Each year, Sida conducts a humanitarian allocation exercise in which a large part of its humanitarian budget is allocated to emergencies worldwide. This allocation takes place in the beginning of the year as to ensure predictability for humanitarian organisations and to allow for best possible operational planning. In an effort to truly adhere to the humanitarian principles Sida bases its allocation decisions on a number of objective indicators of which the most important are related to the number of affected people, vulnerability of affected people and level of funding in previous years. One of the indicators is also related to forgotten crises in order to ensure sufficient funding also to low profile crises. Besides this initial allocation, another part of the humanitarian budget is set aside as an emergency reserve for sudden onset emergencies and deteriorating humanitarian situations. This reserve allows Sida to quickly allocate funding to any humanitarian situation throughout the year, including additional funding to the South Sudan crises.

1. REGIONAL CRISIS OVERVIEW

The South Sudan regional humanitarian analysis focuses on the regional situation and response in five countries: South Sudan, Kenya, Uganda, Sudan and Ethiopia (which has an independent Humanitarian Crises Analysis). This analysis aims at defining how Sida can support the population affected by the South Sudan crisis with a comprehensive, cohesive and effective response. The initial section gives an overview of the crisis, the scenario for 2015 and the regional response coordination, including inter-linkages and synergies between the different countries. The country-specific crisis overviews, including humanitarian consequences and affected population, response capacities and Sida’s humanitarian response are outlined under five country-specific chapters, focusing on South Sudan with the largest number of affected people.

1.1 Introduction to the crisis

The renewed conflict that erupted in South Sudan in December last year has resulted in widespread displacement in South Sudan and in the neighboring countries Ethiopia, Kenya, Sudan and Uganda. Displacement is caused by the violence against civilians, with high rates of deaths, disease, injuries and a situation of severe food insecurity and disrupted livelihoods and markets leading up to a major malnutrition crisis. Over 1.9 million people have been displaced from their homes, with 1.44 million internally displaced and 479,000 people who have crossed into Ethiopia, Kenya, Sudan and Uganda.

The 23 year long conflict that ended with the signing of the Comprehensive Peace Agreement in January 2005 and the secession of South Sudan from Sudan in 2011. South Sudan has been fragile ever since 2015. The conflict that erupted in Juba in mid-December 2013 has quickly spread to Unity, Jonglei and Upper Nile states. Salva Kiir currently holds the position as president while Riek Machar leads the opposition movement under the SPLM-INP (Sudan People’s Liberation Movement In Opposition). Several rounds of Intergovernmental Authority of Development (IGAD)-led peace negotiations have had limited success. However, recently South Sudan peace talks had a major breakthrough as rival factions of the ruling Sudan People’s Liberation Movement (SPLM) signed an agreement aimed at reunifying and reconciling the historical divides.

Before the current crisis, there was already a high presence of inter-communal violence, including cattle-raiding. Since December 2013, many of the existing tensions have become part of the civil war. Decades of conflict and a continued influx of arms into the country means that weapons are readily available and joining armed groups is perceived as the only option for survival by many youth.

In regards to cross border implications, there are many links with the ongoing conflict in Sudan. In South Sudan the vast majority of refugees living in Unity and Upper Nile are refugees from Sudan. The ongoing conflict has heightened tension in and around the refugee camps in Yida and Maban, with increased politicization and difficulties to maintain the civilian and humanitarian character of the camps. Furthermore in Gambella, Ethiopia, as well as Kakuma, Kenya there is a risk of tensions in the camps related to conflict between different IDP populations.

The rainy season has marked a decrease in violence but also led to difficult conditions for the displaced population, when overcrowded camps have been severely flooded during the rains. This has also been the case in the camps in Gambella. With the onset of the dry season there is a high risk of increased violence and thus displacement is also likely to increase. Despite the extremely severe conditions people are facing themselves in, their ability to mitigate risks and resist shocks is remarkable. The scale up of the humanitarian response during the last year has also prevented the population from falling into an even worse situation of food insecurity.
### 1.3 Regional coordination

The emergency humanitarian response to the refugee influx is led and coordinated primarily by the United Nations High Commission for Refugees – UNHCR. UNHCR coordinates the planning process and leads the inter-agency response.

In March 2014, a Regional Refugee Coordinator (RRC) was appointed by UNHCR for the South Sudan regional crisis. The RRC is responsible for ensuring that the protection and assistance needs of refugees in the respective countries are well-coordinated, coherent, comprehensive and timely.

Inter-agency needs and responses are compiled in the “South Sudan Regional Refugee Response Plan” – (RRP) 2015, focusing on the refugee situation in Ethiopia, Kenya, Sudan and Uganda. The needs in the RRP excludes the response to the humanitarian needs inside South Sudan. The RRP aims at being comprehensive, but at the same time does not include all agency- and NGO-support related to the South Sudan crisis-response.

### 1.2 Scenario for 2015

By the end of 2015, according to UN up to 821,000 South Sudanese people will likely have sought refuge in the neighbouring countries of Ethiopia, Kenya, Uganda and Sudan, including people who left South Sudan in 2014. Over the year an anticipated 1.95 million South Sudanese will be internally displaced and a projected 293,000 Sudanese refugees are expected to be hosted in South Sudan.

During the first quarter of 2015, 6.4 million people in South Sudan are expected to be food insecure and in need of assistance with 2.5 million severely food insecure (IPC 3 and 4). Refugees in Kenya, Ethiopia, Uganda and Sudan arrive in a deteriorated nutritional condition, having travelled for days on foot and with very little belongings and limited possibilities for income generating activities. The World Food Programme – WFP has announced that current food stocks are adequate to cover needs of refugees Ethiopia until June 2015, still risking significant pipeline breaks in 2015 in Uganda, Kenya and Sudan, when WFP might have to cut rations or stop selected activities.

Planning assumptions for 2015 in the South Sudan Strategic Response Plan – SRP gives a gloomy scenario. Violence, also targeting civilians, might intensify in the dry season as mobility improves. Front lines will continue to shift triggering new displacements and conflict impact might spread. The resource related conflicts over pasture, water and cattle will continue. This will also likely affect neighbouring countries and the direct refugee response in these countries, with spill over of conflict, politicization of camps and increased tension between different population groups.

Host communities have already initially limited resources, living in very remote areas such as western Ethiopia, with little infrastructure and basic services. With no improvement in sight, host countries will be increasingly strained. Capacity to respond will continue to be overstretched in both South Sudan and neighbouring countries, requiring continued rigorous prioritization of activities. Needs and response priorities in terms of protection, basic services, shelter/Non Food Items – NFIs, food, health, nutrition, WASH (water and sanitation) and education will be elaborated upon under each country specific section.

<table>
<thead>
<tr>
<th>Country</th>
<th>CRP/RRP funding situation (15 Nov. 2014)</th>
<th>Final proposed support 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Sudan</td>
<td>74%</td>
<td>122 MSEK</td>
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<tr>
<td>Ethiopia*</td>
<td>52%</td>
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<tr>
<td>Kenya</td>
<td>46%</td>
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<td>Uganda</td>
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</tr>
<tr>
<td>Regional</td>
<td>39%</td>
<td>173.6 MSEK</td>
</tr>
</tbody>
</table>

* Note that the proposed support of 37 MSEK to the South Sudan crisis response in Ethiopia includes the support to OCHA and UNHCR global appeal for Ethiopia.. It should also be noted that the allocation to ICRC in Ethiopia (10 MSEK) and to SRC in Ethiopia (8 MSEK) only partially target South Sudan-response in Ethiopia, however it is impossible to specify exactly how much will go to the South Sudan response.
1.1 Geographical areas, affected population and risks and threats

In South Sudan the most acute needs are found in the three conflict areas states: Jonglei, Unity and Upper Nile. However, other parts of the country continue to be affected by food insecurity, disease outbreaks, malnutrition and spill-over effects of the conflict. Women, young boys and girls and elderly men and women are particularly vulnerable, as are people who have had to flee their homes due to the conflict. Over 100,000 people have sought refuge in Protection of Civilians (PoC) sites inside UN bases, living in overcrowded conditions. The rest of the 1.3 million displaced populations are spread around the country and often hosted by the communities. The 243,000 refugees hosted in South Sudan are also particularly vulnerable to the crisis.

Prior to the crisis South Sudan was one of the poorest countries in the world, with half of the population living under the national poverty line of about $17 per month, and the conflict has pushed far more people into destitution. South Sudan has one of the world’s highest maternal mortality rates (2,054 per 100,000 live births before the crisis) and only 27 per cent of people over 15 years can read and write.

Civilians are most affected by the conflict. People have lost their homes and livelihoods and schools, hospitals and other infrastructure have been damaged or destroyed. Schools are also being occupied by both SPLA and the opposition army. Deep structural inequalities between men and women means that women generally have less access to and control over resources and they are therefore more vulnerable. The most common threats to people’s health include acute respiratory infections, acute watery diarrhea, cholera, malaria, malnutrition and measles. Outbreaks of cholera and kala-azar are endemic.

Civilians have been specifically targeted in brutal attacks. Women and girls have been particularly vulnerable to widespread Sexual and Gender-Based Violence (SGBV), while many boys and young men have been recruited into armed groups. In the absence of livelihood opportunities, some are also encouraged by their families to join armed forces and groups. There are widespread reports of women and girls facing rape and other forms of violence when trying to access food or humanitarian assistance.

In the first quarter of 2015, 2.5 million people are facing severe food insecurity (IPC 3 and 4). This number is likely to increase further in the “lean season” from April to July, before people are able to harvest the year’s first crops. The malnutrition situation is classified as critical (Global Acute Malnutrition – GAM 15 to 29 per cent) or very critical (GAM above 30 per cent) in over half of the country.

A generic risk in all countries with humanitarian needs is the risk of corruption. With general challenges in all societal pillars including law, order, stability and justice - the area of checks and balances also becomes fragile. South Sudan ranks on number 171 on Transparency Internationals Index for 2014.

1.2 Strategic objectives identified in the Strategic Response Plan

The three strategic objectives in the 2015 South Sudan strategic response plan is 1) To save lives and alleviate suffering by providing multi-sector assistance to people in need, 2) To protect the rights of the most vulnerable people, including their freedom of movement and 3) To improve self-reliance and coping capacities of people in need by protecting, restoring and promoting their livelihoods.

Response priority will be given to areas and people directly affected by conflict where needs are generally most acute in Unity, Jonglei and Upper Nile. While the threats to people’s lives caused by violence, disease, hunger and malnutrition are expected to be most intense and complex in areas directly affected by violence, they are also present in other parts of the country. Major threats to people’s lives and livelihoods – including acute malnutrition, disease outbreaks and severe food insecurity – will be addressed wherever they arise.

Of the estimated 6.4 million people in need of some form of assistance, aid organizations will aim to reach the 4.1 million people in most acute need. The humanitarian response will address life-threatening needs across the country, focusing on protection, health, nutrition, livelihoods, water and sanitation and distribution of shelter and Non Food Items (NFIs). In addition to immediately life-saving programmes, relief organizations will focus on providing services to survivors of violence and on livelihoods support to prevent the crisis from deteriorating further.

2. IN COUNTRY HUMANITARIAN CAPACITIES

2.1 National and local capacities and constraints

The Ministry of Humanitarian Affairs and the South Sudan Relief and Recovery Commission (SSRRC) are coordinating bodies for humanitarian issues on the government side.
South Sudan is one of the logistically most challenging operating environments in the world. The basic infrastructure is severely underdeveloped and during the rainy season roads become impassable. Pre-positioning of relief items in field hubs during the dry season is essential to maintain a steady supply during the rains. Insecurity, poor road conditions, rains and displaced people spreading across large areas greatly increased the demand for air transport in 2014, with substantially increased operational costs. Only recently, the UN has started to operate through barge movements destined for Upper Nile State, however this comes with great security risks. Road corridors in to South Sudan from Ethiopia has been negotiated and in November the first cross border response from Sudan materialized through a WFP-negotiated corridor from Kosti, White Nile, to Renk in Upper Nile.

The dry season will enable aid agencies to move more cargo by road where security allows. Since the outbreak of conflict in December 2013, access to affected population has become more challenging, with active combat, looting of aid supplies, attacks on and harassment of aid workers, mines and unexploded ordnance, and bureaucratic impediments on road, river and air travel imposed by conflict parties. Access is particularly challenging in opposition held areas. In line with seasonal patterns, there is a high risk of increased violence during the dry season, when it becomes easier for conflict parties to move. If there will be an upsurge in violence humanitarian organizations are likely to become even more exposed to threats, interference and risks to personnel, assets and aid supplies.

The current crisis has greatly disrupted an already weak service delivery system, particularly in the three states most affected by conflict. As of July 2014, only 41 per cent of health facilities in Unity were functioning compared to 57 per cent in Upper Nile and 68 per cent in Jonglei. Basic services in conflict-affected areas or locations with high concentrations of displaced people are almost exclusively provided by humanitarian organizations.

Civil society actors and National Non Governmental Organisations – NGOs have been severely hampered by the crisis, affected by the conflict with lootings and destruction of property as well as staff having to flee from their homes and from the country. NGOs will continue to be necessary in order to provide assistance in deep field, hard-to-reach, areas of South Sudan.

2.2 International operational capacities and constraints
In February 2014, a Level 3 Emergency Response was activated for South Sudan to strengthen the response to the unfolding crisis. The Humanitarian Country Team (HCT), led by the Humanitarian Coordinator (HC) is composed of UN agencies, representatives of international and national NGOs, and humanitarian donors. Coordination among the humanitarian partners takes place within the different clusters and in the HCT. The leadership and the overall humanitarian coordination has generally worked well throughout the crisis but decision making is still very Juba-centred. With the dry season, if security allows, OCHA is planning to scale up coordination in the field, decentralising decision-making and creating humanitarian “hubs” in deep-field locations. A Gen Cap adviser is deployed to the HCT from September 2014 to March 2015.

Increased administrative impediments such as visas and work permits continue to be a difficult problem especially for NGOs. An NGO-bill, restricting space for NGOs, has recently been lifted to the parliament and will likely lead to challenges for NGOs.

The particular situation with internally displaced population living in PoC-sites has been extremely challenging and the UN peacekeeping mission (UNMISS) mandate of protection of civilians and humanitarian space is currently debated.

2.3 International assistance
United States Agency for International Development – USAID, European Commission Humanitarian Aid and Civil Protection – ECHO and Department For International Development, UK – DFID are the largest humanitarian donors in South Sudan, the main part of US and ECHOs assistance being food aid. There is an active engagement and funding from several other countries, in particular Sweden, Netherlands, Norway, Denmark, Japan, and Switzerland.

3. SIDA’S HUMANITARIAN RESPONSE PLAN

3.1 Sida’s role
Earlier response: Sida’s humanitarian response for 2014 has focused on support to the Common Humanitarian Fund (CHF) and through the framework agreements with the International Commission of the Red Cross/Red Crescent (ICRC), Swedish Red Cross (SRC), Office for the Coordination of Humanitarian Affairs (OCHA), Medecins Sans Frontieres (MSF), Norwegian Refugee Council (NRC), Oxfam, Church of Sweden (CoS) and International Aid Services (IAS), who was later included in the Swedish Mission Council (SMC) framework agreement. As the planning of the 2014 support was initiated before the conflict started in December 2013, many partners have made adjustments to their planned activities, switching from a recovery focus to emergency, life-saving support. In the beginning of the year South Sudan-specific RRM support was approved for Save the Children (SC), Plan and MSB.
**Results and lessons learnt:** Sweden is currently one of two donor representatives (together with UK/DFID) on the CHF Advisory Board for South Sudan. Sweden is among the top five humanitarian donors in South Sudan and plays an active role in coordination and dialogue with the broader humanitarian community as well as within the CHF Advisory Board. Through support to the NGO Forum Secretariat Sweden has also closely followed developments regarding issues such as the bureaucratic impediments, with other donors and the UN. Through its participation in the CHF Advisory Board, Sweden has actively focused on issues such as accountability and prioritisation around the CHF allocation process, gender, capacity building, and monitoring and evaluation (M&E).

### 3.2. Response Priorities 2015

**Humanitarian Focus:** Sida’s humanitarian assistance in South Sudan should focus on life-saving support within critical clusters such as protection, health, nutrition, wash, shelter/NFIs, food security and livelihoods – FSL and education, as it is strongly linked to child protection. Geographical priorities will be in line with the priorities of the SRP, focusing on the three conflict affected areas but also other areas where needs might arise. The proposed support will focus on the most vulnerable groups, with women and girls being particularly vulnerable to SGBV. Sida will continue to advocate for protection and prevention and response to SGBV.

Referring to the SRP for 2015, the proposed support from partner organisations is considered relevant both regarding sectors and geographical areas. Continued support to the CHF will allow Sweden to fund the most prioritised and urgent areas, contributing to timely prepositioning of supplies and to supporting NNGOs, who might be the only ones able to operate in hard to reach areas. With additional support to the ICRC/SRC, MSF, NRC, Church of Sweden, SMC, Oxfam and OCHA, Sweden will ensure continued nutritional support, improved food security, protection, response to disease outbreaks, improvement of water and sanitary situation in refugee settlements, education and child protection to refugees and IDPs as well as improved humanitarian coordination. Sida’s role in South Sudan will be adjusted in 2015, with thirty per cent of the development officer’s time in Juba focusing on follow up of humanitarian support.

**Synergies with Development:** The crisis has had a serious impact on development activities in the country. With reduced state investment and decisions by some donors to freeze or redirect development support towards humanitarian activities, vulnerable groups in states such as the Equatorias and Northern and Western Bahr el Ghazal risk tipping over into more acute levels of suffering, necessitating a humanitarian response. Many relief organizations implementing both early recovery and humanitarian programmes have since December 2013 shifted their focus towards life-saving emergency programmes in the conflict-affected states.

Sweden’s strategy for development cooperation with South Sudan was decided upon in November 2013. Linkages with the Health Pooled Fund may be of specific importance. Within the framework of the CHF Sida will continue to actively pursue discussions around transition from humanitarian relief to development and improved and more strategic coordination between the humanitarian health actors and the health sector, especially with regards to basic service provision.

### 3.3. Partners and proposed support

The proposed amount to be initially allocated from Sida’s humanitarian budget for South Sudan 2015 is 123 MSEK. The total amount for the South Sudan-specific humanitarian assistance in 2014 was 213,4 MSEK of which 45 MSEK was decided on as an addition late in the year, while the total regional response amounted to 54,4 MSEK, of which 43,3 MSEK was Rapid Response Mechanism (RRM)-contributions. An additional support of 130 MSEK to the CHF was made from the country frame for South Sudan in September. While needs are still as huge as they were for 2014 Sida has for 2015 had to propose a decreased support for all partners applying for funding in South Sudan, which will most likely have an impact on operations particularly for smaller NGOs, who are more dependent on secured funding early in the year. The importance of early allocations in the South Sudan context cannot be stressed enough, knowing that the rainy season severely hampers humanitarian assistance.

**Framework agreements:** Seven framework agreements partners have applied for funding for their work in South Sudan; NRC, SRC, MSF, Oxfam, SMC, SC and CoS. Two additional framework agreements partners have not yet proposed allocations for South Sudan: ICRC and OCHA.

ICRC: The ICRC is one of the largest responders to the crisis in South Sudan. In 2014 Sida supported the ICRC with 40 MSEK for South Sudan. The main focus of ICRC activities relates to their specific mandate and International Humanitarian Law (IHL), food security as well as access to basic services. Sida recommends continued support of 15 MSEK due to the ICRCs unique possibilities for access to difficult areas.

SRC: The SRC are supporting the newly created South Sudanese Red Crescent Society (SSRCS). The SRC have placed a representative for Swedish Red Cross in South Sudan, focusing specifically on capacity building issues. In 2014 Sida supported the SRC in South Sudan with 8 MSEK. The proposed support for 2015 focus on a Community
Based Health and First Aid Programme (CBHFA), organisational development, volunteer management and Planning, Monitoring, Evaluation and Reporting (PMER), as well as an IHL dissemination programme jointly managed by ICRC. The SSRCS is still a weak national organisation and Sida deems the support of the Swedish Red Cross important at this stage and recommends a continued support of 5 MSEK.

MSF: MSF is currently running one of its largest medical humanitarian operations in South Sudan focusing on health. In 2014 MSF was supported with 20 MSEK for its programmes in South Sudan. Due to the continued need for emergency response, MSF has requested 63 MSEK from Sida for South Sudan 2015 as this amount reflects the needs according to MSF. Sida considers the work of MSF to be very relevant and appropriate. MSF is often the only humanitarian health actor present in some locations of severely conflict affected states. It is not recommended to provide the full amount requested from MSF, as this would deplete the global budget allocated from Sida for MSF. An initial support of 15 MSEK is recommended considering the total size of Sida’s support and other implementing partners in South Sudan.

OCHA: OCHA is doing important work as regards to coordination, both between humanitarian partners and supporting the Humanitarian Coordinator in dialogue with the South Sudanese authorities. OCHA has also been instrumental in streamlining the procedures around the CHF, including efforts on strengthening all the clusters. Sida proposes an initial allocation of 5 MSEK to OCHA South Sudan.

NRC: NRC has been active for many years in South Sudan, particularly within the areas of education, protection and livelihoods. Last year, NRC was supported with 15 MSEK for South Sudan. The organisation has emphasised on switching from early recovery to emergency response and Sida recommends a continued support of 10 MSEK focusing on life-saving activities.

CoS: The program that Church of Sweden included in their initial submission for 2015 is implemented by Lutheran World Federation (LWF) in Upper Nile. The program mainly targets children, focusing on education and protection. LWF was invited by UNHCR to work in the camps of Gendrassa and Batil as there were very few actors focusing on children. Sida considers this support highly relevant and recommends a support of 6 MSEK.

Oxfam: In 2014, Sida supported Oxfam with 4 MSEK focusing on enhancing humanitarian institutional and community capacity building in Lakes State, South Sudan. The relevance of this support can be questioned from a stricter humanitarian perspective. Sida considers Oxfam to be an important and relevant actor and proposes a continued support of 3 MSEK if Oxfam can confirm that the Sida-funded interventions will focus on the more life-saving components of the food security/livelihoods oriented activities being proposed in the initial submission.

SMC/IAS: IAS has had a long presence in the country and carries out relevant programmes focusing on safe and sustainable WASH solutions in Jonglei, Bahr el Ghazal and Western and Central Equatoria. After the clashes in Jonglei in December last year IAS was the first actor on ground able to operate. IAS activities focusing on water and sanitation are considered relevant and IAS has effective networks and partners in South Sudan. Sida recommends a support of 6 MSEK to SMC/IAS.

Other support: CHF: The main channel for Sweden’s humanitarian assistance is proposed to be the CHF. Sweden is the second largest donor to CHF and has supported the CHF South Sudan since its inception in 2012. An additional allocation of 25 MSEK was done to the CHF late 2014. Sida considers the South Sudan CHF to be more relevant and strategic than the other humanitarian country based funds, however there is still room for improvement in terms of efficiency and transparency, in particular in the allocation and prioritisation process. The CHF has in particular provided crucial funding of the core pipelines. Early support to the CHF will assist in orderly pre-positioning of the core pipelines and contribute to a more cost efficient way to respond to humanitarian needs than during the rainy season. In addition, fighting will probably increase during the dry season and this is also the season when the refugees are expected to move. Due to the extra allocation late 2014 it is proposed that the amount for the CHF should be kept at 57 MSEK. This amount should be disbursed as part of the CHF first allocation for 2015, to avoid any delays in project implementation.
## SIDA’S HUMANITARIAN ASSISTANCE TO SOUTH SUDAN 2015

<table>
<thead>
<tr>
<th>Recommended partner for Sida support</th>
<th>Sector/focus of work (incl. integrated or multi sectorial programming)</th>
<th>Final proposed support</th>
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<tr>
<td>CHF</td>
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<tr>
<td>ICRC</td>
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<td>SRC</td>
<td>Health, IHL, capacity building</td>
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<td>Oxfam</td>
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<tr>
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<td>Coordination</td>
<td>5 MSEK</td>
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**TOTAL: 122 MSEK**

### KENYA

#### 1.1 Geographical areas, affected population and risks and threats

As of September 2014 there were 87,000 refugees and asylum-seekers from South Sudan in Kenya. Since mid-December 2013, roughly 44,000 (Nov 2014) new South Sudanese asylum-seekers have arrived in Kenya, most of them residing in Kakuma. It is assumed that the pace of arrivals will pick up once the rainy season is over and there are indications that large numbers of IDPs in parts of South Sudan may be headed towards Kenya.

Due to the stream of new arrivals into Kakuma over the past two years the camp has become severely congested and delivery of services to refugees has been compromised. UNHCR has for a long time been negotiating with the county government of Turkana for land to open a new camp but there is no agreement to date. Women and girls are at high risk of being exposed to SGBV as they venture out of the camp to collect firewood. Until November 2014, 1,062 unaccompanied minors (UAMs) and 4,175 separated children had been registered since the influx begun. The current sanitation and hygiene situation in Kakuma where the South Sudan refugees are settling is highly unsatisfactory. The WFP cut food rations with 50 per cent in November but the organisation confirmed contributions in December that has enabled them to restore full rations by January 2015.

2014 was the third consecutive year when Kakuma camp received a record number of refugees from South Sudan. The Government of Kenya decided to grant refugee’s status on a prima facie basis to South Sudanese fleeing violence in the country on humanitarian grounds. Unless there is lasting ceasefire and peace and reconciliation in South Sudan, the steady influx into Kenya is likely to continue next year. UNHCR estimates that the total number of South Sudanese refugees will account for 97,780 by the end of December 2015. Refugees and asylum seekers from South Sudan will then represent 20 per cent of Kenya’s refugee population.

#### 2. IN COUNTRY HUMANITARIAN CAPACITIES

##### 2.1 National and local capacities and constraints

Kenya’s national response capacity can to some extent respond to upcoming humanitarian needs. It has been strengthened by the establishment of the National Drought Management Authority (NDMA), placed under the Ministry of Devolution and Planning, however this agency primarily deals with drought emergencies in the ASALs (Arid and Semi-Arid Lands) of Kenya. Disaster risk management has been decentralised to the newly established 47 counties and each county is expected to set up a contingency fund for local emergencies and prepare contingency plans with the support of NDMA’s county officers. It is however not clear what is considered a national or a local emergency and when the responsibility is passed to national government. The National Disasters Operations Centre under the Ministry of the Interior is responsible for other disasters. The Ministry of Interior and its Department of Refugee Affairs (DRA) are UNHCR’s primary government counterparts in asylum and refugee management. There is still no national emergency fund in place. When the pending Disaster Management Bill is passed a new national Disaster Response Fund and a National Disaster Management Authority will be established.

The Kenyan Red Cross Society (KRCS) plays an integral role in humanitarian response in Kenya and is often acting first responder when sudden crises or emergencies occur. KRCS, often as the only humanitarian actor, has access to
highly insecure locations such as North Eastern Region. This area is often exposed to emergency situations due to drought, outbreaks of epidemics and violent clashes between ethnic groups.

2.2 International operational capacities and constraints
In November 2014 OCHA decided to terminate the mandate for the Humanitarian Coordinator in Kenya. The main reason for the decision is that the humanitarian preparedness gradually has been integrated into development plans. UNDAF (UN Development Assistance Framework) 2014-2018 integrates humanitarian preparedness and response into objective 4 (environmental sustainability and human security). OCHA will henceforth support the Resident Coordinator in humanitarian affairs. OCHAs Kenya office has closed and Kenya is covered by OCHAs regional office for Eastern Africa. Kenyan Humanitarian Partnership Team (KHPT), coordinated by OCHA, will cease to exist. Instead of Consolidated Appeals Process (CAP), OCHA in collaboration with partners developed a humanitarian strategic framework to support the national systems and structures to become more efficient and effective.

For refugee issues a coordination mechanism comprising of donors, major humanitarian NGO’s, WFP and UNHCR has taken shape, called the Kenya Refugee Programme Team. In 2014, the first Kenya Comprehensive Refugee Programme was launched, presenting a consolidated view of refugee related programmes being implemented by humanitarian actors including UNHCR, NGOs, UN agencies and government entities. A task force under the KCRP has been meeting regularly to review the progress of the comprehensive needs and gaps analysis undertaken by UNHCR as the group’s secretariat. The group will as well review the principal issues in the refugee programme, its strategies, funding and operational gaps. It is expected to be further strengthened by participation of other agencies and the Government of Kenya. The same product will be presented in 2015. KCRP should be read in conjunction with the UNHCR Global Appeal, the Inter-Agency Appeal for South Sudan and other programme documents and appeals issued by organisations involved in protection and assistance to refugees. It is meant to present a coherent summary of the Kenya refugee programme with combined requirements for priority interventions.

2.3 International and Regional assistance
In 2014, ECHO spent €15.7 million in support of the refugee operations, with most of the funding helping the most needy of the over 575,000 refugees both in Dadaab and Kakuma. ECHO is making a concerted effort to also improve the protection of children and women through targeted community-based protection interventions. Other major donors are USAID and DFID. According to OCHAs FTS in Dec 2014, Sweden is the 6th major donor, accounting for 3.6 per cent of total FTS registered humanitarian assistance in Kenya.

3. SIDA’s HUMANITARIAN RESPONSE PLAN

3.1. Sida’s role
A major part of Sida’s humanitarian funding in previous years has been allocated to refugee response. However a significant part has also been allocated to other crises and to target groups such as malnutrition in children, support to drought affected population and displaced people due to conflict. A small part has also been dedicated for resilience program (FAO) supporting durable solutions and facilitates the link to development. Kenya is currently undergoing a transition where humanitarian donors (with the exception of support to the refugee camps) progressively decrease their funding. Kenya has the right conditions to develop initiatives that include components of humanitarian and development funding, for example through development cooperation complemented by a mechanism that can quickly be triggered to support a sudden crisis or emergency. Sweden’s humanitarian support will now shift to an increased focus on refugee support. Resilience related support outside refugee support will be managed by the Swedish development cooperation. E.g. the Swedish Embassy has just decided upon a 3-year support to WFP supporting a resilience program building national and local capacity within the agriculture, natural resource and social protection sectors. Sida’s role should be gender sensitive, taking in account specific needs of women, men, girls and boys.

3.2. Response Priorities 2015
The entry value of 20 MSEK in the 2015’s shadow budget for Kenya is reduced from 2014’s entry value of 39 MSEK (49 per cent). Priority will be put on contributing to refugee response activities, seen as the major humanitarian need in Kenya. Out of the 20 MSEK, 2 MSEK are already bound by agreement to FAO’s resilience program. The remaining 18 MSEK will be divided the refugee operations in Kenya, notable Kakuma and Dadaab, in support of the refugee influx from Somalia and South Sudan (see also Regional HCA for Somalia). Humanitarian needs outside refugee response will be covered through Sida’s RRM where strategic partners can apply for funds for sudden upcoming humanitarian crises.

3.3. Partners
Only four strategic partners have submitted an initial interest for support to programs in Kenya; NRC, MSF, SvK/LWF and Action Against Hunger (ACF). NRC and SvK/LWF works both in Kakuma and Dadaab.
SIDA's PROPOSED ASSISTANCE TO THE SOUTH SUDAN CRISIS RESPONSE IN KENYA  2015

<table>
<thead>
<tr>
<th>Recommended partner for Sida support</th>
<th>Sector/focus of work (incl. integrated or multi sectorial programming)</th>
<th>Proposed support</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNHCR*</td>
<td>Multi-sectorial</td>
<td>5 MSEK</td>
</tr>
<tr>
<td>FAO**</td>
<td>Resilience livelihood, food security</td>
<td>1 MSEK</td>
</tr>
<tr>
<td>NRC</td>
<td>Food security, shelter, WASH, Education</td>
<td>2 MSEK</td>
</tr>
<tr>
<td>SvK/LWF</td>
<td>Education, Child protection, Livelihood, Community service, Peace building, WASH</td>
<td>2 MSEK</td>
</tr>
<tr>
<td><strong>TOTAL: 10 MSEK</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Includes only funding for needs defined in UNHCRs Global Appeal 2015 for Kenya. Funding to UNHCR in Kenya via South Sudan RRP will be considered early 2015.

**FAO amounts to 2 MSEK already agreed. The 2 MSEK is divided between this budget and the Somali-response in Kenya budget.

SUDAN

1.1 Geographical areas, affected population and risks and threats
Following the independence of South Sudan in July 2011, approximately 350,000 South Sudanese remained in Sudan. The South Sudanese who lived in Sudan prior to the outbreak of conflict in December 2013 did not flee conflict and continue to have an unclear legal status in Sudan. An estimated 30,000 of them live in a camp-like situation in Khartoum State, facing particularly difficult humanitarian conditions, especially in relation to health, WASH and protection.

Since the outbreak of violence in South Sudan on 15 December 2013, over 110,000 new South Sudanese refugees have fled to Sudan. Following the end of the rainy season there has been an upsurge of arrivals with an overall arrival rate of approximately 1,200 people per week. Most new arrivals from South Sudan continue to enter to White Nile State. A significant proportion of the new South Sudanese refugees have settled in White Nile and Khartoum State, while the rest are located in South Kordofan, West Kordofan and Blue Nile State. The Government of Sudan and the humanitarian community is in the process of relocating the population to several new sites nearer to the state capital, Kosti, which is less prone to flooding. In South Kordofan, West Kordofan and Blue Nile States, refugees are living in either smaller settlements or host community settings in smaller towns and villages with more limited access for the humanitarian community.

The security situation and access allowance in West Kordofan and Blue Nile continues to limit the ability to intervene in a comprehensive manner. Overall access to populations has increased since the early onset of the crisis, however sustained and ongoing access, particularly for international staff remains an area for improvement. The majority of refugees arriving in Sudan are children (70 per cent), with the remainder made up of women and the elderly. New arrivals have shown GAM rates above acceptable thresholds in some sites. Refugees arrive with little means, money or possessions, with high needs of protection, basic services and life-saving assistance. As a large proportion of arrivals are children under five or Pregnant and Lactating Women (PLW), nutrition interventions are critical. The need for food assistance continues to be acute for arriving populations from South Sudan.

It is expected that the total number of new South Sudanese arrivals will reach 195,000 by the end of 2015.

2. IN COUNTRY HUMANITARIAN CAPACITIES

2.1 National, local and international capacities and constraints
The Government agency in charge of humanitarian affairs is the Humanitarian Aid Commission (HAC), represented at federal and state level. A main challenge is restrictions of movement and access to conflict areas, both for INGOs but also for local NGOs. The humanitarian response is managed in collaboration between OCHA for the UN and the HAC on the part of the Government of Sudan. Overall coordination for humanitarian issues is done through the HCT led by the HC.

Humanitarian access is challenging due to security, political and environmental constrains. Large parts of the country are directly affected by the conflict which leads to restriction of movement and access to population in need. Despite increasing humanitarian needs, the number of aid workers in Sudan has been steadily decreasing over the last years, partly due to the security and administrative constrains limiting operations but also to competing crises and decreased
funding. During the rainy season in June to October physical access is also severely limited, with lack of infrastructure and a poor road network.

3. SIDA’S HUMANITARIAN RESPONSE PLAN

3.1. Sida’s role
Earlier assistance and results: Aside from the unearmarked contribution to UNHCR for the South Sudan crisis, and support to the CHF focusing on the South Sudan crisis response, in 2014 Sida supported two Rapid Response Mechanism – RRM proposals for the South Sudan response in Sudan, submitted by Save the Children Sweden – SCS and the SRC.

3.2. Response Priorities 2015
Humanitarian Focus: Sidas humanitarian assistance towards the South Sudan crisis response in Sudan should focus on needs and partners as described and included in the UNHCR-coordinated RRP.

3.3. Partners
There is no initial proposed amount for the South Sudan-response in Sudan 2015 from Sida’s humanitarian budget. The total amount for the South Sudan-specific humanitarian assistance in Sudan 2014 was 2.5 MSEK. The final proposed amount for humanitarian support to South Sudan in 2015 is 2 MSEK. Additional support is expected to be channelled through the RRM but can at this stage not be included in the proposed allocation plan.

Framework agreements: Only one framework agreement partner has applied for funding for their work in Sudan related to the South Sudan crisis response in 2015.

SCS: Save the Children Sweden has since the onset of the crisis worked with child protection, health, nutrition and WASH, targeting South Sudanese children in Sudan. Sida recommends to support SCS with 2 MSEK directed towards the South Sudan crisis-response in Sudan, as applied for by SCS.

Other partners: Since the conflict broke out end of last year it has become evident that protection in the Sudan context is extremely challenging, civilians being the main targets and (though underreported) high number of reported cases of gender based violence. UNHCR is coordinating the refugee response from South Sudan and the Regional Response Plan for the South Sudan crisis. Sida proposes to support the UNHCR in Sudan with an early allocation from the reserve in the beginning of 2015.

<table>
<thead>
<tr>
<th>Recommended partner for Sida support</th>
<th>Sector/focus of work (incl. integrated or multi sectorial programming)</th>
<th>Proposed support</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCS</td>
<td>Child protection, health, education, WASH</td>
<td>2 MSEK</td>
</tr>
<tr>
<td></td>
<td></td>
<td>TOTAL: 2 MSEK</td>
</tr>
</tbody>
</table>

1.1 Geographical areas, affected population and risks and threats
A total of 137,922 South Sudanese refugees have been assisted in Uganda since the influx began in mid-December 2013. The initial contingency figure for 2014 was 30,000 and the projection has been raised repeatedly during the year. The reception centers at the borders have been severely congested at times. The influx is expected to continue and possibly increase during the coming dry season in South Sudan.

The refugees from South Sudan are resettled into three districts in northern Uganda (81,934 in Adjumani, 11,969 in Arua, 29,490 in Kiryandongo) and 6,520 in Kampala. 65 per cent of the refugees are children and among the adults 63 per cent are women and 37 percent are men. There is a high number of female headed households. Refugees in Uganda are not referred to camps but assigned land plots and staying in settlements relatively integrated with the host communities. The negotiation between clans and the Office of the Prime Minister (OPM) in the north of Uganda have been complicated though, resulting in families getting land in the size of only 30x30 meters which is not enough for self-subsistence gardening. The opportunity to grow creates more long term livelihood opportunities but is also
challenging as few of the refugees have a previous experience from agriculture. Also making use of a land plot, including setting up a place to live and making use of the land for livelihood can be a challenge for the female headed households.

The Ugandan refugee act makes clear that refugees have equal right to access services. Capacities at community level are at places severely over stretched. In addition there is a Ugandan policy stating that 30 per cent of funds allocated for refugees (by NGOs) shall benefit the host communities. This makes operations relatively more expensive but is by partners assessed to be a relevant approach. The intention is that refugee children are integrated in Ugandan schools, but overcrowding and too far distances have resulted in large number of refugee children not attending school.

The major needs among the refugees are within the sectors of Protection, Health including nutrition and SRHR, Education, WASH, NFIs, Food and Livelihoods. There is information about groups of refugees that are severely malnourished.

UNHCR together with (among others) LWF, MSF, Plan and Save the Children carried out a rapid SGBV assessment in April 2014 and concluded that women and girls are at risk of sexual and gender based violence including rape, domestic violence, physical abuse, emotional abuse, adultery and forced marriage.

At the launch of the revised inter-agency appeal for the South Sudanese refugees emergency in Uganda in September 2014, two scenarios for 2015 were presented;

- Most likely scenario planning figure for 2015 is of 300,000 refugees (including the 150,000 who are expected to have arrived before end of 2014)
- Worst case scenario; planning figure is a total of 450,000 refugees (Including the 150,000 who are expected to have arrived before end of 2014)

The inter-agency appeal underlines that the priority will remain to keep the reception and transit centers decongested. The focus of the response will continue to be 1) provision of a protective environment and 2) Essential needs. Needs are identified in all sectors; Food, Livelihoods; Shelter, Infrastructure; Public health, nutrition, WASH and Education.

Uganda is by the European Commission identified as one of the 14 "highly vulnerable countries" in the Global vulnerability and Crisis Assessment for 2014.

2. IN COUNTRY HUMANITARIAN CAPACITIES

2.1 National and International capacities and constraints

The coordination set up where the UNHCR is working closely with the OPM is complex. OCHA left Uganda in 2011. The OPM are on the one hand coordinating with UNHCR, but on the other also implementing humanitarian efforts for UNHCR. In addition they are also negotiating access to land with clans in the Adjani and Arua districts. The partners in the interagency appeal are among others the ICRC, LWF, Oxfam, Plan, UNFPA and UN Women.

The Swedish Results Strategy for Uganda settles that cooperation with the Ugandan government should be avoided due to its lacking of respect to Human Rights and treatment of Lesbian, Gay, Bisexual and Transgender (LGBT)-persons.

3. SIDA’S HUMANITARIAN RESPONSE PLAN

3.1. Sida’s role

Sida has taken a lesser role in the humanitarian coordination in Uganda. Neither the Embassy in Kampala nor Sida’s humanitarian unit in Stockholm have had capacity to follow up closely with humanitarian partners. While the humanitarian programme in Uganda is growing it might call for more attention from Sida/ HUM and the Embassy in Kampala.

3.2. Response Priorities 2015

Humanitarian Focus: The humanitarian needs among the refugees from South Sudan are in every sector. From Protection and WASH to Education, Livelihoods, Food Security and Health including Nutrition.

The ambition by OPM and UNHCR with partners is to meet the needs of the refugees by giving them access to public services. Timely registration and provision of the right documentation by the government is therefore key and has so far been fairly successful. Still there is also need for targeted protection activities and support to especially vulnerable
refugees.
Also Uganda’s history of hosting refugees integrate with the host communities calls for interventions that are accessible for the host communities or at least not adversely affect them. It is therefore assessed that it is important that the implementing partners selected have high conflict sensitivity awareness in their interventions. The rainy season in Uganda starts in March and it is preferable if humanitarian interventions are not disrupted before that, hence it is important to start activities as early as possible.

3.3. Partners
The Sida financing to the South Sudan refugees response in Uganda in 2014 amounted to 13,4 MSEK. The figure suggested for 2015 is 13.6 MSEK.

Framework agreements: MSF, IAS and Adra have all received support for the South Sudan-response in Uganda during 2014. In order to contribute to the ensuring food security it is suggested that the ongoing support to IAS and Adra is complemented with new support to ACF and NRC.

Other partners: The implementation of the SGBV Emergency SoP and Action Plan should be followed up in dialogue with UNHCR and other partners of Sida.

| SIDA’s PROPOSED ASSISTANCE TO THE SOUTH SUDAN CRISIS RESPONSE IN UGANDA 2015 |
|--------------------------------------------------|---------------------------------|-----------------|
| **Recommended partner for Sida support**          | **Sector/focus of work (incl. integrated or multi sectorial programming)** | **Proposed support** |
| IAS                                               | Education                       | 1.5 MSEK         |
| Adra                                              | WASH, Food Security, Education  | 2.5 MSEK         |
| MSF                                               | Health                          | 3 MSEK           |
| ACF                                               | Nutrition, WASH, Food Security  | 3.6 MSEK         |
| NRC                                               | Protection (most vulnerable refugees) | 3 MSEK   |
| **TOTAL:**                                        |                                 | **13.6 MSEK**    |

**ETHIOPIA (also see independent Humanitarian Crises Analysis)**

1.1 Geographical areas, affected population and risks and threats
In Ethiopia the refugees from South Sudan are hosted in in Gambella Regional State and Benishangul-Gumuz Regional State on the western border of the country. Since mid-December 2013, more than 193,954 refugees have arrived in the Gambella Regional State of western Ethiopia with a smaller number in Benishangul-Gumuz. Gambella is the least developed region of Ethiopia lacking basic services and infrastructure and the proximity to the conflict area threatens the safety of refugees. Large parts of the region are prone to flooding. The rainy season has caused damage in Leitchuor and NipNip Camps and refugees in these camps have moved to higher ground within the camps and the surrounding villages. Emergency response activities are being undertaken in these locations.

The South Sudanese refugee population is the largest refugee group in Ethiopia (250,528 individuals as of end October 2014), surpassing the Somali refugee population (245,850 individuals as of end of October 2014). An average of over 1,000 refugees arrive per day arrive in Ethiopia, in a poor health and nutritional state, with psychological traumas, lack of basic items, shelter, water and sanitation. The majority of the new arrivals are women (80 per cent of the adult population) and children (70 per cent), including significant numbers of unaccompanied or separated children. Given the insecurity and poor infrastructure at the border, the refugees need immediate transport to more secure areas where assistance can be provided. Four camps and several entry points have been setup for this purpose. In addition, two camps existed since before and have been receiving new arrivals as well.

Poor sanitary conditions constitute a major public health risk; water is being trucked in all new camps, providing an average of nine litres per person per day, far less than the recommended SPHERE minimum of 15 litres per person per day. Access to food is the most critical need for new arrivals. Malnutrition rates are significantly high (Global Acute Malnutrition 25-30 per cent) and WFP has signalled that there will be shortfalls from January 2015 and onwards. Protection needs is a critical issue and in particular needs to protect vulnerable children such as unaccompanied and
separated children. The planning figure of UNHCR is 350,000 South Sudanese refugees arriving to Ethiopia by the end of 2015.

2. IN COUNTRY HUMANITARIAN CAPACITIES

2.1 National and local capacities and constraints

**Government Coordination:** The Ethiopian Administration for Refugee and Returnee Affairs (ARRA) leads the refugee response operation in cooperation with UNHCR. ARRA and UNHCR co-chair all task force- and sector meetings. ARRA makes all decisions regarding operational scale up and issues all permits to implementing actors. ARRA is also the lead agency of several sectors one of them being protection. OCHA keeps a low profile in Gambella by not having an active role in coordination. However, OCHA supports the mission with data collection and information gathering and dissemination.

2.2 International operational capacities and constraints

**The Ethiopia Humanitarian Country Team (EHCT)** is the principal humanitarian policy- and decision-making body in Ethiopia, whose role is to provide guidance on major strategic issues related to humanitarian action in country, including by developing a strategic vision, setting strategic objectives and priorities and developing strategic plans. EHCT is chaired by the Humanitarian Coordinator and is composed of the UN agencies working in the humanitarian sphere, other international humanitarian organizations four INGO representatives nominated by the Humanitarian INGO group and one national NGO coordinator and three donors nominated by the Development Assistance Group: DFID, ECHO and USAID.

**The cluster approach** was rolled out in Ethiopia in early 2007 following consultations among the international community and Government of Ethiopia. In implementing the cluster approach at the federal level, the humanitarian community sought to strengthen support for the Government-led coordination structures housed in the Disaster Risk Management and Food Security Sector – DRMFFS, and key line ministries, including Agriculture, Health and Ministry of Water Resources. The clusters work at the technical level to support government-led sector task forces and avoid the establishment of parallel coordination mechanisms. OCHA convenes the inter-cluster coordination mechanism, which meets every two weeks and is intended to provide a forum for the respective cluster leads to discuss issues of mutual concern and ensure that cross-cutting issues are followed up. The inter-cluster coordination mechanism also has a role in making recommendations of key issues for EHCT consideration and of carrying out activities requested by the EHCT.

**Humanitarian Community Coordination (HCC):** An information sharing platform, the Humanitarian Community Coordination (HCC) meeting occurs on a monthly basis as an opportunity for all humanitarian actors to share information on the current and evolving situation.

2.3 International and Regional assistance

US, ECHO and DFID are the major humanitarian donors in Ethiopia. Sweden is the 7th largest donor but with only 2.5 per cent of the total humanitarian budget according to OCHA’s Financial Tracking System – FTS (Dec 2014).

The European Commission provided over €130 million of humanitarian funding in the period 2011-2013, to assist around 3 million of the most vulnerable people in the country, including those affected by drought in the southern and eastern parts and those in the refugee camps. In 2014, €31 million was allocated for humanitarian assistance to the country. In addition, the Commission has provided €15 million to help South Sudanese refugees in the neighbouring countries including Ethiopia.

In 2012, ECHO developed a resilience building strategy to address humanitarian needs caused by recurrent food insecurity more efficiently and to prepare the most vulnerable families and communities to better cope with recurring shocks. This programme does not only address the symptoms of extreme poverty but also some of the main root causes of food insecurity and malnutrition, and in doing so provides households with more coping capacity to resist future shocks.
3. SIDA’s HUMANITARIAN RESPONSE PLAN

3.1. Sida’s role
For full details, please see full HCA 2015 for Ethiopia. Sida’s role should be gender sensitive, taking in account specific needs of women, men, girls and boys, e.g. by stressing need for gender analysis and disaggregated data in dialogue with cooperation partners.

3.2. Response Priorities 2015
In 2015, Sida’s humanitarian support will focus on refugee support to both South Sudanese and Somali Refugees. During 2014 the humanitarian needs has scaled up significantly in Ethiopia. One of the main reasons is due to the refugee influx from South Sudan. Since the latest outbreak of violence occurred in South Sudan in mid-December 2013, 193,954 South Sudanese have crossed the border into Ethiopia and are residing in refugee camps in Gambella region in the western part of the country. The situation for refugees in Gambella encounters several difficulties and lifesaving sectors are facing both shortage in financing and implementing partners. In September and October, 2014 some of the camps were affected by flooding's and thousands of people became in need of reallocation. Protection, in particular child protection and SGBV, emergency education and health and nutrition are sectors presented with the most major gaps. Eighty per cent of registered refugees in Gambella are women and children, meaning programs need to be designed taking into account the special needs of these groups. A high number of children have arrived unaccompanied or separated and the special needs of these children have been difficult to meet at a satisfactory level.

3.3. Partners
All suggestions in the table below include both support to South Sudan, Somali and other refugees, thus the total amount differs from the total amount for South Sudan refugee response in the table on page 2. The full allocation table for Ethiopia is included in HCA Ethiopia 2015.

<table>
<thead>
<tr>
<th>Recommended partner for Sida support</th>
<th>Sector/focus of work (incl. integrated or multi sectorial programming)</th>
<th>Proposed support</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNHCR* (support to Global Appeal for Ethiopia)</td>
<td>Multi-sector support</td>
<td>9 MSEK</td>
</tr>
<tr>
<td>OCHA</td>
<td>Humanitarian coordination</td>
<td>1 MSEK</td>
</tr>
<tr>
<td>ICRC</td>
<td></td>
<td>10 MSEK</td>
</tr>
<tr>
<td>MSF</td>
<td>Nutrition: refugees from S.Sudan, Gambella</td>
<td>5 MSEK</td>
</tr>
<tr>
<td>Save the Children</td>
<td>Child protection, Emergency Education</td>
<td>4 MSEK</td>
</tr>
<tr>
<td>SRC</td>
<td>Community resilience, WASH, Restoring Family Links</td>
<td>8 MSEK</td>
</tr>
</tbody>
</table>

TOTAL: 37 MSEK

* Funding to UNHCR via South Sudan RRP will be considered early 2015. The table only suggests funding to UNHCRs Global Appeal for Ethiopia in 2015.

SIDAs response for the South Sudan Regional Crises Response (RRP)

3.1. Proposed regional support
Early 2014, Sida allocated 10 MSEK to UNHCR earmarked for the regional response to the South Sudan crisis. During follow-up meetings with UNHCR country offices in Uganda, Ethiopia and Sudan it is clear that UNHCR in crisis affected countries prefer earmarked funding, to be able to plan for and adjust in-country refugee response.

At the time of writing this analysis, UNHCR had not yet launched the RRP and the supplementary budget for the South Sudan crisis 2015. Sida therefore recommends an early allocation from Sida’s reserve allocation for 2015, directed to the UNHCR for the South Sudan refugee response and targeting needs as described in the RRP and based on UNHCRs supplementary budget.

If reports shows projections of a deteriorating food insecurity situation during the first quarter of 2015, Sida also proposes a larger contribution from the reserve to be directed to the WFP early 2015.
ECHO: Humanitarian Implementation Plan (HIP) 2015, Sudan and South Sudan
OCHA: Eastern Africa: Displaced Populations Report (Issue 17, 1 April - 30 September 2014)
OCHA: South Sudan Humanitarian Needs Overview, draft 24 October 2014
OCHA: South Sudan Strategic Response Plan, draft 24 October 2014
OCHA: South Sudan Situation Report nb. 64
UNHCR: Refugee Emergency Revised Regional Response Plan, January – December 2014
UNHCR: South Sudan Situation Regional Update nb. 42
WFP: South Sudan Crisis Regional Impact Situation Report nb. 46
Plus meetings and presentations with/from donors and partners during visit to South Sudan in Oct. 2014