

SUDAN INTEGRATED HUMANITARIAN APPEAL

2025 - 2026

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1. EXECUTIVE SUMMARY

Sudan enters 2026 as one of the most acute and rapidly deteriorating humanitarian emergencies in the world. The conflict between the Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF), ongoing since April 2023, has evolved into a nationwide protection and survival crisis. Economic collapse, widespread destruction of public infrastructure, and near-total breakdown of essential services have pushed millions into extreme vulnerability.

As of early 2026, an estimated 32–33 million people across Sudan require humanitarian assistance, an increase from 30.4 million in 2025. Sudan now represents the largest internal displacement crisis globally, with approximately 11.5–12 million internally displaced people (IDPs) and millions more fleeing toward neighboring countries. New displacement surges have been recorded from Greater Khartoum, Darfur, Kordofan, and Gezira toward the eastern corridor, including Port Sudan, Kassala, and Gedaref.

Communities continue to face overlapping and mutually reinforcing shocks:

- **Escalating food insecurity,** with more than 18 million people in IPC Phase 3 or higher, including Emergency (IPC 4) and Famine-risk (IPC 5).
- ·**Intensifying cholera transmission,** especially in densely populated displacement sites where water systems have collapsed.
- **Widespread service breakdown,** including the near-collapse of health, WASH, and education systems.
- **Market paralysis,** driven by hyperinflation, import delays, and chronic fuel shortages that disrupt water trucking, medical operations, and supply chains.
- **Severe protection risks,** disproportionately affecting women, girls, unaccompanied children, and persons with disabilities, with increasing reports of GBV, early marriage, exploitation, and recruitment risks.
- ·**Education system collapse,** with more than 16 million children out of school—one of the highest totals globally.

Years of cumulative displacement have eroded coping mechanisms, fragmented families, and left millions with diminishing access to food, safe water, shelter, medical care, and livelihoods. Communities describe surviving repeated cycles of flight, loss of assets, disease outbreaks, and hunger, often with little or no humanitarian support.

Against this backdrop, the International Blue Crescent Relief and Development Foundation (IBC) is launching its **2026 Integrated Humanitarian Appeal**, designed to deliver immediate, life-saving, multi-sector assistance while maintaining the flexibility needed in a highly volatile operating environment. The appeal prioritizes women, children, older persons, persons with disabilities, chronically ill individuals, and newly displaced families at highest risk.

IBC's Integrated Humanitarian Appeal

IBC proposes a **12-month, multi-sector response** targeting approximately **150,000 crisis-affected individuals**, including IDPs, returnees, and vulnerable host-community members.

IBC is seeking **US $2,000,000** in combined contributions from donors to implement all or selected components of the following priority interventions:

- **Health – Mobile & Fixed (Steel) Clinics**
- **Emergency Food & Non-Food Items, with targeted nutrition support (RUSF/LNS)**
- **Shelter and protection-sensitive settlement solutions**
- **Education & Back-to-School, including fortified school snacks (SF-LNS)**
- **Mobile Bakery and Mobile Kitchens (Ready-to-Eat Meals)**
- **Clean Water, Sanitation & Hygiene (WASH)**

This integrated response is aligned with the Sudan Humanitarian Needs and Response Plan (HNRP) and relevant cluster priorities, and it is intentionally designed to be modular. Donors may support the full package or specific sectors, geographic areas, or thematic components, while contributing to a unified, coherent, country-wide strategy.

2. BACKGROUND & CONTEXT

Since 2023, the conflict between the SAF and RSF has continued to fragment the country and drive Sudan into one of the world's most severe humanitarian emergencies. By early 2026, violence has intensified across Khartoum, Darfur, Kordofan and Gezira, breaking supply chains, damaging essential services, and pushing millions of people into repeated displacement. Entire neighborhoods have emptied, and families are now settled in a mix of informal camps, overcrowded public buildings and already struggling host communities.

2.1. Scale of the crisis

In 2026, an estimated 32 to 33 million people need humanitarian assistance, up from 30.4 million in 2025. This includes more than 15 million children who are displaced, food insecure, or out of school. Sudan remains the world's largest internal displacement crisis, with roughly 11.5 to 12 million people displaced inside the country. Many more have left for neighboring states as violence spreads and services collapse. Despite the scale of needs, humanitarian funding remains far below what is required, and access constraints continue to limit the reach of life-saving services.

2.2. Conflict, displacement and protection

Conflict has destroyed homes, markets, clinics and schools across the country. Multiple displacement waves have pushed people toward Port Sudan, Kassala, Gedaref and other areas of relative stability, placing immense pressure on local systems. Women and girls are at heightened risk of GBV, exploitation and trafficking, especially in unlit or overcrowded settings, and children continue to face family separation, recruitment, hazardous labor and severe psychosocial distress.

2.3. Food insecurity and famine risk

Food insecurity worsened sharply through 2025 and into 2026 because of conflict, crop loss, blocked trade routes and market collapse. More than 18 million people are projected to be in IPC Phase 3 or higher, with parts of Darfur and Kordofan approaching Emergency and Famine-like conditions. Families report skipping meals, selling off essential assets, reducing food quality and withdrawing children from school to cope.

2.4. Collapse of health and WASH systems

The health system remains critically overstretched. More than 70 percent of facilities are non-functional, health workers have been displaced or unpaid, and outbreaks of cholera, AWD, measles and malaria continue to rise. At the same time, water and sanitation systems have broken down across large parts of the country. Many communities rely on unsafe water or expensive trucking, while overcrowded settlements lack adequate latrines or washing facilities, increasing disease risks and undermining dignity.

Cholera transmission has intensified throughout 2025 and into 2026, particularly in crowded displacement sites in the east and along major transit routes.

2.5. Education and child well-being

More than 16 million children have had their schooling disrupted. Many schools are damaged, occupied by displaced families or inaccessible due to insecurity. The risk of child labor, early marriage and long-term learning loss continues to grow. The Education Cluster is prioritizing temporary learning spaces, safe-school measures and psychosocial support as key 2026 targets.

2.6. Why an integrated response is needed

Sudan's crisis is interconnected. Food insecurity cannot improve without clean water, safe shelter and functioning health services. Education cannot resume without protective environments. Cholera control requires WASH and health teams to work together.

IBC's approach reflects these realities. Families need multiple forms of support at the same time, and an integrated response is the only way to reduce negative coping strategies and maintain stability. This appeal is designed to address gaps in health, food and NFIs, shelter, education, bakery and ready-to-eat meals, and WASH, while coordinating closely with UN clusters and local partners.



3. HUMANITARIAN IMPACT, NEEDS & GAPS (By Sector)

By early 2026, the crisis in Sudan has intensified in every major sector. Services continue to collapse across conflict-affected states and in areas hosting large concentrations of displaced families. Health, WASH, food security, shelter and education systems are now heavily strained, and needs are especially high in informal settlements, spontaneous displacement sites and areas that are difficult for humanitarians to access. The summary below reflects the most urgent requirements and operational gaps IBC aims to address, aligned with 2026 cluster priorities.

Sector	Critical Needs & Operational Gaps
Health	Mobile clinics, essential medicines, trauma care, vaccination, cholera response, MHPSS, GBV clinical management.
Food Security & Non-Food Items (NFIs)	Households need consistent access to staple foods as markets continue to collapse. There is growing need for nutrition support including ready to use supplementary foods (RUSF) and lipid-based nutrient supplements (LNS), along with basic household NFIs. Price inflation for wheat, bread and cooking oil in 2026 has made it nearly impossible for families to meet basic food needs on their own.
Shelter	Emergency tents/shelter kits, protection-sensitive settlement planning, site lighting & governance.
Education (incl. Back-to-School)	School kits/uniforms, fee waivers, transportation grants, temporary learning spaces, teacher incentives.
Mobile Bakery & Ready-to-Eat Meals	Daily bread provision and hot meals where households lack cooking capacity.
WASH	Water infrastructure continues to fail in many locations. Populations rely on unsafe water sources or limited trucking when fuel is available. Communities need solarized boreholes, chlorination, household water treatment, latrines, bathing facilities and hygiene kits. Cholera prevention and control must run alongside all WASH work given the continuing spread in 2026.

4. GEOGRAPHIC FOCUS & TARGET POPULATION

IBC's geographic priorities for 2026 reflect the way displacement patterns have shifted and where needs are rising most quickly. The areas of highest concern include Port Sudan, Kassala and Gedaref along the eastern corridor which are now hosting very large and growing numbers of internally displaced people. North Darfur, particularly the El Fasher and Zamzam areas, continues to experience severe food insecurity and major protection risks. North and West Kordofan remain highly vulnerable with pockets of IPC Phase 4 and rising cholera transmission. Greater Khartoum is still marked by active conflict and limited humanitarian access, and Gezira continues to receive displaced families from the capital.

IBC aims to reach displaced families, returnees and vulnerable host communities with a particular focus on women, children, older persons and people living with disabilities. Priority will be given to newly displaced households and those who have been uprooted multiple times, households with children under five or people with chronic illness, and female-headed households. Communities that have lost homes, assets and access to basic services will be targeted as a matter of urgency.

Primary operational focus:

- **Greater Khartoum** (Khartoum, Omdurman, Bahri)
- **North Darfur**
- **Gezira**
- **Kassala**
- **Red Sea / Port Sudan**

These locations were selected because they combine high levels of need with the operational presence of IBC and partners which allows assistance to be delivered more effectively and consistently.

5. ALIGNMENT WITH UN/CLUSTER PRIORITIES

IBC will operate under the cluster coordination architecture (Health, WASH, Education, Food Security & Livelihoods, Shelter/NFI) and align with the Sudan Humanitarian Needs and Response Plan (HNRP) strategic objectives. Planned interventions complement OCHA guidance and cluster operational plans, with strict adherence to humanitarian principles.

6. IBC'S TARGETED PRIORITY INTERVENTIONS (SECTOR COMPONENTS)

6.1. Health - Mobile & Fixed (Steel) Clinics

Objective: Provide life-saving and continuous access to primary health care, maternal and child health (MCH), outbreak response, basic mental health and psychosocial support (MHPSS), and safe clinical management of GBV through a combination of **mobile medical teams and a fixed steel-structure clinic.**

Rationale & IBC Experience

The conflict has devastated Sudan's health system, leaving large populations without access to functioning facilities. Outbreaks of cholera, malaria, measles, and AWD continue to spread in overcrowded displacement sites lacking clean water. Women often give birth without skilled attendants, and children frequently go untreated for respiratory infections, diarrhea, and malnutrition.

IBC brings strong experience running mobile clinics and fixed humanitarian health facilities across multiple crises, including Türkiye, Syria, Yemen, Afghanistan, and North Syria, where IBC has supported MCH services, medical referrals, community health worker programs, and integrated MHPSS/GBV services. This capacity enables IBC to rapidly deploy mobile teams in volatile environments and establish fixed medical points as community hubs.

Key Interventions:

1. **Mobile Clinics (3 units)**

- Multidisciplinary medical teams: doctor, nurse/midwife, pharmacist, psychosocial officer.
- Daily outreach rotations covering high-displacement zones.
- Essential medicines, chronic-disease support, basic reproductive health care.
- Field-based cholera/AWD triage and treatment support.
- Mobile GBV clinical care and safe referral pathways.

2.Fixed Steel-Structure Clinic (1 unit)

- Outpatient department (OPD), pharmacy, MCH room, stabilization area, PSS consultation room.
- Safe delivery space for uncomplicated births.
- Cold chain support for essential vaccines (in coordination with EPI/UNICEF/SMoH).
- Linkage point between mobile teams, WASH, and protection services.

3.Fixed Steel-Structure Clinic (1 unit)

- Recruitment and training of 50 CHWs from the target communities.
- Household outreach on cholera prevention, maternal health, and referrals.
- Community surveillance (early warning for outbreaks).

Outputs (12 Months)

- **~35,000 medical consultations,** including MCH and communicable disease care.
- **10,000 women and children** access MCH and reproductive-health support.
- **50 CHWs trained and deployed** across intervention zones.
- **1 fixed steel clinic fully operational** as a health hub and referral point.

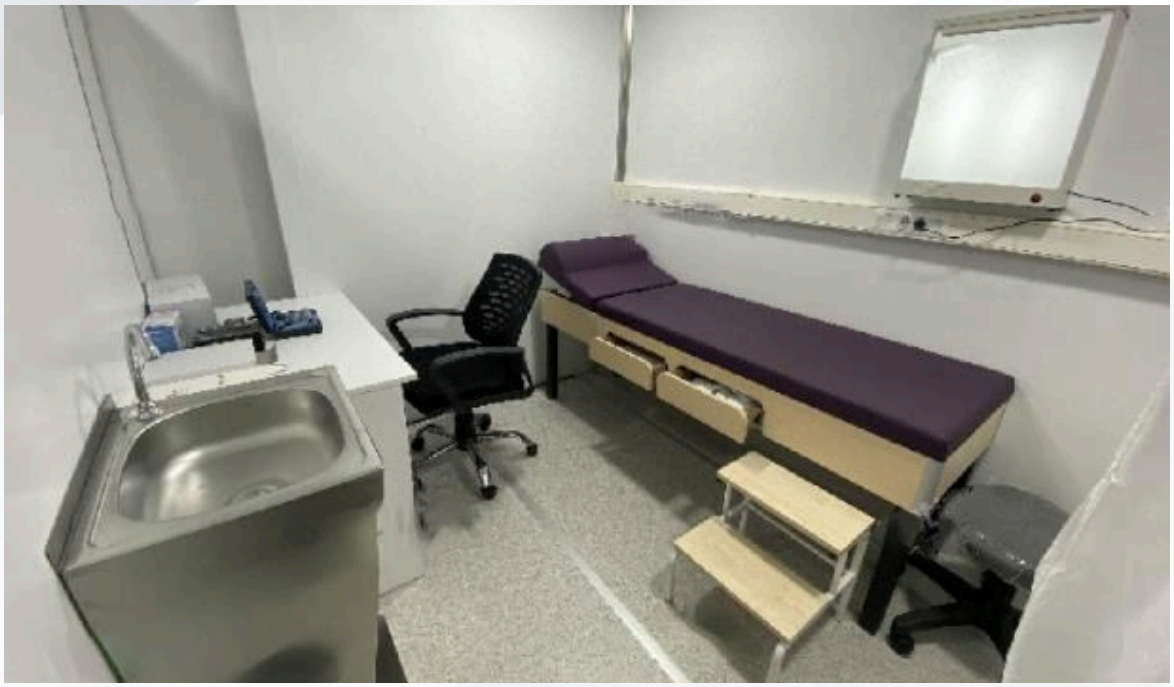
Outcomes

- Reduced preventable morbidity and mortality.
- Improved outbreak detection and response.
- Increased access to essential health services for displaced and vulnerable households.
- Strengthened community resilience through localized health knowledge.



Fixed (Steel) Clinic example





Mobil Clinic

6.2. Emergency Response - Food & NFI Kits

Objective: Ensure immediate survival, restore basic dignity, and prevent acute malnutrition through the distribution of essential food baskets, household non-food items (NFIs), and targeted Ready-to-Use Supplementary Foods (RUSF/LNS).

Rationale & IBC Experience: Families across Sudan face catastrophic food insecurity due to market collapse, crop loss, destroyed supply chains, and lack of cooking fuel. Newly displaced households often arrive with nothing and sleep in open areas or informal shelters without blankets, kitchen items, or hygiene supplies.

IBC has experience delivering large-scale food and NFI distributions in Türkiye, Syria, Yemen, Afghanistan, and Libya, including **first-shock RUSF/LNS interventions** during acute displacement phases. This allows IBC to rapidly respond with standardized kits tailored to local household size and dietary needs.

Key Interventions:

1.Emergency Food Baskets

- Cereal, pulses, oil, sugar, salt, designed to meet ~2,100 kcal/person/day.
- Rapid mobilization during new displacement and seasonal needs (lean season, Ramadan).

2.Essential NFI Kits

- Blankets, tarpaulins, ground sheets, kitchen sets, jerry cans, and dignity items.
- Designed to restore minimum household function and protection.

3.Targeted Nutrition Support (RUSF/LNS)

- For children 6–59 months, pregnant and lactating women (PLW).
- Administered during the first 7–14 days of displacement or in acute food insecurity pockets.











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Outputs (12 Months)

- **2,000 households receive food baskets**, prioritizing newly displaced families.
- **1,500 households receive NFI kits** to restore basic living conditions.
- **Approximately 3,500 nutritionally vulnerable children and PLW** receive RUSF/LNS.

Outcomes

- Improved household food consumption and survival capacity.
- Reduced deterioration into severe acute malnutrition.
- Enhanced the dignity and well-being of displaced families.

6.3. Shelter – Emergency & Transitional Settlement Support

Objective: Provide safe, dignified, and protection-sensitive shelter solutions for internally displaced persons (IDPs) and vulnerable host families through a combination of rapid emergency shelter and planned container settlements.

Rationale & IBC Experience

Years of conflict and repeated displacement in Sudan have left families living in overcrowded schools, unfinished buildings, makeshift tents, and open areas with no privacy, poor protection from the elements, and very limited access to WASH services. Women and girls in particular face heightened GBV risks in unplanned, poorly lit sites and shared shelters.

IBC brings substantial shelter and camp-management experience from Türkiye and other emergencies that it will transfer to Sudan. In Hatay's Türkiye–Korea Friendship City in Serinyol, IBC has been serving around **2,000 residents** in a container camp with basic-needs distributions, women's empowerment, psychosocial support, awareness sessions and livelihoods activities in coordination with AFAD and KOICA.

In Kırıkhan, IBC manages a container camp of **444 units** hosting approximately **3,000 people,** where residents have access to shelter, food, psychosocial support, protection services, electricity, water, sanitation and an on-site health center.

For the Kirikhan Container House Camp specifically, IBC constructed prefabricated container homes across 34+ acres to shelter about 3,000 earthquake-affected people, each container providing two rooms, a kitchen and a bathroom (21 m^2), with onsite WASH, power, hot meals and child-friendly and PSS services. In addition, IBC and its partners have designed **prefabricated settlement layouts for Sudan,** which integrate housing with primary and secondary schools, a clinic, administrative blocks, and communal areas, a model that can be adapted to displacement sites in Sudan.

These experiences demonstrate IBC's capacity to plan, build and manage large-scale, service-rich container settlements in coordination with authorities and humanitarian partners, and to embed protection, PSS and AAP in camp operations.

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Key Interventions

1. **Emergency Shelter Kits for Rapid Response**

- Provide emergency shelter kits (tents/tarpaulins, basic framing material, ground sheets, blankets and simple lighting) to newly displaced households, enabling them to leave unsafe open-air or overcrowded structures.
- Where feasible, include simple toolkits and technical guidance so families can safely erect and maintain shelters in line with Sphere minimum standards.

2.Transitional Container Settlements (Planned "Micro-Cities")

- Establish modular container settlements inspired by IBC's Kirikhan and Serinyol models and the existing Sudan House Camp layouts, with standardized units (approx. 21 m^2, two rooms, kitchen and bathroom) designed for average Sudanese household sizes.
- Integrate essential services into the settlement plan:
  - water and sanitation blocks (latrines, showers, handwashing facilities),
  - safe internal roads and drainage,
  - connection to electricity/solar lighting,
  - designated areas for mobile clinics, community centers and child-friendly spaces.
- Design the layout to avoid overcrowding and to create safe pedestrian routes, particularly for women, children, older persons, and persons with disabilities.

3.Protection-Sensitive Site Planning & Camp Management

- Conduct participatory site planning with women, youth, elders and persons with disabilities to identify safe locations for shelters, WASH facilities, lighting and communal areas.
- Establish women's and child-protection committees, and integrate GBV risk mitigation into all shelter/WASH design (gender-segregated facilities, adequate lighting, lockable doors, clear sightlines).
- Set up camp-management structures similar to Kırıkhan – combining IBC staff, local authorities and community representatives – responsible for site governance, maintenance, complaints and feedback, and coordination with other sectors (Health, WASH, Education, Food).
- Link household-level shelter support with home visits by protection/PSS teams for high-risk cases, as practiced in Kırıkhan and Serinyol.

4.Host-Community & Public-Institution Engagement

- Work closely with relevant public institutions (e.g. state humanitarian commissions, local municipalities, line ministries) and community leaders to agree on land allocation, beneficiary selection and long-term use of infrastructure.

Outputs / Targets (Year 1)

- 1,000 households (approx. 7,000 people) receive emergency shelter kits for rapid response in new or highly vulnerable displacement sites.
- 500 households (approx. 3,500 people) are accommodated in planned container settlements with integrated WASH, basic services and lighting.
  - At least 2 container sites established or upgraded with:
  - gender-segregated WASH blocks,
  - communal kitchens/meal points,
  - one community centre tent/structure and one child-friendly space per site, and
  - functioning camp-management and community committees.

Outcomes & Added Value

- Crisis-affected families benefit from safer, more dignified and weather-resistant shelter, reducing exposure to harsh conditions and secondary displacement.
- Protection risks – especially GBV, exploitation and child protection concerns – are reduced through better physical layout, lighting, secure facilities and active community-based protection structures.
- Families hosted in container settlements gain closer access to health, WASH, education and food services delivered through IBC's integrated response, improving overall well-being and enabling children to return to school.

- The use of proven container-camp designs and management models from Kirikhan, Serinyol and previous prefab settlements (including Sudan House Camp concepts) ensures that investments in shelter also contribute to early recovery, local service capacity and potential long-term use by authorities and communities.





Hatay Kırıkhan Container Camp

6.4. Education & Back-to-School Assistance

Objective: Restore access to safe, inclusive learning for crisis-affected children and support school retention through essential materials, transportation grants, temporary learning spaces, psychosocial support, and fortified school snacks (SF-LNS).

Rationale & IBC Experience: Sudan faces one of the world's most severe education crises, with more than 16 million children out of school. Displacement, insecurity, economic collapse, and damaged infrastructure prevent children, especially girls, from accessing education.

IBC has implemented education and psychosocial programs in Türkiye, Syria, North Aleppo, and Afghanistan, including school kit distribution, community learning spaces, teacher support, and SF-LNS school-feeding to promote attendance and cognitive focus.

Key Interventions:

1.School Kits

- Uniforms, shoes, bags, exercise books, pens/pencils, and hygiene items.
- Targeting the most vulnerable and newly displaced children.

2.Transport Grants & Financial Support

- Small monthly stipends to offset transport and indirect schooling costs.
- Reduces dropouts linked to economic hardship.

3.Temporary Learning Spaces (TLS)

- Tents, prefabs, or rehabilitated rooms where schools are damaged or occupied.
- Linked with child-friendly and protection spaces.

4.Teacher Incentives & Training

- Support for local teachers providing continuity of learning.
- Basic psychosocial and protection training.

5.Fortified School Snacks (SF-LNS)

- Daily micronutrient-fortified supplement to improve attention and attendance.
- **Budget-aligned formula:**
  5,000 children × 80 school days × $0.50 = $200,000

Outputs (12 Months)

- **5,000 children** enrolled or re-enrolled with full school kits.
- **3–4 Temporary Learning Spaces** established and operational.
- **100 teachers** supported with incentives or training.
- **5,000 children** receive daily SF-LNS during the school period.

Outcomes

- Increased school attendance and retention.
- Improved learning environment and psychosocial well-being.
- Reduced negative coping mechanisms like child labour and early marriage.



6.5. Mobil Bakery

Objective: Restore access to staple bread for vulnerable households and IDPs while strengthening community-based livelihoods.

Rationale & IBC Experience: Bread is a critical staple in Sudan, yet bakeries have been destroyed or face severe shortages due to supply-chain disruption and high fuel costs. IBC successfully operates mobile and fixed bakeries in crisis zones, including Ukraine and the Türkiye-Syria border areas, producing tens of thousands of daily loaves in coordination with community committees.

Key Interventions:

- Procurement and operation of one mobile bakery equipped with mixers, proofers, and ovens.
- Daily production of **approximately 10,000 loaves,** benefiting low-income host and displaced families.
- Employment of local bakers and workers, contributing to household income.
- Distribution through transparent community committees to ensure fairness and inclusion.

Outputs (12 Months)

- **10,000 loaves of bread produced daily,** reaching about **5,000 people per day.**
- **15 local staff** engaged through bakery operations.

Outcomes

- Improved food security and stabilized access to critical staples.
- Reduced pressure on overstretched markets.
- Enhanced local livelihoods through employment opportunities.











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6.6. Ready-to-Eat Meals (Mobile Kitchens)

Objective: Provide immediate, nutritious hot meals to displaced families with no access to cooking facilities, fuel, or safe water.

Rationale & IBC Experience: IBC has operated mobile kitchens during large-scale emergencies in Türkiye, Syria, Ukraine, Libya, and Morocco, delivering thousands of hot meals daily. In Sudan, many displaced households lack stoves, fuel, or utensils, making cooked meals essential for survival.

Key Interventions:

- Deployment of mobile kitchen units capable of preparing and serving hot meals.
- Nutrition-sensitive menus tailored for children and PLWs.
- Distribution points established in secure, accessible locations.
- Coordination with WASH and health teams to prevent foodborne disease.

Outputs (12 Months)

- **Approximately 3,000–5,000 hot meals per day,** depending on location and supply availability.
- **1.2–1.5 million meals delivered annually.**

Outcomes

- Immediate improvement in caloric intake and dietary diversity.
- Increased dignity and stability for families lacking cooking facilities.
- Reduced health risks associated with unsafe food preparation environments.









6.7. Clean Water, Sanitation & Hygiene (WASH)

Objective: Prevent waterborne diseases and improve health, dignity, and safety by restoring access to safe water, sanitation, and hygiene services.

Rationale & IBC Experience: Water and sanitation systems have collapsed in much of Sudan, contributing to cholera and AWD outbreaks. IBC has delivered water and sanitation programs across Türkiye, Syria, Yemen, and Africa, including borehole rehabilitation, solar pumps, water trucking, and WASH-in-camps.

Key Interventions:

1. **Safe Water Supply**
   - Rehabilitation/solarization of 2 boreholes.
   - Water trucking to underserved displacement sites.
   - Installation of water tanks and jerry cans.

2. **Sanitation Facilities**
   - Construction of gender-segregated latrines and bathing facilities.
   - Regular desludging and maintenance.

3. **Hygiene Kits & Promotion**
   - Distribution of 10,000 hygiene kits.
   - Community hygiene and cholera-awareness campaigns.

Outputs (12 Months)

- **~50,000 people** gain improved access to safe water.
- **10,000 hygiene kits distributed** to vulnerable households.
- **300 latrines/showers installed or rehabilitated.**

Outcomes

- Reduced incidence of cholera and waterborne diseases.
- Improved dignity, privacy, and protection—especially for women and girls.
- Stronger integration between health, WASH, and protection services.







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7. IMPLEMENTATION MODALITY, PARTNERSHIP & LOCALIZATION

IBC will deliver through a dual modality of direct implementation and vetted national partners. Leveraging strong, longstanding field relationships and with IBC's national registration in Sudan already underway, our teams have smooth, uninterrupted movement between target regions, enabling rapid deployment and scale-up. Operations are fully coordinated through the UN clusters (Health, WASH, Education, FSL, Shelter/NFI) and relevant authorities at national and state levels, and are grounded in humanitarian principles, Do No Harm, and Sphere/CHS standards.

IBC will prioritise localization, capacity strengthening and shared leadership with Sudanese civil society and community-based organisations. Partnership agreements will clarify roles in implementation, monitoring, safeguarding, and complaint handling. Whenever feasible, IBC will source supplies and services locally to support markets and reduce logistical delays, while ensuring rigorous due diligence and compliance with donor requirements.

8. RISK MANAGEMENT, ACCESS, & SAFEGUARDING (GBV/PSEA)

Key risks: Access constraints due to active conflict; bureaucratic impediments; disease outbreaks; supply chain disruption; fraud/SEA/GBV risks.

Mitigation: Remote ops management when needed; diversified suppliers and cross-border options; integrated security SOPs; third-party monitoring; strict PSEA code of conduct; confidential complaints mechanisms; sex-segregated facilities and lighting in sites.

8.1. Clean Water, Sanitation & Hygiene (WASH)

Operations in Sudan are shaped by volatile security, large-scale displacement and strong seasonal patterns. The table below summarises the main contextual risks and IBC's mitigation approach.

Risk Area	Description & Focus	Seasonal/Temporal Pattern	Programmatic Implications	Mitigation / IBC Approach
Armed conflict & insecurity	Active and shifting clashes continue in Greater Khartoum, North Darfur including El Fasher and Zamzam, West Kordofan, Gezira, and the Eastern Corridor including Kassala and areas approaching Port Sudan.	Can escalate suddenly, often linked to political developments or shifts in front lines.	Sudden loss of access, suspension of static services, staff movement restrictions.	Flexible mobile modalities; strong security SOPs; access negotiations via local partners; scenario planning and redeployment options.

New displacement waves	Large secondary displacement continues from Khartoum, Darfur, Kordofan, and Gezira toward Port Sudan, Kassala, and Gedaref as front lines shift and services collapse.	Peaks during offensive operations and periods when movement is easier; may increase after floods.	Rapid influx to camps/host communities; pressure on WASH, food, shelter, education.	Rapid Response Mechanism with pre-positioned stocks; quick needs assessments; flexible budget lines for re-prioritisation.
Floods & climatic shocks	Heavy rains and localized flooding in low-lying areas and informal sites.	Typically concentrated in rainy months; varies by state.	Damage to shelters and WASH; access roads cut; higher cholera/AWD incidence.	Elevated water/storage solutions; timing infrastructure works in drier months; contingency resources for emergency repairs.
Market collapse & inflation	Hyperinflation has intensified, with major shortages of fuel,	Persistent and worsening, with sharp spikes whenever Port Sudan experiences	Rising costs; reduced affordability for	Diversified suppliers; combination of in-kind and local

Risk Area	Description & Focus	Seasonal/Temporal Pattern	Programmatic Implications	Mitigation / IBC Approach
	wheat, cooking oil, and medicines due to import delays and supply chain disruption from Port Sudan.	congestion or when fuel supply chains break down.	households and increased needs.	procurement; regular cost reviews; framework agreements where feasible.
Epidemics & public health risks	Cholera transmission has expanded drastically across the eastern corridor and displacement sites, alongside ongoing AWD, malaria, measles, and other preventable diseases.	Peaks in wetter periods and high-density locations.	Overwhelmed health services; increased mortality in vulnerable groups.	Close Health-WASH integration; surveillance and rapid response; pre-positioned cholera kits; community-based health promotion.
Administrative & access bureaucracy	Delays in permits, travel clearances, customs, NGO registration.	Permit delays have increased, with clearances taking 4 to 10 weeks in some states.	Start-up delays; difficulty expanding to new states; supply chain interruptions.	Early engagement with authorities; leveraging local partners; phased procurement with buffer time; use of regional logistics hubs.
Social tensions & community dynamics	Tensions between IDPs and hosts; disputes over targeting and	Can rise during lean season, new arrivals, or large distributions.	Risk of conflict at distribution sites; risk of exclusion or perceived bias.	Transparent selection criteria; joint community committees; inclusion of host

Risk Area	Description & Focus	Seasonal/Temporal Pattern	Programmatic Implications	Mitigation / IBC Approach
	resource allocation.			communities; regular community dialogue.
Protection & GBV/SEA risks	Elevated risk at water points, latrines, unlit areas, distribution sites.	Ongoing; may spike when livelihoods collapse or services are suddenly introduced without safeguards.	Harm to survivors; under-reporting; reputational and compliance risk.	Robust PSEA policy; confidential reporting channels; gender-segregated WASH; safe distribution design; GBV referrals with specialised actors.

9. ACCOUNTABILITY TO AFFECTED POPULATIONS (AAP) & FEEDBACK

IBC will operationalize AAP through multilingual hotlines, suggestion boxes, helpdesks at distribution points, FGDs with women/men/youth/PLWD, and two-way SMS. Complaints & Feedback Mechanisms (CFM) will be linked to case management and referrals (including GBV/child protection) and analyzed for adaptive management.

10. MONITORING, EVALUATION, & LEARNING (MEL)

M&E Framework: Routine output tracking, PDMs, satisfaction surveys, and outcome-level assessments. Third-party monitoring where access is constrained.

Key Indicators (examples):

- **Health:** # consultations; % of suspected cholera cases receiving ORS/ANT; # CHWs trained.
- **Food/NFI:** # HHs receiving kits; % of HHs with acceptable FCS; % reporting improved well-being.
- **Shelter:** # HHs sheltered; % sites with functioning lighting and gender-segregated facilities.
- **Education:** # children re-enrolled; attendance rate; # teachers incentivized.
- **Bakery/Meals:** # loaves/day; # meals/day delivered; % beneficiaries reporting adequate access to staple foods.
- **WASH:** # people with safe water; # latrines installed; incidence of AWD/cholera in target areas.

11. OPERATIONAL TIMELINE

The programme will be implemented over three broad phases within a 12-month period. Exact sequencing may be adapted to context, access and funding flows.

- **Phase 1 – Start-Up & Rapid Response (Months 1–3)**
  - Detailed needs assessments and targeting
  - Staff recruitment and partner MoUs
  - Procurement and pre-positioning of critical supplies
  - Launch of mobile clinics and initial WASH "quick wins" (water trucking, hygiene kits)
  - First rounds of food/NFI distributions and initial shelter support

- **Phase 2 – Scale-Up & Systems Strengthening (Months 4–9)**
  - Full operation of mobile clinics and community health outreach
  - Construction/rehabilitation of the steel clinic and boreholes
  - Expansion of WASH infrastructure (latrines, showers, storage)
  - Commissioning and full operation of mobile bakery and mobile kitchens
  - Establishment of temporary learning spaces; enrolment support and teacher incentives
  - Regular AAP, protection and safeguarding activities; PDM and satisfaction surveys

- **Phase 3 – Consolidation, Adaptation & Transition Planning (Months 10–12)**
  - Adjustments based on monitoring, feedback and changing context
  - Focus on sustainability of key assets (e.g. boreholes, clinic, TLS)
  - Identification of hand-over options to authorities/partners where feasible
  - Endline assessments, documentation of lessons learned and final reporting

12. BUDGET SUMMARY & INDICATIVE ALLOCATIONS (12-MONTH APPEAL)

Total appeal amount: US$ 2,000,000
Implementation period: 12 months
Modularity: Donors may fund the full appeal or selected sector components.

Sector / Component	Approx. Share	Approx. Amount (US$)	Illustrative Use of Funds
1. Health – Mobile & Fixed (Steel) Clinics	28%	560,000	Mobile clinic teams, partial construction/rehabilitation and operation of a steel clinic, essential medicines & diagnostics, CHW network, outbreak response, GBV/CMR services.
2. WASH – Water, Sanitation & Hygiene	13%	260,000	Borehole rehabilitation/solarisation, water trucking and storage, hygiene kits, latrines and showers, cholera prevention activities.
3. Emergency Food, NFIs & Targeted Nutrition (RUSF/LNS)	18%	360,000	Food baskets and NFI kits for at-risk households; RUSF/LNS for children and pregnant/lactating women during first-shock displacement.

Sector / Component	Approx. Share	Approx. Amount (US$)	Illustrative Use of Funds
4. Shelter & Site Improvements	16%	320,000	Emergency shelter kits; upgrades to container settlements with WASH, lighting and safe communal areas.
5. Education & Back-to-School (incl. SF-LNS)	10%	200,000	School kits, transportation grants, TLS establishment, teacher incentives and education-based MHPSS; daily SF-LNS school snacks for targeted learners.
6. Mobile Bakery & Ready-to-Eat Meals (Mobile Kitchens)	10%	200,000	Mobile bakery unit and inputs; mobile kitchens providing hot meals in priority sites; local employment.
7. Coordination, AAP, Safeguarding, MEL & Core Support	5%	100,000	Field coordination, security and logistics support, accountability and safeguarding systems (GBV/PSEA, CFM), monitoring and evaluation, reporting.

Note for donors:

- The allocations above are indicative and can be adjusted based on specific funding envelopes and donor priorities.
- IBC will provide a detailed line-item budget and unit costs (e.g. per food basket, per hygiene kit, per consultation, per school kit, per loaf/meal) as an annex or upon request, tailored to the components that an individual donor chooses to support.

For more information:

Muzaffer Baca
IBC Vice President
mbaca@ibc.org.tr

Nouhaila Kachmouh
IBC International ProjectsManager
nkachmouh@ibc.org.tr