UNICEF South Sudan/Lou Nelson

Aluong Madid, 19, fled Duk to Marik IDP camp with her child. She now accesses safe water as UNICEF and partners provide treatment supplies alongside health and nutrition services.

unicef for every child

Humanitarian Situation Report No. 4

Reporting Period
1 May - 31 May

South Sudan

HIGHLIGHTS

- Between January and May, over 420,800 people were newly displaced due to conflict, with Jonglei State accounting for the majority. Recurrent displacement, insecurity and continued population movements are overwhelming already fragile services, widening gaps in health, education, WASH and protection, particularly in conflict-affected areas.
- Public health emergencies continue to strain South Sudan's fragile health system. Cholera remains the primary concern, with more than 104,648 suspected cases and 1,678 deaths reported as of 31 May 2026. The Bundibugyo virus disease (BVD) outbreak in neighbouring DRC and Uganda has heightened preparedness measures due to cross-border transmission risks. Concurrent measles outbreaks and circulating vaccine-derived poliovirus (cVDPV) in Upper Nile and Central Equatoria highlight persistent immunization and surveillance gaps. Rising access constraints further hinder assistance delivery..
- The 2026 Humanitarian Action for Children (HAC) appeal remains only 43 per cent funded, with critical shortfalls in WASH and education limiting life-saving response efforts amid escalating needs.

SITUATION IN NUMBERS

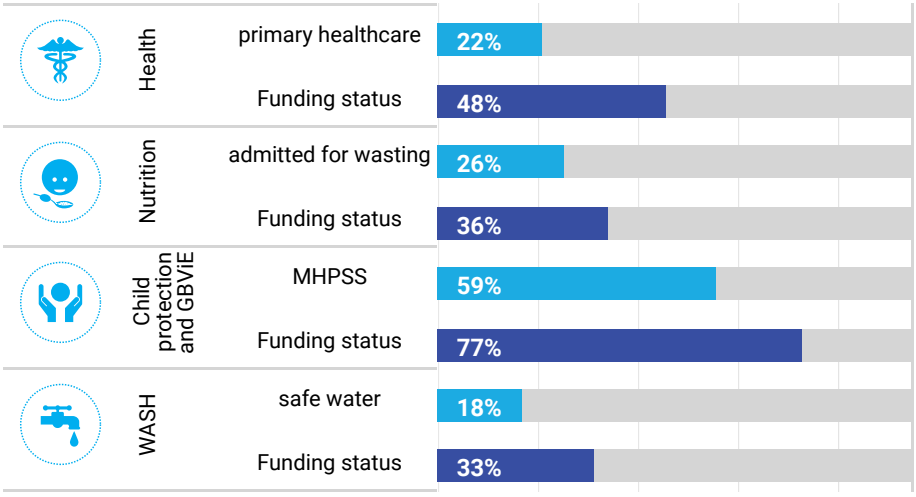
5,000,000
Children in need of humanitarian assistance

9,300,000
People in need of humanitarian assistance

650,000
children at risk of severe acute malnutrition

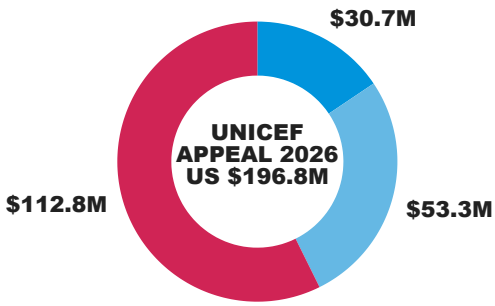
2,000,000
Internally Displaced People

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
2025 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

As of the reporting period, the 2026 provisional Humanitarian Action for Children (HAC) appeal is funded at 43 per cent, largely comprising carryover resources from 2025, with significant sectoral disparities. WASH and Education remain the least funded sectors, with funding gaps of 67 per cent and 66 per cent respectively, constraining the scale-up and continuity of critical services. Without additional resources, children in South Sudan face increased exposure to protection risks, worsening nutritional outcomes, and disruptions in access to essential health, education, and WASH services. Sustained, timely, and predictable funding remains essential for UNICEF and its partners to maintain life-saving interventions, respond to emerging shocks, and preserve gains achieved for vulnerable children and communities.

Flexible funding remains a cornerstone of UNICEF's ability to respond effectively in a rapidly evolving humanitarian context. It allows for the prioritization and timely delivery of life-saving assistance where needs are greatest. However, limited funding continues to undermine efforts to address critical vulnerabilities, placing children at increased risk of malnutrition, prolonged family separation, and reduced access to essential services, including safe water, primary health care, and protection support.

The sustained support of donors remains instrumental to UNICEF's humanitarian response in South Sudan, enabling the delivery of life-saving assistance across health, nutrition, WASH, education, child protection, and social protection sectors. UNICEF gratefully acknowledges contributions from Canada; the Central Emergency Response Fund (CERF); the European Commission (ECHO); the Governments of Austria, Germany, Japan, Norway, the Republic of Korea, the United Arab Emirates, the United Kingdom, and the United States (USG); UNICEF National Committees; the UN Multi-Partner Trust Fund Office (UNMPTFO); and UNOCHA. As humanitarian needs continue to outpace available resources, sustained, timely, and flexible funding will remain essential to maintain critical services, respond to emerging shocks, and protect hard-won gains for vulnerable children and communities.

UNICEF further acknowledges the strong collaboration with government counterparts, United Nations agencies, and implementing partners, whose coordinated efforts remain central to delivering assistance in complex and highly fluid operational contexts across South Sudan. This collective engagement has been critical in enabling access, strengthening service delivery systems, and supporting communities affected by conflict, displacement, public health risks, and climate-related shocks. Continued coordination and partnership will be essential to sustain and expand the response in the face of growing humanitarian needs.

SITUATION OVERVIEW AND HUMANITARIAN NEEDS

Multiple and overlapping shocks, including conflict, large-scale displacement, disease outbreaks, climate-related hazards, economic decline, and the continued influx of returnees and refugees from Sudan, continue to drive humanitarian needs across South Sudan. These converging crises are increasing vulnerabilities across the country while placing sustained strain on essential services and humanitarian response efforts. Between January and May, more than 420,800 people were newly displaced due to violence, with Jonglei State accounting for just over 300,000 of these movements. Within Jonglei, approximately 261,570 people remain displaced, while others have sought refuge in surrounding areas, including nearly around 20,000 people in Mingkaman (Awerial County, Lakes State), 27,000 in Nasir, Panyikang and Ulang counties (Upper Nile State), and an estimated 6,000 in Juba County (Central Equatoria State). Additional movements were recorded in May, including the arrival of returnees into Akobo County from Tiergol in Ethiopia, although verification of these figures remains ongoing.

Humanitarian conditions in Jonglei State remain particularly severe, especially in Akobo County, where large-scale return movements from Sudan, continued displacement, and persistent insecurity have significantly increased pressure on already fragile services and infrastructure. The recent influx of returnees into Akobo East has sharply elevated humanitarian needs, with many families requiring immediate access to health care, safe water, protection services, education, and other essential assistance. The situation has been further exacerbated by service disruptions following insecurity-related incidents that reduced the presence and operational capacity of humanitarian partners, creating critical gaps in the delivery of basic services. In response to the growing needs, UNICEF activated a Rapid Response Mechanism (RRM) intervention, alongside deployments by other humanitarian agencies to scale up life-saving assistance. Health services remained severely disrupted throughout May, following the temporary closure of Akobo County Hospital, significantly limiting access to essential health care for affected populations. The situation was particularly critical in Akobo West, where health infrastructure remains minimal to non-existent, leaving many communities with extremely limited access to basic and life-saving health services. Access to education remains heavily constrained due to acute teacher shortages, while deteriorating water systems and unreliable power supply for key pumping facilities continue to limit access to safe drinking water and heighten public health risks. Protection concerns remain widespread, including reports of child abduction, conflict-related sexual violence, and the recruitment and use of children by armed groups. These challenges are compounded by continued population movements and intercommunal violence, further stretching already overstretched local services and humanitarian response capacities.[1]

Insecurity remains the primary driver of humanitarian needs across South Sudan, shaping displacement patterns, disrupting livelihoods, and constraining humanitarian operations. In Jonglei State, violence in Akobo, Nyirol, and Uror counties continues to trigger repeated displacement and heighten protection risks, undermining recovery efforts and prospects for safe and dignified return. Although some locations experienced temporary periods of relative calm, the security environment remains volatile, with communities exposed to sporadic violence, asset losses, and service disruptions. On 20 May, renewed intercommunal clashes in Bor South County displaced more than 3,000 people and destroyed homes, livelihoods, and household assets, further increasing humanitarian needs.[2] Cross-border movements are also influencing the operational context, particularly in Akobo County, where the arrival of returnees and new arrivals is increasing demand for assistance. The combined effects of insecurity and continued population movements continue to intensify humanitarian needs while complicating response efforts.

Public health emergencies continue to exacerbate humanitarian conditions across the country, placing sustained pressure on an already fragile health system. Cholera remains the most significant outbreak, with more than 104,648 suspected cases and 1,678 deaths reported across 55 counties and all three administrative areas since September 2024.[3] Although overall transmission has declined, active hotspots persist in several states, including Jonglei, Unity, Lakes, Eastern Equatoria, and Upper Nile, with Unity State remaining particularly affected due to ongoing displacement and gaps in water, sanitation, and hygiene services. The scale and duration of the outbreak underscore the need for sustained multisectoral interventions, including safe water provision,

vaccination campaigns, community engagement, and strengthened case management. Mpox transmission continues at a low but persistent level, with 105 cases reported across six counties since January 2026. The risk of cross-border disease transmission remains a concern following the declaration of a Bundibugyo virus disease (BVD) outbreak in the Democratic Republic of the Congo on 14 May and a related outbreak in Uganda on 15 May, highlighting the importance of continued preparedness and surveillance. Concurrent measles outbreaks in Lakes, Central Equatoria, Eastern Equatoria, Upper Nile, and Northern Bahr el Ghazal, together with the detection of circulating vaccine-derived poliovirus (cVDPV types 1 and 2) in Maiwut County and Juba County, further underscore persistent immunization gaps and the need to strengthen routine immunization and disease surveillance systems.[4]

Humanitarian access constraints continue to affect aid delivery across South Sudan. In May alone, 69 access-related incidents were reported, bringing the cumulative total between January and May to 328—a 74 per cent increase compared with the same period in 2025. The operating environment remains constrained by insecurity, administrative impediments, and physical access challenges, particularly in Upper Nile, Jonglei, and Central Equatoria states. Incidents affecting humanitarian personnel and assets, including those resulting in casualties and abductions, have reduced operational presence in several high-priority locations. Administrative bottlenecks, including delays in approvals, recruitment processes, and additional local requirements, continue to slow response implementation. Movement restrictions and multiple checkpoints along key transport routes further increase delays, operational risks, and logistical costs. Seasonal rains have compounded access challenges, including delaying a convoy of 33 trucks carrying 211 metric tons of food assistance along the Pibor–Akobo corridor in Jonglei for nearly two weeks. As the rainy season progresses, the risk of isolation for flood-prone communities is expected to increase. Together, these constraints are limiting the timely delivery of life-saving assistance and increasing the complexity of humanitarian operations.[5]

Overall, the convergence of conflict, displacement, disease outbreaks, public health emergencies, and humanitarian access constraints continues to drive a complex and evolving humanitarian crisis across South Sudan. These interconnected shocks are reinforcing existing vulnerabilities and exerting sustained pressure on public services and humanitarian response systems. Humanitarian needs are expected to remain highest in conflict-affected areas of Jonglei and Upper Nile, where insecurity, population movements, and limited access to basic services continue to affect vulnerable communities. Seasonal flooding is likely to further compound humanitarian conditions and operational challenges in the coming months, particularly in areas already experiencing high levels of displacement and limited service availability.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

Health

UNICEF South Sudan/Daniel Oloo

A mother leaves Akobo Hospital with her child after receiving treatment. Akobo County, Jonglei State, South Sudan, May 2026.

In May 2026, UNICEF continued supporting the Ministry of Health (MoH) to deliver essential health services and respond to multiple public health threats across high-risk, conflict-affected, and hard-to-reach areas. Efforts focused on maintaining access to life-saving primary health care while strengthening outbreak preparedness, disease surveillance, and response capacities, particularly in displacement-affected communities and locations with limited access to basic services.

UNICEF strengthened service delivery capacity through the provision of critical medical supplies to frontline health facilities. During the reporting period, 45 Interagency Emergency Health Kits (IEHK 2024) were distributed nationwide. Of these, 12 kits were delivered to Akobo and Rubkona, supporting nearly 70,000 people in priority locations where health services have been severely limited. The remaining 33 kits were distributed across the country, enabling the provision of essential primary health care services to approximately 300,000 people for a period of three months. This strategic prepositioning and distribution of supplies helped sustain service continuity in fragile and hard-to-reach areas.

As part of UNICEF's Rapid Response Mechanism (RRM) scale-up in Akobo East, health partners expanded access to essential health services for returnees, internally displaced persons, and host communities affected by insecurity and service disruptions. A total of 265 outpatient consultations were conducted, including 174 for children under five years of age. In addition, 39 children received routine immunization services, including Pentavalent, Inactivated Polio Vaccine (IPV), Measles-Containing Vaccine (MCV), malaria-related interventions, and Rotavirus vaccination, helping to reduce the risk of vaccine-preventable diseases among vulnerable children.

Through UNICEF-supported health facilities nationwide, 28,712 individuals accessed primary health care services during the reporting period, including 10,641 children and 7,431 women. Services included outpatient consultations, treatment of common illnesses, and basic maternal and child health care. The continued functionality of supported facilities has been critical in ensuring vulnerable populations maintain access to essential services despite ongoing disruptions caused by insecurity, displacement, and logistical challenges.

Preventive and outbreak mitigation interventions were also strengthened to reduce the risk of disease outbreaks and associated complications. A total of 1,283 children were vaccinated against measles, targeting populations in areas with low routine immunization coverage and heightened outbreak risk. In addition, insecticide-treated mosquito nets were distributed to 233 individuals in high-risk locations as part of ongoing malaria prevention efforts,

contributing to reduced exposure to vector-borne diseases and strengthening community-level protection measures.

UNICEF further reinforced coordination and technical support to the MoH and implementing partners, contributing to strengthened disease surveillance, timely outbreak detection, and improved response coordination across affected areas. This support helped enhance reporting systems, improve data flow from peripheral health facilities, and facilitate more coordinated and timely response actions, particularly in locations experiencing active transmission of epidemic-prone diseases.

In parallel, UNICEF intensified preparedness efforts for the Ebola Bundibugyo virus disease (BVD) through close coordination with the MoH and partners at national and sub-national levels. Preparedness activities focused on identifying and addressing critical gaps in surveillance systems, infection prevention and control (IPC) capacity, WASH services in health facilities, and point-of-entry screening mechanisms. UNICEF supported the procurement and prepositioning of essential response supplies, including emergency health kits, personal protective equipment (PPE), IPC materials, and WASH supplies, to facilitate rapid deployment if required. Readiness was further strengthened through support to community-based surveillance, capacity building of frontline health workers, risk communication and community engagement, and measures to ensure continuity of essential health services during a potential outbreak.

Despite these achievements, the health response continues to face challenges related to insecurity, access constraints, logistical barriers, disease outbreak risks, and funding limitations. These factors continue to affect the ability to reach the most vulnerable populations in remote and high-risk areas, underscoring the need for sustained support to maintain essential health services, strengthen outbreak preparedness and response capacities, and improve the resilience of the health system.

Nutrition

UNICEF South Sudan/Raut

A mother holds her child as a nutrition worker assesses the child's nutritional status using a MUAC tape in Unity State, South Sudan. May 2026.

During May 2026, UNICEF and partners continued delivering life-saving nutrition services across South Sudan, supporting both the treatment and prevention of malnutrition among vulnerable children and women. A total of 36,955 children aged 6–59 months (17,475 boys; 19,480 girls) were newly admitted for treatment of severe acute malnutrition (SAM), bringing cumulative admissions between January and May 2026 to 148,696 children. To sustain uninterrupted treatment services nationwide, UNICEF supported the delivery and distribution of 20,193 cartons of Ready-to-Use Therapeutic Food (RUTF), 34,465 bottles of Amoxicillin, and other essential nutrition supplies to stabilization centres and outpatient therapeutic programmes, helping to maintain the continuity and quality of treatment services across supported locations.

As part of UNICEF's Rapid Response Mechanism (RRM) scale-up in Akobo East, Jonglei State, nutrition interventions were significantly expanded to address the deteriorating humanitarian situation and the growing needs of returnees, internally displaced persons, and host communities. UNICEF and partners screened 13,401 children under five years of age, identifying 2,308 children with severe acute malnutrition (SAM) and 4,487 with moderate acute malnutrition (MAM), highlighting the extremely critical nutritional situation in the area. To rapidly expand access to treatment, UNICEF adopted an expanded admission criterion and provided Ready-to-Use Therapeutic Food (RUTF) to 1,184 children aged 6–59 months with SAM and 3,001 children with MAM, while 148 children with complicated SAM were admitted for inpatient treatment and medical management. To support the response, UNICEF dispatched 3,315 cartons (46.0 metric tonnes) of RUTF to Akobo from 7 May 2026, of which 315 cartons (4.4 metric tonnes) had been received by the reporting period. Additional nutrition supplies dispatched included 10,700 bottles of Amoxicillin, 15 cartons of F-75 therapeutic milk, and 5 cartons of F-100 therapeutic milk, strengthening the capacity of health and nutrition facilities to provide essential treatment services.

Preventive nutrition interventions were also expanded nationwide, reaching 107,830 mothers and caregivers through Infant and Young Child Feeding (IYCF) counselling. Of those reached, 75,235 were caregivers of children aged 0–23 months and 32,595 were pregnant women. Counselling sessions promoted optimal breastfeeding, age-appropriate complementary feeding using locally available foods, and improved hygiene practices to support better nutrition outcomes for children.

Under the Sudan crisis response in Upper Nile State, UNICEF and partners continued providing integrated nutrition services at key entry and transit points. In Renk (Joda Reception Centre and River Site), 846 children aged 6–59 months received Blanket Supplementary Feeding (BP-5), while 891 children (438 girls; 453 boys) received Vitamin A supplementation and 751 children (368 girls; 383 boys) were dewormed. These interventions helped reduce malnutrition and disease risks among newly arrived refugee and returnee children while strengthening preventive nutrition support for vulnerable populations.

Child protection, GBViE and PSEA

UNICEF South Sudan/Anne Achieng

Children participate in activities at a Child Friendly Space (CFS) in Renk County, Upper Nile State, where UNICEF and partners provide a safe environment for learning, play, and psychosocial support.

In May 2026, UNICEF and partners continued delivering integrated

child protection and gender-based violence (GBV) services across South Sudan, reaching vulnerable children, adolescents, youth and women with life-saving protection, psychosocial support, case management, and community-based prevention interventions. Service delivery was complemented by targeted capacity strengthening and technical support to partners, helping sustain quality protection services in both stable and hard-to-reach locations.

Mental Health and Psychosocial Support (MHPSS) services reached 14,382 individuals (6,488 boys, 6,042 girls, 684 men and 1,168 women) through youth centres, child-friendly spaces and community platforms. Interventions included structured and non-structured psychosocial support, peer-to-peer engagement facilitated by trained youth inspirators, individual counselling, and group-based wellbeing activities designed to strengthen resilience, social connectedness, and positive coping mechanisms among children and adolescents. Service delivery was further strengthened through refresher training on the Take-5 MHPSS approach for 70 youth inspirators and leaders (38 male, 32 female) in Bor South and Duk, enhancing local capacity to provide structured psychosocial support and promote emotional wellbeing.

Child protection case management services reached 536 children and youth (247 boys, 233 girls, 35 male youth and 21 female youth), including 49 children with disabilities (25 boys and 24 girls) receiving inclusive and accessible support services. As part of UNICEF's Rapid Response Mechanism (RRM) response in Akobo East, child protection interventions were expanded to address heightened risks associated with displacement and family separation. A total of 48 unaccompanied, separated or orphaned children were identified and enrolled in case management services, while 255 households were reached with awareness messages on the prevention of family separation and the protection of vulnerable children. Family tracing and reunification remained a key priority nationwide, with 108 unaccompanied and separated children (93 boys and 15 girls) successfully reunified with their families. Efforts to strengthen service quality were further reinforced through mentorship on disability-inclusive case management, improving partners' capacity to identify and respond to the specific needs of children with disabilities.

GBV prevention and response services reached 20,494 individuals (847 boys, 6,613 girls, 636 men and 12,398 women) across programme locations. Of these, 14,701 individuals (5,151 girls and 9,550 women) accessed specialized survivor-centred services, including case management and psychosocial support delivered through Women and Girls Friendly Spaces and mobile teams. A further 5,793 individuals (847 boys, 1,462 girls, 636 men and 2,848 women) were reached through risk mitigation interventions aimed at reducing exposure to violence and strengthening protective environments. In Akobo East, GBV programming was expanded through support to a UNICEF partner that established Women and Girls Friendly Spaces, providing case management and psychosocial support services for women and girls affected by displacement and insecurity. The GBV referral pathway was also updated to include interim options for the clinical management of rape through Médecins Sans Frontières (MSF) operating at Akobo Hospital, helping to strengthen access to critical survivor services. Capacity strengthening included a Training of Trainers on GBV-Nutrition risk mitigation for 25 service providers (5 male, 20 female), supporting the integration of GBV risk mitigation measures within nutrition services and facilitating scale-up at field level. Community-based prevention efforts continued through the Communities Care programme across 12 locations, engaging 96 community groups with more than 1,152 participants in structured dialogues to address harmful social norms. Monitoring data indicated positive shifts in attitudes towards GBV survivors, increased empathy, and stronger community commitment to preventing violence and promoting dignity.

Explosive Ordnance Risk Education (EORE) activities reached 1,255 individuals (431 boys, 507 girls, 152 men and 165 women) through awareness sessions designed to strengthen community understanding of risks associated with unexploded ordnance. Continued community reporting of unexploded ordnance, including recent alerts from Rejaf and Akobo, reflects sustained awareness and the effectiveness of risk education interventions.

Programme delivery adapted to operational constraints while maintaining continuity of services in priority locations. Temporary disruptions affected some service delivery points, including youth centres in Akobo due to displacement-related staffing gaps, as well as infrastructure damage caused by strong winds in Aweil West and Renk. Despite these challenges, partners adapted service delivery through flexible and community-based approaches, ensuring continued access to critical child protection, GBV and youth-focused services for vulnerable populations.

Water, sanitation and hygiene

UNICEF South Sudan/Joseph Adiomo

Community members collect water at Akobo Hospital, Jonglei State, South Sudan, May 2026.

During the reporting period, UNICEF and partners sustained the delivery of life-saving and integrated WASH interventions across cholera-affected, displacement-affected, and underserved areas, focusing on expanding access to safe water, sanitation services, hygiene promotion, and emergency WASH supplies. Interventions were delivered through a coordinated multi-partner approach, enabling rapid response to priority locations while strengthening community-level disease prevention and preparedness efforts.

Access to safe water was significantly improved through the rehabilitation, operation, and maintenance of water supply systems, reaching 22,061 people (4,841 boys, 5,276 girls, 5,566 men, and 6,378 women). Interventions included boreholes, hand pumps, solarized systems, and water yards, supported by community-based management mechanisms to promote functionality and sustainability. As part of UNICEF's Rapid Response Mechanism (RRM) scale-up in Akobo County, critical water infrastructure was rehabilitated to restore access to safe water for displacement-affected communities. This included the repair of the Akobo Hospital water mini-yard and the rehabilitation of five non-functional boreholes in Bilkey and Denjok payams, improving water availability in areas experiencing increased pressure from returnee and displaced populations.

Sanitation interventions enabled 900 people (223 boys, 225 girls, 224 men, and 228 women) to access improved sanitation facilities through targeted construction and rehabilitation activities. These efforts contributed to reducing open defecation and improving environmental sanitation conditions in vulnerable communities and

institutional settings.

Hygiene promotion remained the largest component of the response, reaching 82,891 people (20,113 boys, 24,035 girls, 16,105 men, and 22,638 women) through household visits, community engagement sessions, mass campaigns, and targeted risk communication activities. Messaging focused on cholera prevention behaviours, including handwashing with soap, safe water handling, household water treatment, food hygiene, environmental sanitation, and timely health-seeking practices. These interventions strengthened community awareness and supported the adoption of preventive behaviours across priority locations.

Emergency WASH support reached vulnerable households through the distribution of essential hygiene supplies. As part of the Akobo RRM response, UNICEF and partners distributed hygiene kits to 2,491 households, prioritizing families with children under five years of age and households with severe acute malnutrition (SAM) cases. Each kit contained a bucket, soap, a filter cloth, and AquaTabs to support household water treatment and safe hygiene practices. Nationwide, emergency WASH kit distributions reached 5,786 people (1,295 boys, 2,283 girls, 909 men, and 1,299 women), helping reduce exposure to cholera and other communicable diseases, particularly among populations affected by displacement, flooding, and limited access to basic services.

Integrated programming and close coordination with Health, Nutrition, SBC, and WASH Cluster partners enhanced the effectiveness and reach of interventions, ensuring a timely response to cholera hotspots and other public health risks. Preparedness measures were also strengthened through the prepositioning of essential WASH supplies, reinforcement of rapid response capacity, and rehabilitation of critical water infrastructure in high-risk areas. Support to Ebola and Bundibugyo virus disease preparedness continued through Infection Prevention and Control (IPC)/WASH assessments, partner capacity strengthening, and strategic prepositioning of supplies.

Despite operational constraints, partners adapted delivery modalities to sustain services and maintain access in priority locations, ensuring continuity of critical WASH interventions for affected populations, including those affected by displacement and return movements in Akobo County.

Education

UNICEF South Sudan/Daniel Oloo

Children have returned to the classroom in Akobo following interruptions caused by conflict. Jonglei State, South Sudan, May 2026.

UNICEF and partners significantly expanded access to education services during the reporting period, increasing learning opportunities for vulnerable children while strengthening teaching capacity across supported locations. Interventions included formal and non-formal education programmes, as well as early learning activities, implemented in close coordination with the Ministry of General Education and Instruction (MoGEI) and education partners.

A total of 56,088 children (40 per cent girls) accessed education services during the reporting period, representing a substantial increase in programme reach compared to previous months. The expansion was supported by increased partner presence, enhanced operational access, and strengthened community mobilization efforts, enabling more children, including those in hard-to-reach and crisis-affected areas—to enroll in and attend learning programmes.

To improve the quality of learning, 84 teachers (23 female) were trained in Education in Emergencies (EiE) approaches and child-centered teaching methodologies. The training equipped teachers with practical skills to promote learner engagement and support the delivery of inclusive and protective learning environments.

Programme implementation also progressed with the provision of essential teaching and learning materials. Distribution of individual learning materials is ongoing, with established tracking mechanisms supporting timely delivery to targeted schools and learning spaces. Results from these distributions will be reflected in the next reporting period.

Continued collaboration with government counterparts, local authorities and implementing partners supported the effective scale-up of education interventions and strengthened coordination across operational areas, contributing to improved access to safe and inclusive learning opportunities for crisis-affected children.

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

UNICEF South Sudan/Raut

In Wau, South Sudan, a community mobilizer uses a megaphone to share vital messages with families, helping raise awareness and keep communities informed about vaccines and essential health services.

UNICEF intensified Social and Behaviour Change (SBC) interventions to support the Ebola Bundibugyo Virus Disease (BVD) preparedness and broader Risk Communication and Community Engagement (RCCE) priorities across South Sudan. Efforts focused on strengthening community engagement systems, promoting preventive behaviours, and ensuring communities particularly in high-risk border and transit locations have access to timely, accurate information and essential services. Interventions were implemented across Western Equatoria, Eastern Equatoria, Central Equatoria, and Jonglei States through integrated community-based and mass media approaches.

Community engagement remained central to preparedness efforts, with trained community networks facilitating structured dialogue through reflective platforms. During the reporting period, 2,202

individuals (1,126 male and 1,076 female) participated in community sessions covering BVD prevention, routine immunization, maternal, newborn and child health, infant and young child feeding, hygiene and sanitation, education, and child protection. These platforms enabled communities to raise concerns, improve understanding of health and protection risks, and adopt recommended practices, while strengthening trust in frontline services.

Household-level outreach was significantly expanded through Boma Health Workers and community networks, reaching 15,748 households (7,892 male and 7,856 female) with life-saving information on disease prevention, health-seeking behaviours, and access to essential services. This outreach contributed to increased awareness of EVD preparedness measures and strengthened demand for health, nutrition, WASH, immunization, and child protection services.

To strengthen accountability to affected populations, UNICEF supported community feedback mechanisms that enabled two-way communication between communities and service providers. During the reporting period, 889 individuals (448 male and 441 female) shared concerns, asked questions, and sought clarification on available services, including BVD preparedness measures. Feedback collected through these channels is being analysed and used to inform adaptive programming, address barriers to service uptake, and enhance the responsiveness of interventions.

Mass media remained a critical pillar of SBC programming, significantly expanding outreach and reinforcing key messages. In partnership with Eye Media and community radio stations, UNICEF supported 12 interactive radio talk shows and aired 1,950 radio jingles across 26 radio stations nationwide, in English, Arabic, Dinka, Muru, Azande, Nuer, Bari, and other local languages. These broadcasts strengthened public awareness of BVD prevention and other priority issues, amplified community engagement efforts, and promoted uptake of essential health and protective behaviours.

SBC interventions also supported integrated public health campaigns, including routine immunization and the Long-Lasting Insecticidal Net (LLIN) mass distribution campaign. Through community dialogue platforms, household outreach, and radio programming, communities were sensitized on the benefits of vaccination, disease prevention, and consistent use of mosquito nets. These efforts contributed to increased community participation in preventive health initiatives and strengthened the enabling environment for improved health outcomes.

Social protection

In May 2026, the Social Policy Section continued the implementation and scale-up of shock-responsive social protection interventions, with a focus on delivering cash assistance and integrated Cash Plus services to vulnerable households. These efforts prioritized continuity of assistance in active locations while advancing readiness for expansion sites, ensuring that both delivery and pipeline activities progressed simultaneously across multiple operational areas.

Under the Shock-Responsive Cash Transfer (SRCT) programme, cash distributions were successfully completed in Torit (Eastern Equatoria), reaching 789 households with monthly assistance. A planned distribution targeting 499 households in Bor was not finalized during the reporting period due to delays from the Financial Service Provider (FSP) and has been rescheduled for June 2026, with all necessary coordination ongoing to ensure timely delivery.

Operational scale-up activities progressed in new locations, with all pre-distribution processes finalized in Malakal and Pibor. This included village mapping, beneficiary identification, and pre-listing of 542 households (200 in Pibor and 342 in Malakal), alongside preparation and verification of registration data for upload into UNICEF's HOPE management information system. Household registration was completed in Pibor (200 households), positioning the programme for imminent disbursement in the next cycle.

Monitoring and accountability mechanisms were also strengthened through Post-Distribution Monitoring (PDM). ACF conducted PDM in Aweil East under the KfW-funded Young Child Support Grant (YCSG) programme, while CMMB implemented PDM in Yambio under SRCT. Data collection was completed in both locations, with datasets successfully uploaded to the UNICEF Kobo platform to support timely analysis, learning, and programme adjustments based on beneficiary feedback and outcome indicators.

Cash Plus interventions were delivered alongside transfers in Torit, integrating nutrition, health, and protection services. A total of 789 individuals were screened for malnutrition, including 563 children and 226 pregnant and breastfeeding women (PBW). Among those screened, 20 children were identified with Severe Acute Malnutrition (SAM) and 52 with Moderate Acute Malnutrition (MAM), with all SAM cases referred for treatment. In addition, 32 PBW were identified as malnourished and referred to appropriate care services, ensuring linkages between cash assistance and life-saving interventions.

Complementary services further strengthened household resilience and wellbeing. A total of 823 caregivers and pregnant women received counselling on Infant and Young Child Feeding (IYCF) and nutrition practices, supporting improved care behaviours at the household level. Vaccination services reached 390 children, while 29 women received tetanus (TT/TD) vaccinations, and 15 women were referred for antenatal care (ANC) services, enhancing access to essential health interventions.

Protection services remained a core component of the Cash Plus model, with 823 women accessing gender-based violence (GBV) awareness and support services in Torit. These integrated interventions contributed to a more holistic response by addressing not only immediate economic needs but also key protection, health, and nutrition risks affecting vulnerable households.

HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

Nutrition Cluster:

During May 2026, the Nutrition Cluster scaled up life-saving interventions across high-burden areas despite persistent access and resource constraints. Between January and May 2026, a total of 632,110 children and women were admitted for treatment of severe acute malnutrition (SAM) and moderate acute malnutrition (MAM), representing a 30.8 per cent increase compared to the same period in 2025. SAM admissions increased by 29.1 per cent, MAM by 28.7 per cent, and admissions among pregnant and breastfeeding women rose by 37.6 per cent. Overall programme coverage reached 29 per cent for SAM, 43 per cent for MAM, and 35 per cent for pregnant and breastfeeding women, achieving 39 per cent of annual targets.

The scale-up was supported by improved pre-positioning and distribution of nutrition supplies, including TSFP commodities in underserved areas such as Warrap and parts of Jonglei. This was complemented by intensified screening, referral, and community outreach activities led by partners and community nutrition volunteers.

In Jonglei State, an emergency nutrition response continued in Akobo County and expanded into Akobo West, led by Coalition for Humanity and Medair. UNICEF, WFP, and WHO delivered essential supplies, including RUTF, CSB++, and stabilization centre equipment. Partners including Medair and MSF conducted mass screenings and provided outpatient and inpatient treatment, while

Coalition for Humanity and Oxfam implemented Blanket Supplementary Feeding Programmes to prevent further deterioration among vulnerable groups.

Cluster partners strengthened data and analytical capacity to guide response planning. SMART surveys in Pibor County, supported by the Nutrition Information Working Group, are addressing critical data gaps, while coordination platforms, including donor and Strategic Advisory Committee engagements, reinforced preparedness for emerging health and nutrition risks.

Despite these efforts, significant coverage gaps remain, particularly in transition areas such as Western Bahr el Ghazal and parts of the Equatoria region, where limited service availability continues to drive deterioration from MAM to SAM. Operational constraints, including access limitations and inconsistent partner presence, also affect service continuity.

The Nutrition Cluster continues to coordinate with Health, WASH, and Food Security partners to strengthen integrated response delivery in high-risk and hard-to-reach areas. However, funding constraints continue to limit scale-up. Additional resources are urgently required to sustain treatment services, expand preventive interventions, and prevent further deterioration in nutrition outcomes.

Water, Sanitation, and Hygiene (WASH) Cluster:

During the reporting period, WASH Cluster partners expanded access to safe water, sanitation, and hygiene services across targeted locations, with a focus on emergency response and cholera mitigation in high risk areas. A total of 147,130 people accessed safe water through the rehabilitation and installation of handpumps, solarized systems, and water yards, including 33,698 boys, 36,369 girls, 35,727 men, and 41,336 women. In parallel, 57,410 individuals received WASH kits, including 16,170 boys, 18,983 girls, 8,831 men, and 13,426 women, supporting basic hygiene needs in emergency settings. Hygiene promotion reached 94,570 people (22,115 boys, 25,475 girls, 19,846 men, and 27,134 women) with key messaging on handwashing, safe water handling, and disease prevention. Access to sanitation improved for 20,665 people through latrine construction and rehabilitation, reducing open defecation and improving environmental conditions.

In Akobo East, Medair rehabilitated three boreholes and one hospital water yard serving over 4,500 people and will rehabilitate four additional water yards under UNICEF CERF support. OXFAM will rehabilitate a solarized school water yard, while Medair will support generator repairs and control unit provision. NRC will rehabilitate three water yards and ten boreholes and construct or rehabilitate 17 communal latrine blocks. In Akobo West, Save the Children International (SCI) and CHADO will distribute 1,578 WASH kits and rehabilitate 15 boreholes, with Medair and OXFAM addressing remaining gaps to sustain service delivery.

A cholera outbreak in the Protection of Civilians (PoC) site and surrounding IDP settlements, particularly in Sector 5 followed by Sectors 4, 2, and 3, triggered an intensified WASH response. Interventions include water quality monitoring with adequate chlorine levels, soap distribution, and cholera kit distribution by MSF (1,440 kits), IOM (500 kits), and Concern (500 kits), alongside desludging, drainage improvement, disinfection, environmental cleaning, and community hygiene promotion using a sector based targeting approach. Through the Rapid Response Team (RRT) in Yirol West (Abang, Gengeng, Aluakluak, and Geer), 7,097 people, including 3,396 men and 3,701 women, were reached with hygiene messaging under ERRM activation, while additional cholera supplies and water point rehabilitation are being mobilized.

Across 15 hotspot counties in Central, Eastern, and Western Equatoria, 15 INGOs, 5 NNGOs, and the South Sudan Red Cross are delivering WASH, IPC, hygiene promotion, and RCCE services, supported by ERRM and ongoing preparedness efforts. Despite progress, insecurity, access constraints, and supply chain delays, including procurement, clearance, and transport challenges, continue to limit timely response, underscoring the need for strengthened coordination, flexible funding, and faster supply processes.

Education Cluster:

During May 2026, Education Cluster partners sustained the delivery of Education in Emergencies (EiE) interventions despite access, operational, and funding constraints. Under the 2026 Humanitarian Needs and Response Plan (HNRP), 79,963 learners were reached through formal and non-formal education programmes, ensuring continued access to learning for crisis-affected children.

Response efforts focused on improving learning quality and continuity. A total of 141 teachers were trained in EiE methodologies, 423 learner kits were distributed, and 37 Parent-Teacher Associations (PTAs) were strengthened on school management and governance. These interventions supported safer and more stable learning environments and contributed to improved retention in affected areas.

In Jonglei State, the Education Cluster developed an operational response plan for Akobo County following escalating conflict. Implementation has been delayed due to insecurity and access constraints; however, preparedness measures are in place. Nine education actors have been mapped, and planned interventions include incentives for 342 teachers, learning materials for 8,528 learners across 34 schools, integration of Mental Health and Psychosocial Support (MHPSS), assistive devices for learners with disabilities, school feeding, and dignity kits for adolescent girls.

At the national level, cluster capacity was strengthened through an EiE Fundamentals Training in Malakal, Upper Nile, involving government counterparts and partners to enhance emergency education coordination and response readiness.

Despite these efforts, the Education Cluster remains critically underfunded. Under the 2026 HNRP, only about 10 per cent of required funding has been received, significantly limiting the scale and quality of interventions and constraining access to education for vulnerable children in crisis-affected areas.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

UNICEF South Sudan/Lou Nelson

Bor Town, Jonglei State, South Sudan, Yang Chol, 40 years, is a mother of 4 daughters and has recently arrived in Bor IDP camp after fleeing fighting in her home town of Lankien, Nyirol county.

Separated by Conflict, Struggling with Malnutrition:

Escalating clashes in Jonglei State have displaced nearly 300,000 people, forcing families to flee under life-threatening conditions and exposing children to heightened protection risks, malnutrition, and disease. Civilians report aerial bombardments, ambushes along displacement routes, and widespread insecurity, with many arriving in Bor and other locations after days or weeks of displacement with limited access to food, safe water, health care, and other essential services.

Yang Chol (40) fled Lankien in Nyirol County with her four daughters during intense fighting. Along the way, she was ambushed and became separated from her two youngest children, aged 9 and 6, whose whereabouts remain unknown. Her experience reflects a broader trend of family separation. As of April 2026, more than 500 unaccompanied children had been registered across Jonglei State, although the actual number is likely much higher. UNICEF and partners are supporting family tracing and reunification efforts, including the ongoing search for Yang Chol's daughters.

Similarly, Nyageme (38) fled Motot in Uror County with her children, travelling on foot for more than 20 days to reach Bor. During the journey, she witnessed fatalities and lost relatives while fleeing the violence. Although she was eventually reunited with her husband, her family continues to face severe humanitarian needs, including food shortages, limited access to safe water, and inadequate shelter.

The conflict has significantly increased protection risks for children and women, with reports of child abduction, recruitment of boys into armed groups, and sexual violence, including rape and abduction, affecting women and girls. At the same time, the nutrition situation is deteriorating rapidly. Displacement has disrupted access to food and essential services, contributing to rising levels of acute malnutrition. Recent assessments indicate that four counties in Jonglei are facing critical levels of malnutrition.

Rapid response missions, including in Akobo County, have documented severe acute malnutrition among children displaced for prolonged periods without access to assistance. Reports indicate that some children have already died due to the lack of timely treatment and essential services. In response, UNICEF and partners are scaling up integrated interventions in health, nutrition, WASH, and child protection, delivering life-saving services, distributing critical supplies, and expanding outreach to affected communities.

UNICEF continues to advocate for safe, sustained, and unimpeded humanitarian access to all affected populations to ensure the timely delivery of critical assistance and protection services.

- https://www.unicef.org/southsudan/stories/separated-conflict-struggling-malnutrition

HAC APPEALS AND SITREPS

- South Sudan Appeals
  https://www.unicef.org/appeals/south-sudan

- South Sudan Situation Reports
  https://www.unicef.org/appeals/south-sudan/situation-reports

- All Humanitarian Action for Children Appeals
  https://www.unicef.org/appeals

- All Situation Reports
  https://www.unicef.org/appeals/situation-reports

NEXT SITREP: 31 JULY 2026

ANNEX A - PROGRAMME RESULTS

Consolidated Programme Results

Sector			UNICEF and IPs response			Cluster/Sector response		
Indicator	Disaggregation	Total needs	2026 targets	Total results	Progress*	2026 targets	Total results	Progress*
Health (including public health emergencies)								
Children and women accessing primary health care in UNICEF-supported facilities	Total	-	720,000	158,539	▲ 4%	-	-	-
Children vaccinated against measles, supplemental dose	Total	-	3 million	31,607	▲ 1%	-	-	-
People receiving insecticide treated nets	Total	-	221,016	672	0%	-	-	-
Nutrition[6]								
Children 6-59 months screened for wasting	Total	-	2.4 million	-	0%	2.4 million	-	0%
Children 6-59 months with severe wasting admitted for treatment	Total	-	550,000	145,713	▲ 7%	646,362	107,668	▲ 6%
Primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	-	947,214	477,710	▲ 11%	947,214	369,880	▲ 8%
Children 6-59 months receiving vitamin A supplementation	Total	-	2.4 million	-	0%	2.4 million	-	0%
Children aged 6 to 59 months with high risk moderate acute malnutrition (HRMAM) admitted for treatment	Total	-	58,543[7]	47	0%	58,543	-	0%
Child protection and GBViE								
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	92,399	54,285	▲ 16%	-	-[8]	-
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	105,600	58,255	▲ 19%	-	-	-
Children who have received individual case management	Total	-	4,900	2,121	▲ 11%	-	-	-
Adults trained on EORE and conduct EORE school/community-based awareness sessions reaching children and adults	Total	-	45,000	10,162	▲ 3%	-	-	-
Education								
Children accessing formal or non-formal education, including early learning	Total	-	159,531	68,280	▲ 35%	779,622	194,970	▲ 10%
Children receiving individual learning materials	Total	-	159,531[9]	4,706	0%	779,622	45,095	0%
Teachers and facilitators trained in basic pedagogy and/or mental health and psychosocial suppor	Total	-	1,600[10]	156	▲ 5%	11,137	867	▲ 1%
Water, sanitation and hygiene								

Sector			UNICEF and IPs response			Cluster/Sector response		
Indicator	Disaggregation	Total needs	2026 targets	Total results	Progress*	2026 targets	Total results	Progress*
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	528,000	93,373	▲ 4%	2.2 million	556,862	▲ 7%
People accessing appropriate sanitation services	Total	-	223,000	10,843	0%	758,691	110,320	▲ 3%
People reached with critical WASH supplies	Total	-	223,000[11]	33,954	▲ 3%	1.3 million	361,090	▲ 4%
Cross-sectoral (HCT, SBC, RCCE and AAP)								
Households reached with UNICEF-funded humanitarian cash transfers (including for social protection and other sectors)	Total	-	5,000[12]	1,096	0%	-	-	-
People reached with timely and life-saving information on how and where to access available services	Total	-	1.3 million	114,231	▲ 1%	-	-	-
People engaged in reflective dialogue through community platforms	Total	-	91,350[13]	45,486	▲ 2%	-	-	-
People sharing their concerns and asking questions through established feedback mechanisms	Total	-	91,350	6,996	▲ 1%	-	-	-
PSEA								
People who have access to a safe and accessible channel to report sexual exploitation and abuse by aid workers	Total	-	1 million[14]	325,004	▲ 10%	-	-	-

**Progress in the reporting period 1 May - 31 May*

ANNEX B — FUNDING STATUS

Consolidated funding by sector

		Funding available		Funding gap	
Sector	Requirements[15]	Humanitarian resources received in 2026	Resources available from 2025 (carry over)	Funding gap (US$)	Funding gap (%)
Nutrition	104,363,745	9,705,108	28,253,591	66,405,046	64%
Child protection and GBViE	16,883,917	7,750,418	5,295,455	3,838,044	23%
Education	11,773,388	1,492,325	2,525,408	7,755,655	66%
Cross-sectoral	5,022,829	2,727,586	7,313,977	-	0%
PSEA	1,015,027	-	-	1,015,027	100%
Emergency preparedness	5,770,432	-	-	5,770,432	100%
Cluster coordination	1,812,940	-	-	1,812,940	100%
Health	15,391,299	2,189,396	5,200,354	8,001,549	52%
WASH	34,717,650	6,799,133	4,716,618	23,201,899	67%
Total	**196,751,227**	**30,663,966**	**53,305,403**	**112,781,858**	**57%**

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 2025 (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 (May 2026)

2. OCHA South Sudan: Humanitarian Snapshot (May 2026)

3. World Health Organization. (2025). Cholera dashboard. Retrieved from https://worldhealthorg.shinyapps.io/cholera_dashboard/ Accessed on: 10/06/2026

4. OCHA South Sudan: Humanitarian Snapshot (May 2026)

5. OCHA South Sudan: Humanitarian Access Snapshot (May 2026)

6. These targets are based on HNRP data as well as IPC analysis report for November 2025.

7. SMART survey data from 2020 – 2022 were used to calculate the prevalence of high risk moderate wasting (MAM) (1.4 per cent of total <5 population), with MUAC 11.5-11.9 cm. A correction factor of 3.6 and projected population of <5 in 2024. The target 58,543 for children with moderate wasting at highest risk of mortality is only for Northern Bahr el Ghazal and Lakes states, locations of the pilot of the new WHO guidelines.

8. Reporting from the Child Protection Area of Responsibility (CP AoR) has not been included since the last SitRep due to the absence of an Information Management focal point to compile and validate the data. Efforts are underway to address this gap, and comprehensive reporting will be reflected in the next SitRep.

9. It is assumed that all children aged 3–17 enrolled in schools will receive individual learning materials.

10. The estimated teacher-pupil ratio in emergencies is 1:100 considering approximately 160,000 pupils/learners.

11. The distribution of non-food items, hygiene promotion and sanitation are an integrated target. Therefore, this target was matched with the sanitation target to achieve the integration targeting same group of people. A hygiene kit is estimated to serve a family of six people. UNICEF will procure and distribute the kits. In the event of inadequate resources, UNICEF may request supplies from the Core pipeline. Hygiene promotion and behaviour change sessions will be conducted at household level, with target groups and at mass gatherings.

12. The multi-purpose cash assistance programme wiil target vulnerable households affected by flooding, conflict, or economic hardship.

13. Estimates based on community feedback data being reported through socialand behaviour change-supported feedback mechanisms.

14. The numbers reached are calculated by taking 25 per cent of the total number of people targeted by all UNICEF-supported community interventions conducted by the sectors. Through these interventions, affected populations are informed what sexual exploitation and abuse is; their responsibilities as right-holders; and the multiple reporting channels that exist to report incidents of sexual exploitation and abuse.

15. In 2026, UNICEF will utilize 3 per cent of the overall budget for preparedness and anticipatory action. One 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.