, as facilitation of voluntary repatriation is not considered feasible at this time. Besides providing life-saving assistance, attention will be paid to solution-oriented sectors such as education, self-reliance and livelihoods promotion, to promote empowerment of refugees to reduce their dependence on humanitarian aid. In addition, integrating the Kakuma camp economy with that of the host community will be prioritized to ensure lasting benefits of the refugee presence for Turkana County, while at the same time enhancing the capacity of refugees' self-reliance.

Partnership and Coordination

The 2015 emergency response for the South Sudanese refugees will be coordinated by UNHCR in close collaboration with the Government of Kenya's Department of Refugee Affairs. The implementation of planned priority interventions will be carried out with the Government, UN agencies, nearly 15 NGO partners and the private sector. National-level coordination is based on: (i) UNHCR monthly donor dialogue meetings; (ii) WFP quarterly donor meetings; (iii) monthly technical partners meetings; and (iv) regular Kenya Comprehensive Refugee Programme Task Force meetings. At camp level, coordination focuses on security and general camp management via sectorial and technical meetings.

Planned Response

Protection	<ul style="list-style-type: none"> ▪ Training of government border officials and police officers; hiring interpreters for the government, maintaining UNHCR presence at the border to monitor admission and reception of asylum seekers. ▪ Improvement of reception facilities, to provide secure and confidential space for registration and protection interviews, as well as supplies to ensure refugees live in dignified conditions with adequate protection the short stay before they are moved to the settlement areas. ▪ Establishment of a joint registration facility for DRA and UNHCR that would ensure expediency of registration processes for refugees and asylum seekers. ▪ Strengthening of the community support structures, to support communities to take full responsibility for their children, women and other persons with specific needs. ▪ Improvement of information management systems and case management for child protection, particularly unaccompanied and separated children, and the Monitoring and Reporting (MRM). ▪ Scale up SGBV interventions that will build on the resilience of survivors and their families: this entails establishment of trauma counselling support at the border transit centre, the provision of adequate essential services including cash assistance and initiating livelihoods activities for survivors. ▪ UNHCR will strive to bring in new partners with expertise in development to facilitate integration of the refugee and county economy to ensure lasting benefits for the host communities and refugees.
Education	<ul style="list-style-type: none"> ▪ Set up learning spaces and equipping them, provision of basic teaching and learning materials and psychosocial support, hiring and training of teachers and school managers and supporting child friendly activities through play, in line with the 2013 – 2016 Education Strategy. ▪ Construction of five additional schools (120 classrooms), hiring an additional 150 teachers and continue with teacher training, acquire 2,000 desks, construct 150 drop-hole latrines including disability friendly latrines and acquire an assortment of teaching and learning materials. These interventions will increase participation at primary level from the current 57 per cent to 70 per cent.
Environment and Livelihoods	<ul style="list-style-type: none"> ▪ In 2015, the operation is planning to supply 10 kg of firewood per person per month for a period of 6 months. In addition, some 2,900 energy saving stoves that will increase the coverage to 60 per cent.

	<ul style="list-style-type: none"> Environmental conservation measures will be pursued by planting about 100,000 seedlings and rehabilitating degraded areas through establishment of 40Ha greenbelts. UNHCR is expected to finalize the Kenya Country Environmental Strategy that should address all key issues and to propose a set of key interventions that can start being implemented already in 2015.
Food	<ul style="list-style-type: none"> WFP will continue providing food assistance through the following activities: general food distributions through a hybrid transfer; blanket supplementary feeding programme for pregnant/lactating women and children 6-23 months; targeted supplementary feeding; institutional feeding; support to people living with HIV and TB; school meals; food for training; and food for assets).
Health and Nutrition	<ul style="list-style-type: none"> Health care delivery will mainly focus on treatment of the sick; reproductive health and HIV/AIDS; disease surveillance and disease prevention and control measures; medical screening of new arrivals at the South Sudan - Kenya border; hire of additional health staff; construction of an Isolation ward and a theatre in the new site of Kakuma camp and procurement of essential drugs, medical and other health commodities. Due to the continued influx, there is need for continued screening, case management and vaccination at the point of entry as well as supporting the health-sector partners to provide primary and secondary care to the refugees and host community populations. The County health team will need the logistical inputs to support the health partners in the camp and host communities to promptly investigate and confirm rumours and disease outbreaks. With regard to Ebola preparedness, WHO will conduct refresher training for health workers on Ebola case management, handling and burial of the deceased. The 2015 priority for nutrition will include procurement of therapeutic foods, such as plumpy nuts, F75, F100 therapeutic milk, Resomal and Vitamin A for severely malnourished children; procurement of complementary foods for targeted populations, especially medical cases; procurement of anthropometric equipment for stabilization centres and for the regular programme; hire of additional nutrition staff; promotion of appropriate mother, infant and young child feeding programme; rapid malnutrition screening of new arrivals children aged 6 - 59 months old and enrolling malnourished ones in appropriate feeding programme; carry out vitamin A distribution campaign and conduct the annual nutrition survey in Kakuma.
Logistics and Transport	<ul style="list-style-type: none"> There will also be a need to increase the capacity of warehouses and to purchase office and other equipment, as well as vehicles. New arrivals will continue to require transport assistance from the border to the reception centre.
Non-Food Items (NFI)	<ul style="list-style-type: none"> The priority in 2015 will be to maintain the same standards of NFI distribution for the projected 30,000 new arrivals. There is also need

	to support refugees in protracted situations with CRI to replace old and worn out items.
Shelter and Infrastructure	<ul style="list-style-type: none"> Once the Government and people of Kenya make land for a new camp in Turkana County available, the priority in 2015 will be to provide shelters to about 9,000 families and hence increase the percentage of refugee households living in adequate dwellings from 52 to 65 per cent. 24 kilometres of access roads will need to be constructed and rehabilitated to facilitate the movement of people, goods and efficient service delivery.
Water, Sanitation and Hygiene (WASH)	<ul style="list-style-type: none"> In 2015, there is need to provide an additional 11,400 new latrines to cater for 80 per cent of the expected population of 75,000-80,000 people. Concerning water, the operation will plan for about 30,000 refugees expected in 2015, which means an additional 800 cubic meters of potable water must be pumped, treated and supplied every day.

Financial Requirements Summary – KENYA

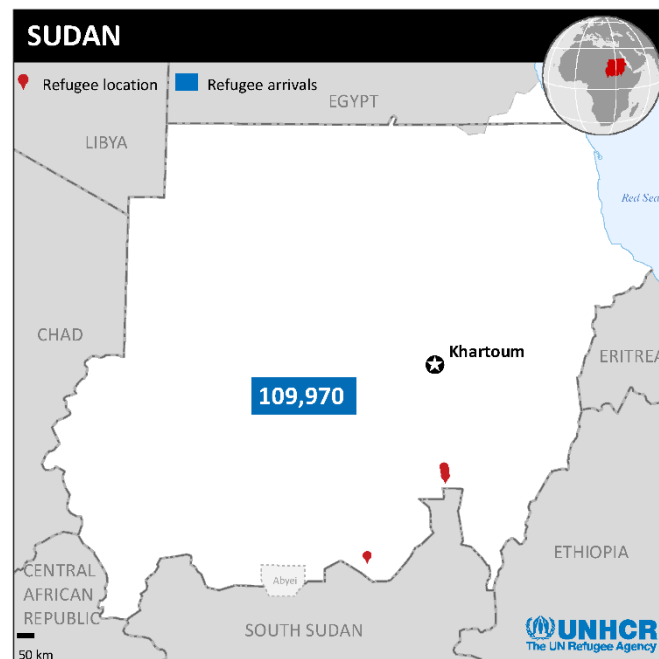
Financial requirements by agency (in US dollars)

Organization	Total
DRC	450,500
Don Bosco	297,750
FAO	4,500,000
FilmAid	245,275
IOM	750,000
IRC	8,789,157
JRS	60,000
LWF	4,891,715
NCCK	3,034,642
NRC	6,372,979
RCK	79,800
UNHCR	39,334,372
UNICEF	5,040,000
WFP	13,500,000
WHO	1,860,000
WV	3,000,000
Total	92,206,190

Financial requirements by sector (in US dollars)

Sector	Total
Protection	6,054,125
SGBV	846,242
Shelter and Infrastructure	11,116,074
Non Food Items	4,306,210
Water, Sanitation and Hygiene	11,523,262
Health and Nutrition	16,718,000
Food	13,000,000
Education	9,937,486
Logistics and Transport	3,075,526
Livelihoods and Environment	7,482,462
Operational Support	8,146,803
Total	92,206,190

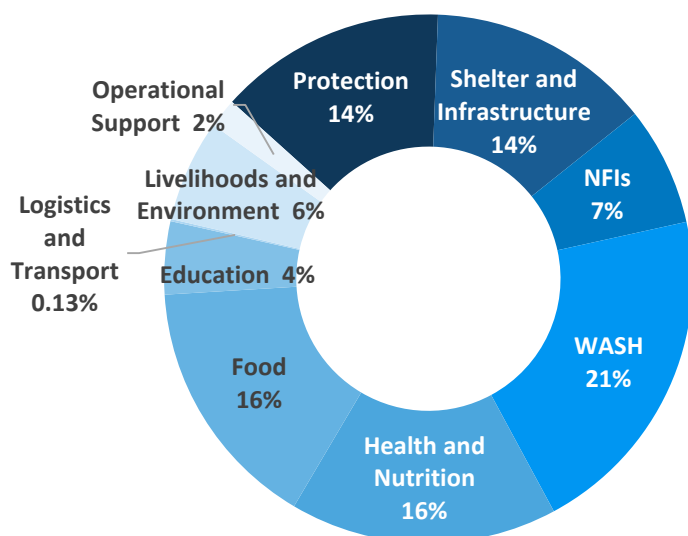
SUDAN RESPONSE PLAN



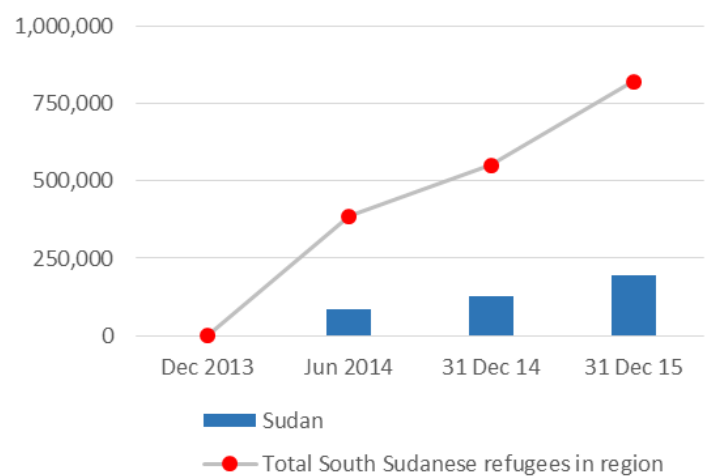
Map Sources: UNCS, UNHCR

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 determined. Creation date: 01 Dec 2014

Financial Requirements (US dollars) 152,119,709



Population Trends



Background and Achievements

Sudan has been confronted by a steady influx of South Sudanese refugees following the outbreak of violence in South Sudan on 15 December 2013. As of mid-November 2014, Sudan was hosting over 106,000 South Sudanese refugees, who have joined an estimated 350,000 South Sudanese who had remained in Sudan following the secession of South Sudan in 2011. Seventy per cent of the refugees living in a camp-like situation are children.

While the inflow of South Sudanese was mainly to South Kordofan State in the first months of the emergency, the trend shifted mid-year with an increasing number of new arrivals entering White Nile State, which now hosts half of the refugees who have arrived since mid-December 2013. 80 per cent of them live in four designated sites (Al Redis, Jouri, El Kashafa and Al Alagaya) and the rest in host communities. Khartoum State remains the second largest hosting state, with some 31,000 South Sudanese refugees living in some 31 residential and so-called open areas. South Kordofan State, a key entry point for many fleeing the violence, currently hosts 15,000 South Sudanese refugees. The remainder of the South Sudanese refugee population are currently located in Blue Nile State, East Darfur and West Kordofan State.



South Sudanese women and girls collect water at a pump in the Joda border point Al Alagaya site, Sudan. UNHCR / N. Brass

With conflict ongoing in South Sudan, and a deterioration in the overall environment for civilians, including from a food-security point of view, there has been an upsurge in the number of weekly arrivals following the end of the rainy season, with an average of 1,200 registered new arrivals every week, and

it is expected that this trend will continue into 2015. UNHCR and its partners are therefore planning humanitarian interventions for 126,000 South Sudanese refugees as of January 2015 and for an additional 70,000 refugees who are expected to arrive throughout 2015. In total, it is anticipated that up to 196,000 South Sudanese refugees will have sought safety in Sudan by the end of 2015, and the population will be largely composed of children. UNHCR and its partners do not exclude a possible upsurge in the number of arrivals, with twice or three times the current projected numbers, and therefore contingency plans are being developed. It is also anticipated that a number of Sudanese currently in South Sudan will return, requiring assistance upon arrival.

From the outset of the emergency, the Government of Sudan has maintained an open-border policy, allowing safe and unrestricted access to its territory for those fleeing the conflict. The President of Sudan has declared that South Sudanese should enjoy the same status as Sudanese citizens in Sudan, and that their stay should be governed under the Four Freedoms Agreement (movement, residence, work, property); however, this agreement has remained the subject of ongoing negotiations between the two Governments. The operational context in Sudan thus differs from that of other countries in the region where UNHCR and partners have been mounting traditional large-scale emergency response programmes.

As in 2014, UNHCR will continue to coordinate the overall humanitarian response in close cooperation with relevant Government entities and will target camp-based refugees, as well as those living in Khartoum open areas and settlements in South and West Kordofan States. The interventions will to the extent possible also target host communities and potential Sudanese returning from South Sudan.

Achievements

Protection

- South Sudanese refugees continue to have unhindered access to Sudanese territory.
- Household level registration is ongoing in partnership with the Sudanese Red Crescent Society and an agreement with the authorities has been reached to start individual registration in White Nile State.
- The Inter-Agency Rapid Needs Assessment of the South Sudanese population in Khartoum, the first of this kind since 2012, was concluded and endorsed by the Government. Recommendations include key protection interventions, which will inform the 2015 protection strategy. 105 monitoring visits were conducted in Khartoum open areas.
- Coordination mechanisms to support women at risk have been put in place in White Nile State, with the establishment of referral pathways and of protection networks with community leaders. Livelihood projects were initiated targeting women in conflict with the law so as to ensure alternative income sources for women and their families. Two dedicated spaces for women were established in Al Alagaya and Al Kashafa sites and hygiene kits were provided to the most

vulnerable women. Awareness-raising campaigns on the protection of women and children have targeted local authorities in South Kordofan.

- 598 unaccompanied and separated children were identified in White Nile State and alternative care arrangements have been provided.

Education

- Sudan's Ministry of Education has agreed to include English as a second language of instruction for South Sudanese refugees in schools in White Nile State relocation sites. Consequently, at least 60 Grade 8 students have now commenced studies using the Sudanese curriculum in English.
- Formal education activities started in the relocation sites supported by UNICEF and Plan Sudan: 30 temporary classrooms have been established and 4,578 students are currently enrolled in the relocation sites in White Nile State.

Food Security

- A total of 65,887 South Sudanese refugees were supported across Sudan with over 5,660 MT of food assistance.
- WFP and its partners ensured adequate prepositioning of food assistance and advance distribution across inaccessible locations to ensure continued assistance during the rainy season.
- WFP facilitated the signature of a Memorandum of Understanding between Sudan and South Sudan to enable the movement of humanitarian cargo from Sudan to South Sudan. The first convoy departed on 8 November with 700 MT of food assistance for 45,000 people in South Sudan. This marks the opening of a humanitarian corridor which is expected to reduce heavy reliance on costly air operations for provision of the assistance in conflict-affected areas in South Sudan.

Health

- Free access to primary health care was provided to near 100,000 South Sudanese refugees and host communities in Blue Nile, White Nile, South Kordofan and West Kordofan States.
- 60,000 beneficiaries received medical or drug kits, including 18,750 women of child-bearing age and 35,000 children under five.
- In White Nile, 23,500 children have been reached with measles vaccine, and a polio campaign reached over 4,000. Some 3,000 children under one year of age have received routine immunization under the Expanded Programme on Immunization, through fixed and mobile facilities.
- A disease surveillance system has been established, as well as hospital referral services at camp sites. In White Nile State, 21,000 long-lasting insecticide-treated bed nets (LLITN) and 600 doses of paediatric treatment for malaria were provided.

Nutrition

- In White Nile State, 2,201 children with severe acute malnutrition (SAM) have been treated, and blanket supplementary feeding programme (BSFP) distributions covering 10,304 cases. The global acute malnutrition (GAM) rate has decreased from 20 per cent in March to 13.4 per cent at the end of October 2014, although a sharp increase has been noted lately.
- In South Kordofan a mass mid-upper arm circumference (MUAC) screening was conducted and 69 SAM cases were admitted to an outpatient therapeutic centre (OTP). BP-5 compact food was distributed to 1,619 children under five years of age, and 106 health officers from the Ministry of Health and women's associations have been trained.
- In Khartoum open areas, an OTP is operating in Mayo, providing CMAM services, which has reached 3,000 families.

Shelter and NFIs

- Some 72,000 South Sudanese have been provided with emergency shelter and non-food items by UNHCR and its partners. Beneficiaries included South Sudanese who had been living in Khartoum since the secession. A total of 35,008 plastic sheets, 24,658 jerry cans, 19,574 kitchen set, 40,454 blankets, and 39,568 sleeping mats were distributed.
- Over 30,000 were provided with shelter construction materials in the four relocation sites in White Nile State. Communal shelters were also constructed in the sites as temporary shelters for new arrivals.
- 25,000 refugees were swiftly relocated from a flood-prone site to more suitable and safer sites in White Nile State.
- Site planning for a newly identified site in Khartoum State has begun to prepare for the relocation of up to 17,000 South Sudanese living in Khartoum open areas.

WASH

- Water systems were constructed in three sites in White Nile State, while potable water is made available through trucking in Al Alagaya site. At the end of October 2014, 16 litres of potable water were available per person per day in the sites in White Nile State, where there are three water bladders in each site.
- A total of 1,379 emergency latrines have been constructed in South Kordofan and White Nile States, but important gaps remain in latrine coverage, in particular in Al Alagaya.
- Hygiene promotion campaigns continue to be carried out on a weekly basis in White Nile State and more sporadically in South Kordofan State. In total, 2,625 household visits and 124 awareness-raising sessions have been conducted so far.

Humanitarian Needs and Vulnerabilities

New refugees arrive in Sudan with little means, and reach the border areas exhausted, nutritionally weak and in poor health, with many traumatized by the conflict in their country. The majority of the refugees are children, women and elderly people, who are exposed to risks requiring specific protection mechanisms. There is a need to ensure adequate reception arrangements, including the capacity to identify vulnerable individuals upon arrival. In parallel, interventions will have to move away from emergency standards to more solutions-oriented programmes, in line with UNHCR's refugee standards.

Managing expectations and ensuring a non-discriminatory approach to new arrivals vis-à-vis the pre-existing South Sudanese population in Sudan is a major challenge. An estimated 350,000 South Sudanese who were living in Sudan prior to the conflict lost their Sudanese nationality following the secession of South Sudan. They have since had an unclear legal status in the country and live in a precarious humanitarian situation. This continuous influx will also continue to affect the living conditions of Sudanese host communities. As the areas of arrival have few resources, UNHCR and its partners will strive to factor in the needs of an estimated 153,000 Sudanese host populations in their interventions.

While the Government of Sudan has maintained an open-border policy, stating that South Sudanese refugees should be treated as Sudanese citizens, the lack of national legislation to underpin this policy continues to raise questions regarding their legal entitlements and the long-term durable solutions for this population. In particular, the lack of a comprehensive registration and documentation limits South Sudanese refugees' access to services and rights. While emergency rapid registration (at household level) is being undertaken in all sites for new arrivals, the availability of updated and detailed population data (at individual level) is required to strengthen protection profiling and identification of persons with specific needs, in particular in the areas of child protection (for family tracing and reunification purposes), education and sexual and gender-based violence. As 91 per cent of registered households in the four relocation sites in White Nile State are female-headed, particular attention must be paid to women's economic and overall protection needs.

In terms of site planning, there is an urgent need to decongest the existing sites in White Nile, which have reached their limit in accommodating refugees, and new sites have already been identified. In Khartoum State, 40,000 South Sudanese are to be relocated to more suitable areas (17,000 in the short term). As the situation in South Sudan will remain volatile, pre-positioning of immediate life-saving shelter and other non-food items for up to 124,000 South Sudanese refugees and 22,000 extremely vulnerable individuals from the host communities will require NFI assistance in 2015.

While the refugee population receives on average 16 litres of potable water per person per day in White Nile State sites (above emergency standards), there is a need to improve the water systems to meet UNHCR's refugee standards of 20 litres per person per day. In South Kordofan settlements, only 12

litres per person per day are made available, (below emergency standards). In terms of sanitation and hygiene, the main priority relates to latrine coverage, in particular in Al Alagaya site in White Nile State. In total, 950 additional latrines are required to meet the emergency standard of 50 persons per latrine. Similarly, in White Nile State, there is a need to construct 1,130 additional washrooms to meet the emergency standards.

Food distribution will also remain critical and WFP estimates that 21,200 metric tons of food commodities will be required to meet the needs of the South Sudanese refugee population in 2015. Continued assistance will be required for nearly 72,000 individuals throughout 2015. In order to guarantee a food-secure environment, livelihoods and resilience interventions will need to be conducted for both refugee and host populations. An estimated 165,000 individuals will be targeted with interventions aimed at strengthening food security, including people from the host communities who will also benefit from non-food assistance. Food security assessments will be conducted to determine the duration and means of assistance including identifying the most suitable transfer modalities such as cash and vouchers, where feasible.

There is a continued need to strengthen health service delivery systems, both at relocation sites and also at referral health facilities, which would also benefit host communities. The limited capacity of health-care infrastructures will require constant support not only to maintain access to health care for the existing refugee population, but also to respond to the needs of the new arrivals. Of the estimated 196,000 South Sudanese refugees by the end of 2015, it is anticipated that 39,200 will be children under the age of five; and 49,000 women of child-bearing age, almost 40 per cent of whom (19,600) may be pregnant and lactating. They are all vulnerable to life-threatening nutritional insufficiencies. As they will arrive from an already food-insecure environment, it is estimated that 10,800 children and 4,000 pregnant and lactating women will be affected by acute malnutrition.

An estimated 59,000 South Sudanese refugees will be school-aged children between 3 and 14 years old by the end of 2015. Despite the Federal Ministry of Education's commitment to facilitate South Sudanese children's access to public schools, several constraints persist, such as the remoteness of relocation sites, unaffordable school fees, and limited capacities to accommodate these refugee children. This situation requires more investment in host community education systems so that they can absorb the growing numbers of refugee children. WFP will provide food assistance to all school-aged children through its Food for Education mechanism, with a total of 1,453 metric tons of food commodities.

Response Strategy and Priorities

The overall strategy to respond to the needs of South Sudanese refugees in Sudan will be articulated around camp-based assistance for refugees living in relocation sites in White Nile State, as well as community-based programmes for those living in other settlements, including in Khartoum. The

protection strategy will continue to aim at ensuring the refugees' safety, protecting their rights and addressing their vulnerabilities, as well as to start identifying solutions.

In White Nile State, UNHCR and its partners will strive to guarantee access to WASH facilities, health care and education, in close cooperation with the relevant line ministries. Targeted assistance in the field of food security and livelihoods, support for extremely vulnerable individuals, including unaccompanied and separated children will be maintained and expanded. Host communities living near the sites will also benefit from these interventions. Community-based interventions, in particular in Khartoum open areas and settlements in South Kordofan and West Kordofan States, will focus on enhancing the capacity of local infrastructures.

During the life-saving phase of the emergency, focus is being placed on preventing *refoulement* and ensuring safety through unhindered access to the territory for all South Sudanese refugees. This is pursued through the establishment of adequate reception arrangements and the rapid registration at household level for new arrivals, to ensure they are provided with life-saving assistance. Basic services will be made available for a temporary stay of three to four days, including medical screening and nutritional support, before onwards transportation to established sites is organized. In White Nile State, the identification and site planning of new camps will be required to decongest the existing camps and provide new arrivals with adequate living conditions. As of November 2014, two suitable sites had already been identified. UNHCR will also support the Government of Sudan in ensuring the physical security of refugee hosting sites and peaceful coexistence with the surrounding communities.

UNHCR will in parallel pursue its advocacy interventions on status-related issues, in particular on the possibilities for enhancing documentation of the population. Mechanisms will also be established to enable improved identification of persons with special needs. This is deemed to be particularly critical for children in light of the high ratio of unaccompanied and separated children arriving in Sudan. It is therefore important that access of children to basic services is facilitated through the development of mechanisms that will support the referral of vulnerable children. Learning facilities and child-friendly spaces are also prioritized, given the vulnerability of children and the need to quickly re-establish a sense of normalcy.

WASH interventions will focus on reaching the standard of 20 litres of potable water per person per day. The construction of latrines is a priority and the decongestion of existing sites will be critical to meet the standard of 50 persons per latrine in the sites. All WASH interventions will also target host communities.

Food assistance will be provided through general food distribution (GFD) activities, consisting of 575 grams per person per day for all new arrivals. WFP will also support new arrivals with wet feeding. Livelihood interventions will be critical to complement food assistance in order to achieve food security amongst refugee and host populations. Through targeted interventions, such as the provision of agricultural inputs and training on income-generating activities, affected populations will be able to restore their livelihoods and become more food secure.

Health interventions will continue to aim at ensuring better access for South Sudanese and host communities to primary health care services, as well as strengthening referral services. The health strategy foresees a close coordination with WASH and nutrition activities. Health facilities serving South Sudanese will be rehabilitated where required, appropriately staffed with qualified and trained health workers, and equipped with instruments, drugs and medical supplies.

The nutrition response for new arrivals will continue in order to address acute malnutrition through life-saving interventions. MUAC screening and referral of malnourished children will be conducted at reception centres and supplementary feeding will be put in place. Infant and young child feeding (IYCF) interventions will cover all newly arrived children and pregnant or lactating women. The prevention and treatment of acute malnutrition will be ensured through the provision of monthly nutrition supplements and therapeutic services. In the stabilization phase of the response, the standards of assistance in the existing camps will be progressively improved with a transition from emergency standards to regular care and maintenance assistance. The engagement of refugees and host populations, in assessments and service delivery will help the community to build resilience in the longer term, with a focus on livelihood interventions.

A slightly modified type of emergency shelter will be used in 2015, as UNHCR's monitoring and evaluation of 2014 interventions showed that South Sudanese did not find the plastic sheeting model suitable. The new shelter will be more environment-friendly and cost effective. Communal shelters will be erected at reception sites as immediate shelter assistance. In addition, strategic pre-positioning and distribution of shelter materials and other non-food items will be ensured to respond to the needs resulting from the continuous influx.

Individual registration will be carried out to collect updated and detailed population data to strengthen protection profiling and improve the identification of people with specific needs, thereby ensuring effective protection planning and targeted responses. In addition to individual registration in refugee hosting sites, registration is to be extended to new arrivals in urban areas. Providing documentation is prioritized at this phase of the strategy, as nationality documentation in Sudan is also a prerequisite for accessing a number of services, in particular education. The referral pathways will be strengthened to ensure appropriate medical, legal, psychosocial and other relevant protection services are available to refugees, in particular women and children.

Efforts are also required to reduce potential risk factors in the sites and potential tensions with host communities and authorities. In this regard, interventions aiming at peaceful coexistence and the strengthening of self-reliance of refugees and host communities will be carried out. Joint livelihood activities with refugees and hosting communities will be pursued such as agriculture and fisheries programmes to promote coexistence.

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 HCT to ensure a common, consistent and well-coordinated approach by all humanitarian actors and UNHCR has been applying the new refugee coordination model (RCM), capitalizing on existing sectorial coordination mechanisms in place for internal displacement situations in Sudan to ensure more streamlined coordination. The existing Refugee Multi-Sector will remain the main forum through which humanitarian coordination for the United Nations and its partners for this emergency takes place, under UNHCR's leadership and in support of government efforts.

Coordination with the authorities takes place at federal and state levels. Further to the establishment of a Joint Working Group at Federal Level led by the Humanitarian Action Committee early on in the emergency, a Steering Committee was established in Khartoum in November to focus on preparations and response primarily in White Nile State. At the state level, a technical committee was created in Kosti and will ensure field coordination with all relevant partners. Partners involved in the response to this emergency include UN agencies, NGOs, IOM, the Sudanese Red Crescent Society (SRCS) and Government bodies. Joint assessments regularly take place to ensure cohesion and effective planning.

Planned Response

Environment	<ul style="list-style-type: none">▪ In 2015, the operation is planning to supply 10 kg of firewood per person per month for a period of 6 months. In addition, some 2,900 energy-saving stoves that will increase the coverage to 60 per cent.▪ Environmental conservation measures will be pursued by planting about 100,000 seedlings and rehabilitating degraded areas through establishment of 40Ha greenbelts. UNHCR is expected to finalize the Sudan Country Environmental Strategy that should address all key issues and to propose a set of key interventions that can start being implemented already in 2015.
Food	<ul style="list-style-type: none">▪ WFP will continue providing food assistance through the following activities: general food distributions through a hybrid transfer; blanket supplementary feeding to pregnant/lactating women and children 6-23 months; targeted supplementary feeding; institutional feeding; support to people living with HIV and TB; school meals; food for training; and food for assets).
Protection	<ul style="list-style-type: none">▪ Strengthen border reception arrangements through the establishment of reception centres in strategic key locations▪ Targeted support to extremely vulnerable individuals including transport and allowances.

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- Registration at the household level for new arrivals and individually for existing refugee population.
 - Issuance of documentation for all South Sudanese.
 - Enhance safety of refugee hosting sites through the implementation of physical security measures, such as the provision of adequate lighting in all waiting areas, and capacity building and equipment of law enforcement officials.
 - Strengthening of community-based networks for the identification, referral and support of persons with special needs including women and children at risk or victims of violence.
 - Family tracing and reunification, psychosocial support and mine risk education, targeting some conflict-affected children and unaccompanied and separated children.
 - Establishment, expansion and renovation of child-friendly spaces and commencement of consultative processes for children.
 - Establishment of women and youth-friendly spaces in White Nile State and Khartoum State.
 - Establishment of livelihoods initiatives, particularly for women at risk and other extremely vulnerable individuals in both White Nile State and Khartoum State to mitigate existing vulnerabilities.
 - Training of service providers on clinical management of survivors of violence, psychosocial support and legal aid.
 - Procurement and distribution of hygiene kits to most vulnerable women and girls of reproductive age.
 - Support the South Sudanese community to recover from trauma consequences and strengthen resilience using free cultural sensitive therapeutic approaches.
 - Strengthen child protection systems (social welfare, police judiciary) to provide child friendly procedures and ensure inter-departmental and community based prevention and response to children at risk, building upon existing government and civil society child protection structures and mechanisms.
 - Strengthen birth registration services. Ensure these are mapped and procedures are in place so that children born in Sudan can be registered at birth and obtain standard birth notifications from health facilities. Where health facilities are not available, agreements are made with local authorities to recognize the validity of these birth notifications in order to ensure refugee children can eventually receive birth certificates.
 - Capacity building of Ministry of Social Welfare to better support protection deliverables.
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Education	<ul style="list-style-type: none"> ▪ Construction of new classrooms with gender-sensitive latrines. ▪ Rehabilitation of existing 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 Parents and Teacher Associations (school management, social cohesion, child protection, girl's education etc.). ▪ Conduct education baseline surveys and schools mapping. ▪ Provide support with the school fees to vulnerable South Sudanese refugee families.
Food Security and Livelihoods	<ul style="list-style-type: none"> ▪ Food-security assessments conducted across refugee sites defining response mechanisms. ▪ All new arrivals assisted through wet feeding at reception sites. ▪ All new arrivals assisted with emergency food assistance composed of 575 grams per person per day with duration of assistance determined by ongoing assessments. ▪ Provision of food commodities for cross-border operations. ▪ Provision of food for education. ▪ Agricultural inputs provided for main and winter seasons cultivation of field crops and vegetable. ▪ Vulnerable women trained and supported to produce fuel efficient stoves. ▪ Livestock vaccination and restocking of small ruminants. ▪ Provision of fishing tools and equipment. ▪ Training in income generating activities. ▪ Reforestation.
Nutrition	<ul style="list-style-type: none"> ▪ Community mobilization, health, nutrition and hygiene promotion through community health workers. ▪ Establishment of 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 SAM to appropriate treatment centre, and provision of a one off monthly ration of Ready-to-Use Supplementary Food. ▪ IYCF activities covering all expected children and pregnant and lactating mothers' new arrivals

	<ul style="list-style-type: none"> ▪ Vitamin A supplements for all children under the age of five and iron supplements for all pregnant and lactating women among the refugee influx. ▪ Provision of monthly nutrition supplements to all children under five and pregnant or lactating women for six months to prevent acute malnutrition. ▪ Provision of lifesaving therapeutic services for all acutely malnourished children and pregnant and lactating mothers. ▪ Reporting, monitoring and continuous nutrition surveillance. ▪ Capacity building of community members, including technical training and coaching in community management of the programme.
Health	<ul style="list-style-type: none"> ▪ Maintenance and reinforcement of existing health facilities to ensure free access to primary health care including maternal, neonatal and child care for refugees and host communities. ▪ Immunization coverage against measles, polio and other antigens for above 90 per cent of targeted children. ▪ Mental health counselling and care at health facilities. ▪ Drugs, reagents, kits (primary reproductive, integrated management kits, among others), emergency obstetric care equipment and medical supplies procured and distributed to all health facilities. ▪ Training of health care providers in health facilities serving South Sudanese. ▪ Weekly collection of epidemiological data and enhanced detection of communicable diseases outbreaks. ▪ Establishment of new health outposts/ centres at new locations. ▪ Strengthening of medical referral systems. ▪ Better availability of secondary health care in Al Gabalian, El Neem and Kosti. ▪ 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 obstetrics care. ▪ Strengthening the capacity of blood donation units by provision of basic and comprehensive supplies, and equipment to reinforce comprehensive emergency obstetrics and new-born care services.
Logistics and Transport	<ul style="list-style-type: none"> ▪ Secure additional warehouse space and transport capacity. ▪ Enhance landing sites for access through the river banks if required for transportation of humanitarian cargo.

**Shelter,
Infrastructure and
Non-Food Items
(NFIs)**

- Site planning in locations designated as refugee relocation sites.
- Two landing sites constructed in White Nile State.
- Procurement and pre-positioning of emergency shelter material for 55,000 new arrivals in camp-like situation.
- Procurement and pre-positioning of NFIs for an estimated 146,000 people in need.

**Water, Sanitation and
Hygiene (WASH)**

- Construction of latrines to meet UNHCR standards in existing camps and emergency standards in new sites.
- Maintenance of water systems in existing camps and provision of potable water up to emergency standards in new sites and reception centres through water trucking.
- Water quality is monitored and improved through chlorination and purification tablets.
- Organization of hygiene-awareness campaigns in sites and host communities.
- Vector control and waste management campaigns are conducted in affected areas.
- Construction of drainage systems in existing camps.

Financial Requirements Summary – SUDAN

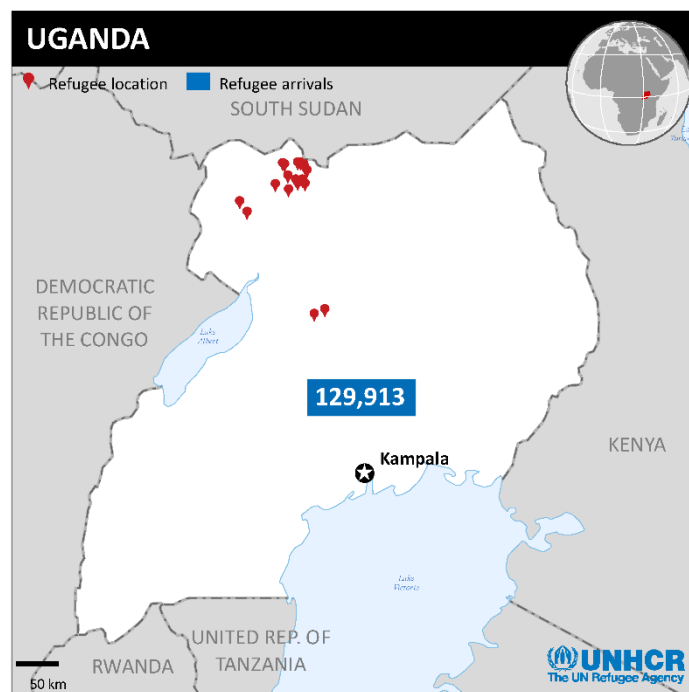
Financial requirements by agency (in US dollars)

Organization	Total
ADRA	878,143
Almanar	70,000
ASSIST	2,068,831
CAFOD	320,746
CONCERN	115,089
CIS	298,900
CRS	550,000
FAO	7,139,840
FPDO	200,000
IOM	1,960,871
PLAN Sudan	2,825,212
SCS	3,299,402
SIBRO	240,051
SRCS	929,075
UNFPA	1,700,000
UNHCR	68,309,642
UNICEF	28,590,018
WFP	25,447,740
WHO	7,176,149
Total	152,119,709

Financial requirements by sector (in US dollars)

Sector	Total
Protection	21,214,642
Shelter and Infrastructure	20,892,898
Non Food Items	11,085,913
Water, Sanitation and Hygiene	31,382,832
Health and Nutrition	24,571,743
Food	23,712,674
Education	6,800,000
Logistics and Transport	200,000
Livelihoods and Environment	9,539,840
Operational Support	2,719,167
Total	152,119,709

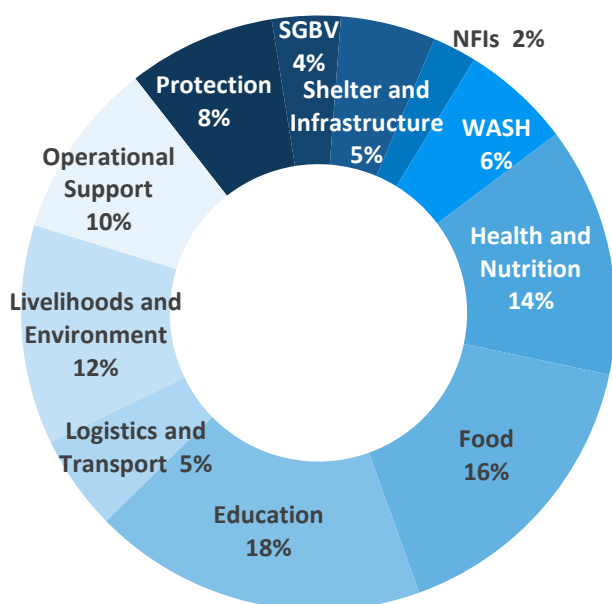
UGANDA RESPONSE PLAN



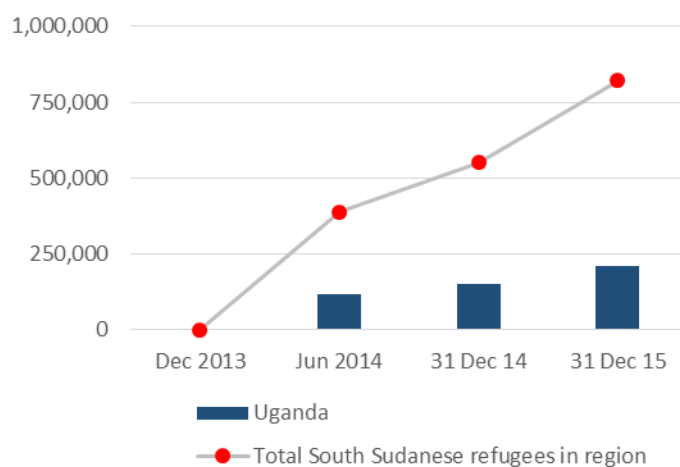
Map Sources: UNCS, UNHCR

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: 01 Dec 2014

Financial Requirements (US dollars) 220,607,768



Population Trends



Background and Achievements

Uganda is host to over 404,000 refugees from 33 countries with a long tradition of providing asylum to refugees. The Government's refugee policy allows for freedom of movement; access to services at the same level as nationals; and, for those who do not have the capacity to manage on their own, an allocation of land in refugee settlements, similar to rural Ugandan villages, where refugees can conduct farming activities. The cornerstone of the refugee policy in Uganda is the promotion of peaceful co-existence with host communities through the shared use of available resources. In the context of the South Sudanese refugee influx, the majority of the refugees are hosted on communal land in northern Uganda, and share the limited resources available to the host community.

Uganda was already receiving South Sudanese refugees, mainly from Jonglei State, before the fighting intensified in mid-December 2013. However, as of 13 October 2014, Uganda had received 128,500 South Sudanese refugees, who entered through two main border points to Amuru/Adjumani and Koboko/Arua districts. Refugees also arrive directly at Kiryandongo settlement and in Kampala. Refugees are received at transit/reception centres in Adjumani, Arua and Kiryandongo, before being transferred to settlements.



An elderly South Sudanese refugee collects water at a pump in Adjumani settlement, in northern Uganda. UNHCR / F. Noy

In Adjumani, since January 2014, four refugee settlements have been established, namely: Nyumanzi, Baratuku, Ayilo-1 and Ayilo-2, while six existing refugee villages have been extended to accommodate

the new arrivals. In 2015, Latodo settlement will be developed to accommodate new arrivals. In coordination with the Office of the Prime Minister (OPM) and partners, refugees will be transferred to Yumbe district once Latodo settlement is full. A rapid inter-agency technical mission was conducted to assess the site, and some new infrastructure and services will need to be established before refugees are relocated. In Arua, refugees are accommodated in Rhino Camp settlement, comprising a number of newly created or extended refugee villages. At Kiryandongo settlement, new arrivals are being allocated land alongside the existing groups of refugees.

Achievements

Protection

- All new South Sudanese refugees who arrived after December 2013 have been granted refugee status on a *prima facie* basis.
- 100 per cent of new arrivals are registered using biometric technology. Individual registration, including birth registration, is being conducted, resulting in the issuance of a household attestation letter to each family, and ration cards for further food assistance in the settlements. Over 29,000 household registration/ration cards had been issued as of 31 October.
- Safe and dignified access to asylum/registration facilities and initial services, including transportation, establishment and maintenance at the Nyumanzi transit centre, Elegu collection centre and Kiryandongo reception centre. Services provided at these locations include provision of hot meals, communal shelter and water/sanitation.
- Mechanisms to identify separated and unaccompanied children and conduct Best Interest Determination/Best Interest Assessments (BID/BIA) and family tracing activities have been established. As of 31 October, 2,964 separated/unaccompanied children have been identified. All unaccompanied minors are placed in foster-care. BIA conducted for 61 per cent of unaccompanied/separated children. Child-friendly centres have been created for children below school age and child protection committees have been formed and trained.
- An SGBV-referral pathway has been established and survivors assisted with protection, medical and psychosocial support. Reporting of SGBV cases has improved, with 310 cases reported as of 31 October, of which 95 cases were reported to have happened in the country of origin. One hundred per cent of cases received multi-sectoral services. The Safe from the Start project started. Solar lights are being installed. Community education and community policing have been established.
- A Persons with Specific Needs (PSN) survey is being conducted. As of 31 October, 4,474 PSNs had been identified. Specialized assistance is being offered to PSNs including construction of huts, counselling and inclusion in livelihood programme.

Education

Primary education enrollment has improved from zero per cent in January 2014 to 42 per cent in June 2014 and then to 47 per cent in October 2014. Over 8,560 (or 47 per cent) children under 7 years old participate in early childhood development programmes including child-friendly spaces. Eighteen special needs pupils have been sponsored to attend a special needs school in Gulu. There are now 284 primary school teachers hired, of whom 38 per cent are refugees.

Food Assistance, Health and Nutrition

According to the survey conducted in March 2014 among the new arrivals, the malnutrition rate was found to be above the emergency threshold. The malnutrition level has stabilized, according to regular surveillance being conducted by the health centres. Furthermore, one of the achievements is the roll-out of targeted supplementary feeding for under-two year olds to address these levels of malnutrition. Moreover, overall food security of the refugee population has been stabilised through the provision of food assistance and an uninterrupted food pipeline since the beginning of the operation.

Crude mortality rate remained at 0.0 deaths/1000/month and under-five mortality at 0.1 deaths/1000/month with no maternal deaths. Community health interventions have resulted in a lowering of the malaria incidence rate of 104.9/1000/month in December 2013/January 2014 to 51/1000/month by March. Surveillance for malnutrition and epidemic diseases was also strengthened. An effective referral system was established with eight ambulances (four existing + four new), and seven health centres were renovated and staffed. All (100%) new arrival children were systematically vaccinated against measles and polio and given Vitamin A and deworming treatment. All newly arriving children were also screened for malnutrition. Refugee women had access to emergency obstetrics with skilled delivery at 89 per cent. Over 1,340 children were admitted for nutrition treatment. Coverage for outpatient therapeutic centres is at 78.3 per cent.

Refugees have access to packages of mental health and psychosocial support with 80 staff from partners completing a phased training in Mental Health and Psychosocial Support (MHPSS) and 1,178 individuals have been screened. Over 90 refugees have been trained and formed into crisis teams to identify and refer individuals in need of psychosocial support. Sanitary materials have been provided to all women and girls of reproductive age.

Environment and Livelihoods

Site planning and settlement development take into account environmental protection. Valuable tree species are marked; environmental education sessions, training and Information, Education and Communication (IEC) material distribution is ongoing; seedlings distribution to farmers for planting and fuel-efficient stoves for people with specific needs are also continuing. Some refugees have received direct support with seeds, tree seedlings, cuttings and small livestock to supplement their food assistance.

Logistics, Transport and NFIs

Four trucks, four ambulances, 32 light vehicles and 43 motor cycles were procured and distributed among implementing partners during the course of the year. An additional 19 vehicles were made available for UNHCR Offices in Uganda.

CRIs were provided for 74 per cent of the population (or 110,000 persons), shelter kits for 81 per cent of the population (or 121,500 persons), sanitary kits dispatched for 60 per cent of the population and community kits dispatched to 48 per cent of the population (or 72,000 persons).

WASH

From almost zero, average available water is currently at 15.9 litres per person per day; current latrine coverage is 13 persons per latrine representing overall 60.3 per cent latrine coverage; and one hygiene promoter available per 583; school latrine coverage currently stands at an average of 103 pupils per latrine stance.

A comprehensive vision including harmonized standards and design, and a prioritized work plan was established, and inter-agency WASH assessments at health centres, schools and nearby host communities were completed.

Shelter and Infrastructure

Suitable land for collection points, reception centres and settlements has been made available to refugees. Planning took into account infrastructure and services such as water, sanitation, accessibility and distance from the border. Since the beginning of 2014, five new refugee settlements and villages have been opened, covering an area of 1,728 ha of community owned land, with a holding capacity of 14,222 households in Adjumani.

Additionally, two new sites have been assessed (Latodo (new) and Maaji (existing)) in Adjumani district, with a total area of 988 ha. and a holding capacity of 7,841 households. Two new sites have been assessed to establish refugee settlements in Yumbe district but would require establishment of temporary shelter for collection and reception, schools, health, and water facilities. Basic shelter and NFI kits have been provided to all new arrivals. Plots have been demarcated in Rhino camp settlements and Kiryandongo settlement.

Humanitarian Needs and Vulnerabilities

Taking into consideration the recent arrival trends and the continued fighting in South Sudan, the inter-agency coordination forum agreed to: (a) maintain the planning figure of 150,000 for 2014, with 128,500 refugees having already arrived as of 13 October 2014; and (b) set the planning figure for 2015 at 60,000 new arrivals. The total planning figure is thus 210,000 refugees to be assisted until December

2015. Most of the refugees will be accommodated in the existing four districts i.e. Adjumani, Kiryandongo, Arua and Kampala. Yumbe district has been agreed upon with the Government to serve as a new location once the capacity in Adjumani District is exhausted.

Support to hosting districts

The hosting districts are the first to take on the burden of refugee influx. With a view to preventing protracted situations and ensuring peaceful coexistence with the host communities, planning will be closely coordinated with local governments and, as far as possible, services will be provided in an integrated way for both refugees and nationals. In addition to the refugees, approximately 60,000 host population nationals will also be provided with access to basic services. UNHCR and the Government have agreed to allocate 20–30 per cent of planned services to the host community, depending upon the sectors of intervention. As such, the total beneficiary population for the Uganda operation is 270,000 refugees and host nationals. In addition, steps will be taken to acquire additional agricultural land for refugees, in full agreement with local authorities, in order to enhance opportunities for self-reliance based upon more intensive and modern agriculture methods.

Humanitarian needs

The priority for the South Sudanese refugees remains to facilitate a comprehensive protection environment with focus on legal and physical protection; to support people with specific needs including unaccompanied/separated children, and female headed households; to provide basic services in the transit/reception centres (TC/RC) and in settlements; and to promote opportunities for self-reliance based upon agriculture and post-primary education, in ways that foster peaceful coexistence with host communities.

Some 87 per cent of the refugees are women and children, and 67 per cent of the total South Sudanese refugee population are children under the age of 18. The number of adult males stands at 13 per cent of the total population. This population profile points to an increased vulnerability of the population with a higher percentage of persons with specific needs requiring particular support activities. The nutritional survey conducted in March 2014 indicated higher rates of malnutrition which have been slowly improving, but more attention is still needed.

A number of assessments have been carried out including the biennial WFP-UNHCR Joint Assessment Mission on the refugee programme (June 2014); nutrition surveys (March and November 2014); participatory assessments with refugees mainstreaming age, gender and diversity (October and November 2014), and various sectorial field assessments. The needs identified include: capacity building support for the Ugandan Government to provide physical protection, security, and registration; enhancement of Protection and community services activities, including strengthening of child protection, SGBV prevention and response and support for people with specific needs; increased food security and livelihood interventions including access to agricultural land and post-primary education, as well as livestock disease surveillance, treatment and vaccinations; reduction of critical gaps in

services such as public health, education and WASH; improvement of settlement infrastructure and road access to ensure that services reach all refugees within the settlements; investment in environmental protection; and strengthening of joint planning with local authorities in order to foster service integration and peaceful coexistence among the refugee and host populations

- **Protection:** Some of the refugees' cultural practices were found to be a significant barrier towards prevention and response to SGBV. Additionally, lack of protection houses at the settlement present a challenge to protecting individuals whose situations warrant immediate temporary removal from their current locations. The capacity of partners conducting BIA/BIDs and individual case management needs to be strengthened. Due to the mass influx and subsequent self-relocation, a verification exercise and issuance of refugee ID cards to refugees over 16 years old is required in line with the Government's registration policy. There are also gaps in access to justice.
- **Education:** Education infrastructure is not sufficient. The current ratios are: pupil-to-classroom ratio of 1:157; and one latrine used by 108 students against a standard of 1:40. There is also a need for more teachers' accommodation. Pupil-to-teacher ratio is also low at 1:76 and the desk-to-student ratio stands at 1:6 against a standard of 1:3. Despite high levels of primary enrolment, only 15 per cent of secondary school-aged children have access to secondary education and vocational training, and given the limited opportunities for agriculture this post-primary avenue to self-reliance will be critical.
- **Health and Nutrition:** Malaria is the leading cause of morbidity. Coverage of long-lasting insecticide treated nets is still low (38% in March 2014) due to disproportionate distribution. Health infrastructure and inadequate medicines/medical supplies are still a challenge. There is a high prevalence of malnutrition including anaemia. The number of community health workers is still inadequate because of the lack of incentives, and there is a need to build partner staff capacity for health information system.
- **Environment and Livelihoods:** There are inadequate livelihood interventions (income-generating activities, vocational, skills training) to meet the priority needs, and the two most critical obstacles to self-reliance are access to agricultural land and post-secondary education. There is inadequate restoration of degraded areas - replacement of trees used for construction and cooking fuel; inadequate protection of seedlings from straying livestock and fires; and poor attitude towards integrating tree growing with agriculture in the refugees' settlements and host communities. These issues are also compounded by preference for the 3-stone stoves by some households, and lack of energy-saving cooking-stove coverage.
- **WASH:** Water scarcity (the current supply at Baroli is 14 l/p/d, Ayilo-II has 12 l/p/d, Alre-2 has 13 l/p/d and Nyumanzi at 14 l/p/d) and variable quality (mostly at household level) in parts of the settlements require motorization as well as quality testing/surveillance in order to ensure equitable

distribution of quality water. Additional support is required to improve low household latrine coverage to the national standard of 100 per cent household latrine coverage. The low latrine coverage is mainly attributed to lack of capacity within the refugee community to dig their own latrines.

- **Land:** In Kiryandongo, land has been reserved for refugees. However, in Adjumani and Arua, the Government has to negotiate with the local community to secure land for refugee settlements. Land in Uganda has become scarce with population growth and it has become a cumbersome process to negotiate for additional land. Currently each family only receives 30m x 30m (enough for a small kitchen garden but not for agriculture), while efforts to negotiate for additional land for farming continue. In 2015, and with a view to reducing refugees' dependence on external assistance, further attention needs to be paid to obtain land for agriculture in ways that maintain peaceful coexistence with local communities.

Response Strategy and Priorities

The emergency response strategy in Uganda has been developed during the past three years, building on experience from the Congolese refugee influx. The Uganda response plan will therefore focus on:

- a) Consolidating the achievements of the 2014 response and ensuring that protection and services are available to the refugees in an equitable manner, taking into account age, gender, and diversity;
- b) Increasing refugees' access to farmland and enhancing support for the host community in ways that ensure peaceful co-existence between the refugee and host communities; and
- c) Preparing the new sites at Latodo settlement in Adjumani district, and the new sites in Yumbe district.

The overall agreed response objectives in Uganda are:

- 1) To provide a protective environment** through legal and physical protection; community-based protection; and overall coordination, monitoring, evaluation and oversight (see under Planned Response section below for details);
- 2) To cover essential needs** in the areas of food/ food security/ livelihoods; shelter/infrastructure; household items; public health including nutrition, reproductive health and HIV/AIDS; water/sanitation/hygiene; education; and environmental protection;
- 3) To ensure the sustainability of the response**, including by planning solutions at the outset of the response; enhancing prospects for self-reliance based upon agriculture and post-primary education; integration of plans with national systems; and inclusion of host communities in the provision of basic services.
- 4) To set up worst-case scenario preparedness measures**

The refugee arrivals are expected to continue through the two main border crossing and refugees will continue to be assisted in settlements and in Kampala. The response strategy

does not foresee an expansion of operational area beyond Yumbe district which will be the next location once Adjumani settlements reach their maximum capacity. The Government is committed to continue its negotiation for land to ensure that beyond the residential areas, additional land can be obtained to enhance food security and livelihood opportunities.

In 2015, provided the current relatively stable situation continues, the assistance focus will shift from ensuring the minimum SPHERE emergency indicators to raising the standards to ensure service delivery for a stable situation, while trying to avoid the development of a protracted situation. Each sector has established the standards which should be achieved during an onset of an emergency, and also once the situation stabilizes. Considering the settlement environment, camp standards are not always applicable and the humanitarian community in Uganda is utilizing the Ugandan Government's rural development standards, particularly for sectors such as water, health and education. The stable situation standards used are a combination of UNHCR global minimum standards for a stable situation and the Ugandan Government's rural development standards.

Partnership and Coordination

Humanitarian response to the refugee crisis is coordinated by the Office of the Prime Minister (OPM) and UNHCR. At Kampala level, an inter-agency meeting which, during the first six months of the influx, took place on a bi-weekly basis, is now taking place on a monthly basis. The frequency of the Kampala-level meeting is adjusted as warranted by the situation. The creation of a Solutions Alliance Uganda National Group is at early stages of consideration. At the district level in Arua, Adjumani, and Kiryandongo, weekly inter-agency meetings and sectorial meetings are taking place.

Together with OPM, UNHCR supports planning, implementation and coordination of the overall response for the South Sudanese refugees. The district local governments (DLGs) are also at the forefront of the emergency response, providing technical support to partners delivering the response.

The following UN agencies and international organizations are part of the response mechanism: FAO, IOM, UNFPA, UNICEF, UN WOMEN, WFP and WHO. They all contribute their expertise in the response to complement the overall effort, and the whole UNCT is committed to working with UNHCR on an integrated solutions strategy: Refugee and Host Population Empowerment. The five projects identified during the comprehensive planning exercise which have not been catered for under the plans of specific UN and other international organizations, are listed under "NGOs in Uganda".

An inter-agency workshop took place on 21 October 2014 to comprehensively review progress so far, and identify the gaps that need to be covered for the South Sudanese refugee emergency in 2015. The sector working groups presented their deliberations during the monthly inter-agency meeting on 6

November 2014, to validate the strategy and activities through a plenary session which resulted in the Uganda chapter of the appeal.

Planned Response

	<ul style="list-style-type: none"> ▪ Reception conditions improved in transit centres/reception centres (TC/RC) including provision of communal shelter and sanitation, cooked food and access to safe water through TC/RC management. ▪ Fair protection process and documentation through registration and profiling in TC/RC and settlements. ▪ Identification and comprehensive support for people with specific needs in TC/RC and in the settlement, by providing mental health and psychosocial support, including to unaccompanied and separated children. ▪ Ensure civilian character of asylum. ▪ Protection from crime strengthened in TC/RC and in the settlement through establishment of community policing in the settlements; enhancing peaceful co-existing. ▪ Capacity building of police (manpower, posts, training).
Protection	<ul style="list-style-type: none"> ▪ Protection of children in TC/RC and settlement (identification, BIA, child counselling and community child protection structures). ▪ Risk of GBV reduced and quality of response improved in TC/RC and settlement (identification, counselling, training, sensitization, referral systems in place & community mobilization, GBV task force, training of health staff, other key stakeholders and GBV case management). ▪ Mainstream age, gender and diversity in all refugee interventions and coordination mechanisms. ▪ Strengthened gender-sensitive programming and implementation in all phases of emergency relief with particular emphasis on improved data and relief. ▪ Enhancement of the peaceful coexistence initiatives / activities. ▪ Access to legal assistance through legal representation on behalf of refugees and training of legal staff ▪ Peaceful co-existence with local communities promoted.
Education	<ul style="list-style-type: none"> ▪ Ensure continued availability of Universal Primary Education (UPE) to refugees in the settlement. ▪ Staffing support to existing UPE schools in the settlement.

- Construction/ rehabilitation support to existing UPE schools: classrooms with furniture, latrines, teachers' accommodation, stores and admin block with fences around these structures.
- Increase access, retention and performance of children at all levels of education.
- Increase access to post primary education through support to secondary school, vocational training and tertiary education-through rehabilitation and construction of infrastructure.
- Support to community-based secondary schools in settlement through construction of classrooms, laboratories, dormitories and provision of supplies and equipment.
- Capacity building, provision of scholastic material, school fencing, procurement of school furniture and supplies.
- Extension of existing schools – construction of new temporary and permanent classrooms in the new site settlement.
- Establishment of child-friendly space (CFS) and early childhood development (ECD) centres in the settlement.
- Provision of learning material including lab/ library to all schools.
- Support to secondary school through school bursary and vocational training scholarships.
- Establishment of CFS and ECD centres in the TC/RC to provide recreational activities while in transit.

- Promote sustainable access to building materials, firewood and promote energy saving devices.
- Fruit tree planting at the household level.
- Tree marking and targeted tree planting on degraded land.
- Create woodlots on institutional lands (school, health facilities).
- Promotion of alternative energy source (e.g. briquettes) as pilot projects.

Environment

- Provision of training on energy efficient cooking practices for women.
- Establish energy saving device for communal lighting – schools, streets, Health Centres and staff accommodation.
- Establishment of school gardens and junior farmer schools.
- Development of community based environmental action plan and establish networking with stakeholders.
- Facilitate quarterly environment and livelihoods meeting among different stakeholders.

	<ul style="list-style-type: none"> ▪ Promote alternate energy sources for communal kitchens. ▪ Community sensitization on environmental protection. ▪ Establishment and maintenance of tree nurseries and demarcation of protected areas in/near the settlements. ▪ Establishment of waste management system at household level.
Livelihoods	<ul style="list-style-type: none"> ▪ Increase access to agricultural land. ▪ Ensure food security and diversification of food sources through the provision of seeds and agricultural tools in settlements. ▪ Facilitate access to support resources (e.g. capital, skills building, market access) to start income generating activities. ▪ Establish and/or build capacity of livestock and disease surveillance mechanism/management. ▪ Provision of emergency agricultural inputs for both crops and livestock. ▪ Provide micro-irrigation kits for vegetable production. ▪ Provision of agricultural extension services. ▪ Undertake livestock diseases surveillance and vaccination and provide the infrastructures to conduct the exercise. ▪ Conduct rapid awareness campaign on animal product hygiene. ▪ Provide technical agricultural input support to implementing partners. ▪ Provide cash for work and design cash transfer mechanism to encourage income generation activities. ▪ Provision of vocational training and start up kits for income generation activities (youth-10%, 20% general households) ▪ Provision of entrepreneurship skills building (e.g. training, leadership and organization development skills, formation of association, business plan, basic numeracy, literacy, accounting and life skills training). ▪ Value chain additions (e.g. equipment and materials including maize milling machine, maize sheller, rice thresher, packaging materials). ▪ Sensitization on self-reliance, food utilization and entitlements. ▪ Rapid market assessment. ▪ Crop storage (communal) construction for post-harvest loss minimization. ▪ Exchange visits among farmers' groups.

Food

- Provision of hot meals in transit centres and reception centres (2,100 kcal per person per day).
- New arrivals in the settlements will also be provided 2,100 kcal per person per day, as General Monthly Food Ration. Provision for water and snack/high energy biscuits/ hot meal during convoy movement.
- Food allocation for communal hot meal provision in TC and RC.
- General Food distribution and monitoring in the settlements.

Health

- Ensure access to comprehensive primary health care services including:
 - mental health and psychosocial support;
 - one health centre per 20,000 persons;
 - one village health team (VHT) per 250 persons in the settlements;
 - one VHT per 1,000 persons in the TC/RC;
 - one cholera kit for 400 persons;
 - provision of mosquito nets as per NFI scale;
 - Systematic vaccination for all new arrivals under 5 years of age.
- Review disease preparedness plan of district (including procurement of cholera kit for new sites).
- Strengthen medical referral systems in the TC and settlements.
- Population has optimal access to reproductive health and HIV services:
 - Review and increase HIV/AIDS services in the Health Centres serving the refugees;
 - Ensure optimal access to comprehensive reproductive health with emphasis to emergency obstetric and newborn care;
 - Ensure access to a continuum of HIV prevention, care, treatment and social support;
 - One mama kit per pregnant women and postpartum or post natal mother - 10% of population in emergency and 6% population in stable situation;
 - One sanitary kit every 6 months per women of reproductive age – 15 to 49 years old i.e. 25% of the population;

	<ul style="list-style-type: none"> ○ Review and increase reproductive health services capacity in the Health Centres serving the refugees, including Adolescent Sexual Reproductive Health; ○ Prevention activities in the communities. <ul style="list-style-type: none"> ▪ Joint rapid assessment for new sites. ▪ Reinforce support to existing UNHCR and government facilities and, including service delivery competencies and capacities. ▪ Provision of essential drugs, medical supplies and equipment to Health Centres including HR emergency kits. ▪ Staffing support to Health Centres to include midwives. ▪ Construction of new Health outposts/centres. ▪ Rehabilitation of Health Centres and construction of staff accommodation. ▪ Procurement and distribution of sanitary material for girls and women of reproductive age. ▪ Improve food security and nutritional well-being: <ul style="list-style-type: none"> ○ Establish nutritional surveillance and effective malnutrition prevention response capabilities; ○ Community management of acute malnutrition programmes implemented; ○ Supplementary feeding programme established; ○ Establish/strengthen mental health programmes; ○ Establish nutrition screening and set up supplementary and therapeutic feeding programme (10 % of the population); ○ Establish programme for infant and young child feeding practices.
Logistic, Transport, NFIs	<ul style="list-style-type: none"> ▪ Timely transfer of refugees from TC to the settlements. ▪ Transport hire (trucks, buses and luggage trucks from border to TC). ▪ Special transport facilities to PSN. ▪ Transport hire (trucks from RC to plots.) ▪ Transport hire (NFI trucks). ▪ Warehouse established and managed. ▪ Procurement of light vehicles, pickups, motorcycles, cargo trucks and tipper trucks.

	<ul style="list-style-type: none"> ▪ Maintenance and repairs of Sinyanya ferry. ▪ Upgrading of Adjumani mechanical workshop and construction of a preventive workshop in Yumbe. ▪ Procurement of spare parts. ▪ Installation of Fuel storage and dispensing facilities. ▪ Procurement and distribution of standard basic core relief items (CRI) kit in transit. ▪ Procurement and distribution of standard CRI package in the settlements.
Shelter and infrastructure	<ul style="list-style-type: none"> ▪ Site planning to maximize access to services. ▪ Construction of communal shelter in TC/RC and communal structures. ▪ Construction of additional way station, reception centre and transit centre; establishment of food distribution centres. ▪ Procurement and distribution of standard shelter kits in settlements. ▪ Assessment and design planning of new settlements. ▪ Land compensation to Land Owners in West Nile. ▪ Plot demarcation within the settlement. ▪ Community mobilization for construction of shelter for EVIs. ▪ Road opening and rehabilitation of access roads to ensure safe delivery of assistance in all parts of the settlement ▪ Procurement of earth moving equipment. ▪ Ensure secure office and staff accommodation ▪ Construction of base camp office/ staff accommodation. ▪ Rehabilitation of base camps in existing settlements. ▪ Procurement of hydra-foam machines for enhanced brick making. ▪ Major maintenance and repairs of Adjumani Airfield. ▪ Construction and Rehabilitation of sub county offices.
WASH	<ul style="list-style-type: none"> ▪ Ensure safe water for drinking and household usage: <ul style="list-style-type: none"> ○ 7 litres per person per day initially in the new settlements, to be increased to 15 l/c/d within first 2 weeks, ○ Water supply across all settlements to be increased to 20 litres per person per day in the long term;

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- Initially within 1 km radius of all households in all settlements, to be reduced to 500m.
 - Ensure easy access to water source:
 - 500 persons per usable water source initially, to be reduced to 200 person per usable water source;
 - One reliable water point within 500 metres of each institution.
 - Ensure institutional WASH services to a minimum standard:
 - Ensure minimum water quality standards - 0.5mg/litre at tap stands.
 - One latrine per household in the settlement, supported by 1 sanitation kit per household and communal latrine digging kit per 10 households.
 - One temporary emergency latrine per 50 persons in the new settlement.
 - One temporary latrine/ bathing shelter per 50 persons in transit for emergency.
 - One permanent drainable latrine per 20 persons in the long term.
 - Latrine coverage in schools: 40 pupils per latrine. Separate facilities for boys, girls and teachers. Latrine coverage in health centres: one latrine per 20 patients.
 - One refuse pit per household in the settlement, two refuse pits per TC/RC.
 - One hygiene promoter per 500 persons.
 - Provision of soap 450g (250 gm for personal hygiene, 200g for laundry) per person per month.
 - Provision of water storage capacity to standard of 10 litres per person.
 - Provision of 5litre containers for tippy-tap hand washing and drinking water storage Establishment of clean water source in the TC/RC.
 - Water trucking and water tank installation in new settlements.
 - Water treatment, surveillance and quality control.
 - Borehole maintenance, rehabilitation/ drilling and/or establishing alternative water source.
 - Explore other alternative long term low cost water supply solutions e.g. spring fed gravity flow systems.
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- Motorization of high yield boreholes (solar/generator hybrid system) in settlements with high population density, at health centres, and at institutions in high population density areas.
 - Establishment of water committees, community sensitisation and hygiene promotion activities
 - Procurement and provision of household sanitation kit and communal latrine excavation tool kit.
 - Decommissioning of communal temporary latrines in older settlements, following construction of household latrines
 - Vector-borne diseases control and prevention activities.
 - Procurement and provision of hygiene materials, including soap, water storage containers, hand washing containers, children's potty and scoop.
 - Procurement of various WASH items as buffer/ contingency stock in line with Epidemic Preparedness and Response
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Financial Requirements Summary – UGANDA

Financial requirements by agency (in US dollars)

Organization	Total
FAO	6,593,610
IOM	6,000,000
UNFPA	5,796,904
UNHCR	99,447,421
UNICEF	12,150,000
UNWOMEN	2,568,000
WFP	40,697,884
WHO	6,377,200
NGOs in Uganda	40,976,749
Total	220,607,768

Financial requirements by sector (in US dollars)

Sector	Total
Protection	17,733,223
SGBV	8,227,697
Shelter and Infrastructure	11,420,715
Non Food Items	5,278,604
Water, Sanitation and Hygiene	13,143,925
Health and Nutrition	30,000,000
Food	35,639,001
Education	40,069,598
Logistics and Transport	11,427,123
Livelihoods and Environment	26,318,377
Operational Support	21,349,505
Total	220,607,768

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

Organisation	ETHIOPIA	KENYA	SUDAN	UGANDA	TOTAL
ACF	4,000,000				4,000,000
ADRA	210,000		878,143		1,088,143
Almanar			70,000		70,000
ASSIST			2,068,831		2,068,831
CAFOD			320,746		320,746
Concern	3,170,000		115,089		3,285,089
CIS			298,900		298,900
CRS			550,000		550,000
DICAC	582,250				582,250
DRC	6,736,700	450,500			7,187,200
Don Bosco		297,750			297,750
FAO		4,500,000	7,139,840	6,593,610	18,233,450
FilmAid		245,275			245,275
FPDO			200,000		200,000
GOAL	2,570,000				2,570,000
HELPAGE	750,000				750,000
IMC	8,474,400				8,474,400
IOM	8,300,000	750,000	1,960,871	6,000,000	17,010,871
IRC	4,305,665	8,789,157			13,094,822
JRS		60,000			60,000

LWF	3,765,000	4,891,715			8,656,715
NCCK		3,034,642			3,034,642
NRC	23,876,786	6,372,979			30,249,765
PLAN International	7,000,000				7,000,000
PLAN Sudan			2,825,212		2,825,212
RCK		79,800			79,800
SCI	12,000,000				12,000,000
SCS			3,299,402		3,299,402
SIBRO			240,051		240,051
SRCS			929,075		929,075
UNFPA	3,740,010		1,700,000	5,796,904	11,236,914
UNHCR	153,235,556	39,334,372	68,309,642	99,447,421	360,326,981
UNICEF	13,674,048	5,040,000	28,590,018	12,150,000	59,454,066
UNWOMEN				2,568,000	2,568,000
WFP	79,129,706	13,500,000	25,447,740	40,697,884	158,775,330
WHO	1,450,000	1,860,000	7,176,149	6,377,200	16,863,349
WV		3,000,000			3,000,000
WV Ethiopia	5,750,000				5,750,000
ZOA	2,260,000				2,260,000
NGOs in Uganda				40,976,749	40,976,749
TOTAL	344,980,121	92,206,190	152,119,709	220,607,768	809,913,788

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

	ETHIOPIA	KENYA	SUDAN	UGANDA	TOTAL
Education	26,756,887	9,937,486	6,800,000	40,069,598	83,563,971
Food	73,851,530	13,000,000	23,712,674	35,639,001	146,203,205
Health and Nutrition	50,030,452	16,718,000	24,571,743	30,000,000	121,320,195
Livelihoods and Environment	16,767,933	7,482,462	9,539,840	26,318,377	60,108,612
Logistics and Transport	6,725,000	3,075,526	200,000	11,427,123	21,427,649
NFIs	16,900,000	4,306,210	11,085,913	5,278,604	37,570,727
Protection	24,981,773	6,054,125	21,214,642	17,733,223	69,983,763
SGBV ²	5,712,200	846,242		8,227,697	14,786,139
Shelter and Infrastructure	62,991,137	11,116,074	20,892,898	11,420,715	106,420,824
WASH	41,964,447	11,523,262	31,382,832	13,143,925	98,014,466
Operational Support	18,298,762	8,146,803	2,719,167	21,349,505	50,514,237
TOTAL	344,980,121	92,206,190	152,119,709	220,607,768	809,913,788

² Related requirements for Sudan covered under Protection.

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

Organisation	Protection	SGBV	Shelter and Infrastructure	NFIs	WASH	Health and Nutrition	Food	Education	Logistics and Transport	Livelihoods and Environment	Operational Support	TOTAL
ETHIOPIA	24,981,773	5,712,200	62,991,137	16,900,000	41,964,447	50,030,452	73,851,530	26,756,887	6,725,000	16,767,933	18,298,762	344,980,121
ACF						4,000,000						4,000,000
ADRA					210,000							210,000
Concern						3,170,000						3,170,000
DICAC	114,273				355,634			112,343				582,250
DRC	550,000	475,000	1,200,174		4,000,000					511,526		6,736,700
GOAL						2,570,000						2,570,000
HELPAGE	750,000											750,000
IMC		4,237,200				4,237,200						8,474,400
IOM			2,800,000						5,500,000			8,300,000
IRC					4,305,665							4,305,665
LWF	240,000				2,525,000					1,000,000		3,765,000
NRC			8,490,775		6,488,148			4,992,000		3,905,863		23,876,786
PLAN International	4,000,000							3,000,000				7,000,000
SCI	6,000,000							6,000,000				12,000,000
UNFPA						3,740,010						3,740,010
UNHCR	10,227,500	1,000,000	50,500,188	16,900,000	14,980,000	21,886,710	187,200	9,452,544	1,225,000	9,590,544	17,285,870	153,235,556
UNICEF	3,000,000				2,950,000	3,511,156		3,200,000			1,012,892	13,674,048
WFP						5,465,376	73,664,330					79,129,706
WHO						1,450,000						1,450,000
WV Ethiopia					5,750,000							5,750,000
ZOA	100,000				400,000					1,760,000		2,260,000

Organisation	Protection	SGBV	Shelter and Infrastructure	NFIs	WASH	Health and Nutrition	Food	Education	Logistics and Transport	Livelihoods and Environment	Operational Support	TOTAL
KENYA	6,054,125	846,242	11,116,074	4,306,210	11,523,262	16,718,000	13,000,000	9,937,486	3,075,526	7,482,462	8,146,803	92,206,190
DRC	200,000	90,000						27,500	53,000		80,000	450,500
Don Bosco										297,750		297,750
FAO						500,000				4,000,000		4,500,000
FilmAid	194,001	33,242						1,986			16,046	245,275
IOM									750,000			750,000
IRC	615,700	250,000				6,066,000			291,224		1,566,233	8,789,157
JRS	42,000	18,000										60,000
LWF	200,000			100,000	500,000		100,000	3,391,715	50,000	100,000	450,000	4,891,715
NCCK			3,034,642									3,034,642
NRC			1,760,619		3,340,360					792,000	480,000	6,372,979
RCK	69,800	10,000										79,800
UNHCR	4,282,624	395,000	6,320,813	3,706,210	4,982,902	5,492,000		4,616,285	1,931,302	2,292,712	5,314,524	39,334,372
UNICEF	450,000	50,000			1,200,000	2,200,000		900,000			240,000	5,040,000
WFP						600,000	12,900,000					13,500,000
WHO						1,860,000						1,860,000
WV				500,000	1,500,000			1,000,000				3,000,000

Organisation	Protection	Shelter and Infrastructure	NFIs	WASH	Health and Nutrition	Food	Education	Logistics and Transport	Livelihoods and Environment	Operational Support	TOTAL
SUDAN	21,214,642	20,892,898	11,085,913	31,382,832	24,571,743	23,712,674	6,800,000	200,000	9,539,840	2,719,167	152,119,709
ADRA				278,143			600,000				878,143
Almanar					70,000						70,000
ASSIST			497,312	1,173,286	398,233						2,068,831
CAFOD				120,746			200,000				320,746
CONCERN					115,089						115,089
CIS				298,900							298,900
CRS					150,000		400,000				550,000
FAO									7,139,840		7,139,840
FPDO							200,000				200,000
IOM	1,106,346		280,000	574,525							1,960,871
PLAN Sudan				2,225,212			600,000				2,825,212
SCS				174,402	2,525,000		600,000				3,299,402
SIBRO				240,051							240,051
SRCS				429,075	500,000						929,075
UNFPA	1,100,000				600,000						1,700,000
UNHCR	13,694,976	20,892,898	10,308,601	7,440,000	8,454,000		2,400,000		2,400,000	2,719,167	68,309,642
UNICEF	5,313,320			16,352,343	5,124,355		1,800,000				28,590,018
WFP					1,535,066	23,712,674		200,000			25,447,740
WHO				2,076,149	5,100,000						7,176,149

Organisation	Protection	SGBV	Shelter and Infrastructure	NFIs	WASH	Health and Nutrition	Food	Education	Logistics and Transport	Livelihoods and Environment	Operational Support	TOTAL
UGANDA	17,733,223	8,227,697	11,420,715	5,278,604	13,143,925	30,000,000	35,639,001	40,069,598	11,427,123	26,318,377	21,349,505	220,607,768
FAO										6,162,252	431,358	6,593,610
IOM					1,860,000	2,860,000		887,477			392,523	6,000,000
UNFPA		2,097,667				3,320,000					379,237	5,796,904
UNHCR	15,658,529	3,730,030	9,338,942	4,786,441	7,280,719	9,147,625		19,174,621	6,164,598	13,684,673	10,481,243	99,447,421
UNICEF	1,000,000				2,500,000	5,000,000		2,750,000			900,000	12,150,000
UNWOMEN		2,400,000									168,000	2,568,000
WFP						2,396,404	35,639,001				2,662,479	40,697,884
WHO						5,960,000					417,200	6,377,200
NGOs	1,074,694		2,081,773	492,163	1,503,206	1,315,971		17,257,500	5,262,525	6,471,452	5,517,465	40,976,749
GRAND TOTAL	69,983,763	14,786,139	106,420,824	37,570,727	98,014,466	121,320,195	146,203,205	83,563,971	21,427,649	60,108,612	50,514,237	809,913,788

