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 organizations 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 2017, the South Sudan crisis is allocated an initial 150 MSEK in January 2017. Close monitoring on South Sudan will follow throughout the year to determine whether additional funds should be allocated.

1. CRISIS OVERVIEW

1.1 Introduction to the crisis

In July 2011 the Republic of South Sudan became an independent country after many years of conflict and war. Today the country is in a major escalating humanitarian, development, economic and security crises of unprecedented proportions, affecting all parts of the country, as well as neighbouring countries.

Two years after independence conflict broke out in 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). The conflict quickly spread to Unity, Jonglei and Upper Nile states. During 2014 several rounds of Intergovernmental Authority of Development (IGAD)-led peace negotiations had limited success. However, in August 2015 a new peace and power sharing agreement was signed by the warring parties. Despite the signing of the peace agreement, violence continued to affect civilians, causing deep suffering and severe humanitarian needs in many parts of the country. On 8 July 2016 heavy fighting broke out in the capital of Juba and quickly spread through the country, particularly to the three Equatorian states which previously had been relatively stable. Three days later, a unilateral ceasefire was declared by SPLM/A in Government and SPLM/A in Opposition. The Juba-crisis was yet another setback to the peace agreement from 2015 and the Transitional Government of National Unity. Above all, the Juba-events meant that basically all states of the country, in one way or another, now became affected by crisis. The Juba incident has exacerbated the crisis with more than 3 million people displaced inside and outside the country. An estimated 4.8 million people are facing severe food insecurity, a number which is expected to increase to 5 million during 2017. After a visit in the country in October 2016, the UN Special Adviser on the Prevention of Genocide warned that the ethnic conflicts could escalate into genocide within the coming months, and called upon the Security Council to institute an arms embargo against the country.

There are various other armed groups and stakeholders in the conflict in South Sudan such as the Maban Defence Forces (MDF), IO-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.

In regard of cross-border implications, there are many links with the ongoing conflict in Sudan. Refugees have furthermore fled to all the neighbouring countries, with large numbers in Uganda, Ethiopia, Sudan and Kenya. Particularly Uganda has been severely affected by the Juba crisis – at the end of November 2016 the number of refugees from South Sudan was approx. 564 000 with an influx on average of 2 600 new persons every day.
The drop in oil prices and the large expenditures related to the conflict has led to hyper inflation (exceeding 800 % in Nov 2016), where the country’s economy is on the verge of a collapse. Despite the extremely severe conditions people are facing, their ability to mitigate risks and resist shocks has so far been remarkable.

1.1 Geographical areas and affected population

Prior to the new conflict, South Sudan was one of the poorest countries in the world, with at least 80 % of the population defined as income-poor and living on the equivalent of less than US$1 per day. The conflict and the financial crisis are rapidly pushing 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 (literacy of women being 16 %). Recurrent, often endemic threats to people’s health include cholera, malaria, kala-azar, guinea worm, acute respiratory infections, acute watery diarrhea, malnutrition and measles. At the end of 2016, more than 2 million people have contracted malaria which makes 2016 the worst year on record.

The conflict that erupted at the end of 2013 has resulted in widespread displacement in South Sudan and in the neighbouring countries. In December 2016 more than 3 million people, a quarter of the total population, have had to flee from their homes. Around 1.3 million people have crossed into Ethiopia, Kenya, Sudan and Uganda and 1.87 million are internally displaced across the country. A majority of refugees, approx. 65%, are under the age of 18. Since the crisis in July 2016, the number of South Sudanese refugees in Uganda is continuously rising – in November the number had risen to 564 000. As a comparison it can be noted that before December 2013 the number of South Sudanese refugees in Uganda were approx. 22 000. South Sudan itself currently hosts more than 260,000 refugees, mainly from Sudan.

While the most acute needs were previously experienced in the three original conflict states (Jonglei, Unity and Upper Nile), emergency needs have spread to all ten states with a worsening humanitarian situation as a consequence. Since the July-crisis, the Equatorial states are heavily affected by conflict. On top of this, most 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 205,000 people have sought refuge in Protection of Civilians (PoC) sites inside UN bases, living in overcrowded conditions. The majority, almost 90 % of the displaced populations, are spread around the country, often hiding in remote areas or hosted by the communities.

Civilians are most affected by the conflict and have been systematically targeted by armed forces. People have lost their homes and livelihoods and schools, hospitals and other infrastructure have been damaged, looted, destroyed or occupied. Gender inequality permeates the entire society and has been exacerbated by the conflict. Deep structural inequalities between men and women mean that women generally have less access to and control over resources which make them more vulnerable.

Conflict-related Sexual and Gender-based Violence (SGBV) has been wide-spread since the conflict began in 2013 and SGBV is commonly used as a weapon of war; the deliberate targeting of girls and women has reached unprecedented, epidemic and systematic proportions. Reported cases of forced/early child marriage and sexual slavery are rapidly increasing. There are also widespread reports of women and girls facing rape and other forms of violence inside and in close proximity to the PoCs, and when trying to access humanitarian assistance. 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 17 000 children have been recruited or forcefully taken as child soldiers. This number is expected to rise as women and young children are in safety in the refugee camps of Uganda, thus making it possible for young men and boys go back to fight in South Sudan.

The food crisis is escalating in the country. Malnutrition continues above emergency levels in 7 out of 10 states, with malnutrition rates in Northern Bahr el Ghazal (33.3%) and Unity State (26.2%) around double the critical emergency threshold. The national average of 17.9% is also above the emergency threshold. Severe drought is expected in the northern parts of the country during 2017. Due to the conflict in Greater Equatoria, traditionally regarded as the breadbasket of the country producing more than half of the country’s net cereal production, many farmers are currently not able to harvest and will not be able to plant for the next season,
thus food insecurity levels in 2017 is destined to rapidly deteriorate to massive proportions. It is projected that humanitarian needs will escalate in 2017, with more than 5 million people projected to be in IPC phases 3 and 4 and an unconfirmed number of people in catastrophic food insecurity (IPC 5) by June 2017. UNICEF estimates that there will be about 1,12 million children acutely malnourished by 2017 of whom 286 000 suffering from severe acute malnutrition (SAM) and 838 000 suffering from moderate acute malnutrition (MAM). An estimated 900 000 children are believed to be in psychological distress.

1.2 Risks and threats
In HCT-meetings it has been stated that the humanitarian crisis in South Sudan is likely to become larger than ever in 2017. It is also projected that the gap between needs and availability of funding will be larger than ever before. Key threats identified for 2017 are: conflict and violence, malnutrition and famine, economic decline and disease.

Considering the spread of conflict and the deteriorating security situation, the humanitarian situation is expected to decline rapidly. With escalating ethnic clashes there are fears that the situation will reach genocidal proportions during 2017, which consequences would affect the presence of international organizations as it did at the outbreak of violence in Juba in July 2016. In such case, international organizations would most likely evacuate its staff which would lead to severe consequences for the provision of humanitarian assistance.

With continued insecurity there are small possibilities for the displaced population to return to their place of origin. Communal violence is expected to intensify in the dry season (November-April) 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. Particularly Uganda is hard stretched with the huge numbers of refugees continuing to enter the country, and the question is for how long Uganda will be able to continue its generous refugee policies.

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. At the beginning of 2016, two new laws were adopted which, if fully implemented, will have a widespread impact on the ability of NGOs to effectively operate and provide humanitarian assistance.

Serious economic decline, price hikes and disease will most likely continue to exhaust the coping capacity of the population. During 2017, 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 effects of El Niño are gradually decreasing but continues to have an impact on food security and livelihoods.

As for gender inequality and the SGBV-situation in the country, it is important that the humanitarian community continues to further increase its efforts to address these issues in the daily operational work. Specific attention to these issues is needed across the line to ensure that humanitarian assistance does not further exacerbate already negative gender dynamics and stereotypes in the country, but rather contribute to positive change. It is also important that the operational work is sensitive to conflict dynamics and conflict patterns since distribution of aid e.g. 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 175 out of 176 countries in Transparency Internationals corruption perceptions index for 2016. 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 three strategic objectives in the 2017 South Sudan Humanitarian Response Plan (HRP) are to 1) Save lives and alleviate suffering of the most in need of assistance; 2) Protect the rights and uphold the dignity of the most vulnerable; and 3) Support at-risk communities to sustain their capacity to cope with significant threats.
Recognizing that South Sudan is first and foremost a protection crisis, the separate strategic objective (no 2) on protection has been re-instated in the HRP, and the centrality of protection has been reiterated throughout all aspects of the plan. The full requirements of the HRP amount to 1.6 BUSD. Of the estimated 7.5 million people in need of assistance, aid organizations will aim to reach the 5.8 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 2017 food security in South Sudan is likely to deteriorate to unprecedented levels, with thousands of people at risk of famine in conflict-affected areas where markets have failed. A weakened population is increasingly susceptible to disease such as malaria, cholera, measles and kala-azar. The response will be continued in the Greater Upper Nile region where needs remain high, but it will also be expanded in Greater Equatoria and Greater Bahr El Ghazal, where needs have dramatically increased. The response will consistently work to reach those cut off from adequate assistance.

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.

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. Precipositioning 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. Due to these conditions, South Sudan is one of the few places in the world where WFP regularly drops food by air to displaced people.

Since the conflict started in December 2013, and significantly accentuated after the July-crisis, 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 for International Humanitarian Law, and impunity is common. The safety and security of aid workers tend to be ignored by all parties, bringing the total to 67 aid workers killed since the conflict started – a larger number than in any other conflict. Many others have been abducted, harassed, detained or arrested.

The recent crisis has greatly disrupted an already weak service delivery system. Basic services in conflict-affected areas or locations with high concentrations of displaced people are almost exclusively provided by humanitarian organizations. An example is South Sudan’s health sector which remains extremely underdeveloped and where achieving sustainability continues to be a huge challenge. Only 43 % of the country’s health facilities remain functional. The children of the country are furthermore exposed to immense risk, with nearly one-third of schools damaged, destroyed, occupied or closed.

In general, the capacity of civil society in the country is relatively weak. Today there are some 63 National Non-Governmental Organizations – NNGOs operating in South Sudan. NNGOs are often essential for providing assistance in deep field, hard-to-reach areas. South Sudanese staff forms the backbone of the humanitarian response, constituting 90 % of the workforce across the country. Civil society actors and NNGOs 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

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 clusters are co-chaired by different the UN-organizations and implementing NGOs which is a strength in the coordination. In connection with the July-crisis, most international organizations and donors evacuated their staff from the country. As from August/September most staff have however returned to the country.

Today there are some 61 International Non-Government Organizations (INGOs) and 12 UN entities 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, flying permissions and security checkpoints for road transports continue to be a difficult problem especially for INGOs. During the last couple of years, 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.

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 ECHO’s assistance being food aid. There is an active engagement and funding from several other countries, in particular Sweden, Netherlands, Norway, Denmark, Japan, and Switzerland. The trojka i.e. the three lead international partners in the peace process, are the US, UK and Norway.

3. SIDA’S HUMANITARIAN RESPONSE PLAN

3.1. Sida’s role

Earlier response: Sida’s humanitarian response for 2016 both inside and outside the country has focused on support to the South Sudan Humanitarian Fund (SSHF), the International Commitee of the Red Cross (ICRC), Swedish Red Cross (SRC)/South Sudan Red Cross (SSRC), Office for the Coordination of Humanitarian Affairs (OCHA), Norwegian Refugee Council (NRC), Oxfam, Church of Sweden (CoS), International Aid Services (IAS), through the Swedish Mission Council (SMC), Action Contre la Faim (ACF), Save the Children International (SCI) and UN High Commissioner for Refugees (UNHCR). Medecins Sans Frontieres (MSF) was also a partner at the beginning of the year but later, for political reasons, decided to continue its work in the country without funding from EU countries.

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. As from January 2017, Sweden will once again become a member of the Advisory Board for South Sudan Humanitarian Fund, which will give the opportunity of actively focussing on issues such as accountability and prioritisation around the SSHF allocation process, gender, protection and monitoring and evaluation (M&E).

3.2. Response Priorities 2017

Given the escalating crisis in South Sudan with increasing humanitarian needs across the country, Sida’s humanitarian assistance should focus on life-saving support within the critical sectors of protection, health, nutrition, food security, WASH, livelihood and education. Geographical priorities will be in line with the priorities of the HRP, and prioritized groups should be people who are affected by displacement and/or severe
malnutrition and food insecurity. Within these populations, the most vulnerable people shall be targeted, i.e. women, boys, girls and elderly and special attention shall be placed on response to SGBV.

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 with collaborating partner organizations.

Continued support to the SSHF will allow Sweden to fund the most prioritized and urgent areas, contributing to timely prepositioning of supplies and to supporting INGOs, who might be the only ones able to operate in hard to reach areas. With additional support to the ICRC, SRC, NRC, IRC, Church of Sweden, ACF, SMC and OCHA, Sweden will contribute to protection, nutritional support, improved food security, response to disease outbreaks, improvement of water and sanitation, livelihood, education, child protection and SGBV, 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, changed to service delivery 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 areas most affected by conflict.

To contribute to improved resilience of the crisis-affected population, coordination between humanitarian and development approaches is essential. To try to reduce aid dependency, humanitarian assistance should continue to focus on life-saving activities but must at the same time also strive at building in more durable solutions, for example through livelihoods interventions. With the urgent, life-saving needs that exist in South Sudan at present, this is a considerable challenge which requires that development actors and humanitarian actors work together.

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 has led to the allocation of considerable development funds to the South Sudan CHF (now renamed SSHF) from the South Sudan country frame in both 2014 and 2015 (approx. 180 MSEK). In 2015, Sweden’s development aid to South Sudan was reduced from 175 MSEK to 100 MSEK per year. For 2017 the planned disbursement from the country frame is 100 MSEK given that the conditions for work do not decline further.

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. Given the escalation of the crisis in South Sudan during 2016, which has resulted in considerable shrinking possibilities to achieve sustainable results within the development area, there are currently reviews and discussions within Sida around the possibilities for more flexibility and better alignment of development support to the humanitarian interventions. At present it is too early to say what these processes will result in, but the aim is to combine efforts and thereby improve the total results of Swedish humanitarian and development support to South Sudan.

3.3. Partners and proposed support

The proposed amount to be initially allocated from Sida’s humanitarian budget for the South Sudan crisis 2017 is 150 MSEK. This also includes South Sudan regional response to Uganda, Ethiopia and Kenya. In addition, the HCA for Ethiopia proposes support to NRC and unearmarked support to UNHCR to the amount of 18 MSEK which partly responds to the needs of South Sudanese refugees in the country. As for 2017, none of Sida’s strategic partners have included response activities for 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.

As a comparison the entry value for 2016 was 140 MSEK, which included the regional South Sudan crisis response in Ethiopia, Uganda and Kenya where Sida supported several partners. The total amount for the
South Sudan-specific humanitarian assistance in 2016 was approx. 188 MSEK, while the total regional response amounted to approximately 78 MSEK).

**Framework agreements:** Eight framework agreement partners have included South Sudan in their initial submission for 2017 with which Sida has decided to support ACF, Church of Sweden, IRC, NRC, SMC/IAS and SRC. One of their largest operations worldwide being South Sudan, ICRC has also indicated funding needs. Compared to 2016, three “new” organizations have submitted proposals for 2017 and Sida has decided to support two of them (ACF and IRC). Due to the relatively low entry value for South Sudan, it is not deemed effective at this point in time to take on more partner organizations for 2017.

**ACF:** The organization has applied for 9 MSEK for integrated nutrition- and WASH assistance in Northern Bahr-el Ghazal where the nutrition situation is critical with GAM-rates estimated at twice the emergency threshold on 15 %. ACF will focus on vulnerable communities, specifically targeting malnourished children and pregnant and lactating women. Sida recommends support with 7 MSEK for 2017.

**CoS:** The programme that Church of Sweden included in their initial submission for 2017 is implemented by Lutheran World Federation (LWF) in the refugee camps of Maban and Ajoung Thok in Upper Nile and Unity. The programme mainly targets children, youth and vulnerable persons, focusing on education, protection and peace-building. At present, the 2014-2016 Refugees Programme is being evaluated; the results of the evaluation will lay the ground for the future programme for CoS’ refugee response in Eastern Africa. Sida recommends a continued support of 7 MSEK for 2017.

**ICRC:** The ICRC is one of the largest responders to the crisis in South Sudan. In 2016 Sida supported the ICRC with 15 MSEK for South Sudan. The main focus of ICRC activities relates to their specific mandate and International Humanitarian Law (IHL), family-links services, food security as well as access to health care and other basic services. Sida recommends continued support of 14 MSEK due to the ICRCs unique possibilities for access to difficult areas.

**IRC:** The organization has applied for 7,5 MSEK from Sida for health- and WPE assistance in selected IDP-sites/PoCs in Central Equatoria (Juba) and Unity (Rubkona county) The work will be focused on providing rapid health and GBV integrated assistance to vulnerable women and girls in the selected IDP sites and the surrounding conflict affected communities including the establishment of mobile GBV emergency response. Sida recommends support with 7,5 MSEK for 2017.

**NRC:** NRC has been active for many years in South Sudan, particularly within the areas of food security, education, protection, water and sanitation and livelihoods. In 2016 NRC was supported with 10 MSEK for its regular programme in South Sudan. NRC works across South Sudan and will for 2017 primarily target displacement affected populations. Sida recommends a continued support of 10 MSEK in 2017.

**SMC/IAS:** IAS has had a long presence in the country with good access on the ground and carries out relevant programmes focusing on safe and sustainable WASH solutions in Jonglei, Unity, Northern and Western Bahr el Ghazal and Central Equatoria. Sida recommends a continued support of 7 MSEK to SMC/IAS.

**SRC:** In 2016 Sida supported the SRC in South Sudan with 5 MSEK where a major part of the activities were directed towards the South Sudan Red Cross (SSRC), established in 2011. The proposed support for 2016 focus on a Community Based Health and First Aid (CBHFA) programme in Western Equatoria, organizational and thematic development as well as M&E capacity of SSRC. Smaller support is also proposed for ICRC emergency health activities and IFRC’s work with promoting greater collaboration in partners’ support to SSRC. 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 SSRC is an important actor in terms of national disaster response. It is also one of the organizations with most wide-spread access on the ground. Sida recommends a continued support of 4,5 MSEK for 2017 in accordance with the proposal from SCS.

**Other support:** Important work is carried out by OCHA 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 SSHF, including efforts on strengthening all the clusters. Sida proposes a continued allocation of 5 MSEK to OCHA South Sudan.

SSHF: The main channel for Sweden’s humanitarian assistance is proposed to be the SSHF. Sweden is the second largest donor to SSHF and has supported the fund since its inception in 2012. Sida considers the South Sudan SSHF 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 SSHF has in particular provided crucial funding for the most critical areas of humanitarian assistance. Early support to the SSHF will assist in orderly pre-positioning of these core pipelines and contribute to a more cost efficient way to respond to humanitarian needs than during the rainy season. Sida proposes an allocation of 38 MSEK for 2017. The full amount should be disbursed at 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) 2017 is led and coordinated primarily by the UNHCR with the involvement of some 44 UN agencies and NGO partners. The financial requirements for the 2017 RRRP are estimated to 1,21 billion USD. The RRRP aims to meet the minimum needs of the, by the end of 2017, expected 1.9 million South Sudanese refugees in Uganda, Sudan, Ethiopia, Kenya, DRC and CAR. It is not foreseen that people will return to South Sudan on a significant scale in the near future.

Life-saving needs will be met through innovative approaches, including cash-based initiatives, and humanitarians will engage with government and development partners to ensure sustainability of the refugee response. 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. It shall be noted that there has been a significant underfunding of the humanitarian response to the South Sudanese refugee crisis, in particular in Uganda, Ethiopia and Sudan, which continues to impede an adequate response. During 2016 the budget for RRRP was only funded by an average of 45 %.

In September 2016 the number of South Sudanese refugees sheltering in neighbouring countries passed the 1 million mark and at the end of the year it had increased to almost 1,3 million. After the Juba-crisis in July 2016, the number of people crossing into Uganda have escalated dramatically, with an average of 2600 refugees arriving in the country every day during November 2016. Today, the country is host to some 900 000 refugees of which 564 000 come from South Sudan, making it the third largest refugee-hosting country in Africa and eighth largest refugee-hosting country in the world. In Ethiopia, there were approx. 324,000 refugees from South Sudan by the end of 2016, while the equivalent number for Kenya was approx. 92,000 refugees. As for Sudan, which prior to the July-crisis hosted the biggest number of refugees from South Sudan, the number is approx. 263,000 refugees.

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, Uganda, Ethiopia, Sudan, Kenya, CAR and DRC. During 2016 Sida allocated an initial amount of 10 MSEK to UNHCR for the regional South Sudan crisis response. It can also be mentioned that an additional 40 MSEK was added at the end of 2016 as a response to the Ugandan refugee situation. Given the present critical situation, Sida propose to increase the initial allocation to UNHCR to 15 MSEK of un-earmarked support for the crisis response during 2017. With an unearmarked support UNHCR are free to prioritize refugee response in the whole region.

SMC: During 2016, Sida supported SMC in Uganda with 3 MSEK. For 2017, Sida proposes a continued support of 7 MSEK for multisector interventions implemented by IAS and/or ADRA.

CoS: Sida has supported the CoS refugee programme in Eastern Africa over the last three years. During 2017, Sida proposes a continued support of 6 MSEK for CoS in Uganda, scaling up LWF’s emergency
response in Adjumani and Rwamwanja. Sida also proposes to continue supporting CoS in Ethiopia, Gambella, with 3 MSEK focusing on WASH-activities and FSL implemented by LWF (see also Ethiopia HCA). Lastly, a continued support of 4 MSEK is recommended to CoS/LWF in Kenya, focusing on education, child protection, livelihood, community services and peace building in Kakuma and Dadaab.

**ACF:** During 2016 Sida supported ACF in Uganda with 4 MSEK and in Ethiopia with 5 MSEK. For 2017 Sida proposes a continued support of 7 MSEK for multisector interventions in Uganda’s Adjumani, Kiryandongo and Yumbe settlements including host communities. Sida also proposes to continue support to ACF in Ethiopia with 8 MSEK focusing on nutrition activities in Gambella.

### Sida’s humanitarian assistance to the South Sudan crisis in 2017

<table>
<thead>
<tr>
<th>Recommended partner for Sida support</th>
<th>Sector/focus of work (incl. integrated or multisectoral programming)</th>
<th>Proposed amount (MSEK)</th>
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<tbody>
<tr>
<td>SSHF</td>
<td>Multi-sector</td>
<td>38</td>
</tr>
<tr>
<td>ICRC</td>
<td>IHL, protection, food security, health</td>
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<td>SRC</td>
<td>Health, IHL, capacity building</td>
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<td>IRC</td>
<td>Health and SGBV</td>
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<td>NRC</td>
<td>Food security, education, shelter, WASH</td>
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<td>CoS/LWF</td>
<td>Education, child protection</td>
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<tr>
<td>ACF</td>
<td>Nutrition and WASH</td>
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<td>WASH</td>
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<tr>
<td>OCHA</td>
<td>Coordination</td>
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</table>

**TOTAL: 100 MSEK**

### Refugee response in Ethiopia, Kenya and Uganda related mainly to the South Sudan Crisis

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<tr>
<th>Recommended partner for Sida support</th>
<th>Final proposed support</th>
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<td>ACF Reg. Uganda</td>
<td>Multi-sector</td>
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<tr>
<td>SMC Reg. Uganda</td>
<td>Multisector</td>
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<td>CoS Reg. Uganda</td>
<td>SGBV, protection</td>
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<tr>
<td>ACF Reg. Ethiopia</td>
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<td>CoS Reg. Ethiopia</td>
<td>FSL, Community-based psychosocial support</td>
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<td>CoS Reg. Kenya</td>
<td>Education, child protection, livelihood</td>
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<tr>
<td>UNHCR regional</td>
<td>Refugee multisector</td>
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</table>

**TOTAL: 50 MSEK**

**GRAND TOT: 150 MSEK**

### Sources

- ECHO: Crisis Report no 44 – South Sudan Crisis; UNHCR: South Sudan Situation Regional Update nb. 80; Draft Humanitarian Response Plan for South Sudan 2017; Draft Humanitarian Needs Overview South Sudan 2017; Ambassaden i Kampala: Lägesbild: flyktingsituationen i Uganda november 2016 (2016-11-08/1425); WFP: South Sudan Situation Reports, # 151 and # 105; Information from meetings with donors and partners during visit to South Sudan in Oct. 2016; UNHCR: Funding update 29 November 2016; FSNWG update: November 17, 2016; Notes from HCT-meeting in Juba 24 November 2016; FAO Update 7 Nov 2016