

## **HUMANITARIAN IMPLEMENTATION PLAN (HIP)**

### **SUDAN and SOUTH SUDAN**

The full implementation of this version of the HIP is conditional upon the necessary appropriations being made available from the 2018 general budget of the European Union

**AMOUNT: EUR 86 000 000**

The present Humanitarian Implementation Plan (HIP) was prepared on the basis of the financing decision ECHO/WWD/BUD/2018/01000 (Worldwide Decision) and the related General Guidelines for Operational Priorities on Humanitarian Aid (Operational Priorities). The purpose of the HIP and its annex is to serve as a communication tool for ECHO's partners and to assist them in the preparation of their proposals. The provisions of the Worldwide Decision and the General Conditions of the Agreement with the European Commission shall take precedence over the provisions in this document.

#### **0. MAJOR CHANGES SINCE PREVIOUS VERSION OF THE HIP**

##### **Second modification as of 19/11/2018**

The socioeconomic crisis that started in Sudan at the beginning of the year has resulted in a further deterioration of the humanitarian situation. This is mainly visible in poor economic access to food, but other sectors are also affected (e.g. nutrition, health, education) whilst negative coping mechanisms are leading to additional protection concerns.

Staple food prices are well above (more than 200%) the five-year average and are expected to remain high as production costs have risen. This will lead to atypically high number of people facing Crisis or Emergency levels of food insecurity during the harvest season (Nov to Jan), while the figure reached approximately six million during the 2018 lean season (May to Oct). Given further price increases and likely continuation of the economic crisis, food insecurity is likely to worsen in 2019, which might impact further on the nutrition status of the most vulnerable population.

The impact of the economic crisis on refugees, forcibly displaced and host communities is taking place against a background of high vulnerability (limited access to basic services) and critical levels of global and severe acute malnutrition. This was already witnessed during the lean season, with areas facing an increase trend of admissions between June and September and confirmed by recent nutritional surveys in locations hosting refugees. Increasing restrictions on the physical access to cash also create additional constraints, for people's access to commodities and essential services (including health care), for suppliers and for farmers (to pay daily workers during the harvest).

In order to respond to these new humanitarian needs in Sudan, the Commission has mobilised an additional amount of EUR 8 million to support the nutrition pipeline common services and coordination. The support to the nutrition pipeline will enable partners to access nutrition commodities and essential drugs for the treatment of Severe Acute Malnutrition. Support to common services to facilitate the delivery of humanitarian assistance will enable partners to continue implementing activities

throughout Sudan in a context of increasing logistical constraints due to high prices, fuel shortages and access constraints. Finally, the Commission could support in-country coordination in a context where information-sharing and advocacy are rendered all the more important by difficulties linked to the impact of the economic crisis on the capacity to respond to emergency needs and due to the restrictive operating environment.

### **First modification as of 22 June 2018**

Sudan is facing simultaneous large scale humanitarian crises linked to conflict, forced displacement, undernutrition. In the past 6 months, the number of people in need of humanitarian assistance has increased by 1.6 million people, reaching a total of 7.1 million people. This steep increase of humanitarian needs is linked to multiple causes: localised drought in North Darfur and Kassala states, new conflict-related displacement in Darfur, continuous influx of South Sudanese refugees and a quickly deteriorating economic crisis that has resulted in sharp inflation and fuel shortages affecting the whole country.

As of May 2018, an estimated 6.1 million people are estimated to be facing Emergency and Crisis levels (IPC 3 and 4) of food insecurity, with 100% of IDPs and refugees unable to afford the minimum food basket. The nutritional status of children is also greatly affected by the deterioration of the situation with an additional estimated 65 000 children suffering from severe acute undernutrition (SAM) on top of the 694 000 identified in the 2018 Humanitarian Needs Overview (HNO).

In response to the fast deteriorating situation, the UN Humanitarian Country Team (HCT) has reviewed the Humanitarian Response Plan. The additional funding needs of USD 1 billion have increased by USD 417 million. A large part is related to additional food assistance and nutrition response needs and increased operational costs (inflation and fuel prices increase). The HRP is so far funded at 28%.

In order to respond to these new humanitarian needs in Sudan, the Commission has mobilised an additional amount of EUR 10 million to support the food and nutrition pipelines, especially for the most affected locations. Support to common services in order to facilitate the delivery of humanitarian assistance will also be considered due to the logistical challenges to deliver humanitarian assistance in Sudan.

## **1. CONTEXT**

In **Sudan**, the humanitarian situation is complex and marked by various drivers. The situation is of particular concern in areas where basic living conditions for affected populations have been worsening due to man-made and natural disasters whilst humanitarian assistance has been limited after years of conflict, restrictions, and overstretched capacity. Chronic under-development and widespread poverty, exacerbated by those shocks, are also negatively impacting on vulnerable populations' coping capacities whilst access to basic services remain largely insufficient.

The 2017 Humanitarian Response Plan (HRP) estimates that 4.8 million people are in need of humanitarian assistance, representing 12% of the overall population. Conflict and insecurity in Darfur and the Two Areas have led to the internal displacement of about 3.3 million people. The country is also hosting over 900 000 refugees and asylum

seekers. The country is facing a critical nutrition situation which represents a yearly burden of an estimated 2.2 million children under the age of 5 affected by Global Acute Malnutrition (GAM), including 573 000 affected by its more severe form.

Despite high and urgent needs in the country, it has proved difficult to ensure international awareness and sustained attention to this complex crisis. Sudan is therefore considered by ECHO as a forgotten crisis for the fourth year in a row.

Whilst principled and urgent humanitarian assistance remains essential, Sudan is also a pilot country for the Humanitarian-Development NEXUS and as such both Humanitarian and development arms of the Commission (ECHO and DEVCO), aim at articulating strategically their actions to respond more effectively to protracted crises linked to forced displacement, and to multiple causes of high levels of undernutrition.

More than four years into the conflict, the situation in **South Sudan** is worsening. Fighting continues to be reported in numerous parts of the country between the government and various anti-government forces, amidst an increasing fragmentation of belligerents, forcing thousands of civilians to flee within and outside the country. Human rights violations and widespread disregard of International Humanitarian Law by all parties to the conflict continue unabated, resulting in more suffering for civilians, who are deliberately killed, or injured. These abuses are often ethnically motivated.

The continuous deterioration of the political and security situation has further disrupted access to basic services, livelihoods and markets, leading to an unprecedented food insecurity situation affecting half of the population, with thousands of people facing famine conditions, and malnutrition levels above the emergency threshold.

The 2017 HRP estimates that 7.5 million people, 63% of the population, are in need of humanitarian assistance. The protracted conflict has already resulted in forced internal displacement of 2 million people and almost 2 million South Sudanese refugees in neighbouring countries (up from 1.4 million at the beginning of 2017). South Sudan is also hosting over 270 000 refugees fleeing insecurity and conflict from neighbouring countries (mainly from Sudan).

ECHO's Integrated Analysis Framework (IAF) for 2017-2018 identified high humanitarian needs in **Sudan** and extreme humanitarian needs in **South Sudan**. In both countries, the vulnerability of the population affected by the crises is very high.

**Sudan** and **South Sudan** are also affected by recurrent natural disasters including droughts and flooding, as well as epidemics.

	South Sudan	Sudan
<b>INFORM Risk Index<sup>1</sup></b>	8.9/10 <sup>2</sup>	7/10
Vulnerability Index	9.1/10	6.6/10
Hazard and Exposure	8.2/10	7.4/10
Lack Coping Capacity	9.3/10	7/10
<b>Crisis Index</b>	3/3	3/3
Conflict Index	3/3	3/3
Uprooted People Index	3/3	3/3
Natural Disaster Index	0/3	2/3
<b>HDI Ranking<sup>3</sup> (Value)</b>	181 (0.4/1)	165 (0.5/1)
<b>Total Population</b>	12 300 000	40 200 000

There are three peace-keeping operations in the region<sup>4</sup> including Abyei. Sudan<sup>5</sup> and South Sudan have not made progress in reaching an agreement on the final status of the Abyei Administrative Area. The phased deployment of the Regional Protection Force (RPF) in South Sudan, authorised by the United Nations in 2016<sup>6</sup>, has begun. However, the RPF is far from being established, yet alone operational.

## 2. HUMANITARIAN NEEDS

### 2.1. People in need of humanitarian assistance

In **both countries**, if access allows, ECHO will aim to address the most essential needs of the affected population through targeted lifesaving interventions, rather than blanket status-based assistance.

In **Sudan**, internal and regional conflict situations are affecting large parts of the population, in various States. Main vulnerabilities are linked to forced displacement:

- Internally Displaced Persons (IDPs): conflict and insecurity in Darfur and the Two Areas have led to the internal displacement of about 3.3 million people. Population movements are characterised by complex dynamics in terms of root causes and duration, requiring differentiated levels of response and engagement. For long-term displacement linked to protracted situations, further analysis should permit to identify the most vulnerable individuals/households in need of humanitarian assistance.

<sup>1</sup> INFORM is a global, open-source risk assessment for humanitarian crises and disasters

<sup>2</sup> Deteriorating trend

<sup>3</sup> Humanitarian Development Index (HDI) developed by UNDP

<sup>4</sup> The United Nations (UN) Mission to South Sudan (UNSC Resolution 1996 as last amended by 2327), the UN Interim Security Force for Abyei (UNSC Resolution 1990 as last amended by 2352) and the UN-African Union Hybrid Mission in Darfur (UNSC Resolution 1769 as last amended by 2363)

<sup>5</sup> See 3.3 Constraints and ECHO response capacity

<sup>6</sup> Under the command of the United Nations Mission to South Sudan, the RPF should provide a secure environment in and around Juba, protect the airport to ensure it remains operational, as well as the Protection of Civilians site and key facilities in the city (UNSC Resolution 2304)

- Returnees: Internally displaced people and Sudanese refugees in Chad have continued to return to Darfur, including 209 000 verified returnees between 2014 and 2016. The main drivers of these returns are shortage of food, lack of livelihood opportunities and deteriorated access to basic services in hosting areas, coupled with a relative improvement of the security situation in some of their areas of origin.
- Refugees: Sudan is hosting more than 900 000 refugees and asylum seekers<sup>7</sup>, of which 62% are children. More than 180 000 South Sudanese refugees have fled to Sudan since January 2017 and the influx is still on-going. Hosting capacities in local communities and existing camps are overstretched and basic living conditions continue to deteriorate. Public health risks and tensions between communities are increasing, linked to limited resources and services.
- Host populations often face the same risks and vulnerabilities as forcibly displaced persons and should therefore also be considered as potential beneficiaries;
- External shocks (conflict, natural disasters) as well as poverty, eroded livelihoods and lack of access to essential resources and basic services have also led to a critical nutrition situation in Sudan. Whilst longer-term development approaches are needed to tackle this situation and prevent malnutrition, excessive mortality linked to such a situation is also to be addressed through life-saving and targeted interventions focusing on the most-at-risk population: children under 5 years of age, pregnant and lactating women, and poor households with eroded coping mechanisms, etc.

In **South Sudan** ECHO mainly targets the most vulnerable people within the following groups:

- IDPs: there are almost 2 million forcibly displaced people within South Sudan (of whom more than 50% are estimated to be children), out of which more than 218 000 have sought refuge in UNMISS bases called Protection of Civilians sites (PoCs), 62% being children, 26% women and 13% men . New forced displacement occurred in 2017, in particular in Upper Nile State, Greater Bahr el Ghazal, Unity and Eastern Equatoria. Large numbers of people remain stranded, hiding in hard to reach areas, in bushes or in swamps, where they lack food and basic commodities to sustain themselves. Regular access to adequately assist this population remains a major challenge.
- Refugees: South Sudan hosts more than 270 000 refugees (with 52% women and 61% children under the age of 18). About 240 000 Sudanese refugees have been residing in camps in Unity and Upper Nile states since 2011, after fleeing from South Kordofan and Blue Nile states in Sudan. In addition, there are refugees from the Democratic Republic of Congo, Central African Republic, and Ethiopia.
- Vulnerable host populations often face the same risks and vulnerabilities as forcibly displaced persons. Displacement into host communities will stretch the already limited resources further.

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<sup>7</sup> There are about 424 000 refugees who have arrived since December 2013 from South Sudan. In addition, an estimated 350 000 South Sudanese have remained in Sudan following the secession in 2011. There are more than 140 000 refugees and asylum seekers from nearby countries (Eritrea, Ethiopia, Chad, CAR, Syria and Yemen).

- Local communities not affected by conflict may also experience severe levels of humanitarian needs including food insecurity, under-nutrition, and epidemics.
- Returnees: voluntary returns of IDPs or refugees are limited, however if conditions change, the return movement might increase.

## **2.2. Description of the most acute humanitarian needs**

For both countries, the most affected and vulnerable populations are facing acute needs in all essential sectors, including lifesaving first emergency response and protection concerns related to conflict and insecurity.

The humanitarian needs in **Sudan** are identified in the following sectors:

Protection: Respect of and adherence to International Humanitarian Law remains of particular concern: across conflict-affected areas, there have been incidences of serious attacks against civilians, recruitment and participation in hostilities of children and conflict-related sexual violence (CRSV), as well as forced displacement and constrained access to humanitarian assistance and basic services. Moreover, the influx of displaced, refugee or returning populations further trigger inter-communal tensions and conflict, mainly due to competition over scarce resources.

Nutrition: with a national GAM average of 16%<sup>8</sup> and 11 out of 18 states above the critical (Global Acute Malnutrition (GAM) >15%) level of under-nutrition, the nutrition status of children is very poor and directly impacts on the health of the most-at-risk population. Only 25% have had access to treatment services up to now.

Food security: Despite current favourable forecasts for the 2017 cropping season and pasture regeneration, at least 3.4 million people will remain severely food insecure. Erratic rains have been reported in some locations where local populations have been struggling to recover from two consecutive years of localised drought. In addition, in conflict and displacement areas, most vulnerable households, including newly displaced people and newly arrived refugees, continue to face critical food gaps and difficulties to recover their livelihoods. Recent analysis has shown that food security in protracted displacement situations has deteriorated between May 2016 and May 2017.

Health: the health system remains very weak, with little investment made to improve capacity, resulting in inadequate and insufficient levels of human resources, especially in remote locations affected by conflict. Bureaucratic restrictions severely limit timely procurement and provision of quality assured drugs and nutritional products. Inadequate healthcare and sanitary coverage contribute to outbreaks, notably the current suspected cholera outbreak (over 30 000 reported Acute Water Diarrhoea cases in a single year). Preventive measures, disease control programs and sanitation measures to reduce propagation also remain largely insufficient and challenged due to a lack of transparency on the existence/occurrence of outbreaks.

Water, hygiene and sanitation: In conflict-affected areas, water and sanitation infrastructures in IDP camps are often overstretched by the arrival of new IDPs or need to be upgraded/ maintained due to the protracted situation. Significant refugee influxes in areas that are already underserved in terms of access to water and sanitation facilities

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<sup>8</sup> MIC5 2014.

are creating additional health risks whilst emergency response struggles to meet sectoral standards in time. Self-reliance should be fostered and enhanced in all projects. The increasing demand for natural resources in densely populated areas, coupled with climate change, continues to challenge sustainability of water resources and their exploitation.

Shelter and Settlement / Non-Food-Items (NFIs): in refugee/IDP camps or settlements, improved shelters and NFIs are essential needs; environment and local capacity, land tenure and protection concerns should be considered to develop actions.

Education in emergency: Some 3 million children between the ages 5 to 13 are out of school, of which about 1.7 million are affected by the conflict (56% IDPs, 32% from the local population, 7% refugees and 5% returnees) and in need of Education in Emergencies (EiE) support. Overcrowding, insufficient teaching and learning material and a high number of non-qualified teachers remain key emergency-related barriers to education.

Coordination, advocacy and communication: The complex nature of the crisis requires adequate coordination of the response as well as on civil-military issues. Advocacy and communication could help increase the level of awareness on the crisis in Sudan.

Logistics: Humanitarian needs are dispersed across the region/countries, often in areas very difficult to access due to geographical remoteness, insecurity and lack of infrastructure. Support to logistics may be crucial to implement projects.

DRR, Resilience and Emergency Preparedness & Response (EP&R): In the context of Sudan, characterised by protracted and new crises with challenging humanitarian access, preparedness for early response to a crisis within a crisis should continue to be enhanced. Crisis modifiers embedded into humanitarian actions are relevant (see the section on Emergency Preparedness and Response in the HIP Technical Annex).

**South Sudan** is first and foremost a protection crisis, with widespread and acute needs in all essential sectors.

Protection: 7.3 million people are estimated to be in need of humanitarian protection and assistance (56% female and 44% male), including IDPs, host communities, communities affected by violence, and refugees. The conflict is characterised by wide-scale and severe violations of International Humanitarian Law and Human Rights Law, including killing and torture of civilians and the intentional deprivation of food, livelihoods and access to services (including humanitarian assistance) along ethnic and political lines. Conflict-related sexual violence is also widespread and perpetrated against women, girls, boys, and men, with the systematic use of rape as a weapon of war. Millions of civilians have been forced to flee internally, take refuge in PoC sites, or flee to neighbouring countries. Grave violations against children, including maiming and killing, and attacks against schools, are also systematically reported; moreover, it is estimated that some 17 000 children are currently forcibly recruited into armed forces/groups. The ongoing fighting and the resulting displacement continue to cause family separation, with an estimated 9 000 children having been separated from their families.

Food security: is extreme, widespread and increasing to an unprecedented level. The risk of famine persists, with thousands of people still facing famine conditions. The 2017 food and nutrition security assessments estimated that at the peak of the lean season (June– July 2017), half of the population was severely food insecure. Food

production is declining mainly as a result of conflict, displacement, and denial of access to farming. This may be further aggravated by the current invasion of fall armyworm. In addition, access to food remains challenging due to the increase of prices related to depreciation of the South Sudanese pound, increased transport costs and disrupted trade flows linked to insecurity and the above-mentioned limited local production.

Nutrition: Out of the 16 SMART surveys completed by May 2017, 14 showed critical (Global Acute Malnutrition (GAM) >15%) levels of under-nutrition. The deterioration of the nutrition status of the population is likely to continue with reduced access to food as well as to basic services such as healthcare and water; poor sanitation and hygiene, and inappropriate child feeding practices.

Health: Considering weak surveillance in South Sudan, the rapid spread of major epidemics such as Viral Haemorrhagic Fever is a high risk with possible regional implications. Cholera has become endemic and has reached unprecedented levels in 2017 spreading, far beyond its normal coverage, with a high fatality rate. In the first 8 months of 2017, over 1.2 million people were estimated to have contracted malaria. The capacity of the health sector to provide most needed basic services to the population remains extremely limited. Destruction and looting of health facilities is a recurrent issue. The sector remains dependent on humanitarian and development assistance (more than 80% of health facilities are supported by NGOs). War-wounded treatment continues to be a significant need.

Water and sanitation: Access to safe water and appropriate sanitation is extremely low and continues to deteriorate. This represents a particular concern for those forcibly displaced and/or in camp settings, as well as in tackling the cholera outbreak. The number of people affected by diarrheal and waterborne disease outbreaks is very high.

Shelter and Settlement / Non-Food-Items (NFIs): in refugee/IDP camps or settlements, improved shelters and NFIs are essential needs. Environment and local capacity, land tenure and protection concerns should be considered to develop actions.

Education in emergency: Since the onset of the crisis, 1.7 million children and adolescents (52% girls and 48% boys) are in need of emergency education, including an estimated 430 000 children forced out of school. 31% of primary schools have suffered at least one or more attacks, 25% are non-functional, and more than 800 have been destroyed. This has contributed to worsen an already dire situation, with only 43.5% of primary school-aged children enrolled and less than 10% completing the 8-year primary education cycle. Moreover, many teachers have been displaced from their homes and forced to seek alternative livelihoods due to school closures and the lack of payment.

Coordination, advocacy and communication: The complex nature of the crisis requires adequate coordination of the response as well as on civil-military issues. Advocacy and communication could help increase the level of awareness on the crisis in South Sudan

Logistics: Humanitarian needs are dispersed across the region/countries, often in areas very difficult to access due to geographical remoteness, insecurity and lack of infrastructure. Support to logistics may be crucial to implement projects.

Disaster risk reduction, resilience and self-reliance (DRR): Resilience building is challenged by conflict, forced displacement, and the lack of DRR institutionalisation. In the South Sudan context, characterised by ongoing conflict and access challenges, there is a need for enhanced preparedness for rapid multi-sectoral response. Risk assessments and existing EWS should inform the humanitarian response throughout the



programming cycle. There is scope for improving and mainstreaming disaster risk reduction and resilience into humanitarian response.

### 3. HUMANITARIAN RESPONSE

#### 3.1. National / local response and involvement

The Government of **Sudan**'s support to humanitarian response remains based on a restrictive regulatory framework, only partly amended in 2017 with regards to improved procedures of staff movements and recruitment.

National and local involvement varies per sector and per State. With regards to malnutrition, the Government of **Sudan** is engaged in the Community-based Management of Acute Malnutrition (CMAM) scale up, at both policy and operational levels. Recent changes have also been introduced with regards to the refugee status and coordination, requiring a flexible and principled approach towards hosting conditions (community-based out-of-camps approaches, voluntariness, etc.). Conducive environment for the development of Durable Solutions is still to be developed, including at the GoS level.

In **South Sudan**, the Transitional Government of National Unity, established in April 2016, has to date not made resources available to address the basic needs of the population and regularly denies humanitarian access, increasing the pressure on humanitarian actors.

Despite frequent and recurrent crises, there is no functioning Disaster Management body or civil protection mechanism. There is no functioning Disaster Risk Reduction (DRR) framework.

#### 3.2. International Humanitarian Response

Both in **Sudan** and **South Sudan**, the main other traditional humanitarian donors present are: USAID (OFDA, Food for Peace, BPRM), UK (DFID), Germany, Canada Norway, SIDA, SDC, and CERF<sup>9</sup>. The Sudan Humanitarian Fund completes these bilateral contributions.

Whilst overall humanitarian funding levels have reduced in recent years in **Sudan**, new emergencies have continued to develop and existing capacity has thus been maintained or even sometimes increased, to respond to new needs. It remains, however, overstretched due to large caseloads and insufficient mobilisation. The 2017 HRP is 20% funded, i.e. at much lower levels than previous years. The humanitarian response also needs to be further linked with development engagement in order to address protracted crises. The South Sudanese Refugee Response Plan also remains underfunded (22% as of July 2017 for the response in Sudan).

In **South Sudan**, there is a substantial international humanitarian response by the UN and INGO partners with all major international organisations. The full cluster coordination architecture is in place. Despite the decision to lift the L3 designation for

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<sup>9</sup> The UN's Central Emergency Relief Fund: in Sudan and South Sudan CERF is regularly mobilised for new emergencies and underfunded crises

South Sudan in early 2016, some UN agencies continue to apply the L3 qualification internally.

The 2017 HRP is 64% funded (August 2017). The HRP in 2017 has substantially increased compared to 2016, and currently stands at USD 1.64 billion. The ICRC appeal is 66 % funded (August 2017), the second most under-funded global operation (Total Appeal: CHF 126 million).

### **3.3. Constraints and ECHO response capacity**

In **Sudan**, the operational capacities among ECHO partners remaining in the country are overstretched in comparison to the vast needs and regular occurrence of new emergencies, in addition to the complex protracted crises.

The operating environment for humanitarian actors remains restrictive, mainly due to insecurity and constant bureaucratic impediments that challenge effective, principled and sustained access to affected populations. Some areas affected by years of conflict remain inaccessible despite critical humanitarian needs. Advocacy to support principled humanitarian assistance has however continued and has permitted to maintain existing capacity in 2017, and even to scale up emergency response for the South Sudanese refugee influx and in newly accessible areas such as in some parts of Jebel Marra.

Security is a concern in most conflict-affected areas (Darfur, Blue Nile, South and West Kordofan). The UNSC's recent decision to reduce UNAMID military and police capacity by June 2018 may further undermine the protection environment for civilians and the security and safety of aid workers and assets. This could have a direct impact on the costs of humanitarian operations. Likewise, self-reliance policies that aim at including the local/host communities in the refugee and IDP response will have an impact on the overall operational costs.

Whilst Sudan is a pilot country for strengthening Nexus, its operationalisation and, more broadly, development approaches are challenged by a variety of factors that still need to be addressed: continuous (perception of) insecurity, unresolved land issues, limited infrastructures and basic services, limited engagement in the Rule of Law, successive climate shocks, restrictive environment for data collection, lack of community consultation and regular monitoring, etc.

**South Sudan** remains one of the most challenging countries to work in and one of largest humanitarian operations worldwide. After the outbreak of the crisis in December 2013 the UN established a full UN and cluster system with lead agencies and NGO co-lead agencies, a triple hatted Deputy Special Representative of the Secretary General (DSRSG)/Resident Coordinator (RC)/Humanitarian Coordinator (HC), and a large OCHA office.

The operational challenges are linked to a difficult logistical environment (poor infrastructure, seasonal flooding) and a costly and insecure operating environment; not least due to a rise of bureaucratic impediments at all levels (national, state, and county level). In addition, in the past two years, access has become increasingly difficult and the overall security environment for humanitarian organisations has deteriorated. Denial of access by all armed actors to those most in need constitutes a major barrier to humanitarian assistance. Renewed fighting around the country and fragmentation of belligerents make it more difficult to advocate for or negotiate access. Lootings of humanitarian assets and public facilities (e.g. clinics, schools) by all armed actors, and sometimes by civilians, is a constant feature in South Sudan. Violent criminality is also

on the rise. Relief agencies and their staff are frequently harassed and intimidated. Many have suffered attacks and assaults on staff, including South Sudanese staff relocated from other regions. Ethnic and tribal divisions affect the ability of the partners to deploy trained national staff on the ground. 83 humanitarian workers have been killed since December 2013 with 17 killed in the first 8 months of 2017 alone, which makes South Sudan one of the most dangerous countries for humanitarian workers.

In response to the deteriorating operating environment and security conditions, the Humanitarian Country Team (HCT) in South Sudan took steps to reinforce coordinated actions by the international community. On 8<sup>th</sup> June the HCT endorsed a new approach on the consequences for violations against humanitarian workers and assets. On 3<sup>rd</sup> July, the HCT also endorsed the position paper on 'Bureaucratic access impediments: collective action'.

### **3.4. Envisaged ECHO response and expected results of humanitarian aid interventions**

The context in **Sudan** and **South Sudan** requires a strengthening of protection activities (including mainstreaming) and reinforced humanitarian advocacy - by all stakeholders – to call upon all parties to the various conflicts, and those engaging with the South Sudanese crisis, to respect International Humanitarian Law and principled humanitarian action.

Under its 2018 strategy for **Sudan**, ECHO will focus on:

1. Addressing critical humanitarian needs through emergency lifesaving activities, in particular in the case of new shocks (conflict-related displacement/refugee influx, natural disasters/climate shock, epidemic outbreaks).
2. Contributing to the reduction of excess mortality and morbidity related to Global Acute Malnutrition through extended free and quality treatment for most-at-risk populations and strengthening resilience of vulnerable populations in synergy with an expected development engagement
3. Contributing to durable solutions for protracted displacement situations, where there are opportunities to link to development actions, based on a thorough protection analysis.

In order to implement this strategy ECHO will support:

- Humanitarian protection assistance aimed at reducing the vulnerabilities and/or increasing the capacities of the most vulnerable populations, including through: advocacy for the respect of International Humanitarian Law, preventive and response services, and registration and documentation of asylum seekers, refugees, and IDPs.
- Community-based Management of Acute Malnutrition (CMAM) to reduce morbidity and mortality associated with undernutrition in the most affected areas. The multiple and structural causes of malnutrition call for prioritising an integrated multi-sectoral approach and scaling-up engagement with development actors.
- Targeted humanitarian food assistance for the most food insecure households, with priority to areas with higher vulnerability due to the combined impact of displacement, loss of livelihoods, and lack of access to basic services.

- Improved access to basic services such as health, shelter, and water and sanitation in situations of high risks of morbidity and mortality.
- Coordination activities and actions that sustain an effective response of the whole humanitarian community.
- Tackling the most acute aspects of Education in Emergencies, in particular primary and secondary formal and non-formal education for children displaced by armed conflict, either in camps or outside, in close connection with protection activities.
- Emergency Preparedness and Response (EP&R) approaches such as integrated and mainstreamed Early Warning Systems and Crisis Modifiers for static programming.
- Enhancing advocacy activities, ensuring good visibility in the media, informing and encouraging the debate in the political/diplomatic sphere, in a context where Sudan is classified as a forgotten crisis.
- For protracted displaced persons, specific response modalities, that go beyond care and maintenance and seek to increase self-reliance, could be embedded into the response. Interventions should as far as possible take into consideration the host populations. ECHO will pay particular attention to any opportunity to enforce the EU Communication on Forced displacement and development entitled "*Lives in dignity: from aid-dependence to self-reliance*" adopted in 2016<sup>10</sup>

Monitoring of access conditions for assessment and implementation will continue to be part of the funding strategy of ECHO in Sudan and be a key criterion in the decision-making process.

Under its 2018 strategy for **South Sudan**, ECHO will focus on:

1. Addressing critical humanitarian needs through emergency lifesaving activities in particular in the case of new shocks (conflict-related displacement/refugee influx, natural disasters/climate shock, epidemic outbreaks).
2. Contributing to the reduction of excess mortality and morbidity related to conflicts, addressing in particular Global Acute Malnutrition linked to emergency level of malnutrition and severe food insecurity.

Only partners with demonstrated capacity will be given consideration.

In order to implement this strategy ECHO will support:

- Mainstreamed Emergency Preparedness and Response (EP&R) approaches with a focus on:
  - integrated and mainstreamed Early Warning Systems (surveillances for health and food security);
  - dedicated Emergency Response Mechanisms (ERM) for timely and effective multi-sectorial lifesaving response as required

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<sup>10</sup> Com(2016) 234 final

- Humanitarian protection assistance aimed at reducing the vulnerabilities and/or increasing the capacities of the most vulnerable populations through: advocacy for the respect of International Humanitarian Law, registration and documentation of asylum seekers, refugees and IDPs, preventive and response services for survivors (either stand-alone or integrated) and protection mainstreaming across all sectors, including Education in Emergencies.
- Targeted humanitarian food assistance for the most food insecure households, with priority to areas with higher vulnerability due to the combined impact of displacement, loss of livelihoods and lack of access to basic services.
- Improved access to basic services such as health, nutrition, shelter and water and sanitation in situations of high risks of morbidity and mortality.
- Coordination activities and actions that sustain an effective response from the whole humanitarian community.

ECHO's strategy to support the response to the South Sudanese refugee crisis in Uganda, Ethiopia, Kenya and the Democratic Republic of Congo is laid out in the HIPs for the Horn of Africa and for the Great Lakes Region.

### **General considerations for all interventions**

Effective coordination is essential. ECHO supports the Inter-Agency Standing Committee's Transformative Agenda (ITA) and expects its partners to demonstrate their engagement in implementing its objectives and to actively take part in coordination mechanisms (e.g. Humanitarian Country Team, clusters and technical working groups).

Partners will be expected to ensure full compliance with visibility requirements and to acknowledge the funding role of the EU/ECHO, as set out in the applicable contractual arrangements.

ECHO only funds action activities that can be supervised on a regular basis by the partner staff with appropriate qualification, and where ECHO staff can conduct regular monitoring visits.

Projects should follow sustainable approaches that are built on community inclusion at all stages, and that are designed, when feasible, in accordance with existing local capacity.

All humanitarian interventions funded by ECHO must take into consideration, together with other protection concerns, any risk of gender-based violence (GBV) and develop and implement appropriate strategies to prevent such risks. Moreover, ECHO encourages the establishment of quality, comprehensive and safe GBV response services since the onset of emergencies, in line with DG ECHO's 2013 Gender policy<sup>11</sup>.

For other general considerations that should apply to all ECHO funded actions please refer to the technical annex providing financial, administrative and operational information, section 3.2.2.2. - Specific guidelines – general principles.

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<sup>11</sup> [http://ec.europa.eu/echo/files/policies/sectoral/gender\\_age\\_marker\\_toolkit.pdf](http://ec.europa.eu/echo/files/policies/sectoral/gender_age_marker_toolkit.pdf)  
[http://ec.europa.eu/echo/what/humanitarian-aid/gender-sensitive-aid\\_en](http://ec.europa.eu/echo/what/humanitarian-aid/gender-sensitive-aid_en)

#### 4. LRRD, COORDINATION AND TRANSITION

In **Sudan**, strengthening development donors' engagement and coordination with the Humanitarian Multi-Year Strategy remains a timely opportunity, at least to complement humanitarian interventions in protracted displacement and in addressing multiple causes of malnutrition. Such links should also be considered with regards to improved coordination, whilst, in the meantime, independent and impartial humanitarian coordination that aims at strengthening timeliness and quality of the humanitarian response will continue to be supported.

The EU has engaged in a process to continue strengthening coordination and effective cooperation between humanitarian and development strategies and programmes.

In **South Sudan** opportunities for resilience programming at this stage are limited. Partners are expected to maintain awareness of options to enhance resilience and adjust programming accordingly, should conditions change. In view of the development engagement in the health and education sectors close coordination should be pursued with development actors in these sectors.

##### 4.1. Other ECHO interventions

In **Sudan**, ECHO provided EUR 28 million through the 2017 HIP, and EUR 18 million from the European Development Fund (EDF) in response to the South Sudanese Refugee crisis.

In **South Sudan**, ECHO provided EUR 42 million through the 2017 HIP and EUR 40 million from the EDF funding in response to humanitarian needs in the country. This additional funding allowed an increase in the scale, coverage and sustainability of life-saving humanitarian activities in the country, which contributed to strengthening people's and communities' coping strategies.

The **Emergency Toolbox HIP** may be drawn upon for the prevention of, and response to, outbreaks of **Epidemics**. Also, under this HIP the **Small-Scale Response** and **Disaster Relief Emergency Fund** (DREF) instruments may provide funding options.

##### 4.2. Other concomitant EU interventions

ECHO has contributed to the EU Trust Fund (EU TF) to tackle the root causes of irregular migration and forced displacement in Africa ("EU Trust Fund for Africa") with an allocation of EUR 10 million per year over 5 years. ECHO's contribution is earmarked to LRRD/resilience activities and ensures engagement across the whole programme cycle. It is expected that this contribution will create opportunities to make linkages between short term humanitarian interventions and long term development interventions.

As part of the EUTF, development-related actions, within the **Regional Development and Protection Programme (RDPP)** for the Horn of Africa, have been designed to address the developmental needs of populations in protracted displacement, in particular by creating education and livelihood opportunities for IDPs, refugees and host communities in a sustainable manner. In addition, the RDPP should contribute to enhancing the protection capacity of the regions involved, and to improving reception conditions for refugees and IDPs, by supporting activities that fall outside the scope of

humanitarian assistance, whilst providing a valuable complement. RDPP projects are currently being implemented in Sudan as well as in Ethiopia and Kenya.

Against the background of **Sudan's** non-ratification of the Cotonou Agreement on the one hand, and the needs of vulnerable people in conflict-affected areas (Darfur, Transitional areas and East Sudan), on the other, the EU made available a package of Special Funds for Sudan through ad hoc Council Decisions in 2010 and 2013.

In 2016, and in the context of a renewed engagement with Sudan in light of the migratory crisis, the EU approved a special support measure in favour of the people of the Republic of Sudan, to be financed from the reserve of the European Development Fund, worth EUR 100 million, to be implemented under the EUTF. The Special Measure is accompanied by the Short Term Strategy 2016/17 for Sudan. The Special Measure is intervening primarily in peripheral areas in Eastern Sudan and Darfur, with actions also targeting Khartoum. The main beneficiaries are vulnerable populations, especially people who are victims of forced displacement and their host communities. The identified sectors of interventions are: a) support to basic services (education and health), b) support to livelihoods and food security, c) support to civil society, local governance and peacebuilding.

Most of the above mentioned Special Measure has been committed to: Strengthening Resilience for IDPs, Returnees and Host Communities in West Darfur (EUR 7 million), Greater Stability in Eastern Sudan through better and more informed Decision-Making in Food Security (EUR 7 million), Strengthening resilience for refugees, IDPs and host communities in Eastern Sudan (EUR 12 million), Education Quality Improvement Programme in Sudan (EUR 22 million), Livestock Epidemic Surveillance Project to Support Livelihoods of vulnerable rural smallholders and pastoralists (EUR 9 million), Improving Nutrition and Reducing Stunting in Eastern Sudan through an Integrated Nutrition and Food Security Approach (EUR 8 million), Wadi El Ku Integrated Catchment Management Project (Phase 2) (EUR 10 million), and Technical Cooperation Facility for Sudan 2018 – 2020 (EUR 4 million). Within the EUTF, Sudan benefits also from the action Enhancing Alternatives to First and Secondary Movement from Sudan (EUR 15 million), which is a Regional Development and Protection Programme (RDPP) and from the programme Mitigate the Effect of El Niño for the Host and IDP Population in Red Sea, White Nile and North Darfur, Sudan (EUR 8 million).

A further package of EUR 60 million will be available within the EUTF for Sudan to support the country to continue to host large numbers of refugees, to address the needs of IDPs, and enhance the protection of people in mixed migration flows.

A project in support of an inclusive peace process and constitutional reform for EUR 3.1 million will be signed end of 2018. Additionally, an action with UNICEF on child release and reintegration will start by the end of the year.

In terms of coordination, reference can be made to early warning systems (EWS) developed in Sudan such as the one supported by the EU Delegation and developed through the Food Security Technical Secretariat (FSTS), an essential tool to enhance collaborations and synergies with long-term development and resilience building programmes.

Sudan is one of the pilot countries where the EU is called to give a concrete follow-up to the new Joint Communication on "A Strategic Approach to Resilience in the EU's

External Action" (June 2017) and to the Council Conclusions (May 2017) Operationalising the Humanitarian-Development Nexus forwards. Therefore, a joint ECHO-DEVCO humanitarian development nexus workshop has been organised in Khartoum in September 2017. The occasion marks the first step towards the adoption of a Joint Humanitarian Development Framework for Sudan by the EU.

**South Sudan** is not a signatory of the Cotonou Agreement. Development relations have been further challenged by the conflict.

Before the outbreak of the civil war in December 2013 the EU had programmed EUR 285 million jointly with EU Member States. In response to the conflict, and on the basis of conflict sensitivity, the focus is on (1) strengthening the resilience of communities (focusing support on food security and social service delivery) and of core state systems when they benefit the people and facilitate aid delivery, (2) promoting reconciliation and the protection of human rights; and (3) supporting civil society and media to promote citizen engagement and peace.

With the establishment of the EUTF, the outstanding non-committed funds under the above-mentioned programmed allocation (EUR 86.4 million) have been transferred therein. With this amount the EU has made a contribution to the Health Pooled Fund (HPF) ensuring provision of primary health care in 8 out of 10 former states and supply of pharmaceuticals countrywide (EUR 20 million). It is also keeping the primary education sector alive by paying monthly incentives to teachers (IMPACT, EUR 26 million) and has carried out a project on PFM (EUR 1 million). Moreover, new actions are in the pipeline, notably on food security (EUR 7 million), education in emergency – including school feeding (EUR 22.3 million), PFM – ensuring the budget implementation through transfer of funds at the local level for basic service provision (EUR 2 million). A new transfer to the EUTF for South Sudan is under preparation, allowing further contribution to the HPF.

Within the EUTF, South Sudan benefits also from the action Strengthening the Livelihoods Resilience of Pastoral and Agro-Pastoral Communities in South Sudan's cross-border areas with Sudan, Ethiopia, Kenya and Uganda, worth EUR 28 million.

ECHO coordinates its action with the EU's Development Cooperation Instrument<sup>12</sup>. There are currently 8 active food security projects financed under this thematic budget line. Over the past 5 years, the EU has committed about EUR 153 million to rural development and food security in South Sudan, including 120 million under the EU's two flagship programmes, the South Sudan Rural Development Programme (SORUDEV) and the Zonal Effort for Agricultural Transformation – Bahr-el-Ghazal Agricultural Development (ZEAT-BEAD). The EU's rural development projects have tended to focus on Greater Bahr Ghazal, following a work-sharing agreement between the major donors. However, because of the growing needs linked to the conflict, it was decided to target the last call at the Greater Upper Nile region (GUN).

In addition, the Instrument contributing to Stability and Peace (IcSP) is funding a EUR 7.5 million decision to contribute to addressing the grievances of mixed communities (host populations, returnees, IDPs, and also refugees), undertaking peace-building

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<sup>12</sup> Global Public Goods and Challenges Programme, formerly known as Food Security Thematic Programme



support through the provision of opportunities to improve their livelihoods. Activities on transitional justice and reconciliation will be pursuing in 2018.

### **4.3. Other donors availability (such as for LRRD and transition)**

In **Sudan**, traditional development donors are the EU, World Bank, IMF, DFID and UN agencies. Sudan is developing aid relations with several countries of the Gulf, but it is not possible to estimate the total value of these commitments, nor the alignment of these funds to the overall country development strategy. The Humanitarian-Development nexus approach is expected to stimulate effective links with relief assistance in the response to protracted crises and addressing longer-term causes of vulnerability.

In **South Sudan** most development projects have been suspended or postponed. Some development donors have de-committed part of their funding, others have transferred development funding to humanitarian operations or basic service delivery. The IMF/WB has issued a list of minimum requirements for the South Sudanese government to implement before resuming regular programming. It is not possible to estimate the size and distribution of development assistance provided by non-traditional donors.

Substantial global funding to vertical health programs (i.e. GAVI, Polio eradication, etc.) is available **for Sudan and South Sudan**.

### **4.4. Exit scenarios**

**For both countries** at this stage of the crisis there is little scope to plan for an exit scenario of humanitarian aid.

In **Sudan**, the protracted nature of the various forced displacement crises (IDPs in Darfur, Refugees in the East, South Sudanese refugee influx, etc.) calls for a different approach to respond to needs, from the provision of lifesaving services to long-term, integrated and sustainable services in urbanised or rural contexts. Multiple causes of under-nutrition justify as well further investment in prevention and longer-term approaches. ECHO has engaged in programming discussions with developmental donors to define the most appropriate funding response to the needs of most vulnerable people. It is important to keep in mind that the risks linked to the protection environment are still present and acute, and should be addressed through a principled approach.

In **South Sudan**, the spread of violence across the country is increasing humanitarian needs. Notwithstanding this difficult context, it is essential to encourage development approaches where possible, to establish and maintain minimum access to basic services and to support livelihood creation to reduce the increasing aid-dependency.