

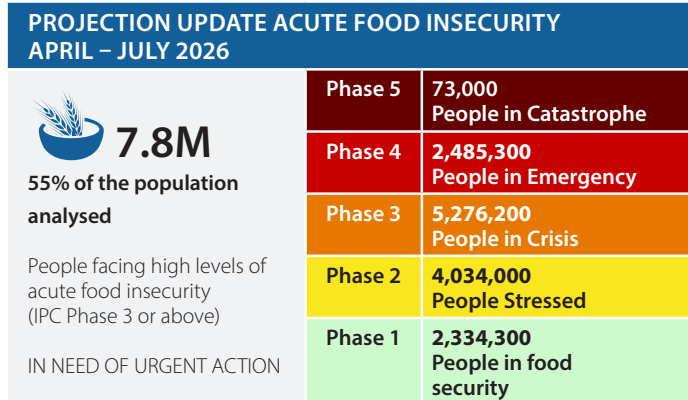
SOUTH SUDAN

ESCALATING CONFLICT PUSHES MORE AREAS INTO RISK OF FAMINE, WITH 7.8 MILLION PEOPLE FACING SEVERE FOOD INSECURITY AND 2.2 MILLION MALNOURISHED CHILDREN

IPC ACUTE FOOD INSECURITY AND MALNUTRITION ANALYSIS

APRIL - JULY 2026

Published on 28 April 2026



Overview

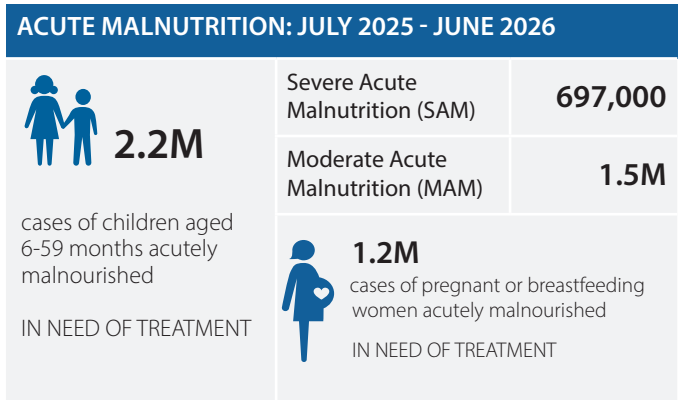
Between April and July 2026, an estimated 7.8 million people are expected to face high levels of acute food insecurity in South Sudan, representing an increase of about 280,000 people in IPC Acute Food Insecurity (AFI) Phase 3 or above compared to the 7.5 million projected in the September 2025 IPC analysis. Overall, both food security and nutrition outcomes remain critical and continue to deteriorate, underscoring the urgent need for sustained, multisectoral humanitarian action.

The severity of the situation has also worsened, with an estimated 73,000 people classified in IPC AFI Phase 5 (Catastrophe) across Akobo, Fangak, Nyirol, and Uror counties in Jonglei State and Luakpiny/Nasir and Ulang counties in Upper Nile State. These populations are experiencing extreme conditions marked by death, starvation and the collapse of livelihoods. An additional 2.5 million people are in IPC AFI Phase 4 (Emergency), characterised by large food gaps and high levels of acute malnutrition, while around 5.3 million people in IPC AFI Phase 3 (Crisis) are unable to meet their essential food needs and are resorting to unsustainable coping strategies in order to access food.

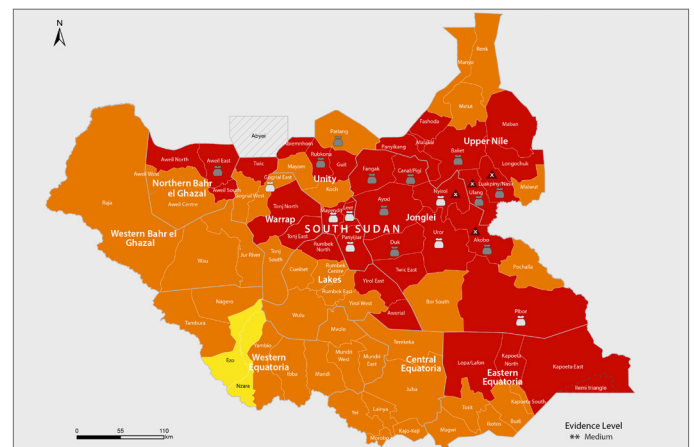
At the same time, the nutrition situation continues to deteriorate. Acute malnutrition cases have increased from around 2.1 million to 2.2 million children aged 6–59 months, representing approximately 90,000 additional cases requiring treatment. Similarly, the number of pregnant and breastfeeding women requiring treatment has increased from 1.1 million to 1.2 million, signalling a growing demand on an already strained health and nutrition system.

In terms of acute malnutrition, ten counties and the Abyei Administrative Area are classified in IPC Acute Malnutrition (AMN) Phase 5 (Extremely Critical). The counties include Baliet, Akoka, Luakpiny/Nasir and Ulang (Upper Nile), Abiemnhom and Rubkona (Unity), and Duk, Akobo, Fangak and Uror (Jonglei). Compared to the September 2025 IPC AMN projection, multiple counties have deteriorated into more severe phases—notably Akobo, Fangak and Uror

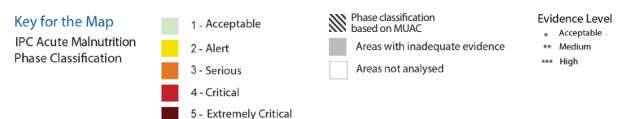
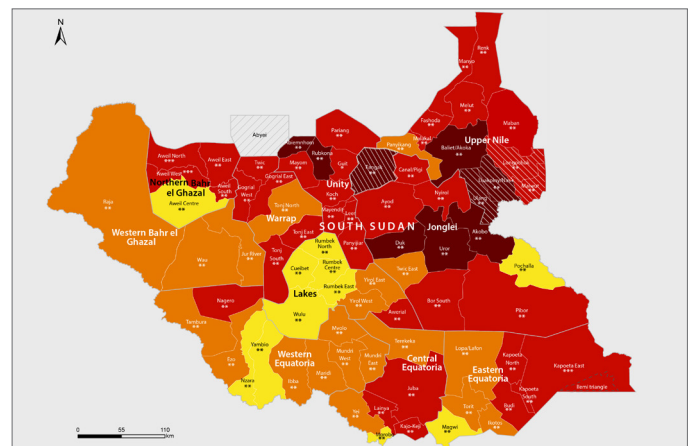
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Projection Update Acute Food Insecurity | April - July 2026



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(Jonglei), Baiet (Upper Nile), and Abiemnhom (Unity)—while others have worsened within already critical levels of acute malnutrition.

Given the gravity of these conditions, a detailed risk of Famine analysis was conducted in seven counties to assess the likelihood of further deterioration. It determined there is a risk of Famine in Luakpiny/Nasir and Ulang (Upper Nile) and Nyirol and Akobo (Jonglei) under a worst-case scenario involving renewed escalation of conflict, further large-scale displacement, and reduced humanitarian access to highly vulnerable communities. This marks a significant worsening compared with the previous analysis period, when one county was identified as facing a risk of Famine, with the number now rising to four counties. Risks are particularly acute in Akobo, where the potential return of approximately 100,000 South Sudanese currently displaced in Gambela, Ethiopia, could overwhelm already depleted resources and services.

These risks are compounded by persistent access constraints. At the time of the IPC projection update, several payams remained inaccessible to multisectoral humanitarian response, including: Pulturuk, Waat, and Thol Lankien in Nyirol County; Doma and Yomding in Ulang County; and Kuerenge Ke and Mading in southern Nasir County. Populations in these areas are, therefore, expected to face catastrophic conditions unless access is urgently secured. The prolonged isolation of these communities requires the highest political attention and close monitoring.

The deterioration in both food security and nutrition is driven by a combination of interlinked factors. Conflict and displacement have disrupted livelihoods, limited access to productive assets, and cut off populations from markets and services. Restricted humanitarian access and insecurity have constrained the delivery of assistance, while prolonged isolation has left some communities without support. Market collapse and rising food prices have reduced household purchasing power, further limiting access to food. At the same time, conflict and flooding have reduced access to medical infrastructure and nutrition services, compounded by severe funding shortages, which have led to a scale down of health and nutrition programmes, supplies, and staff. The nutrition situation is further aggravated by a high and increasing disease burden, including cholera, measles, malaria, diarrhoea, and acute respiratory infections, alongside poor sanitation conditions and limited access to safe water. Disruptions to supply chains due to insecurity have resulted in stockouts of essential nutrition commodities and medical supplies, including preventive services such as vitamin A and deworming.

Where access remains stable, humanitarian food assistance is expected to reach a high proportion of the most vulnerable households affected by the Jonglei crisis, including recently displaced families and populations facing critical levels of acute food insecurity. In some areas, rations are planned to cover more than 50 percent of minimum caloric requirements, which could help mitigate further deterioration. Stable access would also allow timely implementation of planned nutrition treatment and prevention programmes. However, current assistance remains highly prioritised toward populations in Emergency (IPC AFI Phase 4) in Greater Upper Nile (Jonglei, Unity, and Upper Nile states), leaving many populations elsewhere in the country in IPC AFI Phase 3 or above only partially assisted, if at all.

Without additional resources and sustained access, deterioration is likely to continue both within and beyond current hotspot areas in South Sudan. Urgent, large scale, multisectoral humanitarian action remains essential to prevent widespread starvation, reverse the worsening trend in acute malnutrition, and avert further loss of life.

Key drivers for acute food insecurity



Conflict and insecurity: Conflict has escalated, with heavy fighting across Jonglei, Unity and Upper Nile states causing mass displacement, loss of assets, market closures, service disruption, and reduced humanitarian access. Spillover effects from the ongoing conflict in Sudan continue to worsen trade blockages and fuel and food price volatility, significantly deepening household vulnerability.



Displacement: Large-scale displacement continues to rise, driven by ongoing conflict, repeated secondary movements to other states, and new arrivals of people fleeing conflict in Sudan. Around 110,000 people are reportedly displaced across the border in Gambela, Ethiopia. Repeated displacement has destroyed people's productive and coping capacity, while host communities face overwhelming pressure on limited services, food stocks, and water, sanitation and hygiene (WASH) infrastructure. Verified IOM/DTM data indicates that between January and March, more than 276,500 people have been displaced across Jonglei, Lakes, Upper Nile, and Central Equatoria states as of 25 March 2026, an increase from the 268,000 internally displaced persons (IDPs) recorded on 16 March 2026.



Economic crisis and market disruptions: Changing payment modalities introduced in February 2026 in all the border crossings and the 2026 ongoing Middle East crisis are putting upward pressure on already very high prices and further inflating import costs, including for food and other essential items. Fuel prices have more than doubled in some markets since the end of February 2026. Insecurity has halted riverine transport to southern Unity, northern Jonglei, and Upper Nile states, leading traders to withdraw and causing acute shortages, market disruption, and highly elevated prices.



Climatic shocks: In flood-prone areas, especially in southern and central Unity and parts of Jonglei, above-average rains are predicted to increase the risk of flooding and overflow the Nile River. As a result, all areas along the river are at risk of flooding, putting people's livelihoods at risk and impacting agricultural production.

Contributing factors of acute malnutrition



Conflict and insecurity: Conflict, insecurity and displacement continue to drive deteriorating nutrition outcomes, with widespread access constraints disrupting health, nutrition, and livelihood activities. The displacement of populations into nearby areas places additional strain on already overstretched services and host communities. In parts of Jonglei and Upper Nile, the closure of health and nutrition services, together with insecurity along key corridors, is limiting humanitarian assistance, while insecurity in Western Equatoria (Nagero) is restricting access to farms and markets.



Persistently high disease burden: Disease burden has increased significantly, with ongoing cholera outbreaks reported across multiple counties, alongside rising cases of malaria, diarrhoea, and acute respiratory infections. At the national level the disease burden is at 54 percent among children under the age of five. In several areas, the increase in morbidity exceeds expected seasonal patterns, while the capacity to respond remains constrained. These conditions are directly contributing to worsening nutritional outcomes and increasing the risk of child mortality.



Deteriorating WASH services: WASH conditions are worsening across many counties due to the reduced presence of humanitarian and relief workers, poor sanitation, and limited access to safe water. In Juba, rising water prices and reduced access to safe water sources, combined with poor sanitation practices, are increasing the risk of infections. In displacement settings, overcrowding is further stretching already weak systems. Looking ahead, the anticipated flooding during the rainy season is expected to increase water contamination and accelerate the spread of diseases such as cholera.



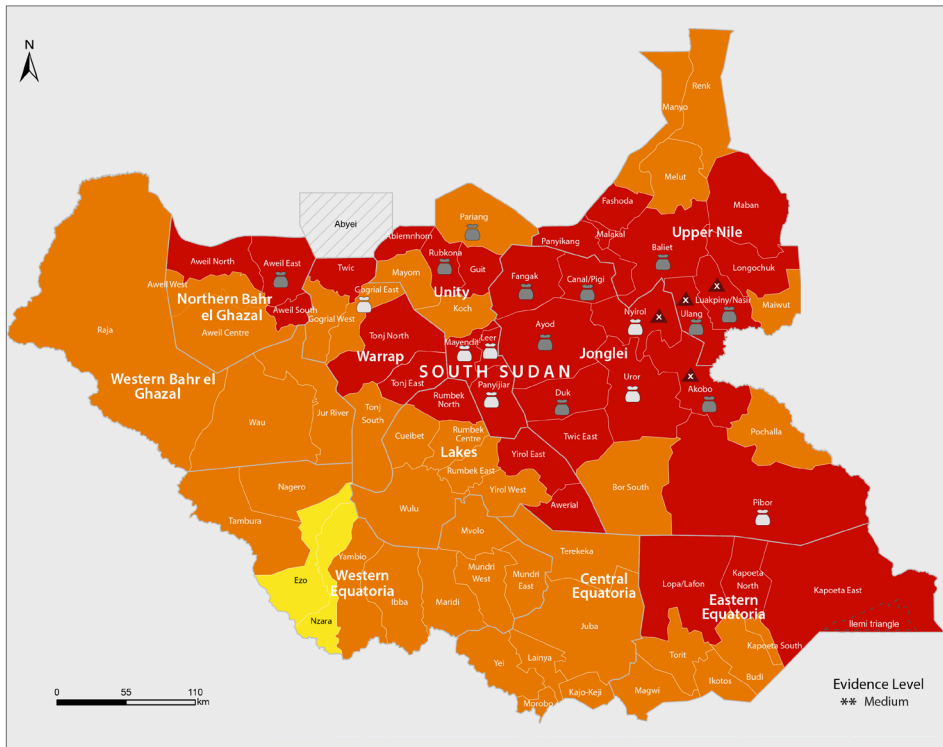
Long-standing erosion of access to health services: Access to health and nutrition services continues to shrink as service coverage declines across multiple counties. This is driven by facility closures, reduced health coverage and limited outreach capacity. In addition, delayed payment of health and nutrition staff has contributed to reduced motivation, weakening service delivery, outreach activities, and quality of care. At the same time, insecurity and access constraints are disrupting supply chains, leading to shortages of essential drugs and nutrition commodities and further limiting the continuity of treatment.



Deteriorating food insecurity: Between April and June 2026, food insecurity is expected to deteriorate beyond levels anticipated in the previous analysis, with conflict and displacement leading disrupted livelihoods, high food prices, and reduced household purchasing power. In Jonglei, Upper Nile and Western Equatoria, conflict and insecurity have constrained access to farms, markets, and other livelihood opportunities. Many households are entering the lean season with depleted stocks and limited coping capacity. In several counties, reduced or absent food assistance is widening consumption gaps, lowering dietary diversity and meal frequency, and increasing the risk of deterioration in children's nutritional status.



ACUTE FOOD INSECURITY PROJECTION UPDATE MAP AND POPULATION TABLE (APRIL - JULY 2026)



Key for the Map

IPC Acute Food Insecurity Phase Classification

(mapped Phase represents highest severity affecting at least 20% of the population)

- 1 - Minimal
- 2 - Stressed
- 3 - Crisis
- 4 - Emergency
- 5 - Famine
- Areas with inadequate evidence
- Areas not analysed

✘ Risk of Famine

Area receives significant humanitarian food assistance (accounted for in Phase classification)

- > 25% of households meet 25-50% of caloric needs through assistance
- > 25% of households meet > 50% of caloric needs through assistance

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Population table for the projection update: April – July 2026

State	Total population analysed	Phase 1		Phase 2		Phase 3		Phase 4		Phase 5		Phase 3 or above	
		#people	%	#people	%	#people	%	#people	%	#people	%	#people	%
Central Equatoria	1,740,513	258,382	15	546,719	31	795,931	46	139,481	8	-	0	935,412	54
Eastern Equatoria	1,218,368	327,084	27	370,230	30	367,462	30	153,593	13	-	0	521,055	43
Jonglei	2,187,359	303,548	14	473,256	22	727,656	33	633,735	29	49,166	2	1,410,554	64
Lakes	1,286,922	210,253	16	418,833	33	474,328	37	183,513	14	-	0	657,841	51
Northern Bahr el Ghazal	1,103,829	115,123	10	326,414	30	441,531	40	220,762	20	-	0	662,294	60
Unity	1,266,751	116,716	9	308,512	24	586,638	46	254,885	20	-	0	841,523	66
Upper Nile	2,224,708	272,311	12	478,443	22	937,781	42	512,038	23	24,140	1	1,473,959	66
Warrap	1,401,874	245,495	18	420,717	30	476,479	34	259,185	18	-	0	735,664	52
Western Bahr el Ghazal	746,534	149,307	20	303,585	41	238,303	32	55,339	7	-	0	293,642	39
Western Equatoria	1,026,173	336,098	33	387,264	38	230,050	22	72,762	7	-	0	302,811	29
Total	14,203,031	2,334,317	16	4,033,973	28	5,276,159	37	2,485,293	17	73,306	1	7,834,756	55

Note: A population in IPC Phase 3 and above does not necessarily reflect the full population in need of urgent action. This is because some households may be in IPC Phase 2 or even in IPC Phase 1, because of the effects of humanitarian assistance. The population (14,203,031) presented above includes South Sudanese returnees from Sudan but does not consider 160,330 people residing in the Abyei Administrative Area. Note also that while the analysis was at the county level, state-level results are presented herein, and the county-level results can be found in the annexes.



ACUTE FOOD INSECURITY PROJECTION UPDATE OVERVIEW (APRIL - JULY 2026)

The IPC projection update estimates that between April and July 2026, more than 7.8 million people are expected to face high levels of acute food insecurity (IPC Phase 3 or above), an increase of over 280,000 people compared to the 7.5 million projected in September 2025. This reflects a worsening trend driven by more intense conflict, displacement, and economic pressure on vulnerable populations compared to what had been previously forecasted.

Of highest concern, are the 73,000 people classified in IPC Phase 5 (Catastrophe) in Akobo, Fangak, Luakpiny/Nasir, Nyirol, Ulang, and Uror counties of Jonglei and Upper Nile state, who are facing extreme food consumption gaps, starvation, and collapse of livelihoods. A further 2.5 million people are in IPC Phase 4 (Emergency) and at risk of shifting to the highest phase of food insecurity in absence of an urgent humanitarian response. Another 5.3 million people in IPC Phase 3 (Crisis) are unable to meet minimum food needs without resorting to unsustainable coping strategies.

The most severely affected areas are in Jonglei and Upper Nile states, where conflict has significantly disrupted livelihoods, markets, and access to services. In Jonglei, conflict escalated beyond earlier projections, displacing an estimated 280,000 people across eight counties, with spillover into Upper Nile and Lakes states. Although a relative de-escalation was observed in late March 2026, many communities remain isolated and cut off from markets, services, and humanitarian assistance.

Food security outcomes in these areas are severe, with high proportions of households experiencing poor food consumption and engaging in emergency coping strategies such as skipping meals, selling productive assets, and undertaking distress migration. The situation is compounded by extremely critical levels of acute malnutrition in several counties, reflecting the interaction between food insecurity, disease burden, and limited access to health and nutrition services.

The deterioration in food security and nutrition is driven by a combination of conflict and displacement, market disruptions and high food prices, restricted humanitarian access, and environmental shocks, including flooding and above-normal rainfall. Conflict remains the primary driver, disrupting production and limiting access to food and income sources. At the same time, rising fuel and transport costs continue to push food prices higher and erode household purchasing power. Flooding and climatic variability further undermine agricultural production and food availability, compounding the existing vulnerabilities.

The most affected populations include IDPs, formerly displaced people who have returned to their place or origin (returnees), and poor communities hosting displaced people, particularly those who have lost access to land, livestock, and income sources. Poor urban households are also increasingly affected by high food prices and reduced purchasing power.

Compared to the September 2025 IPC analysis, this projection update shows a deterioration in both scale and severity, particularly in conflict-affected counties of Jonglei and Upper Nile, where conditions have shifted towards IPC Phase 4 (Emergency) and IPC Phase 5 (Catastrophe) levels.

Humanitarian food assistance is being scaled up in the most affected areas, particularly in Jonglei and Upper Nile. In 25 counties, food assistance is planned to target all populations in Phase 4, as well as recently displaced populations in conflict-affected areas of Jonglei. In some locations rations are expected to cover more than 50 percent of minimum caloric requirements, which is expected to help mitigate a further deterioration in food security outcomes.

In a likely worst-case scenario marked by renewed escalation of conflict, further displacement, and reduced access, there is a credible risk of Famine in Luakpiny/Nasir and Ulang (Upper Nile) and Nyirol and Akobo (Jonglei). In these areas, worsening food insecurity, rising floodwaters, increasingly poor water, sanitation and hygiene (WASH) conditions, and increasing acute malnutrition could converge rapidly—particularly if assistance is disrupted or population pressures intensify.

Overall, an already critical situation is projected to deteriorate further. Urgent and sustained humanitarian action to prevent further loss of life and livelihoods is required.



Key projection assumptions

Conflict: The magnitude of the current conflict has increased significantly, particularly in Jonglei and Upper Nile. It is much higher than originally anticipated and is no longer limited to intercommunal clashes, cattle raiding and occasional road ambushes.

Displacement: Current verified displacement figures range from between 226,000–280,000 people across Jonglei, while IOM's Displacement Tracking Matrix verified 226,156 displaced people as of 20 February 2026. The Relief and Rehabilitation Commission sources estimate 280,000 displaced people across eight counties in Jonglei, with secondary displacement into Upper Nile and Lakes states.

Climatic shocks/flooding: While flooding was foreseen in Unity and Jonglei states, it was worse than expected, particularly in Leer, Mayendit, Panyijjar.

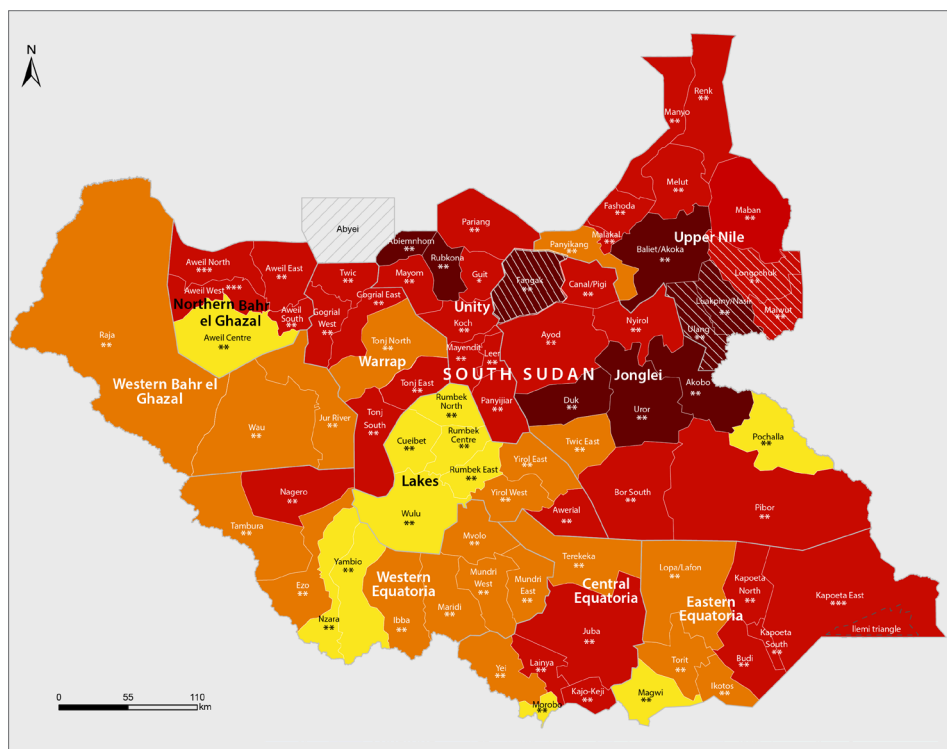
Macroeconomic issues: Since February 2026, additional taxes were introduced that were unforeseen, resulting in delays of trucks at borders. This has had a significant impact on prices of fuel and other commodities. The conflict in the Middle East is also expected to have an impact on fuel prices and key commodities that are imported.

Supply issues: Since the onset of the Jonglei conflict, businesses and transportation companies have not been willing to use the riverine route to deliver goods to Southern Unity, Northern Jonglei, and Upper Nile State. This has resulted in high food prices in these areas.

Low agricultural production: Due to the conflict, seasonal availability of livestock products, fish, and wild foods during the rainy season is presumed to not be as high as expected.



ACUTE MALNUTRITION PROJECTION UPDATE MAP AND OVERVIEW (APRIL - JUNE 2026)



Key for the Map IPC Acute Malnutrition Phase Classification

- 1 - Acceptable
- 2 - Alert
- 3 - Serious
- 4 - Critical
- 5 - Extremely critical
- Phase classification based on MUAC
- Areas with inadequate evidence
- Areas not analysed

Evidence Level

- * Acceptable
- ** Medium
- *** High

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Overview

Overall, the acute malnutrition situation continues to deteriorate in South Sudan. Similarly to acute food insecurity, this projection update shows an increase in the number of acutely malnourished children from 2.1 million to nearly 2.2 million, marking a 4.4 percent increase. The number of pregnant and breastfeeding women requiring treatment for wasting has also risen from 1.1 million to 1.2 million (a 4.7 percent increase), indicating a growing burden on already constrained health and nutrition systems. Out of the 29 analysed areas, 25 counties show deterioration in acute malnutrition, especially in Jonglei, Upper Nile, and Unity states.

A total of ten counties and the Abyei Administrative Area are currently classified in IPC AMN Phase 5 (Extremely Critical), including Akobo, Fangak, Uror, Abiemnom, Baliet, Ulang, Nassir, Rubkona, Duk, and Akoka. Compared to the previous IPC analysis, five counties (Akobo, Fangak, Uror, Baliet and Abiemnom) have deteriorated from IPC AMN Phase 4 (Critical) to IPC AMN Phase 5 (Extremely Critical). In addition, two counties (Duk and Akoka) and Abyei Administrative Area have further deteriorated within IPC AMN Phase 5, while three counties (Ulang, Nassir and Rubkona) have remained in IPC AMN Phase 5 with the same severity.

At the same time, 10 counties (Juba, Budi, Kapoeta East, Ayod, Canal/Pigi, Leer, Panyijiar, Longochuk, Twic and Nagero) have deteriorated within IPC AMN Phase 4. Although these counties remain within the same classification, the level of deterioration is significant and signals a heightened risk of progression into IPC AMN Phase 5 if conditions do not improve.

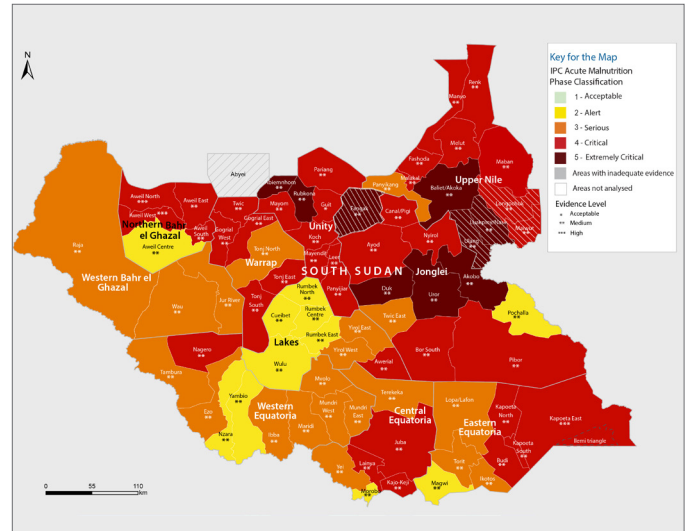
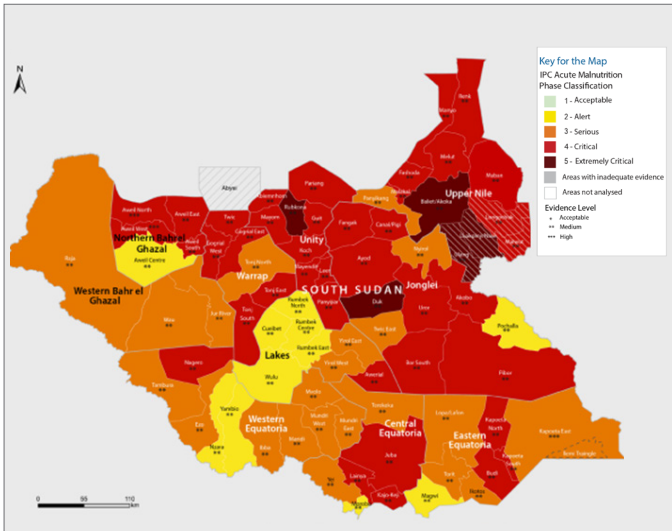
The main drivers include limited access to medical and nutrition services due to conflict and flooding, and an increase in diseases including cholera, measles, malaria, diarrhoea, and acute respiratory infections (ARIs). Stockouts of medicines and supplies, funding cuts to nutrition and health programs and supplies, decreased technical capacity of medical and nutrition staff and delayed payment incentives, have also reduced the quality and efficiency of health and nutrition services.



HISTORICAL TREND OF ACUTE MALNUTRITION (APRIL - JUNE 2026)

April 2026 – June 2026 Projection from September 2025 IPC Analysis

April 2026 – June 2026 Latest Projection Update



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The above two IPC maps for South Sudan compare the previous and updated AMN classifications for the April–June 2026 period and indicate a clear deterioration in conditions. Counties previously classified in AMN Phases 3 (Serious) and 4 (Critical) have worsened, with a notable increase in counties sliding into IPC AMN Phase 5 (Extremely) from six to 11, highlighting a significant escalation in the severity of acute malnutrition. Large parts of the country remain in IPC AMN Phase 4 or worse conditions, with a pronounced intensification in Upper Nile and Jonglei states, pointing to a deepening malnutrition crisis in already highly vulnerable areas.



HUMANITARIAN FOOD SECURITY AND NUTRITION ASSISTANCE

During the projection period (April-July 2026), the World Food Programme (WFP) plans to implement a highly prioritised lean season response, targeting populations facing critically high levels of acute food insecurity in the Greater Upper Nile states with 50 percent rations.

WFP reached 406,882 people with general food assistance in January 2026, including 292,117 people in Nasir, Ulang, Fangak, Canal/Pigi, Longechuk, Panyikang and Panyijar counties under its Famine Prevention Response. In February 2026, WFP provided general food assistance to 665,000 people, including 56,000 people assisted as part of the response to the Jonglei crisis.

WFP distributed more than 2,400 metric tonnes (MT) of food and USD \$4.4 million in cash-based transfers (CBT) in January and nearly 4,700 MT of food and USD \$5 million in CBT in February—equivalent to rations covering 50-70 percent of daily calorie needs. Due to reduced funding, rations were lower than the gap between households' needs and their economic capacity.

Access constraints limited coverage and delayed assistance, driven by insecurity and conflict in parts of Jonglei, air transport restrictions, looting of WFP-contracted riverboats in Baliet that halted movements along the Sobat River corridor, and the suspension of operations in Nasir following the killing of a WFP contractor. In addition, WFP developed a conflict response Concept of Operations to assist people affected by the crisis in Jonglei State.

The initial plan as of February 2026 was to support around 500,000 people for three months through general food and nutrition support, targeting IDPs and populations classified in IPC Phase 4 in the conflict-affected counties of Urur, Nyirol, Akobo, Ayod and Duk as well as IDPs in Twic East, Ulang and Canal/Pigi with 50-70 percent rations. These plans are continuously adjusted as the situation evolves. As of the end of April 2026, WFP plans to scale up this assistance to more than 600,000 people throughout the lean season in these counties. Delivery challenges – especially humanitarian access constraints, insecurity, limited feasibility of pre-positioning in conflict areas, and poor road access during the rainy season – are expected to persist during the 2026 lean season, making it unlikely that WFP can fully deliver planned and funded assistance.

Meanwhile, other international non-governmental organizations (INGOs) provided assistance to another 2,544 people in four counties (Nasir, Magwi, Twic East and Yambio) during the analysis period.

Humanitarian assistance was not only considered in the acute food insecurity projection update analysis but also played an important role influencing projected acute malnutrition outcomes, particularly in areas where treatment and preventive services remain operational. While some level of support is planned across most states similar to what was projected, in the previous IPC analysis, the impact is likely to be uneven due to persistent access and operational constraints.

In several conflict-affected locations with high levels of acute malnutrition, insecurity and movement restrictions are expected to continue limiting the ability of humanitarian and relief agencies to deliver treatment and prevention services consistently. Although resources have been allocated, physical access challenges and disruptions along key supply routes may constrain the timely delivery of nutrition supplies and essential health services, affecting both coverage and continuity of care. This is observed by the reported stockouts and in some instances complete suspension of critical treatment services in parts of Jonglei.

At the same time, WASH support remains insufficient in many areas, with limited improvements expected through June 2026. This is likely to increase people's exposure to waterborne diseases and poor sanitation conditions, which continue to aggravate malnutrition risks. Preventive interventions such as Vitamin A supplementation and deworming are planned; however, their implementation is expected to face significant constraints in insecure and hard-to-reach areas, potentially resulting in reduced coverage.

Overall, while assistance is expected to continue playing a role in mitigating deterioration, the combination of access limitations, funding related scale-downs, and weak service delivery environments is likely to reduce its overall effectiveness and leave critical gaps in program coverage.

LINKAGES BETWEEN ACUTE FOOD INSECURITY AND ACUTE MALNUTRITION IN THE HOTSPOT COUNTIES CLASSIFIED IN IPC AFI PHASE 4 (EMERGENCY) AND AMN PHASE 5 (EXTREMELY CRITICAL)

Out of the 29 counties covered by this projection update¹, ten counties and Abyei Administrative Area were classified in IPC AMN Phase 5 (Extremely Critical) and in IPC AFI Phase 4 (Emergency). The counties include Akobo, Fangak, Uror, Abiemnom, Baliet, Ulang, Luakpiny/Nasir, Rubkona, Duk, and Akoka. As far as acute malnutrition is concerned, five counties – Fangak, Uror, Abiemnom, Baliet, and Akobo – have significantly deteriorated from IPC AMN Phase 4 (Critical) to IPC AMN Phase 5 (Extremely Critical). Moreover, three additional areas previously classified in IPC AMN Phase 5 have further deteriorated within the same phase. These include Duk, Akoka, and Abyei. Furthermore, a follow-up assessment in November 2025 reported a staggering Global Acute Malnutrition (GAM) measured by Mid-Upper Arm Circumference (MUAC) of 21.5% in Fangak, which is above the 15 percent MUAC Famine threshold and classified in Phase 5 (Extremely Critical).

State	County	AMN Indicator	GAM prevalence	AMN Projection 2 (April 2026 - June 2026)	AMN Projection 2 update	Likely change	AFI Projection 2	AFI Projection 2 update
Jonglei	Akobo	WHZ	29.4%	4	5	↓	4	4
Jonglei	Duk	WHZ	29.4%	5	5	↓	4	4
Jonglei	Fangak	MUAC	21.5%	4	5	↓	4	4
Jonglei	Uror	WHZ	29.4%	4	5	↓	4	4
Unity	Abiemnhom	WHZ	18.1%	4	5	↓	3	4
Unity	Rubkona	WHZ	29.3%	5	5	→	4	4
Upper Nile	Akoka	WHZ	27.8%	5	5	↓	4	4
Upper Nile	Baliet	WHZ	21.9%	4	5	↓	4	4
Upper Nile	Luakpiny/Nasir	MUAC	25.3%	5	5	→	4	4
Upper Nile	Ulang	MUAC	20.8%	5	5	→	4	4
Warrap	Abyei	WHZ	28.1%	5	5	↓	4	4

Figure 1: IPC Hot spot Counties in South Sudan (AMN/AFI phase 4 and above) and evolution during update in March 2026

The high severity of the acute food insecurity and malnutrition situation in the above-highlighted counties is explained by a multitude of factors as described below:

Impact of emergency food gaps: The intensification of conflict in Jonglei State was at a much greater scale than initially anticipated, with an estimated 280,000 people displaced across eight counties in Jonglei, and secondary displacement into Upper Nile, Unity and Lakes states. The destruction of markets and general looting deprived households of livelihoods and any ability to stock food. Low purchasing power further limits access to food for populations already in precarious conditions. This impact is most acute among internally displaced persons (IDPs), who are largely dependent on external support, as they remain cut off from livelihoods, markets, basic services and humanitarian assistance. Reports indicate widespread use of severe coping strategies, including households only surviving on one inadequate meal per day and children depending primarily on fluids. Such practices contribute to poor food consumption among children and increase levels of acute malnutrition. Humanitarian support has been suspended in several areas (Akoka, Baliet, Ulang, Nasir) due to insecurity, disrupting targeted interventions for children such as blanket supplementary feeding programs and therapeutic foods for moderately malnourished children- key measures that would otherwise help mitigate child hunger. The acute food insecurity (AFI) classification for all the 11 hotspot counties shows deterioration in populations within Phase 4 (Emergency) with six counties (Akobo, Fangak, Luakpiny/Nasir, Nyirol, Uror and Ulang) recording populations in

¹The remainder of counties were not re-analysed after ascertaining that the assumptions for the projection April July from the last analysis were still valid.



Phase 5 (Catastrophe). These conditions reflect extreme food gaps and severe shortages, which—when combined with critical health constraints—are driving rapid deterioration in nutritional status, often at a faster pace than food security classifications alone would suggest. Poor child dietary intake weakens immunity, increases susceptibility to disease, and prolongs recovery times, further elevating the risk of acute malnutrition and mortality. An urgent humanitarian response is therefore required, with a strong focus on food security interventions as a critical mitigating factor against worsening acute malnutrition.

Increased disease burden: Increased cases of cholera have been reported in Duk, Uror and Rubkona. By March 2026, 53 confirmed and 12 suspected cholera cases were reported in Uror with a fatality rate of 18.9 percent. Measles outbreaks have also recently been reported in Abyei and Fangak. During the rainy season (April to June) there is generally a spike in common child ailments such as malaria, diarrhoea and ARIs. However, a major concern is the widespread presence of sub optimal or non functional health facilities, which severely limits access to adequate care for sick children.

As a result, many children are likely to remain without medical treatment, with caregivers increasingly resorting to traditional remedies or relying on children's natural immunity to cope with illness. This situation is particularly dangerous for already malnourished children, whose compromised immunity places them at exceptionally high risk of severe illness and death. Poor hygiene and sanitation conditions—especially in overcrowded IDP settlements and flood affected areas—are further increasing the risk of contamination, infection, and disease transmission. Illness exacerbates acute malnutrition by reducing children's appetite and ability to absorb nutrients, while simultaneously increasing nutritional needs and causing nutrient losses through vomiting and diarrhoea. Reports of inadequate disease response indicate a high likelihood of the spread of contagious illnesses among children, further contributing to rising acute malnutrition rates. Severe nutrient deficiencies linked to poor food intake have left many children with very low immunity, increasing vulnerability to disease, prolonging recovery, and raising the risk of reinfection—particularly during the rainy season, which is associated with high incidence of malaria, diarrhoeal diseases, and acute respiratory infections. Together, these factors are placing an extreme burden on child health and are directly contributing to escalating levels of acute malnutrition and mortality. Urgent, integrated food security and medical interventions targeting children are therefore essential to manage malnutrition and prevent avoidable child deaths.

Severed limitation in access to health and nutrition services: A critical breakdown in medical and nutrition services has been reported in counties both directly and indirectly affected by the conflict. Due to renewed conflict that erupted mainly in Jonglei state in January/February 2026 and the resumption of fighting in Akobo in the second week of April, there is total collapse in health systems with zero functional health facilities particularly in Akobo and Abiemnom counties where the health facilities were vandalised and looted. The areas (Akobo, Abiemnom, Luakpiny/Nassir), were flagged as "no-go zones" for humanitarian actors depriving children of food, medicine and nutrition treatment which continue to aggravate acute malnutrition in the counties impacted by disease outbreaks. The failure to administer mass vitamin A and deworming medication to children in the latter part of 2025 and early 2026 further contribute to poor immunity, high disease burden and acute malnutrition. Recovery of damaged and vandalised health facilities—including clinics, primary health care units, and nutrition treatment sites—and the restocking of essential medicines and supplies will take time, during which children remain exposed to life threatening health conditions. In Fangak County, the division between government and opposition controlled areas—centred in New Fangak and Old Fangak, respectively—has severely restricted movement for both communities and humanitarian partners. This fragmentation has cut off access to functioning health facilities and nutrition treatment services, placing lives at risk. In Rubkona County, the situation is expected to deteriorate further, as one humanitarian partner plans to cease operations by the end of March, resulting in the closure of seven health facilities and further reducing access to critical medical and nutrition care.

Even in counties where some health facilities remain functional, services are severely compromised by pipeline breaks, as is reported in Abyei, leading to stockouts of essential medicines and nutrition treatment commodities including Outpatient Therapeutic Programmes (OTP) and Supplementary Feeding Programmes (SFP). As a result, many sick and malnourished children are unable to access treatment and remain untreated. Access by both road and river is frequently blocked by warring parties, making last mile deliveries impossible, even where supplies have reached central distribution points. In Rubkona County, nutrition treatment interventions are limited to IDPs, leaving host communities without support and placing children with severe acute malnutrition at high risk of death. Moreover, the withdrawal of health services while nutrition interventions continue has significantly reduced the effectiveness of the response. Sick children who do not receive medical care are unable to adequately utilise therapeutic foods, leading to further health deterioration, worsening acute malnutrition, and increased mortality. Integrated health and nutrition services are urgently required to meet children's needs and prevent avoidable deaths.



Due to limited funding, counties that were previously prioritised for supplementary feeding programs (SFP) seen these services withdrawn – eastern Equatoria state. This has created a critical gap in the response to moderate acute malnutrition leading to a growing number of untreated children. In the absence of SFP services, children will not be treated until they experience severe acute malnutrition in order to qualify for the outpatient therapeutic program (OTP). By this point, they face increased medical complications and a higher risk of death. Urgent action to restore and scale up treatment for moderate acute malnutrition is therefore essential to prevent further deterioration and avoidable deaths..

Impact of the surge in IDPs:

Several counties are hosting large and increasing numbers of IDPs displaced by both conflict and flooding, with significant surges reported in Fangak, Abyei, Rubkona, Duk, Akoka, Ulang, and Nasir in 2026. In Rubkona County, renewed armed clashes in January 2026—including six reported attacks between January and February—resulted in the displacement of approximately 3,000 people, further increasing pressure on already overstretched services and limited humanitarian assistance capacity.



ACUTE FOOD INSECURITY SITUATION (APRIL - JULY 2026)

GREATER UPPER NILE REGION

Jonglei State

Acute food insecurity in Jonglei State has deteriorated substantially beyond the September 2025 IPC projection, driven by escalating conflict, repeated large scale displacement, prolonged flooding, collapse of market systems, and severely constrained humanitarian access. The analysed counties of Akobo, Ayod, Uror, Canal/ Pigi, Nyirol, Fangak, Pibor, Twic East, and Duk are currently classified in IPC AFI Phase 4 (Emergency), with large proportions of the population experiencing significant food consumption gaps and acute livelihood disruptions. Akobo and Nyirol counties were identified at risk of Famine.

According to the projection update, an estimated 1.4 million people (64 percent) are projected to face IPC Phase 3 or above conditions between April and July 2026. This includes 49,200 people (2 percent) classified in IPC Phase 5 (Catastrophe) across Fangak, Nyirol, Uror, and Akobo counties, and 633,700 people (29 percent) classified in IPC Phase 4. In contrast, the September 2025 analysis projected 1.3 million people (59 percent) in Jonglei State to face IPC Phase 3 or above conditions, including only 11,000 people (0.5 percent) in IPC Phase 5 (Catastrophe) in Fangak County, and 553,000 people (25 percent) in IPC Phase 4 (Emergency).

Conflict-driven displacement remains the principal driver of the deterioration, with repeated population movements resulting in widespread abandonment of cultivation, severe livestock losses, disruption of fishing and wild food access, and extensive destruction or looting of household and community assets. Insecurity, road closures, damaged storage facilities, and early rains continue to critically constrain humanitarian access, disrupt market functioning, and limit the delivery of assistance.

The intensification of conflict in Jonglei State has been a key feature of the current deterioration of the food security situation, with nearly 300,000 people displaced across eight counties, and secondary displacement into Upper Nile and Lake States leaving populations deprived of their livelihoods and cut-off from critical infrastructure and services. While there has been a relative de-escalation of conflict in late March 2026 and some regained access, many communities remain isolated from livelihoods, markets and services. Several villages remain inaccessible and are expected to face catastrophic conditions unless access is urgently secured.

Food availability and access have deteriorated sharply, characterised by extreme cereal deficits (often 85–95 percent), widespread market looting, trader withdrawal, and rapid food price inflation, severely eroding household purchasing power as food stocks are already exhausted ahead of the lean season.

Food utilisation remains extremely poor, particularly in Akobo, Duk, Fangak, Nyirol, and Canal/Pigi, where unsafe water, collapsed WASH and health services, and ongoing cholera outbreaks are exacerbating disease burden. IPC AMN Phase 5 (Extremely Critical) levels of acute malnutrition reported in Duk, Akobo, Fangak and Uror substantially increase the risk of

Risk of Famine (RoF) Analysis for Akobo County (April – July 2026)

The risk of Famine (RoF) analysis indicates an extremely high and escalating risk of Famine in Akobo County during the April–July 2026 projection period, driven by severe conflict, large scale displacement, market collapse, and the near total breakdown of health, nutrition, and humanitarian services. From January to March 2026, intensified armed conflict, triggered repeated displacement, restricted movement, and widespread asset losses, severely disrupting livelihoods, access to food sources, and market functioning. More than 130,000 people are currently displaced within Akobo, while up to 110,000 returnees from Ethiopia are expected to re enter the county under highly depleted conditions, substantially increasing pressure on already scarce resources. Markets are largely non functional, food prices are exceptionally high, and household purchasing power is critically constrained amid a 55 percent cereal deficit. Livestock losses, restricted access to fishing and wild foods, and exhausted coping capacity have further reduced food availability and access.

Health and nutrition services have largely collapsed following the withdrawal of humanitarian actors, looting of facilities, and pipeline breaks, leaving many areas without functional services or nutrition supplies. Acute malnutrition is expected to remain at IPC AMN Phase 5 (Extremely Critical) levels, with heightened morbidity risks during the rainy and flooding season. In a reasonable worst case scenario characterised by continued insecurity, flooding, mass return of asset depleted populations, and no humanitarian food or nutrition assistance reaching the county, food consumption gaps, acute malnutrition, and mortality are likely to exceed Famine thresholds in parts of Akobo. There is a credible risk of Famine in Akobo County under the worst-case scenario.

Risk of Famine (RoF) Analysis for Nyirol County (April – July 2026)

The risk of Famine (RoF) analysis indicates a very high and escalating risk of Famine in Nyirol County during the April–July 2026 projection period, driven by sustained conflict, large scale displacement, extreme restrictions on humanitarian access, and the collapse of livelihoods, markets, and essential services. Since December 2025, renewed fighting, has triggered repeated displacement, widespread insecurity, and severe access constraints. An estimated 60,000 people are currently displaced within Nyirol, with information indicating that five out of six payams have been largely vacated, while up to 30,000 people remain trapped in Nyatim boma, where movement and humanitarian access are heavily restricted.

Food availability and access are critically constrained. Nyirol produces only 9 percent of its annual cereal requirements, resulting in a 91 percent structural cereal deficit, and household food stocks are fully exhausted. Conflict related displacement has severely limited access to farmland, livestock, fishing areas, and wild food collection sites, eliminating key livelihood and coping strategies. Markets are dysfunctional or inaccessible, and food prices remain high amid declining trade inflows and restricted movement, particularly in opposition controlled areas. As the lean and rainy season progresses, food access is expected to deteriorate further, leading to widening food consumption gaps.

Although humanitarian food assistance is planned for April–July 2026, ongoing insecurity and government-imposed blockages have prevented assistance from reaching large parts of the county since December 2025. In a reasonable worst-case scenario, humanitarian assistance would be largely or fully blocked from opposition held areas, removing the primary mitigating factor against extreme food insecurity at the peak of needs. Under such conditions, Catastrophe (IPC AFI Phase 5) outcomes are plausible among a significant share of the population, particularly in inaccessible locations such as Nyatim.

Health and nutrition conditions are extremely alarming. The health system in Nyirol has largely collapsed following looting and destruction of facilities, with most health and nutrition sites non functional and only limited services remaining in Chuil payam. Nutrition treatment coverage is severely constrained by access restrictions, pipeline breaks, and insecurity, while disease risks are elevated due to flooding, unsafe water sources, and a worsening cholera situation. Acute malnutrition is expected to deteriorate further, with a plausible escalation to IPC AMN Phase 5 (Extremely Critical) in the worst case scenario.

Non-trauma mortality has already been reported and is likely to increase in the absence of food, health care, and disease treatment. In a reasonable worst-case scenario characterised by continued conflict, sustained access blockages, absence of humanitarian assistance, and escalating disease outbreaks, food consumption, acute malnutrition, and mortality are likely to exceed Famine thresholds, particularly in Nyatim and other inaccessible areas. There is a credible risk of Famine in Nyirol County under the worst-case scenario.

Unity State and Ruweng Administrative Area

Between April and July 2026, the peak of the lean season, an estimated 842,000 people (66 percent) are projected to face high levels of acute food insecurity (IPC Phase 3 or above), of which 255,000 people (20 percent) are classified in IPC Phase 4 (Emergency) and 587,000 people (46 percent) are classified in IPC AFI Phase 3 (Crisis). In contrast, the September 2025 IPC analysis projected that 826,000 people (65 percent) in Unity State and Ruweng Administrative Area would face IPC AFI Phase 3 or above conditions, including 234,000 people (18 percent) in IPC AFI Phase 4 (Emergency) and 592,000 people (47 percent) in IPC AFI Phase 3 (Crisis) acute food insecurity.

Food security conditions across the analysed counties of Abiemnhom, Leer, Mayendit, and Panyijiar in Unity State and Ruweng Administrative Area have deteriorated but remain at Phase 4 (Emergency) levels and are characterised by widespread food consumption gaps, depletion of household food stocks, and increasing reliance on unsustainable coping strategies. Across the analysed counties, households are experiencing a worsening food security situation that is driven by the combined effects of depleted household food stocks, poor harvests, flooding, conflict and displacement, disrupted livelihoods and markets, high food prices, weak purchasing power, insufficient humanitarian assistance, and worsening health, water, and sanitation conditions.

Between April and July 2026, the peak of the lean season, six of nine counties in Unity State and Ruweng Administrative Area are classified in IPC AFI Phase 4 (Emergency), while the rest are classified in IPC AFI Phase 3 (Crisis), namely Abiemnhom, Guit, Leer, Mayendit, Panyijiar and Rubkona.

Upper Nile State

Between April and July 2026, the peak of the lean season, an estimated 1.5 million people (66 percent) in Upper Nile State are expected to face high levels of acute food insecurity (IPC Phase 3 or above). This includes 24,000 people (1 percent) in IPC AFI Phase 5 (Catastrophe), 512,000 people (23 percent) in IPC AFI Phase 4 (Emergency) and 938,000 people (42 percent) in IPC AFI Phase 3 (Crisis). During this period, nine of 13 counties in Upper Nile are classified in IPC AFI Phase 4 (Emergency), and there is a risk of Famine in a plausible worst-case scenario in Luakpiny/Nasir and Ulang counties.

The latest analysis reflects a deterioration from the projection made during the September 2025 IPC analysis, which estimated 1.45 million people (65 percent of the state's population) would experience high levels of acute food insecurity during this period, including 16,000 people (0.7 percent) in IPC AFI Phase 5 (Catastrophe), and 488,000 people (22 percent) in IPC AFI Phase 4 (Emergency) acute food insecurity. The increase in the number of acutely food insecure populations in Upper Nile is driven by deteriorations observed in Akoka, Baliet, Malakal and Ulang counties, where a resurgence of violence in 2026 has displaced and isolated communities from seasonal food sources whilst constraining the availability of lifesaving services, including humanitarian food distributions and nutrition supplies. In Ulang County, an estimated 8,000 people (5 percent of the population) have been pushed into AFI Phase 5 (Catastrophe) by escalating violence, displacement and disruption to humanitarian services.

In Longochuk, persistent armed clashes threaten to combine with elevated water levels to restrict households' access to seasonal food sources. Meanwhile in Luakpiny/Nasir, armed violence and widespread disruption to humanitarian services continue to drive widespread severe acute food insecurity, including catastrophic hunger in parts of southern Nasir.

Conditions between April and July 2026 will be most concerning in Luakpiny/Nasir and Ulang counties, where 80 percent of each respective population is expected to face high levels of acute food insecurity (IPC Phase 3 or above), including 24,000 people in AFI Phase 5 (Catastrophe). There is also a risk of Famine between April and July 2026 in a plausible worst-case scenario, especially if flooding and violence combine to isolate a large percentage of households from food and lifesaving services. This is the third consecutive IPC analysis (including two IPC projection updates and one full IPC analysis) that has identified a risk of Famine and classified 5 percent of Luakpiny/Nasir's population in IPC AFI Phase 5 (Catastrophe). The situation is particularly worrisome in southern Nasir, where food distributions have not happened since 2024 and where armed clashes persist, especially in Jikmir and Maker payams. Meanwhile, a resurgence of violence in Ulang County in 2026 has reversed the gains made in food security and humanitarian access in late-2025 by displacing thousands of people from Ulang Town and resulting in widespread disruption and looting of humanitarian infrastructure. This adds to an estimated 13,000 recent arrivals fleeing the violence in neighbouring Nyirol County in Jonglei State.

Conditions also remain critical in non-analysed counties (Fashoda, Maban, Maiwut, Manyo, Melut, Panyikang and Renk), where over half of the population are expected to face high levels of acute food insecurity (IPC Phase 3 or above).



between April and July 2026. Whilst these areas have experienced less violence than other counties in Upper Nile, acute food insecurity in these counties is driven by large-deficit harvests, dysfunctional supply chains, the heavy erosion of traditional livelihood sources, poor market functionality and restrictions on humanitarian services.

In this analysis period, the key risk factors to monitor include the frequency and level of violence, flood levels, disruption to major supply chains between Bor and Malakal as well as Malakal and Nasir, the availability of lifesaving services including medicines and nutrition supplies, and the feasibility of humanitarian food distributions, especially in Luakpiny/Nasir and Ulang.

Risk of Famine (RoF) Analysis for Luakpiny/Nasir County (April – July 2026)

This is the third consecutive risk of Famine (RoF) analysis for Luakpiny/Nasir County, since an extreme escalation of violence in March 2025 displaced tens of thousands of people and suspended lifesaving humanitarian services. This current analysis finds an escalation of violence, elevated flood waters and persistent restrictions on humanitarian services are plausible in a worst-case scenario, and will drive a heightened risk of Famine in lowland communities lining the Sobat River-Corridor (including those in Bukteng, Makak, Mandeng, Torkech and other displacement sites in Kuereng-Ke Payam), as well as inland northern areas previously unexposed to the violence.

Whilst the level of violence declined through the harvest and post-harvest periods, humanitarian access continues to falter, and the availability of food has not recovered. At the time of the analysis workshop, food distributions by air and river were suspended in Nasir, with little optimism this will change before the end of the analysis period (July 2026). Compounding this, the 2025 harvest was exceptionally poor with the deficit exceeding that in 2024/25. This analysis period also coincides with drier conditions during which animals migrate to distant grazing land in search of pasture and water, reducing the availability of dairy products. These factors will increase households' dependence on seasonal foods, namely fish and wild foods, while ongoing insecurity and a lack of equipment will restrict households' physical access to fishing. Furthermore, available information suggests the security situation remains extremely volatile, with reported clashes between signatories to the peace agreement as well as among opposition forces. The possibility of further clashes in this analysis period, including new alliances and frontlines, cannot be ruled out.

These contextual developments – a persistent threat of violence and heavy restrictions on humanitarian services – combined with extreme underlying vulnerability and most households' limited access to traditional livelihood sources, will drive increasingly severe food consumption deficits, including AFI Phase 5 (Catastrophe) outcomes, through this analysis period. During this period, approximately 16,400 people (5 percent of the population) are expected to face catastrophic hunger. Catastrophic hunger—combined with high disease prevalence, poor water, sanitation and hygiene conditions, and extremely critical levels of acute malnutrition—continues to drive a heightened risk of hunger related mortality. In Nasir, where acute malnutrition has been classified as IPC AMN Phase 5 (Extremely Critical) for the third consecutive IPC analysis, these converging factors place populations at an especially severe risk of excess deaths.

The situation is most alarming in southern Nasir, where humanitarian food distributions have not reached since 2024 and households' access to traditional livelihood activities and assets is critically poor. Households in northern Nasir who did not harvest adequate food stores, and who do not have access to riverine or swamp food sources, are also included in the groups at particular risk. Overall, the risk of Famine will be greatest towards the end of the analysis period, as the effects of prolonged acute food insecurity deepen, water levels rise and contribute to increasingly poor WASH conditions, and the acute malnutrition burden climbs.



Risk of Famine (RoF) Analysis for Ulang County (April – July 2026)

The previous IPC analysis (September 2025) projected an improved situation in Ulang County, following a reduction in violence and the resumption of lifesaving humanitarian services since July 2025. Since then, however, an unforeseen escalation of violence in Ulang has reversed the gains observed in the second half of 2025. Violence beginning in November 2025 and continuing through March 2026 has displaced and impacted thousands of civilians already in the throes of widespread acute food insecurity and alarming levels of acute malnutrition, especially those around Ulang Town. It also resulted in widespread looting of health and nutrition supplies, which continuous access constraints prevent humanitarians from restocking. Compounding this, riverine food distributions – the primary delivery mechanism for distributions in Ulang – were suspended in February 2026 following a security incident in neighbouring Baliet County. Severe conditions among the host community are exacerbated by the reported arrival of 13,000 people fleeing the conflict in neighbouring Nyirol County, Jonglei State, who demonstrate exceptional vulnerability according to a recent interagency assessment conducted in February 2026.

The updated classification for Ulang County therefore reflects a worsened situation compared with the original projection, with violence in and outside Ulang being the main driver. The updated classification includes approximately 7,600 people (5 percent of the population) in IPC AFI Phase 5 (Catastrophe). These households include the most vulnerable displaced persons arriving from neighbouring Nyirol County, as well as members of the host community most impacted by the latest violence, displacement and disruption to humanitarian services in Ulang. The population in Phase 5 (Catastrophe) likely reside in the following areas: Barmach, Doma, Kuich, Nyangore, Rirnyang, Thulup and Yomding.

A persistent threat of armed violence and continuous restrictions on humanitarian services threaten to combine with extreme underlying vulnerability and households' limited access to traditional livelihood sources to drive increasingly severe food consumption deficits, including AFI Phase 5 (Catastrophe) outcomes, throughout this analysis period. Catastrophic hunger will combine with disease prevalence, poor WASH conditions and extremely critical acute malnutrition levels (Ulang is classified in AMN Phase 5 (Extremely Critical) for the third consecutive IPC analysis) to drive an increased risk of hunger-related mortality in a plausible worst-case scenario.

GREATER BAHR EL GHAZAL REGION

Food security conditions in the Greater Bahr El Ghazal region are projected to remain severe during the April to July 2026 lean season, with 2.3 million people (52 percent) facing high levels of acute food insecurity (IPC Phase 3 or above). This includes 719,000 (16 percent) who are in IPC AFI Phase 4 (Emergency), and 1.6 million (36 percent) who are in IPC AFI Phase 3 (Crisis) acute food insecurity. Across the four states of Lakes, Northern Bahr el Ghazal, Warrap, and Western Bahr el Ghazal, acute food insecurity is driven by a combination of conflict, economic pressures, climatic shocks, and limited livelihood opportunities.

Lakes State

In Lakes State, approximately 657,800 people (51%) are projected to face IPC Phase 3 or above conditions, including 183,500 in experiencing Emergency (Phase 4) levels. This indicates a continued deterioration in food security conditions during the lean season.

Food security conditions in the analysed counties of Awerial and Rumbek North are expected to remain largely the same but severe during the projected period (April–July 2026). The convergence of conflict, flooding, weak market systems, poor WASH conditions, and livelihood disruptions continues to drive high levels of food insecurity. Without sustained humanitarian assistance and improvements in security, infrastructure, and service delivery, the situation is likely to remain critical or worsen further.



Warrap State

In Warrap State, food security outcomes during the April–July 2026 lean season are projected to remain critical, with approximately 736,000 people (52 percent of the population) facing high levels of acute food insecurity (IPC Phase 3 or above), including 259,000 (18 percent) in Phase 4 (Emergency) and 476,000 (34 percent) in Phase 3 (Crisis). This represents a deterioration from the projection in the September 2025 analysis of 712,000 people (51 percent) in Phase 3 or above. During this projection update, Tonj East and Tonj North were analysed, with findings indicating worsening outcomes driven by persistent conflict, displacement, and constrained livelihood opportunities.

The deterioration is underpinned by poor 2025 agricultural production, continued insecurity, climatic variability, and macroeconomic pressures. Food availability remains below requirements across the analysed areas, with production shortfalls compounded by early depletion of household stocks, limiting food availability during the lean season. Food access is severely constrained as households increasingly rely on markets amid high food prices, inflation, and reduced purchasing power, further exacerbated by disrupted trade flows due to insecurity and poor road access during the rainy season.

Food utilisation conditions remain poor, characterised by limited dietary diversity, inadequate access to safe water and sanitation, and elevated disease risk, contributing to critical levels of acute malnutrition in some areas. Livelihood systems are under severe stress, with households increasingly engaging in emergency coping strategies, including distress livestock sales, reliance on wild foods, and reduced food consumption. Humanitarian food assistance remains limited, with no significant scale-up expected during the projection period, resulting in widening consumption gaps among vulnerable populations.

Western Bahr El Ghazal State

Although Western Bahr el Ghazal State shows relatively lower levels of acute food insecurity compared to the other states in the region, the situation remains concerning, with around 294,000 people (39 percent) projected to face high levels of acute food insecurity (IPC Phase 3 or above) through July 2026, including 55,000 (7 percent) who are projected to be in IPC AFI Phase 4 (Emergency). In the September 2025 IPC analysis, it was projected that 258,000 people (35 percent) would be facing IPC AFI Phase 3 (Crisis) or worse acute food insecurity. The updated analysis indicates that a further 36,000 people have since slipped into IPC AFI Phase 3 or above at the state level, primarily in Wau County, which was the only county assessed during the update.

This deterioration is primarily driven by the influx of newly displaced populations, with over 16,000 internally displaced persons (IDPs) arriving since November 2025 due to conflict in Jur River and Nagero (Western Equatoria State), currently sheltering in Bazia and Kpaile Payams and expected to receive limited humanitarian assistance, thus making them among the most vulnerable groups. The situation is further worsened by the depletion of household food stocks, high food prices driven by fuel costs, transport constraints and taxation, currency depreciation, poor road conditions, and delayed salaries, all of which are eroding purchasing power. Rising incidences of waterborne diseases is further undermining food utilisation. As a result, households are increasingly resorting to crisis and emergency coping strategies, including the sale of productive assets, reduced essential expenditures, and consumption of seed stocks, accelerating the erosion of livelihoods and increasing vulnerability to further deterioration .

GREATER EQUATORIA REGION

Food security outcomes in the Greater Equatoria region are projected to remain at Crisis or worse (IPC Phase 3 or above) during the April–July 2026 lean season, with notable spatial variation across states. Overall, approximately 1.76 million people (44 percent of the population) are projected to face IPC Phase 3 or above acute food insecurity, including 366,000 people (9 percent) in IPC Phase 4 (Emergency) and 1.4 million people (35 percent) in IPC Phase 3 (Crisis). These outcomes reflect sustained pressure on household food access driven by disrupted livelihoods, constrained market functionality, and reduced purchasing power.

The projection update analysis covered selected counties in Central Equatoria State (Terekeka), Eastern Equatoria (Kapoeta East), and Western Equatoria (Tambura, Ibba, Mundri East, Mundri West, and Nagero), where the convergence of conflict, climatic shocks, and market constraints continues to drive area-level severity.



Compared to the September 2025 analysis, when approximately 1.71 million people (43 percent) were projected to be in IPC Phase 3 or above, the current projection reflects a deterioration of around 50,000 additional people facing Crisis or worse outcomes across the region.

Central Equatoria State

In Central Equatoria, food security conditions remain concerning, with approximately 935,000 people (54 percent) projected to be in IPC AFI Phase 3 or above, including 139,000 people (8 percent) in IPC AFI Phase 4 (Emergency). Compared to the September 2025 analysis, this reflects a deterioration in the food security situation, when 922,000 people (53 percent) were projected to face IPC AFI Phase 3 or above conditions, including 126,000 people (7 percent) in IPC AFI Phase 4 (Emergency).

Only Terekeka County was updated in this analysis, with the deterioration driven by a convergence of shocks, including inter-communal conflict, displacement, and flooding, which have disrupted livelihoods and access to food, with over 13,000 people affected by floods and conditions expected to worsen given forecasts of above-average rainfall. Food availability in the county remains constrained due to a significant production deficit, with cereal production not able to meet annual needs, and is compounded by depleted household stocks during the lean season and limited ongoing production, although livestock products and fishing provide marginal support. Food access is further constrained by high food prices, reduced purchasing power, and poor road infrastructure limiting market functionality. Food utilisation remains compromised by inadequate access to safe water, sanitation, and cooking fuel, which is contributing to an elevated disease risk and poor nutrition outcomes classified at IPC AMN Phase 3 (Serious) levels. Households are increasingly relying on crisis and emergency coping strategies, including the sale of natural resources, indicative of ongoing livelihood erosion, and humanitarian food assistance is not expected to significantly mitigate outcomes during the projection period.

Eastern Equatoria State

In Eastern Equatoria, approximately 521,000 people (43 percent of the population) are projected to face IPC Phase 3 or above acute food insecurity during the April–July 2026 lean season, reflecting a slight deterioration compared to the September 2025 projection of 512,000 people (42 percent) in Phase 3 +. This increase indicates sustained pressure on food security outcomes driven by economic constraints, climatic shocks, and localised insecurity.

The update for Eastern Equatoria State only focused on Kapoeta East County, where outcomes are projected to deteriorate to IPC Phase 4 (Emergency), with approximately 110,000 people (about 60 percent of the population) facing Crisis or worse outcomes, up from 55 percent in the previous analysis. This deterioration is associated with continued livelihood erosion, displacement, and macroeconomic pressures, compounded by climatic shocks. Food availability remains critically constrained, with cereal production not able to meet annual needs, resulting in a significant deficit despite seasonal improvements in livestock productivity and some market functionality. Food access is limited by high food prices, declining purchasing power, and poor market access due to infrastructure and seasonal barriers, particularly in remote areas, while terms of trade remain unfavourable for livestock-dependent households. Food utilisation remains poor due to limited dietary diversity and weak WASH conditions, contributing to deteriorating nutrition outcomes projected at IPC AMN Phase 4 (Critical) levels. Households are increasingly engaging in crisis and emergency coping strategies, including distress livestock sales, leading to accelerated depletion of livelihood assets. Humanitarian food assistance remains limited in coverage and impact and is not expected to significantly mitigate outcomes.

Western Equatoria State

During the April–July 2026 lean season, food security outcomes in Western Equatoria State are projected to remain relatively better compared to other regions but still at concerning levels, with approximately 303,000 people (29 percent of the population) classified in IPC Phase 3 or above. This reflects a deterioration from the September 2025 projection of 273,000 people (26 percent) in Phase 3 +.

During this update, Tambura, Ibba, Mundri East, Mundri West, and Nagero counties were analysed and updated, and findings indicate a gradual worsening of conditions across these areas. While the state benefits from relatively favourable agro-ecological conditions, outcomes are increasingly shaped by localised insecurity, displacement, and macroeconomic pressures. Higher severity is observed in parts of Mundri East and Nagero, as well as Tambura and Mundri West, while



Ibba, though relatively better-off, is also experiencing a notable increase in the population facing high levels of food insecurity. Food availability remains uneven across the analysed counties, with localised production surpluses alongside significant deficits. While Ibba records relatively strong production, these gains are not translating into improved food security outcomes due to insecurity, displacement, and constrained market access. In contrast, Tambura, Mundri East, Mundri West, and Nagero are unable to meet their annual cereal requirements, resulting in persistent deficits. Limited market integration, insecurity, and movement restrictions continue to constrain the redistribution of food from surplus to deficit areas. Food access is further limited by high food prices, weak purchasing power, and disrupted market functionality linked to poor road infrastructure and insecurity, compounded by broader macroeconomic pressures including inflation, currency depreciation, and high transport costs. Food utilisation remains poor due to limited dietary diversity and inadequate access to safe water, sanitation, and cooking fuel, contributing to IPC AMN Phase 3 (Serious) levels of acute malnutrition, particularly during the rainy season. Livelihood systems are increasingly under stress, with households resorting to crisis and, in some cases, emergency coping strategies, including asset depletion and reliance on natural food sources, which are themselves constrained by insecurity and seasonality. Reduced humanitarian presence in insecure areas further limits access to assistance and basic services.

ACUTE MALNUTRITION SITUATION (APRIL - JUNE 2026)

TOTAL NUMBER OF CASES OF CHILDREN AFFECTED BY ACUTE MALNUTRITION AND IN NEED OF TREATMENT - 2026

Following the IPC AMN projection update conducted in March 2026, the total number of cases of children aged 6–59 months expected to suffer from acute malnutrition in South Sudan has increased from 2.10 million to 2.19 million, representing a 4.4 percent increase. Similarly, the number of pregnant and breastfeeding women (PBW) projected to require treatment for wasting has risen from 1.1 million to 1.2 million, a 4.7 percent increase, reflecting a growing burden on already constrained health and nutrition systems.

Building on the precedence of the IPC update conducted in 2025, the projected increase in the PIN for 2026 was based on the diversity and magnitude of factors contributing to the deterioration in acute malnutrition. Based on this, the technical working group assigned a 20 percent increase in number of cases of children acutely malnourished and in need of treatment for counties in which the AMN situation is driven by a cumulation of violent conflict, inaccessibility, influx of IDPs, and disease outbreaks; 15 percent for counties in which AMN is driven by unusual flooding, new IDPs, and high disease burden; and 10 percent for counties in which AMN is driven by indirect impact of conflict and other contributing factors. Counties that remained similar or where not analyzed retained the previous PIN.

The updated caseload reflects the impact of worsening conditions observed across multiple counties, including increased severity of food insecurity, heightened disease burden, reduced access to health and nutrition services, and continued conflict and displacement. Unlike the previous update, where a uniform percentage increase was applied to deteriorating counties, the current revision incorporates evidence-based adjustments informed by IPC phase deterioration, within-phase worsening, and service delivery constraints across analysed counties.

Counties that experienced a deterioration in IPC AMN phase or severity contributed to the observed increase in caseload, while counties with no significant change retained their previous estimates. Areas not covered in the current update also maintained their prior PIN figures. Overall, the increase of approximately 90,000 additional acutely malnourished children underscores the continued deterioration in nutrition outcomes and highlights the urgent need to scale up life-saving interventions across affected areas.

State	Updated PIN Children 6 - 59 months	Updated PIN Severe Acute Malnutrition (SAM)	Updated PIN Moderate Acute Malnutrition (MAM)	Updated Pregnant and Breastfeeding Women Cases
Central Equatoria	175,421	34,125	141,296	82,453
Eastern Equatoria	153,643	25,334	128,308	114,109
Jonglei	501,914	172,565	329,349	244,944
Lakes	147,507	37,323	110,184	66,954
Northern Bahr el Ghazal	250,618	96,460	154,158	116,937
Unity	232,176	89,287	142,889	104,621
Upper Nile	342,549	132,907	209,642	160,504
Warrap	228,709	55,994	172,716	188,830
Western Bahr el Ghazal	74,876	18,358	56,518	26,550
Western Equatoria	91,399	34,201	57,198	97,708
Grand Total	2,198,812	696,554	1,502,258	1,203,610



Assumptions for Acute Malnutrition projection update

Disease Burden and Nutrition Linkages: Disease incidence is expected to remain above seasonal norms in several counties, with high prevalence of malaria, diarrhoea, and acute respiratory infections, particularly during the rainy season. In some areas, such as Warrap, exceptionally high disease burden has already been reported, further worsening nutrition outcomes.

Cholera outbreaks are expected to persist across multiple counties, with continued transmission in known hotspots and increased risk of spread due to flooding, poor sanitation, and overcrowded displacement settings.

WASH Conditions: WASH conditions are expected to deteriorate further across many counties, driven by limited access to safe water, poor sanitation, and reduced partner presence. Rising water prices in urban areas such as Juba and overcrowding in displacement settings will increase the risk of disease transmission and negatively affect food utilization.

Infant and Young Child Feeding (IYCF) Practices: IYCF practices are expected to remain suboptimal, particularly in areas affected by food insecurity, displacement, and poor caregiving capacity. Reduced food access and limited dietary diversity are likely to negatively affect complementary feeding practices, despite ongoing community engagement and social and behaviour change communication (SBCC) efforts.

Humanitarian Assistance: Humanitarian food and nutrition assistance is expected to remain insufficient and uneven, with 6% reduction in health coverage (funding has been withdrawn from 101 out of 1662 health facilities) due to funding constraints and, in some areas, complete suspension of general food distribution (GFD), BSFP, and MAM programmes (e.g., Upper Nile). Where assistance is provided, it may face intermittent disruptions due to insecurity, access constraints, and logistical challenges.

Overall, assistance is unlikely to match the scale of growing needs, contributing to widening food consumption gaps and increased risk of malnutrition.

Access to Health and Nutrition Services: Access to health and nutrition services is expected to continue declining, driven by facility closures, reduced health coverage, funding cuts, and supply chain disruptions. In several counties, only a limited proportion of facilities remain functional, with some communities experiencing extended periods without medical supplies.

Nutrition services are expected to remain operational but highly constrained, with frequent stockouts, reduced outreach, and declining workforce capacity, partly due to delayed incentives and reduced staffing.

GREATER UPPER NILE REGION

Jonglei State

According to the Projection 2 update analysis, the nutrition situation is expected to deteriorate to IPC AMN Phase 5 (Extremely Critical) in four counties: Akobo, Duk, Fangak, and Uror. In Ayod, Nyirol, Canal/Pigi, Pibor, and Twic East, the situation is projected to further deteriorate but remain within IPC AMN Phase 4 (Critical), while Pochalla and Bor South are expected to remain in IPC AMN Phase 3 (Serious).

The deterioration is primarily driven by intensifying conflict and widespread displacement, with an estimated 17,700 internally displaced persons (IDPs) reported in parts of Jonglei, particularly affecting Akobo, Nyirol, and Uror. In the worst-affected counties, especially Uror and Akobo, insecurity has resulted in the near-total shutdown of health, nutrition, and humanitarian services, including the looting and destruction of facilities and essential supplies. In Canal/Pigi alone, at least 12 health facilities are currently non-functional, severely constraining access to basic health and nutrition services.

As a result, the burden of disease is expected to increase sharply, particularly with the onset of the rainy season. In some counties, cholera trends remain concerning for instance, Ayod previously reported over 400 cholera cases with case fatality rates exceeding 10 percent, highlighting the risk of severe outcomes in contexts with limited access to care. Malaria and diarrhoeal diseases are expected to rise significantly, especially in overcrowded IDP settlements where access to safe water and sanitation is extremely limited.

At the same time, population displacement across Ayod, Nyirol, Akobo, Duk, Fangak, Uror, and Canal/Pigi continues to exert additional pressure on already depleted household food stocks. As the lean season progresses (April–June 2026), most households are expected to have fully exhausted food reserves, with limited access to markets due to high food prices, insecurity, and disrupted supply routes. Although humanitarian assistance is ongoing, coverage remains limited, Blanket Supplementary Feeding Programme (BSFP) support in some counties is reaching only 13 to 24 percent of the population, leaving a large proportion of households without adequate assistance.

Consequently, food consumption gaps are expected to widen, with many households likely resorting to one meal per day, alongside declining dietary diversity and poor food consumption scores. These conditions are expected to disproportionately affect children under the age of five and pregnant and breastfeeding women, increasing the risk of acute malnutrition.

In parallel, WASH conditions remain critically poor, as solarised boreholes in conflict-affected counties such as Akobo were vandalised, while WASH agencies withdrew their services leading to widespread reliance on unsafe water sources contaminated from widespread open defecation. These conditions, combined with flooding and overcrowding in displacement sites, are expected to significantly increase the risk of cholera and other waterborne disease outbreaks. Care practices are also likely to deteriorate, particularly among displaced populations, due to reduced access to health and nutrition services and strained caregiving capacity.

Overall, the convergence of conflict, large-scale displacement, high disease burden, worsening food insecurity, and severely limited access to health and WASH services is expected to drive a significant deterioration in acute malnutrition outcomes across the affected counties during the projection period.

Unity State and Ruweng administrative area

A total of five counties Rubkona, Abiemnom, Leer, Mayendit, and Panyijiar county were analysed during the projection update. Two counties (Rubkona and Abiemnom) are classified in IPC AMN Phase 5 (Extremely Critical), with Abiemnom deteriorating from IPC AMN Phase 4 to IPC AMN Phase 5, while Rubkona remains in IPC AMN Phase 5 with worsening severity. The remaining counties are projected to remain in IPC AMN Phase 4 although conditions are expected to deteriorate within the same classification during the projection period.

The deterioration is driven by ongoing conflict, displacement, and worsening food access constraints. In Rubkona County, an estimated 3,040 newly displaced individuals have been reported, while in Abiemnom County many households remain unable to access normal livelihood activities, including cultivation. Across the counties, households are expected to face limited access to food due to high market prices, reduced purchasing power linked to the depreciation of the South Sudanese Pound, and reliance on small household food stocks, resulting in reduced food consumption.

Health and nutrition service delivery is significantly constrained. In Rubkona, seven health facilities have been closed due to funding cuts, and reducing service coverage. In Abiemnom, nutrition services have been suspended in some locations following looting and theft of supplies, while some facilities have also gone for extended periods without receiving medical consignments. These combined factors are expected to significantly limit access to treatment for acute malnutrition during the projection period.

The disease burden is expected to increase, with ongoing cholera cases and anticipated seasonal rises in malaria, diarrhoea, and acute respiratory infections. WASH conditions remain poor, with limited access to safe water, reliance on contaminated sources, and open defecation practices, particularly during the rainy season when flooding is expected to worsen water contamination and restrict access to services in areas such as Leer County and Panyijiar County. Despite ongoing response efforts, funding constraints are limiting the scale of humanitarian assistance, increasing the risk of further deterioration in acute malnutrition across the analysed counties.

Upper Nile State

A projection update for Upper Nile State covered six counties (Akoka, Baliet, Longochuk, Luakpiny/Nasir, Malakal, and Ulang) and indicates a worsening situation in four of them. Four counties (Nasir, Ulang, Baliet and Akoka) are classified in IPC AMN Phase 5 (Extremely Critical). Compared to the previous analysis, Akoka has deteriorated from Phase 4 (Critical) to Phase 5 (Extremely Critical), while Nasir, Ulang and Baliet have remained in Phase 5 with sustained severity. Conditions

have also worsened within Phase 5 across these counties, reflecting a deepening of already extreme levels of acute malnutrition.

The deterioration is primarily driven by sustained conflict, which continues to restrict population movement, limit access to livelihoods, and disrupt health and nutrition service delivery. This is compounded by an elevated disease burden, including malaria, diarrhoeal diseases, and acute respiratory infections (ARI) and fever, alongside the risk of cholera and measles outbreaks.

Health and nutrition service delivery is severely constrained. Widespread breaks in supply chains have resulted in critical shortages, with some counties reporting complete stockouts of moderate acute malnutrition (MAM) supplies, while others face simultaneous shortages of both MAM and severe acute malnutrition (SAM) commodities, in addition to essential drugs. In Ulang, Nasir, and Baliet, WFP has suspended general food distributions (GFD), blanket supplementary feeding programmes (BSFP), and MAM interventions due to insecurity, significantly reducing access to food and nutrition support.

Population displacement and access constraints are further exacerbating the situation. Conflict in neighbouring Jonglei State, particularly in Akobo, has triggered new influxes of returnees and internally displaced persons (IDPs) into Nasir, Malakal, and Ulang, placing additional pressure on already overstretched host communities. Ongoing fighting has displaced populations within and across counties, while insecurity along key access corridors in Nasir, Baliet, Longochuk, Akoka, and Ulang continues to disrupt the delivery of humanitarian assistance.

Seasonal factors are expected to worsen conditions further. Renewed conflict since late 2025 has already deepened vulnerabilities, and with the onset of the rainy season, flooding is anticipated to displace additional populations, restrict road access, disrupt trade and supply chains, and increase disease transmission. Acute watery diarrhoea (AWD) remains a major concern, highlighting the compounded impact of conflict, displacement, service disruption, and poor WASH conditions on worsening malnutrition outcomes.

GREATER BAHR EL GHAZAL REGION

Warrap State

A total of six counties were analysed in Warrap State. The nutrition situation is projected to deteriorate significantly in Abyei and Twic County, reaching IPC AMN Phase 5 (Extremely Critical) and IPC AMN Phase 4 (Critical), respectively, during the projection period. The remaining counties Gogrial West County, Tonj East County, Tonj South County, and Gogrial East County are expected to remain within their previous IPC AMN phases, though conditions remain highly fragile.

The deterioration is driven by a combination of worsening food insecurity, high disease burden, and severe service delivery constraints. Across the state, most households are expected to face limited access to key food sources such as fish and milk, depleted food stocks, and rising food prices, compounded by the continued depreciation of the South Sudanese Pound and disrupted trade flows. In some counties such as Gogrial West County, an estimated 75 percent of the population is already in IPC AFI Phase 3 or above, with about 20 percent in IPC AFI Phase 4 (Emergency), highlighting the severity of the food crisis.

In Abyei, the situation is further aggravated by the influx of over 20,000 displaced persons, alongside additional pressure from cross-border cattle movements. The destruction of key markets such as Amiet and Mulmul, which serve as major food supply hubs, has significantly disrupted food availability and market functionality. These shocks are occurring in a context where over 70 percent of the population is already in IPC AFI Phase 3 or above, indicating extremely limited resilience.

In Twic County and other conflict-affected areas, displacement and inter-communal violence continue to disrupt livelihoods and restrict access to farmland and markets. In parallel, service delivery is severely constrained across the state. Health facilities are facing persistent drug stockouts, reduced coverage and declining staffing levels due to delayed incentives and planned workforce reductions. In some locations, communities have gone over a year without medical consignments, forcing households to rely on traditional coping mechanisms.

The disease burden is expected to worsen further during the projection period, with increased cases of diarrhoea linked to water scarcity and poor sanitation, as well as rising malaria incidence due to seasonal rains and flooding. In Abyei,



reported measles cases have already exceeded 80 cases in early 2026, raising the risk of a broader outbreak despite ongoing interventions.

Compounding these challenges, humanitarian assistance is expected to decline due to funding constraints, with some programmes reducing coverage to as low as 50 percent of the target population. Although targeted support continues in selected areas, the scale remains insufficient relative to the growing needs. The combined effects of worsening food access, market disruptions, high disease burden, displacement pressures, and weakened health service delivery are expected to significantly exacerbate acute malnutrition during the lean season, particularly in counties already classified as IPC AMN Phase 4 (Critical) and IPC AMN Phase 5 (Extremely Critical).

GREATER EQUATORIA REGION

Central Equatoria State

Only Juba County was included in the current IPC AMN projection update. The analysis indicates that the nutrition situation is expected to deteriorate within IPC AMN Phase 4 (Critical) during the April–June 2026 period. This deterioration is mainly attributed to reduced access to nutrition and health services following funding cuts, as well as worsening food security and WASH conditions.

The closure of six nutrition sites and eight health facilities in January 2026 have significantly reduced service coverage, limiting access to both preventive and curative services, with no anticipated scale-up during the projection period. Health service delivery will remain constrained, with increased costs of care and reduced access, particularly for vulnerable households. Planned Vitamin A supplementation and deworming activities are expected between April–June 2026, though coverage will remain low due to earlier missed campaigns and seasonal access challenges.

Food security is expected to worsen during the lean season, with declining food availability, rising prices, and reduced purchasing power, especially among market dependent households. With no humanitarian food assistance in place, households are likely to face increasing difficulty meeting minimum dietary requirements. At the same time, WASH conditions are expected to deteriorate, driven by increased water prices and reduced access to safe water, alongside poor sanitation practices and anticipated flooding, which will increase the risk of infections.

Overall, the combination of reduced service coverage, worsening food access, and declining WASH conditions is expected to drive a significant deterioration in acute malnutrition outcomes in Juba County.

Eastern Equatoria State

Two counties were included in the IPC Projection update: Kapoeta East and Budi. As per the updated analysis, the nutrition situation is expected to deteriorate further within IPC AMN Phase 4 (Critical), reflecting worsening conditions compared to the previous analysis.

The deterioration is primarily driven by worsening food access and affordability, with high food prices, currency depreciation (projected to exceed 6,000 SSP per \$1 USD), and reduced purchasing power limiting household food consumption to as little as one meal per day. In both counties, poor crop performance, dependence on markets, and reduced food assistance are expected to widen food gaps and negatively affect dietary intake.

At the same time, increasing disease burden and weak health systems will aggravate the situation. In Kapoeta East, only 12 of 24 health facilities are functional, while access remains constrained by distance and poor infrastructure. The closure of nutrition services is a major concern, with approximately 26,450 children in Kapoeta East and 23,573 children in Budi expected to miss MAM treatment due to TSFP site closures (23 sites in Kapoeta and 16 in Budi), increasing the risk of progression to severe acute malnutrition.

Insecurity, poor WASH conditions, and limited caregiving capacity will further compound risks, while the influx of around 2,000 returnees in Budi is expected to increase pressure on already constrained resources. Overall, the combination of severe food insecurity, increased morbidity, reduced service coverage, and funding constraints is expected to sustain critical levels of acute malnutrition in both counties during the projection period.



Western Equatoria State

Only one county (Nagero) was analysed in this update. According to the April–June 2026 projection, the nutrition situation is expected to deteriorate within IPC AMN Phase 4 (Critical). This represents a deterioration compared to the previous analysis and is primarily driven by persistent insecurity, which continues to limit access to farms, markets, and key livelihood activities such as fishing, hunting, and wild food collection. As households enter the planting season without access to land, food availability is expected to decline further, with many relying on already depleted food stocks and hosting IDPs within their households increasing pressure on already depleted stocks.

Food consumption is expected to deteriorate due to disrupted supply routes, particularly from Tambura and Wau, high food prices, and reduced household purchasing power. This will likely result in reduced dietary diversity and meal frequency, further worsening children's nutritional status. At the same time, disease burden is expected to increase during the rainy season, with malaria, diarrhea, and ARI cases rising due to increased mosquito breeding, poor sanitation, and unsafe water conditions.

Access to health services remains critically constrained, with only four out of ten health facilities functional and accessible, limiting treatment coverage and outreach services. Facilities were looted leaving them with no medical supplies; displaced populations are also facing challenges accessing healthcare. Care practices, especially complementary feeding, are expected to deteriorate due to limited food access. WASH conditions remain poor with no new interventions planned. Humanitarian support is expected to remain minimal, with no planned GFD or BSFP interventions, further widening food and nutrition gaps.



RECOMMENDATIONS FOR ACTION

ACUTE MALNUTRITION

- 1. Restore and expand lifesaving nutrition services:** Rapidly scale up OTP, TSFP, and BSFP in IPC AMN Phase 4 and 5 areas, including the reactivation of closed facilities, relocation of services to areas where populations have moved whenever feasible, and deployment of mobile and outreach teams, with particular focus on displaced populations with limited access to services.
- 2. Strengthen health and supply systems:** Ensure uninterrupted availability of essential drugs and nutrition commodities (SAM/MAM), particularly in locations that have reported extended periods without medical consignments and nutrition supplies, through prepositioning ahead of the rainy season and strengthening last-mile delivery systems, prioritizing areas hosting displaced populations with high service demand.
- 3. Scale up integrated nutrition, health, WASH, and IYCF interventions:** Strengthen cholera prevention and response as this remains a critical public health concern, alongside intensified response to malaria, diarrhoea, and ARIs, expansion of safe water access, sanitation, and hygiene promotion, and strengthening Infant and Young Child Feeding (IYCF) interventions to promote optimal breastfeeding and complementary feeding practices, particularly in displacement-affected areas with compromised hygiene conditions and flood-prone locations. Integrated response leveraging on partner resources and strengths will provide a holistic approach in meeting the needs of the children with optimised impact for all.
- 4. Expand food and nutrition support to vulnerable populations:** Increase emergency food assistance and scale up blanket and targeted supplementary feeding programmes in areas with disrupted services, including locations classified in very critical phases, with specific targeting of displaced populations whose food consumption is significantly compromised.
- 5. Strengthen systems, workforce, and coordination:** Invest in frontline workforce capacity (including staffing and incentives), reinforce coordination and access negotiations to sustain service delivery in insecure and underserved areas, and adopt innovative data collection approaches in displacement-affected and hard-to-access locations to ensure timely and reliable information for response planning.

Response Acute Malnutrition

- 1. Scale up immediate life-saving nutrition interventions:** Urgent action is required in counties classified in IPC AMN Phase 4 (Critical) and Phase 5 (Extremely Critical), with prioritisation of locations showing deteriorating trends. Response should focus on expansion of OTP, TSFP and BSFP services through mobile and outreach delivery mechanisms to reach populations in hard-to-access and conflict-affected areas. Flexible approaches should be adopted, including re-allocating services to areas where populations have moved, where feasible, to maintain continuity of care.
- 2. Negotiate and expand humanitarian access to improve service coverage:** Strengthen efforts to secure access to conflict-affected and hard-to-reach areas through coordinated access negotiations. Improving access will enable the restoration and scale-up of health and nutrition services, particularly in underserved locations and areas with worsening trends.
- 3. Restore and sustain nutrition service delivery:** Re-establish functional nutrition sites in areas affected by conflict and declining service coverage. This should include prepositioning of nutrition commodities and essential medicines where security allows, strengthening last-mile delivery systems, and reinforcing frontline workforce capacity to improve service availability and quality.
- 4. Strengthen supply chain integrity and efficiency:** Address prolonged stockouts of essential drugs and nutrition commodities, including instances of several months without supplies, by improving pipeline planning, last-mile delivery, and accountability mechanisms. Strengthening the integrity, coordination, and monitoring of the supply chain is critical to ensure consistent availability of lifesaving supplies.
- 5. Address workforce capacity and motivation:** Ensure timely payment of incentives to health and nutrition staff to restore motivation and retain frontline capacity. Delays in incentive payments are undermining service quality and continuity, particularly in high-burden and hard-to-reach areas.
- 6. Strengthen disease prevention and outbreak response:** Scale up integrated response to cholera and other high-

burden diseases (malaria, diarrhoea, ARIs) through vaccination campaigns, case management, and community-based interventions. This should be complemented by strengthened WASH services, particularly in IDP settlements, returnee locations, and flood-prone areas.

Situation monitoring and update - Acute Malnutrition

- In areas where deterioration and elevated risk of acute malnutrition have been identified, continuous monitoring of key risk factors is essential to track the evolving situation and guide timely interventions. These locations should be prioritised for representative nutrition surveys (SMART), considering that some have gone for extended periods without recent or representative survey data.
- Although alternative data sources have supported the current analysis, exclusive reliance on non-SMART methodologies may lead to an underestimation of the true severity of the situation, potentially obscuring the actual burden and giving a false indication of improvement. Conducting SMART surveys will therefore be critical, as they provide robust prevalence estimates alongside additional essential indicators, including mortality, which are necessary for a comprehensive understanding of the scale and gravity of the crisis.

Risk factors to monitor:

- **Conflict and access constraints:** Persistent and expanding conflict continues to severely disrupt humanitarian programming and restrict access to affected populations. Ongoing displacement, including influxes of IDPs and returnees into urban and semi-urban areas, is placing additional pressure on already overstretched health and nutrition services. Insecurity along key access corridors has limited the delivery of assistance, while some areas remain partially or completely inaccessible, constraining service coverage and response capacity.
- **Disease burden:** The disease burden has significantly increased, with cholera outbreaks, alongside malaria, diarrhoeal diseases, and acute respiratory infections, contributing to the deterioration in nutritional status. Inadequate and delayed response to outbreaks, coupled with poor WASH conditions and seasonal flooding, is exacerbating transmission risks and increasing morbidity, particularly among vulnerable children.
- **Declining health service coverage:** Access to healthcare continues to shrink as service coverage declines. This has resulted in reduced availability of essential health and nutrition services, limited outreach capacity, and weakened service delivery in high-burden areas.
- **Supply chain disruptions:** Frequent disruptions to supply chains due to insecurity and access constraints have led to stockouts of essential nutrition commodities and medical supplies, limiting the treatment of both moderate and severe acute malnutrition.
- **Humanitarian funding constraints:** Reductions in humanitarian funding have contributed to scale-downs in programming across multiple sectors. Several counties are not receiving nutrition treatment after further coverage reduction in 2026 and several partners have reduced or suspended operations, leading to gaps in service delivery, reduced technical capacity, and limited implementation of preventive interventions such as Vitamin A supplementation and immunisation.

ACUTE FOOD INSECURITY

1. **Advocate for peace:** Advocate for sustained political engagement to reduce violence, lower tensions and re-anchor the parties in the 2018 Revitalised Agreement on the Resolution of the Conflict in the Republic of South Sudan (R-ARCSS).
2. **Improve humanitarian access:** Urge all parties to the conflict to provide sustained access, protect aid corridors, and allow humanitarian staff and supplies to move without intimidation or obstruction.
3. **Scale up emergency food assistance:** Urgently expand food assistance in IPC AFI Phase 3 and above, areas to address widening consumption gaps and prevent further deterioration. Prioritise the most vulnerable parts of the population, which typically include conflict-affected, displaced, and flood-prone populations with limited access to food and markets.
4. **Protect and restore livelihoods:** Provide timely support to sustain and rebuild livelihoods, including access to agricultural inputs, fishing assets, and livestock services. Prioritise areas with disrupted production systems to support immediate food access and recovery for upcoming seasons.
5. **Support market access and functionality:** Facilitate the functioning of local markets by addressing supply constraints and access barriers. In areas where markets are operational, support household access to food by mitigating the effects of high prices and reduced purchasing power.
6. **Promote climate-adaptive food production:** Scale up support for climate-resilient agricultural practices, including short-cycle and flood-tolerant crops, and expand dry-season production. Target flood-prone and shock-affected areas to stabilise food availability under increasingly variable climatic conditions.
7. **Strengthen early warning and anticipatory action:** Enhance integration of food security, market, and rainfall monitoring systems to enable timely detection of shocks. Link early warning to early action to mitigate the impact of floods, conflict, and market disruptions.
8. **Strengthen coordination and IPC-based prioritisation:** Align response planning with IPC analysis to prioritise populations most in need. Improve coordination among government and partners to address coverage gaps, avoid duplication, and ensure balanced support across IPC AFI Phase 3 and above populations.

Situation monitoring and update - Acute Food Insecurity

- Continuous monitoring of food security conditions is required in areas with deterioration or elevated risk. Strengthening the monitoring of market prices, rainfall, agricultural production etc., remains critical to providing actionable evidence to inform timely and appropriate response.
- Data collection efforts should prioritise hard-to-reach and conflict-affected areas, where information gaps persist. Strengthening integration of household, market, and remote sensing data, alongside improved population estimates including displacement dynamics, remains essential to enhance analysis quality.
- The next IPC analysis should be conducted in line with seasonal timelines, particularly after the lean season FSNMS data collection, to reassess severity and inform response planning for 2026/2027. However, if for any reason there are additional changes in the risk factors to monitor indicated below, than an update may be necessary before then.

Risk factors to monitor - Acute Food Insecurity:

- **Conflict and access constraints:** Ongoing insecurity continues to disrupt livelihoods, restrict access, and limit humanitarian response, particularly in key production and trade areas.
- **Flooding and rainfall variability:** Forecast above-normal rainfall is likely to increase flood risk, with potential impacts on crop production, displacement, and market access in flood-prone areas.
- **Market disruptions and high food prices:** Insecurity, rising fuel costs, supply constraints, and macroeconomic pressures – caused by internal and external factors – continue to drive high food prices and reduce household purchasing power.



- **Displacement and population movements:** Continued displacement and returnee influxes are increasing pressure on food systems and services, particularly in urban and peri-urban areas that are hosting these populations.
- **Humanitarian funding constraints:** Reduced funding is limiting the scale and coverage of assistance, increasing the risk of deterioration, particularly among IPC Phase 3 populations, most of whom have been de-prioritised in response planning and programming.
- **Agricultural production shocks:** Disruptions to planting and harvesting due to conflict, floods, and input shortages are likely to reduce production and worsen food availability.



PROCESS AND METHODOLOGY

The IPC Update Analysis was conducted from 23 March to 2 April 2026 using a hybrid modality, combining both in-person and remote participation. State-level analysis teams remained within their respective states and convened at FAO, WFP, or UNICEF offices, while national-level analysts in Juba worked either from the FAO Country Office or from their respective agency offices. This approach ensured efficient utilization of resources.

A total of 32 counties were analysed for Acute Food Insecurity (AFI), including the Abyei Administrative Area, while 29 counties were analysed for Acute Malnutrition (AMN). The counties were selected based on recurrent conflict-related shocks, displacement, and exposure to flooding. The analysis followed IPC protocols and standards, ensuring convergence of evidence using multiple data sources, including new contributing factor data on conflict, market and price monitoring, rainfall data, and other sectoral information.

The first two days of the exercise were dedicated to refresher training on IPC protocols and analytical procedures, including a focused session on the linkages between AFI and AMN to strengthen integrated analysis. This was followed by the analysis conducted by the analysis team, and following evidence-based classification and population estimations. The analysis was conducted using AP for the AFI while AMN used excel worksheets to record the analysis process.

The analysis process was supported by the IPC Global Support Unit (GSU), with in-person regional technical support from Nairobi and additional remote support from the global team in Rome, ensuring adherence to IPC standards and quality assurance throughout the exercise.

A risk of Famine (RoF) analysis was conducted for seven counties (five in Jonglei and two in Upper Nile). Of these, four counties, Nasir and Ulang (Upper Nile), and Akobo and Nyirol (Jonglei) were confirmed to be at risk of Famine, based on IPC protocols and available evidence. The evidence levels of the analysis are medium (**).

Sources: The projection update used information from various sources, the AFI analysis also used information from FSL Cluster rapid needs assessments (IRNA), market analyses and price projections, rainfall estimates and forecasts, population movement data (IOM), humanitarian assistance records (WFP and FSL Cluster) and Emergency Operational Plans. The AMN analysis also used county MUAC screenings (REACH), routine health data, disease surveillance data, contextualized qualitative information and program admission trends.

LIMITATIONS OF THE ANALYSIS

The analysis was conducted in accordance with IPC protocols; however, several limitations may have influenced the outcomes:

Partial geographic coverage: The analysis focused on a subset of counties selected based on severity criteria and changes in the context away from the assumptions of the September 2025 IPC analysis. While this approach ensured prioritisation of high-risk areas, it may not fully capture emerging or less visible deterioration in non-analysed counties.

Potential underestimation of macroeconomic impacts: Broader economic shocks, including rising fuel and energy prices linked to global dynamics such as the Iran conflict, were not fully captured in the available evidence base. These factors are likely to have countrywide effects on food prices and household purchasing power, suggesting that the number of populations in IPC Phase 3 or worse may be underestimated.

Data gaps in hard-to-reach areas: Persistent access constraints limited the availability of up-to-date and representative data in conflict-affected and remote locations. In such areas, classifications relied on limited or indirect evidence, increasing uncertainty in the analysis.

Limitations in population data: Population figures, including displacement and returnee movements, remain dynamic and uncertain. Inconsistencies in population estimates may affect the accuracy of some of the population figures across IPC phases.



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 Mainutrition 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 is 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 Malnutrition 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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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, Catholic Relief Services (CRS), CILSS, EC-JRC, FAO, FEWSNET, Global Food Security Cluster, Global Nutrition Cluster, IFPRI, IGAD, IMPACT, Oxfam, SICA, SADC, Save the Children, UNDP, UNICEF, the World Bank, WFP and WHO.

IPC analysis partners





ANNEX 1: POPULATION TABLE FOR ACUTE FOOD INSECURITY PROJECTION UPDATE AT COUNTY LEVEL (APRIL - JULY 2026) (1/2)

State	County	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	651,079	65,108	10	195,324	30	325,540	50	65,108	10	0	0	3	390,647	60
	Kajo-keji	247,876	37,181	15	74,363	30	123,938	50	12,394	5	0	0	3	136,332	55
	Lainya	121,047	18,157	15	42,366	35	54,471	45	6,052	5	0	0	3	60,524	50
	Morobo	123,332	18,500	15	37,000	30	55,499	45	12,333	10	0	0	3	67,833	55
	Terekeka	274,704	54,941	20	68,676	25	123,617	45	27,470	10	0	0	3	151,087	55
	Yei	322,475	64,495	20	128,990	40	112,866	35	16,124	5	0	0	3	128,990	40
Eastern Equatoria	Budi	112,688	16,903	15	39,441	35	45,075	40	11,269	10	0	0	3	56,344	50
	Ikotos	113,622	39,768	35	34,087	30	28,406	25	11,362	10	0	0	3	39,768	35
	Kapoeta East	183,613	36,723	20	36,723	20	73,445	40	36,723	20	0	0	4	110,168	60
	Kapoeta North	167,037	33,407	20	41,759	25	58,463	35	33,407	20	0	0	4	91,870	55
	Kapoeta South	117,777	35,333	30	41,222	35	35,333	30	5,889	5	0	0	3	41,222	35
	Lafon	167,125	33,425	20	41,781	25	58,494	35	33,425	20	0	0	4	91,919	55
	Magwi	282,656	113,062	40	113,062	40	42,398	15	14,133	5	0	0	3	56,531	20
Torit	73,850	18,463	25	22,155	30	25,848	35	7,385	10	0	0	3	33,233	45	
Jonglei	Akobo	244,749	12,237	5	36,712	15	97,900	40	85,662	35	12,237	5	4	195,799	80
	Ayod	207,210	20,721	10	51,803	25	72,524	35	62,163	30	0	0	4	134,686	65
	Bor South	363,622	145,449	40	145,449	40	54,543	15	18,181	5	0	0	3	72,724	20
	Canal/Pigi	113,129	5,656	5	16,969	15	45,252	40	45,252	40	0	0	4	90,503	80
	Duk	211,856	21,186	10	42,371	20	84,742	40	63,557	30	0	0	4	148,299	70
	Fangak	227,445	11,372	5	22,745	10	79,606	35	102,350	45	11,372	5	4	193,328	85
	Nyirrol	151,386	7,569	5	15,139	10	60,554	40	52,985	35	15,139		4	128,678	85
	Pibor	242,329	36,349	15	48,466	20	72,699	30	84,815	35	0	0	4	157,514	65
	Pochalla	84,745	12,712	15	25,424	30	33,898	40	12,712	15	0	0	3	46,610	55
	Twic East	132,529	19,879	15	26,506	20	53,012	40	33,132	25	0	0	4	86,144	65
Uror	208,359	10,418	5	41,672	20	72,926	35	72,926	35	10,418	5	4	156,269	75	
Lakes	Awerial	148,492	22,274	15	44,548	30	51,972	35	29,698	20	0	0	4	81,671	55
	Cueibet	194,933	38,987	20	77,973	40	58,480	30	19,493	10	0	0	3	77,973	40
	Rumbek Centre	229,448	22,945	10	80,307	35	91,779	40	34,417	15	0	0	3	126,196	55
	Rumbek East	185,651	27,848	15	46,413	25	83,543	45	27,848	15	0	0	3	111,391	60
	Rumbek North	77,350	11,603	15	19,338	25	27,073	35	19,338	25	0	0	4	46,410	60
	Wulu	94,695	33,143	35	42,613	45	18,939	20	0	0	0	0	3	18,939	20
	Yirol East	170,834	25,625	15	42,709	25	68,334	40	34,167	20	0	0	4	102,500	60
	Yirol West	185,519	27,828	15	64,932	35	74,208	40	18,552	10	0	0	3	92,760	50
NBeG	Aweil Centre	94,808	14,221	15	33,183	35	37,923	40	9,481	10	0	0	3	47,404	50
	Aweil East	418,494	41,849	10	104,624	25	167,398	40	104,624	25	0	0	4	272,021	65
	Aweil North	205,981	20,598	10	61,794	30	82,392	40	41,196	20	0	0	4	123,589	60
	Aweil South	155,576	15,558	10	46,673	30	62,230	40	31,115	20	0	0	4	93,346	60
	Aweil West	228,970	22,897	10	80,140	35	91,588	40	34,346	15	0	0	3	125,934	55



ANNEX 1: POPULATION TABLE FOR ACUTE FOOD INSECURITY PROJECTION UPDATE AT COUNTY LEVEL (APRIL - JULY 2026) (2/2)

State	County	Population analysed	Phase 1		Phase 2		Phase 3		Phase 4		Phase 5		Area Phase	Phase 3+	
			#people	%	#people	%	#people	%	#people	%	#people	%		#people.	%
Unity	Abiemnhom	61,203	3,060	5	18,361	30	27,541	45	12,241	20	0	0	4	39,782	65
	Guit	76,195	3,810	5	19,049	25	38,098	50	15,239	20	0	0	4	53,337	70
	Koch	107,144	5,357	5	26,786	25	64,286	60	10,714	10	0	0	3	75,001	70
	Leer	85,953	8,595	10	21,488	25	34,381	40	21,488	25	0	0	4	55,869	65
	Mayendit	76,247	7,625	10	19,062	25	30,499	40	19,062	25	0	0	4	49,561	65
	Mayom	175,695	26,354	15	52,709	30	70,278	40	26,354	15	0	0	3	96,632	55
	Panyijjar	128,173	12,817	10	25,635	20	57,678	45	32,043	25	0	0	4	89,721	70
	Pariang	141,940	28,388	20	42,582	30	56,776	40	14,194	10	0	0	3	70,970	50
Rubkona	414,201	20,710	5	82,840	20	207,101	50	103,550	25	0	0	4	310,651	75	
Upper Nile	Akoka	25,177	3,777	15	3,777	15	12,589	50	5,035	20	0	0	4	17,624	70
	Baliet	36,424	3,642	10	5,464	15	16,391	45	10,927	30	0	0	4	27,318	75
	Fashoda	103,905	15,586	15	25,976	25	41,562	40	20,781	20	0	0	4	62,343	60
	Longochuk	79,902	3,995	5	15,980	20	31,961	40	27,966	35	0	0	4	59,927	75
	Luakpiny/Nasir	329,670	16,484	5	49,451	15	115,384	35	131,868	40	16,484	5	4	263,736	80
	Maban	107,258	16,089	15	32,177	30	37,540	35	21,452	20	0	0	4	58,992	55
	Maiwut	143,201	28,640	20	42,960	30	57,280	40	14,320	10	0	0	3	71,601	50
	Malakal	281,421	28,142	10	42,213	15	140,711	50	70,355	25	0	0	4	211,066	75
	Manyo	117,324	17,599	15	29,331	25	52,796	45	17,599	15	0	0	3	70,394	60
	Melut	145,727	29,145	20	36,432	25	58,291	40	21,859	15	0	0	3	80,150	55
	Panyikang	73,658	7,366	10	14,732	20	29,463	40	22,097	30	0	0	4	51,561	70
	Renk	627,930	94,190	15	156,983	25	282,569	45	94,190	15	0	0	3	376,758	60
Ulang	153,111	7,656	5	22,967	15	61,244	40	53,589	35	7,656	5	4	122,489	80	
Warrap	Gogrial East	140,289	28,058	20	42,087	30	49,101	35	21,043	15	0	0	3	70,145	50
	Gogrial West	352,231	70,446	20	123,281	35	105,669	30	52,835	15	0	0	3	158,504	45
	Tonj East	196,740	19,674	10	49,185	25	78,696	40	49,185	25	0	0	4	127,881	65
	Tonj North	280,443	56,089	20	70,111	25	98,155	35	56,089	20	0	0	4	154,244	55
	Tonj South	128,038	25,608	20	44,813	35	38,411	30	19,206	15	0	0	3	57,617	45
	Twic	304,133	45,620	15	91,240	30	106,447	35	60,827	20	0	0	4	167,273	55
Western Bahr el Ghazal	Jur River	301,556	60,311	20	165,856	55	60,311	20	15,078	5	0	0	3	75,389	25
	Raja	84,724	16,945	20	29,653	35	33,890	40	4,236	5	0	0	3	38,126	45
	Wau	360,254	72,051	20	108,076	30	144,102	40	36,025	10	0	0	3	180,127	50
Western Equatoria	Ezo	141,097	70,549	50	49,384	35	14,110	10	7,055	5	0	0	2	21,165	15
	Ibba	70,600	17,650	25	31,770	45	17,650	25	3,530	5	0	0	3	21,180	30
	Maridi	117,256	35,177	30	58,628	50	23,451	20	0	0	0	0	3	23,451	20
	Mundri East	106,382	21,276	20	37,234	35	31,915	30	15,957	15	0	0	3	47,872	45
	Mundri West	52,794	10,559	20	23,757	45	13,199	25	5,279	10	0	0	3	18,478	35
	Mvolo	79,941	15,988	20	27,979	35	27,979	35	7,994	10	0	0	3	35,973	45
	Nagero	63,411	12,682	20	15,853	25	25,364	40	9,512	15	0	0	3	34,876	55
	Nzara	88,870	48,879	55	26,661	30	8,887	10	4,444	5	0	0	2	13,331	15
	Tambura	126,606	31,652	25	44,312	35	31,652	25	18,991	15	0	0	3	50,642	40
Yambio	179,216	71,686	40	71,686	40	35,843	20	0	0	0	0	3	35,843	20	
Grand Total		14,203,031	2,334,317	16	4,033,973	28	5,276,159	37	2,485,293	17	73,306	1		7,834,756	55

ANNEX 2. HOTSPOT COUNTIES AND THEIR CLASSIFICATIONS FOR BOTH ACUTE FOOD INSECURITY AND ACUTE MALNUTRITION (1/2)

State	County	AMN Indicator	GAM Prevalence	AMN						AMN UPDATE March/April 2026		AFI			AFI Update
				AMN Current (July-September 2025)	AMN EL	AMN Projection 1 (October 2025- March 2026)	AMN Likely change	AMN Projection2 (April 2026- June 2026)	AMN Likely change2	Projection 2 Update	Likely Change	AFI Current	AFI Projection 1	AFI Projection2	AFI Projection 2 Update
Central Equatoria	Juba	WHZ	13.40%	3	**	3	→	4	↓	4	↓	3	3	3	3
Central Equatoria	Kajo-Keji	WHZ	8.30%	2	**	2	→	4	↓	4	→	3	3	3	3
Central Equatoria	Lainya	WHZ	13.30%	3	**	3	→	4	↓	4	→	3	3	3	3
Central Equatoria	Morobo	WHZ	3.40%	1	**	1	→	2	↓	2	→	3	3	3	3
Central Equatoria	Terekeka	WHZ	10.60%	3	**	3	→	3	↓	3	→	3	3	3	3
Central Equatoria	Yei	WHZ	8.30%	2	**	2	→	3	↓	3	→	3	2	3	3
Eastern Equatoria	Budi	WHZ	15.20%	4	**	4	↓	4	↓	4	↓	3	3	3	3
Eastern Equatoria	Ikotos	WHZ	6.20%	2	**	2	↓	3	↓	3	→	2	2	3	3
Eastern Equatoria	Kapoeta East	WHZ	8.90%	2	***	3	↓	3	↓	4	↓	3	4	4	4
Eastern Equatoria	Kapoeta North	WHZ	11.60%	3	**	3	↓	4	↓	4	→	3	4	4	4
Eastern Equatoria	Kapoeta South	WHZ	11.00%	3	**	3	↓	4	↓	4	→	3	3	3	3
Eastern Equatoria	Lafon	WHZ	6.30%	2	**	2	↓	3	↓	3	→	3	3	4	4
Eastern Equatoria	Magwi	WHZ	3.70%	1	**	2	↓	2	↓	2	→	2	2	3	3
Eastern Equatoria	Torit	WHZ	8.90%	2	**	3	↓	3	↓	3	→	3	3	3	3
Jonglei	Akobo	WHZ	29.40%	4	**	4	↑	4	↓	5	↓	3	3	4	4
Jonglei	Ayod	WHZ	10.70%	3	**	4	↓	4	↑	4	↓	3	4	4	4
Jonglei	Bor South	WHZ	21.40%	4	**	4	↑	4	↓	4	→	2	2	3	3
Jonglei	Canal/Pigi	WHZ	16.40%	4	**	4	↓	4	↓	4	↓	4	4	4	4
Jonglei	Duk	WHZ	29.40%	4	**	5	↓	5	→	5	↓	3	3	4	4
Jonglei	Fangak	MUAC	21.50%	3	**	4	↓	4	↓	5	↓	4	4	4	4
Jonglei	Nyirrol	WHZ	14.10%	3	**	3	↑	3	↓	4	↓	3	4	4	4
Jonglei	Pibor	WHZ	21.40%	4	**	4	↓	4	↓	4	→	4	4	4	4
Jonglei	Pochalla	WHZ	5.00%	2	**	1	↑	2	↓	2	→	3	3	3	3
Jonglei	Twic East	WHZ	9.80%	2	**	3	↓	3	↓	3	→	4	3	4	4
Jonglei	Uror	WHZ	29.40%	4	**	4	↑	4	→	5	↓	3	4	4	4
Lakes	Awerial	WHZ	14.90%	3	**	3	→	4	↓	4	→	3	3	4	4
Lakes	Cueibet	WHZ	9.60%	2	**	2	↑	2	→	2	→	2	3	3	3
Lakes	Rumbek Centre	WHZ	9.30%	2	**	2	↑	2	→	2	→	3	3	3	3
Lakes	Rumbek East	WHZ	10.40%	3	**	2	↑	2	→	2	→	3	3	3	3
Lakes	Rumbek North	WHZ	7.70%	2	**	2	↑	2	→	2	→	3	3	4	4
Lakes	Wulu	WHZ	7.80%	2	**	2	↑	2	→	2	→	2	2	3	3
Lakes	Yirol East	WHZ	13.80%	3	**	3	↑	3	→	3	→	3	3	4	4
Lakes	Yirol West	WHZ	9.00%	2	**	2	→	3	↓	3	→	3	3	3	3
NBeG	Aweil Centre	WHZ	9.20%	2	**	2	↑	2	↓	2	→	3	3	3	3
NBeG	Aweil East	WHZ	15.40%	4	**	3	↑	4	↓	4	→	3	3	4	4
NBeG	Aweil North	WHZ	18.60%	4	***	4	↑	4	↓	4	→	3	3	4	4
NBeG	Aweil South	WHZ	19.20%	4	**	4	↑	4	↑	4	→	3	3	4	4
NBeG	Aweil West	WHZ	16.70%	4	***	4	→	4	↓	4	→	3	3	3	3
Unity	Abiemnhom	WHZ	18.10%	4	**	4	→	4	↓	5	↓	3	3	3	4
Unity	Guit	WHZ	14.70%	3	**	4	↓	4	↓	4	→	3	3	4	4
Unity	Koch	WHZ	13.30%	3	**	4	↓	4	↓	4	→	3	3	3	3
Unity	Leer	WHZ	14.40%	3	**	4	↓	4	↓	4	↓	3	3	4	4
Unity	Mayendit	WHZ	15.90%	4	**	4	↓	4	↓	4	→	3	3	4	4
Unity	Mayom	WHZ	24.40%	4	**	4	→	4	↓	4	→	3	3	3	3
Unity	Panyijar	WHZ	15.00%	4	**	4	→	4	↓	4	↓	3	3	4	4
Unity	Pariang	WHZ	16.90%	4	**	4	→	4	↓	4	→	3	3	3	3
Unity	Rubkona	WHZ	29.30%	4	**	5	↓	5	↓	5	→	3	4	4	4

ANNEX 2. HOTSPOT COUNTIES AND THEIR CLASSIFICATIONS FOR BOTH ACUTE FOOD INSECURITY AND ACUTE MALNUTRITION (2/2)

State	County	AMN Indicator	GAM Prevalence	AMN						AMN UPDATE March/April 2026		AFI				AFI Update
				AMN Current (July-September 2025)	AMN EL	AMN Projection 1 (October 2025- March 2026)	AMN Likely change	AMN Projection2 (April 2026- June 2026)	AMN Likely change2	Projection 2 Update	Likely Change	AFI Current	AFI Projection 1	AFI Projection2	AFI Projection 2 Update	
Upper Nile	Akoka	WHZ	27.8	4	**	5	↓	5	↓	5	↓	3	3	4	4	
Upper Nile	Baliet	WHZ	21.9	4	**	4	↓	4	↓	5	↓	3	3	4	4	
Upper Nile	Fashoda	WHZ	19.9	4	**	4	↓	4	↓	4	→	3	3	4	4	
Upper Nile	Longochuk	MUAC	10	4	**	4	↓	4	↓	4	↓	4	4	4	4	
Upper Nile	Luakpiny/Nasir	MUAC	25.3	5	**	5	→	5	→	5	→	4	4	4	4	
Upper Nile	Maban	WHZ	18.4	4	**	4	↓	4	↓	4	→	3	3	4	4	
Upper Nile	Maiwut	MUAC	7.8	4	**	4	↓	4	↓	4	→	3	3	3	3	
Upper Nile	Malakal	WHZ	22	4	**	4	↓	4	↓	4	→	4	4	4	4	
Upper Nile	Manyo	WHZ	22	4	**	4	↓	4	↓	4	→	3	3	3	3	
Upper Nile	Melut	WHZ	24.9	4	**	4	↓	4	↓	4	→	3	3	3	3	
Upper Nile	Panyikang	WHZ	8.5	2	**	3	↓	3	↓	3	→	4	4	4	4	
Upper Nile	Renk	WHZ	23.4	4	**	4	↓	4	↓	4	→	3	3	3	3	
Upper Nile	Ulang	MUAC	20.8	5	**	5	↓	5	↓	5	→	4	4	4	4	
Warrap	Abyei	WHZ	28.10%	4	**	4	↓	5	↓	5	↓	4	3	4	4	
Warrap	Gogrial East	WHZ	22.60%	4	**	4	↓	4	↓	4	→	3	3	3	3	
Warrap	Gogrial West	WHZ	11.40%	3	**	3	↓	4	↑	4	→	3	3	3	3	
Warrap	Tonj East	WHZ	15%	4	**	4	↓	4	↑	4	→	3	3	4	4	
Warrap	Tonj North	WHZ	8.10%	2	**	3	↓	3	↓	3	→	3	3	4	4	
Warrap	Tonj South	WHZ	16.80%	4	**	4	↓	4	↑	4	→	3	3	3	3	
Warrap	Twic	WHZ	22.6	4	**	4	↑	4	↓	4	↓	3	3	4	4	
Western Bahr el Ghazal	Jur river	WHZ	9.10%	2	**	2	↑	3	↓	3	→	2	2	3	3	
Western Bahr el Ghazal	Raja	WHZ	5.40%	2	**	2	↓	3	↓	3	→	3	3	3	3	
Western Bahr el Ghazal	Wau	WHZ	8%	2	**	3	↓	3	↓	3	→	2	2	3	3	
Western Equatoria	Ezo	WHZ	5.6%	2	**	2	↓	3	↓	3	→	2	2	2	2	
Western Equatoria	lbba	WHZ	5.4%	2	**	2	↓	3	↓	3	→	2	2	3	3	
Western Equatoria	Maridi	WHZ	9.0%	2	**	3	↓	3	↓	3	→	2	2	3	3	
Western Equatoria	Mundri East	WHZ	11.3%	3	**	3	↓	3	↓	3	→	3	2	3	3	
Western Equatoria	Mundri West	WHZ	9.0%	2	**	3	↓	3	↓	3	→	3	2	3	3	
Western Equatoria	Mvolo	WHZ	10.7%	3	**	3	→	3	↓	3	→	3	3	3	3	
Western Equatoria	Nagero	WHZ	10.7%	3	**	4	↓	4	↓	4	↓	3	3	3	3	
Western Equatoria	Nzara	WHZ	4.8%	1	**	2	↓	2	↓	2	→	2	2	2	2	
Western Equatoria	Tambura	WHZ	8.0%	2	**	2	↓	3	↓	3	→	3	2	3	3	
Western Equatoria	Yambio	WHZ	4.7%	1	**	2	↓	2	↓	2	→	2	2	3	3	