SOUTH SUDAN
Regional Refugee Response Plan
2022 Year End Report

REGIONAL SITUATION OVERVIEW

By the end of 2022, South Sudanese were the fifth largest population of refugees, people in refugee-like situations, and other people in need of international protection[1].

According to the Sustainable Development Goal indicator 10.7.4, which identifies the proportion of a country's population who become refugees, South Sudan had 17,300 per 100,000 inhabitants who were refugees[2]. Most of the 2.28 million South Sudanese refugees were hosted in the five countries in the Regional Response Plan: the Democratic Republic of the Congo (DRC), Ethiopia, Kenya, Sudan and Uganda. This population was 2 per cent less than the 2.33 million recorded at the end of 2021.

During the year, the prospects for mass voluntary, safe, and dignified returns to South Sudan were limited due to ongoing insecurity and humanitarian needs. South Sudan suffered violence in Unity, Upper Nile and parts of Jonglei states, communal tensions and other human rights violations and insecurity. The conflict displacement was further compounded by flooding and food insecurity resulting in new displacements in South Sudan and neighbouring countries. Only 151,300 South Sudanese refugees returned to their home country, bringing the accumulated total of returns since the revitalized agreement in October 2018 to 627,028. Despite this, refugees from South Sudan are the largest group of returnees globally. These were primarily from Uganda (50 per cent), Sudan (32 per cent) and Ethiopia (15 per cent).

1. https://www.unhcr.org/global-trends-report-2022
2. https://www.unhcr.org/global-trends-report-2022

2022 RESPONSE IN NUMBERS

2.28 M
SOUTH SUDANESE REFUGEES AS OF 31 DECEMBER 2022

USD 362 M
FUNDING RECEIVED BY DEC 2022, REPRESENTING 30% OF REQUIREMENTS

99,105
NEW SOUTH SUDANESE REFUGEE ARRIVALS IN 2022

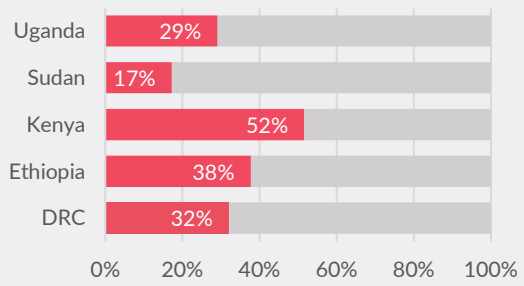
102
UN, INTERNATIONAL NGO AND NATIONAL NGO PARTNERS INVOLVED

Photo Caption:
40% of learners in Kakuma refugee camp and Kalobeyei settlement in Kenya are girls. © Pauline Omagwa

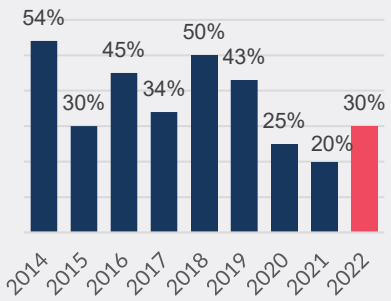
USD 362 M
FUNDING RECEIVED FROM

USD 1.2 B
FUNDING REQUESTED IN 2022

Funding level by response country



Annual funding status

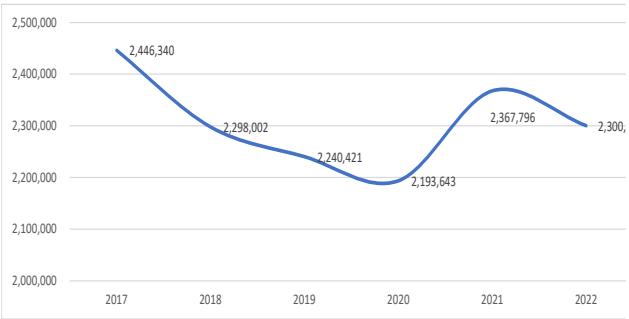


SOUTH SUDANESE REFUGEE POPULATION TRENDS

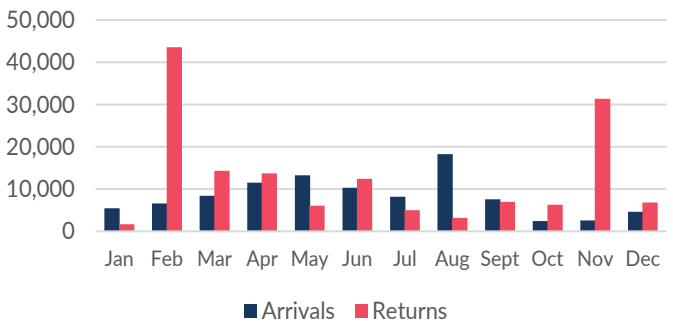
Uganda hosted the largest number of South Sudanese in the region, with 854,268 refugees, including 48,753 new arrivals in 2022. **Sudan** had the second highest number with 796,831 refugees, followed by **Ethiopia** with 409,621, **Kenya** with 151,087, and the **DRC** with 56,411. The total number of new arrivals in the region was 99,105, with the peak occurring in August 2022.

The population trends of South Sudanese and refugee asylum seekers 2017-2022.

Trend over time by population type[3]



2022 Monthly Arrivals and Returns



In 2022, the main hosting areas in the countries remained the same as in 2021. In Ethiopia, most South Sudanese refugees were hosted in seven camps in the Gambella Regional State and the Benishangul-Gumuz region. In the DRC, the majority of refugees resided in the Ituri and Haut-Uele provinces. In Kenya, they mainly live in Kakuma refugee camp and Kalobeyei settlement alongside refugees from Burundi and DRC. Sudan hosted South Sudanese refugees across ten camps in White Nile and in settlements scattered across Darfur States and the urban perimeter of Khartoum. In Uganda, 92 per cent of the refugees were hosted in settlements across 13 districts in North, West Nile, and Southwestern parts of Uganda, alongside host communities in underdeveloped areas. The remaining 8 per cent lived in the city of Kampala.

ASYLUM COUNTRY CONTEXT

Ethiopia: In 2022, Ethiopia faced a tense security situation characterized by ethnic-based conflicts, armed attacks against government forces, and growing crime rates. There were also tensions between refugees and host communities in the Benishangul-Gumuz and Gambella regions. The economic context was unstable, marked by inflation and reduced humanitarian funding. Despite these difficulties, in collaboration with partners, Ethiopia made efforts to create conditions for self-reliance and inclusion of refugees in national development plans and services. The government also integrated refugees into initiatives aimed at addressing violence against women and children and improving civil registration processes, facilitating their access to essential documentation. These changes enabled refugees to benefit from resettlement, family reunification, education, and employment abroad.

DRC: Throughout 2022, the DRC faced challenging security situations in both provinces. The presence of armed groups, porous borders, and sporadic attacks was a risk to the civilian and humanitarian character of refugee sites and human rights violations were reported in Ituri. The government's imposition of the "State of Siege" in May 2022, with military and police authorities assuming public administration and justice functions, restricted the refugee movement

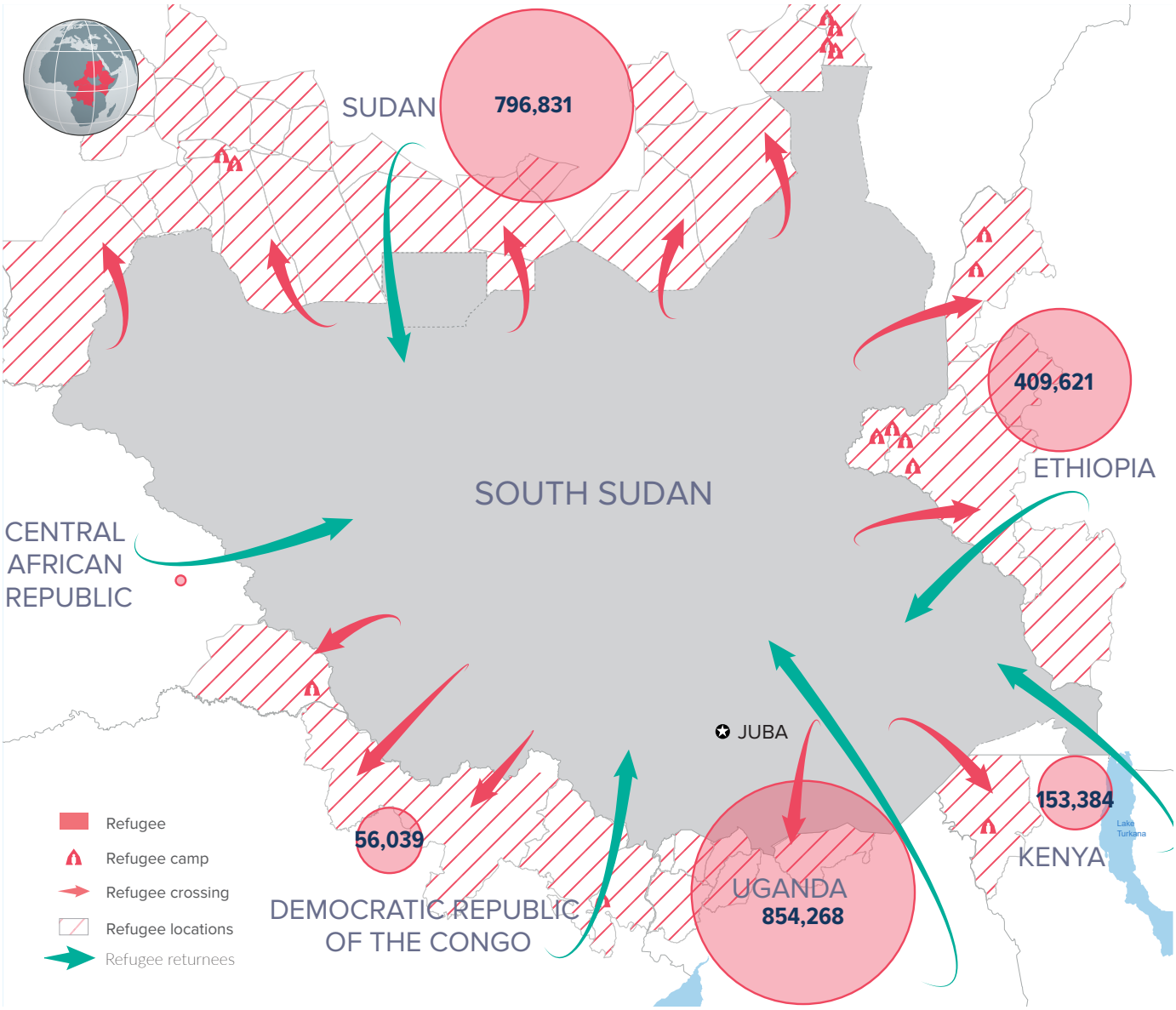
3. https://www.unhcr.org/refugee-statistics/download/?url=9VXhq1

and in the process, was an impediment to timely humanitarian assistance. Moreover, the lack of development and basic infrastructure in refugee settlement areas hindered refugees' capacity to build economic resilience.

Kenya: In February 2022, the Refugee Act of 2021 came into force in Kenya. Following intense advocacy efforts, the government rescinded its decision in April 2022 to close the Dadaab and Kakuma refugee camps by the end of June 2022. Instead, they announced a transition plan to integrated settlements under the "Marshal Plan." During the year, the Kalobeyei Integrated Socio-Economic Development Plan (KISEDP) aimed at greater self-reliance and inclusion of refugees in national systems and the local economy. However, funding shortfalls impacted operations, necessitating realignment and reprioritization of activities to meet immediate needs.

Sudan: Sudan's political landscape remained volatile and uncertain following the military takeover in 2021, leading to suspended development funding and a halt in sustainable programming. The economic crisis, marked by high inflation and rising food prices, affected both refugees and the Sudanese host community. Limited access to formal labour markets and restricted movement further compounded the challenges for refugees, alongside reduced humanitarian funding in 2022. Insufficient funds resulted in 50 per cent cuts to food rations, leading to food insecurity and poor nutrition, particularly affecting children under five.

Uganda: Uganda's progressive refugee policy granted freedom of movement, the right to work, establish businesses, own property, and access national social services to refugees. However, the increasing number of refugees placed additional strain on development challenges in hosting communities. Emergency Appeals were launched to respond to the refugee influx, but funding constraints hindered their ability to meet growing needs, affecting short- and long-term outcomes.



2022 ACHIEVEMENTS AND GAPS

PROTECTION

The governments of the five countries in the Regional RRP maintained open-door policies for South Sudanese refugees seeking asylum.

Ethiopia: In 2022, protection activities in Ethiopia included registering 12,039 new-borns and 9,627 new arrivals, reactivating 1,083 refugee cases, and operating Child and Youth Friendly Spaces. At least 17,111 children received alternative care and psycho-social support. Coordination meetings among partners facilitated collaboration, and the pilot of the Child Protection Information Management System improved data management. Additionally, a substantial number of refugees, totalling 184,528 of whom 58 per cent were female, participated in gender-based violence (GBV) prevention activities such as coffee discussions and awareness campaigns in Gambella throughout the year, including during the 16 Days of Activism Against GBV.

DRC: Projects documented protection incidents and provided capacity building for asylum management entities, including the National Commission for Refugees. Delays in status determination and limited identity documents affected refugees and only 67 per cent lived in camps with government-issued identity documents.

Kenya: In Kenya, new arrivals registration was briefly suspended, leading to congestion in reception centres. Regardless, protection services were offered, including support for GBV survivors and child protection interventions. Further, up to 7,500 child protection cases were followed up in 2022, including conducting 1,087 Best Interest Assessments and 173 Best Interest Determinations for children.

Sudan: Sudan faced gaps in refugee registration and civil documentation, and this was a hinderance for refugees to services. Efforts were made to prioritize community-based approaches in GBV response and child protection, including training community-based child protection networks for improved case identification and referral pathways. Further, despite gaps, in 2022, 12,401 South Sudanese refugee children with specific needs had their cases individually assessed and followed up.

Uganda: Uganda's borders reopened to asylum-seekers in 2022 after the COVID-19 pandemic and the country granted refugee status to South Sudanese on a prima-facie basis. Protection efforts focused on safeguarding children and

UNHCR and partners were rushing life-saving aid to more than 20,000 refugees after they fled clashes in January in Ethiopia's Benishangul Gumuz region, bordering Sudan and South Sudan. © UNHCR/Adelina Gomez Monteagudo

addressing GBV incidents, though resource gaps remained. Despite these gaps, in 2022, the partners addressed 2,339 new GBV incidents among the South Sudanese. The number of cases handled represents 94 per cent of the annual target of 2,500.

EDUCATION

Ethiopia: By December 2022, the Gross Enrolment Rates (GERs) were 40.6 per cent for Early Childhood Care, 57.8 per cent for primary, and 23.5 per cent for secondary schools. However, challenges persisted, with 53.7 per cent of school-age refugee children out of school and high dropout rates. Despite ongoing efforts, the education sector has struggled with structural gaps and did not meet the pre-primary and primary enrollment rates pre-existing COVID-19. Recurrent insecurity incidents interrupting education services, theft and vandalism, teachers' turnover, and community attitude were among the significant challenges education actors face.

DRC: RRP partners supported a 19.6 per cent increase in school enrolment for refugee children. Efforts included building classrooms, paying fees, and providing school kits. Despite progress, 49 per cent of school-age children still do not attend school due to poverty and infrastructure gaps.

Kenya: In 2022, 80 per cent of primary school children were enrolled. Gross enrolment rates for South Sudanese children stood at 55 per cent (pre-primary), 107 per cent (primary), and 63 per cent (secondary). Challenges included overcrowded classrooms, insufficient qualified teachers, overaged students, lack of resources, and specific inclusion challenges for girls and children with disabilities.

Sudan: 67,109 South Sudanese refugee children were enrolled in school, with specific assistance such as textbooks, uniforms, and examination fee coverage. Challenges included reduced household purchasing power, low enrolment rates, and underfunded national education systems. Refugees in out-of-camp settings experienced the lowest enrolment rates.

Uganda: 88 per cent of South Sudanese children were enrolled at the primary level. Challenges included low transition rates to secondary education, inadequate infrastructure, and limited support for learners with disabilities and teenage mothers.

FOOD

On average, in the region, 82 per cent of South Sudanese refugees received food assistance, against a target of 75 per cent, although only 4 per cent received the full recommended ration. This was mainly due to underfunding, which led to cuts in food assistance.

Ethiopia: General Food Distributions was provided monthly to South Sudanese refugees in Assosa. However, due to reduced funds, refugees suffered food ration cuts of 50 per cent and frequent interruptions in food distribution. The

90%
South Sudanese refugees **individually registered** in the DRC, Ethiopia, Kenya, Sudan and Uganda

4,622
identified **GBV survivors assisted with appropriate support**

35,572
South Sudanese refugee children with specific needs received **individual case management** (31%, against a target of 69%)

88,841
refugee children **enrolled in Early Childhood Development programmes** (33%, against a target of 67%)

392,230
refugee children **enrolled in primary school** (63%, against a target of 61%) up from 60% in 2021

53,636
refugee children **enrolled in secondary school** (16%, against a target of 20%)

1.91 million
South Sudanese refugees received **food assistance** (82% of refugees targetted for food assistance, against a target of 75%), though only 41,652 (4%) received the full recommended ration

45,962
refugee women **delivered babies with assistance** from qualified health personnel (92%, against a target of 81%)

Standardized Expanded Nutrition Survey showed deteriorating nutritional status due to the reliance on declining rations and limited livelihood opportunities to supplement food aid.

DRC: World Food Programme (WFP) assisted South Sudanese refugees with cash-based transfers in Meri, Biringi, and Bele sites, but logistical constraints led to delays in food and cash distributions, causing tension.

Kenya: Refugees in Kakuma camp received in-kind and cash-based food assistance, while Kalobeyei settlement received unrestricted cash transfers. WFP increased food ration and supported supplementary feeding programs in schools. Funding shortages led to the under-purchasing of planned food commodities.

Sudan: The increasing food insecurity in the country affected all population groups, including refugees. The food rations for refugees were also reduced due to funding gaps, leading to negative impacts on nutrition and protection.

Uganda: Despite operational constraints, food assistance was provided to a significant number of South Sudanese refugees. 95 per cent of the targeted 907,882, received food assistance. 59 per cent received in-kind food assistance while 36 per cent received cash transfers. Financial literacy training and digital cash transfers were scaled up to complement assistance. A needs-based targeting approach for assistance will be introduced in 2023 to prioritize the most vulnerable refugees.

HEALTH AND NUTRITION

Primary health care and nutrition services were available to South Sudanese refugees in the five countries. The region maintained the average achievement of 92 per cent of refugee women delivering babies with assistance from qualified health personnel from 2021 to 2022.

Ethiopia: The response focused on enhancing primary health care services, encompassing clinical consultation, disease prevention, and health promotion packages. Collaborating with the Regional Health Breaux (RHB), the country successfully administered essential vaccinations to refugee children under five years old, including polio (84 per cent in Gambella and 99.6 per cent in Assosa) and measles (92 per cent in Gambella and 76.7 per cent in Assosa). Moreover, vitamin A supplementation was provided to 46,850 children in Gambella and Assosa. The nation also organized mass COVID-19 vaccination campaigns, offering 494,477 medical consultations, with nationals accounting for 1.5 per cent and 16 per cent in Gambella and Assosa, respectively. Additionally, 3,937 patients were referred to secondary

A South Sudanese refugee teacher, was photographed during a lesson with his students at his outdoor classroom at the Jewi refugee camp.© UNHCR/ Samuel Otieno

health care, and 6,638 individuals were admitted to health centres. However, maternal health activities faced challenges in certain camps due to health facilities and personnel shortages. In Gambella, the use of indoor residual spray for malaria prevention contributed to a decrease of cases by up to 30% compared to 2021. The response to gender-based violence was commendable, with 97 per cent of rape survivors receiving timely examinations and Post-Exposure Prophylaxis within 72 hours.

Despite these efforts, budget reductions affected the stocking of medications and lab reagents, thereby impacting the clinical care quality at referral hospitals. The limitations in referral services led to increased tertiary care referrals to Addis Ababa. There was also a significant increase in the Gobal Acute Malnutrition (GAM) rate from 10.4 per cent to 16.6 per cent, Severe Acute Malnutrition (SAM) from 1.3 per cent to 3.1 per cent, stunting from 9.1 per cent to 10.8 per cent, and anaemia (<5) from 46.5 per cent to 53.2 per cent.

DRC: In 2022, primary health care was accessible to refugees across three sites, resulting in 55,755 patients receiving curative care consultations, with 99 per cent of deliveries assisted by qualified personnel. The management of severe acute malnutrition among children aged 6 to 59 months achieved a recovery rate of 97 per cent. Access to secondary and tertiary health care was facilitated through referral systems and the use of 5 ambulances. Community-based, preventive health care, training and awareness campaigns on malnutrition and water-related illnesses were provided. In 2022, 5,356 refugees and 31,322 Congolese nationals were vaccinated against COVID-19 in the Biringi and Aba Health Zones. Despite efforts to strengthen the technical facilities of health structures, challenges existed in drug procurement as the international procedure only covered 16 per cent of essential generic drugs frequently prescribed. The nutritional supplementation program also faced limitations in managing moderate acute malnutrition cases, leading to a focus on promoting local recipes for treatment.

Kenya: Primary health care and nutrition services were available to refugees in Kakuma and Kalobeyei through 8 health facilities. Consultations increased, with an average of 79 consultations per clinician per day, surpassing the quality healthcare standard of 50. Emergency ambulance services were provided 24/7, but specialized care referrals were unavailable on-site. Antenatal coverage rate exceeded 90 per cent, largely attributed to a robust community health system. Skilled personnel assisted 94 per cent of all pregnant women during delivery, and vaccination rates against measles reached 90 per cent for children aged 9 months to 59 months. The Community Management of Acute Malnutrition (CMAM) program showed a significant increase in admissions, but key performance indicators remained within recommended sphere standards.

Nonetheless, challenges persisted, with 3 out of the 8 health facilities requiring complete reconstruction, leading to

137,050

refugees **received productive assets, training and / or business support** in 2022 (15% of refugees 18 - 59 years)

58,466

refugees reported to be **employed or self-employed in Ethiopia, Kenya & Uganda** (8% of refugees 18 - 59 years)

101,256

refugee households live in **semi-permanent shelter** (29%, against a target of 30%)

198,793

refugee households have a **household latrine** (52%, against a target of 60%)

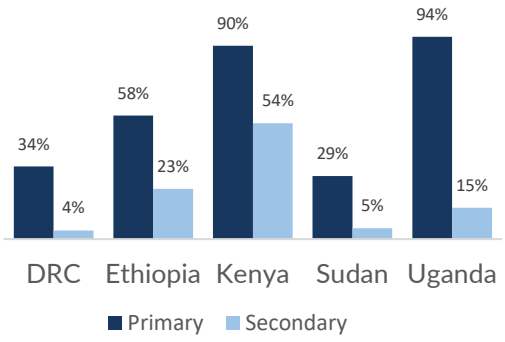
19.8 L

regional **average litres of water per person per day** (against the standard of 20L)

34,510

refugee households have **energy saving stoves,** (9%, against a target of 15%)

Enrolment in education programmes



resource strain. Acute watery diarrhoea and malaria outbreaks led to an increase in admissions, and inadequate human resources for health affected the quality of care, with one Community Health Worker covering 1500 individuals, far above the standard ratio of 1:1000.

Sudan: Primary healthcare services in refugee-hosting locations encompassed sexual and reproductive health, outpatient consultations, immunizations, in-patient care, medical referrals, and Mental Health and Psycho-Social Support (MHPSS). 370,384 health consultations were offered to South Sudanese refugees and 136,759 consultations for the host community members. While crude and under-5 mortality rates remained within the Sphere standard, nutrition outcomes were a concern. White Nile's SENS survey indicated critical malnutrition rates, with a GAM rate of 16.9 per cent and anaemia prevalence rates of 56.4 per cent among children aged 6-59 months and 30.8 per cent among women aged 15-49 years. Only 62.95 per cent of live births were attended by qualified personnel, necessitating immediate action to improve health and nutrition outcomes.

Uganda: Investments in health worker capacity and early diagnosis and treatment by community health workers contributed to a low under-five mortality rate of 0.17 (against the standard of 1.5 per 1,000 children per month). Malaria remained the primary cause of morbidity, accounting for 43 per cent of cases. The consultation per clinician per day was 56 and there were successful responses to outbreaks of Measles and suspected bacterial meningitis. Tuberculosis treatment success rate among South Sudanese refugees stood at 95 per cent. However, the antiretroviral therapy retention rate fell below the target at 69 per cent and the GAM rate among South Sudanese refugees was 8.2 per cent, slightly above the standard of ≤ 5 per cent.

The challenges included inadequate health facility infrastructure and a strain on resources due to new arrivals. Acute watery diarrhoea and malaria outbreaks led to a three-fold increase in admissions, and human resources for health were insufficient, with over 70 consultations per clinician per day, surpassing the standard of 50. The ratio of one Community Health Worker to 1500 individuals also fell short of the standard of 1:1000.

LIVELIHOODS AND THE ENVIRONMENT

Ethiopia: In Gambella, 9,615 refugees received livelihood support, including access to productive land, improved agricultural inputs, and capacity-building training. The joint agricultural farming and self-sustained crop production efforts resulted in successful yields ranging from 0.8mt/Ha to 2mt/Ha. Additionally, refugees engaged in income-generating activities, such as recycling waste, retailing, and tailoring, and were also part of Village Saving and Loans associations. In Assosa, the Development Response to Displacement Impacts Project (DRDIP) supported 500 refugee households with farming equipment and vocational training. Good Neighbours Ethiopia also supported refugees through agricultural services and startup capital for self-help groups.

A refugee woman is photographed walking home with a basin full of corn she harvested from her piece of land in Nguenyyiel refugee camp, Gambela, Ethiopia. © UNHCR/Samuel Otieno

A South Sudanese refugee woman with her four-month-old baby waiting for Birth registration and certificate in Kakuma Refugee Camp, Kenya. © UNHCR/Charity Nzomo

DRC: The main livelihood activity for South Sudanese refugees remained agriculture, but efforts were made to diversify by supporting livestock and carpentry. An agroforestry project was implemented to mitigate the environmental effects of the refugee settlement. Despite years of investment in 2022, only 6 per cent of the South Sudanese refugees in DRC were in a position to attain sufficient economic capacity to cover their basic needs.

Kenya: The COVID-19 Economic Recovery grants positively impacted over 1,700 businesses in Kakuma and Kalobeyei, benefiting more than 20,000 South Sudanese refugees engaged. However, the fear of the camp closure declarations, commodity price increases, and supply chain interruptions contributed to a reduced impact of the programming.

Sudan: Livelihood and self-reliance support focused on providing direct agriculture and livestock inputs and on advocacy to connect refugees with formal labour markets.

Uganda: Livelihoods and self-reliance support for 31,413 South Sudanese households included access to arable land and business management training. However, limited access to land, security of land rights, and food ration cuts remain challenging for refugees.

ENERGY & ENVIRONMENT

Ethiopia: The government aimed to provide access to the national grid connection, using a 250 KVA electric transformer installation to supply water boreholes and communal kitchens in Tsore camp. Solar streetlights were also installed at Tsore camp. In Gambella, 2,035 vulnerable families received clean household lighting, and 3,650 families received clean cooking technologies. However, firewood continued to be distributed and over 90 per cent of households still lack access to clean cooking technologies and household lighting. Due to insufficient funding, tree planting and other environmental protection efforts had limited investment.

Kenya: Challenges remain in electrifying Kakuma camp and providing reliable and affordable electricity. The camp heavily relies on traditional biomass, and only a small percentage of households have access to clean energy solutions. Cash assistance for cooking fuel and energy-saving cookstoves were distributed within the camp.

Sudan: Ethanol fuel, improved cooking stoves, and tree seedlings were distributed to households in White Nile and East Darfur. Land restoration efforts were made, but environmental degradation continues to pose challenges and more efforts are needed to scale up replanting of degraded land.

Uganda: The Sustainable Energy Response Plan for Refugees and Host Communities was launched. Refugee households were given energy-saving stoves, schools in settlements were solarized and woodlots planted. However, prolonged dry spells affected the water supply for nurseries. Furthermore, and land conflicts and encroachment on protected areas remains a concern requiring attention. The full implementation of the SERP requires significant funding.

SHELTER AND NFIs

Across the 5 countries, the needs for semi-permanent shelter and NFIs outstrip the capacity of the response primarily due to inadequate funding.

Ethiopia: Shelter coverage for refugees in Gambella is 58 per cent, and in Assosa, it is 29 per cent and throughout most of the year, new shelters were constructed, and old ones renovated. However, the gap in shelter provision of 43 per cent in Gambella and 70 per cent in Assosa is significant and impacts on the wellbeing of refugees. The situation is further aggravated by the lack of NFI and in particular during the rainy season.

DRC: RRP partners constructed and rehabilitated shelters and distribution sheds in various sites. However, there are serious gaps in shelter provision, especially the conversion of transitional shelters into semi-sustainable shelters made of local materials.

Kenya: Repair and shelter construction continued during the year in Kakuma and Kalobeyei. Among the challenges faced were the lack of road machinery during floods when road conditions were at their worst. This left some households residing in temporary and dilapidated shelters. The high inflation and inadequate funding for the response made it difficult to achieve the shelter targets.

Sudan: Shelter assistance was provided to thousands of households across different states, but funding limitations resulted in only 66 per cent of households receiving the full assistance package. Access to climate-suitable shelter materials and some areas during the rainy season posed challenges. As a result, only 12 per cent of South Sudanese refugees have adequate dwellings.

Uganda: The response provided targeted households with semi-permanent shelters and shelter kits. A revised shelter strategy aimed for environmentally sustainable and culturally sensitive solutions as well as infrastructure development

South Sudanese children selling edible seeds and peanuts at the primary school entrance in Khor Alwaral refugee camp in Sudan's White Nile state. © UNHCR/Giulia Raffaelli

South Sudanese refugee and climate activist taught school students and camp residents about environmental protection and how to plant trees at Palabek Refugee Settlement, Lamwo District, Northern Uganda. © UNHCR/Francis Mukasa

in settlements. However, inadequate funding remained a challenge for emergency response.

WATER, SANITATION AND HYGIENE (WASH)

WASH remained a crucial regional priority, given its significant impact on the health and nutrition of refugees. While the response in Kenya, on average, met the post-emergency standard of providing 20 litres per person per day, other locations only slightly exceeded the emergency standard of 15 litres per person per day. The main challenge in WASH was insufficient funding, which hindered the full implementation of plans to meet the needs of South Sudanese refugees.

Ethiopia: In Gambella, water provision averaged 17 litres per day, and in Assosa, it was 14 litres per day. Efforts were made to rehabilitate and optimize water systems, integrate services between refugees and host communities, and distribute dignity kits to women and girls. However, sanitation and hygiene conditions remained poor, with household latrine coverage far below the standard with only 25 per cent in both Gambella and Assosa. Vandalism of WASH facilities and weak community ownership posed further challenges. Due to inflation and insecurity, there was a shortage of diesel fuel and WASH products in the local market, which impeded program delivery.

DRC: The response achieved an average of 17 litres per person per day of water supply in the three sites and improved latrine coverage. This was achieved through the construction of boreholes with solar pumps, water tap stands, and latrine blocks. Hygiene promotion, including soap distribution, was key in the program. However, long distances to collect water in some areas, remained a challenge and sanitation conditions were not optimal.

Kenya: Routine maintenance and operation of water systems and community-led sanitation initiatives in Kakuma and Kalobeyei enabled the availability of just over the standard 20 litres per person per day. However, the WASH Knowledge, Attitude and Practice survey indicated low water access, partly due to drought, water system breakdowns, and population increases. Measures were taken to improve the water supply system in Kalobeyei. The majority of the population used shared-family and communal latrines, and more permanent communal latrines and temporary pit latrines had to be constructed throughout the year for new arrivals.

Sudan: Despite efforts to upgrade and construct water supply systems, average water coverage remained at 17 litres per person per day, below the desired post-emergency standard. The majority of refugees relied on communal latrines due to limited resources for constructing household latrines. Hygiene promotion campaigns had a limited impact, and climate challenges and political instability further complicated the program implementation.

Uganda: Water access in Northern settlements receiving new arrivals was maintained at an average of 18.7 litres per person per day despite inadequate funding. Most South Sudanese households had latrines, but challenges arose due to flooding which made construction difficult and latrines collapsed forcing the partners to resort to the construction of additional emergency communal latrines.

Overall, WASH initiatives faced significant challenges due to insufficient funding, climate-related issues, and political instability.

CONCLUSION:

While the 5 RRP countries struggled with their own political and socio-economic context issues, which limited implementation of the program, the largest impediment to the RRP is the persistent underfunding of the response. This chronic lack of financial support has significantly hindered the ability of RRP partners to address the basic needs of the refugees and to build a sustainable level of self-reliance. It has contributed to the strained capacity of refugee camps and settlement areas with and inadequate or fluctuating access to clean water, sanitation, education and healthcare including of women, children, and the elderly whose risks are elevated. The prolonged unmet needs among the South Sudanese refugees will have negative compounding impacts on the population in asylum and in South Sudan. The underfunding has limited efforts to integrate refugees into the national systems of the asylum countries. Uganda, the DRC, Ethiopia and Sudan where among 12 of UNHCR's most critical operations that were underfunded in 2022[4].

4. **Source:** Underfunded Report September 2022

A South Sudanese refugee woman collects her aid kit in Bahri, Khartoum, Sudan © UNHCR/Roland Schönbauer

Water litre (L) received per person per day

FOR MORE INFORMATION

South Sudan Data Portal - https://data.unhcr.org/southsudan **Ms. Catherine Wiesner** Head of External Engagement wiesner@unhcr.org; **Joanina Karugaba** Snr Inter-Agency Coordination Officer karugaba@unhcr.org **DIMA**, Data, Identity Management and Analysis DIMAEHAGL@unhcr.org

A South Sudanese refugee girl collects water from a pump built with UNHCR support at Biringi settlement, Ituri province, Democratic Republic of Congo.© UNHCR/Hugh Kinsella Cunningham

REGIONAL RRP PARTNERS

- Action Action Africa Help International
- Action Against Hunger (ACF)
- Action For The Needy In Ethiopia
- ADRA
- Agency for Technical Cooperation and Development (ACTED)
- AIC-K/Johanitter Internal Assistance
- Alight
- Almanar
- Alsalam Organization for Rehabiliation and Development
- Alshrooq Organization for Social and Cultural Development
- Association for Aid and Relief, Japan (AAR Japan)
- Bethany Christian Service Global, LLC
- Building Resources Across Communities (BRAC)
- Business and Professional Women Organization
- CAFOD
- Care and Assistance For Forced Migrants (CAFOMI)
- CARE International
- Caritas Uganda
- Catholic Organization for Relied and Development Aid (CORDAID)
- Catholic Relief Services
- Concern Worldwide (CWW)
- Cooperazione e Sviluppo (CESVI)
- COOPI
- COSMESS
- DanChurchAid (DCA)
- Danish Refugee Council (DRC)
- Doctors with Africa
- Don Bosco
- Film Aid Kenya
- Finn Church Aid (FCA)
- Finnish Refugee Council (FRC)
- Food and Agriculture Organization
- Food for the Hungry (FH)
- Gesellschaft fuer Internationale Zusammenarbeit
- Global Aid Hand
- GOAL
- HelpAge International
- Hope and Homes for Children Organization
- Hope Health Action East Africa (HHA)
- Humane Africa Mission (HAM)
- Humanitarian Initiative Just Relief Aid (HIJRA)
- Humanity & Inclusion (HI)
- IMPACT Initiatives/REACH
- Inter-church Organization for Development Cooperation (ICCO)
- International Aid Services (IAS)
- International Medical Corps
- International Rescue Committee (IRC)
- Islamic Relief Worldwide
- IsraAid
- JASMAR Human Security Organization
- Jesuit Refugee Service (JRS)
- Johanniter International
- Kenya Red Cross Society
- Lutheran World Federation (LWF)
- Malteser International
- Medair
- Médecins du Monde (MDM)
- Medical Teams International (MTI)
- Mercy Corps
- NADA
- National Council of Churches of Kenya
- Norwegian Church Aid
- Norwegian Refugee Council (NRC)
- Oxfam
- Peace Winds Japan
- Plan International (PI)
- Refugee Consortium of Kenya
- Right to Play (RtP)
- Samaritan's Purse (SP)
- Save the Children International (SCI)
- Self Help Africa
- SNV Netherlands Development Organisation
- Sudanese Organization for Relief and Recovery
- TPO Uganda
- Trocaire
- Tutapona Trauma Rehabilitation (TTR)
- United Nations Children's Fund (UNICEF)
- United Nations Development Programme (UNDP)
- United Nations High Commissioner for Refugees (UNHCR)
- United Nations Migration Agency (IOM)
- United Nations Population Fund (UNFPA)
- United Peace Organization
- UN-WOMEN
- War Child Canada (WCC)
- War Child Holland (WCH)
- Water Mission Uganda (WMU)
- Welthungerhilfe
- Windle International Kenya
- Windle International Uganda
- World Food Programme
- World Health Organization (WHO)
- World Vision International (WVI)
- ZOA