



Sudan's war and South Sudan's crisis force families to move back and forth across the border, making displacement a daily reality.

unicef 
for every child

Humanitarian Situation Report No. 7

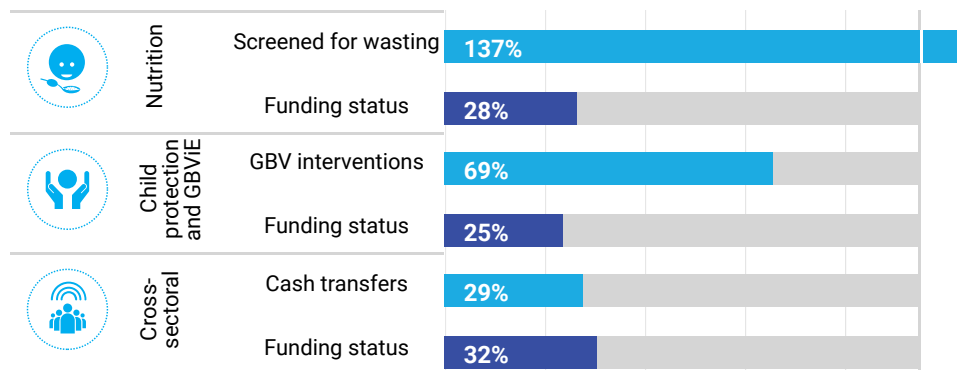
Reporting Period
1 - 31 July 2025

South Sudan

HIGHLIGHTS

- Armed clashes displaced an estimated 355,000 people across the country between January and July 2025, disrupting livelihoods and increasing reliance on humanitarian aid.
- Cholera remains a major threat, with 87,087 cases and 1,513 deaths reported by July, with the majority of cases concentrated in Abyei, Rubkona, Mayendit, Magwi and Lafon counties. Meanwhile, malaria, measles, and acute watery diarrhea continue to strain the already fragile health system.
- Seasonal flooding has already affected nearly 122,000 people in Jonglei and Unity States, with forecasts indicating up to 1.6 million people could be impacted and 400,000 displaced in the coming months, as rising waters devastate livelihoods, cut off essential services, and heighten the risk of cholera outbreaks.
- The Humanitarian Action for Children (HAC) appeal remains critically underfunded, with only 19 per cent of the required \$278.2 million received as of July 31, 2025.

UNICEF RESPONSE AND FUNDING STATUS*



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

SITUATION IN NUMBERS



5,000,000
Children in need of humanitarian assistance¹



9,300,000
People in need of humanitarian assistance

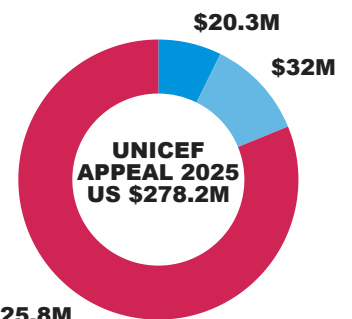


650,000
children at risk of severe acute malnutrition^{2,3}



2,000,000
Internally Displaced People⁴

FUNDING STATUS (IN US\$)**



-  Humanitarian Resources
-  2024 carry over
-  Funding gap

** 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

In July 2025, UNICEF South Sudan continued operating amid a deepening humanitarian crisis compounded by severe funding shortages. Of the \$278.2 million required for its 2025 programmes, 81 per cent remains unfunded, leaving a critical gap. To date, UNICEF has mobilized \$52 million, of which only \$20 million—or 38 per cent—represents new contributions in 2025; the remaining 62 per cent was carried over from 2024.

Many sectors are experiencing funding challenges. Education and WASH face the largest shortfalls, with funding gaps of 96 per cent and 90 per cent, respectively, followed by Health (83 per cent) and Child Protection (75 per cent). These deficits are undermining the delivery of lifesaving interventions and risking the reversal of progress in child survival, education, and essential health and nutrition services.

During the reporting period, UNICEF received \$2 million in Emergency Program Funds (EPF) to respond to the cholera outbreak, enabling the scale-up of WASH, Health, and Social and Behaviour Change (SBC) interventions in six states: Eastern Equatoria, Central Equatoria, Upper Nile, Unity, Jonglei, and Abyei, over six months. The response is being implemented through existing partners to allow for rapid activity roll-out within the project's limited timeframe.

Despite ongoing funding constraints, UNICEF remains committed to protecting vulnerable children and communities. Efforts continue to balance emergency response with resilience-building to mitigate the impacts of conflict, displacement, and recurrent climate shocks. Working closely with the Government of South Sudan, local and international NGOs, and donor partners, UNICEF continued to deliver integrated programming across health, nutrition, education, child protection, and water, sanitation, and hygiene (WASH).

Partnerships remain central to UNICEF's approach, ensuring that limited resources achieve maximum impact in addressing urgent humanitarian needs while contributing to long-term system strengthening. This dual focus aims to safeguard children's rights, preserve hard-won gains, and build community resilience to withstand protracted crises and recurrent emergencies.

SITUATION OVERVIEW AND HUMANITARIAN NEEDS⁵

South Sudan continues to face a dire humanitarian crisis fueled by the convergence of armed conflict, mass displacement, climate-related shocks, food insecurity, recurrent disease outbreaks, and economic decline factors that together have devastated millions of lives. The fragile security environment, compounded by seasonal flooding, restricted humanitarian access, and bureaucratic impediments, has further deepened vulnerabilities and obstructed the delivery of life-saving assistance. As of July 2025, the humanitarian outlook remains alarming, with growing needs far outpacing the capacity of aid agencies to respond.

Conflict remains the main driver of humanitarian needs in South Sudan. Armed clashes between government forces, opposition groups, and inter-communal militias continue to trigger large-scale displacement across multiple states. Between January and July 2025, an estimated 355,000 people were newly displaced, with Upper Nile, Jonglei, Warrap, and Central Equatoria among the hardest-hit regions. In Central Equatoria, fighting in Kenyira (Yei County) and confrontations in Kajo-Keji and Morobo Counties forced thousands to flee. These repeated displacements disrupt livelihoods,

increase reliance on aid, and expose communities to heightened risks of violence, hunger, and disease. Insecurity also undermines food production and hampers humanitarian access, leaving relief supplies delayed or unavailable in volatile areas.

An unprecedented convergence of conflict, disease outbreaks, climate shocks and economic instability has triggered a severe food security emergency. As of July, 7.7 million people were facing Crisis (IPC Phase 3) or worse levels of acute food insecurity. Of urgent concern are 83,000 people in Nasir and Ulang (Upper Nile) and the Greater Pibor Administrative Area, who are enduring Catastrophe (IPC Phase 5)—the highest classification, marked by extreme hunger and hunger-related mortality. Nutrition screenings reveal alarming rates of acute malnutrition. In Nasir, the Global Acute Malnutrition (GAM) rate stands at 25.4 per cent, while Ulang reports 23.4 per cent—both far above the 15 per cent emergency threshold. Children under five, along with pregnant and breastfeeding women, are disproportionately affected, facing heightened risks of stunting, disease, and death. With the lean season intensifying and harvests disrupted by conflict and floods, malnutrition levels are expected to rise further without urgent, scaled-up interventions.⁶

Seasonal flooding continues to devastate lives and livelihoods across South Sudan, with forecasts indicating that up to 1.6 million people could be affected and as many as 400,000 displaced in the coming months. By July, nearly 122,000 people had already been impacted in Bor South (Jonglei State), Mayendit, and Panyijiar (Unity State). Rising floodwaters have swept through homes, farmlands, and critical infrastructure, cutting off communities from schools, health facilities, and markets. Major roads and transport routes have become impassable, further isolating vulnerable populations during a peak humanitarian period. As the prolonged inundation persists, it not only undermines livelihoods and food production but also sharply increases the risk of waterborne diseases, particularly cholera, while severely constraining the delivery of life-saving humanitarian assistance.⁷

Cholera remains a major public health threat, with 87,087 cases and 1,513 deaths reported across 55 counties in nine states and three administrative areas by 31 July, reflecting a case fatality rate of 1.7 per cent, with the majority of cases concentrated in Abyei, Rubkona, Mayendit, Magwi and Lafon counties. Nearly half of all cases (47 per cent) are among children aged 0–14, underscoring the disproportionate impact on vulnerable groups. The outbreak is driven by limited access to safe water, poor sanitation, and overcrowded displacement sites, and is further compounded by recurrent malaria, measles, and acute watery diarrhea outbreaks that are overwhelming the fragile health system. The situation is further worsened by new cholera hotspots in neighboring Sudan, as cross-border movements of refugees and returnees contribute to introduce the disease particularly in border communities with fragile water, sanitation, and hygiene (WASH) infrastructure, heightening the risk of additional outbreaks and placing further strain on an already overstretched health system. As the rainy season intensifies amid ongoing violence, flooding, and funding shortfalls, the risk of further spread remains extremely high. Urgent action is required to strengthen disease surveillance, expand vaccination campaigns, and scale up WASH interventions to avert additional loss of life.⁸

Humanitarian access remains severely constrained by insecurity and logistical barriers. In July alone, 60 access incidents were reported, including attacks on aid workers, armed robberies, and seizure of humanitarian assets. Violence against staff has escalated, particularly in Juba (Central Equatoria), where some aid workers were abducted for ransom. In Jonglei and Central Equatoria, armed groups ambushed UN contractors, injuring staff and damaging infrastructure, including the Kandila Bridge. Heavy rains have made major roads impassable, and insecurity along river routes has disrupted supply chains. A Bor–Malakal river convoy carrying 4,000

metric tons of relief supplies was stalled for 13 days at a checkpoint in New Fangak, delaying aid to 35,000 people. Bureaucratic impediments—including new administrative requirements, project delays, and disrupted activities—continue to affect operations in Upper Nile, Jonglei, and Unity. Combined with transport constraints and rising checkpoint fees, these challenges have slowed the delivery of essential supplies, leaving thousands of vulnerable people at risk and highlighting the urgent need for unimpeded humanitarian access.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

Health



A mother is photographed at Al Sabbah Hospital for a consultation for her child who is sick. Juba, Central Equatoria State, South Sudan.

South Sudan is grappling with multiple, overlapping crises—including persistent conflict, a severe economic downturn, recurrent flooding, widespread displacement, and frequent disease outbreaks—that are severely affecting vulnerable communities. The ongoing rainy season, coupled with the influx of refugees from Sudan, is further straining the fragile health system and increasing the risk of vaccine-preventable disease transmission.

Amid the country's worst cholera outbreak on record, UNICEF, together with the Ministry of Health, the World Health Organization (WHO) and implementing partners, continued to support the response. The cholera response strategy is anchored on key pillars including coordination, surveillance, case management, Infection Prevention and Control (IPC) and WASH, Risk Communication and Community Engagement (RCCE), as well as vaccine logistics and supply management. UNICEF has played an active role in both national and sub-national cholera task forces, leading OCV logistics and contributing to hotspot mapping, the implementation of Case-Area Targeted Interventions (CATI), and the conduct of the Intra-Action Review (IAR). To date, 8,429,765 people have been vaccinated across 46 counties, representing 85 per cent of the target population of 9,939,766. In July alone, UNICEF facilitated the delivery of 1,578,000 OCV doses to multiple locations, including Kapoeta East, Kapoeta North, Kapoeta South, Budi, Torit, and Magwi counties in Eastern Equatoria, Melut (Upper Nile State) and Abyei (in AAA).

In addition to cholera, other communicable diseases remain a concern. Despite a nationwide measles vaccination campaign in April 2025 that reached 2,556,483 children aged 6–59 months, providing substantial coverage and strengthening protection against outbreaks, South Sudan reported 10 suspected and 7 laboratory-

confirmed measles cases across affected states in July.

Persistent challenges continue to hamper response efforts. Insecurity in counties such as Nasir, Ulang, and Panyikang has forced the suspension of OCV campaigns, while widespread flooding and other operational constraints continue to impede outreach activities.

Nutrition



Rabha Ahmed, 20, sits on the floor at Chemedi PHCC's nutrition screening room as the nutritionist clinical officer finishes assessing her child diagnosed with moderate malnutrition.

UNICEF, together with its nutrition partners, continues to support the Government in delivering lifesaving nutrition services. Key interventions include the screening of children aged 6–59 months for wasting and referral of eligible cases for treatment; counselling sessions to promote optimal MIYCN practices through kitchen gardening and cooking demonstrations; and cash transfers to mothers of children aged 6–24 months to improve dietary diversity.

In July, UNICEF and its partner ACF conducted the second round of the Shock Response Cash Transfer (SRCT) in Aweil Centre County, Northern Bahr El Ghazal, reaching 597 households to improve the diets of young children aged 6–23 months.

To strengthen service delivery, UNICEF and the Government supported Training of Trainers (ToT) on the new WHO nutrition guidelines in Northern Bahr El Ghazal and Lakes States. The training was completed during the reporting period, with the rollout of implementation now underway.

Through community-based screening and routine health facility services, 547,465 children aged 6–59 months (268,258 boys; 279,207 girls) were screened for malnutrition. Severely malnourished children were referred for treatment. Between January and July 2025, 26,055 children (12,267 boys; 13,788 girls) with severe wasting were admitted for treatment, bringing cumulative admissions to 160,481 SAM cases. Programme performance remained within WHO Sphere standards, with a 95.9 per cent cure rate, 0.29 per cent death rate, and 2.34 per cent default rate. However, only 30 per cent of the annual SAM admission target has been achieved, largely due to funding cuts, conflict, and the ongoing transition of nutrition programmes to Government in three states.

UNICEF and its partners also supported MIYCN counselling for 99,014 pregnant and breastfeeding women (31,376 pregnant; 67,638 breastfeeding), promoting exclusive breastfeeding, appropriate complementary feeding with locally available foods, and improved hygiene practices.

In Upper Nile, along the border with Sudan, UNICEF and partners

continued to provide lifesaving nutrition support to refugees and returnees. At Renk Joda Point of Entry, 1,333 children under five (644 girls; 689 boys) received BP-5 biscuits. In addition, 4,721 children were screened for malnutrition, with 382 cases (195 girls; 187 boys) of severe acute malnutrition identified and admitted for treatment at nutrition sites in Renk and Bulukat Transit Centre. At Malakal's Bulukat Transit Centre, MIYCN and nutrition education sessions reached 85 women, including expectant mothers and caregivers of children 0–23 months, focusing on exclusive breastfeeding, hygiene, malaria prevention, and appropriate young child feeding.

Access challenges due to heavy rains affected last-mile delivery of supplies to counties and nutrition facilities. Reduced humanitarian funding also forced the suspension or closure of some nutrition facilities across the country. Insecurity, particularly in Jonglei, Central Equatoria, and Upper Nile, further disrupted both population movement and supply delivery.

Child protection, GBViE and PSEA



A woman is showing knitted fabric that she did at the women and girls friendly spaces supported by UNICEF to help survivors of GBV heal gain skills and for girls to go back to school.

With the phased transition of child protection services, particularly case management, to the State Ministries of Gender, Child and Social Welfare, July marked both important achievements and lessons learned. The completion of joint recruitment of government and national non-governmental organization (NNGO) social workers, along with the establishment of safe spaces, expanded the reach of services. Children, youth, women, and their caregivers continue to benefit from these safe spaces and the growing social workforce.

A total of 7,331 individuals (3,650 boys, 2,900 girls, 440 men, and 341 women) accessed mental health and psychosocial support services in July. This represents a substantial increase from June, largely driven by the rollout of joint child protection and youth/adolescent activities by eight CP partners in Bentiu (Unity State), Yei (Central Equatoria State), Abyei (Abyei Administrative Area), Abiemnhom (Ruweng Administrative Area), Akobo (Jonglei State), Rumbek (Lakes State), Malakal (Upper Nile State), and Leer (Unity State) counties. Of this total, 1,619 beneficiaries (787 boys, 401 girls, 278 men, and 153 women) were directly supported through Youth Centers in these locations.

Additionally, 312 children and youth (189 boys, 71 girls, 30 men, and 22 women) were newly registered and are receiving comprehensive case management services. While CP case management has traditionally focused on children aged 0–17 years, the youth and adolescent programme also targets young people aged 18–25 who live in extremely vulnerable circumstances. This approach enhances

their coping skills and supports their transition into adulthood.

To reduce the risk of injuries from unexploded ordnance, Explosive Ordnance Risk Education (EORE) sessions were conducted, reaching 3,624 individuals (1,346 boys, 1,545 girls, 311 men, and 422 women). These sessions were delivered both in schools and within communities.

Gender-based violence (GBV) services also expanded significantly. A total of 16,872 individuals (155 boys, 5,997 girls, 403 men, and 10,317 women) accessed GBV case management and psychosocial support services through Women and Girls Friendly Spaces (WGFS), mobile teams, and GBV risk mitigation interventions. Compared to June, this represents a sharp increase, largely attributable to partners scaling up outreach in locations such as Renk (Upper Nile) and Turalei (Warrap), which enabled greater participation of women and girls in PSS sessions.

Despite these achievements, challenges persisted. In Torit, a cholera outbreak disrupted activities, prompting partners to integrate cholera prevention awareness into their programmes. In Twic County, Warrap State, heavy rains constrained GBV outreach activities, leading partners to reschedule sessions for the mornings when rainfall was lighter. Furthermore, the limited presence of child protection actors in some areas continued to create gaps in the referral of children for case management and other critical services.

Overall, July demonstrated strong progress in expanding access to child protection and GBV services, while also underscoring the importance of strengthening partner presence in underserved areas and maintaining flexibility to adapt to emerging challenges

Water, sanitation and hygiene



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

During July, the WASH Section continued responding to the cholera outbreak as well as the influx of returnees and refugees from the Sudan crisis in seven counties (Rubkona, Pibor, Wau, Jur River, Juba, Renk, and Malakal) across five states (Upper Nile, Unity, Central Equatoria, Northern Bahr El Ghazal, and Jonglei), through six implementing partners. These included World Vision International (WVI) and Health Care Foundation (HFO) in Upper Nile and Unity States, the Centre for Emergency and Development Service (CEDS) in Northern Bahr El Ghazal, Concern Worldwide in Unity State, Christian Mission for Development (CMD) in Jonglei, and For Afrika in Jonglei and Central Equatoria. In Nassir County, insecurity continued to hinder cholera response efforts.

In July, while access to basic water supply was maintained for those reached in previous months, an additional 4,381 people (1,149 boys, 1,227 girls, 907 men and 1,100 women) gained access to

emergency water services. Of these, 4,000 people were reached in Renk (Upper Nile) in response to cholera and the Sudan crisis, and 381 people in Wau (Northern Bahr El Ghazal) in response to cholera. These water supply services were made possible through the operation of the Renk Urban Water System the use of various Surface Water Treatment (SWAT) systems including in Rubkona, Renk and Malakal, the rehabilitation of two handpump boreholes in Juba, and the upgrading of one handpump borehole into a solar water yard in Pibor.

An estimated 10,250 people (2,464 boys, 2,681 girls, 2,302 men, and 2,803 women) sustained access to emergency sanitation services through the desludging of 52 latrines with a total of 205 stances at Renk Transit Centre 2, Renk Civil Hospital, Benjamin Primary School and Renk Prison.

In addition, 9,642 people (3,478 boys, 3,180 girls, 1,516 men and 1,465 women) in cholera-affected communities of Melut County, Upper Nile State, received WASH NFIs. The items distributed included 2,475 bars of soap (800g), 1,950 buckets with taps, 1,965 buckets without taps, 1,440 filter cloths, and 134,520 sachets of water purification chemical. These distributions complemented hygiene promotion activities and enabled households to practice safe hygiene.

Hygiene promotion also reached large numbers of people across affected counties in Upper Nile. In Malakal Town, 6,234 individuals (1,334 men, 1,354 women, 1,661 boys and 1,885 girls) received house-to-house messaging on safe excreta disposal, handwashing with soap at critical times, safe water handling, food hygiene and the proper use of latrines. In Melut County, 1,171 people (241 men, 348 women, 284 boys and 298 girls) were sensitized on handwashing, safe water and sanitation practices during cholera kit distribution. In Renk, 871 people (74 men, 464 women, 127 boys and 206 girls) were reached through mass awareness campaigns targeting the host community, returnees and refugees at TC2 and in health facilities.

In Renk, 2,146 people (344 men, 567 women, 503 boys and 732 girls) were also reached with WASH-protection messaging through house-to-house visits, focusing on girl-child education and GBV prevention. Meanwhile, 2,973 pupils and teachers (1,420 boys, 1,433 girls, 81 male teachers and 39 female teachers) received school-based hygiene messaging, focusing on personal hygiene, menstrual health management and handwashing at critical times. In addition, 1,300 individuals (12 men, 1,162 women, 7 boys and 119 girls) participated in a mass campaign for jerrycan cleaning, debris and waste removal, and safe management of dumping sites at Renk SWAT sites, including Abukadara, Gerger, Romella, Wunthou/Joda, Jalhak and Molbok. The SWAT systems have continued to prove effective as a quick-fix solution to provide safe drinking water to affected communities until longer-term sustainable water supply options are in place. These systems can be rapidly installed and are capable of treating flood water for safe use.

Ongoing insecurity continues to hamper river transport, the main supply route for Northern Jonglei and the Upper Nile region. Whenever access permits, UNICEF and its partners have coordinated joint shipments, while urgent supplies have been delivered by air in limited quantities as a last resort. These operational challenges are compounded by anticipated funding cuts, putting essential programs at risk. Efforts are underway to identify alternative funding sources to bridge these gaps and sustain critical lifesaving interventions in the affected areas.

Education



UNICEF South Sudan/Lou Nelson

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

In July, the humanitarian situation deteriorated, marked by a surge in cholera cases in several counties, with the highest numbers reported in Abyei, Mayendit, and Rubkona. While no schools were closed, cholera remains a significant threat to children's wellbeing and access to education, as school-aged children are among the most affected. It is therefore critical that schools are prioritized in cholera prevention and mitigation interventions.

The month also witnessed new waves of conflict-driven displacement, further compounding the vulnerabilities of already affected communities. In Kajo-Keji County, Central Equatoria, for instance, 2,673 households, including approximately 7,477 school-aged children, were displaced due to armed clashes. Initial assessments revealed an absence of learning facilities and other essential services such as health, WASH, food, and shelter.

At the same time, seasonal flooding began to severely disrupt education. In Mayendit, Unity State, 2,407 learners (1,041 girls) from four schools were affected by flooding. In Panyijar, school-aged children were displaced or otherwise impacted by the floods. These overlapping crises continue to exacerbate humanitarian needs, particularly children's access to safe and protective learning environments.

To strengthen education access for children in crisis-affected areas, UNICEF and partners supported 5,734 learners with formal and non-formal learning opportunities, including early childhood education. Non-formal learning interventions—such as radio-based, catch-up, and remedial programs benefited 368 learners (220 girls) who had previously dropped out of school, offering them a second chance to re-enroll.

To further improve protective learning environments, 2,973 learners (1,433 girls) and 120 teachers (39 women) in Renk County received WASH messages and hygiene promotion in schools—an essential measure to prevent and mitigate the impact of rising cholera cases. With funding from ECHO, UNICEF is scaling up education in emergencies (EiE) and child protection services in selected counties across Upper Nile, Unity, Jonglei, and the Greater Pibor Administrative Area. In collaboration with county education offices, UNICEF implementing partners began selecting schools and conducting baseline surveys to launch project implementation targeting the acute EiE and protection needs of children in Renk, Mayendit, and Pibor counties.

In Renk, 10 schools, including non-formal education centers for returnees and refugees near the transit center, were selected to strengthen integrated education and child protection services. However, the onset of rains and widespread flooding rendered many

areas inaccessible, while conflict in Upper Nile and Jonglei continued to limit humanitarian access. Severe underfunding of education in emergencies further hampered the response, leaving many crisis-affected children without critical support and exposing them to heightened risks of rights violations, physical harm, and psychological distress.

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



Women who are part of Boma health team are photographed on a Boma cut-off island in Bentiu, Unity State South Sudan

Social and Behaviour Change (SBC), Risk Communication and Community Engagement (RCCE) remain central to emergency response efforts. As RCCE co-lead, SBC provided ongoing technical support to the government at both national and subnational levels, working with partners to strengthen RCCE systems. Key initiatives included the cholera response, polio eradication efforts, introduction of pneumococcal conjugate vaccine (PCV) and rotavirus vaccines, oral cholera vaccine (OCV) campaigns, malaria vaccination scale-up, and the application of Human-Centered Design (HCD) approaches to reach zero-dose children.

To extend community outreach, 910 Boma Health Workers and 3,893 community mobilizers (2,337 men and 1,556 women) were deployed in hotspot areas, reaching 566,326 people (265,381 men and 300,945 women) with critical health messages. In addition, 479,189 individuals (207,389 men and 271,800 women) participated in community dialogues, while 12,884 people (5,031 men and 7,853 women) provided feedback on services through community forums.

Mass media further amplified awareness, with 3,865 radio jingles covering topics such as PCV, cholera prevention, OCV, and rotavirus vaccine—reaching an estimated 4 million people across South Sudan.

However, several challenges hampered RCCE interventions, including expanding cholera hotspots, insecurity, flooding during the rainy season, displacement, and ongoing conflict, all of which limited access to remote and underserved communities. Social barriers also persisted in some areas, driven by misconceptions about the benefits of vaccination. To address these, community mobilizers and local influencers were actively engaged to deliver essential, life-saving messages.

Social protection

South Sudan is characterized by a complex and compounding set of crises, which continue to undermine 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 include ongoing conflict, climate-induced shocks, and disease outbreaks, compounded by a fragile economy that erodes livelihoods and reduces purchasing power, heightening overall vulnerability. Women and children are disproportionately affected, with economic hardship contributing to increased inter-household conflict, gender-based violence, early and forced marriage, school dropout, and malnutrition.

The Social Policy section works to strengthen the livelihoods of vulnerable households and is implementing the Emergency Multipurpose Cash Transfer Pilot in Rubkona under the January 2025 EPF. A total of 900 vulnerable households will receive three months of Multipurpose Cash Transfer Assistance (MPCA) at \$140 per month. As of July, the needs assessment has been completed, and household registration is scheduled for August.

HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

Nutrition Cluster:

Acute malnutrition continues to worsen, with four counties i.e., Nasir, Ulang, Baliyet, and Rubkona—classified in Phase Five, while Nasir and Ulang have been flagged for Risk of Famine. The latest IPC projection analysis shows that 53 of 62 assessed counties have deteriorated, either moving to higher phases or worsening within the same phase. This has driven a projected 9.5 per cent increase in malnutrition cases for 2025, affecting an estimated 2.3 million children and 1.2 million pregnant and breastfeeding women.

The Food Security and Nutrition Monitoring System (FSNMS) Round 31 has completed data collection in seven of ten states, with 7,817 cases (90 per cent) uploaded. However, insecurity has delayed training and data collection in Pigi/Canal, Ulang, and Nasir, while preparations are ongoing in Nasir, Ulang (Upper Nile), and Abiemnhom (Unity). Findings from the ongoing FSNMS survey will provide multi-sectoral evidence to strengthen a nationally coordinated response.

Nutrition program performance in July 2025 showed strong results in some areas: the Outpatient Therapeutic Programme (OTP) recorded the highest cure rate at 96.11 per cent, while Stabilization Centers (SC) reported the lowest cure rate at 90.37 per cent alongside the highest death rate at 6.15 per cent, highlighting the severity of cases admitted. Across programs, defaulter and non-respondent rates remained low, though Pregnant and Breastfeeding Women (PBW) services had a slightly higher non-response rate at 3.64 per cent.

Despite rising needs, admission rates across programs were constrained by multiple factors. These include the transition to government-led service delivery in Western Equatoria (WES), Western Bahr El Ghazal (WBG), and Central Equatoria (CES); funding cuts that forced the closure of 185 out of 1,230 nutrition sites (15 per cent), particularly in WBG, CES, Unity, WES, and Upper Nile; conflict that restricted access in areas where higher admissions were expected; and reporting gaps linked to understaffing, which reduced active case finding and referrals.

In response, the Nutrition Cluster is working with government institutions at national and state levels to ease the transition, advocate for funding, and promote localization to reduce service delivery costs. In July–August 2025, SSHF funding was allocated to high-risk counties to sustain operations.

Water, Sanitation, and Hygiene (WASH) Cluster:

In July 2025, the WASH Cluster made notable progress in expanding access to safe water, hygiene awareness, and disease prevention across targeted communities. A total of 75,334 people (20,797 boys,

23,160 girls, 13,271 men, and 18,106 women) gained access to improved water sources—an important step toward reducing waterborne disease risks and improving well-being.

However, sanitation coverage remains critically low. Only 1,781 people (456 boys, 568 girls, 362 men, and 395 women) accessed appropriate sanitation facilities, underscoring the urgent need for greater investment in sanitation infrastructure.

Hygiene promotion complemented water interventions, reaching 100,246 individuals (21,309 boys, 25,166 girls, 20,694 men, and 33,077 women). These activities provided essential knowledge to reduce disease transmission while emphasizing inclusivity and gender sensitivity. To strengthen outbreak preparedness, the cluster distributed 2,144 cholera kits, directly benefiting 12,864 people (3,516 boys, 3,369 girls, 2,884 men, and 3,095 women). These kits are vital in mitigating the impact of potential cholera outbreaks in high-risk areas.

The progress achieved highlights strong outcomes in water access and hygiene, but the disparity with sanitation coverage signals the need for a more integrated WASH approach. Sustainable health gains will depend on improving sanitation services alongside ongoing hygiene promotion.

The WASH response continues to face a complex operating environment. Seasonal flooding has restricted access to affected communities while raising the risk of waterborne diseases. Localized conflict, insecurity, and cross-border population movements from Sudan have further disrupted service delivery. Coordination remains a challenge due to fragmented communication and reduced capacity of WASH Cluster platforms at national and subnational levels. At the same time, logistical constraints—such as difficulties in pre-positioning supplies and insufficient funding—limit the ability to scale up interventions in high-risk areas.

Addressing these challenges requires strengthened advocacy at all levels to secure humanitarian access and operational space. Increased resource mobilization by government and partners is essential to bridge funding gaps and sustain priority interventions. Improved monitoring of population movements and entry points will also be key to informing response planning and anticipating emerging needs.

Education Cluster

In July, the humanitarian situation in South Sudan remained deeply concerning, with ongoing conflict continuing to displace thousands of people. The violence has forced the closure of numerous schools, depriving children of access to education and exposing them to heightened protection risks. At the same time, a surge in cholera cases and the early onset of flooding further compounded the crisis, disrupting both education and child safety. These overlapping emergencies continue to intensify the vulnerability of already at-risk communities across the country.

In the eastern counties of Upper Nile, such as Nasir, all schools remain closed and humanitarian access is severely restricted due to insecurity. As a result, little or no data is available from some of the most affected areas, leaving an estimated 14,000 learners without access to education in Nasir alone. In Ulang, Longechuk, and Baliet counties, reports indicate that some schools have reopened, although attendance remains low. Many school facilities are damaged, and learning materials were looted. One secondary school in Ulang reopened but was relocated to a new site following population displacement, while in Longechuk, all 35 schools were reported to have resumed operations. In Central Equatoria, 7,477 school-aged children remain displaced in IDP sites with no access to protective learning services. In Eastern Equatoria, South Sudanese returnees from Kakuma Refugee Camp in Nairobi have settled temporarily in Kapoeta before moving onward to their areas of origin.

In response to these ongoing emergencies, the Education Cluster has been providing leadership and coordination with partners to ensure a timely and effective humanitarian response. In Central Equatoria, the Cluster is working with Plan International and NRC to conduct needs assessments that will inform response planning. In Upper Nile, the Cluster continues to support Community in Need Aid (CINA) in strengthening information management, including data collection in the most affected counties. This information will be essential in developing strategic interventions and advocating for resources.

The response continues to face serious challenges, particularly the reduced presence of active partners as many local organizations scale down operations due to funding cuts. Despite these constraints, Cluster partners reached 8,813 children with non-formal and formal education services in July. Additionally, the quality of education was improved for 7,823 children through the provision of teaching and learning materials, alongside the training of 330 teachers in basic pedagogy and psychosocial support.

Child Protection Area of Responsibility (AoR).

Protection Risk Monitoring System (PRMS) key-informant reporting highlights a concerning protection landscape in South Sudan, with GBV widespread across Jonglei, Lakes, Unity, Upper Nile, Northern Bahr El Ghazal, and Western Equatoria, where survivors face barriers to confidential services due to insecurity, stigma, and poor access. Household threats such as theft, extortion, forced eviction, and property destruction are pervasive, fueling secondary displacement, school drop-outs, and heightened risks of exploitation, particularly for adolescent girls. Child, Early, and Forced Marriage (CEFM) remains moderate to high in several states, driven by economic stress, displacement, and entrenched norms, while child and family separation—especially in conflict-affected Jonglei, Unity, and Upper Nile—continues to increase the number of unaccompanied children in need of tracing and reunification. The eastern corridor of Jonglei, Upper Nile, and Unity, together with parts of Lakes and Western Equatoria, has emerged as a protection hotspot where multiple risks converge.

In July, 13 Child Protection AoR partners delivered critical child protection services across 46 counties in 10 states, reaching more than 10,240 children and caregivers. This represents a reduction in operational presence compared to January 2025, when 20 partners were active, reflecting the ongoing impact of funding constraints and access challenges.

Community-based mental health and psychosocial support (MHPSS) reached 9,819 children and caregivers, providing psychosocial support, structured group activities, and safe spaces for vulnerable children and adolescents. Comprehensive case management supported 418 children, including 26 through cash-based assistance and 392 through non-cash interventions. Community engagement and systems-strengthening efforts included 50 awareness-raising and information-sharing sessions with children, caregivers, and communities; three trainings for child protection service providers, community leaders, and government staff on child protection in emergencies; and one referral pathway update to strengthen service mapping and access to child protection services. The majority of children reached were school-aged (5–17 years), including 4,928 girls and 4,659 boys, while 609 women and 621 men (18–59 years) also benefited through caregiver support initiatives. By population group, services primarily targeted host communities (4,469), mixed populations (2,866), and internally displaced children and caregivers (2,480).

Partners focused primarily on conflict-related displacement, reaching over 10,000 individuals across affected counties, while 129 and 27 child protection responses were reported in July under the Sudan

crisis and flood-related emergencies, respectively. The decline in partner presence (from 20 to 13 organizations) and geographic coverage (from 51 to 46 counties) underscores the strain on service continuity. This contraction is particularly concerning given the simultaneous rise in GBV, theft/extortion, and child marriage risks reported through PRMS.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

Stories and media can be found on UNICEF's website and social media channels:

<https://www.unicef.org/southsudan/stories>

UNICEF South Sudan Social Media: Facebook, Twitter, Instagram, YouTube

- <https://www.unicef.org/southsudan/stories>

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: 25 SEPTEMBER 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 ^{9,10}	865,670 ^{11,12}	▲ 1%	-	-	-
Children vaccinated against measles, supplemental dose	Total	-	481,308 ¹³	2.6 million ^{14,15}	0%	-	-	-
People receiving insecticide treated nets	Total	-	884,066 ¹⁶	12,530 ^{17,18}	0%	-	-	-
Nutrition								
Children 6-59 months screened for wasting	Total	-	3 million ^{19,20}	4.1 million	▲ 18%	3 million	4.2 million ²¹	▲ 20%
Children 6-59 months with severe wasting admitted for treatment	Total	-	530,000 ^{22,23}	158,410	▲ 5%	646,362	267,979	▲ 4%
Primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	-	1.9 million ^{24,25}	667,863	▲ 5%	1.9 million	657,115 ²⁶	▲ 5%
Children 6-59 months receiving vitamin A supplementation	Total	-	3 million ^{27,28}	-	0%	3 million	-	0%
Children aged 6 to 59 months with high risk moderate acute malnutrition (HRMAM) admitted for treatment	Total	-	58,543 ^{29,30}	-	0%	-	-	-
Child protection and GBViE								
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	103,125 ³¹	65,200 ³²	▲ 7%	201,377	102,459	▲ 5%
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	120,000 ³³	83,178 ^{34,35}	▲ 14%	-	-	-
Children who have received individual case management	Total	-	7,000 ³⁶	3,007	▲ 4%	39,725	23,285	▲ 1%
Adults trained on EORE and conduct EORE school/community-based awareness sessions reaching children and adults	Total	-	105,000 ³⁷	27,355 ³⁸	▲ 3%	-	-	-
Education								
Children accessing formal or non-formal education, including early learning	Total	-	602,792 ³⁹	56,207	▲ 1%	669,959	216,226	▲ 1%

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 ⁴⁰	20,145	0%	669,959	134,833	▲ 1%
Teachers and facilitators trained in basic pedagogy and/or mental health and psychosocial support	Total	-	6,028 ⁴¹	314	0%	6,361	2,954	▲ 5%
Water, sanitation and hygiene								
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	700,000 ⁴²	321,665 ⁴³	▲ 1%	2.3 million	388,403	▲ 3%
		-	44	-	-	-	-	-
People accessing appropriate sanitation services	Total	-	223,000 ⁴⁵	56,949	▲ 5%	1.3 million	126,062	0%
Children using safe, accessible and appropriate WASH facilities and hygiene services in learning facilities and safe spaces	Total	-	1.4 million ⁴⁶	277,135	0%	-	-	-
People reached with critical WASH supplies	Total	-	223,000 ^{47,48}	136,121	▲ 7%	675,470	403,183	▲ 2%
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 ⁴⁹	0%	-	-	-
Persons engaged through community platforms in reflective dialogue towards the adoption of positive behaviours and social norms ⁵⁰	Total	-	1.7 million ⁵¹	1.6 million	▲ 29%	-	-	-
People reached with timely and life-saving information on how and where to access available services	Total	-	3 million ⁵²	2.7 million	▲ 19%	-	-	-
People sharing their concerns and asking questions through established feedback mechanisms	Total	-	250,000 ⁵³	150,604	▲ 5%	-	-	-
People who have access to a safe and accessible channel to report sexual exploitation and abuse by aid workers	Total	-	1 million	623,852	▲ 11%	-	-	-

*Progress in the reporting period 1 - 31 July 2025

ANNEX B — FUNDING STATUS

Consolidated funding by sector

Sector	Requirements ⁵⁴	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	10,853,346	23,387,410	87,646,173	72%
Child protection and GBViE	23,073,255 ⁵⁵	1,694,234	4,169,487	17,209,534	75%
Education	42,781,038	1,576,387	24,117	41,180,534	96%
WASH	60,427,026	3,910,832	2,008,278	54,507,916	90%
Cross-sectoral	10,522,212 ⁵⁶	1,405,258	1,962,753	7,154,201	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	20,337,374	32,024,913⁵⁷	225,822,399	81%⁵⁸

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

Who to contact for further information:

Noala Skinner
Representative, South Sudan
T N/A
niskinner@unicef.org

Nimalan Selvarajah
Chief of Field Operations
T +211920498802
nselvarajah@unicef.org

Angela Travis
Chief of Communications
T +211921110472
atravis@unicef.org

ENDNOTES

1. Humanitarian Needs and Response Plan, 2025
2. South Sudan Health Cluster Bulletin #03, April - May 2025
3. OCHA SOUTH SUDAN Humanitarian Access Snapshot - July 2025
4. OCHA SOUTH SUDAN Humanitarian Snapshot - July 2025
5. OCHA SOUTH SUDAN Humanitarian Access Snapshot - July 2025
6. SOUTH SUDAN: IPC Acute Food Insecurity and Malnutrition Snapshot | April - July 2025
7. OCHA SOUTH SUDAN Humanitarian Snapshot - July 2025
8. South Sudan Cholera dashboard, accessed July 31 https://worldhealthorg.shinyapps.io/cholera_dashboard/
9. 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).
10. SOUTH SUDAN: IPC Acute Food Insecurity and Malnutrition Snapshot | April - July 2025
11. Results from January to May 2025 were revised following additional data verification.
12. The reported results include data from emergency responses and health system strengthening interventions.
13. 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).
14. The reported results include data from emergency responses and health system strengthening interventions.
15. No measles vaccination took place during the reporting period and so, the previous figure remains the same
16. 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.
17. The reported results include data from emergency responses and health system strengthening interventions.
18. Results from January to May 2025 were revised following additional data verification.
19. The HAC 2025 Nutrition targets have been revised and will be rectified in the revised HAC 2025.
20. This is based on the EPI targets for the number of children under age 5 years.
21. These figures have been reviewed and updated to represent the consolidated mid-year achievements for the Nutrition Cluster.
22. 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.
23. The HAC 2025 Nutrition targets have been revised and will be rectified in the revised HAC 2025.
24. Targets estimated from the EPI targets, routine data on individual counseling and estimates from the National Bureau of Statistics.
25. The HAC 2025 Nutrition targets have been revised and will be rectified in the revised HAC 2025.
26. These figures have been reviewed and updated to represent the consolidated mid-year achievements for the Nutrition Cluster.
27. Estimate based on number of children aged 6–59 months, based on total population, the 2024 mortality rate and fertility rates.
28. The HAC 2025 Nutrition targets have been revised and will be rectified in the revised HAC 2025.
29. The HAC 2025 Nutrition targets have been revised and will be rectified in the revised HAC 2025.
30. 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.
31. 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.
32. The previous SitRep reported an achievement of 62,869; however, this included a reporting oversight. The accurate cumulative achievement up to June should have been 57,869. With an additional 7,331 achieved in July, the total stands at 652,200 as of the end of July
33. 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).
34. Results include the number of women, girls, boys, and men reached
35. 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.
36. 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.
37. 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.
38. The discrepancy in last month's achievements was due to missed data (4,480 adults) from a previous month, which was retrospectively added to the results reported in the last SitRep.

39. 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.
40. Children aged 3–17 to receive individual learning materials.
41. The teacher-pupil ratio estimated at 1:100, considering 602,792 pupils.
42. 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).
43. There was a reporting error in the previous SitRep. In Q1, 297,210 people gained access to safe water in humanitarian settings. By Q2, this number had increased to 317,284, which is cumulative of Q1. The error arose when Q1 and Q2 were added together, resulting in an inflated total of 614,494. In fact, Q1 was double-counted, as the Q2 figure already included it. The correct achievement as of the end of June is therefore 317,284, not 614,494. In July, an additional 4,381 people gained access to safe water, bringing the cumulative total to 321,665.
44. 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).
45. Based on Sphere standards one toilet stance per 50 people in emergency contexts, and one handwashing facility per 50 people.
46. 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. (1tap 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%.
47. WASH Cluster has developed and launched the WASH Cluster Cholera Dashboard (Microsoft Power BI).
48. This target have been revised and will be rectified in the revised HAC 2025.
49. 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.
50. 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.
51. 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.
52. 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.
53. 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.
54. 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.
55. This line item includes \$6,259,680 for gender-based violence prevention and response targets and \$16,813,575 for other child protection targets.
56. 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.
57. The reduction in available funding reflected under Nutrition, WASH, and Child Protection results from the segregation of carry-forward amounts for 2026–2028 that are tagged under the Emergency grant for GBV. These future allocations, while part of the overall grant, are not available for immediate programming in 2025 and therefore have been excluded from the HAC figures. The adjustment ensures more accurate representation of resources available for implementation within the current reporting period.
58. The reduction in available funding for Nutrition, WASH, and Child Protection is due to lower carry-forward amounts, following the reallocation of resources under multi-year grants. This adjustment provides a more accurate representation of the funds available for implementation in the current reporting period. As a result of these adjustments, the funding gaps have changed from 22% to 19%