

Revised
Inter-Agency Appeal for the
South Sudanese Refugee Emergency
in Uganda
January – December 2014



Young children at play in a child friendly space in Nyumanzi settlement, in Adjumani. ©UNHCR /D. Lusweti

First appeal for 60,000 refugees issued in Uganda in January 2014
Revised appeal for 100,000 refugees issued in Uganda in March 2014
This is a second revision for 150,000 refugees to arrive to Uganda by end of 2014 and corresponds to the Regional Interagency Appeal launched on 11 July 2014.

Context

The situation in South Sudan suddenly deteriorated in early December 2013 with President Salva Kiir accusing his ex-Vice President Riek Machar of attempting a coup against the government. Fighting broke out amongst the SPLM on 15 December 2013 in Juba and spread to Jonglei and Unity States within a couple of days. A state of emergency was declared in South Sudan and a curfew set in Juba. While the situation in Juba returned to relative normality within a couple of days, many civilians were displaced with some seeking protection at the UNMISS base. The situation outside Juba continued to deteriorate with various strategic towns changing hands as SPLM continued to split along ethnic lines. Other UNMISS bases outside Juba also received many civilians seeking protection while a large number of civilians became displaced within South Sudan and began arriving in neighbouring countries as refugees.

Uganda was already receiving South Sudanese refugees for most of the past two years with refugees originating mainly from Jonglei State where the situation continued to deteriorate. However, with the recent wide-spread conflict, the influx increased dramatically. Between 16 December 2013 and 15 July 2014, Uganda had received more than 119,659 South Sudanese refugees. The refugees have been entering through 2 main border points to Adjumani and Koboko/Arua districts and also arriving directly at Kiryandongo settlement. The total number of refugees who have arrived in Uganda as of 31 May include over 3,000 registered in Kampala over the last one month. Lately the arrival rate into Uganda has steadily decreased to an average of 100-150 a day.

South Sudanese refugees continue to be received at transit / reception centres in Adjumani, Arua and Kiryandongo. The majority are arriving in Adjumani District where, as of 15 July, 77,819 refugees are accommodated in the settlements as well as in the Nyumanzi transit centre, which has a capacity of around 4,000 persons.

The main priority remains to keep the reception/ transit centres decongested by relocating refugees to settlements as soon as they arrive. The Office of the Prime Minister (OPM) has successfully negotiated with the host community for additional land. Since January, four refugee settlements namely: Nyumanzi, Ayilo-1, Ayilo-2 and Baratuku have been established in Adjumani and one more La-to-do is being prepared while offers for land has been received from Moyo and Yumbe Districts. Refugee villages with old caseload South Sudanese refugees are also being used to accommodate the new arrivals. They are: Boroli, Mungula, Alere II, Olua I, Olua II and Mireyi. The settlements in the West Nile are refugee villages located in and around host community villages. There are no gazetted land for refugees in this area. In Arua, refugees are accommodated in Rhino Camp settlement with a number of refugee villages. Kiryandongo settlement is gazetted and the new arrivals are being allocated land amongst the existing refugees.

The registration statistics show very irregular patterns of displacement with 65% of the new arrivals being children under the age of 18 years. There is a disproportionate lack of adult males with only 37% of the adult population being male. Combined, this indicates that 87% of new arrivals are women and children, increasing the vulnerability of the population. Initially new arrivals had few major concerns regarding nutritional status (GAM 4.3% and SAM 1.1%), but as the conflict becomes drawn out, a change in the condition of the new arrivals has been noted.

Currently the response mechanism is being established as follows:

- Elegu/ Nimule border crossing: Elegu Collection Point where refugees are initially received and then transferred to Adjumani District.

- Adjumani District: Nyumanzi Transit Centre receives refugees from Elegu Collection Point. The refugees are then relocated to various settlement villages within the District.
- Koboko District: Kuluba Collection Point receives refugees coming through Yei/ Koboko axis and they are transferred to Arua District.
- Arua District: Ocea Reception Centre receives refugees from Kuluba Collection Point as well as refugees who arrive directly. Refugees are transferred from Ocea Reception Centre to villages in Rhino Camp Settlement within Arua District.
- Kiryandongo District: Refugees have been arriving directly at Kiryandongo Settlement's Reception Centre. From there, they are relocated to land plots in Kiryandongo settlement.
- As of 01 July, 2014, 392,088 refugees and asylum seekers of different nationalities were registered in Uganda, mainly from DRC (182,240), South Sudan (145,907), Somalia (22,710), Rwanda (15,787), Burundi (13,235), and another 13,209 of different other nationalities.

Population planning figure

150,000 South Sudanese refugees until the end of the year as well as ensuring services are also available to the refugee hosting community.

The current arrival profile indicates 63% women amongst the adults and women and children are 86% of the new arrivals. This is a distorted demography for the refugee influx with very high number of female heads of households.

Emergency Response Strategy for South Sudanese refugees In Uganda

Humanitarian response to the refugee crisis is coordinated by the Office of the Prime Minister (OPM) and UNHCR. At Kampala level, an interagency meeting which, during the first six months of the influx, took place on a bi-weekly basis, has now been agreed to be held on a monthly basis due to reduced number of arrivals. The frequency of the Kampala-level meeting could be adjusted as warranted by the situation. At the District level in Arua, Adjumani, Koboko and Kiryandongo, interagency meetings and sectoral meetings are taking place.

With the relocation from the transit facilities to the settlement, congestion that existed in the first three months of the influx, has been resolved. The top priority for the South Sudanese influx remains protection of persons with specific needs (PSN), management of unaccompanied/minor children, support to the female headed households and provision of basic services in the reception centres and in settlements.

The emergency response strategy in Uganda has been developed over the course of the last 2 years, building on the experience from the Congolese refugee influx and focusses on the following:

1) 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.

2) 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.

3) Ensure sustainability of response.

- 4) Preparedness for the worst case scenario.

The key planning parameters for the 150,000 operational figures are:

- 1) Provision of protection and assistance to the 119,659 refugees (as at 15 July) in the current locations of Adjumani, Arua and Kiryandongo Districts spread between 7 settlements and 5 refugee villages; arriving in the course of the year;
- 2) Another 3 settlements will be opened to accommodate the 30,000 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 land are difficult to come by. There is a possibility to be re-located to ex-refugee settlement sites in Moyo, Yumbe and Arua Districts;
- 3) 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.

Below is the summary of intervention per sector as agreed in the interagency comprehensive planning meeting on 4 March and 13 May 2014 in Kampala:

Protection and Community Services

Objectives/ Standards	Activities
<ul style="list-style-type: none"> • Provision of physical security in transit and in the settlement. • Ensure Reception conditions. • Fair protection process and documentation through registration. • Security from violence and exploitation through prevention and response. • Ensure response services for all new arrivals who have experienced any form of GBV. • Identification and support to persons with specific needs including unaccompanied and separated children. • Ensure civilian character of asylum. • Mainstream age, gender and diversity in all refugee interventions and coordination mechanisms. 	<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 • Protection from crime strengthened in the settlement 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.
Partners	
OPM, UNHCR, AAH-U, ACORD, ARC, DRC-DDG, ICRC, Interaid, LWF, Oxfam, Plan International, SCIU, TPO, UNFPA, UNICEF, UN Women, URCS, War Child Canada, War Child Holland, WVI	

Shelter and infrastructure

Objectives/ Standards	Activities
<ul style="list-style-type: none"> • Ensure safe HH shelter and communal structures. 	<ul style="list-style-type: none"> • Construction of communal shelter in TC/RC • Construction of additional way station,

<ul style="list-style-type: none"> • Site planning to maximise access to services. • Access roads to ensure safe delivery of assistance in all parts of the settlement. • Ensure secure office and staff accommodation Repair and maintenance of infrastructures. 	<ul style="list-style-type: none"> 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.
Partners	
OPM, UNHCR, ACORD, CEFORD, DRC-DDG, HelpAge, IAU, Oxfam, LWF, TPO, ACTED	

Domestic/Household needs (Core Relief Items)

Objectives/ Standards	Activities
<ul style="list-style-type: none"> • Refugee HHs provided with standard Core • Relief Items (CRI) in transit and package in the settlement. 	<ul style="list-style-type: none"> • Procurement and distribution of standard basic core relief items (CRI) kit in transit. • Procurement and distribution of standard core relief items (CRI) package in the settlements
Partners	
UNHCR, ADRA, AIRD, DRC-DDG, LWF, Plan International, TPO, URCS	

Logistic and Transport

Objectives/ Standards	Activities
<ul style="list-style-type: none"> • Timely transfer of refugees from TC to the settlements. • Timely provision of core relief items (CRIs) and food. 	<ul style="list-style-type: none"> • Transport hire (trucks from border to TC) • Transport hire (buses from TC to RC) • Transport hire (luggage trucks from TC to RC) • Special transport facilities to PSN • Transport hire (trucks from RC to plots) • Transport hire (NFI trucks) • Warehouse establishment • Warehouse management
Partners	
UNHCR, AAH-U, AIRD, DRC-DDG, IOM, LWF, WFP	

Food/ food security/ livelihood

Objectives/ Standards	Activities
<ul style="list-style-type: none"> Provision of hot meals in transit centres and reception centres (2,100 kcal per person per day). New arrivals in the settlements will also be provided the same, 2,100 kcal per person per day as General Monthly Food Ration. Provide seeds and agricultural tools in the settlement to ensure food security and diversification of food sources. Facilitate access to capital. 	<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
Partners	
ADRA, DRC-DDG, FAO, HelpAge, Interaid, LWF, SP, UNHCR, WFP	

Environmental Protection

Objectives/ Standards	Activities
<ul style="list-style-type: none"> Ensure sustainable access to building materials, firewood and promote energy saving devices. Ensure environmental protection through tree marking and tree planting. Ensure protection of national park and wet lands. 	<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
Partners	
UNHCR, ACORD, ADRA, CEFORD, Interaid, Oxfam	

Public Health (incl. Nutrition, Reproductive Health and HIV/AIDS)

Objectives/ Standards	Activities
Ensure access to basic Health services: (a) 1 health centre per 20,000 persons, (b) 1 village health team (VHT) per 250 persons in the settlements, (c) one Village Health Team (VHT) per	<ul style="list-style-type: none"> Joint rapid assessment for new sites. Provide support existing government facilities and establish new facilities. Provision of medical supplies and equipment to Health Centres including RH emergency kits.

<p>1,000 persons in the TC/RC, (d) one cholera kit for 400 persons, (e) 1 mama kit per pregnant women and postpartum mother - 10% of population in emergency and 6% population in stable situation, (f) one sanitary kit every 6 months per women of reproductive age – 15 to 49 years old i.e. 25% of the population, (g) mosquito nets as per NFI scale.</p> <p>Ensure preventive health care through: (a) systematic vaccination for all new arrivals under 5 years of age, (b) establish nutritional surveillance, (c) ensure access to reproductive health services including access to emergency obstetric care, (d) ensure access to HIV/AIDS activities – prevention and continuation of prophylaxis for those in need.</p>	<ul style="list-style-type: none"> • 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 increase reproductive health services capacity 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.
Partners	
UNHCR, ACF, ACORD, ADRA, AHA, AMREF, IOM, IRC, DLG, GRI, Humedica, Marie Stopes, Mercy Corps, MSF-F, MTI, RMF, UNFPA, UNICEF, VSO, WHO, WVI	

WASH

Objectives/ Standards	Activities
<p>Ensure safe water for drinking and HH usage:</p> <ul style="list-style-type: none"> • 7 litres per person per day initially, to be increased to 15 l/c/d within first 2 weeks, • to be increased to 20 litres per person per day in the long term • within 1 km in settlement. <p>Ensure easy access to water source:</p> <ul style="list-style-type: none"> • 500 persons per usable water source initially, • to be reduced to 200 person per usable water source, • a reliable water point within 500 metres of each institution, plus water supply into every HCIII and 	<ul style="list-style-type: none"> • Establishment of clean water source in the TC/RC. • Water trucking and water tank installation. • Water treatment and quality control. • 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.

<p>above grades. Ensure institutional WASH services to a minimum standard. Ensure minimum water quality standards of FRC - 0.5mg/litre at tap stands. 1 latrine per HH in the settlement, supported by 1 communal latrine digging kit per 10 HHs. 1 temporary emergency latrine per 50 persons in the settlement. Latrine and bathing shelter in transit:</p> <ul style="list-style-type: none"> • 1 temporary latrine/ bathing shelter per 50 persons for emergency. • 1 permanent drainable latrine per 20 persons in long run. <p>Latrine coverage in schools of 1:40 pupils, in health centres of 1:20 patients, with designs to government standard. 1 refuse pit per HH in the settlement. 2 refuse pits per TC/RC. 1 hygiene promoter per 500 persons. Provision of soap 450g (250 gm for personal hygiene, 200g for laundry) per person per month. Provision of water storage capacity to standard of 10 litres per person.</p>	<ul style="list-style-type: none"> • Vector-borne diseases control and prevention activities. • Construction of bathing shelter at transit and reception centres. • Construction of refuse pit at the transit and reception centres • Community sensitisation and hygiene promotion activities.
Partners	
UNHCR, ACF, ACORD, ACTED, ADRA, Alliance 2015 (Concern Worldwide, WHH), AMREF, Care International, Caritas, CEFORD, CRS, DLG, DRC-DDG, GOAL, Humedica, IAS, IAU, IOM, IRC, LWF, MSF-F, OXFAM, Plan Intentional, SciU, UNICEF, URCS, Water Missions, ZOA, Action for Behavioral Change (ABC), IAS, Malteser International.	

Education

Objectives/ Standards	Activities
<p>Approximately 47% of refugees will be children of school age. Of this population approximately 25% will be aged between 3-5 years, 54% will be aged 6-13 years and 21% aged 14-17.</p> <p>Standard primary school in Uganda:</p> <ul style="list-style-type: none"> • 1 classroom per 55 learners, • 1 teacher to 55 learners, • 1 book to 3 learners, • 1 desk to 3 learners, • 1 latrine to 40 learners' boys and girls 	<p>Staffing support to existing UPE schools in the settlement.</p> <p>Construction/ rehabilitation support to existing UPE schools: classrooms with furniture, latrines, teachers' accommodation and admin block.</p> <p>Construction of new UPE school/ set up of temporary learning centres.</p> <p>Support to secondary school through additional staffing, rehabilitation and construction of</p>

<p>separate, teachers separate,</p> <ul style="list-style-type: none"> • 07 Classrooms to 01 administration block (with the Head teacher and Deputy Head teachers Office and a store), and 01 Staffroom Block. • Maximum number of students per school is 1,500. <p>Ensure continued availability of Universal Primary Education to refugees in the settlement.</p> <p>Ensure access to secondary education and vocational training.</p> <p>Ensure child friendly spaces (CFS) and early childhood development in the settlements as well as child friendly spaces at the TC/ RC to provide recreational activities while in transit.</p>	<p>infrastructure.</p> <p>Capacity building, provision of scholastic material, school fencing, L/arrestors, procurement of school furniture and supplies.</p> <p>Extension of existing schools – construction of new temporary and permanent classrooms.</p> <p>Establishment of Child Friendly Space and Early Childhood Development Centres in the settlement.</p> <p>Provision of learning material including lab/ library to all schools.</p> <p>Support to secondary school through school bursary and vocational training scholarships.</p> <p>Establishment of CFS and ECD in the TC/RC.</p>
Partners	
UNHCR, ADC, ADRA, DLG, IOM, JRS, PI, SCiU, UNICEF, VSO, WarChild Holland, WTU, WVI	

Support to hosting districts

The hosting districts are the first to bear the brunt of any refugee influx. It is essential that all above 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 facilitated.

Response to the emergency

Humanitarian response to the refugee crisis is coordinated by the Office of the Prime Minister with the support of UNHCR. The Office of the Prime Minister, Refugee Department is responsible to ensure coordination with partners including NGO, international organisations, District Local Government and with the various line Ministries; physical protection of the refugees and ensuring settlement coordination.

The table below 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' 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 (FAO), Goal, Global Refuge International (GRI), Help Age International Uganda, Humedica Germany, Interaid Uganda (IAU), International Aid Service (IAS), 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.

The value added projects identified during the comprehensive planning exercise which have not been catered for under the plans of specific UN and international organization, are listed as “NGOs in Uganda”. They are mainly related to water, sanitation and hygiene needs; education; shelter projects targeting specific groups in need; health projects for specific groups; and enhancing food security and livelihood opportunities. The appeal totals to USD 224,303,989:

Agency	Area of intervention	Revised Resource Requirements (USD)
FAO	Food security and livestock vaccination (agriculture)	10,906,469
IOM	WASH, health, education and logistics	13,219,254
UNFPA	Reproductive health, SGBV prevention and response	7,105,000
UNHCR	Protection, community services including comprehensive support to persons with specific needs, SGBV mainstreaming in all sectors, basic needs and essential services (shelter, health, education, WASH), self-reliance and livelihood, environment (cross cutting), settlement infrastructure (base camp and roads) and logistics	123,167,156
UNICEF	Child protection including child friendly spaces, health, nutrition, emergency education and WASH	21,935,000
UN Women	Gender mainstreaming and training	1,200,005
WFP	Food and supplementary feeding	23,834,596
WHO	Health – quality assurance of health centres including disease surveillance in the settlement and District referral hospitals	5,207,690
NGOs	WASH, Education, Food security/ livelihood, shelter and health	17,728,819
TOTAL:		224,303,989

The following are the requirements per agency to continue the emergency response.



Food and Agriculture Organization (FAO) Emergency agricultural assistance to South Sudanese refugees

Background

An interagency assessment conducted between 6th and 8th January 2014 indicated major gaps in basic services in the reception centres and settlements to which the refugees were returning after several years of closure following their earlier repatriation back home after the Comprehensive Peace Agreement and subsequent independence of South Sudan in September 2011. The assessment findings indicated that, in terms of food security, hot meals were being prepared at the reception centres and food aid was being provided at the refugees' settlements. However, although this assistance provides the much needed energy and protein requirements for proper body functioning, it is lacking in some essential vitamins and minerals required for a balance diet. In the long run this is likely to increase vulnerability of the refugees, as malnutrition among children and poor health among adults begin to occur.

The refugees being resettled in the settlement camps are being allocated land for construction of shelters. The same land is adequate to do small scale intensive agriculture to supplement food aid. FAO has been active in the food security sector in refugee emergency situations and has provided emergency agricultural assistance to refugees from DRC Congo in Rwamwanja and Kyangwali. Considering that the rainy season is around the corner, it is imperative that the South Sudanese refugees be supported to engage in production activities to sustain their families in the medium term.

Building upon the on-going lifesaving interventions by the various agencies and implementing partners, FAO's strategy is to blend the distribution of essential agricultural inputs with the requisite capacity building on bio-intensive production techniques to maximise productivity in a sustainable manner. The bio-intensive production approach differs considerably from the conventional gardening system. It is tailored for areas where there is a high population pressure on marginal land resources or where people are landless but can access small landholdings for production. In order to achieve higher yields per unit area, the approach holistically integrates space maximisation practices like companion cropping, succession cropping and multi-storeyed cropping with nutrient recycling, building up of the soil's biological base, use of indigenous or locally adapted varieties and emphasises on a balanced and integrated system. In order to diversify the protein sources, provision of viable poultry and small

ruminants will be explored as will be appropriate. Appropriate income generating projects will be supported to provide an income source for the refugees.

The capacity building approach will build upon lessons from the Farmer Field School interventions used by FAO to support internally displaced persons (IDPs) in northern Uganda and to build resilience and self-reliance of refugee communities in the West Nile region. The FFS will be used as organised cohesive platforms where various stakeholders can channel support in a holistic manner to empower the refugee and host communities in a relatively shorter time.

Disease surveillance, treatment, and vaccination will be provided. The livestock owned by refugees are within the same ecosystem of risks due to trans-boundary animal diseases such as FMD, PPR, CBPP, as well as zoonotic diseases, mainly arising from the Tse Tse fly threat in the region. This is further galvanised by the insufficient public and private veterinary services in the whole West Nile region.

Objective(s)

The overall objective is to improve food security among 20000 refugee and host community households in refugee settlements in northern and West Nile regions of Uganda.

Activities

- (a) Establishment of at least 400 Farmer Field Schools
- (b) Provision of essential agricultural inputs and tools to facilitate production;
- (c) Skills development of vulnerable farming refugee population and extension staff;
- (d) Livestock disease surveillance and treatment
- (e) Establishment of household level bio-intensive production units;
- (f) Support income generating activities through flexible investment grants;
- (g) Build capacity on post-harvest handling; and
- (h) Mainstream sustainable environmental protection practices including tree planting and energy saving stoves.

Expected Outcomes, outputs and Indicators

Outcomes

Increased income and improved access to food for 20000 refugee and host community households in the second agriculture season 2014

Outputs:

- Crop production levels increased among 20 000 refugee and host community households
- Improved access to basic agricultural knowledge for 20000 refugee and host community households
- Better access to agricultural inputs for 20000 refugee and host community households
- Improved health of 100 000 livestock owned by 20000 refugee and host community households

Indicators:

- Dietary diversity score of supported households increased to at least four food groups
- 100,000 livestock (cattle, shoats and poultry) vaccinated/protected against most recurrent emergency livestock diseases in the project region

- At least 10 000 refugee and host community households trained in Good Agricultural Practices (GAPs) through FFS
- 20000 refugee families have access to agricultural inputs
- Increased area cultivated by refugee and host community households with distributed inputs

Implementation Modality

The interventions will be implemented within existing coordination mechanisms led by the office of the Prime Minister (OPM) and the United Nations High commissioner for Refugees (UNHCR). Identification of beneficiaries shall be undertaken in collaboration with the relevant government entities, humanitarian and local stakeholders involved in emergency response in the region. Selection of refugee beneficiaries shall be based on criteria of access to a piece of land and availability of an able bodied member in the household for farming.

Implementation will be undertaken through letters of agreement with selected partners in the food security sector, and the District Local Governments. FAO will provide technical and capacity building support to actors, to ensure a harmonised and coherent implementation.

The project will be implemented over a period of 12 months.

Total requirement:	USD 10,906,469
Funds received so far:	USD 299,650
Funded:	2.75



International Organisation for Migration (IOM)

Emergency Response to South Sudanese Refugees in Uganda

To address the humanitarian needs of South Sudanese who have entered Uganda, IOM seeks to improve or construct health and education facilities and provide critical basic services in the health and WASH sectors. In addition, IOM will also strengthen logistical operations by assisting in the transportation of refugees.

The following summary of IOM interventions seeks to address the needs of refugees in established settlements as well as planned additional support to new settlements under construction in support of the operational planning figure of 150,000.

In the **health sector**, IOM will work on repairing and/or constructing health facilities. It will convert temporary tent structures that are currently being used as health outpost in settlements to permanent, or semi-permanent facilities, including clinics and accommodation. These facilities will allow refugees to access life-saving, first-instance health care under stable and hygienic conditions. IOM will also work towards ensuring that health centres (HC) can expand its range of services by constructing operation theatres and inpatient wards, among other facilities. UNHCR will guarantee that their implementing partners continue to provide health personnel and appropriate health services under the IOM-built structure. IOM will ensure infrastructure projects are fully functional at the time of handover by supplying equipment and solar panels (if necessary).

In addition, IOM will work in close collaboration with national health authorities and partners to address the issue of overstretched health services serving refugees and host communities and provide operational relief on health service delivery by setting up four mobile health clinic teams. Each mobile team will be composed of one doctor, one nurse and one midwife. IOM mobile teams will setup daily schedule mobile clinics in highly populated transit centres and settlements to ensure that sick and weakened refugees can access urgent or life-saving health care services without having to walk long distances. In addition to providing preventive services including immunization and maternal and child health care, this approach will increase health seeking behaviour of beneficiaries and will lead to early detection of serious health complications, consequently reducing mortality and morbidity among refugees.

In order to avert preventable mortality, morbidity and disability of the already frail refugees, it is crucial to support partners and local health authorities in response to potential outbreaks in the settlements. IOM will focus on established aspects of health promotion and disease prevention through deployment

of community health promoters. Particularly, IOM will improve emergency response capacity of the local health authorities through technical assistance in development of disease specific criteria and technical guidelines as well as training local staff to enhance disease surveillance capacity and response using internationally accepted standards and national protocols. In addition, it will reach out to refugees and local communities through awareness raising on health issues, including information, education and communication campaigns.

Due to the long, and often hazardous, journey undertaken to reach safety in Uganda, the refugees arriving in the transit centres and settlements are both physically and emotionally distressed. The effects of the journey are compounded by the fact that, in South Sudan, many refugees were exposed to physical and sexual violence, destruction of property, separation of families and psychosocial distress. In response to this need, IOM will utilize its expertise and provide mental health and psychosocial support to refugees in the transit centres and settlements.

Particularly, IOM will provide psychosocial first aid (PFA). An expert psychologist trained on IASC guidelines will provide PFA directly to the refugees but also train and strengthen the capacity of partners to provide counselling. In order to guarantee sustainability, IOM will also train refugees on how to provide community counselling. These refugees will become community counsellors that will provide support to members of their own community both at transit centre and settlement settings.

In the **education sector**, IOM will work to rehabilitate and/or construct educational facilities, including classroom blocks and teacher accommodation in refugee settlements. As in the health sector, IOM will ensure infrastructure projects are fully functional at the time of handover by supplying classroom and accommodation equipment.

IOM's interventions in providing critical basic services will include activities in the **WASH sector**. With an increase in population numbers, special attention must be paid to ensuring adequate water supply from improved water sources, and proper disposal of excreta waste so as to prevent water related diseases (i.e. cholera, acute watery diarrhoea). As the application of previous hygiene interventions by IOM have led to significant and measurable improvements within Rwamwanja and Kyangwali settlements, IOM aims to expand these activities to transit centres and other settlements catering to South Sudanese refugees.

Specifically, IOM seeks to replicate its hygiene and sanitation promotion model which uses refugees as community hygiene promoters and equips them with materials and training to engage with their own community in preventing diseases by using safe water and sanitation methods. In addition, it will provide slabs and poles to households in settlements for the construction of household latrines. To ensure adequate access to safe drinking water for refugees, particularly new arrivals, IOM will work to identify potential water points for construction of shallow wells and spring wells and construct community water systems in settlements. IOM will also repair or construct latrines and hand washing facilities in health centres and schools and install water harvesting systems (if necessary). In addition IOM will repair or construct bathing shelters, incinerators and placenta pits in health centres.

IOM also intends to work with partners on the ground to provide emergency transportation assistance to at least 40,000 refugees from the border to transit centres, from transit centres to the settlements and also within the settlements. Support provided by IOM in this sector will contribute to more efficient and timely movements of refugees. Before departure, IOM will conduct a rapid fitness to travel examination and will provide ambulances and medical escorts for refugees which need medical attention. By providing transportation support, IOM will be ensuring that refugees are able to quickly access the services provided by the Government and humanitarian partners at transit centres and settlements.

Objective(s)

To provide life-saving emergency assistance to refugee new arrivals by improving or constructing health and education facilities and by providing services in the health, WASH and transportation sectors.

Activities

Health

- Construct permanent health outreaches to replace current health outpost that are set up with tents.
- Strengthen existing health centres with additional infrastructure such as inpatient wards, outpatient clinics and operation theatres, as needed.
- Provide solar panels to health centres, as needed.
- Set up at least four mobile health clinics and deploy mobile teams composed of one doctor, one nurse and one midwife to provide essential primary health care services including maternal and child health and immunizations.
- Mobilize four teams of community health promoters preferably among refugees.
- Provide mental health and psychosocial support to new arrivals such as psychological first aid, individual and group counselling.

Education

- Rehabilitate and/or construct classroom blocks and teacher housing.

WASH

- Provide slabs and tools to construct household latrines.
- Establish sanitation systems and incinerators in health centres.
- Establish sanitation systems in schools.
- Set up rainwater harvesting systems in health centres and schools.
- Mobilize community hygiene promoters.
- Construct boreholes as well as shallow and spring wells.

Emergency transportation assistance

- Facilitate the movement of at least 40,000 refugees and their belongings within Uganda.
- Conduct rapid fitness to travel examinations.
- Provide transport in ambulances for refugees with medical conditions.

Expected Outcomes and Indicators

Expected Outcomes	Indicators
Health	
<ul style="list-style-type: none"> • Provision of health care under stable and hygienic conditions. • Reduced mortality and morbidity among refugees and host population. • Improved coverage of health services. 	<ul style="list-style-type: none"> • At least three health centres have improved infrastructure. • 40% of the refugee population and 10% of the local population have access to mobile clinics.

<ul style="list-style-type: none"> Improved mental health and wellbeing of refugees. 	<ul style="list-style-type: none"> 30% of the refugee population and 10% of the local population have increased access to drug supplies. 50% of refugee population and 20% of the local population receive health sensitization. 50% of health centre staff trained. 15% of new arrivals receive psychosocial support.
WASH	
<ul style="list-style-type: none"> New arrival household latrines constructed with plastic / concrete slabs and treated poles. New arrival households are sensitized on basic hygiene and sanitation. Improvement in the provision of water and reduced incidences of water related diseases. Establishment of sanitation systems in health centres and education facilities 	<ul style="list-style-type: none"> 10,000 households have access to latrines. 50,000 new arrivals receive sensitisation on hygiene and sanitation. Construction of 20 boreholes and 20 shallow and spring wells. 10,000 households have access to safe clean water. At least four health centres and five schools have latrines, hand-washing facilities, communal bathing shelters, rainwater harvesting systems and incinerators.
Education	
<ul style="list-style-type: none"> Increased access to primary education. Improved teaching leading to better learning outcomes. Clean learning environment for pupils and their teachers. 	<ul style="list-style-type: none"> At least five schools strengthened with classroom infrastructure and teacher housing.
Emergency transportation assistance	
<ul style="list-style-type: none"> Provision of transportation services for refugees, including refugees with medical conditions. 	<ul style="list-style-type: none"> 40,000 refugees are safely transported from border areas to transit centres and from transit centres to settlements.

Implementation Modality

IOM will implement all project activities directly and undertake all the procurement processes. Interventions will be coordinated with UNHCR and the Office of the Prime Minister (OPM) both at Kampala and field level. To prevent duplication in the WASH, health sectors and logistic sectors, IOM will participate with other involved humanitarian partners in the weekly sectoral meetings at the field level. In addition, it will continue to participate in the bi-monthly coordination meetings at Kampala level.

Funds Requirement:	USD 13,219,254
Funds received so far:	USD 695,000
%age funded:	5.26



United Nations Population Fund (UNFPA)

Scaling up Provision of Reproductive Health Services for Young People, Pregnant Women and GBV Survivors in Transit and Refugee Settlements in Adjumani Uganda

Access to reproductive health services is generally weak in Uganda. The Country has registered very slow progress towards attainment of the MDG 5 target of reducing Maternal Mortality Ratio (MMR) by three quarters. The MMR as per the 2011 Uganda Demographic and Health Survey (UDHS) stood at 438 per 100,000 live births compared to the target of 131/100,000 live births by 2015 – clearly not achievable in the remaining time. This mainly results from the weak health system that is characterized by poor access to skilled care and particularly emergency obstetric and neonatal care. Not only do most mothers live in locations distant from health facilities, but the quality of services at the existing facilities are poor and does not encourage women to deliver in the facilities. Adolescents that form the majority of the population have poor access to health (including reproductive health) services due to lack of youth friendly services in most facilities, lack of relevant and appropriate health information and negative socio- cultural practices worsen their ability to make informed choices especially concerning their health.

The refugee influx has generally put serious pressure on the already weak health system. The meagre resources available for health services now have to be shared between the host communities and the refugees. These health facilities are already under-resourced and were struggling to cope with the needs of the host communities without the added load from the refugee influx. The facilities have inadequate health personnel, are poorly equipped, and often run out of essential health commodities before the next supply is delivered. As such the health indicators for the hosting districts are poorer than the national average, for example according to the Annual Health Sector Performance Report for 2012/13, the risk of maternal death in hospitals in the hosting district is higher than the national average (i.e. 1 maternal death per 134 deliveries in Adjumani Hospital compared to 1 to 285 national average). While the UDHS 2011 reported that skilled attendance at birth stood at 58% nationally (far below the MDG target of universal coverage (90%)), skilled care at childbirth in northern region where the refugees are hosted was even lower at only 53%.

Objective(s)

This project is therefore aimed at ensuring access to skilled care at birth as the single most efficacious intervention to reduce maternal and neonatal mortality and morbidity as well as improving access to family planning and prevention and response to GBV. Specifically:

1. To improve access to life-saving quality reproductive health care including care for pregnancy, delivery, and delivery complications for new South Sudanese refugee in Adjumani and Kiryandongo districts.
2. To mitigate risk to sexual and gender based violence in the Dzaipi transit camp and the settlements.
3. To improve access to medical and referral for psychosocial care and legal redress for survivors.

Activities

Reproductive Health

1. Provide RH Kits 2A, 3, 5, 6A, 6B, 8, 9, 10, 11A and 11B to 11 Health Facilities (5 in Adjumani, 4 in Arua and 2 in Kiryandongo) that are serving the South Sudanese refugees;
2. Procure and provide tents to increase space for service delivery;
3. Adapt, print and distribute IEC materials on maternal Health and Family Planning and for Adolescent SRH;
4. Establish and support Youth Space in the camp for ASRH activities for young people;
5. Support Community mobilisation on MNH and ASRH among refugees (including orientation of volunteers on pregnancy danger signs to encourage early health seeking behaviour, condom distribution);
6. Support referral services;
7. Support recruitment and deployment of 6 midwives (3/HF) to Dzaipi and Nyumanzi Health centres;
8. Re-fresher training of health workers on EmONC
9. Procure and distribution of dignity Kits and mama kits among pregnant women.
10. Procure and provide support to ambulance operational support to strengthen the referral system

SGBV

1. Recruit and deploy 2 GBV coordinators for Dzaipi Transit centre and Nyumanzi Settlement and 1 GBV Coordinator for Kiryandongo;
2. Enhance SGBV coordination system including a referral mechanism;
3. Conduct screening and psychosocial support/counselling;
4. Conduct continuous monitoring of the SGBV situation inside the refugee camps through community Volunteers;
5. Mobilize communities for Culturally sensitive SGBV awareness and availability of services (through women's groups/ men's groups);
6. Refer SGBV cases (for medical, psychosocial, and legal services);
7. Print and distribute IEC materials on GBV among women, girls and men;
8. Set up of women space that can be used not only for GBV awareness but as skills centres for women and girls given the idleness at the transit centre;
9. Identify and train volunteers among South Sudanese refugees to lead outreach/support activities among South Sudanese women and girls including men;
10. Support orientation /training of health services providers on clinical management of rape survivors and basic counselling skills;
11. Securing Psycho-social counselling for all women and young girls that are exposed to SGBV, sexual harassment and abuse, through qualified and trained social and medical staff. These

services will be provided for all refugees within transit centre, settlement and those in Host communities;

12. Enhance SOP and referral mechanisms for SGBV cases among the different services.

Expected Outcomes and Indicators

- 100% of target health facilities serving the refugees are well equipped and supplied to provide essential lifesaving interventions in reproductive health including maternal health, HIV and GBV;
- 80% of pregnant women attended to by skilled health personnel during childbirth;
- 100% of refugee communities have functional community structures for prevention and response to SGBV at Transit centre and settlement in place and functional;
- 80% of survivors of rape receive appropriate clinical care within 72 hours of incident.;
- 2 Youth space supported for full functionality;
- 2 women space established and fully functional.

Implementation Modality

UNFPA will work with sister UN agencies, the government and NGO partners to implement this project. In general, procurement of equipment and supplies will be executed directly by UNFPA with appropriate consultation from government and partners. Direct service delivery will be sub-granted to NGOs and Ministry of Health. UNFPA will also coordinate closely with partners that are implementing Reproductive Health including mitigating risks of HIV infections and GBV to ensure complementarity and adequate gap filling. This will be achieved through the already existing coordination mechanisms led by UNHCR and the Office of the Prime Minister as well as bilateral consultations and adhering to the laid out division of labour. Program monitoring and supervision will be conducted on regular basis.

Funds Requirement:	USD 7,105,000
Funds received so far:	USD 1,532,092
%age funded:	21.56%

United Nations Children’s Fund (UNICEF) Emergency Support to Refugees and Asylum-seekers from South Sudan

Population planning figure

While the operational planning figure for Uganda is 150,000, current contingency planning figures suggest that Uganda could receive as many as 300,000 South Sudanese refugees by the end of 2014. The following intervention summary applies to both scenarios, but a sector-specific costing for both scenarios has been provided on page 8.

Demographic assumptions (consistent with current statistics):

- 63% women amongst the adults
- women and children are 87% of the new arrivals

Objective(s)

The situation of 300,000 refugees (261,000 women and children) arriving at transit centres, and living in settlements in Arua, Adjumani and Kiryandongo improved through the provision of high impact lifesaving interventions in nutrition, water, sanitation and hygiene, child protection and education in emergency.

Activities

UNICEF will focus on providing immediate humanitarian support in the form of nutrition screening and treatment, vaccinations, access to clean water and sanitation, identification & tracing of separated and unaccompanied minors, foster care and psychosocial support, child friendly spaces, and emergency education. This support will be provided in transit centres and settlement sites in Arua, Adjumani, and Kiryandongo Districts in northern Uganda (as well as any additional districts that may be affected by the refugee influx). UNICEF will work with central and district local governments as well as NGO partners to provide essential lifesaving interventions for refugees fleeing violence in South Sudan. The services will be provided in such manner that addresses the gender inequalities, and will be sensitive to the tensions identified within the refugee community. All projects implemented by UNICEF partners will be inclusive and in particular will be designed to allow persons with special needs to access them. The interventions are targeted to address needs identified by technical assessments carried out by UNICEF as well as inter-agency assessments.

Water, Sanitation and Hygiene (WASH):

The water, hygiene and sanitation situation in the transit centres and settlement sites in Arua, Adjumani and Kiryandongo all require significant support. Sanitation facilities are urgently needed to prevent disease outbreak and increase the capacity of the transit centres. Boreholes will need to be

motorized to reduce over-crowding and the water service level will need to improve to reduce the burden of time spent fetching water (an activity mainly carried out by women and girls).

Nutrition:

Among the South Sudanese refugees, 87% are women and children. While the first wave of refugees who crossed into Uganda, arrived in relatively good health, later arrivals have been less fortunate, with many reporting to have walked all the way from Jonglei, Unity, and even Upper Nile states. Findings from UNICEF's in-depth nutrition assessment among South Sudanese Refugees showed high levels of Global Acute Malnutrition (19.9%) and Severe Acute Malnutrition (4.5%) as well as a high percentage of mothers (56.4%) who are underweight. The report underscored the urgent need to provide nutrition support. UNICEF has already set up 17 therapeutic feeding centres and trained 40 health workers as part of an integrated and life-saving package of nutrition support. Continued capacity building to provide nutrition services remains essential as the number of refugees continues to grow.

Public Health/Immunizations

In response to measles and meningitis outbreaks, mass-vaccination campaigns were immediately carried out in the refugee receiving districts (Arua, Adjumani, Koboko, and Kiryandongo). With support from UNICEF, these districts are also scaling up the Expanded Programme on Immunization (EPI) to include newly arriving refugees and providing a range of health services to women and children.

Child Protection:

There are a large number of separated and unaccompanied minors among the refugees from South Sudan. In order to identify, trace, and register these minors, UNICEF has deployed Rapid FTR. UNICEF will provide immediate care and protection for the unaccompanied and separated children while working to find medium- to long-term care solutions, such as fostering or other alternative care, while tracing is ongoing. In addition, UNICEF will set up Child-Friendly spaces for children and provide a range of psychosocial support services. To mitigate tensions between different refugee groups, as well as to address possible friction between host communities and refugees, peace-building UNICEF will support conflict prevention and youth engagement activities.

Education in Emergencies:

Violence in South Sudan erupted during school holidays, resulting in the arrival of tens of thousands of school-aged children to Uganda by the start of the new term. In keeping with the government's policy of integration, refugee children are being placed into existing Ugandan schools. However, these schools were already under-resourced and under-staffed and the continuous arrival of refugees has placed additional pressure on the infrastructure, limited learning materials and teacher shortages in the region. Resources at the community and school level are severely stretched, impeding the ability of schools and teachers to function effectively for both Ugandan and Sudanese students.

UNICEF's support to 23 schools in the three refugee affected districts is provided in close collaboration with central and local government as well as other agencies like UNHCR, and implementing partners. There remains a serious need for investments into existing government schools, as well as the establishment of ECD centers which are currently lacking. UNICEF also hopes to address some of the peacebuilding challenges that have arisen between different ethnic groups within the refugee population as well as between host communities and refugees. Schools will constitute an important forum for dialogue, peace education, and psychosocial support.

UNICEF will focus its support on all of the sites hosting newly arriving refugees including transit camps and settlements in Arua/Koboko, Adjumani and Kiryandongo. Specific activities include:

Immediate Needs	Activities
WASH	<ul style="list-style-type: none"> • Implement temporary water trucking at the transit and reception centres • Drill 100 boreholes • Motorize 10 high yielding boreholes and distribute water through piped network • Construct 20 latrine blocks at the reception /transit centres and at institutions like health centres and schools • Form and train 100 water management committee and equipped with maintenance tools for future operation and maintenance • Safe hygiene promotion including hand washing with soap • WASH in school including training to school health club, parent teachers association, school management committee on hygiene and menstrual management • Support with digging kits and slabs for the construction of household latrines • Procure a range of vital WASH supplies (including water purification tablets, water tanks, hand washing facilities, chlorine, latrine digging kits, soap, hygiene kits, water testing kits, soap, EMO, etc.)
Nutrition (for 20.5% children 6-59 months, 48.4% children 1-14 years, 5% children with SAM and 5.2% pregnant women)	<ul style="list-style-type: none"> • Social mobilization and supervision of micronutrient supplementation during Child Health Days/Family Health days: deworming for 145,200 children aged 1-14 years; vitamin A supplementation for 61,500 children aged 6-59 months; and iron/folic acid supplementation for 15,600 pregnant women). • Integration of Infant & Young Child Feeding (IYCF), maternal nutrition and Growth Monitoring & Promotion services (GMP) into IMAM and other key contact points including Reproductive Health, HIV clinic & Outpatient Department and community engagement (community dialogues, nutrition awareness campaigns & support to BCC). • Support to IMAM (physical assessment of facilities, establishing of ITC/OTC sites, training of health workers & VHTs and periodic coaching, mentoring and technical support supervision for IMAM staff). • Procurement of therapeutic feeds (RUTF, F100 & F75); anthropometric equipment (height/length boards, electronic weighing scales & MUAC tapes); micronutrients (albendazole/mebendazole tablets, vitamin A capsules & iron/folic tablets); and M&E tools. • Mass screening for malnutrition and therapeutic care for identified children with Severe Acute Malnutrition (SAM). • Technical support supervision & monitoring by UNICEF staff (field coordination, zonal program officers & nutrition staff)
Health	<ul style="list-style-type: none"> • Procurement of vaccines including polio and measles. • Procurement of medical supplies including syringes, vaccine carriers, cold boxes, and cotton wool. • Social mobilization for the vaccination campaign. • Support for operational costs for the vaccination routine/supplemental immunization activities and selected high impact health interventions.

Immediate Needs	Activities
	<ul style="list-style-type: none"> Support to the Ugandan public health system to absorb and provide services for the additional population in these districts.
Child Protection:	<ul style="list-style-type: none"> Procure essential equipment for the implementation of Rapid FTR; Support staff to register separated and unaccompanied minors through Rapid FTR; Support travel for the registration of separated and unaccompanied minors; Support interim care and provide long-term care solutions for unaccompanied and separated children Procure supplies, recruit staff, support travel associated with establishing and running child-friendly spaces for children; Provide technical support for Rapid FTR and Child-Friendly Spaces Provide psycho-social support to children Engage children and adolescents in peace-building and conflict prevention activities Establish community-based Child Protection Committees Support local authorities in prevention and response to child protection cases
Emergency Education	<ul style="list-style-type: none"> Establish temporary learning spaces with basic equipment and learning materials for learning and as zones of peace. Support the Government schools with scholastic and recreation materials Support the Ministry of Education and Local Government Representatives to identify teachers and caregivers for the temporary learning spaces. Establish community based ECD centers for children between 3 to 5 Provide capacity building for ECD caregivers, primary teachers, center management and school management committees Support provision of access to clean water and sanitation in schools Support coordination and joint monitoring among all key partners in Education in Emergencies Advocate for a government waiver to pay salaries for teachers working in refugee settings Engage with communities and partners to provide mid-morning snack and mid-day meal for ECD and primary school children Develop and implement a communication strategy in and around schools and communities for conflict mitigation, protection and peacebuilding

Expected Outcomes and Indicators

Sector	Outcomes and Indicators
WASH	<p><i>Outcome:</i> Refugees in the transit centres and refugee settlements have access to improved water, sanitation and practice good hygiene behaviour.</p> <p><i>Indicators:</i></p> <ul style="list-style-type: none"> Safe water sources provided to 105,000 refugees in the transit centres and refugee settlements

Sector	Outcomes and Indicators
	<ul style="list-style-type: none"> • 20 Blocks of latrines with hand washing facilities are constructed in transit/reception centre, health centres and schools • Form and train 100 water management committee and equipped with maintenance tools for future operation and maintenance • 105,000 refugees reached with good hygiene promotion messages • Essential WASH supplies procured and dispatched to the transit centres and settlement sites in Arua, Adjumani, and Kiryandongo districts.
Nutrition	<p><i>Outcome:</i> Improved nutrition among women and children in the refugee communities</p> <p><i>Indicators:</i></p> <ul style="list-style-type: none"> • 80% of children aged 6-59 months given vitamin A supplementation • 80% of children aged 1-14 years given deworming medication • 50% of pregnant women given iron/folic supplementation • 200 health workers trained on IMAM • At least 95% of children 6-59 months screened for malnutrition • 80% children with SAM given therapeutic care as per national IMAM guidelines
Public Health	<p><i>Outcome:</i> Improved immunization coverage among refugee and host communities in Koboko/Arua, Adjumani and Kiryandongo resulting in reduced morbidity, mortality and disability due to immunizable diseases.</p> <p><i>Indicators:</i></p> <ul style="list-style-type: none"> • Number and or percentages of individuals immunized against immutable diseases • Quantities of medical supplies and vaccines procured • Numbers of children treated with for Malaria, pneumonia, and diarrhoea.
Child Protection	<p><i>Outcome:</i> The most vulnerable children (particularly separated and unaccompanied minors) are identified and provided with needed psychosocial support.</p> <p><i>Indicators:</i></p> <ul style="list-style-type: none"> • Number of vulnerable children and women in the transit centres as well as in the refugee settlement provided with psychosocial support in child-friendly spaces. • Number of boys and girls unaccompanied and separated from families are reunited with their families or placed under fostering or family- or community-based alternative care. • Number of extremely vulnerable children receiving targeted support • Number of children and adolescents engaged in peace-building and conflict prevention activities • Number of child protection cases handled by CPCs and local authorities • Number of service providers trained on child protection and case management
Emergency Education	<p><i>Outcome:</i> Children in the refugee population have access to temporary Learning Spaces and ECD centres that provide psychosocial support and play and have adequate basic scholastic and recreational materials.</p> <p><i>Indicators:</i></p> <ul style="list-style-type: none"> • Number of 3-5 year old children by gender accessing early childhood (ECD) spaces for psychosocial and cognitive stimulation • Number of ECD centres established

Sector	Outcomes and Indicators
	<ul style="list-style-type: none"> • Number of caregivers trained • Number of learning spaces set up with adequate learning materials • Number and % of Govt primary schools hosting refugees receiving support • Number and % of Govt primary schools having adequate wash coverage • Number of primary school going age children accessing basic learning and recreation in schools and learning spaces in Arua and Adjumani and Kiryadongo by gender and special needs • Number of teachers trained • Number of communication activities implemented

Implementation Modality

Through a satellite office in Adjumani, UNICEF has established a presence in the area most heavily affected by the influx. Technical specialists and surge capacity have been deployed to the area and are providing full-time support to the implementation of response activities. Additional capacity is being recruited in WASH, nutrition, child protection and education. UNICEF will also draw upon existing partnerships with both the district governments as well as third party service providers (NGOs) in all of the districts of concern. These partnerships will form the basis of response and service delivery efforts as we work through existing supply chains and partnerships to deliver humanitarian aid as quickly, equitably, and sustainably as possible.

Funds requirements:	USD 21,935,000
Funds received so far:	USD 9,218,285
% funded	42.03 %



United Nations Entity for Gender Equality and Women's Empowerment (UN Women)

Gender Mainstreaming the South Sudanese Refugee Response in Uganda

Objective

The overall goal is to enhance essential protection services for the most vulnerable women and children and promote gender equality and non-discrimination throughout the South Sudanese refugee response. The expected output is strengthened gender sensitive programming and implementation in all phases of emergency relief.

Background

Gender perspective in the emergency refugee response is vital to understanding the different needs of women, girls, boys and men in order to generate positive and sustainable outcomes. Gender equality in this Uganda refugee context is about ensuring that the protection and assistance provided in emergencies and recovery is planned and implemented in a way that benefits men and women, boys and girls equally. Ensuring gender equality also helps to link and build a foundation for sustainable development work at a later stage.

Recent reports have shown that 87% of the South Sudanese refugees are women and children resulting in a disproportionate rate of female-headed households. In times of crisis gender roles and dynamics change, women often resort to negative coping mechanisms and GBV becomes more prevalent. Often issues felt by the host communities' are the same if not worse than those living in the settlements. This inequality can cause conflict if they do not receive the same services as those provided to refugee communities.

In addition, women as the main beneficiaries of the refugee assistance do not have the space and are not able to express their needs and concerns. Moreover, as there are no proper channels of coordination for gender issues in the humanitarian response in Uganda, gender interventions are scattered and resources not adequately pooled towards a common goal. Developing such a mechanism would ensure that voices of women will be heard more efficiently, as they would have access to all stakeholders through one coordination body. It is essential to capture and respond to these issues in Uganda's South Sudanese refugee response, both at the individual programming level in project design and in programme analysis and development.

UN Women Humanitarian Strategy

Globally, UN Women plays a pivotal role in raising awareness about the importance of gender equality and women's empowerment in preparedness, risk reduction, response and early recovery initiatives and mechanisms. In undertaking its mandate to support "existing coordination mechanisms to generate a more effective United Nations system-wide humanitarian response to respond to the specific needs of women and girls", UN Women seeks to complement and enhance the capacity of other UN entities to serve their respective mandates and deliver on gender equality and women's empowerment. UN Women supports other entities of the UN system to redouble their resolve in promoting gender equality and women's empowerment in humanitarian action. UN Women's system-wide and inter-agency leadership and coordination role is a means to achieve more sustained results in support of women and girls affected by crises, by leveraging and drawing more effectively and coherently on the UN's combined strengths.

In Uganda, UN Women has established a long and solid partnership with the Government of Uganda, women's movement, civil society and academia. Since 2010, UN Women Uganda has been the coordinating agency of the Joint Program on Gender Equality, aimed at strengthening the coordination of approaches and efforts of several UN Agencies.

In 2014, UN Women continues to work with key justice institutions at a national level to create a regulatory and policy environment that promotes transitional justice processes which reflect the experiences, priorities and needs of victims, incorporate gender concerns that are in conformity with human rights standards and international best practice. UN Women aims to build on this strong history of gender and peace building in Uganda through partnerships that create lifesaving and home grown solutions to the gender issues facing the South Sudanese refugee population in Northern Uganda.

UN Women Uganda, along with humanitarian partners, has identified the need for strengthening gender mainstreaming in the overall humanitarian response. In 2014, UN Women in partnership with humanitarian partners has placed increased efforts on engendering the refugee response in Uganda and the humanitarian coordination structures. In order to carry this work forwards, UN Women will continue its efforts to engender the response and add to success of previous work through the following efforts:

1. Mobilising both refugee and host communities, including women and children, to ensure those whom are most vulnerable are at the centre of protection programming;
2. Ensuring men, women, girls and boys have full and meaningful participation in the making of all decisions concerning every aspect of their lives;
3. Providing psychosocial counselling and legal support in a safe space that is accessible to the most vulnerable communities;
4. Initiating Peace-building activities that promote peaceful co-existence intra-community as well as the host population by utilising traditional and community based conflict resolution mechanisms;
5. Safeguarding Gender Equality in all refugee interventions and coordination mechanisms;
6. Ensuring women's rights advocates are empowered to voice their needs in humanitarian crisis and beyond.
7. Establishing a gender coordination mechanism/sub-working group under the protection working group for Humanitarian Action in Northern Uganda comprising of representatives from the government, donor community, civil society, NGOs and UN Agencies to facilitate harmonization of tools, interventions, reporting and establish linkages with longer term programming targeting women and girls from South Sudan and the Ugandan host communities.

Objective 1:

Gender sensitive peacebuilding solutions

Establishing links for South Sudanese refugees and host communities to access local and national structures through networks through the following activities:

1. Monthly forum convened bringing together women's organisations in the region to discuss issues and share experiences directly related to women and girls in their work on South Sudanese refugees and host communities;
2. Link this forum with national and regional level forums and advocacy platforms such as MoGLSD, UNCT, SESG for Great Lakes region.

Objective 2:

Increased service provision for ensuring a protective environment

'PEACE HUTS'

Establishment of one-stop 'Peace Hut' centre in each refugee settlements to address South Sudanese Refugee protection and gender issues. Building a space for all humanitarian partners to work together will create coordinated, multi-sectoral, gender sensitive and participatory approach to peace building, psychosocial and legal aid activities. This 3-pronged approach to carrying out protection activities aims to redouble existing efforts by creating a safe and secure space that incorporates South Sudanese and local Ugandan culture and traditions through following activities:

1. *Peace Building*
 - a. Creating a space with local women and men refugee leaders to resolve domestic and settlement disputes.
 - b. Build capacity of refugees for peace building through sensitisation on national and international legal frameworks such as CEDAW, CRC, DVA, etc.
 - c. Create sustainable enterprises for local host communities to provide essential services to refugee communities.
 - d. Utilise local interactive tools for engagement such as, drama, dance and music.
2. *Psychosocial support*
 - a. Using the 'Peace Huts' as a safe space for women and girls to access counselling services in partnership with local CSO.
 - b. Provide mobile phones to South Sudanese women refugees.
 - c. Set up a bulk messaging service to create awareness of the protection services available in partnership with mobile phone service provider, e.g. MTN.
 - d. Link psychosocial support to the UNHCR SOPs and GBV referral pathways i.e., Legal and medical aid in the settlements and host communities.
 - e. Provide child minding service and linkages with child friendly spaces to support women attending 'Peace Huts'.
3. *Legal Aid*
 - a. Provide a full time women lawyer stationed in the 'Peace Hut' that will provide legal aid support in partnership with local CSO.
 - b. Expand legal aid support to all settlement areas, e.g., Arua and Kiryandongo

Objective 3:

Enabling advocacy environment created

'Peace huts' are utilised as capacity building centres on national and international legal frameworks and to promote advocacy on women's rights and prevention of GBV among all of the following refugee stakeholders:

1. Refugees and host communities
2. Refugee Welfare Committees (gender equal)
3. Police, Border Security and refugee leaders

On the following topics:

- National and International legal frameworks, e.g. CEDAW, CRC, DVA
- SRHR
- GBV and related SOPs
- Shelter Building to include how to clear land and ensure environmental protection
- How to ensure safety in settlements
- Set up sub- settlement security committees of women in support to the community policing
- Protection principles
- Gender Analysis
- Collection and use of SADD

Objective 4:

Increased knowledge and information sharing of gender issues

1. Conduct Gender Analysis of the South Sudanese refugee crisis in Northern Uganda, with particular attention to the situation of women and girls.
2. Ensure the mainstreaming of gender in all South Sudanese refugee responses.
3. Develop, publish and disseminate interagency Gender and Humanitarian guidelines for Uganda.
4. Produce and share monthly South Sudanese refugee gender reports.

Expected Outcomes and Indicators

1. Increased awareness, participation and decision making of vulnerable refugee and host communities
2. Peaceful co-existence of refugee and host communities and more equitable distribution of settlement services;
3. Enhanced access to psychosocial counselling and legal support.
4. Gender Equality safeguarded in all refugee interventions and coordination mechanisms;
5. Women's rights advocates empowered to voice their needs;
6. Gender network of humanitarian and development partners established at both national and local level.
7. Gender mainstreaming action plan developed for all sectors in cooperation with partners;

Implementation Modality

UN Women will implement project activities both directly, by undertaking all the necessary procurement process and in partnership with other UN Agencies, Government and CSOs, particularly women’s organisations. Interventions will be coordinated with UNHCR and the Office of the Prime Minister (OPM) both at Kampala and field level. To ensure transparency and prevent duplication with the Protection sectors, UN Women will participate with other involved humanitarian partners in the weekly sectoral meetings at the field level. In addition, it will continue to participate in the bi-monthly coordination meetings at Kampala level.

Total requirement:	USD 1,200,005
Funded so far:	USD 0
%age Funded:	0



United Nations High Commissioner for Refugees (UNHCR) Emergency Response for the South Sudan Situation – Supplementary Budget Appeal (<http://www.unhcr.org/534f9aa59.html>)

South Sudanese refugees have been arriving since February 2011 to Adjumani and Arua districts, mainly from Jonglei State. However, since 15 December 2013, the number of new arrivals dramatically increased, with new arrivals now also entering to Kiryandongo and Koboko districts, using multiple border points. UNHCR and its government counterpart, the Office of the Prime Minister (OPM), have activated the Contingency Plan for South Sudan at the end of December 2013. New arrivals assemble at designated collection points from which they are transported to existing transit and reception centres for further assistance. All South Sudanese refugees are registered upon arrival at the reception/transit centres by the Government of Uganda and are granted *prima facie* refugee status.

It was initially expected that some 60,000 refugees would be arriving into Uganda between 15 December 2013 and 31 December 2014. A local appeal was issued at the end of January in Kampala to raise funding and donor interest in supporting the influx. With the increase in fighting and insecurity in South Sudan the number of arrivals increased and by the middle of March, the number of refugees already in Uganda exceeded 60,000 operational planning figure. The operational plan was revised from 60,000 to 100,000 and an inter-agency regional appeal was issued in Geneva at the end of March. Yet again by mid-May, the number of refugees exceeded the planning figure of 100,000. In consultation with partners and all other stakeholders, the operational planning figure is raised to 150,000 refugees until the end of the year. This document is being updated to serve as an Operation Plan and to seek additional resources to cater for the increased caseload. Against the revised operational planning figure of 150,000, there are already 120,063 new arrived refugees registered in Uganda as of 21 July 2014.

Limited assistance has been available so far, with significant gaps in shelter, water and sanitation facilities, preparation of sites, as well as health care including medical staff and supplies. Given the scale of the emergency, in a country that is already dealing with a major refugee influx from the Democratic Republic of the Congo (DRC) on its western front, urgent humanitarian response is required in order to meet basic needs. UNHCR and OPM are leading the coordination for the emergency with support from other UN agencies and NGO partners.

The priority response activities are to accommodate and provide immediate assistance in existing transit and reception facilities; reduce public health and safety risks; and prioritise settling the refugees out of the transit/reception facilities to the settlements for mid to longer-term assistance. Critical investment will be made in existing and new receiving settlements, in particular in the areas of site planning including for access roads, plot demarcation and shelter, and infrastructure rehabilitation/expansion/development, especially in the area of water, health and education. Further, as the situation stabilises more emphasis are placed on soft services such as ensuring child protection,

identification and response as well as prevention of SGBV, diversifying the assistance programmes available to persons with specific needs and enhancing livelihood and self-reliance opportunities while ensuring that peaceful co-existence messages and activities are integrated in every aspects of service delivery and activities of partners.

All new arrivals are undergoing biometric registration through which persons with specific needs are identified and referred to relevant partners for targeted assistance (e.g. family reunification or foster arrangements for separated and unaccompanied children, community mobilisation support for shelter and latrine construction for vulnerable households).

Another key priority for UNHCR will be to mobilize and strengthen the capacity of service providers to effectively deliver life-saving and life-sustaining basic services in protection, shelter, food cooking, water, sanitation, hygiene, primary healthcare, education, security and settlement administration/management and coordination.

Objectives

Ensure comprehensive protection of the newly arriving refugees and provide timely emergency multi-sectoral support and basic humanitarian assistance to address the immediate life-saving needs of the new arrivals from South Sudan.

UNHCR will work closely with operational partners while ensuring that all lifesaving needs are being covered for all sectors through its implementing partners.

Activities:

Immediate Needs	Activities
Favourable protection environment	Provision of access to legal assistance and legal remedies.
Fair protection processes and documentation	<ul style="list-style-type: none"> • Maintenance for reception of refugees including provision of cooked food and other reception services; • Registration, identification of people with specific needs, and documentation of all new arrivals; • Provision of birth certificates to new born refugees. • Movement of refugees from the border to transit/ reception centres;
Security from violence and exploitation	<ul style="list-style-type: none"> • Establishment of special arrangements for identification, protection and care of unaccompanied and separated children and other children at risk (registration, BID, material and psychosocial support, child-friendly spaces and recreational activities); • Prevention of and response to SGBV through community sensitization activities, referral mechanisms, access to safe spaces, material, legal assistance and psychosocial support to SGBV survivors • Support to the deployment of police.

<p>Basic needs and services</p>	<p>Provision of emergency public health, including the availability of PEP kits and clinical management of rape survivors:</p> <ul style="list-style-type: none"> • Procurement of 60 Interagency Health Kits (or equivalent medicines & supplies), 75,000 mosquito nets, 3 ambulances; <p>Provision of health staffing and hospital tents:</p> <ul style="list-style-type: none"> • Hiring of additional 200 health staff in Adjumani, Arua and Kiryandongo. <p>Renovation, construction and operation of health centres:</p> <ul style="list-style-type: none"> • Construct a Health Centre III in Ayilo settlement and 2 health outposts in Nyumanzi and Ayilo II settlements in Adjumani; • Upgrade Nyumanzi Health Centre II to Health Centre III in Adjumani; • Renovate Dzaipi HC III, and facility in Alere and Baratuku settlement in Adjumani; • Renovate Panyandoli Health centre III and Panyandoli Hill Health Centre II in Kiryandongo; • Renovate and equip Siripi and Olujobo health centres in Rhino Camp Settlement; • Renovate Imvepi health facilities (Yinga HC IV and Imvepi HC II – when relocation moves to Imvepi settlement); • Construction of additional health facilities in Adjumani, Arua and Kiryandongo; • Procurement of 600 bicycles for Village Health Teams. <p>Nutrition:</p> <ul style="list-style-type: none"> • Support to supplementary food programme, • Provide complementary food supplements and supplies at the feeding centres, • Procurement of emergency plumpy nut supply, • Recruitment of additional nutrition staff. <p>Education:</p> <ul style="list-style-type: none"> • Rehabilitation/construction of infrastructure including schools, latrines & teachers’ accommodation, set-up of child-friendly spaces, learning facilities and teaching services for 45,000 students; • recruitment of teaching staff, • support to vocational skills training to 260 students, • support to secondary scholarships for targeted youth: • Procurement of learning and teaching material, furniture, equipment and supplies; <p>Distribution of emergency household and shelter material including core relief items, site planning and assessments conducted:</p> <ul style="list-style-type: none"> • Procure household items and shelter kits for 150,000 persons in 30,000 households, and sanitary materials for 45,000 women and girls. <p>WASH basic infrastructure and services in the TC and settlement through construction, rehabilitation, operation and maintenance and service of boreholes and water supply systems:</p> <ul style="list-style-type: none"> • Emergency water trucking;
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	<ul style="list-style-type: none"> • Construction of 40 water points, water trucking, and maintenance services; • Construction of 600 communal and 15,000 household latrines. • Procurement of 6 water bowsers and 4 water bladders. • Procurement fifty 10,000 litre water tanks. <p>Support to site planning and plot demarcation by the Government;</p> <p>Access roads rehabilitation and culvert installations;</p> <p>Establishment of base camp including construction and generators;</p> <p>Food Security:</p> <ul style="list-style-type: none"> • Support to household livelihood activities through provision of agricultural inputs.
Community empowerment and self-management	<p>Peaceful co-existence projects and community mobilization;</p> <p>Environmental protection:</p> <ul style="list-style-type: none"> • Support to area governments and communities in environmental management (protection, rehabilitation services); • Provision of 30,000 energy saving stoves.
Leadership, coordination and partnership	Emergency management and coordination
Logistics and operations support	<p>Cargo transport services, including fuel, customs clearance and maintenance services;</p> <p>Procurement of partner vehicles, trucks, generators, communications equipment, and office equipment and supplies</p> <p>Procurement and erection of rub hall warehouse</p>

Expected Outcomes and Indicators

Sector	Outcomes and indicators
Protection	<p>100% of new arrivals are registered and profiled on an individual basis.</p> <p>100% of newly arriving households have documentation to prove their status in Uganda.</p>
Child Protection	<p>All children at risk are identified, profiled and relevant referral and follow up made;</p> <p>Child friendly spaces are established in the settlements.</p>
Shelter & Settlement Management	<p>Construction of community shelter at Nyumanzi transit centre, and Ocea and Kiryandongo reception centres;</p> <p>Area site planning conducted;</p> <p>100% of the households receive demarcated plot;</p>

	<p>100% of the household receive shelter kit;</p> <p>100% of new arrivals live in adequate dwellings;</p> <p>50% of the reception conditions meet minimum standards.</p>
Health, Nutrition & Reproductive Health / HIV AIDS.	<p>Outcome: Health status of the population improved:</p> <ul style="list-style-type: none"> • 100% new arrivals have access to primary health care; • 100% new arrivals have access to essential drugs. <p>Outcome: Nutritional well-being improved:</p> <ul style="list-style-type: none"> • 100% new arrivals have access to improved nutrition. <p>Outcome: Reproductive Health and HIV / AIDS:</p> <ul style="list-style-type: none"> • 100% new arrivals have access to comprehensive reproductive health.
Education	<p>Outcome: Refugee population has optimal access to primary school education:</p> <ul style="list-style-type: none"> • 100% refugee children have access to primary education.
Community Services	<p>Outcome: Services for persons with specific needs strengthened:</p> <ul style="list-style-type: none"> • 100% PSNs have access to specific support in line with their needs. <p>Outcome: Peaceful co-existence:</p> <ul style="list-style-type: none"> • Peaceful co-existence activities with the local host community and among the new arrivals are conducted from the onset and mainstreamed in all partners' activities. <p>Outcome: Community mobilisation strengthened and expanded:</p> <ul style="list-style-type: none"> • % of new arrivals represented in leadership management structures.
Water, sanitation & hygiene	<p>Outcome: Supply of potable water increased or maintained:</p> <ul style="list-style-type: none"> • 20% water systems maintained in receiving settlements; • 100% new arrivals have access to 15 litres of water per person per day in the initial phase. <p>Outcome: Population lives in satisfactory conditions of sanitation and hygiene;</p> <ul style="list-style-type: none"> • 100% new arrivals have access to basic sanitary facilities.
NFIs	<p>Outcome: Population has sufficient basic and domestic items:</p> <ul style="list-style-type: none"> • 100% new arrivals have access to basic domestic items.
Logistical support	<p>Outcome: Logistics and supply optimized to serve operational needs:</p> <ul style="list-style-type: none"> • 100% new arrivals are transported to a safe location.
Gender-based violence (crosscutting)	<p>Outcome: Risk of GBV improved and quality of response strengthened:</p> <ul style="list-style-type: none"> • Referral mechanisms enhanced and available for 100% of new arrivals.

Environment (crosscutting)	<p>Outcome: Natural resources and shared environment better protected</p> <ul style="list-style-type: none"> • 100% new arrivals have access to energy saving stoves: • All new arrival communities sensitized on environmental issues; • 100% of cooking fuel required for communal cooking provided.
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Implementation Modality

Together with Office of the Prime Minister (OPM) Refugee Department, UNHCR is coordinating the response to the on-going refugee influx from South Sudan. OPM Refugee Department ensures an effectively coordinated response between the Government and the humanitarian agencies in line with the Refugee Act of 2006 and the Refugee Regulations of 2010. It has primary responsibility to provide the protection and security of asylum-seekers and refugees.

At the country level, interagency meeting on strategic issues is currently taking place bi-weekly while sectoral meetings are held a quarterly with ad hoc meetings when required. Interagency meeting takes place also at the District level. At the settlement/ transit centre level, an operational coordination meeting as well as sector specific coordination meetings takes place regularly with some sectors meeting twice a week. In addition to the implementing partners of UNHCR, various NGO partners and UN agencies provide sectoral support and the coordination mechanism has been essential in ensuring maximum impact for the refugee emergency response. Within the overall refugee coordination framework, technical support and assistance are also being provided by other UN and international organisations based on their area of expertise. WFP supplies food rations and supplementary feeding programmes; FAO provided agricultural support, including livestock vaccination; ICRC provides cross border family reunification for unaccompanied minors as well as services to establish family links; IOM is conducting water/ sanitation activities and rehabilitation of infrastructure; UNFPA is providing reproductive health support; UNICEF is providing support to child protection, nutrition programmes, education and immunisation support; and WHO is providing technical support in disease surveillance. Further, large number of NGO partners are implementing sector based projects to complement the magnitude of the refugee emergency response required. These agencies cover activities which could not be prioritised by UNHCR and compliments the efforts to provide a holistic protective environment for the refugees.

Monitoring of planned activities of will be carried out by UNHCR and OPM in collaboration with implementing and operational partners. More specifically, UNHCR's sub offices and field offices oversee day to day implementation and will carry out monitoring and guidance of activities carried out by implementing partners with overall coordination and guidance by the Kampala office.

The refugee community will participate actively in decision making, through participatory assessments as well as implementation of activities though elected refugee leadership structures at the community level. UNHCR will review needs based on continuous assessments carried out with partners and by other organisations to inform activities involving refugees as well as through regularly collecting data on core sectors such as health and sanitation.

Total requirement:	USD 123,167,156
Funds received so far:	USD 38,324,949
%age funded:	31.12%



World Food Programme (WFP)

Emergency food assistance to new refugees from the Republic of South Sudan in Transit Centres and Settlements in Kiryandongo, Adjumani and Arua districts, Uganda

Background

WFP is providing food assistance to nearly 300,000 refugees and asylum seekers in the existing settlements and transit centres in Uganda. WFP provides food for three hot meals per day for all refugees at transit/reception centres in Kisoro, Bundibugyo, Kiryandongo, Arua, Adjumani and Koboko districts. Family take-home rations are also provided for each refugee household allocated land by Government and settled on it. In addition, WFP has procured, through its own internal immediate response facility, 56mtn of High-Energy Biscuits (HEB), used to meet emergency food needs of refugees in transit to reception centres.

Refugees' immediate food needs on arrival are being met through WFP's existing PRRO resources and through an Immediate Response Emergency Operations (EMOP).

WFP is seeking US\$ 26,703,882 in funding to purchase 28,389 mt of food for 150,000 asylum seekers and refugees that have arrived in Uganda fleeing fighting and insecurity in South Sudan. WFP will use the requested funding to provide life-saving relief food assistance. The new arrivals are unable to provide their basic food needs and are wholly dependent on WFP. The refugees and asylum seekers need relief assistance to guarantee minimum food consumption and prevent deterioration of their nutrition status. Currently, WFP has insufficient funding to provide 100 percent support through 2014. In order to respond to the needs of the new South Sudanese refugees, WFP has been obliged to reduce rations for other refugees, commencing in January 2014, by more than 50%. This situation is untenable and additional resourcing is urgently required.

Objective(s)

The two main objectives of the project:

- i) To meet 100% food needs for 150,000 new refugees from the Republic of South Sudan
- ii) Reduce acute malnutrition among new refugee arrivals in target Kiryandongo, Arua and Adjumani districts

Activities

WFP will undertake two main activities in this project:

1. **General food distributions** (at 100% food ration -2,100kcal per person per day) to meet food needs for 150,000 new South Sudanese refugees located in transit and reception centres and settlements in Kiryandongo, Adjumani and Arua districts. The food basket to be provided (per person per day) includes: maize meal - 390g; pulses – 70g; fortified vegetable oil – 30g, Super cereal – 50g and salt – 5g. In addition WFP will meet immediate emergency food needs of new arrivals in transit and reception centres through providing high energy biscuits (HEB) at 470g/person/day.
2. **Supplementary feeding programme** targeting approximately 15,852 malnourished individuals (13,533 children under 5 years and 2,319 pregnant and lactating women. Children under 5 years will be provided with Super cereal plus (CSB++) – 200g per person per day while the rest of the target beneficiaries will receive premix of super cereal (CSB+) 229g, vegetable oil (25g) and sugar (15g) per person per day.

A total of 28,389 mt of commodities, comprising of 14,742 mt of maize meal, 4,800mt of sorghum, 3,606 mt of pulses, 1,502 mt of fortified vegetable oil, 2,558 mt of Super cereal (CSB+), 434mt of Super cereal plus (CSB++), 249mt of salt, 5mt of sugar and 492mt of HEB is required. The food will be distributed to approximately 150,000 refugees for the period January-December 2014. In addition WFP will provide food supplements for treatment of an estimated 15,852 malnourished children under 5years and pregnant and lactating women per month.

Expected Outcomes and Indicators

Expected Outcomes	Indicators
1. Improved food consumption over the assistance period for new refugees from South Sudan.	<ul style="list-style-type: none"> • Household food consumption score among the new arrivals greater than 28
2. Reduced acute malnutrition in target groups of children and the refugee population.	<ul style="list-style-type: none"> • Prevalence of acute malnutrition among children under 5 (weight-for-height as %)<5

Implementation Modality

Through its Sub Office in Gulu, northern Uganda, WFP is currently managing food distribution in Rhino Camp and Adjumani settlements with help of volunteers while Samaritan’s Purse (an International NGO) is the WFP Cooperating Partner responsible for food distribution in Kiryandongo refugee settlement. Management of hot meals is by UNHCR partner with support from Office of the Prime Minister (OPM). However with the increased number of new refugees being received in the West Nile region, WFP through a competitive process will identify a food distribution partner for the settlements, transit and reception centres in these areas.

For implementation of supplementary feeding, WFP will work closely with UNHCR health partners and health centres implementing nutrition programmes in the target health centres in Kiryandongo, Adjumani and Arua settlements. WFP will also collaborate with UNICEF in the nutrition interventions in the same target areas.

WFP will procure the food commodities either locally within Uganda or within the region depending on market trends; transport it to WFP Central Delivery Points at Tororo and Kampala by road. From these points, commodities are transported to Extended Delivery Points before going to Final Delivery Points (at the transit centres and settlements) using local commercial transporters and/or WFP Strategic fleet which transports food to routes not viable for the commercial transporters.

WFP jointly with the cooperating partner, UNHCR and the Government will conduct other complementary activities such as sensitization of beneficiaries, Food Management Committees (FMC) and Refugee Welfare Council (RWC) on their ration entitlements, roles and responsibilities and food distribution system.

Coordination:

Overall coordination of humanitarian assistance to the refugees is managed by UNHCR and Office of the Prime Minister (OPM). The Government of Uganda through OPM has the overall responsibility of coordinating and supervising refugee activities and operations in the country. Also, the Government provides land for the refugees for shelter and cultivation of food crops. In line with global mandates, the main role of the UNHCR is to provide security and international protection to refugees. UNHCR also has a role to seek durable solutions to refugee problems while assisting OPM in coordinating all refugee operations in the country. WFP’s role is to provide food assistance to both existing and new refugees in coordination with two key stakeholders – OPM and UNHCR. At field level, the WFP office in Gulu manages, oversees and coordinates with UNHCR and OPM food assistance activities in the settlements and transit centres.

Food Security and Nutrition assessments in the refugee programme are conducted in collaboration with UNHCR, OPM, UNICEF (Nutrition) and FAO (food security and livelihoods). Joint Assessment Missions (JAM) are conducted bi-annually to review food needs of the refugees for the different refugee caseloads. WFP’s food assistance to all refugees (including new arrivals) is guided by the recommendations from these joint assessments.

Monitoring:

Monitoring is conducted by WFP Field Monitors based at the Sub Office who supervise actual food distribution to ensure the right beneficiaries received the food. WFP Cooperating Partner – Moroto County Development Association (MOCAD) - is responsible for monthly Food Basket Monitoring and quarterly Post Distribution Monitoring. Food distribution and monitoring data is entered into and managed through an online data base – PROMIS. Monthly and quarterly monitoring reports are shared between the sub-office and WFP head office in Kampala. WFP has a fully-fledged M&E and assessment unit that provides technical support, reviews the reports and provides consolidated analytical reports for management decision making.

The key stakeholders, UNHCR and OPM participate in monitoring the food distributions at transit and reception centres and every final delivery point (FDPs) within settlements, attend to beneficiary complaints related to food, other issues and provides overall distribution security.

Total requirement:	USD 23,834,596
Funds received so far:	USD 14,793,103
% Funded	62%



World Health Organization (WHO)

Emergency health response to the refugee influx from South Sudan

Background

The northern part of Uganda currently hosts over 95,000 refugees from DRC and South Sudan. A number of assessments were conducted by government of Uganda and partners. The followings were identified as major gaps in health that needed to be filled:

1. Ongoing outbreak of Measles: Since the beginning of 2014, Uganda has experienced sporadic outbreaks of measles. By mid-January 2014, 12 measles cases among South Sudanese refugees from West Nile region in North-West Uganda had been laboratory-confirmed, resulting in Ministry of Health confirming an outbreak of measles among South Sudanese refugees. The North-West of Uganda had already reported measles cases in 2013 indicating a combination of an influx of a refugee population with high measles susceptibility and a host population that may be also vulnerable due to high number of unvaccinated children and possibly adults.

2. Ongoing outbreak of Meningitis: In the week starting 2nd February the Ministry of Health and WHO were notified of a suspected meningitis outbreak in Dzaipi sub-county in Adjumani district affecting both the refugees and the host population. By 9th Feb 2014, Dzaipi had crossed the epidemic threshold and Adropi had crossed the alert threshold. Nine of the cases were refugees while 14 were nationals from the hosting communities. Suspected meningitis cases started being reported in Arua district in week 5 following influx of refugees in the district. The cases include both nationals and refugees. By 18th February, 23 suspected cases have been reported, with 2 deaths. Dadamu sub-county crossed the alert threshold in week 5 (AR was 5.9/100,000). A mass meningitis vaccination campaign was conducted in April in Adjumani however, the coverage achieved was about 47%. This figure is below the recommended level needed to achieve community protection.

3. Access to health care: Access to health service in the settlement areas is poor as nearby health facilities are more than 5 km away from the settlements. In addition some of the health facilities in the settlement areas are closed. The health facilities do not have adequate staff. This situation is compounded by frequent health staff absenteeism: there is inadequate medicines and other medical supplies including vaccines, vaccine fridges, delivery beds, caesarean section set, delivery equipment and maternity beds in most of the health facilities in the refugee hosting districts.

4. Weak disease surveillance activities in some of the host districts: The disease surveillance activities in Arua and Adjumani are weak. Most of the health facilities do not submit in their weekly disease surveillance report.

5. Community health services: Community health services are not functional in all the new refugee settlement sites. As stated before many of the settlements are far from the health facility. Provision

of community health services will go a long way in improving access to health care especially among the under 5 years.

6. Nutrition: Rapid nutrition screening of 275 under-five children using Mid Upper Arm Circumference (MUAC) revealed that the Global Acute Malnutrition (GAM) was 4.3% and Severe Acute malnutrition (SAM) was 1.1%. This picture is likely to worsen within weeks if the nutrition is not improved.

7. Lack of psychosocial support to refugees: Most of the health facilities in the refugee hosting areas lack staffs with skills in providing psychosocial support.

Goal of the proposal

Ensure access by refugees to quality health services to reduce avoidable morbidity and mortality.

Objectives

1. Ensure access to the delivery of basic lifesaving health services through the existing health facilities, outreach programs and community health services.
2. Strengthen disease surveillance, information analysis and sharing among the stakeholders in order to identify disease outbreak and institute rapid response.

Activities

1. Provision of medicines and medical supplies, (i.e. 3 IAHK, 3 vaccine fridges, 3 delivery beds and 8 maternity beds),
2. Training of health workers on clinical management of measles and meningitis,
3. Support supervision activities by the DHT to lower health units,
4. Support to referral activities (procure on ambulance),
5. Support to integrated outreach activities to refugee settlements,
6. Support VHTs to conduct to house to house community mobilization activities,
7. Support implementation of periodic intensified routine immunization in districts in West Nile (Expansion of outreaches),
8. Train health workers in the new IDSR modules,
9. Provision of surveillance tools to health facilities,
10. Support health workers to conduct support supervision to lower health units,
11. Identify and train VHTs,
12. Provide the VHT with VHT tool,
13. Support VHT review meeting,
14. Support health assistance to conduct support supervision to the VHTs,
15. Support the laboratories with appropriate laboratory supplies to each district to enable rapid diagnosis of suspected cases,
16. Support shipment of laboratory specimens for confirmation to CPHL and UVRI,

17. Support regional surveillance review meetings,
18. Support water quality surveillance.

Expected Outcomes and Indicators

Outcomes	Indicators
The refugee community will have access to basic health services	OPD attendance rate maintained at greater than 1 Immunization coverage for measles in the settlements maintained at greater than 95%
The trend of major communicable diseases among the refugee community monitored on a weekly basis	Completeness and timeliness of weekly surveillance reports maintained at greater than 90%
Response to outbreaks is timely and relevant	Proportion of disease outbreaks investigated within 72 hours is at greater than 90%
	Case fatality rates of outbreak maintained within the acceptable range

Implementation Modality

The proposal will be implemented directly by the WHO and through the DHO and health facilities.

Total requirement:	USD 5,207,690
Fund Received so far:	USD 258,182
%age Funded:	4.95%