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 South Sudan.

For 2016, the South Sudan crisis is allocated an initial 140 MSEK in January 2016. Close monitoring on South Sudan will follow throughout the year for potential additional funds.

1. CRISIS OVERVIEW

1.1 Introduction to the crisis
The 23 year long conflict that ended with the signature of the Comprehensive Peace Agreement in January 2005 and the secession of South Sudan from Sudan in 2011 created a fragile new state. The conflict that erupted in Juba in mid-December 2013 between the president, Salva Kiir, and the ex-vice president, Riek Machar who leads the SPLM-IO (Sudan People’s Liberation Movement In Opposition), quickly spread to Unity, Jonglei and Upper Nile states. There are various other armed groups and stakeholders in the conflict in South Sudan such as the Maban Defence Forces (MDF), David Yau Yau-militia, the White Army (youth groups) etc. 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 became 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.

During 2014 several rounds of Intergovernmental Authority of Development (IGAD)-led peace negotiations had limited success. However, on the 26th of August 2015 a new peace and power sharing agreement was signed by the warring parties. Despite the signing of the peace agreement, violence continues to affect civilians in all ten states, causing deep suffering and severe humanitarian needs for civilians.

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 Unity and Upper Nile, with increased politicization and difficulties to maintain the civilian and humanitarian character of the camps.

The drop in oil prices and the large expenditures related to the conflict has led to an ongoing inflation where the country’s economy is currently on the verge of a collapse. 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 2014 and 2015 has also prevented the population from falling into an even worse situation of food insecurity.

1.1 Geographical areas and affected population
Prior to the new conflict, 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. The conflict and the financial crisis 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. 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.
The conflict that erupted end of 2013 has resulted in widespread displacement in South Sudan and in the neighboring countries. More than 2.3 million people, a fifth of the total population, have had to flee from their homes. Around 645,000 people have crossed into Ethiopia, Kenya, Sudan and Uganda and 1.66 million are internally displaced across the country. South Sudan currently hosts more than 265,000 refugees, mainly from Sudan.

In South Sudan the most acute needs are found in the three conflict areas states: Jonglei, Unity and Upper Nile. However, since mid-2015 there has also been instability in the Equatorian states. 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. Around 184,000 people have sought refuge in Protection of Civilians (PoC) sites inside UN bases, living in overcrowded conditions. The majority, almost ninety percent of the displaced populations, are spread around the country and often hosted by the communities.

Civilians are most affected by the conflict and have been specifically targeted in brutal attacks. People have lost their homes and livelihoods and schools, hospitals and other infrastructure have been damaged, destroyed or occupied. Gender inequalities are so deep that common people consider it a standard way of life. Deep structural inequalities between men and women mean that women generally have less access to and control over resources and they are therefore more vulnerable. Already existing gender inequality has been exacerbated by the conflict.

Women and girls have been particularly exposed 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. An estimated 15,000 to 16,000 children have been recruited of forcefully taken as child soldiers. There are widespread reports of women and girls facing rape and other forms of violence when trying to access food or humanitarian assistance.

Food security is a major concern in South Sudan. About 7.5 million people, nearly two thirds of the population, were food insecure in September, including 3.9 million people who were severely food insecure (IPC 3, 4 and 5). This is an eighty per cent increase compared to the same period in 2014. Catastrophic food insecurity (IPC 5) has been reported for 40,000 people in the areas worst affected by fighting in Unity State, facing starvation, death and destitution. The nutrition situation for children remains dire: over 686,000 children under five are estimated to be acutely malnourished with 231,000 suffering from severe acute malnutrition.

### 1.2 Risks and threats

In HCT-meetings it has been stated that the humanitarian crisis in South Sudan risks becoming larger than ever in 2016. It is also projected that the gap between needs and availability of funding will be larger than ever before. Key threats in the South Sudan HRP 2016 are: conflict and violence, economic decline, disease and climatic shocks.

Based on reported violations of the ceasefire and deterioration in security since its signing, it is unlikely that the new agreement will result in an improvement of the humanitarian crisis in the short term. With continued fighting there are few incentives for the displaced population to return to their place of origin. Communal violence will most likely intensify in the dry season as resource related conflicts over pasture, water and cattle will continue. This will also affect neighbouring countries and the direct refugee response in these countries. If there will be an upsurge in violence, humanitarian organizations are likely to become even more exposed to threats and interference, risking to limit humanitarian access and operations further.

Disease, economic decline and price hikes will most likely continue to exhaust the coping capacity of populations in Unity and Upper Nile, Jonglei, Lakes, Western Equatoria and Central Equatoria states. In 2015, food insecurity reached its highest levels since the conflict began. During 2016, a higher number of people in South Sudan than ever before are expected to be food insecure and in need of assistance. In specific conflict areas there is a concrete risk of famine if urgent humanitarian assistance is not provided.
The impact of El Niño on food availability may be negative or positive. The heavy late rains may allow for earlier planting next season but are also likely to increase post-harvest losses (due to poor storage and poor market connectivity) with a risk of flooding. If fields are not accessible due to conflict people will in any way not be able to plant their seeds.

If specific attention is not paid to gender inequality, there is a risk that humanitarian work can be affected by the current gender dynamics and reinforce gender stereotypes. For example some actors believe that collection of gender specific data delays lifesaving interventions. Furthermore, many humanitarian actors in South Sudan lack knowledge and skills about gender equality programming and continue to submit gender blind projects. If attention is not paid to conflict patterns and dynamics, there is a risk that distribution of aid could attract armed groups, which would increase vulnerability and exposedness of civilians.

South Sudan is considered one of the most corrupt countries in the world and currently ranks as 171 out of 175 countries in Transparency Internationals corruption perceptions index. There is an imminent risk of corruption within humanitarian programming and in-country support.

1.3 Strategic objectives identified in the Strategic Response Plan
The two strategic objectives in the 2016 South Sudan Humanitarian Response Plan (HRP) are 1) To save lives and alleviate suffering through safe access to services and resources with dignity, and 2) To ensure communities are protected, capable and prepared to cope with significant threats.

The full requirements of the HRP amount to 1.3 BUSD. Of the estimated 8.2 million people in need of assistance, aid organizations will aim to reach the 5 million people in most acute need. In developing the 2016 HRP, partners have engaged in a difficult prioritization exercise, which can be reflected in the increased number of targeted people and the decreased requirements compared to last year’s HRP.

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). 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.

2. IN COUNTRY HUMANITARIAN CAPACITIES

2.1 National and local capacities and constraints
The national response capacity is extremely limited. The Ministry of Humanitarian Affairs and the South Sudan Relief and Recovery Commission (SSRRC) are coordinating bodies for humanitarian issues on the government side. In line with the new peace agreement an interim government will be installed at the end of 2015, and it is yet to be seen if this will have an impact on MoHA and relief coordination.

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 increases the demand for air transport, with substantially increased operational costs. The dry season enables aid agencies to move more cargo by road where security allows.

The recent crisis has greatly disrupted an already weak service delivery system, particularly in the three states most affected by conflict. In September 2015, only 45 per cent of health facilities in Unity, Upper Nile and Jonglei were functioning. Basic services in conflict-affected areas or locations with high concentrations of displaced people are almost exclusively provided by humanitarian organizations.
With the renewed conflict in December 2013, access to the affected population became even more challenging, with looting of aid supplies, attacks on and harassment of aid workers and bureaucratic impediments on road, river and air travel imposed by conflict parties. Access has been particularly challenging in opposition held areas. There is little respect of International Humanitarian Law in the country, and impunity is common. More than 30 aid workers have been killed since December 2013 and many others have been abducted, harassed, detained or arrested.

Today there are 84 National Non-Governmental Organisations – NGOs operating in South Sudan. NGOs are often essential for providing assistance in deep field, hard-to-reach areas. South Sudanese staff forms the backbone of the humanitarian response, constituting ninety percent of the workforce across the country. Civil society actors and NGOs have been severely hampered by the crisis, with lootings and destruction of property as well as staff having to flee from their homes and from the country.

2.2 International operational capacities and constraints
South Sudan’s L3 status has been renewed several times since it was activated in the beginning of 2014. At the time of writing it is discussed whether the L3 status should be renewed for an additional period of six months. 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.

Today there are 92 International Non-Government Organisations (INGOs) and 9 UN agencies operating emergency programmes across the country. The leadership and the overall humanitarian coordination have generally worked well throughout the crisis but decision making is still very Juba-centred. OCHA is trying to scale up coordination in the field, decentralising decision-making and creating humanitarian “hubs” in deep-field locations. Most relief agencies are carrying out mobile and rapid interventions (so called Rapid Response Mechanism – RRM approach) in hard to reach areas where longer term presence is difficult.

Increased administrative impediments such as visas and work permits continue to be a difficult problem especially for INGOs. During 2015, due to the financial crisis criminality in Juba has increased severely, with almost daily attempts of compound robberies or other criminal incidents directed towards N/INGOs.

Currently there is no GenCap-advisor in South Sudan; however a new GenCap-advisor is planned for 2016.

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 2015 has focused on support to the Common Humanitarian Fund (CHF), the International Commission of the Red Cross/Red Crescent (ICRC), Swedish Red Cross (SRC), Office for the Coordination of Humanitarian Affairs (OCHA), Medecins Sans Frontières (MSF), Norwegian Refugee Council (NRC), Oxfam, Church of Sweden (CoS), International Aid Services (IAS), through the Swedish Mission Council (SMC) and the United Nations Childrens’ Fund (Unicef).

Results and lessons learnt: Sweden is still one of the top ten humanitarian donors in South Sudan and plays an active role in coordination and dialogue with the broader humanitarian community. 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 previous 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). Since June 2015, Sweden is no longer a donor representative in the CHF Advisory Board.

3.2. Response Priorities 2016

Humanitarian Focus: Sida’s humanitarian assistance in South Sudan should focus on life-saving support within critical sectors such as protection, health, nutrition, wash, shelter/NFIs, food security and livelihoods – FSL, and education. Geographical priorities will be in line with the priorities of the HRP, focusing on the three conflict affected areas but also other areas where needs might arise. The proposed support should focus on the most vulnerable groups, with children, women and elderly being particularly vulnerable. Protection should be at the centre of every project/programme, in line with the centrality of protection in the HRP. Mainstreaming of gender is essential in all humanitarian programming in South Sudan, and conflict sensitivity and do no harm are of equal importance. Sida will continue to advocate for protection, gender mainstreaming and prevention and response to SGBV.

Continued support to the CHF will allow Sweden to fund the most prioritized and urgent areas, contributing to timely prepositioning of supplies and to supporting NGOs, 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 contribute to nutritional support, improved food security, protection, response to disease outbreaks, improvement of water and sanitation in refugee settlements, education and child protection to refugees and IDPs, as well as improved humanitarian coordination.

Synergies with Development: The crisis has had a serious impact on development activities and many development projects have been suspended or postponed. Donors have decommitted part of their development funding or transferred development funding to humanitarian operations. Most relief organizations have shifted their focus towards life-saving emergency programmes in the conflict-affected states.

To contribute to improved resilience of the crisis-affected population, coordination between humanitarian and development approaches is essential. Before the new conflict emerged in December 2013 South Sudan was already considered a protracted crisis. To prevent aid dependency and avoid that the crisis will last for several decades, humanitarian assistance should continue to focus on life-saving activities but must at the same time also strive at finding more durable solutions, for example through livelihoods interventions and cash-based assistance (currently not possible due to fluctuating exchange rate). Humanitarian assistance must be better aligned with development initiatives, and there is a high need to increase in-country development, focusing on improving infrastructure, basic services and livelihood possibilities.

The new conflict late 2013, broke out just days after the approval of Sweden’s new results strategy for South Sudan, and the challenges of implementing the strategy led to a large allocation (130 MSEK) to the South Sudan CHF from the South Sudan country frame in September 2014. An additional support of 49,1 MSEK was decided in early December 2015. In 2015, Sweden’s development aid to South Sudan was reduced to from 175 MSEK to 100 MSEK per year.

Also within Sida there is a need to strengthen synergies between development aid and humanitarian assistance further, through common analyses and finding complementarities within the two portfolios. In 2016 there will be a Mid-Term Review of the current results strategy for South Sudan, in which Sida’s humanitarian unit is expected to contribute with specific input, as an attempt to align the humanitarian support with development initiatives.

3.3. Partners and proposed support

The proposed amount to be initially allocated from Sida’s humanitarian budget for the whole South Sudan crisis 2016 is 140 MSEK. This also includes South Sudan regional response to Ethiopia, Kenya, Uganda and Sudan. As a comparison the entry value for 2014 was 147 MSEK, however this did not include the regional South Sudan crisis response in Ethiopia, where Sida supported several partners. The total amount for the South Sudan-specific humanitarian assistance in 2015 was 158,6 MSEK, while the total regional response amounted to approximately 63 MSEK (not including the support to ICRC, UNHCR, SCS and SRC in Ethiopia and Kenya, though these allocations partially targeted South Sudanese refugees). As
mentioned above, a support of 49.1 MSEK was made to the South Sudan CHF from the South Sudan country frame allocation.

Framework agreements: Nine framework agreement partners have included South Sudan in their initial submission for 2016; NRC, SRC, MSF, Oxfam, SMC, SC, IRC, ACF and CoS. One of their largest operations worldwide being South Sudan, ICRC has also indicated funding needs. Due to the low entry value for South Sudan and the high number of partners in-country, Sida does not propose to support any new partners in South Sudan in 2016.

ICRC: The ICRC is one of the largest responders to the crisis in South Sudan. In 2015 Sida supported the ICRC with 30 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 support through the SRC is channelled to the newly created South Sudanese Red Crescent Society (SSRCS). In 2015 Sida supported the SRC in South Sudan with 5 MSEK. The proposed support for 2016 focus on a Community Based Health and First Aid (CBHFA) programme in Yambio, organisational development, volunteer management and Planning, Monitoring, Evaluation and Reporting (PMER), as well as an IHL dissemination programme jointly managed by ICRC and a WASH programme implemented through ICRC. The support also includes expenses related to SRC’s representative in South Sudan, focusing on capacity building and follow up of SRC’s funding. The SSRCS is an important actor in terms of national disaster response and Sida 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 2015 MSF was supported with 15 MSEK for its programmes in South Sudan. MSF is often the only humanitarian health actor present in some locations of severely conflict affected states. A continued support of 15 MSEK is recommended for 2016.

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 a continued 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 10 MSEK for its regular programme in South Sudan. Sida also supported an RRM focusing on emergency response related to the conflict in Unity. NRC will for 2016 primarily target displacement affected populations in Unity and Jonglei states. Sida recommends a continued support of 10 MSEK focusing on life-saving activities in the two states.

CoS: The program that Church of Sweden included in their initial submission for 2016 is implemented by Lutheran World Federation (LWF) in the refugee camps of Maban and Ajoung Thok in Upper Nile and Unity. The program mainly targets children, focusing on education and protection, and Sida has supported the programme for the last two years. This is the last year of the three year programme and Sida recommends a continued support of 5 MSEK.

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. Sida recommends a continued support of 5 MSEK to SMC/IAS.

Oxfam: In 2015, Sida supported Oxfam with 3 MSEK for livelihoods activities in Lakes state. For 2016 Oxfam has proposed a support focused on livelihoods and protection in southern Unity. The geographical area and proposed sectors are in line with priorities in the HRP for South Sudan and Sida therefore propose a continued support of 3 MSEK.
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. Sida considers the South Sudan CHF to be relevant and strategic, 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. Due to the low entry value for South Sudan and the high number of strategic partners supported bilaterally, it is proposed that the amount for the CHF should be kept at 38 MSEK. The full amount should be disbursed in the beginning of the year, to avoid any delays in project implementation.

Regional support to the South Sudan crisis:
The inter-agency South Sudan Regional Refugee Response Plan (RRRP) 2016 is led and coordinated primarily by the UNHCR with the involvement of some 44 UN agencies and NGO partners. The RRRP focuses on the refugee situation in Ethiopia, Kenya, Sudan and Uganda and targets an estimated 938,407 beneficiaries.

The financial requirements for 2016 are estimated to 637,503,700 USD. The plan aims at being comprehensive, but at the same time does not include all agency- and NGO-support related to the South Sudan crisis-response.

In Ethiopia, since mid-December 2013, over 225,000 refugees from South Sudan have sought asylum. By the end of 2016, it is estimated that the total number of refugees in Ethiopia will reach 336,940, including the caseload before December 2013. In Kenya, the total number of South Sudanese refugees is over 90,000 including the South Sudanese refugees that were in Kenya prior to the conflict. While the influx remained slow throughout 2015, it is estimated that an additional 9,000 South Sudanese could seek asylum in 2016, thus bringing the total number of refugees in Kenya to 102,239 by the end of 2016. In Uganda the total number of South Sudanese refugees is 195,000, including the South Sudanese refugees that were in Uganda previous to the conflict. In 2016, another 35,000 South Sudanese are expected to flee to Uganda, bringing the total number of refugees to 238,855 by the end of 2016. In Sudan, since mid-December 2013, over 197,000 refugees from South Sudan have sought asylum, making it the largest receiving country. An additional influx of 90,000 South Sudanese is expected in Sudan in 2016.

Based on the analysis of needs, the number of projected refugees and funding estimates for the respective countries in the RRRP, Sida proposes the following allocation:*  

UNHCR: UNHCR plays a significant role in the South Sudan crisis response, coordinating the refugee response in South Sudan, Ethiopia, Sudan, Kenya and Uganda as well as protection activities in South Sudan. Sida propose an un-earmarked support to UNHCR for the regional South Sudan crisis response. With an unearmarked support UNHCR are free to prioritize refugee response in Ethiopia, Sudan, Uganda, Kenya and/or activities in South Sudan, based on where the highest needs are.

ACF: During 2015, Sida supported ACF in Uganda with 3,6 MSEK and in Ethiopia with 7,8 MSEK. For 2016, Sida proposes a continued support of 4 MSEK for multisector (nutrition, health, wash, FSL) interventions in Uganda’s Adjumani and Kiryandongo settlements, including support to host communities. Sida also propose to continue support ACF in Ethiopia with 5 MSEK focusing on nutrition activities (see also Ethiopia HCA).

SMC: During 2015, Sida supported SMC in Uganda with 4 MSEK. For 2016, Sida proposes a continued support of 3 MSEK for multisector interventions implemented by IAS and/or ADRA.

CoS: Sida has supported the CoS refugee programme in Eastern Africa over the last two years. During 2016, Sida proposes a continued support of 2,9 MSEK for CoS in Uganda, with a focus on SGBV and child protection interventions, implemented by LWF in Adjumani. Sida also proposes to continue supporting CoS in Ethiopia, Gambella, with 3,7 MSEK focusing on WASH-activities and FSL implemented by LWF (see
also Ethiopia HCA). Lastly, a continued support of 2 MSEK is recommended to CoS/LWF in Kenya, focusing on education, child protection and livelihoods in Kakuma and Dadaab.

**NRC:** NRC received a support of 5 MSEK for activities related to the South Sudan crisis in Ethiopia, Gambella, during 2015. Sida proposes a continued support of 2 MSEK in 2016 focusing on multisector activities (see also Ethiopia HCA).

**Save the Children International (SCI):** During 2015, Sida supported SCI for activities in Gambella, Ethiopia, with 3,7 MSEK. Sida proposes a continued support to SCI of 6,4 MSEK focusing on child protection and education in Gambella (see also Ethiopia HCA).

### SIDA’S HUMANITARIAN ASSISTANCE TO SOUTH SUDAN CRISIS 2016

<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>
</tr>
</thead>
<tbody>
<tr>
<td>CHF</td>
<td>Multi-sector</td>
<td>38 MSEK</td>
</tr>
<tr>
<td>ICRC</td>
<td>IHL, protection, food security, health</td>
<td>15 MSEK</td>
</tr>
<tr>
<td>SRC</td>
<td>Health, IHL, capacity building</td>
<td>5 MSEK</td>
</tr>
<tr>
<td>MSF</td>
<td>Health</td>
<td>15 MSEK</td>
</tr>
<tr>
<td>NRC</td>
<td>Food security, education, shelter, WASH</td>
<td>10 MSEK</td>
</tr>
<tr>
<td>CoS</td>
<td>Education, child protection</td>
<td>5 MSEK</td>
</tr>
<tr>
<td>Oxfam</td>
<td>Food security &amp; livelihood</td>
<td>3 MSEK</td>
</tr>
<tr>
<td>SMC</td>
<td>WASH</td>
<td>5 MSEK</td>
</tr>
<tr>
<td>OCHA</td>
<td>Coordination</td>
<td>5 MSEK</td>
</tr>
<tr>
<td>ACF Reg. Uganda</td>
<td>Multisector</td>
<td>4 MSEK</td>
</tr>
<tr>
<td>SMC Reg. Uganda</td>
<td>Multisector</td>
<td>3 MSEK</td>
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<tr>
<td>CoS Reg. Uganda</td>
<td>SGBV, protection</td>
<td>2,9 MSEK</td>
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<tr>
<td>ACF Reg. Ethiopia</td>
<td>Nutrition &amp; IYCF</td>
<td>5 MSEK</td>
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<tr>
<td>NRC Reg. Ethiopia</td>
<td>Multisector</td>
<td>2 MSEK</td>
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<tr>
<td>SCI Reg. Ethiopia</td>
<td>Child protection, Education</td>
<td>6,4 MSEK</td>
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<tr>
<td>CoS Reg. Ethiopia</td>
<td>WASH, FSL</td>
<td>3,7 MSEK</td>
</tr>
<tr>
<td>UNHCR regional</td>
<td>Refugee multisector</td>
<td>10 MSEK</td>
</tr>
</tbody>
</table>

**TOTAL: 140 MSEK**

* Note that no strategic partners has included response activities in Sudan related to the South Sudan crisis, and thus Sida does not propose any specific support to Sudan except for the unearmarked contribution to UNHCR. For a more detailed analysis please also see the separate HCA:s for Ethiopia and Sudan, as well as separate input papers for Kenya and Uganda.

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Information from meetings with donors and partners during visit to South Sudan in Oct. 2015