

UNICEF South Sudan/Karel Prinsloo

Twelve-year-olds; Jado Joseph, a returnee, and Aweng Wor from the host community play chess at a UNICEF Child-Friendly Space in Bulukat, Malakal, October 2025.

unicef for every child

Humanitarian Situation Report No. 10

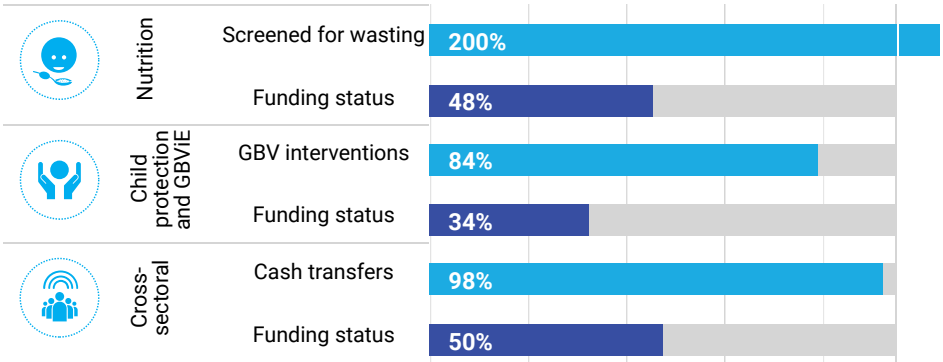
Reporting Period
1 - 31 October 2025

South Sudan

HIGHLIGHTS

- An estimated 5.97 million people are currently in IPC Phase 3 or worse, including 28,000 in Phase 5 (Catastrophe). Projections indicate this could rise to 7.56 million during the 2026 lean season, with 3.26 million women and children acutely malnourished or at risk.
- Armed conflict has displaced 322,000 people since January, while floods have affected over 1 million and uprooted 355,000, destroying homes, schools, and health facilities across several States.
- The prolonged cholera outbreak, declared in October 2024, remains a severe public health emergency, with 96,003 cases and 1,589 deaths reported across 55 counties in nine states and three Administrative Areas as of 31 October. New cases are now declining thanks to intensified containment efforts, though risks remain high in flood-affected areas.
- UNICEF's Humanitarian Action for Children (HAC) appeal remains critically underfunded—only 31 per cent of the required $278.2 million has been received, leaving urgent needs unmet and significantly constraining response capacity.

UNICEF RESPONSE AND FUNDING STATUS*



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

SITUATION IN NUMBERS

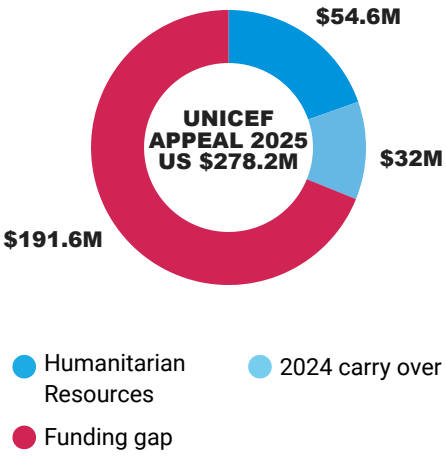
5,000,000
Children in need of humanitarian assistance

9,300,000
People in need of humanitarian assistance

650,000
children at risk of severe acute malnutrition

2,000,000
Internally Displaced People

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

South Sudan continued to face a deepening humanitarian crisis, driven by escalating conflict, mass displacement, economic collapse, and climate shocks. Despite urgent needs, funding remains critically insufficient. UNICEF's 2025 Humanitarian Action for Children (HAC) appeal seeks USD 278.2 million to sustain life-saving programs, yet as of October, only USD 86.6 million (31 per cent) has been received, leaving a USD 191.6 million (69 per cent) gap that is severely constraining the collective delivery of essential services across the humanitarian response: Severe funding gaps of 96 per cent in Education and 90 per cent in WASH continue to limit the provision of safe learning spaces and access to clean water. Despite the RUTF pipeline being secured until September 2025, the Nutrition sector, with a 52 per cent gap, is at risk of disrupting life-saving treatment for severe acute malnutrition and other essential services; Child Protection (66 per cent) and cross-sectoral support (76 per cent) are heavily constrained. This situation underscores the urgent need for predictable, flexible funding to sustain and scale up essential services before the crisis worsens.

Despite these challenges, UNICEF South Sudan continued to deliver life-saving assistance through strong partnerships with government ministries, UN agencies, NGOs, and community-based organizations. These partnerships form the backbone of humanitarian operations, enabling teams to reach highly vulnerable children in remote, insecure, and flood-affected locations. Through joint efforts, partners support nutrition screening and treatment for severe acute malnutrition, provide safe water and sanitation, maintain education in displacement sites, and deliver child protection and psychosocial support. However, chronic underfunding is placing severe strain on these networks—reducing field presence, limiting supply prepositioning, and stretching frontline workers to capacity. Without flexible funding, these partnerships risk collapsing, leaving millions of children without access to food, clean water, education, and protection. Sustained donor investment is critical to keep life-saving services running and safeguard hard-won gains for South Sudan's most vulnerable families

SITUATION OVERVIEW AND HUMANITARIAN NEEDS

South Sudan's humanitarian crisis deepened in October, as overlapping shocks continued to overwhelm already fragile communities. Conflict-driven displacement, restricted humanitarian access, economic collapse, recurrent climate disasters, and persistent disease outbreaks have converged to create one of the world's most complex emergencies. Families are displaced more often, schools and health facilities are closing, and livelihoods are collapsing under the weight of insecurity and flooding. The cumulative impact is staggering: millions face hunger, malnutrition, and heightened protection risks, while essential services—health, education, and WASH—are stretched beyond capacity. Without urgent, coordinated, and scaled-up donor support, the situation risks spiraling into an even deeper catastrophe, eroding hard-won gains and leaving millions without hope.

Armed violence continued to affect communities across South Sudan, contributing to significant levels of displacement. Since January, over 322,000 people have been forced to abandon their homes and livelihoods in search of safety. Western Equatoria has borne the brunt, with more than 165,000 people fleeing since June as clashes spread across multiple counties. New waves of displacement have also surged in Western Bahr el Ghazal, Abyei, Warrap, Upper Nile, and Jonglei, where rapid assessments reveal communities stranded without shelter, food, or clean water. Families are crowding into makeshift sites or hiding in remote bush areas, exposed to disease, hunger, and protection risks. Essential services —health,
education, and WASH—are collapsing under the strain,
leaving children out of school and vulnerable to grave violations. This escalating crisis underscores the urgent need for scaled-up humanitarian assistance and sustained donor engagement to deliver lifesaving aid and restore hope for communities trapped in the cycle of violence and displacement[1] .

South Sudan is also facing an alarming food security and nutrition crisis, with 5.97 million people (42 per cent of the population) currently in IPC Phase 3 or worse (Crisis, Emergency, or Catastrophe), including 28,000 people in Phase 5 (Catastrophe) who risk death without immediate assistance. Projections indicate further deterioration during the April–July 2026 lean season, when 7.56 million people (53 per cent) will face severe food insecurity. A combination of conflict, recurrent flooding, economic collapse, and the influx of more than 1.2 million returnees and refugees from Sudan has eroded livelihoods, disrupted markets, and driven food prices up by 24 per cent since March 2025. Simultaneously, 2.11 million children under five and 1.15 million pregnant or breastfeeding women are acutely malnourished or at risk, with 70 per cent of cases concentrated in Jonglei, Upper Nile, Unity, Warrap, and Northern Bahr el Ghazal. Humanitarian assistance remains the only lifeline, yet funding shortfalls threaten critical food and nutrition programs[2] . Without urgent strenthening of national systems and increased government investment multi-sectoral interventions—food aid, nutrition treatment, WASH, and livelihood support, the country risks widespread loss of life and irreversible damage to human capital. Complementing these domestic efforts with increased donor engagement will be essential to prevent further deterioration and support community resilience.

The prolonged cholera outbreak remains a major public health emergency. Since September 2024, South Sudan has reported 96,003 cases and 1,589 deaths across 55 counties in nine states and three Administrative Areas, with a CFR of 1.7 per cent. While intensified containment efforts have reduced new cases, transmission persists in some counties due to population movements, poor WASH conditions, and waning immunity. Displacement and seasonal migration disrupt control measures, while stagnant water, damaged latrines, and limited access to safe drinking water in flood-affected areas create ideal conditions for cholera spread. Resurgence in Ikwotos (Chahari payam), Aweil South (Tiara-liet payam), and Mayom (Wangkei payam) is particularly concerning, driven by overcrowded shelters and inadequate hygiene facilities. Without sustained interventions, these hotspots risk becoming reservoirs of infection, threatening national elimination efforts[3] . Compounding the cholera situation, South Sudan is simultaneously responding to other communicable disease threats—including circulating vaccine-derived poliovirus type 2 (cVDPV2), measles, Hepatitis E, and localized anthrax outbreaks—each
showing pockets of ongoing transmission across multiple states. These overlapping health threats strain an already fragile health system, amplify morbidity and mortality risks, and complicate response efforts.

In October 2025, UNICEF and partners scaled up support for South Sudanese families deported from Sudan, many of whom were separated from their children during cross-border movements. Family tracing and reunification services were prioritized to restore family links and protect unaccompanied and separated children from exploitation and abuse. In Renk, humanitarian partners provided temporary shelter, food assistance, and protection services,

including psychosocial support and GBV risk mitigation. Medical teams delivered essential health care and vaccinations to prevent disease outbreaks in overcrowded transit sites. These coordinated interventions aim to address immediate needs while reducing protection risks and supporting longer-term reintegration for affected families[4] .

Relentless floodwaters continued to engulf vast swathes of South Sudan, unleashing a humanitarian crisis of staggering scale. As of 30 October 2025, more than 1.02 million people have been affected across 29 counties, with 355,000 displaced from their homes, seeking refuge on higher ground. The worst-hit states—Jonglei and Unity—account for nearly 87 per cent of those impacted, where homes, schools, and health facilities have been destroyed. Flooding disrupted 74 schools across five states (Central Equatoria, Jonglei, Upper Nile, Unity, Western Equatoria), affecting over 30,620 children and 1,002 teachers, leaving thousands without safe learning spaces and halting education continuity. Farmlands remain submerged, wiping out harvests and livestock pastures, compounding an already dire food insecurity crisis. In Upper Nile, rising Nile and Sobat River levels continue to threaten thousands, with counties like Fashoda and Baliet reporting catastrophic losses of farmland and livelihoods. In Jonglei's Canal/Pigi County alone, over 25,500 people were displaced, while assessments reveal alarming spikes in acute malnutrition among children and pregnant women, alongside outbreaks of cholera, malaria, and pneumonia. Although waters are receding in some areas, families returning home face destroyed shelters and no access to basic services[5] .

Humanitarian access across South Sudan remains highly constrained, with 55 access-related incidents reported in October and 496 incidents recorded between January and October 2025—a 27 per cent increase from the same period in 2024. Insecurity across Western and Central Equatoria, Upper Nile, Jonglei, and Unity continues to disrupt access to essential services and impede humanitarian operations, while damage and looting of health facilities in locations such as Mundri East and Nagero have further weakened service delivery. In Jonglei, movement restrictions and delays in hard-to-reach areas hindered assistance to an estimated 25,000 people affected by conflict and flooding. Incidents involving threats to humanitarian personnel and interference with humanitarian assets have risen, compounded by increasing criminality in Juba linked to worsening economic conditions. Bureaucratic impediments —including
irregular fees, administrative restrictions, and delays in
the clearance of humanitarian supplies—continue to slow operations. Physical access also remains a major challenge, as extensive flooding has rendered key roads impassable in parts of Unity and Jonglei, leaving many communities isolated during a period of heightened need[6] .

Despite these access challenges, critical opportunities exist to scale up assistance. In Upper Nile, the recent inter-agency assessment mission to Nasir marked a long-awaited breakthrough, effectively reopening a corridor that had been inaccessible for months. During the mission, UNICEF and partners delivered essential life-saving supplies, the first tangible assistance in months—demonstrating both the feasibility and urgency of sustained humanitarian presence. This successful entry has renewed momentum for broader operational scale-up, provided access negotiations and security conditions hold. In stark contrast, Western Equatoria continues to face prolonged gaps in assistance, with humanitarian actors unable to operate due to insecurity, logistical disruptions, and limited access guarantees. Agencies are preparing needs assessments in November to re-establish an operational picture and restart aid delivery, but the environment remains volatile. Nagero County, in particular, remains completely unassessed as conflict and movement restrictions block access, leaving humanitarian needs largely unknown and unmet.

This situation underscores an urgent need for donor-backed advocacy, strengthened access negotiations, and resources for rapid-response deployments to ensure that Nagero and other cut-off counties are not left behind as conditions deteriorate.

The convergence of conflict, hunger, disease, flooding, and access constraints has pushed South Sudan to the brink. Decisive, sustained donor action now can prevent a full-scale humanitarian catastrophe and restore hope for millions.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

Health



UNICEF South Sudan/Lou Nelson

Returnee Nyamdi Hassam (18) looks on as a health worker examines her two-year-old son, Juma Hassan, as he is suffering from fever and diarrhoea, in Malakal, October 2025.

In October, South Sudan faced an increasingly complex public health emergency as the country continued responding to six concurrent infectious disease outbreaks. Cholera and cVDPV2 (Polio) remain widespread nationwide, while Mpox, Anthrax, Hepatitis E, and Measles persist with localized transmission across multiple states. Cholera remains the most urgent and severe public health threat. As of November 2025, a cumulative 96,003 cases and 1,589 deaths (CFR 1.7 per cent) have been reported, with uninterrupted transmission since October 2024 and recurrent weekly peaks. During the first two weeks of October alone, 521 new cases and 16 deaths were recorded across 14 counties, with the highest caseloads reported in Mayendit (Unity State), Ikwotos (Eastern Equatoria State), Mayom (Unity State), and Juba (Central Equatoria State). Unity, Jonglei, and Central Equatoria remain among the most affected states, and children under five continue to bear the greatest burden of disease.

UNICEF, working closely with the Ministry of Health, WHO, and implementing partners, played a central role in driving the cholera response. The nationwide Oral Cholera Vaccination (OCV) campaign has been completed across 46 counties, administering 8.6 million doses and achieving an impressive 87 per cent coverage. Mop-up campaigns are planned in 10 counties targeting 448,500 people to close remaining immunity gaps. To strengthen community readiness and case management, UNICEF supported the establishment of 102 Oral Rehydration Points, 19 Cholera Treatment Centres, and 88 Cholera Treatment Units across nine states and three Administrative Areas. Additional efforts focused on strengthening triage and referral systems, reinforcing community-based surveillance, improving cold-chain functionality, and supplying essential kits—including Acute Diarrhoeal Disease Kits (ADKs), Oral Rehydration Salts (ORS),

Personal Protective Equipment (PPE), tents, cholera beds, medicines, and WASH materials. During the reporting period, UNICEF trained 252 health workers and community-based providers on cholera case detection, referral, and management.

Other outbreaks continue to require sustained vigilance. Mpox remains active in four counties across three states; Anthrax in four counties across two states; Hepatitis E in eight counties across four states; and Measles in at least eight counties in five states

Looking ahead, UNICEF will prioritize integrated WASH–Health interventions in high-risk counties, support completion of OCV mop-up activities, strengthen surveillance and sub-national coordination mechanisms, and advocate for flexible, predictable funding to sustain and scale the ongoing response.

Nutrition



UNICEF South Sudan/Karel Prinsloo

A boy's arm is measured for malnutrition at Bulukat transit center, Malakal, Oct 2025. UNICEF supports South Sudanese returnees and displaced families affected by Sudan's crisis.

The humanitarian situation in South Sudan remains critical as localized conflict, rising civil insecurity, and widespread flooding continue to displace large populations and disrupt livelihoods, markets, and agricultural production. According to latest Intergrated Food Security Phase Classification (IPC) analysis, 5.97 million people are facing high levels of acute food insecurity, and 2.11 million children aged 6–59 months are projected to experience acute malnutrition through June 2026. Conditions are expected to deteriorate further during the April–July 2026 lean season.

UNICEF continued to scale up lifesaving nutrition services across all ten States and the three administrative areas, delivering both preventive and curative interventions. Key activities include Maternal Infant and Young Child Nutrition (MIYCN) counselling, community and facility-based malnutrition screening, cooking demonstrations, and new initiatives aimed at improving young children's diets and dietary diversity.

In October, 79,625 mothers (32,545 pregnant and 47,080 breastfeeding) received Maternal Infant and Young Child Nutrition (MIYCN) counselling, contributing to a cumulative 924,922 mothers counselled since January. An additional 5,960 mothers and caretakers of children under 24 months were supported through the Shock Responsive Cash Transfer Programme in Lakes (545), Warrap (1,960), and Central Equatoria (3,455), helping vulnerable families better meet the nutritional needs of their children.

Preventive supplementation remained strong during the month, with 186,539 children receiving Vitamin A and 156,737 children dewormed—bringing cumulative totals to 2,219,638 (Vitamin A) and 1,878,641 (deworming) for the year. Community nutrition volunteers screened 596,474 children (287,186 male; 309,288 female) for malnutrition, ensuring all identified cases were referred for timely treatment. This resulted in the admission of 26,707 children with severe wasting (12,477 male; 14,230 female) into treatment programmes. Performance indicators remained within acceptable WHO Sphere standards, with an 87 per cent cure rate, 11 per cent defaulter rate, 0 per cent death rate, and 1 per cent non-response, contributing to 230,098 admissions from January to October.

To maintain continuity of treatment services following prolonged stock-outs caused by insecurity and access challenges, 3,728 cartons of Ready to Use Therapeutic Foods (RUTF) were delivered to Toch in Fangak, ensuring uninterrupted support for ongoing nutrition interventions.

At the Renk–Joda entry point (Upper Nile State), preventive services included Vitamin A supplementation for 1,149 children, deworming for 952, and distribution of Compressed High-Energy Biscuit (BP-5) to 1,074 children in Renk and 760 children in Abyei. In the Renk Transit Center, 490 children with Severe Acute Malnutrition (SAM) were treated, including 86 referrals from Joda. Additionally, 51 severely wasted children were admitted to the Renk Civil Hospital Stabilization Center for specialized care. While at Bulukat Transit Site, 104 children (49 male; 55 female) with SAM were enrolled in the Outpatient Therapeutic Programme (OTP), while 148 children (64 male; 84 female) were admitted to the Targeted Supplementary Feeding Programme (TSFP).

The South Sudan Humanitarian Fund (SSHF) support for six nutrition facilities along Renk's eastern corridor is scheduled to end in November 2025, leaving partner GOAL unable to continue delivering integrated lifesaving nutrition and health services in these areas without additional funding.

Road inaccessibility during the rainy season continues to hamper humanitarian service delivery, further compounded by insecurity and inter-communal conflict, which persistently restrict access to vulnerable communities.

Child protection, GBViE and PSEA



UNICEF South Sudan/Karel Prinsloo

Twelve-year-olds; Jado Joseph, a returnee, and Aweng Wor from the host community play at a UNICEF Child-Friendly Space in Bulukat, Malakal, October 2025.

Amid rising protection risks across South Sudan, UNICEF and its implementing partners continued to expand life-saving child protection services, ensuring that even the most marginalized children are reached with meaningful support and care.

Through Child Protection partners, 9,595 children, youth and adults (4,218 boys; 3,719 girls; 940 men; 718 women) accessed mental health and psychosocial support services (MHPSS) across child-

friendly spaces, youth centers, schools and communities. The increase in individuals reached is largely due to expanded outreach in prisons and detention facilities in Bor (Jonglei State), Akobo (Jonglei State) and Rumbek (Lakes State). This reflects a strong commitment to serving children in all circumstances—including those living on the streets or in conflict with the law—who remain among the most vulnerable.

A total of 366 children and youth (144 boys; 99 girls; 76 male youth; 47 female youth) were newly identified and enrolled in comprehensive case management services. Notably, as a result of strengthened disability-inclusive mentorship sessions, 48 children with disabilities (29 boys; 19 girls) are now receiving tailored case management support. Several children received assistive devices, including wheelchairs, while others were referred for specialized medical care. In addition, 26 unaccompanied and separated children were safely reunified with primary caregivers in Wau (Western Bahr el Ghazal State), Renk (Upper Nile State), Juba (Central Equatoria State) and other locations. With case management mentors now deployed across Jonglei, Upper Nile, Western Bahr El Ghazal and Unity states, partners anticipate improvements in both the quality and accessibility of case management services in the coming months.

Gender-based violence (GBV) prevention, mitigation and response efforts reached 12,783 individuals (2,369 boys; 4,009 girls; 872 men; 5,533 women). Following community commitments made in September to create safer environments for women and girls in Turalei (Warrap State), outreach continued—reaching 128 boys, 150 girls, 139 men and 181 women in October. In Wau (Western Bahr el Ghazal State), the Communities Care programme reached a high point through a major public declaration event, promoting messages on ending victim blaming and strengthening community support for GBV survivors. The event engaged 748 people (120 boys; 130 girls; 114 men; 384 women).

In the Greater Equatoria region, partners reached 5,323 people (2,519 boys; 1,604 girls; 531 men; 669 women) with explosive ordnance risk education (EORE) sessions in schools, health facilities and communities. As a result, community members demonstrated stronger knowledge of local hazards—able to distinguish different types of unexploded ordnance, recount real-life encounters and apply safer response practices.

While limited capacity of newly recruited youth inspirators in applying the Take 5 MHPSS approach remains a challenge in youth centers, UNICEF is deploying master trainers to reinforce skills and ensure more consistent and higher-quality psychosocial interventions. Take 5 is a structured routine designed for children living in high-risk environments—such as street-connected children and juvenile offenders—by offering a safe, engaging space with caring coaches who build essential life skills and connect beneficiaries to opportunities and support systems. The deployment of master trainers is expected to significantly improve both the quality and consistency of MHPSS interventions across the centers.

Overall, expanded outreach in prisons, detention centers, streets and hard-to-reach communities continues to bring services to children who were previously underserved. Ongoing mentorship by case management specialists and UNICEF staff is expected to further improve service delivery, strengthen protection outcomes and enhance the well-being of children and their caregivers across South Sudan.

Water, sanitation and hygiene



UNICEF South Sudan/Karel Prinsloo

A young girl carries a bucket of water provided by UNICEF at the Bulkat transit center in Malakal, in October 2025.

UNICEF and its partners – World Vision, CEDS, Medair, Save the Children, Concern Worldwide, Healthcare Foundation Organization, and Health Link South Sudan – continued to expand life-saving WASH services for communities affected by overlapping crises, including cholera outbreaks, large-scale displacement, and recurrent flooding across Upper Nile, Greater Bahr el Ghazal, Warrap, Jonglei, Greater Equatoria, and the Abyei Administrative Area. During the reporting period, 44,241 people gained access to safe water, 2,266 people to improved sanitation facilities, and 19,329 individuals received essential WASH supplies. Despite notable progress in containing cholera transmission, resource and access constraints continue to hinder the sustained delivery of critical WASH services.

In Fashoda County (Upper Nile State), an estimated 6,200 people benefited from two newly installed emergency Surface Water Treatment (SWAT) systems, providing continuous access to clean water. A third SWAT system was established in Panyikang County, serving an additional 3,100 flood-affected individuals. In Maiwut town, the rehabilitation of a key borehole restored safe water access for 500 people, complemented by the training and equipping of ten handpump mechanics to strengthen local maintenance capacity and ensure system sustainability.

Through ongoing operation and maintenance support to the Renk town water treatment plant, approximately 32,441 people (girls: 12,320; boys: 7,818; men: 5,121; women: 7,182) continued to access safe water. Six non-functional boreholes were also rehabilitated in Fangak and Ayod (Jonglei State), restoring safe water services for 2,000 individuals. At the community level, 91 new Water Users' Committee members (63 women and 28 men) were trained across Fashoda, Panyikang, and Maiwut counties (Upper Nile State) to strengthen community-led operation, maintenance, and oversight of water systems.

Sanitation services also improved across high-priority locations. In Fashoda County (Upper Nile State), six blocks of semi-permanent communal latrines (two stances each) were constructed, benefiting approximately 600 flood-displaced individuals (girls: 150; boys: 144; men: 138; women: 168). In Maiwut town (Upper Nile State), three latrine blocks (two stances each) were rehabilitated at nutrition facilities, benefiting around 300 people, predominantly women. Additionally, the renovation of two latrine blocks at Madhol Primary School and Madhol PHCU in Twic County (Jonglei State) improved sanitation conditions for 1,366 people, including schoolchildren (boys: 350; girls: 597; men: 160; women: 259).

Essential WASH supplies—including buckets, soap, filter cloths, household-level water treatment products, and disinfection chemicals—were distributed to flood-affected households in

Panyikang County, benefiting 9,273 people (girls: 1,569; boys: 1,312; men: 3,164; women: 3,228, including 98 persons with special needs). The distribution aimed to reduce cholera and other WASH-related disease risks while improving hygiene practices and overall community wellbeing. Similar distributions were carried out in Wunthou and Geger in Renk County (Upper Nile State), reaching 3,446 individuals (girls: 1,093; boys: 1,142; men: 480; women: 731), primarily returnees affected by the Sudan crisis. In Tharwangyils Boma of Rubkona (Unity State), WASH supplies were provided to 635 vulnerable households.

Hygiene promotion and cholera prevention messaging reached nearly 96,000 people across Fashoda, Panyikang, Baliet, and Maiwut (Upper Nile State), Abyei (Abyei Administrative Area), Aweil (Norther Bahr el Ghazal), Twic (Warrap State), Jur River, and Wau (Western Bahr el Ghazal), Fangak, Ayod, Akobo, and Pigi counties (Jonglei State). Community-based hygiene promoters conducted door-to-door outreach and engaged schools and vulnerable groups to strengthen community resilience and minimize the risk of disease transmission.

Education



UNICEF South Sudan/Karel Prinsloo

Students attend class at Malakia Boys and Girls Primary School in Malakal, October 2025. UNICEF supports returnee and displaced children, especially in areas affected by the Sudan crisis.

In October, children's access to safe and inclusive education remained severely disrupted as armed conflict and widespread flooding continued across multiple states. In Western Equatoria State, renewed clashes triggered large-scale displacement, forcing children out of classrooms and into temporary sites. In several remote Payams, floodwaters cut off roads and learning facilities, limiting school attendance, restricting monitoring missions, and delaying the delivery of essential teaching and learning materials.

Despite these deteriorating conditions, UNICEF and partners—working
closely with state and county education authorities—sustained critical education services in priority locations. In Upper Nile and Unity States, 154 teachers received incentives through CINA and UNIDOR, helping stabilize the teaching workforce and maintain continuity of learning for crisis-affected children.

Efforts to strengthen protective and learner-friendly environments are also advanced. Helpdesks were established in 11 schools across Renk County (Upper Nile State) and Mayendit (Unity State), providing students with safe, accessible channels to report concerns, seek support, and access referrals when needed.

To mitigate learning loss caused by protracted flooding, partners scaled up alternative learning modalities. In Unity State, UNIDOR expanded radio instruction, reaching 30 children in isolated areas, while in Jonglei, CMD trained 35 teachers and five local officials in Fangak on radio-based pedagogy to support remote learning.

Education quality improvement remained a central focus. A total of 107 teachers received training on foundational literacy and numeracy, basic pedagogies, Education in Emergencies (EiE), mental health and psychosocial support, gender-responsive teaching, and disability inclusion. Additionally, 423 School Management Committee (SMC)/Parent-Teacher Association (PTA) members were trained in school governance, child-centered management, development planning, and community engagement, strengthening school oversight and fostering greater community participation in education delivery.

As a co-lead of the Education Cluster, UNICEF continued to champion the prioritization of Education in Emergencies at both national and state coordination forums. At the program level, UNICEF worked closely with State Ministries of Education to embed EiE into state planning, reinforcing response efforts and coordination to maintain learning opportunities throughout crises.

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



UNICEF South Sudan/Lou Nelson

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

As co-lead for Risk Communication and Community Engagement (RCCE), the Social Behaviour Change (SBC) Section continued in October to provide strategic and technical support to government counterparts, partners, and other key stakeholders. SBC efforts focused on strengthening RCCE systems across coordination, capacity building, community engagement, and partnerships. These efforts supported response and preparedness for multiple public health emergencies, including the malaria vaccine scale-up, the oral cholera vaccine (OCV) campaign in selected hotspot locations, polio subnational immunization activities across 41 counties, and continued needs arising from the Sudan crisis.

SBC supported more than 300 social mobilizers deployed across cholera hotspot counties during the ongoing OCV campaign. Several areas—Duk (Jonglei State), Mayendit (Unity State), Aweil (Northern Bahr el Ghazal), Pibor (Pibor Administrative Area), Juba (Central Equatoria State), Rubkona (Unity State), and parts of Aweil County (Northern Bahr el Ghazal) —continue to report cholera cases. Through intensified community outreach, 454,029 people (185,489 males; 268,540 females) were reached with lifesaving messages on floods, waterborne diseases, immunization, complementary feeding, and the use of long-lasting insecticide-treated nets (LLINs) for children under five. These efforts, coordinated with line ministries and Health Sector Trust Fund (HSTP) partners, contributed to notable gains in community awareness and behaviour change.

In addition, 251,866 people (89,165 males; 162,701 females) participated in reflective dialogue sessions across diverse community platforms. Community engagement was strengthened through the promotion of existing community-based feedback mechanisms, enabling 28,511 individuals (11,585 males; 16,926 females) to share concerns and provide feedback on UNICEF-supported services. To meet growing demand for community outreach and mobilization, an additional 5,790 social mobilizers were trained and deployed nationwide to support the cholera and polio campaigns.

RCCE investments also contributed to improved demand generation and uptake of the national polio vaccination campaign. In Upper Nile State, coverage in Renk reached 86 per cent, with 48,092 children vaccinated out of 55,656 targeted. In Malakal, 28,496 children were vaccinated out of 50,986 targeted, achieving 56 per cent coverage despite access and population mobility challenges. Moreover, 2,156 individuals received the oral cholera vaccine in Atiar, Alel, and Ayai payams in Aweil County (Northern Bahr el Ghazal).

Mass media remained central to amplifying hygiene promotion messages, with 25 community radio stations across the states broadcasting cholera prevention and other public health messages in local languages. These broadcasts are estimated to have reached 1.5 million people, significantly expanding the campaign's footprint beyond directly accessible locations.

Despite the achievements, multiple challenges constrained RCCE implementation. Severe flooding—particularly in Unity and Jonglei—displaced
households and impeded access to remote communities.
In response, SBC intensified community-based approaches, including community dialogues, focus group discussions, and radio listener groups, to address persistent gaps in water, sanitation, and hygiene (WASH) practices and maintain community engagement despite physical access barriers.

Social protection

South Sudan continues to face a complex and compounding combination of crises that significantly undermine households' ability to meet their basic needs. According to World Bank estimates (October 2025), approximately 76–80 per cent of the population lived below the national poverty line in 2022, based on the Household Budget Survey. In addition, around 92 per cent of people are multidimensionally poor, with 74.3 per cent living in severe multidimensional poverty—the highest rate in the Horn of Africa. These vulnerabilities are driven by ongoing conflict, climate-induced shocks, disease outbreaks, and a fragile economy that has eroded livelihoods and reduced purchasing power. Women and children are particularly affected, facing heightened risks of Gender Based Violence (GBV), early and forced marriage, school dropouts, and malnutrition.

The Social Policy (SP) section works to mitigate the socio-economic impacts of economic hardship and climate shocks on vulnerable households across the country. The section is launching the Emergency Multipurpose Cash Assistance pilot in Rubkona (Unity State) under the January 2025 Emergency Preparedness Fund (EPF) and the Foreign, Commonwealth & Development Office Risk Appetite Framework (or Rapid Action Fund (FCDO RAF) top-up. The programme was initially designed to support 900 vulnerable households with three months of Multipurpose Cash Transfers (MPCA) of $140 per month. However, due to inflation-driven adjustments in transfer values, the current MPCA amount stands at $210 per month. As a result, planning has been revised to reach 1,136 recipients with three rounds of assistance.

As of October, pre-listing and training on registration tools with implementing partner IRC have been completed, and registration is ongoing. To strengthen protection outcomes, the MPCA pilot integrates a Gender-Based Violence (GBV) referral mechanism. Beneficiaries identified as at risk or survivors of GBV during registration or follow-up will be linked to appropriate services through established referral pathways in coordination with protection partners. This approach ensures that cash assistance not only addresses immediate economic needs but also contributes to safeguarding vulnerable individuals, particularly women and girls, from further harm.

The SP section's Shock-Responsive Cash Transfer (SRCT) programme supports vulnerable households in urban and peri-urban areas facing economic fragility. Modelled on the Young Child Support Grant (YCSG), the programme targets pregnant women, lactating women, and caregivers of children under two years. It follows a Cash Plus model, providing monthly transfers of $41 for six months alongside services such as Gender Based Violence (GBV) counselling, nutrition screening, and child immunization. In October, 599 households in Aweil Centre, 1,999 in Kuajok (Warrap State), 888 in Wau (Western Bahr el Ghazal State), and 968 in Bentiu (Unity State) received SRCT transfers—reaching a total of 4,454 households. Under the YCSG programme, 1,096 households in Yida (Ruweng Administrative Area) also received their second round of transfers.

HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

Nutrition Cluster:

The acute malnutrition situation in South Sudan continues to worsen, posing a severe threat to vulnerable populations. According to the latest IPC report released, an estimated 5.9 million people—representing
41 per cent of the analyzed population—are projected
to face IPC Acute Food Insecurity (AFI) Phase 3 or above (Crisis or worse) between December 2025 and March 2026. Of these, 4.38 million people (31 per cent) are expected to be in Phase 3 (Crisis), 1.45 million (10 per cent) in Phase 4 (Emergency), and 28,000 people (0.2 per cent) in Phase 5 (Catastrophe). During this period, 14 counties are projected to be in Phase 4, 50 counties in Phase 3, and 15 counties in Phase 2 (Stressed). Notably, Kapoeta East, Kapoeta North (Eastern Equatoria), and Rubkona (Unity) are expected to deteriorate from Phase 3 to Phase 4, while Twic East may improve from Phase 4 to Phase 3, and Tambura from Phase 3 to Phase 2.

The 28,000 people in Phase 5 are concentrated in Luakpiny/Nasir (17,000) and Fangak (11,000). Upper Nile and Unity remain the most food-insecure states, with 57 per cent and 56 per cent of their populations affected. Alarmingly, 70 per cent of acute malnutrition cases are concentrated in Jonglei, Northern Bahr el Ghazal, Upper Nile, Unity, and Warrap. Acute malnutrition is expected to worsen in 46 counties, with 20 counties likely shifting to a higher phase. Five counties—Duk, Rubkona, Baliet/Akoka, Ulang, and Nasir—along with the Abyei Administrative Area, are projected to reach IPC AMN Phase 5 (Extremely Critical). This deterioration is driven by limited access to health and nutrition services, ongoing conflict, a worsening cholera outbreak, and widening food gaps.

Despite the severity, nutrition admissions remain below expectations: 963,755 children were admitted for Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) by October 2025, compared to 1,240,504 in 2024. SAM admissions declined by 22.2 per cent, MAM by 21.6 per cent, and PBW by 28 per cent, largely due to the transition to government-led service delivery, funding cuts that closed 185 sites (15 per cent), conflict-related access constraints,

and reporting gaps.

The Nutrition Cluster is addressing transition challenges by working with government and partners to advocate for funding, advance localization, and reduce delivery costs. Recent Juba workshops emphasized localization, anticipatory action, real-time monitoring, and MERIAM, supported by the Global Nutrition Cluster. In conflict-affected areas, safe corridors and rationalization measures are ensuring service continuity. Through sectoral integration, the Cluster collaborates with Health, WASH, and Food Security & Livelihoods to deliver a coordinated, multi-sectoral response that sustains essential nutrition services amid operational constraints.

Water, Sanitation, and Hygiene (WASH) Cluster:

Through coordinated and sustained efforts, the WASH response continued to deliver life-saving services to crisis-affected communities across South Sudan. Despite flooding, displacement, and ongoing conflict, partners collectively ensured progress in access to safe water, sanitation, hygiene promotion, and emergency supplies.

More than 101,021 people gained access to improved water sources in October. This includes 34,992 women, 31,720 men, 17,128 boys, and 17,181 girls who can now rely on clean and safe water for drinking, cooking, and household use. Access to safe water remains one of the most effective ways to reduce waterborne diseases, particularly in areas facing cholera risks and severe flooding.

A total of 21,128 individuals now have access to safe sanitation facilities. This support reached 6,166 boys, 7,158 girls, 4,587 women, and 3,217 men, helping reduce open defecation, lowering the risk of diarrheal disease outbreaks, and restoring dignity for families living in displacement sites and flood-affected areas.

Hygiene promotion activities reached an impressive 109,673 people, equipping communities with essential knowledge and practices to prevent cholera, Hepatitis E, and other infectious diseases. Among those reached were 42,084 women and 31,431 men, alongside thousands of adolescent girls, boys, and younger children. These efforts continue to strengthen household resilience and reinforce behavior change around handwashing, safe water handling, and menstrual hygiene management.

An intersectoral workshop on 30–31 October 2025 provided strategic guidance for the 2026 humanitarian cycle. Projections estimated 14.4 million baseline population, with 12 million affected and 9.9 million People in Need (PIN) under Joint and Intersectoral Analysis Framework (JIAF) 2.0. WASH aims to target 6.8 million people, prioritizing 2.1 million for direct support, requiring USD 60 million. Counties under Severity 5 were prioritized for full coverage in Priority 1 and 2 areas and 50 per cent in Priority 3. Key discussions focused on evidence-based prioritization, transparent governance, stronger links with development actors, and resource mobilization amid anticipated donor reductions. Multi-Purpose Cash Assistance (MPCA) cash transfers were revised to USD 135, with reinforced reporting and risk monitoring for accountability.

Emergency WASH supplies from the Core Pipeline supported 16,200 people, including 5,602 women and 3,682 men, with soap, buckets, jerry cans, and water purification tools. A joint WASH Cluster–Core Pipeline meeting reviewed operational priorities, including procurement funding, Malakal stock updates, UNICEF–IOM handovers, supply gaps, and the online stock-tracking system. Participants emphasized joint planning, transparent stock management, and efficient resource allocation to sustain emergency WASH responses nationwide.

Child Protection Area of Responsibility (CP AoR):

In October 2025, the operational footprint of the Child Protection AoR contracted sharply. Only two reporting organizations delivered child protection services in three counties across two states, reaching 232 individuals—a dramatic decline from September, when 9,720 individuals were assisted in 47 counties. Notably, UNICEF and UNHCR, key contributors to service delivery and monitoring, did not report this month. Their absence created an artificially low dataset, meaning October's figures reflect reporting gaps rather than actual operational activity.

Of the 232 individuals reached, 207 were from host communities and 25 from mixed or other groups; no internally displaced persons or persons with disabilities were reported. Age and gender data show adolescent boys were the primary beneficiaries: 185 boys aged 5–17 received services, compared to 22 girls in the same age group. Additionally, 25 adults aged 18–59 were reached (24 men and one woman). No children aged 0–4 or adults over 60 were reported, underscoring the limited footprint and concentration of activities.

Three service categories were provided. Community-based mental health and psychosocial support dominated, with 205 individuals (88 per cent) engaged in structured activities, group sessions, and safe spaces. Case management supported 27 children through non-cash assistance, and one community awareness session was conducted.

Protection Risk Monitoring System (PRMS) data for October highlights two persistent, severe risks: gender-based violence (GBV) and child, early, or forced marriage. GBV—including sexual violence, intimate partner violence, harassment, and exploitation—remains widespread, particularly affecting adolescent girls. These risks are compounded by displacement, insecurity, and weakened community support systems. Early marriage continues to be driven by economic hardship, loss of livelihoods, and negative coping strategies, exposing girls to early pregnancy, school dropout, and GBV. Structural drivers remain unchanged, while preventive and response services are limited.

October recorded one of the lowest reporting months for the AoR, with a 96 per cent reduction in individuals reached compared to September. Protection risks remain severe at level three, underscoring the fragility of the protective environment for children—especially
adolescent girls—amid needs far exceeding current
capacity. .

Coordination-wise, October marked the formal transition of the Child Protection AoR into the new Child Protection Workstream under the humanitarian architecture reset. A consortium involving UNICEF, Save the Children, Plan International, IRC, and War Child Holland is being established. Plan International will host the Workstream Coordinator, while Save the Children will host the Information Management Manager. Draft agreements are under review, signaling a major structural shift to improve leadership and align with the revised coordination system.

Education Cluster:

In October, education access across South Sudan remained severely disrupted due to armed conflict, intercommunal violence, and widespread flooding. The situation deteriorated sharply in Western Equatoria, where conflict affected 5 out of 10 counties and displaced more than 160,000 people, including large numbers of school-aged children. A rapid assessment in Ezo County revealed critical education gaps, including the absence of learning shelters, insufficient teaching and learning materials, and a shortage of trained teachers—significantly undermining children's safe access to education.

According to the Education Cluster's Emergency Monitoring Tool, 102 schools across the country were directly affected by emergencies during the reporting period. Panyijar County in Unity (27 per cent of affected schools) and Twic East in Jonglei were among the hardest hit. Flooding remained the primary driver of

school closures, damaging infrastructure, rendering learning spaces inaccessible, and displacing teachers and learners.

To ensure a coordinated humanitarian response, the Education Cluster convened partner meetings in Western Equatoria, where lack of funding emerged as a major barrier to scaling up assistance. The Cluster strengthened information management by disseminating an updated humanitarian snapshot to partners, donors, and government counterparts—improving visibility of needs, response gaps, and priority locations for intervention.

Despite significant operational challenges, education partners continued delivering essential services. A total of 4,092 children (including 2,004 girls) accessed formal and non-formal education opportunities, helping restore a sense of normalcy amid crisis. In addition, 1,236 teachers received training in pedagogy, psychosocial support, and education delivery in emergency settings, improving the quality and resilience of teaching and learning in affected areas.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA



UNICEF South Sudan/Raut

Anna Nyaguir Tiyen and Nya Luide Gatkueth Chap, both 17 years old fetch water from Delmet Water Point, Bentiu, Unity State, South Sudan.

Anna and Nya Luide: chasing dreams amidst uncertainty

South Sudan's worst cholera outbreak in its history

Everyday Anna Nyaguir Tiyen and Nya Luide Gatkueth Chap, both 17 years old fetch water from Delmet Water Point walking 30 minutes to fetch water and 30 minutes back to their home. The water point and home are separated by floodwaters. The quickest route is through the contaminated water, but they know the risks of cholera and other diseases. Instead, they take the longer path, making the trip three to four times a day to ensure their family has safe drinking water.

Anna and Nya Luide, both 17 years old are attending Nyuel Juol Primary School. Nya recently completed primary 7 and Anna is starting her Primary 7 soon. However, with the school closed after exams, their days are now spent helping their parents with household chores.

When they first heard about the cholera outbreak, they feared the disease. Slowly, the people in their community also started getting sick. They had learned about hygiene practices and sanitation in school. So, they made sure that they were using clean water and keeping their homes clean. Yet, despite their efforts, their younger siblings, just four and five years old, contracted cholera.

They played in the open areas where people defecate, and they also played in the contaminated flood water. Also, many homes don't cover their food, which adds to the problem . Nya Luide

Thankfully, their siblings recovered after a few days of treatment they received at the Yoanyang Cholera Treatment Center without requiring hospitalization. However, Anna and Nya remain deeply concerned about the unsanitary conditions in their camp.

- https://www.unicef.org/southsudan/stories/anna-and-nya-luide-chasing-dreams-amidst-uncertainty

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 NOVEMBER 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]	895,883[9]	0%	-	-	-
Children vaccinated against measles, supplemental dose	Total	-	481,308[10]	2.6 million[11,12]	0%	-	-	-
People receiving insecticide treated nets	Total	-	884,066[13]	13,020[14]	0%	-	-	-
Nutrition								
Children 6-59 months screened for wasting	Total	-	3 million[15,16]	6 million[17]	▲ 20%	3 million	6 million[18]	▲ 20%
Children 6-59 months with severe wasting admitted for treatment	Total	-	530,000[19,20]	230,417	▲ 5%	646,362	230,417[21]	▼ -13%
Primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	-	1.9 million[22,23]	924,922	▲ 4%	1.9 million	924,922	▲ 4%
Children 6-59 months receiving vitamin A supplementation	Total	-	3 million[24,25]	2.2 million[26]	▲ 6%	3 million	2.2 million[27]	▲ 6%
Children aged 6 to 59 months with high risk moderate acute malnutrition (HRMAM) admitted for treatment	Total	-	58,543[28,29]	-	0%	-	-	-
Child protection and GBViE								
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	103,125[30]	92,250	▲ 9%	201,377	129,383[31]	▲ 13%
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	120,000[32]	100,462[33,34,35]	▲ 11%	-	-	-
Children who have received individual case management	Total	-	7,000[36]	3,857	▲ 5%	39,725	24,415[37]	▲ 3%
Adults trained on EORE and conduct EORE school/community-based awareness sessions reaching children and adults	Total	-	105,000[38]	39,949	▲ 5%	-	-	-
Education								
Children accessing formal or non-formal education, including early learning	Total	-	602,792[39]	60,681	0%	669,959	229,306	▲ 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]	25,194	0%	669,959	161,406	0%
Teachers and facilitators trained in basic pedagogy and/or mental health and psychosocial support	Total	-	6,028[41]	501	▲ 2%	6,361	4,643	▲ 19%
Water, sanitation and hygiene								
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	700,000[42]	431,428[43]	▲ 6%	2.3 million	549,985	▲ 4%
People accessing appropriate sanitation services	Total	-	223,000[44]	65,014[45]	▲ 1%	1.3 million	153,752	▲ 2%
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]	184,194[49]	▲ 9%	675,470	472,175	▲ 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	11,736[50]	▲ 12%	-	-	-
Persons engaged through community platforms in reflective dialogue towards the adoption of positive behaviours and social norms[51]	Total	-	1.7 million[52]	2 million	▲ 15%	-	-	-
People reached with timely and life-saving information on how and where to access available services	Total	-	3 million[53]	5 million	▲ 15%	-	-	-
People sharing their concerns and asking questions through established feedback mechanisms	Total	-	250,000[54]	237,741	▲ 11%	-	-	-
People who have access to a safe and accessible channel to report sexual exploitation and abuse by aid workers	Total	-	1 million	928,021	▲ 9%	-	-	-

**Progress in the reporting period 1 - 31 October 2025*

ANNEX B — FUNDING STATUS

Consolidated funding by sector

		Funding available		Funding gap	
Sector	Requirements[55]	Humanitarian resources received in 2025	Resources available from 2024 (carry over)	Funding gap (US$)	Funding gap (%)
Health	8,301,385	6,507,570	472,868	1,320,947	16%
Nutrition	121,886,929	35,360,166	23,387,410	63,139,353	52%
Child protection and GBViE	23,073,255[56]	3,624,803	4,169,487	15,278,965	66%
Education	42,781,038	1,663,446	24,117	41,093,475	96%
WASH	60,427,026	4,128,479	2,008,278	54,290,269	90%
Cross-sectoral	10,522,212[57]	3,266,515	1,962,753	5,292,944	50%
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**	**54,550,979**	**32,024,913**[58]	**191,608,794**	**69%**[59]

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. OCHA South Sudan: Humanitarian Snapshot (October 2025)

2. SOUTH SUDAN: IPC Acute Food Insecurity and Malnutrition Snapshot | September 2025 - July 2026

3. World Health Organization. (2025). Cholera dashboard. Retrieved from https://worldhealthorg.shinyapps.io/cholera_dashboard/ Accessed on: 05/11/2025

4. Radio Tamazuj: South Sudanese children reunited with mothers after deportation from Sudan

5. South Sudan: Floods Snapshot (As of 30 October 2025)

6. OCHA South Sudan: Humanitarian Access Snapshot (October 2025)

7. SOUTH SUDAN: IPC Acute Food Insecurity and Malnutrition Snapshot I April - July 2025

8. 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).

9. The reported results include data from emergency responses and health system strengthening interventions.

10. 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.

11. The reported results include data from emergency responses and health system strengthening interventions.

12. No measles vaccination took place during the reporting period and so, the previous figure remains the same

13. 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.

14. The reported results include data from emergency responses and health system strengthening interventions.

15. This is based on the EPI targets for the number of children under age 5 years.

16. The HAC 2025 Nutrition targets have been revised and will be rectified in the revised HAC 2025.

17. Additional data verification for this indicator resulted in the adjustment of submitted data in July 2025.

18. Additional data verification for this indicator resulted in the adjustment of submitted data in July 2025.

19. The HAC 2025 Nutrition targets have been revised and will be rectified in the revised HAC 2025.

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. Additional data verification for this indicator resulted in the adjustment of submitted data in July 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. Estimate based on number of children aged 6–59 months, based on total population, the 2024 mortality rate and fertility rates.

25. The HAC 2025 Nutrition targets have been revised and will be rectified in the revised HAC 2025.

26. The Vitamin A supplementation campaign took place between June and August 2025. Data reporting has been delayed due to the adoption of new reporting systems. The data will be up to date in the October 2025 SitRep.

27. The Vitamin A supplementation campaign took place between June and August 2025. Data reporting has been delayed due to the adoption of new reporting systems. The data will be up to date in the October 2025 SitRep.

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. The HAC 2025 Nutrition targets have been revised and will be rectified in the revised HAC 2025.

30. 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.

31. This data will be updated in the next SitRep

32. 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).

33. Results include the number of women, girls, boys, and men reached

34. This data will be updated in the next SitRep

35. Due to additional validation for data between March and August, the cumulative achievement has been modified from 92,867 to 87,679.

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. This data will be updated in the next SitRep

38. 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.

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 Sphere standards one toilet stance per 50 people in emergency contexts, and one handwashing facility per 50 people.

45. Figure revised following additional revisions

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. This target have been revised and will be rectified in the revised HAC 2025.

48. WASH Cluster has developed and launched the WASH Cluster Cholera Dashboard (Microsoft Power BI).

49. No data on this indicator was received this month. This will be updated in the next SitRep

50. Data was retrospectively reviewed and rectified. The data is now up to date.

51. 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.

52. 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.

53. 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.

54. 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.

55. 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.

56. This line item includes $6,259,680 for gender-based violence prevention and response targets and $16,813,575 for other child protection targets.

57. 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.

58. 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.

59. 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%