

UNICEF South Sudan/SIULA/2026

15-year-old Nabolo Beyonse at St. Augustine Primary School in Yambio, Western Equatoria State, South Sudan.

unicef
for every child

# Humanitarian Situation Report No. 8

Reporting Period
**1 - 30 September 2026**

# South Sudan

## HIGHLIGHTS

- Conflict and insecurity continued to drive displacement, with approximately 446,000 people displaced across South Sudan since the beginning of 2026, including more than 34,000 in Panyijiar and 24,000 in Ulang in September.
- Food insecurity and acute malnutrition remained critical: In September, 8.99 million people faced acute food insecurity, while global acute malnutrition (GAM) rates among children under 5 exceeded 34 per cent in Ayod, Akobo and Nyirol. Meanwhile, severe drought affecting over 80 per cent of the country threatened agricultural production, livestock and household food security.
- Cholera transmission declined, but active cases persisted, with 112,148 cases and 1,723 deaths reported by 30 September since the outbreak began in September 2024. Meanwhile, 77 access-related incidents were recorded in September, constraining humanitarian operations and essential service delivery.
- The 2026 Humanitarian Action for Children (HAC) appeal remained 47 percent funded, with significant shortfalls in education, WASH and nutrition constraining the response amid rising humanitarian needs.

## SITUATION IN NUMBERS

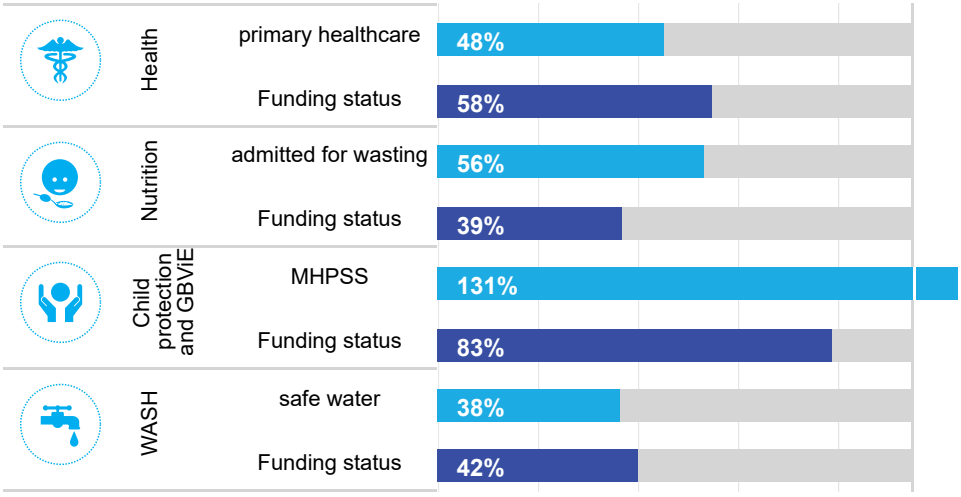
**5,300,000**
Children in need of humanitarian assistance

**10,000,000**
People in need of humanitarian assistance

**697,000**
children at risk of severe acute malnutrition

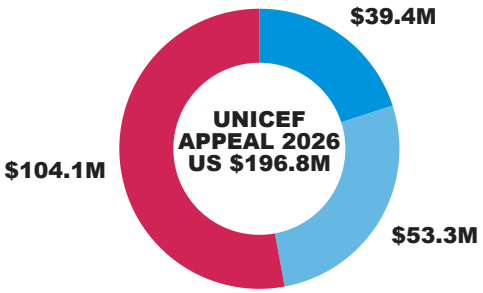
**2,000,000**
Internally Displaced People

## UNICEF RESPONSE AND FUNDING STATUS*




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

## FUNDING STATUS (IN US$)**




** 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

South Sudan's humanitarian landscape continues to place immense pressure on already stretched resources, with the scale and complexity of children's needs exceeding the funding available to address them. As of September, UNICEF's Humanitarian Action for Children (HAC) appeal was 47 per cent funded, leaving substantial unmet requirements at a time when displacement, disease outbreaks, economic pressures, climate shocks and localized violence continue to affect children and communities across the country. The funding gap limits UNICEF's capacity to expand and sustain critical interventions where needs are greatest.

Timely, predictable and flexible funding is particularly important in an environment where humanitarian priorities can shift rapidly. Such funding enables UNICEF and partners to respond quickly to new emergencies and population movements, maintain essential services in hard-to-reach locations, position critical supplies before seasonal or security-related access disruptions, and redirect resources as needs evolve. Additional financing is therefore essential to sustain critical health, nutrition, WASH education, child protection and social protection services, and prevent vulnerable children and families from facing prolonged and potentially avoidable risks.

UNICEF appreciates the continued commitment of donors, government counterparts, United Nations agencies, non-governmental organizations and implementing partners for their assistance to children and communities affected by humanitarian crises in South Sudan. Their support remains fundamental to maintaining essential services and reaching populations facing acute needs. Continued investment, particularly flexible and predictable resources, will be critical to safeguard progress already achieved, extend assistance to underserved communities and provide crisis-affected children the opportunity to recover, learn and thrive.

## SITUATION OVERVIEW AND HUMANITARIAN NEEDS

September brought no reprieve for communities across South Sudan, as violence and insecurity, severe food insecurity, prolonged drought and disease outbreaks compounded an already complex humanitarian crisis. Millions of people continued to require humanitarian assistance, while ongoing population movements and protracted displacement placed mounting pressure on vulnerable communities and already overstretched services. Conflict and prolonged dry conditions disrupted livelihoods and limited access to food, safe water and basic services, further eroding the ability of families to meet their most urgent needs. Children and women remained particularly vulnerable, especially in areas where insecurity, malnutrition, disease and humanitarian access constraints converged, underscoring the urgency of reaching those most at risk with timely, life-saving assistance.

Violence and insecurity continued to take a heavy toll on communities across parts of South Sudan in September, driving displacement, disrupting livelihoods and adding to already substantial humanitarian needs. By the end of September, approximately 446,000 people had been newly displaced since the beginning of 2026, adding to significant levels of protracted displacement.[1] In Panyijiar County, Unity State, fighting displaced more than 34,000 people, while conflict in Ulang County, Upper Nile State, left more than 24,000 people internally displaced across five payams. In the Abyei Administrative Area, violence at Amiet market displaced more than 4,300 people and resulted in loss of life, looting and destruction, further disrupting trade and livelihoods. These developments placed further pressure on communities already grappling with food insecurity, limited access to basic services and recurrent displacement.[2]

Food insecurity and acute malnutrition remained at critical levels across South Sudan. In September, an estimated 8.99 million people were classified as acutely food insecure, with conditions particularly concerning in parts of Jonglei and Upper Nile. Nutrition screenings among children under 5 recorded GAM rates exceeding 34 per cent in Ayod, Akobo and Nyirol counties. In Upper Nile State, GAM rates reached 28 per cent in Malakal and 18 per cent in Panyikang, both exceeding the World Health Organization (WHO) emergency threshold of 15 per cent. These findings underscore the severity of acute malnutrition in the assessed locations, complicating the effects of food insecurity, displacement, disease and constrained access to essential services.[3]

The food and nutrition crisis was further compounded by exceptionally poor rainfall during the main 2026 rainy season. June-to-September rainfall ranked as one of the driest rainy seasons since 1981, with more than 80 per cent of South Sudan experiencing extreme or exceptional drought conditions. Severe rainfall deficits adversely affected crop and livestock production, with crop wilting, delayed crop development and yield losses already evident. A below-average nation-wide harvest was expected, with minimal local harvests anticipated in Eastern Equatoria, north-central Jonglei, southern Upper Nile and Unity states. Reduced pasture and water availability also diminished livestock productivity and animal body condition, while contributing to increased livestock disease and atypical animal deaths. The effects also contributed to human population movements.[4] In Kauto Administrative Area of Kapoeta East County, prolonged drought, reduced agricultural production and poor household food security contributed to the displacement of 6,597 people in September, with households moving towards Kapoeta East and Kapoeta South in search of alternative livelihoods. Together, these pressures further undermined agricultural and pastoral livelihoods and compounded food and nutrition insecurity among already vulnerable communities.[5]

At the same time, residual and localized flooding continued to affect parts of South Sudan, underscoring the country's exposure to simultaneous and contrasting climate hazards. Seasonal flooding peaked unusually early in August with inundation at 41,111 km², one month earlier than typically observed, before declining to 35,889 km² in September as severe rainfall deficits reduced the expansion of seasonal flooding in the Sudd swamp region. The 2026 seasonal maximum was substantially below the peaks recorded in 2024 and 2025. Nevertheless, flood risks persisted in chronically inundated and low-lying areas, particularly across the Sudd and along the Sobat-White Nile river corridor, where communities, infrastructure and access routes remained exposed to residual inundation and localized flooding.[6] The coexistence of severe drought and persistent flooding created a complex humanitarian environment, with different communities simultaneously facing water scarcity, livelihood pressures, difficult physical access and continued risks to essential services.

Public health risks remained significant, with multiple concurrent disease outbreaks placing sustained pressure on South Sudan's already overstretched health system. By 30 September, 112,148 cholera cases and 1,723 deaths had been reported since the outbreak began in September 2024.[7] While overall cholera transmission continued to decline, active cases persisted, particularly in Unity, Upper Nile and Jonglei states. Concurrent outbreaks of mpox, measles, hepatitis E and polio further compounded public health risks and response demands. Against the backdrop of the regional Bundibugyo virus disease (BVD) threat, preparedness and operational readiness were strengthened, including through enhanced surveillance, cross-border coordination and readiness in

priority areas.

Humanitarian access across South Sudan remained severely constrained by insecurity, active hostilities, movement restrictions and operational interference. In September, 77 access-related incidents were reported, which impacted humanitarian operations, particularly in Upper Nile, Jonglei, Unity and the Equatorias. The operating environment affected the safety and mobility of humanitarian personnel and, in some locations, necessitating temporary staff relocations. Looting, harassment, unauthorized checkpoints and administrative interference further constrained the delivery of assistance, affecting critical food, health, nutrition, WASH and protection services in several locations. Between January and September 2026, 610 access incidents were reported, representing a 38 per cent increase compared with the same period in 2025, underscoring the increasingly challenging environment for reaching vulnerable communities with essential humanitarian assistance.[8]

## SUMMARY ANALYSIS OF PROGRAMME RESPONSE

### Health



UNICEF South Sudan/Nkengafack/2026

A polio vaccinator administers the oral polio vaccine to a child during the national polio vaccination campaign in Kator, Juba.

During September 2026, UNICEF and partners continued to deliver essential primary health care and emergency health services to children, women and crisis-affected populations across South Sudan, while supporting outbreak response and preparedness. A total of 33,525 children and women accessed primary health care through UNICEF-supported facilities during the month, bringing the cumulative reach from January to September to 343,741. In addition, 103 people received insecticide-treated nets during September, bringing the cumulative number reached since January to 1,350.

UNICEF continued to support measles outbreak response, including a reactive vaccination campaign in Ruweng Administrative Area. During September, 13,175 children were vaccinated against measles, bringing the cumulative number vaccinated from January to September 2026 to 89,875 children. However, limited vaccine availability remained a concern, constraining the capacity to rapidly scale up reactive vaccination activities in response to outbreaks.

Through the Rapid Response Mechanism (RRM) mission to Buong in Akobo County, Jonglei State, UNICEF and partners delivered essential primary health care and maternal and child health services to crisis-affected communities. During the response, 228 outpatient consultations were provided, including 78 primary health care consultations for children under 5 and 120 consultations for people aged five years and above. The response also provided 296 antenatal care consultations, while 325 women of reproductive age were vaccinated against tetanus. Immunization services reached 138 children under 15 years with polio vaccination and 26 children aged 6 months to 15 years with measles vaccination. Among the conditions treated were 38 malaria cases, 64 pneumonia cases and 25 acute watery diarrhoea cases.

Preparedness for potential outbreaks of Ebola, which has severely impacted neighboring Democratic Republic of the Congo, was also strengthened in collaboration with the National Public Health Institute (NPHI) and other partners. Simulation exercises were conducted in Juba (Central Equatoria), Yambio (Western Equatoria) and Yei (Central Equatoria) from 19 to 24 September, providing an opportunity to assess operational readiness and identify critical gaps requiring follow-up. Preparedness activities also focused on strengthening surveillance, early detection, referral and infection prevention and control capacities in high-risk areas, alongside community engagement to support early identification and reporting of suspected cases. The exercises identified gaps in referral and ambulance arrangements, isolation capacity, trained personnel, personal protective equipment, communications, storage, transport and financing, which NPHI, UNICEF and partners continued to address.

To sustain essential health services and emergency response, UNICEF dispatched critical health supplies to MEDAIR for use during September–December 2026. These included acute watery diarrhea community and peripheral kits, interagency emergency health kits, midwifery kits, examination and sterile surgical gloves, and a 72 m² high-performance tent. The supplies were provided to strengthen the availability of medicines, equipment and other essential commodities for primary health care and emergency response.

Health service delivery nevertheless continued to face significant operational and resource constraints. Insecurity and access challenges, particularly in Greater Upper Nile and northern Jonglei, limited timely access to affected and displaced populations and complicated the delivery of health supplies and services. Funding constraints further affected the ability to sustain and scale up emergency health interventions in locations experiencing displacement and disease outbreaks. In Unity State, inadequate access to safe water, sanitation and hygiene services continued to impede cholera prevention and control and heighten transmission risks in outbreak-affected locations.

Going forward, UNICEF will prioritize continuity of essential health services for vulnerable and displaced populations, while strengthening cholera prevention and response through Oral Rehydration Points (ORPs), Oral Cholera Vaccination (OCV) interventions, community engagement and integrated WASH actions. UNICEF will also strengthen Ebola preparedness through improved surveillance, screening, isolation and referral systems, additional simulation exercises and closure of critical infection prevention control (IPC) and WASH and supply gaps. Ensuring adequate measles vaccine availability will remain essential for timely outbreak response.

### Nutrition



UNICEF South Sudan/Lou Nelson

A mother holds her child as a nutrition worker assesses his nutritional status using a MUAC tape in Unity State, South Sudan.

During September 2026, UNICEF and partners sustained life-saving preventive and curative nutrition services across South Sudan, with a focus on treating severe acute malnutrition (SAM), preventing malnutrition and providing micronutrient supplementation. A total of 34,983 children aged 6–59 months (16,144 boys and 18,839 girls) were admitted for SAM treatment during the month, bringing cumulative admissions from January to September to 308,566 children, equivalent to 57 per cent of the annual target. Treatment outcomes remained within universal humanitarian Sphere Standards, with a 96.7 per cent cure rate, 1.5 per cent defaulter rate and 0.2 per cent death rate. To maintain the continuity of treatment services, UNICEF prepositioned 35,274 cartons of ready-to-use therapeutic food (RUTF) for distribution to nutrition treatment sites.

Preventative nutrition interventions continued with the aid of community nutrition workers and mother-to-mother support groups, reaching 140,333 primary caregivers of children aged 0–23 months with infant and young child feeding (IYCF) counselling and messages. Community-based activities also promoted improved dietary practices through demonstration gardens and practical cooking sessions using locally available, nutrient-dense foods. A total of 925 mothers of children under 5 participated in food preparation sessions. In Juba, 75 mothers and caregivers of children aged 6–23 months received 500 grams of peanut butter each to support dietary diversification and improve diets among young children.

UNICEF and partners also continued integrated micronutrient supplementation and deworming for children under 5. During September, 124,879 children aged 6–59 months received vitamin A supplementation, bringing the cumulative reach in 2026 to more than 2 million children (approximately 1 million boys and 1 million girls). In addition, 251,929 children aged 12–59 months were dewormed during the month, bringing the cumulative total to 1.8 children since January.

Separately, through integrated Rapid Response Mechanism (RRM) missions to Buong and Lankien, UNICEF and partners delivered targeted emergency nutrition services to crisis-affected communities. A total of 9,807 children aged 6–59 months were screened for acute malnutrition. Of these, 1,350 children with SAM were admitted for treatment, while 2,290 children with moderate acute malnutrition (MAM) were referred for treatment. In addition, 3,640 children received RUTF through the emergency response. Preventive services reached 3,036 pregnant and lactating women with IYCF counselling and messages, while 1,127 women with a mid-upper arm circumference below 21 cm were identified. The missions also provided vitamin A supplementation to 1,230 children aged 6–59 months and deworming to 1,344 children aged 12–59 months. These interventions complemented routine nutrition services by extending screening, treatment and prevention activities to populations affected by emergencies

## Child protection, GBViE and PSEA



UNICEF South Sudan/Lou Nelson

March 2026: Displaced families, predominantly women and children, seek shelter at Marik IDP Camp in Lakes State, South Sudan, after fleeing recent conflict in Jonglei State.

During September 2026, UNICEF and partners continued to deliver life-saving child protection and gender-based violence (GBV) prevention, risk mitigation and response services to vulnerable children, adolescents, youth, women and girls across South Sudan. Key interventions included mental health and psychosocial support (MHPSS), case management, family tracing and reunification, explosive ordnance risk education (EORE), and community-based GBV prevention and response.

MHPSS services reached 19,726 children and adults (9,136 boys, 7,897 girls, 1,272 men and 1,421 women) by way of child-friendly spaces, youth centres, schools and community-based interventions. These platforms provided safe entry points for identifying protection and psychosocial needs and facilitating referrals to specialized services and case management. Individualized case management and follow-up support reached 779 children and young people (345 boys, 258 girls, 98 male youth and 78 female youth), including 54 children with disabilities (29 boys and 25 girls). Family tracing and reunification services supported 82 children across 11 counties who were reunited with their primary caregivers and families, promoting family-based care and children's well-being.

To strengthen the quality of psychosocial support, UNICEF and partners conducted training on the Take-5 MHPSS methodology in Wau and Rumbek, equipping frontline workers with practical approaches to support the psychosocial well-being and resilience of children and adolescents. UNICEF also participated in preparations for the commemoration of World Mental Health Day 2026. In addition, 3,314 children and adults (1,040 boys, 1,021 girls, 601 men and 652 women) were reached with EORE messaging to strengthen awareness of explosive ordnance risks.

GBV prevention, risk mitigation and response interventions reached 48,425 people (5,893 boys, 11,164 girls, 9,659 men and 21,709 women) during the reporting period. Services continued through 43 women and girls friendly spaces across South Sudan, providing accessible entry points for women and girls to access information, support and referral services.

Round Two of the Communities Care Programme was completed across 12 counties, culminating in public declaration events — designed to end sexual and gender-based violence, shift harmful

social norms, and promote community ownership of protection — that reached 28,584 people (4,848 boys, 5,166 girls, 9,104 men and 9,466 women). The events reinforced community commitments to challenging harmful social norms that contribute to GBV and promoting safer, more protective environments. Endline data collection was also completed across programme locations to assess changes in attitudes and social norms.

GBV risk mitigation activities conducted through schools and nutrition sites reached 5,813 people, strengthening awareness of available services and referral pathways. In addition, 31 frontline service providers (15 men and 16 women), including health and nutrition workers, teachers and police officers, were trained to respond appropriately to GBV disclosures and facilitate safe and confidential referrals.

Across Greater Equatoria, UNICEF and partners strengthened the integration of child protection and GBV considerations into Bundibugyo virus disease (BVD) preparedness planning, supporting the identification and mitigation of protection risks within the planned response.

Through Rapid Response Mechanism (RRM) missions to Lankien in Nyirol County and Buong in Akobo County, Jonglei State, UNICEF and partners delivered critical child protection services to crisis-affected children and communities. A total of 632 children and 759 adults were reached with life-saving protection information and awareness sessions, while 521 children received psychosocial support and 217 children accessed critical child protection services. In addition, 54 unaccompanied and separated children were registered and family tracing initiated, including six children under five years, 28 children aged 5–11 years and 20 adolescents aged 12–17 years. A further 12 missing or abducted children were registered and tracing initiated.

## Water, sanitation and hygiene




UNICEF South Sudan/ UNI782094/2025

Young girls collect water from a new community water point in Delmet, Rubkona County, Bentiu State. The water is sourced from floodwaters and treated with aluminium sulphate.

During September 2026, UNICEF and partners sustained life-saving WASH interventions for crisis-affected populations, prioritizing safe water, sanitation, essential WASH supplies, hygiene promotion, cholera response and emergency preparedness amid continued displacement, insecurity and funding constraints.

UNICEF-supported interventions provided temporary access to safe water for 52,343 people (9,827 boys, 11,065 girls, 14,188 men and 17,263 women), representing a 155 per cent increase from the 20,529 people reached in August. A further 9,841 people (1,870 boys, 2,096 girls, 2,504 men and 3,371 women) accessed improved sanitation facilities. Although lower than the 16,514 people reached in August, these interventions continued to address critical sanitation needs in humanitarian settings.

UNICEF and partners provided essential WASH supplies to 46,580 people (7,709 boys, 9,747 girls, 14,210 men and 14,914 women), compared with 16,831 people in August, strengthening access to essential household and institutional WASH items, particularly in areas affected by disease outbreaks and other humanitarian emergencies. Hygiene promotion and risk communication and community engagement (RCCE) activities reached 156,866 people (34,448 boys, 37,564 girls, 40,283 men and 44,571 women). Messaging focused on cholera prevention, handwashing, household water treatment, safe water handling and storage, sanitation practices and timely care-seeking, supporting increased awareness and safer hygiene practices.

Through Rapid Response Mechanism (RRM) missions to Lankien in Nyirol County and Buong in Akobo County, Jonglei State, UNICEF and partners addressed immediate WASH needs among crisis-affected communities. A total of 12,956 people received essential WASH supplies, including buckets, soap, filter cloths, water-treatment products and water containers, alongside hygiene-promotion messages on safe hygiene practices, household water treatment and disease prevention. In addition, 1,556 people gained access to emergency safe water supplies at the minimum emergency standard of 7.5 litres per person per day.

UNICEF continued strengthening WASH and infection prevention and control (IPC) readiness for Ebola preparedness in coordination with the Ministry of Health, the NPHI, WHO, implementing partners and other response actors. Support included IPC training for 43 health workers in Yambio, IPC/WASH and safe and dignified burial (SDB) orientation for 24 UN general support staff, and initiation of IPC training for 25 participants in Kajo Keji. In addition, nine national officers received mentorship on water-quality surveillance, 88 participants, including 23 women, completed WASH cascade training across Nzara, Ibba and Maridi, and 68 community mobilizers and local influencers were oriented on risk communication, disease surveillance and hygiene promotion.

UNICEF also supported the collection of 20 water samples in Yambio, construction of two emergency latrine blocks at the Sakure Point of Entry (PoE), and distribution of IPC, WASH and SDB supplies to health facilities in Maridi, Ibba and Nabanga. Operational readiness was assessed through a joint WHO–UNICEF–IMC drill at the Yambio Isolation and Treatment Unit on 24 September, covering case-management pathways, IPC/WASH, SDB and risk communication, followed by a PoE screening readiness exercise involving five multidisciplinary teams on 27 September.

Critical gaps persisted in safe water supply at the Yambio Isolation and Treatment Unit, healthcare waste management, patient-flow segregation, water-quality monitoring and border screening procedures. More broadly, funding shortages constrained the scale-up of cholera prevention and response, particularly in Unity State, where several hotspots had limited or no dedicated WASH response funding. Insecurity, displacement, logistical constraints and non-functional water supply systems further affected service continuity and coverage, while security restrictions delayed coordination activities and the planned technical mission to Nabanga.

## Education



UNICEF South Sudan/Lou Nelson

Displaced children at a transit centre in Renk, Upper Nile State, South Sudan, amid the ongoing crisis in neighbouring Sudan.

During September 2026, UNICEF and implementing partners continued to support access to formal and non-formal education, including early learning, for children and young people in crisis-affected and underserved communities. Interventions focused on expanding learning opportunities, providing individual learning materials, strengthening teacher capacity in education in emergencies (EiE) and child-centred teaching, and reinforcing school governance and community participation.

A total of 1,282 children (673 boys and 609 girls) accessed formal or non-formal education, including early learning, through UNICEF-supported programmes during the reporting period. To support participation and continuity of learning, 6,848 children (4,061 boys and 2,787 girls) received individual learning materials.

UNICEF strengthened the capacity of education personnel through training for 28 teachers and facilitators (19 men and nine women) on EiE and child-centred teaching approaches, supporting improved quality and relevance of learning in emergency settings. In addition, 40 members of school management committees, parent-teacher associations and similar school governance structures (33 men and seven women) received training to strengthen school-level management, community participation and accountability in education service delivery.

Support to adolescent and youth learning and skills development also continued through implementing partners. In Juba, GREDO, a nonprofit organization dedicated to education, healthcare, child protection and community engagement, enrolled 114 adolescents and young people (31 boys and 83 girls) in foundational literacy and numeracy programmes during September, using flexible learning schedules, mentorship and supportive supervision to encourage participation and continuity of learning. In addition, 210 young people (195 males and 15 females) were linked to vocational skills training, while 107 beneficiaries (67 males and 40 females) received start-up capital or livelihood kits to support livelihood opportunities and application of skills acquired through training. These interventions provided alternative learning and skills pathways for adolescents and young people.

UNICEF and implementing partners continued efforts to strengthen programme quality, monitoring and evidence generation. Activities included follow-up on partner reporting, technical support to implementing partners, continued data collection under the Joint Education Needs Assessment, and coordination with education actors to address geographic coverage and data-quality gaps. Engagement with community-based structures and flexible learning arrangements remained important in supporting enrolment, retention and continuity of education services in locations affected by insecurity and access constraints.

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




UNICEF South Sudan/Garang Abraham

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

During September 2026, UNICEF, as co-lead of the Risk Communication and Community Engagement (RCCE) pillar, supported integrated social and behaviour change/risk communication and community engagement (SBC/RCCE) interventions across all 10 states and administrative areas. Activities focused on increasing demand for essential health, immunization, nutrition, WASH, education and protection services, while strengthening community participation, accountability to affected populations and access to timely, reliable information among host communities, internally displaced persons and returnees.

Through community dialogues, household visits, market-based awareness sessions and other engagement platforms, UNICEF and partners disseminated life-saving information on Ebola preparedness, mpox, cholera prevention and the upcoming polio vaccination campaign. Overall, 96,294 people (38,455 males and 57,839 females) were reached with life-saving messages. Of these, 25,470 people (12,254 males and 13,216 females) participated in community dialogues and other SBC engagement platforms, while 2,802 people (1,760 males and 1,042 females) shared concerns, questions and feedback through community feedback mechanisms. These engagements strengthened two-way communication and enabled community feedback to inform response interventions.

UNICEF strengthened national and subnational coordination for outbreak preparedness and response through the RCCE Technical Working Group and state-level task forces, working closely with government counterparts and humanitarian partners. RCCE pillar meetings and engagement with state and county task forces supported coordinated messaging for BVD preparedness and cholera response. Following reports of suspected cholera cases, 200 Boma health workers were oriented to strengthen community-level awareness and response. Social mobilizers and health workers also conducted advocacy meetings and door-to-door campaigns to promote preventive practices and timely care-seeking.

Preparations also advanced for demand generation ahead of Round One of the polio Sub-National Immunization Days, with UNICEF supporting the finalization of Health System Transformation Project programme documents to guide mobilization activities.

Mass media and community-based communication channels expanded access to life-saving information, including in hard-to-reach communities. Through partner radio stations, talk shows,

jingles and spot messages, UNICEF and partners disseminated information on priority public health issues. Interactive radio programmes enabled listeners to ask questions, raise concerns and receive responses from technical experts, helping to address rumours and misinformation. Faith-based networks, community stakeholders and market vendors were also reached with Ebola prevention messages, while health scouts and social mobilizers were engaged and trained through traditional leadership structures and implementing partners to strengthen communication at community level.

Community insight interviews with pharmacists, screening personnel, Boma health workers, religious leaders, community representatives and youth leaders helped identify concerns, information gaps and potential barriers to adopting recommended preventive behaviours. Market awareness activities also facilitated cross-border engagement with traditional chiefs and local authorities, strengthening coordination and dissemination of outbreak prevention messages.

## Social protection

During September 2026, the social policy section focused on programme coordination, beneficiary follow-up, reconciliation of previous payments and preparations for the next cash distribution cycle under the Young Child Support Grant, Multipurpose Cash Assistance and Shock-Responsive Cash Transfer programmes. No cash distributions or field implementation activities took place during the reporting period.

Coordination with implementing partners focused on planning post-distribution monitoring (PDM) data collection in Torit (Eastern Equatoria State), Pibor (Greater Pibor Administrative Area), Pariang (Ruweng Administrative Area), Malakal (Upper Nile State) and Aweil East (Northern Bahr el Ghazal State). Partners that had completed payment cycles were also requested to document programme success stories for sharing with UNICEF's communication team. In addition, UNICEF followed up with partners on beneficiary records, reconciliation of previous payments and readiness for the next distribution cycle.

Preparations continued for the October 2026 cash distributions planned in Aweil East, Pibor and Malakal, targeting 2,192 households: 1,650 in Aweil East under the Young Child Support Grant, 200 in Pibor and 342 in Malakal. These activities focused on ensuring partner readiness and completing the necessary follow-up ahead of the planned distributions.

# HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

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

During September 2026, WASH Cluster partners reached 56,535 people with safe water, 84,677 with sanitation services, 76,868 through hygiene promotion and 26,818 with emergency WASH kits, supporting essential WASH needs among crisis-affected populations.

Targeted emergency responses addressed drought-related water shortages and the WASH needs of conflict-affected communities. In Lafon County, partners rehabilitated 19 of 31 targeted boreholes, restoring access to safe water for approximately 9,500 people. Rehabilitation of the remaining 12 boreholes is expected to benefit a further 6,000 people. Partners also rehabilitated a four-stance latrine block at a health and nutrition facility, improving sanitation access for approximately 200 people daily, complemented by hygiene promotion activities.

In Gogrial West County, partners responded to the WASH needs of conflict-affected populations by rehabilitating five critical boreholes, restoring access to safe water for approximately 4,800 people. Hygiene promotion activities complemented the intervention, reinforcing safe hygiene practices and helping reduce public health risks.

The cluster secured US$3.54 million through the Central Emergency Response Fund (CERF) and South Sudan Humanitarian Fund (SSHF) Reserve Allocation to support emergency drought responses in seven priority counties: Kapoeta East, Kapoeta North, Kapoeta South, Budi, Lafon, Aweil Centre and Aweil West. The funding will support restoration of safe water access and strengthen drought resilience in communities facing increasing water shortages.

In preparation for the 2027 Humanitarian Needs and Response Plan (HNRP), the cluster advanced efforts to strengthen response prioritization, harmonization and efficiency amid declining humanitarian resources. This included revising the minimum WASH response package to improve relevance, consistency and value for money.

The cluster also developed vulnerability-based prioritization criteria to identify populations facing overlapping WASH deprivation, malnutrition, disease outbreaks and displacement. This was complemented by an ongoing multi-hazard mapping exercise to strengthen geographical prioritization and inform evidence-based response planning.

The cluster contributed to discussions on operationalizing the Inter-Agency Standing Committee (IASC) Guidelines on the Inclusion of Persons with Disabilities, supporting more inclusive WASH programming and stronger consideration of the needs of persons with disabilities in humanitarian response planning and coordination.

Emergency supply preparedness was strengthened in collaboration with IOM through joint reviews of Core Pipeline stock levels, projected requirements and procurement gaps. The analysis identified a potential pipeline shortfall by December 2026 when contingency requirements are considered, underscoring the need for replenishment and additional resource mobilization to maintain emergency response capacity.

Water-point functionality assessments continued across drought-affected areas, providing evidence on infrastructure breakdowns, water shortages and service gaps. Findings indicate that 44 per cent of assessed water points were either non-functional or dry, informing the prioritization of rehabilitation interventions, geographical targeting and advocacy for more resilient and sustainable water systems

**Education Cluster:**

During September 2026, the Education Cluster continued coordinating the humanitarian education response in South Sudan, supporting access to education for crisis-affected children while strengthening response monitoring, joint needs analysis and emergency preparedness. Coordination efforts focused on monitoring partner-reported achievements, supporting Joint Education Needs Assessment (JENA) data collection, contributing to intersectoral humanitarian analysis and advancing the Rapid Education in Emergencies (Rapid EiE) approach.

Education Cluster partners reported reaching 23,933 children (12,703 boys and 11,230 girls) through formal and non-formal education, including early learning activities. A further 17,667 children (10,408 boys and 7,259 girls) received individual learning materials to support their participation in education and access to essential learning resources.

To strengthen the quality of education delivery, 91 teachers (54 men and 37 women) received training in Education in Emergencies (EiE)

and child-centred teaching approaches. In addition, 40 members of school management committees, parent-teacher associations and similar school governance structures (33 men and seven women) were trained to strengthen school governance and community participation. Women's representation in these structures remained low, highlighting the need for greater attention to inclusive participation in school-level decision-making and capacity-building activities.

The Cluster contributed to the Needs Analysis Working Group (NAWG) Analytical Framework process, providing education-related evidence and perspectives to inform the analysis of vulnerabilities and needs, intersectoral prioritization and humanitarian response planning. This supported the integration of education needs into broader humanitarian analysis and strengthened coordination across sectors.

The Cluster also supported JENA data collection, which was extended to 25 September 2026. Three schools were replaced due to access, security and operational constraints to facilitate timely completion of data collection.

In collaboration with the Global Education Cluster (GEC), the Cluster advanced the development of Terms of Reference and induction arrangements for the Rapid Education in Emergencies (Rapid EiE) approach. This work aims to strengthen stakeholders' understanding of emergency preparedness, contingency planning and the Preparedness–Anticipatory Action–Rapid Response continuum, supporting more timely and coordinated education responses during emergencies.

Moving forward, the Cluster will prioritize completing and analysing JENA findings to inform education needs and response planning, sustaining engagement in intersectoral humanitarian analysis, and finalizing the Rapid EiE Terms of Reference and induction arrangements. Coordination with government authorities and humanitarian partners will continue to strengthen emergency preparedness and response, alongside improved monitoring of sex-disaggregated results to identify disparities and promote more inclusive participation, particularly among women and girls.

**Nutrition Cluster:**

During the reporting period, Nutrition Cluster partners continued delivering life-saving nutrition interventions across South Sudan, focusing on the prevention and treatment of malnutrition among children and pregnant and breastfeeding women (PBW). Despite persistent humanitarian challenges, including conflict, displacement, disease outbreaks and worsening food insecurity, partners sustained the delivery of essential nutrition services, with particular emphasis on identifying and treating children with acute malnutrition, promoting optimal infant and young child feeding practices, and preventing micronutrient deficiencies.

Across the country, 34,983 children aged 6–59 months with severe wasting were admitted for treatment through supported nutrition services. This continued scale-up and delivery of treatment services remained critical in addressing acute malnutrition and reducing the risk of nutrition-related morbidity and mortality among vulnerable children, particularly in communities affected by food insecurity, displacement and limited access to essential services.

In addition, 140,333 primary caregivers of children aged 0–23 months received infant and young child feeding (IYCF) counselling. Through these interventions, caregivers were supported with appropriate information and guidance on optimal breastfeeding, complementary feeding and recommended infant and young child feeding practices, strengthening household-level knowledge and practices to improve the nutritional well-being of infants and young children.

Preventive nutrition interventions also remained a key component of the cluster response, with 2,114,029 children aged 6–59 months receiving vitamin A supplementation during the reporting period. The intervention contributed to preventing vitamin A deficiency, supporting child immunity and reducing the risk of associated childhood illnesses.

## HUMAN INTEREST STORIES AND EXTERNAL MEDIA




UNICEF South Sudan/Manan

Teacher Sadam Adam Abaker leads an open-air lesson. With only four temporary classrooms, most refugee children from Sudan learn wherever space allows.

**Pillars of Hope: Teachers Rebuilding Futures in Chummedi**

At Chummedi South Primary School in Renk County, teachers are helping children displaced by the conflict in Sudan regain a sense of stability, safety and hope through education. For head teacher Umkaltom Abaker Osman, herself a returnee from Sudan, the classroom is more than a place for learning. “Teaching for me is a sacred calling and a noble service. It is essential for preventing our children from becoming a lost generation,” she says.

With support from UNICEF and the Republic of Korea, through implementing partner Community in Need Aid (CINA), Umkaltom progressed from a volunteer teacher and received practical training in child-centred pedagogy and mental health and psychosocial support. She now leads a team of eight teachers, helping maintain regular learning and supportive routines for children despite overcrowded classrooms and limited resources.

The Education in Emergencies programme, implemented in Renk County from April to November 2026 with funding from the Republic of Korea, is providing learning opportunities for nearly 5,000 children, including 2,360 girls, across eight formal and non-formal learning centres. The programme is supported by 89 teachers, helping sustain education for children affected by conflict and displacement.

Among them is Sadam Adam Abaker, a refugee from Sudan and bilingual teacher who uses his Arabic and English skills to support children adjusting to displacement. Beyond classroom teaching, he supports enrolment campaigns, works with the parent-teacher association and helps oversee school help desks where children can confidentially raise protection concerns and be referred for further support when needed. “When students are in the classroom today, we safeguard their future. Both girls and boys equally deserve the opportunity to reshape their lives,” he says.

The commitment of teachers such as Umkaltom and Sadam is helping children affected by displacement continue learning in a safer and more supportive environment. However, schools in Renk

County continue to face shortages of safe learning spaces, teaching and learning materials and consistent teacher incentives, while continued conflict and displacement place additional pressure on education services in border communities.

With support from the Republic of Korea, UNICEF continues to work with education authorities and partners to expand access to safe, inclusive and quality learning opportunities for children affected by emergencies in South Sudan.

- https://www.unicef.org/southsudan/stories/pillars-hope-two-committed-educators-reconstructing-future

## 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 NOVEMBER 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 | 343,741 | ▲ 5% | - | - | - |
| Children vaccinated against measles, supplemental dose | Total | - | 3 million | 89,875[9] | 0% | - | - | - |
| People receiving insecticide treated nets | Total | - | 221,016 | 1,350 | 0% | - | - | - |
| **Nutrition[10]** | | | | | | | | |
| Children 6-59 months screened for wasting | Total | - | 2.4 million | -[11] | 0% | 2.4 million | - | 0% |
| Children 6-59 months with severe wasting admitted for treatment | Total | - | 550,000 | 308,566[12] | ▲ 7% | 646,362 | 308,566 | ▲ 6% |
| Primary caregivers of children 0-23 months receiving infant and young child feeding counselling | Total | - | 947,214 | 783,166[13] | ▲ 15% | 947,214 | 783,166 | ▲ 15% |
| Children 6-59 months receiving vitamin A supplementation | Total | - | 2.4 million | 2.1 million[14] | ▲ 88% | 2.4 million | 2.1 million | ▲ 88% |
| Children aged 6 to 59 months with high risk moderate acute malnutrition (HRMAM) admitted for treatment | Total | - | 58,543[15] | - | 0% | 58,543 | - | 0% |
| **Child protection and GBViE** | | | | | | | | |
| Children, adolescents and caregivers accessing community-based mental health and psychosocial support | Total | - | 92,399 | 120,718 | ▲ 21% | - | -[16] | - |
| Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions | Total | - | 105,600 | 172,992 | ▲ 46% | - | - | - |
| Children who have received individual case management | Total | - | 4,900 | 4,823 | ▲ 16% | - | - | - |
| Adults trained on EORE and conduct EORE school/community-based awareness sessions reaching children and adults | Total | - | 45,000 | 29,571 | ▲ 6% | - | - | - |
| **Education** | | | | | | | | |
| Children accessing formal or non-formal education, including early learning | Total | - | 159,531 | 143,520 | ▲ 1% | 779,622 | 372,507 | ▲ 3% |
| Children receiving individual learning materials | Total | - | 159,531[17] | 5,237 | 0% | 779,622 | 109,224 | ▲ 2% |
| Teachers and facilitators trained in basic pedagogy and/or mental health and psychosocial suppor | Total | - | 1,600[18] | 584 | ▲ 2% | 11,137 | 1,512 | ▲ 1% |

| Sector | | | UNICEF and IPs response | | | Cluster/Sector response | | |
|---|---|---|---|---|---|---|---|---|
| Indicator | Disaggregation | Total needs | 2026 targets | Total results | Progress* | 2026 targets | Total results | Progress* |
| **Water, sanitation and hygiene** | | | | | | | | |
| People accessing a sufficient quantity and quality of water for drinking and domestic needs | Total | - | 528,000 | 202,893 | ▲ 4% | 2.2 million | 1.2 million | 0% |
| People accessing appropriate sanitation services | Total | - | 223,000 | 40,863 | ▲ 4% | 758,691 | 279,455 | ▲ 11% |
| People reached with critical WASH supplies | Total | - | 223,000[19] | 120,499 | ▲ 21% | 1.3 million | 704,196 | ▲ 2% |
| **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[20] | 1,096 | 0% | - | - | - |
| People reached with timely and life-saving information on how and where to access available services | Total | - | 1.3 million | 398,414 | ▲ 7% | - | - | - |
| People engaged in reflective dialogue through community platforms | Total | - | 91,350[21] | 121,727 | ▲ 28% | - | - | - |
| People sharing their concerns and asking questions through established feedback mechanisms | Total | - | 91,350 | 18,029 | ▲ 3% | - | - | - |
| **PSEA** | | | | | | | | |
| People who have access to a safe and accessible channel to report sexual exploitation and abuse by aid workers | Total | - | 1 million[22] | 753,566 | ▲ 11% | - | - | - |

**Progress in the reporting period 1 - 30 September 2026*

# ANNEX B — FUNDING STATUS

## Consolidated funding by sector

| | | Funding available | | Funding gap | |
|---|---|---|---|---|---|
| Sector | Requirements[23] | Humanitarian resources received in 2026 | Resources available from 2025 (carry over) | Funding gap (US$) | Funding gap (%) |
| **Nutrition** | 104,363,745 | 12,962,435 | 28,231,156 | 63,170,154 | 61% |
| **Child protection and GBViE** | 16,883,917 | 8,634,167 | 5,308,893 | 2,940,857 | 17% |
| **Education** | 11,773,388 | 1,236,520 | 2,525,985 | 8,010,883 | 68% |
| **Cross-sectoral** | 5,022,829 | 1,788,292 | 3,149,812 | 84,725 | 2% |
| **PSEA** | 1,015,027 | 15,000 | 15,000 | 985,027 | 97% |
| **Emergency preparedness** | 5,770,432 | 610,863 | 3,160,702 | 1,998,867 | 35% |
| **Cluster coordination** | 1,812,940 | 693,642 | 790,176 | 329,122 | 18% |
| **Health** | 15,391,299 | 3,724,747 | 5,200,354 | 6,466,198 | 42% |
| **WASH** | 34,717,650 | 9,733,417 | 4,908,326 | 20,075,907 | 58% |
| **Total** | **196,751,227** | **39,399,083** | **53,290,404** | **104,061,740** | **53%** |

*Funding available - funding available in the current appeal year to respond in line with the current HAC appeal.*
*Humanitarian resources– humanitarian funding commitments received from donors in the current appeal year.*
*Resources available from 2025 (carry over)– funding received in the previous appeal year that is available to respond in line with the current HAC appeal*


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# ENDNOTES

1. International Organization for Migration (IOM), Displacement Tracking Matrix (DTM): Event Tracking – DisplacementandReturnDashboard. Available at: https://dtm.iom.int/online-interactive-resources/event-tracking-displacement-and-return-dashboard(accessed1 October 2026).

2. OCHA South Sudan: Humanitarian Snapshot - September 2026

3. OCHA South Sudan: Humanitarian Snapshot - September 2026

4. South Sudan 2026Flood & Drought Monitoring and Prediction.

5. DTM – SOUTH SUDAN EVENT TRACKING REPORT Report #115 01 – 30 SEPTEMBER 2026

6. South Sudan 2026 Flood & Drought Monitoring and Prediction

7. OCHA South Sudan: Humanitarian Snapshot - September 2026

8. OCHA South Sudan: Humanitarian Access Snapshot - September 2026

9. 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.

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

11. 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.

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

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

14. The Campaign has been completed, and data consolidation is ongoing and will be available in the next reporting period.

15. 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.

16. 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.

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

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

19. 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.

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

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

22. 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.

23. 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.