

UGANDA REFUGEE OPERATION

IMPACT OF UNDERFUNDING IN 2023



Influx of new arrivals at Bunagana border, Kisoro district, in October 2022. Photo @UNHCR/Sharmake Hassan

There is a multiplicity of needs that have overstretched Refugee Response partners in Uganda. The country continues to host refugees at an unprecedented scale, keeping its borders open to over 1.4 million refugees, including more than 860,000 children. Uganda has received over 146,000 new arrivals from South Sudan and the Democratic Republic of the Congo, and they continue to arrive each day. There are more than 86,000 new arrivals that have been settled into areas without basic infrastructure and often with partial support, lacking poles and tools to establish shelters, mats to sleep on, and the relief items needed to store and cook food, and fetch water.

In the last quarter of 2022, floods in West-Nile that have impacted over 10,000 individuals, for which latrines that have been destroyed have not been repaired due to lack of funding. Measles outbreaks and most recently an Ebola outbreak declared on 20 September has put refugee settlements at risk. Due to underfunding, soap and hygiene kits have not been provided since 1 July 2022. Recent findings have identified that, 62 per cent and 49 per cent of households in Southwest and West Nile respectively, are food insecure. There are insufficient cereals and pulses in stock to distribute the planned food basket during the January 2023 cycle and only 42% of households have access to land for food production. Ugandans and refugees are feeling the strain of land, food, and resources. Poverty remains high and inflation is on the rise which will increase economic vulnerability and tensions amongst refugees and the host community will increase as social services provided by humanitarian actors are reduced in 2023.

Refugee children are facing an uphill battle for education and safety. Malnutrition rates among children are increasing with four in every ten children being anaemic and seven out of every 100 children aged six months to five years, identified as having Global Acute Malnutrition (GAM). For each classroom there is an average of 131 children, one teacher is available for every 73 children, and they are sitting on the floor or sharing desks with up to six other pupils. 51 per cent of children who have

been exposed to violence, abuse, neglected, and exploited are not receiving support due to staffing gaps in case management services and alternative care services.

Basic services and facilities are already overstretched and barely able to manage the existing needs.

In some locations, health workers each provide consultation for an average of 80 patients a day. There were 277 attempted suicide cases in refugee settlements in, with 49 resulting in death. Latrine coverage has critically plummeted in settlements receiving new arrivals from over 75 per cent in January 2022 to below 50 per cent.

Contributions from donors have enable partners in the Uganda Country Refugee Response to respond, still increased support in 2023 is needed.

By September 2022 \$360 million USD had been raised for partners in the Uganda Country Refugee Response. Despite this support, less than 50% of the total needs have been covered leaving a gap of \$440 million USD. This lack of funding has led to constant reprioritization of budgets by partners to cover emergency needs and maintain critical services. The inability for partners to meet the growing needs is having a negative impact.

Impact of underfunding in 2023: Without additional funding, further service reductions and operational cuts are expected. These cuts would have severe implications for refugees and the communities hosting them. Here are some examples:

- **Food security will reduce further:** Maternal, Child Health and Nutrition (MCHN) program beneficiaries will start receiving 50 per cent of their ration entitlement.
- **Less access to quality education for all children:** There will be 50% less teachers, bigger class sizes and no support for students with disabilities. The decrease in teachers will affect 501,000 learners amongst the refugee and host communities. The average class size will increase to 1 teacher for every 90 students. Some 10,000 learners with disabilities, who are especially vulnerable to exclusion from school environments, will not receive the support they need.
- **Health services for refugees and the host community will deteriorate:** Some 1,000 health workers will not be maintained and at least 50,000 daily patient contacts (consultations, prescriptions, treatments, and dispensing) will not be provided. The well-established and highly functional model referral systems for healthcare will begin to fail and 52 vehicle ambulances will not be fuelled or staffed.
- **Deforestation in and around settlements will continue:** This will further expose women and girls to Gender Based Violence and damage relations between refugees and host communities. The provision of household cooking energy for 14,400 households will be de-prioritized, and 1,600 hectares of woodlots for firewood will not be re-planted. In addition, three million trees will no longer be planted annually to mitigate the impact of refugee use of firewood.
- **Dependency on humanitarian assistance will remain:** Some 28,000 households currently engaged in short-term employment will no longer receive a wage and 12,000 newly arrived households will not receive emergency assistance to help them stabilize and engage in long-term livelihoods.

- **Inability to protect those at increased risk of vulnerability:** There will continue to be 295,000 refugees who experience poor mental health that are not being supported, and 28,000 refugees with heightened protection risks will miss out on the special support they require. Decreased funding to the Inter-Agency refugee Feedback, Referral and Resolution Mechanisms (FRRM), a 2-way communication channel that allows refugees throughout the country to report urgent protection issues and receive guidance in the language of their choices, will led to 10,000 calls going unaddressed in 2023.
- **Water and Sanitation (WASH):** Underfunding in the sanitation sub-sector will result into over 50 per cent of refugees in new arrival settlements without safe excreta disposal facilities. In addition, a gap of 80,000 household latrines needs to be addressed, to prevent disease outbreaks and flooding.

There is insufficient capacity and funding to cover the multiplicity of needs. The Uganda Country Refugee Response partners have therefore identified the most pressing needs in each sector, and calculated **USD 128.5 million** required in January 2023, to provide critical and minimal services for the first three months, that will help reduce the negative impact of underfunding.

PRIORITY FUNDING NEEDS – Q1 2023

Sector	Cost (USD)
Health and Nutrition	30,000,000
Water and Sanitation (WASH)	4,500,000
Shelter and Non-Food Items (NFIs)	7,000,000
Education	3,800,000
Environment & Energy	1,600,000
Livelihoods	13,000,000
Protection	3,600,000
Food Security	65,000,000
Total Cost	128,500,000

IMPACT BY SECTOR AND FUNDING REQUIRED



Health and Nutrition

In 2022, USD 11 per person per year, was spent to ensure access of refugees and host communities to comprehensive primary health care services. Of this, 90 per cent of all expenditure was related to health workers, referral health care and operational costs. Salaries for health workers accounted for 73 per cent of the health budget expenditure. In 2023, there will be a reduction of 50 per cent of the health sector budget to USD 5 per refugee per year (compared to the recommended USD 85 by World Health Organization). This will inevitably affect the number of health workers, and lead to a deterioration in health outcomes.

Refugees in Uganda continue to be vulnerable to outbreaks like COVID, Cholera and Ebola. The recent Ebola response was limited due to funding and resulted in overstretching existing systems set up for surveillance and prevention, including the refugee Village Health Team (VHT) volunteer structures, who engage in house-to-house community health work.

In the West Nile region of Uganda, the GAM rate is rising to nine in every 100 children. In Adjumani and Kiryandongo settlements, the rate of malnutrition is extremely serious with one in every 10 children presenting with GAM. Palabek settlement had the highest anemia levels with seven out of 10 children under 5 years old being affected by it.

Consequences of Underfunding

- Reduction of about 1,000 health workers, with at least 50,000 daily patient contacts (consultations, prescriptions, treatments, and dispensing) not being provided to refugee and host communities across the settlements.
- Increase in the workload of the remaining health workers, creating a risk of burnout and lesser quality of care. This will affect attraction and retention of health workers.
- Well established highly functional referral systems will begin to fail and 52 vehicle ambulances will not be fueled or staffed. When in-patient facilities are this full, patients will have no choice but to sleep on the floor.
- A risky backlog of surgical procedures will emerge (including emergency caesarian section births), and the under-budgeted regional referral hospitals will be expected to address the access gap for both refugees and nationals, leading to tensions and an increased mortality rate.
- The quality and quantity of health services delivered to the refugee will drop drastically. This will lead to increased workload, loss of confidence in the health care service delivery, and worsening health care seeking behavior, that will force refugees to delay or seek alternative care. Subsequently there will be expected increase in mortality among refugees.
- No medicines will be procured, which may contribute to preventable deaths and loss of confidence in the health-care system.

FUNDING NEEDED:

USD 30M



Water and Sanitation (WASH)

The UN Refugee Agency is Uganda's de facto number two water utility. Refugees have been able to access between 10-15 litres of water per person per day, below the standard of 20 litres across the settlements. There are 200 model rural water systems (34 per cent solarized) established that will be handed over to the district water offices if there is budget to support operations and maintenance of the systems. Water scarcity will lead to a health crisis but also increase protection risks. There have been instances of water access-related tensions between refugees and host communities that led to inter-communal violence and deaths, where communities needed to be relocated for their safety and security.

Latrine coverage has critically plunged in settlements receiving new arrivals and those that flooded, from over 75 per cent in January 2022 to below 50 per cent. The planned construction of 400

emergency communal latrines and bath shelters to accommodate new arrivals across the settlements has not been completed. In addition, there are over 1,300 handpumps, which provide 40 per cent of the water, that have not been repaired and this is a public health risk.

Village Health Teams (VHTs) in Uganda are the vital link between community members and health facilities. They assist in identifying waterborne diseases and thereby prevent outbreaks which would overwhelm the already limited health services provided.

Consequences of Underfunding

- There will be 200 less motorized rural water systems, which will result in water rationing and contribute to rising tensions.
- More than 70 per cent of new arrivals in Nakivale, Palabek and Kyaka II, will have no access to water in their zones within the settlements.
- Over 50 per cent of refugees in settlements receiving new arrivals will not have access to safe disposal facilities, leaving settlements prone to disease outbreaks.
- 3,000 VHTs will not be paid. This will have an impact on their livelihoods but pose a health risk to the wider community.

FUNDING NEEDED:

USD 4.5M



Shelter & Non Food Items (NFIs)

The Shelter & Non-Food Items (NFI) sector ensures refugees receive appropriate and timely assistance in line with the sector strategy. This includes shelter kits, to enable them to construct their emergency houses, with the intention of upgrading them to semi-permanent structures. They also receive non-food item (NFI) support in line with the minimum agreed standards for Uganda. Refugees in Uganda face challenges of inadequate shelters, limited access to agricultural land, and ongoing land disputes.

Consequences of Underfunding

- No new land or vacant plots will be identified in the settlements to accommodate new arrivals.
- No distribution of construction poles and plastic sheeting for refugees to build their own emergency shelters. This will result in either delayed relocations from the overcrowded transit centers and collection points to the settlements, or refugees will be forced to live in unplanned areas with no shelter and agricultural plots to farm. They will be exposed to harsh weather conditions in undignified shelters, leading to health concerns. Women and children will be exposed to additional protection risks.
- No access to the remote settlements, and refugees will face additional challenges accessing health, education, and livelihood services if roads are not constructed or rehabilitated. Reducing wear and tear and maintaining the operation's vehicle fleet is essential to enabling Uganda's dignified settlement approach.

FUNDING NEEDED:

USD 7M



Education

Ugandan and refugee teachers work side by side in double shifts trying to teach and support students from both refugee and host communities. Schools are beyond capacity in every way, including limited desks (in primary the pupil desk ratio 1:6 and a gap of 64,000 desks), classrooms (in primary the pupil classroom ratio is at 1:131) and even teachers (primary pupil teacher ratio 1:73). Teachers engaged in double-shifting have voiced that they are exhausted and as cutbacks increase the number of learners per teacher, a high level of teacher attrition is anticipated.

Consequences of Underfunding

- There will be 50 per cent of less teachers, affecting 501,000 learners among the refugee and host communities (113,000). The average class size will also increase to 1 teacher for 90 children. The location with the highest teacher student ratio is Rhino Camp, with 1:88, while the country's standard is 1:53 learners for each educator.
- Science teachers' salary was increased by the Government by about 300 per cent. Alignment with Government salary scale is a priority for the sector.
- Some 10,000 learners with disabilities, who are especially vulnerable to exclusion from school environments as well as social settings, will not receive the support they need.
- Without prospects of continuing education, children will be pressured to find work or marry, exposing them to additional protection risks.

FUNDING NEEDED:

USD 3.8M



Environment and Energy

Refugees are often settled in environmentally sensitive areas and marginal land, often close to central forest reserves. Environmental protection and access to sustainable energy for cooking remain key under-funded challenges for refugees and indeed for most Ugandans, where most rural populations do not have access to sustainable sources of energy for household, institutional or productive uses. Increased environmental degradation in Uganda will exacerbate tensions, protection risks and socio-economic vulnerability.

Solarization allows health facilities which do not have access to reliable power sources to operate complicated medical services and high-capacity appliances (such as medical equipment and even operation theater). This significantly improves the quality of health care provided to refugees and nationals within those areas. Most of these facilities are in rural areas and not served by the national grid, while others, even when connected to it, the power is highly unreliable leaving them to use diesel generators which are costly to run and maintain. Therefore, a reliable power source using solar PV would enable health centers run 24-hours, providing critical life-saving health services to the persons of concern.

The population of urban refugees continues growing yet the total funding envelope towards this segment of refugees is so small and yet they have similar challenges with those within the settlements regarding access to energy for cooking and lighting. Cooking fuel in Kampala is even more expensive

than it is in the settlement. Therefore, alternative cooking options such as LPG have been proposed under a subsidy arrangement with engagement of private suppliers to mitigate against this challenge.

Consequences of Underfunding

- De-prioritization of household cooking energy for 75,000 households. This, coupled with over 2,000 hectares of woodlots for firewood (equivalent to about 3,737 football pitches), not being established or maintained, will increase the extent of deforestation within and around the settlements, expose women and girls to protection risks during firewood collection, and damage relations with the host communities.
- 15 health facilities will not be solarized. For the first three months of 2023, only two health facilities can be solarized.

FUNDING NEEDED:

USD 1.6M



Livelihoods

The livelihoods and resilience sector ensures that refugees live peacefully with their host communities, and progressively attain self-reliance and resilience in a conducive environment. However, poverty is a common factor especially in protection-related challenges, including Gender Based Violence (GBV), child marriage and domestic abuse. It is the leading cause of suicides, which the operation monitors monthly. Lack of funds exacerbates already fragile family situations.

Consequences of Underfunding

Underfunding will result in some 28,000 households engaged in short-term employment throughout the settlements not having an income to meet their basic needs.

- 27,000 households benefitting from block farming activities for food security in Northern Uganda will not be able to engage in agricultural production, compromising their food security and ability to earn income.
- 12,000 new arrival households will not receive emergency assistance (in the form multi-purpose cash grants) to stabilize and engage in long-term livelihoods.
- Refugees risk facing hunger and malnutrition and resorting to negative coping mechanisms in the absence of opportunities to produce their own food and undertake other economic activities.

FUNDING NEEDED:

USD 13M



Protection

Protection challenges have been increasingly difficult to address. New arrivals continue to cross the border requiring quality registration systems to be established. Child protection risks, including violence, neglect, abuse, exploitation, and separation of children from parent and family members have been some of the most concerning protection risks reported in Uganda, with long-term impacts on the well-being and positive development of children. Nearly 90,000 children are at risk including unaccompanied and separated. As of November 2022, UNHCR proGres V4 data recorded a high number of unaccompanied and separated children (76,240) and other at-risk children (16,862) and children who exposed to or at risks of abuse neglect and exploitation (1,485). The rate of younger children (ages 0-14) attempting suicide has more than doubled in 2022. These children require a dedicated child protection case management service covering Best Interests Assessment (BIA) Case Planning, implementation of the case plane, follow up and review). Furthermore, unaccompanied children require dedicated support to facilitate safe family environment through alternative care programme. Interventions targeting children have been deprioritized, which have worsened the already poor conditions and services in the settlements. This has had a severely negative effect on mental health.

Together with child protection risks, gender-based violence is a considerable concern disproportionately exposing women and girls (over 94 per cent), to life-threatening risks with long-term consequences on the wellbeing of those affected. In addition, there have been 277 attempted suicide cases in the communities, with 49 resulting in death. To support refugees who need assistance there is an Inter-Agency refugee Feedback, Referral and Resolution Mechanism (FRRM). It is a 2-way communication channel that allows refugees throughout the country to report urgent protection issues and receive guidance in the language of their choice.

Consequences of Underfunding

- Delays in registration of new arrivals resulting in backlogs and non-issuance of identity documents, leading to protection challenges.
- Psychosocial case management services, community outreach activities and other suicide prevention activities in settlements will be scaled down. This will mean that 88,000 refugees will not receive proper mental health and psychosocial interventions and some 295,000 refugees will continue to experience poor mental health, making them unproductive members of their communities. A lack of appropriate services will lead to increased disease burden in the country and to more cases of attempted suicide and death.
- 28,000 refugees with heightened protection risks, also referred to as Persons with Specific Needs (PSNs), will not receive the special support they require, as well as their identification.
- About 10,000 calls to the FRRM will go unaddressed, with protection issues and reports of misconduct unresolved.
- Due to the funding shortages in 2022 and expected reduction of funds in 2023, only some 25,000 children receive case management services leading a gap of 72% (65,000 children) not accessing critical and life-saving services addressing their specific child protection risks.
- Underfunding also prevents child protection agencies from implementing adequate alternative care services for unaccompanied children. As of November 2022, 9,956 children are registered as unaccompanied (living separated from parents and all other relatives).
- With limited funding, some 1,500 GBV survivors will not receive much needed access to lifesaving services. Those with existing cases opened by GBV case workers will face delays in service provision.

- Prevention programs that aim at sustaining solutions to the root causes of GBV will be reduced and the anticipated change in harmful traditional practices, norms and attitudes resulting in GBV will be delayed.

TOTAL FUNDING NEEDED:

USD 3.6M



Food Security

Due to funding shortfalls, delays in receipt of funding, procurement and delivery of commodities required for General Food Assistance (GFA) to refugees, there are insufficient cereals and pulses in stock to distribute the planned food basket during the January 2023 cycles. As a result, WFP will continue providing the same reduced ration portions of cereals and pulses, as was done in the October, November and December GFA cycles where maize rations and pulses were reduced by a further 50 per cent to all in-kind food beneficiaries. These reduced rations bring challenges to the communities noting that 40 per cent of refugees are children under 12.

Due to regional commodity shortfalls of Super Cereal Corn Soy Blend Plus (CSB++), there will have to be some programmatic adjustments to maintain the malnutrition treatment program (TSFP) running at 100 per cent, while adjusting the Maternal Child Health and Nutrition program (MCHN) program. MCHN beneficiaries will start receiving 50 per cent of their eligible ration, meaning that, they will receive CSB++ at 50g per person per day.

Consequences of Underfunding

- Recent findings have identified that, 62 per cent and 49 per cent of households in Southwest and West Nile respectively, are food insecure. This data is supported by the severe ration cuts in Southwest, food price inflation in 2022, livelihood loss, and with only 42 per cent of households having access to land for food production.
- Refugees will become food insecure and malnourished and may adopt unsafe coping mechanisms that endanger their security and harm their dignity.

FUNDING NEEDED:

USD 65M

BUDGET DETAILS

HEALTH AND NUTRITION

NO.	PRIORITIZED ACTIVITIES	COSTS (USD)
1.	Continuity of the comprehensive primary health care services <ul style="list-style-type: none"> ▪ Salary for 2,643 healthcare workers for three months ▪ Procurement of essential medicines in 2023 ▪ Nutrition interventions delivered for three months, including pregnant and nursing mothers and children under five ▪ Reproductive Health ▪ HIV and TB intervention ▪ Provision of preventing, promotive and curative services for communicable and non-communicable diseases 	30,000,000
	TOTAL	30,000,000

WATER AND SANITATION (WASH)

NO.	PRIORITIZED ACTIVITIES	COSTS (USD)
1.	Operation and maintenance of systems in 13 settlements <ul style="list-style-type: none"> ▪ 200 water supply systems ▪ 1,037 hand pumps in 13 settlements 	1,050,000
2.	30km pipeline extension to new arrivals	176,000
3.	Replacement of 10 aged water supply infrastructure especially in South Sudanese settlements	500,000
4.	Construction of 5 new water scheme for new arrivals	1,074,249
5.	Support to transition of water supply management to utility in Imvepi, Rhino Camp, Bidibidi, Nakivale and Kiryandongo settlements. These settlements have been gazetted to the National Utilities	100,000
6.	200 emergency communal latrines and bath shelter construction for new arrivals	20,000
7.	22,000 household latrine construction for flood prone areas in the North and settlements receiving new arrivals <ul style="list-style-type: none"> ▪ 1,000 UDDT ▪ 21,000 dome shape 	600,000 851,000
8.	Payment of incentives for 3,000 VHTs across all settlements	128,751
	TOTAL	4,500,000


SHELTER AND NON-FOOD ITEMS (NFIs)

NO.	PRIORITIZED ACTIVITIES	COSTS (USD)
1.	Plot demarcation to ensure each household gets a shelter and livelihood plot.	182,000
2.	500km of settlement road network rehabilitated, maintained, and upgraded	6,536,842
3.	All newly arrived refugee households provided with the minimum emergency shelter support (including in-kind, cash and/or voucher)	312,000
	TOTAL	7,030,842


EDUCATION

NO.	PRIORITIZED ACTIVITIES	COSTS (USD)
1.	Teacher Salaries/ Wages <ul style="list-style-type: none"> ▪ Attention is drawn to current funding gaps and the 300 per cent salary increase awarded to science teachers. 	3,006,089
2.	Critical Education Activities <ul style="list-style-type: none"> ▪ Support of vulnerable groups and partner operation costs 	774,166
	TOTAL	3,780,255


ENVIRONMENT & ENERGY

NO.	PRIORITIZED ACTIVITIES	COST (USD)
1	Nursery Maintenance	128,506
2	Monitoring Nursery Activities	18,740
3	Establishment of Restoration Planting	100,395
4	Maintenance and Monitoring Restored Area	88,348
5	Woodlot Establishment	160,633
6	Woodlot Maintenance	96,380
7	Wetland Restoration and Protection	28,111
8	Dissemination of household energy saving stoves	803,163
9	Scaling up LPG uptake among urban refugees	7,710
10	Solarization of health centres	160,633
	TOTAL	1,592,619

NO.	PRIORITIZED ACTIVITIES	COST (USD)
1.	Block farming for food security for South Sudanese	2,701,416
2.	High value agriculture for income generation (e.g., mushroom, horticulture) for both Congolese and South Sudanese	2,780,016
3.	Emergency seeds and tools for new arrivals settled in 2022	287,345
4.	Multi-purpose grants for new arrivals settled in 2022	4,789,080
5.	Labour intensive public works (in consultation with WASH and Shelter)	2,085,012
6.	Engagement with private and public sector on: <ul style="list-style-type: none"> ▪ Refugee employment ▪ Enterprise development 	200,000
7.	Advocacy and facilitation of OPM and District Local Governments to increase refugees access to land	300,000
	TOTAL	13,142,869

NO.	PRIORITIZED ACTIVITIES	COSTS (USD)
1.	Registration <ul style="list-style-type: none"> • New Arrival biometric registration for 3 months • Document issuance • Continuous Registration 	142,000 (total) 75,000 25,000 42,000
2.	Refugee Status Determination <ul style="list-style-type: none"> ▪ Reduce the current backlog by providing funds to hold more RSD/RAB sessions ▪ Recruitment of RSD officers 	100,000
3.	Access to Justice <ul style="list-style-type: none"> ▪ Enhance mobile courts session ▪ Civil registration, including birth registration to address the gap of over 50,000 pending birth certificates 	160,000 (total) 80,000 80,000
4.	Child Protection <ul style="list-style-type: none"> ▪ Case management services are provided to some 50,000 children at risk ▪ Alternative care roll-out of NFAC and assessment of foster families for over 6,500 unaccompanied children ▪ Community-based child protection (recreational activities, awareness and adolescent engagement, 	600,000 (total) 400,000 50,000 150,000

	prevention of violence against children, etc.) and psychosocial support services	
5.	<p>Gender Based Protection</p> <ul style="list-style-type: none"> ▪ Survivor-centered case management and counseling spaces for safe disclosure (12) to access multisectoral services ▪ Safe spaces for women and girls as well as for survivors of GBV ▪ Provision of Sexual and Reproductive Health (SRH) services including provision of sanitary items for girls and women in the reproductive age ▪ Support to the roll-out of comprehensive prevention activities including roll-out of SASA! Together methodology for community awareness-raising and social mobilization 	<p>500,000 (total)</p> <p>150,000</p> <p>150,000</p> <p>150,000</p> <p>50,000</p>
6.	<p>Community Based Protection</p> <p>Persons with Specific Needs (PSNs)</p> <ul style="list-style-type: none"> ▪ Identification of PSNs ▪ Targeted assistance to PSNs including referral pathways ▪ Provision of targeted and accessible information for PSNs and develop tools for accessible communication <p>Accountability to Affected Populations and Communication with Communities (AAP & CwC)</p> <p><u>a) Complaints and feedback/response mechanisms by:</u></p> <ul style="list-style-type: none"> ▪ Procure complaint and feedback/response mechanism equipment like complaint boxes and install at strategic points at the transit centers <p><u>b) Communication and information sharing</u></p> <ul style="list-style-type: none"> ▪ Review already existing information education and communication (IEC) materials and disseminate information through IEC materials ▪ Establish/Operationalize referral desks/information support centers at transit/reception centres ▪ Establish/deploy a pool of multilingual interpreters <p><u>c) Monitoring, Documentation, and Reporting</u></p> <ul style="list-style-type: none"> ▪ Review and adopt monitoring tool (reporting templates, data collections) 	<p>1,400,000 (total)</p> <p>750,000</p> <p>350,000</p>

	<p>Peaceful Co-existence</p> <p><u>a) Coordination</u></p> <ul style="list-style-type: none"> ▪ Update mapping of community structures / local structures for peacebuilding by settlement / location, which can serve as a tool to facilitate coordination, synergies, and replication of good practices <p><u>b) Joint Responses and Advocacy</u></p> <ul style="list-style-type: none"> ▪ Conflict analysis and mapping in settlements where this has not yet been conducted <p><u>c) Capacity-building</u></p> <ul style="list-style-type: none"> • Sensitize and train humanitarian actors and community leaders in conflict sensitivity and alternative dispute resolution mechanisms with the aim of raising awareness on conflicts, management, and strengthening referral pathways 	300,000
7.	<p>Mental Health</p> <p><u>Strengthening community and family support</u></p> <ul style="list-style-type: none"> • Psychoeducation and awareness raising sessions in communities, including on suicide prevention • Capacity-building workshops to train members of the community structures in basic psychosocial helping skills and psychological first aid (PFA); • Participate in advocacy through national and international MHPSS awareness related days <p><u>Providing targeted psychological interventions</u></p> <ul style="list-style-type: none"> • Problem Management Plus: a five-session counselling method developed by the World Health Organization, based on Cognitive Behavioural Therapy with helps clients to reduce symptoms of depression and anxiety. It can be delivered by people with limited specialized training, provided they are well supervised and supported and it is increasingly being used in refugee settings (See 'Strengthening Mental Health and Psychosocial Support in UNHCR. Achievements in 2021 and priorities for 2022') • Trauma-focused Cognitive Behavioural Therapy: structured sessions by a psychologist to reduce symptoms of post-traumatic stress disorder and other trauma-related conditions • Journey of Life for children 	650,000

	<p><u>Providing clinical mental health services through general health centres</u></p> <ul style="list-style-type: none"> Identify & facilitate referrals for clinical mental health services by health actors <p><u>Increased self-care and reduced burn-out for frontline MHPSS workers</u></p> <ul style="list-style-type: none"> Facilitate workshops and individual sessions to foster self-care, regular debriefing and prevent and manage burn-out among MHPSS staff and volunteers 	
8.	Coordination with KCCA	50,000
	TOTAL	3,602,000



NO.	PRIORITIZED ACTIVITIES	COSTS (USD)
1.	<ul style="list-style-type: none"> Food and cash assistance rations provided for 1.4M refugees at settlement level for three months High Energy Biscuits provided to new arrivals at border crossing points for three months Hot Meals provided to new arrivals in all transit and reception centers for three months Settling-in rations provided at 100% rations to new arrivals for three months 	65,000,000
	TOTAL	65,000,000