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SOUTH SUDAN HUMANITARIAN COUNTRY TEAM

PROTECTION STRATEGY 2026 – 2027

Endorsed: JUNE 2026

South Sudan Humanitarian Country Team

Protection Strategy

2026 – 2027

Executive Summary

South Sudan is one of the most complex and protracted protection crises in the world, with large-scale conflict and inter-communal violence dynamics exacerbated by political fragmentation, economic instability, and climate shocks, bringing the country precipitously close to renewed civil war. The protection architecture is impacted by intensifying political violence and the absence of political commitment to resolving underlying drivers of conflict and progressing toward transitional benchmarks The Humanitarian Needs and Response Plan (2026) determined that 10 million people, out of an estimated population of 12 million people, will require humanitarian assistance in 2026. Though all people affected by crisis dynamics are subject to heightened protection risks that must be addressed in a holistic and multisectoral manner, 4.9 million will require specialised protection services.

Significant and severe protection risks include: intensive armed conflict that increases risks of indiscriminate attacks on civilians and civilian objects, including through contamination of landmines and unexploded ordnance; widespread forced displacement; forced family separation, abductions and gender-based violence (including conflict-related sexual violence); and association of children with armed groups. Fragility has created a highly volatile environment in which localised disputes can rapidly escalate into widespread instability. These dynamics compound pre-existing risks of inter- and intra-communal violence, including abductions of children and women, cattle-raiding, and land disputes; as well as intra-communal tensions and violence between refugees, returnees, asylum-seekers, internally displaced people, and host communities.

In addition to widespread decline in overseas development assistance, including for humanitarian response, staff face significant threats to safety. South Sudan remains amongst the most dangerous countries in the world for humanitarian workers, with locally-engaged staff and locally-led organisations most at-risk. Widespread looting and destruction of schools, markets, health facilities, and critical water infrastructure, as well as assets such as vehicles, risk decimating humanitarian infrastructure and service capacity, exacerbating pre-existing food insecurity, and heightening the risk of forced displacement of people who rely on humanitarian assistance for survival.

The HCT Protection Strategy for South Sudan tangibly contributes to an improved protective environment in the country through specific coordinated actions to prevent and mitigate protection risks, achieve collective protection outcomes and advance accountability. In accordance with the IASC Policy on Protection in Humanitarian Action, the HC and HCT member organisations are all responsible for contributing to the collective HCT response to protection risks. The policy confers both collective responsibility on HCT as a coordination body and individual responsibility on each member of an HCT to implement the policy within the scope of their respective institutional mandate (whether they have a formal protection mandate or not). This collective responsibility reflects the fact that the most serious protection risks are multi-faceted; therefore, reducing them requires a multi-sectoral and system-wide effort by humanitarian, development, and peace actors. This strategy is operationalised through the establishment of an HCT Protection Crisis mechanism which will establish, implement, adapt, and monitor a detailed workplan to advance the objectives of the Strategy.

1. Introduction

The Humanitarian Country Team's (HCT) Protection Strategy ('the Strategy') aims to collectively address the most critical and urgent protection risks and related violations for crisis-affected populations, in line with IASC Benchmarks for HCT Centrality of Protection Implementation and the principles of the Protection Analytical Framework.

South Sudan is a dynamic context with complex and dynamic political, armed conflicts, intercommunal disputes, economic, and environmental conditions. Lack of accountability and reliable institutions of Rule of Law exacerbate impunity of perpetrators and heighten vulnerability of civilians. As such, the Strategy focuses on a specific number of protection risks where the HCT is best-positioned to inform a holistic response and achieve protection outcomes by:

- Identifying and formulating initial analysis of protection risks to be prioritised by the HCT;[1]
- Informing HCT decision-making, response-planning and strategic orientation;
- Articulating linkages for coordination and collaboration with other protection actors to reduce exposure to, and severity of, threats; mitigate vulnerabilities; and enhance capacities;
- Establishing an enabling framework for evidence-based advocacy about protection risks.[2]

The Strategy is predicated upon the understanding that the volatility of protection dynamics in South Sudan defy predictable work-planning. As such, its focus is to provide a clear and adaptable framework that retains relevance to key protection risks irrespective of shocks. To this end, the Strategy comprises:

- **Protection analysis:** Analysis of the main three protection risks in South Sudan;
- **Objectives:** Key commitments by the HCT to strengthen the protective environment through targeted actions to:
  1. Prevent and mitigate harm to civilians associated with attacks on civilians and civilian objects;
  2. Reduce the risk and consequences of gender-based violence, including conflict-related sexual violence;
  3. Reduce the risk and consequences of association of children with armed groups.
- **Roles and Responsibilities under Centrality of Protection**: Clarification of the respective roles and responsibilities of the HCT, Clusters, and partners in the implementation of this Strategy.
- **Implementation of the Strategy**: Summary of 'next steps' for the HCT to operationalise this Strategy.

The Strategy is intended to support holistic, multi-sectoral, and system-wide response to priority protection risks in South Sudan by addressing underlying vulnerabilities and risks, in complement to existing frameworks.[3] The Protection Cluster supports the HCT Protection Strategy by contributing to protection risk analysis and providing technical support in protection advocacy, whilst responsibility for implementation and monitoring is intersectoral and led by the HCT.

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[1] According to the *Benchmarks for HCT collective implementation of the IASC Policy on Protection in Humanitarian Action*: Protection risks prioritised by the HCT should be determined on the basis that they are so acute and serious that they are of collective concern to all members of the HCT, regardless of institutional mandate or areas of expertise; ***and*** the HCT has a reasonable expectation that, in utilising its collective capacities, it can help reduce the risk.

[2] Action and advocacy in response to protection risks can be implemented through private and public approaches; advocacy, in particular, is most often undertaken privately through bilateral and confidential channels by the HC or a few select HCT members. When advocacy about protection risks is perceived as either not possible or too high-risk, HCT members will strategically identify and engage appropriate stakeholder(s) through their respective institutional capacities, resources, and networks outside of South Sudan. This may involve leveraging the expertise, presence, or platforms of Heads of Agency, donors, regional bureaux, the Global Protection Cluster, human rights monitors, media, academia, or others. Such approaches can mitigate real or potential risks to essential relationships for humanitarian diplomacy.

[3] Complementary existing frameworks include, but not limited to, the Protection Cluster Minimum Service Package (MSP) for Protection Responses, Protection Cluster Strategy, the Humanitarian Needs and Response Plan, UNCT-HCT Collective Outcomes, UNCT Strategy for Human Rights, HCT Joint Operating Principles, UNCT Engagement Guidelines, and nexus initiatives, including collaboration with the Government of South Sudan to prevent, mitigate, and ameliorate root causes of protection risks through systems-strengthening efforts.

2. Protection Analysis[4]

South Sudan is one of the most complex and protracted protection crises in the world, with large-scale conflict and inter-communal violence dynamics exacerbated by political fragmentation, economic instability, and climate shocks. The Humanitarian Needs and Response Plan (2026) determined that 10 million people, out of an estimated population of 12 million people, will require humanitarian assistance in 2026. Though all people affected by crisis dynamics are subject to heightened protection risks that must be addressed in a holistic and multisectoral manner, 4.9 million will require specialised protection services.

Protection risks in South Sudan manifest in complex and compounding ways for people of diverse age, gender, disability, displacement status, and other conditions of diversity. Efforts to provide conflict-sensitive, targeted, and holistic services to crisis-affected communities must contend with highly context-specific risk and protective factors to ensure quality, inclusivity, and impact. Explosive ordnance contamination further compounds these risks by restricting safe movement, limiting access to services and livelihoods, and prolonging exposure to harm even after conflict dynamics subside.

Displacement dynamics include: protracted and acute internal displacement resulting from climate- and conflict-related shocks; pendular displacement of South Sudanese returnees from Sudan, Central African Republic, Kenya, and Uganda, who often face significant reintegration challenges including lack of access to land, housing security, and tenure rights, limited livelihood opportunities, and inadequate access to documentation and basic services, as well as risks associated with secondary displacement due to insecurity or lack of ties to areas of origin or return; and over 600,000 refugees who face specific and acute protection risks associated with cross-border displacement, including risks of abduction, trafficking in persons, and gender-based violence (GBV), notably conflict-related sexual violence (CRSV) during the displacement journey, as well as lack of legal documentation. Host communities are also subject to climate- and conflict-related shocks which have implications for the safety and well-being throughout the country.

Protection risks faced by crisis-affected populations are compounded by limited availability and accessibility of multisectoral services intended to enhance their safety, fulfil their basic needs, and recover from protection violations.

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

Intensive armed conflict between the South Sudan Peoples' Defence Force (SSPDF) and both conventional opposition and non-conventional armed groups has amplified in scale and severity, displacing hundreds of thousands, restricting humanitarian access, and heightening the risk of renewed civil war with regional implications. Between July 2025 and February 2026, the United Nations Mission in South Sudan (UNMISS) Human Rights Division recorded 2,216 casualties (1,325 killed and 891 injured). The majority were men (1,801), but women (252) and children (113) were also significantly affected, highlighting the indiscriminate nature of violence. Increased explosive ordnance contamination disproportionately jeopardises the safety of children, who comprise the majority of

[4] Recognising that protection risks in South Sudan are complex, inter-connected, and specific to localised political, social, and ethnic environments and norms, this analysis does not intend to highlight all protection risks in South Sudan, but rather to prioritise the most severe and egregious risks in accordance with the South Sudan Protection Cluster's Protection Risk Monitoring System (PRMS), the Humanitarian Needs and Response Plan 2026, the Gender-Based Violence Information Management System (GBV IMS), Monitoring, Analysis and Reporting Arrangement on Conflict Related Sexual Violence (MARA on CRSV), rapid and inter-sectoral needs assessments, and other secondary sources of data. Case studies referenced in this analysis are intended to be representative of protection risk patterns and trends, rather than comprehensive of all incidents in all locations nationwide.

casualties.[5] This risk is exacerbated by the current escalation of conflict, leading to new contamination that heightens risk of accidents. In addition to immediate harm, contamination systematically delays humanitarian response, constrains recovery efforts, and reinforces cycles of displacement and vulnerability.

While attacks on civilians occur throughout South Sudan and are highly specific to localised contexts, recent events in Akobo, Jonglei, demonstrate a compelling case study that reflects the scale, scope, and severity of the risks. In January and February 2026, SSPDF issued evacuation directives for civilians, humanitarian workers, and UNMISS from opposition-controlled areas, causing widespread panic and concerns about the potential for indiscriminate attacks. These directives, in addition to inflammatory rhetoric, displaced an estimated 82,000 people, including humanitarian workers, to other locations in South Sudan and approximately 100,000 seeking refuge across the border to Ethiopia. Preliminary reports from Akobo indicate widespread looting and destruction of schools, markets, health facilities,[6] and critical water infrastructure, as well as assets such as vehicles, resulting in a near-total decimation of humanitarian infrastructure and service capacity. Such conditions, marked by forced displacement, breakdown of community protection mechanisms, and the destruction of public and humanitarian spaces, are well-documented drivers of heightened CRSV risk, particularly for women and girls during flight and displacement. Akobo serves as just one recent incident in a broader pattern of violence in which damage to life-saving humanitarian services and public spaces heightens the likelihood that communities may be deliberately deprived of humanitarian assistance upon which they rely to survive. Even when active conflict recedes, explosive ordnance may continue to block safe access until cleared. Access restrictions exacerbate long-standing food insecurity for people living in crisis conditions[7] and heighten the risk of forced displacement[8] of communities from access-constrained areas to locations where humanitarian assistance is more readily available. Bureaucratic and conflict-related access impediments must be understood as more than an obstacle; they have direct, life-threatening implications for millions of people experiencing violence and displacement.

South Sudan remains amongst the most dangerous countries for humanitarian workers; in 2025, 83 major attacks against humanitarian workers took place, with locally-engaged staff facing the greatest risk.[9] Humanitarian workers face persistent access restrictions, risks of aid diversion, politicisation of aid, and bureaucratic impediments, as well as extortion, looting of infrastructure and assets, and efforts to control service delivery along territorial lines. Rising insecurity heightens risks and, with the progressively reduced presence of UNMISS, may drive ancillary consequences including reduced deterrence, impeded monitoring, and possible appropriation of infrastructure and assets by armed actors. Lack of humanitarian access also limits the ability of communities to disclose violations to media, humanitarian workers, and human rights actors who can bear witness. Given the dynamism of battlelines and increased use of evacuation orders that include humanitarian workers, humanitarians face heightened risks of being misperceived parties to conflict, which could potentially result in their legitimisation as military targets.

[5] Since 2021, over 80% of people injured or killed by explosive ordnance incidents in South Sudan are children. Source: Information Management System for Mine Action (IMSMA).

[6] Throughout 2025, MSF has experienced a number of incidents in which insecurity, damage, and looting of infrastructure in locations including, but not limited to, Ulang, Pibor, Pieri, Lankien, and Fangak. Such incidents have compromised service delivery and, in an estimated 16 locations, resulted in the suspension of services or outright closure of health facilities.

[7] IPC analysis of the lean season projection of April – July, which is when food insecurity is at its peak, found that a total of 7.55 million people will be in crisis conditions and above (severe food insecurity). Displacement has cut off access to fishing, petty trade, and other livelihoods, while insecurity and road closures disrupt markets, drive up prices, and increase reliance on imports that may not be accessible or available (OCHA 2026). Acute malnutrition among children remains widespread and in instances in which humanitarian actors cannot to access these communities to provide life-saving food assistance, vulnerabilities are exacerbated, which can have fatal consequences for civilians.

[8] Under IHL, some conditions of forced displacement may constitute war crimes, with implications for risk- and rights-based analysis.

[9] Of the 523 major attacks against humanitarian workers documented by the Aid Worker Security Database in 2025, South Sudan comprised 16.8% of overall incidents.

Access restrictions directly translate into unlawful impediments to freedom of movement and forced displacement, whilst driving root causes of future tensions. Overcrowding in transit centres and settlements; competition for scarce resources; disputes over housing, land, and property; and resentment over perceived privileging of some groups in assistance provision can undermine social inclusion and heighten the risk of intra-communal violence, particularly in communities comprising people with diverse experiences of displacement (refugees, returnees, asylum-seekers, internally-displaced populations, and host communities).

2. Gender-Based Violence, including Conflict-Related Sexual Violence

Gender-based violence (GBV), including conflict-related sexual violence (CRSV), continues to be perpetrated with disturbing brutality and alarming frequency across South Sudan and, in the absence of functional justice mechanisms, with near-total impunity and chronic under-reporting. Data from GBV Information Management System (GBV-IMS) and the Monitoring, Analysis and Reporting Arrangement (MARA) on CRSV indicate a significant increase in rape and gang rape in 2025, which together comprised 81% of all documented incidents, with rape accounting for 51% and gang rape, 30%[10]. These patterns are consistent with the use of sexual violence as a tactic of war, intimidation, and social control. Other grave forms of CRSV are also documented. Forced marriage, which accounts for 7% of recorded incidents, is used as both a practice of armed actors and as a harmful coping mechanism for households relying on dowries for survival, whilst sexual slavery accounts for 6% of incidents. These violations underscore the intersection of conflict dynamics, militarisation, and the extreme economic pressures faced by crisis-affected families.

Critical gaps persist in survivor support and accountability. These include extremely limited availability of services outside of urban hubs, limited female service providers, and inability to safely access services due to distance, cost, insecurity and active conflict. Community-based mediation practices often discourage formal reporting, while fear of stigma and retaliation by armed actors, family members, or communities further suppress disclosure. While 64% of documented CRSV survivors received urgent medical assistance, only 26% were able to access psychosocial support. Access to legal assistance and justice remains significantly hampered by pervasive stigma, fear of reprisals, and a weak criminal justice system characterised by few functioning courts, prolonged procedural delays, and institutional failures, including expectations that survivors bear the costs for criminal investigations and the release of perpetrators from custody through bribery. Persistent gaps in access to comprehensive, timely and survivor-centred services exacerbate both immediate and long-term harms. Given that GBV and CRSV responses require a coordinated multisectoral and holistic approach, the inability of survivors to access specialised services, including, but not limited to GBV/ CRSV response; health; shelter; nutrition; and food security; particularly in the immediate aftermath of violations, can have life-threatening consequences. These include: deteriorating mental and physical health; increased risk of unintended pregnancy and sexually transmitted infections; inability to care for dependents; and adoption of harmful coping mechanisms such as substance misuse, self-harm, and early and forced marriage; and heightened risk of exposure to further violence, exploitation, and public health risks.

[10] While the GBVIMS and MARA datasets provide essential insights into trends and grave violations in South Sudan, they do not capture the total prevalence of these incidents. Due to pervasive social stigma, the fear of retaliation from perpetrators, and limited service coverage, these figures reflect only a fraction of actual incidents. The true scale of GBV and CRSV is significantly higher than available data.

3. Association of children with armed groups

4.5 to 5.4 million children in South Sudan in urgent need of humanitarian assistance are subject to heightened risk of association with armed groups due to the erosion of the overall protective environment. The risk exposure of children is compounded by conflict dynamics, forced family separation, retaliatory and inter-communal violence dynamics, social and community pressure, and fundamental need for protection. Grave child rights violations have been documented and verified by UNMISS, indicating widespread abuses against boys and girls which bring to bear devastating impacts of conflict on future generations. From January to December 2025, UN Country Task Force for Monitoring and Reporting verified approximately 550 grave violations against 383 children (272 boys, 104 girls, 7 sex unknown), 40 attacks on both schools (16) and hospitals (24), and 12 incidents of the denial of humanitarian access to children.

Despite the fact that children cannot voluntarily consent to participate in armed groups, assessments in Jonglei in January 2026 found boys as young as 13 years of age engaged as porters, cleaners, and fighters. Girls are also associated with armed groups as cooks, cleaners, or in some instances, for the purposes of sexual exploitation. With the rising of armed conflict in various parts of the country in 2025/26, increased reports and allegations of recruitment and use of children by parties to conflict continue to circulate and the UN Country Task Force for Monitoring and Reporting continues to verify allegations. Risks are compounded by conflict-related forced family separation and the practice of child abduction in inter-communal violence and cattle-raiding, repeated cycles of forced displacement, and psychological distress. Caseworkers supporting displacement-affected children report high rates of severe psychological distress due to fear of attacks and uncertainty about their safety, compounding mental health burdens and risks of association with armed groups. These dynamics are further exacerbated by landmine contamination, which disproportionately affects children.

Transversal factors

Global funding cuts to assistance in February 2025 have rendered over-strained humanitarian services unable to sustain life-saving programming across much of the country. This absence of services is particularly acute for populations exposed to conflict, climate shocks, and displacement, creating conditions of extreme vulnerability. Funding constraints disproportionately affect services for people of diverse age, gender, disability, and other conditions of diversity.[11]

Beyond broad-scale conflict dynamics, inter-communal violence linked to cattle-raiding, land disputes, and local political tensions persists across Jonglei, Warrap, Lakes, and Unity. Climate shocks compound humanitarian needs. Insecurity is compounded by conflict in neighbouring countries, with hundreds of thousands of people fleeing to South Sudan from Sudan and the Central African Republic.

Humanitarian service provision is severely under-resourced, with lack of sustainable funding resulting in significant service delivery gaps. Hyper-prioritisation intended to reach those most in need results in the deprioritisation of areas with considerable but not the most severe risks, undermining the ability to respond to shocks or deterioration of the protective environment. Local authorities range from supportive to obstructive. The preservation of humanitarian space in decision-making and response is existentially critical – both to ensure life-saving responses are conflict-sensitive and to maintain

[11] This risk is particularly acute for women and girls due to global deprioritisation of GBV prevention, mitigation, and response services, including dedicated interventions to prevent and respond to CRSV, as well as sexual and reproductive health services that are critical to supporting recovery from violations and addressing root causes of violence. GBV programming, including CRSV prevention and response, is grounded in advancing locally-led approaches to remediate risks of violence through community-based and women-led protection mechanisms. As such, technical expertise extends beyond service delivery to include strengthening understanding of conflict-related risks patterns, building grassroots trust, shifting harmful gender and social norms, and safely facilitating disclosures of GBV and CRSV to enable timely safe and survivor-centred response.

equilibrium across the humanitarian-development-peace nexus. Though the contextual dynamism of South Sudan may hinder the implementation of this Strategy, the HCT Protection Crisis mechanism (elaborated below) will enable adaptation of priorities and approaches in response to shocks.

3. Objectives

The HCT of South Sudan will contribute to an improved protective environment in 2026 through implementation of this Protection Strategy and its Framework for Action. In accordance with the Centrality of Protection and transversal linkages between specialised protection response and other humanitarian sectors, the HC and HCT member organisations are collectively responsible for contributing to the HCT response to protection risks through strategic leadership, institutionalisation of Centrality of Protection in multisectoral response, resource mobilisation, and coordination of actors to address risks and vulnerabilities. The HCT Protection Strategy enables system-wide programming, analysis, and advocacy to ensure the humanitarian system is: accountable to affected populations; contextually-relevant; conflict-sensitive; evidence-based; locally-led wherever feasible; inclusive across age, gender, disability, displacement status, and other diversity indices; and complementary to collective efforts to strengthen the protective environment through preventative and response-oriented approaches to address root causes, in accordance with the humanitarian-development-peace nexus.

System-Wide Enablers

The HCT with technical support of Protection Cluster and relevant actors, will ensure protection risk analysis drives decision-making, prioritisation, and advocacy, using conflict-sensitive, area-based, and age-, gender-, and disability-disaggregated data to inform prioritisation and response. Resource allocation and operational presence across Clusters will align with identified protection priorities to direct capacities to the highest-risk areas. Engagement with affected populations and collaboration with local authorities as partners will inform response design and adaptation, ensure relevance, and enhance accountability. Response will be regularly adapted based on evolving protection risks, access constraints, and operational conditions.

Collective Action	Protection Outcome
Establish a permanent, multi-disciplinary, interagency team within the HCT to lead analysis and evidence-based collective response to protection risks.	Establishes HCT mechanism to lead implementation of this Strategy.
Develop plan of action for implementing benchmarks in HCT Protection Strategy.	Operationalises commitments in this Strategy.
Undertake quarterly progress assessments.	Establish a follow-up mechnism to inform on the Strategy's implementation progress
Undertake quarterly review/revision of benchmarks and indicators.	Adapts planning in response to changes in context, risks, and priorities.
Incorporate protection analysis and service gap analysis in HCT decision-making and response planning.	Informs strategic decision-making to ensure high-quality, inclusive, and contextually-relevant humanitarian responses.
Oversee the development of multisectoral referral pathway to inform gap analysis of critical services and inform decision-making about humanitarian responses to fill gaps in the service landscape.	Strengthens prioritisation of humanitarian service landscape.

Strengthen a collective approach to accountability to affected populations (AAP), including a collective approach to managing community feedback mechanisms (CFM).	Improves humanitarian accountability.
Ensure timely and quality implementation of protection commitments under the UNCT-HCT Collective Outcomes.	Enhances quality and accountability of humanitarian response.

OBJECTIVE 1.

Prevent and mitigate harm to civilians associated with attacks on civilians and civilian objects

Protection risk: Attacks on civilians and other unlawful killings, and attacks on civilian objects

The HCT will prevent and mitigate harm arising from attacks on civilians and civilian objects by combining evidence-based advocacy and engagement on compliance with international law with risk-informed, multi-sector action that reduces exposure, sustains life-saving services, and strengthens local and humanitarian capacities to protect civilians. This is advanced by targeted efforts to address:

Threats: In line with HCT leadership in humanitarian dialogue, negotiation, and engagement with armed actors, both State and non-State, it can contribute to reducing threats by: using joint protection analysis to identify patterns of attacks; engaging in coordinated and principled advocacy with parties to conflict and influential actors; supporting high-level engagement on compliance with International Humanitarian Law (IHL), Human Rights Law (IHRL), and other Treaty obligations; and systematically escalating concerns regarding attacks on civilians, humanitarian personnel, and civilian infrastructure. The HCT can also strengthen collective positioning on evacuation orders, military use of civilian infrastructure, looting, and attacks affecting humanitarian presence, access, and safety. To address specific risks to humanitarian infrastructure and services, the HCT can leverage expertise of the Access Working Group to jointly identify, escalate, and negotiate bureaucratic and conflict-related access impediments and advocate for accountability. This includes advocacy on the humanitarian impact of explosive ordnance contamination and the need for its integration into humanitarian planning and response.

Vulnerabilities: The HCT can reduce vulnerability by: prioritising populations and locations most exposed to attacks; adapting response modalities in front-line, contested, and dynamic areas subject to crisis and conflict dynamics; strengthening risk-informed site planning and service delivery; supporting continuity of essential services when facilities are damaged or looted; reducing exposure to secondary harms caused by overcrowding, unsafe transit, lack of documentation, housing, land and property tensions (particularly in contexts of displacement and contested land use), and exclusion from services; ensuring that response prioritisation does not leave populations in hard-to-reach or non-Government-controlled areas without viable support; and leveraging multisectoral analysis to plan and mobilise responses and evidence-based advocacy.

Capacities: The HCT can strengthen capacities by: reinforcing multisectoral referral pathways and centralising community feedback mechanisms; supporting existing national mechanisms; institutionalising the Protection Cluster MSP as a mandatory component of first-line emergency response; leading operational coordination to facilitate rapid re-establishment of life-saving services after attacks. It can also leverage the expertise of the Access Working Group and Inter-Cluster Coordination Group (ICCG) to strengthen analysis of access constraints and their implications for the

protective environment, and apply recommendations to humanitarian service presence, contingency planning, and pre-positioning. Strengthening a collective approach to accountability to affected populations, including drawing on trends from community feedback mechanisms, can help to ensure emerging protection risks are identified and addressed.

Collective Action	HCT Responsibility	Protection Outcome
Engage parties to conflict and relevant stakeholders to address specific patterns of attacks that jeopardise the safety of civilians and humanitarian workers.	Jointly develop advocacy, accountability, and negotiation priorities and assign responsibilities within the HCT according to strategic mandates, capacities, networks, and spheres of influence.	Influences behaviour that directly contributes to civilian harm.
	Undertake internal stakeholder analysis of HCT member resources, networks, and influence to inform strategic thinking and planning. Map topics that are considered sensitive and identify alternative interlocutors for protection advocacy, as needed.	Strategically identifies and mobilises HCT capacities to influence efforts to strengthen the protective environment.
Engage relevant actors to facilitate safe and unimpeded movement of crisis-affected people.	Contribute to collective messaging and technical support to HCT representative with relevant expertise and responsibility for advocacy, negotiation, and liaison with duty bearers regarding specific incidents, areas, policies, or practices that exacerbate unsafe or involuntary movement of civilians.	Mitigates risks to partners in South Sudan whilst enabling continuity of, and capacity for, protection advocacy.
Undertake coordinated engagement with national and subnational authorities, including security sector institutions and relevant actors to remove administrative, bureaucratic, and physical impediments to humanitarian access.	Contribute to collective messaging and technical support to HCT representative(s) with relevant expertise and responsibility for advocacy, negotiation, and liaison with duty bearers regarding specific incidents, areas, policies, or practices that restrict humanitarian assistance.	Addresses policies and practices restricting assistance.
Maintain and, where necessary, re-establish humanitarian presence and service delivery in frontline, high-risk, under-served, and hard-to-reach areas.	Adapt service delivery modalities to reduce risks linked to movement and attempts to access assistance.	Ensures civilians retain access to life-saving assistance.
	Leverage protection analysis to inform high-level decision-making for protective humanitarian responses in areas subject to protection risks.	Facilitates evidence-based humanitarian response.
Implement rapid and holistic responses to attacks on civilians.	Rapidly restore critical services (Protection Cluster MSP, health,	Limits secondary harm resulting from attacks.

	water, shelter, nutrition) following incidents affecting infrastructure.	
	Strengthen community-level alert, referral, and first response mechanisms in high-risk areas.	Minimises exposure to violence during attempts to access services.
	In areas of suspected landmine and explosive ordnance contamination, prioritise life-saving mine action interventions in line with Protection Cluster MSP.	Mitigates or removes the threat of explosive ordnance.

OBJECTIVE 2.

Reduce the risk and consequences of gender-based violence, including conflict-related sexual violence

Protection risk: Gender-based violence

The HCT will seek to systematically reduce both the occurrence and long-term impact of sexual violence in crisis settings and capitalise on its influence in humanitarian diplomacy to hold state and non-state armed actors accountable under International Humanitarian Law. Leveraging linkages with existing MARA mechanisms and supporting local women-led and specialised protection actors, the HCT will collectively reduce the risk and consequences of GBV, including CRSV, through system-wide risk mitigation, strengthened and equitable access to survivor-centred services, and coordinated advocacy to address impunity, exclusion, and other intersecting drivers of violence that affecting people of diverse ages, gender, disability, and other characteristics conditions of diversity. This objective will be advanced by targeted efforts across threats, vulnerabilities and capacities to address:

Threats: The HCT will contribute to reducing threat by: elevating GBV and CRSV as priority protection concerns though collective advocacy and engagement with authorities and relevant actors on prevention, safe access, survivor protection, and accountability for crimes committed; leveraging PRMS and MARA data to demonstrate GBV and CRSV constitute widespread, egregious, and severe protection risk.[12] This includes advancing programming and advocacy against impunity, retaliation, exclusion, and coercive practices that sustain risks to survivors.

Vulnerabilities: The HCT will reduce vulnerabilities by ensuring that all sectors systematically integrate GBV and CRSV risk mitigation measures to programme design and implementation; reducing exposure to GBV/CRSV risks associated with unsafe movement to access water, food, firewood, healthcare, and humanitarian assistance; prioritising safe shelter, dignified displacement solutions and accessible services for women and girls, particularly in high-risk, under-served, and hard-to-reach areas.

Capacities: The HCT can leverage its strategic leadership, advocacy, and resource mobilisation role to preserve and prioritise safe, timely, confidential, child-friendly, and survivor-centred specialised services in high-risk, under-served, and hard-to-reach, in line with the Protection Cluster MSP and

[12] Recognising that GBV is a serious and under-reported protection risk due to fear of retaliation, stigma, lack of mechanisms to access justice (to name a few), PRMS data must be understood as a resource to monitor protection risk patterns and trends, but not prevalence. In line with the UNFPA *Inter-Agency Minimum Standards for GBV in Emergencies*, the collection of prevalence data is not recommended in the context of acute emergency response. This guidance advises that humanitarian staff should assume that GBV is occurring and treated as a serious, life-threatening problem even where reporting is incomplete.

sector-specific technical guidance; ensure that HCT decision-making, pooled funding allocations, access negotiations, and intersectoral prioritisation are informed by protection analysis and service gap mapping; ensure accountability across Clusters and sectors to implement GBV risk mitigation measures, strengthen multisectoral referral systems, support women-led and community-based protection mechanisms, and sustain integrated service models in complement to the ongoing technical implementation of relevant clusters, sub-national clusters, and specialised service providers; and prioritise holistic, quality, and accountable service delivery, including: clinical management of rape; case management; psychosocial support; safe referral and access to essential services; and legal assistance to pursue justice and secure housing, land, and property rights (where feasible).

Collective Action	HCT Responsibility	Protection Outcome
Engage with parties to conflict and relevant stakeholders to address GBV and CRSV, including accountability mechanisms, and addressing barriers to services.	Jointly develop advocacy, accountability, and negotiation priorities and assign responsibilities within the HCT according to strategic mandates, capacities, networks, and spheres of influence.	Influences behaviour that directly contributes to civilian harm. Reduces structural drivers of violence, including impunity, discrimination, and exclusion. Enhances accountability for violations.
	Ensure that structural and system-wide drivers of GBV/CRSV, including unsafe displacement, exclusion from assistance, service disruption and harmful coping mechanisms, are systematically reflected in HCT advocacy, resource mobilisation and intersectoral prioritisation.	Reduces underlying vulnerabilities and strengthened individual and community capacities to prevent and respond to GBV and CRSV. gaps.
Sustain support for community-based and women-led protection mechanisms as central components of prevention, early warning and survivor-centred response.	Strengthen donor engagement on programs addressing root causes of GBV, including harmful social norms, child and forced marriage, and other forms of violence exacerbated by conflict and displacement.	Reinforces acute and life-saving responses with preventative approaches that ameliorate risks exacerbated by conflict dynamics.
	Elevate the role of women-led and community-based mechanisms in HCT advocacy, funding discussions and strategic prioritisation, while technical implementation remains with relevant clusters and specialised actors.	Reinforces local capacities for prevention, and response to protection risks.
	Strengthen national and subnational GBV and CRSV taskforces.	Enhances capacity, responisbility, roles and leadership of national and local institutions in addressing GBV and CRSV.
Prioritise and sustain GBV and CRSV services in line with Protection Cluster MSP.	Incorporate Protection Cluster MSP in decisions about pooled funding.	Ensures that survivors can access safe, dignified, inclusive, and survivor-centred protection services.

	Incorporate protection interventions in multisectoral responses to support survivors in addressing complex and interconnected risks, vulnerabilities, and needs.	Advances holistic humanitarian response to support recovery, self-reliance, and resilience.

OBJECTIVE 3.

Reduce the risk and consequences of association of children with armed groups.

***Protection risk: Association of children with armed groups*.**

Technical coordination and high-level advocacy on the issue of the recruitment and use of children is the prerogative of the UN Country Task Force on Monitoring and Reporting of Grave Violations against Children (CTFMR). The HCT can support and amplify these efforts through targeted efforts to address:

Threats: The HCT can contribute to reducing violation of child rights such as the threat of child recruitment by: jointly identifying and escalating cases of grave violations against children, including recruitment and use, killing and maiming, and abduction; engaging all parties to the conflict to demand immediate cessation of violations and compliance with IHL and international human rights law (IHRL). This includes supporting the implementation of the 2020 Comprehensive Action Plan to end grave violations and negotiating for the unconditional release and handover of all children from military ranks to child protection actors. Direct engagement is also needed to counter emergent threats that not only displace populations but also create conditions conducive to recruitment.

Vulnerabilities: The HCT can reduce vulnerability by: prioritising assistance and protection responses for children in areas of active conflict, displacement sites, border-crossing points, and areas populated by returnees; tailoring responses to the differentiated and distinct risks faced by girls and boys; advance strategic decision-making informed by analysis of risks associated with lack of civil documentation, forced family separation due to conflict, the breakdown of family and community structures, as well as overcrowded displacement sites, all of which increase children's exposure to recruitment by armed groups.

Capacities: The HCT can strengthen capacities by: supporting and scaling up proven protection reintegration initiatives in line with the Protection Cluster MSP, including family tracing and reunification, mental health and psychosocial support, and case management for children formerly associated with armed groups and other children affected by armed conflict; enhancing coordination, information-sharing, reporting, and response to grave violations between UNMISS, child protection actors, and international and local NGOs; strengthening referral pathways and information systems to provide released children with holistic support that includes family tracing and reunification, alternative care arrangements, and interim care to sustainable reintegration into their communities. Recognising that children who have experienced sexual violence or enslavement have complex needs, strategic collaboration and coordination with GBV service providers to provide child-friendly response is essential. The HCT should also bolster community-based protection by supporting local structures and mechanisms that can prevent and mitigate the risks of recruitment by offering viable alternatives for children, negotiating with and advocating to armed actors, and supporting pathways to

reintegration and recovery. Operational readiness despite contextual constraints is critical to sustaining child protection service delivery in high-risk, under-served, and hard-to-reach areas.

Collective Action	HCT Responsibility	Protection Outcome
Engage with parties to conflict and relevant stakeholders about association of children with armed groups through sustained, high-level advocacy.	Undertake bilateral negotiation and advocacy with duty bearers, in coordination with, and informed by, insights and recommendations from the UN CTFMR.	Influences behaviour of armed actors and duty bearers and enhances accountability.
Initiate protective responses, including advocacy against, and advance accountability for, the detention of children for alleged or actual association with armed groups; including promotion of their treatment primarily as victims.	Initiate concrete actions as identified and requested by the UN CTFMR.	Reduces the threat of further harm and secondary criminalisation. Advocate with all parties to the conflict to cease and prevent grave violations against children
	Support UN CTFMR to continue to monitor, report, and respond to all six grave child rights violations against children.	
	Strengthen community-level early warning and referral mechanisms to identify and support children at risk of grave violations.	Enhances local capacities to prevent, identify, and respond to protection risks to children.
Support the implementation of the Comprehensive Action Plan to effectively implement and monitor child protection response and reintegration programmes.	Engage national and local authorities through the established national/state technical committees responsible for the Comprehensive Action Plan.	Builds the capacity of local and national systems to manage child protection cases, verify releases, and support early warning and response.
	Strengthen information-sharing and referral systems between humanitarian actors, UNMISS, UNICEF and child protection partners to enable timely responses. (in line with relevant information-sharing protocols)	Improves coordination and operational readiness for rapid intervention, release, and follow-up support.
Prioritise and sustain child protection services including case management and family tracing and reunification, in line with Protection Cluster MSP.	Incorporate Protection Cluster MSP in decisions about pooled funding.	Ensures that children separated from their families or associated with armed groups can access protection services.
	Support community-based reintegration programmes that provide psychosocial support, education, and livelihood opportunities for children formerly associated with armed groups.	Interrupts cycles of recruitment and re-recruitment by providing viable alternatives.

4. Roles and Responsibilities under Centrality of Protection

In line with the IASC Policy on Protection in Humanitarian Action: an Aide-Memoire and the IASC Standard Terms of Reference for Humanitarian Country Teams, protection is a collective responsibility

of the entire HCT and requires system-wide commitment. HCT leadership addresses the most significant protection risks and violations faced by affected populations that impact the entire humanitarian response in South Sudan.[13]

Stakeholder	Responsibilities
Humanitarian Coordinator	• Lead the collective strategic protection response. • Ensure that protection priorities are identified and result in collective actions. • Engaging authorities to be a partner in preventative approaches and collaborative efforts to strengthen the protective environment. • Influence duty-bearers through regular and consistent engagement, direct and indirect public advocacy and private diplomacy, in collaboration with human rights, peace, diplomatic, and other actors.
HCT	• Contribute – in accordance with their organisational expertise and/or mandate – to the collective efforts to reduce protection risks and identified collective actions. • Through the HCT, strategically position the 'life-saving' aspects of protection and the Protection Cluster MSP as essential, 'non-negotiable' elements in donor interactions and pooled funding distributions. • Ensure the emergency life-saving character of the MSP is adequately reflected (with contextual oversight) in all planning and programming. • Where the HCT/HCT feels public advocacy is considered too sensitive or high-risk to advance from within South Sudan, leverage institutional capacities, resources, and networks at regional and global levels (e.g. Heads of Agency, donors, regional bureaux, the Global Protection Cluster, human rights monitors, media, academia, or others.) • Coordinate and collaborate with Area-Based Coordinators to harmonise emergency and resilience objectives. • Establish an HCT mechanism to lead implementation of the HCT Protection Strategy. • Ensure mine action and explosive ordnance risk mitigation are reflected as essential, life-saving components across sectoral planning and resource allocation.
Protection Cluster	• Set technical standards in the Protection Cluster MSP. • Develop Protection Cluster Strategy which complements the HCT Protection Strategy and articulates strategic and operational commitments to protection response quality, inclusiveness, AAP, localisation, and links to durable solutions. • Provide regular updates to the HCT on the most critical protection risks that require immediate or strategic intervention, whether through rapid emergency responses or advocacy efforts with government, peace, and development stakeholders. • Provide technical support to evidence-based advocacy. • Conducts periodical implementation progress assessments and benchmarks' reviews. • Establish strategic partnership with UNMISS through the POC Working Group and other protection actors at national and subnational level. The Strategic partnership will establish/define areas of complementarity.
Protection actors	• Implement joint programming and contribute to protection monitoring, analysis, and advocacy, in line with the Protection Cluster Strategy and MSP.
Inter-Cluster Coordination Group	• Integrate Centrality of Protection in project design, particularly through the pooled funding mechanisms, in accordance with the clear responsibility of the ICCG to advance protection-sensitive and safe programming.

[13] The four mandatory responsibilities of HCTs are: 1. A collective approach for ensuring that protection is central to humanitarian action, including developing and implementing an common HCT strategy on protection; 2. A collective approach to Accountability to Affected People (AAP) for engaging with, ensuring feedback to and adjusting the response based on the views of affected people.; 3. A collective mechanism and approach to Protection from Sexual Exploitation and Abuse (PSEA) by humanitarian workers, including a Code of Conduct, aligned with any other mechanisms in place to deal with this issue; 4. A collective approach to addressing GBV.

UNMISS	• Provision of physical protection through the deployment of peacekeepers to deter violence through the establishment and maintenance of patrols, early warning systems, and rapid responses to risks and threats. • Contribute to collective efforts to strengthen the protective environment by enhancing local conflict resolution mechanisms, rule of law institutions, and human rights monitoring. • Facilitate conditions conducive to humanitarian access and the delivery of assistance. • Contribute to collective protection analysis, information-sharing, and coordinated response.
Civil society, development, human rights, and peace actors	• Ensure inclusivity of strategic and operational approaches through coordination structures such as the NGO Forum and UNCT. • Address protection risks and root causes through programming and advocacy. • Strengthen partnerships, programming, and joint advocacy across the humanitarian-development-peace nexus.

5. Implementation of the Strategy

As 'next steps' to implement this Strategy, the HCT must:

- Decide, in line with HCT capacities, resources, and existing mechanisms, the number of protection risks in this Strategy the HCT would like to prioritise for collective response. Any risks not prioritised by the HCT will be retained in annex and available for use by relevant organisations, mechanisms, and working groups.
- Reaffirm periodic agenda for protection analysis in HCT meetings.
- Establish HCT Protection Crisis mechanism responsible for implementation of this strategy, in accordance with Benchmarks for HCT collective implementation of the IASC Policy on Protection in Humanitarian Action.
- Develop the detailed workplan for the HCT Protection Strategy, informed by the collective actions and protection outcomes outlined in the 'Objectives' section of this Strategy.
- Develop a detailed follow-up mechanism for measuring a progress of the implementation of this Strategy.
- Establish regular HCT Protection meetings to advance the implementation of this strategy.
- Undertake regular monitoring of progress and periodic reviews of the Strategy to adapt, adjust, or amend to ensure continuing relevance to changes in context.

END.