



Photo: Sudanese women in the multi-purpose Community Centre in Karrari, run by JASMAR. The centre is providing services mainly to returnees, IDPs and host communities affected by the conflict. © UNHCR/Ala Kheir

SUDAN PROTECTION CLUSTER

Humanitarian Needs and Response Plan 2026

January 2026

PROTECTION CLUSTER

For the 2026 Humanitarian Needs and Response Plan, the Protection Cluster employs a collective, consolidated protection cluster severity of need analysis that aims to reflect the diverse protection needs on the ground. The target and financial requirements are determined by the partners’ capacity to deliver, access constraints, and financial capacity.

Consolidated PiN:
22,721,756

Consolidated People targeted:
3,334,845

Consolidated Budget:
\$239,732,523

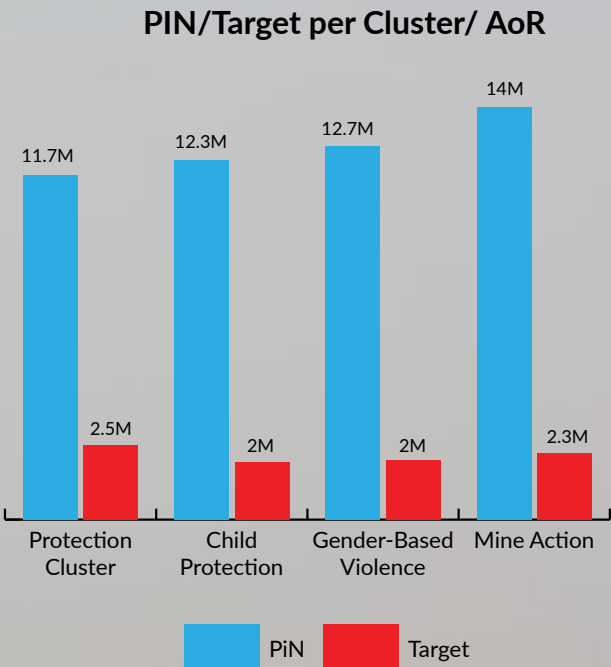
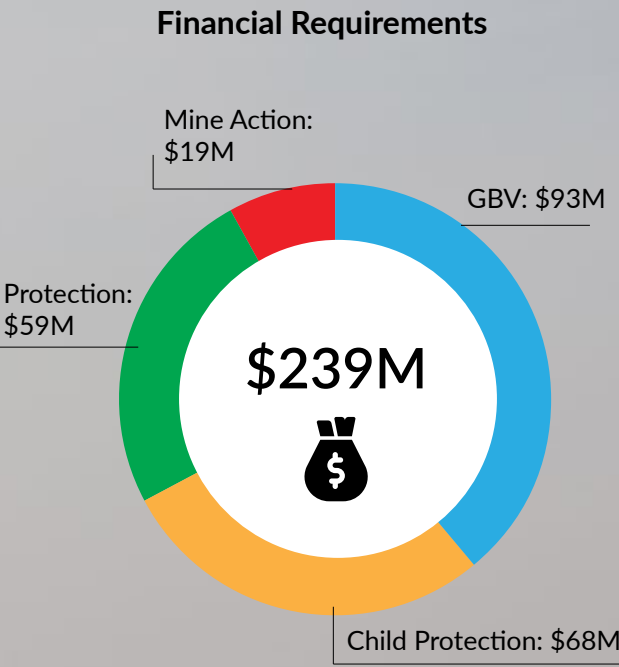
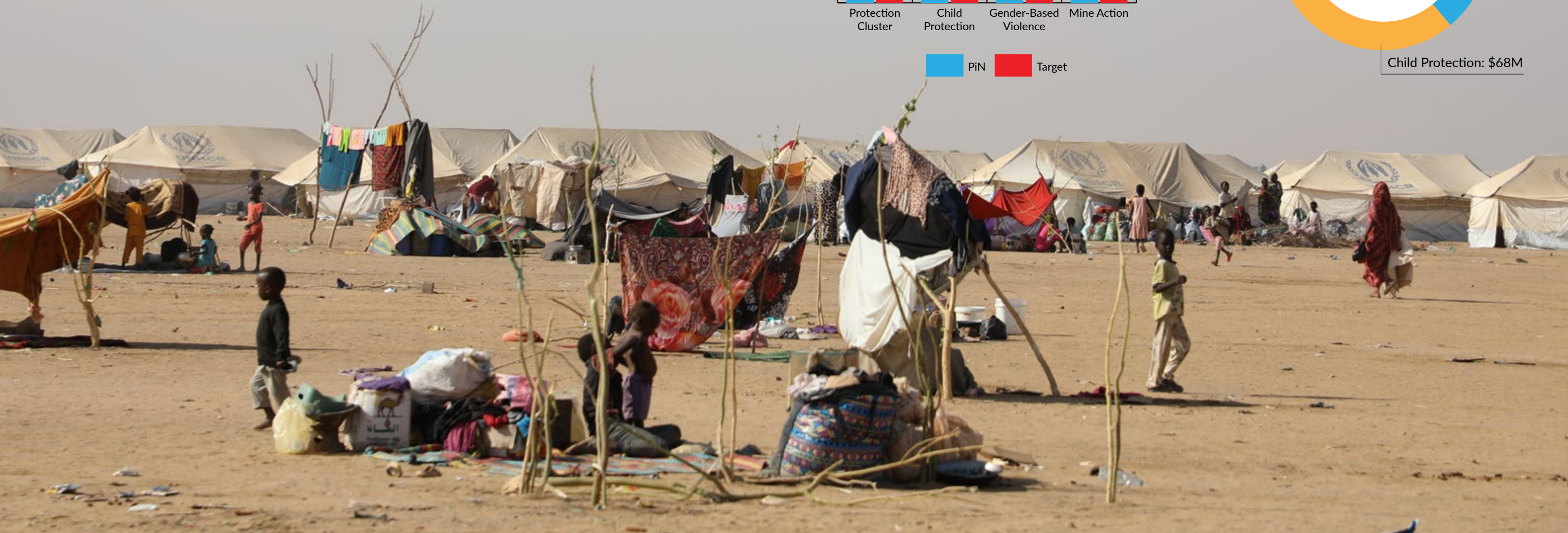


Photo. Thousands of families recently arrived at the Al Afadh IDP site in Al Dabbah locality, NorthernState. They fled El Fasher following the RSF takeover, arriving with nothing, many separated from the rest of their family and enduring looting and abuse along a long, exhausting journey. Shelter remains a critical need for the new arrivals. While UNHCR has pitched 500 tents at the site, many newly arrived families continue to rely on makeshift shelters while waiting for support. © UNHCR/Assadullah Nasrullah

SUMMARY OF PROTECTION NEEDS

Sudan's conflict continued with systematic violations of International Humanitarian and Human Rights Law, causing widespread civilian casualties, destruction of infrastructure, and mass displacement. Indiscriminate attacks—including shelling, airstrikes, and the use of explosive weapons—devastated urban centers and collapsed essential services, leaving over 70% of health facilities non-functional. More than 50,834 civilian deaths were recorded since the eruption of the conflict in April 2023, including 18,884 deaths in 2025. Alongside catastrophic levels of grave violations against children, including killing, maiming, sexual violence, and attacks on schools and hospitals.

Prolonged sieges and repeated targeting of IDP sites deepened protection risks for women, children, elderly, people with disabilities and other vulnerable groups. Explosive ordnance contamination remains severe, with thousands of conflict-related explosions and confirmed use of anti-personnel mines, endangering civilians and hindering humanitarian access. An estimated 14 million people require mine action assistance. Persistent hostilities, impunity, and access constraints continue to expose civilians to grave harm, with humanitarian needs expected to worsen in 2026. Conflict in Sudan has created an environment conducive to gender-based violence (GBV), disproportionately affecting women and girls, but also affecting men and boys although less data is available considering the stigma around these serious violations.

Widespread sexual violence, intimate partner abuse, child marriage, and exploitation occur also in displacement sites, in host communities, and along transit routes. Survivors face severe stigma, fear of retaliation, in addition to limited access to services such as medical care, psychosocial support, or legal services, particularly in remote or frontline areas.

Children face acute protection risks amid mass displacement and service collapse. Over 12 million require assistance, with high rates of psychosocial distress, family separation, and exposure to violence. Education is severely disrupted—one-third of school-aged children are out of school, with rates exceeding 70% in Darfur and Kordofan. Hazardous child labor affects 34% of households, while 60% report no access to child protection services. These reported violations leave children vulnerable to trauma, exploitation, and long-term harm, eroding their safety and development.

Since the outbreak of hostilities, Sudan has witnessed unprecedented levels of internal displacement. Within the first nine months of the conflict, by December 2023, the internally displaced population reached approximately 9.05 million, of which around 6 million were displaced after April 2023, while Sudan was already hosting 3 million IDPs, primarily from Darfur.

The displacement crisis peaked in January 2025, with 11,585,384 IDPs recorded across all 18 states—a 13% increase compared to April 2024 (9.9 million IDPs). Since then, the number of IDPs has decreased by 19%, largely due to return movements across 12 states. As of 31 October 2025, DTM reported an estimated 9,338,999 IDPs and 3,027,446 returnees across Sudan. [The majority of IDPs \(61%\) remain concentrated in the Darfur region, particularly in South Darfur \(1,782,119 IDPs\), North Darfur \(1,768,969 IDPs\), and Central Darfur \(979,150 IDPs\).](#)

Sudan's conflict has destroyed, housing and land records, and created severe tenure insecurity. Families shelter in informal sites or public buildings without agreements, facing high eviction risk and limited legal aid. Rising rents and exploitative tenancy deepen vulnerability, forcing debt and secondary displacement. Loss of civil status documentation and cadastral records and weakened dispute resolution systems fuel land grabbing adding to previously unresolved conflicts, while women face systemic barriers to access their Housing, land and property (HLP) rights. Spontaneous returns confirm the large scale home destruction or occupation, with explosive contamination compounding physical security. Climate shocks like effects of flooding or draught further intensify pre-existing conflicts. Without secure tenure or documentation, displaced households remain at risk of eviction and exclusion from recovery opportunities.

Attacks to the Civilians and Civilians' Objects

In 2025, parties to the conflict—including affiliated armed groups—continue to systematically violate International Humanitarian Law (IHL) and International Human Rights Law (IHRL). Hostilities have occurred in densely

populated towns and displacement sites, as well as other areas hosting IDPs, resulting in widespread civilian deaths, destruction of homes and services, and mass forced displacement. The conduct of hostilities, such as indiscriminate shelling, air and drone strikes, sniper fire, and the use of explosive weapons with wide-range effects, has devastated urban centres such as El Fasher, Nyala, El Geneina, El Obeid, Kadugli, Khartoum and parts of Greater Khartoum. [In 2025 an increase was observed in the deployment of drones—particularly in attacks on civilian objects—including affecting areas in northern and eastern Sudan that had previously been relatively untouched by the conflict.](#) Civilian infrastructure—including hospitals, markets, schools, water networks, power stations, and transport hubs—was repeatedly struck, triggering cascading service collapse across conflict-affected states. Between January and December 2025, [ACLED monitoring recorded more than 18,884 civilian casualties](#) and dozens of verified attacks on health facilities. This has contributed to the functional collapse of over 70% of health services in conflict-affected areas. The Widespread retaliatory violence against civilians—often carried out on an ethnic basis and targeting individuals accused of ‘collaboration’ with opposing parties—was reported and documented, particularly in Darfur, Kordofan, Khartoum, and Al Jazirah.

Boys and girls continue to be exposed to grave violations, including killing and maiming, sexual violence, forced recruitment, abduction, and attacks on schools and hospitals – these have surged to catastrophic levels since the onset of the conflict in 2023. According to the Report of the Secretary-General on Children and Armed Conflict (United Nations, 2025), in 2024, the United Nations verified, through the Monitoring and Reporting Mechanism (MRM), 2,041 grave violations against 1,882 children (1,081 boys, 564 girls, and 237 whose sex was not identified), along with 127 violations that occurred in previous years. 85 per cent of the verified violations were of killing and maiming, with most of the reported casualties resulting from shelling and crossfire or deliberate attacks on various minority or ethnic groups. Verified incidents also included the recruitment and use of 25 boys and, detention of 14 children. The MRM also verified 74 cases of sexual violence against children, 57 abductions, and 108 attacks on schools and hospitals, alongside the military use of five facilities. In addition, 38 incidents of denial of humanitarian access were documented. It is important to recognize that these figures represented only the numbers verified by the UN; the actual impact is likely much higher. Access limitations, fear of retaliation, and stigma play a critical role in the underreporting of violations.

The prolonged use of siege—most notably in El Fasher and Kadugli-Diling axis —has cut hundreds of thousands off from food, medicine, and safe water, creating famine or famine-like conditions and contributing to preventable deaths. In September 2025, it was estimated that more than 260,000 civilians – including 130,000 children – remained trapped, facing constant danger without safe passage out nor access by humanitarian actors. [In North Darfur, the offensives on Zamzam IDP site and subsequently on the besieged city of El Fasher led serious violations of international humanitarian law \(IHL\) and gross abuses of international human rights law \(IHRL\) with to large numbers of civilian deaths and displacement.](#)

The proliferation of armed actors and militia groups has further fueled abuses against civilians, intensifying protection risks for women, girls, children, persons with disabilities, older persons, and other marginalized or ethnic groups.

Displaced populations and IDP sites were repeatedly targeted by armed attacks and indiscriminate shelling or drone and airstrikes. Access constraints and reported looting of relief items, reduced existing coping mechanisms and resulted in renewed (secondary) displacement. Arbitrary arrest and detention by parties to the conflict was of concern, with reported targeting individuals accused of—or even simply perceived as— collaborating with the opposing side. [Many cases involved ethnic profiling, particularly of civilians from Darfur and Kordofan, as well as local responders](#) . The direct consequences of these attacks include fatalities and casualties, severe trauma, and loss of shelter and other personal belongings as well as livelihoods. Further, market disruption, reduced access to healthcare, limited access to education and other basic services such as communications, and heightened protection risks. This has deepened humanitarian needs across all population groups including for specialised protection services. [Children face rising exposure to grave violations, while persons with disabilities and older persons are disproportionately affected as they are unable to flee to safety or access services because of these attacks. Humanitarians, health workers and frontline responders, including Emergency Response Rooms and other local initiatives, face targeted attacks, intimidation, threats, harassment, arrest, detention and killings - with widespread impacts on the provision of services in affected areas.](#) The persistence of hostilities and associated human rights and humanitarian law violations, coupled with widespread impunity, banditry and criminality, severe access constraints further exposes civilians to grave harm, with no effective accountability or protective mechanisms operational due to these constraints.

Presence of mines and other explosive ordnance

[Since the outbreak of conflict in April 2023, extensive and indiscriminate use of explosive weapons has caused over 50,834 reported fatalities and thousands of injuries, although the full extent of casualties remains unknown due to reporting challenges.](#) Between April 2023 and October 2025, the Armed Conflict Location & Events Data (ACLED) recorded 8,801 conflict events and explosions likely resulting in Explosive Ordnance (EO) contamination, including air and drone strikes, shelling, artillery, and missile attacks. More recent contamination adds to the 34 square kilometres of legacy Explosive Ordnances (EO) remaining from previous conflicts.

Sudan has a highly complex contamination landscape that includes unexploded and abandoned ammunition, anti-vehicle landmines, and – more recently – confirmation of the use of anti-personnel mines used in Khartoum City. Hazards are commonly found along roads, airstrips, schools, health facilities, water systems, shelter, and other critical infrastructure across both urban centers and rural areas hindering humanitarian operations and worsening existing vulnerability. This poses a direct risk of injury and death from EO. The protection risk is expected to increase in 2026, as the conflict persists and displaced populations move through or return to contaminated areas. EO contamination severely disrupts civilian access to essential services, infrastructure, and livelihoods. An estimated 14 million people across Sudan need mine action assistance.

Explosive hazard accidents often cause severe injuries, amputations, and psychological trauma, leaving survivors with lifelong disabilities and placing additional strain on already overstretched health services. Children are often affected as they frequently mistake dangerous items for playing objects. Through multiple records across conflict-affected countries, according to Landmine and Cluster Munition Monitor statistically children range between 30–60% of those killed or injured. Displaced populations are at particular risk as they often settle in unfamiliar areas without awareness of past conflicts or explosive hazards. Return movements to heavily contaminated areas are increasing according to IOM/DTM statistics, resulting in a steady rise in civilian casualties in these areas. In 2025, return movements to Khartoum, Al Jazirah, and Sennar have been recorded as the general security situation was perceived to be favorable. To date, more than one million people have returned to Khartoum, where contact with EO hazards is highly likely but awareness remains extremely low (IOM DTM, October 2025). This combination of high contamination, mobility, and limited risk awareness exposes civilians to EO accidents.

Gender-based impact of violence in Sudan

Women and girls bear the heaviest burden of gender-based violence (GBV) in Sudan, although protection partners observe that men and boys are also increasingly at risk of GBV, particularly adolescents. The combination of insecurity, mass displacement, and the erosion of social and protection structures has intensified exposure to violence, exploitation, and abuse and leave survivors with limited access to essential services such as medical care, clinical management of rape, psychosocial support, legal assistance, and safe spaces.

Conflict-related sexual violence, intimate partner violence, child, early and forced marriage, trafficking, and other forms of exploitation remain widespread, particularly in displacement sites, host communities, and along transit routes. Stigma, fear of retaliation, and the absence of protective services hinder survivors from seeking assistance, making the true scale of the crisis difficult to quantify, and contributing to persistent underreporting.

At the individual level, survivors experience overlapping forms of violence and human rights violations, including sexual assault, intimate partner violence, child, early and forced marriage, and exploitation. Displacement and insecurity often push women and girls into overcrowded camps or informal settlements, where privacy, safety, and access to support are severely limited. Physical and psychological consequences are widespread, including injuries, reproductive health complications, chronic trauma, unwanted pregnancies and emotional distress, all of which reduce the ability to live safely, attend school, work, or participate fully in daily life.

Access to specialised services, for people affected by GBV, remains extremely limited. Many areas, particularly remote or frontline locations, lack any specialised services. Even in locations where services exist, insecurity, long distances, lack of information, stigma, and physical barriers prevent survivors from accessing them

How the conflict affects children in Sudan:

The 2025 Multi-Sector Needs Assessment (MSNA) for Sudan highlights a deeply concerning protection crisis affecting children across the country. Amid ongoing armed conflict, mass displacement, economic collapse, and the breakdown of essential services, children are facing acute and multifaceted risks to their safety, development, and well-being. Sudan's children continue to bear the brunt of this complex and protracted humanitarian and protection crisis.

Over 12 million girls and boys require humanitarian assistance, out of the over 33 million individuals in need. In

2025, case management programmes identified over 400,000 children who experienced psychological distress, GBV and other forms of abuse. Approximately 7.1% of surveyed households are hosting unaccompanied or separated children (UASC), underscoring the widespread breakdown of family units and the urgent need for family tracing and reunification mechanisms. Traumatic experiences are adversely affecting children's growth, development, and well-being. More than 50% of households observed at least one child exhibiting signs of psychosocial distress, including fear, withdrawal, or behavioral changes. This reflects the psychological toll of violence, displacement, and instability on children.

The conflict has severely disrupted children's education. The primary drivers of children being out of school are conflict, displacement, and safety concerns, as many schools have been destroyed, occupied, or closed. Nationwide, about one-third ($\approx 34\%$) of school-aged children are not attending school and are classified as in acute need of education. Regional disparities are extreme. North Darfur ($\sim 77\%$), West Kordofan ($\sim 88\%$), Central Darfur ($\sim 66\%$), South Darfur ($\sim 79\%$), North Kordofan ($\sim 67\%$), and Khartoum and West Darfur ($\sim 62\%$) record the highest out-of-school rates. Families frequently cited protection and security threats as the reason children cannot attend school, especially in Darfur and Kordofan. Poor learning environment, in addition to the protection concerns, is also visible in Khartoum.

34.3% of households reported that children aged 5–17 are engaged in hazardous or harmful forms of labor. This trend is likely driven by economic desperation and the absence of protective legal enforcement. Nearly 60% of households reported that no child protection services—such as psychosocial support, case management, or safe spaces—are available in their communities. This service gap leaves vulnerable children without critical support mechanisms.

The rights violations have left the girls and boys of Sudan grappling with severe psychological distress, physical injuries, ill health, including malnutrition, and poor development, thereby gravely affecting their well-being. The lack of access to safe spaces, psychosocial support, specialized case management services, schools for education, health services, and basic needs such as food, shelter, safe and clean water, has further eroded the protective environment of children. The breakdown of Community-Based protection mechanisms has reduced the resilience of children and caregivers.



Photo. Halima Albadawi, a 90-year-old woman from Al Gitaina in White Nile State, receives cash assistance from UNHCR. After surviving the trauma of conflict and a recent leg fracture, Halima says the support will allow her to buy medicine, travel for treatment, and meet her essential needs. © UNHCR/Musa Shata

Housing, Land and Property Issues in Sudan

The conflict in Sudan has resulted in widespread displacement, destruction of housing and land records, and increased tenure insecurity. Millions fled violent clashes, seeking safety with relatives, host communities, or temporary gathering sites in public buildings. In some cases, displacement sites and informal settlements were established on others' land without formal agreements. Prolonged displacement has strained relations and increased land and housing disputes.

The 2025 MSNA identified acute HLP vulnerabilities. 15% of respondents faced high eviction risk, 74% faced persistent lower risk. 39% reported no dispute resolution access; equal proportion lacked legal aid on HLP issues. Within six months, 15% reported forced eviction or land conflict incidents, 31% were evicted at least once. 27% reported ongoing landowner disputes, 22% could not afford rent for six months. These findings confirm tenure insecurity prevalence and absence of eviction safety nets.

Access to adequate housing remains critical. Massive displacement resulted in overcrowded, unsafe living conditions. Many families live in damaged, makeshift structures without legal protection. Tenure insecurity leaves households vulnerable to eviction, particularly those occupying schools, public buildings, or informal settlements. Displaced populations without documentation face repeated displacement and shelter loss. Urban displacement pressured limited housing and rental markets in Gedaref, Al Jazirah, Red Sea, Blue Nile, and Port Sudan. Inflation and rapid urbanisation have sharply increased rental prices, creating inflated rents, exploitative tenancy arrangements, and lack of tenant legal protection. Many families enter informal rental agreements without documentation, heightening eviction risk and pushing displaced households into debt or secondary displacement. Limited humanitarian shelter assistance left families reliant on informal coping mechanisms like squatting or temporary host arrangements.

Forced evictions represent serious housing rights violations and resulted, amongst others, in women and girls facing elevated risks of exploitation and GBV. High-risk locations include Gedaref, Sennar, Red Sea, Northern, and White Nile states. Vulnerable communities shelter in schools, unfinished buildings, and vacant plots without secure tenure, continue to be subjected to heightened forced eviction risk, including due to government policies to enforce returns to areas perceived to be safe and conflicting rights, eg, right to education. This creates persistent displacement cycles, undermining stability, livelihoods, and recovery.

The ongoing conflict generates land tenure insecurity. Before conflict, official land registration was extremely limited, particularly in Darfur where less than 1% of land was registered. Displaced families without property documentation face significant challenges reclaiming homes. Many state land offices have been destroyed, losing ownership and cadastral records, rendering verification impossible. Formal land administration system destruction had lasting consequences—cadastral offices were looted or burned, eliminating ownership records. Without documentary evidence, displaced households cannot prove claims, authorities cannot verify ownership, creating opportunities for fraud, land grabbing, and conflicting claims to property as well as the inconsistent interpretation of Sudan's land and property laws.

Conflict has undermined traditional land dispute resolution mechanisms. Native administration and community leaders have been displaced or overwhelmed. Local mediation processes are weakened, increasing unresolved disputes and violent confrontations. Farmers and pastoralists lost agricultural land, grazing routes, and water source access. Armed groups seized land abandoned during displacement, preventing safe return.

Across Sudan, HLP justice access remains severely constrained. In general, legal aid service scarcity leaves most displaced persons without eviction or land dispute remedies. Formal legal systems are weak, under-resourced, and inaccessible to most displaced persons. Customary systems, though more accessible, often limit women's access. . Women's HLP rights access remains extremely limited due to discriminatory norms, unequal inheritance, and lack of ownership claim recognition. Female-headed households lack property documents. They face barriers accessing dispute resolution systems dominated by male authorities, facing greater eviction, exploitation, and shelter loss risk. Spontaneous returns have been reported in Khartoum, Al Jazirah, and Sennar states. However, HLP conditions in return areas remain precarious. Many returnees find homes destroyed, occupied, or in unsafe zones contaminated by explosive remnants. Ongoing property destruction fundamentally reshaped settlement and land use patterns across Sudan. Without secure tenure or documentation, displaced households likely remain excluded from recovery and development opportunities.

Sudan faces recurrent flooding, destroying homes and farmlands, compounding conflict-related displacement and HLP challenges. Climate-related destruction combined with ongoing conflict obscures land boundaries and generates HLP disputes. Weak institutional capacity challenges mediation of complex environmental and conflict-related land disputes, requiring integrated approaches addressing both displacement and climate adaptation.

Impact on family life and access to services:

The crisis also undermines families and communities. Traditional support networks have been disrupted, and many state and community protection mechanisms no longer function. Families under extreme pressure, which can lead to the adoption of harmful coping strategies, such as engaging in child marriage, as a tool to protect children.

Marginalized groups — including persons with disabilities, displaced populations, and adolescents — face additional obstacles, leaving them particularly exposed. Children and adolescents affected by GBV or who witness violence are at risk of long-term psychological, educational, and social harm. Without urgent and sustained intervention, these intersecting risks threaten to perpetuate cycles of trauma and undermine both recovery and the resilience of communities.

As part of the HNRP development, extensive community consultations, feedback collection, and validation exercises were carried out across multiple states to ensure the response reflected local priorities and strengthened accountability and inclusivity. These engagements reached 3,429 community members and 145 community-based organizations, with targeted outreach to vulnerable and marginalized groups — notably children, youth, and persons with disabilities. Contributions from these groups consistently emphasized concerns related to protection, access to services, and community resilience, underscoring the necessity of grounding humanitarian planning in the voices of affected communities.

The 2025 Multi-Sector Needs Assessment data reveal marked disparities in the availability of protection and psychosocial services across the country. In total, respondents identified 313 service points offering psychosocial support, 309 for mental health services, 276 for supportive group activities, 232 for social work and case management, and 198 for legal aid. Coverage is strongest (although still insufficient) in Al Jazirah, Kassala, and South Kordofan, while Central Darfur, Red Sea, and West Darfur report the fewest services. Overall, eastern and central regions tend to be better served than western and northern areas, highlighting critical geographic gaps in specialized protection and mental health support.

Multiple and intersecting barriers prevent children and families from accessing available services. The most frequently reported obstacles were the outright unavailability of services (260 reports), lack of information about services (200 reports), hard-to-reach locations (158 reports), and concerns about security and confidentiality (155 reports). Additional constraints include physical inaccessibility for children with disabilities (143 reports), parental restrictions (124 reports), and stigma (90 reports). Aj Jazirah, Kassala, and East Darfur recorded the highest incidence of reported barriers, and respondents in Darfur and Kordofan further cited safety risks, long distances, and the absence of inclusive programming as major impediments.

Communities communicated an urgent demand for expanded community-based psychosocial and mental health interventions. The most requested modalities were awareness campaigns (342 requests), psychosocial group sessions (304 requests), structured children's group activities (272 requests), training for community workers (268 requests), and individual therapy sessions (222 requests). Demand is particularly acute in Aj Jazirah, Kassala, South Kordofan, and Gedaref, whereas Central Darfur, Red Sea, and West Darfur showed lower levels of requests, reflecting both limited-service availability and constrained local capacity.

Sudan's social service workforce (SSW) faces numerous challenges due to ongoing conflict, socio-political instability, and economic hardship. The current situation is characterised by a shortage of frontline workers, including both paid professionals and volunteers, who are required to address the escalating child protection and gender-based violence (GBV) crisis. A significant number of previously recruited and trained social workers have been displaced due to conflict, either seeking refuge outside Sudan or living in internally displaced persons (IDP) situations. Many are without regular salaries, further exacerbating the crisis.



Photo. Jadda Adam, 40, recently arrived at Al Afadh IDP site in Al Dabbah locality, Northern State. She fled El Fasher following the RSF takeover, arriving with only one of her four children, separated from other family members, and enduring looting and abuse during a long, exhausting journey to safety. © UNHCR/Assadullah Nasrullah

RESPONSE STRATEGY

1. Evidence-based analysis and response:

The Protection Cluster will design evidence-based protection responses analysing data from protection monitoring (PMT IM), protection needs analyses, safety audits, Child Protection Information Management Systems (CPIMS) and sectoral assessments. In the context of ongoing conflict and widespread violations of International Humanitarian Law (IHL) and International Human Rights Law (IHRL) by parties to the conflict and affiliated armed actors, strengthening and expanding the current monitoring system is essential to generate timely analysis that informs resource allocation for life-saving interventions, shapes response design, and supports evidence-based advocacy. The Cluster has rolled out a country-wide protection monitoring tool based on key informant interviews, and data from this system will be complemented by findings from human rights monitoring, housing, land and property (HLP) assessments, eviction risk monitoring, explosive ordnance (EO) assessments—including technical surveys of suspected EO-contaminated areas, child protection risk and needs assessments—and safety audits and other gender-based violence (GBV) assessments.

2. Advocacy:

Building on joint analysis across protection thematic areas, the Protection Cluster will lead coordinated advocacy—working with the Strategic Advisory Group (SAG), key protection partners, and the Global Protection Cluster—focused on IHL compliance, humanitarian access, and the protection of civilians. At national and sub-national levels, the Cluster will identify and address administrative and operational restrictions that hinder the implementation of protection activities and will advocate for the removal of barriers impeding access to protection services and specialized Child Protection, GBV, and Mine Action support.

3. Localization and community-based approach:

To strengthen delivery in hard-to-reach areas and sustain frontline action, the Cluster will deepen collaboration with local actors, including Women-Led Organizations (WLOs), ensuring their meaningful participation in coordination platforms and programmatic discussions. This localization approach includes targeted capacity strengthening and advocacy for flexible funding, increased protection and enhanced participation in decision making on priorities and programming in protection and other responses enabling local responders to lead frontline delivery with appropriate technical support from the Cluster. The Cluster is committed to support leadership of women-led and local organizations within localization agenda to ensure that services are culturally appropriate, accessible, and rooted in community needs.

Community-based Protection is central to the strategy, recognizing communities as key stakeholders and decision-makers in their own lives. The Cluster will reinforce community-based protection networks to identify risks, conduct safe referrals, deliver awareness campaigns, and undertake monitoring. Structured community dialogues, outreach, and behavior-change activities will engage women, girls, men, and boys and promote understanding of rights, available services, and GBV risk mitigation strategies. Interventions will systematically apply an age, gender, and diversity (AGD) lens to ensure that groups facing heightened risks are prioritized, while risk assessments and safety audits will guide site-level actions so that services and facilities are accessible and protective for the most vulnerable including unaccompanied and separated children. Programming will work through existing community structures and ensure meaningful participation—particularly of women, girls, children and older person at risk—so activities reflect local priorities, culture, and capacities and contribute to sustainability.

4. Protection Risk Mitigation and Response:

Specialized services are vital for individuals with critical, life-saving protection needs, and the Cluster will produce gap analyses to guide targeted provision. An integrated protection response will address the spectrum of threats faced by conflict-affected populations, including unaccompanied and separated children and older persons, recognizing the distinct risks of GBV for women and girls and the multiple protection concerns affecting women, girls, men, and boys with different age groups in displacement sites, host communities, and conflict-affected areas, including conflict-related sexual violence (CRSV), intimate partner violence, trafficking, grave violations against children and child, early, and forced marriage. Families under extreme pressure may resort to harmful coping strategies such as female genital mutilation (FGM), child labour and other exploitative practices which further exacerbates protection and health risks. Integrated case management and referral systems will connect specialized services, Multi-Purpose Centres, Child Friendly Spaces (CFSs), Women and Girls Safe Spaces (WGSS), community networks, and health, mental health and psychosocial support (MHPSS), and legal

services to ensure timely, survivor-centered support. Dignity kits will be distributed through safe modalities to promote personal hygiene and protection, while livelihood support—such as vocational skills training and start-up capital—will reduce harmful coping mechanisms and strengthen self-reliance and resilience. Collaboration with Multi purpose Cash Working Group will ensure that the most vulnerable households and individuals such as child headed households, households with children at risk and other affected groups will be supported with tailored assistance to reduce vulnerability and exposure to exploitation. Humanitarian personnel working with individuals requiring specialized care, such as those with disabilities or chronic medical conditions, will receive specialized training, support, and supervision to handle these sensitive cases, including safe identification and referral.

Collaboration amongst the Protection Cluster, Health Cluster and MHPSS Working Group to ensure the linkage and effective referral mechanisms is envisaged. This will allow agencies offering specialized services and protection services will be enhanced to strengthen referral mechanisms. The nature and type of services will be guided by approved standards. Efforts will also be made to identify specific protection needs of other vulnerable individuals based on disability, age, and gender. The Protection Cluster will also focus on enhancing capacity of partners through training sessions. Training materials will be tailored and contextualized to Sudan context. The Protection Cluster will also actively engage the partners to come up with the needs for capacity building and put a plan in place.

5.Solutions:

Recognizing the need for humanitarian and reconstruction efforts in the return areas, large scale survey and clearance operations are required to be prioritized in order that to identify, mark and remove explosive hazards that endanger civilians and obstruct aid delivery. In parallel explosive Ordnance Risk Education (EORE) is essential to communities and humanitarian aid workers with the knowledge to recognize, avoid and report EO. The mainstreaming of risk reduction, especially in the mine awareness raising, mine clearance, and GBV risk mitigation in multisectoral sectors across health, WASH, shelters, and FSL is crucial and needs to be strengthened to prevent harm to the affected population. Through the mainstreaming of risk reduction coupled with the holistic protection integrated protection approach, the 2026 protection response seeks not only to prevent and respond to violence to access medical care, psychological support, but also to restore dignity, strengthen resilience, and empower communities to support the most vulnerable and protect those at risk. By scaling up safe and equitable access to services, promoting local leadership, and addressing underlying vulnerabilities, the response aims to mitigate immediate risks, support the most at risks' recovery, and strengthen community protection systems, ultimately safeguarding the rights and well-being of affected populations.

TARGETING & PRIORITIZATION:

Priority areas for 2026 are identified using the Inter-sectoral severity scale for localities that are experiencing acute displacement and deteriorating protection environments, as well as at risk of famine, hotspot mapping for areas affected by continuous conflict, or at heightened risk of mass displacement. [Geographical prioritization will include 17 prioritized localities which the scale-up response discussion has commenced since the last quarter of 2025.](#) A key cluster priority is to ensure that vulnerable host community members and other affected populations with protection needs have equitable access to protection services. Prioritization also takes into account the protection impacts of displacement, loss of assets and livelihoods, increased barriers to accessing basic services and disturbance of UXOs, to support mitigation of the devastating impacts of conflict, particularly for those with pre-existing vulnerabilities. Ultimately, Protection activities aim to reduce vulnerability and prioritize support for those who remain vulnerable, both through direct assistance provided by protection actors but also through establishing and mainstreaming systematic identification and referral of the most vulnerable across the response, as well as identifying and addressing barriers to accessing services and assistance.

PROMOTING QUALITY & INCLUSIVE PROGRAMMING

ACCOUNTABILITY TO AFFECTED PEOPLE & PEOPLE-CENTRED RESPONSE/ PROTECTION FROM SEXUAL EXPLOITATION AND ABUSE:

The Cluster is committed to championing the equal rights of all, including men, women, children, those with disabilities, the older people, and other marginalized groups. It emphasizes their significant involvement in matters directly impacting them and their communities. In partnership with the AAP Task Team, it aims to bolster mechanisms for feedback and complaints. A pivotal focus will be on the secure and accessible reporting of Sexual Exploitation and Abuse (SEA). In collaboration with the PSEA Task Force and PSEA In-Country Networks, the Sector will liaise for the programme on survivor support, rigorous accountability, and thorough investigations.

By endorsing community-driven initiatives, it is important to closely engage communities in the formulation, execution, and oversight of projects on AAP and PSEA, ensuring they aptly address the prevention aspect as well as response.

Working AAP Working Groups will be integral to protection coordination in 2025, by enhancing overall community feedback mechanisms, including through closing the feedback loop, and dedicated actions on localization to facilitate better contextualized delivery of protection services. The focus will be on advancing a more people-centred protection response with corresponding advocacy on AAP to ensure the centrality of protection. The Cluster will also continue coordinating with the PSEA Network to ensure access to safe functioning PSEA mechanisms for all people, including children, as well as to avail required support services for SEA survivors.

GENDER, AGE, DISABILITY & OTHER DIVERSITIES - SENSITIVITY & EMPOWERMENT

The proposed Protection response mainstreams recognition of the distinctive needs of diverse groups, starting with the prioritization of ensuring that information gathered through protection monitoring, protection assessments and community consultations adequately reflects the perspectives of people with different genders, ages, functional abilities and other characteristics. This is promoted through the use of tools that require age, gender and diversity disaggregated data, as well as through recommendations to ensure that those included in protection monitoring, protection assessments and community consultations are drawn from different groups within targeted communities. The Protection Cluster will collaborate with Inclusion Task Force to ensure the protection programmes are inclusive of age, gender, and disability and empower cluster partners on inclusive humanitarian action. The investment that Protection actors have made in the establishment and capacity building of Community-Based Protection Networks (CBPNs) is also designed to ensure that information from the frontline of the response is gathered and shared on a systematic basis by a cross-section of affected community members, while simultaneously equipping those community members with the tools and pathways to provide an initial response. Protection Cluster shall collaborate with the community association of women, older people, and persons with disability to identify the most vulnerable amongst the communities and specific needs and barriers that they face, including working on the reduction of those identified barriers. Ensuring a diversity of views is captured during all data collection exercises, through all feedback and accountability channels, and in all community-level capacity building efforts is also acknowledged and promoted by Protection Cluster as a key measure to strengthen the overall effectiveness of the response and its conflict sensitivity.

RESPONSE FRAMEWORK

SO	Cluster Objective Description	Activity name	Indicator description	Sub-Indicators (Cluster/ AoR)	Cluster/ AoR
SO1	Reduce threats, mitigate vulnerabilities, and strengthen the capacities of affected people through enhanced identification and analysis of protection risks and needs.	Conduct protection needs assessments	Number of people affected participating in monitoring of protection situations	Number of protection-related assessments conducted (including HLP)	Prot
		Conduct protection risks assessments		Number of GBV risk assessments conducted, including safety audits	GBV
		Establishment or support to protection monitoring systems at national and subnational levels.	Number of protection monitoring systems established at national and subnational levels.	Number of child protection monitoring systems established at national and subnational levels.	CP
				Number of Eviction monitoring and response measures/initiatives conducted	Prot
		Monitoring and consultation activities, including incidents, protection, human rights violations or displacement	Number of people affected participating in monitoring of protection situations	Number of session of protection related monitoring conducted	Prot
	Provide life-saving assistance and targeted protection service to mitigate the immediate effects of threats and address the most urgent humanitarian needs.	Establishment, support & adaptation of safe and inclusive spaces or areas	Number of risk areas identified with safety measures implemented to limit the risk of incidents	Number of Spot Tasks completed	MA
				sqm of land cleared of explosive hazards	MA
				sqm of land surveyed to confirm the presence or absence of EO	MA
		Establishment, support & adaptation of safe and inclusive spaces or areas	Number of safe and inclusive group activity locations secured, established and maintained for persons well-being	Number of mobile teams deployed and delivering structured group activities for child well-being	CP
				Number of Safe Spaces for women and girls established/supported	GBV
				Number of Safe Spaces for women and girls, rehabilitated and or supported	GBV
				Number of safe, inclusive group activity locations established and maintained for child well-being	CP

SO	Cluster Objective Description	Activity name	Indicator description	Sub-Indicators (Cluster/ AoR)	Cluster/ AoR
SO1	Provide life-saving assistance and targeted protection service to mitigate the immediate effects of threats and address the most urgent humanitarian needs.	Support affected-people's safety in spaces or areas	Number of people affected supported through safe, inclusive locations established and maintained for persons well-being	Number of children demobilised from armed forces or armed groups who were placed in a family environment (biological or alternative).	CP
				Number of direct beneficiaries of survey and clearance operations.	MA
				Number of girls and boys placed in alternative family-based care arrangements	CP
		Implement and support case management actions	Number of new protection case management cases opened and receiving case management services tailored to their needs.	Number of new child protection case management cases opened and receiving case management services tailored to their needs	CP
				Number of people reached by specialized GBV services-Case management	GBV
				Number of people reached with protection case management	Prot
				Number of SGBV child survivors currently part of the case management caseload and receiving appropriate case management services	CP
			Number of people affected demobilized from armed forces or armed groups who received recovery services or other assistance (e.g., healthcare, MHPSS, education)	Number of children demobilised from armed forces or armed groups who were placed in a family environment (biological or alternative)	CP
				Number of children Demobilised from armed forces or armed groups who were provided livelihoods services (e.g., vocational training, income-generating activities) to support their recovery	CP
				Number of children demobilized from armed forces or armed groups who received basic recovery services (e.g., healthcare, MHPSS, education)	CP
				Number of school-age children formerly associated with armed forces or armed groups supported to enroll or re-enroll in formal or non-formal educational opportunities	CP

SO	Cluster Objective Description	Activity name	Indicator description	Sub-Indicators (Cluster/ AoR)	Cluster/ AoR
SO1	Provide life-saving assistance and targeted protection service to mitigate the immediate effects of threats and address the most urgent humanitarian needs.	Provide psychosocial and social-emotional support activities for men, women, children, adolescents, and caregivers	Number of people affected, benefiting from age-, gender-, and disability-sensitive psychosocial support through group or individual activities	Number of children participating in structured and sustained group activities for well-being in safe, child-friendly locations	CP
				Number of girls and boys receiving structured individual or group mental health counseling sessions conducted by trained professionals.	CP
				Number of girls, boys, and caregivers benefiting from age-, gender-, and disability-sensitive psychosocial support through group activities	CP
				Number of parents/caregivers receiving psychosocial support services.	CP
				Number of people reached with group PSS services, including recreational and social activities.	GBV
				Number of people reached with protection case management services- Psychosocial support	GBV
				Number of people reached through psychosocial interventions	Prot
		Support family tracing and reunification	Number of UASC supported through identification, documentation and reunification	Number of separated girls and boys reunified with their caregivers.	CP
				Number of unaccompanied and separated children (UASC) identified and documented through case management systems.	CP
		Provision of financial, cash or voucher / CVA assistance for protection outcomes	Number of people affected benefiting from emergency cash assistance or direct service payments	Number of children benefiting from emergency case management funds (e.g., cash assistance, direct service payments).	CP
				Number of households with specific needs who received cash assistance to prevent, mitigate or respond to protection risks/needs	Prot
				Number of people reached with cash and voucher assistance through GBV case management and/or other GBV response	GBV

SO	Cluster Objective Description	Activity name	Indicator description	Sub-Indicators (Cluster/ AoR)	Cluster/ AoR
SO1	Provide life-saving assistance and targeted protection service to mitigate the immediate effects of threats and address the most urgent humanitarian needs.	Provide specific support through Individual Protection Assistance, including provision of essential protection-related kits or items	Number of people affected supported through Individual Protection Assistance, including provision of essential protection-related kits or items	Number of adolescent girls receiving dignity kits during emergency response	CP
				Number of children benefiting from recreational kits distributed for structured play and psychosocial support in emergencies.	CP
				Number of females reached with provision of dignity kits	GBV
				Number of individuals receiving victim assistance services	MA
				Number of persons at risk supported with targeted individual protection assistance (IPA) Cash, in kind, services to prevent, response to protection risks/needs	Prot
		Undertake protection risks mitigation and prevention activities	Number of people affected who have benefited from risk mitigation activities	Number of women and girls who have benefited from vocational, livelihood and life-skills development activities.	GBV
				Number of girls and boys accessing GBV risk mitigation interventions including vocational, livelihood and life-skills development activities.	CP
		Provision of legal assistance, including on legal identity	Number of people affected receiving legal assistance or counselling	Number of people reached by specialized GBV services- Legal assistance	GBV
				Number of people receiving legal identity and civil documentation	Prot
				Number of persons receiving technical assistance on HLP	Prot
		Implement referral actions to respond to critical protection risks	Number of operational mechanisms available to affected population for urgent needs, including integrated service delivery points, hotlines or protection desk established.	Number of functional referral pathways established at national and subnational levels across sectors for child protection concerns.	CP
			Number of people affected at risk who were safely referred and connected to appropriate services in response to urgent protection	Number of people referred for services	Prot

SO	Cluster Objective Description	Activity name	Indicator description	Sub-Indicators (Cluster/ AoR)	Cluster/ AoR
SO1	Reduce protection risks and address immediate needs by empowering communities through direct life-saving support to locally-led mechanisms and collective self-protection actions.	Reinforce or establish community mechanisms, including local structures and networks	Number of community mechanisms, including local structures and networks established, supported, reinforced	Number of CBPNs supported	GBV
				Number of community-based child protection structures or groups established to ensure community participation in child protection.	CP
				Number of community-based committee supported/established to advance protection outcomes	Prot
				Number of dedicated facilities (community centers) supported to advance protection outcomes	Prot
		Provide capacity support to members of community mechanisms, including local structures and networks	Number of people affected engaged or supported for strengthened and sustainable community mechanisms, including local mechanisms and networks	Number of members of community-based child protection structures trained on child protection approaches and referral mechanisms.	CP
SO2	Protect people from immediate risks by ensuring they can access life-saving information to exercise their rights and make informed decisions.	Deliver targeted protective information and guidance sessions on protection risks and response	Number of people affected directly receiving information and guidance to prevent and respond to Protection Risks	Number of individuals benefiting from awareness-raising sessions on key child protection risks, and related information on CP service and mitigation measures	CP
				Number of individuals benefiting from awareness-raising sessions to prevent and respond to Sexual and Gender-Based Violence	CP
				Number of people and aid workers received EORE messages or briefings through direct method (SADD).	MA
				Number of people reached through awareness raising and information dissemination on protection issues	Prot
				Number of people reached with information, awareness raising, and sensitisation sessions for GBV	GBV
		Conduct public campaigns or education to prevent protection risks and inform communities about available protection services	Number of thematic campaigns providing information and guidance for protection (social media, videos, text blasting, radio broadcast etc.)	Number of indirect RE messages distributed any medium (ToT, radio, tv, billboards, leaflets etc)	MA

SO	Cluster Objective Description	Activity name	Indicator description	Sub-Indicators (Cluster/ AoR)	Cluster/ AoR
SO2	Reduce exposure to risks and ensure more effective responses by supporting critical capacities and capabilities of affected people and enhancing the ability of authorities, humanitarian actors, and all relevant actors to uphold a protective environment.	Provide training and capacity building to local, national or other bodies on service provision	Number of people affected from local, national or other bodies trained or supported in the provision of protection services	Number of people reached through capacity building activities on protection issues (including HLP)	Prot
		Deliver legal and policy support on IHL, IHRL and laws	Number of instances of legal and policy support, including meetings, training, sessions, secondments, workshops or technical advice	Number of HLP Due Diligence Assessments/ Security of Tenure support provided	Prot
		Provide training and capacity building of service providers or frontline actors on service provision	Number of services providers or frontline actors receiving capacity strengthening, including training, refresher courses, orientations or other support.	Number of GBV service providers reached with GBV training, refresher courses, and/or orientations.	GBV
				Number of humanitarian workers across sectors trained on child protection principles and standards.	CP
				Number of non-GBV service providers reached with GBV trainings, refresher courses and/or orientations.	GBV
	Safeguard affected people by addressing structural drivers of protection risks—including discriminatory practices, laws, and policies—through joint efforts of authorities, humanitarian actors, and other actors to uphold a protective	Provide training and capacity building of non-protection humanitarian actors on service provision	Number of actions taken to strengthen the capacity of humanitarian actors, including training, refresher courses, orientations or other support.	Number of QA and accreditation visits undertaken by UNMAS/NMAC	MA
		Provide support to HCT Centrality of Protection	Number of advocacy actions (events, meetings, messages, documents) targeting humanitarian coordination and leadership to achieve protection outcomes	Number of advocacy actions (brief, analysis, guidance note) implemented to improve protection environment	Prot

