



Girl students are photographed in Bentiu Girls Primary School in Unity State, South Sudan

unicef 
for every child

Humanitarian Situation Report No. 6

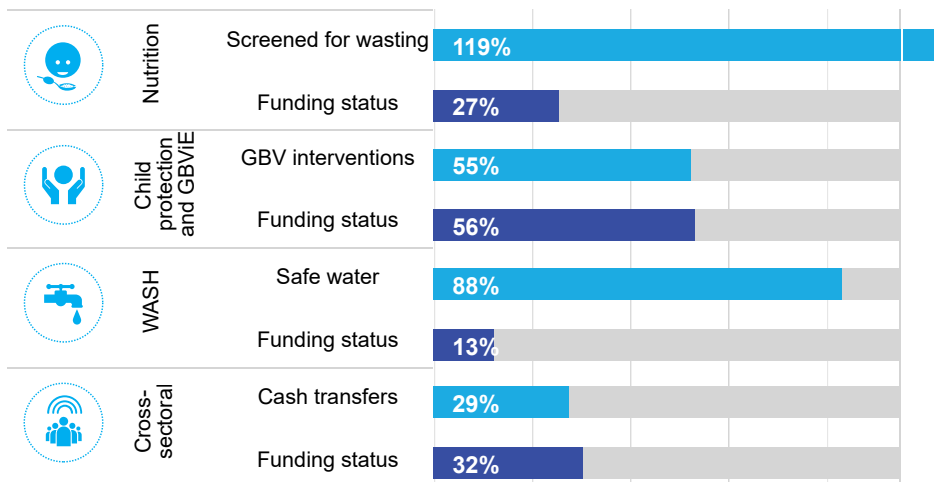
Reporting Period
1 January to 30 June
2025

South Sudan

HIGHLIGHTS

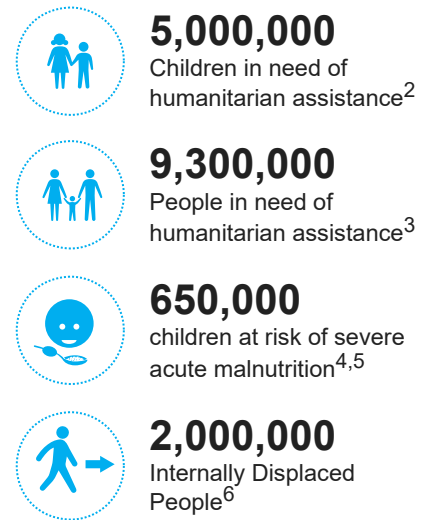
- According to the latest Integrated Food Security Phase Classification (IPC) analysis, acute malnutrition in South Sudan is projected to reach unprecedented levels. Between April and July 2025, an estimated 2.3 million children under five and 1.2 million pregnant and breastfeeding women will require treatment, while 7.7 million people are projected to face severe food insecurity.
- Since February 2025, escalating armed clashes and inter-communal violence across South Sudan have caused severe civilian harm and displacement. Over 300,000 people have been newly displaced internally, with more than 125,000 fleeing to neighboring countries.
- As of June 2025, a total of 79,746 suspected cholera cases and 1,431 deaths have been reported with a Case Fatality Rate (CFR) of 1.8 per cent with children under 5 years accounting for 16 per cent of deaths¹.
- The Humanitarian Action for Children (HAC) appeal is only 22 per cent funded of the \$278.2 million needed as of June 30, 2025.

UNICEF RESPONSE AND FUNDING STATUS*

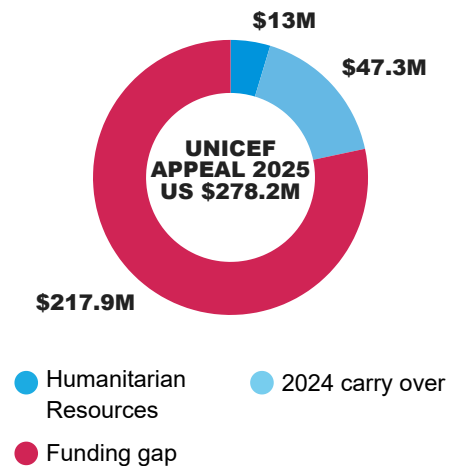


* UNICEF response % is only for the indicator, the funding status is for the entire sector.

SITUATION IN NUMBERS



FUNDING STATUS (IN US\$)**



** Funding available includes: funds received in the current year; carry-over from the previous year; and repurposed funds with agreement from donors

FUNDING OVERVIEW AND PARTNERSHIPS

Despite the generous contributions of the United States of America, ECHO (European Civil Protection and Humanitarian Aid Operations), the United Kingdom, the German Federal Office and the National Committees for UNICEF (NatCom)- France, Spain, Norway, Japan, CERF (Central Emergency Response Fund), the Country-Based Pool Fund, GAVI and others, by June 2025, the Humanitarian Action for Children remains critically underfunded at only 22 per cent of the total requirement. During the first six months of the year, UNICEF South Sudan received only US\$ 13 million, while US\$ 47 million were carry over from 2024. Among the sectors, Education and WASH continue to be the most underfunded with 96 per cent and 87 per cent gaps respectively. In addition, Health still needs approx. US\$ 7 million to meet critical lifesaving services, Nutrition is funded only at 27 per cent and Child Protection received only US\$ 12 million of the funding ask. The funding situation is hampering UNICEF's capacity to deliver urgent lifesaving interventions in a context where disease outbreaks, the economic situation, conflict induced displacement and anticipated flooding are further eroding the capacity of affected population to meet their basic needs. It is against this background that UNICEF urgently appeals for additional critical financial resources from existing and potential new donors.

Despite challenges, UNICEF's work in South Sudan continued to be built around strong, collaborative partnerships, particularly with national partners. In response to recent funding cuts from donors, the number of partnerships (contracts/program documents) has been strategically streamlined from 122 to 93, facilitating a more focused, sustainable, and integrated approach to program implementation. UNICEF continues to work closely with government ministries, 41 local (4 Community Based Organizations and 37 National Non-Governmental Organizations) and 26 international non-governmental organizations (INGOs), and international donors to deliver comprehensive interventions across critical sectors, including health, nutrition, education, child protection, water, sanitation, and hygiene (WASH). Strategic partnerships realignment optimizes limited resources and maximizes impact to address urgent humanitarian needs while promoting long-term resilience and community capacity building. This shift has been operationalized through selective partner engagement based on capacity, geographical coverage, and program alignment, supported by enhanced joint planning, technical support, and accountability measures. Emphasis is also placed on strengthening local capacity to ensure sustainability and local solutions amid protracted crises including increased partnerships with Women Led Organizations (WLOs). As of end of June, UNICEF is partnering with 10 WLOs for Child Protection interventions.

SITUATION OVERVIEW AND HUMANITARIAN NEEDS

A challenging humanitarian situation persists in South Sudan, driven by escalating armed conflict, inter-communal violence, climatic shocks, economic instability, and regional spillover effects, especially from the ongoing crisis in neighboring Sudan. These interlinked challenges have severely constrained humanitarian access, worsened malnutrition and food insecurity, and deepened vulnerabilities, creating one of the world's most critical crises.

Compounding these challenges, since February 2025, the world has witnessed a series of announcements from government donors detailing cuts in overseas development assistance. These cuts are significant and some were immediate. The impact on South Sudan, a country that relies on external assistance for most of its social service

delivery, is huge. South Sudan is expected to face continued reductions in public sector funding in 2026 as some of the donor-announced cuts are set to take effect in the coming years. As a result of this radical change in the funding situation for humanitarian response, the Humanitarian Country Teams have conducted reprioritization exercises within their respective Humanitarian Needs and Response Plans (HNRPs). A recent reprioritization exercise in South Sudan led to a substantial revision of humanitarian planning figures. The number of people targeted for humanitarian assistance was reduced from 5.4 million to 2.9 million, and the associated funding requirements were reduced from US\$1.7 billion to US\$1.03 billion. This shift comes despite the fact that an estimated 9.3 million people (nearly 70 percent of the population) remain in need of humanitarian assistance. While the reprioritized figures reflect the critical needs to be addressed first in the most severely affected areas, the overall humanitarian needs and responses identified in the initial South Sudan HNRP are still considered valid and urgent for interventions should additional funding become available.

South Sudan's economic trajectory remains fragile despite a partial resumption of oil pipeline operations earlier this year following extensive repairs necessitated by the 2024 conflict in Sudan, which had sharply reduced exports. Oil production is the backbone of the economy, accounting for over 50 per cent of Gross Domestic Product (GDP), about 80 per cent of exports, and more than 90 per cent of government revenue, however the anticipated recovery has not materialized. The World Bank reports that 92 per cent of the population now lives in poverty, up from 84 percent last year, underscoring immense humanitarian challenges. The South Sudanese Pound has experienced significant volatility, undermining household purchasing power and straining local markets. Meanwhile, staple food prices have risen sharply, making essential goods increasingly unaffordable for most families. Ongoing conflict, political instability, and spillover from Sudan continue to disrupt trade and economic activities, worsening inflation and food insecurity. Repeated displacement and infrastructure destruction deepen livelihoods losses, while increasing fuel and food costs exacerbate everyday hardships.

Since February 2025, armed clashes between government forces and armed groups have escalated in Upper Nile and Jonglei, with some impact in Unity State. These hostilities, including airstrikes, ground offensives, and militia activities have severely affected civilians, prompting widespread displacement. Inter-communal violence has also escalated, especially in Warrap and Unity states, leading to the declaration of States of Emergency. According to the International Organization for Migration (IOM), more than 300,000 people have been newly displaced internally in 2025, with more than 125,000 fleeing primarily to Ethiopia, Uganda, the DRC, and Sudan. In Warrap State's Tonj South County alone, inter-communal violence displaced over 48,000 people. Children, women and persons with disabilities are disproportionately affected, facing family separation, disrupted access to education and healthcare, heightened exploitation risks, and shelter shortages. The instability and service disruptions compound these protection challenges.

The political landscape in South Sudan remained highly volatile in the first half of 2025, following a significant government reshuffle that included the dismissal of several top officials. Notably, this period saw the arrest of Vice President Riek Machar and the removal of two other Vice Presidents. These developments occurred after the September 2024 agreement to extend the transitional period and reschedule national elections, raising concerns about the stability of the power-sharing arrangement under the R-ARCSS and the overall implementation of the peace agreement. The arrest and reshuffle pose significant risks to the cohesion and sustainability of the R-ARCSS, increasing the likelihood of political fragmentation and undermining progress toward lasting peace. During this period,

heightened political tensions were reported, with unrest amid increasing fears of renewed conflict.

The conflict in the neighboring Sudan has forced over 1.1 million people into South Sudan, with the main entry point at Renk particularly overwhelmed due to the closure of one of its two transit centers. The temporary suspension of Onward Transport Assistance (OTA) since 1 June, due to critical funding constraints, has left thousands of returnees and refugees stranded and unable to move onward. Currently, about 11,000 people remain inside the transit center, with many more gathered outside. This influx is worsening South Sudan's already severe crisis, characterized by widespread food insecurity, fragile infrastructure, and ongoing internal displacement. The increasing numbers are stretching humanitarian partners' capacity to provide adequate food, shelter, clean water, healthcare, protection, and other essential services. Immediate and sustained support is urgently needed to address life-saving needs and prevent further deterioration of the situation.

On the public health front, South Sudan faces its worst and longest Cholera outbreak on record with 79,746 cases and 1,431 deaths reported as end of 30 June across 55 counties in 9 States and 3 Administrative Areas (Ruweng, Greater Pibor and Abyei). Nearly half of cases are children aged 0–14, accounting for approximately 47 per cent of the total caseload, highlighting the severe impact on vulnerable groups. This outbreak is compounded by economic hardship, acute food shortages, and other infectious disease outbreaks, further worsening already critical levels of malnutrition. The cholera outbreak has also severely disrupted education, with approximately 37,797 learners impacted due to the closure of schools. A total of 187 schools were closed in Upper Nile State across the counties of Nasir, Ulang, Baliet, Melut, and Renk; 36 schools in Pibor; 2 in Fangak (Jonglei State); and 1 in Wau (Western Bahr El Ghazal State). Additionally, South Sudan has reported 15 confirmed cases of monkeypox (MPOX), adding further strain to an already overwhelmed health system. Other prevalent infectious diseases include malaria, measles, and hepatitis E, particularly in Renk. Flooding, now in its fifth consecutive year, continues to overlap with these health crises, increasing the risk of disease outbreaks and impeding the delivery of humanitarian assistance.

Malnutrition levels in South Sudan remain at unprecedented levels. According to the latest IPC analysis, approximately 2.3 million children under five (a 10.5 per cent increase from earlier in the year) will suffer acute malnutrition in 2025, requiring urgent treatment. Additionally, 1.2 million pregnant and breastfeeding women face acute nutritional needs. Severe Acute Malnutrition (SAM) admissions are at their highest in years with 714,439 children projected to suffer from SAM, and another 1.6 million children expected to have Moderate Acute Malnutrition (MAM). Food insecurity worsened during the April–July lean season, with 7.7 million people (57 percent of the population) facing Crisis or worse (IPC Phase 3+), including persistent Emergency and Catastrophe conditions particularly in Upper Nile. These converging crises, compounded by violence, displacement, and constrained humanitarian access push the country toward famine-like scenarios and elevated mortality, disproportionately impacting children and women.

Humanitarian access in South Sudan remains severely constrained by ongoing violence and insecurity in Upper Nile and Jonglei States. Attacks on aid workers and facilities have caused significant operational disruptions across multiple states. From January to June 2025, a total of 241 incidents have been reported, hindering relief efforts. Additionally, bureaucratic and administrative obstacles, such as checkpoints and increased fees, impede the delivery of vital humanitarian assistance. The seasonal rains have made many roads impassable, and conflict has limited alternative river transportation routes between Jonglei and Upper Nile—the latter typically used during floods. These access barriers severely restrict the delivery of

critical assistance to hard-to-reach areas.

A major flood event is forecasted for the second half of 2025, with potential severity matching or exceeding the 2024 floods. Key risk factors include historically high lake levels, record flooding in the Sudd wetlands, wetter-than-average July–September rainfall, and elevated White Nile water levels. While these conditions may benefit crop development, they also raise flood-related risks—intensifying displacement, food insecurity, malnutrition, and waterborne disease outbreaks. Floods will further damage infrastructure, reduce access to services, and compound the country's instability and humanitarian needs.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

Health



A young lady is photographed receiving cholera vaccine during a vaccination campaign launch in Greater Bahr El Ghazal Region, South Sudan.

South Sudan's overlapping crises—conflict, flooding, displacement, and disease outbreaks—continue to devastate vulnerable communities. As the country battles against its worst recorded cholera outbreak, children under 15 years of age continue to represent nearly half of all cases, while women remain disproportionately affected due to their caregiving roles and inadequate WASH (Water, Sanitation, and Hygiene) services. The rainy season and continued influx of refugees from Sudan are worsening the situation, increasing transmission risks within an already fragile and constrained health system.

The resurgence of Cholera, Measles, Mpox, and Malaria highlights significant gaps in public health infrastructure and access. With over 27 percent of health facilities non-functional, children and women face limited access to treatment, prevention, and protection services. Poor WASH coverage and displacement further heighten exposure to disease, especially among children in flood-affected and hard-to-reach areas.

In response to the Cholera outbreak, UNICEF has fully participated in response efforts in partnership with the Ministry of Health, the World Health Organization (WHO), and implementing partners. Key intervention pillars include coordination; surveillance; case management; Infection Prevention and Control (IPC)/WASH; Risk Communication and Community Engagement (RCCE); vaccine logistics; and supply management. UNICEF actively participated in national and sub-national cholera task forces, led Oral Cholera Vaccine (OCV) logistics, and played a central role in hotspot identification, Case-Area Targeted Interventions (CATI), and the

Intra-Action Review (IAR).

Together with the Ministry of Health, WHO, and partners, UNICEF supported the treatment of suspected cases and conducted OCV campaigns in 35 counties. A total of 6.8 million eligible people were vaccinated, achieving 94.8 per cent vaccination coverage. This success was made possible through the provision of essential lifesaving cholera supplies, including Acute Diarrheal Kits (ADK), Oral Rehydration Salts (ORS), tents, cholera beds, personal protective equipment (PPE), drugs, water purifiers, buckets, cups, and the oral cholera vaccine at Cholera Treatment Centers (CTCs), Cholera Treatment Units (CTUs), and Oral Rehydration Points (ORPs) established across the country.

Lifesaving services in health facilities were strengthened through the establishment of triage systems, referral pathways, effective case management, joint supportive supervision, and cold chain management. Additionally, 1,160 vaccinators were trained. Community-based surveillance was enhanced with the establishment of 102 ORPs, 19 Cholera Treatment Centers (CTCs), and 88 Cholera Treatment Units (CTUs) across the 9 states and 3 Administrative Areas. Notably, Western Equatoria remains the only state yet to report any suspected cholera cases.

UNICEF's leadership in coordination, campaign logistics, and field-level support enabled a timely response and high vaccination coverage, with 23 counties achieving over 80 per cent coverage. Effective partner mobilization and decentralized ORP setups improved access to care. However, access constraints due to flooding and insecurity, delayed partner reporting, and underfunding have affected response timelines and the scale-up in high-burden areas. To address these challenges, UNICEF is expanding mobile outreach via ORPs to halt disease transmission at the community level, reinforcing Boma Health Worker surveillance, and deploying an Emergency Health Specialist to enhance sub-national coordination. Future efforts will focus on integrated WASH-health packages, advocacy for flexible funding, and surge capacity to handle anticipated cholera peaks.

Since 2022 to date, South Sudan has been reporting measles outbreaks, with 113 suspected cases (including 26 lab-confirmed) recorded in 7 states in 2025. Forty-six per cent of suspected measles cases were children aged 1–4 years. In response to the situation, during the first half of 2025, UNICEF, the Ministry of Health and partners conducted nationwide measles campaign vaccinating 2,556,483 children aged 6–59 months, and achieving 85 per cent immunization coverage.

Nutrition



UNICEF South Sudan

A mother is photographed in coming out of the nutrition center after receiving information and nutrition plumpy nuts for her children in Renk Hospital, Upper Nile State South Sudan.

The nutrition situation in South Sudan continues to worsen, as reflected by the 2025 Integrated Food Security Phase Classification (IPC) results. Of the 80 counties, 47 (59 per cent) are classified in IPC Acute Malnutrition (AMN) Phase 4 (Critical) or Phase 5 (Extremely Critical). Acute malnutrition among children has increased from 2.1 million to 2.3 million as of April 2025, representing a 10.5 per cent increase compared to projections from September 2024. Key drivers include ongoing conflicts, a high disease burden among children (cholera, malaria, diarrhea), deteriorating water, sanitation, and hygiene (WASH) services, reduced access to healthcare, food insecurity, and an influx of refugees and returnees from Sudan, which strain limited resources.

UNICEF continued to support the government at national and state levels to strengthen institutional capacities and deliver a quality multi-sectoral approach to reduce malnutrition. Part of these efforts included the launch and implementation of a National Nutrition Policy and a Pre-Service Nutrition Curriculum nationwide which also provided technical support to Western Equatoria, Central Equatoria, and Western Bahr-El-Ghazal states to transition nutrition programs into government management, strengthening their program implementation capacities with ongoing UNICEF and partner support.

As part of the preventive measures, UNICEF and partners developed work plans for 31 counties to improve dietary diversity for children aged 6 to 23 months and distributed shock-responsive cash transfers to pregnant and breastfeeding mothers in ten urban states. Between January and June, 568,849 pregnant and breastfeeding mothers received Infant and Young Child Feeding (IYCF) counseling (395,062 breastfeeding and 173,787 pregnant) covering feeding practices, breastfeeding, and hygiene. These sessions were held at nutrition facilities and in communities via nutrition volunteers and mother-to-mother support groups.

Through these community networks, house-to-house screenings using Mid-Upper Arm Circumference (MUAC) measurements, along with screenings at health facilities, enabled the early identification and referral of acute malnutrition cases. A total of 3,569,341 children (1,840,193 females and 1,729,148 males) were screened, resulting in 132,355 admissions (62,640 females and 69,715 males), representing 25 percent of the national 2025 target of 530,000 of severe acute malnutrition (SAM) admissions for children aged 6–59 months. Notably, SAM admissions decreased by 22 per cent from 2024 to 2025, mainly Due to program reductions resulting from funding cuts.

The conflict in Sudan has increased the malnutrition burden in South

Sudan, especially at border entry points such as Renk County. At the Joda-Renk entry point, UNICEF and partners provided BP5 high-energy biscuits to 10,396 children (4,973 females and 5,423 males), vitamin A supplementation to 8,509 children (4,132 females and 4,377 males), and deworming treatment to 7,047 children (3,462 females and 3,585 males). Screening of 41,048 children under five (21,202 females and 19,834 males) identified 1,973 children (1,006 females and 969 males) with SAM, who were admitted for treatment. Furthermore, 14,609 pregnant and lactating women were screened, and 185 malnourished women were enrolled in the Targeted Supplementary Feeding Program (TSFP) in Upper Nile State.

Key challenges encountered during the reporting period include significant humanitarian funding cuts affecting program coverage and implementation, ongoing conflicts restricting access to nutrition services, and weak governance contributing to losses of humanitarian supplies.

Child protection, GBViE and PSEA



A community mobiliser is going round sharing information on hygiene and health to help community protect from cholera in Bentiu, Unity State, South Sudan

During the first half of 2025, the operating environment in South Sudan faced significant challenges, including escalating political instability, conflict, inter-communal violence, rising levels of acute food insecurity, and disease outbreaks—factors compounded by funding uncertainties. The crisis in Sudan has further strained South Sudan's fragile systems, with more than 1.2 million people seeking refuge, including nearly 500,000 children. These overlapping crises have had devastating and gendered impacts on boys, girls, and women, as well as on the delivery of Child Protection and GBV services.

The recent sharp decline in humanitarian assistance has necessitated a strategic shift in UNICEF's Child Protection approach. This new strategy focuses on several key areas including; i) the professionalization of the child protection workforce and case management systems through close collaboration with local NGOs and the State Ministry of Gender, Child and Social Welfare (MGCSW), ii) it emphasizes the empowerment of values-based local organizations—including women-led, disability-led, and survivor-led groups—to lead social norm change and advocacy efforts and iii) the approach prioritizes the provision of Mental Health and Psycho-Social Support (MHPSS) services to children and young people affected by conflict who live in dangerous environments. Finally, it ensures the continued delivery of emergency Gender-Based Violence (GBV) and child protection services, coupled with strong coordination efforts to maximize impact. This approach will enable UNICEF to continue meeting emergency Child Protection and GBV needs while building a more sustainable and professional Child

Protection system.

From January to June 2025, 53,415 children (29,487 boys, 23,928 girls) and 4,454 adults (2,095 women and 2,359 men) accessed mental health and psychosocial support services, including focused and non-focused psychosocial support (PSS) provided in child-friendly spaces, schools, and communities.

Case management remained the core activity of the Child Protection workforce, targeting children at risk of violence, exploitation, abuse, and neglect. To date in 2025, 2,695 children (1,349 boys, 1,346 girls) have benefited from case management services. Social workers providing case management continued to access continuous professional development through the Social Work Certificate Course at the University of Juba. So far, 288 students (56 per cent women, 44 per cent men) have enrolled across twelve cohorts, with the first three cohorts having successfully completed the course. Child Protection partners also reached 19,251 people (6,575 boys, 6,602 girls, 3,551 women, and 2,523 men) with messaging on the dangers of unexploded explosive ordnance.

In 2025, UNICEF's GBV programming reached a total of 20,509 children (17,762 girls, 2,747 boys) and 45,797 adults (41,157 women, 4,640 men) with GBV prevention, risk mitigation, and response services. Within this, approximately 12,086 people (2,443 girls, 1,762 boys, 4,915 women, 2,966 men) participated in Communities Care as part of UNICEF's social norms change programming to address GBV. Activities included 13-week community discussion groups, public declaration events, and community action plans promoting positive norms. An endline survey conducted in Fangak, Bor (Jonglei State), Juba (Central Equatoria State), and Yambio (Western Equatoria State) showed an 8 per cent positive change in social norms regarding GBV; this progress will be sustained and expanded during the next phase in 2025.

UNICEF's progress towards its targets was impacted by funding reductions from April 2025, which led to a decrease in Child Protection and GBV partners from 29 to 22. This notably affected service delivery in Greater Bahr El Ghazal, Greater Pibor Administrative Area, and Greater Upper Nile Area.

UNICEF's Child Protection programme continues to strengthen government capacity to lead and deliver child protection services. This strategic transition requires a phased approach, shifting delivery modalities and embedding case management services provided by local NGOs within government structures. In May 2025, a five-day workshop was held with national and state-level MGCSW representatives and local NGOs to develop a Memorandum of Understanding (MOU) and finalize modalities of cooperation.

In the second half of 2025, UNICEF prioritize its full implementation of its strategic shift to professionalize the child protection workforce and case management systems. Efforts to strengthen GBV response, prevention, risk mitigation, and youth and adolescent programming will continue. UNICEF and partners will also scale up support to values-based organizations advocating for the rights of children and women in the country, including youth-centered, women-led, and organizations for people with disabilities.

Water, sanitation and hygiene



Children are fetching water at the water point in Abyei, South Sudan.

People fleeing the war in Sudan continue to arrive in South Sudan through the northern borders. This influx has put significant pressure on existing WASH (Water, Sanitation, and Hygiene) services and facilities. Several public health diseases have been declared in the region, including outbreaks of Hepatitis E, Cholera, and Mpox. Armed conflict has affected several States, resulting in widespread displacement. Additionally, global cuts in humanitarian funding have adversely impacted the WASH sector.

Over the past six months, with UNICEF support, 614,494 people including 141,334 boys, 153,624 girls, 147,479 men, and 172,058 women accessed quality water for drinking and domestic needs. Additionally, 46,699 individuals (10,741 boys, 11,675 girls, 11,208 men, and 13,076 women) gained access to appropriate sanitation services, while 120,245 people (27,656 boys, 30,061 girls, 28,869 men, and 33,669 women) received critical WASH supplies. Furthermore, hygiene promotion messages reached 508,323 individuals, comprising 116,914 boys, 127,081 girls, 121,998 men, and 142,330 women.

In the course of the first half of the year, program integration offered a valuable opportunity to deliver multiple services to the same children. For instance, the integration of WASH with health programs helped responding to outbreaks of WASH related diseases such as Hepatitis E, Mpox, and Cholera. WASH services at healthcare facilities were strengthened, complemented with community engagement and social mobilization efforts, through the development of Information Education and Communication (IEC) materials and radio messaging to disseminate WASH information.

Furthermore, and in partnership with protection actors, WASH services and facilities were provided to vulnerable conflict affected populations, including children, to support integrated responses and protection mainstreaming. Programmatic coordination and joint field visits, including mutual monitoring activities, were conducted to enhance collaboration alongside the deployment of CTG monitoring staff in partnership with state actors, particularly during emergency responses to Hepatitis E and Cholera outbreaks.

Insecurity continued to hinder river transport, which is the primary supply route for Northern Jonglei and the Upper Nile region. UNICEF, in coordination with partners, organized joint shipments whenever access was possible. For critically needed supplies, limited quantities were transported by air as a last resort.

In addition, alternative funding sources should be sought to fill in projected funding cuts and to support responses in locations with expected limited partners presence.

Education



Pupils at Bentiu Girls Primary School, Unity State, South Sudan, seated in class during the visit of Noala Skinner, UNICEF South Sudan Representative.

The first half of 2025 was marked by multiple emergencies in South Sudan, including a prolonged cholera outbreak, population displacement, schools occupied by internally displaced persons (IDPs), flooding in several regions, intercommunal conflict, and the nonpayment of teachers' salaries. These challenges seriously threatened school re-openings and led to high levels of teacher's attrition.

Cholera outbreaks forced school closures, particularly in Upper Nile State (Nasir, Ulang, Baltet) and Pibor, disrupting learning for over 37,000 learners as 187 schools in Upper Nile and 36 schools in Greater Pibor were shut temporarily. Conflict further impacted education, affecting 36,384 learners (12,888 girls) across 199 schools. In Upper Nile, 23 schools had their supplies looted, worsening the shortage of essential educational materials.

Barely a month after schools reopened, extreme heatwaves across most of the country prompted the Ministries of Environment, Health, and Education to close all schools for three weeks, affecting approximately 2.2 million learners. These overlapping crises disrupted education and contributed to significant learning losses.

The lack of access to safe, inclusive learning environments during emergencies exposed children to increased risks such as gender-based violence (GBV), early or forced marriage, and recruitment into armed groups.

In response, UNICEF, in partnership with implementing organizations and the Ministry of General Education and Instruction (MoGEI), delivered critical, life-saving education services to sustain learning and provide protective environments for children in crisis-affected areas. Through UNICEF-supported programs, 50,473 children accessed both formal and non-formal education, including early learning. This included children previously out of school who are now benefiting from age-appropriate and inclusive opportunities. Non-formal learning activities provided basic education through alternative learning centers. For example, in Renk County, the Transit Center delivered basic English lessons to over 400 refugee and returnee children displaced by the Sudan crisis. In Unity State, 807 children, including 300 girls, benefited from radio-based learning through listening clubs.

Core program activities included providing essential learning materials such as notebooks, pencils, erasers, and crayons in both formal and non-formal settings. These materials were critical for learning continuity, especially when schools were closed or physical infrastructure was damaged. To support various education

modalities, a total of 20,145 children received individual learning kits including textbooks, School-in-a-Box kits (for children and teachers), Early Childhood Development (ECD) kits, portable blackboards, solar-powered radios, and basic stationery. These resources helped sustain in-person and remote learning, improved teaching effectiveness in informal contexts, and enhanced learner engagement and retention.

The availability of trained teachers is essential for quality education, even in emergencies. However, South Sudan's education system heavily relies on volunteer teachers, many of whom are untrained. To address this gap, UNICEF, in collaboration with partners and MoGEI, trained 348 teachers and facilitators (37 per cent female) in Education in Emergencies (EiE). Training focused on mental health and psychosocial support (MHPSS), child-centered teaching approaches, classroom management during emergencies, and emotional support strategies to foster safe and inclusive learning environments.

Before the academic year started on 3 February 2025, UNICEF and MoGEI supported school reopening efforts, including disseminating cholera prevention and management guidelines to reduce outbreak risks and ensure safer returns to school. Through coordinated efforts with partners and government stakeholders, the education program made tangible progress in improving access to quality education for children affected by crisis.

Despite progress, Education in Emergencies (EiE) targets were significantly underachieved by mid-2025. Of the 602,792 learners targeted for 2025, only 8 per cent had been reached by mid-year. This low achievement is mainly due to severe underfunding of the EiE response. In 2025, only 2.9 per cent of UNICEF's Humanitarian Action for Children (HAC) appeal for EiE in South Sudan was funded. This funding gap reflects a global trend, where EiE programs receive only 2–3 per cent of total humanitarian aid despite nearly 234 million crisis-affected children worldwide urgently needing education assistance.

Cross-sectoral (HCT, C4D, RCCE and AAP)

Since January 2025 UNICEF Social Behavior Change (SBC) and Committed to Good (CTG) Consultants in collaboration with State Ministries of Health, County Health Departments, and partners continued to support SBC interventions across all programme sectors including risk communication and community engagement (RCCE) response to emergencies. These efforts aimed to improve access to timely, accurate, and integrated lifesaving information on cholera, measles, Polio, Mpox, and PCV Rotavirus Vaccine and the ongoing Sudan Crisis through various community platforms.

To ensure that the RCCE activities were evidence based, UNICEF SBC in collaboration with MoH conducted Behavior Social Driver (BeSD) assessments in 11 counties of Upper Nile State. This assessment identified key barriers and motivators influencing measles vaccine demand and uptake, for a targeted measles communication plan in response to the Sudan crisis in Upper Nile State (Wunthou, Renk county) and Unity State (Yida Reception Center).

UNICEF SBC together with National and State Ministries of Health, County Health Departments and implementing partners (WHO, United Network for Health and TRISS) supported the implementation of risk communication, Boma Health Initiative (BHI) social mobilization and community engagement activities and feedback mechanism in all high-risk areas. Using different community engagement strategies and communication platforms, over 1.1 million people, including 11,636 community/religious/ youth leaders, were engaged, and sensitized through interpersonal and group communication by over 10,000 community mobilizers for polio, measles, PCV catch-up and cholera prevention including OCV

campaigns. A total of 25 radio stations have been broadcasting a weekly cycle of jingles and talk-shows in fifteen (13) local languages reaching over (2.1) million people with integrated Mpox/ Measles/ cholera prevention messages in targeted high-risk states. Over two million people were reached through megaphone announcements. In addition, 9,960 listening groups members were reached with integrated messages on Cholera prevention, Measles and nutrition in Western Bahr el Gazal State, Upper Nile State, Northern Bahr el Ghazal State, and Eastern Equatoria State through the 664 radio listener groups. Additionally, assorted contextualized Information Education and Communication (IEC) materials were developed and disseminated / displayed to various strategic locations across all ten States to support Polio, Vitamin A supplementation, cholera prevention, PCV Rotavirus, vaccination, in total, 510,000 IEC materials banners, posters, fliers, FAQs, reflective jackets, megaphones and batteries were distributed. In addition, 141 billboards were also set up to raise awareness on PCV/Rota Polio Measles vaccination and, malaria.

Furthermore, UNICEF and RCCE partners continued to engage with the National Ministry of Health to increase community feedback using hotlines 6666, respectively. The hotlines generated important data to inform partners about community needs. A total of 137,720 (80,352 females & 57,368 males) were reached through the SBC section' supported community feedback mechanism. In addition, inquiries were made on different topics, especially cholera, malaria, Immunization, education,

As part the SBC regular programming, the BHI continued engagement of households on key positive behavioral practices and life-saving messages covering health, WASH, nutrition, importance of education, and child protection interventions. A total of 910 Boma Health Workers were trained in inter-personal communication (IPC) and conduct of community dialogue using a human centered design approach in thirteen counties located in six states (Northern Bahr El Ghazal, Central Equatoria, Lakes, Jonglei, Upper Nile and Unity States) A total of 2,126,065 individuals repeatedly (1,190,039 females & 936,026 males) reached with timely and life-saving information on how and where to access available services.

SBC RCCE activities have been implemented in a challenging context marked by insecurity, which has hindered access to the most vulnerable communities in counties such as Nagero (Western Equatoria State), Nasir, Ulang (Upper Nile State) and Fangak and Akobo (Jonglei states).

Social protection

South Sudan is characterized by a complex and compounding combination of crises, all of which negatively impact households' ability to meet their basic needs. Approximately 92 per cent of the population is multidimensionally poor, with 74.3 per cent living in severe multidimensional poverty. The main drivers of this situation include ongoing conflict, climate-induced shocks, and disease outbreaks, compounded by a fragile economy. These factors have led to the deterioration of livelihoods, reduced purchasing power, and heightened vulnerability. Women and children bear the greatest burden of these impacts, as economic hardship fuels inter-household conflict, gender-based violence (GBV), early and forced marriage, school dropout, and malnutrition.

The Social Policy section works to improve the livelihoods of vulnerable households across the country through three cash transfer programs: the Shock Responsive Cash Transfer Programme (SRCT), the Young Child Social Grant (YCSG), and the Emergency Multipurpose Cash Assistance (MPCA).

The SRCT is a nationwide social protection program implemented in collaboration with the Nutrition Section, targeting urban and peri-urban areas in all ten states and three administrative areas. It

supports 12,100 pregnant and lactating women (PLWs) and caregivers of children under two years old by providing a cash transfer of \$41 per month for six months, distributed bimonthly. From January to June, the SRCT provided 3,503 households with a total of USD 287,246 to cover their basic needs.

Similarly, the Young Child Social Grant is being implemented in hard-to-reach areas such as Yida. It will cover 1,300 PLWs and caregivers of children under two, providing a cash transfer of \$41 per month for 12 months. As of June, all registrations have been completed, and payments will commence in July.

The Emergency MPCA program, a first for UNICEF South Sudan Country Office, is being rolled out in Rubkona county (Upper Nile State) under the January 2025 Emergency Programme Fund (EPF), a revolving fund within UNICEF that provides immediate financial resources for UNICEF's emergency responses, especially during the initial stages of a crisis. Nine hundred vulnerable households will receive a multipurpose cash transfer of \$111 per month for three months. In June, a needs assessment was conducted to support targeting. Registrations are scheduled for early August, with payments to follow soon after.

These programs have been challenged by recent funding cuts that have negatively affected UNICEF implementing partners and their capacity on the ground. This situation has further underscored the importance of long-term planning and increased engagement from all key stakeholders including strengthened collaboration between UNICEF and its financial service provider with on-the-ground cash agents to improve timely program implementation and accountability to the communities.

HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

Nutrition Cluster

The acute malnutrition situation has continued to deteriorate, with the latest IPC report released on June 12 indicating that four counties are in phase five (extremely critical), namely Nasir, Ulang, Baliet (upper Nile State), and Rubkona (Unity State). Two of these counties, Nasir and Ulang, fall under the Risk of Famine analysis. Of the 62 counties analyzed, 11 deteriorated to new phases, 42 deteriorated within the same phase, and 9 remained similar. Overall, the deterioration has led to a 9.5 per cent increase in the number of expected acute malnutrition cases countrywide in 2025, rising from the initially projected 2.1 million to 2.3 million children (an increase of 220,000 cases) and from 1.1 million to 1.2 million pregnant and breastfeeding women (PBW).

However, acute malnutrition admissions have remained low, with 370,440 children admitted for both severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) by the end of June 2025, compared to 467,714 during the same period in 2024. SAM admissions have reduced by 22 per cent (from 168,747 by June 2024 to 132,355 in 2025), and MAM admissions by 20 per cent (from 298,967 to 238,085). PBW admissions also decreased by 39 per cent, from 243,194 by the end of June 2024 to 148,437 by the end of June 2025.

As of mid-year 2025, the target reached for SAM, MAM, and PBW stands at 25 per cent, 24 per cent, and 19 per cent, respectively. The overall program target reached for 2025 is 23 per cent. In comparison, the target reached during the same period in 2024 was significantly higher: 42 per cent for SAM, 37 per cent for MAM (under-5), 40 per cent for PBW, and 39 per cent overall. This clearly indicates a decline in target achievement across all nutrition program categories in 2025 compared to the same period in 2024.

Despite the worsening nutrition situation, several factors have contributed to the low admission rates across programs. These include the transition to government-led nutrition service delivery in Western and Central Equatoria States and Western Bahr el Ghazal State; recent funding cuts that have also led to the closure of 185 out of 1,230 assessed nutrition sites (representing 15 per cent), particularly in Western and Central Equatoria, Western Bahr el Ghazal, Unity and Upper Nile States; ongoing conflict in areas where an increase in admissions was expected; and reporting constraints due to understaffing among some implementing partners.

To address these challenges, the Nutrition Cluster has been working with relevant government institutions, including at the subnational level, to mitigate transition challenges. The cluster is advocating for funding and advancing the localization agenda to ensure a reduction in costs for delivering nutrition services. To achieve this, a two-day localization workshop was conducted in Juba with the participation of the Ministry of Health, national NGOs, and INNGOs, with support from the Global Nutrition Cluster. In conflict-affected areas such as Nasir and Ulang, the Cluster has been working with partners to establish safe corridors for delivering nutrition services to displaced populations. The Cluster is also implementing rationalization strategies to ensure optimal service delivery despite a reduced number of nutrition sites.

Water, Sanitation, and Hygiene (WASH) Cluster

From January to June 2025, the WASH Cluster made significant progress in improving water, sanitation, and hygiene (WASH) services despite facing considerable operational and coordination challenges. During this period, 492,657 people gained reliable access to safe water as part of the cholera response efforts. An additional 313,069 people were reached with improved water sources through static and emergency interventions. Furthermore, 124,281 individuals accessed sanitation facilities, supported by the construction of 1,731 emergency latrine stances in areas affected by cholera. Hygiene promotion activities reached 496,904 people, providing essential knowledge to communities to help prevent disease transmission.

In response to the widespread cholera outbreak, WASH partners intervened in 48 out of 55 affected counties by distributing 77,359 cholera kits, providing safe water, and deploying emergency sanitation facilities. These actions were critical in containing the spread of cholera and protecting vulnerable populations. Rapid Response Teams (RRTs), coordinated through ERRM and partner agencies, remained central to emergency WASH operations, particularly in disaster-affected and hard-to-reach areas. However, their ability to respond simultaneously to multiple emergencies, has significantly declined, constraining efforts to scale up interventions.

The WASH Cluster's pipeline of essential supplies for 2025 is critically underfunded. As a result, strict mitigation measures were put in place to conserve limited resources prioritizing acute emergencies. At current usage levels, vital supplies such as PUR water treatment, soap, filter cloths, hygiene kits, and water storage containers are projected to be depleted by August 2025.

In addition, severe funding cuts have also impacted the Cluster's ability to coordinate and respond effectively as the Cluster structures drastically reduced limiting technical support, delayed responses, and weakened strategic planning, and partner coordination.

Despite these difficulties, the WASH Cluster has demonstrated resilience, delivering life-saving services to nearly half a million people during the first half of 2025. To sustain and expand on these achievements, urgent investment is required to restore coordination capacity, strengthen preparedness in high-risk areas, and ensure the continuous provision of essential WASH services.

Education Cluster

South Sudan faces one of the world's most severe education crises as of 2025, with approximately 2.8 million children representing over 60 per cent of the school-age population out of school. Girls represent more than half of these children, highlighting significant gender disparities. Conflict, flooding, and disease outbreaks have caused major disruptions. In the first half of 2025, flooding affected over 184,000 children, 1,281 schools remained closed due to conflict and insecurity, and more than 12,800 classrooms operated outdoors, exposing students to harsh conditions.

The South Sudan Education Cluster is working to provide inclusive, safe, protective education consistent with the 2025 Humanitarian Needs and Response Plan (HNRP). The strategy focuses on restoring protective learning environments in emergencies, expanding access in conflict zones, and enhancing mental health and psychosocial support (MHPSS), including gender-based violence mitigation, for learners and teachers. Localization and accountability to communities are key priorities alongside collaborations with other clusters—Child Protection, WASH and Health—that led to integrated, agile responses. For example, cholera risk mapping by the Health Cluster enabled targeted WASH interventions in over 1,000 high-risk schools, including sanitation upgrades, hygiene education, and oral cholera vaccination campaigns.

Despite challenges such as funding shortages, supply chain delays, teacher deficits, and limited access from insecurity and natural disasters, coordinated responses have enabled 207,413 children (116,319 boys and 91,094 girls) to access education through various modalities. Additionally, 127,010 learners received essential materials, 2,624 teachers received training in pedagogy and MHPSS, and 1,479 School Management Committee and Parent-Teacher Association members were trained in community leadership and school governance.

The ongoing Sudan crisis continued to disrupt education, especially for returnees and refugees in Renk County, Upper Nile State—the crisis epicenter. To address this, the Education Cluster and local partners devised an education strategy for Renk focusing on formal and non-formal education access, guiding program implementation, and helped mobilize approximately \$1.2 million for education in emergencies.

Despite the scale of need, education funding remains critically inadequate. In 2025, the Education Cluster members received 29.1 per cent of the \$US 40.4 million needed to cover education in emergency needs in South Sudan. This funding gap is expected to widen, as global education aid is projected to decline by 25 per cent by 2027, marking the steepest drop since the 1990s.

Child Protection Area of Responsibility (AoR).

Child protection risks remained critical across South Sudan during the first half of 2025. The Protection Risk Monitoring System (PRMS) recorded Severity 4 and 5 levels across multiple indicators, particularly in Upper Nile, Jonglei, Greater Pibor, Central and Eastern Equatoria, Western Equatoria, and Western Bahr el Ghazal. Severe child protection concerns included abduction, arbitrary detention, child separation, forced recruitment, child marriage, and gender-based violence. Against this background that Child Protection partners reached 119,330 individuals, including 1,840 persons with disabilities, across 11 states and 63 counties through 45 reporting organizations and 49 implementing partners (85% reporting compliance compared to 2024). As part of the Child Protection Area of Responsibility (AoR) service delivery, in the first half of the year, partners were able to reach 114,030 individuals through Mental Health and Psychosocial Support (MHPSS), 13,111 cases (cash) and 9,756 cases (non-cash) with comprehensive case management. In addition, 423 awareness sessions, 73 CPIE training

courses, and 7 referral pathways were strengthened as part of capacity building and systems strengthening.

Response priorities addressed conflict displacement (99,000 reached), the Sudan crisis (11,000), and flood response (9,000). Children aged 5–17 years represented the largest group reached (92,000 children – 43,000 girls, 49,000 boys). Despite these results, coverage remained far below needs (3.07M people in need vs. 0.26M targeted; 0.10M reached under HRP targets) whilst funding cuts and operational constraints limited the scale-up of life-saving services. Reduced partner presence and delayed reporting further hampered visibility of interventions and service gaps, particularly in high-severity counties. Conflict and access restrictions disrupted programming, especially in areas experiencing forced recruitment, child separation, and high GBV risk.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA



UNICEF ASB16/2025

Child case worker John Bul Dau playing chess with children attending the child friendly space in Renk County, Upper Nile, near the border with Sudan

June 2025. Geiger, Renk County, South Sudan.

John Dau, a case worker with NGO ADA (Africa Development Aid) supported by UNICEF, moves with ease at the child friendly space in Geiger, close to the border with Sudan. Inside and outside the large white tent 40 to 60 children, some refugees from Sudan, some from the host community, come every afternoon to play, talk and interact with the case workers who are there to engage and support them. John's easy manner and wide smile keeps the children relaxed and at ease, which is important when some of the children don't experience such carefree environments at home. And there is a particular reason why John relates so easily with these children – his own story is one of hardship, endurance and reunification.

John, like so many other South Sudanese citizens, was born into a country at war. At the time what is now South Sudan was part of the larger Sudan and was fighting a relentless and vicious war of liberation. Fearing their son could be abducted and killed, his parents agreed to him leaving the country, with thousands of other boys, and at just 12 years, he walked for days and weeks across the country to Ethiopia. He reflects that *'along the journey, many children died from hunger and exhaustion. When you're with your family they can support you, but when you're alone no one provides for you.'*

These experiences, whilst something no child should go through, gave John something special when it comes to his work. 'When you go through hard times, you come out with wisdom. You become someone who can see a person in need and already knows how to help them. I learned how to stay calm and how to overcome

challenges', John reflects.

His wisdom shines through in his work. It is a job, but much more than that it's a vocation.

'That's why every Sunday I come at 4pm. And on Monday, I'm always here. When children see me, they say 'John is coming!' It's because of the trust I've built.'

[UNICEF South Sudan Humanitarian Action for Children](#)

- [Appeal](#)

HAC APPEALS AND SITREPS

- South Sudan Appeals
<https://www.unicef.org/appeals/south-sudan>
- South Sudan Situation Reports
<https://www.unicef.org/appeals/south-sudan/situation-reports>
- All Humanitarian Action for Children Appeals
<https://www.unicef.org/appeals>
- All Situation Reports
<https://www.unicef.org/appeals/situation-reports>

NEXT SITREP: 31 AUGUST 2025

ANNEX A - PROGRAMME RESULTS

Consolidated Programme Results

Sector			UNICEF and IPs response			Cluster/Sector response		
Indicator	Disaggregation	Total needs	2025 targets	Total results	Progress*	2025 targets	Total results	Progress*
Health (including public health emergencies)								
Children and women accessing primary health care in UNICEF-supported facilities	Total	-	2 million ^{7,8}	855,745 ^{9,10}	▲ 43%	-	-	-
Children vaccinated against measles, supplemental dose	Total	-	481,308 ¹¹	2.6 million ^{12,13}	▲ 531%	-	-	-
People receiving insecticide treated nets	Total	-	884,066 ¹⁴	12,470 ^{15,16}	▲ 1%	-	-	-
Nutrition								
Children 6-59 months screened for wasting	Total	-	3 million ^{17,18}	3.6 million	▲ 119%	3 million	3.6 million ¹⁹	▲ 119%
Children 6-59 months with severe wasting admitted for treatment	Total	-	530,000 ^{20,21}	132,355	▲ 25%	646,362	242,343	▲ 37%
Primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	-	1.9 million ^{22,23}	568,849	▲ 30%	1.9 million	568,849 ²⁴	▲ 30%
Children 6-59 months receiving vitamin A supplementation	Total	-	3 million ^{25,26}	-	0%	3 million	-	0%
Children aged 6 to 59 months with high risk moderate acute malnutrition (HRMAM) admitted for treatment	Total	-	58,543 ^{27,28}	-	0%	-	-	-
Child protection and GBVIE								
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	103,125 ²⁹	62,869 ³⁰	▲ 61%	201,377	114,092	▲ 57%
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	120,000 ³¹	66,306 ^{32,33}	▲ 55%	-	-	-
Children who have received individual case management	Total	-	7,000 ³⁴	2,695	▲ 39%	39,725	22,867	▲ 58%
Adults trained on EORE and conduct EORE school/community-based awareness sessions reaching children and adults	Total	-	105,000 ³⁵	19,251	▲ 18%	-	-	-
Education								
Children accessing formal or non-formal education, including early learning	Total	-	602,792 ³⁶	50,473	▲ 8%	669,959	207,413	▲ 31%

Sector			UNICEF and IPs response			Cluster/Sector response		
Indicator	Disaggregation	Total needs	2025 targets	Total results	Progress*	2025 targets	Total results	Progress*
Children receiving individual learning materials	Total	-	602,792 ³⁷	20,145	▲ 3%	669,959	127,010	▲ 19%
Teachers and facilitators trained in basic pedagogy and/or mental health and psychosocial support	Total	-	6,028 ³⁸	348	▲ 6%	6,361	2,624	▲ 41%
Water, sanitation and hygiene								
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	700,000 ³⁹	614,494	▲ 88%	2.3 million	313,069	▲ 14%
People accessing appropriate sanitation services	Total	-	223,000 ⁴⁰	46,699	▲ 21%	1.3 million	124,281	▲ 10%
Children using safe, accessible and appropriate WASH facilities and hygiene services in learning facilities and safe spaces	Total	-	1.4 million ⁴¹	277,135	▲ 20%	-	-	-
People reached with critical WASH supplies	Total	-	223,000 ^{42,43}	120,245	▲ 54%	675,470	390,319	▲ 58%
Cross-sectoral (HCT, SBC, RCCE and AAP)								
Households reached with UNICEF-funded humanitarian cash transfers (including for social protection and other sectors)	Total	-	12,000	3,503 ⁴⁴	▲ 29%	-	-	-
Persons engaged through community platforms in reflective dialogue towards the adoption of positive behaviours and social norms ⁴⁵	Total	-	1.7 million ⁴⁶	1.1 million	▲ 68%	-	-	-
People reached with timely and life-saving information on how and where to access available services	Total	-	3 million ⁴⁷	2.1 million	▲ 71%	-	-	-
People sharing their concerns and asking questions through established feedback mechanisms	Total	-	250,000 ⁴⁸	137,720	▲ 55%	-	-	-
People who have access to a safe and accessible channel to report sexual exploitation and abuse by aid workers	Total	-	1 million	507,720	▲ 48%	-	-	-

*Progress in the reporting period 1 January to 30 June 2025

ANNEX B — FUNDING STATUS

Consolidated funding by sector

Sector	Requirements ⁴⁹	Funding available		Funding gap	
		Humanitarian resources received in 2025	Resources available from 2024 (carry over)	Funding gap (US\$)	Funding gap (%)
Health	8,301,385	897,317	472,868	6,931,200	83%
Nutrition	121,886,929	2,884,373	30,120,798	88,881,758	73%
Child protection and GBViE	23,073,255 ⁵⁰	2,480,931	10,354,107	10,238,217	44%
Education	42,781,038	1,576,387	24,117	41,180,534	96%
WASH	60,427,026	3,686,411	4,344,186	52,396,429	87%
Cross-sectoral	10,522,212 ⁵¹	1,454,654	1,962,753	7,104,805	68%
PSEA	1,024,929	-	-	1,024,929	100%
Emergency preparedness	8,102,467	-	-	8,102,467	100%
Cluster coordination	2,065,445	-	-	2,065,445	100%
Total	278,184,686	12,980,073	47,278,829	217,925,784	78%

Funding available - funding available in the current appeal year to respond in line with the current HAC appeal.

Humanitarian resources- humanitarian funding commitments received from donors in the current appeal year.

Resources available from 2024 (carry over)- funding received in the previous appeal year that is available to respond in line with the current HAC appeal

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ENDNOTES

1. WHO South Sudan Cholera Dashboard (https://worldhealthorg.shinyapps.io/cholera_dashboard/)
2. Humanitarian Needs and Response Plan, 2025
3. World Bank: World Bank's South Sudan Economic Monitor Urges Swift and Sustained Reforms to Accelerate Economic Recovery and Inclusive Growth
4. South Sudan Health Cluster Bulletin #03, April - May 2025
5. OCHA SOUTH SUDAN Humanitarian Access Snapshot - June 2025
6. OCHA SOUTH SUDAN Humanitarian Snapshot - June 2025
7. The overall health cluster target for 2024 is 3.6 million people in need. This figure will be revised after completion of the Humanitarian Needs and Response Plan 2025. UNICEF's contribution is 20 per cent of this target for 2025. It includes people affected by new public health emergencies and displacements (floods, conflicts).
8. SOUTH SUDAN: IPC Acute Food Insecurity and Malnutrition Snapshot | April - July 2025
9. Results from January to May 2025 were revised following additional data verification.
10. The reported results include data from emergency responses and health system strengthening interventions.
11. Ideally, a national campaign should be held in 2025, hence the figures are 95 per cent of the target population (target <1yr (4%)). The target is derived from 2025 population estimates from the 2008 Population and Housing Census (target <1yr (4%): 506,640.
12. The reported results include data from emergency responses and health system strengthening interventions.
13. The figure for children vaccinated against measles has been revised from 2,536,397 to 2,540,164 due to erroneous reporting.
14. The total number of expected pregnant mothers is 884,066 (5.6 per cent) from the total population estimate (15,786,898) for 2025. An estimated 15 per cent have disabilities. Long-lasting insecticidal nets are given to pregnant women during antenatal care visits.
15. The reported results include data from emergency responses and health system strengthening interventions.
16. Results from January to May 2025 were revised following additional data verification.
17. The HAC 2025 Nutrition targets have been revised and will be rectified in the revised HAC 2025.
18. This is based on the EPI targets for the number of children under age 5 years.
19. These figures have been reviewed and updated to represent the consolidated mid-year achievements for the Nutrition Cluster.
20. The projected number of children who are severely wasted in 2024 is 484,502 (a 37 per cent increase from 2023). UNICEF targets to treat 82 per cent of this caseload (397,292). Planning was done using 2024 figures because the estimates of children requiring treatment for severe wasting in 2025 have not been finalized.
21. The HAC 2025 Nutrition targets have been revised and will be rectified in the revised HAC 2025.
22. Targets estimated from the EPI targets, routine data on individual counseling and estimates from the National Bureau of Statistics.
23. The HAC 2025 Nutrition targets have been revised and will be rectified in the revised HAC 2025.
24. These figures have been reviewed and updated to represent the consolidated mid-year achievements for the Nutrition Cluster.
25. Estimate based on number of children aged 6–59 months, based on total population, the 2024 mortality rate and fertility rates.
26. The HAC 2025 Nutrition targets have been revised and will be rectified in the revised HAC 2025.
27. The HAC 2025 Nutrition targets have been revised and will be rectified in the revised HAC 2025.
28. SMART survey data from 2020–2022 were used to calculate the prevalence of high-risk moderate acute malnutrition (1.4% of total <5 population), with mid-upper arm circumference at 11.5–11.9 cm. A correction factor of 3.6 and projected population of <5 in 2024 (812,569) were used.
29. A 25 per cent increase is proposed, considering the response rate reported in the current programme cycle. This increase in the target also enables the child protection programme to reach specific groups of children and prioritize their unique needs. Twenty per cent of the overall target is allocated to children under 5 years of age; 66 per cent is allocated to children aged 5–18 years. Additionally, 14 per cent of the overall target is allocated to address the needs of adults. Five per cent of all targeted age groups are people with disabilities. The percentage of targeted children with disabilities has been calculated on the grounds of the beneficiaries effectively reached last year.
30. Additional data was retrospectively added to capture youth and adolescents reached, in addition to children and caregivers.
31. This is a 20 per cent increase compared with 2024, to meet emerging needs related to the Sudan crises, flooding and intercommunal violence (based on the draft 2025 Gender-based Violence Area of Responsibility Humanitarian Needs Analysis).
32. Results include the number of women, girls, boys, and men reached
33. Following a mid-year review of data, the number of people reached was reduced as data previously reported until May 2025 contained inaccuracies that have been corrected. Additionally, due to funding cuts in May and June 2025, UNICEF GBV partners reduced from 12 GBV partners to 9 GBV partners and this has impacted a reduction in numbers reached in June 2025.
34. The 2025 target is the combination of the children at risk who receive case management (at least one child protection service) and the children who will receive family tracing and reunification services. The target is broken down as 50 per cent boys and 50 per cent girls. 5 per cent of the total target will be children with disabilities. The percentage of targeted children with disabilities has been calculated on the grounds of the beneficiaries effectively reached last year.
35. South Sudan experienced protracted civil conflict which lasted for decades. The conflict led to widespread contamination of explosive ordnance in many parts of the country. Localized intercommunal ethnic conflicts add another layer of complexity, which, despite the use of small arms ammunition, still puts many communities at risk related to explosive ordnance, especially when they are displaced to locations that are contaminated by explosive ordnance. This situation heightens vulnerability to explosive ordnance, particularly among women and children who may unknowingly encounter these dangers in their daily lives.
36. The 2025 target is a 5 per cent increase compared with 2024. It is broken down as follows: 5 per cent of the target is children under 5 years of age (aged 3–5 years in early childhood education), 50 per cent girls, 50 per cent boys; 85 per cent of the target is children aged 5–18 years (40 per cent girls, 60 per cent boys) at the primary and secondary levels; and 10 per cent of the target individuals over 18 years of age (11 per cent female, 89 per cent male). Fifteen per cent of the target is estimated to have a disability.
37. Children aged 3–17 to receive individual learning materials.
38. The teacher-pupil ratio estimated at 1:100, considering 602,792 pupils.

39. Based on overall WASH cluster target for 2024: 6.1 million population in need in the country. UNICEF contribution is 11.5% of this target during 2025. Also 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).
40. Based on Sphere standards one toilet stance per 50 people in emergency contexts, and one handwashing facility per 50 people.
41. Based on WASH cluster standard of estimated people per the WASH Facilities: 1) Water supply: Borehole = min. 500 people, as per Sphere Standards. Water yard= 2000 people, SWAT system = 3000 people. (1 tap serves 250 people). 2. Sanitation: One toilet stance in schools = 30 girls and 60 boys; One handwashing station = 50 pupils; and hygiene promotion sessions in schools (#clubs each with min of 15 pupils). Boys under 18 years of age account for 23%, girls under 18 years of age account for 25%.
42. WASH Cluster has developed and launched the WASH Cluster Cholera Dashboard (Microsoft Power BI).
43. This target have been revised and will be rectified in the revised HAC 2025.
44. In the previous SitRep (May 2025), previous result figures were mistakenly reported as individuals instead of households. This has now been rectified with figures indicating number of households.
45. This indicator was revised from "adolescents and young people who participate in or lead civic engagement initiatives". This revision will be reflected in the revised HAC 2025.
46. The social and behaviour change target is based on the assumption that in 2025 UNICEF will support 7,000 Boma Health Workers/community mobilizers under the Health Sector Transformation Project across 79 counties. These workers are responsible for delivering two-way channels, e.g., house-to-house interpersonal communication engagements at a ratio of 1 Boma Health Worker for 40 households, with each household visited at least once. Each household has an estimated six individuals. Persons with disabilities are calculated at 15 per cent of the population, based on global estimates. Children under age 5 years are an estimated 19 per cent of the target, children aged 5–18 years 35 per cent and individuals older than 18 years of age at 46 per cent of the target. The target is comprised of 52 per cent females.
47. This target is based on the experience of national polio coverage in 2024 across the 79 counties that reached 3,003,656 children with polio vaccine information. This assumption is premised on the fact that social and behaviour change response targets caregivers and children for public health and natural and man-made disasters countrywide through one-way channels (radio and community announcements). Persons with disabilities are calculated at 15 per cent, based on global estimates. Children under age 5 years are an estimated 19 per cent of the target, children aged 5–18 years 35 per cent and individuals older than 18 years of age 46 per cent of the target. The target is comprised of 52 per cent females.
48. In 2025, UNICEF will continue to support the 2222 Hotline and other community-based feedback mechanisms, including feedback collection through surveys, focus group discussions, community meetings and other dialogues. The 2025 target is based on 2024 target. Persons with disabilities are calculated at 15 per cent, based on global estimates. Children under age 5 years are an estimated 19 per cent of the target, children aged 5–18 years 35 per cent and individuals older than 18 years of age 46 per cent of the target. The target is comprised of 52 per cent females.
49. In 2025, UNICEF will utilize 1 per cent of the overall budget for preparedness and anticipatory action; 1 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.
50. This line item includes \$6,259,680 for gender-based violence prevention and response targets and \$16,813,575 for other child protection targets.
51. This line item includes \$2,484,000 for humanitarian cash transfers and \$8,038,212 for social and behaviour change, which includes \$6,883,152 for risk communication and community engagement and \$1,155,060 for accountability to affected populations.