

THE DEMOCRATIC REPUBLIC OF THE CONGO REGIONAL REFUGEE RESPONSE PLAN

January-December 2018



CREDITS:

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Cover photograph:

A young Congolese refugee girl outside one of the shelter blocks of Nyarugusu Refugee Camp in Tanzania
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FOREWORD

The Democratic Republic of Congo (DRC) is at the centre of one of the most complex, but forgotten refugee crises globally. Recently, worrying dynamics have manifested with conflicts breaking out in previously peaceful provinces and existing conflicts degenerating. The situation in DRC is a matter of grave concern, affecting more and more people as it continues.

Civilians, particularly in the eastern provinces and Kasai region of DRC, continue to flee their homes, seeking safety, protection and assistance in the DRC, and in neighbouring countries. Because of this, the Congolese refugee population is now among the ten largest in the world.

At the end of 2017, over 685,000 Congolese refugees were seeking protection in neighbouring countries, including Angola, Burundi, the Central African Republic, Rwanda, the Republic of Congo, South Sudan, Tanzania, Uganda, and Zambia, as well as in countries in Southern Africa and beyond. Of these, some 100,000 new refugees were forcibly displaced in 2017, as a consequence of the deterioration of the situation in the country. Already since the start of 2018, a further 55,000 Congolese refugees have fled to neighbouring countries bringing the total number of Congolese refugees in Africa to 740,000. The risk of further displacement remains high, with a disastrous impact on the precarious humanitarian situation in the DRC and the region.

The Regional Refugee Response Plan (RRP) for the DRC situation is an opportunity to address numerous gaps in the ongoing delivery of protection, assistance and services to Congolese refugees. It ensures a coherent and comprehensive inter-agency response, particularly through productive relationships with governments, non-governmental organizations, and civil society.

The Regional RRP is also a call to the international community, from governments to humanitarian and development actors, to demonstrate stronger commitment to addressing the situation facing DRC today. The situation requires support, adequate resources and collaboration so that protection and assistance can be delivered efficiently to Congolese refugees. The importance of our joint efforts and the responsibility to address continuous emergency needs through providing the necessary funding and ensuring coordination, is increasingly demanded by the gravity of the crisis.

Now more than ever, we need to renew our solidarity with Congolese refugees.

Thank you for your support.



Ann Encontre

UNHCR Regional Refugee Coordinator for the DRC Situation

2018 PLANNED RESPONSE

807,000

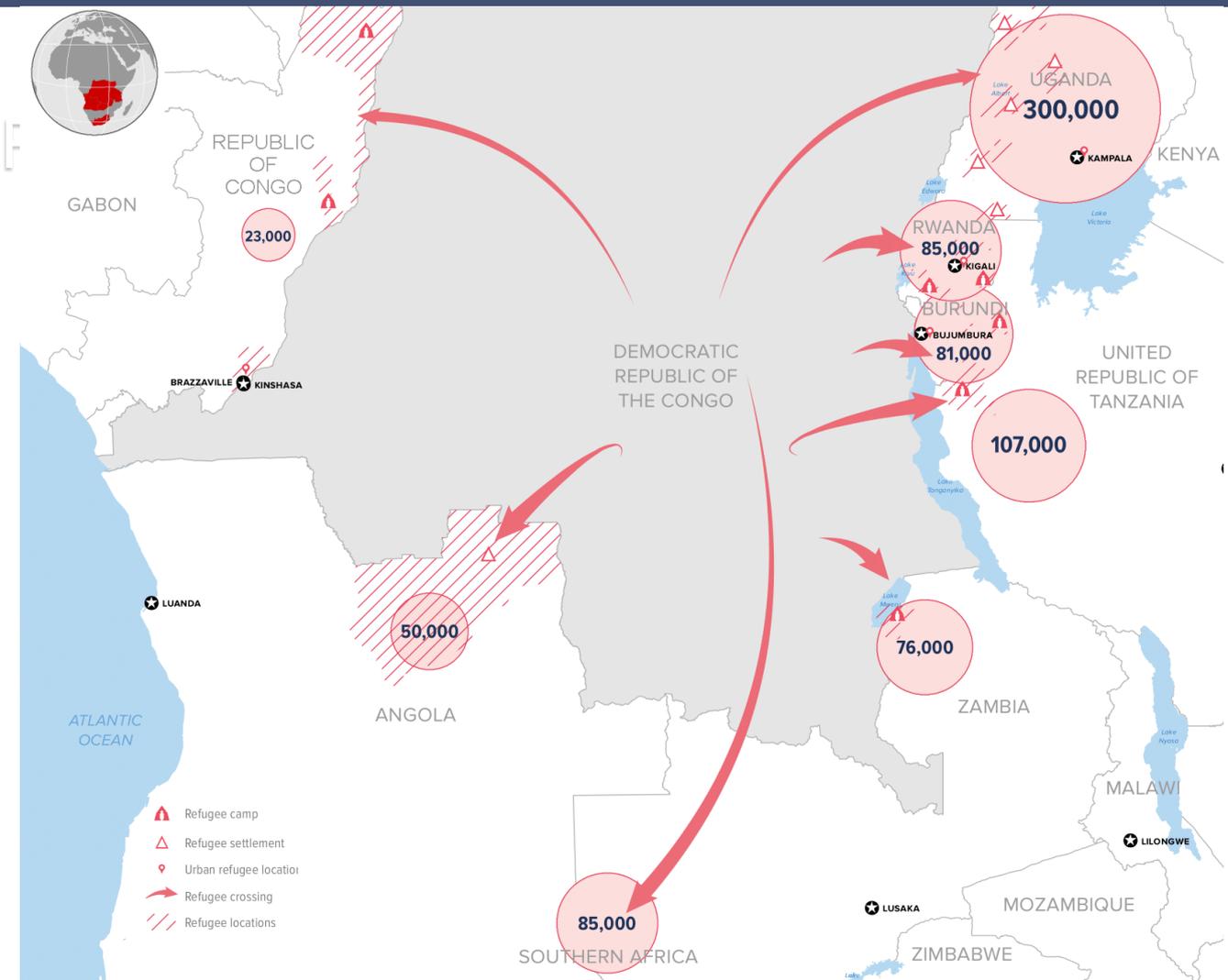
PROJECTED REFUGEE
POPULATION

US\$ 504M

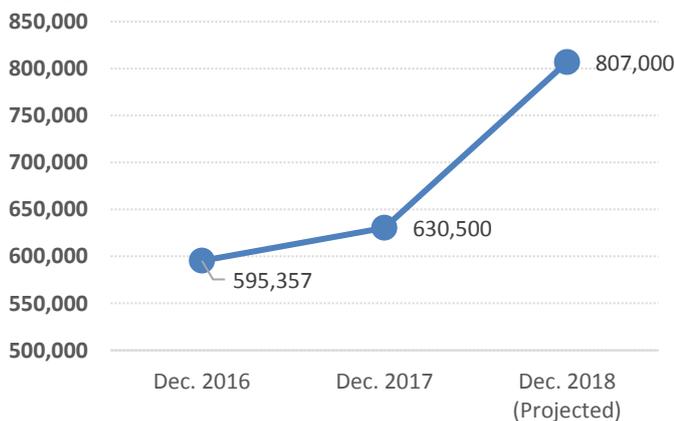
REQUIREMENTS

31

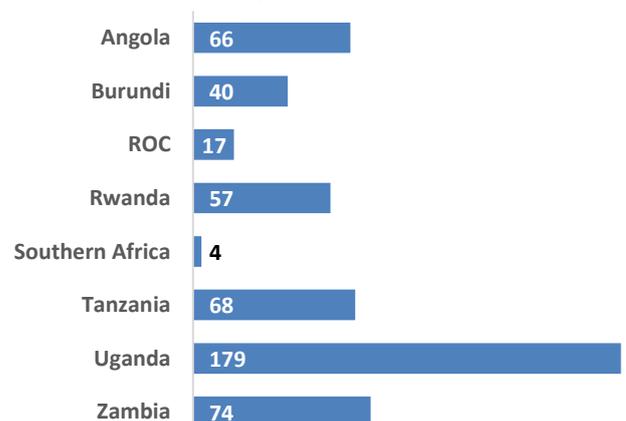
PARTNERS INVOLVED



Refugee Population Trends



Requirements | In millions US\$



Regional Overview

Introduction

The situation in the Democratic Republic of the Congo (DRC) is one of the world's most complex, challenging and forgotten crises. With 4.5 million people internally displaced and more than 740,000 Congolese refugees across Africa, the humanitarian situation deteriorated sharply in 2017. Refugees have been fleeing to neighbouring Angola, Burundi, the Republic of the Congo (RoC), Uganda, the United Republic of Tanzania and Zambia in large numbers. Several thousand have also fled further South towards the Southern Africa Region, mainly to Malawi and South Africa, but also to Kenya and several other countries in Africa and beyond. Since 2015, the number of people displaced internally has more than doubled and in 2017 alone, there were more than 2 million newly displaced in the DRC. In 2017, some 100,000 Congolese fled to neighbouring countries as refugees joining the 585,000 already in exile. In the first months of 2018, a further 55,000 refugees have fled the DRC. The majority of Congolese refugees are women and children. Nearly 55 per cent of the Congolese refugees are under 18, many crossing borders unaccompanied or separated.

With widespread militia activities, and unrest and violence fuelled by ethnic and political conflict affecting many areas within the DRC, the risk of further displacement both inside and beyond borders is high. The situation has worsened since April 2017 with intense intercommunal conflict in the Kasai region causing large-scale internal displacement. Tens of thousands of Congolese fled to Angola and Zambia. In the Kasais, clashes between militia groups resumed towards the end of 2017 starting to reach the larger population centres. The security situation has continued to deteriorate in central DRC, in particular in the provinces of Tanganyika, Haut-Katanga and Kivu regions, due to the activities of armed groups in the east and north of the country and the resurgence of intercommunal conflicts. The Province of Ituri has also been

affected by clashes between armed groups and the Congolese (FARDC) army. These on-going conflicts continue to cause internal and external displacement of populations, loss of human life and property.

As a result, the Emergency Relief Coordinator declared an IASC System-Wide L3 Emergency Response for the DRC, focusing on the Kasai region, Tanganyika and South Kivu provinces, for a period of six months, effective 20 October 2017. UNHCR activated several internal emergency declarations to respond to refugee flows to neighbouring countries. In Zambia and the Congo, UNHCR activated a Level 1 emergency requiring enhanced preparedness, while Angola was already a Level 2 emergency. On 16 February 2018, UNHCR declared the refugee influx from DRC into Uganda a Level 2 emergency following the sharp increase of new arrivals since 18 December 2017.

Newly arrived refugees have joined existing refugee populations for whom resources have been decreasing in recent years and are largely insufficient to cover food security, nutrition, health and other basic needs or meet minimum standards. In Tanzania, Burundi, Rwanda, Uganda and other countries of asylum, refugee settlements and camps are already at full capacity. Funds for livelihood interventions are limited, prolonging refugees' dependence on external support. In this context, protection and assistance to thousands of new refugees seeking safety in the course of 2017 has been a challenge for host governments and RRP partners.

This Regional Refugee Response Plan (RRP) presents the inter-agency response to the renewed and heightened humanitarian challenge posed by the mounting number of Congolese refugees in the countries neighbouring the DRC, including both existing refugee populations and new arrivals. The planning figures are based on a scenario anticipating a slight deterioration of the situation within the DRC. In case of major refugee outflows, the Regional RRP will be revised. The three countries receiving the largest flow of new refugees in 2017, Angola, Uganda and Zambia, have detailed response plans featured as separate chapters within this Regional RRP.

Beneficiary Population

	Pre-existing caseload (At 31 December 2016)	Population (At 31 December 2017)	Planning Population (31 December 2018)
Angola	13,444	39,000	50,000
Burundi	59,805	66,000	81,000
Republic of Congo	15,000	15,500	23,000
Rwanda	74,000	75,000	85,000
Uganda	221,875	240,000	300,000
Tanzania	67,217	82,000	107,000
Zambia	23,250	38,000	76,000
Southern Africa	65,766	75,000	85,000
Other Countries*	55,000	55,000	0
Total Population	595,357	685,500	807,000

*Other countries include South Sudan, Kenya, Central African Republic and Chad. Refugee populations in these countries are not included in the planning scenario for this Regional RRP.



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Regional Protection and Humanitarian Needs

Most of the countries of asylum are maintaining open borders but existing camps and sites are saturated and available basic services stretched to the limit. In many situations, refugees need to be relocated to safe places away from border areas. New settlements have been established in Angola and Zambia. The same will be the case if the inflow of refugees into Tanzania and Burundi continues. In Uganda, the increased number of new arrivals is putting pressure on areas that have already welcomed large refugee populations.

In **Angola**, the new settlement created in the second half of 2017 to host newly arrived DRC refugees, needs considerable investment to ensure that refugees moved to this location can access quality education, medical care and an effective water system and that they can become food secure within two planting seasons. At present, water supply is very problematic and water trucking is ongoing. Refugee women and girls have been victim of many forms of violence including SGBV, before and during flight as well as within the camp settings.

Uganda hosts the largest number of DRC refugees, currently over 240,000 people. The emergency response is focused on the rural settlement areas, where the most vulnerable refugees are living, while refugees in urban areas can access Government services and targeted support for persons with specific needs. In general, there are large numbers of women, children and persons with specific needs, many of whom have been subject to conflict-related violence, including sexual and gender-based violence (SGBV). Fifty per cent of the refugee population is children of which only 46 per cent have access to education. Limited secondary education, vocational skill training and job opportunities may lead to protection risks among mainly Congolese youth and persons with specific needs in Uganda, including early and forced marriage, child abuse and forced recruitment as well as negative coping mechanisms such as drug abuse and transactional and survival sex.

The majority of refugees in Uganda are dependent on food assistance. Primary healthcare institutions are at risk of being overwhelmed by new arrivals. Insufficient arable land hampers the ability of refugees to grow their own food; animal health services are largely unavailable despite the increasing number of refugees who have arrived with their own livestock; limited business support

services for non-agricultural livelihoods and information on markets. The increasing number of refugees in Uganda and the higher population in the settlements and surrounding areas makes environmental degradation a great concern, along with other factors such as cutting trees for firewood. New arrivals need to be accommodated in existing and new settlement areas and provided with shelter and household kits. The establishment of new settlements will require extensive site preparation, technical assessment, site planning, repair and maintenance of access and minor roads within the settlements and construction of culverts and bridges. Finally, the continuous influx of refugees has created reliance on water trucking to address the supply gap. Lack of funding is hindering investment in sustainable water supply systems, including drilling of wells, to eventually phase out water trucking.

The Comprehensive Refugee Response Framework (CRRF) provides the over-arching policy and coordination framework, guiding all aspects of the refugee response in Uganda. The Government-led CRRF Steering Group, with the support of the CRRF Secretariat, provides guidance to the five pillars of the refugee response: (1) Admission and rights; (2) Emergency response and ongoing needs; (3) Resilience and self-reliance; (4) Expanded solutions; and (5) Voluntary repatriation. The current humanitarian refugee response, and related coordination structures, mainly falls under Pillars 1 and 2 of the CRRF. Despite the difficulties and the unprecedented number of refugees Uganda is currently hosting, the country still applies an open door policy and implements one of the most progressive refugee policies by recognizing refugees' right to work and freedom of movement.

The conflict in Haut Katanga and Tanganyika provinces in the DRC led to the heightened displacement of thousands of Congolese refugees to **Zambia** since August 2017. The presence of high numbers of refugees has generated substantial humanitarian needs, particularly in Nchelenge, and has had great socio-economic impact on the northern part of the country, which lacks adequate infrastructure and ranks low on the UN human development index.

The established refugee settlements of Mayukwayukwa and Meheba have been put under additional pressure by the new arrivals. Clinics and schools date from the 60s and critical rehabilitation work is required. Zambia is a signatory to the New York Declaration and as such, the country-wide refugee response is programmed within the spirit of the CRRF.

In **Tanzania** the Government implements an encampment policy, which restricts refugees' and asylum-seekers' freedom of movement, limits their self-reliance and opportunities for socio-economic integration. As a consequence, the assistance provided to more than 350,000 refugees in Tanzania is dependent on government and international support. In 2017, more than 16,500 asylum-seekers were pending registration. The key needs include: decongestion of Nyarugusu camp and developing a new site to host families relocated from Nyarugusu and new arrivals; lack of emergency shelters for newly arriving Congolese refugees; increased reports of SGBV incidents in the country of origin or during flight as well as within camp settings; insufficient resources to sustain full ration of the food basket, continued need for wet feeding and supplementary feeding to address the nutritional needs for new arrivals and persons with special needs (PSNs), overstretched health facilities and drug shortages, water and sanitation facilities; insufficient learning materials, teachers and a shortfall of 107 classrooms for Congolese refugee children; absence of livelihood or self-reliance activities for most refugees and asylum-seekers; lack of alternative cooking fuel, with firewood collection being limited due to the encampment policy.

As of December 2017, **Burundi** hosted 66,000 refugees, mostly originating from DRC, in particular from South Kivu. Among them, 41 per cent are urban refugees, while the remaining 59 per cent live in four refugee camps. From January to October 2017, Burundi received an average of more than 430 Congolese refugees per month. The current humanitarian situation in Burundi affects the protection of Congolese refugees. The country is currently experiencing a multidimensional socio-political and macroeconomic crisis impacting different sectors and aspects of protection and livelihoods, which has led to displacement and food insecurity. The general protection environment in the country presents challenges for Congolese refugees, particularly in terms of security, freedom of movement, access to basic social services such as education and health, local integration including self-reliance and naturalization prospects. In case of an emergency influx, the reception capacity of transit centres and camps will have to be increased, and the resources allocated to the implementation of the asylum procedure and the protection and durable solutions strategy incremented.

In **Rwanda**, Congolese refugee camps have depended for years on humanitarian assistance, which has resulted in camp based populations being highly dependent and lacking motivation to take self-reliance

initiatives. Camps are highly congested and the lack of shelters is one of the main gaps in the response together with lack of land to expand existing shelters and for agricultural activities. Although efforts have been made to maintain water supply and sanitation in accordance with standards, there is big gap in water supply in two camps where the daily provision is below the standard, at 11 to 14 litres per person per day. Furthermore the three camps are not meeting the sanitation standard, with a range of 22-36 people using one latrine drophole. These shortages are due to limitation in resources and constant population growth.

In the **RoC**, the fall of oil prices, which constitutes more than 75 per cent of the state's income, affected its capacity to provide basic public and social services. Despite these difficulties, the RoC is hosting some 50,000 refugees of different nationalities, including more than 15,500 from the DRC, who remained in RoC following the end of the repatriation programme in July 2014. In such conditions, any influx of new refugees from DRC will put additional pressure on existing natural and fishery resources and the RoC will require international assistance to respond.

Southern Africa region (excluding Angola and Zambia) hosts over 75,000 refugees from the DRC mainly in South Africa (33,960), Malawi (19,113), Mozambique (9,822) and Zimbabwe (8,208) but also in Namibia (2,986), Botswana (963), Swaziland (511) and Lesotho (29). Refugees are mainly hosted in camps or settlements. South Africa gives freedom of movement as well as right to work. Congolese refugees are arriving in the Southern Africa region as part of mixed migratory flows crossing several country borders before formally seeking asylum. Due to the worsening situation in the DRC, the number of Congolese refugees is increasing. This is constraining the capacity of local authorities to provide protection and assistance to new arrivals. Despite some successful livelihood interventions in the region, most Congolese refugees depend on assistance and services provided by UNHCR and partners.

Regional Response Strategy and Priorities

While continuing to assist States protect and care for existing DRC refugee populations in seven main host countries and other countries in Southern Africa experiencing secondary movements of DRC refugees, the regional response strategy will focus on the immediate emergency response in Uganda, Zambia and Angola while continuing preparedness activities in RoC, Tanzania, Rwanda, and Burundi.

The overarching strategy for the Congolese refugee response aims at protecting the rights of persons of concern, specifically the rights of refugees and returnees in a cross-border framework, responding to continued and sudden population displacement, advocating for refugees' inclusion in national development plans and labour markets, assisting governments with voluntary repatriation and ensuring that returnees receive humanitarian assistance, empowering communities and striving for solutions to the refugee crisis.

The response plan will be guided by the following strategic objectives:

1: Access to territory and protection

UNHCR will continue to promote *prima facie* recognition of refugee status during refugee influxes, based on the 1951 Refugee Convention and the 1969 Organisation of African Unity (OAU) Convention governing the specific aspects of refugee problems in Africa. The response will prioritize advocacy and support to governments to ensure safe access to territory for people seeking asylum and to ensure the civilian character of asylum. Reception capacity in country of asylum will be increased and investment required so that refugees can access quality services and basic assistance together with livelihood opportunities. Refugees' registration and documentation, child protection - including monitoring and referral to services of cases of grave violations against children that may have occurred in countries of origin, and birth registration -, prevention of SGBV and care for survivors, and community empowerment are the pillars of the protection strategy.

¹ The New York Declaration for Refugees and Migrants, adopted by the United Nations General Assembly on September 19, 2016, reaffirms the importance of the international refugee regime and

2: Response to refugees and host communities immediate needs

Taking into account the limited capacity of host communities and States in this region as well as the poor condition of many Congolese refugees, RRP partners will aim at ensuring access to services and immediate and effective response to basic needs – including food security, health, nutrition, shelter and WASH - of refugees and host communities.

Cash based interventions will be utilised, whenever possible, as an effective and dignified way to assist people.

3: Building partnerships for inclusion and solutions

Within the CRRF “all of society” approach and based on the commitments made by States in New York as well as the Sustainable Development Goals (SDGs), RRP partners will advocate for refugees' inclusion in national development plans and frameworks as well as mainstream in national systems. Freedom of movement and right to work to increase livelihood opportunities for refugees will be key elements of strategy. Local integration opportunities will be pursued and, whenever the situation in DRC is conducive to returns, voluntary repatriation will be supported. Within the spirit of the New York Declaration¹ and of the CRRF, investment will be geared to communities whenever possible as agents of protection.

Planning assumptions

1. Conflict in the Kasai region (Kasai, Kasai central, Kasai oriental, Lomami, Sankuru), Tanganyika, North and South Kivus, Haut Katanga, and Ituri will continue with varied degrees of intensity and will generate internal displacement and possible outflows of refugees to neighbouring countries.
2. Leading up to the elections, insecurity may become more widespread, affecting urban areas in particular and leading to further displacement inside and outside the DRC.
3. New arrivals in neighbouring countries will vary from 100 to over 1,000 asylum-seekers crossing borders per week. At the same time, some Congolese refugees in Angola may continue to choose to return.

represents commitment by Member States to strengthen and enhance mechanisms to protect people on the move.

4. By the end of 2018, the estimated cumulative number of Congolese refugees fleeing the violence in the DRC will reach close to 807,000, out of which an estimated 177,000 will be new refugees.
5. Borders will remain open to refugees seeking protection in neighbouring countries.
6. Refugees (new and old populations) will be granted access to protection and basic services including education, health and water, sanitation and hygiene (WASH). They will be food secure and will have access to livelihood opportunities.

Coordination

UNHCR leads and coordinates the Congolese refugee response in line with the Refugee Coordination Model (RCM), in close collaboration and consultation with relevant government counterparts, and with the support of UN Country Teams and other partners. A Regional Refugee Coordinator for the Congolese situation has been appointed and will ensure an overarching vision and coherent engagement across the region in pursuit of protection and solutions. The Regional Refugee Coordinator for the Congolese situation, currently based

in the DRC, will pay particular attention to building constructive linkages with regional bodies, including the African Union (AU), International Conference on the Great Lakes Region (ICGLR), Southern African Development Community (SADC), Common Market for Eastern and Southern Africa (COMESA) and Intergovernmental Authority on Development (IGAD).

In Uganda, the response will benefit from the CRRF approach adopted by the Government and all stakeholders. Also Zambia and Rwanda have endorsed the CRRF and will soon implement its approach to solutions and management of refugee situations. This follows commitments made by several States that are part of the DRC situation during the General Assembly's sessions on refugees and migrants at the end of 2016.

In countries piloting the CRRF approach, strategic partnerships are being established to include development actors (the World Bank, the African Development Bank, Bilateral donors, UN Development agencies), civil society and the private sector in the refugee response. The "All of society approach" should guarantee a more comprehensive response that will also take into account the needs of host populations which will assist in building the foundations for long term solutions to the refugee situation.

Organizations in the Response



- Action Africa Help
- Adventist Development and Relief Agency
- African Initiative for Relief and Development
- American Refugee Committee
- CARE International
- Caritas
- Danish Refugee Council
- Finn Church Aid
- Food and Agriculture Organisation
- Good Neighbours International
- International Organisation for Migration
- International Rescue Committee
- Jesuit Refugee Service
- Lutheran World Federation
- Médecins du monde
- Medical Teams International
- Norwegian Church Aid
- Norwegian Refugee Council
- People in Need
- Plan International
- Save the Children International
- Tutapona
- United Nations Children's Fund
- United Nations Department of Safety and Security
- United Nations Development Programme
- United Nations High Commissioner for Refugees
- United Nations Population Fund
- United Nations Resident Coordinator Office
- World Food Programme
- World Health Organisation
- World Vision Zambia

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Regional Financial Requirements

By Agency

Appealing Agencies	Total Requirements (in USD)
Action Africa Help	632,200
Adventist Development and Relief Agency	200,000
African Initiative for Relief and Development	884,630
American Refugee Committee	1,363,062
CARE International	510,000
Caritas Czech Republic	1,407,880
Caritas KIGOMA	53,000
Danish Refugee Council	359,390
Finn Church Aid	600,000
Food and Agriculture Organisation	15,375,635
Good Neighbours International	1,250,000
International Organisation for Migration	10,792,295
International Rescue Committee	3,575,000
Jesuit Refugee Service	627,252
Lutheran World Federation	3,396,805
Médecins du monde	1,200,000
Medical Teams International	1,727,957
Norwegian Church Aid	1,913,000
Norwegian Refugee Council	2,801,000
People in Need	422,989
Plan International	1,575,440
Save the Children International	2,550,000
Tutapona	195,619
United Nations Children's Fund	34,126,244
United Nations Department of Safety and Security	43,600
United Nations Development Programme	5,065,000
United Nations High Commissioner for Refugees	288,654,005
United Nations Population Fund	5,038,874
United Nations Resident Coordinator Office	200,000
World Food Programme	111,980,097
World Health Organisation	2,412,035
World Vision Zambia	3,465,000
TOTAL	504,398,009

ANGOLA

2018 PLANNED RESPONSE

50,000

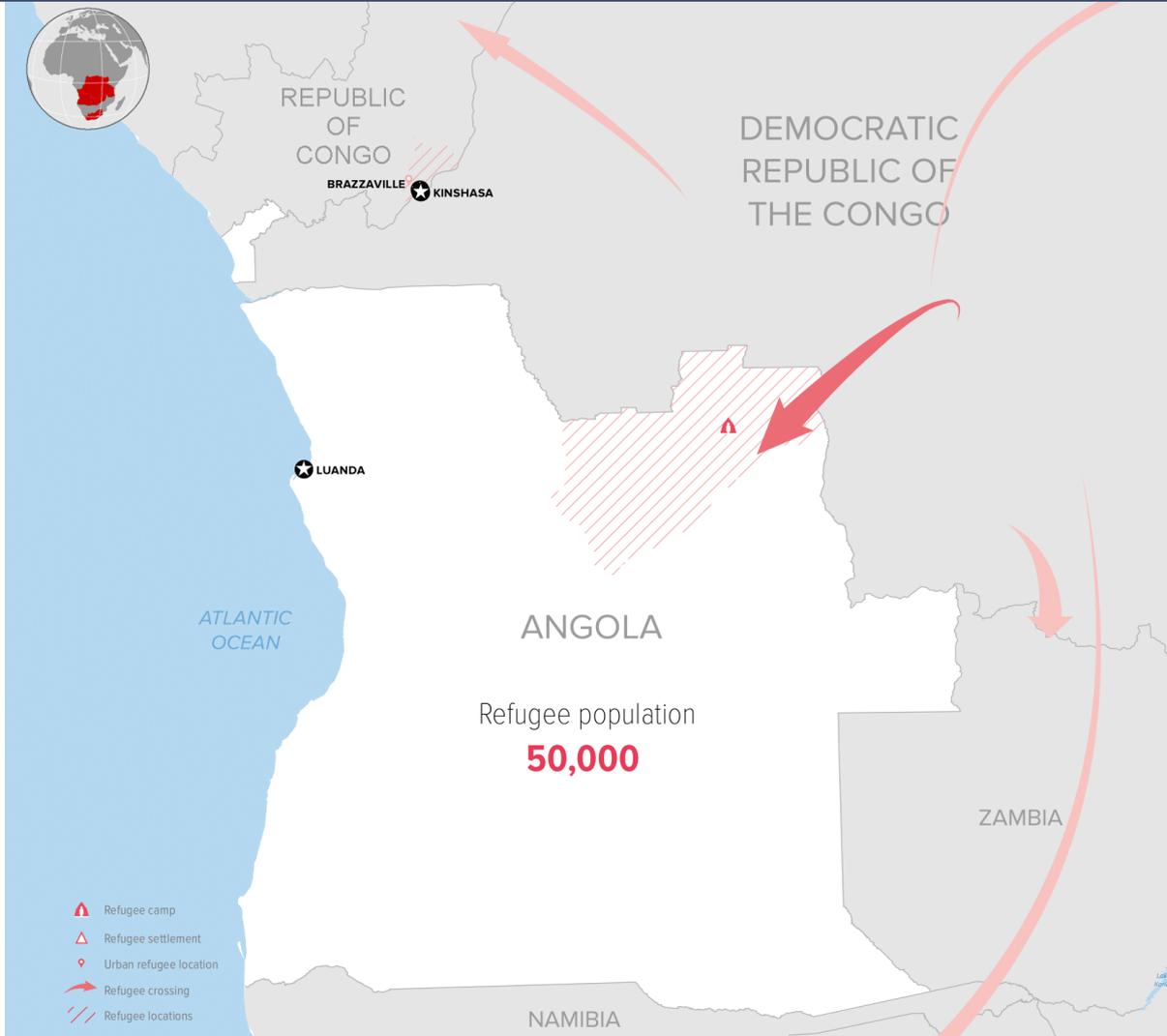
PROJECTED REFUGEE
POPULATION

US\$ 66M

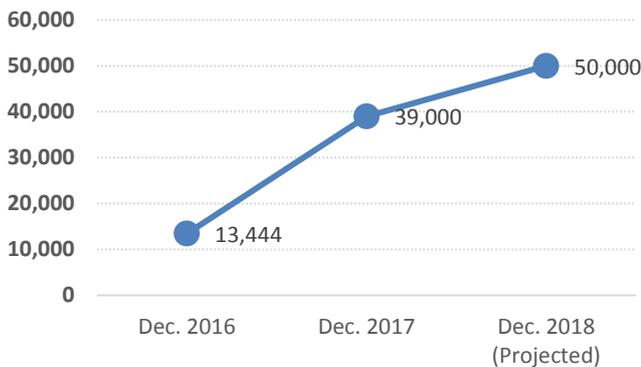
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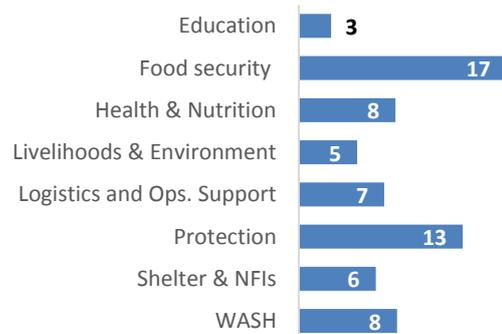
PARTNERS INVOLVED



Refugee Population Trends



Requirements | In millions US\$



Background and Achievements

The outbreak of violence in the Kasai region of the Democratic Republic of the Congo (DRC) in March 2017 triggered the internal displacement of some 1.4 million people and the flight of over 35,000 refugees into Lunda Norte Province, Angola.

Despite the Government of Angola's (GoA) open door policy to welcome Congolese nationals fleeing as a result of the conflict, new arrivals have significantly decreased although additional arrivals continue to be registered under family reunification.

As the situation remains volatile in the Kasai region with high numbers of internally displaced, humanitarian partners in Angola have decided to maintain the 2017 response planning figure of 50,000 refugees by end December 2018. The interagency humanitarian response for the Congolese refugees covers the areas of protection, emergency shelter, livelihoods, food security and nutrition, non-food items, water, sanitation, hygiene, health, including mental health, and education until the end of 2018.

The relocation of refugees from Mussungue and Cacanda temporary reception centres to the new settlement in Lóvua started in August 2017 and is scheduled to be completed by the end of March 2018. By 19 February, 11,699 Congolese refugees had been relocated.

From the beginning of the emergency, the RCM has been applied with UNHCR leading an Inter-Agency response being put in place. However, in late 2017, a shortage of funding has compelled some humanitarian organisations to reduce or re-orient their activities, leaving gaps that require immediate response, in particular, in sectors such as water, sanitation and hygiene.

Humanitarian Needs and Vulnerabilities

The conflict in the Kasai region, DRC, continues to generate displacement internally. Across the border, in Angola, the daily rate of arrivals stabilised and stopped since the end of August 2017. However, reports depict concerning security breaches and a highly precarious humanitarian situation in the DRC. Refugees in Lunda Norte express fear about returning to the DRC unless the situation there fundamentally changes, allowing safe and dignified return.

In line with an age, gender and diversity approach, UN agencies have undertaken a number of assessments and focus discussion groups in different areas to ascertain humanitarian needs and vulnerabilities. Agencies continue to mainstream protection, gender and sexual and gender-based violence (SGBV) considerations in assessments as well as in all planned activities.

The profile of Congolese refugees as of January 2018 includes 53 per cent of the population under 18 years old; 75 per cent women and children; 25 per cent adult men, with the following urgent needs:

Protection:

- Admission of refugees to safety in Angola.
- Timely, systematic individual biometric registration.
- Advocacy for maintaining the civilian character of asylum.
- Strengthening capacity of national protection service providers.
- Engaging with host communities as agents of protection in mitigating protection risks and responding to the needs of refugees.
- Undertaking systematic protection assessments to identify refugees with heightened protection risks.
- Facilitating the issuance of documentation attesting legal status.
- Promoting social cohesion and development within and between refugee and host communities.

- Strengthening child protection systems and supporting identification, tracing and reunification for separated and unaccompanied children, as well as provision of mental health and psychosocial support:
 - Identify and register unaccompanied/separated children (UASC) and other at risk children;
 - Undertake timely “best interest assessments and determination” (BIA/D) as required;
 - Ensure an effective child protection case management system and referral pathways for all UASC exists and functions
- SGBV prevention and response including to:
 - Maintain effective case management and multi-sectoral response (medical/legal/safety/psychological) for refugees relocated to Lóvua settlement and advocacy with the Government to extend the same assistance to refugees who live in local communities; provide women friendly safe spaces to meet the sexual reproductive health rights as well as protection from SGBV.
 - Ensure awareness-raising and open dialogues on SGBV are held with different refugee groups, including leaders, committees, men, women, boys and girls, as well as with local authorities;
 - Provide dignity (hygiene and protection items) kits to restore self esteem, confidence and dignity of women and girls.

Angolan authorities are maintaining an open border policy. Access to the border areas to conduct monitoring missions is ongoing with difficult access to some of the borders. Refugees with specific needs, including unaccompanied and separated children, single parents, refugees with serious medical conditions, older refugees and those with disabilities, have been systematically identified and referred for appropriate follow-up. However, the existing response capacity is still limited. Strengthening capacity of national service providers and engagement with communities is

required to scale up protection in both the settlement as well as within the host community.

More than 35,000 refugees are currently living in Lunda Norte Province. Biometric and individual registration began on 1 June 2017 to obtain reliable planning data, and identify people with vulnerabilities and specific needs to strengthen the delivery of humanitarian assistance. Continuous registration exercises are crucial to protect the new arrivals and settled refugee community from *refoulement* and ensure their access to life-saving services and assistance. Priority and special attention will be given to vulnerable people such as unaccompanied and separated children, pregnant and lactating women, the disabled and elderly, and those with chronic medical conditions.

Education:

Provision of formal education for 12,250 children of school-age is a critical priority in 2018. Schools will be built and training provided to teachers, in close coordination with relevant partners and the Angolan Ministry of Education.

Food:

A joint WFP/FAO/UNHCR food security and agriculture assessment of refugees conducted in Dundo in 2017 revealed high levels of food insecurity and vulnerability among the displaced. Life-saving food assistance is currently being provided to about 23,000 refugees. Direct food assistance to refugees will continue to be required until adequate conditions for settlement are established. Once settled, a comprehensive food security assessment will be conducted to better inform food security and agriculture-based livelihoods enhancement programmes. The assessment will also define gaps in terms of rural development extension service.

Cash-based intervention (CBI):

Lóvua settlement is 85 kilometres from Dundo and has no markets. Potential solutions include incentivizing wholesalers to open shops in Lóvua and develop a system of vouchers in coordination with WFP for food items and UNHCR for non-food items (NFIs), until the local market place and systems develop substantially. CBIs to cover basic needs should be considered once the refugees are all relocated to Lóvua settlement.

A market assessment conducted in 2017 encourages the transfer of cash through vouchers to beneficiaries. It confirmed the functionality of the local market as well as findings of the recent multi-sectoral assessment, CBI activities through a voucher programme as an additional food assistance modality are planned to start as soon as funding for such modality becomes available. The aim of introducing this modality is to diversify the food basket (with additional products such as dried fish and cassava flour) to meet beneficiaries' dietary preference and make use of locally-available food products and support the local economy.

Health and Nutrition:

- Disease surveillance and outbreak control.
- Provide full basic health package and referral services with a preventive approach including vaccines, surveillance, screening for early diagnosis and treatment, etc.
- Provide the minimum initial service package (MISP) for reproductive health in emergency situations to include essential and emergency obstetrical and newborn care, family planning services, prevention of transmission of sexually transmitted infections (STIs) and HIV/AIDS.
- Provide medical and psychosocial care of SGBV survivors.
- Mental health services (including community-based psychosocial support)
- Functional referral services for emergency referrals
- Provision of youth friendly adolescent sexual reproductive health services

- Malaria control interventions (including community-based interventions)
- Nutrition surveillance and assessment
- Clinical management of acute malnutrition.
- Effective coordination, supervision monitoring and evaluation of health and nutrition services.
- Provision of mosquito nets to be distributed in coordination.
- Provision of vaccines such as measles, polio, cholera, BCG and yellow fever.
- Conducting social mobilization/Communication for Development (C4D) activities to improve social behaviour on health practices.
- Training of Municipal Hospital staff as first line of referral on prevention and treatment of severe acute malnutrition (SAM).
- Training of community health workers on both SAM and moderate acute malnutrition (MAM) screening and support to related treatment.
- Procurement of MUAC, nutrition supplies, including ready-to-use therapeutic food (RUTF) and therapeutic milk.
- Promotion of nutritional practices and behavioural change, through skill demonstration using community kitchens.
- Selective feeding component: Children aged 6-23 months and pregnant and lactating women (PLW) are targeted through the provision of fortified blended foods (Super Cereal Plus and Super Cereal respectively) to prevent acute malnutrition. Children between the ages of 24 and 59 months who are identified through screening as having MAM are also supported, while all cases of SAM are referred for treatment. Despite the sustained low global acute malnutrition (GAM) rates among the refugees, there remains an increased risk for deterioration of the nutrition situation if preventive actions are not taken.
- Sensitization on the availability of nutrition and health.

Despite the malnutrition stabilisation indicators there is still an increased risk if remedial action is not taken. Challenges remain in Lunda Norte with low supply of medicine, understaffing of medical centres and hospitals and limited equipment impeding appropriate diagnosis and treatment.

The clinic in Lóvua municipality is up to 10 km from some of its villages. There is therefore a need for a transportation system for emergency referrals. All hospitals in Dundo offer their services to Angolan citizens and refugees free of charge, yet shortage of supplies, and absence of medical staff is repeatedly reported. The hospitals in Dundo are currently the closest secondary referral sites to Lóvua (90-100 km).

Given that one in five women of childbearing age is likely to be pregnant and without access to reproductive health services, these women face an increased risk of life-threatening complications. Many women risk the possibility of exposure to unwanted pregnancies. In this regard, it is envisaged that increased number of women and young people may become more vulnerable to sexual violence, exploitations and HIV infection. To address these risks and other neglected hygiene needs of women and girls, dignity kits will ensure safe and clean deliveries, management of miscarriages, as well as providing rape treatment, including post-exposure prophylaxis for HIV (PEP), and contraceptives.

It is estimated that 5,000 pregnant women among refugees and host/community will need ante-natal care (ANC) services, including tetanus vaccination, malaria prophylaxis treatment, acid folic and iron supplements, deworming medicines, mosquito nets, counselling and HIV tests and treatment. Some 15 per cent (750) of these pregnant women may have complications during the delivery process and therefore they will need Emergency Obstetric Care (EmOc).

Livelihoods, Energy and Environment:

To prevent a syndrome of aid dependency, resilience-building and livelihoods for new arrivals at Lóvua settlement in Lunda Norte Province are key needs.

A joint FAO/WFP/UNHCR assessment on livelihood and food security in Dundo in May established that the eating practices of refugees are similar to the host community. The assessment also defined gaps in terms of rural development

extension service, in order to advocate with the Government to recruit professionals to support the livelihood project. Most of the refugees come from agricultural backgrounds, including raising small animals, fishing and aquaculture. Mitigating measures need to be taken to address potential environmental risks, in particular deforestation, charcoal production, soil erosion, and water pollution. Refugees will benefit from energy efficient stoves to minimize the environmental impact.

There is an urgent need for light in Lóvua settlement to prevent sexual and gender based violence, and also reduce the danger of snake bites. There is also a need to ensure that there are lights in the clinics during night for emergencies and safe deliveries. Setting up solar-powered street lights in Lóvua settlement is ongoing. In cooperation with the Japan International Cooperation Agency (JICA), further 50 solar power units will be distributed to key communal facilities in Lóvua, including the clinics and 360 solar street lamps about to be installed in the settlement. Estimated number of beneficiaries: 30,000 refugees and the host-community in Lóvua

Shelter and infrastructure:

The major gap in in site planning is the need to look for more land to be able to accommodate all the active 25,201 population registered in Lóvua, Cacanda and Dundo Town. The current absorption capacity for Lóvua is 20,000 individuals. The gap could increase taking into consideration the 50,000 Angolan response planning figure. Preparation of the area for the population which would not be absorbed in Lóvua will require extra funding, including alternative solutions for those refugees opting to stay in urban settings.

There is need to address the transition from emergency shelter to more permanent shelter solution. Currently most households have been provided with tents which have an approximate life span of six months. Funding will be required to ensure that all households receive adequate shelters.



UNHCR/Rui Padilha

Construction of other public structures including schools, clinics and safe spaces needs to start as soon as possible in order to ensure that the refugees and the host community are able to access education and health care in Lóvuá.

Water, sanitation and hygiene (WASH):

- Access to basic WASH facilities in Lóvuá settlement.
- Safe/adequate water supply system to refugees living in Lóvuá settlement through borehole drilling and the construction of a water network (from the boreholes to the villages) in Lóvuá settlement
- Provision of communal and individual latrines and shower shelters for refugees at Lóvuá settlement.
- Improved awareness and practice appropriate behaviours on hygiene among refugees
- Safe disposal of refuse.
- Prevention of cholera and malaria as Angola is a cholera and malaria endemic country.
- Treatment of water at household level with water tablets.

- Distribution of hygiene kits including water container and sanitary pad for women.

Local Governance:

In 2017, assessments conducted at the Lóvuá municipality identified needs of both host communities and refugees for increased livelihood opportunities and resilience-building activities and for living together in harmonious and self-sustainable manner in transitioning from emergency to more development-oriented phases.

UNDP conducted interviews with officials of Lóvuá’s two-year old municipality, with a population of 12,300, identified a need for a workable participatory model that can bond the refugee and host communities, engage in development discussion resolving grievances, including over the use of common resources (agricultural land, forests for charcoal, water etc). Increased local governance capacity in the municipal administration will be provided to make any kind of ownership and engagement possible (human, equipment etc).

Reflecting on emerging needs in humanitarian and development nexus, it was agreed that development actors will take over the support to the refugees settled in Lóvua and host communities' residents in 2018, while strengthening the capacities of the provincial and municipal governments to provide both the refugees and host community with basic public services and capacities.

UNHCR will continue advocating for a Comprehensive Refugee Response Framework (CRRF). In line with the ongoing efforts the GoA suggested UNHCR to organise a learning visit to Uganda.

Response Strategy and Priorities

In order to address the protection, solutions and assistance gaps the following objectives and priorities will be pursued:

Providing protection to refugees fleeing the DRC

- Ensuring access to territory and respect the principle of non-refoulement.
- Maintaining the civilian character of asylum.
- Engaging with communities as agents of protection.
- Undertaking individual and biometric registration.
- Providing specialized services to refugees with specific needs including children, prevention and response to SGBV survivors, persons with disabilities.
- Enhance referral mechanisms and case management.

Host communities and co-existence: Refugees arriving from the Kasai region of the DRC into Angola comprise different ethnic groups. Escaping from political and inter-ethnic/communal clashes in their homelands, some continue to face ethnic tensions. The GoA has encouraged the refugees

to leave their political and ethnic problems behind, and to rebuild their lives and communities in a spirit of mutual respect and assistance.

While these efforts made by the Angolan authorities are crucial to ensure social cohesion amongst the various groups, continued support is needed in the area of post-conflict traumatic care and reconciliation among refugee populations. Support to promote co-existence with host communities in Lóvua and among the refugees is key in developing self-reliance and self-subsistence mechanisms as well as preparing for future return and rebuilding their communities in the DRC.

Building upon their experience in peacebuilding, conflict resolution, and reconciliation, UN and partners will support Congolese refugees and Lóvua municipality households to promote and develop co-existence through counselling, and civic education activities.

Strengthening community leadership structures to promote peaceful coexistence and social cohesion among refugees and between refugee and host communities remains paramount. The established Communication with Communities structure will continue to engage the communities in mitigating protection risks and responding to identified protection cases. Refugee communities will be encouraged to engage refugee committees in cross-sectoral groups and activities. Inter-agency advocacy needs to continue for refugees to have access to basic rights and services including education, documentation, and freedom of movement and livelihood opportunities. UNHCR will work with the newly elected Government to provide and improve documentation attesting legal status and will continue to enhance standard operating procedures to record and register births and deaths.

Maintaining the civilian character of asylum remains a priority both in the settlement and host communities. Legal services are on-going and regular trainings provided on international and national asylum law. Focus discussion groups were selected by refugees as their preferred

communication mean. These discussions will continue along with continuous awareness workshops in the settlement to reinforce refugee community leadership, SGBV/HIV-AIDS prevention, human rights knowledge, as well as sensitisation campaigns against violence against women and children.

Child Protection: Strengthening child protection systems will be prioritised, specifically in the areas of registration, family tracing and family reunification as well as prevention and response to violence against children in communities and at the refugee settlement. More Child-friendly spaces will be established to facilitate the identification of children with protection concerns, delivery of psychosocial support, recreation, nutrition screening and referrals to other services. The monitoring and following up cases of unaccompanied and separated children in alternative care as well as family tracing and unification will be cross-sectoral. Information on violence against children as well as the referral system will be disseminated. The provincial child protection networks will be strengthened to improve the delivery of protection services to refugees in host communities. Specific interventions will be pursued for children that were involved in armed conflict. Recreational activities in both sites in coordination with refugee leaders, Angola Red Cross volunteers and Caritas will be put in place.

Sexual and gender-based violence (SGBV):

A multi-sectoral SGBV prevention and response strategy for survivors needs will be reinforced in Lóvua settlement. The response will include SGBV prevention and response activities in coordination with the Provincial Government in Lunda Norte and the provision of accessible, confidential and survivor-centred multi-sectoral services in collaboration with the Provincial Directorates of Health. People living with disabilities and other vulnerable groups, such as young single mothers, will receive special attention to ensure that they have access to food and other basic services. Information, education and communication materials on SGBV prevention, where to go for help and how to access SGBV services will be

disseminated. The current two women's friendly spaces will continue to reach out to the 35 existing villages in Lóvua settlement and two more will be erected to tackle a total of 53 villages. Establish two youth friendly spaces, to address the issue of negative coping mechanisms, and avoid high risk behaviour, like alcohol and drug consumption as well as transactional sex. Continue the distribution of dignity kits, including hygiene articles and sanitary napkins to existing and new refugees in Lóvua settlement.

Mine action: Awareness raising and trainings to partners, host community and the refugee population on risks of landmines and unexploded ordinance (UXO) will resume to help identify areas with higher risks of landmine contamination. Mine risk awareness education (MRE) will target men, women, boys and girls at the reception and refugee sites. The host community will also benefit from the MRE.

Education:

Partners will work closely to ensure effective inter-agency coordination with links to other sector coordination mechanisms on critical inter-sectoral issues. Information on roles, responsibilities and accountability will be provided through support to national provincial/municipal education authorities to coordinate education activities for affected refugee and host populations. Children, including preschool-age children, girls, and other excluded children, will access quality formal and informal education opportunities through the establishment of schools and learning centres which include play and early learning for young children. Recreation programmes to promote a child-friendly environment for children and adolescents will continue while a peaceful environment will be built through the use of recreational activities.

Food:

The current food rations are supplemented by other sources of animal protein acquired through odd jobs performed in town and refugee domestic cropping in Lóvua. Food procurement and distribution and post-distribution monitoring will continue until refugees are self-reliant through agriculture-based support, co-existence / non-

farming, small businesses, and cash-based intervention (CBI).

Health and Nutrition:

At least three motorcycle ambulances will be provided to improve emergency referrals to health facilities from Lóvua settlement and also to the nearest public clinic. Support will be provided to public medical facilities in Lóvua and Dundo to increase their capacity to respond to sexual and gender based violence and improve the sexual and reproductive health care services, to ensure the provision of quality lifesaving services including skilled attendance at birth and emergency obstetric and newborn care.

Health partners are providing disease surveillance and primary healthcare, early diagnosis and treatment of malaria, diarrhoea, acute respiratory infection (ARI) and high risk endemic diseases (TB, HIV). Women have increased access to critical reproductive health services. Some community-based interventions for malnutrition, mental health, malaria will be supported through partners and national health services.

An estimated 12,500 women and girls of childbearing age including 2,500 pregnant mothers will receive awareness raising messages on sexual and reproductive health issues including risks of teenage pregnancy, complications of pregnancy and delivery, STIs/HIV/AIDS risk factors and treatment, prevention and treatment of SGBV. Provision of critical reproductive health supplies and equipment including clean delivery kits, dignity kits to include baby items and male and female condoms. Service providers will be capacitated on the clinical management of rape services for survivors. Adolescent sexual and reproductive health (ASRH) lifesaving information and services will be also provided with ASRH mainstreamed into education program for refugees.

Nutrition partners are providing support for prevention of acute malnutrition through a robust programme targeting children aged 6-23 months and PLW. This ensures that the needs of these two nutritionally at-risk groups are met. Other

complementary activities include community nutrition screening, home visits, nutrition sensitisation which encompasses counselling and education with a focus on infant and young child feeding (IYCF) and water, sanitation and hygiene (WASH). Additionally, support is provided for children with MAM between the ages of 24 and 59 months as well as referral for SAM treatment services for any child who is screened and identified with SAM.

Livelihoods:

- Building livelihood and resilience into the site of Lóvua, benefitting 20,000 people, and members of host community.
- Distribution of energy efficient stoves.

Interventions aim to build livelihoods' sustainability and resilience. Projects will also contribute to social cohesion, considering that livelihood support is equally important for the host community. Refugee families are expected to have some space for agricultural activities. They will receive assistance through agricultural land and kits (tools & seeds), small animals (goats, pigs and poultry), health kits, business start-up kits, cash grant, and livelihood training. Livelihood support will be equally important for the local residents of Lóvua municipality. The activities will ensure the active participation of women.

Agriculture production and animal raising will be promoted through the approach of Farmers Field Schools (FFS). The Institute of rural development (IDA) and the Institute of Veterinary Service (ISV) will lead and monitor the FFS.

Shelter and infrastructure:

- Relocated refugees will continue to receive emergency shelter on arrival at Lóvua settlement, whereas the settlement as a whole will see a shift to more transitional shelter construction in the course of 2018
- Shelter kits composed of plastic sheets, poles, tool kits etc., will continue to be distributed for newly relocated refugees.
- Site preparation will continue to be conducted at the new refugee site in Lóvua until 53 villages are completed.

Non-food items (NFIs):

The following items will be procured as non-food relief items for the displaced population that has arrived in Lunda Norte, Angola and living in Lóvuá settlement: jerry cans, sleeping mats, plastic sheets, plastic rolls, buckets (14 litres), blankets, kitchen sets and solar lanterns

Water, Sanitation and Hygiene (WASH):

WASH facilities at Lóvuá settlement are completed in total 35 villages. By end of March 40 villages will have complete WASH facilities. For the relocation plan, 18 new villages are envisioned making the site complete at 53 villages. For each village the construction of WASH facilities comprises one water point (installation of water tank with 5.000 litres), 8 community latrines, 8 community showers, 2 pits of rubbish.

The borehole drilling and the construction of a water network (from the boreholes to the villages) in Lóvuá settlement will improve the WASH and facilitate the shortages of water trucking supply for the increasing refugee population in Lóvuá settlement. To prevent an outbreak of diseases, ensuring access to safe water, basic sanitation and hygiene is paramount. In addition water trucking supply is previewed to stop end March 2018.

WASH promotion activities will focus on the dissemination of a limited number of easy-to-understand, simple, key messages, minimizing the potential for confusion. They will include practical demonstrations on use and consumption of potable water; hand washing; personal hygiene; latrine use; environmental sanitation; and hygiene. Open discussion sessions and key message promotional campaigns will also be held regularly, targeting both children and adults to promote long-term improvements in WASH behaviours.

Refugees have been involved in designing and implementing the WASH response from the outset, particularly for the sanitation and hygiene components, through cash-for-work (CFW) schemes.

Safety and security of humanitarian actors:

In partnership with the National Civil Protection Commission, partners will assist the province of Lunda Norte in updating and enhancing the provincial contingency plan. For the operationalization of the provincial contingency plan, the preparation of a standard operating procedure (SOP) will be developed for the Provincial Civil Protection Commission (CPPC) of Lunda Norte along with training of 30 civil protection / disaster and risk management agents.

Partnership and Coordination

To respond to the refugee influx from the DRC, the Government of Angola has established an inter-ministerial committee, which is composed of key Directors and Secretaries of State from the Ministries of Defence, the Interior, Health, Agriculture, Rural Development, Water and Energy, Planning and Social Reintegration, and the Provincial Governor of Lunda Norte. This committee has designated the Ministry of Social Action, Family and Women's Empowerment (MASFAMU) to work with UNHCR as the primary interlocutor and lead agency for all refugee matters. UNHCR works with the inter-ministerial committee and MASFAMU and shares updates with all agencies participating in the response, including the UNCT and UN Resident Coordinator, to maintain a smooth link between strategic and operational coordination.

Consistent with the Refugee Coordination Model (RCM), UNHCR is coordinating the response in support of the Government of Angola. UNHCR undertakes direct and primary advocacy with the Government for all refugee matters, and facilitates inter-agency planning, resource mobilisation, implementation, and coordination of the refugee response in Angola. Given the fluid nature of the crisis, UNHCR also led the preparedness and contingency plan with all relevant actors.

All coordination meetings held at Luanda and Dundo are co-chaired by MASFAMU and UNHCR. Participants include government counterparts, UN

agencies and I/NGOs. Technical and multi-sectoral meetings take place weekly in Dundo, while the Inter-Agency Coordination meeting takes place weekly in Luanda and in Dundo. Bilateral meetings are held with the Government of Angola to address any emerging issue. An inter-agency portal has been established for the response (data2.unhcr.org/en/country/ago).

The RC will continue to ensure linkages with the development framework of Angola, including between national development policies and other initiatives managed by the Government of Angola. The existing mechanisms managed by the Ministry of Planning and Territorial Development, the Ministry of Territorial Administration, Agriculture, Health, Environment, amongst others, are actively supporting the refugee response provided by UNHCR and other humanitarian agencies. The RC will also continue to assume the overall

responsibility for, and coordination of, the operational activities for development of the United Nations system carried out at the country level. The complementary roles of UNHCR and the RC will add value in ensuring the response is strengthened at all levels, national and district levels, and encompasses humanitarian and development nexus and early recovery of the refugee impacted areas.

Additionally, the RC's office will also ensure close cooperation with other RC offices in the region, and engage jointly with UNHCR - as per respective mandates - with the Office of Special Envoy for the Great Lakes, and with OHCHR, DPA, UNDP, UNDSS, and OCHA to facilitate a frequent flow of information and monitoring of the situation. Both the RC and UNHCR will liaise with other UN entities and secretariat agencies as the response evolves.



Planned Response

<p>Protection</p> <p>(JRS, UNDP, UNFPA, UNHCR, UNICEF)</p>	<ul style="list-style-type: none"> - Family tracing and reunification of unaccompanied children - Maintain a designated space for unaccompanied and separated children with a static child protection desk and mobile community outreach workers to inform communities - Operate child friendly spaces that serve as platforms for identification of protection concerns, recreation, delivery of psychosocial support and other services - Legal advice services, case management and monitoring of PSNs - Psychosocial support services complementing Government - Case management and referral systems established for PSNs - Clinical management of rape survivors, psychosocial support specifically for women, girls, men and boys and provision of dignity kits to women of childbearing age. - Maintain Women Friendly Spaces and Adolescents Friendly Spaces to provide quality information on STI and HIV prevention - Distribution of 350 solar power units. - Promote social cohesion and co-existence through counselling and civic education activities - Mine risk awareness education, non-technical survey, Rapid response and full-fledged landmine clearance
<p>Education</p> <p>(JRS, UNHCR, UNICEF)</p>	<ul style="list-style-type: none"> - Provision of formal education for 12,250 children of school-age. - Build schooling infrastructures and provide training to teachers assisting and in coordination with relevant partners and the Angolan Government - Capacity building of caregivers and quality assurance of services - Create recreation programmes for a child-friendly environment for boys and girls. - Build peaceful environment through sports
<p>Livelihoods and Local Governance</p> <p>(FAO, UNDP, UNHCR)</p>	<ul style="list-style-type: none"> - Basic business management training for both refugees and host community residents. - Provision of start-up kits to support small retail business activities. - Registration of new business at the provincial government. - Support Lóvua's Municipality on community processes/co-existence and the Provincial Government to lead/coordinate humanitarian response and prepare to take over when humanitarian actors phase out. - Strengthening of local governance capacities in terms of inter-sectoral coordination, assessment, response, reporting, and information management. - Advocacy and resource mobilization for investing from a development and peace lens in Lovua, supporting the design of community development interventions that will bring together communities around shared aspirations.
<p>Food Security</p> <p>(JRS, UNHCR, WFP)</p>	<ul style="list-style-type: none"> - Assist up to 50,000 registered refugees through monthly general food distribution (GFD). The general food distribution food ration will be comprised of 250g of maize meal, 200g of rice, 60g of pulses, 25ml of vegetable oil and 5g of salt per refugee per day. Moreover, interventions supporting long-term self-reliance and social cohesion will continue to be explored with relevant partners. - Based on the rapid market assessment conducted in June 2017 which confirmed the functionality of the local market as well as findings of the recent multi-sectorial assessment, cash-based transfer (CBT) activities through a voucher programme as an additional food assistance modality are planned to start from March 2018. The aim of introducing such modality is to further diversify the food basket (with additional food products such as dried fish and cassava flour) with the view to meeting beneficiaries' dietary preference) and making use of locally-available food products thus supporting the local economy.
<p>Health and Nutrition</p>	<ul style="list-style-type: none"> - Maintain early rapid screening of under five year old children - Develop preventive interventions directed to immune-preventable and endemic prevalent diseases - Equip the health facility in Lóvua settlement with health services to address prevalent health conditions including malaria - Reinforce the capacity of the nutritional area at the paediatric hospital at Chitato

<p>(UNFPA, UNHCR, UNICEF, WFP, WHO)</p>	<ul style="list-style-type: none"> - Increase the logistic support for referral of moderate and severe cases of malnutrition - Ensure children between 6-23 months receive fortified blended food to prevent malnutrition; as well as all pregnant and lactating women and girls (PLW/G). The same amount of fortified food will be provided to 23-59 months children with moderate acute malnutrition (MAM). Specialized nutritious foods are provided in conjunction with nutrition screening at community level; referrals for further treatment where appropriate; and nutrition sensitisation. - Develop component of health directed to mental health including community-based interventions - Ensure provision of HIV tests - Distribution of condoms and IEC materials - Ensure two awareness campaigns are conducted on HIV/STIs and sexual violence - Ensure that PLHIV receive treatment and adhere to treatment - Ensure that 2,500 pregnant women have access to essential and lifesaving ANC services, are screened for HIV and those who are HIV positive receive appropriate treatment - Ensure that at least 5,000 adolescents have access to SRHR and HIV information and prevention services, 50 peer educators are trained through mutual support groups - Support to family planning information and services - Provide emergency Reproductive Health kits as well as PEP kits to the clinics. - Support the emergency referral system where challenges are identified.
<p>Operational Support (crisis response, security, CRRF and coordination, logistics and telecom)</p>	<ul style="list-style-type: none"> - Provincial contingency planning. - Joint UNHCR-RC support visits to the field. - Meetings with high-level government officials, local authorities and humanitarian and development actors. - Development of joint key advocacy & resource mobilization strategies to support refugee response. - Joint UNHCR-RC advocacy with UN Regional and Global Mechanisms to analyse, articulate and strengthen the response.
<p>Non-Food Items (JRS, UNHCR)</p>	<ul style="list-style-type: none"> - Monitoring and distribution of standard non-food item kits to refugees.
<p>Shelter and Infrastructure (UNHCR)</p>	<ul style="list-style-type: none"> - Shelter kits composed of plastic sheets, poles, tool kits distributed - Site development at Lóvuá settlement (road opening) - Identify alternative spaces to accommodate 25,622 population registered in Lunda Norte - Preparation of the area for the population which would not be absorbed in Lóvuá - Ensure all households receive adequate shelters and transition from emergency shelter to more permanent shelter solutions. - Construction of public structures including schools, clinics etc.
<p>Water, Sanitation and Hygiene (UNHCR, NCA, PIN)</p>	<ul style="list-style-type: none"> - For 20,000 persons, estimated need at 400,000 litres of safe water (20 litres/pers/day). - Water trucking until March 2018. After March, the borehole works completed; water trucking will decrease to 1 truck per day - Functional boreholes with water available at short distance for each village provision of 15,000 metres of in pipes is needed to cover all site. - Collection of water samples from water collecting points, tanks, and households. - Sensitisation messages to inform people on the importance to drink potable water. - A KAP survey to identify the needs. IEC materials produced. - WASH committees trained and equipped to manage cleaning of the WASH facilities. - Construction of WASH facilities in 13 additional villages: on each village, one water point (installation of water tank with 5.000 litres), 8 community latrines, 8 community showers, 2 pits of rubbish. - Installation of communal refuse containers (100 litres) for solid waste management in Lóvuá settlement (100). - Cleaning and disinfection of Lóvuá settlement, sanitary blocks and containers for solid waste management, through "Maintenance Brigades".

Financial Requirements Summary – ANGOLA

By Organization & Sector

Org.	Education	Food sec.	Health and Nut.	Liveli.and Environ.	Logistics, Tel. and Ope. Support	Protection	Shelter and NFIs	WASH	Total
FAO		2,000,000		1,300,000					3,300,000
IOM					975,000				975,000
JRS	194,000	25,000	24,352	132,000	74,000	177,900			627,252
LWF					449,216	238,353	442,655	115,502	1,245,726
MDM			850,000		100,000	250,000			1,200,000
NCA					331,000			982,000	1,313,000
PIN					29,610	76,395		316,984	422,989
UNDP				600,000		2,550,000			3,150,000
UNFPA			330,000		353,701	506,232			1,189,933
UNHCR	1,250,000	900,000	3,600,000	2,650,000	4,551,736	7,869,793	5,739,009	3,100,000	29,660,538
UNICEF	1,156,900		1,422,400			1,396,459		3,368,960	7,344,719
UNRCO						100,000			100,000
WFP		13,772,000	1,122,000						14,894,000
WHO			398,585						398,585
Total	2,600,900	16,697,000	7,747,337	4,682,000	6,864,263	13,165,132	6,181,664	7,883,446	65,821,742

UGANDA

2018 PLANNED RESPONSE

300,000

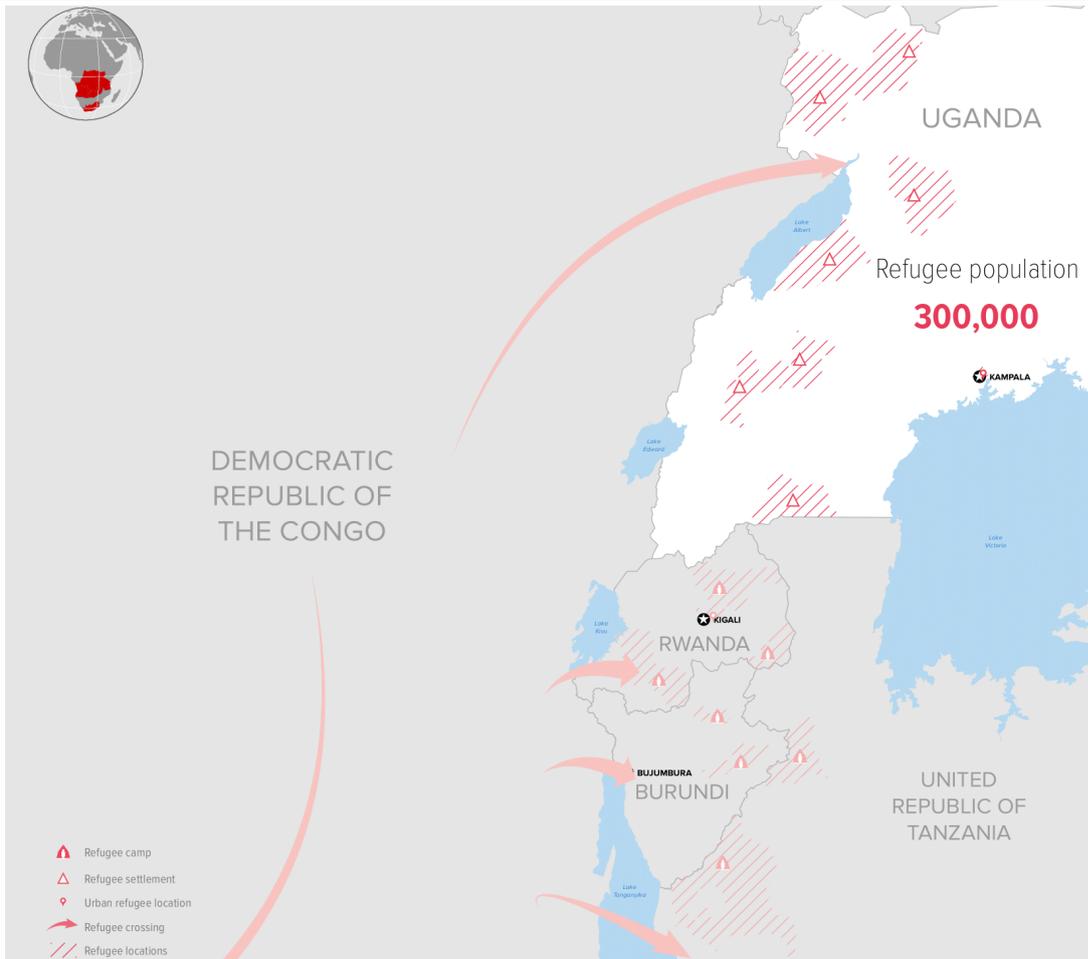
PROJECTED REFUGEE
POPULATION

US\$ 179M

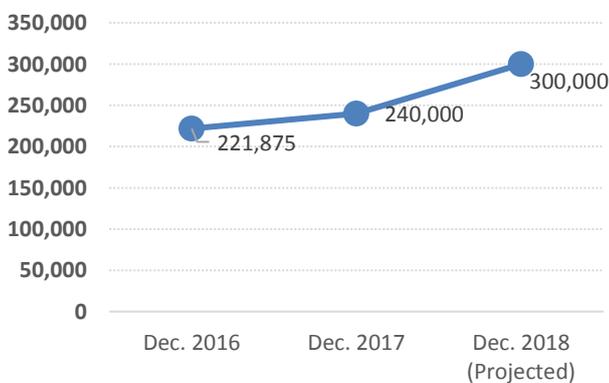
REQUIREMENTS

14

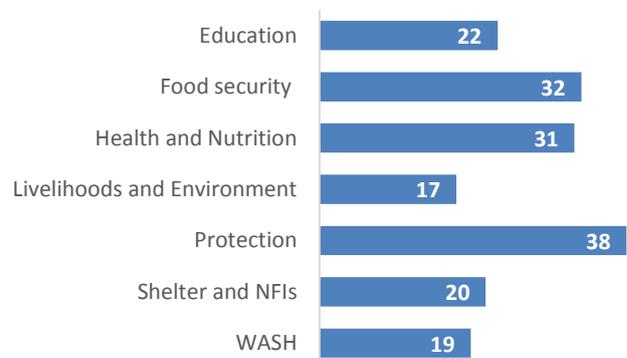
PARTNERS INVOLVED



Refugee Population Trends



Requirements | In millions US\$



Background and Achievements

Uganda has received an unprecedented influx of refugees in 2016 and 2017, tripling the refugee population to over 1.35 million people by September 2017. Women and children represent 82 per cent of the refugee population, with children alone making up 61 per cent of all refugees in the country. The country has become one of the largest asylum countries worldwide, and the largest in Africa, giving a tragic reminder of fragility and conflict in the region. Major factors leading to this situation include the crisis in South Sudan, which sharply deteriorated in mid-2016, but also chronic and exacerbated instability in the Democratic Republic of the Congo (DRC), and the conflict in Burundi.

With continued refugee influxes, Uganda is likely to host 1.8 million refugees by the end of 2018, mainly from South Sudan (1.38 million), the Democratic Republic of the Congo (300,000), Burundi (55,000), and other nationalities. Among them are 375,000 new refugees estimated to flee from South Sudan (300,000), the Democratic Republic of the Congo (60,000) and Burundi (15,000) in 2018.

Some 934,170 new refugee arrivals entered Uganda between January 2016 and October 2017, including 837,160 refugees from South Sudan, 76,454 from DRC and 20,556 from Burundi. Nine new settlement areas were opened since July 2016. Congolese and Burundians refugees are settled in existing sites at Nakivale and Rwamwanja, which have continuously expanded. An extensive network of border collection points, transit and reception centres has been put in place to provide emergency assistance to newly arriving refugees.

Whilst responding to three concurrent emergencies, RRP partners had limited capacity and resources to stabilise existing programmes and embark upon longer-term sustainable approaches. Notably, phasing out emergency water trucking in new settlement areas was a key challenge in 2016/17 and will remain a critical focus area in 2018, despite the progress made in northern Uganda to increase access to water through sustainable systems from 40 per cent in January 2017 to 60 per cent in October 2017. Other operational challenges included the rapid expansion of settlement areas and related infrastructure needs, such as access roads and establishment of schools and health centres.

With ongoing influxes likely to further strain already overstretched services and resources, the response will focus on measures that mitigate environmental degradation, foster peaceful refugee-host relations and promote cost-efficiency (value for money).

Uganda has a good refugee protection environment, providing refugees with freedom of movement, the right to work and establish businesses, the right to documentation and access to national social services. The country pursues a non-camp settlement policy, by which refugees are allocated relatively large plots of land for shelter and agricultural production, stretching out over vast territories. Whilst providing the basis for refugee self-reliance in the longer term, the settlement approach typically incurs higher up-front costs than that of a camp environment, when basic life-saving provisions are to be established.

The Government of Uganda formally launched the Comprehensive Refugee Response Framework (CRRF) in March 2017, expanding on existing initiatives, coordination mechanisms and policies. The humanitarian refugee response, the development oriented Refugee and Host Population Empowerment (ReHoPE) framework and the Settlement Transformative Agenda (STA) all constitute key components of the CRRF. Emerging priorities of the CRRF in 2018 and beyond are: to increase the participation of development actors, private sector and other non-traditional partners in the response; to assist both humanitarian and development actors agree on policy priorities; to enhance development and resources in the refugee hosting districts (including district level engagement in planning and budgeting), and to improve integrated service delivery for both refugees and host communities.

The first meeting of the CRRF Steering Group took place in October 2017. The Steering Group is led by the Government, and membership includes the Ministry of Foreign Affairs, Ministry of Finance and Planning, line Ministries, local district authorities, refugees, humanitarian and development donors, NGOs, the private sector and the UN. A CRRF Refugee Advisory Board will be formed to ensure broad inputs by all refugee groups. The Government is in the process of setting up a CRRF Secretariat.

Uganda's refugee legislation, the 2006 Refugees Act, promotes refugee self-reliance and favours a development-based approach to refugee assistance. This has been emphasized further by the 2010 Refugee Regulations. In 2015, the Government of Uganda

launched the Settlement Transformative Agenda (STA), a framework laying the foundations for the socio-economic development of refugee-hosting areas, which is now part of the five-year National Development Plan II (NPD II 2016-2020). The UN Country Team (UNCT) in Uganda is also supporting this approach through the Refugee and Host Population Empowerment (ReHoPE) framework and its inclusion in the UN Development Assistance Framework for Uganda (UNDAF 2016-2020).

In June 2017, the President of Uganda and the United Nations Secretary-General convened the Solidarity Summit on Refugees in Kampala to rally international support for refugees and their host communities, bringing together more than 800 Government, UN, NGO and private sector delegates.

Humanitarian Needs and Vulnerabilities

The situation in the DRC is characterized by three mutually reinforcing dynamics: upcoming elections challenging the current establishment, a deteriorating economy, and worsening security. Various opposition groups, including the National Army for the Liberation of Uganda (NALU), the March 23 Movement (M23), and the Maï-Maï militia, continue to be active in Eastern DRC, spreading insecurity and tensions, and committing violent actions against civilians. While the vast majority of civilians continued to flee to other areas of the country and become internally displaced, some continue to cross over to Uganda for safety.

The presidential elections, which are scheduled before the end of 2018, are likely to exacerbate political tensions and insecurity and force more civilians to flee the country, if not held as planned. A military campaign in the Kasai region, which began in August 2016, left some 3,000 people dead and drove more than 1.4 million civilians from their homes.

Some 300,000 Congolese refugees are estimated to be in Uganda by 31 December 2018, including 60,000 new arrivals in 2018 entering through mainly the border points of Ishasa (Kanungu district), Nteko and Bunangana (Kisiro district). Uganda's central and southwestern districts of Kamwenge (Rwamwanja settlement), Kyegegwa (Kyaka II settlement) and Hoima (Kyangwali settlement) are expected to receive the vast majority of Congolese new arrivals. It is estimated that

women and children will make up 78 per cent of the total population, with children alone close to 56 per cent.

Limited secondary education, vocational skill training and job opportunities may lead to protection risks among mainly Congolese youth and persons with specific needs (PSNs) in Uganda, including early and forced marriage, child abuse and forced recruitment as well as negative coping mechanisms such as drug abuse, transactional and survival sex.

Protection

All new refugee arrivals are registered by the Office of the Prime Minister, Department of Refugees, in the Refugee Information Management (RIMS) database. While South Sudanese and Congolese asylum-seekers are granted refugee status on a prima facie basis, the Government of Uganda revoked the prima facie recognition for Burundians as of 1 June 2017 and introduced individual refugee status determination (RSD) for this group.

Sexual and Gender-Based Violence (SGBV)

In Uganda, factors contributing to SGBV incidents include: cultural practices that promote acceptance and normalization of harmful traditional practices, such as early and forced marriage; lack of sufficient safe spaces and wellness centres for survivors; limited access to secondary education and lack of vocational skills training centres, leading to idleness and early pregnancies; limited livelihood opportunities, with resultant negative coping mechanisms such as transactional and survival sex, domestic violence, early pregnancies, alcoholism and petty theft; collection of firewood in remote bush or forest areas; and limited number of police in the settlements.

Breaking stigmas surrounding SGBV has been identified as a challenge as incidents remain largely unreported, with scarcity of food ranking high among the key causes of intimate partner violence. Awareness activities must be strengthened to increase understanding of SGBV and reporting of incidents. SGBV survivors need access to adequate holistic support services, ranging from safe houses, to medical care, psychosocial and legal support. Their situation will remain bleak without adequate investment in livelihood opportunities, as a means of reducing their vulnerabilities. Low numbers of women in refugee leadership positions and participation in community member self-management structures pose serious challenges in identifying protection cases. There is a pronounced need to continue improving monitoring and



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oversight mechanisms to identify and address SGBV incidents as well as ensuring effective case management, especially for child survivors.

Child Protection

Child protection services remain a high priority given that children represent 61 per cent of the total refugee population (approximately 757,838 children). Refugee children face serious protection risks such as separation from families, psychosocial distress, abuse and exploitation, including child labour and sexual exploitation. UASCs are among the most vulnerable children, especially girls who are at risk of SGBV and early and forced marriages. Limited educational opportunities expose adolescents and youths to early marriages and pregnancies, drug abuse and survival sex.

There is a need to enhance identification, assessment and effective case management of children at risk and provide specialized child protection services. Given the large numbers of UASC among arrivals, alternative care services need to be further strengthened, including livelihood support for foster families. Other interventions include training and support for community child protection structures, alternative learning opportunities for out-of-school adolescents, and establishment of child friendly spaces in all transit facilities and new settlement areas. Referral pathways, access to birth registration and support services for vulnerable children need to be further strengthened. It is important to

monitor, document and refer to services cases pertaining to the six grave violations against the rights of the child that may have taken place in the country of origin.

Education

The increasing number of new refugees entering Uganda has put significant strain on the education response. School age children represent at least 50 per cent of the refugee population and only 46 per cent of them have access to formal and informal education, with a significant gender gap in enrolment, especially at secondary level, where fewer girls are in school compared to boys.

In southwestern Uganda, children are compelled to travel long distances to reach school, sometimes up to 10 km, with a resultant impact on children's regular attendance. Non-anglophone children such as Burundian and Congolese refugees face challenges in adapting to English as the language of instruction. Burundian children also face additional difficulties in having certificates from Burundian schools recognized in Uganda.

In Navikale settlement, which host mostly Congolese and Burundian refugees, the only existing secondary school met the learning needs of 11 per cent of the secondary school population (1,217 enrolled out of 11,400) in 2017. As a result, children and adolescents

out of school are more likely to be exposed to exploitation, abuse and risky behavior.

Key priorities in the education sector include establishment of new classrooms and schools, provision of furniture and scholastic materials, recruitment and continuous professional development of qualified teachers and construction of accommodation for teachers.

Food security

The majority of refugees in Uganda are dependent on food assistance. The last Joint Assessment Missions (JAM), which took place before July 2016, identified a time-tier system for delivering food aid. Refugees who have been in country for less than three years receive 100 per cent rations, with food assistance being gradually phased out and halted after five years in country. This system is under review and may change in the course of 2018 depending on assessment findings.

Food production in all settlements across Uganda is impaired by limited agricultural land, unreliable rainfall patterns and limited access to agricultural inputs. As a result, a comprehensive food assistance programme and a sustainable food system is needed to improve the food and nutrition status of refugees in Uganda.

Health & Nutrition

With the increasing refugee population, primary healthcare institutions remain at a constant risk of being overwhelmed by new arrivals. Existing health centres frequently operate beyond capacity, stretching limited resources. While new temporary health facilities have been established to cater for new refugee arrivals settling in remote areas, including within Nakivale, health care personnel, medical supplies and ambulances for referral services are being shared with existing facilities, which affects the quality of service delivery. There is a need to reinforce the existing health care system and set up new health facilities with a full package of interventions. This includes staffing, medical and nutrition supplies, infrastructure, equipment and referral capacities as well as skills training of existing medical personnel.

Reproductive health interventions need to be enhanced, including family planning, adolescent sexual and reproductive health (ASRH), cervical cancer screening and comprehensive HIV/AIDS services. The need for HIV prevention and response interventions is extensive, given poor knowledge of HIV, inadequate provision of and low uptake of HIV services. Cultural factors

exacerbate high levels of stigma, low rates of community-based HIV testing and inadequate interventions targeting youth. Strengthened and quality capacity is required to improve maternal and child health, and tuberculosis response, including multi drug resistant tuberculosis.

Refugee-hosting areas are vulnerable to communicable disease outbreaks due to congestion, inadequate sanitation and geographic location of settlements. In terms of contingency planning, preparedness and response activities, there is a need to stock essential drugs and improve the capacity of health care providers and District Local Government (DLGs) to effectively respond to potential disease outbreaks. More efforts are needed to facilitate accreditation of health facilities in refugee settlements. There is a need to ensure that health services are gender sensitive and to promote greater access especially for women, taking into consideration, timing, distance and location of services. Predictable and consistent supply of dignity kits for women and girls of reproductive age is a critical priority.

The Food Security and Nutrition Assessment (FSNA), conducted in December 2016, indicates that 80 per cent or more of the population in the old refugee settlements have an acceptable food consumption score. However, the prevalence of Global Acute Malnutrition (GAM) in refugee settlements hosting South Sudanese refugees in northern Uganda is classified either as serious (between 10 and 15 per cent) or critical (above 15 per cent). Anaemia among children between 6 and 59 months is above 50 per cent in most of these settlements and over 40 per cent among women of reproductive age. Dietary diversity is poor in all settlements in Uganda.

Although both food consumption and the prevalence of GAM in settlements hosting refugees from DRC and Burundi in southwestern Uganda are within acceptable levels, stunting rates are higher than 30 per cent, underweight rate close to 10 per cent and anemia rate over 30 per cent among children and women.

Livelihoods & Environment

Insufficient arable land continued to impair the ability of refugees to grow their own food. In most of the settlements and surrounding areas, agricultural productivity remain low due to the effects of climate change, but also the lack of innovative technologies to make farming more sustainable, resilient, and productive. Refugees and hosting communities use basic agricultural tools like hand-hoes and machetes

and have limited access to post-harvest handling, storage, processing and marketing. Local arrangements for supply of agricultural inputs such as seeds, tools, planting and stocking materials are insufficient to cope with increased volumes. Only 28 per cent of all refugee households received support in agricultural production in 2017.

Animal health services like vaccination are largely unavailable despite the increasing number of refugees who have arrived with their own livestock. For non-agricultural livelihoods, there are limited business support services, micro-credit and vocational skills training opportunities.

With an increased number of new Congolese refugee arrivals settling in southwestern Uganda, the Government was compelled to reduce the plot size from an average of 100x100 metres per household to 50x50 metres, thus impacting on the capacity of refugees to produce their own food. Continuous cultivation of the plots, coupled with poor farming techniques, has led to decline in soil quality resulting in low productivity. Several factors have contributed to the exploitation of refugee farmers by middlemen, including limited market information, high post-harvest losses, long distance to agriculture produce markets and lack of storage facilities. Despite the existence of mechanisms such as Village Savings and Loans Associations (VSLAs) and Saving and Credit Cooperatives (SACCOs), refugees have had very limited opportunities to diversify from crop farming and therefore increase their income, due to lack of capital and resources for engaging in business and livelihoods projects, and limited skills training opportunities, especially for the youth.

With an increasing number of refugees in Uganda and a higher refugee population density in settlements and surrounding areas, environmental degradation has become a matter of great concern. Contributing factors include cutting trees for firewood and construction, lack of or inappropriate wastewater treatment systems, and the negative effects of extensive water extraction on groundwater levels. In Uganda's refugee settlements, the huge dependency of refugees on wood and charcoal-based fuels for cooking and heating has not only dramatic consequences on refugees' health but also on the environment. According to the National Environment Management Authority (NEMA), Uganda has lost one third of its 5 million hectares of forest over the last 20 years. Deforestation, water shortages and other environmental problems in refugee-hosting areas have also created tensions between the refugees and host communities and have the potential to further

undermine peaceful coexistence. There is an urgent need to invest in measures seeking to mitigate environmental degradation, including but not limited to provision of safe and energy efficient cooking stoves and tree planting.

Shelter and Non-Food Items (NFIs)

An anticipated 60,000 new refugee arrivals in 2018 from the DRC need to be accommodated in existing and new settlement areas, provided with shelter and household non-food item (NFI) kits, including sleeping mats, blankets, kitchen sets, water cans, and plastic sheets. The new settlement areas will include Kyaka II and Kyangwali. New reception and transit centres may need to be constructed and managed, while the existing ones need be maintained and upgraded. Each new settlement area will require extensive site preparation, including technical assessment, site planning, opening, repair and maintenance of access and minor roads within the settlements as well as construction of culverts and possibly bridges. Furthermore, existing settlements may need to be re-organised and the extensive in-settlement road infrastructure maintained.

About 32,000 Congolese refugees in refugee settlements have been living in emergency shelters much longer than planned, with little weather protection and poor safety and hygiene standards. There is an urgent need to upgrade these shelters to semi-permanent structures. Furthermore, over 100 existing semi-permanent shelters need to be urgently repaired to avoid their collapse.

Water, sanitation and hygiene (WASH)

By the end of September 2017, access to safe water among Congolese refugees stood at 19.2 l/p/d on average, close to the UNHCR standard of 20 l/p/d. The current water supply gap of 300 m³ per day is expected to rise to 1,500 m³ per day with the anticipated growth in the refugee population. About 59 per cent of the Congolese population had access to institutional latrines in 2017, while household latrine coverage stood at 79 per cent by September 2017. More latrines are needed in 2018 to expand refugees' access to adequate sanitation services.

Use of cash transfer to address needs

Given the overall good supply chain in West Nile and Uganda as a whole, including the presence of large neighbouring supply markets, gradually scaling up cash based interventions is expected to contribute to the development of local markets. The expansion of

network connectivity and mobile money services and the readiness of banks to provide services in settlements permit safe and accountable delivery of cash transfers to refugees. The significant scale-up of cash transfers in the refugee settlements in 2017 has not had any significant negative impact as highlighted by post distribution and market monitoring assessments.

Response Strategy and Priorities

The 2018 Regional RRP seeks to operationalize the Comprehensive Refugee Response Framework (CRRF) in Uganda in three areas: Pillar I (protection and rights), Pillar II (emergency response and ongoing needs) and Pillar III (resilience and self-reliance). Whilst acknowledging its predominantly humanitarian focus, this RRP also attempts to embrace activities and approaches that help refugees, host communities and refugee-hosting districts become more resilient to shocks, and bridge the humanitarian and development nexus. This reflects the spirit of CRRF and the call to think long-term from the onset. The implementation of ReHoPE will be supported through this response plan, which includes some of its components.

Building on initiatives and approaches launched in the course of 2017, partners will continue to deliver on the priorities below.

Strategic priorities

In line with the Uganda Government policy, the refugee response follows the 70:30 principle, by which 30 per cent of all assistance measures should benefit the hosting community, wherever feasible and contextually relevant. While this is meant to apply largely at sub-county level, not every sector or project is expected to be able to accomplish this.

All partners in the response are guided by the following strategic priorities:

1. Physical and legal protection of refugees, including access to the territory, fair and efficient asylum procedures, respect for the principle of *non-refoulement*, registration and documentation, prevention and response to SGBV, child protection,

civilian character of asylum, and support to persons with specific needs;

2. Continued life-saving emergency service provision and opening of new refugee settlement areas, in line with Uganda's potential adjustments to land management and land allocation strategy;
3. Stabilization of all new refugee settlement areas opened over the past two years;
4. Support to district authorities and systems, in order to strengthen their capacity and achieve integrated service delivery for both refugees and hosting communities;
5. Social cohesion and resilience support involving both refugees and host populations. Given the rapidly growing refugee populations in some districts, at times surpassing the local populations in size, area-based community support projects are increasingly important to maintain the asylum space and peaceful coexistence between the refugees and their hosts;
6. Environmental protection and restoration interventions to counterbalance the adverse effect of refugee settlements on the environment. Interventions in this area should include measures to preserve water tables, reduce tree cutting for firewood, construction and agriculture and to manage waste. Systematic planning with district authorities is key in this area;
7. Strengthening of livelihood support programmes in all refugee-hosting areas to initiate the process of graduating households towards self-sufficiency and resilience. Livelihood support should be appropriate to the context and skillsets of persons of concern, and may include agricultural and non-agricultural activities;
8. Increased phase-in of sectorial or multi-purpose cash transfers for refugees;
9. Emergency preparedness for higher than anticipated refugee influxes;
10. Enhancement of response data collection and analysis as the basis for prioritization, programming, reporting and accountability.



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Partnership and Coordination

The Comprehensive Refugee Response Framework (CRRF) provides the over-arching policy and coordination framework, guiding all aspects of the refugee response in Uganda. The Government-led CRRF Steering Group, with the support of the CRRF Secretariat, provides guidance to the five pillars of the refugee response: 1. Admission and rights; 2. Emergency response and ongoing needs, 3. Resilience and self-reliance; 4. Expanded solutions; and 5. Voluntary repatriation. The current humanitarian refugee response, and related coordination structures, mainly falls under Pillars I and II of the CRRF.

The humanitarian coordination structure is designed around four levels of coordination: 1) Leadership; 2) Inter-agency at national level; 3) Sectors at national level; and 4) Field coordination structures at regional and settlement level. The humanitarian refugee response in Uganda is co-led and coordinated by the Office of the Prime Minister (OPM) and UNHCR, with broad participation of UN and NGO partners (national and international), in line with the Refugee Coordination

Model (RCM). In view of achieving an effective and integrated protection response, members of the refugee and host communities are also involved in the response and so are local authorities and relevant line Ministries.

At the national level, inter-agency and inter-sector coordination meetings take place regularly and are co-chaired by OPM and UNHCR. Sector-based coordination meetings, co-chaired by UNHCR, other agencies or line Ministries, take place regularly with a varying frequency ranging from weekly to monthly. A similar structure exists in the field, both at a District and settlement level, engaging the District Local Government (DLGs), UNHCR field staff, and partners. WFP and UNHCR co-coordinate the Cash Technical Working Group (CTWG). The two agencies are currently leading efforts to develop a MEB to ensure harmonization in the refugee settlements. The CTWG plans to roll out the MEB in West Nile and systematically introduce this to other settlements in the country. The CTWG will pursue common approaches and platforms for the delivery of cash - e.g. joint assessments, joint monitoring, and shared cash transfer platforms where feasible.

The recently established Information Management Working Group (IMWG), co-led by Uganda's Bureau of

Statistics (UBOS) and UNHCR, supports the refugee response with collection, analysis, visualization and dissemination of information and data in addition to coordinating mapping and profiling initiatives, and providing assistance on response monitoring.

Partners involved in the **DRC refugee response** are: The Government of Uganda's OPM, Bundibugyo, Hoima, Isingiro, Kamwenge, Kanungu, Kisoro and

Kyegegwa DLGs, FAO, IOM, UNAIDS, UNFPA, UNHCR, UNICEF, UNOPS, WFP, WHO, ACORD, AHA, AIRD, ARC, Care and Assistance for Forced Migrants (CAFOMI), DRC, FCA, FtH, FRC, Handicap International, Humanitarian Initiative Just Relief Aid (HIJRA), ICRC, IsraAID, LWF, Mercy Corps, MSF-France, MTI, Nsamizi Training Institute of Social Development (NSAMIZI), NRC, SCI, SP, TUTAPONA, URCS, WCC and WTU.

Planned Response²

Protection	<ul style="list-style-type: none"> - All new arrivals are registered in RIMS and provided with documentation - 6,120 refugees with specific needs assessed for vulnerability - 3,060 refugees with specific needs receiving specific support including housing, education, health care, capacity building and livelihood - 1,836 refugees with specific needs involved in Focus Group Discussions - 500 duty bearers trained and able to support sexual and gender-based violence survivors (SGBV) - 184 SGBV awareness-raising campaigns conducted - 15,000 refugees benefiting from psycho-social support programmes - 800 identified SGBV survivors provided with multi-sectoral services (psychosocial, legal, medical, security and safe house) - 400 identified SGBV survivors provided with livelihood support - 99,017 women of reproductive age provided with sanitary materials on a monthly basis - 20 functional SGBV coordination systems / mechanisms in place (community structures, WG forums, SOPs) - 21,571 children with specific needs identified and provided with protection services - 15,000 best interest assessments conducted - 9,385 registered unaccompanied children in alternative care who receive regular monitoring visits - 500 community based groups dedicated to child protection - 112,662 boys and girls registered to access psychosocial support through structured activities at the child friendly spaces - 31,816 adolescents participating in targeted programmes - 8,300 reported child cases of abuse, violence, or exploitation receiving age and gender sensitive services, including grave violations against children.
Education	<ul style="list-style-type: none"> - 70 pupils per teacher - 83,728 pupils enrolled in primary education - 85 Early Childhood Development Centres providing quality integrated services - 18,762 children accessing integrated early childhood care and development - 11,230 children/youth accessing formal secondary education - 11,230 children/youth accessing non formal education and skills training
Environment and Livelihoods	<ul style="list-style-type: none"> - 10,000 refugees and host community receiving production kits or inputs for agriculture/livestock/fisheries activities - 1,500 refugees and host community provided with cash/vouchers for livelihoods provisioning - 3,000 refugees and host community receiving improved cook stoves and efficient energy for cooking - 30,000 refugees and host community trained on climate smart farming techniques - 5,000 refugees and host community participating in community-based savings/loans/insurances - 2,000 refugees and host community receiving cash/vouchers for agriculture / livestock projects purposes - 10,000 refugee and host communities receiving skills training

² Targets in this table are for all urban refugees including Congolese refugees who represent the largest urban refugee population.

	<ul style="list-style-type: none"> - 17,142 refugee households receive fuel, energy saving stoves and equipment - 17,217 refugees benefiting from renewable energy and green technology - 150,000 trees planted
Food Security	<ul style="list-style-type: none"> - 48,093 refugees provided with food on a monthly basis - 210,621 refugees receiving cash on a monthly basis
Health and Nutrition	<ul style="list-style-type: none"> - 208,400 girls and boys immunized against measles - 54,968 girls and boys immunized against polio - 67,084 malaria cases - rapid diagnostic test positive - 850 identified cases of Acute Water Diarrhoea/positive rapid test for Cholera - >95% of live births attended by skilled personnel - 278,900 children, adolescents and pregnant and lactating women receiving HIV testing services - 5,508 children, adolescents, pregnant and lactating women living with HIV on Anti-Retroviral Treatment - 4,131 children, adolescents and pregnant and lactating women living with HIV that received a viral load test - 44,508 pregnant women who received iron and folic acid supplements or multiple micronutrient supplements on a monthly basis - 3,282 children (national & refugees) aged 6-59 months affected by severe acute malnutrition who are admitted into treatment - 3,043 children aged 6-59 months and suffering from moderate acute malnutrition planned to receive specialised nutritious foods on a monthly basis
Shelter and Non-Food Items	<ul style="list-style-type: none"> - 60,000 newly arrived refugees benefiting from shelter material and toolkits/cash upon arrival - 49,000 refugees provided with emergency shelter assistance - 1,225 refugees with specific needs assisted with semi-permanent shelters - 80,700 refugees benefitting from improved settlements and infrastructure - 60,000 newly arrived refugees benefiting from non-food item kits
Water, Sanitation and Hygiene	<ul style="list-style-type: none"> - 257,074 refugees supplied with safe water in adequate quantities (20l/p/d) through sustainable systems - 273 water sources repaired and maintained in functional status - 15 motorized/piped water systems constructed - 59 successful boreholes drilled - 31,720 household latrines constructed; 112 institutional latrine blocks constructed and 610 emergency communal latrines constructed - 31,720 households with handwashing facilities with soap - 500 persons per hygiene promoter/ Volunteer Health Team

Financial Requirements Summary – UGANDA

By Organization & Sector

Organization	Education	Food sec.	Health and Nut.	Livelihoods and Env.	Protection	Shelter and NFIs	WASH	Total
ARC				559,773	685,783		117,507	1,363,062
DRC				359,390				359,390
FCA	600,000							600,000
IOM							2,396,459	2,396,459
LWF				281,464	889,264	829,609	150,742	2,151,079
MTI			1,727,957					1,727,957
NRC					136,000			136,000
SCI	350,000		100,000	250,000	350,000			1,050,000
Tutapona					195,619			195,619
UNFPA			360,000		1,417,051			1,777,051
UNHCR	17,827,839		19,337,629	14,238,164	32,443,262	19,589,289	14,885,956	118,322,138
UNICEF	3,109,525		4,901,053		1,590,948		1,020,000	10,621,526
WFP		32,157,808	3,705,940	1,124,000				36,987,748
WHO			1,187,120					1,187,120
Total	21,887,364	32,157,808	31,319,698	16,812,791	37,707,927	20,418,898	18,570,664	178,875,149

ZAMBIA

2018 PLANNED RESPONSE

76,000

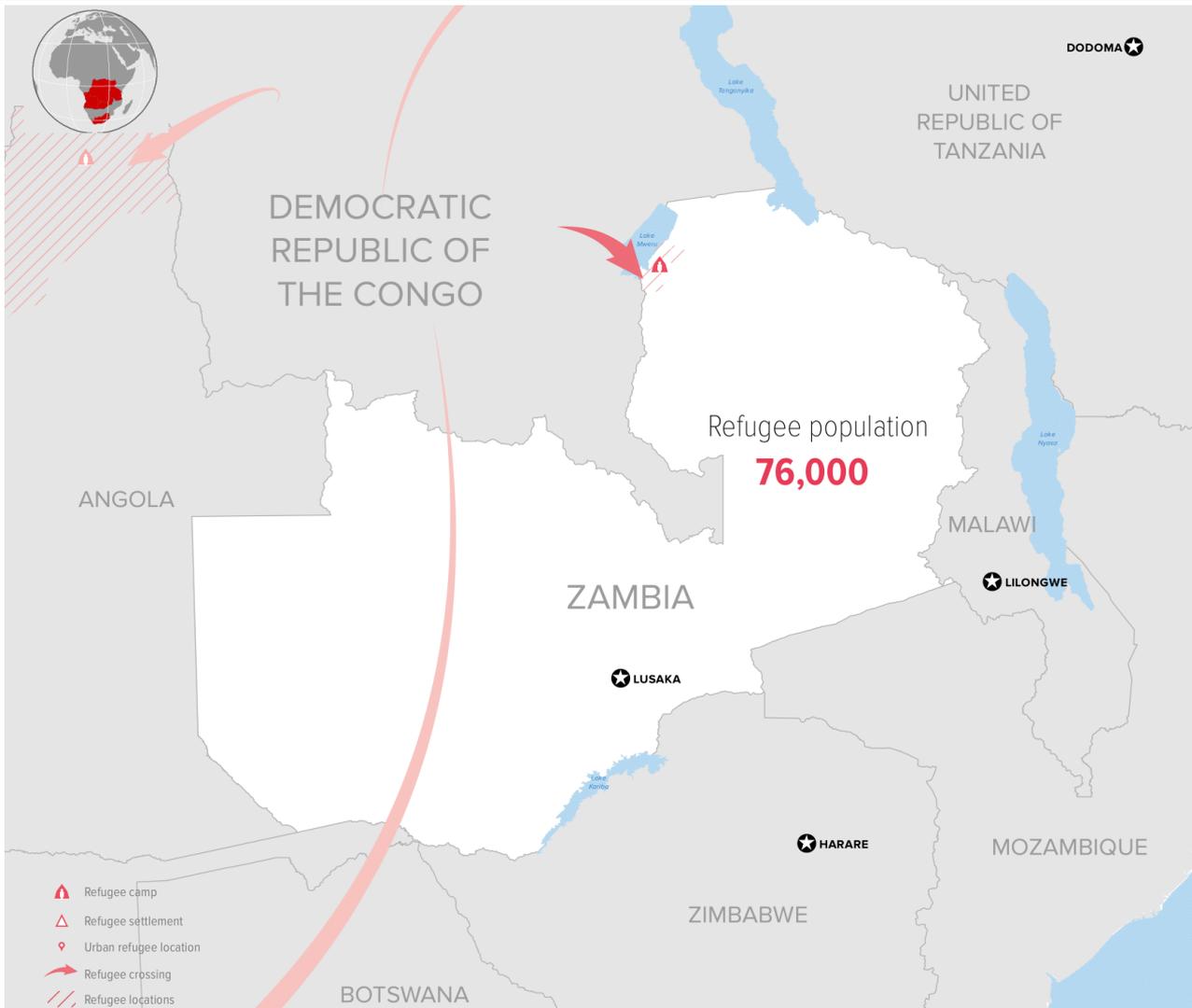
PROJECTED REFUGEES

US\$ 74M

REQUIREMENTS

16

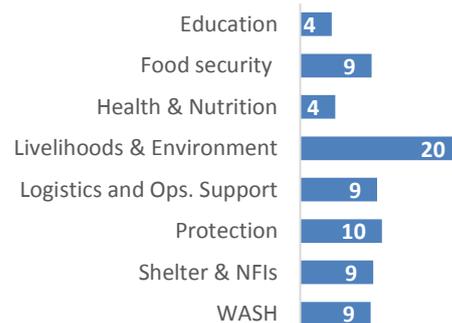
PARTNERS INVOLVED



Refugee Population Trends



Requirements | In millions US\$



Background and Achievements

As of 30 August 2017, Zambia began to receive refugees fleeing conflict in Pweto and Moba areas in Democratic Republic of Congo (DRC). Delays in the electoral process and an increased polarization between the opposition and incumbent President Joseph Kabila have led to a tense climate in the DRC, prompting violent conflicts between a newly formed rebel group “Elements” and the Armed Forces for the Democratic Republic of Congo (FADRC) in South-Eastern parts of the country, including the Tanganyika and Haut Katanga provinces. These fights continue to force thousands of people in various provinces to flee their homes and become either internally displaced persons (IDPs) in DRC or refugees in neighbouring countries such as Zambia, Angola, Burundi, Congo, Rwanda, Uganda and Tanzania.

In Zambia, the Congolese refugees are arriving through informal and formal borders crossing into Luapula, Western and North – Western Provinces. They arrive in weak and generally poor conditions after walking long distances and multiple displacements inside DRC. The strenuous journey is worse for pregnant women, lactating mothers, the elderly, persons with medical conditions and special needs and the unaccompanied children. Fearing for their lives, many refugees enter through informal border crossing points which adds to the challenge of identifying, registering and responding to their needs in a timely manner. Conditions during displacement inside DRC and in transit also increase vulnerability to sexual and gender based violence (SGBV) as well as risk of trafficking and exploitation particularly among young girls and boys travelling without their families.

As of 31 January 2018, a total of **14,540** Congolese refugees who left DRC since August 2017 have been registered at Kenani Transit Centre in Nchelenge District, Luapula Province. Of these, 50% are female of which 20% are aged 18 years and above and 29% are aged 0 to 17 years. Furthermore, 58% of the overall population are children, below the age of 18 years, and 42% of the total population are adults (age 18 years and above). A total of **3,109** registered Congolese have been identified as Persons with Specific Needs. This figure is in addition to **4,336** Congolese refugees arriving in Western and North-Western Provinces and Lusaka who after registration and Refugee Status Determination (RSD) are transferred to Meheba Refugee Settlement.

Since the beginning of the emergency, the Government of the Republic of Zambia (GRZ), UN agencies and national/international NGOs are providing multi-sectoral life-saving protection and assistance such as food commodities, temporary shelter, water, sanitation and Non Food Items (CRIs) and community-based protection in Luapula, Western and North Western Provinces. Luapula Province, which hosts the largest portion of the Congolese refugees has one of the lowest Human Development Indicators in the country. Therefore, the presence of refugees puts a lot of strain on the existing natural resources.

The Republic of Zambia has a long tradition of hosting refugees. Currently, there are over 70,000 persons of concern including refugees, asylum seekers and others of various nationalities. These statistics also include former refugees from Angola and Rwanda whose refugee status ceased in 2012 and 2013 and who have been granted social integration in Zambia (some 22,500). The majority of refugees and former refugees in Zambia continue to reside in designated refugee settlements (Meheba and Mayukwayukwa) and a smaller number are living in urban areas, mostly in Lusaka and Ndola, while majority of new arrivals are hosted in Kenani Transit Centre and Mantapala Refugee Settlement.

The New York Declaration, adopted by all 193 Member States of the United Nations, sets out elements of a Comprehensive Refugee Response Framework (CRRF). The Republic of Zambia is signatory to the New York Declaration. During the Leaders’ Summit on Refugees (June 2016), the Head of State pledged to move towards a settlement approach and to improve economic productivity in refugee-hosting areas in Meheba and Mayukwayukwa. As such, the country-wide refugee response is programmed with the spirit of CRRF which is designed to:

- ensure rapid reception conditions and well-supported admission measures;
- provide support for immediate and ongoing needs;
- assist national/local institutions and communities receiving refugees;
- provide investment in the resilience capacities of refugees and local communities; and,
- provide expanded opportunities for durable solutions wherever possible.

Humanitarian Needs and Vulnerabilities

The Government of the Republic of Zambia has adopted the CRRF and is applying the framework in the current Congolese refugee response. Based on the principles and goals of the CRRF, the inter-agency refugee response will continue to support the host government to provide protection and humanitarian assistance to refugees, seeking to anchor the response in national systems wherever possible, with a specific emphasis on integrated service delivery with host communities while promoting livelihoods and self-reliance. To this end a number of Line Ministries, provincial and district level entities are engaged in responding to the needs of the refugees. Emerging focus of the CRRF in Zambia is towards expanding and advancing the implementation of existing initiatives and policies such as the 2017 Refugees Act (and easing the restrictions therein including on freedom of movement and on the right to work); linkages with the implementation of the 7th National Development Plan for 2017-2021; UN Sustainable Development Partnership Framework for 2018-2021 and the 2030 Agenda for Sustainable Development with a focus on i) refugee protection and rights; ii) emergency response and ongoing humanitarian and development interventions, iii) increasing the resilience and self-reliance of refugees and iv) supporting hosting communities. This will be achieved under the leadership of the Government of the Republic of Zambia and with the cooperation of humanitarian and development actors, private sector, and other non-traditional partners.

This inter-agency refugee response plan is seeking to address the needs of **76,000** refugees and funding gaps to deliver an efficient and timely response to the ongoing refugee crisis. Whilst acknowledging its predominantly humanitarian focus, this RRP also attempts to embrace activities and approaches that help refugees, host communities and refugee-hosting districts which reflects the spirit of the CRRF and the ultimate need to think of a medium, longer-term, sustainable and equitable refugee response from the onset of the emergency.

By the end of 2017, the number of refugees fleeing the violence in DRC into Zambia reached close to 17,000 individuals in addition to an existing caseload of 21,097 Congolese who enjoyed the 2017 verification exercise. Unless the situation in the DRC fundamentally changes allowing a safe and dignified return to areas of origin, it

is unlikely that voluntary repatriation to the DRC will be an option for the majority of the refugees. During preliminary protection interviews and focus group discussions in the Kenani Transit Centre and border points, refugees expressed a clear fear of returning to the DRC. A large number of the new arrivals have been refugees in Zambia in the past and had voluntarily repatriated when conditions were ready for a safe return.

In line with an Age, Gender and Diversity (AGD) approach and Participatory Needs Assessment, partners have undertaken preliminary rapid assessments in protection, life-saving and livelihood areas to ascertain the minimum protection and assistance needs of those arriving in Kenani Transit Centre in Nchelenge District (Luapula Province) and Meheba and Mayukwayukwa (Western and North Western Provinces). The demographic profile of the biometrically registered Congolese refugees is composed of 3,805 farmers and labourers, 2,591 students, 167 fishers and hunters, 104 teachers, etc. The newly arriving refugee population is composed of predominantly children who account for 58% of the total population. Some 3,109 people have specific needs. In Luapula Province, GRZ and partners are mounting a multi-sectoral response to 15,000 refugees residing in the Kenani Transit Centre and beginning to establish services in site in Mantapala Refugee Settlement. With a daily trend of 100 Congolese crossing into Zambia, it is assumed that throughout this year, another 36,000 people are expected to arrive by December 2018. Although much smaller in numbers, the profile as well as the needs of new arrivals in other parts of the country, who are transferred to Meheba refugee settlement after registration is similar to those arriving in the Luapula Province.

The Kenani Transit Centre in Nchelenge District, Luapula Province which was initially designed to hold a maximum of 5,000 refugees has been further extended twice to host up to 15,000 persons. The site is close to its absorption capacity and currently hosts over **14,540** registered refugees. The congestion and insufficient social facilities at Kenani Transit Centre puts the population at serious risk of water borne disease as well as other communicable diseases. Major gaps exist with regard to protection, Sexual and Gender Based Violence (SGBV) and assistance to Persons with Specific Needs (PSNs) and unaccompanied children who are at protection risk. Health and protection challenges are further exacerbated due to the serious prevalence of Global Acute Malnutrition (GAM) among new arrivals **10%**, overcrowding of shelters, separation of family members and limited services. The expansion

of the Kenani Transit Centre and provision of services have been largely availed from reprogrammed funds by different humanitarian and development stakeholders.

The Government of Republic of Zambia has allocated a new site in Nchelenge District (Luapula Province) called Mantapala Refugee Settlement which is approximately 5,100 hectares and can host 25,000 refugees. This settlement needs to be urgently developed while ensuring that services at Kenani Transit Centre are consolidated. It is critical that development of Mantapala Refugee Settlement is accelerated so that protection and assistance services are made available for a smooth relocation of refugees. This will enable the decongestion of Kenani Transit Centre which will remain a transit destination. While providing the basis for refugee self-reliance, the settlement approach typically incurs higher up-front costs than that of a camp development.



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Response Strategy and Priorities

In order to address the protection, response, inclusion, empowerment and solution needs of the Congolese refugees across Zambia, a number of objectives and priorities will be pursued. In 2018, inter-agency support to the Government will continue in the management of new arrivals, mostly from neighbouring countries especially the DRC. An inter-agency and inter-ministerial approach for preparedness and response will assist in dealing with existing refugees and new arrivals. Informed advocacy for the lifting of the reservations to the 1951 Refugee Convention will remain a major strategic objective. UNHCR will actively engage with the Office of the Commissioner for Refugees to implement the new refugee regulations/policy that will assist in the implementation of the new Refugee Act, which presents a more relaxed encampment policy, facilitated access to livelihood opportunities for refugees and is expected to assist in the implementation of the right to self-employment.

Strategic Priorities:

1. Ensuring access to territory for the new arrivals and maintaining the civilian character of asylum
2. Timely biometric registration and documentation of all newly arrived refugees in Zambia
3. Provision of life-saving emergency interventions in the new refugee settlement and targeted assistance extended to new arrivals relocated to the existing refugee settlements
4. Mobilising the host communities as agents of protection, including through community leadership structures and building the protection capacity of actors joining the emergency response with refugee volunteers engaged in various committees
5. Establishing and strengthening of the livelihood support programmes (including through cash based interventions (CBI) where possible and based on needs, vulnerabilities and capacities in main refugee hosting areas to promote self-reliance and resilience
6. Ensuring emergency preparedness for higher number of new arrivals.

To advance the CRRF agenda in conjunction with durable solutions, the level of self-reliance and peaceful co-existence between refugees and surrounding host communities will be actively promoted. Due to the current Government policy, refugees are restricted to

live in designated settlements limiting their access to markets and income generating opportunities.

A cash-based intervention (CBI) feasibility study including market survey will be carried out to assess possibilities to monetize assistance packages. CBI, if found to be appropriate, will contribute towards refugee self-reliance and dignity as well as building the local economy around the settlements. The assessments will also provide a basis for developing innovative ways of delivering food either through a traditional general food distribution, food voucher, cash or combination food and cash depending on the available and functionality of markets. Solutions may consider the possibility of incentivizing wholesalers to open shops in settlement areas, system of food and CRI vouchers until the local market place and systems develop substantially.

Protection

Biometric and individual registration will continue in all locations throughout Zambia as a way to collect credible planning data, identify people with vulnerabilities and specific needs to strengthen the delivery of humanitarian assistance. UNHCR will work with the Government to provide documentation attesting the legal status of Congolese refugees and will continue to develop standard operating procedures to record and certify birth and death and issue registration documentation (ration cards, refugee cards, and refugee certificates) to enable access to life-saving services, assistance and distribution. Carrying out border monitoring activities in identifying protection and humanitarian gaps, and thereafter responding to these, will help supporting the registration process, and will also minimise the vulnerabilities resulting from irregular entries into Zambia through informal borders

Strengthening capacity of national service providers and engaging with communities is required to scale up protection interventions in Kenani Transit Centre and further in the refugee settlements and involving the refugees, agencies, Government entities and host community. Advocacy will continue for refugees to have access to basic rights and services including documentation, education, freedom of movement and livelihood opportunities. Capacity building workshops and sensitization/awareness raising sessions in transit centres as well as the refugee settlements will be organised on refugee rights and responsibilities, community leadership, SGBV/HIV-AIDS, human rights, discrimination, violence against women, young people, adolescents, and children and their root causes amongst other subjects. Moreover, promotion of co-existence among the refugees is critical during their stay

in Zambia and for future return and rebuilding their lives in DRC.

Protection capacity and response will also be enhanced in other existing settlements and refugee sites such as in Lusaka (Makeni Transit Centre) and Meheba so as to be ready to respond to the needs of larger numbers of new Congolese arrivals.

An SGBV prevention and response strategy for survivors is being developed in cooperation with all stakeholders and is expected to include protective actions and safeguards against harmful practices that may be applicable to the culture of the refugee population. A multi-sectoral SGBV prevention and response mechanism has been established in the Kenani Transit Centre. The same response will be further established in Mantapala settlement as soon as refugees are relocated to the new site. The response will include SGBV prevention and response activities in coordination with the Zambian Ministries of Community Development and Social Services, Home Affairs, Gender and Health in Luapula Province and the provision of accessible confidential and survivor-centred multi-sectoral services and in collaboration with the Provincial Directorates of Health.

For persons with specific needs, including the elderly and those with disabilities, existing systems will be strengthened for early identification, registration, and support services. Strengthening individual case management for children at high risk, providing alternative care arrangements for Unaccompanied and Separated Children, who represent 7.6 per cent of the total newly arrived refugee child population, and reinforcing family tracing and reunification mechanisms as well as prevention and response to violence against children in communities, reception centres and in the proposed refugee site will be prioritized. The provincial and district child protection networks will be localised to the refugee settlements and strengthened to improve the delivery of protection services to refugees. Specific interventions will be undertaken for children that were directly involved in armed conflict. Community-based child protection mechanisms already in place in Meheba settlement and planned for expansion in Mayukwayukwa settlement will be strengthened to respond to a larger number of children at risk.

Considering that people in displacement situations, especially unaccompanied and separated children, girls, boys and women are at heightened risk of being trafficked, priority will be given to raising awareness amongst the refugee and host communities on human trafficking; training service providers on identification of

victims of trafficking or people at risk of trafficking as well as the referral mechanisms in place for identified victims.

Education

Considering that almost 60 per cent of the refugees are children from 0 to 17 years of age formal and non-formal education opportunities for all school age children is required using a variety of approaches. The provision of education services will follow a gradual process commencing with Early Childhood Development services, with a possibility of developing services for other groups concurrently. Provision of temporary learning spaces through construction of 243 semi-permanent classrooms for ECE, primary and secondary levels. Supporting the establishment of transitional learning spaces is crucial as well as prioritising remedial classes.

Support will be provided to the Ministry of General Education to plan for the enrolment of all school age children into Government schools where possible. Establishment of community schools in the Mantapala Refugee Settlement as an interim measure is ongoing and needs to continue. Existing educational facilities in Meheba and Mayukwayukwa settlements may require expansion to accommodate new learners from amongst new arrivals and ensure access to school for all refugee children, as enshrined in the new Zambia Refugee Act 2017.

Food

Immediate life-saving food assistance to 76,000 Congolese refugees will be provided (including through CBI interventions).

General food assistance will be provided to refugees in settlement, transit and reception centers through in-kind food or cash. Refugee households will be provided with either dry food rations or a cash transfer equivalent every month. In addition to actual food distribution, technical support will be provided to partners in warehouse management, fumigation, food handling and commodity reporting to facilitate food distribution to the refugees and increase accountability to the donors and the government of Zambia.

In Makeni Transit Centre in Lusaka, Meheba and Mayukwayukwa Transit Centres wet food provision for new arrivals will continue through UNHCR's existing partnerships as long as numbers remain relatively small. New arrivals are being issued with CBI for 12 months in lieu of blanket food distribution until the next harvest season on their allocated plot of land. This

arrangement will require reinforcement to cater for higher numbers of new arrivals.

The food assistance sector will continue to undertake food basket monitoring and post distribution monitoring as well as food security and nutrition assessments to gauge progress made by the operation in addressing the food and nutrition needs of refugees mainly in Luapula province.

Health and Nutrition

The areas of origin of refugees have very poor health and nutrition indicators, including: low measles vaccination coverage (39%), high prevalence of malaria (21%), high under-five chronic malnutrition (43%), low knowledge about HIV/AIDS (39%), and very low use of modern contraception (<4%) and other factors that increase vulnerability to main endemic diseases. Upon arrival, many children are suffering from diarrhoea, fever and malaria. Although a rapid nutrition assessment still needs to be undertaken, so far 10 out of 100 cases of the new arrivals were found to have acute malnutrition (severe and moderate) in the reception centres.

The ongoing response will prioritize integrated health services with functional referral systems (including ambulance services) to higher levels of care, as may be applicable as well as establish primary health centers in the newly established settlements and improve them in the existing locations through sustainable health services in refugee-hosting districts, including new arrivals; and reinforce health systems in refugee-hosting districts. Implementing minimum health service package for all refugees with an emphasis on preventive and promotive health care, is a key priority, including for new refugee arrivals at entry points, transit and reception centres and in settlements. This package includes vaccination, nutrition screening, emergency referrals and provision of life-saving primary health care services, in addition to surveillance and response measures for disease outbreaks. The delivery of adequate and quality primary health care and semi-permanent health facilities also includes integrated sexual and reproductive health services like the Minimum Initial Service Package (MISP), health services for SGBV survivors, mental health and management of chronic life-threatening conditions. In addition, focused attention will be provided to strengthen the response capacity of the adjoining communities to protect them against the health consequences of potential disease outbreaks.

Nutrition programs will be established and health partners will support disease surveillance and provision of primary healthcare, which will include early diagnosis and treatment of malaria, diarrhoea, acute respiratory infection (ARI) and main high risk endemic diseases (TB, HIV) for the refugee settings, as well as ensuring women of childbearing age, adolescents and young people have access to critical sexual reproductive health services.

All pregnant women will receive skilled attendance at birth and in health institutions with appropriate emergency obstetric and new born care. In addition, vaccination, distribution of mosquito nets, and counselling and HIV tests services will be required for the refugee populations. Service providers will be capacitated for the provision of integrated health services to the refugee population. Considering the temporary nature of refugee populations, it will be critical to facilitate community awareness and engagement in health interventions, guided by culturally sensitive and appropriate key messages on sexual reproductive health, SGBV, risk of unintended pregnancies, including teenage pregnancies; risks of HIV and STIs, child survival and health.

For Meheba, Mayukwayukwa and Lusaka support will continue for the delivery of primary health care. This will be done through the provision of supplementary essential medicines, and enhancement of the referral system and adequate logistics, and improvement of infrastructure. Supplementary feeding of all qualified inpatients will be revamped in 2018.

Water, Sanitation and Hygiene (WASH)

The WASH situation is dire with insufficient water supply in the newly established Mantapala settlement. Partners will focus on ensuring access to safe and adequate water and sanitation facilities and continuing hygiene promotion activities. Access to water facilities will need to be arranged through drilling of boreholes and installation of a water distribution system. Regular water treatment and quality monitoring will also need to be conducted. Emergency latrines and showers in short term and family latrines in long term will be constructed to ensure proper access to sanitation facilities. A solid waste management system will be set up through daily collection of refuse, digging of garbage pits and installation of refuse bins in the settlement.

WASH promotion activities will focus on the dissemination of a limited number of key messages and include practical demonstrations on use and consumption of potable water; hand washing; personal

hygiene; latrine use; environmental sanitation and hygiene. Open discussion sessions, and key message promotional campaigns will also be held regularly, targeting both children and adults to promote long-term improvements in water, sanitation and hygiene behaviours. Refugees will continue to be involved in designing and implementing the WASH response, particularly for the sanitation and hygiene components, through cash-for-work (CFW) schemes.

Shelter and Site Development

In December 2017, the Government allocated land in Mantapala in Nchelenge District (Luapula Province) to open up a new refugee settlement for the Congolese refugees crossing the border at Chiengi. Establishing a new refugee settlement at Mantapala is, with support and funding, an opening to provide refugees access to livelihood opportunities and a healthier and more secure environment. With systematic planning and wider support, this plan can also support the integration of this refugee settlement into local existing communities and governance structures (formal, informal and traditional) which will be a means to build in conflict prevention and dispute resolution mechanisms, as well as shared opportunities for socio-economic development.

The shelter response will prioritize the relocation from Kenani Transit Centre to more durable facilities at Mantapala Refugee Settlement. The transition is contingent on planned improvements in public infrastructures within the settlements i.e. drainage works, access roads, and other key facilities to ensure adequate conditions for sanitation, as well as the preservation and protection of the environment. Sustainable site planning and shelter models will be used to encourage green housing technologies for Mantapala Refugee Settlement.

Existing transit centres in Meheba and Mayukwayukwa settlements as well as in Lusaka are not equipped to accommodate larger numbers of new arrivals and will need to be expanded in terms of hosting capacity and service facilities. New refugees will be provided access to shelter packages and land in line with existing protocols agreed upon by the Government and partners on site.

Non Food Items (NFIs):

Procurement, stockpile and distribution of non-food items (tarpaulins, kitchen sets, sleeping mats, mosquito nets, buckets, jerry cans, solar lanterns, hygiene items) to cater for the minimum needs of new arrivals, in all locations across the country remains an urgent priority. Partners will continue to supplement the NFI distributions and provide additional items such as

dignity kits, solar lights and clothes mainly for refugees in Luapula province.

Livelihoods

A Joint assessment on livelihood and food security was conducted at the end of 2017 in Nchelenge District. According to this assessment, most of the refugees have livelihoods drawn from agricultural activities, including raising growing crops (maize, beans, groundnuts, cassava) of small ruminants, pigs, chicken, and fishing as a good source of animal protein as well as household incomes. Other livelihood sources include fishing and trading. Refugees and their host communities will be provided seeds (particularly for vegetables) to enable them to meet their food and nutrition needs in the short term and income security in the medium to long-term. Mitigating measures will be taken into consideration to address potential environmental risks in particular deforestation, possible soil erosion and water pollution.

Longer term livelihood strategies will include facilitation of and development of interest groups such as Savings Groups, Small stock production groups, commodity aggregation and fish farming groups. Partners will train refugees in business skills, financial literacy as well as record keeping to build their entrepreneurship. As a long term solution, self-reliance and livelihood programs will be prioritized for the vulnerable, but viable refugees, including through establishment of cooperatives and clubs for agricultural related activities. The Graduation Approach piloted in Meheba in 2017 will be extended to other locations with the aim to reach an increased number of refugees. Refugees will be supported to enhance their linkages with markets and lending institutions.

Transportation and Logistics:

Transportation assistance from the hosting centres and borders points to the designated arrivals points will be provided within Nchelenge district as well as other points of entry to the nearest centre based on feasibility. The transportation services will be provided to all beneficiaries, who before transportation will undergo pre-departure medical screening in order to assess that the respective individuals are fit to travel. Priority will be given to individuals with specific needs and vulnerabilities, including but not limited to unaccompanied and separated children, pregnant and lactating women, female-headed households, individuals with disabilities and chronic medical conditions, and the elderly. Poor road conditions during the rainy season make this activity challenging and

costly due to the frequent break down of vehicles used for the transportation activity.

Refugee Emergency Telecommunications and Connectivity:

Establishing vital communications and connectivity services to the humanitarian community and refugees is required in that protection, education, health, livelihoods, community development, including digitally-delivered cash-based assistance can be provided in an efficient, coordinated and timely manner. Strengthening of connectivity in Kenani Transit Centre, Mantapala, Meheba and Mayukwayukwa refugee settlements will be essential to ensure systematic use of biometric registration data in the refugee assistance programs.

Safety And Security Of Humanitarian Actors:

To provide humanitarian aid workers with safety and security a need assessment mission was conducted and the need to upscale security in Nchelenge District was identified. In addition, provision of emergency medical evacuation from Nchelenge District needs to be facilitated.

Partnership and Coordination`

Zambia is a signatory to the UN Convention relating to the Status of Refugees, 1951 and its Protocol of 1967, as well as the Organisation of African Unity Convention Governing the Specific Aspects of Refugees Problems in Africa, 1969. The refugee response is led and coordinated by the Government of Zambia and under the Refugee Act ([Government of Zambia Act No. 1 of 2017](#)), the Commissioner for Refugees (COR), within the Ministry of Home Affairs is responsible for refugee matters. The Government of the Republic of Zambia is establishing an Inter-Ministerial Committee which will be comprised of key Ministries involved in the refugee response. In line with its statutory role and responsibilities, UNHCR is the primary interlocutor and lead agency for refugee matters. Based on the [Refugee Coordination Model](#), UNHCR is coordinating the response efforts in support of the Government. It is responsible for undertaking direct and primary advocacy with the Government for all refugee matters, while facilitating inter-agency planning, resource



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mobilisation, implementation, and coordination of the refugee response in Zambia. Given the fluid nature of the crisis, UNHCR will also initiate preparedness and contingency plan involving relevant actors and in anticipation of a major refugee inflow.

The UN Resident Coordinator continues to advocate for, and ensures linkages with the development frameworks of Zambia, including between national development policies and other initiatives managed by the Government of Zambia. The complementary roles of UNHCR and the UN Resident Coordinator will add value in ensuring the response encompasses humanitarian and development approaches. An early recovery of the refugee impacted areas is included in the ongoing response from the outset.

All coordination meetings held at Lusaka, Luapula, Western and North-Western Provinces are co-chaired

by Commissioner for Refugees (MOHA/COR) and UNHCR. Participants include Government counterparts, UN agencies and I/NGOs. Refugee Protection Group, sectoral and Inter-Agency meetings take place every week in Nchelenge District and Lusaka and on monthly basis (and on ad hoc basis) as needed in Mayukwayukwa and Meheba. As the operation expands, cross cutting or issue-based working groups may be set up on cash, prevention of sexual abuse and exploitation, accountability to affected populations, communicating with communities and gender etc. In the meantime, these are prioritised and mainstreamed within the respective sectors and inter-agency multi-sectoral meetings. In addition, bilateral meetings are held with the Government of Zambia to address any emerging issues. The [inter-agency Zambia Refugee Response Portal](#) (linked to the DRC Regional Refugee Situation) has been established.

Planned Response

<p>Protection</p> <p>(UNHCR, UNICEF, UNFPA, IOM Save the Children, Care, Plan international)</p>	<ul style="list-style-type: none"> - Carry out humanitarian border assessment and ensure access to territory and to asylum, and respect the principle of non-refoulement through regular monitoring - Maintain the civilian character of asylum and provide guidance to GRZ as necessary - Engage with communities as agents of protection, including through community leadership structures and build the protection capacity of protection actors - Undertake individual and biometric registration and documentation of 36,000 newly arrived refugees. - Provide support to the GRZ in coordination and site management activities as well as security management - Activate the CP network and undertake case management, monitoring and following up cases of unaccompanied and separated children with a referral system in place, including through family tracing where possible; - Establish a case management and referral systems for survivors of violence and torture, unaccompanied elderly, persons with physical and mental health disabilities, refugees in conflict with the law, victims of human trafficking etc. building on already existing procedures and frameworks and ensure provision of targeted and adequate assistance and referrals to specialized services including clinical management of rape survivors including post exposure prophylaxis (PEP) for HIV, psychosocial support specifically for women and girls, and provision of dignity kits to women and girls of childbearing age. - Establish Protection monitoring systems and provide legal advice services where required.
<p>Education</p> <p>(UNHCR, UNICEF, Save the children, Plan International)</p>	<ul style="list-style-type: none"> - Support provincial/municipal education authorities in coordination of education activities for affected refugee and host populations - Construct 243 classrooms for ECE, primary and secondary education levels targeting at least 20,000 children between the ages of 4 and 18. - Provide one teacher per classroom in double shifts and maintain student/teacher ratio at 1:50 for primary and secondary and 1:30 for ECE. - Establish 68 ECE centres (facilities, caregivers, ECE facilities and materials), mobilize sustained support. - Provide at least 200 education kits like ECD kits, School in a box and Mathematics kits for ECE, primary and secondary education respectively

<p>Environment and Livelihoods</p> <p>(FAO, UNHCR, Caritas)</p>	<ul style="list-style-type: none"> - Distribute short maturing seeds and seedling of vegetables and crops to at least 5,000 households with technical training including on post-harvest management technology, food processing and food preservation - Provide long-term livelihood and resilience support, such a savings and loan schemes and training as well as access to financial services to 6,500 households - Organise technical and vocational skills as well as basic business management and entrepreneurship training for 2,500 people - Provide start-up grants and kits to 500 persons to support small business activities - Provide small livestock for small and marginal farmers (10,000 households) - Provide training in environmental protection and promotion of agroforestry and forest-related livelihoods to 2,500 people
<p>Co-existence, Crisis response and Security</p> <p>(UNDP, UNDSS)</p>	<ul style="list-style-type: none"> - Provide traumatic counselling, civic education, inter-group reconciliatory activities. - Prepare response SOP and training. - Equip Operations Coordination Centre. - Improve Security Common Services. - Put in place Medical Evacuation Service.
<p>Food Security</p> <p>(UNHCR,WFP, AAH, World Vision)</p>	<ul style="list-style-type: none"> - Provide 36,000 refugees with a standard food basket to meet the 2,100 kcal per/person/day using a ration comprised of 400g of fortified maize meal, 60g of pulses, 25 ml of fortified vegetable oil, 60g of Super Cereal with sugar, and 5g of iodized salt per person, per day for the first three months. - Carry out post-distribution monitoring and provide technical support in food handling (warehouse, distribution, fumigation and reporting).
<p>Health and Nutrition</p> <p>(UNFPA, UNHCR, UNICEF, WFP)</p>	<ul style="list-style-type: none"> - Provide basic integrated health services for 76,000 refugees with functional referral systems (including ambulance services) to higher levels of care for all refugees and hosting communities and ensure disease surveillance and outbreak control measures put in place. Procure health commodities, medicines, supplies and equipment. - Provide quality Minimum Initial Service Package (MISP) for Reproductive Health in humanitarian emergency to 5,000 women of child bearing age, adolescents and young people. - Provide 5,000 under 5 children services such as immunization, vitamin A, deworming and growth monitoring. - Provide Mental Health and Psychosocial Support services to 6,300 men, women, boys and girls. - Ensure that 8,000 adolescents and young people have access to SRHR and HIV prevention services, 50 peer educators are trained through mutual support groups. - Ensure the estimated 10,000 women of child bearing age have access to integrated health information services, including access to ANC and PNC services, tested for HIV and those who are HIV positive receive treatment; - Provide Supplementary Feeding which will include Super cereal + for 4,000 children under 5 and Super cereal with sugar for Pregnant and Lactating Women and girls. - Ensure 50 teachers are trained to deliver comprehensive sexuality education programmes at primary and secondary education services and health workers trained to provide confidential and non-discriminatory adolescent and youth friendly services
<p>Logistics, Transport and Communication</p> <p>(IOM, UNHCR)</p>	<ul style="list-style-type: none"> - Facilitate safe and dignified relocation of 36,000 newly arrived refugees and their belongings from the border and transit centre to the designated settlement. - Establish 5 warehouses for storage of food and CRIs and distribution centres at Kenani Transit Centre and Mantapala settlement - Facilitate field visits in support of Zambia's work under the CRRF approach as well as policy-related and implementation monitoring activities with government at national/provincial/local level - Develop collective UN key advocacy and resource mobilisation strategies in support of Zambia's response under the CRRF approach - Advocate with development and humanitarian actors, with and through UN Regional and Global mechanisms, to strengthen the response
<p>Non-Food Items</p>	<ul style="list-style-type: none"> - Procure and distribute standard non-food item kits to refugees. Ensure post-distribution monitoring

(UNHCR, AAH)	- Provide solar lanterns for improved personal safety.
Shelter and Infrastructure (UNHCR, UNDP)	<ul style="list-style-type: none"> - Provide shelter materials to at least 9,000 households in refugee settlement at par with local communities. - Distribute family tents or housing units to 625 families with vulnerabilities (covering approximately 2,500 individuals). - Provide dignifying and safe shelter (targeting 500 households) in which the roof and structural support are built with durable materials such as steel poles in reinforced concrete and corrugated iron
Water, Sanitation and Hygiene (UNHCR, UNICEF, World Vision International, NCA)	<ul style="list-style-type: none"> - Drill and equip 170 boreholes in the settlements with 20 motorized water point with mini-water schemes - Construct 10,000 sanitation blocks in refugee settlements. - Equip 20 School/Child friend spaces/ Health post multiple stances ablution blocks - Distribute some 5,000 hygiene/dignity kits to most vulnerable women of child bearing age, and required first aid kits and services for families with wounded children.

Financial Requirements Summary – ZAMBIA

By Organization & Sector

Org.	Education	Food sec.	Health & Nut.	Livelihoods & Envir.	Log., Tel. & Ope.l Support	Protection	Shelter & NFIs	WASH	Total
AAH		37,000		200,000	175,200			220,000	632,200
CARE.						510,000			510,000
Caritas	456,789			827,635		123,456			1,407,880
FAO				12,075,635					12,075,635
IOM					1,671,380	673,456			2,344,836
NCA								600,000	600,000
PI	204,100					171,340			375,440
SCI	550,000				387,675	462,325		100,000	1,500,000
UNDP				1,500,000	100,000	40,000	275,000		1,915,000
UNDSS					43,600				43,600
UNFPA			1,356,000						1,356,000
UNHCR	1,088,307	3,039,870	2,137,209	4,378,685	5,252,630	7,499,823	8,760,170	1,292,373	33,449,067
UNICEF	1,600,000		480,000	350,000	1,000,000	400,000		5,000,000	8,830,000
UNRCO					100,000				100,000
WFP		5,443,042		198,000					5,641,042
World Vision		300,000	350,000	350,000	765,000	200,000		1,500,000	3,465,000
Total	3,899,196	8,819,912	4,323,209	19,879,955	9,495,485	10,080,400	9,035,170	8,712,373	74,245,700

OTHER COUNTRIES AFFECTED BY THE CONGOLESE CRISIS

BURUNDI

2018 PLANNED RESPONSE

US\$ 40M
REQUIREMENTS

5
PARTNERS INVOLVED

Refugee Population Trends



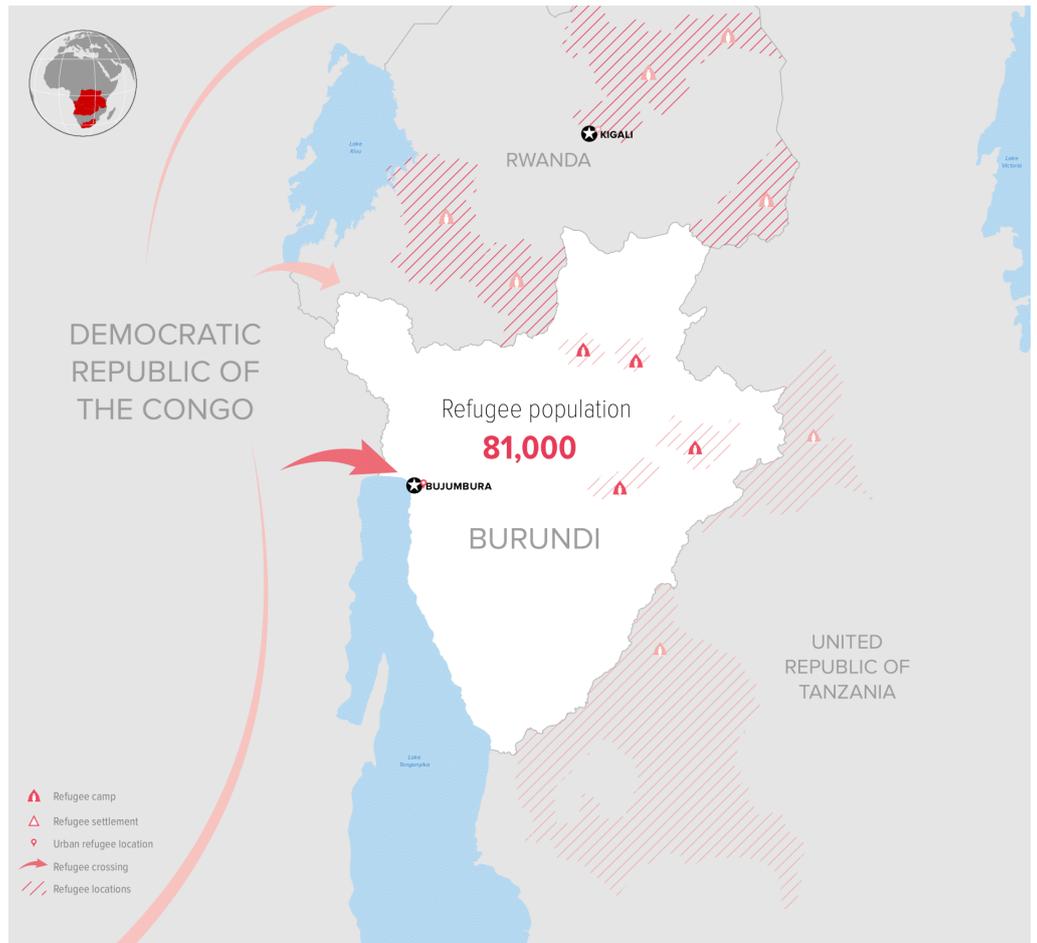
Burundi hosts 66,000 refugees and asylum-seekers from the Democratic Republic of the Congo (DRC) fleeing violence and armed conflict in South Kivu. Approximately 41 per cent are urban refugees, while the remaining 59 per cent are living in four refugee camps: Kavumu, Bwagiriza, Kinama and Musasa. Approximately 51 per cent are women and girls and 56 per cent are children. In 2017, Burundi received an average of 430 Congolese asylum-seekers per month.

Burundi acceded to the Refugee Convention and its Protocol, and has created an asylum system

under the 2008 Law on Asylum and Refugee Protection. Refugee status determination for asylum-seekers from North and South Kivu is an accelerated process based on the 1969 OAU Convention.

The situation remains volatile in North and South Kivu Provinces and refugee flows are expected to continue with an anticipated 15,000 new Congolese arrivals in Burundi during 2018. This will bring the overall total of the Congolese refugee population in Burundi to 81,000 by the end of December 2018.

The response strategy will focus on ensuring access to territory and providing protection and multi-sectoral assistance to refugees.



REPUBLIC OF CONGO

2018 PLANNED RESPONSE

US\$ 17M
REQUIREMENTS

6
PARTNERS INVOLVED

Refugee Population Trends

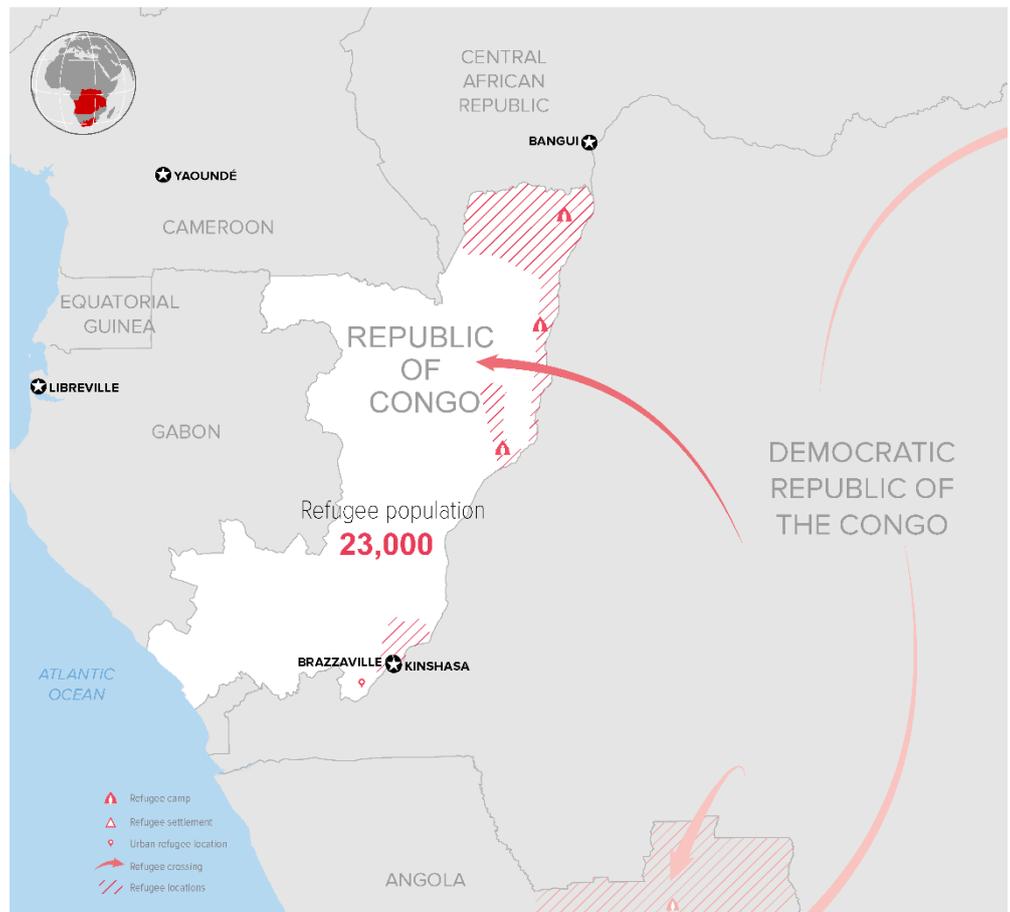


The Republic of Congo (RoC) hosts more than 50,000 refugees from different nationalities—including some 15,500 Congolese refugees who have fled insecurity in the Democratic Republic of the Congo (DRC).

The RoC is a signatory to several international conventions on protection of refugees, including 1951 Refugee Convention relating to the status of refugees and its' Protocol of 1967. The refugee status determination process in the RoC is managed by the CNAR (National Committee for Assistance to Refugees).

The situation remains volatile in the DRC, and refugee flows are expected to continue with an anticipated 7,500 new Congolese arrivals in the RoC during 2018. This will bring the overall Congolese refugee population to 23,000 by the end of December 2018.

The response strategy will focus on ensuring access to territory and protection and provision of multi-sectoral assistance to refugees.



RWANDA

2018 PLANNED RESPONSE

US\$ 57M
REQUIREMENTS

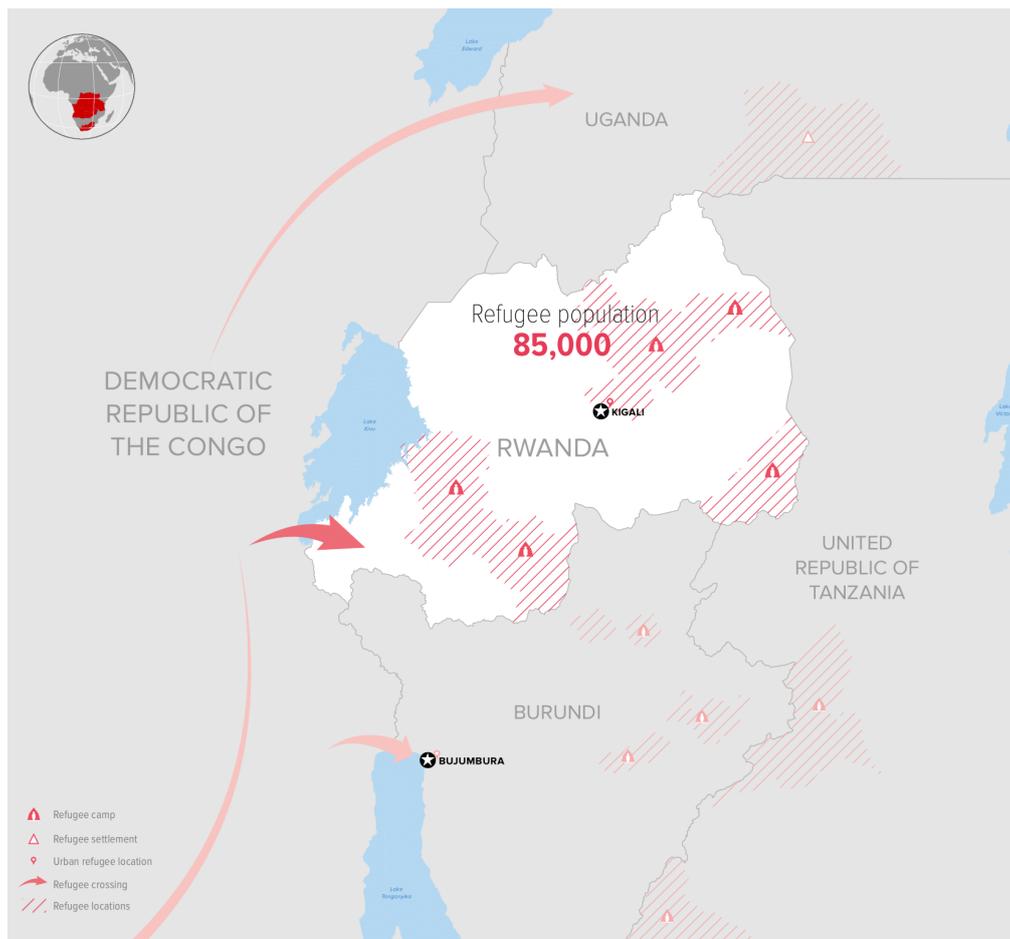
4
PARTNERS INVOLVED

Refugee Population Trends



Rwanda hosts 75,000 refugees from the Democratic Republic of the Congo (DRC) living in five camps. There are currently some 8,800 Congolese asylum-seekers residing in the camps, of which some are expected to be recognized as refugees. The Government of Rwanda has made significant contributions to the refugee programme, such as providing land to establish refugee camps.

With the deterioration of the security situation inside the DRC, 10,000 new arrivals are expected in 2018, bringing the Congolese refugee population to 85,000 by the end of 2018.



Congolese refugees will continue to require sustained support in basic protection services such as registration and documentation, prevention of non-refoulement, life-saving assistance including food and nutrition, healthcare, shelter and non-food items, water and sanitation services, education, targeted protection support for the most vulnerable and solutions including complementary pathways and resettlement.

In 2018 the response strategy will focus on ensuring access to territory and providing protection and lifesaving support to refugees as well as promoting the inclusion of refugees in national programme and services.

THE UNITED REPUBLIC OF TANZANIA

2018 PLANNED RESPONSE

US\$ 68M
REQUIREMENTS

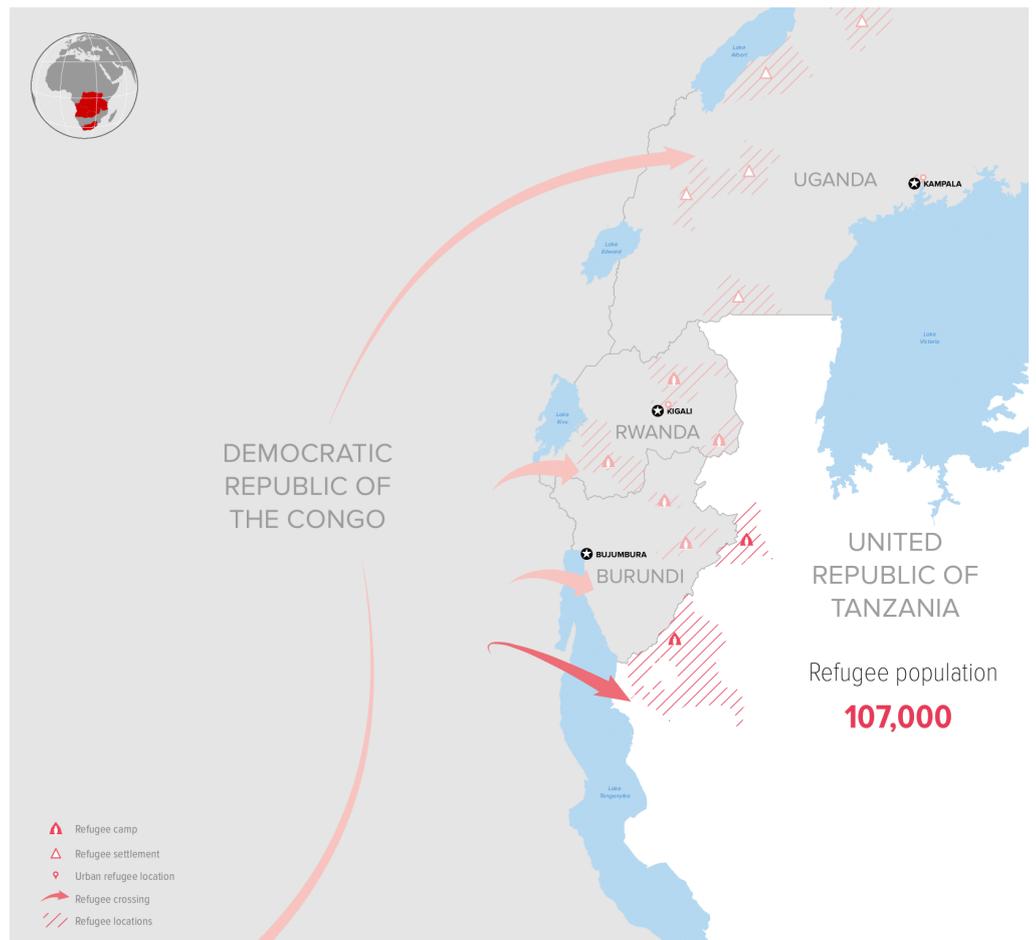
12
PARTNERS INVOLVED

Refugee Population Trends



The United Republic of Tanzania hosts 358,398 people of concern, including some 82,000 refugees and asylum-seekers from the Democratic Republic of the Congo (DRC) living in Nyarugusu camp, one of the three refugee camps in the Kigoma Region, north-western Tanzania. 75 per cent of Congolese refugees are women and children.

Nyarugusu camp continues to receive newly arriving Congolese and has reached triple its capacity, with a population of 149,376 refugees and asylum-seekers. The camp urgently needs to resume a decongestion programme that was halted in July 2016 due to limited space in the other camps.



Given the continuing insecurity in the DRC, an additional 25,000 refugees are expected in the United Republic of Tanzania during 2018. This will bring the total Congolese refugee population in Tanzania to 107,000 by the end of 2018.

The response will focus on refugee access to territory and on providing protection, basic needs and services to Congolese refugees.

ANNEX

Regional Financial Overview

Regional Summary by Organization & Country

Organization	Angola	Burundi	ROC	Rwanda	Southern Africa	Tanzania	Uganda	Zambia	Total
AAH								632,200	632,200
ADRA						200,000			200,000
AIRD						884,630			884,630
ARC							1,363,062		1,363,062
CARE International								510,000	510,000
Caritas						53,000		1,407,880	1,460,880
DRC							359,390		359,390
FAO	3,300,000							12,075,635	15,375,635
FCA							600,000		600,000
GNT						1,250,000			1,250,000
IOM	975,000	1,275,000	500,000	1,011,000		2,290,000	2,396,459	2,344,836	10,792,295
IRC						3,575,000			3,575,000
JRS	627,252								627,252
LWF	1,245,726						2,151,079		3,396,805
MDM	1,200,000								1,200,000
MTI							1,727,957		1,727,957
NCA	1,313,000							600,000	1,913,000
NRC						2,665,000	136,000		2,801,000
PI						1,200,000		375,440	1,575,440
PIN	422,989								422,989
SCI							1,050,000	1,500,000	2,550,000
Tutapona							195,619		195,619
UNDP	3,150,000							1,915,000	5,065,000
UNDSS								43,600	43,600
UNFPA	1,189,933	500,000	215,890				1,777,051	1,356,000	5,038,874
UNHCR	29,660,538	22,680,913	7,297,087	39,249,149	3,546,443	34,448,670	118,322,138	33,449,067	288,654,005
UNICEF	7,344,719	1,800,000	2,500,000	1,000,000		2,030,000	10,621,526	8,830,000	34,126,244
UNRCO	100,000							100,000	200,000
WFP	14,894,000	13,332,884	5,999,871	16,124,552		19,000,000	36,987,748	5,641,042	111,980,097
WHO	398,585		626,330			200,000	1,187,120		2,412,035
World Vision								3,465,000	3,465,000
Total	65,821,742	39,588,797	17,139,178	57,384,701	3,546,443	67,796,300	178,875,149	74,245,700	504,398,009

