



Displaced women and children who fled conflict in Duk collect water at a well in an IDP camp in Marik.

unicef 
for every child

Humanitarian Situation Report No. 3

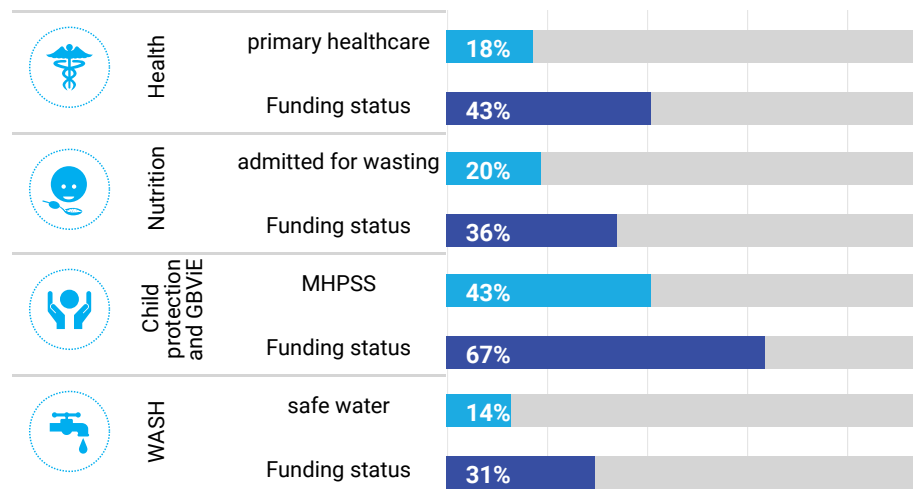
Reporting Period
1 April - 30 April

South Sudan

HIGHLIGHTS

- Humanitarian needs remain severe in Jonglei State, where over 304,000 people were displaced by the end of April, including 243,000 within the state. Although arrivals from Sudan have slowed, continued inflows are straining limited services, with refugees and returnees exceeding 1.37 million since the crisis began.
- Food insecurity and malnutrition are worsening. Between April and July 2026, 7.8 million people are projected to face Crisis or worse (IPC Phase 3+), including 2.5 million in Emergency (Phase 4) and 73,000 in Catastrophe (Phase 5). Acute malnutrition remains critical, affecting 2.2 million children under five.
- Public health risks persist, with 103,408 cholera cases and 1,669 deaths across 55 counties and three Administrative Areas. While trends are declining, transmission continues in hotspots, and a polio outbreak has been declared in Upper Nile.
- The 2026 Humanitarian Action for Children (HAC) appeal is 40 per cent funded against the US\$197 million requirement, constraining response efforts amid escalating needs.

UNICEF RESPONSE AND FUNDING STATUS*



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

SITUATION IN NUMBERS



5,000,000
Children in need of humanitarian assistance



9,300,000
People in need of humanitarian assistance

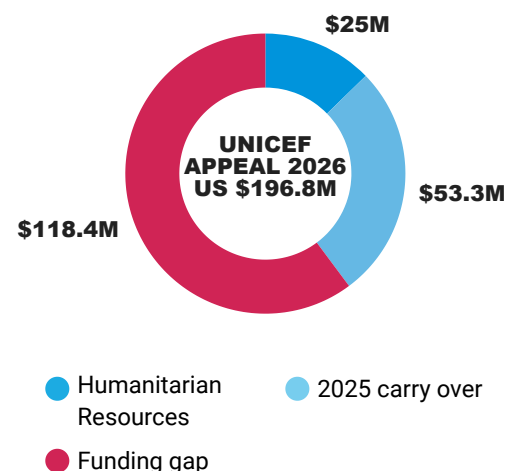


650,000
children at risk of severe acute malnutrition



2,000,000
Internally Displaced People

FUNDING STATUS (IN US\$)**



** Funding available includes: funds received in the current year; carry-over from the previous year; and repurposed funds with agreement from donors

FUNDING OVERVIEW AND PARTNERSHIPS

Despite being focused on the most urgent and prioritized humanitarian needs, the 2026 provisional Humanitarian Action for Children (HAC) appeal is currently funded at only 40 per cent of the \$197 million required, leaving a significant resource gap. The most underfunded sectors are Education, with a 79 per cent shortfall, and WASH, with a 69 per cent shortfall, severely constraining the delivery of essential services in these critical areas. Without additional resources, the scale and continuity of humanitarian assistance remain at risk, limiting the ability to respond effectively to the growing needs of conflict-affected, displaced, and vulnerable populations, particularly children and women.

UNICEF extends its sincere appreciation to all donors whose generous contributions enable the delivery of life-saving interventions across key sectors, including health, WASH, child protection, social protection, nutrition, and education. These include Canada; the Central Emergency Response Fund (CERF); Committee for UNICEF Switzerland; European Commission / ECHO; German Committee for UNICEF; German Federal Foreign Office (GFFO); Government of Austria; Hong Kong Committee for UNICEF; Government of Japan; UN Multi-Partner Trust Fund Office (UNMPTFO); New Zealand Committee for UNICEF; Government of Norway; Republic of Korea; Spanish Committee for UNICEF; the United Kingdom (FCDO); United Arab Emirates; United Kingdom Committee for UNICEF; United States Fund for UNICEF; United States Government (USG); and UNOCHA. Their continued support remains essential to reaching the most vulnerable children and communities.

UNICEF reiterates its deep appreciation to all partners for their continued collaboration and support, which remains critical to sustaining humanitarian assistance for vulnerable populations across South Sudan. The collective efforts of government counterparts, donors, UN agencies, and implementing partners, continue to enable the delivery of life-saving services in challenging operational environments and to support vulnerable children and communities affected by conflict, displacement, disease outbreaks, and climate-related shocks

SITUATION OVERVIEW AND HUMANITARIAN NEEDS

As of April 2026, South Sudan continues to face a severe humanitarian crisis driven by conflict, displacement, food insecurity, disease outbreaks, economic decline, and constrained humanitarian access. Although the pace of refugee arrivals from Sudan has slowed, the crisis continues to place significant pressure on humanitarian services, with more than 1.37 million people having crossed into the country since the onset of the conflict.¹ Arrivals continue through formal and informal border crossing points, including along the Eastern Corridor, where limited infrastructure and inadequate access to basic services heighten protection, health, nutrition, and WASH risks. Conditions at reception and relocation sites remain challenging, as humanitarian actors support large numbers of refugees, returnees, and host communities. Persistent gaps in access to safe water, sanitation, healthcare, education, and child protection services, particularly in remote and underserved areas, continue to erode livelihoods, strain already limited community resources, disrupt essential services, and constrain the reach and effectiveness of life-saving assistance

Renewed violence in Jonglei State remained a major driver of displacement and humanitarian need. By 30 April, the International

Organization for Migration's Displacement Tracking Matrix (IOM-DTM) had recorded more than 304,770 displaced people, including approximately 242,850 within Jonglei. Displacement also extended to neighboring areas, including nearly 29,000 people seeking refuge in Aweril County (Lakes State), around 27,000 displaced to Nasir, Panyikang, and Ulang counties (Upper Nile State), and more than 6,000 arriving in Juba County (Central Equatoria State). Cross-border movements into Ethiopia also continued, reflecting the ongoing impact of the crisis. An inter-agency assessment conducted in Akobo County identified nearly 142,000 people in urgent need of assistance across at least 12 locations, with severe malnutrition, acute watery diarrhoea, and widespread destruction and looting of health and nutrition facilities reported. Conditions in Nyatim remained particularly critical, with approximately 30,000 displaced people living in extremely precarious conditions.²

Food insecurity and malnutrition continued to worsen, with the latest IPC projections indicating that 7.8 million people (55 per cent of the analysed population) are expected to face IPC Phase 3 or worse between April and July 2026, including 2.5 million in IPC Phase 4 (Emergency) and 73,000 in IPC Phase 5 (Catastrophe), primarily in Jonglei and Upper Nile states. A risk of Famine has been identified in parts of Akobo and Nyirol (Jonglei), and Nasir/Luakpiny and Ulang (Upper Nile), under a worst-case scenario of escalating conflict, displacement, and restricted humanitarian access. Acute malnutrition remains at critical levels, with an estimated 2.2 million children under five requiring treatment for acute malnutrition and approximately 1.2 million pregnant and breastfeeding women in need of nutrition support. In response, UNICEF will continue to prioritize integrated, multi-sectoral interventions in the most affected locations, working closely with clusters and humanitarian partners to maximize impact for vulnerable communities. Efforts will focus on sustaining the supply pipeline for life-saving nutrition, health, WASH, and child protection services; strengthening field monitoring and partner support to ensure quality service delivery; and advocating for safe and sustained humanitarian access to populations in need. In parallel, UNICEF will also support coordinated inter-agency responses targeting high-risk communities to address the multiple drivers of malnutrition and food insecurity³

Public health risks remained critically high amid ongoing disease outbreaks and weakened health systems. The protracted cholera outbreak remained a major concern, with 103,408 cases and 1,669 deaths reported across 55 counties and administrative areas as of 30 April. Although transmission became increasingly concentrated in Jonglei, Unity, Lakes, Central Equatoria, and Upper Nile, localized outbreaks persisted in several hotspot counties, including Renk in Upper Nile State; Mayom, Rubkona, and Panyijiar in Unity State; Aweril, Yirol East, and Yirol West in Lakes State; Ayod, Bor South, Urur, Twic East, and Duk in Jonglei State; and Juba County in Central Equatoria State. This was found particularly among displaced populations, returnees, and refugees living in poor WASH conditions. While national case trends declined, continued localized transmission underscored the need for sustained surveillance, WASH interventions, and oral cholera vaccination campaigns.⁴ Meanwhile, on 28 April, the Ministry of Health declared a polio outbreak following confirmation of nine cases of circulating vaccine-derived poliovirus type 1 (cVDPV1) in Maiwut County, Upper Nile. However, insecurity and access constraints may hinder planned vaccination response.⁵

Humanitarian access further deteriorated in April, with 64 incidents reported, bringing the total to 259 incidents between January and April 2026—a 28 per cent increase compared to the same period in 2025. Intensifying insecurity and operational interference, including attacks on facilities, violence against personnel, illegal taxation, movement restrictions, and checkpoint delays, continued to disrupt humanitarian activities, particularly in Jonglei, Upper Nile, and Unity

states. UNICEF-supported operations were affected in several locations, including Walgak in Akobo County (Jonglei State) and Longochuk County (Upper Nile State), where heightened insecurity and population movements led to the temporary suspension or scale back of health, nutrition, WASH, and child protection services. Access constraints in parts of Unity State also hindered the delivery and pre-positioning of humanitarian supplies ahead of the rainy season. These challenges reduced access to essential life-saving services for vulnerable populations and increased operational costs and delays.⁶

Economic conditions continued to deteriorate amid sustained inflation, depreciation of the South Sudanese Pound (SSP), rising fuel and transport costs, and disruptions to trade and supply routes caused by insecurity, flooding, and poor road conditions. Prices of essential commodities and the minimum expenditure basket increased sharply between March and April, further weakening household purchasing power. Market functionality remained constrained by high taxation, checkpoint fees, limited trader liquidity, and reduced commodity flows, while declining oil revenues and broader macroeconomic pressures continued to fuel inflation and currency instability. As a result, many households, particularly in conflict-affected and hard-to-reach areas, faced increased difficulty in accessing food and basic services, forcing reliance on negative coping mechanisms.⁷

Flooding continued to aggravate humanitarian conditions, particularly in Unity and Upper Nile states, where heavy rainfall and localized flash floods displaced communities, damaged infrastructure, destroyed crops, and disrupted transportation and humanitarian access. Flash flooding in areas including Malakal and Juba caused deaths, injuries, and significant damage to homes and public infrastructure. Flood-related impacts also heightened the risk of waterborne and vector-borne diseases, including cholera and malaria. In Leer County, Unity State, flooding damaged several health facilities, disrupting essential services for an estimated 60,000 people, while flooding in Malakal destroyed Assossa Primary Health Care Unit (PHCU), disrupting access to health care for approximately 12,000 people. With the lean season intensifying, flood risks increasing, and access constraints persisting, humanitarian needs are expected to further escalate in the coming months.⁸

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

Health



Mothers hold their children as they wait for medical consultation at Akobo Hospital in Jonglei State, South Sudan.

UNICEF continued to scale up life-saving health interventions in response to multiple public health emergencies, with a focus on cholera outbreak control and the delivery of essential primary health care services in high-risk and displacement-affected areas.

In April, UNICEF pre-positioned two Interagency Emergency Health Kits (IEHK 2024) in Rubkona, sufficient to provide essential primary health care services to approximately 20,000 people for three months. To strengthen emergency response capacity, UNICEF also deployed five high-performance tents (two 72m² and three 48m² units) to support the expansion of emergency health and integrated service delivery.

Through UNICEF-supported health facilities, 37,652 people accessed primary health care services, including 31,971 children and 5,681 women. Preventive health interventions also included the distribution of insecticide-treated mosquito nets to reduce the risk of malaria transmission.

UNICEF maintained close coordination with the Ministry of Health and partners to strengthen disease surveillance, outbreak preparedness, and response efforts, particularly in areas affected by displacement, insecurity, and heightened public health risks.

Despite these efforts, persistent disease transmission, population movements, access constraints, and funding shortfalls continued to limit the scale and reach of the response. Flexible funding remains critical to sustain outbreak control measures and ensure uninterrupted access to essential health services for vulnerable populations in high-risk and hard-to-reach locations.

Nutrition



Mothers gather at a nutrition site in Akobo, Jonglei State, South Sudan, to access nutrition services provided by UNICEF and partners, April 2026.

UNICEF and its nutrition partners continued supporting the Government of South Sudan to deliver lifesaving nutrition services across all 10 states and three administrative areas. The response focused on preventing and treating malnutrition among children and women, including the management of severe acute malnutrition (SAM), promotion of optimal infant and young child feeding (IYCF) practices, community-based screening, and caregiver counselling. Services were delivered through both health facilities and community platforms, ensuring access for populations affected by conflict, displacement, disease outbreaks, and food insecurity.

Maternal, Infant and Young Child Nutrition (MIYCN) remained a core component of the response. During the reporting period, 71,396 breastfeeding mothers with children aged 0–23 months received counselling through community volunteers and health workers. Sessions covered exclusive breastfeeding, appropriate complementary feeding, dietary diversification using locally available foods, hygiene practices, and timely health-seeking behaviour. Efforts to improve dietary diversity among young children were also strengthened to support better nutritional outcomes.

Treatment of severe acute malnutrition continued to be a priority. In April, 36,699 children aged 6–59 months were admitted for SAM treatment, including 19,429 girls and 17,169 boys. Programme performance remained strong, with a cure rate of 95.87 per cent, a defaulter rate of 1.58 per cent, and a death rate of 0.15 per cent—well within WHO Sphere standards. These results reflect the effectiveness and quality of services despite a challenging operational environment.

To sustain service delivery and strengthen preparedness for a potential increase in caseloads, UNICEF prepositioned and distributed essential nutrition supplies nationwide. During the reporting period, 16,800 cartons of Ready-to-Use Therapeutic Food (RUTF), 166 cartons of therapeutic milk, and 46,652 bottles of Amoxicillin were delivered to support SAM treatment. These supplies ensured continuity of care, particularly in hard-to-reach and emergency-affected areas.

Overall, UNICEF's nutrition response in April 2026 made a significant contribution to preventing and treating malnutrition among vulnerable populations. Continued investment in community-based services, treatment programmes, and supply chain systems remains critical to sustain gains and respond to persistent nutrition needs in a complex humanitarian context.

Child protection, GBViE and PSEA



Mothers wait to receive nutrition services provided by UNICEF and partners in Akobo, Jonglei State, South Sudan, April 2026.

During April 2026, UNICEF, in collaboration with child protection partners, sustained critical Child Protection in Emergencies (CPiE) interventions across South Sudan amid escalating conflict and displacement. The response prioritized access to essential protection services for vulnerable children and caregivers, including mental health and psychosocial support (MHPSS), case management, family tracing and reunification (FTR), and community-based child protection mechanisms.

Mental health and psychosocial support remained a cornerstone of the response. A total of 8,455 individuals, including children, adolescents, and caregivers, accessed MHPSS services through Child-Friendly Spaces, youth centres, safe spaces, and community platforms. This reflects a 20 per cent decrease compared to March 2026, primarily due to service disruptions caused by insecurity and population movements. For example, a youth centre in Abiemnhom County temporarily closed, while services in Akobo East and West were suspended due to displacement. Despite these constraints, expanded programming in Jonglei, Unity, and Upper Nile led to increased service uptake, indicating sustained demand for psychosocial support.

UNICEF and partners continued to provide individualized case management services to children at risk. In April, 454 children and adolescents received support, including assessment, care planning, referrals, and follow-up. Among them, 33 children with disabilities benefited from tailored services, reflecting continued efforts to strengthen inclusive programming.

Family separation remained a critical concern. During the reporting period, 68 unaccompanied and separated children were reunified with their families or placed in appropriate alternative care. This represents a 32 per cent increase compared to March, demonstrating strengthened family tracing and reunification efforts. Jonglei State accounted for 49 per cent of identified cases, followed by Malakal with 35 per cent, highlighting areas most affected by displacement.

Community-based child protection mechanisms remained central to UNICEF's response. These structures supported the identification and referral of vulnerable children, dissemination of protection messages, and community engagement, contributing to more timely and localized responses to protection risks.

Explosive Ordnance Risk Education (EORE) was delivered in Juba, Yambio, Torit, and Kapoeta, reaching 2,337 individuals through school- and community-based sessions. These activities aimed to reduce exposure to explosive hazards by promoting safe behaviours and awareness, particularly in high-risk and return areas.

Overall, UNICEF and partners maintained lifesaving child protection services despite access constraints and insecurity. The response demonstrated adaptability, with continued service delivery in priority locations and targeted expansion where feasible, ensuring vulnerable children and caregivers received essential protection support.

Water, sanitation and hygiene



Displaced families, mostly women and children, fled Duk to Marik and shelter in an IDP camp. UNICEF and partners provide clean water, purification supplies, and essential health and nutrition services

In April 2026, UNICEF continued delivering integrated Water, Sanitation, and Hygiene (WASH) interventions across emergency-affected and underserved areas of South Sudan, addressing critical humanitarian needs and mitigating cholera. The response prioritized safe water supply, sanitation, hygiene promotion, and risk communication in cholera hotspots, displacement sites, and other high-risk locations.

During the reporting period, 62,807 people were reached with hygiene promotion and risk communication and community engagement (RCCE) activities, strengthening awareness and adoption of key practices to prevent waterborne diseases. Additionally, 14,655 people gained access to safe, temporary water services through infrastructure rehabilitation and emergency supply interventions, while 1,238 people accessed improved sanitation facilities. UNICEF also distributed dignity kits to 103 women and girls, supporting menstrual hygiene management in vulnerable settings.

Access to safe water remained central to the response. UNICEF rehabilitated boreholes, hand pumps, and water yards in priority cholera-affected areas, restoring critical services. In Jonglei State alone, these interventions reached over 7,400 people through borehole rehabilitation and 4,500 through water yard rehabilitation. Similar efforts were implemented in Unity and Upper Nile states, improving access in conflict-affected and hard-to-reach areas and reducing reliance on unsafe water sources.

Hygiene promotion was the largest component of the response, with intensive community engagement in cholera hotspots and high-risk areas. Activities focused on promoting safe practices, encouraging early care-seeking, and strengthening awareness of cholera prevention. Jonglei State recorded particularly high outreach coverage through extensive community mobilization.

Despite progress, operational challenges persisted. Insecurity and access constraints in parts of Jonglei and Upper Nile limited reach and delayed implementation. Poor road conditions and logistical bottlenecks further hindered timely delivery of supplies, especially in

remote areas. Funding shortfalls and supply gaps also constrained the scale-up of interventions in emerging hotspots, increasing the risk of unmet needs.

Looking ahead, the anticipated onset of seasonal flooding presents additional risks. Above-average flooding is expected to drive displacement, contaminate water sources, disrupt services, and heighten disease outbreaks. UNICEF is strengthening preparedness through prepositioning of WASH supplies, contingency planning, and rapid rehabilitation of water infrastructure to ensure continued access.

Education



In Renk, Upper Nile State, South Sudan, displaced children gather at a transit centre after fleeing the ongoing conflict in Sudan.

UNICEF and partners continued to support access to safe, inclusive, and quality learning opportunities for vulnerable children through integrated education interventions across humanitarian and development settings. Efforts focused on strengthening service delivery, improving learning outcomes, and enhancing community engagement, particularly in displacements-affected and hard-to-reach areas of Upper Nile, Unity, and Jonglei.

During the reporting period, 108 teachers and facilitators (13 female) were trained in classroom management, foundational literacy and numeracy, and peace education. To strengthen school governance, 88 PTAs and SMCs received training on school management and accountability.

Access to education improved through the distribution of learning materials to 711 children (370 girls). UNICEF also supported the enrolment of 39 children with disabilities (19 girls) and established 14 alternative learning centres and flexible learning spaces to ensure continuity of learning.

Community mobilization—including back-to-learning campaigns, dialogues, and peace clubs—helped address barriers such as early marriage, gender inequality, and low parental engagement, contributing to improved enrolment and retention. Psychosocial support and dignity kits were provided to 244 adolescent girls.

UNICEF maintained close collaboration with State Ministries of Education and partners through joint monitoring, coordination, and curriculum distribution to strengthen programme quality and implementation.

Despite these achievements, education services continue to face significant challenges, including teacher attrition linked to delayed salaries, inadequate school infrastructure, overcrowded classrooms, shortages of qualified and female teachers, and access constraints caused by poor road conditions and localized insecurity. UNICEF

and partners continue to expand teacher support, strengthen community engagement, and scale up flexible learning approaches to reach vulnerable children in conflict-affected and hard-to-reach areas.

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



Women serving as members of the Boma Health Team pose for a photograph on a flood-isolated island in Bentiu, Unity State, South Sudan.

During the reporting period, UNICEF continued to support the coordination, implementation, and monitoring of Risk Communication and Community Engagement (RCCE) interventions at national and sub-national levels to strengthen preparedness and response to multiple public health emergencies. Efforts focused on promoting positive health-seeking behaviours, increasing demand for essential health services, and enhancing community engagement in response to cholera, polio, measles, Mpox, malaria, flooding, and other humanitarian priorities. UNICEF maintained leadership of RCCE technical working groups to ensure harmonized messaging and coordinated approaches across affected areas.

Malaria prevention was a key priority, supported through community engagement and demand generation linked to the distribution of Long-Lasting Insecticidal Nets (LLINs). During the reporting period, 1,013 community mobilisers were oriented and deployed to conduct house-to-house visits, community meetings, dialogue sessions, health talks, and radio listening groups. These activities promoted proper LLIN use, malaria prevention practices, and uptake of malaria vaccination services.

In parallel, UNICEF supported intensified RCCE interventions in cholera hotspot locations, including Aweil, Juba, Malakal, and Rubkona. A total of 1,763 community mobilisers engaged communities on cholera prevention, early care-seeking, and key public health behaviours, strengthening awareness and participation in response efforts.

Overall, SBC interventions reached 21,543 individuals (11,717 female and 9,826 male) with lifesaving information on cholera prevention, malaria control, vaccination, and other priority health topics. Additionally, 2,629 individuals (1,338 female and 1,291 male) participated in community dialogue sessions, creating space for discussion and collective problem-solving. Community feedback mechanisms remained integral, with 507 individuals (225 female and 282 male) providing input through structured platforms to inform programme improvements and responsiveness.

Mass media continued to expand outreach, particularly in hard-to-reach areas. Through partnerships with Eye Media and community radio stations, UNICEF supported 19 interactive radio talk shows and 1,912 radio jingles across 26 stations nationwide. Broadcasts

were delivered in multiple languages, including English, Arabic, Dinka, Nuer, Toposa, Bari, and others, ensuring broad accessibility. These efforts reinforced key public health messages and boosted demand for essential services, including vaccination and malaria prevention.

Moving forward, UNICEF will further strengthen RCCE and SBC interventions in areas affected by disease outbreaks, displacement, and flooding. Priorities include expanding community outreach, scaling up radio and mass media engagement, strengthening feedback systems, and enhancing coordination with partners to ensure timely, evidence-based, and community-responsive programming.

Social protection

UNICEF continued implementing shock-responsive social protection interventions to reduce economic vulnerability among households with young children and pregnant and breastfeeding women. Through the Shock-Responsive Cash Transfer (SRCT) programme and the Young Child Support Grant (YCSG), vulnerable households received predictable cash assistance alongside integrated health, nutrition, and protection services. The SRCT programme targets pregnant and lactating women and caregivers of children under two through a nutrition-focused Cash Plus approach, while the YCSG programme continued to expand support in priority locations.

In April 2026, cash assistance was delivered to 2,479 households across Yambio, Pariang, and Yida. Of these, 1,279 households were supported through SRCT in Yambio and Pariang, while 1,200 households benefited from YCSG in Yida. These transfers helped households meet basic needs and reduce reliance on negative coping mechanisms.

The Cash Plus component contributed to improved nutrition, health, and protection outcomes. During the reporting period, 2,612 individuals—including 1,213 children and 1,399 pregnant and breastfeeding women—were screened for malnutrition. A total of 112 children with Severe Acute Malnutrition (SAM) and 98 with Moderate Acute Malnutrition (MAM) were identified and referred for treatment. Additionally, 83 malnourished pregnant and breastfeeding women were referred for nutrition support. To promote improved feeding practices, 2,783 caregivers and pregnant women received counselling on Maternal, Infant and Young Child Nutrition (MIYCN).

Health service utilization was strengthened through referrals and outreach activities. During April, 894 children received routine vaccinations, 312 women received tetanus-containing vaccines, and 359 women were referred for antenatal care services, improving access to essential maternal and child health services.

Protection remained a key component of the response. During the reporting period, 2,476 women accessed gender-based violence (GBV) prevention and response services, enhancing access to critical protection support in high-risk settings.

Programme expansion and accountability efforts also progressed. Registration of 200 households was completed in Pibor under the SRCT programme. Post-Distribution Monitoring (PDM) in Aweil East captured feedback from 330 households, informing programme improvements and strengthening implementation quality. Two additional cash transfer cycles are planned for May 2026.

Overall, UNICEF's social protection response in April 2026 provided critical support to vulnerable households facing multiple shocks. By combining cash assistance with integrated services, the programme strengthened household resilience, improved access to essential services, and supported the wellbeing of women and children in some of the most vulnerable communities.

HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

Nutrition Cluster:

Nutrition Cluster partners continued to expand life-saving nutrition interventions across South Sudan during the reporting period. Between January and April 2026, a total of 352,307 children were admitted for treatment of severe acute malnutrition (SAM) and moderate acute malnutrition (MAM), compared to 342,460 admissions during the same period in 2025. This included 118,967 children admitted for SAM treatment and 233,340 for MAM treatment. Admissions among pregnant and breastfeeding women (PBW) also increased by 44.2 per cent, from 88,242 to 158,229. As of April 2026, programme coverage had reached 29 per cent of the annual target for SAM treatment, 35 per cent for MAM treatment, and 29 per cent for PBW, representing an overall achievement of 32 per cent against annual targets.

The increase in admissions reflects both improved access to nutrition services and growing humanitarian needs. Expanded community-based screening, active case finding, strengthened referral systems, enhanced outreach services, increased engagement of Community Nutrition Volunteers (CNVs), and improved availability and pre-positioning of nutrition supplies enabled earlier identification and treatment of malnutrition cases. At the same time, worsening food insecurity, displacement, disease outbreaks, and limited access to basic services in some locations contributed to increased levels of acute malnutrition and higher demand for treatment.

In Jonglei State, Nutrition Cluster partners sustained an emergency nutrition response in Akobo County. UNICEF, WFP, and WHO delivered essential nutrition and health supplies, including Ready-to-Use Therapeutic Food (RUTF), Corn Soy Blend Plus Plus (CSB++), and equipment for Stabilization Centres. Medair and MSF supported screening, outpatient therapeutic care, and stabilization services, while the Coalition for Humanity (CH) and Oxfam implemented Blanket Supplementary Feeding Programme (BSFP) distributions.

To strengthen evidence generation and response planning, the Nutrition Cluster, in collaboration with UN agencies and OCHA, continued promoting SMART surveys in priority locations through the South Sudan Humanitarian Fund (SSHF). The initiative targets 12 high-priority counties to improve nutrition surveillance and inform response strategies. In parallel, a new SSHF-funded nutrition response is being implemented in Nyirol and Uror counties in Jonglei State, Ulang and Nasir counties in Upper Nile State, and Abiemnhom County in Unity State. Allocation processes for an additional six counties are underway to further expand service coverage in areas with elevated humanitarian needs.

Nutrition Cluster coordination mechanisms continued to support integrated, multi-sectoral responses through close collaboration with Health, WASH, and Food Security and Livelihoods partners, strengthening service delivery and improving outcomes for vulnerable populations.

Water, Sanitation, and Hygiene (WASH) Cluster:

During the reporting period, the WASH Cluster and its partners continued to deliver essential services to conflict-affected, displaced, and vulnerable populations across South Sudan. These interventions addressed urgent WASH needs, reduced public health risks, and supported community resilience. Activities focused on expanding access to safe water, providing emergency WASH supplies, promoting hygiene practices, and improving sanitation services. The balanced reach across women, men, girls, and boys reflects a sustained commitment to equitable and inclusive service delivery.

A total of 97,462 people gained access to improved safe water sources through the rehabilitation and construction of hand pumps, solarized water systems, and water yards, including 22,632 boys, 23,278 girls, 24,019 men, and 27,533 women. Additionally, 53,716 people received emergency WASH kits to meet immediate needs (14,873 boys, 17,511 girls, 8,759 men, and 12,573 women). Hygiene promotion and behaviour change activities reached 62,224 people, strengthening community awareness and disease prevention measures, including 12,812 boys, 13,748 girls, 14,488 men, and 21,176 women. Furthermore, 23,622 people accessed improved sanitation facilities (4,814 boys, 4,900 girls, 4,763 men, and 9,145 women).

WASH partners continued to scale up response activities in priority locations. In Akobo County (Jonglei State), UNICEF, through MEDAIR, airlifted WASH supplies to support 527 households, with plans to reach up to 3,000 households across Akobo East and West. In Ayod County, assessments of 19 hand pumps serving approximately 9,500 people were completed, informing planned rehabilitation and the construction of 20 communal latrines. A request for 1,800 WASH kits and spare parts has been submitted to support the response. In parallel, DRC and YSAT continued hygiene promotion activities targeting 1,000 households and conducted a Knowledge, Attitudes and Practices (KAP) survey to inform programming. In Aweil East County (Northern Bahr el Ghazal), DRC completed beneficiary registration for the distribution of 500 WASH kits. In Rokon (Central Equatoria), Solidarités International deployed teams to displacement sites hosting internally displaced persons from Mundri West County, where technical verification and needs assessments are ongoing to guide interventions.

Humanitarian operations continue to face significant access and operational constraints due to insecurity and logistical challenges, limiting the ability of partners to reach affected populations in several areas. The destruction and deterioration of water infrastructure further reduce access to safe water, while poor road conditions and anticipated seasonal flooding are expected to disrupt operations and the movement of supplies.

The delayed procurement of WASH supplies under the CERF-funded UNICEF response continues to hinder timely scale-up, with nearly three months elapsed since project implementation began in February 2026. Limited technical and operational capacity within local line ministries also constrains the sustainable operation and maintenance of WASH infrastructure in the absence of continued humanitarian support. In addition, high taxation, rising transportation costs, and prolonged customs clearance processes continue to delay the delivery of critical supplies, affecting the timeliness and efficiency of response efforts.

Education Cluster:

Education Cluster partners continued to deliver timely and targeted Education in Emergencies (EiE) interventions in high-risk and conflict-affected areas, prioritizing sustained access to quality learning opportunities for vulnerable children in both formal and non-formal settings. During the reporting period, 32,939 children (13,882 boys and 19,057 girls) accessed formal and non-formal education programmes through enrolment campaigns, community mobilization, and advocacy to promote school attendance.

To support continuity of learning and reduce barriers to access, 17,625 children (8,197 boys and 9,431 girls) received essential learning materials. These distributions helped ease financial pressures on vulnerable households while enabling children to continue their education. In addition, 171 teachers (131 male and 40 female) were trained in Education in Emergencies and child-centred pedagogical approaches, strengthening their capacity to deliver quality instruction and support catch-up learning for children affected

by prolonged disruptions.

Teacher support remained a key priority, with 4,638 volunteer teachers (2,758 male and 1,880 female) receiving incentives to sustain teaching activities and reduce absenteeism. To address the psychosocial impacts of conflict and displacement, 10,268 children (6,922 boys and 3,346 girls) received recreational kits and participated in structured activities aimed at promoting psychosocial well-being, restoring a sense of normalcy, and supporting recovery from distress.

Despite these efforts, significant challenges continue to affect access to education and the effectiveness of the response. Rising dropout rates and low enrolment persist, particularly among displaced and vulnerable children, driven by insecurity, displacement, destruction of learning spaces, economic hardship, and protection concerns. Insecurity and renewed conflict continue to disrupt school attendance in several locations.

Severe funding shortfalls remain a critical constraint to the education response. With only 10 per cent of sector funding requirements met and no allocations received from pooled funding mechanisms to date, partners face significant limitations in scaling up interventions. This gap continues to affect the provision of learning materials, teacher incentives, rehabilitation of learning facilities, and expansion of education services to newly affected populations. Teacher absenteeism—linked to inadequate and irregular incentives—also remains a persistent challenge, undermining the continuity and quality of learning.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA



Munuki Primary Health Care Centre - Juba South Sudan

Opening a door to knowledge and safety for Mothers:

Celebrating maternal and neonatal tetanus elimination in South Sudan

South Sudan achieved elimination of MNT through Ministry of Health-led efforts supported by UNICEF. Interventions included training health workers and expanding vaccination among women of childbearing age. Facilities such as Munuki PHCC in Juba continue to provide antenatal counselling and routine immunisation, sustaining gains in maternal and newborn health.

<https://www.unicef.org/southsudan/stories/opening-door-knowledge-and-safety-mothers>

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 JUNE 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	129,827	▲ 5%	-	-	-
Children vaccinated against measles, supplemental dose	Total	-	3 million	31,607	▲ 1%	-	-	-
People receiving insecticide treated nets	Total	-	221,016	439 ⁹	0%	-	-	-
Nutrition ¹⁰								
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	107,668	▲ 7%	646,362	107,668	▲ 6%
Primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	-	947,214	369,880	▲ 8%	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 ¹¹	47	0%	58,543	-	0%
Child protection and GBViE								
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	92,399	39,903	▲ 9%	-	- ¹²	-
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	105,600	37,761	▲ 17%	-	-	-
Children who have received individual case management	Total	-	4,900	1,585	▲ 9%	-	-	-
Adults trained on EORE and conduct EORE school/community-based awareness sessions reaching children and adults	Total	-	45,000	8,907	▲ 5%	-	-	-
Education								
Children accessing formal or non-formal education, including early learning	Total	-	159,531	12,202	▲ 3%	779,622	115,007	▲ 4%
Children receiving individual learning materials	Total	-	159,531 ¹³	4,706	0%	779,622	44,672	▲ 2%
Teachers and facilitators trained in basic pedagogy and/or mental health and psychosocial support	Total	-	1,600 ¹⁴	72	0%	11,137	726	▲ 2%
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	71,312	▲ 3%	2.2 million	409,732	▲ 4%
People accessing appropriate sanitation services	Total	-	223,000	9,943	▲ 1%	758,691	89,655	▲ 3%
People reached with critical WASH supplies	Total	-	223,000 ¹⁵	28,168	0%	1.3 million	303,680	▲ 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 ¹⁶	1,096	▲ 22%	-	-	-
People reached with timely and life-saving information on how and where to access available services	Total	-	1.3 million	98,483 ¹⁷	▲ 2%	-	-	-
People engaged in reflective dialogue through community platforms	Total	-	91,350 ¹⁸	43,284 ¹⁹	▲ 3%	-	-	-
People sharing their concerns and asking questions through established feedback mechanisms	Total	-	91,350	6,107 ²⁰	▲ 1%	-	-	-
PSEA								
People who have access to a safe and accessible channel to report sexual exploitation and abuse by aid workers	Total	-	1 million ²¹	225,279	▲ 9%	-	-	-

*Progress in the reporting period 1 April - 30 April

ANNEX B — FUNDING STATUS

Consolidated funding by sector

		Funding available		Funding gap	
Sector	Requirements ²²	Humanitarian resources received in 2026	Resources available from 2025 (carry over)	Funding gap (US\$)	Funding gap (%)
Nutrition	104,363,745	9,663,441	28,253,591	66,446,713	64%
Child protection and GBVIE	16,883,917	5,994,993	5,295,455	5,593,469	33%
Education	11,773,388	-	2,525,408	9,247,980	79%
Cross-sectoral	5,022,829	1,892,661	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	1,433,840	5,200,354	8,757,105	57%
WASH	34,717,650	6,032,300	4,716,618	23,968,732	69%
Total	196,751,227	25,017,235	53,305,403	118,428,589	60%

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

Who to contact for further information:

ENDNOTES

1. South Sudan Refugee and Returnee Arrivals Dashboard, accessed 9 May 2026.
2. South Sudan: Humanitarian Snapshot (April 2026)
3. SOUTH SUDAN: IPC Acute Food Insecurity and Malnutrition Snapshot | April - July 2026
4. World Health Organization. (2025). Cholera dashboard. Retrieved from https://worldhealthorg.shinyapps.io/cholera_dashboard/ Accessed on: 10/05/2026
5. South Sudan: Humanitarian Snapshot (April 2026)
6. OCHA South Sudan: Humanitarian Access Snapshot (April 2026)
7. WFP South Sudan Market Monitoring Update and Minimum Expenditure Basket Analysis, April 2026; Food Security and Livelihoods Cluster (FSLC) Market Updates; IPC Acute Food Insecurity Analysis, April–July 2026.
8. South Sudan: Humanitarian Snapshot (April 2026)
9. This indicator was incorrectly reported in March, with mass distribution figures recorded instead of routine net distribution data. The figures have now been corrected to accurately reflect routine net distribution.
10. These targets are based on HNRP data as well as IPC analysis report for November 2025.
11. 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.
12. 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.
13. It is assumed that all children aged 3–17 enrolled in schools will receive individual learning materials.
14. The estimated teacher-pupil ratio in emergencies is 1:100 considering approximately 160,000 pupils/learners.
15. 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.
16. The multi-purpose cash assistance programme will target vulnerable households affected by flooding, conflict, or economic hardship.
17. This figure was previously reported as 301,187 in the last SitRep. Following verification, the correct figure is 76,940, which reflects the cumulative total for January, February, and March.
18. Estimates based on community feedback data being reported through social and behaviour change-supported feedback mechanisms.
19. The figure of 16,241 reported in the last SitRep reflected January achievement only. The updated figure of 40,655 now represents the cumulative total achievement for the three months.
20. This figure was previously reported as 16,241 in the last SitRep. Following verification, the correct figure is 5,600, which reflects the cumulative total for January, February, and March.
21. 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.
22. 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.