

Inter-Agency

REVISED

UGANDA COUNTRY REFUGEE RESPONSE PLAN

July 2020 – December 2021

AUGUST
2020



COVER PHOTOGRAPH:

Sabuni Francoise Chikunda, the 2020 Regional Nansen Refugee Award Winner for Africa, has dedicated her life to supporting refugee women, helping them overcome their challenges and fears, after having experienced many herself. She started a women's centre at her home in Nakivale refugee settlement, which has a daily schedule that includes educational opportunities, life skills trainings and - most importantly - psychological support.

Photo credit: Esther Ruth Mbabazi (July 2020)

Inter-Agency



Strategic Overview

| | |
|---|---|
| PERIOD | July 2020 – December 2021 |
| CURRENT POPULATION <i>(as of August 2020)</i> | 1,429,268 refugees |
| POPULATION PLANNING FIGURE <i>(expected by December 2021)</i> | 1,56 million refugees 2.5 million host community members |
| FINANCIAL REQUIREMENTS | USD 863,310,846 (2020) USD 767,207,774 (2021) |
| NUMBER OF PARTNERS | 69 |

The Office of the Prime Minister (OPM) and the UN High Commissioner for Refugees (UNHCR) jointly launched the second revision of the 2019-2020 Uganda Refugee Response Plan (RRP) in June 2020 to include the COVID-19 response and to extend the plan until the end of 2021.

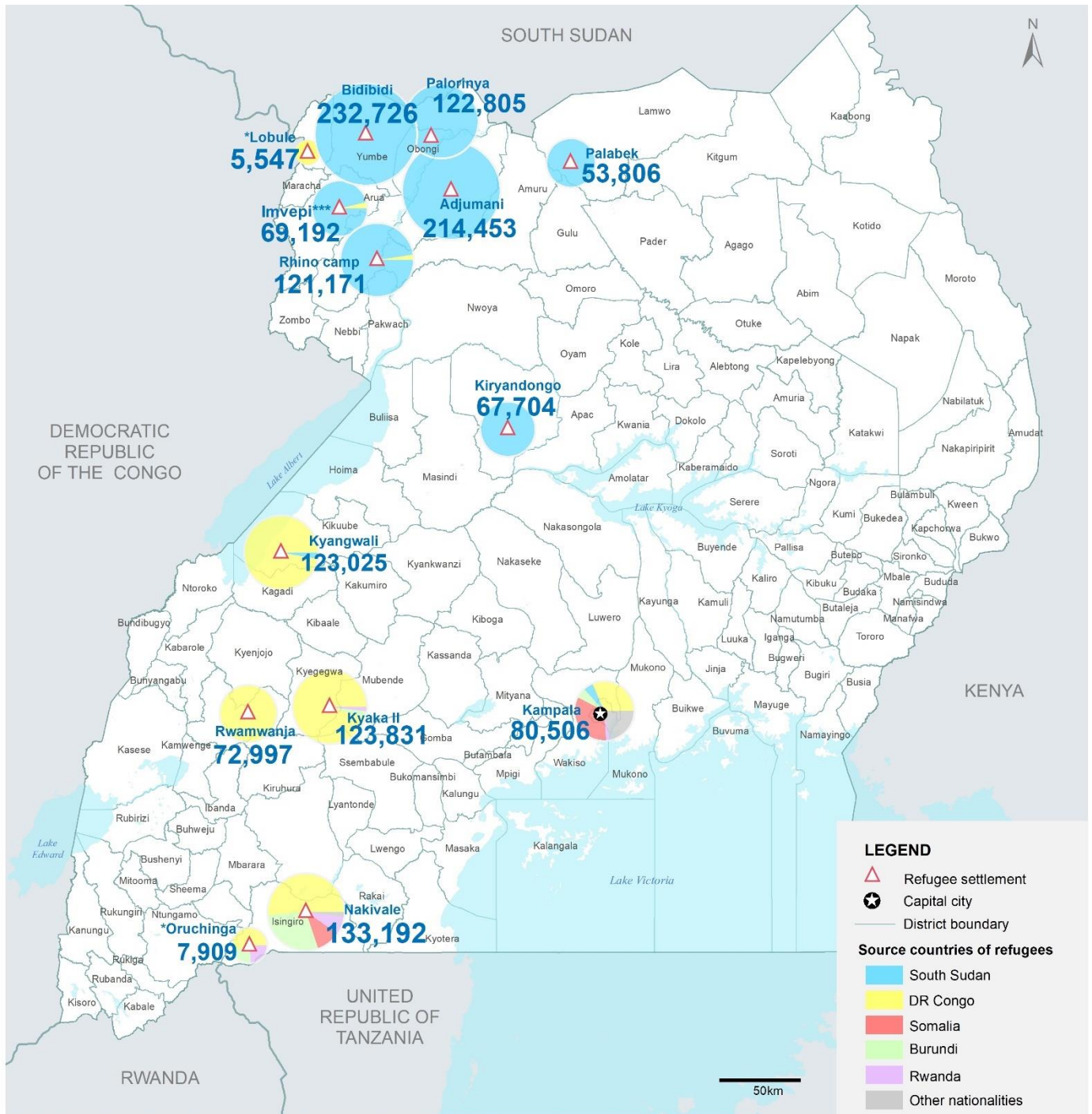
Whilst seeking to meet humanitarian needs, the RRP also serves as a transition plan towards sustainable refugee response programming in Uganda. As such, this plan contributes to the implementation of the Global Compact on Refugees (GCR) and its Comprehensive Refugee Response Framework (CRRF), in complement to interventions carried out by government institutions.

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MAP OF UGANDA
AND LOCATION
OF REFUGEES



Executive Summary

The Office of the Prime Minister (OPM) and the UN High Commissioner for Refugees (UNHCR) jointly launched the second revision of the 2019-2020 Uganda Refugee Response Plan (RRP) in June 2020 to include the COVID-19 response and to extend the plan until the end of 2021.

Whilst seeking to meet humanitarian needs, the RRP also serves as a transition plan towards sustainable refugee response programming in Uganda. As such, this plan contributes to the implementation of the Global Compact on Refugees (GCR) and its Comprehensive Refugee Response Framework (CRRF), in complement to interventions carried out by government institutions.

Strategic objectives

Under the leadership and coordination of the Government, the Uganda RRP aims at achieving the following objectives:

1. Uganda's asylum space is maintained, equal and unhindered access to territory is preserved and the government's emergency preparedness and response capacity is progressively strengthened.
2. Government owns protection processes that promote the full enjoyment of rights, and international protection standards throughout the displacement cycle are efficient and fair.
3. The refugee response paradigm in Uganda has progressively shifted from care and maintenance to inclusion and self-reliance through development of individual and community capacities and the promotion of a conducive environment for livelihoods opportunities.
4. Refugees progressively benefit from provision of integrated basic social services, including health, education, child protection, water and sanitation, provided by national authorities in refugee hosting districts.
5. Refugees are well on their path to access durable solutions. They are either able to return voluntarily to their countries of origin, or have found third country solutions, or start attaining socio-economic opportunities similar to hosting communities in Uganda, including the ability to exercise their full range of rights.

Priority outcomes

The priority outcomes from the previous years continue with strengthened focus on protection, livelihoods, and emergency preparedness and response. Partners and sectors will be guided by the following priority outcomes for planning and programming:

1. Refugee protection, with a focus on strengthening analysis for targeted assistance, community-based structures, clearing of the registration backlog, strengthening communications with communities as well as refugee status determination procedures, prevention and response to Gender-Based Violence and the rule of law.
2. Emergency preparedness and response with strengthened focus on reinforcing health and WASH measures to contain and respond to the COVID 19 pandemic outbreak, strengthening reception preparedness and capacity to manage large numbers of asylum seekers under COVID-19. Furthermore, enhanced support to District Local Governments, as well as quarantine capacity and response by refugee actors, and focus on preventive health as opposed to curative, including strengthened promotion of public health and hygiene.
3. Education
4. Livelihoods, with a focus on market-based and longer-term approaches
5. Urban refugees
6. Environment and Energy
7. Infrastructure, with a focus on roads in the settlements

Priority modalities

- Labor-intensive activities
- Cash-based interventions and connectivity
- Capacity building for Government service providers and local actors
- Conflict-sensitive programming
- Building resilience through skills development
- Alternative approaches to deliver critical services such as distance learning or phone psychosocial counseling

Background

Overview

Uganda is hosting the third highest number of refugees globally and the highest number in Africa with more than 1.4 million refugees. The majority has arrived in Uganda since 2016 from the neighboring countries of South Sudan and DRC. Wars, violence and persecution in the Horn of Africa and Great Lakes Region are the main drivers of forced displacement into Uganda, led by South Sudan's conflict, insecurity and ethnic violence in the Democratic Republic of the Congo (DRC) and political instability and human rights violations in Burundi.

South Sudanese make up the largest refugee population in Uganda (882,058) as of August 2020, followed by refugees from the DRC (418,369) and Burundi (48,404). More than 80,000 refugees from Somalia, Rwanda, Eritrea, Sudan, and Ethiopia have lived in protracted exile in Uganda for the past three decades.

59 % of Uganda's refugees are under the age of 18 and thus being children, one of the most visible consequences of conflicts in neighboring countries - and with clear implications for the provision of protection services.

Thirteen of Uganda's 134 districts host most refugees. The vast majority (94%) lives in settlements alongside the local communities, including 57 % in northern Uganda or West Nile (Adjumani, Yumbe, Arua, Obongi, Lamwo and Koboko), 24% in southwestern Uganda or South West (Kyegegwa, Kamwenge and Isingiro) and 13% in central Uganda or Mid-West (Kiryandongo and Kikuube). 6% of the refugee population lives in Kampala.

With expected refugee influxes from the DRC (59,500), South Sudan (42,000), Burundi (3,500) and 19,000 from other countries in the remainder of 2020 and in 2021, Uganda is likely to host more than 1.56 million refugees by the end of 2021. These figures also factor about 54,000 returns to DRC (16,000), South Sudan (32,000) and Burundi (3,000) and 3,000 returnees to other countries over the same time.

Uganda's refugee policy, the CRRF, and the Global Compact on Refugees

Uganda's favorable protection environment for refugees is grounded in the 2006 Refugee Act and the 2010 Refugee Regulations. These legislations allow refugees freedom of movement, live in settlements, the right to work, establish a business, own property, and access national services, including primary and secondary education and health care.

South Sudanese and Congolese asylum seekers are granted refugee status on a *prima facie* basis¹, while refugees from other nationalities undergo Refugee Status Determination (RSD) interviews with the Refugee Eligibility Committee, an inter-ministerial body.

Uganda has for long applied an approach with focus on peaceful co-existence and local settlement of refugees with the host communities. Refugees and host communities use the same health centers and the children attend the same schools. In dedicated refugee settlements, refugees are provided with a plot of land for housing and cultivation.

The Government of Uganda has been implementing the Comprehensive Refugee Response Framework (CRRF) since March 2017 and the 2018 Global Compact on Refugees (GCR), embracing existing initiatives, mechanisms and policies seeking to address the needs of refugee and host communities. Application of the CRRF in Uganda places a strong focus on self-reliance of refugees and host communities and strengthening local service delivery for both. The "National Plan of Action to implement the GCR and its CRRF" is the guiding document to provide for the direction and milestones for implementation. During the Global Refugee Forum in December 2019 in Switzerland, the Government of Uganda issued pledges in regards to maintaining the open door policy; promotion of access, quality and inclusiveness of the national education and health system; sustainable management of natural resources and ecosystems; inclusion of refugees into national development plans and national statistical systems; and ensuring the integrity of the asylum system.

¹ Persons from the Democratic Republic of Congo (DRC) who have entered Uganda via the formal border entry points along Kisoro, Matanda, Mpondwe, Bundibugyo, Ntoroko and Sebagoro are currently granted *prima facie* refugee status upon arrival.

To align the humanitarian response to Government sectoral priorities and policies, comprehensive refugee response plans have been developed under the respective Line Ministries. These enable Uganda to clearly highlight where the international community may usefully channel support for a comprehensive and people-centered response in its refugee-hosting districts in the long run, while providing humanitarian interventions in the medium-term. The Education Response Plan for Refugees and Host Communities (ERP), the Health Sector Integrated Refugee Response Plan (HSIRRP), and the Water and Environment Sector Refugee Response Plan (WESRRP) are already in place, whereas the Sustainable Energy Refugee Response Plan (SERRP) and the Jobs and Livelihoods Plan are under development. These plans are annexed to the national sector strategies and will be further merged with the 5-year national sector plans.

The Government of Uganda has included refugees in the national and district development planning. Whereas under the National Development Plan II (NDP II), refugees were included through the Settlement Transformative Agenda as an annex, NDP III (2020/21 -2024/25), which started in July 2020, takes a further step to include refugees per se in national planning and into national statistics. The District Development Plans (DDPs) for the refugee-hosting Districts, also include the refugee population in the settlements, thus taking into consideration the needs of the entire population in the District to inform area-based interventions by development actors. This improves the alignment of humanitarian and development investments.

The multi-stakeholder and whole-of-society refugees response comes together under the leadership of the CRRF Steering Group, which is co-led by the OPM and the Ministry of Local Government as a national arrangement to implement the GCR. This high-level Steering Group is the policy- and main decision-making body for CRRF implementation and is responsible for coordinating leadership amongst key line ministries as well as mobilizing resources from non-traditional actors in the refugee response to support the transition and integration of humanitarian-based services into Uganda's national service delivery system. The CRRF Steering Group includes Government Departments and Agencies, Local Governments, development and humanitarian donors, representatives of UN Agencies, national and international NGOs, the private sector, and international financial institutions. One distinguishing feature of the CRRF Steering Group is the participation of affected communities, with five host population representatives and two others from the refugee community.

The Refugee Engagement Forum (REF), a novel national refugee platform, brings together refugee leaders from all settlements and Kampala. This platform represents the refugee voice in Uganda, ensuring that refugees play a central and

vital role in the refugee response. The REF is held quarterly before every CRRF Steering Group, which includes two elected members of the REF who represent the refugee voice. This representation ensures that issues and decisions affecting refugees are timely brought to the attention of the CRRF Steering Group.



South Sudanese refugee girls in Palabak refugee settlement inspect the newly-built school toilets.

Photo credit: Wilfred Mwenda (November 2019)

Achievements and challenges

A total of 33,745 persons were registered in Uganda in the first half of 2020. This figure includes 21,796 persons who arrived in 2020 and 10,801 new births. The registration and other population changes brought the total population of refugees and asylum seekers in Uganda to 1,429,268 at the end of August 2020.

Between January and June 2020, education partners continued to support teaching and learning in 494 early childhood development, primary and secondary schools in and around refugee settlements enabling 441,850 learners to access education. The response supported construction or rehabilitation of 339 temporary, semi-permanent or permanent classrooms. Partners provided scholastic materials

to 30,341 learners and 1,479 ECD caregivers, 4,205 primary and 747 secondary teachers were remunerated. These activities helped lower the pupil to classroom ratio to 131:1 in primary (against 139:1 in 2019) and 86:1 in secondary, progressively bringing it closer to the national standard of 53:1.

Prevention, mitigation and response to GBV and SEA took place reaching the majority of refugees and stakeholders. The individual case management system was strengthened, enabling case management of 1,496 (1,387 females, 109 Males) GBV incidents by May 2020. One hundred per cent of reported cases received at least one form of multisectoral intervention. Women Centers offered skills training and other programmes to build confidence and resilience and provided a safe space for women to access information and develop social networks.

RRP partners provided targeted support to 45,922 individuals including case management, material support, physical rehabilitation and provision of assistive devices, special education and assistance to access services as well as psycho-social and mental health services to 13,917 persons in the first quarter of 2020. Nevertheless, the needs were much higher.

The Inter-agency Feedback, Referral and Response Mechanism (FRRM) helpline, protection desks, complaints and suggestion boxes, and community structures received a total of 8,719 queries, feedback and complaints until March 2020 which were addressed by RRP partners. In response to COVID-19 the FRRM has supported with several ongoing protection related activities, including remote verification of refugee SIM cards, CBI related activities and remote monitoring. A new two-way bulk SMS system was launched which has enabled UNHCR and partners to disseminate key public health messaging across the refugee response.

Major achievements of the CRRF have been the implementation of the Education Response Plan (ERP) and the Health Sector Integrated Refugee Response Plan (HSIRRP). The Water and Environment Refugee Response Plan (WERRP) was launched in March 2020 and further development of the plans for refugees and host communities for sustainable energy as well as jobs and livelihoods are ongoing.

Provision of basic services in health, nutrition, WASH, and shelter improved in 2019 and 2020, though marginally, due to resource constraints and competing priorities resulting from increased new arrivals and response to disease outbreaks (Cholera, measles, Ebola, COVID-19). Crude mortality rate and under-five mortality rates maintained at 0.1/1000/month (standard of ≤ 0.75) and 0.2/1000/month (standard of ≤ 1.5) respectively. Compared to 77% in 2018, 94% of 28,700 pregnant women delivered at the health facilities. 81% of malnourished children recovered against the expected standard of 75%. Per capita access to water improved from 17 liters per person per day to 19 whilst latrine coverage was

sustained at 62%. Transition of management of water services to GoU mandated utilities continued with 7% of overall water supplied daily shifting from NGO partners to National Water and Sewerage Corporation (NWSC) and Umbrella Authorities.

To counter impacts of environmental degradation, investments in conservation efforts and support to domestic energy were improved significantly. A total of 3.1 million trees were planted in the settlements, 91 hectares of teak were planted, 188 hectares restored in natural forests, and 144 hectares of bamboo planted in 2019. A total of 5.1 million tree seedlings were raised in 13 National Forest Authority (NFA) nurseries supporting refugee hosting districts for the first planting season in 2020. Strategic planning of refugee settlements to ensure sustainable management of natural resources was initiated and Ministry of Land and Housing engaged to provide technical guidance with two pilots on village approach to settlement planning.

A total of 178 km of roads were maintained in 2019/20, 21,000 plots demarcated, and various constructions undertaken in reception and transit centers. Support to construction of 1200 shelters was provided.

Despite all achievements, there were unmet needs even before COVID-19 hit Uganda.

Limited police presence, the drastic reduction of mobile court sessions and legal representation hindered access to justice for persons of concern. The limited number of case workers to conduct timely identification and monitoring of interventions for children-at-risk and survivors of GBV affected the response. Further, lack of funding for programs for adolescents and out of school youth and limited psychosocial support for the refugees remained a concern. Several asylum seekers applications were not assessed in a timely manner and led to a backlog. While refugee children completed their primary education, the majority were unable to proceed with their secondary education.

Minimum standards in public health, nutrition, WASH, shelter, site planning, environment and energy were not achieved mainly because of resource constraints given the scale of the refugee and host community population. Critical unmet needs comprise support to health service delivery, investment in infrastructure improvement and development, provision of domestic energy and overall environment conservation efforts. The poverty rate for the refugee populations is more than twice as high as for the host communities (46 % of

refugees are poor, compared to 17% of the hosts)². Despite investments for self-reliance by humanitarian and development actors, more work needs to be done.

On 18th March 2020, Government of Uganda declared COVID-19 a national emergency and proceeded to institute several measures aimed at containing the pandemic including closure of schools, restricted entry into the country, limitation of public and social gatherings and restriction of movement including of refugees. On 1 July, Uganda temporarily re-opened two border crossing points in Zombo district to provide a safe haven with access to life-saving aid and protection to 3,000 asylum seekers before the border was closed again.

The COVID-19 situation presented an unprecedented challenge for international protection of refugees resulting from the closure of borders and restriction of movements, which significantly impedes access to asylum and overall access to rights for refugees and asylum seekers. The 1.4 million refugees in Uganda are amongst the population groups considered to be most at risk of the socio-economic impacts of the outbreak as they occupy areas prone to shocks with limited capacities and opportunities to cope and adapt. Although all refugees are affected, the pandemic situation in the refugee settlements disproportionately impacts women, children, older persons, persons with disabilities, medically at risk and other groups with specific protection needs.

The movement restrictions limited availability of essential care and support to refugees as well as disruption of existing learning systems, social networks, and support mechanisms. The situation and redirection of funds to urgent needs to minimize the negative impact of COVID-19, have exacerbated the inadequacy of the already stretched support mechanisms and risk the continuation of life-sustaining services in the remaining year.

Since the onset of the COVID-19 outbreak, the response was adapted to ensure that critical services continued to be provided. For all sectors, business continuity plans were developed and RRP partners engaged both in the response, coordination, and the provision of adapted services in line with Ministry of Health guidelines and in cooperation with District Local Governments and COVID -19 Task Forces.

Considering the challenges of outreach and mobility, the COVID-19 situation triggered a shift to an increasing community-based response for child protection and persons with specific needs. Community structures have been at the forefront

² World Bank, *Informing the Refugee Policy Response in Uganda*, 2019, based on UBOS data.

in protection monitoring, serving as first responders, and referring issues to authorities and RRP partners when necessary.

COVID-19 is affecting the delivery of livelihoods interventions, resulting in a loss of income and reduced food security, which comes at a time when food rations are also reduced. RRP partners have prioritized activities to enable access to productive assets and trainings which demonstrated to have the greatest enhancement in the short-term of achieving food security and resilience by promoting the adoption of good agriculture practices and climate smart agriculture, among others.

Owing to the school closure, RRP partners deployed resources to support the Ministry of Education and Sports COVID-19 Response and Preparedness Plan which focuses on 3 key areas including continuity of learning, protection of learners, and safe school reopening. 406,741 home learning packages, developed by the National Curriculum Development Centre (NCDC), were distributed to refugee children. RRP partners ensured refugee inclusion into this plan and distributed materials to refugee children.

Refugees are also included in the implementation of national and district level COVID-19 preparedness and response plans. RRP partners support no less than 18 quarantine facilities within the settlements and at transit centers across the country, including by covering the costs of medical supplies and personal protective equipment (PPE), site management, food and logistics. Refugees are involved in producing masks to curb the spread of COVID-19.

RRP planning process

Within the framework of the refugee response coordination structures in Uganda, jointly led by the Government of Uganda and UNHCR, the operation went through a rigorous and fully consultative planning process.

Step 1 Macro-level strategy and priorities

Step 2 Inter-Agency Consultation

Step 3 Inter-Sector Consultation

Step 4 Consultation within Sector Working Groups

Step 5 Submission of sector targets

Step 6 Submission of partners' targets and financial requirements

Step 7 Vetting of partners' targets and financial requirements

Step 8 Leadership review and endorsement

Based on the inter-agency agreed scenario, planning figures, and findings of various assessment, the macro-level strategy, priorities, and the sector-specific results framework were put in place, with quantifiable indicator targets.

RRP partners submitted indicator targets and budget requirements against this results framework. All agency submissions were vetted against specific and transparent criteria to ensure consistency, effectiveness and to prevent duplication in the response. The final sector targets and budgets reflect the needs of refugee and host communities in Uganda, as well as a coherent common response plan among all partners.

Planning scenarios

South Sudan

South Sudanese refugees are likely to continue crossing to Uganda through unofficial entry points due to ongoing political crisis, insecurity, and declining economy. Sporadic fighting is expected to continue in parts of the Equatorias between government forces and non-signatories to the R-ARCSS (e.g. Thomas Cirillo's National Salvation Army) which will lead to a significant internal displacement and build-ups of displaced populations along the borders with Uganda. The 2021 general elections are likely to generate further instability and violence across the country. COVID-19 is expected to further spread within communities in South Sudan, including the border areas with Uganda.

Real GDP growth was an estimated 5.8% in 2019, a large increase from 0.5% in 2018³. Inflation fell to 24.5% in 2019 from 83.5% in 2018 due to reduced financing of the fiscal deficit. The outlook is positive, with real GDP growth projected at 7.4% in 2020 and 6.1% in 2021. However, structural challenges for sustainable development remains including the lack of economic diversification, high public debt, weak institutions, and political uncertainty. Commitment to the peace agreement will remain key for the stability and public investment in the critical sectors of health, education, and agriculture.

Based on the Integrated Food Security Phase Classification (IPC) analysis for May-June 2020⁴, an estimated 6.48 million people (55.4% of the population) would face Crisis (IPC Phase 3) or worse acute food insecurity. Among there are 1.22 million people estimated to be highly food insecure in South Sudan's bordering regions with Uganda, namely West, Central and Eastern Equatoria.

Uganda is expected to host about 905,000 refugees from South Sudan in 2020 and 938,000 in 2021, with 19,210 new refugee arrivals in 2020 and 30,000 in 2021. This plan foresees that about 12,000 refugees may spontaneously return home in 2020 and up to 20,000 in 2021.

³ Africa Development Bank, *South Sudan Economic Outlook*

⁴ IPC, South Sudan: *Acute Food Insecurity and Acute Malnutrition Situation*

DRC

DRC refugees are likely to continue crossing to Uganda through unofficial entry points due to ongoing militia activities, inter-ethnic violence, and widespread human rights violations in North Kivu and Ituri. If the border remains closed, this could lead to mass build-ups of asylum seekers along the borders with Uganda.

On 25 June 2020, DRC declared the end to its 10th outbreak of Ebola virus disease that infected 3,470 people and caused 2287 deaths⁵. The outbreak, declared in North Kivu on 1 August 2018, was the second largest in the world, and was particularly challenging as it took place in an active conflict zone bordering Uganda. While the 10th outbreak in DRC has ended, the fight against Ebola continues. On 1 June 2020, seven cases of Ebola were reported in eastern part of the country and an 11th outbreak was declared. With 6938 COVID-19 cases in DRC as of 30 June 2020⁶, the pandemic is expected to further spread within communities in North Kivu and Ituri, along the borders with Uganda.

Food insecurity in the DRC marginally contributes to refugee outflows into Uganda, especially from Ituri. Interethnic violence in Djugu and Imuru territories has led to a disruption of the agricultural system, resulting in significant loss of harvest. In the likelihood of meagre harvest seasons, more Congolese will cross to Uganda in search of food once the borders reopen.

Some 30,000 new refugee arrivals are expected to cross to Uganda in 2020 and 30,000 others in 2021, bringing the DRC refugee population to approximately 439,000 in 2020 and 469,000 in 2021. Should political tensions defuse, and security improve in North Kivu and Ituri, return to the country of origin may become a reality, though marginal in scope. This plan puts the number of expected returns to 6,000 in 2020 and 10,000 for the following year.

Burundi

The situation in Burundi is expected to remain calm but unpredictable in 2020-2021, with a trickle of refugees likely to continue due to threats and abuses by members of the Imbonerakure militia, but also deteriorating economy. With 170

⁵ [WHO Newsroom](#)

⁶ [WHO COVID-19 dashboard](#)

COVID-19 cases in Burundi as of 30 June 2020⁷, the pandemic is expected to further spread in the country. Presidential elections took place in Burundi on 20 May 2020, bringing to power Évariste Ndayishimiye of the ruling CNDD–FDD. While no major violence was reported on the election day, several human rights organizations reported violence against supporters on the opposition across the country, especially in the countryside. The political crisis has heavily affected the Burundian economy, with GDP hitting a zero growth in 2017 and slowly recovering to 1.61 % in 2018. The inflation rate was up to 18 % in 2017 and has come down to 5.1 % in January 2020.

Uganda is expected to host some 50,000 Burundian refugees by the end of 2020 and about 51,000 by the end of 2021, with 555 new refugee arrivals in 2020 and 2,000 others in 2021. The return of refugees remains high on Burundi's agenda, but its capacity to absorb returns is low. While no Burundian refugees in Uganda have so far expressed any intention to return home, it is expected that about 1,000 people may spontaneously return home in 2020 and 2,000 others in 2021. Monitoring of the situation will be continued, and support provided to those wishing to go back home.

Tanzania

A minor secondary movement of Burundian refugees from Tanzania cannot be excluded should government policies towards Burundian refugees become more restrictive.

Uganda

Uganda is expected to continue implementing progressive refugee policies for asylum seekers and refugees present in the country. The National Development Plan (NDP III 2020/21 – 2024/25) entered into effect in July 2020 which provides for inclusion of refugees in development planning and in statistical products. Furthermore, the next District Development Plans in the refugee-hosting Districts will comprise refugee and host community needs which will provide a holistic overview of needs in these Districts to inform area-based programming.

Under the World Bank IDA 18 and the Sub-window for Refugees and Host Communities, the GoU is implementing eight projects in refugee-hosting Districts

⁷ WHO COVID-19 dashboard

which strengthen service delivery, municipal infrastructure, water and environment, as well as health and education interventions⁸. There are also pipeline projects under preparation for financing under the WB IDA -19 Basket. These investments and other development partner interventions in refugee-hosting Districts will need to be considered in the planning of humanitarian interventions to ensure that both are complementary.

Food assistance for refugees is likely to undergo further rationing and prioritization due to the insufficient funding, and a focus on resilience and self-reliance for refugees is needed.

COVID-19 impact in Uganda

COVID-19 is expected to further spread within communities in Uganda, including refugee communities. The refugee hosting districts are likely to increase pressure on refugee response partners to support COVID-19 preparedness and response to host communities. COVID-19 containment measures are likely to continue affecting refugee operations and influence design of refugee programmes and delivery approaches. Borders are likely to remain closed for asylum until Uganda has adequate capacity to quarantine and test for COVID-19 large numbers of asylum seekers. Some new arrivals entering through unofficial border points are likely to carry COVID-19 and go undetected, increasing the risk of COVID-19 spread among refugee and host communities in Uganda. Relations between refugees and host communities in border areas are likely to deteriorate as asylum seekers continue to enter Uganda unnoticed through unofficial border points. Incidents of community violence in refugee settlements are expected to increase due to the socioeconomic impact of the COVID-19.

⁸ Active and pipeline projects that are financed under the IDA-18: Development Response to Displacement Impact Project (DRDIP) - US\$200m (of which US\$150m is fully grant ; with 125m from IDA-18 RSW) (2017-2023); Uganda Support to Municipal Infrastructure Development Additional financing (USMID-AF) - USD\$360m (of which US\$50m is from IDA-18 RSW) (2019-2024); Integrated Water Development and Management Project (IWDM) - US\$280m (of which US\$58 from IDA-18 RSW). (2019-2026); Uganda Secondary Education Improvement and Refugee Support Project - US\$ 150m (of which US\$50 is from IDA-18 RSW) (estimated 2020-2026); Uganda Forests and Resilient Landscapes Project (FRLP) - US\$148.2m (of which US\$ 70m is from the IDA-18 RSW). (2020-2026); Uganda Intergovernmental Fiscal Transfers Program Project (UGIFT) - US\$250m (of which 50million is from the IDA18 RSW). (estimated 2020-2024); Uganda Roads and Bridges in the Refugee Hosting Districts estimated financing at US\$120million- full grant from the IDA18 RSW (estimated 2020-2024); Development Policy Operation (DPO) on Emergency health and fiscal growth stabilization estimated at US\$100m for FY20 (estimated 2020-2022/23).



A lab technologist working in Kyaka II refugee settlement.

Photo credit: Stephanie Perham (July 2020)

Beneficiary Population

| | Population as of end of December 2019 | Planned Population as of end of 2020 | Planned Population as of end of 2021 |
|---|---|--|--|
| Assisted Refugee Population | | | |
| South Sudan | 861,590 | 905,138 | 937,766 |
| DRC and other refugees | 473,861 | 529,177 | 573,406 |
| Burundi | 45,671 | 50,041 | 51,292 |
| Total | 1,381,122 | 1,484,356 | 1,562,465 |
| Host populations in refugee-hosting sub counties | | | |
| | 2,367,200 | 2,437,100 | 2,509,400 |
| Total | 3,748,322 | 3,921,456 | 4,071,865 |

The base refugee population includes 1,381,122 individuals as of end 2019. The refugee population is anticipated to grow to 1.56 million individuals by the end of 2021, considering likely scenarios for influxes, population growth, and possible opportunities for voluntary return in safety and dignity.

Concerning the Ugandan host community, the RRP will primarily target populations in 45 refugee-hosting sub-counties with a total population of 2.5 million individuals anticipated by 2021. Communities and individuals in refugee-hosting sub-counties will benefit from assistance along specific targeting criteria, different for each sector, and to the extent that resources permit. Entire refugee-hosting districts may also benefit from system-level interventions.

Age, Gender and Diversity and Accountability to Affected People

The Age, Gender and Diversity (AGD) approach is central to the Ugandan refugee response and requires that all actors in the response consider the distinct needs and views of women, men, girls and boys of diverse backgrounds, including persons with disabilities, persons with diverse sexual orientations and gender identities and ethnic, religious and linguistic minorities or indigenous groups, in assessment, planning, implementation and monitoring processes.

Forced displacement affect people differently, depending on age, gender and diversity. Understanding and analyzing the impact of intersecting personal characteristics on people's experiences of forced displacement are necessary for an effective response. An effective and accountable humanitarian response therefore requires: (i) continuous and meaningful engagement with persons of concern; (ii) understanding their needs and protection risks; (iii) building on their capacities; and (iv) pursuing protection, assistance, and solutions that consider their perspectives and priorities.

The AGD approach requires that actors in the refugee response mainstream gender equality in all their activities, to ensure equal access to services for all. This goes beyond non-discrimination and requires targeted actions to advance the rights of women and girls for the advancement of gender equality.

The AGD approach is also key to ensuring accountability to affected people. It entails that women, men, girls and boys of diverse backgrounds are meaningfully and continuously involved in decisions that directly impact their lives. It also requires that the information that is received through diverse communication channels and feedback mechanisms is used to adapt and improve services.

Through the application of the AGD approach, RRP partners can ensure that all persons of concern can enjoy their rights on an equal footing and participate meaningfully in the decisions that affect their lives, families and communities, without discrimination and with respect to their rights.

Needs Analysis

The needs analysis underpinning this RRP is broken down by sector and is based on government sector response plans, where available (Education, Health, Water and Environment) and the findings of the various assessments undertaken in the refugee response

PROTECTION

Despite Uganda's favorable protection environment, refugees are faced with protection challenges due to the magnitude of displacement and growing vulnerabilities, compounded by limited resources and a high demand on basic services in refugee-hosting districts.

Access to asylum procedures including reception, registration, and refugee status determination (RSD)

The Government of Uganda applies an open-door policy to grant asylum seekers access to its territory to seek protection. It continued to receive asylum seekers from the Great Lakes region, and from East and Horn of Africa until 21 March 2020 when the border entry points were closed due to COVID 19. Once the borders are re-opened, arriving asylum seekers and refugees will be received and assisted.

Challenges in regards seeking asylum are frequent rotation of border

officials and the police and this necessitates regular training of the referred officials on international protection. Lack of mobility such vehicles and motorcycle and fuel for the police also is a challenge. Further, the porous and vast nature of the borders makes it difficult to monitor all the border points including the informal border entry points.

Limited capacities of border authorities and reception staff, as well as shortfalls in coordination among key partners create delays and backlogs in registration and issuance of documentation. Additional human resources, equipment and better internet connectivity are required not to hinder asylum seekers and refugees from accessing certain critical services in a timely manner. To reduce the RSD backlog, increased capacity of the Refugee Eligibility Committee and the Refugee Appeals Board to process applications in an efficient and consistent manner is required. Limited human resources, funding constraints and inadequate interview facilities to ensure principle of confidentiality and privacy in Kampala and settlements are pertinent challenges in enhancing the

quality of RSD. The suspension of registration and RSD process following the border closure in March 2020 has led to accumulation of backlog of asylum applications. Limited facilities available which meet the COVID-19 guidelines would likely further lengthen the asylum procedure.

Some of the transit and reception centers are required to be upgraded to permanent structures whilst others require rehabilitation. In some locations, the reception centers do not have adequate lighting, WASH facilities, and child-friendly spaces. Further, lack of adequate staffing especially security personnel at some reception centers is a challenge.

Mechanisms and pathways for asylum seekers and refugees to report complaints and receive feedback in the areas of reception, registration and RSD need to be strengthened and better coordinated among partners.

Child protection

Children make up 59% of refugees and asylum seekers in Uganda. With 50,465 children registered with specific child protection risks (495 Burundian, 9,338 Congolese, 40,144 South Sudanese), children also form the largest group identified with specific needs. The main protection risks faced by children before and during flight as well as in refugee settlements include different forms of

violence, including physical, emotional, and sexual violence, separation from parents or relatives, child marriage, child labor, as well as emotional distress.

Many forms of violence against girls and boys are embedded in social and cultural norms and are further exacerbated by displacement. This requires short-term and longer-term interventions such as child-centered case management services addressing the individual needs of children while building upon the child's and the family's resilience. Individual targeted assistance, including material support and specialized referrals are required to prevent and respond to protection concerns.

For the 36,676 children (297 Burundian, 4,552 Congolese, 31,827 South Sudanese) registered as unaccompanied and separated, many face multiple protection concerns requiring protection and alternative care services. Psychosocial distress amongst children as a result of flight from home, life in displacement and fear of the future, impacts on children's well-being, growth, and positive development. Despite services for children at risk being provided in the refugee hosting districts, an additional influx of refugees coupled with limited resources have led to gaps in providing quality child protection case management services to all children at risk identified with only 36% of all children

receiving services in the first quarter of 2020.

Further engagement with and support to community-based child protection structures are required to ensure a sustainable and comprehensive child protection response. Risks faced by refugee girls require a multisectoral response to child marriage and teenage pregnancies including health, GBV, education and livelihood. Children with disabilities as well as marginalized groups have faced challenges in receiving indiscriminatory services requiring increased inclusive services and specialized outreach.

The COVID-19 crisis has direct and indirect impact on children's protection in refugee settlements and urban areas. Mitigation measures have led to disruptions of the family environment, friendships, daily routines, and the wider community, with negative consequences for children's social supports and their psychosocial well-being, development and protection. Increased incidences of cases of violence, including GBV in the home, have been reported. Mitigation and response measures to prevent and control the spread of COVID-19 have led to separation of children from caregivers, including leaving children uncared for. Formal and informal systems that protect children, including child-friendly spaces, schools, community structures and direct service delivery have been weakened or interrupted, requiring

continued targeted protection interventions. This requires comprehensive multisectoral service delivery including on health, GBV, education, basic needs including on cash-based interventions as well as meaningful engagement of children, caregivers, and community members.

Community-based protection

Community outreach and empowerment need to be strengthened further to enable communities to effectively play an active role in their own protection. Community leadership and self-management structures require continued support and guidance to empower them to serve their communities. There is need to enhance support for community-led initiatives including creation of more, such as community and youth centers, where diverse groups can conduct community activities.

In order to adequately respond to the needs of refugee women, men, boys and girls, it is essential to collect information on gender roles, norms and dynamics within various refugee communities and to consistently disaggregate data by age, sex and diversity considerations in order to identify who is and who is not benefitting from services. While progress has been made on data collection, consistent analysis of this

data and its use to improve programming needs strengthening.

Continued capacity building on the AGD approach, gender mainstreaming and related tools are needed to make services safer and more accessible for women, men, girls and boys of diverse backgrounds. Male engagement, including young boys, in gender equality programming is key to address prevailing social and cultural norms preventing equal participation of women and girls. Continued support for training, mentoring and coaching for refugee women leaders is also essential to empower them to take up leadership positions in the community. It is also important to catalyze on the capacities and potential of youth, as limited youth engagement can lead to a myriad of protection concerns.

The COVID-19 crisis has the potential to exacerbate existing inequalities and discrimination. Women and girls and other marginalized groups are often disproportionately affected as they often work in the informal sector that has been severely impacted and may face additional barriers to access essential services due to movement restrictions and suspension of transport services. The burden of caregiving roles that women and girls perform within the home increase in the context of COVID-19 which may expose them to greater health risks. It is therefore vital that women, girls and other marginalized groups fully

participate in the design and implementation of COVID-19 measures and that their needs are considered in the response. The provision of communication and mobility tools will help to empower community structures to take leading roles in the protection of their communities. Continued capacity-building of community structures on key messages, their roles and responsibilities during the COVID-19 crisis, and adjusted referral pathways are also essential.

Communication with Communities (CwC)

Access to accurate and timely information allows community members to make informed decisions and to hold humanitarian actors accountable. Effective communication also serves to manage expectations about the type and level of assistance that can be provided. Therefore, continuous communication with communities of all population groups is crucial, through ways that are accessible for all groups, including children, older persons and persons with disabilities. Based on feedback received from all population groups, refugees need a wide variety of information regarding protection and durable solutions, available services across sectors and where and how to access them.

Findings of the 2019 participatory assessments indicate that while refugees sought information from

agencies through various channels, community meetings/ dialogues and community leaders were the most preferred channel of communication across all population groups. Challenges raised by the community included language barriers for ethnic minorities and limited internet connectivity. There is need to strengthen sensitization on feedback mechanisms that are available and improve accessibility to all groups in the community.

Community leaders and structures play a vital role in CwC and community outreach and require support with communication and mobility tools. Development of more IEC materials that are tailored to the needs of specific groups, e.g. older persons, persons with disability, children, is also required. There is need to strengthen coordination and information-sharing between various CwC mechanisms, including digitalization where feasible, so that the community feedback can be analyzed and utilized in a comprehensive manner to inform programming and service delivery.

Refugees need accurate information about COVID-19, related government directives, and how services have been affected by COVID-19 and where / how to access them. Despite concerted efforts to enhance risk communication, there are still information and knowledge gaps that need to be further understood and addressed. Many pre-existing CwC mechanisms have been disrupted by

COVID-19, such as community meetings, and it is unclear how well the adaptations have mitigated this disruption. Messaging and outreach for people with disabilities and older persons is insufficient. Rumors expose refugee and host communities to risks, requiring systems and strategies to identify, track, and counter rumors and misinformation. The renewed threat of Ebola in the DRC will necessitate additional risk communication and community engagement interventions on both EVD and COVID-19 by district authorities and other mobilisers.

Mental Health and Psycho-social Services (MHPSS)

The universal experiences of refugees include forced relocation from their homes and communities, increased exposure to hunger and disease, extended and dangerous travel, separation from loved ones and uncertainty for the future. In addition to this, many of the refugees in Uganda have witnessed or experienced the destruction of property, assault, sexual violence, torture and killings. The affliction of emotional adversity does not leave when people enter the safety of the refugee settlements. Refugees exhibit extremely high levels of negative mental health, including dissociation, depression, sleep disruptions and anxiety.

According to VENA preliminary analysis, 27.9% of the refugee population require a form of MHPSS services with an additional 52.5% of refugees reaching medium scores. This shows a high level of vulnerability within a population at risk of enduring additional shocks and having limited access to basic services. Those needs are confirmed for all groups of refugees, girls and boys, men and women, older men and women as well as for persons with disabilities and their families. Besides the needs for improved basic services access and security, strengthening differentiated services adapted to the different psychosocial and mental health needs across the IASC intervention pyramid for mental health and psychosocial support will prevent risks of negative coping mechanisms such as the rising numbers of suicidal cases, but also substance abuse, violence and development of mental illnesses.

People having psychosocial and mental health issues are strongly affected by the stressful environment produced by the crisis coupled with a more limited access to their social support and usual services. This results in number of negative coping mechanisms including growing use of harmful substances and rise of psychosocial distress negatively impacting physical health and increasing symptoms linked to depression and anxiety. This may lead to increase of violence, anger and in some cases to suicide attempts which are confirmed to be

rising. It is also important to note that limited access to health facilities has reduced access to care and medication for people with chronic conditions, including mental diseases, which may have radical consequences.

The COVID mitigation measures and reduced basic services have strongly impacted number of people and caused additional stress and anxiety. The most vulnerable groups have been isolated from their usual community support and already limited social activities. Group gatherings including MHPSS interventions have been stopped to concentrate on urgent cases leaving many people at risk of developing more serious issues. Growing numbers of protection cases, including GBV and neglect, will require additional support to face distress and trauma for victims and their families or caretakers.

Peaceful co-existence

Tensions exist between host communities and refugees due to competition over limited natural resources, such as land, firewood, water, grazing of cattle and destruction of crops by stray animals, and real or perceived unequal access to services. Inter / intra-ethnic tensions among refugee communities remain also a concern and reflect similar conflicts in their countries of origin, arising from different political views or triggered by fights which

escalate into conflicts between different ethnic groups and clans. In settlements receiving new arrivals from DRC, tensions between the settled population and new arrivals have also arisen.

Tensions are exacerbated by the closure of schools under COVID-19 measures creating an absence of activities for youth, as well as negative coping mechanisms such as substance abuse. There is need to scale up engagement and empowerment of youth and other marginalized groups including enhancing conflict management skills. The views, needs, and capacities of children and adolescents also need to be considered in designing and implementing peaceful co-existence initiatives. Continuous community awareness-raising on the importance of co-existence and issues such as access to resources affecting communities and predisposing them to risks of conflicts is also vital.

Targeted peace-building initiatives need to be based in communities, and community engagement needs to be expanded to include a wide range of community groups and local leaders / community influencers in both refugee and host communities for sustainability and effectiveness. Peace-building programmes remain under-resourced and require substantial investments as part of a strategy to promote peaceful co-existence under a strategic approach based on solid understanding of

causes of conflict and related dynamics which could better be informed by regular conflict analyses.

Data gathered by RRP partners indicated that tensions and conflicts were exacerbated due to COVID-19. Underlying factors include, inter alia, significantly reduced interaction between communities through social and economic activities, increased clashes over natural resources; closure of places of worship, increased idleness of youth, increased costs of living creating anxiety and mistrust within households resulting in arguments, and perception of host community members that refugees are better served despite them facing similar challenges.

There is need for continued engagement with and empowerment of community leaders and structures for conflict prevention and response and monitoring signs of tensions to enable early response before escalation into violent conflicts. Continuous messaging on peaceful co-existence using communication channels that are feasible under COVID-19 is necessary to promote social cohesion. Education of communities on COVID-19 is important to avoid stigmatization of people who have recovered from COVID-19 or have been discharged from quarantine. Inclusion of host communities in the COVID-19 response is also vital, considering that the virus poses risks for all.

Physical safety, access to justice, rule of law and civilian character of refugee settlements

The COVID restrictions have adversely impacted the access to justice as court sessions were suspended which resulted in delays in dispensing justice and congestion in the detention facilities. Refugees continue to face challenges in accessing justice. Inadequate number of police officers especially female police officers, lack of trained court interpreters, irregular court sessions, limited logistic support to facilitate adequate response and delays in the investigations remain a challenge. Deployment of additional police officers especially female officers to handle female suspects and GBV cases will be needed. Lack of adequate logistical support including fuel to the police hampered the follow up on cases and patrolling of the settlements. In addition, lack of accommodation for police officers in some locations, inadequate police posts and limited material support to community watch groups remain a challenge. Limited logistical support to the probation office impeded access to justice for juveniles.

Persons with Specific Needs

Over 153,000 persons with specific needs (PSNs) are currently recorded

in the proGres database as of May 2020, however, the recorded figure may be amended subject to verifications such as the individual profiling exercise. Among the groups identified are unaccompanied and separated children, women, children and older persons at risk, persons with disabilities and serious medical conditions, and persons carrying trauma.

Persons with specific needs highlight a number of key challenges during participatory and community consultations, such as barriers in accessing services, particularly mobility challenges, and distributions of assistance, challenges in accessing information, barriers in accessing livelihoods (particularly for older refugees and refugees with disabilities), increased risks of violence and GBV (particularly for women and girls with disabilities); and need for psycho-social support. Challenges for children with disabilities include accessing education and neglect and bullying.

Existing discrimination against and isolation may become more entrenched during displacement as family and social support structures can be disrupted. These groups are often under-represented within decision making and community level structures within refugee communities, further exacerbating their challenges.

Older refugees and refugees with pre-existing serious medical conditions are more at risk of serious

complications should they contract COVID-19, whereas persons with disabilities may be less able to implement preventive measures due to barriers in accessing preventive information and reliance on physical contact with the environment or support persons. Essential care and support may be disrupted if care providers become infected and/or if health service providers are overburdened with COVID-19 cases, interrupting medical care for pre-existing chronic diseases which can have serious long-term consequences.

As demonstrated by the research conducted on the impact of the COVID-19 pandemic on refugees with specific needs in Uganda, a number of increased and unmet needs have been triggered including: new and/or exacerbated barriers in accessing essential services and assistance; difficulties in implementing COVID-19 preventative measures; increased needs for financial assistance and information gaps for persons with disabilities. Additional research demonstrates gaps in access to distance learning materials for children with disabilities, and emphasizes the humanitarian actors, including provision of PPE and communications support. There is a need for continued monitoring of the ongoing impact of COVID-19 on persons with specific needs in refugee communities.

Prevention of and response to Gender-Based Violence (GBV)

With significant numbers of women and children, the refugee populations in Uganda are highly vulnerable to GBV, including persons with specific needs. Refugees have experienced GBV in their country of origin, during flights and in Uganda.

Denial of resources such as food, household items, money, limited access to post-primary education and livelihood opportunities act as aggravating factors in the incidence of SGVB. Scarcity of food remains a key cause for intimate partner violence. Women and children are at heightened risk of assault when travelling to remote and isolated areas for collection of firewood and water or walking through communal areas with inadequate lighting. Although illegal according to Uganda laws, child, early and forced marriages are prominent and socially accepted among the refugees.

A growing number of lesbian, gay, bisexual, transgender and inter-sex (LGBTI) individuals from refugee-producing countries, especially DRC, need focused attention. This category of asylum seekers is not only not granted refugee status in Uganda, but also faces low tolerance and acceptance among the members of the public, and hence insecurity.

Underreporting of GBV cases remains a major concern, due to a

variety of factors including fear of stigma, shame, family reaction and dissolution, perception of GBV as a private matter, or lack of confidence in reporting channels. Prevention and response services are not adequate to effectively address the protection needs of a growing population, with many GBV survivors relying on community structures that often re-victimized them instead of serving their interest. Delays in accessing justice and limited human and financial resources are huge challenges to the provision of quality and effective services.

The significant increase in GBV cases reported from March to June 2020 amplified the gaps that existed prior to the COVID-19 emergency. While there have been increased community structures to identify and respond to GBV cases there are funding constraints to expand these mechanisms. A simple, yet high impact intervention is ensuring lighting in key areas as a preventative measure. Police in the settlements is often understaffed and underequipped, has limited means to arrest perpetrators and investigate cases, which compromises the outcome of reported cases. The low case manager to survivor ratio poses challenges in following up cases. There is a gap in available protection houses, and training of medical staff on clinical management of rape. The risks of SEA persist, given refugee's reliance on humanitarian aid and limited access to socio-economic opportunities. There is a need to

establish more women centers and counselling centers; improve outreach to refugees to ensure identification and safe referral of GBV survivors and those at risk. Continued efforts to address root causes of GBV including cultural issues and social norms is essential.

EDUCATION

As of May 2020, the refugee population includes 667,002 children of ECD, primary and secondary school age. Out of 336,478 refugee children of the primary school age cohort (6-11 years), 78% are enrolled in formal education. For early childhood development (3-5 years), only 40% of the children are enrolled and for secondary education, only 13% of the children are in school, leaving 159,676 (87%) children 12-17 years without education. With a Gross Enrolment Rate (GER) of 4% among girls, the gender gap for secondary education is significant. In terms of availability of secondary schools, there is a huge gap. In total, there are only 34 secondary which limits the possibility to attend a secondary school for refugees. In the entire South West region, there are only six secondary schools.

The enrolment across refugee populations varies. Enrolment of South Sudanese children in primary education is 80% and 15% in secondary education which is above the national average. The increased number of Congolese arrivals in late

2019 severely increased the demand for education services. In the South West region, children are compelled to travel up to 10 kilometers to access school. These Congolese children face additional challenges in adapting to English as the language of instruction. Their enrolment in primary education is at 74%, and only 6% at secondary level. Burundian refugees in Nakivale and Oruchinga settlements have an access rate of 62% at primary level and 10% in secondary.

As a result of chronic and severe underfunding of education, huge gaps remain in terms of supply of classrooms, qualified teachers, furniture, scholastics materials and language orientation programmes. Secondary education remains largely under-resourced and limited, continuing to expose eligible adolescent girls to the risks of forced marriages and early pregnancies.

Owing to the school closures effected in March to contain the spread of COVID-19, children's and adolescent's risk to exploitation, abuse and risky behavior while out of school has exacerbated. Without the support to continue learning at home through distance and remote learning modalities, the gains made by education sector in 2019 and early

2020 may be lost. Consequently, the Ministry of Education and Sports has designed home learning packages and other remote learning options covering content for the first term of 2020. While this has been distributed to learners across the settlements, content covering the second term is yet to be produced. There is a lack of home learning materials that specifically targets children with disabilities. Currently, only braille translation is available, leaving behind children with other learning disabilities. RRP partners have been conducting home visits to follow up on children with disabilities, but without adapted learning material, support to out of school children with disabilities remains limited.

Despite efforts by partners to distribute radios, ownership is limited, and many learners remain unable to benefit from radio learning and are at times forced to congregate around available sets despite social distancing guidelines. Moreover, partners funding for radio teaching airtime comes to an end in July 2020. Should the schools remain closed for longer period, this distance learning modality will face critical gaps.



Twin daughters of a Congolese refugee study at the family's rented home in Kampala.

Photo credit: Duniya Aslam Khan (June 2020)

ENVIRONMENT & ENERGY

Refugees and hosts are mostly dependent on natural resources to meet their basic needs for cooking energy, materials for shelter and agricultural land. Some also generate income by selling biomass and non-wood forest products. In addition to leading to environmental degradation and reduced groundwater recharge and supply, these demands contribute to increased risk of GBV for women and children whilst collecting fuel wood, to reduced food

and nutrition security and to depleted sources of cooking fuel. The health risks associated with exposure to unmanaged solid waste remain a concern. Competition over diminishing natural resources can cause tension and disrupt peaceful co-existence between refugee and host communities.

Increased deforestation and environmental degradation around refugee settlements coupled with delayed rains, change in rainfall patterns, and scarcity of wood fuel, present major challenges. Seedlings

which have been raised for restoration and woodlot establishment across the operation. To sustain these efforts beyond planting trees, emphasis has been placed on tree growing which guarantees long-term tree survival.

Continuous community sensitization is paramount to enhance uptake of seedlings. Availability of land to establish woodlots remains a challenge for refugees.

Access to clean and sustainable energy remains a challenge. Firewood collection for refugees from central forest reserves is increasingly constrained by government laws and restrictions could spark conflicts between refugees and hosts including GBV. 50% of South Sudanese and 69% of Congolese and Burundian households have no access to clean renewable energy. About 30% of health centers have no access to a power source while another 30% still use diesel generators. Use of diesel for water pumping contributes about 6,776 tCO₂ annually, hence the need for renewable energy.

Due to the COVID-19 pandemic, refugees, especially those with specific needs, were unable to access clean fuel for cooking due to the movement restrictions. Those trained in making energy baskets and briquettes were able to make their own fuel and/or technologies for cooking, leading to an overall interest in clean energy solutions.

FOOD SECURITY

By the end of June 2020, 1.26 million refugees were receiving food assistance in the settlements and Kampala either in-kind or through cash transfers. To curb the spread of COVID-19, the emergency food assistance to all urban refugees in Kampala started in June 2020 through cash transfers.

According to the preliminary findings of the 2020 Food Security and Nutrition Assessment, only 27% of the households in the refugee settlements were food secure while 40% were marginally food secure. Whereas Imvepi (46%), Rwamwanja (35%) and Bidibidi (33%) reported the highest proportion of households that were food secure, these figures show that food security is low. In general, the food security in the host communities (28%) was slightly better than that in refugee settlements (23%).

The 2020 FSNA further highlights that a third (32%) of the households in the refugee settlements had borderline Food Consumption Score (FCS) while 16% had poor FCS. Imvepi (74%) and Rwamwanja (68%) refugee settlements reported the highest proportion of households with acceptable FCS. Comparatively, the preliminary analysis of VENA indicates 23.1% had borderline and 0.9% had poor food consumption.

Due to resource constraints, general food assistance was reduced by 30%

in all settlements from April 2020. Unfortunately, the ration reductions were introduced almost simultaneously with the movement restrictions imposed by the Government due to the COVID-19 pandemic. The movement restrictions limited the possibility for refugees to look for additional livelihood opportunities. According to post distribution monitoring report of the first quarter of 2020, 93% of the respondents reported reduced availability of food and other necessities due to COVID-19 and the related restrictions. Most of the respondents indicated that most of the food items were not readily available because of the COVID-19 related restrictions.

There is a need to standardize general food assistance across the refugee response in Uganda and increasingly roll out cash-based transfers for both general food assistance and livelihood and food-for-assets interventions. To respond to the different level of vulnerability of different refugee populations, food rations need to be diversified.

It remains critical for the Food Security sector to establish strong linkages with the Livelihoods & Resilience sector to help promote refugee self-reliance, especially through agricultural interventions. Such cross-sector coordination is fundamental to design programmes that help refugees access markets, sell off surplus produce and, as a result diversify their diet and meet

other needs (e.g. through Purchase for Progress programs).

Additional food security and nutrition and market assessments are needed to help inform food assistance programming and link market support to food and cash-based interventions.

With over 1.5 million refugees likely to be in need of food assistance by 2021, it is of paramount importance to ensure a healthy food pipeline in order to reduce the risk of malnutrition among refugees and their reliance on negative coping mechanisms to secure food.

HEALTH & NUTRITION

The health interventions under the RRP contribute to the national Health Sector Integrated Refugee Response Plan (HSIRRP) goals of healthy and productive refugees and host community population to ensuring equitable access to quality health services. Investments are required to strengthen the health care system at national, district and local level and measures that enhance its capacity to respond to current needs and future shocks.

Additional health facilities need to be set up in refugee settlements following the government guidelines and be equipped to deliver the full universal health care package. This requires investments for staffing, medical and nutrition supplies, infrastructure, equipment, referral services as well as skills training of

existing medical personnel. In 2019, the number of consultations per clinician a day in refugee settlements was high at 58 while the target was 50⁹. The leading causes of deaths are preventable including malaria (24%), maternal/new-born (17%) and respiratory tract infection (15%).

To reduce preventable death, there is a need to strengthen reproductive health services. Family planning, adolescent sexual and reproductive health (ASRH), deliveries attended by skilled health workers, cervical cancer screening and comprehensive HIV/AIDS services need to expand.

A nutrition screening of Congolese new arrivals in 2019 showed that both Global Acute Malnutrition (GAM) and Severe Acute Malnutrition (SAM) peaked above emergency thresholds. This situation is likely to worsen when the borders re-open. The activities that previously required gathering like screening, community awareness and maternal and child supplementary programmes were halted and later re-started with modifications. The reduction in food ration is expected to negatively impact nutrition status of refugees. More efforts are needed to enhance targeted supplementary feeding programmes, skills training for health workers in Infant and Young Child Feeding (IYCF) practices in

emergencies and expand use of a newly introduced vaccine in the routine immunization.

With the COVID-19 pandemic and anticipated refugee influxes through to 2021, the capacity and available resources for primary healthcare institutions is and will be overstretched. In addition, many have challenges in accessing health services because of the restriction on public transport. As part of the preparedness and response to COVID-19, Ebola and other communicable diseases, there is a need to strengthen infection prevention and control (IPC), strengthen surveillance, increase stock of essential medical drugs and improve the capacity of health care providers to effectively respond to potential disease outbreaks, especially at district and local levels. More efforts are needed in epidemic preparedness and response for new arrivals and refugees in the settlements.

LIVELIHOODS & RESILIENCE

Agriculture is the largest economic activity for refugee (73%) and host communities (94%).¹⁰ Although many refugee households supplement their income through small businesses

⁹ 2019 End of Year report (UNHCR)

¹⁰ FAO and OPM (2020). Food security, resilience and well-being of refugees and host communities in Uganda.

(29%) or employment (23%)¹¹, households are unable to meet their basic needs. The VENA documented that 59.8 % of refugee households adopt negative coping strategies to meet their basic needs such as borrowing or begging for food, reduced healthcare, withdrawing children from school and forced early marriage.

An increase in resilience among refugees has been observed since 2018, but refugee and host populations remain at risk of recurring shocks. Refugees have fewer physical and agricultural assets compared to host communities, with physical assets contributing to resilience in Adjumani, Arua, Kamwenge, Kiryandongo, Kyegegwa, Lamwo and Obongi Districts and agricultural assets contributing to increased resilience in Isingiro, Kikuube and Yumbe Districts. Emerging evidence suggests that social cohesion enables resilience through increased interactions with the host community which is building trust, but may undermine resilience through reinforced economic inequalities.¹² Refugees have limited access to arable land (0.4 acres) compared to host community households (2.1 acres).¹³ Both refugee and host populations have insufficient access

to financial services, with only 21% of refugees accessing credit,¹⁴ and poor adoption of good agricultural practices (GAP).¹⁵ The lack of market-relevant skills particularly disadvantages youth.

There is diversity in resilience indicators, such as the quality of arable land, recurring shocks, access to markets and employment opportunities between geographic locations, including urban areas, requiring tailored approaches. Across all locations, women are disadvantaged in terms of access to land, productive assets, savings and credit and employment opportunities. Urban refugees are often disconnected from assistance opportunities. Future livelihoods assistance needs to enable a transition from emergency livelihoods assistance to establish the foundation for sustainable economic inclusion.

COVID-19 has been affecting livelihoods, with the impact likely to be felt well into 2021, resulting in a loss of income. Reduced food assistance for refugees and an increase in food prices¹⁶ will add to this burden. Yet, there is an opportunity to shift from a focus on food assistance to increased support to livelihoods. The adoption of good agricultural practices (GAP) through

¹¹ REACH and WFP (2020). Provisional VENA data.

¹² FAO and OPM.

¹³ FAO and OPM.

¹⁴ FAO and OPM.

¹⁵ Various sources, including FAO and OPM (2020) and REACH and WFP (2020).

¹⁶ WFP Market Update, May 2020

trainings in emergency assistance has enabled households to increase household production from one to three months of food equivalent.¹⁷ Equally, COVID-19 has demonstrated the resilience and adaptability of markets through the emergence of new market opportunities.

SHELTER, SETTLEMENT AND

NON-FOOD ITEMS

The settlement approach provides for agricultural activities on the allocated plots and living in peaceful co-existence with the host community. To further develop settlement strategy through the Refugee Settlement Land Taskforce (RSLT), there is the need for the revised Settlement Planning and Shelter Guidelines, development of detailed physical plans and cadastral maps for all refugee settlements to contribute to Uganda's Land Information System (LIS), and a settlement road classification with a strategy for road maintenance and rehabilitation. Investments in labor-intensive road network improvements also have the potential to create jobs for both refugees and host communities through a cash-for-work scheme.

The provision of basic shelter materials and basic non-food items to

existing and new refugee arrivals in 2020 and 2021 is critical, especially to rapidly decongest reception centers. Following the announcement of border closures to asylum seekers in Uganda on 19 March 2020, transit centers were cleared. Some 18,000 newly arrived refugees must be immediately provided with shelter kits and pre-stocked household items to facilitate speedy relocation to household plots in the settlements and decongest the reception centers. Once borders are re-opened, RRP partners must ensure transit centers, collection points and reception centers remain decongested at all times, given the COVID-19 operational context. The stock of shelter kits and non-food items for the inevitability of new refugee arrivals once borders reopen is another urgent preparatory imperative.

The Uganda refugee shelter strategy is undergoing a paradigm shift from contractor-driven shelters as a commercial product to the facilitation of a community-led shelter process that encompasses cash-based owner-driven modalities with an overall humanitarian technical oversight and quality control. The biggest issues concerning household shelter relate to environmental management (renewable supply of construction materials) and community social safety nets for

¹⁷ FAO (2020). *Final Report for CERF Underfunded Emergencies*.

ongoing shelter maintenance/repair support to their most vulnerable members. Strengthening of inter-agency and multi-sector coordination with the WASH, Energy and Environment, and Livelihoods and Resilience sectors is needed to achieve a holistic approach. Overall, gaps and challenges in provision of shelters for persons with specific needs remain. For the South Sudanese response, the number of semi-permanent shelters for persons with specific needs built represents only 10% of the needs for those refugees who are not able to build their own shelters particularly in Rhino, Imvepi, Lobule, Bidibidi, Adjumani especially Palabek.

In view of COVID-19, there is need to improve shelter in transit and reception facilities to prepare for an influx of refugees and to work with the health sector to ensure sufficient infrastructure for isolation, waiting sheds and quarantine facilities. For example, Kasonga Reception center has reduced to 600 from 2000 capacity whereas Sebagoro Transit Centre has a capacity of 160 individuals. If borders are opened, these facilities may not be able to accommodate an influx of refugees.

WATER, SANITATION AND HYGIENE (WASH)

Although a lot of effort has been made in the past 3 months towards COVID 19 preparedness and response, the settlements fall below minimum thresholds on water supply, sanitation, and hygiene services. Per capita access is yet to reach 20lppd¹⁸, sanitation coverage 85% and knowledge and practice levels above 95% for desirable outcomes to be achieved. This requires resources to buffer up improvement of services, procurement of supplies and incentivizing community-based workers who are at the forefront of key activities such as social distancing and hand hygiene sensitization.

A total of 166 pumped water schemes and 996 handpumps supply on average 20 million liters daily to refugee settlements. RRP partners are working towards the optimization of these water schemes and introduction of sustainable management models by adopting the utility approach and handing over service deliveries in refugee settlements to the Government of Uganda. This requires intensive capacity strengthening, infrastructure

¹⁸ On average, 53.9% of the refugee population receive less than 20 liter of water per person per day (lppd), which is the humanitarian standard. By December 2019, access stood at 18.1 lppd for

South Sudan refugees, 14.4 lppd for DRC refugees and 18 lppd for Burundi refugees as per standard Indicators.

consolidation and sustained efforts in sensitizing refugee community on tariffs and cost of water. Furthermore, it requires development of master plans for the transition and integration/aligning the existing systems appropriately.

Integrated water resource management remains a persistent challenge, as interventions in the settlements often overlook the larger catchment area for planning and programming. The environment is heavily impacted by over-reliance on groundwater. Across the entire refugee response there are only three fecal sludge treatment units and no vacuum truck to adequately manage excreta disposal. Solid waste at household level is rudimentarily treated as soil conditioner while markets and communal areas lack an organized management system to segregate, collect, dispose and/or reuse waste.

78.7% of refugee households have regular access to a toilet facility, with 60% of those not accessing toilets being children. Over 70% have a handwashing facility installed next to the toilet (VENA). As of December 2019, 62% of South Sudanese refugees and 50% from DRC had family latrines. In general, the life

span of ordinary family latrines is shorter than optimal due to the inadequate provision of construction materials. While 4,821 communal latrines exist in public spaces, 32 % of schools, markets, food distribution centers and health facilities still lack institutional latrines.

Overall, there is a need to continue the harmonized approaches in the implementation of WASH programmes in the settlements and refugee-hosting districts in line with Water and Environment Response Plan, which also needs to be rolled out at district level. Service delivery modalities in the settlements are structured around humanitarian principles and do not consider tariff policy or transition plans for operation and maintenance. It is essential that WASH initiatives are in line and coordinated with District Development Plans (DDPs) and Catchment Managements Plans (CMPs). There is also a need for a shared knowledge management platform to help partners deliver services in line with government frameworks and priorities. Enforcement of statutory policies and regulations from Ministry of Water and Environment need to be enhanced.

Response Strategy and Priorities

The Uganda 2020-2021 RRP serves as the joint strategy setting, needs assessment and resource mobilization tool for all UN and NGO partners of the refugee response. It has been updated from the 2019-2020 RRP to include the reality of COVID-19 and related response interventions, as well as to extend the plan until the end of 2021.

The Uganda RRP is consistent with the following national and international frameworks:

- The Constitution of Uganda
- The Uganda Refugee Act and Regulations
- The 1951 Refugee Convention, and the 1969 OAU Refugee Convention
- The Global Compact on Refugees
- IGAD regional declarations on refugee matters

Strategic objectives

Under the leadership and coordination of the Government, the Uganda 2020-2021 RRP aims at achieving the following objectives, in line with the Uganda Multi-Year Multi-Partner Protection and Solutions Strategy (2016 -2020):

STRATEGIC OBJECTIVE 1

Uganda's asylum space is maintained, equal and unhindered

access to territory is preserved and the government's emergency preparedness and response capacity is progressively strengthened.

STRATEGIC OBJECTIVE 2

The Government of Uganda owns protection processes that promote the full enjoyment of rights, and international protection standards throughout the displacement cycle are efficient and fair.

STRATEGIC OBJECTIVE 3

The refugee response paradigm in Uganda has progressively shifted from care and maintenance to inclusion and self-reliance through development of individual and community capacities and the promotion of a conducive environment for livelihoods opportunities.

STRATEGIC OBJECTIVE 4

Refugees progressively benefit from provision of inclusive basic social services, including health, education, child protection, water, and sanitation, provided by national authorities in refugee hosting districts.

STRATEGIC OBJECTIVE 5

Refugees are well on their path to access durable solutions. They are either able to return voluntarily to their countries of origin, or have found third country solutions, or start attaining socio-economic opportunities similar to hosting communities in Uganda, including ability to exercise their full range of rights.

Priority outcomes

Partners and sectors will be guided by the following priority outcomes for planning and programming – which will also serve as criteria for prioritization in case of austerity and severe under-funding.

1. Refugee protection: All newly arriving refugees and asylum seekers in Uganda will have access to territory and protection, including strengthened refugee status determination processes, biometric registration, and documentation. The Uganda model, including the non-encampment policy, freedom of movement and right to work for refugees, will continue to provide a dignified refugee protection environment. An increased focus will be placed on strengthening analysis for targeted assistance, clearing of the registration backlog, as well as working with community-based structures and strengthening communications with communities. Whereas the Government of Uganda

has ensured security and rule of law in the settlements through the deployment of both male and female police officers, more support for the police is needed in terms of mobility, infrastructure, and communications equipment.

Across all sectors, refugees must be assisted with respect to age, gender and diversity considerations, catering for specific needs. Protection from sexual exploitation and abuse (PSEA) must be ensured, and there is zero tolerance in the refugee response towards this. The inter-agency Feedback, Referral, and Resolution Mechanism (FRRM) continues to be accessible to all refugees and host communities. Prevention and response to GBV and child protection constitute major cross-cutting protection outcomes.

2. Emergency preparedness and response: All newly arriving refugees and asylum seekers in Uganda will benefit from life-saving basic needs assistance. In view of the ongoing COVID-19 pandemic, emergency preparedness and response's particular focus will be on health and WASH measures to contain and respond to the outbreak, in addition to strengthening reception and quarantine preparedness and capacity to manage large numbers of asylum seekers whilst ensuring compliance with COVID-19 safety measures and protocols. The COVID-19 response for refugees is embedded in the national COVID-19 response plan and is implemented

through the District Local Governments to strengthen government service delivery. Public health measures will focus more on preventive measures to contain and reduce the spread of the pandemic, as opposed to costly investments in curative medicine. Working with the refugee communities for emergency prevention and response is key.

3. Education: With 59% of the refugee population being children, education remains a key area for protection. Education lays the foundation for the future prosperity and development of refugees, whether in the country of asylum or upon their voluntary return home when possible, and Ugandan hosting communities. Education interventions support a set of related outcomes, such as child protection, prevention of GBV, social cohesion and livelihoods, and therefore have a strong multiplier effect.

4. Livelihoods: Livelihoods and resilience interventions will focus on supporting refugees to transition from humanitarian livelihoods assistance to sustainable economic inclusion, long-term skill and enterprise development aligned to the National Development Plan III (NDPIII) priority economic sectors and strengthening opportunities for public and private partnerships.

5. Urban refugees: As the Uganda refugee model allows for freedom of movement of refugees, some have chosen to reside in urban areas

rather than settlements, while others commute between settlements and urban areas. While the situation of refugees in Kampala is well understood with 80,248 registered refugees, this is not the case for refugees in other towns and cities of Uganda. The 2020-2021 RRP will endeavor to better assess the needs of refugees in other urban areas, enhance engagement with municipal actors, and strengthen support to refugees and hosting communities in these areas, resources permitting.

6. Environment and Energy: Hosting communities, field monitoring, and expert studies have identified environmental protection and restoration as a priority, and environmental degradation at significant scale as a threat. The rapid growth of the refugee population in Uganda has led to a surge in demand for natural resources, including fuel wood, construction material, land for agriculture and groundwater along with an increase in waste production e.g. faecal sludge, and solid waste.

The most visible and immediate impact is loss of forest cover and vegetation in refugee-hosting areas. Across all sectors, these effects need to be prevented and mitigated, for example using alternative energy solutions for cooking fuel, and increased re/afforestation measures, among others. Environmental degradation could negatively affect social cohesion and peaceful co-existence between refugees and

hosting communities if not addressed.

- 7. Infrastructure:** the delivery of protection and humanitarian assistance requires investments in maintenance and development of infrastructure, particularly the roads towards and in the settlements. Due to lack of resources, the road network remains patchy in many settlements. The harsh climate with heavy rains and dry spells continues to damage access and in-settlement roads, which are often washed out or impassable during the rainy seasons.

Priority modalities

Across all sectors, to achieve the above strategic objectives and priority outcomes, the following modalities will take priority:

- **Labor-intensive activities:** As feasible and appropriate, opportunities for labor intensive works for larger numbers of unskilled, and skilled, refugees and host community members should be prioritized, over both short and longer term. Among others, this may include public works, environmental restoration, community outreach, and stimulation of agricultural production (including value chain creation). These activities will be implemented taking into consideration COVID-19 safety measures.

- **Cash-based interventions and connectivity:** Market feasibility permitting, opportunities to transform in-kind assistance to cash-based assistance will be continued and widened. The injection of cash, through unconditional multi-purpose, and conditional interventions will have multiplier effects on food security, social cohesion, reduction of aid dependency, and productive engagement of the youth, among others. There has been significant progress and commitment from cash practitioners in harmonizing approaches to cash and voucher assistance.

The established reference Minimum Expenditure Basket (MEB) supports cost efficiency and cost effectiveness and provides a common basis for coherent multi-purpose cash programming and delivery. Through Activity Info, the cash component will continue to be systematically monitored and reported on.

Partners will continue building partnerships with the private sector, such as financial service providers, mobile network operators, and other connectivity actors. This will result in an improvement of the necessary infrastructure for data delivery from cell towers to devices. In addition to helping increase refugees' access to financial services, connectivity and related interventions will serve the entire response, for example for biometric registration and verification systems, communication with communities, access to information

and adoption of innovative digital tools and solutions that have positive impact on protection outcomes.

Activities will leverage the skills and capacities of communities to engage in and support a connected environment. Enhanced connectivity will also benefit Ugandan hosting populations, supporting an inclusive approach.

■ **Capacity building for Government service providers and local actors:**

The CRRF in Uganda aims at strengthening government service for refugees and host communities and integration of refugees into these systems. The comprehensive plans for education, health, water, and environment which are annexed to national sector strategies provide the direction for the integration. In addition, each sector is preparing roadmaps for integration into national systems. To achieve integrated social service delivery, the capacity of district authorities and Line Ministries needs further strengthening. The humanitarian response gradually moves away from parallel service provision to working closely with Districts and Line Ministries. In addition, the capacity of national NGOs will be further strengthened. As far as possible, national NGOs should be given greater responsibilities.

■ **Conflict-sensitive programming:**

Interventions across all sectors must be sensitive to drivers of conflict and tensions, as to ensure that they not

only achieve their desired outcomes, but also contribute to social cohesion among refugee communities, and between refugees and host communities. Interventions must de-escalate, and not trigger additional tensions. Meaningful consultations with communities on programme design are essential.

■ **Building resilience through skills development:**

Interventions also be guided by the provision of trainings for skills development in line with government protocols and guidelines and according to criteria set forth by the inter-sector working group.

■ **Alternative approaches to deliver critical services:**

in view of the COVID-19 reality, different approaches are needed in a situation where social distancing is practiced and where movements are restricted. Schools might be closed and movements, particularly in border districts, which include refugee-hosting districts might also be limited considerably. For each sector, specific approaches to meet the needs under these additional challenges will be taken e.g. distance learning, or psychosocial counseling via phone.

Across the response, the need for joint and coordinated assessments and in-depth thematic studies remains crucial to ensure a better understanding of the needs of refugee and host communities, to identify gaps in the response and

draw attention to issues requiring strategy adjustments and innovation.

Monitoring and oversight

An enhanced monitoring framework was established in 2019 to assess the performance of this RRP and to ensure progress against the targets set by partners at the start of the planning process.

Refugee Response co-leads, UNHCR and OPM will regularly reach out to RRP partners to gather information and data for RRP progress reports, including through sector activity mapping and direct reporting on RRP indicators via Activity Info. Systematic progress reporting against the indicators in the RRP results framework will be a requirement for all partners. In

addition, all partners have an obligation to periodically report to the government of Uganda through the Office of the Prime Minister (OPM).

RRP partners also have an obligation to participate to existing coordination mechanisms at national, district and local level to help improve service delivery and address operational challenges. Partners are also required to regularly report on funding received against this plan as to demonstrate their contribution to the Uganda refugee model, and to support advocacy and resource mobilization.

The goal of maintaining a robust monitoring framework is ensuring transparency and accountability, avoiding duplications, and re-adjusting the response when inefficiencies and gaps are identified.

RRP link to development planning

Whilst being mainly a humanitarian plan, this RRP also includes a transition element towards sustainable refugee response programming in Uganda. As such, this plan contributes to achieving the Comprehensive Refugee Response Framework (CRRF) and implementation of the Global Compact on Refugees (GCR), alongside interventions carried out by Government institutions within the framework of the National Development Plan III (2020/21 – 2024/25). NDP III provides for inclusion of refugees in development planning and in statistical products, furthermore, the next District Development Plans in the refugee-hosting Districts comprise refugee and host community needs which will provide a holistic overview of needs in these Districts.

To align the humanitarian response to Government sectoral priorities and policies, comprehensive refugee response plans have been developed under the respective Line Ministries. The Education Response Plan for Refugees and Host Communities (ERP), the Health Sector Integrated Refugee Response Plan (HSIRRP), the Water and Environment Sector Response Plan (WESRP) are already in place, whereas the Sustainable Energy Refugee Response Plan (SERRP) and the Jobs and Livelihoods Plan are under development. These plans are annexed to the national sector strategies and will be further merged with the next 5-year national sector plans

The scope of the 2020-21 Uganda RRP includes refugee protection and assistance for new refugee arrivals and long-term refugees, as well as resilience programming for refugees and hosting communities. Resilience interventions take place at three levels: 1) individual or household level; 2) community level; and 3) system level. The focus of resilience interventions in this RRP is on supporting national systems to achieve integrated social service delivery for both refugees and hosting communities.

Harmonizing Cash and Voucher assistance

There has been significant progress and commitment from cash practitioners in harmonising approaches and RRP partners are developing a more common, collaborative and integrated interagency approach with a focus on digital and financially inclusive forms of cash delivery. Investing in financial literacy training in all refugee hosting areas along with the use of basic banking services and mobile money, and other financial services which may support livelihood initiatives (e.g. access to credit / financing) is also a priority. Any scaling of cash assistance remains contingent on required market functionality, accessibility, availability, stability of prices, and liquidity – in particular within local agent networks. Various humanitarian stakeholders are encouraging and facilitating market-based programming and monthly joint price monitoring, whereas a joint market monitoring is to be established.

The collaborative cash-based assistance approach via complementary operational models is applied, specifically a common cash system led by UNHCR and WFP and including other partners to the refugee response, and a locally optimised collaboration model led by the Uganda CCD Network. This is in addition to models, such as regional (cash) consortiums, which are already in place and working well.

The core components of the joint approach include:

- Joint cash feasibility assessment/considerations
- Standardised and harmonised transfer values, developed via reference to updated and relevant Minimum Expenditure Basket (MEB) data, whether for refugee settlements or urban response
- Improved beneficiary registries and investment in interoperability to enable equitable, timely, safe and data protection-compliant access to the information agencies need in order to communicate with, identify, target, verify, assist, case manage, and/or monitor persons of concern
- Common cash delivery/transfer mechanisms: investing in digital delivery options wherever possible: agent banking and mobile money; diversifying to more than one delivery option; and providing choice for recipients in how they receive their cash; and exploring common agreements with financial service providers and harmonised fee structures for all partners
- Joint monitoring and analysis initiatives in support of common cash, specifically data collection and analysis coordinated via the Market Analysis task force, and ideally a transition to an inter-agency Joint Market Monitoring Initiative for the Uganda response later in 2020

COVID-19 Response

In response to the COVID-19 outbreak, a major achievement was the urban cash-based response to provide basic need assistance to urban refugees residing in Kampala via provision of unrestricted cash transfers delivered using mobile money. A rapidly developed adapted Minimum Expenditure Basket was developed to support cash response programme design in the settlements, including a specific MEB for urban response. A 'Markets and COVID-19: functionality and price monitoring tool' has been developed with a twice-monthly snapshot factsheet to understand the impact of COVID-19 on commodity prices and functionality of markets in refugee communities across Uganda and provide timely information to actors on a regular basis.

Partnership and Coordination

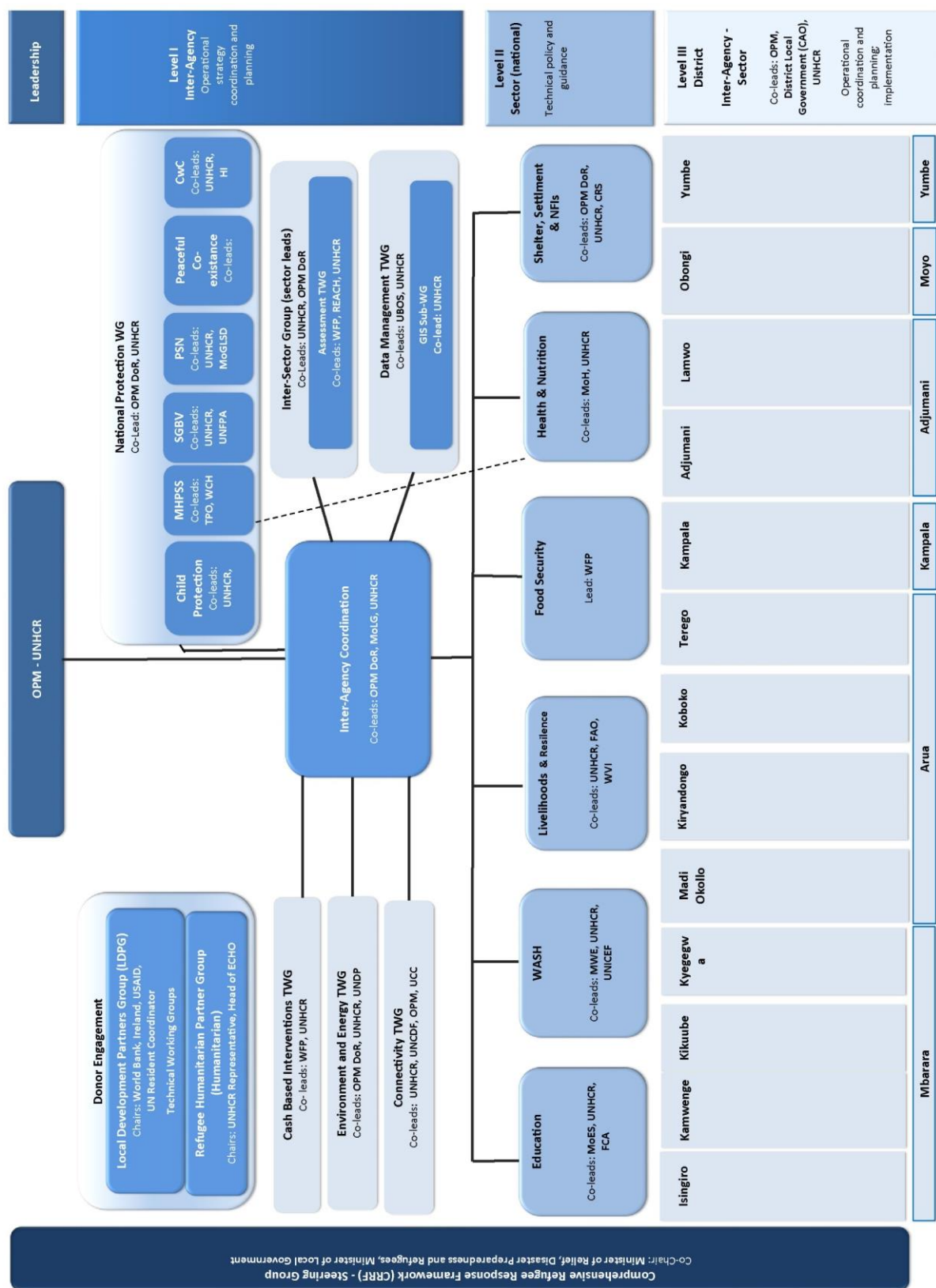
OPM provides the over-arching policy and coordination framework of the refugee response in Uganda, with the CRRF serving as a whole-of-society approach to pursue and achieve an all-inclusive response. Operational coordination takes place within the framework of a refugee coordination structure dedicated specifically to refugee-hosting areas:

1. **Leadership level:** co-led by the Uganda Government (OPM) and UNHCR
2. **Inter-agency, national level** (UN and development partner operational focal points, NGO country directors): co-led by the Uganda Government (OPM and MoLG) and UNHCR
3. **Technical sector level:** co-led by Government, UN and NGO partners for each sector
4. **District/settlement level** (inter-agency and sector structures): OPM, DLGs, and UNHCR co-chair

Under the overall leadership of OPM, the role of Line Ministries and district authorities in the coordination of the refugee response will be further strengthened in 2020-2021. Sector working groups of the refugee response are aligning with Government sector working groups under the National Development Plan (NDP III). The refugee Education, Health and WASH sector working groups and the Child Protection, PSN and Rule of Law sub-sectors are being co-chaired by Line Ministries. This ensures that interventions for refugees and in refugee-hosting areas are in line with national sector policies and guidelines.

The refugee response in Uganda is delivered by a total of 140 partners, including 1 community-based organization (CBO), 35 national NGOs (NNGO), 90 international NGOs (INGO), 10 UN agencies, 3 bilateral development partners (only those participating in the refugee response operational coordination and the RRP are listed here, but there also other development partners supporting refugee-hosting areas) and 1 Red Cross and Red Crescent Movement organization.

UGANDA: Refugee Response Coordination Structure (July 2020)



The **South Sudan refugee response** is delivered by 118 partners:

NNGO: 24

African Partners for Child Poverty (APPCO), African Women Rising (AWR), Better World, Care and Assistance for Forced Migrants (CAFOMI), Caritas Uganda, Community Empowerment for Rural Development (CEFORD), Community Integrated Development Initiatives (CIDI), COSMESS, Hope Health Action East Africa (HHA), Humane Africa Mission (HAM), Interaid Uganda (IAU), John Paul II Justice and Peace Centre (JPIIJC), Kulika Uganda, Pentecostal Assemblies of God (PAG), Prime Skills Foundation (PSF), Raising Gabdho Foundation (RGF), Reach A Hand Uganda (RAHU), Refugee Law Project (RLP), Rural Initiative for Community Empowerment in West Nile (RICE-WN), Soroti Rural Development Agency (SORUDA), The Victim Relief Alliance (TVRA), Transcultural Psychosocial Organization (TPO), Uganda Refugee Disaster and Management Council (URDMC), Volunteers Effort For Development Concern (VEDCO)

INGO: 81

Action Africa Help (AAH), Action Against Hunger (ACF), Adventist Development and Relief Agency (ADRA), Africa Non-Profit Chore (ANCHOR), African Initiatives for Relief and Development (AIRD), African Women and Youth Action for Development (AWYAD), Agency for Cooperation and Research in Development (ACORD), Alight (former American Refugee Committee), Amref Health Africa (AMREF), Andre Foods International (AFI), Association for Aid and Relief Japan (AARJ), Association of Volunteers in International Service (AVSI), Associazione Centro Aiuti Volontari (ACAV), Building Resources Across Communities (BRAC), Catholic Organisation for Relief and Development Aid (CORDAID), Catholic Relief Services (CRS), ChildFund International (CFI), Cooperative for Assistance and Relief Everywhere (CARE), Cooperazione e Sviluppo (CESVI), DanChurchAid (DCA), Danish Refugee Council (DRC), Doctors with Africa (CUAMM), East African Ministries (EAM), Finn Church Aid (FCA), Finnish Refugee Council (FRC), Food for the Hungry (FH), Give Directly, Global Refuge International (GRI), GOAL, Health Home Initiative (HHI), HelpAge International (HelpAge), Humanitarian Initiative Just Relief Aid (HIJRA), Humanity&Inclusion (HI), IMPACT Initiatives/REACH, Infectious Diseases Institute (IDI), Integrated Seed Sector Development (ISSD), Inter-Church Organization for Development Cooperation (ICCO), International Aid Services (IAS), International Council for Research in Agroforestry Uganda (ICRAF), International Rescue Committee (IRC), IsraAID, Jesuit Refugee Service (JRS), Johanniter International (JOIN), Joint Aid

Management (JAM), Living Water International (LWI), Lutheran World Federation (LWF), Lutheran World Relief (LWR), Malteser International (MI), Médecins du Monde (MDM), Médecins Sans Frontières France (MSF-F), Médecins Sans Frontières Holland (MSF-H), Médecins Sans Frontières Switzerland (MSF-CH), Medical Teams International (MTI), Mercy Corps (MC), Norwegian Refugee Council (NRC), Oxfam, Peace Winds Japan (PWJ), Plan International (Plan), Programme for Accessible Health Communication & Education (PACE), Real Medicine Foundation (RMF), Right to Play (RtP), Samaritan's Purse (SP), Save the Children International (SCI), Seed Effect Uganda (SeedEffect), Self Help Africa (SHA), Smart Communities Coalition (SCC), Street Child, Teach A Man To Fish (TAMTF), The Walking School Bus (TWSB), Trocaire, Tutapona Trauma Rehabilitation (TTR), Village Enterprise (VE), Vision Fund International (VFI), Wageningen University & Research (WUR), War Child Canada (WCC), War Child Holland (WCH), Water Mission Uganda (WMU), Welthungerhilfe (WHH), Windle International Uganda (WIU), World Vision International (WVI), ZOA International (ZOA)

UN: 9

Food and Agriculture Organization of the United Nations (FAO), UN Women, United Nations Children's Fund (UNICEF), United Nations Development Programme (UNDP), United Nations Migration Agency (IOM), United Nations Population Fund (UNFPA), United Nations Refugee Agency (UNHCR), World Food Programme (WFP), World Health Organization (WHO)

BILATERAL DEVELOPMENT PARTNERS: 3

Belgian Development Agency (ENABEL), Deutsche Gesellschaft fuer Internationale Zusammenarbeit (GIZ), Northern Uganda Resilience Initiative - Danida (NURI)

RED CROSS AND RED CRESCENT MOVEMENT: 1

Uganda Red Cross Society (URCS)

The **DRC (and other nationalities) refugee response** is delivered by 83 partners:

CBO: 1

OneYouth OneYear Initiative (OYOH)

NNGO: 19

BuildMe, Care and Assistance for Forced Migrants (CAFOMI), Caritas Uganda, Community Empowerment for Rural Development (CEFORD), Community Technology Empowerment Network (CTEN), COSMESS, Hope Health Action East Africa (HHA), Humanitarian Assistance and Development Services (HADS), InterAid Uganda (IAU), Joint Effort to Save the Environment (JESE), Kabarole Research and Resource Centre (KRC), Living Earth Uganda (LEU), Nsamizi Training Institute for Social Development (Nsamizi), Peace and Action Worldwide (PAW), Raising Gabdho Foundation (RGF), Transcultural Psychosocial Organization (TPO), Uganda Agency for Development Limited (UGAFODE), Volunteers Effort For Development Concern (VEDCO), Youth Initiative for Development in Africa (YIDA)

INGO: 55

Action Africa Help (AAH), Action Against Hunger (ACF), Adventist Development and Relief Agency (ADRA), Africa Humanitarian Action (AHA), African Initiatives for Relief and Development (AIRD), African Women and Youth Action for Development (AWYAD), Agency for Cooperation and Research in Development (ACORD), Agency for Technical Cooperation and Development (ACTED), Alight (former American Refugee Committee), Alliance Forum for Development (AFOD), Andre Foods International (AFI), Association for Aid and Relief Japan (AARJ), Association of Volunteers in International Service (AVSI), Building Resources Across Communities (BRAC), Catholic Organisation for Relief and Development Aid (CORDAID), Catholic Relief Services (CRS), Cooperative for Assistance and Relief Everywhere (CARE), Cooperazione e Sviluppo (CESVI), Danish Refugee Council (DRC), Engineers Without Borders (EWB), Finn Church Aid (FCA), Finnish Refugee Council (FRC), GOAL, Humanitarian Initiative Just Relief Aid (HIJRA), Humanity&Inclusion (HI), Hunger Fighters Uganda (HFU), Infectious Diseases Institute (IDI), International Aid Services (IAS), International Rescue Committee (IRC), InterNews (IN), Jesuit Refugee Service (JRS), Johanniter International (JOIN), Lutheran World Federation (LWF), Malteser International (MI), Médecins Sans Frontières France (MSF-F), Medical Teams International (MTI), Mercy Corps

(MC), Norwegian Refugee Council (NRC), Oxfam, Peace Winds Japan (PWJ), Regional Health Integration to Enhance Services (RHITES), Right to Play (RtP), Samaritan's Purse (SP), Save the Children International (SCI), Smart Communities Coalition (SCC), SOS Children's Village (SOS), Street Child, Teach A Man To Fish (TAMTF), Tutapona Trauma Rehabilitation (TTR), War Child Canada (WCC), War Child Holland (WCH), Windle International Uganda (WIU), World Vision International (WVI), Xavier Project (XP), ZOA International (ZOA)

UN: 7

Food and Agriculture Organization of the United Nations (FAO), UN Women, United Nations Children's Fund (UNICEF), United Nations Migration Agency (IOM), United Nations Refugee Agency (UNHCR), World Food Programme (WFP), World Health Organization (WHO)

RED CROSS AND RED CRESCENT MOVEMENT: 1

Uganda Red Cross Society (URCS)

The **Burundi refugee response** is delivered by 28 partners:

NNGO: 3

Caritas Uganda, Interaid Uganda (IAU), Nsamizi Training Institute for Social Development (Nsamizi)

INGO: 17

Alight (former American Refugee Committee), Building Resources Across Communities (BRAC), Danish Refugee Council (DRC), Finnish Refugee Council (FRC), Humanitarian Initiative Just Relief Aid (HIJRA), Hunger Fighters Uganda (HFU), International Rescue Committee (IRC), Jesuit Refugee Service (JRS), Medical Teams International (MTI), Mercy Corps (MC), Regional Health Integration to Enhance Services (RHITES), Right to Play (RtP), Save the Children International (SCI), Tutapona Trauma Rehabilitation (TTR), War Child Canada (WCC), Windle International Uganda (WIU), World Vision International (WVI)

UN: 6

Food and Agriculture Organization of the United Nations (FAO), United Nations Office for Project Services (UNOPS), United Nations Population Fund (UNFPA), United Nations Refugee Agency (UNHCR), World Food Programme (WFP), World Health Organization (WHO)



Asylum seekers from DRC wait for health screening at the Uganda-DRC border in Zombo.

Photo credit: Rocco Nuri (July 2020)

Planned Response for 2020 and 2021

Sector strategies are guided by the overall strategy and operational priorities, laying out the approach and measures that the sectors envisage to address identified needs, with a focus on priority needs. In sectors with existing government response plans (Education, Health, and Water and Environment), the response and priorities are aligned to those plans.

PROTECTION

The overall Protection objective is to ensure that refugees and asylum-seekers have access to territorial asylum and fair and swift asylum procedures, and fully enjoy their rights as set forth in international and domestic refugee laws, including documentation, freedom of movement, right to work and access to services. RRP partners will endeavor to ensure that the refugee response is people-centered and follows an age, gender and diversity approach, engaging women, men, girls and boys in designing and delivering programmes. Comprehensive feedback and referral mechanisms are essential to ensure accountability to affected populations – a fundamental principle underpinning the entire refugee response. The response will ensure that persons with specific needs have equal access to protection and assistance and can participate in community self-management and decision-making.

Access to asylum procedures including reception, registration, and refugee status determination (RSD)

The GoU applies an open-door approach for persons seeking refuge in Uganda. Due to COVID-19, the borders have been closed since 21 March 2021 with temporary re-opening of the border crossing point in Zombo District to admit asylum seekers who had gathered at the border in need of international protection. Once the COVID-19 situation has improved and admission is possible again, the new arrivals will be quarantined for 14 days, tested for COVID-19, and referred to the designated hospitals for treatment if needed. Following relocation to the settlements, they will be registered and provided with basic assistance.

RRP partners will continue to train border officials, immigration officials, military counterparts, and local authorities on international protection. Upon easing/re-opening

of entry points, border monitoring missions will continue as a mechanism to monitor access to asylum. RRP Partners will prioritize provision of mobility to the police to enable them respond in a timely manner.

The RSD capacity development plan will continue to be implemented with aims at enhancing the fairness, efficiency, adaptability, and integrity of the RSD system. Increased support will be given to the Refugee Eligibility Committee and Refugee Appeals Board to improve the case processing capacity and the quality of decision-making. Advocacy and resource mobilization efforts will be directed towards upgrading the existing facilities for RSD-related work. Moreover, the relocation of the Refugee Desk and improvement in service delivery with closer engagement with urban protection partners will be facilitated and supported. Additional technical advice and resources will be allocated to enable to resume the work of registration and RSD in compliance with government measures on COVID-19.

Owing to the continued inflow of asylum seekers, RRP partners will prioritize the construction and rehabilitation of structures as well as establishment of child-friendly spaces in transit and reception centers. Distribution of sanitary kits and soap to women and girls of reproductive age will be done in a timely manner.

In addition, RRP partners will ensure that installation and repair of solar lights and deployment of security personnel at the reception centers are prioritized.

Child protection

RRP partners focus on both prevention and response activities to comprehensively address child protection risks and to enable the positive development of children. To achieve this objective, RRP partners target five priority areas of intervention including 1) comprehensive child-centered case management services to individual children and adolescents at risk, including alternative care; 2) support and build existing capacities of the national child protection system to encourage the alignment and integration of refugee child protection services; 3) empower community-based child protection structures to prevent child protection risks and to support children and adolescents at risk; 4) support activities to engage children and adolescents as well as caregivers meaningfully in the protection of children; and 5) foster adolescent development through recreational and vocational activities.

While the provision of comprehensive case management services addresses immediate protection risks and needs of children, the longer-term goal is to gradually align and integrate refugee child protection services into the national system.

This will be achieved through support to existing child protection services at community, sub-county, and district levels and in alignment with the Ministry of Gender, Labour and Social Development (MGLSD) child protection systems strengthening interventions, as well as joint, harmonized coordination.

Prevention activities, including community and adolescent-led sensitization activities will also play a critical role in building awareness of the community on child protection risks, harmful practices, as well as child rights. Those activities target longer-term behavioral change on key child protection concerns such as child marriage and other forms of GBV, child labor and violence against children. Strengthening data collection and analysis for child protection needs and response will be further prioritized in 2020/2021.

Child protection interventions remain a critical and life-saving service to address COVID-19 related needs, whilst requiring adaptation to the context. National social service delivery and outreach to communities have been severely impacted, therefore, the Child Protection Business Continuity Plan will thus continue to be updated. Priority is therefore placed on the continued provision of critical case management for children at heightened risk, including safe placement in alternative care for children separated from parents.

Psychosocial services for children to address needs and prevent serious mental health concerns will be provided for children in communities, those separated or affected by other health mitigation measures. Safe approaches for the reopening of child-friendly spaces will be developed to ensure children access spaces to play, learn and develop when possible. To maintain presence in the community and to enable identification and referral of children at risk, engagement, and support to trained community-based structures will be strengthened. Continued capacity building for partners on protection needs and response in the COVID 19 contexts, including adaptation of service delivery, will be provided. Close collaboration and coordination with health, MHPSS, livelihood, education and GBV actors will be prioritized to provide a holistic response.

Community-based protection

RRP partners will ensure that the protection and solutions strategy is people-centered and follows an Age, Gender and Diversity (AGD) approach, engaging women, men, girls and boys of diverse backgrounds in designing and delivering programmes. Strengthening of existing community-based protection mechanisms will continue to be a priority, and community groups will be encouraged and supported to

develop and implement community-led initiatives. Advocacy will be pursued to mobilize more resources for youth engagement activities, which is currently a gap, as well as establishment of additional communal infrastructure to support initiatives by community groups.

Supporting and building capacity of refugee welfare councils to effectively represent and serve their communities will continue to be a priority. The finalization and implementation of country wide RWC election guidelines will be pursued, while improving gender balance and representation of diversity in community leadership / self-management structures including through leadership training for women and girls.

Capacity building of actors on AGD and roll-out of the IASC Gender with Age Marker in the response will continue. AGD awareness-raising sessions with community leaders will also be undertaken to train male and female refugee leaders to facilitate AGD sessions in the community. This, together with the continued use of methodologies such as SASA! and other male engagement strategies aim to address restrictive socio-cultural norms and patriarchal attitudes and social norms which limit equal participation of women and girls in community leadership and activities. RRP partners will continue to work to improve the timely distribution of high-quality sanitary

products in accordance with the preferences of women and girls.

In the COVID-19 response and in accordance with the Community Engagement Plan, community leaders and structures will continue to be guided and supported to play key roles in delivery of critical services, using adapted modalities. While limited resources have been a challenge in providing the required level of support, further efforts for additional resource mobilization will be pursued. RRP partners will continue to support production of face masks by trained refugee groups to ensure that all refugees who are six years and above have a mask and are able to comply with Government directives.

Technical support will be provided to ensure that AGD considerations are effectively mainstreamed throughout the COVID-19 response, and continued advocacy efforts will be made with development partners for inclusion of refugees in gender-related programmes. A comprehensive multi-sectoral gender analysis will be conducted to gather information on the impact of COVID-19 on women, men, girls and boys of diverse backgrounds, to provide an evidence base to inform advocacy and programming to address the specific needs of these groups. Specific efforts will be made to ensure that women are able to participate in COVID-19 decision-making.

Communication with Communities (CwC)

Strengthening and empowering community structures to share information with the community and at-risk populations and to communicate their concerns will be a priority. Established mechanisms such as the FRRM helpline, protection desks, community dialogues, and complaints and suggestion boxes will continue to be used to ensure two-way communication with communities, while reinforcing community sensitization on available communication channels and taking measures to improve accessibility to specific groups, such as minority groups, persons with disabilities, older persons and children. The FRRM and other digital tools as well as the coordination / linkages between different CwC mechanisms will be strengthened such as linking protection desks with the FRRM. A key challenge is limited connectivity in refugee settlements in remote areas, necessitating continued advocacy for additional resources to improve this.

Feedback received through regular communication and consultations with the community and findings of the planned Individual Profiling Exercise will be used to understand the community's information needs and preferred channels and modalities of communication, and to inform and adapt CwC mechanisms

and interventions as appropriate. Comprehensive data analysis of feedback received and strengthening inter-agency and inter-sector coordination around CwC will be applied.

Partners will continue to support CwC with all population groups using diverse mechanisms. Work will be done to tailor messages and outreach to respond to the needs of specific groups. Community structures will be supported through training and facilitating communication and mobility tools for their active engagement in CwC. Support to district-based actors will be reinforced for two-way communication with affected communities. Community engagement processes will be expanded to a wider range of community groups and local leaders and community influencers amongst refugee and host communities.

In response to COVID 19, RRP partners will ensure a coordinated approach to CwC activities in alignment with Ministry of Health guidance. This will be achieved through information-sharing on best practices, continuous updating of the CwC mapping, dissemination of communication materials, and implementation of the rumor tracking system and a coordinated bulk SMS strategy. COVID-19 related feedback from the community will be continuously monitored to identify emerging issues and shared with

sectoral working groups / partners to inform programming. The launch of the FRRM COVID-19 dashboard will also serve as a tool in this regard.

Mental Health and Psycho-social Services (MHPSS)

RRP partners will continue to work on developing a common framework, coordination between partners, harmonization of approaches and standardization of MHPSS principles of intervention and training to promote efficient and qualitative service delivery in line with international standards. This will be completed by the implementation of a learning agenda based on assessments and evaluations sharing to promote good practices, adapted evidence-based interventions and advocacy. This will be done through strengthening ties with national authorities including MoGLSD and MoH and development partners.

RRP partners will promote sustainability and ownership by strengthening community based MHPSS approaches involving local authorities through training and improved awareness raising. Preventive early identification and response will be promoted. This will allow specialist partners to concentrate on higher level of service provision on the IASC pyramid responding to the gap in specialized MHPSS service providers in the different settlements. RRP partners

will also strengthen the ties with Protection, Education and Health actors to mainstream MHPSS.

The COVID-19 pandemic has increased needs for MHPSS services within communities, confirming Ebola crisis response evaluations stressing the importance of MHPSS. RRP partners will ensure the continuity of care for persons in need. In-person interventions will continue to be curtailed to limit risks and be partly replaced with distance strategies such as MHPSS media programming or teletherapy which have proven to be impactful. However, they cannot fully replace the impact of in-person interventions. Additionally, as restrictions ease and small group MHPSS programming can re-engage, targeted coverage may be difficult if the size of groups is limited while needs are growing. RRP partners will continue to provide messaging to support populations to improve their capacities to cope and manage anxiety and fear. Radio-messaging, door-to-door sensitization and training of local authorities and community leaders will be used. Specific issues like addressing stigma or the isolation for very vulnerable groups of people will be included in the messaging. Efforts to build awareness and capacities of COVID-19 task teams on MHPSS services inclusion in the response will be maintained. Finally, RRP partners will continue to develop staff care approaches for frontline workers to

be able to address needs in the COVID-19 environment.

Peaceful co-existence

RRP partners will apply a harmonized approach in mitigating conflicts and promoting peace-building initiatives among refugee and host communities. RRP partners will promote enhancement of social cohesion projects addressing intercommunal as well as refugee – host community issues, update its mapping of peaceful co-existence activities, and facilitate sharing of information and good practices amongst actors. Mechanisms for coordination on peacebuilding will be enhanced at field level, in close coordination with district level structures and initiatives.

Partners will increase efforts and interventions including community dialogues, capacity-building of community on alternative dispute resolution and peacebuilding, supporting peace clubs in schools, empowering local council and refugee leaders to support their efforts in resolution of disputes. In addition, supporting community-led initiatives for peace-building, empowerment of youth on conflict management skills, advocacy and awareness campaigns highlighting the importance of co-existence and positive impact of refugee presence on the local economy, and social/sports/ cultural activities to foster social cohesion and cultural

understanding among communities will be pursued. A mapping and analysis of conflict will be conducted in key affected areas as a basis to develop strategies for peacebuilding.

Support will also be provided to refugee-led organizations on peacebuilding initiatives and COVID-19 preparedness and response. In accordance with the COVID-19 Business Continuity Plan on peaceful co-existence, RRP partners will continue to engage with community leaders and structures for monitoring and resolution of disputes. Empowerment of community leaders and structures in conflict prevention and response and engaging them in decision-making on issues affecting the community will continue to be a priority. Communication channels with community representatives will be maintained to monitor any warning signs of tensions as well as connectors and dividers in the community to enable early response.

Sensitization of communities on key issues impacting peaceful co-existence will continue to be pursued, through channels that can be implemented under COVID-19 such as public address systems and radio broadcasts and talk shows. Coordinated efforts will continue to support re-integration of people who have recovered from COVID-19 into their communities without stigmatization.

Women peacebuilders will be supported to utilize communication

channels to advocate for peace and security in the COVID-19 response and recovery. Support will be provided to women-led civil-society organizations (CSOs) and women leaders to raise awareness to prevent a rise in conflict while reminding people of the gendered aspects of the pandemic.

Physical safety, access to justice, rule of law and civilian character of refugee settlements

RRP partners will continue to support institutions to provide access to justice, rule of law and physical safety. This includes support to the police presence to strengthen response and improve security in the settlements. Considering the high number of pending court cases and the need to ensure timely delivery of justice, mobile court sessions will be increased, witnesses will be facilitated, and recruitment of additional interpreters will be supported. Capacity building of the police on investigation and documentation of evidence and training of health staff on clinical management of rape will be enhanced. Alternative dispute resolution mechanisms including diversion will be enhanced to decongest the prisons. Juvenile justice is a priority, and additional support will be provided to the Probation Office to follow up on juvenile cases and ensure timely conclusion of cases. Another priority

is the capacity building of law enforcement, judiciary, border officials and local authorities on the legal framework and international protection. Monitoring of detention facilities and provision of legal counselling and material assistance to detainees will be provided.

To respond to the situations arising from the COVID-19 pandemic, RRP partners will prioritize increased material support and capacity building to community watch groups. Given the suspension of court proceedings, RRP partners will support the judiciary to digitalize key activities including court sessions.

Persons with Specific Needs (PSN)

RRP partners will work to further coordinate activities targeting PSNs in refugee communities to fill gaps in services, support referrals to specialized partners, and exchange good practices. Capacity of community-based structures to respond will be supported, enhancing the potential for community-based forms of protection for these groups. Partners will also focus on advocacy and sensitization around the needs of refugees with specific needs, including through advocating for the integration of issues of ageing and disability into all refugee programming and technical working groups. Inclusion of refugees into national policies and frameworks for older persons and persons with

disabilities and increasing awareness of refugee response partners on the rights, needs and capacities of PSNs and how to integrate them in sector specific programming will be continued. Partners will also work to improve and increase the representation of PSNs within leadership and decision-making structures within refugee communities, including through the promotion of disabled persons and older persons organizations. Disaggregation of programme data along age, gender and diversity markers and advocacy for the same will be continued. Data gaps remain a challenge for the sub-sector to effectively inform other sectors on inclusion activities and engage in learning and knowledge building activities around the need to mainstream PSNs into all activities in the refugee response.

During the COVID-19 response, programming has been reoriented around the critical gaps and according to priorities set out in the COVID-19 business continuity plans including supporting community-based structures to provide support. This includes a strengthened focus on cash transfers, assistance to access to essential services and support for community-based structures to identify and monitor the situation of PSNs. RRP partners will continue to advocate that issues of ageing and disability are mainstreamed into COVID-19 programming and risk

communication, whilst advocating for the inclusion of issues relevant to older persons and persons with disabilities in national efforts to combat COVID-19, including through improved representation of these groups in national and district level COVID-19 taskforces.

Prevention of and response of Gender-Based Violence (GBV)

GBV prevention and response activities will continue to be a priority and partners will work closely with the Government in the areas of social services, security, and the judiciary, with the aim of improving access to quality of services related to GBV prevention and response.

RRP partners will provide safe environments for women and girls through mass communication, community mobilization, and establishment of Women Resource Centers and listening and counselling centers. RRP partners will continue outreach to refugees to ensure identification and safe referral of GBV survivors and those at risk. Furthermore, the emphasis is given to strengthening existing specialized services for GBV survivors, such as psychosocial, medical, and legal services. Men and boys will be engaged in GBV prevention and response. RRP partners will strengthen key partnerships with UN agencies, NGOs, Government, and local communities to reinforce GBV

prevention, response and coordination mechanisms, as well as mainstreaming GBV prevention and response into all sectors, in particular shelter, WASH and child protection. Support to the police in the refugee settlements will continue to facilitate their ability to apprehend perpetrators and effectively investigate cases.

Community structures such as youth groups, community watch groups, community activists will continue to meaningfully be involved in all components of GBV programming. Most of the identification and referral of GBV cases is by community-based structures, which makes it easier for survivors to report as they perceive the community as being closer to them and more trusted, this underscores the empowering outcome of this approach. Community structures need to be equipped with means of communication to facilitate timely communication with partners, in addition, capacitating the community with soft skills in case management to facilitate more quality interventions is also a priority focus.

EDUCATION

All education interventions contribute to the Education Response Plan for Refugees and Host Communities (ERP), which has the aim to provide refugee and host community girls and boys with equitable and inclusive access to a quality education at all levels while strengthening systems at

the national, district and community levels. The ERP, and ERP II whose development has been initiated, remain aligned to the new Education and Sports Sector Strategic Plan (ESSP 2020/21-2024/25), SDG 4 and Agenda 2030 on inclusive and equitable quality education, lifelong learning opportunities for all and Leaving No One Behind.

To ensure access to quality education, partners will strengthen absorption capacity in schools through construction or rehabilitation activities of school infrastructures to improve efficiency ratios aimed towards progressive attainment of national standards in pupil to classroom and pupil to latrine ratios. RRP partner support will enhance double shifting at primary level and construction and expansion at secondary level, continue inclusive education and cash-based programming. Flexible pathways offering diversified learning opportunities for youth, including accelerated education facilitating re-entry into formal education for overage out-of-school children and skills training for school-to-work transitions of youth will be expanded.

Investment in quality education will continue through recruitment and supply of teachers and refugee classroom assistants as measures towards progressive improvement of teacher to pupil ratios to match national standards. Continuous professional development and supply

of education materials will be undertaken. Multi-sectoral interventions geared towards promoting safe learning environments, hygiene and sanitation and transitions to livelihood opportunities will be enhanced.

Refugee inclusive planning at the district level will enhance ERP outcomes on system strengthening. Regular national and district education coordination meetings will be convened, and information management strengthened. The capacity of school-based governance structures will be enhanced for effective monitoring of quality learning.

Owing to the temporary closure of schools due to COVID 19, the learning of 441,850 children (73,930 nationals), who are enrolled in schools in the refugee hosting districts, remains affected. During the period of the lockdown, education partners will continue supporting the efforts of the Ministry of Education and Sports (MoES) to provide remote and distance learning solutions to learners through radio, self-study/home learning materials and digital modalities within the parameters of the Preparedness and Response Plan for COVID-19 and the Framework for Provision of Continuation of Learning. In preparation for school re-opening, partners will prioritize back to school activities including disinfection of schools previously used as

quarantine centers, provision of WASH supplies and thermometers as well as dissemination of MOH guidelines to guide safe reopening of schools. All these activities will be done within the parameters of the Guidelines for the Phased Reopening of National and International Education Institutions.

ENVIRONMENT & ENERGY

A catchment-based approach is used to plan and implement environmental protection and restoration. RRP partners and government institutions, including the National Forestry Authority (NFA) and District Local Governments, continue to be key players in mobilizing and sensitizing refugees and hosts and to provide the necessary technical backstopping. In line with the Water and Environment Sector Refugee Response Plan (WESRRP), woodlot establishment is a priority, including at reception centers, schools, and health centers. Approximately 1,215 hectares have already been identified close to refugee settlements where woodlots can be established corresponding to 1 acre for 100 households for construction materials and fuel wood. Seedling production shall be demand driven and tree growing rather than tree planting shall be promoted. Multi-purpose trees and shrubs will be promoted for boundary planting and agroforestry. The Taungya system, which involves inter-planting trees with agricultural crops, will complement other tree growing

approaches to promote collaborative forest management.

Access to clean cooking fuel for refugees will be enhanced by procuring wood fuel from suppliers licensed by MWE for a specific period while promoting efficient cookstoves in line with the WESRRP. Access to quality renewable energy products will follow a market-based approach. To enhance demand for alternative energy sources, sensitization and training of trainers, artisans and fabricators of energy products and energy value-chain development will be carried out. Energy audits for UNHCR base camps, health centers and schools will be undertaken to determine energy demand and support development of technical designs for solarization to reduce carbon footprint. The development of the Sustainable Energy Refugee Response Plan (SERRP) to strengthen the humanitarian-development nexus interventions and investments in energy will commence following nationwide consultations.

As COVID-19 response, RRP partners are supporting the distribution of briquettes to extremely vulnerable individuals to meet their cooking needs in South West. Using an inclusive approach where beneficiaries are involved in making their own energy, 700 urban refugee households are targeted with sustainable energy solutions. 70% of the households are female headed including GBV survivors, pregnant

women and the elderly, whereas 30% are those that have lost employment due to the pandemic. Energy needs assessment for selected health centers to strengthen their capacity and readiness for COVID-19 response through solarization will continue.

Analysis of data from the feasibility assessment for potential sites for mini-grid development under the GET Access Mini-Grid Programme by Rural Electrification Agency will continue. Energy, environment and climate-resilient interventions will be mainstreamed into each sector through awareness, advocacy and education. Health centers and schools will be fitted with improved institutional cookstoves.



A female refugee washes her hands before entering a food distribution area in Rwamwanja refugee settlement.

Photo credit: Charles Ed II Aguilar (April 2020)

FOOD SECURITY

The RRP envisages continuation of general food assistance for refugees to allow them to meet their immediate food and nutrition needs and sustain a minimum level of food security. All new refugee arrivals at the border crossing points will receive food assistance in the form of High Energy Biscuits (HEB), while hot meals will be served in transit and reception centers, as refugees await relocation to the settlement. A settling-in ration will be provided when refugees move to their plots, with subsequent monthly dry rations in the form of in-kind or cash transfers. RRP partners will continue to use the data from proGres and BIMS databases to verify the identity of all persons authorized to collect food assistance on behalf of beneficiary households.

To reduce the risk of COVID-19 transmission, RRP partners will continue the measures in the food assistance to refugees in the settlements. The measures are aligned to the nationwide COVID-19 preventive measures implemented by the Government of Uganda.

In addition, the shift in the modality of food assistance was accelerated to mitigate the risk of COVID-19. All refugee settlements in the South-West and the Mid-West (Kyangwali) have moved to 100% cash assistance. The only refugees who will continue receiving in-kind food assistance are new arrivals with a

100% in-kind ration for 3 months after registration and protection cases, such as child-headed households.

To complement the additional cash injection, RRP partners have expanded its market facilitation activities, especially in the South-West. Based on close collaboration with district authorities, these measures aim for long-term market development and focus on strengthening the food capacity of local markets, as well as linkages between wholesalers, suppliers and retailers. These interventions are meant to ease the supply gap during the crisis and sustain the longer-term market structure. To ensure cash is used to improve food security and minimize the risk of misuse of cash received, RRP partners are committed to increase the scale of financial literacy and financial inclusion activities and enhance the capacity of refugees to make responsible use of cash and access financial services. With financial literacy courses, refugee households are expected to be better equipped to make sound financial decisions, effectively interact with financial service providers, and achieve their financial goals. They will also be more resilient to future shocks, such as ration cuts or COVID-19, and plan their way around it.

Gender and diversity sensitive protection measures as well as accountability to affected populations will continue to be mainstreamed to

ensure the food assistance is effective and responsive to the needs of refugees in different groups. In addition, monitoring and impact assessments will be conducted to ensure that food assistance reaches the targeted refugee households and expected food security outcomes are achieved.

HEALTH & NUTRITION

RRP partners continue the work to achieve full integration of comprehensive and quality primary health care services for refugees into national and local government systems and to implement the Health Sector Integrated Refugee Response Plan (HSIRRP). While integrating health services, emphasis will be put on ensuring health promotion and disease prevention through increased roles of village health teams and refugee welfare committees, enhanced coordination and inter-sectoral collaboration. Strengthening the provision of equitable, safe, quality, and sustainable health services in refugee-hosting districts, both for new refugee arrivals and long-term refugees, and reinforce health systems in refugee-hosting areas are the sector priorities

Provision of the minimum health service package for refugees is a key priority with emphasis on integrated community case management of malaria, pneumonia and diarrhea, immunization and strengthening

family planning and the maternal new-born package. Emphasis on preventive and promotive health care for new refugee arrivals at entry points, transit, and reception centers and during their initial stay in settlements will continue. This package includes vaccination, nutrition screening, emergency referrals and provision of life-saving primary health care services, in addition to surveillance and response measures for disease outbreaks (including quarantine and testing for COVID-19). Special focus will be given to quality and timely maternal, new-born and adolescent health care through improvement in skills as well as equipping and intensifying family planning interventions in the community and at health facilities.

Nutrition programs will continue, malnourished refugees will be treated based on presence or absence of complications. Patients suffering from severe acute malnutrition (SAM) without medical complication will be provided with outpatient care; those suffering from SAM with medical complication will receive inpatient care; and those suffering from moderate acute malnutrition (MAM) will be enrolled in supplementary feeding programmes. As a preventive measure, children aged 6-23 months and pregnant women and lactating mothers will be targeted with blanket supplementary feeding programmes. Partners will also support and promote infant and young child feeding. Effective prevention and

management of malnutrition will be also pursued through reduction of micronutrient deficiencies and community management of acute malnutrition.

With the COVID-19 pandemic, capacity building of the health workforce is a priority, especially strengthening the role of community-based health workers who are very often the only liaison between a patient and the health services. Their role proves to be particularly important in raising awareness on reproductive health and HIV/AIDS prevention and treatment. Emergency preparedness and response activities will be strengthened to improve the capacity of health care providers to effectively respond to potential disease outbreaks, including by enhancing disease surveillance, coordination, case management, infection prevention and control, risk communication, vaccination and quarantining arrangements.

Close coordination with the Ministry of Health will continue at national, district and local level to ensure that health care services for refugees and host communities in refugee-hosting areas are in line with government policies, guidelines, and standards.

LIVELIHOODS & RESILIENCE

A graduated approach will be used to stabilize and build diversified, sustainable and resilient livelihoods, with emergency livelihood interventions serving as a basis to develop longer-term strategies. In acknowledging that the time refugees have been displaced for is not closely related with their degree of vulnerability¹⁹, emergency livelihood support will target new refugee arrivals and vulnerable long-term refugees. In line with individuals' skills, knowledge and aspirations, emergency livelihood support will promote immediate job creation, supported by initial capacity building. Interventions will include community asset creation (such as road rehabilitation, irrigation systems, reforestation, markets, and other infrastructure development), access to productive assets to stimulate agriculture production and other income generating activities.

Emergency livelihood support alone is not enough to achieve sustainability. The transition to sustainable livelihoods requires the promotion of market-driven opportunities, private sector linkages and extensive capacity building of individuals and livelihood groups to profitably scale up their activities

¹⁹ OPM/WFP/UNHCR, *Analysis of Refugee Vulnerability in Uganda*.

through increased intra and inter-group interactions and building trust. Strategic investment in businesses will support value chains and sustainable job creation. Aligned to NDP III, livelihood diversification, including high value crop production for market and off-farm income sources, is a key priority to ensure that the capacity of refugees to better cope with future shocks and stresses is enhanced. RRP partners will increase capacity building efforts to improve market-oriented vocational, technical, business, entrepreneurial and financial skills of refugee and host communities. Training is evidenced as having a positive impact on both food security and resilience²⁰; and is, therefore, a priority modality. Digital financial inclusion is also a key priority for the sector.

Inclusion of the most vulnerable households in resilience and livelihoods approaches is essential and RRP partners will collaborate broadly to ensure a protection orientation in programme design and beneficiary selection to Leave No One Behind.

An enabling environment – understood as equitable access to policies and rights, technical and financial services, and infrastructures – is crucial for sustainability and

resilience. Engagement and capacity building of DLG to integrate refugees into district development plans and improve refugee access to rights, including the right to employment and access to services through the DLG, will be a critical activity.

COVID-19's impact only enhances the relevance and need for strengthening livelihoods. Practical barriers to livelihoods programming, such as social distancing and reduced transportation, will be overcome through innovation. While reduced household income due to COVID-19 may require short-term emergency assistance, RRP partners will prioritize building long-term livelihood solutions and a strong enabling environment as critical activities to achieve the objectives of resilience and self-reliance.

SHELTER, SETTLEMENT & NON-FOOD ITEMS

Provision of appropriate and timely shelter and NFI support for all persons of concern in line with the minimum agreed standards for Uganda will continue. Direct labor and technical support to the construction of shelters for persons with specific needs, both emergency and semi-permanent, will remain a priority, applying market and

²⁰ FAO and OPM (2020).

community-based approaches for a wider and more sustainable reach. Repairs and maintenance works to communal shelters at operational transit facilities will continue as needed.

The implementation of the revised shelter strategy will be a core sector goal, incorporating more environmentally sustainable, culturally sensitive, refugee-resilient, and flexible design and implementation modalities.

The settlement planning guidelines, developed by the Refugee Settlement Land Taskforce (RSLT) will facilitate site planning improvements and contribute to maximize land use, increase host community benefits to refugee presence and expand livelihood opportunities for both refugees and hosts. Following pilot projects in Nakivale and Kyangwali settlements, the guidelines will be further rolled out. Detailed plot mapping, led by the Ministry of Lands, Housing and Urban Development (MLHUD) and OPM, with the involvement of districts, will be conducted. A master plan approach to settlement planning will be followed, reflecting on national legislation, policies, and plans that provide a framework for settlement design while localizing critical design drivers. Any roadwork project will require a comprehensive needs assessment and application of the Rural Access Index tool to guarantee

its added value to refugees and host communities.

The phased rollout of a household address system for refugees by OPM, with technical support from MLHUD, will enable the integration of settlement cadastral plans with local government plans, as well as with humanitarian GIS mapping of multi-sector interventions. Coordinated platforms can be used as a tool to assist with highlighting potential gaps and defining locations for future interventions. The integration of settlement plans with Uganda's Land Information System (LIS) will enable the government to take full responsibility for all land use development and management in refugee-hosting areas.

As of August 2020, borders remained closed due to the COVID-19 pandemic, except for a three-day reprieve to a build-up of asylum seekers along the border with DRC. Indeed, due the deteriorating situation in neighboring countries and the impact of the COVID-19 crisis, it is likely that arrivals may continue. RRP partners will need to be prepared for an influx of refugees when borders reopen, and strong COVID-19 prevention procedures will need to be in place to ensure that staff and refugee populations remain safe. The provision of basic shelter materials and basic non-food items to new refugee arrivals in 2020-21 is critical to rapidly decongest reception centers. Once borders are re-

opened, UNHCR and partners must ensure transit centers, collection points and reception centers remain decongested at all times, given the COVID-19 operational context. The stock of shelter kits and non-food items for the inevitability of new refugee arrivals once borders reopen is another urgent preparatory imperative. The Kerwa and Menzela collection points needs an upgrade, and the temporary shelters in Adjumani and Yumbe need increased isolation spaces. As construction work is being considered a priority activity during the COVID-19 response alongside road maintenance and shelter infrastructure, workers at construction sites are sensitized on the importance of intensive hand hygiene practices and the need to immediately report suspected cases or themselves if any of them showed symptoms of COVID-19.

WATER, SANITATION AND HYGIENE (WASH)

With the launch of the Water and Environment Refugee Response Plan (WERRP) in March 2019, RRP partners will focus on finalizing and institutionalizing a roadmap towards inclusion of WASH service delivery to GoU mandated institutions under the utility approach. RRP partners will consolidate gains made in shifting from a humanitarian to a market-driven and development approach vis a vis the implementation of WASH

programmes, with people's needs and the environment at the center of any intervention. Innovative approaches with regards to emergency response interventions, to prepare new arrivals for transitioning into self-reliance and market approach will be explored and implemented.

Ministry of Water and Environment, Catchment Management Committees and DLGs will take the lead role in the planning, design, implementation, operation, and maintenance of WASH initiatives in respective areas. Improving cost-effectiveness of delivering water and sanitation services remains a key priority, including through optimization of existing infrastructure and adoption of appropriate digital technologies for installing and monitoring solar/hybrid systems at water sources. A shift from the usual norm in hygiene promotion to more systematic approach focusing on the barriers and motivators to appropriate hygiene practices will be applied.

Catchment protection and rehabilitation activities will be incorporated and strengthened as part of the catchment management approach. WASH partners will enhance coordination with other sectors including on strengthening delivery of services in institutions. Community engagement in management of services will be strengthened to improve participation and ownership and opportunities to

engage with private sector explored. A key priority is to increase the capacity of WASH partners to respond to emergencies, including through capacity building and advance planning.

The COVID-19 targeted responses will be aimed at empowering local communities in operation and maintenance of WASH infrastructure with minimal support from external institutions. This will include strengthening water management committees to work more closely with Utilities (NWSC & Umbrella Agencies) in delivery of services under remote support for most of the time. In addition, District Local Governments will be supported in setting up management structures in line with the revised operations and management framework for rural water services, including the implementation of a road map to

reducing open defecation. Lastly, consolidating behavior change gains realized in the past few months, through community sensitization using community structures, on hand hygiene and general hygiene practices will continue.

Improvement in coverage and quality of water supply and sanitation infrastructure is key to ensure minimal thresholds of WASH services are met. This is aimed at minimizing the risks of contracting hygiene related diseases, as well as reducing the severity of the impact of the disease burden through supporting the management of cases. Support to improvement of WASH services in Health Institutions, educational institutions, communal institutions (markets, religious centers, border points, etc.) shall be mainstreamed into overall service delivery.

2020 Financial Requirements (regular programme)

| PARTNER | BURUNDI | DRC & OTHER | SOUTH SUDAN | TOTAL |
|--|-----------|-------------|-------------|------------|
| Action Against Hunger (ACF) | | 2,332,484 | 1,787,600 | 4,120,084 |
| African Women and Youth Action for Development (AWYAD) | | | 140,000 | 140,000 |
| ALIGHT former ARC | 1,000,000 | 4,470,000 | 350,000 | 5,820,000 |
| Alliance Forum for Development (AFOD) Uganda | | | 87,811 | 87,811 |
| Association for Aid and Relief, Japan (AAR Japan) | | 1,209,864 | 593,685 | 1,803,549 |
| Building Resources Across Communities (BRAC) | | 300,000 | 900,000 | 1,200,000 |
| Care and Assistance For Forced Migrants (CAFOMI) | 456,830 | 1,144,680 | 1,648,790 | 3,250,300 |
| CARE International | | 1,176,599 | 730,462 | 1,907,061 |
| Caritas Uganda | | 157,740 | 793,670 | 951,410 |
| Catholic Organization for Relief and Development Aid (CORDAID) | | - | 748,269 | 748,269 |
| Catholic Relief Services | | 1,350,000 | 3,647,000 | 4,997,000 |
| Community Technology Empowerment Network (CTEN) | | | 40,000 | 40,000 |
| Cooperazione e Sviluppo (CESVI) | | | 1,050,000 | 1,050,000 |
| COSMESS | | 46,600 | 50,400 | 97,000 |
| DanChurchAid (DCA) | | | 1,074,805 | 1,074,805 |
| Danish Refugee Council (DRC) | | 6,019,184 | 5,149,348 | 11,168,532 |
| Finn Church Aid (FCA) | | 3,240,000 | 7,414,000 | 10,654,000 |
| Finnish Refugee Council (FRC) | 28,500 | 432,220 | 460,750 | 921,470 |
| Food for the Hungry (FH) | | | 1,180,000 | 1,180,000 |
| Hope Health Action East Africa (HHA) | | 58,217 | 187,837 | 246,054 |
| Humane Africa Mission (HAM) | | | 2,950,000 | 2,950,000 |
| Humanitarian Initiative Just Relief Aid (HIJRA) | | | 100,000 | 100,000 |
| Humanity & Inclusion (HI) | | 1,350,000 | 1,290,000 | 2,640,000 |
| IMPACT Initiatives/REACH | | | 1,100,000 | 1,100,000 |

| PARTNER | BURUNDI | DRC & OTHER | SOUTH SUDAN | TOTAL |
|---|-----------|-------------|-------------|------------|
| Inter-church Organization for Development Cooperation (ICCO) | | | 1,625,000 | 1,625,000 |
| International Aid Services (IAS) | - | 10,669 | | 10,669 |
| International Rescue Committee (IRC) | 413,235 | 1,946,225 | 4,522,129 | 6,881,589 |
| IsraAid | | | 137,778 | 137,778 |
| Jesuit Refugee Service (JRS) Uganda | | 829,146 | 579,836 | 1,408,982 |
| Johanniter | | 390,000 | 800,000 | 1,190,000 |
| Kabarole Research and Resource Centre (KRC) | | 78,541 | | 78,541 |
| Lutheran World Federation (LWF) | | 4,588,634 | 7,227,372 | 11,816,006 |
| Lutheran World Relief (LWR) | | | 90,000 | 90,000 |
| Malteser International | | | 3,037,834 | 3,037,834 |
| Médecins du Monde (MDM) | | | 1,994,648 | 1,994,648 |
| Medical Teams International (MTI) | 600,000 | 3,350,000 | 1,550,000 | 5,500,000 |
| Mercy Corps Uganda (MCU) | 44,225 | 191,648 | 352,866 | 588,739 |
| Norwegian Refugee Council (NRC) | | 1,580,000 | 1,660,000 | 3,240,000 |
| NSAMIZI | | 168,000 | | 168,000 |
| Oxfam | 520,500 | 3,835,000 | 4,256,000 | 8,611,500 |
| Peace Winds Japan (PWJ) | | 921,659 | 495,185 | 1,416,844 |
| Plan International (PI) | | | 1,844,122 | 1,844,122 |
| Prime Skills Foundation (PSF) | | | 40,000 | 40,000 |
| Right to Play (RtP) | | 98,828 | 171,516 | 270,344 |
| Samaritan's Purse (SP) | | 287,450 | 287,450 | 574,900 |
| Save the Children International (SCI) | | 5,037,193 | 3,413,919 | 8,451,112 |
| Self Help Africa | | | 175,696 | 175,696 |
| TPO Uganda | | 261,067 | 887,890 | 1,148,957 |
| Trocaire | | | 536,153 | 536,153 |
| Tutapona Trauma Rehabilitation (TTR) | | 131,033 | 111,185 | 242,218 |
| Uganda Red Cross Society (URCS) | | 800,995 | | 800,995 |
| United Nations Children's Fund (UNICEF) | 3,225,613 | 10,715,541 | 22,944,145 | 36,885,299 |
| United Nations Entity for Gender Equality and the Empowerment of Women (UN WOMEN) | | 50,000 | 712,388 | 762,388 |

| PARTNER | BURUNDI | DRC & OTHER | SOUTH SUDAN | TOTAL |
|--|-------------------|--------------------|--------------------|--------------------|
| United Nations Food and Agriculture Organization (FAO) | 2,068,039 | 7,529,930 | 18,086,889 | 27,684,858 |
| United Nations High Commissioner for Refugees (UNHCR) | 10,500,000 | 119,213,282 | 201,499,876 | 331,213,158 |
| United Nations Migration Agency (IOM) | | 12,585,950 | 9,856,400 | 22,442,350 |
| United Nations Office for Project Services (UNOPS) | | | 3,890,622 | 3,890,622 |
| United Nations Population Fund (UNFPA) | 699,200 | 1,844,000 | 7,311,722 | 9,854,922 |
| United Nations World Food Programme (WFP) | 6,751,187 | 65,764,255 | 149,771,259 | 222,286,701 |
| United Nations World Health Organization (WHO) | 385,000 | 2,337,582 | 2,533,488 | 5,256,070 |
| War Child Canada (WCC) | 50,000 | 1,714,141 | 1,825,635 | 3,589,776 |
| War Child Holland (WCH) | | 710,968 | 907,234 | 1,618,202 |
| Water Mission Uganda (WMU) | | | 580,000 | 580,000 |
| Welthungerhilfe | | | 1,000,000 | 1,000,000 |
| Windle International Uganda | | 1,447,666 | 391,658 | 1,839,324 |
| World Vision International (WVI) | | | 5,758,810 | 5,758,810 |
| ZOA | | | 3,125,640 | 3,125,640 |
| GRAND TOTAL | 26,742,329 | 271,706,991 | 499,466,772 | 797,916,092 |

2020 Financial Requirements (COVID-19)

| PARTNER | BURUNDI | DRC & OTHER | SOUTH SUDAN | TOTAL |
|--|---------|-------------|-------------|---------|
| African Women and Youth Action for Development (AWYAD) | | | 10,000 | 10,000 |
| ALIGHT former ARC | 150,000 | 510,000 | 50,000 | 710,000 |
| Alliance Forum for Development (AFOD) Uganda | | | 102,106 | 102,106 |
| Association for Aid and Relief, Japan (AAR Japan) | | - | 18,614 | 18,614 |

| PARTNER | BURUNDI | DRC & OTHER | SOUTH SUDAN | TOTAL |
|--|---------|-------------|-------------|-----------|
| Building Resources Across Communities (BRAC) | | 50,000 | 650,000 | 700,000 |
| Care and Assistance For Forced Migrants (CAFOMI) | - | 63,589 | 128,500 | 192,089 |
| CARE International | | 8,850 | 49,850 | 58,700 |
| Caritas Uganda | | 21,374 | 65,295 | 86,669 |
| Catholic Organization for Relief and Development Aid (CORDAID) | | 137,795 | 354,967 | 492,762 |
| Catholic Relief Services | | 10,000 | 500,000 | 510,000 |
| Cooperazione e Sviluppo (CESVI) | | | 115,000 | 115,000 |
| COSMESS | | 14,880 | 15,120 | 30,000 |
| DanChurchAid (DCA) | | | 40,696 | 40,696 |
| Danish Refugee Council (DRC) | | 5,556 | 29,000 | 34,556 |
| Finn Church Aid (FCA) | | 30,000 | 153,000 | 183,000 |
| Finnish Refugee Council (FRC) | 1,500 | 22,750 | 24,250 | 48,500 |
| Food for the Hungry (FH) | | | 270,000 | 270,000 |
| Humane Africa Mission(HAM) | | | 220,000 | 220,000 |
| Humanitarian Initiative Just Relief Aid (HIJRA) | | | 20,000 | 20,000 |
| Humanity & Inclusion (HI) | | - | 61,000 | 61,000 |
| International Rescue Committee (IRC) | 130,629 | 768,308 | 1,222,517 | 2,121,454 |
| IsraAid | | | 5,643 | 5,643 |
| Jesuit Refugee Service (JRS) Uganda | | 342,429 | 31,513 | 373,942 |
| Johanniter | | 32,000 | 50,000 | 82,000 |
| Kabarole Research and Resource Centre (KRC) | | 41,952 | | 41,952 |
| Lutheran World Federation (LWF) | | - | 250,000 | 250,000 |
| Malteser International | | | 103,105 | 103,105 |
| Médecins du Monde (MDM) | | | 7,905 | 7,905 |
| Mercy Corps Uganda (MCU) | 44,226 | 191,648 | 352,866 | 588,740 |
| Norwegian Refugee Council (NRC) | | 1,520,000 | 1,440,000 | 2,960,000 |
| NSAMIZI | | 18,300 | | 18,300 |
| Oneyouth Oneheart Initiative (OYOH) | | 7,000 | | 7,000 |
| Oxfam | 34,374 | 150,000 | 593,000 | 777,374 |

| PARTNER | BURUNDI | DRC & OTHER | SOUTH SUDAN | TOTAL |
|---|------------------|-------------------|-------------------|-------------------|
| Peace Winds Japan (PWJ) | | - | 460,829 | 460,829 |
| Plan International (PI) | | | 20,839 | 20,839 |
| Prime Skills Foundation (PSF) | | | 20,000 | 20,000 |
| Save the Children International (SCI) | | 140,320 | 98,000 | 238,320 |
| Self Help Africa | | | 1,537 | 1,537 |
| TPO Uganda | | 19,057 | 27,015 | 46,072 |
| Trocaire | | | 81,625 | 81,625 |
| Tutapona Trauma Rehabilitation (TTR) | | 28,698 | 29,485 | 58,183 |
| Uganda Red Cross Society (URCS) | | 594,061 | | 594,061 |
| United Nations Children's Fund (UNICEF) | 11,041 | 136,177 | 257,633 | 404,851 |
| United Nations Entity for Gender Equality and the Empowerment of Women (UN WOMEN) | | 20,000 | 150,000 | 170,000 |
| United Nations Food and Agriculture Organization (FAO) | 23,175 | 533,025 | 1,761,300 | 2,317,500 |
| United Nations High Commissioner for Refugees (UNHCR) | 876,852 | 8,993,014 | 15,986,986 | 25,856,852 |
| United Nations Migration Agency (IOM) | | 4,763,588 | 4,763,588 | 9,527,176 |
| United Nations Office for Project Services (UNOPS) | | | 2,593,748 | 2,593,748 |
| United Nations Population Fund (UNFPA) | 200,000 | 700,000 | 800,000 | 1,700,000 |
| United Nations World Food Programme (WFP) | 208,900 | 2,767,794 | 1,952,490 | 4,929,184 |
| United Nations World Health Organization (WHO) | 329,429 | 711,927 | 1,511,400 | 2,552,756 |
| War Child Canada (WCC) | 19,058 | 165,333 | 1,196,325 | 1,380,716 |
| War Child Holland (WCH) | | 256,520 | 85,680 | 342,200 |
| Water Mission Uganda (WMU) | | | 251,000 | 251,000 |
| Welthungerhilfe | | | 200,000 | 200,000 |
| Windle International Uganda | | 815 | 1,902 | 2,717 |
| World Vision International (WVI) | | | 183,481 | 183,481 |
| ZOA | | | 220,000 | 220,000 |
| GRAND TOTAL | 2,029,184 | 23,776,760 | 39,588,810 | 65,394,754 |

By sector and refugee population

| SECTOR | BURUNDI | DRC & OTHER | SOUTH SUDAN | TOTAL |
|------------------------------|-------------------|--------------------|--------------------|--------------------|
| Education | 2,590,994 | 44,744,047 | 73,084,523 | 120,419,565 |
| Environment & Energy | 1,410,696 | 15,898,577 | 27,750,256 | 45,059,529 |
| Food Assistance | 6,553,556 | 64,741,680 | 143,585,406 | 214,880,642 |
| Health & Nutrition | 5,447,831 | 36,851,000 | 67,845,405 | 110,144,236 |
| Livelihoods & Resilience | 4,280,682 | 35,846,194 | 78,404,220 | 118,531,096 |
| Protection | 4,812,318 | 49,321,921 | 78,964,892 | 133,099,131 |
| Shelter, Settlement and NFIs | 1,456,786 | 20,919,534 | 34,535,582 | 56,911,902 |
| WASH | 2,218,650 | 27,160,798 | 34,885,297 | 64,264,745 |
| GRAND TOTAL | 28,771,513 | 295,483,751 | 539,055,581 | 863,310,846 |

2021 Financial Requirements

| PARTNER | BURUNDI | DRC & OTHER | SOUTH SUDAN | TOTAL |
|--|-----------|-------------|-------------|-----------|
| Action Against Hunger (ACF) | | 1,418,800 | 1,200,000 | 2,618,800 |
| African Women and Youth Action for Development (AWYAD) | | | 150,000 | 150,000 |
| Agency for Technical Cooperation and Development (ACTED) | | 550,000 | | 550,000 |
| ALIGHT former ARC | 1,380,000 | 5,796,000 | 48,000 | 7,224,000 |
| Alliance Forum for Development (AFOD) Uganda | | | 250,000 | 250,000 |
| Association for Aid and Relief, Japan (AAR Japan) | | 794,392 | - | 794,392 |
| Building Resources Across Communities (BRAC) | | 500,000 | 1,420,000 | 1,920,000 |
| Care and Assistance For Forced Migrants (CAFOMI) | 502,513 | 1,350,612 | 1,779,067 | 3,632,192 |
| CARE International | | 206,650 | 378,000 | 584,650 |
| Caritas Uganda | | 25,000 | 836,115 | 861,115 |
| Catholic Organization for Relief and Development Aid (CORDAID) | | 1,575,807 | 2,837,635 | 4,413,442 |
| Catholic Relief Services | | 1,355,000 | 3,940,000 | 5,295,000 |

| PARTNER | BURUNDI | DRC & OTHER | SOUTH SUDAN | TOTAL |
|--|-----------|-------------|-------------|------------|
| Cooperazione e Sviluppo (CESVI) | | | 1,350,000 | 1,350,000 |
| COSMESS | | 107,000 | 185,000 | 292,000 |
| DanChurchAid (DCA) | | | 1,060,039 | 1,060,039 |
| Danish Refugee Council (DRC) | | 4,499,136 | 5,350,000 | 9,849,136 |
| Finn Church Aid (FCA) | | 3,400,000 | 4,000,000 | 7,400,000 |
| Finnish Refugee Council (FRC) | 28,250 | 431,000 | 460,750 | 920,000 |
| Food for the Hungry (FH) | | | 1,120,000 | 1,120,000 |
| Hope Health Action East Africa (HHA) | | 58,217 | 673,660 | 731,877 |
| Humane Africa Mission(HAM) | | | 3,950,000 | 3,950,000 |
| Humanitarian Initiative Just Relief Aid (HIJRA) | | | 500,000 | 500,000 |
| Humanity & Inclusion (HI) | | 267,000 | 1,280,000 | 1,547,000 |
| IMPACT Initiatives/REACH | | | 750,000 | 750,000 |
| Inter-church Organization for Development Cooperation (ICCO) | | | 2,480,000 | 2,480,000 |
| International Aid Services (IAS) | 50,000 | 60,669 | | 110,669 |
| International Rescue Committee (IRC) | 2,174,948 | 2,774,948 | 4,015,704 | 8,965,600 |
| IsraAid | | | 137,778 | 137,778 |
| Jesuit Refugee Service (JRS) Uganda | | 868,320 | 632,756 | 1,501,076 |
| Johanniter | | 950,000 | 2,200,000 | 3,150,000 |
| Kabarole Research and Resource Centre (KRC) | | 74,686 | | 74,686 |
| Lutheran World Federation (LWF) | | 4,069,864 | 10,194,806 | 14,264,670 |
| Malteser International | | | 919,038 | 919,038 |
| Médecins du Monde (MDM) | | | 834,375 | 834,375 |
| Medical Teams International (MTI) | 600,000 | 3,350,000 | 1,550,000 | 5,500,000 |
| Mercy Corps Uganda (MCU) | 7,702 | 33,259 | 5,018 | 45,979 |
| Norwegian Refugee Council (NRC) | | 2,300,000 | 4,550,000 | 6,850,000 |
| NSAMIZI | | 309,000 | | 309,000 |
| Oneyouth Oneheart Initiative (OYOH) | | 100,000 | | 100,000 |
| Oxfam | 548,085 | 4,038,255 | 4,394,468 | 8,980,808 |
| Plan International (PI) | | | 1,072,434 | 1,072,434 |
| Prime Skills Foundation (PSF) | | | 75,000 | 75,000 |

| PARTNER | BURUNDI | DRC & OTHER | SOUTH SUDAN | TOTAL |
|---|-------------------|--------------------|--------------------|--------------------|
| Right to Play (RtP) | | 197,657 | 314,549 | 512,206 |
| Samaritan's Purse (SP) | | 550,000 | 550,000 | 1,100,000 |
| Save the Children International (SCI) | | 1,270,000 | 200,000 | 1,470,000 |
| Self Help Africa | | | 40,052 | 40,052 |
| TPO Uganda | | 280,000 | 1,026,585 | 1,306,585 |
| Trocaire | | | 536,153 | 536,153 |
| Tutapona Trauma Rehabilitation (TTR) | | 180,306 | 114,520 | 294,826 |
| Uganda Red Cross Society (URCS) | | 400,995 | | 400,995 |
| United Nations Children's Fund (UNICEF) | 920,379 | 5,048,460 | 9,020,596 | 14,989,435 |
| United Nations Entity for Gender Equality and the Empowerment of Women (UN WOMEN) | | 50,000 | 621,549 | 671,549 |
| United Nations Food and Agriculture Organization (FAO) | 2,062,649 | 7,378,251 | 15,148,031 | 24,588,931 |
| United Nations High Commissioner for Refugees (UNHCR) | 10,535,290 | 122,816,885 | 187,312,824 | 320,664,999 |
| United Nations Migration Agency (IOM) | | 6,186,700 | 6,095,700 | 12,282,400 |
| United Nations Population Fund (UNFPA) | 978,880 | 2,579,600 | 10,236,411 | 13,794,891 |
| United Nations World Food Programme (WFP) | 6,832,734 | 70,020,823 | 150,063,661 | 226,917,218 |
| United Nations World Health Organization (WHO) | 423,500 | 2,571,340 | 2,786,837 | 5,781,677 |
| War Child Canada (WCC) | 201,714 | 1,664,141 | 9,505,968 | 11,371,823 |
| War Child Holland (WCH) | | 642,000 | 751,228 | 1,393,228 |
| Water Mission Uganda (WMU) | | | 500,000 | 500,000 |
| Welthungerhilfe | | | 1,000,000 | 1,000,000 |
| Windle International Uganda | | 1,447,666 | 391,658 | 1,839,324 |
| World Vision International (WVI) | | | 9,534,115 | 9,534,115 |
| ZOA | | | 3,082,611 | 3,082,611 |
| GRAND TOTAL | 27,246,644 | 264,548,439 | 475,412,691 | 767,207,774 |

By sector and refugee population

| SECTOR | BURUNDI | DRC & OTHER | SOUTH SUDAN | TOTAL |
|------------------------------|-------------------|--------------------|--------------------|--------------------|
| Education | 4,569,927 | 38,338,079 | 61,995,265 | 104,903,271 |
| Environment & Energy | 1,053,476 | 12,976,587 | 23,177,643 | 37,207,706 |
| Food Assistance | 6,376,223 | 65,291,152 | 142,675,081 | 214,342,456 |
| Health & Nutrition | 3,442,457 | 29,501,326 | 50,912,589 | 83,856,372 |
| Livelihoods & Resilience | 3,901,169 | 32,166,537 | 62,094,732 | 98,162,438 |
| Protection | 4,294,465 | 45,491,298 | 74,748,322 | 124,534,085 |
| Shelter, Settlement and NFIs | 1,369,588 | 19,985,700 | 31,816,367 | 53,171,655 |
| WASH | 2,239,339 | 20,797,760 | 27,992,692 | 51,029,791 |
| GRAND TOTAL | 27,246,644 | 264,548,439 | 475,412,691 | 767,207,774 |

Monitoring Framework (targets)

Protection

| | SOUTH SUDAN | | DRC & OTHER | | BURUNDI | |
|---|-------------|------|-------------|------|---------|------|
| | REF | HOST | REF | HOST | REF | HOST |
| OBJECTIVE: Registration conducted on an individual basis with minimum set of data required | | | | | | |
| INDICATOR: # of refugees registered on an individual basis with minimum set of data required | | | | | | |
| 2020 | 905,138 | N/A | 529,177 | N/A | 50,041 | N/A |
| 2021 | 937,766 | N/A | 573,406 | N/A | 51,292 | N/A |
| INDICATOR: % of refugees documented on an individual basis | | | | | | |
| 2020 | 85% | N/A | 80% | N/A | 85% | N/A |
| 2021 | 90% | N/A | 85% | N/A | 90% | N/A |
| INDICATOR: # of persons that have access to RSD procedures | | | | | | |
| 2020 | 110 | N/A | 27,472 | N/A | 2,105 | N/A |
| 2021 | 115 | N/A | 28,917 | N/A | 2,217 | N/A |

OBJECTIVE: Adequate and quality child protection services for children, including case management services, are provided in refugee and host communities

INDICATOR: # of open and active individual child protection cases

| | | | | | | |
|------|--------|-----|--------|-----|-----|-----|
| 2020 | 44,265 | N/A | 10,273 | N/A | 501 | N/A |
| 2021 | 42,119 | N/A | 9,735 | N/A | 475 | N/A |

INDICATOR: # of UASC with open and active CP cases

| | | | | | | |
|------|--------|-----|-------|-----|-----|-----|
| 2020 | 35,408 | N/A | 5,276 | N/A | 300 | N/A |
| 2021 | 33,556 | N/A | 5,027 | N/A | 286 | N/A |

INDICATOR: # of children receiving individual case management services

| | | | | | | |
|------|--------|-----|-------|-----|-----|-----|
| 2020 | 33,198 | N/A | 7,705 | N/A | 376 | N/A |
| 2021 | 31,589 | N/A | 7,301 | N/A | 356 | N/A |

INDICATOR: # of UASC cases receiving individual case management services

| | | | | | | |
|------|--------|-----|-------|-----|-----|-----|
| 2020 | 26,556 | N/A | 3,957 | N/A | 225 | N/A |
| 2021 | 25,167 | N/A | 3,770 | N/A | 216 | N/A |

INDICATOR: # of children participating in community-based support activities, including children attending CFS activities, PSS group activities, life skills training and child-led groups

| | | | | | | |
|------|--------|--------|--------|--------|-------|-------|
| 2020 | 77,216 | 33,093 | 34,910 | 14,961 | 2,852 | 1,222 |
| 2021 | 81,308 | 34,846 | 36,760 | 15,754 | 3,003 | 1,287 |

INDICATOR: # of case workers conducting CP case management as of end of reporting period

| | | | | | | |
|------|-----|-----|-----|-----|---|-----|
| 2020 | 590 | N/A | 137 | N/A | 7 | N/A |
| 2021 | 562 | N/A | 130 | N/A | 6 | N/A |

INDICATOR: # of adolescents (12-17) participating in targeted programs

| | | | | | | |
|------|--------|--------|--------|-------|-------|-----|
| 2020 | 46,125 | 19,768 | 17,284 | 7,407 | 1,500 | 643 |
| 2021 | 48,570 | 20,816 | 18,200 | 7,800 | 1,579 | 677 |

OBJECTIVE: Effective and safe child protection systems that prevent and respond to child protection concerns in refugee and host communities are strengthened

INDICATOR: # of community members, service providers and Government staff who participated in training and awareness raising on CP

| | | | | | | |
|------|--------|-------|--------|-----|-----|----|
| 2020 | 40,000 | 2,000 | 18,000 | 900 | 762 | 38 |
| 2021 | 42,120 | 2,106 | 18,954 | 948 | 802 | 40 |

INDICATOR: # of functional CP committees

| | | | | | | |
|------|-----|-----|----|-----|---|-----|
| 2020 | 190 | N/A | 60 | N/A | 9 | N/A |
| 2021 | 200 | N/A | 63 | N/A | 9 | N/A |

OBJECTIVE: Protection of and accountability to all refugees are strengthened through meaningful engagement with communities, with particular attention to at-risk groups

INDICATOR: % of women in leadership structures and community groups for community self-management and empowerment

| | | | | | | |
|------|-----|-----|-----|-----|-----|-----|
| 2020 | 44% | N/A | 41% | N/A | 40% | N/A |
| 2021 | 46% | N/A | 43% | N/A | 42% | N/A |

INDICATOR: # of complaints addressed through effective feedback mechanisms

| | | | | | | |
|------|--------|----|--------|----|-------|----|
| 2020 | 16,000 | 80 | 20,000 | 40 | 900 | 10 |
| 2021 | 18,000 | 80 | 22,000 | 40 | 1,000 | 10 |

INDICATOR: # of persons with specific needs provided with targeted support

| | | | | | | |
|------|--------|--------|--------|--------|-------|------|
| 2020 | 83,000 | 20,200 | 48,000 | 12,000 | 5,243 | 1073 |
| 2021 | 86,320 | 20,200 | 51,360 | 12,750 | 5,348 | 1088 |

OBJECTIVE: Peaceful co-existence among communities strengthened

INDICATOR: # of reported incidents of conflict within refugee communities

| | | | | | | |
|------|-----|-----|----|-----|---|-----|
| 2020 | 0 | N/A | 40 | N/A | 5 | N/A |
| 2021 | 230 | N/A | 30 | N/A | 3 | N/A |

INDICATOR: # of reported incidents of conflict between host and refugee community

| | | | |
|------|-----|----|---|
| 2020 | 190 | 20 | 3 |
| 2021 | 170 | 20 | 3 |

INDICATOR: # of individuals receiving psychosocial support

| | | | | | | |
|------|--------|-------|--------|-------|-------|-----|
| 2020 | 55,000 | 5,500 | 25,000 | 2,500 | 2,000 | 200 |
| 2021 | 66,000 | 6,600 | 30,000 | 3,000 | 2,400 | 240 |

OBJECTIVE: Protection systems are strengthened, and refugee women and girls are aware of the existing referral pathways with the aim of ensuring their full enjoyment of rights, reduction of SGBV risks and reinforced multi-sectoral response including through mainstreaming of SGBV across all sectors

INDICATOR: # of SGBV awareness campaigns conducted for refugees and host community (awareness campaigns, FGDs, IEC, trainings, media)

| | | | | | | |
|------|-------|-----|-------|-----|-----|-----|
| 2020 | 4,000 | N/A | 4,500 | N/A | 100 | N/A |
| 2021 | 3,500 | N/A | 4,000 | N/A | 80 | N/A |

INDICATOR: # of SGBV survivors identified and receiving appropriate multi-sectoral support

| | | | | | | |
|------|-------|-----|-------|----|-----|---|
| 2020 | 2,300 | 100 | 2,500 | 80 | 200 | 0 |
| 2021 | 2,000 | 100 | 2,100 | 75 | 250 | 0 |

INDICATOR: # of functional structures (duty bearers) trained and able to support survivors

| | | | | | | |
|------|-------|-----|-------|-----|----|---|
| 2020 | 1,000 | 0 | 1,500 | 0 | 45 | 0 |
| 2021 | 1,150 | 150 | 2,000 | 100 | 20 | 0 |

OBJECTIVE: Physical safety, access to justice, rule of law and civilian character of the refugee settlements is assured and protection of human rights promoted in refugee settings

INDICATOR: # of refugees receiving legal assistance and legal aid services

| | | | | | | |
|------|--------|-----|--------|-----|-------|-----|
| 2020 | 20,000 | N/A | 10,000 | N/A | 1,000 | N/A |
| 2021 | 30,000 | N/A | 20,000 | N/A | 1,000 | N/A |

INDICATOR: # of security packages provided for law enforcement

| | | | | | | |
|------|-----|-----|-----|-----|----|-----|
| 2020 | 300 | N/A | 100 | N/A | 20 | N/A |
| 2021 | 400 | N/A | 150 | N/A | 25 | N/A |

INDICATOR: # of refugees and host communities sensitized about the Ugandan and Refugee law

| | | | | | | |
|------|--------|-----|--------|-----|-------|-----|
| 2020 | 45,000 | N/A | 55,000 | N/A | 3,000 | N/A |
| 2021 | 50,000 | N/A | 60,000 | N/A | 4,000 | N/A |

Education

| SOUTH SUDAN | | DRC & OTHER | | BURUNDI | |
|-------------|------|-------------|------|---------|------|
| REF | HOST | REF | HOST | REF | HOST |

OBJECTIVE: Equitable access and inclusive relevant learning opportunities increased

INDICATOR: % of children enrolled in pre-primary ECD

| | | | | | | |
|------|-----|-----|-----|------|-----|-----|
| 2020 | 70% | 49% | 50% | 109% | 68% | 69% |
| 2021 | 80% | 61% | 57% | 110% | 70% | 75 |

INDICATOR: % of children enrolled in Primary

| | | | | | | |
|------|-----|------|-----|------|------|------|
| 2020 | 82% | 188% | 70% | 137% | 90% | 115% |
| 2021 | 85% | 189% | 78% | 130% | 113% | 120% |

INDICATOR: % of children enrolled in Secondary

| | | | | | | |
|------|-----|-----|-----|-----|-----|-----|
| 2020 | 15% | 16% | 15% | 19% | 15% | 18% |
| 2021 | 18% | 21% | 19% | 21% | 21% | 20% |

INDICATOR: # of children accessing non-formal education (includes non-formal Vocational Training, Lifeskills & Accelerated Education)

| | | | | | | |
|------|--------|-------|-------|-------|-------|-----|
| 2020 | 45,000 | 2,000 | 5,000 | 500 | 1,000 | 300 |
| 2021 | 50,000 | 4,000 | 6,000 | 1,000 | 2,000 | 500 |

OBJECTIVE: Delivery of quality education and training improved**INDICATOR: # of teachers and head teachers in Primary Schools funded under Partner contribution (not under MoES payroll)**

| | | | | | | |
|------|-------|-------|-------|-----|-----|-----|
| 2020 | 6,283 | 796 | 1,644 | 167 | 177 | 322 |
| 2021 | 8,168 | 1,035 | 2,137 | 217 | 230 | 419 |

INDICATOR: # of teachers trained on formal and non-formal Continuous Professional Development programmes (CPD trainings aimed to support teacher professional development and strengthen the quality of in-classroom

| | | | | | | |
|------|-------|-----|-----|----|----|----|
| 2020 | 1,900 | 77 | 436 | 15 | 48 | 30 |
| 2021 | 2,007 | 125 | 567 | 27 | 62 | 49 |

INDICATOR: # of learners transition from AEP to formal education

| | | | | | | |
|------|--------|-------|--------|-----|-------|-----|
| 2020 | 28,026 | 1,775 | 8,830 | 559 | 1,536 | 97 |
| 2021 | 34,472 | 2,183 | 10,861 | 688 | 1,889 | 120 |

INDICATOR: % of schools supervised at least once a term by the district education office/ DES/ MOES

| | | | | | | |
|------|-----|-----|-----|-----|-----|-----|
| 2020 | 27% | 50% | 27% | 50% | 27% | 27% |
| 2021 | 50% | 75% | 50% | 75% | 50% | 75% |

INDICATOR: # of pupils per teacher for Primary Schools

| | | | | | | |
|------|----|----|----|----|----|----|
| 2020 | 71 | 80 | 71 | 49 | 71 | 48 |
| 2021 | 59 | 68 | 59 | 53 | 69 | 53 |

INDICATOR: # of pupils per classroom for Primary Schools

| | | | | | | |
|------|-----|-----|-----|----|-----|----|
| 2020 | 122 | 131 | 122 | 56 | 122 | 50 |
| 2021 | 110 | 101 | 86 | 58 | 75 | 53 |

INDICATOR: # of pupils per textbook for Primary Schools

| | | | | | | |
|------|---|---|---|---|---|---|
| 2020 | 4 | 3 | 4 | 3 | 4 | 3 |
| 2021 | 3 | 3 | 3 | 3 | 3 | 3 |

INDICATOR: # of pupils per stance for Primary Schools

| | | | | | | |
|------|----|----|----|----|----|----|
| 2020 | 69 | 71 | 81 | 52 | 81 | 51 |
| 2021 | 65 | 63 | 62 | 47 | 45 | 45 |

OBJECTIVE: Systems for effective delivery strengthened**INDICATOR: # of districts with education coordination mechanism meeting at least 6 times a year**

| | | | | | | |
|------|---|---|---|---|---|---|
| 2020 | 8 | 8 | 4 | 4 | 1 | 1 |
| 2021 | 8 | 8 | 4 | 4 | 1 | 1 |

OBJECTIVE: Systems for effective delivery strengthened**INDICATOR: # of education related community structures (SMCs, CMCs, BOGs, PTAs) supported to monitor the quality of teaching & learning**

| | | | | | | |
|------|-----|-----|-----|----|-----|----|
| 2020 | 275 | 88 | 140 | 19 | 55 | 36 |
| 2021 | 550 | 114 | 280 | 15 | 110 | 47 |

Environment and Energy

| SOUTH SUDAN | | DRC & OTHER | | BURUNDI | |
|-------------|------|-------------|------|---------|------|
| REF | HOST | REF | HOST | REF | HOST |

OBJECTIVE: Environment and natural resources protected and restored and green livelihoods promoted using a catchment-based approach**INDICATOR: % extent environmental risks associated with the operation are mitigated**

| | | | | | | |
|------|-----|-----|-----|-----|-----|-----|
| 2020 | 50% | 50% | 50% | 50% | 50% | 50% |
| 2021 | 55% | 55% | 55% | 55% | 55% | 55% |

INDICATOR: # of hectares of forests, wetlands, riverbanks and lakeshores protected and restored

| | | | | | | |
|------|-------|-------|-------|-------|-------|-------|
| 2020 | 322 | 223 | 300 | 300 | 72 | 72 |
| 2021 | 2,003 | 2,003 | 1,308 | 1,308 | 1,072 | 1,072 |

INDICATOR: # of HH generating income from 'green livelihoods' (agroforestry, beekeeping, energy-saving tech, sustainable construction)

| | | | | | | |
|------|-----|-----|-----|-----|----|-----|
| 2020 | 733 | 813 | 714 | 364 | 68 | 289 |
| 2021 | 760 | 839 | 774 | 387 | 69 | 298 |

OBJECTIVE: Access to sufficient and sustainable basic energy services for lighting, power and cooking increased and carbon emissions abated with reduced reliance on wood and fossil fuels**INDICATOR: # of targeted households that self-report using fuel-efficient cook-stove to cook the main meal**

| | | | | | | |
|------|--------|--------|--------|--------|-------|-------|
| 2020 | 37,511 | 56,266 | 52,753 | 47,478 | 4,719 | 4,247 |
| 2021 | 56,266 | 84,400 | 79,130 | 71,217 | 7,078 | 6,370 |

INDICATOR: # of households using alternative and/or renewable energy (e.g. solar, biogas, ethanol, briquette, LPG) disaggregated by modality including CBI

| | | | | | | |
|------|--------|--------|--------|--------|-------|-------|
| 2020 | 22,500 | 33,749 | 23,124 | 20,812 | 1,875 | 1,688 |
| 2021 | 33,749 | 50,624 | 34,687 | 31,218 | 2,812 | 2,531 |

OBJECTIVE: Access to sufficient and sustainable basic energy services for lighting, power and cooking increased and carbon emissions abated with reduced reliance on wood and fossil fuels

INDICATOR: # of institutions (Health, Education, Reception) using sustainable energy (e.g. institutional stoves, solar, biogas, ethanol, briquette, LPG)

| | | | |
|------|-----|----|---|
| 2020 | 40 | 40 | 4 |
| 2021 | 160 | 60 | 6 |

OBJECTIVE: Energy, environment and climate action programming and coordination strengthened and mainstreamed across all sectors

INDICATOR: # of tCO2/year estimated carbon emissions abatement across sectors

| | | | | | | |
|------|-------|-------|-----|-----|----|----|
| 2020 | 987 | 1,481 | 112 | 168 | 22 | 34 |
| 2021 | 1,481 | 2,221 | 168 | 252 | 34 | 50 |

INDICATOR: # of extensions workers, partner staff, and government officials receiving environmental orientation across all sectors

| | | | |
|------|-------|------|-----|
| 2020 | 800 | 800 | 200 |
| 2021 | 1,200 | 1200 | 300 |

INDICATOR: % of total refugee response operational spending on implemented energy, environment and climate-resilient interventions mainstreamed into other sectors

| | | | | | | |
|------|----|----|----|----|----|----|
| 2020 | 2% | 2% | 2% | 2% | 2% | 2% |
| 2021 | 3% | 3% | 3% | 3% | 3% | 3% |

INDICATOR: # of kWh of renewable energy used for water pumping per 1,000 households per day to support sanitation for COVID-19 prevention

| | | | |
|------|----|----|----|
| 2020 | 37 | 29 | 29 |
| 2021 | 41 | 30 | 30 |

Food Security

| SOUTH SUDAN | | DRC & OTHER | | BURUNDI | |
|-------------|------|-------------|------|---------|------|
| REF | HOST | REF | HOST | REF | HOST |

OBJECTIVE: Refugees have access to adequate nutritious food to meet their basic food and nutrition needs

INDICATOR: # of refugees receiving in-kind food assistance

| | | | | | | |
|------|---------|-----|--------|-----|-------|-----|
| 2020 | 561,683 | N/A | 56,409 | N/A | 8,529 | N/A |
| 2021 | 495,117 | N/A | 60,626 | N/A | 8,740 | N/A |

INDICATOR: # of refugees receiving cash

| | | | | | | |
|------|---------|-----|---------|-----|--------|-----|
| 2020 | 339,077 | N/A | 392,516 | N/A | 36,864 | N/A |
| 2021 | 437,952 | N/A | 421,663 | N/A | 37,789 | N/A |

OBJECTIVE: Targeted food assistance provided to the most vulnerable refugee households based on assessed needs

INDICATOR: % of refugee households receiving targeted assistance

| | | | | | | |
|------|------|---|------|-----|------|-----|
| 2020 | 100% | 0 | 100% | N/A | 100% | N/A |
| 2021 | 100% | 0 | 100% | N/A | 100% | N/A |

OBJECTIVE: Food Assistance to refugees progressively linked to livelihood and self-reliance interventions to enhance resilience

INDICATOR: % of refugees receiving food assistance and participating in livelihood programmes

| | | | | | | |
|------|-----|-----|-----|-----|-----|-----|
| 2020 | 20% | N/A | 20% | N/A | 20% | N/A |
| 2021 | 30% | N/A | 30% | N/A | 30% | N/A |

INDICATOR: % of host population participating in refugee livelihood activities

| | | | | | | |
|------|----|-----|----|-----|----|-----|
| 2020 | NA | 10% | NA | 10% | NA | 10% |
| 2021 | NA | 20% | NA | 20% | NA | 20% |

Health and Nutrition

| SOUTH SUDAN | | DRC & OTHER | | BURUNDI | |
|-------------|------|-------------|------|---------|------|
| REF | HOST | REF | HOST | REF | HOST |

OBJECTIVE: Provide emergency life-saving health and nutrition interventions for new refugee arrivals and strengthen outbreak preparedness and response

INDICATOR: Under-five mortality rate per 1,000 under five children

| | | | | | | |
|------|-----|-----|-----|-----|-----|-----|
| 2020 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 |
| 2021 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 |

INDICATOR: Global Acute Malnutrition rate

| | | | | | | |
|------|----|----|----|----|----|----|
| 2020 | 5% | 5% | 5% | 5% | 5% | 5% |
| 2021 | 5% | 5% | 5% | 5% | 5% | 5% |

INDICATOR: Proportion of sites holding monthly Refugee health and nutrition coordination meeting chaired by MoH & DHOs

| | | | | | | |
|------|------|------|------|------|------|------|
| 2020 | 100% | 100% | 100% | 100% | 100% | 100% |
| 2021 | 100% | 100% | 100% | 100% | 100% | 100% |

OBJECTIVE: Increase equitable access to and utilization of integrated quality health services for refugees and host communities across all the phases of displacement

INDICATOR: Outpatient utilization rate

| | | | | | | |
|------|------|------|------|------|------|------|
| 2020 | 2.0% | 2.0% | 2.0% | 2.0% | 2.0% | 2.0% |
| 2021 | 2.0% | 2.0% | 2.0% | 2.0% | 2.0% | 2.0% |

OBJECTIVE: Increase equitable access to and utilization of integrated quality health services for refugees and host communities across all the phases of displacement
INDICATOR: Health facility delivery rate

| | | | | | | |
|------|-----|-----|-----|-----|-----|-----|
| 2020 | 95% | 95% | 95% | 95% | 95% | 95% |
| 2021 | 95% | 95% | 95% | 95% | 95% | 95% |

INDICATOR: Maternal Mortality rate

| | | | | | | |
|------|----|----|-----|----|-----|---|
| 2020 | 83 | 11 | 125 | 48 | 237 | 0 |
| 2021 | 50 | 0 | 50 | 0 | 50 | 0 |

INDICATOR: Immunization coverage rate

| | | | | | | |
|------|-----|-----|-----|-----|-----|-----|
| 2020 | 95% | 95% | 95% | 95% | 95% | 95% |
| 2021 | 95% | 95% | 95% | 95% | 95% | 95% |

INDICATOR: Severe Acute Malnutrition recovery rate

| | | | | | | |
|------|-----|-----|-----|-----|-----|-----|
| 2020 | 75% | 75% | 75% | 75% | 75% | 75% |
| 2021 | 75% | 75% | 75% | 75% | 75% | 75% |

INDICATOR: Tuberculosis case detection rates/100,000

| | | | | | | |
|------|-----|-----|-----|-----|-----|-----|
| 2020 | 100 | 253 | 300 | 253 | 150 | 253 |
| 2021 | 150 | 250 | 400 | 300 | 200 | 300 |

OBJECTIVE: Strengthen the health care system to cope with the increased demand for health services by refugees and host population
INDICATOR: Proportion of refugee-serving health facilities accredited by Ministry of Health in refugee-hosting districts

| | | | | | | |
|------|------|------|------|------|------|------|
| 2020 | 100% | 100% | 100% | 100% | 100% | 100% |
| 2021 | 100% | 100% | 100% | 100% | 100% | 100% |

INDICATOR: Proportion of Health Center IV and District referral hospitals supported (Infrastructure, HR and commodities)

| | | | | | | |
|------|------|------|------|------|------|------|
| 2020 | 100% | 100% | 100% | 100% | 100% | 100% |
| 2021 | 100% | 100% | 100% | 100% | 100% | 100% |

INDICATOR: Consultations per clinician per day in refugee hosting districts

| | | | | | | |
|------|----|----|----|----|----|----|
| 2020 | 50 | 50 | 50 | 50 | 50 | 50 |
| 2021 | 50 | 50 | 50 | 50 | 50 | 50 |

Livelihood and Resilience

| | SOUTH SUDAN | | DRC & OTHER | | BURUNDI | |
|--|-------------|----------|-------------|-----------|-----------|-----------|
| | REF | HOST | REF | HOST | REF | HOST |
| OBJECTIVE: Emergency livelihood support to complement basic household needs is provided | | | | | | |
| INDICATOR: Coping Strategy Index Score | | | | | | |
| 2020 | 0.2088 | 0.3216 | 0.2652 | 0.3672 | 0.0816 | 0.3672 |
| 2021 | 0.25056 | 0.38592 | 0.31824 | 0.44064 | 0.09792 | 0.44064 |
| INDICATOR: Food Consumption per capita/month (USD) | | | | | | |
| 2020 | 2.919 | 5.6385 | 5.901 | 6.1635 | 2.0265 | 6.1635 |
| 2021 | 3.2109 | 6.20235 | 6.4911 | 6.77985 | 2.22915 | 6.77985 |
| INDICATOR: # of refugee and host community HH receiving emergency livelihood support | | | | | | |
| 2020 | 60,662 | 21,897 | 51,912 | 13,337 | 2,937 | 1,263 |
| 2021 | 52,116 | 13,315 | 38,869 | 11,136 | 1,467 | 484 |
| OBJECTIVE: Household livelihood strategies are strengthened to support household self-reliance | | | | | | |
| INDICATOR: Composite Productive Assets Index | | | | | | |
| 2020 | 0.649 | 0.775 | 0.4268819 | 0.5313648 | 0.5396401 | 0.5313648 |
| 2021 | 0.768 | 0.84 | 0.5068819 | 0.6013648 | 0.6196401 | 0.6013648 |
| INDICATOR: Average # of income generating activities (IGA) per household | | | | | | |
| 2020 | 2.85705 | 2.5347 | 2.66805 | 2.18505 | 2.40135 | 2.18505 |
| 2021 | 2.9999025 | 2.661435 | 2.8014525 | 2.2943025 | 2.5214175 | 2.2943025 |
| INDICATOR: Wealth Index | | | | | | |
| 2020 | 1.248 | 1.596 | 0.7356 | 1.8588 | 0.3864 | 1.8588 |
| 2021 | 1.4976 | 1.9152 | 0.88272 | 2.23056 | 0.46368 | 2.23056 |
| OBJECTIVE: The enabling environment is reinforced to support resilient livelihoods | | | | | | |
| INDICATOR: % of targeted population employed or self-employed in sustainable livelihoods activities over the last 12 months | | | | | | |
| 2020 | 25% | 43% | 32% | 47% | 28% | 47% |
| 2021 | 29% | 49% | 37% | 55% | 33% | 55% |
| INDICATOR: Asset benefit indicator | | | | | | |
| 2020 | 65.0% | 70.0% | 50.0% | 50.0% | 50.0% | 50.0% |
| 2021 | 70.0% | 75.0% | 55.0% | 55.0% | 55.0% | 55.0% |

OBJECTIVE: The enabling environment is reinforced to support resilient livelihoods

INDICATOR: % of targeted population with access to services through the DLG and private sector to develop their livelihood activity

| | | | | | | |
|------|-----|-----|-----|-----|-----|-----|
| 2020 | 23% | 44% | 38% | 52% | 13% | 52% |
| 2021 | 30% | 57% | 50% | 68% | 17% | 68% |

Shelter, Settlement and Non-Food Items

| SOUTH SUDAN | | DRC & OTHER | | BURUNDI | |
|-------------|------|-------------|------|---------|------|
| REF | HOST | REF | HOST | REF | HOST |

OBJECTIVE: Ensure the minimum non-food items (NFI) standards for all refugees are met

INDICATOR: # of newly arrived refugee households receiving NFI (including in-kind, cash and/or voucher)

| | | | | | | |
|------|-------|-----|--------|-----|-------|-----|
| 2020 | 4,000 | N/A | 13,333 | N/A | 2,332 | N/A |
| 2021 | 4,000 | N/A | 13,333 | N/A | 666 | N/A |

INDICATOR: % of stabilised refugee households with access to minimum NFI

| | | | | | | |
|------|-----|-----|-----|-----|-----|-----|
| 2020 | 41% | N/A | 63% | N/A | 67% | N/A |
| 2021 | 41% | N/A | 63% | N/A | 67% | N/A |

OBJECTIVE: Access to improved and sustainable shelters for refugee households is increased

INDICATOR: # of newly arrived refugee households provided with the minimum emergency shelter support (including in-kind, cash and/or voucher)

| | | | | | | |
|------|-------|-----|--------|-----|-------|-----|
| 2020 | 4,000 | N/A | 13,333 | N/A | 2,332 | N/A |
| 2021 | 4,000 | N/A | 13,333 | N/A | 2332 | N/A |

INDICATOR: # of individuals trained and engaged in sustainable construction

| | | | | | | |
|------|-------|-------|-------|-----|-----|----|
| 2020 | 4,199 | 1,799 | 2,165 | 928 | 207 | 89 |
| 2021 | 4,199 | 1,799 | 2,165 | 928 | 207 | 89 |

INDICATOR: # of refugee households with specific needs assisted with semi-permanent shelters (including in-kind, cash and/or voucher)

| | | | | | | |
|------|--------|-----|-------|-----|-----|-----|
| 2020 | 10,974 | N/A | 5,490 | N/A | 435 | N/A |
| 2021 | 10,974 | N/A | 5,490 | N/A | 435 | N/A |

OBJECTIVE: Sustainable settlement land use is maximised to optimal mutual benefit for refugees and hosts through the integration of settlement plans with local government plans and labour-intensive public works

INDICATOR: # of settlements benefitting from integrated local physical development plans based on Environment and Social Impact Assessments

| | | | | | | |
|------|----|-----|---|-----|---|-----|
| 2020 | 14 | N/A | 1 | N/A | 0 | N/A |
| 2021 | 14 | N/A | 1 | N/A | 1 | N/A |

OBJECTIVE: Sustainable settlement land use is maximised to optimal mutual benefit for refugees and hosts through the integration of settlement plans with local government plans and labour-intensive public works

INDICATOR: # of kms of roads rehabilitated (including roadside vegetation) for all-year access to community services

| | | | |
|------|-----|----|----|
| 2020 | 241 | 73 | 22 |
| 2021 | 241 | 73 | 22 |

INDICATOR: # of energy-efficient street lights installed in refugee hosting sub-counties

| | | | |
|------|-----|-----|----|
| 2020 | 275 | 225 | 60 |
| 2021 | 275 | 225 | 61 |

WASH

| SOUTH SUDAN | | DRC & OTHER | | BURUNDI | |
|-------------|------|-------------|------|---------|------|
| REF | HOST | REF | HOST | REF | HOST |

OBJECTIVE: Access to water supply for refugees and hosting populations improved

INDICATOR: # of litres per person per day

| | | | | | | |
|------|----|-----|----|-----|----|-----|
| 2020 | 20 | N/A | 17 | N/A | 20 | N/A |
| 2021 | 20 | N/A | 20 | N/A | 20 | N/A |

INDICATOR: % of water pumped through renewable energy (solar or grid)

| | | | | | | |
|------|-----|-----|-----|-----|-----|-----|
| 2020 | 45% | N/A | 50% | N/A | 40% | N/A |
| 2021 | 55% | N/A | 60% | N/A | 50% | N/A |

OBJECTIVE: Access to water supply for refugees and hosting populations improved

INDICATOR: # of households receiving sector-earmarked cash assistance

| | | | | | | |
|------|--------|---|--------|---|-------|---|
| 2020 | 5,000 | 0 | 5,000 | 0 | 3,000 | 0 |
| 2021 | 10,000 | 0 | 10,000 | 0 | 5,000 | 0 |

OBJECTIVE: Access to sanitation and hygiene services for refugees and hosting population improved

INDICATOR: % household latrine coverage

| | | | | | | |
|------|-----|-----|-----|-----|-----|-----|
| 2020 | 69% | N/A | 69% | N/A | 75% | N/A |
| 2021 | 75% | N/A | 75% | N/A | 80% | N/A |

INDICATOR: % of persons with knowledge on 3 critical handwashing times

| | | | | | | |
|------|-----|-----|-----|-----|-----|-----|
| 2020 | 75% | N/A | 75% | N/A | 75% | N/A |
| 2021 | 85% | N/A | 85% | N/A | 85% | N/A |

OBJECTIVE: Access to sanitation and hygiene services for refugees and hosting population improved**INDICATOR: # of institutional sanitation facilities constructed (schools, health centres, markets)**

| | | | |
|------|-----|-----|----|
| 2020 | 200 | 200 | 7 |
| 2021 | 300 | 250 | 10 |

OBJECTIVE: Institutions for effective management and provision of water and sanitation at national, regional and lower levels considering refugee settlements and host communities strengthened**INDICATOR: % of water schemes design reviewed, optimized and approved by Ministry of Water & Environment Approval committee**

| | | | | | | |
|------|------|-----|------|-----|------|-----|
| 2020 | 100% | N/A | 100% | N/A | 100% | N/A |
| 2021 | 100% | N/A | 100% | N/A | 100% | N/A |

INDICATOR: # of water schemes under management of utilities (NWSC or Umbrella Organisations)

| | | | | | | |
|------|----|-----|---|-----|---|-----|
| 2020 | 10 | N/A | 6 | N/A | 0 | N/A |
| 2021 | 25 | N/A | 6 | N/A | 0 | N/A |

INDICATOR: # of Catchment Management Committees with refugees included as members

| | | | | | | |
|------|-----|-----|-----|-----|-----|-----|
| 2020 | 10% | N/A | 10% | N/A | 10% | N/A |
| 2021 | 20% | N/A | 20% | N/A | 20% | N/A |



An NGO holds a counselling session with a group of South Sudanese women in Bidibidi refugee settlement.

Inter-Agency

REVISED UGANDA COUNTRY REFUGEE RESPONSE PLAN

July 2020 – December 2021

For more information and enquiries, please contact:

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