

HUMANITARIAN IMPLEMENTATION PLAN (HIP)

SUDAN and SOUTH SUDAN

The full implementation of this HIP is conditional upon the making available of appropriations from the general budget of the Union.

AMOUNT: EUR 128 500 000

The present Humanitarian Implementation Plan (HIP) was prepared on the basis of financing decision ECHO/WWD/BUD/2016/01000 (Worldwide Decision) and the related General Guidelines for Operational Priorities on Humanitarian Aid (Operational Priorities). The purpose of the HIP and its annex is to communicate key humanitarian needs to ECHO¹'s partners and in so doing 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 PREVIOUS VERSION OF THE HIP

Second modification as of 19 July 2016

There is a deepening humanitarian crisis in South Sudan linked to the renewed fighting, the economic crisis and pre-existing extensive humanitarian needs including the growing food insecurity.

The conflict that has been gradually spreading across the country over the past months, culminated with an outbreak of hostilities in the capital Juba on 8 July. Armed actors have committed grave violations against civilians, often with ethnically motivated intent. Thousands have taken refuge in UN Protection of Civilian sites, fled into the swamps or to neighbouring countries. Immediate humanitarian needs have risen sharply in the capital Juba as well as in other locations where the fighting intensified.

The latest lull of violence takes place in a context where food insecurity is increasing year on year. The latest Integrated Food Security Phase Classification (IPC) report projects that in the lean season (May – July 2016) the number of severely food insecure people will increase from about 4.3 in April to 4.8 by July, out of a population of about 11.2 million. About 80% of this population will be from the States of Unity, Upper Nile, Northern Bahr el Ghazal and Western Bahr el Ghazal. The risk of famine cannot be ruled out in parts of Unity state and the Greater Bahr el Ghazal region where some food security and nutrition indicators are within the 'catastrophe' phase (phase 5) of the IPC classification. Food insecurity is likely to affect primarily the displaced, returning households and low income groups. Additional funding will therefore be made available for food assistance in areas newly affected by either conflict or food insecurity. Mixed aid modalities of food aid in kind plus cash/voucher may also be possible in some situations.

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

The nutrition situation is also likely to further deteriorate during the lean season. The IPC data indicates that two thirds of the 44 counties analysed are likely to be in “Critical” situation. These counties are mainly in Greater Upper Nile, Northern Bahr el Ghazal, Warrap and parts of Eastern Equatoria. Significant deterioration is also expected in Western Bahr el Ghazal’s Wau and Raja Counties, where people are displaced by recent and on-going conflict. Additional funding will therefore expand the humanitarian response by scaling up treatment of severe and moderate acute malnutrition through the Community Management of Acute Malnutrition (“CMAM”) approach where appropriate; promote better infant and young child feeding practices; step up use of blanket supplementary feeding for the most vulnerable in the most serious nutrition situations; and enhance water, sanitation and hygiene services.

Health partners are responding to a countrywide increase in measles cases, with 12 counties reporting confirmed outbreaks since the beginning of 2016. A cluster of cases of haemorrhagic fever syndrome have also been recorded and is closely monitored by health partners. At the beginning of the rainy season, suspected cholera cases alerts are reported in Juba and malaria cases are on the rise in various locations hosting IDPs. 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 which is currently under-funded. The additional funding should also support the response to selected emergency public health needs for example in WASH, basic household items and immunisation, especially in areas where destitution and overcrowding strongly indicate a high level of risk, for example in UNMISS Protection of Civilians sites.

There are new forced displacement linked to the fighting in areas that had previously been stable and reports of continued human rights abuses against civilians by security forces and armed militias. The additional funding will seek to step-up operations which protect civilians, in particular vulnerable groups, such as refugees, unaccompanied children, child soldiers and victims of gender based violence (women, men and children).

Humanitarian organisations operate in a difficult operational environment, characterised by harassment, intimidation, and continued efforts to tax and or divert relief agencies, as well as rampant armed criminality. The new NGO act and associated regulations is a threat to independent and principled humanitarian action in South Sudan. The operating environment has been further complicated by the renewed fighting in Juba and around the country. Relief agencies have suffered attacks and assaults on staff forcing them to relocate non-essential staff out of the country. Furthermore, the recent conflict has also provided a cover for extensive and systematic looting by all armed actors.

In order to respond to these additional humanitarian needs in South Sudan, the Commission, through its Directorate-General for European Civil Protection and Humanitarian (ECHO), has mobilised an additional EUR 40,000,000. This amount will help responding to the funding requests received for South Sudan under Assessment Round 1 for a total amount of EUR 155,124,379. As a result, there will be no new Assessment Round for this additional funding.

First modification as of 21 March 2016

Following the political orientation provided by Commissioner Stylianides to scale-up ECHO's financial support towards education in emergencies to reach the global target of

4% and the additional contribution of EUR 26 000 000 granted by the budgetary authorities, an amount of EUR 3 500 000 has been added to the current HIP.

This additional contribution will be used to support activities that enable safe access to quality education for boys and girls in ongoing conflicts, complex emergencies, other situations of violence and early recovery phases. Furthermore, it may support longer-term education activities in protracted crises and in refugee/IDP camps, as well as actions targeting transition to formal education systems.

In spite of the increased recognition of the important role that education may play for children and young people affected by crises, education in emergencies remains one of the least funded humanitarian sectors. For boys and girls affected by crises, safe access to education can be lifesaving, protecting them from external threats, giving them a sense of normalcy, teach them important life skills, strengthen their resilience and restore their hope for a better life. As protracted crises in the world are becoming more prominent there is a risk of creating a "lost generation" if there is not investment in education in emergency at an early stage.

1. CONTEXT

Insecurity and multiple conflicts prevail in both countries. The mandate for the three peace-keeping operations has been extended throughout 2015: the United Nations (UN) Mission to South Sudan (UNMISS)²; the UN Interim Security Force for Abyei (UNIFSA)³ and the UN-African Union Hybrid Mission in Darfur (UNAMID)⁴.

South Sudan

ECHO's Integrated Analysis Framework for 2015-2016 identified extreme humanitarian needs in South Sudan⁵. The country scores 3 out of 3 in the crisis index and is ranked number 3 in the vulnerability index. In the UN system, the country remains at emergency level 3. The UN estimates the conflict has triggered more than 2 million forced displacements, out of an estimated population of 11.6 million

On 26 August 2015 a new peace and power sharing agreement was signed but it is unlikely to result in an improvement of the humanitarian situation in the short term. Instability remains high and conditions for return are not yet in place. In the conflict affected areas, the provision of basic services remains almost entirely under humanitarian aid and livelihoods and coping mechanisms have drastically deteriorated.

Sudan

ECHO's Integrated Analysis Framework for 2015-2016 identified high humanitarian needs in Sudan, which is ranked no. 5 in the vulnerability index. At the same time, the

² UNSC Resolution 1996 as last amended by 2132 (change of mandate) and lately 2155

³ UNSC Resolution 1990 as last amended by 2205

⁴ UNSC Resolution 1769 as last amended by 2228

⁵ South Sudan is not (yet) included in the HDI published by the UN Development Programme (UNDP).

Humanitarian Development Index calculated by UNDP is 0.5 (ranking 166) while the GINI index is 35.3.

The political and security environment continued to be of particular concern in 2015 with the ongoing conflicts in Darfur, South Kordofan and Blue Nile. The initiatives for conflict settlement such as the National Dialogue have stalled while the consequences of the conflicts have heightened insecurity in the region, already severely compounded by widespread crime and banditry. In Eastern Sudan, the political situation remains fragile and the humanitarian picture is characterized by chronic under-development and widespread poverty with malnutrition rates which are among the highest in the country.

Sudan's complex and protracted crisis suffers from the limited exposure of foreign media to the humanitarian suffering. Sudan was therefore considered by ECHO a forgotten crisis in 2015 for the second year in succession.

In the **Abyei Administrative Area**, the political and security situation remains tense and unpredictable as long as the final status of the disputed region is not settled, yet the resolution of outstanding issues between Sudan and South Sudan is not progressing.

2. HUMANITARIAN NEEDS

1) Affected people/ potential beneficiaries

South Sudan

Conflict-induced needs largely associated with forced displacement: the conflict in South Sudan has created high levels of humanitarian needs both directly as people are killed, injured or forced to flee, and indirectly as a result of disrupted livelihoods and markets, and absence of essential basic services. There have been massive population movements. Over 2 million people have fled their homes, of whom more than 600 000 have sought refuge in neighbouring countries; and some 67% of whom are children. Large numbers of population 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. In addition, South Sudan hosts, since 2011, more than 260 000 Sudanese refugees.

Protection needs arising from conflict related abuses: in the early stages of the crisis, ethnic targeting in the capital as well as in some of South Sudan's major towns resulted in an unprecedented influx of population seeking physical protection in UNMISS bases named Protection of Civilians sites (POCs). The POCs host today more than 200 000 individuals, predominantly Nuer population.

Throughout the country, food assistance needs have increased and access to basic social services has been reduced. The 2015 food and nutrition security assessments indicate that up to 67% of the population faced food insecurity (i.e. IPC⁶ Phases 2, 3 and 4) at the peak of the lean season in 2015. The review carried out in September 2015 indicates that up to 10% of the population in some of the counties in Southern Unity state could be

⁶ Integrated Food Security Phase Classification (IPC)

currently at the highest IPC classification level (Phase 5). The UN estimates that 57% of health facilities in the three states most affected by conflict (Jonglei, Upper Nile, Unity) are not functioning. The impact of the crisis on the education system is also huge. The Humanitarian Response Plan estimates that 2 million children are affected by the conflict. UNICEF estimates that 400 000 children have left school due to the conflict.

Sudan

5.4 million people out of a population of 35 million (roughly 13% of Sudan's population) are estimated to be in need of humanitarian assistance. The major protection concerns are conflict-related violence, particularly attacks against civilians, gender based violence, child protection and assistance to the displaced in view of the lack of durable solutions.

As of April 2015, an estimated 3.7 million people in Sudan faced Crisis (IPC Phase 3) and Stressed (IPC Phase 2) levels of acute food insecurity, which affects mainly the IDPs in SPLM-N controlled areas of South Kordofan and new IDPs in Darfur. Critical levels of acute malnutrition (GAM⁷>15%) are spread throughout the country and in particular in North/South Darfur and in the Red Sea State.

In Darfur, over 2.55 million people remain displaced. 2015 saw a sharp deterioration of the conflict, with an estimated newly displaced population of between 100 000 and 200 000 people, and serious protection violations since the start of the 2015 military campaign. Several thousand people are reportedly displaced in highly insecure areas or in rebel held areas where the aid community is prevented from accessing.

Fighting in South Kordofan and Blue Nile continues to have dire humanitarian consequences, with large areas not accessible to humanitarian agencies from within Sudan, in particular those under the control of the Sudan People's Liberation Movement-North's (SPLM-N). Access restrictions, security constraints and the consequent lack of independent assessment of needs and provision of relief are affecting an estimated population of 800 000. International Humanitarian Law (IHL) violations are regularly reported but only partially documented.

The current crisis in South Sudan resulted in a wave of new South Sudanese refugees estimated in September 2015 to be over 193 000. South Sudanese entering Sudan settle primarily in White Nile, South Kordofan, West Kordofan, Blue Nile and Khartoum States. Up to now they have not been granted refugee status by Sudan's government who instead considers them as "brothers and sisters" temporarily residing in the country and who would in principle benefit from the "Four Freedoms Agreement"⁸, subject to its full implementation. In White Nile, West Kordofan and South Kordofan the refugees have been encamped, with resultant needs of basic service provision (WASH, health, food, protection), while those in Khartoum have needs more linked to their protection status and the lack of livelihood opportunities.

⁷ Global Acute Malnutrition.

⁸ 2012 a framework agreement allowing citizens of both states to enjoy freedom of residence, freedom of movement, freedom to undertake economic activity and freedom to acquire and dispose property.

As of March 2015, Sudan was hosting 175 000 refugees and asylum seekers (excluding the South Sudanese population) coming from other neighboring countries. The great majority of this population is Eritrean and lives in the East. Influx of mainly young and urban Eritreans continues unabated at a reported rate of over 1 000 people per month. This makes Sudan a major regional transit for migrant population trying to find their way to Europe.

Abyei Administrative Area

Although there is no acute emergency phase for the time being, political instability and economic challenges in Abyei can potentially develop into a humanitarian crisis in 2016. Should violence erupt in Abyei, it is likely to cause a significant displacement of people within the area and beyond (both to South Sudan and Sudan).

2) Description of the most acute humanitarian needs

South Sudan

The conflict which started in December 2013 has exacerbated South Sudan's pre-existing structural needs and vulnerabilities and has driven the country into a major humanitarian crisis. Emergency thresholds have been reached in food security, nutrition, and some of the health indicators and coping mechanisms have been severely eroded. Large numbers of population are in need of protection as the conflict is associated with human rights violations and non-respect of International Humanitarian Law. In addition, the humanitarian response is impeded by serious and increasing access and operational environment constraints. The most immediate humanitarian needs are summarized below:

Food Insecurity: Some communities in South Sudan remained on the brink of famine in 2015. Expectations for 2016 are even worse with year on year deterioration since 2013. The latest IPC review dated September 2015 estimates that 3.9 million people currently face severe food insecurity (IPC Phases 3, 4 and 5). This is high at this time of the year and much higher than the 2.2 million people at the same time last year. For the first time, the forecast includes populations in Phase 5 of the IPC classification. An estimated 40 000 are assessed to be in this situation in some of the counties in Southern Unity. These are the areas most seriously affected by the latest conflict escalation.

Malnutrition: closely linked to the food insecurity, under-5 GAM levels remain well above the 15% emergency threshold in the states directly affected by the conflict in the Greater Upper Nile region, but also in Warrap and North Bahr el Ghazal states with 80% of counties in these states are above the emergency threshold. 9 out of 20 nutrition surveys between January and July 2015 found rates of Severe Acute Malnutrition (SAM) above 5% among children. This is more than twice the critical level.

Health: Disease and malnutrition work together in a vicious circle resulting in increased mortality. Health needs in South Sudan are massive countrywide, with one woman out of six giving birth in health facilities. The ongoing conflict has impacted on an already weakened health system and a population with late health seeking behaviour, resulting in resurgence of diseases like cholera and Hepatitis E, as well as measles and malaria. A new cholera outbreak has been declared in Juba in 2015, and there is a malaria outbreak

declared by the WHO in four states. Maternal and child mortality rates remain among highest in the world. The conflict has also resulted in a high number of war wounded, who need surgical interventions.

Water, hygiene and sanitation: In 2015, water and sanitation infrastructures in IDP camps and settlements in South Sudan have been severely overstretched by the arrival of new IDPs. As a result, in most of those places where the ratio per person was at the higher acceptable range (15 liters/day), it has now dropped close to the lower range (7.5 liters/day). In rural areas even before the recent influx of IDPs, the water and sanitation resources were already far from satisfactory. The decreasing purchasing power and higher water production costs have simultaneously significantly restricted the water supply.

Non-food items (NFI) and shelter: Shelter and NFI are major needs for displaced persons on the move as well as in the camp sites. This need is expected to remain high in 2016, to support the population in PoCs and other settlements already assisted in 2015 and whose shelter and NFI will need reinforcement/replacement, but also and mainly to support the newly displaced and the population whose households have been destroyed.

Protection: With political and criminal violence at unprecedented levels throughout the country, protection needs are huge. The population seeking protection in UNMISS bases (POCs) continued increasing in 2015. Bentiu and Malakal centres are overcrowded and there are high tensions amongst the IDP community. Throughout the country massive human rights violations were reported⁹. Since the eruption of conflict in December 2013, the UN has received more reports of grave child rights violations in armed conflict than in all of 2012 and 2013 combined. Reflecting the conflict's escalation, most of these were killing, rape and grave sexual violence.¹⁰ Recruitment and use of children continued, with over 12 000 children recruited as child soldiers during this conflict. Nearly 8 000 children have been identified and registered as unaccompanied or separated. This number continued to grow steadily during the first quarter of 2015.

Sudan

Protection: The vast majority of the identified populations in need are affected by conflict situations, for which IHL violations are reportedly committed by the conflicting parties. Against the background of continuing conflict, displaced people are at heightened risk of physical abuse and exploitation. Across conflict-affected areas, there have been incidences of assault, robbery and gender-based violence. IDPs, particularly children, are also vulnerable to recruitment into armed gangs, trafficking, early marriage and abuse. Determination of status, registration and documentation of asylum seekers, internally displaced people, gender-based violence and human trafficking remain of paramount importance to ensure provision of life-saving assistance.

Food security and nutrition: The most vulnerable population affected by acute and chronic food insecurity in Sudan is supported by humanitarian aid only. Food assistance

⁹ Most recent references: UNSC resolution 2223 of 28 May 2015; Anthony Lakes's statement on 17 June speaking about "unspeakable" violence against children; UNMISS' flash report of 29 June; Human Rights Watch Report, July 22, 2015.

¹⁰ Protection cluster – Protection trends in SS April –June 2015.

is still limited to food aid in-kind or food vouchers for most of the internally displaced people and refugees from South Sudan and Eritrea. Integrating food and nutrition in a more comprehensive multi-sectoral approach, including scaling up coverage of treatment of malnutrition remains a critical life-saving activity to be enhanced. Highly limited livelihood programs with scarce financial resources from development donors are building resilience and durable solutions for the chronic and acute food insecure vulnerable groups in protracted and recurrent crisis.

Health: The health system remains very weak in Sudan, due to the lack of means, access, and adequate human resources, resulting in an inability to respond to a deteriorating situation especially in Darfur where over 100 000 people were newly displaced during the first seven months of 2015. Most hospital services are managed by the Ministry of Health. Referral services (including surgery) are extremely poor. Inadequate sanitary conditions and low coverage of immunization services contribute to outbreaks of measles, hepatitis E, and yellow fever epidemics. In White Nile access for credible implementing partners remains difficult in order to guarantee quality services to the South Sudanese refugees.

Water, hygiene and sanitation: A recent nationwide survey shows low coverage in terms of access to sanitation and clean water across Sudan. In conflict affected areas such as Darfur, water and sanitation infrastructures in IDPs camps are often overstretched by the arrival of new IDPs. At the same time humanitarian organizations struggle to respond in a timely and adequate manner to acute needs. Access to water and sanitation services remain highly uneven depending on the capacities of the actors on the ground. The situation in the refugee sites of White Nile State is of concern as although some access to water and sanitation is provided, standards are far from being met.

Disaster risk reduction (DRR) and resilience: Disaster risk reduction assessment should be embedded in the design of humanitarian interventions. However, in Sudan the opportunities for DRR initiatives are limited as the emergency phase is still acute in several parts of the country.

3. HUMANITARIAN RESPONSE

1) National / local response and involvement

South Sudan

With the signing of the peace agreement and the planned installation of a transitional government there are new possibilities for a national response. However to date the warring parties in South Sudan (government and opposition) have been unwilling to make resources available to address the basic needs of the population in the country. The economy of the country risks collapsing following the drop in oil prices and the conflict expenditures that absorb the greater part of government revenue. Since December 2013, many 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.

Sudan

The readiness to respond by the Government of Sudan (GoS) is limited, and particularly flawed in its neutrality and impartiality principles by the active engagement of the Government in the several conflicts ongoing in the affected areas of the country. The GoS restricts access for international humanitarian partners, either through the imposition of lengthy and heavy bureaucratic impediments, or by denying travel permits and entry visa for international experts.

2) International Humanitarian Response

South Sudan

The Humanitarian Response Plan (HRP) compiles most of the interventions and pledges of the South Sudan response. The interventions are organised on three main axes: (1) Intervention in UNMISS Protection of Civilian sites and in IDP camps outside these bases; (2) Mobile and rapid interventions in hard to reach areas where longer term presence is difficult due to insecurity and lack of resources. (3) Scaling up programmes in hard to reach and remote areas. Other important humanitarian agencies work outside the HRP but share the same humanitarian objectives.

The Humanitarian Response Plan's mid-2015 review requests USD 1.633 billion to respond to the most urgent needs in South Sudan. Up to September 2015, over USD 1.081 billion have been received, plus outstanding pledges of up to USD 438 million. ICRC's separate appeal requests USD 163 million. The activation of the UN system Level 3 has facilitated the scaling up of the response and contributed to mobilization of resources. The levels of intervention and resources need to be maintained to continue addressing life-saving operations in South Sudan.

Sudan

The 2015 Humanitarian Response Plan requests USD 1 billion to meet the needs of 5.4 million people. The capacity of the aid community to respond to newly emerging needs remains limited due to bureaucratic impediments and insecurity, particularly in the Transitional Areas of South Kordofan and Blue Nile States.

A large aid community including UN, INGOs, Red Cross and Red Crescent movement is aiming at covering widespread needs. However, funding commitments from donors have been progressively decreasing over the years; the coverage of the UN appeal has decreased from 65 % in 2011 to 54 % in 2014. As of August 2015, 39% of the 2015 HRP needs were covered. Main traditional humanitarian donors present are: USAID (OFDA, Food for Peace, BPRM), UK (DFID), SW, CHF¹¹ and CERF. Non-traditional donor such as Qatar, Saudi Arabia, India, and Turkey are providing bilateral state to state aid. The CHF is active in the country, with major contributions from several EU Member States. In 2014, the CHF allocated USD 134.9 million; corresponding data for 2015 are not available yet.

¹¹ Common Humanitarian Fund.

3) Constraints and ECHO response capacity:

South Sudan is one of the most challenging countries to work in because of the absence of infrastructure, natural challenges (large parts of the country are flooded during the rainy season), insecurity and political instability. Humanitarian aid is delivered in very difficult circumstances. While humanitarian needs are increasing, aid operations are under threat. More than 30 humanitarian workers have been killed in South Sudan since December 2013, and many others have been abducted, harassed, detained or arrested. Humanitarian compounds, assets, convoys and supplies have been looted or destroyed. The then UN Humanitarian Coordinator was expelled in 2015. Ethnic and tribal divisions have also affected the capacity of the partners to deploy trained national staff on the ground.

Sudan

Operational capacities among the partners (UN, INGOs & RC) remaining in the country following the various expulsion and suspension measures are insufficient to respond adequately to the vast needs. All partners face considerable access constraints due to a strict aid control policy by the Government of Sudan and an active "Sudanisation" (nationalisation of international aid) agenda. Access for aid agencies to 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 (Darfur, and the Two Areas¹²). Banditry in Darfur is on the rise with kidnappings and robbery of assets. Aid workers have been directly targeted and killed in Blue Nile in early 2015. The gradual withdrawal or exit strategy of UNAMID carries risks of further negatively affecting the protection environment for civilians and the security and safety of aid workers and assets.

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

During the implementation of this HIP, special attention will be given to relevant aspects related to migration and displacement, advocacy, international humanitarian law and humanitarian access.

Partners will be expected to ensure full compliance with visibility requirements in accordance with the applicable contractual arrangement as well as with specific visibility requirements agreed-upon in the Single Form, forming an integral part of individual agreements. In particular, this includes prominent display of the EU humanitarian aid visual identity on EU funded project sites, relief items and equipment and the acknowledgement of the funding role of and the partnership with the EU/ECHO through activities such as media outreach and digital communication. Further explanation of visibility requirements can be consulted on the dedicated visibility site: <http://www.echo-visibility.eu/>

¹² South Kordofan and Blue Nile.

South Sudan

The strategy for South Sudan will:

1. Respond to conflict-induced needs largely associated with forced displacement: support for the scaling-up of humanitarian assistance where the greatest needs are identified. This means adequate food assistance and emergency health and nutrition responses, along with the emergency WASH that is necessary to reduce deaths, and in particular those of children. Attention will be given to ensure the presence of the most experienced and best equipped relief agencies among the worst affected communities, and to ensure relief agencies able to respond to newly emerging humanitarian needs;
2. Address the basic needs of refugees in South Sudan most of whom come from Sudan;
3. Support protection activities addressing child protection, including family tracing and reunification for separated, unaccompanied and missing children; Sexual and Gender Based Violence (SGBV); as well as protection monitoring activities;
4. Provide support to basic services in communities exposed to high risks of morbidity and mortality that have high malnutrition rates and disease outbreaks, especially where these are a result of shocks linked to the conflict displacement and disruption, flooding, seasonal hunger, and/or deterioration of services and supplies.

ECHO is actively involved in communication and advocacy efforts to raise awareness on needs, access difficulties, human rights and international humanitarian law abuses in South Sudan. ECHO will continue efforts to ensure that the levels of intervention and resources are maintained to address life-saving operations in South Sudan and advocate for reinforced coordination and dialogue with development partners.

Sudan

The strategy for Sudan will continue to support humanitarian aid to the most vulnerable population in Sudan. The operation strategy for Sudan will focus on emergency response and preparedness in the sectors of food assistance and livelihoods (as appropriate either through food aid in-kind or cash/vouchers transfers), nutrition, health, water, sanitation and hygiene, shelter and non-food items, and protection. It may also include coordination (including support to security programmes) and logistics support.

In the context of conflict areas, emergency lifesaving activities should be the main response. Protection analysis should inform the decision on the provision of humanitarian assistance to all types of displaced populations (IDP, returnees and refugees) across the country. Protection mainstreaming is to be promoted.

In the context of a protracted crisis, improved targeting based on vulnerability criteria, diversified aid modalities based on response analysis and multi-sectoral approaches to build resilience should be promoted:

- Targeting to be based on vulnerability criteria (shift from rights-based to needs-based approach);
- Complementarity of food assistance and nutrition dimensions for prioritizing the most vulnerable population in need of support;
- Increasing funding to treat severe acute malnutrition (SAM) and promoting Infant and Young Child Feeding (IYCF) in emergency practices;
- In non-conflict zones, cash or food voucher modalities should replace in-kind food aid distribution in urban and peri-urban areas where markets are functioning and conditions are met;
- Piloting cash-based interventions for protracted IDPs in peri-urban areas of Darfur, based on Household Economy Analysis and market assessments;
- Development stakeholders to be engaged for joint situation and response analysis, aimed at enhanced coordination and division of labor for building resilience.

The above strategies are subject to meaningful access to populations in need. Monitoring of access conditions is part of the response strategy of ECHO in Sudan and be a key decision criterion.

Forgotten crisis: advocacy activities should be enhanced, ensuring good visibility in the media, and informing/encouraging the debate in the political/diplomatic spheres. Funding and policy support to humanitarian coordination should be continued to ensure that principles are preserved.

In both countries effective coordination is essential. ECHO supports the Inter-Agency Standing Committee's Transformative Agenda (ITA) and encourages partners to demonstrate their engagement in implementing its objectives, to take part in coordination mechanisms (e.g. Humanitarian Country Team/Clusters) and to allocate resources to foster the ITA's roll-out.

Partners will be expected to ensure full compliance with visibility requirements in accordance with the applicable contractual arrangement as well as with specific visibility requirements agreed-upon in the Single Form, forming an integral part of individual agreements. In particular, this includes prominent display of the EU humanitarian aid visual identity on EU funded project sites, relief items and equipment and the acknowledgement of the funding role of and the partnership with the EU/ECHO through activities such as media outreach and digital communication. Further explanation of visibility requirements can be consulted on the dedicated visibility site: <http://www.echo-visibility.eu/>

ECHO will provide further support to meet the mounting needs of children in conflict affected contexts that are out of school or risk education disruption. Within this HIP project addressing education and child protection will be funded. ECHO will favour education in emergency projects in areas where the % of out-of-school children is particularly high, there are grave child protection concerns and where other sources of funding available are limited. Complementarity and synergies with other EU services and funding instruments will be sought. In addition, complementarity and synergies with funding provided by the Global Partnership for Education is encouraged.

4. LRRD, COORDINATION AND TRANSITION

1) Other ECHO interventions

South Sudan

Response to Epidemics: The cholera outbreaks of 2014 and 2015 have been supported through the ECHO Epidemics HIP.

Education: Projects selected under the EU Children of Peace initiative have complemented the South Sudan programme.

2) Other services/donors availability

South Sudan

South Sudan has not signed the Cotonou Agreement, adversely affecting funding for EU bilateral development cooperation, and development relations have been further limited by the conflict. Before the fighting the EU had programmed EUR 285 million jointly with EU Member States. Priority sectors were agriculture, education, health and governance. 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.

ECHO coordinates its action with the Food Security Thematic Programme as well as with the Instrument contributing to Stability and Peace (IcSP). ECHO is also involved in programming discussions to assess potential synergies between development and humanitarian support for provision of basic services through the Health and Education Pooled Funds.

Sudan

The EU Delegation is implementing a project portfolio worth EUR 79 million that focuses on livelihood support to communities and displaced populations in the peripheral States of Darfur, Red Sea, Kassala, Gedaref and, whenever possible, Blue Nile and South Kordofan. In all areas, the focus is on increasing the food security of targeted groups (EUR 43 million) and in improving the quality of and access to both primary education (EUR 18 million) and reproductive health services (EUR 18 million), thereby responding to key drivers of conflict. In Darfur, the EU contributes to food security through a mix of activities aimed at improving the sustainable management of water resources and to providing rural smallholders with material and training to increase crop productivity. In East Sudan, the EU contributes to food security by actions designed to increase livestock productivity and ensure animal disease control.

3) Other concomitant EU interventions:

Both in Sudan and in South Sudan the EU implements the Instrument contributing to Stability and Peace (IcSP), with the aim of providing support to peacebuilding and stabilisation, in particular at the border with South Sudan.

4) Exit scenarios

South Sudan

At this stage of the crisis there is little scope to plan for a humanitarian aid exit strategy, and as yet it is too early to make assumptions about the progress and durability of the peace process. However, coordination between humanitarian and development approaches is essential to establish and maintain minimum access to basic social services and, where possible, to support livelihoods in conflict and non-conflict affected areas. This would contribute to limit the negative impact of the crisis on the general population's resilience.

Sudan

The protracted nature of the crisis in the IDP camps in Darfur has determined a shift in the pattern of needs of the beneficiaries over several years, 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 humanitarian approach.