

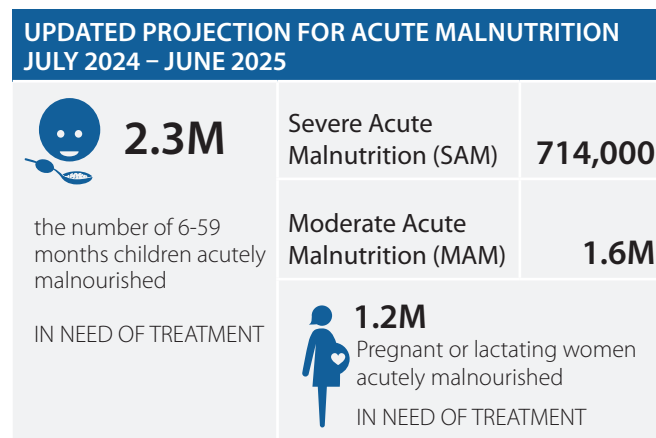
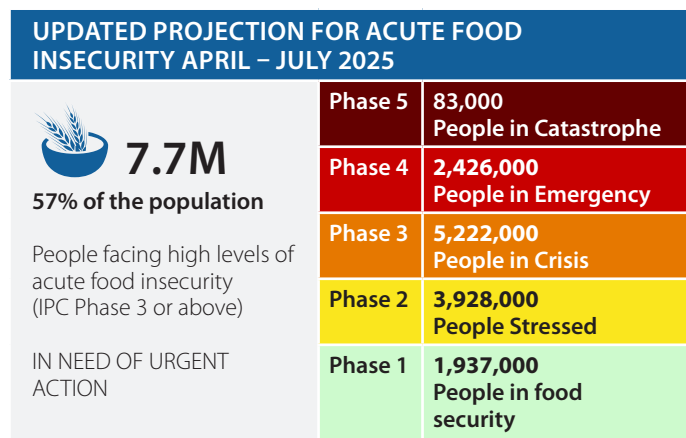
SOUTH SUDAN

CONFLICT INCREASES THE RISK OF FAMINE IN PARTS OF SOUTH SUDAN WITH 7.7 MILLION PEOPLE EXPERIENCING HIGH LEVELS OF ACUTE FOOD INSECURITY, 2.3 MILLION CHILDREN ACUTELY MALNOURISHED

IPC ACUTE FOOD INSECURITY AND ACUTE MALNUTRITION ANALYSIS

APRIL 2025 – JULY 2025

Issued 12 June 2025

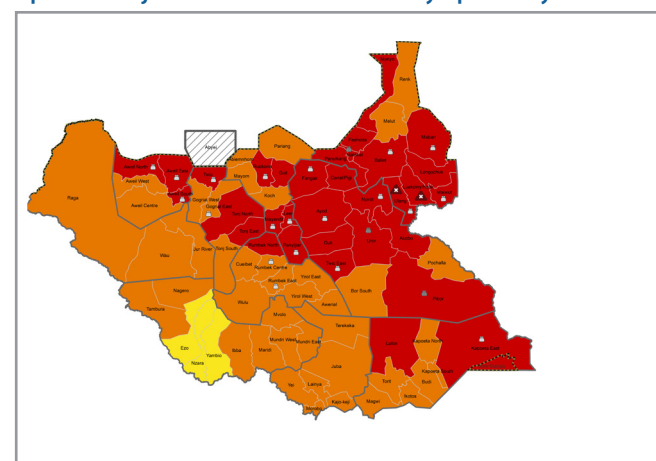


Overview

The impact of conflict and civil insecurity is worsening food insecurity in South Sudan, with an estimated 7.7 million people in South Sudan (57 percent of the population) facing high levels of acute food insecurity IPC AFI Phase 3 or above (Crisis or worse) during the lean season projection period of April-July 2025. Among them, about 83,000 people (almost 1 percent of the population analysed) are expected to experience IPC AFI Phase 5 (Catastrophe) levels of acute food insecurity in several parts of the country: 12,000 people in Pibor County of Greater Pibor Administrative Area; 15,000 people in Luakpiny/Nasir; 7,000 people in Ulang; and 10,000 people in Malakal counties of Upper Nile State. This also includes 39,000 people returning to South Sudan after fleeing the conflict in Sudan. Urgent and immediate action is needed for this population, including large-scale and multi-sectoral response and the protection of humanitarian access to prevent the total collapse of livelihoods, increased starvation, death and possible deterioration into a full-blown Famine. The IPC findings also reveal that around 2.4 million people (18 percent of the population analysed) are facing IPC AFI Phase 4 (Emergency) levels of acute food insecurity and nearly 5.2 million people (38 percent of the population analysed) are facing IPC AFI Phase 3 (Crisis) levels of acute food insecurity. These populations require urgent response action to address their food needs and to protect and save lives and livelihoods.

Food insecurity in South Sudan is mainly driven by conflict and civil insecurity which has forced people to leave their homes, disrupted markets and people's livelihood activities, and hindered the delivery of multi-sectoral humanitarian assistance. Other factors driving the situation include the ongoing economic crisis characterised by local currency depreciation, high food prices, and eroding household purchasing power. Furthermore, climatic shocks particularly flooding are negatively impacting agricultural production, disrupting market functionality, and destroying infrastructure such as roads. The food insecurity situation is compounded

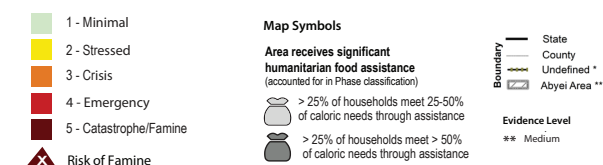
Updated Projection Acute Food Insecurity April – July 2025



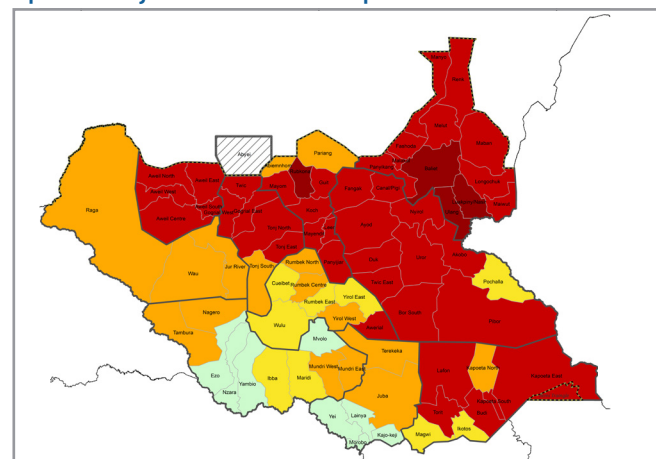
Key for the Map

IPC Acute Food Insecurity Phase Classification

Mapped Phase represents highest severity affecting at least 20% of the population



Updated Projection Malnutrition April – June 2025



Key for the Map

IPC Acute Malnutrition Phase Classification





by shrinking humanitarian resources and access constraints on the delivery of humanitarian assistance. The current levels of humanitarian food security assistance remain largely insufficient to meet the needs and demands of people in IPC AFI Phase 3 or above (Crisis or worse) – and fall short even in meeting those of people in IPC AFI Phase 4 (Emergency) and IPC AFI Phase 5 (Catastrophe), despite reprioritisation efforts to areas previously identified as facing the highest severity of food insecurity. Nutrition response has been severely affected by financial constraints. Major gaps in stocks of nutrition and medical supplies are observed in nutrition sites, and several outreach services were suspended, aggravating the severity of diseases and increasing the risk of acute malnutrition and mortality.

The most affected people are poor households who do not own assets such as animals, people who have nearly exhausted their food stocks after the harvest season because of low agricultural production, communities living near stagnant swamplands where the spread of waterborne disease is heightened, and people displaced by recent and persistent conflict. These vulnerable households require support aimed at reducing their food consumption deficits as well as reinforcing their resilience capacities. The most food insecure states, with more than 50 percent of their populations likely facing high levels of acute food insecurity IPC AFI Phase 3 or above (Crisis or worse) between April and July 2025, include Unity (67 percent), Upper Nile (66 percent), Jonglei (61 percent), Northern Bahr el Ghazal (60 percent), Central Equatoria (57 percent), Warrap (55 percent), and Lakes (54 percent). Additionally, 85 percent of people returning to South Sudan after fleeing the conflict in Sudan are likely to face high levels of acute food insecurity, classified in IPC AFI Phase 3 or above (Crisis or worse) in this period.

The IPC projection update covered the 54 counties previously classified in IPC AFI Phase 4 (Emergency), from a total of 79 in the country. For the remaining 25 counties, results from the previous analysis were retained. The analysis update portrays an increase of 46,000 people facing high levels of acute food insecurity in South Sudan compared to the last projection conducted in October 2024, which estimated 7.69 million people would be in IPC AFI Phase 3 or above (Crisis or worse) between April and July 2025. Compared to the previous analysis, two counties have experienced deterioration with some of their population falling into IPC AFI Phase 5 (Catastrophe) due to conflict, namely Ulang and Nasir. However, the food security situation has improved in some areas. For example, Uror in Jonglei State reported no population classified in IPC AFI Phase 5 (Catastrophe), which is an improvement compared to the previous analysis when 10,000 people were in Catastrophe.

The IPC analysis team carried out a risk of Famine (RoF) assessment in four areas of South Sudan—Nasir, Ulang, Pibor, and Fangak counties—based on Worst-Case Scenario (WCS) assumptions with reasonable chances of occurring, and on contributing factors. Following a thorough evaluation, only Nasir and Ulang were classified as facing a plausible risk of Famine. Pibor and Fangak were excluded from RoF classification due to the presence of mitigating factors or insufficient evidence indicating an imminent risk of Famine. Additionally, Malakal County and the returnee population were initially considered as eligible for conducting the risk of Famine analysis. However, due to minimal aggravating factors for food insecurity in Malakal and insufficient data on returnees, they were excluded from the RoF analysis.

Overall, acute malnutrition cases have increased by 10.5 percent, that translate to 218,000 children in need of treatment between July 2024 and June 2025. The overall malnutrition burden has increased from 2.1 million children under the age of five experiencing acute malnutrition to 2.3 million. As for the severity of the situation, out of the 80 counties analysed, 62 counties show a general deterioration of acute malnutrition. Of these, 11 counties are likely to deteriorate to a higher AMN phase; with three counties (Luakpiny, Nassir and Ulang) moving from IPC AMN Phase 4 (Critical) to IPC AMN Phase 5 (Extremely Critical); three counties (Gogrial East, Tonj North and Torit) moving from IPC AMN Phase 3 (Serious) to IPC AMN Phase 4 (Critical), and five counties (Mundri East, Mundri West, Tambura and Nagero) moving from IPC AMN Phase 2 (Alert) to IPC AMN Phase 3 (Serious). A total of 42 counties deteriorated further within the same classification; for example one county (Baliet) shows a deterioration within IPC AMN Phase 5 (Extremely Critical), while 37 counties are experiencing worse conditions within IPC AMN Phase 4 (Critical) and four counties within IPC AMN Phase 3 (Serious). Meanwhile, nine counties have retained their previous AMN classification from the previous IPC projection analysis.

Deterioration in acute malnutrition in this projection update has been attributed to various factors including the impact of renewed conflict on access to health and WASH services, higher disease burden of malaria, diarrhoea, and cholera, with minimal capacity to respond, and funding cuts to humanitarian assistance. Coupled with increased high levels of acute food insecurity, these factors aggravate acute malnutrition cases in South Sudan and increase the risk of mortality among children.

As the levels of severe acute malnutrition and food insecurity in the country remain high, urgent action and multi-sectoral humanitarian assistance is required to save lives, avert a further deterioration in acute malnutrition and mortality among children, and prevent the total collapse of livelihoods, health systems and sanitation services in the affected counties.

Key Drivers: Acute Food Insecurity



Conflict and insecurity

Localised conflict and civil insecurity have forced people from their homes and interrupted the delivery of humanitarian aid, primarily in Luakpiny/Nasir and Ulang counties of Upper Nile, and parts of Jonglei, Lakes and Central and Western Equatoria states. Conflict and insecurity have also negatively impacted people's access to farmlands, grazing lands, and food markets..



Low agricultural production

Unpredictable and extreme weather patterns, poor access to quality seeds and the use of less effective traditional farming methods negatively impacted agricultural production. Crops have also been damaged by pests and diseases resulting in cereal deficits and increasing reliance on humanitarian food assistance.



Economic crisis

South Sudan continues to experience a macroeconomic crisis including local currency depreciation, high food prices, declining household purchasing power, and limited employment opportunities.



Climatic shocks

Flooding and erratic rain have contributed to a host of issues including lowering agricultural production, displacing people, destroying infrastructure, disrupting markets, preventing the delivery of humanitarian support, and hindering access to health services. They have also increased the spread of water-borne diseases driven by poor sanitation practices.

Key Drivers: Acute Malnutrition



Conflict

New conflict has been reported in Ulang and Luakpiny/Nassir counties in Upper Nile State, and have been flagged as "no go zones" for UN agencies and international NGOs, cutting off access for humanitarian support. Neighbouring counties to the conflict zones also have restricted access which also limits humanitarian support and essential services from reaching people in need. An influx of internally displaced people (IDPs) in safe areas is also stretching resources in the host communities.



High disease burden

Cases of malaria and diarrhoea among children have increased beyond expectation while outbreaks of cholera have been reported in most counties, contributing to increased rates of acute malnutrition and child mortality. The response to these outbreaks has been suboptimal, due to weak health systems, the closure of some health facilities, and the impact of reduced funding.



Deteriorating WASH services

While floods were expected in the period of April to June 2025, reduced humanitarian funding and conflict have led to the withdrawal of partner-led WASH interventions. Overcrowding in settlement areas due to an influx of IDPs is overstressing already compromised sanitation systems and access to safe water, contributing to a high risk of infection and disease, and fuelling the cholera outbreak.



Reduced access to health services

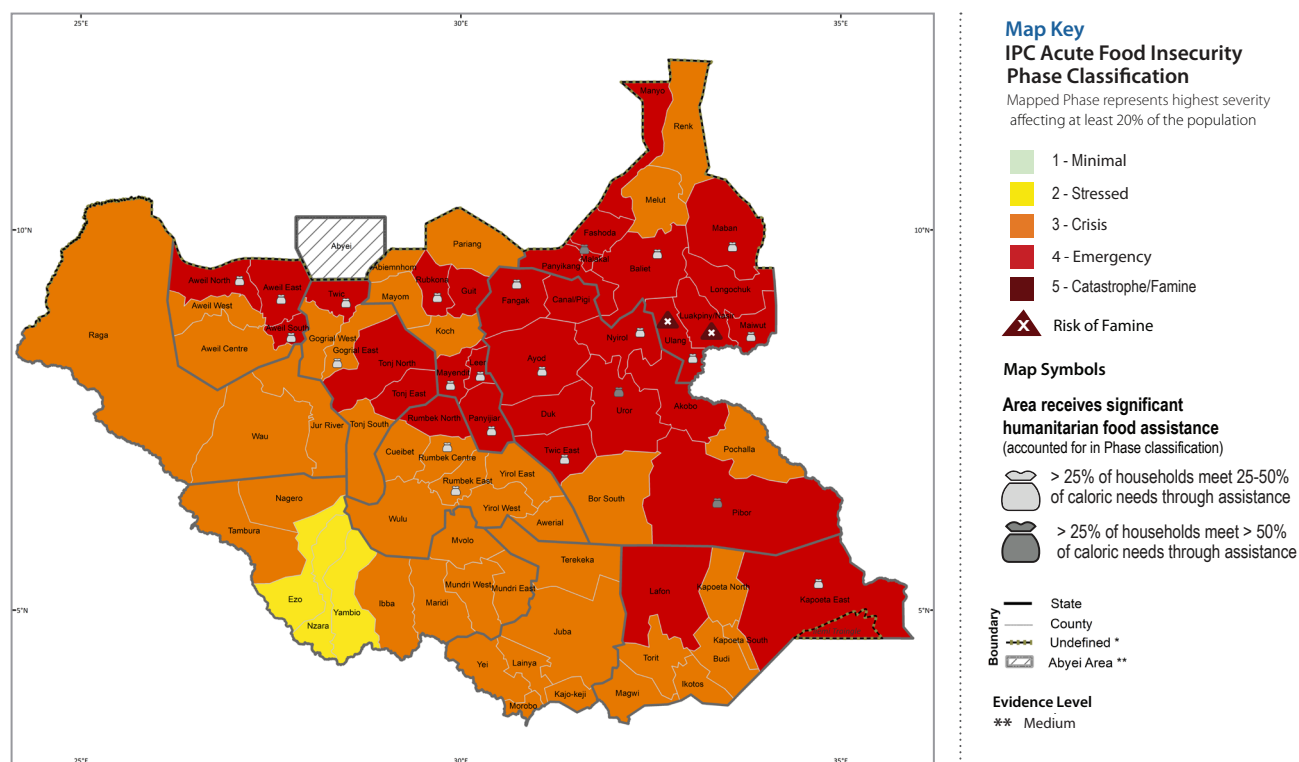
The combined impact of conflict and humanitarian funding cuts have compromised the response to the escalating disease burden in South Sudan, increasing the risk of acute malnutrition and mortality, especially for children. Furthermore, nutrition sites have run out of supplies, treatment centres lack qualified staff, and functional health facilities are either too far away or closed, which is also increasing the risk of acute malnutrition and mortality.



Food insecurity

Widening hunger gaps at the household level, and for children, is leading to inadequate nutrient intake, especially for vulnerable populations. People who have been displaced due to conflict have lost their livelihoods and are also increasing pressure on the food sources available food in host communities.

ACUTE FOOD INSECURITY UPDATED PROJECTION MAP AND POPULATION TABLE (April – July 2025)



Population table for the updated projection period: April - July 2025

State	Total population analysed	Phase 1		Phase 2		Phase 3		Phase 4		Phase 5		Phase 3+	
		#people	%	#people	%	#people	%	#people	%	#people	%	#people	%
Central Equatoria	1,595,075	196,000	12	488,000	31	723,000	45	188,000	12	-	-	911,000	57
Eastern Equatoria	1,161,311	264,000	23	361,000	31	386,000	33	150,000	13	-	-	536,000	46
Jonglei	2,096,706	297,000	14	516,000	25	798,000	38	475,000	23	11,500	1	1,284,000	61
Lakes	1,248,413	172,000	14	399,000	32	505,000	40	173,000	14	-	-	678,000	54
Northern Bahr el Ghazal	965,039	126,000	13	263,000	27	380,000	39	196,000	20	-	-	576,000	60
Unity	1,159,541	102,000	9	283,000	24	555,000	48	220,000	19	-	-	775,000	67
Upper Nile	1,570,900	124,000	8	405,000	26	655,000	42	354,000	23	32,500	2	1,041,000	66
Warrap	1,335,405	230,000	17	377,000	28	482,000	36	247,000	18	-	-	729,000	55
Western Bahr el Ghazal	684,081	103,000	15	306,000	45	235,000	34	40,000	6	-	-	275,000	40
Western Equatoria	996,180	285,000	29	452,000	45	229,000	23	31,000	3	-	-	260,000	26
Returnees	783,900	39,000	5	78,000	10	274,000	35	353,000	45	39,000	5	666,000	85
Grand Total	13,596,551	1,937,000	14	3,928,000	29	5,222,000	38	2,426,000	18	83,000	1	7,732,000	57

Disclaimer: Grand totals and percentages are derived from the actual (absolute) values reported for each county. After the calculations are completed, the figures are rounded to the nearest thousand to simplify reporting and enhance readability. As a result, when the rounded values are added together, there may be slight discrepancies compared to the exact totals. These differences are a natural outcome of the rounding process and do not affect the accuracy of the underlying analysis. A detailed population table by district is available in Annex 1.

ACUTE FOOD INSECURITY UPDATED PROJECTION SITUATION OVERVIEW (April - July 2025)

Between April and July 2025, an estimated 7.7 million people (57 percent of the population analysed) are experiencing IPC AFI Phase 3 or above (Crisis or worse) acute food insecurity. Of this total, 83,000 people are facing catastrophic levels of acute food insecurity classified in IPC Phase 5 (Catastrophe), and a further 2.4 million people are facing emergency levels of acute food insecurity, classified in IPC AFI Phase 4.

The most food insecure populations across South Sudan are those that have been significantly affected by conflict and civil insecurity, the economic crisis (currency depreciation, high food prices, limited livelihood opportunities), frequent climate-related shocks (flooding, dry spells), low agricultural production, and the effects of the ongoing conflict in Sudan. An estimated 353,000 people who have returned to South Sudan are experiencing IPC AFI Phase 4 (Emergency) conditions. Out of the analysed counties, 34 are classified in IPC AFI Phase 4 (Emergency), 42 in IPC AFI Phase 3 (Crisis), and three in IPC AFI Phase 2 (Stressed). The counties with populations experiencing IPC AFI Phase 5 (Catastrophe) acute food insecurity between April and July 2025 are summarised below:

State / Administrative Area	County	% of Population in Phase 5	# of people in Phase 5
Greater Pibor Administrative Area	Pibor	5%	12,000
Upper Nile	Luakpiny / Nasir	5%	15,000
Upper Nile	Malakal	5%	10,000
Upper Nile	Ulang	5%	7,000
Returnees	Returnees	5%	39,000
TOTAL			83,000

Shocks and other contributing factors:

Conflict and insecurity: At the national level, conflict and volatility have escalated during March-April 2025. Conflict represents a significant driver of food insecurity and malnutrition and compounds the effects of other drivers such as flooding and macroeconomic volatility. This is particularly the case in the Greater Upper Nile region. While the forthcoming period may see seasonal reductions in conflict with more restricted movement due to wet conditions, this in turn may be preceded by an escalation prior to the rain, to consolidate military gains before road conditions deteriorate.

The national context remains highly variable from one region to the other, as a consequence of overlapping political conflicts, sub-national tensions, and spill over from the war in Sudan. At the sub-national level, the risk of conflict remains very high, especially in Upper Nile, and was a factor for all areas which were reviewed for risk of Famine. The conflict in neighbouring Sudan is likely to exacerbate insecurity in the northern bordering areas and is responsible for the displacement of more than 1.1 million people into South Sudan. Any future instability in Juba may affect inland locations, many of which depend on Juba for the sourcing of essential household items. Open access and the free movement of commodities along the Juba-Nimule Road is of particular importance in this regard.

As described above, the dynamics between conflict and food insecurity in South Sudan are complex and overlapping, involving both national political instability, cross border impact of the war in Sudan, and various manifestations of subnational tensions. The impact of conflict is both direct, in that it has immediate consequential impact on food consumption and livelihoods in locations such as Luakpiny/Nasir and Ulang, and indirect impact, introducing more volatility and unpredictability into livelihood strategies in locations such as Malakal and Fangak. The emergence of airstrikes as a mode of warfare with recorded attacks on health facilities and towns has resulted in population dispersal patterns which are difficult to track, disrupted livelihoods and limited access to services. In the absence of a lasting political settlement in Juba, and with continued hostilities in Sudan, conflict will continue to be one of the key determining drivers of food insecurity and malnutrition throughout the projection period.

Climate shocks: According to the IGAD Climate Prediction and Applications Centre (ICPAC), during the projection period some flood-prone areas of Jonglei State (especially parts of Bor South, Pibor, Nyirol and Fangak), Lakes State (Aweril and parts of southern Yirol East), and southeastern parts of Upper Nile (Longochuk and Maiwut) are likely to experience above average rainfall. This would result in the loss of crops and livestock, destruction of farms, the disruption of market functionality and increased incidences of water-borne diseases among others. The United Nations Satellite Centre (UNOSAT) analysis of satellite detected water extents between 25 and 29 April 2025 reports that about 11,000 km²

of land appears to be affected by flood waters, with an estimated 180,000 people potentially exposed or living close to flooded areas. The affected areas are mainly Unity State (parts of Rubkona, Pariang, Mayom, Mayendit and Panyijiar counties), Jonglei State (parts of Old Fangak, Ayod, Duk, Twic East and Bor South counties), Lakes State (parts of Yirol East and Awerial counties), and Warrap State (parts of Tonj North County). The food security and nutrition situation in flooded areas are impacted by damaged crop fields, pastures, and essential infrastructure; disrupted livelihood activities and trade flows; lack of humanitarian aid deliveries, and increased risk of disease outbreaks, including cholera.

Cuts to humanitarian food security assistance (HFSA): Despite recent reprioritisation efforts, the present levels of HFSA remain largely insufficient to meet the needs of the approximately 90 percent of people classified in IPC AFI Phase 3 or above (Crisis or worse), 60 percent of which are experiencing IPC AFI Phase 4 (Emergency) and IPC AFI Phase 5 (Catastrophe) conditions. Malnutrition treatment and prevention programmes face similar, if not higher gaps.

Food availability: The 2024 net cereal production is estimated at about 1,12 million tonnes, which is 10 percent higher than the 2023 output, and 25 percent above the average from the previous five years. Cereal production benefited from overall favourable weather conditions, limited flood-related damage to standing crops and a slight increase in planted area compared to the previous year due to improved security conditions. Despite the better performance in the 2024 cropping season, the cereal deficits remain significant, representing only one-quarter of the domestic cereal requirements, thus contributing to food insecurity.

Economic shocks also continue to drive food insecurity in South Sudan, with currency depreciation and high food prices eroding household purchasing power. The cost of food increases significantly during the lean season (month to month) when dependency on markets is highest amid reduced or depleted harvest stocks.

Access to food: The ongoing macroeconomic crisis and associated currency depreciation are making it difficult for most households to afford food in their local markets. Market monitoring in March 2025 shows that the price of 1kg of maize flour in Juba increased by 67 percent compared to the same period in the previous year and by 144 percent in Aweil Centre for the same period. Additional transportation and taxation costs have also significantly increased the cost of food items further inland and outside of the capital Juba, in addition to the disruption of supply routes from Sudan. The Food Security and Nutrition Monitoring System (FSNMS) Round 30 data collected between June and September 2024 indicated that an estimated 55 percent of respondents reported high food prices as a major shock their household had faced in the last six months prior to the survey. Reduced income due to job losses, lack of employment opportunities, or the loss of a productive member of the household have also resulted in decreasing household purchasing power. This trend is expected to persist and deteriorate further in areas affected by conflict and civil insecurity, where markets have closed. For example, people in Luakpiny/Nasir and Ulang counties in Upper Nile State are forced to rely on markets in neighbouring counties. The conflict in Sudan also continues to disrupt supply chains for markets in the northern parts of South Sudan that used to rely on stocks from Sudan. These populations are now forced to depend on Juba markets for supplies which are imported from Uganda and Kenya and cost much more due to exchange rate losses, storage costs, and high transport and taxation costs. Market functionality is also affected by the seasonal deterioration of the country's road network during the rainy season, further constraining household access to highly priced food items.

Food utilisation: Most of the country suffers from high incidences of waterborne diseases, low use of latrines, poor water quality, sanitation, personal hygiene and living environments. All of these factors are exacerbated by the annual flooding some locations experience throughout the year. Healthcare facilities and services are generally poor or suboptimal, which leads to high incidences of diseases that affect food utilisation as well as impact labour availability and incomes at household level.

COMPARISON OF CURRENT AND PREVIOUS ACUTE FOOD INSECURITY (AFI) PROJECTION ANALYSES

Methodology

The previous lean season projection analysis was conducted between 23 September and 5 October 2024. The update to the projection analysis was conducted between 22 April and 2 May 2025.

The April/May 2025 AFI projection update did not consider all the counties for analysis. Instead, a total of 54 counties and returnee populations were selected based on a criterion of having been classified in IPC AFI Phase 4 (Emergency) in the previous analysis or experiencing aggravating or mitigating factors that would likely contribute to either a deterioration or improvement in their food security situation.

Comparison of findings

Compared to the previous analysis, the number of counties in IPC AFI Phase 4 (Emergency) reduced from 44 to 34 in the May 2025 analysis, while counties in IPC AFI Phase 3 (Crisis) increased to 42 from 32. Counties classified in IPC AFI Phase 2 (Stressed) remained the same at three.

A total of ten counties experienced an improvement dropping from IPC AFI Phase 4 (Emergency) to IPC AFI Phase 3 (Crisis) due to mitigating factors that outweighed aggravating factors. For example, crop production was better than previously projected, and levels of conflict and insecurity were less than initially projected. The counties that experienced an improvement include Kapoeta North of Eastern Equatoria State; Awerial, Cueibet, Rumbek Centre, Rumbek East, Yirol East and Yirol West of Lakes State; Aweil East of Northern Bahr el Ghazal State; and Gogrial West and Gogrial East of Warrap State.

Thirteen counties maintained the same phase classification from the previous analysis but experienced a reduction in severity of food insecurity through a reduction in the proportion of populations in IPC AFI Phase 3 or above. This includes Renk County in Upper Nile State which is classified in IPC AFI Phase 3 (Crisis), as well as Kapoeta East of Eastern Equatoria State; Ayod, Duk, Nyirol and Twic East of Jonglei State; Pibor County of Greater Pibor Administrative Area; Aweil North and Aweil South of Northern Bahr el Ghazal State; Guit, Leer, Mayendit and Rubkona of Unity State; and Malakal of Upper Nile State; which are all classified in IPC AFI Phase 4 (Emergency).

Of greater concern are the counties that maintained the same phase classification but experienced an increase in the severity of food insecurity through an increase in the proportion of populations classified in IPC AFI Phase 3 or above. This includes Juba, Kajo Keji, Lainya and Morobo in Central Equatoria State; Magwi in Eastern Equatoria State; Abiemnhom in Unity State; Melut in Upper Nile State; and Nagero in Western Equatoria State which are all classified in IPC AFI Phase 3 (Crisis). Counties that maintained their IPC AFI Phase 4 (Emergency) classification but exhibited a severity deterioration include Akobo, Canal/Pigi and Fangak in Jonglei State; Panyijiar in Unity State; Akoka, Baliet, Fashoda, Longochuk, Luakpiny/Nasir, Ulang, Maban and Panyikang in Upper Nile State; and Tonj East in Warrap State.

In the previous analysis, only three counties had populations classified in IPC AFI Phase 5 (Catastrophe), namely Uror in Jonglei State; Pibor in Greater Pibor Administrative Area; and Malakal of Upper Nile State. In the update analysis, Pibor County continues to have populations classified in IPC AFI Phase 5 (Catastrophe), while two additional counties – Luakpiny/Nasir and Ulang of Upper Nile State – have populations in IPC AFI Phase 5 (Catastrophe) due to conflict and insecurity. Uror County no longer has populations in IPC AFI Phase 5 (Catastrophe).

Greater Equatoria Region

In Greater Equatoria, an estimated 1.71 million people (46 percent of the region's population) are likely to face high levels of acute food insecurity IPC AFI Phase 3 or above (Crisis or worse) between April and July 2025. Of these, approximately 369,000 people (10 percent) are projected to be in IPC AFI Phase 4 (Emergency) and 1.34 million people (38 percent) in IPC AFI Phase 3 (Crisis). This reflects an increase compared to the September 2024 projection, which estimated 1.44 million people would be facing IPC AFI Phase 3 or above (Crisis or worse) conditions during the same period.

A total of ten counties were analysed for this lean season update. Although nine counties are expected to remain in the same IPC phase, the overall food security situation is projected to deteriorate, leading to an increase in the number of people facing IPC AFI Phase 3 or above (Crisis or worse) conditions. One county, Kapoeta North, is expected to improve from IPC AFI Phase 4 to IPC AFI Phase 3, attributed to the significant scale-up of planned humanitarian food assistance (HFA).

During this period, two counties (Kapoeta East and Lafon in Eastern Equatoria State) are expected to be in IPC AFI Phase



4 (Emergency), 19 counties in IPC AFI Phase 3 (Crisis), and three counties in IPC AFI Phase 2 (Stressed).

The deterioration in food security conditions is primarily driven by elevated staple food prices, reduced household purchasing power, localised conflict and insecurity (including cattle raiding and road banditry), as well as unpredictable weather conditions and limited access, all of which are expected to disrupt trade flows and market functionality across the region.

Central Equatoria State

In Central Equatoria State, an estimated 911,000 people (57 percent of the state's population) are likely to face high levels of acute food insecurity IPC AFI Phase 3 or above (Crisis or worse) between April and July 2025. Of these, approximately 188,000 people (12 percent) are projected to be in IPC AFI Phase 4 (Emergency), while 723,000 people (45 percent) are expected to be in IPC AFI Phase 3 (Crisis). While the food security situation was previously projected to deteriorate, this updated analysis indicates that conditions have further worsened.

The key drivers of this deterioration include active conflict and insecurity, which have restricted population movement and trade flows, along with high food prices, unpredictable weather conditions, and limited access to essential services and markets. During this period, all counties in Central Equatoria are experiencing IPC AFI Phase 3 (Crisis) levels of acute food insecurity.

Eastern Equatoria State

In Eastern Equatoria State, an estimated 536,000 people (46 percent of the state's population) are facing high levels of acute food insecurity IPC AFI Phase 3 or above (Crisis or worse) between April to July 2025, of which 150,000 people (13 percent of the state's population) will likely be in IPC AFI Phase 4 (Emergency), and 386,000 people (33 percent of the state's population) will likely be in IPC AFI Phase 3 (Crisis). Overall, the food security situation was expected to deteriorate, but this updated analysis indicates conditions have further worsened compared to the September 2024 projection. The deterioration is linked to high food prices, driven by low production and limited supplies. The peak of the lean season (July-August) will further constrain household access to food. Additionally, insecurity incidents such as communal violence, looting, highway robberies and ambushes, farmer-herder conflicts, and cattle raiding are likely to continue disrupting movement and livelihood activities. However, slight improvements were observed in some counties experiencing IPC AFI Phase 4 conditions due to the mitigating impact of HFA.

During the updated projection period, two counties (Kapoeta East and Lafon) are classified in IPC AFI Phase 4 (Emergency) acute food insecurity, while the remaining six counties (Budi, Ikotos, Kapoeta South, Kapoeta North, Magwi, and Torit) are classified in IPC AFI Phase 3 (Crisis).

Western Equatoria State

In Western Equatoria State, an estimated 260,000 people (26 percent of the state's population) are facing high levels of acute food insecurity IPC AFI Phase 3 or above (Crisis or worse), of which 31,000 people (3 percent of the state's population) are classified in IPC AFI Phase 4 (Emergency), and 229,000 people (23 percent of the state's population) in IPC AFI Phase 3 (Crisis). One county, Nagero, has remained in IPC AFI Phase 3, but a deterioration is observed with an increasing proportion of the population sliding into IPC AFI Phase 4. The deterioration is primarily driven by the influx of IDPs from Tambura County, ongoing insecurity that restricts people's movement and access to livelihood activities, limited employment opportunities, and high food prices.

During this period, seven counties (Ibba, Maridi, Mundri East, Mundri West, Mvolo, Nagero, and Tambura) are classified in IPC AFI Phase 3 (Crisis), and three counties (Ezo, Nzara, and Yambio) are classified in IPC AFI Phase 2 (Stressed).

Greater Upper Nile Region

In Greater Upper Nile region, an estimated 3.1 million people (64 percent of the region's population) are facing high levels of acute food insecurity IPC AFI Phase 3 or above (Crisis or worse) between April and July 2025, of which 44,000 people (1 percent of the region's population) are experiencing IPC AFI Phase 5 (Catastrophe) conditions. Another 1 million people (22 percent of the region's population) are in IPC AFI Phase 4 (Emergency), and 2 million people (42 percent of the region's population) are in IPC AFI Phase 3 (Crisis). The food insecurity is mainly driven by conflict and civil insecurity, flooding,

the economic crisis and associated high food prices, and the pressure exerted by returnees from Sudan on the limited resources available in host communities. During this period, 25 counties in the region are classified in IPC AFI Phase 4 (Emergency) and eight counties are classified in IPC AFI Phase 3 (Crisis). During the analysis period, 15 counties within the region are expected to receive significant humanitarian food assistance with at least 25 percent of the population able to cover at least 50 percent of their caloric needs. Approximately 1.3 million people will receive humanitarian food assistance across the Greater Upper Nile region, representing 28 percent of the total population. Compared to the previous analysis in September 2024, all 33 counties in the region have maintained their phase classification. However, the number of people facing Crisis or worse conditions between April and July 2025 improved from 3.2 million to 3.1 million when compared to the previous analysis.

Jonglei State and Pibor Administrative Area

In the lean season projection period between April and July 2025, an estimated 1.3 million people (61 percent of the state's population) are classified in IPC AFI Phase 3 (Crisis or worse) in Jonglei State, of which 11,800 people will likely be in IPC AFI Phase 5 (Catastrophe), 475,000 people in IPC AFI Phase 4 (Emergency), and 798,000 people in IPC AFI Phase 3 (Crisis). The 11,800 people experiencing IPC AFI Phase 5 (Catastrophe) conditions are living in Pibor Administrative Area, primarily in the upper payams of Pibor Administrative Area. During this period, nine counties will likely be in IPC AFI Phase 4 (Emergency) and two counties in IPC AFI Phase 3 (Crisis). Within the analysis period, households are expected to face depleted household food stocks and increased market dependency amid high food prices. Insecurity expected during this period is likely to restrict access to markets and livelihood activities, compounded by road inaccessibility as the rainy season begins. This growing market dependency will be exacerbated by the ongoing economic situation. Households are likely to rely on wild foods, fish, and milk, especially as livestock return closer to homesteads.

The main drivers of food insecurity in Jonglei State and Pibor Administrative Area are conflict and insecurity, high food prices, and consecutive years of widespread floods from 2020 to 2024. Collectively, these drivers have led to significant displacement of people, as well as disruptions to livelihoods activities, market operations, and the delivery of humanitarian assistance.

Recent sub-national conflicts in Northern Jonglei, including aerial bombardments in Fangak county, have disrupted livelihoods opportunities (e.g. fishing, livelihoods production), displaced populations, limited access to essential health services, and disrupted the provision of humanitarian assistance. Prospects for agricultural production in 2025 are under serious risk as humanitarian partners were unable to deliver seeds and tools during key phases of the production cycle because of conflict and civil insecurity. Flooding is expected to have the same severity as in previous years and is likely to cause population displacements and damage to agricultural land and infrastructure. Livestock production in 2024 is likely to be affected by conflict and political tensions within the country, which is likely to limit household access to milk, meat, and income from livestock. Fishing and wild foods are expected to be the most important food source during the analysis period, in advance of flooding expected in late August and September 2025. In comparison to the previous IPC analysis, Jonglei state has experienced some improvements, particularly related to road access and security, including fewer localised conflict events.

Key risk factors to monitor during this period include conflict and civil insecurity, weather-related disruptions to infrastructure and market functioning, high food prices, rainfall performance and associated flooding risks.

Upper Nile State

Between April and July 2025, the peak of the lean season, the food security situation is expected to deteriorate in Upper Nile State with an estimated 1.04 million people (66 percent of the state's population) likely to face high levels of acute food insecurity IPC AFI Phase 3 or above (Crisis or worse) of which 32,500 people will be in IPC AFI Phase 5 (Catastrophe), 354,000 people in IPC AFI Phase 4 (Emergency), and 655,000 people in IPC AFI Phase 3 (Crisis). During this period, 11 counties are classified in IPC AFI Phase 4 (Emergency) and two counties are in IPC AFI Phase 3 (Crisis).

Food insecurity in the state during the analysis period will be primarily driven by conflict and insecurity, including significant clashes and aerial bombardments in Nasir, Ulang, Akobo, and Longochuk. Conflict and insecurity have led to significant displacement of people and disruptions to livelihoods activities. Food insecurity will be additionally exacerbated by high food prices, market access challenges due to flooding and insecurity, and limited income-generating opportunities connected with persistent macro-economic challenges. The food security situation is additionally compounded by the

impact of the ongoing crisis in Sudan as market supplies are cut off and people flee Sudan to Upper Nile state. The state is considered the main entry point for returnees and refugees from Sudan, with significant settlement and onward movement through the state. Collectively the large volume of new arrivals has added pressure on local systems and resources. The deterioration in the food security situation is likely to be mitigated by the availability of some wild foods and fish, however, recent insecurity may disrupt some of these activities.

Risk factors to monitor through the projection period includes influxes of returnees from Sudan, conflict and civil insecurity, food prices, disease outbreaks, rainfall performance, and flood dynamics.

Unity State and Ruweng Administrative Area

During the lean season projection period of April to July 2025, the food security situation will seasonally deteriorate in Unity State and Ruweng Administrative Area with an estimated 775,000 people (67 percent of the state's population) likely to experience high levels of acute food insecurity IPC AFI Phase 3 or above (Crisis or worse), of which 220,000 people are classified in IPC AFI Phase 4 (Emergency), and 555,000 people in IPC AFI Phase 3 (Crisis). This is a slight decline in severity of food insecurity compared to the earlier IPC analysis projection. However, during this period, five counties (Guit, Leer, Mayendit, Panyijiar, and Rubkona) will continue to experience IPC AFI Phase 4 (Emergency) levels of acute food insecurity, and four counties (Abiemnhom, Koch, Mayom and Pariang/Ruweng) will remain in IPC AFI Phase 3 (Crisis). A significant improvement is expected in Rubkona County where a substantial amount of humanitarian food assistance (HFA) is mitigating the acute food insecurity situation.

Factors driving food insecurity in Unity state remain largely unchanged from the previous analysis except for the delivery of substantial HFA which is mitigating the severity of food security conditions. Severe food security outcomes will likely be driven by depleted household stocks of harvested crops, diminished coping capacities following years of multiple shocks, increased dependency on markets that are characterised by high food prices and low household purchasing power, flooding, conflict and insecurity associated with cattle raiding, a continuous influx of returnees from Sudan, and reduced functionality of markets caused by the degradation of roads and other infrastructure during the rainy season. Road conditions will begin to deteriorate when the rainy season begins mainly from May/June. Macro-economic volatility, including the depreciation of the South Sudanese pound against foreign currency, is likely to sustain atypically high commodity prices. Cross-border disputes between South Sudanese and Sudanese pastoralists over grazing land and water will aggravate the seasonal shortage of these products during this time. Access to fish and wild foods will also dwindle significantly during this period. Recent localised conflict is likely to continue to impact people's livelihoods especially during the agricultural season. Goats, sheep and chicken will likely be around homesteads providing people with animal-based protein sources. Sales of animals are also expected to households struggle to afford food at high prices. Flood water, while enabling limited fishing and vegetable farming, is likely to continue to restrict the traditional agro-pastoral activities.

Factors to monitor through the projected period include cattle raiding, market price trends, conflicts, influxes of returnees, the performance of the rainy season and associated risks of flooding.

Greater Bahr el Ghazal Region

In Greater Bahr el Ghazal, an estimated 1.9 million people (54 percent of the region population) are facing high levels of acute food insecurity IPC AFI Phase 3 or above (Crisis or worse) of which 616,000 people (17 percent of the region population) are classified in IPC AFI Phase 4 (Emergency), and nearly 1.4 million people (39 percent of the region population) are in IPC AFI Phase 3 (Crisis). This shows an improvement compared to the September/October 2024 projection period, which estimated 2.1 million people would be experiencing Crisis or worse conditions.

The key drivers of food insecurity during this period include currency devaluation, depletion of stocks among poor households, high market prices due to hyperinflation, and influxes of returnees from Sudan.

Northern Bahr el Ghazal State

In Northern Bahr el Ghazal, an estimated 516,000 people (60 percent of the State's population) are facing high levels of acute food insecurity IPC AFI Phase 3 or above (Crisis or worse), of which 196,000 people (20 percent of the State's population) are in IPC AFI Phase 4 (Emergency) and 380,000 people (39 percent of the State's population) are in IPC AFI Phase 3 (Crisis). This reflects a slight improvement in the food security situation compared to the September 2024

projection, which estimated that 790,000 people would be in IPC AFI Phase 3 or worse. The key drivers of food insecurity include the ongoing economic crisis and high food prices, reduced household income caused by loss of employment or a productive household member, unpredictable weather conditions (such as irregular rainfall patterns, floods and prolonged dry spells), high levels of disease, high fuel and transport prices, and the effects of the crisis in Sudan (particularly the influx of returnees and refugees). Mitigating factors during this period include the availability of wild foods, fish, and wild game meat. Three counties (namely Aweil North, Aweil East and Aweil South) will also receive significant HFSA during this projection period. Between April and July 2025, four counties (Aweil Centre, Aweil North, Aweil East and Aweil South) are classified in IPC AFI Phase 4 (Emergency), while one county (Aweil West) is classified in IPC AFI Phase 3 (Crisis).

Lakes State

Between April and July 2025, the food security situation will deteriorate, with an estimated 678,000 people (54 percent of the state's population) likely to face high levels of acute food insecurity IPC AFI Phase 3 or above (Crisis or worse), of which 173,000 people (14 percent of the state's population) are likely to be in IPC AFI Phase 4 (Emergency), and 505,000 people (41 percent of the state population) are likely to be in IPC AFI Phase 3 (Crisis). This shows a slight improvement in the food security situation compared to the September 2024 projection, which estimated 707,000 people would be experiencing IPC AFI Phase 3 or worse conditions compared to the previous projection period. The key drivers of this deterioration include high food prices, depletion of food stocks among poor households, high market prices due to hyperinflation and the onset of the rainy season, which will likely disrupt supply chains especially the movement of food commodities to remote areas. For example, Rumbek North, Northern Cueibet and other payams are inaccessible during the lean season. However, Rumbek Centre and Rumbek East will be receiving significant HFA during this period.

During this period, one county (Rumbek North) is classified in IPC AFI Phase 4 (Emergency), while six counties (Awerial, Cueibet, Rumbek Centre, Yirol West and Yirol East) are classified in IPC AFI Phase 3 (Crisis).

The risk factors to monitor include price shocks, high food prices and unpredictable rain patterns.

Warrap State

In Warrap State, an estimated 729,000 people (55 percent of the State's population) are facing high levels of acute food insecurity IPC AFI Phase 3 or above (Crisis or worse), of which 247,000 people (19 percent of the state's population) are in IPC AFI Phase 4 (Emergency) and 482,000 (36 percent of the state's population) are in IPC AFI Phase 3 (Crisis). This shows a slight improvement in the state's overall food security situation compared to the September 2024 projection, which estimated 790,000 people would be in Crisis or worse acute food insecurity.

Food insecurity in Warrap State is driven by climatic shocks (primarily the effects of widespread flooding in 2024), the early depletion of food stocks, the economic crisis, conflict and insecurity (mainly cattle raiding and revenge attacks of which displace populations and disrupt livelihoods), and the influx of people fleeing the conflict in Sudan putting additional pressure on the limited resources available.

During this period, three counties (Tonj East, Tonj North and Twic) are classified in IPC AFI Phase 4 (Emergency) while three counties (Gogrial East, Gogrial West and Tonj South) are classified in IPC AFI Phase 3 (Crisis).

Returnees Analysis

The IPC analysis conducted between September-October 2024 projected that 85 percent of returnee households in South Sudan would experience high levels of acute food insecurity between April and July 2025. The analysis estimated that 5-10 percent of returnees would experience conditions characteristic of IPC AFI Phase 5. This was based on level one outcome data indicative of poor dietary diversity and quality, extreme food consumption gaps, and heavy reliance on food- and livelihood-based coping mechanisms.

There is little evidence to suggest the situation has improved. Since October 1 2024, another 300,000 people have crossed into South Sudan. The majority travelled to Upper Nile State, which remains the epicentre of the crisis. The population in Upper Nile State exhibits severe underlying vulnerability, characterised by:

- **Widespread severe acute food insecurity:** The IPC analysis conducted in September-October 2024 projected that two-thirds of the population in Upper Nile State would experience crisis-level food insecurity or worse between April and July 2025.

- **‘Critical’ levels of acute malnutrition:** Nutrition analyses conducted in Balia, Malakal and Manyo counties in September 2024 identified GAM rates that surpassed the Critical (IPC AMN Phase 4) threshold of 15 percent.
- **Emergency-level mortality:** An assessment in Panyikang in September 2024 identified a crude death rate (CDR) of 1.53, which surpassed the emergency threshold.
- **Conflict and civil Insecurity:** Much of Upper Nile State has been impacted by violent conflict since February 2025, as well as significant access constraints and a drawdown in funding.

Returnees also demonstrate severe underlying vulnerability, in particular:

- Available data suggests that returnees face significant obstacles to engaging in self-sustaining livelihood activities.
- At the time of FSNMS data collection in 2024, just 48 percent of returnee households could access land for cultivation; 98 percent did not own any livestock, and 61 percent could not access fish for consumption.
- Available data also suggest that returnees do not receive humanitarian food assistance: Just 17 percent of returnee households received humanitarian assistance in the three months prior to FSNMS data collection.
- Returnee households exhibit severe economic vulnerability: In 2023, data collected during the FSNMS Round 29 revealed that 86 percent of returnee households did not have the economic capacity to meet their essential needs. Furthermore, 70 percent spent more than half of their expenditure on food.

Available data suggests that the availability and accessibility of food remains poor among returnee households. In March 2025, an integrated public health assessment in Fangak County of Jonglei State revealed that 10 percent of the sampled returnees exhibited Household Hunger Scale (HHS) scores indicative of IPC AFI Phase 5 (Catastrophe).

The projection update classification for returnee populations represents a minor deterioration from that projected in September 2024 (5 percent have moved from IPC AFI Phase 3 to IPC AFI Phase 4), mainly because the number of arrivals has continued to increase even as conditions in South Sudan have deteriorated significantly since the latest analysis workshop, to include a chronic macroeconomic crisis and extreme violence in Upper Nile State, into which most returnees have been displaced.

Some key arguments for the returnee classification include:

1. The availability of harvested food stocks will completely deplete in this analysis period, if they haven’t already.
2. Though the availability of livestock products will increase marginally in areas of return, just 2 percent of returnee households owned animals in June 2024.
3. Food prices will reach a seasonal peak. This is important because most returnees will rely on market purchases during the lean season to access food. Spiralling food prices, combined with most returnees’ negligible economic capacity, will restrict returnees’ financial access to food. Meanwhile, widespread severe acute food insecurity and severe underlying vulnerability in areas of return will likely apply considerable pressure on returnees’ social access to food.
4. Chronic insecurity and flood waters will restrict returnee households’ access to primary income sources like gathering/sale of forest products and wild food.

Those 5 percent of returnee households in IPC AFI Phase 5 (Catastrophe) include those with weaker social networks, those who cannot engage at all in primary livelihood activities, and those impacted by the violence in Upper Nile State since February 2025.

RISK OF FAMINE ANALYSIS

During the update analysis, risk of Famine (RoF) analysis was initiated by the analysis team for four counties (Nasir, Ulang, Pibor and Fangak), and following the analysis, it was concluded that only two counties — Nasir and Ulang — fall under RoF.

In the most likely scenario, approximately 83,000 people across the most affected areas face IPC AFI Phase 5 (Catastrophe) between April and July 2025, representing 1 percent of the total population in these areas. Currently, the evidence criteria for Famine (IPC AFI Phase 5), which is an area level outcome representing at least 20 percent of the population, has not been met for these areas over the same period.

Nevertheless, two counties - Ulang and Nasir in Upper Nile State - face a risk of Famine through July 2025 under a worst-case scenario with reasonable chances to occur. This means that Famine (IPC AFI Phase 5) has a reasonable chance of happening in the next two months under a plausible scenario in which critical drivers and contributing factors deteriorate further, compared to the forecasts in the most likely scenario. Under this worst-case scenario, an escalation of conflict and severe flooding would materialise, leading to a total blockage of humanitarian aid to these counties, particularly to the most vulnerable communities, including internally displaced people (IDPs).

Ulang County: The RoF analysis projects a dire crisis in Ulang County from April to July 2025, with an IPC AMN Phase 5 (Extremely Critical) classification from April to June 2025, indicating malnutrition rates exceeding famine thresholds, and IPC AFI Phase 5 (Catastrophe) affecting at least 5 percent of the population (7,000 people) with severe food deficits. Since February 2025, armed violence and airstrikes have displaced approximately 25 percent of the population, many fleeing to Ethiopia or living in makeshift sites along the Sobat River, where poor sanitation has triggered a cholera outbreak with a 1.2 percent case fatality rate, surpassing the WHO's 1 percent threshold. Humanitarian efforts face significant challenges, including suspended food distributions in April and May 2025 due to insecurity, looted health facilities, and medicine stockouts, exacerbated by humanitarian intervention funding shortages. The situation is expected to worsen with the rainy season, as flooding (up 60 percent since January 2025) and potential violence escalation could restrict access to food sources like grazing lands, fishing, and wild foods, while insecurity along the Sobat River hampers markets. In the worst-case scenario, escalated conflict and severe flooding could block humanitarian aid, increasing the plausible risk of Famine among displaced households.

Nasir County: The RoF analysis projects an exceptionally severe crisis in Nasir County, South Sudan, from April to July 2025, driven by acute malnutrition, food insecurity, and compounding humanitarian challenges. The county is classified in IPC AMN Phase 5 (Extremely Critical) from April to June, with malnutrition rates exceeding famine thresholds, and IPC AFI Phase 5 (Catastrophe) affecting at least 5 percent of the population (15,000 people) with extreme food deficits. Since February 2025, armed violence and airstrikes have displaced 20 percent of the population, with many fleeing to Ethiopia or residing in makeshift camps along the Sobat River, where poor sanitation has fuelled a cholera outbreak with a 4.4 percent case fatality rate, well above the WHO's 1 percent threshold. Humanitarian efforts face significant obstacles: food distributions for 25 percent of the population were suspended in April 2025 due to security issues, with May distributions also likely to be missed, while looted health facilities and shortages of essential medicines exacerbate the crisis. The situation is expected to worsen with the rainy season, as flooding (up 65 percent since February) and ongoing clashes threaten access to food sources like grazing lands, fishing, and wild foods. In the worst-case scenario, escalating violence and severe flooding could disrupt markets and block humanitarian aid, increasing the plausible risk of Famine among displaced households. In the worst case, extreme malnutrition and food insecurity, widespread displacement, a deadly cholera outbreak, limited humanitarian access, and the looming threat of floods and violence.

PiNHA ANALYSIS

Although largely insufficient to meet the needs of all people in severe acute food insecurity, humanitarian food security assistance continue playing a decisive role to pre-empt a transition of large segments of people into the highest IPC Phases (Emergency and Catastrophe), hence reducing risks of catastrophic outcomes. It is estimated that an additional 370,000 people would be in IPC Phase 3 (Crisis) or worse in should they have not received humanitarian food security assistance. A much larger segment of people classified in IPC Phase 3 or IPC AFI Phase 4 would be in higher phases in absence of support.

The standard IPC population estimates are prepared for current and projection periods. The estimates for the current period include any potential effects of humanitarian food security assistance (HFSA) that has been provided in recent times, as the household survey data used for the IPC analysis reflects the situation on the ground (whether in presence or absence of assistance). For the projection periods, analysts considered the information provided on planned, funded/committed and most likely to be delivered assistance while classifying the severity of the situation and estimating the populations. In both cases, IPC population estimates either implicitly (current period) or explicitly (projection periods) considered assistance, and hence some households may be in lower Phases due to receiving assistance.

Consequently, the standard IPC population estimates do not provide the total number of people in need of assistance, especially in a situation with large-scale assistance. To provide more information for decision-making, new protocols have been developed to estimate the total number of people in need of HFSA. These protocols were applied in the South Sudan analysis for areas where assistance is or is expected to be highly significant, i.e., at least 25 percent of households meeting at least 50 percent of their kilocaloric (kcal) needs through assistance.

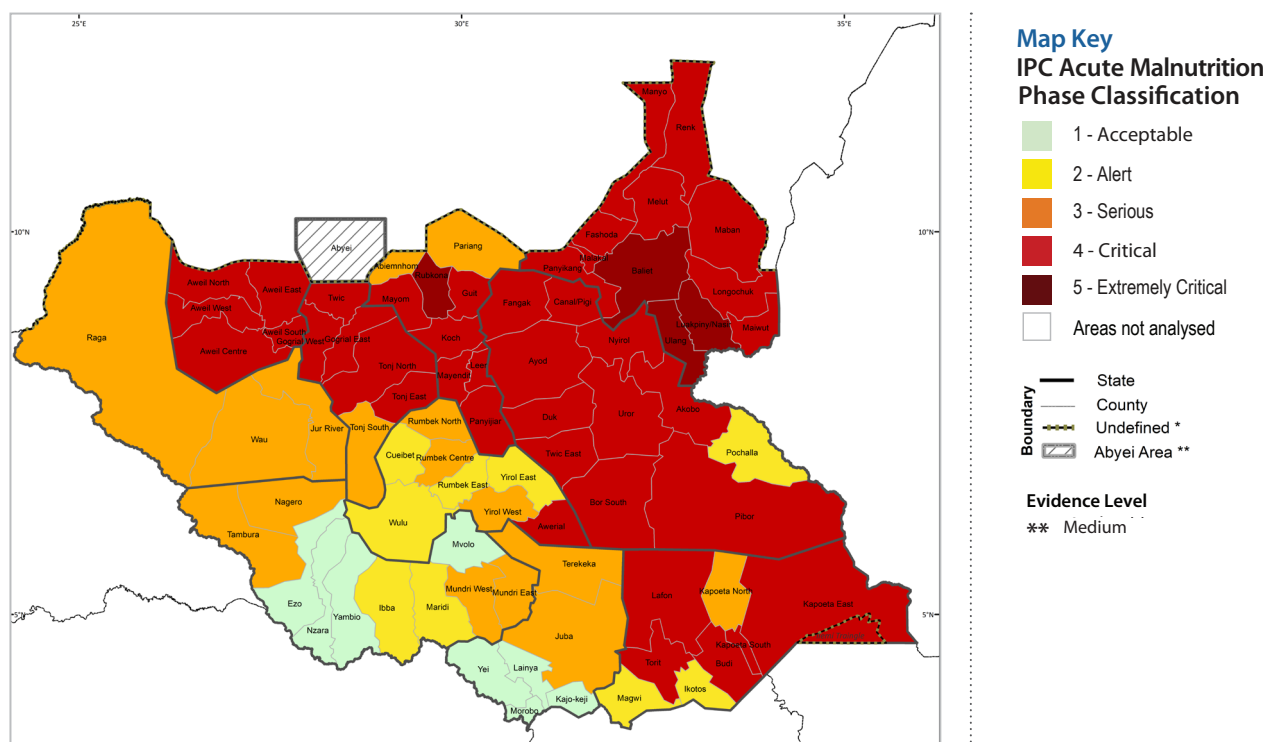
By using these criteria, 23 counties were identified for the PiNHA analysis for the projection update. Nine more counties were included compared from the previous PiNHA analysis. The purpose of the PiNHA analysis is to estimate the share of populations in IPC AFI Phase 2 (Stressed) acute food security due to the assistance they are receiving/will receive, and who would likely be in IPC AFI Phase 3 (Crisis) or above food in the absence of assistance. This share is then added to the population in Crisis or worse acute food insecurity to get the overall share of populations in need of humanitarian food security assistance.

Given that the share of the population in IPC AFI Phase 2 (Stressed) with assistance is relatively low (and most households with assistance are already classified in IPC AFI Phase 3 or above, the PiNHA estimates are substantially higher than the standard IPC population estimates, at around 9 percent higher. Depending on the county, the share of households to be added to Crisis or worse acute food insecurity ranges from 5 to 15 percent, by analysis period. The PiNHA results are displayed in the population tables below for the assessed counties. For other counties where humanitarian food security assistance is not highly significant, the standard population estimates should be treated as the PiNHA estimates. The PiNHA estimates are expected to assist agencies working on response to have a more complete set of data at their disposal when planning humanitarian food security assistance programmes.



State	County	Population	PINHA % 2nd projection	PINHA # 2nd projection	% Phase 3+	# Phase 3+	% Increase	# Increase
EES	Kapoeta East	175,078	65	113,801	60	105,047	5	8,754
Jonglei	Ayod	200,228	70	140,160	60	120,137	10	20,023
Jonglei	Fangak	202,858	90	182,572	80	162,286	10	20,286
Jonglei	Nyirol	146,792	80	117,434	65	95,415	15	22,019
Jonglei	Pibor	235,136	85	199,866	75	176,352	10	23,514
Jonglei	Twic East	128,083	75	96,062	60	76,850	15	19,212
Jonglei	Uror	202,180	80	161,744	70	141,526	10	20,218
Lakes	Rumbek Centre	222,497	55	122,373	50	111,249	5	11,124
Lakes	Rumbek East	180,138	75	135,104	60	108,083	15	27,021
NBEG	Aweil East	355,906	65	231,339	60	213,544	5	17,795
NBEG	Aweil North	173,877	70	121,714	65	113,020	5	8,694
NBG	Aweil South	146,484	65	95,215	60	87,890	5	7,325
Unity	Leer	80,145	80	64,116	70	56,102	10	8,014
Unity	Mayendit	73,064	80	58,451	70	51,145	10	7,306
Unity	Panyijiar	123,869	90	111,482	75	92,902	15	18,580
Unity	Rubkona	352,669	85	299,769	70	246,868	15	52,901
Upper Nile	Baliet	35,158	80	28,126	75	26,369	5	1,757
Upper Nile	Maban	84,290	75	63,218	65	54,789	10	8,429
Upper Nile	Maiwut	136,359	70	95,451	60	81,815	10	13,636
Upper Nile	Malakal	201,394	75	151,046	70	140,976	5	10,070
Upper Nile	Ulang	145,644	90	131,080	75	109,233	15	21,847
Warrap	Gogrial East	135,062	55	74,284	50	67,531	5	6,753
Warrap	Twic	279,062	70	195,343	65	181,390	5	13,953
Total		4,015,973		2,989,748		2,620,517		369,231

ACUTE MALNUTRITION UPDATED PROJECTION MAP AND POPULATION TABLE (April – June 2025)



Acute Malnutrition population table (July 2024 – June 2025)

Before the projection update in April/May 2025, in South Sudan, a total of 2.1 million cases of children aged 6 -59 months were expected to suffer from acute malnutrition between July 2024 and June 2025. The population in need (PIN) for acute malnutrition was calculated using the prevalence of acute malnutrition from surveys and routine program data. The combined prevalence of acute malnutrition was used for calculation. The incidence correction factor of 3.8 was used to calculate the burden of Severe Acute Malnutrition (SAM) and 2.6 for Moderate Acute Malnutrition (MAM).

Based on the impact of unexpected shocks, or new aggravating factors in the country, an updated PIN was calculated considering the following scenarios: A 15 percent increase was applied in all counties in which the situation is expected to deteriorate; counties in which the update showed no further deterioration, retained the PIN calculated during the previous analysis; finally, counties where the IPC update has not been conducted, no changes have been made to the PIN. Based on the aforementioned scenarios, the total updated number of cases of children aged 6-59 months has increased by 15 percent among updated counties and 10.5 percent overall that translates the increase to nearly 2.3 million compared to the previous 2.1 million. This is an additional 218,000 children that will be acutely malnourished and in need of treatment between July 2024 and June 2025.

State	Total # children 6 - 59 months	Updated # PIN 6 - 59 months	# SAM PIN 2025	Updated # SAM PIN	# MAM PIN 2025	Updated # MAM PIN	# PBW PIN 2025	Updated # PBW PIN
Central Equatoria	319,004	202,285	51,760	55,874	136,542	146,410	80,863	84,018
Eastern Equatoria	229,157	186,072	43,177	47,282	124,710	138,790	105,889	117,429
Jonglei	406,330	433,512	107,762	115,812	292,759	317,700	224,363	246,373
Lakes	237,750	154,205	44,021	44,021	110,184	110,184	64,682	64,682
Northern Bahr el Ghazal	196,732	262,690	74,268	85,408	154,158	177,282	120,509	138,586
Unity	230,400	250,040	85,086	95,136	137,951	154,903	92,436	102,990
Upper Nile	321,628	352,401	108,436	124,701	198,000	227,700	127,598	146,737
Warrap	287,378	260,965	66,811	76,394	161,628	184,572	170,790	195,008
Western Bahr el Ghazal	136,120	99,533	34,875	37,869	56,518	61,664	26,550	29,110
Western Equatoria	189,586	92,109	30,166	31,941	56,768	60,169	97,335	102,093
Grand Total	2,554,085	2,293,812	646,362	714,439	1,429,218	1,579,374	1,111,015	1,227,028



ACUTE MALNUTRITION UPDATED PROJECTION SITUATION OVERVIEW (April - June 2025)

Overall, the acute malnutrition situation is worsening in South Sudan, and this is reflected in the 9.5 percent increase in number of acute malnutrition cases countrywide from 2.1 million children to 2.3 million children (an increase of 220,000 cases). Out of the 62 counties analysed for this update, a deterioration leading to a higher phase classification is expected in 11 counties: three counties (Luakpiny, Nassir and Ulang) will move from IPC AMN Phase 4 (Critical) to IPC AMN Phase 5 (Extremely Critical); three counties (Gogrial East, Tonj North and Torit) moving from IPC AMN Phase 3 (Serious) to IPC AMN Phase 4 (Critical), and five counties (Mundri East, Mundri West, Tambura and Nagero) moving from IPC AMN Phase 2 (Alert) to IPC AMN Phase 3 (Serious). A total of 42 counties deteriorated further within the same classification; for example one county (Baliet) shows a deterioration within IPC AMN Phase 5 (Extremely Critical), while 37 counties are experiencing worse conditions within IPC AMN Phase 4 (Critical) and four counties within IPC AMN Phase 3 (Serious). Meanwhile, nine counties have retained their previous AMN classification from the previous IPC projection analysis. There has been an overall deterioration in all 42 counties which has contributed to a 15 percent increase in the number of acutely malnourished children and in urgent need of treatment.

AMN - IPC Phase	Number of updated counties in each Phase in projection 2 as per the October analysis	Projection 2 Update
Phase 1	0	0
Phase 2	9	3
Phase 3	10	12
Phase 4	42	43
Phase 5	1	4
Total Counties updated	62	62

NUTRITION PROJECTION UPDATE BY STATE

Central Equatoria

Two counties (Juba and Terekeka) were included in the update. According to the updated analysis, the nutrition situation is expected to deteriorate further in both counties – moving from IPC AMN Phase 2 to IPC AMN Phase 3 in Juba and remaining within IPC AMN Phase 3 (Serious) in Terekeka – during the April to June season. This deterioration is attributed to disease outbreaks, the impact of conflict, and humanitarian funding cuts.

In recent months, the Central Equatoria State has faced one of the worst cholera outbreaks with Juba County being the most affected. The outbreak resulted in nearly 6,000 cumulative cases in Juba and 700 in Terekeka, with a case fatality rate of 1.9 and 1.2 percent, respectively. Although the response is ongoing, new cases are expected as the outbreak is not yet fully contained. Additionally, the recent conflict has triggered new displacements, with affected populations seeking refuge in already overcrowded IDP camps in Juba, placing further strain on limited health services. These new shocks – cholera and displacement – were not anticipated in the previous projection and are likely to exacerbate acute malnutrition. Neither Juba nor Terekeka is currently receiving humanitarian food assistance, which means the influx of displaced persons will further strain household food resources. Coverage of nutrition services is expected to remain limited, with no increase in humanitarian support anticipated between April-June 2025. Services for MAM are unavailable, and those for SAM may close due to funding cuts.

Western Equatoria

Four counties were included in this update - Mundri East, Mundri West, Nagero and Tambura. As per the updated analysis, further deterioration is expected in all these counties – moving from IPC AMN Phase 2 (Alert) to IPC AMN Phase 3 (Serious). This is a deviation from the October analysis, in which the situation was expected to remain in IPC AMN Phase 2 in Mudri East, Nagero and Tambura, while in Mundri West it was expected to deteriorate from IPC AMN Phase 1 to 2.

The expected deterioration stems from the current insecurity in the counties, as well as from the decision to stop treatment programmes due to the shrinking humanitarian funding landscape in the State, amidst the increased humanitarian needs. These factors, unchanged, have the potential to negatively impact the acute malnutrition situation across the counties.

Insecurity is likely to continue limiting humanitarian access to rural areas. As a result, this will affect service delivery, reduce coverage, and disrupt food production and market access. Moreover, if the populations of displaced people in camps continues to grow without adequate WASH or shelter infrastructure, the nutrition situation will continue to deteriorate. The limited humanitarian support (e.g. food assistance, livelihood interventions, health service) may not sufficiently address the emerging food gaps. No new humanitarian actors are beginning any major nutrition or WASH interventions during the projection period. The health services are expected to continue, however, they will be constrained by capacity gaps within the remaining period, and it will not be possible to organise training of staff.

Eastern Equatoria

In six counties included in the analysis update – Budi, Kapoeta East, Kapoeta North, Kapoeta South, Torit and Lafon- further deteriorations are expected. The situation is expected to deteriorate from IPC AMN Phase 3 (Serious) to IPC AMN Phase 4 (Critical) in Torit. Meanwhile, it will remain within IPC AMN Phase 4 in Budi, Kapoeta East, Kapoeta South and Lafon; and remain within IPC AMN Phase 3 in Kapoeta North. This is mainly driven by the impact of conflict, disease outbreaks and humanitarian funding cuts.

Compared to the previous IPC projection, the situation appears to be deteriorating, with continued displacements of people, worsening malnutrition, high prices of staple food commodities, increasing humanitarian needs, donor pull outs and disease outbreaks. This is the case in Kapoeta East, Kapoeta South, and Torit. Road insecurity, looting and social protection concerns will affect accessibility to health facilities and markets. Cattle raiding and intercommunal conflict in the Greater Kapoeta (Kapoeta North, South and East) and neighbouring Pibor Administrative Area (PAA) continue to impact movements, access to commodity markets and better health services.

An increase in disease prevalence, especially diarrhoea, malaria, and acute respiratory infection (ARI), will negatively affect the acute malnutrition situation in the state. The cholera outbreak in the counties of Kapoeta South, North and Budi, if not controlled, is likely to spread to other neighbouring counties of Kapoeta East, Torit and Lapa Lafon and impact acute malnutrition and mortality rates.

Reductions in humanitarian funding has meant support to fewer nutrition sites across the state which will negatively

affect the nutrition situation through reduced coverage, and quality of nutrition services, and delayed referrals. Poor management of cases in stabilisation centres in Kapoeta South, Kapoeta North, Buddi and Torit counties will also affect service delivery and quality of care, which could increase mortality.

Vaccination campaigns (vitamin A supplementation and measles vaccination) are planned in the months of April, May and June 2025 and will likely boost immunisation coverage. However, due to reduced humanitarian funding, partners like OPEN, TADO, that were supporting Outreach immunisation services in the counties of Kapoeta East, South, North, Torit and Budi, have closed.

Lakes

The updated analysis for Lakes State projects that all seven counties will remain in the same IPC AMN phases as previously assessed, with no further deterioration anticipated during the projection period (April–June 2025). Awerial will remain in IPC AMN Phase 4 (Critical); Rumbek Centre, Rumbek North, and Yirol West in IPC AMN Phase 3 (Serious); and Yirol East, Rumbek East, and Cueibet in IPC AMN Phase 2 (Alert).

This projection period aligns with the state's typical high-malnutrition season, which coincides with the lean season. The lean season is marked by depleted household food stocks, increased reliance on markets, and worsening dietary diversity. These factors are expected to sustain high levels of acute malnutrition, compounded by limited access to nutrition services, reduced community outreach, and funding cuts.

An influx of internally displaced persons (IDPs), particularly in Awerial—where floods have affected 31 percent of the population—has strained already limited resources. Public health systems are overstretched, vaccination coverage remains low, and WASH infrastructure is minimal, all of which heighten the risk of child malnutrition.

Cholera has emerged as an unusual and concerning shock in Lakes State, with high positivity and case fatality rates reported. The response remains suboptimal, and until adequately addressed, the outbreak is expected to further aggravate malnutrition in the affected communities.

Warrap

In this update analysis, the acute malnutrition situation in Gogrial East and Tonj North counties is expected to deteriorate further from IPC AMN Phase 3 (Serious) to IPC AMN Phase 4 (Critical) in the projection period. All the remaining counties – Gogrial West, Tonj East and Twic – are also expected to experience further deterioration, though within IPC AMN Phase 4. The Abyei Administrative Area is likewise projected to remain in IPC AMN Phase 4.

The worsening situation is largely driven by an exceptional high incidence of cholera, making Warrap one of the most affected states in the country. Over 50 percent of cases are among children, and the case fatality rate is alarmingly high. While a rise in disease burden was previously anticipated, the scale of the cholera outbreak was not.

Warrap continues to receive IDPs in several counties, further straining limited host-community resources. Alongside displacement due to the Sudan crisis, recent conflict within Warrap has led to additional population movements. These new aggravating factors – including cholera, reduced humanitarian funding, and ongoing conflict – are expected to worsen acute malnutrition during the lean season.

Moreover, cuts in humanitarian funding are expected to result in reduced support to health and nutrition facilities, thereby limiting service coverage. Combined with the escalating cholera outbreak and new conflict-related displacement, these conditions are anticipated to make the current lean season significantly worse than previous years.

Northern Bahr el Ghazal

All the five counties in Northern Bahr el Ghazal were included in the analysis. While the acute malnutrition situation is expected to deteriorate further across the counties, they are expected to remain within IPC AMN Phase 4 (Critical). However, Aweil Centre and Aweil North warrant close monitoring, as current evidence indicates a high likelihood of deteriorating into IPC AMN Phase 5 (Extremely Critical) if timely interventions are not implemented.

New drivers in this projection period include the impact of humanitarian funding cuts, which have led to reduced coverage of treatment services, and diminishing immunisation efforts. That state is also facing outbreaks of cholera – with high fatality rates – and increased incidence of malaria, acute watery diarrhoea (AWD), and acute respiratory infections (ARI). Persistent gaps in immunisation and nutrition service coverage, alongside a continued influx of returnees, are

placing mounting pressure on already limited local systems. Improvements in WASH access and hygiene practices remain inadequate.

The projection period (April–July 2025) coincides with the peak malnutrition season, marked by rising admissions, high food insecurity, and increased morbidity. The onset of the rainy season exacerbates challenges, heightening the risk of waterborne disease transmission and further impeding access to health and nutrition services due to flooding and poor road conditions.

Owing to funding constraints, many nutrition operations have been scaled down, with service delivery points merged – thereby limiting access. Vitamin A supplementation and measles vaccination coverage remain low. The postponement of immunisation campaigns and closure of several nutrition and outreach sites – particularly in Aweil South, Aweil East, and Aweil West – have significantly reduced the reach of preventative and curative services for acute malnutrition.

These already strained services and resources are under growing pressure due to the arrival of IDPs from both within South Sudan and across the border from Sudan.

Western Bahr el Ghazal

According to the update analysis, acute malnutrition in both Wau and Raja counties is expected to deteriorate further compared to the previous projection. However, this deterioration is not expected to result in a change in the IPC AMN Phase, with both counties expected to remain within IPC AMN Phase 3 (Serious).

The situation is exacerbated by an increasing number of returnees from the Sudan putting more pressure on already limited resources. In addition, internal conflict in South Sudan has led to the displacement of populations from rural to urban areas.

Ongoing funding cuts have slowed the transition and scale-up of essential health services. Notably, treatment for moderate acute malnutrition (MAM) has been dropped. With no significant increase in humanitarian funding or additional interventions anticipated, services will remain concentrated in urban areas. Rural populations will face limited access to care, and the overall coverage of the health services will remain inadequate.

Upper Nile State

According to the Update analysis, the nutrition situation has deteriorated further with three counties in IPC AMN Phase 5, Nassir, Ulang and Baliet. Four other counties (Longochuk, Maban, Maiwut, and Panyikang) have deteriorated from IPC AMN Phase 3 to Phase 4. While the remaining six counties of Akoka, Fashoda, Malakal, Manyo, Melut, and Renk deteriorated within IPC AMN Phase 4, compared to projections from the previous analysis in October 2024. Further deterioration across the state is driven by ongoing conflict, disease outbreaks, particularly cholera, reduced humanitarian funding, and lack of access.

The situation in Baliet and the Sobat-River corridor, particularly in Luakpiny/Nasir and Ulang counties, severely deteriorated to IPC AMN Phase 5 due to a combination of different shocks including the impact of active conflict leading to severe disruption of health and nutrition services. Counties such as Longochuk, Nasir, Ulang were flagged as “no-go zones” for UN staff and INGOs while local NGOs relocated to safer areas. Due to frequent bombardments, many people were frequently displaced either within the county or to other areas, worsening their access to essential services and overstressing resources in host communities. Broken supply chains were observed in neighbouring counties to Nasir and Ulang which are main access routes. A smart survey conducted in December 2024 in Malakal County showed an early deterioration trend of acute malnutrition within IPC AMN Phase 4 (Critical) with a shift from GAM of 18.7 percent in September 2024 to 24.0 percent in December 2024. With the onset of conflict in March 2025 in the state, a further deterioration in the acute malnutrition situation is expected.

As the rainy season approaches, flooding is expected in Upper Nile State, which is expected to lead to the displacement of people and difficult access by road, thus impacting trade and replenishing supplies. Flooding will also limit accessibility to services, and increase the prevalence of disease. Persistent high cholera cases were reflected in April 2025 data, with the state reporting nearly 8,000 cases, and 120 deaths as a result of cholera across affected counties. The actual number of cases

may be higher due to underreporting. In Nasir County, between September 2024 and March 2025, the cholera fatality rate of 4.4 percent exceeded the WHO target threshold of 1 percent. Suspension of partner support in 'no-go zone' counties will worsen the severity of cholera and risk of increased malnutrition and mortality. In many counties, acute watery diarrhoea (AWD) accounts for a significant percentage of cases, with some counties reporting AWD rates as high as 59 percent.

Jonglei State and Pibor Administrative Area

The projection update analysis classifies ten of the eleven counties in Jonglei in IPC AMN Phase 4 (Critical) in the lean period of April-June 2025. Two counties, Duk and Bor South, are projected to remain in Critical due to elevated seasonal disease patterns including cholera outbreaks during the rainy season, and the impact of conflict on access to markets, healthcare services, and farming activities.

The nutrition situation is likely to deteriorate further but remain within IPC AMN Phase 4 in eight of the remaining counties of Akobo, Ayod, Canal/Pigi, Fangak, Nyirol, Pibor, Twic East, and Uror in the lean period due to the impact of conflict, disease outbreaks, worsening food dimensions and funding cuts.

The prevalence of diseases such as malaria, diarrhoea and respiratory tract infections are expected to rise in all the counties due to flooding - especially in parts of Akobo, Ayod, Canal/Pigi, Fangak, Twic East and Uror - contamination of water sources and poor WASH conditions. The outbreak of cholera across the State, with high fatality rates above the WHO threshold of 1 percent, is expected to increase the high burden on the health system, hence impacting nutritional status.

Continued insecurity incidents including heavy air bombardments and shelling expected in Fangak, Canal/Pigi, Akobo and Nyirol counties, will lead to population displacement, destruction of livelihood activities, limited access to markets and healthcare services, negatively impacting the nutritional situation of affected populations. Even under normal circumstances, there is very limited access to viable markets, especially in Northern Jonglei, and Greater Pibor Administrative Areas (GPAA) due to poor road network connections. Commercial food commodities are prepositioned using the road by traders during the dry season to be consumed for the rest of the year until December. With the ongoing bombardment, markets have sometimes been targeted in locations like Old Fangak, meaning entire food stocks were destroyed. Insecurity along the river from Malakal is also preventing deliveries of food stocks by boat.

An influx of both IDPs and returnees continues in the areas of Old Fangak, Canal Pigi, Nyirol, Uror, Akobo, and Ayod counties due to ongoing conflicts in Sudan and Upper Nile State. This is anticipated to further stretch limited food stocks and place additional burdens on the existing healthcare facilities in the area, negatively impacting the nutritional status of the children and women.

Unity State and Ruweng Administrative Area

In this projection update analysis, Rubkona is likely to slide to IPC AMN Phase 5 (Extremely Critical), which is a significant deterioration from the IPC AMN Phase 4 classification in the October 2024 analysis. This is due to a combination of severe shocks including cholera outbreaks beyond the seasonal increase in morbidity from diarrhoea, malaria and acute respiratory infections. By the end of April, nearly 19,000 cholera cases had been reported and 194 deaths – with a case fatality rate over 1.0 percent. Even before the cholera outbreak in December 2024, a SMART survey conducted in November 2024 had shown an increase in GAM prevalence to 26 percent (95 percent CI: 22.2-30.2) from 19.8 percent (95 percent CI: 14.2-26.9). Rubkona serves as an entry point and destination for returnees fleeing from the crisis in Sudan and hosts large populations on IDPs, stretching already strained health, nutrition and WASH services. Although an oral vaccination campaign for cholera was conducted, flooding expected during the rainy season and the effects of funding cuts on health, nutrition services and food assistance, will likely lead to a further deterioration in the nutrition situation.

A deterioration in the nutrition situation of six counties (Guit, Koch, Leer, Mayendit, Mayom and Panyijiar) is expected during the lean season (April-June 2025) but remaining within IPC AMN Phase 4. These counties also reported cholera outbreaks and are likely to experience elevated incidences of malaria, diarrhoea and ARI during the rainy season. Although the cholera outbreak is being mitigated by vaccination campaigns and treatment response, funding cuts to humanitarian activities are likely to reduce access to health, WASH and food assistance services.

IPC AFI and AMN Linkages

The counties that were selected for the update were mainly hot spots classified in Phase 3 or above for both acute food insecurity and acute malnutrition. The main shocks that were not previously anticipated were aggravated conflict, the

cholera outbreak, and reduced humanitarian funding. These have aggravated acute malnutrition, causing (1) higher food gaps at the household and child level; (2) higher disease burden; (3) reduced access and poor quality of health services; and (4) reduced access to safe water, poor hygiene and sanitation practices (WASH).

In addition to the effects of the early and more pronounced lean season in the projection period, the conflict has led to the displacement of households, with people fleeing to safer areas or neighbouring counties. The presence of IDPs in households and settlements places additional pressure on the already limited available food sources in some counties. This has resulted in higher vulnerability to hunger at the household level, which in turn leads to inadequate food consumption by children and high rates of acute malnutrition. Food assistance has remained inadequate in most hunger-stricken counties due to reduced funding and conflict barring movement by humanitarian partners, exacerbating hunger gaps and acute malnutrition.

High disease burden due to the cholera outbreak, in addition to higher malaria incidences, has led to nutrient losses, especially for people with symptoms of diarrhoea and vomiting, increasing their vulnerability to acute malnutrition. The impact of disease is aggravated by inadequate health services in conflict-affected or neighboring counties due to fear of movement to seek services, or lack of medical supplies and nutrition commodities. Due to reduced funding, government and partners are merging health facilities, especially in the rural areas, reducing access to health services and downsizing staff. This has resulted in either very few or semi-qualified staff to run the OTP programmes and child stabilisation centres resulting in a higher risk to mortality among malnourished children in need of treatment, besides creating more demand on existing health services. The reduced funding has also negatively affected WASH practices, especially in counties where partners have withdrawn. This has reduced hygiene sensitisation and sanitation programs while increasing vulnerability to infection, disease and acute malnutrition; especially in areas where flooding has persisted or is expected.

There is an urgent need to mitigate acute malnutrition in the affected counties through the multi-partner integration of food, health, nutrition, and WASH interventions to save lives.

RECOMMENDATIONS FOR ACTION

Food Security

In locations with populations facing IPC AFI Phase 5 (Catastrophe) and counties classified in IPC AFI Phase 4 (Emergency) acute food insecurity, it is recommended that humanitarian food security assistance (HFSA) is scaled up immediately to save lives and prevent the total collapse of livelihoods. Furthermore, it is recommended that counties in IPC AFI Phase 3 with high proportions of populations in IPC AFI Phase 4 (Emergency) are also prioritised to avoid them deteriorating to a higher phase.

South Sudanese returnees should also be monitored closely to understand the evolution of their food security and nutrition situation so response can be tailored appropriately and with conflict sensitive considerations. Furthermore, it is important to build the profile of returnee households that are classified in IPC AFI Phase 5 (Catastrophe) to assist responding agencies to identify and support them appropriately.

Across the country, the following should be undertaken to address food insecurity:

- Continue to advocate for peace and a cessation of conflict.
- Scale up livelihood support in the form of seeds and tools (farm inputs) to support agricultural production to reduce dependency on food assistance and imports. Farmers also need support to adapt to climate-induced environmental changes by training them on climate-smart agricultural practices and distributing climate-adapted crop varieties.
- Evidence-based scaling up and targeting multi-sectoral humanitarian assistance should be conducted in counties facing IPC AFI Phase 3 or worse acute food insecurity to stem further deterioration.
- Flood early warning systems and disaster risk reduction strategies need continued investment to minimise losses associated with flooding events. The dissemination of early warning messages through media, such as radio, needs to be carried out during the periods when the risk is highest.
- With most of the population lacking access to formal banking systems and instead investing in livestock to preserve their capital, it is important to conduct vaccination and treatment campaigns to ensure animal health and minimise livestock losses to disease.
- With illnesses and malnutrition affecting the food security pillar of utilisation, it is important to invest in WASH and health service delivery systems, including through emergency nutrition support (in kind, cash, vouchers etc.), especially during the lean season when waterborne disease incidences and acute malnutrition prevalence increase.

Close monitoring of counties with populations in IPC AFI Phase 5 (Catastrophe), namely Luakpiny/Nasir, Ulang and Malakal, is recommended to ensure the situation does not deteriorate any further and approach famine levels. This entails identifying the key drivers of Catastrophe (IPC AFI Phase 5) outcomes and addressing them in a timely manner.

Situation Monitoring and Update

- De-escalation of conflict should be prioritised in Luakpiny/Nasir and Ulang counties of Upper Nile State counties that are at risk of Famine, so populations can return to their homesteads and resume livelihood activities.
- Counties with populations in IPC AFI Phase 5 (Catastrophe) need close monitoring and immediate scaling up of multi-sectoral humanitarian assistance to stave off famine conditions. This includes Pibor County of Greater Pibor Administrative Area; and Luakpiny/Nasir, Malakal and Ulang counties of Upper Nile State.

Risk Factors to Monitor

- There is the need for regular monitoring of conflict in the most affected counties, including Luakpiny/Nasir, Ulang, Malakal and Panyikang counties in Upper Nile State; Fangak in Jonglei State; greater Tonj counties in Warrap State; and parts of greater Equatoria, especially Yei, Morobo, Lainya in Central Equatoria State, and Nagero in Western Equatoria State.
- Flooding also needs to be monitored, especially for counties in Jonglei State and Upper Nile State that are located along the path of the Nile River. Other counties such as Maban that are bordering Ethiopia should also be monitored due to the risk of flooding from the Ethiopian highlands near the border.

Recommendations for Nutrition

- Urgently improve access to conflict affected areas and “No Go Zones” to allow humanitarian support to reach people in need, namely Luakping/Nassir, Ulang and Longochuk counties in Upper Nile state.
- Provide lifesaving care and strengthen maternal infant and young child nutrition programs especially for counties classified in IPC AMN Phase 3 or above
- Urgently scale up interventions to address cholera outbreaks in affected counties. This includes increased coverage of vaccinations, medical treatment and access to safe water, as well as hygiene and sanitation services and supplies.
- Urgently scale up integrated interventions (Health, Nutrition, WASH, FSL, Protection) targeting the treatment of acute malnutrition particularly in counties classified in IPC AMN Phase 4 (Critical) and IPC AMN Phase 5 (Extremely critical).
- Urgently support the rehabilitation of flood-affected and conflict-affected health facilities to increase services and treatment, and save lives.
- Strengthening coordination, integration and localisation of humanitarian services.
- Reinforce monitoring, evaluation, and disease & nutrition surveillance and response, especially in areas with a high disease burden of cholera and malaria.
- Further investment in capacity building of health workers for optimised nutrition service delivery in health facilities.
- Advance sanitation practices across communities to reduce disease transmission, particularly waterborne diseases like cholera.

Response Priorities

- Immediate life-saving interventions are needed in areas classified in IPC AMN Phase 4 and 5. Emergency nutrition response must be prioritised including mobile therapeutic feeding centres, and alternative delivery mechanisms that can operate in conflict-affected areas. Mobile teams could be deployed to restore services in locations where supplies are available, but human resource capacity is limited.
- **Protect and restore nutrition service delivery:** Re-establish nutrition sites in conflict-affected areas once security allows and ensure adequate supplies of therapeutic foods and essential medicines are stocked before the peak of the rainy season. Support delivery of supplies in locations with open access.
- **Strengthen disease outbreak response:** Scale up cholera vaccination campaigns, particularly in areas with low coverage, and implement comprehensive water, sanitation, and hygiene interventions across the country, with a particular focus on IDP and refugee camps, displacement sites, and areas with high population influxes.

Situation Monitoring and update

In all the areas that registered a deterioration with high risk in acute malnutrition, the evolution of risk factors must be closely monitored. Moreover, each of these areas warrants a follow-up SMART survey in the coming months. If the Technical Working Group (TWG) relies solely on non-SMART survey methodologies, there is a risk of underestimating the severity of the situation, potentially masking the actual burden and giving a false impression of improvement.

Risk Factors to Monitor

- **Conflict:** Ongoing conflict in South Sudan continues to severely disrupt humanitarian programming. The influx of internally displaced persons (IDPs) into urban and semi-urban areas has overwhelmed existing health and nutrition services, particularly in areas not previously earmarked for support.
- **Disease:** Cholera has emerged as a major public health threat, significantly affecting the nutritional status and survival of children in affected counties. The inadequate and delayed cholera response has compounded the vulnerability of already at-risk populations and contributed to rapid health deterioration in affected communities.
- **Humanitarian funding cuts:** Global reductions in humanitarian funding have led to significant service gaps across South Sudan. Many health and nutrition partners have withdrawn from key counties, leaving behind limited or no technical capacity to manage critical programmes. Essential preventive interventions such as Vitamin A supplementation and immunisation have also been delayed or under-implemented in several states.

PROCESS AND METHODOLOGY

Food Security Analysis: The IPC for Acute Food Insecurity (IPC AFI) update was conducted in a hybrid fashion (face-to-face at State level and virtually for the official opening and closing, daily update meetings and the analysis vetting) from 22 April to 2 May 2025 and was attended by a multi-agency and multi-sectoral group of about 114 participants (84 for IPC AFI and 30 for IPC AMN). Before the IPC analysis commenced, an IPC refresher training was held for all participants on 17 April 2025. Thereafter, the analysts conducted state level analyses and were vetted by the South Sudan IPC Technical Working Group vetting committee which was comprised of representatives from Government, the UN, Technical Agencies, and NGOs. The vetting sessions received technical and quality assurance support from IPC's Global Support Unit and the Regional Support Unit. In the absence of fresh FSNMS data, the analysis relied on Crop and Food Security Assessment Mission (CFSAM) data, food security reports provided by partners as well as references to the FSNMS Round 30 data collected between July and September 2024. Other data used included market analysis and projections, rainfall estimates and forecasts, population movement data, humanitarian assistance data and Emergency Operational Plans. The State analysis teams estimated county-level population numbers for all the analysis periods and considered the effects of humanitarian food security assistance (HFSA). The level of confidence of the analysis is Medium (**).

Nutrition Analysis: The IPC Acute Malnutrition (IPC AMN) analysis was conducted by a team of experts on nutrition, health, food security, WASH and statistics from South Sudan with the support of the Regional and Global IPC support units who led a one-day refresher training for all analysts on AMN update analysis. Government staff (from National and State level), NGOs and UN participated in the IPC AMN analysis. The analysis was conducted from 22nd April – 2nd May 2025. The primary source of data were routine data from the National Information systems, IOM, Humanitarian food assistance, disease surveillance, Nutrition Monitoring System (FSNMS) survey and county-based SMART surveys and contextualised information from the county focal persons.

Limitations of the analysis

- Although sufficient data was available for overall analysis and classification, certain areas faced constraints due to limited contributing data and information — particularly those counties that faced with restricted humanitarian access and among returnee populations.
- Some analysts, particularly those in remote areas, experienced internet connectivity challenges, which caused delays in the IPC analysis.
- Frequent multi-tasking among participants during the sessions led to delays in the analysis process. Many participants were simultaneously engaged in other responsibilities or meetings, which limits their availability and full focus during critical stages of the analysis.

Acute Food Insecurity Phase name and description

Phase 1 None/Minimal	Phase 2 Stressed	Phase 3 Crisis	Phase 4 Emergency	Phase 5 Catastrophe/ Famine
Households are able to meet essential food and non-food needs without engaging in atypical and unsustainable strategies to access food and income.	Households have minimally adequate food consumption but are unable to afford some essential non-food expenditures without engaging in stress-coping strategies.	Households either: • have food consumption gaps that are reflected by high or above-usual acute malnutrition; or • are marginally able to meet minimum food needs but only by depleting essential livelihood assets or through crisis-coping strategies.	Households either: • have large food consumption gaps that are reflected in very high acute malnutrition and excess mortality; or • are able to mitigate large food consumption gaps but only by employing emergency livelihood strategies and asset liquidation	Households have an extreme lack of food and/or other basic needs even after full employment of coping strategies. Starvation, death, destitution and extremely critical acute malnutrition levels are evident. For famine classification, area needs to have extreme critical levels of acute malnutrition and mortality.)

Acute Malnutrition Phase name and description

Phase 1 Acceptable	Phase 2 Alert	Phase 3 Serious	Phase 4 Critical	Phase 5 Extremely Critical
Less than 5% of children are acutely malnourished.	5–9.9% of children are acutely malnourished.	10–14.9% of children are acutely malnourished.	15–29.9% of children are acutely malnourished. The mortality and morbidity levels are elevated or increasing. Individual food consumption is likely to be compromised.	30% or more children are acutely malnourished. Widespread morbidity and/or very large individual food consumption gaps are likely evident.

What are the IPC, IPC Acute Food Insecurity and IPC Acute Malnutrition?

The IPC is a set of tools and procedures to classify the severity and characteristics of acute food and nutrition crises as well as chronic food insecurity based on international standards. The IPC consists of four mutually reinforcing functions, each with a set of specific protocols (tools and procedures). The core IPC parameters include consensus building, convergence of evidence, accountability, transparency and comparability. The IPC analysis aims at informing emergency response as well as medium and long-term food security policy and programming.

For the IPC, Acute Food Insecurity and Acute Malnutrition are defined as any manifestation of food insecurity or malnutrition found in a specified area at a specific point in time of a severity that threatens lives or livelihoods, or both, regardless of the causes, context or duration. The IPC Acute Food Insecurity Classification is highly susceptible to change and can occur and manifest in a population within a short amount of time, as a result of sudden changes or shocks that negatively impact the determinants of food insecurity. The IPC Acute Malnutrition Classification's focus is on identifying areas with a large proportion of children acutely malnourished preferably by measurement of Weight for Height Z-Score (WHZ) but also by Mid-Upper Arm Circumference (MUAC).

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This analysis has been conducted under the patronage of the Government of South Sudan with close coordination of FAO, WFP, UNICEF, REACH.

Classification of food insecurity was conducted using the IPC protocols, which are developed and implemented worldwide by the IPC Global Partnership - Action Against Hunger, CARE, CILSS, EC-JRC, FAO, FEWSNET, Global Food Security Cluster, Global Nutrition Cluster, IFPRI, IGAD, Oxfam, SICA, SADC, Save the Children, UNDP, UNICEF, the World Bank, WFP and WHO.

IPC Analysis Partners





ANNEX 1

Population table for the projection period: April - July 2025

State	County	Total population analysed	Phase 1		Phase 2		Phase 3		Phase 4		Phase 5		Area Phase	Phase 3+	
			#people	%	#people	%	#people	%	#people	%	#people	%		#people	%
Central Equatoria	Juba	539,411	53,941	10	161,823	30	269,706	50	53,941	10	-	-	3	323,647	60
	Kajo-keji	240,092	12,005	5	72,028	30	132,051	55	24,009	10	-	-	3	156,060	65
	Lainya	117,346	11,735	10	29,337	25	64,540	55	11,735	10	-	-	3	76,275	65
	Morobo	119,724	17,959	15	35,917	30	53,876	45	11,972	10	-	-	3	65,848	55
	Terekeka	266,656	53,331	20	79,997	30	93,330	35	39,998	15	-	-	3	133,328	50
	Yei	311,846	46,777	15	109,146	35	109,146	35	46,777	15	-	-	3	155,923	50
	Total	1,595,075	195,747	12	488,248	31	722,648	45	188,433	12	-	-		911,081	57
Eastern Equatoria	Budi	108,136	27,034	25	27,034	25	37,848	35	16,220	15	-	-	3	54,068	50
	Ikotos	110,258	33,077	30	33,077	30	33,077	30	11,026	10	-	-	3	44,103	40
	Kapoeta East	175,078	26,262	15	43,770	25	70,031	40	35,016	20	-	-	4	105,047	60
	Kapoeta North	162,158	24,324	15	48,647	30	64,863	40	24,324	15	-	-	3	89,187	55
	Kapoeta South	105,499	15,825	15	52,750	50	26,375	25	10,550	10	-	-	3	36,925	35
	Lafon	161,866	32,373	20	40,467	25	56,653	35	32,373	20	-	-	4	89,026	55
	Magwi	273,327	95,664	35	95,664	35	68,332	25	13,666	5	-	-	3	81,998	30
	Torit	64,989	9,748	15	19,497	30	29,245	45	6,499	10	-	-	3	35,744	55
	Total	1,161,311	264,308	23	360,905	31	386,424	33	149,674	13	-	-		536,098	46
Jonglei	Akobo	233,788	23,379	10	35,068	15	105,205	45	70,136	30	-	-	4	175,341	75
	Ayod	200,228	30,034	15	50,057	25	80,091	40	40,046	20	-	-	4	120,137	60
	Bor South	350,469	105,141	30	157,711	45	70,094	20	17,523	5	-	-	3	87,617	25
	Canal/Pigi	109,825	5,491	5	21,965	20	49,421	45	32,948	30	-	-	4	82,369	75
	Duk	205,398	41,080	20	51,350	25	71,889	35	41,080	20	-	-	4	112,969	55
	Fangak	202,858	10,143	5	30,429	15	91,286	45	71,000	35	-	-	4	162,286	80
	Nyirrol	146,792	22,019	15	29,358	20	58,717	40	36,698	25	-	-	4	95,415	65
	Pibor	235,136	11,757	5	47,027	20	94,054	40	70,541	30	11,757	5	4	176,352	75
	Pochalla	81,949	8,195	10	20,487	25	40,975	50	12,292	15	-	-	3	53,267	65
	Twic East	128,083	19,212	15	32,021	25	44,829	35	32,021	25	-	-	4	76,850	60
	Uror	202,180	20,218	10	40,436	20	90,981	45	50,545	25	-	-	4	141,526	70
	Total	2,096,706	296,668	14	515,909	25	797,542	38	474,830	23	11,757	1		1,284,129	61
Lakes	Awerial	144,100	21,615	15	43,230	30	57,640	40	21,615	15	-	-	3	79,255	55
	Cueibet	189,185	28,378	15	56,756	30	75,674	40	28,378	15	-	-	3	104,052	55
	Rumbek Centre	222,497	22,250	10	88,999	40	77,874	35	33,375	15	-	-	3	111,249	50
	Rumbek East	180,138	27,021	15	45,035	25	81,062	45	27,021	15	-	-	3	108,083	60
	Rumbek North	75,047	11,257	15	15,009	20	33,771	45	15,009	20	-	-	4	48,781	65
	Wulu	91,903	9,190	10	45,952	50	32,166	35	4,595	5	-	-	3	36,761	40
	Yirol East	165,495	24,824	15	49,649	30	66,198	40	24,824	15	-	-	3	91,022	55
	Yirol West	180,048	27,007	15	54,014	30	81,022	45	18,005	10	-	-	3	99,026	55
	Total	1,248,413	171,542	14	398,643	32	505,407	40	172,822	14	-	-		678,228	54
Northern Bahr el Ghazal	Aweil Centre	78,400	19,600	25	23,520	30	23,520	30	11,760	15	-	-	3	35,280	45
	Aweil East	355,906	53,386	15	88,977	25	124,567	35	88,977	25	-	-	4	213,544	60
	Aweil North	173,877	17,388	10	43,469	25	78,245	45	34,775	20	-	-	4	113,020	65
	Aweil South	146,484	14,648	10	43,945	30	58,594	40	29,297	20	-	-	4	87,890	60
	Aweil West	210,372	21,037	10	63,112	30	94,667	45	31,556	15	-	-	3	126,223	60
	Total	965,039	126,059	13	263,023	27	379,593	39	196,365	20	-	-		575,957	60
Unity	Abiemnhom	58,803	8,820	15	11,761	20	32,342	55	5,880	10	-	-	3	38,222	65
	Guit	72,116	3,606	5	10,817	15	43,270	60	14,423	20	-	-	4	57,693	80
	Koch	101,817	-	-	25,454	25	61,090	60	15,273	15	-	-	3	76,363	75
	Leer	80,145	8,015	10	16,029	20	40,073	50	16,029	20	-	-	4	56,102	70
	Mayendit	73,064	3,653	5	18,266	25	36,532	50	14,613	20	-	-	4	51,145	70
	Mayom	161,708	16,171	10	64,683	40	64,683	40	16,171	10	-	-	3	80,854	50
	Panyijiar	123,869	6,193	5	24,774	20	68,128	55	24,774	20	-	-	4	92,902	75
	Pariang	135,350	20,303	15	40,605	30	67,675	50	6,768	5	-	-	3	74,443	55
	Rubkona	352,669	35,267	10	70,534	20	141,068	40	105,801	30	-	-	4	246,868	70
	Total	1,159,541	102,028	9	282,923	24	554,860	48	219,731	19	-	-		774,590	67



State	County	Total population analysed	Phase 1		Phase 2		Phase 3		Phase 4		Phase 5		Area Phase	Phase 3+	
			#people	%	#people	%	#people	%	#people	%	#people	%		#people	%
Upper Nile	Akoka	24,444	1,222	5	6,111	25	12,222	50	4,889	20	-	-	4	17,111	70
	Baliet	35,158	3,516	10	5,274	15	19,337	55	7,032	20	-	-	4	26,369	75
	Fashoda	79,090	7,909	10	15,818	20	35,591	45	19,773	25	-	-	4	55,363	70
	Longochuk	76,828	7,683	10	19,207	25	30,731	40	19,207	25	-	-	4	49,938	65
	Luakpiny/Nasir	303,183	-	-	75,796	25	121,273	40	90,955	30	15,159	5	4	227,387	75
	Maban	84,290	8,429	10	21,073	25	37,931	45	16,858	20	-	-	4	54,789	65
	Maiwut	136,359	13,636	10	40,908	30	54,544	40	27,272	20	-	-	4	81,815	60
	Malakal	201,394	10,070	5	50,349	25	80,558	40	50,349	25	10,070	5	4	140,976	70
	Manyo	81,456	8,146	10	20,364	25	36,655	45	16,291	20	-	-	4	52,946	65
	Melut	134,008	20,101	15	40,202	30	53,603	40	20,101	15	-	-	3	73,704	55
	Panyikang	69,066	3,453	5	13,813	20	34,533	50	17,267	25	-	-	4	51,800	75
	Renk	199,980	39,996	20	59,994	30	79,992	40	19,998	10	-	-	3	99,990	50
	Ulang	145,644	-	-	36,411	25	58,258	40	43,693	30	7,282	5	4	109,233	75
	Total	1,570,900	124,161	8	405,319	26	655,227	42	353,683	23	32,511	2		1,041,421	66
Warrap	Gogrial East	135,062	27,012	20	40,519	30	47,272	35	20,259	15	-	-	3	67,531	50
	Gogrial West	336,337	67,267	20	117,718	35	100,901	30	50,451	15	-	-	3	151,352	45
	Tonj East	190,300	28,545	15	38,060	20	76,120	40	47,575	25	-	-	4	123,695	65
	Tonj North	271,450	40,718	15	81,435	30	95,008	35	54,290	20	-	-	4	149,298	55
	Tonj South	123,194	24,639	20	43,118	35	36,958	30	18,479	15	-	-	3	55,437	45
	Twic	279,062	41,859	15	55,812	20	125,578	45	55,812	20	-	-	4	181,390	65
	Total	1,335,405	230,040	17	376,662	28	481,836	36	246,866	18	-	-		728,703	55
Western Bahr el Ghazal	Jur River	292,279	43,842	15	175,367	60	58,456	20	14,614	5	-	-	3	73,070	25
	Raja	61,427	9,214	15	15,357	25	27,642	45	9,214	15	-	-	3	36,856	60
	Wau	330,375	49,556	15	115,631	35	148,669	45	16,519	5	-	-	3	165,188	50
	Total	684,081	102,612	15	306,355	45	234,767	34	40,347	6	-	-		275,113	40
Western Equatoria	Ezo	136,987	47,945	35	68,494	50	20,548	15	-	-	-	-	2	20,548	15
	Ibba	68,544	20,563	30	34,272	50	13,709	20	-	-	-	-	3	13,709	20
	Maridi	113,829	45,532	40	45,532	40	22,766	20	-	-	-	-	3	22,766	20
	Mundri East	103,283	20,657	20	46,477	45	30,985	30	5,164	5	-	-	3	36,149	35
	Mundri West	51,256	17,940	35	23,065	45	7,688	15	2,563	5	-	-	3	10,251	20
	Mvolo	77,611	11,642	15	27,164	35	31,044	40	7,761	10	-	-	3	38,806	50
	Nagero	61,561	9,234	15	18,468	30	24,624	40	9,234	15	-	-	3	33,859	55
	Nzara	86,272	43,136	50	34,509	40	8,627	10	-	-	-	-	2	8,627	10
	Tambura	122,913	24,583	20	49,165	40	43,020	35	6,146	5	-	-	3	49,165	40
	Yambio	173,924	43,481	25	104,354	60	26,089	15	-	-	-	-	2	26,089	15
	Total	996,180	284,712	29	451,500	45	229,100	23	30,868	3	-	-		259,968	26
Returnees	Returnees	783,900	39,195	5	78,390	10	274,365	35	352,755	45	39,195	5	4	666,315	85
Grand Total		13,596,551	1,937,072	14	3,927,876	29	5,221,768	38	2,426,372	18	83,463	1		7,731,603	57