UNICEF South Sudan/Daniel Oloo

A young girl attends class at Malakal Primary School in Upper Nile State in June 2026. Access to education provides children with a sense of stability, protection, and hope during times of crisis.

unicef for every child

Humanitarian Situation Report No. 5

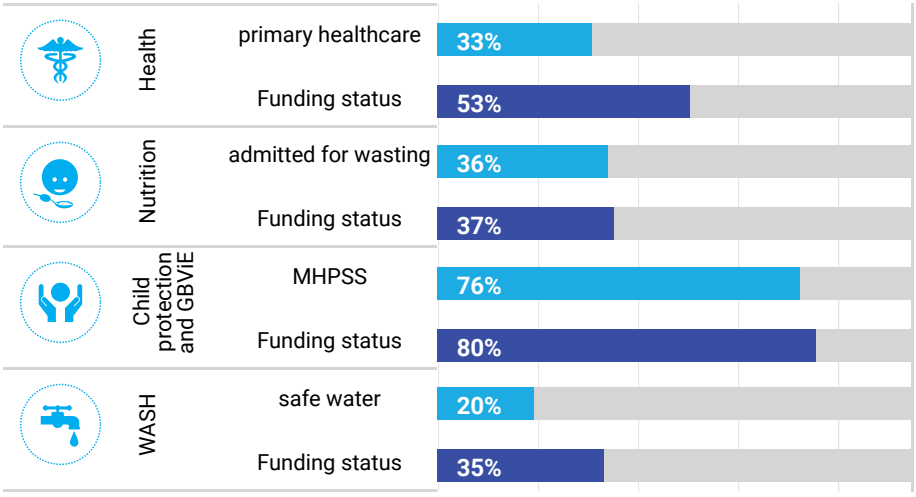
Reporting Period
1 January to 30 June 2026

South Sudan

HIGHLIGHTS

- Conflict and localized violence displaced more than 428,000 people between January and June, with Jonglei State accounting for 60 per cent of the displacements. The unrest heightened protection risks and strained services, particularly for children and women.
- Family tracing and reunification efforts enabled 491 unaccompanied and separated children to reunite with their families, a substantial increase from the same period in 2025, reflecting strengthened child protection response capacity.
- Multiple disease outbreaks continued to strain the health system. Since the cholera outbreak began in October 2024, 107,779 cases and 1,706 deaths had been reported by the end of June. Concurrent outbreaks of mpox, measles, cVDPV1, hepatitis E, and dengue further increased health risks for children, while Ebola remained a imminent risk despite no confirmed cases[1].
- The 2026 Humanitarian Action for Children (HAC) appeal remains 44 per cent funded, with shortfalls in the education and WASH sectors, limiting response amid rising needs.

UNICEF RESPONSE AND FUNDING STATUS*



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

SITUATION IN NUMBERS

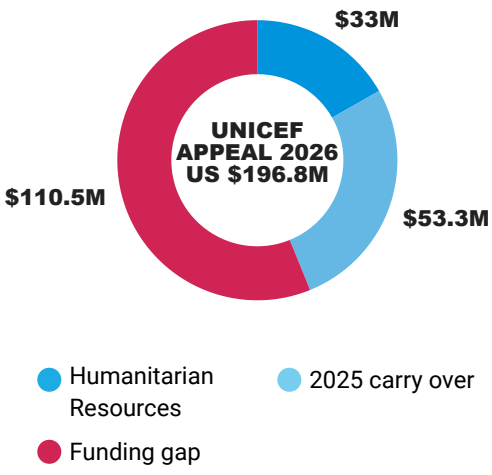
5,000,000
Children in need of humanitarian assistance

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 the scale and severity of humanitarian needs, available resources remain insufficient to meet the growing needs of children and vulnerable communities across South Sudan. As of mid-2026, the HAC appeal remains only 44 per cent funded. Without additional investment, millions of children face increased risks of reduced access to safe water, learning opportunities, nutrition treatment, primary health care, protection services, and other critical interventions at a time when needs are increasing.

In an environment characterized by escalating conflict, displacement, disease outbreaks, and climate-related shocks, flexible funding remains indispensable for rapid and adaptive humanitarian action. Such funding enables UNICEF to respond quickly to emerging crises, direct resources to the most affected locations, and sustain life-saving support for children and families. However, continued funding constraints threaten to undermine response efforts, leaving vulnerable populations exposed to heightened risks, including malnutrition, disease, protection violations, and prolonged disruptions to essential services.

UNICEF extends its sincere appreciation to its donors, government counterparts, United Nations agencies, and implementing partners for their invaluable support and collaboration. Their support has enabled the delivery of critical assistance across health, nutrition, WASH, education, child protection, and social protection programmes, while strong coordination has helped sustain operations in some of the country's most challenging environments.

SITUATION OVERVIEW AND HUMANITARIAN NEEDS

South Sudan entered 2026 in the grip of a deepening, multi-layered crisis where conflict, the continued impact of the Sudan crisis, hunger, disease outbreaks, displacement, climate shocks, economic fragility, and constrained humanitarian access converged to drive escalating humanitarian needs. Across the country, violence uprooted communities, disease outbreaks spread through fragile systems, food insecurity reached catastrophic levels, and humanitarian partners struggled to reach the most vulnerable in an increasingly insecure and constrained operating environment. Throughout the first half of the year, these overlapping shocks intensified humanitarian needs, with children, women, displaced populations, returnees and communities in hard-to-reach areas bearing the greatest burden.

With this backdrop of crisis, the humanitarian situation in South Sudan deteriorated significantly during the first half of 2026 as escalating national and localized conflict, intercommunal violence, and climate-related shocks triggered large-scale population movements and exacerbated humanitarian needs. Between January and June, an estimated 428,274 people had been newly displaced, with the highest concentrations recorded in Jonglei (261,578), Upper Nile (48,066), and Lakes (28,860) states. Conflict remained the primary driver of displacement, alongside localized violence and recurrent disasters, forcing vulnerable families to flee repeatedly in search of safety and basic services. At the same time, the ongoing conflict in Sudan continued to drive cross-border humanitarian needs.[2] By the end of June, South Sudan had received more than 1.4 million refugees, returnees and third-country nationals since April 2023, including nearly 90,000 new arrivals during the first half of 2026.[3]

According to the Integrated Food Security Phase Classification (IPC) Projection Update released in April 2026, an estimated 7.8 million people, representing approximately 56 per cent of South Sudan's population, were projected to face Crisis or worse levels of acute food insecurity (IPC Phase 3+) between April and July 2026, including about 73,000 people in Catastrophe (IPC Phase 5). Compared with the previous IPC analysis conducted in September 2025, the number of people facing severe food insecurity increased by approximately 280,000, while the risk of famine under a plausible worst-case scenario expanded from one to four counties: Akobo and Nyirol in Jonglei State, and Luakpiny/Nasir and Ulang in Upper Nile State. The accompanying IPC Acute Malnutrition Projection Update for April to June 2026 estimated that 2.2 million children aged 6–59 months and 1.2 million pregnant and breastfeeding women would require treatment for acute malnutrition, highlighting the severity of the nutrition situation during the period. In addition, 10 counties and the Abyei Administrative Area were classified in IPC Acute Malnutrition Phase 5 (Extremely Critical), underscoring the critical nutrition needs across the country.[4]

Public health emergencies continued to exacerbate humanitarian needs and place immense strain on South Sudan’s fragile health system during the first half of 2026. While cholera remained the country’s most significant public health threat, the epidemiological situation improved markedly, with a sustained decline in new cases despite 107,779 cumulative cases and 1,706 deaths reported by the end of June. However, local transmission persisted in several hotspot counties, particularly Renk (Upper Nile State); Mayom, Leer, Rubkona, Guit and Panyijar (Unity State); and Awerial (Lakes State), underscoring the need for intensified WASH interventions and targeted oral cholera vaccine (OCV) mop-up campaigns. South Sudan also continued to respond to the ongoing mpox outbreak, which had recorded a cumulative 113 confirmed cases and two deaths by the end of June, alongside concurrent outbreaks of measles, circulating vaccine-derived poliovirus (cVDPV1), hepatitis E and dengue fever.[5]

Humanitarian access remained severely constrained throughout the first half of 2026, significantly limiting the ability of humanitarian actors to reach populations most in need of assistance. Between January and June, 391 humanitarian access incidents were reported nationwide, a 62 per cent increase compared to the same period in 2025. Access constraints were most acute in Upper Nile, Jonglei, Unity and Greater Equatoria, where ongoing conflict, violence, movement restrictions, bureaucratic impediments and operational interference disrupted humanitarian operations. The operating environment also became increasingly insecure, with heightened risks to humanitarian personnel and assets further constraining operational capacity. Administrative restrictions, illegal checkpoints, interference in humanitarian programming, and the onset of the rainy season compounded these challenges by delaying the movement of personnel and critical relief supplies, thereby reducing humanitarian reach and limiting timely assistance to conflict-affected, displaced and other vulnerable populations across several priority locations.[6]

The crisis is further compounded by South Sudan’s fragile economic environment, characterized by persistent inflation, high food and fuel prices, market volatility, and weakened household purchasing power. Economic pressures continue to be felt across the country, limiting access to essential goods and services and reducing the ability of vulnerable households to absorb and recover from recurrent shocks. The combined effects of rising commodity prices, livelihood losses, disrupted trade routes, and constrained market access have significantly affected food availability and affordability, particularly in conflict- and climate-affected areas. For many households, income has failed to keep pace with the increasing cost of living, forcing families to adopt negative coping strategies and increasing their dependence on humanitarian assistance.[7]

Recognizing the scale and complexity of the crisis, UNICEF

activated a Level 2 emergency response in March 2026 to scale up and accelerate the delivery of integrated humanitarian assistance. The activation enabled the rapid deployment of surge capacity, streamlined emergency procedures, strengthened cross-sector coordination, and enhanced support to frontline operations in priority and hard-to-reach locations. UNICEF also scaled up multi-sectoral Rapid Response Mechanism (RRM) missions, including in Akobo County, Jonglei State, where integrated life-saving assistance was delivered before transitioning to partner-led service delivery to ensure continuity and facilitate the scale-up of interventions.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

Health

UNICEF South Sudan/Daniel Oloo

A mother with her sick child at Renk Hospital in Upper Nile State, South Sudan, where children and families affected by the humanitarian crisis continue to access essential health services.

UNICEF and partners continued to deliver life-saving health services across South Sudan during the first half of 2026. Response efforts focused on sustaining essential primary health-care services while strengthening preparedness and response to major public health threats, including cholera, measles, mpox, malaria, circulating vaccine-derived poliovirus type 2 (cVDPV2), and the potential importation of Ebola/Bundibugyo virus disease (BVD).

Between January and June, 234,060 children and women accessed primary health-care services through UNICEF-supported facilities and outreach interventions. Access to services increased significantly during the second quarter, reflecting the expansion of emergency service delivery, the release of essential medicines and supplies, and strengthened support to frontline partners operating in high-risk and crisis-affected areas. In addition, 17,552 children were vaccinated against measles through targeted outbreak response campaigns.

At the peak of the conflict in Jonglei State, UNICEF visited Chuil and Yuai in April to assess the humanitarian impact of the crisis and the needs of displaced and conflict-affected populations. The mission informed response planning and facilitated the delivery of essential health supplies, strengthening frontline health services and expanding access to life-saving care for vulnerable communities in hard-to-reach areas. Beyond emergency response activities, UNICEF also supported nationwide malaria prevention efforts through the ongoing distribution of long-lasting insecticidal nets (LLINs), contributing to increased protection against malaria among vulnerable populations across South Sudan. UNICEF supported the continuity of critical health services, including maternal and newborn care, management of malaria and childhood illnesses, treatment of acute watery diarrhoea and cholera, routine child health services, and referral care.

Cholera remained the most significant public health emergency during the reporting period. While new infections declined in many areas, cumulative cases continued to rise, with active transmission persisting in several hotspots. UNICEF supported integrated cholera response efforts through the provision of emergency health supplies, support to oral rehydration points and treatment facilities, community-based case management, targeted oral cholera vaccination campaigns, and strengthened coordination with WASH and Risk Communication and Community Engagement (RCCE) partners.

UNICEF also strengthened national and subnational preparedness for the potential importation of Ebola/Bundibugyo virus disease. In collaboration with the Ministry of Health and partners, preparedness efforts focused on surveillance, infection prevention and control, case management, logistics, community engagement, and readiness at key points of entry. Essential protective equipment and infection prevention supplies were pre-positioned, health facilities were assessed and strengthened, and community-based awareness activities were expanded in high-risk border areas. Support was also provided to strengthen alert management and community reporting systems to facilitate the early detection and referral of suspected cases.

The operating environment remained highly challenging throughout the reporting period. Conflict and insecurity disrupted health-service delivery in several locations, particularly in Jonglei, Unity, and Upper Nile states, while displacement increased disease transmission risks and placed additional pressure on already fragile health systems. Damage to health facilities, logistical constraints, high transportation costs, and access limitations affected the continuity of care and reduced the ability of partners to reach vulnerable populations. Funding shortfalls further constrained the scale of response, limiting the expansion of outbreak control interventions, commodity replenishment, and support to hard-to-reach facilities.

Nutrition

UNICEF South Sudan/Raut

A child is screened for acute malnutrition at Chemedi PHCC in Renk County, Upper Nile State, South Sudan. UNICEF supports the facility to provide essential nutrition services for vulnerable children.

UNICEF and partners continued to deliver life-saving nutrition services across South Sudan. Between January and June, 197,262 children with severe acute malnutrition (SAM) were admitted for treatment through outpatient therapeutic programmes and stabilization centres, representing 36 per cent of the annual HAC target and an increase of more than 63,000 children compared to the

same period in 2025. A further 7,123 children with medical complications received specialized care through stabilization centres.

Preventive nutrition interventions were also expanded during the reporting period. A total of 373,398 caregivers of children aged 0-23 months received infant and young child feeding counselling through facility- and community-based platforms. In addition, 28,939 support groups remained operational, facilitating more than 65,000 group counselling sessions to promote optimal feeding practices, strengthen community awareness, and prevent malnutrition among vulnerable populations.

UNICEF scaled up its emergency nutrition response in conflict- and displacement-affected areas through integrated humanitarian interventions. At the height of the conflict in Jonglei State, UNICEF conducted a field mission to Chuil and Yuai to assess the humanitarian situation and urgent needs of internally displaced and conflict-affected populations. The mission facilitated the delivery of critical nutrition supplies and informed the scale-up of the nutrition response. Following the deterioration of the situation in Akobo East, UNICEF deployed a Rapid Response Mission (RRM) and subsequently transitioned service delivery to implementing partners to ensure continuity of care. During the reporting period, 12 Outpatient Therapeutic Programme (OTP) sites and two Stabilization Centres (SCs) were reactivated, enabling the treatment of 3,784 children with severe acute malnutrition, while 4,034 pregnant and breastfeeding women and caregivers received infant and young child feeding counselling.

To strengthen the quality, accountability, and sustainability of nutrition services, UNICEF supported capacity development for government counterparts and implementing partners, including the expansion of Last Mile Supply Monitoring (LMSM) systems to improve the tracking, availability, and accountability of essential nutrition commodities. UNICEF also continued supporting the Ministry of Health in finalizing the Universal Salt Iodization Strategy, which aims to strengthen the prevention of micronutrient deficiencies and improve nutrition outcomes among children and women.

Child protection, GBViE and PSEA

UNICEF South Sudan/Amuda James

Boys play a game of Ludo at Bulukat Transit Centre in Malakal, Upper Nile State, South Sudan, as children engage in recreational activities that support their wellbeing and psychosocial recovery.

UNICEF and child protection partners continued to deliver life-saving protection services to vulnerable children and communities across South Sudan. The protection environment deteriorated during the reporting period, with verified grave violations against children nearly doubling compared to the same period in 2025.

Between January and June, UNICEF-supported child protection services reached children and caregivers through an integrated package of case management, mental health and psychosocial support (MHPSS), family tracing and reunification, gender-based violence (GBV) response, and mine risk education. Structured and non-structured MHPSS services delivered through 102 Child-Friendly Spaces and Youth Centres reached 70,510 individuals, including children, adolescents, and caregivers.

UNICEF and partners provided individualized case management services to 2,714 vulnerable children and adolescents, including 260 children with disabilities, ensuring access to appropriate care, protection, and referral services. Family tracing and reunification efforts resulted in 491 unaccompanied and separated children being reunited with their families, representing a significant increase compared to the same period in 2025.

Gender-based violence prevention, risk mitigation, and response services reached 67,006 individuals, with interventions focused on strengthening survivor-centred services, community engagement, and risk reduction in high-risk locations. In response to escalating conflict and displacement, emergency GBV programming was expanded in Jonglei and Upper Nile states to provide life-saving support to women and girls in affected communities.

To reduce the risks posed by explosive ordnance, UNICEF-supported mine risk education activities reached 13,072 people with information on explosive hazard awareness, safe behaviours, and reporting mechanisms. Increased community awareness contributed to improved reporting of unexploded ordnance and strengthened efforts to prevent injuries and deaths among children and communities in affected areas.

Water, sanitation and hygiene

UNICEF South Sudan/Daniel Oloo

A boy walks to a UNICEF-supported water point to collect safe drinking water at Chemedi Settlement, Renk County, Upper Nile State, South Sudan. June 2026.

UNICEF and partners continued to deliver critical WASH services during the reporting period. Between January and June, 105,873 people gained access to safe drinking water, while 11,343 people accessed safe and gender-sensitive sanitation services. UNICEF also provided essential WASH supplies to 51,568 people and reached 318,198 people with hygiene promotion activities aimed at preventing cholera and other waterborne diseases, including messaging on handwashing with soap, household water treatment, safe water storage, and improved sanitation practices.

Efforts included the pre-positioning of emergency WASH and IPC supplies, readiness and risk assessments in high-risk counties, support to health facility preparedness, and improvements to water supply systems at strategic facilities. UNICEF supported the

installation of a Surface Water Treatment (SWAT) system in Chuil to restore access to safe water for conflict-affected populations and reduce the risk of waterborne disease outbreaks at the peak of the crisis. Additional investments included improvements to water supply systems at Juba International Airport and the national infectious disease isolation unit. These measures strengthened preparedness to prevent, detect and respond to public health threats, including cholera and other waterborne diseases..

Despite these efforts, continued insecurity, conflict-related displacement, damage to WASH infrastructure, humanitarian access constraints, logistical bottlenecks, and significant funding shortfalls limited the scale and reach of the response, particularly in Jonglei, Unity, and Upper Nile states. These constraints continued to affect the ability of partners to sustain and expand essential WASH services in high-need and hard-to-reach areas.

Education

UNICEF South Sudan/Amuda James

Primary 2 pupils attend class at Malakal Primary School, Upper Nile State, South Sudan, in June 2026. UNICEF supports the school to provide children with safe and inclusive learning opportunities.

UNICEF and its partners sustained the delivery of education services across affected areas, prioritizing vulnerable children, including refugees, returnees, internally displaced children, girls, and out-of-school learners. Working closely with the Ministry of General Education and Instruction and education partners, UNICEF implemented a combination of Education in Emergencies, early childhood education, community engagement, and system-strengthening interventions to ensure continuity of learning and improve access to safe and inclusive education opportunities.

During the reporting period, UNICEF supported 138,769 children to access formal and non-formal education opportunities, achieving 68 per cent of the annual target and maintaining near gender parity between girls and boys. Results were driven by the expansion of learning opportunities in underserved and emergency-affected areas, sustained community mobilization efforts, and the implementation of flexible approaches that enabled vulnerable children, including out-of-school adolescents, to return to learning.

UNICEF also recorded strong progress in early childhood education, reaching 1,267 children and surpassing planned targets. This was achieved through the establishment of new early childhood education centres, particularly in refugee-hosting communities, and the provision of early learning and development materials. These interventions were complemented by integrated services, including nutrition and child protection support, contributing to improved learning environments and overall child wellbeing.

Community engagement remained central to programme implementation. UNICEF strengthened the capacity and participation of School Management Committees and Parent-Teacher Associations, enabling communities to play a more active role in school management, accountability, learner enrolment, and retention. Increased community ownership contributed to improved support for education activities and enhanced the sustainability of interventions at the local level.

To improve the quality of learning, UNICEF continued to support teacher development initiatives and the provision of teaching and learning materials, although coverage remained constrained by resource limitations and operational challenges. Preparations were advanced for additional teacher training and the rollout of structured pedagogy approaches aimed at strengthening classroom instruction and improving learning outcomes.

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.

During the first half of 2026, UNICEF Social and Behaviour Change (SBC), in collaboration with the Ministry of Health, State Ministries of Health, County Health Departments, and partners, supported integrated RCCE interventions across development and humanitarian programmes.

As part of preparedness efforts for the heightened regional risk of Ebola/Bundibugyo virus disease, UNICEF and the Ministry of Health conducted preparedness assessments in Western Equatoria, Eastern Equatoria, and Central Equatoria States, focusing on key border entry points in Nimule, Nabiapai, and Sakure. The assessments helped identify community engagement, risk communication, and readiness gaps to inform preparedness planning and strengthen early warning, community awareness, and response capacities in high-risk locations.

Community engagement activities were scaled up through collaboration with national and state health authorities, WHO, media partners, and local structures. More than 10,000 community mobilizers reached 49,483 people with health promotion and disease prevention messages related to cholera, oral cholera vaccination, measles, polio, PCV catch-up campaigns, and Ebola awareness. Radio remained a key communication channel, with 27 radio stations broadcasting weekly jingles and interactive talk shows in 13 local languages, reaching more than 4.2 million people nationwide. Community dialogues, megaphone announcements, and other outreach activities reached an additional 146,649 people, while 664 radio listener groups facilitated the dissemination of integrated messages on cholera prevention, Ebola preparedness, measles, and nutrition across multiple states. To support interpersonal

communication and public awareness efforts, 10,825 contextualized information, education and communication (IEC) materials were produced and distributed across all ten states and three administrative areas.

UNICEF and RCCE partners also strengthened community feedback mechanisms to ensure community concerns and information needs informed response interventions. Through hotline 6666 and other feedback channels, communities shared concerns and sought information primarily related to Ebola preparedness, cholera, malaria, immunization, and education. The Boma Health Initiative continued to promote positive behaviours and community engagement across health, nutrition, WASH, education, and child protection programmes. During the reporting period, 910 Boma Health Workers across 13 counties in six states were oriented on interpersonal communication and human-centred community dialogue approaches, while 9,013 community concerns and feedback submissions were recorded through various engagement platforms.

Social protection

During the first half of 2026, UNICEF scaled up social protection interventions across South Sudan through the Shock-Responsive Cash Transfer (SRCT), Young Child Support Grant (YCSG) and Multi-Purpose Cash Assistance (MPCA) programmes, providing critical assistance to vulnerable households affected by conflict, economic hardship, climate shocks and disease outbreaks. In close collaboration with government counterparts, implementing partners, Financial Service Providers and community structures, UNICEF delivered cash assistance and integrated Cash Plus services across 13 operational locations, strengthening household resilience and improving access to essential nutrition, health and protection services for women and children.

Between January and June, UNICEF reached 10,866 unique households, including 7,097 households through SRCT, 2,673 through YCSG and 1,096 through MPCA. Cash assistance was delivered across Abyei, Aweil Centre, Aweil East, Bentiu, Bor, Kuajok, Rubkona, Yambio, Pariang, Torit, Yida, Pibor and Malakal through multiple payment cycles, ensuring vulnerable households maintained access to basic necessities during a period of sustained humanitarian need.

Alongside cash assistance, UNICEF continued implementing the Cash Plus approach to enhance the impact of social protection programming. A total of 7,935 individuals received malnutrition screening, including 4,606 children and 3,329 pregnant and breastfeeding women. Screening identified 262 children with severe acute malnutrition and 431 children with moderate acute malnutrition, while 270 malnourished pregnant and breastfeeding women were referred for appropriate services. In addition, 9,297 caregivers and pregnant or breastfeeding women received Maternal, Infant and Young Child Nutrition counselling, 3,692 children were vaccinated, 713 women received tetanus vaccination, and 833 women were referred for antenatal care services. Gender-based violence prevention and response remained a core component of programme delivery, with 10,775 women accessing GBV-related services and referrals.

To strengthen accountability to affected populations, UNICEF maintained functional complaints and feedback mechanisms, help desks and GBV referral pathways throughout programme implementation. Post-Distribution Monitoring was conducted among 1,781 households to assess programme performance, beneficiary satisfaction and service quality, with findings informing ongoing programme improvements and operational adjustments.

Despite implementation challenges, including limited staffing capacity, liquidity constraints affecting cash availability, biometric verification disruptions and delays linked to payment processing, UNICEF worked closely with partners and service providers to minimize interruptions and sustain programme delivery.

HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

Nutrition Cluster:

Despite a significant deterioration in the operational and funding environment during the first half of 2026, Nutrition Cluster partners continued to deliver life-saving nutrition services across South Sudan. Partners sustained treatment and prevention interventions to address rising levels of acute malnutrition and protect the nutritional status of vulnerable children and women.

Between January and June 2026, a total of 760,570 beneficiaries were reached through Community-based Management of Acute Malnutrition (CMAM) programmes, including 197,262 children with Severe Acute Malnutrition (SAM) enrolled in Outpatient Therapeutic Programmes, 341,047 children with Moderate Acute Malnutrition (MAM) treated through Supplementary Feeding Programmes, 7,123 admissions to Stabilization Centres, and 222,261 pregnant and breastfeeding women (PBW) receiving nutritional support. In addition, preventive nutrition interventions reached vulnerable populations through Blanket Supplementary Feeding Programmes (BSFP), supporting 180,371 children aged 6–23 months and 135,546 pregnant and breastfeeding women.

Progress was recorded against 2026 Humanitarian Needs and Response Plan (HNRP) targets despite worsening humanitarian conditions. By the end of June, partners had reached 36 per cent of the annual SAM target, 51 per cent of the MAM target, and 41 per cent of the PBW target, representing improvements compared with the same period in 2025, when coverage stood at 27 per cent, 42 per cent, and 35 per cent, respectively.

Preventive nutrition programming also remained a key component of the response. A total of 28,939 Infant and Young Child Feeding (IYCF) support groups remained operational during the reporting period, facilitating 65,721 group counselling sessions that promoted optimal infant and young child feeding practices, strengthened community awareness, and supported the prevention of malnutrition among vulnerable populations.

To address areas facing the highest burden of acute malnutrition, the Nutrition Cluster and partners developed and implemented emergency nutrition scale-up plans targeting priority counties classified under IPC Acute Malnutrition Phase 5, including counties in Jonglei, Upper Nile, Unity State, and the Abyei Administrative Area. The scale-up strategy was designed to expand access to treatment and preventive nutrition services in locations affected by severe food insecurity, conflict, displacement, disease outbreaks, and reduced access to basic services. However, significant resource gaps continue to constrain implementation, with an estimated USD 13.1 million required for the emergency scale-up response, of which only USD 6.5 million had been secured by mid-year.

Water, Sanitation, and Hygiene (WASH) Cluster:

During the first half of 2026, WASH partners continued to deliver life-saving services to communities across South Sudan. A total of 728,913 people (33.6 per cent of the annual target) gained access to safe water through the rehabilitation and maintenance of water systems, repair of hand pumps, solarization of water schemes, and emergency water supply interventions. In addition, 681,895 people (31.5 per cent of the annual target) were reached with hygiene promotion and risk communication activities to strengthen disease prevention and improve hygiene practices in high-risk communities.

Emergency response efforts were further strengthened through the distribution of critical WASH supplies, reaching 520,484 people (39.3 per cent of the annual target), representing the highest achievement among the core WASH response indicators during the reporting period. Meanwhile, 127,384 people (16.8 per cent of the annual target) gained access to sanitation facilities, highlighting sanitation as the weakest-performing component of the response and a critical area requiring increased investment.

Education Cluster:

During the reporting period, Education Cluster partners continued to deliver critical Education in Emergencies (EiE) interventions for children. Between January and June 2026, 215,983 children (27.7 per cent of the annual target) accessed formal and non-formal education programmes, including early learning opportunities, comprising 105,190 boys and 110,793 girls. To support the quality of learning, 910 teachers (8.2 per cent of the annual target) were trained on Education in Emergencies approaches, child-centred pedagogy, and safe learning practices. In addition, 74,406 children (9.5 per cent of the annual target) received individual learning materials, helping vulnerable learners continue their education despite ongoing disruptions.

Community engagement and school governance remained a key component of the response, with 383 School Management Committees (SMCs), Parent-Teacher Associations (PTAs), and other community education structures (8.0 per cent of the annual target) trained to strengthen local ownership, accountability, and support for education services. The cluster also invested in preparedness and capacity strengthening through EiE Fundamentals Training conducted in Upper Nile, Jonglei, Northern Bahr el Ghazal, and Abyei, enhancing the capacity of government counterparts and education partners to deliver coordinated and quality emergency education responses.

In response to conflict-related displacement and emerging humanitarian needs in Akobo County, Jonglei State, Education Cluster partners developed an emergency education response plan targeting affected children and schools. However, implementation has been constrained by significant funding gaps and access challenges, with only USD 1.27 million available against a requirement of USD 3.94 million, leaving a funding gap of approximately USD 2.67 million.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

UNICEF South Sudan/Lou Nelson

Nyathak sits outside her home with WASH supplies, including soap, buckets and PUR water treatment sachets, distributed to support safe water and hygiene. Akobo, Jonglei State, South Sudan, 2026.

Restoring hope and dignity for families affected by conflict in Akobo:

Children's health and women's dignity at the heart of recovery

In Akobo County, conflict disrupted basic services and displaced large numbers of people, many of whom fled to Ethiopia before returning to heavily affected communities. The destruction of water infrastructure and other essential services heightened public health risks and increased humanitarian needs among returnees. In response, UNICEF and partners supported conflict-affected households through the provision of WASH and dignity kits, including water treatment supplies, hygiene materials, and menstrual health items for women and girls. The intervention helped improve access to safer drinking water, promote hygiene practices, and address immediate protection and dignity needs among returning populations.

- https://www.unicef.org/southsudan/stories/restoring-hope-and-dignity-families-affected-conflict-akob

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 AUGUST 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	234,060	▲ 33%	-	-	-
Children vaccinated against measles, supplemental dose	Total	-	3 million	17,552[8]	▲ 1%	-	-	-
People receiving insecticide treated nets	Total	-	221,016	871	0%	-	-	-
Nutrition[9]								
Children 6-59 months screened for wasting	Total	-	2.4 million	-[10]	0%	2.4 million	-	0%
Children 6-59 months with severe wasting admitted for treatment	Total	-	550,000	197,262[11]	▲ 36%	646,362	107,668	▲ 17%
Primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	-	947,214	373,398[12]	▲ 39%	947,214	373,398	▲ 39%
Children 6-59 months receiving vitamin A supplementation	Total	-	2.4 million	-[13]	0%	2.4 million	-	0%
Children aged 6 to 59 months with high risk moderate acute malnutrition (HRMAM) admitted for treatment	Total	-	58,543[14]	-	0%	58,543	-	0%
Child protection and GBViE								
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	92,399	70,510	▲ 76%	-	-[15]	-
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	105,600	67,006	▲ 63%	-	-	-
Children who have received individual case management	Total	-	4,900	2,714	▲ 55%	-	-	-
Adults trained on EORE and conduct EORE school/community-based awareness sessions reaching children and adults	Total	-	45,000	13,072	▲ 29%	-	-	-
Education								
Children accessing formal or non-formal education, including early learning	Total	-	159,531	138,769	▲ 87%	779,622	215,983	▲ 28%
Children receiving individual learning materials	Total	-	159,531[16]	4,706	▲ 3%	779,622	74,406	▲ 10%
Teachers and facilitators trained in basic pedagogy and/or mental health and psychosocial suppor	Total	-	1,600[17]	156	▲ 10%	11,137	910	▲ 8%
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	105,873	▲ 20%	2.2 million	728,913	▲ 34%
People accessing appropriate sanitation services	Total	-	223,000	11,343	▲ 5%	758,691	127,384	▲ 17%
People reached with critical WASH supplies	Total	-	223,000[18]	51,568	▲ 23%	1.3 million	520,484	▲ 39%
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[19]	1,096	▲ 22%	-	-	-
People reached with timely and life-saving information on how and where to access available services	Total	-	1.3 million	146,649	▲ 11%	-	-	-
People engaged in reflective dialogue through community platforms	Total	-	91,350[20]	49,483	▲ 54%	-	-	-
People sharing their concerns and asking questions through established feedback mechanisms	Total	-	91,350	9,013	▲ 10%	-	-	-
PSEA								
People who have access to a safe and accessible channel to report sexual exploitation and abuse by aid workers	Total	-	1 million[21]	429,085	▲ 41%	-	-	-

**Progress in the reporting period 1 January to 30 June 2026*

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	10,576,140	28,253,591	65,534,014	63%
Child protection and GBViE	16,883,917	8,260,824	5,295,455	3,327,638	20%
Education	11,773,388	1,031,333	2,525,408	8,216,647	70%
Cross-sectoral	5,022,829	2,743,042	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	2,880,857	5,200,354	7,310,088	47%
WASH	34,717,650	7,491,216	4,716,618	22,509,816	65%
Total	**196,751,227**	**32,983,412**	**53,305,403**	**110,462,412**	**56%**

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:

Angela Travis
Chief of Communications, UNICEF South Sudan
T +211921110472
atravis@unicef.org

Nimalan Selvarajah
Chief of Field Operations, UNICEF South Sudan
T +211920498802
nselvarajah@unicef.org

Noala Skinner
Representative, UNICEF South Sudan
T ---
nskinner@unicef.org

ENDNOTES

1. Ebola outbreaks were confirmed in Uganda and the Democratic Republic of the Congo in May 2026. Although no cases have been reported in South Sudan, the country remains at high risk due to cross-border population movements and frequent travel links with affected areas.

2. International Organization for Migration (IOM), Displacement Tracking Matrix (DTM): Event Tracking – Displacement and Return Dashboard. Available at: https://dtm.iom.int/online-interactive-resources/event-tracking-displacement-and-return-dashboard (accessed 1 August 2026).

3. South Sudan Refugee and Returnee Arrivals Dashboard, accessed 1 August 2026.

4. SOUTH SUDAN: IPC Acute Food Insecurity and Malnutrition Snapshot | April - July 2026

5. South Sudan Health Cluster Bulletin June 2026

6. OCHA South Sudan: Humanitarian access snapshot June 2026

7. World Food Programme (WFP), South Sudan Market Price Monitoring Bulletin, 2026.

8. The Previous value reported (31,607) was routine measles vaccination which was misreported here. The actual children reached with supplemental dose are 17,552 in June and zero for the previous months.

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

10. To avoid double counting, will be the children who received Vitamin A supplementation during the Vitamin A campaign. The Vitamin A campaign is currently ongoing, and the data will be reported in July reporting period.

11. The previous data were revised all at Mid-Year and have changed based on clean data updated by IPs.

12. The previous data were revised all at Mid-Year and have changed based on clean data updated by IPs.

13. The Campaign is ongoing and the data will be available in the next reporting period.

14. 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.

15. 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.

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

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

18. 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.

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

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

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.