South Sudan
2025

MICS
Multiple Indicator Cluster Survey

2025 South Sudan MICS7 – Results

April 2026

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2025 Multiple Indicator Cluster Survey

Key Findings Report

SOUTH SUDAN

Multiple Indicator Cluster Survey

2025

Key Findings Report

April 2026

The 2025 Multiple Indicator Cluster Survey (MICS) was carried out in 2025 by the National Bureau of Statistics (NBS) in collaboration with the United Nations Children's Fund (UNICEF), as part of the Global MICS Programme. Technical support was provided by the United Nations Children's Fund (UNICEF), with government funding and financial support of UNICEF and UK AID, World Bank, the Netherlands, World Food Programme (WFP) and Global Alliance for Vaccines and Immunisation (GAVI).

The Global MICS Programme was developed by UNICEF in the 1990s as an international multi-purpose household survey programme to support countries in collecting internationally comparable data on a wide range of indicators on the situation of children and women. MICS surveys measure key indicators that allow countries to generate data for use in policies, programmes, and national development plans, and to monitor progress towards the Sustainable Development Goals (SDGs) and other internationally agreed upon commitments.

The objective of this report is to facilitate the timely dissemination and use of results from the 2025 South Sudan MICS. The report contains detailed information on the survey methodology, and all standard MICS tables. The report is accompanied by a series of Statistical Snapshots of the main findings of the survey.

For more information on the Global MICS Programme, please go to mics.unicef.org.

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SUMMARY TABLE OF SURVEY IMPLEMENTATION AND THE SURVEY POPULATION

Survey sample and implementation			
Sample frame	5th Sudan Population and Housing Census 2008	**Questionnaires**	Household Women age 15-49 Children under five Children age 5-17
Interviewer training	February – March 2025	**Fieldwork**	March – June 2025

Survey sample			
Households		Women age 15-49	
Sampled	10,459	Eligible for interviews	11,537
Occupied	10,228	Interviewed	11,274
Interviewed	10,107	Response rate (Per cent)	97.7
Response rate (Per cent)	98.8		
		Children under five	
		Eligible	10,788
Water Quality Testing Form		Mothers/caretakers interviewed	10,761
Sampled[1]	2,092	Response rate (Per cent)	99.7
Occupied	2,060	Children age 5-17	
Response rate (Per cent)	98.1	Number in interviewed households	21,352
Household Source	74.5	Eligible[2]	7,622
		Mothers/caretakers interviewed	7,552
		Response rate (Per cent)	99.1

Survey population			
Average household size	6.1	**Percentage of population living in**	
Percentage of population under:		Urban areas	15.8
Age 5	18.3	Rural areas	84.2
Age 18	55.3	**State**	
Percentage of women age 15-49 years with at least one live birth in the last 2 years	37.7	Upper Nile	15.6
		Jonglei	8.8
		Unity	5.3
		Warrap	12.0
		Northern Bahr El Ghazal	10.0
		Western Bahr El Ghazal	3.5
		Lakes	6.5
		Western Equatoria	6.4
		Central Equatoria	7.2
		Eastern Equatoria	11.0
		Administrative area	
		Pibor	6.4
		Ruweng	2.0
		Abyei	5.4

[1] The Water Quality Testing Form was administered to 4 randomly selected households in each cluster.
[2] The Questionnaire for Children and Adolescents Age 5-17 was administered to one randomly selected child in each interviewed household.

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LIST OF ABBREVIATIONS

ANAR	Adjusted Net Attendance Rate
ARI	Acute Respiratory Infection
ASFR(s)	Age Specific Fertility Rate(s)
BCG	Bacillus Calmette-Guérin (Tuberculosis)
C-section	Caesarean section
DTP	Diphtheria, Tetanus, and Pertussis
E. coli	Escherichia coli
ECDI2030	Early Childhood Development Index 2030
ECE	Early Childhood Education
FIES	Food Insecurity Experience Scale
g	Grams
ICT	Information and Communication Technology
ISCED	International Standard Classification of Education
IYCF	Infant and Young Child Feeding
LBW	Low birth weight
MICS	Multiple Indicator Cluster Survey
MICS7	Seventh global round of the Multiple Indicator Clusters Surveys Programme
ORS	Oral Rehydration Salt Solution
OPV	Oral Polio Vaccine
ORT	Oral Rehydration Therapy
SDG(s)	Sustainable Development Goal(s)
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WG	Washington Group on Disability Statistics
WG-SS	Washington Group on Disability Statistics Short Set of six questions on functioning
WHO	World Health Organization

ACKNOWLEDGEMENTS

The Multiple Indicator Cluster Survey (MICS) is based on internationally standardized methodology and provides a unique opportunity to gain a comprehensive picture of the lives of women, and children in South Sudan. The survey complements existing official statistics on the living conditions of the population and helps highlight emerging social issues requiring attention from policymakers and society. The results of the survey serve as an important source of data for monitoring progress toward the Sustainable Development Goals (SDGs). South Sudan is among the countries that collected data on selected SDG indicators during this round of MICS7.

The National Bureau of Statistics (NBS) of South Sudan expresses its sincere appreciation to the Government of South Sudan, including the Ministry of Health, the Ministry of Education, the Ministry of Irrigation and Water Resources, and the Ministry of Foreign Affairs, as well as national and local authorities, for their support and cooperation in the implementation of the survey.

Special thanks are extended to the UNICEF Country Office in South Sudan for its continuous technical and operational support throughout the planning and implementation of the survey. We also acknowledge the valuable contributions of UNICEF specialists from the Regional Office and Headquarters, as well as national and international consultants, who provided technical guidance at various stages of the survey.

We are grateful to the global team of UNICEF experts who developed the standard MICS questionnaires, data processing systems, and survey methodologies, and who provided training and technical support for the implementation of this global survey programme.

The National Bureau of Statistics would also like to acknowledge the financial support provided by UK Aid, the World Food Programme (WFP), the Netherlands, Gavi, the Vaccine Alliance, and the World Bank, which made the fieldwork of the survey possible.

We extend our sincere appreciation to the Director General of the National Bureau of Statistics, the survey coordinators, supervisors, interviewers, measurers, data processing staff, and all technical personnel who worked diligently to ensure the successful completion of the survey.

Finally, we express our deepest gratitude to the households and individuals across South Sudan who generously gave their time to participate in the survey. Their willingness to share information made this study possible and will contribute to evidence-based policies and programmes aimed at improving the well-being of women and children in the country.

Key Indicators

MICS7 Base[3] and Complementary Questionnaire Indicators and Definitions

MICS INDICATOR		SDG[4]	Definition[5]	National	Urban	Rural
SAMPLE COVERAGE AND CHARACTERISTICS OF THE RESPONDENTS						
SR.1	Access to electricity	7.1.1	Percentage of household members with access to electricity	4.0	19.7	0.7
SR.18	Children's living arrangements		Percentage of children age 0-17 years living with neither biological parent	12.9	17.2	12.1
SR.19	Prevalence of children with one or both parents dead		Percentage of children age 0-17 years with one or both biological parents dead	15.2	18.4	14.6
SR.20	Children with at least one parent living abroad		Percentage of children age 0-17 years with at least one biological parent living abroad	1.3	2.3	1.1
SR.601	Primary reliance on clean fuels and technologies for cooking		Percentage of household members with primary reliance on clean fuels and technologies for cooking (living in households that reported cooking)	0.1	0.5	0.0
SR.602	Primary reliance on clean fuels and technologies for space heating		Percentage of household members with primary reliance on clean fuels and technologies for space heating (living in households that reported the use of space heating)	0.2	0.3	0.2
SR.603	Primary reliance on clean fuels and technologies for lighting		Percentage of household members with primary reliance on clean fuels and technologies for lighting (living in households that reported the use of lighting)	55.6	80.5	50.3
SR.604	Primary reliance on clean fuels and technologies for cooking, space heating and lighting	7.1.2	Percentage of household members with primary reliance on clean fuels and technologies for cooking, space heating and lighting[6]	0.2	0.3	0.2
SURVIVE						
CS.1	Neonatal mortality rate	3.2.2	Probability of dying within the first month of life	35	41	34
CS.2	Post-neonatal mortality rate		Difference between infant and neonatal mortality rates	31	39	30
CS.3	Infant mortality rate		Probability of dying between birth and the first birthday	67	79	64
CS.4	Child mortality rate		Probability of dying between the first and the fifth birthdays	37	28	39
CS.5	Under-five mortality rate	3.2.1	Probability of dying between birth and the fifth birthday	101	105	100

[3] The MICS7 List of Indicators is split between indicators captured in the Base Questionnaires and a List of Indicators available through the Complementary Topics.

[4] Sustainable Development Goal (SDG) Indicators, http://unstats.un.org/sdgs/indicators/indicators-list/. Metadata for the SDG Indicators are regularly updated. MICS covers many SDG indicators with an exact match of their definitions, while some indicators are only partially covered. The latter cases are included here as long as the current international methodology allows only for the MICS Indicator definition, and/or a significant part of the SDG Indicator can be generated by the MICS Indicator. For more information on the metadata of the SDG Indicators, see http://unstats.un.org/sdgs/metadata/

[5] All MICS indicators are or can be disaggregated, where relevant, by wealth quintiles, sex, age, ethnicity, migratory status, disability and geographic location (as per the reporting domains), or other characteristics, as recommended by the Inter-agency and Expert Group on SDG Indicators: Global indicator framework for the Sustainable Development Goals and targets of the 2030 Agenda for Sustainable Development

[6] Household members living in households that report no cooking, no space heating, or no lighting are not excluded from the numerator.

MICS INDICATOR		SDG[2]	Definition[4]	National	Urban	Rural
Reproductive, maternal, newborn, and adult health						
TM.1a TM.1b	Adolescent birth rate	3.7.2	Age-specific fertility rate for women age: (a) 15-19 years	119	95	126
TM.2	Early childbearing		Percentage of women age 20-24 years who have had a live birth before age 18	28.0	21.3	30.2
TM.3	Contraceptive prevalence rate		Percentage of women age 15-49 years currently married or in union who are using (or whose partner is using) a (modern or traditional) contraceptive method	6.0	11.7	4.8
TM.4	Need for family planning satisfied with modern contraception[7]	3.7.1 & 3.8.1	Percentage of women age 15-49 years currently married or in union who have their need for family planning satisfied with modern contraceptive methods	14.8	25.0	12.0
TM.5a TM.5b TM.5c	Antenatal care coverage	3.8.1	Percentage of women age 15-49 years with a live birth in the last 2 years who during the pregnancy of the most recent live birth were attended (a) at least once by skilled health personnel (b) at least four times by any provider (c) at least eight times by any provider	a) 55.7 b) 35.5 c) 3.6	a) 53.7 b) 35.5 c) 3.5	a) 56.1 b) 35.5 c) 3.7
TM.6	Content of antenatal care		Percentage of women age 15-49 years with a live birth in the last 2 years who during the pregnancy of the most recent live birth, at least once, had blood pressure measured and gave urine and blood samples as part of antenatal care	37.0	38.6	36.6
TM.8	Institutional deliveries		Percentage of women age 15-49 years with a live birth in the last 2 years whose most recent live birth was delivered in a health facility	43.7	68.1	38.8
TM.9	Skilled attendant at delivery	3.1.2	Percentage of women age 15-49 years with a live birth in the last 2 years whose most recent live birth was attended by skilled health personnel	54.0	80.5	48.7
TM.10	Caesarean section		Percentage of women age 15-49 years with a live birth in the last 2 years whose most recent live birth was delivered by caesarean section	2.0	3.4	1.7
TM.11	Children weighed at birth		Percentage of women age 15-49 years with a live birth in the last 2 years whose most recent live-born child was weighed at birth	28.9	55.3	23.6
TM.12	Post-partum stay in health facility		Percentage of women age 15-49 years with a live birth in the last 2 years and delivered the most recent live birth in a health facility who stayed in the health facility for 12 hours or more after the delivery	63.7	58.6	65.4
TM.13	Post-natal health check for the newborn		Percentage of women age 15-49 years with a live birth in the last 2 years whose most recent live-born child received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery	45.8	59.2	43.1
TM.14	Newborns dried		Percentage of women age 15-49 years with a live birth in the last 2 years whose most recent live-born child was dried after birth	73.5	79.2	72.4
TM.15	Skin-to-skin care		Percentage of women age 15-49 years with a live birth in the last 2 years whose most recent live-born child was placed on the mother's bare chest after birth	13.9	18.4	12.9
TM.16	Delayed bathing		Percentage of women age 15-49 years with a live birth in the last 2 years whose most recent live-born child was first bathed more than 24 hours after birth	57.4	62.9	56.2
TM.17	Cord cut with clean instrument		Percentage of women age 15-49 years with a live birth in the last 2 years and delivered the most recent live-born child outside a facility whose umbilical cord was cut with a new blade or boiled instrument	71.5	63.6	72.4
TM.18	Nothing harmful applied to cord		Percentage of women age 15-49 years with a live birth in the last 2 years and delivered the most recent live-born child outside a facility who had nothing harmful applied to the cord	44.9	35.4	45.9

[7] See Table TM.3.3 for a detailed description

MICS INDICATOR		SDG[2]	Definition[4]	National	Urban	Rural
Reproductive, maternal, newborn, and adult health						
TM.20	Post-natal health check for the mother		Percentage of women age 15-49 years with a live birth in the last 2 years who received a health check while in facility or at home following delivery, or a postnatal care visit within 2 days after delivery of their most recent live birth	44.4	58.7	41.6
TM.24	Sex before age 15 among young people		Percentage of women age 15-24 years who had sex before age 15	4.2	2.5	4.8
TM.25	Young people who have never had sex		Percentage of never married women age 15-24 years who have never had sex	74.7	73.2	75.1
TM.29	Comprehensive knowledge about HIV prevention among young people		Percentage of women age 15-24 years who correctly identify the two ways of preventing the sexual transmission of HIV[8], who know that a healthy-looking person can be HIV-positive and who reject the two most common misconceptions about HIV transmission	9.9	16.6	8.2
TM.30	Knowledge of mother-to-child transmission of HIV		Percentage of women age 15-49 years who correctly identify all three means[9] of mother-to-child transmission of HIV	16.9	19.8	16.2
TM.31	Discriminatory attitudes towards people living with HIV		Percentage of women age 15-49 years reporting having heard of HIV who report discriminatory attitudes[10] toward people living with HIV	63.3	60.3	64.3
TM.32	People who know where to be tested for HIV		Percentage of women age 15-49 years who state knowledge of a place to be tested for HIV	32.5	44.8	29.5
TM.33	People who have been tested for HIV and know the results		Percentage of women age 15-49 years who report having been tested for HIV in the last 12 months and know their results	10.4	15.0	9.3
TM.34	Sexually active young people who have been tested for HIV and know the results		Percentage of women age 15-24 years reporting having had sex in the last 12 months, who have been tested for HIV in the last 12 months and know their results	12.5	na	na
TM.35a TM.35b	HIV counselling during antenatal care		Percentage of women age 15-49 years with a live birth in the last 2 years who received antenatal care at least once by skilled health personnel during the pregnancy of the most recent live birth and during an ANC visit received (a) counselling on HIV[11] (b) information or counselling on HIV after receiving the HIV test results	a) 20.4 b) 12.9	a) 29.8 b) 22.3	a) 18.5 b) 11.0
TM.36	HIV testing during antenatal care		Percentage of women age 15-49 years with a live birth in the last 2 years who received antenatal care at least once by skilled health personnel during the pregnancy of the most recent live birth and during an ANC visit were offered and accepted an HIV test and received test results	21.4	32.8	19.1

[8] Using condoms and limiting sex to one faithful, uninfected partner
[9] Transmission during pregnancy, during delivery, and by breastfeeding
[10] Respondents who answered no to either of the following two questions: 1) Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV? 2) Do you think children living with HIV should be able to attend school with children who are HIV negative?
[11] Someone talked with the respondent about all three of the following topics: 1) Babies getting the HIV from their mother, 2) preventing HIV and 3) getting tested for HIV

MICS INDICATOR		SDG[2]	Definition[4]	National	Urban	Rural
THRIVE - CHILD HEALTH, NUTRITION, AND DEVELOPMENT						
TC.1	Tuberculosis immunization coverage		Percentage of children age 12-23 months who received BCG containing vaccine at any time before the survey	64.6	67.5	64.0
TC.2	Polio immunization coverage		Percentage of children age 12-23 months who received at least two doses of Inactivated Polio Vaccine (IPV) and either three/four doses of IPV in total or three/four Oral Polio Vaccine (OPV) doses at any time before the survey	30.9	33.7	30.3
TC.3	Diphtheria, tetanus, and pertussis (DTP) immunization coverage	3.b.1 & 3.8.1	Percentage of children age 12-23 months who received the third dose of DTP containing vaccine (DTP3) at any time before the survey	38.9	44.3	37.8
TC.4	Hepatitis B immunization coverage		Percentage of children age 12-23 months who received the third dose of Hepatitis B containing vaccine (HepB3) at any time before the survey	38.9	44.3	37.8
TC.5	Haemophilus influenzae type B (Hib) immunization coverage		Percentage of children age 12-23 months who received the third dose of Hib containing vaccine (Hib3) at any time before the survey	38.9	44.3	37.8
TC.10	Measles immunization coverage	3.b.1	Percentage of children age 12-23 months who received the first dose of measles containing vaccine at any time before the survey	44.4	49.1	43.4
TC.11a TC.11b	Full immunization coverage[12]		Percentage of children who at age a) 12-23 months had received all basic vaccinations at any time before the survey b) 24-35 months had received all vaccinations recommended in the national immunization schedule	a) 35.4 b) 13.6	a) 42.2 b)22.2	a) 34.0 b) 11.9
TC.12	Care-seeking for diarrhoea		Percentage of children under age 5 with diarrhoea in the last 2 weeks for whom advice or treatment was sought from a health facility or provider	63.7	68.1	62.8
TC.13a TC.13b	Diarrhoea treatment with oral rehydration salt solution (ORS) and zinc		Percentage of children under age 5 with diarrhoea in the last 2 weeks who received (a) ORS (b) ORS and zinc	a) 57.4 b) 39.8	a) 61.6 b) 49.0	a) 56.6 b) 37.9
TC.14	Diarrhoea treatment with oral rehydration therapy (ORT) and continued feeding		Percentage of children under age 5 with diarrhoea in the last 2 weeks who received ORT (ORS packet, pre-packaged ORS fluid, recommended homemade fluid or increased fluids) and continued feeding during the episode of diarrhoea	29.0	27.4	29.4
TC.19	Care-seeking for children with acute respiratory infection (ARI) symptoms	3.8.1	Percentage of children under age 5 with ARI symptoms in the last 2 weeks for whom advice or treatment was sought from a health facility or provider	65.1	77.7	61.7
TC.30	Children ever breastfed		Percentage of most recent live-born children to women with a live birth in the last 2 years who were ever breastfed	94.5	94.3	94.6
TC.31	Early initiation of breastfeeding		Percentage of most recent live-born children to women with a live birth in the last 2 years who were put to the breast within one hour of birth	75.9	77.1	75.7
TC.32	Exclusive breastfeeding under 6 months		Percentage of infants under 6 months of age who are exclusively breastfed[13]	61.6	52.1	63.6
TC.38	Introduction of solid, semi-solid or soft foods		Percentage of infants age 6-8 months who received solid, semi-solid or soft foods during the previous day	48.0	58.6	45.7
TC.39	Minimum acceptable diet		Percentage of children age 6–23 months who had at least the minimum dietary diversity and the minimum meal frequency during the previous day	5.2	5.6	5.2
TC.40	Milk feeding frequency for non-breastfed children		Percentage of non-breastfed children age 6-23 months who received at least 2 milk feedings during the previous day	45.6	47.1	45.2

[12] Basic vaccinations include: BCG, 3 doses of polio, 3 doses of DTP and 1 dose of measles vaccination. All vaccinations include all doses of vaccinations recommended for children under age 2 years in the national schedule.
[13] Infants receiving breast milk, and not receiving any other fluids or foods, with the exception of oral rehydration solution, vitamins, mineral supplements, and medicines.

MICS INDICATOR		SDG[2]	Definition[4]	National	Urban	Rural
THRIVE - CHILD HEALTH, NUTRITION, AND DEVELOPMENT						
TC.41	Minimum dietary diversity		Percentage of children age 6–23 months who received foods from 5 or more food groups[14] during the previous day	13.2	14.5	13.0
TC.42	Minimum meal frequency		Percentage of children age 6-23 months who received solid, semi-solid and soft foods (plus milk feeds for non-breastfed children) the minimum number of times[15] or more during the previous day	25.9	29.3	25.3
TC.43	Bottle feeding		Percentage of children age 0-23 months who were fed with a bottle during the previous day	15.5	26.1	13.3
TC.44a TC.44b	Underweight prevalence		Percentage of children under age 5 who fall below (a) minus two standard deviations (moderate and severe) (b) minus three standard deviations (severe) of the median weight for age of the WHO standard	a) 20.1 b) 5.5	a) 21.2 b) 3.4	a) 19.9 b) 5.9
TC.45a TC.45b	Stunting prevalence	2.2.1	Percentage of children under age 5 who fall below (a) minus two standard deviations (moderate and severe) (b) below minus three standard deviations (severe) of the median height for age of the WHO standard	a) 19.4 b) 6.2	a) 18.4 b) 5.0	a) 19.5 b) 6.4
TC.46a TC.46b	Wasting prevalence	2.2.2	Percentage of children under age 5 who fall below (a) minus two standard deviations (moderate and severe) (b) minus three standard deviations (severe) of the median weight for height of the WHO standard	a) 16.9 b) 3.5	a) 17.9 b) 2.6	a) 16.7 b) 3.6
TC.47a TC.47b	Overweight prevalence	2.2.2	Percentage of children under age 5 who are above (a) two standard deviations (moderate and severe) (b) three standard deviations (severe) of the median weight for height of the WHO standard	a) 1.2 b) 0.4	a) 0.9 b) 0.5	a) 0.5 b) 0.3
TC.49a TC.49b TC.49c	Early stimulation and responsive care		Percentage of children age 24-59 months engaged in four or more activities to provide early stimulation and responsive care in the last 3 days with (a) Any adult household member (b) Father (c) Mother	a) 12.9 b) 1.0 c) 6.5	a) 19.4 b) 1.0 c) 9.4	a) 11.7 b) 1.0 c) 6.0
TC.50	Availability of children's books		Percentage of children under age 5 who have three or more children's books	0.3	1.2	0.1
TC.51	Availability of playthings		Percentage of children under age 5 who play with two or more types of playthings	55.3	49.6	56.4
TC.52	Inadequate supervision		Percentage of children under age 5 left alone or under the supervision of another child younger than 10 years of age for more than one hour at least once in the last week	44.5	43.5	44.7
TC.53	Early child development index	4.2.1	Percentage of children age 2-4 years who have achieved the minimum number of milestones expected for their age group	36.5	52.2	33.6
TC.702	Exclusively breastfed for the first two days after birth		Percentage of most recent live-born children to women with a live birth in the last 2 years who were fed exclusively with breast milk for the first two days after birth	83.8	77.8	85.0
TC.703	Mixed milk feeding under 6 months		Percentage of infants under 6 months of age who received formula and/or animal milk in addition to breast milk during the previous day	16.1	28.9	13.5
TC.704	Continued breastfeeding 12-23 months		Percentage of children age 12-23 months who received breast milk during the previous day	71.1	65.4	72.3
TC.705	Child food poverty		Percentage of children age 6-23 months who did not receive a minimum number of food groups during the previous day	86.8	85.5	87.0
TC.706	Egg and/or flesh food consumption		Percentage of children 6–23 months of age who consumed egg and/or flesh food during the previous day	31.5	34.8	30.9

[14] The indicator is based on consumption of any amount of food from at least 5 out of the 8 following food groups: 1) breastmilk, 2) grains, roots and tubers, 3) legumes and nuts, 4) dairy products (milk, infant formula, yogurt, cheese), 5) flesh foods (meat, fish, poultry and liver/organ meats), 6) eggs, 7) vitamin-A rich fruits and vegetables, and 8) other fruits and vegetables.

[15] Breastfeeding children: Solid, semi-solid, or soft foods, two times for infants age 6-8 months, and three times for children 9-23 months; non-breastfeeding children: Solid, semi-solid, or soft foods, or milk feeds, four times for children age 6-23 months.

MICS INDICATOR		SDG[2]	Definition[4]	National	Urban	Rural
THRIVE - CHILD HEALTH, NUTRITION, AND DEVELOPMENT						
TC.707	Sweet beverage consumption		Percentage of children 6–23 months of age who consumed a sweet beverage during the previous day	24.1	42.9	20.3
TC.708	Unhealthy food consumption		Percentage of children 6–23 months of age who consumed selected sentinel unhealthy foods during the previous day	10.1	19.7	8.2
TC.709	Zero vegetable or fruit consumption		Percentage of children 6–23 months of age who did not consume any vegetables or fruits during the previous day	62.4	56.5	63.6

MICS INDICATOR		SDG[2]	Definition[4]	National	Urban	Rural
LEARN AND ACQUIRE SKILLS						
LN.1	Attendance to early childhood education		Percentage of children age 36-59 months who are attending an early childhood education programme	12.0	33.0	8.3
LN.2	Participation rate in organised learning (one year before the official primary entry age) (adjusted)	4.2.2	Percentage of children in the relevant age group (one year before the official primary school entry age) who are attending an early childhood education programme or primary school	25.3	56.6	20.3
LN.3	School readiness		Percentage of children attending the first grade of primary school who attended early childhood education programme during the previous school year	49.0	68.2	44.6
LN.4	Net intake rate in primary education		Percentage of children of school-entry age who enter the first grade of primary school	18.9	28.3	17.3
LN.SS5a LN.SS5b	Net attendance rate (adjusted)		Percentage of children of (a) primary school age currently attending primary, or secondary school (b) Secondary school age currently attending secondary school or higher	a) 42.1 b) 5.5	a) 65.5 b) 14.4	a) 37.6 b) 3.3
LN.SS6a LN.SS6b	Out-of-school rate		Percentage of children of (a) primary school age who are not attending any level of education (b) Secondary school age who are not attending any level of education	a) 52.2 b) 43.0	a) 24.4 b) 22.4	a) 57.4 b) 48.3
LN.SS7a LN.SS7b	Gross intake ratio to the last grade		Ratio of children attending the last grade for the first time to children at appropriate age to the last grade (a) Primary school (b) Secondary school	a) 32.4 b) 13.0	a) 58.7 b) 32.2	a) 26.0 b) 8.1
LN.SS8a LN.SS8b	Completion rate	4.1.2	Percentage of children age 3-5 years above the intended age for the last grade who have completed that grade (a) Primary school (b) Secondary school	a) 15.3 b) 8.4	a) 32.8 b) 20.5	a) 10.5 b) 4.5
LN.SS9	Effective transition rate to secondary school		Percentage of children attending the last grade of primary school during the previous school year and not repeating in the current school year who are attending the first grade of secondary school in the current school year	61.7	60.7	62.3
Indicators according to the national education system classification[16]						
LN.5a LN.5b LN.5c	Net attendance rate (adjusted)		Percentage of children of (a) primary school age currently attending primary, lower or upper secondary school (b) lower secondary school age currently attending lower secondary school or higher (c) upper secondary school age currently attending upper secondary school or higher	a) 37.7 b) 3.2 c) 5.5	a) 61.8 b) 6.8 c) 14.4	a) 33.3 b) 2.4 c) 3.3
LN.6a LN.6b LN.6c	Out-of-school rate		Percentage of children of (a) primary school age who are not attending any level of education (b) lower secondary school age who are not attending any level of education (c) upper secondary school age who are not attending any level of education	a) 55.1 b) 42.4 c) 43.0	a) 24.2 b) 24.8 c) 22.4	a) 60.6 b) 46.3 c) 48.3
LN.7a LN.7b	Gross intake ratio to the last grade		Ratio of children attending the last grade for the first time to children at appropriate age to the last grade (a) Primary school (b) Lower secondary school	a) 50.5 b) 32.4	a) 84.9 b) 58.7	a) 44.1 b) 26.0

[16] The national education system classification comprises eight grades of obligatory primary school education (typically for ages 6–13 years), and four grades of secondary school education (typically for ages 14–17 years). The age is adjusted to take into account the age eligibility criteria for starting primary school (children who turn 6 by the end of December of the current school year are required to enroll in the first grade of primary school).

MICS INDICATOR		SDG[2]	Definition[4]	National	Urban	Rural
LEARN AND ACQUIRE SKILLS						
LN.8a LN.8b LN.8c	Completion rate	4.1.2	Percentage of children age 3-5 years above the intended age for the last grade who have completed that grade (a) Primary school (b) Lower secondary school (c) Upper secondary school	a) 5.3 b) 12.3 c) 8.4	a) 13.0 b) 27.9 c) 20.5	a) 3.3 b) 8.1 c) 4.5
LN.12	Availability of information on children's school performance		Percentage of children age 7-14 years attending school for whom an adult household member received a report card for the child in the last year	52.4	64.6	48.6
LN.13	Opportunity to participate in school management		Percentage of children age 7-14 years attending school for whom their school's governing body is open to parental participation	48.5	56.6	45.9
LN.14	Participation in school management		Percentage of children age 7-14 years attending school for whom an adult household member attended a school governing body meeting in the last year	39.1	48.1	36.2
LN.16	Discussion with teachers regarding children's progress		Percentage of children age 7-14 years attending school for whom an adult household member discussed child's progress with teachers in the last year	45.5	58.3	41.4
LN.18	Availability of books at home		Percentage of children age 7-14 years who have three or more books to read at home	5.7	9.7	5.0
LN.19	Reading habit at home		Percentage of children age 7-14 years who read books or are read to at home	26.2	47.5	22.1
LN.20	School and home languages		Percentage of children age 7-14 years attending school who at home speak the language that teachers use at school	24.0	28.9	22.4
LN.21	Support with homework		Percentage of children age 7-14 years attending school and having homework who receive help with homework	41.3	48.0	38.5
LN.22a	Children with foundational reading skills	4.1.1	Percentage of children age 7-14 years who successfully completed three foundational reading tasks	3.3	8.1	2.4
LN.22b	Children with foundational numeracy skills	4.1.1	Percentage of children age 7-14 who successfully completed four foundational numeracy tasks	6.3	13.5	5.0
LN.604	Households with a radio		Percentage of households that have a radio	11.1	19.3	9.5
LN.605	Households with a television		Percentage of households that have a television	2.1	11.9	0.3
LN.606	Households with a mobile phone		Percentage of households that have a mobile phone	48.3	72.8	38.4
LN.607	Households with a computer		Percentage of households that have a computer	2.0	9.5	0.6
LN.608	Households with internet		Percentage of households that have access to the internet by any device from home	11.5	35.8	7.0
LN.609	Use of computer		Percentage of women age 15-49 years who used a computer during the last 3 months	1.4	5.4	0.4
LN.610a LN.610b	Ownership of mobile phone	5.b.1	Percentage of women age 15-49 years who own a: (a) mobile phone (b) smartphone	a) 28.4 b) 6.8	a) 54.5 b) 22.9	a) 22.0 b) 2.8
LN.611	Use of mobile phone		Percentage of women age 15-49 years who used a mobile telephone during the last 3 months	43.1	61.1	38.7
LN.612a LN.612b	Use of internet	17.8.1	Percentage of women age 15-49 years who used the internet: (a) during the last 3 months (b) at least once a week during the last 3 months	a) 4.7 b) 3.6	a) 15.7 b) 12.5	a) 2.0 b) 1.4
LN.613a LN.613b	ICT skills	4.4.1	Percentage of women who have carried out at least one specific computer related activity during the last 3 months: (a) age 15-24 (b) age 15-49	a) 10.8 b) 8.6	a) na b) 18.1	a) na b) 6.3

MICS INDICATOR		SDG[2]	Definition[4]	National	Urban	Rural
PROTECTED FROM VIOLENCE AND EXPLOITATION						
PR.1	Birth registration[17]	16.9.1	Percentage of children under age 5 whose births are reported registered with a civil authority	36.1	55.1	32.5
PR.2	Violent discipline	16.2.1	Percentage of children age 1-14 years who experienced any physical punishment and/or psychological aggression by caregivers in the past one month	77.0	75.6	77.3
PR.3	Child labour	8.7.1	Percentage of children age 5-17 years who are involved in child labour[18]	17.6	9.4	19.3
PR.4a PR.4b	Child marriage	5.3.1	Percentage of women and men age 20-24 years who were first married or in union: (a) before age 15 (b) before age 18	a) 9.0 b) 39.6	a) 5.0 b) 25.3	a) 10.3 b) 44.1
PR.5	Young people age 15-19 years currently married or in union		Percentage of women age 15-19 years who are married or in union	19.4	18.3	19.7
PR.6	Polygyny		Percentage of women age 15-49 years who are in a polygynous union	50.2	39.7	52.4
PR.7a PR.7b	Spousal age difference		Percentage of women who are married or in union and whose spouse is 10 or more years older (a) age 15-19 years (b) age 20-24 years	a) 45.1 b) 41.1	a) 44.2 b) 42.1	a) 45.3 b) 40.9
PR.14	Safety	16.1.4	Percentage of women age 15-49 years feeling safe walking alone in their neighbourhood after dark	48.7	52.6	47.8
PR.15	Attitudes towards domestic violence		Percentage of women age 15-49 years who state that a husband is justified in hitting or beating his wife in at least one of the following circumstances: (1) she goes out without telling him, (2) she neglects the children, (3) she argues with him, (4) she refuses sex with him, (5) she burns the food	69.2	62.6	70.8

[17] A Birth registration includes the birth notification. This document, issued by the Ministry of Health, can serve as an alternative to registration. It is used to enroll a child in school, obtain a passport or birth certificate, locate a missing child, and prevent child marriage.

[18] Child labourers are defined as children involved in economic activities or in household chores above the age-specific thresholds. While the concept of child labour includes exposure to hazardous working conditions, and this is collected in MICS and was previously included in the reported indicator, the present definition, which is also used for SDG reporting, does not include children who are working under hazardous conditions. Refer to tables for more detailed information on thresholds and classifications.

MICS INDICATOR		SDG[2]	Definition[4]	National	Urban	Rural
LIVE IN A SAFE AND CLEAN ENVIRONMENT						
WS.1	Use of improved drinking water sources		Percentage of household members using improved sources of drinking water	68.6	88.7	64.2
WS.2	Use of basic drinking water services	1.4.1 & 6.1.1	Percentage of household members using improved sources of drinking water either on premises (in their dwelling/yard/plot) or within 30 minutes round trip collection time	55.5	81.5	49.9
WS.2a	Use of improved drinking water sources on premises	6.1.1	Percentage of household members using improved sources of drinking water on premises (in their dwelling/yard/plot)	11.9	33.3	7.3
WS.2b	Use of improved water source with water available when needed	6.1.1	Percentage of household members with an improved water source with sufficient drinking water available when needed in the last month	27.0	30.4	26.3
WS.3a	Availability of drinking water in the last month	6.1.1	Percentage of household members with a water source with sufficient drinking water available when needed in the last month	43.5	35.4	45.3
WS.3b	Availability of drinking water in the last 12 months		Percentage of household members with a water source with sufficient drinking water available when needed in the last 12 months	33.5	25.4	35.3
WS.4	Faecal contamination of source water		Percentage of household members whose source water was tested and with *E. coli* contamination in source water (point of collection)	77.1	80.8	76.3
WS.4a	Use of improved water source free from faecal contamination	6.1.1	Percentage of household members with an improved drinking water source water and with no *E.coli* contamination in source water (point of collection)	65.9	na	na
WS.5	Faecal contamination of household drinking water		Percentage of household members whose household drinking water was tested and with *E. coli* contamination in household drinking water (point of use)	96.5	95.9	96.6
WS.6	Use of safely managed drinking water services	6.1.1	Percentage of household members with an improved drinking water source on premises, whose source water was tested and free of *E. coli* and available when needed	1.3	0.7	1.5
WS.7	Handwashing facility with water and soap	1.4.1 & 6.2.1	Percentage of household members with a handwashing facility where water and soap or detergent are present	6.6	14.8	4.9
WS.701	Bathing facility on premises with water		Percentage of household members with a bath or shower on premises and with water available	4.5	12.4	2.7
WS.8	Use of improved sanitation facilities		Percentage of household members using improved sanitation facilities	6.8	24.2	3.0
WS.9	Use of basic sanitation services	1.4.1 & 3.8.1 & 6.2.1	Percentage of household members using improved sanitation facilities which are not shared with other households	3.0	12.7	0.9
WS.10	Safe disposal in situ of waste/excreta from improved on-site sanitation facilities	6.2.1	Percentage of household members with improved on-site sanitation facilities from which waste/excreta has never been emptied or has been emptied and buried in a covered pit	74.7	65.4	90.6
WS.702	Sufficient menstrual materials		Percentage of women age 15-49 years reporting menstruating in the last 12 months with sufficient menstrual materials to meet their needs during last period	24.3	46.2	18.6
WS.703	Changing menstrual materials in privacy at home		Percentage of women age 15-49 years reporting menstruating in the last 12 months who during their last period worried about being able to change materials in privacy at home	45.6	34.8	48.4
WS.704	Ability to reduce menstrual pain when needed		Percentage of women age 15-49 years reporting menstruating in the last 12 months who during their last period were able to reduce menstrual pain when needed	22.3	33.5	19.3
WS.705	Seeking health care for menstrual problems		Percentage of women age 15-49 years reporting menstruating in the last 12 months who during their last period felt comfortable seeking help for menstrual problems from a health care provider	51.5	50.2	51.9
WS.706	Knowledge of menstruation before first period		Percentage of women age 15-49 years reporting menstruating in the last 12 months who knew about menstruation before their first menstrual period	35.3	42.0	33.5

MICS INDICATOR		SDG[2]	Definition[4]	National	Urban	Rural
LIVE IN A SAFE AND CLEAN ENVIRONMENT						
WS.707	Participation in activities during menstruation		Percentage of women age 15-49 years reporting menstruating in the last 12 months who during their last menstruation, due to their period, did not have trouble participating in (a) work (b) education/training (c) social activities	59.8	57.3	60.4

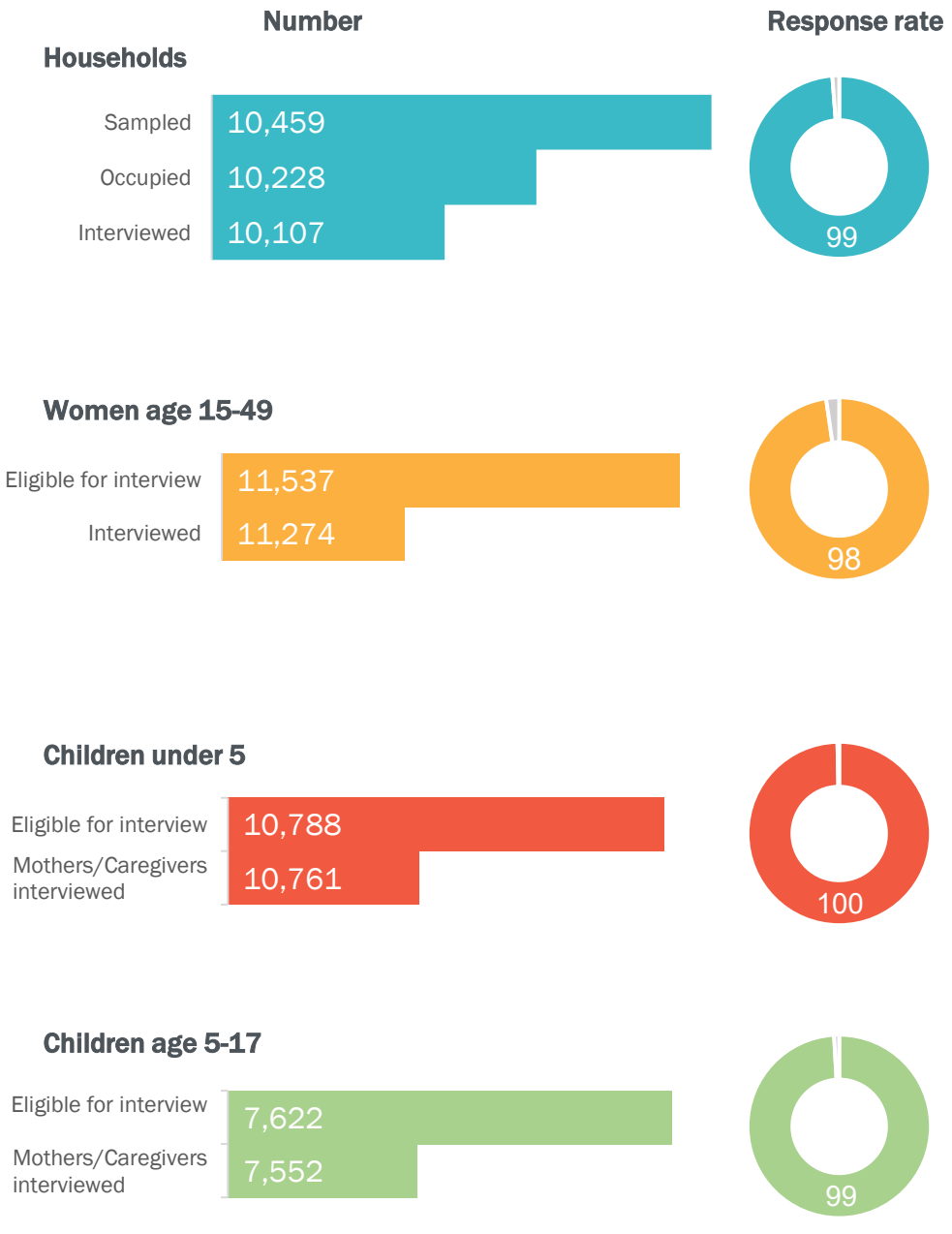
MICS INDICATOR		SDG	Definition	National	Urban	Rural
EQUITABLE CHANCE IN LIFE						
EQ.1	Children with functional difficulty		Percentage of children age 2-17 years reported with functional difficulty in at least one domain	13.0	16.1	12.3
EQ.7	Discrimination	10.3.1 & 16.b.1	Percentage of women age 15-49 years having personally felt discriminated against or harassed within the previous 12 months on the basis of a ground of discrimination prohibited under international human rights law	30.1	32.4	29.6
EQ.704	Decision-making on reproductive health	5.6.1	Percentage of currently married/in union women age 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and health care	21.7	27.4	20.5

South Sudan 2025

Sample & Survey Characteristics

Multiple Indicator Cluster Surveys

Sample Size & Response Rates



Survey Implementation

Implementing agency:
National Bureau of Statistics (NBS)

Sampling frame:
2008 Population and Housing Census

Update to sampling frame/ Household mapping & listing:
October 2024 - January 2025

Main fieldwork training:
February – March 2025

Fieldwork:
March – June 2025

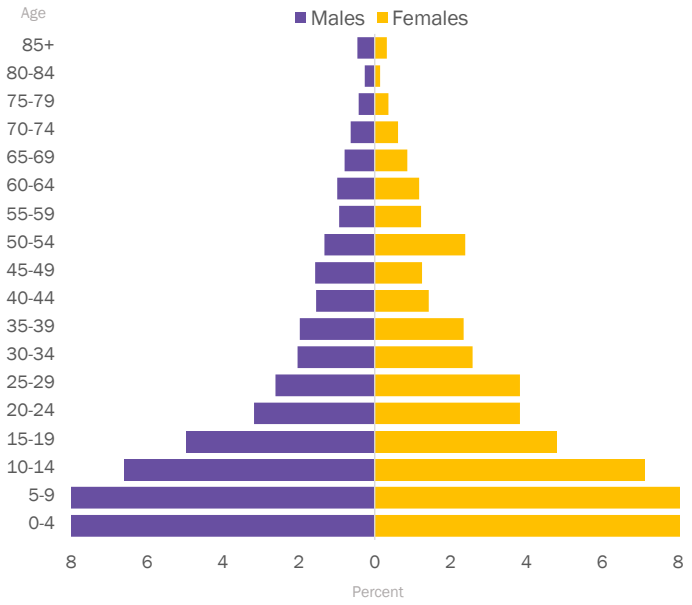
Questionnaires:
Household
Women age 15-49
Children under 5
Children age 5-17*

Forms:
Water quality testing*
Anthropometry age 0-4

* A subsample was selected a per standard methodology. See the Survey Findings Report for details.

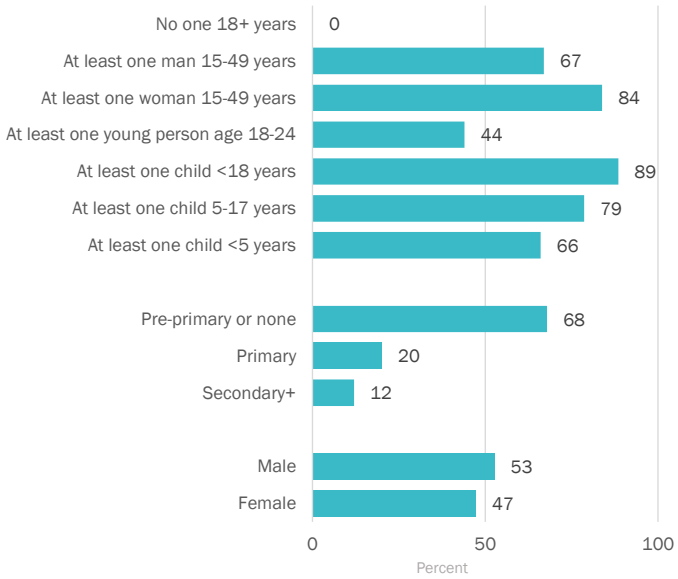
Population Characteristics

Household Population Age & Sex Distribution



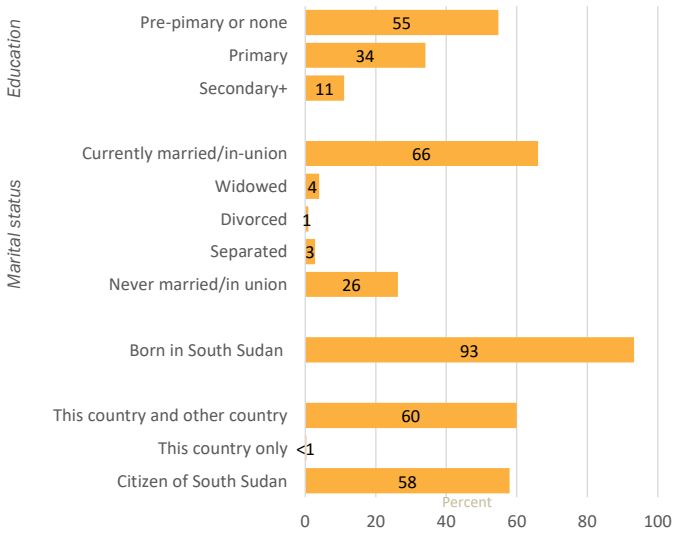
Percent distribution of household population by age group and sex

Household Composition & Characteristics of Head of Household



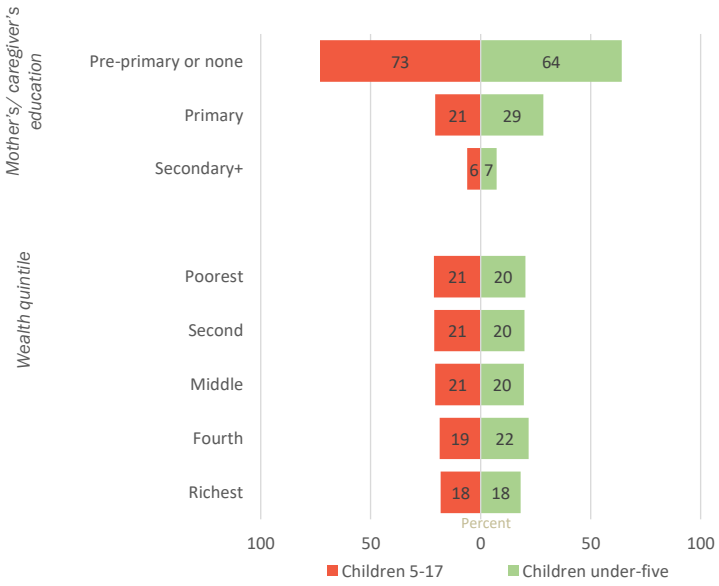
Percent of households by selected characteristics and characteristics of head of household

Women's Profile



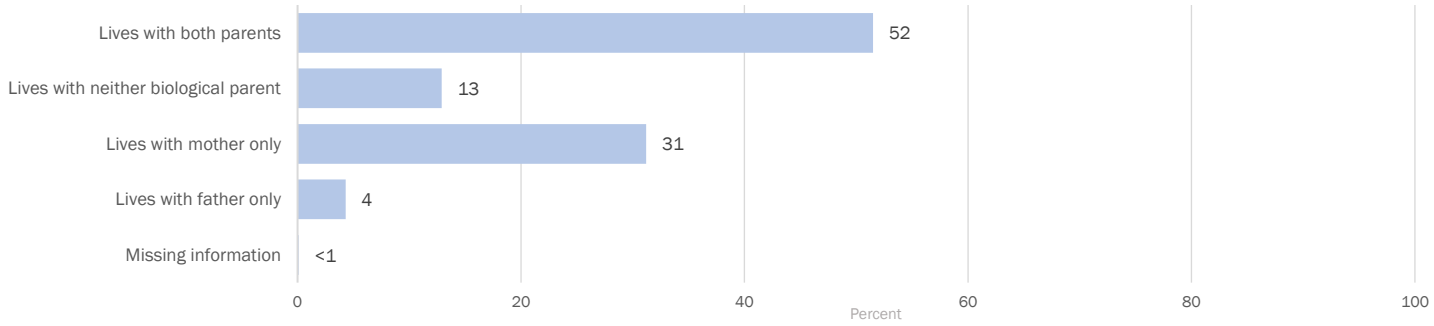
Percent of women age 15-49 by background characteristics

Children's Profile



Percent of children age 5-17 and under-five by background characteristics

Children's Living Arrangements



Percent distribution of children age 0-17 years according to living arrangements

Regional Distribution of Population

Region	Households	Women 15-49	Children under 5	Children 5-17
National	100	100	100	100
State				
Upper Nile	16	17	18	14
Jonglei	9	9	9	9
Unity	5	6	7	7
Warrap	12	11	12	15
Northern Bahr El Ghazal	10	10	9	11
Western Bahr El Ghazal	3	3	3	3
Lakes	7	7	6	8
Western Equatoria	6	6	7	6
Central Equatoria	7	9	6	7
Eastern Equatoria	11	9	9	10
Administrative area				
Pibor	6	6	7	5
Ruweng	2	1	2	1
Abyei	5	6	6	4

Percent distribution of interviewed households, women, children under 5, and children age 5-17, by region

Key Messages

- The 2025 South Sudan MICS survey recorded robust participation across all target groups, with response rates of 99% for households, 98% for women, and 100% for children age under five.
- The population pyramid indicated the population is heavily skewed toward younger age groups, with the largest segments being children aged 0–4 and 5–9. Conversely, the percentage of the population decreases significantly in older age group.
- More than half (55%) of the interviewed women had no formal education, while only 11% completed secondary education or higher. 64% of mothers and caregivers of children aged under 5 years reported having either no formal education or only pre-primary schooling.
- More than half (52%) of children aged 0–17 live with both biological parents, meaning 48% grow up in alternative care arrangements.
- About 13% live with neither biological parent, 31% live with their mother only, and 4% with their father only — highlighting the need to strengthen family support and social protection systems.

The South Sudan Multiple Indicator Cluster Survey (MICS) was carried out in 2025 by the National Bureau of Statistics as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF). UNICEF, UK Aid, the Netherlands, WFP, GAVI and World Bank provided financial support.

The objective of this snapshot is to disseminate selected findings from the South Sudan MICS 2025 related to Survey and Sample Characteristics. Data from this snapshot can be found in tables SR.1.1, SR.3.1, SR.3.2, SR.4.1, SR.5.1W, SR.5.1M, SR.5.2, SR.5.3, and SR.9.1 in the Survey Findings Report.

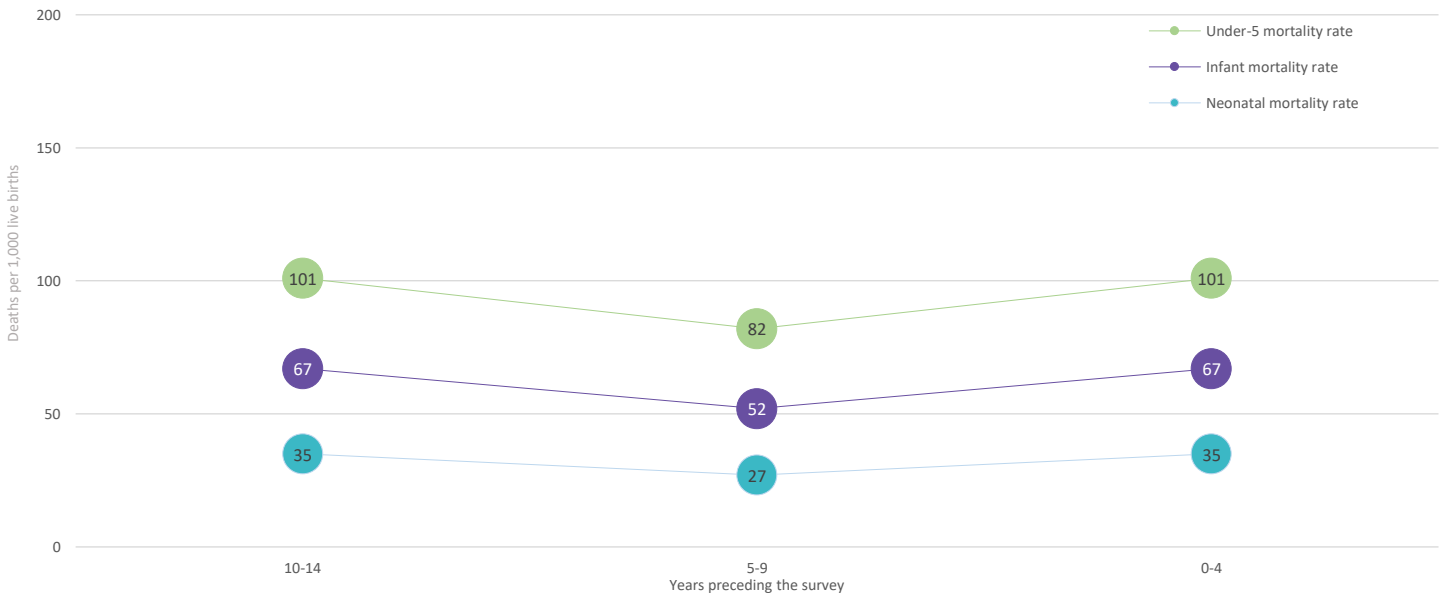
Further statistical snapshots and the Survey Findings Report for this and other surveys are available on mics.unicef.org/surveys.

South Sudan 2025

Child Mortality

Multiple Indicator Cluster Surveys

Mortality Rates among Children Under-5



Years preceding the survey	Neonatal mortality rate: SDG 3.2.2	Post-neonatal mortality rate	Infant mortality rate	Child mortality rate	Under-5 mortality rate: SDG 3.2.1
0-4	35	31	67	37	101
5-9	27	25	52	32	82
10-14	20	33	53	33	84

Neonatal mortality (NN): probability of dying within the first month of life
Post-neonatal mortality: calculated as the difference between infant and neonatal mortality rates
Infant mortality ($_1q_0$): probability of dying between birth and first birthday
Child mortality ($_4q_1$): probability of dying between the first and fifth birthday
Under-5 mortality ($_5q_0$): probability of dying between birth and fifth birthday

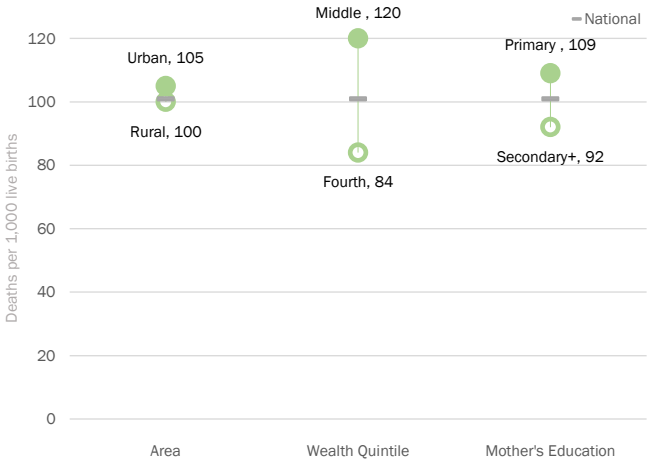
MICS uses a **direct method for estimation of child mortality**. This involves collecting **full birth histories** whereby women age 15-49 are asked for the date of birth of each child born alive, whether the child is still alive and, if not, the age at death.

Key Messages

- In the five years preceding the survey, the under-five mortality rate in South Sudan stood at 101 deaths per 1,000 live births, with infant mortality at 67, neonatal mortality at 35, post-neonatal mortality at 31, and child mortality at 37 deaths per 1,000 live births.
- Marked disparities in under-five mortality are observed by place of residence, with rates ranging from 100 to 105 deaths per 1,000 live births, compared to the national average of 101 deaths per 1,000 live births.
- Socio-economic inequalities persist, as under-five mortality ranges from 84 to 120 deaths per 1,000 live births across wealth quintiles, compared to the national average of 101 deaths per 1,000 live births.
- Maternal education is strongly associated with child survival outcomes, with under-five mortality ranging from 92 to 109 deaths per 1,000 live births, compared to the national average of 101 deaths per 1,000 live births.
- Differences in under-five mortality by sex are evident, ranging from 93 to 110 deaths per 1,000 live births, compared to the national average of 101 deaths per 1,000 live births.
- Birth spacing plays a critical role in child survival, with under-five mortality ranging from 64 to 146 deaths per 1,000 live births, compared to the national average of 101 deaths per 1,000 live births.

Differentials in Child Mortality

Under-5 mortality rate by socio-economic characteristics & area



Under-5 mortality rate by demographic factors and maternal fertility related conditions

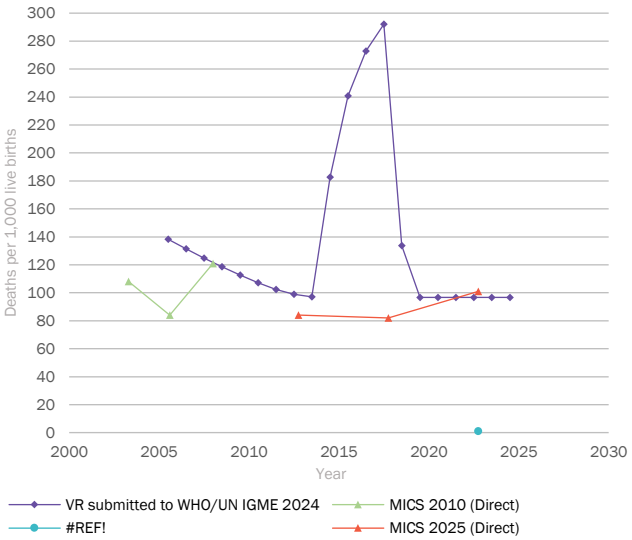
Under-five mortality rates for the five-year period preceding the survey, by socio-economic characteristics, area, and demographic factors and maternal fertility related conditions

Neonatal & under-5 mortality rates by region

Region	Neonatal mortality: SDG 3.2.2	Under-5 mortality: SDG 3.2.1
National	**45**	**87**
State		
Upper Nile	53	130
Jonglei	35	100
Unity	29	87
Warrap	30	107
Northern Bahr El Ghazal	29	79
Western Bahr El Ghazal	22	(51)
Lakes	42	98
Western Equatoria	39	97
Central Equatoria	22	47
Eastern Equatoria	29	117
Administrative area		
Pibor	40	114
Ruweng	35	(121)
Abyei	18	88

Neonatal mortality and under-5 mortality rates (deaths per 1,000 live births) for the five-year period preceding the survey, by region
( ) Figures that are based on 250–449 unweighted person-years of exposure to the risk of death

Trends in under-5 mortality rates



The source data used in the above graph are taken from the final reports of MICS 2025. Data from MICS 2010, and vital registration statistics submitted to WHO/UN IGME in 2024 was downloaded from the UN IGME web portal.

Child mortality source data are published on www.childmortality.org, the web portal of the United Nations Inter-agency Group for Child Mortality Estimation (UN IGME). UN IGME data points may differ from the published estimates of a survey, census, or vital registration system since UN IGME recalculates estimates using smaller intervals, longer reference periods and/or calendar years (if data are available). The published UN IGME estimates (the trendline) are not included in this chart as new estimates will be computed based on the findings of MICS 2025.

The South Sudan Multiple Indicator Cluster Survey (MICS) was carried out in 2025 by the National Bureau of Statistics as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF). UNICEF and World Bank, UK Aid, GAVI, the Netherlands and WFP provided financial support.

The objective of this snapshot is to disseminate selected findings from the South Sudan MICS 2025 related to Child Mortality. Data from this snapshot can be found in tables CS.1, CS.2, and CS.3 in the Survey Findings Report.

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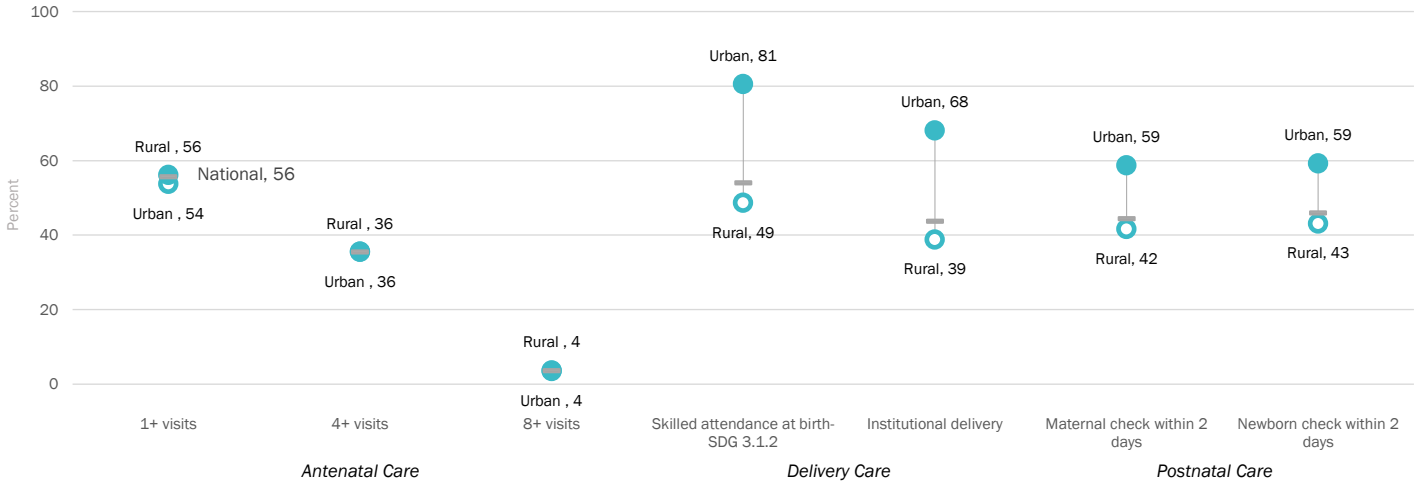
South Sudan 2025

Maternal & Newborn Health

Multiple Indicator Cluster Surveys

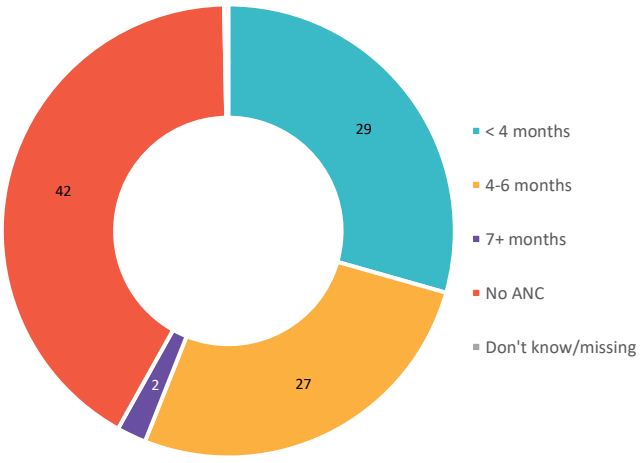
Key Elements of Maternal & Newborn Health

Maternal & Newborn Health Cascade by Area



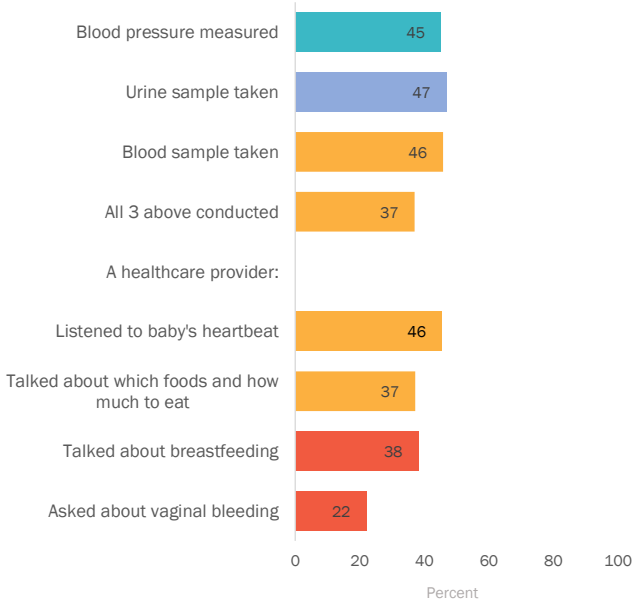
Percentage of women age 15-49 years with a live birth in the last 2 years who were attended during their last pregnancy that led to a live birth at least once by skilled health personnel or at least four times by any provider, who were attended by skilled health personnel during their most recent live birth (**SDG 3.1.2**), whose most recent live birth was delivered in a health facility, who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery of their most recent live and percentage of last live births in the last 2 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery, by area

Timing of First Antenatal Care Visit



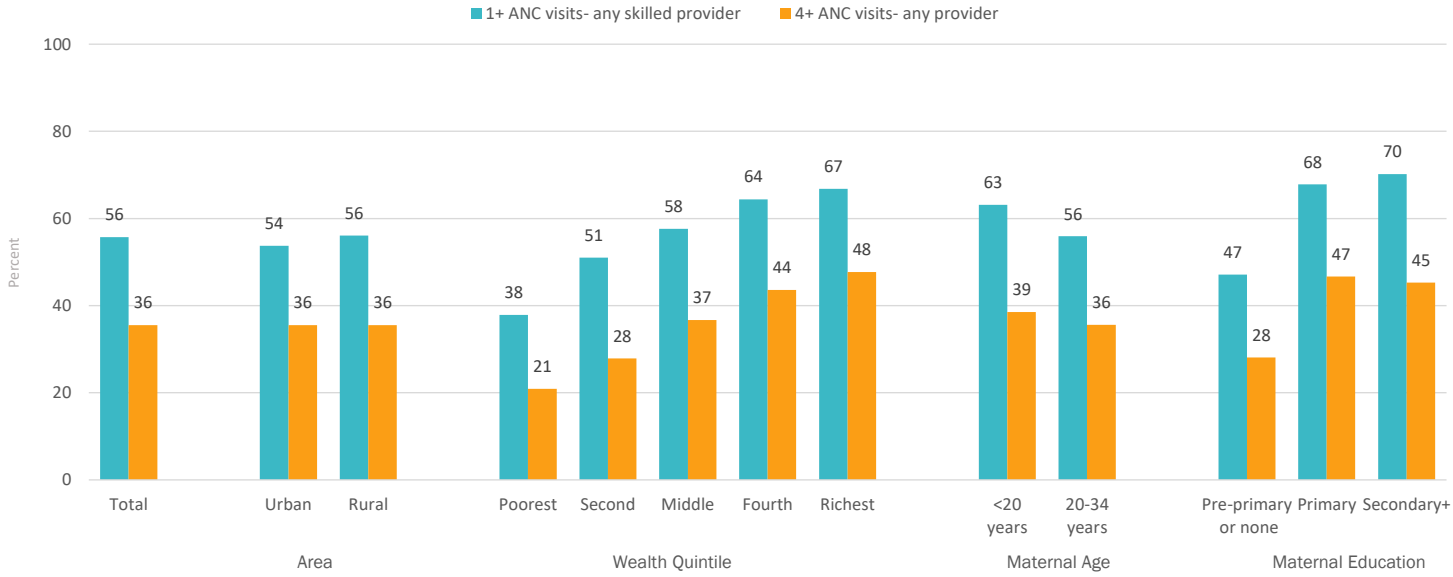
Percentage of women age 15-49 years with a live birth in the last 2 years who were attended during their last pregnancy that led to a live birth at least once by skilled health personnel, by the timing of first ANC visit

Content & Coverage of Antenatal Care Services



Percentage of women age 15-49 years with a live birth in the last 2 years who had their blood pressure measured and gave urine and blood samples, for whom a healthcare provider listened to the baby's heartbeat, talked about which foods and how much to eat, about breastfeeding, and about vaginal bleeding, and who took three or more doses of SP/Fansidar to prevent malaria during the last pregnancy that led to a live birth

Coverage of Antenatal Care by Various Characteristics

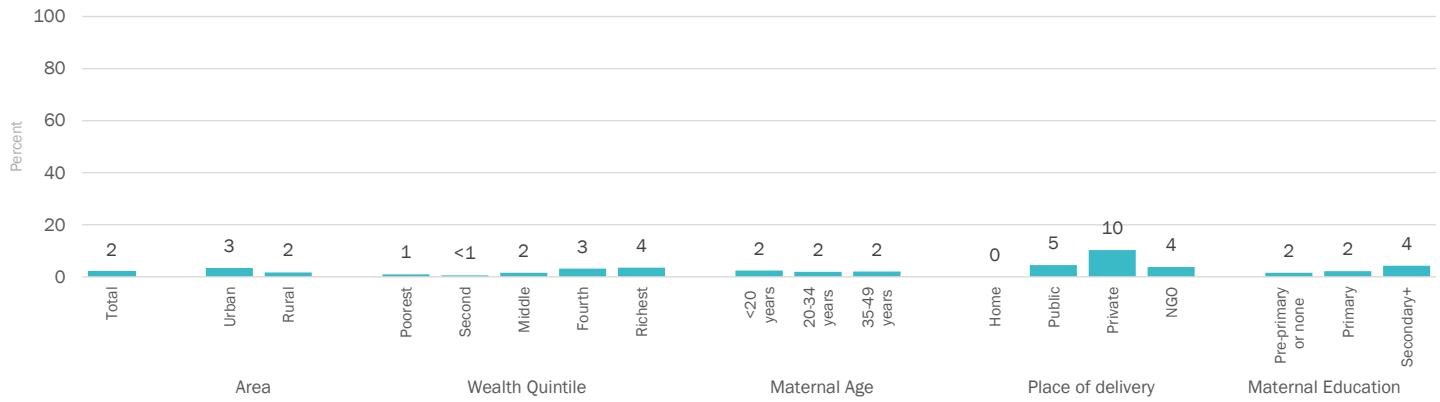


Percentage of women age 15-49 years with a live birth in the last 2 years who were attended during their last pregnancy that led to a live birth at least once by skilled health personnel or at least four times by any provider

Coverage of Skilled Attendance at Birth & Institutional Delivery by Area

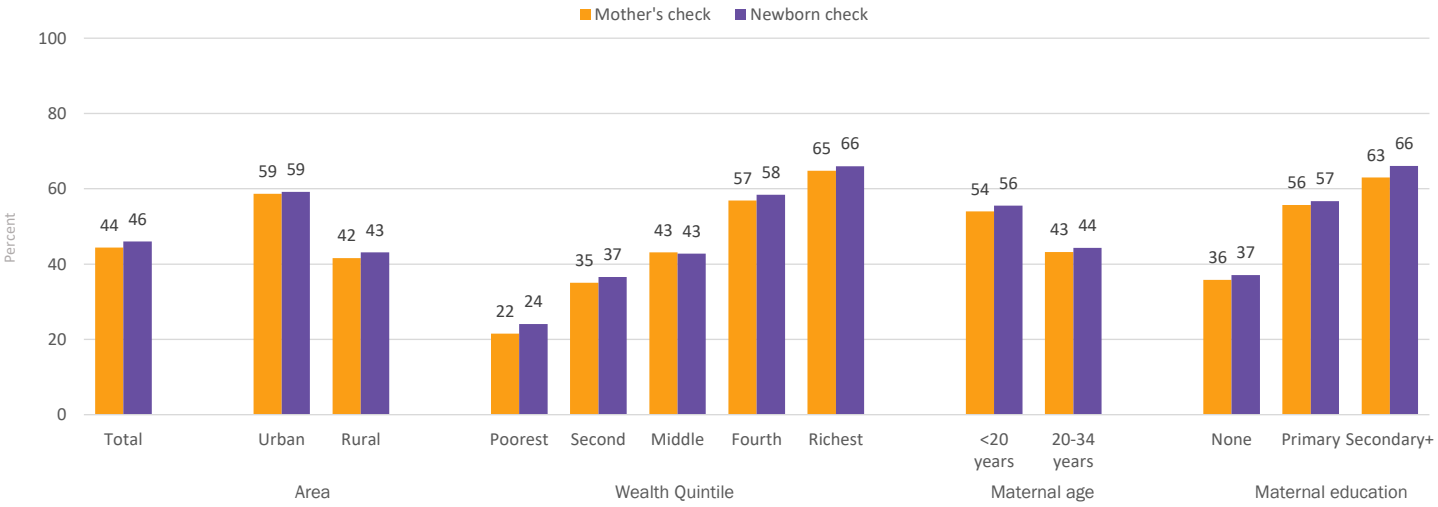
Percentage of women age 15-49 years with a live birth in the last 2 years who were attended by skilled health personnel during their most recent live birth and percentage whose most recent live birth was delivered in a health facility (institutional delivery) by area

Caesarian Section by Various Characteristics



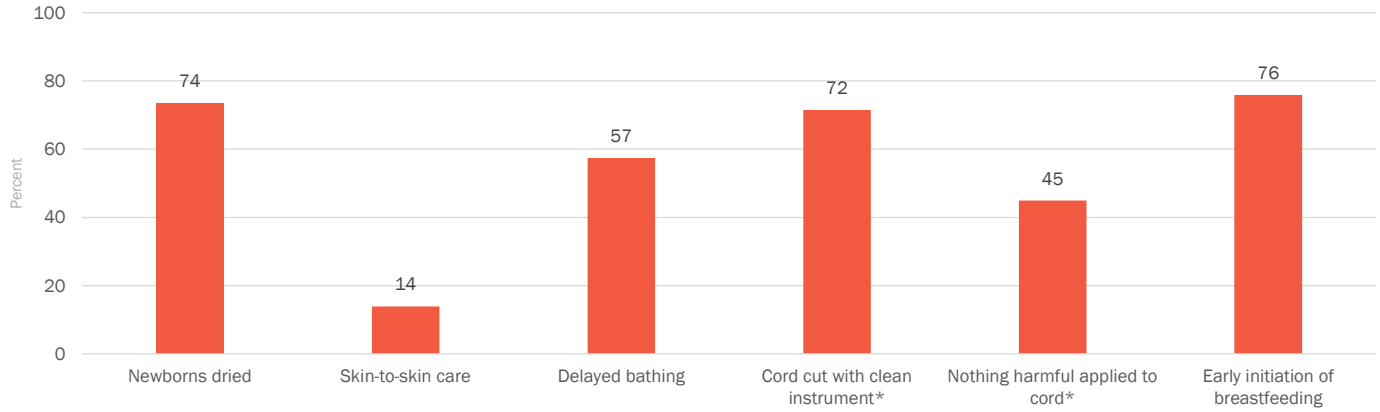
Percentage of women age 15-49 years with a live birth in the last 2 years whose most recent live birth was delivered by caesarean section by various characteristics

Postnatal Care within 2 Days of Birth by Various Characteristics



Percentage of women age 15-49 years with a live birth in the last 2 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery of their most recent live and percentage of last live births in the last 2 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery, by various characteristics

Coverage of Newborn Care



Among the last live-birth in the last 2 years, percentage who were dried after birth; percentage who were given skin to skin contact; percentage who were bathed after 24 hours of birth; percentage where the umbilical cord was cut with a new blade or boiled instrument*; percentage where nothing harmful was applied to the cord*; percentage where the newborn received at least 2 postnatal signal care functions within 2 days after birth**; and percentage put to the breast within one hour of birth
* Among the last live-births in the last 2 years delivered outside a facility

Regional Data on Maternal and Newborn Cascade

Region	ANC: At least 1 visit (skilled provider)	ANC: Visits (any provider)		Skilled Attendance at Birth	Institutional Delivery	Postnatal Care for Mother <2 days	Postnatal Care for Newborn <2 days
		At least 4	At least 8				
National	**56**	**36**	**4**	**54**	**44**	**46**	**44**
State							
Upper Nile	55	38	3	68	45	59	59
Jonglei	39	22	11	32	26	36	38
Unity	52	18	<1	32	29	21	20
Warrap	55	27	3	41	36	31	29
Northern Bahr El Ghazal	66	42	5	46	45	50	46
Western Bahr El Ghazal	66	36	2	78	60	72	71
Lakes	56	35	<1	51	42	46	48
Western Equatoria	72	51	5	76	67	61	60
Central Equatoria	75	56	7	68	62	56	53
Eastern Equatoria	58	41	3	39	37	42	38
Administrative area							
Pibor	23	13	<1	50	19	23	19
Ruweng	49	27	<1	51	45	50	48
Abyei	65	57	<1	87	83	57	63

For indicator definitions, see earlier charts

Key Messages

- 56% of women aged 15–49 with a recent live birth received at least one ANC visit from a skilled provider.
- 35% women had completed four or more visits, and only 4% achieved eight or more contacts. While urban–rural differences are minimal in ANC visit, significant socioeconomic disparities remain, with wealthier and higher educated women highly more likely to complete more ANC visits than poorer and less educated women.
- In South Sudan, 54% of live births in the two years preceding the survey were attended by a skilled healthcare provider. Significant urban–rural disparities remain evident, with 81% of urban births attended by skilled personnel compared to 49% in rural areas.
- Nationally, just over 2 in 5 births occur in health facilities, with coverage markedly higher in urban areas (68%) than in rural areas (39%).
- Just over 2 in 5 mothers and newborns received a postnatal health check. Urban women and newborns were more likely to receive postnatal care (59% each) compared to their rural counterparts (42% of women and 43% of newborns), indicating persistent geographic disparities in early postnatal services.
- Regional inequalities across the maternal and newborn health continuum are profound. Skilled birth attendance ranges from 32% in Jonglei and Unity to 87% in Abyei. Institutional deliveries varied widely, from 19% in Pibor to 83% in Abyei. Postnatal care for mothers within two days of delivery ranges from 21% in Unity to 72% in Western Bahr El Ghazal.
- Early initiation of breastfeeding is relatively high at 76%, and 74% of newborns were dried immediately after birth. However, only 14% experienced skin-to-skin contact, and among home deliveries, just 45% had nothing harmful applied to the umbilical cord.

The South Sudan Multiple Indicator Cluster Survey (MICS) was carried out in 2025 by the National Bureau of Statistics (NBS) as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF). UNICEF, UK Aid, WFP, The Netherlands, GAVI and World Bank provided financial support.

The objective of this snapshot is to disseminate selected findings from the South Sudan MICS 2025 related to Maternal and Newborn Health. Data from this snapshot can be found in tables TM.5.1, TM.5.2, TM.5.3, TM.6.1, TM.6.2, TM.8.2, TM.8.4, TM.8.5, TM.8.6, TM.8.7, TC.6.10 and TC.7.1 in the Survey Findings Report.

Further statistical snapshots and the Survey Findings Report for this and other surveys are available on mics.unicef.org/surveys.

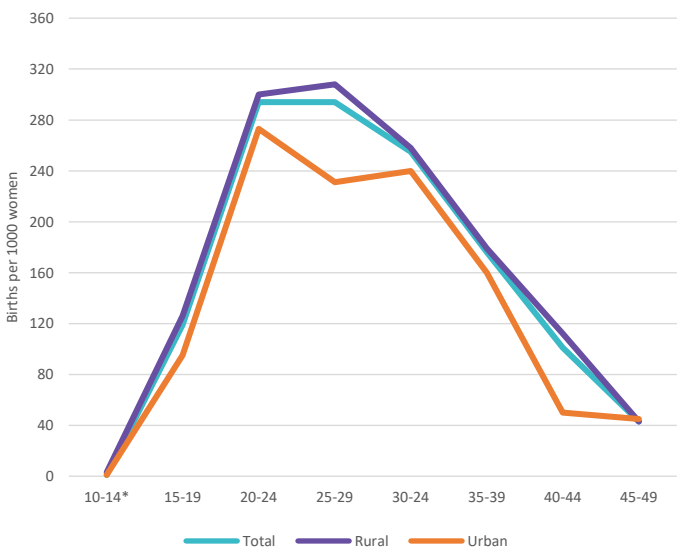
South Sudan 2025

Fertility & Family Planning

Multiple Indicator Cluster Surveys

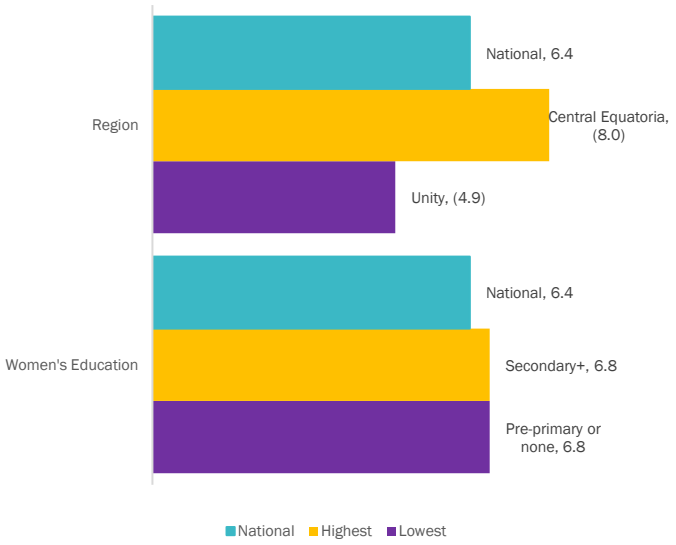
Fertility

Age Specific Fertility Rates



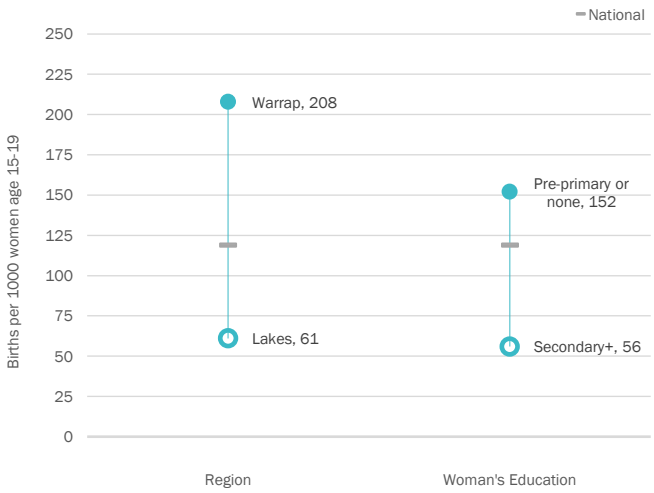
Age-specific fertility rates (ASFR) are the number of live births in the last 3 years, divided by the average number of women in that age group during the same period, expressed per 1,000 women
* Based on retrospective data from girls age 15-17 year

Total Fertility Rate



The total fertility rate (TFR) is calculated by summing the age-specific fertility rates (ASFRs) calculated for each of the five-year age groups of women, from age 15 through to age 49
( ) Figures that are based on 125 to 249 unweighted person-years of exposure.

Adolescent Birth Rate: SDG indicator 3.7.2



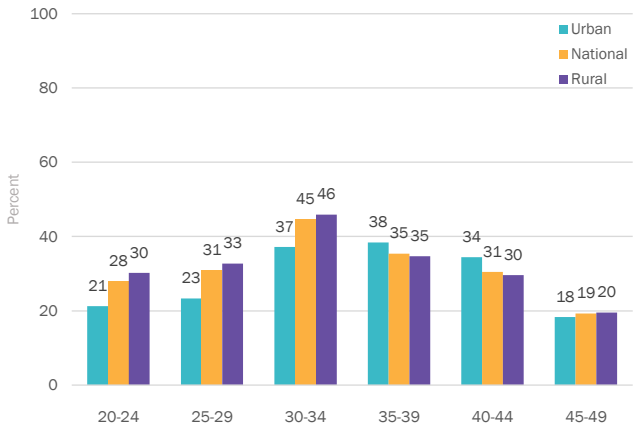
Age-specific fertility rate for girls age 15-19 years for the three-year period preceding the survey. Disaggregates are not calculated for girls age 10-14 due to low birth rate (see chart above.

Adolescent Birth rate SDG 3.7.2 indicator is under target 3.7: By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.
Reducing adolescent fertility and addressing the multiple factors underlying it are essential for improving sexual and reproductive health and the social and economic well-being of adolescents. Preventing births very early in a woman's life is an important measure to improve maternal health and reduce infant mortality.

Early Childbearing - by Age 18

Percentage of women age 20-24 years who have had a live birth before age 18, by background characteristics

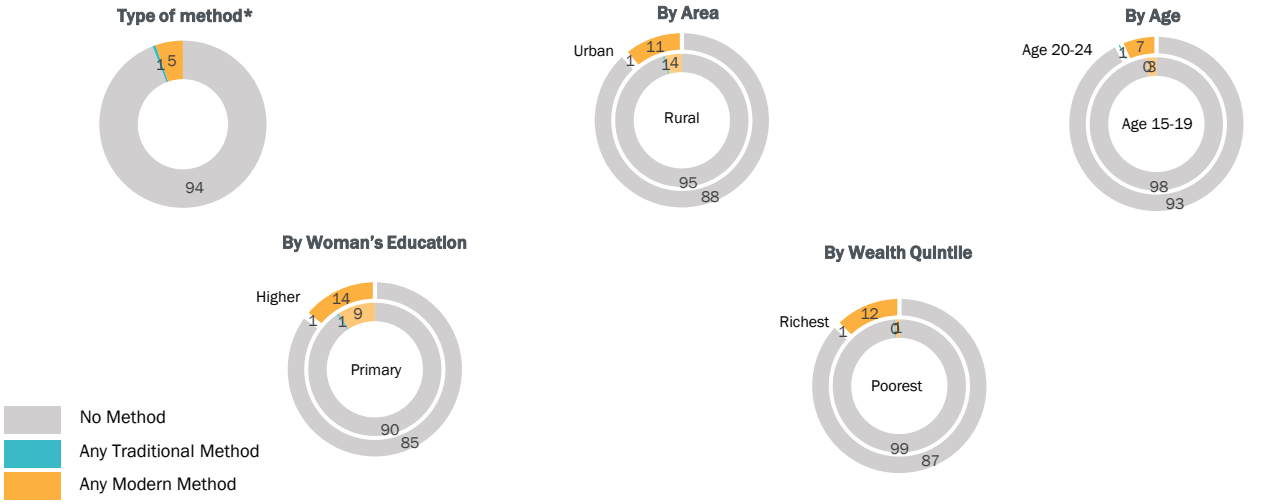
Trends in Early Childbearing - by Age 18



Percentage of women age 20-49 years who have had a live birth before age 18, by area and age group

Family Planning

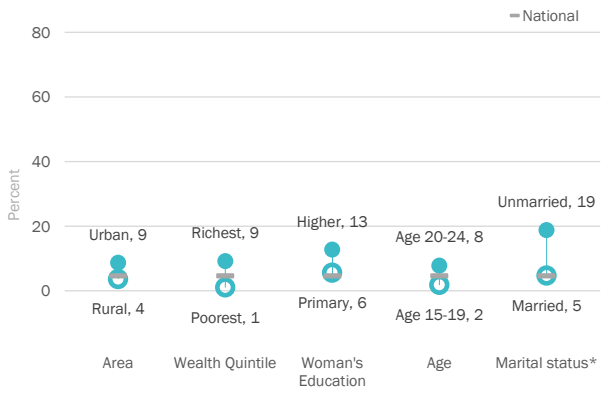
Method of Family Planning by Various Characteristics



Percentage of women age 15-49 years currently married or in union who are using (or whose partner is using) a contraceptive method
*Modern Methods include female sterilisation, male sterilisation, IUD, injectables, implants, pills, male condom, female condom, diaphragm, foam, jelly and contraceptive patch
Traditional methods refer to periodic abstinence and withdrawal

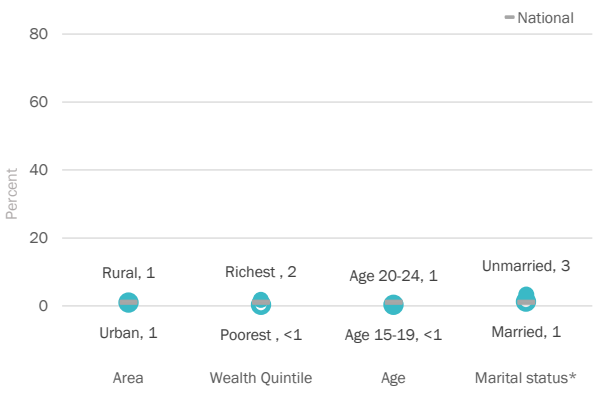
Met Need for Family Planning

Met Need for Family Planning - Spacing



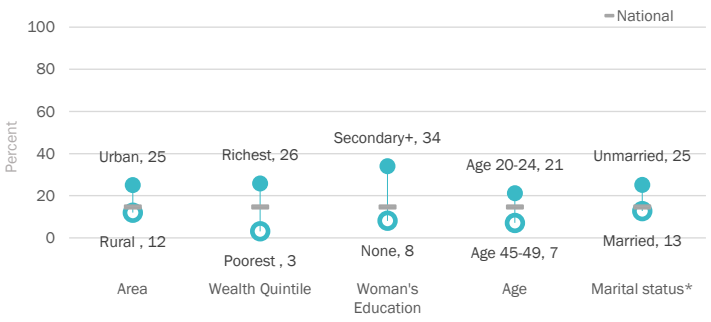
Percentage of women age 15-49 years with met need for family planning for spacing, by background characteristics
*Married refers to women who are currently married or in union, whereas Unmarried refers to sexually active women among those currently unmarried/not in union.

Met Need for Family Planning – Limiting



Percentage of women age 15-49 years with met need for family planning for limiting, by background characteristics

Percentage of Demand for Family Planning Satisfied with Modern Methods - SDG indicator 3.7.1



The proportion of demand for family planning satisfied with modern methods (SDG indicator 3.7.1) is useful in assessing overall levels of coverage for family planning programmes and services. Access to and use of an effective means to prevent pregnancy helps enable women and their partners to exercise their rights to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so. Meeting demand for family planning with modern methods also contributes to maternal and child health by preventing unintended pregnancies and closely spaced pregnancies, which are at higher risk for poor obstetrical outcomes.

Regional Data on Fertility & Family Planning

State	Adolescent Birth Rate (age 15-19)	Total Fertility Rate	Childbearing before 15*	Childbearing before 18**	Contraception Use of modern method among married / in-union women	Contraception Use of any method among married / in-union women	Demand for family planning satisfied with modern methods
National	**119**	**6.4**	**1**	**28**	**5**	**6**	**15**
State							
Upper Nile	153	(7.0)	2	28	8	9	15
Jonglei	88	(6.5)	0	27	8	11	32
Unity	124	(8.0)	<1	30	<1	1	1
Warrap	115	(6.4)	<1	34	<1	<1	<1
Northern Bahr El Ghazal	61	6.4	0	12	3	5	11
Western Bahr El Ghazal	149	(6.4)	0	20	13	13	28
Lakes	113	(6.2)	2	28	<1	<1	1
Western Equatoria	188	(6.6)	6	44	13	13	28
Central Equatoria	94	(4.9)	<1	22	17	17	34
Eastern Equatoria	102	(6.1)	<1	38	2	2	8
Administrative area							
Pibor	208	(*)	7	39	<1	<1	<1
Ruweng	161	(*)	0	19	<1	<1	1
Abyei	108	(6.2)	0	25	6	6	16

*Percentage of women age 15-19 years who have had a live birth before age 15; **Percentage of women age 20-24 years who have had a live birth before age 18
( ) Figures that are based on 125 to 249 unweighted person-years of exposure. (*) Figures that are based on less than 125 women-years of exposure.

- South Sudan has a persistently high Total Fertility Rate (TFR) of 6.4 children per woman, with wide regional disparities ranging from (8.0) in Unity to 4.9 in Central Equatoria. Fertility rates are significantly higher among women had no formal education or only a primary education, with both groups averaging• 6.8 children per woman.
- Early childbearing remains widespread: 28% of women aged 20–24 had a live birth before age 18. The burden is greatest among disadvantaged groups where 36% of the poorest women, followed by 30% in rural areas, and 32% of women with no education begin childbearing early.

Modern contraceptive use is critically low, with only 5% of married or in-union women using a modern method nationally. Women in the richest quintile are 12 times more likely to use a modern contraceptive method than women in the poorest quintile (12% vs 1%).

- Among the women 15-49 years, only 15% of demand for family planning is satisfied with modern methods nationally. Urban women (25%) are more than twice as likely as rural women (12%) to have their demand met, highlighting significant geographic inequality.

The South Sudan Multiple Indicator Cluster Survey Round Seven (MICS7) was carried out in 2025 by the National Bureau of Statistics as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF). UNICEF, UK Aid, WFP, GAVI and World Bank provided financial support.

The objective of this snapshot is to disseminate selected findings from the South Sudan MICS7 2025 related to Fertility and Family Planning. Data from this snapshot can be found in tables TM.1.1, TM.2.1, TM.2.2W, TM.2.3W, TM.3.1, TM.4.1, TM.4.2, and TM.4.3 in the Survey Findings Report.

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South Sudan 2025

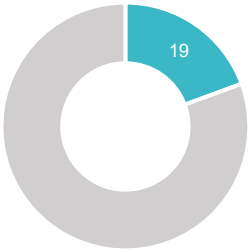
Nutritional Status of Children Under 5

Multiple Indicator Cluster Surveys

Anthropometric Malnutrition Indicators for Children Under 5

Stunting: SDG 2.2.1

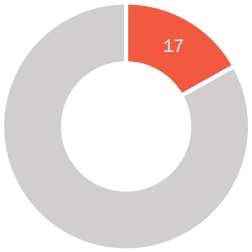
Stunting refers to a child under 5 who is too short for his or her age. Stunting is the failure to grow, is associated with cognitive impairment, and is the result of chronic or recurrent malnutrition.



Percentage of children under-5 who are stunted

Wasting: SDG 2.2.2

Wasting refers to a child under 5 who is too thin for his or her height. Wasting, or acute malnutrition, is the result of recent rapid weight loss or the failure to gain weight. A child who is moderately or severely wasted has an increased risk of death, but treatment is possible.



Percentage of children under-5 who are wasted

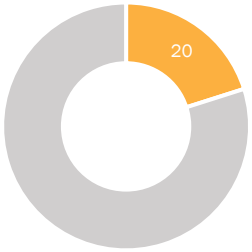
Overweight: SDG 2.2.2

Overweight refers to a child under 5 who is too heavy for his or her height. This form of malnutrition results from an imbalance between calories consumed and expended and increases the risk of noncommunicable diseases later in life.

Percentage of children under-5 who are overweight

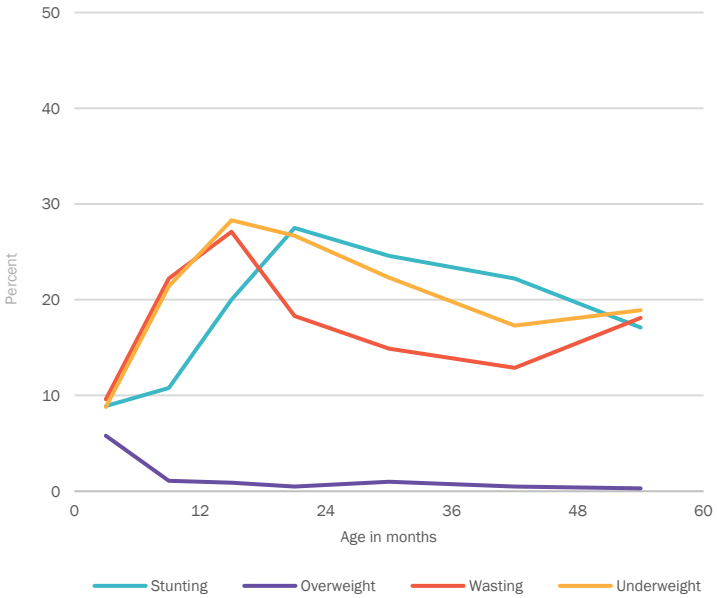
Underweight

Underweight is a composite form of undernutrition that can include elements of stunting and wasting of children under 5(i.e., an underweight child can have a reduced weight for their age due to being too short for their age and/or being too thin for their height).



Percentage of children under-5 who are underweight

Prevalence of Malnutrition by Age of Children Under 5



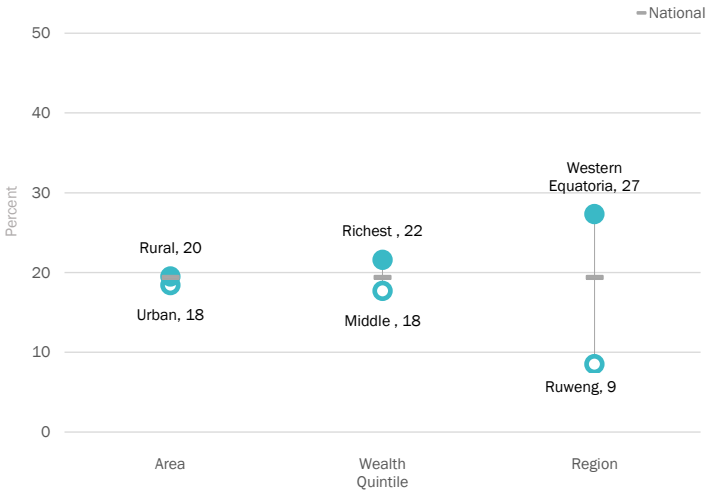
Percentage children who are underweight, stunted, wasted, and overweight, by age in months

Key Messages

- In South Sudan, 19% of children aged under-5 are stunted, 17% are wasted, and 20% are underweight, reflecting sustained levels of acute and chronic malnutrition. Overweight remains low at just 1%.
- Stunting increases sharply with age, rising from 9% among under 6 months to highest at 28% among aged 18–23 months, before gradually declining in older age groups. The prevalence of underweight climbing to 28% among children aged 12–17 months and remaining high at 27% at 18–23 months. Wasting is most acute in early life, peaking at 27% among 12–17 months and 22% among 6–11 months.
- Significant geographic disparities persist in malnutrition. Stunting ranges from 8% in Ruweng to 27% in Western and Eastern Equatoria. During the survey period, wasting is highest in Jonglei (22%) and Pibor (26%), with severe wasting particularly concerning in Pibor (9%) and Jonglei (8%).
- Nutritional outcomes also vary by socioeconomic status and maternal education. Stunting is higher among children of mothers with primary education and those in the richest quintile (22% each), compared to 18% in the middle quintile. Wasting disproportionately affects children in the poorest households (20%), those aged 12–17 months (27%), and children of mothers with no or only pre-primary education (17%).

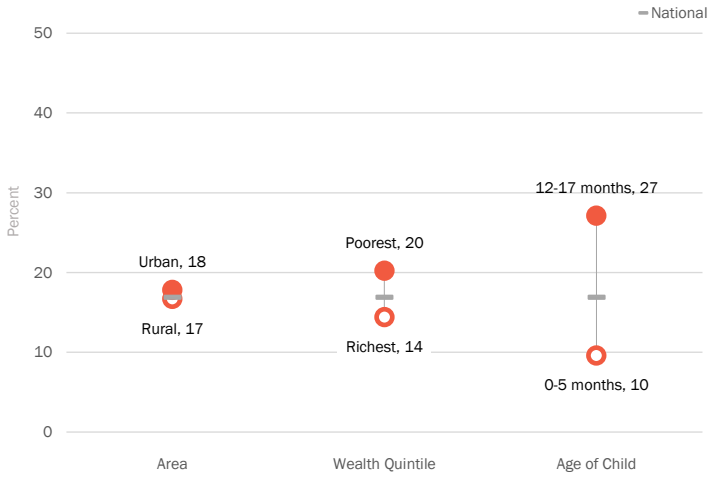
Nutritional Status of Children Under 5: Disaggregates

Stunting: SDG 2.2.1



Percentage of under 5 children who are stunted, by background characteristics

Wasting: SDG 2.2.2



Percentage of under 5 children who are wasted, by background characteristics

Regional Data on Stunting, Overweight & Wasting of Children Under 5

	Stunting: SDG 2.2.1	Overweight: SDG 2.2.2	Wasting	
	% stunted (moderate and severe)	% overweight (moderate and severe)	% wasted (moderate and severe: SDG 2.2.2)	% wasted (severe)
National	**19**	**1**	**17**	**4**
State				
Upper Nile	20	<1	19	2
Jonglei	14	<1	22	8
Unity	12	1	18	3
Warrap	21	1	17	3
Northern Bahr El Ghazal	20	<1	17	3
Western Bahr El Ghazal	20	<1	9	2
Lakes	14	<1	10	2
Western Equatoria	27	4	3	<1
Central Equatoria	19	<1	16	4
Eastern Equatoria	27	1	17	5
Administrative area				
Pibor	15	7	26	9
Ruweng	8	1	17	3
Abyei	24	0	18	2

The South Sudan Multiple Indicator Cluster Survey (MICS) was carried out in 2025 by the National Bureau of Statistics (NBS) as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF). UNICEF, UK Aid, the Netherlands, WFP, GAVI and World Bank provided financial support.

The objective of this snapshot is to disseminate selected findings from the Country MICS 2024 related to the Nutritional Status of Children. Data from this snapshot can be found in tables TC.8.1 in the Survey Findings Report.

Further statistical snapshots and the Survey Findings Report for this and other surveys are available on mics.unicef.org/surveys.

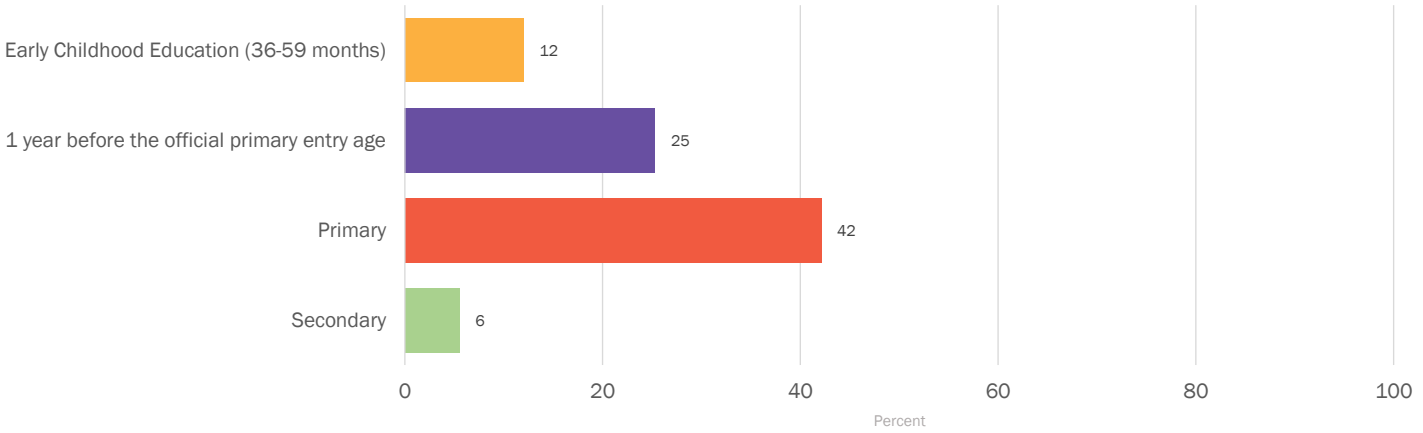
South Sudan 2025

Education

Multiple Indicator Cluster Surveys

Attendance Rates & Inequalities

School Net Attendance Rates (adjusted)



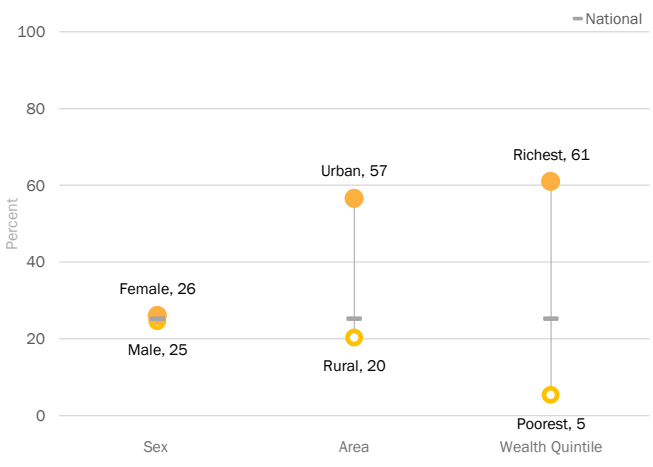
Percentage of children of intended age for level of education attending level of education for age or higher, by level of education

Inequalities in Attendance in Early Childhood Education & Participation in Organised Learning

Early Childhood Education Attendance Rate (age 3-4)

Percentage of children age 36-59 months who are currently attending early childhood education

Participation Rate in Organised Learning (1 Year Before the Official Primary Entry Age): SDG 4.2.2

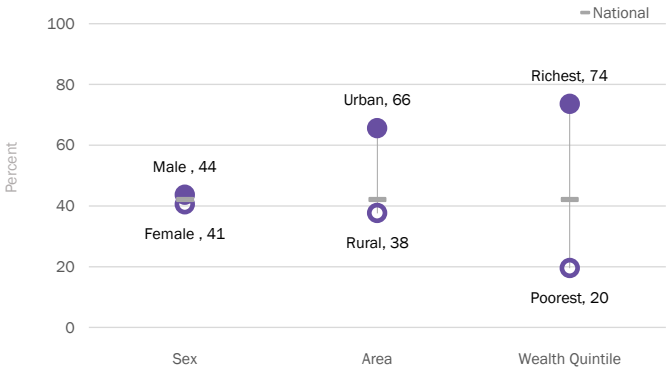


Percentage of children age one year younger than the official primary school entry age at the beginning of the school year who are attending an early childhood education programme or primary school (adjusted net attendance rate)

Net attendance rates are presented as *Adjusted* rates (ANAR). While the NAR is the percentage of children of the official school-age range for a given education level who attend that level (e.g., children of primary-school age who attend primary), the ANAR also includes children who attend a higher level (e.g., children of primary-school age who attend primary or secondary), accounting for children who have started early or advanced early to a higher education level.

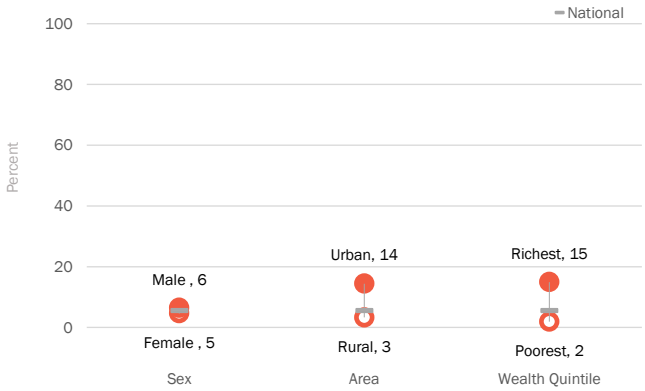
Inequalities in Attendance Rates

Primary School
Net Attendance Rate (adjusted)



Percentage of children of primary school age (as of the beginning of school year) who are attending primary or secondary school

Secondary School
Net Attendance Rate (adjusted)



Percentage of children of secondary school age (as of the beginning of school year) who are attending secondary school or higher

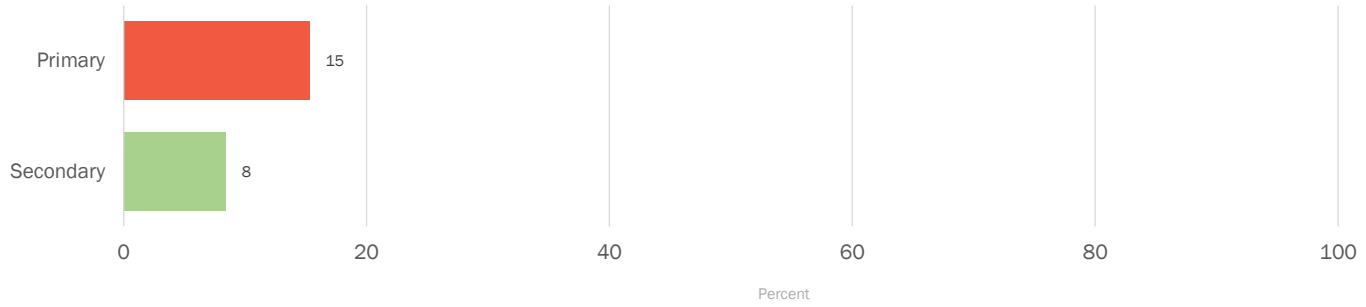
Regional Data for Net Attendance Rates (adjusted)

Region	Early Childhood Education (age 3-4)	Participation rate in organised learning (age 5)	Primary (age 6-13)	Secondary (age 14-17)
National	**12**	**25**	**42**	**6**
State				
Upper Nile	14	35	58	5
Jonglei	2	16	23	8
Unity	2	12	30	2
Warrap	2	10	29	6
Northern Bahr El Ghazal	5	18	42	3
Western Bahr El Ghazal	25	45	65	14
Lakes	1	13	35	4
Western Equatoria	28	54	70	6
Central Equatoria	34	51	63	14
Eastern Equatoria	11	22	34	3
Administrative area				
Pibor	5	12	15	2
Ruweng	2	6	25	0
Abyei	44	74	77	2

Key Messages

- In South Sudan, only 12% of children aged 3–4 attend early childhood education (ECD). ECD attendance is similar for boys and girls but highly unequal by household wealth status, just 1% of children from the poorest households attend compared to far higher rates among the richest (38%).
- Children living in urban areas are four times more likely to participate in ECD than rural children (33% vs. 8%). Attendance ranges from 1% in Lakes to 44% in Abyei
- One-fourth (25%) of children participate in organized learning. Participation in organized leaning shows pertinent disparities while children from the richest households (61%) and those residing in urban areas (57%) are far more likely to attend than children from the poorest households (5%) and those in rural areas (20%).
- The net adjusted attendance rate is 42% for primary education and only 6% for secondary education. Children from the richest quintile are 3.7 times more likely to attend primary school (74% vs. 20%) and 7.5 times more likely to attend secondary school (15% vs. 2%) than those from the poorest quintile.
- Attendance rates are higher in urban than rural areas. Primary attendance rate ranges from 15% in Pibor to 77% in Abyei, while secondary attendance rate varies from 0% in Ruweng to 14% in Western Bahr El Ghazal and Central Equatoria.

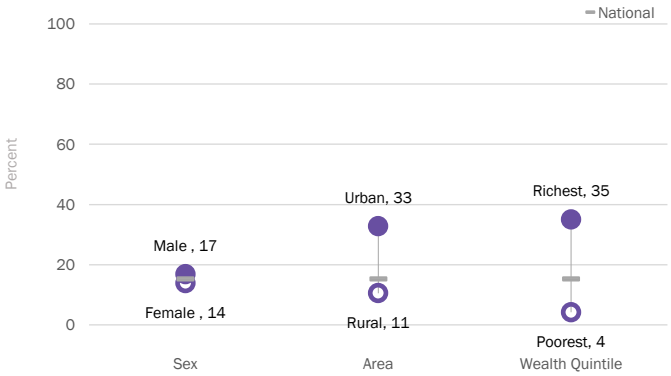
Completion Rates: SDG 4.1.2



Percentage of children age 3 to 5 years above the intended age for the last grade who have completed that grade, by level of education

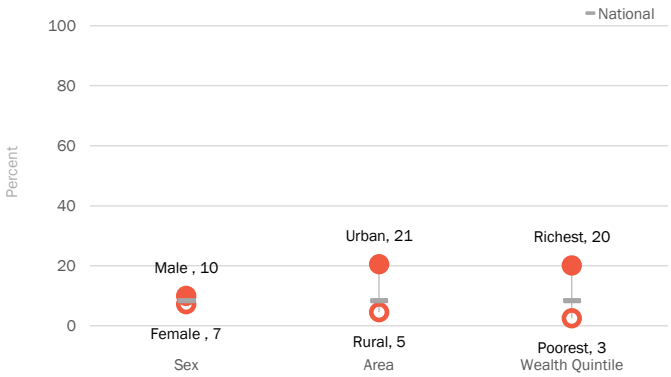
Inequalities in Completion Rates

Primary School Completion Rate



Percentage of children age 3 to 5 years above the intended age for the last grade of primary school who have completed primary education

Secondary School Completion Rate



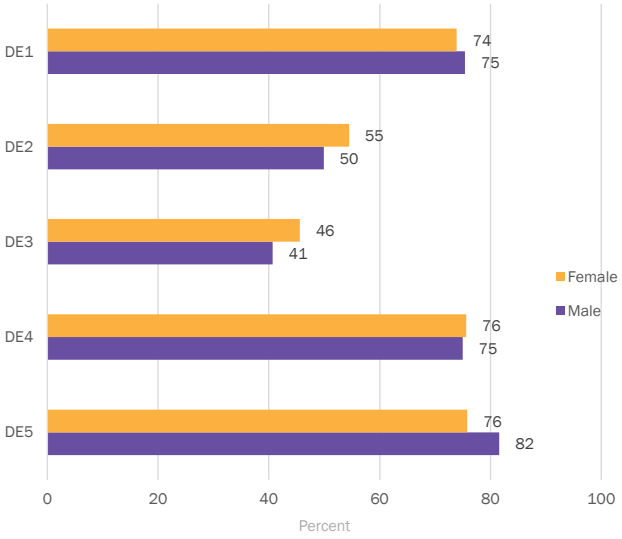
Percentage of children age 3 to 5 years above the intended age for the last grade of secondary school who have completed secondary education

Regional Data in Completion Rates

Region	Primary (age 6-13)	Secondary (age 14-17)
National	**15**	**8**
State		
Upper Nile	22	5
Jonglei	15	10
Unity	3	2
Warrap	15	9
Northern Bahr El Ghazal	10	6
Western Bahr El Ghazal	24	15
Lakes	8	6
Western Equatoria	19	9
Central Equatoria	33	24
Eastern Equatoria	12	7
Administrative area		
Pibor	7	<1
Ruweng	3	4
Abyei	13	12

Out of School Rates

Out of School Dimensions for Levels of Education



Dimension 1: Children age one year younger than primary entry age not attending an early childhood education programme or primary school

Dimension 2: Children of primary school age who are not attending any level of education

Dimension 3: Children of secondary school age who are not attending any level of education

Dimension 4: Children who are in primary school but at risk of dropping out (over-age for grade by 2 or more years)

Dimension 5: Children who are in secondary school but at risk of dropping out (over-age for grade by 2 or more years)

SDG Summary for Education

SDG	MICS Indicator	Definition & Notes	Value		
			Primary	Secondary	
4.1.2	LN.8a,b	Completion rate	15%	8%	
4.5.1	LN.5a	Gender Parity Indices (attendance, girls/boys)	0.93	0.72	
4.5.1	LN.5b	Wealth Parity Indices (attendance, poorest/richest)	0.27	0.13	
4.5.1	LN.5c	Area Parity Indices (attendance, rural/urban)	0.57	0.23	
			Total	Boys	Girls
4.2.2	LN.2	Participation rate in organised learning (one year before the official primary entry age)	25%	25%	26%

Key Messages

- Education completion remains critically low. Nationally, only 15% of children complete primary education and just 8% complete secondary education.
- Completion rates are strongly associated with household wealth and location. Children from the wealthiest households are 8.7 times more likely to complete primary education and 6.7 times more likely to complete secondary education than those from the poorest households.
- Significant urban–rural and gender gaps persist. Primary completion in urban areas (33%) is three times higher than in rural areas (11%), with a similar disparity at secondary level (21% vs. 5%). Boys outperform girls at both levels 17% vs. 14% in primary and 10% vs. 7% in secondary.
- Marked regional disparities are evident. Primary completion ranges from 3% in Unity to 33% in Central Equatoria, while secondary completion varies from 1% in Unity and Pibor to 24% in Central Equatoria and 15% in Western Bahr El Ghazal.

The South Sudan Multiple Indicator Cluster Survey Round Seven (MICS7) was carried out in 2025 by the National Bureau of Statistics as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF). UNICEF, UK Aid, WFP, GAVI and World Bank provided financial support.

The objective of this snapshot is to disseminate selected findings from the South Sudan MICS7 2025 related to Education. Data from this snapshot can be found in table LN.1.1, LN.1.2, LN.2.3, LN.2.4, LN.2.5 , LN.2.6, and LN.2.7 in the Survey Findings Report.

Further statistical snapshots and the Survey Findings Report for this and other surveys are available on mics.unicef.org/surveys.

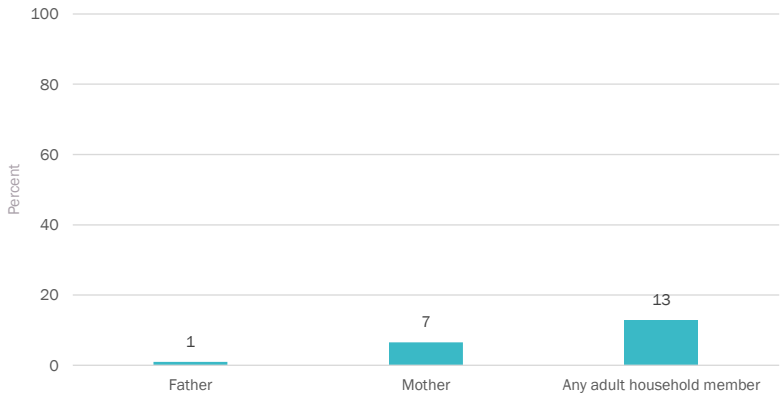
South Sudan 2025

Early Childhood Development (ECD)

Multiple Indicator Cluster Surveys

Early Stimulation and Early Childhood Education

Early Stimulation & Responsive Care



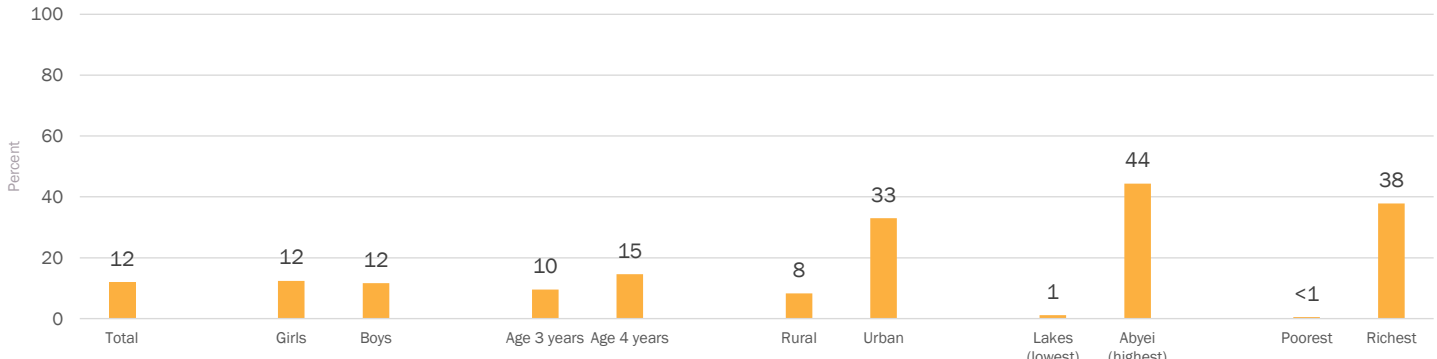
Percentage of children age 2-4 years with whom the father, mother, or adult household members engaged in activities that provide early stimulation and responsive care during the last three days

Note: Activities include reading books to or looking at picture books with the child; telling stories to the child; singing songs to or with the child; taking the child outside the home; playing with the child; and naming, counting or drawing things for or with the child.

Early childhood, which spans the period up to 8 years of age, is critical for cognitive, social, emotional, and physical development. During these years, a child's newly developing brain is highly plastic and responsive to change. Optimal early childhood development requires a stimulating and nurturing environment, access to books and learning materials, interactions with responsive and attentive caregivers, adequate nutrients, access to good quality early childhood education, and safety and protection. All these aspects of the environment contribute to developmental outcomes for children.

A broad range of factors can prevent children from reaching their full developmental potential. These risks are often interrelated and include poverty, poor health, exposure to violence and high stress levels, inadequate care, and limited learning opportunities. Timely and effective interventions can prevent these risks and address the barriers disproportionally affecting children living in the most vulnerable contexts. Investments during the early years are one of the most cost-effective ways countries can reduce inequalities among children and promote the best start in life for all.

Attendance to Early Childhood Education Programmes



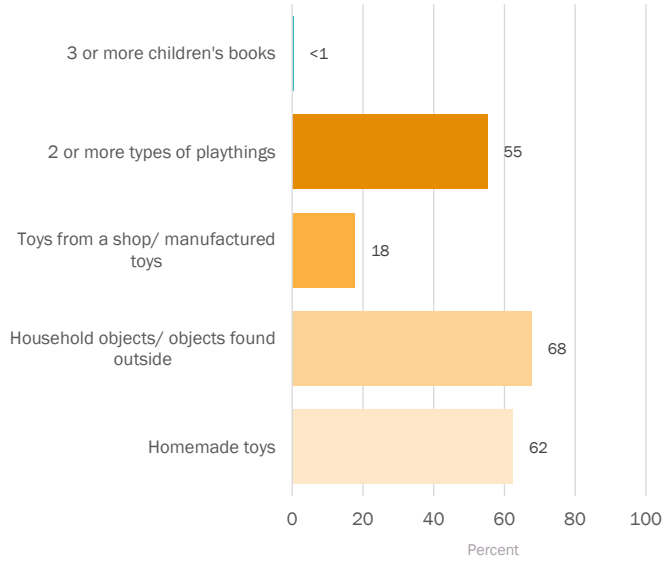
Percentage of children age 3-4 years attending an early childhood education programme, by background characteristics

Key Messages

- Early stimulation and responsive care are very limited. Only 13% of children aged 2–4 engage in learning activities with an adult household member, and paternal involvement is extremely low at 1% of fathers engaging in stimulating activities with child compared to 7% of mothers..
- Large socioeconomic gaps affect early childhood development. While 52% of children from the richest households are developmentally on track, only 28% of children from the poorest households reach this benchmark.
- Access to learning materials at home is severely limited. Less than 1% of children aged 2–4 have three or more books at home. Although 55% have access to playthings, the shortage of books constrains early literacy and cognitive development.
- Inadequate supervision is a serious concern. Around 45% of children under five were left alone or in the care of another child under 10 for more than one hour in the past week, with higher prevalence in rural and poorer households.

Access to Books and Playthings, and Child Supervision

Toys and children's books



Percentage of children under age five according to the number of children's books available in their homes, and their access to different types of playthings and toys.

Inadequate supervision of children

Region	Inadequate supervision
National	**45**
Upper Nile	56
Jonglei	57
Unity	26
Warrap	31
Northern Bahr El Ghazal	53
Western Bahr El Ghazal	52
Lakes	53
Western Equatoria	55
Central Equatoria	55
Eastern Equatoria	57
Administrative area	
Pibor	8
Ruweng	14
Abyei	23

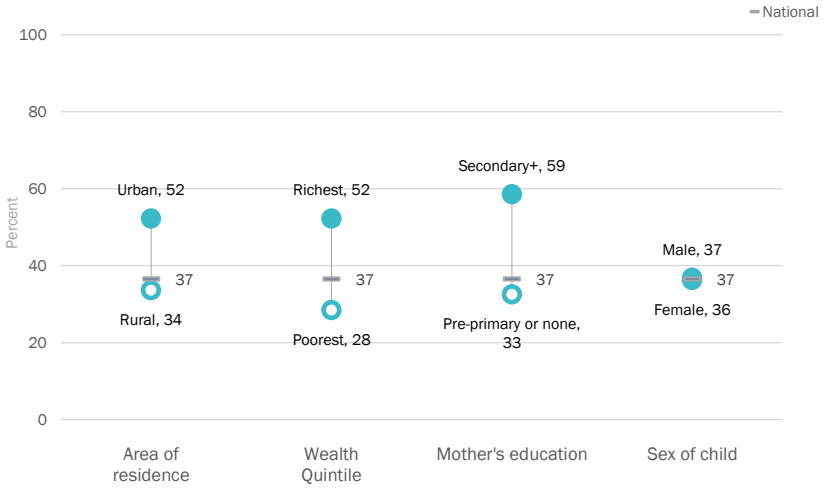
Percentage of children under age five left alone or under the supervision of another child younger than 10 years of age for more than one hour at least once in the last week, by state and administrative area

Early Childhood Development Index 2030 (ECDI2030)

The ECDI2030 captures the achievement of key developmental milestones by children between the ages of 24 and 59 months.

The measure includes 20 questions about the way children behave in certain everyday situations, and the skills and knowledge they have acquired, reflecting the increasing difficulty of the skills children acquire as they grow. The 20 items are organised according to the three general domains of health, learning and psychosocial well-being. A child is considered to be developmentally on track if they have achieved the minimum number of milestones expected for their age group.

The data generated by the ECDI2030 can be used for monitoring and reporting on SDG indicator 4.2.1, and to inform government efforts to improve developmental outcomes among young children.



Percentage of children aged 2-4 years who are developmentally on track in health, learning, and psychosocial well-being, by background characteristics

ECE: Early childhood education. Children age 2 are excluded, as early childhood education attendance is only collected for age 3-4 years.

( ) Figures that are based on 25-49 unweighted cases.

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Further statistical snapshots and the Survey Findings Report for this and other surveys are available on mics.unicef.org/surveys.

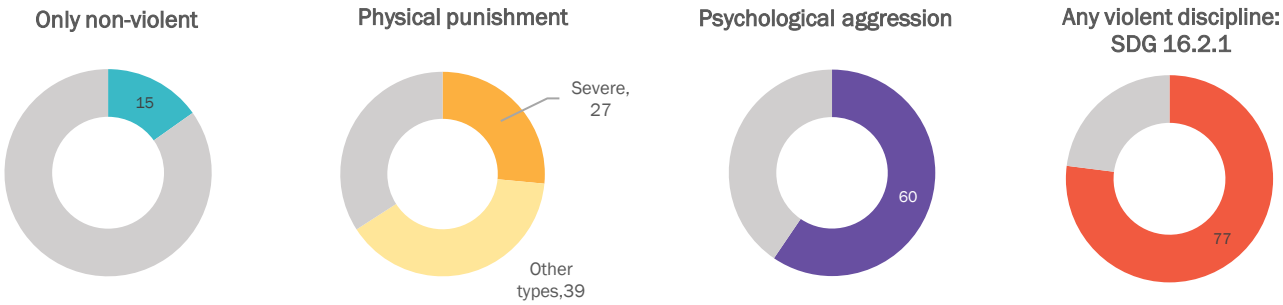
South Sudan 2025

Child Discipline

Multiple Indicator Cluster Surveys

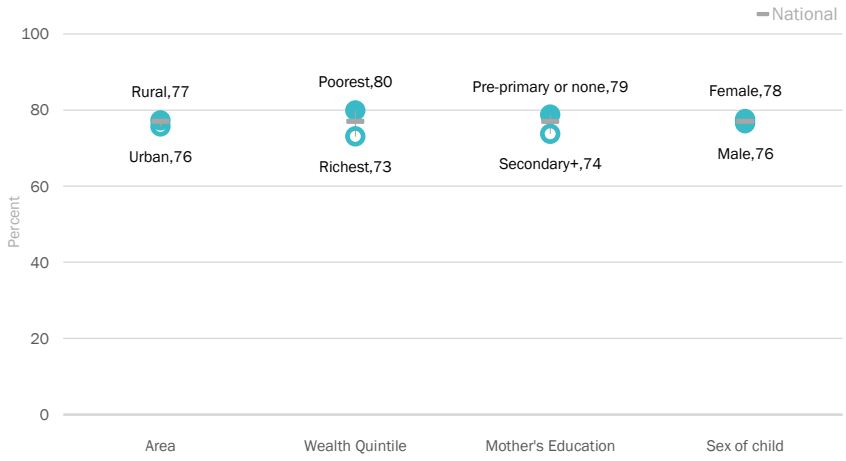
Child Discipline

Types of Child Discipline



Percentage of children age 1 to 14 years who experienced any discipline in the past month, by type

Violent Discipline: Inequalities



Percentage of children aged 1 to 14 years who experienced any violent discipline in the past month, by background characteristics

Physical punishment: Shaking, hitting or slapping a child on the hand/arm/leg, hitting on the bottom or elsewhere on the body with a hard object, spanking or hitting on the bottom with a bare hand, hitting or slapping on the face, head or ears, and hitting or beating hard and repeatedly.

Severe physical punishment: Hitting or slapping a child on the face, head or ears, and hitting or beating a child hard and repeatedly.

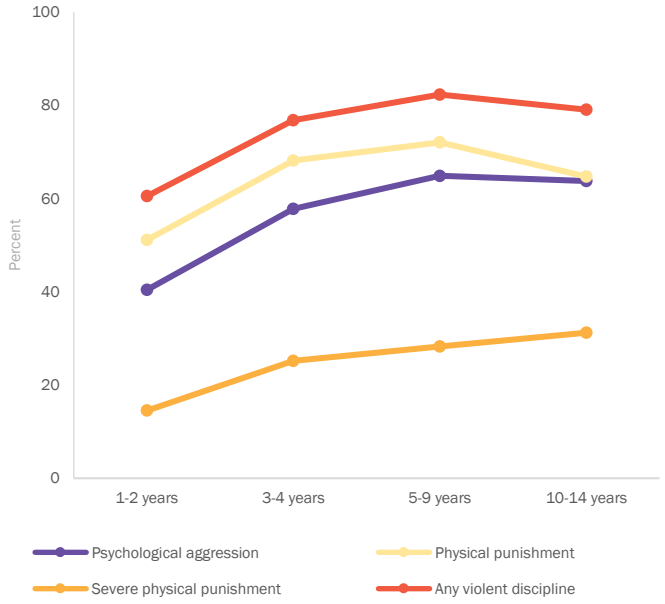
Psychological aggression: Shouting, yelling or screaming at a child, as well as calling a child offensive names such as 'dumb' or 'lazy'.

Violent discipline: Any physical punishment and/or psychological aggression.

Key Messages

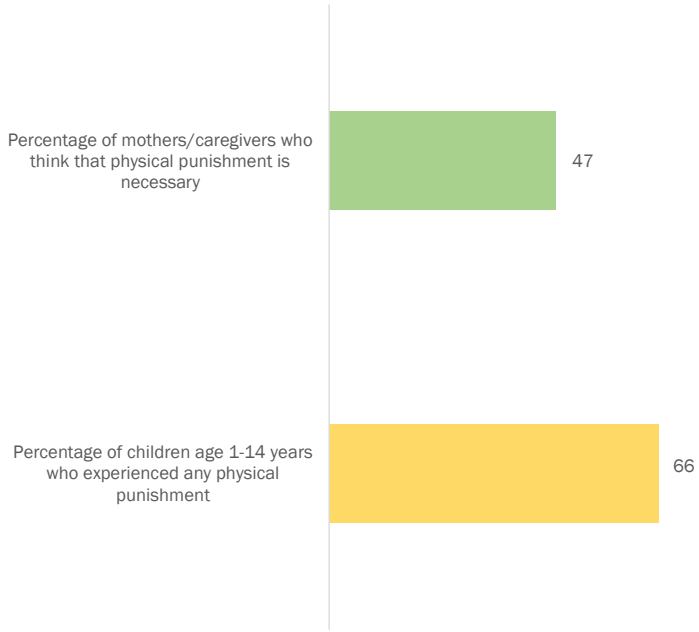
- Nearly 8 in 10 children aged 1–14 years experienced any form of violent discipline, while only 15% did not experienced any violent methods.
- Two-thirds of children (66%) experienced physical punishment, and 27% were subjected to severe forms. Only 34% of children were not exposed to physical punishment.
- Psychological aggression is also widespread. Almost 6 out of 10 children (60%) were exposed to shouting, insults, or similar forms of aggression.
- Violent discipline increases with age, rising from 61% among 1–2-year-olds to 82% among children aged 5–9, and remaining high at 79% among 10–14-year-olds.
- Social acceptance of physical punishment remains high. About 47% of mothers/caregivers think it is necessary. The acceptance is more common among rural residents (48%), caregivers aged 35–49 (50%), those with little or no education (50%), and the poorest households (61%), compared with 39% in the richest households.

Violent Discipline: Age Patterns

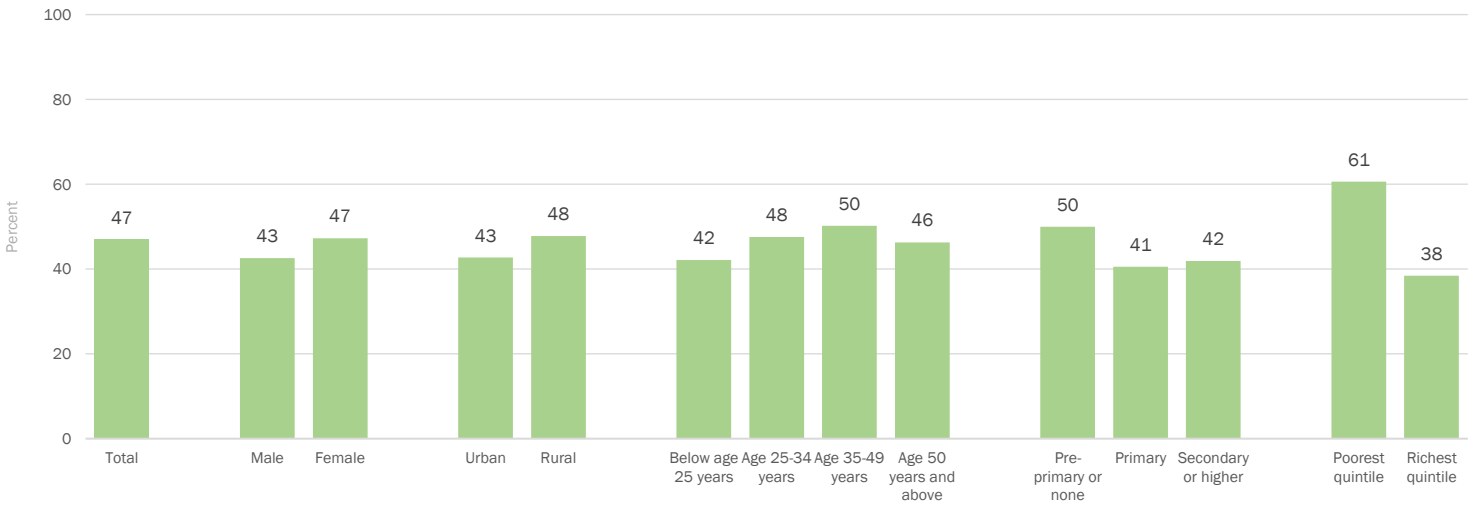


Percentage of children age 1 to 14 years who experienced any violent discipline in the past month, by type and by age

Physical Punishment: Attitudes & Experiences



Attitudes to Physical Punishment



Percentage of mothers/caregivers who think that physical punishment is necessary to raise or educate children, by their background characteristics

The South Sudan Multiple Indicator Cluster Survey (MICS) was carried out in 2025 by the National Bureau of Statistics as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF). UNICEF, UK Aid, WFP, GAVI and World Bank provided financial support.

The objective of this snapshot is to disseminate selected findings from the South Sudan MICS 2025 related to Child Discipline. Data from this snapshot can be found in tables PR.2.1 and PR.2.2 in the Survey Findings Report.

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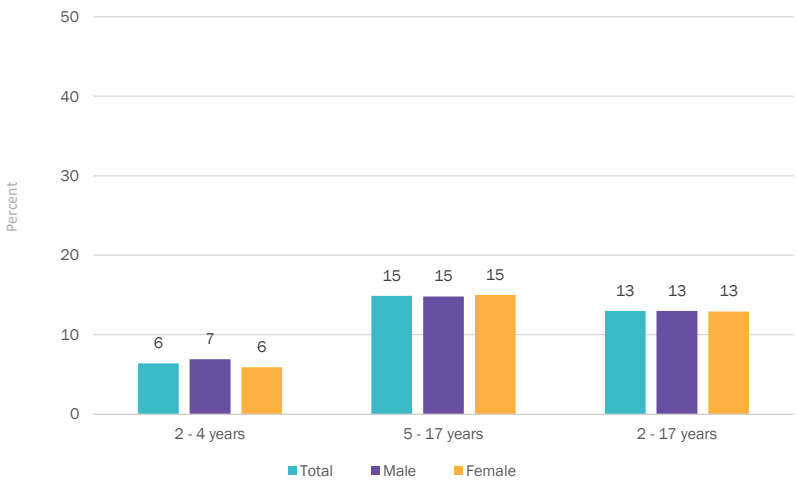
South Sudan 2025

Child Functioning

Multiple Indicator Cluster Surveys

Child Functioning: Levels & Domains

Child Functioning Levels by Age-Group



Percentage of children age 2–17 years with functional difficulty, by age-group

Children with disabilities are among the most marginalised groups in society. Facing daily discrimination in the form of negative attitudes, and lack of adequate policies and legislation, they are often likely to be among the poorest members of the population and are less likely to attend school, access medical services, or have their voices heard in society. Discrimination against and exclusion of children with disabilities also puts them at a higher risk of physical and emotional abuse or other forms of neglect, violence and exploitation.

The Convention on the Rights of the Child (UNICEF, 1989) and the Convention on the Rights of Persons with Disabilities (UN, 2006) explicitly state the rights of children with disabilities on an equal basis with other children and call for improvements in their access to services, and in their participation in all aspects of life.

In order to achieve these goals, there is a need for cross-nationally comparable, reliable data. The Child Functioning module is designed In line with the WHO's International Classification of Functioning, Disability and Health and the UN Convention on the Rights of Persons with Disabilities, to collect information on functional difficulties that children experience in different domains including hearing, vision, communication/comprehension, learning, mobility and emotions. Children with functional difficulties may be at risk of experiencing limited participation in an unaccommodating environment and limit the fulfilment of their rights.

Child Functioning Domains

	Seeing	Hearing	Walking	Fine Motor	Communication	Learning	Playing	Controlling Behaviour	Self Care	Remembering	Concentrating	Accepting Change	Making Friends	Anxiety	Depression
2-4 years	<1	<1	<1	<1	2	2	<1	3	N/A	N/A	N/A	N/A	N/A	N/A	N/A
5-17 years	<1	<1	1	N/A	<1	<1	N/A	1	<1	<1	<1	<1	<1	9	7

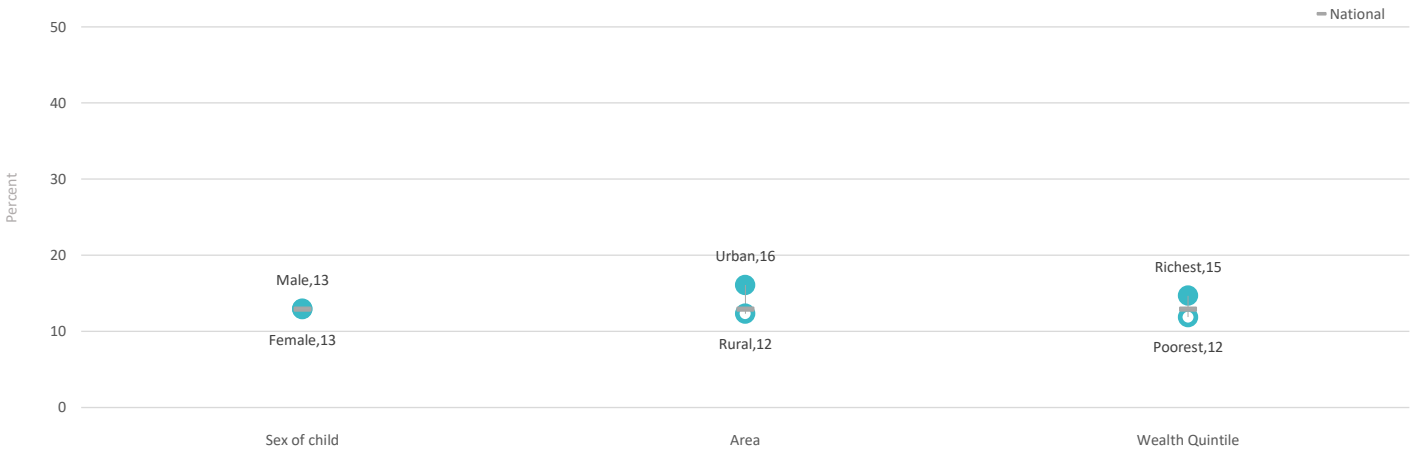
Percentage of children age 2–4 and 5-17 years with functional difficulty in at least one domain, by domain of difficulty

N/A: Not Applicable

Key Messages

- In South Sudan, 13% of children aged 2–17 years have a functional difficulty in at least one domain.
- Among children aged 2–4 years, 6% have a functional difficulty, compared with 15% among children age 5–17 years, showing difficulties become more common as children grow older.
- Functional difficulties affect boys and girls at similar levels (13% each), with only minimal difference by sex.
- A higher proportion of children aged 2–17 years in urban areas (16%) have functional difficulties compared to those in rural areas (12%).
- Functional difficulties are reported slightly higher among the children in the richest households (15%) than in the poorest households (12%)
- There are large regional disparities observed. The prevalence of functional difficulties among children age 2–17 years ranges from 25% in Lakes State and 22% in Jonglei and Western Equatoria, to 4% in Ruweng and 5% in Pibor.

Child Functioning: Inequalities



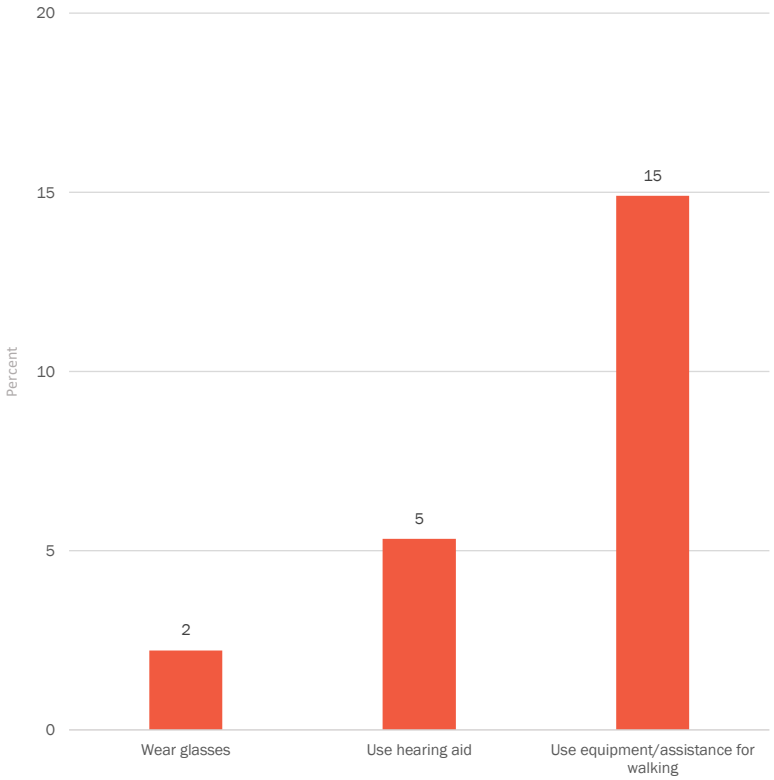
Percentage of children age 2–17 years with functional difficulty, by background characteristics

Regional Data on Child Functioning

Region	2-4 years	5-17 years	2-17 years
National	**6**	**15**	**13**
State			
Upper Nile	4	6	6
Jonglei	3	28	22
Unity	2	25	19
Warrap	2	9	8
Northern Bahr El Ghazal	14	10	11
Western Bahr El Ghazal	2	15	12
Lakes	21	25	25
Western Equatoria	9	27	22
Central Equatoria	4	21	17
Eastern Equatoria	11	8	8
Administrative area			
Pibor	5	6	5
Ruweng	1	6	4
Abyei	6	17	14

Percentage of children age 2–17 years with functional difficulty in at least one domain, by state and administrative area

Children who use Assistive Devices & have Functional Difficulties



Percentage of children age 2-17 years with difficulties seeing when wearing glasses among those who wear glasses, percentage of children age 2-17 years with difficulties hearing when using a hearing aid among those who use a hearing aid, and percentage of children age 2-17 years with difficulties walking when using equipment or receiving assistance among those who use equipment or receive assistance walking

The South Sudan Multiple Indicator Cluster Survey (MICS) was carried out in 2025 by the National Bureau of Statistics (NBS) as part of the global MICS programme.

Technical support was provided by the United Nations Children's Fund (UNICEF). UNICEF and UNICEF, UK Aid, WFP, GAVI and World Bank provided financial support.

The objective of this snapshot is to disseminate selected findings from the Country MICS 2024 related to Child Functioning. Data from this snapshot can be found in tables EQ.1.1, EQ.1.2, EQ.1.3,, and EQ.1.4 in the Survey Findings Report.

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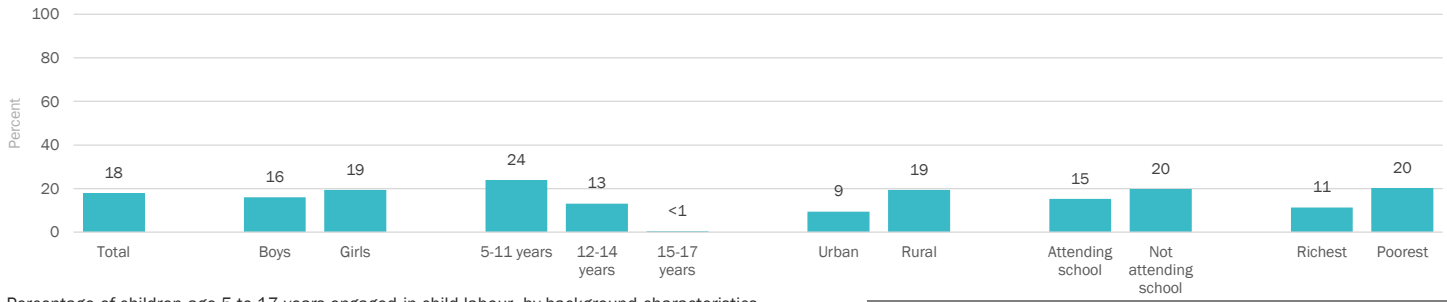
South Sudan 2025

Child Labour

Multiple Indicator Cluster Surveys

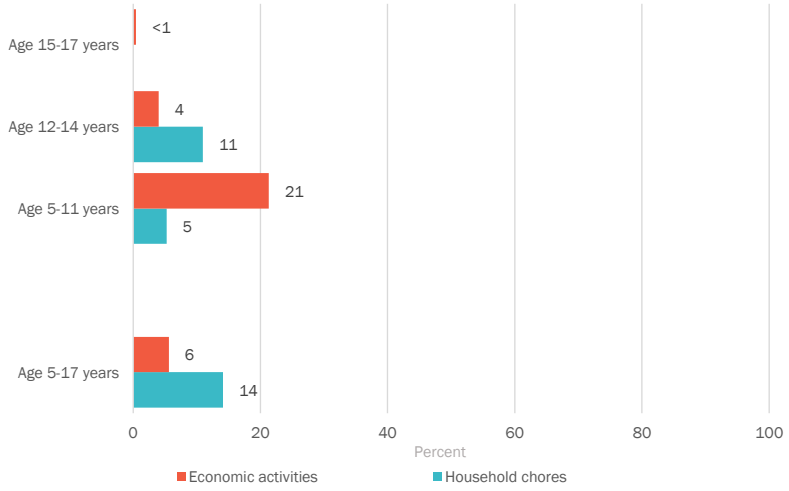
Child Labour: Levels & Disaggregates

Child Labour for Age 5-17 years: SDG 8.7.1



Percentage of children age 5 to 17 years engaged in child labour, by background characteristics

Types of Child Labour



Percentage of children age 5 to 17 years engaged in child labour, by type of activity and by age

Note: These data reflect the proportions of children engaged in the activities at or above the age specific thresholds outlined in the definitions box.

Definition of Child Labour

Age 5 to 11 years: At least 1 hour of economic activities or 21 hours of unpaid household services per week.

Age 12 to 14 years: At least 14 hours of economic activities or 21 hours of unpaid household services per week.

Age 15 to 17 years: At least 43 hours of economic activities. No threshold for number of hours of unpaid household services.

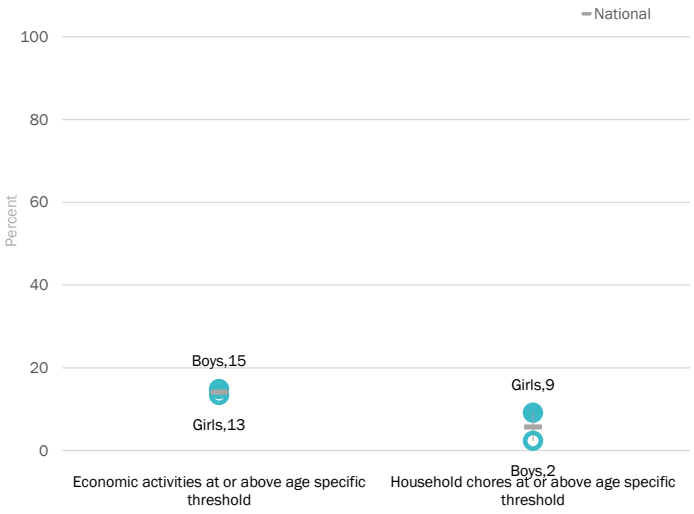
Economic activities include paid or unpaid work for someone who is not a member of the household, work for a family farm or business. Household chores include activities such as cooking, cleaning, or caring for children.

Note that while the overall concept of child labour includes hazardous working conditions, the definition of child labour currently used for SDG reporting does not. Further methodological work is ongoing to incorporate additional questions specifically aimed at identifying children in hazardous working conditions.

Key Messages

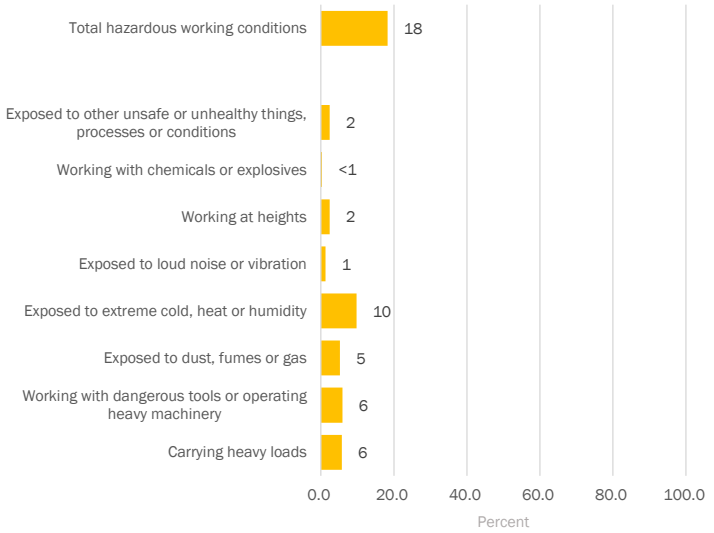
- Child labour remains widespread. In South Sudan, 18% of children aged 5–17 are engaged in child labour. Prevalence is slightly higher among girls (19%) than boys (16%) and is most common among younger children aged 5–11 (24%), compared with 13% among those aged 12–14 and less than 1% among 15–17-year-olds.
- Child labour is more prevalent in rural areas (19%) than urban areas (9%), and among children not attending school (20%) compared with those attending (15%). One in five children (20%) from the poorest households are engaged in child labour, compared with 11% from the richest households.
- Hazardous conditions are common among working children. 18% are exposed to hazardous work, including extreme temperatures (10%), dangerous tools or machinery (6%), carrying heavy loads (6%), and exposure to dust, fumes or gas (5%).
- Noticeable regional disparities persist. Child labour prevalence ranges from 1% in Abyei and 6% in Upper Nile to 42% in Lakes State and 30% in Northern Bahr El Ghazal.

Inequalities in Child Labour



Percentage of children age 5 to 17 years engaged in child labour, by type of activity and by sex

Hazardous Working Conditions



Percentage of children age 5 to 17 years working under hazardous conditions, by type of working conditions

Regional Data on Child Labour

Region	Total Child Labour
National	**18**
State	
Upper Nile	6
Jonglei	20
Unity	12
Warrap	12
Northern Bahr El Ghazal	30
Western Bahr El Ghazal	12
Lakes	42
Western Equatoria	29
Central Equatoria	9
Eastern Equatoria	21
Administrative area	
Pibor	9
Ruweng	24
Abyei	<1

Percentage of children age 5 to 17 years engaged in child labour, by state and administrative area

The South Sudan Multiple Indicator Cluster Survey (MICS) was carried out in 2025 by the National Bureau of Statistics (NBS) as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF). UNICEF, UK Aid, WFP and World Bank provided financial support.

The objective of this snapshot is to disseminate selected findings from the South Sudan MICS 2025 related to Child Labour. Data from this snapshot can be found in tables PR.3.3 and PR.3.4 in the Survey Findings Report.

Further statistical snapshots and the Survey Findings Report for this and other surveys are available on mics.unicef.org/surveys.

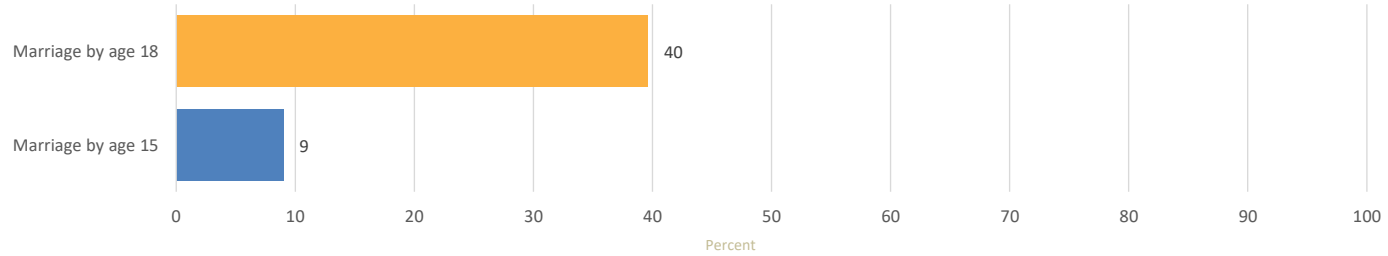
South Sudan 2025

Child Marriage

Multiple Indicator Cluster Surveys

Child Marriage: Levels & Disaggregates

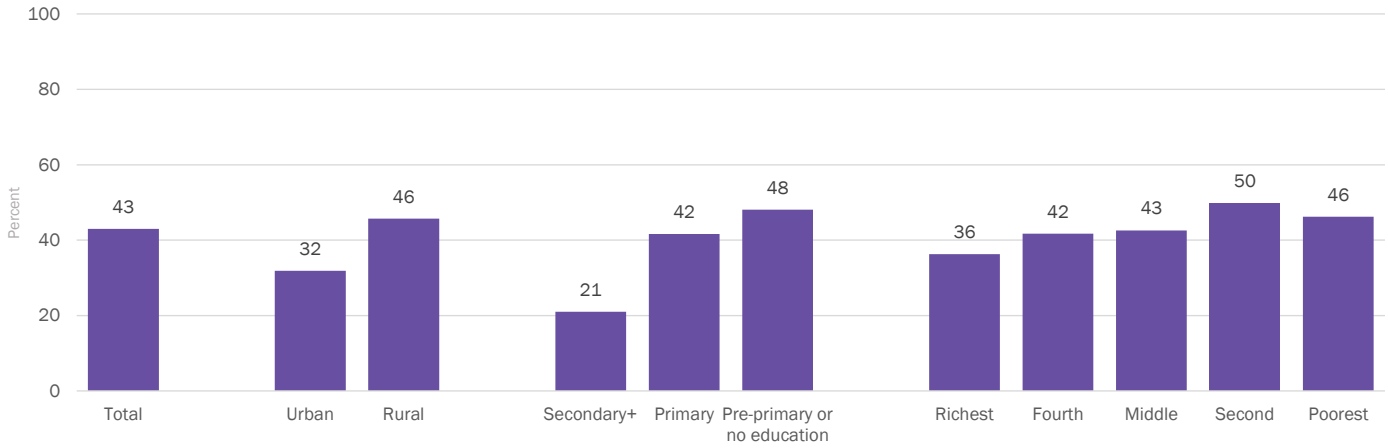
Marriage before Age 15 & Age 18: SDG 5.3.1



Percentage of women age 20-24 years who were first married or in union before age 15 and before age 18

The above chart refers to women age 20 to 24 years to align with the standard for reporting on SDG 5.3.1. This age cohort recently completed exposure to the risk of marrying in childhood, thus giving a closer approximation of the current prevalence of child marriage. The following charts, which show disaggregation by background characteristics, refer to the full cohort of women age 18 to 49 years.

Disaggregates in Marriage Before Age 18



Percentage of women age 18-49 years who were first married or in union before age 18, by residence, education, and household wealth quintile

Key Messages

- Overall, 43% of women aged 18–49 years were married or in union before age 18. Among women aged 20–24 years, 40% were married or in union before age 18, and 9% before age 15.
- Early marriage is more common in rural and disadvantaged groups. Prevalence is higher in rural areas (46%) than urban areas (32%) and rises sharply among women with no or little education (48%) compared with those with secondary or higher education (21%).
- Half of women in the second quintile and 46% in the poorest quintile were married or in union before 18, compared with 36% in the richest households.
- Among the women aged 18-49 years, marriage or in union before age 18 ranges from 31% in Central Equatoria to 52% in Warrap and 51% in Pibor.
- 31% women aged 18–19 were married before 18, compared with 52% among women aged 30–34, indicating a gradual decline over time.

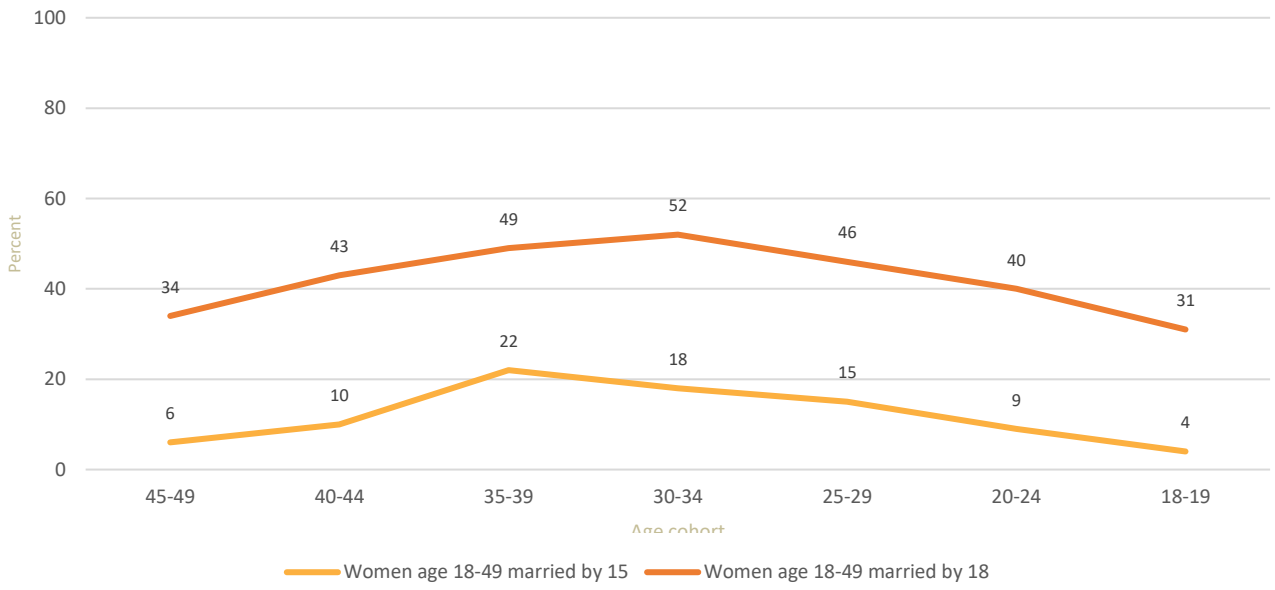
Regional Data on Child Marriage

Region	Marriage by age 18
National	**43**
State	
Upper Nile	42
Jonglei	43
Unity	46
Warrap	53
Northern Bahr El Ghazal	39
Western Bahr El Ghazal	39
Lakes	45
Western Equatoria	43
Central Equatoria	32
Eastern Equatoria	45
Administrative area	
Pibor	51
Ruweng	38
Abyei	37

Percentage of women age 18 to 49 years who were first married or in union before age 18, by state and administrative area

Marriage before the age of 18 is a reality for many young girls. In many parts of the world parents encourage the marriage of their daughters while they are still children in hopes that the marriage will benefit them both financially and socially, while also relieving financial burdens on the family. In actual fact, child marriage is a violation of human rights, compromising the development of girls and often resulting in early pregnancy and social isolation, with little education and poor vocational training reinforcing the gendered nature of poverty. The right to 'free and full' consent to a marriage is recognised in the Universal Declaration of Human Rights - with the recognition that consent cannot be 'free and full' when one of the parties involved is not sufficiently mature to make an informed decision about a life partner.

Trends in Child Marriage



Percentage of women (age 18-49 years who were first married or in union before age 15 and before age 18, by age cohort

The South Sudan Multiple Indicator Cluster Survey (MICS) was carried out in 2025 by the National Bureau of Statistics (NBS) as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF). UNICEF, UK Aid, WFP, GAVI and World Bank provided financial support.

The objective of this snapshot is to disseminate selected findings from the South Sudan MICS 2025 related to Child Marriage. Data from this snapshot can be found in table PR.4.1W in the Survey Findings Report..

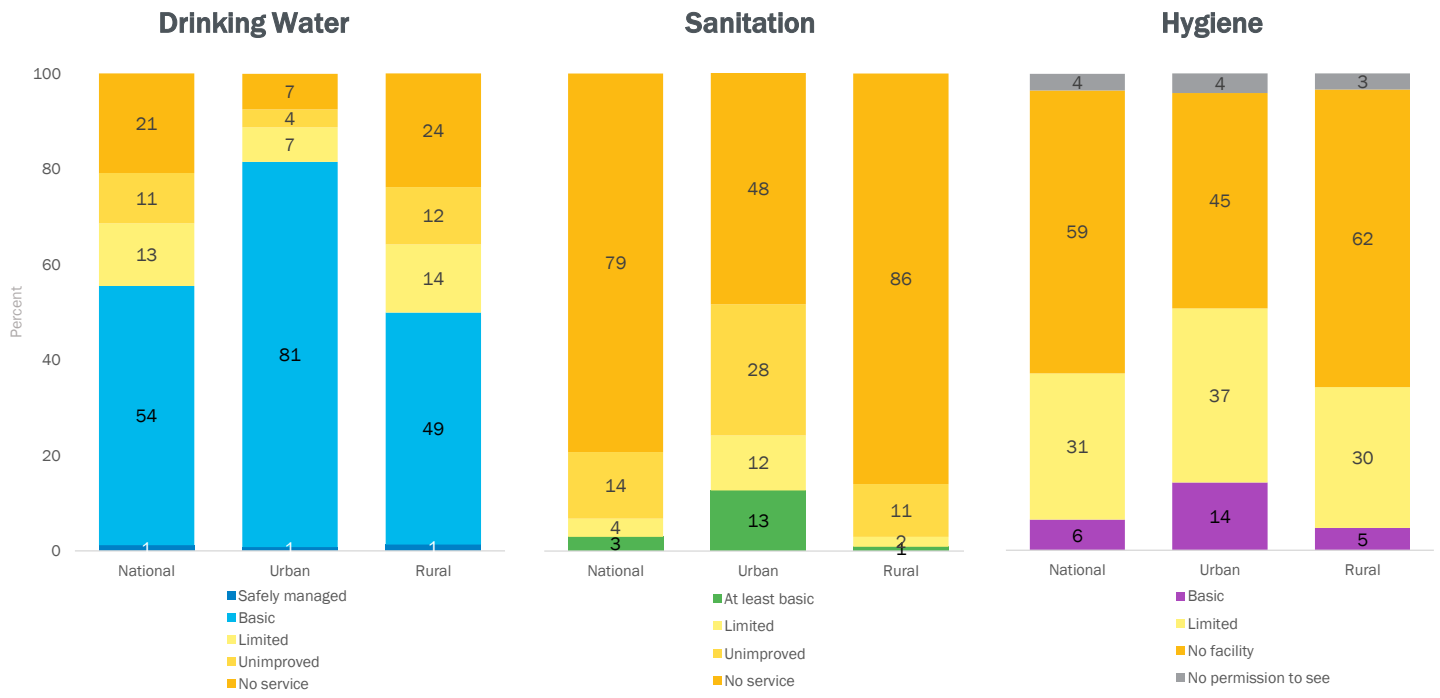
Further statistical snapshots and the Survey Findings Report for this and other surveys are available on mics.unicef.org/surveys.

South Sudan 2025

Drinking Water, Sanitation & Hygiene (WASH)

Multiple Indicator Cluster Surveys

Drinking Water, Sanitation & Hygiene Services



Percent of population by drinking water, sanitation, and hygiene service coverage

Drinking water ladder: **Safely managed** drinking water services (SDG 6.1.1) refer to an improved source accessible on premises, available when needed, and free from contamination. **At least basic** drinking water services (SDG 1.4.1) refer to an improved source, provided collection time is not more than 30 minutes for a roundtrip including queuing. Improved drinking water sources are those that have the potential to deliver safe water by nature of their design and construction, and include: piped water, boreholes or tubewells, protected dug wells, protected springs, rainwater, and packaged or delivered water. **Limited** refers to an improved source more than 30 minutes roundtrip. **Unimproved** sources include unprotected dug wells and unprotected springs. **No service** refers to the direct collection of water from surface waters such as rivers, lakes or irrigation channels.

Sanitation ladder: **At least basic** sanitation services (SDG 1.4.1) refer to the use of improved facilities which are not shared with other households. Improved sanitation facilities are those designed to hygienically separate excreta from human contact and include: flush/pour flush to piped sewer system, septic tanks or pit latrines; ventilated improved pit latrines, composting toilets or pit latrines with slabs. **Limited** sanitation service refers to an improved facility shared with other households. **Unimproved** sanitation facilities include flush/pour flush to an open drain, pit latrines without a slab, hanging latrines, and bucket latrines. **No service** refers to the practice of open defecation. **Note: Safely managed** sanitation services (SDG 6.2.1.a) refer to an improved facility not shared with other households and where excreta are safely disposed of in situ or transported and treated offsite. The MICS surveys collects information on the management of excreta from onsite facilities. For households where excreta are transported offsite (sewer connection, removal for treatment), further information is needed on the transport and treatment of excreta to calculate the proportion that are safely managed.

Hygiene ladder: **Basic** hygiene services (SDG 1.4.1 & SDG 6.2.1.b) refer to the availability of a handwashing facility on premises with soap and water. Handwashing facilities may be fixed or mobile and include a sink with tap water, buckets with taps, tippy-taps, and jugs or basins designated for handwashing. Soap includes bar soap, liquid soap, powder detergent, and soapy water but does not include ash, soil, sand or other handwashing agents. **Limited** hygiene service refers to a facility lacking water and/or soap. **No facility** means there is no handwashing facility on the household's premises.

Key Messages

Drinking Water

- Nationally, only 56% of the population has access to at least basic drinking water services. Urban residents have more access (82%) compared to those in rural areas (50%)
- Over 20% of the population has no drinking water service, underlining the urgent need to expand water infrastructure.

Basic Sanitation

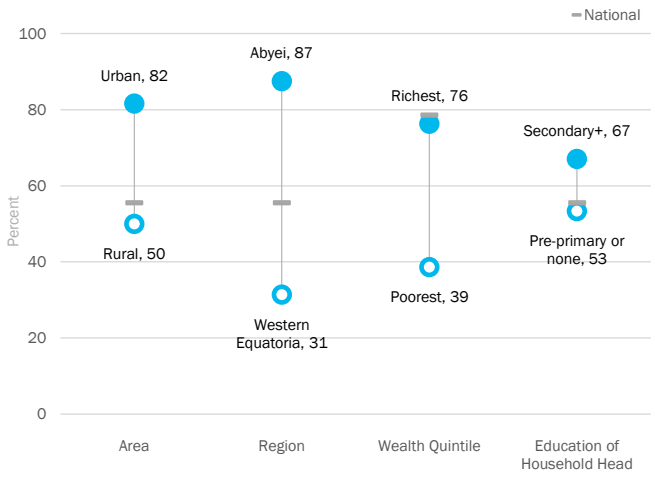
- In South Sudan, coverage of basic sanitation services is very low, at only 3%, with 79% of people having no access at all.
- Urban populations have more access to basic sanitation facilities (13%) compared to rural populations (1%).

Basic Hygiene

- Only 6% of the population has access to basic hygiene services, while 59% have no access to the services at all.
- People living in urban areas have more access to the basic hygiene services (14%) than people of rural areas (5%).

WASH: Inequalities in Basic Services

Basic Drinking Water

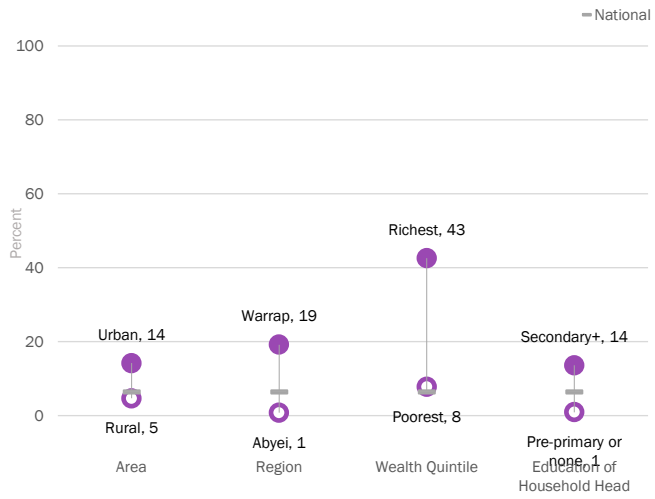


Percent of population using basic drinking water services by background characteristics

Basic Sanitation

Percent of population using basic sanitation services by background characteristics

Basic Hygiene



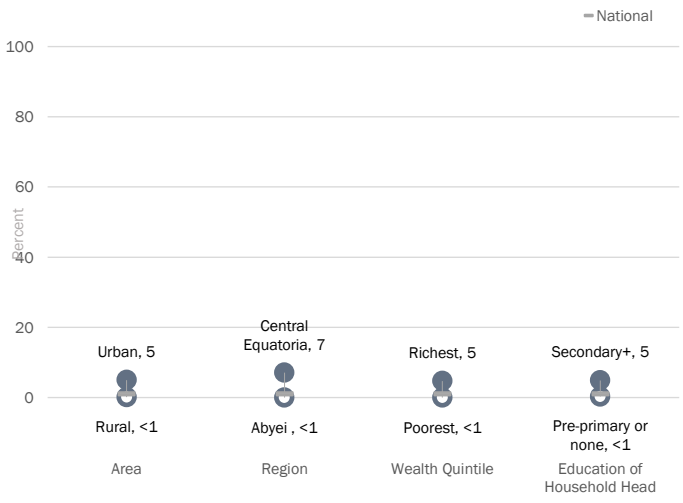
Percent of population using basic hygiene services by background characteristics

Regional Data on Basic Services

Region	Basic services			
	Drinking Water	Sanitation	Hygiene	WASH
National	**56**	**3**	**6**	**1**
State				
Upper Nile	41	3	1	<1
Jonglei	52	2	4	<1
Unity	57	2	2	<1
Warrap	52	1	19	<1
Northern Bahr El Ghazal	62	1	3	<1
Western Bahr El Ghazal	73	16	10	5
Lakes	54	<1	7	<1
Western Equatoria	31	4	6	2
Central Equatoria	84	15	14	7
Eastern Equatoria	53	1	4	1
Administrative area				
Pibor	57	<1	4	<1
Ruweng	61	1	4	<1
Abyei	87	<1	1	<1

Percent of population using basic drinking water, sanitation, and hygiene services by region

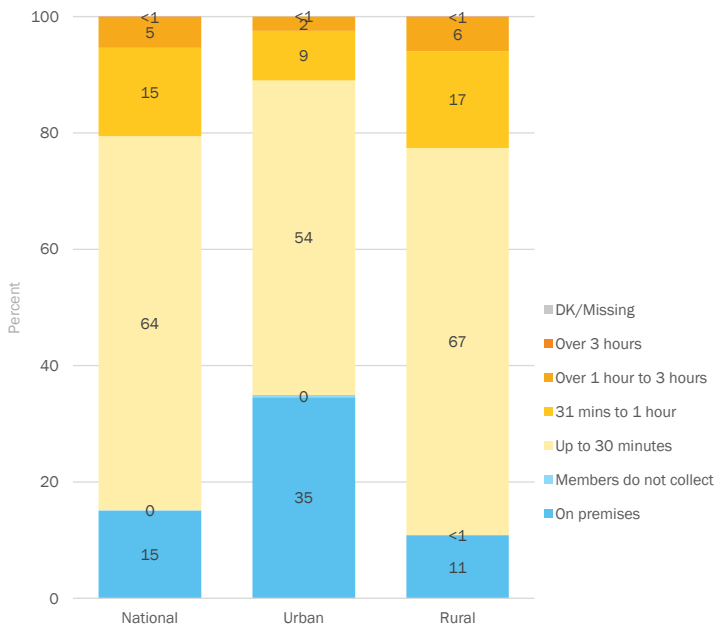
Basic Drinking Water, Sanitation, and Hygiene



Percent of population using basic drinking water, sanitation, and hygiene services by background characteristics

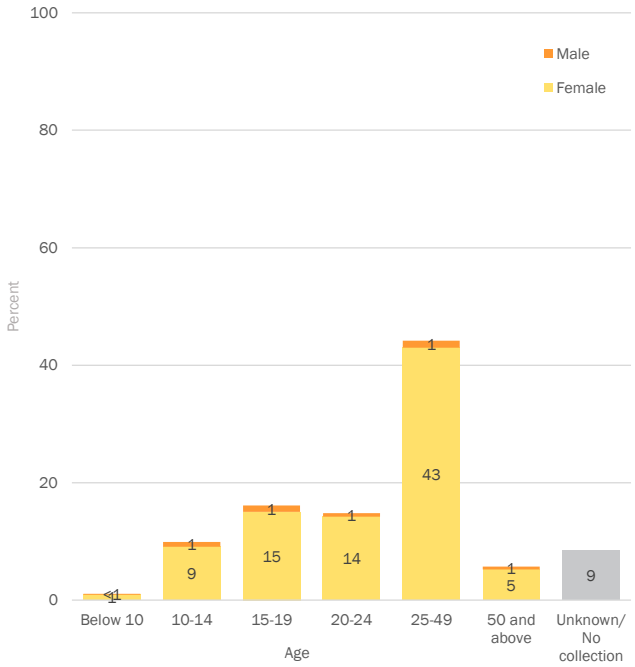
Accessibility of Drinking Water & Sanitation Facilities

Accessibility of Drinking Water



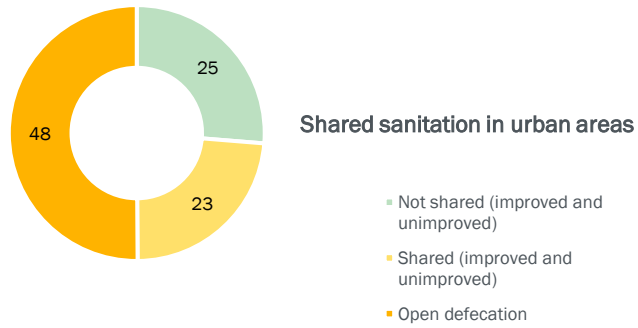
Percent of population by average time spent per day by household members collecting drinking water

Who Primarily Collects Drinking Water for the Household



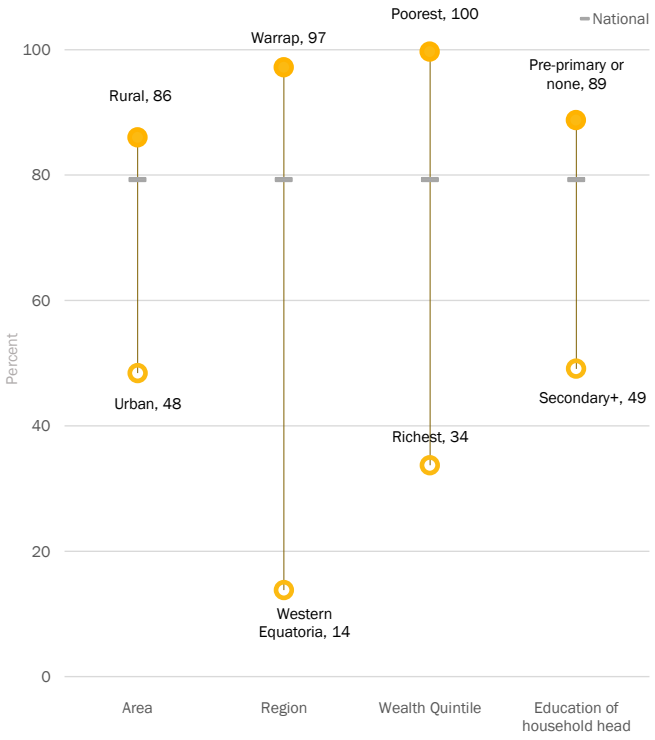
Percent of population in households without drinking water on premises, by gender and age of person primarily responsible for collecting drinking water.

Shared Sanitation



Percent of the population sharing sanitation facilities, by residence

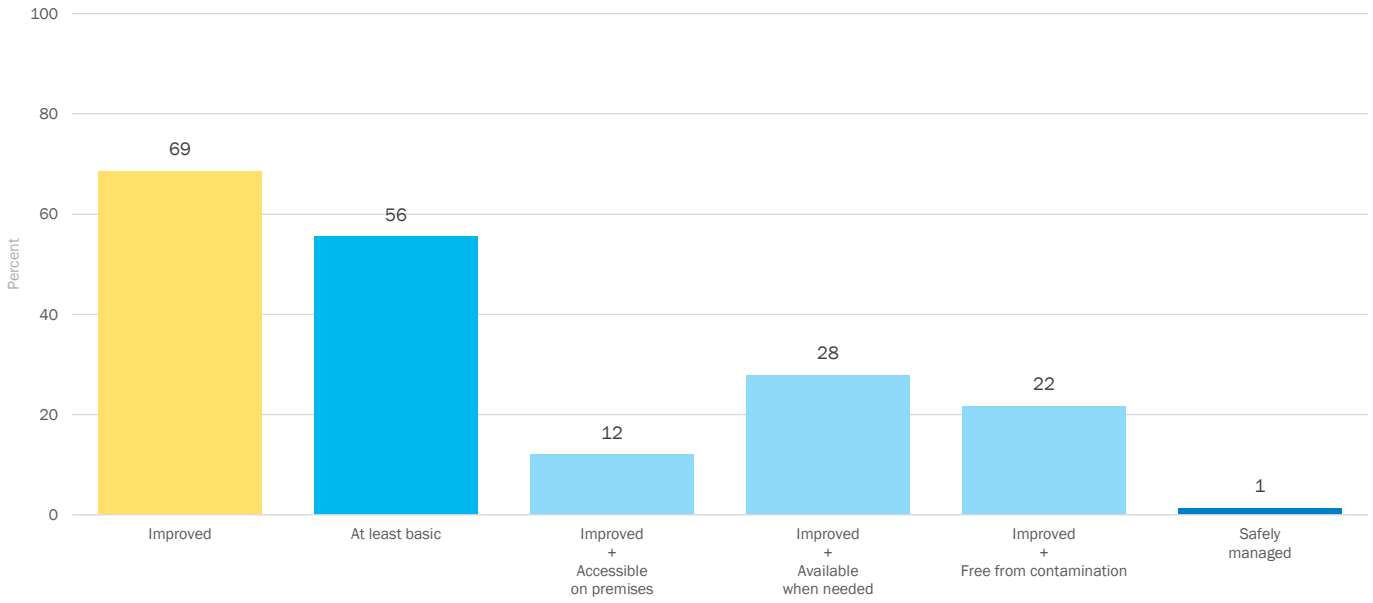
Open Defecation



Percent of the population practising open defecation, by background characteristics

Safely Managed Drinking Water Services: SDG 6.1.1

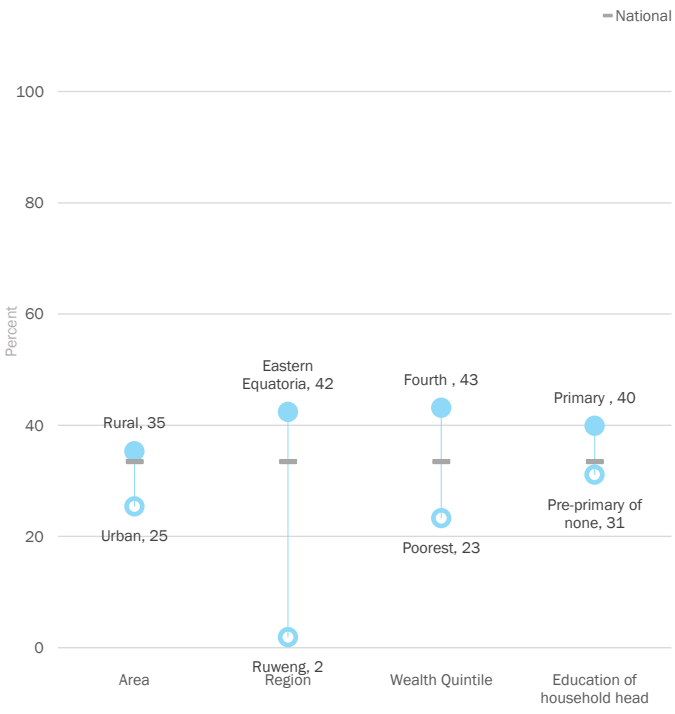
Improved, At Least Basic & Safely Managed Drinking Water



Percent of population using improved, at least basic, and safely managed drinking water services

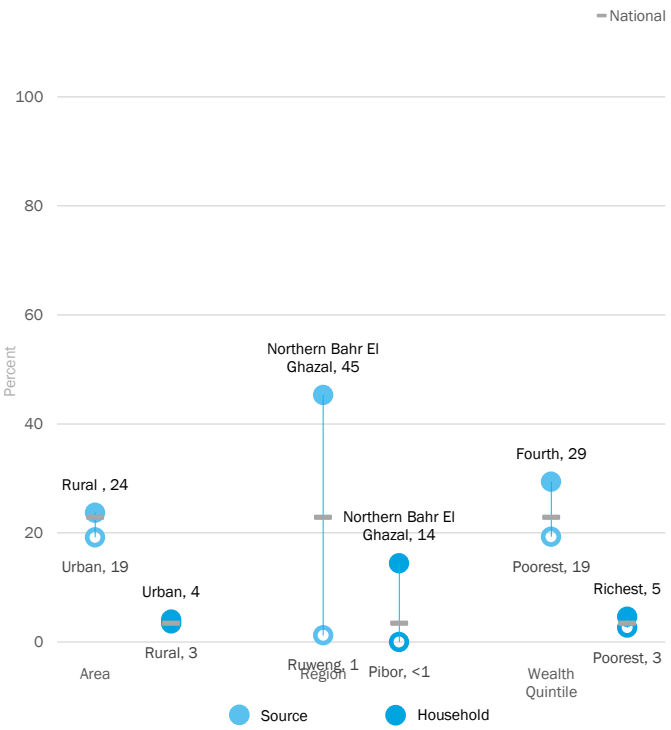
Safely managed (SDG 6.1.1) are improved sources: accessible on premises, available when needed, free from contamination. Improved drinking water sources are those that have the potential to deliver safe water by nature of their design and construction, and include: piped water, boreholes or tubewells, protected dug wells, protected springs, rainwater, and packaged or delivered water.

Availability of Drinking Water



Percent of population using drinking water sources with sufficient drinking water available when needed in the last month

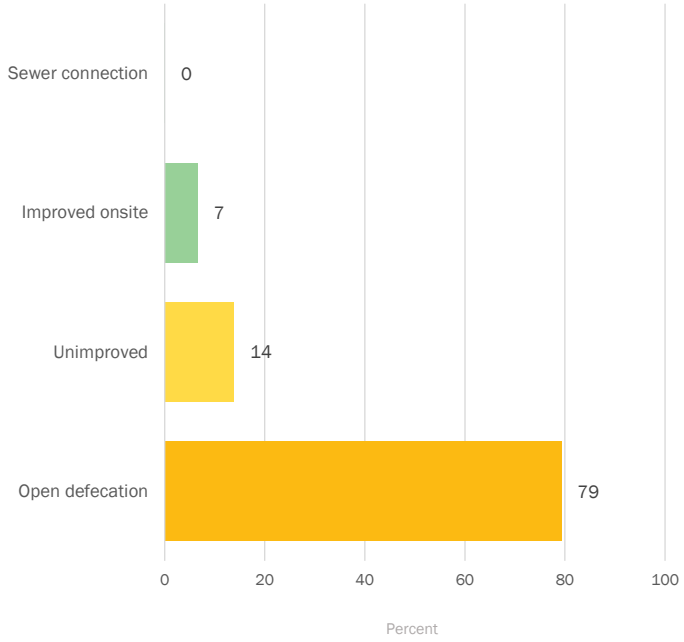
Drinking Water Quality at Source & Home



Percent of population using drinking water sources free from contamination at the source (point of collection) and in the household (point of use)
Water Quality Testing response rates for Household and Source testing are 98% and 75% respectively

Safely Managed Sanitation Services: SDG 6.2.1

Types of Sanitation Facility



Percent of population by type of sanitation facility, grouped by type of disposal

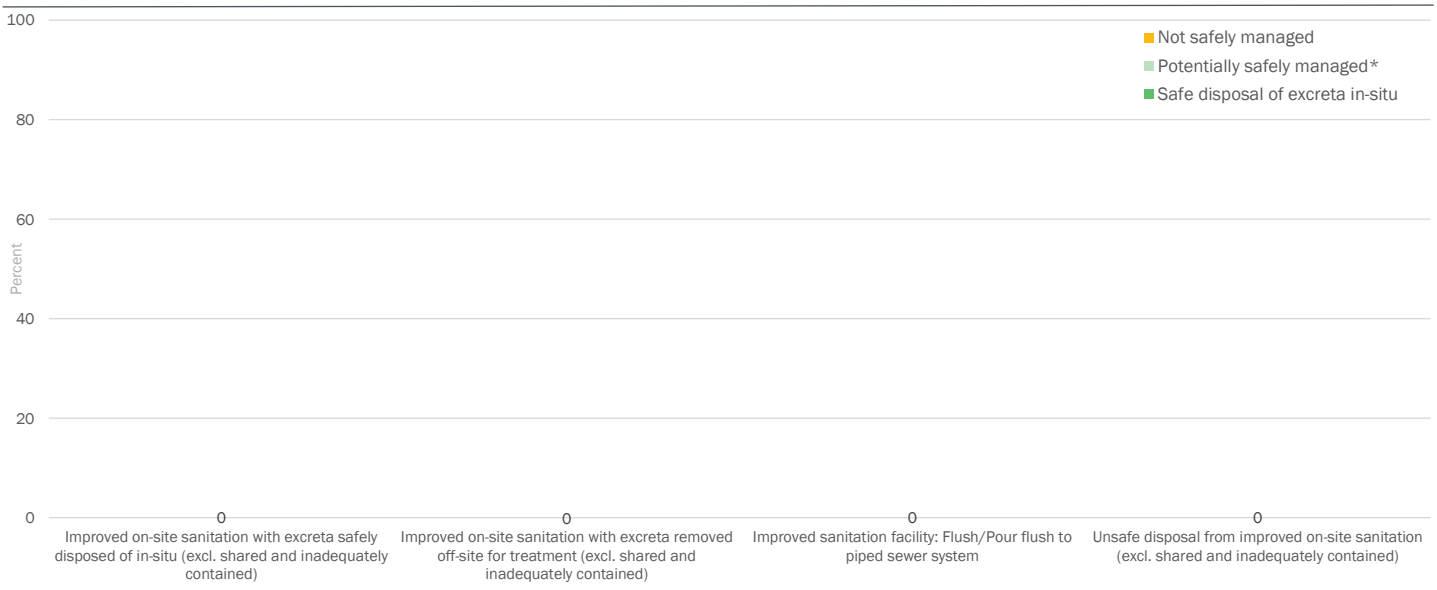
Sewer connections include "Flush/pour flush to piped sewer system" and "Flush to DK where"
Onsite sanitation facilities include "Flush/pour flush to septic", "Flush/pour flush to latrine", "Ventilated improved pit latrine", "Pit latrine with slab", "Composting toilet", and "Container-based sanitation"

Types of Sanitation Facility by Region

Region	Sewer Connection	Onsite Sanitation
National	0	7
Upper Nile	1	8
Jonglei	<1	9
Unity	<1	4
Warrap	<1	2
Northern Bahr El Ghazal	<1	5
Western Bahr El Ghazal	<1	24
Lakes	<1	2
Western Equatoria	<1	6
Central Equatoria	<1	26
Eastern Equatoria	<1	2
Pibor	<1	1
Ruweng	<1	2
Abyei	<1	<1

Percent of population using sewer connections and onsite sanitation, by region

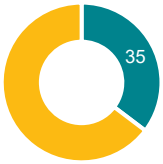
Safe Management of Excreta from Improved Sanitation Facilities



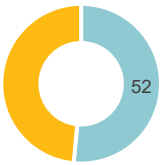
Percent of population by management of excreta from household sanitation facilities
*Additional information from different data sources (not possible to capture in household survey) is required to determine whether faecal sludge and wastewater is safely treated.

Safely managed sanitation services represents an ambitious new level of service during the SDGs and is the indicator for target 6.2. Safely managed sanitation services are improved facilities that are not shared with other households and where excreta are safely disposed of in situ or transported and treated offsite. The MICS survey collected information on the containment, emptying, and safe disposal in-situ of excreta from onsite facilities. For households where excreta are transported offsite (sewer connection, removal for treatment), further information is needed on the transport and treatment of excreta to calculate the proportion that are safely managed.

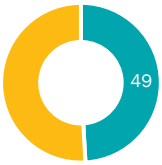
Menstrual Health and Hygiene



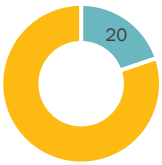
Women and girls who had knowledge of menstruation before first menstrual period



Women and girls who feel comfortable seeking help from a health care provider concerning their period



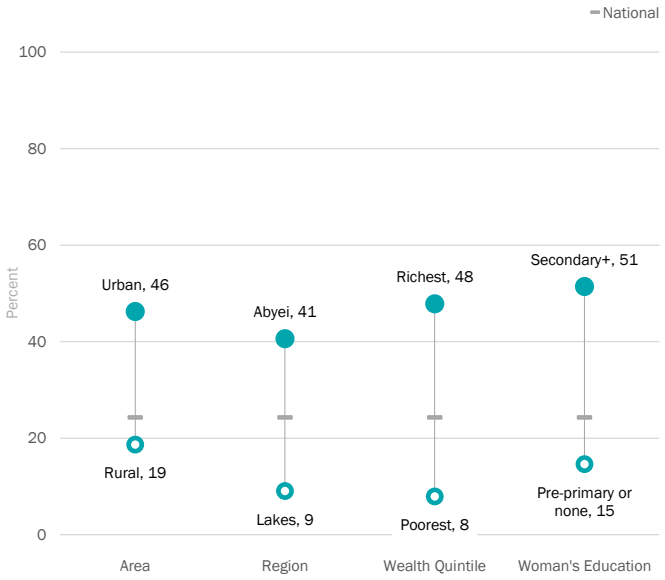
Women and girls who did not worry about privacy when changing menstrual materials at home



Women and girls able to reduce menstruation-related pain when needed

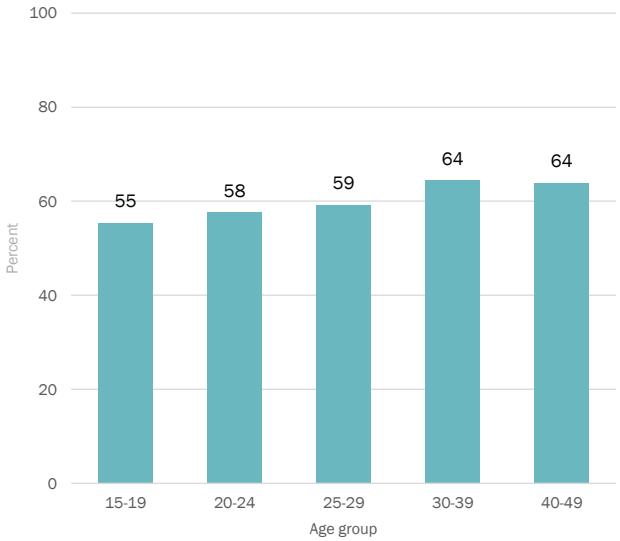
The denominators for the above charts compromise women and girls age 15-49 years who menstruated in the last 12 months and for whom the measure is relevant, i.e., those who changed materials at home and who were in need of reducing menstruation-related pain.

Inequities in Access to Enough Materials to Change as Often as they Wanted



Percentage of women and girls with enough menstrual materials to change them as often as they wanted throughout last period among women reporting menstruating in the last 12 months

Inclusion in Activities during Menstruation by Age



Inclusion in Activities during Menstruation by Various Characteristics

Percentage of women and girls who did not have trouble participating in work, education/training, and social activities due to their last menstruation in the last 12 months, among women reporting menstruating in the last 12 months and typically participate in work, education/training, or social activities, by age (left) and by residence, wealth quintile, education and region (right)

The South Sudan Multiple Indicator Cluster Survey (MICS) was carried out in 2025 by the National Bureau of Statistics (NBS) as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF). UNICEF and World Bank, UK Aid, WFP, GAVI, the Netherlands provided financial support.

The objective of this snapshot is to disseminate selected findings from the South Sudan MICS 2023 related to Drinking Water, Sanitation & Hygiene (WASH). Data from this snapshot can be found in tables WS.1.1 to WS.4.3 in the Survey Findings Report.

Further statistical snapshots and the Survey Findings Report for this and other surveys are available on mics.unicef.org/surveys.

For further information on the WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply, Sanitation and Hygiene indicator definitions and methods please visit washdata.org.

MICS

GENERATING EVIDENCE TO DELIVER FOR CHILDREN

Key Findings Report

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