UNICEF South Sudan/Karel Prinsloo

Nyamdi Hassam (18) attends class at Malakia Girls Primary School in Malakal, Upper Nile State after returning to South Sudan with her 2-year-old son and family, fleeing conflict in Sudan.

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# Humanitarian Situation Report No. 11

Reporting Period
**1 - 30 November 2025**

# South Sudan

## HIGHLIGHTS

- Intensified hostilities across Jonglei, Upper Nile, Unity, and Equatoria states have displaced over 718,000 people since January 2025, disrupting essential services and leaving thousands without adequate shelter, food, and healthcare.
- Cholera outbreak ongoing, with 96,557 cases and 1,595 deaths reported since September 2024. While cases declined in late November, transmission persists in hotspot counties due to poor WASH conditions, population movement, and access constraints.
- Flooding affected 1.35 million people and displaced nearly 375,600, damaging homes and infrastructure. Humanitarian access worsened, with a 30 per cent increase in incidents compared to November 2024, as conflict, flooding, and administrative barriers limited aid delivery.
- UNICEF's Humanitarian Action for Children (HAC) appeal remains significantly underfunded —only 35 percent of the required $278.2 million has been received, leaving urgent needs unmet and constraining response capacity.

## SITUATION IN NUMBERS

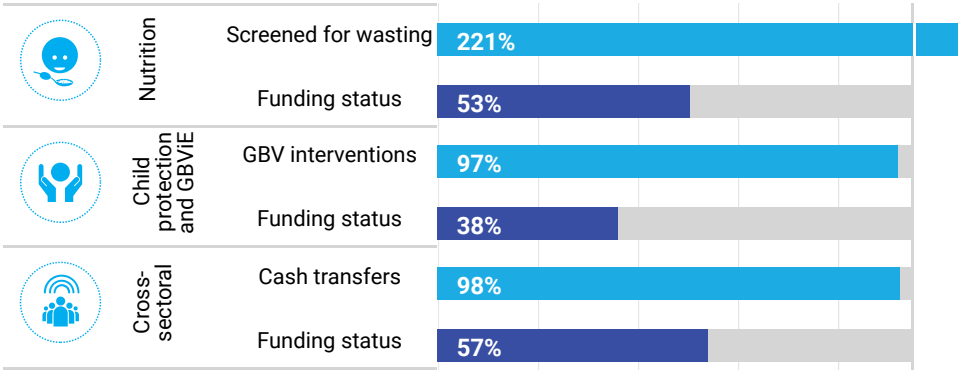
**5,000,000**
Children in need of humanitarian assistance

**9,300,000**
People in need of humanitarian assistance

**650,000**
children at risk of severe acute malnutrition

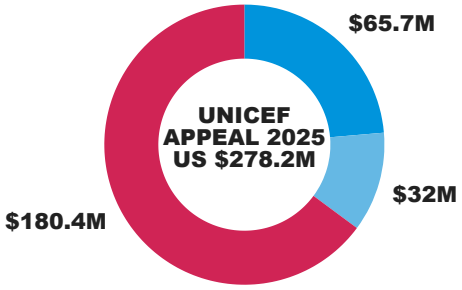
**2,000,000**
Internally Displaced People

## UNICEF RESPONSE AND FUNDING STATUS*




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

## 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

Against a backdrop of escalating humanitarian needs driven by flooding, persistent insecurity, displacement, and disease outbreaks, UNICEF's ability to respond at scale in South Sudan remains constrained by limited resources. The 2025 Humanitarian Action for Children (HAC) appeal requires USD 278.2 million; however, only 35 per cent of this requirement has been funded to date. This shortfall has necessitated difficult prioritization decisions, limiting coverage and continuity of life-saving interventions—particularly in hard-to-reach and high-risk areas. Continued underfunding undermines preparedness and resilience-building efforts, increases the risk of service disruptions, and leaves vulnerable children and women exposed to preventable illness, malnutrition, protection risks, and learning losses. This growing mismatch between escalating needs and diminishing resources underscores the urgent need for sustained, predictable, and flexible funding to prevent further deterioration of humanitarian conditions.

UNICEF continues to leverage a strong and diverse network of partnerships—including government institutions, UN agencies, Non-Governmental Organizations (NGOs), civil society, and the private sector—to maximize reach and impact. In close collaboration with line ministries and UN partners UNICEF delivers large-scale programmes that strengthen national systems, build community resilience, and provide life-saving services in nutrition, health, education, WASH, and child protection. Donor contributions have enabled timely responses to floods, returnee and refugee inflows, and cholera outbreaks, helping ensure that vulnerable children are reached. However, persistent funding shortfalls limit the scale, coverage, and continuity of these interventions. By combining technical expertise, operational capacity, and local knowledge, UNICEF and its partners continue to deliver critical assistance in the most challenging contexts—but sustained, predictable, and flexible resources are essential to meet rising humanitarian needs and prevent further deterioration.

## SITUATION OVERVIEW AND HUMANITARIAN NEEDS

South Sudan faced an escalating humanitarian crisis in November as overlapping shocks continued to strain already vulnerable communities. While seasonal rains began to recede, the lingering impacts of earlier flooding, persistent insecurity, widespread displacement, and deepening economic hardship severely disrupted livelihoods and access to essential services. Disease outbreaks and heightened protection risks—particularly for women, children, and other at-risk groups—further compounded the situation. Humanitarian actors grappled with insecurity and logistical challenges amid critical needs for food, nutrition, health care, education and WASH services. The scale and urgency of these needs underscore the importance of sustained, flexible funding and robust coordination to deliver life-saving assistance and avert further deterioration for millions of people.

Intensified hostilities across Jonglei, Upper Nile, Western Equatoria, Unity, and Eastern Equatoria States triggered large-scale displacement and severely disrupted essential services. Since January 2025, more than 718,000 people have been uprooted across South Sudan, primarily due to conflict and flooding. Intercommunal violence in Baliet County (Upper Nile) resulted in fatalities and displaced 6,017 people, while clashes in Torit County (Eastern Equatoria) forced 5,469 to flee[1] . In Western Equatoria, an estimated 226,564 individuals were displaced across multiple counties. These movements have placed immense pressure on already limited resources, leaving thousands without adequate shelter, food, and healthcare. The interruption of health and nutrition services has further heightened the risk of disease outbreaks and malnutrition, particularly among children and pregnant women.

Cholera remains a significant public health concern in South Sudan, with 96,557 cases and 1,595 deaths reported since the outbreak began in September 2024. Although transmission has declined compared to previous peaks, new cases continue to emerge in hotspot counties such as Rubkona, Mayom, Mayendit (Unity State), Duk (Jonglei State), Ikwotos (Eastern Equatoria State), and Renk (Upper Nile State), largely due to poor WASH conditions, reliance on untreated river water, and gaps in vaccination coverage. In the last two weeks of November (17–30), 272 new cases and 5 deaths were reported, with Juba, Mayom, Duk, and Rubkona accounting for most cases. Despite extensive response efforts—including oral cholera vaccination campaigns (8.7 million doses administered), WASH interventions, and case management through 102 Oral Rehydration Points (ORPs) and 19 Cholera Treatment Centers (CTCs)—funding shortages, insecurity, and delayed mop-up campaigns hinder progress. To curb transmission, the Ministry of Health and partners launched a 30-day knockout plan focusing on intensified WASH, rapid supply deployment, targeted vaccination, and community sensitization to eliminate remaining hotspots. Sustained commitment is critical to ending the outbreak and preventing resurgence.

Meanwhile, the confirmation of Marburg Virus Disease (MVD) in Ethiopia's South Omo region on 14 November 2025, near South Sudan's porous border, has raised concerns about cross-border transmission through population movement and informal trade routes. Although no cases have been reported in South Sudan, the proximity of the outbreak calls for heightened vigilance. In response, the Ministry of Health has activated its Public Health Emergency Operations Centre and drafted a preparedness and response plan for November 2025 to April 2026, pending validation. The plan focuses on strengthening surveillance at border points and health facilities, rapid case detection, training of frontline workers, and community awareness campaigns. Timely implementation of these measures is critical to prevent undetected transmission into South Sudan, which would pose a serious threat to public health and strain an already fragile health system. UNICEF is concurrently developing its internal plan to support surveillance, early detection, health worker capacity building, and community engagement in coordination with national authorities and partners.

Widespread flooding has affected over 1.35 million people across 39 counties in eight states as of 30 November 2025, displacing nearly 375,600 individuals—with Jonglei, Lakes, and Unity accounting for the majority of those impacted. This marks the fifth consecutive year of severe inundation, resulting in the destruction of homes, farmland and key infrastructure, and disrupting essential health and education services. While water levels remain high in parts of Unity, especially around the Bentiu IDP sites, floodwaters are gradually receding elsewhere due to below-average rainfall, and river levels are falling with no further overflow expected. Some displaced families have begun returning home, though many face destroyed or partially destroyed shelters and limited services, underscoring the urgent need for coordinated humanitarian assistance and early dyke reinforcement to prevent future flooding[2] .

Humanitarian access deteriorated sharply in November 2025, with 58 incidents—a 30 per cent increase from November 2024—driven by intensified hostilities, operational interference, and worsening physical barriers. Armed clashes in Jonglei, Upper Nile, Unity, and Equatoria displaced communities and forced aid worker relocations, while security disruptions along key routes hindered movement. Bureaucratic hurdles, including travel permits and recruitment restrictions, compounded challenges. Flooding compounded

physical access constraints, rendering key routes in Unity State (Bentiu–Kilo 30–Rotriak and Rotriak–Pariang–Yida) impassable and deteriorating the Rubkona–Wunrok road, limiting movement between Unity and Warrap. Compared to 2024, constraints are more severe, with rising threats to staff and administrative barriers underscoring the need for stronger acceptance strategies, flexible routing, and sustained negotiations[3] .

The overlapping crises of conflict, flooding, disease outbreaks and operational challenges highlight the extreme vulnerability of communities across South Sudan. Addressing the scale of needs will require strengthened humanitarian access, coordinated multi-sectoral interventions, and predictable, flexible funding to protect the most vulnerable populations and prevent further deterioration. Without sustained support and resilience measures, millions remain at risk of displacement, worsening health conditions, and deepening food insecurity, threatening to reverse progress toward stability and recovery.

## SUMMARY ANALYSIS OF PROGRAMME RESPONSE

### Health

UNICEF South Sudan/Lou Nelson

2025 Pibor, Jonglei State, South Sudan a Boma Health Worker vaccinates a young boy in his mother's arm. UNICEF work with partners to provide lifesaving vaccines and health services to families.

The health situation in South Sudan remains critical, with limited access to medical care, multiple concurrent disease outbreaks and ongoing humanitarian challenges. As of 24 November 2025, six infectious disease outbreaks remain active nationwide. Cholera and circulating vaccine-derived poliovirus type 2 (cVDPV2) are classified as nationwide outbreaks, while Mpox, anthrax, hepatitis E, and measles continue to affect multiple counties across several states. A recent increase in Mpox transmission, with nine laboratory-confirmed cases reported in the week ending 22 November, further highlights persistent gaps in surveillance, prevention, and response capacity.

Cholera remains the most significant public health threat. From 28 September 2024 to 30 November 2025, a cumulative total of 96,557 cases and 1,595 deaths (case fatality rate of 1.7 per cent) were reported across 55 counties in nine states and all three administrative areas—Abyei, Ruweng, and Greater Pibor. During the most recent 14-day reporting period (17–30 November), 272 new cases and five deaths were reported from nine counties, with the highest number of cases recorded in Juba (131 cases; 48.2 per cent), followed by Mayom (48; 17.6 per cent), Duk (22; 8.1 per cent), and Rubkona (20; 7.4 per cent). Unity State continues to bear the highest cumulative burden, accounting for 32 per cent of all cases (30,555), followed by Jonglei (14 per cent; 13,244) and Central Equatoria (13 per cent; 12,393). Children remain disproportionately affected, with those aged 0–4 years representing 24 per cent of cases, followed by children aged 5–14 years (22 per cent). Mortality is highest among children aged 5–14 years (18.1 per cent) and 0–4 years (16.7 per cent), while males account for 56 per cent of all reported deaths.

With UNICEF support, the Ministry of Health conducted mop-up oral cholera vaccination (OCV) campaigns in four counties—Gogrial East, Tonj North, Aweil Centre, and Aweil South—reaching 40,164 people following disease resurgence. Additional mop-up campaigns are planned in eight high-risk counties, targeting 332,795 individuals. In preparation for a future Gavi request for preventive OCV doses, the Ministry of Health and partners are updating and validating the national list of cholera Priority Areas for Multisectoral Intervention (PAMIs). Data analysis has been completed, and it will be validated with relevant stakeholders. UNICEF and partners continue to support integrated health, WASH, and risk communication and community engagement (RCCE) interventions in high-risk counties.

The broader outbreak response continues to face significant challenges. Underreporting and delays in data transmission from ORPs and private health facilities limit real-time situational awareness and response planning. Persistent WASH gaps in IDP camps, informal settlements, and transit centres increase transmission risk, while insecurity has delayed OCV campaigns in several high-risk locations. Logistical constraints—including poor road conditions, flooding, and limited air assets—restrict rapid deployment of response teams and timely distribution of supplies. Funding shortfalls further weakens partner presence, reduce WASH coverage, and constrain RCCE activities. Insecurity in Upper Nile State, particularly in Nasir, Ulang, Akoka, and Panyikang counties, continues to restrict humanitarian access and disrupt ongoing response operations.

To strengthen outbreak control and reduce transmission, partners emphasize the need for full and timely implementation of the 30-day Cholera Knockout Plan; accelerated deployment of OCV and cholera response supplies, particularly to hard-to-reach and insecurity-affected areas; reinforcement of WASH infrastructure, including boreholes, latrines, and handwashing facilities; and scaled-up RCCE activities with adequate support and incentives for frontline workers. Continuous community sensitization on safe water use, sanitation, and hygiene practices remains critical, alongside strengthened enforcement of open defecation restrictions by local authorities. Ensuring consistent availability of safe water, chlorine, and infection prevention and control (IPC) materials at CTUs and CTCs is essential. Additional funding and sustained community engagement are urgently required to maintain and expand response and prevention efforts nationwide.

### Nutrition

UNICEF South Sudan/Lou Nelson

Nyaruai James Malieth, 23, is happy as her 7-month-old son Boum recovers. Her family lives an hour's walk from Bentiu State Hospital Stabilization Center.

Malnutrition levels remain critically high, driven by the compounding effects of recurrent flooding, protracted conflict, large-scale population movements, and a deteriorating economic situation. These overlapping shocks continue to disrupt livelihoods, food systems, and access to essential services, placing young children and pregnant and breastfeeding women at heightened risk of acute malnutrition.

UNICEF, through its implementing partners, continues to deliver lifesaving nutrition interventions for children aged 6–59 months and pregnant and breastfeeding women (PBW). Preventive services include breastfeeding promotion, counselling on optimal Maternal, Infant and Young Child Nutrition (MIYCN) practices, cash-based responses for breastfeeding mothers with children aged 6–23 months to improve feeding practices, and routine screening by community nutrition volunteers for early identification, referral, and treatment of malnutrition. These activities are complemented by cooking demonstrations and the introduction of new initiatives aimed at improving young children's diets and dietary diversity.

During the reporting month of November, a total of 98,116 pregnant and breastfeeding women received MIYCN counselling. Of these, 68,291 were mothers of children aged 0–23 months, while 29,825 were pregnant women. Counselling sessions focused on appropriate feeding practices using locally available foods, breastfeeding, hygiene practices, and overall malnutrition prevention.

Through the Shock Response Cash Transfer programme, UNICEF provided financial assistance to 2,505 vulnerable families with mothers of children aged 0–23 months to support improved and diversified feeding practices.

In addition, through partners supporting the Child Nutrition Initiative, 1,084 children aged 6–23 months were enrolled in a new initiative aimed at improving dietary practices through the provision of peanut butter. This initiative plays a critical role in addressing nutritional deficiencies during early childhood.

In November, with the support of community nutrition volunteers, a total of 655,266 individuals were screened at community level, including 315,625 males and 339,641 females. All children identified with malnutrition were referred to health and nutrition facilities for appropriate treatment, strengthening early identification and timely management of malnutrition.

A total of 31,390 children aged 6–59 months were admitted for treatment of severe wasting, including 14,722 males and 16,668 females. Of those treated, 96.69 per cent recovered and were discharged as cured, while the death rate was 0.19 per cent, the defaulter rate 1.62 per cent, and the non-response rate 1.45 per cent. All performance indicators remain within acceptable WHO Sphere standards (>75 per cent cure rate, <15 per cent defaulter rate, and <5 per cent death rate). Cumulatively, 268,433 admissions for severe wasting were recorded between January and November.

To sustain programme implementation, a total of 6,480 cartons of Ready-to-Use Therapeutic Food (RUTF) were delivered to Unity, Jonglei, and Northern Bahr el Ghazal states during the reporting month.

In response to the ongoing Sudan crisis and the continued influx of refugees and returnees, UNICEF, through its implementing partners, maintained nutrition programme support at border entry points and transit locations. During the reporting month, 2,831 children aged 6–59
months received high-energy biscuits (BP-5) at arrival points in Abyei, Joda, and Malakal Transit Centre.

At Renk Transit Centre and the Stabilization Centre, a total of 4,066 children aged 6–59 months and 1,308 pregnant and lactating women were screened for wasting. Of these, 631 children were admitted for treatment, while 34 severely wasted children under five with medical complications were admitted to Renk Civil Hospital Stabilization Centre for specialized care.

At Bulukat Transit Site, 150 children aged 6–59 months were identified and admitted into nutrition programmes. Of these, 30 children (15 males and 15 females) with severe acute malnutrition were enrolled in the Outpatient Therapeutic Programme (OTP), while 120 children (56 males and 64 females) were admitted into the Targeted Supplementary Feeding Programme (TSFP) for moderate acute malnutrition.

Insecurity and access constraints continue to hinder humanitarian response efforts in Nagero and Tambura counties, Mundri East, Morobo, Torit, and Pigi Ongoing insecurity, including road ambushes, revenge killings, aerial bombardments, and clashes between Government and opposition forces, has generated widespread fear among communities and significantly constrained the delivery of nutrition and other lifesaving services.

## Child protection, GBViE and PSEA


UNICEF South Sudan/Karel Prinsloo

Children play at a UNICEF Child Friendly Space at the Bulukat Transit Center in Malakal, Upper Nile State, South Sudan 2025.

In November 2025, Child Protection partners continued to deliver essential case management and psychosocial support services to women, children, and youth across South Sudan. A total of 11,626 individuals (5,012 boys; 4,407 girls; 1,331 men; and 876 women) accessed mental health and psychosocial support (MHPSS) services through child-friendly spaces, youth centres, schools, and community-based platforms. MHPSS interventions included the

structured Take 5 programme for youth and adolescents living in high-risk environments, promoting caring relationships, safe spaces, skill mastery, pro-social behaviours, and positive coping mechanisms. Additional activities comprised unstructured psychosocial support sessions and supervised indoor and outdoor play. These interventions also served as key entry points for identifying children and youth at heightened risk and referring them for case management services.

Comprehensive case management services reached 487 newly identified children and youth (147 boys; 127 girls; 162 male youth; and 51 female youth). The increase in identified male youth was primarily attributed to expanded outreach activities in Juba, particularly in Custom Market, targeting street-connected children and youth affected by the recent market fire incident. Response efforts are ongoing to address their immediate protection needs, with a focus on family tracing, reunification, and longer-term reintegration support.

Gender-Based Violence (GBV) response, prevention, and risk mitigation interventions reached 15,959 individuals (3,610 boys; 3,905 girls; 2,077 men; and 6,367 women). During the reporting period, UNICEF continued piloting the adapted adolescent girls' curriculum contextualized for South Sudan. Since September 2025, UNICEF and partners have been implementing the curriculum with girls aged 10–18 years following facilitator trainings and the establishment of structured girl groups: (i) girls aged 10–14 years participating in a 10-week curriculum; (ii) married girls aged 15–18 years completing 11 sessions; and (iii) unmarried girls aged 15–18 years completing 11 sessions. In total, 30 groups were established, reaching 705 in-school and out-of-school girls. The programme aims to strengthen peer and social support networks, increase knowledge on sexual and reproductive health and rights (SRHR), and build leadership, decision-making skills, confidence, rights awareness, and safety navigation during adolescence. In parallel, the second phase of the Communities Care GBV prevention programme commenced, with eight additional locations added, bringing the total to 14 implementation sites. Partners conducted stakeholder mapping and engaged community opinion leaders to lead dialogue and norm-change discussions during this phase. GBV risk mitigation activities continued in nutrition sites and schools through the dissemination of key GBV messaging and regular visits by case workers to strengthen coordination and referral pathways.

A total of 4,031 individuals (1,282 boys; 1,298 girls; 591 men; and 860 women) accessed life-saving information on the identification of, risks associated with, and response to unexploded ordnance. Awareness-raising sessions continued in schools and communities across the Greater Equatoria region to reduce the risk of injury and fatalities, particularly among children.

November also marked the commemoration of World Children's Day under the global theme "My Day, My Right." UNICEF partners in Juba and Bor collaborated closely with relevant ministries to organize inclusive and child-centred events that prioritised meaningful child participation. Activities included a month-long sports tournament in Juba, culminating in sports finals and cultural performances, alongside additional awareness-raising and celebratory events held across multiple locations nationwide.

Despite these achievements, operational challenges persisted. Insecurity, flooding, and poor road conditions continued to limit partner access to hard-to-reach areas, including Gumuruk in the Greater Pibor Administrative Area, Torit in Eastern Equatoria, several parts of Western Equatoria, and Unity State. These constraints were further compounded by increased gang-related violence, escalating insecurity, rising levels of acute food insecurity, and the renewed influx of refugees and returnees into Unity State, all of which heightened protection risks for women and children. UNICEF and partners nonetheless sustained the delivery of critical Child Protection and GBV services in affected areas while prioritising staff safety and adapting programming modalities to maintain access where possible.

## Water, sanitation and hygiene

UNICEF South Sudan/Karel Prinsloo

Women and children collect water at the Bulukat Transit Center in Malakal, Upper Nile State, South Sudan 2025.

During November 2025, UNICEF and partners continued to deliver life-saving WASH services to populations affected by cholera outbreaks and displacement across multiple states. Interventions focused on improving access to safe drinking water, sanitation services, and essential WASH supplies. A total of 79,714 people (18,162 boys, 20,412 girls, 18,905 men, and 22,235 women) accessed adequate quantities of safe water for drinking and domestic use through the construction, rehabilitation, and operation of water supply systems. Additionally, 8,247 people (1,897 boys, 2,422 girls, 1,754 men, and 2,174 women) gained access to improved sanitation services in schools, health facilities, and communities. A further 53,931 individuals were reached with critical WASH supplies, including hygiene kits, water treatment commodities, and menstrual hygiene items, contributing to improved public health outcomes, particularly in cholera-affected counties.

In Jonglei State, UNICEF, in partnership with Medair and the Christian Mission for Development, installed three emergency Surface Water Treatment (SWAT) systems, constructed one new solarized mini water yard, and rehabilitated 21 non-functional boreholes across Bor South, Pigi/Canal, Ayod, Fangak, Akobo, and Pibor counties. These interventions provided safe drinking water for 14,727 people (3,216 boys, 4,165 girls, 3,308 men, and 4,039 women). In Upper Nile State, UNICEF and the Healthcare Foundation Organization installed a new emergency SWAT system in Umdakak, Kodok town, benefiting 3,000 people (690 boys, 750 girls, 720 men, and 840 women). In Fashoda County, the rehabilitation of an emergency SWAT system in Gollo village restored access to safe water for 4,200 people (966 boys, 1,050 girls, 1,008 men, and 1,176 women), including flood-displaced internally displaced persons. In Renk town, ongoing water supply operations continued to serve 32,000 people (7,360 boys, 8,000 girls, 7,680 men, and 8,960 women). In Central and Eastern Equatoria States, UNICEF, in partnership with Health Link, rehabilitated 10 non-functional handpumps through an integrated WASH and health cholera response, enabling 25,787 people (5,931 boys, 6,447 girls, 6,189 men, and 7,220 women) in Ikotos and Lopa/Lafon counties to access safe drinking water.

Progress in sanitation service delivery continued across several counties. In Jonglei State, 5,100 people (1,173 boys, 1,635 girls, 999

men, and 1,293 women) benefited from improved, climate-resilient, and mobile sanitation facilities and bathing shelters in Akobo, Canal/Pigi, and Fangak counties. In Ayod County, a block of three-stance climate-resilient institutional latrines was constructed at the Canal Nutrition Centre, providing safe sanitation access for 100 individuals (23 boys, 25 girls, 24 men, and 28 women). In Central and Eastern Equatoria States, five blocks of temporary sanitation facilities were constructed in oral rehydration points and health facilities in Ikotos and Mangala, providing basic sanitation services to 3,047 people (70 boys, 762 girls, 731 men, and 853 women).

As part of the ongoing cholera response, UNICEF and partners continued distributing critical WASH supplies to affected populations. In Mayendit and Rubkona counties, 3,000 cholera WASH kits were distributed, reaching 18,000 people (3,780 boys, 4,320 girls, 4,680 men, and 5,220 women) in cholera hotspot areas. In the Abyei Administrative Area, 1,200 households received WASH non-food items, benefiting 7,526 individuals (2,045 boys, 3,231 girls, 1,040 men, and 1,210 women), while 150 women and girls were supported with menstrual hygiene items. In Akobo, Ayod, and Fangak counties, 3,257 hygiene kits were distributed to caregivers of children with severe and moderate acute malnutrition, as well as pregnant and lactating women. In Akobo, Fangak, and Canal/Pigi counties, 14,760 people (3,395 boys, 3,690 girls, 3,542 men, and 4,133 women) received essential WASH supplies, with an additional 1,000 women and girls benefiting from menstrual hygiene management kits. In Western Equatoria State, 66 schoolgirls in Mundri East and West received dignity kits, while 760 women—including persons with disabilities, pregnant women, and elderly women—were supported with soap to strengthen personal hygiene practices and cholera prevention efforts

Hygiene promotion and cholera prevention activities reached 121,324 people across multiple states. In Unity State, 66,043 people participated in community hygiene sessions and cleanup campaigns. In Abyei, 3,873 individuals received key cholera prevention messages. In Jonglei State, 37,983 people across Fangak, Ayod, Akobo, Pibor, and Canal/Pigi counties were reached, while 13,425 individuals, including persons with disabilities, benefited from integrated cholera awareness campaigns in Northern Bahr el Ghazal.

Despite these achievements, the WASH response faced significant access and operational challenges. Insecurity hindered implementation in Torit and Juba, while ongoing inter-communal fighting posed risks in Abyei. In Jebel Boma, heavy rainfall and a shortage of digging tools slowed progress on community sanitation initiatives. Most areas in Fangak County remained accessible only by boat or canoe due to widespread flooding and swampy conditions, compounded by blockages along the River Nile. Additionally, shortages of essential WASH non-food items affected timely distribution to flood- and conflict-affected internally displaced persons in Baliet and Panyikang.

## Education

UNICEF South Sudan/Karel Prinsloo

Nyamdi Hassam (18) attends class at Malakia Girls Primary School in, M Nile State after returning to South Sudan with her 2-year-old son and family, fleeing conflict in Sudan.

In line with the national academic calendar, all schools officially closed at the end of Term 3, with learning scheduled to resume in February 2026 for the new academic year. Across operational areas, activities during the reporting period focused on supporting the safe completion of national examinations, particularly in hard-to-reach locations—strengthening teacher capacity, improving physical access as floodwaters receded, and reinforcing child protection linkages within education programming.

In Unity State, reduced rainfall resulted in no new flooding incidents, and water levels in previously submerged villages receded significantly. This improvement in physical access enabled education partners to reach schools that had been inaccessible in recent months, facilitating more effective school monitoring, supervision of national examinations, and follow-up with teachers. Strengthened collaboration with Child Protection partners further enhanced learner well-being, with 1,030 individuals (546 females and 484 males) accessing focused and non-focused psychosocial support services within schools and surrounding communities. In addition, two education-identified cases were successfully referred for specialized child protection support. Despite these gains, learning conditions remained constrained by damaged school structures and unsafe latrine facilities. The continued lack of Temporary Learning Spaces (TLS) forced many learners to study under trees, exposing them to ongoing safety, protection, and weather-related risks.

In Jonglei State, UNICEF and Education Cluster partners supported the State Ministry of General Education and Instruction to transport examination materials to hard-to-reach counties, contributing to improved examination coverage despite challenging operating conditions. However, persistent insecurity in Ayod, Uror, and Nyirol counties disrupted the smooth conduct of examinations, with incidents of aerial bombardment exposing learners and teachers to fear and psychological distress. At the same time, flood recovery efforts continued across much of the state, and access to several communities improved compared to the previous month, enabling the resumption of selected education activities. Significant operational challenges persisted in Fangak County, where ongoing flooding and the high cost of fuel severely limited access to remote project sites, leaving boat transportation as the only viable—yet costly—option. In Pibor, persistent insecurity and frequent threats of violence continued to restrict safe movement to distant schools.

In Renk, targeted education interventions contributed to improved teaching quality, safer learning environments, and strengthened education service delivery. To promote teacher motivation, retention, and continuity of learning, 84 teachers, including 27 women, received teacher incentives. In parallel, 10 help desks were

established to enhance learner protection by providing accessible and child-friendly mechanisms through which girls can safely report protection concerns, receive guidance, and be referred for additional support when needed.

Overall, UNICEF support strengthened the instructional capacity of 87 teachers, improving their knowledge and skills in Education in Emergencies (EiE), learner-centered teaching approaches, disability inclusion, and the provision of psychosocial support.

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


UNICEF South Sudan/Garang Abraham

In Nangdimo Boma, Yambio County, 18 health workers serve over 3,000 residents. Among them is 25-year-old Glora Idia, a mother of four who's spent five years delivering lifesaving care door to door.

UNICEF Social and Behavior Change (SBC) maintained technical support to the Ministry of Health and Risk Communication and Community Engagement (RCCE) partners to strengthen coordinated communication and community engagement at national and sub-national levels. This support focused on ensuring the delivery of timely, accurate, and actionable information on cross-sectoral priorities, including disease outbreaks, WASH, nutrition, education, child protection, and the ongoing Sudan crisis, using established community platforms.

To scale up outreach and ensure effective community engagement, a total of 2,921 social mobilizers (1,598 male and 1,323 female) were oriented and deployed during the reporting period. These mobilizers supported the second round of the sub-national polio immunization campaign, the Vitamin A supplementation campaign, cholera prevention activities including oral cholera vaccination (OCV), flood response interventions in affected counties such as Koch, and Marburg preparedness and response in high-risk counties including Kapoeta East, Pibor, Pochalla, and Akobo. Through house-to-house visits, focus group discussions, radio listening groups, and community dialogues, mobilizers delivered integrated, lifesaving messages in flood-affected areas and cholera hotspots, particularly in Ikwotos, Juba, Panyijar, Koch, and Renk. As a result, 303,985 individuals (98,312 males and 205,673 females) were reached with integrated messages on health, WASH, nutrition, education, and child protection. In addition, 69,949 people (28,964 males and 40,985 females) participated in reflective dialogues, while 19,740 individuals (10,713 males and 9,027 females) shared concerns and feedback through established community-based feedback mechanisms across the ten states and three administrative areas, contributing to improved accountability and responsiveness of UNICEF-supported services.

To further reinforce messaging and expand coverage, 16 interactive radio programmes were produced and broadcast during the month, addressing priority public health, education, protection, and emergency response topics. These programmes focused on Vitamin A supplementation, polio vaccination, routine immunization, and broader health promotion messages. Additionally, 46 jingles were aired in English, Arabic, Bari, Dinka, Nuer, and other local languages through more than 26 radio stations across all ten states and three administrative areas. These radio-based interventions played a critical role in sustaining community awareness and increasing demand for vaccination and other UNICEF-supported services, particularly in areas with limited physical access.

Cholera outbreaks, especially in Ikwotos County, continued to pose a significant operational challenge during the reporting period. The emergency response required substantial community attention and frontline capacity, which constrained the continuity and reach of planned routine SBC activities. To mitigate this, cholera-specific RCCE messages were systematically integrated into existing SBC platforms, with prioritization of high-risk communities and deployment of trained community mobilizers to deliver harmonized prevention and response messages alongside routine SBC interventions.

Persistent insecurity in Yei, Morobo, Torit, Tonj North, Tambura, Nagero, and Yambio further disrupted SBC outreach activities, limiting access to communities, reducing supervisory support, and resulting in the postponement or scaling-down of planned engagements. These constraints were partially mitigated through close coordination with local authorities and increased reliance on locally based partners, enabling the continuation of information sharing and community engagement where direct access remained restricted.

Adverse climatic conditions, particularly flooding, significantly hindered SBC implementation in hard-to-reach and underserved areas, notably in Koch County. Flooding led to delayed or missed SBC sessions, reduced engagement with priority populations, and the submergence of some health facilities. Mitigation measures included adjusting outreach schedules to align with seasonal access constraints and expanding the use of radio listening groups and existing community networks to sustain the delivery of critical SBC messages despite access limitations.

# HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

**Nutrition Cluster:**

According to the Integrated Food Security Phase Classification (IPC) analysis released on 4 November 2025, an estimated 5.9 million people, representing approximately 41 per cent of the analysed population, are projected to face IPC Acute Food Insecurity (AFI) Phase 3 or above (Crisis or worse) between December 2025 and March 2026. This includes 4.38 million people in Phase 3 (Crisis), 1.45 million in Phase 4 (Emergency), and approximately 28,000 people in Phase 5 (Catastrophe). Upper Nile and Unity States remain among the most severely affected, driven by ongoing insecurity, population displacement, and repeated climatic shocks.

The burden of acute malnutrition remains critically high and geographically concentrated. Around 70 per cent of cases are located in Jonglei, Northern Bahr el Ghazal, Upper Nile, Unity, and Warrap. Counties including Duk, Rubkona, Baliet/Akoka, Ulang, Nasir, and the Abyei Administrative Area are projected to reach IPC Acute Malnutrition (AMN) Phase 5 (Extremely Critical) due to intensified conflict, cholera outbreaks, disrupted livelihoods, reduced access to nutrition and health services, and widening food consumption gaps.

By November 2025, 1,091,121 children had been admitted for treatment of severe acute malnutrition (SAM) and moderate acute

malnutrition (MAM), compared to 1,346,447 admissions in 2024, representing a substantial decline in service utilization. SAM admissions decreased by 17.5 per cent (to 271,139), MAM admissions declined by 19.4 per cent (to 819,982), and admissions of pregnant and breastfeeding women (PBW) fell by 24.5 per cent (to 322,887). Overall programme achievement stands at 46 per cent, with 50 per cent coverage for SAM, 49 per cent for MAM, and 41 per cent for PBW.

This decline in admissions does not reflect reduced need, but rather increasing access and delivery constraints. Key contributing factors include the transition to government-led service delivery, critical funding shortfalls that led to the closure of 185 nutrition sites (approximately 15 per cent of operational sites), ongoing insecurity limiting access to affected populations, and persistent reporting gaps in hard-to-reach areas.

IPC AMN projections for the 2025–2026 period estimate that approximately 2.11 million children aged 6–59 months will be acutely malnourished and in need of treatment. During the 2026 lean season (April–June), the severity of acute malnutrition is expected to worsen across multiple counties, with several—including Duk, Rubkona, Baliet/Akoka, Ulang, Nasir, and the Abyei Administrative Area—projected
to reach IPC AMN Phase 5 (Extremely Critical). Underlying drivers include poor infant and young child feeding practices, high levels of child morbidity, deteriorating food security, inadequate WASH conditions, and continued insecurity disrupting livelihoods and access to essential services.

In response, the Nutrition Cluster prioritizes service continuity and life-saving interventions through localization, service rationalization, and sustained advocacy. Strong integration with the Health, WASH, and Food Security and Livelihoods (FSL) clusters is central to addressing the multi-dimensional drivers of malnutrition. The 2026 Humanitarian Response Plan (HRP) confirms persistently high People in Need (PIN), including 670,000 children with SAM, 1.44 million children with MAM, and 1.15 million pregnant and lactating women.

Significant funding shortfalls continue to limit the scale, continuity, and geographic reach of nutrition services. Resource constraints force difficult prioritization, particularly in high-burden and hard-to-reach counties, undermining treatment and prevention interventions. Without urgent, predictable, and flexible funding, the widening gap between escalating needs and response capacity risks reversing gains and increasing preventable morbidity and mortality during the 2026 lean season.

**Water, Sanitation, and Hygiene (WASH) Cluster**

In November 2025, the WASH Cluster sustained its delivery of life-saving water, sanitation, and hygiene services to populations affected by displacement, disease outbreaks, flooding, and access constraints. Interventions focused on addressing critical gaps in safe water access, sanitation infrastructure, hygiene promotion, and essential WASH supplies, with particular attention to populations in cholera-affected, flood-prone, and high-density locations.

During the reporting period, 55,568 people gained access to improved water sources, enhancing the safety and reliability of water supply at household and community levels. Beneficiaries included 11,649 boys, 13,294 girls, 14,090 men, and 16,535 women. These interventions were particularly critical in locations where reliance on unsafe water sources continues to drive disease transmission.

Access to improved sanitation facilities was provided to 10,626 people, including 3,989 boys, 4,734 girls, 921 men, and 982 women. The construction and rehabilitation of sanitation facilities contributed to reducing public health risks, particularly in displacement sites, schools, and communal settings where overcrowding and inadequate sanitation remain prevalent.

Hygiene promotion activities reached 22,466 people, including 6,113 boys, 6,108 girls, 4,607 men, and 5,638 women. Messaging focused on handwashing with soap, safe water handling, and household sanitation practices, reinforcing behavior change and complementing water and sanitation interventions.

Additionally, 4,072 people benefited from the distribution of critical WASH supplies, including hygiene kits and water treatment materials. Beneficiaries included 1,772 girls, 150 men, and 2,150 women, with distributions prioritized for displaced households and communities affected by disease outbreaks.

Strategic planning progressed with the finalization of the 2026 Humanitarian Needs and Response Plan for the WASH Cluster. The plan targets 2.2 million people out of 6.8 million in need, with a funding requirement of US$60 million, prioritizing full coverage of Priority 1 and 2 counties and 50 per cent coverage of Priority 3 counties across all ten states.

Coordination remained strong, with 33 partners—including national NGOs, international NGOs, and one UN agency—participating in the monthly WASH Cluster meeting. Discussions focused on key analyses, HNRP outcomes, emerging 2026 strategies, and evolving operational trends.

**Child Protection Area of Responsibility (CP AoR):**

In November 2025, Child Protection Area of Responsibility (CP AoR) partners significantly scaled up life-saving child protection interventions across South Sudan, reaching 22,551 individuals in 29 counties. The response combined community-based psychosocial support, case management, community engagement, and systems-strengthening activities, with a strong focus on mitigating protection risks faced by children affected by insecurity, displacement, flooding, and worsening socioeconomic conditions.

Community-based Mental Health and Psychosocial Support (MHPSS) remained the cornerstone of the response. A total of 21,424 children and caregivers participated in structured group activities, child- and caregiver-friendly spaces, and psychosocial support sessions, representing an increase of more than 100 per cent compared to October 2025. This scale-up was driven by improved access to previously hard-to-reach areas and heightened demand amid ongoing stressors.

Targeted Case management services were provided to 791 children with heightened protection risks. Among them, 120 children received cash-based assistance, while 671 children benefited from non-cash support, including referrals to health, nutrition, education, legal, and psychosocial services. Given limited resources, case management remained highly prioritized and focused on children with the most severe vulnerabilities.

Prevention and community engagement efforts were reinforced through 179 awareness-raising sessions targeting parents, caregivers, teachers, and community leaders. Sessions addressed key child protection risks, prevention of sexual exploitation and abuse (PSEA), and positive parenting practices. These activities contributed to improved community awareness, earlier identification of at-risk children, and strengthened referral pathways, particularly in locations with limited access to formal child protection services.

Prevention and community engagement efforts were strengthened through 179 awareness-raising sessions targeting parents, caregivers, teachers, and community leaders. Nine trainings supported system strengthening and capacity development for child protection actors and government counterparts, focusing on case management standards, emergency child protection response, and coordination mechanisms.

Children aged 5–17 years accounted for 18,350 beneficiaries, while 4,201 adults—primarily caregivers—were reached. Boys represented 53 per cent of child beneficiaries and girls 47 per cent. Children with disabilities accounted for only 0.2 per cent, highlighting the need for more inclusive programming.

**Education Cluster**

In November, insecurity persisted in parts of Jonglei and Unity States, disrupting education services. Recession of rainfall improved school access, enabling monitoring, examinations, and learning activities. 105 schools were impacted by emergencies, including 45 affected by flooding, affecting 46,485 children (21,223 girls).

Education Cluster partners at both state and county levels played a critical role in supporting the successful administration of the 2025 National Examinations. In Unity State alone, 5,459 Primary 8 candidates, including 2,378 girls, and 1,040 Senior 4 candidates, including 282 girls, were supported to safely sit for their examinations across multiple locations, despite a challenging operating environment.

Non-formal education interventions reached 4,078 learners (49 per cent girls) through Accelerated Learning Programmes, life skills education, and foundational literacy/numeracy support. 2,796 learners (1,261 girls) received individual learning materials, and 1,412 teachers were trained in learner-centred pedagogies to improve instruction in emergency-affected areas.

To enhance partner capacity for an effective Education in Emergencies (EiE) response, 18 partners—international and national NGOs—and one UN agency were trained in EiE fundamentals with support from Save the Children. The training strengthened competencies in child safeguarding, mental health and psychosocial support, safe schools, the humanitarian–development–peace nexus, and monitoring and assessments.

Despite advocacy efforts, EiE was excluded from the country-based pooled fund allocation for Western Equatoria's conflict response, despite identified needs, illustrating persistent funding gaps limiting timely education interventions.

## HUMAN INTEREST STORIES AND EXTERNAL MEDIA

UNICEF South Sudan/Lou Nelson

In flood-prone Pibor, South Sudan, amid conflict and displacement, Shamah Joseph —a mother of 10—stands as a quiet symbol of resilience, championing children's health across her community.

**Lighting the way: Shamah Joseph's fight for children's health in Pibor**

Vaccines and voices that fight against preventable diseases

In the remote and flood-prone region of Pibor, South Sudan, where conflict and displacement have long disrupted daily life, Shamah Josheph stands as a quiet force of resilience. At 44, she is a mother of 10 and a tireless advocate for children's health—not only her own, but those across her community.

South Sudan's health system has struggled under the weight of years of civil unrest and underdevelopment. Hospitals have been damaged, roads have been rendered impassable, and communities have been fractured. In places like Pibor, seasonal flooding forces families into overcrowded shelters on higher ground, where disease spreads quickly and access to healthcare becomes even more difficult. Maternal mortality remains high, and preventable illnesses like measles, polio, and cholera continue to claim young lives. For many families, reaching a health facility is a long and dangerous journey.

Amid these challenges, Shamah has become a trusted voice in her community. Her home is modest, surrounded by the sounds of children's laughter and the rhythm of daily chores. Over the years, she has made it her personal mission to ensure that every child receives essential vaccinations. She has witnessed firsthand the consequences of missed immunizations—children left with permanent disabilities, families devastated by preventable illnesses.

She walks from home to home, encouraging mothers to bring their newborns to the hospital for vaccinations. She explains the importance of each dose, dispels fears, and offers comfort. Her influence has helped shift attitudes in a region where misinformation can spread quickly and healthcare access is limited.

The obstacles are immense. Roads are often impassable, transportation is scarce, and flooding regularly cuts off access to clinics. Yet Shamah remains undeterred. She has waited out storms, walked through mud, and rallied neighbors to make the journey together.

Her determination is mirrored by the efforts of health workers and humanitarian partners who support vaccine distribution across South Sudan. Vaccines are flown from the national store in Juba to state hubs, then delivered to counties and health facilities—sometimes with refrigerated vehicles, sometimes on foot.

In Pibor, health workers supported through the Government Health System Transformation Project (HSTP) work tirelessly to reach the last mile. Mobile clinics, outreach events, and collaboration with community leaders like Shamah have helped increase vaccine coverage.

A generous contribution from the Church of Jesus Christ of Latter-day Saints and the CDC, enabled the procurement of vital vaccines for measles and tuberculosis. These have reached key states like Jonglei, Unity, and Upper Nile—and are now protecting children in remote areas like Pibor. The impact is visible

The impact is visible Among them is Lekuany Allan, an 18-year-old in her ninth month of pregnancy. Inspired by women like Shamah, she recently visited the local hospital to receive her first vaccine as part of her antenatal care.

Shamah often speaks to young mothers like Lekuany, encouraging them to seek care early and regularly. She knows that maternal health is just as critical as childhood immunization. Her message is simple but powerful: prevention saves lives.

Her gratitude for the available health services is heartfelt. She thanks the health workers, the partners, and the organizations that make it possible. She knows that without them, many children would be at risk.

As the sun sets over Pibor, Shamah gathers her children for the evening meal. They laugh, talk, and play—each one healthy, each one protected. Her legacy lives not only in her own family, but in the countless others she has inspired. In a country where the road to health is long and winding, Shamah Joseph is lighting the way—one child, one vaccine, one conversation at a time.

- https://www.unicef.org/southsudan/stories/lighting-way-shamah-josephs-fight-childrens-health-pibor

## 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: 30 JANUARY 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[4,5] | 902,267[6] | 0% | - | - | - |
| Children vaccinated against measles, supplemental dose | Total | - | 481,308[7] | 2.6 million[8,9] | 0% | - | - | - |
| People receiving insecticide treated nets | Total | - | 884,066[10] | 13,341[11] | 0% | - | - | - |
| **Nutrition** | | | | | | | | |
| Children 6-59 months screened for wasting | Total | - | 3 million[12,13] | 6.6 million[14] | ▲ 22% | 3 million | 6.6 million[15] | ▲ 22% |
| Children 6-59 months with severe wasting admitted for treatment | Total | - | 530,000[16,17] | 261,807 | ▲ 6% | 646,362 | 261,807[18] | ▲ 5% |
| Primary caregivers of children 0-23 months receiving infant and young child feeding counselling | Total | - | 1.9 million[19,20] | 1 million | ▲ 5% | 1.9 million | 1 million | ▲ 5% |
| Children 6-59 months receiving vitamin A supplementation | Total | - | 3 million[21,22] | 2.2 million[23] | 0% | 3 million | 2.2 million[24] | 0% |
| Children aged 6 to 59 months with high risk moderate acute malnutrition (HRMAM) admitted for treatment | Total | - | 58,543[25,26] | - | 0% | - | - | - |
| **Child protection and GBViE** | | | | | | | | |
| Children, adolescents and caregivers accessing community-based mental health and psychosocial support | Total | - | 103,125[27] | 103,876 | ▲ 11% | 201,377 | 151,278[28] | ▲ 11% |
| Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions | Total | - | 120,000[29] | 116,421[30,31,32] | ▲ 13% | - | - | - |
| Children who have received individual case management | Total | - | 7,000[33] | 4,344 | ▲ 7% | 39,725 | 25,509[34] | ▲ 3% |
| Adults trained on EORE and conduct EORE school/community-based awareness sessions reaching children and adults | Total | - | 105,000[35] | 43,980 | ▲ 4% | - | - | - |
| **Education** | | | | | | | | |
| Children accessing formal or non-formal education, including early learning | Total | - | 602,792[36] | 60,681 | 0% | 669,959 | 233,384 | ▲ 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[37] | 25,194 | 0% | 669,959 | 164,202 | 0% |
| Teachers and facilitators trained in basic pedagogy and/or mental health and psychosocial support | Total | - | 6,028[38] | 588 | ▲ 1% | 6,361 | 6,055 | ▲ 22% |
| Water, sanitation and hygiene | | | | | | | | |
| People accessing a sufficient quantity and quality of water for drinking and domestic needs | Total | - | 700,000[39] | 511,142 | ▲ 11% | 2.3 million | 605,553 | ▲ 2% |
| People accessing appropriate sanitation services | Total | - | 223,000[40] | 73,261 | ▲ 4% | 1.3 million | 164,378 | ▲ 1% |
| Children using safe, accessible and appropriate WASH facilities and hygiene services in learning facilities and safe spaces | Total | - | 1.4 million[41] | 277,135 | 0% | - | - | - |
| People reached with critical WASH supplies | Total | - | 223,000[42,43] | 238,125 | ▲ 24% | 675,470 | 476,247 | ▲ 1% |
| 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 | 0% | - | - | - |
| Persons engaged through community platforms in reflective dialogue towards the adoption of positive behaviours and social norms[44] | Total | - | 1.7 million[45] | 2.1 million | ▲ 4% | - | - | - |
| People reached with timely and life-saving information on how and where to access available services | Total | - | 3 million[46] | 5.3 million | ▲ 10% | - | - | - |
| People sharing their concerns and asking questions through established feedback mechanisms | Total | - | 250,000[47] | 257,481 | ▲ 8% | - | - | - |
| People who have access to a safe and accessible channel to report sexual exploitation and abuse by aid workers | Total | - | 1 million | 992,824 | ▲ 6% | - | - | - |

**Progress in the reporting period 1 - 30 November 2025*

# ANNEX B — FUNDING STATUS

## Consolidated funding by sector

| | | Funding available | | Funding gap | |
|---|---|---|---|---|---|
| Sector | Requirements[48] | 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 | 41,744,792 | 23,387,410 | 56,754,727 | 47% |
| **Child protection and GBViE** | 23,073,255[49] | 4,704,803 | 4,169,487 | 14,198,965 | 62% |
| **Education** | 42,781,038 | 3,067,445 | 24,117 | 39,689,476 | 93% |
| **WASH** | 60,427,026 | 5,707,615 | 2,008,278 | 52,711,133 | 87% |
| **Cross-sectoral** | 10,522,212[50] | 4,016,514 | 1,962,753 | 4,542,945 | 43% |
| **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** | **65,748,739** | **32,024,913**[51] | **180,411,034** | **65%**[52] |

*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 (November 2025)

2. OCHA South Sudan: Floods Snapshot (As of 30 November 2025)

3. OCHA South Sudan: Humanitarian Access Snapshot (November 2025)

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

5. 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).

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

7. 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.

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

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

10. 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.

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

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

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

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

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

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

17. 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.

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

19. Targets estimated from the EPI targets, routine data on individual counseling and estimates from the National Bureau of Statistics.

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

21. Estimate based on number of children aged 6–59 months, based on total population, the 2024 mortality rate and fertility rates.

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

23. 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 December 2025 SitRep.

24. 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 December 2025 SitRep.

25. 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.

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

27. 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.

28. This data will be updated in the next SitRep

29. 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).

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

31. This data will be updated in the next SitRep

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

33. 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.

34. This data will be updated in the next SitRep

35. South Sudan experienced protracted civil conflict which lasted for decades. The conflict led to widespread contamination of explosive ordnance in many parts of the country. Localized intercommunal ethnic conflicts add another layer of complexity, which, despite the use of small arms ammunition, still puts many communities at risk related to explosive ordnance, especially when they are displaced to locations that are contaminated by explosive ordnance. This situation heightens vulnerability to explosive ordnance, particularly among women and children who may unknowingly encounter these dangers in their daily lives.

36. The 2025 target is a 5 per cent increase compared with 2024. It is broken down as follows: 5 per cent of the target is children under 5 years of age (aged 3-5 years in early childhood education), 50 per cent girls, 50 per cent boys; 85 per cent of the target is children aged 5-18 years (40 per cent girls, 60 per cent boys) at the primary and secondary levels; and 10 per cent of the target individuals over 18 years of age (11 per cent female, 89 per cent male). Fifteen per cent of the target is estimated to have a disability.

37. Children aged 3–17 to receive individual learning materials.

38. The teacher-pupil ratio estimated at 1:100, considering 602,792 pupils.

39. Based on overall WASH cluster target for 2024: 6.1 million population in need in the country. UNICEF contribution is 11.5% of this target during 2025. Also based on 15 litres of water per person per day in an emergency context. One tap serves 250 people. One borehole serves 500 people. One motorized water yard serves a minimum of 2,000 people (8 taps). And one surface water treatment plant (SWAT) system serves a minimum of 3,000 people (12 taps).

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

41. Based on WASH cluster standard of estimated people per the WASH Facilities: 1) Water supply: Borehole = min. 500 people, as per Sphere Standards. Water yard= 2000 people, SWAT system = 3000 people. (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%.

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

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

44. 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.

45. 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.

46. 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.

47. 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.

48. 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.

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

50. 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.

51. 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.

52. 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%