



The National Bureau of Statistics

Population Situation Analysis Report

September 2026

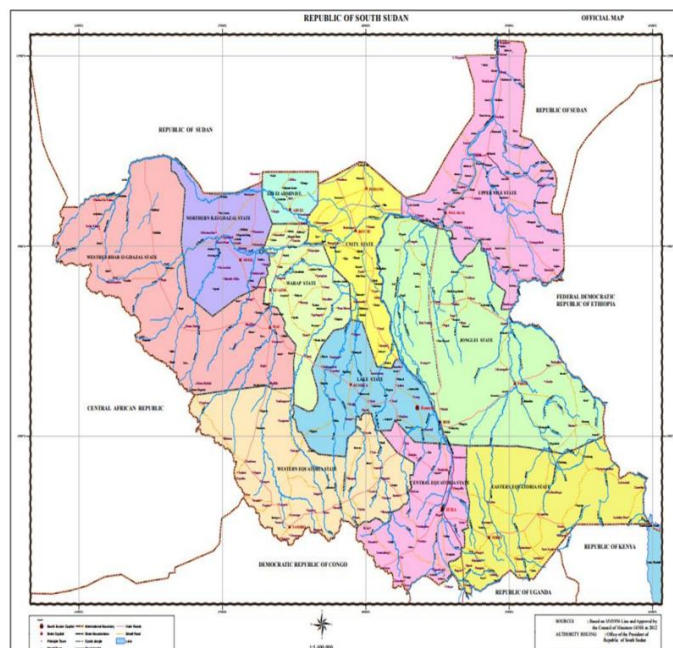
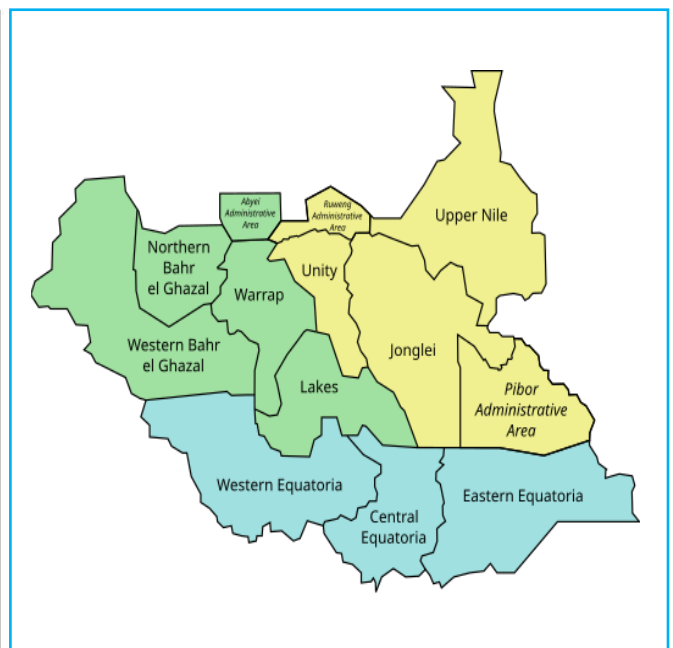


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REPUBLIC OF SOUTH SUDAN



- **Land Area:** 644,330 square km
- **Administrative Units:**
 1. 10 States
 2. 3 Administrative areas
 3. 79 Counties

Foreword

South Sudan's population is one of its greatest national assets and a key determinant of the country's development trajectory. Understanding population dynamics and their implications is essential for effective policymaking, evidence-based resource allocation, and sustainable national development planning. It is within this context that the National Bureau of Statistics (NBS) is pleased to present the **2026 South Sudan Population Situation Analysis (PSA) Report**.

This report provides a comprehensive assessment of the country's population dynamics, including population growth, age and sex structure, fertility, mortality, migration, and population distribution. It examines how these dynamics influence health, education, employment, poverty, gender equality, social protection, and climate resilience. Using several data sources, the analysis highlights critical challenges confronting South Sudan, including high fertility rates, high youthful population, widespread poverty, unemployment, displacement, limited access to essential services, and the increasing impacts of climate-related shocks.

The report emphasizes significant opportunities presented by South Sudan's youthful population. With appropriate investments in health, education, skills development, and productive employment, the country can harness its demographic potential and accelerate progress towards achieving a demographic dividend. But realizing this opportunity requires sustained commitment and coordinated action across sectors to ensure that young people are equipped to contribute meaningfully to national development.

The findings and recommendations contained in this report are particularly relevant to the implementation of the **South Sudan Development Plan (SSDP) 2026-2036**. They provide strategic guidance for strengthening social services, promoting gender equality, empowering young people, expanding social protection programs, enhancing climate resilience, and improving the national statistical system, including Civil Registration and Vital Statistics (CRVS).

The National Bureau of Statistics recognizes that addressing population and development challenges requires strong collaboration among government institutions, development partners, civil society organizations, academia, and communities. I, therefore, encourage policymakers, planners, researchers, development practitioners, and other stakeholders to utilize the evidence presented in this report to inform policy formulation, development planning, resource allocation, and program monitoring and evaluation.

On behalf of the National Bureau of Statistics, I extend my sincere appreciation to all ministries, departments and agencies, technical experts, researchers, and development partners who contributed to the preparation of this report. I wish to express special gratitude to the **United Nations Population Fund (UNFPA)** for its invaluable technical and financial support, which made this important undertaking possible. I equally wish to extend our deepest gratitude to Bol Atem Manyuon, the national consultant, for outstanding service.

Finally, it is my hope that this report will serve as an important reference for decision-makers, practitioners, academics, and advocacy institutions, contributing to building a healthier, more inclusive, resilient, and prosperous South Sudan. Through informed policies and evidence-based investments, we can transform population challenges into opportunities and improve the well-being of current and future generations.



Augustino Ting Mayai, Ph.D.

Director General

National Bureau of Statistics

Republic of South Sudan

September 2026

KEY HEALTH & DEVELOPMENT INDICATORS

South Sudan • Population Situation Analysis 2026

1 CORE MATERNAL AND CHILD HEALTH

Maternal
Mortality Ratio

692

per 100,000
live births

Infant
Mortality Rate

67

per 1,000
live births

Under-five
Mortality Rate

101

per 1,000
live births

Neonatal
Mortality Rate

35

per 1,000
live births

2 VITAL STATISTICS & DEVELOPMENT INDICES

Total Deaths
(2024)

174,200

55.6% male
44.4% female

Crude Death
Rate

11.42

per 1,000
population

Human Capital
Index (HCI+)

0.36

2026

Human Development
Index (HDI)

0.388

2025, rank
193 of 193

3 DEMOGRAPHIC DRIVERS

Total Fertility
Rate

6.4

children per
woman

Crude Birth
Rate

40.9

births per 1,000
population

Life Expectancy
at Birth

58.6

years

4 POPULATION PROJECTIONS: MID-YEAR (30 JUNE)

Mid-2026

16,430,380

Females 8,068,743 • Males 8,361,637

Year-end (31 Dec) for comparison: 16,795,599

Mid-2030

20,334,901

Females 9,975,463 • Males 10,359,438

Year-end (31 Dec) for comparison: 20,919,758

+6.98 m

growth, mid-2021 to
mid-2030 (+52%)

2.04 m

net migrants
2021–2030

45.8%

under age 15
(mid-2030)

94.1

dependants per 100
working age (mid-2030)

Sources: South Sudan 2025 MICS7; Ministry of Health (2024–2025); World Bank HCI+ (2026); UNDP HDR (2025);
PSA cohort-component projections with net migration, NBS (2026).

Executive Summary

1. Context and overview

Fifteen years after gaining independence, South Sudan remains constrained by systemic political fragility, recurring internal conflicts, and poor governance. This instability is further convoluted by a massive demographic shift driven by natural growth, climate-induced displacement, and an influx of refugees and returnees fleeing the civil war in neighbouring Sudan since 2023.

This political fragility directly exacerbated the country's macroeconomic vulnerability, characterised by undiversified oil sector that accounts 80-90 percent of government revenue, persistent currency depreciation which has been ramping up hyperinflation and weak fiscal discipline. The country business environment remains volatile reflected in a poor global ranking of 181 out of 190 for ease of doing business. Additionally, over 90 percent of the population lacks access to formal banking, leaving diaspora remittances, averaging US\$637.1 million annually, as a critical financial lifeline for household survival.

Consequently, the impact of political fragility and macroeconomic vulnerability, human development outcomes are profoundly lagging, manifestly reflected in the low 2025 Human Development Index, putting South Sudan bottom of 193 countries. An estimated 83 percent of the population lives in multidimensional poverty, with rural areas experiencing a 89 percent deprivation rate across essential services like electricity, sanitation, and literacy. This deprivation massively hinders human capital development. The 2026 Human Capital Index Plus (HCI+) score of 0.36 that a child born in South Sudan today is expected to achieve only about one-third of their lifetime productivity potential if the current conditions of health and education remain unchanged. This crisis is amplified by severe child food poverty that leaves 86.8 percent of children aged 6 to 23 months lacking minimum dietary diversity according to recent population survey (South Sudan 2025 MICS7).

The domestic labour market offers scant opportunities and relief, characterized by a stark structural mismatch where high labour participation (73.4 percent) is driven by survival-necessity. Over 80 percent of the workforce is in low-productivity, vulnerable, or unpaid informal economic activities, while over one-third of the youth population remains entirely disconnected from both education and employment, creating an unutilized demographic segment that poses huge risks to long-term social stability. Furthermore, acute humanitarian emergencies driven by highly lethal local conflicts and extreme climate shock continue to overshadow long-term development planning. Over 10 million people, approximately 60 percent of the population, require urgent humanitarian assistance in 2026. Additional mammoth crisis stem from the 2.5–2.9 million internally displaced persons and about 658,000 refugees and asylum-seekers, mostly from Sudan.

These vulnerabilities are worsened by hordes of harmful socio-cultural norms and systemic social exclusion. Ranking 185 out of 189 countries on the Gender Development Index, South Sudan's social structures sustain high rates of child marriage, affecting 39.6 percent of girls under 18 based on evidence from the MICS7, and intensify the levels of lifetime gender-based violence that impacts 75.8 percent of women. These protection risks are severely worsened by reduction in humanitarian funding for survivor services. Moreover, decades of conflict have left the country with one of the highest disability prevalence rates of 15 percent to 20 percent, facing severe barriers to protection and services despite South Sudan's 2023 ratification of the UN Convention on the Rights of Persons with Disabilities. Weak civil registration and household poverty force widespread economic participation among children under 18. Over half (52.6 percent) of children aged 12–14 and 62.7 percent of those aged 15–17 are engaged in economic work, elevating systemic exploitation risks (MICS7).

South Sudan's strategic recovery will depend on scaling four underutilized, high-potential non-oil sectors, namely: the fisheries sector, the forestry subsector, and agriculture sector. Capitalizing on the country's 75 percent arable land through commercialized staple crop production offers viable, scalable pathways to close the national food deficit, generate youth employment, and foster resilient economic growth that will speed up the transition away from oil-dependence and humanitarian reliance.

2. Population Projection Methodology

Population projections for 2021–2030 are generated using a multi-level Cohort-Component Method (CCM), which advances a base population through time by simulating fertility, mortality and migration. The 2020 state base populations (13,197,874 persons), by five-year age group and sex, are the reference populations; the ten states are projected separately and summed to the national total, and results are cross validated against the 2021 Population Estimation Survey (PES).

To account for health disparities and survival gap between regions, a Mortality Tiering system is employed. States are classified into three distinct tiers based on their Under-five Mortality Rates from the 2025 MICS7 and calibrated to the UN South Asian Model Life Table. This allows the model to capture the survival gap between regions, ensuring that resource planning for states with high mortality (Tier 1) differs from those with higher survival rates (Tier 3).

Fertility is treated as the primary engine of natural increase, with annual birth cohorts generated from state-specific Total Fertility Rates (6.2 to 8.0, held constant to 2030) and a sex ratio at birth of 105.5 males per 100 females.

Finally, migration is integrated using the UN World Population Prospects national net migration series (2,036,951 net migrants over 2021–2030), allocated to states with IOM DTM cross-border arrival shares plus a zero-sum inter-state term, and split by age and sex using the South Sudan 2025 MICS7 household population structure. Mid-year populations, the average of consecutive year-end populations, are the headline figures; year-end figures are shown for comparison.

3. Main Findings

Expansive Demographic Profile and Dependency Burden: Population projections and recent surveys (2021 PES, 2023 MIS and 2025 MICS7) consistently show a rapidly expanding and highly youthful population with wide-based pyramids. The projections put 46.9% of the population under age 15 and 73% under 30 at mid-2026 (South Sudan 2025 MICS7: 59.0% under 18). The total dependency ratio is 96.7 dependents per 100 working-age persons in the mid-2026 projections (118.0 in South Sudan 2025 MICS7), placing immense strain on household assets and public service delivery.

Rapid Population Growth and Migration Dynamics: Driven by high natural increase and net migration, mainly returning South Sudanese and refugees fleeing the conflict in Sudan, the mid-year population is projected to grow by 52% in nine years, from 13.35 million in 2021 to 16.43 million in 2026 and 20.33 million in 2030 (20.92 million at year-end 2030). Natural increase accounts for about three-quarters of growth; net migration adds about 1.93 million people by mid-2030, 10.5% above a natural-growth scenario of 18.41 million.

Early-Stage Demographic Transition and High Fertility: South Sudan remains in an early demographic transition phase defined by a high Crude Birth Rate of 40.9 births per 1,000 population (2025 MICS7; about 43–44 in the projections) and a Total Fertility Rate (TFR) of 6.4 children per woman. Peak childbearing occurs between ages 20–29, but adolescent fertility remains extremely high at 119 births per 1,000 women aged 15–19, driven by socio-cultural factors such as early marriage and low women education.

Low and Stagnant Reproductive Health and Family Planning Indicators: Contraceptive prevalence is critically low, with only 6.0% of married women utilizing any contraceptive method and 5.3% using modern methods. The unmet need for family planning stands at an alarming 35.7%, meaning only 14.3% of the total national demand for

family planning is currently satisfied. This gap heavily contributes to closely spaced pregnancies, unintended pregnancies leading to unsafe abortions, and heightened vulnerabilities for women and girls.

Severe Maternal and Child Mortality risks: Although the maternal mortality ratio improved from 1,223 to 692 deaths per 100,000 live births in 2023-2024, it remains among the highest globally due to weak health infrastructure and a 56% home-delivery rate. Child mortality remains high with an under-five mortality rate of 101 deaths per 1,000 live births. Preventable communicable, maternal, perinatal, and nutritional conditions account for nearly two-thirds of all deaths nationwide.

Acute Nutrition and Immunization Crises: An estimated 86.8% of children aged 6-23 months suffer from severe child food poverty due to a lack of dietary diversity. In 2026, 2.11 million under-five children are projected to suffer from acute malnutrition, including over 700,000 severe acute malnutrition cases. This is worsened by weak health service retention, where immunization coverage drops from 57.2% for the first dose of the Pentavalent vaccine to just 38.9% for the third dose.

Uneven Population Density and Climate Vulnerability: The national average population density is estimated at 25.5 persons per km² (mid-2026), but spatial distribution is profoundly uneven, ranging from a high of 71.5 persons per km² in Northern Bahr el Ghazal to a sparse 5.8 persons per km² in Western Bahr El Ghazal. Perennial, multi-year flooding since 2019 has covered up to 25% of the country, transforming temporary displacement into permanent environmental migration, intensifying intercommunal resource conflicts, and destroying rural livelihoods.

Human Capital and Education Completion Crisis: South Sudan's Human Capital Index Plus (HCI+) is critically low 0.36 as of 2026, meaning a child born today will achieve only about one-third of their potential lifetime productivity by age 65 if the current education and health care, and labour market conditions remain unchanged. While primary school enrolment has slowly improved, the country faces a systemic secondary school completion crisis: only 15.3% of children complete primary school and 8.4% secondary school (2025 MICS7). The 2025 Annual Education Census complements this: 2,090,346 learners are enrolled, the primary completion rate is 22.8%, and secondary net enrolment is 3.4%. This completion crisis directly feeds a vulnerable labour market where 80.3% of workers are trapped in low-productivity, informal, or subsistence jobs.

Severe Systemic Health Capacity Constraints: National healthcare remains dangerously dependent on declining Overseas Development Assistance (ODA), which dropped from US\$2.21 billion in 2020 to US\$1.55 billion in 2025 (and rapid further decline is imminent in 2026 and beyond), while the government's health allocation stagnates at just 2% of the national budget. The health system faces critical decline, including a near-doubling of essential medicine stock-outs from 27.1% to 45% of facilities. Furthermore, specialized medical cadres represent only 21.4% of the workforce, with 38.9% concentrated solely in Central Equatoria State.

Fragile Governance and Evolving Institutional Frameworks: South Sudan ranks 54th out of 54 African nations on the Mo Ibrahim governance index with a score of 19.0 out of 100, reflecting pronounced institutional weaknesses across law, economic opportunity, and service delivery. While the policy environment is evolving thanks to frameworks such as the Statistics Act 2024, the Disaster Risk Reduction Strategy 2024, and the Social Insurance Fund Act 2023, implementation remains crippled by low administrative capacity, high corruption, and an inability to enforce statutory protections.

Fragmented Policy and Strategic Alignment: While South Sudan lacks a single, unified national population policy, population dynamics are currently managed through a fragmented network of strategic frameworks aligned with international partners. These include the *Revised National Development Strategy (R-NDS) 2021–2024*, the newly launched 10-year *South Sudan Development Plan (SSDP) 2026–2036* focused on economic diversification, the WHO *Country Cooperation Strategy 2022–2026* for Universal Health Coverage, and the *2026 Roadmap for Returnees*.

Prominent Multilateral & Bilateral Partners: The partnership landscape is heavily managed by a few core actors divided by operational focus:

- **Multilateral/Bilateral Development Financial partners:** The defunct United has been the largest bilateral donor, while currently the World Bank is the largest source of grant financing (funding primary healthcare delivery via the Health Status Training Project [HSTP] and social safety nets). The African Development Bank focuses on structural infrastructure and solar energy, and UK Aid (FCDO) drives girls' education packages.

- **Frontline Humanitarian Agencies:** The World Food Programme (WFP) is the single largest recipient of crisis funding (absorbing roughly 40%), while UNHCR manages the escalating influx of about 1.45 million arrivals from the Sudan crisis. UNICEF leads child nutrition/protection, and IOM directs displacement tracking and frontline durable solutions.

Critical Operational Barriers to Partnership Success: The sustainable transfer of programs from international partners to national authorities is routinely disrupted by steep operational constraints. These include persistent local insecurity that blocks project access, poor road networks that drive up logistics costs, weak domestic governance systems, and severe deficits in evidence-based planning due to low national statistical capacity (the country scored just 27% on the World Bank Statistical Performance Index).

Emerging Coordination Platforms: To improve alignment and mitigate resource allocation inefficiencies, the government uses several newly established multi-stakeholder platforms. Key structures include the SDG Dashboard managed by the Ministry of Finance and Planning, the SDG Rescue Plan to accelerate lagging sectors across ministries, and the Climate Change Working Group (CCWG) which coordinates climate adaptation funding (such as the US\$50 million Green Climate Fund grant initiated in 2026).

4. Key Policy Recommendations

1. Reproductive Health and Family Planning Integration

- **Delay Early Childbearing:** Enforce statutory minimum age-of-marriage to end child marriages, expand safe school environments for girls, and scale up adolescent-targeted sexual and reproductive health services to lower the adolescent birth rate.
- **Avail Family Planning Services:** Address the 35.7% unmet family planning need by strengthening contraceptive commodity supply chains, integrating family planning into primary healthcare packages, and utilizing community-based distribution through the Boma Health Workers to bypass rural geographic barriers.
- **Invest in the Costed SRH Package:** Scaling modern contraception to 30–50 percent prevalence would avert over one million unintended pregnancies for an extra US\$21–36 million over a decade.

2. Maternal, Child Health, and Nutrition Scale-Up

- **Improve Institutional Delivery and Care Coverage:** Reduce the current 56% home-delivery rate by expanding access to skilled birth attendants, improving emergency obstetric and newborn care services, and scaling up the community-level Boma Health Initiative platform.
- **Mitigate the Nutrition Crisis:** Implement multisectoral nutrition-sensitive strategies linking food security, agriculture, and social protection to combat child food poverty and ensure access to minimum acceptable diets.
- **Strengthen Routine Immunization:** Embark on fresh campaigns to tackle the steep drop-off between Pentavalent vaccine doses by optimizing health facility service retention, tracking zero-dose children across the 83% of heavily burdened counties, and expanding cold-chain storage.
- **Protect Service Continuity:** Replace support for the 101 health facilities that lost HSTP funding, prioritising zero-dose counties.
- **Plan on Projected Births:** Births are projected to rise from about 710,000 (2026) to 890,000 (2030); use PSA projections to set maternal, newborn and immunisation targets.

3. Human Capital, Education, and Youth Employability

- **Resolve the School Completion Crisis:** Investment in reopening the 2,129 non-operational schools (AEC 2025) closed by flood and conflict, deploy trained female teachers to rural areas to maximize girl-student retention, and introduce targeted financial cash transfers to mitigate household hidden schooling costs.
- **Build Productive Capacity, Jobs, and Micro, Small, and Medium Enterprises (MSMEs):** Rapidly expand demand-driven Technical and Vocational Education and Training (TVET) programs and digital literacy systems to transition the massive youth bulge into formal, value-added manufacturing and agricultural employment rather than subsistence security threats.
- **Prepare for Three Million More People Under 35 by 2030:** Expand secondary education and TVET (targets: 70 percent secondary enrolment; 500,000 training places) and operationalised the Youth Enterprise Development Fund.

- **Create Jobs in Agriculture, Energy and Digital Sectors:** Invest in irrigation, agro-processing, off-grid solar, trade corridors and digital payments to absorb a working-age population rising to 10.5 million by mid-2030.

4. Climate Resilience and Durable Displacement Solutions

- **Operationalize Anticipatory Action:** Utilize the South Sudan Roadmap on Anticipatory Action (2025–2030) to shift national disaster frameworks from reactive crisis relief to data-driven proactive mitigation.
- **Invest in Climate-Resilient Infrastructure:** Reallocate resources toward flood protection dikes, drainage networks, and high-land settlement schemes in highly affected zones like Jonglei, Unity, and Upper Nile.
- **Institutionalize Reintegration Pathways:** Create long-term urban and peri-urban development plans for primary displacement hubs ensuring returnees and IDPs are integrated into local public services and land governance systems rather than falling into protracted secondary displacement loops.
- **Target Returnee-Receiving States:** Upper Nile, Northern Bahr el Ghazal and Jonglei will receive 62 percent of net migration; scale area-based services there and adopt a national climate finance strategy.

5. Institutional Reform and Strategic Partnerships

- **Maximize Domestic Revenue and Governance:** Prioritize public financial management reforms to transition away from oil revenue volatility, combat systemic corruption, and steadily scale domestic public health funding toward international benchmarks.
- **Strengthen the National Statistical Ecosystem:** Capitalize on the Statistics Act 2024 to build administrative data capacities, tracking vital statistics (CRVS) to bring the current under-5 birth registration rate above its 36.1% baseline.
- **Transition from Aid to Localization:** Leverage multilateral frameworks and South-South Cooperation to coordinate international partner funding through cohesive mechanisms like the SDG Rescue Plan, while progressively localizing funding to national NGOs to secure sustainable, context-specific interventions.
- **Mobilize Sustainable Domestic and Hybrid Financing.** Declining ODA necessitates stronger domestic and innovative financing. **Key priorities to include** strengthening South Sudan Revenue Authority (SSRA) to improve revenue administration and multi-layered harmonize taxation regime; formalize and track remittances through Bank of South Sudan (BOSS); and introduce community matching grants for local health, social and skills infrastructure.
- **Adopt a Demographic Dividend Roadmap and Reform Revenue:** Establish a National Population Council and Demographic Dividend (DD) Roadmap; implement zero-cost oil-governance reforms and broaden non-oil revenue.
- **Institutionalise Population Data:** Use the PSA mid-year projections as planning denominators and prepare the next Population and Housing Census.

Abbreviations and Acronyms

ANC	Antenatal Care
ASFR	Age-Specific Fertility Rate
BCG	Bacillus Calmette–Guérin Vaccine
CBR	Crude Birth Rate
CCM	Cohort Component Method
CDR	Crude Death Rate
CM	Child Mortality
DPR	Dependency Ratio
e₀	Life Expectancy at Birth
e₆₀	Life Expectancy at Age 60
EPI	Expanded Programme on Immunization
FAO	Food and Agriculture Organization
GFR	General Fertility Rate
HCI	Human Capital Index
HDI	Human Development Index
IDP	Internally Displaced Person
IDP	Internally Displaced Person
IMR	Infant Mortality Rate
IOM	International Organization for Migration
IPC	Integrated Food Security Phase Classification
LFPR	Labour Force Participation Rate
LFS	Labour Force Survey
South Sudan 2025 MICS7	South Sudan 2025 Multiple Indicator Cluster Survey (Round 7)
MMR	Maternal Mortality Ratio
MOFP	Ministry of Finance and Planning
MoH	Ministry of Health
MOH	Ministry of Health
NIR	Natural Increase Rate
NMR	Net Migration Rate
NNMR	Neonatal Mortality Rate
NSO	National Statistics Office
NSS	National Statistical System
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
PES	Population Estimation Survey
PSA	Population Situation Analysis
P_{x,t}	Population of age group x at time t
SDGs	Sustainable Development Goals
SHHS	South Sudan Household Health Survey
SRB	Sex Ratio at Birth
SRB	Sex Ratio at Birth
S_x	Survival Ratio for age group x
TFR	Total Fertility Rate

TFR	Total Fertility Rate
U5MR	Under-Five Mortality Rate
U5MR	Under-Five Mortality Rate
U5MR	Under-Five Mortality Rate
UHC	Universal Health Coverage
UNDESA	United Nations Department of Economic and Social Affairs
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VNR	Voluntary National Review
WFP	World Food Programme
WHO	World Health Organization
WRA	Women of Reproductive Age

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SECTION ONE

Socio-Economic and Human Development Context

KEY MESSAGES

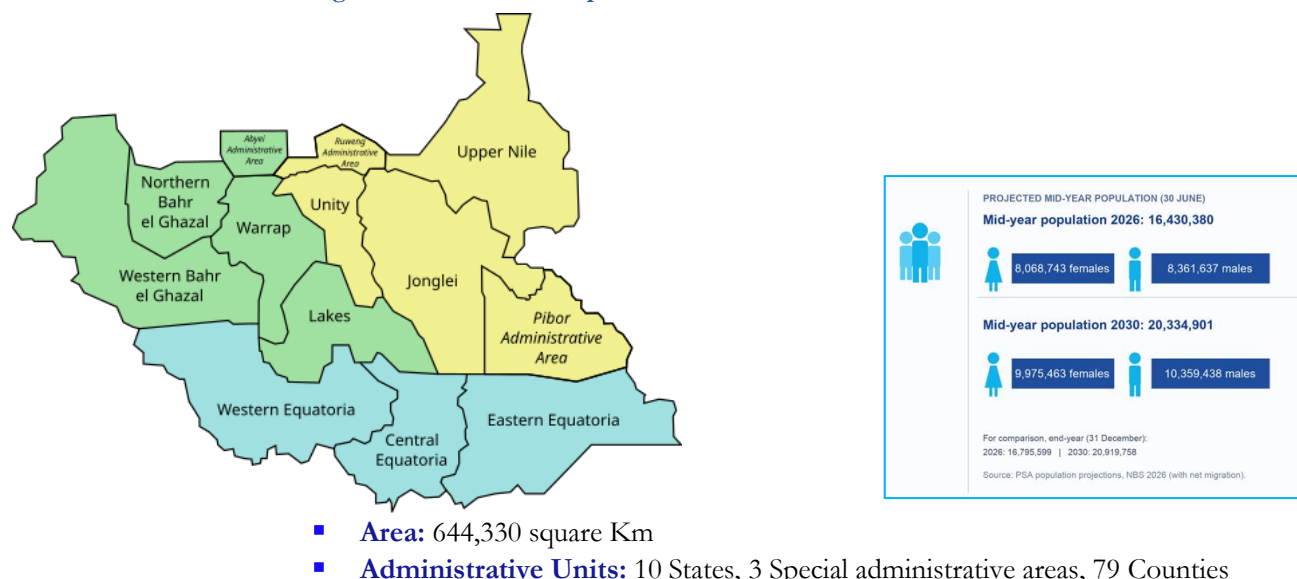
- **Lowest human development globally:** HDI of 0.388 (193rd of 193 countries) and about 83 percent of people multidimensionally poor.
- **Oil-dependent, shock-prone economy:** oil provides about 60 percent of GDP and 85–90 percent of government revenue.
- **Protracted humanitarian crisis:** about 10 million people need assistance in 2026, with 2.5–2.9 million IDPs and about 658,000 refugees hosted.
- **Poor-quality jobs:** labour force participation is high (73 percent), but over 80 percent of workers are in vulnerable employment and about one-third of youth are NEET.

1.0 Country Context

Fifteen years after Independence on 9 July 2011, South Sudan, a landlocked country with a land mass of 644,330 square kilometers, situated in East-Central Africa, remains marred in recurrent internal conflicts, myriads of socioeconomic and governance challenges amplified by rampant security fragility. The formation of transitional unity government in 2020, following the signing of the Revitalized Agreement on the Resolution of Conflict in the Republic of South Sudan (R-ARCSS) in 2018, ushered in a relative peace and created an improved environment for development planning and execution. The transitional period was extended (the fourth extension since 2018) to February 2027 to allow more time for the government to implement critical provisions in the R-ARCSS, including drafting a permanent constitution, conducting a national census, and unifying the country's security forces. Since the formation of the transitional government, the security and humanitarian operations have continued to dominate the country's political and economic landscape in the ensuing years, leaving unaddressed many pressing development challenges prioritized in the national development strategy.

The 5th Sudan Population and Housing Census completed in 2008, prior to South Sudan's secession, estimated the country's population at 8,260,490 people. Over the years, South Sudan's population growth and distribution have undergone substantial changes caused mainly by internal conflict- and climate-induced displacement and migration, unabated refugees' influx from Sudan since April 2023, as well as natural growth. Based on the cohort-component projections (with net migration), the country's mid-year (30 June) population is estimated at 15.79 million in 2025 and 16.43 million in 2026 and is projected to reach 20.33 million by mid-2030 (the corresponding end-year, 31 December, figures are 16.07 million, 16.80 million and 20.92 million). Both the male and female populations are projected to increase over this period, with a slight excess of males (about 104 males per 100 females), consistent with the South Sudan 2025 MICS7 household population.

Figure 1: South Sudan Map of the States and Administrative Areas



1.1 Human Development Context

South Sudan continues to face compounded socioeconomic and governance challenges which have led to considerable human development deficits. The impact of these challenges manifests profoundly in its development outcomes. The country has a Human Development Index (HDI) of 0.388 according to the 2025 Human Development Report, placing it in the lowest of human development category (global ranking of 193/193). The HDI trend has been stagnating since 2022, following a decline from 0.398 in 2020.

Livelihoods are dominated by low-productivity subsistence activities. The vast majority of households depend on subsistence agriculture with limited market integration and incomes. While urban households engage largely in informal jobs, over 80 percent of the country's population residing in rural areas largely depends on non-monetized livelihoods - an estimated 78 percent of households derived their income from crop farming or livestock.

Poverty remains widespread and has continued to deepen in recent years. The share of the population living below the international poverty line (US\$2.15, 2017 PPP) was estimated at 67.3 percent in 2016, with urban poverty rising from 54 percent in 2016 to 67 percent in 2022. Gender inequalities persist, with female-headed households disproportionately affected by poverty relative to male-headed households. Furthermore, child food poverty prevalence is extremely high. An estimated 86.8% of children aged 6–23 months are living in child food poverty, according to the South Sudan 2025 Multiple Indicator Cluster Survey (MICS7). This means they consume foods from four or fewer food groups per day, reflecting severe constraints in dietary diversity and infant feeding practices, with serious implications for child survival, growth, and development.

Multidimensional poverty is pervasive and reflects overlapping deprivations in basic services and human capabilities development. Approximately 83 percent¹ of the population is multidimensionally poor, experiencing deprivations in 55.3 percent of the national multidimensional poverty index (MPI) indicators. The most severe deprivations are observed in access to electricity (94.3 percent), sanitation (84 percent), and educational attainment of household

¹ NBS. 2023. National MPI Preliminary Findings Report, 2023

heads (73 percent), alongside limited access to health services, safe water, and adequate housing. Rural populations are particularly affected (89 percent), compared to urban areas (70.1 percent).

Human development outcomes remain weak. Gross national income (GNI) per capita is estimated at US\$688 (constant 2021 PPP), while life expectancy at birth was 59.3 years, reflecting the cumulative effects of conflict, harsh economic condition, and limited-service delivery. Recent official data show a gradual but consistent improvement in life expectancy in South Sudan over the 2021–2024 period². National life expectancy at birth increased from 58.4 years in 2021 to 59.3 years in 2024, indicating modest upward trend in overall longevity.

Additionally, human capital outcomes are critically low. According to the World Bank, the Human Capital Index (HCI) is estimated at 0.31 (2020), and its updated index, Human Capital Index Plus (HCI+)³ of 0.36 (2026). This implies that a child born in South Sudan today will achieve only about one-third of their potential productivity by age 65, if the current levels of education and health remain unchanged.

Development prospects since independence are hampered by a horde of structural vulnerabilities. The United Nations Committee for Development Policy⁴ reports a Human Asset Index (HAI) of 19.3 and an Economic Vulnerability Index (EVI) of 54.5 in its 2024 triennial review. GNI per capita, averaged at US\$395 for 2020–2022, remains significantly below the threshold for graduation from least developed country (LDC) status. While recent national estimates under the 2026 Doha Programme of Action national review indicate some improvement in HAI (35.4), levels remain critically pointing to persistent structural constraints and limited near-term prospects for prosperity.

1.4 Inflation and Food Security Dynamics

South Sudan is experiencing hyperinflation and severe macroeconomic instability, with direct implications for poverty, food security, human capital development, as well as human capital development. While monthly inflation rate as measured by the Consumer Price Index (CPI) was estimated at 2.12 and 2.30 percent in April and May 2025, respectively, the most recent estimate by NBS using updated CPI methodology, these national estimates wildly differ with the IMF estimate and most certainly mask the stark reality as experienced by households. IMF estimates show inflation surged to hyperinflationary levels in 2024, exceeding 112 percent year-on-year, and remained extremely high at 99.8 percent in 2024 and an estimated 97.5 percent in 2025⁵. These dynamics have been driven primarily by disruptions to oil exports through Sudan, lack of fiscal discipline, sharp depreciation of the South Sudanese Pound, and high global food prices. Given the country's limited domestic production and heavy reliance on imports, exchange rate depreciation has rapidly translated into higher prices.

National cereal production remained stable at 1.123 million metric tons for the second consecutive year. However, rising prices have worsened food access and affordability, contributing to rising monetary and multidimensional poverty particularly among poor and vulnerable households. In 2025, around 7.7 million people were projected to face crisis-level or worse food insecurity. The welfare costs and long-term human capital implications include increased malnutrition, lower educational attainment, and reduced productivity. While inflation is projected (IMF) to moderate to around 15.8 percent by 2026, the persistence of structural vulnerabilities suggests that recovery in living standards and human development outcomes will likely be slow and uneven.

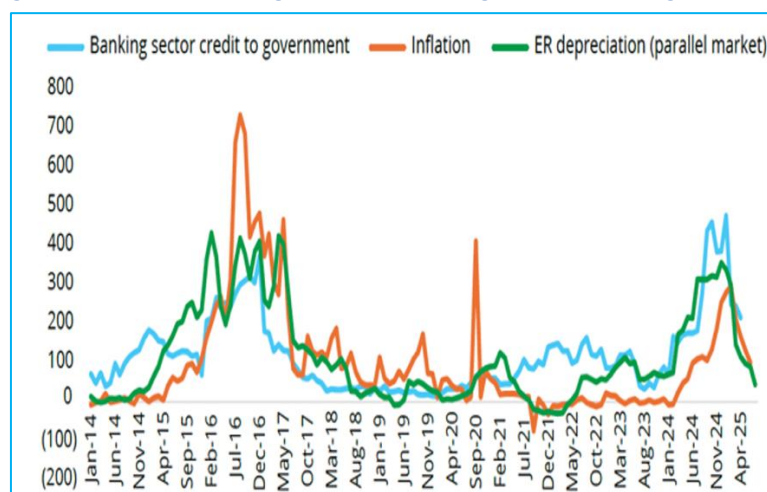
² Ministry of Health. Health Statistics Abstract 2025

³ Holla, Alaka, Norbert Schady, and Joana Silva, eds. 2026. *Building Human Capital Where It Matters: Homes, Neighborhoods, and Workplaces*. World Bank. doi: 10.1596/978-1-4648-2277-3.

⁴ Excerpt from Committee for Development Policy, Report on the twenty-sixth session, See Official Records of the Economic and Social Council, 2024, Supplement No. 13 (E/2024/33)

⁵ [International Monetary Fund \(IMF\)](https://www.imf.org/)

Figure 2: Inflation, exchange rate, and banking sector credit to government⁶



1.5 Labour Market Challenges and Prospects for Youth Employment⁷

The labour market in South Sudan is characterized by relatively high labour force participation, but low-quality employment defined by widespread necessity-driven engagement in economic activities, with limited prospects for productive and formal job creation, particularly for young people. The labour force participation rate for the population aged 15 and above averaged 73.4 percent between 2020 and 2023 – a stagnation from earlier estimates of 74 percent in 2008. However, this high participation largely reflects engagement in subsistence and informal activities rather than access to productive employment opportunities.

Vulnerability and informality largely characterized the employment outcomes of engaged workforce. Over 80 percent of workers are engaged in vulnerable employment, with only a marginal decline from 81.7 percent in 2020 to 80.3 percent in 2023. This indicates that much of the workforce is engaged in own-account or unpaid family work, typically characterized by low earnings, limited job security, and minimal access to social protection.

While unemployment rates appear relatively moderate and declining from 14.2 percent in 2020 to 12.4 percent in 2023, these figures understate and likely missed the widespread underemployment, informality, and low-productivity work. Typical of fragile and predominantly rural economies such as South Sudan, rampant unemployment is oftentimes less indicative of labour market distress but more indicative of prevalence of poor-quality employment.

Youth face constrained opportunities. The share of young people not in education, employment, or training (NEET) is huge hovering around one-third of the youth population, fluctuating between 33.5 and 34.0 percent between 2020 and 2023. This suggests a large cohort of young people who are disconnected from both the education system and the labour market, posing risks for long-term human capital development and social stability.

Overall, South Sudan labour market is characterized by a stark mismatch between high labour supply, driven by a young and growing population, and limited economic and skills development opportunities. Without prioritized investment in human capital, economic diversification (export-led), and private sector development, prospects for absorbing the the large youth bulge into productive employment will remain a mirage.

⁶ Bank of South Sudan Monthly Bulletin, as cited in the World Bank Public Finance Review Report 2025

⁷ Statistics cited herein this section are from ILO modelled estimates and World Development Indicators (WDI)

1.5 Structure of the Economy

Primed optimism about economic prosperity at independence has since waned. At independence, the country's per capita GDP was 40 percent higher than those of its regional peers such as Rwanda, Uganda, DRC to name but a few. A decade and a half later, South Sudan's economy remains highly dependent on oil, with virtually zero diversification. The latest official estimates place nominal GDP at approximately SSP 4.2 trillion in 2021, with real GDP estimated at SSP 0.02 trillion and real GDP per capita at US\$733 - an increase from US\$647 in 2020. Subsequent GDP estimates after 2021 are largely based on projections by the International Monetary Fund. Stronger income levels at independence compared to regional peers have been eviscerated by protracted conflict and macroeconomic instability, leaving the country among the poorest globally.

The economy is characterized by a dominant oil sector and a largely subsistence-based everything-else segment of the economy. Oil accounts for approximately 60 percent of GDP and about 85-90 percent of government revenues. Although oil production resumed in early 2025 after disruptions in 2024, revenues remained significantly lower - approximately 70 percent below levels seen 18 months earlier - driving salary arrears and contributing to a projected fiscal deficit of 31 percent in the 2025/26 financial year. Public spending on social sectors declined, with allocations to education falling from 8 percent to 5.4 percent and to health from 2 percent to 1.31 percent, limiting progress under SDGs 3, 4 and 5 on health, education and gender equality.

The services sector contributes an estimated 52.5 percent of GDP, driven largely by public administration, trade, and humanitarian operations (African Development Bank⁸, 2025; World Bank, 2026⁹). In contrast, manufacturing remains underdeveloped, contributing about 2 percent of GDP due to severe infrastructure constraints and limited access to reliable energy. Agriculture, including livestock and forestry, contributes between 6 and 10.4 percent of GDP, yet remains the primary livelihood source for approximately 80 percent of the population (AfDB, 2025; IMF¹⁰, 2026).

Within this structure, the fisheries subsector represents a significant but underutilized economic opportunity. The country has an estimated sustainable harvest potential of up to 300,000 tons annually, valued at approximately US\$300 million; however, its formal contribution to GDP remains limited due to structural bottlenecks, including inadequate cold-chain infrastructure, resulting in post-harvest losses of up to 70 percent (FAO¹¹, 2023; World Bank¹², 2024). Despite these inefficiencies, fisheries remain an important livelihood and food security source, supporting an estimated 2.1 million people, or about 13 percent of the population. Overall, the economic structure underscores the need for diversification and increased investment in productive sectors to support inclusive and resilient growth.

⁸ African Development Bank. (2025). *South Sudan country focus report 2025: Driving structural transformation through agricultural value chains*. voda.afdb.org

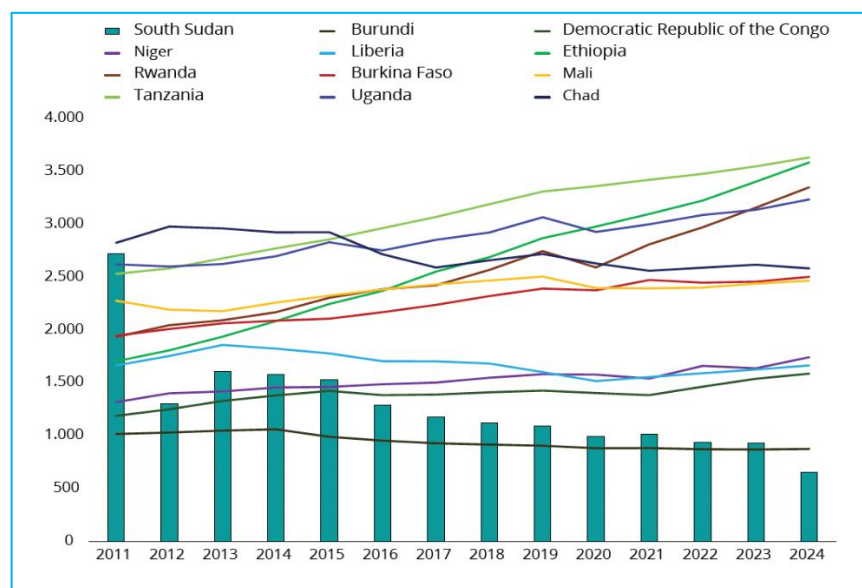
⁹ The World Bank. (2026). *South Sudan public finance review 2026: The key role of restoring public finances*. www.worldbank.org

¹⁰ International Monetary Fund. (2026). *Republic of South Sudan: 2026 article IV consultation—Press release, staff report, and statement by the Executive Director for the Republic of South Sudan*. www.imf.org

¹¹ Food and Agriculture Organization of the United Nations. (2023). *Fisheries and aquaculture in South Sudan: Challenges and opportunities for livelihoods*.

¹² World Bank. (2024). *South Sudan economic monitor: Investing in humans for a resilient future*. World Bank Group. documents.worldbank.org

Figure 3: GDP per capita (constant PPP\$)¹³



1.6 Investment Landscape and Remittance

The country's business environment is defined by high volatile and structural fragility. Following a sharp economic contraction of 26.1 percent in 2024 due to external shocks, including pipeline disruptions and regional instability, a modest rebound driven by a recovery in oil production projected, the prospect of which has been dwindling as 2026 ticks away. Public sector expenditure in the 2025/2026 national budget have increased by 68 percent to an estimated SSP 7 trillion (approximately US\$1.2 billion).

Additionally, South Sudan's scores on ease of doing business continues to diminish (South Sudan ranks 181 out of 190 globally¹⁴), reflecting weak institutions, limited regulatory capacity, limited financial ecosystem, and high operational risks amplified by broad macroeconomic state and political instability. The legal and judicial system remains underdeveloped hindering contract enforcement mechanisms, while the financial sector remains underdeveloped as over 90 percent of the population lacks access to formal banking services. These constraints immensely limit private sector development, discourage saving and investment, and constrain the economy's capacity to generate livelihood opportunities for South Sudanese.

In fragile and conflict-affected context such as South Sudan, remittances provide a critical financial cushion against systemic shocks, stabilizes household survival consumption and stimulate domestic savings and credit. To these ends, remittances¹⁵ from the Diaspora community have continues to play a significant role in country's external financial flows and household welfare. Over the period 2014–2024, World Bank estimates¹⁶ show that South Sudan has been a net recipient of remittances. The country received an average of about US\$637.1 million annually, compared to average outward remittances of approximately US\$94.3 million between 2014 and 2023. This

¹³ as cited in the World Bank Public Finance Review Report 2025

¹⁴ African Development Bank, Country Focus Report 2025.

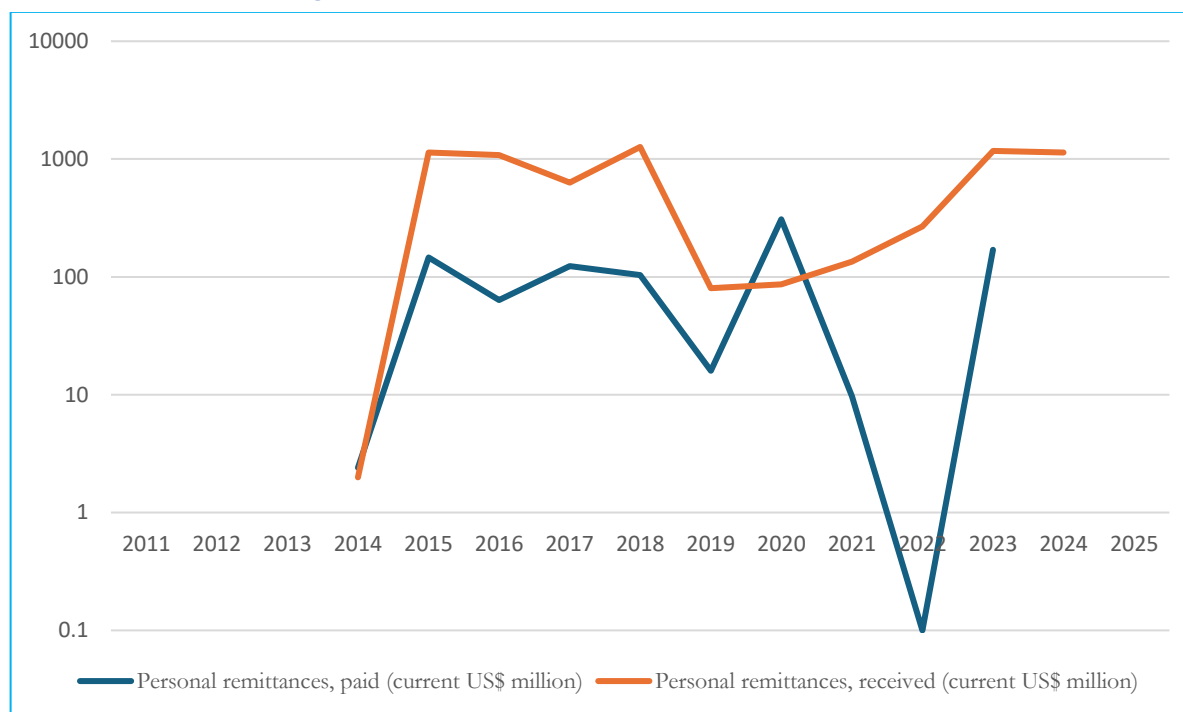
¹⁵ World Bank. 2026. [Personal remittances, paid (current US\$)]. World Development Indicators

¹⁶ based on International Monetary Fund balance of payments data

substantial inflow reflects the importance of diaspora contributions and cross-border labour income to domestic livelihoods.

These inflows are particularly critical where formal employment opportunities remain limited and many households depend on external support to smooth consumption, finance education and healthcare, and cope with economic shocks as well as in helping stabilize the macroeconomic environment.

Figure 4: Remittances received and paid between 2014-2024



1.7 Opportunities for Economic Diversification and Growth

South Sudan possesses substantial natural resources endowment that offers viable pathways for economic diversification and employment creation. The World Bank 2025 Natural Resource Review and the 2026 Country Climate and Development Report underscore the urgency of developing scalable alternative growth sectors by leveraging high-potential areas for value addition in renewable resources such as fisheries, forestry, agriculture, and wildlife to support inclusive growth. Fisheries alone have an estimated sustainable annual yield of up to 400,000 tons, with the potential to generate significant economic returns if post-harvest losses (currently estimated at 70%) are reduced through investments in cold-chain and market infrastructure (World Bank, 2024¹⁷). Similarly, the forestry sector offers varied opportunities through non-timber forest products such as gum Arabic and honey, with potential revenues exceeding US\$1 billion¹⁸ annually. These sectors remain underdeveloped but could contribute considerable to export diversification and rural livelihoods.

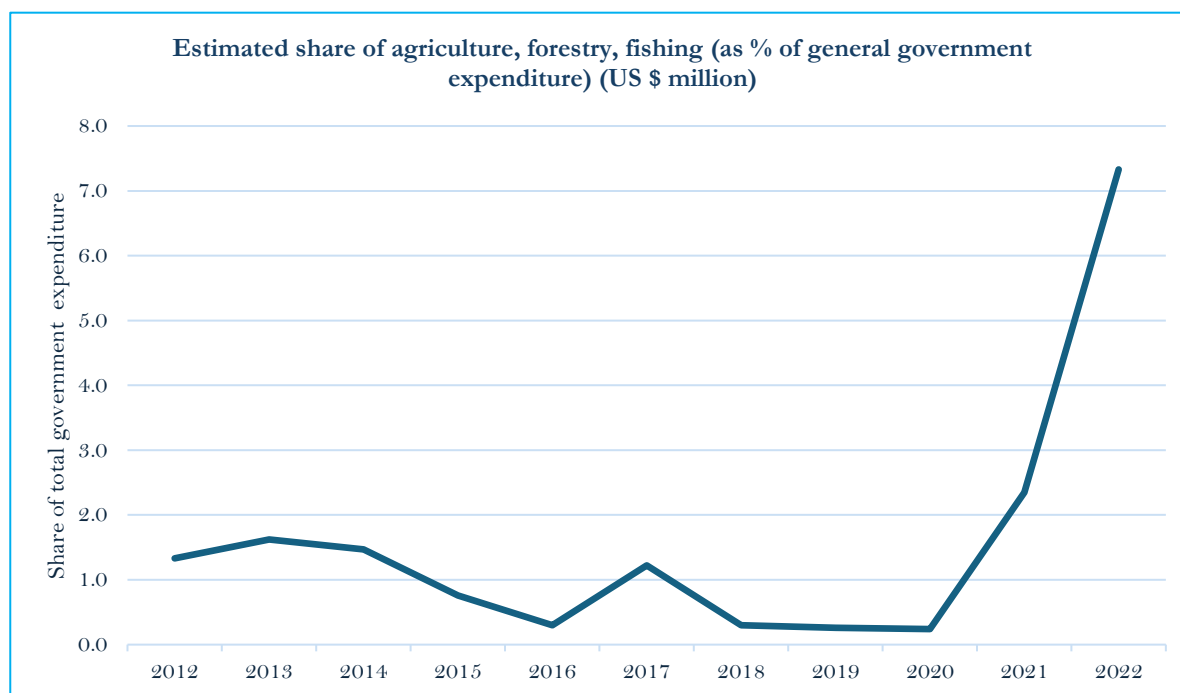
Agriculture and sustainable wildlife economy further expands diversification prospects. Although an estimated 75 percent of land is arable land fits for agriculture, only a small share is currently cultivated, and 80 percent of the population depends on rain-fed smallholder agriculture. Expanding production of staple crops such as maize, rice and sorghum could help close the current cereal deficit, reduce reliance on food imports and humanitarian assistance, and generate youth employment at scale. Additionally, South Sudan's biodiversity, including large-scale wildlife

¹⁷ World Bank. (2024). *South Sudan economic monitor: Investing in humans for a resilient future*. World Bank Group. documents.worldbank.org

¹⁸ ibid

migration, provides opportunities for a sustainable wildlife economy. Strategic investment in these sectors could support a transition toward a more diversified, inclusive, and sustainable economy with diverse enormous opportunities for all South Sudanese people.

Figure 5: Estimated share of agriculture, forestry, & fishing (US \$ million)¹⁹



1.8 Humanitarian Situation: Armed Conflicts, Natural Disasters, Displacement

The human capital development is experiencing an acute fragility and continues to be hampered by hordes of factors including climate and economic shocks, armed conflicts and rampant insecurity, as well as the influx of refugees from neighbouring Sudan which has impacted host states and communities. As it is globally, political violence has continued to be a critical driver of humanitarian need and population vulnerability in South Sudan since independence. Analysis of trend based on ACLED data from 2011 to 2026 underscore the high-intensity and high-impact nature of political violence in South Sudan, with important implications for population dynamics, service delivery, and protection risks.

Political violence has been both more frequent and disproportionately more lethal in terms of the human cost compared to global averages. From 2011 to 2026, the country recorded 14,708 violence incidences (averaging 919 incidences annually), representing approximately 1.0% of total global incidents. Over the same period, 52,292 fatalities (averaging 3,268 annually) were reported, accounting for 2.5% of global deaths from political violence, and a fatality rate per violent event of 4 deaths per incidence, more than double the global average of 1.5, reflecting the prevalence of attacks against civilians, and limited access to timely protection and emergency response.

As of mid-2026, South Sudan hosted about 658,300 refugees and asylum-seekers (UNHCR, July 2026), while an estimated 2.5 to 2.9 million people were internally displaced (OCHA, March 2026; IOM DTM, 2026), including

¹⁹ UN FOA STAT: Government expenditures in agriculture 2001–2023

753,000 people newly displaced in 2025, and about 3.1 million returnees were trying to rebuild their lives across the country. Since the start of Sudan's civil war in April 2023, about 1.45 million people have crossed into South Sudan, including over 865,000 South Sudanese returnees (about 915,240 returnees by March 2026, according to UNHCR). The Sudan crisis continues to increase the number of returnees and refugees in South Sudan. In addition, about 2.4 million South Sudanese remain refugees in neighbouring countries, mainly Uganda, Sudan, Ethiopia and Kenya.²⁰²¹²²

According to the 2026 Humanitarian Needs and Response Plan (HNRP), 10 million people, 8 percent more than in 2025, are projected to require assistance in 2026, an increase of 8 percent from 2025. As of January 2026, renewed clashes between government forces and the rebels across Jonglei State which started in late December 2025 had displaced an estimated 280,000 people.

Furthermore, the country is experiencing extremely critical crisis in nutrition and child health, driven by climate shocks which have impact food systems, conflict spillover and economic crisis. Malnutrition rates, especially among under-five children, remains high driven by limited dietary diversity, and poor complementary feeding practices according to the recent evidence from the 2025 MICS7 data. According to the IPC 2025, approximately 2.11 million under-five children and 1.15 million pregnant/lactating women are expected to suffer from acute malnutrition in 2026, a 10.5% increase in the maternal burden compared to 2025. An additional 714,439 children are at risk of Severe Acute Malnutrition (SAM) in 2026, representing a 35% increase in the SAM caseload compared to 2023 levels.

²⁰ International Organization for Migration. (2026, February 11). South Sudan: Displacement tracking matrix (DTM) - Emergency event tracking report. <https://dtm.iom.int/south-sudan>

²¹ United Nations High Commissioner for Refugees. (2026b, March 16). Sudan situation - Operational data portal. <https://data.unhcr.org/en/situations/sudansituation>

²² United Nations High Commissioner for Refugees. (2026b, January 31). *South Sudan situation: Population Dashboard*

Figure 6: Humanitarian Situation in Numbers²³

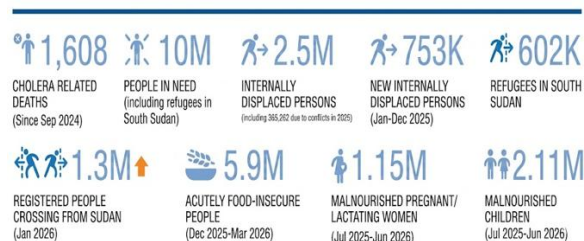
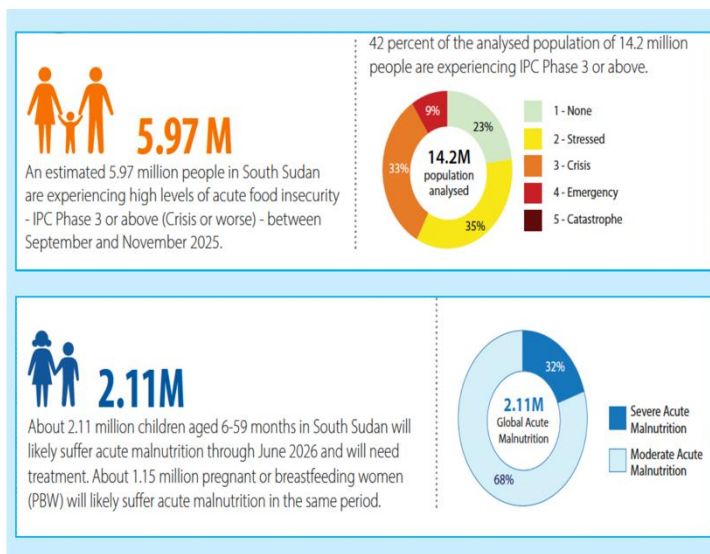
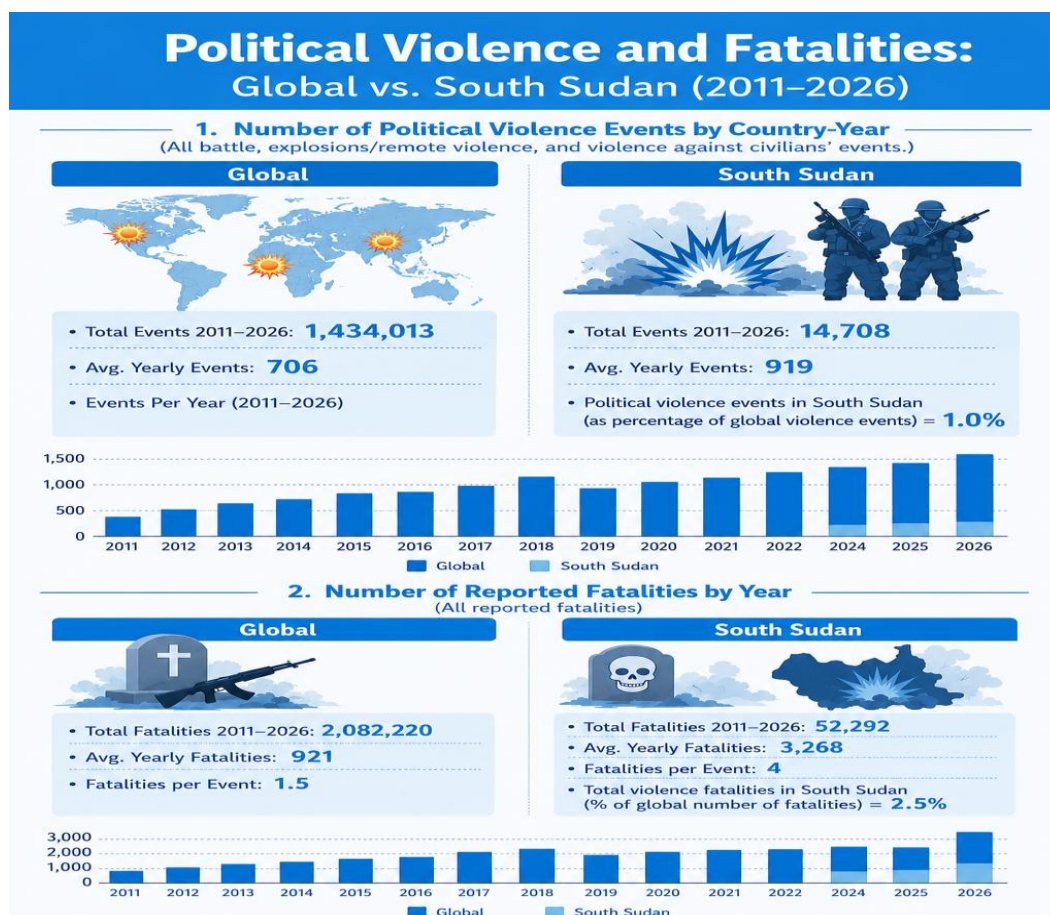


Figure 7: Acute Food Insecurity and Malnutrition Snapshots from IPC, 2025

Figure 8: Political Violence and Fatalities – ACLED data 2011-2026



²³ Adapted from the 2026 Humanitarian Needs and Response Plan (HNRP)

1.9 Socio-Cultural Context

Socio-cultural context is predominantly characterised by entrenched patriarchal norms, ethnic identities, communal social structure, fluid religious boundaries and respect for religious freedom, low literacy levels, child exploitation and communal social structures. While post-independence legal reforms created opportunities, customary laws continue to govern most social interactions as they relate to gender, marriage, and family life. These norms influence patterns of education, labour participation, and access to social and economic resources, adversely affecting women, girls, and other marginalized groups. South Sudan Gender Development Index is 0.842 (ranking 185 of 189 countries), indicating low attainment in human development achievements between women and men, ranking 185 of 189 countries. Adult literacy rate is estimated at 34.5 percent. Literacy is significantly higher among males (40.3 percent) compared to females (29 percent).

i. Religious demography and status of religious freedom

The transitional constitution provides for separation of religion and state, religious freedom of worship and assembly and prohibits religious discrimination. Amid ongoing national fragility religious institutions (South Sudan Council of Churches, etc.) have remained a crucial pillar of stability and a diverse network of Catholic, Protestant, and Muslim domestic and international organizations have been providing humanitarian aid, noncombatants shelter, community education, and local peacebuilding initiatives across the country.

ii. Marriage, dowry, and forced unions and power imbalances in marital relationships

Key to the marriage system is the bride price, typically paid in cattle, which has created strong economic incentives for early or forced unions. Poverty, displacement, and climate shocks have intensified this practice. Despite the transitional constitution establishing 18 as the legal age of majority, child marriage remains widespread enabled by entrenched cultural norms, with 51.5 percent of women²⁴ aged 20–24 married before the age of 18, placing them at increased risk of early pregnancies and associated health complications. Recent official statistics from the population survey (South Sudan 2025 MICS7) show that of women aged 20–24, 39.6 percent were married before age 18, and 13.0 percent before age 15. The prevalence rises to 43.0 percent among women aged 18–49. Early marriage is strongly associated with low education levels. Besides, 50.2 percent of women are in polygamous unions, reflecting social norms that may reinforce gender inequality and limit girls' autonomy. These practices have direct implications for girls' education, health, and long-term human capital development. Large age gaps among spouse further highlight gender and power imbalances. Among married girls aged 15–19, nearly half have significantly older partners, with 29.1 percent having partners 5–9 years older. Such stark differences in spousal age gap can reduce girls' decision-making power and increase vulnerability to violence and exploitation.

iii. Gender-based violence and harmful cultural practices

Gender-Based Violence (GBV) has been exacerbated by persistent conflict, poverty, climatic shocks, and harmful social norms with an estimated 65 percent of women and girls experiencing some form of physical or sexual violence in their lifetime²⁵ ((UNMISS, 2025). Moreover, a 2023 national prevalence survey conducted by the Ministry of Gender, Child and Social Welfare (MGCSW) and the UNFPA revealed 75.8% of South Sudanese women aged 15–64 experience at least one form of violence over their lifetime. By early 2026, the number of individuals at risk of GBV reached 2.7 million²⁶, 99 percent of reported survivors²⁷ are women and girls (OCHA, 2026). Conflict-related sexual violence remains a critical risk, particularly for displaced women and girls. Social norms continue to drive high rates of intimate partner violence (IPV) and early marriage. South Sudan maintains the second-highest IPV rate in East Africa, affecting 51 percent of

²⁴ Ministry of Gender, Child and Social Welfare. (2024). *National report on the status of gender equality and women's empowerment*.

²⁵ UNMISS. (2025). *Quarterly report on violence against civilians: January–March 2025*. United Nations Mission in South Sudan. <https://peacekeeping.un.org/en/violence-against-civilians-surges-amidst-escalating-conflict-south-sudan-january-march-2025#:~:text=2%20Jul%202025-,Violence%20against%20civilians%20surges%20amidst%20escalating%20conflict%20in%20South%20Sudan,sharply%20from%2014%20to%20171.>

²⁶ Knowledge, Attitudes and Practices Survey on Gender-based Violence in South Sudan - Final Report (January 2025)

²⁷ OCHA. (2026). *Humanitarian needs and response plan: South Sudan 2026*. United Nations Office for the Coordination of Humanitarian Affairs.

partnered women²⁸. With reduced access to health services by the population due to aid cut, clinical management of rape services as well as the skill set to deliver an effective response will be limited.

iv. **Gendered burden of household chores**

Household labour disproportionately affects girls. Evidence from South Sudan 2025 MICS7 show that, among children aged 12-14, 15.7 percent spend 21 hours or more weekly on chores, with girls (23.3 percent) significantly more affected than boys (6.5 percent). This imbalance reflects entrenched gender norms that have continued to limit girls' educational opportunities and increase vulnerability to early marriage.

v. **Inheritance, property rights, and wife inheritance**

Customary inheritance systems discriminate against women and girls, who are considered part of their husband's kinship group and are generally excluded from inheriting land or livestock. Practices such as wife inheritance are intended as social safety nets but often restrict women's autonomy reinforcing cycles of dependence and vulnerability.

vi. **Institutional and justice gaps**

Despite the establishment of a specialized GBV and Juvenile Court in Juba, inaccessible legal services and weak justice system constrain the population ability to seek legal. Only 7 percent of survivors report incidents to formal authorities, citing fear of social stigma and a lack of trust in the judicial system (UN Women, 2024). Compounding this, a 60 percent reduction in humanitarian funding for GBV services in 2025 has left approximately 80,000 survivors without access to clinical management of rape or psychosocial support (*see OCHA 2026 in the foot note*).

vii. **Disability and social exclusion**

The years of civil wars, recurrent conflicts, and limited access to healthcare have contributed to South Sudan having one of the highest disability prevalence rates globally, estimated at 15-20% of the population (5.1% in the 2008 Census). Across the country, 20% of households have at least one member with a disability. The three most common domains of functional difficulty reported are Seeing (38%), Walking (17%), and Hearing (13%) (FSNMS, 2024). These risks factors continue to create a substantial and growing number of people with disabilities whose needs must be urgently addressed.

The 2021 Population Estimation Survey (PES), which used the Washington Group questions on functional difficulty, gives a lower, survey-based estimate: disability prevalence of 6 percent among females and 4 percent among males, with walking (3.0 percent of females and 2.3 percent of males) and seeing (2.9 percent of females) the most common domains (see Section 7.1.2). The gap between the PES rates and the 15–20 percent estimate reflects differences in definitions and measurement rather than a contradiction and underlines the need for a harmonised disability measure in the next census.

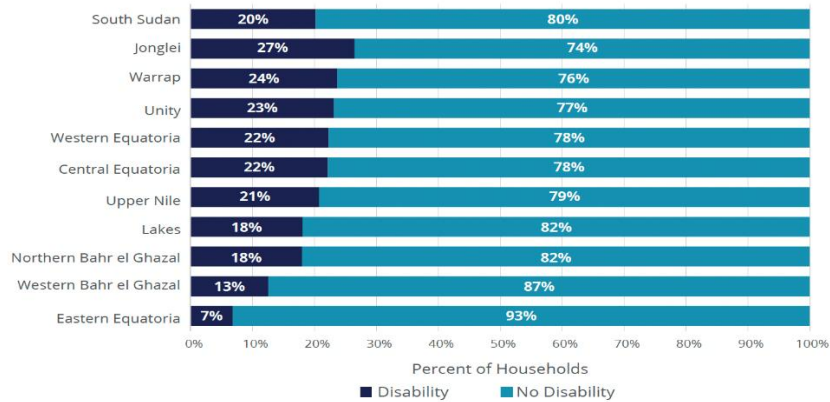
Persons with disabilities (PWDs) face access barrier such as limited protection, health services, livelihoods, emergency assistance, elevated risks of violence, exploitation, neglect, gender-based violence and secondary disabilities. Targeted interventions through economic empowerment, vocational training and inclusive education will enable self-reliance and unlocks the productive potential of PWDs.

South Sudan has made important legal and policy commitments that create a duty to act now. The country ratified the Convention on the Rights of Persons with Disabilities (CRPD) in 2023, creating international obligations to ensure accessibility, reasonable accommodation, and economic and social inclusion. The National Disability and Inclusion Policy promote equal opportunities and participation in national

²⁸ World Bank. (2024). *South Sudan gender assessment: Challenges and opportunities for women's economic empowerment*. World Bank Group.

development, while the National Disability Action Plan (2020) and constitutional provisions further reinforce the duty to support and empower PWDs.

Figure 9: Household Disability Status



Source: 2024 FSNMS

viii. **Widespread child economic participation**

Child protection in South Sudan is shaped by overlapping structural challenges: poverty, limited access to education, gender norms, and weak civil registration systems. These factors collectively increase children's exposure to labour exploitation, hazardous work, and early marriage. Rural children and girls are particularly disadvantaged. Children's involvement in economic activities is substantial according to the South Sudan 2025 MICS7 estimate. Over half of children aged 12-14 (52.6 percent) and nearly two-thirds aged 15-17 (62.7 percent) engages in economic work within acceptable hour thresholds. While not all work is classified as child labour, the high participation rates indicate economic pressures on households and potential risks of exploitation, especially where monitoring is weak.

SECTION TWO

Purpose, Objectives, and Methodology of the Population Situation Analysis

KEY MESSAGES

- **Nationally owned:** the PSA is led by the National Bureau of Statistics through a participatory, multi-sectoral and consultative process.
- **Robust projections:** a multi-level cohort-component model projects the ten states from the 2020 state base (13.2 million) and sums them to the national total.
- **Mid-year as the reference:** mid-year (30 June) populations are the headline planning denominators; year-end figures are shown for comparison.
- **Triangulated evidence:** the analysis draws on the 2008 Census, PES 2021, MIS 2023, South Sudan 2025 MICS7, administrative data and UN and World Bank sources.

2.1 Background and Rationale

Like many unstable nations where population growth is mainly driven by other factors beyond natural internal growth, demographic dynamics of South Sudan remains highly volatile due to conflict- and climate-induced displacements, refugees and returnee dynamics, and structural economic constraints. Understanding how these factors interact to shape the growth trajectory is critical for effective policy design and long-term development planning.

This Population Situation Analysis (PSA) is undertaken to provide a comprehensive, evidence-based assessment of population dynamics and their implications for sustainable development. It responds to the need for integrated analysis that links demographic trends with socio-economic challenges, governance systems, and environmental change.

2.2 Purpose and Objectives of the PSA

The PSA for South Sudan serves as a comprehensive evidence base to evaluate the country's current demographic and socio-economic standing and projected trajectory. It provides the foundational for incorporating demographic, social, and economic trends into national planning and inform policy, hence supporting South Sudan national development frameworks, particularly the South Sudan Development Plan (SSDP) 2026–2036.

The specific objectives are to:

- Analyse population structure and dynamics
 - Assess trends in population size, age structure, fertility, mortality, distribution and migration.
- Examine development linkages and assess vulnerability and resilience factors
 - Evaluate the interactions between population dynamics and education, health, employment, and poverty outcomes.
 - Investigate how GBV, climate change, and displacement shape demographic outcomes and income.

- iii. Support evidence-based policymaking and guide national planning
 - Inform the design of policies and legal frameworks addressing priority issues such as youth unemployment, reproductive health, gender and social protection.
 - Provide analytical inputs to support:
 - National Planning: Assist the government in the strategic placement of infrastructure (schools, hospitals, ICT, and markets) and the delivery of humanitarian support.
 - Policy Development: Provide data-driven justification for legislative action addressing, for example, youth unemployment, aging populations, and GBV.
 - Resource Allocation: Ensure budgets are directed toward the most critical sectors and the underserved populations.

2.3 Methodological Approach

Led by the National Bureau of Statistics (NBS), the PSA employs²⁹ a participatory, multi-sectoral approach to ensure national ownership, inclusiveness, data triangulation and technical rigor. It utilises a mixed-methods combining quantitative data analysis with qualitative stakeholder consultations.

The population projections³⁰ generate using a Multi-Level Cohort-Component Method (CCM), a statistical approach which advances a base population through time by simulating the biological and social processes of demographic change. The model uses the 2020 state base population (13,197,874 persons) as reference population cross validated against the 2021 Population Estimation Survey (PES) and the South Sudan 2025 Multiple Indicator Cluster Survey (MICS7) data to ensure the starting age and sex distributions and mortality reflect current realities. To account for health disparities and to capture the survival gap between regions across South Sudan, we employ mortality tiering system. States are classified into three distinct tiers based on their Under-five Mortality Rates (U5MR) and calibrated to the UN South Asian Model Life Table. Due to the absence of reliable age-specific mortality data for South Sudan, the study adopts the mortality patterns derived from the United Nations Model Life Tables and calibrated it to country-specific conditions using empirical evidence from the 2025 MICS7 for this projection.

Finally, a dynamic migration component is integrated into the model: the UN World Population Prospects (WPP) national net migration series for 2021–2030 (a cumulative 2,036,951 net migrants) is allocated to states using IOM DTM cross-border arrival shares, with a zero-sum redistribution between states. Projections are produced at year-end for each year from a 31 December 2020 base. Mid-year (30 June) populations are the main reference figures in this report and are calculated as the average of consecutive year-end populations; they are the appropriate denominators for annual rates and per-capita indicators. Year-end figures are reported for comparison.

2.4 The PSA Process

2.4.1 Preparatory Phase and National Ownership

The PSA study was led by the National Bureau of Statistics, ensuring strong national ownership. A stakeholder mapping exercise identified key actors across government, academia, civil society, humanitarian and development partners. The PSA is designed as a consensus-building process, promoting shared understanding and policy alignment.

²⁹ See United Nations Population Fund (UNFPA). (2020). Population Situation Analysis Methodological Guide.

³⁰ See detailed technical note on projection methodology in the annex.

2.4.2 Data Sources and Data Consolidation

The analysis draws on a wide range of national and international data sources, including:

- i. 2008 Population and Housing Census and related population Projections 2020–2040
- ii. Population Estimation Survey (PES), 2021
- iii. South Sudan 2025 Multiple Indicator Cluster Survey (MICS7)
- iv. Malaria Indicator Survey, 2023
- v. Administrative and sectoral data systems (line MDAs)
- vi. Voluntary National Review (VNR) Report, 2024
- vii. Development Partners' Reports
- viii. United Nations Population Division estimates
- ix. World Bank World Development Indicators
- x. Armed Conflict Location & Event Data (ACLED), 2011-2026

2.4.3 Data Validation and Stakeholders Consultations

Three levels of consultations were conducted, viz.:

- i. Technical consultations with NBS departments to assess data quality and harmonization
- ii. Government and academic consultations to refine analytical focus and priority thematic areas
- iii. Stakeholder consultations with civil society, humanitarian, and development partners

These consultations ensured data credibility, consensus-building, contextual relevance, stakeholder ownership, and shared understanding and policy alignment.

2.4.3 Integrated Thematic Analysis

The PSA employs an integrated analytical approach that combines, descriptive and trend analysis including population projection estimates; comparative benchmarking (regional and global; and thematic synthesis across sectors.

2.4.4 Validation and Policy Dialogue

Draft findings were presented in validation workshops with policymakers and stakeholders to ensure, technical soundness, policy relevance, and alignment with national priorities. This step strengthened the translation of evidence generated by the PSA into actionable policy recommendations.

2.5 Analytical Framework

The PSA is grounded in an integrated, systems-based analytical framework, recognizing that population dynamics both shape and are shaped by broader development processes. Population dynamics are analysed in relation to the following core analytical domains, namely.

- i. **Economic development** (economic growth, labour markets, livelihoods, etc.)
- ii. **Human capital development** (education and health).
- iii. **Environmental change** (climate variability and climate risks, natural resource pressures)
- iv. **Governance and institutions** (policy frameworks, service delivery systems, etc.)
- v. **Cross-cutting issues:** The framework explicitly integrates gender inequality and GBV, climate change and environmental shocks, conflict, migration, and displacement.

SECTION THREE

Population Dynamics and Demographic Structure

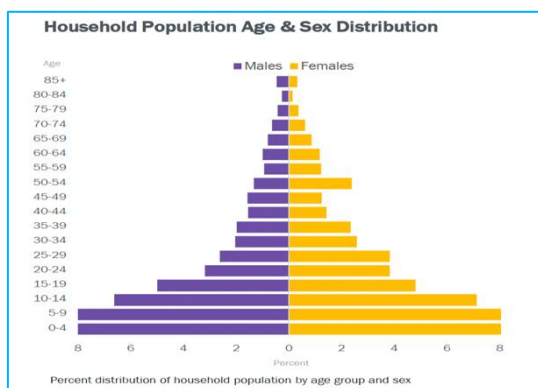
KEY MESSAGES

- **Rapid growth:** the mid-year population rises from 16.43 million in 2026 to 20.33 million in 2030; about three-quarters of the growth comes from natural increase.
- **Very young population:** 46.9 percent are under 15 and about 79 percent under 35; there are about 97 dependents per 100 people of working age.
- **High fertility, low contraception:** TFR 6.4, modern contraceptive use 5.3 percent and unmet need 35.7 percent; MMR 692 and under-five mortality 101.
- **Dividend not yet in reach:** the demographic window cannot open before 2030 without faster fertility decline; the Combined DD scenario would lift GDP per capita to US\$11,628 by 2061.

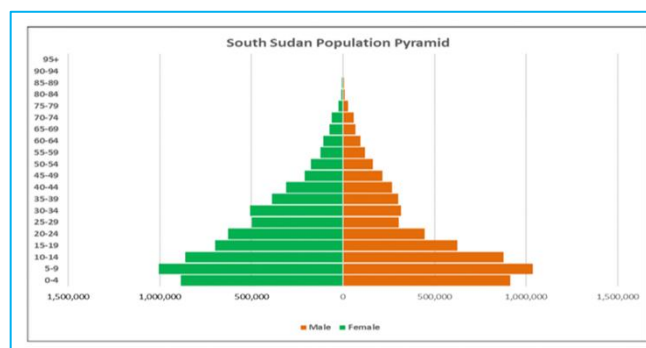
3.1 Age Structure and Dependency Ratios – Evidence from recent population surveys

Evidence from population surveys over different time periods such as the 2021 Population Estimate Survey (PES), the 2023 Malaria Indicator Survey (MIS), and the South Sudan 2025 Multiple Indicator Cluster Survey (MICS7) consistently shows that South Sudan has a manifestly youthful population structure. Approximately 59.0% of the population is below 18 years, and about 70.6% is under 30, while only a small share (5%) is aged 65 and above. The working-age population (15–64) constitutes roughly 42–52% of the total population. This age distribution results in a high dependency burden, with about 59% of the population falling within dependent age groups (0–14 and 65+), most of who are children.

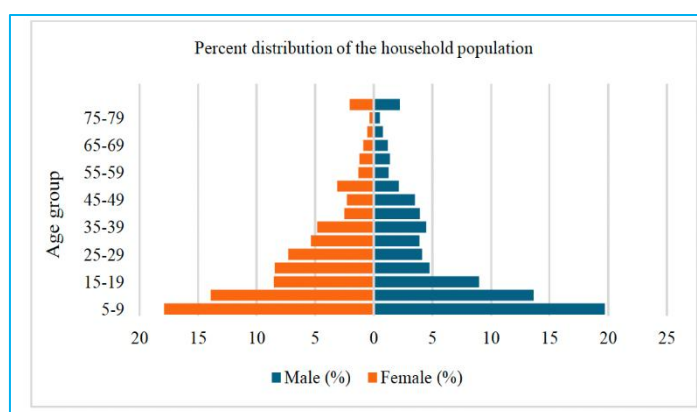
As evidence in the figures below, population pyramid characterised by a wide base and a narrow top. This indicates high fertility, rapid population growth, and low life expectancy. The large proportion of children implies enormous pressure on the working-age population to support dependents, placing strain on household resources and public services such as education, healthcare, and social protection. Household-level data further reinforce this pattern, with average household sizes of about 5.8 -6 persons and a high concentration of children and adolescents.



South Sudan 2025 MICS7



2021 PES



2023 MIS

3.2 Population Distribution and Density

While population distribution describes how people are spread across a specific area, population density is the number of persons per square kilometer in a geographical unit. It is an indicator of the concentration of the population in certain areas.

South Sudan has an area of 644,330 km². Based on the 2026 mid-year population projections (16.43 million), the national average population density is estimated at about 25.5 persons per km². Density remains highly uneven across the country, with relatively high concentrations in Northern Bahr el Ghazal (71.5 persons/km²), Warrap (56.0 persons/km²), Unity (50.4 persons/km²) and Central Equatoria (49.6 persons/km²), while Western Bahr el Ghazal (5.8 persons/km²) and Western Equatoria (12.8 persons/km²) remain sparsely populated. This reflects significant regional disparities in settlement patterns, access to services and development pressures, with important implications for infrastructure planning, service delivery, urbanisation and resource allocation (more details in Annex D).

3.3 Population Projections and Analysis: Size, Trends and Growth Rates

16.43 m Mid-2026 population	20.33 m Mid-2030 population	4.7% Average annual growth, 2021–30	2.04 m Net migrants, 2021–30
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The revised projections start from the 2020 state base populations, disaggregated by five-year age group and sex (13,197,874 persons at year end, 51.0 percent male). The ten states are projected separately, each with its own fertility level (derived from MICS7; total fertility rates of 6.2 to 8.0) and a South Sudan 2025 MICS7-based mortality tier and then added up to give the national total. **Mid-year (30 June) populations are the main reference figures in this report**, because they are the right denominators for annual rates and per-capita indicators such as births per 1,000 people. Year-end (31 December) populations, which give the stock at the close of each year and the opening population for the next, are shown for comparison.

South Sudan's mid-year population is projected to rise from 13.35 million in 2021 to 16.43 million in 2026 and 20.33 million in 2030 when net migration is included, an increase of 6.98 million (52 percent) in nine years. Without net migration (births and deaths only), the mid-2030 population would be 18.41 million. Net migration therefore adds about 1.93 million people by mid-2030 (10.5 percent above the no-migration path) and 2.18 million by 31 December 2030 (11.6 percent), when the year-end population reaches 20.92 million compared with 18.74 million without

migration. The additional population reflects the expected return of South Sudanese refugees from neighbouring countries and other inflows, together with births to these migrants.

BOX 1 · MID-YEAR OR YEAR-END? WHY IT MATTERS

- Year-end (31 December) figures give the population stock at the close of each year; mid-year (30 June) figures are the average of two consecutive year-ends.
- Mid-year populations are the correct denominators for annual rates and per-capita indicators (births per 1,000, cost per person, coverage rates), so they are the headline figures in this report.
- Mid-year figures are 1.2–3.2 percent below year-end figures; for 2030 the gap is 584,858 people.

Key findings from the revised projections:

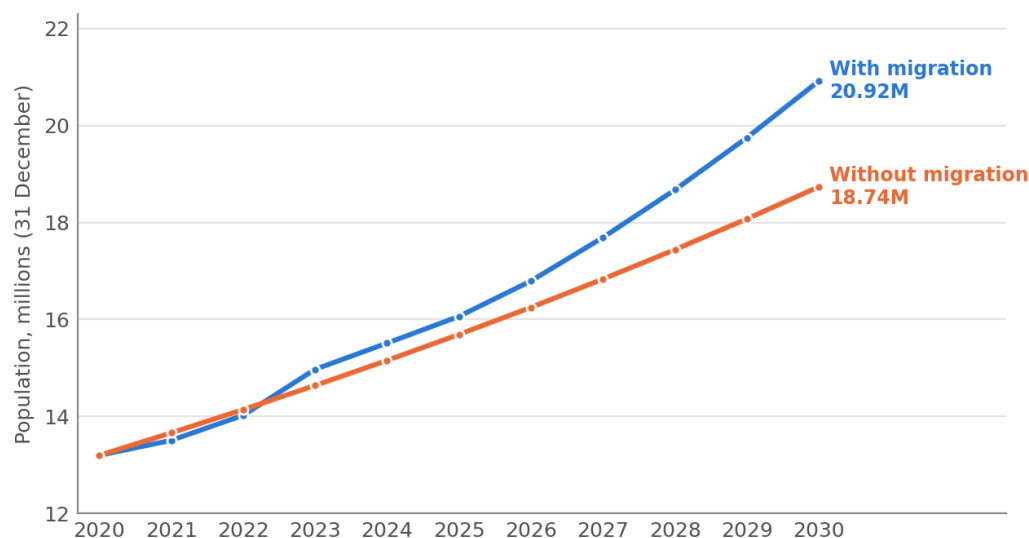
- **Natural increase drives most of the growth.** Of the 7.72 million rise in population between the end of 2020 and the end of 2030, 5.68 million (73.6 percent) comes from natural increase and 2.04 million (26.4 percent) from net migration. Annual growth averages 4.7 percent with migration and 3.6 percent without.
- **Migration first lowers, then raises, the population.** Net migration is negative in 2021 (–154,359), so the with-migration path is below the no-migration path in 2021 and 2022. It overtakes it in 2023, when 455,000 net migrants arrive. Inflows are small in 2024 and 2025, then rise every year from 161,320 in 2026 to 458,780 in 2030.
- **Migrants also add births.** The end-2030 gap of 2,182,813 is made up of 2,036,951 net migrants plus 145,862 additional births (net of deaths) among migrants and their children.
- **Mid-year figures are always below year-end figures**, by 1.2 to 3.2 percent with migration. In 2030 the mid-year population is 584,858 (2.8 percent) below the year-end population, because the gap equals half of the year's natural increase and net migration.
- **Migration raises every age group but hardly changes the age shares.** Children under 15 are 45.8 percent of the mid-2030 population with migration and 45.6 percent without; about 48 percent of the additional people are under 15.
- **The migration effect is concentrated in three states.** Upper Nile, Northern Bahr el Ghazal and Jonglei receive 62 percent of cumulative net migration, while Western Equatoria ends the decade slightly smaller than it would be without migration.

Table 1: Total population, mid-year and year-end, with and without net migration, 2021–2030

Year	Mid-year (30 June)			Year-end (31 December)		
	With migration	Without migration	Difference	With migration	Without migration	Difference
2021	13,352,781	13,429,960	–77,180	13,507,687	13,662,046	–154,359
2022	13,765,867	13,902,138	–136,271	14,024,047	14,142,230	–118,183
2023	14,498,558	14,390,919	107,639	14,973,069	14,639,608	333,461
2024	15,243,014	14,897,664	345,350	15,512,959	15,155,720	357,239
2025	15,789,060	15,423,987	365,073	16,065,162	15,692,254	372,908
2026	16,430,380	15,971,581	458,799	16,795,599	16,250,909	544,690
2027	17,243,478	16,542,106	701,372	17,691,357	16,833,303	858,054
2028	18,183,196	17,137,111	1,046,086	18,675,035	17,440,918	1,234,117
2029	19,212,539	17,757,998	1,454,541	19,750,043	18,075,078	1,674,965
2030	20,334,901	18,406,012	1,928,889	20,919,758	18,736,945	2,182,813

Source: PSA cohort-component projections (Method 1, 2020 state base), 2026.

Figure 10: Year-end population with and without net migration, 2020–2030



Source: PSA projections, 2026. The year-end series is shown because it starts from the 31 December 2020 base; the mid-year series follows the same path about half a year behind.

Without migration the population grows steadily, from 13.20 million at the end of 2020 to 18.74 million at the end of 2030 (a 42 percent rise), at 3.5 to 3.7 percent a year, edging up as the number of women of reproductive age increases. With migration, the path follows the UN WPP net migration series: after the out-migration of 2021 and the large inflow of 2023, the gap between the two paths widens steadily from 544,690 at the end of 2026 to 2,182,813 at the end of 2030. On a mid-year basis, growth with migration reaches 5.8 percent in 2030, the highest of the period, compared with 3.6 percent without migration.

Table 2: Mid-year population by sex, with and without net migration, and mid-year relative to year-end, 2021–2030

Year	With migration		Without migration		Mid-year vs year-end (%)	
	Male	Female	Male	Female	With migration	Without migration
2021	6,801,620	6,551,161	6,842,305	6,587,656	–1.15%	–1.70%
2022	7,007,823	6,758,044	7,079,584	6,822,554	–1.84%	–1.70%
2023	7,382,221	7,116,337	7,325,276	7,065,643	–3.17%	–1.70%
2024	7,762,224	7,480,790	7,580,079	7,317,585	–1.74%	–1.70%
2025	8,037,028	7,752,032	7,844,818	7,579,169	–1.72%	–1.71%
2026	8,361,637	8,068,743	8,120,362	7,851,220	–2.17%	–1.72%
2027	8,776,281	8,467,197	8,407,558	8,134,548	–2.53%	–1.73%
2028	9,256,987	8,926,209	8,707,199	8,429,912	–2.63%	–1.74%
2029	9,784,135	9,428,404	9,020,001	8,737,997	–2.72%	–1.75%
2030	10,359,438	9,975,463	9,346,599	9,059,413	–2.80%	–1.77%

Source: PSA projections, 2026. Mid-year vs year-end = (mid-year – year-end) / year-end.

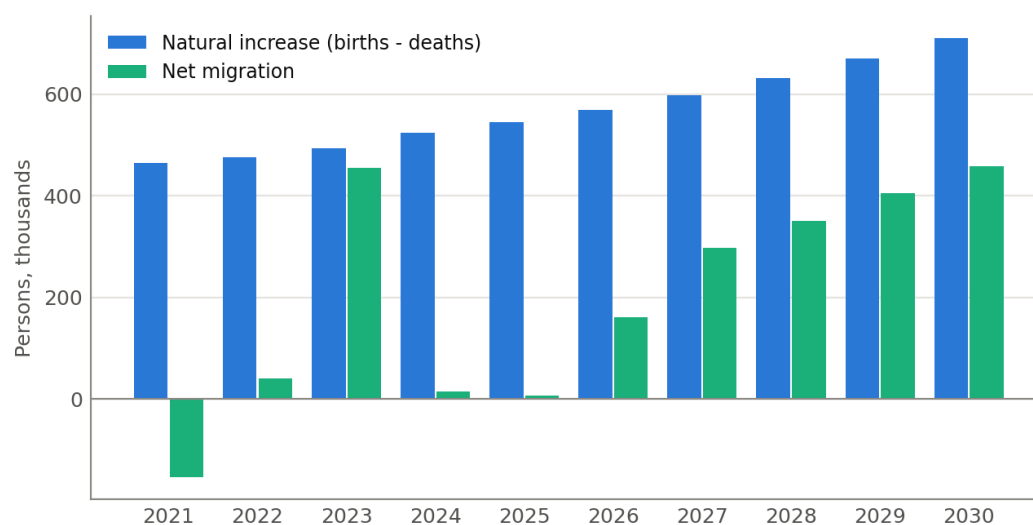
By sex, males make up 51.0 percent of the mid-2030 population with migration (103.8 males per 100 females), against 103.2 without migration, because migrants are assumed to be 52.7 percent male (South Sudan 2025 MICS7 household composition). This differs markedly from the 2021 PES, which enumerated only 89 males per 100 females, with a pronounced male deficit at ages 20–34. The sex composition of the population is therefore one of the key uncertainties that the next census must resolve.

Table 3: Natural increase, net migration and annual growth rate, 2021–2030

Year	With migration			Without migration	Annual growth rate	
	Natural increase	Net migration	Total change	Natural increase	With migration	Without migration
2021	464,172	–154,359	309,813	464,172	2.35%	3.52%
2022	476,099	40,260	516,359	480,183	3.82%	3.51%
2023	494,022	455,000	949,022	497,379	6.77%	3.52%
2024	524,520	15,370	539,890	516,112	3.61%	3.53%
2025	546,063	6,140	552,203	536,534	3.56%	3.54%
2026	569,118	161,320	730,438	558,655	4.55%	3.56%
2027	597,928	297,830	895,758	582,394	5.33%	3.58%
2028	632,198	351,480	983,678	607,615	5.56%	3.61%
2029	669,878	405,130	1,075,008	634,160	5.76%	3.64%
2030	710,935	458,780	1,169,715	661,867	5.92%	3.66%
2021–30	5,684,933	2,036,951	7,721,884	5,539,071	4.71%	3.57%

Source: PSA projections, 2026. Annual growth = total change / year-start population. The 2021–30 row shows totals and the compound annual growth rate for 2020–2030 (year-end basis).

Figure 11: Natural increase and net migration by year, with-migration scenario, 2021–2030



Source: PSA projections, 2026; UN World Population Prospects net migration series.

Natural increase rises from 464,172 in 2021 to 710,935 in 2030, as the number of births grows with a larger population of women aged 15–49. Net migration is smaller than natural increase in every year. It peaks at 458,780 in 2030 and is largest relative to natural increase in 2023 (92 percent); over 2021–2030 as a whole, net migration equals 36 percent of natural increase. Crude rates calculated on the mid-year population are similar in both scenarios: the crude birth rate is about 43.6 per 1,000 in 2021 and 43.8 in 2030 (44.7 without migration), and the crude death rate about 8.8 per 1,000. Because the state fertility rates (6.2–8.0) average 6.7 when weighted by population, the projected birth rate is above the South Sudan 2025 MICS7 estimate of 40.9 per 1,000, while the implied death rate is below the 11.4 per 1,000 reported by the Ministry of Health. Both differences are flagged for review in future updates of the projections.

3.3.1 State-Level Projections and the Distribution of Net Migration

Net migration is allocated to states in three layers that leave the national total unchanged. The UN WPP national series is the only source of migration volume. Each state then receives a share of it based on the cross-border arrivals recorded by IOM DTM (Round 16) in 2021–2024. Finally, a zero-sum internal term redistributes IDP and returnee movements between states, and declines by 15 percent a year after 2024. Because arrivals in 2021–2024 were dominated by movements from Sudan, Upper Nile (28.1 percent), Northern Bahr el Ghazal (18.8 percent) and Central Equatoria (14.1 percent) take the largest international shares, while internal movements add most to Jonglei and remove most from Central Equatoria and Upper Nile. State migration parameters and cumulative net migration by state are given in Annex B (section 11, “State migration parameters and cumulative net migration”).

Table 4: State population at 30 June 2030 (mid-year), with and without net migration

State	2020 base (31 Dec)	Mid-2030 with migration	Mid-2030 without migration	Difference	Difference, % of without	Net migration counted to mid-2030
Upper Nile	1,550,863	2,518,327	2,072,494	445,833	21.5%	428,134
Northern Bahr el Ghazal	1,133,166	2,140,871	1,745,741	395,129	22.6%	361,006
Jonglei	2,064,587	3,222,949	2,855,615	367,335	12.9%	332,363
Eastern Equatoria	1,583,065	2,253,317	2,064,228	189,089	9.2%	179,648
Unity	990,920	1,656,618	1,477,184	179,434	12.1%	166,673
Central Equatoria	1,750,038	2,608,187	2,448,948	159,239	6.5%	157,841
Warrap	1,532,402	2,296,777	2,182,958	113,819	5.2%	105,214
Western Bahr el Ghazal	526,667	814,079	738,372	75,708	10.3%	72,675
Lakes	1,196,091	1,637,835	1,611,560	26,276	1.6%	23,708
Western Equatoria	870,075	1,185,940	1,208,912	-22,972	-1.9%	-19,700
South Sudan	13,197,874	20,334,901	18,406,012	1,928,889	10.5%	1,807,561

Source: PSA projections, 2026. Net migration counted = 2021–2029 plus half of 2030.

Upper Nile (445,833; 21.5 percent), Northern Bahr el Ghazal (395,129; 22.6 percent) and Jonglei (367,335; 12.9 percent) gain the most by mid-2030. Western Equatoria is the only state below its no-migration level (–22,972; –1.9 percent), because it has a negligible cross-border share and a persistent net internal outflow. Jonglei remains the most populous state (3.22 million at mid-2030), followed by Central Equatoria (2.61 million) and Upper Nile (2.52 million). Under Scenario B, which shifts arrivals towards the pre-conflict pattern (mainly Central and Eastern Equatoria), the national 2030 total changes by fewer than 5,000 people, but state totals change considerably. State results should therefore be read as planning scenarios. Full state-by-year mid-year estimates by sex are presented in Annex C.

The Population Pyramids: South Sudan’s demographic structure is a high-momentum expansive pyramid, typical of an early stage of demographic transition. The broad base reflects high fertility: children aged 0–4 number about 2.91 million at mid-2026 (17.7 percent of the population) and 3.54 million at mid-2030, and every older age group is smaller than the one below it.

Between 2026 and 2030 the pyramid grows outward at every age (the mid-year total rises from 16.43 million to 20.33 million), while its proportions change slowly: the share under 15 falls from 46.9 to 45.8 percent and the total dependency ratio from 96.7 to 94.1 per 100 persons of working age. People aged 65 and over make up only 2.2 to 2.7 percent of the population. Migration enlarges the pyramid at all ages without changing its shape, because migrants are given the 2025 MICS7 age schedule. The mid-year and year-end pyramids are almost identical in shape, with age shares differing by less than 0.2 percentage points.

Figure 12: Population pyramids at 30 June 2026 and 2030, with migration (mid-year projections)

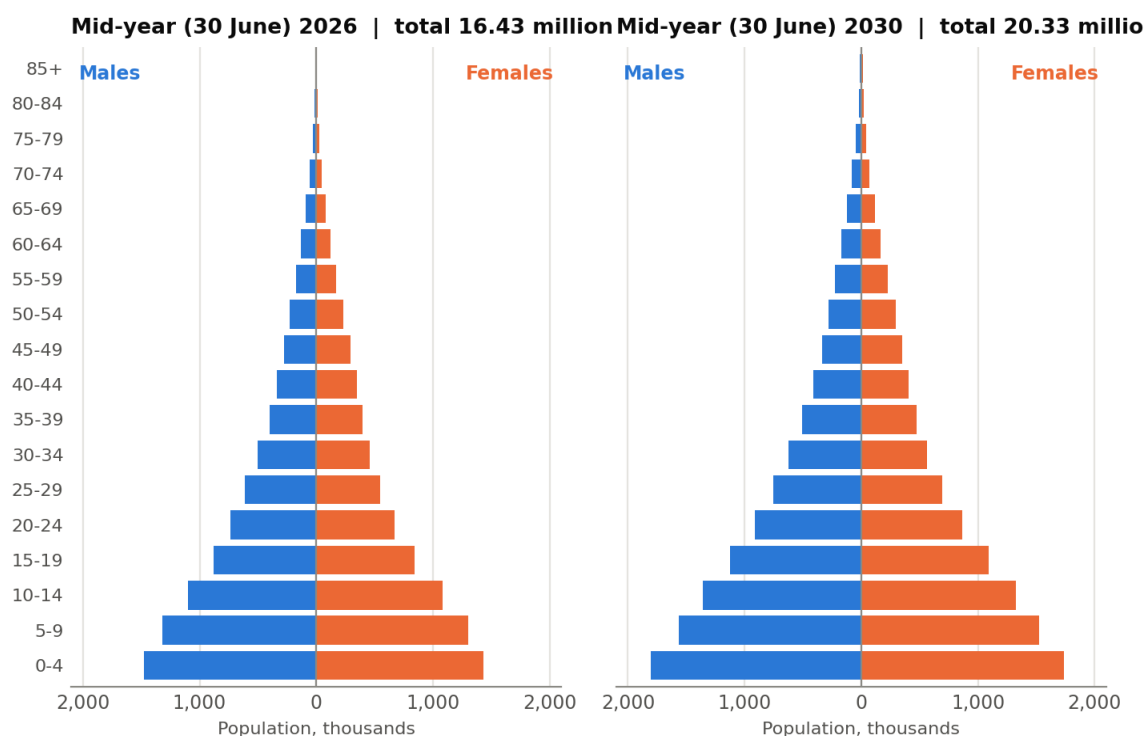
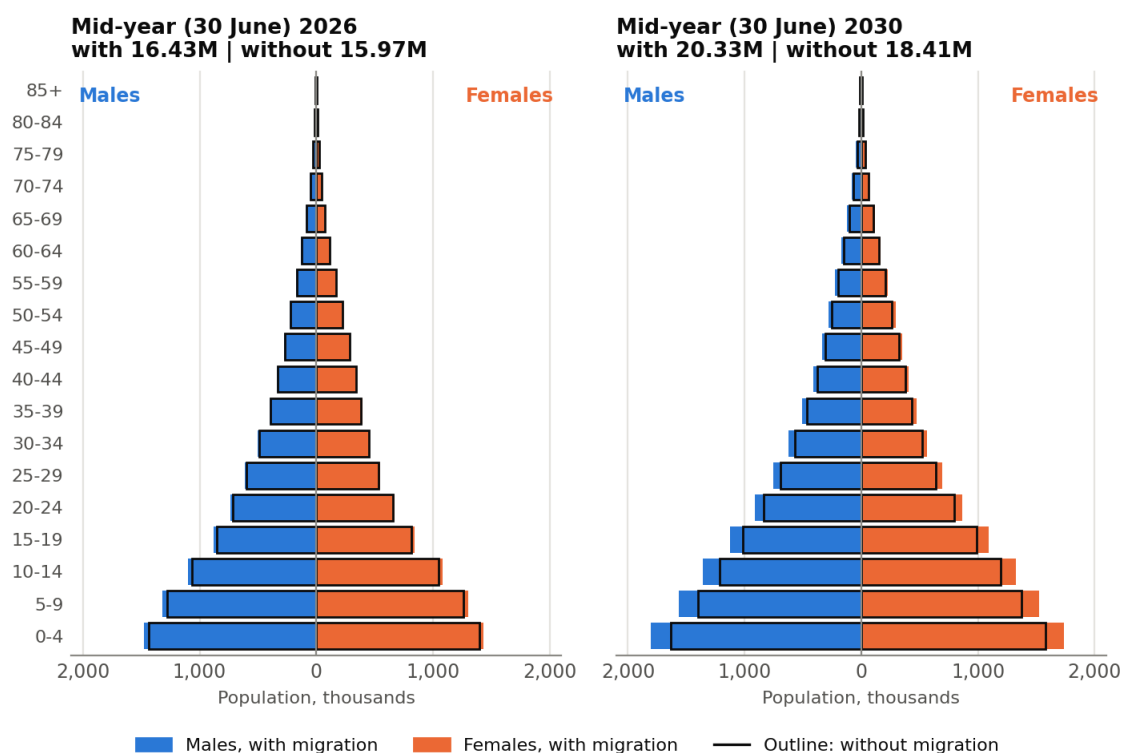


Figure 13: Comparative pyramids at 30 June 2026 and 2030: with migration (bars) and without migration (outline)



Source: PSA projections, 2026 (Method 1, 2020 state base). Males on the left, females on the right, in thousands.

3.4 Dependency Ratios and Policy Implications

Key Demographic Dynamics

Indicator	Value (Calculated from 2025 MICS7)	Indicator's Definition
Total Dependency Ratio	118.0	Total dependents (0-14 & 65+) per 100 working-age persons (15-64).
Child Dependency Ratio	107.4	Children (0-14) per 100 working-age persons.
Old Age Dependency	10.7	Elderly (65+) per 100 working-age persons.

The demographic profile of the population estimates reveals a huge economic burden placed on the working-age population (15-64). The population exhibits a youthful age structure, with nearly half of the population below age 15. High fertility (TFR = 6.4) and declining but still extremely high mortality shape a rapid population growth trajectory. The total dependency ratio stands at 118.0, indicating that for every 100 working age individuals, there are 118 dependents who rely on their economic output. This high dependency is driven almost entirely by the child dependency ratio of 107.4, a direct consequence of a young population where about 49 percent are under the age of 15 in the 2025 MICS7 household sample (46.9 percent at mid-2026 in the projections). From a policy vantage point, this youth bulge necessitates massive and sustained fiscal investment in primary education, reproductive health and child health, and nutritional programs. Conversely, the old-age dependency ratio is relatively low at 10.7, reflecting a small elderly cohort. This presents a prospect for policymakers to embark on pension reform and establish sustainable social protection systems before life expectancy improvements in foreseeable future lead to a larger elderly population.

The projections give a complementary and somewhat lower estimate of the dependency burden. On a mid-year basis, the total dependency ratio is 96.7 per 100 persons aged 15–64 in 2026 and 94.1 in 2030 with migration (96.3 and 92.6 without). The burden is almost entirely a child burden: a child dependency ratio of 92.3 in 2026 and 88.9 in 2030, against an old-age ratio of only 4.4 to 5.2. The difference from the South Sudan 2025 MICS7 estimate (118.0) reflects the different age structures of the South Sudan 2025 MICS7 household sample and the projection base, but both sources point to roughly one dependent for every person of working age.

Table 5: Age structure and dependency indicators, with and without migration, 2026 and 2030

Indicator	Mid-year (30 June)				End-year (31 December)			
	2026 with	2026 without	2030 with	2030 without	2026 with	2026 without	2030 with	2030 without
Total population (millions)	16.43	15.97	20.33	18.41	16.80	16.25	20.92	18.74
Share aged 0-14	46.9%	46.9%	45.8%	45.6%	46.7%	46.7%	45.7%	45.5%
Share aged 15-64	50.8%	50.9%	51.5%	51.9%	51.0%	51.1%	51.6%	52.0%
Share aged 65+	2.2%	2.2%	2.7%	2.5%	2.3%	2.2%	2.7%	2.5%
Share aged 15-30	26.1%	26.1%	26.8%	27.0%	26.2%	26.3%	26.8%	27.0%
Share aged 15-35	31.9%	32.0%	32.6%	32.9%	32.0%	32.1%	32.6%	33.0%
Dependency ratio, total (per 100 aged 15-64)	96.7	96.3	94.1	92.6	96.2	95.7	93.9	92.3
Child dependency ratio (0-14 per 100 aged 15-64)	92.3	92.0	88.9	87.8	91.7	91.4	88.6	87.5
Adult (old age) dependency ratio (65+ per 100 aged 15-64)	4.4	4.3	5.2	4.8	4.5	4.3	5.3	4.8
Males per 100 females	103.6	103.4	103.8	103.2	103.6	103.4	103.9	103.1
Children aged 0-4 (thousands)	2,910	2,830	3,542	3,207	2,960	2,865	3,644	3,265
Women aged 15-49 (thousands)	3,555	3,469	4,439	4,073	3,641	3,539	4,569	4,153

Source: PSA projections, 2026 (Method 1). “Without” sets all international and internal net migration to zero.

Share of Population Under 30 and Under 35³¹

³¹ Note that, because the projections use five-year age groups, “under 35” means ages 0–34 and “under 30” means ages 0–29.

Young people are a large and growing share of the population. Those aged 15–35 make up about one-third of the population (31.9 percent at mid-2026 and 32.6 percent at mid-2030). About 73 percent of the population is under 30 and about 79 percent under 35. The number of women of reproductive age (15–49) rises from 3.56 million at mid-2026 to 4.44 million at mid-2030 (+25 percent), and annual births from about 710,000 in 2026 to 890,000 in 2030. This will sustain strong population momentum and rising demand for maternal, newborn and reproductive health services.

Table 6: Share of the population under 30 and under 35, 2026 and 2030 (with migration)

Date	Total population	Under 35 (0–34)	Share	Under 30 (0–29)	Share
Mid-2026 (30 June)	16,430,380	12,953,086	78.8%	11,994,309	73.0%
End-2026 (31 Dec)	16,795,599	13,229,935	78.8%	12,249,922	72.9%
Mid-2030 (30 June)	20,334,900	15,940,006	78.4%	14,755,142	72.6%
End-2030 (31 Dec)	20,919,758	16,390,046	78.3%	15,171,005	72.5%

Source: PSA projections, 2026. Five-year age groups: “under 35” is ages 0–34 and “under 30” is ages 0–29. Without migration the shares are almost the same (78.9 and 73.0 percent at mid-2026).

Analysis. About 79 percent of the population is under 35 and about 73 percent under 30, in both 2026 and 2030 and on either reference date: at mid-2026, 12.95 million of the 16.43 million people are under 35 and 11.99 million under 30; by mid-2030 these numbers rise to 15.94 million and 14.76 million. The shares fall only slightly, by about 0.4 percentage points between 2026 and 2030, as the population ages a little, and the mid-year and year-end bases differ by 0.1 point or less. Migration hardly affects them: without migration the shares are 78.9 and 73.0 percent at mid-2026 and 78.5 and 72.6 percent at mid-2030, so migration lowers the under-35 share by only about 0.1 point by 2030.

Implications. With about three million more people under 35 expected by 2030, demand for schooling, skills training, first jobs, housing and sexual and reproductive health services will continue to outpace public service capacity. Because nearly four in five South Sudanese are under 35, youth policy is in practice population policy: the youth-focused investments in Sections 3.5 and 5.4 (education, TVET, family planning and job creation) will determine whether this very young population yields a demographic dividend.

3.5 Demographic Dividend vs Bomb: South Sudan’s Outlook and Policy Implications

BOX 2 · WHAT IS THE DEMOGRAPHIC DIVIDEND?

- The demographic dividend (DD) is the economic growth that can follow when falling fertility shifts the age structure towards more working-age adults and fewer dependents.
- It is not automatic: it needs voluntary family planning, investment in health and education, decent jobs, and good governance at the same time.
- For South Sudan, the Combined scenario of the DD modelling (economy, education and family planning together) delivers the largest gains: fertility of 2.5 and a dependency ratio of 0.57 by 2061.

Due to its high share of non-working age population (mainly children) compared to working age population, South Sudan is in a pre-dividend phase. Albeit currently endowed with promising potential to turn its population dynamics into sustained economic growth, the outcome by 2030 and beyond will depend on policy choices. With a TFR of 6.4 (and state rates of up to 8.0), the projected total dependency ratio falls only slightly, from 96.7 dependents per 100 persons of working age at mid-2026 to 94.1 at mid-2030. This is too slow to open the demographic window within the 2020–2030 projection period.

Through strategic planning and targeted investments in education and skills development; health and nutrition (prioritize voluntary family planning access and expanded access to girl education to lower fertility); job creation and labour market; investment in physical and financial capital, promote savings and financial inclusion, as well as good governance and economic diversification, South Sudan can turn this rapidly expanding large cohort of young adults into expanded labour force and consumer base, foster innovation, and accelerate economic growths. This large youth population can drive industrial and agricultural growth, if the country's subsistence economy can transition to value-added sectors.

However, the current deteriorating economic conditions coupled with severe structural challenges such as conflict and instability, displacement, youth unemployment, low human capital investment can tilt the country toward the "bomb" scenario if targeted investments continue to lag and bad governance continue to prevail. Consequently, this bomb scenario will be defined by a horde of self-reinforcing chaos such as high unemployment, poverty, increased risk of social unrest, conflict, or instability.

3.5.1 Evidence from the Demographic Dividend Modelling: Scenarios to 2061

The national Demographic Dividend (DD) modelling study, carried out with the DemDiv tool by a National Steering Committee (2024) and presented at World Population Day 2025, projects South Sudan's population and economy from a 2021 baseline (12.4 million, PES 2021) to 2040 (Vision 2040) and 2061. It compares four policy scenarios: **Business-as-Usual** (current slow progress); **Economic Emphasis** (reforms in financial markets, ICT, labour-market flexibility and public institutions only); **Economic + Education Emphasis**; and a **Combined** scenario that adds faster investment in voluntary family planning and health.

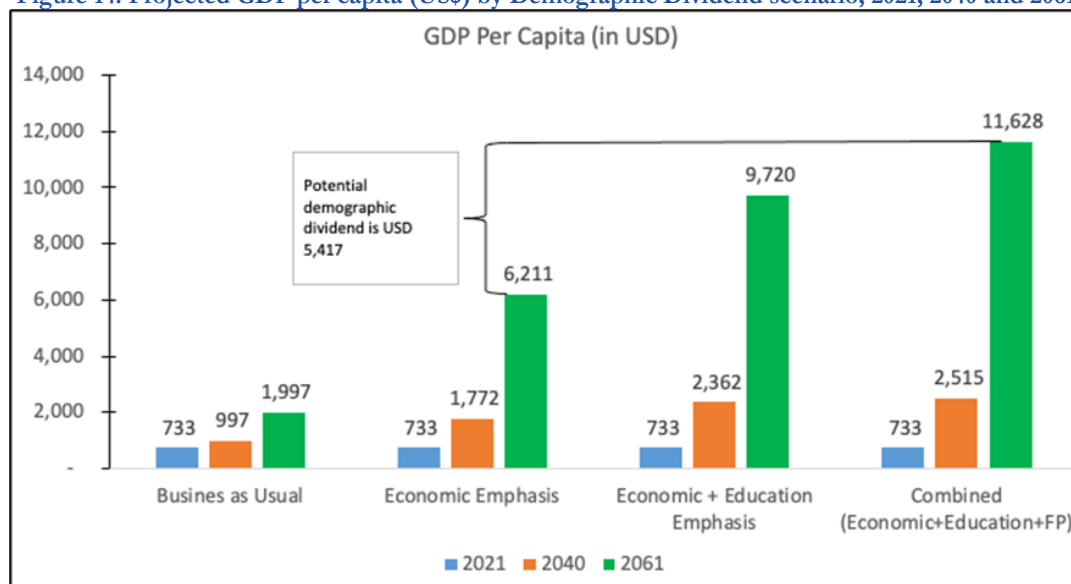
Because of built-in population momentum, the scenarios differ little in the short term but diverge sharply in the long term. By 2040 the population ranges from 23.4 million (Combined) to 25.4 million (Business-as-Usual); by 2061 from 37.5 million to 54.4 million. Under Business-as-Usual, fertility stays at about 6.7 children per woman and the dependency ratio rises above parity (1.02 in 2061). The Combined scenario brings fertility down to 2.47 and the dependency ratio from 0.91 in 2021 to 0.57 in 2061, when 64 percent of the population would be of working age. Modern contraceptive use rises from 4 percent at baseline to 55 percent by 2061 under the Combined scenario, compared with 5, 14 and 28 percent in the other three scenarios.

Table 7: Key demographic and economic outcomes by Demographic Dividend scenario, 2040 and 2061

Scenario	Population (millions)		Children per woman		Dependency ratio		GDP per capita (US\$)	
	2040	2061	2040	2061	2040	2061	2040	2061
Baseline (2021)		12.4		6.70		0.91		733
Business-as-Usual	25.4	54.4	6.69	6.69	1.06	1.02	997	1,997
Economic Emphasis	25.1	52.4	6.41	6.08	1.04	0.97	1,772	6,211
Economic + Education	24.0	43.9	5.12	3.93	0.92	0.74	2,362	9,720
Combined (Econ. + Educ. + FP)	23.4	37.5	4.40	2.47	0.86	0.57	2,515	11,628

Source: Revised Report on DD Modelling for South Sudan (2024), Table 2 and Figure 6. Dependency ratio = dependants per person aged 15–64.

Figure 14: Projected GDP per capita (US\$) by Demographic Dividend scenario, 2021, 2040 and 2061



Source: DD modelling presentation, World Population Day 2025.

The economic payoff is large. GDP per capita (US\$733 in 2021) would rise only to US\$997 by 2040 and US\$1,997 by 2061 under Business-as-Usual, but to US\$2,515 by 2040 and US\$11,628 by 2061 under the Combined scenario, close to the upper-middle-income threshold. The difference between the Combined and the Economic Emphasis scenarios by 2061 (US\$5,417 per person) is the potential demographic dividend from combining economic reform with education and family planning. The Republic of Korea (GDP per capita of US\$280 in 1970 and US\$23,000 in 2010) and Malaysia (US\$375 to US\$8,880) show that such transformations are possible with sustained investment across sectors.

Social outcomes follow the same pattern. By 2061, under the Combined scenario, infant mortality would fall from 64 to 18 per 1,000 live births, under-five mortality from 99 to 18, and the maternal mortality ratio from 1,223 to 281 per 100,000 live births; life expectancy would reach 76 years for women and 73 for men. Under Business-as-Usual these indicators hardly change. Whatever the scenario, the primary school-age population will grow from 3.6 million to between 6.6 million (Combined) and 7.6 million (Business-as-Usual) by 2040, and the population aged 15 and over from 6.8 million to 25.6–28.0 million by 2061. The costs of education, training and job creation will therefore rise steeply in every future.

Consistency with the PSA projections. The PSA projections point in the same direction as the DD modelling but differ in level and pace. The DD baseline (12.4 million in 2021) is the PES 2021 count, which is 0.91 million (6.8 percent) below the PSA mid-2021 estimate of 13.35 million. The growth rate quoted in the DD study (5.86 percent a year) is higher than the PSA projected average of 4.7 percent with migration (3.6 percent from natural increase alone). Both sources agree that the dependency ratio will stay close to one dependent per working-age person up to 2030. The demographic window of opportunity can therefore open only after 2030, and only if fertility decline is speeded up through the combined package of investments.

Priority actions proposed by the DD study and the 2025 World Population Day policy dialogue include:

- **A national DD Roadmap and costed investment strategy** aligned with Vision 2040 and the SSDP 2026–2036, with costed targets for family planning, education and jobs.
- **A National Population Council** chaired by the Vice President to oversee DD policies, monitor progress and mobilise funding, supported by a multisectoral DD technical working group led by NBS and the Ministry of Finance and Planning.

- **Integrated DD pilot programmes in two states** (for example Juba and a rural high-fertility area), and DD metrics built into national budgets, including progress towards the Abuja target of 15 percent of the budget for health.
- **2030 targets:** support 50 percent of women (from about 4 percent today) with quality family planning choices, enrol 70 percent of young people in secondary education, and create at least 500,000 vocational training opportunities. Sector targets include 40 percent modern contraceptive use by 2040, gender parity in education by 2035, and youth job pipelines in ICT, agro-processing and renewable energy.

3.6 Demographic Transition and Momentum and Demographic Impacts

Analysis of the population projections indicate that South Sudan remains in an early demographic transition phase. This phase is characterized by high birth rates, as shown by a crude birth rate (CBR) of 40.9 per 1,000 (2025 MICS7; about 43–44 per 1,000 in the PSA projections), and high but declining child mortality, with an Under-Five Mortality Rate (U5MR) of 101. This imbalance leads to rapid natural population increase and generate a huge population momentum (large child populations and expanding reproductive-age cohorts). The projections show that nearly half of the population is under age 15 (46.9 percent at mid-2026 and 45.8 percent at mid-2030), implying that South Sudan will continue to experience substantial growth for several decades even if fertility rates were to drop to replacement level immediately. Consequently, long-term government planning must prepare for a large child population and a corresponding surge in demand for urban infrastructure and basic services. The cost of scaling the education services to accommodate the roughly 1.04 million additional children under 15 attributable to net migration by the end of 2030 will require a significant reallocation of the national budget toward human capital.

Additionally, the return of refugees from neighboring countries (about 49 percent of net migrants are assumed to be under age 15, following the South Sudan 2025 MICS7 age schedule) by 2030 represents a recovery of human capital (labor supply) that was lost. The cumulative net inflow of about 2.04 million people over 2021–2030 can lower labor costs for large-scale agricultural projects such as the manifold earmarked agricultural irrigation schemes countrywide. However, without concurrent investment in technical vocational training (TVET), this population growth may lead to high youth unemployment and increased urban poverty instead of improved productive capacities.

3.7 Economic Impact of 20 million People by 2030

Because of the expected return of refugees from neighbouring countries and other (economic) migrants, with net inflows rising from 161,320 in 2026 to 458,780 in 2030, South Sudan's mid-year population is projected to reach about 20.33 million by 2030 (20.92 million by end of 2030). This is well above the 18.41 million (mid-year) projected from natural increase alone.

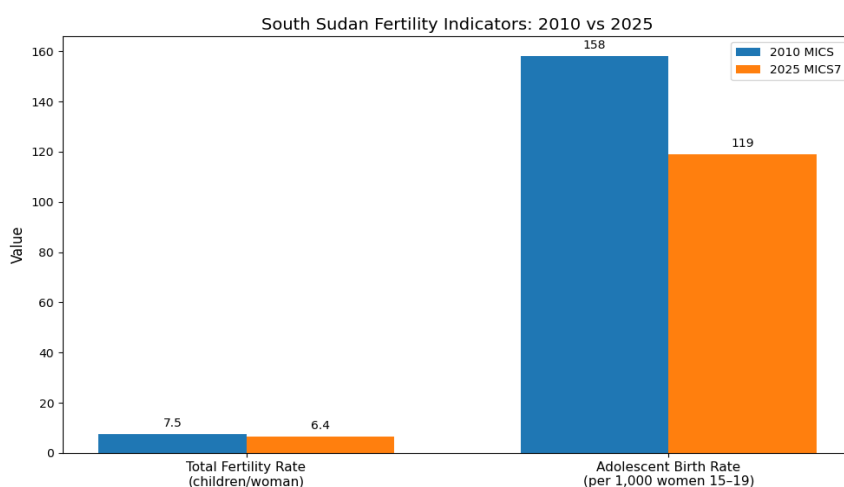
This projected surge of the population by 2030 presents a transformative economic shift for South Sudan. To harness the 2030 population milestone, economic and social policy leaning must shift from emergency response to long-term development planning. The projection estimates suggest that South Sudan is likely to continue experiencing in rapid natural population increase, persistent child dependency, expanding youth cohorts, and growing pressure on social services. The rapid increase in births implies substantial future pressure on basic service delivery. Without substantial investment in education (primary and secondary education – infrastructure and teacher education); girls' education and economic empowerment policies; employment creation, and health systems, especially reproductive health and child health programs (immunization and nutrition systems, the demographic pressures identified in the model may intensify over the medium term.

3.8 Fertility Trends and Drivers

Fertility levels and birth rate remain high, reflecting early stage in the demographic transition. Evidence from the South Sudan 2025 MICS7 indicates a total fertility rate (TFR) of 6.4 children per woman, with slightly lower rates in urban areas (5.5) compared to rural areas (6.4). The crude birth rate (CBR) remains high at 40.9 births per 1,000 population, while the general fertility rate (GFR) stands at 207.8 births per 1,000 women aged 15-49. Age-specific fertility rates show peak childbearing occurring between ages 20–29 (294 births per 1,000 women), though adolescent fertility remains substantial at 119 births per 1,000 women aged 15–19.

The 2010 South Sudan Household Health Survey (MICS) showed very high fertility and early childbearing. The adolescent birth rate stood at 158 births per 1,000 women aged 15–19, while the total fertility rate is 7.5 children per woman. Fertility was somewhat lower among women with secondary or higher education (5.3 children) highlighting the role of education in shaping fertility behaviour. Early pregnancies were widespread: 31% of women aged 15-19 had already begun childbearing, and 28% of women aged 20–24 had their first birth before age 18, with 3% giving birth before age 15.

Figure 15: South Sudan Fertility Indicators: 2010 vs 2025



While fertility levels and adolescent childbearing have declined since 2010, early pregnancies and low contraceptive use remain major demographic and public health challenges.

High fertility is driven by a combination of socio-cultural factors, including early marriage, low women educational attainment, limited access to reproductive health services, and cultural norms favouring large families. Early childbearing contributes significantly to high fertility levels and has adverse implications, including increased risks of maternal and neonatal complications, as well as reduced educational attainment for young women due to school dropout since over 70 percent³² of all school-aged children are out of school, and approximately 40 percent of female dropouts are linked to pregnancy.

The implications of sustained high fertility are profound. Rapid population growth intensifies pressure on basic services such as education, healthcare, housing, and employment opportunities. It also contributes to high

³² [More than 2.8 million children, or over 70 per cent, are out of school in South Sudan...](#)

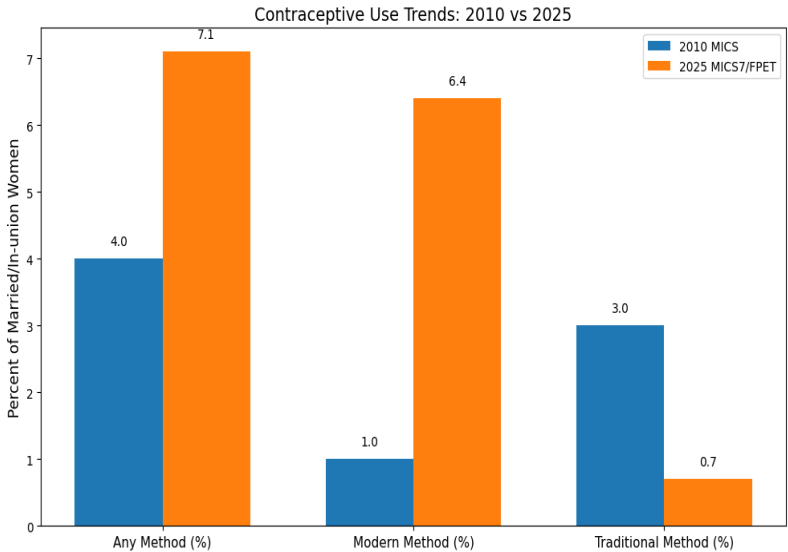
dependency ratios, limiting household savings and investment. Addressing fertility drivers is therefore critical for moderating population growth and improving socio-economic outcomes.

3.9 Family Planning and Contraceptive Use

Contraceptive use remains markedly low, reflecting both supply- and demand-side constraints. Recent statistics from South Sudan 2025 MICS7 show that among women currently married or in union, only 6.0% use any contraceptive method, with modern method use at 5.3%. The most used modern methods include implants (1.3%), pills (1.3%), and injectables (1.1%), while long-term and permanent methods remain nearly never used. Recent estimate using Family Planning Estimation Tool (FPET)³³, show modern contraceptive prevalence rate of 6.4% and 7.1% for any method.

In the 2010 South Sudan Household Health Survey (MICS), contraceptive use was extremely limited. Among married or in-union women aged 15–49, 96% were not using any form of contraception. Only 1% reported using modern methods and 3% relied on traditional methods, underscoring major gaps in access to and uptake of family planning. The combination of high fertility, early childbearing, and very low contraceptive prevalence points to strong barriers in reproductive health services and a pressing need for policy interventions.

Figure 16: Contraceptive Use Trends: 2010 VS 2025



Unmet need for family planning is high. Among married women, 35.7% have an unmet need, compared to only 6.0% whose needs are met. Overall, only 14.3% of demand for family planning is satisfied, indicating a significant gap in access and utilization. Among sexually active unmarried women, contraceptive use is higher (22.0%), but unmet need remains substantial at 52.9%. Education plays a critical role, with contraceptive use significantly higher among women with secondary or higher education (43.8%) compared to those with little or no education (11.9%).

Estimate from routine health data show unmet need for contraceptives increased from 20% at baseline to 29.6% in 2025³⁴, further highlights gaps in the health system’s ability to deliver consistent, quality services. The low rate of

³³ MOH. 2025. Annual Health Sector Performance Report 2024–2025

³⁴ MOH. 2025. Annual Health Sector Performance Report 2024–2025

contraceptive use contributes to the high rates of maternal and child mortality due to closely spaced pregnancies and unsafe abortions. It also leads to increased vulnerability for women and girls, including higher risks of gender-based violence and reduced opportunities for education and employment.

Key barriers to family planning include limited availability of services, weak supply chains, cultural and religious norms, low awareness, and geographic inaccessibility, particularly in rural areas. Policy priorities should therefore focus on expanding access to reproductive health services, strengthening community-based distribution systems, promoting reproductive health education, and addressing socio-cultural barriers to contraceptive uptake.

Maternal health service utilization also remains limited. Evidence from 2025 MICS7 show that only 55.7% of women receive at least one antenatal care (ANC) visit from skilled personnel, and just 35.5% complete four or more visits. Nonetheless this is a considerable improvement from 24.6% in 2021 and 31.8% in 2024³⁵. Facility-based deliveries remain low at 43.7%, with the majority (55.5%) occurring at home, particularly in rural areas. Albeit low, this is a considerable progress from 15.6% in 2021 to 19.5% in 2024. These gaps highlight systemic weaknesses in maternal healthcare access and quality, contributing to poor reproductive health outcomes.

³⁵ Ministry of Health. 2025. Health Statistics Abstract

4.0 Mortality and Health Outcomes

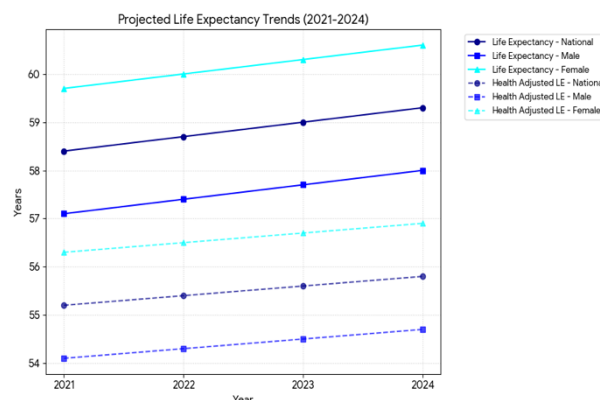
4.1.1 Life Expectancy and Mortality Profile

The official data from the 2025 Health Statistical Abstract³⁶ show improvement in life expectancy over the 2022–2024 period. National life expectancy at birth increased from 58.4 years in 2022 to 59.3 years in 2024, indicating modest gains in overall survival. Throughout the period, women consistently outlive men by about 2.5–3 years, with female life expectancy rising from 59.7 to 60.6 years, compared to an increase from 57.1 to 58.0 years for males.

A similar upward trend is observed in health-adjusted life expectancy (HALE), which reflects years lived in good health. National HALE improved from 55.2 years in 2022 to 55.8 years in 2024. As with overall life expectancy, females maintain a health advantage over males, with HALE increasing from 56.3 to 56.9 years for females, compared to 54.1 to 54.7 years for males. Overall, persistent health system and living condition challenges notwithstanding as indicated by the low level of these statistics, the statistics suggest gradual health improvements, though the relatively low levels indicate persistent health system and living condition challenges.

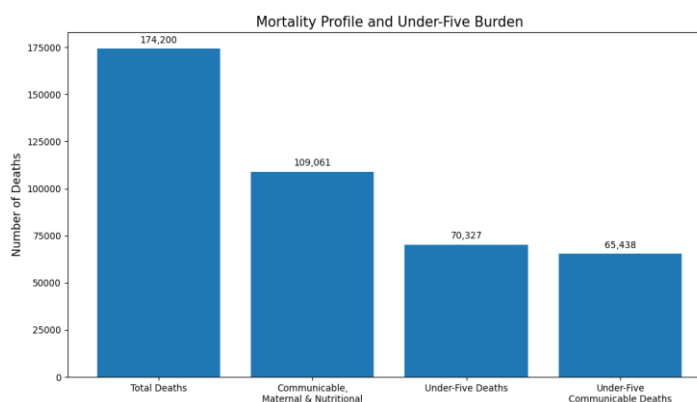
Table 8: South Sudan life expectancy at birth, by gender (2021-2024)

Indicator		2021	2022	2023	2024
Life Expectancy at Birth (years)	National	58.4	58.7	59	59.3
	Male	57.1	57.4	57.7	58
	Female	59.7	60	60.3	60.6
Health Adjusted Life Expectancy (years)	National	55.2	55.4	55.6	55.8
	Male	54.1	54.3	54.5	54.7
	Female	56.3	56.5	56.7	56.9



Mortality profile remains dominated by preventable communicable, maternal, perinatal, and nutritional conditions, which account for nearly two-thirds of all deaths. It is estimated that South Sudan recorded 174,200 deaths³⁷ across all age groups and causes in 2024, with over 40% of total deaths being under-five children, highlighting persistent challenges in maternal and child health, immunization, nutrition, and basic health services.

Figure 17: Mortality Profile and Under-five Burden



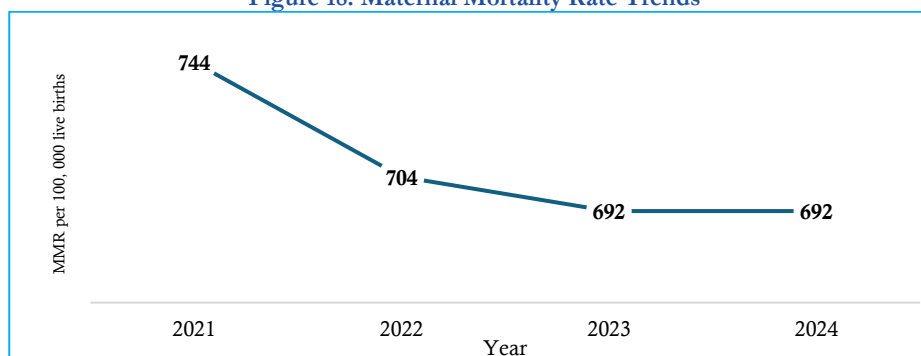
³⁶ Based on Data from WHO GHE

³⁷ Ministry of Health. 2025. TRENDS WITH DEATHS BY CAUSE IN SOUTH SUDAN (2019-2024)

4.1.2 Maternal Mortality and Drivers

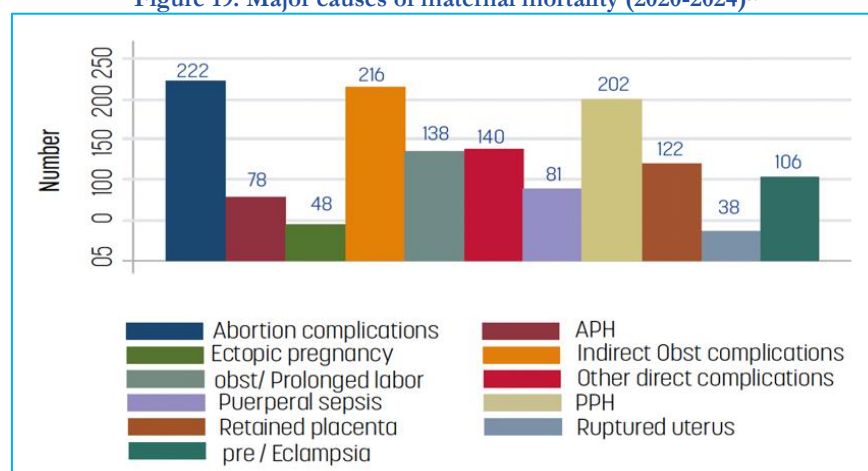
Maternal mortality remains among the highest globally, despite notable improvements in recent years. The maternal mortality ratio declined from 1,223 deaths³⁸ per 100,000 live births to 692 in 2023–2024, reflecting progress in maternal health interventions. However, this level remains significantly above regional and global averages, underscoring persistent systemic challenges.

Figure 18: Maternal Mortality Rate Trends



Key drivers of maternal mortality include limited but gradually improving access to skilled birth attendants (44% of birth in health facilities), low utilization of antenatal (56% of expected women show up for their 1st ANC visit, but only 36% four or more ANC visits) and postnatal care services, high prevalence of home deliveries (56%), and weak health infrastructure. Geographic disparities affect access of reproductive health service. Socio-cultural factors such as early marriage and high fertility further increase maternal health risks.

Figure 19: Major causes of maternal mortality (2020-2024)³⁹



Addressing maternal mortality requires strengthening health systems, expanding skilled birth attendance, improving referral systems, and enhancing access to emergency obstetric care. Investments in female education and reproductive health services are also critical to reducing maternal risks.

³⁸ 2016 baseline

³⁹ Adopted from the MOH Health Sector Performance Report 2025

4.1.3 Child Mortality and Drivers

Child mortality rates are alarmingly high, reflecting a combination of health system weaknesses, malnutrition, and socio-economic challenges. Recent evidence from South Sudan 2025 MICS7 shows the under-five mortality rate stands at 101 deaths per 1,000 live births, while infant mortality is 67 per 1,000 and neonatal mortality is 35 per 1,000. Mortality rates are generally higher among males and in rural areas, with significant regional disparities.

Malnutrition is a major underlying driver of child mortality. In 2026, the country faces a severe nutrition crisis, with approximately 2.11 million children under five projected to suffer from acute malnutrition in 2026, including over 700,000 cases of severe acute malnutrition. Recent official data from South Sudan 2025 MICS7 shows that 20% of children underweight, 19% stunted (chronic malnutrition), and 17% wasted (acute malnutrition). Poor feeding practices, limited dietary diversity, and food insecurity contribute to persistently high rates of child food poverty (86.8%) and low minimum acceptable diet coverage (around 5%) (IPC⁴⁰, 2025). An estimated 86.8%⁴¹ of children aged 6–23 months are living in child food poverty, meaning they consume foods from four or fewer food groups per day.

Other contributing factors include low immunization coverage (only 35% of children are fully immunized with basic antigens by 12 months of age, 27% of children have received no vaccines, and this is coupled with poor health service retention as evidenced by drop-off in Pentavalent coverage, from 57.2% (Penta 1) to a paltry 38.9% (Penta 3)), inadequate access to clean water and sanitation⁴² (62% of households (2023 MIS) use open defecation, and only 14% (South Sudan 2025 MICS7) of the population having access to improved sanitation facilities,) and high prevalence (53% in 2023 MIS⁴³) of preventable diseases such as malaria. Child labour and hazardous work further expose children to health and developmental risks.

Table 9: Summary Under-Five Mortality

Indicator	South Sudan 2025 MICS7 Estimate	2024 VNR / UN IGME	Trend Analysis
Neonatal	35	40.2	Worsening
Infant	67	73	Improving
Under-Five	101	99 ⁴⁴	Improving but remain high: Long-term drop from the historic high of 253.

5.0 Health System Capacity and Challenges

South Sudan’s health outcomes are constrained by significant systemic challenges such as the shortage of skilled health workers, inadequate infrastructure, weak supply chains, and heavy reliance on donor funding (ODA). Conflict and insecurity further disrupt service delivery, particularly in remotes.

Healthcare remains aid-dependent, as domestic investment, especially public sector investment remains low as evidenced by extremely low with budgetary allocation of 2% and which hardly get disbursed. The United States, the European Union, and the United Kingdom have been the largest contributors to the health sector.

Table 10: ODA to South Sudan (2020–2025)

⁴⁰ Intergovernmental Authority on Development (IGAD). (2025). *Integrated Food Security Phase Classification (IPC) report: South Sudan*.

⁴¹ South Sudan 2025 MICS7

⁴² According to the 2024 WASH Compact, only 39% of the population has access to basic water supply.

⁴³ MOH and National Bureau of Statistics (NBS). (2023). *South Sudan Malaria Indicator Survey (MIS) 2023*.

⁴⁴ *ibid*

Indicator	2020	2021	2022	2023	2024	2025
Total Net ODA (\$ Billion)	2.21	2.15	1.98	1.85	1.68	1.55
ODA (% of GNI)	34%	31%	29%	27%	25%	24%
Gov. Health Budget (%)	1.1%	1.4%	1.8%	1.9%	1.9%	2.0%

However, Overseas Development Assistance which has been the lifeline of the health sector is declining as major bilateral donors, including the United States (U.S.), United Kingdom (UK), and European Union (EU), implement budgetary cutbacks.

Figure 20: Net ODA Trends: 2020–2025 (US\$ Billions)⁴⁵

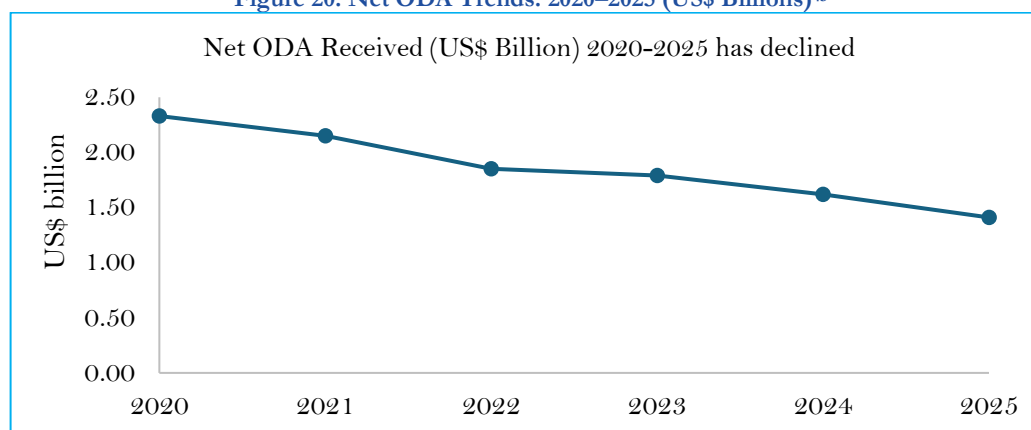
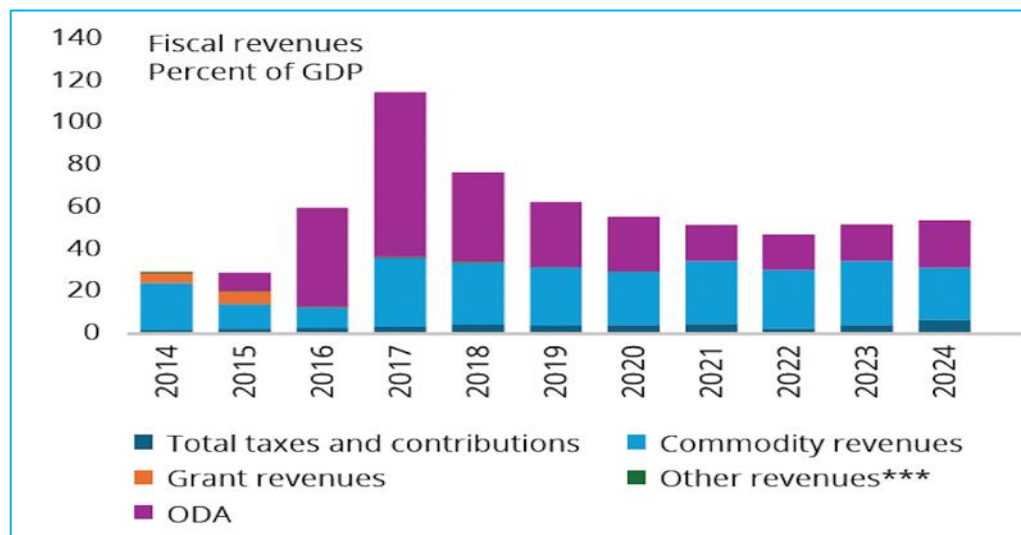


Figure 21: Fiscal revenues (% of GDP)



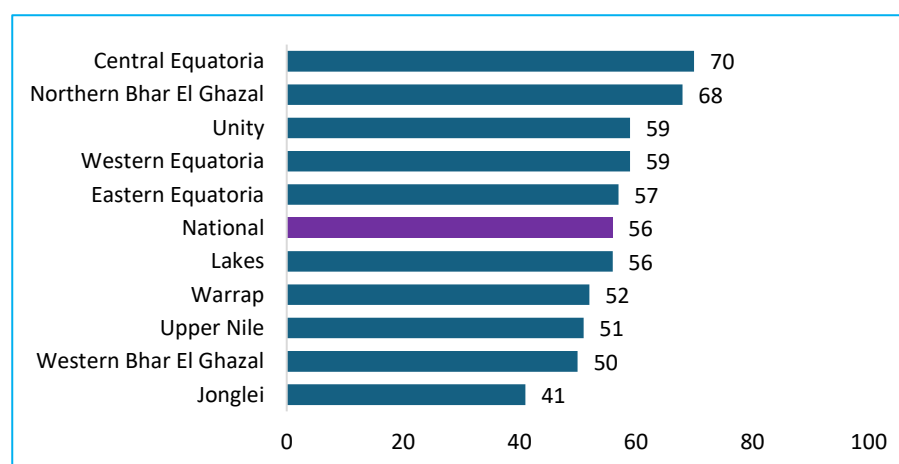
Access to healthcare remains uneven, with rural populations facing significant barriers due to distance, cost, and limited facility availability. Albeit the proportion of the population living within five kilometres of a health facility increased from 44% to 56% in 2025. The low coverage of essential services (such as antenatal care, skilled birth attendance, and child health interventions) reflects both supply constraints and demand-side barriers, including low awareness and cultural practices.

⁴⁵ Projected 9–17% drop due to cuts from major providers (US, UK, DE, FR).

Table 11: Summary of Health Service Indicators

Indicator	Status	Trend
UHC Service Coverage Index	34%	Slow improving. GoSS target is to reach 80 by 2030
Penta 3 Coverage	71%	Declining
Measle Coverage	68-83%	Considerable improvement on average
Zero-Dose Children ⁴⁶		About 83% of counties (out of 80) still report high numbers of zero-dose children.
Boma Health Coverage (% of Bomas)	40%	Expanding with HSTP target to cover 100% of refugee areas and 57% of host communities by the end of 2026

Figure 22: Percentage of population within 5kms of health facility⁴⁷



While there has been progress in health workforce density (increasing from 7.6 to 7.9), critical areas have regressed, the percentage of facilities reporting stock outs of essential medicines nearly doubled, rising from a baseline of 27.10% to 45%. Additionally, the health facilities per 10,000 population saw slight declines.

Table 12: Health System Capacity Indicators⁴⁸

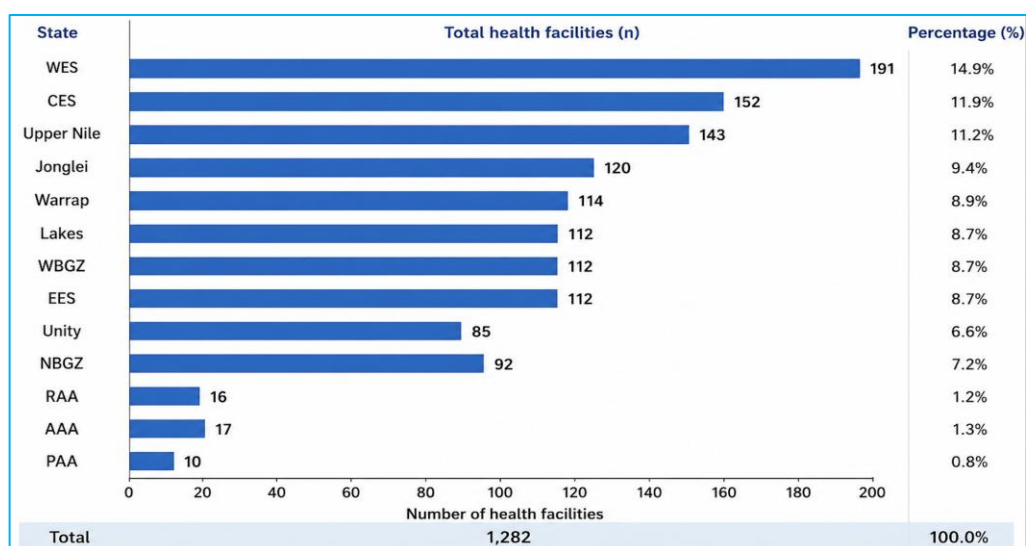
Indicator	Baseline	Achievement
Total number of health facilities per 10,000 population	1.42	1.3
Health workforce density (per 10,000 population)	7.61	7.9
Percentage of facilities reporting stocks outs of core set of essential and relevant medicines including nutrition supplies	27.10%	45%
Number of hospital-based blood banks providing safe blood transfusion services		30
Health allocation as percentage of national health budget	2.5	2%
Out of pocket expenditure as a percentage of current health expenditure	23.2	34.40%

Figure 23: Distribution of Health Facilities by State and Admin Areas

⁴⁶ The Big Catch-Up initiative, launched in 2025, specifically targets these 146,000 children in the 30 most hard-to-reach counties

⁴⁷ DHIS 2

⁴⁸ Adapted from 2025 MOH Health Sector Strategic Plan 2024–2027



Health facility support through partner programmes. Currently, 715 health facilities are supported through the Health System Transformation Project (HSTP), down from 816 previously supported facilities. Additional immunization services are delivered through 200 Equity Accelerator Fund (EAF)-supported facilities, 142 Fragility, Emergencies and Displaced Populations (FED)-supported facilities, 28 Kreditanstalt für Wiederaufbau (KfW)-supported facilities, 46 International Rescue Committee (IRC)-implemented Zero-Dose Immunization Project (ZIP)-supported facilities in zero-dose counties, and 299 government-supported facilities. The reduction in HSTP-supported facilities resulted in 101 facilities losing support, posing a risk to service continuity in affected areas.

Table 13: Health facilities by source of support, 2026

Support arrangement	Facilities
Health System Transformation Project (HSTP), current	715
HSTP, previously supported	816
Facilities that lost HSTP support	101
Equity Accelerator Fund (EAF), immunization	200
Fragility, Emergencies and Displaced Populations (FED), immunization	142
KfW-supported, immunization	28
IRC Zero-Dose Immunization Project (ZIP), zero-dose counties	46
Government-supported	299

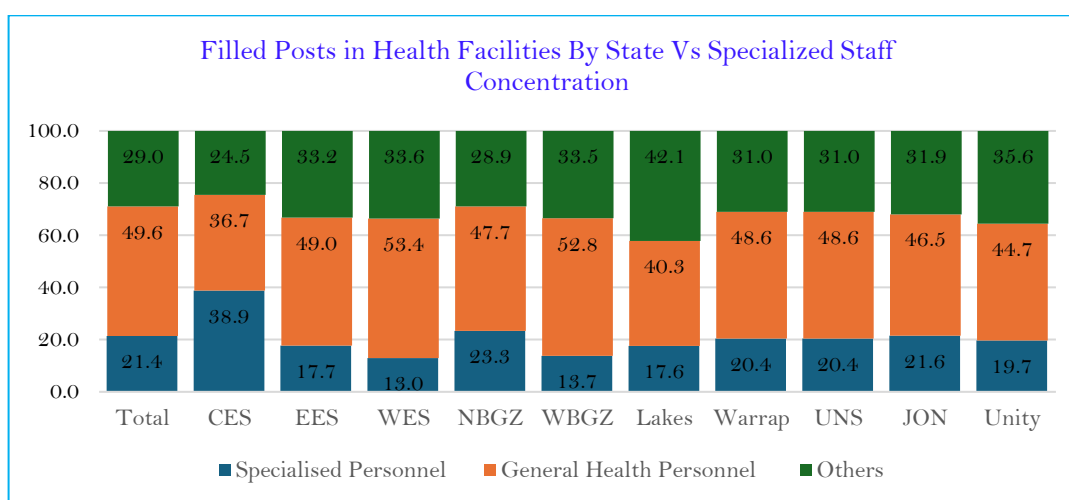
Source: Ministry of Health / HSTP programme data

The loss of support for 101 facilities (12.4 percent of those previously covered by HSTP) comes as the population and the number of births keep rising: the projections show about 710,000 births in 2026 and 890,000 in 2030. Without replacement financing, the facility network will fall further behind demand, especially for immunization in zero-dose counties and for maternal and newborn care; restoring or transferring support for these facilities should therefore be a priority in health financing decisions.

Figure 24: Health Cadres by Filled Post in the Facilities by State: Specialized⁴⁹ & General⁵⁰ Staff Concentration

⁴⁹ Medical Officers, Clinical Officers (Specialist), Pharmacists, Lab Technologists, Radiographers, Sonographers, Public Health Officers, Nutritionists

⁵⁰ Nurses Registered, Nurses Certificated, Midwives Registered, Midwives Certificated, Counsellors, Lab Technicians, Lab Assistants, Pharmacist Assistants, EPI Vaccinators



The data reveal a structurally imbalanced health workforce. General health personnel constituting nearly half (49.6%) of all cadres, while specialised personnel account for only 21.4%. Specialised personnel—who are essential for advanced diagnostics, treatment, and supervision—are not only limited in number (2,608 total) but also unevenly distributed, with a high concentration in Central Equatoria State (38.9%). In contrast, several states such as Western Equatoria and Western Bahr el Ghazal have considerably lower shares of specialised staff (13%), indicating significant disparities in access to higher-level care.

This pattern points to a dual challenge of scarcity and maldistribution, where most states depend heavily on generalist and support cadres to deliver services that may require higher-level expertise. The relatively large “others” category (which include auxiliary staff such as data clerks, guards, cleaners, & drivers) further signals possible inefficiencies in workforce composition or gaps in professionalization. Overall, the findings underscore the need for strategic workforce planning, including targeted deployment and retention of specialised personnel, alongside capacity-building pathways to upgrade general cadres and rationalize the composition of auxiliary staff.

Strengthening the health system will require sustained investment in infrastructure, workforce development, and service delivery systems. Improving governance, coordination, and financing mechanisms will also be critical to building a resilient and equitable health system capable of addressing South Sudan’s complex health challenges.

6.0 Priority Policy Issues

The demographic and health profile highlights a set of interrelated priority policy issues that require urgent and coordinated interventions to harness opportunities and mitigate risks associated with its youthful population.

i. Addressing Early Childbearing

Persistently high fertility (TFR of 6.4) and adolescent birth rates (119 per 1,000) underscore the need to delay early marriage and childbearing. Policy efforts should prioritize expanding girls’ education, enforcing legal frameworks on minimum age of marriage, and scaling up adolescent sexual and reproductive health services. Without addressing these drivers, high population growth will continue to strain limited public services and adversely affect economic development.

ii. Expanding Access to Family Planning Services

The extremely low contraceptive prevalence rate (6.0%) and high unmet need (35.7%) point to critical gaps in reproductive health services. Priority actions should include strengthening supply chains for contraceptives, expanding community-based distribution, integrating family planning into primary healthcare, and addressing socio-

cultural barriers through awareness campaigns. Increasing contraceptive uptake is essential to reduce unintended pregnancies and improve maternal and child health outcomes.

iii. Strengthening Maternal and Child Health Services

High maternal mortality (692 per 100,000 live births) and under-five mortality (101 per 1,000) reflect systemic weaknesses in healthcare delivery. Key priorities should include improving access to skilled birth attendance, expanding antenatal and postnatal care coverage, and strengthening emergency obstetric and newborn care services. Increasing facility-based deliveries and addressing geographic disparities in service access are particularly critical.

iv. Tackling Malnutrition and Child Food Poverty

The severe nutrition crisis affecting over 2 million under-five children requires urgent multisectoral intervention. Policies should focus on scaling up nutrition interventions (e.g., treatment of acute malnutrition, infant and young child feeding programs) and nutrition-sensitive strategies (e.g., food security, agriculture, and social protection). Improving dietary diversity and complementary feeding practices is essential to enhance child survival and long-term human capital development.

v. Investing in Human Capital Development

With over 70% of the population under 30, prioritized investment in education, health, and skills development to transform its youth bulge into a demographic dividend is a matter of urgency and must be central in development planning. Priority areas include expanding access to quality primary and secondary education, reducing school dropout (especially among girls), and strengthening technical and vocational training systems. Without such investments, the large youth population risks becoming a source of unemployment, increase frustration triggering social unrest, and instability rather than economic growth.

vi. Addressing High Dependency Ratios and Job Creation

The high dependency ratio (driven largely by children) places pressure on the working-age population and limits economic productivity. Policies should focus on creating jobs, in manufacturing, agriculture and the informal sector where most people are engaged. Promoting economic diversification, supporting smallholder productivity, and improving labor market conditions are essential to absorb the growing workforce.

vii. Strengthening Health Systems and Service Delivery

Chronic shortages of health workers, weak infrastructure, and reliance on external funding undermine critical social service delivery. Strengthening the health system requires investments in workforce training and retention, infrastructure development, supply chain management, and health financing.

viii. Enhancing Gender Equality and Women's Empowerment

Gender disparities (particularly in education, reproductive health access, and economic participation) remain a key constraint. Empowering women through education, economic opportunities, and reproductive autonomy can significantly reduce fertility rates, improve child health outcomes, and accelerate development. Gender-sensitive policies should be integrated across all sectors.

Overall, Policy Implication: South Sudan stands at a critical demographic juncture. While the country faces significant challenges viz. high fertility, high mortality, and a heavy dependency burden, it also has a unique opportunity to harness a demographic dividend. Realizing this potential will depend on integrated investments in human capital, health systems, and economic opportunities, in addition to sustained efforts to address structural and socio-cultural barriers.

SECTION FOUR

Migration, Displacement and Population Mobility

KEY MESSAGES

- **One of the world's largest displacement crises:** 2.5–2.9 million IDPs, about 3.1 million returnees and 2.4 million South Sudanese refugees abroad.
- **Sudan war spillover:** about 1.45 million people have arrived since April 2023; South Sudan hosts 658,326 refugees, 95 percent of them Sudanese.
- **Climate-driven and urbanising displacement:** floods affect over one million people a year, and about 900,000 people live in 131 displacement sites.
- **Where migration-driven growth will land:** Upper Nile, Northern Bahr el Ghazal and Jonglei are projected to receive 62 percent of net migration to 2030.

Summary

South Sudan's population dynamics are profoundly affected by one of the most complex and protracted displacement crises in the world. Since independence the country has experienced massive internal displacement and refugee outflows, significant returnee movements and, since 2023, an influx of refugees from Sudan, creating a highly fluid and unstable population structure. As of 2026, about 2.4 million South Sudanese remain refugees in neighbouring countries, while an estimated 2.5 to 2.9 million people are internally displaced (OCHA, 2026; IOM DTM⁵¹, 2026). At the same time, about 1.45 million people have crossed into South Sudan since the start of the Sudan conflict in April 2023, including over 865,000 South Sudanese returnees (about 915,240 returnees by March 2026), driven by conflict in Sudan and deteriorating conditions in regional host countries (UNHCR, 2026).^{52 53 54}

This mobility crisis is increasingly defined by overlapping and reinforcing drivers, including armed conflict, climate shocks, and economic fragility. These factors interact to produce cyclical and repeated displacement. Women and children make up about 75 percent of the refugees hosted in South Sudan, and children under 18 more than half, highlighting the long-term demographic and human capital implications of forced mobility (UNHCR, 2026⁵⁵). As a result, population distribution is becoming increasingly fragmented, with large concentrations in urban peripheries, displacement camps, placing severe pressure on infrastructure, basic services, and social cohesion.

4.1 Internal Displacement

Internal displacement has been the dominant form of population mobility and is increasingly protracted in nature, driven mainly by a combination of conflict and climate-related shocks.

⁵¹ Monthly DTM Insights: [June 2026 Edition](#)

⁵² United Nations High Commissioner for Refugees. (2026a, February). *South Sudan - Sudan regional crisis - Development action platform*. <https://developmentactionrefugees.org/country-responses/south-sudan>

⁵³ United Nations High Commissioner for Refugees. (2026b, March 16). *Sudan situation - Operational data portal*. <https://data.unhcr.org/en/situations/sudansituation>

⁵⁴ Office for the Coordination of Humanitarian Affairs. (2026, January). *South Sudan: Humanitarian snapshot*. <https://www.unocha.org/publications/report/south-sudan/south-sudan-humanitarian-snapshot-january-2026>

⁵⁵ United Nations High Commissioner for Refugees. (2026). South Sudan Situation: Population Dashboard - 31 January 2026.

4.1.1 Conflict-Induced Displacement

Since independence, political violence has been both more frequent and significantly more lethal compared to global averages persistently loudening population vulnerability and humanitarian need in South Sudan. Some of the most consequential conflict episodes include the 2013 civil wars and the fresh clashes of 2016. Analysis of trends from 2011 to 2026 based on ACLED data highlights both the scale and intensity of violence, with important implications for population dynamics, service delivery, and protection risks. Within this period, the country recorded 14,708 violence incidences (averaging 919 incidences annually), representing approximately 1.0% of total global incidences.

The human cost of violence has been disproportionately high. Over the same period, 52,292 fatalities were reported, accounting for 2.5% of global deaths from political violence. The average annual number of fatalities stands at 3,268, substantially higher than the global average. The fatality rate per violent event in South Sudan is estimated at 4 deaths per incident, which doubles the global average of about 2. This indicates that violent incidence in South Sudan tend to be high-intensity and high-impact nature, reflecting not only the intensity of conflict, the prevalence of attacks against civilians, and but limited access to timely protection and emergency response.

Following the signing of the 2018 Revitalized Peace Agreement, patterns of displacement shifted from large-scale civil war to localized but persistent intercommunal violence. Between 2020 and 2023, militia-style conflicts in states such as Warrap, Lakes, and Jonglei accounted for a significant proportion of new internal displacements. However, the period from 2024 to 2026 has been marked by renewed escalation of organized hostilities, particularly in the Greater Upper Nile region.

By 2026, internal displacement had risen to between 2.5 million (OCHA, March 2026) and 2.9 million people (IOM DTM, 2026), with approximately 753,000 new displacements recorded in 2025 alone. Conflict in Jonglei and Upper Nile accounted for over 365,000 newly displaced persons during that year (HNRP, 2026⁵⁶). High-density displacement sites such as Bentiu and Malakal have experienced rapid population growth, reflecting continued insecurity and limited prospects for return. Increasingly, conflict-induced displacement is linked to Sudan conflict spillover, competition over natural resources or economic pressures, with political and armed actors exploiting local grievances over land, water, and grazing areas.

Displacement is increasingly urban. As of October 2025, about 900,000 people⁵⁷ remained in 131 formal and informal displacement sites, more than 70 percent of them women and girls, and the population of Juba has tripled in five years, largely through displacement rather than economic opportunity. Returnees also report marginalisation: in Northern Bahr el Ghazal only 6 percent of returnee households said they were comfortable seeking help from local leaders, compared with 63 percent of host residents.

4.1.2 Climate-Induced Displacement

In parallel to conflict, climate change has been a structural driver of displacement since 2020 when an unprecedented multiyear flooding affected states such as Warrap, Unity, Upper Nile and Jonglei. These floods have not only displaced populations and but have also rendered large areas of these states uninhabitable for many years.

Flooding is estimated to affect over one million people annually, with projections exceeding 1.5 million by 2026 (OCHA, 2026; World Bank⁵⁸, 2026; World Bank⁵⁹, 2025). By 2025, climate-related disasters had displaced

⁵⁶ OCHA. 2026. Humanitarian Needs and Response Plan (HNRP) for South Sudan

⁵⁷ International Organization for Migration (IOM). (2025). *Strategic analysis of displacement drivers in South Sudan: Climate and conflict nexus*. IOM Publications.

⁵⁸ World Bank. 2026. South Sudan Country Climate and Development Report

⁵⁹ World Bank. (2025). World development report 2025: At the crossroads of climate and displacement.

approximately 1.5 million people, surpassing conflict as the primary driver of displacement in some regions. This has transformed displacement dynamics from short-term shocks into a form of permanent environmental migration. Perennial flooding has significantly reduced arable land, undermined agricultural livelihoods, and intensified competition over natural resources, thereby reinforcing cycles of displacement and vulnerability.

Climate variability is also amplifying conflict through competition over water, pasture and land. Migration triggered by floods and droughts has been linked to more frequent farmer–herder clashes, notably in the Equatoria “green belt”. UNMISS documented 2,868 intercommunal conflict incidents between 2023 and 2026 and projects about 4,500 in 2026 alone (UN Country Analysis, 2026).

Trends in Climate-induced Displacement Statistics (2020–2026)

Year	People Affected by Floods	Primary Displaced Region	Economic Impact
2020	700,000	Jonglei / Unity	Loss of livestock.
2022	900,000	Upper Nile / Unity	Destruction of crops.
2024	1.3 million	Greater Upper Nile	Loss of arable land.
2026 (Proj)	1.5 million+	Jonglei / Warrap	Hyper-inflation of food prices.

4.1.3 Secondary Displacement

Displacement crisis has been compounded by an increasing prevalence of secondary or repeated displacement, particularly among returnees. Since April 2023, about 1.45 million people have crossed into South Sudan, including returnees, refugees, and third-country nationals (IOM–UNHCR Joint Dashboard, 2026). However, return does not necessarily translate into reintegration.

Many returnees are currently living in conditions similar to internally displaced persons, often in host communities rather than their places of origin due to flooded or environmentally degraded home areas, occupation of land and property, and persistent insecurity. This creates a cycle of “double displacement” in which individuals experience repeated uprooting and increasing vulnerability.

4.2 Refugees and Returnees and the Challenge of Reintegration

South Sudan remains both a major source and destination of displaced populations within the east African region, reflecting its central position in a complex cross-border migration system.

4.2.1 Refugees and Returnees Dynamics

The country continues to generate one of the largest refugee populations in Africa, with about 2.4 million South Sudanese living in neighbouring countries, including Sudan, Uganda, Ethiopia, Kenya and the Democratic Republic of Congo (UNHCR, 2026). At the same time, South Sudan hosted 658,326 refugees and asylum-seekers as of July 2026, up from about 602,000 in early 2026, further straining already limited resources.

The refugee population is concentrated in Upper Nile (311,209; 47 percent), Ruweng Administrative Area (153,435; 24 percent) and Central Equatoria (48,754; 7 percent), with smaller numbers in Northern Bahr el Ghazal, Western Equatoria and Western Bahr el Ghazal. Sudanese nationals account for about 618,992 refugees (95 percent). Women and children make up 75 percent of refugees; about 58 percent live in camps, 28 percent in urban areas and 14 percent in rural locations, and about 10 percent have specific needs, including persons with disabilities, older persons at risk and unaccompanied or separated children (UNHCR, July 2026).

Table 14: Key statistics on refugees, returnees and IDPs, 2026

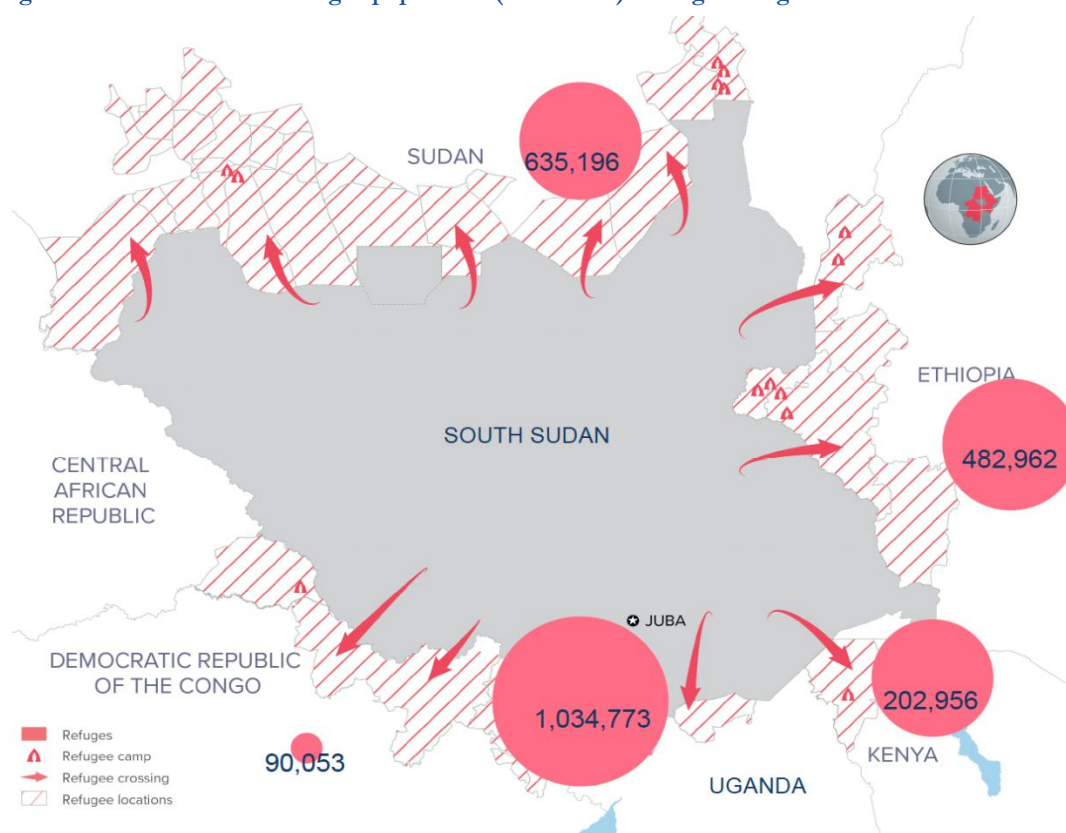
Indicator	Value
Refugees and asylum-seekers hosted (July 2026)	658,326
of whom registered refugees / asylum-seekers	650,267 / 3,915
Sudanese nationals	618,992 (95%)
Location: Upper Nile / Ruweng AA / Central Equatoria	47% / 24% / 7%
Women and children	75%
Children under 18	more than 50%
Living in camps / urban / rural areas	58% / 28% / 14%
Refugees with specific needs	about 10%
South Sudanese refugees in neighbouring countries (2026)	about 2.4 million
Arrivals from Sudan since April 2023 (incl. >865,000 returnees)	about 1.45 million
Returnees, UNHCR (March 2026) / IOM DTM cumulative (2026)	915,240 / about 3.1 million
Internally displaced persons (OCHA March 2026 / IOM DTM 2026)	2.5 million / 2.9 million

Source: UN Country Analysis for South Sudan (September 2026), cited by UNHCR, IOM DTM and OCHA

Since April 2023, over 865,000 South Sudanese returnees have arrived from Sudan (about 915,240 returnees in total by March 2026), mainly because of the conflict in Sudan (UNHCR, 2026). IOM DTM estimates that about 3.1 million returnees in total, including earlier returns, are trying to rebuild their lives across the country (IOM DTM, 2026). Prior to 2023, returns were largely spontaneous and gradual, with approximately 600,000 South Sudanese returning from Uganda and Ethiopia (IOM, 2023)⁶⁰. These return movements are influenced by a combination of factors, including conflict spillover, economic hardship in host countries, and declining protection conditions. While many returnees initially enter through northern border points such as Renk, their settlement patterns are dispersed across the country, with significant concentrations in Upper Nile, Unity, Jonglei, and Central Equatoria ((UNHCR, 2026a). Increasingly, returnees are gravitating toward peri-urban centres such as Juba, Yei, and Bor, reflecting a shift from rural reintegration toward urban survival strategies.

⁶⁰ International Organization for Migration (IOM). (2023). *South Sudan mobility tracking: Snapshot of spontaneous returns (2020-2023)*. IOM Displacement Tracking Matrix.

Figure 25: South Sudanese refugee population (2.4 million) in neighboring countries as of March 2026



Source: South Sudan Situation: Population Dashboard - 31 January 2026⁶¹

Influx into Sudan: Since late December 2025, intensified fighting in northern and central Jonglei has further deteriorated the protection environment and triggered additional movements toward Sudan. Over 291,000 people have entered Sudan since the escalation began, including an estimated 81,800 South Sudanese refugees, primarily arriving in White Nile (45%), Blue Nile (24%) and South Kordofan (14%).

Figure 26: Geographic Distribution of Returnees: primary states of arrival and intended destination

State	Estimated Returnee Influx / Presence	Key Drivers & Notes
Upper Nile	350,000+	Primary entry point (Renk); high concentration in Malakal and Ulang.
Unity	180,000	Significant returns to Rubkona and Bentiu; impacted by recent clashes.
Jonglei	155,000	Major displacement hub; returnees from Ethiopia (Gambella) to Akobo/Nasir.
Central Equatoria	110,000	Focus on Juba and Yei; many seeking urban livelihood opportunities.
N. Bahr el Ghazal	95,000	Steady inflows through northern corridors; high food insecurity.
Warrap	65,000	Dispersed rural returns
Others (Lakes, WBEG, etc.)	100,000	Scattered returns; often following secondary displacement.

Note: Cumulative estimates based on UNHCR and IOM Displacement Tracking Matrix (DTM)

⁶¹ UNHCR-IOM Joint dashboard

In a nutshell, between 2020 and 2026 South Sudan’s forced displacement landscape has become more complex and protracted, with simultaneous increases in internal displacement, refugee inflows and returnee pressures. The number of internally displaced persons rose from 1.7 million to between 2.5 and 2.9 million, reflecting persistent insecurity and climate shocks, while refugees hosted in the country more than doubled from 300,000 to about 658,000, largely because of spillover from the Sudan conflict. Returnees rose sharply from about 1.7 million to about 3.1 million, driven by forced returns linked to regional crises, while the number of South Sudanese refugees abroad remained broadly stable at around 2.4 million, as new displacement offset returns. These shifts reflect a transition from civil war to localised intercommunal violence, more intense flooding that has made parts of the northern regions uninhabitable, and severe economic deterioration, which has undermined reintegration and entrenched dependence on humanitarian assistance.

Trend Analysis (2020 vs. 2026)

Population Group	2020 Estimate	2026 Estimate	Trend
IDPs	1.7 million	2.5–2.9 million	Increasing (Climate & Conflict)
Refugees (in SSD)	300,000	658,000	More than doubled (Sudan War)
Returnees	1.7 million	3.1 million	Surging (Forced by Regional Crisis)
Refugees Abroad	2.2 million	2.4 million	Stable (New flight offsets returns)

4.2.2 Returnees and the Challenge of Reintegration

Reintegration remains one of the most critical challenges in the county’s displacement landscape. The national and local systems capacity to absorb returning populations, has been overwhelmed by the scale of the return.

Basic service delivery systems are under severe strain, particularly in health, education, and water and sanitation. As of late 2025, approximately 86 percent of school-age refugee and returnee children were out of school, exposing them to heightened risks of child labour, early marriage, and long-term exclusion from human capital development (UNHCR, 2026c). Food insecurity remains widespread, with an estimated 9.3 million people requiring humanitarian assistance in 2026, and returnees often settling in areas already facing acute shortages (IOM⁶², 2025).

Protection risks are also significant, particularly for women and girls, who face heightened exposure to gender-based violence during transit and upon arrival. In addition, land and housing constraints represent a major barrier to reintegration, as many returnees are unable to reclaim their property due to occupation, disputes, or environmental degradation. Consequently, many are forced into informal settlements or displacement camps, perpetuating cycles of dependency.

Addressing these challenges requires a shift toward durable solutions, including local integration, safe and voluntary return, and planned relocation for populations in permanently uninhabitable areas. Strengthening land governance systems, investing in climate-resilient infrastructure, and integrating displacement into national development planning are essential to achieving sustainable reintegration outcomes.

4.3 Implications for Development

The scale and persistence of displacement in South Sudan are reshaping the country’s development trajectory in profound and multidimensional ways. One of the most significant impacts is the shift in population distribution,

⁶² International Organization for Migration. (2025, December 15). *South Sudan crisis response plan 2026*. <https://crisisresponse.iom.int/response/south-sudan-crisis-response-plan-2026>

with increasing concentrations in urban and peri-urban areas such as Juba and other state capitals peripheries. The emergence of displacement hubs, including Renk and Malakal, reflects new patterns of settlement that are largely disconnected from traditional livelihood systems.

These demographic shifts have important implications for labour markets and livelihoods. Many displaced populations have transitioned from agrarian livelihoods to informal, urban-based activities or humanitarian aid dependency. The loss of productive assets, including land and livestock, has further undermined economic resilience and contributed to rising unemployment and underemployment, particularly among youth.

The education sector is also severely affected, with high levels of school exclusion among displaced children. Limited access to education not only constrains individual opportunities but also undermines long-term national development prospects.

In the health sector, overcrowding in displacement sites and inadequate water and sanitation infrastructure have contributed to a significant increase in disease outbreaks. Between 2020 and 2026, waterborne diseases such as cholera and hepatitis E have increased substantially, particularly in high-density areas (WHO⁶³, 2026), exacerbating vulnerability among already at-risk populations.

Displacement has also intensified pressures on social cohesion and security. Competition over scarce land and natural resources have increased tensions between communities, particularly in areas receiving large numbers of displaced populations. This has contributed to rising intercommunal violence, including farmer–herder conflicts.

Finally, rapid and unplanned urbanization is placing immense strain on infrastructure systems. The expansion of informal settlements is creating additional challenges for urban planning and service delivery (OCHA, 2026).

4.4 Priority Interventions (short- and medium term)

Migration, displacement, and population mobility have become structural features of South Sudan’s demographic and development landscape. The convergence of conflict, climate change, and economic fragility has created a protracted crisis characterized by cyclical displacement and fragile reintegration. Addressing these challenges requires integrated, long-term strategies that link relief, recovery, and development. Such approaches must prioritize resilience-building, service delivery, and inclusive economic opportunities, while advancing durable solutions for displaced populations as a cornerstone of sustainable development.

A. Addressing Internal Displacement

1. **Scale up responses in high-displacement hubs** (Upper Nile, Jonglei, Unity) integrating shelter, WASH, health, and livelihoods.
2. **Strengthen early warning and rapid response systems** to prevent and manage new displacement from conflict and climate shocks.
3. **Support community-based conflict resolution mechanisms** to reduce localized violence and prevent repeated displacement.

B. Responding to Climate-Induced Displacement

4. **Invest in climate-resilient infrastructure** (flood protection, settlements in high lands, drainage systems) in high-risk areas.

⁶³ World Health Organization. (2026, March 27). Multi-country outbreak of cholera, epidemiological update #35. <https://www.who.int/publications/m/item/multi-country-outbreak-of-cholera--epidemiological-update--35--27-march-2026>

5. **Promote planned relocation and settlement schemes** for populations in permanently uninhabitable flood-prone zones.
6. **Strengthen climate adaptation livelihoods** (flood-resilient agriculture and livestock diversification).

C. Addressing Secondary Displacement

7. **Facilitate access to land and housing** through strengthened land governance and dispute resolution systems in urban areas.
8. **Support transitional shelter and basic services** for returnees unable to access original homes.
9. **Integrate returnees into local service systems** to prevent their transition into protracted IDP conditions.

D. Supporting Refugees and Returnees

10. **Enhance reception and transit systems** at key border entry points (e.g., Renk) to manage large inflows effectively.
11. **Expand access to basic services** (health, education, food assistance) in high-return areas.
12. **Strengthen protection services**, particularly for women and children, including GBV prevention and response.

E. Advancing Durable Solutions

13. **Promote local integration** through access to land, livelihoods, and public services in host communities.
14. **Support safe, voluntary, and dignified return** through basic services infrastructure rehabilitation and security improvements.
15. **Develop national frameworks for durable solutions**, linking humanitarian response with long-term development planning.

F. Mitigating Development Impacts of Displacement

16. **Expand service delivery capacity in urban and peri-urban areas** experiencing rapid population influx.
17. **Invest in livelihoods and economic inclusion programs** to reduce aid dependency among displaced populations.
18. **Strengthen social cohesion initiatives** to reduce tensions between host communities and displaced groups.

G. Strengthening Systems, Data, and Coordination

19. **Improve displacement data systems** (DTM, registration, tracking) for evidence-based planning and service provision.
20. **Enhance coordination between government, humanitarian and development actors** through integrated planning frameworks.
21. **Increase domestic financing** for displacement response, addressing climate risk and resilience-building interventions.



SECTION FIVE

Education, Health and Youth Development

KEY MESSAGES

- **Learning crisis:** 2,090,346 learners are enrolled, 5.6 percent fewer than in 2023; the primary net enrolment rate is 52.7 percent, primary completion 22.8 percent and secondary net enrolment only 3.4 percent (AEC 2025; 2025 MICS7 puts primary completion at 15.3 percent).
- **Teacher and infrastructure gaps:** 41.5 percent of 59,198 teachers have no teaching qualification (59 pupils per qualified teacher), 28 percent of learning spaces are under trees and 2,129 schools are closed.
- **Growing demand:** about three million more people under 35 by 2030 will need school places, skills and first jobs.
- **High-return investments:** raising modern contraceptive use to 30–50 percent would avert 1.1–1.7 million unintended pregnancies for only US\$21–36 million.

Summary

Human capital development remains central to the country's recovery and demographic transformation. However, progress is currently constrained by low literacy levels, limited access to education, gender disparities, and weak linkages between education and labour market opportunities. The education sector remained under strain from reduced public financing and worsening household economic conditions.

Available data indicate that literacy levels remain among the lowest globally. The adult literacy rate (15+) stands at 34.5 percent, with significant gender disparities (female: 28.9 percent; male: 40.3 percent). Youth literacy (15–24) is higher at 47.9 percent, suggesting some progress in recent cohorts, although gender gaps persist. Literacy declines sharply among older populations, reflecting historical exclusion from education systems and the urgent need for sustained investment in education systems.

Low levels of educational attainment are directly linked to weak human capital outcomes. South Sudan's Human Capital Index (HCI) is estimated at 0.31 (World Bank, 2020), with an improved but still low HCI+ of 0.36 (World Bank, 2026). These figures indicate that a child born in South Sudan today is expected to achieve only about one-third of their potential productivity compared to a benchmark of full education and health. A key driver of this low human capital accumulation is the extremely low rate of secondary school completion, which limits the development of skills necessary for productive employment.

Additionally, South Sudan's labour market is characterized by high participation but low productivity and limited formal employment opportunities. Approximately 80.3 percent of total employment is classified as vulnerable employment, with the majority of the workforce engaged in subsistence agriculture or informal activities lacking job security, stable income, and social protection. Youth are particularly affected, facing limited access to decent work and high levels of underemployment.

Human capital development in South Sudan remains central to the country's recovery and demographic transformation. However, progress is currently constrained by low literacy levels, limited access to education, gender disparities, and weak linkages between education and labour market opportunities. These challenges are particularly critical given the country's youthful population structure. Investments in education and skills development will determine whether the country can harness a demographic dividend or face deepening cycles of poverty and fragility.

5.1 Basic Literacy, Education Access and Gender Disparities

Education access is characterized by low attendance rates, high dropout levels, and significant gender and geographic inequalities. Recent official data from the South Sudan 2025 MICS7 show that the adjusted net attendance rate (ANAR) for primary education is 42.1 percent, while 52.2 percent of primary school-age children are out of school. Participation in early childhood education is extremely limited, at just 5.8 percent, indicating weak foundational learning opportunities.

Gender disparities are evident at all levels. At the primary level, boys have slightly higher attendance rates (43.6 percent) compared to girls (40.5 percent), while girls are more likely to be out of school (54.5 percent compared to 49.9 percent for boys). These disparities widen at higher levels of education. At the secondary level, the adjusted net attendance rate drops sharply to 5.5 percent overall, with only 4.6 percent of girls attending compared to 6.4 percent of boys. No state or administrative area in South Sudan has a secondary attendance rate above 50 percent, with the highest rates observed in Central Equatoria (14.1 percent) and Western Bahr el Ghazal (13.8 percent), and the lowest in Unity (2.0 percent) and Abyei (1.9 percent).

Educational progression indicators further illustrate systemic inefficiencies. While the effective transition rate from primary to secondary school is relatively high at 61.7 percent, overall completion rates remain extremely low. Only 15.3 percent of students complete primary education, and 8.4 percent complete secondary education. Gender disparities are pronounced, with female completion rates consistently lower than male rates. The gender parity index (GPI) for primary completion is 0.8, declining further to 0.7 at the secondary level, and as low as 0.4 for gross intake into the final grade of secondary school.

These patterns reflect structural barriers including early marriage, household poverty, insecurity, and social norms that limit girls' access to education. Although the GPI for primary attendance (0.93) suggests near parity in access at early stages, disparities widen significantly as children progress through the education system.

The following table summarizes key education access indicators from the South Sudan 2025 MICS7, a household survey that covers all children of school age, whether or not they are in school:

Table 15: Education Access and Gender Disparities (South Sudan 2025 MICS7)

Indicator	Total (%)	Male (%)	Female (%)
Primary ANAR	42.1	43.6	40.5
Out-of-school (Primary age)	52.2	49.9	54.5
Secondary ANAR	5.5	6.4	4.6
Primary Completion Rate	15.3	16.8	13.8
Secondary Completion Rate	8.4	9.9	7.2
GPI (Primary ANAR)	0.93	—	—
GPI (Secondary ANAR)	0.72	—	—

The 2025 Annual Education Census (AEC), carried out in October–December 2025 and national report validated in August 2026, provides the latest official education statistics. **Total enrolment across all school levels is 2,090,346 learners**, including 101,954 projected for seven counties that could not be reached because of floods and insecurity; 1,988,392 learners were counted in operational schools. This is 5.6 percent below the 2,215,494 recorded in 2023. Primary schools hold 78 percent of learners and girls account for 47.4 percent (GPI 0.90), with parity slipping from 0.96 in pre-primary to 0.83 in secondary. Of the 8,778 schools and centres surveyed, 6,649 (75.7 percent) were operational and 2,129 were closed; a quarter of the closed schools were undamaged, pointing to teacher shortages, unpaid teachers, conflict and abandonment.

Participation and progression remain weak. The primary gross enrolment rate is 83.7 percent but the net enrolment rate only 52.7 percent, reflecting heavy over-age enrolment: only 15.7 percent of Primary 1 learners start at the official age of 6, and the primary net intake rate is 19.6 percent. The primary completion rate is 22.8 percent, Primary 8 has 77 percent fewer learners than Primary 1, and the secondary net enrolment rate is just 3.4 percent, although 76.1 percent of Primary 8 learners move on to Senior 1. Some 118,856 learners dropped out; fees, levies and uniforms caused 45.1 percent of primary and 51.7 percent of secondary dropout, while pregnancy and marriage caused 13.7 percent of secondary dropout. A quarter of enrolled learners (25.2 percent) were absent on the day of the census visit.

Teacher availability and quality remain major concerns. Operational schools employ 59,198 teachers, of whom 41.5 percent have no teaching qualification, 29.9 percent are volunteers and only 32.0 percent hold a government appointment. Women make up only 20.6 percent of teachers (8.6 percent in secondary), which has implications for girls' enrolment and retention. The pupil–teacher ratio of 34:1 rises to 59:1 per qualified teacher.

The learning environment is fragile. Only 39.9 percent of the 42,591 learning spaces are permanent classrooms, and 28.0 percent are under trees, and the number of physical classrooms fell by 20 percent after 2023 (from 28,228 to 22,625). About five pupils share each core primary textbook against a 1:1 benchmark, 64.0 percent of schools have latrines, and only 22.3 percent run a school-feeding programme. Inclusion gaps are large: 21,443 learners with disabilities were reported in primary schools, but only 9.2 percent of schools have any accessibility feature. Some 263,742 learners (13 percent of enrolment) are affected by displacement (IDPs, returnees, refugees and host-community children), linking the displacement dynamics in Section Four directly to education planning.

The table below summarizes key school-based indicators from the 2025 Annual Education Census, which covers learners enrolled in the schools it reached:

Table 16: Key education statistics (Annual Education Census, 2025)

Indicator	Value
Total enrolment, all school levels	2,090,346
Change in enrolment since 2023 (2,215,494)	–5.6%
Girls' share of enrolment (Gender Parity Index)	47.4% (0.90)
Schools operational	75.7%
Primary gross / net enrolment rate	83.7% / 52.7%
Secondary net enrolment rate	3.4%
Primary net intake rate / completion rate	19.6% / 22.8%
Transition rate, Primary 8 to Senior 1	76.1%
Learners who dropped out (primary and secondary)	118,856 (6.8%)
Teachers in operational schools	59,198
Teachers with no teaching qualification / volunteers	41.5% / 29.9%
Female teachers (secondary)	20.6% (8.6%)
Pupil–teacher ratio / pupil–qualified-teacher ratio	34:1 / 59:1
Learning spaces under trees / permanent classrooms	28.0% / 39.9%
Schools with accessibility features for learners with disabilities	9.2%
Displacement-affected learners (share of enrolment)	263,742 (13%)
TVET enrolment (formal and non-formal) / AES enrolment	2,660 / 73,853

Source: MoGEI, Annual Education Census Report 2025 – Main Fact Sheet and Analytical Summary (validated report, 31 August 2026). AEC indicators are school-based use ISCED school-age population projections as denominators. They complement, and should not be read as a trend against, the South Sudan 2025 MICS7 indicators in the table above.

Reading the two sources together. The South Sudan 2025 MICS7 and the 2025 Annual Education Census (AEC) look at education from two different angles, and they are best used together to describe progress in education and human capital. The MICS7 is **population-based**: its indicators cover all children of the relevant age in sampled

households, in or out of school, so it measures attendance, out-of-school children and completion across the whole population. The AEC is **school based**: its indicators come from learners enrolled in the schools it reached, so it measures enrolment, progression and the capacity of the school system (teachers, classrooms and materials). Because they differ in unit of observation, definitions, denominators and coverage, differences between them are not changes over time and should not be read as a trend.

Read side by side, the two sources tell a consistent story. Access has widened, with a primary gross enrolment rate of 83.7 percent and 76.1 percent of Primary 8 learners moving on to Senior 1 (AEC), yet about half of primary-age children are still not in school at the right age: the MICS7 finds 52.2 percent out of school and a net attendance rate of 42.1 percent, and the AEC a net enrolment rate of 52.7 percent. Completion is the binding constraint. Fewer than one child in four completes primary school: 15.3 percent of the relevant age group in the MICS7, and a primary completion rate of 22.8 percent in the AEC, which is calculated from enrolment in the final primary grade in the schools reached. Behind this lie late entry and repetition (75.2 percent of Primary 1 learners are over-age), cost-driven dropout and a shortage of qualified teachers and safe classrooms, which only the census can show. Together they explain why a child born today can expect to reach only about one-third of his or her productive potential (HCI+ 0.36).

Table 17: Education indicators from the 2025 MICS7 and 2025 Annual Education Census: complementary perspectives

Dimension	2025 MICS7	Annual Education Census 2025	What the two show together
Unit and coverage	All children of school age in sampled households, in or out of school	Learners in 6,649 operational schools reached (70.4% of the estimated school frame; 7 counties not reached)	South Sudan 2025 MICS7 captures children outside the system; the AEC captures the system itself
Primary participation	Net attendance 42.1%; 52.2% of primary-age children out of school	Gross enrolment 83.7%; net enrolment 52.7%; Primary attendance 73.9%, secondary attendance 77.7%	About half of primary-age children are not in school at the right age; heavy over-age enrolment
Primary completion	15.3% (female 13.8%)	22.8% (from final-grade enrolment)	Fewer than one in four complete primary
Secondary participation	Net attendance 5.5% (female 4.6%)	Net enrolment 3.4%; gross enrolment 10.3%	Secondary access is extremely low
Progression to and completion of secondary	Secondary completion 8.4%; effective transition 61.7%	Transition Primary 8 to Senior 1: 76.1%	Most who finish primary continue; completing primary is the bottleneck
Gender parity	GPI 0.93 (primary attendance), 0.72 (secondary)	GPI 0.90 overall; 0.96 pre-primary to 0.83 secondary	Girls' disadvantage is closing at each level
Early childhood	ECE participation 5.8%; 49.0% of Primary 1 entrants with pre-primary experience	Pre-primary net enrolment 12.3%	Weak foundations for learning
School system capacity	–	59,198 teachers (41.5% unqualified; 59 pupils per qualified teacher); 28% of learning spaces under trees; 2,129 schools closed (24.3)	Quality and capacity constraints, measured only by the census

Sources: South Sudan 2025 MICS7; MoGEI Annual Education Census 2025. The figures are presented side by side because they measure different things; differences between the columns reflect definitions, denominators and coverage, not change over time.

Overall, both the population-based and the school-based evidence show an education system characterized by limited access, low completion rates, and systemic inequities, particularly affecting girls and children in conflict-affected and flood-prone areas. With enrolment 5.6 percent lower than in 2023, primary completion at only 22.8 percent (AEC 2025) and a secondary net enrolment rate of 3.4 percent, South Sudan faces a completion crisis at secondary school level which threaten to undermine the prospects of translating a large youth population into a productive workforce. Together, these challenges underscore the need for stronger systems, improved coordination, and resilience-focused planning to ensure the effectiveness of development interventions.

5.2 Youth Employment and Economic Opportunities

The challenges in education directly translate into weak labour market outcomes, particularly for youth. Labour market is characterized by high levels of informality, limited job creation, and weak institutional capacity. Existing data, although limited and somewhat dated, provide important insights into structural constraints.

According to available SDG indicators, the unemployment rate stands at 12.3 percent, while the proportion of youth not in education, employment, or training (NEET) is 29.1 percent. Labor force participation is relatively high at 74 percent, reflecting the survival-driven nature of employment, particularly in subsistence agriculture and informal activities.

More recent World Development Indicators suggest that youth labour force participation (ages 15–24) remains relatively stable, averaging around 63 percent, with slightly higher participation among females in recent years. Overall, labour force participation among adults (15+) remains above 73 percent, indicating widespread engagement in economic activity, albeit often in low-productivity sectors.

Table 18: Labor Force Participation Trends (WDI, 2020–2023)

Indicator	2020	2021	2022	2023
Youth LFPR (Total)	63.6	63.7	63.1	62.7
Youth LFPR (Female)	65.9	66.2	64.2	63.6
Youth LFPR (Male)	61.4	61.3	62.1	61.9
Adult LFPR (Total)	73.2	73.5	73.5	73.4

Despite relatively high participation rates, employment quality remains a critical concern. Most youth are engaged in low-skilled, informal, and subsistence activities, with limited access to wage employment or formal sector opportunities. The mismatch between education outcomes and labor market needs further exacerbates the problem, as many young people lack the skills required for productive employment.

Low human capital outcomes and labour market vulnerabilities are closely interlinked. The low rate of secondary school completion significantly hinders the development of skilled labour, contributing to the dominance of low-productivity employment. With 80.3 percent of workers engaged in vulnerable employment, most youth are absorbed into informal and subsistence activities that offer limited income stability or upward mobility. This reflects both supply-side constraints (such as limited education and skills) and demand-side constraints, including a narrow economic base and weak private sector development. The high rates of unemployed young people, and lack of access to education offer young people little hope and contribute to violent crime and instability. Addressing youth employment challenges therefore requires simultaneous investments in education, skills development, and job creation to break the cycle of low human capital and economic vulnerability.

5.3 Policy Priorities

Addressing the interlinked challenges of education, human capital, and youth development requires a comprehensive and integrated policy approach. First, expanding access to basic education must remain a priority, with targeted interventions to reduce out-of-school rates. This includes investments in school infrastructure, teacher recruitment and training, and the reopening of non-functional schools, especially in conflict-affected and flood-prone areas.

Second, improving education quality is essential to enhance learning outcomes and ensure that schooling translates into meaningful skills. This requires strengthening teacher training systems, increasing the proportion of qualified teachers, and improving curriculum relevance, particularly with a focus on foundational literacy and numeracy.

Third, strengthening the transition from education to employment is critical. This includes expanding technical and vocational education and training (TVET), promoting skills development aligned with labour market needs, and supporting youth entrepreneurship and access to finance. Given the dominance of the informal sector, policies should also focus on improving productivity and resilience within informal livelihoods.

Finally, social protection and youth-focused employment programs should be prioritized to address vulnerability disengagement among young people. Integrating education, employment, and social protection policies will be essential to harness country's demographic potential and support inclusive and sustainable development.

In a nutshell, key priority interventions include but not limited to:

A. Expanding Equitable Access to Education

1. **Rehabilitate and reopen non-functional schools** in conflict- and flood-affected areas
2. **Scale up alternative education programs** (accelerated learning and community schools) targeting out-of-school and displaced children.
3. **Introduce targeted financial support** (cash transfers or fee waivers) to reduce household cost (hidden cost) barriers to schooling.
4. **Expand early childhood education (ECE)** by integrating low-cost pre-primary classes into existing primary schools.

B. Addressing Gender Disparities

4. **Implement comprehensive girls' education packages** (scholarships, school feeding, menstrual hygiene support).
5. **Recruit and deploy more female teachers**, especially in underserved rural areas.
6. **Strengthen community interventions to delay early marriage** and improve girls' retention in school.
7. **Establish safe school environments**, with functional basic school infrastructure (classrooms, latrines, safe transport, etc.)

C. Improving Education Quality and System Capacity

7. **Expand teacher training and certification**, prioritizing untrained and volunteer teachers.
8. **Increase teacher payroll coverage and incentives** to improve retention and reduce absenteeism.
9. **Prioritize foundational learning** (literacy and numeracy) through standardized curricula and materials.

D. Strengthening Education in Emergencies and Resilience

10. **Integrate education into humanitarian response**, ensuring continuity of learning in displacement settings.
11. **Invest in climate-resilient school infrastructure** in flood-prone areas.
12. **Deploy temporary learning spaces and pre-position materials** in high-risk zones.

E. Enhancing Youth Skills and Employability

13. **Expand demand-driven TVET programs** aligned with local economic opportunities.
14. **Promote apprenticeships and on-the-job training** through partnerships with private sector and NGOs.
15. **Integrate entrepreneurship and life skills training** into secondary and non-formal education.
16. **Promote digital literacy and skills development**, particularly in urban and peri-urban areas.

F. Promoting Youth Employment and Economic Opportunities

16. **Scale up public works and cash-for-work programs** targeting unemployed youth.
17. **Improve access to finance for youth enterprises**, especially for women and returnees.
18. **Strengthen agricultural (value chains) livelihoods** by linking youth to inputs, skills, and markets.
19. **Formalize and support informal sector activities** through training, cooperatives, and simplified business registration.

G. Strengthening Social Protection and Inclusion

19. **Expand social protection programs** targeting vulnerable youth and households.
20. **Develop targeted pathways for NEET youth** (education re-entry, skills training, employment).
21. **Ensure inclusion of displaced populations (IDPs, refugees, returnees)** in national education and employment programs.

H. Governance, Financing, and Systems Strengthening

22. **Increase and prioritize public financing for basic and secondary education.**
23. **Strengthen coordination across education, labour, and youth sectors** for integrated policy implementation.
24. **Leverage donor and partner financing** through pooled funds and results-based financing mechanisms.
25. **Institutionalize monitoring and evaluation frameworks** to track progress on education access, quality, and youth employment outcomes (**enhance monitoring and data systems** to track education and employment outcomes.)

5.4 Investment Opportunities for Young People and Reproductive Health Services

The scale of the demographic challenge makes investment in young people and in sexual and reproductive health (SRH) one of the highest-return options open to South Sudan. The revised projections imply that the population aged 15–35 will grow from about 5.2 million at mid-2026 to 6.6 million at mid-2030, that the number of women aged 15–49 will rise from 3.56 million to 4.44 million, and that annual births will increase from about 710,000 to 890,000. Demand for family planning, maternal and newborn care, secondary education and first jobs will therefore grow by roughly one-quarter within four years, whatever policies are chosen.

The national Investment Cases towards ending unmet need for family planning, preventable maternal deaths and gender-based violence (Ministry of Finance and Planning and UNFPA, 2021) estimate the costs and returns of scaling up proven, high-impact interventions over 2020–2030:

- **Ending preventable maternal deaths:** scaling up 27 high-impact maternal health interventions (including contraception) to an achievable 50 percent coverage would save over 5,500 maternal lives and reduce the maternal mortality ratio by over 30 percent (from 789 to about 530 per 100,000 live births) at a total cost of US\$408 million, of which US\$318 million is additional to the funding projected to be available. Universal (100 percent) coverage would save over 8,800 lives and reduce the ratio by 51 percent, at an additional cost of US\$530 million.
- **Ending unmet need for family planning:** raising modern contraceptive prevalence to 30–50 percent would avert 1.08–1.72 million unintended pregnancies, 364,000–577,000 unsafe abortions and 11,960–19,014 maternal deaths, at an additional cost of only US\$21–35.8 million over the decade. This makes family planning the most cost-effective of the four investment cases. Given available government resources, the funding gap is US\$20.2–35.0 million (96–98 percent of the requirement).
- **Ending child marriage:** without action, over 2 million children are likely to be married during the decade. Targeted education and community interventions would avert about 1.4 million child marriages (62 percent)

at a cost of US\$605.6 million (about US\$502.50 per marriage averted), 84 percent of it for community interventions (community mobilisation, conditional economic incentives and life skills).

- **Ending gender-based violence:** reaching 50 percent coverage of prevention and response interventions would avert about 2.66 million cases of intimate partner violence over 2021–2030, at a cost of US\$87.6 million, of which economic empowerment accounts for nearly 60 percent.

Table 19: Summary of investment case costs and impacts, 2020–2030

Intervention and indicator	Modest	Achievable	Ambitious
Maternal health – coverage target	30%	50%	100%
Total cost (US\$ million)	313.4	408.1	619.6
Maternal lives saved	3,488	5,570	8,802
Family planning – modern contraceptive prevalence target	30%	40%	50%
Total cost (US\$ million)	21.0	28.3	35.8
Unintended pregnancies averted	1,084,243	1,401,111	1,717,979
Maternal deaths averted	11,960	15,500	19,014
Unsafe abortions averted	364,305	470,774	577,241
Funding gap, US\$ million (% of cost)	20.2 (95.7%)	27.6 (96.9%)	35.0 (97.5%)
Child marriage – reduce prevalence to 5% by 2030	US\$605.6 million; about 1.4 million child marriages averted (62%)		
GBV prevention and response – 50% coverage	US\$87.6 million; 2,664,986 cases of GBV averted		

Source: Ministry of Finance and Planning and UNFPA (2021), Investment Cases towards Ending Unmet Need for Family Planning, Preventable Maternal Deaths, and Gender-Based Violence, Executive Summary.

These results were estimated against a 2020 baseline (maternal mortality ratio of 789; modern contraceptive prevalence of 5 percent; unmet need of 29.7 percent) and should be updated. South Sudan 2025 MICS7 has since recorded a higher unmet need for family planning (35.7 percent of married women) and a lower maternal mortality ratio (692), and the PSA projections show a larger and faster-growing population of women of reproductive age than was assumed in 2021. The cost estimates are therefore likely to be conservative. The financing gap has also widened: ODA fell from US\$2.21 billion in 2020 to US\$1.55 billion in 2025, and health still receives only about 2 percent of the government budget, far below the Abuja target of 15 percent.

Priority investment opportunities

- **Adolescent- and youth-friendly SRH services:** integrate family planning into primary health care and the Boma Health Initiative, expand community-based distribution and long-acting methods, and target adolescents (119 births per 1,000 women aged 15–19) and sexually active unmarried young women (52.9 percent unmet need).
- **Keeping girls in school and ending child marriage:** finance the education and community package of the child-marriage investment case (cash transfers, school infrastructure, life skills and conditional incentives), which also delays first births and lowers fertility.
- **Skills and jobs for young people:** scale up demand-driven TVET, apprenticeships and enterprise finance in sectors with high job multipliers (agriculture and agro-processing, fisheries, ICT, construction and renewable energy), in line with the DD target of 500,000 vocational training opportunities by 2030.
- **GBV prevention and women’s economic empowerment:** most of the GBV investment case budget goes to economic empowerment, which reduces violence and raises women’s participation in the labour force at the same time.
- **Financing and accountability:** use the investment cases as the basis for a costed national SRH and youth investment plan within the SSDP 2026–2036, increase domestic allocations, mobilise innovative financing, and track SRH and youth spending.

SECTION SIX

Environment and Climate Change

KEY MESSAGES

- **Among the five most climate-vulnerable countries:** flooding affected 1.35 million people across 39 counties in 2025.
- **Environmental degradation:** oil pollution, deforestation and poor waste management threaten health and livelihoods.
- **Fragmented response:** limited finance, weak capacity and duplicated programmes constrain action; a UNCT technical working group now coordinates climate programmes.
- **Finance is starting to flow:** the first Green Climate Fund grant (about US\$50 million), with over 90 percent of climate finance going to adaptation.

Summary



South Sudan's environmental degradation and climate extremes have continued to impact and to shape its population dynamics, livelihoods, and development trajectory. The country ranks among the top five most vulnerable countries globally due to exposure to climate-induced disasters. Rainfalls have become more erratic increasing the frequency and severity of flooding in many parts of the country and temperatures have risen. Despite these climate risk, South Sudan has the lowest capacity coping mechanism. The socio-economic cost of these climate shocks includes food insecurity (over 80 percent depend on rain-fed agriculture), displacement of the population, and disruption of markets and hamper resilience building.

However, on the policy front, a significant progress in aligning national legal and strategic frameworks with international framework such as the Sendai Framework for Disaster Risk Reduction (DDR) 2015–2030 has been achieved. The DDR Strategy 2024, fully aligned with Sendai, is a critical policy framework designed to transition the country from reactive crisis response to proactive climate risks management using the South Sudan Roadmap on Anticipatory Action 2025–2030 launched in late 2025. Other pertinent policy frameworks include the National Environment Policy (2015 – 2025) which led to the South Sudan's first National Adaptation Plan (NAP) in 2021, the first and second Nationally Determined Contributions (NDC) in 2017 and 2021, and the comprehensive Agriculture Master Plan (2015-2040), as well as the digitally integrated Monitoring, Reporting and Verification (iMRV) system in 2021 to track, verify, and report on the emissions and estimation of the annual national Greenhouse gas (GHG) emissions and inventory.

Nonetheless, numerous profound challenges have continued to dampen substantial progress in implementation. Access to finance has been a major barrier to DRR or adaptation interventions. The domestic private sector is underdeveloped and has virtually no capacity to play a major role in mobilizing for climate change adaptation or DRR.

6.1 Key Environmental Challenges and Effects on Population Dynamics

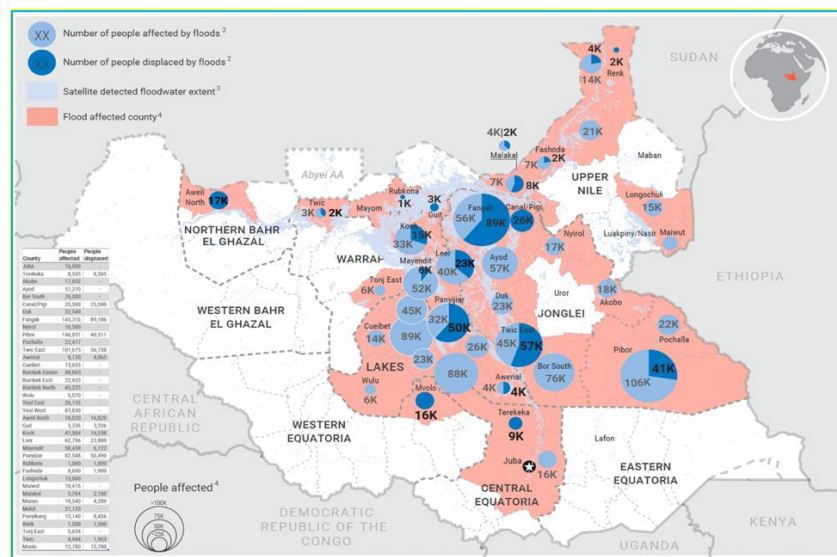
South Sudan's environmental change and climate extremes have continued to impact and to shape its population dynamics, livelihoods, and development trajectory. The country is highly vulnerable to climate variability (ranks among the top five most vulnerable countries globally) and faced with enormous environmental degradation issues. Environmental degradation (deforestation and land degradation) and climate risks such as perennial floods and droughts combined with weak infrastructure and fragility to produce structural drivers of population mobility, settlement patterns, and human vulnerability.

In addition to climate crises, the country also faces serious environmental health challenges such as chronic oil pollution, urban waste disposal and deforestation. These manifolds of escalating environmental threats directly compromise the health, safety, and economic survival of more than half of the country's population.

6.1.1 Flooding, Drought and Extreme Heat

One of the most profound environmental challenges has been recurrent and prolonged flooding since 2019, which covered up to 25% of the country⁶⁴. The consecutive multi-year flooding has displaced large populations, destroyed crops, and rendered land uninhabitable. By the end of November 2025, flooding has affected 1.35 million people⁶⁵ across 39 counties in eight states, displacing nearly 375,600 people, many sheltering on higher ground with livestock. Jonglei, Unity and Lakes are the most affected states. In 2025 alone Jonglei and Unity states among the most affected, with 624,300 and 256,100 affected people⁶⁶, respectively. Consequently, this has transformed seasonal displacement into long-term or permanent migration, contributing to rising numbers of internally displaced persons and altering traditional settlement systems, and ultimately amplifies the dire humanitarian crisis.

Figure 27: People Affected By Floods As Of November 2025⁶⁷



Additionally, the resulting food insecurity and recurrent disease outbreaks that have together devastated millions of lives. Flood-affected areas are experiencing increased health risks. Among the top five health threats are cholera, malnutrition, malaria, trauma and injuries, maternal and neo-natal health risks noncommunicable diseases.

⁶⁴ SOUTH SUDAN COUNTRY CLIMATE AND DEVELOPMENT REPORT 2026

⁶⁵ OCHA (2025), South Sudan: Floods Snapshot. <https://www.unocha.org/publications/report/south-sudan/south-sudan-floods-snapshot-13-november-2025>

⁶⁶ WHO. (2025). South Sudan Public Health Situation Analysis (PHSA)

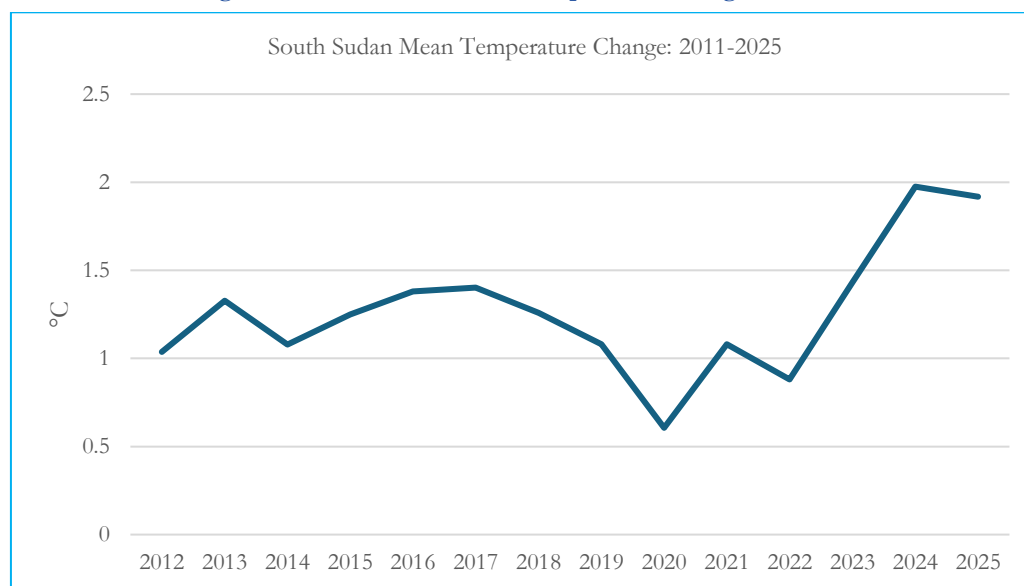
⁶⁷ <https://www.unocha.org/publications/report/south-sudan/south-sudan-floods-snapshot-13-november-2025>

Drought: In contrast, other regions such as Eastern Equatoria and northern Bahr el Ghazal, have faced drought and erratic rainfall patterns, disrupting farming and food production and pastoral and agro-pastoral livelihoods. These climate extremes have continued to undermine food security, reduced arable land, force households to migrate to urban areas or new places, or over-rely on humanitarian assistance. Moreover, these have contributed to localized conflicts between pastoralist and farming communities, as groups migrate in search of water and grazing land.

Temperature change and extreme heat: The mean annual temperature change on land anomalies⁶⁸ between 2012 and 2025 show a sustained warming trend, averaging about 1.26°C above the long-term baseline trend. Temperature increases were moderate during 2012–2022, swinging between 1.0°C and 1.4°C, before rising steeply in the recent three years. The highest anomalies were recorded in 2024 (1.98°C) and 2025⁶⁹ (1.92°C), indicating accelerating climate warming.

The trend suggests increasing climate shocks, with direct impacts on agriculture, natural resources competition, health, migration, and livelihoods, given the country’s dependence on rain-fed farming and pastoralism. Rising temperatures are expected to intensify droughts, flooding risks, food insecurity, and population vulnerability, reinforcing climate change as an emerging demographic and development challenge for South Sudan. Thus, these on temperature change trends should form a robust a basis to help identify risk and design the responses necessary to safeguard the agriculture, forestry and fisheries sectors.

Figure 28: South Sudan Mean Temperature Change 2011-2025



Source: FAO. 2026. Temperature change statistics 1961–2025

6.1.2 Oil Pollutions

South Sudan is paying a huge environmental price from its oil wealth. Oil production has led to severe environmental degradation in oil-producing regions. Contamination of water resources which is important for local use and agricultural activities has become the most pressing concern as oil spills, toxic waste and unprotected oil waste have contaminated⁷⁰ water sources especially in the areas of Unity state and Upper Nile and continue to threaten health and safety but also contaminate arable land.

⁶⁸ FAOSTAT Temperature change on land dataset produced in collaboration with the NASA Goddard Institute for Space Studies (NASA–GISS)

⁶⁹ FAO. 2026. Temperature change statistics 1961–2025 – Global, regional and country trends. FAOSTAT Analytical Briefs, No. 122. Rome. <https://doi.org/10.4060/cd9158en>

⁷⁰ The Climate Crisis and environmental Pollution in South Sudan Ujunwa Crescentia Okonkwo, DOI: <https://doi.org/10.13140/RG.2.2.31169.47203>

6.1.3 Rapid Deforestation and Urban Waste

Due to a lack of energy infrastructure, widespread logging for charcoal production has stripped forest cover, worsened soil erosion and adversely affected natural biodiversity⁷¹. Deforestation and land degradation are accelerating due households' reliance on wood fuel and limited regulation of natural resource use. Wood fuel remains the dominant source of energy for households, contributing to rapid forest loss around urban areas and IDPs sites. Rapidly growing cities like Juba suffer from a lack of waste management. Solid and liquid wastes are left in open ground, causing urban surface runoff to contaminate municipal water lines during downpours. Deteriorating environmental conditions have serious implication on health and human development, as they adversely impacted access to clean water, hygiene and sanitations, as well as amplify malnutrition among displaced populations. By undermining agricultural productivity and rural livelihoods, and increasing humanitarian needs, climate change is limiting the development prospects for South Sudan – a country that has limited adaptive capacity.

Cognizant of these challenges and their enormous impact, development policy frameworks (R-NDS, DDR, Health Policy, Education Policy, Agricultural Master Plan, among others) have integrated climate resilience and environmental sustainability into national development planning. Addressing these challenges requires a proactive strategy that link environmental management with human development and population policy. Some initiatives thus far undertaken include priority investments in climate-resilient infrastructure, sustainable land management, and early warning systems, and agricultural diversification. Strengthening institutional capacity for environmental governance and improving data systems are also imperative in supporting evidence base requisite for planning and decision-making.

6.2 National Disaster Risk Reduction Strategies

A substantial progress in aligning national legal frameworks with the Sendai Framework for Disaster Risk Reduction 2015–2030. The National Disaster Risk Reduction (DRR) Strategy 2024, fully aligned with Sendai, is a critical policy framework designed to transition the country from reactive crisis response to proactive risk management. The country primary tool for Sendai alignment is the South Sudan Roadmap on Anticipatory Action 2025–2030 launched in late 2025. It shifts the focus to anticipating climate-related disasters using early warning data and preparing in advance.

The Disaster Risk Management (DRM) Bill is in the final stages of review and validation and will provide legal mandate for a establishing a dedicated National Disaster Management Authority. Moreover, a multi-stakeholder forum, National DRR Platform, has been established to coordinate between the Ministry of Humanitarian Affairs and Disaster Management and line ministries (including Ministry of Agriculture and Food Security, Ministry of Water Resources and Irrigation).

Table 20: National DRR Strategies alignment with Sendai Framework

Strategy Component	Status	Sendai Alignment
National DRR Strategy	Finalized	High
Anticipatory Action Roadmap	Operational	High
DRM Policy & Bill	In Validation	Moderate (Governance)
Early Warning Systems	Active (EW4All)	High

⁷¹ Country Environmental Profile (CEP) for South Sudan 2022

6.3 Climate Finance

The Government of South Sudan has adopted multiple climate-related initiatives, including the National Environment Policy (2015 – 2025) which led to the South Sudan’s first National Adaptation Plan (NAP) in 2021, the first and second Nationally Determined Contributions (NDC) in 2017 and 2021, and the comprehensive Agriculture Master Plan (2015-2040). South Sudan launched its first digital integrated Monitoring, Reporting and Verification (iMRV) system in 2021. The iMRV provides the country with the capacity to track, verify, and report on the emissions and estimation of the annual national GHG emissions and GHG inventory from the Intergovernmental Panel on Climate Change (IPCC) GHG emission sectors; tracking and monitoring of climate actions, policies, programmes; and climate finance flow.

The country’s climate finance landscape is focused on adaptation, reflecting the country’s extreme vulnerability to climate-induced disasters. After years of climate planning and series of strategic frameworks, South Sudan is now transitioning to large-scale climate project implementation following its first major direct climate grants - \$50 million Green Climate Fund (GCF) grant which commenced in early 2026. The project has prioritized disaster risk management, sustainable livelihoods (solar irrigation and climate-smart agricultural tools) climate resilient infrastructure.

- **Climate Finance Allocated to Adaptation:** Over 90% of climate funding is allocated to adaptation (MoEF, 2021), which is the national priority, since over 80% of the population relies on rain-fed agriculture and pastoralism, which are climate-sensitive livelihoods, and so the government and international donors prioritize adaptation projects over mitigation.
- **Climate Finance Allocated to Mitigation:** The proportion for mitigation, is estimated at less than 10% (MoEF, 2021). Mitigation activities are meant to largely co-benefit adaptation projects, such as installing solar-powered irrigation or protecting forests to prevent soil erosion. South Sudan's carbon footprint is already one of the lowest in the world, and without a stable national grid, large-scale mitigation investments (like utility-scale solar or wind) remain high-risk for private investors. While South Sudan’s NDC includes mitigation targets in the energy and forestry sectors, actual investment remains marginal.
- **Total Adaptation Finance (Committed and Disbursed):** The \$50 million GCF grant approved in late 2025 is South Sudan's a major milestone in direct climate finance access. Much of the adaptation finance is currently channeled through United Nations (WFP, UNHCR, FAO) to reach flood-prone states. While over \$200 million in adaptation finance is currently committed for 2025–2030, actual annual disbursements for 2025 hovered around \$35m - \$45m highlighting the slow pace of international climate funds.
- **International Response/Efforts and Implementation Gaps:** While international efforts led by the United Nations (UN) and World Bank prioritize flood-resilient infrastructure and climate-smart agriculture, early warning systems, progress is often hampered by funding gaps and ongoing conflict. A major milestone in 2026 was the first disbursement of a \$52.5 million Green Climate Fund (GCF) project, South Sudan’s first single-country grant aimed at community-led water management and early warning systems.

Table 21: Major Climate Finance Developments (2025–2026)

Project/Fund	Amount Committed	Status
GCF: Enhancing Climate Resilience (ECRF)	\$50 Million	Approved Dec 2025; First disbursement of \$2.5M made Jan. 2026.
UNDP: WACRESS Project	\$33 Million	Under Implementation (Launched 2024); 5-year project.
Japan Co-Financing (via UNHCR)	\$2.8 Million	Disbursed Jan 2026 for flood-resilient shelters.
World Bank: Community Resilience (ECRP)	\$120 Million	Active; partially disbursed for rural water/dike infrastructure.

6.4 Climate–Environment Linkages, Institutional Gaps and Priority Investment Areas

The UN Country Analysis (2026) and its review of the environment and climate sector add three insights that bear directly on population dynamics. **First, climate hazards are intensifying on several fronts at once:** rising temperatures and heat extremes, erratic rainfall, recurrent flooding since 2019 and prolonged droughts. Environmental degradation is driven by oil pollution (spills, toxic waste and gas flaring in Unity and Upper Nile), deforestation and illegal, sometimes militarised, charcoal production, loss of biodiversity and habitat, poor urban waste management and plastic pollution, and over-exploitation of forests and fisheries.

Second, the impacts fall hardest on the groups that the projections show to be growing fastest. Women and children, persons with disabilities, IDPs and returnees, pastoralists and farming communities are the most vulnerable, facing lower agricultural productivity, livestock losses, water scarcity, damaged infrastructure, displacement and restricted humanitarian access. Children are especially exposed: floods, droughts and environmental degradation threaten their access to food, education, health care, water and sanitation, so climate vulnerability is a direct threat to human capital. Climate change also multiplies conflict risk, as competition over grazing land, water and migration routes fuels intercommunal violence (2,868 incidents documented by UNMISS in 2023–2026).

Third, institutional gaps limit the response: limited climate finance, weak technical capacity, fragmented institutional mandates, poor environmental data, limited early warning and monitoring, and weak implementation of climate policies. Fragmentation is made worse by many UN agencies running overlapping climate programmes in silos. The UN Country Team has therefore set up a technical working group to map and coordinate agency climate programmes and reduce duplication. The review also calls for the links between climate, environment and health to be made explicit, for example cholera, malaria and malnutrition after floods, and exposure to heavy metals in oil-producing areas.

Table 22: Climate and environment: challenges, impacts, institutional gaps and priority investment areas

Dimension	Key elements
Climate risks	Rising temperatures and heat extremes; erratic rainfall; recurrent flooding (since 2019); prolonged droughts
Environmental degradation	Oil pollution (spills, toxic waste, gas flaring); deforestation and illegal charcoal production (linked to poverty); biodiversity and habitat loss; poor waste management and plastic pollution; over-exploitation of forests and fisheries
Most vulnerable groups	Women and children; persons with disabilities; IDPs and returnees; pastoralist and farming communities
Development impacts	Lower agricultural productivity; livestock losses; water scarcity; damaged infrastructure; more displacement; competition over land and natural resources; humanitarian access constraints
Institutional gaps	Limited climate finance; weak technical capacity; fragmented mandates; poor environmental data systems; limited early warning and monitoring; weak implementation of climate policies; duplication of UN climate programmes
Priority investment areas	Climate governance; climate finance mobilisation; climate-smart agriculture; sustainable water management; ecosystem restoration; renewable energy; disaster risk reduction; early warning and climate information systems; climate-resilient infrastructure; sustainable management of the Sudd Wetlands
Cross-cutting principles	Gender-responsive; disability-inclusive; conflict-sensitive; community-led; humanitarian–development–peace (triple) nexus

Source: UN Country Analysis, Environment and Climate sector

A realistic role for government. Given current constraints on budgets, infrastructure and institutions, the analysis recommends a clear division of roles based on the humanitarian–development–peace nexus, in which the State: (i) develops environmental management legislation and enforces climate and DRR policies, including the National Disaster Risk Management Policy; (ii) coordinates national, state and county DRM structures and aligns the work of international and local actors; (iii) improves early warning and climate information services so that at-risk communities receive timely advisories; (iv) builds DRR into national and sector plans so that infrastructure is resilient by design; and (v) strengthens institutional coordination and accountability. The expected outcomes are more resilient communities, better adaptation and disaster preparedness, improved natural resource governance, greater access to climate finance, and sustainable livelihoods that support peacebuilding.

Interventions should be locally led, gender-responsive, disability-inclusive and conflict-sensitive, and should bridge the gap between communities, which experience climate risk as lost livestock and crops and cope through mobility, and national frameworks that often lack reach below the state level. For population planning, this means taking climate risk into account when locating new schools, health facilities and settlements for the fast-growing populations of flood-prone Jonglei, Unity and Upper Nile, and in durable-solutions planning for displaced people.

6.5 RECOMMENDATIONS

To address the complex environmental, health, and economic threats short – and long-term policies should be adopted.

6.5.1 Short-Term Emergency Actions

These focus on containment, immediate mitigation of oil pollution and leveraging proactive climate response protocols.

- i. **Publish and Enforce Oil Field Audits:** The Ministry of Environment should embark on environmental management audits and publish field reports to enable state governments to issue binding remediation orders to oil operating consortia to refurbish leaking infrastructure and isolate overflowing ground waste pits before rain cycles.
- ii. **Deploy Emergency Water-Purification Infrastructure:** Scale up the distribution of decentralized water purification kits and construct immediate sand-filtration barriers around drinking water access points in heavily contaminated areas like Melut, Guit, and Bentiu.
- iii. **Operationalize the Anticipatory Action Roadmap:** Fully implement the recently launched South Sudan Roadmap on Anticipatory Action (2025–2030). This involves deploying targeted emergency cash transfers and pre-positioning health/nutrition stocks in counties flagged to experience flooding during rainy seasons.
- iv. **Enforce routine transfer of oil-revenue share to oil producing states/counties:** This step will recover lost state revenue to directly fund emergency flood protections like earthen dyke reinforcements in critical IDP hubs.
- v. **Establish Environmental Health Surveillance:** Integrate heavy-metal and chemical toxicity screening into the existing WHO-supported Integrated Disease Surveillance and Response (IDSR) framework, particularly within counties like Melut, Guit, and Bentiu.
- vi. **Map Secure Migratory Corridors:** Form regional community-led land-use committees to map out and secure safe grazing corridors, preempting resource-scarcity conflicts between migrating pastoralists and local farmers.

6.5.2 Long-Term Institutional Reforms (5–10 Years)

The focus is on breaking resource dependency, restructuring legal accountability, and building structural economic and ecological resilience.

- i. **Pass and Legalize a Petroleum Transition Act:** Legislate a comprehensive overhaul of national oil governance, and mandate that any future oil extraction or block exploration can only utilize deep underground subsurface water reinjection systems, and completely criminalizing surface pit disposal.
- ii. **Establish an Autonomous Environmental Protection Authority (EPA):** Establish an independent EPA backed by statutory power to levy severe economic fines on multinational corporate operators.
- iii. **Diversify Revenue into Agricultural Value Chains:** Actively pivot the national economy away from its over 90% dependency on volatile crude oil exports to agricultural value chains leveraging fertile prime agricultural land.

- iv. **Capitalize the National Climate Adaptation Fund:** Establish transparent, de-risked financial channels to attract global green bonds and public-private partnerships under the country's planned \$100 billion Climate Adaptation Strategy. Direct these funds toward building durable, Nile water management infrastructure and constructing renewable hydro and grid-scale solar networks.
- v. **Implement Multi-Hazard Early Warning Systems:** Partner with regional meteorological bodies to build localized, early warning networks that transmit predictive flood and extreme heat data directly to county administrators and pastoral communities.
- vi. **Strengthen Climate Programme Coordination and Data:** With the Ministry of Environment and Forestry and the Climate Change Working Group, make the new UNCT climate technical working group the platform for mapping, aligning and co-financing climate programmes, and set up an environmental data system that links climate, environment and health indicators.

SECTION SEVEN

Governance, Institutions, Partnership and Policy Environment

KEY MESSAGES

- **Weak governance:** South Sudan scores 19.0 out of 100 on the Ibrahim Index, ranking 54th of 54 African countries.
- **No unified population policy:** population issues are spread across sector frameworks; the SSDP 2026–2036 is the opportunity to integrate them.
- **Inclusion gaps:** disability prevalence is 4–6 percent in the PES and 15–20 percent in other estimates; the CRPD was ratified in 2023 but implementation lags.
- **Changing partnerships:** declining ODA calls for domestic resource mobilisation, localisation and South-South cooperation.

7.1 National Population Policy Framework

South Sudan's population policy landscape is evolving and fragmented. There is no unified, comprehensive national population policy currently in place. Population issues are embedded within the broader sectoral and development frameworks such as the Revised National Development Strategy R-NDS (2021–2024), which integrates population dynamics into national priorities such as service delivery, human capital development, and economic recovery. Additionally, sectoral frameworks such as the National Social Protection Policy Frameworks (NSPPF) provide mechanisms for addressing demographic vulnerabilities such as poverty, inequality, exclusion, and shocks through coordinated social protection programmes. Under the NSPPF, government and development partners implement coordinated safety net programs that provide cash transfers, education support for girls through the Girls Education South Sudan (GESS), cash-for-training opportunities to vulnerable households, and food assistance for community asset creation. These initiatives aim to support vulnerable households while strengthening long-term resilience and livelihoods.

Population and reproductive health issues are addressed through national health policy and the international frameworks such as the International Conference on Population and Development (ICPD), supported by development partners. For instance, efforts to integrate population data, sexual and reproductive health, and gender equality into national policies are ongoing. However, the absence of a fully operational, unified population policy limits coherence in addressing high fertility, rapid population growth, and demographic transition challenges.

7.1.1 Gender Inequality, Child Protection, Social Protection and Demographic Outcomes: Health and Social Protection Policy Linkages

While the policy frameworks for health, gender, social protection, and labour are aligned with broader population and development agenda (R-NDS), population outcomes continued to be shaped by the interaction of conflict, poverty, climate shocks, and social norms which reinforce vulnerabilities among women and girls. These risks are exacerbated by the population displacement caused by multi-year flooding, renewed conflict in Jonglei and Upper

Nile States, and the influx of refugees from Sudan. Early marriage remains a critical demographic concern, with prevalence estimated at 39.6% according to the 2025 MICS7 and over 52% of girls are married before age 18. These contribute directly to high adolescent fertility, early childbearing, and increased maternal health risks, thereby sustaining high fertility rates and slowing progress in the demographic transition. Weak civil registration and vital statistics (CRVS) systems further compound these challenges, limiting legal identity, age verification, and enforcement of child protection laws. Recent evidence from MICS7 shows only a paltry 36.1% of the under-five children have their birth registered by civil authorities.

To address these challenges, the government has established several legal and institutional mechanisms. The National Gender Policy (2013) provides a foundation for promoting gender equality and participation, supported by coordination structures such as ministerial gender focal points at national and state levels. Complementary legal instruments, including the Child Act (2008), the Civil Registry Act (2018), and national standard operating procedures for GBV prevention and response, align with broader population policy objectives of protecting vulnerable groups, reducing early marriage, and improving reproductive health outcomes. Strategic initiatives such as the National Action Plan to End Child Marriage (2017–2030) further demonstrate commitment to addressing key drivers of high fertility and poor health outcomes, consistent with international frameworks such as the ICPD Programme of Action. The Social Insurance Act (2023) establishes a national social insurance system extending social protection coverage to workers in the private sector, humanitarian and development sectors thereby reducing vulnerability.

Other notable progress in the policy environment for child rights and population-related outcomes include the Multisectoral Nutrition Strategic Plan (2022–2030), the Policy on Children without Appropriate Parental Care, and the Youth Development Strategy (supporting the establishment of enterprise development funds consisting of Women Enterprise Development Fund, Social Security Fund and Youth Enterprise Development Fund) envisioned in the R-ARCSS, all of which contribute to improving survival, development, and economic participation among young populations. Ratification of international protocols on child protection further reinforces South Sudan's commitment to safeguarding children's rights. However, the effectiveness of these policies remains constrained by weak institutional capacity, limited financing, among others. Achieving meaningful demographic outcomes (reduced fertility, improved maternal and child health, and realization of the demographic dividend) will depend on strengthening implementation, expanding access to services, and addressing the underlying socio-cultural drivers of vulnerability.

In the health sector, the National Health Policy 2022-2027 (operationalized through the Health Sector Strategic Plan and complementary strategies⁷²) provides the overarching vision for strengthening the national health system and improving equitable access to quality services. Anchored in the Sustainable Development Goals, the policy emphasizes delivery of the Basic Package of Health and Nutrition Services (BPHNS), with a focus on reducing mortality, improving reproductive health, and protecting households from financial hardship. At the community level, the government is advancing the Boma Health Initiative (BHI) as a key delivery platform to expand access to essential services, including health promotion, safe motherhood, integrated community case management, and control of communicable diseases.

7.1.2 Persons with Disabilities in Population and Development: Inclusion, Rights, and Policy Framework

Protracted civil wars, recurrent communal conflicts, and limited access to healthcare have contributed to a high and rising burden of disability in South Sudan, with prevalence estimated at 15–20% of the population (up from 5.1% in the 2008 Census). Across the country, 20% of households have at least one member with a disability, with the

⁷² such as the Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) Strategy, Every Newborn Action Plan (ENAP), and immunization plans

most common functional difficulties reported in seeing (38%), walking (17%), and hearing (13%) (FSNMS⁷³, 2024). These trends reflect both conflict-related injuries and systemic gaps in prevention, early detection, and rehabilitation services, resulting in a growing population with complex and long-term needs which urgent interventions.

The 2021 Population Estimation Survey (PES) complements these estimates with the most recent nationally representative, sex-disaggregated statistics. It used the Washington Group questions on six functional domains: seeing, hearing, walking, cognition, self-care and communication. The PES identified 31,822 persons with disability among the people it reached (18,088 females and 13,734 males), a prevalence of 6 percent among females and 4 percent among males. Walking was the most common domain (3.0 percent of females and 2.3 percent of males), followed by seeing (2.9 percent of females).

Disability rises steeply with age and differs by sex, marital status and place. Prevalence reaches 22 percent among women and 15 percent among men aged 60–64, and 29 and 23 percent respectively at ages 65 and over; among older people, seeing (41 percent of women; 31 percent of men) and walking difficulties (36 and 27 percent) dominate. Widowhood shows the widest gender gap: 36 percent of widowed women report a disability, compared with 5 percent of widowed men, pointing to the compounded vulnerability of older women heading households. Prevalence is highest in Central Equatoria (10 percent of females; 8 percent of males), Western Equatoria (9 and 8 percent) and Abyei Administrative Area (10 and 8 percent).

Persons with disabilities are consistently worse off in education and work. They are less likely ever to attend school, to complete primary or secondary education and to be literate, and young people aged 15–29 with disabilities are less likely to have attended school than their peers in almost every state. Only 1 percent of females and 1 percent of males with disabilities were in paid employment. Child functioning data cited in the UN Country Analysis (2026) show that about 13 percent of children aged 2–17 have functional difficulties (16 percent in urban and 12 percent in rural areas), ranging from 25 percent in Lakes to 4 percent in Ruweng; globally, children with disabilities are 49 percent less likely to attend school than their peers.

Table 23: Disability indicators from the 2021 Population Estimation Survey, by sex

Indicator	Female	Male
Disability prevalence (Washington Group index)	6%	4%
Persons with disability identified by the PES 2021	18,088	13,734
Difficulty walking or climbing	3.0%	2.3%
Difficulty seeing	2.9%	2%
Difficulty hearing	2%	2%
Difficulty remembering or concentrating	3%	2%
Prevalence, aged 60–64	22%	15%
Prevalence, aged 65+	29%	23%
Highest states: Central Equatoria	10%	8%
Persons with disability in paid employment	1%	1%

Source: NBS, PES 2021 Report – Summary of Indicators for PES Thematic Reports (August 2024)

Planning implications. Applied to the projected mid-2026 population, these rates give a planning range for the number of persons with disabilities: about 0.82 million at the PES rates (4 percent of males and 6 percent of females), and 2.5 to 3.3 million if the 15–20 percent estimate is used. By mid-2030, with population growth and the ageing of the population (the number aged 65 and over rises from about 0.36 million to 0.55 million), the range becomes

⁷³ Food Security and Nutrition Monitoring System (FSNMS)

about 1.0 to 4.1 million. The width of this range underlines the priority of using the Washington Group questions consistently in the next census, in MICS7 and in administrative systems.

Over the years, South Sudan has established a progressive legal and policy foundation for disability inclusion, aligned with broader population and human capital development agenda. The country ratified the Convention on the Rights of Persons with Disabilities and its Optional Protocol in 2023, alongside other human rights conventions, creating binding obligations to promote accessibility, non-discrimination, and full participation. These commitments are reinforced domestically through the Transitional Constitution, which guarantees the rights of persons with disabilities. Key policy instruments include the National Disability and Inclusion Policy (2013); the National Disability Action Plan (2020), which operationalizes inclusion across sectors; and the National Inclusive Education Policy (developed in 2014; adopted in 2021), which aims to ensure equitable access to education for all children, including those with disabilities.

Despite this comprehensive framework, implementation remains constrained by weak institutional capacity, limited financing, and the absence of effective monitoring systems for instruments such as the CRPD. Strengthening coordination, resourcing, and accountability mechanisms will be essential to translate policy commitments into tangible improvements in the lives of persons with disabilities and to ensure their inclusion in South Sudan's demographic and development trajectory.

Persons with disabilities face stigma and abuse; inaccessible health, rehabilitation, assistive-device and education services; and near-total exclusion from jobs and social safety nets. Women and girls with disabilities face much higher risks of gender-based violence, and during conflict persons with disabilities are often left behind by fleeing communities and cut off from medicines and assistance. Priority actions include disability-disaggregated data systems based on the Washington Group questions, universal design in infrastructure, inclusive social protection, education and reproductive health services, accessible information, inclusive emergency preparedness, and meaningful participation of organisations of persons with disabilities in planning and humanitarian decisions.

7.2 Governance Context, Institutional Capacity, and Reform Priorities

The governance context in South Sudan as articulated in the Revitalized National Development Strategy (R-NDS) 2021–2024 remains a critical determinant of population and development outcomes. The R-NDS identified democratic governance as a central pillar for peace, stability and development, aligned with SDG 16 and the priorities of the Revitalized Peace Agreement (R-ARCSS).



However, weak political and institutional capacity continues to constrain progress. This is reflected in South Sudan's performance on the Mo Ibrahim Foundation governance index, where the country scores 19.0 out of 100, ranking 54th out of 54 African countries. This represents a slight decline of -0.8 points since 2014 and remains significantly below both the African average (49.3) and the Eastern Africa regional average (46.8).

Disaggregated scores highlight structural weaknesses across all governance dimensions. Performance in Security and Rule of Law remains low (20.2), with only marginal improvement (+0.4), reflecting ongoing instability and weak justice systems. Participation, Rights, and Inclusion has deteriorated (17.3; -3.4), indicating shrinking civic space and limited inclusivity. Foundations for Economic Opportunity are particularly weak (12.5; -2.2), underscoring constraints in infrastructure, market systems, and economic governance. While Human Development shows modest gains (26.1; +2.0), progress remains insufficient to meet basic population needs. These governance deficits directly affect service delivery in health, education, and social protection, which are key determinants of fertility, mortality, and human capital outcomes.

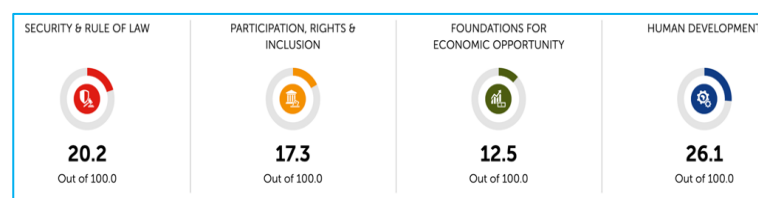
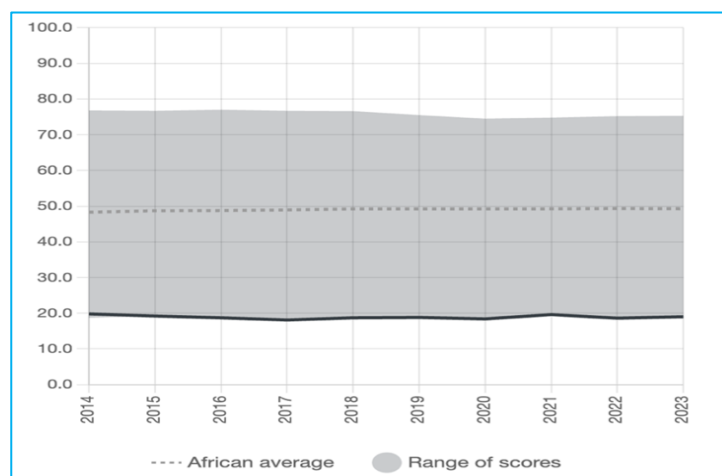


Figure 29: Overall Governance Score for South Sudan 2014-2023



Institutional capacity remains a major constraint to effective policy development and implementation, as weak administrative systems undermine policy coherence and service delivery. Core persistent institutional challenges include weak legislative enforcement, high levels of corruption, public budget dominated by oil revenue, chronic underfunding of public institutions and dependent of critical services sectors on external funding, inadequate infrastructure, coordination challenges, among others have limited the government's ability to deliver essential services, retain skilled personnel, and sustain institutional growth. Delays in security sector reform, the proliferation of small arms, and incomplete political transitions further undermine state legitimacy and stability. In addition, limited statistical and administrative capacity constrains evidence-based planning, while heavy reliance on external financing affects sustainability and national ownership of development programs. While the country's statistical capacity is improving steadily given the recent implementations of basic surveys including the 2025 Household Budget survey (HBS), 2025 MICS7 and Labour Force Survey (LFS) and enactment of Statistics Act 2024, its score on the World Bank Statistical Performance Index by 2024 was estimated was 27%, constraining evidence-based policymaking. Development partners continue to support improvements in national data ecosystems to enable better integration of population dynamics into development planning. Overall, strengthening institutional capacity will require reforms to improve governance, enhance inter-sectoral coordination, build human resource capacity, and increase domestic resource mobilization.

7.3 Corruption and Its Impact on Population Services

Endemic corruption which has marred the country since independence has undermined services delivery and human development by diverting over \$25.2 billion in oil revenue away from public services, severely crippling health, education, and justice sectors and security sectors. This mismanagement drives armed conflict, food insecurity, preventable deaths due to collapse of health systems just to mention but a few. Additionally, entrenched corruption has also been, according to the South Sudan Human Rights Commission⁷⁴, a major driver of human rights violations, as it has fuelled armed violence and associated atrocities. It has also severely undermined government capacities to fulfil human rights, evident in the lack of basic services.

The R-NDS reform agenda - covering political and legitimate governance, economic governance, public sector reform, and ICT and e-governance- remains relevant but requires sharper prioritization under the South Sudan Development Plan (SSDP) 2026–2036. Moving forward, reforms should focus on high-impact areas: strengthening public financial management and corruption combating systems; accelerating civil service reform and service delivery capacity; expanding digital governance systems; investment in functional registration and vital statistics (CRVS); and completing key political processes, including constitutional and electoral reforms.

Re-prioritizing governance reforms along these lines is essential to reverse declining governance performance and create an enabling environment for inclusive development. Strengthened governance will not only improve accountability and efficiency but also enhance the delivery of population-related services, thereby supporting better health, education, and demographic outcomes and positioning South Sudan to harness its potential demographic dividend.

7.4 Partnerships for Population and Development: Strategic Frameworks and Implementation Challenges



Development partnerships play a central role in advancing population and development outcomes in South Sudan, given the country's limited fiscal capacity and institutional capacity. The government works closely with a range of bilateral and multilateral partners to support interventions in health, education, social protection, and data systems, which are they key pillars for managing population dynamics and improving human capital. These partnerships are particularly critical in bridging humanitarian response and long-term development, especially in a context characterized by fragility, displacement, and economic crisis.

Current interventions in South Sudan are guided by a set of strategic frameworks aimed at transitioning the country from a prolonged humanitarian crisis toward sustainable development. Central among these is the R-NDS 2021–2024 and its upcoming supplanter, the South Sudan Development Plan (SSDP) 2026–2036, a newly launched 10-year strategy focused on economic diversification and long-term growth. In the health sector, the Country Cooperation Strategy (CCS) for South Sudan 2022–2026 is the strategic framework guiding collaboration between the World Health Organization and the Government of South Sudan, which provides a roadmap for advancing Universal Health Coverage (UHC) and strengthening health security. Complementing these efforts is the 2026 Roadmap for Returnees, which seeks to support the reintegration of returnees and internally displaced persons by facilitating access to durable solutions, including housing, livelihoods, and basic services.

⁷⁴ Plundering a Nation: how rampant corruption unleashed a human rights crisis in South Sudan Commission on Human Rights in South Sudan: South Sudan Human Right Commission Report 2025

Multilateral Partners - Multilateral organizations such as the UNFPA, UNICEF, World Bank, and African Development Bank provide both technical and financial support across population-related sectors. UNFPA plays a leading role in reproductive health, population data systems, and gender-based violence prevention, while UNICEF focuses on child health, nutrition, education, and protection services. The World Bank provides substantial financial and technical support, particularly in health systems strengthening (supported the delivery of essential health services through the HSTP⁷⁵), social protection programs (SNSOP⁷⁶), and economic recovery. The African Development Bank complements these efforts by investing in infrastructure, agriculture, governance, and capacity building, with a focus on economic resilience and state-building, all of which are essential for supporting a growing population and enabling economic transformation.

Bilateral partners - including the defunct United States Agency for International Development, Foreign Commonwealth and Development Office, Japan International Cooperation Agency, as well as governments such as Norway, Canada, and Swedish International Development Cooperation Agency - play a significant role in financing and implementing programs in education, gender equality, infrastructure, and governance. These partners support both humanitarian and development interventions, often through pooled funding mechanisms and joint programmes aligned with national priorities.

Despite their critical contributions, challenges remain in ensuring effective coordination, alignment with national policies, and sustainability of interventions. Additionally, development partners continue to face significant operational constraints. Persistent insecurity and localized conflict limit access to remote areas, delaying project implementation and continue to disrupt programme delivery. Poor road networks increase logistical costs and divert resources away from service delivery. In addition, weak governance systems and limited institutional capacity hinder effective coordination and the sustainable transfer of programmes to national authorities.

Partnerships for Population and Development (PPD) in South Sudan have reached a pivotal transition in 2026, as focus has shifted from emergency humanitarian relief toward long-term human capital investment and South-South Cooperation (SSC). South Sudan should leverage these partnerships to address its demographic challenges, specifically focusing on reproductive health, youth empowerment, and data-driven policy.

Strengthening government leadership, improving coordination frameworks, and enhancing domestic resource mobilization will be essential to maximize the impact of partnerships. A more integrated approach that links humanitarian assistance with development planning will also be crucial to achieving sustainable population and development outcomes in South Sudan.

⁷⁵ The Health Sector Transformation Project (HSTP) is a multi-donor initiative (2024–2027) funded by the World Bank and partners (USD 12.7 million) to strengthen the national health system.

⁷⁶ The South Sudan Productive Safety Net for Socioeconomic Opportunities Project (SNSOP), a \$199 million World Bank funded project that provides provide cash transfers and access to income generating opportunities to vulnerable households and strengthen the national safety net delivery system.

Key Humanitarian and Development Partners in South Sudan (2020–2026)

A. Top 10 Humanitarian Partners (Crisis & Emergency Response)

Rank	Organization	Primary Focus Areas	Key Role/Contribution
1	WFP	Food security, emergency aid	Largest recipient (about 40% of funding) for large-scale food assistance
2	UNHCR	Refugees, returnees	Manages refugees from Sudan crisis and protection services. Addressing the needs of 3.1M returnees.
3	UNICEF	Child protection, nutrition, education	Leads nutrition and Back to Learning initiatives
4	IOM	Displacement tracking, emergency response, Durable Solutions	Manages frontline displacement crisis operations, Addressing the needs of 2.9M IDPs.
5	ICRC	Conflict response, medical services	Operates in conflict zones; supports medical evacuations
6	Save the Children	Health, education	Major NGO in conflict-affected service delivery
7	NRC	Shelter, legal aid	Leads in emergency shelter and legal assistance
8	IRC	Health, GBV	Key actor in primary healthcare and GBV programs
9	FAO	Food systems, agriculture	Provides emergency seeds/tools for lean season support
10	GOAL / Medair	Health, WASH	Major NGO implementers in emergency health and WASH

B. Top 10 Development Partners (Bilateral & Multilateral)

Rank	Partner	Type	Primary Focus Areas	Key Role/Contribution
1	USAID	Bilateral	Multi-sector (health, food security, governance)	Largest bilateral donor since 2020
2	World Bank	Multilateral	Social protection, health systems	Largest source of grant financing
3	European Union Commission (ECHO/INTPA)	Multilateral	Agriculture, regional integration	Major funder for climate resilience and development
4	African Development Bank	Multilateral	Energy, transport	Supports solar energy and infrastructure corridors
5	GIZ / KfW	Bilateral	Water, vocational training	Urban services and skills development
6	UK Foreign Commonwealth and Development Office (FCDO)	Bilateral	Education, gender	Supports GESS and girls' empowerment
7	Japan International Cooperation Agency (JICA)	Bilateral	Infrastructure, water, vocational training	Major physical infrastructure (bridges including Freedom bridges, urban water system) and vocational training.
8	Norway	Bilateral	Energy, peacebuilding	Supports peace process (R-ARCSS) and energy
9	Canada Aid	Bilateral	Maternal health, gender	Focus on women's rights and health
10	Swedish International Development Cooperation Agency (SIDA)	Bilateral	Environment, governance	Focus on sustainability and human rights

7.4 Priority Partnership Recommendations

Effective multistakeholder partnerships (both global and local) are commitments that empower and articulate what each stakeholder brings to the table and how to leverage these strengths to align on a unified goal. South Sudan should strengthen strategic partnerships to address key demographic challenges, with a focus on reproductive health,

youth empowerment, and evidence-based policymaking. Priority actions include advancing durable solutions⁷⁷ for displacement through coordinated efforts with partners such as United Nations Development Programme, International Organization for Migration, and United Nations High Commissioner for Refugees to support the reintegration of IDPs and returnees as articulated in the “*South Sudan Action Plan on Return, Reintegration, and Recovery*”. Additionally, South Sudan should prioritize strategic partnerships along a transformative pathway, with a strong emphasis on strengthening national statistical systems and digital platforms. Enhancing these systems is critical for tracking development progress, improving data-driven decision-making, and enabling efficient resource allocation and coordination. Equally important is the establishment and strengthening of national partnership platforms that convene government, development partners, civil society, and the private sector around shared development priorities.

Key national SDG coordination platforms include:

- i. **the SDG Dashboard:** Managed by the Ministry of Finance and Planning (MoFP) as the central coordinating body for SDG acceleration, this platform tracks and reports progress on priority indicators.
- ii. **R-NDS Implementation Framework:** This framework aligns national development clusters with corresponding SDGs, facilitating coordinated implementation between government ministries and the United Nations Country Team.
- iii. **SDG Rescue Plan:** A strategic initiative that brings together sectoral working groups across key ministries (e.g., Health, Education, Environment, Peacebuilding) and the UN System to coordinate accelerate progress in lagging SDG areas through targeted, multi-sectoral interventions.
- iv. **The Climate Change Working Group (CCWG),** a multi-stakeholder body established in 2019 by the Ministry of Environment and Forestry, to lead the technical review and alignment of national climate policies. CCWG serves as the primary coordination mechanism for integrating climate change adaptation and mitigation into national development planning. CCWG works on initiatives like the National Adaptation Programme of Action (NAPA) to address climate challenges (severe flooding and droughts) that have caused widespread displacement.

South Sudan should also expand South-South and Triangular Cooperation (SSTC) by leveraging partnerships under Partners in Population and Development to adopt proven reproductive health and youth development models from peer countries, while mobilizing resources through frameworks such as the Doha Programme of Action. Finally, partnerships should prioritize resilience and climate adaptation, including collaboration with World Health Organization to strengthen early warning systems for climate-related risks, alongside increased localization of funding to national NGOs and community-based organizations to ensure context-specific, sustainable interventions.

⁷⁷ Addressing the needs of 2.7M IDPs and 3M returnees through state-level roadmaps.

SECTION EIGHT

Conclusion and Recommendations

8.1 Conclusion

South Sudan stands at a critical demographic and structural crossroads. The empirical evidence compiled across recent population, health, and economic surveys clearly depicts a country characterized by early-stage demographic momentum, where high fertility rates and a rapidly expanding child cohort place an unsustainable dependency burden on a narrow, economically vulnerable working-age population. This baseline fragility is profoundly exacerbated by external shocks, primarily the compounding crises of multi-year catastrophic flooding and the massive, conflict-driven influx of returnees and refugees from neighbouring Sudan. Together, these forces are dramatically reshaping the country's geographic settlement patterns, severely breaking down rural livelihoods, stretching an already aid-dependent healthcare system to its absolute limits, and exposing severe gaps within the national educational and institutional architecture.

Whether this rapid population expansion - projected to surge to about 20.3 million people by mid-2030 (20.9 million by the end of 2030) - manifests as a transformative demographic dividend or a destabilizing socioeconomic "bomb" depends entirely on the urgency to initiate coherence national policy interventions. Continuing along a path of reactive crisis management, underfunded public institutions, and a glaring neglect of human capital development will inevitably entrench high youth unemployment, deepen multidimensional poverty, and trigger self-reinforcing cycles of social unrest and instability. Conversely, by executing aggressive institutional and public financial management reforms, South Sudan can successfully navigate this demographic transition.

To achieve this resilient turnaround, the Government of South Sudan, in partnership with its international and local development partners, must aggressively pivot toward long-term human capital investments. This requires scaling up voluntary reproductive health access to moderate fertility, executing targeted educational retention programs to address the secondary school completion crisis, constructing climate-resilient infrastructure to mitigate environmental displacement, and diversifying the economy into productive, value-added sectors capable of absorbing the emerging youth labour force. Ultimately, translating policy commitments such as the upcoming South Sudan Development Plan (SSDP) 2026–2036 and international protocols into operational realities is the fundamental prerequisite to securing a stable, inclusive, and prosperous future for all South Sudanese people.

8.2 Priority Recommendations

HOW TO READ THE RECOMMENDATIONS

- Recommendations are grouped into five areas that follow the structure of the report.
- Recommendations reflect the revised projections and prioritized country's development opportunities.

1. Reproductive Health and Family Planning Integration

- Delay Early Childbearing:** Enforce statutory minimum age-of-marriage to end early marriages, expand safe school environments for girls, and scale up adolescent-targeted sexual and reproductive health services to lower the adolescent birth rate.
- Avail Family Planning Services:** Address the 35.7% unmet family planning need by strengthening contraceptive commodity supply chains, integrating family planning into primary healthcare packages, and

utilizing community-based distribution through the Boma Health Workers to bypass rural geographic barriers.

- iii. **Invest in the Costed SRH Package:** Use the national Investment Cases (2021), updated to current baselines, to anchor a costed and domestically co-financed plan. Scaling up modern contraception to 30–50 percent prevalence would avert over one million unintended pregnancies and about 12,000–19,000 maternal deaths for an additional US\$21–36 million over a decade.

2. Maternal, Child Health, and Nutrition Scale-Up

- i. **Improve Institutional Delivery and Care Coverage:** Reduce the current 56% home-delivery rate by expanding access to skilled birth attendants, improving emergency obstetric and newborn care services, and scaling up the community-level Boma Health Initiative platform.
- ii. **Mitigate the Nutrition Crisis:** Implement multisectoral nutrition-sensitive strategies linking food security, agriculture, and social protection to combat child food poverty and ensure access to minimum acceptable diets.
- iii. **Strengthen Routine Immunization:** Embark on fresh campaigns to tackle the steep drop-off between Pentavalent vaccine doses by optimizing health facility service retention, tracking zero-dose children across the 83% of heavily burdened counties, and expanding cold-chain storage.
- iv. **Restore Support to Facilities Losing HSTP Funding:** Secure replacement financing for the 101 facilities that lost HSTP support (715 now supported, down from 816), prioritising zero-dose counties and facilities providing maternal and newborn care, and plan the facility network against projected births.
- v. **Plan Maternal and Newborn Services on Projected Births:** Annual births are projected to rise from about 710,000 in 2026 to 890,000 in 2030. Use PSA projected births and mid-year populations, rather than dose-based estimates, to set targets for skilled birth attendance, emergency obstetric care, vaccines and cold-chain capacity.

3. Human Capital, Education, and Youth Employability

- i. **Resolve the School Completion Crisis:** Invest in the reopening of the 2,129 non-operational schools (AEC 2025) closed by flood and conflict, deploy trained female teachers to rural areas to maximize girl-student retention, and introduce targeted financial cash transfers to mitigate household hidden schooling costs.
- ii. **Build Productive Capacity, Jobs, and Micro, Small, and Medium Enterprises (MSMEs):** Rapidly expand demand-driven Technical and Vocational Education and Training (TVET) programs and digital literacy systems to transition the massive youth bulge into formal, value-added manufacturing and agricultural employment rather than subsistence security threats.
- iii. **Prepare for Three Million More People Under 35 by 2030:** With about 79 percent of the population under 35, expand secondary school places and TVET in line with the Demographic Dividend targets (70 percent secondary enrolment and 500,000 vocational training opportunities by 2030), prioritising girls and the fastest-growing states.
- iv. **Operationalise Youth Enterprise and Skills Financing:** Enact and capitalise the Youth Enterprise Development Fund and implement the National Youth Development Policy, linking TVET (including mobile TVET for pastoralist communities) to finance and to labour-absorbing sectors such as agriculture, construction and services, with private-sector participation.
- v. **Create Jobs Through Agriculture, Energy and Digital Infrastructure:** The working-age population will grow from about 8.3 million at mid-2026 to 10.5 million at mid-2030. Invest in feeder roads, irrigation, seed systems and agro-processing, off-grid solar and mini-grids, key trade corridors, and broadband and digital payments to create labour-intensive, youth-friendly jobs.

4. Climate Resilience and Durable Displacement Solutions

- i. **Operationalize Anticipatory Action:** Utilize the South Sudan Roadmap on Anticipatory Action (2025–2030) to shift national disaster frameworks from reactive crisis relief to data-driven proactive mitigation.

- ii. **Invest in Climate-Resilient Infrastructure:** Reallocate resources toward flood protection dikes, drainage networks, and high-land settlement schemes in highly affected zones like Jonglei, Unity, and Upper Nile.
- iii. **Institutionalize Reintegration Pathways:** Create long-term urban and peri-urban development plans for primary displacement hubs ensuring returnees and IDPs are integrated into local public services and land governance systems rather than falling into protracted secondary displacement loops.
- iv. **Direct Services to Returnee-Receiving States:** Upper Nile, Northern Bahr el Ghazal and Jonglei are projected to receive 62 percent of net migration up to 2030. Use the state projections to pre-position health, education, water and shelter capacity there.
- v. **Scale Area-Based Development and Local Peace Dividends:** Consolidate successful local peace and livelihood models through area-based coordination that serves displaced people, returnees and host communities together.
- vi. **Develop a National Climate Finance Strategy:** Build on the first Green Climate Fund grant (about US\$50 million) to scale adaptation investment, such as flood-retention infrastructure, climate-resilient agriculture and early warning, that reduces the recurring humanitarian caseload.

5. Institutional Reform and Strategic Partnerships

- i. **Maximize Domestic Revenue and Governance:** Prioritize public financial management reforms to transition away from oil revenue volatility, combat systemic corruption, and steadily scale domestic public health funding toward international benchmarks.
- ii. **Strengthen the National Statistical Ecosystem:** Capitalize on the Statistics Act 2024 to build administrative data capacities, tracking vital statistics (CRVS) to bring the current under-5 birth registration rate above its nominal 36.1% baseline.
- iii. **Transition from Aid to Localization:** Leverage multilateral frameworks and South-South Cooperation to coordinate international partner funding through cohesive mechanisms like the SDG Rescue Plan, while progressively localizing funding to national NGOs to secure sustainable, context-specific interventions.
- iv. **Mobilize Sustainable Domestic and Hybrid Financing.** Declining ODA necessitates stronger domestic and innovative financing. Key priorities to include strengthening South Sudan Revenue Authority (SSRA) to improve revenue administration and multi-layered harmonize taxation regime; formalize and track remittances through Bank of South Sudan (BOSS); and introduce community matching grants for local health, social and skills infrastructure.
- v. **Adopt a Demographic Dividend Roadmap.** Establish a National Population Council and a costed DD Roadmap with targets for family planning, secondary education and vocational training, aligned with Vision 2040 and the SSDP 2026–2036, and use the PSA mid-year projections as the common planning denominators across sectors.
- vi. **Implement Zero-Cost Oil Governance Reforms:** Transfer the full state oil share to the National Revenue Fund, publish quarterly production data, audit the Nile Petroleum Corporation and move towards profit-sharing contracts, to recover fiscal space for population services.
- vii. **Broaden Non-Oil Revenue:** Non-oil revenue is only about 4 percent of GDP. Align customs valuation with the market exchange rate, broaden the sales-tax base and plan for excise duties and VAT.
- viii. **Scale Institutional Reforms Already in Place:** Resource the Boma Health Initiative, the national social registry and shock-responsive safety nets, and enact the FFAMC Bill for transparent, transfers to states.
- ix. **Institutionalise Population Data for Planning:** Adopt the PSA mid-year projections as common planning denominators across sectors, prepare the next Population and Housing Census to resolve outdated planning denominators, update survey frames, the sex-ratio and child-enumeration gaps, etc.



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Annexes

Annex A: Medical Cadres⁷⁸ in Health Facilities as of 2025

Cadres	Total	CES	EES	WES	NBG	WBG	Lakes	Warrap	UNS	JON	Unity
Medical Officers	210	36	21	24	12	3	22	16	16	28	30
Clinical officers (specialist)	1039	234	75	66	138	46	82	77	77	88	132
Midwives Registered	417	50	37	61	61	24	56	27	27	14	36
Midwives Certificated	803	45	57	86	148	91	44	96	96	70	84
Nurses Registered	530	56	81	54	48	32	45	44	44	63	66
Nurse Certificated	1211	42	117	131	136	148	134	121	121	109	150
Counsellors	470	11	3	25	38	6	64	0	0	7	16
Public Health Officers	114	84	2	1	15	0	4	2	2	6	0
Nutritionist	1021	97	87	51	140	100	65	90	90	96	164
Lab Technologists	78	30	2	3	32	0	1	1	1	7	2
Lab Technicians	479	74	37	38	36	35	71	17	17	27	62
Lab Assistants	289	38	27	11	67	7	0	48	48	49	42
Pharmacists	123	29	2	5	32	0	35	4	4	12	4
Pharmacist Assistants	593	72	47	40	104	87	16	10	10	39	96
EPI Vaccinators	1254	93	130	183	120	142	55	100	100	142	207
Data Clerks	1091	68	85	99	150	91	164	93	93	101	158
Guards	1053	68	85	125	160	133	156	90	90	110	126
Cleaners	1512	158	187	159	142	139	176	105	105	134	230
Drivers	173	27	6	12	8	0	11	7	7	12	90
Radiographers	14	0	4	3	2	0	0	1	1	2	2
Sonographers	9	0	1	0	0	0	3	3	3	2	0
Total	12183	1312	1093	1177	1589	1084	1204	952	952	1118	1697

Source: Health Sector Strategic Plan (HSSP) 2023–2027

⁷⁸ Ministry of Health. Health Sector Strategic Plan (HSSP) 2023–2027

Annex B. Population Projections 2021-2030: Methodological Note

This analysis employs a Multi-Level Cohort-Component Method (CCM) to generate population estimates for South Sudan from 2021-2030. The framework allows for localized demographic indicators by integrating regional mortality, fertility, survival and mortality patterns into the model calibrated to the UN Model Life Tables (South Asian pattern) as the primary scenario.

1. Data Sources and Calibration

Demographic indicators utilized for model calibration for this projection are anchored majorly in the South Sudan 2025 Multiple Indicator Cluster Survey (MICS7) and the 2021 Population Estimation Survey (PES), this projection utilizes specific demographic parameters for model calibration.

Mortality and Life Expectancy: The projection model is calibrated to an under-five mortality rate (U5MR) of 101 per 1,000 live births, with sex-specific rates of 110 for males and 93 for females. Using the UN South Asian Model, characterized by stable adult survival until age 55 followed by a steep decline in the elderly cohorts, these mortality estimates yield a total life expectancy at birth of approximately 54.5 years (52.8 for males and 56.4 for females). This is a considerable deviation from historical South Sudan's life expectancy at birth, which is approximately 58.6 years.

Fertility and Sex Ratio: Fertility indicators include the Total Fertility Rate (TFR) of 6.4 and a Crude Birth Rate (CBR) of 40.9 based on the South Sudan 2025 MICS7. Additionally, a sex ratio at birth of 105.5 males per 100 females (1.055, from the PES 2021 inputs) is applied in the projection. State TFRs range from 6.2 to 8.0 (population-weighted average 6.7).

key calibration parameters	
Indicator	Value
Total Fertility Rate (TFR)	6.4
Crude Birth Rate (CBR)	40.9
Under-Five Mortality (Total)	101 / 1,000
Life Expectancy (e_0) (both sexes)	54.5 Years
Sex Ratio at Birth	105.5 M / 100 F
State TFR range	6.2 – 8.0 (weighted avg. 6.7)
Base population (31 Dec 2020)	13,197,874
Net migration 2021–2030 (UN WPP)	2,036,951

2. Model Selection: Justification for UN Model Life Tables (South Asian Model)

Due to the absence of reliable age-specific mortality data for South Sudan, the study adopts the mortality patterns derived from the United Nations Model Life Tables and calibrated it to country-specific conditions using empirical evidence from the South Sudan 2025 Multiple Indicator Cluster Survey (MICS7) for this projection. The UN South Asian Model is considered the most suitable framework for South Sudan's demographic projections using the Cohort Component Method due to its precise alignment with the country's mortality structure. Unlike other models, The South Asian model was built on data from countries where childhood mortality (ages 1–4) is exceptionally high compared to infant mortality (under age 1). While South Sudan is geographically in East Africa, its mortality profile, defined by characterized by exceedingly high child mortality relative to adult mortality, mirrors the South Asian pattern. In South Sudan, even live births cohorts which survive infancy still face high risks from malaria, malnutrition, and diarrheal diseases.

Moreover, the model accounts for the significant mortality hump in young adulthood, driven by high (adolescent) maternal mortality and injury rates among young men, and the high burden of communicable diseases. The 2024 Ministry of Health (MoH) Trends with Deaths by Cause in South Sudan Report confirming that 63% of all deaths and over 40% of deaths in under-five children results from maternal and infectious conditions, this model provides a more technical sound framework for projecting South Sudan's specific epidemiological profile.

South Sudan's mortality landscape as of 2024 is well summarized by the *Ministry of Health Trends with Deaths by Cause in South Sudan Report*.

Indicator	Male	Female	Total
Total Annual Deaths	96,899	77,301	174,200
Crude Death Rate	12.46	10.34	11.42
Communicable/Maternal Deaths	60%	67%	63%
Life Expectancy	58.6 Years		

This shows heavy concentration of preventable deaths, particularly among the 70,327 children who died in 2024, underscoring the necessity of utilizing a model that prioritizes childhood vulnerability and high maternal burden.

To rephrase in terms of a concise summary, the selection of the South Asian model as the main scenario for calibrating South Sudan's Cohort-Component Model is justified by several technical factors and contextual considerations, namely:

- i. **Mortality Pattern Alignment:** The South Asian model is characterized by excessively high mortality rates during early childhood, high mortality among young adults, a high elderly mortality (for those aged 55+ and older), and relatively low prime-age mortality (ages 15 to 55), which aligns with the observed South Sudan under-five mortality rate of 101 per 1,000 live births.
- ii. **Child Survival ratios:** This model adequately accounts for high infant (67/1,000) and neonatal (35/1,000) mortality rates reported in 2025 MICS7 data.
- iii. **Empirical Fit:** Given the TFR of 6.4 and CBR of 40.9 (MICS7), the model provides a robust framework for projecting populations with rapid growth and high young-age dependency.
- iv. **Sex-Disaggregated Accuracy:** The model accommodates the significant differences in mortality by sex, such as the male under-five mortality rate of 110 compared to 93 for females, ensuring that sex-disaggregated projections remain demographically plausible over the 2020–2030 period.
- v. **Regional Comparability:** Utilizing a standardized UN Model Life Table ensures that the projection results are comparable with other Least Developed Countries (LDCs) and aligned with international standards for national development reporting.

3. Projection Horizon and Baseline Population

The study adopts a 2021–2030 projection horizon to align with the Sustainable Development Goals and ensure short- and medium- term policy relevance. This timeframe limits uncertainty, which must be an essential consideration especially in fragile contexts such as South Sudan, while maintaining sufficient forward-looking scope. Consistent with the core purpose of PSA, the selected horizon supports evidence-based service delivery planning, efficient resource allocation, and the identification of urgent demographic pressures to steer prioritized interventions in the upcoming South Sudan Development Plan 2026-2036.

The 2020 state base populations, disaggregated by five-year age groups and sex, are used as the base population and serve as the initial cohort structure for the projection. The baseline is 13,197,874 persons at 31 December 2020 (6,725,692 males and 6,472,182 females; 51.0 percent male), a slightly male-skewed distribution consistent with the 2025 MICS7 household survey.

4. Projection Procedure

The CCM approach advances each age-sex cohort through five-year intervals:

- i. **Initial Composition:** The baseline utilizes the household population distribution from South Sudan 2025 MICS7, characterized by a young demographic profile where 18.5% of the population is aged 0–4.
- ii. **Survival:** Age-specific survival ratios derived from the South Asian model are applied to each cohort to account for sex-disaggregated mortality risks.
- i. **Specific Life Table Calibrations:** The survival ratios for the "Birth to 0-4" and "0-4 to 5-9" cohorts are specifically weighted to reflect the neonatal, infant, and child mortality rates as observed in the South Sudan 2025 MICS7 data. Adult mortality pattern follows the South Asian pattern of relatively stable adult survival until age 55, followed by a sharper decline thereafter.
- ii. **Survival Ratios from Life Table Functions**
Survival ratios (S_x) are derived from life table survivorship (l_x). That is, the proportion of a cohort surviving from age x to $x + n$

$$S_x = \frac{l_{x+n}}{l_x}$$

Where:

- l_x = number of survivors at exact age x
- l_{x+n} = number of survivors at age $x + n$
- n = width of the age interval (5 years)

Survival Ratios from Mortality Probabilities: Alternatively, using life table death probabilities (nq_x):

$$S_x = 1 - nq_x$$

Where:

- nq_x = probability of dying between ages x and $x + n$
- iii. **New Births Estimation:** Annual birth cohorts are generated by applying age-specific fertility rates (ASFR), including a high adolescent rate of 119 per 1,000 women, to the female population of reproductive age (15–49). That is, births estimated using ASFR applied to women aged 15–49:

$$B_t = \sum_{x=15-49} P_{f,x,t} \cdot ASFR_x$$

For example, for infant and child mortality adjustment, the 0–4 age group was split into: Age 0 (infants) and Ages 1–4. For early ages, survival is calibrated using IMR (67 per 1,000) and U5MR (U5MR = 101 per 1,000). That is,

Infant survival (age 0 to 1):

$$S_0 = 1 - IMR$$

Child survival (ages 1–4), derived residually:

$$S_{1-4} = \frac{1 - U5MR}{1 - IMR}$$

- iv. **Cohort Advancement:** All cohorts advanced using age-specific survival ratios:

$$P_{x+n,t+1} = P_{x,t} \cdot S_x$$

For example, for infant survival adjustment an IMR-adjusted infant survival ratio is applied:

$$P_{0,t+1} = B_t \cdot S_0$$

- v. **Net Migration:** Net migration constants are added from each cohort at the end of the interval.
- vi. **Final Tabulation:** The resulting figures are aggregated to provide annual estimates of the total population, disaggregated by 5-year age groups and sex to support sectoral planning in health, education among others.

5. Net Migration Integration for the CCM Model

Net migration is the one component set outside the CCM model. The UN World Population Prospects (WPP) annual net migration series for 2021–2030 is used as the national control total and is not altered: –154,359 in 2021, 40,260 in 2022, 455,000 in 2023, 15,370 in 2024 and 6,140 in 2025, then rising from 161,320 in 2026 to 458,780 in 2030, a total of 2,036,951. IOM DTM Mobility Tracking (Round 16) data are not used for volumes, because they count arrivals only and are a stock observed in December 2024–February 2025; they are used only to derive state shares of cross-border arrivals and net inter-state flows.

Net migration totals were disaggregated by age and sex using the South Sudan 2025 MICS7 household population distribution, because reliable migration-specific age-sex profiles are not available. Migrants are split 52.7 percent male and 47.3 percent female, with one national age schedule (49 percent under 15 and 5 percent aged 65 and over), and are added to state cohorts at the end of each annual step, after which they age, survive and bear children like residents. The assumption that returning populations mirror the national demographic profile, with many children and young adults, is why migration enlarges the population pyramid without changing its shape.

For final projection, we integrate a dynamic migration component and apply these annual net migration counts (P_{t+1}) to the survived population using the following basic accounting equation for each year:

$$P_{t+1} = (P_t + \text{Births} - \text{Deaths}) + \text{Net Migration}$$

$$P_{x+5,t+5} = P_{x,t} \cdot S_x + B_t + M_t$$

And

$$P_{x+5,t+5} = P_{x,t} \cdot S_x + B_t + M_t$$

Therefore, South Sudan Final Population Projections (2021–2030) includes natural increase and net annual migration. By treating migration as a positive additive factor alongside natural growth, the methodology yields a mid-year population of 20.33 million in 2030 (20.92 million at 31 December 2030), of which about three-quarters of the 2021–2030 growth comes from natural increase and one-quarter from net migration.

6. Demographic Drivers for the 2030 Horizon

The projection assumes a sustained national Total Fertility Rate (TFR) of 6.4 (state TFRs of 6.2–8.0 held constant), which, combined with large youth cohorts entering reproductive age, continues to drive high birth figures. New cohorts are integrated using a Sex Ratio at Birth (SRB) of 105.5 males per 100 females, while long-term sex distribution is shaped by sex-specific mortality constraints: an Under-five Mortality Rate (U5MR) of 110 for males and 93 for females (averaging 101 per 1,000).

The 2020 base population is 51.0 percent male and 49.0 percent female. Between the end of 2020 and the end of 2030, the population is projected to grow by 5.54 million (42 percent) to 18.74 million from natural increase alone, and by 7.72 million (58.5 percent) to 20.92 million with net migration; on a mid-year basis the 2030 figures are 18.41 million and 20.33 million. The persistent dominance of young age groups, with the 0–4 cohort at about 17.4–17.7 percent of the population, will remain a primary driver for social protection and infrastructure planning.

7. Population Pyramids

South Sudan's demographic structure exhibits a high-momentum expansive pyramid, characteristic of an early-stage demographic transition. The broad base - dominated by the 0-4 and 5-9 age groups - reflects high fertility rates that will necessitate sustained investment in child healthcare and primary education over the coming decade.

As these large birth cohorts age, a significant youth bulge emerges between 2025 and 2030, with the 10-14 and 15-19 cohorts expanding rapidly as they transition into adolescence and early adulthood. Conversely, the pyramid's tapered peak highlights a narrow elderly population, a result of shorter life expectancy and high historical mortality in older cohorts, maintaining a consistently low old-age dependency ratio.

8. State-level Projections

While the national projection model provides a broad demographic trajectory, states exhibit considerable demographic variance due to localized factors such as internal displacement, mortality rates, varying fertility rates, among other differences, necessitating a more granular calibration of the Cohort-Component Model for State-level projections.

To ensure accuracy, the state-level multi-level CCM integrates the following localized factors: state-level mortality differentials, variations in ASFR (total fertility rate and adolescent birth rates), internal migration (with age structures adjusted according to MICS data) and displacement (state projections are heavily influenced by internal movement), base population and dependency ratios.

The projections start off with the 2020 State Population Baseline derived from national projection tables produced by NBS in 2016 and adjusted for the 2025 MICS7 and the 2021 PES findings.

8.1 Mortality Tiers vs. The National Baseline

Cognizant of the geographic health disparities, mortality is calibrated through a three-tier system mapped to the UN South Asian Model Life Tables.

- i. Tier 1 (High Mortality): States like Upper Nile and Eastern Equatoria utilize weighted survival ratios to reflect higher infant and elderly mortality.
- ii. Tier 2 (Moderate Mortality): Jonglei, Unity, Warrap, Lakes, and Western Equatoria follow the national average trend of approximately 100 deaths per 1,000 live births.
- iii. Tier 3 (Lower Mortality): Central Equatoria and the Bahr El Ghazal states utilize upwardly adjusted survival ratios, accounting for relatively better health outcomes.

The national model assumes an Under-five Mortality Rate (U5MR) of 101. Comparing state-level performance against this baseline highlights a survival gap. That is, Central Equatoria outperforms the national baseline significantly (U5MR = 47), meaning a much higher percentage of its birth cohorts survive to adulthood. Upper Nile and Eastern Equatoria hover far below the national average (U5MR > 115), pulling down national life expectancy. In order to maintain population momentum in these states, high birth rates are required due to higher infant mortality.

New annual birth cohorts for each state state-level are generated by applying state-specific fertility rates, with total fertility rate (TFR) ranging from 6.2 (Central Equatoria) to 8.0 (Unity State), to the female reproductive population (ages 15-49). Adolescent specific fertility rates were integrated to account for the high momentum observed in younger reproductive cohorts.

8.2 Top-Down Consistency: National vs State-level

The state-level projections are calibrated so that their sum equals the national total for each year of the projection period across the dataset. That is, for each year from 2021 to 2030, the total population of South Sudan is defined as the sum of its ten constituent states ($S_1, S_2, \dots, S_{10}$):

$$P_{national,t} = \sum_{i=1}^{10} P_{s_i,t}$$

8.3 Net Migration Integration for the CCM Model

The net annual migration figures derived from UN World Population Prospect net migration figures (2015–2030) provided show a volatile and significant history, reflecting the country's periods of displacement and the subsequent return of its population.

For final projection, we integrate a dynamic migration component and apply these annual net migration counts (P_{t+1}) to the survived population using the following basic accounting equation for each year:

$$P_{t+1} = (P_t + \text{Births} - \text{Deaths}) + \text{Net Migration}$$

- We integrated the South Sudan 2025 MICS7 household age structure with the UN PP net migration figures (2015–2030) to produce the final population projections.
- By applying the MICS7 distribution to the annual net migration numbers, we assume that returning populations mirror the existing national demographic profile, with a high influx of children and young adults.
- Therefore, South Sudan Final Population Projections: *Including Natural Increase + Net Annual Migration*
- By treating migration as a positive additive factor alongside natural growth, the methodology yields a mid-year population of 20.33 million by 2030 (20.92 million at 31 December 2030).

8.4 Methodological Assessment

Strengths	Limitations	Challenges
Granularity: Provides state-level age-sex disaggregation essential for localized planning (e.g., educational & health programs).	Constant Fertility and Mortality: State TFRs (6.2–8.0) and survival ratios are held constant to 2030 (natural growth of about 3.5–3.7 percent a year); no fertility decline or mortality improvement is assumed.	Migration Volatility: Migration is driven by external shocks; sudden policy or security shifts can deviate from UN forecasts.
Consistency: Ensures statistical coherence between national totals and state-level sub-totals	Data Proxies: Uses national South Sudan 2025 MICS7 age structures as a proxy for the profile of returning migrants.	Baseline Uncertainty: The lack of a recent full national census introduces a margin of error in the 2020 base population.

Despite the inherent challenges of projecting population in a fragile post-conflict context, this methodology provides a robust, evidence-based framework for the population situation analysis and for informing policy and planning in South Sudan. It shows that natural increase remains the main driver of growth (about three-quarters of the 2021–2030 increase) and net migration contributes about one-quarter, so future infrastructure must accommodate both new births and a significant inflow of school-aged returnees and other migrants.

Given the reliance on UN model life tables and survey-based estimates, results should be interpreted as scenario-based projections rather than precise forecasts. The projection is subject to uncertainty due to conflict dynamics, displacement, and data constraints. Nevertheless, the model provides a robust analytical framework for understanding demographic dynamics and informing policy planning in South Sudan.

9. Final Tabulation and Use

State projections directly inform state resource allocation. For instance, planning based solely on national averages would result in the under-funding of schools in states like Unity State, NBG, Warrap and the under-funding of health clinics in Upper Nile. The resulting final dataset provides year-by-year age and sex disaggregation, facilitating targeted planning. These projections allow state-level development actors to anticipate the specific expansion of education and health service requirements through the 2030 horizon.

10. Migration Scenarios and Definitions

The projections are run under three migration settings and two reference dates. The **with-migration scenario (Scenario A)** is the reference used throughout this report; the **without-migration** scenario isolates natural increase; and **Scenario B** is a sensitivity test that changes only where migrants settle. The terms are defined in the table below.

Table 24: Migration scenarios and reference dates compared

Term	Definition
With migration (reference)	UN WPP national net migration for 2021-2030 allocated to states using DTM cross-border arrival shares (Scenario A, conflict persists), plus zero-sum internal redistribution between states.
Without migration	Same base population, fertility, mortality and state structure, with all international and internal net migration set to zero. Population changes only through births and deaths.
Scenario B (sensitivity)	Same national migration total, but state shares shift toward the pre-conflict cross-border pattern at 20% a year after 2024.
Year-end population	Population on 31 December. The base population (2020) is taken at 31 December 2020.
Mid-year population	Population on 30 June: the average of the 31 December populations at the start and end of the year. Available from 2021.

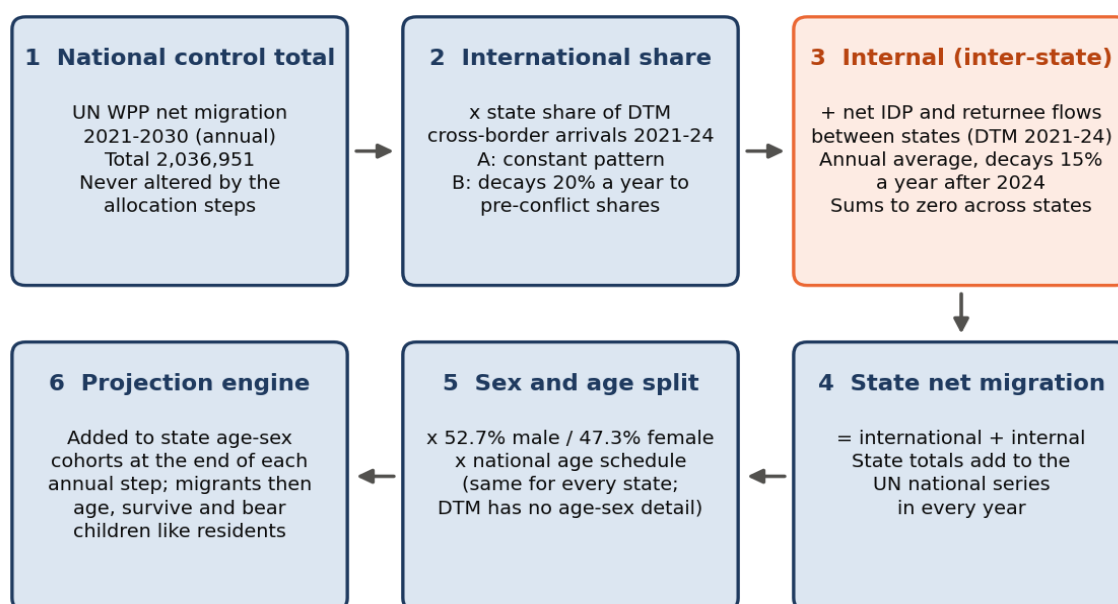
Source: Author, Projections Analytical Summary

All scenarios share the same demographic assumptions: a 2020 base population of 13,197,874; state-specific total fertility rates of 6.2 to 8.0 held constant; survival ratios that combine the national sex-specific schedule with each state's 2025 MICS7 mortality tier; a sex ratio at birth of 1.055; and an annual projection step in which one-fifth of each five-year age group ages each year. Migrants are split by sex (52.7 percent male) and by age using the 2025 MICS7 household population structure. **Analytical note:** because the scenarios differ only in migration, any difference between them can be attributed entirely to net migration and to the births and deaths of migrants. Year-end figures are the stock at 31 December and the opening population of the next year; mid-year figures (30 June) are the average of two consecutive year-ends and are the appropriate denominators for annual rates, which is why they are used as the headline figures in this report.

11. Net Migration and its Allocation to States

Net migration is the one component of the projections that is set from outside the cohort-component model rather than generated by it. It enters the projections in three layers, and the allocation steps do not alter the national total, so the ten state projections always add up to the UN estimate (see the Figure 32 below).

Figure 30: How UN WPP national net migration enters the state projections



Source: Author, Projections Analytical Summary

Table 25: Steps in the net migration adjustment

Step	Adjustment(s)	Source and parameters
1. National control total	UN WPP annual net migration for 2021-2030 is the only source of migration volume. It is never altered.	DTM dataset Round 16 (R16), CC Allocation. Total 2,036,951; range -154,359 (2021) to 458,780 (2030).
2. International component by state	State <i>s</i> receives the national value $N(t) \times w(s)$, where $w(s)$ is its share of cross-border arrivals recorded by DTM in 2021-24. Shares sum to one, so state values add exactly to $N(t)$.	DTM R16 arrivals: 1,202,158 all cross-border, 294,125 non-Sudan. Scenario A holds shares constant; Scenario B moves them toward the non-Sudan (pre-conflict) shares by 20% a year after 2024.
3. Internal (inter-state) component	Each state's net internal flow (arrivals minus departures of IDPs and returnees, 2021-24, excluding Abyei) divided by four gives an annual average. It is applied every year and decay after 2024. It sums to zero across states.	DTM inter-state flows. Decay 15% a year after 2024 (factor $0.85^{(t-2024)}$).
4. State net migration	International + internal. The Abyei inflow (external to the ten states) is an optional term, ignored off.	State totals reconcile to $N(t)$ every year (check = 0).
5. Sex and age split	Each state's total is split 52.7% male and 47.3% female and across five-year age groups with one national schedule (49% under 15, 5% aged 65+).	South Sudan 2025 MICS7 household composition. The DTM has no age or sex detail, so the schedule is an assumption.
6. Entry into the projection	Migrants are added to the state age-sex cohorts at the end of each annual step, without exposure to that year's mortality. In later years they age, survive and bear children like residents.	Migrants' births are part of natural increase.

Source: Author, Projections Analytical Summary

From the national estimate to state level. The UN WPP series gives national net migration of -154,359 in 2021, 455,000 in 2023 and 458,780 in 2030, a total of 2,036,951 over 2021–2030. IOM DTM Mobility Tracking (Round 16) is not used for volumes: it counts arrivals only, with no departures, and is a stock observed in December 2024–February 2025, so it cannot be compared with a net migration series. It is used only to derive shares. Each year, a state receives the national value multiplied by its share of the cross-border arrivals DTM recorded in 2021–2024. In Scenario A these shares stay fixed at the 2021–2024 pattern, which is dominated by arrivals from Sudan: Upper Nile (28.1 percent), Northern Bahr el Ghazal (18.8 percent) and Central Equatoria (14.1 percent) take the largest shares. Scenario B moves the shares towards the pre-conflict pattern, in which Central Equatoria (36.6 percent) and Eastern Equatoria (32.2 percent) dominate. Positive and negative national values use the same shares, so in 2021, when the UN value is negative, each state loses population in proportion to its share.

Movements between states. These are handled as a separate zero-sum term that redistributes people without changing the national total. For each state, the DTM flows for 2021–2024 (IDPs and returnees, excluding movements involving Abyei) give a net internal flow; the annual average is applied every year and declines by 15 percent a year after 2024, on the assumption that displacement-driven movement fades. Jonglei, Northern Bahr el Ghazal, Warrap, Eastern Equatoria and Lakes gain, while Central Equatoria, Upper Nile, Western Equatoria, Western Bahr el Ghazal and Unity lose.

Table 26: State migration parameters and cumulative net migration, 2021–2030 (Scenario A)

State	Cross-border share, Scenario A	Target share, Scenario B	Internal net flow per year (2021-24 avg.)	International 2021-30	Internal 2021-30	Total net migration 2021-30
Upper Nile	28.1%	18.3%	-10,886	572,525	-81,970	490,555
Northern Bahr el Ghazal	18.8%	0.0%	2,828	383,427	21,292	404,718
Jonglei	9.5%	7.8%	21,992	192,611	165,590	358,201
Eastern Equatoria	9.1%	32.2%	2,034	185,618	15,317	200,935
Unity	9.6%	3.5%	-976	195,901	-7,351	188,550
Central Equatoria	14.1%	36.6%	-13,296	287,864	-100,112	187,752
Warrap	4.7%	0.9%	2,656	96,598	19,995	116,593
Western Bahr el Ghazal	5.2%	0.0%	-2,866	105,611	-21,583	84,028
Lakes	0.6%	0.4%	1,763	12,132	13,274	25,406
Western Equatoria	0.2%	0.2%	-3,248	4,665	-24,452	-19,787
South Sudan	100.0%	100.0%	0	2,036,951	0	2,036,951

Source: Author PSA projections, 2026, state migration projection using IOM DTM Mobility Tracking Round 16.

Sex, age and timing. DTM data carry no age or sex detail, so one national schedule is applied to every state and to both the international and internal components: 52.7 percent of migrants are male, and 49 percent are under 15. This is why migration enlarges the population pyramids without changing their shape. Migrants are added at the end of each annual step, so they are not exposed to that year's mortality; from the next year they follow the state's own survival and fertility, and the births they generate (about 145,862 additional net births over 2021–2030 nationally) are counted in natural increase.

Reconciliation, assumptions and limits:

- **Reconciliation.** State net migration sums to the national series in every year, the internal term sums to zero, and the Scenario A allocation reproduces the DTM workbook allocation tables exactly.
- **Conflict-era shares.** Scenario A shares reflect 2021–2024 arrivals, dominated by movements from Sudan. They are not a forecast of where future net migrants will settle; Scenario B is the alternative.
- **Net, symmetric flows.** Net values are allocated, so gross in- and out-movements are not modelled, and negative national values are spread with the same shares as positive ones.
- **Decaying internal flows.** The 15 percent annual decay is a judgement; with no decay the internal term would be 33 percent larger over the period.
- **Effect on the results.** The choice between Scenarios A and B moves the national 2030 total by only 4,857 people, but changes state populations considerably. The internal term changes the national 2030 total by only 134 people.

12. Age Structure Indicators Behind the Population Pyramids

Table 27: Age structure indicators behind the pyramids, with and without migration, 2026 and 2030

Indicator	Mid-year (30 June)				End-year (31 December)			
	2026 with	2026 without	2030 with	2030 without	2026 with	2026 without	2030 with	2030 without
Total population (millions)	16.43	15.97	20.33	18.41	16.80	16.25	20.92	18.74
Share aged 0-14	46.9%	46.9%	45.8%	45.6%	46.7%	46.7%	45.7%	45.5%
Share aged 15-64	50.8%	50.9%	51.5%	51.9%	51.0%	51.1%	51.6%	52.0%
Share aged 65+	2.2%	2.2%	2.7%	2.5%	2.3%	2.2%	2.7%	2.5%
Dependency ratio (per 100 aged 15-64)	96.7	96.3	94.1	92.6	96.2	95.7	93.9	92.3
Males per 100 females	103.6	103.4	103.8	103.2	103.6	103.4	103.9	103.1
Children aged 0-4 (thousands)	2,910	2,830	3,542	3,207	2,960	2,865	3,644	3,265
Women aged 15-49 (thousands)	3,555	3,469	4,439	4,073	3,641	3,539	4,569	4,153

Source: Author, *Projections Analytical Summary*, Table 8a (Method 1, 2020 state base)

Analysis. On a mid-year basis, the population grows from 16.43 million in 2026 to 20.33 million in 2030, while its proportions change only slowly: the share under 15 falls from 46.9 to 45.8 percent, the working-age share rises from 50.8 to 51.5 percent, and the dependency ratio falls from 96.7 to 94.1 per 100. People aged 65 and over remain only 2.2–2.7 percent of the population. Migration changes the size of every age group far more than its proportions: by 2030 it adds about 335,000 children aged 0–4 and 366,000 women aged 15–49 at mid-year (3.54 against 3.21 million, and 4.44 against 4.07 million), yet the under-15 share differs by only 0.2 points and the dependency ratio by 1.5 points.

13. Sensitivity Analysis: Alternative State Allocation of Migrants (Scenario B)

Table 28: Population in 2030 under Scenario A, Scenario B and without migration

Scenario	Year-end 2030	Mid-year 2030	Difference from no migration (year-end)	Cumulative net migration 2021-30
With migration (Scenario A, reference)	20,919,758	20,334,901	2,182,813	2,036,951
Scenario B (pre-conflict cross-border pattern)	20,914,901	20,331,273	2,177,956	2,036,951
Without migration	18,736,945	18,406,012	0	0

Source: Author, *Projections Analytical Summary*

Analysis. Scenario B changes only where migrants settle, not how many arrive, so the national 2030 total moves by just 4,857 people at year-end (20,914,901 against 20,919,758) and 3,628 at mid-year (20,331,273 against 20,334,901), about 0.02 percent, entirely through differences in state fertility and mortality. The national projections are therefore robust to the choice of allocation, and the reference (Scenario A) mid-2030 figure of 20.33 million can be used with confidence at national level. State-level results, by contrast, are sensitive: under Scenario B, migrants shift from Upper Nile and Northern Bahr el Ghazal towards Central and Eastern Equatoria. State planners should therefore treat state totals as scenario-based and monitor actual settlement patterns through DTM and returnee registration.

14. Comparative Analysis from Two Base Populations: Method 1 (2020 State Base) & Method 2 (PES 2021 Base)

To test sensitivity to the starting population, the same projection engine was run from the PES 2021 national age-sex count (Method 2: 12,444,015 persons at 30 June 2021, national only, TFR 6.4), with the same UN WPP migration series. The PES base is 908,766 (6.8 percent) below the Method 1 mid-2021 population, with 873,613 fewer children aged 0–4 and a much lower sex ratio (89.0 against 103.8 males per 100 females), suggesting under-enumeration of young children and a male deficit at ages 20–34 in the PES.

The comparison isolates the effect of the base population, geographic detail and fertility; it does not test uncertainty in migration or mortality, which both methods share. The table below compares the two starting populations at mid-2021.

Table 29: Population at mid-2021: Method 1 (interpolated) and PES 2021

Indicator	Method 1 (Mid-2021)	Method 2 (PES)	Method 2 minus Method 1	% difference
Total population	13,352,781	12,444,015	–908,766	–6.8%
Male	6,801,620	5,861,088	–940,532	–13.8%
Female	6,551,161	6,582,927	31,766	0.5%
Males per 100 females	103.8	89.0	–14.8	
Aged 0–14	6,434,993	5,581,941	–853,052	–13.3%
Aged 15–64	6,692,621	6,503,803	–188,818	–2.8%
Aged 65+	225,167	358,271	133,104	59.1%
Share aged 0–14	48.2%	44.9%	–3.3 pts	
Dependency ratio (per 100 aged 15–64)	99.5	91.3	–8.2	
Women aged 15–49	2,863,671	3,237,548	373,877	13.1%
Children aged 0–4	2,672,739	1,799,126	–873,613	–32.7%
Women aged 15–49 as % of population	21.4%	26.0%	4.6 pts	

Source: Author, Projections Analytical Summary (Method comparison)

Analysis of the base populations. The PES total is 6.8 percent lower than the Method 1 equivalent, and the shortfall is concentrated among young children: the PES has 873,613 fewer children aged 0–4 (–33 percent) and 221,068 fewer aged 5–9, partly offset by 241,629 more aged 10–14; above age 15 the two bases differ by only 55,714 in total. The PES 0–4 group (1,799,126) is also smaller than its 5–9 group (2,043,532), which is unusual in a population with a total fertility rate above 6 and points to under-enumeration of young children in the PES. The main structural difference is the sex ratio: 89.0 males per 100 females in the PES against 103.8 in Method 1, with as few as 61 males per 100 females at ages 25–29 in the PES. The South Sudan 2025 MICS7 household population is 52.7 percent male against 47.1 percent in the PES, so the two sources disagree on sex composition; whether this reflects real male absence (conflict, labour migration, etc), enumeration gaps or modelling in the PES is not settled by the projections.

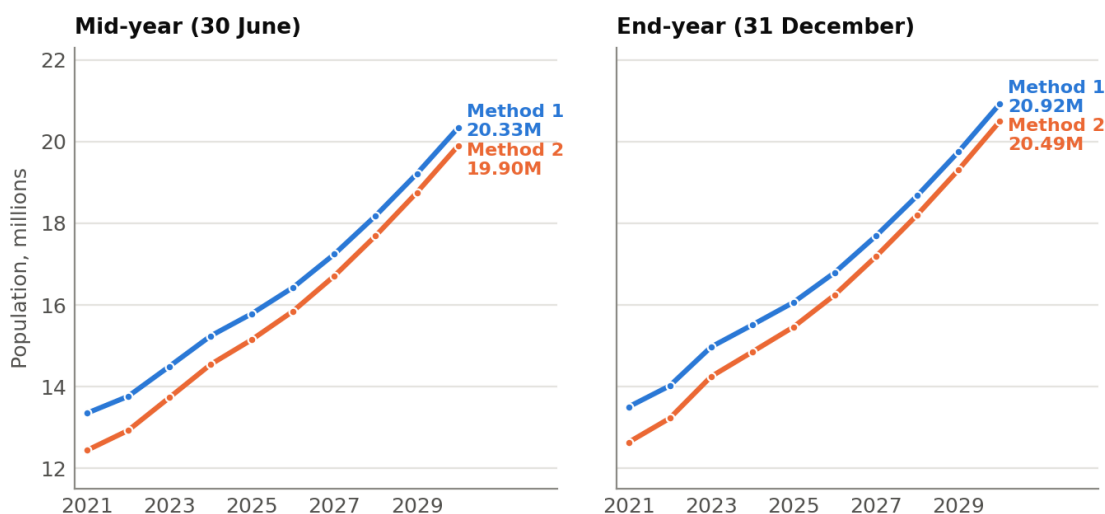
Table 30: Total population under Method 1 (2020 state base) and Method 2 (PES 2021 base), with migration, 2021–2030

Year	Mid-year (30 June)				End-year (31 December)			
	Method 1	Method 2	Difference	%	Method 1	Method 2	Difference	%
2021	13,352,781	12,444,015	–908,766	–6.8%	13,507,687	12,641,440	–866,248	–6.4%

Year	Mid-year (30 June)				End-year (31 December)			
	Method 1	Method 2	Difference	%	Method 1	Method 2	Difference	%
2022	13,765,867	12,931,417	-834,450	-6.1%	14,024,047	13,230,684	-793,362	-5.7%
2023	14,498,558	13,735,039	-763,518	-5.3%	14,973,069	14,248,961	-724,107	-4.8%
2024	15,243,014	14,546,062	-696,952	-4.6%	15,512,959	14,852,855	-660,104	-4.3%
2025	15,789,060	15,153,530	-635,530	-4.0%	16,065,162	15,463,930	-601,232	-3.7%
2026	16,430,380	15,850,606	-579,775	-3.5%	16,795,599	16,246,997	-548,602	-3.3%
2027	17,243,478	16,712,456	-531,022	-3.1%	17,691,357	17,187,626	-503,732	-2.8%
2028	18,183,196	17,692,475	-490,722	-2.7%	18,675,035	18,207,065	-467,971	-2.5%
2029	19,212,539	18,752,511	-460,028	-2.4%	19,750,043	19,307,786	-442,257	-2.2%
2030	20,334,901	19,895,135	-439,766	-2.2%	20,919,758	20,492,471	-427,287	-2.0%

Source: Author, Projections Analytical Summary, Method 1 vs Method 2 comparison

Figure 31: Total population under both methods, mid-year (left) and end-year (right), 2021–2030



Method 2 is below Method 1 throughout, but the gap narrows from 908,766 at mid-2021 to 439,766 (2.2 percent) at mid-2030 (19.90 million against 20.33 million), because Method 2 applies national fertility to a base with a high share of women of reproductive age, giving a crude birth rate of 46–51 per 1,000. If Method 2 fertility is calibrated to Method 1's birth rate, its 2030 end-year population falls to 19.39 million, and to 19.06 million at the South Sudan 2025 MICS7 birth rate of 40.9. The two methods therefore bracket a plausible 2030 range of about 19.4 to 20.9 million. Method 1 is retained as the reference because it carries state detail, state fertility and mortality tiers and an explicit state allocation of migration.

Method 2's strengths are that it starts from the most recent enumerated age-sex distribution and is a clean national benchmark; its main weakness is the PES sex imbalance at ages 20–44, which inflates births. Until the base sex structure or the fertility schedule is reconciled, Method 2 births should be treated with caution.

Annex C: Population Projections 2021-2030

This annex presents the revised national and state projections. Mid-year populations are the main reference figures; year-end populations are shown for comparison. All figures are for the with-migration scenario (Scenario A) unless stated otherwise.

Table 31: National population projection with net migration: components of change, 2021–2030

Year	Population Year-start	Births	Deaths	Natural increase	Net migration	Population Year-end	Mid-year population
2021	13,197,874	582,615	118,443	464,172	-154,359	13,507,687	13,352,781
2022	13,507,687	595,364	119,265	476,099	40,260	14,024,047	13,765,867
2023	14,024,047	617,001	122,979	494,022	455,000	14,973,069	14,498,558
2024	14,973,069	656,648	132,128	524,520	15,370	15,512,959	15,243,014
2025	15,512,959	682,579	136,516	546,063	6,140	16,065,162	15,789,060
2026	16,065,162	710,438	141,321	569,118	161,320	16,795,599	16,430,380
2027	16,795,599	746,396	148,468	597,928	297,830	17,691,357	17,243,478
2028	17,691,357	789,893	157,695	632,198	351,480	18,675,035	18,183,196
2029	18,675,035	837,875	167,998	669,878	405,130	19,750,043	19,212,539
2030	19,750,043	890,309	179,374	710,935	458,780	20,919,758	20,334,901

Table 32: National population projection without net migration (natural growth only), 2021–2030

Year	Mid-year male	Mid-year female	Mid-year total	Year-end total	Natural increase
2021	6,842,305	6,587,656	13,429,960	13,662,046	464,172
2022	7,079,584	6,822,554	13,902,138	14,142,230	480,183
2023	7,325,276	7,065,643	14,390,919	14,639,608	497,379
2024	7,580,079	7,317,585	14,897,664	15,155,720	516,112
2025	7,844,818	7,579,169	15,423,987	15,692,254	536,534
2026	8,120,362	7,851,220	15,971,581	16,250,909	558,655
2027	8,407,558	8,134,548	16,542,106	16,833,303	582,394
2028	8,707,199	8,429,912	17,137,111	17,440,918	607,615
2029	9,020,001	8,737,997	17,757,998	18,075,078	634,160
2030	9,346,599	9,059,413	18,406,012	18,736,945	661,867

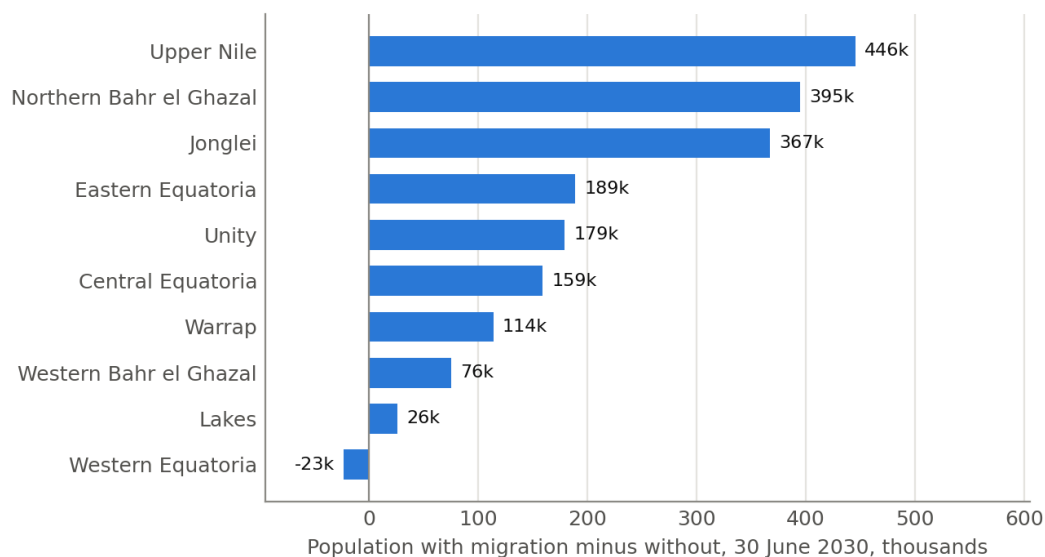
Table 33: State mid-year population, both sexes, 2021–2030

Year	CES	EES	Jonglei	Lakes	NBG	Unity	Upper Nile	WBG	WES	Warrap	South Sudan
2021	1,764,621	1,597,779	2,104,325	1,214,504	1,146,436	1,003,976	1,546,324	530,647	884,863	1,559,306	13,352,781
2022	1,807,868	1,636,825	2,194,149	1,252,600	1,192,078	1,040,129	1,564,935	543,822	914,781	1,618,680	13,765,867
2023	1,895,267	1,705,350	2,315,399	1,293,984	1,297,288	1,107,276	1,670,456	573,293	945,681	1,694,562	14,498,558
2024	1,983,337	1,775,108	2,439,021	1,336,983	1,404,452	1,175,959	1,775,709	603,112	976,945	1,772,389	15,243,014
2025	2,043,348	1,826,866	2,543,600	1,380,411	1,473,585	1,226,000	1,822,177	622,576	1,008,431	1,842,067	15,789,060
2026	2,117,642	1,887,490	2,655,615	1,426,108	1,559,230	1,285,552	1,893,118	647,056	1,041,127	1,917,442	16,430,380
2027	2,216,799	1,963,965	2,782,771	1,474,749	1,675,790	1,361,977	2,009,436	680,457	1,075,256	2,002,277	17,243,478
2028	2,334,250	2,052,101	2,921,188	1,526,258	1,814,907	1,450,993	2,157,792	720,389	1,110,768	2,094,552	18,183,196
2029	2,464,601	2,148,467	3,067,707	1,580,571	1,969,703	1,549,085	2,327,251	764,886	1,147,639	2,192,628	19,212,539
2030	2,608,187	2,253,317	3,222,949	1,637,835	2,140,871	1,656,618	2,518,327	814,079	1,185,940	2,296,777	20,334,901

Table 34: State population at 2030 (year-end), with and without net migration

State	2020 base	2030 with migration	2030 without migration	Difference	Difference, % of without	Cumulative net migration 2021-30
Upper Nile	1,550,863	2,619,335	2,106,458	512,877	24.3%	490,555
Northern Bahr el Ghazal	1,133,166	2,230,636	1,785,342	445,293	24.9%	404,718
Jonglei	2,064,587	3,302,825	2,904,803	398,022	13.7%	358,201
Eastern Equatoria	1,583,065	2,307,893	2,095,740	212,153	10.1%	200,935
Unity	990,920	1,712,790	1,508,781	204,009	13.5%	188,550
Central Equatoria	1,750,038	2,683,332	2,492,447	190,885	7.7%	187,752
Warrap	1,532,402	2,350,403	2,223,745	126,658	5.7%	116,593
Western Bahr el Ghazal	526,667	839,867	751,871	87,996	11.7%	84,028
Lakes	1,196,091	1,667,221	1,638,902	28,319	1.7%	25,406
Western Equatoria	870,075	1,205,456	1,228,856	-23,400	-1.9%	-19,787
South Sudan	13,197,874	20,919,758	18,736,945	2,182,813	11.6%	2,036,951

Figure 32: Population at 30 June 2030 with migration minus without migration, by state



Annex D: Population Density

Using the estimated land area derived from PES 2021 and the 2026 mid-year (30 June) projected population figures, the projected population density for each state is calculated as:

$$\text{Population Density}_{2026} = \frac{\text{Projected Population}_{2026}}{\text{Estimated Land Area}}$$

State	Estimated Land Area (km ²)	Projected Mid-year Population 2026	Estimated Density 2026 (persons/km ²)
Central Equatoria	42,726	2,117,642	49.6
Eastern Equatoria	75,531	1,887,490	25.0
Jonglei	79,117	2,655,615	33.6
Lakes	37,810	1,426,108	37.7
Northern Bahr El Ghazal	21,795	1,559,230	71.5
Unity	25,508	1,285,552	50.4
Upper Nile	87,794	1,893,118	21.6
Western Bahr El Ghazal	112,511	647,056	5.8
Western Equatoria	81,653	1,041,127	12.8
Warrap	34,244	1,917,442	56.0

- All density values are rounded to one decimal place.

Annex E: WUENIC Estimates of Live Births (and U5) Vs Projections

WUENIC Estimates of Live Births are estimates produced through the WHO/UNICEF Estimates of National Immunization Coverage (WUENIC)⁷⁹ framework. In immunization planning, estimates of the number of live births are used as the denominator for birth-cohort-based vaccination indicators, such as BCG and hepatitis B birth-dose coverage.

Comparative Analysis: South Sudan Live Birth Estimates (2020–2026)

Comparing these two methodologies reveals a widening divergence in live birth estimates over time. While both series were nearly identical in 2021, the first year of the revised projections, they have diverged significantly by 2026.

Year	Method 1: WUENIC BCG Dosages Estimates	Method 2: PSA population projections (calendar-year births)	Absolute Variance	Percentage Variance
2020	522,967	–	–	–
2021	590,963	582,615	+8,348	+1.43%
2022	618,078	595,364	+22,714	+3.82%
2023	745,523	617,001	+128,522	+20.83%
2024	748,414	656,648	+91,766	+13.97%
2025	823,405	682,579	+140,826	+20.63%
2026	886,402	710,438	+175,964	+24.77%

1. The Growing Structural Gap

In 2021 the two series were nearly the same (a difference of 1.4 percent). By 2026, however, Method 1 gives an estimate 24.8 percent higher than Method 2, an extra 175,964 births in a single year.

2. Growth Behaviour Divergence

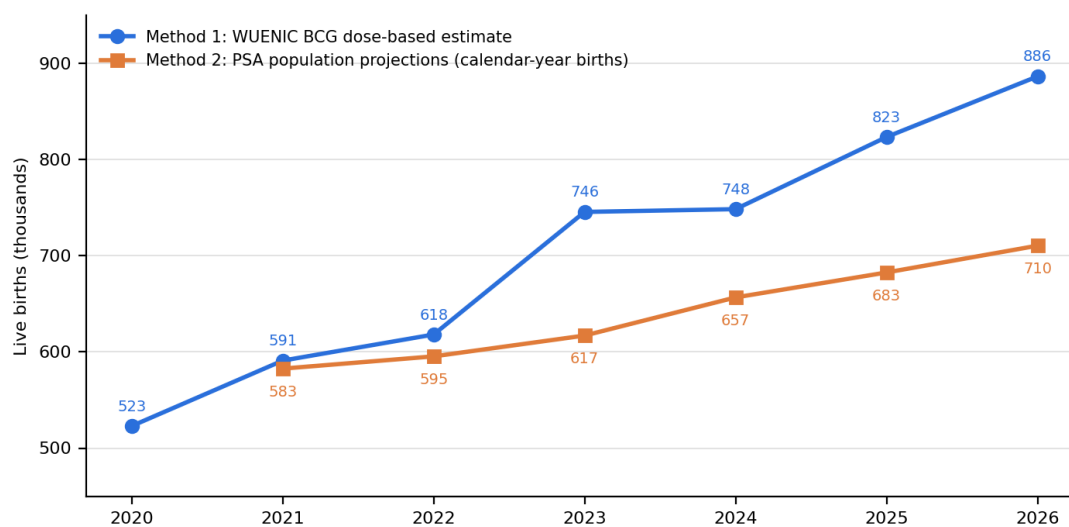
- **Method 1 (WUENIC BCG):** Features a rapid non-linear growth trajectory. It increases sharply between 2022 and 2023 (+20.6%), which likely reflects operational changes, ramped up vaccination campaigns, or sudden reporting improvements in health facilities rather than a pure demographic surge.
- **Method 2 (PSA projections):** Follows a smooth path, with births growing by about 4.0 percent a year (from 582,615 in 2021 to 710,438 in 2026), reflecting the growing number of women of reproductive age and the state-specific fertility assumptions (TFR 6.2–8.0).

3. Implications for Planning and Policy

- **The Denominator Dilemma:** Using Method 1 implies that South Sudan's infant population is expanding much faster than baseline census projections suggest. If this method is used to set immunization targets, health systems administration might over-order stock.
- **Underestimation Risk:** Conversely, if Method 2 is overly conservative and fails to capture localized high fertility returns or population movements, health and education services.

⁷⁹ <https://data.unicef.org/resources/immunization/>

Figure 33: Live birth estimates: WUENIC BCG dose-based estimates compared with PSA projections, 2020–2026



Source: WUENIC BCG dose-based estimates; PSA projections, 2026 (calendar-year births, Method 1).

Annex 1: South Sudan Mid-Year Population by Year, Age Group and Sex, 2021–2030 (National)

Mid-year (30 June) population, with net migration (Scenario A).

Year	Age group	Male	Female	Total
2021	0-4	1,343,849	1,328,890	2,672,739
2021	5-9	1,131,639	1,132,961	2,264,600
2021	10-14	763,404	734,250	1,497,654
2021	15-19	709,690	639,855	1,349,544
2021	20-24	632,201	550,375	1,182,577
2021	25-29	460,879	404,626	865,505
2021	30-34	408,591	415,277	823,868
2021	35-39	303,592	317,095	620,686
2021	40-44	301,603	337,955	639,558
2021	45-49	200,013	198,489	398,502
2021	50-54	194,515	194,411	388,927
2021	55-59	122,327	107,985	230,312
2021	60-64	103,099	90,043	193,142
2021	65-69	53,273	42,995	96,267
2021	70-74	40,983	32,755	73,738
2021	75-79	18,849	13,920	32,769
2021	80-84	9,825	7,211	17,036
2021	85+	3,289	2,068	5,357
2021	All ages	6,801,620	6,551,161	13,352,781
2022	0-4	1,336,894	1,316,353	2,653,246
2022	5-9	1,164,189	1,163,503	2,327,691
2022	10-14	831,826	809,388	1,641,214
2022	15-19	716,259	655,114	1,371,374
2022	20-24	644,084	565,305	1,209,389
2022	25-29	491,770	430,973	922,744
2022	30-34	416,199	410,643	826,842
2022	35-39	321,923	334,358	656,281
2022	40-44	299,538	331,444	630,982
2022	45-49	217,963	224,232	442,195
2022	50-54	192,628	192,589	385,217
2022	55-59	134,222	123,185	257,407
2022	60-64	103,967	91,362	195,329
2022	65-69	60,635	50,471	111,106
2022	70-74	40,790	32,907	73,697
2022	75-79	21,048	16,146	37,194
2022	80-84	9,952	7,416	17,367
2022	85+	3,937	2,653	6,590
2022	All ages	7,007,823	6,758,044	13,765,867
2023	0-4	1,369,869	1,341,464	2,711,333
2023	5-9	1,216,299	1,210,078	2,426,376
2023	10-14	914,927	895,206	1,810,133
2023	15-19	750,858	696,381	1,447,238
2023	20-24	666,093	590,330	1,256,424
2023	25-29	529,034	464,175	993,209
2023	30-34	435,783	418,806	854,589
2023	35-39	344,922	353,368	698,290
2023	40-44	306,345	334,008	640,353
2023	45-49	236,297	247,430	483,727
2023	50-54	200,617	201,567	402,183
2023	55-59	146,758	137,999	284,757
2023	60-64	110,502	98,545	209,048
2023	65-69	69,221	58,983	128,204
2023	70-74	43,965	36,177	80,142
2023	75-79	23,907	18,973	42,880
2023	80-84	11,067	8,531	19,599
2023	85+	5,757	4,316	10,073
2023	All ages	7,382,221	7,116,337	14,498,558

Year	Age group	Male	Female	Total
2024	0-4	1,409,829	1,374,770	2,784,599
2024	5-9	1,263,280	1,251,224	2,514,504
2024	10-14	990,828	972,280	1,963,108
2024	15-19	794,435	745,900	1,540,335
2024	20-24	690,107	618,140	1,308,247
2024	25-29	562,734	495,290	1,058,024
2024	30-34	458,519	431,665	890,183
2024	35-39	366,855	369,892	736,747
2024	40-44	316,138	339,659	655,798
2024	45-49	252,031	266,220	518,251
2024	50-54	210,339	213,075	423,414
2024	55-59	158,081	151,354	309,435
2024	60-64	117,930	106,970	224,901
2024	65-69	77,018	66,896	143,914
2024	70-74	47,923	40,230	88,153
2024	75-79	26,532	21,623	48,154
2024	80-84	12,314	9,794	22,108
2024	85+	7,329	5,809	13,138
2024	All ages	7,762,224	7,480,790	15,243,014
2025	0-4	1,435,677	1,397,007	2,832,683
2025	5-9	1,288,406	1,272,489	2,560,895
2025	10-14	1,044,691	1,027,591	2,072,282
2025	15-19	832,827	790,473	1,623,300
2025	20-24	709,713	642,823	1,352,535
2025	25-29	586,859	518,900	1,105,759
2025	30-34	477,934	443,257	921,190
2025	35-39	383,778	381,072	764,850
2025	40-44	324,755	344,275	669,029
2025	45-49	263,173	279,322	542,495
2025	50-54	216,797	222,019	438,816
2025	55-59	166,339	161,858	328,197
2025	60-64	123,369	113,885	237,254
2025	65-69	82,484	72,887	155,370
2025	70-74	50,988	43,568	94,557
2025	75-79	28,237	23,488	51,725
2025	80-84	13,167	10,729	23,895
2025	85+	7,837	6,391	14,228
2025	All ages	8,037,028	7,752,032	15,789,060
2026	0-4	1,476,479	1,433,694	2,910,173
2026	5-9	1,320,198	1,299,817	2,620,015
2026	10-14	1,097,998	1,080,753	2,178,751
2026	15-19	877,998	840,490	1,718,487
2026	20-24	735,706	673,836	1,409,542
2026	25-29	612,471	544,870	1,157,341
2026	30-34	499,984	458,793	958,777
2026	35-39	402,770	393,771	796,541
2026	40-44	336,126	351,207	687,333
2026	45-49	274,808	291,622	566,429
2026	50-54	225,542	232,989	458,530
2026	55-59	174,974	172,687	347,661
2026	60-64	130,089	122,140	252,229
2026	65-69	88,419	79,474	167,894
2026	70-74	54,813	47,677	102,490
2026	75-79	30,358	25,764	56,123
2026	80-84	14,212	11,857	26,069
2026	85+	8,692	7,302	15,994
2026	All ages	8,361,637	8,068,743	16,430,380
2027	0-4	1,538,516	1,490,425	3,028,941
2027	5-9	1,366,865	1,340,768	2,707,633
2027	10-14	1,157,440	1,138,116	2,295,556
2027	15-19	932,225	897,793	1,830,018
2027	20-24	770,831	713,394	1,484,225
2027	25-29	642,994	576,185	1,219,179
2027	30-34	526,195	479,525	1,005,720
2027	35-39	425,583	409,944	835,527
2027	40-44	351,250	361,318	712,568
2027	45-49	288,454	304,705	593,159

Year	Age group	Male	Female	Total
2027	50-54	237,613	246,678	484,290
2027	55-59	185,201	184,929	370,131
2027	60-64	138,729	132,266	270,995
2027	65-69	95,618	87,370	182,989
2027	70-74	59,761	52,900	112,661
2027	75-79	33,229	28,761	61,990
2027	80-84	15,617	13,331	28,948
2027	85+	10,160	8,789	18,948
2027	All ages	8,776,281	8,467,197	17,243,478
2028	0-4	1,616,069	1,562,135	3,178,203
2028	5-9	1,425,022	1,392,455	2,817,477
2028	10-14	1,221,100	1,198,278	2,419,378
2028	15-19	992,295	959,412	1,951,707
2028	20-24	813,183	759,553	1,572,737
2028	25-29	677,547	611,936	1,289,482
2028	30-34	555,473	504,367	1,059,839
2028	35-39	451,121	428,893	880,014
2028	40-44	369,320	373,933	743,253
2028	45-49	303,696	318,372	622,068
2028	50-54	251,730	261,793	513,523
2028	55-59	196,753	198,300	395,053
2028	60-64	148,597	143,614	292,211
2028	65-69	103,712	96,240	199,953
2028	70-74	65,480	58,937	124,417
2028	75-79	36,640	32,305	68,946
2028	80-84	17,294	15,079	32,372
2028	85+	11,956	10,608	22,564
2028	All ages	9,256,987	8,926,209	18,183,196
2029	0-4	1,704,688	1,644,817	3,349,505
2029	5-9	1,491,677	1,452,325	2,944,001
2029	10-14	1,287,442	1,260,147	2,547,589
2029	15-19	1,055,740	1,023,122	2,078,862
2029	20-24	860,944	810,478	1,671,421
2029	25-29	715,361	651,293	1,366,654
2029	30-34	586,999	532,471	1,119,470
2029	35-39	478,505	450,033	928,538
2029	40-44	389,624	388,507	778,131
2029	45-49	320,180	332,455	652,634
2029	50-54	266,978	277,432	544,410
2029	55-59	209,273	212,416	421,689
2029	60-64	159,204	155,715	314,919
2029	65-69	112,365	105,773	218,138
2029	70-74	71,692	65,547	137,238
2029	75-79	40,414	36,249	76,663
2029	80-84	19,166	17,037	36,203
2029	85+	13,884	12,588	26,472
2029	All ages	9,784,135	9,428,404	19,212,539
2030	0-4	1,804,167	1,738,216	3,542,383
2030	5-9	1,567,304	1,520,904	3,088,208
2030	10-14	1,357,624	1,325,014	2,682,638
2030	15-19	1,122,417	1,088,845	2,211,262
2030	20-24	913,695	865,624	1,779,318
2030	25-29	756,855	694,479	1,451,334
2030	30-34	620,966	563,897	1,184,863
2030	35-39	507,808	473,570	981,379
2030	40-44	412,073	405,079	817,152
2030	45-49	338,093	347,256	685,349
2030	50-54	283,367	293,570	576,936
2030	55-59	222,781	227,223	450,004
2030	60-64	170,581	168,554	339,135
2030	65-69	121,594	115,968	237,562
2030	70-74	78,383	72,721	151,104
2030	75-79	44,545	40,594	85,139
2030	80-84	21,237	19,215	40,451
2030	85+	15,948	14,735	30,684
2030	All ages	10,359,438	9,975,463	20,334,901

Annex 2: South Sudan State Mid-Year Population by Year and Sex, 2021–2030

Mid-year (30 June) population, with net migration (Scenario A)

State	Year	Male	Female	Total
Upper Nile	2021	813,770	732,554	1,546,324
	2022	822,108	742,828	1,564,935
	2023	876,253	794,203	1,670,456
	2024	930,164	845,545	1,775,709
	2025	952,997	869,180	1,822,177
	2026	988,696	904,422	1,893,118
	2027	1,048,255	961,181	2,009,436
	2028	1,124,598	1,033,194	2,157,792
	2029	1,211,933	1,115,318	2,327,251
	2030	1,310,512	1,207,815	2,518,327
Jonglei	2021	1,096,076	1,008,249	2,104,325
	2022	1,141,477	1,052,672	2,194,149
	2023	1,203,371	1,112,029	2,315,399
	2024	1,266,413	1,172,608	2,439,021
	2025	1,319,318	1,224,283	2,543,600
	2026	1,376,061	1,279,554	2,655,615
	2027	1,440,701	1,342,071	2,782,771
	2028	1,511,177	1,410,011	2,921,188
	2029	1,585,818	1,481,889	3,067,707
	2030	1,664,944	1,558,005	3,222,949
Unity	2021	510,960	493,016	1,003,976
	2022	529,086	511,043	1,040,129
	2023	563,523	543,753	1,107,276
	2024	598,708	577,251	1,175,959
	2025	624,003	601,996	1,226,000
	2026	654,270	631,282	1,285,552
	2027	693,378	668,599	1,361,977
	2028	739,052	711,941	1,450,993
	2029	789,427	759,658	1,549,085
	2030	844,686	811,932	1,656,618
Warrap	2021	760,837	798,469	1,559,306
	2022	791,028	827,652	1,618,680
	2023	829,887	864,675	1,694,562
	2024	869,720	902,669	1,772,389
	2025	905,205	936,862	1,842,067
	2026	943,649	973,793	1,917,442
	2027	987,030	1,015,247	2,002,277
	2028	1,034,275	1,060,277	2,094,552
	2029	1,084,514	1,108,115	2,192,628
	2030	1,137,885	1,158,892	2,296,777
Northern Bahr el Ghazal	2021	552,801	593,635	1,146,436
	2022	575,809	616,268	1,192,078
	2023	630,175	667,113	1,297,288
	2024	685,466	718,986	1,404,452
	2025	720,607	752,978	1,473,585

State	Year	Male	Female	Total
	2026	764,391	794,839	1,559,230
	2027	824,394	851,396	1,675,790
	2028	896,181	918,726	1,814,907
	2029	976,103	993,600	1,969,703
	2030	1,064,512	1,076,359	2,140,871
Lakes	2021	622,473	592,031	1,214,504
	2022	641,554	611,047	1,252,600
	2023	662,345	631,639	1,293,984
	2024	683,960	653,023	1,336,983
	2025	705,768	674,643	1,380,411
	2026	728,735	697,373	1,426,108
	2027	753,213	721,537	1,474,749
	2028	779,156	747,102	1,526,258
	2029	806,527	774,044	1,580,571
	2030	835,400	802,435	1,637,835
Western Equatoria	2021	451,788	433,075	884,863
	2022	466,652	448,129	914,781
	2023	482,019	463,662	945,681
	2024	497,564	479,380	976,945
	2025	513,213	495,217	1,008,431
	2026	529,487	511,640	1,041,127
	2027	546,502	528,754	1,075,256
	2028	564,231	546,537	1,110,768
	2029	582,660	564,979	1,147,639
	2030	601,824	584,115	1,185,940
Western Bahr el Ghazal	2021	274,543	256,104	530,647
	2022	281,004	262,818	543,822
	2023	296,043	277,249	573,293
	2024	311,240	291,872	603,112
	2025	320,949	301,627	622,576
	2026	333,284	313,773	647,056
	2027	350,296	330,162	680,457
	2028	370,717	349,672	720,389
	2029	393,504	371,382	764,886
	2030	418,723	395,357	814,079
Central Equatoria	2021	915,377	849,243	1,764,621
	2022	936,498	871,370	1,807,868
	2023	980,868	914,399	1,895,267
	2024	1,025,523	957,814	1,983,337
	2025	1,055,315	988,033	2,043,348
	2026	1,092,587	1,025,055	2,117,642
	2027	1,142,902	1,073,897	2,216,799
	2028	1,202,770	1,131,480	2,334,250
	2029	1,269,330	1,195,271	2,464,601
	2030	1,342,746	1,265,441	2,608,187
Eastern Equatoria	2021	802,994	794,785	1,597,779
	2022	822,607	814,217	1,636,825
	2023	857,737	847,613	1,705,350
	2024	893,465	881,642	1,775,108

State	Year	Male	Female	Total
	2025	919,653	907,213	1,826,866
	2026	950,477	937,013	1,887,490
	2027	989,611	974,354	1,963,965
	2028	1,034,831	1,017,270	2,052,101
	2029	1,084,320	1,064,147	2,148,467
	2030	1,138,205	1,115,113	2,253,317

Annex 3: State Mid-Year Population by Age Group, Sex and Year, 2021–2030

Mid-year (30 June) population with net migration (Scenario A). One matrix per state; five-year age groups by row; each year split into Male (M), Female (F) and Total (T).

Annex 3.1: Upper Nile

Age group	2021			2022			2023			2024			2025		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
0-4	159,827	156,847	316,674	153,269	150,217	303,486	157,089	153,076	310,165	161,978	157,159	319,136	162,112	157,194	319,306
5-9	137,341	135,421	272,762	138,397	136,616	275,013	145,676	143,193	288,868	151,899	148,704	300,603	152,185	148,847	301,032
10-14	86,825	79,983	166,809	94,756	89,131	183,887	107,462	102,202	209,665	118,803	113,722	232,526	124,613	119,997	244,609
15-19	85,109	69,998	155,107	83,808	70,548	154,356	88,762	76,768	165,530	95,067	84,176	179,242	99,150	89,506	188,656
20-24	75,561	59,729	135,290	76,183	60,683	136,866	79,571	64,379	143,949	83,129	68,450	151,578	84,930	71,117	156,047
25-29	58,645	45,478	104,123	60,847	47,321	108,168	65,606	51,563	117,169	69,953	55,574	125,526	72,028	57,702	129,730
30-34	47,711	42,892	90,603	48,985	42,615	91,600	52,507	44,618	97,125	56,172	46,981	103,153	58,448	48,311	106,759
35-39	35,542	33,405	68,947	37,121	34,549	71,671	40,565	37,140	77,705	43,923	39,528	83,451	45,913	40,635	86,548
40-44	35,125	34,831	69,956	34,512	33,920	68,432	35,689	34,634	70,324	37,252	35,667	72,919	38,177	36,080	74,258
45-49	25,238	21,941	47,179	26,547	23,938	50,486	28,723	26,472	55,195	30,628	28,575	59,203	31,530	29,625	61,155
50-54	24,302	21,866	46,169	23,639	21,147	44,786	25,039	22,466	47,506	26,506	23,949	50,454	26,828	24,450	51,278
55-59	14,895	11,434	26,330	16,145	13,008	29,153	17,985	14,993	32,978	19,664	16,776	36,440	20,548	17,824	38,372
60-64	12,585	9,406	21,992	12,360	9,286	21,646	13,418	10,387	23,805	14,557	11,597	26,153	15,048	12,242	27,290
65-69	6,471	4,256	10,727	7,119	4,866	11,985	8,338	5,998	14,336	9,441	7,052	16,493	9,947	7,597	17,544
70-74	4,930	3,157	8,087	4,710	3,018	7,728	5,208	3,512	8,720	5,783	4,075	9,859	6,025	4,344	10,370
75-79	2,202	1,176	3,377	2,338	1,316	3,653	2,756	1,714	4,470	3,128	2,077	5,205	3,235	2,206	5,441
80-84	1,182	646	1,828	1,098	585	1,683	1,244	728	1,973	1,404	886	2,291	1,442	937	2,379
85+	277	86	364	271	64	336	614	360	975	878	597	1,475	838	568	1,406
Total	813,770	732,554	1,546,324	822,108	742,828	1,564,935	876,253	794,203	1,670,456	930,164	845,545	1,775,709	952,997	869,180	1,822,177

Age group	2026			2027			2028			2029			2030		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
0-4	165,799	160,516	326,314	174,751	168,679	343,429	187,304	180,233	367,537	202,186	194,049	396,235	219,337	210,071	429,408
5-9	154,430	150,753	305,183	160,766	156,356	317,122	170,092	164,687	334,779	181,439	174,902	356,341	194,842	187,054	381,896
10-14	130,892	126,456	257,347	139,394	134,723	274,117	149,447	144,236	293,684	160,484	154,526	315,010	172,698	165,804	338,502
15-19	104,699	96,026	200,725	112,555	104,470	217,024	121,948	114,139	236,087	132,269	124,490	256,759	143,519	135,532	279,051
20-24	87,989	75,033	163,021	93,087	80,849	173,936	99,739	88,087	187,826	107,500	96,313	203,814	116,326	105,458	221,784
25-29	74,781	60,593	135,374	79,005	64,952	143,957	84,319	70,423	154,742	90,415	76,707	167,122	97,349	83,831	181,180
30-34	61,205	50,270	111,475	64,968	53,322	118,291	69,476	57,223	126,699	74,508	61,765	136,272	80,108	66,975	147,083
35-39	48,444	42,226	90,670	51,960	44,738	96,697	56,130	47,906	104,036	60,702	51,526	112,228	65,695	55,630	121,324
40-44	39,654	36,940	76,594	41,995	38,537	80,532	44,990	40,697	85,687	48,447	43,269	91,716	52,349	46,255	98,604
45-49	32,751	30,830	63,581	34,633	32,513	67,146	36,996	34,532	71,528	39,696	36,771	76,467	42,753	39,264	82,017
50-54	27,689	25,437	53,126	29,431	27,193	56,625	31,719	29,399	61,118	34,302	31,820	66,122	37,183	34,453	71,635
55-59	21,561	18,974	40,535	23,013	20,512	43,524	24,815	22,354	47,169	26,864	24,402	51,266	29,162	26,652	55,814
60-64	15,856	13,177	29,033	17,169	14,570	31,739	18,793	16,244	35,037	20,590	18,075	38,665	22,567	20,067	42,634
65-69	10,625	8,316	18,941	11,676	9,387	21,063	12,980	10,702	23,682	14,432	12,164	26,595	16,028	13,767	29,795
70-74	6,439	4,773	11,212	7,140	5,469	12,609	8,034	6,351	14,385	9,044	7,350	16,394	10,168	8,464	18,632
75-79	3,446	2,431	5,877	3,849	2,829	6,678	4,379	3,347	7,726	4,983	3,940	8,923	5,662	4,607	10,269
80-84	1,531	1,034	2,566	1,715	1,218	2,933	1,963	1,462	3,425	2,250	1,744	3,994	2,575	2,065	4,641
85+	906	637	1,543	1,148	864	2,012	1,474	1,172	2,645	1,822	1,506	3,328	2,192	1,865	4,058
Total	988,696	904,422	1,893,118	1,048,255	961,181	2,009,436	1,124,598	1,033,194	2,157,792	1,211,933	1,115,318	2,327,251	1,310,512	1,207,815	2,518,327



Annex 3.2: Jonglei

Age group	2021			2022			2023			2024			2025		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
0-4	193,899	192,132	386,031	198,292	195,246	393,538	206,248	201,845	408,094	214,726	209,185	423,911	221,661	215,365	437,026
5-9	164,844	166,078	330,923	171,537	172,118	343,655	180,351	179,892	360,243	188,856	187,313	376,170	195,258	192,841	388,099
10-14	127,041	116,928	243,970	135,635	127,703	263,339	145,913	139,382	285,296	155,802	150,193	305,995	163,755	158,839	322,594
15-19	123,377	99,498	222,875	124,766	103,607	228,372	129,075	110,372	239,446	134,508	118,054	252,562	139,644	125,294	264,938
20-24	113,489	87,938	201,427	115,822	90,635	206,457	119,021	94,559	213,581	122,392	99,005	221,397	125,325	103,334	228,659
25-29	82,402	64,472	146,873	88,928	69,499	158,427	95,569	74,918	170,487	101,465	79,991	181,456	106,071	84,236	190,307
30-34	72,201	65,999	138,201	74,388	65,856	140,244	78,130	67,368	145,497	82,407	69,629	152,037	86,440	71,948	158,388
35-39	48,529	49,364	97,893	53,413	52,837	106,249	58,390	56,160	114,550	63,073	59,086	122,160	67,139	61,406	128,546
40-44	49,265	56,167	105,432	49,121	54,787	103,908	50,433	54,786	105,219	52,448	55,431	107,879	54,623	56,203	110,827
45-49	30,720	31,894	62,615	34,429	36,737	71,166	37,770	40,693	78,463	40,667	43,823	84,490	43,032	46,136	89,169
50-54	32,358	33,730	66,088	32,040	33,367	65,407	33,082	34,542	67,624	34,547	36,238	70,785	35,836	37,805	73,641
55-59	19,590	17,247	36,837	22,026	20,467	42,493	24,217	23,240	47,457	26,138	25,651	51,789	27,678	27,654	55,332
60-64	18,032	14,525	32,557	18,133	14,966	33,099	19,022	16,244	35,266	20,132	17,780	37,912	21,112	19,222	40,334
65-69	8,918	6,015	14,933	10,531	7,630	18,160	12,055	9,201	21,256	13,395	10,661	24,056	14,441	11,910	26,352
70-74	6,886	4,128	11,014	7,011	4,393	11,404	7,593	5,066	12,660	8,316	5,873	14,189	8,972	6,639	15,611
75-79	2,742	1,382	4,124	3,334	1,846	5,180	3,911	2,347	6,257	4,434	2,837	7,270	4,852	3,261	8,113
80-84	1,389	607	1,996	1,471	700	2,171	1,690	902	2,592	1,940	1,128	3,068	2,155	1,331	3,486
85+	393	143	537	601	278	879	900	511	1,411	1,167	729	1,896	1,322	856	2,178
Total	1,096,076	1,008,249	2,104,325	1,141,477	1,052,672	2,194,149	1,203,371	1,112,029	2,315,399	1,266,413	1,172,608	2,439,021	1,319,318	1,224,283	2,543,600

Age group	2026			2027			2028			2029			2030		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
0-4	229,764	222,752	452,516	239,725	231,945	471,670	251,064	242,511	493,575	263,413	254,109	517,521	276,793	266,746	543,539
5-9	202,090	198,794	400,884	210,163	205,924	416,087	219,196	213,993	433,189	228,946	222,795	451,741	239,492	232,411	471,903
10-14	171,666	167,101	338,768	180,159	175,618	355,776	189,046	184,286	373,332	198,181	193,033	391,215	207,679	202,007	409,687
15-19	145,533	132,982	278,515	152,393	141,292	293,685	159,917	149,945	309,862	167,866	158,736	326,602	176,219	167,667	343,886
20-24	128,833	108,363	237,196	133,220	114,284	247,504	138,341	120,895	259,236	144,048	128,007	272,054	150,317	135,556	285,873
25-29	110,460	88,604	199,064	115,038	93,431	208,469	119,793	98,669	218,463	124,715	104,265	228,981	129,897	110,256	240,153
30-34	90,666	74,728	165,394	95,181	78,059	173,240	99,857	81,825	181,683	104,611	85,943	190,553	109,465	90,418	199,884
35-39	71,268	63,795	135,064	75,652	66,481	142,133	80,197	69,422	149,620	84,821	72,583	157,404	89,530	75,993	165,523
40-44	57,224	57,335	114,558	60,291	58,870	119,161	63,711	60,722	124,434	67,388	62,828	130,216	71,289	65,184	136,472
45-49	45,400	48,180	93,580	47,961	50,178	98,139	50,705	52,160	102,865	53,610	54,147	107,757	56,699	56,191	112,890
50-54	37,401	39,574	76,975	39,327	41,577	80,904	41,491	43,681	85,172	43,812	45,798	89,610	46,293	47,932	94,226
55-59	29,191	29,587	58,778	30,823	31,580	62,403	32,568	33,621	66,190	34,409	35,684	70,092	36,358	37,768	74,126
60-64	22,225	20,788	43,013	23,521	22,514	46,035	24,932	24,331	49,263	26,415	26,192	52,608	27,976	28,095	56,071
65-69	15,475	13,192	28,667	16,589	14,583	31,172	17,762	16,053	33,814	18,970	17,574	36,544	20,222	19,146	39,368
70-74	9,693	7,483	17,176	10,505	8,436	18,941	11,374	9,467	20,840	12,274	10,552	22,827	13,208	11,691	24,899
75-79	5,294	3,731	9,025	5,796	4,276	10,072	6,340	4,881	11,221	6,910	5,530	12,440	7,507	6,223	13,730
80-84	2,384	1,554	3,939	2,643	1,815	4,458	2,923	2,107	5,030	3,218	2,424	5,642	3,528	2,767	6,295
85+	1,494	1,008	2,502	1,715	1,209	2,924	1,959	1,441	3,400	2,210	1,689	3,899	2,470	1,955	4,425
Total	1,376,061	1,279,554	2,655,615	1,440,701	1,342,071	2,782,771	1,511,177	1,410,011	2,921,188	1,585,818	1,481,889	3,067,707	1,664,944	1,558,005	3,222,949



Annex 3.3: Unity

Age group	2021			2022			2023			2024			2025		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
0-4	107,675	104,336	212,011	109,190	105,780	214,970	114,201	110,401	224,602	119,682	115,524	235,205	123,630	119,342	242,971
5-9	87,703	84,993	172,697	90,781	88,070	178,851	96,185	93,187	189,372	101,383	98,093	199,476	104,673	101,283	205,957
10-14	63,261	59,828	123,089	67,602	64,379	131,981	73,796	70,523	144,318	79,738	76,378	156,116	83,975	80,649	164,624
15-19	57,285	52,788	110,073	58,054	53,821	111,875	61,043	56,910	117,953	64,607	60,548	125,155	67,531	63,631	131,162
20-24	46,938	41,871	88,808	48,661	43,761	92,422	51,268	46,444	97,713	53,902	49,164	103,066	55,924	51,352	107,276
25-29	32,832	30,297	63,129	35,335	32,338	67,673	38,662	35,228	73,890	41,795	38,034	79,829	44,096	40,167	84,263
30-34	27,219	27,975	55,194	28,088	28,213	56,302	29,989	29,446	59,435	32,138	30,979	63,117	33,956	32,295	66,251
35-39	21,018	21,322	42,340	22,018	22,439	44,457	23,650	23,972	47,621	25,301	25,414	50,715	26,559	26,434	52,992
40-44	19,384	22,273	41,657	19,505	21,889	41,394	20,263	22,220	42,483	21,171	22,772	43,943	21,884	23,194	45,078
45-49	13,085	12,779	25,865	14,148	14,501	28,649	15,447	16,180	31,627	16,612	17,564	34,177	17,402	18,491	35,892
50-54	10,982	12,674	23,656	11,165	12,474	23,639	12,091	13,167	25,258	13,058	14,030	27,088	13,637	14,613	28,250
55-59	7,958	7,371	15,330	8,368	8,263	16,631	9,067	9,232	18,299	9,787	10,122	19,909	10,297	10,773	21,070
60-64	6,776	6,337	13,112	6,783	6,357	13,141	7,209	6,852	14,061	7,664	7,419	15,083	7,913	7,816	15,728
65-69	3,631	3,251	6,882	4,060	3,706	7,766	4,655	4,298	8,953	5,187	4,845	10,032	5,494	5,207	10,702
70-74	2,786	2,670	5,455	2,758	2,622	5,379	3,002	2,838	5,840	3,293	3,109	6,402	3,478	3,298	6,777
75-79	1,441	1,292	2,733	1,535	1,423	2,959	1,723	1,622	3,345	1,900	1,804	3,704	1,992	1,908	3,900
80-84	732	706	1,437	742	710	1,452	827	792	1,619	916	881	1,798	963	936	1,899
85+	256	253	509	291	296	588	444	443	887	574	570	1,144	601	607	1,208
Total	510,960	493,016	1,003,976	529,086	511,043	1,040,129	563,523	543,753	1,107,276	598,708	577,251	1,175,959	624,003	601,996	1,226,000

Age group	2026			2027			2028			2029			2030		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
0-4	128,805	124,290	253,095	135,863	130,968	266,831	144,320	138,962	283,283	153,796	147,938	301,734	164,301	157,909	322,210
5-9	108,730	105,169	213,899	114,273	110,402	224,675	120,933	116,657	237,590	128,402	123,664	252,066	136,716	131,467	268,183
10-14	88,533	85,161	173,695	94,004	90,458	184,462	100,148	96,333	196,481	106,766	102,616	209,382	113,921	109,376	223,298
15-19	71,081	67,277	138,358	75,556	71,744	147,300	80,698	76,798	157,496	86,302	82,251	168,552	92,368	88,103	180,472
20-24	58,385	53,951	112,336	61,578	57,221	118,799	65,359	61,029	126,389	69,597	65,252	134,849	74,290	69,886	144,176
25-29	46,576	42,522	89,097	49,521	45,346	94,866	52,817	48,531	101,349	56,378	51,991	108,369	60,239	55,753	115,992
30-34	36,037	33,925	69,962	38,532	36,002	74,534	41,332	38,421	79,753	44,348	41,100	85,448	47,588	44,040	91,628
35-39	28,084	27,654	55,738	30,033	29,238	59,271	32,292	31,101	63,393	34,767	33,175	67,942	37,457	35,468	72,925
40-44	22,814	23,834	46,648	24,080	24,787	48,867	25,621	25,992	51,613	27,380	27,396	54,776	29,354	29,001	58,355
45-49	18,275	19,405	37,681	19,362	20,447	39,809	20,613	21,586	42,199	21,990	22,800	44,789	23,509	24,113	47,623
50-54	14,391	15,384	29,775	15,436	16,424	31,859	16,659	17,616	34,275	17,977	18,879	36,856	19,396	20,213	39,608
55-59	10,895	11,477	22,373	11,680	12,333	24,013	12,612	13,310	25,922	13,649	14,372	28,021	14,787	15,516	30,303
60-64	8,290	8,329	16,619	8,865	9,018	17,883	9,576	9,822	19,398	10,375	10,700	21,075	11,263	11,652	22,916
65-69	5,844	5,624	11,467	6,313	6,160	12,473	6,870	6,785	13,655	7,485	7,469	14,954	8,162	8,213	16,374
70-74	3,722	3,553	7,275	4,062	3,906	7,969	4,467	4,331	8,798	4,912	4,804	9,716	5,399	5,325	10,724
75-79	2,123	2,046	4,169	2,323	2,249	4,572	2,570	2,499	5,069	2,847	2,782	5,629	3,153	3,098	6,251
80-84	1,027	1,006	2,033	1,123	1,106	2,229	1,244	1,229	2,473	1,381	1,370	2,751	1,535	1,528	3,063
85+	659	673	1,332	775	792	1,566	921	939	1,860	1,077	1,099	2,176	1,245	1,271	2,516
Total	654,270	631,282	1,285,552	693,378	668,599	1,361,977	739,052	711,941	1,450,993	789,427	759,658	1,549,085	844,686	811,932	1,656,618



Annex 3.4: Warrap

Age group	2021			2022			2023			2024			2025		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
0-4	159,235	156,214	315,449	160,788	157,228	318,016	164,664	160,483	325,147	169,235	164,510	333,745	173,449	168,341	341,790
5-9	130,347	129,721	260,069	135,627	134,608	270,235	141,451	139,880	281,330	146,812	144,686	291,497	151,016	148,442	299,458
10-14	90,647	89,714	180,361	98,465	97,614	196,079	106,807	105,838	212,645	114,593	113,425	228,018	121,105	119,749	240,854
15-19	85,810	83,758	169,568	86,635	84,828	171,463	89,600	87,927	177,528	93,603	92,019	185,622	97,797	96,302	194,099
20-24	71,721	69,972	141,693	74,372	72,596	146,969	77,185	75,382	152,567	80,000	78,206	158,206	82,647	80,920	163,567
25-29	46,716	48,198	94,914	51,570	52,425	103,995	56,457	56,757	113,214	60,896	60,753	121,649	64,634	64,178	128,813
30-34	38,109	49,551	87,660	39,693	49,131	88,823	42,272	49,952	92,224	45,288	51,457	96,746	48,316	53,220	101,536
35-39	29,769	39,026	68,795	31,303	40,981	72,283	33,166	42,748	75,914	35,151	44,309	79,460	37,088	45,633	82,721
40-44	30,215	43,508	73,723	29,967	42,413	72,379	30,302	42,135	72,436	30,930	42,256	73,187	31,654	42,511	74,165
45-49	20,541	25,063	45,604	22,315	28,571	50,886	23,888	31,333	55,221	25,195	33,465	58,660	26,199	35,041	61,240
50-54	21,226	25,026	46,251	20,881	24,818	45,700	21,241	25,602	46,842	21,826	26,760	48,586	22,337	27,913	50,250
55-59	13,320	13,687	27,007	14,692	15,761	30,453	15,874	17,510	33,383	16,870	19,040	35,910	17,645	20,366	38,011
60-64	10,765	11,352	22,117	11,028	11,602	22,631	11,669	12,357	24,026	12,395	13,286	25,681	13,033	14,204	27,237
65-69	5,515	5,750	11,265	6,345	6,674	13,019	7,168	7,556	14,724	7,922	8,383	16,306	8,549	9,120	17,669
70-74	3,987	4,446	8,434	4,065	4,491	8,557	4,373	4,784	9,156	4,758	5,172	9,930	5,124	5,564	10,689
75-79	1,748	1,975	3,724	2,007	2,281	4,288	2,271	2,569	4,840	2,518	2,834	5,352	2,724	3,060	5,784
80-84	839	1,108	1,947	883	1,125	2,008	989	1,217	2,206	1,107	1,332	2,438	1,208	1,438	2,646
85+	327	399	725	392	504	896	511	647	1,158	619	776	1,395	678	858	1,537
Total	760,837	798,469	1,559,306	791,028	827,652	1,618,680	829,887	864,675	1,694,562	869,720	902,669	1,772,389	905,205	936,862	1,842,067

Age group	2026			2027			2028			2029			2030		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
0-4	178,655	173,154	351,809	185,143	179,200	364,343	192,632	186,227	378,859	200,905	194,034	394,939	209,944	202,602	412,546
5-9	155,486	152,453	307,940	160,684	157,148	317,832	166,504	162,441	328,945	172,844	168,252	341,097	179,760	174,635	354,394
10-14	127,370	125,753	253,124	133,745	131,780	265,525	140,183	137,808	277,991	146,656	143,833	290,489	153,264	149,961	303,226
15-19	102,606	101,130	203,736	108,039	106,490	214,529	113,869	112,173	226,042	119,931	118,023	237,954	126,186	124,009	250,195
20-24	85,711	84,045	169,756	89,359	87,722	177,080	93,511	91,868	185,379	98,074	96,390	194,464	103,013	101,247	204,259
25-29	68,249	67,547	135,795	71,965	71,057	143,022	75,800	74,721	150,521	79,765	78,542	158,307	83,918	82,564	166,482
30-34	51,550	55,376	106,925	55,008	57,910	112,918	58,608	60,723	119,331	62,299	63,748	126,047	66,088	66,973	133,062
35-39	39,304	47,102	86,406	41,863	48,836	90,699	44,685	50,810	95,495	47,703	52,991	100,694	50,895	55,380	106,275
40-44	32,665	43,020	75,685	34,013	43,812	77,826	35,663	44,848	80,511	37,573	46,099	83,672	39,731	47,562	87,293
45-49	27,185	36,386	63,571	28,267	37,643	65,910	29,456	38,856	68,312	30,762	40,057	70,819	32,214	41,291	73,505
50-54	23,001	29,193	52,194	23,851	30,591	54,442	24,821	32,023	56,843	25,869	33,440	59,309	27,005	34,842	61,847
55-59	18,394	21,674	40,068	19,192	23,029	42,220	20,037	24,420	44,457	20,923	25,826	46,749	21,855	27,242	49,097
60-64	13,719	15,218	28,937	14,479	16,339	30,818	15,279	17,529	32,808	16,097	18,762	34,858	16,937	20,030	36,967
65-69	9,185	9,896	19,081	9,869	10,748	20,617	10,582	11,662	22,244	11,309	12,623	23,932	12,050	13,628	25,678
70-74	5,540	6,022	11,563	6,017	6,557	12,575	6,535	7,152	13,687	7,077	7,794	14,871	7,640	8,481	16,121
75-79	2,954	3,312	6,266	3,226	3,607	6,833	3,530	3,940	7,470	3,857	4,305	8,162	4,205	4,702	8,906
80-84	1,320	1,559	2,879	1,452	1,700	3,151	1,599	1,859	3,457	1,758	2,033	3,791	1,930	2,224	4,154
85+	754	955	1,709	860	1,077	1,937	982	1,216	2,198	1,112	1,363	2,475	1,250	1,520	2,770
Total	943,649	973,793	1,917,442	987,030	1,015,247	2,002,277	1,034,275	1,060,277	2,094,552	1,084,514	1,108,115	2,192,628	1,137,885	1,158,892	2,296,777



Annex 3.5: Northern Bahr el Ghazal

Age group	2021			2022			2023			2024			2025		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
0-4	114,445	117,333	231,778	119,598	120,924	240,523	130,498	129,972	260,470	141,391	139,339	280,730	148,445	145,525	293,970
5-9	90,347	96,187	186,534	94,280	99,654	193,934	103,633	107,793	211,426	113,067	115,913	228,980	118,937	120,830	239,767
10-14	69,519	71,270	140,790	73,071	75,712	148,783	80,826	83,662	164,488	88,728	91,494	180,222	93,873	96,639	190,513
15-19	71,235	69,576	140,811	70,428	69,507	139,935	73,446	72,990	146,436	77,288	77,255	154,543	79,751	80,269	160,021
20-24	51,070	49,429	100,499	54,746	53,155	107,901	59,632	58,012	117,643	64,052	62,513	126,565	66,790	65,562	132,352
25-29	31,430	32,535	63,965	35,035	35,632	70,667	40,578	40,581	81,159	45,902	45,435	91,337	49,608	48,932	98,541
30-34	24,366	32,764	57,130	25,536	32,495	58,030	28,576	34,141	62,717	32,053	36,394	68,446	34,865	38,242	73,106
35-39	19,078	28,638	47,716	19,908	29,250	49,158	22,100	30,847	52,947	24,403	32,404	56,807	25,975	33,236	59,212
40-44	20,487	29,008	49,494	20,019	28,752	48,771	20,716	29,482	50,198	21,672	30,349	52,021	22,224	30,752	52,976
45-49	15,582	18,138	33,721	16,377	20,139	36,515	17,760	22,439	40,199	18,967	24,388	43,355	19,493	25,554	45,048
50-54	14,355	16,801	31,157	14,358	16,848	31,207	15,634	18,284	33,918	16,877	19,845	36,722	17,280	20,734	38,015
55-59	10,327	10,679	21,006	10,941	11,738	22,679	12,092	13,182	25,275	13,230	14,591	27,821	13,888	15,580	29,468
60-64	8,484	8,814	17,297	8,629	9,003	17,632	9,528	9,956	19,485	10,437	10,972	21,409	10,886	11,614	22,500
65-69	4,812	4,950	9,762	5,344	5,551	10,895	6,301	6,520	12,821	7,202	7,448	14,651	7,705	8,036	15,741
70-74	3,675	3,953	7,628	3,702	3,977	7,679	4,186	4,436	8,622	4,728	4,967	9,695	5,050	5,317	10,367
75-79	1,970	2,010	3,980	2,128	2,236	4,364	2,492	2,628	5,120	2,845	3,003	5,848	3,032	3,226	6,258
80-84	1,125	1,127	2,251	1,143	1,170	2,313	1,305	1,351	2,655	1,481	1,549	3,030	1,581	1,681	3,263
85+	493	423	917	566	526	1,092	871	837	1,708	1,143	1,126	2,269	1,221	1,247	2,468
Total	552,801	593,635	1,146,436	575,809	616,268	1,192,078	630,175	667,113	1,297,288	685,466	718,986	1,404,452	720,607	752,978	1,473,585

Age group	2026			2027			2028			2029			2030		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
0-4	157,119	153,315	310,434	168,784	163,936	332,719	182,573	176,625	359,198	197,805	190,773	388,578	214,560	206,444	421,004
5-9	126,239	127,077	253,316	136,253	135,824	272,077	148,171	146,362	294,533	161,332	158,117	319,449	175,777	171,139	346,916
10-14	100,122	102,599	202,720	108,529	110,364	218,894	118,522	119,461	237,982	129,602	129,479	259,081	141,805	140,479	282,284
15-19	83,436	84,324	167,760	89,027	90,010	179,037	96,083	96,922	193,005	104,228	104,722	208,951	113,463	113,418	226,881
20-24	69,960	69,042	139,003	74,228	73,530	147,757	79,402	78,834	158,236	85,309	84,781	170,089	92,020	91,420	183,439
25-29	53,564	52,738	106,303	58,270	57,293	115,562	63,472	62,360	125,832	68,992	67,765	136,758	74,914	73,571	148,485
30-34	38,172	40,705	78,877	42,258	44,021	86,279	46,886	47,960	94,846	51,857	52,333	104,189	57,167	57,119	114,285
35-39	28,093	34,540	62,633	31,055	36,623	67,678	34,633	39,305	73,938	38,634	42,434	81,068	43,043	46,005	89,048
40-44	23,189	31,428	54,617	24,808	32,611	57,419	26,968	34,220	61,188	29,559	36,179	65,738	32,580	38,506	71,086
45-49	20,219	26,741	46,960	21,389	28,179	49,568	22,902	29,794	52,696	24,683	31,533	56,215	26,763	33,440	60,203
50-54	17,965	21,907	39,872	19,181	23,550	42,731	20,723	25,452	46,175	22,442	27,459	49,901	24,355	29,576	53,931
55-59	14,644	16,680	31,324	15,693	18,068	33,761	16,969	19,680	36,649	18,400	21,440	39,840	19,990	23,340	43,329
60-64	11,524	12,456	23,980	12,489	13,620	26,110	13,660	14,999	28,660	14,949	16,511	31,460	16,361	18,157	34,518
65-69	8,304	8,731	17,035	9,139	9,658	18,797	10,137	10,756	20,893	11,233	11,967	23,200	12,429	13,294	25,723
70-74	5,479	5,778	11,257	6,094	6,424	12,518	6,840	7,203	14,042	7,667	8,075	15,742	8,576	9,041	17,617
75-79	3,288	3,511	6,799	3,674	3,916	7,590	4,152	4,410	8,563	4,690	4,969	9,659	5,289	5,593	10,882
80-84	1,715	1,843	3,558	1,914	2,064	3,978	2,162	2,331	4,494	2,447	2,634	5,081	2,768	2,975	5,743
85+	1,358	1,424	2,782	1,610	1,705	3,315	1,927	2,051	3,977	2,274	2,429	4,703	2,653	2,843	5,496
Total	764,391	794,839	1,559,230	824,394	851,396	1,675,790	896,181	918,726	1,814,907	976,103	993,600	1,969,703	1,064,512	1,076,359	2,140,871



Annex 3.6: Lakes

Age group	2021			2022			2023			2024			2025		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
0-4	132,810	130,546	263,356	127,466	125,008	252,474	124,268	121,582	245,850	122,718	119,799	242,517	122,459	119,313	241,771
5-9	115,816	114,855	230,671	118,911	117,752	236,664	120,478	119,106	239,584	121,082	119,497	240,579	121,122	119,334	240,456
10-14	64,052	62,002	126,054	74,418	72,592	147,009	83,449	81,751	165,201	90,974	89,337	180,311	97,001	95,383	192,384
15-19	58,536	54,055	112,590	59,616	55,632	115,248	62,643	59,091	121,733	66,860	63,680	130,539	71,655	68,793	140,448
20-24	54,627	47,338	101,965	55,339	48,641	103,979	56,189	50,055	106,244	57,469	51,873	109,342	59,279	54,192	113,471
25-29	37,194	32,762	69,956	40,614	35,634	76,248	43,545	38,241	81,786	46,050	40,602	86,652	48,255	42,804	91,059
30-34	36,139	34,710	70,849	36,260	34,248	70,507	37,081	34,491	71,573	38,319	35,203	73,523	39,770	36,210	75,980
35-39	28,574	26,820	55,394	29,992	28,324	58,316	31,186	29,467	60,653	32,299	30,426	62,725	33,400	31,302	64,702
40-44	28,218	30,154	58,372	28,163	29,370	57,533	28,430	29,072	57,501	28,879	29,060	57,939	29,434	29,221	58,655
45-49	16,976	16,689	33,665	19,109	19,279	38,388	20,819	21,207	42,025	22,229	22,678	44,907	23,416	23,827	47,243
50-54	18,070	16,190	34,260	17,704	16,175	33,879	17,872	16,709	34,581	18,342	17,513	35,855	18,965	18,417	37,382
55-59	10,765	8,963	19,728	12,072	10,297	22,369	13,051	11,368	24,419	13,856	12,318	26,174	14,566	13,213	27,780
60-64	9,673	8,049	17,723	9,691	8,096	17,788	9,982	8,414	18,396	10,400	8,873	19,273	10,867	9,405	20,273
65-69	4,638	3,861	8,500	5,470	4,576	10,046	6,132	5,155	11,287	6,700	5,666	12,367	7,207	6,141	13,348
70-74	3,639	3,059	6,698	3,645	3,080	6,725	3,818	3,243	7,061	4,074	3,477	7,551	4,367	3,745	8,112
75-79	1,599	1,238	2,838	1,841	1,485	3,326	2,026	1,679	3,705	2,193	1,851	4,044	2,355	2,016	4,372
80-84	865	583	1,447	878	629	1,508	933	709	1,642	1,003	798	1,802	1,077	889	1,966
85+	282	156	438	367	227	593	443	299	742	512	370	882	572	437	1,009
Total	622,473	592,031	1,214,504	641,554	611,047	1,252,600	662,345	631,639	1,293,984	683,960	653,023	1,336,983	705,768	674,643	1,380,411

Age group	2026			2027			2028			2029			2030		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
0-4	123,482	120,098	243,580	125,686	122,049	247,735	128,914	125,011	253,925	133,027	128,851	261,878	137,920	133,462	271,382
5-9	121,120	119,122	240,242	121,381	119,164	240,545	122,064	119,617	241,682	123,267	120,584	243,851	125,063	122,135	247,199
10-14	101,838	100,195	202,033	105,751	104,040	209,791	108,957	107,147	216,104	111,668	109,732	221,400	114,088	112,003	226,091
15-19	76,698	74,094	150,792	81,726	79,320	161,046	86,543	84,282	170,825	91,040	88,873	179,913	95,182	93,067	188,249
20-24	61,687	57,071	118,758	64,640	60,451	125,090	68,015	64,205	132,220	71,676	68,200	139,876	75,503	72,313	147,816
25-29	50,381	45,030	95,411	52,580	47,400	99,980	54,936	49,978	104,914	57,494	52,790	110,284	60,271	55,837	116,108
30-34	41,371	37,457	78,827	43,086	38,909	81,995	44,902	40,548	85,450	46,823	42,373	89,197	48,869	44,394	93,263
35-39	34,570	32,205	66,774	35,835	33,186	69,021	37,194	34,266	71,459	38,642	35,456	74,098	40,182	36,773	76,955
40-44	30,098	29,526	59,624	30,870	29,958	60,828	31,742	30,503	62,245	32,708	31,155	63,863	33,769	31,913	65,682
45-49	24,473	24,774	49,247	25,454	25,597	51,050	26,392	26,341	52,733	27,312	27,044	54,357	28,238	27,735	55,973
50-54	19,698	19,365	39,063	20,500	20,317	40,817	21,337	21,241	42,579	22,190	22,125	44,315	23,051	22,969	46,020
55-59	15,252	14,101	29,353	15,945	14,997	30,942	16,654	15,898	32,552	17,381	16,793	34,174	18,124	17,678	35,802
60-64	11,374	10,001	21,375	11,912	10,650	22,562	12,474	11,340	23,813	13,054	12,060	25,113	13,652	12,803	26,455
65-69	7,691	6,615	14,306	8,169	7,104	15,273	8,647	7,613	16,260	9,126	8,144	17,271	9,610	8,699	18,309
70-74	4,686	4,041	8,727	5,023	4,362	9,385	5,372	4,702	10,074	5,728	5,060	10,787	6,089	5,435	11,524
75-79	2,528	2,189	4,717	2,716	2,373	5,090	2,917	2,570	5,487	3,128	2,779	5,907	3,348	3,001	6,349
80-84	1,157	982	2,139	1,244	1,078	2,322	1,337	1,179	2,517	1,437	1,285	2,722	1,543	1,397	2,940
85+	632	507	1,139	695	581	1,276	760	659	1,419	827	739	1,566	896	822	1,719
Total	728,735	697,373	1,426,108	753,213	721,537	1,474,749	779,156	747,102	1,526,258	806,527	774,044	1,580,571	835,400	802,435	1,637,835



Annex 3.7: Western Equatoria

Age group	2021			2022			2023			2024			2025		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
0-4	76,504	76,146	152,650	79,900	78,938	158,838	82,922	81,477	164,399	85,637	83,808	169,445	88,141	86,002	174,143
5-9	65,463	66,017	131,480	67,120	67,564	134,684	69,181	69,410	138,592	71,424	71,387	142,811	73,728	73,407	147,135
10-14	46,264	44,714	90,978	49,800	48,708	98,508	53,007	52,253	105,260	55,979	55,454	111,433	58,782	58,389	117,172
15-19	43,328	39,528	82,856	43,670	40,353	84,023	44,686	41,841	86,527	46,137	43,736	89,873	47,874	45,878	93,752
20-24	42,321	36,657	78,978	42,304	37,052	79,356	42,385	37,556	79,940	42,651	38,254	80,905	43,142	39,181	82,323
25-29	32,804	29,176	61,980	34,496	30,496	64,993	35,866	31,650	67,516	36,974	32,670	69,644	37,902	33,616	71,517
30-34	32,820	35,220	68,041	32,623	33,836	66,459	32,820	33,010	65,829	33,249	32,580	65,829	33,806	32,435	66,241
35-39	24,802	26,041	50,843	26,218	27,707	53,925	27,322	28,774	56,095	28,240	29,459	57,698	29,050	29,913	58,964
40-44	24,255	26,096	50,351	24,183	25,916	50,100	24,419	26,115	50,533	24,825	26,484	51,310	25,327	26,911	52,238
45-49	16,147	15,770	31,917	17,592	17,679	35,271	18,737	19,170	37,907	19,692	20,394	40,086	20,528	21,437	41,965
50-54	16,480	15,331	31,810	16,187	15,228	31,414	16,254	15,537	31,791	16,534	16,077	32,612	16,940	16,744	33,684
55-59	10,850	8,986	19,835	11,769	10,096	21,865	12,445	10,960	23,404	12,991	11,704	24,694	13,473	12,395	25,869
60-64	8,871	6,914	15,785	9,025	7,159	16,184	9,332	7,577	16,910	9,705	8,075	17,780	10,100	8,609	18,710
65-69	4,457	3,057	7,514	5,132	3,692	8,824	5,689	4,239	9,928	6,180	4,744	10,924	6,629	5,232	11,861
70-74	3,451	2,127	5,578	3,438	2,188	5,626	3,560	2,360	5,919	3,758	2,595	6,353	3,999	2,869	6,868
75-79	1,709	845	2,554	1,867	1,004	2,871	1,982	1,136	3,118	2,089	1,265	3,354	2,202	1,403	3,605
80-84	914	361	1,275	922	395	1,317	955	449	1,404	999	509	1,508	1,046	574	1,621
85+	348	88	436	407	117	524	457	149	606	502	184	686	543	221	765
Total	451,788	433,075	884,863	466,652	448,129	914,781	482,019	463,662	945,681	497,564	479,380	976,945	513,213	495,217	1,008,431

Age group	2026			2027			2028			2029			2030		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
0-4	90,616	88,216	178,832	93,149	90,520	183,669	95,782	92,947	188,729	98,547	95,525	194,073	101,479	98,281	199,760
5-9	76,119	75,505	151,624	78,583	77,678	156,262	81,101	79,915	161,016	83,669	82,216	165,885	86,300	84,594	170,893
10-14	61,527	61,179	122,706	64,250	63,874	128,123	66,956	66,497	133,453	69,651	69,066	138,717	72,343	71,602	143,944
15-19	49,854	48,203	98,057	52,020	50,651	102,671	54,322	53,170	107,492	56,721	55,724	112,446	59,194	58,295	117,489
20-24	43,904	40,369	84,274	44,934	41,806	86,740	46,208	43,460	89,668	47,700	45,297	92,996	49,382	47,285	96,667
25-29	38,761	34,574	73,335	39,622	35,597	75,219	40,533	36,717	77,250	41,527	37,952	79,480	42,630	39,316	81,945
30-34	34,449	32,521	66,971	35,151	32,797	67,948	35,895	33,232	69,127	36,680	33,812	70,491	37,512	34,528	72,040
35-39	29,821	30,260	60,081	30,579	30,567	61,146	31,335	30,878	62,214	32,095	31,221	63,316	32,864	31,617	64,481
40-44	25,897	27,351	53,248	26,516	27,779	54,296	27,168	28,190	55,358	27,843	28,584	56,427	28,537	28,972	57,509
45-49	21,300	22,359	43,660	22,038	23,189	45,227	22,754	23,941	46,696	23,459	24,626	48,085	24,158	25,254	49,412
50-54	17,439	17,490	34,929	18,001	18,278	36,278	18,603	19,076	37,679	19,229	19,866	39,095	19,872	20,634	40,506
55-59	13,941	13,080	27,021	14,417	13,776	28,193	14,909	14,488	29,397	15,421	15,212	30,633	15,952	15,944	31,896
60-64	10,511	9,171	19,682	10,933	9,754	20,687	11,362	10,354	21,716	11,798	10,970	22,768	12,244	11,599	23,843
65-69	7,058	5,720	12,777	7,475	6,213	13,689	7,884	6,715	14,599	8,287	7,224	15,512	8,687	7,743	16,429
70-74	4,271	3,175	7,446	4,562	3,506	8,068	4,866	3,856	8,722	5,176	4,221	9,397	5,489	4,599	10,088
75-79	2,331	1,558	3,889	2,478	1,731	4,210	2,642	1,923	4,564	2,818	2,130	4,948	3,005	2,352	5,358
80-84	1,100	645	1,745	1,162	723	1,885	1,231	810	2,040	1,308	905	2,212	1,392	1,009	2,401
85+	586	264	851	632	314	945	680	368	1,048	731	428	1,159	785	494	1,279
Total	529,487	511,640	1,041,127	546,502	528,754	1,075,256	564,231	546,537	1,110,768	582,660	564,979	1,147,639	601,824	584,115	1,185,940



Annex 3.8: Western Bahr el Ghazal

Age group	2021			2022			2023			2024			2025		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
0-4	52,327	51,626	103,952	51,607	50,772	102,379	52,856	51,741	104,597	54,372	53,018	107,390	55,090	53,637	108,727
5-9	44,427	44,261	88,688	45,398	45,207	90,604	47,457	47,073	94,530	49,292	48,706	97,998	50,028	49,339	99,367
10-14	30,203	29,529	59,732	32,609	32,086	64,695	35,864	35,341	71,204	38,831	38,275	77,105	40,748	40,209	80,957
15-19	27,139	25,436	52,575	27,429	25,970	53,399	28,956	27,638	56,594	30,794	29,592	60,385	32,267	31,213	63,480
20-24	23,330	20,593	43,922	23,848	21,352	45,200	24,902	22,587	47,489	26,025	23,886	49,911	26,869	24,938	51,807
25-29	16,540	14,187	30,727	17,673	15,274	32,947	19,213	16,771	35,984	20,632	18,194	38,826	21,605	19,246	40,851
30-34	17,288	16,603	33,892	16,964	15,968	32,931	17,312	16,020	33,332	17,882	16,347	34,229	18,345	16,644	34,989
35-39	14,675	13,512	28,187	15,029	13,987	29,016	15,604	14,559	30,163	16,118	15,014	31,132	16,384	15,210	31,594
40-44	14,624	13,355	27,979	14,498	13,272	27,770	14,718	13,524	28,241	14,997	13,830	28,827	15,142	14,003	29,145
45-49	10,212	8,107	18,319	10,962	9,049	20,010	11,766	9,991	21,758	12,441	10,785	23,226	12,867	11,327	24,194
50-54	9,155	7,370	16,525	9,196	7,380	16,576	9,685	7,850	17,535	10,221	8,401	18,623	10,560	8,799	19,358
55-59	5,701	4,339	10,040	6,267	4,850	11,117	6,907	5,422	12,328	7,503	5,963	13,466	7,951	6,383	14,334
60-64	4,035	3,320	7,354	4,236	3,424	7,660	4,688	3,771	8,460	5,164	4,153	9,316	5,524	4,443	9,967
65-69	2,146	1,742	3,888	2,412	1,972	4,384	2,800	2,300	5,100	3,186	2,620	5,805	3,478	2,854	6,332
70-74	1,558	1,225	2,784	1,574	1,254	2,828	1,737	1,410	3,147	1,933	1,591	3,524	2,086	1,728	3,814
75-79	719	550	1,270	805	626	1,431	939	747	1,686	1,066	867	1,933	1,150	948	2,098
80-84	345	270	615	364	285	649	426	340	766	493	401	894	540	445	985
85+	121	77	197	134	90	224	214	164	378	289	234	523	315	261	576
Total	274,543	256,104	530,647	281,004	262,818	543,822	296,043	277,249	573,293	311,240	291,872	603,112	320,949	301,627	622,576

Age group	2026			2027			2028			2029			2030		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
0-4	56,547	54,952	111,499	59,062	57,252	116,314	62,333	60,272	122,605	66,126	63,804	129,931	70,430	67,836	138,266
5-9	51,137	50,308	101,445	53,027	51,985	105,012	55,511	54,208	109,719	58,420	56,833	115,253	61,772	59,878	121,649
10-14	42,728	42,153	84,882	45,103	44,412	89,514	47,754	46,890	94,644	50,589	49,512	100,100	53,651	52,326	105,977
15-19	34,044	33,089	67,132	36,266	35,342	71,608	38,786	37,836	76,622	41,486	40,465	81,952	44,365	43,230	87,595
20-24	27,992	26,241	54,233	29,535	27,918	57,452	31,403	29,881	61,284	33,511	32,048	65,559	35,844	34,405	70,250
25-29	22,692	20,423	43,115	24,050	21,862	45,912	25,618	23,504	49,122	27,345	25,300	52,645	29,246	27,258	56,504
30-34	19,009	17,182	36,191	19,947	18,018	37,966	21,094	19,087	40,180	22,395	20,333	42,729	23,851	21,753	45,604
35-39	16,783	15,511	32,294	17,412	16,019	33,432	18,220	16,698	34,918	19,161	17,514	36,675	20,240	18,476	38,715
40-44	15,377	14,240	29,617	15,768	14,601	30,369	16,288	15,064	31,352	16,912	15,611	32,523	17,644	16,253	33,897
45-49	13,296	11,849	25,146	13,801	12,417	26,218	14,358	13,011	27,369	14,950	13,616	28,566	15,590	14,247	29,837
50-54	10,995	9,296	20,291	11,580	9,933	21,513	12,247	10,645	22,892	12,947	11,383	24,329	13,679	12,142	25,821
55-59	8,421	6,839	15,260	8,971	7,383	16,354	9,584	7,995	17,578	10,236	8,654	18,890	10,927	9,355	20,282
60-64	5,944	4,799	10,743	6,460	5,253	11,712	7,034	5,773	12,807	7,643	6,337	13,980	8,286	6,945	15,231
65-69	3,813	3,129	6,942	4,228	3,477	7,706	4,700	3,882	8,582	5,207	4,326	9,533	5,749	4,809	10,558
70-74	2,286	1,904	4,190	2,554	2,138	4,692	2,873	2,416	5,289	3,228	2,727	5,955	3,618	3,071	6,689
75-79	1,259	1,051	2,310	1,412	1,192	2,603	1,598	1,362	2,960	1,809	1,555	3,364	2,046	1,771	3,817
80-84	598	500	1,098	675	574	1,249	769	662	1,432	876	764	1,640	997	878	1,875
85+	362	308	669	444	387	830	547	487	1,034	662	599	1,261	788	724	1,512
Total	333,284	313,773	647,056	350,296	330,162	680,457	370,717	349,672	720,389	393,504	371,382	764,886	418,723	395,357	814,079



Annex 3.9: Central Equatoria

Age group	2021			2022			2023			2024			2025		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
0-4	174,863	170,589	345,451	172,794	168,470	341,263	175,990	171,157	347,147	179,826	174,548	354,374	181,480	176,093	357,573
5-9	149,920	146,113	296,033	152,698	149,096	301,794	158,396	154,547	312,942	163,425	159,297	322,721	165,429	161,279	326,708
10-14	96,336	92,021	188,357	105,451	101,419	206,870	116,394	112,311	228,705	126,155	121,998	248,153	132,752	128,710	261,462
15-19	85,292	78,857	164,149	86,331	80,454	166,785	91,200	85,599	176,799	97,189	91,808	188,997	102,344	97,289	199,634
20-24	78,894	71,687	150,580	79,291	72,358	151,649	81,400	74,634	156,034	83,994	77,423	161,417	86,132	79,880	166,012
25-29	61,783	55,113	116,895	64,382	57,713	122,095	67,985	61,224	129,209	71,226	64,431	135,656	73,298	66,624	139,922
30-34	63,249	59,672	122,921	62,313	58,203	120,515	63,125	58,482	121,607	64,451	59,368	123,819	65,413	60,050	125,463
35-39	49,954	45,041	94,995	52,003	47,448	99,451	54,425	49,949	104,375	56,480	51,967	108,448	57,691	53,133	110,823
40-44	48,736	44,654	93,390	48,495	44,322	92,817	49,390	45,146	94,536	50,559	46,278	96,837	51,417	47,149	98,567
45-49	31,480	25,836	57,316	34,469	29,216	63,685	37,436	32,414	69,850	39,951	35,104	75,056	41,736	37,069	78,805
50-54	27,873	23,699	51,572	28,005	23,638	51,643	29,542	25,013	54,555	31,319	26,713	58,032	32,635	28,066	60,702
55-59	17,036	13,299	30,335	18,785	15,049	33,834	20,695	16,874	37,568	22,493	18,578	41,071	23,917	19,950	43,867
60-64	13,222	11,012	24,234	13,530	11,121	24,651	14,616	11,999	26,615	15,827	13,036	28,864	16,781	13,876	30,657
65-69	7,160	5,149	12,309	7,983	6,031	14,014	9,071	7,090	16,161	10,117	8,079	18,196	10,896	8,813	19,709
70-74	5,451	3,960	9,410	5,434	3,945	9,379	5,851	4,348	10,198	6,369	4,855	11,224	6,775	5,266	12,041
75-79	2,506	1,648	4,155	2,805	1,914	4,718	3,205	2,274	5,479	3,576	2,616	6,192	3,821	2,854	6,675
80-84	1,235	747	1,983	1,290	803	2,093	1,473	973	2,446	1,673	1,159	2,831	1,817	1,298	3,115
85+	388	146	534	440	173	613	674	367	1,041	892	556	1,449	979	634	1,613
Total	915,377	849,243	1,764,621	936,498	871,370	1,807,868	980,868	914,399	1,895,267	1,025,523	957,814	1,983,337	1,055,315	988,033	2,043,348

Age group	2026			2027			2028			2029			2030		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
0-4	185,217	179,569	364,786	191,917	185,776	377,693	200,754	193,998	394,752	211,093	203,673	414,766	222,906	214,775	437,681
5-9	168,459	164,157	332,616	173,630	168,949	342,579	180,432	175,216	355,648	188,416	182,573	370,989	197,628	191,077	388,704
10-14	139,303	135,259	274,562	146,744	142,503	289,247	154,789	150,209	304,998	163,209	158,187	321,396	172,152	166,589	338,741
15-19	108,410	103,575	211,985	115,710	110,934	226,645	123,793	118,948	242,742	132,311	127,299	259,610	141,243	135,965	277,208
20-24	89,318	83,341	172,659	93,891	88,095	181,986	99,547	93,854	193,401	106,001	100,346	206,347	113,174	107,487	220,661
25-29	75,790	69,233	145,023	79,162	72,679	151,841	83,265	76,828	160,093	87,965	81,556	169,521	93,295	86,889	180,184
30-34	66,889	61,297	128,185	69,101	63,294	132,395	71,897	65,898	137,794	75,159	68,995	144,154	78,908	72,598	151,506
35-39	59,123	54,446	113,569	61,063	56,193	117,256	63,385	58,287	121,672	65,994	60,655	126,648	68,919	63,337	132,257
40-44	52,535	48,249	100,784	54,061	49,703	103,764	55,899	51,420	107,319	57,964	53,332	111,296	60,267	55,451	115,718
45-49	43,508	38,970	82,478	45,468	40,998	86,465	47,551	43,099	90,649	49,704	45,231	94,935	51,957	47,425	99,382
50-54	34,273	29,747	64,020	36,359	31,850	68,209	38,694	34,186	72,880	41,134	36,615	77,750	43,669	39,123	82,792
55-59	25,446	21,436	46,882	27,240	23,179	50,420	29,247	25,135	54,382	31,401	27,243	58,645	33,692	29,489	63,181
60-64	17,954	14,937	32,891	19,437	16,301	35,737	21,129	17,877	39,006	22,959	19,602	42,561	24,925	21,472	46,396
65-69	11,799	9,651	21,450	12,932	10,695	23,627	14,238	11,900	26,138	15,666	13,225	28,891	17,216	14,672	31,888
70-74	7,314	5,795	13,109	8,042	6,493	14,535	8,913	7,319	16,232	9,889	8,242	18,131	10,968	9,262	20,230
75-79	4,131	3,158	7,289	4,558	3,571	8,128	5,075	4,070	9,145	5,661	4,637	10,298	6,318	5,273	11,591
80-84	1,991	1,465	3,456	2,217	1,684	3,901	2,487	1,946	4,433	2,791	2,244	5,036	3,133	2,580	5,713
85+	1,126	771	1,897	1,371	1,000	2,371	1,676	1,289	2,965	2,011	1,615	3,627	2,378	1,977	4,356
Total	1,092,587	1,025,055	2,117,642	1,142,902	1,073,897	2,216,799	1,202,770	1,131,480	2,334,250	1,269,330	1,195,271	2,464,601	1,342,746	1,265,441	2,608,187



Annex 3.10: Eastern Equatoria

Age group	2021			2022			2023			2024			2025		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
0-4	172,264	173,122	345,386	163,990	163,768	327,758	161,132	159,729	320,861	160,265	157,881	318,146	159,211	156,194	315,405
5-9	145,430	149,314	294,744	149,440	152,818	302,258	153,492	155,996	309,488	156,041	157,628	313,668	156,030	156,887	312,917
10-14	89,254	88,259	177,513	100,019	100,044	200,063	111,409	111,943	223,352	121,227	122,002	243,229	128,086	129,027	257,113
15-19	72,579	66,361	138,939	75,522	70,395	145,917	81,445	77,246	158,692	88,383	85,033	173,415	94,812	92,298	187,111
20-24	74,252	65,162	139,414	73,518	65,073	138,591	74,540	66,723	141,263	76,494	69,366	145,860	78,675	72,345	151,020
25-29	60,534	52,407	112,941	62,890	54,641	117,531	65,554	57,241	122,795	67,842	59,606	127,448	69,360	61,396	130,756
30-34	49,490	49,889	99,379	51,350	50,080	101,430	53,971	51,278	105,249	56,559	52,725	109,284	58,576	53,901	112,477
35-39	31,651	33,925	65,577	34,919	36,836	71,755	38,514	39,751	78,265	41,866	42,285	84,151	44,579	44,171	88,749
40-44	31,295	37,908	69,204	31,075	36,803	67,878	31,986	36,896	68,882	33,404	37,533	70,937	34,871	38,250	73,121
45-49	20,032	22,270	42,302	22,015	25,123	47,138	23,951	27,531	51,482	25,648	29,444	55,092	26,969	30,814	57,784
50-54	19,714	21,725	41,440	19,452	21,514	40,967	20,177	22,396	42,573	21,108	23,549	44,657	21,778	24,478	46,256
55-59	11,885	11,979	23,864	13,157	13,656	26,813	14,425	15,220	29,645	15,549	16,612	32,161	16,375	17,719	34,094
60-64	10,656	10,315	20,971	10,551	10,347	20,898	11,038	10,987	22,025	11,649	11,779	23,428	12,104	12,455	24,559
65-69	5,524	4,962	10,487	6,238	5,774	12,012	7,012	6,627	13,639	7,688	7,397	15,085	8,137	7,976	16,114
70-74	4,620	4,030	8,649	4,453	3,940	8,392	4,636	4,182	8,818	4,910	4,517	9,427	5,110	4,797	9,907
75-79	2,211	1,804	4,015	2,389	2,015	4,404	2,603	2,256	4,859	2,784	2,469	5,253	2,875	2,606	5,480
80-84	1,200	1,056	2,256	1,161	1,013	2,174	1,224	1,072	2,295	1,298	1,150	2,448	1,335	1,200	2,535
85+	403	296	699	468	378	846	627	539	1,166	751	667	1,418	769	700	1,469
Total	802,994	794,785	1,597,779	822,607	814,217	1,636,825	857,737	847,613	1,705,350	893,465	881,642	1,775,108	919,653	907,213	1,826,866

Age group	2026			2027			2028			2029			2030		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
0-4	160,475	156,831	317,307	164,438	160,100	324,538	170,393	165,348	335,741	177,791	172,060	349,850	186,497	180,091	366,588
5-9	156,388	156,478	312,867	158,104	157,339	315,443	161,018	159,358	320,376	164,941	162,389	327,330	169,956	166,515	336,471
10-14	134,017	134,897	268,914	139,762	140,345	280,106	145,298	145,411	290,709	150,637	150,163	300,800	156,022	154,867	310,889
15-19	101,636	99,790	201,426	108,934	107,540	216,473	116,335	115,199	231,535	123,585	122,538	246,124	130,677	129,560	260,236
20-24	81,928	76,379	158,307	86,361	81,518	167,879	91,658	87,440	179,098	97,528	93,843	191,372	103,825	100,568	204,393
25-29	71,217	63,608	134,825	73,783	66,567	140,350	76,994	70,204	147,198	80,765	74,424	155,189	85,096	79,205	164,301
30-34	60,636	55,331	115,968	62,961	57,194	120,155	65,527	59,448	124,975	68,321	62,070	130,391	71,409	65,099	136,509
35-39	47,279	46,033	93,312	50,130	48,063	98,193	53,050	50,219	103,269	55,986	52,478	108,464	58,983	54,891	113,874
40-44	36,674	39,284	75,958	38,847	40,660	79,507	41,271	42,276	83,547	43,849	44,054	87,903	46,553	45,982	92,535
45-49	28,400	32,127	60,527	30,082	33,544	63,627	31,969	35,052	67,022	34,013	36,630	70,643	36,212	38,296	74,508
50-54	22,691	25,595	48,286	23,948	26,964	50,912	25,436	28,474	53,910	27,075	30,047	57,122	28,864	31,685	60,549
55-59	17,229	18,838	36,067	18,229	20,072	38,301	19,358	21,400	40,757	20,590	22,789	43,379	21,933	24,240	46,173
60-64	12,692	13,264	25,955	13,465	14,248	27,713	14,358	15,344	29,702	15,325	16,506	31,831	16,371	17,733	34,104
65-69	8,626	8,603	17,228	9,228	9,344	18,572	9,913	10,172	20,085	10,650	11,057	21,706	11,441	11,999	23,440
70-74	5,384	5,152	10,535	5,760	5,610	11,370	6,207	6,141	12,347	6,697	6,721	13,418	7,229	7,350	14,580
75-79	3,002	2,779	5,781	3,197	3,017	6,213	3,438	3,302	6,741	3,710	3,622	7,333	4,012	3,975	7,987
80-84	1,388	1,269	2,657	1,472	1,369	2,841	1,578	1,493	3,071	1,699	1,635	3,333	1,835	1,793	3,628
85+	814	757	1,571	911	860	1,771	1,031	987	2,018	1,157	1,121	2,279	1,290	1,264	2,554
Total	950,477	937,013	1,887,490	989,611	974,354	1,963,965	1,034,831	1,017,270	2,052,101	1,084,320	1,064,147	2,148,467	1,138,205	1,115,113	2,253,317

