During the first half of 2019, Sudan’s humanitarian needs have continued to grow. The ongoing economic crisis has been exacerbated by months of civil unrest and political uncertainty. Based on inter-sectoral vulnerability analysis, over 8 million people are estimated to need humanitarian or protection assistance. The Humanitarian Response Plan (HRP) is less than 30 percent funded (FTS), and partners still require over US$ 800 million to cover needs of 4.4 million people targeted in the HRP. To ensure the most vulnerable people are assisted during the rest of the year, partners have prioritized the immediate most critical life-saving activities and are seeking $150 million through this Prioritization Plan.

The deepening economic crisis that started in 2018 is making more people vulnerable. About 5.8 million people were estimated to be in crisis (IPC 3) or emergency (IPC 4) levels of food insecurity based on March-May 2019 projection – up from 3.8 million at the start of 2018. Despite a relatively good harvest, these high levels of food insecurity are driven by higher production costs and food prices that have more than doubled in the past year. Overall, prices are expected to remain between 30 - 40 percent above last year and over 300 percent above the five-year average. Many people whose levels of food assistance had been reduced due to improving livelihoods – including IDPs – are again in need of greater assistance. Some 90 per cent of IDP and refugee households cannot afford their daily food basket and overall 58 per cent of host population cannot afford the local food basket. Reports of IDPs being attacked and threatened as they prepare for the agricultural season in the west will likely further increase food insecurity. Rising food prices have also exacerbated already-high levels of malnutrition, with some 2.4 million acutely malnourished children across the country.

Health needs have also continued to grow as health services have been stretched to the breaking point. Imports of medicines and medical supplies dropped by about 35 per cent compared to the same period last year. This has contributed to cost increases of between 50 - 100 percent restricting access to essential life-saving health care services. According to WHO’s Health Resources and Services Availability Monitoring System (HeRAMS), about 24 per cent of 1,229 health facilities in Darfur were closed in 2018 due to lack of funds and staff; of the functional ones, almost half are only providing minimum health care services due to lack of medicines, equipment, staff and inadequate infrastructure. Health services have also been impacted by the social unrest, with health facilities and workers subjected to attacks and intimidation including seven in June alone. The rainy season now underway is predicted to be above normal and has already resulted in floods in several parts of the country. This is increasing the risk of disease outbreaks, including acute watery diarrhoea, particularly in areas where people have limited access to wash and sanitation facilities and with limited health infrastructure. Half of tested water sources across Sudan were contaminated, with 10 states at medium to high risk for water borne disease (out of 18 states).

Protection risks are multiplying. Darfur is of particular concern, as there has been an increase in intercommunal tensions and harassment of IDPs including women and girls. Armed tribes are increasing attacks on farmers, including IDPs and intimidating them from farming. Between the June and August planting season displaced women and girls are at increased risk of sexual violence as they move out of camps to access their farms, this will likely impact planting thus food security. Fighting between non-state armed groups is leading to further displacement including about 4,100 people this year. Social unrest also raised protection concerns in urban areas, including Khartoum. The raid on the sit-in protest on 3 June in Khartoum, where at least 61 people including 19 children, were killed followed months of violence in several parts of the country; children were reportedly detained, and reportedly recruited to join the fighting and sexually abused. Following the violent break-up of the sit-in in June, the UN and partners provided health support and gender-based violence (GBV) services.

Rising tensions with host communities has introduced new protection concerns for refugees; for example, in June, several host community attacks on South Sudanese refugees in Khartoum led to the new displacement of about 7,000 refugees who were forced to flee their homes, seeking safety in other parts of Khartoum and in refugee camps in White Nile. Host communities are also struggling under the current economic situation and are increasingly disrupting response activities and seeking compensation and assistance support.

The operating environment has grown more challenging. Looting and attacks on aid workers and facilities is rising; over 31 incidents have been recorded since January, disrupting operations. Heavy bureaucratic procedures have slowed further, with government interlocutors working at reduced capacity. This has created further delays in processing of visas, travel permits, and customs clearance of vital supplies. Fuel and cash shortages, as well as high local prices, continue to impact operations. Humanitarian partners are advocating with authorities to remove all bureaucratic impediments including the lifting of travel permits and notifications.

Despite these challenges, humanitarian partners continue to provide vital assistance including sustained advocacy to address the operational access challenges. By the end of March 2019, partners had reached 1.6 million people with life-saving assistance. Country wide vaccination campaigns covered 9.1 million children between March and June. Partners are already responding to floods in various states, but prepositioned stocks in high risk areas are fast depleting before the peak of the flood season in August. However, the increasing needs continue to outpace available funding. This plan presents a collective prioritization by humanitarian partners of the most critical activities from the HRP that require immediate support.
### AT A GLANCE

#### OUTCOME 1
Populations affected by natural or man-made disasters receive timely assistance during and in the aftermath of the shock.

#### OUTCOME 2
Displaced populations, refugees, returnees and host communities meet their basic needs and/or access essential basic services while increasing their self-reliance.

#### OUTCOME 3
Vulnerable residents in targeted areas have improved nutrition status and increased resilience.

#### PEOPLE IN NEED
8.5 million

#### PEOPLE TARGETED
4.4 million

#### REQUIREMENTS (US$)
1.1 billion

#### IDPs, REFUGEES & RETURNEES

<table>
<thead>
<tr>
<th>Category</th>
<th>IDPs</th>
<th>Refugees</th>
<th>Returnees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>1.86 million</td>
<td>1.2 million</td>
<td>0.32 million</td>
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</tbody>
</table>

#### IMMEDIATE PRIORITY NEEDS per sector

<table>
<thead>
<tr>
<th>Sector</th>
<th>Education</th>
<th>Food</th>
<th>Health</th>
<th>Nutrition</th>
<th>RCF</th>
<th>ES/NFIs</th>
<th>WASH</th>
<th>Protection</th>
</tr>
</thead>
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<tr>
<td>Requirements</td>
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<td>$75M</td>
<td>$9M</td>
<td>$38M</td>
<td>$4M</td>
<td>$9M</td>
<td>$4M</td>
<td>$814.3M</td>
</tr>
</tbody>
</table>

#### RESPONSE

**HEALTH**
- 9 million children vaccinated against measles

**FOOD**
- 1.6 million people reached with FSL assistance (Jan-Mar)

#### HRP FUNDING

- **Total Funding Requirements**: $814.3M
- **Funded**: $335M
- **Percentage Funded**: 29.1%

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PRIORITIZED SECTOR PLANS

EDUCATION

Immediate requirements: $2 million

The political crisis and associated violence has kept children out of school, adding to already-high education needs. Some parents have been too scared to let their children leave the house, fearful of violence, harassment and lawlessness. Some schools have reportedly been attacked. School openings have been delayed for weeks. Moreover, because of the economic crisis and reduced purchasing power, many more households cannot afford education, increasing school dropout rates.

Education partners will prioritize retention of children already in schools and work towards enrolling more children as an entry point for their protection. Children will be provided access to safe drinking water, emergency school feeding, and hygiene promotion to prevent diseases such as AWD, as well as teaching and learning materials.

EMERGENCY SHELTER & NON-FOOD ITEMS

Immediate requirements: $4 million

With rains predicted to be heavier than expected, shelter and non-food item (NFI) needs are expected to increase. A total of 73,400 people (about 14,500 households) exposed to conflict, drought, floods and epidemics primarily in the 5 Darfur states, the Kordofans, and Blue Nile states urgently need shelter and NFI assistance.

Needs of newly displaced will be prioritized, ensuring timely access shelter solutions and NFIs to mitigate health, provide physical protection, and to improve living conditions. The sector will address the needs of protracted IDPs and returnees identified through rapid multi-sector needs assessments. Partners will conduct rapid assessments in response to new emergencies, ensure preparedness (through the procurement of supplies), and mainstreaming of protection and gender in response.

FOOD SECURITY AND LIVELIHOODS

Immediate requirements: $75 million

The continuing economic crisis has impacted all the communities in Sudan. Almost 90 percent of the IDP and refugee households and 58 percent of the resident households cannot afford the local food basket. With the continued price increases, it is highly likely that this situation has further deteriorated. Some 2 million people, including IDPs, host and resident communities are in urgent need of general food assistance. Small-scale farmers are facing increased restrictions, including the availability of, and accessibility to inputs such as machinery, seeds and fertilizers, due to high and increasing inflation rates. This is expected to lead to a surge in food prices. Fuel shortages have resulted in reduced application of herbicides, pesticides, fertilizers and delayed harvesting operations.

The sector will prioritize a food assistance through mixture of cash, in-kind, and food-for-asset activities and emergency agricultural livelihoods. All IDP target beneficiaries will receive full rations instead of the currently distributed half rations to mitigate their worsening food security situation and prevent further deterioration. Additional stocks are required specifically for emergency response to reach at least 150,000 individuals with food and agricultural livelihoods assistance.
Access to quality health care is deteriorating because of the economic crisis. During the first quarter of 2019 Sudan's imports of medicines, medical supplies had dropped by about 35 percent compared to the same period in 2018. And the increase (50-100 percent) in their cost is resulting in significant restrictions of access to essential life-saving health care services.

Wide spread shortages of medicines were reported by the government health facilities at primary and also referral level. Health facilities run by NGOs (for IDPs, refugees and host communities) reported continuous shortages due to difficulties in procuring and importing the required supplies. As a result of economic hardships, more people are traveling long distances to receive free humanitarian services. Lack of access of the most vulnerable to essential health care creates high risks for increased mortality and morbidity especially among children and women in need for medical emergencies. A recent WHO rapid survey showed that both public and private sectors have reported only half of a list of 50 essential medicine was available. There is limited capacity and preparedness for mass casualty management and trauma care, and the recent episodes of civil unrest demonstrated further the gap in trauma management. Further support in the field of trauma and referral pathways is planned.

Health partners will prioritize the provision of life-saving medicines and supplies, supporting trauma coverage by training staff on mass casualty scenarios, improve access to reproductive health services and SGBV services, and improved mental health services with trainings, medicines, and outreach. Health partners will also ensure vaccine availability to achieve adequate coverage of 95 per cent of the population. In addition, immediate gaps for identification, investigation, confirmation, and initial immediate response (including case management and community-based containment) to outbreaks of communicable diseases.

The nutrition landscape in Sudan is characterized by persistent elevated levels of acute malnutrition and micronutrient deficiencies. The political instability and deteriorating economic situation which are expected to continue are impacting on nutritional status of most Sudanese particularly pregnant and lactating women and children under 5 whose nutritional requirements are relatively high. An estimated 2.4 million children under five suffering from wasting; of these, approximately 700,000 had severe acute malnutrition (SAM) while approximately 1.5 million had moderate acute malnutrition (MAM). Furthermore, micronutrient deficiencies are common, 88 per cent of children under 5 suffer from iron-deficiency anaemia with more than 40 per cent considered severe.

The planned nutrition activities will include both treatment and prevention of acute malnutrition. The priority target groups are children under 5 and pregnant and lactating women. Children and mothers will be screened for acute malnutrition and treated accordingly. Two preventative measures will be considered (i) infant and young child feeding (IYCF) activities and (ii) home fortification where children are supported with micronutrient powder.

The evolving socio-political situation in Sudan has resulted in an increase in protection risks in many parts of the country, including areas where the protection and security context was previously stable or had improved. These risks are exacerbated by the deepening economic crisis, which has increased exposure to abuse and exploitation among the most vulnerable, as well as increased inter-communal tensions. Armed militias are harassing farmers, IDPs and returnees, preventing them from accessing their land during the planting season. Tensions within IDP populations are also growing, resulting notably in bursts of violence in IDP camps between groups with opposing political views and affiliations.

As more children stay out of protective environments like schools, their vulnerability to risks of violence, exploitation and abuse is heightened. There is also rising anger and frustration amongst the youth, who are at increased risk of joining groups promoting violence. In addition, there are reports of children and adolescents being killed, detained and abused by security forces in including unverified reports of child recruitment into armed groups especially in south Darfur. Survivors of gender-based violence have inadequate access to services and reporting mechanisms. Specialized lifesaving GBV services are unavailable in over 80 per cent of affected localities and where available their quality needs to be strengthened. Access to justice for GBV survivors is very limited. Lack of GBV awareness among communities also makes it challenging to ensure prevention, mitigation and access of survivors to the relevant multi-sectoral services where available.

Protection partners will work to strengthen the protection environment through capacity building including legal workshops and awareness-raising for communities. Partners will establish or support community-based support structures and ensure linkages and integration within existing community-based structures. Protection monitoring will be a priority and linked to service provision at the individual, household and community level. Child protection partners will aim at prevention, risk mitigation and response to violence, abuse and neglect; including provision of psychosocial support and psychological first aid for children and their caregivers; legal assistance, mine risk education, identification, documentation, tracing reunification and/or provision of alternative care to UASC, survivors, release and reintegration of children associated with armed groups. GBV prevention, risk mitigation and response will be enhanced, in addition to strengthening coordination and information management structures. A priority will be the provision of life-saving response focusing on access to clinical management of rape (CMR) and psychosocial support and the establishment of referral mechanisms. Partners will work on establishing and strengthening referral mechanisms to ensure survivors access available services.
Sudan hosts over 1 million refugees and asylum-seekers. This includes over 850,000 South Sudanese refugees and 78 per cent of all reported refugees in Sudan—the largest number in the region. Despite some progress made in 2019, significant gaps remain. Partners’ capacity to respond to refugee needs in Sudan has been stretched, exacerbated by critical funding gaps and the economic crisis, including fuel, cash and medicines and medical supply shortages. Host communities and refugees are both struggling under the current economic situation and rising tensions with host communities has also introduced new protection concerns, with increased risk of violence, including SGBV, targeting refugee communities. These issues are compounded by refugees’ limited access to livelihoods and income, with knock-on effects including high rates of child labour, early marriage and other child protection issues.

Partners will focus on increasing access to protection services for refugee communities, as well as sustaining WASH, nutrition, health and education services, and shelter and food assistance.

**WATER, SANITATION & HYGIENE**

Exiting water and sanitation needs have been further exacerbated by the economic crisis, as vulnerable populations deprioritize purchase of safe water to meet other urgent needs. Normal- to above-normal rains are forecast across Sudan which is expected to increase flooding, already 40,000 people are affected as of July 2019. The overall situation has exposed vulnerable population to a higher risk of disease outbreaks.

WASH partners will prioritize provision of safe drinking water through the rehabilitation of existing water sources and the construction of new water sources. Activities will reinforce community capacity to support operation and maintenance of the systems. Adequate sanitation facilities will be either rehabilitated or constructed in relevant locations promoting community led approaches. Hygiene promotion campaigns will be conducted in close collaboration with health and nutrition partners.

**REFUGEE MULTI-SECTOR RESPONSE**

Sudan hosts over 1 million refugees and asylum-seekers. This includes over 850,000 South Sudanese refugees and 78 per cent of all reported refugees in Sudan—the largest number in the region. Despite some progress made in 2019, significant gaps remain. Partners’ capacity to respond to refugee needs in Sudan has been stretched, exacerbated by critical funding gaps and the economic crisis, including fuel, cash and medicines and medical supply shortages. Host communities and refugees are both struggling under the current economic situation and rising tensions with host communities has also introduced new protection concerns, with increased risk of violence, including SGBV, targeting refugee communities. These issues are compounded by refugees’ limited access to livelihoods and income, with knock-on effects including high rates of child labour, early marriage and other child protection issues.

Partners will focus on increasing access to protection services for refugee communities, as well as sustaining WASH, nutrition, health and education services, and shelter and food assistance.

**IMMEDIATE FINANCIAL REQUIREMENTS ($)**

<table>
<thead>
<tr>
<th>Sectors</th>
<th>Funding required</th>
<th>Funding received</th>
<th>Immediate Priority Requirements</th>
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<tbody>
<tr>
<td><strong>Education</strong></td>
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<tr>
<td><strong>Food security &amp; Livelihoods</strong></td>
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<td><strong>Health</strong></td>
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<td><strong>Refugee Multi-Sector Response</strong></td>
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<td><strong>Emergency Shelter/ Non-Food Items</strong></td>
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<td><strong>Protection</strong></td>
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