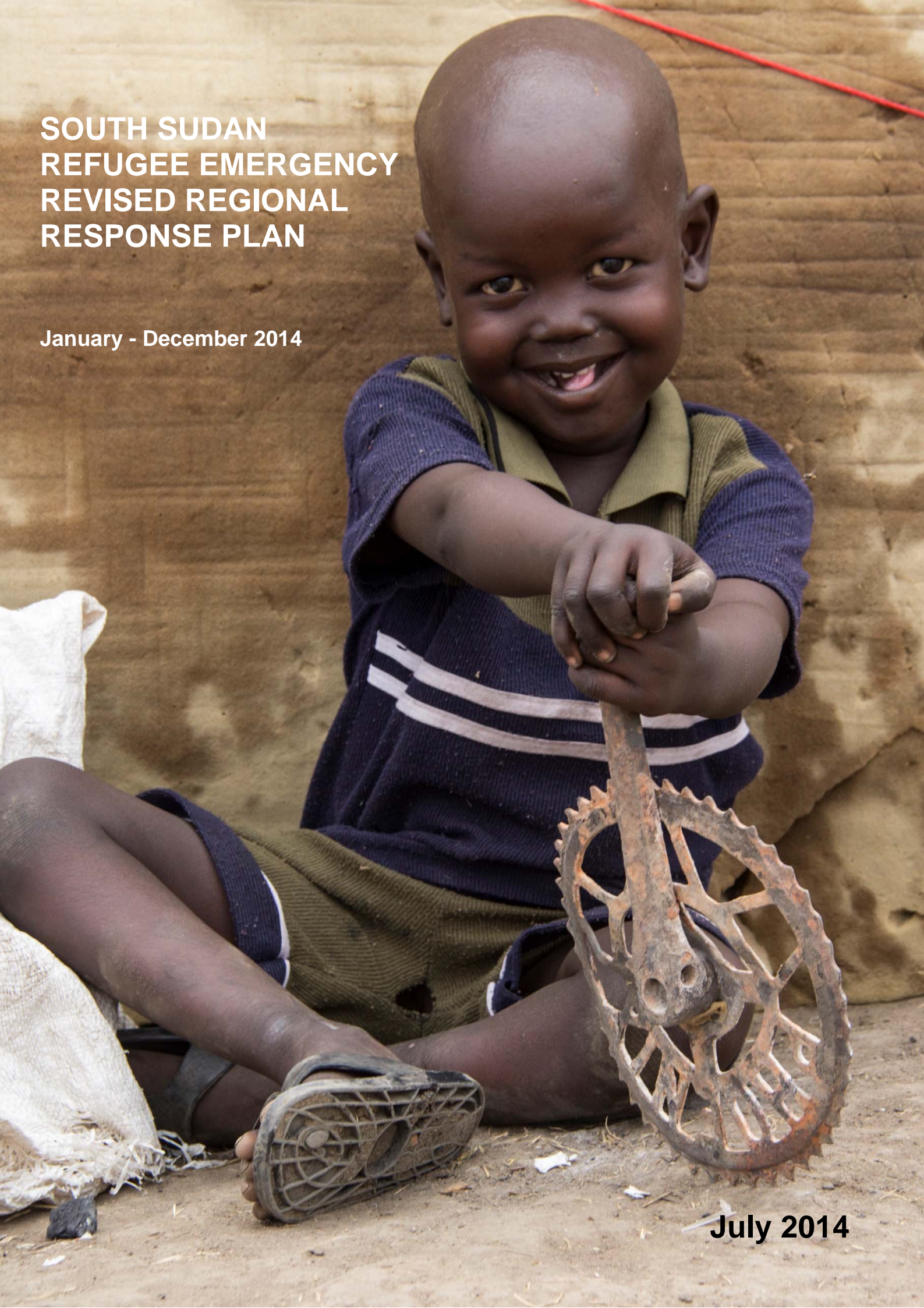


**SOUTH SUDAN
REFUGEE EMERGENCY
REVISED REGIONAL
RESPONSE PLAN**

January - December 2014



July 2014

Cover photograph:
South Sudanese child, South Sudan. UNHCR / K. McKinsey

Strategic Overview

Period	January – December 2014
Current Population	387,131 persons
Population Planning Figures	715,000 persons
Target Beneficiaries	South Sudanese refugees displaced since 15 December 2013
Financial Requirements	USD 657,669,609
Number of Partners	34

Table of Contents

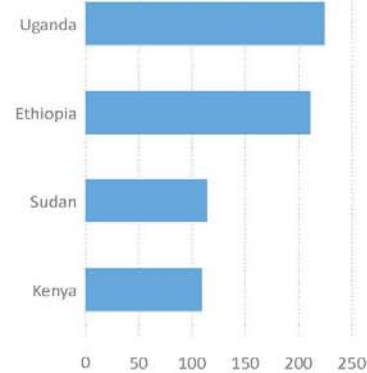
REGIONAL RESPONSE DASHBOARD.....	5
Regional Strategic Overview.....	6
Introduction	6
Regional Protection and Humanitarian Needs.....	7
Achievements.....	8
Budgetary Requirements	9
Coordination.....	9
Organizations in the Response.....	10
Ethiopia Response Plan.....	11
Background and Achievements	12
Achievements.....	12
Identified Needs and Response Strategy	13
Needs.....	13
Response Strategy.....	16
Partnership and Coordination	17
Planned Response.....	18
Financial Requirements Summary - Ethiopia.....	20
Kenya Response Plan.....	21
Background and Achievements	22
Achievements.....	22
Identified Needs and Response Strategy	24
Needs.....	24
Response Strategy.....	26
Partnership and Coordination	26
Planned Response.....	27
Financial Requirements Summary - Kenya	29
Sudan Response Plan	30
Background and Achievements	31
Achievements.....	32
Identified Needs and Response Strategy	33
Needs.....	33
Response Strategy.....	35
Partnership and Coordination	35
Planned Response.....	36
Financial Requirements Summary – Sudan	38
Uganda Response Plan	39
Background and Achievements	40
Achievements.....	40
Identified Needs and Response Strategy	42
Needs.....	42
Response Strategy.....	42
Partnership and Coordination	43
Planned Response.....	44
Financial Requirements Summary: Uganda	46
Annex 1: Financial Requirements by Agency and Country	47
Annex 2: Financial Requirements by Country and Sector	48
Annex 3: Financial Requirements by Country, Agency and Sector.....	49

REGIONAL RESPONSE DASHBOARD

Requirements

657 million requested in total

Requirements (in million US\$)

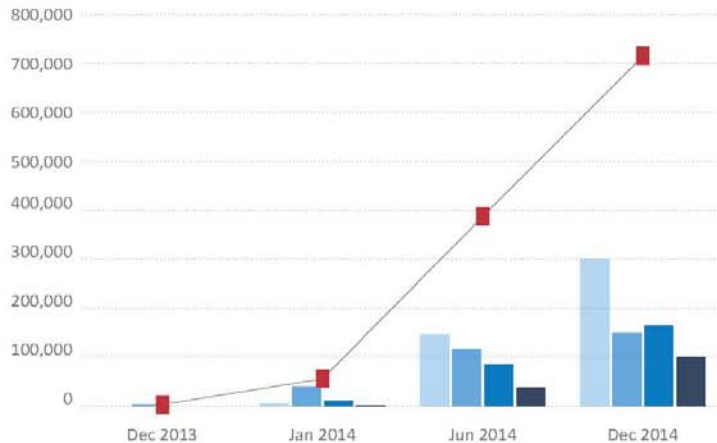


Population trends

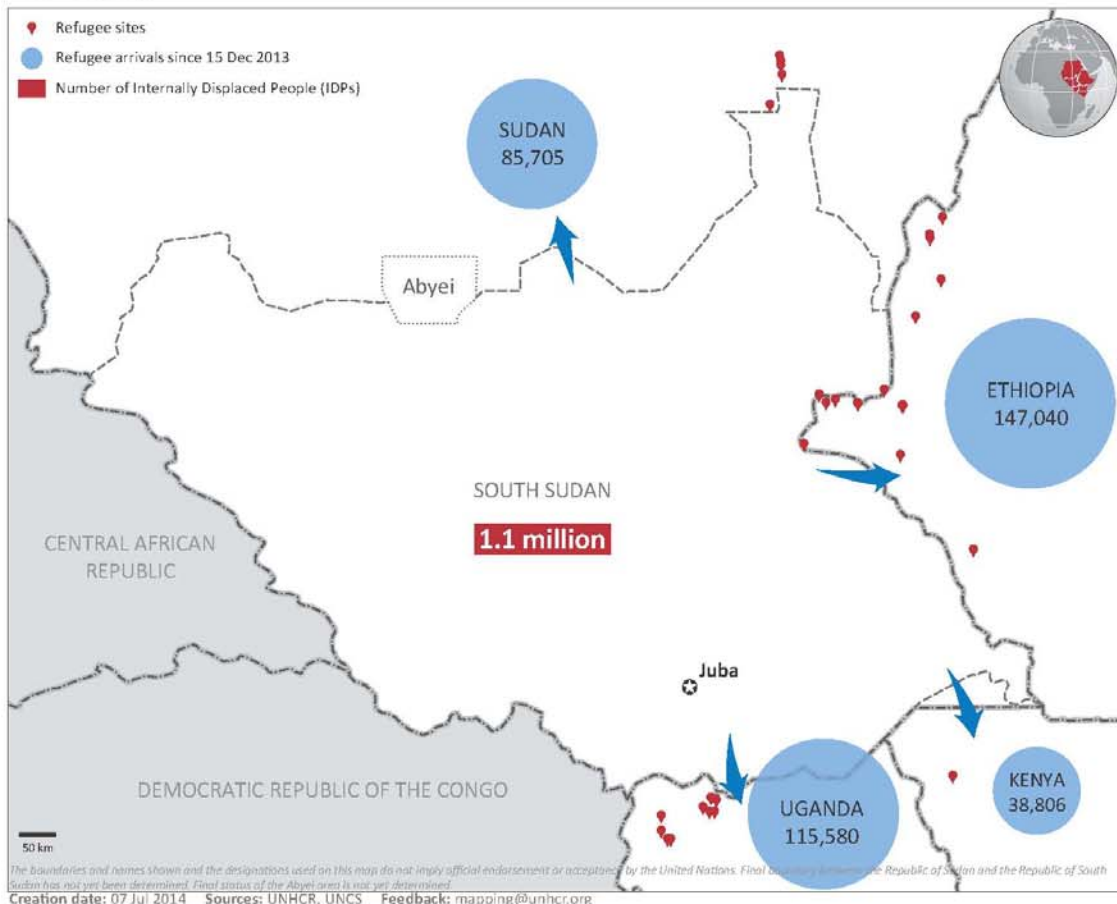


New arrivals and 2014 projections

Legend: Ethiopia (light blue), Uganda (medium blue), Sudan (dark blue), Kenya (black), Total (red square)



Situation Map



REGIONAL STRATEGIC OVERVIEW

Introduction

The situation of the IDPs in South Sudan and the refugees in the neighbouring countries of Ethiopia, Kenya, Sudan and Uganda has changed, in some cases dramatically, since the first Regional Refugee Response Plan (Inter-Agency Appeal for the South Sudanese Refugee Emergency, Jan-Dec 2014).

Inside South Sudan, the Ministry of Health declared a cholera outbreak on 15 May in Juba, Central Equatoria. By mid-June, the number of cholera cases reported in Juba rose to 1,720, including 45 deaths – and, at the time of writing, the risk of infection is still high, according to a statement released by the Ministry of Health. Access to some areas remains challenging, the high cost of airlifts is of concern and delivery of food and non-food items is hampered due to insecurity. Around 3.7 million people are still at high risk of food insecurity. The situation is particularly critical in Maban, where UN agencies and NGOs are facing severe food and fuel shortages which prevent them from providing adequate food assistance to over 126,000 Sudanese refugees located in this area.

Considering the scope of the ongoing conflict in South Sudan and the humanitarian interventions that are required, partners have agreed to launch an updated appeal to reflect the changes in planning figures and corresponding needs, particularly in view of the fluctuating protection landscape, as well as the needs and assistance programmes to be put in place.

In Ethiopia, the massive influx of now over 147,000 refugees has clearly overwhelmed local services and capacity. Overall, throughout the region, refugees are arriving exhausted, nutritionally weak and in poor health, with many traumatized after having travelled in difficult conditions to escape ongoing violence and conflict at home. Immediate life-saving activities in all sectors such as food, nutrition, health, water, sanitation and hygiene, as well as emergency shelter and non-food items, are among the priorities. All countries neighbouring South Sudan are witnessing a disproportionate number of women and children among the new arrivals 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 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 is an important priority to capture the needs and vulnerabilities of the newly arrived populations and respond accordingly. Protection monitoring to ensure the civilian nature of refugee camps and settlements, and regional input into reporting of grave violations occurring inside South Sudan is also required.

Beneficiary Population (since December 2013)

	01-Jan-14	15-Jun-14	31-Dec-14
Ethiopia	5,286	147,040	300,000
Kenya	1,650	38,806	100,000
Sudan	39,093	85,705	165,000
Uganda	10,000	115,580	150,000
Total Population	56,029	387,131	715,000

The main elements of the response strategy for the refugee crisis include:

1) Protection

- Reception, registration and relocation of new arrivals from the border areas to refugee camps/settlements.
- Registration and provision of protection documentation to refugees in order to avoid possible arrest, detention and forced return due to lack of legitimate documentation.
- Protection monitoring and advocacy to ensure that the civilian nature of camps and settlements is maintained and that any incidents reported are referred.
- Establishment of community mechanisms to prevent abuse, exploitation and neglect.
- Identification and case management for those most in need including survivors of sexual violence.

2) Life-saving assistance and services

- Delivery of services in life-saving sectors such as food and nutrition, health, shelter, site planning and WASH through Governments, agencies such as WFP, UNICEF, UNHCR, WHO, and international and local NGOs.
- Development of emergency sites and shelter construction with the participation of refugees and local communities.
- Mobilization of partners to scale-up programme response to the crisis, especially in life-saving sectors.
- Delivery of education services which provide a critical protective environment and sense of normalcy for conflict-affected children, while promoting integration and peaceful coexistence.



Figure 1: Refugee from South Sudan at Nyumanzi settlement, Uganda. UNHCR / F. Noy

Regional Protection and Humanitarian Needs

In **Ethiopia**, since mid-December 2013, the influx witnessed over 1,000 new arrivals on average, per day in the Gambella region of western Ethiopia and a smaller number (1,100 individuals in total) in Benishangul-Gumuz. 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, over difficult and remote terrain, in a deteriorating nutritional status, and are

traumatized and exhausted by travel and exposure to armed violence and human rights abuses in their home country. The Administration for Refugees and Returnee Affairs (ARRA), the Government's refugee agency, supported by UNHCR and its partners are delivering assistance under the Refugee Coordination Model. Coordinated responses have been undertaken in all sectors, including: registration, emergency food rations, relief item packages, transportation away from the border areas, water/sanitation, health and nutrition services, protection, education and shelter. Transit centres have been established at the entry points. Transit centres have been established at the entry points.

In **Kenya**, as of late June, over 39,000 new arrivals from South Sudan have been received, surpassing the original assumption of 20,000 new arrivals. The onset of the rainy season has rendered mobility difficult and led to a drop in the influx rate into Kenya. However, it is assumed that barring significant improvements in South Sudan's internal political and security conditions as well as access to adequate food, the pace of arrivals will again pick up once the rainy season is over. There are indications that large numbers of IDPs in parts of South Sudan may be headed towards Kenya. Humanitarian operations are set to continue on all key fronts of the emergency response: from border reception, to transportation to the camp for registration for further relief assistance and settlement in a camp. As Kakuma camp is now full, UNHCR and the Department of Refugee Affairs (DRA), the Government counterpart, are in advanced stages of negotiating with the county and central leadership for additional communal land on which to settle the new arrivals who are stuck at the crowded Kakuma camp reception centre.

In **Sudan**, since the outbreak of violence in South Sudan on 15 December 2013, over 85,000 South Sudanese refugees had fled mainly to the White Nile region, with an overall arrival rate of approximately 500 to 700 people per week. Those arriving in Sudan are, in the main part, children (73 per cent), with the majority of the remainder made up of women and elderly persons. New arrivals have shown proxy Global Acute Malnutrition (GAM) rates above acceptable thresholds in some sites. Most have arrived with little means, money or possessions, and thus are in need of the most basic items and life-saving assistance. This situation will likely become more critical as the months progress and in particular during the upcoming rainy season. The prognosis for return is not positive in the near future, with serious food security concerns in the areas of South Sudan bordering Sudan and the continuation of conflict and ethnic tensions in the neighbouring states inside South Sudan.

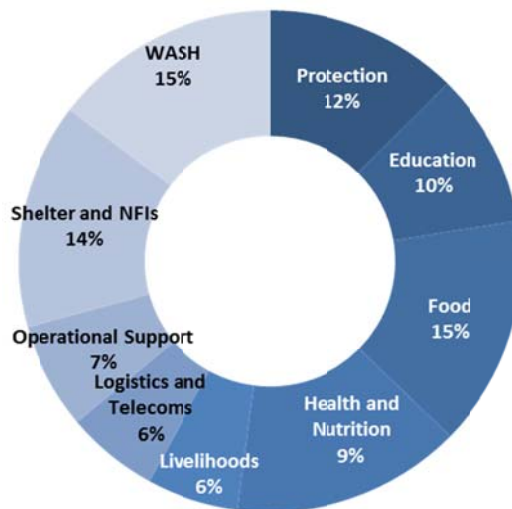
Uganda, as of late June, has received more than 115,000 South Sudanese refugees. New arrivals continue to be received and registered at transit and reception centres in Adjumani, Arua and Kiryandongo districts. The majority are arriving through and into Adjumani District. The main priorities remain to receive, register and rapidly settle refugees in settlements. The Office of the Prime Minister Refugee Department (OPM) continues to successfully negotiate with the host community for additional land. Since January, five refugee settlements have been established in Adjumani (Nyumanzi, Ayilo-1, Ayilo-2 Boroli and Baratuku) and a sixth (Latodo) is being prepared.

Achievements

- Refugees fleeing South Sudan have had access to territory in Ethiopia, Kenya, Sudan and Uganda. No substantiated reports of refoulement have been confirmed to date.
- Level 1 registration of all new arrivals at the entry points and Level 2 registration at the camps and in settlements are on-going.
- Access to physical and legal protection as well as emergency WASH, primary health care and nutrition services, and shelter at reception sites, in camps and settlements.
- Food rations are provided to all new arrivals.
- Scale up of education services for refugees has begun and must be continued.

Budgetary Requirements (US dollars)

Total: 657,669,609



Coordination

The population planning figures and the budget have been agreed upon by all parties involved in the delivery of assistance to South Sudanese refugees. They were developed through a consultative approach. Inter-agency strategic coordination, sector strategy and contingency planning meetings took place regularly in capitals and in the field. The emergency humanitarian response to the refugee influx is led and coordinated primarily by UNHCR, supporting Governments in countries of asylum and a consortium of partners, including UN, local and international NGOs as well as local communities to ensure efficient coordination of activities and to avoid duplication.

The conflict in the South Sudan has resulted in sudden and significant refugee movements into the neighbouring countries. The international response to the humanitarian consequences of this crisis has grown and has become more complex. 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 to ensure a coordinated response to the large-scale refugee outflow from South Sudan. In Ethiopia, Kenya, Sudan and Uganda, UNHCR coordinates the planning process and leads the inter-agency response in line with its Refugee Coordination Model and building on existing collaborative partnerships. A dedicated senior regional coordination capacity at the regional level has been established to support, in a coherent and consistent manner, the delivery of protection and assistance to refugees inside and outside camps, while also keeping in focus, the situation of the host communities.

On 13 March 2014, the United Nations High Commissioner for Refugees appointed a Regional Refugee Coordinator (RRC) for the South Sudan situation. The RRC is accountable for ensuring that the protection and assistance needs of the refugees in the respective countries are well-coordinated in a coherent, comprehensive and timely manner, through a UNHCR-led inter-agency response in support of the respective governments. The RRC works closely with the UNHCR Representatives in the countries of asylum and supports them in fostering smooth cooperation and synergies with the relevant partners as well as addresses in a predictable way any regional and global challenges affecting the responses. The RRC works with partner agencies to ensure a common understanding of the protection and assistance needs, sets priorities and identifies gaps, as well as effective monitoring and reporting systems. The RRC also engages in joint advocacy with partners, including regular briefings with donors.

Given the UN system-wide declaration of “Level Three” emergency in South Sudan, it is also important to assure a seamless interface with the other actors, stakeholders and Humanitarian Coordinators.

This appeal document is the result of joint efforts among humanitarian organizations in each country affected by the South Sudan crisis. Furthermore, given the specific conditions and strategies applied from operation to operation, the budgetary values are different from country to country. The

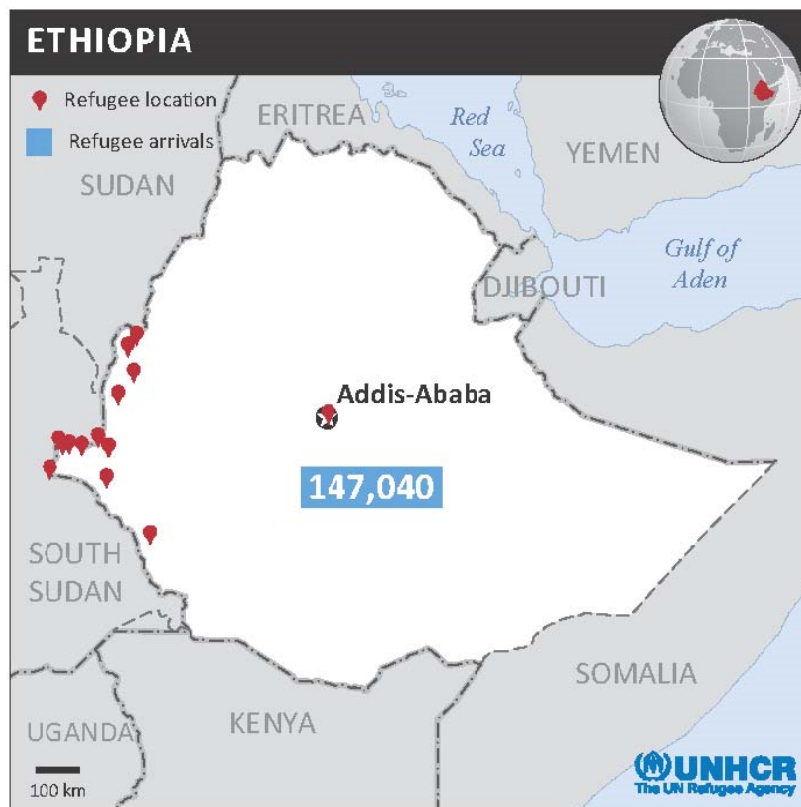
population planning figures and the budget have been agreed upon by all parties involved and developed through a consultative approach, involving the agencies as well as the technical units in the country operations. Inter-agency strategic coordination, sector strategy and contingency planning meetings took place regularly both in capitals and in field locations. The needs presented here exclude the response to the humanitarian needs inside South Sudan, which are covered under a separate response plan (the Crisis Response Plan) prepared in coordination with OCHA and other partners, under the overall coordination of the Humanitarian Coordinator.

https://docs.unocha.org/sites/dms/CAP/Revision_2014_South_Sudan_Crisis_RP.pdf

Organizations in the Response

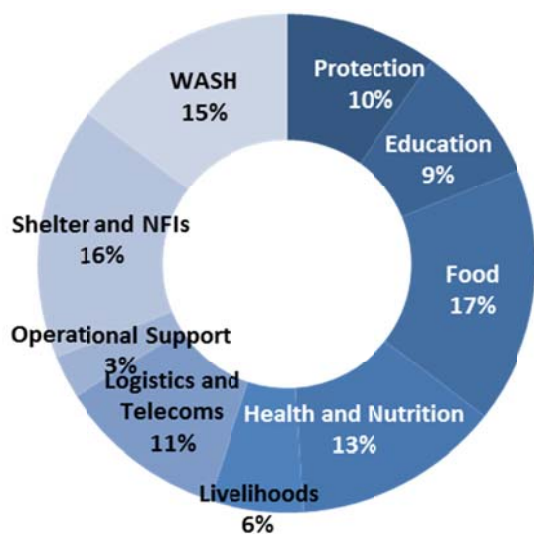
Organization
ACF Action Contre la Faim
ADRA Adventist Development and Relief Agency
Almanar Organisation
AORD Alsalam Organisation for Rehabilitation & Development
ASSIST
CARE International
CONCERN Worldwide
DRC Danish Refugee Council
FAO Food & Agriculture Organization of the United Nations
FilmAid
GOAL Ethiopia
HELP Age
IMC International Medical Corps
IOM International Organization for Migration
IRC International Rescue Committee
LWF Lutheran World Federation
Mine Action
NCCK National Council of Churches of Kenya
NGOs in Uganda
NRC Norwegian Refugee Council
PLAN International
RCK Refugee Consortium of Kenya
SCI Save the Children International
SCS Save the Children Sweden
SIBRO Organisation
SRCS Sudanese Red Crescent Society
UN Women
UNFPA United Nations Population Fund
UNHCR United Nations High Commissioner for Refugees
UNICEF United Nations Children's Fund
WFP World Food Programme
WHO World Health Organization
World Vision
ZOA International

ETHIOPIA RESPONSE PLAN

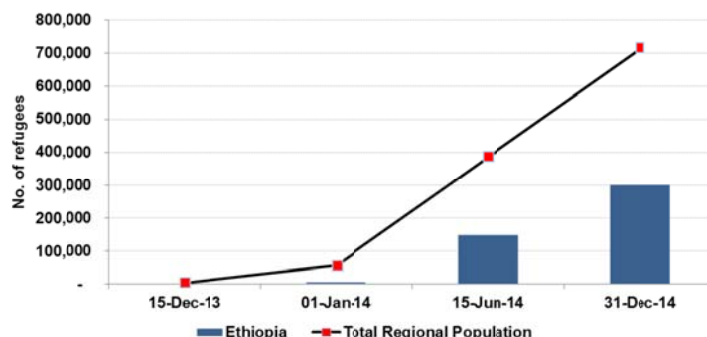


Map Sources: UNCS, UNHCR.
 The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined. Creation date: 01 Jul 2014.

Financial Requirements (US dollars) 210,975,801



Population Trends



Background and Achievements

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 Gambella Regional State and Benishangul-Gumuz Regional State on the western border. In Gambella, most of the refugees who arrived prior to the current crisis are housed in Pugnido Camp. 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 either accommodated in the host community, or registered and relocated to Okugo or Pugnido camps, where they receive basic essential services and protection.

Since mid-December 2013, more than 147,700 refugees with over 1,000 people arriving per day were received in the Gambella region of western Ethiopia and a smaller number in Benishangul-Gumuz. 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 arrive on foot, having travelled over difficult and remote terrain, are in a deteriorated nutritional condition, and are traumatized and exhausted by travel and exposure to conflict and associated human rights abuses in their home country.

Access to Gambella Region, and particularly to the border point of Tiergol (Akobo woreda), which is only accessible via a boat trip of 8 to 12 hours from Mataar 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 humanitarian needs of the refugees where it is anticipated that at least 300,000 refugees will seek protection in Ethiopia by the end of 2014. The majority (280,000 people) will be in Gambella Region of western Ethiopia and possibly 20,000 people in Benishangul-Gumuz Region. This number was developed through a consultative process involving all actors responding in Gambella and the Government of Ethiopia, based on the analyses of the most likely scenario, the number of arrivals per day and of the developments in the regions of South Sudan bordering Ethiopia, plus previous years' experience during the civil war.

Critical needs identified when refugees arrive include poor health and nutritional state, psychological - trauma, lack of basic items, shelter, water and sanitation. Protection needs include the need for protection monitoring to ensure the civilian nature of camps and to be able to refer incidents reported, alternative care arrangements as required, 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 and nutrition centres/posts, road surfaces, as well as office and residential facilities for the operation. Two new camp sites, identified at the start of the crisis are being developed and expanded, with all sectors addressed. Additional sites are being identified to accommodate the projected additional population.

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

Achievements

Protection/Community Services:

- Level 1 registration of all new arrivals at the entry points, Level 2 registration at the camp.
- Set up of way stations and receptions centres, including basic services and facilities at Burubiey, Pagak, Mataar and Akobo-Tiergol.
- Accelerated relocation of refugees from the Burubiey, Akobo and Pagak entry points to the camps, including medical evacuation by helicopter.
- Establishment of protection services, including SGBV and child protection activities at both entry points and camps.
- Development of Child Protection Strategy.

Shelter/NFI/Infrastructure:

- Two camps, Lietchuor and Kule, are being developed and expanded to provide protection and services to the refugees.
- 5,371 refugee households are sheltered in family tents, and more than 3,000 transitional shelters are under construction or completed.
- Relocation of refugees to non-flood prone areas within the camps conducted.
- In-camp roads were developed, allowing access to facilities, such as health posts; access roads to entry points, particularly Burubiey, need rehabilitation to allow access and relocation of refugees.

Education:

- Early childhood and emergency education activities commenced in the Kule and Lietchuor camps.

WASH:

- Provision of emergency WASH services and development of permanent structures at both reception sites and camps; provision of water improved but is below the standard in all the new camps with 7 and 13 litres in Kule and Kule 2.

Food:

- Food and non-food items provided to about 40,000 refugee households.

Health/Nutrition:

- Provision of primary health care services in the camps, including TB treatment and vaccination, and medical referral of severe and chronic cases; linkage of camp based facilities with government health system for improved management of TB, HIV-AIDS and other diseases.
- Nutrition services at reception sites and camps addressing the high level of malnutrition, including Outpatient Therapeutic Programme (OTP) services, stabilisation centres, targeted and blanket supplementary feeding programmes implemented.
- Mortality rates are within acceptable range, but MUAC screening showed relatively high proxy SAM rates of 4.2% in Kule1 and Lietchuor camps.

Identified Needs and Response Strategy

Needs

Despite the signing of the peace-agreement, the situation in South Sudan remains volatile, and an average of over 1,000 people per day arrive in Ethiopia 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, Lietchuor and Kule, are being developed and the latter is being further expanded (Kule II). Two new sites, Bilyakeni and Nip Nip in Jakao Woreda, are currently being discussed with the Government as potential new camps. 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 survived or been exposed to grave rights violations, potentially traumatized, uprooted from schools and in poor physical condition. Activities to provide developmental stimulation and establish safe normalizing routines through child-friendly spaces, early childhood development programmes and education facilities are required as is the provision of nutrition and health services.

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 a priority.

Community-based mechanisms, such as refugee central committees, women and youth associations, and child protection committees 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 adequate and safe education facilities for children and youth including early childhood development services should be prioritized as a critical component of protection for children.

Refugees arrive with little or no personal belongings. The new arrivals are provided with WASH related items at the entry point, while the full package is provided upon arrival at the camp. With the current rate of arrivals, some 30,000 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.

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 affects the capacity of households to collect and store clean water. Water is being trucked in all new camps, providing on average nine 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 an average of 120 people in new camps, but is higher ratio than at the Pagak, Burubiey and Akobo reception/transit points. Consequently, the water and hygiene situation for the host community has also 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. Addressing these issues will be prioritized to avoid the spread of diseases.

Local health facilities at the border entry points are inadequate to deal with the increasing influx of refugees. Emergency health services are provided at entry points, while primary health care facilities are being established at the camps Lietchuor and Kule I and II. Health partners 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 accurately determine mortality rates. Available data shows that the under-five mortality rate was marginally lower in Lietchuor and Kule than the emergency threshold of 2/10,000/day. The crude mortality rate in Lietchuor and in Kule was 0.3/10,000/day with the threshold at 1/10,000/day. Measles cases were confirmed at entry points, in camps, in the host communities. Vaccination campaigns were conducted as part of the prevention and response plan. At Burubiey entry point, an alarmingly high Global Acute Malnutrition (GAM) rate of 28.6 per cent and Severe Acute Malnutrition (SAM) rates of 6.9 per cent were noted among 1,760 children aged 6-59 months. These are above the emergency threshold and the situation may further deteriorate with a sustained influx.

Access to food is the most critical need for 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 cannot cover the needs of the more than 430,000 refugees currently hosted in Ethiopia. The agency has signalled that shortfalls already being experienced will substantially increase with the expected continuing arrival of refugees and their Inter Appeal budget has revised upwards accordingly.

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. Border area communities lack basic educational infrastructure and personnel to cope with the influx. Therefore, learning spaces, teacher identification and training, materials and feeding programmes are critically needed to avoid further interruption in the academic school year.

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 completed established. The rainy season started end-April,

necessitating the urgent construction of basic accommodation while the camp sites are being developed.

Access roads from border points to the camps are also in poor condition requiring spot repairs and maintenance. Development and rehabilitation of access roads and in-camp roads is crucial with the onset of the rainy season; while the development of the in-camp roads is progressing well improving the access to facilities within the camps, such as the camp health posts.



Figure 2: South Sudanese refugees return to their shelters with basic household items in Kule Camp, Ethiopia. UNHCR / L.F.Godinho

The access road to Burubiey does not allow busses to pass; hence people have to be relocated by boat further to Mataar way station and then onward to Kule 02. The projected 300,000 South Sudanese asylum-seekers expected in Gambella Region are expected to enter the country at several border points including Pagak, Tiergol town of Akobo Woreda, Raad and Mataar.

Emergency border evacuation and transportation of refugees in a humane and orderly manner is urgently required, including medical evacuation by helicopter for those refugees not stable enough for the boat trip. The border areas are remote and difficult to access, necessitating transport by boat and bus to the newly identified camps of Lietchuor and Kule.

Cooking over three-stone fires is the most common practice among the refugees which requires 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.

Response Strategy

Partners will work closely with the Government of Ethiopia (GoE) through regular monitoring missions and otherwise on-going presence to ensure that asylum seekers arriving at border points are provided unhindered access to the territory. Refugee status to South Sudanese asylum seekers is granted on a prima facie basis and is expected to continue. Screening will identify possible combatants and ensure that the civilian character of asylum is maintained.

New arrivals will undergo two levels of registration; Level 1 Registration at points of entry where basic bio-data and certain specific needs are captured at household level. Level 2 Registration will take place at camp level where more detailed information and biometrics (fingerprints) are obtained on individual basis. Data will be analysed on an on-going basis to ensure that assistance and protection are delivered in a timely and informed manner to meet the needs of the population.

The establishment of community-based mechanisms that will place the capacities, rights and dignity of persons of concern at the centre of the emergency response will be supported. Together with the refugee community leaders, the local authorities, ARRA and other stakeholders, refugee and host communities will be mobilized to raise awareness of the situation at entry points and camps and will be included in the necessary responses. Community consultations and discussions will be carried out to identify pressing needs and to prioritize these needs in programming decisions. This will be done according to Age, Gender and Diversity Mainstreaming (AGDM) principles and will involve women, older persons, men, children (boys and girls), and persons with specific needs with different backgrounds.

For all refugee children, including those residing in the host community at points of entry, provision of basic services and the establishment of child friendly spaces, including education, will be prioritized. With the support of GoE and partners an effective case management system will be established and implemented to ensure that children at heightened risk are identified, supported and monitored in an optimal manner. Psycho-social, medical and material assistance will be provided as necessary, in particular for survivors of violence and/or trauma.

Where appropriate, the refugees will access host community activities supported by UNICEF such as child friendly spaces and accessing safe temporary learning spaces. Throughout, community structures will be supported to identify needs of these children and to help design appropriate protection responses. Furthermore, protection interventions will be undertaken to ensure that the identification, registration, documentation and family tracing/reunification of unaccompanied and separated refugee children (UASC) takes place, as well as care arrangements and regular monitoring and follow-up is provided.

Activities focusing on sexual and gender-based violence will include awareness-raising, capacity-building (of partners and refugee communities); provision of legal, medical and psycho-social support, and access to safe shelters when needed. Specific issues raising protection concerns, such as survival sex and harmful traditional practices, will be particularly addressed by partners. Emergency education will be provided during the initial phase of the emergency through the creation of temporary learning spaces/schools. This will be followed by a transition to more formal education activities, with a focus on minimum literacy and numeracy. Equal access for boys and girls as well as quality of education will be ensured and facilities and equipment will be put in place.

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.

WFP will continue to provide general food distributions to all refugees. Supplementary feeding for all malnourished children aged 6-59 months and pregnant and lactating women will continue. As of September 2014, the beginning of new school term, WFP will also provide school feeding. High Energy Biscuits will be distributed to all new arrivals for the first three days at the border crossings.

While family tents will be procured for specific cases, the majority of the refugees will be housed in traditional shelters which are more cost-effective, culturally acceptable and more durable. The site plan for the development in the Lietchuor camp envisages the 16-family community layout. As the

refugees are familiar with the construction methodology of the “tukul” type of shelters, they will participate in shelter construction with support from hired technicians.

The main elements of the emergency health and nutrition response are to enhance communicable disease surveillance, immunization, screening for and management of malnutrition, and access to essential and emergency reproductive health services, including obstetric care. Health services (primary health care, mental health, reproductive health) will initially be implemented in temporary health facilities, which will later be transformed into permanent facilities. Health services are linked to the government health system, particularly for medical referrals and chronic cases.

The immediate priority for the first three months of the response was 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; medical evacuation by helicopter will be provided to refugees with medical conditions not allowing for relocation by boat. Priority attention will be given to vulnerable individuals, such as pregnant and lactating women, children, people with disabilities, the elderly 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.

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 Ababa, 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 by 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 and targeted assessments in health and education have been undertaken or are planned.

UNHCR is leading the sector coordination both in the camps and at the central level to ensure a coordinated response and effective use of available resources. The coordination function in Ethiopia started with the Dollo Ado emergency for Somalis three years ago and continues to take place every fortnight at Addis Ababa level and every week at the field level. Since the onset of the emergency in

Gambella region, the number of partners responding to the crisis increased to 19 out of which 5 are UN agencies including UNICEF, WHO, IOM, UNFPA, and WFP as per the attached financial requirements table. All these agencies are augmenting their efforts to ensure the well-being of the refugees. The partners are also providing vital input to the development and adjustment of the strategy bringing in their technical expertise across all sectors.

Planned Response

Planned Response	
Protection	<ul style="list-style-type: none"> - Monitoring and advocacy for continued access to territory and asylum to all new arrivals maintaining civilian nature of refugee camps and sites. - Registration of all new arrivals in a timely manner, capturing bio data and screening for specific needs. - Physical protection of refugees. - Registration, documentation and assessment, as well as identification of care arrangements for unaccompanied and separated children. - Establishment of community-based child protection structures and case management system, including child-friendly spaces, violence against children (VAC) referral mechanisms. - At risk children identified and supported, psychosocial support provided, family separation prevented and addressed. - Establishment and training of community leadership groups and complaint mechanisms. - Establishment of SGBV community-based prevention and response mechanisms, including legal assistance, medical support, psycho-social counselling and safe-spaces.
Education	<ul style="list-style-type: none"> - Provision of early childhood care and education to 24,000 children - Provision of primary education to 45,000 children. - Establishment of temporary and permanent learning spaces and schools (four centres per camp or a total of 352 classrooms). - Recruitment and training of teachers (400 teachers from refugees and local community). - Provision of teaching and learning materials and hygiene kits for teenage girl students. - Monitoring system with baselines to be set up.
Environment and Livelihoods	<ul style="list-style-type: none"> - 100ha of degraded lands protected through area enclosures. - 120ha of lands planted with tree seedlings in the watersheds closer to the camps to ensure sustainable discharge of ground water, rivers and spring flow. - 50ha of multi-purpose forest developed 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 solar lanterns and Solar street lights for priority public facilities/areas. - Provision of grinding mills, starter kits for backyard or multi-story gardening and vocational training.
Food	<ul style="list-style-type: none"> - Provision of sufficient and nutritionally balanced monthly food rations to refugee households. - Provision of school feeding in the camps. - Provision of supplementary food to moderately malnourished refugees.

Planned Response

Health and Nutrition	<ul style="list-style-type: none"> - Provision of emergency primary health care services to all refugees. - Provision of emergency response capacity for surgeries, including emergency obstetric care. - Controlling the spread of communicable diseases and providing immunization (such as measles and Polio). - Provision of essential and emergency reproductive healthcare services including medical care for GBV survivors. - Provision of community-based mental health services for refugees and referral to clinics as required. - Enhancing the disease surveillance system and laboratory investigation capacity for timely detection of epidemics - Establishment of clear and strong referral mechanisms for treatment of endemic diseases like leishmaniasis and chronic diseases including HIV and TB. - Undertaking of entry point nutritional screening to all children and pregnant, lactating women. - Provision of High Energy Biscuits (HEB) to new arrivals at the entry point/reception site. - Provision of blanket supplementary feeding to all children of 6-59 months and pregnant and lactating women. - Establishment of community-based management of severe and moderate acute malnutrition.
Logistics and Transport	<ul style="list-style-type: none"> - Transportation of new arrivals in safety and dignity from entry points to the camps, including medical evacuation by helicopter from areas not accessible by road. - Transportation of about 60,000 NFI kits. - Storage of NFI and distribution to refugees. - Provision of assets (vehicles) and office space and accommodation to partners.
Non-Food Items (NFI)	<ul style="list-style-type: none"> - Provision of 70,000 NFI kits, including blankets, jerry cans, plastic sheet, kitchen sets, sleeping mats, water buckets and mosquito nets. - 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.
Shelter and Infrastructure	<ul style="list-style-type: none"> - Provision of materials for the construction of transitional shelter. - Provision of emergency shelter, including family tents and communal shelter. - Construction of 100 km of access roads, in-camp roads and security perimeter roads.
Water, Sanitation and Hygiene (WASH)	<ul style="list-style-type: none"> - Provision of potable water through emergency water trucking and construction of temporary distribution and pumping pipe line. - Construction of permanent water system, including drilling of boreholes, constructions of communal showers and laundry desk, distribution of water kits (NFI). - Hygiene promotion activities. - Construction of family latrines. - Construction of sanitary facilities in health centres and educational facilities.

Financial Requirements Summary - Ethiopia

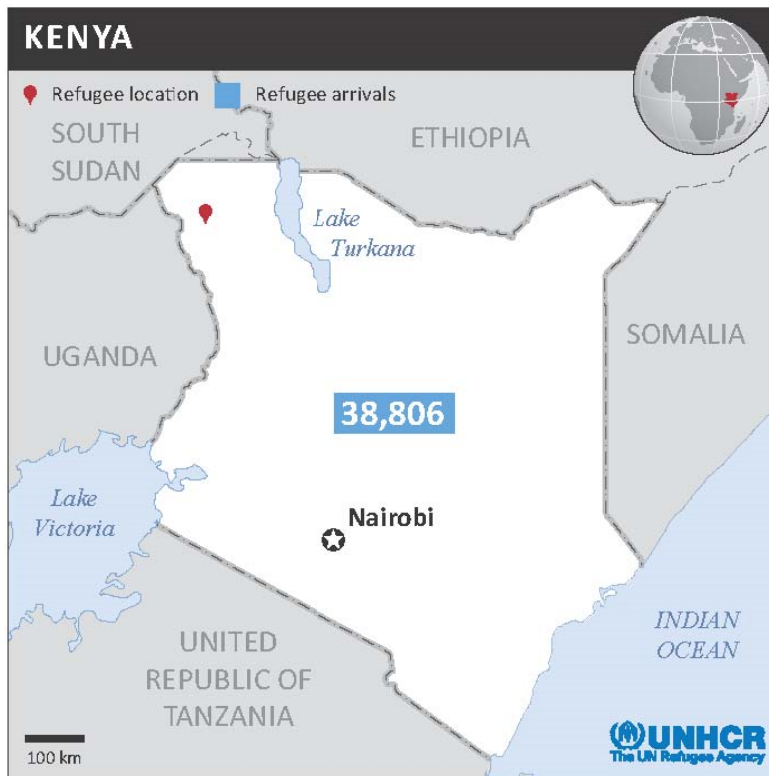
Financial requirements by agency (in US dollars)

Organization	Total
ACF Action Contre la Faim	3,630,000
ADRA Adventist Development and Relief Agency	210,000
DRC Danish Refugee Council	1,415,000
GOAL Ethiopia	1,500,000
HELP Age	315,000
IMC International Medical Corps	3,050,000
IOM International Organization for Migration	18,900,000
IRC International Rescue Committee	1,000,000
LWF Lutheran World Federation	3,765,000
NRC Norwegian Refugee Council	12,866,000
PLAN International	2,000,000
SCI Save the Children International	2,325,000
UNFPA United Nations Population Fund	3,740,010
UNHCR United Nations High Commissioner for Refugees	90,707,304
UNICEF United Nations Children's Fund	18,540,000
WFP World Food Programme	34,912,487
WHO World Health Organization	1,450,000
World Vision	5,750,000
ZOA International	4,900,000
Total	210,975,801

Financial requirements by sector (in US dollars)

Sector	Total
Protection	20,872,789
Education	18,825,998
Food	35,213,512
Health and Nutrition	28,381,737
Livelihoods	12,881,626
Logistics and Telecoms	23,138,980
Shelter and NFIs	34,787,610
WASH	30,939,426
Operational Support	5,934,123
Total	210,975,801

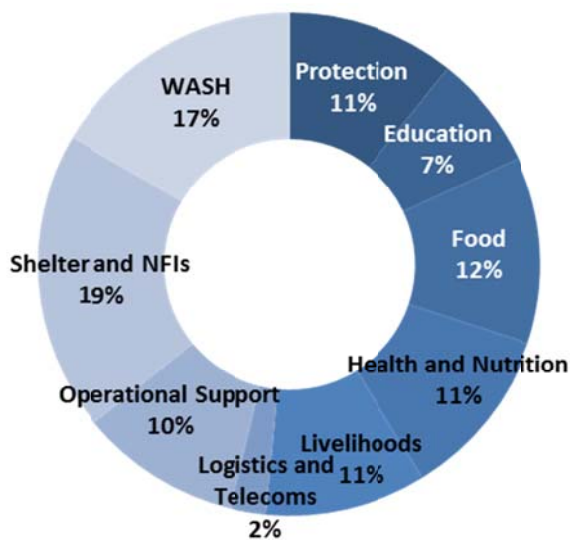
KENYA RESPONSE PLAN



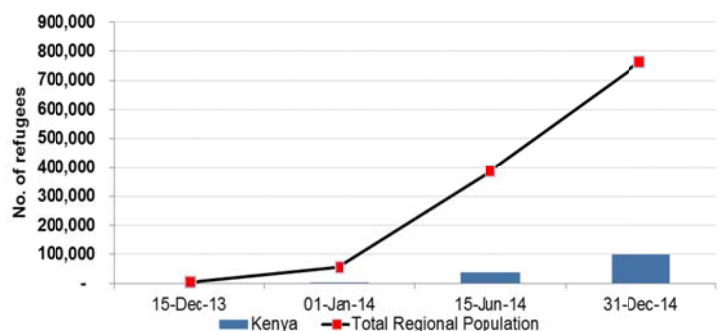
Map Sources: UNCS, UNHCR.
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Creation date: 01 Jul 2014.

Financial Requirements (US dollars)

108,824,008



Population Trends



Background and Achievements

Since mid-December 2013, roughly 39,000 South Sudanese asylum-seekers have arrived in Kenya, surpassing the initial planning figure of 20,000 persons. The influx rate into has dropped recently as a result of rains slowing mobility internally and, thus, access into Kenya.

Should there be no significant progress in the political, physical and food security situations in South Sudan, the influx rate is expected to increase once the rains end and mobility is restored. There are indications that large numbers of IDPs in parts of South Sudan may be headed towards Kenya. In line with the situation, the overall planning figure for 2014 has been revised from 50,000 to 100,000. The humanitarian response will continue on all four key fronts of the emergency response: border reception, transport to camps for proper reception and registration, and assistance and settlement in the camp.

It is assumed that the pace of arrivals will pick up once the rainy season is over and there are indications that large numbers of IDPs in parts of South Sudan may be headed towards Kenya. In line with the situation, the overall planning figure for 2014 has been revised from 50,000 to 100,000. The response will continue on all four key fronts of the emergency response - at the border, transport to camps, at the reception centre and new settlement area in Kakuma 4 and eventually at the new site once allocated by the Government of Kenya (GoK).

The response to the influx has been a complex logistical undertaking with key facilities for the reception and screening of new arrivals from South Sudan established in three separate locations:

- A **Screening Centre** is now almost completed at the Nadapal border crossing point to receive new arrivals. This facility is equipped with basic shelter structures to shade new arrivals from the sun and includes latrines, tap stands and basic offices for staff (using fabricated containers). The facility is staffed by the Department of Refugee Affairs (DRA) and immigration officials who conduct initial registration and carry out screening to ensure all asylum seekers who may be armed are disarmed and to identify individuals requiring urgent medical attention; persons identified as combatants will be separated from the rest of the asylum seekers.
- A **Transit Centre** with a capacity of 1,000 persons was to be constructed at Lokichoggio to temporarily accommodate asylum seekers transported from the border. The Government shifted this to the border at Nadapal for security reasons, where its construction is almost complete. The capacity of the transit centre could be upgraded to 3,000 persons, if necessary. The centre is equipped with accommodation shelters, latrines and washrooms, clean water, a kitchen, a dining hall, and a storage facility, as well as medical screening rooms (with basic first aid kits and drugs for treatment of minor illnesses). An ambulance is stationed at the centre for immediate evacuation of major medical cases and to escort convoys from the centre to Kakuma.
- The existing **Reception Centre** at Kakuma camp receives asylum seekers and will be expanded to accommodate larger numbers. The facility is equipped with temporary accommodation, including latrines, washrooms and wet feeding services, as well as medical and psychosocial screening rooms.

Achievements

Protection/Community Services:

- Over 26,000 new refugee children in Kakuma assisted since December 2013. Children represent over 67% of all new arrivals in Kakuma while the number of unaccompanied and separated (UASC) children represent over 15% of the incoming population. Individual case assessment and management is taking place. The child protection system has been upgraded.

Health/Nutrition:

- Children aged 9 months – 5 years are vaccinated against measles.
- The treatment of acutely malnourished children – overall target of 36,700 children under five and pregnant and lactating women for 2014.

WASH:

- Access to safe water supply for all new arrivals as a result of drilling of new boreholes. A new distribution system needs construction and water trucking is required.
- 8,281 tents have been set up at Kakuma 4, accommodating 36,231 individuals (8,818 families) and roofing of durable shelters continues and so far 895 roofs have been completed.
- NFIs are provided to all new arrivals (close to 40,000 persons) at the reception centre, where wet feeding is also ongoing.

Education:

- Total enrolment in the two emergency schools in Kakuma reached 11,091 learners (of whom 4,168 are girls).
- Deployment of national teachers and all required primary teachers is under way. 20 early childhood development (ECD) teachers have been recruited, and induction of incentive teachers has been undertaken. Temporary kitchens constructed in the two schools.



Figure 3: A South Sudanese woman carries a sleeping mat as she walks through the reception centre in Kakuma Refugee Camp, Kenya. UNHCR / C. Wachiaya

Identified Needs and Response Strategy

Needs

The DRA, the government counterpart, and immigration officials need to strengthen their presence at the Nadapal border point and other reception areas in order to strengthen the government's important coordination role in the protection of refugees. A joint registration centre with DRA is to be set at Kakuma and additional staffing and equipment for registration of the new arrivals are to be provided. The capacity of the Government of Kenya (GoK) counterparts requires to be enhanced through training and coaching.

The current number of SGBV survivors is likely severely underreported. Active identification and case management of SGBV survivors with requisite follow up measures such as clinical response, psychological help and material assistance to victims needs to be strengthened. Women and girls responsible for cooking for their families are at risk of being exposed to sexual and gender-based violence (SGBV) as they venture out of the camp to collect firewood. There is need to provide refugees with domestic fuel and energy saving stoves to reduce energy wastage by 30 per cent which will also serve as a protection measure against SGBV. Similarly, earliest possible screening of the new arrivals to identify elderly and persons with special needs is required.

It is estimated that more than 20,000 children are in need of case management in Kakuma (e.g. anticipated 15,000 new unaccompanied and separated children plus existing 9,000 cases and other extremely vulnerable children. Care for unaccompanied minors (UAMs) is a main concern as alternative care systems are stretched. Identifying and prioritizing most vulnerable children for case management and data tracking are main areas to address including mainstreaming child protection into every other sector. Child protection at Nadapal is a focus in particular so that children are identified and enrolled in the available systems at the earliest.

Some 20,000 light weight tents will be required for the new arrivals, to be later replaced by semi-permanent shelter. Refugees are then expected to make mud bricks and put up walls for their semi-permanent houses. So far, only a quarter of the new arrivals that have constructed mud brick walls have had their houses roofed while the rest are living in incomplete structures. There is an urgent need for faster provision of roofing materials.

Additionally, the establishment of a new camp will require the construction of various operational structures, including field posts, a protection area for refugees facing insecurity in the camp, a reception and registration centre. Access and feeder roads will need to be constructed as well as – up to 50 kilometres will be needed if the new camp is established. Prior to the establishment of the new camp the host community will need to be sensitised and their rights need to be clearly explained to them.

The new arrivals will receive sleeping mats, blankets, and mosquito nets at the transit centre in Lokichoggio or the reception centre in camp (in whichever location they spend their first night), while kitchen sets, jerry cans, sleeping mats, blankets, soap, buckets, and lanterns are distributed upon settlement in the camp. In addition, clothes will be provided to extremely vulnerable individuals. In addition, clothes will be provided on an as-needed basis to extremely vulnerable individuals. For those arriving by their own means directly to the camp, all NFIs are provided upon settlement. In addition, sanitary materials are distributed to girls and women of reproductive age. Sufficient supplies will need to be available both to cover the needs of the new arrivals and for eventual repeat distribution.

Five to eight new boreholes are required at the new sites (both Kakuma 4 and the new camp) with requisite reticulation and distribution systems. There is a need to construct gender sensitive and accessible latrines in schools and carry out training on sanitation, hygiene and safe water handling among the school children and community. The current sanitation and hygiene situation in Kakuma 4 where the South Sudan refugees are settling is unsatisfactory as the current latrine ratio is at 1:33 against the 1:20 recommended standard. An estimated 12,500 family latrines and 2,500 communal latrines will need to be constructed to provide sanitation to ensure proper sanitation facilities for 100,000 persons. Families will be encouraged to dig their own pits and will be provided with slabs and materials for the superstructure. Refuse pits, incinerators, and sewage lagoons will also be

constructed. In addition sanitation and hygiene promotion will be maintained at Nadapal border. In addition, efforts will be made to bring the ratio of hygiene promoters to beneficiaries closer the recommended standard of 1:500 (from the current 1:2,500). To reduce possibility of conflict between the host community and the refugees on water related issues there is a need to drill and equip boreholes to serve the hosts.

In order to meet minimum public health standards, existing medical facilities in Kakuma will be upgraded and two health posts will be constructed in new settlement areas of Kakuma 4 to provide medical care for 40,000 refugees under phase 1. One ambulance will be procured. Under Phase 2, one hospital and another two health posts will be constructed to serve the needs of 60,000 persons, and two ambulances will be purchased. Sufficient quantities of drugs and related medical equipment will be procured depending on the size of the influx.

WFP will procure high-protein biscuits (or other similar supplementary foods) to be distributed at border crossing points and transit and reception centres and during convoy movements to the camp. As part of its supplementary and therapeutic feeding programs complementary foods (including green grams, F75 milk, and plumpy nut) will be procured. Food assistance from WFP will be provided through three main components: the General Food Distribution Programme, the Selective Feeding Programme, and the School Meals Programme.

Under the general good distribution programme, a full food basket comprising fortified milled cereals, fortified vegetable oil, pulses, Corn Soya Blend (CSB), and iodized salt will be provided to refugees through fortnightly food distribution managed by Norwegian Refugee Council (NRC) and World Vision (WV). Wet feeding will also be carried out at the reception centre for the new arrivals by Lutheran World Federation (LWF).

The targeted number of beneficiaries will be all registered refugees and new arrivals residing temporarily at the reception centre (benefiting from a wet feeding programme). A food distribution centre and an extended delivery point (EDP) storage facility will be established at the new camp for the 60,000 population.

Under the selective feeding programme, blanket supplementary feeding support will be provided to pregnant and lactating women and children aged between 6 to 24 months. Caregivers of severely malnourished children admitted in the stabilization centre and all inpatients admitted at the International Rescue Committee (IRC) managed hospital will receive hot meals. Malnourished children who are under five years of age and individuals with special needs such as HIV/AIDs and TB will receive nutritional support through this programme. Pregnant and lactating women, children under five years of age with moderate malnutrition, and chronically ill and HIV/AIDS patients will receive a premix of CSB, sugar, and dry skim milk from camp clinics, while patients admitted at the camp hospital will benefit from wet feeding.

Under the school meals programme all students will be provided a mid-morning snack (porridge) made of Corn Soya Blend, dry skim milk, fortified vegetable oil, and sugar. Girls with an attendance rate of 80 per cent or more in a month will be provided a take home ration of 500 grams of sugar (used as an incentive for girls' enrolment in schools).

There is a need for additional tented, and later permanent, primary schools to provide basic learning to approximately 12,000 school age children; school supplies need to be procured (textbooks, teaching materials, etc.) and teachers trained. Child friendly spaces need also to be constructed within the settlement area to keep children occupied and to control the movement of young children as a measure to prevent further separation from their families.

The climatic conditions in northern Kenya are arid and pose serious health problems to new arrivals, some of whom are arriving on foot after many days of walking. Organized onward transportation from Nadapal to Kakuma refugee camp is required to ensure basic protection and alleviation of unnecessary hardship for all new arrivals.

Response Strategy

There is a pressing need to identify another site for new arrivals beyond the current figure of some 40,000. The situation has now reached a stage where it is no longer possible to identify vacant spots in the camps to accommodate new arrivals.

The establishment of a second camp will require significant efforts to prepare the host community and to clear the land allocated by the Government of Kenya and to demarcate the new site and its roads and residential plots. Activities to mitigate against environmental degradation that is likely to occur during camp establishment and also settlement of new arrivals will have to be factored in, including: carrying out an environmental impact assessment as required by Kenyan law; establishing a tree nursery; fabrication and distribution of energy saving stoves; environmental awareness raising; building capacities of new arrivals in better environmental management approaches; and rehabilitation of degraded land through the green belt approach. Agencies will also need to procure and distribute firewood to newly arriving households to ensure refugees are not involved in firewood collection. Programmes to establish sustainable livelihood production within the host communities as well as to involve the host communities in the supply of fresh meat, fruit and vegetables will be a priority.

Besides this main concern, there is urgent need to scale up existing health and nutrition services in the camp to prevent any major slide in the standards and to arrest the poor nutritional status amongst new arrivals. The response must be accompanied by complementary investments in the water and sanitation infrastructure.

The high number of children (close to 70%) and the number of unaccompanied and separated minors in particular will continue having strong impact on the focus of interventions in the Kakuma camps, i.e. the whole spectrum of child protection and education activities. Psychosocial services and support for persons with special needs need to be enhanced, together with the overall awareness on SGBV, child protection issues to prevent exploitation and reduce vulnerability of groups at risk. There is a need for ongoing protection monitoring and advocacy to ensure the civilian nature of camps and to refer any incident reports including grave violations occurring inside South Sudan.

With the realization that the situation in the country of origin will not allow for returns in the short term, UNHCR has been discussing with the GoK the possibility of allocating some agricultural land in addition to the land that is to be allocated for the new camp. Together with other agencies, who are expanding their programming in the Turkana County where the camps are located, UNHCR is looking into setting up the new camp as a more viable economic unit that could provide livelihoods both for the refugees and the surrounding communities while creating mutually beneficial economic linkages between the populations. It will be therefore important to equip the refugee population with skills as well as other support to enable them to earn a living through employment and/or by starting small businesses. Agricultural activities will be promoted through provision of vegetable seeds, pesticides and extension services to contribute to household food needs.

Partnership and Coordination

All agencies operating in Kakuma will be involved in providing the main operational and management structure required for the response and supplementary support as might be required by the emergency situation. The roles of the key actors are described below.

The primary coordination role of the Kenyan Government in dealing with refugee matters will be crucial in the emergency response. The Ministry of Immigration and Registration of Persons will provide coordination on behalf of the government through its Department of Refugee Affairs (DRA). In view of the security and operational issues involved, the government will play a central role in the reception and screening of new arrivals, including registration and biometric screening, legal protection, physical protection, coordination, and overall management. Additionally, the participation of other relevant ministries, including the Ministry of State for Special Programmes, the Ministry of Internal Security (Police), the Ministry of Health, the Ministry of Environment and Natural Resources, and the Ministry of Education, will be solicited when required. The full involvement of the District Commissioner and relevant local authorities in the area of operation will be critical.

UNHCR will carry out its protection mandate including ensuring the application of relevant legal and protection standards as well as the planning and coordination of the emergency response in collaboration with and on behalf of the UN system, including mobilizing required resources, monitoring, and reporting. The UNHCR Sub-Office in Kakuma will be the main operational coordination centre for the emergency response and the overall delivery of services to persons of concern. The Branch Office in Nairobi will oversee the operation as a whole and will provide functional support and guidance, and will also chair Nairobi-based coordination meetings with partners, liaise with the Government and other UN agencies, and undertake public information activities and briefings to donors. The new Field Office, once it is established, will coordinate the delivery of protection and assistance to the refugees in the new site.

The traditional role of WFP in providing food assistance at the transit and reception centres and carrying out food distribution programmes in the new camp will be crucial. WFP will be involved in all levels of the planning and implementation of the emergency response.

UNHCR leads inter-agency coordination meetings with partners both at the Representation Office in Nairobi and the Sub-Offices in the field. The meetings in Nairobi, which convene once every month, are attended by agency Directors or their designated staff. The partners include both implementing (IPs) and operational partners (OPs). In addition to NGO partners, UN sister agencies, including WFP, UNICEF and IOM, also attend these meetings. In Kakuma, two meetings are held per week: a technical meeting on Tuesdays, which feeds into the heads of agencies (at field level) coordination meeting on Thursdays, co-chaired with the Government’s Department of Refugee Affairs, where operational decisions are taken.

Planned Response

Planned Response	
Protection	<ul style="list-style-type: none"> - Reception- transit centre infrastructure established and maintained. - Specific services for persons of concern with disabilities provided. - Hire and train the requisite staffing to bring the case management system up to a level that will reduce the backlog and handle the current and potential influx. - Ensure “embedded” technical support by child protection staff. - Identify and train 500 additional foster families for a potential 1,000 unaccompanied children. - Develop a more systematized way of costing and planning case management and digitizing case management to expedite data entry and analysis and prioritize cases. - Follow-up Child Protection Rapid Assessment (CPRA) carried-out to determine changing nature of protection concerns. - Hiring additional protection monitors to filter out protection cases in the blocks in the camp focusing mainly on GBV and child protection. - Production of video and audio kits as well as print materials on asylum procedures, services available, and the rights and obligations of refugees. - Dissemination of audio, video, and print content through radio and film screenings and workshops. - Awareness campaigns and training sessions on reception procedures and services available on SGBV and SGBV response, health and nutrition, child protection and referral pathway for children at risk, education, sanitation, community self-management and camp administration. - Protection monitoring, advocacy and referral of incident reports.
Education	<ul style="list-style-type: none"> - 86 semi-permanent double shift classrooms constructed and equipped with teaching-learning and recreational materials at identified locations. - Hire 172 teachers for 6 months including training in necessary skills, including pedagogy and psycho-social support.

Planned Response

Food	<ul style="list-style-type: none"> - Procure high-protein biscuits for distribution at border crossing points and transit and reception centres and during convoy movements to the camp. - Procurement of green grams, F75 milk, and plumpy nut for supplementary and therapeutic feeding programmes. - A full food basket comprising fortified milled cereals, fortified vegetable oil, pulses, Corn Soya Blend (CSB), and iodized salt will be provided to refugees through fortnightly food distribution. - Wet feeding will also be carried out at the reception centre for the new arrivals. - A food distribution centre and an extended delivery point (EDP) storage facility will be established at the new camp. - Support mother and child health programmes for pregnant and lactating women and children aged between 6 to 24 months. - Pregnant and lactating women, children under five years of age with moderate malnutrition, and chronically ill and HIV/AIDS patients will receive a premix of CSB, sugar, and dry skim milk. - Under the school meals programme all students will be provided a mid-morning snack (porridge) made of Corn Soya Blend, dry skim milk, fortified vegetable oil, and sugar.
Health and Nutrition	<ul style="list-style-type: none"> - Access to prompt diagnostics and early treatment during disease outbreaks. - Access to communicable diseases control activities and disease outbreak interventions and medical materials during emergencies. - Children less than five years protected against vaccination preventable diseases. - Community management of acute malnutrition programmes implemented and monitored. - Appropriate infant and young child feeding (IYCF) practices promoted. - Access to primary health care services provided and supported. - Access to non-communicable diseases programmes provided. - Psychosocial counselling, including individual and group therapies, home visits to profile vulnerable cases for further assistance. - Measures to control anaemia and other micronutrient deficiencies undertaken through promotion of kitchen gardening. - Implement the Minimum Initial Service Package for RH in crisis situations.
Livelihoods	<ul style="list-style-type: none"> - Land governance rights clearly explained to the host communities around the new camp. - Vocational training/technical skills provided through farmer field school and pastoral field school approaches. - Natural rehabilitation of degraded lands protected through area enclosures / green belt establishment. - Development of multi-purpose land around the new camp to serve as agricultural land and/or source of forest products including wood for fuel and construction materials, animal fodder and bee-forage. - Projects benefiting host and displaced communities implemented. - Domestic fuel provided through the promotion of sustainable firewood production, general firewood distribution and provision of energy saving stoves. - Establish solar lighting for communal lighting – schools, streets, health centres and latrines.
Logistics and Transport	<ul style="list-style-type: none"> - Transportation assistance provided to 80,000 new arrivals.
Non-Food Items (NFI)	<ul style="list-style-type: none"> - Provision of non-food items including blankets, jerry cans, plastic sheet, kitchen sets, sleeping mats, water buckets and mosquito nets; 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.

Planned Response

Shelter and Infrastructure	<ul style="list-style-type: none"> - Temporary shelter kits provided to 12,500 households. - 15,760 durable shelters units constructed for current and new camp. - More than 4,700 upstanding complete mud-brick walls by refugee efforts waiting for roofing. - 68 KMS access road network grading in the new area and the new camp. - Bush clearing and demarcation of plots in the new camp.
Water, Sanitation and Hygiene (WASH)	<ul style="list-style-type: none"> - Provision of potable water through emergency water trucking. - Construction of permanent water system. - Construction of community and family latrines. - Construction of sanitary facilities in health centres and educational facilities.

Financial Requirements Summary - Kenya

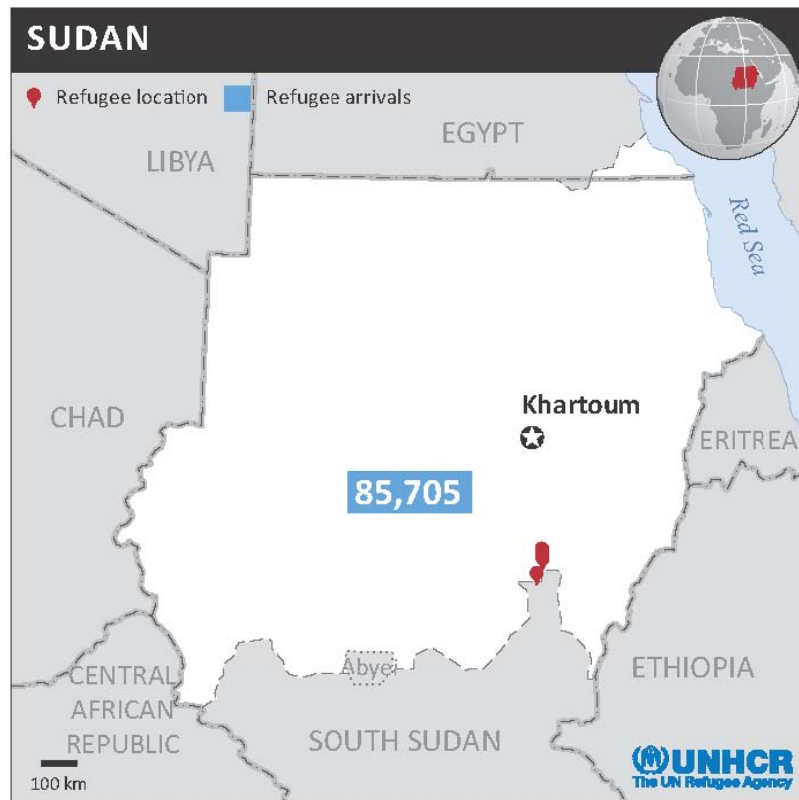
Financial requirements by agency (in US dollars)

Organization	Total
FAO Food & Agriculture Organization	4,000,000
FilmAid	200,000
IOM International Organization for Migration	3,900,000
IRC International Rescue Committee	1,726,459
NCCK National Council of Churches of Kenya	438,523
NRC Norwegian Refugee Council	7,216,224
RCK Refugee Consortium of Kenya	6,312,212
UNHCR United Nations High Commissioner for Refugees	61,074,465
UNICEF United Nations Children's Fund	6,248,146
WFP World Food Programme	13,100,000
WHO World Health Organization	1,924,585
World Vision	2,683,394
Total	108,824,008

Financial requirements by sector (in US dollars)

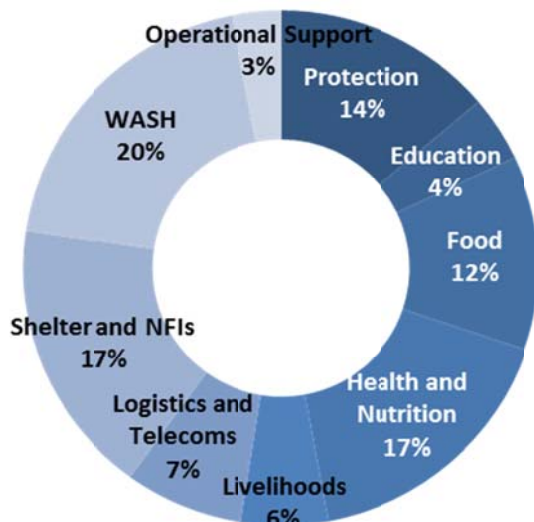
Sector	Total
Protection	11,765,887
Education	7,887,070
Food	13,100,000
Health and Nutrition	11,997,892
Livelihoods	11,295,763
Logistics and Telecoms	2,482,015
Shelter and NFIs	20,989,122
WASH	18,055,748
Operational Support	11,250,510
Total	108,824,008

SUDAN RESPONSE PLAN

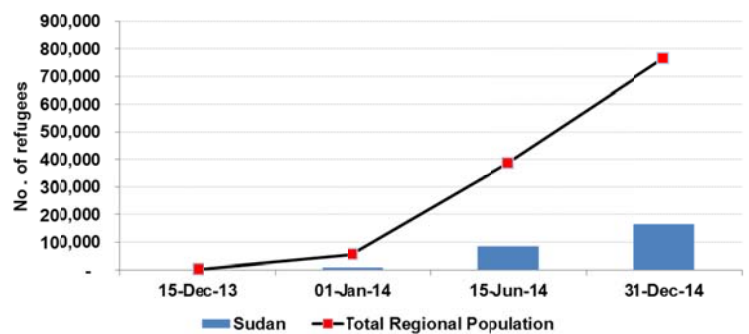


Map Sources: UNCS, UNHCR.
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined. Final status of the Abyei area is not yet determined. Creation date: 01 Jul 2014.

Financial Requirements (US dollars) 113,565,811



Population Trends



Background and Achievements

Sudan has a long tradition of hospitality towards refugees and asylum-seekers. Before the recent influx from South Sudan, there were already 155,700 refugees and 5,400 asylum-seekers in Sudan end-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 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 of up to 250,000 persons believed to live in Khartoum State, approximately 50,000 in Darfur and 30,000 in the Eastern States (Gedaref, Kassala and Red Sea).

Since the outbreak of violence in South Sudan on 15 December 2013, over 85,000 South Sudanese refugees had fled to Sudan by mid-June 2014, with an overall arrival rate of approximately 500 to 700 people per week. In the early stages of the conflict, few arrivals occurred to South and West Kordofan states with more arrivals to White Nile State which borders Upper Nile State in South Sudan. About 50 per cent of new arrivals from South continue to enter to White Nile State. Khartoum hosts just under 25,000 refugees who have arrived since 15 December and reside in open and residential areas across the city, intermingled with the sizable post-independence South Sudanese population in the capital.

In White Nile State, refugees were concentrated in border areas and in two large relocation sites: Al Alagaya, with approximately 4,000 inhabitants, and Kilo 10, with approximately 30,000 inhabitants. With Kilo 10 site situated in an area prone to flooding, the Government of Sudan and humanitarian actors in early June 2014 relocated the population to several new sites nearer to the state capital, Kosti, which were also less prone to potential flooding. In South Kordofan, West Kordofan and Blue Nile States, refugees are living in either smaller settlements or host community settings in smaller towns and villages with more limited access for the humanitarian community, however smaller scale relocation of refugees to more suitable locations in South Kordofan in advance of the rainy season has taken place, as well as interventions such as food and non-food distribution, nutrition, health and WASH services and education initiatives.

The security situation and access allowance in West Kordofan and Blue Nile continues to limit the ability to intervene in a comprehensive manner. Overall access to populations has greatly increased since the early onset of the crisis, however sustained and ongoing access, particularly for international staff remains an area for improvement. In spite of these impediments, tremendous efforts by all partners involved in the response have assured that minimum standards are being met in most sectors, with progress being made in those where assistance is still under required levels.

The majority of refugees arriving in Sudan are children (73% of those in the relocation sites), with the remainder made up of women and the elderly. New arrivals have shown signs of the effects of malnutrition with proxy Global Acute Malnutrition (GAM) rates above acceptable thresholds in some sites. Most have arrived with little means, money or possessions, and thus are in need of the most basic items and life-saving assistance. This situation will likely become direr as the months progress and in particular during the rainy season. The prognosis for return is not positive in the near future, with serious food security concerns in the areas of South Sudan bordering Sudan and the continuation of conflict and ethnic tensions in neighbouring states of South Sudan.

Achievements

Protection/Community Services:

- Refugees fleeing South Sudan have had access to territory in Sudan and no substantiated reports of refoulement have been confirmed.
- Household level registration is being conducted in partnership with the Sudanese Red Crescent Society (SRCS).
- Family Tracing and Reunification (FTR), referral and support to Unaccompanied Minors (UAM)/Separated children is operational in White Nile and South Kordofan States, with 2,000 children benefitting from temporary learning spaces in South Kordofan State, and over 600 children attending Child Friendly Spaces in Kilo 10 site in White Nile State before the relocation took place.
- The first comprehensive Rapid Needs Assessment of the South Sudanese population in Khartoum since 2012 was recently undertaken covering approximately 30 sites in the open and residential areas of the capital, with results due imminently.

Shelter/NFI/Infrastructure:

- Over 50,000 new arrivals from South Sudan in various locations in Sudan have been assisted with shelter and NFIs by (UNHCR and ES/NFI partners).
- A total of 10,136 plastic sheets, 9,536 kitchen sets; 11,036 jerry cans; 18,478 Blankets; 17,592 Sleeping Mats; 5,700 Mosquito nets; and 1,600 bars of soap have been provided in White Nile State (Al Alagaya and Kilo 10), South Kordofan State (Elleri and Abu Jibeiha), West Kordofan State (Kharasana), and Khartoum State.
- Before the onset of the rainy season, UNHCR with partners Sudanese Red Crescent Society (SRCS) and IOM completed the relocation of over 25,000 refugees in less than one week from Kilo 10 site in White Nile state to three sites less prone to flooding and closer to local amenities.
- Relocation of approximately 600 refugees was also undertaken in Elleri, South Kordofan, again as a preventative measure against flooding.

Food:

- WFP, in collaboration with local partners Sudanese Red Crescent Society (SRCS) and Mubadiroon, has assisted a total of 46,335 refugees across South Kordofan (11,959) and White Nile (34,376) States with 2,515 MT of emergency food assistance.

Health/Nutrition:

- Through a comprehensive nutrition response plan, nearly 12,000 children have received nutritional support across states with new arrivals.
- In White Nile State 1,188 cases of Moderate Acute Malnutrition (MAM) and 315 Severe Acute Malnutrition (SAM) have been reached, with E-BSFP distributions covering 10,304 cases. The proxy GAM rate in the state has declined from 20.8% to 15%.
- Functioning clinics and referral mechanisms have been set up for both South Kordofan and White Nile States, with fixed clinics at three relocation sites, Jouri, Al Redis and El Kashafa in White Nile State. The referral hospitals in El Neeam and Jebelain have been strengthened. Disease vector monitoring, hygiene promotion and large scale immunization of children against measles and other communicable diseases are ongoing.
- No large scale outbreaks of diseases such as Cholera have been reported.

WASH:

- In White Nile and South Kordofan States available water supplies have been consistently improved to bring them closer to minimum emergency standards such as water trucking, bladder storage, installation of hand pumps and chlorination of water at source.
- In the new relocation sites in White Nile State, water interventions have rapidly been put in place, providing between 9 and 15 litres of water per person per day to inhabitants.
- Over 460 communal latrines have been built.
- In the new relocation sites of White Nile, construction of 650 communal latrines is underway post relocation.
- 50% of sites in South Kordofan meet emergency standards for latrines.
- Ongoing hygiene promotion and waste management interventions have taken place in both White Nile and South Kordofan state, which has hindered the outbreak of infectious disease.

Identified Needs and Response Strategy

Needs

Due to the prevailing restrictive environment, protection responses still need to be reinforced and in some areas fully established to reduce vulnerability and ensure adequate care. Identifying people with specific needs, and in particular Un-accompanied and Separated Children (UASC) is of crucial importance, with Family Tracing and Reunification (FTR), as well as alternative care arrangements a continuing priority. This will be complemented through increasing the response capacity of the community and reinforcing community networks, the implementation of a robust registration strategy and enhancing the capacity of referral facilities. Extremely vulnerable individuals (EVI) will also be a continuing focus, with a need to further increase interventions and allowances, including transportation assistance for those with relatives or communities in other parts of Sudan who could support them. There is a need for ongoing protection monitoring and advocacy to ensure the civilian nature of camps and to refer any incident reports including grave violations occurring inside South Sudan.

In White Nile State, registration will move from household to individual level, and will be enhanced to highlight identification of the extremely vulnerable, including MUAC screening upon arrival. Individual documentation will be enhanced at the individual level and registration processes will be automated. Referral mechanism for GBV cases, training of services providers in health response, psychosocial and legal aid need strengthening. Provision of basic hygiene needs for vulnerable women and girls is required in addition to raising the awareness of the community on prevention mechanisms.

In Khartoum State, following the recent Rapid Needs Assessment, continued advocacy for individual registration and subsequent access to services such as health and shelter is needed strengthening the ability of humanitarian actors to reinforce these services to reach minimum standards. Overall, individual protection will also be enhanced by complementary sectoral interventions, including access to emergency shelter, establishment of child friendly spaces, gender sensitive WASH facilities and access to education for children, including on the dangers of unexploded ordinance (UXO). Finally, continued advocacy on the status of new arrivals to ensure that the special status currently conferred upon them translates into concrete rights and entitlements in Sudan must continue.



Figure 4: South Sudanese refugees setting up a shelter in Sudan. UNHCR / H. Abdalla

Procurement, pre-positioning and transportation/ distribution of immediate life-saving emergency shelter with shelter support material and other non-food items for 165,000 individuals is a priority including support for Sudanese returnees. Only about half of arrivals have received essentials items

due to access or policy constraints related to relocation of sites. The design of the emergency shelters has been enhanced and in new relocation sites in White Nile State and potentially other states communal shelters as reception centres will need to be established. Some targeted support to needy host community members is planned to promote co-existence and prevent potential conflict.

The supply of potable water in arrival areas will be maintained and improved by installing hand pumps, setting up water plants, piping and taps in relocation sites as well as in local hosting communities to ensure peaceful co-existence. This is particularly urgent in new relocation sites where access and water trucking will be difficult or impossible once heavy rains set in. These raise water provision in all sites to 15 litres per person per day up from just under 10 litres, with two sites already over the threshold. Ongoing hygiene promotion campaigns and waste disposal mechanisms need to be reinforced. There is a critical need for construction of communal latrines in the majority of sites to meet minimum standards of one communal latrine for 50 people, although infrastructure investment has begun very promptly in the new sites. Investment in latrines at Kilo 10 site in White Nile State was limited due to the imminent relocation of the population in the site, which also affected regular provision of water at the site.

There is continued 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. To avoid disease outbreaks, a disease surveillance system should be in place to monitor health situation and disease trends and buffer stocks for quick response to epidemics. The expected population will include 8,500 children under 5 years old, 41,250 women of reproductive age group, 6,000 pregnant women in need of ante-natal care and access to delivery services including emergency obstetric care (330-990 of all pregnancies expected to require caesarean). Mental health, psychosocial social, health promotion and prevention activities are direly needed.

Of the estimated 165,000 new arrivals by December 2014, it is expected that 66,000 of them would be children under the age of five, pregnant and lactating women (PLW) who are all vulnerable to complex life threatening nutritional problems. This makes nutrition interventions critical. As observed in various nutritional screening sessions conducted among South Sudanese, it is estimated that some 10,000 children and 3,300 pregnant and lactating women are expected to be affected by acute malnutrition. With the anticipated worsening food security situation in South Sudan, it is expected that malnutrition rates of new arrivals will increase, requiring adequate response capacity.

The need for food assistance continues to be critical for arriving populations from South Sudan. Therefore food distributions to all refugees remain a priority. WFP estimates that all 46,335 beneficiaries currently being assisted, in addition to any further refugee influx, will require food assistance at least up to the end of 2014. Food security and livelihoods needs' assessment will be conducted by FAO and the partners working in the sector in White Nile, Blue Nile and South Kordofan States after completion of the relocation process and settlement of the South Sudanese refugees in the new sites. They will be supported to perform the different food security and livelihoods' activities in the field of agriculture, fishing, livestock and other income generating activities. Support to host communities is also being planned in the area of livelihoods and income generating activities to support communal cohesion and to ensure that local communities see benefits from hosting refugee populations.

It is estimated that fewer than 50,000 of newly arrived South Sudanese refugees will be school age children between 3 and 14 years old. There is an on-going need to establish and maintain temporary learning spaces with gender sensitive WASH facilities, distribution of essential teaching, learning and recreational supplies, identification and recruitment of teachers, and consolidate arrangements for access to formal education, including rehabilitation of existing schools to serve both refugees and host communities.

There is a need for warehouse space for both food and non-food items to enhance project implementation. This might require the setting up of temporary storage tents in different locations. Transport services may also be required for the movement of goods and services. Given the location of the new relocation sites in White Nile State and their proximity to the Nile River movement by barge could be considered as an option, however accessibility by barge would need to be assessed at each

location and should be considered as a last resort. All logistics services will be done on a cost recovery basis with the requesting Agency/NGO.

Response Strategy

Arrivals to Sudan have occurred across multiple sites in differing states. The overall strategy of intervention is informed by the varied security, access and environmental conditions of each location and aims to ensure access to basic rights and minimum services during the emergency phase and moving towards more sustainable interventions, including livelihoods support, once populations are stabilized.

Coordination under UNHCR's leadership aims to ensure that essential services are provided in a timely manner and gaps quickly identified and addressed. Support to both local authorities and line ministries continue to ensure capacity is developed in arrival areas for the overall refugee response. The needs of local hosting communities are being taken into consideration to enhance peaceful co-existence. Furthermore, there is a need to also provide assistance to Sudanese populations that are fleeing the conflict and returning to Sudan; often in an equal state of vulnerability and need. Higher level advocacy by multiple stakeholders to ensure South Sudanese refugees' access to rights is predictable and elaborated in a legal framework continues. Advocacy to allow humanitarian organizations deploy qualified staff to refugee hosting areas is also necessary to ensure interventions are appropriate and meet standards. In support of the Government of Sudan's policy of promoting freedom of movement for the refugees, response plans will also consider the most appropriate form of support for mobile and urban populations.

In South Kordofan, arrivals have occurred in several rural community locations and specific relocation sites have not been determined. In White Nile State, given the larger numbers of refugees, special relocation sites were identified by the Government of Sudan, which maintains overall responsibility for the management of these sites. Security and access restraints in Blue Nile and West Kordofan States have prohibited a comprehensive response to date. Activities will be based on needs assessment to be conducted should these areas become more accessible and conducive for a humanitarian response.

In Khartoum, the response to newly arrived refugees from South Sudan will be closely coordinated with activities for the existing South Sudanese population and the local community to ensure social cohesion in the urban context.

To date, individual registration of arrivals has not been possible. However the strategy for the remainder of the year will be informed by an enhancement of reliable data once more comprehensive registration occurs, and this will in turn allow a more targeted response. Activities to ensure the protection of the most vulnerable will continue by improving the living conditions particularly with regards to shelter, interventions for children and availability of basic amenities such as water, food and access to health care, education and targeted interventions for EVIs.

Partnership and Coordination

UNHCR coordinates the overall humanitarian response through the Refugee Multi Sector coordination mechanism. In line with the Transformative Agenda and UNHCR's refugee coordination model, coordination efforts are mainstreamed through the existing sector approach avoiding duplication of mechanisms and to benefit from existing structures for identification of gaps and responses.

Co-ordination with the Government of Sudan occurs at Federal and State level. The Joint Working Group on the South Sudanese New Arrivals has been operational for several months and comprises representatives from the Humanitarian Aid Commission (HAC), the Commissioner of Refugees (COR), UNHCR, WFP, UNICEF, UNFPA, IOM, Plan International and SRCS. The forum convenes weekly, and is an avenue to share information on response activities and coordinate interventions.

At the State level, the coordination of assistance is being undertaken by State Emergency Committees in White Nile State and South Kordofan, which consists of various government bodies including line ministries. Regular coordination meetings are held between the Committees and humanitarian actors present on the ground.

Implementation continues to be carried out directly by Government line ministries, UN agencies or through international and national partners, with SRCS representing the largest presence on the ground in all states, supported by a range of other partners.

Planned Response

Planned Response	
Protection	<ul style="list-style-type: none"> - Screening and registration of new arrivals. - Establishment of community-based networks for the identification, referral and support of UAM/SC and other children at risk. - Family tracing and reunification (FTR), psychosocial support and mine-risk education, targeting some conflict-affected children and UASC - Establishment of child-friendly spaces. - Community awareness-raising on child rights and protection. - Screening for SGBV cases and construction of confidential counselling corner for provision of psycho-social support to SGBV survivors in White Nile State. - Establishment of Women and youth-friendly spaces in White Nile State. - Establishment of referral mechanism for GBV cases and community-based protection networks to support GBV survivors. - Training of service providers on Clinical Management of rape Survivors, Psychosocial Support and legal Aid for GBV survivors in White Nile and South Kordofan States. - Support advocacy campaigns, developing BCC materials and supporting local media/radio to raise community awareness on GBV and to sensitize communities so as to reduce negative attitudes towards women and to reduce social stigma and shame associated with GBV. - Procurement and distribution of 6,000 hygiene kits to vulnerable women in White Nile and South Kordofan States. - Mine risk education awareness-raising. - Targeted support to Extremely Vulnerable Individuals including transport and allowances. South Sudanese refugees and Sudanese returnees will be considered. - Protection monitoring and continued advocacy for access at entry points.
Education	<ul style="list-style-type: none"> - Prepositioning of Education in Emergency supplies (school-in-a-box, recreation kits, plastic tarps, sitting mats, ECD kits, and tents). - Capacity development – refresher training for MoE and Sector Partners Education in Emergencies (EiE), INEE minimum standards, and cluster and interagency coordination at national and state levels. - Update Education Sector information and mapping at national and state levels, including the 4Ws (Who, What, Where, When) and emergency contact lists. - Support to an enhanced Sudanese curriculum in English and Arabic. - Joint assessment missions with participation of Ministry of Education and other sectors (i.e. WASH, Child Protection). - Distribution of Education in Emergency supplies. - Provision of Temporary Learning Spaces in coordination with MoE, Child Protection, and WASH. - Teacher training on Education in Emergencies and Psychosocial Support. - Training of PTA/Community Leaders on education management and EiE - Distribution of teaching and learning materials. - Rehabilitating, expanding and supporting existing schools facilities, both primary and secondary. - Construction of a semi-permanent structure with gender-sensitive WASH facilities required to accommodate refugee and host community children.

Planned Response

Food Security and Livelihoods	<ul style="list-style-type: none"> - Provision of food assistance to South Sudanese arrivals across Sudan as required. - Ensure prepositioning of food assistance ahead of the rainy season. - Emergency livestock interventions (Vaccination, Treatment and restocking). - Emergency agricultural and fishery interventions (Support with agricultural inputs and training). - Emergency intervention in Income Generating Activities (IGA). - Livelihood activities for local and refugee hosting communities.
Health and Nutrition	<ul style="list-style-type: none"> - Daily Health Sector coordination meetings at Kosti, White Nile State. - Provision of quality primary health care services including MCH, immunization etc. - Procurement and pre-positioning of drugs, supplies and reproductive health kits. - Provision of essential and emergency reproductive health interventions - Capacity building of new health staff. - Detection and response to disease outbreaks. - Distribution of water quality testing kits. - Establishment of 24/7 referral mechanisms from first level health care to referral health facilities. - Refurbishment/renovation of local health facilities and referral hospitals. - Community mobilization, health, nutrition and hygiene promotion through community health workers. - Establishment of stabilization centres, outpatient therapeutic sites and targeted supplementary feeding centres for the treatment of acute malnutrition. - MUAC screening of all new arrivals at border/entry when and where possible, and referral of cases of acute malnutrition to appropriate treatment centre, and provision of a one off monthly ration of Ready-to-Use Supplementary Food (RUSF). - Infant and Young Child Feeding (IYCF) activities covering all expected children and PLW new arrivals. - Vitamin A supplementation for all children under the age of five and ferrous supplementation for all PLW among the refugee influx. - Provision of monthly nutrition supplements to all children under five and pregnant or lactating women for six months to prevent acute malnutrition (e-BSFP). - Provision of lifesaving therapeutic services for all acutely malnourished children and PLW. - Reporting, monitoring and continuous nutrition surveillance. - Capacity building of the community members, including technical trainings and coaching in community management of the programme.
Logistics and Transport	<ul style="list-style-type: none"> - Secure additional warehouse space and transport capacity, if required - Pre-position available stocks based on requests from partners (done on a cost recovery basis). - Enhance landing sites for access through the river banks if required - Ensure logistics infrastructure (warehousing, transport etc.) based on needs. - Provide forum for information sharing, gap indication, and GIS mapping.
Shelter and Infrastructure and Non-Food Items (NFI)	<ul style="list-style-type: none"> - Procurement, pre-positioning and distribution of shelter and NFIs to 165,000 people. - NFIs emergency provision also will be considered for 5,000 Sudanese returnees.
Water, Sanitation and Hygiene (WASH)	<ul style="list-style-type: none"> - Providing water through water trucking, installation of bladders in the settlements. - Ensuring water quality through distribution of purification tablets. - Construction, maintenance of rehabilitation of hand pumps and motorized water systems and water yards in relocation sites and for host communities. - Construction of emergency latrines. - Conducting hygiene campaigns with key WASH and hygiene messages, interventions and distribution of soap, support clean-up campaigns. - Organization of vector control and waste management campaigns.

Financial Requirements Summary – Sudan

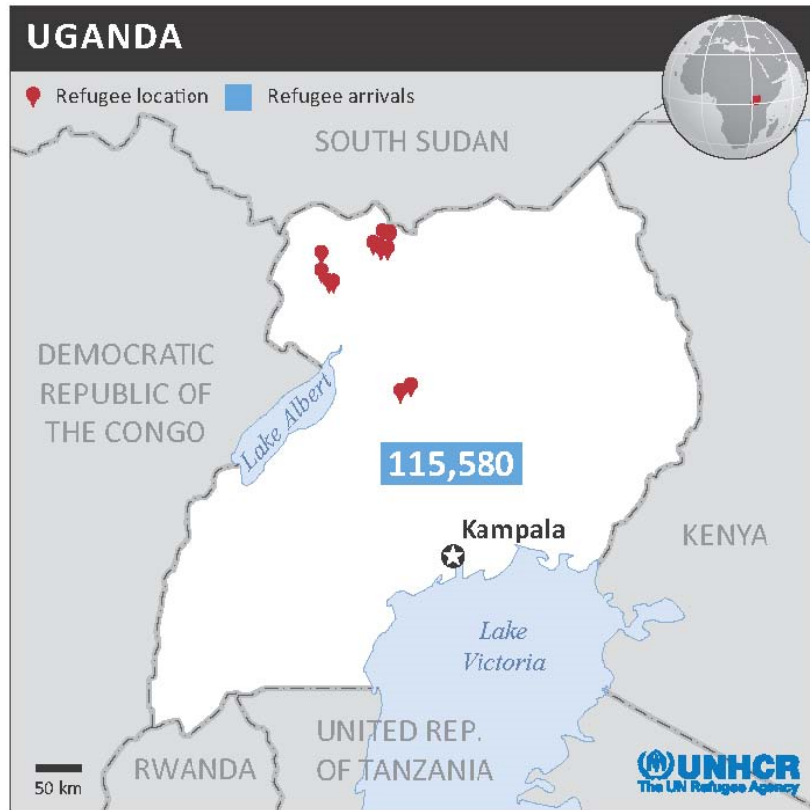
Financial requirements by agency (in US dollars)

Organization	Total
Almanar Organisation	70,000
AORD Alsalam Organisation for Rehabilitation & Development	300,000
ASSIST	2,750,160
CARE International	300,000
CONCERN Worldwide	143,134
FAO Food & Agriculture Organization	4,902,545
IOM International Organization for Migration	2,526,450
Mine Action	1,000,000
PLAN International	2,048,900
SCS Save the Children Sweden	1,811,250
SIBRO Organisation	125,000
SRCS Sudanese Red Crescent Society	1,008,844
UNFPA United Nations Population Fund	1,896,440
UNHCR United Nations High Commissioner for Refugees	54,441,602
UNICEF United Nations Children's Fund	20,013,425
WFP World Food Programme	14,468,263
WHO World Health Organization	5,759,798
Total	113,565,811

Financial requirements by sector (in US dollars)

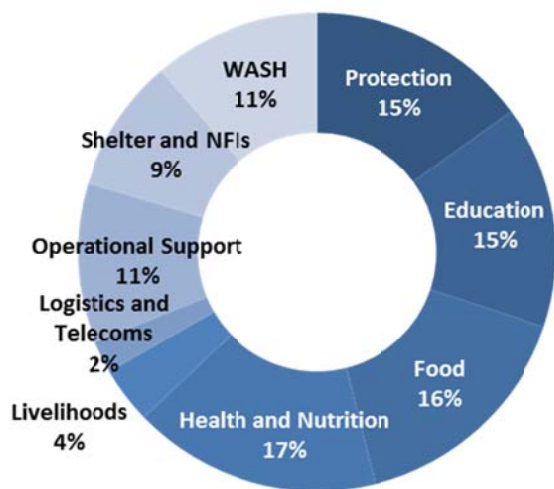
Sector	Total
Protection	15,707,478
Education	4,654,206
Food	13,868,574
Health and Nutrition	19,225,470
Livelihoods	6,187,311
Logistics and Telecoms	8,443,456
Shelter and NFIs	19,787,465
WASH	22,130,251
Operational Support	3,561,600
Total	113,565,811

UGANDA RESPONSE PLAN

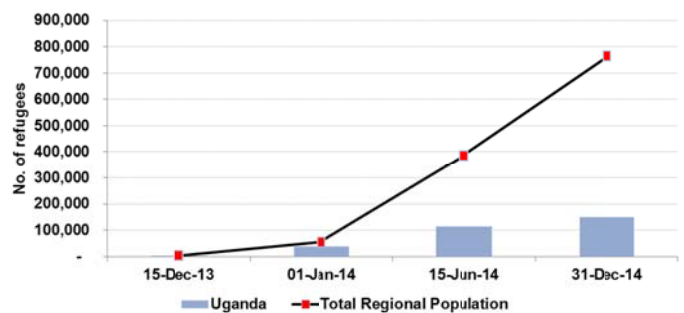


Map Sources: UNCS, UNHCR.
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Creation date: 01 Jul 2014.

Financial Requirements (US dollars) 224,303,989



Population Trends



Background and Achievements

Uganda was already receiving South Sudanese refugees since 2012 originating mainly from Jonglei State where the situation continued to deteriorate. Since mid-December 2013 more than 115,000 South Sudanese refugees arrived in Uganda. Refugees enter the country at two main border points at Adjumani and Koboko/Arua districts and arrive at Kiryandongo settlement. Of the total number of refugees who had arrived in Uganda by mid-June 2014, over 4,000 refugees have been registered in Kampala since April 2014. The arrival rate into Uganda has steadily decreased to an average of 100-150 persons a day.

South Sudanese refugees continue to be received at transit / reception centres in Adjumani, Arua and Kiryandongo. The majority arrive in Adjumani District where about 76,000 refugees have been assisted in settlements. Other refugees are in the Nyumanzi transit centre, which has a capacity of around 4,000 persons.

The priority remains to decongest reception / transit centres by relocating refugees to settlements as soon as they arrive. The Office of the Prime Minister Refugee Department (OPM) continues to successfully negotiate with the host community for additional land. Since January 2014, five refugee settlements namely: Nyumanzi, Ayilo-1, Ayilo-2 Boroli and Baratuku have been established in Adjumani and one more at Latodo is being completed.

Villages hosting South Sudanese refugees who arrived several years ago such as Mungula, Olua, Alere and Mirieyi are also accommodating the new arrivals. In the West Nile, there is no gazetted land for refugees. Settlements are established on host community-owned land with refugee villages located in and around host community villages. In Arua, refugees are accommodated in Rhino Camp settlement with a number of small villages. Kiryandongo settlement is gazetted and the new arrivals are being allocated land in the site. In Kampala, refugees have freedom of movement and can choose to reside wherever they wish.

The registration statistics show that about 65 per cent of the new arrivals are children. Only 37 per cent of the adult population are male with a very high number of female heads of households. Overall, women and children comprise about 87 per cent of new arrivals, increasing the vulnerability of the population. Initially new arrivals had some concerns regarding nutritional status (GAM 4.3% and SAM 1.1%), but as the conflict continues, a deterioration in the condition of the new arrivals has been noted.

The revised refugee response in Uganda aims to provide protection and assistance to 150,000 South Sudanese refugees from 1 January to 31 December 2014. As of mid-June 2014, about 115,000 have already arrived in Uganda from South Sudan. The area-wise arrivals have been recorded as follows: Adjumani 75,995, Arua 11,098, Kiryandongo 24,484 and Kampala 4,003.

Achievements

Protection/Community Services:

- All refugees (100%) had access to territory on prima-facie basis and no refoulement reported.
- Level 2 registration achieved for 100% refugees.
- 100% refugees received registration certificates/documents.
- All separated and unaccompanied minors identified in the initial registration and screening.
- A survey to identify persons with specific needs in all settlements to provide specialized assistance conducted.

Education:

- Access to primary education at 30% achieved with 53% boys and 47% girls.
- 12 permanent and 7 temporary classrooms established.
- 18 classrooms renovated.

Food:

- All refugees received 2100 kilo calories food per day.
- Two cooked meals served per day when refugees were at the transit centres before transferred to settlements.

Health/Nutrition/HIV/AIDS:

- Primary health care services provided in all settlements and in transit centres.
- Health status remained stable with CMR at 0.1 deaths/1000/month and under-five mortality at 0.2 deaths/1000/month with no maternal deaths.
- Campaign on malaria prevention through demonstrating mosquito nets usage ongoing.
- Cholera, Meningitis and Measles outbreak effectively managed.

Shelter/NFI/Infrastructure

- All refugees received temporary shelter.
- All refugees received non-food items (NFI).
- Settlements in three receiving districts and corresponding basic infrastructure expanded/established to accommodate new arrivals.
- Internal and external roads were graded in all settlements to facilitate movements of goods and services.

Transport/Logistics

- All refugees were transported from border to transit centres and to settlements.
- NFIs and other goods/services were transported to districts/settlements.

WASH:

- Potable water was supplied at an average 13-18 litres per day/persons to all refugees in settlements and in transit facilities.
- Latrine coverage at 1:20 achieved.



Figure 5: A young boy sits on a bundle of clothes belonging to his family, Dzaipi 2 reception centre, Uganda. UNHCR / F. Noy

Identified Needs and Response Strategy

Needs

The transit facilities were successfully de-congested with the relocation from the transit facilities to settlements. The priority for the South Sudanese influx remains protection of refugees with special focus on persons with specific needs (PSN), management of unaccompanied/separated children, support to the female headed households and provision of basic services in the transit/ reception centres and in settlements.

At the start of the emergency, an interagency assessment mission took place in January 2014 which identified the immediate needs. Since then through the interagency and sectoral coordination meetings, gaps are being monitored as settlements are expanded and additional sites are identified.

The needs that have been identified include support to the Ugandan Government to provide physical protection, security, registration and refugee status determination. Protection and community services activities are needed, including child protection, SGBV prevention and response and support to persons with specific needs PSNs. There is a need for ongoing protection monitoring and advocacy to ensure the civilian nature of camps and to refer any incident reports including grave violations occurring inside South Sudan. In addition transport of refugees from the border to the transit centres and onwards to settlements needs to be facilitated and support is needed for refugees to establish themselves in these locations.

Provision of household level assistance (monthly food distribution, shelter kits, sanitation kit and non-food items) and access to services (health, education and water) are a priority with the main focus being the rehabilitation and establishment of boreholes, and health and education outposts in the new villages. Food security intervention as well as livestock disease surveillance, and treatment and vaccinations remain a priority. Improving road access to ensure services can reach the refugees within the settlements has also been identified as a key gap.

Support to hosting districts

The hosting districts are the first to take on the burden of any refugee influx. It is essential that all priority programming incorporates host community component from the onset of the emergency to ensure that the protective environment can be provided for the refugees and peaceful co-existence with the host community is enabled.

It has been agreed with the Government of Uganda that between 20-30 per cent of refugees living in the host communities will be supported under the emergency assistance provided to South Sudanese refugees. This measure is intended to promote harmonious co-existence and a conducive protection environment for refugees.

Response Strategy

The emergency response strategy in Uganda has been developed in the past two years, building on the experience from the Congolese refugee influx and focuses on the following:

Provision of protective environment

- *Legal and physical protection* – access to territory; border-monitoring; reception of new arrivals; biometric registration, profiling, identification of PSN/vulnerable groups and documentation; relocation to settlements; ensuring police presence and accessibility; access to justice; protection training to all stakeholders refugees included;
- *Community-based protection* – mobilizing the community to ensure they are at the centre of programming for protection and 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; psychosocial activities and Peace-building initiatives along with activities that promote peaceful co-existence intra-community as well as the host population.
- Overall co-ordination, monitoring, evaluation and oversight.

Meeting essential needs

- Food/ Food security/ Livelihood,
- Shelter/ infrastructure,
- Household items,
- Public health including Nutrition, reproductive health & HIV/AIDS
- Water/ sanitation/ hygiene,
- Education, and
- Environmental protection.

Ensure sustainability of response

Preparedness for the worst case scenario

- Provision of protection and assistance to a total of 150,000 South Sudanese refugees arriving in Uganda.
- Open two additional settlements to accommodate refugees expected to arrive in the course of the year. The locations will be in the West Nile region where land is community- owned and large parcels of land are difficult to come by. There is a possibility to be re-located to ex-refugee settlement sites in Moyo and Arua Districts.
- The need to ensure support to the hosting communities of West Nile which are amongst the most impacted by refugees in the past 50 years to enhance peaceful co-existence of the hosting community and the refugees as they share their limited resources.

Partnership and Coordination

Humanitarian response to the refugee crisis is coordinated by the Office of the Prime Minister Refugee Department (OPM) and UNHCR. At Kampala level, an interagency meeting takes place on a fortnightly basis. At the District level in Arua, Adjumani, Koboko and Kiryandongo, interagency meetings and sectoral meetings are also taking place.

The resource table indicates the comprehensive funding requirements for the refugee 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 exercise the identified needs have been broadly captured under the various UN agencies' and NGO funding requirements.

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 of the UN (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.

Planned Response

Planned Response	
Protection	<ul style="list-style-type: none"> - Reception conditions improved in TC/ RC through TC/RC management. - Registration and profiling in TC/RC and settlement. - Identification of persons with specific needs in TC/RC. - Comprehensive support to persons with specific needs in the settlement including mental health and psychosocial support. - Protection from crime strengthened in TC/RC and settlements through establishment of community policing in the settlements; enhancing peaceful co-existing. - Capacity building of police (manpower, posts, training). - Protection of children in TC/RC and settlement (identification, BIA, child counselling and community child protection structures). - Risk of GBV reduced & quality of response improved in TC/RC and settlement (identification, counselling, training, sensitization & community mobilization, GBV task force, training of health staff, and GBV case management). - Strengthened gender sensitive programming and implementation in all phases of emergency relief with particular emphasis on improved data and relief. - Protection Monitoring and advocacy to ensure the civilian nature of settlements and referral of any incidents reported.
Food Security and Livelihoods	<ul style="list-style-type: none"> - Provision for water and snack/ biscuits/ hot meal during convoy movement. - Communal hot meal provision in TC and RC. - General food distribution and monitoring. - Food security programmes with focus on agricultural inputs. - Provide cash for work and design cash transfer mechanism to encourage income generation activities. - Provision of vocational training and start up kits.
Health and Nutrition	<ul style="list-style-type: none"> - Provide support existing government facilities and establish new facilities. - Provision of medical supplies and equipment to Health Centres including RH emergency kits. - Provision of mosquito nets. - Staffing support to Health Centres. - Construction of new Health outposts/ centres - Rehabilitation of Health Centres and construction of staff accommodation. - Procurement and distribution of sanitary material for girls and women of reproductive age. - Establish nutrition screening and set up supplementary and therapeutic feeding programme (10 % of the population). - Provision of systematic vaccination in TC/RC for under 5. - Review disease preparedness plan of district (including procurement of cholera kit for new sites). - Establishment of Village Health Team. - Review and strengthen essential and emergency reproductive health services in the Health Centres serving the refugees. - Strengthen medical referral systems in the TC and settlements. - Review and increase HIV/AIDS services in the Health Centres serving the refugees. - Provide minimum package for mental health and psychosocial support in humanitarian settings.

Planned Response

Education	<ul style="list-style-type: none"> - Staffing support to existing primary schools in the settlements. - Construction/ rehabilitation support to existing UPE schools: classrooms with furniture, latrines, teachers' accommodation and admin block. - Construction of new primary school/ set up of temporary learning centres. - Support to secondary school through additional staffing, rehabilitation and construction of infrastructure. - Capacity building, provision of scholastic material, school fencing, lightning arresters , procurement of school furniture and supplies. - Extension of existing schools – construction of new temporary and permanent classrooms. - Establishment of Child Friendly Space and Early Childhood Development Centres in the settlement and TR/RC. - Provision of learning material including lab/ library to all schools. - Support to secondary school through school bursary and vocational training scholarships.
Environment Protection	<ul style="list-style-type: none"> - Tree marking and tree planting. - Construction of energy saving devices at HH level. - Promotion of alternative energy source. - Establish energy saving device for communal lighting – schools, streets, Health Centres and staff accommodation. - Development of community based environmental action plan and establish networking with stakeholders. - Promote alternate energy sources for communal kitchens. - Community sensitization on environmental protection. - Establishment of tree nurseries and demarcation of protected areas in/near the settlements.
Logistics and Transport	<ul style="list-style-type: none"> - Transport hire (trucks and buses) for person and material transport. - Special transport facilities to PSN. - Warehouse establishment and management.
Shelter and Infrastructure	<ul style="list-style-type: none"> - Construction of communal shelter in TC/RC - Construction of additional way station, reception centre and transit centre; establishment of food distribution centres. - Procurement and distribution of standard shelter kits in settlements. - Plot demarcation within the settlement - Community mobilisation for construction of shelter for EVIs. - Rehabilitation of access roads. - Construction of Base Camp office/ staff accommodation. - Rehabilitation of base camps in existing settlements.
Non-Food Items (NFI)	<ul style="list-style-type: none"> - Procurement and distribution of standard basic non-food items (NFI) kit in transit and settlements 150,000 refugees
Water, Sanitation and Hygiene (WASH)	<ul style="list-style-type: none"> - Establishment of clean water source in the TC/RC. - Water trucking, treatment and quality control and water tank installation. - Borehole rehabilitation/ drilling and/or establishing alternative water source. - Explore other alternative long term low cost water supply solutions e.g. spring fed gravity flow systems. - Motorization of high yield boreholes (solar/generator hybrid system) in settlements with high population density, at Health centres III, and at institutions in high population density areas. - Establishment of water committees. - Procurement and provision of HH sanitation kit and communal latrine kit. - Construction of drainable latrines and temporary latrines in TC/RC and institutions. - Vector-borne diseases control and prevention activities. - Construction of bathing shelter and refuse pits at transit and reception centres. - Community sensitisation and hygiene promotion activities.

Financial Requirements Summary: Uganda

Financial requirements by agency (in US dollars)

Organization	Total
FAO Food & Agriculture Organization	10,906,469
IOM International Organization for Migration	13,219,254
NGOs in Uganda	17,728,819
UN Women	1,200,005
UNFPA United Nations Population Fund	7,105,000
UNHCR United Nations High Commissioner for Refugees	123,167,156
UNICEF United Nations Children's Fund	21,935,000
WFP World Food Programme	23,834,596
WHO World Health Organization	5,207,690
Total	224,303,989

Financial requirements by sector (in US dollars)

Sector	Total
Protection	33,632,695
Education	33,796,214
Food	35,929,681
Health and Nutrition	37,601,852
Livelihoods	8,566,210
Logistics and Telecoms	4,931,420
Shelter and NFIs	20,266,295
WASH	25,354,012
Operational Support	24,225,610
Total	224,303,989

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

Organization	Ethiopia	Kenya	Sudan	Uganda	Total
ACF Action Contre la Faim	3,630,000				3,630,000
ADRA Adventist Development and Relief Agency	210,000				210,000
Almanar Organisation			70,000		70,000
AORD Alsalam Organisation for Rehabilitation & Development			300,000		300,000
ASSIST			2,750,160		2,750,160
CARE International			300,000		300,000
CONCERN Worldwide			143,134		143,134
DRC Danish Refugee Council	1,415,000				1,415,000
FAO Food & Agriculture Organization		4,000,000	4,902,545	10,906,469	19,809,014
FilmAid		200,000			200,000
GOAL Ethiopia	1,500,000				1,500,000
HELP Age	315,000				315,000
IMC International Medical Corps	3,050,000				3,050,000
IOM International Organization for Migration	18,900,000	3,900,000	2,526,450	13,219,254	38,545,704
IRC International Rescue Committee	1,000,000	1,726,459			2,726,459
LWF Lutheran World Federation	3,765,000				3,765,000
Mine Action			1,000,000		1,000,000
NCK National Council of Churches of Kenya		438,523			438,523
NGOs in Uganda				17,728,819	17,728,819
NRC Norwegian Refugee Council	12,866,000	7,216,224			20,082,224
PLAN International	2,000,000		2,048,900		4,048,900
RCK Refugee Consortium of Kenya		6,312,212			6,312,212
SCI Save the Children International	2,325,000				2,325,000
SCS Save the Children Sweden			1,811,250		1,811,250
SIBRO Organisation			125,000		125,000
SRCS Sudanese Red Crescent Society			1,008,844		1,008,844
UN Women				1,200,005	1,200,005
UNFPA United Nations Population Fund	3,740,010		1,896,440	7,105,000	12,741,450
UNHCR United Nations High Commissioner for Refugees	90,707,304	61,074,465	54,441,602	123,167,156	329,390,527
UNICEF United Nations Children's Fund	18,540,000	6,248,146	20,013,425	21,935,000	66,736,571
WFP World Food Programme	34,912,487	13,100,000	14,468,263	23,834,596	86,315,346
WHO World Health Organization	1,450,000	1,924,585	5,759,798	5,207,690	14,342,073
World Vision	5,750,000	2,683,394			8,433,394
ZOA International	4,900,000				4,900,000
Total	210,975,801	108,824,008	113,565,811	224,303,989	657,669,609

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

Sector	Ethiopia	Kenya	Sudan	Uganda	Total
Protection	20,872,789	11,765,887	15,707,478	33,632,695	81,978,849
Education	18,825,998	7,887,070	4,654,206	33,796,214	65,163,488
Food	35,213,512	13,100,000	13,868,574	35,929,681	98,111,767
Health and Nutrition	28,381,737	11,997,892	19,225,470	37,601,852	97,206,951
Livelihoods	12,881,626	11,295,763	6,187,311	8,566,210	38,930,911
Logistics and Telecoms	23,138,980	2,482,015	8,443,456	4,931,420	38,995,871
Shelter and NFIs	34,787,610	20,989,122	19,787,465	20,266,295	95,830,492
WASH	30,939,426	18,055,748	22,130,251	25,354,012	96,479,437
Operational Support	5,934,123	11,250,510	3,561,600	24,225,610	44,971,843
Total	210,975,801	108,824,008	113,565,811	224,303,989	657,669,609

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

Organization	Protection	Education	Food	Health and Nutrition	Livelihoods	Logistics and Telecoms	Shelter and NFIs	WASH	Operational Support	Total
Ethiopia	20,872,789	18,825,998	35,213,512	28,381,737	12,881,626	23,138,980	34,787,610	30,939,426	5,934,123	210,975,801
ACF				2,500,000				1,130,000		3,630,000
ADRA								210,000		210,000
DRC								1,415,000		1,415,000
GOAL Ethiopia				1,500,000						1,500,000
HELP Age	315,000									315,000
IMC	2,350,000			700,000						3,050,000
IOM						15,000,000	3,900,000			18,900,000
IRC								1,000,000		1,000,000
LWF					45,000			3,720,000		3,765,000
NRC							8,812,000	4,054,000		12,866,000
PLAN International	700,000	1,300,000								2,000,000
SCI	1,335,000	990,000								2,325,000
UNFPA				3,740,010						3,740,010
UNHCR	14,172,789	8,635,998	301,025	11,561,727	7,136,626	8,138,980	22,075,610	12,750,426	5,934,123	90,707,304
UNICEF	2,000,000	7,500,000		6,930,000				2,110,000		18,540,000
WFP			34,912,487							34,912,487
WHO				1,450,000						1,450,000
World Vision					1,200,000			4,550,000		5,750,000
ZOA		400,000			4,500,000					4,900,000
Kenya	11,765,887	7,887,070	13,100,000	11,997,892	11,295,763	2,482,015	20,989,122	18,055,748	11,250,510	108,824,008
FAO					4,000,000					4,000,000
FilmAid	200,000									200,000
IOM						1,100,000	2,800,000			3,900,000
IRC				1,726,459						1,726,459
NCCK				56,517	55,427	85,323			241,255	438,523
NRC					615,000		2,200,774	3,800,450	600,000	7,216,224
RCK	3,508,356						860,000		1,943,856	6,312,212
UNHCR	7,256,059	6,705,405		4,935,863	6,625,336	1,296,692	15,028,348	10,761,363	8,465,399	61,074,465
UNICEF	801,472	1,181,665		3,474,468				790,541		6,248,146
WFP			13,100,000							13,100,000
WHO				1,804,585				120,000		1,924,585
World Vision							100,000	2,583,394		2,683,394

Organization	Protection	Education	Food	Health and Nutrition	Livelihoods	Logistics and Telecoms	Shelter and NFIs	WASH	Operational Support	Total
Sudan	15,707,478	4,654,206	13,868,574	19,225,470	6,187,311	8,443,456	19,787,465	22,130,251	3,561,600	113,565,811
Almanar Organisation				70,000						70,000
AORD		300,000								300,000
ASSIST	901,927			1,598,233				250,000		2,750,160
CARE International								300,000		300,000
CONCERN Worldwide				143,134						143,134
FAO					4,902,545					4,902,545
IOM	1,961,950						140,000	424,500		2,526,450
Mine Action	1,000,000									1,000,000
PLAN International	350,000	600,000						1,098,900		2,048,900
SCS		600,000		1,104,000				107,250		1,811,250
SIBRO Organisation								125,000		125,000
SRCS				400,000			533,844	75,000		1,008,844
UNFPA	1,275,440			621,000						1,896,440
UNHCR	5,162,486	1,654,206		7,499,066	1,284,766	8,243,456	19,113,621	7,922,401	3,561,600	54,441,602
UNICEF	5,055,675	1,500,000		3,390,550				10,067,200		20,013,425
WFP			13,868,574	399,689		200,000				14,468,263
WHO				3,999,798				1,760,000		5,759,798
Uganda	33,632,695	33,796,214	35,929,681	37,601,852	8,566,210	4,931,420	20,266,295	25,354,012	24,225,610	224,303,989
FAO			10,200,064						706,405	10,906,469
IOM		3,743,963		5,187,925		850,000		2,628,162	809,204	13,219,254
NGOs in Uganda		7,383,130	240,530	957,296	369,299	376,574	3,000,903	4,591,480	809,607	17,728,819
UN Women	1,121,500								78,505	1,200,005
UNFPA	3,070,187			3,570,000					464,813	7,105,000
UNHCR	26,441,008	17,669,121	1,654,491	16,519,631	8,196,911	3,704,846	16,765,392	12,634,370	19,581,386	123,167,156
UNICEF	3,000,000	5,000,000		6,500,000			500,000	5,500,000	1,435,000	21,935,000
WFP			23,834,596							23,834,596
WHO				4,867,000					340,690	5,207,690
Grand Total	81,978,849	65,163,488	98,111,767	97,206,951	38,930,911	38,995,871	95,830,492	96,479,437	44,971,843	657,669,609