

Southern Sudan Emergency Return Sector
Juba, February 2011

**Field-level Operational Guidelines for the Provision of
Assistance to Government-Assisted and Spontaneous
Returns in Southern Sudan**

Version 1.0

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Overview

Since the Government of Southern Sudan's (GoSS) assisted returns programme began on 30 October 2010, over 210,000 individuals (spontaneous and organized) have arrived in the South from the North. Partners responding to the influx have experienced operational challenges as a result of the complexities of transit, onward travel and resettlement. To help guide partners, the Emergency Returns Sector, co-chaired by IOM and UNHCR, developed the *Emergency Returns Sector Policy Guidelines for Supporting Government-assisted and Spontaneous Returns*. Building upon these guidelines, this Operational Returns Manual was developed to provide field-level partners with more details-cluster by cluster-on how the guidelines should be implemented. Each cluster developed the guidelines for their area of expertise, while OCHA created them for humanitarian coordination and the Emergency Returns Sector consolidated them. The Manual aims to offer practical, on-the-ground guidelines on a) when assistance should be provided to returnees and b) what kind of assistance should be provided. The content will be added to and amended as required by the evolving situation.

General Guidelines

The *Emergency Returns Sector Policy Guidelines for Supporting Government-assisted and Spontaneous Returns* should be used as the overarching principles to guide all returnee response. They are the basis for the cluster/sector-specific guidelines and are as follows:

1. Within the government-assisted return programme, the primary responsibility to ensure that return takes place in a voluntary, safe and dignified manner lies with the government authorities in the place of departure and the place of arrival. Similarly, it is the duty of the government to ensure safe passage of all those who choose to exercise their right to freedom of movement by returning spontaneously. Relief agencies do not have an immediate responsibility to assist government-assisted movements, and should only contemplate intervention where there is an evident and assessed humanitarian need, and where the government is clearly not able to provide the required support. However, agencies do have a role to play in providing information to returnees about their destination. This includes security information and the extent and availability of services and assistance, so they can make an informed decision about whether to return and where to settle.
2. It is strongly recommended that assistance to both government-assisted and spontaneous returnees is *only* provided in the Place of Destination that is freely selected by the returnee – namely, the place of ancestral origin or other place of permanent settlement. Returnees should be encouraged to disperse on arrival to their destination, or organize their own onward travel from way stations in order to avoid unnecessary congestion.
3. If, under exceptional circumstances, assistance is to be provided to returning groups (both government-assisted and spontaneous returnees) outside of the Place of Destination, it should only be on the basis of providing limited assistance appropriate to transiting groups. Assistance provided to transiting returnees should be short-term, not generally requiring infrastructure construction (e.g. temporary shelter such as tents); easily transportable (if a relief commodity); based on regular and frequent assessments; and should prioritize communally shared assistance measures over individual or household-level distributions. Conversely, before assistance is provided, it should be assessed in terms of the risk that assistance may have in prolonging displacement.

4. Priority should be given to the most vulnerable people among the returnees: female-headed households; disabled; the elderly; unaccompanied minors; chronically ill; exceptionally poor, etc.

In support of these there are a number of other general guidelines that should be adhered to:

1. *Use key guidelines and policies:* The *Emergency Returns Sector Policy Guidelines for Supporting Government-assisted and Spontaneous Returns* should be used as the overarching principles to guide assistance and the *GoSS Procedures on Return, Reinsertion, and Early Reintegration* should be used to guide the overall returns process (see Annex 1 for the GoSS Policy).
2. *Encourage movement to final destination:* Assessments and interventions should maintain the goal of seeing returnees arrive safely to a place of final destination, and should not contribute to protracted displacement in transit locations. Appropriate service provision will vary according to location type.
3. *Base interventions on need:* Partners should engage with returnee populations with no differentiation of their type (i.e. government-assisted or spontaneous). Interventions should be based on the identified need and most appropriate intervention possible in the given scenario.
4. *Coordinated engagement:* Active liaison with all other stakeholders involved in the returns response is vital to ensuring an appropriate, timely, and comprehensive response. State Focal Points (SFPs) for each Cluster are encouraged to facilitate information flow among different actors, including state-level RCSOs, OCHA representatives, other clusters, agencies within other clusters, and so on.
5. *Prioritize vulnerable groups:* Assistance should prioritize the high numbers of vulnerable groups in the returnee population. This often includes spontaneous returnees who have sold their assets at their point of origin to arrange for transportation and food.
6. *Do no harm:* All assistance should take into account the needs of host communities, avoiding tension based on assistance (e.g. returnees receiving assistance while an adjacent group with similar or more needs does not) and including them where relevant and possible.
7. *Provider of last resort:* In all clusters the responsibility of the cluster lead as provider of last resort is to be recalled, especially in the event of high levels of need in locations where no cluster partner is operating. It is the cluster's responsibility to ensure all efforts are made to fill the gap, lead by the cluster lead as provider of last resort.
8. *Consult with Juba for advice:* Clusters partners in the field are encouraged to consult the cluster and cluster lead/co-lead in Juba for advice or comments.

Definitions

It is vital that all partners have the same understanding of terms to prevent confusion. The following definitions are key:

Final destination: The locations where returnees have decided to settle permanently. In these locations assistance should be based on the standard reinsertion package as well as any assessed needs. This is different from being in the town or village in which they will settle but still residing in transit sites without land allocation, which is more similar to a "static/stagnant" transit site.

Government-assisted returnee: Returnee who returns through the SSRRC-assisted return programme in north Sudan (transportation is free of charge).

In-transit returnee: Returnee in a transit site on their way to their final destination, or who is physically moving between sites.

Place of departure: Place of residence immediately prior to return to Southern Sudan.

Registration: Basic demographic information of returnee households captured at the final destination through the SSRRC/IOM tracking system.

Reintegration: The phase during which returnees acquire access to basic services and education/livelihood opportunities equal to the host community.

Reinsertion: the assistance offered to returnees prior to the longer-term process of reintegration. Reinsertion is a form of transitional assistance to help cover the basic. While reintegration is a long-term, continuous social and economic process of development, reinsertion is a short-term material and/or financial assistance to meet immediate needs, and can last up to one year.

Returnee: Person of Southern Sudanese origin who is coming back to Southern Sudan to reside. For the purposes of this document and the response it is intended to support, the definition applies to those who have come back since October 30, although there are many who returned prior to that date.

Spontaneous returnee: Returnee who returns using only their own means.

*Stranded returnee :*Returnees who cannot access their places of final destination due to insecurity or other access constraints, or who need onward transport to final destinations because they are unable to provide it themselves or because it is not yet been organized.

Tracking:

- *En-route tracking:* The recording of returnee movements by collecting data at main transport routes, transit hubs, and key geographic entry points.
- *Area of return tracking:* Same as “registration”, please see that definition.

Transit site: Temporary locations identified by the government and other agencies for returnees’ rest en route to their final destination, to await onward transport to their final destination, or to await land allocation. Transit locations are not areas where returnees intend to settle. It should be noted that the speed of processing through transit sites varies widely, and engenders different humanitarian needs, which has made appropriate response a challenge in many areas. To provide greater clarity on the appropriate procedures and response for a given caseload the following definitions are provided:

- *“Active” transit site:* Sites with substantial turnover where new arrivals come and old arrivals move to final destinations at a relatively equal pace. Processing happens within three days and not more than a week. Assistance may not be necessary, and if so is typically temporary or communal in nature (e.g. prepared meals, basic water and sanitation facilities, etc.) unless acute cases exist (e.g. major individual health or protection issues). Assistance should be based on household assessments. However, there may still be returnees who remain in these sites for a longer time (e.g. if awaiting land allocation or onward transport) and these should also be assisted based on household/individual assessments.

- **“Static” or “stagnant” transit site:** Sites where the pace of new arrivals is constant and old arrivals do not move quickly to final destinations (e.g. a majority of returnees remain for longer than seven days) due to delays in land allocation or onward transport. In these locations needs are often shared between most households, especially since those remaining at transit sites tend to have less local support systems. Because of the slow movement from these sites, and due to the continuing high movement into them, needs become acute and the high caseload makes household assessments difficult to complete quickly enough to adequately meet needs. In these situations clusters may decide that blanket assistance is required. Assistance should still be as temporary and transportable as possible (e.g. provision of essential NFIs only or smaller food rations) but it is important that their status as returnees in “transit” does not delay needed assistance. Conversely, continued and systematic provision of assistance may cause such sites to gradually develop into informal settlements which could become semi-permanent, especially if returnees are remaining in urban areas in the hope of being allocated land. Agencies will need to balance these considerations carefully and discuss the situation regularly with the local authorities.

Verification: The process of re-identifying previously registered returnees to confirm their numbers, that they have reached their final destination, and to differentiate returnees from other populations.

Vulnerability: People with exceptional susceptibility/sensitivity to hazards and/or less ability to cope with them, such as female-headed households, disabled, the elderly, unaccompanied minors, chronically ill, exceptionally poor, and so on.

Humanitarian Coordination

Central Level

The **Emergency Return Sector** is the central returns coordination body and addresses:

1. The larger strategic, thematic and procedural issues of return, obtaining cluster guidance as required
2. Operational issues related to the transport and processing of returnees
3. Reporting on returns, including disseminating daily or weekly reports on return numbers, the humanitarian and protection situations, and other information as needed

The **Inter-Sector Working Group** addresses the inter-sectoral operational issues of response by:

1. Formulating inter-sectoral plans and proposals
2. Advising the HCT on operational priorities, concerns and gaps in return response
3. Developing inter-sectoral tools and mechanisms, including monitoring and evaluation formats
4. Sharing information relevant to the strategic and operational planning of different sectors
5. Bringing to the attention of the DHC and the HCT issues that require high level advocacy
6. Bringing to the attention of a specific sector elements that require inter-sector response
7. Discussing and harmonizing strategies on cross cutting issues

The **Clusters** at central level guide response in their sectors by:

1. Providing strategic direction and policy
2. Resource mobilization to fill gaps in response

3. Government, donor, and inter-cluster advocacy
4. Consolidation and dissemination of information on needs, response and gaps in their sector

State Level

OCHA (or the RCSO humanitarian focal point in states without OCHA presence)

coordinates the humanitarian response. Their responsibilities include:

1. Assisting SSRRC in convening returns task forces, including acting as secretariat
2. Assisting SSRRC in organizing and conducting humanitarian needs assessments
3. Consolidating and sharing information on needs, response and gaps through regular reporting
4. Mapping humanitarian needs, response and gaps
5. Consolidating and disseminating 3 Ws data on response and relevant information to all state level partners
6. In consultation with Juba, advocacy on response gaps or issues of concern of state level partners
7. In collaboration with partners, addressing shared operational issues (e.g. defining the status of return sites (transit vs. final destination) where it is not obvious, differentiating humanitarian, reintegration and development needs, etc.)

The state **Clusters** in their sectors are responsible for:

1. Humanitarian planning and response
2. Gathering technical data on needs through assessments
3. Disseminating data on assessed needs among partners
4. Reporting at state and Juba level on need, responses and gaps

Sectoral Guidelines

What follows are a set of specific guidelines for each of the sectors relevant to the emergency returns process. Under each sector, activities are specified for three phases: 1) in-transit returnees, 2) stranded returnees, and 3) returnees at their final destination. More detailed assessment matrices and other guidance information are included as annexes.

Education

The Education Cluster, made up of UN, NGO and GoSS Ministry of Education (MoE) representatives will work together in a coordinated manner to ensure that children and youth affected by the returnee situation have access to education that is protects and provides life saving information. Interventions will be planned based on the GoSS Policy on Returns as well as guidance provided in the INEE Minimum Standards for Education.¹

For in-transit returnees

The Education Cluster, including UN, NGO and SMOE will:

1. Work with other sectors and GoSS Ministries to minimize the disruption of the provision of education as a result of returnees being hosted in school buildings. If possible alternative shelter should be identified for returnees. If an educational building is used as

¹ To download the INEE Minimum Standards: www.ineesite.org/standards.

shelter it is essential that an alternative space for the school should be found. A deadline for returning the educational building to its original function should be established, with 1st April as the preferred date.

2. Where using schools as shelters is unavoidable, education partners should work with other sectors and Ministries to minimize the negative impact for the education system, including storing educational hardware (such as desks, books, blackboards) in a locked room or other safe place. If possible, work with the Ministry of Infrastructure or WASH Cluster partners to build latrines suitable for use by returnee communities so as to avoid damage to school latrines.
3. Following the reopening of schools in April reduction or cancellation of education as a result of the returnee situation should be avoided. An alternative site for schools should be identified or a Temporary Learning Space established. It is recommended that the dual use of a building for education and shelter is avoided wherever possible. If coexistence of education shelter cannot be avoided there must be clear separation between rooms being used for education and those being used for shelter. Education partners should identify and respond to potential protection risks that might be caused by this dual use of buildings.
4. In transition sites, particularly if schools are being used as shelter, education partners should work with Child Protection Sub-Cluster colleagues and where available ensure Child Friendly Spaces are catering to the needs of all learners (returnees and host communities), ensuring the integration of non-formal education, psychosocial activities and communication of essential life saving messages.
5. At no time should a forced eviction of any school populations take place to accommodate returnees or vice versa.

For stranded returnees

The Education Cluster, including UN, NGO and SMOE will:

6. Work with Child Protection Sub-Cluster actors to identify opportunities to transition Child Friendly Spaces into Temporary Learning Spaces to cater to the returnee children and youth remaining in transit points when schools start in early April. The Temporary Learning Spaces should also cater to host community children and youth, particularly if returnees are sheltered in a school.
7. Work together to monitor the learning needs of children and youth if transition status is protracted, paying particular attention to the need for psychosocial support and key life saving information.

For returnees at their final destination

The Education Cluster, including UN, NGO and SMOE will:

1. Work with SSRRC and IOM to ensure that disaggregated, age specific data identifying school age children and youth is collected at the point of registration. Data noting professions of returnees should also be collected to facilitate identification of returnee teachers.
2. Work together to ensure timely and appropriate education needs assessments are carried out, both at an inter-sectoral and individual school level. NB For more information on education assessments, please email edclusterjuba@gmail.com.
3. Community representatives, particularly children and youth, from both host and returnee communities should be involved in all stages of assessment, planning, implementation, monitoring and evaluation.
4. Identify appropriate locations for Temporary Learning Spaces, ensuring these are protective, child-friendly learning environments, free from sources of harm.

5. Work with the SMOE and the UNICEF education supplies pipeline to ensure adequate education materials and supplies are procured and distributed.
6. Work with other sectors and relevant GoSS Ministries to provide adequate water and sanitation facilities for boys and girls, school feeding, social service or child protection support where necessary.
7. Ensure that access and learning is facilitated for vulnerable and minority groups, including girls, youth, Arabic pattern and disabled learners.
8. Strive to facilitate integration of returnee children and youth into host community learning environments wherever possible, providing appropriate resources to cater for the needs of Arabic pattern learners.
9. Equip both host community and returnee teachers with the skills they need to deal with an influx of students/teach in a new environment.
10. Facilitate the training of both host community and returnee teachers in psychosocial support and lifeskills, particularly peace education, for affected children and youth.
11. Engage in inter-sectoral collaboration to ensure teachers are equipped to deliver life saving messages on health, hygiene, HIV/AIDs etc in the school environment.
12. Work together in the state level Education Cluster fora, ensuring up to date information concerning state level response and developments is transmitted to the national Education Cluster.

See Annex 2 for tips on school based interventions, community participation and support for teachers.

Food

For in-transit returnees

1. WFP will provide targeted supplementary feeding in coordination with key cooperating partners in the Nutrition Cluster. In the event of shortfalls of commodities such as plumpy doz, the use of such commodities will have to be rationed, particularly during the peak hunger period from March - May and from August - September.

For stranded returnees

2. WFP will provide stranded returnees with transit rations for a maximum of 2 weeks (14 days) based upon a request from the local authorities;

For returnees at their final destination

3. WFP will provide returnees in the final destination (spontaneous and government assisted) with a three months return ration;
4. WFP will utilize the returnee registration form provided through the existing SSRRC/IOM tracking system at the final destination for the distribution of the three months return ration;
5. Food distribution will occur after a joint verification mission by RCSO/SSRRC/IOM/WFP/OCHA and other interested humanitarian partners;
6. WFP will provide appropriate food rations depending upon availability to returnees who decide to integrate in a location different than the initial final destination with up to a three months return ration after completing the same registration and verification process applied for the returnees in final destination criteria;
7. No food rations will be provided for returnees attempting to access assistance more than once.

8. Returnees and their hosting communities are entitled to engage in other WFP programmes like Food for Work (FFR) and Food for Education (FFE), especially in areas highly affected by returnees;
9. WFP will use its standard Food For Recovery (FFR) and Food For Education (FFE) communities criteria for the selection of communities eligible for those two programmes.
10. The new GoSS Policy stipulates unified assistance (based on location and not status) to all vulnerable residents irrespective of being returnees, ex-combatants, DDR'ed, etc. WFP will support this and food assistance to all vulnerable residents will be provided after identification of such residents in the community by using standard Vulnerability Analysis Mapping (VAM) assessment methodology (relevant assessment tools are with WFP VAM unit).

Health

Before arrival in Southern Sudan, government-assisted returnees should have been screened and cleared by a health expert (government physician) before departure and declared fit to travel, and those deemed unfit to travel should have been availed with appropriate treatment and then re-assessed by the government physician before finally being cleared for travel. Returnee convoys should have included medical personnel to attend to any emergencies. For onward transport within Southern Sudan, health cluster partners can provide medical personnel if required. Once in Southern Sudan, the following risk factors should be considered in order to control and prevent communicable disease outbreaks:

- Crowded camps
- Inadequate quantity and quality of water
- Lack of adequate latrines
- Poor sanitation and hygiene / lack of soap
- Low immunization coverage
- Increased exposure to disease vectors
- Population movement from low endemic to high endemic areas (e.g. malaria, kala azar) and/or lack of protection against these diseases
- Disruption/lack of basic health services

General principles of communicable disease control among returnees and host communities to be applied include:

- Focus on major causes of morbidity and mortality
- Immunise all children below 15 years for measles
- Assess and utilize pre-existing services
- Establish early warning surveillance for
 - Identifying disease with greatest morbidity and mortality
 - Identifying diseases of epidemic potential
- Design control measures based on specific disease epidemiology and methods demonstrated to be effective
- Develop and use standard treatment protocols & make essential drugs available through coordinating of partners
- Train and involve health workers from the returnee community early in the emergency
- Be consistent with national guidelines for disease prevention and control
- Focus on outpatient care for the most common ailments
- Standardize drug lists and treatment protocols

- Use community health workers and local hospitals
- Refer all complicated and critical cases to hospitals

For in-transit returnees

1. All returnee children aged 6 months to 5 years should be vaccinated against measles and other vaccine preventable diseases at the way station/entry point or the transit camp, upon arrival and before departure to the final destinations (MOH-GOSS).
2. The health cluster will establish early warning surveillance for identifying diseases with greatest morbidity and mortality and identifying diseases of epidemic potential
3. Treat and refer all critical cases to the nearest health facility(Health Cluster)
4. Ensure adequate WATSAN and environmental health standards are adhered to

For stranded returnees

1. Same as in-transit returnees

For returnees at their final destination

1. Immunizations:
 - a. In an area with confirmed measles case, a mop up campaign will be implemented targeting all children between 6 months to 15 years including host communities.
 - b. GOSS-MOH has the final decision to declare if there is any disease outbreak
 - c. For the state EPI and cluster partners, it is very important to work according to the decided target group, and micro planning process should follow the measles campaign template.
 - d. Routine vaccination sessions should be carried out in all counties, according to the already set micro plans.
 - e. Measles and other disease surveillance should be stepped up in all counties, for detection of suspected cases and to direct urgent response.
2. Surveillance:
 - a. The health cluster will support the government in establishing an early warning surveillance system at the final destinations, and support the health authorities to establish a health information system. This will be primarily the responsibility of the health authority in collaboration with members of the health cluster
 - b. SMOHs will strengthen the integrate disease surveillance and response mechanisms within the network of the PHCCs of the areas of high returns.
 - c. Distribute and utilize the standard reporting forms and treatment guidelines(GOSS-MOH)
 - d. State and county surveillance officers should be engaged the surveillance activities
 - e. Compile weekly surveillance reports and submit to the state and central surveillance office(USING EWARN FORM ATTACHED)
 - f. Health Cluster will assess the health status of returnees and surrounding communities based on surveillance data.
 - g. State rapid response team should be informed for any suspected outbreak or unknown cases
 - h. Line listing of all suspected cases for priority disease with epidemic potential(State surveillance officer)
 - i. Collect specimen for any suspected cases for priority disease with epidemic potential(State surveillance officer).
3. Management of common illness:

- a. Develop and use standard treatment protocols & make essential drugs available through coordinating of partners
- b. Train and involve health workers from the returnee community early in the emergency
- c. Be consistent with national guidelines for disease prevention and control
- d. Focus on outpatient care for the most common ailments
- e. Standardize drug lists and treatment protocols
- f. Use community health workers and local hospitals
- g. Refer all complicated and critical cases to hospitals

See Annexes 3 and 4 for case definitions and action and alert thresholds for diseases in emergencies in Southern Sudan.

Livelihoods

For in-transit and stranded returnees:

1. To ensure rapid movement out of transit sites and avoid creating bottlenecks in places where returnees are stranded, no livelihood support will be provided to in-transit or stranded returnees.

For returnees at their final destination

1. Where their mandates allow, FSL partners will identify vulnerable households (returnee and host community) and provide livelihood inputs to enable them to engage in productive activities.
2. FSL partners will provide individual returnee households with production kits comprising of seeds and hand tools as follows:
 - Crop seeds: 15 kg (comprising of sorghum - 3kg; maize - 4 kg; groundnuts - 5kg; cowpeas - 2kg; beans - 2kg and sesame=1kg) – type of crop seed will vary by location
 - Vegetable kits: 40gm each of tomato, okra, collard/kale, eggplant, onion and local vegetable varieties.
 - Hand tools: four pieces (comprising *maloda*/hoe - 1 pc; machete - 1 pc; sickle - 1 pc)
3. FSL partners will provide basic fishing gear comprising of twines - 4 spools and fishing hooks -1 packet and a roll of monofilament.
4. Veterinary care will be provided to livestock during return and at final destination. An emergency livestock vaccination campaign will be conducted as and when necessary and where possible, vaccination campaigns must cover animals of host/receiving communities. This will require provision and pro-positioning of veterinary medicines, vaccines and equipment (including maintenance of and operation of cold chain) in key areas.
5. All efforts should be made to ensure distribution of seeds, tools and other inputs is closely coordinated with distribution of reintegration food ration.
6. FSL partners will identify vulnerable resident households and provide livelihood inputs to enable them to engage in productive activities (farming and/or fishing).
7. Livelihood support should avoid supporting interventions that compete with each other and therefore create localized conflict. There is a likelihood of conflicts over resources so careful consideration must be paid to minimize the likelihood. FSL partners should undertake participatory planning involving returnees and host communities to ensure that interventions are targeted to the neediest persons.

8. FSL partners will target interventions with the objective of reducing tensions with host-populations and/or 'creating' new vulnerable populations. While all returnee population, irrespective of their type (i.e. government-assisted or spontaneous), are to be provided with the required livelihood support as far as funding allows, FSL partners will focus on most vulnerable areas of return targeting households with access to land and with members able to carry on agricultural activities.
9. FSL partners will adopt livelihood diversification and income generation strategies such as backyard vegetable gardening, fishing, poultry rearing, bee keeping and nonfarm activities to promote sustainable reintegration and early livelihood.
10. FSL partners will utilize the information provided through the SSRRC/IOM tracking record for identification of return areas and use this to begin assessment of returnee households in final destinations. These assessments should include access to land, number of able-bodied family members, skills and existing resources. These assessments should also be shared with specialist actors in the land sector and the Juba protection cluster.

NFIs and Emergency Shelter

Assessments of returnee populations by NFI & ES partners indicate that many have brought their household items with them. This has limited the need for the distribution of full NFI kits. If circumstances change and returnees are no longer able to bring items with them, full kits may be required more frequently. Need for specific items (especially emergency shelter) have been observed and requested by cluster partners to meet the immediate needs of returnees in transit, stranded awaiting onward transport, or at final settlement.

Guiding Principles

1. NFI distribution is based on need. NFIs are not a right.
2. NFIs should be distributed at point of final destination
3. In exceptional circumstances and in consultation with the cluster lead in Juba, distributions can be undertaken at other times/locations to reduce suffering and ensure the well-being of returnees

For in-transit returnees

1. No NFI assistance will be needed at this stage as returnees will receive assistance at their final destination. If needed, communal shade/roof may be provided.

For stranded returnees

2. Stranded returnees may receive provision of limited loose NFIs based on need but most assistance will target community/returnee population rather than individual household. (ie. communal shade).

For returnees at their final destination

3. Returnees that have arrived at their final destination, including those awaiting land allocations, will be assisted upon completion of needs assessment conducted by the inter-agency team or by NFI & ES cluster partners based on the assessed need.²

² The decision of NFI provision should be made in coordination with OCHA/SSRRC/humanitarian agency on ground. In some cases, local authorities may not want NFIs to be distributed until land has been allocated and returnees have moved to the land.

Please see Annex 5 for detail on needs assessment, particularly for “static/stagnant” transit sites.

See Annex 5 for detail on key types and quantities of NFIs for returnees.

Nutrition

For in-transit returnees

1. Nutrition partners will conduct rapid assessment, using the standardized Nutrition Cluster Initial Rapid Assessment (IRA) Tool which includes the screening of all children (6-59 months), pregnant and lactating women. Partners will share assessment findings with relevant humanitarian actors within 72hrs of conducting the assessment.
2. Nutrition partners in coordination with WFP will provide both targeted and blanket supplementary feeding. WFP will provide adequate supplies for both treatment and prevention of acute malnutrition (i.e. Plumpy Doz, CSB, oil and sugar).
3. Nutrition partners will provide all children 6-59 months with vitamin A along with measles vaccination
4. Nutrition partners will provide Iron Folate or multiple micronutrients to all pregnant and lactating women
5. Nutrition partners will provide treatment to children with severe and moderate acute malnutrition
6. Nutrition partners will disseminate messages on appropriate Infant and Young Child Feeding Practices (IYCF), using MOH/UNICEF IEC materials

For stranded returnees

7. Nutrition partners will provide the same interventions as outlined above.

For returnees at their final destination

8. Nutrition partners will integrate returnees settling in their operation areas into ongoing nutrition programmes that go beyond humanitarian interventions.
9. Nutrition partners with the support of UNICEF will conduct SMART Nutrition surveys in areas where there is a large influx of returnees and available information is deemed inadequate and over 2 years old, following a quick review of nutrition information available for the location.

See **Annex 6** for detailed range of appropriate nutrition interventions captured above.

Protection

The state authorities are primarily responsible for the protection of returnees, which includes ensuring that returnees are protected from threats and that their rights are respected. Local authorities and other government entities must therefore take all measures necessary to that end and protection actors should deploy all efforts to provide support to the authorities in that role. The direct intervention of protection actors in relation to particular individuals or groups will be required when a gap is identified. A sound monitoring and referral system among all concerned actors (authorities, international and national agencies and communities) will be critical to the identification of protection issues and delivering appropriate responses to such

issues. The Protection Cluster will carry out systematic monitoring, conduct direct interventions and refer issues to other clusters as required.

During all phases of return, the Protection Cluster will help to identify and assist people with special needs (and those people who may have experienced forms of gender-based violence (GBV)) among the returnees, in line with the overall Emergency Return Sector Guidelines, and should also receive referrals and shared information from other actors in the return process (in particular through the tracking data of IOM/SSRRC) on individuals and groups with special needs, in accordance with the Guidelines. The Protection Cluster will monitor whether adequate police presence is in place in transit and destination areas, and will conduct interventions with the authorities to this end when required. Standard intervention guidelines will be followed, such as for the GBV sub-cluster, which follows the IASC Guidelines on GBV in Humanitarian Settings, the GBV SOP (Southern Sudan Policy Document), the WHO Ethical and Safety Recommendations, and the WHO CMR guidelines (Southern Sudan CMR Guidelines under development).

For in-transit returnees

1. UNHCR or IOM accompanied return convoys should not use armed or military escorts except as a last resort, based on over-riding need, in line with the IASC Non-Binding Guidelines on the use of armed escorts. Escorts are to be avoided when not essential to security and no convoys should be arranged to insecure areas (Phase III, Level IV and above);
2. Protection agencies will ensure that persons with disabilities, older persons without family support, female-headed households, unaccompanied children or chronically ill persons have easy access to facilities and information in transit and will provide specific support as required.
3. The Child Protection Sub-Cluster or focal points will conduct family tracing and reunification activities in transit points and destinations to ensure that unaccompanied and separated children are reunited with caregivers.
4. The Child Protection Sub-Cluster or focal points will undertake mine risk education (MRE) in transit points. The Mine Action sub-cluster or focal points will assess areas of high returns for contamination and clearance.
5. Protection agencies will maintain a close dialogue with returnees in transit facilities to identify their concerns and provide information on the return process.

For stranded returnees

1. The Protection Cluster will monitor the situation of returnees en route, and conduct rapid interventions with local authorities, UNMIS force protection, etc, as required. The Cluster will look in particular at harassment of convoys and the presence of female-headed households, experience of GBV, and unaccompanied and separated children (the latter should be referred to child protection agencies for family tracing and reunification); in addition, it will assess the ability of returnees to determine their destinations for themselves and general respect for their right to freedom of movement. The Protection Cluster will also monitor the situation of returnees on arrival at state transit points and in their Place of Destination, using cluster assessment tools, which include mapping of available service delivery points and information related to experience of GBV, access to land, etc.
2. The Protection cluster will identify persons with special needs (vulnerable person) among stranded populations and will ensure individual assistance and follow-up until they reach their final destinations.

3. The GBV Sub-cluster will engage in sensitisation sessions for stranded returnees, particularly towards female-headed households; sessions will include information on available services.

For returnees at their final destination

4. Based on its monitoring of reintegration issues, the Cluster will seek to ensure appropriate referrals to those service providers who are present in final destination sites, as well as the provision of relevant and appropriate information on key reintegration issues. In particular the Cluster will conduct interventions as required on issues of physical security and peaceful coexistence between communities. It will also monitor policies and practices on the allocation of land and intervene or advocate with the authorities where inequities become apparent.
5. The Protection Cluster will ensure that persons with special needs are prioritized in the reintegration process including for land allocation, livelihood, shelter interventions, etc.
6. The GBV Sub-Cluster will ensure that state facilities have sufficient clinical management of rape (CMR) supplies to respond to cases of GBV.
7. The GBV Sub-Cluster will engage in sensitisation sessions for returnees at final destination, particularly towards female-headed households; sessions will include information on available services.

Tracking and Registration

For in-transit returnees

1. All returnees passing through tracking points must be tracked using the IOM/SSRRC standardised tracking form;
2. Information should be summarised on a daily basis by the county of final destination and shared with all the stakeholders in each state and through the Emergency Returns Sector mailing list;
3. In the states where IOM has more than one tracking point, the IOM tracking state focal person should compile all the information in one daily tracking summary sheet;
4. Wherever possible, tracking forms should indicate if the returnees are spontaneous or government-assisted;
5. If a need arises for household registration (to receive in transit entitlement if any) , then the tracking enumerators must use the standard IOM return registration form. This should only be undertaken *after* liaison with OCHA/RCSO in that State;
6. Registering returnees passing through the tracking point is not recommended as doing so may raise returnees' expectations regarding the provision of humanitarian assistance in the place of transit and/or stranding, and may encourage some of the returnees to remain in transit instead of proceeding to their final destination.

For stranded returnees

7. Stranded returnees (as defined in the definitions section) should be registered by using IOM return registration form to facilitate the distribution of humanitarian assistance if they are entitled for any type of humanitarian assistance;
8. IOM tracking state focal point should crosscheck and triangulate the number of returnees tracked in the tracking points with the total number of stranded returnees (by place of departure and final destination);
9. The cross checking and data triangulation must be done to reduce the chances of having some urban residence included during the stranded returnees registration

10. IOM should receive an official request from the authorities at the state level (SSRRC in particular) to initiate the on ward transportation assistance.
11. If the stranded returnees are eligible for on ward transportation assistance (OTA) by IOM, then IOM operation teams will register the stranded returnees by using IOM standardised VRF form.
12. Registration for the OTA is voluntary; IOM will facilitate the movement for those who elected to move from the transit/stranded sites to their final destination within the state boundaries and between the states.
13. Stranded returnee figures should be updated regularly by extracting those who proceed to their final destination.

For returnees at their final destination

14. All the returnees at final destination should be registered through the existing IOM/SSRRC tracking system in their respective villages/areas of arrival, including vulnerability information, which will be shared with the protection cluster and other relevant partners for their action;
15. The registration form and two carbon copies must be collected by the SSRRC tracking county supervisor on a weekly bases and should be send to the SSRRC state tracking focal point as soon as possible;
16. Registration forms should be handed over to IOM state tracking focal point with the standard return summary;
17. Upon verification at the village/area of final destination, if the returnees elect to leave then they will be deregistered and returnee figures in that village/area will be adjusted accordingly.

Water and Sanitation

For in-transit returnees

1. WASH partners will assess the site for water, sanitation, and hygiene needs (see Annex 7 for assessment guidelines).
2. WASH partners will consider the following interventions as high priority:
 - a. Water:
 - i. distribution of household/point of use water treatment chemicals;
 - ii. distribution of water collection, storage materials;
 - iii. repair or rehabilitation of existing water points;
 - iv. installation of emergency water supply.
 - b. Sanitation:
 - i. construction of emergency latrines;
 - ii. construction of temporary bathing shelters;
 - iii. solid waste management;
 - iv. vector control activities;
 - v. construction of communal washing/cleaning areas.
 - c. Hygiene:
 - i. hygiene promotion activities focusing on:
 1. safe excreta disposal,
 2. hand washing with soap or ash, and
 3. safe water collection and storage;
 - ii. distribution of soap, PuR, and/or chlorine tablets;
 - iii. establishment of temporary hygiene promotion distribution centers;

- iv. training of returnee and host populations as Hygiene Promoters.
- 3. WASH partners will implement response activities (above) as appropriate.
- 4. WASH partners will coordinate with other WASH partners—NGOs, UN, and government—as much as possible to ensure most comprehensive response.
- 5. WASH partners will not construct permanent, new water points nor permanent, new institutional latrines in these locations.

For stranded returnees

- 1. WASH partners will assess the site for water, sanitation, and hygiene needs (see Annex 7 for assessment guidelines).
- 2. WASH partners will consider the following interventions as high priority:
 - a. Water:
 - i. distribution of household/point of use water treatment chemicals;
 - ii. distribution of water collection, storage materials;
 - iii. repair or rehabilitation of existing water points;
 - iv. installation of emergency water supply.
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 - i. construction of emergency latrines;
 - ii. construction of temporary bathing shelters;
 - iii. solid waste management;
 - iv. vector control activities;
 - v. construction of communal washing/cleaning areas.
 - c. Hygiene:
 - i. hygiene promotion activities focusing on:
 - 1. safe excreta disposal,
 - 2. hand washing with soap or ash, and
 - 3. safe water collection and storage;
 - ii. distribution of soap, PuR, and/or chlorine tablets;
 - iii. establishment of temporary hygiene promotion distribution centers;
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- 3. WASH partners will implement response activities (above) as appropriate.
- 4. WASH partners will coordinate with other WASH partners—NGOs, UN, and government—as much as possible to ensure most comprehensive response.
- 5. WASH partners will not construct permanent, new water points nor permanent, new institutional latrines in these locations.

For returnees at their final destination

- 1. WASH partners will assess the site for water, sanitation, and hygiene needs (see Annex 7 for assessment guidelines).
- 2. WASH partners will consider the following interventions as high priority:
 - a. Water:
 - i. distribution of household/point of use water treatment chemicals for a limited period;
 - ii. distribution of water collection, storage materials;
 - iii. repair or rehabilitation of existing water points;
 - iv. construct permanent, new water points.
 - b. Sanitation:
 - i. construction of emergency latrines;
 - ii. construction of temporary bathing shelters;
 - iii. solid waste management;
 - iv. vector control activities;

- c. Hygiene:
 - i. hygiene promotion activities focusing on:
 - 1. safe excreta disposal,
 - 2. hand washing with soap or ash, and
 - 3. safe water collection and storage;
 - ii. distribution of soap, PuR, and/or chlorine tablets;
 - iii. establishment of temporary hygiene promotion distribution centers;
 - iv. training of returnee and host populations as Hygiene Promoters.
- 3. WASH partners will implement response activities (above) as appropriate.
- 4. WASH partners will coordinate with other WASH partners—NGOs, UN, and government—as possible to ensure most comprehensive response.

See Annex 8 for specific intervention guidelines that analyze the appropriateness of a range of WASH interventions in active transit sites, static/stagnant transit sites, and final destinations (see definitions section for definitions of these terms).

Annexes

Annex 1: GoSS Procedures on Return, Reinsertion, and Early Reintegration

Government of Southern Sudan

Procedures on Return, Reinsertion and Early Reintegration

General Principles

1. All returns must be voluntary and conducted in safety and dignity.
2. Each state is responsible for developing a State Reintegration Plan that covers the return, reinsertion and early reintegration phases. State Reintegration Plans must be based on the standards specified in this policy. The longer-term aspects of reintegration, including rural and urban development, will be elaborated through the upcoming GoSS Development Plan. State authorities are required to apply the standards specified in this policy to ensure that all returnees are treated equally across the ten southern States.
3. State and SSRRC authorities will not charge for any goods or services provided through the return programme including taxes, registration, luggage fees or any other processing charges.

Registration

4. HAC and SSRRC, with support from partners, will register potential returnees prior to departure in their current locations using a standardized form, and identify vulnerable persons, including unaccompanied children.
5. During registration, returnees will be asked to confirm their final destination. The SSRRC will pass this information to appropriate state authorities so that preparations can be made for onward transport, reinsertion and early reintegration.
6. During registration, the SSRRC will inform returnees of all relevant information related to the return process including: transport arrangements from the north to the south, way station availability, onward transportation, reinsertion packages and relevant conditions in their final destinations.
7. The SSRRC will disseminate information on conditions in final destinations among other southerners in the north who have indicated an interest to return, but may return under their own efforts.

Transportation

8. State and SSRRC authorities are responsible for arranging transportation from the north to the points of final destination at the county level for vulnerable returnees, including the elderly, female-headed households, impoverished households, etc. Transport for returnees may include airlifts, although most returnees are expected to return by land or river. Authorities will not drop returnees at way stations, unless there is already a pre-arrangement for onward transport from that way-station to the place of final destination.
9. State and SSRRC authorities may decide to assist other, non-vulnerable categories of returnees through a transport voucher system which will be managed by SSRRC.
10. All state and SSRRC-contracted agents must complete a standardized manifest, which the SSRRC will distribute to all relevant authorities to ensure safe passage of all convoys.
11. All state and SSRRC-contracted transport agents must provide adequate space for luggage in the same convoy that the family is traveling.
12. All state and SSRRC-contracted transport agents must make regular stops during the journey.
13. All state and SSRRC convoys must have a convoy leader with appropriate communication equipment and include medical, and where appropriate, security personnel and must use only those routes which are secure. Water and other sustenance must be provided free of charge to the returnees.
14. Only returnees who are fit to travel, as determined by a qualified medical examiner at the point of departure, will be allowed to travel on convoys. Vaccinations should be provided to unvaccinated children. Authorities must do their utmost to ensure those who are refused transport because of medical reasons are able to return at a later date or through other means.

Reception

15. Upon arrival in counties of final destination, returnees must be formally received and registered by SSRRC/IOM tracking system officials at way stations operated by the state government.
16. State and SSRRC authorities must ensure that conditions at reception centres are consistent with international standards and include water and sanitation facilities, medical booths and canteens.
17. State and SSRRC authorities must immediately provide onward transport to points of final destination once registration is complete.
18. Returnees will remain temporarily in reception centres only in cases where they are unfit to travel or where access is blocked to their final destinations. In these cases, the SSRRC, with support from partners, will temporarily provide emergency assistance on the basis of assessed needs. Every effort must be made to expedite onward transport for returnees forced to remain at reception centres for limited periods of time.

Reinsertion in Rural Areas

19. The SSRRC must establish Return Committees in all final destinations and erect "WelcomeTukuls" to accommodate returnees who have no other accommodation. Each Return Committee will include female representatives.
20. Returnees must be registered for their reinsertion package at their final destination by the SSRRC Return Committee through the existing SSRRC/IOM tracking system.
21. State and SSRRC officials must provide standardized reinsertion packages at the place of final destination based on the registration done by the Return Committees. Where appropriate, partners will assist.
22. Reinsertion packages must include three elements: access to land for housing and agriculture, three months food ration and seeds and tools. Separate assessments must be conducted to determine whether additional shelter and household kits need to be provided.

23. For returnees who do not have access to land and/or shelter, state officials, in cooperation with the SSRRC Return Committee, must allocate land free of charge in proximity to basic services within one month. Female-headed households must be given access to land on the same terms as male-headed households. In cases of land disputes, the GoSS will provide guidelines to state authorities based on the relevant legal and traditional mechanisms.

Reinsertion in Urban Areas

24. In situations where returnees decide to integrate in the same area as the initial reception site, state and SSRRC authorities must provide reintegration sites separate from the reception facilities.
25. As in the case in rural areas, the SSRRC must establish Return Committees in all urban areas to facilitate the reinsertion of returnees. Urban returnees must be registered for their reinsertion package by the SSRRC Return Committee through the existing SSRRC/IOM tracking system.
26. State and SSRRC officials must provide standardized reinsertion packages for urban returnees at the place of final destination based on the registration done by the Return Committees. Where appropriate, partners will assist.
27. Reinsertion packages for urban returnees must be the same as for rural returnees and must include three elements: access to land, three months food ration and seeds and tools. Separate assessments must be conducted to determine whether additional shelter and household kits need to be provided.
28. When allocating land in urban or semi-urban areas, state authorities must avoid concentrating a high number of returnees in one area.

Early Reintegration

29. State authorities are responsible for providing at least one primary school in all communities where there are returning populations and ensuring that adequate numbers of teachers are deployed.
30. State authorities are responsible for ensuring access to potable water in all communities where there are returning populations.
31. State authorities are responsible for ensuring that law enforcement personnel are deployed in all communities where there are returning populations.
32. State authorities are responsible for ensuring that at least one primary health care unit, regularly staffed and provided with medicines, is provided in all communities where there are returning populations, according to GoSS Ministry of Health standards.
33. State authorities are responsible for providing agricultural and/or livelihood support in all communities where there are returning populations.

Annex 2: Minimum Package of School Interventions & Community Involvement, Teachers and Other Initiatives

Table I: Minimum Package of School Interventions

Minimum Package	Key elements	Early reintegration package (3-6 months)
School Facilities	Classrooms/other	1. Tents/plastic sheeting 2. Local materials
	Toilets	1. Eco san toilets?
	Water	1. Rubber tanks? 2. Boreholes
Teaching and learning	School materials & supplies	1. Student kit(bag, etc) 2. School in a box/BB 3. Recreation kits 4. Teachers Kit
	Essential survival skills	1. Life skills(HIV, Hygiene, landmines, etc) 2. Sports/recreation 3. Psychosocial support (e.g. counseling)
	Academic/practical	1. Curriculum adaptation (Arabic versus English)

Table II: Community involvement, Teachers and other Initiatives

	Key elements	Early Reintegration (3-6 months)
Community Involvement	School committees	1. County/Payam? 2. PTA and SMCs?
	School information	1. Rapid assessment
	Contribution/action	1. School plans 2. Construction
Teachers	Deploying existing teachers	1. Training 2. Materials/aids
	Assessing/deploying returnee teachers	1. Training 2. Materials/aids
	Incentives	1. Allowances 2. Food rations?
Early Childhood	ECD Play Centers	1. Care givers 2. Play spaces and materials
Youth/AES?	ALP/AES Centers	1. Identification of centers

Annex 3: Case Definitions for Priority Diseases in Emergencies (Southern Sudan)

Cholera	Any person 5 years of age or more who develops severe dehydration or dies from acute watery diarrhea
Diarrhea with Blood (Shigellosis)	Any person with acute diarrhea and visible blood in the stool.
Measles	Any person with fever and maculo-papular (non-vesicular) generalized rash, cough, coryza or conjunctivitis (red eyes) or any person in whom a clinician suspects measles.
Meningitis	Any person with sudden onset of fever (>38.0 0C) and one of the following signs: neck stiffness, altered consciousness or other meningeal signs. Suspect meningitis in a patient less than one year of age: fever with bulging fontanel.
Viral hemorrhagic fevers	Any person with severe illness, fever, and at least one of the following signs: bloody stools, vomiting blood, or unexplained bleeding from gums, nose, vagina, skin or eyes.
Pneumonia in children less than 5 years of age	Pneumonia
	Any child aged 2 months up to 5 years of age with cough or difficult breathing and
	– breathing 50 breaths or more per minute in an infant 2 months up to #1 year
	– breathing 40 breaths or more per minute for a child aged 1 to 5 years
	(Infants less than 2 months with fast breathing 60 breaths or more per minute are referred for serious bacterial infection.)
Severe Pneumonia	Any child age 2 months up to 5 years with cough or difficult breathing, and with any general danger sign, or chest in drawing, or stridor in a calm child. General danger signs are: unable to drink or breast-feed, vomits everything, convulsions, lethargy or unconsciousness.
Neonatal Tetanus	Any newborn with a normal ability to suck or cry during the first two days of life, and who, between 3 and 28 days of age, cannot suck normally and becomes stiff or has convulsions or both

Annex 4: Action and Alert Threshold for Priority Diseases in Southern Sudan

Disease Name	Alert Threshold	Action Threshold
Cholera	1 suspected case in the area or in the neighbourhood	One confirmed case
Diarrhea with Blood(shigellosis)	An increasing trend in the number of cases of bloody diarrhea	Two or more cases in a health facility in a week.

Measles	1 suspected case	Health Facility; 5 or more cases at a health facility or county in one month. Refugee/IDPcamps, schools, inpatients within a health facility: 1 case
Meningitis	2 Cases in a Health Facility/same community in one week or an increase in the number of cases over previous non epidemic years	<ol style="list-style-type: none"> 1. 5 cases in the same week for population less than 30,000 OR 2. 15 cases/100,000 population per week
Viral Hemorrhagic Fevers	1 suspected case	1 suspected case
Neonatal Tetanus	1 suspected case	1 confirmed case

Annex 5: Clarifying needs assessment and key types and quantities of NFIs for returnees

Assessment

Based on the situation outlined in Guideline I, there are four types of assessment undertaken to determine the needs of returnees:

Individual Family Needs	When partners are able to visit and verify needs of returnees, individual family needs assessment is recommended. This is normally possible when the number of returnees is small and/or partners have capacity on the ground.
Targeted Needs	When NFI & ES items are limited on-ground (because of limited access/stocks) and/or there are difficulties assessing individual families, assistance to returnees should target vulnerable populations as a priority this includes: the elderly, pregnant and lactating mothers, female headed households, disabled, and child headed households and/or care takers of these children. IOM registration should identify beneficiary's vulnerability status. The cluster partners can then use the registration to target NFI distribution.
Household Size	If there are issues with household registration (i.e. beneficiaries breaking themselves into smaller families to increase items received), NFI provision can be made based on household size e.g. household of 3 or higher qualifies for NFI distribution of identified items.
Communal Needs	In exceptional circumstances, a quick, general assessment of a larger group can be made to ensure timely response to immediate needs to reduce suffering and support the well-being of returnees e.g. where there has been a delayed response due to large influx of people at once or where there is Kala Azar so mosquito nets may be distributed to all returnees.

Based on assessment results and returnees locations, where needs have been identified for loose items rather than full kits, the following guidance is given for possible types and numbers of items.³

NFIs provided based on identified need:

Loose items found to be most appropriate ⁴	Additional items depending on needs assessment
Plastic sheeting Mosquito net (Blanket-in cold areas only) Soap	Sleeping mats Cooking sets Jerry cans / buckets

Numbers of NFIs provided for different household sizes:

Household size	NFIs
1	1-single mosquito net ⁵ , 1- blanket, 3-soaps
2-3	1-plastic sheeting, 1- single mosquito net, 1 blanket, 5-soaps
4-6	1-plastic sheeting, 1-double mosquito net, 2-blankets, 7-soaps
7-9	1-plastic sheeting, 2-double mosquito net, 3-blankets, 10soaps
9+	2-plastic sheeting, 2-double mosquito nets, 4-blankets, 13 soaps

³ These guidelines should always be applied on the basis of assessed need. Circumstances will vary and not all items may be required in all cases. This guidance does not exclude the distribution of full kits which may be needed when returnees do not have household items or are in need of a higher level of support.

⁴ Based on assessment and distribution to the current returnee caseload at multiple sites, these four items have been identified as the most essential items

⁵ IOM provides 1 double size mosquito net and UNICEF provides 2 single size mosquito nets. When possible, single mosquito net will be provided to household of 1 person.

Annex 6: Recommended Nutrition Interventions

No.	Activity	Target	Action
1.	MUAC screening	All children (6-59 months), Pregnant and Lactating mothers	To be screened during registration at returnee transit points. See <u>MUAC data forms and guidance for taking MUAC in Annex 2-3</u>
2.	Vitamin A supplementation and Measles vaccination	All children 6-59 months should be provided with vitamin A along with measles vaccination campaign.	Dosage for all children 6-59 months at transits sites: 6-11 months, 1 blue capsule (100,000 IU) 12-59 months, 1 red capsule (200,000 IU)
3.	Management of children with severe acute malnutrition without complications	Children 6-59 months, with MUAC less than 11.5cm (in red color) OR Bilateral pitting oedema grades 1 or 2 and APPETITE	Provide Ready to Use Therapeutic Food (RUTF) or Plumpy nut to these children based on the guideline attached as Annex 5, for the expected duration of their stay in the transit site, educate the mother/caregiver on use, and refer the child to the nearest health facility or Outpatient Treatment Programme (OTP) at the final destination for follow up. In areas where there are no nutrition treatment facilities the child should be given full ration for 45 days. <u>See Annex 5 for RUTF routine medicines protocols</u>
4.	Management of Severely Malnourished children with complications	1) Children (6-59 months) with: - Bilateral pitting oedema grade 3 (severe oedema) - MUAC less than 11.5 cm and bilateral pitting oedema grades 1 or 2 (marasmic kwashiorkor) - MUAC <12.5 cm OR bilateral pitting oedema plus one of the following: medical complications; NO appetite 2) Infants less than 6 months old	Refer the child immediately to the nearest health facility for proper care and follow up.
5.	Management of moderate acute malnutrition in: - Children 6-59 months - Pregnant and Lactating mothers	Children with MUAC between 11.5 and 12.5 cm or in yellow band. Pregnant and Lactating Mothers with MUAC between 21.0 cm and 23.0cm or in yellow band. This is applicable to returnees, IDPs and host populations	Provide 1 tablet of Albendazole to each child Provide BP 5 for each child, and for the pregnant and lactating women <u>Please see Annex 6 for BP 5 use</u> Provide supplementary feeding (50g CBS, 25g oil, 15g sugar per day) DO NOT GIVE BP5 TO CHILDREN WITH SEVERE ACUTE MALNUTRITION WITH OR WITHOUT COMPLICATIONS.
6.	Distribution of iron folate or multiple micronutrients	All Pregnant and Lactating women	Provide one month supply (30 tablets) and refer to ANC services at the nearest health facility.
7.	Blanket Supplementary Feeding	All children 6-24 months, Pregnant and Lactating Women at final destinations	Blanket supplementary feeding when justified by a nutrition survey - For children 6-24 months provide Plumpy Doz, 4 pots per month for 3 months - For Pregnant and Lactating Women provide 100g CSB, 30g oil and 20g sugar per day for last 6 months of pregnancy and first 6 months of lactation (12 months total)
8.	Promotion of appropriate Infant and Young Child Feeding Practices in Emergencies	All Pregnant and Lactating women and child care givers	Use IEC materials provided by MOH GOSS/UNICEF on Infant and Young Child Feeding in Emergencies to promote exclusive breastfeeding for infants 0-6 months, and timely introduction of appropriate complementary feeding for children from six months until 2 years of age

Annex 7: WASH Assessment Guidelines

Assessment in Transit Sites

Assessments are the key activity in identifying needs of the communities but they have potential of raising expectations on the part of beneficiaries as well as other partners, like SSRRC and state and local authorities. It is advised to be very clear on the objective of your assessment and to include these stakeholders wherever and as much as possible in the exercise, to manage expectations effectively and facilitate effective communication and support. This section addresses details to be considered when engaging in assessments in sites which are considered transit sites.

1. *Coordination*: Please contact relevant authorities and agencies (SSRRC, WFP, IOM, State Focal Points) and collect any registration or other secondary information already available.
2. *Rapid Assessments are key*: Whether you are inclined to assist, being asked to assist, or in a state of indecision about future intervention, conduct a rapid/detailed assessment to identify needs, existing humanitarian activities, and existing coping mechanisms. This will help to substantiate your rationale for intervention decisions.
3. *Critical information*: Main information to be collected and analyzed at this point of time are:
 - How much time does the population think they are going to remain in transit location?
 - What types of vulnerable groups are present and what are their needs (women headed households, widows, unaccompanied children, elderly, PLHA, disabled, etc.)?
 - What WASH services are available and their status?
 - What services according to the population is the highest priority?
 - Incidences of water borne or vector born diseases (malaria, diarrhea etc)
 - What type of services (piped water/boreholes/tanker; pit latrines/open defecation; soap/ash etc.) did the returnees have in their previous location of residence? (This is an important factor in understanding the type of services to be provided as well a gauge of the likelihood of an intervention prolonging stay at that site.)

Assessment in Final Destination Sites

This should be a standard WASH assessment that would be done before undertaking any WASH activities. Assessment of this nature would include the following: availability of safe sources of water, risk of contamination of water sources from fecal matter, availability of latrines/risk of open defecation practices, key hygiene behaviors of the returnee population, etc.

Annex 8: WASH Intervention Suitability

The below table can be used to establish which WASH interventions to undertake in a given situation. The appropriateness of activities is rated from Low (being least recommended) to High (highly recommended). It is assumed that an assessment has identified the need for such an activity. Interventions are also rated on whether or not such activity has the potential to contribute to protracted displacement of these communities. It is rated from Low (low chances of prolonging stay) to High (high chances of

prolonging stay). The potential positive impact of the activity is considered, considering all the above parameters and historical understanding of such activities in similar situations and their effectiveness. The rating is from Low (low positive impact) to High (high positive impact).

#	Activities	Recommendation			Analysis of impact		Remarks
		Active Transit Point	Stagnant Transit Point	Final Destination	Prolonging Stay	Outcome	
Water Supply							
1	Distribution of Household/ Point of Use water treatment chemicals like PUR, chlorine tablets, etc., with demonstration of use	High	High	Medium	Low	High	
2	Distribution of water collection, storage materials (jerry cans)	High*	High*	High	Low	High	*Distribution at transit locations creates additional items to transport to final destination. Suggested to use collapsible jerry cans, 1 per household.
3	Repair/rehabilitation of existing water points	High	High	High	Low	High	
4	Emergency Water Supply: Water tanker with or without bladder/onion tanks, tap stands etc.; SWAT system (emergency surface water treatment)	High*	Medium*	Low*	High	Medium	*Depending on numbers of beneficiaries and delay in creating/repairing an alternate water source
6	Construction of new water points (drilling)	Low*	Low*	High	High*	Medium	*Depending on average duration of stay of returnees and other factors including government plans
Environmental Sanitation							
1	Construction of emergency/pit latrines (communal), led by the agency	High	High	High	Medium	High	in situations, population is planning to stay / has stayed for more than a week in the same location
2	Construction of temporary bathing shelters (communal)	High	High	High	Medium	High	

3	Solid waste management with clearly identified collection and disposal locations, involving beneficiaries in collection and disposal.	High	High	High	Medium	High	
4	Vector control activities including improving drainage and eliminating stagnant pools of waste water	High	High	High	Low	High	
5	Creation of communal washing/ cleaning areas with water and soak pits	High	High	Low	Low	High	

#	Activities	Recommendation			Analysis of impact		Remarks
		Active Transit Point	Stagnant Transit Point	Final Destination	Prolonging Stay	Outcome	
Hygiene Promotion							
1	Hygiene promotion focusing on safe excreta disposal, hand washing and safe water collection and storage combined with distribution of soap, PUR, Chlorine tablets etc.	High	High	High	Low	High	
2	Setting up of temporary hygiene promotion/ distribution centers for Point of use water treatment chemicals, soap etc. combined with usage demonstrations.	High	High	High	Low	High	
3	Training of Returnee/resident Volunteers to undertake continued hygiene promotion activities	High	High	High	Low	High	