



# SUDAN

## Protection Analysis Update

Protection at Breaking Point: Sudan 2025 Analysis of Civilian Harm, Denial of Aid, and Other Grave Violations.

September 2025

## EXECUTIVE SUMMARY

Sudan is experiencing one of the most acute and complex humanitarian crises globally. Now in its third year, the conflict between the Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF) has **entrenched frontlines across Darfur, Khartoum, Kordofan, and Al Jazirah**, with recurrent **flare-ups in Blue Nile and the Red Sea states**. Mediation attempts have failed, and both parties continue to employ tactics that systematically harm civilians and violate International Humanitarian Law (IHL) and International Human Rights Law (IHRL).

The crisis is characterised by overlapping drivers: armed violence, mass displacement, economic collapse, weakened institutions, disease outbreaks, and worsening climate shocks. Sudan now faces the largest internal displacement crisis in the world, **with over 10 million internally displaced people (IDPs) and 2.6 million refugees in neighbouring countries**. Many families have been displaced multiple times due to sieges, renewed fighting, and insecurity in IDP sites. Humanitarian access is among the most restricted globally, with 198 access denials recorded in the first half of 2025, coupled with widespread looting, militarisation of aid, and obstruction of relief convoys (OCHA, July 2025). The Protection Cluster analysis estimates that **43.8 million people are exposed to protection risks**, 9.5M IDPs, 32M non displaced people, 1.5M returnees and 820k refugees. Against this backdrop, the protection environment has worsened sharply. Civilians are trapped in front-line fighting, exposed to explosive weapons in populated areas, and forced into repeated displacement as infrastructure is destroyed. Prolonged sieges and aid obstruction have created extreme deprivation, driving families into harmful coping strategies. Women, children, older persons, persons with disabilities, and minority communities face heightened risks of violence, exploitation, and exclusion. With institutions incapacitated, accountability absent, and humanitarian access obstructed, violations remain systematic and largely unpunished, leaving millions without meaningful protection.

The protection risks requiring immediate attention in the period covered by this analysis are:

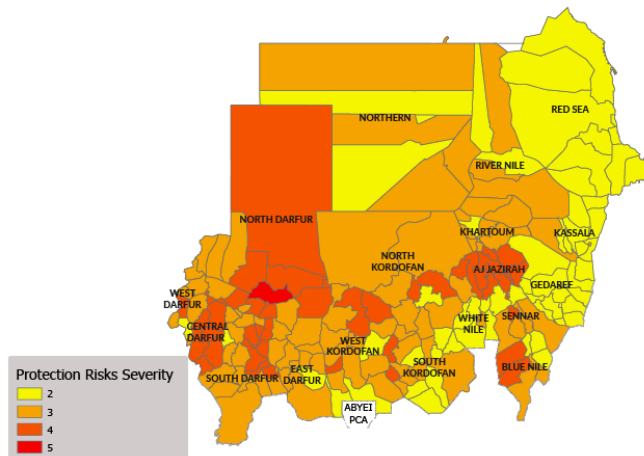
1. **Attacks on civilians and other unlawful killings, and attacks on civilian objects**
2. **Discrimination, stigmatisation, and denial of resources, opportunities, services, and/or humanitarian access**
3. **Gender-based violence**
4. **Presence of mines and other explosive ordnance**
5. **Recruitment and use of children within armed forces and groups**

## URGENT ACTIONS NEEDED

- Cease indiscriminate attacks on civilians and civilian infrastructure, with priority on halting the use of explosive weapons in populated areas such as El Fasher, Nyala, and Khartoum/Omdurman, and ending siege tactics in El Fasher and Kadugli.
- Guarantee safe and unhindered humanitarian access, including lifting roadblocks and permit restrictions in Darfur and Kordofan, and securing safe corridors along major transport routes for aid delivery and civilian movement.
- Strengthen accountability and locally led protection, by ending violations such as child recruitment, sexual violence, and denial of aid, while reinforcing community protection networks and ensuring violations are systematically documented and addressed through national and international accountability mechanisms.



SUDAN  
Protection Risks Severity  
As of June 2025



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.  
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# CONTEXT

## PROTECTION CLUSTER HOTSPOT CLASSIFICATION, PROTECTION CLUSTER.

The Protection Sector hotspot mapping identifies conflict and at-risk areas to provide early warning and inform preventative and response action. The mapping distinguishes between (1) chronic conflict hotspots – areas that are affected by prolonged, protracted and/or repeated inter-communal violence, armed attacks and low intensity conflict (2) acute conflict hotspots – areas that are currently affected by new violence, armed attacks or active armed conflict and (3) at-risk locations – location that are at risk of inter-communal violence or armed conflict in the near future, and/or where civilians are at risk of attacks.

DISPLACED	REFUGEES	HOST COMMUNITY	NON-DISPLACED VULNERABLE RESIDENTS	VERIFIED CIVILIANS INJURED*	VERIFIED CIVILIANS KILLED
8,9M	0,89M	6,4M	14.3M	300	2,454

*\*Figures are reported on PC Incidents tracking tool between April 2023 to August 2025, however Considering the access and communication challenges, the reported numbers of civilian casualties are expected to underestimate the true scale of the incidents.*

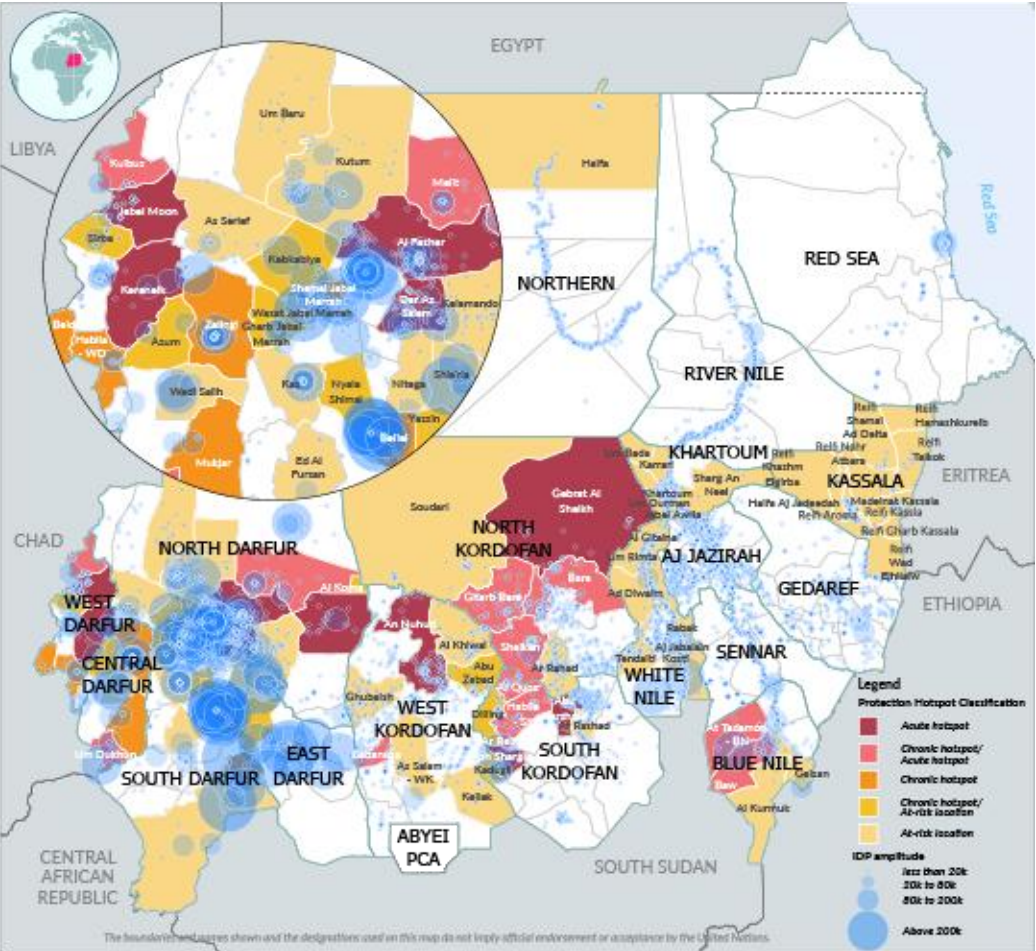
The conflict between the Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF), which erupted in April 2023, has entered its third year with no signs of de-escalation.

In 2025, hostilities have consolidated into entrenched frontlines across Darfur, Khartoum, Kordofan, and Al Gezira, with recurrent flare-ups in Blue Nile and Red Sea states.

Multiple mediation efforts have failed to produce a durable ceasefire, and both parties continue to employ tactics that result in sustained civilian harm and systematic violations of International Humanitarian Law (IHL) and International Human Rights Law (IHRL).

## CONFLICT DYNAMICS AND CIVILIAN IMPACT

Sudan is experiencing one of the most acute and complex humanitarian emergencies globally, driven by the convergence of armed violence, mass displacement, economic collapse, weakened state institutions, disease outbreaks, and worsening climate shocks. Hostilities in 2025 are marked by the widespread use of



explosive weapons with wide-area effects in populated areas, causing mass civilian casualties and the destruction of critical infrastructure. Markets, schools, hospitals, water systems, and IDP camps have been repeatedly damaged, severely reducing access to essential services and forcing further displacement. **Prolonged sieges—most notably in El Fasher and Kadugli**—have cut tens of thousands off from food, medicine, and safe water, leading to alarming malnutrition levels and preventable deaths (ACAPS, 31 Jul 2025). The fragmentation of armed actors and proliferation of militias has blurred lines of command, fueling abuses against civilians and undermining accountability. These dynamics underpin the escalation of protection risks for women, girls, children, persons with disabilities, older persons, and other marginalised groups.

## DISPLACEMENT AND HUMANITARIAN ACCESS

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Sudan faces the largest internal displacement crisis in the world, with over **10 million internally displaced and 2.6 million refugees in neighbouring countries, including Chad, South Sudan, Egypt, Ethiopia, and the Central African Republic** (OCHA, July 2025). Many families have been displaced multiple times due to renewed fighting, siege conditions, or insecurity in displacement sites, eroding coping capacities and fragmenting social cohesion. By mid-2025, **105,723 people had returned to Khartoum State despite contamination risks and destroyed infrastructure** (IOM DTM, July 2025).

Humanitarian access is among the most restricted globally: conflict parties and local authorities impose roadblocks, bureaucratic impediments, and targeted denials of aid—often based on ethnicity, gender, displacement status, or political affiliation. Aid is frequently diverted or politicised, while looting and militarisation of humanitarian facilities further obstruct delivery. OCHA documented 198 access denials in the first half of 2025, and active hostilities, EO contamination, and insecurity along transport corridors continue to block life-saving assistance.

## SOCIO-ECONOMIC COLLAPSE AND SERVICE EROSION

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The collapse of Sudan's economy and public services is a central driver of protection risks. Inflation, currency depreciation, and disrupted trade have devastated livelihoods, while overlapping crises—including disease outbreaks and climate shocks—exacerbate household vulnerability.

By mid-2025, 30.4 million people required humanitarian assistance, a 23% increase from 2024, with 26.1 million in need of WASH and 20.3 million requiring health assistance. Education has collapsed, with 17 million children out of school, and displacement sites remain overcrowded and under-resourced, exposing families to abuse, exploitation, and negative coping strategies. The deliberate targeting of health facilities and schools, coupled with structural underfunding of protection services, has entrenched vulnerabilities, leaving millions—particularly women, children, PwDs, and older persons—without access to safe shelter, documentation, or essential services.

## PROTECTION RISKS

### RISK 1 Attacks on civilians and other unlawful killings, and attacks on civilian objects

In 2025, the fighting between the Sudanese Armed Forces (SAF), Rapid Support Forces (RSF), and their affiliated armed groups has continued, employing tactics that disregard International Humanitarian Law (IHL) and violate International Human Rights Law (IHRL). Threats manifest through deliberate and indiscriminate shelling, air and drone strikes on densely populated urban areas, ethnically-motivated and extrajudicial killings, and repeated bombardments of essential civilian infrastructure including hospitals, power stations, markets, schools, water networks and transport hubs in both front-line and rear-area locations, violating the principles of distinction, proportionality, and precaution. The use of explosive weapons with wide-area effects in densely populated areas—such as **El Fasher, Nyala, and Kadougli**—has resulted in high civilian casualties and widespread destruction of homes, markets, health facilities, water infrastructure, and schools. In some cases, siege tactics have been used, deliberately cutting off civilian populations from food, water, and medical care, creating famine-like conditions in isolated pockets.

Between 1 January and 30 June 2025, ACLED monitoring documented over 3,245 civilian deaths, including 1,335 fatalities from SAF air/drone strikes and 242 from RSF drone strikes, alongside 38 verified attacks on health care facilities that contributed to the functional collapse of more than 70% of health facilities in conflict-affected regions, according to WHO. Reports additionally indicate systematic looting of hospitals, removal of medical supplies, and obstruction of humanitarian medical evacuations. In **Port Sudan**, RSF drone strikes in May destroyed a major fuel depot, disabled an electricity substation, forced the temporary closure of the airport, and displaced more than **3,000 civilians** (ACAPS, 2025). Attacks have also targeted humanitarian actors, with **32 incidents and 35 aid workers killed in the first half of 2025**, according to the Aid Worker Security Database.

Fighting in 2025 has increasingly shifted to densely populated towns and cities, amplifying civilian harm, and there has been an increase of ethnically-motivated violence. The siege and repeated shelling of **El Fasher (North Darfur)** and surrounding **Zamzam** camp since early 2025 has become emblematic of the sustained bombardment and sniper fire affecting civilians seeking food, water, and medical aid. In Darfur, civilians—particularly from **Masalit, Fur, and Zaghawa** communities—continue to face targeted killings, destruction of villages, and mass forced displacement, often accompanied by sexual violence and looting. North, West, and Central Darfur remain epicenters of ethnically-motivated mass violence, with entire villages burned and survivors forced into displacement or across borders. In **Kordofan**, civilians have been caught in heavy fighting as frontlines shifted southwards, leading to large-scale displacement and destruction of agricultural areas.

Civilians are exposed along front lines and in rear areas such as **Khartoum/Omdurman, Nyala, Al Obeid, Al Fula and Abu Abad**, with **Masalit, Zaghawa, Fur and other minority groups** facing both indiscriminate fire and targeted killings (OHCHR, Sudan Update, June 2025). Displaced populations are repeatedly attacked when moving in search of safety and in IDP sites, compounding vulnerabilities and eroding coping capacities. Camps and informal displacement settlements have been subjected to armed raids, indiscriminate fire, and looting of food and relief items.

The direct consequences of these attacks include death, injury, psychosocial trauma, loss of shelter, and destruction of livelihoods. The strikes on health, power and transport nodes have compounded excess mortality and morbidity by cutting trauma care, obstetric services, cold chains and referrals. Drone strikes in **Port Sudan** in early May disrupted the airport, ignited a major fuel depot and knocked out electricity, triggering new displacement and constraining aid operations.

Indirect consequences—such as the collapse of markets, reduced access to health care, and disruption of education—are equally devastating. Women and girls often face heightened risks of GBV during and after attacks, particularly when forced to flee or when services are disrupted. Sudan faces widespread service disruptions and supply shortages (including PEP/EC stockouts and fewer safe delivery options) and coverage lagging behind needs as front-line facilities are hit or shuttered and staff flee. Children are bearing disproportionate harm from strikes on homes, mosques, markets and IDP sites, as well as from the knock-on effects of service collapse and access denial. An estimated 3.2 million children, under the age of five, are projected to suffer from acute malnutrition in 2025. According to UNICEF an estimated 770,000 children will suffer from the deadliest form of malnutrition. An increasing number of children are killed, maimed, or exposed to grave violations, including

recruitment and use by armed actors when protective systems collapse. Persons with disabilities (PwDs) and older persons are disproportionately unable to flee in time, often left behind in high-risk areas. An OHCHR expert mission to Port Sudan (Aug 2025) warned that PwD face “enormous difficulties” leaving conflict areas and lack accessible services in supposed places of safety—turning unlawful attacks and access denials into long-term disability, preventable deaths, and exclusion from aid. The Expert further highlighted how the continued siege of El Fasher, indiscriminate SAF airstrikes in Darfur and Kordofan, and RSF attacks marked by sexual violence, forced displacement, and destruction of civilian infrastructure are gravely compounding humanitarian risks. OHCHR documented more than 390 cases of conflict-related sexual violence since April 2023, noting the scale is far higher due to underreporting. He also expressed alarm over shrinking civic space, arbitrary arrests and death sentences issued without due process, as well as famine conditions in parts of Darfur and Kordofan exacerbated by access restrictions and severe funding gaps.

Local protective strategies are largely reduced to flight, reliance on unsafe displacement routes, or makeshift shelters in urban areas under bombardment, with negative coping measures increasing as people exhaust their assets. Institutional and humanitarian capacities to prevent and respond are critically limited: impunity for parties to the conflict persists, compliance with IHL is absent, and national health, legal and protection systems are degraded. Humanitarian actors have faced access suspensions or forced withdrawals, including interruptions of food assistance in Zamzam and health support in Bashair Teaching Hospital, further undermining community resilience.

Under International Humanitarian Law, all parties must distinguish between civilians and combatants and between civilian objects and military objectives. Indiscriminate or deliberate attacks on civilians and civilian infrastructure constitute grave breaches of the Geneva Conventions and may amount to war crimes, and their widespread and systematic nature may also amount to crimes against humanity. In Sudan, however, the absence of accountability mechanisms, the collapse of national institutions, and severe restrictions on international monitoring mean that these obligations remain largely unfulfilled, leaving civilians exposed to ongoing violations with no effective protection.

## RISK 2

### Discrimination, stigmatisation, and denial of resources, opportunities, services, and/or humanitarian access

In 2025, violence and attacks motivated by ethnic, political targeting, siege and isolation tactics are driving the systematic and deliberate denial of access to services, and resources of the population, including food and life-saving assistance. They have been used as methods of warfare and control in Sudan, particularly in areas under siege or contested by SAF and RSF.

The regions of Darfur and Kordofan are the most impacted, with reports of aid diversion, confiscation, and targeted exclusion in **Darfur** and localised intercommunal tensions in **Kordofan** that have led to targeted restrictions on movement and resource access for displaced and minority groups particularly **Masalit, Fur, and Zaghawa**. In Darfur, communities identified with certain ethnic groups—particularly **Masalit, Fur, and Zaghawa**—are routinely subjected to restrictions on movement, confiscation of relief supplies and exclusion from humanitarian distributions. These patterns often accompany or follow attacks, forcing survivors into displacement where services remain inaccessible or unsafe. SF-imposed restrictions deliberately obstructed access to food, health care and humanitarian relief, amounting to collective punishment and heightening risks of starvation (ACAPS, 31 Jul 2025). In **Kadugli (South Kordofan)** and **Blue Nile**, civilians from minority ethnic groups have been singled out for denial of services and intimidation at checkpoints, with women and children facing heightened barriers to safe passage (OHCHR Sudan Update, June 2025).

The siege and isolation tactics, such as in El Fasher, Kadugli, restrict movement and aid, effectively denying access to food, medicine and water as a weapon of war. Humanitarian agencies have reported months-long denials of safe passage for relief convoys, leading to acute shortages and elevated mortality in affected areas. At least 198 recorded access denials in the first half of 2025, including incidents of blocked convoys and staff harassment, particularly in Darfur and Kordofan states (OCHA Access Snapshot, July 2025). Administrative and bureaucratic impediments also continue to undermine impartial access. Across multiple states, humanitarian actors have reported systematic delays or outright refusals of travel permits, project approvals, and import clearances for relief supplies. These restrictions are often applied selectively, disproportionately affecting operations serving populations in areas perceived as aligned with the opposing party.

The consequences of these practices extend beyond immediate deprivation: displacement camps and besieged towns report increasing malnutrition, collapsed essential services, and deepening social fragmentation, with women, children and persons with disabilities disproportionately excluded from aid and livelihood opportunities. Gender-based exclusion has been particularly acute in 2025, as women and girls face compounded discrimination in accessing aid in both RSF- and SAF-controlled areas. Survivors of violence (including rape, forced pregnancies) have very limited access to health-care facilities, maternal care, mental health services. In conservative and militarised settings, social norms and insecurity limit their mobility, while the absence of female staff in many frontline distributions further restricts access. Female-headed households report being deprioritised or harassed during distributions, with protection monitoring documenting cases of women subjected to sexual exploitation and abuse in exchange for assistance.

The denial of access to services and assistance in Sudan affects every sector of civilian life. By mid-2025, 24.6 million people are facing acute hunger, including nearly 637,000 at catastrophic levels, while 30.4 million people require urgent humanitarian assistance, a 23% increase from 2024 (WFP, 2025; UNICEF, 2025). The health system has nearly collapsed, with 20.3 million people, among them 7.4 million IDPs, projected to need health support in 2025, as facilities are bombed, looted or cut off (HNRP, 2025). Water and sanitation services are equally compromised, leaving 26.1 million people in need of WASH assistance, with shortages driving disease outbreaks in displacement sites (UNICEF, 2025). Education has been decimated, with 17 million children out of school, many displaced or sheltering in camps as schools are destroyed or occupied (UN Sudan, 2025).

Widespread forced evictions, destruction of assets and tenure insecurity, disputes over land and natural resources, further compound these dynamics, leaving displacement-affected communities unable to access or retain housing, schools or land for recovery, and reinforcing patterns of exclusion from essential services. The use of schools and other temporary shelters without secure tenure increases the likelihood of forced evictions as educational services resume. Without technical support, local dispute resolution structures may be unable to manage large-scale conflicts, further heightening tensions and instability.

This pervasive denial of assistance is reinforced by the **stigmatisation of displaced and minority groups**, as IDPs, returnees and refugees often face discrimination in host communities, including being charged higher prices for goods, denied access to land or employment, and targeted in local disputes over scarce resources. Such practices are particularly acute in **West Kordofan and parts of Blue Nile**, where intercommunal tensions remain high (ACAPS, 31 Jul 2025). The impact on affected populations is severe: **women and girls are forced to travel long distances through unsafe areas** to obtain food, water or healthcare, exposing them to heightened risks of sexual violence and exploitation. The cumulative effect is catastrophic for children, with 15.6 million affected by malnutrition, disease, displacement and violence (UNICEF, 2025) and 17 million out of school. Persons with disabilities and older persons are often excluded from aid targeting, particularly in hard-to-reach areas, leaving them unable to access the most basic support (OHCHR, Aug 2025). At the same time, displaced families face **heightened protection risks** from insecure tenure, inadequate housing and forced evictions, which prevent them from achieving stable shelter, sustainable livelihoods, or meaningful recovery.

Capacities to address this risk remain critically weak. Community coping is reduced to fragile solidarity networks and harmful strategies such as early marriage or transactional survival, while national legal and accountability systems are non-functional and humanitarian actors face sustained bureaucratic and security impediments already documented. Under IHL, parties must allow and facilitate unimpeded passage of impartial relief, yet in Sudan this is not happening because there are no functioning accountability mechanisms to enforce compliance, and humanitarian actors lack the operational access and leverage needed to uphold these obligations.

### RISK 3 Gender-based violence

Gender-based violence remains one of the most pervasive protection risks in Sudan, used both as a tactic of war and as a result of the erosion of community protection mechanisms. Since the escalation of conflict in April 2023 and throughout 2025, incidents of conflict-related sexual violence have been widely documented in **Darfur, Kordofan and Khartoum**, with survivors reporting gang rapes, sexual slavery, abductions, and forced marriage by armed actors. In besieged areas such as **El Fasher and Zamzam**, women and girls face direct attacks as well as systematic exposure to CRSV when seeking food, water, or attempting to flee. Across Sudan, **12.1 million women and girls are considered at risk of GBV in 2025** (UNFPA), while the collapse of reproductive health services has left **over 251,000 displaced pregnant women** without access to safe delivery or emergency obstetric care (UNICEF HAC, 2025). Protection monitoring and reporting mechanisms have confirmed that sexual



exploitation and abuse linked to aid distribution has also increased in displacement sites, particularly where women-headed households are forced to negotiate access to assistance.

The consequences of the compounded threats is resulting in survivors are left without timely access to health care, psychosocial support or legal remedies, and stigma often forces them into silence. Women and girls are increasingly resorting to negative coping strategies, including early and forced marriage, to secure basic survival. The collapse of maternal health services, combined with siege conditions that prevent humanitarian actors from reaching communities, contributes to excess maternal and infant mortality. GBV not only destroys the dignity and safety of survivors but also fractures entire communities, reinforcing cycles of fear, displacement and discrimination.

Economic hardship, overcrowding in IDP settlements and host communities, and erosion of traditional protection structures have escalated intimate partner violence and family-based abuse, impacting women, children and marginalized population. In 2025, more than 221 cases of rape against children have been documented (including infants as young as one year old). Women and girls, particularly those heading households, are subjected to sexual exploitation in exchange for food, water, or safe passage. Men, boys, and other marginalized groups also experience SEA, though cases are frequently unreported due to stigma and exclusion. Reports from ACAPS confirm that RSF has abducted women and girls in Khartoum for sexual exploitation and sexual slavery, with survivors facing unintended pregnancies and STIs (ACAPS, 31 July 2025); the IARA SEA assessment (July 2025) further highlights that young displaced women in conflict-affected areas such as West Kordofan are at particularly high risk of exploitation and abuse.

Many survivors are left without access to urgent medical, psychosocial, and legal services due to the collapse of health systems, destruction of facilities, and restrictions on humanitarian actors. Capacities to prevent and respond to GBV remain critically limited. UNFPA reported in June 2025 that the GBV response appeal was “almost entirely unfunded,” forcing the closure or suspension of lifesaving services such as safe spaces and case management for survivors. While some women and girls’ safe spaces remain operational, coverage is patchy and further constrained by insecurity, staff shortages and lack of female personnel. The collapse of health services has left most survivors without access to clinical management of rape, including PEP kits and emergency contraception, as facilities are destroyed, looted or inaccessible (ACAPS). At the community level, protection relies heavily on informal networks, which are weakened by displacement and stigma, leaving survivors without safe avenues to report abuse or access referrals.

#### **RISK 4** Presence of mines and other explosive ordnance

The rampant use of explosive weaponry in the ongoing conflict has left Sudan with a new extensive layer of EO contamination in addition to the legacy contamination from previous conflicts over the past decades. The Armed Conflict Location and Event Data Project (ACLED) has recorded 10,800 conflict events and explosions, including air/drone strikes, shelling, artillery, and missile attacks between April 2023 and July 2025. These conflict events have left a **major EO contamination across much of Sudan** including in densely populated urban centers. Defining the exact scope and scale of contamination is only possible through a systemic survey. However, contamination, including unexploded ammunition, abandoned ammunition, anti-vehicle landmines and, recently confirmed presence of Anti-personnel landmines, within Khartoum city and Omdurman, where the use of improvised explosive devices (IEDs) and heavy ordnance has been reported, while rural areas of Darfur, South Kordofan and Blue Nile remaining heavily mined from earlier conflicts. ACAPS notes that EO contamination is exacerbated by the movement of front lines and repeated bombardment, leaving unexploded ordnance scattered across homes, markets, schools and farmland.

The consequences for civilians are acute and multifaceted, **threatening the lives of civilians, obstructing their access to basic services and livelihoods, and hampering safe return movements**. Mines and EO directly cause injury and death, particularly among children, who are more likely to pick up unexploded devices, and among displaced people returning to contaminated areas. The UNICEF Humanitarian Action for Children 2025 appeal identified Sudan as one of the most EO-affected contexts globally, noting that contamination has left families unable to safely access farmland or water points, aggravating food insecurity and livelihoods collapse (UNICEF HAC Sudan 2025). EO also impedes humanitarian operations by blocking access routes and delaying aid convoys. As a result, the presence of EO not only endangers lives but also sustains deprivation and displacement by preventing safe return or resettlement.



**Displaced populations are at heightened risk of EO accidents** for their frequent movement and settlement in unfamiliar areas where their knowledge of past conflicts and potential explosive hazard is limited. Children account for the vast majority of victims of explosive ordnance incidents as they are most vulnerable to picking up explosive items without knowing their danger. Return movements into conflict-affected areas that are heavily contaminated with explosive hazards are on the rise, sharply heightening the threat to civilians, particularly children. According to the Displacement Tracking Matrix (DTM), **105,723 people have already returned to Khartoum State alone**, exposing families to unexploded ordnance scattered across homes, streets and public spaces. Unlike people from legacy EO-affected states, returnees from Khartoum and other urban centers had never been exposed to explosive hazards prior to the current conflict and are unlikely to have received any risk education. This makes them especially vulnerable when passing through or settling in contaminated areas, and even upon returning to cities they fled, which were not previously contaminated but are now increasingly affected by explosive remnants of war.

Capacities to mitigate EO risks are extremely limited. National mine action authorities are largely non-functional, and many international operators have had to scale down due to insecurity and access denials. Humanitarian Mine Action actors continue to deliver **Explosive Ordnance Risk Education (EORE)** in displacement sites and host communities, but coverage is insufficient compared to needs. For example, in the first half of 2025, mine action partners delivered thousands of EORE sessions, but insecurity and blocked access meant that high-risk communities in Darfur and Kordofan were left unreached (ACAPS). Survivors of mine accidents face long-term exclusion as health and rehabilitation services collapse, leaving many without prosthetics, trauma care or psychosocial support.

Under International Humanitarian Law, parties to the conflict are obliged to avoid indiscriminate use of weapons and to take precautions to protect civilians from the effects of military operations, including mines and other EO. Sudan is a State Party to the **Ottawa Treaty (Mine Ban Convention)**, which prohibits the use, stockpiling, production and transfer of anti-personnel mines. However, in practice, compliance is absent: ongoing hostilities continue to generate new contamination, clearance is minimal, and victims' rights to assistance remain unmet, leaving EO as a severe and persistent protection risk. Ensuring systematic clearance of mines and other explosive ordnance is therefore a **pre-condition for safe returns, the unhindered delivery of humanitarian aid, and the rehabilitation of essential services and livelihoods** in conflict-affected.

## **RISK 5** Recruitment and use, and association of children with armed forces and groups

The ongoing conflict in Sudan has generated an unprecedented child protection crisis, with over 11 million children and caregivers in need of assistance in 2025. Children are exposed to multiple, overlapping risks including violence, exploitation, abuse, and neglect. Girls face heightened threats of gender-based violence (GBV) such as sexual violence, trafficking, and child marriage, particularly in displacement sites and besieged areas. Boys are also subjected to sexual abuse, exploitative labor, and recruitment and use by armed actors. Many of these violations remain severely underreported due to stigma, fear of reprisals, and the lack of awareness of existing safe reporting channels. The conflict has further contributed to widespread family separation, denial of access to education, health care, and safe spaces, and increased exposure of unaccompanied and separated children to grave risks. Displaced children often lack shelter, legal documentation, and access to essential services, leaving them acutely vulnerable to trafficking, recruitment, and abuse. Within this deteriorating protection landscape, the recruitment and use of children with armed forces and groups has emerged as one of the most critical and urgent concerns.

Recruitment and use of children within armed forces and groups remains one of the most severe protection risks in Sudan. In 2025, reports cite that both the Rapid Support Forces (RSF), Sudanese Armed Forces (SAF), and aligned militia groups continue to recruit and use children, including through abduction during raids on displacement sites, checkpoints, and house-to-house searches. Testimonies collected in Khartoum, Darfur, and Kordofan describe boys as young as 12 coerced into manning checkpoints, carrying supplies, or engaging in direct combat roles. Girls are also increasingly exposed to forced recruitment, often linked to abduction, trafficking, and sexual exploitation.

The Monitoring and Reporting Mechanism (MRM) has consistently verified grave child rights violations since 2023. While the true impact remains unknown due to severe underreporting and access restrictions, child protection actors note an upward trend in incidents of recruitment and use of children across conflict-affected areas. The release of **71 children (including five girls) detained for alleged association with armed actors in 2025**, following sustained advocacy by UNICEF, the CAAC focal point from the Ministry of Justice, and the National Council for Child Welfare (NCCW), highlights both the scale of the problem

and the critical role of advocacy in securing children's release and reintegration. All children were reunified with families in River Nile State and are receiving case management and psychosocial support.

Children living in displacement sites and besieged urban centres are at heightened risk. In **North Darfur**, particularly in and around El Fasher and Zamzam IDP camp, large-scale sieges and repeated mass displacements have created conditions where children are exposed to raids, abductions, and coercion by armed groups. In **West Kordofan**, RSF offensives in Al Nuhud and Al Khiwai triggered widespread displacement and arbitrary arrests of young men and boys, some of whom were reportedly forced into association with armed groups. In **Khartoum and Omdurman**, systematic raids on markets and households have included the abduction of adolescents for forced recruitment. Children separated from families or unaccompanied face compounded risks, with 2,024 UASC identified and placed in alternative care arrangements in 2025, including 44 per cent girls. Many had fled multiple displacements, exposing them to cycles of heightened vulnerability to recruitment.

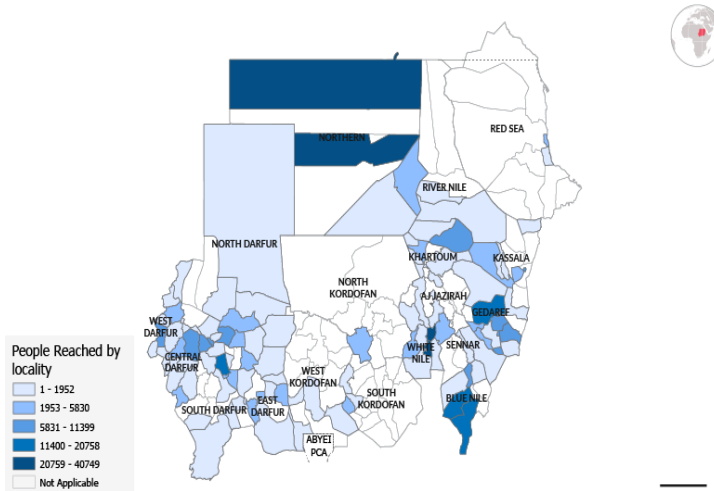
Grave violations are reported across Sudan, but certain geographic areas show particularly severe patterns. In North Darfur, including **El Fasher, Zamzam and Um Kaddada**, documented cases of abduction, arbitrary detention, and the recruitment and use of children are linked to sieges and mass displacement. In **West Kordofan, towns such as Al Nuhud and Al Khiwai** have seen arbitrary arrests of young men and reports of forced association with RSF forces during offensives. In **Khartoum and Omdurman**, widespread raids and abductions have been accompanied by the recruitment and use of adolescents amid systematic targeting of civilians. In **Blue Nile and South Kordofan**, child protection actors warn of heightened risks in rural areas where both SAF and RSF maintain checkpoints and forcibly recruit children, creating highly dangerous environments for displaced families and returnees.

Capacities to prevent and respond to child recruitment are critically weak. National child protection institutions lack resources and reach, while accountability mechanisms remain absent. Humanitarian actors provide support to unaccompanied and separated children with case management including family tracing (35,023), and Mental Health and psychosocial support (323,271), in 2025 (), but services are fragmented, underfunded, and disrupted by insecurity. The recruitment and use of children has devastating and long-lasting impacts on their physical safety, psychosocial wellbeing and development: association with armed groups exposes them to indoctrination, violence, sexual abuse and stigma, while depriving them of education and safe family environments. Reintegration opportunities remain limited due to stigma, weak services and the risk of re-recruitment.

## RESPONSE

### PROGRESS MADE ON PROTECTION

Between January and August 2025, the Protection Cluster reached **305,434** people in **101 localities** across **19 states** through the efforts of **43 partners**, prioritising high-severity areas through community-based protection, case management, eviction monitoring, legal assistance, MHPSS, and Individual Protection Assistance. GBV actors delivered integrated prevention and response services, including the **distribution of 52,894 dignity kits and 44,320 sanitary items in 18 states, the expansion of 95 Women and Girls Safe Spaces, and outreach to more than 211,000 people through awareness-raising.** Community-based protection networks, safety audits, and **capacity-building of over 3,000 service providers further strengthened prevention and referral systems.** Child protection



**partners reached 771,003 people, including 286,401 children** benefiting from structured psychosocial support, **32,015 children receiving counselling, and 16,888 children assisted through case management and referrals, including 5,713 unaccompanied and separated children.** Mine Action partners **deployed 14 survey and clearance teams in six states, removing 6,963 explosive ordnance and 22,215 rounds of ammunition, while delivering 2,972 EORE sessions to 164,906 people and training nearly 600 community leaders.** HLP actors provided technical support on tenure security, eviction monitoring and dispute resolution, though at smaller scale due to weak institutional frameworks.

### ACCESS-RELATED CHALLENGES AND ACTIONS

Persistent insecurity, siege tactics, and bureaucratic restrictions severely limited access to the populations most affected by attacks on civilians, GBV and child recruitment, particularly in **Darfur and Kordofan.** Destruction of infrastructure and targeted attacks on community structures have weakened local first-line response capacity.

For GBV response, lack of trained female staff and stock-outs of PEP kits, emergency contraception and reproductive health commodities restricted survivors' access to life-saving services. Mine Action capacity remains outpaced by the scale of contamination, and clearance is limited to government-controlled areas, leaving large swathes of the country underserved. In child protection, repeated mass displacements and family separations have overwhelmed case management systems. HLP interventions are hindered by political sensitivity, weak legal frameworks and bureaucratic impediments that limit analysis and programming. Across all sectors, insecurity prevents safe movement of staff and supplies, with OCHA recording 198 access denials in the first half of 2025.

### CRITICAL GAPS IN FUNDING AND POPULATION REACHED

Underfunding remains the most critical gap. As of mid-2025, **the Protection Cluster had received only \$9.1M of \$73.2M requested (12.5%), leaving a funding gap of more than \$64M.** GBV interventions face similarly severe shortfalls, with less than 15% of requirements covered, resulting in suspension of safe spaces and service closures. Child protection activities are constrained by an 87.8% funding gap, leaving high-severity states such as North, South and Central Darfur critically underserved. Mine Action requires significant scale-up to address widespread EO contamination and to reduce the risks facing returnees and aid workers, while sustained investment in victim assistance is lacking. HLP programming requires both technical expertise and dedicated resources to address widespread forced evictions, tenure insecurity and land disputes, which remain largely unresolved. Addressing these needs requires predictable multi-year funding, sustained advocacy for unimpeded humanitarian access, and investment in community-led protection mechanisms capable of operating in hard-to-reach areas.

## RECOMMENDATIONS

### **RISK 1** Attacks on civilians and other unlawful killings, and attacks on civilian objects

#### PARTIES TO THE CONFLICT

- Immediately cease direct, indiscriminate, and disproportionate attacks on civilians and civilian objects, in accordance with IHL principles of distinction, proportionality, and precaution.
- Refrain from using civilian infrastructure for military purposes and vacate all occupied schools, hospitals, and humanitarian facilities.
- Facilitate safe passage for civilians fleeing hostilities without obstruction, confiscation of belongings, or arbitrary detention, in line with IHL and IHRL obligations.

#### HUMANITARIAN COUNTRY TEAM (HCT) AND HUMANITARIAN ACTORS

- Intensify joint advocacy with conflict parties and influential states to secure commitments for the protection of civilians and civilian infrastructure.
- Deploy mobile protection monitoring teams in areas with high levels of civilian harm and rapidly disseminate verified incident data to operational and advocacy partners.
- Document and share credible evidence of violations with relevant accountability mechanisms, including UN-mandated bodies and judicial processes.

#### DONORS

- Provide flexible, multi-year funding for protection monitoring, rapid response, and specialised services for survivors of violence and unlawful attacks.
- Support cross-border and remote modalities to reach civilians in inaccessible areas affected by active hostilities.

### **RISK 2** Discrimination, stigmatisation, and denial of resources, opportunities, services, and/or humanitarian access

#### PARTIES TO THE CONFLICT

- End all discriminatory practices in the distribution of humanitarian aid, access to services, and freedom of movement.
- Remove administrative, bureaucratic, and political barriers that obstruct humanitarian delivery to populations perceived as affiliated with opposing parties.
- Guarantee that all civilians—regardless of ethnicity, religion, gender, or political affiliation—have equal access to life-saving assistance and essential services.

#### HUMANITARIAN COUNTRY TEAM (HCT) AND HUMANITARIAN ACTORS

- Mainstream non-discrimination and inclusion principles across all sectors, ensuring that marginalised groups are equally reached.
- Strengthen monitoring and documentation of aid obstruction and discriminatory practices, and use this evidence for targeted advocacy.
- Support locally-led initiatives in communities experiencing systematic exclusion from aid and services.
- The HLP AoR is calling for stronger advocacy and support to ensure access to immediate and interim solutions that address HLP challenges faced by displacement-affected populations. It further requests investment in building the capacity of local authorities to better identify, prevent, and respond to HLP issues. In addition, the AoR highlights the need for greater facilitation and support in resolving HLP-related disputes within host communities, in order to reduce tensions and enhance protection outcomes.



## DONORS

- Fund targeted programmes that address access barriers for women, girls, persons with disabilities, older persons, and minority groups. Including HLP responses.
- Support advocacy and policy dialogue aimed at removing legal and political restrictions that result in discriminatory denial of aid.

## RISK 3 Gender-based violence

### PARTIES TO THE CONFLICT

- Urge all actors to respect international standards by preventing sexual violence and other forms of GBV during hostilities.
- Ensure accountability through impartial investigations and prosecution of all perpetrators of GBV, including conflict-related sexual violence (CRSV).
- Guarantee the safe and unhindered movement of women and girls, enabling access to humanitarian aid, protection services, and justice mechanisms.
- Guarantee the protection of GBV survivors and of individuals who report GBV incidents.
- Enhance the resilience of GBV prevention and response systems by strengthening service points and fostering synergies with development and human rights actors.

### HUMANITARIAN COUNTRY TEAM (HCT) AND HUMANITARIAN ACTORS

- Advocate with national authorities for the immediate cessation of sexual violence and other forms of GBV as a tactic of war by all parties to the conflict.
- Advocate with national authorities and support the full implementation of the CRSV Framework of Cooperation, including survivor-centred services, and accountability mechanisms.
- Ensure all sectors mainstream GBV risk mitigation—across food, shelter, WASH, health, and education—to uphold accountability and reduce exposure to violence.
- Strengthen community-based GBV prevention initiatives, including Women and Girls Safe Spaces (WGSS), men's engagement programs, and safe reporting channels.
- Mainstream GBV risk mitigation across all sectors—food, shelter, WASH, health, and education—to reduce exposure to gender-based violence.

## DONORS

- Provide flexible, multi-year funding for GBV prevention and response, with a focus on supporting local women-led organizations.
- Invest in accountability mechanisms and survivor-centred justice initiatives to ensure perpetrators are held accountable and survivors' rights are upheld.

## RISK 4 Presence of mines and other explosive ordnance

### PARTIES TO THE CONFLICT

- Adhere to international humanitarian law, including ending the use of explosive weapons in populated areas.
- Allow uninhibited access to affected areas for mine action operators to conduct humanitarian mine action, including survey and clearance, EORE, and victim assistance, in EO-affected areas and for EO-affected populations.
- Facilitating the importation of equipment, movement of personnel, and visa issuance to international staff by the government of Sudan.

### HUMANITARIAN COUNTRY TEAM (HCT) AND HUMANITARIAN ACTORS

- Support advocacy efforts to scale up mine action response and uninhibited access for all pillars of humanitarian mine action.
- Support the integration and mainstreaming of mine action into the overall humanitarian response framework.

## DONORS

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- Increase funding amounts for mine action response with a focus on filling the funding gap for survey and clearance, rebuilding of national mine action capacities, and victim assistance.
- Provide direct funding to local organizations and community initiatives to assist EO victims.

## RISK 5 Recruitment and Use, and association of children with armed forces and groups

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### PARTIES TO THE CONFLICT

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- Secure an immediate cessation of hostilities: We demand an unconditional, immediate ceasefire across Sudan. The ongoing violence continues to threaten millions of children and obstructs life-saving aid. A cessation of hostilities is essential to restoring stability and rebuilding services.
- Ensure unhindered humanitarian access: All parties must guarantee immediate and unimpeded humanitarian access, particularly in hard-to-reach and conflict-affected areas. Life-saving services must be urgently restored and expanded to reach the most vulnerable girls and boys.
- End grave violations against children: All actors must immediately end the six grave violations—killing and maiming, recruitment and use, sexual violence, abduction, attacks on schools and hospitals, and the denial of humanitarian aid. Children must never be targets. Their safety, dignity, and rights must be protected at all costs.

### HUMANITARIAN COUNTRY TEAM (HCT) AND HUMANITARIAN ACTORS

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- Embed child rights in all humanitarian and recovery planning: All planning frameworks and budget allocations must center children's rights. This includes disaggregated needs assessments, targeted interventions for the most vulnerable, and participation of children and youth in shaping the response. Children must be recognized not only as victims—but as agents of recovery and resilience.
- Prioritize the engagement with parties to the conflict for:
  - ⟨ Cessation of recruitment and use of children in armed conflict and release of children within the military barracks.
  - ⟨ Development of new action plans to end grave child rights violations.
  - ⟨ Deconfliction of areas, localized ceasefire and safety/security of humanitarian staff to access affected population, for prevention and response activities, and reporting verified occurrences.
  - ⟨ Re-activation of the handover protocol for children in detentions due to alleged association.
  - ⟨ Increase and prioritize funding for child protection.

## DONORS

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- Significantly increase funding for child protection services: We urge a rapid scale-up in flexible, multi-sectoral funding to meet the overwhelming child protection needs. This includes investments in case management, mental health and psychosocial support (MHPSS), safe spaces, education, water, nutrition, and health care.

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## Methodology

This Protection Analysis Update (PAU) for Sudan 2025 was developed under the leadership of the Protection Cluster, with contributions from the Child Protection, Gender-Based Violence (GBV), and Mine Action Areas of Responsibility (AoRs). The analysis draws on a combination of primary data, secondary data review, and expert consultation, in line with the Global Protection Cluster (GPC) PAU methodology. The analysis integrates multiple data streams. It includes Protection Cluster partner reporting (January–August 2025), covering activity monitoring, protection incident reporting, and qualitative field observations. Protection monitoring and assessments conducted by cluster partners in 15 states are also incorporated, such as eviction monitoring, risk mapping, and hotspot identification. Sectoral assessments from Child Protection, GBV, and Mine Action AoRs provide additional thematic risk analysis and priority areas. Sudan Protection Cluster Flash Updates and situation reports from January–August 2025 were used alongside inter-agency humanitarian datasets, including OCHA's Humanitarian Needs Overview (HNO) and Humanitarian Response Plan (HRP) 2025, the Displacement Tracking Matrix (DTM) from IOM, and thematic analyses from ACAPS, OHCHR, HRW, UNFPA, UNICEF, and MSF. Contextual and conflict data were drawn from ACLED, and humanitarian access tracking tools.

## Limitations

The analysis is constrained by access restrictions to besieged or high-intensity conflict areas, which limit primary data collection. Underreporting of sensitive violations such as GBV, forced recruitment, and ethnically targeted attacks, due to stigma, fear of reprisals, and lack of safe reporting channels. Temporal gaps in monitoring from newly contested or isolated locations. To **mitigate** these constraints, the analysis relied on cross-referencing partner reports with independent verification from trusted humanitarian and human rights sources, and on the collective expert judgement of Protection Cluster and AoR



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