



Mothers and their children wait to be registered and assessed at Akobo Teaching Hospital, nutrition service point. Many mothers have recently returned to Akobo after fleeing the town due to fighting. UNICEF/2026/Adiomo

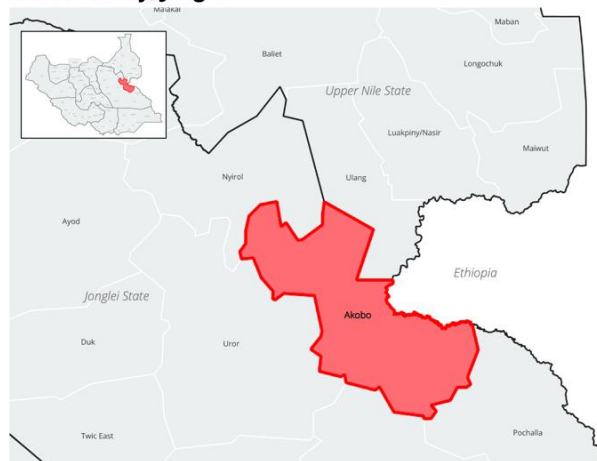
South Sudan Flash Update External

Focus on Akobo June 2026



Situation

Akobo County, Jonglei



On 6 March 2026 an order to leave Akobo town was issued, which triggered mass displacement [\[unicef.org\]](https://www.unicef.org), [\[unocha.org\]](https://www.unocha.org). Within days, the majority of the population fled with more than 100,000 people crossing the border to Ethiopia [\[nrc.no\]](https://www.nrc.no). Akobo town was emptied with services collapsing and humanitarian actors withdrawing. [\[unocha.org\]](https://www.unocha.org).

By late April, hostilities had decreased and following a successful high-level mission to engage authorities on access and safety of humanitarian personnel and assets, on 7 May, an inter-cluster assessment mission took place to inform decisions on the resumption and scale-up of

operations, with two UNICEF staff participating. Needs were assessed as high across sectors, with health, nutrition, WASH, protection and food consistently identified as top priorities in discussions with authorities, community leaders, and women.

The nutrition status of children was flagged as particularly alarming. MUAC screening of 13,400 children identified an estimated 35 per cent with global acute malnutrition - with 12 per cent suffering from severe acute malnutrition. UNICEF distributed ready-to-use therapeutic food to severe acute malnourished children on the spot during the assessment and it has been a top priority in the response.

The UNICEF team on the ground in Akobo observed the following: the Akobo hospital had been completely looted with all medical equipment, drugs, nutrition commodities taken, the stabilization centres, water systems, and all operating generators vandalized; schools were also vandalised with latrines and water systems destroyed and all learning materials destroyed; a child friendly space was looted and vandalized and the youth centre was occupied by IDPs seeking shelter. Schools remained closed during the visit, with school-age children observed in markets and on the streets during school hours. The County Education Office was vandalized, and no school cleaning or rehabilitation activities were underway.

Since 6 May 2026, thousands of people have returned to Akobo from Tiergol, Ethiopia. Overall, the population figures remain unclear, as the situation is highly fluid. Returnee and IDP population estimates range from 270,000 from South Sudan's Relief and Rehabilitation Commission (RRC) to 119,000 (UN). During a UNICEF field mission, significant needs were also identified in surrounding payams due to displacement from Walgak, Lankien and Uror.

UNICEF and humanitarian actors have full access across Akobo East (the town and neighbouring payams). However, movement outside Akobo town remains limited due to lack of vehicles, high fuel costs and heavy rainfall will restrict access and delivery over the coming months during the rainy season.

UNICEF Response

UNICEF South Sudan activated a multi-sectoral response in Akobo, with first responders arriving on 11 May 2026. UNICEF operated on a no-regrets basis prioritizing immediate action to assist all civilians accessed.

UNICEF adopted a two-phased approach:

- Phase 1: UNICEF direct implementation with a rapid response team in Akobo on a weekly rotation until 5 June.
- Phase 2: With and through partners, as they resume operations on the ground.

The first rapid response team deployed to Akobo 11 – 15 May comprised 9 members, with UNICEF, ECHO and partners.

The response was supported by a three-tiered logistics strategy to mitigate rainy-season logistical challenges. Firstly, initial supplies for the rapid response team were provided through direct flights from Bor to Akobo. Secondly, road convoys from Bor to Akobo via Pibor were organised in coordination with WFP. Thirdly, prepositioned supplies in Malakal were transported to Akobo along the Sobat River.

Intersectoral activities including WASH, health, nutrition, GBV and child protection continue to be scaled up in Akobo town, while mobile assistance is provided to civilians in surrounding payams.

Immediate response priority, UNICEF South Sudan

Urgent malnutrition screening, treatment and prevention:

1. **Nutrition:** UNICEF and partners screened 13,401 children under five and found 2,308 had severe acute malnutrition (SAM) and 4,487 with a moderate (MAM) condition, indicating an extremely critical situation in terms of child malnutrition.
2. UNICEF adopted an expanded criterion, using RUTF to treat 1,184 children aged 6-59 months with SAM and 3,001 with MAM, while 148 with the complicated form of SAM were hospitalized for inpatient medical management of the condition.
3. Since 7 May 2026, a total of 3,315 cartons (46.0 Metric Tons) of Ready to Use Therapeutic Food (RUTF) have been dispatched to Akobo. Of these, 315 cartons (4.4 MT) of RUTF have already been received. Other critical nutrition supplies dispatched to Akobo include 10,700 bottles of Amoxicillin; 15 cartons of F-75 Therapeutic milk and 5 cartons of F-100 Therapeutic milk.

Scaling up WASH and health interventions to prevent disease outbreaks:

4. **Health:** 265 out-patient consultations were carried out including 174 for children under 5, while 39 children received immunization services (Penta, IPV, MCV, Malaria, Rota).
5. **WASH:** Repaired the Akobo Hospital water mini-yard and rehabilitated five non-functional boreholes in two payams (Bilkey and Denjok) of Akobo County. Distributed hygiene kits to 2491 households (primarily families with children under five and SAM cases) containing 1 bucket, 1 bar of soap, 1 filter cloth, and 25 AquaTabs.

- Three Integrated Emergency Health Kits (IEHK), which can reach up to 23,000 people, and WASH supplies (dignity kits, soap, buckets, water floc disinfection) were distributed in Akobo.

Scaling up critical protection activities for women and children:

- Child Protection:** 48 unaccompanied and separated or orphaned children have been put on case plans, and 255 households were reached with awareness messages on family separation.
- Gender Based Violence (GBV)** programming was expanded through a UNICEF partner establishing women and girl friendly spaces providing case management and psychosocial support services. The GBV referral pathway was also updated to include interim options for clinical management of rape through MSF operating at Akobo Hospital.
- Education:** Following partner mapping and an education needs assessment in Akobo East, UNICEF and Education Cluster partners identified 42 primary schools and one Alternative Learning Centre serving 10,483 learners (4,190 girls). UNICEF finalized rapid response activation to support school reopening, community mobilization, teacher PSS training, PTA/SMC orientation, and provision of essential learning supplies.

The initial rapid response phase (Phase 1) which commenced on 7 May was completed on 5 June 2026. This phase also contributed to re-establishing partnerships and sustaining critical response activities.

The response has now transitioned into Phase 2, which will be implemented through UNICEF's implementing partners. This phase will focus on sustaining regular services and providing continued support to affected populations while strengthening recovery and resilience efforts.

UNICEF is also scaling up efforts across the Greater Upper Nile region as part of its Level 2 emergency activation for Jonglei and the other conflict affected areas.

Funding Requirements

UNICEF South Sudan requires US\$17 million to scale-up life-saving services in Jonglei and the Greater Upper Nile Region.¹ To meet immediate needs in Akobo town and surrounding villages, US\$7 million is required. UNICEF has mobilized internal resources through an emergency loan mechanism to frontload our response to the most affected areas and is rapidly reallocating additional funding to meet immediate needs. However, without additional resources, this scale-up cannot be sustained at the level required. UNICEF needs flexible and timely support to respond immediately in the following priority areas:

Funding Status – Akobo Response			
Area of Intervention	Funding Requirements (US\$)	Funding Available (US\$)	Total Funding Gap (US\$)
WASH	1,700,000	750,000	950,000
Child Protection/ GBV	1,000,000	500,000	500,000
Health	1,400,000	500,000	900,000
Nutrition	1,200,000	750,000	450,000
Education	1,300,000	110,000	1,190,000
Social & Behaviour Change	730,000	0	730,000
Total	7,330,000	2,610,000	4,720,000

A fragile but hopeful return



When gunfire broke out in her village one Sunday afternoon in early March 2026, Nyakuon Thurbiel had no time to think.

“We heard the shooting getting closer, and we just ran,” says the 35-year-old mother from Shukshap in Akobo East. “There was no time to take anything.”

Carrying her 10-month-old son, Nyaban, Nyakuon fled barefoot with her husband, six children and grandmother, joining dozens of neighbours escaping towards Tiergol, near the Ethiopian border. After nearly three hours on foot, they arrived exhausted and in crisis.

“Along the way, my baby became sick,” Nyakuon recalls. “He had diarrhoea and was vomiting. I was very worried.”

For almost two months, the family lived in the open, sheltering under trees with around 50 others who had fled. With no proper food or sanitation, they survived on boiled wild leaves. They ate whatever else they could find, which was never enough. As conditions worsened, the most vulnerable, including elderly people, did not survive. Meanwhile Nyaban grew weaker.

“I thought I might lose him,” Nyakuon says.

When the fighting finally subsided, Nyakuon returned to Akobo after hearing that humanitarian organisations were coming back. She says they were happy to return home, even though everything was destroyed. The town’s main hospital had been looted and left without essential supplies, leaving families without care when they needed it most.

Even as Nyakuon rushed Nyaban immediately to the hospital, she was unsure if he would get the care needed to save his life. She went anyway. She had no choice. Nyaban was admitted to the stabilisation centre, where fortunately he started receiving emergency treatment for severe acute malnutrition.

“Now he is improving,” Nyakuon says. “When I see him eat, I feel hope again.”

Across Jonglei, thousands of children face similar risks, with conflict, displacement and lack of services driving rising malnutrition and disease. Humanitarian assistance is helping to save lives, but many children still lack access to care as needs continue to outpace resources. In May 2026, UNICEF delivered over 18 metric tonnes of emergency health and nutrition supplies to help restore services, including therapeutic food and medicines to treat malnutrition and disease.

UNICEF is calling for sustained humanitarian access, increased funding to reach vulnerable communities, and urgent investment to rebuild damaged health services. Above all, an end to the fighting is critical. Without peace, families in Akobo and other affected regions will continue to face cycles of displacement, hunger and loss and children like Nyaban will remain at risk.

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