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Pupils write in their schoolbooks in Juba, Central Equatoria State, South Sudan, May 2025.

unicef   
for every child

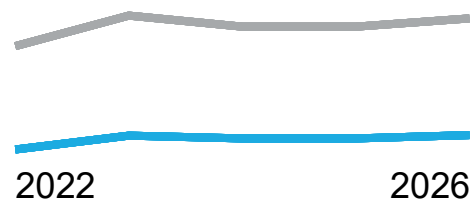
## Humanitarian Action for Children

# South Sudan

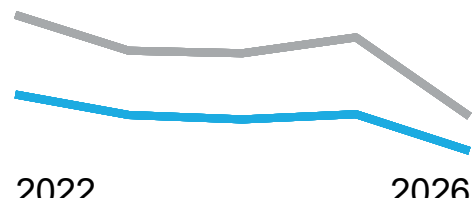
## HIGHLIGHTS

- The protracted crisis in South Sudan – conflict, displacement, food insecurity, and climate shocks – affects 9.3 million people, including 5 million children.<sup>1</sup> Acute malnutrition is critical, with 2.11 million children and 1.15 million pregnant and breastfeeding women affected or at risk.<sup>2</sup> The country is also experiencing its worst cholera outbreak on record, with 95,450 cases and 1,587 deaths reported between September 2024 and 30 October 2025.<sup>3</sup>
- In line with the Humanitarian Reset and inter-agency planning, UNICEF prioritizes reaching the most vulnerable and hardest-to-access communities through life-saving, anticipatory and community-driven rapid responses. Key intervention areas include nutrition, WASH, health, child protection and gender-based violence prevention and response services in high-risk areas. Localization, preparedness and strong partnerships will ensure timely and sustainable humanitarian action despite shrinking funding.
- UNICEF requires \$196.8 million to reach 3.5 million people, including 2.6 million children, with urgent nutrition, WASH, health, child protection and education support to uphold children's rights amid the country's escalating humanitarian crisis.

IN NEED  
**9.3 million people**<sup>4</sup>  
**5 million children**<sup>5</sup>



TO BE REACHED  
**3.5 million people**<sup>6</sup>  
**2.6 million children**<sup>7</sup>



## KEY PLANNED TARGETS



**720,000**

children and women  
accessing primary health  
care



**550,000**

children with severe  
wasting admitted for  
treatment



**159,531**

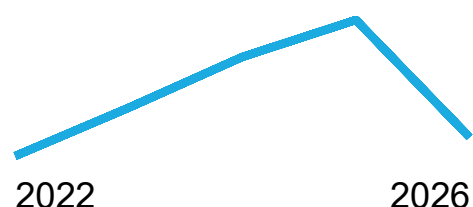
children accessing formal  
or non-formal education,  
including early learning



**528,000**

people accessing a  
sufficient quantity and  
quality of water

FUNDING REQUIREMENTS  
**US\$196.8 million**



Figures are provisional and subject to change upon finalization of the 2026 Humanitarian Needs and Response Plan for South Sudan.

## HUMANITARIAN SITUATION AND NEEDS

South Sudan is entering 2026 amid escalating humanitarian crises, with more than 70 per cent of its population – approximately 9.3 million people – requiring assistance, up from 67 per cent in 2025. The situation has deteriorated due to ongoing armed conflict, recurrent climate shocks and a deepening economic downturn.<sup>8</sup> The ongoing crisis in the Sudan has further strained South Sudan, increasing the country's total population by an estimated 8.8 per cent through refugee inflows. This has overburdened already fragile health, education and social service systems.<sup>9</sup>

Persistent insecurity continues to drive widespread displacement, particularly in Upper Nile, Jonglei, Central Equatoria and Western Equatoria states. Between January and September 2025, more than 321,000 people were newly displaced due to conflict.<sup>10</sup> Humanitarian access also deteriorated during this period, with a total of 441 incidents reported – a 25 per cent increase compared with the same the period in 2024. This disrupted aid delivery across Upper Nile, Jonglei, Greater Equatoria and Unity states.<sup>11</sup>

The health and WASH situation, interlinked, remains catastrophic. Poor water, sanitation and hygiene conditions exacerbate disease outbreaks, including cholera, measles, anthrax, circulating vaccine-derived poliovirus type 2 (cVDPV2), hepatitis E and mpox, overwhelming the country's fragile health system.<sup>12</sup> Cholera reached its worst level on record in 2025, with 95,450 cases and 1,587 deaths (case fatality rate: 1.7 per cent) in 55 counties as of 30 October 2025. Measles transmission remains a significant threat, with gaps in routine immunization and cross-border population movements heightening the risk of outbreaks.

The acute malnutrition situation remains alarming, driven by disease outbreaks, limited health access and poor WASH conditions. Between July 2025 and June 2026, about 2.11 million children aged 6–59 months and 1.15 million pregnant and breastfeeding women are expected to be affected or at risk. Nearly 70 per cent of cases are in Jonglei, Northern Bahr el Ghazal, Upper Nile, Unity and Warrap states. Currently, 52 out of 80 counties face Integrated Food Security Phase Classification (IPC) acute malnutrition Phase 3 or worse, with further deterioration expected during the 2026 lean season.<sup>13</sup>

Education and protection needs are equally acute. An estimated 2.81 million children, nearly 65 per cent of school-aged children, remain out of school, increasing vulnerability to recruitment by armed groups, sexual exploitation, child labour and other abuse. Gender-based violence is widespread, with more than 75 per cent of women aged 15–64 having experienced some form of violence.<sup>14,15</sup>

By the end of October 2025, floods had destroyed homes, farmland and infrastructure, affecting more than 1 million people in 29 counties in six states (primarily Jonglei and Unity). Humanitarian access remains severely constrained, with attacks on aid workers increasing compared with 2024, particularly in conflict-affected areas.<sup>16,17</sup>

## SECTOR NEEDS



**5.7 million**  
people in need of  
health assistance<sup>18</sup>



**4.3 million**  
people in need of  
nutrition assistance<sup>19</sup>



**5.9 million**  
children in need of  
protection services<sup>20</sup>



**2.1 million**  
children in need of  
access to school



**5 million**  
people lack access to  
safe water

## STORY FROM THE FIELD



Rabha Ahmed, 20, at right, sits at Chemedi PHCC's nutrition screening room as the nutritionist clinical officer finishes assessing her child, who was diagnosed with moderate malnutrition, June 2025.

As war in the Sudan continues to rage, thousands of women and children have fled to South Sudan seeking safety, many walking more than five days on foot, carrying malnourished children who urgently need medical care. From Chemedi village to Renk Hospital to Wunthou border reception centre, families arrive after harrowing journeys. Despite hardships, refugees express gratitude for the warm welcome and support – including food and clothes – offered by South Sudanese host communities, who share what little they have. This series highlights four mothers – Raba, Suksuka, Khaltoum and Nishal – and underscores the urgent nutrition crisis and the vital support of UNICEF and other United Nations agencies in restoring health and hope.

## HUMANITARIAN STRATEGY

In 2026, UNICEF's humanitarian strategy in South Sudan will align with the revised Humanitarian Needs and Response Plan, prioritizing the most vulnerable populations – particularly those in hard-to-reach and conflict-affected areas. The approach integrates anticipatory action, strengthened preparedness and localization. It is guided by principles of gender equality, protection from sexual exploitation and abuse, accountability to affected populations and conflict sensitivity.

UNICEF will expand the use of predictive modeling, early warning systems and anticipatory frameworks to act before shocks escalate. Strengthening multi-sector rapid response mechanisms will remain central to ensuring swift, life-saving interventions. Localization will advance through equitable partnerships with civil society – especially women-led organizations and national NGOs – and by reinforcing government capacity to enhance sustainability and community ownership.

Under the Humanitarian Reset, prioritization will be sharper and more disciplined. Multi-hazard and multi-sector risk analyses, informed by a contextualized risk index and area-based planning, will guide where UNICEF concentrates integrated programming, deploys pre-positioned supplies, or boosts rapid response capacity. UNICEF will systematically embed protection from sexual exploitation and abuse, accountability to affected populations, gender equality and conflict sensitivity across all interventions. This will underpin inclusive, protective and accountable programming.

Sectoral strategies will strengthen integration and sustainability, bridging humanitarian and development approaches. In WASH, UNICEF will sustain leadership in emergency response while advancing durable, community-driven solutions through the humanitarian–development–peace nexus and behaviour change initiatives. The health programme will reinforce the primary health care approach, linking essential services to ensure continuity of care. Social and behaviour change interventions will enhance risk communication and community engagement for timely, actionable information. Nutrition programming will prioritize high-impact, life-saving services while progressively shifting towards government- and community-managed systems. Child protection will strengthen professionalization and localization through co-leadership with national NGOs and local authorities to strengthen coordination mechanisms and response strategies. Gender-based violence prevention and response services will be supported by women-led groups. Education programming will safeguard access and strengthen gender equality in learning. Meanwhile, the social policy programme will pilot UNICEF's first multi-purpose cash assistance initiative. This will reinforce national social protection systems and provide flexible, rapid support to crisis-affected families.

UNICEF's coordination role will remain a central pillar of the humanitarian architecture in South Sudan. As Cluster Lead for WASH and nutrition and co-lead for education, UNICEF will continue to drive effective coordination – harmonizing standards, supporting joint assessments and reinforcing government leadership for cohesive, accountable action. UNICEF will provide technical expertise to strengthen the newly consolidated Protection Cluster, ensuring integrated protection outcomes across all sectors.

## 2026 PROGRAMME TARGETS



### Health (including public health emergencies)

- 720,000 children and women accessing primary health care in UNICEF-supported facilities<sup>21</sup>
- 3,005,471 children vaccinated against measles, supplemental dose<sup>22</sup>
- 221,016 people receiving insecticide treated nets<sup>23</sup>



### Nutrition<sup>24</sup>

- 2,398,809 children 6-59 months screened for wasting<sup>25</sup>
- 550,000 children 6-59 months with severe wasting admitted for treatment<sup>26</sup>
- 947,214 primary caregivers of children 0-23 months receiving infant and young child feeding counselling<sup>27</sup>
- 2,398,809 children 6-59 months receiving vitamin A supplementation<sup>28</sup>
- 58,543 children aged 6 to 59 months with high risk moderate acute malnutrition (HRMAM) admitted for treatment<sup>29</sup>



### Child protection and GBViE

- 92,399 children, adolescents and caregivers accessing community-based mental health and psychosocial support<sup>30</sup>
- 105,600 women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions<sup>31</sup>
- 4,900 children who have received individual case management<sup>32</sup>
- 45,000 adults trained on EORE and conduct EORE school/community-based awareness sessions reaching children and adults<sup>33</sup>



### Education

- 159,531 children accessing formal or non-formal education, including early learning<sup>34</sup>
- 159,531 children receiving individual learning materials<sup>35</sup>
- 1,600 teachers and facilitators trained in basic pedagogy and/or mental health and psychosocial support<sup>36</sup>



### Water, sanitation and hygiene

- 528,000 people accessing a sufficient quantity and quality of water for drinking and domestic needs<sup>37</sup>
- 223,000 people accessing appropriate sanitation services<sup>38</sup>
- 223,000 people reached with critical WASH supplies<sup>39</sup>



### Cross-sectoral (HCT, SBC, RCCE and AAP)

- 5,000 households reached with UNICEF-funded humanitarian cash transfers (including for social protection and other sectors)<sup>40</sup>
- 1,305,000 people reached with timely and life-saving information on how and where to access available services<sup>41</sup>
- 91,350 people engaged in reflective dialogue through community platforms<sup>42</sup>
- 91,350 people sharing their concerns and asking questions through established feedback mechanisms<sup>43</sup>



### PSEA

- 1,047,273 people who have access to a safe and accessible channel to report sexual exploitation and abuse by aid workers<sup>44</sup>



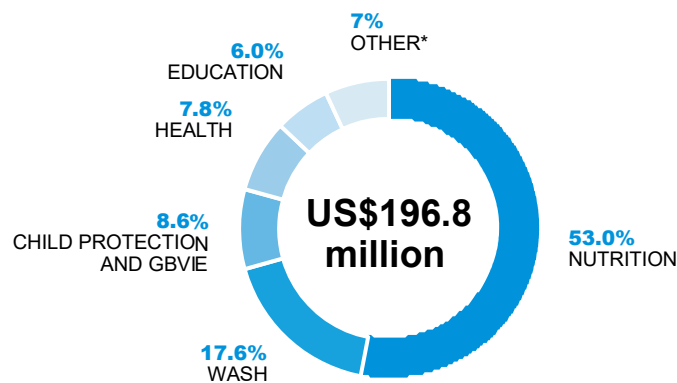
# FUNDING REQUIREMENTS IN 2026

UNICEF requires \$196.8 million in 2026 to sustain life-saving humanitarian assistance for 3.5 million people in South Sudan, including 2.6 million children, affected by conflict, disease outbreaks, flooding, displacement and other climate-related shocks. The appeal aligns with the Humanitarian Reset by prioritizing populations with the most acute needs and ensuring that interventions are anticipatory, integrated, community-based and locally led.

The 2026 appeal centres on high-impact, life-saving interventions. Nutrition remains the largest component, accounting for more than half of the total requirement (\$104.4 million) to enable the treatment of 550,000 children with severe wasting. WASH programmes will reach an estimated 582,000 people with safe water and improved hygiene services, while essential health and education interventions will support crisis-affected children and women with primary care, immunization, learning opportunities and psychosocial support. UNICEF will integrate child protection, gender-based violence prevention, accountability to affected populations and safeguarding across all sectors to ensure a holistic and protective response.

A portion of the budget supports the enabling environment required for effective delivery. This includes strengthened supply-chain operations; secure storage and transport of critical supplies to remote and hard-to-reach locations; enhanced safety and access measures; and core coordination functions including cluster leadership, field monitoring and information management. These systems are essential to maintain continuity of operations and ensure a timely, equitable and accountable humanitarian response.

Sustained and flexible funding remains critical to adapting to rapidly evolving needs. Without sufficient resources, essential services – including nutrition treatment, safe water, education and child protection – will be significantly curtailed, putting lives at risk and reversing hard-won gains for the most vulnerable children.



Sector	2026 requirements (US\$) <sup>45</sup>
Nutrition	104,363,745 <sup>46</sup>
Child protection and GBVIE	16,883,917 <sup>47</sup>
Education	11,773,388
Cross-sectoral (HCT, SBC, RCCE and AAP)	5,022,829 <sup>48</sup>
PSEA	1,015,027
Emergency preparedness	5,770,432
Cluster coordination	1,812,940
Health	15,391,299
WASH	34,717,650
Total	196,751,227

<sup>45</sup>This includes costs from other sectors/interventions: Emergency preparedness (2.9%), Cross-sectoral (HCT, SBC, RCCE and AAP) (2.6%), Cluster coordination (<1%), PSEA (<1%).

Figures are provisional and subject to change pending finalization of the 2026 Humanitarian Needs and Response Plan.

## ENDNOTES

1. United Nations Office for the Coordination of Humanitarian Affairs (OCHA), South Sudan: Reprioritized HNRP addendum – At a glance, OCHA, 25 March 2025. The number of children in need represent approximately 54 per cent of the overall people in need.
2. Integrated Food Security Phase Classification (IPC), South Sudan: IPC acute food insecurity and malnutrition snapshot – September 2025–July 2026, IPC, 4 November 2025.
3. South Sudan Cholera Situation Report #52\_20251027. <https://reliefweb.int/report/south-sudan/south-sudan-cholera-outbreak-situation-report-no-52-reporting-date-27-october-2025>.
4. The number of people in need is based on the 2025 Humanitarian Needs and Response Plan and will be adjusted with the release of the 2026 Humanitarian Needs and Response Plan.
5. The number of children in need is based on the 2025 Humanitarian Needs and Response Plan and will be adjusted with the release of the 2026 Humanitarian Needs and Response Plan.
6. UNICEF is committed to needs-based targeting, which means covering the unmet needs of children; and will serve as the provider of last resort where it has cluster coordination responsibilities. The prioritization of urgent life-saving needs is in line with the Humanitarian Reset. This number of people to be reached is calculated based on the highest programmatic targets of 2,398,809 million children aged 6–59 months receiving vitamin A supplementation; 159,531 children aged 5–18 years accessing formal or non-formal education; and 947,214 primary caregivers receiving infant and young child feeding counselling. The total number of people to be reached includes 50 per cent women/girls, 50 per cent men/boys and 15 per cent people/children with disabilities (in the absence of official census data, UNICEF has used the global estimate of 15 per cent).
7. This number of children to be reached is calculated using the highest programmatic targets of 2,398,809 million children aged 6–59 months receiving vitamin A supplementation; and 159,531 children aged 5–18 accessing formal or non-formal education. Of the target, 49 per cent are girls, 51 per cent are boys. Fifteen per cent are estimated to have a disability (in the absence of official census data, UNICEF has used the global estimate of 15 per cent).
8. 2025 Humanitarian Needs and Response Plan.
9. Office of the United Nations High Commissioner for Refugees (UNHCR) and International Organization for Migration (IOM), online information dashboard, retrieved November 1, 2025, available at <https://app.powerbi.com/view?r=eyJrJoiZTMwNTIjNWYtYmVhYi00ZGI2LTgwYzAtN2UyNDZmZTRlNjBkIiwidCI6IjE1ODgyNjJkLTlzMlRlNDNiNC1iZDZlLWJjZTQ5YzhINjE4NiIsImMiOiJh9&pageName>
10. OCHA, South Sudan: Humanitarian snapshot (September 2025), OCHA, 14 October 2025.
11. OCHA, South Sudan: Humanitarian access snapshot (September 2025).
12. OCHA, South Sudan: Humanitarian snapshot, 14 October 2025.
13. IPC, South Sudan: IPC acute food insecurity and malnutrition snapshot, 4 November 2025.
14. Ministry of Gender, Child, and Social Welfare and United Nations Population Fund (UNFPA), Prevalence of Violence Against Women and Men in South Sudan, 2023.
15. With a significant increase of grave violations against children by parties to the conflict – including forced recruitment, killing and maiming and sexual violence – and the planned reduction of capacities and geographical coverage of the United Nations Mission in South Sudan, the rapid deterioration in the protection of children is a major concern.
16. OCHA, South Sudan: Floods snapshot (as of 30 October 2025), 20 October 2025.
17. The planned drawdown of the United Nations Mission in South Sudan in 2026 may further compromise civilian protection, particularly in hard-to-reach and high-conflict areas, while continued economic fragility and the potential for new climate shocks could exacerbate humanitarian needs. Without immediate and scaled-up interventions, vulnerabilities across health, nutrition, protection and education will intensify, leaving millions at extreme risk.
18. 2025 Humanitarian Needs and Response Plan.
19. Ibid.
20. Ibid.
21. The overall Health Cluster target for 2025 is 1.8 million population in need. UNICEF will support 40 per cent of this target during 2026 given our role in the health sector.
22. For humanitarian (outbreak response) measles doses targeting children under 5 years of age. The appeal target for this indicator has been updated to align with the nationwide target, while also taking into account mid-year achievements by UNICEF and partners and projected progress by the end of 2025. This more accurate and ambitious target represents a substantial increase compared with the original target set in the initial 2025 appeal and has contributed to the overall rise in budget requirements for health responses in South Sudan.
23. Insecticide-treated nets provided via antenatal care implies pregnant women regardless of age. Insecticide-treated nets provided to immunization clients is primarily children under age 1. The Humanitarian Needs and Response Plan number of people in need of insecticide-treated nets for children under age 5, pregnant women, etc. is 5.7 million, of whom women and children under age 5 comprise 25 per cent (1,425,000). The World Health Organization recommends 1 net per every 1.8 people, along with a buffer of 10 per cent, or for 884,066 people. Due to funding constraints, the UNICEF target has been reduced to 221,016, or 25 per cent.
24. These targets are based on HNRP data as well as IPC analysis report for November 2025.
25. This coverage has been reduced to 80 per cent coverage as per the revised 2025 appeal, because it is integrated into a national campaign as a key life-saving and preventive intervention which includes hard-to-reach locations, and it's the only chance for reaching all children.
26. Conflict and insecurity in many parts of the country, low agricultural production, economic crises and climate change continue to drive levels of severe wasting. The increase in the target from 530,000 to 550,000 aligns with IPC analysis released on 4 November 2025, which indicates a worsening acute malnutrition situation.
27. The targets are reduced to 50 per cent coverage as per the revised 2025 appeal due to funding cuts, because the intervention is focusing on preventive activities and is a blanket intervention by community-based workers.
28. This coverage has been reduced to 80 per cent as per the revised 2025 appeal because it's a national campaign for life-saving and preventive activities for all children.
29. SMART survey data from 2020 – 2022 were used to calculate the prevalence of high risk moderate wasting (MAM) (1.4 per cent of total <5 population), with MUAC 11.5–11.9 cm. A correction factor of 3.6 and projected population of <5 in 2024. The target 58,543 for children with moderate wasting at highest risk of mortality is only for Northern Bahr el Ghazal and Lakes states, locations of the pilot of the new WHO guidelines.
30. This is a 10.4 per cent reduction from the original target as per the revised 2025 appeal due to reduced donor funding for child protection in emergencies, a decrease in active child protection partnerships and a strategic shift towards government-led case management delivered through local NGOs. These changes reduced the expected implementation capacity.

31. This is a 12 per cent reduction from the original target as per the revised 2025 appeal due to reduced donor funding for child protection in emergencies, a decrease in active child protection partnerships and a strategic shift towards government-led case management delivered through local NGOs. These changes reduced the expected implementation capacity.
32. This is a 30 per cent reduction as per the revised 2025 appeal due to reduced donor funding for child protection in emergencies, a decrease in active child protection partnerships and a strategic shift towards government-led case management delivered through local NGOs. These changes reduced the expected implementation capacity.
33. This is a 57.1 per cent reduction from the original target as per the revised 2025 appeal due to reduced donor funding for child protection in emergencies, a decrease in active child protection partnerships and a strategic shift towards government-led case management delivered through local NGOs. These changes reduced the expected implementation capacity.
34. The revised 2025 appeal target is calculated at 50 per cent of the HNRP reprioritized target. The detailed country-level breakdown by age groups in percentages is as follows: 1) 5 per cent of the target is children under 5 years of age (3–5 years early childhood education) 50 per cent girls, 50 per cent boys; 2) 85 per cent of the target is children 5–18 years at primary level (50 per cent girls, 50 per cent boys); 3) 10 per cent of the target are those over age 18 years (adolescents and youth), 50 per cent female, 50 per cent male. Children with disabilities comprise five per cent of the target.
35. It is assumed that all children aged 3–17 enrolled in schools will receive individual learning materials.
36. The estimated teacher-pupil ratio in emergencies is 1:100 considering approximately 160,000 pupils/learners.
37. UNICEF is targeting 60 per cent of the revised WASH target of 880,000. Based on 15 litres of water per person per day in an emergency context. One tap serves 250 people. One borehole serves 500 people. One motorized water yard serves a minimum of 2,000 people (8 taps). And one surface water treatment plant (SWAT) system serves a minimum of 3,000 people (12 taps).
38. UNICEF maintained the target as per the revised workplan, which is in line with the revised 2025 appeal. Based on Sphere standards, one toilet stance per 50 people in emergency contexts, and one handwashing facility per 50 people. The introduction of the maintenance units in sites for internally displaced persons makes it easier not to build so many latrines but focus instead on emptying and reusing the minimum quantity of latrines.
39. The distribution of non-food items, hygiene promotion and sanitation are an integrated target. Therefore, this target was matched with the sanitation target to achieve the integration targeting same group of people. A hygiene kit is estimated to serve a family of six people. UNICEF will procure and distribute the kits. In the event of inadequate resources, UNICEF may request supplies from the Core pipeline. Hygiene promotion and behaviour change sessions will be conducted at household level, with target groups and at mass gatherings.
40. The multi-purpose cash assistance programme will target vulnerable households affected by flooding, conflict, or economic hardship.
41. Targets for the social and behaviour change interventions will be 45 per cent of the HNRP reprioritized targets. This assumption is premised on the fact that the social and behaviour change response targets caregivers and children affected by public health and natural and manmade disasters countrywide through one-way channels (radio and community announcements). People with disabilities is calculated at 15 per cent based on global estimates. Calculation for children under age 5 is estimated at 19 per cent, 5–18yrs at 35 per cent and 18 years and older at 46 per cent of the target (52 per cent female).
42. Estimates based on community feedback data being reported through social and behaviour change-supported feedback mechanisms.
43. Estimates based on community feedback data being reported through social and behaviour change-supported feedback mechanisms.
44. The numbers reached are calculated by taking 25 per cent of the total number of people targeted by all UNICEF-supported community interventions conducted by the sectors. Through these interventions, affected populations are informed what sexual exploitation and abuse is; their responsibilities as right-holders; and the multiple reporting channels that exist to report incidents of sexual exploitation and abuse.
45. In 2026, UNICEF will utilize 3 per cent of the overall budget for preparedness and anticipatory action. One per cent for the public health response reflects the budget for the indicator, 'population affected by health emergencies reached with primary health care services', under the health sector response.
46. The funding requirements for nutrition has increased from \$100,553,780 to \$104,363,745 due to the increase in the targets for admission to treatment for severe wasting, from 530,000 in 2025 to 550,000 in 2026. The cost of treating a child for severe wasting is \$130 per child.
47. This line item includes \$5,455,296 for gender-based violence prevention and response targets and \$11,428,621 for other child protection targets.
48. This line item includes \$2,583,000 for humanitarian cash transfers and \$2,439,829 for social and behaviour change, which includes \$2,327,468 for risk communication and community engagement and \$112,361 for accountability to affected populations.