

SUDAN EMERGENCY REGIONAL REFUGEE RESPONSE PLAN

May-October 2023 (Six Months) - Revised June 2023



CREDITS

UNHCR wishes to acknowledge the contributions of all relevant partners at regional and country level, in the preparation of this document.

MAP & STATISTICS NOTE

The maps in this publication do not imply the expression of any opinion on the part of UNHCR concerning the legal status of any country or territory or area, of its authorities, or the delimitation of frontiers or boundaries. All statistics are provisional and subject to change. Regularly updated population figures can be found on the data.unhcr.org Sudan portal.

COVER PHOTO CONTENT

Hundreds of Sudanese recently arrived in Chad on 2 May 2023

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NOTE

This regional inter-agency response plan for the Sudan refugee situation is developed in accordance with the Refugee Coordination Model (RCM). This revision published on 17 June replaces the version published on 17 May 2023, and reflects increased population planning figures and associated budget requirements for Chad. The planning figures for the Central African Republic have also been slightly adjusted (proportion of refugees vs. refugee returnees projected), without any change to the budget requirements.

Contents

Regional Planned Response	4
Regional Overview	6
Regional Protection Needs, Vulnerabilities and Risks	8
Regional Response Strategy and Priorities	9
Response to date	10
Regional Objectives	10
Regional Cross-Cutting Response Priorities	11
Partnership and Coordination	14
NEXUS	15
Financial Requirements	16
Monitoring Plan	17

CENTRAL AFRICAN REPUBLIC 18

CAR Planned Response	19
Country Overview	20
Part 1: Current Situation	20
Population Planning Figures	21
Protection Needs, Vulnerabilities and Risks	21
Part 2: Emergency Response Strategy	22
Strategic Objectives	23
Sectoral Responses	23
Partnership and Coordination Arrangements	29
Inter-Agency Financial Requirements	30

CHAD	31	ETHIOPIA	64
Chad Planned Response	32	Ethiopia Planned Response	65
Country Overview	33	Country Overview	66
Part 1: Current Situation	33	Part 1: Current Situation	66
Population Planning Figures	34	Population Planning Figures	67
Protection Needs, Vulnerabilities and Risks	36	Part 2: Emergency Response Strategy	68
Part 2: Emergency Response Strategy	36	Strategic Objectives	69
Strategic Objectives	37	Sectoral Responses	69
Sectoral Responses	38	Partnership and Coordination Arrangements	77
C4C Initiative	43	Inter-Agency Financial Requirements	78
Partnership and Coordination Arrangements	44		
Inter-Agency Financial Requirements	45	SOUTH SUDAN	79
		South Sudan Planned Response	80
EGYPT	46	Country Overview	81
Egypt Planned Response	47	Part 1: Current Situation	81
Country Overview	48	Population Planning Figures	82
Part 1: Current Situation	48	Part 2: Emergency Response Strategy	84
Population Planning Figures	50	Strategic Objectives	86
Protection Needs, Vulnerabilities and Risks	50	Sectoral Responses	86
Part 2: Emergency Response Strategy	51	Partnership and Coordination Arrangements	92
Strategic Objectives	52	Inter-Agency Financial Requirements	94
Sectoral Responses	52		
Partnership and Coordination Arrangements	62	Annex 1	96
Inter-Agency Financial Requirements	63	Budget Breakdown by RRP Partner	96

AT A GLANCE

Regional Planned Response

March-October 2023



790 K

Sudanese Refugees
and Refugees of
other nationalities



199 K

Refugee Returnees



196.5 K

Migrant Returnees



48.5 K

Third Country
Nationals



566.4 M

Total financial requirements



139

Partners involved

Region	Financial requirements in million USD	Partners involved
Central African Republic	42.65	9
Chad	226	22
Egypt	114.05	25
Ethiopia	87.6	17
South Sudan	96.1	66

 **1,234,000**
Total planning figure

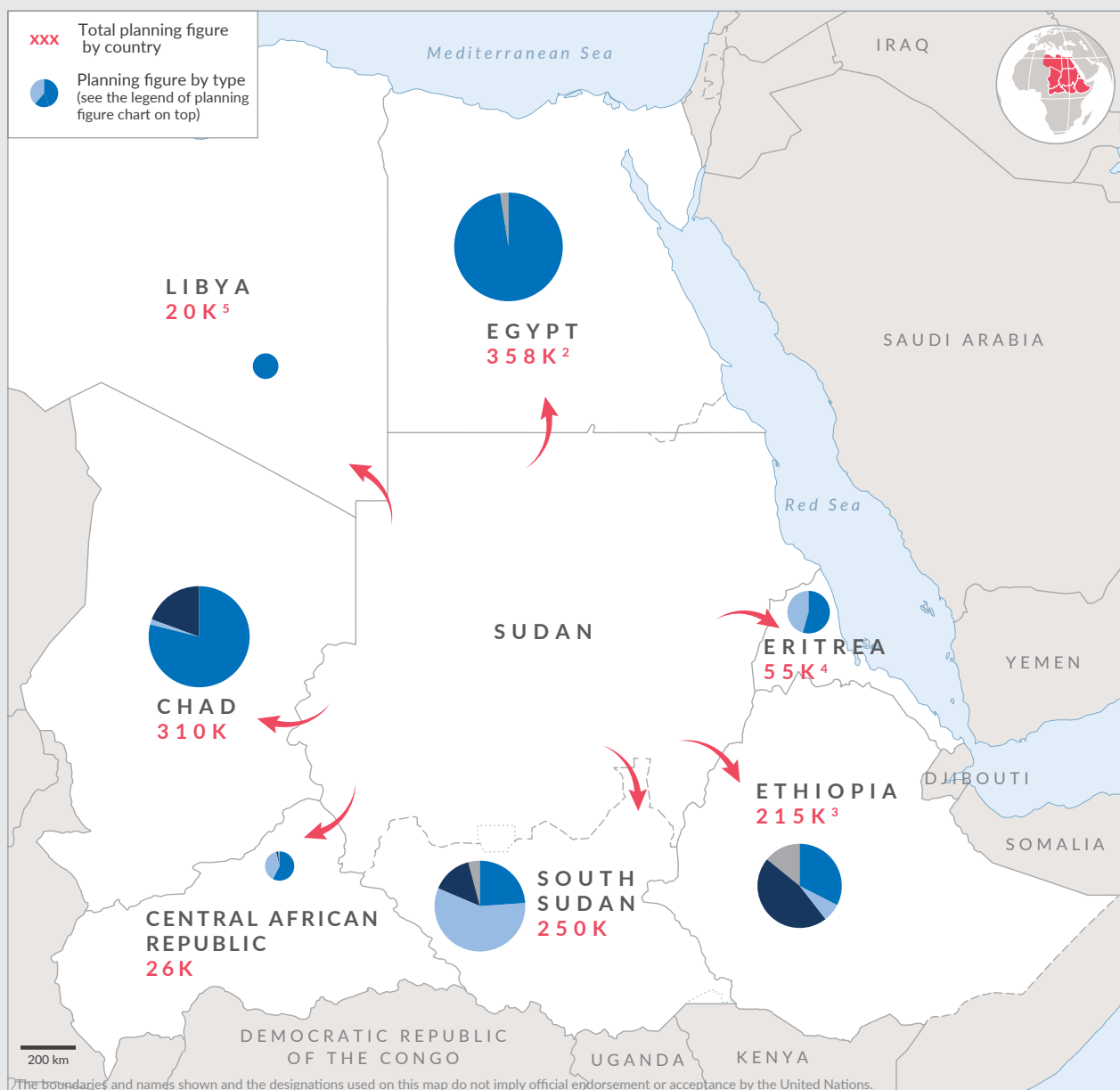
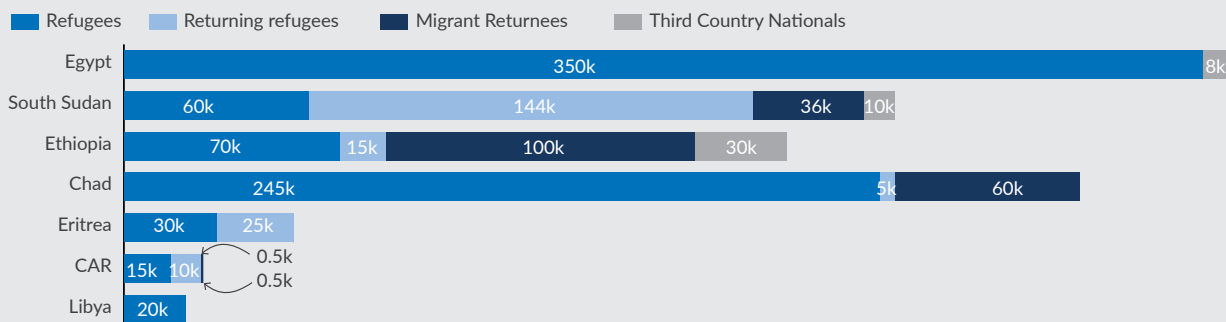
 **790,000**
Total projected
Refugees¹

 **199,000**
Total projected
Refugee Returnees

 **196,500**
Total projected
Migrant Returnees

 **48,500**
Total projected
Third Country Nationals

Planning figures | in thousands



¹ This figure includes Sudanese Refugees and others who were themselves refugees in Sudan now fleeing into neighbouring countries.

² IOM projects 30,000 TCNs of which 8,000 will be assisted under this Plan.

³ The needs for 100K Ethiopian migrant returnees and 30K third country nationals in Ethiopia are not budgeted in this plan, they are reflected in the IOM Response Overview to the Sudan Crisis and Neighbouring Countries.

⁴ The figures included here for Eritrea are for contingency planning however financial and operational requirements are not included in this Regional RRP.

⁵ The figures included here for Libya are for contingency planning however financial and operational requirements are not included in this Regional RRP. The total number represents all categories of people combined.

Sources: UNHCR, IOM, Government

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Regional Overview

The scale and magnitude of displacement within Sudan and into neighbouring countries has continued to increase since the conflict erupted in Khartoum, Sudan, in mid-April 2023, between the Sudanese Armed Forces (SAF) and the paramilitary Rapid Support Forces (RSF).

Despite repeated promises of a ceasefire, hostilities have been continuous since the outbreak of fighting, with the death toll tragically mounting into the hundreds of people and thousands having been injured. Many more are thought to have died due to the disruption of critical services, including health care¹. The UN Secretary General (UNSG) has issued several statements since the beginning of the hostilities condemning the outbreak of violence and asking parties to respect international law and calling for those responsible of the deaths and injuries of civilians to be brought to justice. Reports from Khartoum included the targeting of UN/INGO personnel, and looting of health facilities, including ambulances and hospitals.

While the signature of the [Declaration of Commitment to Protect the Civilians of Sudan](#) on 11 May could allow for much needed humanitarian assistance to be safely delivered and for essential services, like health care, water and electricity to be restored, currently the humanitarian situation in Sudan is dire. Food, water, and fuel shortages are pervasive, there is limited access to communications and electricity, and prices of essential items are skyrocketing and affecting access to basic needs. Rising costs of fuel as well as transport make it increasingly difficult for people to leave conflict-affected areas and move to safer locations. Yet, to date, over 80,000 refugees from Khartoum and other urban centres have relocated to existing refugee camps in the hope of being better protected. Access to health care has also been critically impacted by the

conflict, with direct attacks on healthcare facilities as well as severe shortages of medicines and vital supplies. Humanitarian assets have and continue to be looted in areas affected by the conflict and humanitarian actors have been under attack. The clashes are adding another layer of complexity to an already challenging humanitarian situation in Sudan, as almost 16 million people were estimated to need humanitarian assistance in 2023 before this most recent crisis. The Humanitarian Response Plan for Sudan has been revised to reflect this new situation.

Sudan, which has a long record of generously hosting refugees, used to be home to over 1 million refugees - the second highest refugee population in Africa - mainly from South Sudan, Eritrea, Syria, and Ethiopia, as well as the Central African Republic, Chad and Yemen.

Over the years, several bouts of conflict have also forced people to flee within Sudan, with over 3.7 million people internally displaced, and over 800,000 Sudanese refugees seeking safety across borders, mainly in the neighbouring countries of Chad, South Sudan, Egypt, Central African Republic and Ethiopia.

The current fighting has already displaced over 1.67 million¹ people inside Sudan. In addition, over 475,000² refugees and refugee returnees have left Sudan. Among those fleeing are South Sudanese returning home in adverse conditions and others who were themselves refugees in Sudan now fleeing into neighbouring countries.

1 [IOM DTM Update 8, June 13](#)

2 <https://data.unhcr.org/en/situations/sudansituation>

The most significant cross-border movements so far have been Sudanese refugees arriving in Chad and Egypt, South Sudanese returning to South Sudan and Chadians returning to Chad. This includes more than 115,000 new refugee arrivals in Chad, 118,700 returnees and refugees in South Sudan³, 210,000 Sudanese who have crossed into Egypt, in addition to more than 5,500 refugees of other nationalities, and over 10,300 refugee arrivals and 4,700 refugee returnees in CAR. Ethiopia has so far seen the arrival of some 12,000 refugees, the majority of whom are Eritrean followed by Sudanese. In Libya and Eritrea contingency planning is ongoing for a comparatively smaller number of arrivals.

In addition to the Sudanese refugees and the refugee returnees who are crossing into neighbouring countries, there are also migrant returnees and third country nationals (TCNs). Migrant returnees are arriving in very vulnerable conditions and require humanitarian and protection assistance upon arrival, as well as onwards assistance. TCNs, who are not nationals of the country in which they arrive may wish to return to their countries of origin. However, they might face challenges linked to the availability and accessibility of consular services, proper documentation, transportation means and conditions of dignified return and reintegration in their countries of origin. IOM is the lead agency supporting migrant returnees and TCNs who do not have international protection needs, together with government counterparts and relevant RRP sectors, ensuring complementarity across the response.

Without a resolution to the crisis, more people will be forced to flee in search of safety. In consultation with the concerned governments and partners, and in coordination with IOM for migrant projections, UNHCR undertook coordinated contingency planning for new arrivals (refugees, returning refugees and others, including third

country nationals) to CAR, Chad, South Sudan, Ethiopia, Egypt, Eritrea and Libya. The initial figure used for projections for financial and operational planning to cover people fleeing to CAR, Chad, South Sudan, Ethiopia and Egypt is 1,062,000 individuals, including refugees, returnees and third country nationals. UNHCR is working hand-in-hand with IOM at several border crossings to help all people fleeing Sudan, to register those in need of protection, identify the most vulnerable and help determine the different population groups leaving the country.

In line with the Global Compact on Refugees⁴, this inter-agency Refugee Response Plan (RRP) aims to support the host countries in the region to lead and coordinate the response to the refugee outflow. This Plan for the Sudan refugee situation is developed in accordance with the Refugee Coordination Model (RCM) and builds on the initial RRP summary published on 4 May. It has been further detailed at country level and covers activities through October 2023. It outlines the multi-partner, multi-sector response strategy and financial requirements of 139 partners supporting the host Governments of the Central African Republic, Chad, Egypt, Ethiopia and South Sudan, to provide protection services and urgent humanitarian assistance to refugees from Sudan, South Sudanese Returnees (refugee returnees and returning migrants), Chadian Returnees (refugee returnees and returning migrants), Ethiopian returnees, refugees from other countries previously hosted in Sudan, and third country nationals – including those in need of international protection and others who want to return to their countries of origin, and impacted host communities. Further to the use of cash-based interventions, the Plan also lays the groundwork to put in place opportunities for refugees' socioeconomic inclusion and support to host communities, which will be aligned with other relevant sustainable development plans, where

³ [Joint UNHCR-IOM Dashboard](#)

⁴ [Global Compact on Refugees website / What is the Global Compact on Refugees](#)

in place.

RRP partners – including UN Agencies, national societies of the Red Cross and Red Crescent, national and international non-governmental organizations, faith-based organizations, and civil society – developed this joint response plan in tandem with concerned host governments. It builds on the collective and coordinated work

already being done in these countries and promotes an area- and needs-based approach.

Given the very fluid and volatile situation, with the number of new arrivals increasing daily, the RRP will continue to be revised and complemented with further activities and additional partners to scale up and/or adapt the inter-agency response depending on developments in the context and needs.

Regional Protection Needs, Vulnerabilities and Risks

Countries neighbouring Sudan impacted by this new emergency are already hosting large refugee, migrant and internally displaced populations. Humanitarian programmes in these countries remain severely underfunded. Moreover, those leaving Sudan are arriving in remote locations in countries of destination and access to them is often difficult, particularly in CAR, Ethiopia, and South Sudan. Hosting countries will need additional support to provide protection and critical life-saving assistance.

Initial assessments show that the new asylum-seekers, refugees, refugee returnees and other arrivals' most urgent needs identified to date are water, food, shelter, health, cash assistance and core relief items. Particularly in South Sudan and the Central African Republic, onward movement away from the border areas is a significant logistical and financial challenge. In many of the countries, the rainy season is approaching, and this will make more difficult the movements and the delivery of aid.

In terms of protection related interventions, the current priority needs are to support local authorities with registration of new arrivals, the identification of individuals at heightened risk (unaccompanied minors, individuals in a critical medical condition or with those disabilities,

survivors of gender-based violence and older persons). Most new arrivals are women and children, a number of whom are unaccompanied or separated, and thus there are many family separations. Efforts to ensure mechanisms are established to mitigate and respond to GBV – including life-saving services are available for children at risk and GBV survivors – and to provide specialized services for children, including family tracing and alternative care arrangements for the unaccompanied, need to be expanded. Also important are preventive messages to address risks of trafficking and sexual exploitation and abuse (SEA). The conflict and subsequent violence and trauma experienced will necessitate offering psychosocial support for children and parents as well as establishing community-based mechanisms to support two-way communication, identification of persons at risk and referrals.

The impact of the conflict beyond the borders, including on the commercial side, such as the disruption of existing trade and supply chains, and inflation, in addition to increasing the cost of the humanitarian response, are already creating increased hardship for the most vulnerable host communities, a situation that could fuel tensions between refugees and host populations. If a political solution to the crisis in Sudan is not found, the entire region could be destabilized, leading to

further outflows of refugees and populations from Sudan.

Regional Response Strategy and Priorities

As set out in the Global Compact on Refugees, this RRP is taking a “whole-of-society” approach and is designed in support of the hosting governments. It will build on the capacities and expertise of the refugees and returnees themselves and the communities acting as first responders, noting that in many locations the capacity to respond is already overstretched as refugees and migrants are arriving in areas where food insecurity is high and existing services are minimal or non-existent.

UNHCR and partners are engaged in advocacy with neighbouring country governments to seek assurances that they will keep their borders open for those fleeing Sudan. RRP partners have emergency teams on the ground and are assisting the authorities with technical support, screening and registering new arrivals, carrying out and expanding regular protection and border monitoring and strengthening reception capacity. In many of the neighbouring countries, reception centres are open and hotlines are available to orient new arrivals and provide vital information. This two-way communication with communities remains critical to understand the evolving situation, risks, and needs, and to inform communities of the available services, the necessary registration/verification procedures, as well as the relocation processes to areas further away from the border.

Protection interventions include identifying the most vulnerable refugees and those at risk, in particular survivors of violence, unaccompanied and separated children, older persons, persons with disabilities, single women and female-headed households with no family or community support. Those in need will be offered assistance and referrals to key services such as legal aid,

family reunification and alternative care arrangements. Specialized services and referral mechanisms will be set up to respond to displaced women, girls and boys most at risk from gender-based violence and sexual exploitation.

Refugees’ and returnees’ and other arrivals basic and urgent needs are being addressed through the provision of food, shelter and core relief items, as well as health, nutrition and water, sanitation and hygiene services. UNHCR’s and partners’ global supply chains have been activated, core relief items are being distributed and airlifts to the most remote locations are underway.

RRP partners will use cash assistance as part of the emergency response where it contributes to protection and solutions outcomes and maximizes efficiency, effectiveness, and impact in programme delivery. Based on careful consideration of context specificities in the affected countries, cash assistance will build on cash feasibility assessments, response analysis, available delivery arrangements, SEA risk assessments, partnerships and contracting of financial service providers available to provide rapid cash assistance. Partners will ensure a community-based and participatory approach, engaging the affected population throughout the process of planning for and delivering assistance.

RRP partners will also seek to foster opportunities for solutions, inclusion and self-reliance in the framework of the humanitarian-development nexus and the Global Compact for Refugees (GCR).

Response to date

In Renk, **South Sudan**, partners established a new transit centre, where new arrivals are given food, water, and accommodation in communal shelters. They also receive survival kits before moving onward. Clinics have been set up for medical screenings, emergency healthcare and referrals.

In **Chad**, relocations from the border are starting soon. Refugee families have received relief items. Additional emergency relief items have been airlifted on two flights this week from UNHCR's warehouse in Dubai.

In the **Central African Republic**, hygiene kits, mosquito nets, kitchen sets and shelter items are being distributed to new arrivals.

In **Ethiopia**, communal emergency shelters have been constructed in Metema, a main arrival point. Registration and protection activities as well as hot meals are being provided by partners.

In **Egypt**, partners are delivering water, food, wheelchairs, hygiene kits and sanitary items for new arrivals at the borders through the Egyptian Red Crescent. New arrivals have approached UNHCR in Cairo for registration and support. Registration has been accelerated so refugees can swiftly access assistance like health and education.

Regional Objectives

RRP partners will support government-led efforts to address the protection and urgent needs of refugees (Sudanese refugees and refugees of other nationalities hosted in Sudan), refugee and migrant returnees, and third country nationals, and will be driven by the following regional objectives:

- Support host countries to ensure access to territory and asylum for all individuals in need of international protection and in compliance with the principle of non-refoulement and the civilian and humanitarian character of asylum.
- Support host countries to provide timely and life-saving protection and humanitarian assistance for all those fleeing Sudan, with a specific focus on the most vulnerable and those most at risk.
- Identify persons with specific protection needs and in vulnerable situations and provide specialized protection interventions and other services.
- Support neighbouring countries to ensure access to their territory for third country nationals and assist, in close coordination with embassies and consulates, third country nationals with immigration procedures and in contacting respective consular authorities to enable them to return home to their respective countries of origin.

Regional Cross-Cutting Response Priorities



AAP

Programming decisions and actions will be responsive to the expressed priorities, needs, capacities and views of all refugees, returnees and others involved in this plan. RRP partners will ensure that all persons we serve have equal and non-discriminatory access to protection, assistance and solutions. Refugees, returnees and host communities will be actively involved in the planning, implementation and monitoring of the response throughout the programme cycle. Consulting with and integrating host communities in response planning and implementation can diminish social tension and address existing vulnerabilities. Operational interventions, priorities, and course corrections will be informed on an ongoing basis by the views of affected populations.

The response will also ensure that a range of inclusive, accessible and rapid channels of communication using local languages, such as information desks and complaints and feedback mechanisms, that are child friendly, are set up at points of entry as well as at transit centres, around distributions, and at service provision points based on communication assessments and as applicable to the different country contexts. They will be used to inform new arrivals about procedures, structures, and processes that affect them, so that they are able to make informed decisions and choices. Other systems (including for confidential complaints), such as helplines, suggestion boxes, SMS systems, social media platforms will also be made available.



Age, Gender and Diversity (AGD)

All interventions will be designed, implemented, and monitored through rights-based, community-based and Age Gender Diversity (AGD) approaches. The RRP will ensure that refugee, returnee, third country national, and host community needs are identified and addressed in consideration of age, gender, and diversity in programming across sectors. Aligned with the commitment to AAP, elaborated above, partners will actively engage communities in planning, implementation, and evaluation of the response by consulting, listening to, and acting upon the voices and priorities of diverse women, girls, boys, and men, including the most marginalized and at-risk people among affected communities. RRP

partners will aim to strengthen monitoring of assistance using age, gender, and diversity disaggregated approaches to identify gaps in the response.

The AGD approach can be achieved by using participatory methodologies to incorporate the capacities and priorities of women, men, girls and boys of diverse backgrounds into protection, assistance and solutions programmes. It also encompasses the collection and analysis of data disaggregated by age, sex and disability, and diversity where contextually appropriate and possible, to inform programme design, monitoring and reporting and to ensure gender disparities are met.



Disability Inclusion

Individuals with disabilities make up an estimated 16 per cent of any population, with higher numbers expected in situations of forced displacement. Statistically, the prevalence of disability is often higher among women. RRP partners will invest in evidence-based, multi-level strategies such as social and behaviour change, inclusive education and skills opportunities to promote policies that combat institutionalized stigma and discrimination against persons with disabilities. The disability status of refugees needs to be considered during registration; sensitization sessions will be organized for partners on disability inclusion programming, aiming to bring meaningful

interventions and create a disability-sensitive culture. Persons with disabilities, including children, face additional barriers that prevent them from being included on an equal basis with others in the areas of WASH, Health & Nutrition access, Protection, Social Protection, Education, etc. They face higher levels of poverty on average, and they are likely to be among those who experience the worst effects of a crisis. Partners are working to break down these barriers and will ensure a disability-inclusive approach in this response. Close cooperation will also be sought with national and local organizations representing and working with persons with disabilities.



Older Persons

An estimated 4 per cent of forcibly displaced persons are older people. Older persons may face challenges due to limited mobility and low resources when fleeing from violence. They often lack documentation required to cross borders, lose family and community support, or acquire

care responsibilities for children separated from their parents. RRP partners will consider specific assistance for age-related needs of older persons and targeted support to overcome barriers in accessing services and assistance through community-based and volunteer interventions.



Prevention of Sexual Exploitation and Abuse (PSEA)

Risks of sexual exploitation and abuse (SEA) are particularly heightened in an emergency displacement situation due to multiple factors, such as the lack of awareness by refugees and migrants about their rights and entitlements in an unfamiliar environment, disruption of means of livelihood, family separation, breakdown of usual protective institutions and networks, and rapid and massive scale-up of recruitments and deployment of personnel from a wide array of organizations. Protection from sexual exploitation

and abuse (PSEA) is therefore an integral and cross-cutting component of the RRP and will be mainstreamed across the response for refugees, returnees and third country nationals from Sudan. Inter-agency PSEA Networks will coordinate collective efforts and action for prevention, risk mitigation and response to SEA among all partners involved in the response. Community engagement and awareness raising on PSEA will be strengthened, using diverse channels that are adapted to the local context and accessible for

women, men, girls and boys of diverse backgrounds. Key PSEA messages will also be systematically integrated in information campaigns for new arrivals and multi-sectoral service delivery to ensure that affected communities are aware of their rights and entitlements, how to access services, what is SEA, and how to report any related concerns. PSEA training and awareness-raising sessions will be conducted with all personnel, contractors, community workers and volunteers, and others involved in the response. SEA risk assessments will be undertaken to identify high-risk areas and

inform measures to mitigate risks across multi-sectoral programmes. Through collaboration with AAP coordination structures, complaints and feedback mechanisms will be strengthened to ensure that they are accessible and can safely receive and refer any complaints related to SEA for follow up. PSEA Networks will also ensure coordination with the GBV and Child Protection sub-sectors to ensure that victims of SEA have access to support through existing inter-agency GBV and child protection referral pathways, in line with a victim-centred approach.



Localization

Local participation and involving the voices of local actors in shaping efforts to find more predictable and inclusive solutions to the plight of refugees is essential. UN Agencies and NGOs among others, made a commitment at the World Humanitarian Summit (WHS) in May 2016 “to empower national and local humanitarian action”, and thus to work towards greater localization. The New York Declaration and the Global Compact on Refugees (GCR) both refer to the importance of engaging directly with forcibly displaced persons themselves. These commitments were again reiterated at the Global Refugee Forum (GRF) 2019, with pledges for engagement and partnerships with affected populations to ensure that they are meaningfully engaged throughout the process. The Sudan Regional RRP includes

national NGO partners, local refugee-led organizations, women-led organizations and local faith-based organizations, demonstrating engagement of national NGOs and local actors in the response. Not only are many of them directly appealing partners in the Plan but some others are funded directly by appealing partners in the response. National and local actors, including RLOs, WLOs, etc. will be supported to identify, design and implement project ideas that address the challenges refugees and returnees face, this will include strengthening their capacity on project management, accountability and transparency as needed. RRP partners will continue to engage a wide range of stakeholders, including regional and local governments, through a whole of-society approach.



Climate Action

RRP Partners working on the refugee response will strengthen efforts to make their programming climate-smart and environmentally sound. Scaling-up of activities that protect both people and the environment, such as clean cooking and solar

energy interventions, will take place in RRP countries. In addition, partners will analyze climate and environmental risks, and will undertake mitigation measures relevant to the context.

Partnership and Coordination

In line with the Global Compact on Refugees, UNHCR is facilitating support to the host governments with the response to the Sudan crisis, ensuring a multistakeholder approach and laying the groundwork for solutions from the start. The implementation of the Sudan Regional Refugee Response Plan will be done in line with the Refugee Coordination Model (RCM) in close collaboration with inter-agency partners and other stakeholders. Coordination mechanisms in some countries will need to be strengthened with the set-up of specific inter-agency refugee coordination fora to agree on response strategies, steer implementation of the response and ensure coordination and information sharing with all partners. This will enable RRP partners to work efficiently together to maximize the response, avoid duplications and better link up to existing longer-term coordination mechanisms to encourage development actors to be part of the response as soon as possible. It will also aim at guiding joint advocacy initiatives and resource mobilization efforts in support of the country-level response plans. As the UN Agency mandated by the General Assembly to lead refugee responses, UNHCR is the reference entity on refugee and refugee returnee data, facilitating and coordinating the provision of necessary data and information to support RRP partners' response planning. Close collaboration is maintained with IOM who coordinates the response to the needs of migrant returnees and third country nationals.

As outlined in the RCM, for the response to the Sudan emergency, together with government counterparts, UNHCR has established (or adapted) and leads refugee coordination structures that include refugee coordination fora and sectoral working groups at the country level in CAR, Chad, Egypt, Ethiopia and South Sudan on protection, child protection, gender-based

violence, WASH, health&nutrition, shelter/NFI, food security and livelihoods and economic inclusion, humanitarian transportation, and others depending on the country context. Throughout the response, UNHCR will ensure that joint assessments, monitoring and reporting on progress and communication and information-sharing tools are put in place in coordination with the governments and RRP partners.

Recognizing the importance of the principle of leaving no one behind, UNHCR will closely coordinate with IOM in the response to migrant returnees and third country nationals in all countries involved in this Regional RRP. As such, IOM will lead the response to these populations in close collaboration with all other RRP partners.

Importantly also, the Offices of the UN Resident Humanitarian Coordinators work closely with RRP Partners to enhance synergies and complementarities among UN Agencies as well as NGO partners and will work to ensure the best possible outcomes as outlined in this Plan. Stakeholders' participation in the inter-agency plans, Humanitarian Country Teams and other coordination mechanisms will be supported and reinforced with reports on achievements, experiences, challenges and lessons learned linked to the refugee response. The harmonization and coordination of different interventions is essential to maximize benefits for the people we work with, and to avoid ineffective duplication of actions. Through the framework of the RRP, UNHCR, and Partners will provide regular updates to donors and key stakeholders.

NEXUS

The Regional Refugee Response Plan is guided by the objectives of the Global Compact on Refugees (GCR) to promote solutions and inclusion from the outset of the refugee emergency. Humanitarian, development and peacebuilding actors should work hand-in-hand from the outset of this refugee crisis. Effective coordination with development partners facilitates the search for solutions for the refugees and refugee returnees fleeing Sudan and fosters self-reliance and socioeconomic inclusion of refugees by easing the pressure on host communities and supporting host governments in their response. Potential areas of support include development needs assessment; expansion of education, health water and sanitation services and vocational training; access to electricity; and capacity building for local governments and municipalities. Development partners can take advantage of their existing knowledge and experience working with those countries, potentially expanding their support to existing programmes to refugees.

Financial Requirements

RRP partners are appealing for an estimated **566.4 million USD** for an initial period from May to October 2023. The RRP will be further revised as the situation evolves.

Regional budget summary per country (in million US dollars)

Central African Republic	Chad	Egypt	Ethiopia	South Sudan	Total
42.65	226	1 14.05	87.6	96.1	566.4

Regional budget summary per country

Sector	Central African Republic	Chad	Egypt	Ethiopia	South Sudan	Total
Basic Needs/ Multipurpose Cash		800,950	20,425,180			21,226,130
CCCM/Camp management					6,952,521	6,952,521
Coordination and Common Services					2,100,003	2,100,003
Education	2,627,111	8,524,633	10,197,745	4,060,525	2,724,093	28,134,107
Emergency support to migrant returnees and TCN		23,250,000	11,610,000	8,000,000	4,950,000	47,810,000
Food Security	5,019,810	48,171,840	16,570,898	12,106,681	24,050,790	105,920,019
Health & Nutrition	2,232,102	11,572,808	18,218,363	9,330,811	15,837,090	57,191,174
Livelihoods, Resilience & Socio-Economic Inclusion		6,525,545	6,100,573	1,402,500		14,028,618
Logistics, Telecoms & Operational Support	14,112,352	29,619,736	1,194,306	6,852,000	13,889,744	65,668,138
Protection	6,571,238	6,866,458	19,787,953	18,004,779	11,646,387	62,876,815
<i>Protection (General)</i>	<i>5,698,968</i>	<i>4,335,351</i>	<i>6,483,129</i>	<i>13,119,300</i>	<i>3,949,078</i>	<i>33,585,826</i>
<i>Protection/Child Protection</i>	<i>291,149</i>	<i>1,459,657</i>	<i>5,489,385</i>	<i>1,841,283</i>	<i>2,391,888</i>	<i>11,473,362</i>
<i>Protection/GBV</i>	<i>581,121</i>	<i>1,071,450</i>	<i>7,815,439</i>	<i>3,044,196</i>	<i>5,305,421</i>	<i>17,817,627</i>
Shelter & NFIs	7,232,039	70,630,880	4,840,943	16,855,775	9,205,077	108,764,714
WASH	4,855,000	20,005,400	5,100,000	10,968,811	4,774,760	45,703,971
Total	42,649,652	225,968,250	114,045,961	87,581,882	96,130,464	566,376,209

Monitoring Plan

Monitoring enables understanding of progress towards planned results and allows for corrective action to be taken, where necessary. UNHCR and partners will continuously monitor the situation as well as the planned outputs of the response. A regional monitoring framework will be developed, to be complemented by country specific indicators selected by sector working groups to measure progress towards outputs specific to their context.

Common monitoring and reporting tools and timeframes will be established for partners to report against the indicators in the monitoring frameworks. To ensure Accountability of Affected People (AAP), feedback and response mechanisms will be maintained, allowing two-way communication and a system of response and feedback between affected/target populations and RRP partners. This is aimed at ensuring that the needs and concerns of affected populations guide the response.

COUNTRY OVERVIEW

CENTRAL AFRICAN REPUBLIC



Registration of newly arrived Sudanese refugees in Am Daffock. Awa Ali, 34 years old, mother of 4 children, fled her hometown Nyala to find refuge in Am Daffock in CAR. © UNHCR/Stella Fatime

AT A GLANCE

CAR Planned Response

March – October 2023



15,000

Sudanese Refugees



10,000

CAR Refugee
Returnees



500

CAR Migrant
Returnees



500

Third Country
Nationals



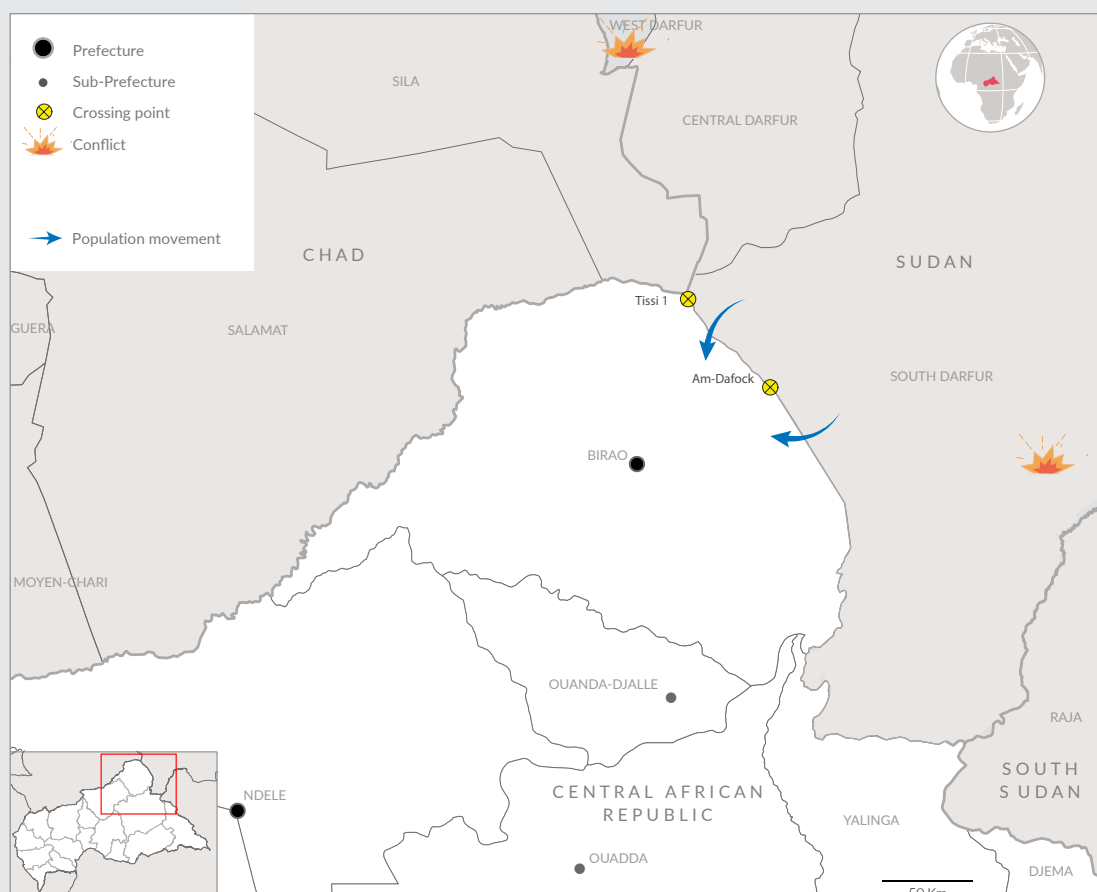
42.6 M

Total financial
requirements



9

Partners involved



Country Overview

Part 1: Current Situation

Violence in Sudan is also affecting South Darfur, which borders the remote northern region of the Central African Republic (CAR). As of 12 May, 9,730 individuals had fled to CAR, including 6,333 Sudanese refugees and 3,397 returning CAR refugees. As the unrest and violence in Sudan continue to escalate, RRP partners are preparing for the arrival of 26,000 individuals, including 15,000 Sudanese refugees, 10,000 CAR refugee returnees and 1,000 migrant returnees and third country nationals. At the time the clashes broke out, there were some 24,000 Central African refugees hosted in Sudan.

So far, the new arrivals – 98 per cent of whom are women and children – have been crossing into the small Central African border village of Am Dafock in the Northeast. According to the information they shared, most of the men have remained in Sudan to guard houses, fields, and livestock. However, if the security situation in Sudan further deteriorates, they will be forced to cross the border to join their families in Am Dafock.

Many refugees and returnees have been sleeping in the local school or under trees and are in dire need of protection support and assistance. MINUSCA, the peacekeeping mission in CAR, established a temporary-operations base in Am Dafock after the clashes broke out in Sudan, which provides some physical protection for new arrivals. However, given the remoteness and the poor infrastructure, services and resources are extremely limited in this area and local markets rely heavily on trade routes from Sudan that have now been disrupted. This has caused a spike in the cost, and further scarcity, of food and fuel.

The area is difficult to access due to poor road and security conditions, and the closest point of operation with humanitarian presence is 65 km away in the town of Birao. In coordination with national and local authorities, partners are working on a coordinated emergency response, with immediate life-saving interventions and a subsequent planned relocation of new arrivals to a more suitable and safe location that will be designated by the Government near Birao.

Emergency assessment missions led by UNHCR and the National Commission for Refugees (CNR) have identified the pressing need for food, water, shelter and basic subsistence items to guarantee the minimum survival of the newly-arrived population. Emergency registration is urgently needed as a protection tool to better quantify new arrivals and plan interventions, as well as to support and implement measures for people at heightened risk, particularly children and survivors of violence, including gender-based violence. Existing humanitarian presence in Birao is limited to a few humanitarian actors, including OCHA, ICRC and a few international NGOs. A UNHCR emergency team has been deployed to Birao, and UNHCR is in the process of establishing an office there to coordinate and respond to the refugee influx. Other agencies are also planning to strengthen their capacity to support the emergency response.

Logistical challenges are significant, as Birao is located over 1,400 km from the capital, Bangui, and road transportation of humanitarian supplies can take as long as one month in the dry season due to poor infrastructure and insecurity. During the rainy season – which could run from May to October, the entire duration of the planned

emergency response – Birao is essentially unreachable by road. Partners will need to rely heavily on airlifting to deliver assistance to new arrivals and to ensure proximity to refugees and other affected communities, despite the high costs and limited resources available.

Population Planning Figures

Central African Republic	Estimated Population as of end October 2023
Populations to be assisted	
Sudanese Refugees	15,000
CAR Refugee Returnees	10,000
CAR Migrant Returnees	500
Third Country Nationals (TCNs)	500
Total	26,000

Protection Needs, Vulnerabilities and Risks

CAR has continued to keep its borders open to grant access to refugees from Sudan and will ensure returnees enjoy their full rights. The security situation is still very complex in the border areas with the presence of armed groups, and new arrivals in Am Dafock noted insecurity as their number one concern. Most new arrivals are women and children from the Nyala area who have experienced violence and trauma and have been separated from their family members.

In early May 2023, an Inter-Agency Multi-Sectoral Rapid Assessment (MIRA), conducted in Birao and Am Dafock, found food, shelter, core relief items, health services, water and sanitation to be among the most pressing assistance needs for the population. The current living conditions expose women and children to heightened protection risks, including GBV, exploitation, harmful coping practices, as well as tensions with the host communities.

As nearly the entire population of arrivals are women and children, priorities also include child protection interventions such as the identification of unaccompanied children or other children at risk; life-saving services for GBV survivors and GBV risk mitigation in all humanitarian interventions, as well as other psychological support to individuals in distress.

Given the fragile security situation at the border and the limited accessibility, there will be a need to relocate refugees towards Birao, where access to services and assistance may be facilitated. The relocation will need to start as soon as possible, as the rainy season is approaching, and will be preceded by sensitization and communication of refugee and host communities on this exercise.

Part 2: Emergency Response Strategy

In support of the Central African Government's efforts, RRP partners are providing a protection-centred response to the pressing needs of arriving Sudanese refugees and Central African refugee and migrant returnees, within an extremely challenging operational and logistical context. Moreover, partners need to address short-term priorities in areas of first arrival, while urgently preparing to transition to more sustainable settlements as soon as possible. RRP partners will therefore conduct the emergency response through a two-pronged approach:

Phase 1:

Partners will work with the Government to ensure access to territory and asylum, provide protection and respond to the most urgent needs identified at entry points, including through registration and identification of individuals at heightened risk, food distribution, provision of emergency shelter and basic items such as mosquito nets and hygiene kits, drinking water, and health services. Protection activities include establishing life-saving services for GBV survivors, such as case management through listening centres⁵ (centres d'écoute) and training of frontline workers and members of community structures on safe disclosure and referral of GBV survivors. UNHCR and protection partners will also identify unaccompanied or separated children and persons at heightened risk, such as persons with disabilities or medical needs.

Phase 2:

Once feasible, new arrivals will be relocated to safer and more accessible locations, where the Government and RRP partners will provide protection and multi-sectoral assistance. Multipurpose cash will be provided where feasible to ensure that refugees and other populations such as migrant returnees and third country nationals benefit from a more favourable protection environment in areas where access to services is facilitated by the presence of authorities and humanitarian actors. If the site identified by the authorities for the settlement of the newly arrived refugees is near existing villages and towns, the local population will also be able to benefit from the refugee response interventions and investments in local services, as inclusion and strengthening of local services will be important to promote peaceful coexistence.

Relocation will be voluntary and will be preceded and accompanied by information, clear communication and consultations with arriving refugees and with receiving communities. . Above all, the 'Do No Harm' principle will guide the response and the relocation process. Relocation related costs will be impacted by the lack of means of transport in the area, poor road conditions and the high cost of fuel. MINUSCA will be called upon to provide security during the relocation process.

5 Centre d'écoute Mam Bi Si are the model used in CAR. See, [UNHCR-CAR - TdB_MAMBISI_Octobre_V2 \(2\).pdf](#)

Strategic Objectives

- **SO1:** Support the Government of CAR to ensure that people fleeing from Sudan continue to have access to territory and asylum, through the provision of related protection services and multi-sectoral assistance at border points; as well as consular and return support for third country nationals in coordination with the respective embassies and consulates.
- **SO2:** Identify, including through registration procedures and community-based outreach, persons at risk and in vulnerable situations and provide targeted assistance and specialized protection services.
- **SO3:** Support the relocation of refugees away from border areas to a designated safe site or settlement suitable for hosting large numbers of refugees.
- **SO4:** Assist the authorities in receiving and facilitating the reintegration of Central African citizens, including those who were refugees in Sudan and returned under 'adverse circumstances'.

Sectoral Responses



Protection

UNHCR and the CNR will pre-register and register newly arriving refugees as well as will provide identity documentation. An initial registration of the new arrivals has been conducted in collaboration with the authorities. In addition, UNHCR and the CNR are setting up reception structures and deploying additional capacity to continue the registration of refugees arriving at the border in Am Daffok.

The Government of CAR will designate safe and sustainable areas to host new arrivals to enhance their overall protection. Reception centres will be established in the designated sites as points of support for new arrivals as they receive land allocations and shelter assistance.

Protection and border monitoring will be conducted in close coordination with local authorities and the MINUSCA mission in the area. Protection monitoring will be set up through community-based outreach workers who will be trained on safe and ethical information gathering from key informants from within the population, with consideration for age, gender and diversity aspects. Protection monitoring will enable evidence-based advocacy and appropriate programmatic responses.

In addition, partners will:

- Advocate with authorities to preserve the civilian and humanitarian character of asylum and will train authorities and actors working in the area, as well as sensitize the communities accordingly.

- Ensure that refugees have access to the territory, that refoulement is prevented, and that new arrivals are individually registered to ensure protection and inform the delivery of life-saving assistance.
- Invest in communities, promote accountability and local solutions. As part of the Protection Sector strategy, partners will consistently and transparently communicate with the local community and authorities. Additionally, partners will ensure that existing refugee community representation structures are strengthened and contribute to the emergency response. Decision-making will include consultations with persons of different age,

gender and diverse backgrounds to ensure that the needs of the various community groups and profiles are taken into consideration. Empowering communities in self-support will be promoted in all sectors, especially to mobilize communities to protect members in situations of vulnerability, by disseminating information and by identifying and referring individuals at risk. The response will also involve working closely with grass-roots structures, including those led by youth and women to strengthen social cohesion and resilience. Community volunteers and community protection monitoring focal points will also be trained.



Sub-Sector: Child Protection

In collaboration with child protection actors, community-based child-friendly spaces will be created to provide safe and protective environments to support the psychosocial wellbeing of refugee children. Protection activities will be carried out and will include the identification of children who are unaccompanied, separated or at heightened risk, as well as assessments and follow up actions to support their best interests. These will also include family tracing and reunification, provision of appropriate

family-based alternative care for unaccompanied children, and assessment and follow-up for separated children. Prevention of risk, including prevention of family separation will be prioritized through community-based and family strengthening programmes. Staff from other sectors and community volunteers will be trained on safe identification and referral, and the capacity of service providers will be strengthened to provide child-friendly services. The capacity of national child protection actors will be enhanced.



Sub-Sector: GBV

Response partners are training frontline workers and members of community structures on safe disclosure and referral of GBV survivors, and engaging refugees in initial prevention activities.

Life-saving services for survivors will be set up and strengthened to respond to gender-based violence and GBV risk mitigation plans will be promoted in

all humanitarian interventions, in support to other sectors. Partners will invest in GBV prevention, mitigation and response, ensuring that survivors have access to quality case management services and essential services such as safety and health. GBV “listening centres” will be set up to provide initial aid to survivors and psychosocial support, according to the Mam Bi Si methodology.



Education

Ensuring a rapid return to learning for newly arrived refugees is a priority for the Education Sector. Education partners will work with the national authorities to support access to schooling for those displaced from Sudan. Where appropriate, education partners will support the expansion of existing school facilities to accommodate additional students. During the expansion of existing school facilities, temporary solutions will be sought to ensure a rapid return to learning for all refugee children. Additional support will be provided to children who do not

speak the language of instruction to enable them to acquire communication and literacy skills. Community sensitization campaigns on the importance of education and a rapid result to learning will be conducted. Special attention will be paid to ensuring that schools are safe and welcoming environments, and that girls' and adolescents' needs are considered. Education partners will work closely with Child Protection and GBV sub-sectors in promoting safe access to schools.



Food Security

Newly arrived refugees are in dire need of food assistance. Food Security partners were able to confirm the availability of food stocks in Birao and travelled to the border to facilitate distributions. Following relocation, food assistance will be

extended to all refugees. Safeguards will be put in place by Food Security partners to ensure that distribution is safe for women and girls and child protection and GBV risks are mitigated.



Health and Nutrition

As part of the immediate response, Health and Nutrition partners have supported the local health centres, and donated medicines. To improve access to healthcare at the border, Sector partners are sending additional assistance including medicines and other items to support the local clinic in Am Dafock.

After refugees are relocated, Sector partners will strengthen the existing health structures or facilitate access to primary health services as needed. Mobile clinics will be established, where medical consultations, psychosocial support, and nutrition screening will take place. Malnourished

and high-risk children under-five, as well as pregnant and lactating women, will receive treatment in local health facilities. Health services for survivors of GBV, including sexual violence, will be available and a safe disclosure and referral system will be put in place among health practitioners.



Livelihoods and Economic Inclusion (LEI)

The possibility for refugees and CAR refugee returnees to have access to farmland or other economic activities will be explored. In particular for refugees, access to land will have to be negotiated with local authorities, traditional

leaders and communities. Partners will focus on inclusion and reintegration by closely working with local organizations who already know the communities.



Shelter / NFIs and Settlements

For the immediate response in Am Dafock, partners provided plastic sheeting, mosquito nets and other basic items in limited quantities to the new refugee arrivals that were most in need. Shelter and Settlements partners will distribute additional shelter and household kits, including plastic sheeting, as well as hygiene kits for refugees, refugee and migrant returnees as well as third country nationals and are putting up gender-sensitive communal shelter facilities in Am Dafock until more sustainable solutions can be established in the refugee relocation areas. Existing UNHCR core relief items stocks for 5,000 persons are also being transported from Bangui to Birao both through airlift and by road.

To provide safety and increase humanitarian access, refugees and CAR refugee returnees will

be relocated towards Birao. As much as possible, refugees will be accommodated in housing that makes use of local knowledge and materials, and investments will be made in structures that benefit local development. Partners will support and enhance community-based leadership structures and will ensure that refugees are empowered to participate actively in the shelter solutions proposed.

Measures to ensure the safety of women and children, particularly girls, and to mitigate the risks of gender-based violence are being established in the temporary settlements and will also be carried in the area of relocation. Those measures include gender-sensitive communal shelters, and sufficient lightening, including access to individual lamps if possible.



Water, Sanitation and Hygiene (WASH)

As part of the immediate response WASH partners provided assistance to improve access to water in Am Dafock; two 15,000-liter water bladders were set up and jerrycans were distributed to those most in need among the new arrivals and returnees. An initial inter-agency airlift also included WASH supplies to improve access in arrival areas.

To ensure sustainable access to drinking water for refugees after relocation, WASH partners will construct wells and boreholes, and install storage tanks, fountains, solar stations and distribution pipes. Gender-sensitive communal toilets and bathing facilities will be constructed. Community participation will be supported through the establishment of water committees to ensure

water point management initiatives including maintenance and quality monitoring. Handwashing stations will also be installed, and hygiene kits containing menstrual hygiene products will be distributed to new arrivals to

ensure dignity, promote good hygiene practices and reduce the risk of disease. WASH facilities will be built in a location close to shelters and lighting around toilets will be available to mitigate risks of gender-based violence.



Logistics, Telecoms and Operational Support

To facilitate the response, UNHCR is in the process of setting up an office in Birao to ensure coordination of assistance and monitoring. CNR and RRP partners are also expected to establish a presence, which will require effective logistical and communication equipment.

Under the overall coordination of the UNHCR-led Refugee Emergency Telecommunications Sector (RETS), internet connectivity, security telecommunications and other technologies services will be provided in common operational areas/sites as humanitarian needs and operations require.

The logistical support from Birao will also allow for transportation of core relief items, particularly by air and by road. The response will have to rely on airlifts to preposition items in Birao, and transportation expenses will be high. Truck transport across the 2,000km from Bangui to Birao can take up to a month in the dry season, and 2-3 in the rainy season, which runs from May to October. In addition, Sudan used to be a major supply route for this area of CAR, and the closure of this trade route will limit the procurement options for the humanitarian response.



Use of Cash-Based Interventions (CBI)

The possibility to provide cash-based assistance (CBI) or vouchers as the main method of assistance will be explored; however, given the remoteness and insecurity of the areas and the absence of banks and other financial institutions, this might not be possible. Moreover, as the Birao area is highly dependent on trade with Sudan, and the import of goods has been severely disrupted

by the Sudanese crisis, there is very little available in the local market. Cash is used to a limited extent for refugee communities elsewhere in CAR for education, and as part of returnees' reintegration grants. Cash assistance could be used to facilitate the purchase of local building material, which could spur the local market and ensure some sustainability and choice.



Assistance for Third Country Nationals

IOM in close coordination with embassies and consulates, will offer the most vulnerable third country nationals the possibility to return to their countries of origin. This will entail the provision of different services such as the identification of immediate needs (hygiene kits, medical assistance, NFIs, clothes); onward transport in country and to their countries of origin; transit assistance; accommodation (on a needs-basis), food assistance, hygiene and dignity kits, medical stabilization and treatment, and where necessary IOM escorts and international movement assistance.

IOM will work closely with UNHCR and other partners to ensure third country nationals with special protection needs receive tailored assistance, including vulnerable cases such as Victims of Trafficking (VoTs), GBV survivors, unaccompanied or separated children, older persons, persons with disabilities, and persons with severe medical conditions.

Cross-cutting Priorities

- Accountability to Affected People (AAP)
- Age, Gender and Diversity (AGD)
 - Disability Inclusion
 - Older Persons
- Prevention of Sexual Exploitation and Abuse (PSEA)
- Localization
- Climate Action

Read more in the Regional Overview pp.11 to 14.

Partnership and Coordination Arrangements

In line with the Refugee Coordination Model, UNHCR supports the Government to lead and coordinate the response. From the onset of the crisis, UNHCR and the CNR held coordination meetings in Bangui on the Sudan situation with humanitarian partners. For wider coordination beyond the RRP, UNHCR and CNR are leading a Refugee Response Working Group with over 25 partners, including UN Agencies, and international/national NGOs.

In Birao, where a humanitarian coordination mechanism existed prior to the Sudan crisis, UNHCR and the CNR will be leading the refugee response in collaboration with the actors that are already active in the area. The response to refugee arrivals in Am Dafock is an opportunity for UNHCR and partners to develop partnerships with local actors, including women-led organizations,

who know the area well, speak the local languages, and understand the dynamics of the local communities. Given the presence of IDPs and the wider humanitarian needs in the Vakaga area, the refugee response will be conducted in close coordination with OCHA and partners, in line with the “*OCHA-UNHCR Joint Note on Mixed Situations*”. While UNHCR maintains the strategic leadership and accountability for the refugee response, this approach maximizes complementarity and efficiency of coordination and delivery and avoids duplication. The IOM-UNHCR Framework of Engagement: Serving and Protecting Together, provides further guidance on refugee and migrant movements.

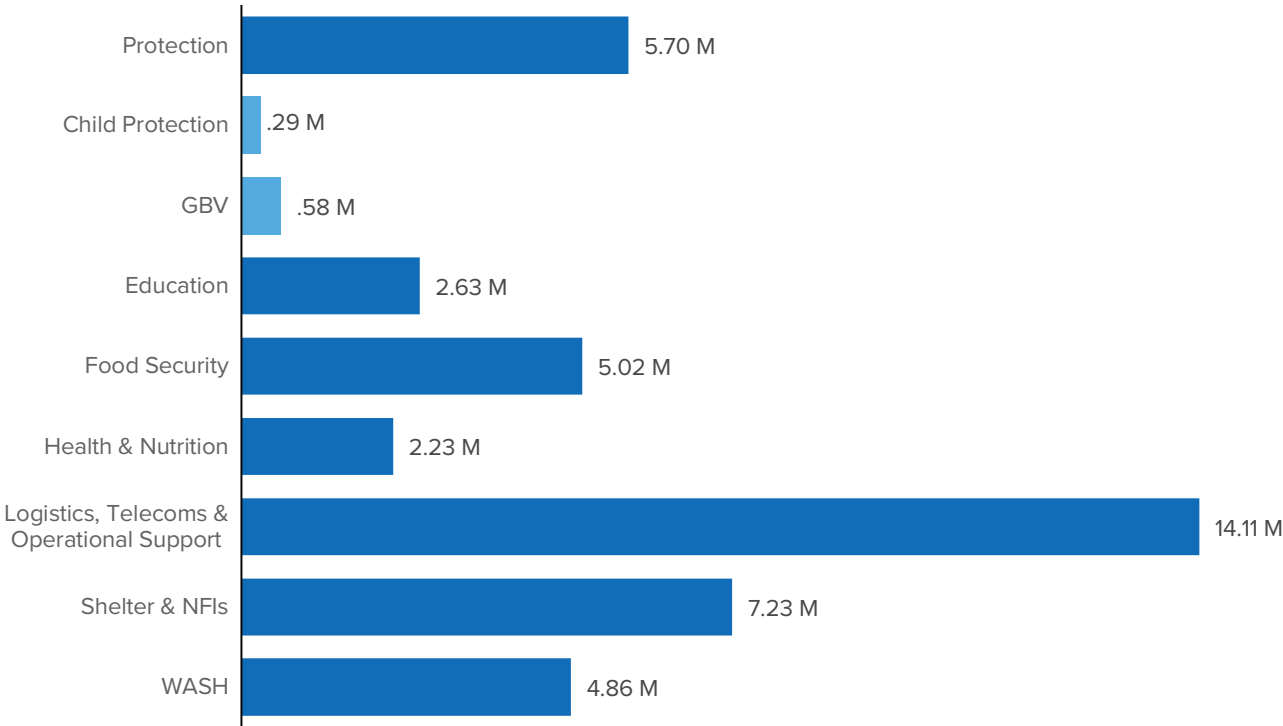


Inter-Agency Financial Requirements

Total Financial Requirements
In USD

\$42.6 M

Budget summary by sector
in Million USD



COUNTRY OVERVIEW

CHAD

Relief items kits are distributed to newly arrived Sudanese refugees at the Madjigilta site in Chad's Ouaddaï region, on the border with Sudan. The kits include a plastic bucket, soap and a jerry can. Some 30,000 people are so far estimated to have arrived in Chad, fleeing the violence and insecurity in Sudan.



© UNHCR/Colin Delfosse

AT A GLANCE

Chad Planned Response

May – October 2023 - Revised June 2023



245 K

Sudanese
Refugees



5 K

Chadian Refugee
Returnees



60 K

Chadian Migrant
Returnees



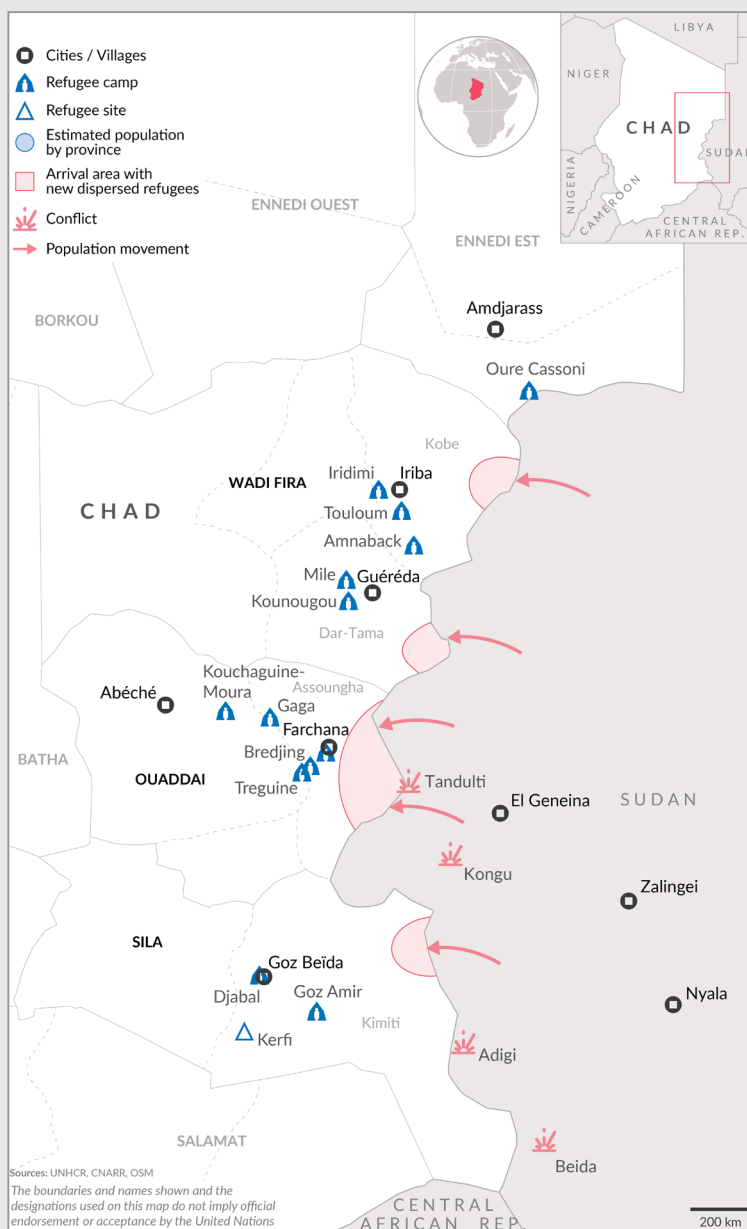
226 M

Total financial
requirements



22

Partners involved



Country Overview

Part 1: Current Situation

NEW

Since the start of the Sudan crisis, almost 116,000 Sudanese refugees have arrived in eastern Chad, surpassing the initial six-month planning figure of 100,000 in less than two months. IOM is also reporting an additional estimated 25,300 migrant returnees who have arrived in Chad as of 8 June 2023. Despite ceasefires, there are still reports of fighting in the Darfur region bordering Chad, and the security situation has continued to deteriorate. While the Chad-Sudan border is officially closed, Chad has continued to welcome Sudanese refugees who continue to arrive from Darfur on a daily basis, with a sharp increase observed in June as the rainy season begins. Given the prevailing instability, persistent armed violence and inter-communal clashes in Sudan, it is anticipated that as many as 250,000 refugees and 60,000 Chadian migrant returnees and third country nationals could arrive by the end of 2023.

As the rainy season begins in Chad, efforts are underway to relocate refugees from spontaneous sites in insecure border areas to existing camps located at least 40 km inland. As of 13 June 2023, a total of 17,327 refugees have been relocated to existing camps. However, due to the increasing number of new arrivals, the relocation of all refugees may not be completed before the rainy season during which access is increasingly challenging. Therefore, authorities and RRP partners are taking a two-pronged approach to address the most pressing needs:

i. Relocation: the priority will be to relocate as many refugees as possible from the spontaneous sites along the border to camp extensions and newly established camps in the three eastern provinces. This will provide them

with safer and more secure living conditions, away from the immediate security risks and challenges posed in the border areas.

ii. Maintaining a life-saving humanitarian assistance at the border: In light of the above mentioned challenges, humanitarian aid will be pre-positioned in strategic border areas to ensure that protection and assistance can continue to reach those who are unable to be relocated in time, including those who are likely to arrive during the rainy season.

In an urgent endeavor, RRP partners must rapidly expand their capacity in existing camps and establish up to five new camps equipped with essential facilities, including shelter, WASH, and other infrastructure, while also improving access to services to meet the pressing needs of the new arrivals and host population.

Most arrivals are women and children and had no other option than to sleep under trees in makeshift shelters in the villages where they have arrived, which are just 5 km from the border. Based on preliminary assessments, they need clean water, food, and necessities including mattresses, soap, cooking utensils, and toilets. Given the distressing experience of the conflict and the flight, most of the arrivals need some form of psychosocial support.

The host populations in Chadian villages along the border have been the first to generously welcome and assist the new arrivals by sharing their limited resources with them. Eastern Chad already hosts 407,000 Sudanese refugees in a protracted situation, having arrived in successive waves over

the past 20 years. In this region natural resources are scarce, infrastructure is lacking, and basic services do not allow for subsistence activities. The most vulnerable refugees depend on humanitarian assistance to survive. However, despite sustained efforts, lack of funding prevents humanitarian actors from meeting the most critical needs.

In recent years, refugee populations have been severely impacted by the combined effects of the COVID-19 pandemic, poor harvests, and the rising price of basic necessities, including food and fuel, often attributed the impact of the war in Ukraine. Due to the devastating floods of 2022, which destroyed homes, damaged hectares of farmland and washed away crops, families are increasingly impacted by poverty, hunger and malnutrition.

Some 60 per cent⁵ of refugees living in a protracted situation in the East face food insecurity. Global acute malnutrition affects 19 per cent of Sudanese refugee children under five, and before the new wave of arrivals, health partners were already reporting a 65 per cent increase in admissions to acute malnutrition treatment programmes in eastern refugee sites. More and more families are resorting to harmful coping strategies to survive. These include selling household assets, reducing the quantity and nutritional quality of meals, begging, engaging in the sale and exchange of sex, borrowing from

traders, and taking children out of school to work for income.

In this context of food scarcity and economic hardship, the impact of the current conflict in Sudan is already worsening conditions for the most vulnerable communities, by negatively impacting the supply chain from Sudan to Chad. WFP is reporting exponential increases in basic foodstuffs and fuel prices in the East, the price of sorghum has more than doubled since the start of the conflict. The arrival of more than 245,000 additional refugees – a 60 per cent increase over the pre-existing Sudanese refugee population in Chad - will only expand the pressure on already overburdened services, exacerbate competition for scarce resources and fuel tensions between communities. UNHCR must scale up capacity in existing camps and establish up to five new camps with basic facilities, shelter, WASH and other infrastructure, as well as improve access and availability of services to accommodate the new arrivals and respond to their acute needs.

Partners are therefore counting on the generosity of the international community to immediately mobilize the emergency funds needed to protect, save lives and promote peaceful coexistence.

Population Planning Figures

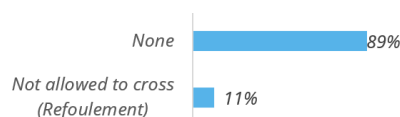
Chad	Estimated Population as of end October 2023
Populations to be assisted	
Sudanese Refugees	245,000
Returning Chadian Refugees	5,000
Returning Chadian Migrants	60,000
Total	310,000



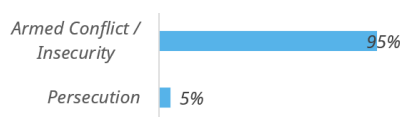
Hundreds of newly arrived Sudanese refugees wait for food distribution, Koufrune site, Ouaddai region, in Chad. New arrivals fled violence and insecurity in Sudan. © UNHCR / Colin Delfosse

INITIAL PROTECTION MONITORING RESULTS (as of 13 May)

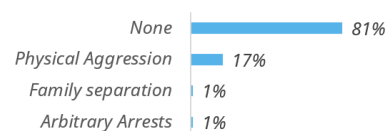
Difficulties at border



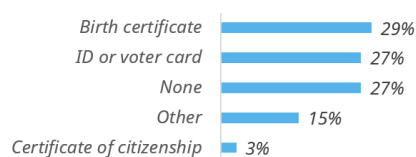
Reason for displacement



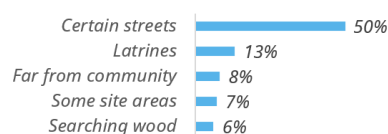
Protection risks encountered



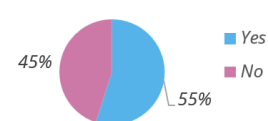
Access to documentation



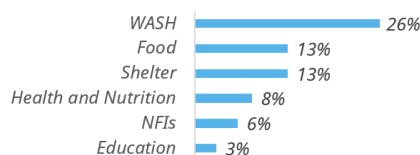
Areas unsafe for women/girls



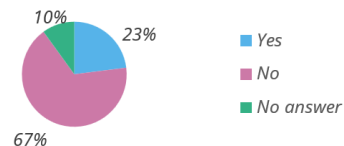
School-aged children



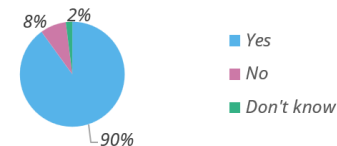
Access to basic services



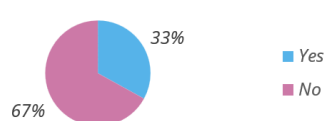
Information on available services



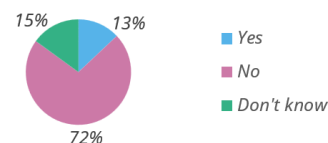
Integration in host community



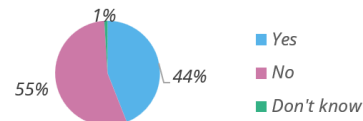
Family members left in Sudan



Protection risks for children



Return if situation improves



Protection Needs, Vulnerabilities and Risks

As of 13 May 2023, protection monitoring, using the inter-agency Project 21 harmonized tools, has collected data from 822 newly arrived households in the villages of Hayal Salam, Koufroun, Labane Dafak, Dizé Berté, Midjiguita, and Goungour, in Ouaddai province. Out of these, 89 per cent indicated that they had not encountered any difficulties in accessing the country of asylum. While most (81%) had not faced particular protection threats during displacement, 17 per cent indicated they had been physically assaulted. 33 per cent indicated that family members remaining in Sudan would travel to Chad once the situation permits. More than half of the pre-registered arrivals are school-aged children, 54 per cent of whom are girls, underlining urgent education needs. Additionally, as TCNs flee Sudan towards Chad, they will remain in dire need of humanitarian assistance, including referral services, and medical and humanitarian return assistance.

Part 2: Emergency Response Strategy

To provide a protection-centred response to the pressing needs of new arrivals, partners will work to address short-term priorities in areas of first arrival, while urgently preparing to relocate arrivals to new or existing camps as soon as possible. RRP partners will therefore conduct the emergency response through a two-pronged approach:

Phase 1:

Provide an immediate response to the most urgent needs identified at the border through an inter-agency emergency response coordinated by the Commission for National Reception and Reintegration of Refugees (CNARR) and UNHCR, with the support of RRP partners. The emergency response includes protection activities such as physical count and identification of persons with urgent specific needs through registration activities, as well as border and protection monitoring. The response also prioritizes identification and assistance to people with specific needs or in vulnerable situations, and support to survivors of violence, including GBV. Assistance at the border also includes food distribution, screening and treatment for malnutrition, emergency water supply, construction of boreholes and emergency community latrines, mobile health clinics and vaccination. As access may be severely limited during the rainy season, early measures shall be taken to reinforce the services in the temporary hosting villages.

Phase 2:

Relocate refugees and other arriving populations from insecure areas at the border. Partners plan to support the voluntary relocation of refugees to existing or new camps, where refugees will receive protection and assistance through a multi-sectoral response. Priority will also be given to the participation of community-based structures in the response. UNHCR and the Government have been proactive in the identification of potential new sites and the assessment of new camps to progressively decongest existing camps. The new camps will be set up in a spirit of “villagization”⁶ as a means of promoting self-reliance and local integration.

Strategic Objectives

- **SO1:** Support the Government of Chad to ensure access to territory to the people fleeing violence in Sudan.
- **SO2:** Ensure registration of new refugee and migrant arrivals and adequate identification of persons with specific needs.
- **SO3:** Provide protection and multisectoral assistance to all new arrivals, using community mobilization as cross-cutting tool.
- **SO4:** Relocate refugees to existing camps and create new camps at the request of the Government.

Sectoral Responses



Protection

UNHCR and CNARR will continue pre-registering new arrivals, while individual registration with biometrics will be conducted after relocation. UNHCR and CNARR will work closely with other government entities and partners to preserve the humanitarian character of asylum and sites.

In coordination with the authorities, partners will provide a variety of protection services, including registration and identification of individuals with specific protection needs, issuance of documentation including refugee ID by ANATS (Agence Nationale de Titres Securises), GBV prevention and response, and child protection including family tracing, best interest procedures and family-based alternative care.

Protection and border monitoring will be further strengthened through the recruitment of 120 protection and border monitors and the consistent use of the regional inter-agency Protection Monitoring harmonized tools, Project 21. The collected data will help identify protection risks and needs, inform response and facilitate referrals, and enhance targeted advocacy. Protection focal points will also be identified among the new arrivals as part of community mobilization efforts to support relocation through the identification of persons of specific needs, community awareness on relocation modalities, and sensitization on protection risks and available protection services.



Sub-Sector: Child Protection

RRP partners will work in line with child protection principles to provide a holistic package of activities for preventive actions and responses in the best interests of children and to address multiple child protection risks. Best interests procedures for children at risk will be established and capacity of child protection staff will be enhanced to handle child protection cases.

To ensure children have a safe space to play, learn and develop, partners will set up four child-friendly spaces and 25 equipped early childhood centres, with the close involvement of community child protection structures. Facilitators for child-friendly spaces and early childhood centres, social workers and supervisors will be trained to safely

identify and refer children at risk to child protection specialized services. Family-based alternative care arrangements for unaccompanied and separated children and other children at risk will be sought, including a foster system in which parents and families will benefit from assistance and parental education sessions.

Child Protection actors will centre their efforts around the prevention and monitoring of violations against children through the establishment and strengthening of community protection mechanisms. Capacity building on child protection in emergencies will also be conducted with social workers to improve the quality of services, and security forces will be trained on

children's rights and protection principles. In addition, emphasis will be placed on the protection of children affected by armed conflict through psychosocial support and medical care, family tracing and reunification, and the release and reintegration of children formerly associated with armed groups. Child Protection partners will

also be involved in coordination, protection and response monitoring for better data collection and analysis to strengthen evidence-based planning and advocacy.



Sub-Sector: GBV

Initial protection monitoring activities (Project 21) show that women and girls do not feel safe in many areas and away from their community because of the risk of exposure to gender-based violence. GBV partners are carrying out various activities for the prevention, response and mitigation of GBV risks in the villages of arrival, temporarily hosting new arrivals. Once these populations are relocated, GBV specialized services will be established, including

identification of safe shelters for GBV survivors, and provision of health and legal services. The establishment of safe spaces for women and girls will also be a priority in the broader GBV strategy. Awareness sessions will be conducted for community members, including men and boys, and training sessions will be organized on safe disclosure and referral of GBV survivors. Dignity kits will be distributed in consultation with women and girls.



Education

An estimated 55 per cent of new arrivals are school-aged children, of whom 29 per cent are pre-primary school age, 44 per cent are primary school age, and 27 per cent are of secondary school age. Urgent joint support to the authorities is needed to address the dire education needs of school-aged children by expanding existing schools through the construction of additional classrooms and other education facilities, and through teacher recruitment and trainings.

Education partners plan to build 500 classrooms with 20 administrative blocks and recruit and train 500 teachers in the camps to enable refugee children to continue their education. Partners will also support the children by providing 50,000

school kits and 3,500 educational kits. To ensure that children – 55 percent of whom are girls – continue to access education, partners will work closely with Child Protection, GBV and WASH partners to mitigate child protection and GBV risks, provide school-based MHPSS services, and reduce school drop out. Teachers will be trained on the safe identification and referral of those at risk to appropriate services, and on child protection and GBV referral pathways to ensure the physical safety of children inside schools and on route to schools. Menstrual health and hygiene activities will also be developed to support girls in continuing their education.



Food Security

Partners will ensure that new arrivals receive hot meals during the relocation process from the border to the camps for a maximum of 10 days. In addition, assistance in the form of food or cash transfers will be provided to new refugees and host communities. This food assistance will be coupled with nutritional assistance for children

under two and for pregnant or breastfeeding women. The modalities of food assistance will be based on the context and on market functionality analysis. For interventions via cash transfers, a risk analysis will also be carried out to mitigate the negative effects and ensure compliance with the “Do No Harm” principles.



Health and Nutrition

Health Sector partners plan to build five health centres in the new camps, recruit 120 health workers, and supply essential drugs to provide primary health care. Nutritional, mental health, and sexual and reproductive health care will also be provided to refugees, migrants and the host population. Malnourished and high-risk children under five, and pregnant or lactating women will receive treatment for the prevention of acute malnutrition.

The Health Sector will strengthen the implementation of the Minimum Initial Service Package (MISP) for sexual and reproductive health services for pregnant women, pregnancy-related complications and family planning, as well as for integrated GBV services for survivors. Health Sector partners will distribute inter-agency emergency reproductive health kits and menstrual hygiene kits. Capacity building or refresher trainings will be conducted for midwives on Basic/ Comprehensive Emergency Obstetric and Newborn Care.

Partners will provide treatment assistance to children under five who are suffering from severe acute malnutrition, as well as to children under five and pregnant or lactating women suffering from moderate acute malnutrition. The treatment assistance will be carried out either directly in health centres or via mobile clinics and will be combined with organization of awareness sessions on social and behavioural change and infant and young child feeding (IYCF) as well as regular screening exercises. Health delegations will receive capacity building or strengthening on the management of malnutrition.



Livelihoods and Economic Inclusion (LEI)

RRP partners will focus efforts to ensure self-reliance of refugees. The main activities will concern agriculture, market gardening, distribution of agricultural inputs (distribution of seeds and tools), livestock, agroforestry, income-generating

activities, and small trades. This support will be accompanied by specific training, such as on innovative agricultural techniques or village saving and loan associations.



Shelter / NFIs and Settlements

In support of CNARR, partners will strengthen services and infrastructure in the designated existing camps of Gaga, Farchana, Goz Amir, Djabal, Mile and Kounoungou to accommodate up to 30,000 new arrivals. Partners will also conduct security assessments on shelters and infrastructures to evaluate accessibility and gender-sensitive considerations and mitigate GBV risks. Sufficient lightning at public spaces will also be installed to ensure safety of residents.

camps, UNHCR will also establish up to five camps. In the camps, sector partners will build family shelters and distribute essential household items including blankets, jerry cans, kitchen sets, mattresses, mosquito nets and solar lamps for up to 100,000 refugees. Resilience to climate-related risks such as floods and drought will be considered for extensions of existing camps and newly established ones.

In addition to the capacity to be added in existing



Water, Sanitation and Hygiene (WASH)

To ensure sufficient access to safe water, WASH partners plan to construct 45 boreholes and install 12 storage tanks, 400 water distribution fountains, five solar water stations and 20,000 linear meters of water distribution pipes. WASH partners will contribute to the treatment and management of water points but will also engage the community to manage water points as well as water quality monitoring and treatment. Handwashing stations and hygiene kits will be distributed to new arrivals

to ensure dignity, promote good hygiene practices and reduce the risk of disease. Partners will also construct emergency latrines and bathing facilities in arrival areas, and later construct 1,000 family toilets and showers in relocation areas. Sector partners will also ensure site cleaning and treatment of waste, and some 400 trash cans and 16 waste burial pits will also be built to facilitate household solid waste management.



Logistics, Telecoms and Operational Support

UN and NGO partners have deployed teams at 11 of the 25 border entry points that have been identified. Logistical capacity will be strengthened to ensure the transport and prepositioning of non-food items in strategic locations where they can be quickly dispatched to any entry point.

The relocation exercise will require the mobilization of 35 trucks and ten light vehicles to transport refugees and their belongings from the border areas to the identified sites and camps. To ensure the smooth implementation of this activity, UNHCR is reinforcing its fleet with new trucks and procuring stock of spare parts required for timely

maintenance. As for telecommunications, the existing tools will need to be upgraded to facilitate activities in the field as good connectivity in the reception camps will be essential to implement relocation, registration and other related activities efficiently and effectively.

Under the overall coordination of the UNHCR-led Refugee Emergency Telecommunications Sector (RETS), internet connectivity, security telecommunications and other technology services will be provided in common operational areas as humanitarian needs and operations require.



Assistance for Third Country Nationals

To respond to the needs of third country nationals, IOM in close coordination with embassies and consulates, will offer the most vulnerable third country nationals the possibility to return to their countries of origin. This will entail the identification of immediate needs and the provision of different services such as medical assistance; NFIs; onward transport in country and to their countries of origin; transit assistance; accommodation, food assistance, hygiene and dignity kits, medical stabilization and treatment, and where necessary IOM escorts and international movement

assistance.

IOM will work closely with other partners to ensure third country nationals with special protection needs receive tailored assistance, including vulnerable cases such as Victims of Trafficking (VoTs), GBV survivors, unaccompanied or separated children, older persons, persons with disabilities, and persons with severe medical conditions.



Use of Cash-Based Interventions (CBI)

The possibility to provide cash-based assistance will be explored in the second phase of the response, based on careful assessment of needs, risks, market availability and feasibility, in close coordination with partners. Cash assistance is

currently used elsewhere in the country through existing financial service providers, including in emergency context.

Cross-cutting Priorities

- Accountability to Affected People (AAP)
- Age, Gender and Diversity (AGD)
 - Disability Inclusion
 - Older Persons
- Prevention of Sexual Exploitation and Abuse (PSEA)
- Localization
- Climate Action

Read more in the Regional Overview pp.11 to 14.

C4C Initiative

Building on the mobilization of communities and community leaders, the two-way communication channels and feedback and complaints management mechanisms will be implemented in line with the [C4C initiative](#), which was launched in July 2022 in the East of Chad. UNHCR and its partners will carry out additional activities to:

- Promote community engagement, active participation in the response, and reinforce community-based protection approaches.
- Ensure two-way communication between partners and affected populations.
- Prevent sexual abuse and exploitation and fraud through awareness, information, and training sessions for all actors.
- Disseminate information on available complaints and feedback mechanisms to improve access.

Partnership and Coordination Arrangements

In line with the Global Compact on Refugees and the Refugee Coordination Model, UNHCR works closely with the Ministry of Territorial Administration, Public Security, Immigration and Local Governance, as well as the Commission for National Reception and Reintegration of Refugees (CNARR) to support and coordinate the Government's response for refugees.

At the national level, this coordination and support is led by the UNHCR in conjunction with the Ministry of Territorial Administration and in close communication with the RC/HC. UNHCR also supports all sectoral coordination meetings led by CNARR both in N'Djamena and in the Eastern Province. At the onset of the crisis, sectoral groups for Protection, Shelter/NFI, WASH, Health, Food Security / Nutrition and Logistics were immediately activated. At the provincial level,

CNARR is the interface between humanitarian partners, local authorities, and decentralized State services. UNHCR and CNARR offices in Abéché are jointly coordinating and monitoring the response. UNHCR will also lead the Protection Working Groups in Abéché and N'Djamena as part of inter-agency coordination under the Refugee Coordination Model (RCM). IOM, as the lead agency responding to migrants will lead the coordination of the response to third country nationals and migrant returnees, in close cooperation with UNHCR and other partners, ensuring complementary in the response.



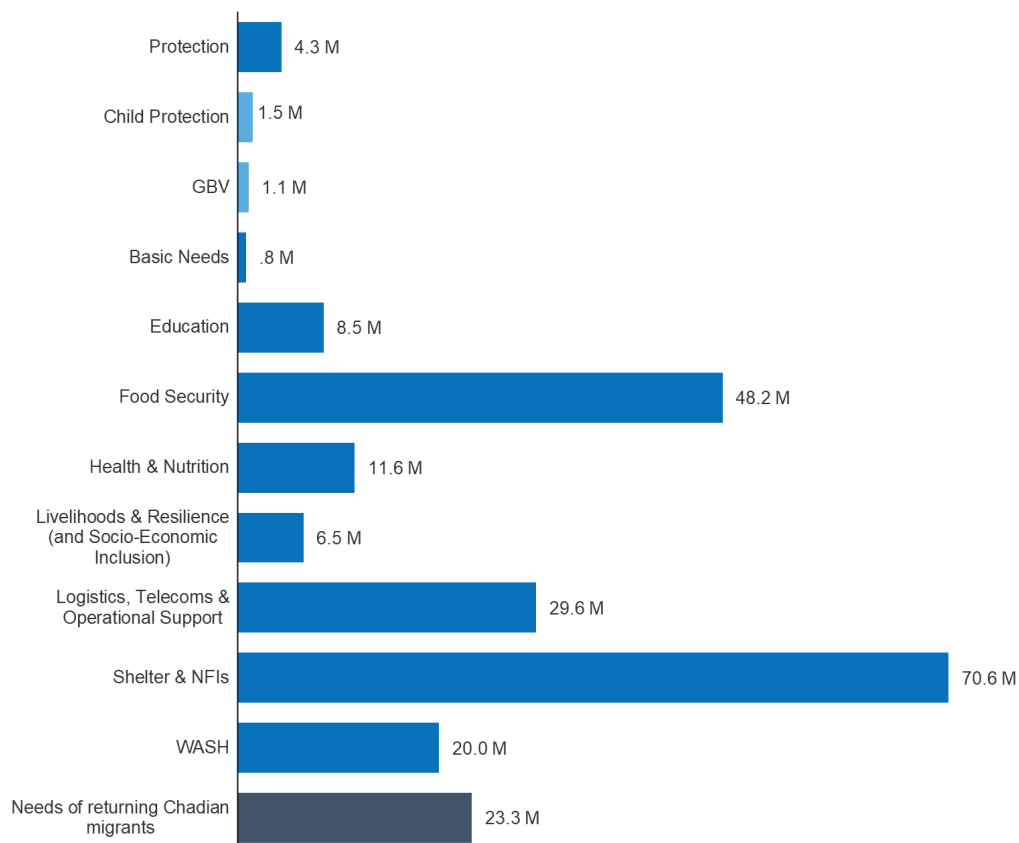
Inter-Agency Financial Requirements

Total Financial Requirements

In USD

\$226 M

Budget summary by sector in Million USD



COUNTRY OVERVIEW

EGYPT

The Egyptian Red Crescent is distributing water, food and hygiene items, donated by the UN at the Qustol border.



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AT A GLANCE

Egypt Planned Response

May – October 2023



350 K

Refugees



8 K

Third Country
Nationals



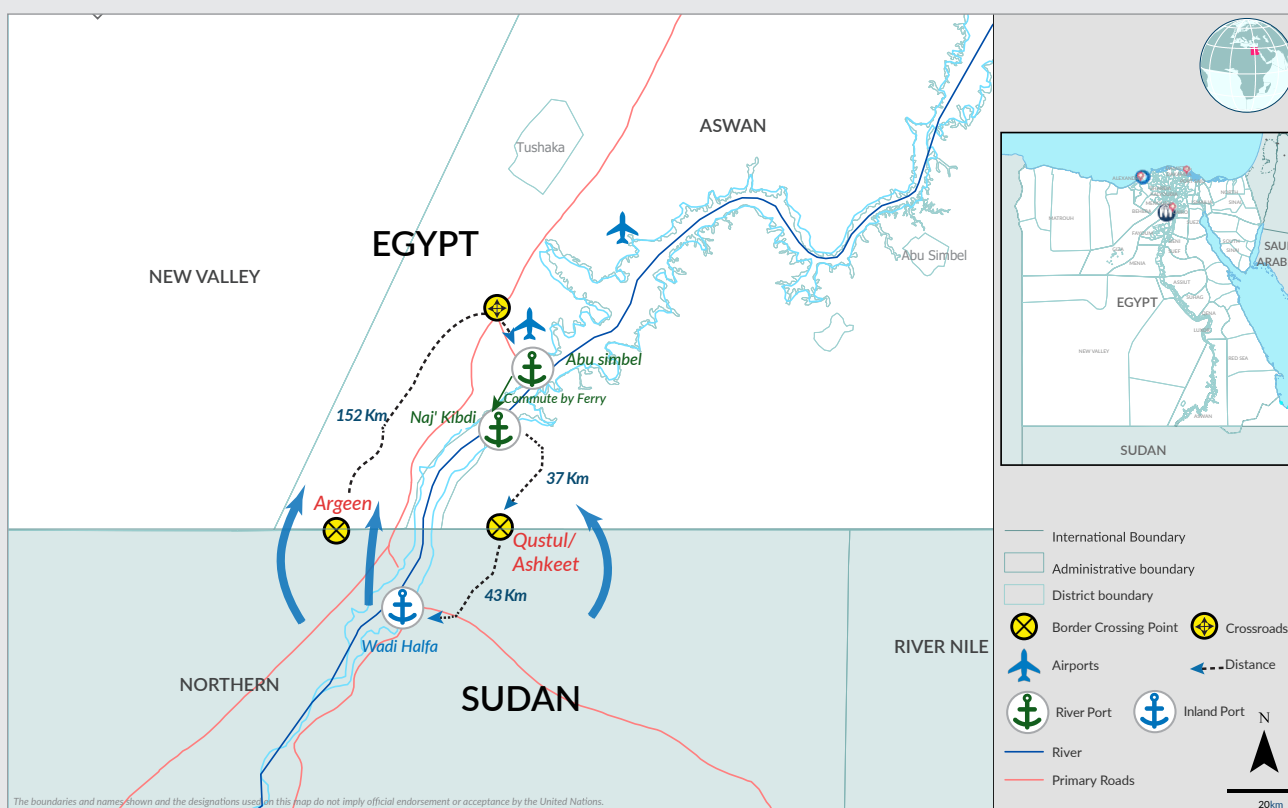
114 M

Total financial
requirements



25

Partners involved



Country Overview

Part 1: Current Situation

Egypt is a signatory of the 1951 Convention and its 1967 Protocol, and the 1969 OAU Refugee Convention. The 1954 Memorandum of Understanding (MoU) continues to be the formal bilateral agreement governing cooperation between the Government of Egypt (GoE) and UNHCR.

As of the end of April 2023, the refugee and asylum-seeker population in Egypt was 293,678 individuals consisting of fifty-five nationalities. Syrians remain the largest group with 146,995 individuals (50 per cent), followed by the Sudanese (60,837 – 20.71 per cent), and other nationalities (85,846 – 29 per cent).

As of 13 May, the Government estimates over 83,750 Sudanese refugees and 4,800 third country nationals have arrived in Egypt from Sudan since the start of hostilities. The main entry points from Sudan to Egypt along the Southern Egyptian border are the Argeen crossing (920 km south of Cairo and open 24/7) and the Qustul crossing (895 km south of Cairo and open up to 8 hours daily). In discussions with UNHCR, the Government of Egypt (GoE) confirmed that the Egyptian border remains open to people fleeing the violence in Sudan, and that the Egyptian Red Crescent (ERC) is providing immediate emergency assistance on the border to Egyptians and non-Egyptians alike. The authorities ensured that stockpiles for the reception and relief of those seeking safety in Egypt were immediately made available, while health authorities were instructed to provide the necessary assistance to the most vulnerable and needy, including vaccination and medical care. The ERC have set-up two service points at these crossings.

The GoE confirmed that entry with a valid passport is possible without visas for Sudanese nationals that are males below 16 and above 50, as well as females of any age, in line with the provisions of the 2004 [Four Freedoms Agreement between Egypt and Sudan](#). However, Sudanese males between 16 and 50 years of age need to obtain a visa from the Egyptian consulate in Walidi Halfa, which is reportedly open although with limited capacity to process the large number of requests. Visa procedures remain a requirement for all Third Country Nationals (TCNs). At present, individuals without valid travel documents, both Sudanese and TCNs are not allowed entry into Egypt. According to the Egyptian Red Crescent (ERC), only individuals with valid passports/visa are currently allowed by the Sudanese authorities to proceed to the Egyptian border.

The situation at the Sudanese side of the borders remains delicate and concerning at present, as conditions are reportedly rapidly deteriorating. UNHCR and partners have received unconfirmed reports that the area is congested with large numbers of people awaiting processing, and with minimal or no basic services available. Urgent needs such as water, food, medication, and WASH facilities are reportedly increasing by the day. Aside from the urgent need of relief assistance, provisions for the immediate identification of persons at heightened protection risks are also needed.

This situation calls for urgent cross-border coordination and delivery of assistance, necessitating the required access (from the Egyptian border and the Sudanese side). The need for cash has been highlighted and is

recommended to be used as a response modality across sectors, including for transport, to the extent the market allows. The Egyptian authorities confirmed that the border with Sudan is, and will remain, open.

Between the 28 April – 1 May, the UN Country Team in consultation with the GoE, sent a scoping mission led by UNHCR to Aswan and Abu Simbel. The aims of the mission were threefold: 1) to identify needs to inform a coordinated response plan; 2) to advocate for access to territory and to international protection; and 3) to assess the emergency needs for immediate protection needs and assistance delivery.

At the border points, Sudanese nationals who require an entry visa from the Egyptian Consulate in Wadi Halfa, either cross the Nile to Argeen on the Sudanese side, or cross directly to Egypt through Qustul. Sudanese refugees interviewed in Abu Simbel, reported that they arrived by land on the road, often without their male family members who stayed behind. Some reported RSF checkpoints on the road to Wadi Halfa. At Wadi Halfa, local Sudanese received them in their homes, while others opened public schools and Mosques. The journey took 4-6 days, including the time spent at the border. All persons had either a valid passport or travel document issued by the Sudanese authorities at the border, men between 16-50 require an entry visa that is provided by the Egyptian Consulate in Wadi Halfa. The visa processing time varies between 2-5 days. Visas are valid for a period of 6 months. Passports of all arrivals are checked upon entry and stamps in the arrivals' hall. Women and children receive entry stamps upon arrival. Unverified reports from social media and the Sudanese communities in Egypt indicate long waiting periods at the Sudanese side of the border and to a lesser extent, in Argeen and Qustul. The Egyptian authorities have taken the necessary measures to expedite the entry process, although the large numbers of new arrivals remain a challenge in terms of processing capacity. Information

gathered from social media also indicates that conditions on the Sudanese side of the border are rapidly deteriorating with a lack of water, food, WASH facilities, and speculation on the costs of the buses for crossing the area between the Sudanese and Egyptian borders, all resulting in people being held for long periods of time in dire conditions. The ERC reported an increase in medical cases arriving at the border due to the failure in the health system in Sudan. To that end, the Ministry of Health and Population (MoHP) has deployed equipped ambulances to the border to assist with health care.

Arrivals in both Abu Simbel and Aswan also reported that prices of fuel, food, transportation to Egypt, and other basic goods have increased, coupled with a decrease in the exchange rate of the Sudanese Pound against the Egyptian Pound in the unofficial parallel exchange rate market (around 40-60 per cent decrease). Most of them have exchanged their money at Wadi Halfa from their Sudanese counterparts at an inflated price.

Most recently, on 4-5 May the UN Agencies in Egypt, led by UNHCR, conducted an inter-agency mission to the land ports of Argeen and Qustul, at the border between Egypt and Sudan, while on 8 May two UN teams returned to the Qustul border together with the MFA. The teams used the opportunity to survey the health capacity at the border and to interview newly arrived Sudanese, including women, men, boys, and girls, and to meet with staff from the ERC.

The ERC preparedness plan provides for presence on the border for six months. Partners are closely coordinating with ERC for the response. The estimated projections for new arrivals stand at 350,000 persons with an average of 20-25,000 persons per week in May, 10-15,000 persons per week in June and then gradually reduce afterwards. Out of the total planning figure, the Refugee Response Plan (RRP) for Egypt estimates that around 115,000 (33 per cent) individuals will be in need protection services and assistance.

This estimate is based on the assumption that many of those fleeing the conflict will rely on the extensive Sudanese support and community networks which have been long established in Egypt’s main urban centres such as Cairo, Aswan and Alexandria. As of 10 May, 2,587 asylum-seekers, the vast majority Sudanese nationals, have approached the UNHCR Egypt registration centre in Cairo, seeking international protection. UNHCR is providing registration and pre-registration services based on their vulnerability profiles.

The RRP will address firstly, a) immediate emergency needs at the border for Sudanese who seek safety in Egypt, and b) a second-tier response to address the broader needs of those that managed to reach urban centres and in need

of protection services and assistance to ensure they can access their rights and asylum. Priority in the second-tier response will be given to support the capacities of local authorities and local civil society organizations (CSOs) and community-based organizations (CBOs) in the areas hosting most of the new arrivals, including, but not limited to, Aswan, Edfu and Karkar. At Cairo level, the most vulnerable among the new arrivals will seek to benefit from existing interventions, although currently underfunded.

A separate Chapter will cover Third Country Nationals (TCNs) not in need of international protection who have been forced to escape the fighting in Sudan. Partners estimate that 8,000 TCNs will need assistance.

Population Planning Figures

Egypt	Estimated Population as of end October 2023
Populations to be assisted	
Refugee Population	350,000
Third Country Nationals*	8,000
Total	358,000

* IOM projects 30,000 TCN of which 8,000 will be assisted under this Plan.

Protection Needs, Vulnerabilities and Risks

Access to territory and asylum procedures is challenging for people forced to flee Sudan, particularly for third country nationals, those without valid travel documents, including valid passports for Sudanese and other nationalities and those who are unable to obtain visas. This has resulted in family separation, the presence of unaccompanied and separated children and increased number of female-headed households. Distress among the population has been observed, due to the exposure to violence and

conflict in Sudan. As such, MHPSS support is needed, especially for children and survivors of GBV. Due to the collapse of the Sudan banking system new arrivals report having no access to cash rendering them helpless at the border and unable to pay for transportation/basic needs, which in turn may make them vulnerable to harmful coping mechanisms. As noted above, local communities hosting newly arrived Sudanese are in need of support to help them address the needs of the recent arrivals.

Part 2: Emergency Response Strategy

UNHCR will support the Government of Egypt to address the humanitarian situation resulting from the current crisis in Sudan, and together with UN partners, is keen to work with the GoE to enhance border management and to contribute to its overall refugee response in the context of the Global Compact of Refugees (GCR). Access to territory and to asylum is paramount for those fleeing the prevailing general violence. The widespread lack of safety across the country currently leaves no viable internal flight in Sudan.

UNHCR with partners will engage with the GoE border management authorities on asylum procedures; increased humanitarian presence to support a protective environment; strengthening reception activities, identifying individuals in vulnerable situations and with profiles at risk; and obtaining information on protection and assistance needs to enhance overall emergency response in Aswan. Meanwhile, at Cairo level there will be an enhancement of registration and documentation activities to be able to respond to new arrivals from Sudan in the context of ongoing needs of the current population and a focus on identification and referral of individuals at heightened risk. Partners will also be reinforcing legal assistance and specialized protection services, including MHPSS, and strengthening capacity building and awareness raising among new arrivals on asylum proceedings for border authorities and other relevant officials in Egypt. In close coordination with the GoE and partners, partners will provide legal assistance and protection counselling and will work to reinforce community-based protection networks to ensure sound two-way communication with communities, a functioning complaint and feedback mechanisms, and the participation of those affected with attention to age, gender and diversity (AGD) considerations.

Partners will work on early identification and timely referrals of children-at-risk; provide emergency cash assistance for vulnerable children, including unaccompanied and separated children, as part of case management and in the best interests of the children. Partners will also provide non-food items to families including basic clothing, sanitary pads, diapers, and sleeping mats and blankets based on vulnerability, either in kind or through cash-based interventions. Specialized mental health services for referred cases in need will be also provided in addition to identification of and targeted assistance to persons with disabilities, older persons and other populations in situations of vulnerability or with critical medical conditions. Together with partners, UNHCR will provide survivor-centred support to GBV survivors including through the establishment of safe and confidential GBV multi-sectoral referral pathways at the border, as well as in urban centres such as Aswan, Cairo, and Alexandria.

For third country nationals who are not in need to international protection, IOM will provide assistance to return to their countries of origin. In coordination with the GoE, IOM will ensure strong coordination with relevant embassies and IOM missions in respective countries of origin.

Strategic Objectives

- **SO1:** Support the Government of Egypt to maintain access to territory and asylum for all individuals in need of international protection, including support to any needed cross-border operations and border management.
- **SO2:** Provide multi-sectoral lifesaving protection and humanitarian assistance to all new arrivals and support vulnerable host communities.
- **SO3:** Identify, including through registration procedures and community-based outreach, persons at risk and in vulnerable situations and provide targeted assistance and specialized protection services.
- **SO4:** Support the Government of Egypt, and in close coordination with embassies and consulates, assist third country nationals with immigration procedures and in contacting respective consular authorities to enable their return back to their countries of origin.

Sectoral Responses



Protection

Within the context of the ongoing strategic programme of protection and solutions, UNHCR and partners will enhance advocacy with the Government of Egypt at all levels to ensure all persons seeking international protection from Sudan have access to territory, asylum, rights, and services in Egypt. Capacity building will focus on scaling up national protection by offering training, technical expertise, and advice to national and local authorities on international protection and refugee law with a view to further enabling existing national protection actors and systems. Registration, reception, and identification of individuals with protection profiles at risk will be strengthened to enhance the overall response, including via the provision of individual counselling. To address the particular needs

identified in the Protection Sector, UNHCR and partners will provide legal assistance, counselling, and information to refugees from Sudan on access to legal status, civil documentation, and other rights within in the context of forced displacement in coordination with the Government of Egypt. Special attention will be given to children-at-risk, survivors of GBV, the disabled, older persons and others who have endured the traumas of conflict and violence. Protection Information Management, through context-tailored tools, will be provided to support the Government of Egypt and all stakeholders to ensure a comprehensive response to emergency needs, in which protection mainstreaming principles are upheld.



Sub-Sector: Community-Based Protection (CBP)

Given the non-encampment, urban context of the refugee operation in Egypt, this CBP forum with its Communication with Communities (CwC) efforts, will ensure a cohesive and integral approach within Protection and across sectors throughout the various areas of intervention. Specifically, outreach to and partnership with refugee communities, including with refugee-led organizations (RLO), will form a central component of the response ensuring two-way communication with communities and developing and testing messaging with communities to ensure their preferred communication channels are identified and used. Material and technical support will also be provided for community-based initiatives from RLOs to bolster social cohesion among refugee and host communities. Community outreach and meaningful engagement with

community-led structures which will form the basis of a community-based protection network will support the provision of psycho-social support through refugee outreach teams in line with the MHPSS intervention pyramid. This CBP network will also enhance the identification of persons with specific needs of diverse age, gender, and other characteristics, including minorities to address barriers and facilitate inclusive access to initial life-saving assistance such as shelter, food, cash and health services as well as effective referral mechanisms to available protection services. Accountability to affected populations (AAP) will be a central and prioritized tenet for including in inter-sector and cross-sector collaboration with the support of the sub-sector, which will lead in mapping and assessment services throughout the response.



Sub-Sector: Child Protection

Priority will be given to enhancing the existing capacity of the national child protection system and child protection actors and ensuring the quality inclusion of refugee children, including on child rights and child protection prevention and response and mainstreaming. Child protection mainstreaming will be reinforced to ensure safe identification, referrals and timely follow-up and support for children at risk. The identification and response to unaccompanied and separated children (UASC) and children-at-risk of abuse, violence, exploitation, and neglect will be undertaken through the implementation of Best Interests Procedure. Family tracing and reunification will be provided when in the best interests of the child, and documentation for children will be provided, including through the facilitation of birth registration. Family-based alternative care arrangements for vulnerable children at risk, particularly young unaccompanied

children, will be prioritized, and close monitoring and follow up will be implemented for UASC. Targeted family strengthening programmes will be provided such as the prevention of separation which will be supported by linking cash-based interventions with child protection services to comprehensively address the risks children are exposed to. Interventions will ensure children at risk have access to psycho-social support, child-friendly information on protection assistance such as gender-based violence (GBV) and specialized services. This will also include activities for children, peer support programmes for adolescent girls and boys and the creation of child friendly spaces (CFSs) that offer culturally, gender- and age-sensitive group activities. Child Protection partners will also be involved in coordination, protection and response monitoring for better data collection and analysis to strengthen evidence-based planning and advocacy.



Sub-Sector: GBV

To ensure a coordinated and effective response to GBV, partners will strengthen prevention, risk mitigation and response activities to ensure GBV, SEA and trafficking for sexual exploitation survivors have access to quality and timely survivor-centred support services. Safe and confidential GBV multi-sectoral referral pathways including emergency shelter, psychosocial support, legal assistance and clinical management of rape and timely response for urgent cases will be established and disseminated. Coordination with the National Council for Women and the Ministry of Social Solidarity will be strengthened and capacity building for GBV actors including government staff will be strengthened through training on GBV principles, case management, minimum standards, and data protection. GBV

mainstreaming will be reinforced through technical support to other sectors' GBV risk mitigation efforts including tailored training to frontline responders and community members on safe disclosure and referral of GBV survivors and PSEA. This will also include support in assessment and analysis, including safety audits as relevant for each sector. Prevention activities that include social empowerment, establishing community-based prevention mechanisms, engaging men and boys in GBV prevention, awareness raising, and information sessions will be undertaken. Partners will collaborate with local actors, particularly including women-led and refugee-led organizations, on the implementation of these planned activities to strengthen the community-based response.



Task Force: Third Country Nationals

This time-bound Task Force is included under Protection to support an appropriate, efficient response to all who were forced to flee the conflict and violence in Sudan, including those of other nationalities. For third country nationals who may need international protection, due consideration is required, in contrast to those who require support to return home. Therefore, sensitization and awareness raising will be undertaken, including the development of guidelines for first responders and other humanitarian workers with respect to international refugee law within the context of a complex

operational environment. Additionally, coherent, non-parallel system are also required given the heightened trafficking risks of vulnerable populations, including third-country nationals, in the context of displacement. Counter-trafficking prevention and response activities will include trainings, awareness-raising and the development of specific services within existing referral pathways.



Education

A priority for the Education Sector will be to ensure that children and youth return to learning as quickly as possible. Many of the families being displaced by the crisis in Sudan will face a number of challenges related to lack of documentation, loss of learning, dealing with the trauma experienced, malnutrition and lack of financial means among others. Sudanese children displaced by the current crisis will have access to public Ministry of Education (MoE) schools in Egypt, but the enrollment process may present an obstacle due to lack of capacity and awareness of enrollment and certification officers, particularly at local levels.

Education Sector partners in Egypt plan to support arriving refugee children with a range of activities to enable them to continue to learn and improve their mental and physical well-being. Partners will support some 40,000 school children and youth with education cash grants to allow them to pay tuition fees for the academic year 2023-2024, buy school uniforms and pay for safe transportation. In addition, the most vulnerable 30,000 children will be provided with school bags and stationery. Bridging and extracurricular activities will be provided to facilitate their

integration into existing public and community schools across Egypt.

Partners will also assess the capacities of schools in targeted areas and plan to implement capacity-building activities in areas hosting arriving refugee children and youth. These activities will include infrastructure improvement interventions, refurbishment and the provisions of supplies to enhance the absorption capacity of approximately 100 public and community schools and promote safety inside and around schools. An intensive training programme of enrollment and certification officers will also be delivered to some 250 MoE officials to facilitate enrollment. Discussions with Government on trainings to teachers on safe identification and referral of children at risk will be carried out.

National and international agencies and CBOs working in refugee education in Egypt are also planning an awareness-raising campaign on the available education options, in addition to particular support for children at risk, including UASC and children with disability to enroll in schools suitable for their specific needs.



Food Security and Nutrition

Several joint UN field missions and focus group discussions have highlighted the immediate need for food assistance for people expected to arrive in Egypt. Many arrivals report constraints in accessing basic necessities both prior to leaving Sudan, and during the long waits at the border in austere conditions. A proportion of households are additionally anticipated to be especially vulnerable or lacking the resources required to access sufficient nutritious food on arrival in Egypt

and in the months that follow.

Sector partners are responding with emergency assistance in accordance with estimated arrivals and tailored to the needs of people arriving from Sudan. Food Sector planning encompasses both in-kind and cash-based food assistance. Firstly, people arriving at border crossing points are being provided daily with in-kind, ready-to-eat food packages including fortified date bars and

locally procured, ready-to-eat food commodities. Secondly, Sector partners are also seeking to scale-up the provision of fresh meals at key transit points within Egypt, to maximize continuing access to nutritious food as people transit to final destinations. Food Sector partners are prioritizing support to local civil society organizations at strategic points in transit routes (e.g. bus stations). Thirdly, food partners are working in coordination with the Government of Egypt and the Egyptian Red Crescent (ERC) to identify the most vulnerable households and those without access

to sufficient resources to access safe and nutritious food. The Food Sector plan calls for these household to be provided with emergency cash-based transfers (CBT) assistance in the form of vouchers or cards which may be redeemed for either cash or groceries as feasible and practical to address basic food needs. Longer-term planning includes the transition of vulnerable households from emergency CBT assistance to existing cash-based programming in support of crisis affected people in Egypt.



Sub-Sector: Nutrition

A Nutrition Sub-Sector working group has been activated under the Food Security Sector where other relevant agencies will be asked to participate according to need and mandate. According to available data, around 40 per cent of the localities in Sudan had GAM rates that exceed 15 per cent. Micronutrient deficiency is also widespread, with 48.1 per cent of children under five being anaemic and 57.8 per cent vitamin A deficient. A recent Child Food Poverty Report highlighted that 34 per cent of children under five in Sudan live in severe food poverty (eating less than three of the eight recommended food groups). At the same time, 24.1 per cent of children under two years old are fed less diverse and nutritious foods due to suboptimal infant and young child feeding practices. Of the estimated projections for new arrivals around 50 per cent will be children.

Immediate and short-term response at the borders will include setting up a coordination technical committee with MOHP, UNICEF, WFP, WHO, and UNHCR to conduct assessment to estimate the required capacity needs in terms of HRs, screening equipment, and estimated costs of therapy for identified cases.

Sector partners will also make available the provision of infant and Young Child Feeding (IYCF) counselling services and awareness material through MOHP or ERC, including a breastfeeding corner at the border area and in transit points, as well as raise the capacities of service providers to conduct screening and provide equipment to MOHP. The aim is to ensure the screening of incoming children less than 5 years old and pregnant women at the border or in transit within Aswan and beyond, for Moderate and Severe Acute Malnutrition and provide a referral pathway for children diagnosed with wasting for management.

Other key interventions will focus on setting up assessment sites and SOPs for the screening, referral and management protocols within primary health care units, hospitals, and community-based settings where applicable. Sector partners will provide supplies of Ready to Use Therapeutic Foods (RUTF) for management and treatment of SAM and MAM in coordination with MOHP, and provide the needed supplies and commodities for continued services to POC and host community.

With regards to the medium-term response at Primary Healthcare Units and hospitals, Sector partners will aim to strengthen IYCF counselling capacity at the MOHP, the ERC and among host community NGOs. The Sector will also work to support the capacity of MOHP in selected PHC units and hospitals to detect and manage MAM and SAM and other forms of malnutrition in both outpatient and inpatient settings, including by

providing the needed supplies and commodities for continued services to refugees and host communities. The Sector will aim to deliver system strengthening interventions and provide infrastructure support to closely monitor nutrition programmes within healthcare system, and will work closely with CSOs to provide community detection of GAM with appropriate referral pathways.



Health

Health Sector partners will follow developments at the border and in coordination with MOHP, through support in the form of provision of equipment and essential medication, training of staff and strengthening of capacity of disease surveillance, stock management, coordination and referral mechanisms. They will also ensure provision of preventative services such as vaccination and communicable disease control, acute medical services including CMR and MHPSS and other health services for GBV survivors, as well as referrals to secondary and tertiary care, including emergency obstetric care, of those in need. The needs of persons with disabilities will be taken into consideration.

In the greater urban centres (especially greater Cairo but also elsewhere depending on distribution of new arrivals from Sudan), the appealing partners will provide medical services in complementarity with those offered by the MOHP (i.e., treatment of non-communicable diseases including mental illnesses and secondary and tertiary health care services and certain

reproductive health services). In addition, public health infrastructure will be strengthened through procurement of essential equipment, medical supplies, medication and vaccines, capacity building of human resources and establishing and updating of SOPs and guidelines. Special attention will be given to RH services including for GBV survivors (establishing of an effective referral mechanism for comprehensive reproductive health and protection response, in coordination with the GBV sub-sector) as well as communicable diseases including STDs, HIV, TB and COVID-19. Through advocacy, inclusion of refugees and asylum-seekers into the national health sector development response will be accelerated.

Furthermore, information sharing, and community engagement will be strengthened to ensure that refugees and asylum-seekers are aware of available services and mis/disinformation is minimized.



Basic Needs

When people are forced to flee their homes, they leave with the bare essentials. Providing cash assistance seeks to protect refugees by reducing the risks they face and offers a more dignified form of assistance, giving them the ability to immediately prioritize and choose their pressing needs. Cash transfers enable vulnerable individuals to reduce the risk of harmful coping strategies generating protection risks. They also directly benefit the local economy and can contribute to peaceful coexistence with host communities.

In Egypt, UNHCR implements a well developed multi-purpose cash assistance (MPCA) programme targeting the most vulnerable refugees and asylum-seekers. The cash assistance is crucial in reducing protection risks and harmful coping mechanisms such as reduced meals, begging, child labour, sale and exchange of sex, and accumulating debt, while at the same time it allows severely vulnerable families to meet their basic needs, including rent, medicines and food.

The Cash Working Group (CWG) in Egypt is a technical working group set up within the Inter-Agency Working Group (IAWG) and established in 2017. The CWG will ensure operational coordination on cash transfers and follow a common rationale and approach. This includes avoidance of duplication, harmonization of tools and transfer modalities, reporting and monitoring among humanitarian actors. At the onset of the emergency and following a “no-regrets policy”, Sector partners will be providing urgent cash assistance to all newly arrived households so that they can meet their immediate basic needs.

Furthermore, to ensure that available resources can reach those who need it the most, priority will be given to the most vulnerable families (female-headed households, large families, families with disabilities, etc.). Among other components, the details on the targeting methodology will be regularly reviewed and updated based on the needs.



Non-Food Items (NFI)

Providing non-food items (NFIs) is a critical intervention to support populations displaced by any humanitarian emergency. NFIs consist of essential items that meet the immediate needs of beneficiaries, often being a vital intervention to ensure the well-being and dignity of recipients. NFI materials can be distributed in kits or as loose items targeted according to the needs of the affected population in a specific area. NFIs kits are tailored to meet the specific needs of different vulnerable groups, including, mattresses and blankets, but also dignity kits containing hygiene products for women and girls and post-natal kits for women who have recently given birth.

In coordination with relevant sectors, the provision of NFIs will support the newly displaced by the current crisis to restore their dignity and reduce exposure to protection and health risks. Among all vulnerable populations, pregnant and breastfeeding women, chronically ill people, unaccompanied children, older persons and people with disabilities are highly vulnerable and will be considered a priority. Alternatives to in-kind provision will be considered; as a matter of fact multipurpose cash could offer greater flexibility in meeting the needs of the most vulnerable depending on personal preferences, family composition, and specific needs, among others.



Livelihoods and Economic Inclusion (LEI)

Supporting refugees and asylum-seekers with livelihoods interventions at the onset of an emergency is considered an approach to mitigate protection risks and to avoid the deterioration in their economic situation and slipping into poverty which in turn may lead to the adoption of harmful coping mechanisms. The constant increase of inflation across the country and the existing challenges related to formal access to labor are negatively impacting refugees and asylum-seekers who already live in Egypt and have an existing source of income. This situation will deeply affect the recently arrived refugees who will need additional and immediate support to be provided through livelihood opportunities and eventually be included in opportunities to access the labour market.

Sector partners will provide support in terms of employability skills, career guidance, wage employment facilitation and self-employment by providing grants to host communities and refugees and asylum-seekers to start their own business. Women and older adolescent girls will be given priority in livelihood opportunities to mitigate the risks of GBV and reduce recourse to harmful coping mechanisms. Furthermore, needs and capacity assessments will be conducted to support the Government's response capacity and local actors to deliver key basic services to affected people. In addition LEI initiatives can foster social cohesion through enhancing livelihoods and dialogue between host communities and refugees.



Water, Sanitation and Hygiene (WASH)

WASH partners will work in a coordinated manner to facilitate access to clean water and safe sanitation and hygiene to ensure dignity, promote good hygiene practices and reduce the risk of disease. WASH is a life-saving component of the immediate response at the border and surrounding areas.

The necessary components of the WASH response are in place, based on the needs assessments, including access to sufficient quantities and quality of drinking water, the installation of gender-segregated sanitation services (mobile toilets and showers) at border crossings and in surrounding areas and ensuring locations are safe and mitigate potential GBV-related risks.

The response will also undertake solid waste management, including the regular removal of

waste to prevent the outbreak of disease. The Sector response will include the daily maintenance and cleaning of sanitation facilities, as well as provision of water tanks and emergency water supply for three months. Also, the response will include the rehabilitation/improvement of existing WASH facilities at the two land ports.

The distribution of hygiene kits and related items will take place in coordination with the NFI and other relevant sectors and based on the needs of arrivals and in accordance with the recommendations of other WASH and local government partners. The Sector will also place portable toilets and hand washing stations to accommodate high volumes of arrivals. Finally, partners will raise awareness related to waterborne disease through the distribution of leaflets and flyers, and inclusive role-play sessions for children and mothers/caretakers.



Logistics, Telecoms and Operational Support

Transit points beyond the border are planned to serve as a space to provide basic assistance to people on the move, and which may struggle depending on the number of people concentrated there at a time. Further, vulnerable people entering Egypt as a result of the current conflict in Sudan cannot always afford their own transportation from border crossings to transport hubs, and onward to their final destinations in larger urban centres. Transportation to Cairo (by train or bus) has been reported as challenging due to overcrowding and high costs. In response, the ERC has arranged some transportation for vulnerable families who cannot afford to pay for their own transportation from Argeen crossing to Karkar bus station (near Aswan) and onwards to Cairo and other parts of the country to be received by host families and communities.

In light of the significant change in the humanitarian situation related to the Sudan crisis, and more specifically the movement of refugees into Egypt, the humanitarian community, under the leadership of the Government and UNHCR, will provide and/or scale up assistance to meet the needs of people arriving from Sudan. While the logistics capacity in Egypt is not likely to be affected by the scale of the planned refugee response, and since the market is functioning, the Sector will mitigate possible gaps or bottlenecks that may be foreseen, such as: i) at Egypt/Sudan border crossings and other transit points where refugees and arriving populations are concentrated, storage may not be adequate or sufficient; and ii) at entry points where relief cargo may be consolidated before being distributed. Partners will take a coordinated approach to logistics to avoid duplication of efforts and make the best use of limited resources to optimize the response.

In line with its recognized technical expertise in the field of logistics, WFP Egypt stands ready to provide the necessary logistics, operational services and coordination to its UN partners for the duration of the proposed 6-month response.

Under the overall coordination of the UNHCR-led Refugee Emergency Telecommunications Sector (RETS), WFP Egypt can also provide telecommunications support. Requests are still being consolidated from the GoE and ERC, as well as UN Agencies as they conduct their needs assessments. However initial requests have already been discussed for:

- Telecoms, connectivity and other technology support.
- Logistics support for the delivery and storage of NFIs for the border region and critical transit points
- Provision of Mobile Storage Units (MSUs) for the storage of food and NFIs

Although the telecommunications infrastructure in Egypt is strong, services are limited where people are arriving. Most of them have been on the road for days without access to power to charge their phones or be able to communicate with anyone. Partners will therefore provide this service for six months.



Third Country Nationals (TCNs) not in need of international protection

In the wake of the Sudan crisis, Egypt witnessed the entry of thousands of non-Sudanese nationals residing in Sudan who were forced to flee the armed conflict in different parts of the country. Since then, more than ten embassies representing their third-country nationals (TCNs) have contacted IOM requesting humanitarian return assistance. Many have found themselves stranded at the Argeen and Qustul border entry points in need of immediate assistance.

To this end, IOM in close coordination with their embassies and consulates, will offer the most vulnerable of these TCNs the possibility to avail themselves of assistance to return back to their countries of origin. This entails provision of different services starting with identification of immediate needs (hygiene kits, medical assistance, NFIs, clothes); onward transport to Aswan (charter movements departing directly from Aswan for large groups) or Cairo; transit assistance; accommodation (on a needs-basis), further food, hygiene and dignity kits, medical stabilization and treatment, and where necessary IOM escorts and international movement assistance.

IOM will work closely within the Protection Sector. Processing will require special attention and

tailored case management to vulnerable cases such as Victims of Trafficking (VoTs), GBV survivors, unaccompanied or separated children, older persons, persons with disabilities, and persons with severe medical conditions.

Coordination is underway with the GoE to provide IOM with the needed facilitation to operate movements in Egypt, while ensuring strong coordination with relevant embassies and IOM missions in respective countries of origin. The response will revolve around:

- Supporting the identification, documentation and logistical arrangements to evacuate the third country nationals from the Egyptian borders to their country of origin in close coordination with respective embassies and consulates.
- Providing multi-sectoral direct assistance to TCNs.

IOM will strengthen the consular support capacities of countries of origin of TCNs through enhanced identification procedures and issuing of emergency travel documents. Specific activities will include the provision of IT equipment and conducting joint trainings and joint assessments.

Cross-cutting Priorities

- Accountability to Affected People (AAP)
- Age, Gender and Diversity (AGD)
 - Disability Inclusion
 - Older Persons
- Prevention of Sexual Exploitation and Abuse (PSEA)
- Localization
- Climate Action

Read more in the Regional Overview pp.11 to 14.

Partnership and Coordination Arrangements

In support of the Government of Egypt, the Egypt Regional Response Plan for Sudanese refugees and third country nationals outlines a multisectoral emergency response to the Sudan crisis. The RRP currently brings together 25 partners, including 8 UN Agencies, 7 International NGOs, and 10 National NGOs. RRP partners, working in close collaboration with the respective line ministries, will ensure coordinated emergency assistance and will aim to strengthen Sudanese refugees' resilience and self-reliance and to support host communities to enhance peaceful coexistence.

The coordination structure for this RRP is underpinned by the multi-stakeholder and partnership approaches outlined in the Refugee Coordination Model and the Global Compact on Refugees. Under the leadership of the Inter-Agency Working Group, the Inter-Sector Working Group will coordinate the multisectoral response at the technical level. Since 2015, Egypt has also been part of the 3RP, the Regional Refugee

Response Plan to respond to the Syria crisis, which provides an established and well-functioning platform and allows for enhanced cooperation mechanisms among humanitarian and development partners. Building on to the existing coordination structure, Protection, Education, Health, Food Security, Livelihood and Economic Inclusion, Basic Needs and NFIs will be standalone sectors. Protection will have two sub-sectors, Child Protection and GBV. The Food Security Sector will have Nutrition as a sub-sector. Meanwhile, the WASH and Logistics and Telecoms sectors have been newly created. A Task Force will be newly established for Third Country Nationals, which will be led by IOM for those TCNs not in need of international protection.

In line with the Grand Bargain and the GCR, national partners, including CBOs and CSOs, will play a key role in the identification of needs across all sectors and will be front and centre on the response on the ground.



Inter-Agency Financial Requirements

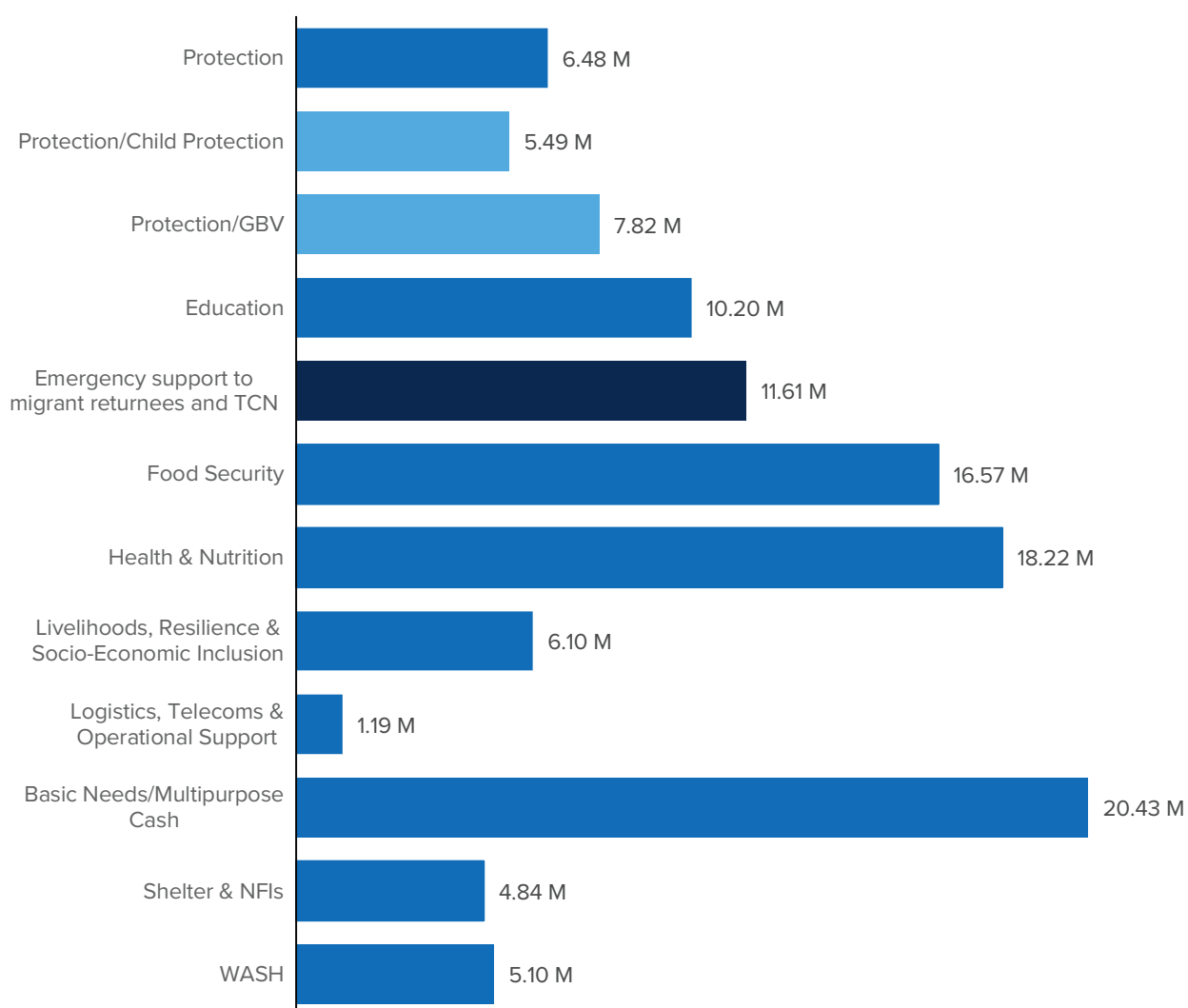
Total Financial Requirements

In USD

\$114 M

Budget summary by sector

in Million USD



COUNTRY OVERVIEW

ETHIOPIA

Refugees, asylum-seekers, Ethiopian returnees and third country nationals arrive at Metema Yohannes border crossing point in West Gondar, Ethiopia, after fleeing fighting in Sudan



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AT A GLANCE

Ethiopia Planned Response

May – October 2023



70,000

Refugees



15,000

Refugee Returnees



100 K

Migrant Returnees



30 K

Third Country Nationals



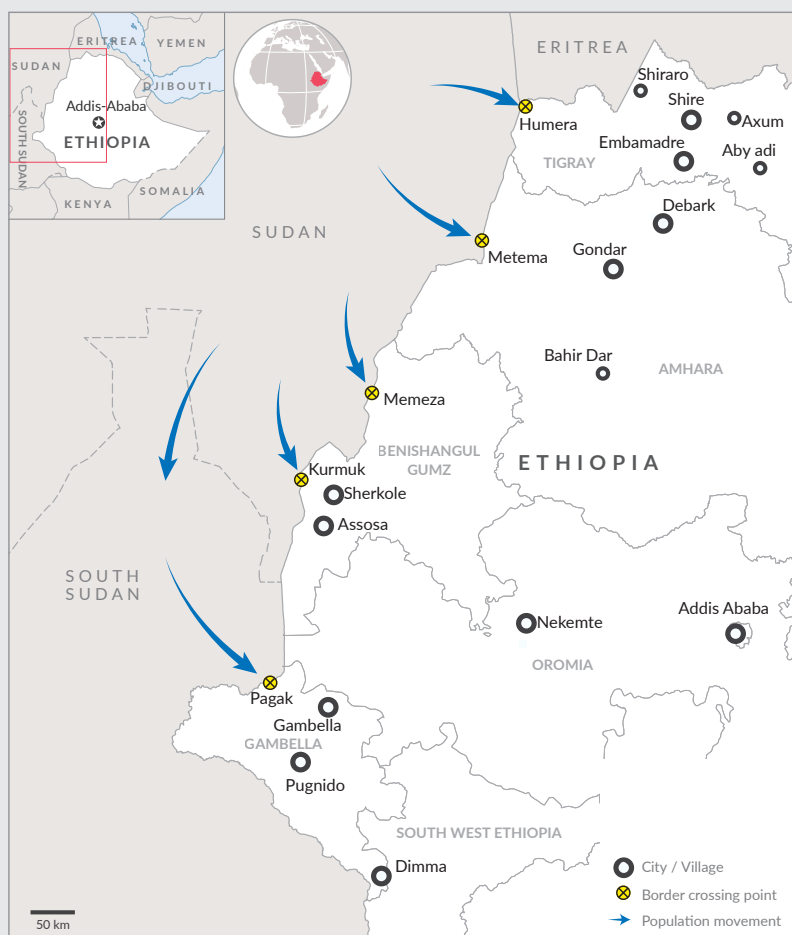
87.6 M

Total financial requirements



17

Partners involved



Country Overview

Part 1: Current Situation

Following the eruption of armed clashes in Khartoum and other parts of Sudan on 15 April 2023, thousands of people have already fled to neighbouring countries and beyond. According to the joint UNHCR-IOM screening and verification exercise, thousands of individuals from over 60 nationalities, including Ethiopian returnees, Sudanese refugees, Eritrean and South Sudanese refugees and other third country nationals have arrived in Ethiopia mainly through the Metema border crossing point, Amhara region, while others have entered via the Kurmuk border point in Ethiopia's Benishangul Gumuz Region. There have also been new arrivals at the Pagak/Bubieyr border crossing in the Gambella Region. The main groups crossing into Ethiopia include Ethiopians who were residents in Sudan, third-country nationals transiting through Ethiopia to their countries of origin who are not seeking asylum, persons seeking asylum in Ethiopia (Sudanese and other nationalities in need of international protection), returnees (Ethiopian refugees returning from Sudan), and other recognized refugees in Sudan displaced into Ethiopia. As of 12 May, over 3,000 people (Eritreans, Sudanese and South Sudanese) have sought international protection in Ethiopia. Of these, the majority crossed through Metema and the others entered via the Kurmuk border point in the Benishangul-Gumuz region. Many of the Sudanese nationals had been previously registered as refugees in Ethiopia before and had returned home but have now fled to Ethiopia again in search of safety.

In response to the emergency, the Refugees and Returnees Service (RRS), the lead agency within the Government of Ethiopia mandated to provide protection to refugees and returnees and to

ensure emergency preparedness, sent a joint monitoring mission which included humanitarian partners to the border crossing areas in Amhara, Tigray, Assosa, and Gambella to monitor possible inflows of refugees and returnees. Inter-agency coordination structures for the emergency response have also been activated in the field and at Addis Ababa level, co-led by UNHCR and RRS. Preparedness measures and early actions, including protection monitoring at border crossings, prepositioning of relief items, review of partner presence and capacity, review of the supply chain and rapid response to the new arrivals, among others have been taken to respond to the ongoing and anticipated influx. The Government and RRP partners are already providing assistance such as high energy biscuits, emergency clinical services, core relief items and water to support the new arrivals at the border areas. At the Metema border (Amhara), which has so far recorded the largest population inflows, new arrivals are currently accommodated in a temporary rub hal, while in Kurmuk, a transit centre is under construction.

With the on-going fighting in Sudan, more refugees and other forcibly displaced people, returnees and third country nationals are expected to cross into Ethiopia to seek safety and international protection. It is projected that some 85,000 persons in need of international protection and refugee returnees will enter Ethiopia. This figure includes 40,000 Sudanese refugees, 30,000 refugees of other nationalities hosted by Sudan (estimated 20,000 South Sudanese and 10,000 Eritreans), and 15,000 Ethiopian refugees returning from Sudan. The zonal authorities have already identified plots to establish new refugee

settlements adopting an inclusion approach, where basic services are integrated to serve both refugees and the host community. An estimated 100,000 Ethiopian returnees and 30,000 third country nationals are not accounted for in this

plan as the Government of Ethiopia is coordinating partners' response at national level for migrant returnees and TCN's needs are reflected in the IOM Response Overview to the Sudan Crisis and Neighbouring countries.

Population Planning Figures

Ethiopia	Estimated Population as of end October 2023
Populations to be assisted	
Sudanese Refugees	40,000
Refugees of other nationalities	30,000
Ethiopian Refugee Returnees	15,000
Total	85,000
<i>N.B. The needs for 100K Ethiopian migrant returnees and 30K third country nationals in Ethiopia are not budgeted in this plan, they are reflected in the IOM Response Overview to the Sudan Crisis and Neighbouring Countries.</i>	
Ethiopian Migrant Returnees	100,000
Third Country Nationals	30,000

Protection Needs, Vulnerabilities and Risks

Ethiopia currently hosts over 1 million refugees (including the recent refugee influx from the Laascanood region of Somalia). Inadequate funding for humanitarian organizations is hampering the current emergency response. RRS supported by UNHCR is screening and recording new arrivals in need of international protection at Kurmuk and Metema crossing points. This includes the identification of Sudanese refugees, Ethiopian refugee returnees, and refugees of other nationalities hosted by Sudan, some of whom have advanced resettlement cases. The 2,592 new arrivals who have been screened include 2,005 Eritrean refugees. Of the 2,005 Eritrean refugees, 93 are at different stages of the resettlement process. Some individuals with urgent medical needs have been identified and referred to health facilities. According to the

inter-agency joint monitoring mission conducted to the border points with Sudan, together with local and regional authorities from the Ethiopian Government, the priority needs include food, water, sanitation and hygiene promotion, health and nutrition, shelter, core relief items (CRIs) and the delivery of protection services.

RRS and UNHCR are working on a guidance document for providing protection to those in need among those crossing the border. At least 46 per cent of the displaced are women and girls and the protection risks, including family separation, GBV, exploitation and sexual abuse, are high hence the urgent need for the establishment of prevention, mitigation and response mechanisms. Signs of psychological distress among refugees and asylum-seekers

have been observed. Providing protection services to newly arrived refugees and returnees is therefore key, including child protection (CP), family tracing and reunification, protection risk mitigation (including GBV), as well as improving two-way communication, raising awareness on protection services, establishing referral pathways

and strengthening community engagement and participation in the response. Capacity building of regional administrations and local woredas (districts) to support and facilitate community-based protection activities and peaceful coexistence among displaced refugees and host communities is also a priority.

Part 2: Emergency Response Strategy

The response plan is guided by the Refugee Coordination Model and the objectives of the Global Compact on Refugees (GCR) to promote solutions and inclusion from the onset of the refugee emergency. All interventions will be designed, implemented, and monitored through rights-based, community-based and Age Gender Diversity (AGD) approaches. The key response approach includes the construction of transit centres at border points to receive and assist persons in need of international protection upon arrival, the relocation of refugees who cannot sustain themselves in urban areas into existing refugee settlements/camps, and the construction of new refugee settlements where required.

Upon arrival at the border, the refugees are screened and recorded by RRS to facilitate access to services and assistance. During the screening, refugee's intentions (e.g., those wishing to stay with family in Addis Ababa, resettlement cases at an advanced stage, etc.) will be documented. Protection teams will assist in screening, identification, registration and referral of persons with specific needs, such as unaccompanied and separated children and other children at risk of neglect, abuse, violence and exploitation, older persons, persons with illnesses, pregnant mothers, persons with disabilities, and others. Protection monitoring and assessment, including border monitoring, to detect the presence and assess the situation of refugees and asylum-seekers will continue. It is estimated that refugees may stay at

the transit centre for 1 – 2 months while further solutions are being sought. Other forms of emergency assistance provided will include provision of high energy biscuits, cooked meals, and basic medical assistance. In addition, WASH services, including emergency water supply for the first three months, construction of toilets and bathing facilities, and safety and dignity services will be undertaken.

Partners will work closely with RRS to ensure that refugees with family ties in urban areas or host communities, or refugees that are able to support themselves, are allowed to stay in urban areas. Refugees without any means to sustain themselves and those who choose to do so, will be relocated to existing refugee formal settlements. However, noting that some existing settlements /camps have reached full capacity, new refugee sites are already being identified in collaboration with local authorities to develop new refugee settlements as needed. A community-based protection approach will be implemented in all interventions, to meaningfully engage refugees in the response, and promote peaceful coexistence among refugees and host communities.

It is also important to underscore that the humanitarian and development communities are strongly committed to implementing the Ethiopia Interagency Strategy on PSEA, signed in 2020 with clear guidelines on safe and ethical referrals and reporting.

Strategic Objectives

- **SO1:** Individuals in need of international protection can access territory and asylum; those at risk are provided with needed protection services; and protection is mainstreamed in all sectors of the emergency response so that all forcibly displaced persons have access to protection and enjoy their rights.
- **SO2:** All refugee returnees and other forcibly displaced people have dignified access to basic services, in a progressively inclusive manner facilitated by improving national services for the newly arrived population and their host communities

Sectoral Responses



Protection

Protection partners and RRS will work closely to identify new arrivals and their protection needs at entry points and to register refugees, asylum-seekers and refugee returnees. RRS will conduct individual registration with biometrics for all new arrivals in need of international protection and provide them with documentation. UNHCR will support the Government on the implementation of refugee status determination procedures (RSD), with a preference for prima facie recognition for Sudanese and simplified RSD procedures for other nationalities. Partners will assist the Government and local authorities to provide timely, accessible and accurate information, including child-friendly information, on the legal framework, administrative procedures and services available to persons arriving in Ethiopia and those in transit, including through protection offices, mobile teams, community centres, counselling lines, community networks and other community-based outreach mechanisms.

Partners will work together to provide legal assistance and representation to refugees: i) facing obstacles to access territory and asylum; ii) needing support to regularize their stay in Ethiopia; and/or iii) facing administrative obstacles to accessing services. UNHCR will support the lead agency mandated to work on returnees (RRS) by providing a return and reintegration package and assistance for former Ethiopian refugees who return from Sudan, including interventions on Housing, Land and Property (HLP). RRS and partners will work closely to ensure a conducive protection environment, including through consultation and participation of refugee and hosting communities. Registration activities will be supported with the necessary technological tools and technical assistance. Protection is mainstreamed throughout the initial emergency response and protection-sensitive approaches will continue to inform the longer-term response. All responses will be aligned to UNHCR and interagency principles and guidelines, including age, gender and diversity considerations, accountability to affected people (AAP), the

Interagency Minimum Standards for Child Protection, and the Interagency GBV Minimum Standards. Collaboration and coordination with RRS, regional government sectoral authorities, regional and country-based inter-agency fora will be promoted and a localization agenda, prioritizing cooperation with local authorities and local and community-based organizations (including refugee-led and women-led organizations), will be actively pursued.

Two-way communication, feedback and response mechanisms engaging communities is crucial for the affected population to access timely, accessible, accurate and actionable information on rights, obligations, available services and entitlements. This will enable them to access

services or make well-informed decisions for them and their communities. Gender and age-sensitive community leadership and representation structures will be established to facilitate information dissemination to refugees in different locations, including those along the borders. In collaboration with the regional, zonal and woreda authorities, community-driven solutions would be enhanced in refugee-hosting areas, through setting up community centres, engaging refugee leaders and the host community local authorities to maintain peaceful coexistence between refugees and host community, including, as appropriate, through the organization of townhall meetings as avenues for community sensitization and information dissemination.



Sub-Sector: Child Protection

Best Interests Procedure (BIP) will be initiated upon identification and registration of children at risk at the reception centres, and during site planning and relocation as well as through community services and structures. The child protection programme will be guided by the Interagency Minimum Standards for Child Protection. Protection actors will work with health care providers to ensure mental health and psychosocial support (MHPSS) services to children and caregivers, including setting up Child-Friendly Spaces (CFS) to allow children to engage in safe play and recreational activities to build their resilience and promote psychosocial well-being. Tracing and family reunification services will be provided in collaboration with the ICRC. Family-based alternative care placement for unaccompanied children and assessment of care for separated children will be implemented through the Bureau of Women and Children Affairs (BOWCA) in collaboration with protection partners. BIP/case management training for partners, BOWCA social workers and outreach workers will be undertaken. Family strengthening

and community engagement for behaviour change to prevent and respond to violence, exploitation, abuse, harmful practices, and to mitigate other forms of gender-based violence (GBV) against children will be essential cross-sectoral activities. Community engagement and building on existing protection systems will be an integral part of the child protection response, which will focus on prevention of family separation, identifying unaccompanied and separated children, family tracing and reunification and providing family-based alternative care options when family tracing is not possible. Partners will work with the BoWCA that has the statutory responsibility to provide case management for children and their families facing protection concerns. Child protection will be mainstreamed into other sectors, and sectoral staff will be trained on safe identification of children at risk and referral to specialized services, and child protection coordination mechanisms led by authorities will be strengthened to provide timely interventions for prevention and response for children.



Sub-Sector: GBV

On prevention, mitigation and response to GBV, the programme will be guided by the [Interagency Minimum Standards on GBV in Emergencies](#). To address immediate needs, GBV service providers will focus on case management, psychosocial support (PSS), and coordination with health care providers for access to integrated Sexual Reproductive Health (SRH). In addition, partners will provide dignity kits to women and girls of reproductive age. Responders are also strengthening existing community-based mechanisms to raise awareness and ensure safe disclosure and referral of GBV survivors. Efforts will be undertaken to strengthen institutional response capacity, establishing new systems where none exist, and responding to the needs of refugees and affected host communities in the refugee influx hosting locations. Capacity development for frontline responders will be reinforced through targeted trainings, establishing

GBV referral pathways, supporting community structures (including women's networks and organizations), and Information Education and Communication (IEC). Information will be shared in the appropriate languages to inform the community members of available services for GBV survivors and GBV risk mitigation measures. UN Agencies will provide specialized support for outreach activities and for a whole-of-community engagement for social norm change, the establishment of women and girls' safe spaces and child-friendly spaces to improve safety of women, girls, and boys, including by providing safe and confidential case management to survivors of GBV and referrals to specialist services. Collaboration with other sectors on GBV risk mitigation will be carried out to ensure sectors interventions are safe and that sectors contribute to reduction of GBV risks.



Education

To ensure that the most affected population have access to education services and opportunities, interventions promote equitable access for children and adolescents to inclusive and quality learning opportunities in line with Sustainable Development Goal (SDG 4). This includes primary and secondary education, formal and non-formal education and early learning in safe learning environments for all refugee children within a few months from the initial displacement. Inclusive access to education opportunities will be ensured with specific attention to girls, children with disabilities, refugees, and other marginalized and vulnerable children. As part of the initial emergency response, the RRS and RRP partners will liaise with the regional government authorities responsible for education on integrating new arrivals into host community education

systems at all levels of education. Emphasis will be on pre-primary, primary and secondary education. Activities will include establishing coordination mechanisms for education under the Regional Education Bureau (REB), joint mapping of the existing education facilities, and setting up education learning and MHPSS through Child Friendly Spaces. In addition, language classes, the use of the Government's alternative education and accelerated learning approach will be implemented to support integration into the host country curriculum. Learners will be provided with school materials and the existing school infrastructure will be rehabilitated to accommodate more students. Teachers will be trained on MHPSS, safe identification and referral of children at risk of GBV, SEA and other risks.

To reach refugee children and those living in host communities, comprehensive assessments and mobilizing back-to-school campaigns are required to enrol children and provide formal and non-formal education, establish a temporary learning space (TLS), provide school supplies and scholastic materials for the children and

psychosocial training for children, adolescents, parents and teachers. Moreover, education response partners will provide student scholastic materials and work on an integrated protection and education approach, which includes the construction of safe and protective temporary learning spaces.



Food Security

The newly arriving Sudanese refugee population are joining an existing refugee population that is already food insecure⁶. Ethiopia has experienced economic and climate shocks and is endeavouring to rebuild livelihoods through agricultural activities and support to markets in locations expected to receive new arrivals. Refugees in Ethiopia are only receiving 60 per cent of the general food ration since 1 May 2023, which only provides about 1262 kcal/p/day.

In collaboration with WFP, RRS and the Disaster Risk Management Commission (DRMC), refugees will be provided High Energy Biscuits (HEBS) and eventually dry food rations at reception site(s) and upon relocation to settlements/sites. Where food is provided in-kind, temporal distribution sites will be established, and modalities will be designed in consultation with stakeholders.

- High Energy biscuits whilst dry food ration is being prepositioned.
- Food basket(s) to be distributed to refugees will be aligned to the Humanitarian Response Plan standards for the local community (cereals-wheat, pulses, and oil).
- Distribution will be conducted in refugee settlements to be established by the Government.
- WFP will set up the warehousing at the designated locations if not available.
- When relocation is done to new sites UNHCR, WFP and RRS will prioritize the setup of transitional food assistance systems in line with the Tripartite Memorandum of Understanding (MOU).
- Where feasible, and dependent on market assessments on available food commodities and service agents, cash modalities will be explored and early recovery/use of cash for food as modality prioritized.
- From the outset, consideration for food security and livelihoods options will be explored to enable self-reliance and household food security.

⁶ https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/IPC_Sudan_AcuteFoodInsecurity_2022Apr2023Feb_snapshot.pdf



Health and Nutrition

Essential primary healthcare and nutrition activities as per the Ministry of Health service package will be provided from border entry points and will include screening for malnutrition and diseases and referral for treatment, vaccinations and linkage to existing Ministry of Health-run health facilities for other services. This includes sexual and reproductive health (SRH) services, mainly focusing on the minimum initial service package for SRH in crisis/emergencies (MISP), health services for GBV survivors including clinical management of rape, mental health and psychosocial support specialized services, management of non-communicable diseases, continuation of treatment for chronic diseases and prevention of HIV and provision of anti-retroviral therapy. Health facilities will be established near or at the transit centre or where the refugees/asylum-seekers will reside if they are at a long distance from the existing health facilities. Secondary healthcare will be accessed at the general hospital in the region of arrival.

In addition, using a system-strengthening approach, the nutrition response will be provided through existing health facilities (health centres and health posts) in the host communities. As the need has increased due to the influx of refugees, the Mobile Health and Nutrition Teams (MHNTs) or Sustainable Outreach Service (SOS) approach will be deployed to ensure the availability of quality live-saving nutrition services to the refugees and host communities. The modalities of the mobile team will be designed to provide comprehensive services which include life-saving primary health care, immunization, surveillance, nutrition screening and management, life-saving emergency SRH, mental health consultation, and health services for GBV survivors. RRP partners will procure and transport critical health and nutrition supplies, provide training, and support operational costs for deploying the MHNTs/SOS to

the locations. The nutrition situation of newly arriving Sudanese to Ethiopia is expected to be worsened by the loss of livelihoods and limited access to basic services mainly due to conflict. The Government's regional health authorities and nutrition partners will endeavour to provide emergency nutrition-specific services and scale up nutrition-sensitive programmes in alignment with the national food and nutrition strategy.

Key nutrition-specific activities include capacity building and system strengthening of nutrition programmes for vulnerable groups especially pregnant and lactating women, and children under five years at entry points, health facilities, settlements and in communities/villages for refugees and hosting communities. Vitamin A supplementation and deworming; blanket supplementary feeding for all children 6-23 months (and expanded to 24-59 months depending on the level of the emergency); screening for acute malnutrition and treatment of Severe acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM); Infant and Young Child Feeding in Emergencies (IYCF-E) interventions including Baby Friendly Spaces; nutritional screening using Mid Upper Arm Circumference (MUAC) <115 mm or weight-for-height z-score (WHZ) ; Nutrition Monitoring and Surveillance; Ready-to-Use Therapeutic Foods (RUTF) and Ready-to-Use Supplementary Foods (RUSF) products management; community outreach and follow-up; continued support for the host community nutrition programmes; Rapid Standard Extended Nutrition Survey (SENS)/SMART survey; surge capacity for nutrition technical support; and mobile nutrition teams to the sites and facilities.

There will be an increased risk of disease outbreaks such as cholera, malaria, and measles due to overcrowding, poor hygiene and sanitation. Therefore, prevention and control of disease

outbreak activities including training of rapid response teams (RRT), prepositioning of health commodities and conducting community engagement programmes. In addition, technical assistance will be provided to conduct supportive supervision, mentoring, monitoring, and evaluation.

Mental Health and Psychosocial Support (MHPSS) is required in support to individuals experiencing armed attacks and abuse while fleeing in search of

safety; family separation, including an increase in the number of unaccompanied and separated children; and heightened risk of sexual and gender-based violence, particularly affecting women and children. Activities and programming will be integrated into wider systems (e.g., existing community support mechanisms, formal/non-formal school systems, general health services, general mental health services, social services, etc.)



Livelihoods and Economic Inclusion (LEI)

RRP partners will implement the Livelihoods and Economic Inclusion response with one key objective: enhance the self-reliance of refugees by promoting activities targeting communities, households and individuals through conditional seasonal programmes linked to livelihoods and asset creation. Refugee economic inclusion is critical in ensuring that they can meet their basic needs with dignity through decent jobs and actively participating in local economies. Attention will be paid to three employment pathways, i.e.,

self-employment, wage employment, and enterprise development, through strategic partnerships with development and humanitarian actors. In the urban context, refugees, and members of host communities, who owned enterprises, will be supported by facilitating their access to financial services in partnership with commercial providers. Advocacy efforts with the Government will continue to facilitate access to work permits and business licenses.



Shelter and Settlements

Emergency communal shelters will be set up in the transit centres that are being established to accommodate refugees and asylum-seekers, with attention gender-sensitive considerations and accessibility. Simultaneously, in coordination with RRS and the local authorities, sites have been identified and assessed for the establishment of new settlements.

Once the necessary documentation is provided by authorities, the sites are going to be established with the Master Plan Approach⁷ in a way that accommodates, complements, and aligns to all existing local, regional and national government plans and frameworks for development and ensuring participation and consultation of relevant sectors and stakeholders and refugees and returnees in the process. New settlements will be established in areas that minimize the risks of flooding.

7

[UNHCR Master Plan Approach](#)



Water, Sanitation and Hygiene (WASH)

RRP partners will work closely with the regional government water authorities and RRS in coordinating the WASH response. Emergency water provision is planned for an initial 3 months (Target 10l/p/d) through water trucking until more sustainable alternatives are possible. The Department of Water Affairs will lead the WASH interventions and ensure that gender-segregated water and sanitation facilities are in place in the transit centres and settlements to cater for the number of arrivals. Construction of emergency water distribution points, at least 20, with sandbag bases and accessories is also necessary as well as water treatment and quality monitoring. Rehabilitation and expansion of existing water systems to support returnees is also foreseen. The construction of gender-segregated semi-permanent emergency latrine blocks and segregated emergency bathing facilities will also

be implemented together with distribution of soap provision (two pieces per person per month) for six months. Finally, recruitment and training of hygiene promoters and capacity building and system strengthening of local water authorities and water systems is envisaged as well as solid waste management, aiming at life-saving as well as durable WASH services provision to the refugees and host communities. Provision of hygiene kits, including household water treatment chemicals, water storage containers and menstrual hygiene products, will be supported with strong social and behavioural change communication (SBCC). A cash modality will also be explored as a fast and flexible way to meet hygiene needs. Community engagement and SBCC will ensure the practice of correct hygiene and sanitation behaviours.



Logistics, Telecoms and Operational Support

RRP partners will ensure timely and safe transportation of new arrivals from the borders to transit centres and onward to existing camps or new settlements. There is a need to increase the level of logistics, transport and warehousing cooperation with partners and the Government through local contracting or direct implementation, as well as prepositioning fuel supplies. In this regard, a series of actions have been taken, including beefing up stockpiles at regional level, initiating the replenishment of CRIs stock and prepositioning available quantities of CRIs to the areas of intervention. Airlift options for the delivery of CRIs are being identified if needed.

Under the overall coordination of the UNHCR-led Refugee Emergency Telecommunications Sector (RETS), internet connectivity, security

telecommunications and other technologies services will be provided in common operational areas as humanitarian needs and operations require.

RRP partners will provide protection related transport and pre-travel health screening assistance for refugees and refugee returnees to ensure their safe and secure transportation from the border to the designated location/camps, to ensure refugees are able to access life-saving services provided by RRS, UNHCR, and other humanitarian partners in designated refugee camps or sites. Measures will be put in place to mitigate child protection and GBV risks in transportation services and prevent family separation.

An effective feedback mechanism will be put in place to ensure beneficiaries receive adequate and timely information on distance of travel, access to assistance, to receive and address complaints, and to identify areas of needed

improvement. Experienced medical and operations staff will be deployed to support the response and any refugees in need of additional care and support.



Use of Cash-based interventions (CBI)

Increasing the use and coordination of cash-based interventions is part of the Grand Bargain commitments. Although lack of financial and communication infrastructure as well as economic instability pose challenges in some areas to introduce cash-based interventions (CBIs) several RRP partners will continue to expand multipurpose case assistance as modality for refugees and returnees and to contribute to protection and other sectorial outcomes whenever possible.

Cross-cutting Priorities

- Accountability to Affected People (AAP)
- Age, Gender and Diversity (AGD)
 - Disability Inclusion
 - Older Persons
- Prevention of Sexual Exploitation and Abuse (PSEA)
- Localization
- Climate Action

Read more in the Regional Overview pp.11 to 14.

Partnership and Coordination Arrangements

The response to the influx of Sudanese refugees and refugee returnees into Ethiopia is led by the Government of Ethiopia under the leadership of the Refugees Returnees Service (RRS) and supported by the response partners, in adherence to the Refugee Coordination Model (RCM) and the Global Compact for Refugees (GCR). The response is co-led by RRS and UNHCR at national and regional level with the contribution of RRP partners, donors, government social service bureaux at regional level and other local authorities. A technical level Inter-Agency Task Force, co-chaired by UNHCR and RRS, has been set up in each of the four regions expected to receive refugee and/or refugee returnee arrivals. The inter-agency task forces are complemented by sectoral working groups on protection (with sub-groups for GBV and child protection), WASH,

health, shelter, and education. In addition, UNHCR and RRS have initiated and are coordinating ad-hoc meetings with government authorities and RRP partners to critically assess the situation and respond accordingly.

Considering the CRRF approach and the Global Compact on Refugees (GCR), RRP partners will engage a wide range of stakeholders, including regional and district governments, through a whole of-society approach. Partners will include refugee-led organizations (RLOs) or other organizations led by displaced, stateless persons, and community-based organizations (CBOs), including those led by women and youth.

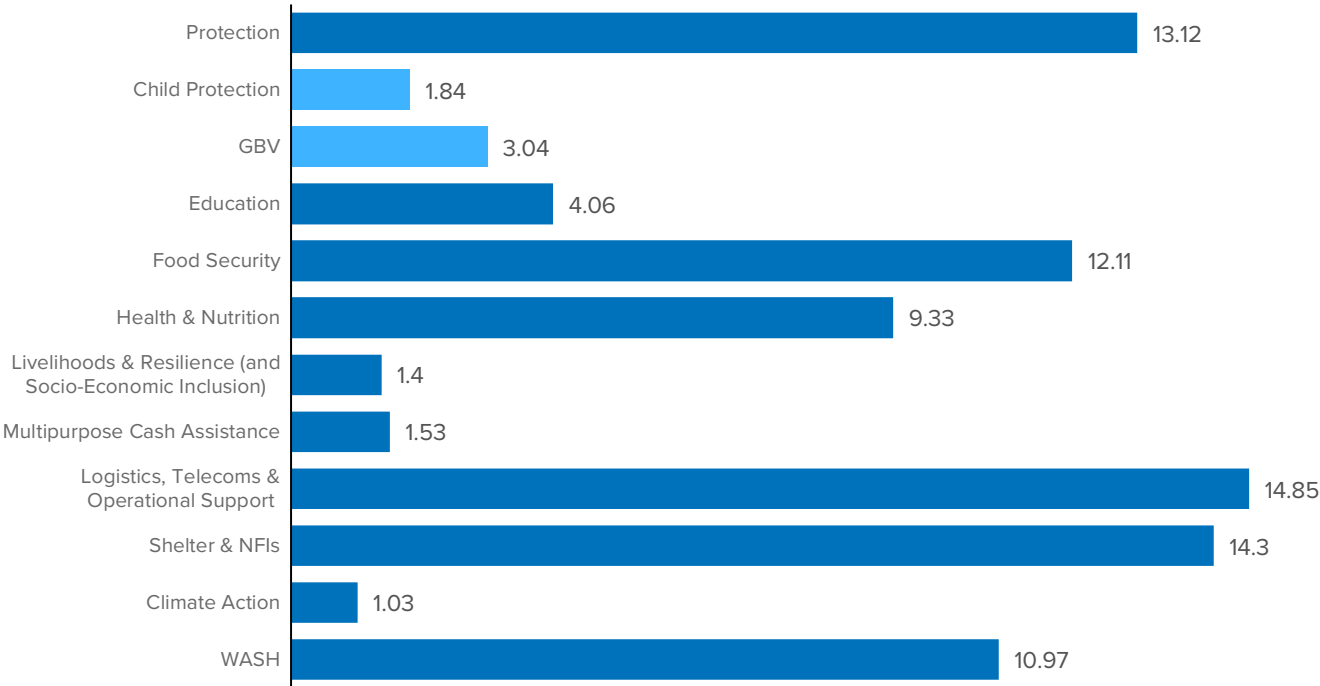


Inter-Agency Financial Requirements

Total Financial Requirements
In USD

\$87.6 M

Budget summary by sector
in Million USD



COUNTRY OVERVIEW

SOUTH SUDAN

With the UNHCR transit centre in Renk, South Sudan, having reached its full capacity of 5,000, many new arrivals who have crossed the border after fleeing the conflict in Sudan, are setting up temporary shelters in the bush surrounding the town. Many of those arriving are in poor condition due to walking long distances and sun exposure.



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AT A GLANCE

South Sudan Planned Response

May – October 2023



60,000

Refugees
(6 months)



144,000

South Sudanese
Refugee returnees
(3 months)



36,000

South Sudanese
Migrant Returnees
(3 months)



10,000

Third Country
Nationals
(3 months)



96.1 M

Total financial
requirements

\$53.9 M

for Refugees

\$39.9 M

for Returnees

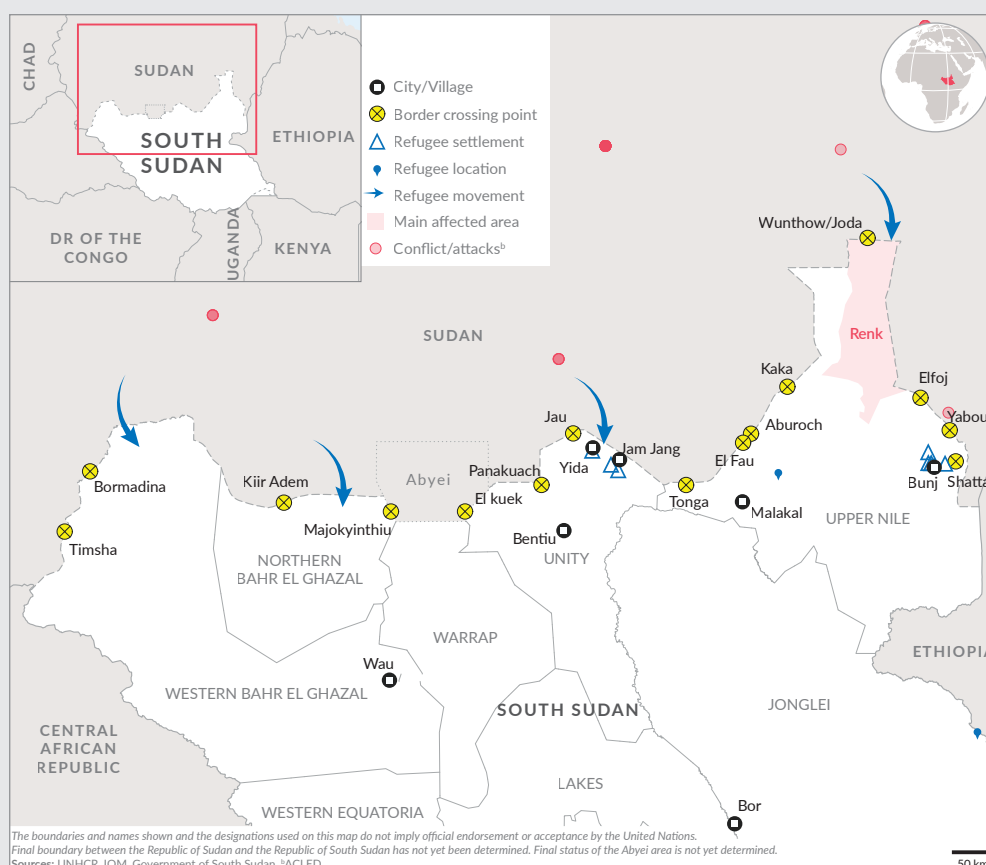
\$2.2 M

for TCNs



66

Partners involved



Country Overview

Part 1: Current Situation

Sudan is home to 1.1 million refugees, including over 800,000 South Sudanese refugees, as well as a large population of Eritrean and Ethiopian refugees. An unknown number of additional South Sudanese have been living in Sudan, often with no clear status.

Since the signing of the Revitalized Agreement on the Resolution of the Conflict in the Republic of South Sudan (R-ARCSS) in October 2018, an estimated 158,000 South Sudanese have spontaneously and independently returned from Sudan, of whom 80 per cent were registered refugees in Sudan. The Sudan-South Sudan border was always actively used by refugees, South Sudanese refugee returnees and other migrants, as well as for business purposes as the northern half of South Sudan relies heavily on cross-border trade.

Since the start of the fighting in Khartoum on 15 April, the influx of people fleeing Sudan has increased exponentially at the multiple border points between the two countries. The authorities have identified 12 key entry points along the Sudan-South Sudan border where humanitarian actors are setting up transit facilities to help receive arriving South Sudanese refugee and migrant returnees, Sudanese refugees, refugees and refugees of other nationalities previously registered in Sudan, and third country nationals. UN and NGO partners mobilized immediately to support the authorities in assisting people in hard-to-reach areas with very limited infrastructure and where local populations are already very vulnerable.

As of 16 May, more than 59,200 people had crossed the border seeking safety, 90 per cent of them are South Sudanese nationals, most of whom were registered as refugees in Sudan. These figures represent only those who have been identified by partners at the border and it is likely that real numbers are higher than reported. Overall, women and girls make up 54 percent of new arrivals, while men and boys are 46 per cent. More than 53 per cent of new arrivals are below the age of eighteen, while 9 per cent of new arrivals are older than sixty.

Arrivals so far have been mostly from Khartoum. Many people reach the border exhausted, in vulnerable situations and in need of immediate assistance. Most of them also need support to continue their journey to intended destinations in South Sudan but are lacking the financial means to proceed to their destination of choice. The majority of arrivals have been through the Juda Border Crossing Point in Upper Nile State. Much smaller numbers are arriving in Northern and Western Bahr el Ghazal States, fleeing the Darfur region of Sudan. As the fighting in Sudan continues, arrival patterns could change. In addition, a population of third country nationals working or studying in Sudan are also affected by the conflict and are expected to cross into neighbouring countries, including South Sudan, to reach their home country.

The conflict in Sudan has already impacted South Sudan's economic outlook, particularly for northern States that are largely dependent on imports from Sudan and where the prices of basic commodities are skyrocketing. Fuel costs have spiked up to 60 per cent within two weeks and

food prices are up by more than 30 per cent in some areas, and they are likely to increase further. With border markets not functioning and the rainy season affecting logistical movements of goods by road, humanitarian operations will require the use of airlifting and potentially waterway transportation to assist refugees, returnees, and third country nationals at borders and transit facilities.

The Relief and Rehabilitation Commission (RRC) of the Ministry of Humanitarian Affairs and Disaster Management is the Government entity in charge of the assistance to returning South Sudanese citizens as well as the coordination for internally displaced populations. The Republic of South Sudan maintains a strong tradition of providing asylum and protection. The refugee protection regime is grounded in a robust Refugee Act (2012)

and its 2017 Refugee Status and Eligibility Regulations, which are further complemented by the 2019 National Comprehensive Migration Policy. Before the crisis, South Sudan was hosting over 279,000 refugees and asylum-seekers on its territory of which 94 per cent are from Sudan, with a majority of the latter (>90%) residing in 21 refugee camps or settlements in States bordering Sudan.

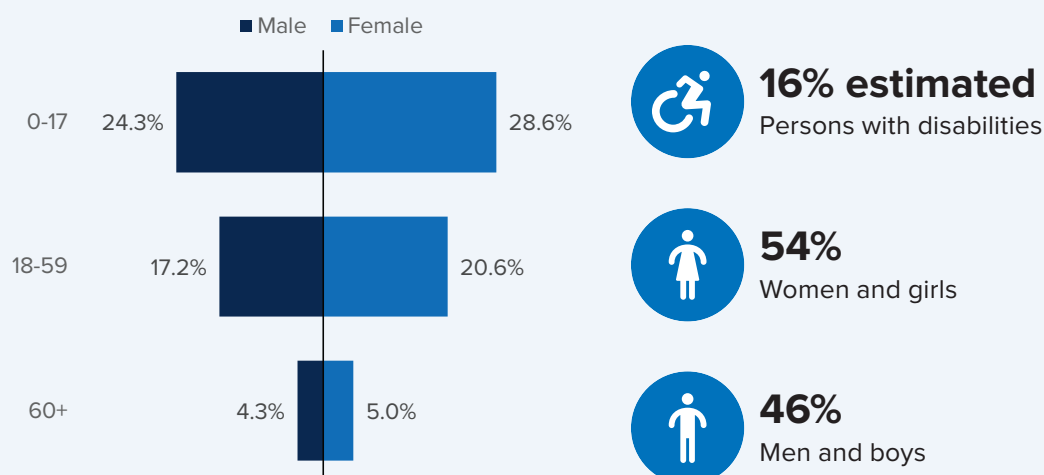
The Commission for Refugee Affairs (CRA) is the State entity responsible for the overall management and coordination of refugee and asylum matters and takes the lead in preparedness and regulating the refugee reception mechanisms with the support of UNHCR.

Population Planning Figures

South Sudan		Estimated Population
Populations to be assisted		
South Sudanese Refugee Returnees	by end of July 2023	144,000
South Sudanese Migrant Returnees	by end of July 2023	36,000
Sudanese refugees	by end October 2023	45,000
Refugees from other countries leaving Sudan	by end of October 2023	15,000
Third country nationals	by end of July 2023	10,000
Total		250,000

*RRC, UNHCR and IOM collect data at various Points of Entry where different population groups are arriving to South Sudan from Sudan. The situation at the border remains fluid and all numbers are indicative only. It is likely that more people are arriving than UNHCR and IOM teams present at border crossing points are able to identify and register.

Age and gender breakdown



Protection Needs, Vulnerabilities and Risks

South Sudan faces a challenging humanitarian context in which peace and security remain fragile. Intercommunal violence, food insecurity, and the severe impact of climate change present constant challenges. The 2023 Humanitarian Response Plan (HRP), issued before the current crisis, estimates that 9.4 million people in South Sudan, including 2.2 million women, 4.9 million children and 337,000 refugees, and 1.4 million returnees, are in need humanitarian assistance.

Protection concerns are high for people of all genders and ages. Returning refugees will settle in communities that are affected by a variety of protection challenges as depicted by the Protection Cluster's regular monitoring results.

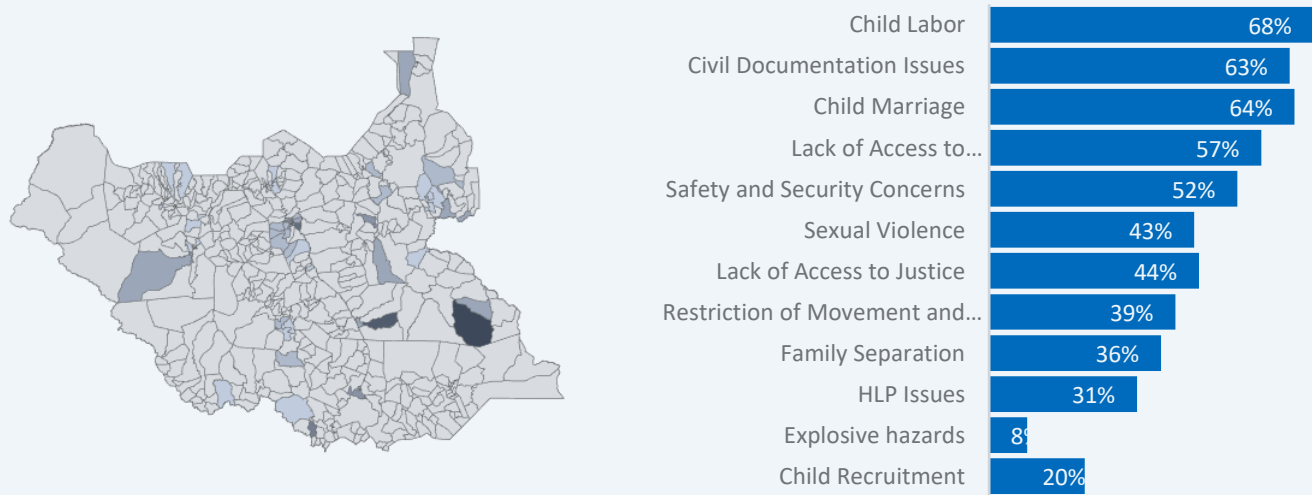
According to the Inter-Sector Needs Assessment (ISNA, 2022) 21 per cent of households that had returned after displacement to their areas of origin reported that their children do not attend school. Main challenges pertained to fees, school closure due to conflict, and lack of school materials.

South Sudan is also one of the worst food insecurity emergencies in the world. According to the ISNA, 75 per cent of returnee households reported food as a priority need, followed by shelter (61 per cent) and health care (53 per cent).

The ongoing violence in South Sudan has had major effects on the psychological well-being of the South Sudanese population, whereas returnees, refugees and other forcibly displaced South Sudanese had to cope with losses, family disruptions and disconnection from their community support systems. However, mental health and psychosocial needs amongst displaced communities, including returnees remain elevated and largely unaddressed.

Protection Cluster statistics

In March 2023, protection monitors conducted 169 key informant interviews covering 68 payams in 29 counties in eight states of South Sudan. The below graph shows the overall percentages of reported occurrence of protection violations:



Source: [Protection Cluster Protection Monitoring](#) System (March 2023)

Part 2: Emergency Response Strategy

Partners will support the Government of South Sudan’s efforts to respond to an influx of Sudanese refugees and a large number of South Sudanese returning home in adverse conditions. The overall response will focus on the identification and reception of the most vulnerable new arrivals at prioritized points of entry (PoE), with the provision of life-saving support and specialized protection services. In locations where transportation from the border is limited, the most vulnerable returnees, third country nationals and refugees will be accommodated in temporary transit centres where they will receive specialized assistance, non-food items and accommodation while transportation is organized.

Most Sudanese refugees are expected to arrive from Darfur, South Kordofan and Blue Nile, with smaller numbers from other parts of Sudan, while refugees of other nationalities previously hosted by Sudan are mainly coming from Khartoum but also other parts of the country. South Sudan already hosts a large refugee and asylum-seeker population and nearly all of them live in camps. The new arrivals will mostly be transferred to the existing camps in Upper Nile and the Ruwang Administrative Area, although the authorities will allow for freedom of movement in the country to Sudanese refugees who chose to settle in other locations. These camps will need to be further expanded, with all basic services stepped up, including WASH, shelter, health, education, and others. A settlement approach will be adopted for refugees arriving from the Darfur into Western and

Northern Bahr el Ghazal. Due to the particular needs of refugees and specific initiatives, the refugee response will cover an initial six-month period.

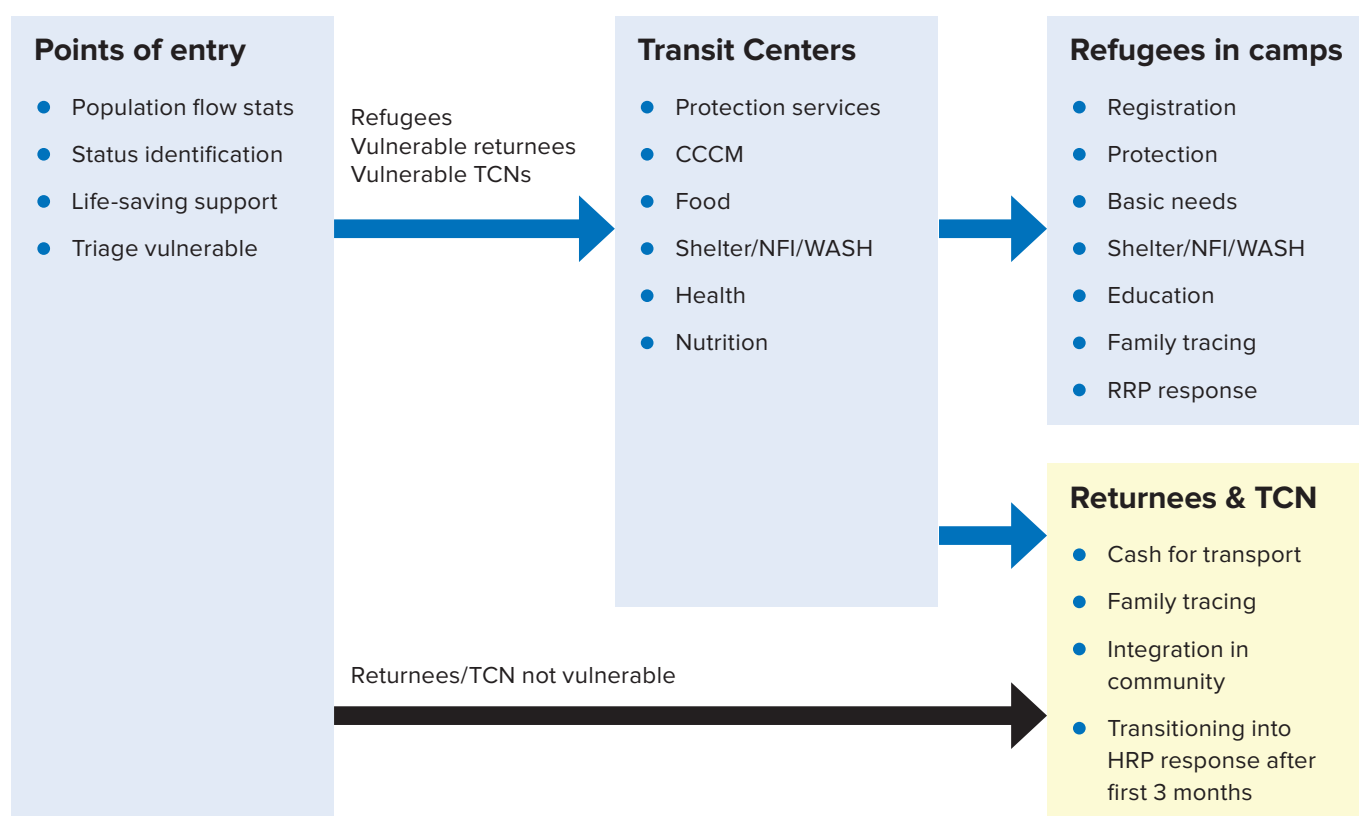
For South Sudanese returnees, the strategy agreed with local and national authorities is to avoid the creation of camps. To prevent congestion at remote border crossings that may lead to camp-like situations in particularly inhospitable and hard to access parts of the country, the focus of the response will be on assisting the most vulnerable returnees with transportation away from the border.

For returning South Sudanese, the plan is limited to an initial three-month period and covers emergency assistance and protection services at

the border and in transit sites, as well as onward transportation, following which returnees will be assisted within their communities through the existing HRP activities. Based on previous trends of returns and rapid intention surveys with the new arrivals, it is expected that returning South Sudanese will seek to settle in Juba, Upper Nile State and Unity, with smaller numbers in Northern and Western Bahr-el-Ghazal State.

Third country nationals will be assisted by IOM in coordination with respective consular authorities and humanitarian transportation will be facilitated for particularly vulnerable individuals, and thus planning for these groups is also on the basis of three months.

Operational summary



Strategic Objectives

- **SO1: Deliver life-saving assistance and protection services to people fleeing Sudan at border crossings.**

At entry points, essential life-saving assistance will be provided to arrivals and specialized services will be extended to the most vulnerable while in the transit centres.

- **SO2: Assist the most vulnerable South Sudanese returnees.**

Provide protection services and critical life-saving assistance to the most vulnerable South Sudanese refugee and migrant returnees through a multisectoral response at transit locations and humanitarian transportation to designated destinations in the first three months.

- **SO3: Guarantee protection to refugees and asylum-seekers and maintain the civilian character of asylum.**

Provide protection and services to all arriving refugees and asylum-seekers.

- **SO4: Support to third country nationals (TCN).**

Assist third country nationals not in need of international protection with immigration procedures and in contacting respective consulate authorities. Provide humanitarian transportation for vulnerable third country nationals in the first three months.

Sectoral Responses



Protection

The Government of South Sudan is generously granting access to its territory to all individuals arriving from Sudan including Sudanese refugees, other refugees, South Sudanese refugee and migrant returnees and third country nationals. It will grant prima facie status recognition to all Sudanese nationals seeking asylum. All refugees who were previously registered in Sudan (i.e. refugees from Eritrea, Syrian Arab Republic, Ethiopia, Central African Republic, Chad, Yemen) will also be recognized as refugees by the Government of South Sudan. Refugees in need of assistance will be relocated to camps and will be supported accordingly through case management and specialized services. The civilian character of asylum will be maintained by the Government of

South Sudan, which will conduct screening to identify any possible combatants who will be separated and transferred to different facilities.

UNHCR and IOM in coordination with CRA and RRC, carry out border monitoring activities at the main border entry points, collecting data that is disseminated through the [joint population movement dashboard to improve analysis, planning and inform an overall protection-oriented response](#). At the points of entry and in transit centres, UNHCR and the CRA will conduct initial household-level pre-registration of refugees, while third country nationals not in need of international protection will be registered by IOM and by immigration authorities. South Sudanese

refugee and migrant returnees and other nationalities will be supported/encouraged to move away from the border to avoid the creation of camps. Transportation will be provided for the most vulnerable individuals and their families.

At the transit centres, refugee camps and urban areas, protection teams will identify persons with specific needs, provide information on available services and support for the most in need and refer them to necessary, targeted, efficient multi-sectoral assistance, and to specialized services, as appropriate. Counselling services will

be provided based on needs and identified risks, and with attention to safety, confidentiality, age, gender, and disability considerations, Cash-for-protection targeting the vulnerable individuals. Through protection monitoring activities, needs and protection risks will also be identified in areas of return or displacement to inform risk mitigation strategies in all interventions, response, and advocacy. Family tracing services will be available, including through communication and connectivity booths that will allow new arrivals to contact families and plan their onward movement to areas of choice.



Sub-Sector: Child Protection

The child protection programme and scale up will be guided by the Interagency Minimum Standards for Child Protection. Child protection services will be set up or strengthened at transit centres and in refugee camps to identify, assess and provide specialized services to children at risk. These include the identification of unaccompanied and separated children, Best Interests Procedure/case management for children at heightened risk, referral to specialized services and follow-up, tracing and family reunification, provision of family-based alternative care for unaccompanied children, as well as provision of quality mental health and psycho-social support based on identified needs. Focus will also be put on

prevention through provision of child-friendly information, scaling up community-based child protection approaches, and family strengthening programmes to prevent and address risks of child marriage, recruitment, family separation and child labour. As part of the protection-sensitive response, child protection considerations will be mainstreamed into other sectors, and sectoral staff will be trained on identification of children at risk and referral to specialized services, national child protection actors and stakeholders will be trained, and child protection coordination mechanisms will be strengthened to provide timely interventions for prevention and response for children.



Sub-Sector: GBV

The GBV response will employ both static and mobile service delivery approaches, depending on the location and access to affected people, and a mix of cash-based interventions, in-kind support such as dignity kits, and provision of frontline GBV response specialized services. GBV response interventions will focus on the provision

of psychosocial support, GBV case management services, the establishment and strengthening of GBV referral systems, women and girls' safe spaces, the provision of cash-based individual protection assistance, work with other sectors to strengthen response services to survivors, such as health and capacity development of GBV

partners. GBV prevention priorities include community engagement and awareness-raising activities focused on risk factors to GBV, available response services, and timely seeking of services, and safe disclosure and referral of GBV survivors. GBV partners will also pass key messages to the new arrivals at the entry points, during

transportation to the transit centres, and while they stay in the transit centres. GBV partners will also prioritize GBV risk mitigation interventions through collaboration and integration of GBV actions and survivor support across other sectoral interventions.



Education

It is a priority for education partners that children and youth are able to resume learning within three months of having been displaced. In line with the overall response strategy, South Sudanese refugee and migrant returnees will be encouraged to enrol in local schools and, where possible, the support services provided to them will be integrated into existing programming aimed at raising the quality of education in South Sudan. In addition to the profiling and needs assessments carried out with other sectors, education partners and the Ministry of General Education and Instruction will promote enrolment in community schools through information dissemination and support to schools. Children who speak and read

the language of instruction will be able to be included in local schools more rapidly than those who do not. The education response for Sudanese refugees will facilitate the expansion of schools in existing camps to accommodate new students and will also provide support classes to assist children and young people to learn the language of instruction. MHPSS and other services will be integrated into education activities and education partners will work closely with Child Protection and the GBV sub-sectors in order to mitigate protection risks, promote safe access to schools and ensure that teachers are informed of available support services.



Food Security

Life-saving food assistance will be provided at points of entry through provision of ready-to-eat food to new arrivals, hot meals for the most vulnerable people in transit centres, and through integration of newly arrived refugees into the food assistance (albeit currently at 50% rations due to

funding shortages) after transfer to refugee camps. Cash assistance for humanitarian transportation will also include food needs during the trip to onward destinations.



Health

The health response will focus on saving lives including preventing disease outbreaks. Health partners will conduct medical screening at the border and provide emergency health care and referral to health facilities for timely treatment, set up mobile clinics to provide appropriate management for acute conditions, provide vaccinations to children to prevent communicable diseases outbreaks, and prepare health services in refugee camp or returnees hosting areas to support additional caseloads due to the influx. Certain services will be prioritized, including reproductive health (in particular pregnancy and obstetric complications), vaccination of children against measles and polio as early as possible, casualties and injuries from conflict, and health services for survivors of gender-based violence,

especially intimate partner and sexual violence.

Mental Health and Psychosocial Support (MHPSS) will aim to improve psychological and social well-being and strengthen the resilience of individuals affected by conflict. MHPSS activities support crisis-affected returnees and refugees to regain a sense of safety and security and encourage the reactivation of social networks. MHPSS interventions will include an assessment of the psychosocial status of those displaced. At return areas and in refugee camps, community-based MHPSS activities, provision of psychological first aid, basic counselling, and raising awareness about the importance of MHPSS/available support and referral services will be undertaken.



Nutrition

The nutrition response will focus on preventing and combating malnutrition. Nutrition partners will conduct nutrition screening at the border and referral to nutrition centres for timely treatment. Nutrition services treatment will be integrated into mobile clinics to provide appropriate management

for acute conditions. Nutrition services will be strengthened and expanded in refugee camps or returnee-hosting areas to support additional caseloads due to the influx, in line with the cluster response in those locations.



Shelter and Non-Food Items

Shelter and NFI partners will work with CCCM partners to increase the capacity of current transit centres, and of transit spaces so that they can be used as transit centres, as well as to construct temporary communal shelters to meet increased needs.

The centres and communal shelters will be designed to accommodate vulnerable returnees, refugees, and third country nationals for a period of up to 72 hours before they travel to their intended destination while providing basic life-saving services. Partners will distribute a light

survival kit that may include mosquito nets, sleeping mats, blankets, WASH items and female hygiene kits to reduce their exposure to harsh weather conditions and to mitigate health and protection risks, including preventing mortality among children, people with disabilities, and older persons. The composition of the kit will be contextualized in each location/transit centre.

The kit shall be light in weight and easy to carry so as not to burden the population on the move.

In refugee camps, the newly arrived families will be provided with family shelter and the rest of the NFI kit that will support their life or cash for shelter and NFIs depending on market capacity.



Water, Sanitation and Hygiene (WASH)

WASH partners will provide life-saving water, sanitation, and hygiene (WASH) services at points of entry and to most vulnerable individuals in transit centres with the goal of preventing loss of life due to dehydration or disease outbreaks. The response will include an emergency supply of 15 litres per person per day of chlorinated water at all reception centres, the construction of water storage and distribution points, and the eventual reconnection of the border reception centre to nearby water sources. Water trucking will be phased out as soon as more sustainable solutions

are implemented. Necessary sanitation interventions such as emergency latrines, permanent latrines renovation, emergency septic tanks for adequate fecal sludge management, and solid waste management systems will be established accordingly. Hygiene supplies including soap, buckets, water purification tablets and menstrual management hygiene kits will be distributed in conjunction with risk communication and hygiene promotion messaging. Wherever feasible cash-based interventions will consider hygiene needs as well.



Logistics, Telecoms and Operational Support

The provision of logistics coordination, information management, preparedness and technical advisory services to the humanitarian community will ensure a well-coordinated, effective, and cost-efficient logistics response. A coordinated pipeline will procure, store, and deliver supplies to various entry points and transit centres. Air, river, and road cargo transport will enable humanitarian

actors to reach the people in need and the project implementation sites and will facilitate access to common logistics services for the movement of humanitarian cargo to reach vulnerable people. Logistics and cost efficiencies will be optimized to further stretch the funding and meet the demand of humanitarian organizations.



Humanitarian Transportation

Humanitarian transportation partners will work closely with the Government of South Sudan to facilitate the onward movement of vulnerable new arrivals from the point of entry to the transit centres and to the state capital. Returnees and TCNs will be encouraged to quickly move from the border areas. Transportation support and cash assistance to the vulnerable population will

enable this process. The use of cash will be done in coordination with the Cash Working Group (CWG), and depending on the operational realities. Partners operating will manage the fleet, prepare the manifest, and orchestrate the movement which includes movement by land, air and river options.



Camp Coordination and Camp Management

Partners will coordinate with the local authorities to identify adequate and safe existing facilities or spaces that will be utilized as transit centres. This will serve as temporary accommodation for vulnerable returnees, refugees, and third country nationals (TCN) for a period of up to 72 hours before they travel to their destination of choice.

Transit centres will contain all essential services such as temporary communal shelters, basic WASH and health facilities, protection and information desks, telephone booths to help arrivals reach their families, and other sectoral services identified in the chapters below. CCCM will prepare a site plan and allocate spaces for

partners to establish the critical service points, with attention to gender-sensitive and risk mitigation approaches. Regular meetings will be held with service providers to share data and movement schedules to ensure appropriate and timely assistance and protection, as the population flow is designed to be fast moving.

Onward movement will be organized by providing the arrivals with information on movement plans and necessary documents as soon as they arrive in the centre to avoid unnecessary delays. A pre-manifest will be prepared before leaving the transit centre to inform the receiving end on the expected number of returnees.



Coordination and Common Services

Coordinating partners will facilitate an efficient coordination system and support a strategic, prioritized, principled and evidence-based humanitarian response. Partners will promote and carry out inter-sectoral needs assessments and analyses to inform response planning. Sector activities will include access negotiations and

addressing bureaucratic impediments to enable a timely humanitarian response in a safe and secure operational environment. Border monitoring activities and the provision of regularly updated data on arrivals through the [joint population movement dashboard](#) will support smooth coordination of humanitarian activities.



Use of Cash-based interventions (CBI)

For the response in South Sudan, cash-based interventions are the preferred methods of intervention, particularly for humanitarian transportation and other services. The use of cash is expected to also have a positive impact on local

market. Careful consideration of specificities in the affected areas is ongoing in coordination with partners, to identify feasible delivery mechanisms and assess availability of Financial Service Providers.

Cross-cutting Priorities

- Accountability to Affected People (AAP)
- Age, Gender and Diversity (AGD)
 - Disability Inclusion
 - Older Persons
- Prevention of Sexual Exploitation and Abuse (PSEA)
- Localization
- Climate Action

Read more in the Regional Overview pp.11 to 14.

Partnership and Coordination Arrangements

The emergency response plan is implemented under the coordination and leadership of the Relief and Rehabilitation Commission (RRC) of the Government of the Republic of South Sudan, who will lead a whole-of-government response.

In accordance with the Refugee Coordination Model, UNHCR maintains its leadership responsibility in refugee response in cooperation with the Commission for Refugee Affairs (CRA), as the government refugee entity responsible for the overall management and coordination of refugee and asylum matters and leading in preparedness and regulating of refugee reception mechanisms with the support of UNHCR.

UNHCR and IOM will co-lead the overall response for returning South Sudanese, in close coordination with OCHA, cluster leads, non-governmental organizations (NGOs), UN Agencies, and other humanitarian actors to ensure harmonization of coordination structures. Once returnees reach their community, the response will be provided through the cluster system as part of the existing 2023 HRP.

IOM maintains its leadership responsibility for third country nationals not seeking asylum, in close cooperation with immigration authorities and the Relief and Rehabilitation Commission (RRC).

This new refugee and returnee emergency response plan is developed in line with the UNHCR-OCHA Joint Note on coordination in mixed settings and the IOM-UNHCR Framework of Engagement on Mixed Movements. Given that the IASC cluster approach and a humanitarian response plan (HRP2023) are already in place in South Sudan, the Joint Note ensures that coordination is streamlined, complementary and mutually reinforcing, and that duplication at the delivery level is avoided. The Joint Note sets out the respective accountabilities, roles and responsibilities of the Humanitarian Coordinator in

contributing to the IASC-agreed strategic outputs of coordination, and the UNHCR Representative to lead the entire cycle of a refugee response, including inter-agency contingency planning, response, resource mobilization and finding durable solutions.

Local and national actors participate actively in the humanitarian response in South Sudan. This Plan is based on the concept of implementing with actors who are already present and operating in emergency response locations. Local authorities remain in the lead and are supported in their work.

Coordination notes

	South Sudanese refugee and migrant returnees	Refugees	Third country nationals (TCNs)
Government of the Republic of South Sudan	Relief and Rehabilitation Commission (RRC)	Commission for Refugee Affairs (CRA)	Ministry of Interior
United Nations	UNHCR + IOM	UNHCR	IOM



Inter-Agency Financial Requirements

\$39.9 M

for returnees

\$53.9 M

for refugees

\$2.2 M

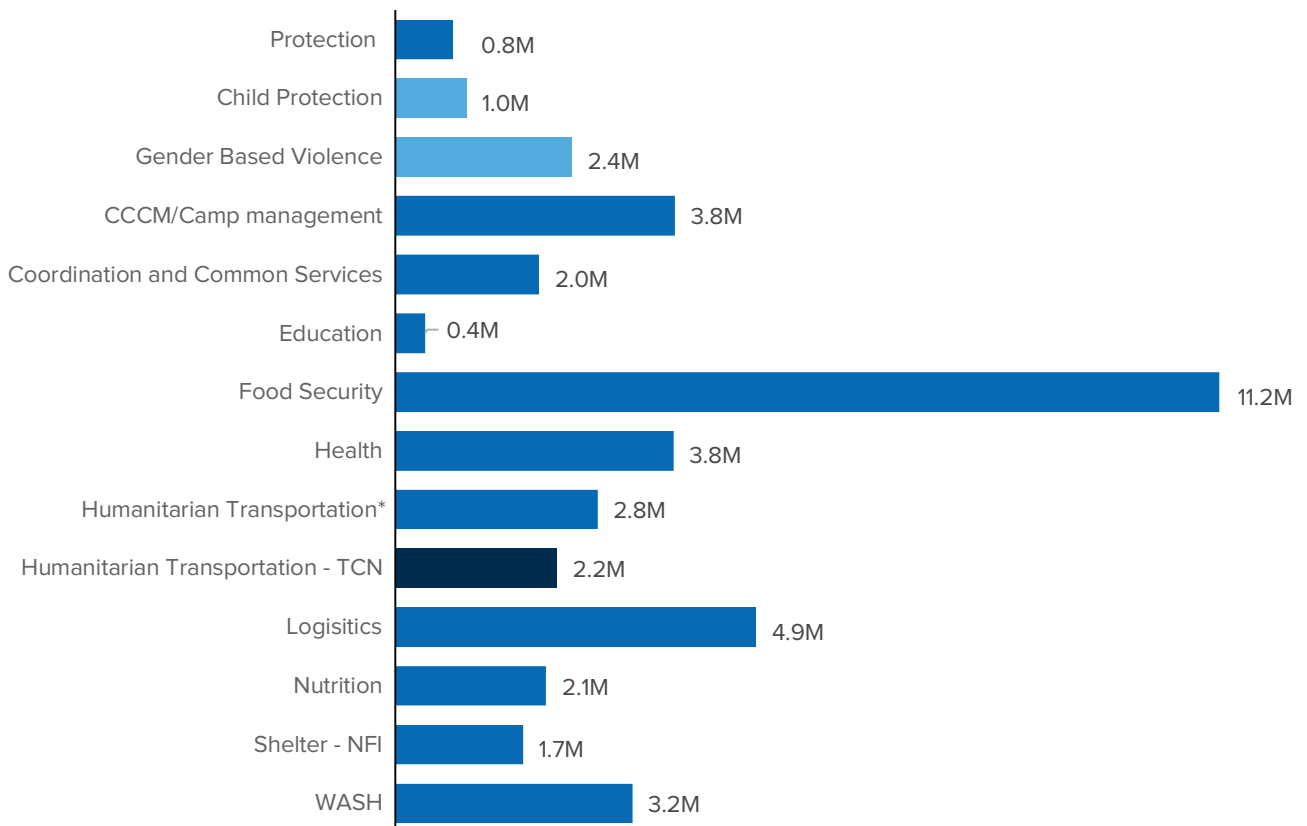
for third country
nationals

Total Financial Requirements

In USD

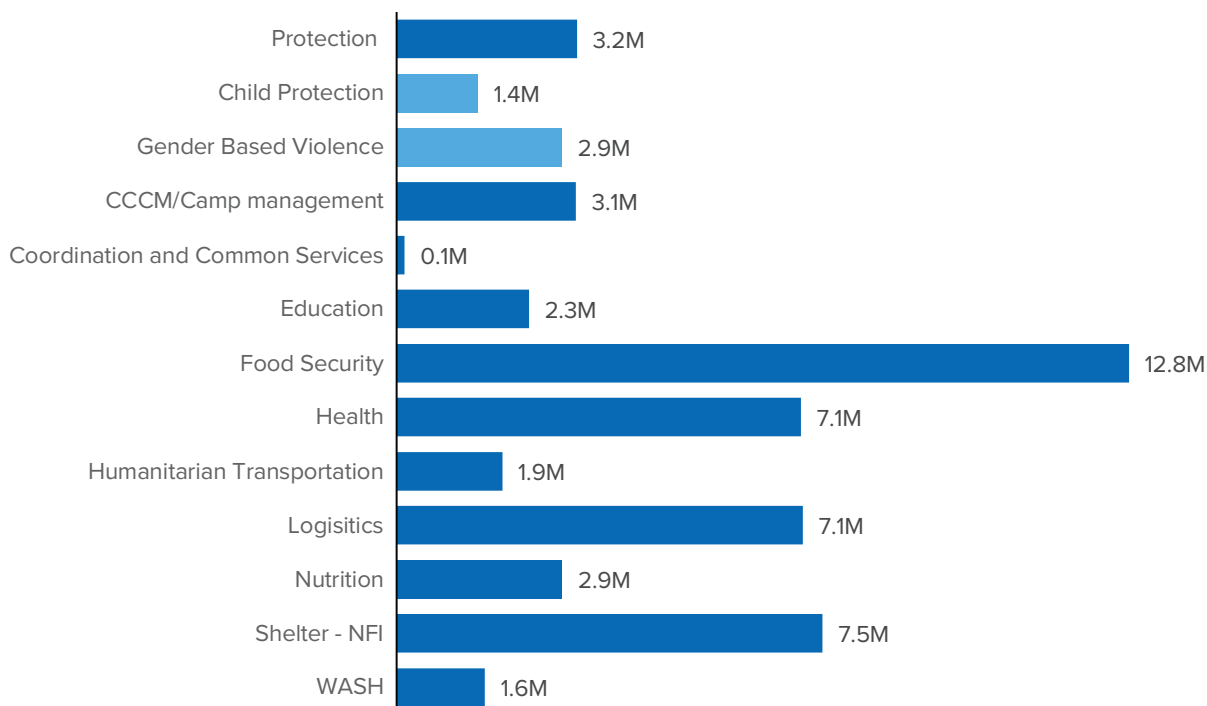
\$96.1 M

South Sudanese returnees and third country nationals (TCN) – requirements in Million USD

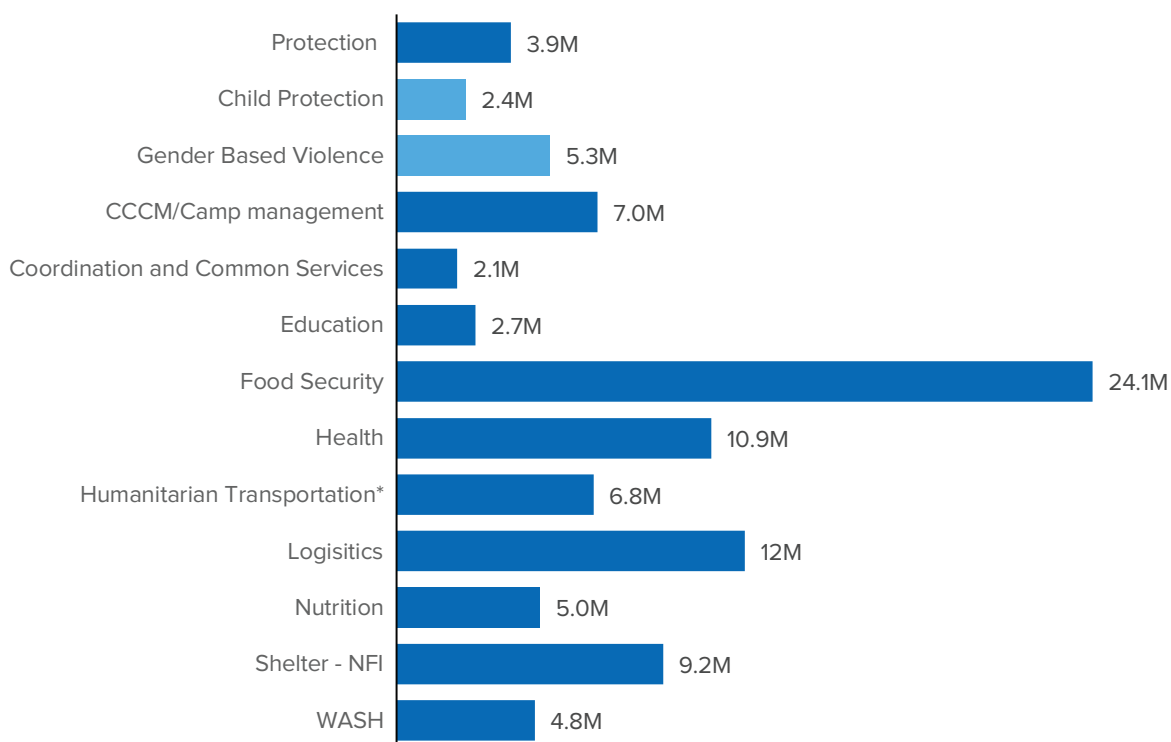


* Budget for humanitarian transportation for South Sudanese returnees requires adjustment upwards to reflect the evolving scenario. The remoteness of the entry points, the impact of the rainy season on means of transport requiring more costly air transport, the high pace of the influx, and the higher than anticipated number in need of onward transport assistance among overall arrivals has already required resources and investments above the appeal amount. The budget requirements for transportation will be revised accordingly as part of the extension of the response plan for returnees in South Sudan and corresponding regional RRP revision to be undertaken in July 2023.

Refugee response - requirements in Million USD



Budget requirements by sector (all populations) in Million USD



* Budget for humanitarian transportation for South Sudanese returnees requires adjustment upwards to reflect the evolving scenario. The remoteness of the entry points, the impact of the rainy season on means of transport requiring more costly air transport, the high pace of the influx, and the higher than anticipated number in need of onward transport assistance among overall arrivals has already required resources and investments above the appeal amount. The budget requirements for transportation will be revised accordingly as part of the extension of the response plan for returnees in South Sudan and corresponding regional RRP revision to be undertaken in July 2023.

Annex 1

Budget Breakdown by RRP Partner

Partner	Central African Republic	Chad	Egypt	Ethiopia	South Sudan	Total
<i>All partners in South Sudan*</i>					96,130,464	96,130,464**
ACTED		9,283,609				9,283,609
Action for the needy (Ethiopia)				5,275,775		5,275,775
ADRAH		587,325				587,325
African Humanitarian Aid and Development Agency				350,000		350,000
ALIMA - Alerte Sante		370,366				370,366
CARE International		1,728,993				1,728,993
Caritas Egypt			1,012,196			1,012,196
Caritas Egypt - Alexandria			1,297,600			1,297,600
Catholic Relief Services		1,015,314	1,660,000			2,675,314
Concern worldwide		1,306,865				1,306,865
Don Egypt - Bosco			337,966			337,966
Egyptian Foundation for Refugee Rights			10,000			10,000
Egyptian Red Crescent			5,180,742			5,180,742
Fondation Terres des Hommes			98,312			98,312
Food and Agriculture Organization		6,644,100				6,644,100
Gezour Foundation			48,500			48,500
HelpAge International				1,000,000		1,000,000
HIAS		1,318,695				1,318,695
Humanity and Inclusion			500,000			500,000

* South Sudan budget does not include detailed budget per partner.

** The total budget amount per partner does not include South Sudan portion if applicable as the budget was calculated based on estimations per sector.

Partner	Central African Republic	Chad	Egypt	Ethiopia	South Sudan	Total
Innovative Humanitarian Solutions				1,286,149		1,286,149
International Labor Organization			300,000			300,000
International Medical Corps	600,000			480,000		1,080,000
International Organization for Migration	2,100,000	25,000,000	19,860,000	8,000,000		54,960,000
International Rescue Committee		2,795,627		800,000		3,595,627
Jesuit Refugee Service		258,188				258,188
Life Makers Foundation (Egypt)			3,094,793			3,094,793
Lutheran World Federation		2,230,691		2,250,000		4,480,691
MAIS			184,212			184,212
Medical Teams International				600,000		600,000
Mouvement Croix Rouge		1,487,809				1,487,809
Norwegian Refugee Council				2,915,000		2,915,000
OXFAM		225,690				225,690
Plan International		1,494,349	569,175	3,000,000		5,063,524
Première Urgence Internationale		4,684,020				4,684,020
Psycho-social services and Training Institute in Cairo			728,524			728,524
Refuge Egypt - Egypt			10,500			10,500
Save the Children International			9,200,000			9,200,000
Triangle	500,000					500,000
United Lawyers			10,000			10,000
United Nations Children's Fund	3,328,872	19,897,054	12,300,000	8,210,800		43,736,726
United Nations Development Programme			4,000,000			4,000,000
United Nations High Commissioner for Refugees	20,603,969	95,860,530	25,206,043	38,772,510		180,443,052
United Nations Population Fund	200,000	3,604,125	7,195,000	3,200,085		14,199,210

Partner	Central African Republic	Chad	Egypt	Ethiopia	South Sudan	Total
United Nations Population Fund/UN Women	581,121					581,121
World Food Programme	14,535,690	46,174,900	16,470,898	9,601,563		86,783,051
World Health Organization	200,000		4,580,000			4,780,000
World Vision International (Ethiopia)				1,140,000		1,140,000
Youth and Development Consultancy Institute Etijah			191,500			191,500
ZOA				700,000		700,000
TOTAL	42,649,652	225,968,250	114,045,961	87,581,882	96,130,464	566,376,209

*** This amount is under consultation with sectors and partners in Chad.

2023 REGIONAL SUDAN RRP PARTNERS

- Access for Humanity
- ACTED
- Action Africa Help International
- Action Aid Intervention for Development Organization
- Action for the needy (Ethiopia)
- ADRAH
- Africa Development Aid
- African Christian Ecumenical Alliance
- African Community Agency for Development and Relief
- African Humanitarian Aid and Development Agency
- African Initiatives for Relief and Development
- African Relief and Development Foundation
- Agency for Women and Children Development
- ALIMA - Alerte Sante
- Buckeye Maternal & Child health organization
- CARE International
- Caritas Egypt
- Caritas Egypt - Alexandria
- Catholic Relief Services
- Chad other NGOs
- Children Aid South Sudan
- Child's Destiny and Development Organization
- Coalition for Humanity
- Community Action Organization
- Community Aid for Relief and Development
- Community Humanitarian Inter-Livelihoods and Emergency Focus
- Concern worldwide
- Danish Refugee Council
- Dialogue and Research Institute
- Doctors Actively Serving in Africa
- Don Egypt - Bosco
- Egyptian Foundation for Refugee Rights
- Egyptian Red Crescent
- Episcopal Development Aid
- Facilitating Action for Community Empowerment
- Fondation Terres des Hommes
- Food and Agriculture Organization
- For Afrika to Thrive
- Gezour Foundation
- GOAL International
- Greater Upper Nile Organization
- Health Action Africa
- HelpAge International
- HIAS
- Humane Aid for Community Organization
- Humanitarian Development Consortium
- Humanity and Inclusion
- Innovative Humanitarian Solutions
- Institute for Promotion of Civil Society (IPCS)
- International Labor Organization
- International Medical Corps
- International Organization for Migration
- International Rescue Committee
- Jesuit Refugee Service
- Joy Cares Foundation
- Life Makers Foundation (Egypt)
- LiveWell South Sudan
- Loul Deng Foundation
- Lutheran World Federation
- MAIS
- Medair
- Medical Teams International
- Mercy Corps South Sudan
- Mouvement Croix Rouge
- NCDO
- Norwegian Refugee Council
- OXFAM
- Plan International
- Première Urgence Internationale
- Psycho-social services and Training Institute in Cairo
- Refuge Egypt - Egypt
- Relief International
- Restoration South Sudan
- Samaritan's Purse
- Save the Children International
- Smile Again Africa Development Organization
- Solidarites International
- South Sudan Grassroots Initiative for Development
- Tearfund
- The MENTOR Initiative
- Triangle
- United Lawyers
- United Nations Children's Fund
- United Nations Development Programme
- United Nations High Commissioner for Refugees
- United Nations Population Fund
- United Nations Population Fund/UN Women
- United Networks for Health
- Veterinarians without Borders/ Veterinaires sans Frontieres - Canada
- Welthungerhilfe
- Wider Aid & Development Agency-South Sudan.
- Women and Children Health Organisation
- World Food Programme
- World Health Organization
- World Vision International (Ethiopia)
- World Vision International-South Sudan
- Yo' Care South Sudan
- Youth and Development Consultancy Institute Etijah
- Youth Empowerment and Development Aid
- ZOA

SUDAN EMERGENCY REGIONAL REFUGEE RESPONSE PLAN

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