

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 2017 general budget of the European Union.

AMOUNT: EUR 70 000 000

0. MAJOR CHANGES SINCE PREVIOUS VERSION OF THE HIP

First modification as of 20 June 2017

Sudan

The worsening humanitarian situation in South Sudan has triggered an important influx of South Sudanese refugees in Sudan that is higher than initially anticipated by UNHCR's initial Regional Refugee Response Plan. Since December 2013, more than 417 000 refugees have sought refuge in Sudan, including more than 151 000 new arrivals since January 2017. UNHCR's worst case scenario of 240 000 new arrivals for 2017 could be reached if current arrival trends continue.

Nine Sudanese states are affected by the South Sudanese refugee crisis but more than 60% of the new arrivals are located in White Nile and East Darfur. Nearly all States hosting the refugees are already impacted by conflict and displacement (Darfur, South and West Kordofan) as well as critical malnutrition levels and limited access to basic services. Additionally, a suspected cholera outbreak that started in August 2016, with more than 16,000 reported Acute Water Diarrhoe cases, is currently affecting several States, including some of the refugee-hosting areas in White-Nile State.

The revised South Sudan Regional Refugee Response Plan (RRRP) identified an amount of USD 221 million to support the humanitarian response in Sudan only, of which about 10% is currently funded, leaving major needs unaddressed.

In order to respond to these new humanitarian needs in Sudan, the Commission has mobilised an additional EUR 10 000 000 to support partners targeting South Sudanese refugees and host communities.

The funding will be prioritised for actions implemented in Khartoum, White Nile, South Darfur, East Darfur, West and South Kordofan and to support actions in the following sectors: Health, Nutrition, WASH, Food Assistance, Protection, Education in Emergency and Essential Shelter / Non-Food Items.

Whilst addressing emergency needs through life saving activities, suggested actions should also consider sustainable approaches that are built on community inclusion at all stages, and that are integrated - when feasible and without compromising humanitarian principles - to existing local capacity.

1. CONTEXT

Insecurity and multiple conflicts prevail in **both countries** leading to new emergencies as well as protracted situations. There are three peace-keeping operations in the region¹. Both countries are also affected by recurrent natural disasters including droughts and flooding. Sudan and South Sudan did not make progress in reaching an agreement on the final status of the Abyei Administrative Area. The situation in this region remains tense and unpredictable.

In **South Sudan**, the conflict that started in December 2013 affects civilians directly as people are killed, injured or forced to flee, and indirectly as livelihoods, markets and basic services are disrupted. The political and security situation have deteriorated, as the conflict has gradually spread across the country and intensified with a renewed outbreak of hostilities in the capital Juba in July 2016. As a result, relief organisations are working in an increasingly difficult operating environment.

The 2016 Humanitarian Response Plan (HRP) estimates that over 50% of the overall population, i.e. 6.1 million people, are in need of humanitarian assistance. The protracted conflict has already resulted in forced internal displacement of more than 1.7 million people and more than 1 million refugees. Refugees continue to flee the country to neighboring countries. Severe food insecurity is affecting about 40% of the population. South Sudan is also hosting refugees fleeing insecurity and conflict from neighbouring countries (mainly from Sudan).

In **Sudan**, the humanitarian situation is complex and marked by various drivers. Socio-economic conditions are fragile or even deteriorating. Various areas of the country have been affected by a resumption of hostilities (Darfur, Blue Nile and South Kordofan). Chronic under-development and wide-spread poverty, exacerbated by natural disasters or climate shocks, are also negatively impacting on vulnerable populations' coping capacity. Access to basic services remains largely insufficient. The most vulnerable populations' resilience to shocks is eroded year on year.

The 2016 HRP estimates that 5.8 million people are in need of humanitarian assistance, representing 15% of the overall population². The needs have continued to grow in 2016 compared to last year. It has proved difficult to ensure international awareness of, and sustained attention to, this complex and protracted crisis. Sudan is therefore considered by ECHO as a forgotten crisis for the third year in a row.

ECHO's Integrated Analysis Framework (IAF) for 2016-2017 identified high humanitarian needs in **South Sudan and Sudan**.

¹ The United Nations (UN) Mission to South Sudan (UNSC Resolution 1996 as last amended by 2304), the UN Interim Security Force for Abyei (UNSC Resolution 1990 as last amended by 2287) and the UN-African Union Hybrid Mission in Darfur (UNSC Resolution 1769 as last amended by 2296)

² In 2016, over 2 million people were in need of humanitarian assistance due to the impact of El Niño-driven drought in Sudan and in the second half of the year the Government of Sudan reported more than 200 000 people affected by the floods.

	South Sudan	Sudan
INFORM Risk Index³	8.7 / 10 ⁴	7.1/10
Vulnerability Index	8.9 / 10	7.1/10
Hazard and Exposure	8 / 10	7.4/10
Lack Coping Capacity	9.2 / 10	7.3/10
Crisis Index	3 / 3	3/3
Conflict Index	3 / 3	3/3
Uprooted People Index	3 / 3	3/3
Natural Disaster Index	0 / 3	3/3
HDI Rankings⁵ (Value)	169 (0.5 / 1)	167 (0.5/11)
Total Population	11 900 000	38 400 000

2. HUMANITARIAN NEEDS

2.1. Affected people / potential beneficiaries

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

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

1 – Internally Displaced Persons (IDP): there are 1.7 million forcibly displaced people within South Sudan, out of which nearly 200 000 have sought refuge in UNMISS bases called Protection of Civilians sites (PoCs). New forced displacement occurred in 2016 in particular in Juba, Greater Bahr el Gazal, Unity and Eastern Equatoria. Large numbers of people remain stranded, hiding in hard to reach areas in the bush or in swamps where they lack enough food and basic commodities to sustain themselves. Regular access to adequately assist this population remains a major challenge.

2 – Refugees: South Sudan hosts more than 260 000 refugees. About 240 000 Sudanese refugees are residing in camps in Unity and Upper Nile states after fleeing from Sudan's South Kordofan and Blue Nile states since 2011. In addition, there are some refugees from the Democratic Republic of Congo, Central African Republic and Ethiopia.

3 - Host populations are often exposed to the same risks and vulnerabilities as forcibly displaced persons and may use seasonal movements or displacement based coping strategies.

4 – Returnees: voluntary return of Internally Displaced Persons (IDPs) or refugees are limited, however if conditions change, return movement may increase.

³ INFORM is a global, open-source risk assessment for humanitarian crises and disasters

⁴ Deteriorating trend

⁵ Humanitarian Development Index (HDI) developed by UNDP

In **Sudan**, conflict situations are affecting large parts of the population in Darfur, Blue Nile and South Kordofan States whilst these and other states are also hosting refugees fleeing insecurity and conflict from neighbouring countries. Overall, it is estimated that almost 4 million people are in need of humanitarian assistance in such conflict areas, including host communities. In addition to this overall impact on most vulnerable households, needs identified are linked to situations of displacement, as described below:

1 – IDPs: there are 3 million IDPs, mainly in Darfur, South Kordofan and Blue Nile States. Most of them are in a situation of protracted displacement and targeting is based on vulnerabilities and most critical needs. At least 100 000 were newly displaced in 2016. Children represent up to 60% of the displaced population. The proportion is higher among newly displaced communities. Women and girls represent about 25% and 30% respectively of displaced populations.

2 – Refugees: Sudan is hosting more than 700 000 refugees, asylum seekers and people of concern⁶. The intensification and spreading conflict in South Sudan and growing food insecurity has resulted in a new wave of refugees in 2016, including to new locations where the response capacity is limited. UNHCR revised upward its planning figure, with up to 160 000 newly displaced refugees forecasted in 2016, leading to an additional pressure on host communities and existing camps.

3 – Returnees: an increased number of returnees have been reported and partly verified from Chad into Darfur States. These returns are mainly due to shortage of food and lack of livelihood opportunities in hosting areas in Chad and an improvement of the security situation in some of their areas of origin. Returns of IDPs to areas of origin within Darfur have been reported but still at a small scale compared to the overall level of displacement and without an adequate and sufficient mechanism in place to effectively verify their status, needs and the voluntary nature of their return.

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 life-saving first emergency response and protection concerns related to conflict and insecurity.

The humanitarian needs in **South Sudan** arise in a context that is characterised by repeated violations of International Humanitarian Law and Human Rights abuses against civilians, in particular women and children, and aid workers. The abuses are perpetrated by all parties to the conflict and are often combined with an ethnically motivated intent, which may constitute crimes against humanity.

Food insecurity has increased year on year mainly because of conflict. The 2016 food and nutrition security assessments estimated that in the lean season (May – July 2016)

⁶ There are about 590 000 from South Sudan (out of which 240 000 arrived since December 2013 and 350 000 remained in Sudan following the secession of South Sudan in 2011). In addition, there are more than 130 000 refugees and asylum seekers from nearby countries (Eritrea, Ethiopia, Chad, CAR, Syria and Yemen).

the number of severely food insecure people⁷ reached 4.8 million people by July, out of a total population of about 11.2 million.

Nutrition: due to security constraints there is a lack of recent data⁸. The available surveys show critical (Global Acute Malnutrition (GAM) >15%) levels of under-nutrition. A continued deterioration of the nutritional status of the population is likely to occur considering the negative impact that the conflict will have on food security and access to basic services. Malnutrition is caused by a multitude of factors, including lack of access to basic services such as health and water, impact of the conflict and lack of investment, high level of food insecurity and inappropriate hygiene conditions.

Health: there are recurrent epidemics. In the first 7 months of 2016, 1.1 million people are estimated to have contracted malaria. This is a 14% increase compared to 2015 which was already a record year. Cholera outbreaks have been declared for each of the past three years. Given the extent of health needs and the limited capacity to deliver effective services by the health system, the health sector is disproportionately dependent on humanitarian assistance. War-wounded treatment continues to be a significant need. Destruction and looting of health facilities is a recurrent issue in the areas affected by conflict.

Water and sanitation: access to safe water and appropriate sanitation is extremely low and keeps deteriorating. It is a particular concern for those forcibly displaced and/or in camp settings. The number of people affected by diarrheal and water borne disease outbreaks is very high.

Protection: the conflict is characterised by wide-scale and severe human rights abuses against civilians, in particular women and children. Sexual Gender Based Violence (SGBV) is widespread. Thousands of civilians have either taken refuge in PoC sites, fled into the swamps or to neighbouring countries. There are grave violations against children including recruitment into armed groups, maiming and killing of children and attacks against schools. The on-going fighting and the resulting displacement continue to cause family separation.

Education: education indicators remain among the worst in the world. Since the onset of the crisis, an estimated 430 000 children have been forced out of school and more than 800 schools have been destroyed. This has contributed to worsen an already dire situation, with only 43% of primary school-aged children enrolled and less than 10% completing the 8-year primary education cycle.

Disaster risk reduction, resilience and self-reliance (DRR): although the needs for DRR and resilience are overwhelming, there are limited opportunities for substantial progress to be made as a result of recurrent conflicts and forced population displacement. However, there is scope for improving and mainstreaming disaster risk reduction and resilience into humanitarian response.

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

⁷ Corresponds to the Integrated Food Security Phase Classification (IPC) Phases 3 'crisis', 4 'emergency' and 5 'catastrophe'.

⁸ As of July 2016, 29 anthropometric surveys have been conducted at county level (out of 78 counties).

Protection: populations in need are affected by conflict situations for which respect of and adherence to International Humanitarian Law (IHL) is of particular concern. Across conflict-affected areas, there have been incidences of assault, robbery and gender-based violence, as well as forced displacement and constrained access to humanitarian assistance and basic services. The influx of displaced or returning population further triggers inter-communal tension and conflicts. Affected populations, particularly children, are also vulnerable to family separation, recruitment into armed forces/groups, trafficking, early marriage and abuses. Determination of status, registration and documentation of asylum seekers, refugees and IDPs supports the provision of life-saving assistance. Despite the high level of needs, access to protection services and capacity to address needs remain limited.

Food security: in June 2016, some 4.6 million people lived at crisis or emergency levels of food insecurity, according to IPC analysis. Current forecasts (FEWSNET July 16) show that the situation might improve from October in some of the affected areas, if the cropping season remains good this year. However, high rates of acute malnutrition remain in the conflict affected areas and in the East of the country. These populations are food insecure. In conflict affected areas, the population has more difficulties to recover their livelihoods due to the drought, conflict, and the high number of IDPs and refugees settled or newly arrived.

Nutrition: critical levels of malnutrition (GAM>15%) are prevalent throughout the country, with 7 out of 18 states above emergency levels. In North Darfur, GAM reaches 28.3%. According to the Ministry of Health's most recent surveys, 2 million children under 5 years of age suffer from GAM, including more than 500 000 who are severely affected (SAM).

Health: the health system remains very weak, with little investment in improving its means and technical capacity, including adequate and sufficient levels of human resources, especially in remote locations affected by conflict. In most areas, the health system depends on support from humanitarian organizations with uneven access. Bureaucratic restrictions limit severely timely procurement of quality assured drugs and nutritional products. Inadequate healthcare and sanitary coverage (including for referral services, emergency obstetrics, surgery and immunization) associated with deteriorating hygiene conditions contribute to outbreaks. Preventative measures (e.g. vaccination coverage), disease control programmes and sanitation measures to reduce propagation remain also largely insufficient.

Water, hygiene and sanitation: access to sanitation facilities, hygiene activities and to adequate levels of safe water is low across the country. In conflict affected areas such as Darfur, water and sanitation infrastructures in IDP camps are often overstretched by the arrival of new IDPs or need to be upgraded/ maintained due to protracted situations. New refugee influxes in areas that are already underserved in terms of access to water and sanitation facilities are creating additional health risks whilst emergency response has struggled to meet sectoral standards in a timely manner in evolving emergencies. The WASH response plans are still too much aid dependent.

Education: an estimated 1.6 million children⁹ (50% female) remain in need of emergency education support. In the five Darfur States, South Kordofan and Blue Nile the enrollment rate currently stands at 51% (8% less than the rest of the Country). Education indicators remain below international standards (e.g. classroom ratio, poor access to education supplies and poor capacity of education personnel). Moreover, several schools have been attacked in the past two years¹⁰.

Disaster risk reduction, resilience and self-reliance: Disaster risk reduction assessment should be embedded in the design of humanitarian interventions, including for natural disasters contexts. Linking humanitarian assistance with development remains a key issue that would offer further perspective for the response to protracted crisis or multiple causes to malnutrition. It will also depend on engagement from line ministries, development actors and a conducive environment for longer-term interventions.

3. HUMANITARIAN RESPONSE

3.1. National / local response and involvement

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 in the country and regularly denies access.

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.

The Government of **Sudan** readiness to respond to humanitarian needs is limited and flawed - in terms of neutrality and impartiality - due to its active engagement in the several ongoing conflicts in the country.

3.2. International Humanitarian Response

Both in **South Sudan** and **Sudan**, the main other traditional humanitarian donors present are: USAID (OFDA, Food for Peace, BPRM), UK (DFID), SIDA, SDC and CERF¹¹.

In **South Sudan**, despite the decision by the UN Emergency Relief Coordinator (ERC), in coordination with the Inter-Agency Standing Committee (IASC) Principals, to lift the L3 designation for South Sudan early 2016, some UN agencies continue to apply the L3 qualification internally.

Mobilization of humanitarian funding for **Sudan** remains a challenge for donors, due to the multiplication of crises in other countries, the protracted character of the crises inside the country, restrictions on humanitarian space and the insufficient capacity to deliver emergency responses.

⁹ Humanitarian Needs Overview

¹⁰ Annual report of the UN Secretary General on Children and Armed Conflict

¹¹ In Sudan CERF is regularly mobilized for new emergencies and underfunded crises

The Sudan Humanitarian Fund (SHF) is active in the country and has gone through a full review of its functioning and strategy. The first 2016 allocation is estimated at USD 30 million.

Non-traditional donors such as Qatar, Saudi Arabia, India, and Turkey are providing bilateral state to state aid.

3.3. Constraints and ECHO response capacity

South Sudan is one of the most challenging countries to work in.

In 2016 the operational environment for relief agencies worsened. Denial of access by all armed actors to those most in need constitutes a major barrier to humanitarian assistance. The operating environment is further complicated by renewed fighting in Juba and around the country. The recent conflict has also resulted in extensive and systematic looting of humanitarian agencies' assets by all armed actors.

Relief agencies and their staff are frequently harassed and intimidated. Many have suffered attacks and assaults on staff. 63 humanitarian workers have been killed since December 2013. Violent criminality is also on the rise.

There are continuous efforts to tax and or divert aid by the government and other armed actors. The new NGO act and associated regulations threaten principled humanitarian action in South Sudan.

Access is limited by factors such as very poor infrastructure, insecurity, criminality and seasonal flooding.

The costs of operations are high. This can be explained by the high costs in logistics¹². Human resources availability is also a constraint increasing the costs of the operations. Ethnic and tribal divisions affect the capacity of the partners to deploy trained national staff on the ground.

In **Sudan** the operational capacities among ECHO partners remaining in the country are insufficient to respond adequately to the vast needs. The number of aid personnel working for UN agencies and INGOs in Darfur has for example decreased from 17 700 in 2009 to 5 000 in 2015 (of whom 98% are national staff).

The operating environment for humanitarian actors remains restrictive, linked to insecurity and constant bureaucratic impediments that challenge effective, principled and sustained access to affected populations. In the past 6 months, various unilateral decisions from the Government of Sudan have led to one INGO forced closure and the *de facto* expulsion of senior international humanitarian staff from Sudan.

All partners face considerable access constraints due to a strict aid control policy by the Government of Sudan and an active "localization" agenda. Access for aid agencies to

¹² Everything has to be imported, and airlift or airdrops of humanitarian supplies remain the only option in many locations for a large part of the year.

conflict affected areas under opposition control is made impossible by the Government of Sudan and by the other warring parties.

Security is a concern in most conflict affected areas (Darfur¹³ and the Two Transitional Areas¹⁴). The gradual withdrawal or exit strategy of UNAMID risks further negatively affecting the protection environment for civilians and the security and safety of aid workers and assets. The high level of insecurity in these regions has a direct impact on the costs of operations that will have to be factored in by partners. 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.

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

The context in **South Sudan** and **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 engaged in country, to respect International Humanitarian Law and principled humanitarian action.

In **South Sudan**, ECHO will focus on protection, vulnerabilities and life-saving assistance and prioritise conflict induced needs, mostly related to displacement, and new shocks. Priority will be given to the populations at highest risk - based on objectively assessed needs – provided that a humanitarian response can be effective to reduce morbidity and mortality - in particular those of children. Only partners with demonstrated response capacity will be given consideration.

ECHO will seek to fund actions to:

- reduce mortality and morbidity through adequate food assistance and emergency integrated health, nutrition, WASH and as needed shelter and NFIs;
- respond to selected humanitarian needs especially in areas where destitution and overcrowding strongly indicate a high level of vulnerability and risk, such as UNMISS Protection of Civilians sites, other concentrations of IDPs, and refugee camps;
- support essential basic life-saving services in situations where communities are exposed to high risks of morbidity and mortality, and face high malnutrition rates, severe food insecurity and/or disease outbreaks, in particular as a result of new shocks;
- increase Emergency Preparedness and Response (EP&R) capacities, to better address new shocks, including conflict, forced displacement, deteriorating food insecurity, increasing malnutrition, natural disasters, seasonal hunger or a temporary breakdown of life-saving services.

¹³ Fourteen incidents affecting humanitarian community have been reported in Darfur between January and July 2016.

¹⁴ South Kordofan and Blue Nile States.

- tackle – in coordination with the EU development programme "Provision of Basic Education (IMPACT) - the most acute needs of Education in Emergencies; basic literacy and numeracy in primary education for conflict-affected or forcefully displaced children.

While opportunities for resilience programming at this stage are limited in South Sudan, partners are expected to maintain awareness of options to enhance resilience and adjust programming accordingly if conditions change.

Under the 2017 strategy for **Sudan**, ECHO will continue providing humanitarian assistance to the most vulnerable population, and therefore the interventions will focus on:

- emergency lifesaving activities.
- scaling-up of Community Management of Acute Malnutrition (CMAM) to reduce morbidity and mortality to address the most critical needs in the most affected areas. The multiple causes of malnutrition calls for an integrated multi-sectoral approach and engagement with development actors.
- targeting humanitarian food assistance for the most food insecure households. Approaches linking up with development and livelihood opportunities could strengthen the resilience of the most vulnerable populations and establish durable solutions for chronic and acute food insecure vulnerable groups.
- tackling the most acute areas of Education in Emergencies, in particular primary education for children displaced by armed conflict, either in camps or outside and primary education for children in facilities in conflict-affected areas with limited or no Government support. Particular attention will be paid to displaced children, and those of host communities, in close connection with protection activities and any other relevant sectors of intervention.
- 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.

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.

In both countries requests for humanitarian funding must:

- adhere to basic protection principles of safe and equal access as well as appropriate considerations for special vulnerabilities (e.g. victims of violence).
- analyse the most appropriate transfer modality and design operations accordingly. Mixed aid modalities consisting of a combination of in kind, cash or vouchers may also be considered.
- review the opportunities for multi-sectoral and integrated approaches as well as close coordination to increase efficiency and avoid duplications.

- apply targeting based on vulnerability criteria for static responses, while in cases of drastically deteriorating food security or very high malnutrition levels, blanket approaches may still be applied.
- ensure effective coordination, through mechanisms such as Humanitarian Country Teams, and Clusters.
- comply with visibility and communication requirements and to acknowledge the partnership with and funding role of the EU/DG ECHO, as set out in the applicable contractual arrangements.
- mainstream Disaster Risk Reduction across all sectors.

ECHO only funds actions 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.

Taking into account the volatile situation in both countries, a crisis modifier is foreseen. In Sudan a small reserve is foreseen under the present HIP budget to create flexibility for partners in case of an unforeseen change in the project area. In South Sudan, ECHO is funding Emergency Preparedness and Response partners.

4. LRRD, COORDINATION AND TRANSITION

South Sudan is one of the largest humanitarian operations world-wide. In such a setting coordination is key. 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, a triple hatted Deputy Special Representative of the Secretary General (DRSG)/Resident Coordinator (RC)/Humanitarian Coordinator (HC) and a large OCHA office.

In **Sudan**, Development donors' engagement and coordination with the humanitarian response plan remains essential, at least to complement humanitarian interventions in protracted crisis and in addressing multiple causes of malnutrition.

Clusters/Sectors are in place but not as strategic as they should be. In 2016, a stronger control by line ministries has also been evident during the HNO¹⁵ / HRP process. The HCT continues to function without the participation of donors but overall strategic coordination has improved since the second half of 2015. The Donor Coordination Group is now functioning and linked to discussions with the HCT.

4.1. Other ECHO interventions

In **South Sudan**, ECHO supported the response to the cholera outbreak in 2016 through the Disaster Relief Emergency Fund (DREF). An Education in Emergency project was also financed through the Children of Peace HIP.

¹⁵ Humanitarian Needs Overview

In **Sudan**, ECHO implemented in 2016 a budget of EUR 30 million from the European Development Fund (EDF) in response to the El Niño driven drought.

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 on condition to be associated to 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 type of interventions.

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

Before the fighting 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 EU TF, the outstanding non committed funds under the above mentioned programmed allocation (EUR 86.4 million) have been transferred therein. The bulk of such transferred funds have already been translated into the following projects: Contribution to Health Pooled Fund (EUR 20 million), Stabilisation through Public Financial Management (EUR 12 million), Provision of Basic Education (IMPACT) (EUR 45.6 million).

ECHO coordinates its action with the EU's Development Cooperation Instrument¹⁶. 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 agreed 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). The selection of the target area is also the result of an effort to work jointly with ECHO to identify needs, following a joint programming exercise in 2014.

In addition, the Instrument contributing to Stability and Peace (IcSP) is preparing a EUR 7.5 million decision to contribute to addressing the grievances of mixed communities (host-populations, returnees, IDPs and also refugees) in areas which have

¹⁶ Global Public Goods and Challenges Programme, formerly known as Food Security Thematic Programme

recently become more accessible, undertaking peace-building support through the provision of opportunities to improve their livelihoods.

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 adopted in 2010 a Council decision of EUR 70 million. The allocation was further increased in 2013.

In 2016, the EU has made available 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 EU TF. The special measure is accompanied by the Short Term Strategy 2016/17 for Sudan. Three sectors have been identified through the Strategy: a) support to basic services (education and health), b) support to livelihoods and food security, c) support to civil society, local governance and peacebuilding.

To date, three projects have been approved under this measure: 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), Health project in East Sudan (EUR 12 million), plus one project, Enhancing alternatives to first and secondary movement from Sudan (EUR 15 million), within the Regional Development and Protection Programme (RDPP).

A EUR 13.5 million IcSP programme providing support to peacebuilding and stabilisation in Sudan, in particular at the border with South Sudan, is coming to an end early 2017; follow up measures will be explored.

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.

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

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. 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, with China in particular emerging.

2016 HRP is 44% funded (total Appeal: USD 1.286 billion). The HRP is, however, likely to be adjusted upwards to about USD 1.5 billion with the worsening food security in Northern Bahr el Gazal and the proliferation of fighting with corresponding displacement. 2016 Regional Refugee Response Plan (RRRP): 20% (Total Appeal: USD 701.6million). ICRC appeal is 68 % funded (Total Appeal: EUR 119 million).

In **Sudan** Traditional development donors are 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. In general, development funding has made some progress but it still depends on a conducive environment for an effective link with relief assistance in the response to protracted crises and addressing longer-term causes of vulnerability.

The level of financial coverage of existing international appeals is low. As of September 2016, the 2016 HRP is funded at 41% (Total Appeal: USD 967 million) whilst the refugee response plan (UNHCR) is funded at 13%. Shortfalls are significant and reported by a variety of partners and cluster leads, such as WFP (67.7%) and UNICEF (87%).

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 **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.

In **Sudan**, the protracted nature of the crisis in the IDP camps in Darfur calls a different approach to respond to the needs of the beneficiaries, from the provision of life-saving services to the provision of long-term and sustainable services in urbanized or rural contexts. ECHO has engaged in programming discussions with other developmental donors to define the most appropriate funding response to the needs of these persons, keeping in mind that the risks linked to the protection environment are still present and acute, to be addressed through a principled approach.

In addition, classified as a **forgotten crisis**, humanitarian actors do struggle in finding complementarities with development actors. The lack of access for aid agencies has resulted in a restricted operational capacity to respond to new emergencies whilst the long protracted character of the crisis has led to reduced engagement from humanitarian donors, not yet replaced by development actors. In this context, the three crises within Sudan remain largely underfunded.