Protection Cluster
South Sudan

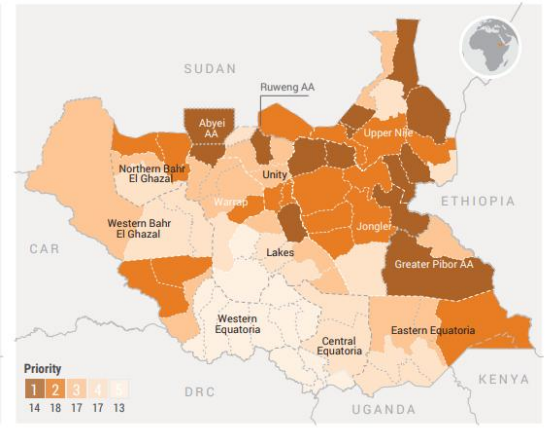
GUIDANCE NOTE
2026 HNRP CONSIDERATIONS FOR CLUSTER PARTNERS

PHOTO UNHCR: Protection Desk or Outreach Activities are pivotal to identification of people with special needs and referral to life-saving protection assistance.

This note is meant to provide guidance on how the Protection Cluster will be involved in the 2026 Humanitarian Needs and Response Plan (HNRP) and the related actions that come from the cluster consolidation process and the strategic focus on protection activities (including practical guidance on 5W reporting).

As part of the Protection Cluster consolidation process, the Global Protection Cluster Gender Based Violence (GBV), Child Protection (CP) and Mine Action workstreams have created a new way to assess HNRP needs and target them. This new method looks closely at the severity of protection risks, specific workstream needs—especially those related to the urgent interventions targeting women and children at risk, and people with disabilities—as well as where members are located and their ability to meet these needs, along with the geographical seriousness of protection needs. The main sources of data and evidence for programming and advocacy have been the Protection Risk Monitoring System and the cluster's 5W records provided by partner organizations throughout the year.

Prioritization by county



Moreover, at the inter-sectoral level, the prioritization was greatly affected by information collected from shocks-relevant PRMS data. In view of funding crisis, the prioritization of 2026 HNRP overlying intersectoral

severity with reference on risks due to conflict with narrowed geographic scope that was related to PRMS data. For targeting and requirements in the HNRP process, key factors included the percentage of member achievements compared to the 2025 HNRP targets and the funding levels recorded in the OCHA managed Financial Tracking Service (FTS). As a result, the desk review method was significantly reduced compared to earlier HNRP processes, which led to a major increase in the use of data.

It is important to emphasize the increasing connection between geographical, workstream, monitoring, and reporting data, along with recognizing the needs for donor support in the as PRMS will be a port of reference. In conclusion, if a member organization of the Protection Cluster does not consistently share data on its achievements (5W), fails to regularly provide evaluations of protection risk severity to the PRMS, and if its donor does not record the contribution in FTS, it significantly lowers the chances of vulnerable people being considered for humanitarian aid in the HNRP context.

To tackle this issue, the Protection Cluster will continue to manage the current 5W data collection and display system while providing regular online training sessions for the reporting staff of cluster members. The cluster will also take charge of managing and improving the PRMS, offering training for the protection, programming, and analysis staff of its members, and will actively seek partnerships to fill thematic and geographical gaps. Moreover, the cluster coordination team will strive to inform donors about the possible effects of inadequate FTS reporting on the overall protection landscape in the future.

The cluster will look into additional ways to enhance the reporting and monitoring of protection risks and will reevaluate the eligibility of organizations for cluster membership, ensuring direct links to PRMS, FTS, and consistent information sharing related to 5W. (Currently, the Protection Cluster has over 380 member organizations, with 111 sharing 5W and about 20 organizations sharing PRMS data).At the end of the HNRP process, the protection cluster identified the following:

11.97M	**10.6M**	**4.87M**	**1.45M**	**49**
people affected by shocks	people exposed to top protection risks	People in Need of urgent protection support in SSD	People targeted for core protection services in prioritised counties	Counties prioritised under HNRP
71.43M USD	6M USD	6M USD	22.67M USD	22.71M USD
Total PC requirement in prioritised counties	requirement for mine action activities in prioritised counties	requirement for HLP activities in prioritised counties	requirement for GBV activities in prioritised counties	requirement for child protection activities in prioritised counties

Considering the overall needs assessment of the country that was done before the HNRP prioritization, the information below could be helpful for those members who are not involved in the hyper-prioritized counties but still have bilateral donor relationships:

11.97M	**10.6M**	**4.87M**	**2.82M**	**79**
people affected by shocks	people exposed to top protection risks	People in Need of urgent protection support in SSD	People that could be targeted across the country	Counties prioritised under HNRP

145,68 USD Total PC requirement in prioritised counties	22.2M USD requirement for mine action activities in prioritised counties	11.36M USD requirement for HLP activities in prioritised counties	41.17M USD requirement for GBV activities in prioritised counties	42,56 USD requirement for child protection activities in prioritised counties

OBJECTIVES AND INDICATORS

Ultimatly, as the result of the HNRP 2026, from protection lenses, the below was established and endorsed by the Humanitarian Coordination Team:

The **strategic objectives** of the humanitarian collective in hyper-prioritised areas in 2026 are to:

1. Reduce crisis related morbidity and mortality through principled, rapid, quality, inclusive, safe, dignified and accountable life-saving assistance.
2. Protect the safety, dignity, and rights of crisis-affected people, in line with international law and standards.
3. Enable equitable and sustained access to essential services and livelihoods to preserve dignity, promote resilience and self-reliance for crisis-affected people, and reduce the risk of resorting to harmful and irreversible coping mechanisms.

To contribute to the strategic objective, protection cluster members are invited to engage in the below **activities**:

- Conduct protection needs assessments
- Conduct protection risks assessments
- Deliver targeted protective information and guidance sessions on protection risks and response
- Establishment, support & adaptation of safe and inclusive spaces or areas
- Implement and support case management actions
- Implement referral actions to respond to critical protection risks
- Provide capacity support to members of community mechanisms, including local structures and networks
- Provide psychosocial and Social-Emotional Support Activities for Men, Women, Children, Adolescents, and Caregivers
- Provide specific support through Individual Protection Assistance, including provision of essential protection-related kits or items
- Provide training and capacity building of non-protection humanitarian actors on service provision
- Provide training and capacity building of service providers or frontline actors on service provision
- Provision of financial, cash or voucher / CVA assistance for protection outcomes
- Provision of legal assistance, including on legal identity

- Reinforcement or establishment of community mechanisms, including local structures and networks
- Support affected people's safety in spaces or areas
- Support family tracing and reunification
- Undertake protection risks mitigation and prevention activities

Many of the mentioned activities are crosscutting across two or more strategic objectives, the **scope** of delivery is strongly recommended to be qualified to be:

- Provision of targeted essential (**lifesaving**) services and individual assistance
- Capacity strengthening and institutional support to reinforce protection environment (**in emergencies**)
- Communication and provision of information to reinforce people's capacities and strategies (**in emergencies**)
- Community-based protection and support to social cohesion (**in emergencies**)
- Identification, monitoring and analysis of protection risks and needs (**across the country as trends monitoring and flagging instrument and in emergencies**)

The activities and efforts focused on tackling the main protection risks in South Sudan are still a key priority for the protection community. These initiatives are seen because of lifesaving and emergency actions described in the Humanitarian Response Plan (HNRP). The Humanitarian Country Team (HCT) continues to advocate for and scale up efforts on resilience and durable solutions to address protracted crises in South Sudan. There is need to strengthen collaboration across humanitarian-development-peace actors to build resilience and self-reliance. In addition also contribute to the

South Sudan Durable Solutions Strategy and the Plan of Action for Refugees, Internally Displaced Persons, Returnees, and Host Communities. (LINK).

To support members and advance the protection agenda in South Sudan, the Protection Cluster Coordination Team will, apart from regular coordination activities and management of core information management tools, engage in following strategic activities:

- Conduct analyses of the protection environment to prevent and respond to critical protection risks
- Mapping, registration and profiling to inform protection risk prevention and response
- Establishment or support to protection monitoring systems at national and subnational levels.
- Monitoring and consultation activities, including incidents, protection, human rights violations or displacement
- Deliver legal and policy support on IHL, IHRL and laws
- Engage to reduce negative protection impacts of humanitarian response
- Carry out advocacy actions (strategic engagement, events, meetings, messages, documents) with authorities/duty bearers

CENTRALITY OF PROTECTION

The PRMS indicates rising risks for women and girls across affected counties, including those receiving spillover displacement. Persons with disabilities face significant environmental, institutional, communication, and attitudinal barriers to accessing aid, information and health care. Women and children with disabilities are at heightened risk of abandonment, exploitation or targeted violence, and their needs are often overlooked in emergency planning. In its advisory role, the Protection Cluster has been and will continue to advocate with relevant stakeholders to invest in actions mitigating root causes and effects of top protection risks in the country (Attacks on Civilians, GBV, Child, early or forced marriage, Theft, extortion, forced eviction and destruction of property, Child recruitment, Family separations and Denial of resources).

COMMON AND SPECIFIC INDICATORS

In line with the GPC and its AoRs HNRP guidance for the 2026 planning cycle, the Protection Cluster has developed a set of common indicators that will be used as input for the HNRP. Some of these indicators are simple and reflect the needs of individual workstreams, like MA land clearance or the distribution of dignity kits. On the other hand, there are composite indicators that require combining information and needs from several workstreams, such as case management or cash for protection. These indicators will be used for both reporting and joint HNRP targeting. To keep track of things at the workstream level in 2026, partner reporting in the 5W framework will still refer to these specific indicators. The guidance below will explain the links between common and specific indicators, as well as the expected actions from cluster members and their implementing partners.

PLEASE NOTE: Reporting against HNRP indicators and through the Protection Cluster 5W does not replace or supersede partners' obligations to report in accordance with the National Technical Standards and Guidelines (NTSGs) for **Mine Action**. All mine action operators remain responsible for timely, accurate, and complete reporting of activities and results for inclusion in the national Information Management System for Mine Action (IMSMA).

PLEASE NOTE: HLP specific indicators are listed in the guidance note due to the 2026 HNRP programming however, due to cluster merger and subsequent repositioning of HLP workstream in a new cluster, detailed instruction is to be sought with the new entity.

Common Indicator (CI)	CI & SI Unit of Measurement	Workstream	Workstream Specific Indicator (SI)
Number of case management mechanisms established and providing case management services tailored to needs of children	Mechanisms	CP	# Social Worker (SW) team supported

 # Social Worker (SW) team supported - this indicator measures the establishment and functioning of case management mechanisms that are anchored in government social workers and para-social workers delivering child protection services. A "case management mechanism" refers to an operational arrangement in which government-employed or government-designated social workers and para-social workers are embedded within child protection service delivery at community or facility level and supported to provide case management in line with nationally endorsed standards, tools and referral pathways. To report against this indicator, partners must have embedded government social workers and/or para-social workers within their organizational case management teams, facilitated joint supervision and mentoring arrangements with relevant authorities, and applied harmonized case management tools and referral pathways. Not all partners are expected to fully operationalize workforce strengthening activities in 2026, only partners that have initiated this transition toward a government-led model will be eligible to report progress under this indicator. This ensures that reported results reflect incremental advancement toward national ownership, reduced parallel systems, and improved sustainability of child protection services.

Common Indicator (CI)	CI & SI Unit of Measurement	Workstream	Workstream Specific Indicator (SI)
Number of functional multisectoral referral pathways established at national and subnational levels	Mechanisms	GBV	# of the GBV referral pathways established and functional at county level
Number of functional multisectoral referral pathways established at national and subnational levels	Mechanisms	CP	# of Child Protection service mapping and referral pathways updated at county level

# of GBV referral pathways established and functional at county level - Definition of the number of counties with an operational Gender-Based Violence (GBV) referral pathway emphasizes their ability to facilitate safe, timely, and survivor-centered referrals to essential GBV services. The unit of measurement is the count of counties or referral pathways that fulfill specific minimum functionality criteria, which include: having an updated referral directory that is shared with stakeholders, the existence of referral Standard Operating Procedures (SOPs) that align with survivor-centered principles of consent, confidentiality, and safety, and a feedback mechanism for regularly updating services and contacts, ideally through quarterly reviews. The frequency for assessment of these pathways is monthly, with calculations performed as a simple count of counties that meet all outlined functionality criteria within the reporting period.

# of Child Protection service mapping and referral pathways updated at county level - this indicator measures the establishment and functionality of multisectoral referral pathways that enable safe, timely and coordinated access to child protection and complementary services at national and subnational levels. A "functional referral pathway" refers to an agreed, documented and disseminated referral mechanism that links child protection services with relevant sectors, including health, education, nutrition, MHPSS, GBV, and others and is actively used by frontline

service providers. To report against this indicator, partners must have updated county-level CP service mapping and referral pathways and demonstrated their use in routine service delivery and coordination.

Common Indicator (CI)	CI & SI Unit of Measurement	Workstream	Workstream Specific Indicator (SI)
Number m2 released for the benefit of people affected, through safe, inclusive locations established and maintained for person's well-being	m2	MA	# of square meters of land released

# of square meters of land released - This indicator captures the amount of land released through mine action activities, including non-technical survey, technical survey, clearance, and EOD spot tasks, in accordance with national standards and IMAS. Land release is reported where areas are rendered safe for civilian use and humanitarian or development activities, including access routes, community infrastructure, residential areas, and productive land. Reporting against this indicator should reflect land that directly contributes to reducing protection risks and enabling safe access for crisis-affected populations, particularly in prioritised HNRP counties.

Common Indicator (CI)	CI & SI Unit of Measurement	Workstream	Workstream Specific Indicator (SI)
Number of activities ensuring people affected directly receiving information and guidance to prevent and respond to Protection Risks	Actions	GBV	# awareness-raising sessions conducted with women, men, boys and girls on GBV risks, available response services and timely reporting
Number of activities ensuring people affected directly receiving information and guidance to prevent and respond to Protection Risks	Actions	GP	# of GP awareness raising and information sharing activities
Number of activities ensuring people affected directly receiving information and guidance to prevent and respond to Protection Risks	Actions	HLP	# of HLP awareness raising and information sharing activities

 # awareness-raising sessions conducted with women, men, boys and girls on GBV risks, available response services and timely reporting - Number of structured awareness sessions on gender-based violence (GBV) risks and reporting options conducted monthly, counted as planned sessions with a facilitator, agenda, and participant list. Excludes informal conversations and mass broadcasts unless defined as a session. Data disaggregation includes county/payam and displacement status, with sources from session reports and attendance sheets.

# of GP awareness raising and information sharing activities - This indicator is informed by two specific approaches: a. Community-level Information sessions and awareness outreach sessions and b. Protection Desks equipped with messaging panels, brochures and similar. Messaging must always include prevention of sexual exploitation, abuse, and harassment (PSEAH), relevant and available complaint and feedback mechanism (CFM), and available services in the project area

drawn from service mapping. Information must include specific details about protection risks in the area and advice on how to reduce or mitigate them. It is not adequate for information sessions to only speak about available services. Information is not a specialised technical intervention and can be implemented by community mobilisers. However, it is important to note that information and awareness-raising is also an important entry-point for identification, referral and delivery of specialised protection assistance, hence it is not recommended to conduct information and awareness sessions as a standalone activity as it cannot, by itself, achieve a protection outcome.

Common Indicator (CI)	CI & SI Unit of Measurement	Workstream	Workstream Specific Indicator (SI)
Number of community mechanisms, including local structures and networks established, supported, reinforced	Mechanisms	GP	# of community-based protection structures established or enhanced
Number of community mechanisms, including local structures and networks established, supported, reinforced	Mechanisms	HLP	# of dispute resolution mechanisms strengthened or established to support safeguarding HLP rights

# of community-based protection structures established or enhanced - This indicator is informed from established, supported or reinforced community structures and community-led initiatives that are engaged in community-based protection. Every community that faces threats finds ways to protect its members. It is important to identify and understand those mechanisms and reinforce their capacity to mitigate harmful effects and increase resilience capacities. This activity applies to structured efforts to establish new mechanisms or enhance existing ones. New mechanisms should not be established unless mapping and analysis of existing structures is conducted, and a gap is identified. This is critical to avoid duplication or create parallel systems. Wherever possible, these mechanisms should complement specialized GBV and CP structures (safe spaces). This indicator takes special consideration of protection risks beyond those addressed by GBV or Child Protection services, especially those linked to age, gender, disability and other conditions of diversity including minority groups.

Common Indicator (CI)	CI & SI Unit of Measurement	Workstream	Workstream Specific Indicator (SI)
Number of functional multisectoral referral pathways established at national and subnational levels	Mechanisms	GBV	# of the GBV referral pathways established and functional at county level
Number of functional multisectoral referral pathways established at national and subnational levels	Mechanisms	CP	# of Child Protection service mapping and referral pathways updated at county level

# of GBV referral pathways established and functional at county level - Definition of the number of counties with an operational Gender-Based Violence (GBV) referral pathway emphasizes their ability to facilitate safe, timely, and survivor-cantered referrals to essential GBV services. The unit of measurement is the count of counties or referral pathways that fulfil specific minimum functionality criteria, which include: having an updated referral directory that is shared with stakeholders, the

existence of referral Standard Operating Procedures (SOPs) that align with survivor-cantered principles of consent, confidentiality, and safety, and a feedback mechanism for regularly updating services and contacts, ideally through quarterly reviews. The frequency for assessment of these pathways is monthly, with calculations performed as a simple count of counties that meet all outlined functionality criteria within the reporting period.

# of Child Protection service mapping and referral pathways updated at county level - this indicator measures the establishment and functionality of multisectoral referral pathways that enable safe, timely and coordinated access to child protection and complementary services at national and subnational levels. A "functional referral pathway" refers to an agreed, documented and disseminated referral mechanism that links child protection services with relevant sectors, including health, education, nutrition, MHPSS, GBV, and others and is actively used by frontline service providers. To report against this indicator, partners must have updated county-level CP service mapping and referral pathways and demonstrated their use in routine service delivery and coordination.

Common Indicator (CI)	CI & SI Unit of Measurement	Workstream	Workstream Specific Indicator (SI)
Number of new protection case management cases opened and receiving case management services tailored to their needs.	People affected	GBV	# of women, men, girls, and boys receiving services in safe houses/shelters
Number of new protection case management cases opened and receiving case management services tailored to their needs.	People affected	GBV	# women, men, boys and girls supported with non-cash GBV case management
Number of new protection case management cases opened and receiving case management services tailored to their needs.	People affected	GP	# of women, men, girls and boys provided with non-cash assistance through protection case management (other than CP, GBV and HLP)
Number of new protection case management cases opened and receiving case management services tailored to their needs.	People affected	CP	# girls or boys reached with Low Complexity Emergency Support provided by the SW team
Number of new protection case management cases opened and receiving case management services tailored to their needs.	People affected	CP	# girls or boys reached with High Complexity Emergency Support provided by the SW team

# of women, men, girls, and boys receiving services in safe houses/shelters - Definition of the number of unique individuals (W/M/G/B) receiving shelter services during a specified reporting period. This metric includes those admitted for overnight stays or who received shelter-based services, such as safe accommodation and support, as recorded by the shelter. It excludes individuals merely referred but not admitted, staff, visitors, and repeat visits within the same period. Data is disaggregated by sex, age, county/payam, displacement, and disability status. Sources

include shelter admission registers and case records, with a monthly calculation of unique persons served.

 # women, men, boys and girls supported with non-cash GBV case management - Definition of unique GBV survivors/clients includes individuals (W/M/G/B) who accessed multisectoral GBV case management services (excluding cash assistance) within a reporting period. Key prerequisites include safe and confidential data handling. Service units are measured in unique clients. Criteria for inclusion require at least one documented case management service delivered by trained case workers. Exclusions consist of referrals without case management, information sessions, and PSS-only support without a case management file. Disaggregation of data should include sex, age, county/payam, displacement and disability status, as well as ongoing versus closed cases. Data sources involve a secure, anonymized case management register and supervision logs. Reporting frequency is monthly, with counts of unique clients served during the specified period.

# of women, men, girls and boys provided with non-cash assistance through protection case management (other than CP, GBV and HLP) - Protection case management is comprehensive, continuous support to address a serious risk to personal safety. Clients are counted against this indicator upon intake and assessment. It is a recommended ratio for South Sudan to engage 1 social worker with up to 25 clients at any given time. Multisectoral service mapping and referral pathways are critical to this indicator. A service map details comprehensive and quantifiable information about available services. Because humanitarian services are oftentimes limited in scope or length, it is important to secure as much relevant information as possible about eligibility criteria, anticipated end dates, and operating hours, to enable the filtering of services not only by appropriateness, but also availability. This indicator focusses on service delivery; cash is included under a different indicator.

 # girls or boys reached with Low Complexity Emergency Support provided by the SW team –this indicator measures the number of new child protection cases opened and receiving case management services tailored to their assessed needs. A “new case” refers to a girl or boy for whom a case file is opened during the reporting period in line with nationally endorsed case management procedures. Case management services include assessment, case planning, provision of appropriate low-complexity emergency support, follow-up and closure, as applicable. The workstream-specific indicator on the number of girls or boys reached with Low-Complexity Emergency Support captures children receiving time-bound, non-specialized child protection assistance based on individual assessment. Support may include but is not limited to immediate protection actions, basic psychosocial support, facilitated referrals, or short-term material or service assistance, delivered in accordance with agreed standards and tools. All partners implementing child protection case management interventions are eligible to report against this indicator, regardless of workforce modality.

 # girls or boys reached with High Complexity Emergency Support provided by the SW team - this indicator measures the number of new child protection cases opened and receiving high-complexity case management services tailored to their assessed needs. A "new case" refers to a girl or boy for whom a case file is opened during the reporting period in line with nationally endorsed case management procedures. High-complexity cases refer to situations requiring specialised, sustained or multi-agency intervention beyond immediate, time-bound support. The workstream-specific indicator on the number of girls or boys reached with High-Complexity Emergency Support captures children receiving intensive case management interventions, including but not limited to detailed assessment, individualised case planning, coordinated multisectoral referrals, regular follow-up, and case review, delivered in accordance with agreed standards and tools. All partners implementing child protection case management interventions are eligible to report against this indicator, regardless of workforce modality.

Common Indicator (CI)	CI & SI Unit of Measurement	Workstream	Workstream Specific Indicator (SI)
Number of people affected at risk who were safely referred and connected to appropriate services in response to urgent protection	People affected	GBV	# of women, men, girls, and boys referred for GBV response services
Number of people affected at risk who were safely referred and connected to appropriate services in response to urgent protection	People affected	GP	# of women, men, girls and boys with protection concerns or specific needs, identified and referred through static or mobile means

# of women, men, girls, and boys referred for GBV response service - Definition of unique referrals to Gender-Based Violence (GBV) response services include individuals with informed consent, documented in a referral system, counted monthly. Exclusions involve general information without referral, non-consenting referrals, and duplicate referrals for the same client. Disaggregation is by sex, age, county, displacement, and disability status. Data sources include anonymized referral registers and service provider confirmations, ensuring confidentiality.

# of women, men, girls and boys with protection concerns or specific needs, identified and referred through static or mobile means - Organisations reporting against this indicator must have internal service mapping, familiarity with existing referral pathways, referral tracking as means of verification and a minimum standard of training in safe identification and referral, including psychological first aid. This indicator only includes assisted and facilitated referral, self-referral is not included. Referral is defined as follows: a. Referral made from frontline workers (non-protection staff) to protection service providers (i.e. case management agency, legal service providers, protection desks, et.), b. Referral from protection service provider to another protection service provider, c. Referral from protection service provider to a non-protection service provider (e.g. legal to health).

Common Indicator (CI)	CI & SI Unit of Measurement	Workstream	Workstream Specific Indicator (SI)
Number of people affected benefiting from emergency cash assistance or direct service payments	People affected	GBV	# of men, women, girls, and boys supported with cash and voucher assistance
Number of people affected benefiting from emergency cash assistance or direct service payments	People affected	CP	# girls or boys reached with additional services provided by the SW team in cash
Number of people affected benefiting from emergency cash assistance or direct service payments	People affected	GP	# of women, men, girls and boys provided with cash assistance through protection case management (other than CP, GBV and HLP)
Number of people affected benefiting from emergency cash assistance or direct service payments	People affected	HLP	# of women and men supported with HLP legal aid through cash assistance

# of men, women, girls, and boys supported with cash and voucher assistance - Definition of unique referrals to Gender-Based Violence (GBV) response services include individuals with informed consent, documented in a referral system, counted monthly. Exclusions involve general information without referral, non-consenting referrals, and duplicate referrals for the same client. Disaggregation is by sex, age, county, displacement, and disability status. Data sources include anonymized referral registers and service provider confirmations, ensuring confidentiality.

 # girls or boys reached with additional services provided by the SW team in cash - this indicator measures the number of children benefiting from emergency cash assistance or direct service payments provided as part of child protection case management. “Emergency cash assistance or direct service payments” refer to time-bound, needs-based financial or in-kind support provided to address immediate protection risks and barriers to accessing essential services, in line with agreed child protection standards. The workstream-specific indicator on the number of girls or boys reached with additional services provided in cash captures children receiving emergency cash or direct payments linked to an assessed protection need. Support may include but is not limited to transport, medical or legal fees, documentation costs, temporary accommodation (when accompanied by a caregiver), or other critical expenses necessary to mitigate immediate protection risks. All partners implementing case management interventions are eligible to report against this indicator, regardless of workforce modality. Cash or direct service payments must be linked to an individual case assessment and recorded through established case management and reporting systems.

# of women, men, girls and boys provided with cash assistance through protection case management (other than CP, GBV and HLP) - For details please consult the online GP SSD guideline available HERE.

Common Indicator (CI)	CI & SI Unit of Measurement	Workstream	Workstream Specific Indicator (SI)
Number of people affected directly receiving information and guidance to prevent and respond to Protection Risks	People affected	MA	# of boys, girls, men and women who received EORE
Number of people affected directly receiving information and guidance to prevent and respond to Protection Risks	People affected	CP	# of caregivers provided with specialised CP awareness and training sessions

# of boys, girls, men and women who received Explosive Ordnance Risk Education – EORE - This indicator measures the number of people reached with life-saving Explosive Ordnance Risk Education aimed at preventing injury or death from explosive ordnance. EORE activities may include community sessions, school-based interventions, and targeted outreach, and should be age-, gender-, and disability-sensitive. Reporting should include individuals who directly received EORE messaging designed to increase awareness of explosive risks, promote safe behaviour, and should be sex and age disaggregated.

# of caregivers provided with specialised CP awareness and training sessions - this indicator measures the number of caregivers directly receiving information and guidance to prevent and respond to child protection risks. Information and guidance refer to structured, planned sessions that build caregivers' knowledge, skills and capacity to identify protection risks, apply positive coping and parenting practices, and access available child protection services.
The workstream-specific indicator on the number of caregivers provided with specialized child protection awareness and training sessions captures caregivers who participate in facilitated sessions delivered by trained personnel, using agreed child protection messages and materials. Sessions may address topics such as positive parenting, prevention of violence, exploitation and abuse, safe referral pathways, and caregiver roles in supporting children's wellbeing. All partners implementing child protection prevention or response activities are eligible to report against this indicator. Only caregivers who directly participate in structured sessions are counted; one-off messaging or mass communication activities are excluded.

Common Indicator (CI)	CI & SI Unit of Measurement	Workstream	Workstream Specific Indicator (SI)
Number of people affected engaged or supported for strengthened and sustainable community mechanisms, including local mechanisms and networks	People affected	CP	# of community leadership group members trained on child protection principles, risks, services and strengthening CP community committees
Number of people affected engaged or supported for strengthened and sustainable community mechanisms, including local mechanisms and networks	People affected	GBV	# of women, men, girls and boys reached through GBV prevention initiatives (e.g. SASA, EMAP, community cares programming)

# of community leadership group members trained on child protection principles, risks, services and strengthening CP community committees - this indicator measures the number of

community members engaged or supported through activities that strengthen sustainable community-based child protection mechanisms, including local structures, networks and committees. Community mechanisms refer to organized groups or platforms at community level that play a role in identifying, preventing and responding to child protection risks, and in facilitating access to services. The workstream-specific indicator on the number of community leadership group members trained on child protection principles, risks and services captures individuals who participate in structured capacity-building activities aimed at strengthening the functioning of community child protection committees or similar mechanisms. Training focuses on roles and responsibilities, identification and referral of protection concerns, linkage with formal child protection services, and coordination with local authorities and service providers. All partners implementing community-based child protection interventions are eligible to report against this indicator. Only members of recognized community structures who receive structured training or support are counted; general community sensitization or ad hoc meetings are excluded.

# of women, men, girls and boys reached through GBV prevention initiatives (e.g. SASA, EMAP, community cares programming) – the indicator defines the methodology for counting the number of unique individuals—women, men, girls, and boys—engaged in structured Gender-Based Violence (GBV) prevention initiatives such as SASA!, EMAP, and Community Cares during a defined reporting period. The count is determined by individual participation in activities aimed at changing societal norms and behaviors related to GBV and enhancing protective community practices. The criteria for inclusion require individuals to have meaningfully participated in at least one structured activity, which can include community dialogues, group sessions, or facilitated outreach efforts. Participation must be documented via tools such as attendance sheets or verified session reports. Additionally, during large community action events, verification must be conducted using agreed-upon counting methods. Excluded from this count are individuals who were only exposed to mass media messages without verifiable participation, duplicate counts of the same individual across different sessions, participants solely involved in GBV response services, and unverified estimates without established counting methods. Disaggregation of data is required by sex, age group, initiative type, and other parameters like displacement and disability status. Data sources to be utilized include attendance records, session reports, and participant rosters, with the data collection frequency set monthly. Calculations focus on achieving a unique count based on participant IDs or a methodical de-duplication strategy when unique identifiers are not available, ensuring that everyone is only counted once within the reporting period.

Common Indicator (CI)	CI & SI Unit of Measurement	Workstream	Workstream Specific Indicator (SI)
Number of people affected receiving legal assistance or counselling	People affected	HLP	# of women and men supported with HLP legal counselling
Number of people affected receiving legal assistance or counselling	People affected	GBV	# of women, men, girls, and boys supported with legal aid

Number of people affected receiving legal assistance or counselling	People affected	GP	# of individuals receiving legal assistance or counselling
Number of people affected receiving legal assistance or counselling	People affected	HLP	# of women and men supported with HLP legal aid-no cash assistance

# of women, men, girls, and boys supported with legal aid - Definition of unique individuals receiving legal aid for GBV or protection concerns during the reporting period. Counts include legal information, documentation assistance, mediation support, court representation, and linkage to justice mechanisms, documented by legal aid providers. Excludes one-off awareness sessions and non-service referrals. Data is disaggregated by sex, age, county/payam, displacement status, disability status, and case status. Sources include legal aid registers, confidential case files, and activity reports, with data collected monthly by counting unique individuals.

# of individuals receiving legal assistance or counselling - This indicator reports against legal assistance and counselling which does not include GBV, CP or HLP outcomes but provides legal support to displaced people facing protection challenges related to their lack of legal identity documents (at risk of stateliness), and other crucial legal counselling facilitating IDP and Returnee (re)integration.

Common Indicator (CI)	CI & SI Unit of Measurement	Workstream	Workstream Specific Indicator (SI)
Number of people affected supported through Individual Protection Assistance, including provision of essential protection-related kits or items	People affected	GBV	# of women and adolescent girls who received dignity kits

# of women and adolescent girls who received dignity kits - Definition of the count of unique women and adolescent girls who received a dignity kit during the reporting period. The unit is people (unique recipients) and counts a full kit receipt, confirmed by signature/thumbprint or distribution record, excluding GBV survivors. Exclusions include partial items and repeat distributions unless defined as "replenishment." Data should be disaggregated by sex, age, county/payam, displacement status, and disability. Sources include distribution lists, stock records, and post-distribution monitoring, with a monthly calculation of unique recipients.

Common Indicator (CI)	CI & SI Unit of Measurement	Workstream	Workstream Specific Indicator (SI)
Number of people affected who have benefitted from risk mitigation activities	People affected	GBV	# of women and girls trained and supported with Fuel Efficient Stoves

# of women and girls trained and supported with Fuel Efficient Stoves - Definition refers to the count of unique women and girls who received training and support for locally made or adopted fuel-efficient stoves within the reporting period. The unit of measurement is individuals (unique). The criteria for inclusion involve completing a training session or accessing a stove or support package. Exclusions include individuals receiving a stove without training unless otherwise defined. Data disaggregation is required by sex, age, county/payam, displacement status, and disability status.

Data sources include training attendance records, distribution lists, and follow-up visit checklists, with a frequency of monthly reporting. The calculation method counts unique individuals meeting the "trained + supported" criteria.

Common Indicator (CI)	CI & SI Unit of Measurement	Workstream	Workstream Specific Indicator (SI)
Number of people affected, benefiting from age-, gender-, and disability-sensitive psychosocial support through group or individual activities	People affected	GBV	# women, men, boys and girls reached with individual or group PSS services, including recreational and social activities.
Number of people affected, benefiting from age-, gender-, and disability-sensitive psychosocial support through group or individual activities	People affected	GP	# boys, girls, men, and women benefiting from non-GBV, non-CP MHPSS support
Number of people affected, benefiting from age-, gender-, and disability-sensitive psychosocial support through group or individual activities	People affected	CP	# girls or boys reached with MHPSS provided by the SW team

 # women, men, boys and girls reached with individual or group PSS services, including recreational and social activities. - Definition of unique individuals receiving structured psychosocial support (PSS) refers to those participating in organized sessions, including recreational activities with specific objectives, facilitated by trained personnel. Count is based on unique participants per session, excluding unstructured time or entertainment lacking PSS goals and duplicate attendance. Data disaggregation can include sex, age, county, displacement, and disability status, with data sourced from attendance registers and reports, calculated monthly.

 # boys, girls, men, and women benefiting from non-GBV, non-CP MHPSS support - Reporting against this indicator, please consult the minimum service package as described in the PC SSD guidance available HERE.

 # girls or boys reached with MHPSS provided by the SW team - this indicator measures the number of children benefiting from age-, gender- and disability-sensitive psychosocial support delivered through structured group or individual activities. Psychosocial support refers to interventions designed to strengthen emotional wellbeing, coping skills and resilience, and to reduce distress associated with exposure to protection risks, delivered in accordance with child protection and MHPSS standards. The workstream-specific indicator on the number of girls or boys reached with MHPSS captures children who participate in planned, facilitated psychosocial support activities based on assessed needs. Support may include structured group sessions, individual psychosocial support, or targeted wellbeing activities adapted to the child's age, gender and specific vulnerabilities, and delivered using agreed tools and methodologies. All partners implementing child protection or MHPSS interventions are eligible to report against this indicator, regardless of workforce modality. Only children who directly participate in structured psychosocial support activities are counted; one-off recreational activities or unstructured engagements are excluded.

Common Indicator (CI)	CI & SI Unit of Measurement	Workstream	Workstream Specific Indicator (SI)
Number of protection monitoring activities	Actions	GP	# of protection needs assessments conducted
Number of protection monitoring activities	Actions	GP	# of PRMS submissions through (KII, Observation and/or FGD tools)

# of PRMS submissions through (KII, Observation and/or FGD tools) - Protection agencies interested in contributing to the Protection Risk Monitoring System (PRMS) please find guidance and training manual HERE. This indicator does not include reporting to the PC 5W, as this is a separate and mandatory requirement for all protection cluster members.

# of protection needs assessments conducted - Protection agencies interested in contributing to protection needs assessments will be provided with a newly developed tool as of Q2 2026.

Common Indicator (CI)	CI & SI Unit of Measurement	Workstream	Workstream Specific Indicator (SI)
Number of safe and inclusive group activity locations secured, established and maintained for person's well-being	Areas	CP	# of functional CFSs
Number of safe and inclusive group activity locations secured, established and maintained for person's well-being	Areas	GBV	# of functional WGFSs

# of functional CFSs - this indicator measures the number of safe and inclusive group activity locations secured, established and maintained to support children's wellbeing. These locations refer to Child-Friendly Spaces (CFSs) or equivalent child protection safe spaces that provide a structured, protective environment for children to access psychosocial support, recreational activities and referral to services. A functional CFS is defined as a space that is physically accessible and safe, staffed by trained personnel, equipped with basic materials, and delivering regular, structured child protection and psychosocial activities in line with agreed standards. All partners engaged in child protection or supporting Child-Friendly Spaces are eligible to report against this indicator. Temporary or mobile spaces may be counted provided they meet minimum criteria.

# of functional WGFSs - Definition of Women and Girls Friendly Spaces (WGFS) includes those that are open, regularly delivering a minimum service package, and ensuring safety. Criteria for functionality require staffing, structured activities at least weekly, appropriate safeguarding and accessibility, maintained attendance registers, and necessary supplies. Excluded from counts are closed sites, irregular programmings, and spaces solely used for distributions. Data disaggregation is by sex, age, location, displacement and disability status, and type of space. The data is sourced from various reports and is collected monthly, counting only those WGFS fulfilling all specified criteria during the reporting period.

Common Indicator (CI)	CI & SI Unit of Measurement	Workstream	Workstream Specific Indicator (SI)
Number of services providers, government or frontline actors receiving capacity strengthening, including training, refresher courses, orientations or other support.	Staff	CP	# of women and men (humanitarian and government staff) receiving capacity strengthening, including training, refresher courses, orientations or other support.
Number of services providers, government or frontline actors receiving capacity strengthening, including training, refresher courses, orientations or other support.	Staff	GBV	# of services providers or frontline actors receiving capacity strengthening, including training, refresher courses, orientations on GBViE.

# of women and men (humanitarian and government staff) receiving capacity strengthening, including training, refresher courses, orientations or other support. - this indicator measures the number of service providers, government or frontline actors who receive capacity strengthening support to deliver child protection services. Service providers and frontline actors include humanitarian staff, government personnel and other community-based actors involved in the prevention of and response to child protection risks. Capacity strengthening refers to structured support aimed at improving knowledge, skills or practices, including training sessions, refresher courses, technical orientations, mentoring or other planned learning activities delivered in line with child protection standards. All partners implementing child protection interventions are eligible to report against this indicator. Only individuals who directly participate in structured capacity strengthening activities are counted; informal on-the-job support or ad hoc information sharing is excluded.

# of services providers or frontline actors receiving capacity strengthening, including training, refresher courses, orientations on GBViE.- the indicator counts the number of unique Gender-Based Violence (GBV) service providers and frontline actors receiving capacity strengthening support on GBV/GBViE within a reporting period. This support is delivered through structured learning activities aimed at enhancing knowledge, skills, and adherence to survivor-centered principles and relevant standard operating procedures (SOPs) or guidelines. The unit of measure is based on a count of individuals who have completed certain capacity strengthening activities such as training, refresher courses, or orientations, which must have: - A documented agenda/module/topics - Verified participation through attendance signatures or digital records. Eligible frontline actors include a diverse range of personnel depending on the context, such as GBV caseworkers, protection staff, health workers, teachers, community leaders, police, legal aid providers, and others involved in relevant GBV/GBViE components. Criteria for activities to be counted include structured and documented coaching/mentoring, while general meetings without substantive learning content, partial attendance, and unrelated activities do not qualify. Data disaggregation should be performed by sex, age group, role or cadre, type of organization, training type, location, displacement status, and disability status (when appropriate and safe). Data sources for measurement include training materials, attendance sheets, knowledge checks, facilitator

reports, and other documentation. The frequency for this assessment is monthly, with calculations based on the unique count of service providers or frontline actors who meet the established criteria for GBV/GBViE capacity strengthening during the reporting period.

Common Indicator (CI)	CI & SI Unit of Measurement	Workstream	Workstream Specific Indicator (SI)
Number of subnational protection monitoring mechanisms supported	Mechanisms	GP	# of PRMS system established or supported at county level

# of PRMS system established or supported at county level - This indicator is based on active participation of protection agencies to workshops and workstreams intended in 2026 and will be reported directly by the Protection Cluster. However, agencies with strong protection presence in ABCs with analytical and coordination capacities are welcomed to fundraise against this indicator to ensure those capacities.

Common Indicator (CI)	CI & SI Unit of Measurement	Workstream	Workstream Specific Indicator (SI)
Number of UASC supported through identification, documentation and reunification	People affected	CP	# UASC girls or boys reached with additional services provided by the SW team

 # UASC girls or boys reached with additional services provided by the SW team -this indicator measures the number of unaccompanied and separated children (UASC) supported through identification, documentation, and family tracing and reunification processes. A UASC refers to a girl or boy separated from both parents or customary caregivers, or unaccompanied by an adult responsible for their care, in line with agreed child protection definitions. This specific indicator on the number of UASC girls or boys reached with additional services captures unaccompanied children receiving targeted case management support linked to UASC specific needs. Support may include but is not limited to identification and registration, documentation, family tracing, interim care arrangements, reunification support, follow-up, and referral to complementary services, delivered in accordance with nationally endorsed and inter-agency procedures. All partners implementing case management are eligible to report against this indicator, regardless of workforce modality. Only UASC receiving direct support through documented case management processes are counted.

5W REPORTING GUIDANCE

In 2026, the Protection Cluster will continue to collect and share monthly 5W data and information on activities, donors, reporting organization, implementing organization and geographical location using the link: https://enketo.unhcr.org/x/6EPk3fKG

The PC will continue to seek knowledge on Indicators' status and modality as well as type of beneficiary population we serve, in relevance to the cluster partners' implementation activity through the different admin levels and locations of South Sudan. Workstream (former AoR) specific age-gender disaggregation will continue in 2026.

While the 2026 5W template is still mostly mirroring the concepts of previous versions, kindly note the following changes/best practices/lessons learned/common issues:

- During the year, the form can be upgraded. New donors and partners are added and that requires adjustments. From the perspective of users, it is important you register your e-mail with the PC on PC SSD Contact Collection tool to receive latest information. As best practice, we recommend that each time you start a monthly report cycle, once you click the link, you also refresh the page to ensure your clipboard loads the latest form version.
- If your organization is implementing partner of another organization, kindly check with that organization whether they will be reporting on your behalf based on internal information-sharing protocols or you will be reporting directly. In the case of the second scenario, kindly make sure your organization is listed as implementor and the organization you are implementing partner of is recorded as reporting organization.
- It's not necessary to register payments. Multiple payam interventions can be now recorded under the relevant county.
- In the current KOBO we keep offering possibility for partners to report against shocks i.e. Conflict – cross border, Conflict – internal, Floods, Drought, Epidemic Outbreak (those might change over the year based on ICCG/HCT decisions).

PLEASE NOTE: The deadline for data submission is **close-of-business (COB) on the 15th of each month for the previous month**. Late submissions will not be accepted. Submissions pertaining for months before the reporting period might not be reflected in tools and visuals managed by OCHA thus kindly increase your agency's and implementing partner efforts in data sharing.