

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 2019 general budget of the European Union

AMOUNT: EUR 104 500 000

The present Humanitarian Implementation Plan (HIP) was prepared on the basis of financing decision ECHO/WWD/BUD/2019/01000 (Worldwide Decision) and the related General Guidelines for Operational Priorities on Humanitarian Aid (Operational Priorities). The purpose of the HIP and its annexe is to serve as a communication tool for DG ECHO's¹ partners and to assist 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 THE PREVIOUS VERSION OF THE HIP

Second modification as of 1st October 2019

President Omar Al Bashir was removed in April, after 30 years in power. An agreement towards a civilian transition was signed between the Transitional Military Council and the Forces for Freedom and Change on August 17th; and an agreement on an interim Sovereign Council was reached on August 21st. The new Prime Minister was appointed the same day, and his Cabinet took office in September.

These positive political developments take place against the background of a fuel, cash and wheat shortages, affecting the whole population. Overall, the number of people in need of humanitarian assistance has increased throughout the year; in July, the Prioritised HRP acknowledged an increase from the initial estimate of 5.7 million people (2019 HRP) to 8.5 million people.

The humanitarian situation in Sudan has thus globally worsened in the course of this year due to the combined effect of political instability, violent repression against peaceful civilian demonstrations and a fast deteriorating economic crisis.

The increase of the number of people in need of humanitarian is for a large part linked to the large increase in the number of people affected by severe food insecurity. An estimated 6.3 million people (14% of the total population) are experiencing Crisis or worse levels of food insecurity and need urgent assistance. This figure is the highest on record since the introduction of the IPC (Integrate Phase Classification) analysis in Sudan. Around 1.2 million individuals are facing Emergency levels of acute food insecurity (IPC Phase 4) and around 5.1 million individuals are in Crisis (IPC Phase 3), while nearly 12.6 million are estimated to be in Stress Phase (IPC Phase 2).

¹ Directorate-General for European Civil Protection and Humanitarian Aid Operations (ECHO)

On top of the severe food insecurity situation, a cholera outbreak started in Blue Nile State end of August. It has already spread to a second State, Sennar. In a region that has been particularly hit by the recent floods. In a best case scenario, WHO foresees that at least 5 States will be hit by cholera.

These new humanitarian needs come on top of the protracted humanitarian situation in Sudan linked to malnutrition and forced displacement. Sudan hosts more than 1 million refugees and more than 2 million internally displaced from the three unresolved conflicts in Darfur, South Kordofan and Blue Nile. Refugees from South Sudan and IDPs are particularly vulnerable in the current political context, they are also the most affected by food insecurity with 90% IDPs and refugees unable to afford a meal a day.

Whilst needs have risen, costs of humanitarian operations have also increased due to the economic crisis, in particular linked to the fuel crisis and political instability/security in the country.

There is an urgent need to scale up the multi-sector assistance to the increased number of people in need of humanitarian assistance and to mitigate the effects of the economic crisis on people's livelihood. Humanitarian assistance continues to be needed, especially for groups with particular vulnerabilities, such as refugees and IDPs that are fully dependent on food assistance and particularly vulnerable – hence protection actions should be reinforced. In addition, urgent support is needed to respond to the cholera outbreak in Sudan and to scale-up an integrated health and nutrition response in areas most affected by malnutrition.

In order to respond to the deterioration of the humanitarian situation caused by the persistence of the economic crisis and ongoing conflict in Sudan, the European Commission has mobilised an additional amount of EUR 25 million to tackle specifically: food insecurity, protection, health and nutrition, overcome logistical constraints and scale-up cholera response.

First modification as of 28/02/2019

The humanitarian crisis in **South Sudan** is deteriorating due to the combined effects of unprecedented levels of food insecurity (6.87 million people in IPC III-V), mainly caused by years of conflict, and an upsurge of the hostilities in Yei River State since the beginning of 2019. The latter has triggered new displacement (internal and to neighbouring countries) in an area that is considered a priority for preparedness to prevent the propagation of the Ebola Virus Disease (EVD). The humanitarian situation is also marked by an increase in reports of sexual and gender-based violence (SGBV) in recent months and an unprecedented number of survivors seeking assistance. Whilst the operating conditions in South Sudan remain very complex due to insecurity, interferences by parties to the conflict and bureaucratic impediments, humanitarian organisations have been able to regain access to areas where communities had been cut off for months/years (areas round Wau, Raja, Kajo Keji).

In order to respond to these new humanitarian needs in South Sudan, the European Commission has mobilised an additional amount of EUR 20 million to support the food, nutrition and non-food items (NFIs) pipelines and scale-up protection actions, including

for survivors of gender-based violence. The complex operating environment also requires support to in-country coordination, safety and security assessments and logistics. Finally, the EU assistance will fund interventions in preparation for and response to hemorrhagic fevers with pandemic potential, including by providing logistics support to EVD preparedness and response activities, as well as financing partners with institutional EVD capacity to carry out life-saving emergency health interventions in accessible high-risk areas.

Sudan currently hosts about 850 000 refugees from South Sudan. They face a deteriorating humanitarian situation, due to a further deepening economic crisis that has increased the level of food insecurity in the country. The combined effect of the large-scale refugee crisis and the economic crisis is putting an even bigger pressure burden on host communities and on available basic services.

In order to respond to these new humanitarian needs in Sudan, the European Commission has allocated an additional EUR 5 million to scale up the food pipeline and protection actions addressing the needs of refugees.

1. CONTEXT

In **Sudan**, the humanitarian situation is complex and characterised by several crises. 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, also negatively impact vulnerable populations' coping capacities whilst access to basic services remain largely insufficient.

The economic crisis, which is affecting Sudan since the beginning of 2018, translated notably into high prices of basic commodities and fuel shortages, is further affecting people in need of humanitarian assistance and increasing its costs. In response to the deterioration of the situation, the 2018 Humanitarian Response Plan (HRP) was revised with an estimated 7.1 million people in need of humanitarian assistance, representing a 48% increase compared to the HRP 2017. Conflict and insecurity in Darfur and the Two Areas (Blue Nile and South Kordofan) have led to massive internal displacement, out of which 2 million people are still in need of humanitarian assistance. Sudan also hosts over 900 000 refugees and asylum seekers mainly from South Sudan and Eritrea.

The country is facing a critical nutrition situation, which represents a yearly burden of an estimated 2.47 million children under the age of 5 and Pregnant and Lactating Women (PLW) affected by Global Acute Malnutrition (GAM), including 694 000 affected by its more severe form (SAM). Further degradation is expected as economic conditions negatively affect households' food security and access to basic services.

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 DG ECHO as a forgotten crisis for the fifth year in a row.

Needs are linked to new emergencies as well as protracted situations, calling for a life-saving and medium-term vision. Whilst principled and urgent humanitarian assistance remains essential, Sudan is also a pilot country for the Humanitarian-Development

NEXUS. As such, the European Union, both the European Commission (DG ECHO and DG DEVCO) as well as EU member states, aims to articulate humanitarian and development actions to respond more effectively to protracted crises linked to *forced displacement* and to the multiple causes of high levels of *undernutrition*, while constantly seeking to strengthen the protection environment.

More than five years into the conflict, the situation in **South Sudan** keeps worsening. Despite several ceasefire agreements and the Khartoum political declaration, violations to the agreements continue 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 (IHL) by all parties to the conflict continue unabated, resulting in more suffering for civilians, with the deliberate targeting of civilians resulting in deaths and injuries. These horrific abuses are often ethnically motivated. Inter and intra-communal violence, including cattle raiding, continues and is often interconnected with the national conflict. The South Sudan government and opposition groups signed an agreement on security sector and governance as part of the revitalisation of the Agreement for the Resolution of the Crisis in South Sudan (ARCISS – 2015) mediated by IGAD. The agreement reinstates the SPLM/in-Opposition (IO) leader Riek Machar to his former position of First Vice President. A high level of scepticism and mistrust remains especially due to the increasing fragmentation of the IO groups.

The peace and governance deal paradoxically creates a state of uncertainty about the future of the country, as well as the unpredictability of the resulting humanitarian needs. In a worst-case scenario, further fragmentation of belligerents may be expected, with increased insecurity and a complete breakdown similar to 2016, or at best, a fragile peace in which the humanitarian situation would still deteriorate with continued access and bureaucratic impediments. Lastly, if there is confidence in the peace agreement, this could trigger some early but minimal returns of IDPs and refugees.

The 2018 HRP estimates that 7 million people, well over half the population, are in need of humanitarian assistance. The protracted conflict has already resulted in the forced internal displacement of almost 2 million people with the large majority in hard to reach areas, and over 2.5 million South Sudanese have fled to neighbouring countries. The worsening food insecurity situation is affecting about two thirds of the population, with thousands of people at risk of facing famine conditions and malnutrition levels above the emergency threshold in many locations. South Sudan is also hosting over 290.000 refugees fleeing insecurity and conflict from neighbouring countries (mainly from Sudan).

DG ECHO's Integrated Analysis Framework (IAF) for 2018-2019 identified very 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 extremely high. **Sudan** and **South Sudan** are also affected by recurrent natural disasters including droughts and flooding, as well as epidemics.

There are three peace-keeping operations in the region including Abyei. Sudan and South Sudan have not made progress in reaching an agreement on the final status of the Abyei Administrative Area. The Regional Protection Force (RPF) in South Sudan, authorised by the United Nations in 2016² is not yet fully deployed.

2. HUMANITARIAN NEEDS

1) People in need of humanitarian assistance

In **Sudan**, internal and regional conflict situations, as well as a critical economic situation, are affecting large parts of the population, in various States. Main vulnerabilities are linked to forced displacement and undernutrition:

- Internally Displaced Persons (IDPs): there are 2 million IDPs in need of humanitarian assistance. In protracted situations such as Darfur, there are also reports of spontaneous returns and the complex dynamics requires differentiated levels of response and engagement. For protracted situations, humanitarian assistance targets the most vulnerable individuals/households (which caseload might increase due to the economic crisis) whilst engaging with development for the longer-term perspective of Durable Solutions.
- Refugees: Sudan hosts more than 900 000 refugees and asylum seekers³, of which 33% are school-aged children. More than 200 000 South Sudanese refugees have arrived in Sudan since January 2017 and the influx is still ongoing⁴. Hosting capacities in local communities and existing camps/settlements are overstretched, and basic living conditions continue to deteriorate. Public health risks and tensions between communities are increasing, linked to limited resources and services, and exacerbated by the impact of the economic crisis.
- Host populations often face the same risks and vulnerabilities than forcibly displaced persons and should, therefore, be considered as potential beneficiaries. Forced displacement has overstretched already limited basic services and resources for years in many areas of Sudan. In addition, in the context of the economic crisis, Sudanese residents have become increasingly vulnerable, with deteriorating accessibility and affordability of food items and worsened access to basic services.
- External shocks (conflict, natural disasters, economic crisis) as well as poverty, erode livelihoods and access to essential resources and basic services, and have resulted in a critical nutrition situation in Sudan (see below).

² 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).

³ Including an estimated 350 000 South Sudanese who 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).

⁴ Including more than 27,000 new arrivals in 2018

In **South Sudan**, conflict situations, as well as a critical economic situation, are affecting the whole population and all States. Main vulnerabilities are linked to forced displacement, food insecurity and undernutrition:

- **IDPs**: there are almost 2 million forcibly displaced people within South Sudan (including over 1 million children), out of which more than 200 000 have sought refuge in Protection of Civilian (PoC) sites situated within UNMISS⁵ bases, while other new/protracted IDPs reside in sites and settlements. New forced displacement continues in 2018, often resulting in multiple displacements and some localised spontaneous returns, particularly in Upper Nile State, Greater Bahr el Ghazal, Unity and Eastern Equatoria. Over half of reported IDPs remain stranded, hiding in hard to reach areas, in bushes or in swamps, where they are prone to violence, 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 290 000 refugees (82% are women and children). Most 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.
- **Returnees**: Voluntary returns of refugees are limited and there is no perspective for safe, dignified and sustainable return at this stage.

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: 3.9 million⁶ people are estimated to be in need of humanitarian protection assistance in Sudan, the majority of which are women (55%) and children (60%, reaching a peak of 65% among South Sudanese refugees). Family separation, Children Associated with armed forces and groups, Gender-Based Violence have been identified among the main protection risks faced by vulnerable communities in Sudan, though existing capacities of both affected communities and humanitarian actors to effectively prevent and respond remain low. The ongoing economic crisis will potentially have a negative impact on the protection risks faced by vulnerable communities, leading, for instance, to a greater exposure to risks of exploitation and abuse as well as resorting to

⁵ United Nations Mission in South Sudan

⁶ Humanitarian Needs Overview, 2018

negative coping mechanisms such as worst forms of child labour and/or early marriages.

Nutrition: With a national GAM (Global Acute Malnutrition) average of 16% and 11 out of 18 states above the critical 15% level of under-nutrition, the nutrition status of children is very poor and directly impacts upon the health of the most-at-risk population. Only 25% have had access to treatment services up to now. In some locations, an increase in admissions trends has been reported in the second half of 2018. The situation is at risk to escalate if the economic situation continues deteriorating. Whilst longer-term development approaches are needed to tackle this situation and prevent malnutrition, excessive mortality should also 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 areas where acute malnutrition is above emergency thresholds.

Food security: Despite average rainfalls in most areas of Sudan in 2018, the economic crisis is likely to impact on the availability of food (reduced production due to high fuel and input prices). Furthermore, it will affect food accessibility due to reduced purchasing power and increased food prices. In July 2018⁷ there were an estimated 6.2 million people acutely food insecure, double compared to last year. In conflict and displacement areas, most vulnerable households, including newly displaced people and newly arrived refugees, continue to face critical food gaps. Coverage of needs remains insufficient due to pipelines breaks and restrictions in access to populations. A recent analysis by WFP has shown that food security in protracted displacement situations has critically deteriorated between May 2017 and May 2018.

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-controlled drugs and nutritional products. Inadequate healthcare and sanitary coverage contribute to outbreaks, including cholera and measles. Preventive measures, disease control programs and sanitation measures remain largely insufficient and challenged due to a lack of transparency.

Water, hygiene and sanitation: forced displacement increase health risks – especially in camp settings - as water and sanitation infrastructures are often overstretched. The increasing demand for natural resources continues to challenge the 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.

Education in emergency: Some 3 million children between the ages 4 to 16, half of them girls, are out of school, of which about 1.7 million are in need of Education in Emergency support, including 800 000 IDPs. In the eight conflict-affected States, 47%

⁷ IPC analysis report : Acute Food Insecurity Situation April 2018 and Projection for May-July 2018 at http://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/1_IPC_Sudan_AcuteFI_Situation_2018April.pdf

of children are out of school. 52% South Sudanese school-aged refugee children are also reported to be out of school. Poor infrastructure, overcrowded schools, language barrier, insufficient teaching and learning material, as well as, a high number of non-qualified teachers, remain key barriers along with protection related issues such as attacks on schools and explosive hazards contamination.

Coordination, advocacy and communication: The complex nature of the crisis requires adequate coordination of the response as well as a principled approach to humanitarian assistance (including 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 implementing projects, especially in the context of the economic crisis and related fuel shortage.

Strengthening Early Response Capacity: 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, including through crisis modifiers embedded into humanitarian actions.

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

Protection: 6.4 million people are estimated to be in need of humanitarian protection (56% female and 61% children), including IDPs (of which 65% live in out of camp settlements), host communities, communities affected by violence and refugees. There are wide-scale and severe violations of International Humanitarian Law and Human Rights Law, including killing and torture of civilians, along ethnic and political lines. Sexual and Gender-Based Violence is widespread. Conflict-related sexual violence is a particularly disturbing pattern, systematically perpetrated against women, girls, boys, and men. It is estimated that some 19 000 children are currently forcibly recruited into armed forces/groups. The ongoing fighting and the resulting displacement continue to separate families, with an estimated 12 000 children in need of access to family tracing and reunification. Attacks, destruction and occupation of health structures and schools continue unabated, while lootings and destruction of aid facilities are widespread. Landmines and unexploded ordnance pose constant threats to the civilian population.

Nutrition: Since January 2018, 23 SMART surveys recorded GAM (Global Acute Malnutrition) rates above the 15% WHO emergency threshold in 15 out of 24 counties. The severe acute malnutrition (SAM) caseload has more than doubled since 2013 reaching 269 000 children in 2018. The deterioration of the nutrition status of the population is likely to continue due to growing severe food insecurity, propagation of infectious diseases, reduced access to basic services such as healthcare and water; poor sanitation and hygiene, poor and/or inappropriate child feeding practices.

Food security: The Integrated Food Security Phase Classification (IPC) report on South Sudan released in February 2018 shows a record number of people in Crisis, Emergency and Catastrophe levels. Around two-thirds of the population, e.g. 7.1 million people, is food insecure whilst the number of people in crisis level food insecurity has steadily increased from 14% in 2013 to 47% in 2018. Access and availability of food is further

reducing as a direct result of the conflict, with agriculture and livelihoods largely disrupted, particularly in the Equatorias, the former bread basket of the country. In some cases, food has been as a "weapon of war"⁸. Although large-scale food assistance response is ongoing, it is limited by irregular and constrained humanitarian access to the affected population. In that context, the risk of famine prevails.

Health: Over two decades of civil war and lack of investment in the sector has left the already precarious health system of South Sudan in an extremely dire state, with few trained health care professionals, and access to the limited and under-resourced facilities being major challenges. Destruction, occupation and looting of health facilities is a recurrent issue. According to some estimates, only 3.7% of health facilities are providing the full package of services, and over 50% of health facilities are estimated to be non-functional. Only 37% of facilities have cold chain equipment. WASH in health facilities remains suboptimal compounding challenges for infection and prevention control measures. Due to the extreme fragility of the health system, surveillance remains extremely limited, but infectious disease outbreaks are a recurrent issue. Cholera is endemic. 2 300 000 people are at risk of malaria across the country. Malaria accounts for 20-40% of all health facility visits, 30% of all hospital admissions and is a leading cause of death. The rapid spread of major epidemics such as Viral Haemorrhagic Fever is a high risk with possible regional implications. War-wounded treatment continues to be a significant need. The mental health and psychosocial burden increase by the day. The health sector remains dependent on humanitarian and development assistance (more than 80% of existing health service delivery is provided through support from the international community – NGOs and UN).

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 water-borne diseases. The number of people affected by the latter is very high, especially among children under age 5.

Shelter and Settlement / Non-Food-Items (NFIs): In refugee/IDP camps or settlements, improved shelters and NFIs are essential needs.

Education in emergency: The entire education system, which was already under-resourced, with a low percentage of children enrolled in schools, is further weakened by the long-lasting conflict, which has pushed hundreds of thousands of children out of school. One in three schools has been damaged, destroyed, occupied or closed since 2013. South Sudan has at least 2.2 million out-of-school children who are exposed to protection risks and may need psychosocial support. Insecurity, scarcity of schools and poor infrastructure, high pupil-teacher ratios and unqualified or underqualified teachers are some of the many barriers to education. Moreover, many teachers have been displaced from their homes coupled by limited and irregular teacher salary payments whether by the government or donor-funded programmes, forcing teachers to seek alternative livelihoods.

⁸ Interim Report of the UN Panel of Experts, S/2017/979

Coordination, advocacy and communication: The complex nature of the crisis requires robust 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.

Safety and security: Insecurity across the country results in reduced access to people in need, putting them and humanitarian workers at risk. The volatile and deteriorating operational environment for humanitarian actors calls for enhanced and coordinated safety and security awareness, as well as strictly neutral, impartial and independent access and action. These remain pre-conditions in order to operate.

Logistics: Humanitarian needs are spread across States and counties, often in hard to reach areas. Logistical support may be crucial for project implementation.

Disaster preparedness, resilience and self-reliance: Resilience building is challenged by conflict, forced displacement, and the lack of Disaster Risk Reduction 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 Early Warning Systems (EWS) should inform the humanitarian response throughout the programming cycle. There is scope for improving and mainstreaming disaster preparedness and resilience into humanitarian response.

Strengthening Early Response Capacity: In a volatile and complex context like South Sudan, flexible and rapid multi-sector response mechanisms integrated into the country humanitarian system are relevant both in “mobile” and “static” set-ups. There is a scope for improving synergies and harmonised approaches with a focus on enhancing Early Warning Systems (EWS) and common preparedness and anticipation processes for timeliness and effectiveness of the response.

3. Humanitarian Response

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 regard to improved procedures of staff movements and recruitment.

National and local involvement varies per sector and per State. With regard to nutrition, 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 regarding refugee status and coordination, requiring a flexible and principled approach towards hosting conditions (community-based out-of-camps approaches, voluntariness, etc.). Although the Government of Sudan is not a Comprehensive Refugee Response Framework (CRRF) country, it has signed the Djibouti declaration on refugee education, which is a positive step towards inclusion of refugee children in local educational systems. Conducive environment for a comprehensive Durable Solutions Framework is still to be developed and sustained.

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 (see section 3.3).

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.

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 CERF⁹. In Sudan, 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 2018 HRP is only 23% funded. The South Sudanese Refugee Response Plan also remains underfunded (10% as of August 2018 for the response in Sudan). The humanitarian response also needs to be further linked with development engagement in order to address protracted crises. In this context, the Commission will encourage that the Nexus process and the UN-led Collective Outcomes feed into each other.

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.

The 2018 HRP is 45.2 % funded (September 2018). The HRP in 2018 has slightly increased compared to 2016, and currently stands at USD 1.7 billion. The ICRC appeal is 58 % funded (September 2018).

3) Constraints and DG ECHO response capacity

In **Sudan**, 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. Advocacy to support principled humanitarian assistance has continued and has permitted to maintain existing capacity and 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 remains a concern in most conflict-affected areas (Darfur, Blue Nile, South and West Kordofan). The gradual reduction of UNAMID¹⁰ military and police capacity may further undermine the protection environment for civilians and the security and safety of

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

¹⁰ African Union-United Nations Hybrid Operation in Darfur

aid workers and assets. This could have a direct impact on the costs of humanitarian operations.

The economic crisis is also negatively impacting upon the provision of assistance, with increased costs, complex financial environment and unpredictability of suppliers.

South Sudan remains one of the most challenging countries to work in and one of the largest humanitarian operations worldwide. The operational challenges are linked to a difficult logistical environment (poor infrastructure, seasonal flooding) and a costly and very insecure operating environment; not least due to a myriad of bureaucratic impediments at all levels (national, state, and county level) and fragmentation of military groups that make it more difficult to negotiate access. Humanitarian organisations are working under dangerous operating conditions and with an increased risk of aid manipulation and diversion, facing access denials, intimidation, violence and looting. Ethnic and tribal divisions affect the ability of the partners to deploy qualified national staff on the ground. However, assistance is being delivered both in government and in opposition-held areas.

To address those challenges, DG ECHO convened a donors meeting at capital level, following which a Capital-led South Sudan Donor Group was set-up. The main purpose of the group is to advocate for the conditions required for principled and unhindered delivery of humanitarian assistance to the most vulnerable through the development and execution of timely, collective strategies that aims at safeguarding humanitarian space and curtailing risks of aid diversion and reducing/mitigating insecurity for humanitarian workers.

4) Envisaged DG ECHO response and expected results of humanitarian aid interventions

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

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

Under its 2019 strategy for **Sudan**, DG 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 shocks, epidemic outbreaks, and economic crisis);
2. Nutrition - Complement through a timely and principled emergency response the efforts pursued by development actors and the government to prevent and/or reduce excess mortality and morbidity related to undernutrition;
3. Contributing to durable solutions for protracted displacement situations, where there are opportunities to link emergency response to development actions, in adherence to humanitarian principles and based on a thorough protection analysis.

Under its 2019 strategy for **South Sudan**, DG ECHO will focus on:

1. Protection assistance aimed at reducing the vulnerabilities and/or increasing the capacities of the most vulnerable populations through protection activities and prioritisation of Protection Mainstreaming across all sectors;
2. Contributing to the reduction of excess mortality and morbidity linked to emergency levels of undernutrition and severe food insecurity;
3. Critical humanitarian needs in particular in the case of new shocks (conflict-related displacement/refugee influx, natural disasters/climate shocks, epidemic outbreaks).

Only partners with proven capacity to implement principled assistance based on independent needs assessment, conflict sensitive analysis and robust mitigation of risks (i.e. security and aid diversion) and duty of care will be considered for funding.

Static interventions focusing on access to basic services will be prioritised exclusively in areas where new needs and gaps are identified with several compounding factors such as above emergency undernutrition levels, recurring displacement, food insecurity and/or extreme vulnerabilities (related to protection concerns, limited basic service provision, etc.). Specific attention will be given to disputed areas, and to the existing level of response in areas of high need in order to maximise DG ECHO added-value. Given the context of South Sudan and that development funding is used to respond to acute needs, in particular in the health sector, priority will be given to actions which are not duplicating or undermining development-funded assistance.

General considerations for all interventions

All humanitarian interventions funded by ECHO must demonstrate the integration of gender and age sensitivity in a coherent manner.

Also, all humanitarian interventions funded by DG ECHO must take into consideration any risk of sexual- and gender-based violence (SGBV) and should develop and implement appropriate strategies to actively prevent such risks. DG ECHO equally urges the establishment of quality, comprehensive and safe SGBV response services.

Specific attention will also be paid to the measures ensuring inclusion of people with disabilities in proposed actions.

DG ECHO will give particular attention to climate-proofing humanitarian response.

For more information, see the Thematic Policies Annex.

In order to implement these country strategies DG ECHO will support and/or consider:

- Maintaining and/or strengthening the **Humanitarian space**: humanitarian access is regularly challenged in both countries and further restricted, and needs constant efforts from all stakeholders in order to be preserved. Each partner should consider integrating approaches and activities to protect and preserve humanitarian access through its interventions, including adequate knowledge and promotion of humanitarian principles as well as an emphasis on quality and efficiency of humanitarian assistance. Such an approach should support adequate response to needs as well as improving partners' acceptance. Only partners with a suitable and

adequate direct access, presence and implementation capacity and knowledge of the country/region will be considered. Support to common services, dissemination of IHL and humanitarian principles, civil-military coordination, will be considered as they can enhance access to affected populations.

- **Emergency response through rapid response mechanisms.** The most acute needs are to be addressed through sectoral prioritisation for the most vulnerable populations, during the most critical times and in the most affected locations.
- **Response to protracted situations** will be considered based on vulnerability, including a needs-based targeted approach rather than status-based blanket assistance and on emergency gaps analysis (e.g. new displacements in existing camps, increased morbidity/mortality, outbreaks, etc.). Opportunities to establish a link with longer-term development engagement should be analysed and promoted for responses in protracted situations. Sustainability and cost-effectiveness of basic services should be considered when designing the intervention, including appropriate community participation.
- **Enhancing advocacy activities**, ensuring good visibility in the media, informing and encouraging the debate in the political/diplomatic sphere.
- Strengthening **Early Response Capacity** such as integrated and mainstreamed Early Warning Systems, Emergency Response Mechanisms (ERM - in South Sudan also called EP&R – Emergency Preparedness and Response) for timely multi-sector responses as part of the humanitarian response system and Crisis Modifiers for static programming.
- **Capacity building and self-reliance:** Activities related to capacity building will only be considered if they are based on a strategy that has identified specific needs directly linked to the implementation of the action and its results, and are implemented with regular supervision and monitoring. The partner has to develop and implement a long-term strategy for the capacity building when providing technical assistance. Trainings should be administered by qualified professionals and be supported by appropriate resources/assets and include entry and exit tests, extensive on the job practice, adult education good practices, good educational material, etc. The final objective should be not only the knowledge transfer but the promotion of local capacities eventually leading to greater self-reliance (= people) and sustainability (= system).
- **Multisectoral programming and mutualisation of activities** are encouraged to increase impact on most vulnerable individuals. For instance, nutrition-sensitive programming through Food Assistance, WASH and Health, can help prevent the deterioration of the nutrition status of the most vulnerable groups, and in the same time, nutrition programming can be used as a platform for protection and education activities through referral systems.
- Partners are expected to do **conflict-sensitive programming**, in particular uphold the do no harm principle. It is key to understand the operational environment, particularly intergroup dynamics, understand the interactions between its interventions and the context/group relations; and act upon the understanding of these interactions, in order to avoid negative impacts and maximise positive impacts.
- **Security management** is a fundamental element. DG ECHO will only consider partners with a solid security management framework and expects its partners to demonstrate their capacities to conduct solid context analysis and develop relevant mitigation strategies, to appropriately engage with relevant stakeholders, to

- elaborate and follow robust security protocols for the protection of their staff and assets and avoid any risk transfer.
- Partners working with implementing partners are expected to take sufficient **duty of care** measures towards their implementing partners, in particular vis à vis National NGO's.
 - DG ECHO will only fund actions that can be **supervised on a regular basis** by the partner staff with appropriate qualification and where DG ECHO staff can conduct regular monitoring visits.
 - **Innovation** is encouraged on the basis of initial risks and opportunities analysis, feasibility, scalability and opportunities for capitalisation and information sharing.
 - To reduce the **risk of aid diversion**, DG ECHO partners must ensure that all activities are properly monitored and supported by strong accountability mechanisms. DG ECHO partners are reminded that they should immediately inform DG ECHO of any irregularities, in particular nepotism, aid misappropriation and theft, likely to hamper or delay the implementation of the action and resulting in financial loss.

For other general considerations that should apply to all DG ECHO funded actions, please refer to the technical annexe providing financial, administrative and operational information.

4. NEXUS, 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 regard to improved coordination, whilst, in the meantime, independent and impartial humanitarian coordination that aims to strengthen timeliness and quality of the humanitarian response will continue to be supported.

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. Given the development engagement in the health, food security and education, close coordination should be pursued with development actors in these sectors.

1) Other DG ECHO interventions

DG 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 respective HIPs for the Horn of Africa and for the Great Lakes Region.

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

2) Other concomitant EU interventions

The "**EU Emergency Trust Fund** for stability and addressing root causes of irregular migration and displaced persons in Africa" (EUTF for Africa) aims at financing activities in twenty-three African countries crossed by major migration routes. It responds to four objectives: (1) Create greater economic and employment opportunities; (2) Strengthen resilience of communities, and in particular the most vulnerable, as well as refugees and displaced people (DG ECHO involvement is focusing on this objective); (3) Improve migration management in countries of origin, transit and destination; and (4) Improve governance and conflict prevention and reduce displacement and irregular migration.

DG ECHO has contributed to the EUTF with an allocation of EUR 10 million per year over five years earmarked to pillar 2 "resilience". It is expected that this contribution will create opportunities to make linkages between short-term humanitarian interventions and long-term development interventions including in the field of forced displacement.

Despite **Sudan's** non-ratification of the revised version of the Cotonou Agreement, the EU provides developmental assistance to Sudan with the objective to promote an inclusive political settlement, improved governance and effective conflict resolution, which are the only means to reach a sustainable reduction of poverty and a more peaceful environment. Sudan is a country of origin, transit and destination along the migratory routes connecting the Horn of Africa and the Mediterranean. The migratory crisis broken out in 2015 created the premises for a renewed dialogue between the EU and Sudan, paralleled by the creation of the EU Emergency Trust Fund for Africa (EUTF). The bulk of the EU developmental cooperation in Sudan is channelled via the EUTF, where Sudan is benefitting from a Special Measure (EUR 100 million), a further envelope of EUR 60 million from the DCI-Migration instrument, an RDPP (Regional Development and Protection Programme) EUR 15 million program and an El Niño action worth EUR 8 million.

The actions carried out through these envelopes target the most vulnerable communities in the peripheral areas of the country and in Khartoum and help Sudan to continue to host large numbers of refugees, to address the needs of IDPs, and to enhance the protection of people in mixed migration flows. Programs are ongoing in all the 18 states of Sudan, targeting sectors like education, nutrition, food security and water management, health, TVET (Technical and Vocational Education and Training) and protection of vulnerable migrants.

Since 2017, 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 humanitarian development nexus workshop was organised in Khartoum in September 2017, and an Action Plan was shared with Member States. Pilot projects were approved under the EUTF in May 2018 and further interventions are under review.

South Sudan is not a signatory of the Cotonou Agreement. Development relations have been further challenged by the civil conflict ravaging the country since 2013.

Before the outbreak of the war in December 2013 the EU had programmed EUR 285 million jointly with the EU Member States. In response to the conflict, and on the basis of conflict sensitivity, the focus shifted 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, further topped up in 2017 with a EUR 24.5 million contribution and a dedicated food security program worth EUR 28 million. With these amounts the EU has made a contribution to the Health Pooled Fund II (HPF II) ensuring the provision of primary health care in 8 out of 10 former states and supply of pharmaceuticals countrywide (EUR 20 million), is keeping the primary education sector alive by paying monthly incentives to teachers (IMPACT, EUR 26 million), is supporting education in emergency – including school feeding (EUR 22.3 million), and has reinforced its food security programs (EUR 15 million). A project on peace and security is under formulation.

Within programs established before and outside the EUTF, food security remains the sector receiving most funds. Over the past five 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) – and under the food security thematic budget line. 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 Greater Upper Nile region (GUN) as well.

In addition, the Instrument contributing to Stability and Peace (IcSP) is funding a EUR 7.5 million project to contribute to addressing the grievances of mixed communities (host populations, returnees, IDPs, and also refugees), undertaking peace-building support through the provision of opportunities to improve their livelihoods. An IcSP project in support of an inclusive peace process and constitutional reform for EUR 3.1 million was signed end of 2017. The latter includes also an action with UNICEF on child release and reintegration. In 2019, opportunities to support relevant actions contributing to a genuine peace process, reconciliation and fight against impunity *inter alia*, will be assessed.

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 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) Exit scenarios

For both countries, at this stage of the crises, there is little scope to plan for an exit scenario for 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. DG ECHO is engaged in programming discussions with development 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.