
HUMANITARIAN IMPLEMENTATION PLAN (HIP)

SUDAN and SOUTH SUDAN

The activities proposed hereafter are still subject to the adoption of the financing decision ECHO/WWD/ BUD/2015/01000

AMOUNT: EUR 82 000 000

1. CONTEXT

Given the continued links between the crises in Sudan and South Sudan, the European Commission's Directorate-General for Humanitarian Aid and Civil Protection (ECHO) considers that one regional HIP covering the two countries will help to ensure that interventions are relevant and consistent in both of them.

In ECHO's Global Vulnerability and Crisis Assessment (GVCA), South Sudan comes second and Sudan sixth, indicating extreme humanitarian needs in both countries. The United Nations (UN) declared South Sudan a level-3 emergency in 2014 – the highest level of a humanitarian crisis. South Sudan is also considered the most fragile country in the world, ranking top of the Fragile States' index in 2014. Sudan comes fifth in the Fragile States' index. It ranks 166 (out of 187 countries) in the Human Development Index¹.

Insecurity and multiple conflicts prevail in both countries. The mandates for the three peace-keeping operations – the United Nations (UN) Mission to South Sudan (UNMISS), the UN Interim Security Force for Abyei (UNIFSA) and the UN-African Union Hybrid Mission in Darfur (UNAMID) – have been extended in 2014.

Since 15 December 2013, the violent political conflict in South Sudan with its dramatic humanitarian consequences has overshadowed a number of outstanding issues between Sudan and South Sudan (some addressed by the 2012 cooperation agreement but mostly not implemented, some still outstanding from the 2005 Comprehensive Peace Agreement, CPA). Relations between the countries have at least not deteriorated in 2014, despite cross accusations of supporting proxy rebel groups in both countries. The African Union High-Level Implementation Panel on Sudan (AUHIP) is still mandated to solve pending post-CPA issues, e.g. over border demarcation, the contested area of Abyei and the implementation of the 2012 cooperation agreement. However, progress is stalled due to the domestic crises the two countries face. The precarious economic situation of both countries remained a major concern in 2014, and it is likely to be so as well throughout 2015 and beyond.

In **South Sudan**, the political crisis which turned violent on 15 December 2013 has led to a major humanitarian crisis on top of an already difficult humanitarian situation. The heritage of the world's newest country was challenging from the onset: it was one of the least developed parts in the world following decades of conflict and neglect, combined with seasonal flooding, frequent dry spells and disease outbreaks, but at the same time independence also brought a lot of support and donor engagement from the international community willing to help the new-born state to develop. The failure of South Sudan's political leadership to solve a power struggle

¹ South Sudan is not (yet) included in the HDI published by the UN Development Programme (UNDP).

by non-violent means and the continued refusal to come to an agreement and to cease hostilities has exhausted that political capital. The current conflict and desolate political outlook have also further deteriorated the already extremely weak economy. Most South Sudanese rely on subsistence agriculture for their livelihood. Insecurity and related massive displacement have disrupted harvests, reduced food production and destroyed markets. In August 2014, there were 3.9 million people severely food insecure (ie in crisis or emergency phases²) – more than a third of the population. The fighting and insecurity throughout 2014 reduced the oil production by an estimated 40% while oil revenues account for almost all State income. Consequently, the development challenges the new country is facing have become even more evident and difficult, and the vulnerability of the population has further increased. Security priorities and the unresolved political crisis continue to dominate government spending, while corruption is rampant at all levels. Given its very low health care service coverage, compounded by population movements and access difficulties, South Sudan is prone to frequent epidemic outbreaks.

South Sudan continues to host around 243 000 refugees, most of whom fled the conflict in South Kordofan and Blue Nile in Sudan. Most refugees live in camps and settlements in Upper Nile and Unity States. A return of the refugees is not expected as long as the conflict continues in their places of origin. At the same time, nearly half a million South Sudanese have fled the country since December 2013 and sought refuge in neighbouring countries (Ethiopia, Uganda, Sudan, Kenya). Around 1.3 million people have been displaced inside South Sudan, including up to 100 000 people who fled the violence by seeking shelter in protection-of-civilian (PoC) areas in UN bases.

Although peace talks in Addis Ababa, led by the Inter-Governmental Authority for Development (IGAD), resulted in the signature of an agreement to cease hostilities in late January 2014, and a recommitment to the peace process on 9 May, fighting between government and opposition forces has continued, especially in Jonglei, Unity and Upper Nile States. The security situation remains very fluid, especially in these three States. In spite of intense international pressure the warring parties have so far failed to form a transitional government of national unity. Displacement and conflict related violence as well as inter- and intra-ethnic clashes cause major protection risks for the population in addition to a deteriorating humanitarian access.

In **Sudan**, the economic downturn was followed by high inflation (at around 40%), a depreciation of the Sudanese pound, austerity measures and removal of subsidies for basic commodities, as well as an increase in food and energy prices. All of these factors have impacted negatively on the well-being of a large share of the population of 35.4 million. In **Darfur**, the security and humanitarian situation has further deteriorated in 2014. Ten years after its onset, the conflict has increased in complexity with intensified armed hostilities and massive displacement. While most rebel movements are still fighting against government forces and proxies, inter-tribal fighting between Arab tribes and militias over land and natural resources adds a new dimension to the complexity of the crisis. Meanwhile, the Doha peace process and the implementation of the 2011 Doha Document for Peace in Darfur (DDPD) has been very slow, failing to deliver the peace dividends it had promised. In **Southern**

² Integrated Food Security Phase Classification (IPC): phase 3 "crisis" and phase 4 "emergency".

Kordofan and Blue Nile, fighting between Sudanese Armed Forces (SAF) and the Sudan People's Liberation Movement-North (SPLM-N), which started in 2011, continues. By mid-2014, there was an estimated 800 000 internally displaced persons (IDPs) or severely affected people in the two areas, as well as approximately 218 500 refugees who fled to South Sudan and 34 300 who fled to Ethiopia. Humanitarian assistance to those areas is almost non-existent as the international community has not been granted access by any side of the conflict. In **Eastern Sudan**, the political situation remains tense and the humanitarian picture is characterised by chronic under-development and wide-spread poverty with malnutrition rates which are among the highest in the country. In addition, some 160 000 refugees from Eritrea, Chad and Ethiopia stay in camps.

South Sudanese in Sudan: The return process from Sudan to South Sudan of people of South Sudanese origin has significantly slowed down during 2014 due to the ongoing crisis. Between 300 000 and 350 000 South Sudanese are estimated to remain in Sudan in a precarious situation as the Four Freedoms Agreement that would allow them to continue residing there is not yet fully implemented.

For humanitarian organisations, unimpeded access to people in need is the main challenge throughout Sudan.

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.

2. HUMANITARIAN NEEDS

1) Affected people/ potential beneficiaries

In **South Sudan**, the UN estimates that 7.3 million people are at risk out of an estimated population of 11.5 million people. An estimated 1.3 million people have been internally displaced due to the violence and more than 450 000 sought refuge in neighbouring countries (Ethiopia, Kenya, Sudan and Uganda). Around 100 000 IDPs have sought protection within UNMISS Protection of Civilians (PoC) areas in the country. Their situation remains very dire despite tireless efforts by aid organisations. The situation of approx. 243 000 refugees in South Sudan remains worrying with malnutrition rates approaching emergency thresholds and the humanitarian response mechanisms overstretched by the internal crisis. The conflict situation has seriously deteriorated the food security situation. UN and government food security experts estimate that 3.9 million people faced alarming levels of food insecurity in August 2014 (IPC phases 3 and 4). UN agencies estimate that there will be as many as one million cases of acute malnutrition, with 235 000 severely acutely malnourished during 2014. A cholera epidemic was declared by the Ministry of Health on 15 May 2014 and spread quickly, creating additional humanitarian needs.

In **Sudan**, 6.9 million people out of a population of 35 million (roughly 20% 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, sexual and gender based violence, child protection and assistance to the displaced in view of durable solutions. In 2013/2014, the conflict in **Darfur** has sharply deteriorated, with an increase of violence involving the government of Sudan, the "Rapid Support Forces" (RSF) militia, rebel groups and different tribal

forces. Consequently, nearly 400 000 people have been displaced in 2014, with some having returned in the meantime. 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). The recent outbreak of violence between SAF, RSF and SPLM-N has resulted in the displacement of an estimated 116 000 civilians, adding up to 2 million people who have been affected in both SPLM-N and government-controlled areas since 2011. The current crisis in South Sudan resulted in a wave of new South Sudanese refugees with around 93 500 South Sudanese entering Sudanese territory and settling in White Nile, South Kordofan, West Kordofan, Blue Nile and Khartoum States. Access to this new refugee group remains an issue and they have not been granted a 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, subject to its full implementation).

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 2015. 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

Protection: The crisis that erupted in Juba in December 2013 led to the deliberate targeting of civilian populations (based among other on ethnicity, tribal affiliation, gender) and widespread destruction which has had a devastating impact on the people. It has exacerbated the already chronic protection threats present in South Sudan including severely limited access to justice, inequitable access to land, inter-communal violence, gender based violence, child abductions and child recruitment. Restriction of movement due to security threats undermines any coping strategies that would normally be available through pre-emptive displacement or normal migratory patterns. The concrete cessation of hostilities would greatly mitigate the deteriorating situation, but the seeds of long term consequences have already been planted: the destruction of the social fabric of the country, physical and psychological trauma, and another lost generation if schools are not re-opened immediately.

Food security: Nine months after the outbreak of fighting, food security remains at crisis and emergency levels (IPC Phases 3 and 4) in most areas of Jonglei, Upper Nile and Unity states. Most South Sudanese rely on subsistence agriculture for their livelihood. Insecurity and related massive displacement have disrupted harvests, reduced food production and destroyed markets and trade flows. Normal migration patterns have been disrupted. During the first months of the crisis, to mitigate the risk of famine, humanitarian actors relied mainly on general food distributions. This will remain the major way of responding to food needs in 2015. As markets re-open, transfer of cash and vouchers can also be used.

Health: The crisis further disrupted an already dysfunctional health system. South Sudan continues to record some of the worst health indicators on the planet (maternal mortality rate, under-five mortality rate, etc.). Malaria, acute respiratory infections

and acute watery diarrhea continue to account for the highest disease risk in displacement sites while malnutrition remains the leading cause of death for under-fives. Measles, cholera and hepatitis E outbreaks were declared in 2014.

Nutrition: As a consequence of food shortages and poor health and water systems, South Sudanese are highly affected by malnutrition which remains a number one killer of children under five. Geographical areas of particular concern are the States of Jonglei, Unity, Upper Nile and parts of Northern Bahr el Ghazal and Warrap. Treating acute malnutrition especially in children will remain a high priority in 2015.

Water, hygiene and sanitation: Less than half of the population has access to clean water and adequate sanitation facilities in South Sudan. The current displacements have worsened the situation of both IDPs and host communities. Hygiene practices, such as open defecation, put people at risk of disease where the population is highly concentrated as is the case in displacement sites. Access to water and sanitation will remain a major issue in 2015 and consequent investment mainly in engineering work should be made in the dry season to prepare for the next rainy season.

Non-food items (NFI) and shelter: Shelter and NFI is a major need for displaced persons on the move. Shelter is an even bigger issue in PoC sites where most of the IDPs cannot exit the premises to search for shelter materials for protection reasons. In sites such as Bentiu flooding has left people having to choose between dry ground outside the UNMISS base, and safety within it.

Logistics and transport: The major constraints humanitarians face in delivering aid to reach the most vulnerable is logistical access. During the rainy season only very few roads are passable, increasing dependency on air transport. As a consequence, the cost of operating in South Sudan is extremely high. The cost of food aid is, for example, only one tenth of the costs of getting it to its destination and distributing it. A large part of cargo is transported for humanitarians by the logistics cluster but its capacity is not sufficient to respond to all needs. Relief agencies need support to ensure they have access to alternative logistics. They also need better protection from ad hoc taxation and extortion at government and opposition military checkpoints.

Sudan

Protection: The grand majority of the identified populations in need are affected by conflict and the situation is characterized by systematic violation of IHL and other related basic protections frameworks by the conflicting parties. The suspension of ICRC (all Sudan) and UNHCR (in Darfur) plus non-access to the two transitional areas for international agencies, and so far restricted access to the refugees from South Sudan, at large considerably contributed to a protection void.

Food security: The size of the food insecure population peaked at nearly five million people in June 2014, with widespread food insecurity at stress and crisis levels, according to the Integrated Food Security Phase Classification (IPC) and mainly concentrated in Darfur, South Kordofan, Blue Nile, Red Sea, Kassala, North Kordofan and White Nile States. Emergency-level food insecurity (IPC phase 4) is expected in the SPLM-N-controlled areas of South Kordofan. Record-high staple food prices have been registered across most of Sudan, constraining food access for poor households in many areas. Combined with renewed conflict and displacement,

and ongoing macroeconomic instability, food insecurity is expected to deteriorate in many areas of Sudan.

Health: The health system remains very weak in Sudan, due to the lack of means and adequate human resources, resulting in an inability to respond to a deteriorating situation especially in Darfur where over 400 000 people have been newly displaced during the first seven months of 2014. Humanitarian actors are striving to cope and support existing facilities. However the suspension of major agencies in 2014 did not contribute to ease the situation. In particular the suspension of the International Committee of the Red Cross (ICRC) as from 1st February 2014 had severe humanitarian impact for the population. Very poor sanitary conditions contributed to a recent outbreak of hepatitis E in South Darfur, stressing the continuous risk of epidemics.

Nutrition: Around two million children continue to suffer from moderate malnutrition and over half a million from severe acute malnutrition (SAM) every year in Sudan. 29 localities mostly in the States of Red Sea, South Darfur, North Darfur and Kassala have been showing SAM nutrition rates that are classified as extreme (above 5.5%), enhancing the priority of treating SAM cases in the coming year.

Water, hygiene and sanitation: A 2013 UNICEF survey showed low coverage in terms of access to sanitation and clean water across Sudan. In 2014, water and sanitation infrastructures in IDPs camps in Darfur have been severely overstretched by the arrival of new IDPs. Humanitarian organizations have struggled to respond in a timely and adequate manner to acute needs.

Non-food items (NFI) and shelter: Considering the level of population displacement and the extreme weather conditions in Sudan, timely provision of shelter material and NFI will remain a critical component of the humanitarian response.

3. HUMANITARIAN RESPONSE

1) National / local response and involvement

The two governments' ability and willingness to respond are limited.

In South Sudan, the government is unwilling to make resources available to address the humanitarian crises in the country, in spite of ongoing oil sales. Despite the commitments made at the high-level humanitarian conference on South Sudan in Oslo in May 2014, there has been little or no progress in terms of contribution of the authorities and warring parties to a safe, unhindered humanitarian access nor in terms of government investment in sectors that would alleviate the suffering of the population. Since December 2013, development projects have been suspended or postponed. Some development donors have even de-committed part of their funding.

In Sudan, the government is not responding adequately. Given the state of Sudan's relations with traditional donors (EU Member States, the US), development funding in Sudan remains limited and most of the support to the population is channeled through humanitarian donors.

2) **International Humanitarian Response**

In **South Sudan**, UN and NGO partners reviewed operations following the December 2013 events and moved away from a more resilience-oriented approach towards a more robust and adapted emergency response. This new approach is captured in the South Sudan Crisis Response Plan (CRP), focusing on immediate response and delivery of life-saving assistance to 3.8 million people by the end of 2014 with a consolidated appeal of USD 1.8 billion. The activation by the UN of a level 3 emergency response on 11 February 2014 resulted, inter alia, in the deployment of surge staff from the Inter-Agency Rapid Response Mechanism. The humanitarian response is organised around three main axes: (1) Intervention in UNMISS Protection of Civilian sites; (2) Scale up of interventions in hard to reach and remote areas; (3) Mobile and rapid interventions in hard to reach areas where longer term presence is difficult due to security and lack of resources.

In **Sudan**, the 2014 Humanitarian Work Plan (HWP) requires \$ 982 million to assist 6.9 million people in need of humanitarian assistance. In 2013, 800 000 fewer people in need had been identified. The increase is mainly due to intensified conflict and displacement in Darfur, the Two Transitional Areas, the South Sudanese refugee influx and malnutrition cases.

3) **Constraints and ECHO response capacity**

South Sudan is one of the most challenging countries to work in because of the absence of infrastructures, natural challenges (large parts of the country are flooded during the rainy season, etc.), government policies limiting the operational space, insecurity and political instability. It is expected that access will remain constrained throughout 2015. The scale of humanitarian needs, which are directly caused by the conflict, and the challenging operating environment are stretching the capacity of humanitarian organisations to the limit. The NGO bill which – if adopted and implemented in its current version- would have for impact to restrict humanitarian space will be the next example of administrative obstacles to watch.

In **Sudan**, a further deterioration of the operating environment has been noticed in 2013/14 with main aid agencies being suspended, either officially or de facto, and others being forced to leave. Humanitarian access remains very constrained in main parts of Darfur and almost impossible in conflict-affected areas in South Kordofan and Blue Nile. Access to new refugees from South Sudan remains restricted, thus limiting adequate assistance and follow-up. Despite numerous limitations and impediments faced by humanitarian actors, life-saving assistance has been delivered to people in need but not in all geographical areas.

Therefore, given the access difficulties and in order to achieve a timely, cost-effective and appropriate response both to acute emergency and to persistent humanitarian needs, the magnitude of the ECHO response will depend upon the capacity of partners to identify needs, and implement and monitor operations in an adequate manner.

Space for principled humanitarian action continues to be eroded. Access and proximity to those in greatest need is poor and increasingly compromised by government restrictions and pressure to "Sudanise" humanitarian aid. At the same

time, conflict-related humanitarian needs are on the rise, amidst serious unaddressed concerns about protection and IHL.

The humanitarian crises in Sudan are becoming "forgotten crises". The characteristics of the humanitarian context in the country are not so much the needs but rather the difficulties to work and ensure that key humanitarian principles are being respected.

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

South Sudan

ECHO strategy for South Sudan will consider the following axes:

- (1) Support for the scaling-up of humanitarian assistance where the greatest needs are identified, which is often in the states directly affected by the conflict as well as in those hosting displaced population. This means adequate food aid and emergency health and nutrition response, along with emergency WASH to reduce deaths, and in particular those of children. Help to ensure the presence of the most experienced and best equipped relief agencies among the worst affected communities. Help to ensure relief agencies are able to respond to newly emerging humanitarian needs;
- (2) Advocate for a better protection of civilians inside and outside UNMISS Protection of Civilians areas, especially those at greatest risk (at the moment these are Nuer communities, both in and outside their tribal lands);
- (3) Continued humanitarian assistance to address the basic needs of refugees in South Sudan;
- (4) Provide support to communities exposed to high risks of morbidity and mortality, including severe food insecurity, high malnutrition rates and outbreaks as a result of shocks linked to flooding and seasonal hunger during the lean season;
- (5) Engaging development donors for a joint response analysis, aiming at building resilience. Planning feasible options for LRRD and hand-over to longer-term programmes.

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 and clusters) and to allocate resources to foster the ITA roll-out.

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

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 or cash/vouchers systems), 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.

Efforts to reduce acute malnutrition through a multi-sectorial approach are to be taken into consideration. In settings where the emergency is less acute, the identification of transition strategies is to be pursued.

An overall focus on protection will remain particularly pertinent for all types of displaced populations (IDP, returnees and refugees) across the country, despite implementation challenges due to overall access constraints and lack of actors. Furthermore, protection mainstreaming will increasingly be promoted as a particularly important element of humanitarian interventions.

In the context of a protracted crisis, recurrent shocks coupled with unaddressed structural development challenges have many negative consequences. Improved targeting and diversifying aid modalities to build resilience of vulnerable communities to inevitable future shocks are therefore of paramount importance.

Concerning its humanitarian food assistance and nutrition strategy, ECHO will continue to be engaged in Sudan, planning a two-fold strategy:

(a) In the context of a protracted crisis, improved targeting and diversifying aid modalities to build resilience:

- Engaging development donors for a joint response analysis, aiming at building resilience. Planning feasible options for LRRD and hand-over to longer-term programmes.
- Partners should target beneficiaries based on vulnerability criteria (not anymore on IDP status/entitlement and shift from rights-based to needs-based approach – in line with ongoing discussions at the UN);
- Increasing the funding to partners to treat severe acute malnutrition (SAM) and promoting Infant and Young Child Feeding (IYCF) in emergency practices, wherever access allows such operations to take place;
- Where possible, a food voucher modality should replace in-kind food aid distribution in urban and peri-urban areas in which markets are functioning and all conditions are met (i.e. stable or moderate inflation of food prices, protection, access, etc.);

b) A primary emergency approach will be prioritized in areas where fighting is ongoing: supporting vulnerable population with a package of humanitarian food assistance and nutrition interventions (ie. food aid and emergency nutrition interventions).

Abyei Administrative Area

DG ECHO will continue to support humanitarian assistance to displaced and returning populations while upholding the do-no-harm principle. ECHO's assistance should not be seen as a pull factor but may contribute to deflecting tensions between different communities, by being provided on an impartial basis.

4. LRRD, COORDINATION AND TRANSITION

The European Commission's Directorate-Generals (DGs) for Humanitarian Aid and Civil Protection (ECHO) and Development and Cooperation (EuropeAid) closely liaise, looking at links, complementarity and synergies between their approaches. Both DGs are actively involved in the coordination among development and humanitarian donors to coordinate actions, especially in the context of South Sudan.

South Sudan

The sudden crisis which erupted on 15 December 2013 – and which came on top of an existing protracted humanitarian crisis – has further limited the scope of the EU's commitment to support the development of capable, accountable governmental South Sudanese institutions that respond to the expectations and needs of the population and a transition to a developmental approach. The latter will be extremely complex in the context of the unresolved conflict and will take a significant amount of time. Instability and the desolate political situation in South Sudan, chronic emergencies, compounded by continued austerity measures prompted by reduced oil flows, will only lengthen the transition period. South Sudan is expected to require major humanitarian assistance in 2015 and beyond. However, during this time, there will be a need of co-existence and coordination of both humanitarian and developmental instruments. ECHO will most likely continue to be focusing its support on the life-saving emergency response in South Sudan throughout 2015 but will engage in strengthening resilience of the population. In the framework of a LRRD agenda, an **EC Joint Humanitarian Development Framework (JHDF)** is being undertaken in South Sudan since 2014, focusing on food and nutrition security as well as health (and to some extent education). The goal is to expand the JHDF to other sectors of activities as well as to other main humanitarian and development donors. Another concrete example of the cooperation is ECHO's involvement in the **Food Security Thematic Programme (FSTP)** call for proposals to be prepared with the main development donors.

Sudan

While ECHO will continue to focus on acute emergency needs, more protracted caseloads (i.e. long-term IDP camps in Darfur) could be addressed by a strategy Linking Relief, Rehabilitation and Development (LRRD), supported by possible upcoming DEVCO funding and based on a joint analysis framework.

1) Other ECHO interventions

The present intervention strategy will be reinforced, wherever possible, and – where appropriate – through the use of the **Epidemics'** Humanitarian Implementation Plan.

ECHO partner organisations operating in Sudan and/or South Sudan may also apply for funding under the **"EU children for Peace"** Humanitarian Implementation Plan.

2) Other services/donors availability

There is a major 2014 **Instrument contributing to Stability and Peace (IcSP)** short-term (crisis response) funded package to be implemented in both Sudan and South Sudan (total budget €23.5 m).

In **South Sudan**, the EU is implementing a project portfolio worth €285 million, which is being reviewed in order to adapt it to the new context by moving away from long-term capacity and institution building and focusing on strengthening the resilience of the population (through food security, education and health) and core systems (public financial management at local level), as well as delivering justice services to and promoting reconciliation between communities.

In **Sudan**, the EU is implementing a project portfolio worth €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. The focus is in all areas on increasing the food security of targeted groups (€43 million) and in improving the quality of and access to both primary education (€18 million) and reproductive health services (€18 million), thereby responding to key drivers of conflict. In Darfur, the EU contributes to food security through a mix of activities aimed to improve the sustainable management of water resources and to provide rural smallholders with material and training to increase crop productivity. In East Sudan, the EU contributes to food security by actions designed to increasing livestock productivity and ensuring animal disease control.

3) **Exit scenarios**

Given the challenges **South Sudan** and **Sudan** are facing, it is too early and would not be credible to identify any exit scenario at this stage.