SOUTH SUDAN

CONFLICT SUSTAINS RISK OF FAMINE IN LUAKPINY/NASIR AS 5.97 MILLION PEOPLE FACE HIGH LEVELS OF ACUTE FOOD INSECURITY AND 2.1 MILLION CHILDREN SUFFER ACUTE MALNUTRITION

IPC ACUTE FOOD INSECURITY AND MALNUTRITION ANALYSIS

SEPTEMBER 2025 - JULY 2026

Published on 4 November 2025

CURRENT SITUATION : SEPTEMBER - NOVEMBER 2025		
5.97M 42% of the analysed population People facing high levels of acute food insecurity (IPC Phase 3 or above) IN NEED OF URGENT ACTION	Phase 5	28,000 People in Catastrophe
	Phase 4	1,295,000 People in Emergency
	Phase 3	4,649,000 People in Crisis
	Phase 2	4,913,000 People in Stressed
	Phase 1	3,318,000 People in food security

FIRST PROJECTION : DECEMBER 2025 - MARCH 2026		
5.86M 41% of the analysed population People facing high levels of acute food insecurity (IPC Phase 3 or above) IN NEED OF URGENT ACTION	Phase 5	28,000 People in Catastrophe
	Phase 4	1,447,000 People in Emergency
	Phase 3	4,381,000 People in Crisis
	Phase 2	4,858,000 People in Stressed
	Phase 1	3,489,000 People in food security

SECOND PROJECTION : APRIL - JULY 2026		
7.55M 53% of the analysed population People facing high levels of acute food insecurity (IPC Phase 3 or above) IN NEED OF URGENT ACTION	Phase 5	28,000 People in Catastrophe
	Phase 4	2,297,000 People in Emergency
	Phase 3	5,230,000 People in Crisis
	Phase 2	4,236,000 People in Stressed
	Phase 1	2,412,000 People in food security

Overview

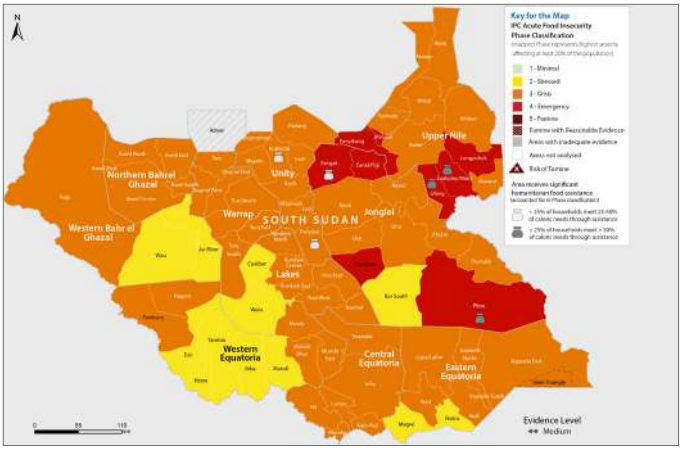
Food insecurity and malnutrition in South Sudan remain extremely high, driven primarily by localised conflict and expanding civil insecurity that have displaced large populations, as well as by widespread flooding that continues to disrupt livelihoods and agricultural production. The ongoing influx of refugees and returning citizens from Sudan is further straining already fragile markets, services, and resources amid a protracted economic crisis that has severely weakened household coping capacity and purchasing power. Disease outbreaks, limited access to health services, and poor water, sanitation, and hygiene (WASH) conditions are compounding the already critical malnutrition situation.

Although there has been a slight reduction in the overall number of people classified in IPC Acute Food Insecurity (AFI) Phase 3 or above (Crisis or worse) compared to the same period last year – largely attributed to localised improvements in security, humanitarian access, flood patterns, and agricultural production – the national trend conceals critical deteriorations in several hotspot areas. Luakpiny/Nasir County, particularly its southern parts along the Sobat corridor, remains a major concern, with populations facing a risk of Famine during both projection periods under a plausible worst-case scenario.

During the current analysis period (September to November 2025), an estimated 5.97 million people (42 percent of the analysed population) in South Sudan are facing high levels of acute food insecurity (IPC AFI Phase 3 or above), of which around 1.3 million people are facing Emergency (IPC AFI Phase 4) conditions. During this period, as well as the two projection periods, approximately 28,000 people are classified in IPC AFI Phase 5 (Catastrophe), including 17,000 people in Luakpiny/Nasir (Upper Nile) and 11,000 people in Fangak (Jonglei).

Despite favourable seasonal and productive patterns, food insecurity in South Sudan remains critical. During the harvest and post-harvest projection period (December 2025 to March 2026), an estimated 5.86 million people (41 percent of the analysed population) are expected to face IPC AFI Phase 3 or above (Crisis or worse) conditions. The situation is expected to worsen significantly during the lean season (April to July 2026), with 7.55 million people (53 percent of the analysed population) projected to experience high levels of food

Current Acute Food Insecurity Situation | Sep - Nov 2025



ACUTE MALNUTRITION: JULY 2025 - JUNE 2026

2.11M

cases of children aged 6-59 months acutely malnourished

IN NEED OF TREATMENT

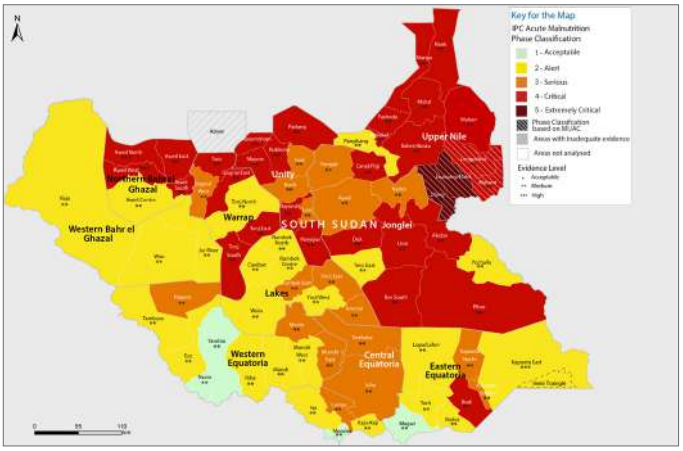
Severe Acute Malnutrition (SAM)	670,000
Moderate Acute Malnutrition (MAM)	1.44M

1.15M

cases of pregnant or breastfeeding women acutely malnourished

IN NEED OF TREATMENT

Current Acute Malnutrition Situation | July- Sep 2025



insecurity (IPC AFI Phase 3 or above).

The high severity of acute food insecurity in South Sudan is of great concern, requiring an immediate and large-scale response to save lives, protect livelihoods, and prevent further deterioration – especially in counties with populations in IPC AFI Phase 5 (Catastrophe) and IPC AFI Phase 4 (Emergency) as well as in Luakpiny/Nasir, where a risk of Famine is projected under a plausible worst-case scenario.

Between July 2025 and June 2026, 2.11 million children aged 6–59 months are expected to suffer acute malnutrition and be in urgent need of nutrition services and treatment. This is a similar level of acute malnutrition observed during the July 2024 – June 2025 analysis period. Additionally, around 1.15 million pregnant and breastfeeding women in South Sudan are expected to be malnourished and in need of treatment in the same period, which is a slight increase compared to last year when 1.11 million pregnant and breastfeeding women were acutely malnourished.

An estimated 70 percent of acute malnutrition cases are concentrated in the five states of Jonglei, Northern Bahr el Ghazal, Upper Nile, Unity and Warrap. During the first projection, or harvest and post-harvest period of October 2025 to March 2026, the acute malnutrition situation is expected to deteriorate in 46 counties, with 20 likely to be classified in a higher phase. Of concern are five counties (Duk in Jonglei State; Rubkona in Unity State; and Baliet/Akoka, Ulang and Nasir in Upper Nile State) and one administrative area (Abyei Administrative Area) which are projected to slip into IPC AMN Phase 5 (Extremely Critical) during the lean season period of April to June 2026 due to factors such as conflict reducing access to nutrition and health services amid a worsening cholera outbreak and increasing food gaps.

During the second projection, or lean season period of April to June 2026, the severity of acute malnutrition is expected to deteriorate in 69 counties, remain similar in nine counties and improve in two counties (Ayod in Jonglei and Aweil South in Northern Bahr el Ghazal). Four other counties will deteriorate further within IPC AMN Phase 5 (Extremely Critical) whereas Duk is expected to remain at a similar level of severity within IPC AMN Phase 5. However, a further deterioration into IPC AMN Phase 5 (Extremely Critical) is expected for four counties: Ulang, Nasir, Baliet/Akoka in Upper Nile, and Rubkona in Unity State. Urgent treatment and multisectoral interventions are needed to save the lives of the affected children.

Key drivers for acute food insecurity

Conflict: Recurrent conflict, especially in parts of Upper Nile, Jonglei, and Unity, has displaced many people, disrupted services and markets, and caused significant loss of livelihood assets. Additionally, the spillover effects of the conflict in Sudan—including disruptions to oil exports, trade routes, and supply chains—have diminished export revenues, driven exchange rate depreciation and intensified price volatility.

Displacement: The continued influx of returnees and refugees, as well as internal displacement triggered by intensified conflict in parts of the country, have placed additional pressure on already overstretched services and resources in host communities.

Economic crisis: High inflation, currency volatility, and declining household purchasing power, have sharply eroded access to food and basic commodities. In Juba, the cost of standard food items has increased by 24 percent between March and September 2025 and nearly doubled since September 2024. Food prices vary across the country – with Old Fangak market experiencing a tripling of food staple costs over the last year.

Climatic shocks: Recurrent flooding and erratic rainfall have damaged crops, destroyed productive assets, and disrupted market access, especially in Unity and Jonglei states. As of October 2025, about 961,000 people were affected across 26 counties in six states, with Jonglei and Unity accounting for 92 percent of the impact. The worst-hit areas include Pibor, Fangak, Twic East, Panyijiar and Bor South. Around 335,000 people were displaced in 16 counties.

Low agricultural production: Limited access to seeds and supplies, weak extension services, and poor infrastructure continue to restrict local food production.

Contributing factors of acute malnutrition

Food insecurity: Lack of access to food remains widespread and is a critical underlying cause of acute malnutrition. Many households are unable to meet their daily nutritional requirements, further worsening acute malnutrition rates among vulnerable populations such as children under the age of five and pregnant and breastfeeding women.

Poor child feeding practices: While exclusive breastfeeding rates are relatively high in South Sudan, complementary feeding is inadequate. Very few children have a diet that meets minimum dietary diversity, or frequency.

Disease outbreaks: Children continue to suffer from illnesses, with fever, malaria, acute respiratory infections, and diarrhoea being the most common. Recurrent outbreaks of cholera and measles in several counties are making children's nutritional status worse by reducing their ability to absorb nutrients.

Limited access to health services: Access to essential health services is low due to reduced donor funding, making healthcare unaffordable, especially for vulnerable households. Additionally, the influx of refugees and returnees from Sudan is straining an already overstretched health system. Health and nutrition services often face frequent stockouts of supplies, shortages of staff, and limited outreach to remote areas.

Poor WASH conditions: Less than a quarter of households have access to safe drinking water and latrines, with most people practicing open defecation. This leads to recurrent waterborne diseases like diarrhoea and cholera, which contribute to children not getting enough nutrients.

CONFLICT AND INSECURITY

Nationally, the security situation remains highly volatile, shaped by political violence, overlapping political rivalries, sub-national cattle-raiding and retaliation cycles, and spillover effects from the war in Sudan. Following the surge of violence in March 2025, political conflict spread to seven of the ten states indicating a further deteriorating security situation with significant impact on the humanitarian situation. Upper Nile and northern Jonglei states remain the epicentre of risk related to conflict, with several counties being significantly impacted by violence, including Fangak, Canal Pigi, Panyikang, Longochuk and Ulang.

Organised violence intensified food insecurity and malnutrition in affected areas directly through displacement, asset loss, trade disruptions, and access denials, and indirectly through market shocks and disease outbreaks. This underscores the significant multiplier effect conflict has on food insecurity and malnutrition in South Sudan.

In Luakpiny/Nasir and southern Sobat corridor areas, conflict has coincided with a public health emergency in the form of a major cholera outbreak and extremely critical acute malnutrition in 2025. This is likely to continue into 2026 in Luakpiny/Nasir, with the analysis concluding that there is a risk of Famine under a reasonable worst-case scenario, if violence and limitations on humanitarian access persist.

Elsewhere, Warrap, Western Bahr el Ghazal, Western Equatoria and Central Equatoria states faced increasing levels of violence disrupting livelihoods, markets, access, the health sector and causing displacement. Jonglei, Greater Pibor administrative area and Unity experienced recurrent violence, flooding, and road/river access constraints that repeatedly disrupted planting, grazing, and market functionality, further undermining recovery between seasons.

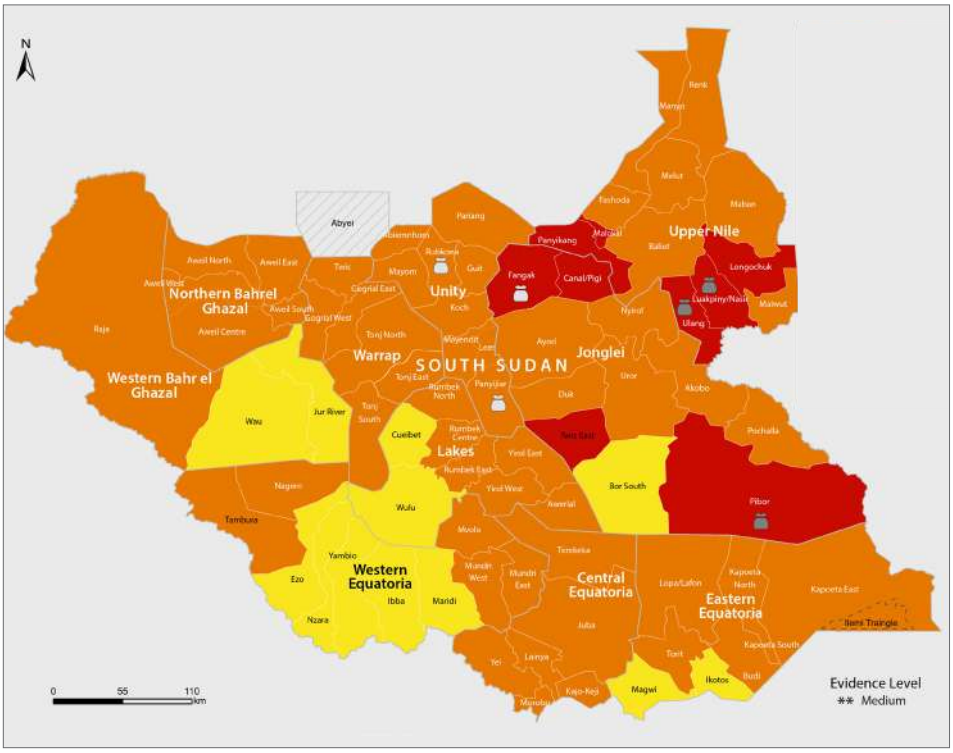
Conflict flashpoints also intersected with trade routes to Juba. For example, the Juba-Nimule corridor remains a critical import route whose safe access directly affects price levels in the capital Juba and further inland. As intermittent insecurity and macro-economic stresses continue to elevate transaction and transport costs, it becomes harder for poor households to afford food commodities imported across borders or transported within South Sudan.

Looking ahead into the two projection periods, political conflict and seasonal conflict patterns are likely to manifest in multiple locations. This will entail increased activity during the dry season as pre-rain offensives consolidate gains before road conditions deteriorate, followed by localised lulls as wet-season access becomes more difficult.

Even during seasonal lulls, ambush risks, illegal checkpoints, movement restrictions, and access denials along major supply corridors (e.g., Malakal–Nasir, Fangak–Canal/Pigi, and Bentiu–Mayom) will likely persist, sustaining unpredictability in food supply lines and undermining humanitarian access and aid delivery.

In the absense of a solid political agreement and without predictable humanitarian access, conflict will remain the primary driver of acute food insecurity and malnutrition throughout the projection period. This will be the case particularly in southern Nasir, Malakal/Panyikang corridors, Fangak, Canal/Pigi, and parts of Unity, as well as other areas that may emerge. Sudden escalations of violence stemming from conflict in neighbouring Sudan and domestic dry-season offensives are the key conflict-related risk factors to monitor with the greatest potential to rapidly worsen food security and nutrition outcomes.

ACUTE FOOD INSECURITY CURRENT SITUATION MAP AND POPULATION TABLE (SEPTEMBER - NOVEMBER 2025)



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

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

Disclaimer: *the administrative boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined. Final status of Abyei area is not yet determined.*

Population table for the current situation: September – November 2025

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	329,284	19	659,939	38	680,388	39	70,902	4	-	-	751,290	43
Eastern Equatoria	1,218,368	404,952	33	441,579	36	302,562	25	69,275	6	-	-	371,837	31
Jonglei	2,187,359	446,810	20	636,133	29	727,762	33	365,281	17	11,372	1	1,104,416	50
Lakes	1,286,922	328,670	26	475,856	37	417,926	32	64,470	5	-	-	482,397	37
Northern Bahr el Ghazal	1,103,829	180,614	16	379,711	34	394,119	36	149,385	14	-	-	543,504	49
Unity	1,266,751	198,781	16	398,967	31	531,775	42	137,228	11	-	-	669,003	53
Upper Nile	2,224,708	384,146	17	568,013	26	934,116	42	321,951	14	16,484	1	1,272,550	57
Warrap	1,401,874	385,682	28	543,292	39	377,763	27	95,137	7	-	-	472,900	34
Western Bahr el Ghazal	746,534	219,724	29	397,885	53	128,925	17	-	-	-	-	128,925	17
Western Equatoria	1,026,173	439,336	43	411,514	40	153,866	15	21,457	2	-	-	175,323	17
Total	14,203,031	3,317,998	23	4,912,889	35	4,649,202	33	1,295,086	9	27,856	0	5,972,144	42

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 CURRENT SITUATION OVERVIEW (SEPTEMBER - NOVEMBER 2025)

Between September and November 2025, 5.97 million people (42 percent of the population analysed) are classified in IPC AFI Phase 3 or above (Crisis or worse). Of this total, 1.30 million people (9 percent of the population analysed) are facing Emergency (IPC AFI Phase 4) conditions, while 28,000 people are facing IPC Catastrophe (IPC AFI Phase 5) conditions. In total, nine counties, mainly located in Jonglei and Upper Nile States, are classified in IPC AFI Phase 4: Canal/Pigi, Fangak, and Twic East in Jonglei State, Pibor in Greater Pibor Administrative Area and Longochuk, Luakpiny/Nasir, Malakal, Panyikang and Ulang in Upper Nile State. Moreover, 58 counties are in IPC AFI Phase 3 (Crisis), and 12 counties are in IPC AFI Phase 2 (Stressed). The most food-insecure states during this period, representing more than half of the population facing high levels of acute food insecurity in the country, include Upper Nile (57 percent), Unity (53 percent), and Jonglei (50 percent).

Food insecurity in South Sudan is driven by conflict and insecurity—including spillover from Sudan's conflict—climate shocks like flooding and droughts, economic instability, and low agricultural output. As of 23 October 2025, OCHA reports over 960,000 people affected by floods across 26 counties, with Jonglei and Unity states accounting for 92%. Flooding has damaged homes, farmland, and infrastructure, disrupted livelihoods and aid delivery, and displaced nearly 335,000 people. Year-on-year inflation continues to undermine food access in South Sudan, with food prices doubling in September compared to 2024. Currency depreciation has further eroded purchasing power in all states, with Unity, Central Equatoria, Greater Bahr el Ghazal, Juba and Jonglei states seeing the most rampant increases in prices of food and other basic needs and services. Year-on-year inflation continues to undermine food access in South Sudan, with food prices doubling in September compared to 2024. Currency depreciation has further eroded purchasing power in all states, with Unity, Central Equatoria, Greater Bahr el Ghazal, Juba and Jonglei states seeing the most rampant increases in prices of food and other basic needs and services.

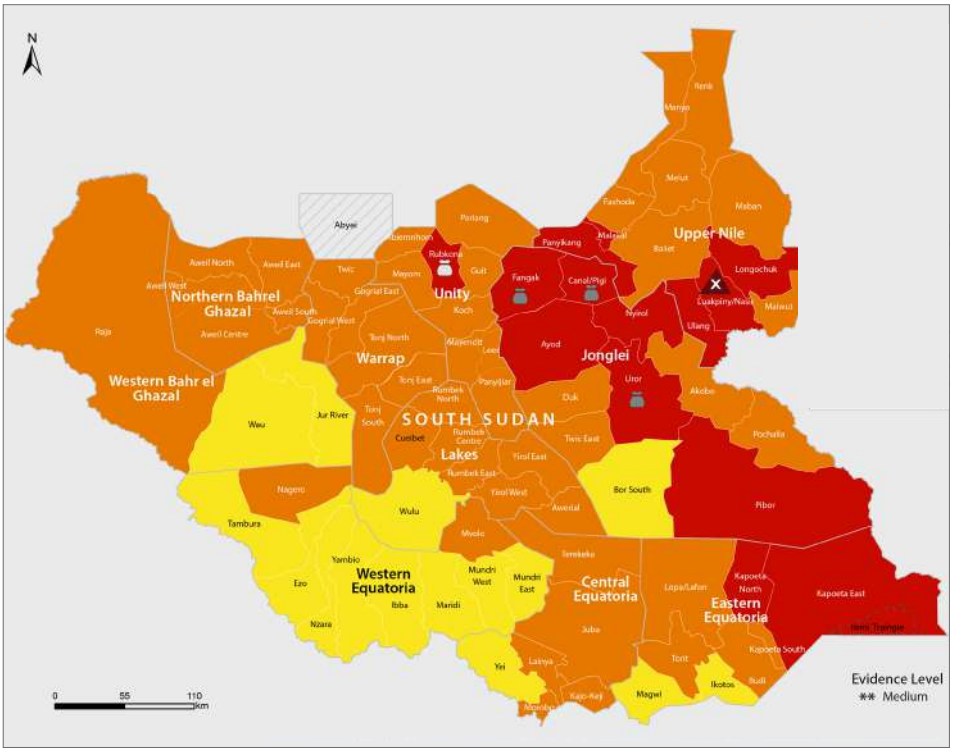
Food availability: In 2024, South Sudan's net cereal production was estimated at 1,123,000 metric tonnes, representing a 10 percent increase compared to 2023 and a 25 percent increase relative to the five-year average. For 2025, a cereal deficit of 349,830 metric tonnes was recorded — which is about 16 percent lower than the 2024 deficit and 25 percent below the average deficit for the 2020–2024 period. If used entirely within the country, the 2024 harvest could cover about 76 percent of South Sudan's cereal needs for 2025. The increase in production is primarily attributed to improved security conditions, which enabled farmers to expand cultivation beyond areas immediately surrounding their homesteads. Household food stocks from the previous harvest are expected to be scarce or depleted by the end of the September–November 2025 period, forcing many South Sudanese to rely on markets where food prices remain high.

Access to food: Most households in South Sudan continue to face significant challenges in accessing food from local markets due to the prolonged economic crisis and continued depreciation of the South Sudanese Pound (SSP). According to Food Security and Nutrition Monitoring System (FSNMS) Round 31 data, about 44 percent of respondents cited high food prices as the main shock experienced by their households during the six months preceding the survey. The erosion of household purchasing power is further compounded by reduced income levels, largely attributed to loss of employment, limited livelihood opportunities, and in some cases, the illness or death of productive household members. While insecurity—including conflict, theft, checkpoints, and violence—hindered market access for 17 percent of respondents in FSNMS Round 31, the impact was significantly more pronounced in certain counties in Greater Upper Nile, in Uror with 85 percent of respondents reported such challenges.

Moreover, market functionality and physical access are seasonally constrained by the deterioration of road networks during the rainy season, which isolates communities, disrupts internal trade flows, and limits food availability in already vulnerable counties. While food price dynamics varied across the country, inflation remains high: in Old Fangak market registered a tripling of food basket costs over the last year. In Juba, the food basket cost has doubled compared to September 2024. The combined effects of inflationary pressures and decline in humanitarian food security assistance due to funding shortfalls, have severely undermined household access to affordable food and essential non-food commodities across much of the country. As such, the target of significant humanitarian food security assistance remains focused on a low number of areas, particularly concentrated in Warrap, Upper Nile, as well as Central and Eastern Equatoria states.

Food utilisation: Chronic public health and sanitation problems undermine the population's ability to effectively consume available food. The situation is characterised by a high prevalence of waterborne and hygiene-related diseases, low access to latrines, and poor water, sanitation, and hygiene (WASH) practices. Many communities continue to rely on unsafe water sources, while limited access to hygienic supplies and safe sanitation facilities contributes to the spread of diarrheal diseases and other infections. In several areas, these conditions are further exacerbated by recurrent and prolonged flooding, which contaminates water sources, damages latrines, and creates stagnant water conducive to disease transmission. Some flood-prone locations remain inundated for extended periods, worsening living conditions and limiting access to clean water. Meanwhile, healthcare facilities and services remain inadequate or suboptimal, with poor infrastructure, shortages of medicines, and limited health personnel, particularly in rural areas.

ACUTE FOOD INSECURITY FIRST PROJECTION SITUATION MAP AND POPULATION TABLE (DECEMBER 2025 - MARCH 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

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 first projection situation: December 2025 – March 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	418,698	24	705,856	41	577,239	33	38,721	2	-	-	615,959	35
Eastern Equatoria	1,218,368	384,187	32	400,691	33	305,729	25	127,761	10	-	-	433,490	36
Jonglei	2,187,359	477,786	22	629,022	29	664,961	30	404,218	18	11,372	1	1,080,551	49
Lakes	1,286,922	310,231	24	490,732	38	415,797	32	70,163	5	-	-	485,960	38
Northern Bahr el Ghazal	1,103,829	225,506	20	407,269	37	348,156	32	122,898	11	-	-	471,053	43
Unity	1,266,751	182,492	14	377,848	30	525,839	42	180,572	14	-	-	706,411	56
Upper Nile	2,224,708	415,993	19	550,005	25	911,458	41	330,768	15	16,484	1	1,258,709	57
Warrap	1,401,874	315,588	23	498,430	36	422,625	30	165,231	12	-	-	587,856	42
Western Bahr el Ghazal	746,534	257,051	34	384,109	51	105,375	14	-	-	-	-	105,375	14
Western Equatoria	1,026,173	501,112	49	413,780	40	104,114	10	7,168	1	-	-	111,281	11
Total	14,203,031	**3,488,643**	**25**	**4,857,741**	**34**	**4,381,292**	**31**	**1,447,499**	**10**	**27,856**	**0**	**5,856,646**	**41**

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 FIRST PROJECTION SITUATION OVERVIEW (DECEMBER 2025 - MARCH 2026)

During the first projection period from December 2025 to March 2026, 5.9 million people (41 percent of the population analysed) will likely experience IPC AFI Phase 3 or above (Crisis or worse) food insecurity. Among them, 4.38 million people (31 percent of the population analysed) are likely to face IPC AFI Phase 3 (Crisis) conditions, 1.45 million people (10 percent of the population analysed) will likely face IPC AFI Phase 4 (Emergency) conditions and 28,000 people (0.2 percent of the population analysed) will experience IPC AFI Phase 5 (Catastrophe) levels of food insecurity.

During the first projection period, 14 counties are expected to be in IPC AFI Phase 4, 50 counties in IPC AFI Phase 3, and 15 counties in IPC AFI Phase 2 (Stressed). Kapoeta East and North (Eastern Equatoria) and Rubkona (Unity) counties are expected to deteriorate from IPC AFI Phase 3 to IPC AFI Phase 4. Meanwhile Twic East is expected to improve from IPC AFI Phase 4 to IPC AFI Phase 3 and Tambura to improve from IPC AFI Phase 3 to IPC AFI Phase 2.

Within this period, 28,000 people in Luakpiny/Nasir (17,000) and Fangak (11,000) are projected to remain in IPC AFI Phase 5 (Catastrophe), while approximately 1.45 million people will likely remain in IPC AFI Phase 4 (Emergency). The most food-insecure states between December 2025 and March 2026 include Upper Nile (57 percent) and Unity (56 percent).

Key assumptions for the first projection period

Mitigating factors during the dry season include the seasonal availability of harvested food stocks, which temporarily improves household food access and dietary diversity. The improvement in road conditions and market functionality following the end of the rainy season facilitates trade flows, movement of goods, and humanitarian access, contributing to greater market supply and relatively lower food prices compared to the lean season. Households also benefit from income generated through the sale of crops and livestock products, which helps replenish savings and enhance purchasing power.

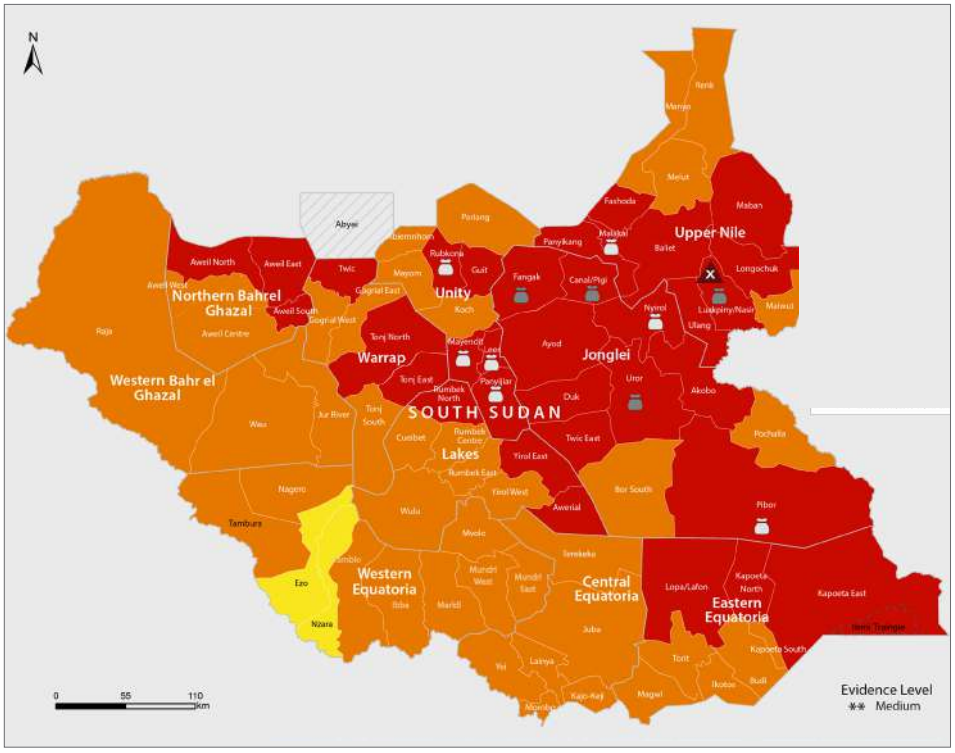
In riverine and swamp areas, the availability of fish remains an important source of food and income. Moreover, the reduction in water-borne diseases among humans and animals, due to receding floodwater and improved sanitation conditions, eases health-related vulnerabilities. Collectively, these factors help stabilise food security conditions during the dry season, allowing many households to recover from the stress experienced during the preceding lean period.

Humanitarian food assistance remains limited and concentrated in key states—Warrap, Central and Eastern Equatoria, and Upper Nile—with some expansion to critical counties in Jonglei and Unity. However, several aggravating factors will continue to undermine food security conditions even during the harvest and post-harvest dry season.

The availability of livestock products, particularly milk, typically declines as animals migrate away from homesteads in search of water and pasture, reducing household access to animal-source foods. For households who experienced poor or below-average harvests, food stocks begin to deplete as early as January compared to the start of the lean season in April, forcing greater reliance on markets at a time when incomes are limited.

The ongoing economic crisis, compounded by continued currency depreciation and high inflation, further erodes the purchasing power of poor households and constrains income-earning opportunities. Additionally, the spillover effects of the conflict in Sudan—including the influx of returnees and refugees, disruption of cross-border trade, and strained market supply chains—continue to place additional pressure on already vulnerable host communities, particularly in the northern border states.

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



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- Areas with inadequate evidence
- Areas not analysed

Area receives significant humanitarian food assistance

(accounted for in Phase classification)

- > 25% of households meet 25-50% of caloric needs through assistance
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Population table for the second projection situation: 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	560,454	32	795,931	46	125,746	7	-	-	921,677	53
Eastern Equatoria	1,218,368	327,084	27	379,411	31	358,281	29	153,593	13	-	-	511,874	42
Jonglei	2,187,359	344,309	16	557,627	25	720,760	33	553,291	25	11,372	1	1,285,423	59
Lakes	1,286,922	210,252	16	418,831	33	478,194	37	179,645	14	-	-	657,840	51
Northern Bahr el Ghazal	1,103,829	115,123	10	326,413	30	441,532	40	220,761	20	-	-	662,293	60
Unity	1,266,751	122,837	10	317,980	25	591,687	47	234,247	18	-	-	825,934	65
Upper Nile	2,224,708	288,201	13	489,177	22	942,929	42	487,917	22	16,484	1	1,447,329	65
Warrap	1,401,874	245,494	18	444,576	32	462,457	33	249,347	18	-	-	711,804	51
Western Bahr el Ghazal	746,534	149,307	20	339,611	45	220,290	30	37,327	5	-	-	257,616	35
Western Equatoria	1,026,173	351,116	34	402,085	39	217,670	21	55,302	5	-	-	272,972	27
Total	14,203,031	2,412,105	17	4,236,163	30	5,229,732	37	2,297,175	16	27,856	0	**7,554,763**	53

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 SECOND PROJECTION SITUATION OVERVIEW (APRIL- JULY 2026)

The situation is projected to deteriorate further during the lean season period of April to July 2026, when an estimated 7.55 million people (53 percent of analysed population) are projected to be in IPC AFI Phase 3 or above. This includes 2.3 million people (16 percent of the population analysed) in IPC AFI Phase 4 (Emergency), and 28,000 people (0.2 percent of the population analysed) expected to remain in IPC AFI Phase 5 (Catastrophe), including 17,000 people in Luakpiny/Nasir and 11,000 in Fangak. The most affected states during this period include Upper Nile (65 percent), Unity (65 percent), Northern Bahr el Ghazal (60 percent), Jonglei (59 percent), Central Equatoria (53 percent), Lakes (51 percent), and Warrap (51 percent).

During this period, the total number of counties likely to face Emergency (IPC AFI Phase 4) levels of food insecurity is expected to reach 35 including: Kapoeta East, Kapoeta North and Lopa/Lafon (in Eastern Equatoria State), Akobo, Ayod, Canal/Pigi, Duk, Fangak, Twic East, Uror and Nyirol (in Jonglei State), Pibor in Greater Pibor Administrative Area, Awerial, Rumbek North and Yirol East (in Lakes State); Aweil East, Aweil North and Aweil South (in Northern Bahr el Ghazal State), Guit, Leer, Mayendit, Panyijiar and Rubkona (in Unity State); Akoka, Baliet, Fashoda, Longochuk, Luakpiny/Nasir, Maban, Malakal, Panyikang and Ulang (in Upper Nile State); and Tonj East, Tonj North and Twic (in Warrap State). Meanwhile, 42 counties are expected to be in Crisis (IPC AFI Phase 3), and two counties will likely be in Stressed (IPC AFI Phase 2).

Key assumptions for the second projection period

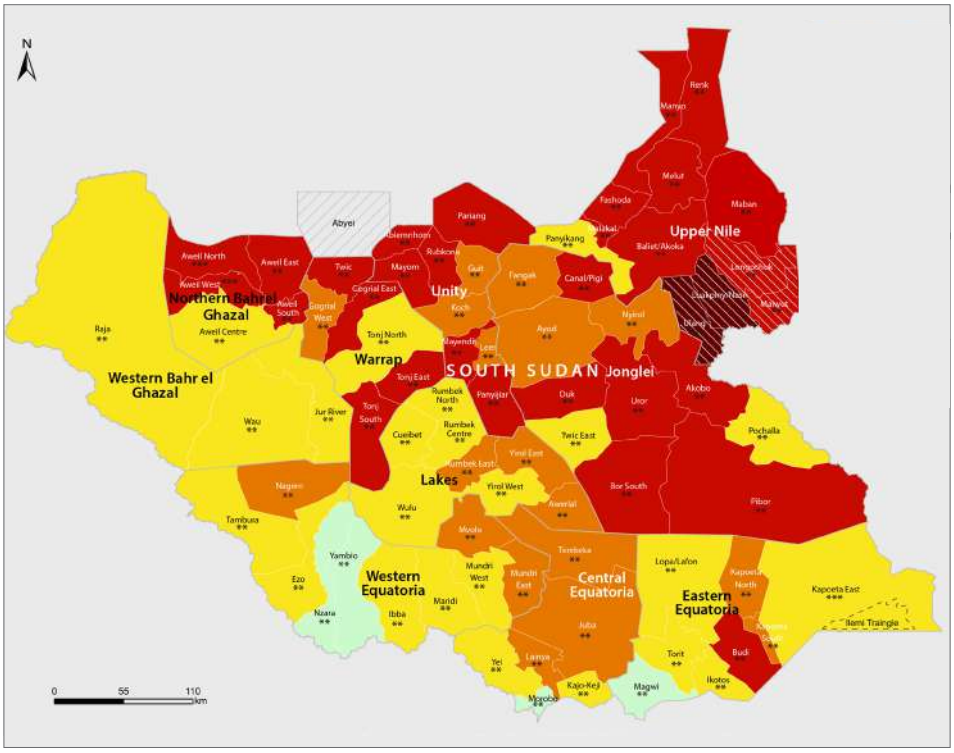
Mitigating factors include the increased seasonal availability of livestock products, fish, and wild foods during the rainy season. As pastures and water sources regenerate, livestock body conditions improve, leading to better access to milk and other animal products to help diversify diets and support household nutrition. The expansion of water bodies and swamps during the rainy season also enhances fishing opportunities, particularly in flood-prone areas such as Unity, Jonglei, and Upper Nile, where fish becomes a key food and income source. In some areas, households will benefit from the collection of wild fruits, vegetables, and game, which temporarily supplement food consumption and income.

Humanitarian food assistance is expected to continue reaching vulnerable communities in Warrap, Central and Eastern Equatoria, and Upper Nile, with a notable expansion anticipated in critical counties of Jonglei and Unity during the second projection period.

Aggravating factors during the lean season include the seasonal depletion of household food stocks, forcing most households to increasingly depend on markets at a time when food prices are rising. A reliance on markets is further strained due to poor road conditions and limited market functionality caused by heavy rains and flooding, which restrict internal trade flows and access to essential goods.

The ongoing economic crisis and continued depreciation of the South Sudanese Pound are expected to sustain high food and fuel prices, further eroding household purchasing power and constraining income-earning opportunities. In addition, the incidence of water-borne diseases among humans and animals, coupled with outbreaks of crop and livestock pests and diseases, typically rises during this period, compounding household vulnerabilities. The spillover effects of the conflict in Sudan remain significant, including the continued influx of returnees and refugees, disrupted cross-border supply chains, and additional pressure on already resource-poor host communities, particularly in the northern states.

ACUTE MALNUTRITION CURRENT SITUATION MAP AND OVERVIEW (JULY - SEPTEMBER 2025)



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 not analysed

- Urban settlement classification
- IDPs/other settlements classification

Evidence Level

* Acceptable
** Medium
*** High

Disclaimer: *the administrative boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined. Final status of Abyei area is not yet determined.*

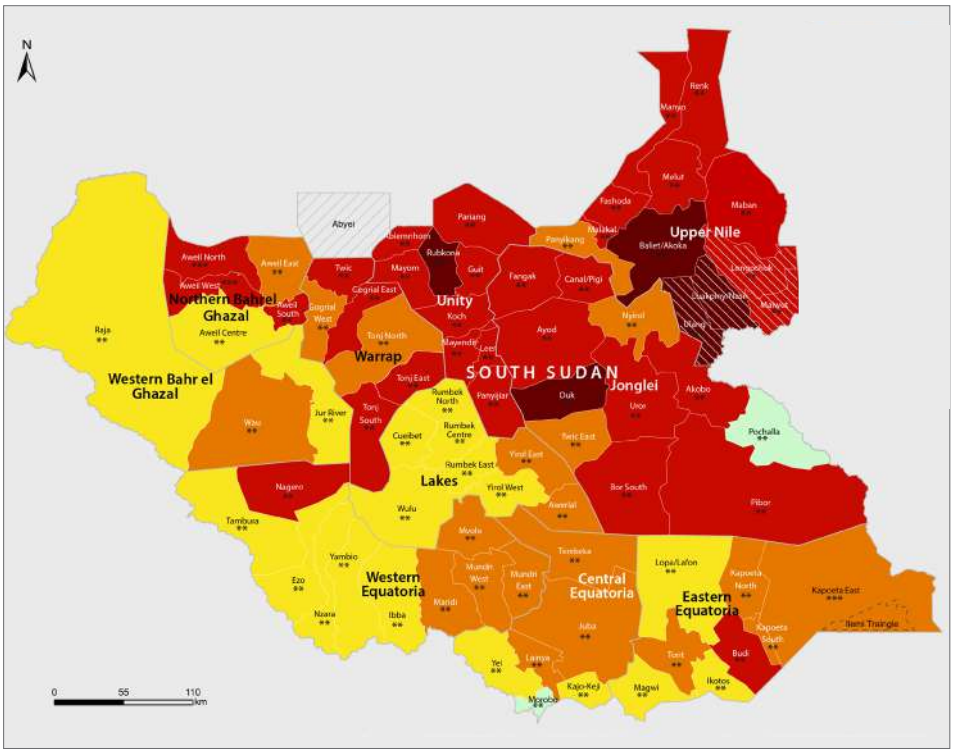
Overview

Between July – September 2025, 52 out of 80 counties exhibited high levels of acute malnutrition, classified as IPC AMN Phase 3 or above (Serious or worse), two of which are classified as IPC AMN Phase 5 (Extremely Critical). A total of 32 counties are classified in IPC AMN Phase 4 (Critical), 18 counties are in IPC AMN Phase 3 (Serious), 24 counties are in IPC AMN Phase 2 (Alert), and the remaining four counties are classified in IPC AMN Phase 1 (Acceptable). Ulang, Maiwut and Longochuk counties were classified using Mid Upper Arm Circumference (MUAC) measurements. Nasir classification was based on special protocols that considered MUAC data collected in June 2025.

The two counties classified as IPC AMN Phase 5 are both in Upper Nile State. Of the 32 counties classified in IPC AMN Phase 4 (Critical), 10 are in Upper Nile, six are in Jonglei, six are in Unity State, five in Warrap, four in Northern Bahr el Ghazal State and one in Eastern Equatoria State. Of the 18 counties classified in IPC AMN Phase 3, three are in each of these states: Jonglei, Unity, Lakes, Central Equatoria, and Western Equatoria; two are in Eastern Equatoria State; while one is in Warrap State. Of the 24 counties classified in IPC AMN Phase 2, five are in Lakes State and five are in Western Equatoria State; four are in Eastern Equatoria State, three in Western Bahr el Ghazal State, two in Central Equatoria, and one in each of these three states: Warrap, Northern Bahr el Ghazal and Upper Nile States. Of the four counties classified in IPC AMN Phase 1 (Acceptable), two are in Western Equatoria State, one in Central Equatoria and one in Eastern Equatoria State.

Compared to the IPC AMN analysis conducted over the same period last year (July – September 2024), the current results show an increase in the number of counties classified in IPC AMN Phase 5, from zero to two. There is also an increase of counties classified in IPC AMN Phase 3 from 14 to 18. However, there is a decrease in the number of counties classified in IPC AMN Phase 4, from 39 in 2024 to 32 during the current analysis period (July to September 2025).

ACUTE MALNUTRITION FIRST PROJECTION SITUATION MAP AND OVERVIEW (OCTOBER 2025 - MARCH 2026)



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- Phase classification based on MUAC
- Areas with inadequate evidence
- Areas not analysed

Evidence Level

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** Medium
*** High

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Overview

Between October 2025 and March 2026 (post-harvest period) a total of 59 counties are classified in IPC AMN Phase 3 or worse, with five counties in IPC AMN Phase 5, 34 counties in IPC AMN Phase 4, 20 counties in IPC AMN Phase 3, 19 in IPC AMN Phase 2, and two counties in IPC AMN Phase 1.

Compared to July–September 2025, acute malnutrition is expected to get worse in 46 counties, stay the same in 20, and improve in 14 during the first projection period. Overall IPC AMN phases will remain unchanged in 57 counties, worsen in 20, and improve in only three out of 80 counties. The five counties likely to be in IPC AMN Phase 5 (Very Critical) are in the Great Upper Nile area: three in Upper Nile State (Akoka, Nasir and Ulang), one in Jonglei (Duk) and one in Unity (Rubkona). Among the 34 counties classified in IPC AMN Phase 4 (Critical), 24 counties are located in the Greater Upper Nile region: nine in Upper Nile State (Baliet, Fashoda, Longochuk, Maban, Maiwut, Malakal, Manyo, Melut, and Renk), eight in Unity State (Abiemnhom, Guit, Koch, Leer, Mayendit, Mayom, Panyijiar, and Pariang) and seven in in Jonglei (Akobo, Ayod, Canal/Pigi, Fangak, Pibor, Uror and Bor South).

The other states with counties classified in IPC AMN Phase 4 include Warrap with five counties (Abyei, Gogrial East, Tonj East, Tonj South and Twic), Northern Bahr el Ghazal State with three counties (Aweil North, Aweil South, and Aweil West), and one in both Eastern Equatoria (Budi) and Western Equatoria (Nagero) States. Some 20 counties are classified in IPC AMN Phase 3 (Serious), with the majority (11) located in the Greater Equatoria; four counties each in Eastern Equatoria State (Kapoeta East, Kapoeta North, Kapoeta South and Torit) and Western Equatoria State (Maridi, Mundri East, Mundri West and Mvolo); and three counties in Central Equatoria State (Juba, Lainya and Terekeka).

The remaining nine counties in IPC AMN Phase 3 are in Jonglei (Nyirol and Twic East), Warrap (Gogrial West and Tonj North) and Lakes (Awerial and Yirol East) States, as well as in Upper Nile (Panyikang), Northern Bahr el Ghazal (Aweil East) and Western Bahr el Ghazal (Wau) States. Six of the 19 counties classified in IPC AMN Phase 2 (Alert) are located in Lakes State (Rumbek Centre, Rumbek North, Rumbek East, Wulu, Cueibet, and Yirol West), five are in Western Equatoria State (Tambura, Ezo, Ibba, Nzara, and Yambio), three in Eastern Equatoria State (Magwi, Ikotos, and Lafon), two in Central Equatoria State (Kajokeji and Yei), two in Western Bahr el Ghazal State (Raga and Jur River) and one in Northern Bahr el Ghazal (Aweil Centre). Only two counties (Morobo in Central Equatoria and Pochalla in Jonglei States) are classified in IPC AMN Phase 1 (Acceptable) in the post-harvest projection period.

ASSUMPTIONS FOR ACUTE MALNUTRITION DURING THE FIRST PROJECTION PERIOD (OCTOBER 2025 - MARCH 2026)

Key Assumptions

Food dimensions: Crop performance is anticipated to be average in most counties, supporting a temporary improvement in food availability toward the end of the projection period. Staple food prices are projected to remain high but generally stable due to localised harvest inflows and partially functional markets. Terms of trade for poor households are expected to improve marginally during the harvest months but remain below pre-crisis averages due to persistent macro-economic pressures and high transport costs.

Conflict and insecurity are expected to persist at current levels in Nasir with some improved access in Ulang. Sporadic intercommunal violence, cattle raiding, and road ambushes are expected in Tonj East/North in Warrap, & Twic County, Twic East, Uror and Duk that intermittently restrict humanitarian access and trade flows. Population movements due to insecurity and seasonal migration is likely to continue at a moderate level. Above normal rainfall is expected leading to localised flooding in flood-prone and low-lying areas such as Rubkona, Fangak, and Panyijiar.

Disease incidence is expected to remain high but within seasonal norms, with malaria, diarrhoea, and acute respiratory infections (ARI) peaking during the rainy season. Cholera transmission is likely to remain confined to known hotspots such as Rubkona, Pibor, Gogrial west and Mayom, with limited spread due to ongoing public health efforts.

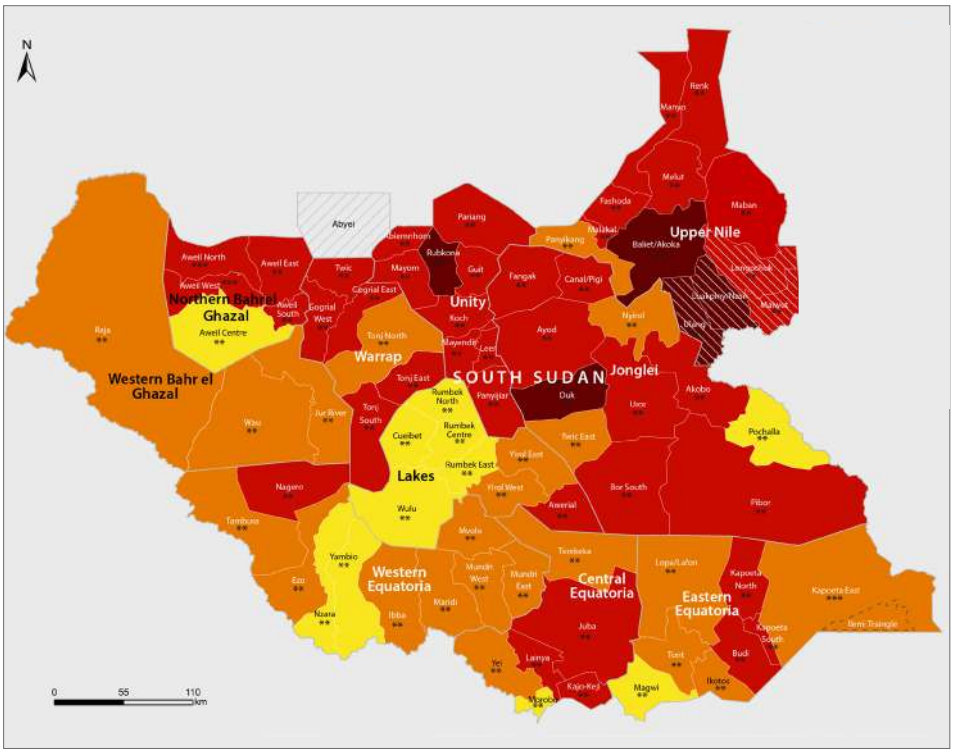
Infant and Young Child Feeding (IYCF) practices are expected to remain suboptimal, though community engagement and social behaviour change communication (SBCC) efforts will continue.

Humanitarian assistance: General food distribution and blanket supplementary feeding paused from August 2025 is likely to resume between January and May 2026 with possible intermittent interruptions due to logistical challenges and temporary access constraints.

Access to health services: is expected to remain the same. Nutrition services are expected to remain functional but uneven, with occasional stockouts and reduced outreach in hard-to-reach locations.

Acute malnutrition is expected to follow the usual seasonal trend—deteriorating during the lean and rainy season, then improving gradually in the post-harvest season as food access and disease conditions improve in most areas.

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



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Overview

During the lean season (April - June 2026), seasonal deterioration in acute malnutrition is expected throughout the country, except in two counties: Aweil South in Northern Bahr el Ghazal and Ayod in Jonglei. Compared to the current period, the situation is projected to deteriorate in 70 out of 80 counties and remain similar in eight counties. The deterioration in the situation is expected to result in an IPC AMN Phase change in 20 counties – 12 of these being in the Greater Equatoria (five in Central Equatoria, four in Eastern Equatoria and three in Western Equatoria States). The nutrition situation in Abyei is expected to deteriorate further from IPC AMN Phase 4 (Critical) to IPC AMN Phase 5 (Very Critical) during the lean season with a current Global Acute Malnutrition (GAM) prevalence of 28.1 percent. This is also consistent with the expected worsening of Abyei's acute food insecurity situation, classified in Emergency (IPC AFI Phase 4) during the lean period. A significant deterioration is also expected in the nutrition situation in Kajokeji from IPC AMN Phase 2 (Alert), with current Global Acute Malnutrition (GAM) prevalence of 8.5 percent, to IPC AMN Phase 4 (Critical) in the second projection. During the second projection and lean season (April-June 2026), six counties are classified in IPC AMN Phase 5 (Abyei, Duk, Rubkona, Akoka, Nasir and Ulang), 41 in IPC AMN Phase 4, 22 in IPC AMN Phase 3, and the remaining 11 in IPC AMN Phase 2.

Of the 41 counties classified in IPC AMN Phase 4 (Critical), nine are in Upper Nile State, eight in Unity State, seven in Jonglei State, five in Warrap State, four in Northern Bahr el Ghazal State, three in both Eastern Equatoria and Central Equatoria States, and one in both Lakes and Western Equatoria States. Of the 22 counties classified in IPC AMN Phase 3, seven are in Western Equatoria State, four in Eastern Equatoria State, three in Western Bahr el Ghazal States, two in Jonglei, two in Central Equatoria, two in Lakes States and one in both Upper Nile and Warrap States. In the second projection, 11 counties are classified in IPC AMN Phase 2: two in Western Equatoria State, and one each in Central Equatoria, Eastern Equatoria, Northern Bahr el Ghazal and Jonglei States.

ASSUMPTIONS FOR ACUTE MALNUTRITION DURING THE SECOND PROJECTION PERIOD (APRIL - JUNE 2026)

Key Assumptions

Food dimensions: Household food stocks are expected to be largely depleted, leading to increased market dependence at a time when staple food prices remain high and volatile. Limited income opportunities, coupled with reduced purchasing power, will constrain access to food for poor and very poor households.

Conflict and insecurity are expected to persist at varying intensity, particularly in border areas. Intercommunal clashes, cattle raiding, and occasional road ambushes are likely to continue, disrupting trade and humanitarian movement. Some areas may experience temporary displacement as communities move in search of safety and grazing land. Overall, security conditions will remain fragile, with localised incidents periodically affecting access.

Disease incidence During the second projection period, malaria, diarrhoea, and acute respiratory infections (ARI) are expected to increase gradually with the onset of rains and rising humidity, creating conditions favourable for disease transmission. Diarrhoeal cases are likely to rise due to poor water quality and sanitation, as households resort to unsafe water sources during the lean season.

Infant and Young Child Feeding (IYCF) practices will likely remain suboptimal, influenced by limited food access, caregiver workload, and low awareness levels despite ongoing community engagement and SBCC activities.

Humanitarian assistance: All eligible counties are expected to receive general food distribution and blanket supplementary feeding between April and June 2026 in counties that are planned for seasonal lean response, with possible intermittent interruptions linked to logistical challenges and temporary access constraints. Access to health services is expected to remain largely unchanged, while nutrition services are projected to stay functional but uneven, characterised by periodic stockouts and limited outreach in hard-to-reach or flood-affected areas

Acute malnutrition prevalence is expected to increase sharply as this is the peak of lean season, characterised by significant food gaps and increased prevalence of diseases like malaria and other water borne diseases .

ACUTE MALNUTRITION POPULATION IN NEED OF TREATMENT FOR CHILDREN AND PBW (JULY 2025 – JUNE 2026)

In total, 2.1 million children aged 6- 59 months are suffering or expected to suffer acute malnutrition between July 2025-June 2026. The population in need (PIN) for acute malnutrition has been calculated using prevalence of acute malnutrition from surveys and routine program data. The prevalence of acute malnutrition used for calculation considers all cases with weight-for-height (WHZ), Mid Upper Arm Circumference (MUAC) measurements or oedema cases. The incidence correction factor of 3.8 was used to calculate the burden of Severe Acute Malnutrition and 2.6 for moderate acute malnutrition.

Summary of SAM, MAM, and GAM caseloads between July 2025 - June 2026

State	SAM Burden	MAM Burden	Total	Percent
Central Equatoria	32,878	136,542	169,420	8.0%
Eastern Equatoria	24,449	124,710	149,159	7.1%
Jonglei	154,601	296,134	450,735	21.4%
Lakes	37,323	110,184	147,507	7.0%
Northern Bahr el Ghazal	96,460	154,158	250,618	11.9%
Unity	87,427	137,951	225,378	10.7%
Upper Nile	128,889	202,016	330,905	15.7%
Warrap	53,319	163,125	216,444	10.3%
Western Bahr el Ghazal	18,358	56,518	74,876	3.6%
Western Equatoria	33,976	56,768	90,744	4.3%
Grand Total	**667,681**	**1,438,106**	**2,105,787**	**100%**

NOTE: For estimating the number of People in Need (PIN), the Correction Factor (ICF) used is 3.8 for SAM and 2.6 for MAM. The number of children 6 - 59 months was estimated at 19 percent of the total population. For detailed computation of PiN by county, refer to Annex 5 of this report.

ACUTE FOOD INSECURITY SITUATION OVERVIEW AND KEY DRIVERS (SEPTEMBER 2025 - JULY 2026)

GREATER UPPER NILE REGION

Across the Greater Upper Nile region, an estimated 3.05 million people (54 percent of the region's population) face high levels of acute food insecurity (IPC AFI Phase 3 of above) between September and November 2025, including 28,000 people (0.5 percent) in IPC AFI Phase 5 (Catastrophe) and 824,000 (15 percent) in IPC AFI Phase 4 (Emergency). The main drivers are subnational conflict and violence, which have caused mass displacement, disrupted agricultural production and trade, and restricted access to markets, fishing grounds, and humanitarian aid. These are compounded by the spillover effects of the Sudan conflict, widespread flooding, poor infrastructure, high prices, and limited livelihood opportunities. Nine counties, namely Canal/Pigi, Fangak, Pibor, Twic East, Longochuk, Luakpiny/Nasir, Malakal, Panyikang, and Ulang are in IPC AFI Phase 4 (Emergency), 23 are in IPC AFI Phase 3 (Crisis), and only Bor South in Jonglei State is in IPC AFI Phase 2 (Stressed).

Between December 2025 and March 2026, conditions improve slightly, but 3.05 million people (54 percent) remain facing high levels of acute food insecurity (IPC Phase 3 or above), with 28,000 (0.5 percent) in IPC AFI Phase 5 (Catastrophe), 916,000 (16 percent) in IPC AFI Phase 4 (Emergency), and 2.1 million (37 percent) in IPC AFI Phase 3 (Crisis). The slight improvement is due to harvest availability, dry-season livelihood activities, better road access, and temporary price stabilisation. Twelve counties, namely Ayod, Canal/Pigi, Fangak, Nyirol, Pibor, Uror, Rubkona, Longochuk, Luakpiny/Nasir, Malakal, Panyikang, and Ulang remain in IPC AFI Phase 4 (Emergency), and 20 counties are in IPC AFI Phase 3 (Crisis).

From April to July 2026, the lean season is characterised by a deterioration, with 3.56 million people (63 percent) projected to face high levels of acute food insecurity (IPC Phase 3 or above). Of these, 28,000 (0.5 percent) expected to be in IPC AFI Phase 5 (Catastrophe), 1.28 million (23 percent) in IPC AFI Phase 4 (Emergency), and 2.26 million (40 percent) in IPC AFI Phase 3 (Crisis). Depleted stocks, high prices, poor road access, and inflation will reduce food availability, while insecurity and flooding will restrict trade and humanitarian assistance. There are 23 counties (Akobo, Ayod, Canal/Pigi, Duk, Fangak, Nyirol, Pibor, Twic East, Uror, Guit, Leer, Mayendit, Panyijiar, Rubkona, Akoka, Baliet, Fashoda, Longochuk, Luakpiny/Nasir, Maban, Malakal, Panyikang and Ulang) expected to be in IPC AFI Phase 4 (Emergency), while the rest will be in IPC AFI Phase 3 (Crisis).

Upper Nile State

Upper Nile State has the highest food insecurity prevalence nationally, with 1.27 million people (57 percent of the population) in IPC AFI Phase 3 or above (Crisis or worse) between September and November 2025. This includes 17,000 people (0.7 percent of the population) facing (Catastrophe) (IPC AFI Phase 5) conditions in Luakpiny/Nasir County where a Risk of Famine in a reasonable worst-case scenario has been identified. The escalation of violence in Luakpiny/Nasir, Longochuk, Panyikang, and Ulang in 2025 displaced thousands of people during planting season, leading to poor harvests, disrupting supply routes along the White Nile and Sobat Rivers, and pushing food prices to record highs. Ongoing returnee and refugee population inflows from Sudan continue to strain local resources, market supplies and increase competition for food sources such as fish and wild foods. Ulang County, which was previously identified as being at Risk of Famine in a reasonable worst-case scenario, is no longer facing this threat due to improved access to livelihoods and expanded humanitarian assistance made possible by better physical access and security conditions.

Between December 2025 and March 2026, the food security situation in Upper Nile State will improve marginally, with 1.26 million people (57 percent) projected in IPC AFI Phase 3 or above, including 17,000 people (0.7 percent of the population) in IPC AFI Phase 5 (Catastrophe) in Luakpiny/Nasir which still maintains a risk of Famine in a reasonable worst-case scenario. Marginal improvements will likely occur in Akoka, Baliet, and Melut, which were less impacted by large-scale conflict in 2025. Conflict and flooding along the Sobat corridor continue to drive vulnerability while the influx of returnees will exert pressure on the limited resources available locally.

From April to July 2026, the food security situation will deteriorate during the lean season with 1.45 million people (65 percent) facing IPC AFI Phase 3 or above conditions including 17,000 people (0.7 percent of the population) in IPC AFI Phase 5 (Catastrophe) in Luakpiny/Nasir County which still maintains its risk of Famine in a reasonable worst-case scenario. All the counties will be classified in IPC AFI Phase 4 (Emergency), except for Maiwut, Manyo, Melut and Renk. Key drivers include food stock exhaustion, high food prices, flooding, and continued conflict that will isolate communities and impede humanitarian delivery, with funding constraints expected to reduce assistance, and increase the likelihood of severe outcomes in remote areas such as Luakpiny/Nasir.

Risk of Famine (RoF) Analysis for Luakpiny/Nasir County (December 2025 – July 2026)

The risk of Famine (RoF) analysis indicates an extremely severe and deteriorating situation in Luakpiny/Nasir County between December 2025 and July 2026. The year 2025 has witnessed unprecedented levels of violence, with the number of incidents of airstrikes and armed clashes surpassing those recorded over the previous six years combined. This escalation has displaced tens of thousands of civilians, including some who have fled across the border into Ethiopia, and has severely disrupted humanitarian operations.

The conflict has triggered a public health and nutrition emergency, marked by extremely critical levels of acute malnutrition, catastrophic food insecurity, and a deadly cholera outbreak whose facility Case Fatality Rate (CFR) in May was nearly eight times higher than the World Health Organization (WHO) emergency threshold. Since then, widespread displacement and the collapse of disease surveillance systems have made it nearly impossible to monitor the outbreak or deliver essential health and nutrition services. Consequently, Nasir County is classified in IPC AMN Phase 5 (Extremely Critical) from November 2025 to June 2026, with malnutrition rates meeting or exceeding famine thresholds. During this period, approximately 17,000 people (5 percent of the population) are expected to experience Catastrophic (IPC AFI Phase 5) levels of acute food insecurity.

The situation is most alarming in southern Nasir, particularly in displacement sites along the Sobat River Corridor, where household surveys conducted in a June 2025 recorded catastrophic food insecurity and extremely critical acute malnutrition levels. Available information points to continued violence through the lean season, restricted humanitarian access, and worsening conditions in these areas. In 2025, there has not been any humanitarian food assistance distributed in southern Nasir, and the availability of health and nutrition services remains critically poor, further compounding household vulnerability.

In a reasonable worst-case scenario, the combination of persistent insecurity, residual floodwaters, disease outbreaks, and continued humanitarian access restrictions could lead to conditions where food consumption, acute malnutrition, and mortality cross Famine thresholds, signalling an imminent risk of Famine in southern Luakpiny/Nasir during both projection periods.

Unity State and Ruweng Administrative Area

From September to November 2025, an estimated 669,000 people (53 percent of the population) in Unity State are facing high levels of acute food insecurity (IPC AFI Phase 3 or above), including 137,200 people in IPC AFI Phase 4 (Emergency). All counties are in IPC AFI Phase 3 (Crisis), with Panyijiar, Leer, Koch, and Mayendit most affected. The main drivers include widespread flooding, localised insecurity, low crop production, and the ongoing macroeconomic crisis, which has led to high food prices and limited livelihood opportunities. Floods have displaced households, destroyed crops, and disrupted livestock rearing and markets, while disease outbreaks, poor WASH conditions, and high inflation have further weakened household resilience. Humanitarian food aid has helped stabilise food access, and trade from Juba has slightly improved market conditions. However, people's purchasing power is still very low, and the risk of waterborne diseases remains high.

During the December 2025 to March 2026 harvest and post-harvest period, food security is expected to deteriorate slightly, with 706,400 people (65 percent) projected in IPC AFI Phase 3 or above, with 180,600 in IPC AFI Phase 4 (Emergency) and 525,800 in IPC AFI Phase 3 (Crisis). Poor harvests will cause early stock depletion, while livestock migration will reduce milk availability. Rubkona County will fall into IPC AFI Phase 4 (Emergency) due to increased pressure from returnees and internally displaced persons, whereas other counties will remain in IPC AFI Phase 3 (Crisis). Although households will rely on limited harvest stocks, milk, fish, and wild foods will supplement diets. Markets will remain open, but high prices and weak purchasing power will restrict access to food and essential goods.

Between April and July 2026, during the peak of the lean season, food insecurity will worsen significantly, with 825,900 people (65 percent) projected to be in IPC AFI Phase 3 or above. Guit, Leer, Mayendit, Panyijiar, and Rubkona will be classified in IPC AFI Phase 4 (Emergency), while Abiemnhom, Koch, Mayom, and Pariang/Ruweng will remain in IPC AFI Phase 3 (Crisis). The deterioration will be driven by conflict-related disruptions, market breakdowns, economic instability,

flooding, and reduced access to wild foods and fish. Prices will remain seasonally high, further constraining access to food. Without sustained humanitarian assistance, improved infrastructure, and enhanced security, the situation risks worsening further. Continuous monitoring is needed for cattle raiding, market trends, conflict dynamics, returnee inflows, and rainfall performance, particularly regarding flood risks.

Jonglei State and Greater Pibor Administrative Area (GPAA)

In Jonglei State and Greater Pibor Administrative Area (GPAA), 1.1 million people (50 percent) face high levels of acute food insecurity (IPC AFI Phase 3 or above) from September to November 2025, including 11,000 (0.5 percent) in IPC AFI Phase 5 (Catastrophe) in Fangak County. During this period, only Bor South is classified in IPC AFI Phase 2 (Stressed). Drivers of food insecurity include intercommunal violence, flooding, displacement, trade disruptions, and disease outbreaks, all of which have reduced access to food, markets, and health services. Livestock losses, poor pasture, and unsafe water exacerbate malnutrition.

During December 2025 to March 2026, conditions improve modestly with 1.08 million people (49 percent) in IPC AFI Phase 3 or above, including 11,000 (0.5 percent) in IPC AFI Phase 5 (Catastrophe) in Fangak County. This improvement is because of post-harvest stocks, availability of wild foods, and better mobility due to dry conditions. However, insecurity, cattle raiding, and poor livestock conditions will continue to limit recovery. Counties such as Bor South (which continues to remain classified in IPC AFI Phase 2), Akobo, and Uror will benefit from improved trade access, while Fangak, Canal/Pigi, and Pibor will remain severely affected.

Between April and July 2026, the situation will deteriorate, with 1.29 million people (59 percent) expected to face high levels of acute food insecurity (IPC AFI Phase 3 or above), including 11,000 (0.5 percent) in IPC AFI Phase 5 (Catastrophe) in Fangak County, and 553,000 (25 percent) in IPC AFI Phase 4 (Emergency). Key drivers of food insecurity will be stock depletion, price increases, and early rain that will constrain access to markets and grazing lands, even as ongoing insecurity and flooding drive displacement. Fishing and gathering wild foods will serve as key coping strategies for many households.

GREATER EQUATORIA REGION

Between September and November 2025, an estimated 1.30 million people (33 percent of the population) in the Greater Equatoria region are facing IPC AFI Phase 3 (Crisis) or worse This includes 161,000 people (4 percent) in IPC AFI Phase 4 (Emergency) and 1.14 million (29 percent) in IPC AFI Phase 3 (Crisis). Although no county is classified in IPC AFI Phase 4 (Emergency), 17 counties are in IPC AFI Phase 3 (Crisis) and seven counties, namely Ikotos, Magwi, Ezo, Ibba, Maridi, Nzara, and Yambio are classified in IPC AFI Phase 2 (Stressed). Food insecurity is primarily driven by high food prices, reduced purchasing power, erratic rainfall, and localised insecurity and banditry, which continue to disrupt production, trade, and market access.

During the December 2025 to March 2026 harvest and post-harvest period, food security is expected to improve slightly, with 1.16 million people (29 percent of the population) projected to be in IPC AFI Phase 3 or above, including 174,000 (4 percent) in IPC AFI Phase 4 (Emergency), and 987,000 (25 percent) in IPC AFI Phase 3 (Crisis). Kapoeta East and Kapoeta North will be in IPC AFI Phase 4 (Emergency), 11 counties in Crisis, and another 11 counties (including Yei, Ikotos, Magwi, Ezo, Ibba, Maridi, Mundri East, Mundri West, Nzara, Tambura, and Yambio) in IPC AFI Phase 2 (Stressed). The improvement is linked to main-season harvests, lower food prices, and better road access that enhances market supply and trade.

From April to July 2026, there will be a deterioration of the food security situation in the lean season, with 1.71 million people (43 percent) expected to face high levels of acute food insecurity (IPC AFI Phase 3 or above). This includes 335,000 (8 percent) in Emergency and 1.37 million (34 percent) in Crisis. Kapoeta East and Kapoeta North will remain in IPC AFI Phase 4 (Emergency), 20 counties in IPC AFI Phase 3 (Crisis), and only Ezo and Nzara in IPC AFI Phase 2 (Stressed). The decline will be driven by exhausted food stocks, increased market dependence, high food prices, limited income opportunities, and localised conflict, including cattle raiding and herder–farmer clashes, which disrupt trade and undermine market functionality across the region.

Central Equatoria State

Between September and November 2025, about 751,000 people (43 percent of the population) in Central Equatoria State are facing IPC AFI Phase 3 (Crisis) or worse, including 71,000 (4 percent) in IPC AFI Phase 4 (Emergency) and 680,000 (39 percent) in IPC AFI Phase 3 (Crisis). All six counties are classified in IPC AFI Phase 3 (Crisis). The main drivers include a cereal deficit from the 2024 season, the ongoing economic crisis and hyperinflation that have eroded purchasing power, and insecurity linked to the presence of armed groups, which has disrupted trade, restricted movement, and weakened local governance. The influx of IDPs, returnees, and refugees has further strained limited resources, intensifying competition for food and basic services.

A marginal improvement is expected between December 2025 and March 2026, when 616,000 people (35 percent) are projected to face IPC AFI Phase 3 (Crisis) or worse, including 39,000 (2 percent) in Emergency and 577,000 (33 percent) in Crisis. All counties will remain in IPC AFI Phase 3 (Crisis), except Yei, which will improve to IPC AFI Phase 2 (Stressed). The improvement is driven by second-season harvests, increased access to wild foods and bushmeat, and greater self-sufficiency from own production, which will reduce market dependence. However, gains will remain limited due to persistent insecurity, high inflation, and low income-earning opportunities, which continue to constrain household access to food despite better availability.

By the April to July 2026 lean season, food insecurity is expected to worsen, with 922,000 people (53 percent) likely to be in IPC AFI Phase 3 (Crisis) or worse acute food insecurity, of which 126,000 (7 percent) will be in IPC AFI Phase 4 (Emergency) and 796,000 (46 percent) in IPC AFI Phase 3 (Crisis). All counties are projected to remain in IPC AFI Phase 3 (Crisis). The deterioration will be driven by stock depletion, reduced wild food availability, and heightened reliance on markets amid peak prices and limited income. Localized insecurity and trade disruptions will further constrain access. Nonetheless, some mitigating factors, such as early green harvests and wild leafy vegetables, are expected to provide temporary dietary relief and cushion the effects of shortages during the lean season.

Eastern Equatoria State

Between September and November 2025, about 372,000 people (31 percent of the population) in Eastern Equatoria State are facing IPC AFI Phase 3 or above (Crisis or worse) acute food insecurity, including 69,000 (6 percent) in IPC AFI Phase 4 (Emergency) and 303,000 (25 percent) in IPC AFI Phase 3 (Crisis). Food insecurity is primarily driven by high food prices, a prolonged dry spell that reduced crop yields, and the influx of returnees from Uganda and Kenya, which has increased pressure on limited resources, especially in Lafon, Kapoeta East, and Kapoeta North. Localised insecurity and sporadic conflict have disrupted markets and livelihoods, further constraining household access to food. During this period, all counties are classified in IPC AFI Phase 3 (Crisis) except Ikotos and Magwi, which are in IPC AFI Phase 2 (Stressed).

During the December 2025 to March 2026 harvest and post-harvest period, the situation is expected to deteriorate slightly, with 433,000 people (36 percent) projected in IPC AFI Phase 3 or above (Crisis or worse), of which 128,000 (10 percent) will be in IPC AFI Phase 4 (Emergency) and 306,000 (25 percent) in IPC AFI Phase 3 (Crisis). Kapoeta East and Kapoeta North will remain in IPC AFI Phase 4, while Budi, Lafon, Kapoeta South, and Torit will be in Crisis, and Magwi and Ikotos will remain in IPC AFI Phase 2 (Stressed). The decline will stem from cereal deficits caused by the dry spell and livestock migration, which reduces household access to milk and income. Cattle raiding and retaliatory violence will continue to disrupt trade, movement, and livelihoods, particularly among pastoral and agro-pastoral communities.

From April to July 2026, during the lean season, food insecurity will worsen further, with 512,000 people (42 percent) expected to be in IPC AFI Phase 3 or above (Crisis or worse), of which 154,000 (13 percent) will be in IPC AFI Phase 4 (Emergency) and 358,000 (29 percent) in IPC AFI Phase 3 (Crisis). The deterioration will be driven by stock depletion, high food prices, reduced wild food availability, and limited income-earning opportunities. Cattle raiding, communal conflict, and highway ambushes are expected to intensify, further disrupting trade and market access. Kapoeta East, Kapoeta North, and Lopa/ Lafon will be in IPC AFI Phase 4 (Emergency), while Budi, Ikotos, Kapoeta South, Magwi, and Torit will remain in IPC AFI Phase 3 (Crisis). Persistent insecurity, low production, and market disruptions will continue to undermine household food access across the state.

Western Equatoria State

Between September and November 2025, an estimated 175,000 people (17 percent of the population) in Western Equatoria State are facing high levels of acute food insecurity (IPC AFI Phase 3 or above), including 21,000 (2 percent) in IPC AFI Phase 4 (Emergency) and 154,000 (15 percent) in IPC AFI Phase 3 (Crisis). Food insecurity is primarily driven by localised conflict and insecurity, especially in Tambura County, along with prolonged dry spells, weed infestations, and crop pest outbreaks that have reduced first-season harvests. Limited access to agricultural tools and inputs, coupled with high staple food prices, has further constrained production and eroded household purchasing power. During this period, Mundri East, Mundri West, Mvolo, Nagero, and Tambura are classified in IPC AFI Phase 3 (Crisis), while Ezo, Ibba, Maridi, Nzara, and Yambio are in IPC AFI Phase 2 (Stressed).

During the December 2025 to March 2026 harvest and post-harvest period, the food security situation is expected to improve, with 111,000 people (11 percent) projected in IPC AFI Phase 3 or above (Crisis or worse), of which 7,000 (0.6 percent) will be in IPC AFI Phase 4 (Emergency) and 104,000 (10 percent) in IPC AFI Phase 3 (Crisis). This improvement is attributed to second-season harvests, better market supplies, lower food prices, and increased availability of wild foods, which will enhance dietary diversity and food access. Mvolo and Nagero will remain in IPC AFI Phase 3 (Crisis), while the remaining eight counties (namely Ezo, Ibba, Maridi, Mundri East, Mundri West, Tambura, Nzara, and Yambio) will be in IPC AFI Phase 2 (Stressed). However, localised insecurity, particularly in Tambura and the Greater Mundri area, will continue to disrupt livelihoods and markets, limiting the full extent of improvement.

By the April to July 2026 lean season, food security is projected to deteriorate, with 273,000 people (27 percent) expected in IPC AFI Phase 3 or above (Crisis or worse), of which 55,000 (5 percent) will be in IPC AFI Phase 4 (Emergency) and 219,000 (21 percent) in IPC AFI Phase 3 (Crisis). The decline will result from stock depletion, high food prices, limited purchasing power, and farmer–herder conflicts in parts of Greater Mundri. Nonetheless, the onset of rains will increase access to wild foods and leafy vegetables, providing temporary dietary relief. During this period, Ibba, Maridi, Mundri East, Mundri West, Mvolo, Nagero, Yambio, and Tambura will be in IPC AFI Phase 3 (Crisis), while Ezo and Nzara will remain in IPC AFI Phase 2 (Stressed).

GREATER BAHR EL GHAZAL REGION

Between September and November 2025, an estimated 1.63 million people (36 percent of the population) in the Greater Bahr el Ghazal region are facing high levels of acute food insecurity (IPC AFI Phase 3 or above), including 308,000 (7 percent) in IPC AFI Phase 4 (Emergency) and 1.32 million (29 percent) in IPC AFI Phase 3 (Crisis). Food insecurity is driven by persistently high food prices, unpredictable weather patterns, including flooding and dry spells, and the ongoing economic crisis, which has reduced income and livelihood opportunities. Localised conflict, livestock and crop diseases, and limited access to agricultural inputs further constrain production and household resilience. During this period, Wau, Jur River, Cueibet, and Wulu are classified in IPC AFI Phase 2 (Stressed), while all other counties are in IPC AFI Phase 3 (Crisis).

During the December 2025 to March 2026 harvest and post-harvest period, the food security situation is projected to deteriorate slightly, with 1.65 million people (36 percent) expected in IPC AFI Phase 3 or above (Crisis or worse), of which 358,000 (8 percent) will be in IPC AFI Phase 4 (Emergency) and 1.29 million (28 percent) in IPC AFI Phase 3 (Crisis). Despite ongoing harvests improving food stocks, stabilising prices, and boosting market supplies, gains will be short-lived. Improved road access will enhance trade and market functionality, and wild foods and game meat will diversify diets. However, benefits will be offset by reduced milk access due to livestock migration, high inflation, and currency depreciation, all of which continue to weaken household purchasing power. Wulu, Jur River, and Wau will remain in IPC AFI Phase 2 (Stressed), while other counties stay in IPC Phase 3 (Crisis) conditions.

By the April to July 2026 lean season, food insecurity will worsen significantly, with 2.29 million people (50 percent) expected in IPC AFI Phase 3 or above (Crisis or worse). This includes 687,000 (15 percent) in IPC AFI Phase 4 (Emergency) and 1.60 million (35 percent) in IPC AFI Phase 3 (Crisis). Nearly all counties will be in IPC AFI Phase 3 (Crisis), except Awerial, Rumbek North, Yirol East, Aweil East, Aweil North, Aweil South, Tonj East, Tonj North, and Twic, which will likely deteriorate to IPC AFI Phase 4 (Emergency). The deterioration will be driven by food stock depletion, high market dependence amid soaring prices, and trade disruptions linked to the Sudan crisis. Additional aggravating factors include pest and disease outbreaks, flooding, and health-related productivity losses during the rainy season. Some mitigating factors, such as the

seasonal availability of fish, wild foods, and livestock products, will offer limited relief by supplementing diets. However, the region remains highly vulnerable to further shocks, including the influx of returnees and refugees from Sudan, high food prices, cattle-related conflicts, and intercommunal violence, all of which threaten to deepen food insecurity and undermine recovery across the region.

Western Bahr El Ghazal State

Between September and November 2025, an estimated 129,000 people (17 percent of the population) in Western Bahr el Ghazal State are facing high levels of acute food insecurity (IPC AFI Phase 3 or above). Food insecurity is driven by high food prices, reduced household income due to job losses, limited labour opportunities, and illness among productive members, as well as irregular rainfall and prolonged dry spells that have affected agricultural output. Localised insecurity and high transport and fuel costs have further elevated market prices, constraining household access to food. During this period, Wau and Jur River are classified in IPC AFI Phase 2 (Stressed), while Raga is in IPC AFI Phase 3 (Crisis).

During the December 2025 to March 2026 harvest and post-harvest period, the situation is expected to improve slightly, with 105,000 people (14 percent) projected in IPC AFI Phase 3 or above. Wau and Jur River will remain in IPC AFI Phase 2 (Stressed), while Raga remains in IPC AFI Phase 3 (Crisis). The seasonal improvement is linked to the main-season harvest, increased food availability, lower food prices, and access to fish, wild foods, and game meat, which enhance diets and household food supply. However, gains will be limited by inflows of returnees and refugees from Sudan, which increase pressure on resources and markets, as well as localised conflicts between communities and cattle herders from Warrap State. Seasonal livestock migration will also reduce access to milk and income, constraining dietary diversity.

In the April to July 2026 lean season, food insecurity will deteriorate, with 258,000 people (35 percent) projected to be in IPC AFI Phase 3 or above, of which 37,000 (5 percent) will be in IPC AFI Phase 4 (Emergency) and 220,000 (30 percent) in IPC AFI Phase 3 (Crisis). The decline will result from stock depletion, rising market dependence amid high prices, and disrupted trade due to poor road conditions during the rainy season. Reduced availability of alternative food and income sources such as fish, honey, and wild game, coupled with insecurity from cattle herder incursions into Jur River, will further strain livelihoods. The continued influx of returnees and refugees from Sudan will intensify pressure on limited resources. Key factors to monitor include food price trends, the scale of returnee inflows, market disruptions linked to the Sudan crisis, and the impact of heavy rains and flooding on road infrastructure and humanitarian access across the state.

Warrap State

Between September and November 2025, an estimated 473,000 people (34 percent of the population) in Warrap State are facing high levels of acute food insecurity (IPC AFI Phase 3 or above) including 95,000 (7 percent) in IPC AFI Phase 4 (Emergency) and 378,000 (27 percent) in IPC AFI Phase 3 (Crisis). Food insecurity is driven by persistently high food prices, erratic rainfall, flooding, and prolonged dry spells that have damaged farmlands, homes, and markets. Additional contributing factors include loss of livelihoods, illness among productive household members, and insecurity and cattle raiding, which disrupt agricultural and market activities. Crop and livestock pests and diseases have further undermined productivity. All counties are classified in IPC AFI Phase 3 (Crisis) during this period.

In the December 2025 to March 2026 harvest and post-harvest period, food insecurity is expected to begin deteriorating, with 588,000 people (42 percent) projected in IPC AFI Phase 3 or above (Crisis or worse), of which 165,000 (12 percent) will be in IPC AFI Phase 4 (Emergency) and 423,000 (30 percent) in IPC AFI Phase 3 (Crisis). The deterioration is driven by early stock depletion, rising food prices due to disrupted supply chains linked to the Sudan crisis, and a decline in seasonal employment opportunities. Although fish, wild game, and better road conditions may offer temporary relief through improved trade and access, the gains will be limited. Key risks include escalating intercommunal violence, market disruptions, and the continuing impact of the Sudan crisis on regional supply flows. All counties will remain in IPC AFI Phase 3 (Crisis).

By the April to July 2026 lean season, food insecurity will deteriorate further, with 712,000 people (51 percent) projected to be in IPC AFI Phase 3 or above (Crisis or worse). This includes 249,000 (18 percent) in IPC AFI Phase 4 (Emergency) and 462,000 (33 percent) in IPC AFI Phase 3 (Crisis). The worsening conditions are attributed to stock depletion, high prices, currency depreciation, and trade disruptions linked to the Sudan conflict. Poor road conditions during the rains will further isolate communities, constraining market access and food availability. Cattle-related conflicts, flooding, pest

outbreaks, and the influx of returnees and refugees will heighten competition for scarce resources. Some mitigating factors, including increased availability of milk, fish, and wild foods during the rainy season, will provide short-term relief. Tonj East, Tonj North, and Twic are projected to be in IPC AFI Phase 4 (Emergency), while Tonj South, Gogrial East, and Gogrial West will remain in IPC AFI Phase 3 (Crisis). Key risks to monitor include food price trends, returnee inflows, supply chain disruptions, road deterioration, and intercommunal conflict, all of which could further constrain household food access and livelihoods during the lean season.

Lakes State

Between September and November 2025, an estimated 482,000 people (37 percent of the population) in Lakes State are facing high levels of acute food insecurity (IPC AFI Phase 3 or above), including 64,000 (5 percent) in IPC AFI Phase 4 (Emergency) and 418,000 (32 percent) in IPC AFI Phase 3 (Crisis). The main drivers include high food prices, dry spells and irregular rainfall that disrupted crop production, localised flooding, insecurity and cattle raiding, and crop and livestock diseases. Reduced household income due to loss of livelihoods and productive family members has further constrained food access.

However, several mitigating factors have cushioned impacts in some areas. Carryover stocks from the previous harvest, the adoption of ox-plough technology in Cueibet and Wulu, and the early maturation and sale of crops such as sorghum, sweet potatoes, groundnuts, and vegetables have enhanced food access and income. Consequently, all counties are classified in IPC AFI Phase 3 (Crisis), except Wulu and Cueibet, which are in IPC AFI Phase 2 (Stressed).

During the December 2025 to March 2026 harvest and post-harvest period, the situation is expected to improve slightly, with 486,000 people (38 percent) projected to be in IPC AFI Phase 3 or above (Crisis or worse), of which 70,000 (5 percent) will be in IPC AFI Phase 4 (Emergency) and 416,000 (32 percent) in IPC AFI Phase 3 (Crisis). The improvement will be supported by newly harvested crops, lower prices from increased supply, and improved road access that facilitates market functionality and trade. The availability of fish and game meat will further enhance food access and dietary diversity. Nonetheless, economic hardship and limited purchasing power will continue to constrain poor households, while livestock migration will reduce milk availability. All counties will remain in IPC AFI Phase 3 (Crisis) except Wulu, which will stay in IPC AFI Phase 2 (Stressed).

By the April to July 2026 lean season, food insecurity will deteriorate, with 658,000 people (51 percent) projected in IPC AFI Phase 3 or above (Crisis or worse), of which 180,000 (14 percent) will be in IPC AFI Phase 4 (Emergency) and 478,000 (37 percent) in IPC AFI Phase 3 (Crisis). The deterioration will be driven by stock depletion, rising dependence on costly markets, rain-induced trade disruptions, and macroeconomic pressures that erode purchasing power. Other aggravating factors include pests, livestock diseases, and waterborne illnesses that reduce household productivity.

Some mitigating factors will offer partial relief, including the availability of milk, fish, and wild foods during the rainy season. During this period, all counties will remain in IPC AFI Phase 3 (Crisis), except Awerial, Rumbek North, and Yirol East, which will worsen to IPC AFI Phase 4 (Emergency). Key risks to monitor include the economic crisis and high food prices, flooding, road deterioration affecting markets, and cattle-related conflicts, which could further undermine food access and livelihoods across the state.

Northern Bahr el Ghazal State

Between September and November 2025, an estimated 544,000 people (49 percent of the population) in Northern Bahr el Ghazal State are facing high levels of acute food insecurity (IPC AFI Phase 3 or above) including 149,000 (14 percent) in IPC AFI Phase 4 (Emergency) and 394,000 (36 percent) in IPC AFI Phase 3 (Crisis). The main drivers include the economic crisis, persistently high food prices, reduced household income, and unpredictable weather patterns—notably irregular rainfall, flooding, and dry spells—which have constrained agricultural production. Additional aggravating factors include crop and livestock diseases, pest infestations, high transport and fuel costs, and the spillover effects of the Sudan conflict, including an influx of returnees and refugees straining limited resources. Some households have benefited from wild foods, fish, and game meat, which have provided partial dietary relief. During this period, all counties are classified in IPC AFI Phase 3 (Crisis).

In the December 2025 to March 2026 harvest and post-harvest period, the situation is expected to improve modestly, with 471,000 people (43 percent) projected in IPC AFI Phase 3 or above (Crisis or worse), of which 123,000 (11 percent)

will be in IPC AFI Phase 4 (Emergency) and 348,000 (32 percent) in IPC AFI Phase 3 (Crisis). The improvement will stem from harvested food availability, better road access facilitating market activity, and greater availability of wild foods, fish, and game meat. Income opportunities from collection and sale of natural resources will further support households. However, economic constraints, returnee influxes, and reduced milk availability due to livestock migration will limit recovery. Localised farmer–herder conflicts and insecurity could also disrupt trade and access to markets. All counties will remain in IPC AFI Phase 3 (Crisis).

By the April to July 2026 lean season, food insecurity will deteriorate, with 662,000 people (60 percent) projected in IPC AFI Phase 3 or above (Crisis or worse), of which 221,000 (20 percent) will be in IPC AFI Phase 4 (Emergency) and 442,000 (40 percent) in IPC AFI Phase 3 (Crisis). The deterioration will be driven by depleted food stocks, persistently high food prices, macroeconomic instability, and continued disruptions to supply chains caused by the Sudan conflict. Additional aggravating factors include pest outbreaks, livestock diseases, waterborne illnesses, and inaccessible markets due to poor road conditions during the rains. Rising intercommunal tensions and violence will further threaten livelihoods and limit food access. During this period, Aweil East, Aweil North, and Aweil South will be in IPC AFI Phase 4 (Emergency), while Aweil Centre and Aweil West will remain in IPC AFI Phase 3 (Crisis). Key risks to monitor include the economic crisis, returnee influxes, and trade disruptions linked to Sudan, alongside flooding, road deterioration, and intercommunal conflict, all of which could deepen food insecurity across the state.

NUTRITION SITUATION BY STATE

GREATER UPPER NILE REGION

Jonglei State

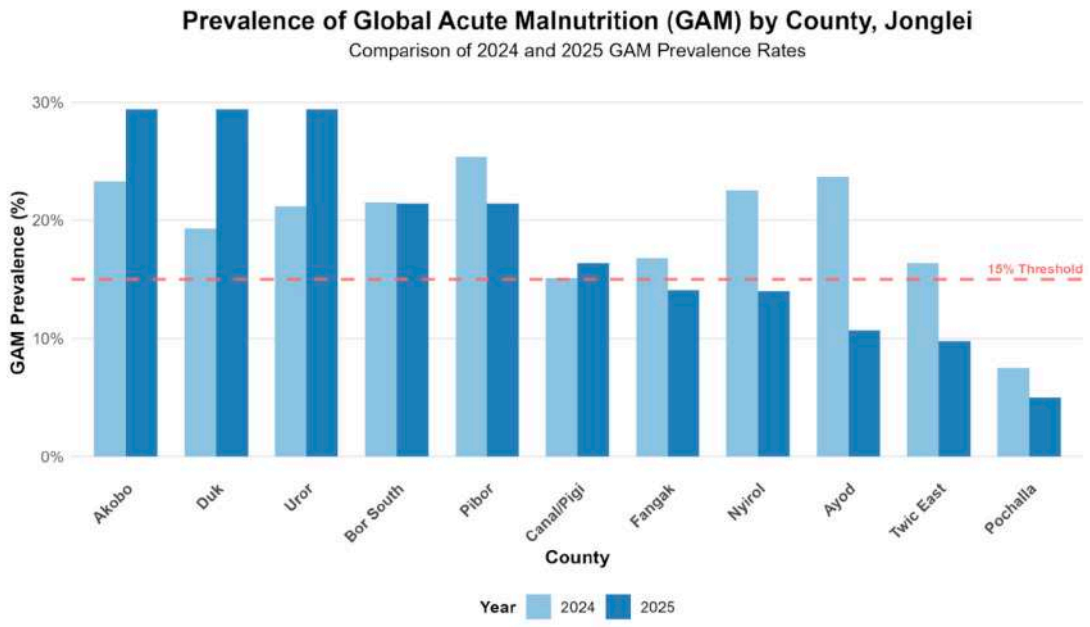
In total, there are an estimated 450,735 cases of children suffering acute malnutrition that need urgent nutrition treatment in Jonglei State and Greater Pibor Administrative Area, contributing to 21.4 percent of the total burden of acute malnutrition in the country.

From July to September 2025, nine counties are all classified in IPC AMN Phase 3 or worse, with six are classified in IPC AMN Phase 4 (Critical): Akobo, Bor, Canal/Pigi, Duk, Pibor, and Uror. Meanwhile , three counties are classified in IPC AMN Phase 3 (Serious): Ayod, Fangak and Nyirol. Two counties (Pochalla and Twic East) are classified in IPC AMN Phase 2 (Alert).

The main drivers of acute malnutrition among children in the state include severe food insecurity, which results in poor diets. Indicators show that Minimum Dietary Diversity (MDD) is only 14.1 percent, Minimum Meal Frequency (MMF) is 3.7 percent, and Minimum Acceptable Diet (MAD) is just 0.2 percent. High levels of illness also contribute significantly, with malaria or fever affecting more than 40 percent of children in five counties, diarrhoea over 20 percent in five counties, and acute respiratory infections over 20 percent in seven counties. Feeding practices remain sub-optimal, with 52.4 percent of children introduced to solid or semi-solid foods too late. Poor water, sanitation, and hygiene (WASH) conditions further worsen the situation: more than 80 percent of households lack access to improved drinking water in at least three counties, fewer than 20 percent have improved sanitation facilities in nine counties, and open defecation is widespread, averaging over 70 percent.

During the lean season period of April to June 2026 (second projection period), the acute malnutrition situation is expected to deteriorate slightly in eight out of 11 counties. However, there is no change in the IPC AMN phase classifications compared to the October 2025 to March 2026 analysis period (first projection). The exception is Pochalla county where the nutrition situation will revert to IPC AMN Phase 2. In Duk and Uror counties, the nutrition situation will remain in IPC AMN Phase 5 and 4 respectively.

Global Acute Malnutrition Trends 2024-2025 show a spike in acute malnutrition in Akobo, Duk and Uror counties compared to 2024.



Upper Nile State

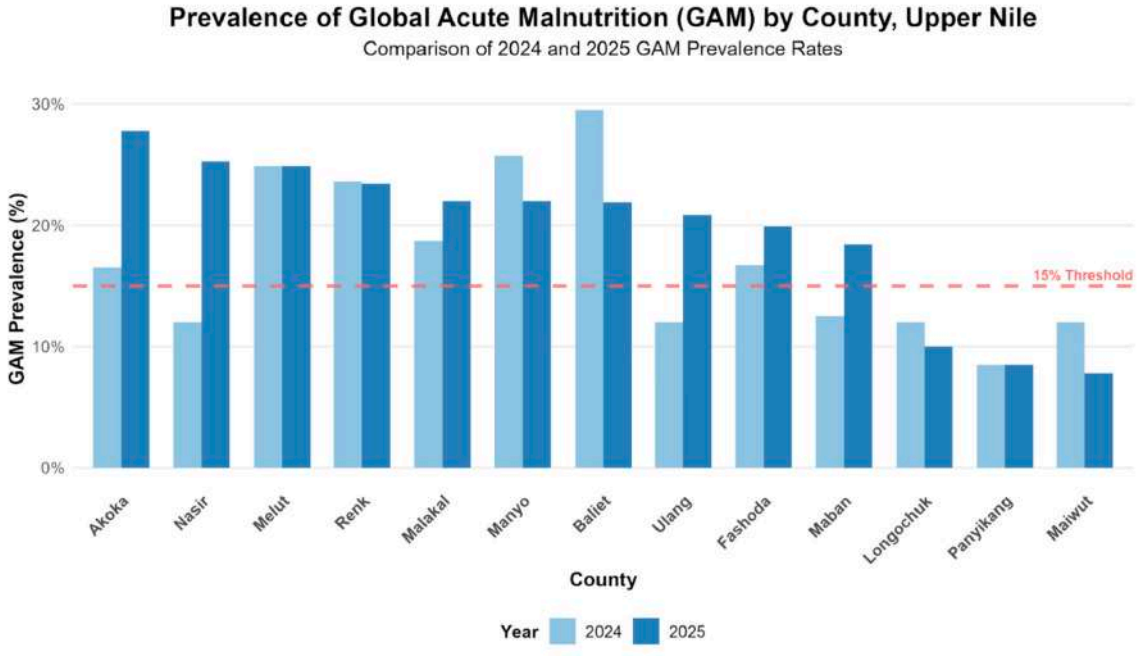
An estimated 330,905 children face acute malnutrition need urgent treatment have been identified in Upper Nile State, contributing to 15.4 percent of the national burden.

Between July and September 2025, 12 of 13 counties are classified in IPC AMN Phase 3 (Serious) or worse and two counties (Luakpiny/Nasir and Ulang) are classified in IPC AMN Phase 5 (Extremely Critical); 10 counties (Baliet, Fashoda, Maban, Maiwut, Malakal, Akoka, Manyo, Melut, Renk, and Longochuk) are classified in IPC AMN Phase 4 (Critical); and Panyikang is the only county classified in IPC AMN Phase 2 (Alert).

Major contributing factors include food consumption gaps, indicated by Minimum Dietary Diversity (MDD) at 22.9 percent, Minimum Meal Frequency (MMF) at 4.6 percent, and Minimum Acceptable Diet (MAD) at 1.1 percent. High morbidity is prevalent, particularly malaria/fever (over 20 percent in nine counties), diarrhoea (over 10 percent in eight counties), and acute respiratory infections (ARI) (over 10 percent in eight counties). Infant and young child feeding practices remain sub-optimal, with only 56.4 percent of children exclusively breastfed and 54.7 percent receiving complementary foods on time. Poor water, sanitation, and hygiene (WASH) conditions persist, including very limited access to improved sanitation facilities and extremely high levels of open defecation, which exceed 90 percent in seven counties.

During April to June 2026, the nutrition situation is expected to deteriorate in all counties within the same IPC AMN phase compared to the October 2025 to March 2026 analysis period (first projection). One county is classified in IPC AMN Phase 3 (Serious), nine in IPC AMN Phase 4 (Critical), and three in IPC AMN Phase 5 (Extremely Critical) (Akoka, Luakpiny/Nasir, Ulang).

Global Acute Malnutrition Trends 2024-2025 show high vulnerability to acute malnutrition with spikes in 2025 reported in Akoka, Nassir, Ulang, Maban, Fashoda and Malakal.



Unity State

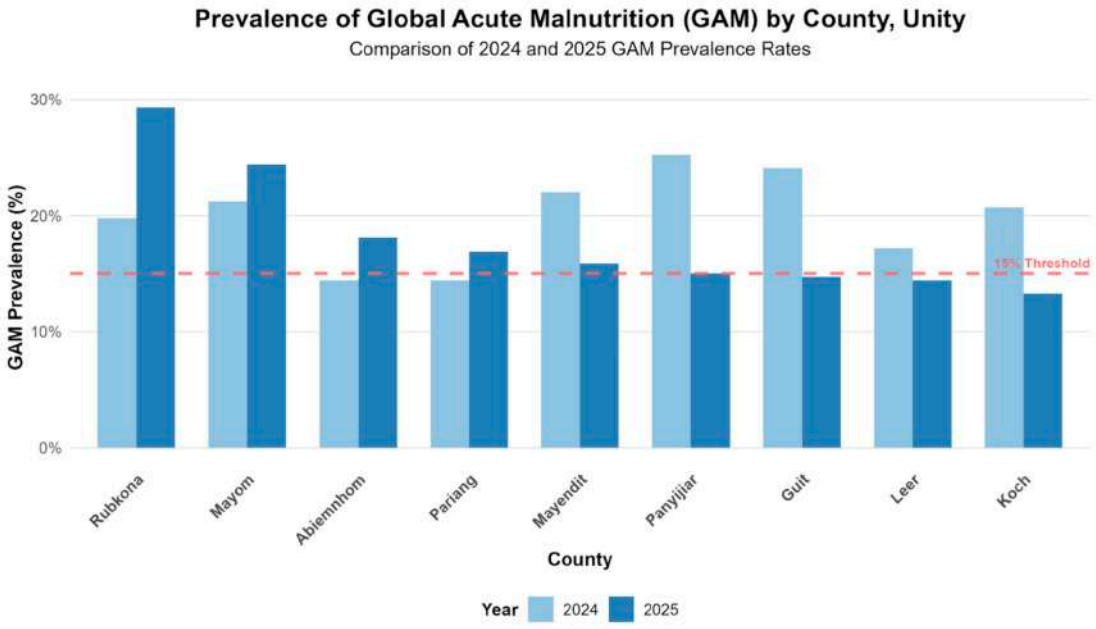
An estimated 225,378 children face acute malnutrition and require urgent treatment, representing 10.7 percent of the national burden. Between July and September 2025, six counties—Abiemnhom, Pariang, Mayendit, Panyijiar, Mayom, and Rubkona—are classified in IPC AMN Phase 4 (Critical), while three counties—Guit, Koch, and Leer—are classified in IPC AMN Phase 3 (Serious).

Key drivers of acute malnutrition include significant food consumption gaps, with Minimum Dietary Diversity (MDD) at

17.5 percent, Minimum Meal Frequency (MMF) at 17.5 percent, and Minimum Acceptable Diet (MAD) at only 4.2 percent. Disease prevalence is high, with malaria or fever affecting 20 percent or more of children in eight of nine counties, diarrhoea at 10 percent or higher in six counties, and acute respiratory infections (ARI) at 10 percent or higher in eight counties. Cholera and acute watery diarrhoea (AWD) outbreaks have also been reported in flood-affected counties such as Guit, Koch, Leer, Mayendit, and Panyijiar. Caring and feeding practices remain sub-optimal, particularly the timely introduction of solid and semi-solid foods, which stands at just 53 percent.

Between April and June 2026, the situation is expected to deteriorate in all nine counties compared to the October 2025 to March 2026 analysis period (first projection) but remain in the same phases: Rubkona in IPC AMN Phase 5 (Extremely Critical), and the other eight counties in IPC AMN Phase 4 (Critical).

Global Acute Malnutrition Trends from 2024-2025 indicate a deterioration in acute malnutrition in 2025 in Rubkona, Mayom, Abiemnom and Pariang counties.



GREATER EQUATORIA REGION

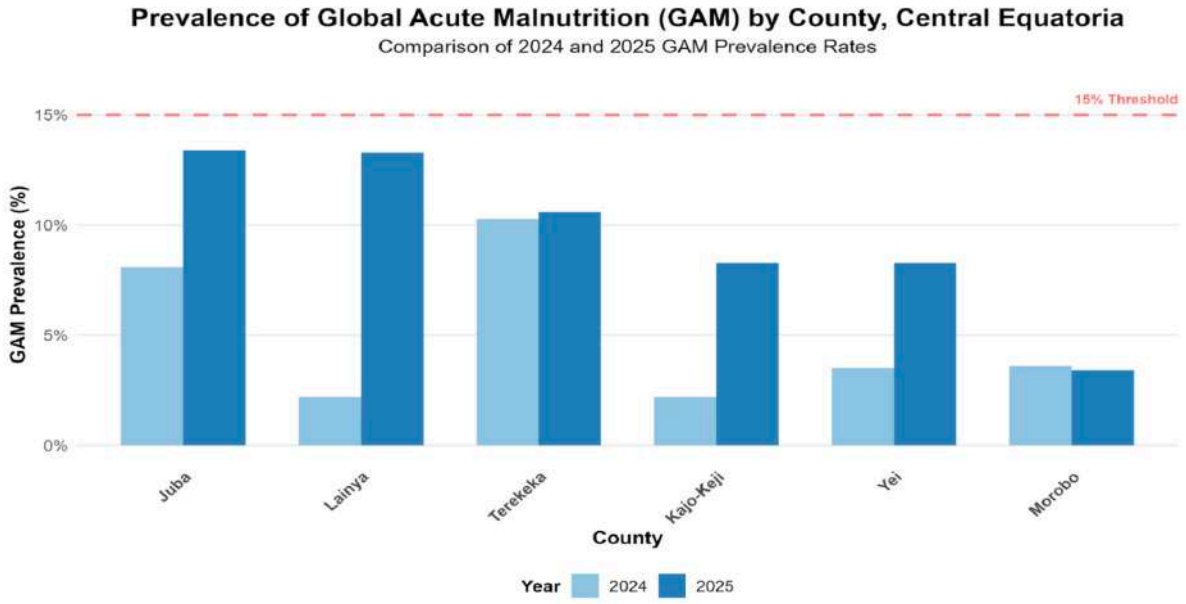
Central Equatoria State

An estimated 169,420 children are expected to suffer acute malnutrition between July 2025 and June 2026 and be in need of treatment, representing 8 percent of the national burden. From July to September 2025, three counties (Juba, Lainya, and Terekeka) are classified in IPC AMN Phase 3 (Serious); Kajo-keji and Yei are classified in IPC AMN Phase 2 (Alert); and Morobo is classified in IPC AMN Phase 1 (Acceptable).

Major contributing factors to acute malnutrition include a high prevalence of illness, with 46.5 percent of children reported sick in the previous two weeks, and cholera outbreaks in Juba and Terekeka. Food consumption gaps among children are severe, with Minimum Dietary Diversity (MDD) at 14.3 percent, Minimum Meal Frequency (MMF) at just 1.2 percent, and Minimum Acceptable Diet (MAD) below 1 percent. Access to improved sanitation is also very low—below 50 percent in Terekeka, Lainya, and Juba—with Terekeka having the lowest coverage at only 12 percent.

During April to June 2026, the nutrition situation is expected to deteriorate in all six counties due to increased disease burden and worsening food security. The deterioration resulted in an AMN phase change in five of the six counties compared to the October 2025 to March 2026 analysis period (first projection). Kajo-keji shifted to IPC AMN Phase 4 (Critical) from IPC AMN Phase 2 (Alert), Juba and Lainya to IPC AMN Phase 4 (Critical) from IPC AMN Phase 3 (Serious), Yei to IPC AMN Phase 3 (Serious) from IPC AMN Phase 2 (Alert), and Morobo to IPC AMN Phase 2 from IPC AMN Phase 1 (Acceptable) (Alert). Terekeka remains in IPC AMN Phase 3 (Serious).

Global Acute Malnutrition Trends from 2024-2025 show a general deterioration in acute malnutrition compared to 2024 with spikes in Juba, Lainya, Kajo Keji and Yei Counties.



Eastern Equatoria State

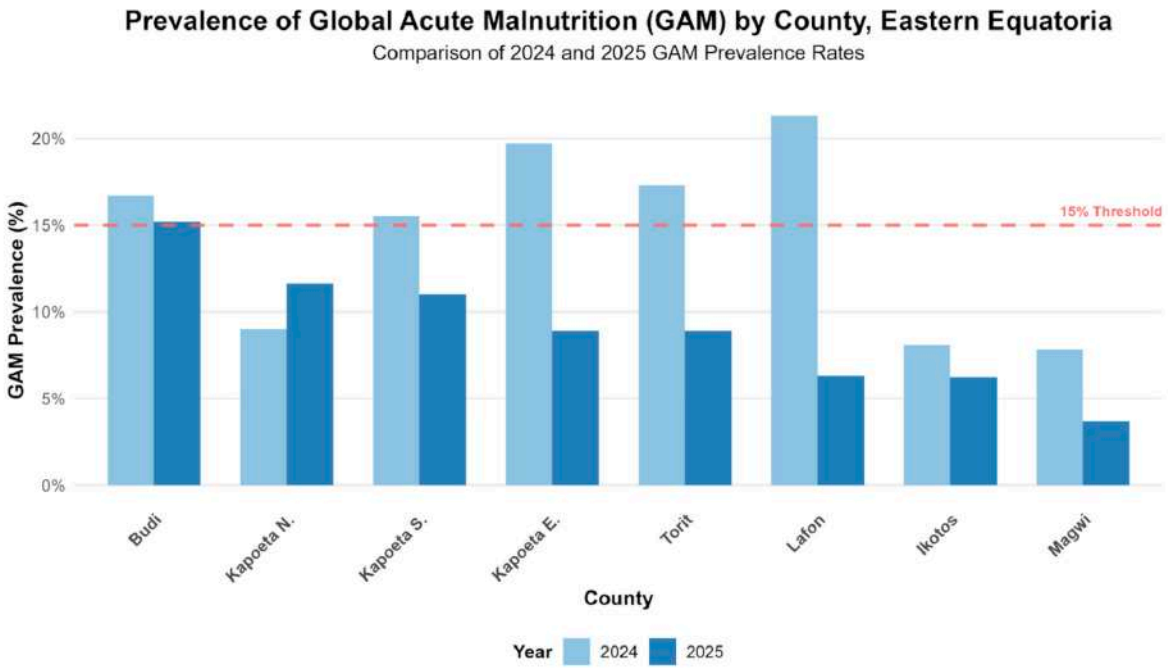
An estimated 149,159 children with acute malnutrition need urgent treatment, representing 7.1 percent of the national burden.

During July to September 2025, Budi is classified in IPC AMN Phase 4 (Critical); Kapoeta North and Kapoeta South are in IPC AMN Phase 3 (Serious); Ikotos, Kapoeta East, Lafon, and Torit are in IPC AMN Phase 2 (Alert); and Magwi is in IPC AMN Phase 1 (Acceptable).

The key drivers of acute malnutrition include significant food consumption gaps among children, with Minimum Dietary Diversity (MDD) at 21.9 percent, Minimum Meal Frequency (MMF) at 13.2 percent, and Minimum Acceptable Diet (MAD) at only 4 percent. Illness prevalence is high, affecting 51.2 percent of children, and health program coverage is declining. Access to improved sanitation is very low at 15.6 percent, and improved sanitation facilities are similarly limited at 15.6 percent.

During April to June 2026, the acute malnutrition situation is expected to deteriorate. Four counties (Budi, Kapoeta East, Magwi, Torit) are expected to deteriorate within their current IPC AMN phases. Four counties are expected to shift to higher phases: Kapoeta North and Kapoeta South from IPC AMN Phase 3 (Serious) to IPC AMN Phase 4 (Critical); Ikotos and Lafon from IPC AMN Phase 2 (Alert) to IPC AMN Phase 3 (Serious).

Global Acute Malnutrition Trends for 2024-2025 show a general improvement in acute malnutrition in Eastern Equatoria with exception of Kapoeta North.



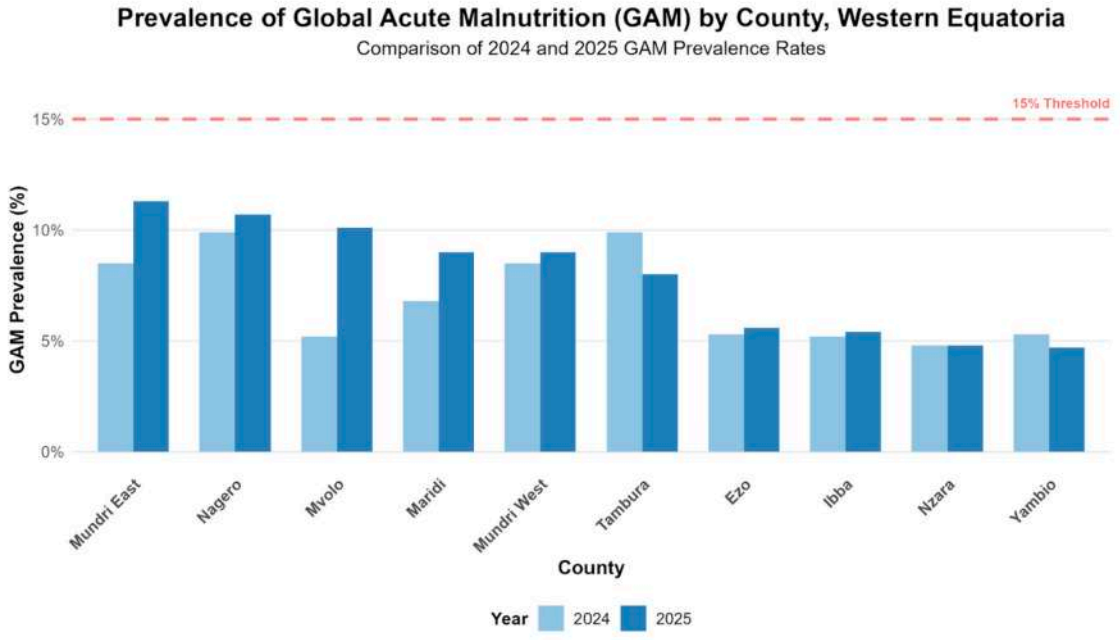
Western Equatoria State

An estimated 90,744 children with acute malnutrition need urgent nutrition treatment, representing 4.3 percent of the national burden. From July to September 2025, three counties (Mundri East, Mvolo, and Nagero) are classified in IPC AMN Phase 3 (Serious); five counties (Ezo, Ibba, Maridi, Mundri West, and Tambura) are classified in IPC AMN Phase 2 (Alert); and Nzara and Yambio are classified in IPC AMN Phase 1 (Acceptable).

Key drivers of acute malnutrition include high illness prevalence, with 52 percent of children reported sick—diarrhoea at 18 percent, fever at 24 percent, and acute respiratory infections (ARI) at 37 percent. Food insecurity and poor diets are also major factors, with Minimum Dietary Diversity (MDD) at 23 percent and Minimum Acceptable Diet (MAD) below 1 percent.

Between April to June 2026, the acute malnutrition situation is expected to deteriorate in all 10 counties. Three counties (Ezo, Ibba, Tambura) are expected to shift from IPC AMN Phase 2 (Alert) to IPC AMN Phase 3 (Serious). However, there is no change in the IPC AMN phase classifications compared to the October 2025 to March 2026 analysis period (first projection) in the remaining seven counties.

Global Acute Malnutrition (GAM) trends from 2024 to 2025 generally remain below 10 percent. However, deterioration is observed in Mvolo, Mundri East, and Maridi compared to 2024.



GREATER BAHR EL GHAZAL REGION

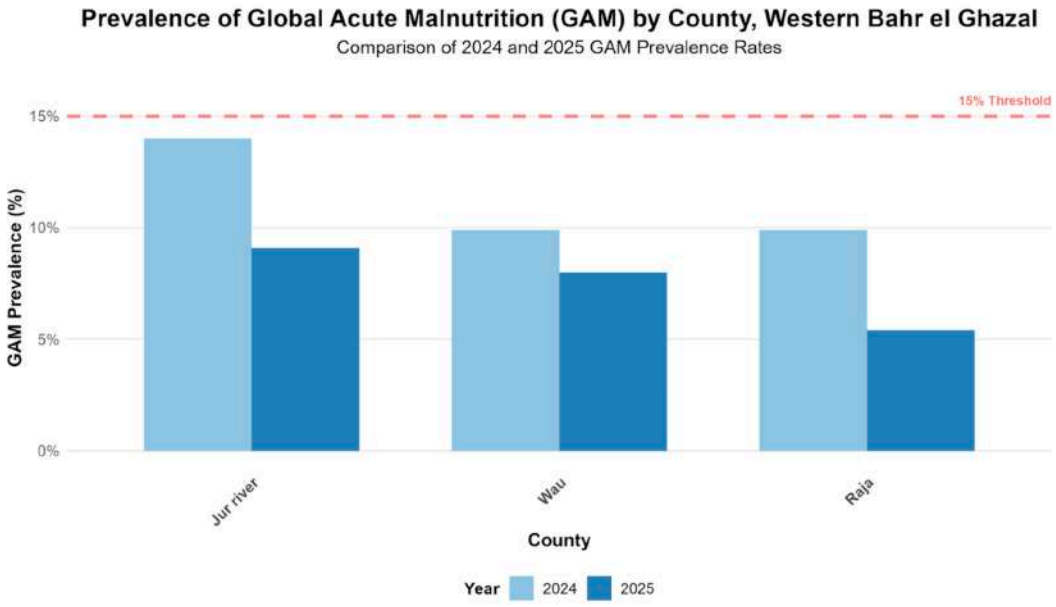
Western Bahr El Ghazal State

An estimated 74,876 children with acute malnutrition between July 2025 and June 2026 are in need of urgent treatment, representing 3.6 percent of the national burden. From July to September 2025, all three counties (Jur River, Raja, and Wau) are classified in IPC AMN Phase 2 (Alert).

Key drivers of acute malnutrition include poor food consumption, with Minimum Dietary Diversity (MDD) at 13.4 percent and Minimum Meal Frequency (MMF) at 40.6 percent. Illness prevalence is high at 56.5 percent, and access to improved sanitation remains limited at 36.7 percent. Additionally, health and nutrition services are scarce, leaving populations exposed to increased risks of morbidity and acute malnutrition

Between April to June 2026, due to depleted household stocks, high market prices, and reduced income generation activities, acute malnutrition is projected to deteriorate in all counties. Wau is expected to remain in IPC AMN Phase 3 (Serious), while Jur River and Raja are expected to deteriorate to IPC AMN Phase 3 (Serious) from IPC AMN Phase 2 (Alert).

Global Acute Malnutrition Trends for 2024-2025 show a general improvement in acute malnutrition in 2025



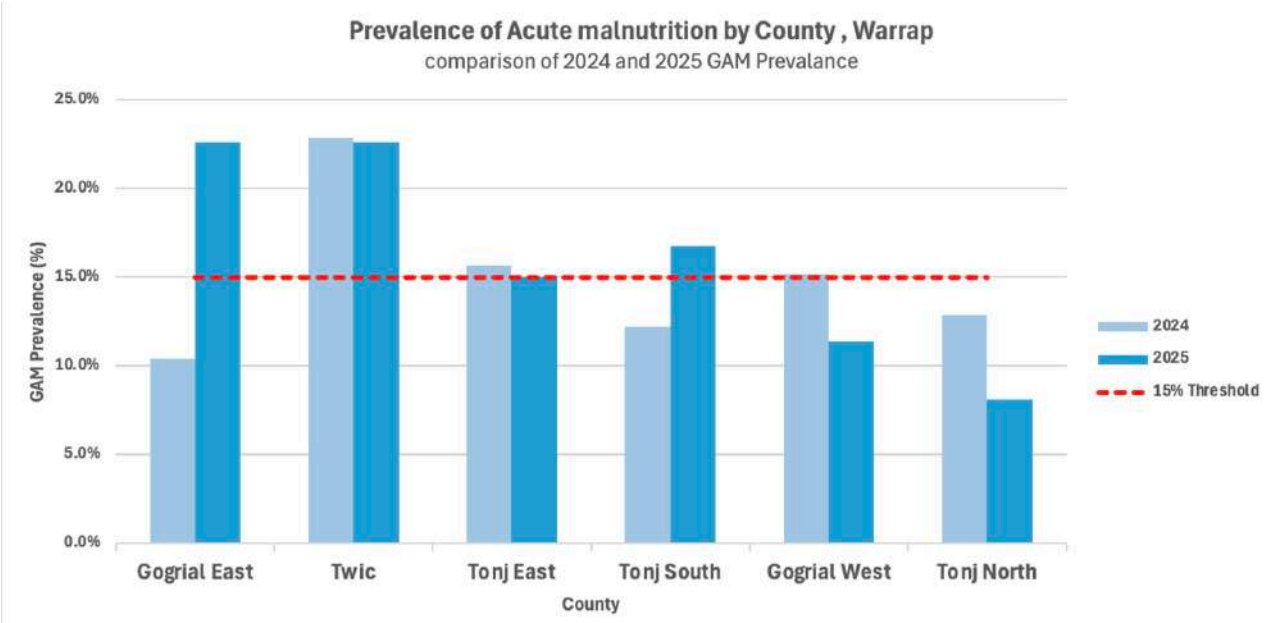
Warrap State

An estimated 216,444 children with acute malnutrition will be in need of urgent treatment between July 2025 and June 2026, representing 10.3 percent of the national burden. Five counties (Tonj East, Tonj South, Twic, and Abyei Administrative Area, and Gogrial East) are classified in IPC AMN Phase 4 (Critical); Gogrial West is classified in IPC AMN Phase 3 (Serious) and Tonj North is classified in IPC AMN Phase 2 (Alert).

Key drivers of acute malnutrition include poor child feeding practices, with Minimum Dietary Diversity (MDD) at 15.5 percent, Minimum Meal Frequency (MMF) at 10.2 percent, and Minimum Acceptable Diet (MAD) at only 1.4 percent. Illness prevalence is high at 44.4 percent, and access to improved sanitation is extremely low at just 1.2 percent.

During the lean season period of April to June 2026 (second projection), the acute malnutrition situation is expected to deteriorate in all seven counties. There is no change in the IPC AMN phase classifications compared to the October 2025 to March 2026 analysis period (first projection) except in two counties where the nutrition situation worsens. Gogrial West will deteriorate from IPC AMN Phase 3 (Serious) to IPC AMN Phase 4 (Critical). The suspension of food distributions, conflict-driven displacement, and market disruption will likely exacerbate food insecurity and malnutrition.

Global Acute Malnutrition Trends 2024-2025 show a deterioration in acute malnutrition in Gogrial East, and Tonj South.



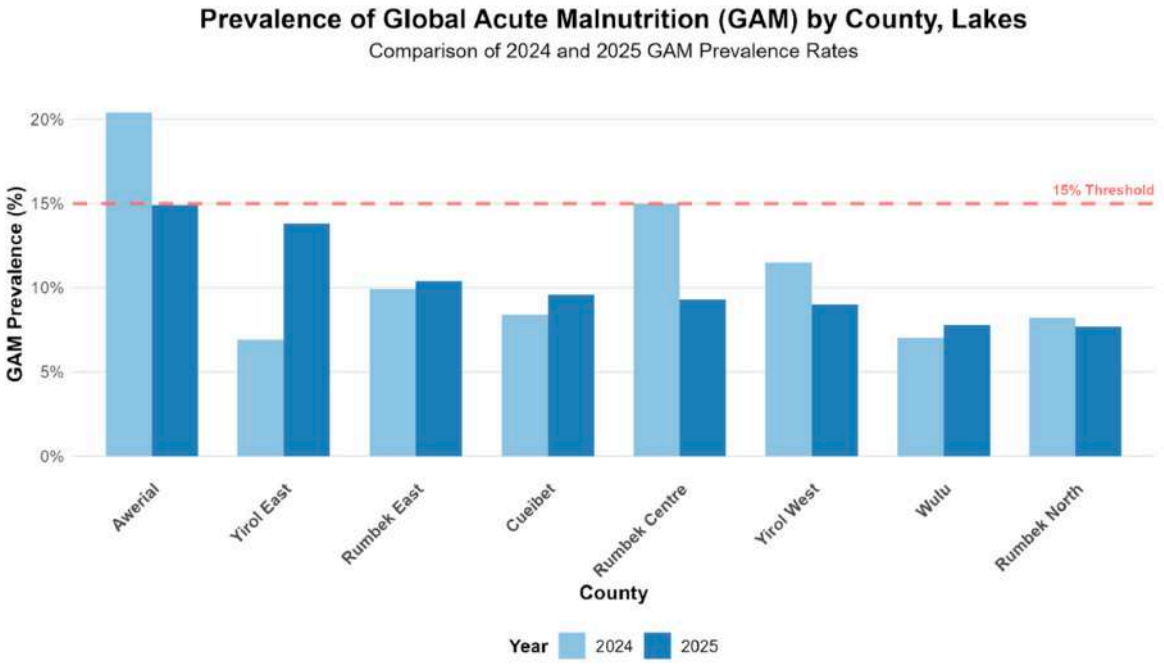
Lakes State

There are an estimated 147,507 children expected to suffer acute malnutrition between July 2025 and June 2026 and be in need of urgent treatment, representing 7 percent of the national burden. The state is composed of eight counties with an estimated population of 1.29 million people. From July to September 2025, three counties (Awerial, Rumbek East, and Yirol East) are classified in IPC AMN Phase 3 (Serious); while five counties (Cueibet, Rumbek Centre, Rumbek North, Wulu, and Yirol West) are classified in IPC AMN Phase 2 (Alert).

Acute malnutrition is driven by poor access to improved sanitation (4.5 percent), poor food consumption and feeding practices demonstrated by low Minimum Dietary Diversity (MDD) at 18.4 percent, Minimum Meal Frequency (MMF) at 7.9 percent, Minimum Acceptable Diet (MAD of 2.3 percent), introduction of solid, semi-solid foods (42.5 percent), and high prevalence of diseases at 41.5 percent.

During the lean season period of April to June 2026 (second projection), the nutrition situation is expected to deteriorate in two counties: Awerial is expected to shift from IPC AMN Phase 3 (Serious) to IPC AMN Phase 4 (Critical) and Yirol West from IPC AMN Phase 2 (Alert) to IPC AMN Phase 3 (Serious). However, there is no change in the IPC AMN phase classifications compared to the October 2025 to March 2026 analysis period (first projection) in the remaining six countries.

Global Acute Malnutrition Trends 2024-2025 show a significant deterioration in Yirol East compared to 2024.



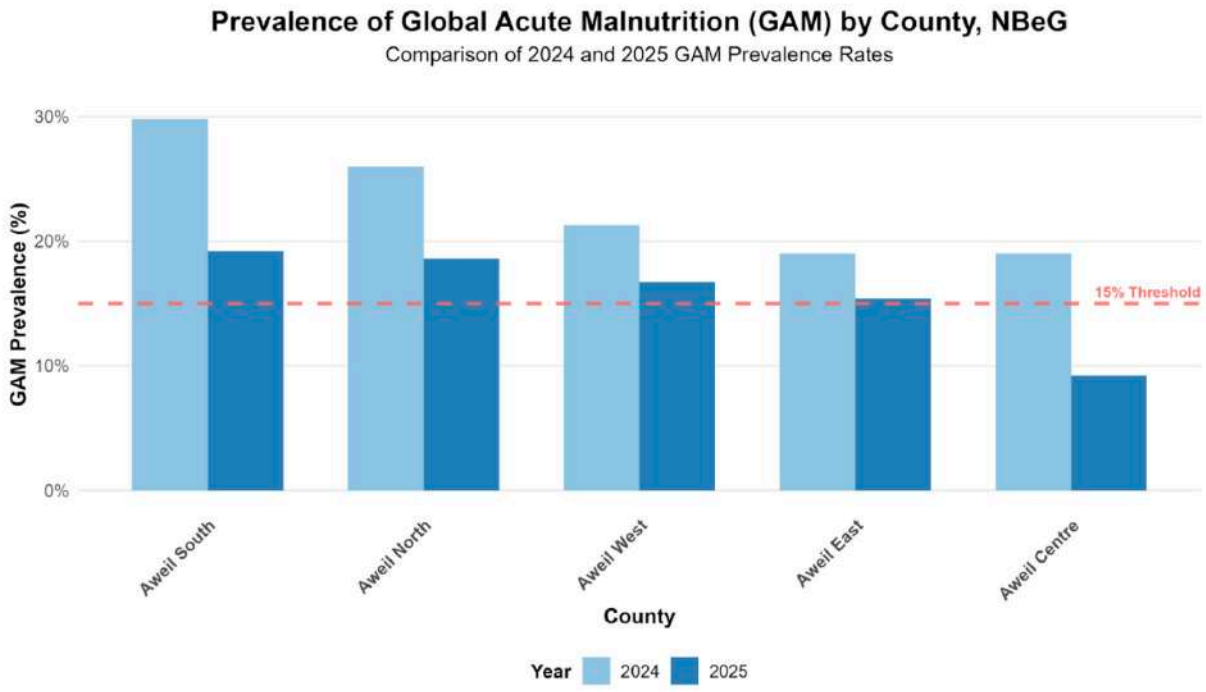
Northern Bahr El Ghazal State

An estimated 250,618 children are expected to suffer acute malnutrition between July 2025 and June 2026 and require urgent treatment, representing 11.9 percent of the total burden of acute malnutrition in the country. From July to September 2025, four counties (Aweil East, Aweil North, Aweil South, and Aweil West) are classified in IPC AMN Phase 4 (Critical) and Aweil Centre is classified in IPC AMN Phase 2 (Alert).

Key drivers of acute malnutrition include disease, with diarrhea affecting 6 percent of children, fever or malaria 23 percent, and cough 11 percent. Food consumption gaps and sub-optimal feeding practices are also major factors, with Minimum Dietary Diversity (MDD) at 38.9 percent, Minimum Meal Frequency (MMF) at 14.6 percent, Minimum Acceptable Diet (MAD) at 5.4 percent, and timely introduction of complementary foods at 50.7 percent.

During the lean season period of April to June 2026 (second projection), the acute malnutrition situation is expected to deteriorate in three out of five counties. However, there is no change in the IPC AMN phase classifications compared to the October 2025 to March 2026 analysis period (first projection) except in Aweil East County which will shift to IPC AMN Phase 4 (Critical) from IPC AMN Phase 3 (Serious).

Global Acute Malnutrition Trends 2024-2025 show a general improvement in acute malnutrition compared to 2024 but remain within the emergency threshold (>15%), except for Aweil Centre.



LINKAGES BETWEEN ACUTE FOOD INSECURITY AND ACUTE MALNUTRITION

Out of the 80 counties analysed, in the current period, Twic East, Morobo, Panyikang and Bor South had a divergence of two phases where acute malnutrition (AMN) was two phases lower than acute food insecurity (AFI) classification except for Bor South. In the first projection period (October 2025 to March 2026), four counties (Bor South, Duk, Pochalla and Akoka) showed divergence with acute malnutrition deteriorating to a higher phase, except for Pochalla which improved to a lower phase. Fifty-three areas are classified in Phase 3 and above for both AMN and AFI -referred to as hotspots.

				AMN						AFI			AMN - AFI Difference		
State	County	AMN Indicator	GAM Prevelance	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	AFI Current	AFI Projection 1	AFI Projection2	Current Difference	Proj I diff	Proj II diff
Central Equatoria	Morobo	WHZ	3.40%	1	**	1	→	2	↓	3	3	3	-2	-2	-1
Jonglei	Bor South	WHZ	21.40%	4	**	4	↑	4	↓	2	2	3	2	2	1
Jonglei	Duk	WHZ	29.40%	4	**	5	↓	5	→	3	3	4	1	2	1
Jonglei	Pochalla	WHZ	5.00%	2	**	1	↑	2	↓	3	3	3	-1	-2	-1
Jonglei	Twic East	WHZ	9.80%	2	**	3	↓	3	↓	4	3	4	-2	0	-1
Upper Nile	Akoka	WHZ	27.8	4	**	5	↓	5	↓	3	3	4	1	2	1
Upper Nile	Panyikang	WHZ	8.5	2	**	3	↓	3	↓	4	4	4	-2	-1	-1

The divergence observed between the classification of acute malnutrition and acute food insecurity is attributed to: 1) food gaps at household level; 2) disease burden- malaria/fever, diarrhoea and cholera; 3) access to health services; 4) limited access to water and sanitation; 5) conflict and 6) reduced humanitarian funding.

Divergence - High acute food insecurity and low acute malnutrition

Twic East County in Jonglei State is a success story where acute malnutrition has significantly improved from IPC AMN Phase 4 (Critical) GAM at 16.4 percent in 2024 to IPC AMN Phase 2 (Alert) GAM at 9.8 percent in similar period of 2025. Despite the improvement in acute malnutrition in 2025, acute food insecurity (AFI) has remained in IPC AFI Phase 4 (Emergency) for the past five years.

The significant improvement in acute malnutrition in Twic East is attributed to the following. Improved access to food by children as exhibited by the improved meal frequency where only 2 percent of children meet the daily recommended frequency of feeding in 2024 which improved to 23 percent in 2025 despite the deterioration observed in the household dietary diversity. There was improved coverage for general food distribution (GFD) from one payam in 2024 to five payams in 2025 that improved access to food at the household level and to the child. Fishing has also improved to a larger scale in 2025 where value addition is done and dry fish sold to the market and cross border increasing household purchasing power and access to fish for local consumption.

The coverage of treatment of malnourished children also improved with increased frequency of outreach programs to hard-to-reach areas from once a month in 2024 to biweekly in 2025. Access to health services improved in Twic East due to health system transition program (HSTP) in the county that provides integrated health and nutrition services in seven health facilities. This has improved the quality of health services that are now concentrated in one space for children. This underpins the improved acute malnutrition despite increased disease prevalence as timely treatment prevents deterioration to acute malnutrition. Secondly, availability of health and nutrition commodities has tremendously improved in 2025 with the introduction of water transport by Sherps vehicles that offers significantly greater load-carrying capacity compared to traditional canoes, enhancing transport efficiency in flood-affected or swampy areas, avoiding the frequent stockouts. There is also improved security in the County that has positive effect on access to essential services by women and children.

Capacity building provided to health practitioners by the sole implementing HSTP partner on the ground has strengthened service quality and improved reporting and supervision systems—from community health workers to health facilities. Regular salary payments have also contributed to better accountability and continuity of services. This has motivated the health and nutrition team increasing commitment to optimal service delivery in the county.

Morobo County in Central Equatoria State has constantly reported lower acute malnutrition IPC AMN Phase 1 (Acceptable) compared to high levels of acute food insecurity of IPC AFI Phase 3 (Crisis) in the past four out the past five years. Despite the food gaps observed from household food security indicators – HDDS (54 percent) indicative of Phase 3, HHS (75 percent) indicative of Phase 3 and FCS (88 percent) indicate Phase 3 and above, low acute malnutrition; GAM at 3.4 percent is reported. The majority (94 percent) of households reported restricting food consumption by adults to favour children at least once in seven days, that could have cushioned the children from hunger and acute malnutrition in the face of

scarcity. There are also 20 percent of households receiving cash assistance targeting children that improve purchasing power to have more food at the household and for child consumption. Care practices have improved significantly over the past two years, particularly exclusive breastfeeding, which increased from 41 percent in 2023 to 77 percent in 2025.

This improvement is associated with stronger immunity for children and helps prevent early introduction of complementary foods—a practice often linked to diarrhoea and acute malnutrition among children. Continued breastfeeding remains prevalent, with 63 percent of children benefiting from its nutritional and immunological advantages. This practice complements the dietary needs of the 83 percent of children who have been introduced to solid and semi-solid foods at the appropriate time. The timely introduction of these nutrient-rich foods, alongside breastfeeding, plays a crucial role in ensuring adequate nutrition and serves as a key strategy in preventing malnutrition during early childhood.

The access to health services in Morobo is high with over 90 percent measles vaccination coverage and vitamin A supplementation which has boosted immunity and either prevented infection or its severity, cushioning children from wasting. Community-based Management of Acute Malnutrition (CMAM) currently covers 52 percent of children with acute malnutrition, contributing significantly to its reduction. This progress is reinforced by a favourable health environment, including access to improved water sources for 50 percent of households and sanitation facilities for 80 percent. The high sanitation coverage has led to reduced open defecation, lowering the risk of environmental contamination and disease, which are major contributors to acute malnutrition.

Panyikang County in Upper Nile State has maintained relatively low levels of acute malnutrition over the past two years (2024 and 2025), with a Global Acute Malnutrition (GAM) rate of 8.5 percent, corresponding to IPC AMN Phase 2 (Alert). This contrasts sharply with food insecurity trends, as the county recorded IPC AFI Phase 3 (Stressed) in 2024 and deteriorated to IPC AFI Phase 4 (Emergency) in 2025. The worsening food insecurity in 2025, despite stable malnutrition levels, highlights a divergence between the two scales and signals growing vulnerability in household food access. Food gaps exist with HDDS (78 percent), FCS (91 percent) and HHS (74 percent) in Phase 3 and above. However, children are also prioritised with 92 percent of households reporting adults restricting their meals in favour of children at least once in seven days preceding the assessment.

This practice helps cushion children against hunger during periods of scarcity. When combined with the high rate of continued breastfeeding (73 percent), it provides an additional layer of protection, ensuring that children have access to essential nutrition even when household food availability is limited. Treatment of malnourished children is also significant in the county with 81 percent of malnourished (SAM and MAM) children enrolled into treatment programs. Humanitarian assistance plays a critical role in improving household purchasing power, enabling families without food stocks to buy small quantities of food daily. This support increases access to food for children, helping to mitigate the effects of scarcity and ensuring that basic nutritional needs are met even in vulnerable households.

There has been a notable improvement in child health, with diarrhoea prevalence dropping significantly from 33 percent in 2024 to 8.6 percent in 2025. Acute Respiratory Infections (ARI) have remained below 20 percent, and no major disease outbreaks were reported. Cholera cases were effectively managed, with the last reported cases occurring prior to this period, indicating strengthened disease control and overall better health outcomes for children in February 2025 has also contributed to the reduction in acute malnutrition cases in the County.

Pochalla County in Jonglei state is expected to see an improvement in its acute malnutrition situation, shifting from IPC AMN Phase 2 (Alert), with GAM rates at 5 percent, to IPC AMN Phase 1 (Acceptable), with GAM rates less than 5 percent in the second projection period, while AFI remains improved within IPC AFI Phase 3 (Crisis) causing a divergence. The improvement in acute malnutrition is largely attributed to a slight enhancement in food security during the post-harvest season, which is expected to boost child food consumption. This is complemented by a reduction in disease prevalence, including malaria and diarrhoea, as the first projection period coincides with the dry season—characterized by less flooding and fewer stagnant water bodies that typically serve as mosquito breeding sites and sources of environmental contamination from open defecation. Additionally, the area is not classified as a cholera hotspot, further reducing disease burden and associated risks, ultimately contributing to a decline in acute malnutrition.

Bor South (high acute malnutrition and low acute food insecurity- divergence)

Bor town, the administrative centre of Jonglei State, hosts a significant population of internally displaced persons (IDPs) driven by insecurity in neighbouring counties. In addition to this influx, the town attracts urban populations from surrounding areas, contributing to its growing demographic pressure and increased demand for essential services. The area is also prone to flooding and depends mainly on water transport along the Nile River to get food and other commodities from Juba and Uganda. Bor South has remained in IPC AMN Phase 4 for the past three years. In 2025, Bor South registered GAM of 21.4 percent similar to that that observed in 2024 (GAM-21.5 percent). Meanwhile acute food insecurity has been classified in IPC AFI Phase 2 (Stressed) for the past three years. Despite low levels of food insecurity, acute malnutrition has remained high in the County.

Food gaps are imminent due to reduced purchasing power from inflation that reduces access to food at the household level. The fishing practised along the river Nile is currently prioritised for cross border trade and the little that gets to the market is very expensive. Women are actively involved in adding value to fish products; however, once the fish is sold, men typically control the income and make decisions that do not always prioritize household food purchases. Additionally, livestock are mainly kept in distant cattle camps rather than within villages, limiting household access to milk and reducing dietary diversity.

Populations classified in IPC AFI Phase 3 and above are experiencing significant food gaps, as reflected in household outcome indicators: Household Dietary Diversity Score (HDDS) at 94 percent and Household Hunger Scale (HHS) at 73 percent. Coping mechanisms are widespread, with 76 percent of households resorting to emergency strategies and 81 percent restricting adult food consumption to prioritize children at least once in the seven days preceding the assessment. These findings underscore severe stress on household food security and adaptive behaviours during scarcity. There is no humanitarian food distribution in the County that target either general populations nor children. Limitations in food access is also exhibited in child consumption where more than 80 percent of children under 24 months did not meet the minimum daily meal frequency and diversified diets.

Most households prepare one meal a day in the evenings mainly composed of a starchy dish called "wal-wal" made from sorghum flour and some oil. Meanwhile children mainly consume porridge made from the same sorghum. Food scarcity, combined with delayed introduction of solid and semi-solid foods, significantly contributes to acute malnutrition. More than 50 percent of eligible children are not introduced to complementary foods between 6 and 8 months of age, resulting in nutrient deficiencies that increase vulnerability to malnutrition. Limited access to food at the household level underpins the need to explore challenges to food utilisation at household level too address acute malnutrition.

Disease burden is another driver of acute malnutrition in Bor South where 47 percent of children suffered from malaria/fever while 44 percent suffered acute respiratory infections two weeks prior to the assessment. The cholera outbreak, which remained active in the county with cases reported until May 2025, contributed significantly to acute malnutrition. Illness increases nutrient requirements, and when combined with poor child food intake, it leads to deficiencies and weight loss. Health-seeking behavior also posed challenges, as women feared abduction during raids by neighboring counties while traveling to health facilities. Consequently, many resorted to local remedies and non-skilled treatments, limiting access to proper medical care. The disease conditions are aggravated by insufficient water and limited access to safe sources of drinking water (20 percent), while open defecation is high at 80 percent due to an influx of IDPs, compromising environmental health and increasing vulnerability to infection especially in the rainy season, which is also accompanied by increased flooding.

Despite high immunisation coverage for measles at 97 percent and Vitamin A at 77 percent, challenges are also reported with the transition of health services to the government taking place in 10 out of 15 health facilities in the County. Due to capacity gaps and late or irregular remuneration, health professionals face demotivation, resulting in reduced commitment to their roles. Consequently, much of the work in nutrition treatment centres is left to less-skilled community nutrition volunteers, which compromises the quality of care and treatment for malnourished children. The surge in population from IDP populations and the resulting high demand for health services have led to frequent stockouts of health and nutrition commodities, compromising service quality and exacerbating disease severity and acute malnutrition. Reduced funding has further limited outreach activities in 2025 compared to previous years, restricting access to essential health services. To address these challenges, integrated multidimensional interventions are recommended, including capacity building to strengthen health systems, improved and regular remuneration for health workers, enhanced access to water and sanitation, and ensuring household and child food security. These measures are critical for reducing acute malnutrition in Bor South County.

Duk County in Jonglei state was classified in IPC AMN Phase 4 (Critical) in the July – September 2025 season with a GAM of 29.4 percent. Acute malnutrition is expected to deteriorate to IPC AMN Phase 5 (Extremely Critical) in Projection 1 (October 2025 – March 2026) while food security will remain in IPC AFI Phase 3 (Crisis) resulting in a two-phase difference in classification-divergence. The deterioration in acute malnutrition is mainly attributed to active cholera where new cases were reported up to 1 October 2025 and expected to peak in the month of December 2025, which will exert more pressure on the disease burden. Given the symptoms of cholera of diarrhoea and vomiting quickly deprive the body of nutrients and put people at high risk of dehydration, the status of acute malnutrition is likely to deteriorate very fast. Humanitarian food support paused in August 2025 and is expected to resume in May 2026 for the lean season response. This eight-month gap will likely to aggravate food gaps and acute malnutrition. Urgent response is recommended to address the cholera situation and food gaps to prevent the anticipated deterioration in acute malnutrition and save lives.

Hotspots

Hot spots are those analysis areas that are classified in Phase 3 and above for both acute food insecurity and acute malnutrition. Fifty areas met the criteria for hotspots in the 2025 IPC analysis for South Sudan (Annex 6).

HUMANITARIAN FOOD ASSISTANCE

Millions of South Sudanese rely on humanitarian food assistance (HFA) as their main source of sustenance and livelihoods. In August 2025, WFP reached 1.8 million people with general food assistance in South Sudan through in-kind distributions or as cash-based transfers – including new arrivals from Sudan, refugees, internally displaced persons (IDPs), and host populations. Despite funding cuts that have constrained the delivery of humanitarian food assistance to vulnerable populations, WFP and other FSL Cluster partners have continued to provide support, albeit to fewer beneficiaries and with reduced food rations.

A widening gap between needs and available resources has forced WFP to focus its humanitarian food assistance on communities facing IPC AFI Phase 5 (Catastrophe) and IPC AFI Phase 4 (Emergency) food insecurity identified in the previous IPC analysis. Food rations in general food distributions have also been reduced. Areas with populations in IPC AFI Phase 5 have received 70 percent rations while other prioritised areas have received 50 percent rations. Although early planning helped sustain emergency operations through the first half of 2025, the outlook for 2026 remains deeply concerning.

HFA has been factored into the IPC analysis as a mitigating influence on food insecurity. The analysis considers HFA provided during the data collection period in August 2025 as well as HFA that is planned, funded, and likely to be delivered in line with the IPC definition. Assistance levels in August 2025, during the country-wide food security assessment, help contextualise assessment data on direct food security outcomes. Reductions in assistance are expected to result in worse direct outcome indicators in the 2026- than the 2025-lean season.

Nutrition interventions especially those targeting the prevention and treatment of acute malnutrition to safeguard the health and survival of children and pregnant or lactating women, continue to rely on donor contributions for essential supplies, operational logistics, and deployment of skilled personnel. However, the funding shortfall experienced in 2025, coupled with projected cuts in 2026 and burden linked to the Sudan crisis, threatens the sustainability and reach of these critical nutrition services.

The AMN analysis has factored in treatment and prevention programs in the analysis as the main mitigating factors to increased malnutrition incidence. In 2026, Eastern Equatoria State will not have access to the Moderate Acute Malnutrition (MAM) treatment program or the Blanket Supplementary Feeding Program (BSFP). In contrast, other states analysed will continue to receive similar support for both treatment and prevention, creating a gap in nutrition services for Eastern Equatoria.

RETURNEES

Since April 2023, over 1.2 million people have crossed from Sudan into South Sudan (a mix of refugees, and South Sudanese returnees who make up 67 percent of the people who have crossed into the country), concentrating pressure on resources along border counties (e.g., Renk, Maban), including markets, and services. It is anticipated that there will be additional inflows in 2026 as there doesn't seem to be a possibility of a resolution of the conflict soon. These cross-border dynamics heighten protection risks and strain already fragile food and health systems, further contributing to food insecurity and malnutrition.

The situation of South Sudanese returnees requires close monitoring to track the evolution of their food security and nutrition conditions and ensure that responses are tailored accordingly. Some returnee households are projected to experience high levels of acute food insecurity during the analysis periods. It is, therefore, critical to develop vulnerability profiles of these returnees to help humanitarian partners identify, target, and support them effectively.

RECOMMENDATIONS FOR ACTION

To address the underlying and structural drivers of acute food insecurity and acute malnutrition across the country, the following actions are recommended:

1. **Promote peaceful co-existence** to enable communities to engage in productive livelihoods and benefit from the dividends of peace. Sustained peace remains central to restoring normal economic and agricultural activity.
2. **Restore and sustain humanitarian access** to ensure needs assessment and delivery of multi-sectoral assistance.
3. **Scale up multi-sectoral humanitarian assistance,** including food, nutrition, health, WASH, and livelihoods.
    - **Food security:** In areas where populations are facing IPC AFI Phase 5 (Catastrophe) and in counties classified in IPC AFI Phase 4 (Emergency) acute food insecurity, it is strongly recommended that Humanitarian Food Assistance (HFA) be immediately scaled up to save lives and prevent the total collapse of livelihoods. Counties classified in IPC AFI Phase 3 (Crisis) but with significant proportions of populations in IPC AFI Phase 4 (Emergency) should also be prioritised to prevent further deterioration into more severe phases.
    - **Nutrition:** Similarly, life-saving treatment and prevention programs should remain a priority in all counties classified as IPC AMN Phase 3 (Serious) or worse, with particular focus on counties where acute malnutrition is classified as Critical (IPC AMN Phase 4) and Extremely Critical (IPC AMN Phase 5). Scale up Maternal, Infant, and Young Child Nutrition (MIYCN) interventions across all administrative levels.
4. **Scale up production and livelihood support,** including the provision of seeds, tools, and other agricultural inputs, to boost crop and livestock production, reduce dependence on food imports, and enhance self-sufficiency. Farmers should also be trained and supported to adopt climate-smart agricultural practices, including the use of flood- and drought-tolerant crop varieties, to adapt to increasing climate variability.
5. **Invest in WASH and health systems**, given the strong link between disease burden, malnutrition, and food utilisation. This includes emergency nutrition interventions (through in-kind, cash, or voucher modalities), particularly during the lean season, when waterborne disease incidence and acute malnutrition prevalence are highest.
6. **Strengthen flood early warning systems and disaster risk reduction mechanisms** to minimise losses associated with recurrent flooding. This includes improving the dissemination of early warning messages, especially through community radios, during periods of heightened risk.
7. **Invest in key infrastructure,** particularly feeder and trunk roads, to improve market access and stimulate local economies. For example, the construction of the Juba–Bor road has significantly improved the food security situation in Bor South County, which is now classified in IPC AFI Phase 2 (Stressed) acute food insecurity, demonstrating the positive impact of improved accessibility.
8. **Safeguard the health and productivity of both crops and livestock** through regular disease surveillance, vaccination, pest and vector control, and timely treatment campaigns, particularly in high-risk areas prone to outbreaks.

Situation monitoring and update

- **Establish and institutionalise a risk factor monitoring system to strengthen early detection** and response to emerging threats that exacerbate food insecurity. This system should track and analyse key aggravating factors such as market price fluctuations, climatic shocks (floods and dry spells), conflict and population displacement, crop and livestock pests and diseases, and public health outbreaks that affect food utilisation and access. The monitoring framework should be coordinated through existing national and state-level structures, including the Food Security and Livelihoods Cluster, and institutions like Ministry of Agriculture and Food Security, and National Bureau of Statistics.
- **Closely monitor counties with populations in IPC AFI Phase 5 (Catastrophe)**—notably Luakpiny/Nasir and Fangak — to prevent further deterioration. Robust nutrition surveillance systems should be established in counties currently classified as IPC AMN Phase 4 (Critical) and in those projected to deteriorate. In addition, close monitoring including follow-up SMART surveys should be initiated in counties classified as at risk (Akobo and Uror) and projected to reach IPC AMN Phase 5 (Extremely Critical): Akoka, Duk, Nasir, Rubkona and Ulang.
- Real-time data collection from field networks and community-based early warning systems, coupled with routine analysis and reporting to inform timely humanitarian and development responses. Establishing such a system will enhance the country's capacity for anticipatory action, support evidence-based decision-making.

Risk factors to monitor:

- Conflict and civil insecurity dynamics across the country during the dry season with a focus on Greater Upper Nile.
- Prevalence of disease outbreaks such as cholera, measles and malaria during the rainy season.
- Household food consumption patterns.
- Prevalence of acute malnutrition in areas that are projected in IPC AMN Phase 5 and advanced IPC AMN Phase 4.
- Access to clean water and sanitation.

PROCESS AND METHODOLOGY

The joint IPC AFI and AMN analysis was conducted using a hybrid approach (combination of in-person and virtual) from 22 September to 4 October 2025, with the participation of Government officials from both national and state levels, alongside experts from UN agencies, NGOs, and technical partners such as FEWS NET and REACH. The analysis was conducted by multi-agency and multi-sectoral team of over 135 experts in nutrition, health, food security, WASH, and statistics from South Sudan, with technical support from the IPC Regional and Global Support Unit (95 for AFI and 40 for AMN). Prior to the analysis, IPC AFI and AMN two-day refresher trainings were held for the participants. The AFI training also included a refresher orientation of the IPC Analysis Platform (AP). In addition to the AFI-AMN analyses, various tools were applied during this analysis, including conflict analysis, Population in Need of Humanitarian Action (PinHA) (Annex 1), and a gender analysis (Annex 2). In the AFI analysis, two counties did not have sufficient data and had to use data from similar nearby areas. This was the case for Wau (Western Bahr el Ghazal), which used data from Jur River, and Mvolo in Western Equatoria used data from Wulu. The overall confidence level of the analysis was assessed as Medium (**) in line with IPC global quality standards.

The joint AFI-AMN analysis was conducted in 80 counties in the 10 states and two administrative areas. Analysis groups were organised into state-level pools. During the analysis, state teams generated county-level population estimates for all projection periods and incorporated the effects of Humanitarian Food Security Assistance (HFSA) in the classification process. The analysis was vetted by the South Sudan IPC Technical Working Group (TWG) Vetting Committee. The committee comprised representatives from Government institutions, UN agencies, technical partners, and NGOs, with selected members of the IPC Steering Committee attending as observers. The vetting sessions were moderated by a national consultant, with technical support provided by experts from the IPC Global Support Unit (GSU) and the Regional Support Unit (RSU).

Sources: The primary source of data for the joint AFI-AMN analysis was the 31st round of the Food Security and Nutrition Monitoring System (FSNMS), conducted between July and September 2025. The AFI analysis also used additional information from FSL Cluster field assessments, market analyses and price projections, rainfall estimates and forecasts, population movement data, humanitarian assistance records, and Emergency Operational Plans. The AMN analysis also used county-level Standardized Monitoring and Assessment of Relief and Transitions (SMART) surveys, MUAC screenings and program admission trends.

LIMITATIONS OF THE ANALYSIS

Flooding, poor road infrastructure, and insecurity significantly affected data collection during the FSNMS Round 31, causing delays and extending the overall data collection period until late September 2025. Insecurity in Luakpiny/Nasir and Ulang counties of Upper Nile State severely constrained field access, leading to change of clusters and delays. These challenges not only prolonged the data collection but also limited the completeness and representativeness of data from these most affected counties.

For the projection analysis extending to July 2026, crop production data, which is a critical input for AFI classifications, was unavailable since the Crop and Food Security Assessment Mission (CFSAM) is scheduled to be conducted later in the year (December 2025). State analysis teams relied on historical crop production trends, the 2025 rainfall performance, and prevailing security and accessibility conditions to estimate expected production levels for the next year.

In the AMN analysis, at county level the clusters were not adequate for a minimum recommended 25 clusters. Several counties were grouped into domains (based on similar livelihood characteristics) and results from domain level analysis were used across the counties within the domain. This was also the case for most of the contributing factors that supported decisions on classification. Nasir county classification was based on special protocols that considered MUAC data collected in June 2025.

There was insufficient evidence, and a lack of representative data on the returnee populations in order to conduct a separate analysis on returnee populations.

A gender disaggregated food security analysis was conducted by OXFAM in coordination and collaboration with the IPC TWG. The attached summary in Annex 1 draws on quantitative and qualitative data collected in Pibor, Yambio and Wulu Counties in South Sudan, during an assessment conducted in July/August 2025, conducted as a pilot for gender-sensitive IPC Acute Food Insecurity (AFI) analysis. Given that Female House Holds (FHH) in Pibor and Yambio did not meet the minimum criteria of 90 households, these household groups were not classified. Given the sampling design and methodological approach, it was not possible to do a complete Household analysis group (HAG) analysis for both groups in Wulu, so the focus is on the more vulnerable group of FHH.

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.

IPC analysis partners

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.

ANNEX 1: POPULATION IN NEED OF HUMANITARIAN ACTION (PINHA) ANALYSIS

Standard IPC population estimates include the mitigating effects of humanitarian food assistance (HFA). Consequently, they do not provide the total number of people in need of assistance when there is large-scale HFA. To provide better evidence for decision-making, new IPC protocols have been developed to estimate the total population in need of humanitarian action (PiNHA). PiNHA analysis estimates the share of the population in IPC Phase 2 (Stressed) who receive/ will receive HFA and would likely be in IPC AFI Phase 3 (Crisis) or worse in the absence of HFA. Adding this to the population in IPC AFI Phase 3 (Crisis) or worse results in the PiNHA.

PiNHA protocols were applied in the South Sudan IPC analysis for areas where assistance is or is expected to be highly significant, i.e., at least 25 percent of households meeting at least 50 percent of their kilocalorie (kcal) needs through assistance. Twelve such counties were identified across all three analysis periods (current, projection 1 or projection 2). For the remaining counties, standard population estimates should be treated as PiNHA estimates.

As HFA in South Sudan focuses on communities facing IPC Phases 5 (Catastrophe) and 4 (Emergency), which would have to improve by two or more IPC phases to reach IPC Phase 2 (Stressed), PiNHA estimates are not substantially higher than the standard IPC estimate for population in IPC AFI Phase 3 (Crisis) or worse. Depending on the county and analysis period, the share of households to be added to IPC AFI Phase 3 (Crisis) or worse ranges from 0 to 15 percentage points, resulting in a difference between PiNHA and standard population estimate of 161,000 people for the current analysis period, 95,000 for projection 1, and 248,000 for projection 2. Detailed PiNHA results are displayed in the population tables below for the assessed counties.

			PINHA %			PINHA #		
State	County	Population	Current	1st Proj	2nd Proj	Current	1st Proj	2nd Proj
Jonglei	Canal Pigi	113,129	70	85	90	79,190	96,160	101,816
	Fangak	227,445	85	85	85	193,328	193,328	193,328
	Nyirol	151,386	55	60	80	83,262	90,832	121,109
	Pibor	242,329	85	65	80	205,980	157,514	193,863
	Uror	208,359	55	65	70	114,597	135,433	145,851
Unity	Leer	85,953	50	60	75	42,977	51,572	64,465
	Mayendit	76,247	45	55	75	34,311	41,936	57,185
	Panyijiar	128,173	65	60	80	83,312	76,904	102,538
	Rubkona	414,201	75	85	90	310,651	352,071	372,781
Upper Nile	Nasir	329,670	75	75	85	247,253	247,253	280,220
	Malakal	281,421	65	65	85	182,924	182,924	239,208
	Ulang	153,111	75	70	75	114,833	107,178	114,833

ANNEX 2: FINDINGS ON GENDER AND FOOD SECURITY DYNAMICS IN PIBOR, WULU, AND YAMBIO COUNTIES

This summary draws on quantitative and qualitative data collected in Pibor, Yambio and Wulu Counties in South Sudan, during an assessment conducted in July/August 2025, conducted as a pilot for gender-sensitive IPC Acute Food Insecurity (AFI) analysis.

• **Pibor:** 217 households were interviewed, of which 132 were Male Headed Households (MHH) and 85* were Female Headed Households (FHH).

• **Yambio:** 144 households interviewed, including 102 MHH and 42* FHH.

• **Wulu:** 210 households were interviewed, of which 91** FHH and 119 MHH.

Notes: *Given that FHH in Pibor and Yambio did not meet the minimum criteria of 90 households, these household groups were not classified. **Given the sampling design and methodological approach, it was not possible to do a complete Household analysis group (HAG) analysis for both groups in Wulu, so the focus is on the more vulnerable group of FHH.

In **Pibor**, food insecurity is driven by cyclical violence, including cattle raiding, displacement, and climatic shocks (such as flooding and erratic rainfall), and gender inequality. Nearly half of households rely on humanitarian aid. Female-headed households (FHH) face greater challenges than male-headed households (MHH) in terms of asset ownership and livelihoods; where 83 percent of MHH reported livestock ownership, but only around half of FHH had access, and on the whole, FHH reported fewer employment opportunities (and thus lower purchasing power) due to gender-based discrimination and higher exposure to gender-based violence (GBV). Women's time is dominated by unpaid care work, limiting their ability to earn income. Decision-making power also seemed to be highly gendered, with men tending to control finances.

On the whole, FHH seemed to have a higher prevalence of poor food consumption and lower dietary diversity than MHH. This was also evident at the induvial level, where 80 percent of women reported poor FCS compared to 54 percent of men. Women also lacked access to wild foods that MHH had access to due to fears of GBV. However, it seems that both FHH and MHH applied severe food based coping strategies at similar rates. Interestingly, MHH seemed to be applying more severe livelihood coping strategies such as engaging in degrading or risky work. Qualitative evidence revealed conflicting narratives: with women suggesting that women and older girls would suffer when food was scarce; whereas, men claimed they limited their own meals so that women and girls could have priority. Poor water and sanitation (WASH) conditions—such as reliance on surface water and widespread open defecation—contribute to chronic illness and utilisation issues for both male and female-headed HH. In conclusion, MHH were classified as Phase 4, and FHH had a similar, but more severe level of food insecurity but could not be classified due to the small sample size.

In **Yambio**, food insecurity is shaped by economic instability and insecurity, and unpredictable rainfall, and crop and livestock pests and disease. Both MHH and FHH reported access to land and similar levels of livestock ownership. High input costs and price fluctuations reduce purchasing power and complicate agricultural production, while insecurity disrupts farming and market access. Gender inequalities persist, with women reporting limited access to cash crop cultivation and land extension, and fewer formal employment opportunities. Despite these challenges, FHH appear comparatively better off than MHH in terms of food consumption and dietary diversity, a trend opposite to other counties (e.g. Pibor).

Survey data indicated that 76 percent of MHH reported poor food consumption, and only five percent reported acceptable levels. Individual-level analysis revealed similarly that men (66 percent) reported higher levels of poor food consumption than women (49 percent), possibly due to prioritizing others during scarcity. MHH also rely more heavily on severe coping strategies, including reducing adult food intake and engaging in crisis-level livelihood responses. Decision-making remains male-dominated, though both genders seemed to report some level of financial control. Overall, results seemed to suggest that MHH in Yambio may be more vulnerable, leading to a classification of Phase 3 for MHH, and noting that women seem to be better off, but were unable to be classified due to the smaller sample size.

Wulu County is an agro-pastoral zone, which faces food insecurity driven by economic instability, climate challenges, and cattle-related conflicts, which continue to disrupt livelihoods. Households rely on rain-fed agriculture, livestock, and forest products, but rainfall deficits and crop pests have further reduced yields. High market prices and currency fluctuations have eroded purchasing power, limiting access to essential goods and food. FHH are economically disadvantaged due to less land and fewer cattle owned than MHH, which restricts their ability to produce sufficient food or income.

Food consumption and dietary diversity is generally poor in Wulu, however, FHH seem seemed to have more severe dietary diversity challenges with 79 percent consuming only 0–2 food groups, compared to 56 percent of MHH. Both household types restrict adult food intake, though women typically receive smaller portions, making further reductions difficult. FHH also reported greater reliance on more severe emergency coping strategies, including twice the rate of begging of MHH (20 vs 40 percent) and child labour, though they reported lower use of early marriage than MHH, possibly due to the link between early marriage and cattle dowry payments. Qualitative data confirmed that women receive the smallest portions of food, followed by children, and with men receiving the largest shares of food. Although many women reported having money to spend, men were typically responsible for household finances and decision-making. In conclusion, FHH in Wulu were classified as Phase 3 overall; it was not possible to classify MHH given the survey design.

ANNEX 3: POPULATION TABLE FOR ACUTE FOOD INSECURITY CURRENT SITUATION AT COUNTY LEVEL (SEPTEMBER - NOVEMBER 2025)

State	County	Population analised	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	97,662	15	227,878	35	292,986	45	32,554	5	-	-	3	325,540	50
	Kajo-keji	247,876	49,575	20	86,757	35	99,150	40	12,394	5	-	-	3	111,544	45
	Lainya	121,047	24,209	20	42,366	35	48,419	40	6,052	5	-	-	3	54,471	45
	Morobo	123,332	24,666	20	43,166	35	49,333	40	6,167	5	-	-	3	55,499	45
	Terekeka	274,704	68,676	25	82,411	30	109,882	40	13,735	5	-	-	3	123,617	45
	Yei	322,475	64,495	20	177,361	55	80,619	25	-	-	-	-	3	80,619	25
	Central Equatoria Total	1,740,513	329,284	19	659,939	38	680,388	39	70,902	4	-	-		751,290	43
Eastern Equatoria	Budi	112,688	33,806	30	39,441	35	33,806	30	5,634	5	-	-	3	39,441	35
	Ikotos	113,622	51,130	45	45,449	40	11,362	10	5,681	5	-	-	2	17,043	15
	Kapoeta East	183,613	45,903	25	64,265	35	64,265	35	9,181	5	-	-	3	73,445	40
	Kapoeta North	167,037	41,759	25	58,463	35	58,463	35	8,352	5	-	-	3	66,815	40
	Kapoeta South	117,777	41,222	35	41,222	35	29,444	25	5,889	5	-	-	3	35,333	30
	Lafon	167,125	41,781	25	50,138	30	58,494	35	16,713	10	-	-	3	75,206	45
	Magwi	282,656	127,195	45	113,062	40	28,266	10	14,133	5	-	-	2	42,398	15
	Torit	73,850	22,155	30	29,540	40	18,463	25	3,693	5	-	-	3	22,155	30
	Eastern Equatoria Total	1,218,368	404,952	33	441,579	36	302,562	25	69,275	6	-	-		371,837	31
Jonglei	Akobo	244,749	36,712	15	73,425	30	97,900	40	36,712	15	-	-	3	134,612	55
	Ayod	207,210	51,803	25	62,163	30	72,524	35	20,721	10	-	-	3	93,245	45
	Bor South	363,622	163,630	45	145,449	40	54,543	15	-	-	-	-	2	54,543	15
	Canal/Pigi	113,129	5,656	5	28,282	25	50,908	45	28,282	25	-	-	4	79,190	70
	Duk	211,856	63,557	30	63,557	30	74,150	35	10,593	5	-	-	3	84,742	40
	Fangak	227,445	11,372	5	34,117	15	79,606	35	90,978	40	11,372	5	4	181,956	80
	Nyirol	151,386	15,139	10	52,985	35	60,554	40	22,708	15	-	-	3	83,262	55
	Pibor	242,329	24,233	10	48,466	20	84,815	35	84,815	35	-	-	4	169,630	70
	Pochalla	84,745	16,949	20	25,424	30	29,661	35	12,712	15	-	-	3	42,373	50
	Twic East	132,529	26,506	20	39,759	30	39,759	30	26,506	20	-	-	4	66,265	50
	Uror	208,359	31,254	15	62,508	30	83,344	40	31,254	15	-	-	3	114,597	55
	Jonglei Total	2,187,359	446,810	20	636,133	29	727,762	33	365,281	17	11,372	1		1,104,416	50
Lakes	Awerial	148,492	37,123	25	51,972	35	51,972	35	7,425	5	-	-	3	59,397	40
	Cueibet	194,933	68,227	35	97,467	50	29,240	15	-	-	-	-	2	29,240	15
	Rumbek Centre	229,448	34,417	15	80,307	35	91,779	40	22,945	10	-	-	3	114,724	50
	Rumbek East	185,651	37,130	20	64,978	35	74,260	40	9,283	5	-	-	3	83,543	45
	Rumbek North	77,350	19,338	25	27,073	35	23,205	30	7,735	10	-	-	3	30,940	40
	Wulu	94,695	42,613	45	37,878	40	14,204	15	-	-	-	-	2	14,204	15
	Yirol East	170,834	34,167	20	51,250	30	68,334	40	17,083	10	-	-	3	85,417	50
	Yirol West	185,519	55,656	30	64,932	35	64,932	35	-	-	-	-	3	64,932	35
	Lakes Total	1,286,922	328,670	26	475,856	37	417,926	32	64,470	5	-	-		482,397	37
NBeG	Aweil Centre	94,808	18,962	20	33,183	35	33,183	35	9,481	10	-	-	3	42,664	45
	Aweil East	418,494	62,774	15	146,473	35	146,473	35	62,774	15	-	-	3	209,247	50
	Aweil North	205,981	41,196	20	61,794	30	72,093	35	30,897	15	-	-	3	102,991	50
	Aweil South	155,576	23,336	15	46,673	30	62,230	40	23,336	15	-	-		85,567	55
	Aweil West	228,970	34,346	15	91,588	40	80,140	35	22,897	10	-	-	3	103,037	45
	NBeG Total	1,103,829	180,614	15	379,711	34	394,119	36	149,385	14	-	-		543,504	49

State	County	Population analised	Phase 1		Phase 2		Phase 3		Phase 4		Phase 5		Area Phase	Phase 3+	
			#people	%	#people	%	#people	%	#people	%	#people	%		#people.	%
Unity	Abiemnhom	61,203	15,301	25	21,421	35	21,421	35	3,060	5	-	-	3	24,481	40
	Guit	76,195	7,620	10	22,859	30	38,098	50	7,620	10	-	-	3	45,717	60
	Koch	107,144	10,714	10	32,143	30	53,572	50	10,714	10	-	-	3	64,286	60
	Leer	85,953	17,191	20	25,786	30	34,381	40	8,595	10	-	-	3	42,977	50
	Mayendit	76,247	19,062	25	22,874	30	26,686	35	7,625	10	-	-	3	34,311	45
	Mayom	175,695	26,354	15	61,493	35	70,278	40	17,570	10	-	-	3	87,848	50
	Panyijiar	128,173	25,635	20	38,452	30	51,269	40	12,817	10	-	-	3	64,087	50
	Pariang	141,940	35,485	25	49,679	35	49,679	35	7,097	5	-	-	3	56,776	40
	Rubkona	414,201	41,420	10	124,260	30	186,390	45	62,130	15	-	-	3	248,521	60
	Unity Total	1,266,751	198,781	16	398,967	31	531,775	42	137,228	11	-	-		669,003	53
Upper Nile	Akoka	25,177	5,035	20	5,035	20	11,330	45	3,777	15	-	-	3	15,106	60
	Baliet	36,424	7,285	20	9,106	25	14,570	40	5,464	15	-	-	3	20,033	55
	Fashoda	103,905	25,976	25	36,367	35	36,367	35	5,195	5	-	-	3	41,562	40
	Longochuk	79,902	7,990	10	19,976	25	35,956	45	15,980	20	-	-	4	51,936	65
	Luakpiny/Nasir	329,670	32,967	10	65,934	20	131,868	40	82,418	25	16,484	5	4	230,769	70
	Maban	107,258	21,452	20	32,177	30	42,903	40	10,726	10	-	-	3	53,629	50
	Maiwut	143,201	35,800	25	57,280	40	50,120	35	-	-	-	-	3	50,120	35
	Malakal	281,421	28,142	10	70,355	25	126,639	45	56,284	20	-	-	4	182,924	65
	Manyo	117,324	23,465	20	29,331	25	52,796	45	11,732	10	-	-	3	64,528	55
	Melut	145,727	36,432	25	36,432	25	58,291	40	14,573	10	-	-	3	72,864	50
	Panyikang	73,658	11,049	15	18,415	25	29,463	40	14,732	20	-	-	4	44,195	60
	Renk	627,930	125,586	20	156,983	25	282,569	45	62,793	10	-	-	3	345,362	55
	Ulang	153,111	22,967	15	30,622	20	61,244	40	38,278	25	-	-	4	99,522	65
	Upper Nile Total	2,224,708	384,146	17	568,013	26	934,116	42	321,951	14	16,484	1		1,272,550	57
Warrap	Gogrial East	140,289	42,087	30	56,116	40	35,072	25	7,014	5	-	-	3	42,087	30
	Gogrial West	352,231	105,669	30	140,892	40	88,058	25	17,612	5	-	-	3	105,669	30
	Tonj East	196,740	39,348	20	68,859	35	68,859	35	19,674	10	-	-	3	88,533	45
	Tonj North	280,443	84,133	30	98,155	35	84,133	30	14,022	5	-	-	3	98,155	35
	Tonj South	128,038	38,411	30	57,617	45	25,608	20	6,402	5	-	-	3	32,010	25
	Twic	304,133	76,033	25	121,653	40	76,033	25	30,413	10	-	-	3	106,447	35
	Warrap Total	1,401,874	385,682	28	543,292	39	377,763	27	95,137	7	-	-		472,900	34
Western Bahr el Ghazal	Jur River	301,556	90,467	30	165,856	55	45,233	15	-	-	-	-	2	45,233	15
	Raja	84,724	21,181	25	33,890	40	29,653	35	-	-	-	-	3	29,653	35
	Wau	360,254	108,076	30	198,140	55	54,038	15	-	-	-	-	2	54,038	15
	Western Bahr el Ghazal Total	746,534	219,724	29	397,885	53	128,925	17	-	-	-	-		128,925	17
Western Equatoria	Ezo	141,097	84,658	60	42,329	30	14,110	10	-	-	-	-	2	14,110	10
	Ibba	70,600	28,240	40	35,300	50	7,060	10	-	-	-	-	2	7,060	10
	Maridi	117,256	46,902	40	52,765	45	17,588	15	-	-	-	-	2	17,588	15
	Mundri East	106,382	37,234	35	47,872	45	15,957	15	5,319	5	-	-	3	21,276	20
	Mundri West	52,794	18,478	35	23,757	45	7,919	15	2,640	5	-	-	3	10,559	20
	Mvolo	79,941	19,985	25	31,976	40	23,982	30	3,997	5	-	-	3	27,979	35
	Nagero	63,411	15,853	25	22,194	35	22,194	35	3,171	5	-	-	3	25,364	40
	Nzara	88,870	57,766	65	26,661	30	4,444	5	-	-	-	-	2	4,444	5
	Tambura	126,606	31,652	25	56,973	45	31,652	25	6,330	5	-	-	3	37,982	30
	Yambio	179,216	98,569	55	71,686	40	8,961	5	-	-	-	-	2	8,961	5
	Western Equatoria Total	1,026,173	439,336	43	411,514	40	153,866	15	21,457	2	-	-		175,323	17
Grand Total		14,203,031	3,317,998	23	4,912,889	35	4,649,202	33	1,295,086	9	27,856	0		5,972,144	42
	Abyei	160,330	16,033	10	56,116	35	56,116	35	32,066	20	-	-	4	88,182	55
		14,363,361	3,334,031	23	4,969,005	35	4,705,318	33	1,327,152	9	27,856	0		6,060,326	42

ANNEX 4: POPULATION TABLE FOR THE FIRST PROJECTED ACUTE FOOD SITUATION AT COUNTY LEVEL (DECEMBER 2025 - MARCH 2026)

State	County	Population analised	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	130,216	20	227,878	35	260,432	40	32,554	5	-	-	3	292,986	45
	Kajo-keji	247,876	61,969	25	99,150	40	86,757	35	-	-	-	-	3	86,757	35
	Lainya	121,047	30,262	25	48,419	40	42,366	35	-	-	-	-	3	42,366	35
	Morobo	123,332	30,833	25	43,166	35	43,166	35	6,167	5	-	-	3	49,333	40
	Terekeka	274,704	68,676	25	109,882	40	96,146	35	-	-	-	-	3	96,146	35
	Yei	322,475	96,743	30	177,361	55	48,371	15	-	-	-	-	2	48,371	15
	Central Equatoria Total	1,740,513	418,698	24	705,856	41	577,239	33	38,721	2	-	-		615,959	35
Eastern Equatoria	Budi	112,688	22,538	20	45,075	40	39,441	35	5,634	5	-	-	3	45,075	40
	Ikotos	113,622	56,811	50	39,768	35	11,362	10	5,681	5	-	-	2	17,043	15
	Kapoeta East	183,613	36,723	20	45,903	25	64,265	35	36,723	20	-	-	4	100,987	55
	Kapoeta North	167,037	33,407	20	41,759	25	58,463	35	33,407	20	-	-	4	91,870	55
	Kapoeta South	117,777	29,444	25	41,222	35	35,333	30	11,778	10	-	-	3	47,111	40
	Lafon	167,125	41,781	25	58,494	35	50,138	30	16,713	10	-	-	3	66,850	40
	Magwi	282,656	141,328	50	98,930	35	28,266	10	14,133	5	-	-	2	42,398	15
	Torit	73,850	22,155	30	29,540	40	18,463	25	3,693	5	-	-	3	22,155	30
	Eastern Equatoria Total	1,218,368	384,187	32	400,691	33	305,729	25	127,761	10	-	-		433,490	36
Jonglei	Akobo	244,749	36,712	15	85,662	35	85,662	35	36,712	15	-	-	3	122,375	50
	Ayod	207,210	41,442	20	51,803	25	72,524	35	41,442	20	-	-	4	113,966	55
	Bor South	363,622	181,811	50	145,449	40	36,362	10	-	-	-	-	2	36,362	10
	Canal/Pigi	113,129	5,656	5	22,626	20	50,908	45	33,939	30	-	-	4	84,847	75
	Duk	211,856	74,150	35	63,557	30	63,557	30	10,593	5	-	-	3	74,150	35
	Fangak	227,445	11,372	5	34,117	15	68,234	30	102,350	45	11,372	5	4	181,956	80
	Nyirol	151,386	15,139	10	45,416	30	60,554	40	30,277	20	-	-	4	90,832	60
	Pibor	242,329	36,349	15	48,466	20	84,815	35	72,699	30	-	-	4	157,514	65
	Pochalla	84,745	21,186	25	29,661	35	29,661	35	4,237	5	-	-	3	33,898	40
	Twic East	132,529	33,132	25	39,759	30	39,759	30	19,879	15	-	-	3	59,638	45
	Uror	208,359	20,836	10	62,508	30	72,926	35	52,090	25	-	-	4	125,015	60
	Jonglei Total	2,187,359	477,786	22	629,022	29	664,961	30	404,218	18	11,372	1		1,080,551	49
Lakes	Awerial	148,492	29,698	20	51,972	35	51,972	35	14,849	10	-	-	3	66,821	45
	Cueibet	194,933	48,733	25	87,720	45	48,733	25	9,747	5	-	-	3	58,480	30
	Rumbek Centre	229,448	45,890	20	91,779	40	80,307	35	11,472	5	-	-	3	91,779	40
	Rumbek East	185,651	46,413	25	74,260	40	64,978	35	-	-	-	-	3	64,978	35
	Rumbek North	77,350	11,603	15	30,940	40	27,073	35	7,735	10	-	-	3	34,808	45
	Wulu	94,695	47,348	50	37,878	40	9,470	10	-	-	-	-	2	9,470	10
	Yirol East	170,834	34,167	20	51,250	30	68,334	40	17,083	10	-	-	3	85,417	50
	Yirol West	185,519	46,380	25	64,932	35	64,932	35	9,276	5	-	-	3	74,208	40
	Lakes Total	1,286,922	310,231	24	490,732	38	415,797	32	70,163	5	-	-		485,960	38
NBeG	Aweil Centre	94,808	23,702	25	42,664	45	23,702	25	4,740	5	-	-	3	28,442	30
	Aweil East	418,494	83,699	20	146,473	35	125,548	30	62,774	15	-	-	3	188,322	45
	Aweil North	205,981	41,196	20	72,093	35	72,093	35	20,598	10	-	-	3	92,691	45
	Aweil South	155,576	31,115	20	54,452	35	46,673	30	23,336	15	-	-	3	70,009	45
	Aweil West	228,970	45,794	20	91,588	40	80,140	35	11,449	5	-	-	3	91,588	40
	NBeG Total	1,103,829	225,506	20	407,269	37	348,156	32	122,898	11	-	-		471,053	43

State	County	Population analised	Phase 1		Phase 2		Phase 3		Phase 4		Phase 5		Area Phase	Phase 3+	
			#people	%	#people	%	#people	%	#people	%	#people	%		#people.	%
Unity	Abiemnhom	61,203	18,361	30	24,481	40	15,301	25	3,060	5	-	-	3	18,361	30
	Guit	76,195	11,429	15	26,668	35	34,288	45	3,810	5	-	-	3	38,098	50
	Koch	107,144	10,714	10	26,786	25	58,929	55	10,714	10	-	-	3	69,644	65
	Leer	85,953	12,893	15	21,488	25	38,679	45	12,893	15	-	-	3	51,572	60
	Mayendit	76,247	11,437	15	22,874	30	30,499	40	11,437	15	-	-	3	41,936	55
	Mayom	175,695	35,139	20	70,278	40	61,493	35	8,785	5	-	-	3	70,278	40
	Panyijiar	128,173	19,226	15	32,043	25	57,678	45	19,226	15	-	-	3	76,904	60
	Pariang	141,940	42,582	30	49,679	35	42,582	30	7,097	5	-	-	3	49,679	35
	Rubkona	414,201	20,710	5	103,550	25	186,390	45	103,550	25	-	-	4	289,941	70
	Unity Total	1,266,751	182,492	14	377,848	30	525,839	42	180,572	14	-	-		706,411	56
Upper Nile	Akoka	25,177	6,294	25	6,294	25	10,071	40	2,518	10	-	-	3	12,589	50
	Baliet	36,424	9,106	25	9,106	25	14,570	40	3,642	10	-	-	3	18,212	50
	Fashoda	103,905	20,781	20	31,172	30	41,562	40	10,391	10	-	-	3	51,953	50
	Longochuk	79,902	3,995	5	19,976	25	35,956	45	19,976	25	-	-	4	55,931	70
	Luakpiny/Nasir	329,670	16,484	5	65,934	20	131,868	40	98,901	30	16,484	5	4	247,253	75
	Maban	107,258	21,452	20	32,177	30	37,540	35	16,089	15	-	-	3	53,629	50
	Maiwut	143,201	42,960	30	57,280	40	42,960	30	-	-	-	-	3	42,960	30
	Malakal	281,421	42,213	15	56,284	20	112,568	40	70,355	25	-	-	4	182,924	65
	Manyo	117,324	29,331	25	29,331	25	52,796	45	5,866	5	-	-	3	58,662	50
	Melut	145,727	43,718	30	36,432	25	58,291	40	7,286	5	-	-	3	65,577	45
	Panyikang	73,658	7,366	10	18,415	25	29,463	40	18,415	25	-	-	4	47,878	65
	Renk	627,930	156,983	25	156,983	25	282,569	45	31,397	5	-	-	3	313,965	50
	Ulang	153,111	15,311	10	30,622	20	61,244	40	45,933	30	-	-	4	107,178	70
	Upper Nile Total	2,224,708	415,993	19	550,005	25	911,458	41	330,768	15	16,484	1		1,258,709	57
Warrap	Gogrial East	140,289	35,072	25	49,101	35	42,087	30	14,029	10	-	-	3	56,116	40
	Gogrial West	352,231	88,058	25	140,892	40	88,058	25	35,223	10	-	-	3	123,281	35
	Tonj East	196,740	29,511	15	59,022	30	78,696	40	29,511	15	-	-	3	108,207	55
	Tonj North	280,443	70,111	25	98,155	35	84,133	30	28,044	10	-	-	3	112,177	40
	Tonj South	128,038	32,010	25	44,813	35	38,411	30	12,804	10	-	-	3	51,215	40
	Twic	304,133	60,827	20	106,447	35	91,240	30	45,620	15	-	-	3	136,860	45
	Warrap Total	1,401,874	315,588	23	498,430	36	422,625	30	165,231	12	-	-		587,856	42
Western Bahr el Ghazal	Jur River	301,556	105,545	35	165,856	55	30,156	10	-	-	-	-	2	30,156	10
	Raja	84,724	25,417	30	38,126	45	21,181	25	-	-	-	-	3	21,181	25
	Wau	360,254	126,089	35	180,127	50	54,038	15	-	-	-	-	2	54,038	15
	Western Bahr el Ghazal Total	746,534	257,051	34	384,109	51	105,375	14	-	-	-	-		105,375	14
Western Equatoria	Ezo	141,097	91,713	65	42,329	30	7,055	5	-	-	-	-	2	7,055	5
	Ibba	70,600	31,770	45	35,300	50	3,530	5	-	-	-	-	2	3,530	5
	Maridi	117,256	52,765	45	58,628	50	5,863	5	-	-	-	-	2	5,863	5
	Mundri East	106,382	42,553	40	47,872	45	15,957	15	-	-	-	-	3	15,957	15
	Mundri West	52,794	18,478	35	26,397	50	7,919	15	-	-	-	-	3	7,919	15
	Mvolo	79,941	19,985	25	35,973	45	19,985	25	3,997	5	-	-	3	23,982	30
	Nagero	63,411	19,023	30	25,364	40	15,853	25	3,171	5	-	-	3	19,023	30
	Nzara	88,870	66,653	75	22,218	25	-	-	-	-	-	-	2	-	-
	Tambura	126,606	50,642	40	56,973	45	18,991	15	-	-	-	-	3	18,991	15
	Yambio	179,216	107,530	60	62,726	35	8,961	5	-	-	-	-	2	8,961	5
	Western Equatoria Total	1,026,173	501,112	49	413,780	40	104,114	10	7,168	1	-	-		111,281	11
Grand Total		14,203,031	3,488,643	25	4,857,741	34	4,381,292	31	1,447,499	10	27,856	0		5,856,646	41
	Abyei	160,330	24,050	15	64,132	40	56,116	35	16,033	10	-	-	3	72,149	45
		14,363,361	3,512,693	24	4,921,873	34	4,437,407	31	1,463,532	10	27,856	0		5,928,795	41

ANNEX 5: POPULATION TABLE FOR THE SECOND PROJECTED ACUTE FOOD SITUATION AT COUNTY LEVEL (APRIL - JULY 2026)

State	County	Population analised	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	-	-	3	390,647	60
	Kajo-keji	247,876	37,181	15	74,363	30	123,938	50	12,394	5	-	-	3	136,332	55
	Lainya	121,047	18,157	15	42,366	35	54,471	45	6,052	5	-	-	3	60,524	50
	Morobo	123,332	18,500	15	37,000	30	55,499	45	12,333	10	-	-	3	67,833	55
	Terekeka	274,704	54,941	20	82,411	30	123,617	45	13,735	5	-	-	3	137,352	50
	Yei	322,475	64,495	20	128,990	40	112,866	35	16,124	5	-	-	3	128,990	40
	Central Equatoria Total	1,740,513	258,382	15	560,454	32	795,931	46	125,746	7	-	-		921,677	53
Eastern Equatoria	Budi	112,688	16,903	15	39,441	35	45,075	40	11,269	10	-	-	3	56,344	50
	Ikotos	113,622	39,768	35	34,087	30	28,406	25	11,362	10	-	-	3	39,768	35
	Kapoeta East	183,613	36,723	20	45,903	25	64,265	35	36,723	20	-	-	4	100,987	55
	Kapoeta North	167,037	33,407	20	41,759	25	58,463	35	33,407	20	-	-	4	91,870	55
	Kapoeta South	117,777	35,333	30	41,222	35	35,333	30	5,889	5	-	-	3	41,222	35
	Lafon	167,125	33,425	20	41,781	25	58,494	35	33,425	20	-	-	4	91,919	55
	Magwi	282,656	113,062	40	113,062	40	42,398	15	14,133	5	-	-	3	56,531	20
	Torit	73,850	18,463	25	22,155	30	25,848	35	7,385	10	-	-	3	33,233	45
	Eastern Equatoria Total	1,218,368	327,084	27	379,411	31	358,281	29	153,593	13	-	-		511,874	42
Jonglei	Akobo	244,749	24,475	10	48,950	20	110,137	45	61,187	25	-	-	4	171,324	70
	Ayod	207,210	31,082	15	51,803	25	72,524	35	51,803	25	-	-	4	124,326	60
	Bor South	363,622	145,449	40	145,449	40	54,543	15	18,181	5	-	-	3	72,724	20
	Canal/Pigi	113,129	5,656	5	16,969	15	50,908	45	39,595	35	-	-	4	90,503	80
	Duk	211,856	31,778	15	52,964	25	74,150	35	52,964	25	-	-	4	127,114	60
	Fangak	227,445	11,372	5	34,117	15	79,606	35	90,978	40	11,372	5	4	181,956	80
	Nyirol	151,386	15,139	10	37,847	25	52,985	35	45,416	30	-	-	4	98,401	65
	Pibor	242,329	36,349	15	48,466	20	72,699	30	84,815	35	-	-	4	157,514	65
	Pochalla	84,745	12,712	15	25,424	30	33,898	40	12,712	15	-	-	3	46,610	55
	Twic East	132,529	19,879	15	33,132	25	46,385	35	33,132	25	-	-	4	79,517	60
	Uror	208,359	10,418	5	62,508	30	72,926	35	62,508	30	-	-	4	135,433	65
	Jonglei Total	2,187,359	344,309	16	557,627	25	720,760	33	553,291	25	11,372	1		1,285,423	59
Lakes	Awerial	148,492	22,274	15	44,548	30	51,972	35	29,698	20	-	-	4	81,671	55
	Cueibet	194,933	38,987	20	77,973	40	58,480	30	19,493	10	-	-	3	77,973	40
	Rumbek Centre	229,448	22,945	10	80,307	35	91,779	40	34,417	15	-	-	3	126,196	55
	Rumbek East	185,651	27,848	15	46,413	25	83,543	45	27,848	15	-	-	3	111,391	60
	Rumbek North	77,350	11,603	15	19,338	25	30,940	40	15,470	20	-	-	4	46,410	60
	Wulu	94,695	33,143	35	42,613	45	18,939	20	-	-	-	-	3	18,939	20
	Yirol East	170,834	25,625	15	42,709	25	68,334	40	34,167	20	-	-	4	102,500	60
	Yirol West	185,519	27,828	15	64,932	35	74,208	40	18,552	10	-	-	3	92,760	50
	Lakes Total	1,286,922	210,252	16	418,831	33	478,194	37	179,645	14	-	-		657,840	51
NBeG	Aweil Centre	94,808	14,221	15	33,183	35	37,923	40	9,481	10	-	-	3	47,404	50
	Aweil East	418,494	41,849	10	104,624	25	167,398	40	104,624	25	-	-	4	272,021	65
	Aweil North	205,981	20,598	10	61,794	30	82,392	40	41,196	20	-	-	4	123,589	60
	Aweil South	155,576	15,558	10	46,673	30	62,230	40	31,115	20	-	-	4	93,346	60
	Aweil West	228,970	22,897	10	80,140	35	91,588	40	34,346	15	-	-	3	125,934	55
	NBeG Total	1,103,829	115,123	10	326,413	30	441,532	40	220,761	20	-	-		662,293	60

State	County	Population analised	Phase 1		Phase 2		Phase 3		Phase 4		Phase 5		Area Phase	Phase 3+	
			#people	%	#people	%	#people	%	#people	%	#people	%		#people.	%
Unity	Abiemnhom	61,203	9,180	15	21,421	35	24,481	40	6,120	10	-	-	3	30,602	50
	Guit	76,195	3,810	5	19,049	25	38,098	50	15,239	20	-	-	4	53,337	70
	Koch	107,144	5,357	5	26,786	25	64,286	60	10,714	10	-	-	3	75,001	70
	Leer	85,953	8,595	10	21,488	25	38,679	45	17,191	20	-	-	4	55,869	65
	Mayendit	76,247	7,625	10	19,062	25	34,311	45	15,249	20	-	-	4	49,561	65
	Mayom	175,695	26,354	15	52,709	30	70,278	40	26,354	15	-	-	3	96,632	55
	Panyijiar	128,173	12,817	10	32,043	25	57,678	45	25,635	20	-	-	4	83,312	65
	Pariang	141,940	28,388	20	42,582	30	56,776	40	14,194	10	-	-	3	70,970	50
	Rubkona	414,201	20,710	5	82,840	20	207,101	50	103,550	25	-	-	4	310,651	75
	Unity Total	1,266,751	122,837	10	317,980	25	591,687	47	234,247	18	-	-		825,934	65
Upper Nile	Akoka	25,177	3,777	15	5,035	20	11,330	45	5,035	20	-	-	4	16,365	65
	Baliet	36,424	5,464	15	7,285	20	16,391	45	7,285	20	-	-	4	23,676	65
	Fashoda	103,905	15,586	15	25,976	25	41,562	40	20,781	20	-	-	4	62,343	60
	Longochuk	79,902	3,995	5	15,980	20	35,956	45	23,971	30	-	-	4	59,927	75
	Luakpiny/Nasir	329,670	16,484	5	49,451	15	131,868	40	115,385	35	16,484	5	4	263,736	80
	Maban	107,258	16,089	15	32,177	30	37,540	35	21,452	20	-	-	4	58,992	55
	Maiwut	143,201	28,640	20	42,960	30	57,280	40	14,320	10	-	-	3	71,601	50
	Malakal	281,421	42,213	15	42,213	15	126,639	45	70,355	25	-	-	4	196,995	70
	Manyo	117,324	17,599	15	29,331	25	52,796	45	17,599	15	-	-	3	70,394	60
	Melut	145,727	29,145	20	36,432	25	58,291	40	21,859	15	-	-	3	80,150	55
	Panyikang	73,658	7,366	10	14,732	20	29,463	40	22,097	30	-	-	4	51,561	70
	Renk	627,930	94,190	15	156,983	25	282,569	45	94,190	15	-	-	3	376,758	60
	Ulang	153,111	7,656	5	30,622	20	61,244	40	53,589	35	-	-	4	114,833	75
	Upper Nile Total	2,224,708	288,201	13	489,177	22	942,929	42	487,917	22	16,484	1		1,447,329	65
Warrap	Gogrial East	140,289	28,058	20	42,087	30	49,101	35	21,043	15	-	-	3	70,145	50
	Gogrial West	352,231	70,446	20	123,281	35	105,669	30	52,835	15	-	-	3	158,504	45
	Tonj East	196,740	19,674	10	59,022	30	78,696	40	39,348	20	-	-	4	118,044	60
	Tonj North	280,443	56,089	20	84,133	30	84,133	30	56,089	20	-	-	4	140,222	50
	Tonj South	128,038	25,608	20	44,813	35	38,411	30	19,206	15	-	-	3	57,617	45
	Twic	304,133	45,620	15	91,240	30	106,447	35	60,827	20	-	-	4	167,273	55
	Warrap Total	1,401,874	245,494	18	444,576	32	462,457	33	249,347	18	-	-		711,804	51
Western Bahr el Ghazal	Jur River	301,556	60,311	20	165,856	55	60,311	20	15,078	5	-	-	3	75,389	25
	Raja	84,724	16,945	20	29,653	35	33,890	40	4,236	5	-	-	3	38,126	45
	Wau	360,254	72,051	20	144,102	40	126,089	35	18,013	5	-	-	3	144,102	40
	Western Bahr el Ghazal Total	746,534	149,307	20	339,611	45	220,290	30	37,327	5	-	-		257,616	35
Western Equatoria	Ezo	141,097	70,549	50	49,384	35	14,110	10	7,055	5	-	-	2	21,165	15
	Ibba	70,600	24,710	35	31,770	45	10,590	15	3,530	5	-	-	3	14,120	20
	Maridi	117,256	35,177	30	58,628	50	23,451	20	-	-	-	-	3	23,451	20
	Mundri East	106,382	26,596	25	42,553	40	26,596	25	10,638	10	-	-	3	37,234	35
	Mundri West	52,794	13,199	25	23,757	45	13,199	25	2,640	5	-	-	3	15,838	30
	Mvolo	79,941	15,988	20	27,979	35	27,979	35	7,994	10	-	-	3	35,973	45
	Nagero	63,411	12,682	20	19,023	30	25,364	40	6,341	10	-	-	3	31,706	50
	Nzara	88,870	48,879	55	26,661	30	8,887	10	4,444	5	-	-	2	13,331	15
	Tambura	126,606	31,652	25	50,642	40	31,652	25	12,661	10	-	-	3	44,312	35
	Yambio	179,216	71,686	40	71,686	40	35,843	20	-	-	-	-	3	35,843	20
	Western Equatoria Total	1,026,173	351,116	34	402,085	39	217,670	21	55,302	5	-	-		272,972	27
Grand Total		14,203,031	2,412,105	17	4,236,163	30	5,229,732	37	2,297,175	16	27,856	0		7,554,763	53
	Abyei	160,330	16,033	10	48,099	30	64,132	40	32,066	20	-	-	4	96,198	60
		14,363,361	2,428,138	17	4,284,262	30	5,293,864	37	2,329,241	16	27,856	0		7,650,961	53

ANNEX 6. HOTSPOT COUNTIES AND THEIR CLASSIFICATIONS FOR BOTH ACUTE FOOD INSECURITY AND ACUTE MALNUTRITION (1/3)

		AMN						AFI		
State	County	AMN Current (Jul – Sep 2025)	AMN Evidence Level	AMN Projection 1 (Oct 2025 – Mar 2026)	AMN Likely Change	AMN Projection2 (Apr - Jun 2026)	AMN Likely Change	AFI Current (Sep – Nov 2025)	AFI Projection 1 (Dec 2025 – Mar 2026)	AFI Projection2 (Apr – Jul 2026)
Central Equatoria	Terekeka	3	**	3	→	3	↓	3	3	3
Eastern Equatoria	Budi	4	**	4	↓	4	↓	3	4	3
Eastern Equatoria	Kapoeta East	4	**	4	→	4	→	3	4	4
Eastern Equatoria	Kapoeta South	4	***	4	→	4	→	3	3	3
Eastern Equatoria	Lafon	4	**	4	→	4	↓	3	4	4
Jonglei	Akobo	4	***	4	→	4	↓	3	3	4
Jonglei	Ayod	4	**	4	→	4	↓	3	3	4
Jonglei	Canal/Pigi	4	***	4	→	4	↓	3	4	4
Jonglei	Duk	4	**	4	→	4	↓	3	3	4
Jonglei	Fangak	4	***	4	→	4	↓	4	4	4
Jonglei	Nyirol	4	**	4	→	4	↓	4	4	4
Jonglei	Pibor	4	***	4	→	4	↓	4	4	4
Jonglei	Twic East	4	**	4	→	4	↓	3	4	4
Jonglei	Uror	4	**	4	→	4	↓	4	4	4
Lakes	Awerial	4	**	4	→	4	↓	3	3	4
Lakes	Rumbek Center	4	**	3	↑	3	→	3	3	4
Lakes	Yirol West	3	**	3	↑	3	↓	3	3	4
NBeG	Aweil center	4	***	4	↑	4	↓	3	3	3

ANNEX 6. HOTSPOT COUNTIES AND THEIR CLASSIFICATIONS FOR BOTH ACUTE FOOD INSECURITY AND ACUTE MALNUTRITION (2/3)

		AMN						AFI		
State	County	AMN Current (Jul – Sep 2025)	AMN Evidence Level	AMN Projection 1 (Oct 2025 – Mar 2026)	AMN Likely Change	AMN Projection2 (Apr - Jun 2026)	AMN Likely Change	AFI Current (Sep – Nov 2025)	AFI Projection 1 (Dec 2025 – Mar 2026)	AFI Projection2 (Apr – Jul 2026)
NBeG	Aweil East	4	**	4	↑	4	↓	4	3	4
NBeG	Aweil North	4	**	4	↑	4	↓	4	3	4
NBeG	Aweil South	4	**	4	↑	4	↓	4	3	4
NBeG	Aweil West	4	**	4	↑	4	↓	3	3	4
Unity	Abiemnhom	3	**	3	↑	3	→	3	3	3
Unity	Guit	4	***	4	→	4	↓	3	3	4
Unity	Koch	4	**	4	→	4	→	3	3	3
Unity	Leer	4	**	4	↓	4	↓	3	3	4
Unity	Mayendit	4	**	4	↓	4	↓	3	3	4
Unity	Mayom	4	**	4	→	4	→	3	3	3
Unity	Panyijiar	4	**	4	↓	4	↓	3	4	4
Unity	Pariang	3	**	3	↑	3	→	3	3	3
Unity	Rubkona	4	**	4	→	4	↓	4	4	4
Upper Nile	Akoka	4	**	4	→	4	↓	3	3	4
Upper Nile	Baliet	4	**	4	→	5	↓	3	3	4
Upper Nile	Fashoda	4	**	4	→	4	↓	3	3	4
Upper Nile	Longochuk	3	**	3	→	4	↓	3	3	4
Upper Nile	Luakpiny-Nasir	3	**	3	→	4	↓	4	4	4
Upper										

ANNEX 6. HOTSPOT COUNTIES AND THEIR CLASSIFICATIONS FOR BOTH ACUTE FOOD INSECURITY AND ACUTE MALNUTRITION (3/3)

		AMN						AFI		
State	County	AMN Current (Jul – Sep 2025)	AMN Evidence Level	AMN Projection 1 (Oct 2025 – Mar 2026)	AMN Likely Change	AMN Projection2 (Apr - Jun 2026)	AMN Likely Change	AFI Current (Sep – Nov 2025)	AFI Projection 1 (Dec 2025 – Mar 2026)	AFI Projection2 (Apr – Jul 2026)
Upper Nile	Maiwut	3	**	3	→	4	↓	3	3	4
Upper Nile	Malakal	4	**	4	→	4	↓	4	4	4
Upper Nile	Manyo	4	***	4	→	4	↓	3	3	4
Upper Nile	Melut	4	**	4	→	4	↓	3	3	3
Upper Nile	Panyikang	3	***	3	→	4	↓	4	4	4
Upper Nile	Renk	4	***	4	→	4	↓	3	3	3
Upper Nile	Ulang	4	**	3	→	4	↓	3	3	4
Warrap	Abyei	4	**	4	↓	4	↓	4	4	4
Warrap	Gogrial East	3	**	3	→	3	↓	3	4	4
Warrap	Gorgial West	4	**	4	→	4	↓	3	3	4
Warrap	Tonj East	4	**	4	↓	4	↓	3	4	4
Warrap	Tonj North	3	**	3	→	3	↓	3	3	4
Warrap	Twic	4	**	4	↑	4	↓	3	4	4

ANNEX 7. SUMMARY OF FACTORS CONTRIBUTING TO ACUTE MALNUTRITION

STEP 5: IDENTIFY KEY DRIVERS & LIMITING FACTORS

		Central Equatoria						Warrap							Eastern Equatoria								Jonglei								Lakes State								Northern Bahr El Ghazal				
Summary contributing factors [Based on the analysis above, indicate if each of the contributing factors is a major, minor, or not a contributing factor in the analysis		Juba	Kajo-keji	Morobo	Lainya	Terekeka	Yei	Gogrial East	Twic	Tonj East	Tonj South	Gogrial West	Tonj North	Abyei AA	Budi	Ikotos	Kapoeta East	Kapoeta South	Kapoeta North	Magwi	Lopa/Lafon	Torit	Ayod	Uror	Fangak	Nyirol	Akobo	Pibor	Pochalla	Twic East	Bor	Duk	Pigi	Rumbek East	Yirol West	Yirol East	Awerial	Rumbek Center	Rumbek North	Wulu	Cueibet	Aweil centre	Aweil East	Aweil North	Aweil South	Aweil West
1	**VERY LOW** Risk CF																																											
2	**LOW** Risk CF																																												
3	**MEDIUM** Risk CF																																												
4	**HIGH Risk** CF																																												
5	**VERY HIGH** Risk CF																																											
8	No Data Available																																											
Food consumption	Minimum Dietary Diversity (MDD)																																												
	Minimum Meal Frequency (MMF)																																												
	Minimum Acceptable Diet (MAD)																																												
	Minimum Dietary Diversity – Women (MDD-W)																																												
Diseases	Diarrhoea																																												
	Dysentery																																												
	Malaria/fever																																												
	Acute Respiratory Infection (ARI)																																												
	HIV/AIDS																																												
	Cholera or Acute Watery Diarrhoea (AWD)																																												
	Measles																																												
Food	Outcome of the IPC analysis																																												
Caring and feeding practices	Exclusive breastfeeding under 6 months																																												
	Continued breastfeeding at 1 year																																												
	Continued breastfeeding at 2 years																																												
	Introduction of solid, semi-solid or soft foods																																												
Health services and health environment	Measles vaccination (Coverage)																																												
	Polio vaccination																																												
	Vitamin A supplementation																																												
	Deworming coverage																																												
	Skilled birth attendance																																												
	Health seeking behaviour																																												
	Coverage of outreach programmes – CMAM																																												
	Access to a sufficient quantity of water																																												
	Access to sanitation facilities																																												
	Access to an improved source of drinking water																																												
Basic causes	Human capital																																												
	Physical capital																																												
	Financial capital																																												
	Natural capital																																												
	Social capital																																												
	Policies. Institutions and Processes																																												
	Usual/Normal Shocks																																												
	Recurrent Crises due to Unusual Shocks																																												
Other issues	Anaemia among children 6-59 months																																												
	Anaemia among pregnant women																																												
	Anaemia among non-pregnant women																																												
	Vitamin A deficiency among children 6-59 months																																												
	Low birth weight																																												
	Fertility rate																																												

STEP 5: IDENTIFY KEY DRIVERS & LIMITING FACTORS

		Unity State									Upper Nile												Western Bahr El Ghazal			Western Equatoria									
	Summary contributing factors [Based on the analysis above, indicate if each of the contributing factors is a major, minor, or not a contributing factor in the analysis	Abiehnoom	Pariang	Mayom	Rubkona	Mayendit	Koch	Leer	Guit	Panyijar	Akoka	Baliet	Fashoda	Longochuk	Luakpiny/Nasir	Maban	Maiwut	Malakal	Manyo	Melut	Panyikang	Renk	Ulang	RAJA	JUR RIVER	WAU	Ezo	Ibba	Maridi	Mundri East	Mundri West	Mvolo	Nagero	Nzara	Tambura	Yambio
1	**VERY LOW** Risk CF																																		
2	**LOW** Risk CF																																		
3	**MEDIUM** Risk CF																																		
4	**HIGH Risk** CF																																		
5	**VERY HIGH** Risk CF																																		
8	No Data Available																																		
Food consumption	Minimum Dietary Diversity (MDD)																																		
	Minimum Meal Frequency (MMF)																																		
	Minimum Acceptable Diet (MAD)																																		
	Minimum Dietary Diversity – Women (MDD-W)																																		
Diseases	Diarrhoea																																		
	Dysentery																																		
	Malaria/fever																																		
	Acute Respiratory Infection (ARI)																																		
	HIV/AIDS																																		
	Cholera or Acute Watery Diarrhoea (AWD)																																		
	Measles																																		
Food	Outcome of the IPC analysis																																		
Caring and feeding practices	Exclusive breastfeeding under 6 months																																		
	Continued breastfeeding at 1 year																																		
	Continued breastfeeding at 2 years																																		
	Introduction of solid, semi-solid or soft foods																																		
Health services and health environment	Measles vaccination (Coverage)																																		
	Polio vaccination																																		
	Vitamin A supplementation																																		
	Deworming coverage																																		
	Skilled birth attendance																																		
	Health seeking behaviour																																		
	Coverage of outreach programmes – CMAM																																		
	Access to a sufficient quantity of water																																		
	Access to sanitation facilities																																		
	Access to an improved source of drinking water																																		
Basic causes	Human capital																																		
	Physical capital																																		
	Financial capital																																		
	Natural capital																																		
	Social capital																																		
	Policies, Institutions and Processes																																		
	Usual/Normal Shocks																																		
	Recurrent Crises due to Unusual Shocks																																		
Other issues	Anaemia among children 6-59 months																																		
	Anaemia among pregnant women																																		
	Anaemia among non-pregnant women																																		
	Vitamin A deficiency among children 6-59 months																																		
	Low birth weight																																		
	Fertility rate																																		

ANNEX 8. LIST OF RISKS TO FOOD SECURITY AND ACUTE MALNUTRITION

Risk Category	Key Risk Factors
Food Access & Markets	• Food prices and market price fluctuations; depletion of household food stocks; market disruptions due to transport or insecurity.
Shocks & Access Constraints	• Conflict and insecurity restricting movement and trade in conflict prone areas like Jonglei. • Localised displacement and returnee movement linked to Sudan. • Flooding in low-lying areas that disrupt access to services and markets.
Disease Burden	• Seasonal increase in malaria, diarrhoea, and ARI during wet/ rainy seasons. • Cholera outbreak risk in hotspots and waterborne diseases due to poor water quality increasing disease transmission.
IYCF Practices	• Suboptimal infant and young child feeding practices driven by workload, low awareness, and reduced food access.
Humanitarian Assistance	• Interruptions or delays in food and nutrition support due to logistical or access challenges. • Gaps in assistance coverage and reduction of support in some locations.
Health & Nutrition Services	• Health facility functionality and disruptions. • Supply challenges of nutrition supplies leading to stockouts and missed treatment. • Constrained access to health care due to flood and insecurity.