

Central African Republic Regional Refugee Response Plan

January - December 2015



Cover photograph:

Young Central African refugees wash clothes in Timangolo refugee site, Cameroon.
UNHCR / O. Laban-Mattei

Strategic Overview

Period	January – December 2015
Current Population	409,570
Population Planning Figures	464,414 persons
Target Beneficiaries	<ul style="list-style-type: none"> • Refugees from the Central African Republic (CAR). • Third Country Nationals fleeing CAR with refugees to Cameroon and Congo. • Host communities.
Financial Requirements	USD 331,193,888
Number of Partners	19

The inter-agency Regional Refugee Response Plan (RRRP), led by UNHCR, was first launched in April 2014 to address the L3 emergency in CAR and the significant numbers of refugees who had fled to the neighbouring countries of Cameroon, Chad, Democratic Republic of the Congo and Republic of Congo, since 5 December 2013. Thanks to the coordinated efforts of all actors, the most critical phase of the emergency was stabilized by July 2014.

In July 2014, the revised CAR RRRP was based on plans to meet the needs of a beneficiary population of 306,500 by December 2014, and called for USD 210 million in financial requirements. The 2015 CAR RRRP will also include Central African refugees who arrived prior to the emergency. As of December 2014, the regional refugee population stood at 409,570. Based on the arrival rates and trends, the beneficiary planning population for 2015 has been set at 464,414.

List of Acronyms

AGDM	Age, Gender and Diversity Mainstreaming
ART	Anti-Retroviral Therapy
CAR	Central African Republic
DRC	Democratic Republic of the Congo
FBP	Food By Prescription
FFA	Food For Asset
GAM	Global Acute Malnutrition
HEB	High Energy Biscuits
HIV	Human Immunodeficiency Virus
HNO	Humanitarian Needs Overview
IDPs	Internally Displaced Persons
MAM	Moderate Acute Malnutrition
NFIs	Non-Food Items
PEP	Post Exposure Prophylaxis
RRRP	Regional Refugee Response Plan
RRC	Regional Refugee Coordinator
SAM	Severe Acute Malnutrition
SGBV	Sexual and Gender-Based Violence
SRP	Strategic Response Plan
STI	Sexually Transmitted Infection
TCNs	Third Country Nationals
TS	Transit Sites
UASC	Unaccompanied and Separated Child
WASH	Water, Sanitation and Hygiene

TABLE OF CONTENTS

Regional Refugee Response Dashboard	6
Regional Strategic Overview	7
Introduction.....	7
Protection and Humanitarian Needs	8
Budgetary Requirements (in USD)	9
Coordination.....	9
Organizations in the Response	10
Cameroon Response Plan	11
Context	12
Main Identified Needs and Response Strategy.....	15
Planned Response	18
Partnership and Coordination	20
Financial Requirements Summary: Cameroon	20
Chad Response Plan	21
Context	22
Main Identified Needs and Response Strategy.....	24
Planned Response	27
Partnership and Coordination	29
Financial Requirements Summary - Chad	30
Democratic Republic of Congo Response Plan	31
Context	32
Main Identified Needs and Response Strategy.....	34
Planned Response	37
Partnership and Coordination	40
Financial Requirements Summary – Democratic Republic of the Congo.....	41
Congo Response Plan	42
Context	43
Main Identified Needs and Response Strategy.....	44
Planned Response	47
Partnership and Coordination	48
Financial Requirements Summary: Congo	49
Annexes	50
Annex 1: Financial Requirements by Agency and Country (US dollars)	50
Annex 2: Financial Requirements by Country and Sector (US dollars)	51
Annex 3: Financial Requirements by Country, Agency and Sector (US dollars).....	52

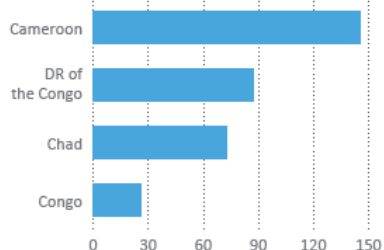


Population trends



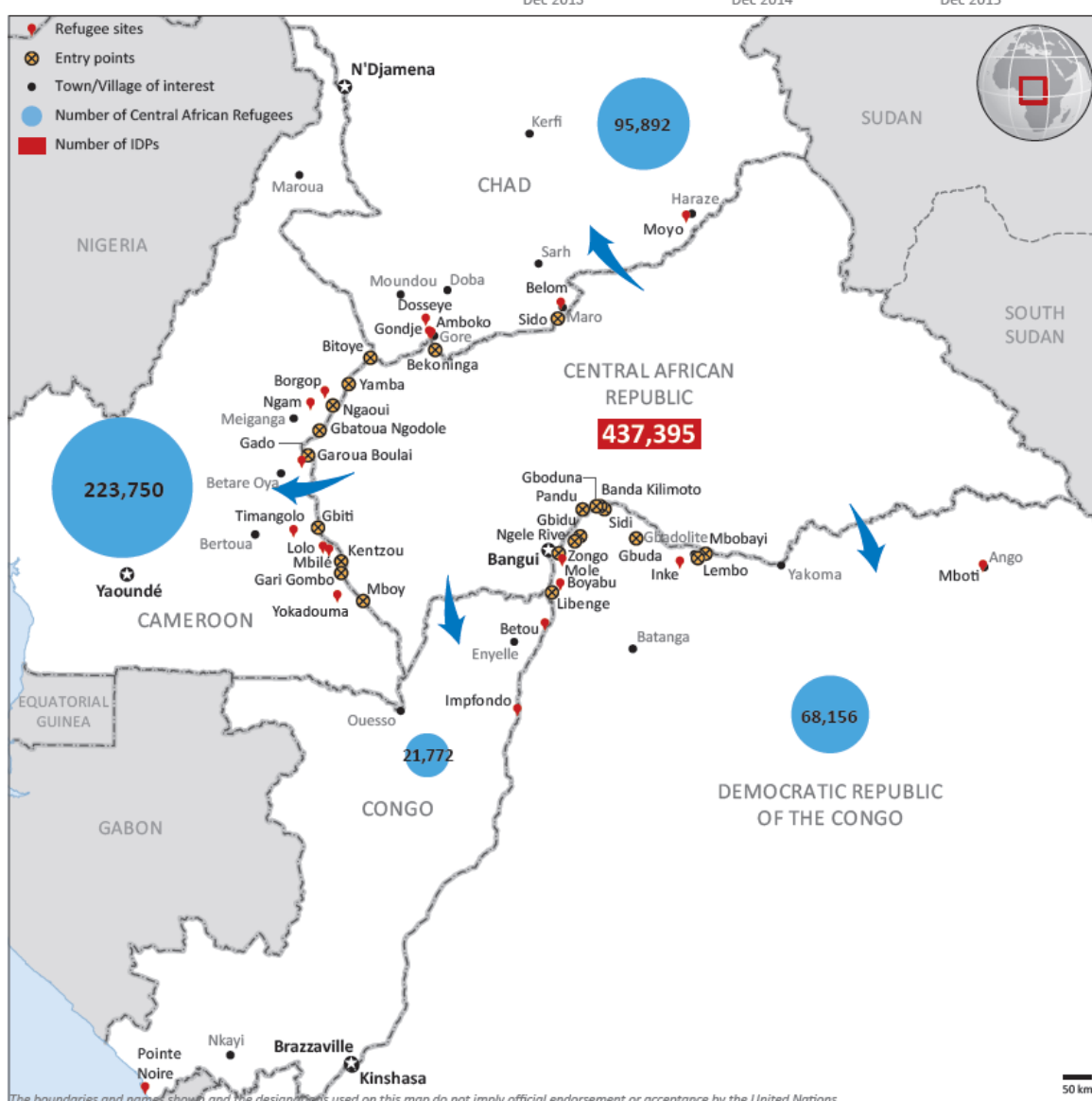
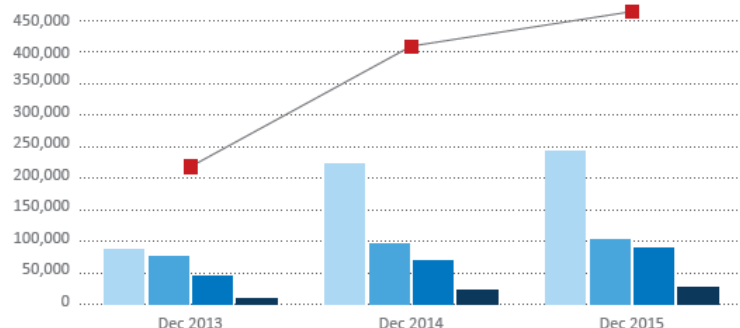
331 million requested in total

Requirements (in million US\$)



Arrivals and 2015 projections

Cameroon Chad DR of the Congo Congo - Total



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

Creation date: 12 Jan 2015 Sources: UNHCR, UNCS Feedback: mapping@unhcr.org

REGIONAL STRATEGIC OVERVIEW

Introduction

One year after the start of the waves of conflict, violence and destruction that have affected the Central African Republic (CAR) since December 2013, more than 850,000 people, or nearly one-fifth of the country's population of 4.5 million, remain displaced both inside and outside the country. The security situation in the CAR remains volatile, with sporadic incidents of violence, as witnessed again in October 2014 when clashes broke out between militias and international forces.

More than 187,000 refugees have fled to neighbouring countries in the last year, bringing the total number of Central African refugees in the region to over 400,000. At the beginning of the emergency, some 3,000 to 5,000 refugees per week were arriving in Cameroon, which was already hosting a sizable number of Central African refugees. Most of the new arrivals were in a desperate condition, showing physical evidence of the extreme violence they had suffered. Many were severely malnourished, following weeks of walking through forests with little to eat. One year on, the relocation of the refugees to safer sites and the provision of life-saving services such as water and sanitation, shelter and health care, remain key priorities. Thousands of Central African refugees have also fled to Chad, together with over 100,000 Chadian citizens, including second and third generation descendants of Chadian immigrants in the CAR, most without identity papers. This crisis has highlighted the risk of statelessness for those who have lost all links to their country of origin, without having acquired the nationality of their adopted country. UNHCR is working with the Chadian authorities and other partners to ensure that these people receive identity documents. Nearly 70,000 CAR refugees have fled to the Democratic Republic of the Congo (DRC) and over 20,000 to the Republic of Congo (Congo).

Even though the numbers of refugees fleeing into neighbouring countries have steadily decreased since mid-2014, the CAR situation remains one of the world's largest humanitarian crises. The fragmentation of rebel groups, banditry and internal leadership struggles within belligerent groups continue to cause internal and external displacement. Presidential elections, re-scheduled to August 2015, may spark further tension and unrest. The arrival of the United Nations Multidimensional Integrated Stabilization Mission in the CAR (MINUSCA) in September 2014 to replace the African Union force (MISCA) will have a stabilizing impact, but its full deployment is expected to take time. Eventually, this is expected to pave the way for a strengthening of governmental institutions, leading to the restoration of basic services. The extension of the level 3 (L3) emergency on 5 November 2014 reflects the complexity of the situation and the need for coordinated inter-agency efforts to address multiple critical areas in 2015.

Beneficiary Population

	5 Dec 13	15-Dec-14	31-Dec-15
Cameroon*	86,650	223,750	243,750
Chad	75,892	95,892	102,892
Democratic Republic of Congo	45,942	68,156	90,000
Congo*	10,146	21,772	27,772
Total Population	218,630	409,570	464,414

**These figures include CAR refugees and Third Country Nationals (TCNs) in Cameroon and Congo.*

Protection and Humanitarian Needs

The influx of Central African refugees into neighbouring countries has significantly declined since mid-2014. Nevertheless, the stability of the country remains precarious and fragile, with sporadic incidents of violence leading to further displacement. As of December 2014, there are over 435,000 internally displaced people (IDPs) in the country and over 400,000 people have taken refuge in neighbouring countries.

Pending the elections, re-scheduled for August 2015, there are fears that new security and protection incidents, similar to the trends witnessed in 2014, may occur. While the scale of these incidents is not likely to precipitate further mass displacement of Central African citizens into countries of asylum, it is equally unlikely that the situation will improve sufficiently to prompt any mass returns of refugees back to their home country or of IDPs to their places of origin.

As a result, in 2015, the number of refugees is expected to increase by 48,000 to a total refugee population of 461,164 people. This figure takes into consideration the potential for spontaneous returns of 15,000 people from the neighbouring countries, depending on the evolution of security and political situation in the CAR.

UNHCR led comprehensive consultations and needs assessments with the hosting governments, humanitarian and development actors in October-November 2014. The views of the affected population on their needs have been collected through participatory assessments and individual interviews with a special focus on the special needs of children, women, men and elderly.

On the basis of planning assumptions and assessed needs, the protection strategy and response will focus on respect for the fundamental human rights of the refugees, setting the grounds for durable solutions for refugees in their asylum countries, wherever possible from the outset of displacement, and facilitating the reintegration of those who may choose to spontaneously return to the CAR.



Figure 1: A refugee woman receiving rice and oil at WFP's general food distributions in Ngarisingo, eastern Cameroon. WFP/M. Penner

In countries of asylum, UNHCR and partners will continue to advocate for unhindered access to asylum. The voluntary relocation of refugees from border entry points will also remain a key activity, especially as cross-border attacks have been reported in refugee hosting areas. UNHCR will equally work with refugees, local authorities and partners on social cohesion and security, in order to ensure the civilian and humanitarian character of the sites, camps and villages hosting refugees. In 2015, registration will continue to be implemented in a manner that ensures that every refugee holds a certificate or a refugee card. Biometric documents will be introduced as a pilot project in Cameroon and Chad. Protection of women and children will remain a priority. Protection, age and gender approach to assistance has been agreed by all partners and mainstreamed in all areas and sectors of response. The assistance will also promote gender equality and empowerment of women.

As part of the search for durable solutions, the focus will be on facilitating the gradual socio-economic self-reliance of refugees and finding alternatives to refugee sites/camps. Socio-economic integration should result in the gradual dismantling of refugee sites and camps, and the integration of refugees into host communities. In order to promote peaceful coexistence between refugees and local populations, both groups will be taken into account in the assistance provided by humanitarian and development actors.

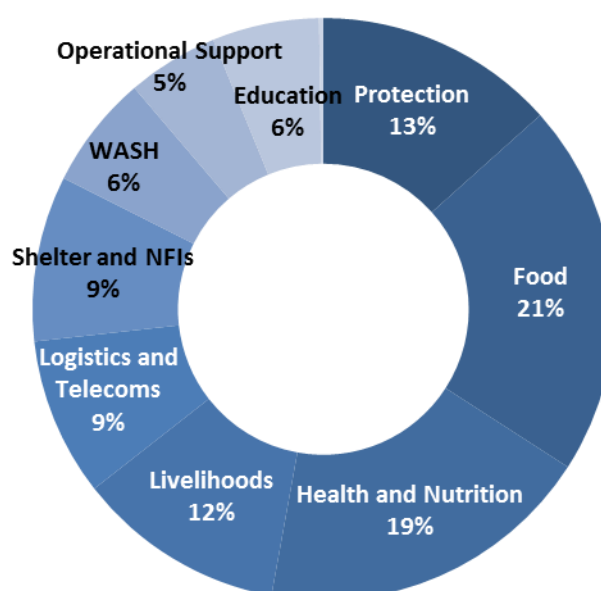
The new elements of the response for 2015 include self-reliance of refugees, resilience and environmental sustainability. In this sense, the response foresees projects that seek to anchor refugees and pursues a community-based approach.

Though forming a comparatively smaller part of the population of people of concern, the assistance needs and requirements of Third Country Nationals (TCNs) who have fled the CAR together with the refugees, are included in this RRRP. This assures a holistic approach to all those in need and living in proximity to each other.

The assistance for refugees, TCNs and the local refugee-hosting population will require the timely mobilization of financial resources. Following the very welcome efforts by donors to support CAR refugees in 2014, UN agencies and NGOs are urging donors and the international community to provide sustained support and hope to CAR refugees and local refugee-hosting populations in 2015.

Budgetary Requirements (in USD)

Total: USD 331,193,888



Coordination

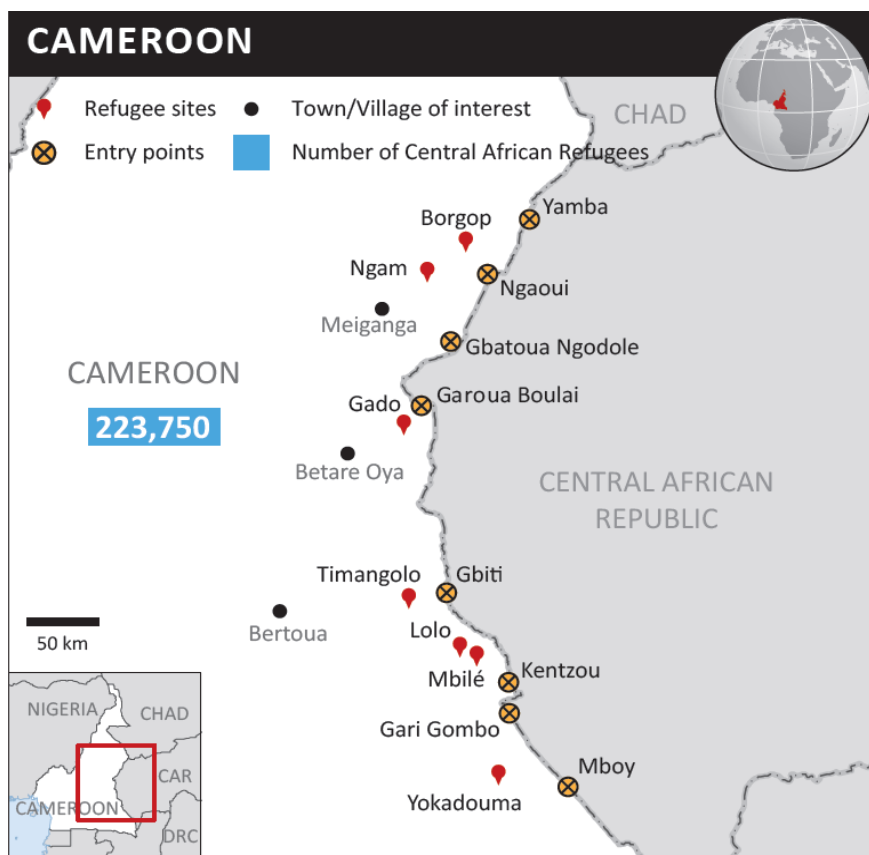
On the basis of the Refugee Coordination Model and in conformity with the Transformative Agenda, the coordination of the refugee response will continue to be undertaken by UNHCR in cooperation with the line Ministries and Departments of the Governments of the respective countries, UN agencies, NGOs and affected population. Inter-agency collaboration will continue to be reinforced in-country and across the region, under the guidance of the Regional Refugee Coordinator (RRC) appointed by UNHCR in March 2014. The RRC has created and fostered strategic, policy, planning, operational and funding consultations and information-sharing with partners and stakeholders in the region; and has led the elaboration of the RRRP.

The coordination will ensure that cross-cutting issues such as protection, gender and environmental concerns are taken into consideration at all stages of the planning and execution of the response. Monitoring of the response will allow to address changes and gaps in a timely manner, and revise the response plan as required.

Organizations in the Response

Organization
ADRA Adventist Development & Relief Agency
CARE France
CARE International
Caritas
CRS Catholic Relief Services
FAIRMED
FAO Food and Agricultural Organization
IMC International Medical Corps
IOM International Organization for Migration
IEDA International Emergency and Development Aid
IRD International Relief and Development
INTERSOS
UN AIDS
UNFPA United Nations Population Fund
UNHCR United Nations High Commissioner for Refugees
UNICEF United Nations Children's Fund
UN Women
WFP World Food Programme
WHO World Health Organization

CAMEROON RESPONSE PLAN

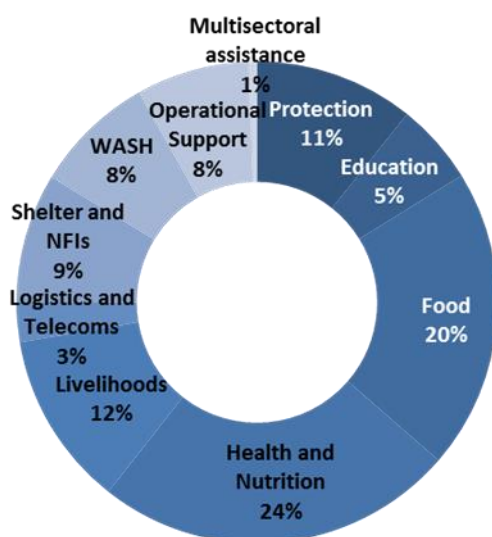


Map Sources: UNCS, UNHCR.

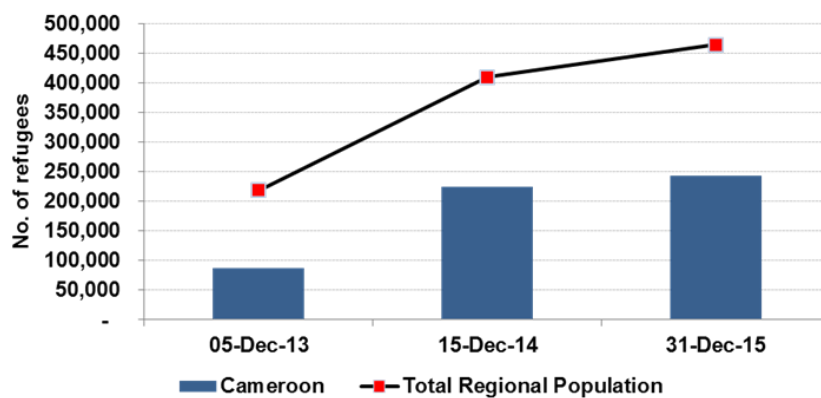
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Creation date: 14 Jan 2015.

Financial requirements (USD)

145,304,541



Population trends



Context

With its strategic location and stability, Cameroon has drawn a number of people fleeing conflict and in search of asylum. The country, which has signed the 1951 Refugee Convention and the 1969 OAU Refugee Convention, has translated its commitments into action and maintained an open-border policy for asylum-seekers.

Cameroon hosts the largest number of refugees from the Central African Republic (CAR) with more than 222,000 refugees in need of assistance as of December 2014. Over 97,000 refugees arrived between 2004 and 2007 to escape from threats posed by rebel groups in northern CAR, and more recently following series of crises in the country that began in March 2013. The group of refugees who arrived in Cameroon before December 2013 are referred to hereinafter as the “old caseload”. They have settled in 308 host villages in the North and East of Cameroon. Ninety-two per cent of the old caseload are herdsmen of Peuhl ethnicity, most of them nomads known commonly as Mbororo. The remaining 8 per cent are agriculturalists of Gbaya ethnicity. UNHCR and partners have worked with them since 2007, enabling them to achieve a reasonable level of self-sufficiency and integration, and leading to the preparation of a phase-out strategy.

Cameroon has received over 135,000 new refugees from CAR since December 2013 following the inter-communal violence in the country. Eighty-seven per cent of the new arrivals are of Peuhl ethnicity, most of whom are Mbororo. The main difference between this group of refugees and those who arrived before 2013 is that there is now a higher proportion of refugees coming from urban areas, mainly from Bangui, Berberati, Carnot, Nola and other cities. This difference requires an adjusted approach in the response strategy.

The vast majority of the new refugees are currently settled in the East and Adamawa regions, with some others in the North region and urban areas (Yaoundé and Douala). In 2014, the Government of Cameroon allocated seven sites for refugees in the East and Adamawa regions in order to move the new arrivals away from insecure border areas. While over 59,000 new arrivals are now settled in the designated refugee sites, the remaining 63,000 new refugees are dispersed across 98 villages in the East, Adamawa and North regions.

The influx of refugees between 2004 and 2007 caused comparatively few problems for peaceful coexistence. Social tensions between refugees and hosts arose mainly over the scarcity of water points and, to a lesser degree, the education infrastructure. The situation changed with the arrival of the new refugees, many of whom came with large herds of cattle, thereby increasing the potential of agro-pastoralist conflict. In addition, the sudden arrival of a high number of refugees fleeing the conflict in CAR also created a strain on resources and increased the perception of insecurity among the local population. In order to address what may appear to be a “seeming invasion” in the eyes of the locals, assistance and investments in social infrastructure need to be extended to cater for refugees living outside designated sites and also include the communities hosting them.

Third country nationals (TCNs), mainly Chadians, Nigerians, Senegalese and Malians, have also fled to Cameroon from the CAR and are accommodated in transit centres managed by the International Organization for Migration (IOM). While waiting for repatriation to their countries of nationality, the TCNs have been provided with the same assistance.

The Government of Cameroon has been playing an essential role in providing protection, assuring security, identifying and making available the refugee sites. It has facilitated access to local schools and health centres as well as to natural resources. In support of the Government’s efforts, UN agencies and NGO partners have provided multi-sectoral assistance with the aim of improving living conditions, restoring dignity and promoting the self-sufficiency of refugees.

The long-term presence of CAR refugees in Cameroon will continue to overstretch resources in existing refugee sites, host communities and urban areas. It will require a coordinated humanitarian response to address the needs of all affected populations, including the “old caseload” and new arrivals from the CAR, TCNs, and host communities. Measures to facilitate peaceful coexistence and social cohesion will be mainstreamed throughout the operation in 2015. All humanitarian actors have been made aware of the need to integrate host communities in assistance and protection interventions, where needed. UNHCR coordinates the overall refugee response in Cameroon, in

support of the authorities, and works closely with other UN agencies and NGOs to identify and meet the needs of people of concern.



*Figure 2: A Central African woman prepares dinner for her family in the refugee site of Ngam, Cameroon.
UNHCR/O. Laban-Mattei*

Achievements and progress to date

The major achievement of the inter-agency response for the new CAR refugees has been the stabilization of the emergency situation by July 2014. Moreover, many lives have been saved through the protection and multi-sector assistance measures put in place. The main indicators of progress include:

- More than 125,000 new refugees were registered and received protection and assistance.
- All new arrivals were screened at the border entry points and provided with medicine, nutritional supplements and vaccinations, according to individual needs.
- Over 59,000 refugees were moved from the border into the seven safe sites which were established and made functional.
- 8,303 temporary shelters were constructed for 61,781 refugees.
- 45,585 identification documents have been issued to refugees over 18 years of age in order to ensure their freedom of movement.
- 8,700 tonnes of food have been distributed.
- 13,008 children have received treatment for malnutrition.
- The critical malnutrition situation amongst newly arrived refugees was addressed and stabilized.
- The morbidity rate has been stabilized and stands currently at less than 1 death/1,000 persons.
- 72 boreholes were built, providing an average of 14 litres/ person/day.
- 2,385 latrines were constructed, reaching an average ratio of 26 persons per latrine.
- 87 classrooms were completed as part of the Temporary Learning and Child Protection Spaces programme (ETAPes) in refugee sites.
8,024 refugee children (2,792 girls and 5,232 boys) were enrolled in ETAPes.
- 11 health centres in refugee-hosting villages were equipped with medical equipment and medical staff.
- 6,968 TCNs from Chad, Mali, Niger, Senegal and Sudan were assisted to return to their countries of origin.

Prior to the arrival of the new refugees from CAR, significant progress was made in finding durable solutions for the old caseload. The following main achievements were made in refugee hosting villages:

- 97,000 old caseload refugees scattered across 308 villages were identified, registered and documented.
- Refugees and host communities have been peacefully coexisting without major problems.
- Joint refugee/host community committees were formed in all refugee hosting areas to facilitate peaceful coexistence.
- Some livelihood support programmes involving refugees (70%) and locals from the host communities (30%) showed positive results enabling refugees to reach a significant degree of self-reliance.
- 80 per cent of the “old caseload” reached self-sufficiency in food requirements.
- 80 per cent of refugee children were integrated in the Cameroonian education system.
- Additional classrooms were constructed and equipped in 26 schools in the villages hosting old caseload refugees to increase their capacity.
- 158 blocks of 3 latrines were constructed in schools and health centres.
- 7 health centres were constructed, 13 rehabilitated and 20 health centres were equipped.
- 187 boreholes with hand pumps were constructed and 235 water points were rehabilitated.



Figure 3: A young Central African refugee and her child, selling goods at market in Mbilé refugee camp, Cameroon. UNHCR/O. Laban-Mattei

Main Identified Needs and Response Strategy

Main Identified Needs

In preparing the 2015 RRRP, UNHCR led extensive inter-agency consultations on the needs assessment, identification of gaps and strategy for each sector at the field and Yaoundé levels in October and November 2014. The consultations were based on the findings of the assessments carried out in 2014.

Government representatives and local authorities took an active part in these consultations providing comments, recommendations and input concerning the needs and gaps, and ensuring that the proposed assistance was in line with national policies and laws.

New refugees living in the sites were consulted through their community leaders and also individually through home visits and interviews. In addition, consultations were conducted with the refugee groups that were formed during the Age, Gender and Diversity (AGD) exercises, to capture all concerns affecting refugees. The rapid needs assessment methodology was applied in refugee hosting villages. Locals, refugees and administrative authorities were interviewed on different issues covering the daily life of the communities in villages and data captured for further analysis and utilization to develop the response strategy.

Protection: The vulnerability and corresponding protection risks for the new refugees in host villages are high. Those primarily at risk include boys, girls and women who have been exposed, before arrival to Cameroon, to gender-based violence, exploitation, abuse, childhood labour, forced recruitment by armed groups, banditry, robbery, etc. In Cameroon, a number of protection risks continue to be posed by the infiltration of armed actors across the border, criminality, restrictions on freedom of movement and the situation in prisons.

The new refugees residing close to the borders will be encouraged to move to safe locations. All new arrivals will require screening, registration and documentation in order to receive targeted, needs-based assistance.

The identification and documentation of children at risk could not be completed in 2014 and will require special focus in 2015. The lack of protection partners remains a challenge. Strengthening of capacity of the Government and partners will require additional efforts in 2015. UNHCR and partners have a close coordination and cooperation relationship with the armed forces, the local administration, and social protection mechanisms in the local administration.

Food: According to a rapid food security assessment carried out by WFP in July 2014, over 34.4 per cent of the refugee households are food-insecure (severe and moderate), as compared to 15.5 per cent of host population households. The assessment further revealed that more female-headed households are food-insecure in comparison to male-headed households. Most refugees lack the basic means to support the production of their own food or generate income to meet their food needs. More than 50 per cent of female-headed households are reliant on food assistance compared to 30 per cent of male-headed households. In addition, refugees and host communities have tended to reduce their investment in agricultural production and have consumed the seeds that should have been sown for the next harvest season.

The influx of refugees has exacerbated conflicts between pastoralists and farmers, compelling the latter to cultivate fields far away from communities because of the risk of crop destruction by livestock. The destruction of crops by refugees' livestock is also affecting the yields of food crops in many of the refugee sites.

Overall, some 80.4 per cent of refugee households and about 21 per cent of the refugee-hosting communities will be dependent on food assistance in 2015.

Shelter: The needs identified in the refugee sites include: moving refugees from the temporary communal shelters into family shelters; providing temporary shelters for 875 families; and transforming 9,250 temporary shelters into semi-permanent shelters. An additional 4,000 shelters will be required for the expected new arrivals in 2015.

The needs identified in 98 villages hosting refugees include the construction of 2,000 semi-permanent shelters for the current refugee and hosting populations; and 1,000 temporary shelters for the new arrivals.

Health/Nutrition: The joint rapid needs assessment in host villages revealed that more than 50 per cent of host villages lack basic health structures and that newly arrived refugees face problems in accessing health and nutrition services. Few pregnant women have access to antenatal care: many deliveries are not assisted because of the cultural barriers and financial constraints. Malnutrition is a major concern in all villages.

The capacity of health-care infrastructure to provide medical services, in particular for people requiring HIV/AIDS, reproductive or mental health support, is limited for both the existing refugee population and host communities.

WASH: The assessments carried out in 2014 showed that 80 per cent of the villages hosting refugees have insufficient access to drinking water, water/hygiene infrastructure and waste management. Also, refugee and host communities need to be sensitized on good hygiene and use-of-water practices.

Education: Access to education remains sub-standard due to the limited absorption capacity in the existing schools, lack of schools and qualified staff. Some 60 per cent of the newly arrived refugees are children of school age, many of whom had not been attending school before leaving the CAR. The number of children enrolled in schools is low also because the parents do not consider education as a priority for their children. Opportunities for secondary education and recreational activities for adolescents are also limited.

Peaceful coexistence: The most serious potential for tension within the refugee community is the influence of the conflict in their home country; however, this is mitigated by the relatively homogeneous character of the refugee population and the fact that most of them have fled the same armed group. As regards conflict between refugees and host communities, this revolves mostly around competition for resources. A rapid needs assessment conducted by UNHCR and partners revealed that the most significant sources of conflict are agro-pastoralist disputes, access to land, access to water and access to social services.

Third Country Nationals (TCNs): The needs identified in the TCNs transit sites include maintaining safe and dignified transit sites with basic services (and NFIs) to shelter evacuees from CAR ahead of onward transportation; providing necessary registration for TCNs; assisting evacuees with health triage and referrals, as well as, pre-departure fitness to travel health checks and organizing transportation to final destination of TCNs.

Response Strategy and Priorities

In 2015, the RRRP will cover all CAR refugees in the country. The planning figure for 2015 for CAR refugees was set at 242,000 refugees. Although the rate of new arrivals has fallen significantly, the situation in the CAR remains fluid. The planning figure takes into consideration the current number of CAR refugees in the country, 20,000 additional refugees who are expected to arrive to Cameroon and some 6,000 refugees who have declared their wish to return home in 2015.

The CAR RRRP in Cameroon aims to find a durable solution for the protracted situation of the old caseload of refugees, as well as for the recent refugee arrivals. Gradual local integration is considered to be the most suitable durable solution, as the current socio-economic, political and security environment does not offer any prospect for voluntary return. The Mbororo are not interested in being resettled to third countries and resettlement may not be a feasible solution for such a significant number of refugees. Since over 50 per cent of new refugees have decided to settle with the host communities, they will also be included in the local integration strategy after they have been stabilized through the distribution of emergency relief assistance.

The strategy intends to empower refugees economically, to integrate them within the socio-economic networks, and to thus enable them to contribute to the development of the areas where they are being

hosted. The inclusion of host communities in the assistance plan will enhance the social cohesion and acceptance of refugees by local communities and authorities. The response plan will also reinforce the capacity of the existing community facilities and services, especially access to potable water, primary health care, education and shelter, focusing on the areas where those facilities and services do not exist or are not sufficient. Efforts will be made to stop or minimize negative coping strategies used by refugee households and refugee hosting communities.

The new refugee caseload will progressively benefit from this strategy. They will be assisted, empowered and guided to achieve local integration using the same approach that has been successful for the old refugee caseload.

In 2015, protection, peaceful coexistence and age-and-gender specific needs will be mainstreamed in all sector responses as cross-cutting issues.

Measures to facilitate peaceful coexistence will be mainstreamed into all sector activities to ensure that they also benefit local communities. Furthermore, peaceful coexistence activities will include the promotion of mixed refugee/host community conflict resolution mechanisms, in particular with regard to land, agro-pastoralist and water disputes; alliances with national and international partners with good knowledge of agro-pastoralist disputes; the creation of communication mechanisms, in particular through community radios; cultural activities and exchanges among refugee and host communities; reinforcement of security in refugee settlements, in particular through refugee security committees, presence of the Gendarmerie.

All identified activities will be conflict-sensitive and participative to ensure that they do not create or aggravate conflict, but rather contribute to preventing or mitigating it. Host communities will be involved in consultations and evaluations to ensure that all community-based assistance also reaches host communities and at least 30 per cent of beneficiaries from the most vulnerable members of host communities will be included in assistance.

Priorities in 2015 will remain: protection monitoring; maintaining access to asylum; ensuring the civilian and humanitarian character of asylum; registration by means of biometric documents; strengthening child protection and assisting victims of violence. Educational and training activities will enhance empowerment and help reduce the risk of SGBV, including practices such as early marriage and survival sex. These activities targeting adolescents will also be essential to prevent possible risks of recruitment into armed groups and other associated protection risks.

Given the vitality of local markets, UNHCR, WFP and other humanitarian actors will jointly explore the possibility of introducing cash-based assistance programmes in 2015.

For the TCNs, IOM will continue to pursue registration and provision of multi-sector assistance, including food and non-food items, for 1,750 TCNs, before organizing their return home. IOM will also provide travel documents to the TCNs in close coordination with the local authorities and the relevant Embassies.

Planned Response

Protection	<ul style="list-style-type: none"> - Monitor the border entry points to ensure access to asylum and prevention of <i>refoulement</i>. - Register all CAR refugees with data disaggregated by gender and age. - Identify, screen and assess persons with specific needs. - Facilitate peaceful coexistence and social cohesion projects. - Set up an early-warning system on SGBV incidents at police and gendarmerie stations and border entry points. - Provide emergency assistance to women, girls and adolescent survivors of SGBV. - Conduct sensitization and awareness-raising campaigns against SGBV, child abuse and exploitation. - Strengthen women's participation in social cohesion initiatives and community dialogue on peaceful coexistence. - Provide psychosocial support for children and their families including unaccompanied and separated children (UAMSC), children associated with armed groups and malnourished children. - Strengthen child protection systems and community-based mechanisms to prevent and respond to incidences of violence, abuse and neglect of children. - Conduct sensitization campaigns against child abuse and exploitation and prevent negative coping mechanisms. - Screen TCNs for protection vulnerability; - Provide TCNs with NFIs and other basic services in transit sites (TS); - Screen vulnerable migrants for possible medical needs and refer them to hospitals when needed; - Embassies provide TCNs with necessary travel documents; - Provide migrants with evacuation and transport support including travel health assistance and pre-departure health screening for fitness-to-travel as they return back to their countries of origin; - Charter aircraft and/or purchase tickets on commercial planes through Yaoundé/Douala airports.
Education	<ul style="list-style-type: none"> - Increase school attendance by pupils of pre-school and primary school-age. - Recruit, train and support teachers. - Produce sensitization material and organize community mobilisation and sensitization campaigns on the importance of education (particularly girls' education) and participation in school management. - Organize back-to-school campaigns. - Organize accelerated learning and remedial programmes for out-of-school children. - Distribute learning materials to all refugee children and 2,500 host-community students and teaching materials to teachers. - Build new classes to enhance school capacities.
Environment and Livelihoods	<ul style="list-style-type: none"> - Implement income-generating activities (agriculture, livestock, and micro-finance). - Provide skills development, literacy training on management of income-generating activities and other activities. - Train women on income-generating activities, savings, agro-pastoral techniques, crop management, production and marketing, energy usage and water-saving techniques. - Plant trees, distribute improved stoves or/and construction of traditional improved stoves. - Conduct sensitization campaigns on the alternative sources of energy and natural resource management. - Distribute improved maize seeds and fertilizers. - Set up processing mills in the refugee sites to improve storage of cereal and tubers.
Food	<ul style="list-style-type: none"> - Provide hot meals upon arrival at the entry points and refugee sites. - Distribute ready to eat food supplements for new arrivals at entry points for 7 days and a 15-day ration of Plumpy Nut to children. - Distribute monthly food rations composed of cereal, pulses, oil and salt with the caloric value set at 2,350 kcals per person per day to refugees in camps. - Distribute peanut and bean seeds to increase access to high quality food.

Health and Nutrition	<ul style="list-style-type: none"> - Conduct vaccination campaigns against measles and polio targeting children below five years of age. - Provide rapid diagnostic tests and treatment kits to the health facilities. - Supply drugs, basics laboratory reagents and other medical consumables in the health units. - Provide health care, referral and evacuation services to refugees. - Strengthen the capacity of communities and volunteers for integrated health, HIV/AIDS prevention and community-based support. - Conduct community awareness raising sessions and social mobilization on HIV/AIDS and sexually transmitted infections. - Provide Post Exposure Prophylaxis (PEP) Kits for post exposure emergency management. - Provide HIV/AIDS, STIs testing, early infant diagnosis, ART and STI drugs treatment to refugees and host community. - Procure and distribute supplementary and therapeutic foods and other essential nutrition commodities to treat malnourished children. - Treat severely malnourished children with medical complications. - Conduct active screening at entry points, in refugee sites and in the community. - Provide targeted screening and assistance to pregnant and lactating refugee women. - Provide medical assistance to refugees through mobile health units in the areas with limited health infrastructure and capacity. - Monitor and supervise nutrition actions in the refugee sites and at community level. - Blanket Supplementary Feeding Programme for 34,503 persons in refugee sites and host communities. - Organize vector control interventions with the involvement of community health workers. - Provide minimum package for reproductive health including Emergency Obstetric and neonatal care. - Identify ensure management of chronic diseases including non-communicable diseases, mental health, HIV/AIDS and TB and facilitate referral services as appropriate. - Provide FBP (Food by Prescription) to about 1,000 malnourished persons.
Logistics and Transport	<ul style="list-style-type: none"> - Maintain vehicles operational, supplied with fuel and equipped with the vehicles Trucking System (VTS) for the better monitoring and management. - Provide vehicles to partners based on the identified operational needs. - Maintain and manage warehouses for NFIs. - Transport items and goods from warehouses to the sites of delivery or distribution using UNHCR or rented trucks as required.
Non-Food Items (NFIs)	<ul style="list-style-type: none"> - Procure, transport and distribute NFIs to the new refugees accommodated in the 7 sites and host villages as well as some most vulnerable locals within host communities.
Shelter and Infrastructure	<ul style="list-style-type: none"> - Maintain 7 refugee sites and ensure site's management. - Move refugees from the communal shelters to family houses. - Transforming 9,250 temporary shelters in semi-permanent in the refugee sites. - Construct 2,000 semi-permanent shelters in 98 refugee hosting villages. - Provide technical support and distribute construction materials to convert temporary shelters into semi-permanent structures, including to refugees who decide to stay within local communities and local families hosting refugees. - Provide temporary shelter to 875 families. - Construct semi-permanent shelters for persons with specific needs, using the community-based approach.
Water, Sanitation and Hygiene (WASH)	<ul style="list-style-type: none"> - Construct 70 boreholes, 3,215 latrines and showers in the refugee sites. - Create 81 waste disposal areas and install 606 waste bins in the refugee sites. - Train the members of Hygiene committees. - Construct 243 boreholes and rehabilitate 247 boreholes/pumps in hosting villages. - Put in place 397 wash management committees in the villages. - Construct 115 boreholes and 230 latrines in schools. - Construct 40 boreholes, 30 latrines and 30 incinerators in the health centres.

Partnership and Coordination

UNHCR will continue to facilitate strategic planning of the inter-agency response. It will also advocate and develop partnerships with local authorities, UN Agencies and other stakeholders to set up joint strategies and joint programmes to ensure that refugees are included in national programmes and activities targeting the local population.

The Cameroon country chapter of the RRRP is part of the Strategic Response Plan and aligned with the UNDAF. Mixed (refugee and local) associations, committees and cooperatives or projects will be promoted, ensuring that refugees are consulted, active, productive and well represented at all levels, including the decision-making level. All activities will be designed and implemented in collaboration with the concerned line ministries in pursue of durable solutions.

UN agencies work together with partners that are operational and have the required expertise and capacity. These include Africa Humanitarian Action (AHA), the International Federation of Red Cross and Red Crescent Societies (IFRC), International Medical Corps (IMC), the International Organization for Migration (IOM), International Relief and Development (IRD-US), Plan Cameroun, the Adventist Development and Relief Agency (ADRA), Afrique Solidarité (AS), Première Urgence-Aide Médicale Internationale (PU-AMI) and Médecins Sans Frontières (MSF Switzerland).

Financial Requirements Summary: Cameroon

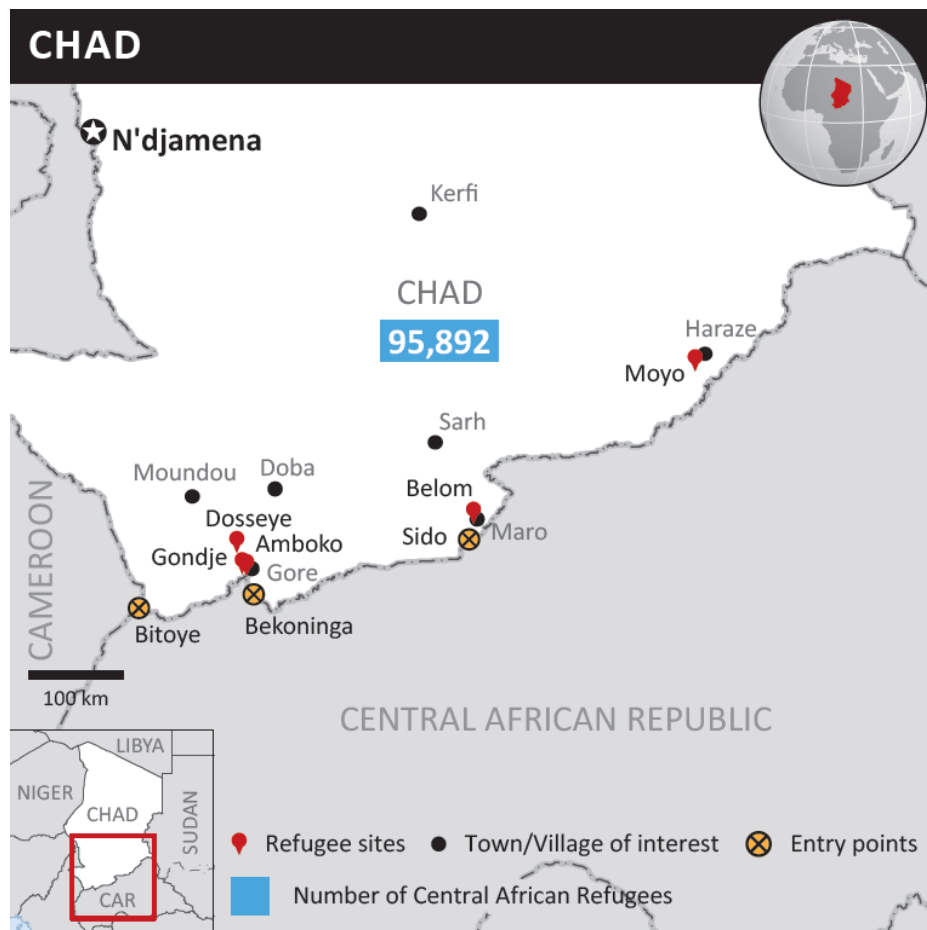
Financial requirements by agency (in US dollars)

Organization	Total
ADRA Adventist Development & Relief Agency	269,200
CARE France	2,880,200
FAIRMED	131,197
FAO Food & Agricultural Organization	911,000
IEDA International Emergency Development Aid	3,500,000
IMC International Medical Corps	700,000
IOM International Organization for Migration	800,000
IRD International Relief and Development	450,000
UN AIDS	900,000
UNFPA United Nations Population Fund	1,900,000
UNICEF United Nations Children's Fund	13,727,481
UNHCR United Nations High Commissioner for Refugees	71,937,916
UN Women	400,000
WFP World Food Programme	34,842,677
WHO World Health Organization	11,954,870
Total	145,304,541

Financial requirements by sector (in US dollars)

Sector	Total
Protection	15,594,506
Education	7,924,596
Food	29,356,991
Health and Nutrition	35,175,926
Livelihoods	17,072,651
Logistics and Telecoms	3,902,078
Shelter and NFIs	12,594,752
WASH	11,812,727
Operational Support	800,000
Total	145,304,541

CHAD RESPONSE PLAN

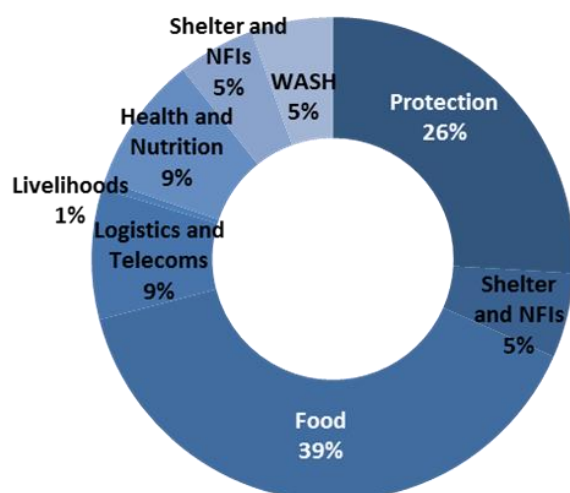


Map Sources: UNCS, UNHCR.

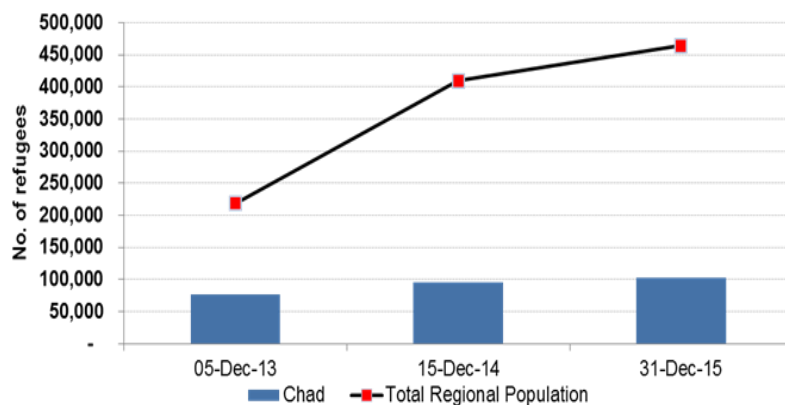
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Creation date: 14 Jan 2015.

Financial requirements (USD)

72,852,958



Population trends



Context

The Government of Chad has traditionally welcomed refugees and asylum-seekers into its country. The country has hosted more than 450,000 refugees from Sudan and the Central African Republic (CAR) for more than a decade. Conflict in northern Nigeria in 2014 and already this year has resulted in the arrival of 17,000 Nigerian refugees, with more expected to arrive.

Since December 2013, the conflict in the CAR has resulted in unprecedented levels of violence and human rights abuses. Some 20,000 CAR nationals have entered Chad since December 2013: as a result, by December 2014 the total refugee population had grown to 95,892.

In early 2014, the Government organized the evacuation and repatriation of Chadian nationals who had been living in the CAR. As of 2 December 2014, IOM had registered a total of 112,013 Chadian returnees, many of whom had lived in the CAR for decades and no longer had direct ties to Chad itself. IOM statistics also indicate that as of 2 December 2014, 1,073 TCNs had fled the CAR to Chad, and were provided them with emergency assistance, including shelter and relocation transport.

In early 2014, at the onset of the crisis, with many people having arrived with no documentation, and with a limited understanding of the profile/background of the beneficiaries, it was decided to incorporate the needs of both communities – the refugee and returnee communities - into the first RRRP, which was launched in April 2014. For the revision of the RRRP in July 2014, and in agreement with OCHA and the Humanitarian Country Team in Chad, it was decided that the Chadian returnees would be incorporated within the Strategic Response Plan (SRP). The same approach is being taken for this third RRRP which only caters for persons who may be at risk of statelessness and Chadian returnees who, through ongoing profiling activities, are ultimately established to be CAR refugees.

In 2015, more people are expected to flee insecurity in the CAR. Members of families, who have already arrived in Chad as refugees, may decide to join their families at a later stage. Therefore, the RRRP partners believe that some 7,000 additional refugees from CAR are likely to arrive in Chad despite the fact that the border between the CAR and Chad has been officially closed since May 2014.

In sum, the RRRP takes into consideration the entire CAR refugee population in Chad (95,892), as of December 2014), and an additional 7,000 refugees are expected to arrive in 2015, plus an additional 3,000 refugees who are expected to be identified from among the Chadian returnees. The total revised planning figure therefore stands at 102,892 CAR refugees in Chad in 2015.

Achievements and progress to date

Protection: More than 35,000 new refugees were registered and 9,313 identity documents delivered to adult refugees. Individual protection documents were issued to all refugees aged above 17 upon registration. A total of 682 children were registered and received documentation under regular birth registration procedure.

The profiling of 20,297 refugees and returnees was completed in Gaoui site, in Ndjamen, in Danamadja and in Gore. UNHCR coordinated with the Chadian Government to ensure returnees obtain documentation, including nationality certificates and birth certificates, in compliance with the 1961 Convention on the Reduction of Statelessness.

Over 6,500 new refugees were settled in 19 host villages and almost 12,000 refugees found accommodation in 5 refugee camps. A new camp, named Doholo, was created to decongest Dosseye camp. It currently hosts 1,560 refugees from 486 households. Refugees living in host villages and in camps benefit from a similar support in terms of NFIs and food rations. Access to basic community services however remained insufficient.

Food security: Newly arrived refugees received 19,694 cold or hot meals. WFP provided a monthly food ration to refugees from the CAR in Haraze, Gore, Maro, Belom, Dosseye, Dembo and in Moissala area. The average food basket for new refugees stood at 1,285 Kcal/person/day.

Shelter: Eighty-two communal compartmented shelters were constructed in Dosseye. Additionally, nine general site structures were also constructed and/or rehabilitated: 2 in Belom, one new structure constructed in Dosseye and six in returnee sites. 38 construction tool kits were supplied to refugees and 566 shelters for people with special needs constructed in Belom (250) and Dosseye (316). Rehabilitation of critical parts of the access roads are undergoing in Amboko, Gondjé, Belom and Dosseye to ease circulation and access to camps for service providers. 11,459 persons received emergency shelters while 5,386 received shelter support (among which 900 in host villages).

Health and Nutrition: Early screening of new refugees began at entry-points and referral of severe cases was conducted. In the camps, a network of 138 care workers assisted in the community management of acute malnutrition. Prevention through health promotion and awareness campaigns were given special attention. UNICEF supported an ambulatory nutritional centre with 9,660 Kgs of Plumpy Nut and 687 Kgs of therapeutic milk. WFP supported a supplementary nutritional centre with 5.83 metric tonnes of and food rations for the accompanying family members of the patients. WFP reached a total 1,117 of children.

NFIs: All new refugees received 450 grammes of soap/person/month and all the camp-based women received sanitary kits. All new refugees also received clothes and shoes. In host villages, Chadian households received special NFI kits. The following items were distributed to a total of 12,794 newly arrived refugees between 1 April and 30 September 2014: 4,181 semi-collapsible jerry-cans; 13,714 plastic tarpaulins; 276 family tents; 9,153 blankets; 4,997 buckets; 3,000 kitchen sets and 9,500 sleeping mats.

WASH: A total of 23 boreholes were drilled (8 in Dosseye, 4 in Belom, 6 in Doholo and 5 in host villages) and 350 emergency latrines were constructed (120 in Dosseye, 80 in Belom, 109 in Doholo and 41 in Moyo).

CARE and the Refugee Water Management Committees ensured the hand pump servicing through 117 interventions. Access to spare parts was made easier during the period under review through the constitution of a standby stock. This also contributed in reducing the time between the hand pump breakdown and the servicing. 1,700 plastic jerry cans of 20 litres were distributed to new refugees to enhance the storage capacities of the households.

Refugees from the CAR received on average 32,5 litres of water per person per day.

In host villages, five new boreholes were drilled and five others were rehabilitated. Basic family kits for water storage and treatment were distributed in five host villages.

Education: In June 2014, 10,129 children (among which 1,415 new refugees) were enrolled in six primary schools in the camps, and 695 children were enrolled in schools in host villages. Conditional cash transfers helped pay the tuition fee for 5,000 new refugee children. A total of 1,475 students were enrolled in secondary education, among which 203 new refugees. New classrooms were constructed, and learning materials were provided to students and teachers.

Main Identified Needs and Response Strategy

Main Identified Needs

In line with the strategy to further integrate refugees into the local communities, to support existing national structures, and to prevent the establishments of new camps, which was endorsed by the Government and all humanitarian and development actors, new arrivals in 2014 were either integrated into one of the existing camps, in a hosting village or at a new "site" in Doholo, which is in fact an extended and reinforced village.

The main challenges are the lack of infrastructure and inadequate social services in the host communities. With more CAR refugees staying in villages and at sites, there is a need to reinforce the capacity of existing infrastructure and basic services, such as health and education. Needs of the host communities have to be addressed comprehensively to bridge the gap between living standards of refugees and host communities. As refugees are being provided with some services free of charge, tensions might arise with host communities if no preventive measures are taken.

Protection: In order to preserve the asylum space and mitigate the risk of statelessness, there is a need for consistent registration, profiling and documentation. A comprehensive response will aim to transfer the whole process of individual documentation to the government entity responsible for refugees, the *Commission nationale d'accueil et de réinsertion des réfugiés et des rapatriés* (CNARR), through capacity development, support with equipment and appropriation of the refugee database. This implies the training of CNARR staff as well as material and technical support to the Government of Chad. Also, biometric verification will be conducted in all camps in Chad in 2015, which will assist in gathering more accurate data and significantly reduce fraud in registration.



Figure 4: A Central African mother sits with her children in Dosseye refugee camp, southern Chad. UNHCR/C. Fohlen

Women and girls are particularly exposed to all forms of SGBV (sexual violence, child marriage, survival sex/sexual exploitation, etc). This is exacerbated by their increased economic and social vulnerability in a country where there is a lack of specific legislation protecting women against sexual violence. Women and adolescent participation in community management and leadership structures will be reinforced through close monitoring of the election processes and mass information initiatives

on women's rights. Participatory assessments using the Age, Gender and Diversity Mainstreaming (AGDM) approach will be conducted in all camps in 2015 and extended to host villages to help tackle women-centred concerns. Community engagement in prevention and response is organized around SGVB committees set in the camps.

Nearly 50 per cent of the CAR refugees in Chad are aged between 5 and 17 years. UNICEF and UNHCR rehabilitated child-friendly spaces in Gore. Child labour continues to be a major concern as cultural practices do not condemn it. There are a significant number of unaccompanied and separated children, of children traumatized by serious violations of human rights, and of children that may potentially have been associated with armed forces. Displaced children and adolescents are in need of psychosocial support to ensure a gradual recovery to social and emotional wellbeing. UNICEF plans to expand its family link programmes to enable displaced populations to contact family members. Regarding registration, UNHCR, UNICEF and the CNARR are engaged in improving the process and the awareness among the beneficiaries about refugee children registration.

Given the diverse character of the population and considering the trauma that many refugees experienced when escaping brutal violence, the response will aim to strengthen peaceful coexistence and to prevent any possible conflict in the camps/sites/villages. Measures need to be put in place to ensure the civil character of the camps/sites and stability for all communities in the area.

The food basket distributed to refugees was reduced to less than 800 Kcal/person/day, therefore, the refugees are now compelled to engage in livelihood activities more actively since the ration provided cannot cover their basic nutritional needs. Pressure on shared natural resources might increase significantly and the gap in the living standard of refugees and host community members can be a tension-fuelling factor. Livelihoods, peaceful coexistence and peace-building activities involving various communities will be priorities for 2015.

Food: WFP will provide unconditional assistance to CAR refugees through food and voucher-based assistance. Cash/voucher modalities are planned in targeted areas, based on food availability and market functionality, followed by factors such as cost effectiveness, partner experience, beneficiary acceptance, security, and nutritional considerations. WFP will organize trade fairs with suppliers to ensure availability of appropriate and sufficient commodities in more remote areas. Given that assistance is confined to relatively small operational areas, WFP will work with cooperating partners for the payment of vouchers – either directly to the trader, or through a contracted financial service provider where possible. Where feasible, WFP will engage with mobile companies and banking firms for transfers.

High-energy biscuits (HEB) will be provided to people upon arrival at transit centres by trucks or on foot. Lastly, WFP will provide Plumpy Nut to children aged 6–23 months to prevent a further deterioration in nutritional status.

Shelter and Non-Food Items (NFIs): By the end of 2015, new refugees are expected to have completed their own shelter construction through the provision of shelter material and tools. Camp expansion conducted in 2013 and 2014 in Belom and Dosseye to accommodate new arrivals did not give enough consideration to access roads and community infrastructures. In Moyo, there is a need to construct a market, while those in Amboko, Dossey, Gondje and Belom need to be rehabilitated. Market infrastructures are key component of the self-reliance initiative as they are supposed to help refugees strengthen their livelihoods.

New refugees will require non-food items to start their lives in asylum in Chad. Protracted refugee caseloads will be assisted with NFIs on a needs-based scheme. The shift to a self-reliance strategy has prompted the termination of a blanket distribution for basic NFIs (mats, kitchen sets, jerry-cans, bucket, plastic sheet, sanitary napkins). In addition, a shift from the NFI distribution to a voucher system will be developed, with an assessment of the local market to meet the voucher system requirements. Stronger advocacy will be directed towards the private sector at the local level to help provide solar lamps. Lastly, distribution committees will be supported to ensure gender balance and the inclusion of new committee members from the newly arrived refugees.

Health/Nutrition: The aim is to maintain all major health indicators within the standards (0.2 per cent crude mortality rate against 0.8 per cent standard; 95 per cent measles vaccination coverage; and the mortality rate of children below the age of 5 at only 0.7 per cent against standard 1.5 per cent).

Although access to health centres has proven effective for both camp-based and out-of-camp health facilities, the overpopulation at the level of health centres significantly affects the quality of the service delivered. In addition, strategy to integrate the health centres located in the refugee camps within the public health system would expand the population of concern and, therefore, will demand additional efforts from all concerned actors during 2015. Government-owned facilities are facing acute drug shortages and insufficient qualified staff. Under the inter-agency framework, existing health structures will be rehabilitated, the supply of drugs and staffing levels will be improved both in the camps and in host villages.

Since February 2014, the food basket has been cut to less than 800 Kcal/person/day, the monitoring of the nutritional status of the population is critical. Some persons at risk, such as malnourished pregnant and lactating women, have not been receiving supplementary food items since June 2014 because of a lack of supplies. In 2015, training will be conducted to help women make proper use of supplementary food. Sixty qualified staff will be trained on nutrition and 5,000 new patients will be admitted to community management of acute malnutrition programmes.

Water, Sanitation and Hygiene (WASH): In the refugee camps and host villages of southern Chad, access to quality and quantity drinking water has improved significantly since last year. Water infrastructure is well maintained by the management committees of water points and trained repairmen established at each water point ensure servicing and supply of minor spare parts through the revenues collected thanks to the cost-recovery system. As of December 2014, an average of 30 litres of water per person per day was available, well above the standard.

UNICEF, UNHCR and their partners made considerable efforts in terms of advocacy to support the construction of new water points in the camps and host villages. Good management and proper use of water resources by refugees - from fetching point, to transportation, and to storage at home - need improvement, as well as behavioural changes.

With only 20 per cent of households currently equipped with latrines, the hygiene and sanitation situation in the south need to be improved. New influxes had a negative impact on the hygiene and sanitation facilities in the camps. Some cultural considerations in the use of latrines require an increased communication about their use, which will be conducted intensively in collaboration with local authorities in charge of WASH. Participatory methods will be intensified in the resolution of problems related to sanitation in the camps and host villages.

Education: UNHCR, UNICEF and the local education officials made concerted efforts to ensure refugees' access to basic education; however, attendance rates remain low. The main reasons for low attendance are: insufficient food intake, family mobility, involvement in small business, long distances to school, lack of proper clothes (particularly, for female adolescents), shame and stigmatization of young mothers.

Quality of education is another challenge as community teachers are hired with little or no qualifications. Since 2011, the teachers' training programme implemented by ACRA and the local officials has resulted in 60 per cent of teachers being qualified. School infrastructures need rehabilitation/expansion to absorb new refugees.

Community access to ICT will be developed to ensure that adolescents are computer literate. Further computer training will be provided to a limited number of adolescents who express interest.

Logistics and Transport: Since the new refugee influx, logistical challenges have grown in complexity as the operation has had to continue ensuring routine commodity delivery while assuring timely transportation of new refugees and the delivery of emergency assistance at the same time. In 2014, there was an increase in the demand for transportation due to the new influxes, notably in Maro and Gore. The transportation of refugees from entry points to camps and to host villages also put considerable pressure on the limited and aging fleet of vehicles. The international supply pipeline is unpredictable and delays in delivery can run beyond a year. The warehouse does not have pallets or weighing machines.

The shift from the food ration to a cash/food voucher system by WFP will significantly reduce the needs for transport, which is expected to be limited to NFIs only and for the limited number of 7,000 new refugees (1,400 households) expected in 2015.

Livelihoods and Environment: The majority of refugees are not self-reliant because of insufficient means to undertake agricultural production, including tools and seeds. Local government officials have provided land for refugees but the average surface per household is still below FAO standards (2.5 ha/household). Decline in soil fertility and poor quality seeds are also causes of insufficient production.

The reduction of food rations from 1,200 to 866 Kcal changed the food security challenge both in the scope and implications for refugees' livelihoods. With this reduction, there is clear evidence that refugees can no longer rely on the food ration provided by WFP in 2015. Following the Household Economic Analysis (HEA) survey conducted in 2013, the Wealth Ranking Assessment implemented in 2014 in refugee camps will help to categorize the population and ensure that refugees identified as being unable to cover their basic needs will continue to be provided with assistance as persons with specific needs.

Planned Response

Protection	<ul style="list-style-type: none"> - Relocate CAR refugees to identified sites and host villages. - Undertake timely registration and profiling of all new arrivals. - Advocate with the relevant authorities to issue identity documents for Chadian returnees with no family links to prevent statelessness. - Support issuance of Chadian national documents to all eligible persons. - Support issuance of civil status documentation such as children's birth certificates. - Activate UASC working groups at national and regional levels. - Implement tracking systems and database for family reunification. - Provide night care for unaccompanied children at a '<i>centre d'accueil transitoire</i>'. - Establish integrated child-friendly spaces with a strong psychosocial component and referral system for children with specific needs or at risk. - Set up and reinforce child-protection community networks. - Support child-protection monitoring mechanisms for situation analysis, risk identification and documentation on child rights' violations. - Establish cross-border coordination system to improve communication between actors and data exchanges. - Enhance SGBV prevention measures and establish effective referral mechanism for health care, psycho-social support, legal counselling and judiciary assistance. - Implement peace-education programmes to enhance relations between the various groups within the various communities. - Build capacity and provide advisory services to governmental and local authorities as well as national NGOs by UNHCR, OHCHR, UNDP, UNICEF and IOM. - Disseminate HIV prevention messages through community conversations and radio/media campaigns.
Shelter and Infrastructure	<ul style="list-style-type: none"> - Set up two new sites including site planning and clearance. - Construct emergency shelters with local materials. - Provide shelter materials and construction kits to facilitate dwelling shelter construction - Provide shelter support to those settling in host villages in the south and in the Salamat. - Construct dwelling shelters (shelters constructed in bricks covered with the grass) for vulnerable households (ca. 10 per cent of 30,000 households) - Construct 150 kms of road in four camps, including Dosseye and 100kms of road toward villages. - Construct health centres, distribution centres and professional training centres (eight each); schools, women's community centres, youth community centres (30 each); and 20 offices in the camps. - Provide plastic rolls 200m² and plastic sheets of 20m² for emergency shelters. - Provide camp coordination and camp management (CCCM) for an effective and efficient delivery of humanitarian assistance and essential services.

Non-Food Items (NFIs)	<ul style="list-style-type: none"> - Provide NFIs to affected people in return areas, villages and in the two identified sites to allow them to prepare their own food and meet their basic domestic and hygiene needs. - Procure, handle, store and distribute NFIs including monthly provision of sanitary materials (sanitary pads, underwear, soap) for women.
Health and Nutrition	<ul style="list-style-type: none"> - Organize immunization campaign (measles, polio, meningitis) and routine immunization. - Provide essential drugs (including anti-retroviral drugs) supplies, conduct laboratory tests at health centres in the returnee sites and host villages. - Support district hospitals to provide basic emergency health care and management of referrals. - Strengthen capacity of health centres with human resources, medical equipment and infrastructures. - Establish a functional disease and nutritional surveillance system. - Develop emergency preparedness and response plan. - Provide clinical services at health centres and community levels focussing on acute and severe malnutrition (including Ready to Use Therapeutic Food RUTF, essential drugs, equipment) - Ensure pregnant women living with HIV have access to the adequate care, treatment and support so they remain in good health and their babies are born HIV-free (Prevention of Mother-to-Child transmission). - Ensure people living with HIV can access health services and continue treatment. - Ensure children born of HIV-positive mothers are tested for HIV and provided with relevant treatment, care and support. - Ensure male and female condoms are readily available in camps.
Food	<ul style="list-style-type: none"> - Distribution of HEB to new arrivals to ensure urgent food provision. - Provide comprehensive food assistance with a combination of general food distribution (50,000 people in transit centres) and voucher transfers (100,000 persons with host communities). - Prevent acute malnutrition among children aged 6–23 months through distribution of Plumpy Nut. - Treat moderate acute malnutrition of 4,000 children aged 6–59 months with MAM. - Distribute a 15-day individual ration to 150 caretakers of children with SAM to discourage early drop-out from treatment. - Ensure HIV testing for SAM children with complications to enable access to children. - Implement Food for Asset (FFA) activities for 2,000 households in host community through conditional voucher transfers.
Education	<ul style="list-style-type: none"> - Establish safe temporary learning spaces (pre-school and primary) in Log Oriental, Mandoul and Moyen Chari regions. - Provide teaching/learning/recreation materials. - Provide in-service training of teachers. - Construct semi-permanent classrooms and additional permanent classroom in host community schools. - Conduct training of school management committee members. - Provide pedagogical support. - Develop and disseminate peaceful cohabitation and WASH messages in schools. - Promote Child-Friendly School approach. - Undertake assessment, monitoring, evaluation and reporting on education activities, including girl attendance. - Provide direct support to students requiring secondary and tertiary education.

Logistics and Transport	<ul style="list-style-type: none"> - Assure the transportation of returnees and refugees to destinations. - Provide reliable transport of equipment, materials, persons under UNHCR's mandate and their luggage. - Provide effective garage management including repair services. - Store and distribute fuel according to the needs of the operation. - Ensure proper warehouse management including for NFI's reception, storage and distribution.
Livelihoods	<ul style="list-style-type: none"> - Identify eligible beneficiaries through socio-economic profiling. - Provide capacity-building support to NGOs and local entrepreneurs. - Design, implement and monitor 1,200 individual income-generating projects. - Provide vocational training and create returnee cooperatives. - Create local committees comprising home community and returnee members to manage community projects. - Design and implement 30 community projects based on the decisions made by the local committees. - Procure cereal seeds and tools. The choice of crop varieties will be based on the preference of farmers, adaptation to local agro-ecological conditions and recommendation by the agricultural governmental authorities. - Distribute cereal seeds to households. - Control pit construction and perimeter rehabilitation. - Provide fodder, feed and veterinary products. - Ensure garden seeds quality control. - Conduct training in agricultural production techniques. - Construct 200 improved stoves and establish of construction surveillance system including deliver stoves. - Train households on usage and management of stoves.

Partnership and Coordination

Based on a stakeholder analysis, partners involved in the appeal include all UN agencies based in Chad, the Humanitarian Coordinator, NGOs, and government partners, on N'Djamena and Gore level. The various line ministries were informed by the respective sectors. OCHA played a key role throughout the process and participated in all important meetings, assuring complementarity with the Humanitarian Needs Overview (HNO) and the Strategic Response Plan (SRP). N'Djamena-based donors were also informed about the process of the RRRP for 2015.

Throughout the process, communication and consultations between the South, N'djamena and HQs was secured. Ongoing focus group discussions and interviews conducted by UNHCR protection and other agencies' staff in the camps, sites and in N'Djamena were taken into consideration and assured participation of the communities as well as accountability.

Financial Requirements Summary - Chad

Financial requirements by agency (in US dollars)

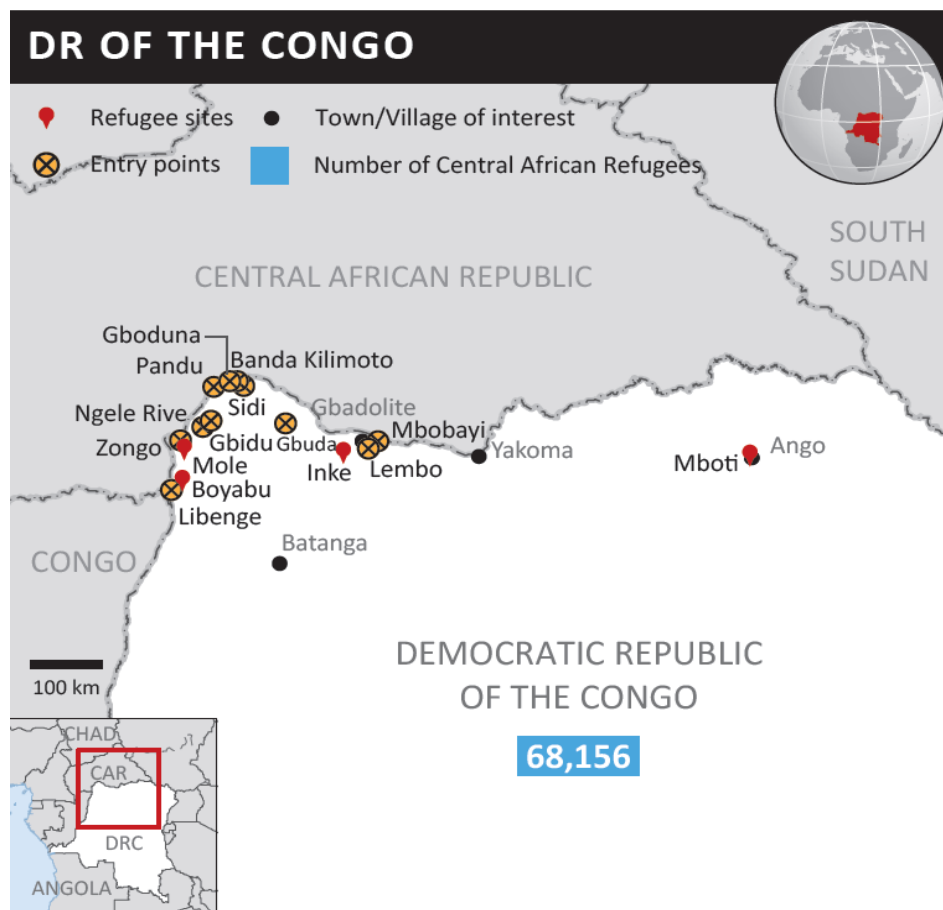
Organization	Total
CARE International	1,600,000
CRS Catholic Relief Services	1,273,714
INTERSOS	1,728,600
UNFPA United Nations Population Fund	971,191
UNHCR United Nations High Commissioner for Refugees	46,411,888
UNICEF United Nations Children's Fund	1,700,000
WFP World Food Programme	19,167,565
Total	72,852,958

Financial requirements by sector (in US dollars)

Sector	Total
Protection	18,901,966
Education	4,133,206
Food	19,167,565
Health and Nutrition	6,378,319
Livelihoods	9,883,948
Logistics and Telecoms	6,598,340
Shelter and NFIs	3,793,455
WASH	3,996,159
Operational Support	
Total	72,852,958

DEMOCRATIC REPUBLIC OF THE CONGO

RESPONSE PLAN

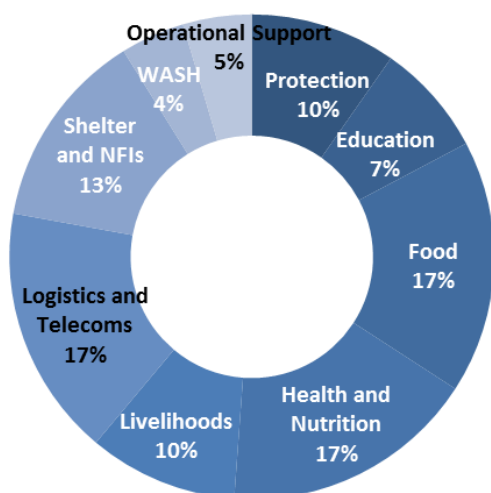


Map Sources: UNCS, UNHCR.

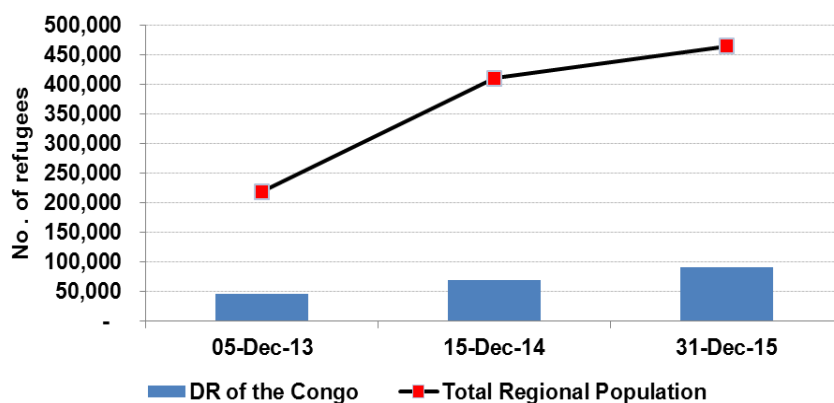
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Creation date: 14 Jan 2015.

Financial requirements (USD)

87,036,389



Population trends



Context

Following the several waves of conflict in the CAR since 2012, many Central Africans have taken refuge in the Democratic Republic of the Congo (DRC). As of December 2014, 68,156 Central African refugees were registered in the country. With the support of the Congolese Government, three camps in Equateur Province and one in Orientale Province were established to host the refugees. Refugees settled in Mole, Boyabu, Inke and Ango camps have been receiving multi-sectoral assistance. Over 38.5 per cent of the refugee population have been relocated to camps, while the remaining opted to live with host communities.

The 2015 RRRP anticipates a total of 90,000 refugees from the Central African Republic composed of 75,000 refugees by the end of 2014 and 15,000 new arrivals in 2015.

The main constraints that humanitarian partners have been confronted with in responding to the new refugees' needs include:

- Limited prospects for local integration owing to poverty and poor infrastructural and social services in the two main provinces of Equateur and Orientale where refugees are hosted.
- Limited market opportunities for agricultural products in Boyabu and Inke camps.
- Difficulties in adapting to rural living conditions for refugees with an urban background in Mole.
- Inadequate and almost non-existent opportunities for youth willing to pursue further education (secondary and tertiary education).
- Reluctance by some Muslim refugees to move to existing camps that host Christian refugees.
- The plight of Mbororo refugees (nomadic pastoralists) who have greater difficulties in accessing asylum.
- Obstacles in operational delivery arising from logistical difficulties, such as roads and rivers that become unusable during the rainy season.

Achievements and progress to date

By mid-November 2014, some 25,290 new refugees had been settled in four refugee camps in Equateur and Orientale provinces of DRC where they are provided protection and assistance. Over 27,800 refugees remain in host communities with limited access to national services and are being supported by humanitarian partners.

The Government has agreed to deploy 120 police personnel to ensure law and order in the camps. SGBV sensitization and other orientation briefings have been provided to equip the police with basic humanitarian and legal principles to better serve the refugees and hosting communities.

Unaccompanied minors were registered and placed in the care of host families whose requirements are included in the support services provided.

Temporary health and nutrition facilities had been established in each of the four camps to cater for emergency cases. The health services have qualified staff and function full time, each with the capacity of offering basic emergency obstetric care. In addition to these primary health care services, there is a referral system to offer secondary and tertiary health care through local district hospitals and difficult cases to higher health services in the capital city. Mortality rates have been maintained within the thresholds (crude mortality: 0.3/1,000/month, under-5 mortality 0.7/1,000/month).

No epidemic has occurred since the arrival of the refugees. Regular measles vaccination campaigns targeting children and youth aged between 6 months and 15 years were organized during relocation to the camps and are an ongoing activity in the camps. Malaria prevention is carried out regularly through the distribution of long-lasting insecticide-treated bed nets with a minimum of three bed nets per household.

Food assistance has been provided regularly in the form of rations to refugees in camps and as hot meals for refugees in transit centres. Following a feasibility assessment and in order to overcome logistical constraints and meet beneficiaries' preferences, food assistance has been provided through cash transfers in Boyabu and Mole since May 2014 and through paper vouchers for use at a nearby market in Inke camp. A post-distribution monitoring (PDM) exercise is ongoing in order to make

informed decisions about the possible continuation of the cash distribution in 2015, depending on the impact this will have on the programme.

Comprehensive reproductive health care and HIV services, which started slowly owing to local constraints, are now firmly established. A minimum initial service package for reproductive health care in emergencies was made available together with increased emergency obstetric care. More than 90 per cent of deliveries take place in health structures with skilled birth attendants, with about 0.2 per cent cases of maternal death. Diagnosis and management of people living with HIV/AIDS with antiretroviral therapy has been systematic, with the support of the national programme for the fight against HIV/AIDS, in the provision of ARV drugs.

Children aged between 6 and 11 years have benefitted from a normal teaching cycle using the Central African school curriculum. Schools have been constructed in all camps; 426 teachers and three school directors have been recruited and trained; and student school kits distributed. A cyber café was opened in Mole to respond to the needs of adolescents and youth for information. Access to distance-learning activities will take place next year.

More than 2,870 out of 3,126 planned emergency shelters were constructed for the new refugees. In Mboti (Ango) refugee camp, 219 tents were erected for the new refugees. Some 42 bridges and 3.5 km of road were rehabilitated in Equateur Province to ensure access to the different sites.

A total of 16,308 households, or 41,593 persons in all, received firewood in Equateur. Twenty-six solar panels were installed at strategic points in the settlements to enhance security, specifically for women and children. All refugees received NFI kits comprising of soap, mosquito nets, jerry cans and mats. In Orientale Province, 356 refugees received NFI kits and 664 people received tents.

As of November 2014, 55 water points had been established in the refugee camps and 10 out of camp. These infrastructures are used by all the refugees and allow for an average daily water provision of 13 litres per person per day in the four camps. Initially, water in the camps was supplied through water trucking and water catchment from springs and other potable water sources. Boreholes are now being drilled to replace these costly modes of water supply to the camps. Two host communities - Inke and Boyabu- have been provided with water through the construction of boreholes in local communities.

Hygiene and sanitation has been improved with the construction of 960 emergency latrines (one latrine per 31 persons) and sensitization campaigns on emergency sanitation and hygiene.

In October 2014, UNHCR and FAO distributed more than 20 tons of agricultural items to refugees for the harvest season.

Figure 5: Birth certificates being handed out in Boyabu refugee camp in Equateur Province, Democratic Republic of the Congo. UNHCR/C. Schmitt

Main Identified Needs and Response Strategy

Main Identified Needs

Protection: The deployment of more national police officers, including female police officers, in the four camps of Ango, Boyabu, Mole and Inke is essential. Their training took place in August 2014 and more will be undertaken in 2015.

All refugees, whether in or out of the camps, are continuously registered on an individual basis and receive refugee certificates and other civil documentation. Refugees living outside the camps will be monitored to reduce the risks of *refoulement*, arbitrary detention or exploitation. Special groups, particularly the Mbororo, have experienced *refoulement* which has been addressed by negotiating for temporary protection measures with the authorities. This has enabled the protection of both the people and their cattle. The identification of UASC and children formerly associated with armed forces and groups in camps and hosting communities, and the implementation of specific protection activities for children, are ongoing priorities, including the issuance of birth certificates and other civil documentation. For comprehensive solutions, profiling of a minimum of 55,350 refugees will be conducted in 2015 in the form of an intention survey. More than 55,300 refugees need to be registered on an individual basis in 2015.

Food and Food Security: The Integrated Food Security Phase Classification conducted in December 2013 classified the territories of Mobayi, Mbongo, Libenge and Zongo as being in a phase of food crisis due to the presence of Central African refugees. Joint market and feasibility assessments conducted in the Equateur camps since May 2013 have shown that cash or voucher transfers are possible and would have a positive impact on the local economies as well as they would meet refugees' preferences. For this reason, food assistance has been provided through cash in Mole and Boyabu and voucher transfers in Inke since as of the second half of 2014.

A survey on food security coupled with the nutrition survey (SENS) was organized in June-July 2014 jointly by WFP, UNICEF and UNHCR for the three camps and surrounding populations in a 5 km

radius. Overall, the results indicate 42 per cent of households in the area are affected by food insecurity, of which 2 per cent by severe food insecurity and 40 per cent by moderate food insecurity. This incisive and accurate picture of the situation helps to provide directions for sustainable food security solutions. It includes cash or voucher for work components, supported by WFP/FAO and the Ministry of Agriculture with the collaboration of local communities in order to enhance food security as a whole in the refugee-impacted areas. In accordance with those recommendations, the response in 2015 will be the provision of cash grants for the 55,350 refugees who live in camps.

Shelter and Non-Food Items (NFIs): Refugees living in both organized sites and host communities, as well as some of the host families who are providing assistance to incoming refugees, remain vulnerable with regard to access to essential minimum shelter. There is still an outstanding need to construct 3,000 additional emergency shelters to cover the needs of 15,000 new refugees who may arrive in 2015. More than 9,370 maintenance toolkits will be provided for the refugees and 1,500 of the most vulnerable households will be provided with transitional shelters. In addition to the shelter programme, the construction of three additional schools and three health centres will contribute towards the improvement of the refugees' living conditions. Five educational facilities and four health infrastructures are expected to be built in the host community. Roads need to be maintained given the remoteness of the camps and the deteriorating effects of the rainy season on the condition of these roads. UNHCR and WFP will need to support partners in the setting up of retailers' centres to implement the voucher programme for the provision of food supplies to the refugees in Inke camp.

Access to essential household non-food items (NFIs), especially kitchen sets, baby kits and hygiene kits have been identified as one of the most critical needs for the newly-arrived refugees. Both refugees living in the camps and those in host families, and some of the host families themselves are lacking even basic items such as kitchen sets, blankets, sleeping mats, mosquito nets and soap. In 2015, 4,400 women will receive sanitary materials and 15,000 households will receive non-food items.

Health, Nutrition, Reproductive Health and HIV: The refugees from the CAR have settled across four health zones in Equateur and Orientale provinces. Out-of-camp refugees, however, are settled in difficult to access areas, especially in Equateur Province, resulting in numerous logistical challenges. The health pattern in this part of the country is characterized by a variety of endemic diseases and diseases of epidemic potential (diarrheal diseases, cholera, typhoid fever and measles). Furthermore, this part of the country is prone to hemorrhagic fever, malaria and malnutrition, with a high risk of anemia in children and pregnant women.

The arrival of considerable refugee numbers has had a negative impact on the local health system and affects the already fragile food availability status of the host communities. The region suffers from a weak and overstretched national health system, a serious lack of health and sanitation infrastructures and a relative high deficit in skilled and motivated health professionals. While the health response currently provided to refugees is integrated into the national health system; there is a need to put in place strategies to support them in order to scale up and upgrade the services.

A joint nutritional survey conducted by UNHCR, WFP, UNICEF and PRONANUT in the camps and surrounding villages has revealed a high rate of malnutrition among refugees and host communities:

- Global acute malnutrition (GAM) rate is 6.8 per cent in camps (the highest rate recorded in Mole camp) and 7.6 per cent in surrounding host communities;
- Severe acute malnutrition (SAM) rate is 0.5 per cent in camps and 1.5 per cent outside camps.

Based on these realities on the ground, operational delivery in these combined sectors will be scaled up as follows:

- Improve current services including construction of health posts and related structures, and support the local health system.
- Move from emergency to comprehensive services in all those sectors.
- Replace temporary structures with permanent or semi-permanent constructions and more durable solutions.
- Introduce nutritional support activities for malnourished people living with HIV and TB patients in the camp health structures.
- Increase assistance to malnourished pregnant mothers and lactating women in and around the camps by ensuring regular supply of nutritional products.

- Health services will be provided with lifesaving reproductive health equipment, drugs and supplies;
- Management and referral of complications of pregnancy and delivery through comprehensive emergency obstetrical care including emergency caesarean section, rational and safe blood transfusion;
- Pregnant women will be able to access ante-natal care, perinatal and post-natal care—complicated pregnancy and delivery will benefit from basic and comprehensive emergency obstetric care;
- Lactating women will be assisted to benefit from supplementary food distributions provided by partner UN agencies;
- Women and girls of reproductive age will be supported with dignity kits with protective items to contribute to their mental and physical wellbeing, allow for budget substitution, and enhance their security;
- Protection networks will be established at community level and be oriented to monitor and report risks for SGBV, as well as raise awareness on available services;
- Youth-friendly service spaces including recreational spaces will target young people both male and female to be able to get some positive outlets for their energies and tap into them as a positive source of role models and peer educators within the community;
- Service providers (reproductive health-care providers, psycho-social counsellors, Y-Peers) will benefit from capacity building, including clinical management of rape and establishment of referral pathways.

Water, Sanitation and Hygiene (WASH): WASH partners, mainly UNHCR and UNICEF, have coordinated water and sanitation activities since the beginning of the emergency in December 2013. Despite these efforts, the assessment's findings have shown that access to water (14 litres per person/per day on average) is still below the emergency standard of 15 litres per person/per day. While access to appropriate emergency latrines meets the emergency needs, the latrines fill up quickly and require replacement. Additional family latrines are to be constructed for the new refugees using local materials. The construction of more sustainable family latrines is envisaged from the year 2015 onwards. The high demand for WASH services in the host communities is still unmet. The findings have also shown the need to connect WASH activities to health outcomes in order to avoid the spread of waterborne diseases such as diarrhea and cholera. The refugee participation in sanitation and hygiene activities will be increased in order to reach a real behaviour change in hygiene practices.

Education: Since 70 per cent of the camp population is under the age of 25, education is part of a youth protection strategy that will explore formal and informal innovative educational opportunities. Currently, there is a lack of space in primary schools to accommodate the influx of refugees. There are insufficient school kits and school materials. The training of teachers must be reinforced. Even though some children attend schools in the host communities, the facilities are limited and inaccessible for refugees living outside of the camps. Large proportions of refugee youth who had been following secondary and tertiary education in Bangui have now been forced to stop their educational development. No secondary or post-secondary education strategy has been developed for this refugee population as agencies are still responding to the most pressing life-saving needs. This increases protection risks such as SGBV and exploitation, especially among girls, and potential recruitment into militia groups for the boys. Some initiatives to support secondary education in November 2014 included the provision of furniture to three secondary schools.

Upon request from the refugee committees in the camps, WFP included a school feeding programme in the response for refugee children attending classes in the camps and host community schools as an important contribution to the nutritional needs of primary school children.

Community Empowerment and Self-reliance: As a significant portion of the local population host refugees and share their already scarce resources, the response foresees projects to ensure peaceful coexistence of the two communities. The last participatory needs assessment in May 2014 demonstrated the need for support for livelihoods and provision of vocational training that would allow refugees to become self-sufficient. Forty community groups will be supported to increase self-management capacity. WFP is appealing for resources to support livelihood projects in collaboration with FAO through the provision of food for work, and to enhance food security of refugees and host

communities. The NGO *Association pour le Développement Economique et Social* (ADES), in partnership with UNHCR, has also distributed agricultural seeds for gardening and food crops in all camps. The need nevertheless remains for additional agricultural support (seeds, fertilizers and pesticides) and grants or small loans for fishing, livestock and small businesses.

Logistics and Transport: Logistics management mechanisms are already in place to ensure that locally and internationally procured goods can be transported to Equateur from Kinshasa, after which they can be stocked and secured in the three guarded warehouses. Nevertheless, a major constraint is still the insufficiency of transportation assets (planes, cars and motorcycles) and spare parts to ensure constant and smooth transportation of staff and humanitarian assistance in this remote region. Furthermore, food is stored under conditions that need to be improved constantly. Setting up cash and food voucher transfers in the camps presents a valid alternative to reduce logistical food-delivery constraints.

Planned Response

Protection	<ul style="list-style-type: none"> - Establish child-friendly spaces and direct support from social workers to 5,850 children refugees (new and old) and children from the local communities. - Establish two SGBV focal points in each camp block. - Establish one SGBV working group per camp. - Enable school reinsertion for 100 per cent of known SGBV survivors. - Implement standard operating procedures for SGBV projects in 4 camps. - Establish 4 counselling centres. - Provide comprehensive response to 100 per cent of SGBV cases, medical, psychological, legal and socio-economic reinsertion for refugees in the camp. - Ensure medical response within 72 hours and training of community health workers. - Ensure monthly domestic energy (firewood) distribution and installation of lighting in key communal areas for refugees in camps. - Ensure medical and legal referral system in place for SGBV victims and survivors outside the camps as well as transport. - Undertake registration and identification of 100 per cent of persons with specific needs. - Ensure ongoing response to 80 per cent of identified persons with specific needs. - Conduct two needs assessments - one in the camp, one outside - on the basis of AGDM. - Ensure the identification, documentation, and registration of 100 per cent of refugees. - Ensure delivery of 60 per cent of birth certificates within a period of days or weeks. - Follow up on 40 legal cases. - Undertake 30 protection monitoring missions along the border. - Create seven child-friendly spaces in and outside the camps. - Assure continuous identification through registration of 100 per cent of UASC. - Facilitate the deployment of 150 national police officers including female staff.
Community Empowerment and Self-reliance	<ul style="list-style-type: none"> - Undertake four participatory assessments. - Launch four sensitization campaigns. - Support 40 community groups of refugees in agriculture, fishing, petty trade, livestock, poultry and fattening sheep and goats. - Provide support towards the establishment of 80 small businesses and mills. - Train 40 community groups on the operation and management of projects. - Monitor livelihood activities.

Shelter and Infrastructure	<ul style="list-style-type: none"> - Assess shelter vulnerabilities among non-camp refugees and host families using the shelter score-card approach. - Improve and maintain the four existing camps (clearing of the four sites and maintenance of existing infrastructures) allocated by the Government and ensure efficient site management. - Construct 11 community structures at the reception centres and/or install tents at the sites to speed up the relocation from entry points to the refugee sites. - Procure local materials (wooden stakes, thatch, rods, clay) from the villages surrounding the refugee sites. - Provide technical support and distribute 9,372 construction kits composed of local materials, plastic sheeting and tools to refugees to maintain their emergency (temporary) shelters at the refugee sites. - Construct 1,500 transitional shelters for persons with specific needs. - Ensure efficient and well-coordinated management of sites. - Deliver shelter maintenance to 9,372 camp refugee families (37,488 people), 2,500 non-camp refugee families (10,000 people) and 1,000 vulnerable host families. - Construct 4 health centres for the refugees and host communities. - Construct 5 schools for the refugees and host communities. - Rehabilitate access roads.
Non-Food Items (NFIs)	<ul style="list-style-type: none"> - Undertake assessments of NFI vulnerabilities among camps, non-camp refugees and host families using the NFI Score-card approach - Undertake beneficiary registering and targeting - Undertake market assessments to determine feasibility of cash-voucher approaches - Deliver NFI assistance via distributions and/or fairs to 14,000 camps refugee families (41,616 people) and 2,500 vulnerable host families for a total of 7,500 families (37,500 people) - Carry out post-distribution monitoring.
Water, Sanitation and Hygiene (WASH)	<ul style="list-style-type: none"> - Construct 80 boreholes equipped with hand pumps (65 in camps and 15 in host communities). - Rehabilitate/upgrade 150 water points in camps and host communities. - Construct 4,688 family latrines with showers, and hand washing facilities for refugees living in the camps. - Rehabilitate/construct water points, latrines, hand washing points, placenta disposal pits and waste incinerator facilities in 4 health centres. - Rehabilitate/construct water points, latrines and hand washing points. - Assure management of solid waste through construction and management of 21 rubbish pits. - Provide sanitation kits (shovels, rakes, pics, wheelbarrow, etc.) for 12,500 refugees. - Organize hygiene promotion activities for 54,600 refugees living in camps and host community beneficiaries. - Distribute WASH kits for 26,500 persons (6,625 families). - Establish and train water sources management committees - Undertake contingency stock piling for 35,000 refugees (8,750 families). - Assure coordination and monitoring of WASH activities.

Health and Nutrition

- Carry out joint initial rapid needs assessment in 7 health zones.
- Train health service providers and health community workers on Integrated Management of Acute Malnutrition (IMAM), Infant and Young Child Feeding (IYCF) and Integrated Management of Childhood Illness (IMCI).
- Provide therapeutic feeding and equipment to local health facilities.
- Supervise treatment activities and monitor the response.
- Organize infant and young child feeding sensitization and community mobilization.
- Ensure nutritional rehabilitation through treatment of moderate malnutrition for 4,055 children aged between 6 and 59 months.
- Ensure nutritional rehabilitation through treatment of acute malnutrition for 2,969 children aged between 6 and 59 months.
- Distribute nutritional food to 790 pregnant and lactating women in the camps and refugee host communities.
- Establish three additional UNTIs (intensive unit for malnutrition).
- Provide high value nutrition products (Plumpy Nut, Super Cereal, Veg Oil).
- Carry out nutrition assessments/screening and monitoring in collaboration with UNICEF, WFO, PRONANUT, UNHCR and nutritional NGOs.
- Supply essential medicines and medical supplies, including basic essential medicines in compliance with minimum primary and supplementary health service package norms (including malaria prophylaxis).
- Provide anti-retroviral therapy (ART) for HIV-positive refugees under treatment in 14 health centres and 7 referral hospitals within the 7 selected health zones.
- Strengthen the capacity of 105 health care providers and 140 community health workers in 14 health areas within the 7 health zones with regard to knowledge and implementation of the minimum health service package of activities in emergency situations including training on the SGONU (gynaeco-obstetric and neonatal emergencies services) and community-based health approaches, especially the early detection of cases and referral.
- Respond to measles outbreaks in 4 health zones (Bili, Libenge, Mobayi Mbongo and Zongo).
- Organize and ensure free-of-charge medical care for refugees and vulnerable populations in the supported health facilities and ensure that national norms and standards are available and distributed.
- Strengthen routine immunization in 7 health zones in the Provinces of Equateur and Orientale.
- Ensure access to reproductive health services and emergency obstetric care at secondary level including timely (within 72 hours) treatment of victims of SGBV by supplying essential medicines and PEP kits and training of community health workers.
- Identify beneficiary refugee households for distribution of agricultural assistance.
- Distribute food assistance through cash or vouchers to 40,000 refugees considering in Equateur camps and food in Orientale camp.
- Provide hot meals and/or high energy biscuits to new refugees in camps and/or transit centres.
- Purchase and distribute agricultural inputs (seeds and tools) for 8,750 households (6,560 refugees and 2,190 host communities) including maize, rice, groundnuts, cowpea, vegetable crop seeds, agriculture inputs and tools as treatment product and 8,750 hand tools.
- Undertake post-distribution and post-harvest follow-up on 3,080 hectares of plots of land sowed with cereal (maize), beans and vegetable crop products.
- Train and sensitize 12,880 vulnerable households and partners including governmental partners and NGOs, local trainers and target refugee households with information on agricultural technical and good nutritional practices.

Food

- Identify beneficiary refugee households for distribution of agricultural assistance.
- Distribute food and cash vouchers to 40,000 refugees: cash, food vouchers and in-kind to refugees in Inke camp; and food rations and cash to refugees in Boyabu and Mole camps.
- Provide hot meals and/or high energy biscuits to new refugees in camps and/or transit centres.
- Support livelihood projects in refugee host communities through food for work/seed protection projects.
- Purchase and distribute agricultural inputs for 12,880 households including maize, rice, groundnuts, cowpea, vegetable crop seeds, treatment products and 74,450 hand tools.
- Ensure post-distribution and post-harvest follow-up on 3,080 hectares of plots of land sowed with cereal (maize), beans and vegetable crop products: at least 7,880 tons of foods should be produced.
- Train and sensitize 12,880 vulnerable households and partners like governmental partners and NGOs, local trainers, on agricultural technical and good nutritional practices

Education	In camps	<ul style="list-style-type: none"> - Provide primary education for 6,000 children. - Provide early childhood education through the Lifelong Learning opportunities programme. - Provide sports/recreation programmes. - Provide supplementary incentives for 165 teachers. - Construct three in-camp schools. - Deliver training sessions for 165 refugee teachers on learner-centred methodologies and CAR curriculum, as well as education for peacebuilding and psychosocial support for children. - Implement the strategy to promote admission of refugees to national education system.
	In host communities	<ul style="list-style-type: none"> - Provide support to 40 off-camp schools. - Provide secondary education for 4,750 children who have completed primary education. - Provide an online university programme. - Provide instruction in Capoeira for 1,200 youths. - Distribute educational and recreational materials at the sites and hosting communities for refugee children.
	In and out of camp	<ul style="list-style-type: none"> - Distribute educational and recreational material in the sites and in the hosting communities for refugee children. - Provide school vouchers (1 per school) to 40 schools enrolling refugee children (the vulnerable children belonging to host communities will benefit of this school voucher for their education). - Provide school-in-a-box kits (3 distributions of a total of 510 kits). - Ensure feeding in schools for 35,200 children in camp and refugee host community schools.
	Logistics and Transport	<ul style="list-style-type: none"> - Ensure supply of goods in the right place, in the right quantity, with the right documentation, within an average of 90 days. - Maintain and replace motorcycles. - Provide 1 plane based in Mbandaka. - Construct and rehabilitate 10 km of road

Partnership and Coordination

UNHCR is responsible for coordinating the response to the influx of refugees from CAR as per its mandate and in accordance with the Refugee Coordination Model. The Congolese returnees from the CAR will be managed through the cluster system under the national Humanitarian Action Plan.

The multi-sectoral response to the CAR refugee emergency is underpinned by MOUs between UNHCR and other UN agencies, including UNICEF, WHO, WFP, FAO and UNFPA. These agencies contribute to the refugee programme in their respective areas of competence as per the global MOUs in force or the local arrangements jointly agreed upon.

The UN agencies will continue to implement their programmes in collaboration with local and international implementing partners.

The response will continue to be coordinated with the government structures in order to prepare a successful transition to durable solutions for the refugees. More specifically, the government counterparts such as the *Commission Nationale pour les Réfugiés* (CNR) and the *Programme Nationale de Nutrition* (PRONANUT) and the *Département Provincial de Santé/Programme Nationale de Santé Reproductive* (DPS/PNSR) will continue to play a key role in the overall response. UNHCR will facilitate monthly coordination meetings at the provincial and national levels to ensure a concerted approach and implementation. Inter-agency sectoral or multi-sectoral needs assessments will be carried out according to sectoral protocols and the evolution of the situation.

Financial Requirements Summary – Democratic Republic of the Congo

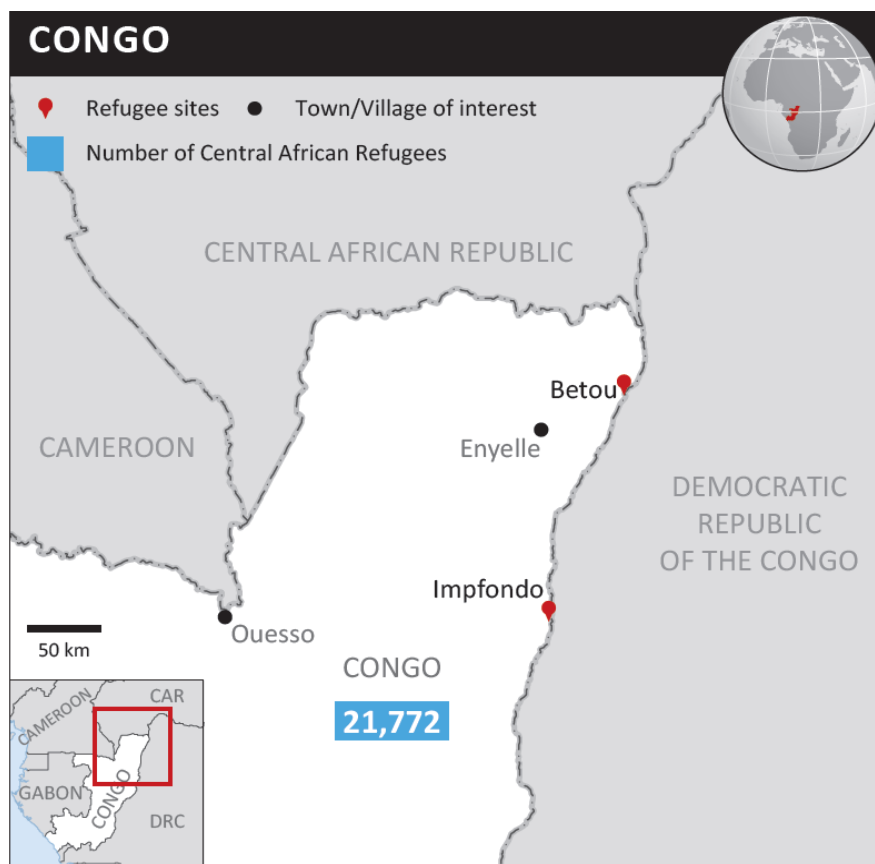
Financial requirements by agency (in US dollars)

Organization	Total
Caritas	2,089,321
FAO Food & Agricultural Organization	1,800,000
UNFPA United Nations Population Fund	549,638
UNHCR United Nations High Commissioner for Refugees	57,036,389
UNICEF United Nations Children's Fund	3,377,838
WFP World Food Programme	20,378,091
WHO World Health Organisation	1,805,112
Total	87,036,389

Financial requirements by sector (in US dollars)

Sector	Total
Protection	8,465,151
Education	6,551,771
Food	14,710,398
Health and Nutrition	14,803,966
Livelihoods	8,657,375
Logistics and Telecoms	14,585,314
Shelter and NFIs	11,543,596
WASH	3,728,818
Operational Support	3,990,000
Total	87,036,389

CONGO RESPONSE PLAN

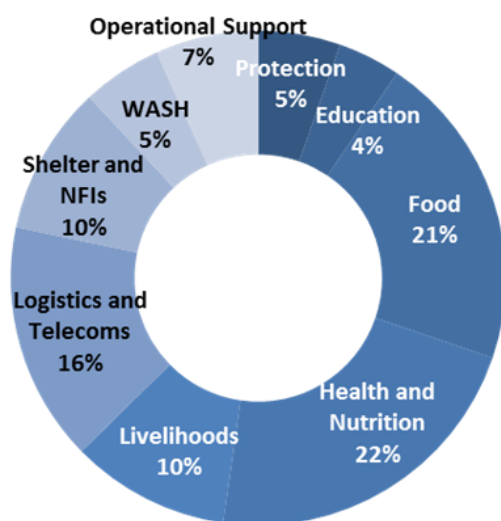


Map Sources: UNCS, UNHCR.

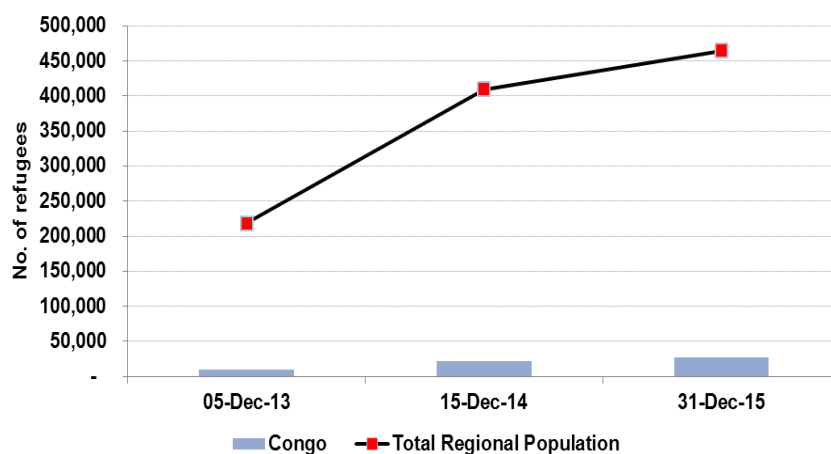
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Creation date: 14 Jan 2015.

Financial requirements (USD)

26,000,000



Population trends



Context

Refugees

In the Republic of Congo (Congo), the influx of refugees from the CAR began in March 2013 and people fleeing instability in their country continue to arrive. It is estimated that in 2015, in total some 26,270 refugees, as well as some 1,500 TCNs, will require assistance. Around 73 per cent will be registered and settled in the district of Bétou, and some 19 per cent in Brazzaville. Another 8 per cent will be settled in Impfondo and Pointe-Noire.

Some 60 per cent of these refugees will stay with host communities, for whom the new influx has brought added pressure in terms of food security and access to social services. The other 40 per cent will settle in two sites in Bétou district. Bétou is a remote location in Likouala district which has also hosted refugees from the DRC since 2009. Existing refugee camps there were originally set up for DRC refugees, most of whom have now been repatriated with the recent arrival of the CAR refugees. Conditions in and around the camps, which had deteriorated, now need to be addressed.

Cooperation between the United Nations, immigration authorities and the National Committee for Refugee Assistance (CNAR) will be strengthened for continued border monitoring. Refugees staying close to the border should be relocated and will receive assistance in Bétou. The Government will be supported in order to provide the refugees with documentation that should facilitate their freedom of movement. Peaceful cohabitation between refugees and the host community, and between refugees of Christian and Muslim backgrounds, will also be a focus of the response.

Third Country Nationals

An estimated 1,500 third country nationals (TCNs) - the majority of Chadian nationality - have fled into the Congo to escape the violence in the CAR. They are stranded in the North of the country in difficult conditions, waiting to be relocated or to receive onward transportation assistance to their countries and communities of origin. Many have been in border towns for up to two months, receiving little or no assistance, and having to rely on the charity of the host community to survive. A comprehensive response, addressing transport, shelter, water and sanitation, non-food item provision, food, health and psychosocial needs, must be developed to target this group of people of concern.

Achievements and progress to date

Protection: By December 2014, some 20,618 CAR refugees had been registered in Congo. All refugees above 18 years have received refugee identity cards or other documentation (refugee attestations) to ensure their protection and that of their families.

A vast majority of CAR refugees have settled in the Likouala department where they are provided with assistance in the localities of Bétou and Impfondo. Regular monitoring missions have been organized to relocate refugees living on the border with CAR to Bétou. Those who were not willing to relocate were registered and documented *in situ*.

UNHCR ensured regular monitoring of detention facilities and procedures and advocated for the release of newly arrived CAR individuals who were arrested upon arrival due to a lack of documentation. UNHCR also organized training on international protection and SGBV with local authorities, partners and refugees.

SGBV's platforms are functional and ensure appropriate response to cases of sexual and domestic violence through social, medical and legal support and orientation. In the context of SGBV's prevention, UNHCR proceeded to the lighting of the two refugee sites of Bétou.

Unaccompanied minors have been registered and best interest assessments have been prepared for all UAMs identified. Tracing services were launched through ICRC, children were placed under the care of host families and continuous support and follow up is provided to the children and their host families.

Shelters and NFIs: Progress has been made in shelter and infrastructures with 349 temporary shelters built for refugee households in Bétou. There have been similar achievements in the provision of NFIs, with 3,575 families provided with kits in Bétou. The items distributed included mats, blankets, jerry cans, soaps and mosquito nets, estimating that 60 per cent of the refugees' needs were covered.

Health and Nutrition: Ninety-six per cent of refugees received primary health care with the most serious cases being transferred to referral hospitals. There is a referral system in place to offer secondary and tertiary health care through local district hospitals and difficult cases to higher health services in the capital city.

The morbidity rate corresponds to local epidemiological patterns.

Regular vaccination campaigns targeting children and pregnant women are organized.

Cases of malnutrition are systematically identified and treated upon arrival of the refugees. Overall, the nutritional condition of CAR refugee children has improved since the beginning of the emergency, decreasing from 14 to 11,3% for the acute malnutrition rate and from 7 to 4% for the severe acute malnutrition rate.

Food has been distributed to all refugees, irrespective of when they arrived. All newly-arriving refugees receive hot meals at community kitchens while waiting for WFP food rations. This ration includes 45 grams per person per day of Super-Cereal (a blend consisting of corn and soy flour and a mixture of vitamins and minerals).

Water and Sanitation: Two wells were constructed and ten rehabilitated; 6 irrigation channels, 8 garbage chutes, 5 showers and 5 latrines were constructed.

Education: The original plan called for the integration of refugee children in rural areas into Congolese public schools to facilitate their access to education. As a result, in collaboration with local authorities, some 3,268 new CAR refugee students were integrated in Congolese primary schools, and supported with school supplies. In Betou, 12 classrooms were constructed and 60 additional teachers were supported in the four public primary schools to facilitate the integration of these refugee students.

Livelihoods: 100 refugee women received support for small income generating activities. In Betou, 57 agriculture and fishing refugee groups have been established and assisted.

TCNs: More than 500 TCNs were repatriated to their countries of origin.

Main Identified Needs and Response Strategy

Main Identified Needs

The needs have been discussed with all agencies and NGOs in the country in the planning meetings organized and led by UNHCR. The needs of refugees living at the four camp sites and with host communities have been assessed and prioritized for the response in 2015.

Refugees

Refugees from the CAR above the age of 18 years have received an ID card and other documentation for their protection and that of their families. UNHCR will continue to pursue individual registration of CAR refugees and aims to undertake biometric registration in 2015. This process is critical for the operation as the identification of people with specific needs will help to enhance the provision of specific support for those refugees who need this. Border-monitoring missions will be conducted to ensure the relocation to Bétou of refugees living in localities too close to the border. Support is also necessary for survivors of SGBV, people with specific needs and protection-monitoring activities for those who live along the Oubangui River.



Figure 6: Central African refugee children in Betou camp, Republic of Congo. UNHCR/L. Culot

Progress has been made in shelter and infrastructure with the building of 350 temporary family shelters for refugees in Betou. The NFI kits distributed included mats, blankets, jerry cans, soaps and mosquito nets. Despite this, poor infrastructure remains a serious obstacle, and humanitarian actors face a significant lack of resources to provide food, facilitate access to potable water, establish and strengthen national health centres and improve roads to enable safe relocation from the CAR border.

To ensure acceptable hygiene and sanitary conditions, the response will continue to mobilize and sensitize refugees to maintain their latrines and bathing facilities. In addition, construction of new latrines is planned for 25,000 new arrivals in Bétou district.

Ninety-six per cent of refugees have received access to primary health care, with the most serious cases being transferred to referral hospitals. As of 30 November 2014, 354 children and 28 pregnant women were being treated for malnutrition.

In collaboration with local authorities, 900 new refugee students from the CAR were integrated in Congolese primary schools, and supported with school supplies. However, this represents only one quarter of the potential number of refugee students. For urban refugees, the needs of the most vulnerable children attending primary school must be addressed, with a specific focus on girls' access to education. Early childhood education for children aged between two and five years should also be ensured.

To facilitate the integration of CAR refugees within the community, host communities require agricultural assistance in order to continue ensuring the support they are providing through sharing their limited resources. In addition, seeds, agriculture and fishery materials and technical support need to be provided to refugee households to enable them to implement self-reliance activities effectively. Advocacy with local authorities to release agricultural land for use by refugees should also be conducted. So far, 11 groups have benefitted from small micro-projects for income-generating activities.

Third Country Nationals

Ninety per cent of TCNs are originally from Chad. Other nationalities include Malians, Nigerians and Cameroonians. TCNs were provided community shelters and multi-sectoral assistance. IOM and UNHCR in cooperation with government will continue to register newly arrived TCNs and to identify their specific needs to provide emergency assistance. Protection monitoring and referral to specialized agencies and institutions will be carried out in coordination with protection partners, with particular focus on assistance to unaccompanied and separated children, SGBV cases, female-headed households, the elderly, disabled and pregnant women (particularly advanced pregnancies).

A remaining group of over 1,500 TCNs will need repatriation or relocation by plane. IOM is currently working closely with relevant embassies to provide those in need with legal or travelling documents.

Where appropriate, transit sites need to be established to allow TCNs and potential returnees to live in dignified conditions before being transferred to the next location. Alternatively, assistance should be provided for host communities so that they can continue supporting TCNs. Health triage facilities need to be established to enable access to urgent health care and referral services with transport assistance to and from hospitals. In addition, basic NFI kits need to be distributed to TCNs prior to onward transportation. The NFI kits will be similar to those provided to refugees to ensure equity between the groups.

Strategy to respond to main identified needs

The plan aims to assist over 26,270 refugees from the CAR and 1,500 TCNs in the Congo and provide them with basic humanitarian assistance on their arrival, including access to shelter, household items, health, education, water, sanitation, nutrition, legal support and protection.

Protection: In 2015, UNHCR will continue to support the Government in the issuance of refugee identity cards. Refugees in rural areas will also receive identity cards as soon as possible. A special effort will be made to sensitize the refugee population on the importance of civil and birth registration.

UNHCR will enhance its collaboration with immigration authorities and CNAR to continue border monitoring so as to relocate refugees living too close to the border. Immigration officials will be briefed on the principle of *non-refoulement* to improve admission of refugees into the territory. The identification of cases and registration of specific needs will be enhanced to provide specific support for these refugees.

The plan aims at strengthening the prevention of and response to SGBV. The committees established will be reinforced in order to improve the number of cases reported. Survivors of SGBV will continue to benefit from support in terms of medical care and psychological and socio-economic support. In addition to the advocacy with the judicial authorities to prosecute perpetrators, the plan foresees provision of support to the survivors. UNHCR will enhance its data collection and analysis with regard to SGBV cases. Particular attention will be paid to children and persons with disabilities.

Agencies involved will continue to identify unaccompanied and separated children and to implement temporary care arrangements. Wherever possible, children will live with foster families and their stay will be closely monitored, while family tracing will be initiated for identified children.

Health and Nutrition: A community health-worker system will be established to improve access to basic health care and nutrition support and to pass health, hygiene and nutrition messages to refugees living in sites and with host families. Partners will ensure that the nutritional status of refugee children up to five years is in line with international standards. They will undertake nutrition surveillance to detect and treat cases of moderate and severe malnutrition in a timely manner. To treat moderate acute malnutrition, which is at a worrying level in malnourished children between 6 and 59 months of age, a daily ration of 92 grams of Plumpy Nut will be provided for three months.

Livelihoods: Peaceful cohabitation between refugees and the host community, and between refugees from Christian and Muslim backgrounds, will also be a focus of the operation. Sensitization campaigns with the support of local authorities will be conducted in order to avoid incidents, especially

in Bétou. Host communities will benefit from UNHCR's support with regard to income-generating activities.

In order to facilitate the integration of CAR refugees in the community, UNHCR's assistance for the production of vegetable crops will continue to be partly directed towards local communities.

Education: Special attention will be given to education, in particular vocational training for young people with an urban profile who are currently residing in Bétou, a rural locality with very limited access to secondary education and vocational training. Taking into consideration this profile, additional funds are required in order to set up a cybercafé in Bétou that will facilitate refugees' access to the internet in order for some to benefit from distance learning courses. Currently, students who have managed to register at universities cannot be assisted because of the limited funds available.

Logistics and Transport: Maintenance of vehicles and the water fleet will be undertaken to ensure they remain in adequate condition.

Planned Response

Protection	<ul style="list-style-type: none"> - Register 26,500 CAR refugees and receive legal documentation. - Provide medical care, psychosocial counselling and legal assistance to SGBV survivors. - Train local authorities to recognize refugee and reduce cases of harassment and detention. - Establish recreational areas and areas for children's development for at least 1,560 children between 2-5 years. - Provide psychological support for children, adolescents and youth in schools. - Prevent sexual and gender-based violence through sensitization and awareness raising campaigns targeting 5,000 children and 5,000 women and men. - Conduct a study on the intercultural dynamics in refugee populations.
Shelter and Infrastructure	<ul style="list-style-type: none"> - Construct 10 temporary community shelters and rehabilitate 20 other existing shelters for new CAR refugee arrivals. - Construct 675 shelters for 2,700 refugees living at the Bétou and Impfondo sites. - Rehabilitate 500 shelters for the most vulnerable refugee households.
Non-Food Items (NFI)	<ul style="list-style-type: none"> - Distribute household goods composed of kitchen sets, blankets and mosquito nets for 10,000 refugee households. - Distribute sanitary kits to 3,000 women and girls.
Water, Sanitation and Hygiene (WASH)	<ul style="list-style-type: none"> - Provide 15 litres/person/day to decrease the risk of disease. - Upgrade water supply system and construct of two new wells. - Construct and rehabilitate 85 water points. - Disinfect water points, households and affected sites. - Monitor and control drinking water quality. - Construct 650 emergency latrines and rehabilitate 3,209 communal latrines. - Construct 250 semi-durable latrines in schools and health centres. - Conduct awareness campaigns for the promotion of hygiene. - Establish and manage 50 chlorination points.

Health and Nutrition	-	Procure medicines for 26,500 CAR refugees.
	-	Conduct nutritional education sessions (three sessions per weekly per site).
	-	Provide primary health care to 26,500 refugees.
	-	Set up a referral mechanism to secondary level hospital for 1,000 refugees.
	-	Conduct five training and capacity-building sessions for the health care staff.
	-	Improve access to basic care and nutrition through a community health-worker network.
	-	Establish mobile health clinics for the benefit of populations located along rivers.
	-	Provide nutrition rehabilitation centre inputs and equipment.
	-	Implement nutrition surveillance system.
	-	Provide and monitor complementary food supplements.
	-	Promote appropriate infant and young child feeding practices.
	-	Provide refrigerators, delivery beds, delivery kits and essential medicines for reproductive health.
Food	-	Collect and analyse demographic, social and health data taking into account the profile of the refugees.
	-	Provide 92 grams daily ration of Plumpy Nut Sup to 1,500 malnourished children for three months.
	-	Distribute of a full ration of nutritional foods to refugees.
Education	-	Enrol 3,000 CAR refugee children in primary school.
	-	Promote specific measures for girls' education.
	-	Distribute school kit to 3,000 children.
	-	Support extension of capacity at secondary school (CEG Bétou).
	-	Construct classroom block in Bétou.
	-	Provide vocational training, secondary and tertiary education to refugee youth.
	-	Establish one vocational centre for youth CAR refugees in Bétou.
Logistics and Transport	-	Maintain vehicle fleet in adequate condition.
	-	Purchase and procure fuel and supplies.
	-	Provide safe and dignified transport for all refugees.
Livelihoods	-	Negotiate of lands with local authorities.
	-	Distribute seeds, agriculture and fishery materials.
	-	Ensure technical expertise to households to implement self-reliance activities.
Multi-sectoral assistance to TCNs	-	Register and identify particular protection cases, including unaccompanied and separated children, female-headed households, older persons, persons with disabilities and pregnant women.
	-	Establish transit sites for TCNs with WASH facilities and health and psycho-social care, access to basic NFIs and food.
	-	Repatriate most vulnerable TCNs by air transport and provide medical escorts when needed.
	-	Provide travel documents for TCNs in collaboration with diplomatic representations.

Partnership and Coordination

UNHCR is coordinating the response to the influx of CAR refugees in accordance with the Refugee Coordination Model and in cooperation with the Government. The multi-sectoral response to the refugee emergency is underpinned by standing agreements between UNHCR and partners, such as UNICEF, WHO, WFP, FAO, IOM and UNFPA, to contribute to the refugee response plan. UN agencies implement their programmes in collaboration with local and international implementing partners.

UNHCR is responsible for the overall coordination of the interventions pursuant to this response plan. It will strengthen inter-agency cooperation and complementarity, including work with NGOs and the Government. Coordination meetings led by UNHCR will be conducted regularly. Follow-up missions will take place every month at each site sheltering refugees to guarantee the continuation of the implementation of various activities.

Financial Requirements Summary: Congo

Financial requirements by agency (in US dollars)

Organization	Total
FAO Food & Agricultural Organization	984,000
IOM International Organization for Migration	1,750,000
UNFPA United Nations Population Fund	2,280,000
UNHCR United Nations High Commissioner for Refugees	10,989,583
UNICEF United Nations Children's Fund	2,973,691
WFP World Food Programme	5,942,417
WHO World Health Organization	1,080,309
Total	26,000,000

Financial requirements by sector (in US dollars)

Sector	Total
Protection	1,394,312
Education	1,066,098
Food	5,400,000
Health and Nutrition	5,730,864
Livelihoods/Self-reliance	2,696,702
Logistics and Telecoms	4,068,576
Shelter and NFIs	2,532,894
WASH	1,359,479
Operational Support	1,751,075
Total	26,000,000

ANNEXES

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

Organization	Cameroon	Chad	DRC	Congo	Total
ADRA	269,200				269,200
CARE	2,880,200	1,600,000			4,480,200
CRS Catholic Relief Services		1,273,714			1,273,714
Caritas			2,089,321		2,089,321
FAIRMED	131,197				131,197
FAO Food and Agricultural Organization	911,000		1,800,000	984,000	3,695,000
IEDA	3,500,000				3,500,000
IMC International Medical Corps	700,000				700,000
INTERSOS		1,728,600			1,728,600
IOM International Organization for Migration	800,000			1,750,000	2,550,000
IRD	450,000				450,000
UNAIDS	900,000				
UNFPA United Nations Population Fund	1,900,000	971,191	549,638	2,280,000	5,700,829
UNHCR United Nations High Commissioner for Refugees	71,937,916	46,411,888	57,036,389	10,989,583	186,375,776
UNICEF United Nations Children's Fund	13,727,481	1,700,000	3,377,838	2,973,691	21,779,010
UNWomen	400,000				400,000
WFP World Food Programme	34,842,677	19,167,565	20,378,091	5,942,417	80,330,750
WHO World Health Organization	11,954,870		1,805,112	1,080,309	14,840,291
Total	145,304,541	72,852,958	87,036,389	26,000,000	331,193,888

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

Sector	Cameroon	Chad	DRC	Congo	Total
Protection	15,594,506	18,901,966	8,465,151	1,394,312	44,355,935
Education	7,924,596	4,133,206	6,551,771	1,066,098	19,675,671
Food	29,356,991	28,654,509	14,710,398	5,400,000	78,121,898
Health and Nutrition	35,175,926	6,378,319	14,803,966	5,730,864	62,089,075
Livelihoods	17,072,651	397,004	8,657,375	2,696,702	28,823,732
Logistics and Telecoms	3,902,078	6,598,340	14,585,314	4,068,576	29,154,308
Shelter and NFIs	12,594,752	3,793,455	11,543,596	2,532,894	30,464,697
WASH	11,812,727	3,996,159	3,728,818	1,359,479	20,897,183
Multisectorial Assistance	800,000				800,000
Operational Support	11,070,314		3,990,000	1,751,075	16,811,389
Total	145,304,541	72,852,958	87,036,389	26,000,000	331,193,888

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

Organization	Protection	Education	Food	Health and Nutrition	Livelihoods	Logistics and Telecoms	Shelter and NFIs	WASH	Operational Support	Multi-sectorial Assistance	Total
Cameroon	15,594,506	7,924,596	29,356,991	35,175,926	17,072,651	3,902,078	12,594,752	11,812,727	11,070,314	800,000	145,304,541
ADRA								269,200			269,200
CARE France	1,115,200				965,000			800,000			2,880,200
FAIRMED				131,197							131,197
FAO					911,000						911,000
IEDA	1,500,000				2,000,000						3,500,000
IMC	140,000			560,000							700,000
IRD					450,000						450,000
IOM										800,000	800,000
UNAIDS				900,000							900,000
UNFPA				1,900,000							1,900,000
UNICEF	1,750,000	4,234,981		3,490,000				4,252,500			13,727,481
UNHCR	10,689,306	3,689,615	1,132,909	9,621,264	12,746,651	3,902,078	12,594,752	6,491,027	11,070,314		71,937,916
UN Women	400,000										400,000
WFP			28,224,082	6,618,595							34,842,677
WHO				11,954,870							11,954,870
Chad	18,901,966	4,133,206	28,654,509	6,378,319	397,004	6,598,340	3,793,455	3,996,159			72,852,958
CARE International	1,600,000										1,600,000
CRS	876,710				397,004						1,273,714
INTERSOS	1,728,600										1,728,600
UNFPA	606,191			365,000							971,191
UNHCR	13,340,465	4,133,206	9486944	6,013,319		6,598,340	3,793,455	3,046,159			46,411,888
UNICEF	750,000							950,000			1,700,000
WFP			19,167,565								19,167,565

Organization	Protection	Education	Food	Health and Nutrition	Livelihoods	Logistics and Telecoms	Shelter and NFIs	WASH	Operational Support	Multi-sectorial Assistance	Total
DRC	8,465,151	6,551,771	14,710,398	14,803,966	8,657,375	14,585,314	11,543,596	3,728,818	3,990,000		87,036,389
Caritas			782,680	423,961			882,680				2,089,321
FAO			1,800,000								1,800,000
UNFPA				549,638							549,638
UNHCR	7,376,763	1,636,692		9,514,791	6,928,055	14,585,314	9,951,500	3,053,274	3,990,000		57,036,389
UNICEF	1,088,388	280,645		623,845			709,416	675,544			3,377,838
WFP		4,634,434	12,127,718	1,886,619	1,729,320						20,378,091
WHO				1,805,112							1,805,112
Caritas			782,680	423,961			882,680				2,089,321
Congo	1,394,312	1,066,098	5,400,000	5,730,864	2,696,702	4,068,576	2,532,894	1,359,479	1,751,075		26,000,000
FAO					750,000	150,000			84,000		984,000
IOM			400,000	250,000		819,159	150,000		130,841		1,750,000
UNFPA				1,800,000		330,000			150,000		2,280,000
UNHCR	1,394,312	491,764		1,830,864	1,946,702	1,614,623	2,082,894	909,479	718,945		10,989,583
UNICEF		574,334		1,000,000		451,133	300,000	450,000	198,224		2,973,691
WFP			5,000,000			553,661			388,756		5,942,417
WHO				850,000		150,000			80,309		1,080,309
FAO					750,000	150,000			84,000		984,000
IOM			400,000	250,000		819,159	150,000		130,841		1,750,000
Grand Total	44,355,935	19,675,671	68,634,954	62,089,075	38,310,676	29,154,308	30,464,697	20,897,183	16,811,389	800,000	331,193,888