

INTER-AGENCY  
APPEAL FOR THE  
SOUTH SUDANESE  
REFUGEE EMERGENCY

January – December 2014



March 2014

**Cover picture:**

South Sudanese child, South Sudan. UNHCR/ K. McKinsey

## Strategic Overview

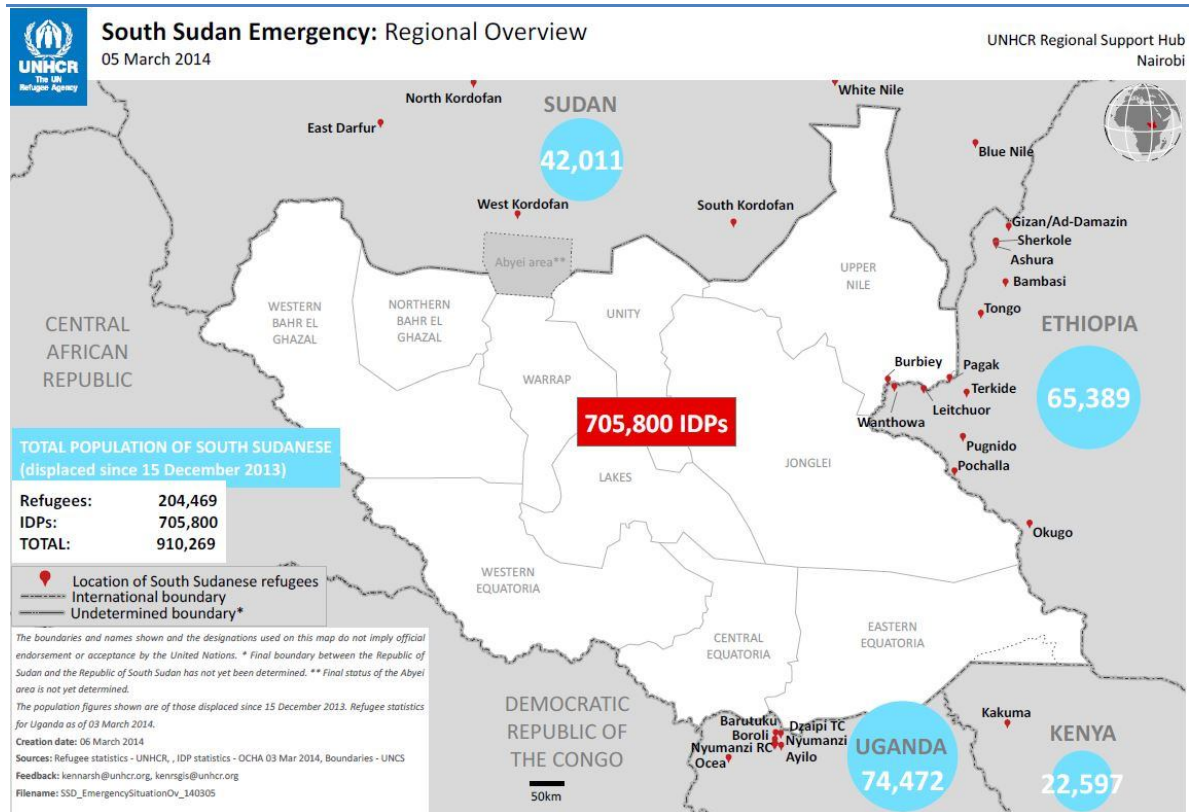
<b>Period</b>	January – December 2014
<b>Planning figures</b>	340,000 people
<b>Target beneficiaries</b>	Refugees from South Sudan, displaced since 15 December 2013
<b>Financial requirements</b>	USD 370,777,164
<b>Number of partners</b>	25

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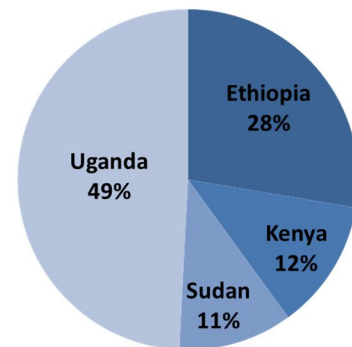
# REGIONAL RESPONSE DASHBOARD



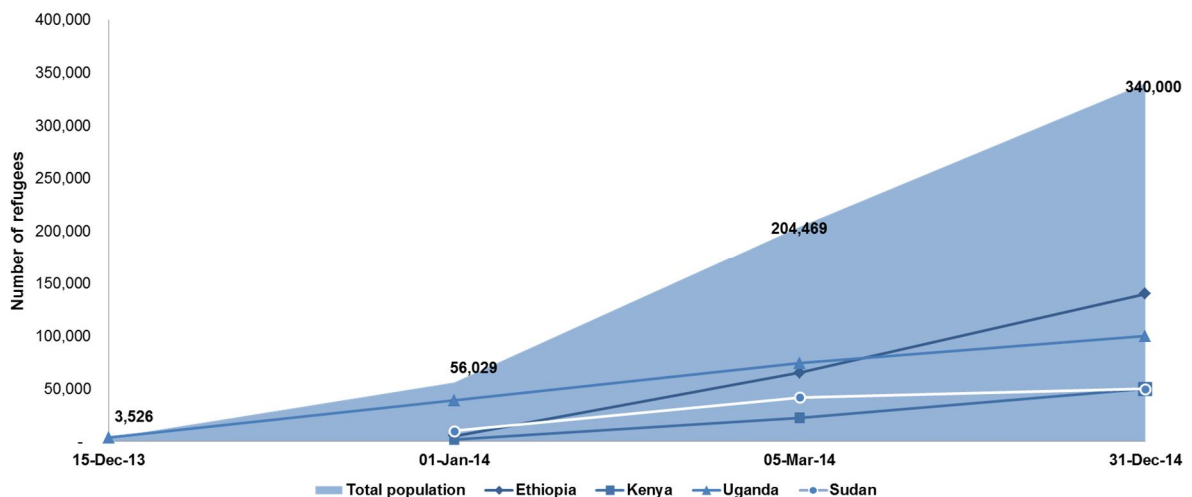
## Total Requirements in USD

Country	Total
Ethiopia	102,476,499
Kenya	45,765,108
Sudan	40,171,141
Uganda	182,364,416
<b>Total</b>	<b>370,777,164</b>

## Requirements by Operation



## Population Trends and Projections 2014



# REGIONAL OVERVIEW

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On 15<sup>th</sup> December 2013, violence broke out in South Sudan's capital, Juba and quickly spread to other locations in the country. Since the beginning of the violence, seven out of the country's ten states have been affected by the continuing internal conflict where Central Equatoria, Jonglei, Lakes, Unity and Upper Nile states being the hardest hit. About 705,800 people have been internally displaced across the country, including 74,000 seeking shelter in the compounds of the United Nations Mission in South Sudan (UNMISS). And another 204,469 have sought asylum in the neighbouring countries, in particular Ethiopia, Kenya, Sudan and Uganda.

The situation remains volatile and compounds an already critical humanitarian situation inside South Sudan, where some 225,000 Sudanese refugees are in need of protection and assistance, and 3.7 million people are currently (March 2014) at high risk of food insecurity and without livelihood opportunities.

This Inter-Agency Appeal regional for refugees fleeing conflict in South Sudan is being coordinated by UNHCR with inputs from UNHCR its partners who are working to respond to the needs of the "new" refugees in Ethiopia, Kenya, Sudan and Uganda.

The number of South Sudanese refugees who have crossed into Ethiopia, Kenya, Sudan and Uganda has rapidly increased to over 204,000 by 5 March 2014. The pace and the number of cross-border arrivals far exceed the initial planning figures that were set at the onset of the crisis. Moreover, an additional large number of refugees from South Sudan are expected to flee to neighbouring countries over the coming months. The total planning figure for 2014 has therefore been raised to 350,000 refugees across the region.

Given these trends and the worrying state of health of the refugees when they arrive in the countries of asylum in the region, protection and life-saving activities will be prioritized in the ongoing emergency response. The total financial requirements to respond to the desperate humanitarian situation in the four countries covered by this appeal amount to USD 370,777,164.

## *Context*

While all the countries neighbouring South Sudan have generously opened their borders, the legal status granted to the population arriving from South Sudan remains uncertain in Sudan<sup>1</sup>. UNHCR is working with the Sudanese Government to clarify this matter and ensure that the South Sudanese refugees are protected and provided with needed humanitarian assistance under UNHCR's mandate. While Ethiopia and Uganda have already officially declared that the new arrivals will be

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<sup>1</sup> The Government of Sudan refers to them as "brothers and sisters who have crossed the border" and "foreigners with special privileges". The Government also indicated that the new arrivals will be treated in accordance with the Four Freedom Agreement for South Sudanese which.

granted refugee status on a *prima facie* basis, the Kenyan authorities have indicated that the South Sudanese will be granted refugee status on a *prima facie* basis upon arrival.

In **Uganda**, the average pace of arrivals currently stands at over 200 people per day bringing the total to date of almost 75,000 persons. Of the new arrivals, 65 per cent are children under the age of 18 years old and 86 per cent are women and children. Many of the refugees are returning to areas that formerly hosted refugees during the 20 years of the conflict between the North and South Sudan. The Government of Uganda encourages refugees to be settled among host communities where they are given sizable plots. However, as a result of the previous experience where the host communities were not comprehensively included in the humanitarian response, the Ugandan authorities requested this element be corrected from the outset of the recent crisis since refugees are settling naturally, which explains the comparatively larger budgetary portion associated with the Uganda part of this appeal.



Three young refugees carrying recently received non-food item kits from UNHCR, Uganda. UNHCR/F. Noy

In **Ethiopia**, on average 800 people are arriving daily in the Gambella Regional State and some 200 in Benishangul-Gamuz Regional State. Over 65,000 refugees arrived in the country since mid-December 2013. The majority of the new arrivals are women (80 per cent of the adult population) and children (70 per cent). The refugees are arriving in particularly dire nutritional condition as they are coming from areas of South Sudan that are already experiencing severe food shortages. This combined with the fact that the regions of Ethiopia where refugees are arriving are some of the least developed, the lack of transport and communication structures make the logistics efforts very difficult and expensive.

In comparison to its neighbour, **Kenya** has witnessed a smaller number of new arrivals, with a total of almost 23,000 South Sudanese refugees having so far crossed into the country mainly through Nadapal border point. However, Kenya continues to receive the largest number of unaccompanied minors (80 per cent of recent arrivals) among those seeking asylum in the region. This trend is likely to continue even if there is a cessation of hostilities given the attraction to the education system in Kenya.

As a result of the recent crisis more than 42,011 South Sudanese have also sought refuge in **Sudan**. The majority are in White Nile State where they continue to arrive at an average rate of 200 to 300 new arrivals per day. They mostly originate from Upper Nile and Unity States. New South Sudanese arrivals are also reported in the so-called 'open areas' in Khartoum. The majority of the newly arrived population comprises women, children and elderly people.

*Emergency needs and priorities*

Overall, throughout the region, refugees are arriving exhausted, nutritionally weak and in poor health, with many of them traumatized after having travelled in difficult conditions to escape ongoing violence and conflict at home. Immediate life-saving activities in all sectors such as providing food, nutrition, health, water, sanitation and hygiene, as well as emergency shelter and non-food items, will therefore be given priority.

All countries neighbouring South Sudan are witnessing a disproportionate number of women and children among the refugees arriving from South Sudan. The risks, to which this particularly vulnerable population is exposed, require prevention and response mechanisms for sexual and gender-based violence (SGBV), as well as addressing other specific needs. Moreover, the particularly high ratio of unaccompanied and separated children is of major concern and requires adequate measures, as well as a regional approach to strengthen family tracing and other related activities. Appropriate refugee registration and profiling will be a priority for UNHCR, governments and partners to capture the needs and vulnerabilities of the newly arrived populations and respond accordingly.

<b>Asylum Country</b>	<b>Ethiopia</b>	<b>Kenya</b>	<b>Sudan</b>	<b>Uganda</b>	<b>Total</b>
<b>Initial planning figure</b>	30,000	20,000	50,000	60,000	<b>160,000</b>
<b>Current refugees (as at 5 March 2014)</b>	65,389	22,597	42,011	74,472	<b>204,469</b>
<b>Revised planning figures</b>	140,000	50,000	50,000	100,000	<b>340,000</b>

Reception arrangements vary between countries neighbouring South Sudan. While the Kenyan and Ethiopian encampment policies leave UNHCR and its partners with little options but to establish new, or rehabilitating and expanding existing refugee camps, in Uganda, refugees are relocated from



transit centres to refugee villages among the local host population (in settlements) where they are provided with land plots. In Sudan, refugees reside in local communities and relocation sites.

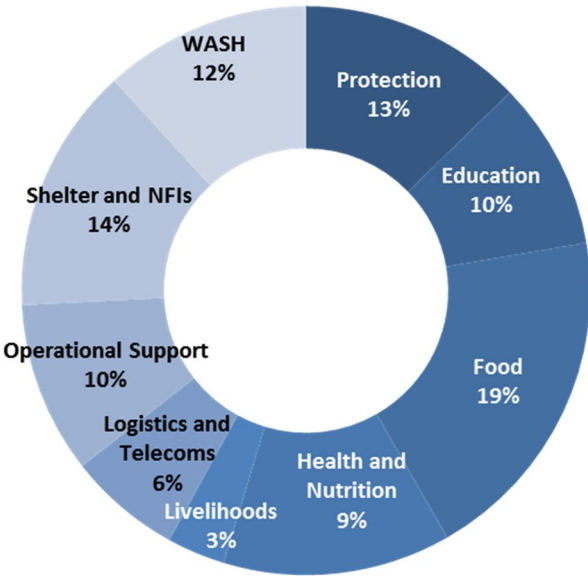
UNHCR and its partners in the region are adapting their response strategies to the country-specific context and the type of hosting options. While different approaches are required according to each situation, all protection and assistance responses envisaged in South Sudan's affected neighbouring states must ensure the inclusion of the host communities. This will include activities to prevent and mitigate the possible negative effects of the refugee-presence on local communities and existing resources, including the environment surrounding refugee-hosting areas.

Security in arrival areas in proximity to the border areas risks a spill-over of the conflict, affecting the safety of refugees, as well as operational access for aid agencies. The relocation to sites at a safe distance from the borders is an ongoing priority and particular attention is paid to supporting hosting governments in the region in ensuring the civilian character of asylum, including by identifying and separating possible combatants.

Security and humanitarian access for UNHCR and its partners remains restricted by the authorities in Sudan, limiting UNHCR and its partners' capacity to address humanitarian needs and monitor the delivery of assistance.

Access restrictions due to the geography and remote locations of some of the arrival and hosting areas, in particular in Ethiopia, pose considerable challenges. It is difficult to reach some of these areas which also lack basic services and infrastructure. Relocation measures, as well as access to camps and refugee sites, will therefore necessitate robust logistics requirements and transport arrangements. The indispensable rehabilitation and construction of basic infrastructure including roads, as well as the infrastructure development for new sites, are cost-intensive and will require substantive financial resources.

### Regional Requirements



### *Coordination and links with the Crisis Response Plan (CRP)*

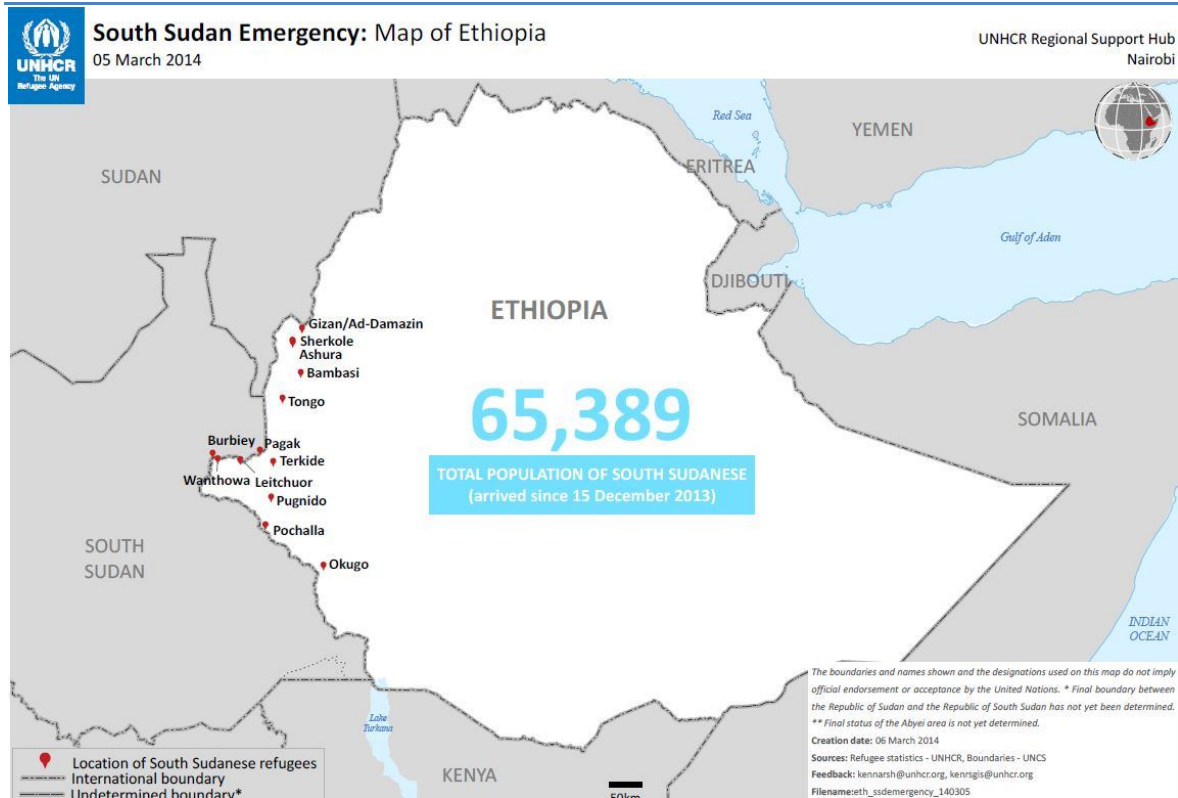
In light of the ongoing deterioration of the situation in South Sudan and the increased complexity of the operating environment, a Level 3 system-wide humanitarian emergency response was activated on 11 February 2014, in accordance with the criteria identified in the Inter-Agency Standing Committee (IASC) Transformative Agenda. UNHCR also declared a Level 3 emergency for the refugee situation in neighbouring countries (Ethiopia, Kenya, Sudan and Uganda) to ensure a coordinated response to the large-scale refugee outflow from South Sudan. In these four countries, UNHCR coordinates the planning processes and leads the inter-agency response in line with the new Refugee Coordination Model and building on existing collaborative partnerships. It is noteworthy to clarify that because UNHCR works with partners, some of their needs are reflected in UNHCR's budgets. This appeal document is the result of joint efforts among humanitarian organizations in each country affected by the crisis. Furthermore, given the specific conditions and strategies applied from operation to operation, the budgetary values are different from country to country. The needs presented exclude the response to the humanitarian needs inside South Sudan, which are covered under a response plan (the Crisis Response Plan) prepared in coordination with OCHA and other partners within the inter-agency relief effort, under the overall coordination of the Humanitarian Coordinator in South Sudan:

[https://docs.unocha.org/sites/dms/CAP/Revision\\_2014\\_South\\_Sudan\\_Crisis\\_RP.pdf](https://docs.unocha.org/sites/dms/CAP/Revision_2014_South_Sudan_Crisis_RP.pdf)<sup>2</sup>

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<sup>2</sup> On 13 March 2014, the UN High Commissioner for Refugees, António Guterres appointed Ms. Ann Encontre as Regional Refugee Coordinator for the South Sudan situation.

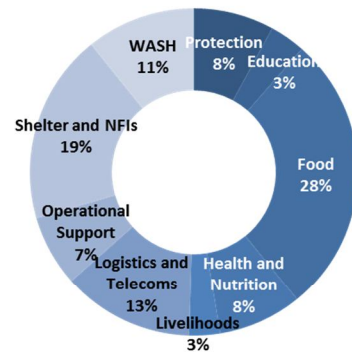
# ETHIOPIA: REFUGEE RESPONSE



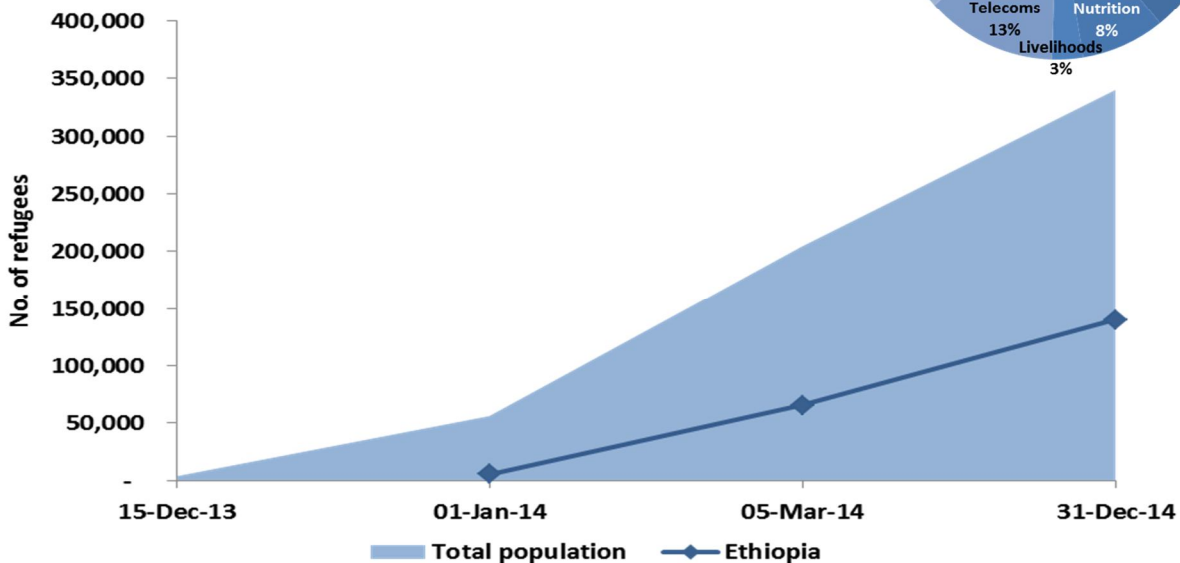
## Total Requirements in USD

**102,476,499**

## Requirements



## Population Trends and Projections 2014



## **I. Background**

Ethiopia currently hosts more than 430,000 refugees from neighbouring countries, including Eritrea, Kenya, Somalia, South Sudan and Sudan. The refugees from South Sudan are hosted in two locations on the western border: primarily in Gambella Regional State (42,000 registered refugees prior to the crisis; and a smaller number (5,700 registered refugees) in refugee camps in Benishangul-Gumuz Regional State. In Gambella, most of the refugees are housed in Pugnido Camp. However, significant numbers have also settled in the border areas of Raad and Wanthowa as a result of recurring ethnic clashes in 2013. This population is being accommodated in the host community, registered and relocated to Okugo or Pugnido camps, where they receive basic essential services and protection.

Since mid-December 2013, an influx of more than 62,000 refugees with almost 800 new arrivals on average per day was received in the Gambella region of western Ethiopia and a smaller number (200 people) in Benishangul. The majority of the new arrivals are women (80 per cent of the adult population) and children (70 per cent), including significant numbers of unaccompanied or separated children. They are arriving on foot, having travelled over difficult and remote terrain, in a deteriorated nutritional condition, and are traumatized and exhausted by travel and continuous conflict in their home areas.

Access to Gambella Region, and particularly to the border point of Tiergol, which is only accessible via a boat trip of 8 to 12 hours from Matar town, is a main challenge. Moreover, the proximity to the conflict area threatens the safety of refugees and humanitarian workers. This is compounded by Gambella being the least developed region of Ethiopia and lacking in most services and infrastructure.

This appeal addresses the needs of the emergency where it is anticipated that at least 140,000 refugees will seek protection in Ethiopia, of whom most (120,000 people) will be in Gambella Region of western Ethiopia and possibly 20,000 people in Benishangul-Gumuz Region. A total of USD 102.4 million is required to respond to the critical needs that are being identified when refugees arrive, including poor health and nutritional state, suffering from psycho-social trauma, lack of basic items, shelter, water and sanitation. Protection needs include proper care facilities for children, support to survivors of SGBV and assistance for people with special needs. Most basic infrastructure and services are lacking, thus requiring significant resources to establish and reinforce health centres, road surfaces, as well as office and residential facilities for the operation. At least two new camp sites have been identified, as they undeveloped, they require interventions in all sectors.

The Administration for Refugees and Returnee Affairs (ARRA), the Government's refugee agency, and UNHCR are coordinating activities under the standing Refugee Task Force, both from the capital in the regions

Coordinated responses have been undertaken in all sectors, including: registration, delivery of emergency food rations, relief item packages, transportation away from the border areas, water/sanitation, health services and shelter. Transit centres have been established at entry points. The new camp site of Leitchour, hosting more than 19,000 people (with a total capacity of 40,000



people) is being developed. As second site, Tierkiddi has been identified and it will be developed in due course.

## **II. *Main identified needs and response strategy***

### *Critical protection needs*

The situation in South Sudan shows no sign of improvement soon, and an average of 800 people per day continue to arrive in an increasingly poor physical and mental state. Given the insecurity and poor infrastructure at the border, the refugees need immediate transport to more secure areas, where assistance can be provided. Two camps have already been identified and two to three more sites will be required to accommodate the totality of expected arrivals. Assessments are ongoing but there is an evident a majority of women and children.

Critical protection needs include the physical presence of humanitarian workers for border monitoring and screening procedures. Two levels of registration are required to ensure an appropriate response tailored to the particular needs of the refugees.

Children constitute 70 per cent of the arriving population, including large numbers of separated children, who have been traumatized by the conflict, uprooted from schools and are in poor physical condition. Activities to establish safe, child-friendly spaces, education and address nutritional needs are priorities.

Among the new arrivals are many women and girls who have survived sexual and gender-based violence (SGBV) during the crisis in South Sudan, either at home or during flight. Activities to prevent and respond to SGBV among women and men, boys and girls are therefore other priorities.

Community-based mechanisms, such as Refugee Central Committees, women and youth associations, community-based child protection mechanisms need to be established to provide urgent services to prevent threats and abuses. Mechanisms to identify children at risk and the capacity to provide necessary services (including alternative care, family tracing and other related activities) will be needed. Psychosocial support, including establishment of child friendly spaces, and education will also be a key priority. Setting up education facilities should be prioritized as a critical component of protection for children.

Refugees arrive with little or no personal belongings. Out of the over 65,000 refugees who have arrived so far in Gambella Region, only some 5,000 individuals have received essential domestic items. With the current rate of arrivals, 20,000 individuals per month will be in need of non-food items (NFIs) to prepare their own food and meet their basic domestic and hygiene needs. Refugees lacking these items are likely to either sell some of their food rations or expose themselves to risks by seeking alternative coping mechanisms.

Current demographics indicate that more than half of the refugees are school-aged children (3 to 14 years). The recurrent insecurity and violence in South Sudan has already had a detrimental effect on

their education. In any event, the border area communities lack the basic educational infrastructures and personnel to cope with the influx. Therefore, learning spaces, teacher identification and training, materials and feeding programs are critically needed to avoid further interruption in the academic school year. An inter-agency assessment of the education needs for the new arrivals will take place in March 2014.

As stated before, generally refugees are arriving at an extremely remote location of western Ethiopia with very little infrastructure or services. There are no facilities in the border areas and the local community has limited resources to host the large number of refugees. While new camp sites have been identified, they need to be developed from scratch. The rainy season will start at the end of April, necessitating the urgent construction of basic accommodation. Access roads from border points to the camps are also in poor condition requiring spot repairs and maintenance. An estimated 100 km road network for the two new camps, Lietchuor and Tierkidi, are needed.

Access to food is currently the most critical need of the new arrivals who have walked for days, eating foliage until they reached Ethiopia. As malnutrition rates are significantly high and local coping mechanisms of a population already at risk are depleted, the distribution of food rations to the refugees is of utmost priority. WFP's refugee pipeline will not be able to cover the needs of the 430,000 refugees currently hosted in Ethiopia. The agency has signalled that shortfalls already being experienced will severely increase with the expected continuing arrival of refugees.



*Refugees preparing to dock at Burubiey after a 9 hour voyage from Akobo, Ethiopia. UNHCR/J. Flomo*

Local health facilities at the border entry points are inadequate to deal with the increasing influx of refugees. Emergency health services are currently provided at Pagak and Tiergol (Akobo woreda) and health and nutrition services at Tiergol and Leitchuor camp have been improved recently commenced. The local health centres are providing ambulance referral services; but are facing challenges in meeting the needs of the local community and refugees.

As community reporting on mortality is low, it is difficult to determine mortality rates accurately. Measles cases were confirmed at entry points, in camps, as well as among the host communities. At Pagak, moderate and severe acute malnutrition rates among 2,407 children 6-59 children screened showed an alarmingly high Global Acute Malnutrition (GAM) rates of 37.3 per cent and Severe Acute Malnutrition (SAM) rates of 11.1 per cent. These are above the emergency threshold, and the situation may further deteriorate with a sustained influx.

Poor sanitary conditions pose a major public health risk, including potential communicable disease outbreaks in refugee-hosting sites. Moreover, while the water quality of rivers is poor, a lack of water collection containers also affects the capacity of households to collect and store clean water. Water is being trucked to Leitchuor camp, providing about 7 litres per person per day, far less than the recommended SPHERE minimum of 15 litres per person per day. Access to communal latrines stands at one unit for 65 people in Leitchuor camp but that is at a higher ratio than at both Pagak and Akobo reception/transit points. Consequently, access levels to WASH facilities for the host community have been affected by sharing existing hand pumps, the pollution of rivers and an increased faecal load on settlements as a result of open defecation. Hygiene awareness is low among refugees and the host population. These issues will be seriously addressed to avoid the spread of diseases.

The projected 140,000 South Sudanese asylum-seekers expected in Gambella Region are expected to enter via several border points including Pagak, Tiergol town of Akobo Woreda, Raad and Matar. Tiergol town currently hosts more than 60 per cent of the new arrivals. Emergency border evacuation and transportation of refugees in a humane and orderly manner is urgently required. The border areas are remote and difficult to access, necessitating transport by boat and bus to the newly identified camps of Leitchuor and Tierkidi.

The majority of refugees cook over three-stone fires which consume a large amount of firewood. Wood is also needed for construction of shelters and site development. These crucial activities add significant pressure upon an already fragile and depleted environment. Currently, no alternative sources of energy are available. If not provided with firewood or fuel for cooking, refugee women and girls are at risk of SGBV when collecting wood far from the camps. There will also be a risk of increased conflict over the natural resources with the host community.

The majority of the refugees are agro-pastoralists and have the skills and knowledge to engage in a variety of livelihood activities. Diet diversification, increased food security, skills maintenance/enhancement are critical needs that can be achieved through livelihoods enhancement.

### *Strategy to respond to main identified needs*

UNHCR will work closely with the Government of Ethiopia to ensure that asylum-seekers are provided unhindered access to Ethiopian territory. Screening will identify possible combatants and ensure that the civilian character of asylum is maintained.

Two levels of registration for new arrivals will include registration at points of entry, where only basic data is collected, and in the camps, where more detailed information such as biometric data and specific protection needs will be captured. UNHCR and partners will support the establishment of community-based mechanisms that will place the capacities, rights and dignity of people of concern at the centre of the emergency response. Together with all stakeholders, UNHCR will conduct community consultations to identify pressing needs to be prioritized accordingly.

Protection interventions will be undertaken to ensure that the identification, documentation and family tracing/reunification of unaccompanied and separated children (UASCs) and other at-risk-children takes place. For all children, including those in the host communities at points of entry, the establishment of child-friendly spaces and provision of basic services, including education, will be prioritized. Appropriate care arrangements for UASCs will be established. Psycho-social support and referrals, medical and material assistance will be provided as necessary, in particular for survivors of violence and trauma.

Legal, medical and psycho-social support as well as access to safe shelters will be provided to survivors of SGBV, as appropriate. Specific issues raising protection concerns, such as survival sex and harmful traditional practices, will be particularly considered in the development of an SGBV prevention and response programme. Dedicated staff will be assigned to the operation to oversee these interventions.

While additional NFI stocks have been ordered from regional stockpiles, they will not immediately arrive in the country. A two-tiered strategy for supplying the necessary domestic items and water/sanitation materials has therefore been developed, using a combination of local and international procurement.

The education response will target 30,000 children, of whom 20,000 will have primary education (7-14 years-old) and 10,000 for early childhood education (3-6 year-olds). Temporary learning spaces will be established in tented classrooms, temporary sheds or under trees, as appropriate; teachers will be identified within the refugee community and trained. A subsequent phase will provide a transition from safe learning spaces to more formal education activities. Basic teaching, learning materials and textbooks for students and education personnel will also be provided, including school feeding arrangements.

Equal access to education by girls and boys affected by the displacement will be addressed throughout the emergency phases. School feeding and provision of hygiene kits to the teenage girls will help to boost enrolment and attendance.



General food distributions, as well as high-energy biscuits upon arrival, will be provided to all registered refugees from South Sudan. The refugee food basket is composed of cereal (16 kg), pulses (1.5 kg), vegetable oil (0.9 kg), CSB (1.5 kg), sugar (0.45 kg) and salt (0.15 kg). Rations are provided per person per month.

In addition, supplementary food rations will be provided to moderately malnourished refugees. An estimated 20 per cent of the newly arrived refugees will require supplementary assistance for three months, while the percentage will decrease to 10 per cent thereafter, when the nutritional situation of the refugees should have improved.

Following the border crossing, all new arrivals are sheltered in three transit centres in Tiergol (Akobo woreda), Pagak, and Matar (Wanthowa woreda) before onward movement to the camps. While tents will be procured for specific cases, refugees will be housed from the start in traditional shelters, which are more cost-effective, culturally acceptable and longer lasting. The site plan for the development in the Lietchuor camp envisages the 16 -family community layout. This community-based method of settlement planning will be incorporated to optimize security, sanitation and camp life- quality as a whole. As the refugees are familiar with the construction methodology of the "tukul" type of shelters, they will participate in constructing the shelters themselves, with support from hired technicians, both from the refugee and host communities. The shelters will have adequate space for an average family size of five individuals.

The main elements of the emergency health and nutrition response are immunization, screening for and management of severe and moderate acute malnutrition, protection, promotion of and support to adequate infant and young child feeding practices (including micronutrients supplementation), as well as access to reproductive health and basic preventive, curative and referral services. Upon arrival at reception centres, refugees will be vaccinated against measles, and receive Vitamin A supplements (children 6-59 months) and deworming treatment (children 12-59 months). Oral polio vaccine will be provided to all children under five.

Health services will initially be implemented in temporary health facilities, providing curative and preventive treatment, as well as an emergency in-patient department, supplied with essential medicine and medical supplies for the treatment of major causes of morbidity and mortality. The Health Information System will be strengthened. Nutritional screening and surveys will be used as important tools for monitoring, evaluation and decision-making. Standard reporting tools will be shared or developed with partners.

The mental health programme will comprise community-based psychosocial services and services integrated in the health facilities, complemented by trainings and advocacy. Providing condoms, safe delivery kits for home delivery and other supplies will be a core part of the reproductive health response. Partners will complement this through trainings and education on family planning, HIV prevention and sexually transmitted infections, obstetric and new-born care.

The community-based management for cases of severe and moderate or acute malnutrition will be utilized for nutrition interventions. Blanket supplementary feeding programmes will be provided to children of 6 to 23 months with a possibility of extending to 59 months. Wet feeding at Pagak

reception site will be provided for 6 to 24 months old children and pregnant and lactating women. Screening for acute malnutrition will systematically continue at entry points and in camps.

The immediate priority for the first 3 months of the response is to increase access to potable water and emergency latrines to asylum-seekers at reception, transit and camp locations. WASH partners will continue to scale up their capacity to provide a minimum package of emergency WASH services to those in need. The WASH sector will continue to engage with health actors to address key infectious diseases through coordination with the health and nutrition sectors.

Relocations will involve bus and boat movements that can take up to half a day thus requiring setting up of a way-station on the route. At the departure points, pre-departure medical screening and medical escorts will be provided, as necessary. Priority attention will be given to vulnerable individuals, such as pregnant and lactating women, children, people with disabilities, elderly people and people with medical conditions.

A large-scale and sustained environmental protection and forest resources supply response is required through re-forestation activities, including jointly protecting natural resources and curbing the further expansion of environmental degradation in all camps. To raise awareness of the environmental issues and potential for inter-community conflict, sensitization and training on environmental practices will be conducted, in coordination with local authorities.

Degraded lands will be protected through enclosures to rehabilitate the environment naturally. Selected watersheds will be planted with trees to ensure sustainable discharge of ground water. Woodlots will be developed closer to the camps to serve as sources of forest products including wood for fuel, construction and animal fodder. All settlement camps will be covered with fruit trees and trees for amenity, increased nutrition and income generation. As no firewood is available at Lietchuor camp, firewood as well as fuel saving stoves will be provided to refugees for at least three months, followed by ethanol and/or kerosene stoves. In the mid-term of the emergency response, alternative energy and bio-fuel sources will be introduced in all camps and production technologies will be introduced accordingly.

Given the background and skills of the refugee population from South Sudan, major training components will not be required in the initial emergency response. Some refugee households will be provided with equipment for beekeeping and poultry production. Small-scale backyard and multi-storey gardening will be supported through provision of tools and seeds. The provision of kits for those activities will help refugees diversify their diet, generate income and contribute to their psycho-social well-being.

### III. *Planned response*

<b>Planned Response</b>	
<b>Protection</b>	<ul style="list-style-type: none"> <li>- Advocacy for continued access to territory and asylum to all new arrivals; maintaining of civilian nature of refugee camps and sites</li> <li>- Registration of all new arrivals in a timely manner, capturing bio data and screening for specific needs</li> <li>- Physical protection of refugees</li> <li>- Registration, documentation and assessment, as well as identification of care arrangements for unaccompanied and separated children</li> <li>- Establishment of community-based child protection structures and case management system</li> <li>- At risk children identified and supported, psychosocial support provided, family separation prevented and addressed</li> <li>- Establishment and training of community leadership groups and complaint mechanisms</li> <li>- Establishment of response mechanisms for SGBV survivors, including medical support, psycho-social counseling and safe-spaces; establishment of community based SGBV prevention and response mechanisms</li> <li>- Provision of legal assistance for SGBV survivors, access to safe shelters where needed. Training of UNHCR and partner staff on applying a multi-sectoral approach in SGBV prevention and response programming , establishment of SGBV task force, training of health staff on clinical management of rape, and strengthening SGBV case management</li> </ul>
<b>WASH</b>	<ul style="list-style-type: none"> <li>- Provision of potable water through emergency water trucking</li> <li>- Construction of permanent water system</li> <li>- Construction of community and family latrines</li> <li>- Construction of sanitary facilities in health centres and educational facilities</li> </ul>
<b>Shelter and Non-food items</b>	<ul style="list-style-type: none"> <li>- Provision of materials for the construction of transition shelter</li> <li>- Technical support and supervision of construction</li> <li>- Construction of shelter for vulnerable households</li> <li>- Construction of communal and temporary shelter at the entry points and reception centres</li> <li>- Construction of access roads, in-camp roads and security perimeter roads</li> <li>- Provision of Core Relief Items (nationally and internationally), including blankets, jerry cans, plastic sheet, kitchen sets, sleeping mats, water buckets and mosquito nets</li> <li>- Monthly provision of sanitary materials (sanitary pads, underwear, soap) to women in reproductive age Provision of 250 g of soap to each refugee per month</li> </ul>
<b>Food</b>	<ul style="list-style-type: none"> <li>- Provision of monthly food rations to refugee households</li> <li>- Provision of school feeding to 30,000 children</li> <li>- Provision of supplementary food to moderately malnourished refugees</li> <li>- Monitoring of food distribution</li> </ul>

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## Planned Response (contd.)

### Health & Nutrition

- Provision of emergency primary health care services to all refugees
- Provision of emergency response capacity for surgeries, including emergency obstetric care
- Response to health-related emergencies, including controlling the spread of communicable diseases, transmittable diseases such as HIV, reproductive healthcare and medical services to survivors of gender based violence, including mainstreaming of gender and protection into health response activities. Provide immunization to children and adults such as measles, Polio and other antigens
- Provision of community-based mental health services for refugees; psychosocial education/advocacy; referral and support to camp health clinics clinical treatment as required
- Undertaking of entry point nutritional screening (MUAC) to all children of 6-59 months and pregnant, lactating women
- Undertaking of regular nutrition surveys to assess the nutrition status of children under-five
- Provision of wet feeding and blanket feeding to children of 6-23 months up to a maximum of 59 months and pregnant and lactating women
- Establishment of community-based management of severe and moderate acute malnutrition (establishment of stabilization centres, outpatient therapeutic centres and targeted supplementary centres for the rehabilitation of malnourished children, capacity building of personnel, monitoring and evaluation)

### Education

- Provision of early childhood care and education to 10,000 children age 3-6 years
- Provision of primary education to 20,000 children age 7-14 years
- Establishment of temporary and permanent learning spaces and schools,
- Recruitment and training of teachers
- Provision of teaching and learning materials and hygiene kits for teenage girl students
- Monitoring system with baselines to be set up

### Logistics and Telecoms

- Transportation of new arrivals in safety and dignity from entry points to the camps
- Transportation of CRI
- Storage of CRI and distribution to refugees
- Provision of assets (vehicles) and office space and accommodation to partners

### Livelihoods

- Natural rehabilitation of 100ha of degraded lands protected through area enclosures
- Ensuring sustainable discharge of ground water, river and spring flow of 120ha of lands planted with tree seedlings in the watersheds closer to the camps
- Development of 50ha of multi-purpose forest near the camps to serve as sources of forest products including wood for fuel and construction materials, animal fodder and bee-forage
- Provision of alternative and/or renewable energy to refugee households
- Provision of fuel-saving and kerosene/ethanol stoves as well as fuel/firewood to all refugee households
- Establish energy saving device for communal lighting – schools, streets, health centres, latrines



#### IV. *Partnership and coordination*

The inter-agency response to this refugee influx was mobilized immediately with coordination fora at both the regional level and central level in Addis Abeba, led by the Government of Ethiopia and UNHCR through the standing Refugee Task Force, the main coordinating body, in which all agencies participate. An implementation matrix drafted in the early stages, indicates sectoral responsibilities per agency, supported by the Government's refugee agency, ARRA. This contributed to a rapid delivery of key activities including health, transport and registration. A joint inter-agency assessment, as well as targeted assessments in health, education, etc., have been undertaken or are planned.

#### V. *Ethiopia: financial requirements summary*

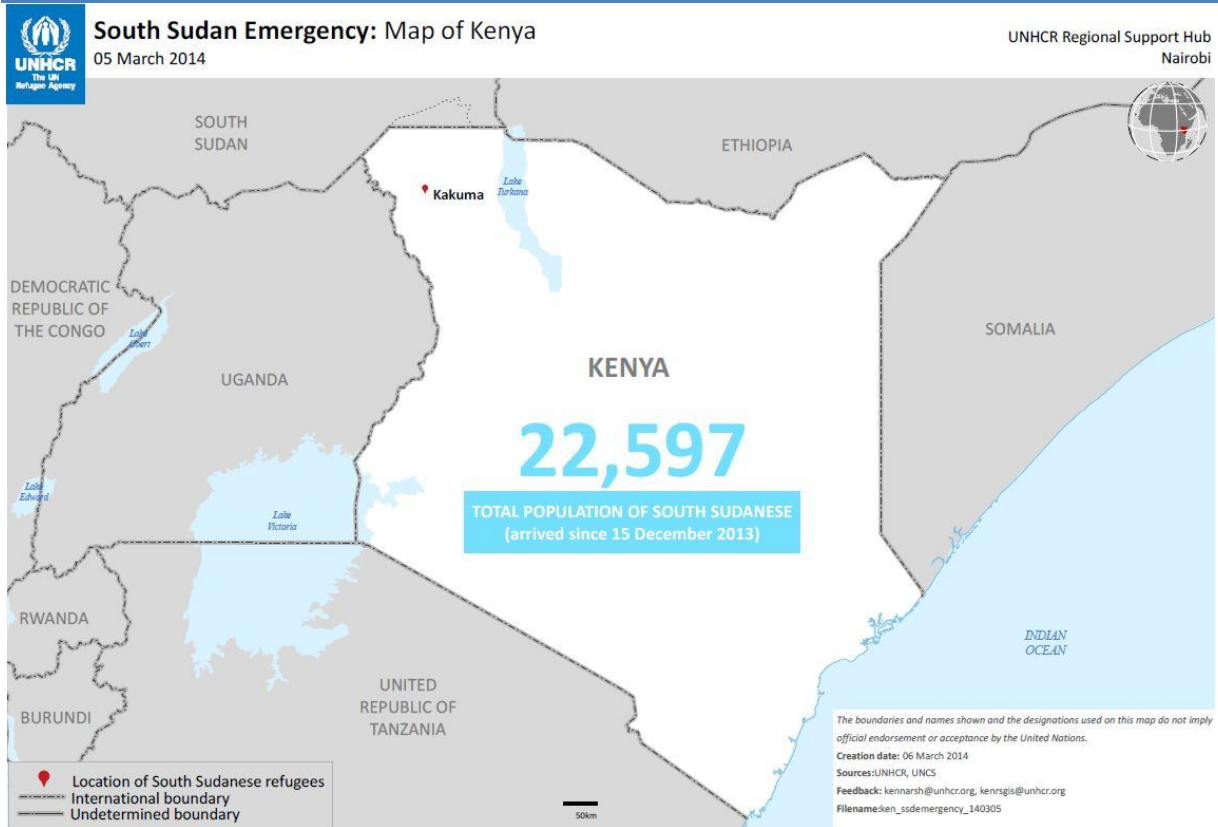
##### Financial requirements by agency (in US dollars)

Organization	Total
ACF Action contre la faim	1,800,000
DRC Danish Refugee Council	900,000
HELP Age	546,000
IMC International Medical Corps	2,000,234
IOM International Organization for Migration	9,142,000
LWF Lutheran World Federation	1,628,000
NRC Norwegian Refugee Council	5,079,100
SCI Save the Children International	1,770,000
UNHCR United Nations High Commissioner for Refugees	43,651,165
UNICEF United Nations Children's Fund	4,960,000
WFP World Food Programme	28,400,000
ZOA International	2,600,000
<b>Total</b>	<b>102,476,499</b>

##### Financial requirements by sector (in US dollars)

Sector	Total
Protection	8,133,798
Education	3,596,749
Food	28,400,000
Health and Nutrition	8,470,785
Livelihoods	3,094,643
Logistics and Telecoms	13,296,102
Operational Support	7,240,422
Shelter and NFIs	19,197,367
WASH	11,046,633
<b>Total</b>	<b>102,476,499</b>

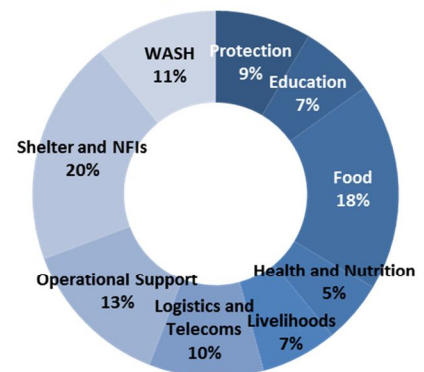
# KENYA: REFUGEE RESPONSE



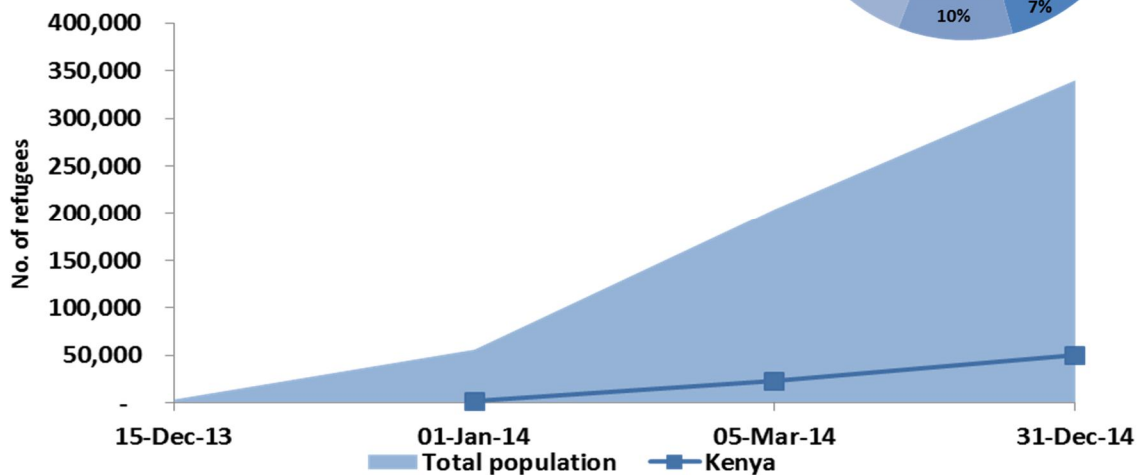
## Total Requirements in USD

45,765,108

## Requirements



## Population Trends and Projections 2014



## **I. Background**

By the end of November 2013, more than 45,000 South Sudanese refugees and asylum-seekers were registered in Kenya, including over 10,000 in Kakuma. Following violent clashes in South Sudan in mid-December 2013, an additional 22,500 South Sudanese (as of 5 March 2014), mostly women and children, crossed into Kenya, through Nadapal, the only official border crossing point, which is located in the north-western county of Turkana. However, given the instability in South Sudan, those fleeing to seek safety are also likely to enter Kenya at various unofficial entry points in Turkana County.

In response to this ongoing influx from South Sudan, a multi-sector response for newly arriving refugees in Kenya has been elaborated by UNHCR with a consortium of partners, including UNICEF, WFP, WHO and NGOs, and in close cooperation with the Government of Kenya. The emergency response complements the ongoing protection and assistance delivery in the existing refugee camps in Kakuma, as well as the multi-sector programming in the wider Turkana County.

This inter-agency appeal addresses a total planning figure of 50,000 new arrivals in Kenya for 2014. It focuses on the most urgent life-saving responses in relation to the refugee influx, including arresting the measles outbreak, and addressing critical issues related to the needs of host communities affected by the refugee influx. This appeal covers requirements to support 25,000 refugees at a new site, Kakuma 4, recently opened at the old Kakuma camp, as well as for an additional 25,000 anticipated arrivals should the influx continue. The latter 25,000 would be initially hosted in a new camp to be developed in Nakururum, Turkana County, approximately 80 km from Kakuma towards Lokichoggio. The need to establish another camp is becoming urgent as the 25,000 capacity of the new site, Kakuma 4, has already been reached.

Initially, 20,000 new refugee arrivals were planned for. However, as this number had already been exceeded at the end of February 2014, the planning figure was increased to 50,000 refugees. It is noteworthy that over 70 per cent of officially registered new arrivals were children. Accordingly, out of the 50,000 who will be assisted through this appeal, an estimated 19,500 will be children under five. Similarly addressing the needs of pregnant and lactating women, will be a major concern.

This appeal, for a total of USD 45.7 million, has been jointly developed by key agencies delivering the response on the ground and it emphasizes the urgent elements of the response that is needed in Kakuma camps, at the border, and in the surrounding Turkana West sub-county. Key components include: food aid and nutrition to ensure general food distribution prevention and treatment, malnutrition; and shelter to provide physical protection to new arrivals from harsh climatic conditions and in preparation for the rainy season.

Resources to provide education and protective and safe learning environments are also required for the high number of children among the new arrivals as a means of re-introducing a routine in children's lives and providing psychosocial support. In addition, there are urgent sanitation needs including latrines for the new arrivals, as well as additional drainage in the new section of the original

Kakuma camp and in the new camp in preparation for potential flash floods during the upcoming rainy season.

Coordinated protection monitoring of the border region by the Government of Kenya, UNHCR and partners has intensified since mid-December. In accordance with Kenya's Contingency Plan for South Sudan, at the first sign of a surge in new arrivals, the Government of Kenya, UNHCR and partners increased border protection monitoring and coordinated a humanitarian response ranging from a favourable, protection-sensitive screening and admission policy, to initial protection and relief emergency services.

The inter-agency response is working simultaneously on three fronts: at the Nadapal border point, at the old Kakuma reception centre, and at the new site in Kakuma 4. At the Nadapal border point, refugees undergo security screening by the Kenya Police and medical screening/vaccinations by MSF Belgium and the Ministry of Health. They are then given BP 5 high energy biscuits provided by WFP and undergo pre-registration by Kenya's Department of Refugee Affairs (DRA). IOM then provides onward transportation to the reception centre in Kakuma 2.

At the reception centre, the new arrivals are accommodated and receive basic NFIs (kitchen sets, blankets and mosquito nets). WFP and LWF provide wet feeding while IRC ensures medical screening and immunization. Once relocated to the new site in Kakuma 4, new arrivals are being accommodated in temporary shelters and start receiving the regular dry food ration provided by WFP, as well as NFIs and firewood catered for by NRC. Other agencies working in Turkana County, including World Vision and UNICEF, have stepped up their responses in the area and in the camps.

The components of the nutrition response are being coordinated under the leadership of UNICEF and in consultation with WFP. The nutrition status of the new arrivals is a cause for concern especially with respect to the global acute malnutrition of children under five. According to the IRC emergency screening data, from 8 January to 8 February 2014, new arrivals under the age of five years were screened using weight-for, with a global acute malnutrition (GAM) rate of 12.4 per cent and a severe acute malnutrition (SAM) rate of 3.6 per cent, thus necessitating the need for expansion of available supplementary feeding and outreach therapeutic programmes' resources to meet the demand of this population. As a result, WFP introduced new emergency interventions (distribution of high-energy biscuits at the border for refugees upon arrival; blanket supplementary feeding programmes for children under two years of age; targeted supplementary feeding programme for malnourished children under five years of age and pregnant and lactating women; wet and dry food rations at the reception centres and at a new food distribution centre for the new arrivals, respectively). Arrangements are also being made to start school meal programmes for school-age children.

Since the influx began, cases of measles have been recorded inside and outside the camps. The coordination of the response to measles has been led by WHO in conjunction with UNHCR and UNICEF and in consultation with the Ministry of Health.



## **II. Main identified needs and response strategy**

### *Critical protection needs*

The main aim of the emergency response strategy is to provide protection and life-saving assistance to the new arrivals from the border crossing point to settlement in Kakuma refugee camp. The specific needs of different categories of refugees and asylum-seekers are assessed at all stages of the screening, reception and transportation processes. The majority of those fleeing are single-headed households and over 70 per cent are under 18 years of age. A major area of concern has been the high number of unaccompanied and/or separated children (UASC) who have been received since the onset of the influx. Currently, the reception of new arrivals is centralized at one reception centre. The centre is overstretched as it caters to all new arrivals through the Kenya/South Sudan border, as well as those coming in from other areas, including referrals from Nairobi.

Minimum nutritional requirements, the management of the acute malnutrition rates and the prevention of severe acute malnutrition in pregnant and lactating women and children under five through supplementary feeding will need to be reinforced. Presently, on arrival, asylum-seekers are provided with wet feeding at the reception centres and WFP provides high-energy biscuits (BP-5) at the border and dry food rations at the food distribution centre in the new site. Under this appeal, there is a need to continue with the procurement and distribution of food to the new arrivals through December 2014. Food distributions in the camps will be performed on a fortnightly basis for all new arrivals.

Based on the number of refugees who have arrived, as well as anticipated arrivals, a supplementary feeding programme for some 2,000 malnourished children under five-years old and 250 pregnant and lactating women will be carried out through the distribution of Plumpy Nut, vegetable oil and Super Cereal for women. Mother-and-child health and nutrition will be supported through the distribution of the appropriate rations under the mother-and-child health and nutrition (MCHN) programme in order to meet the additional nutritional requirements of approximately 3,150 children under two-years of age and close to 4,280 pregnant and lactating women, and to reduce the cases of anaemia in the camps. Under the school feeding programme, dry rations will be distributed for up to 10,125 children. Support to human resource capacity development through specific technical trainings in nutrition (IMAM and IYCN) will be provided.

The construction of a reception and registration centre is currently underway at the border town of Nadapal. UNHCR and the Government continue to register the new arrivals and identify those with specific needs for referral. New arrivals are being provided with transport from the border to Kakuma 4 and there is need to ensure that a field post is constructed in the new site in order to ensure the coordination of services for the new arrivals. Support for the Department of Refugee Affairs, with project staff, registration materials and equipment is also envisioned under this appeal.

All new arrivals will require basic domestic items including sleeping mats, jerry cans, blankets, kitchen sets, soap and mosquito nets. Thus far, a total of some 3,780 temporary shelters have been put up in the new site, Kakuma 4, with more than 20,000 individuals (more than 5,000 families) settled. While the new arrivals have started building their houses from mud bricks, there is an urgent

need to provide roofing materials (corrugated iron sheets, poles and nails) for 5,000 houses in preparation for the rainy season. Further, a total of 5 km of new roads need to be built to ensure access to Kakuma 4 and some 16 km of roads to access the new camp. The provision of shelter and core relief items is critical to the protection of children so as to minimise the risk of exploitation and abuse.

Over 2,500 separated and some 400 unaccompanied children from South Sudan have been received in Kenya since the onset of the emergency, increasing the number of unaccompanied and separated children in Kakuma to over 13,000 (including children who were in the camp prior to the influx). A joint UNHCR and UNICEF assessment conducted in January identified key interventions including the need for additional case workers, prioritised registration, and placement in foster homes, among others. To date, 59 per cent of the unaccompanied minors (UAMs) have been registered and 17 per cent have been placed in foster arrangements in the camps. Immediate care and protection will be provided for the unaccompanied and separated children while working to find medium- to long-term care solutions, such as fostering or other alternative care, while tracing is ongoing. In addition, UNICEF will set up child-friendly spaces for children to include providing psychosocial activities.

In the arrival areas, infrastructure development is needed, including the drilling of boreholes and extension of the water reticulation system in order to ensure adequate water supplies for the new arrivals. Presently, water is being trucked in and family latrines are constructed to provide adequate sanitation facilities and to mitigate the outbreak of diseases.

It is important to provide sanitary facilities for people in the camps, such as health centres, training and mobilization of hygiene promoters, provision of hand washing stations and soap in institutions, and emergency WASH NFIs (water storage containers). Design and location of WASH infrastructure will ensure that access is provided to women and girls including those with limited mobility. Women will be meaningfully involved in decision making and trained in use and maintenance of facilities, and WASH sector partners will coordinate gender activities.

There is an urgent need to construct a health clinic at Kakuma 4 so that new arrivals can access health services, and later to construct two new clinics at the new camp in Nakururum to ensure sufficient health coverage for the new population. The new facilities will require qualified medical staff as well as equipment, running costs, and medical drugs and supplies.

It is estimated that 120 temporary classrooms will be needed, to be equipped with school furniture and the requisite WASH facilities at the sites. Incentive and national teachers need to be recruited and trained, as well as didactic materials provided to cater for the dramatic increase in learners. UNICEF will cater for 1,000 children, for seven months in temporary learning centres through light and interactive learning activities and psychosocial support. Teachers and caregivers will be hired preferably from among the same community/tribes. At every three month interval, when children are normalized in their routine, they will be transferred to UNHCR supported formal schools. The children will be provided with protective and safe learning environments where they will experience interactive learning and psychosocial support before they are mainstreamed into the formal school system.

The emergency response strategy has involved a wide range of partners including governmental, UN and NGO agencies in order to ensure that those fleeing the violence in South Sudan are continuously supported through systematic mechanisms. The following is a summary of key protection needs, as described above:

- Rapidly developing new sites for refugee arrivals, including scaled-up WASH and shelter capacities as well as the need for a new health facility
- Addressing child protection needs through education and individual case management
- Meeting the food consumption needs and minimum nutritional requirements of newly arriving refugees; managing moderate acute malnutrition and preventing severe acute malnutrition in pregnant and lactating women and children under five through supplementary feeding
- Addressing gaps in providing NFIs for new arrivals
- Addressing gaps in transport , necessary for the daily operations between the border at Nadapal and the Kakuma camp

Promoting peaceful coexistence will be taken into consideration. Kakuma is situated in a dry and harsh climatic environment which means that people of concern are entirely dependent on humanitarian aid. The area is one of the most marginalized in the country and therefore the local residents also depend on humanitarian aid and assistance from the aid agencies. All planning will consider the needs of the host community surrounding the camps in order to prevent competition over resources.

### III. *Planned response*

<b>Planned Response</b>	
<b>WASH</b>	<ul style="list-style-type: none"> <li>- Development of new sites for the refugee arrivals including scaled-up WASH and shelter capacity as well as constructing a new health facility</li> <li>- Drilling of boreholes and extension of the water reticulation system in order to ensure adequate water provision for the new arrivals in Kakuma Camp</li> <li>- Construction of family latrines</li> </ul>
<b>Health and Nutrition</b>	<ul style="list-style-type: none"> <li>- Meeting the food consumption needs and minimum nutritional requirements of refugees from South Sudan</li> <li>- Managing moderate acute malnutrition and prevent severe acute malnutrition in pregnant and lactating women and children under five through supplementary feeding</li> <li>- Provide immunization to children and adults such as measles, Polio and other antigens</li> </ul>
<b>Protection</b>	<ul style="list-style-type: none"> <li>- Addressing child protection needs and individual case management</li> <li>- Registering unaccompanied minors and provide them with protection such as placement with foster care</li> <li>- Providing temporary accommodation to unaccompanied children at the reception centre while preparing child friendly spaces. Providing protection and support to unaccompanied and separated children, including family tracing and alternative care, as well as placement with families.</li> <li>- Psychosocial support, including through preparation of child friendly spaces</li> <li>- Establishing of community-based protection mechanisms</li> <li>- Provision of: psychosocial counselling, medical care and legal assistance for SGBV survivors, access to safe shelters where needed; training of UNHCR and partner staff on applying a multi-sectoral approach in SGBV prevention and response programming; involvement of communities in SGBV prevention; establishment of SGBV task force; training of health staff on clinical management of rape and strengthening of SGBV case management</li> <li>- Identifying teachers among the refugee and local population, providing training if necessary</li> <li>- Providing education supplies and learning materials</li> <li>- Establishing links between schools and community-based child protection mechanisms</li> <li>- Setting up monitoring mechanisms to track children's attendance and progress</li> </ul>
<b>Logistics and Telecoms</b>	<ul style="list-style-type: none"> <li>- Developing transport support for the daily operations between the border in Nadapal and the Kakuma camp.</li> </ul>
<b>Shelter and Non-food items</b>	<ul style="list-style-type: none"> <li>- Providing NFIs including sleeping mats, jerry cans, blankets, kitchen sets, soap and mosquito nets to new arrivals</li> <li>- Providing temporary shelters made of plastic sheeting as well as some tents for new arrivals and provision of semi-permanent shelters for the most vulnerable</li> <li>- Providing sanitary kits which include underwear, pads and soap.</li> </ul>
<b>Education</b>	<ul style="list-style-type: none"> <li>- Identifying teachers among the refugee and local population, provide training if necessary</li> <li>- Providing education supplies and learning materials</li> <li>- Establishing links between schools and community-based child protection mechanisms</li> <li>- Setting up monitoring mechanisms to track children's attendance and progress in school</li> <li>- Providing teaching and learning materials and hygiene kits for teenage girl students</li> <li>- Setting up a monitoring system with baselines</li> </ul>

#### IV. *Partnership and coordination*

The emergency humanitarian response to the refugee influx is led and coordinated primarily by UNHCR, supported by the Government of Kenya, with a consortium of partners, including UNICEF, WFP, IOM and NGOs. The elements of the submission were jointly developed by agencies working in Kakuma where the key decisions with respect to priority sectors/actions have been made in the inter-agency working group. The Kakuma response is been regularly discussed at the Inter-Sector Working Group, followed up by consultations with the Kenya Humanitarian Partnership Team (comprising UN agencies, donors, the Kenya Red Cross Society and NGOs chaired by the Humanitarian Coordinator).

#### V. *Kenya: financial requirements summary*

##### Financial Requirements by agency (in US dollars)

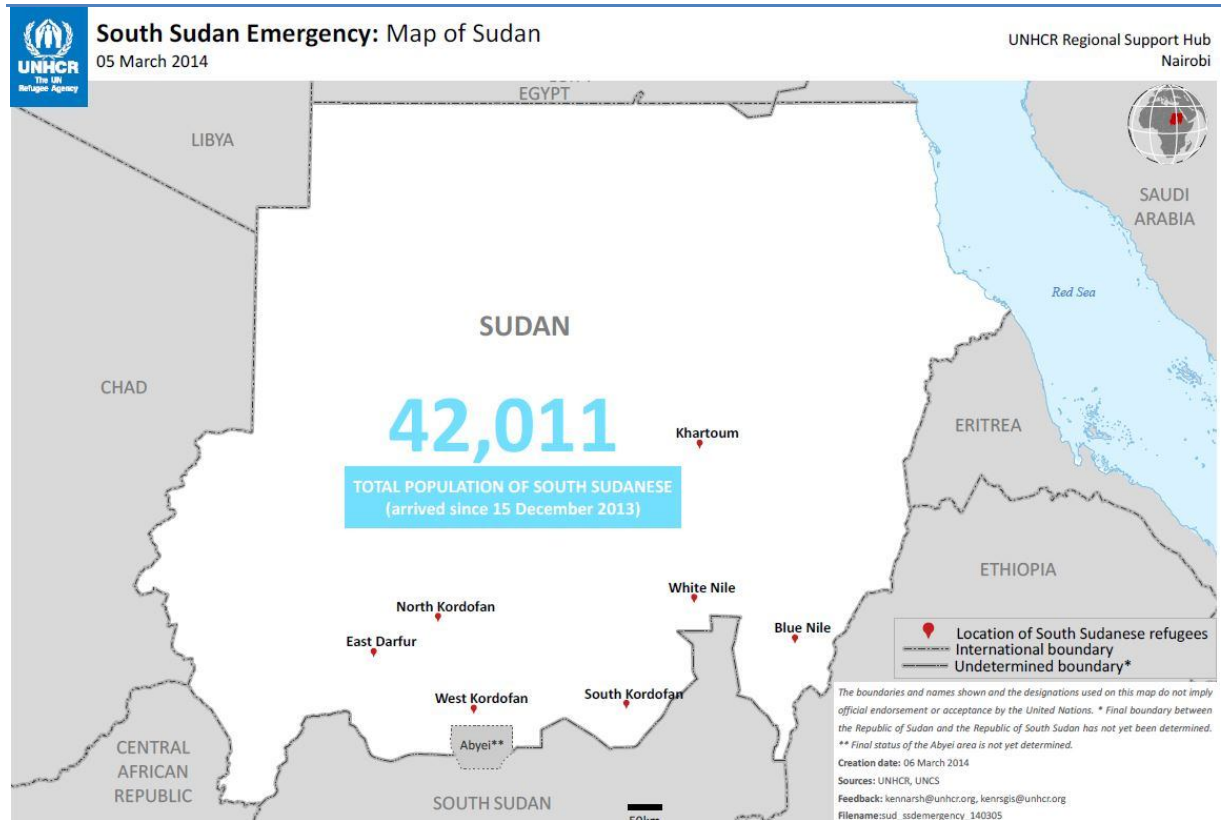
Organization	Total
IOM International Organization for Migration	926,400
LWF Lutheran World Federation	383,963
NRC Norwegian Refugee Council	250,000
RCK Refugee Consortium of Kenya	36,394
UNICEF United Nations Children's Fund	1,058,812
WFP World Food Programme	13,123,850
WHO World Health Organization	190,000
UNHCR United Nations High Commissioner for Refugees	29,795,689
<b>Total</b>	<b>45,765,108</b>

*\*To support the South Sudanese refugees (a planned number of 50,000 may gradually arrive in Kenya during 2014), however, for general food distributions and supplementary nutritional activities, WFP requires a total of USD 13.1 million, which is included in the USD 73 million in new resources that WFP needs to meet all refugees' needs for the remainder of 2014.*

##### Financial requirements by sector (in US dollars)

Organization	Total
Protection	3,882,595
Education	3,044,984
Food	8,421,537
Health and Nutrition	2,508,696
Livelihoods	3,082,431
Logistics and Telecoms	4,631,983
Operational Support	6,130,198
Shelter and NFIs	9,096,267
WASH	4,966,417
<b>Total</b>	<b>45,765,108</b>

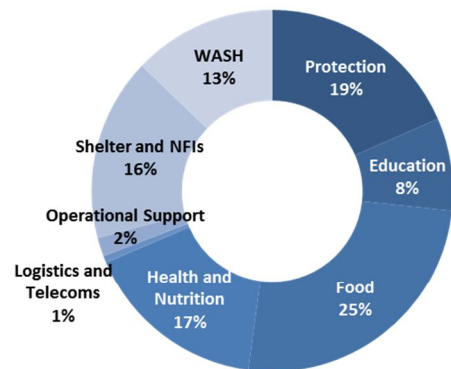
# SUDAN: REFUGEE RESPONSE



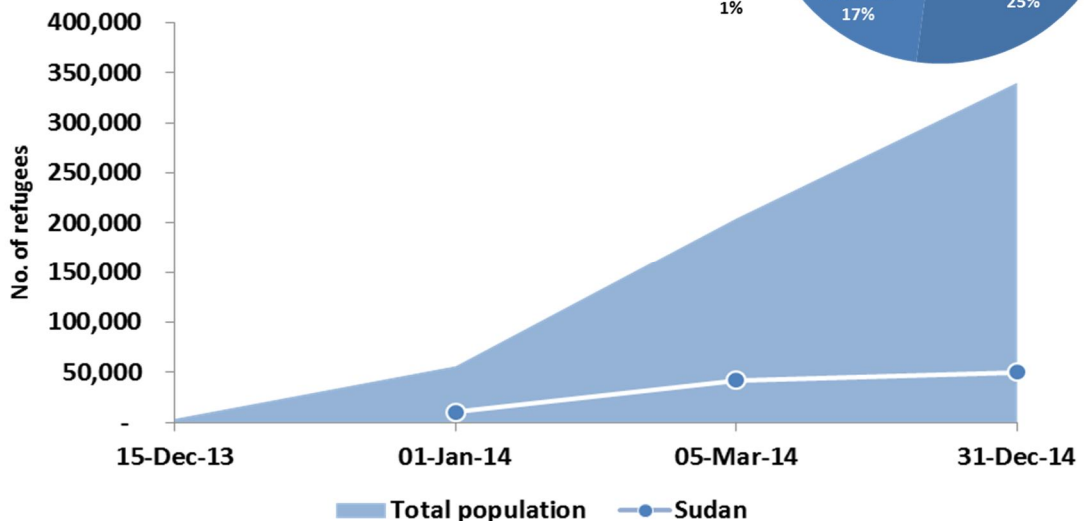
## Total Requirements in USD

40,171,141

## Requirements



## Population Trends and Projections 2014





## **I. Background**

Sudan has a long tradition of hospitality towards refugees and asylum-seekers. Before the recent influx from South Sudan, there were 155,700 refugees and 5,400 asylum-seekers in Sudan as of 31 December 2013. The vast majority come from Eritrea, and reside in camps in eastern Sudan, with a smaller number sheltered in Darfur, as well as in Khartoum.

Following the independence of South Sudan from Sudan in July 2011, a sizeable population of South Sudanese remained in Sudan. Current estimates suggest this population stands at between 300,000-350,000, with the majority residing in the Khartoum area, and approximately 40,000 in Darfur. The response to the needs of these South Sudanese is not covered in this appeal.

Since the outbreak of violence in South Sudan on 15 December 2013, an estimated 35,000 (as of 26 February) South Sudanese sought refuge in Sudan. Arrivals were reported from 24 December, first in smaller numbers, in South and West Kordofan States. The influx increased during the course of January and February 2014, where some 23,000 people crossed into White Nile State. South Sudanese have also arrived in East Darfur, Blue Nile and Khartoum States, with a current rate of arrivals of approximately 100-200 individuals per day.

Two relocation sites were established by the authorities in White Nile State. The majority of arrivals in the largest relocation site, Kilo 10 (total population 16,000), are Shilluk, while the majority of those in the smaller, second relocation site, Al Alagaya (total population 80) are Nuer, and a few Dinka. In West Kordofan, the majority of arrivals are Nuer, while in South Kordofan there are a mixture of Shilluk, Nuer and nomadic communities.

The Government of Sudan has responded positively to this influx by announcing that new arrivals from South Sudan will be granted "special privileges" in accordance with the Four Freedom Agreement between the two Countries. UNHCR and the UN Country Team in Sudan, however, continue to encourage the Government to accord them protection and assistance in line with the international instruments it has ratified.

The humanitarian situation in arrival areas and relocation sites in particular continues to be challenging. Access has remained limited, affecting the capacity of partners to conduct regular needs assessments and monitor aid distribution. In White Nile State, food rations and non-food items have been distributed to over 11,000 people. In total, 17,000 newly arrived South Sudanese refugees have received assistance thus far.

The Refugee Multi Sector, led by UNHCR, has been designated as the main inter-agency coordination forum for this situation. In the States, Emergency Coordination Committees have been established, composed of various Government bodies.

The comprehensive needs of UNHCR and all other partners involved in responding to the South Sudanese refugee emergency since 15 December 2013, total USD 40 million. These needs are in addition to those included in the 2014 Humanitarian Strategic Response Plan, which presents the

requirements to respond to the humanitarian needs of 6.1 million people in Sudan and amounts to USD 995 million, of which USD 80 million covers refugee protection and assistance needs.

This appeal seeks funding to provide protection and assistance to an estimated 50,000 South Sudanese refugees throughout 2014 in the following States: White Nile, Blue Nile, South Kordofan, West Kordofan, North Kordofan, East Darfur, Sennar and Khartoum. Some USD 505,000 are devoted to education, nutrition and WASH activities in the Abyei Permanent Court of Arbitration (PCA) Box, for which operations for some partners are managed from Sudan. While the proposed response is comprehensive, the largest components of this appeal relate to food assistance, protection, WASH and emergency shelter/NFI interventions.

The Government of Sudan has taken positive measures to cater for the new arrivals, allowing them to enter its territory, with most having received some form of assistance. The legal status these people will be granted has yet to be clarified; the authorities have chosen not to recognize them as refugees, but rather have announced they will be treated as foreigners with specific privileges which include freedom of movement within the territory of Sudan. Despite the Government's position on the status of the new arrivals, the Humanitarian Country Team in Sudan is responding to the situation as a refugee emergency and UNHCR has been designated as the lead agency for coordination purposes.

The humanitarian response will take place through host communities as well as in settlements or relocation sites.

## **II. *Main identified needs and response strategy***

### *Critical protection needs*

The majority of the newly arrived refugee population is composed of women, children and the elderly, many of whom are in desperate need of humanitarian assistance. The locations where new arrivals will be hosted and assisted will be run by the authorities with humanitarian actors providing support. There are two main relocation sites in White Nile State. The Government envisages the possibility of establishing other sites, should the currently identified areas be inundated during the rainy season.

Due to the aforementioned restrictions, a number of protection responses still need to be put in place to reduce vulnerability and ensure adequate care. Identifying people with specific needs and in particular of UASC is of crucial importance. This will take place through the establishment of border monitoring, reception, registration and referral facilities. SGBV prevention and response are an integral part of the response, both at the relocation sites and during onward movement within Sudan. In Khartoum State, where a number of newly arrived South Sudanese refugees joined existing South Sudanese communities, protection monitoring requires further strengthening, in addition to the establishment of response mechanisms



*Refugees from South Sudan receive non-food items upon arrival in Sudan. UNHCR/H. Abdalla*

There have also been reports of male adolescents and young men returning to Sudan to avoid possible forced recruitment. UNHCR and partners will take steps to prevent forced recruitment from Sudan into South Sudan.

It is imperative to scale up response measures in all sectors. Emergency food assistance must be provided upon arrival, as well as nutrition interventions, as some 800 children are expected to be affected by severe acute malnutrition and 400 pregnant and lactating women could be affected by moderate acute malnutrition. Pre-positioning and transporting/ distributing immediate life-saving emergency shelter and non-food items for 50,000 people will be a priority.

There is a need to strengthen health service delivery systems, ensure availability of basic health care (including reproductive health and mental health through psycho-social support) and strengthen detection of and response to disease outbreaks. The expected population will include 8,500 children under 5 years old, as well as 2,000 pregnant women in need of ante-natal care and access to delivery services including emergency obstetric care, and 12,500 women of reproductive age. The areas where South Sudanese refugees are crossing into Sudan have extremely limited natural resources, and there is a need to secure access to safe drinking water and sanitation facilities for 50,000 people.

Approximately 11,000 children aged 6-13, of whom 50 per cent are girls, will require additional learning spaces with gender disaggregated water and sanitation facilities and teachers, school supplies and learning materials.

Humanitarian presence, and in particular of international staff, in arrival areas remains limited. There is a need to position hubs in strategic locations in order to offer telecommunications, warehousing and transport capacity.

### *Strategy to respond to main identified needs*

While the Government of Sudan has the primary responsibility to provide protection and assistance to new arrivals, UNHCR will continue to coordinate the inter-agency efforts to support the Sudanese authorities accordingly.

UNHCR and the United Nations will continue to advocate for South Sudanese new arrivals to be recognized as refugees on a prima facie basis as, in other countries of asylum. Key advocacy messages will include the importance of non-refoulement, access to asylum procedures, ensuring the civilian character of asylum (including the separation of combatants), security of areas of displacement, humanitarian access, as well as the non-return of South Sudanese until the situation is conducive in South Sudan. UNHCR and its partners, including the Commissioner for Refugees (COR) and the Sudanese Red Crescent Society (SRCS), will strive to ensure border monitoring, verification and registration of South Sudanese upon arrival. As access remains restricted for international agencies and NGOs, UNHCR has signed agreements and entered into cooperation arrangements with the Sudanese Red Crescent Society, the Commissioner for Refugees and the Humanitarian Aid Commission to exchange information and validate reports of new arrivals. The identification of relocation sites has already taken place, and the preparation of such sites is ongoing in White Nile State, under the supervision of the State-level emergency coordination committee. Screening and registration will be carried out through registration at the household level, and individual registration will follow, in close partnership with COR and SRCS. This will allow for the identification of people with specific needs including UASC, female-headed households as well as people at risk of SGBV.

With regard to child protection, community-based networks will be established for the identification, referral and support of UAM/SC and other children at risk. UNICEF will intervene in the areas of family tracing and reunification (FTR), psycho-social support and mine risk education, targeting some conflict-affected children and UAM/SC. Mine risk education will focus on children in child friendly spaces, education facilities and out of school children. FTR teams composed of social workers from respective Ministries of Social Welfare will be deployed in relevant States, while psycho-social support will be provided through child-friendly spaces to be established in the various sites. Community-based networks will be supported through training on child rights and protection. Adolescent-friendly spaces will be established for young male and female refugees and psycho-social support will be provided through the existing Y-peer (youth peer) network.

Referral mechanisms will be established for SGBV survivors, including medical and psychosocial support in close partnership with UNFPA. Targeted support will also be provided to extremely vulnerable individuals (EVIs), including through psycho-social support and access to basic hygiene including sanitary items. In order to guarantee the safety and security of asylum-seekers and refugees, technical support on maintaining the civilian character of asylum will be provided to immigration authorities and local authorities. In Khartoum State, protection monitoring will allow for the identification of people at risk and ensure that appropriate response mechanisms are put in place.

The emergency life-saving needs of new arrivals will be met through general food distributions carried out by WFP. The caloric value is set at 2,056 kcals per person per day and will be distributed on a monthly basis to new arrivals after they have been verified and registered. In the field of nutrition, the main activities will include the establishment of stabilization centres and targeted supplementary feeding centres, along with outpatient therapeutic programmes. Emergency blanket supplementary feeding will benefit approximately 9,750 children under 5 years of age and pregnant and lactating mothers in order to prevent acute malnutrition. Emergency food rations will be distributed to some 7,850 children under 5 years coupled with multi-sector initial rapid assessment within 72 hours of arrival of the affected population. Nutritional monitoring, surveillance and referral mechanisms will also be put in place.

UNHCR and its partners will strive to maintain a capacity to respond to shelter and NFI needs of 50,000 people. NFI kits, which include plastic sheets, will be procured and prepositioned in strategic location, which will serve as hubs for further distribution. UNHCR has established a memorandum of understanding with SRCS and COR for distributing relief items. Monitoring during and after distribution, as well as evaluations will be carried out by teams composed of UNHCR staff and its partners.

In the health sector, state-level emergency health committees will be reactivated; medical supplies, drugs and kits procured; and health-worker networks established. Frontline health workers will be identified, and strategic health operating centres will be established to ensure equitable access to emergency primary health care, as well as emergency surgical and obstetric care. Key activities will include capacity building of health staff at PHC facilities, disease surveillance, immunization of children under five, HIV/AIDS interventions, and distribution of water quality testing kits.

Access to education activities will be ensured through provision of safe temporary learning spaces with gender-sensitive latrines; procurement and distribution of emergency teaching; recreational and learning materials (school in a box, recreation kits, plastic tarpaulins and plastic sitting mats); the provision of teacher training on education in emergencies, psycho-social support and pedagogy and engagement to improve access and protection for boys and girls, in addition to provision of school meals.

The Logistics Sector support will include coordination, transport, warehousing, GIS, and information management services. Transshipment points will be in El Obeid, Kosti and Damazine, as secondary roads are unable to handle large capacity trucks. The response infrastructure needs to be in place



before the rainy season starts (May-June), as nearly all of the areas are remote and access will become difficult or impossible.

Another challenge relates to the restrictions posed by the authorities to access the sites. Advocacy and constant dialogue to guarantee sustained direct presence will also require specific efforts and resources.



*UNHCR and its partners prepare for a distribution in Sudan. UNHCR/H. Abdalla*



### III. *Planned response*

<b>Planned Response</b>	
<b>WASH</b>	<ul style="list-style-type: none"> <li>- Providing water through water trucking, installation of bladder in the settlements</li> <li>- Ensuring water quality through distribution of purification tablets</li> <li>- Construction, maintenance of rehabilitation of hand pumps and motorized water systems.</li> <li>- Construction of emergency latrines</li> <li>- Conducting hygiene campaigns with key WASH and hygiene messages, interventions and distribution of soap</li> <li>- Organization of vector control and waste management campaigns</li> </ul>
<b>Food</b>	<ul style="list-style-type: none"> <li>- Distribution of emergency food rations to some 7,850 children under 5 years coupled with multi-sector initial rapid assessment within 72 hours of arrival of the affected population</li> <li>- Food distributions carried out by WFP to include 475g sorghum, 60g pulses, 30g oil and 10g salt per person per day.</li> </ul>
<b>Protection</b>	<ul style="list-style-type: none"> <li>- Screening at the borders and registration of some 50,000 new arrivals</li> <li>- Establishment of community-based networks for the identification, referral and support of UAM/SC and other children at risk</li> <li>- Family tracing and reunification (FTR), psychosocial support and mine-risk education, targeting some conflict-affected children and UASC</li> <li>- Establishment of child-friendly spaces</li> <li>- Community awareness raising on child rights and protection</li> <li>- Screening for SGBV cases and provision of psycho-social support to SGBV survivors</li> </ul>
<b>Shelter and Non-food items</b>	<ul style="list-style-type: none"> <li>- Provision of shelter and NFIs to 50,000 people</li> </ul>
<b>Education</b>	<ul style="list-style-type: none"> <li>- Provision of safe temporary learning spaces with gender sensitive latrines using temporary materials</li> <li>- Procurement and distribution of emergency teaching, recreational and learning materials (school in a box, recreation kits, plastic tarpaulins and plastic sitting mats)Provision of teacher training on education in emergencies, psycho-social support and pedagogy and engage to improve access and protection for boys and girls</li> </ul>
<b>Health and Nutrition</b>	<ul style="list-style-type: none"> <li>- Immunization of children under five. Provision of immunization to children and adults such as measles, Polio and other antigens</li> <li>- Procurement of drugs and supplies</li> <li>- Capacity building of health staff</li> <li>- Detection and response to disease outbreaks</li> <li>- Establishment of strategic health operating centres</li> <li>- Distribution of water quality testing kits</li> <li>- Reactivation of state level emergency health committees</li> <li>- Establishment of stabilization centres and targeted supplementary feeding centres</li> <li>- Provision of school meals to children</li> </ul>
<b>Logistics and Telecoms</b>	<ul style="list-style-type: none"> <li>- Establishment of strategic hubs in Kosti, El Obeid and Damazine/Kurmuk with Abu Jeebeha, Talodi and Abyei acting as forward bases. Forward bases will be closer to the affected population and close to distribution sites and will consist of mobile storage units, temporary offices and temporary accommodation</li> </ul>

#### **IV. Partnership and coordination**

The Humanitarian Country Team in Sudan is responding to the situation as a refugee emergency and UNHCR has been designated as the lead agency for coordination purposes. In line with the Transformative Agenda and UNHCR's model for refugee coordination, coordination efforts are mainstreamed through the existing sectoral approach to ensure a more efficient utilization of resources.

According to minimum operation standards established, all requests for assistance to new arrivals from South Sudan received by individual agencies from governmental authorities will be coordinated by UNHCR. This will ensure consistency of the approach to responding to the needs of the new arrivals..

At the federal level, the main Government counterparts include the Commission for Refugees (COR) and the Humanitarian Aid Commission (HAC). The coordination of assistance in areas hosting new arrivals is being undertaken by State Emergency Committees. The main operational partner at present is the Sudanese Red Crescent Society.

Implementation will be carried out directly by UN agencies or through international and national partners. In light of access restrictions, States' line ministries will be engaged in implementation of activities for the needy persons.

#### **V. Sudan: financial requirements summary**

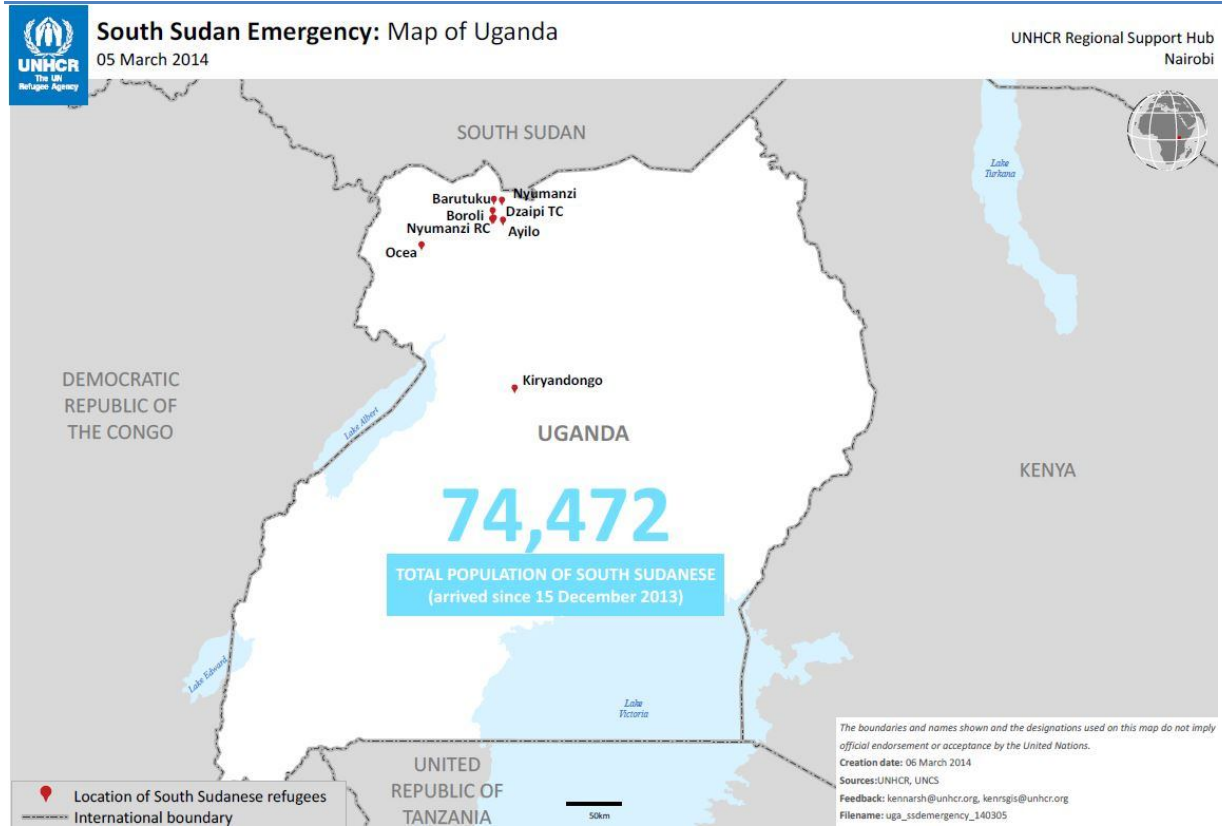
##### **Financial requirements by agency (in US dollars)**

<b>Organization</b>	<b>Total</b>
AORD Alsalam Organisation for Rehabilitation & Development	180,000
ASSIST	707,750
CARE International	470,000
CONCERN Worldwide	350,000
IOM International Organization for Migration	225,000
PLAN International	1,029,000
SCS Save the Children Sweden	825,000
SRCS Sudanese Red Crescent Society	583,844
UNFPA United Nations Population Fund	1,136,160
UNHCR United Nations High Commissioner for Refugees	10,267,962
UNICEF United Nations Children's Fund	10,690,405
WFP World Food Programme	12,116,220
WHO World Health Organization	1,589,800
<b>Total</b>	<b>40,171,141</b>

**Financial requirements by sector ( in US dollars)**

<b>Organization</b>	<b>Total</b>
Protection	7,414,691
Education	3,314,962
Food	10,204,907
Health and Nutrition	6,609,654
Logistics and Telecoms	251,113
Operational Support	671,736
Shelter and NFIs	6,550,494
WASH	5,153,584
<b>Total</b>	<b>40,171,141</b>

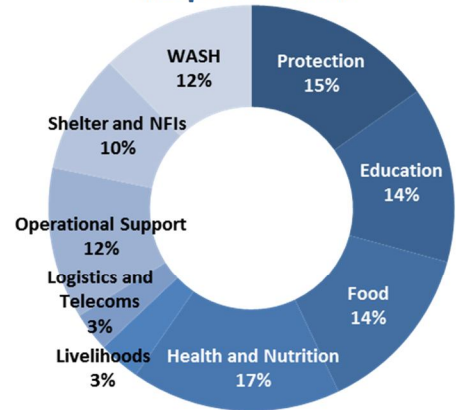
# UGANDA: REFUGEE RESPONSE



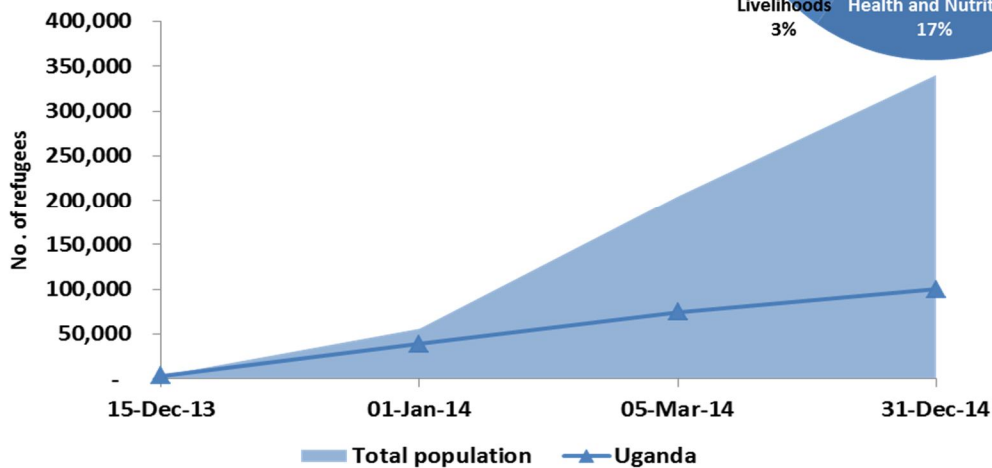
## Total Requirements in USD

**182,364,416**

## Requirements



## Population Trends and Projections 2014



## **I. Background**

By the end of February 2014, Uganda was hosting 73,758 refugees from South Sudan who had fled their country when violence erupted in the capital Juba in December 2013. The highest influx of refugees was recorded in early January 2014, when almost 16,000 individuals crossed the border on two consecutive days. Also in January 2014, the Government of Uganda issued a decree granting refugee status on a prima facie basis to all South Sudanese fleeing the civil conflict. The Government of Uganda's favourable refugee settlement policy allows refugees to live in villages alongside the local communities and refugees, are able to access services, the same as the local host population.

There are three districts in north-western Uganda – Adjumani, Arua and Kiryandongo – which host the majority of newly arrived South Sudanese refugees in seven refugee settlements and ten refugee villages. Three more settlements are planned to accommodate additional refugee arrivals until year-end. With the continuing outflow of refugees from South Sudan to neighbouring countries, it is expected that by year-end Uganda will host up to 100,000 South Sudanese refugees who will require urgent humanitarian and life-saving assistance.

At the beginning of January the Office of the Prime Minister Refugee Department (OPM) and UNHCR initiated a multi-agency assessment mission. Later a comprehensive needs analysis by sector in March 2014 took place following the revision of the planning figures. Over 60 organizations, including UN agencies, international and national NGOs, participated in the assessment. The emergency response strategy which prioritises activities to comprehensively address the refugee emergency which was developed since 2012, was re-validated and further developed, taking into account the expected number of South Sudanese refugee arrivals, their location and priority protection and assistance needs, as well as the inter-agency capacity to address these needs.

The comprehensive requirements for 100,000 refugees amount to USD 182,364,416. Priority sectors include legal and physical protection (access to territory, registration and documentation, enhancing police presence and access to justice) and community-based protection (mobilizing the community to ensure their full and meaningful participation in the making of all decisions concerning every aspect of their lives; child protection; assistance to the vulnerable; SGBV prevention and response; psycho-social activities and peace-building initiatives along with activities that promote peaceful co-existence within the communities as well as with the host populations). The strategy also looks at providing basic needs and essential services to refugees through shelter and infrastructure interventions, distributing food and non-food items, as well as providing health services, education for children and food security activities. Environmental aspects and needs of the host communities are incorporated.

## **II. Main identified needs and response strategy**

### *Critical protection needs*

Based on refugee registration by the Government supported by UNHCR, about 80 per cent of newly arrived South Sudanese refugees are women and children. Male refugees represent only about 20 per cent of the total adult population. The vulnerability profile of the refugees requires targeted protection interventions and additional assistance. Timely registration of and provision of relevant documentation to refugees by the Government is critical for refugees to be able to access public services; which also allows for an appropriate identification of specific needs and vulnerabilities of the refugees.

Safe and secure shelter will be required to accommodate the 100,000 refugees expected by year-end. A factor to consider will be the start of the rainy season in March, which may delay construction of shelters and water and sanitation facilities. Moreover, access roads and associated drainage works need to be completed at newly established sites to enable timely delivery and distribution of life-saving, assistance including the delivery of food.

Given Uganda's long history of hosting refugees, it will be important to establish and maintain harmonious relationships between the refugee and host communities; thus ensuring that community mobilization initiatives, access to services such as to health and education and other humanitarian assistance will not adversely affect the local Ugandan population. Equally, there are concerns that the arrival of large numbers of refugees in a short period of time could lead to environmental degradation and negatively affect the availability of already limited natural resources.

### *Strategy to respond to main identified needs*

The response strategy seeks to provide protection and essential services covering health (including nutrition, reproductive health, and HIV/AIDS), education, WASH, shelter and infrastructure support, food security/ livelihood, and environmental interventions to the expected 100,000 South Sudanese refugees and hosting communities around the refugee settlements.

All newly arrived South Sudanese refugees will be registered and issued with documentation at the Transit Centres or Reception Centres. Following registration, refugees will receive essential and basic household items (NFIs) such as plastic sheets, mats and hygiene items. Immediately upon arrival, refugees are accommodated in communal shelters and provided with hot meals by NGO partners utilising food rations from WFP until a more permanent settlement plot is identified. Under normal circumstances this can take up to 14 days, but in the case of the initial influx, refugees had to be supported this way for an initial period of two months. The Ugandan Government guarantees the freedom of movement for refugees who wish to proceed to the capital Kampala or to live in urban areas. These refugees are not provided with material assistance, but are registered and receive identification documentation to facilitate access to public services.

Once relocated to settlements, refugees are entitled to monthly food rations from WFP. The food basket provided (per person per day) includes: maize meal - 390g; pulses – 70g; fortified vegetable oil



– 30g, Super Cereal – 50g and salt – 5g. Additional non-food items such as blankets, sleeping mats, kitchen sets, jerry cans, mosquito nets and reproductive health kits for women and girls aged between 15 and 49 years old (sanitary napkins, underwear and soaps) are also provided. Partners provide shelter kits composed of plastic sheeting, shelter poles, ropes and tools and household latrine kits with a latrine slab, logs and poles with digging kits. Through this process, assistance is provided to vulnerable refugee households to assemble the structures. To meet the shelter needs of another 30,000 refugees expected by year-end, three additional settlements will be established in the West Nile region.

Key public services such as water, health and education are provided for the benefit of both refugees and host communities. In line with the Ugandan Government's policy to allow access to refugees to universal health care and universal primary education, partners will provide assistance for staffing, supplies and infrastructure development to complement the needs created by the increased refugee population in the host areas. The mitigation of environmental degradation as a result of the increased population and limited natural resources will also be addressed through tree marking, tree planting and energy-saving stove initiatives.

Furthermore, refugees will be encouraged to improve their participation in building community structures to address child protection, support the prevention of, and response to SBGV and enhance community security. Community structures will also serve to pass 'good practice' messages on food and nutrition, hygiene promotion and health. Addressing the mid to long-term needs of the refugees by supporting livelihood activities through the provision of livestock or tools and ensuring food security beyond the monthly food ration distribution will be equally taken into account.



*Refugees volunteer to help set up tents in Dziapi Reception Centre, Uganda. UNHCR/F. Noy*

### III. *Planned response*

<b>Planned Response</b>	
<b>Food</b>	<ul style="list-style-type: none"> <li>- Provision of snacks during convoy movements</li> <li>- Communal hot meal in Transit Centres and Reception Centres (2,100 kcal per person per day)</li> <li>- General food distribution and monitoring (2,100 kcal per person per day)</li> <li>- Implementation of food security programmes with focus on agricultural and small livestock inputs.</li> </ul>
<b>Protection</b>	<ul style="list-style-type: none"> <li>- Establishment of new settlements to accommodate refugees arriving during 2014</li> <li>- Improvement of reception conditions in the existing refugee settlements of Adjumani, Arua and Kiryandongo through settlement management initiatives</li> <li>- Registration and profiling of refugees in transit centres/reception centres and settlements.</li> <li>- Identification of people with specific needs</li> <li>- Provision of comprehensive support to people with specific needs</li> <li>- Strengthening of crime prevention structures strengthened through establishment of community policing.</li> <li>- Capacity building of police (manpower, posts, training)</li> <li>- Strengthening of refugee child protection through identification of vulnerable cases, counselling and establishment of community child protection structures</li> <li>- Reduction of the risk of SGBV and improvement of the quality of response through identification, counselling, training, sensitization and community mobilization, establishment of gender-based violence task force, training of health staff, and gender-based violence case management</li> <li>- Strengthening of gender-sensitive programming and implementation in all phases of emergency relief with particular emphasis on improved data and relief</li> <li>- Risk of SGBV reduced and quality of response improved through identification, counselling, training, sensitization and community mobilization, establishment of gender-based violence task force, training of health staff, and gender-based violence case management</li> </ul>
<b>Shelter and Non-food items</b>	<ul style="list-style-type: none"> <li>- Construction of shelter infrastructure, reception centres and settlement offices</li> <li>- Procurement and distribution of standard shelter kits</li> <li>- Plot demarcation within the settlement</li> <li>- Community mobilization for construction of shelter for vulnerable groups</li> <li>- Rehabilitation of access roads Procurement and distribution of basic non-food items</li> </ul>
<b>Education</b>	<ul style="list-style-type: none"> <li>- Provision of additional teaching staff for primary and secondary schools</li> <li>- Rehabilitation/construction of primary and secondary school buildings, teachers' accommodation, provision of furniture</li> <li>- Construction of new schools/setup of temporary learning centres (1 classroom per 53 learners)</li> <li>- Establishment of child-friendly spaces and early childhood development</li> <li>- Provision of learning material including lab/library books to all schools</li> <li>- Establishment of vocational training courses</li> </ul>

## Planned Response (contd.)

<b>Health and Nutrition</b>	<ul style="list-style-type: none"> <li>- Ensuring systematic measles and polio vaccination for all refugee children under 15 and under 5 years respectively. Provision of immunization to children and adults such as measles, Polio and other antigens.</li> <li>- Provision of medical supplies and equipment to health centres including reproductive health emergency kits</li> <li>- Provision of WHO approved and treated mosquito nets</li> <li>- Rehabilitation and repair of existing health facilities including staff accommodation for additional health personnel and WASH facilities</li> <li>- Construction of new health outposts/ centres</li> <li>- Strengthening of medical referral systems</li> <li>- Procurement and distribution of sanitary material for girls and women of reproductive age</li> <li>- Establishing of nutrition screening and setup of supplementary and therapeutic feeding programmes (including capacity building of personnel)</li> <li>- Review of District disease preparedness plan including procuring of cholera kits for new settlements</li> <li>- Review and increase of health services capacity (reproductive health, HIV/AIDS response) in the health centres and establishment of village health teams</li> </ul>
<b>WASH</b>	<ul style="list-style-type: none"> <li>- Establishment of clean water sources, provision of water trucking and water tank installation</li> <li>- Provision of water treatment and quality control</li> <li>- Rehabilitation of existing water sources</li> <li>- Procurement and provision of sanitation and communal latrine kits</li> <li>- Establishment of waste disposal systems, conduct vector-borne diseases control and prevention activities</li> <li>- Construction of latrines, bathing areas</li> <li>- Conducting community sensitization and hygiene promotion activities</li> </ul>
<b>Livelihoods</b>	<ul style="list-style-type: none"> <li>- Construction of energy saving stoves at household level</li> <li>- Promotion of alternative energy source, such as briquettes made from household waste</li> <li>- Establishing solar communal lighting systems for schools, streets, health centres and staff accommodation</li> <li>- Implementation of income-generating livelihood programmes (cash for work; tools to start up lost livelihood such as carpentry, hairdressing, tailoring; and support to petty trade; livestock groups)</li> </ul>

## IV. *Partnership and coordination*

The Government of Uganda, through the Office of the Prime Minister (OPM) Refugee Department led by Minister of Relief, Disaster Preparedness, and Refugees, is the main interlocutor on refugee matters. The OPM Refugee Department ensures an effectively coordinated response between the Government and the humanitarian agencies in line with the Refugee Act of 2006 and the Refugee Regulations of 2010. It has the primary responsibility to provide the protection and security for asylum-seekers and refugees. Among the UN agencies, UNHCR leads in planning, delivery and

coordination of refugee relief operations and supports OPM to ensure a collaborative response of the humanitarian agencies.

Inter-agency strategic coordination, sector strategy and contingency planning meetings take place regularly in the capital providing guidance to similar structures in the field. Inter-agency and sectoral meetings to discuss operational issues take place on a weekly basis in the districts or in the settlements. Approximately 60 organizations including UN, local and international NGOs participate in these inter-agency fora to ensure efficient coordination of activities and to avoid duplication of the use of resources.

The agencies that have been fully engaged in the response planning process called by OPM and UNHCR are: Action Africa Help-Uganda (AAH-U), Action Contre la Faim (ACF), Agency for Cooperation and Research in Development (ACORD), African Development Corp (ADC), Adventist Development Relief Agency (ADRA), African Humanitarian Action (AHA), African Initiative for Relief and Development (AIRD), African Medial and Research Foundation (AMREF), American Refugee Council (ARC), Care International, Caritas, Community Empowerment for Rural Development (CEFORD), Catholic Relief Services (CRS), Concern Worldwide (CWW), Danish Refugee Council (DRC-DDG), Food and Agriculture Organisation (FAO), Goal, Global Refuge International (GRI), Help Age International Uganda, Humedica Germany, Interaid Uganda (IAU), International Committee of the Red Cross (ICRC), International Organisation for Migration (IOM), International Rescue Committee (IRC), Jesuit Refugee Service (JRS), Lutheran World Federation (LWF), Oxfam, Médecins Sans Frontières France (MSF-F), Marie Stopes Uganda (MSU), Medical Teams International (MTI), Plan International, Relief International, Real Medicine Foundation (RMF), Save the Children in Uganda (SCIU), Samaritan's Purse, TPO Uganda, United Nations Population Fund (UNFPA), United Nations Children's Fund (UNICEF), UN Women, Uganda Red Cross Society (URCS), Voluntary Service Overseas (VSO), War Child Canada, War Child Holland, World Food Programme (WFP), Welthungerhilfe (WHH), World Health Organisation (WHO), Water Mission Uganda (WMU), Windle Trust Uganda (WTU), World Vision International (WVI), and ZOA Netherlands. They all contribute their expertise in the response to complement the overall effort to address the needs of the refugees and host communities.

## **V. *Uganda: financial requirements summary***

The table below indicates the comprehensive funding requirements for the refugee South Sudanese emergency including addressing the needs of host communities. Due to the large number of operational partners who are currently contributing to the South Sudanese emergency, it was not possible to list individual agency requirements, but through the joint planning exercises, the identified needs have been broadly captured under the various UN agencies' funding requirements. As such, the second table breaks down the funding requirement of the United Nations, and other international organization partners for the South Sudan refugee response, including addressing the needs of host communities. The value-added projects that were identified during the comprehensive planning exercise but which were not been catered for under the plans of specific UN and international organizations, are found under "NGOs in Uganda".

**Financial requirements by agency (in US dollars)**

<b>Organization</b>	<b>Total</b>
FAO Food & Agricultural Organization	6,229,011
IOM International Organization for Migration	12,867,660
NGOs in Uganda	11,310,606
UN Women	727,600
UNFPA United Nations Population Fund	6,570,000
UNHCR United Nations High Commissioner for Refugees	98,737,638
UNICEF United Nations Children's Fund	21,400,000
WFP World Food Programme	20,630,311
WHO World Health Organization	3,891,590
<b>Total</b>	<b>182,364,416</b>

**Financial requirements by sector (in US dollars)**

<b>Organization</b>	<b>Total</b>
Protection	27,766,583
Education	25,543,549
Food	24,996,681
Health and Nutrition	30,460,546
Livelihoods	6,044,562
Logistics and Telecoms	5,705,868
Operational Support	22,142,495
Shelter and NFIs	17,200,955
WASH	22,503,177
<b>Total</b>	<b>182,364,416</b>

# ANNEXES

## Annex 1: Requirements by agency (in US dollars)

Organization	Ethiopia	Kenya	Sudan	Uganda	Total
ACF Action contre la faim	1,800,000				1,800,000
AORD Alsalam Organisation for Rehabilitation & Development			180,000		180,000
ASSIST			707,750		707,750
CARE International			470,000		470,000
CONCERN Worldwide			350,000		350,000
DRC Danish Refugee Council	900,000				900,000
FAO Food & Agricultural Organization				6,229,011	6,229,011
HELP Age	546,000				546,000
IMC International Medical Corps	2,000,234				2,000,234
IOM International Organization for Migration	9,142,000	926,400	225,000	12,867,660	23,161,060
LWF Lutheran World Federation	1,628,000	383,963			2,011,963
NGOs in Uganda				11,310,606	11,310,606
NRC Norwegian Refugee Council	5,079,100	250,000			5,329,100
PLAN International			1,029,000		1,029,000
RCK Refugee Consortium of Kenya		36,394			36,394
SCI Save the Children International	1,770,000				1,770,000
SCS Save the Children Sweden			825,000		825,000
SRCS Sudanese Red Crescent Society			583,844		583,844
UN Women				727,600	727,600
UNFPA United Nations Population Fund			1,136,160	6,570,000	7,706,160
UNHCR United Nations High Commissioner for Refugees	43,651,165	29,795,689	10,267,962	98,737,638	182,452,45
UNICEF United Nations Children's Fund	4,960,000	1,058,812	10,690,405	21,400,000	38,109,217
WFP World Food Programme	28,400,000	13,123,850	12,116,220	20,630,311	74,270,381
WHO World Health Organization		190,000	1,589,800	3,891,590	5,671,390
ZOA International	2,600,000				2,600,000
<b>Total</b>	<b>102,476,49</b>	<b>45,765,108</b>	<b>40,171,141</b>	<b>182,364,416</b>	<b>370,777,164</b>



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

Sector	Ethiopia	Kenya	Sudan	Uganda	Total
Protection	8,133,798	3,882,595	7,414,691	27,766,583	47,197,667
Education	3,596,749	3,044,984	3,314,962	25,543,549	35,500,244
Food	28,400,000	8,421,537	10,204,907	24,996,681	72,023,125
Health and Nutrition	8,470,785	2,508,696	6,609,654	30,460,546	48,049,681
Livelihoods	3,094,643	3,082,431		6,044,562	12,221,636
Logistics and Telecoms	13,296,102	4,631,983	251,113	5,705,868	23,885,066
Operational Support	7,240,422	6,130,198	671,736	22,142,495	36,184,851
Shelter and NFIs	19,197,367	9,096,267	6,550,494	17,200,955	52,045,083
WASH	11,046,633	4,966,417	5,153,584	22,503,177	43,669,811
<b>Total</b>	<b>102,476,499</b>	<b>45,765,108</b>	<b>40,171,141</b>	<b>182,364,416</b>	<b>370,777,164</b>