SOUTH SUDAN

HUMANITARIAN NEEDS AND RESPONSE PLAN

HUMANITARIAN PROGRAMME CYCLE 2026

ISSUED DECEMBER 2025

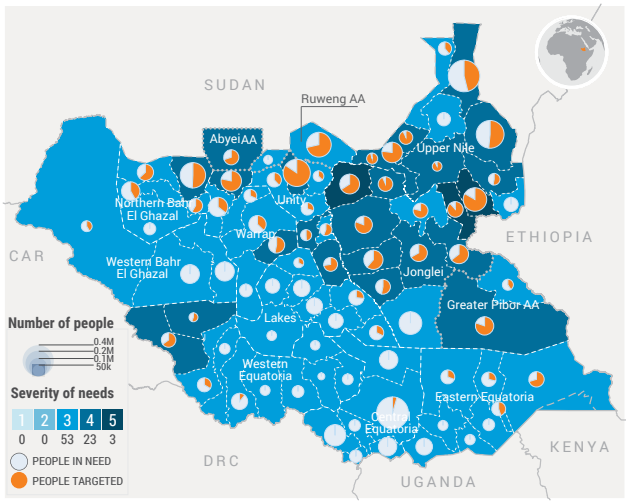
At a glance

People in need	People targeted	People prioritized	Requirements (US$)	Prioritized requirements
10 million (including refugees in South Sudan)	**4.3 million**	**4 million**	**$1.5 billion**	**$1.04 billion**

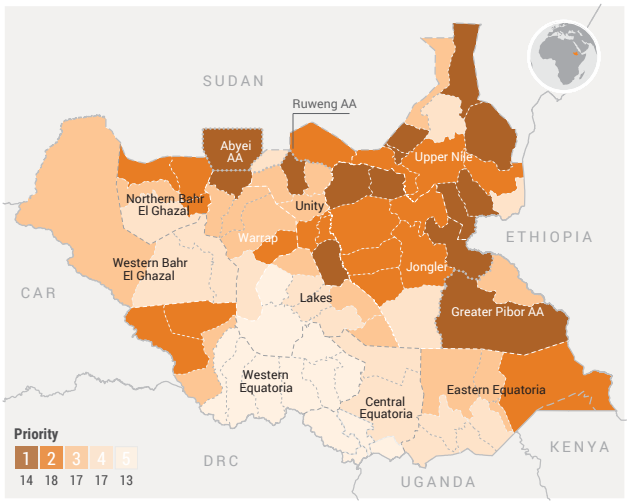
Number of people prioritized by sex and age

	Older people	Adult	Children	People with disabilities	Total
Female	4%	20%	26%	15%	**2.02M**
Male	4%	19%	27%	15%	**2.01M**

People in need, targeted and severity of needs by County



Prioritization by county



People in need, targeted and prioritized by cluster

Cluster	People in need	People targeted	People prioritized	Requirements (US$)	Prioritized requirements (US$)
Camp Coordination and Camp Management	1.4M	736K	736K	**17M**	15M
Education	2.4M	795.5K	795.5K	**48M**	30M
Food Security	7.65M	2.7M	2.7M	**411M**	360M
Health	6.3M	2.9M	2.9M	**114M**	75M
Logistics	-	-	-	**78M**	45M
Nutrition	5.3M	1.8M	1.8M	**128M**	120M
Protection	4.9M	1.45M	1.45M	**79M**	71M
Shelter and Non-food Items	6.7M	1.5M	882K	**51M**	30M
Water, Sanitation and Hygiene	6.8M	2.2M	2.2M	**89M**	60M
Coordination, Thematic and System Support	-	-	-	**33M**	20M
Multi-Purpose Cash	-	475.6K	475.6K	**34M**	30M
Refugee Response	647.3K	529K	422.1K	**381.5M**	185.3M

The administrative boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. The final boundary between the Republic of Sudan and the Republic of South Sudan has not been determined. The final Status of the Abyei Administrative Area is not yet determined.

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Foreword - Minister of Humanitarian Affairs and Disaster Management

Millions of our citizens continue to endure the compounded effects of conflict, climate shocks, disease outbreaks and economic instability. Projections for 2026 indicate that these pressures will persist, with high levels of food insecurity, rising malnutrition, economic constraints, and an influx of people fleeing the conflict in Sudan. Meeting the needs of an estimated 4 million people in critical need will require stronger partnerships and coordinated efforts between the Government of South Sudan and its humanitarian partners.

The Government of the Republic of South Sudan recognizes its primary responsibility to protect and assist its people. We are committed to working tirelessly to ensure that humanitarian assistance reaches those most in need, while laying the foundation for long-term recovery and resilience. This requires not only emergency response but also investment in durable solutions that reduce dependency and strengthen community capacities.

The Government acknowledges the steadfast support of donors and humanitarian actors who have stood by South Sudan through difficult times. However, we cannot ignore the reality of global funding constraints. Humanitarian budgets worldwide are under severe pressure, and South Sudan is not immune to these challenges. This makes it even more critical for all partners including government institutions, humanitarian actors, development agencies, and the private sector to work collaboratively, maximize resources, and prioritize interventions that build resilience and self-reliance. The Government reaffirms its commitment to lead the response in collaboration with national and international partners, while ensuring an enabling environment for effective and timely delivery of assistance.

Local capacity building is central to this vision. Empowering national and community-based organizations, strengthening disaster management systems, and investing in skills and infrastructure will enable South Sudanese to lead and sustain their own recovery. Together, we must shift from short-term relief to long-term solutions that foster peace, stability, and prosperity.

On behalf of the Government of the Republic of South Sudan, I call upon humanitarian partners, donors, and the international community to maintain their commitment to the implementation of the 2026 Humanitarian Needs and Response Plan (HNRP), ensuring that crisis-affected populations receive the support they urgently need. The Government of South Sudan pledges its continued partnership in this shared mission.

Hon. Albino Akol Atak Mayom; MP
The Minister
Ministry of Humanitarian Affairs and Disaster Management
Republic of South Sudan
Juba

Foreword - Humanitarian Coordinator

As we enter 2026, South Sudan is grappling with one of the world's most complex humanitarian crises. About 10 million people, two-thirds of the population, require humanitarian assistance, including over 600,000 refugees. The ongoing conflict, recurrent climate shocks, disease outbreaks, and the spillover effects of the Sudan crisis continue to drive vulnerability, while deepening economic challenges and exacerbating the crisis. Food insecurity remains at critical levels, with 7.55 million people projected to face crisis or worse Integrated Food Security Phase Classification (IPC) Phase 3+ during the 2026 lean season.

The 2026 HNRP reflects our collective commitment to saving lives, protecting livelihoods, and preserving dignity. It focuses on life-saving assistance, while promoting resilience and self-reliance through an integrated approach across the humanitarian-development-peace nexus. By working closely with development partners, peace actors, and government counterparts, we aim to contribute collectively to enhance food security, improve essential services, provide durable solutions for displaced populations, strengthen peace and governance, and build adaptive capacities to better withstand future shocks. Government leadership in service delivery and social protection, along with unhindered humanitarian access, remains critical to delivering timely and effective assistance.

However, the humanitarian response faces a stark reality: funding has reached its lowest level since South Sudan's independence, forcing a fundamental reset. In 2025, partners received less than half of the required funding, resulting in scaled-back operations and ration cuts for millions. This reset requires us to sharpen our priorities, invest in local capacities, and strengthen partnerships to ensure sustainable impact. For 2026, the HNRP will prioritize 4 million of the most vulnerable people, down from 5.4 million in 2025, a 26 per cent reduction, reflecting a more focused response to those with the most acute needs. We require US$1.04 billion for prioritized interventions to ensure life-saving assistance reaches those who need it most.

Humanitarian partners cannot meet these challenges alone. We call on donors, development actors, and all stakeholders to stand in solidarity with the people of South Sudan. Their support is essential to ensure that no one is left behind. Together, we can turn hope into action by delivering urgent assistance today while laying the foundation for peace and resilience tomorrow.

I extend my heartfelt gratitude to our humanitarian donors, whose continued support has enabled life-saving assistance for millions. Ongoing collaboration and flexible funding remain crucial to fulfilling our commitments. Despite the immense suffering, the resilience of the South Sudanese people continues to inspire us. They remain at the heart of our response, which is guided by protection, accountability, and a firm commitment to preventing exploitation and abuse.

Anita Kiki Gbeho
Humanitarian Coordinator for South Sudan

Part 1: Humanitarian needs

1.1 Crisis overview

Crisis overview

South Sudan continues to face severe humanitarian emergencies driven by climate shocks, relentless violence, multiple disease outbreaks and a struggling economy. These intersecting crises have systematically eroded community resilience, shattered essential services and displaced millions of people. In 2026, over 10 million people, two-thirds of the population are projected to require some form of humanitarian assistance. The humanitarian situation is characterized by acute food insecurity, widespread displacement, fragile health and education systems, and severe protection risks, particularly for women, children, people with disabilities and other vulnerable groups who face heightened exposure to gender-based violence, exploitation and harmful coping mechanisms such as early and forced marriage.

Climate Variability

South Sudan remains one of the countries most affected by the global climate crisis, ranking second on the 2025 INFORM Risk Index. Recurrent and overlapping climate shocks, catastrophic floods and prolonged droughts continue to undermine resilience and entrench humanitarian needs. Since 2019, consecutive flash and riverine floods have affected more than one million people annually. In 2025, the lasting impacts of the 2024 El Niño event produced a severe flood-drought paradox: while parts of Greater Upper Nile, Unity, and Jonglei States faced extensive flooding that affected over 1.3 million people and displaced over 375,000 as of end of November 2025, at the same time some northern and south-eastern regions experienced prolonged dry spells. This dual shock devastated crop production, decimated livestock, and further strained already scarce water resources. Women and girls, who are often responsible for water collection and food preparation, have been disproportionately affected, facing increased workloads, reduced access to essential services and heightened exposure to gender-based violence during displacement and resource scarcity. These cumulative climate impacts have surpassed local coping capacities, leaving communities with little time or resources to recover between shocks. The erosion of livelihoods has also deepened gender inequalities, limiting women's access to income-generating opportunities and decision-making spaces. Without scaled-up anticipatory action and investment in climate-resilient programming, climate-driven humanitarian needs are expected to remain severe throughout 2026 and beyond.

Conflict

South Sudan's conflict dynamics are driven by political fragility, ethnic tensions, and competition over scarce resources. Since March 2025, renewed clashes between government forces and opposition groups, particularly in Greater Upper Nile and the Equatorias, have intensified instability. Rising political polarization has fuelled widespread violence across Upper Nile, Jonglei, Unity, and Western and Central Equatoria throughout 2025, resulting in civilian casualties, mass displacement, and major disruptions to humanitarian operations and basic services. Spillover from Sudan's conflict, including the influx of displaced people to South Sudan and negative economic impacts have deepened humanitarian needs in the country. Many of the affected counties were already highly vulnerable due to food insecurity, recurrent floods, and disease outbreaks, including surging cholera cases. Insecurity and access constraints limit partners' ability to reach those most in need, with women, children, persons with disabilities, and other at-risk groups facing heightened exposure to violence, family separation, and restricted access to life-saving services.

Inter-communal violence also escalated in 2025, driven by political fragility and resource competition. In Jonglei and Upper Nile, clashes between armed youth groups and rival communities, often linked to cattle raiding and retaliatory attacks, evolved into large-scale, militarized assaults. Coordinated raids in Duk County in February left multiple civilians dead and dozens injured, while similar attacks in Eastern and Western Equatoria caused heavy casualties, including among women and children, and triggered mass displacement. Traditional disputes over grazing land and water have increasingly turned violent,

amplified by widespread small arms and weakened customary conflict-resolution systems. These dynamics have destroyed livelihoods, deepened mistrust among communities, and entrenched cycles of violence.

Climate stress further acts as a conflict multiplier. In flood-affected areas, displacement has pushed pastoralists into farming zones, reigniting farmer-herder clashes, while drought-stricken regions face renewed competition over water points and grazing land. These pressures have contributed to severe human rights violations, including killings, abductions, forced displacement, and pervasive sexual and gender-based violence, disproportionately affecting women and girls. Combined with political instability, these localized conflicts are driving South Sudan toward a more entrenched humanitarian emergency.

Sudan Crisis

The conflict in Sudan, now entering its third year, continues to place immense pressure on South Sudan's humanitarian and socio-economic systems. By end of November 2025, nearly 1.3 million refugees and returnees had entered South Sudan since April 2023, with an additional 380,000 arrivals projected by the end of 2026.[1]

The influx has pushed host communities and services to a breaking point. In Renk, Maban, and surrounding areas, water systems, health facilities, and schools are operating at 300-400 per cent of their capacity. The strain on services has disproportionately affected women and girls, who often shoulder caregiving responsibilities and face heightened risks of gender-based violence (GBV), particularly in overcrowded transit and reception centres. Disrupted cross-border trade and inflation have driven up food and fuel prices, deepening poverty among both hosts and new arrivals and increasing tensions over land and resources, including reports of evictions and disputes over customary land rights. With humanitarian funding declining, competition over limited assistance risks further instability.

Sudan's collapsing health system has also contributed to the cross-border spread of communicable diseases, including cholera, measles, and hepatitis E. The ongoing cholera outbreak in South Sudan originated in Sudan.

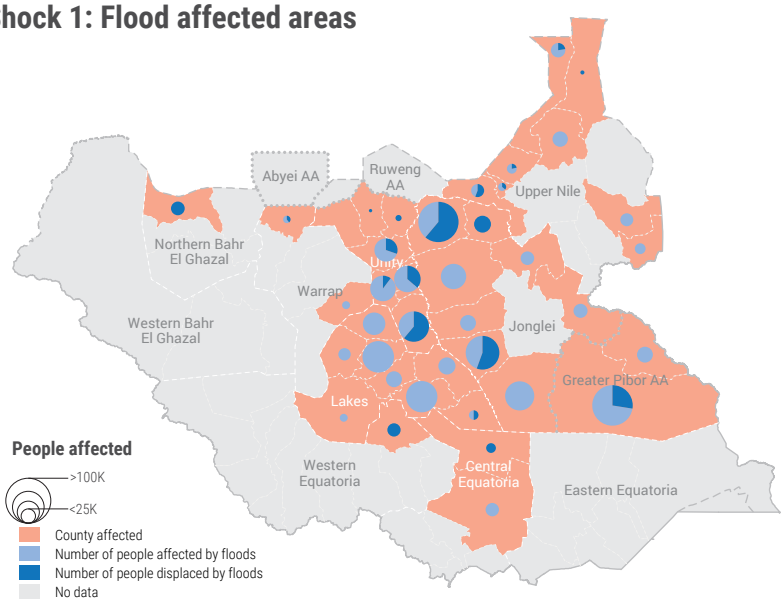
Disease Outbreaks

As of November 2025, South Sudan was battling multiple concurrent disease outbreaks including cholera, hepatitis E, and mpox further straining an already fragile health system. The country is facing its largest cholera outbreak on record, both in scale and geographic spread, with over 96,000 cases and nearly 1,600 deaths reported as of end of November.[2] Years of recurrent flooding continue to drive a surge in endemic diseases such as malaria, which remains a leading cause of illness and death nationwide. Between January and October 2025, nearly 3.2 million suspected malaria cases and 784 suspected malaria-related deaths were recorded.

Mpox has re-emerged as a significant public health concern, with 28 confirmed cases as of November 2025 mainly in Juba County, with additional cases in Rumbek and Malakal. Although no deaths have been reported, limited surveillance capacity, underfunded response teams, and operational constraints hinder timely case investigation and contact tracing. Hepatitis E also remains persistent in flood and displacement-affected areas, especially Rubkona, Renk, and Fangak with more than 9,000 cumulative cases and a 1.3 per cent case fatality rate. These outbreaks are compounded by deteriorating public health infrastructure, including damage to 144 health facilities during flooding. Poor access to safe water and sanitation, coupled with overcrowded displacement sites, continue to heighten the risk of disease transmission. Gaps in immunization coverage have weakened population immunity, increasing the risks for children and other vulnerable groups. Acute respiratory infections and diarrhoeal diseases remain widespread amid prolonged humanitarian strain and an overstretched health system.

Despite recent cholera vaccination campaigns and vector control efforts, significant gaps persist in surveillance, reporting, and emergency response. Only an estimated 44 per cent of the population has reliable access to primary health care. The health system remains heavily dependent on humanitarian support, underscoring the urgent need for sustained and predictable funding to strengthen integrated prevention, detection, and response capacities nationwide.

Shock 1: Flood affected areas

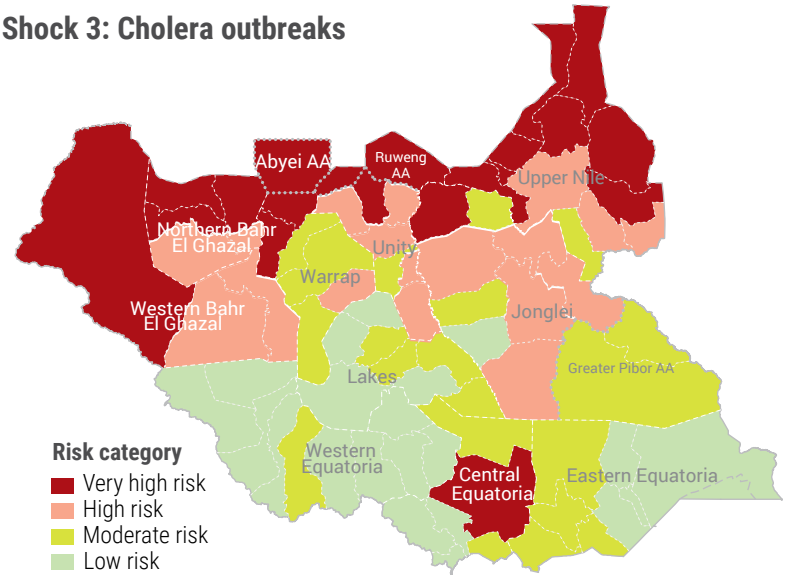


SOUTH SUDAN/FANGAK, JONGLEI
A health worker stands in a health facility in Mandeng submerged by floodwaters. OCHA/South Sudan

Shock 2: Conflicts

SOUTH SUDAN/IBBA, WESTERN EQUATORIA
A conflict-displaced community. OCHA/Dominic Kango

Shock 3: Cholera outbreaks



SOUTH SUDAN/JUBA, CENTRAL EQUATORIA
A Cholera clinic at Gurei, a suburb of Juba where patients are screened before being treated. OCHA/Dominic Kango

Timeline of events

January 2025

Protests and displacement

Nationwide demonstrations on 11 January over the killing of South Sudanese in Sudan left several dead, displaced over 16,000 people, mainly Sudanese, across five states.

February 2025

Mpox outbreak declared

The Ministry of Health (MoH) declared an mpox outbreak in Juba, following a confirmed case by the National Public Health Laboratory on 6 February.

February–March 2025

Extreme heatwaves

South Sudan faced unusually high temperatures of up to 42°C, prompting the government to close schools for two weeks and introduce half-day work for public servants.

March 2025

Fighting in Nasir

Clashes erupted between SSPDF and White Army in Nasir Town, Upper Nile State, killing over 180 people, injuring more than 250, and displacing over 130,000 people, including thousands who crossed into Ethiopia.

April–July 2025

Food insecurity

The IPC analysis projected an estimated 7.73 million people to face severe acute food insecurity (IPC Phase 3 or above) during the April–July 2025 lean season, including 83,000 to be in IPC Phase 5 (catastrophe).

May 2025

Government food airdrops

The Government launched a series of emergency food airdrops to Nasir County in Upper Nile State using a contractor. The UN was not involved with the airdrops.

June 2025

Violence against humanitarian personnel

Thirteen staff of an international NGO were abducted by armed men along the Yei–Mugwo road in Yei County, Central Equatoria. The NGO personnel were later released.

June 2025

UNCT/HCT collective outcome

The United Nations Country Team (UNCT) and Humanitarian Country Team (HCT) agreed on collective outcomes, to strengthen resilience and self-reliance through food security, basic services, advancing durable solutions, protection and rapid response and strengthening peace and governance.

August 2025

Looting of humanitarian supplies

An armed group looted nutrition supplies at the airstrip in Ayod County, Jonglei State. Armed men also seized 300 bags (15 metric tonnes) of sorghum from a boat transporting aid to Fangak County.

January–October 2025

Displacements

About 675,000 people were displaced as of October due to floods and armed clashes in Upper Nile, Jonglei, and Western Equatoria. Around 190,000 fled to neighbouring countries, including DRC, Ethiopia, Sudan, and Uganda.

September 2024 – November 2025

Cholera outbreak

Over 96,000 cholera cases and nearly 1,600 deaths were reported across 55 counties in nine states and three administrative areas since the outbreak was declared in September 2024.

September 2025

Catastrophic food insecurity

An emergency response plan seeking US$18 million was launched to prevent nearly 300,000 people in Upper Nile, Jonglei, and Unity from falling into IPC Phase 5 (catastrophic food insecurity).

July–November 2025

Flood impact

Flooding across 39 counties in eight states affected over 1.35 million people and displaced nearly 375,600, many sheltering on higher grounds with livestock. Jonglei, Unity, and Lakes were the hardest-hit states.

April 2023–November 2025

Returnees and refugees

About 1.28 million people crossed into South Sudan from Sudan since April 2023. This represented more than 9 per cent of South Sudan's population.

November 2025

Food insecurity

New IPC analysis projected more than 7.5 million people to face acute food insecurity during the April–July 2026 lean season. About 28,000 people in Nasir (Upper Nile) and Fangak (Jonglei) are already at Catastrophic (IPC Phase 5) levels.

1.2 Humanitarian needs and risks

Multiple and compounding shocks continue to erode coping capacities and heighten vulnerability across South Sudan. Civilians remain trapped in cycles of violence amid extreme food insecurity, climate impacts, disease outbreaks, mass displacement, and intensifying cross-border pressures from Sudan. As a result, more than 10 million people, two-thirds of the population, are projected to need humanitarian assistance in 2026.

High levels of food insecurity and malnutrition

Compounding vulnerabilities continue to have a severe impact on the food security situation in South Sudan. While overall numbers in IPC Phase 3 and above have slightly decreased compared to 2024, several hotspot locations show a sharp deterioration with very extreme food insecurity conditions.[3] The November 2025 IPC projects that 7.5 million people (53 per cent of the analysed population) will face acute food insecurity (IPC 3+) during the April–July 202 lean season, including approximately 28,000 people in IPC Phase 5 (catastrophe) in Nasir (Upper Nile) and Fangak (Jonglei). Key drivers include conflict, displacement, economic decline, climatic shocks, and reduced agricultural production linked to limited inputs, weak extension services, and poor infrastructure.

Malnutrition levels remain critically high. An estimated 2.1 million children aged 6–59 months will require treatment for acute malnutrition between July 2025 and June 2026, alongside 1.1 million pregnant and lactating women representing a 4 per cent increase from 2025.[4] Around 70 per cent of acute malnutrition cases are concentrated in Jonglei, Northern Bahr el Ghazal, Upper Nile, Unity, and Warrap states. During the April-June 2026 lean season, 69 counties are expected to experience worsening acute malnutrition, with Ulang, Nasir, Baliet (Upper Nile), Rubkona (Unity) and Duk (Jonglei) projected to reach Phase 5 (extremely critical).

A Protection crisis

Armed clashes, inter-communal violence, and widespread insecurity particularly in Greater Upper Nile, Bahr el Ghazal, and the Equatorias are severely degrading the protection environment. There have been escalating attacks on civilians and infrastructure, destruction of property, and indiscriminate violence, including airstrikes. On 26 September 2025, the UN High Commissioner for Human Rights expressed alarm over reports of nearly 2,000 civilians killed in 2025.[5] Active hostilities continue to obstruct life-saving assistance, with the Protection Risk Monitoring System (PRMS) highlighting significant access restrictions across affected areas.

Humanitarian consequences are widespread. Between January and October 2025, nearly 675,000 people were newly displaced, mainly due to inter-communal clashes, armed violence and floods particularly in Jonglei, Unity, and Upper Nile. Displacement sites and host communities face severe shortages of food, clean water, shelter, Non-food items (NFIs), and health services, while insecurity and flooded roads impede delivery of aid. Protection risks including gender-based violence, child abductions and family separation remain acute.

The PRMS indicates rising risks for women and girls across affected counties, including those receiving spillover displacement.[6] Persons with disabilities face significant environmental, institutional, communication, and attitudinal barriers to accessing aid, information and health care. Women and children with disabilities are at heightened risk of abandonment, exploitation or targeted violence, and their needs are often overlooked in emergency planning.

Challenging economic environment

South Sudan is grappling with a severe economic crisis, marked by reduced state revenues, a volatile and depreciating national currency, soaring inflation, unpaid public salaries, and deepening poverty. Since February 2024, the conflict in Sudan has disrupted oil pipelines, cutting off 70 per cent of South Sudan's oil revenue and driving a huge fiscal deficit, causing the government's income to reduce significantly. This has led to salary arrears for more than a year, cuts in public services, and a huge impact on basic infrastructure, especially health and education sectors. The Cash Working Group (CWG) and REACH's Joint Market Monitoring Initiative (JMMI)[7] data reveals that the cost of a household minimum expenditure basket increased by 58 per cent between January and October 2025. Most monitored markets operated with limited functionality, facing issues with accessibility, affordability and availability of goods, supply chain resilience and infrastructure.[8]

Funding outlook and access challenges

As humanitarian needs rise, funding and access are sharply declining. By end of November, the 2025 South Sudan Humanitarian Needs and Response Plan was only 42 per cent funded.[9] Humanitarian access continues to shrink due to repeated attacks on aid workers and assets, bureaucratic impediments, and severe resource shortages. This deteriorating environment is undermining the sustainability of the response and leaving vulnerable communities increasingly exposed. The number of people in need has risen from 9.3 million in 2025 to 10 million in 2026, driven by renewed conflict, recurrent floods, disease outbreaks, and continued influxes from Sudan.

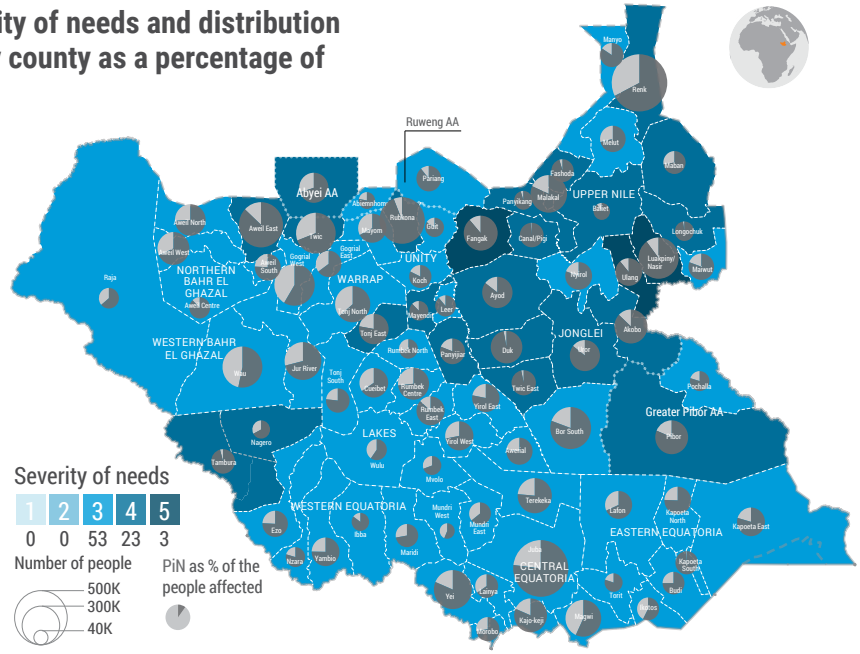
Humanitarian outlook and risks

South Sudan is expected to remain in a state of overlapping crises in 2026, driven by political instability, insecurity, and climate shocks. Ongoing conflict, exacerbated by the volatile political environment, is likely to persist, while the war in Sudan continues to deepen South Sudan's humanitarian emergency. If hostilities in Sudan intensify or spill over closer to the border, an additional influx of refugees could further strain resources and increase humanitarian needs.

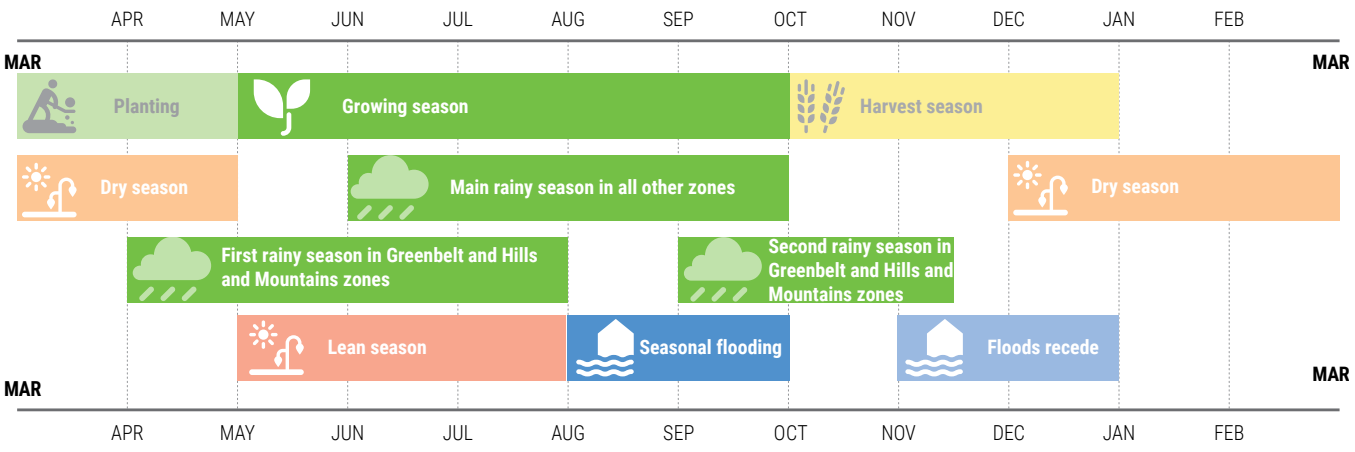
Economic pressures will compound the crisis, as rising food and fuel prices driven by regional instability make basic goods unaffordable for many households. Large-scale displacement, recurring flooding, cholera outbreaks, and emerging disease threats from neighbouring countries will heighten the risk of epidemics, further overwhelming South Sudan's already fragile health system.

Climate variability remains a major risk, with ongoing floods in the north and northeast and drought-like conditions in southeastern regions, particularly Eastern Equatoria. These, alongside conflict and displacement, will exacerbate food insecurity and erode communities' ability to cope, deepening the humanitarian crisis.

Inter-sectoral severity of needs and distribution of people in need by county as a percentage of people affected



SEASONAL CALENDAR



Part 2: Humanitarian response

2.1 Strategic objectives

SO1 - Reduce crisis-related morbidity and mortality through principled, rapid, quality, inclusive, safe, dignified and accountable life-saving assistance.

Humanitarian partners are committed to providing timely, multisectoral responses that reduce morbidity and mortality among the most vulnerable populations. The response will ensure equitable access to high-quality, gender-responsive, and inclusive life-saving services. By deploying rapid response mechanisms, partners will swiftly address new shocks, ensuring that affected populations receive the assistance needed to survive and recover.

SO2 - Protect the safety, dignity, and rights of crisis-affected people, in line with international humanitarian law and standards.

Humanitarian partners will work to improve the safety and living conditions of highly vulnerable groups including IDPs, returnees, host communities and refugees by ensuring safe and equitable access to assistance and protection. Specialized protection services will address the needs of survivors of gender-based violence (GBV) and sexual exploitation and abuse (SEA), with a focus on gender, age, and disability. The response will support conflict and gender-sensitive access to housing, land, and property (HLP) rights, securing tenure and livelihoods for women, men, girls, and boys. A people-centred approach will guide the response, ensuring that affected populations are consulted and their input informs decision-making, promoting accountability and protection of rights in line with international humanitarian law.

SO3 - Enable equitable and sustained access to essential services and livelihoods to preserve dignity, promote resilience and self-reliance for crisis-affected people, and reduce the risk of resorting to harmful and irreversible coping mechanisms.

Humanitarian partners will collaborate with development actors, local communities, and the Government to enhance resilience and strengthen capacity to withstand future shocks. Collaborative efforts will focus on five key areas: boosting food security, improving access to social services, advancing durable solutions for displaced populations, strengthening peace and governance, and improving rapid response to emerging crises. By fostering synergies among humanitarian, peace, and development actors, this approach will address the root causes of vulnerability, promote self-reliance, and reduce the need for harmful and irreversible coping mechanisms.

SOUTH SUDAN/WAU
Health-care worker administering polio vaccine during the polio vaccination campaign in Wau, Western Bahr el Ghazal. WHO/Jemila Ebrahim

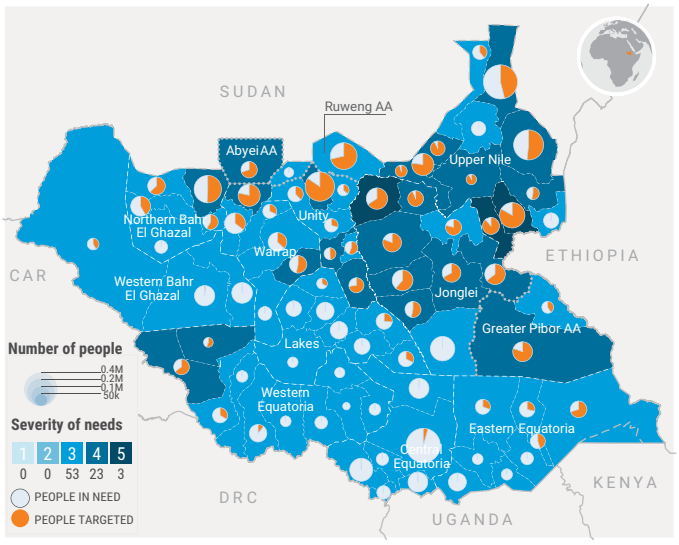
2.2 People targeted and people prioritized

Severity of needs and prioritization

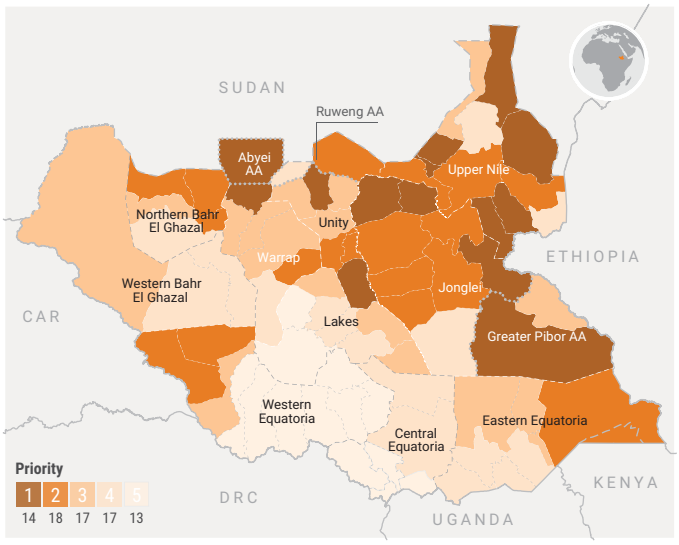
Out of the 10 million people in need, the HNRP will target 4.3 million people (43 per cent of the people in need) prioritizing 4 million people with critical life-saving assistance and protection services. The Inter-Cluster Coordination Group (ICCG) applied the Joint Intersectoral Analysis Framework (JIAF 2.0) to determine sectoral and inter-sectoral severity across South Sudan's 79 counties. Based on this analysis, counties were categorized into five severity levels (1-5), with severity 5 indicating the highest level of need. Of the 79 counties, 53 were classified as severity 3 (severe), 23 as severity 4 (extreme), and 3 as severity 5 (catastrophic). No counties were categorized in severity 1 or 2 (minimal or stressed respectively).

To further refine targeting, the ICCG applied additional criteria, considering the frequency of shocks and other local factors. As a result, counties were classified into five priority levels: Priority 1 (14 counties), Priority 2 (18 counties), Priority 3 (17 counties), Priority 4 (17 counties), and Priority 5 (13 counties). The 4.3 million people

Inter-sectoral severity of needs and target by county



Inter-sectoral prioritization by county



SOUTH SUDAN/RENK, UPPER NILE
A child who fled the conflict in Sudan is screened for malnutrition at a UNICEF-supported clinic at a Transit Centre in Renk in the far north of South Sudan. UNICEF/ Mark Naftalin

targeted include populations from Priority 1, 2, and 3 counties, with only half of the Priority 3 counties included.

Boundary setting and targeting

In 2026, humanitarian response will focus on a more targeted, accountable, and principled approach, guided by the Humanitarian Reset framework. Targeting has been refined based on intersectoral analysis, prioritizing life-saving and time-critical assistance while linking with resilience and development efforts. The target population has decreased from 5.4 million in 2025 to 4.3 million in 2026, reflecting a sharper focus on those with the most acute needs in line with the humanitarian reset.

Some priority counties have shifted based on updated analysis and 2025 shock impacts. Some previously prioritized counties have been deprioritized due to improved access or stabilized conditions, while others such as Nasir, Ulang, and Fangak emerged as severity level 5 for the first time, highlighting a sharp deterioration. Counties previously de-prioritized in 2025 such as Tambura, Nagero, and Ezo in Western Equatoria have re-emerged as priority areas due to worsening conditions.

The Needs Analysis Working Group (NAWG) will continue to monitor counties throughout 2026, adjusting priorities as necessary. The HCT targeted only Priority 1-3 counties, considering anticipated low funding levels. Populations in lower-severity or limited-access areas will be referred to recovery and development mechanisms or partner stabilization frameworks.

Access constraints and challenges

In 2025, humanitarian access in South Sudan was severely constrained by renewed conflict, growing insecurity, and bureaucratic obstacles. Active hostilities between government forces and opposition groups led to field operation suspensions and the relocation of humanitarian staff, particularly from affected areas in Upper Nile, Jonglei, and Western Equatoria. These disruptions significantly reduced access to communities already facing acute needs.

Humanitarian personnel and assets were increasingly targeted by violence, including abductions, forced taxation and looting. In addition, conflict-related damage to health facilities, schools, and infrastructure disrupted services for tens of thousands of people, compounding existing vulnerabilities.

South Sudan's seasonal infrastructure challenges further hinder access. Roads and bridges deteriorate quickly, and floods render key routes impassable for extended periods, limiting the ability to pre-position relief and reach remote areas. Even in more accessible periods, armed activity along major supply routes and unpredictable local dynamics restrict safe movement.

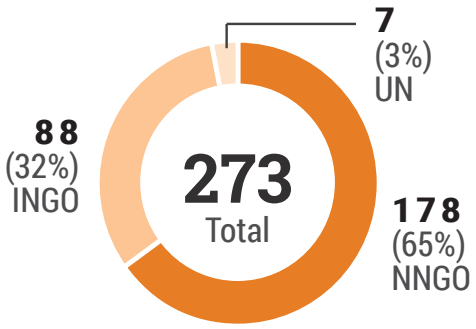
Despite these challenges, the Access Working Group (AWG) and enhanced civil–military coordination group provided vital platforms for joint analysis, advocacy, and problem-solving. These mechanisms facilitated movement in high-need areas and will be strengthened in 2026. Key actions will include:

- Advocating for predictable, safe, and unimpeded access
- Ensuring consistent application of national access frameworks
- Enhancing local-level deconfliction with all parties to the conflict
- Improving contingency planning for areas affected by conflict or seasonal flooding.

Continued investment in access monitoring, early warning systems, and principled engagement with authorities will be critical to maintaining humanitarian presence and ensuring that aid reaches communities in need across South Sudan in a way that ensures inclusion, promotes gender equality and addresses the specific needs related to age, disability and protection concerns.

Operational partners by type

Who, What and Where (3W)



The 3W partner presence dashboard can be accessed here: https://bit.ly/3MiAUNI

2.3 Humanitarian response strategy

US$1.04B

Required to support 4 million people

Humanitarian reset

In response to the global humanitarian funding crisis, the Inter-Agency Standing Committee (IASC) has outlined a road map for resetting the humanitarian system, with a vision for a system that is "locally led and globally supported, rooted in communities, and driven by the greatest need." The goal is to uphold humanitarian principles, protect humanitarian space, and centre protection especially of women, girls, persons with disabilities and older persons while reducing duplication, bureaucracy, and shifting to more locally led responses. This reset aims to deliver faster, more equitable, and accountable humanitarian action.

The Humanitarian Reset in South Sudan represents a paradigm shift in how aid is planned, delivered, and sustained in the context of a protracted crisis, recurrent climate shocks, and ongoing insecurity. Following the road map initiated in 2025, the HCT will continue in 2026 with the following strategic approaches:

Define: Focus on the greatest needs

In 2025, the HCT re-prioritized the HNRP to focus exclusively on life-saving interventions in the areas of highest need. This approach has continued in 2026, targeting populations in Priority 1-3 counties, where the most severe deprivation characterized by extreme food insecurity, malnutrition, and limited access to basic services exists due to the compounding impact of crises. Clusters will implement only life-saving activities in these prioritized areas, ensuring that resources are allocated to the most urgent needs.

Deliver: Timely and streamlined response

The HCT will enhance accountability to affected populations (AAP) by increasing their participation in response planning and implementation. A key focus will be expanding funding to national organizations and removing obstacles to cash responses, particularly multi-purpose cash assistance (MPCA), wherever feasible, while ensuring that cash modalities are accessible, safe, and responsive to the specific needs of diverse groups, including female-headed households and persons with limited mobility.

In 2026, the HCT will also build on the Area-Based Coordination (ABC) model, which began rolling out in late 2025, to localize leadership, improve coordination, and strengthen the humanitarian-development-peace nexus across 10 states and the three administrative areas. The aim is to reduce dependency on humanitarian aid and build community resilience. Coordination will be streamlined through simplifying structures and improving response efficiency with a commitment to inclusive participation and protection-sensitive approaches.

Devolve: People-centred response

Ensuring that the voices of affected communities are central to the response is a core principle. The HCT will strengthen accountability mechanisms through the implementation of the HCT AAP strategy[10] and enhance efforts around Communicating with Communities (CwC). The ABC and Deep Field Coordination (DFC) models will be crucial in ensuring that local NGOs lead response efforts and that humanitarian activities are aligned with community needs, priorities, and capacities. To foster greater equity, the HCT will prioritize partnerships with national and local actors, increasing their representation in key strategic forums, such as the HCT, ICCG, and SSHF Advisory Board. Additionally, more than half of SSHF funding will be allocated to local organizations to enhance their role in humanitarian response.

Defend: Principles and humanitarian space

Humanitarian access in South Sudan remains increasingly challenged by violence, bureaucratic barriers, and environmental obstacles. Ensuring the safety of humanitarian workers and the unhindered delivery of assistance to those in need is critical. In 2025, the HCT engaged with multiple layers of government to secure access, and this will remain a key priority in 2026. Advocacy efforts will focus on negotiating safe operational environments, including ensuring the protection of aid workers and facilitating the delivery of life-saving services in conflict-affected areas.

Integrated response

The humanitarian response will emphasize a coordinated, multisectoral approach to enhance efficiency, improve outcomes and maximize the impact on health and well-being. This integrated strategy will involve joint assessments, resource mobilization, and planning across clusters to ensure well-aligned implementation. Special attention will be given to areas with high malnutrition and food insecurity, ensuring a holistic approach to addressing the multifaceted needs of these populations. The integrated response will aim to reduce morbidity and mortality, improve food security, and enhance community resilience through strengthened local capacities.

Rapid Response Mechanisms (RRMs)

The RRM will be strengthened to respond more effectively to new shocks, especially in areas that have been deprioritized. A mapping of RRMs across different organizations was finalized in November 2025. The next step in 2026 will be strengthening coordination among RRM actors and moving toward adoption of common tools and response packages. MPCA will be used as a primary response mechanism where conditions allow, providing quick and flexible support to affected populations.

Localization

Localization remains a cornerstone of the Humanitarian Country Team's (HCT) strategy in South Sudan. In 2026, the HCT will further institutionalize partnerships with national and local actors, ensuring they have meaningful representation and decision-making power in line with the HCT Localization Strategy.[11] Efforts will focus on amplifying local organizations' voices in planning and delivering humanitarian responses, strengthening their capacities, and supporting their leadership in coordination processes. The HCT will deepen its commitment to community-led action through strengthened accountability mechanisms, such as AAP and Participatory Approaches to Community Engagement (PACE).

Funding will continue to prioritize local actors, with a focus on direct, flexible, and predictable support. In 2025, 44 per cent of all SSHF funding was allocated to local organizations, and this will be further increased in 2026 as part of the ongoing humanitarian reset.

2.4 Advocating for people not assisted through the HNRP

People not assisted through the HNRP

While nearly 10 million people are estimated to require humanitarian assistance in South Sudan, the HNRP will prioritize 4 million people in acute need. People in need who are not included in the HNRP may still face severe vulnerabilities, but their exclusion from direct humanitarian support leaves them without critical aid. These populations include those in protracted crises, host communities, and people affected by slow-onset shocks such as climate change. While not prioritized for immediate assistance, their coping capacities are severely stretched, and without alternative support, they are at risk of slipping into acute need.

This highlights the importance of adopting a more inclusive approach that recognizes the interconnectedness of immediate humanitarian needs and longer-term development challenges. Providing resilience and development support to these excluded groups is not only a moral imperative but also a strategic investment in long-term stability and sustainability. Strengthening livelihoods, improving access to basic services, and building adaptive capacities will reduce dependency on humanitarian aid, fostering self-reliance.

This approach aligns with the humanitarian-development-peace nexus, ensuring that short-term relief efforts are complemented by long-term solutions that address the root causes of vulnerability. By focusing on resilience programming and development initiatives, these populations can be supported to break the cycle of chronic crisis, promote their social cohesion, and reduce the likelihood of future humanitarian emergencies.

Humanitarian-Development collaboration

The complex and overlapping drivers of need in South Sudan require a joint, integrated approach that goes beyond humanitarian action. In June 2025, the UNCT and the HCT agreed on a collective outcome focused on increasing resilience and self-reliance, particularly for women and youth within a protective environment. To achieve this, five key areas of focus were identified, including enhancing food security, promoting access to basic social services, advancing durable solutions,

strengthening peace and governance, and improving rapid response to new shocks. The HCT, UNCT and United Nations Mission in South Sudan (UNMISS) will work collaboratively to deliver on these shared objectives and achieve the collective outcome, ensuring a holistic and coordinated response that addresses both immediate needs and long-term solutions.

Advocacy messages towards authorities and development actors

- **Invest in gender-responsive basic services:** Investment by the Government in critical infrastructure that delivers basic services to the people including health, education and agriculture to lay a firm foundation for stability, reducing dependency on external assistance.
- **Create a safe and inclusive environment:** Put the Government at the forefront of addressing humanitarian needs by strengthening governance structures and creating a safe and inclusive environment for humanitarian interventions.
- **Support gender-responsive durable solutions and reduce aid dependency:** Humanitarian partners remain committed to saving lives, but long-term aid is not a sustainable solution. The Government is to play a leading role in supporting durable solutions for displaced communities, including safe, voluntary returns and access to land and basic livelihoods.
- **Protect gains in deprioritized areas:** Development actors to adapt their programmes to meet the needs of residual humanitarian caseloads in areas where humanitarians have deprioritized.
- **Strengthen gender-inclusive coordination and collaboration:** Development actors to invest in long-term solutions that break the cycle of recurring crises and coordinate with humanitarian actors to promote an integrated approach that transitions communities from emergency relief to recovery.
- **Investment in critical sectors:** International Financial Institutions (IFIs) and bilateral donors to invest in critical sectors like agriculture, infrastructure, micro-enterprises, renewable energy and critical infrastructure. Such investments should prioritize local ownership and job creation, strategically targeting the youth to enhance sustainable recovery and development and reduce reliance on humanitarian assistance.

SOUTH SUDAN/BOR, JONGLEI
A health-care worker conducting a psychosocial support service to a returnee displaced by floods in Bor. OCHA/Basma Ourfali

2.5 Accountable, Inclusive and Quality Programming

Centrality of Protection

South Sudan remains one of the world's most complex and protracted humanitarian crises, marked by ongoing conflict, widespread human rights violations, and political instability. These factors exacerbate deep-rooted protection risks, leaving civilians vulnerable to cyclical displacement, violence, and barriers to life-saving humanitarian aid and essential services. The fragility of South Sudan is further compounded by under-resourced and overstretched humanitarian systems. A hyper-focus on immediate service delivery, driven by severe funding shortages, has accelerated the breakdown of the protective environment, with devastating consequences for civilians across the country.

In 2026, the HCT reaffirms its commitment to the Centrality of Protection in all humanitarian efforts. To ensure protection principles are at the forefront of the response, protection will be integrated into all humanitarian activities across design, planning, implementation, and monitoring. This comprehensive approach will strengthen the quality of the response, ensure coherence across sectors, and bridge the humanitarian-development-peace nexus through the systematic integration of age, gender, disability, and other intersectional considerations ensuring that the diverse needs, capacities and risks faced by affected populations are effectively addressed.

However, addressing immediate humanitarian needs alone is not enough. It is critical that acute responses are paired with proactive and preventive measures that address the root causes of violence, coercion and rights violations. These include conducting inclusive conflict-sensitive and intersectional analyses to better understand protection risks, community dynamics and barriers to service access, particularly for women, children, older persons, persons with disabilities and other marginalized groups. Such efforts are essential to not only mitigate current risks but also inform evidence-based advocacy with the Government of South Sudan, urging it to fulfill its obligations to protect the safety, dignity and well-being of all people in South Sudan.

For further resources on the protection risk landscape in South Sudan, please see the South Sudan Protection Analysis Update [September 2025], the South Sudan Protection Risk Monitoring System, or visit South Sudan | Global Protection Cluster for latest publications.

Please see here for resources about the Centrality of Protection.

Accountability to Affected Populations (AAP)

The South Sudan HCT AAP Strategy, formulated in 2021 and updated in 2023, has set a framework for collective commitments on AAP in South Sudan. However, operationalization of this strategy has faced significant limitations. To better align with the evolving humanitarian landscape, a more robust, inclusive and adaptable AAP framework responsive to age, gender, disability and other intersectional factors will be developed for 2026 and beyond.

In 2025, a streamlined approach to AAP coordination was introduced by merging the Communications and Community Engagement (CCE) Working Group with the AAP Taskforce. The AAP Working Group has a ToR and Workplan since June 2025, but implementation has been limited due to funding and human resources constraints.

The September-October 2025 Inter-Sectoral Needs Assessment (ISNA) provides valuable insights into the effectiveness of current AAP efforts. The primary sources of information reported by respondents were community leaders (50 per cent), NGOs/UN (16 per cent), religious leaders (12 per cent), family/friends/neighbours (8 per cent), and official government sources (8 per cent).

Key findings of the ISNA

- 61 per cent of households in areas where complaints and feedback mechanisms are used felt comfortable providing feedback or complaints about humanitarian assistance, but only 49 per cent were aware of the feedback or complaint mechanisms available.
- 53 per cent of households believed their views and opinions were considered in humanitarian programming and service delivery.
- 41 per cent of households faced barriers to accessing information on available humanitarian assistance.

Building on these findings, 2026 will see a renewed focus on strengthening subnational AAP coordination to ensure more localized and community-driven responses. Key actions will include:

- Capacity strengthening for local partners including women-led, youth-led, and disability-focused organizations to foster a collective AAP approach.
- Mainstreaming inclusive communication strategies that address language, literacy, disability and cultural barriers to ensure equitable access to information.
- The production and dissemination of community feedback products that reflect the voices of diverse groups, including women, older persons, and persons with disabilities to inform programme adjustments.
- Enhanced operationalization of the HCT AAP Strategy, ensuring that accountability mechanisms are fully integrated into all stages of response.

Data collection will primarily be through ISNA, as well as the harmonization of partner community engagement efforts. A more comprehensive tracking system will be implemented via the cluster 5W reporting system, feeding into the interactive response-wide AAP activity dashboard. Additionally, perception surveys or the establishment of a common AAP mechanism will enable real-time monitoring and a more inclusive, transparent and accountable response process.

Protection from Sexual Exploitation and Abuse (PSEA)

In 2025, South Sudan advanced its PSEA architecture by transitioning to an inclusive, multi-agency PSEA network, uniting UN entities, NGOs, and civil society. Revised Standard Operating Procedures (SOPs)[12] for Inter-Agency Sexual Exploitation and Abuse Referral Procedures (IA PSEA RP) endorsed by the UNCT and HCT now guide coordinated action across the country. PSEA is mainstreamed across various programmes, including needs assessments, capacity building, community engagement and awareness initiatives. To bolster PSEA efforts, a dedicated Inter-Agency PSEA Coordinator is housed in the United Nations Resident Coordinator's Office (UNRCO), supporting senior leadership and strategy development. The PSEA network's efforts are anchored in the five focus areas of the Systemwide PSEAH Strategy (2025–2029):[13]

- **Leadership, accountability and oversight:** Senior leadership ensures robust enforcement of PSEA policies, drives workforce behaviour change, and guarantees that the PSEA Network is effectively resourced and coordinated at all levels.
- **Proactive prevention:** All partners institutionalize PSEA through systematic risk assessments, integration into programmes, safe recruitment, and continuous training. Risk mitigation strategies are regularly updated, with a strong emphasis on organizational culture and meaningful community engagement.
- **Safe, accessible, and appropriate reporting:** Community-based complaints mechanisms are strengthened and adapted to be confidential, inclusive, and accessible to all, regardless of gender, age, or ability. In 2026, SOPs and reporting protocols will be cascaded to sub-national levels to ensure universal access to safe reporting.
- **Victim-centred assistance:** The rollout of the UN victims assistance protocol and PSEA SOPs at sub-national levels will be prioritized, alongside strengthened referral pathways and enhanced capacity for GBV, child protection and victim rights advocates. This ensures timely, appropriate, and holistic support for all victims, including children, persons with disabilities and other at-risk groups.
- **Accountability and investigations:** Allegations are addressed swiftly and transparently, with trained investigators applying victim-centred procedures. Community trust is reinforced through awareness initiatives, feedback mechanisms, and alignment with international standards.

Key priorities for 2026 include cascading the UN victims assistance protocol and PSEA SOPs to all sub-national locations; enhancing SEA risk management and mitigation; mobilizing resources for sustainable PSEA action; and strengthening collective accountability and capacity across the humanitarian, development, and peace nexus.

Gender

Gender inequalities in South Sudan are intricately woven into the fabric of the country's ongoing humanitarian crisis, disproportionately affecting women and girls. They represent more than 70 per cent of those displaced and are among the most vulnerable to food insecurity.

Cultural norms, entrenched insecurity, and exclusion from decision-making processes severely limit their access to essential humanitarian aid and services. GBV is alarmingly widespread, with over 65 per cent of women experiencing physical or sexual abuse, a crisis exacerbated by displacement and overcrowded camps. Child marriage remains deeply entrenched, driven by economic hardship and a lack of alternatives.

Access to health care is critically limited, contributing to one of the world's highest maternal mortality rates and very low contraceptive use. Opportunities for education and economic empowerment are similarly constrained, with girls more likely to drop out of school and women holding only a fraction of the land, despite their central role in the informal agricultural workforce.

At the same time, gender issues facing men are often overlooked, despite their significant impact on both social dynamics and humanitarian outcomes. Rigid expectations of masculinity, particularly in post-conflict environments, place immense pressure on men to conform to ideals of strength and dominance. This can result in severe psychological distress when these roles are not achievable. Many young men are forcibly recruited into armed groups and face immense challenges during reintegration, including unemployment and social stigma. Economic strain and shifting family roles fuel frustration and domestic violence, particularly as some men perceive women's empowerment initiatives as a threat to traditional gender norms.

Addressing these intersecting challenges requires comprehensive and inclusive gender programming. Humanitarian efforts must support women, men, boys, and girls especially those with disabilities, ensuring that interventions promote equity, resilience, and social cohesion within all communities.

SOUTH SUDAN/AWEIL EAST
A woman harvests vegetables from her garden in Aweil East County, Northern Bahr el Ghazal State. The project, supported by the South Sudan Humanitarian Fund, also provided training on good agricultural practices. OCHA/Iramaku Wilfred Vundru

2.6 Cost of the response

Costing methodology

A unit-based costing approach was used to estimate the total cost of the response, with costs calculated per beneficiary by activity, sector and where possible, geographical location. Each cluster developed unit costs based on a rationale agreed upon by members, factoring in cross-cutting priorities. These unit costs were then multiplied by the target population to determine the overall requirements, including the costs of in-kind support, cash and voucher assistance (CVA) where applicable. The total HNRP requirement is the sum of all cluster estimates. To streamline the process, the project-based system used in previous HNRPs was discontinued due to reduced staff capacity across clusters.

SOUTH SUDAN/MALAKAL
Joseph attends an English lesson at a school in the PoC site in Malakal, Malakal County, Upper Nile State. OCHA/ Basma Ourfali

2.7 Cash and Voucher Assistance (CVA) overview and multi-purpose cash assistance (MPCA) section

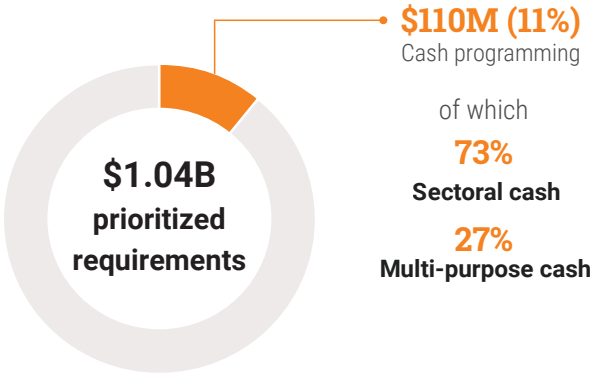
CVA context

The CVA landscape in South Sudan has evolved in response to displacement, climate-related shocks and economic instability. In the 2025 HNRP, 11 per cent of the total budget, approximately $197 million was allocated to CVA, with $25 million (1.5 per cent) earmarked for MPCA. In 2026, CVA will continue to be prioritized, aligned with the humanitarian reset and the preferences of affected populations.

According to the 2025 ISNA, 52 per cent of the surveyed population preferred cash over in-kind assistance, highlighting its effectiveness in meeting basic needs. Despite ongoing localized conflict restricting access in some areas, cash interventions remain viable, as most monitored markets are functional and accessible. However, funding reductions and access constraints have limited market data collection, reducing coverage from 85 markets in early 2023 to 67 markets by November 2025.[14,15]

The 2026 CVA target will reach about two million people with a budget of $110 million, representing (11 per cent of the prioritized HNRP funding requirements). A breakdown of this allocation, including MPCA, is shown in the infographic below.

Cash programming requirements



MPCA Plan

MPCA will be used as a first-line response to new shocks, helping vulnerable households access life-saving services after a crisis where markets are functional. This period provides a critical buffer, allowing households to stabilize, reducing reliance on harmful coping mechanisms while longer-term interventions are mobilized. In areas with ongoing interventions, MPCA top-ups will be provided on a case-by-case basis, with transfer values adjusted accordingly. In 2026, MPCA will target 475,600 people with a requirement of $30 million.

The approved MPCA transfer value as of November 2025 is set at $140 per household per month for three months, based on South Sudan's median Minimum Expenditure Basket (MEB). This amount will be revised as needed according to the CWG trigger thresholds informed by monthly market monitoring. MPCA assistance will focus on priority inter-sectoral locations (1-3) and areas historically prone to shocks.

Complementarity, deduplication and links with social protection systems

In 2026, MPCA and sectoral cash delivery will emphasize improved coordination and de-duplication among cash actors at both national and field levels. The CWG will work closely with clusters to establish cross-sectoral referral pathways, particularly in livelihoods interventions, to enhance complementarity, build household resilience, and increase the impact of the response. Additionally, the 2026 response will strengthen links between humanitarian CVA and social protection programmes, providing a comprehensive safety net for the most vulnerable populations.

SOUTH SUDAN/AWEIL EAST, NORTHERN BAHR EL GHAZAL
Vulnerable people receive multi-purpose cash assistance in Aweil East County, Northern Bahr el Ghazal State. This project is supported by the South Sudan Humanitarian Fund. Photo: OCHA South Sudan

2.8 Response monitoring

Situational monitoring

The HCT and the ICCG will monitor the situation through multiple sources, including OCHA field offices, ABCs, DFCs, and partners. This monitoring will inform response planning, advocacy, and resource mobilization efforts. The HCT and ICCG will receive regular updates during meetings and situational briefings as the situation evolves. Key products such as humanitarian snapshots, access snapshots, flood situation reports, and other ad-hoc reports will provide continuous situational updates throughout the year.

Risk monitoring

The NAWG serves as the primary intersectoral mechanism for monitoring risks and needs in South Sudan. Using an agreed-upon analytical framework, the NAWG will continue to produce monthly, county-level assessments of critical, life-threatening humanitarian needs across the country. These analyses are shared with the ICCG and HCT to guide strategic decision-making, geographical prioritisation, and targeting of emergency responses.

The NAWG monitors both underlying vulnerabilities and emerging shocks, tracking key risk factors such as new displacement, disease outbreaks, protection violations, and the progression of acute food insecurity and malnutrition. These indicators are compiled into a composite severity score for each county, which is further refined through contextual analysis and expert input from field and technical specialists. This process enables the identification of areas at escalating risk, informs early action, and supports close monitoring in areas with limited information.

Response monitoring

ActivityInfo platform will be the central platform for tracking and reporting humanitarian cluster activities. Humanitarian partners will regularly report on the services provided, beneficiaries reached, and sector-specific outputs. Regular updates will ensure that the response remains aligned with evolving needs.

The 3W (Who-Does-What-Where) tool will map the operational presence of humanitarian organizations, identifying where partners are working and the services they are providing. This tool will be updated regularly to identify gaps in service delivery and areas where additional partners or resources are needed.

The Financial Tracking Service (FTS) will be used to track financial contributions and the overall financial health of the response. FTS generates up-to-date reports on the status of funds, helping stakeholders track the status of funding in real time.

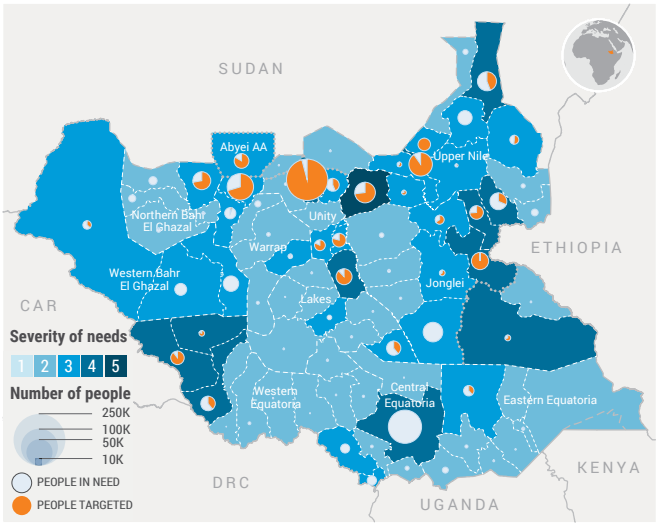
Humanitarian Response Dashboards[16] will provide a visual summary of critical response data in real-time, including the number of beneficiaries reached, funding status, and geographic coverage, while the 3W maps will display presence of organizations. This will help coordination bodies assess the adequacy of the response and direct resources accordingly.

SOUTH SUDAN/JUBA
James, a primary school student in Juba, Central Equatoria State, enjoys his school lunch provided through WFP's school feeding programme. Photo: WFP South Sudan

Part 3: Cluster needs and response

3.1 Camp Coordination and Camp Management (CCCM)

People in need	People targeted	People prioritized	Requirements (US$)	Prioritized requirements
1.4M	736K	736K	$17M	$15M



Summary of needs

Displaced families across South Sudan continue to face severe challenges in accessing safety, dignity, and stability. As of October 2025, about 900,000 people remain in 131 formal and informal displacement sites, many of which are overcrowded, flood-prone, and hard to access due to insecurity. Communities report urgent needs for safe shelter, clean water, health services, and meaningful participation in decisions that affect their lives. Vulnerable groups including female-headed households, persons with disabilities, older people, and children are often underrepresented in site governance and face heightened protection risks. Displaced populations in Unity, Upper Nile, Jonglei, Warrap, as well as new arrivals from the border areas with Sudan, experience isolation and uncertainty about their future.

Response strategy

In 2026, the CCCM Cluster will implement an area-based, community-driven site management approach to deliver coordinated, efficient, and inclusive services. Priorities include protracted displacement sites, strengthening local coordination, empowering community leadership, and enhancing the Government Relief and Rehabilitation Commission's (RRC's) capacity for site management. Mobile CCCM teams will provide rapid, flexible support to new or underserved sites, ensuring timely response. Multi-sectoral coordination will improve access to essential services. Regular site profiling, monitoring, and data analysis will inform evidence-based decisions and equitable resource allocation. The CCCM Cluster will support the merger of the Shelter-NFI Cluster and the Housing, Land and Property (HLP) Area of Responsibility, ensuring complementary programming.

Targeting and prioritization

CCCM interventions in 2026 will target IDPs and returnees living in formal and informal sites, including Bentiu, Malakal, and transit centres linked to Sudan. Prioritization will consider vulnerability, access constraints, partner presence, and protection risks, drawing on site verification, population tracking, and community consultations. Targeting will remain dynamic and participatory, ensuring that the most vulnerable individuals and underserved sites are reached. Insufficient funding risks weakened coordination, inconsistent services, rising protection concerns, and deteriorating conditions in high-density sites.

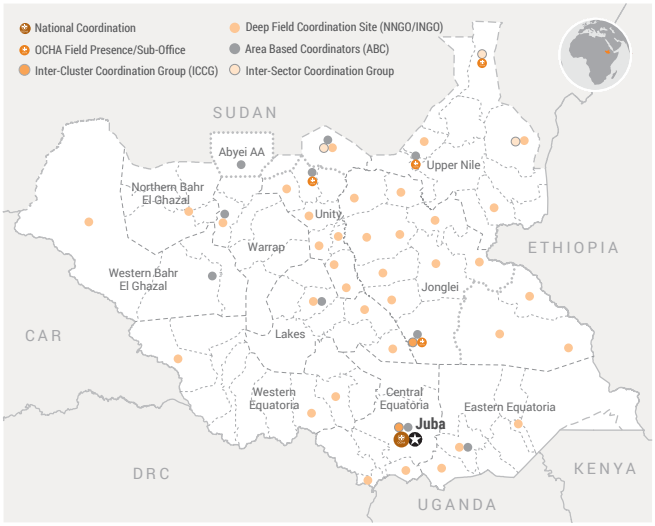
Promoting accountable and inclusive programming

Affected people's voices will guide all response phases through assessments, consultations, and inclusive governance. Feedback mechanisms like suggestion boxes, help desks, and community dialogues ensure two-way communication. Participatory monitoring and satisfaction surveys reinforce AAP, promoting sustainable, people-centred humanitarian action.

The detailed cluster strategy can be found at:
https://bit.ly/4panXEf

3.2 Coordination, Thematic and System Support (CTSS)

People in need	People targeted	People prioritized	Requirements (US$)	Prioritized requirements
-	-	-	$33M	$20M



Summary of needs

Amid shrinking resources and a deteriorating operational environment, South Sudan requires stronger evidence-based planning and interoperable systems for effective humanitarian operations. Coordination structures must become more localized, integrated, and multi-disciplinary, linking humanitarian, peace, and development actors at national and sub-national levels to achieve a comprehensive response.

There is an urgent need for common situational awareness tools and integrated indicator systems that generate shared datasets to support coherent decision-making across stakeholders. Increasing access constraints and escalating insecurity demand enhanced access coordination and civil-military engagement to sustain life-saving operations in hard-to-reach areas.

With no resolution to the Sudan crisis in sight, sustained onward transportation assistance is critical to prevent congestion in border areas and transit centres where services are overstretched. Cross-cutting themes including AAP, PSEA, CVA require dedicated support to uphold the quality and integrity of the response.

Response priorities

The CTSS sector aims to facilitate principled, coordinated, evidence-based, efficient, and inclusive humanitarian action. Key priorities include:

Strengthening Coordination: CTSS will support context-specific coordination structures at national and operational levels. Strategic platforms include the HCT and ICCG. Operational mechanisms such as the AWG, Civil-Military Working Group (CMWG), AAP Working Group, PSEA Network, Information Management Working Group (IMWG), and NAWG will be maintained and adapted as needed.

Needs Assessment and Analysis: CTSS will focus on creating interoperable common and integrated data and analysis systems capable of serving multiple stakeholders. CTSS will ensure coordinated needs assessments to inform strategic humanitarian planning, and rapid assessments to guide operational response to new shocks. It will also facilitate joint needs analysis and reporting to underpin evidence-based prioritization and situational awareness.

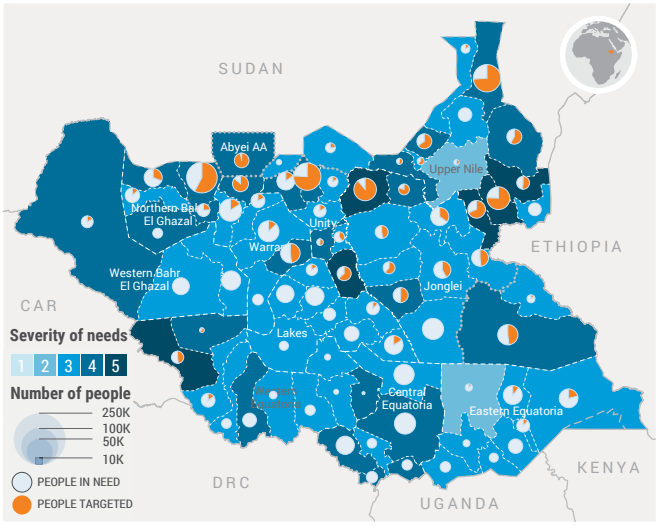
Displacement Tracking and Monitoring: Given high displacement levels, CTSS will maintain systems to track population movements, covering new displacements, historical caseloads, and returnee movements.

Programme Quality: CTSS will ensure the integration of cross-cutting issues including AAP, PSEA, CVA, gender, conflict sensitivity and protection to strengthen response quality.

Humanitarian Transportation: In partnership with authorities, CTSS actors will support safe onward transportation for returnees from transit centres to final destinations by road, river, air, or multimodal combinations. This support has been essential in reducing congestion and mitigating protection risks in border and transit locations since the onset of the Sudan crisis in April 2023.

3.3 Education

People in need	People targeted	People prioritized	Requirements (US$)	Prioritized requirements
2.4M	795.5K	795.5K	$48M	$30M



Summary of needs

The education situation in South Sudan remains critical, with overlapping crises severely disrupting learning and restricting access to safe, functional schools. In 2026, an estimated 2.4 million school-aged children, including 523,000 internally displaced, 337,000 returnees, and 242,000 children with disabilities will face significant barriers to accessing safe, equitable and quality education. The 2025 ISNA identified 294,000 children in severe hardship, both in and out of school.

Conflicts in Upper Nile State (Ulang, Nasir, Panyikang and Longechuk counties) have led to the closure of more than 200 schools, heightening protection risks and driving displacement to neighbouring counties where schools often serve as shelters. Severe flooding has further disrupted learning in more than 100 schools, affecting nearly 30,000 learners, with Unity State particularly impacted. These shocks undermine children's right to education and increase exposure to protection risks including early marriage and child labour. Although cholera cases have declined, spikes persist in flood-affected areas, with children aged 5-14 years accounting for 22 per cent of cases and 18 per cent of deaths.

Response strategy

The Education Cluster will prioritize Education in Emergencies (EiE) actions that secure safe, inclusive and protective learning opportunities for children affected by conflict, climate shocks and protection risks. Key interventions include expanding non-formal education and establishing protective learning spaces in crisis-affected areas, delivering psychosocial support (PSS), child safeguarding and life-saving messages for all learners, including children with disabilities. Training teachers in MHPSS, child protection and safe school protocols will be critical, as well as enhancing localization by strengthening the leadership and coordination capacities of local organizations and authorities.
The cluster will advocate for coherent humanitarian-development financing to improve sustainability and explore MPCA and voucher assistance to reduce financial barriers that prevent vulnerable children from accessing education.

Targeting and prioritization

The response will prioritize returnees, IDPs, children with disabilities and vulnerable host community children in conflict and disaster impacted areas. Targeting will remain dynamic through ongoing assessments and partner coordination. Critical interventions include safe learning spaces, teacher training, learning materials, psychosocial support and specialized protection services.

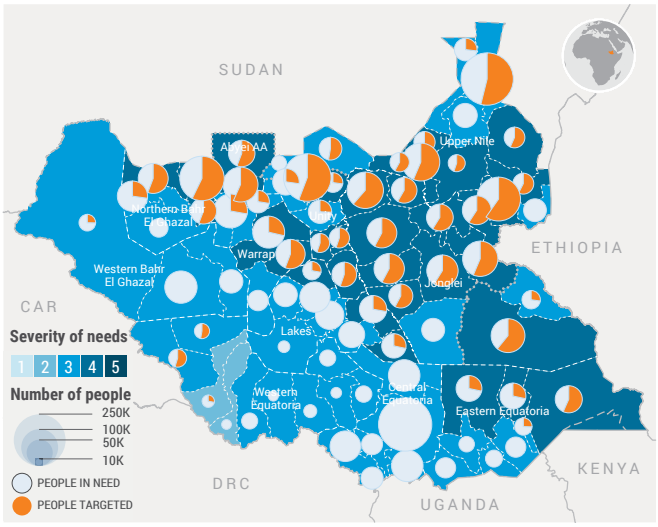
Promoting accountable and inclusive programming

AAP will be central to ensure inclusive and participatory approaches to engage children, parents, teachers and local authorities in assessments, planning, and monitoring. Special focus will be on girls, children with disabilities and marginalized groups, ensuring gender-sensitive, accessible learning environments. Capacity building will be on safeguarding, protection and "Do No Harm" principles, ensuring equitable community-driven education responses.

The detailed cluster strategy can be found at:
https://bit.ly/4rud1Tk [17]

3.4 Food Security and Livelihoods (FSL)

People in need	People targeted	People prioritized	Requirements (US$)	Prioritized requirements
7.65M	2.7M	2.7M	$411M	$360M



Summary of needs

South Sudan faces a worsening food security crisis. The November 2025 IPC analysis projects that 7.55 million people (53 per cent of the population) will experience crisis-level or worse conditions (IPC Phase 3+) during the 2026 lean season, including 28,000 in catastrophe (IPC Phase 5). Communities in Jonglei, Unity, Upper Nile, and parts of Warrap and Lakes States are hardest hit.

Conflict, large-scale displacement and restricted humanitarian access continue to disrupt livelihoods and suppress agricultural production. Economic collapse, soaring inflation and currency volatility, has further eroded purchasing power. Recurrent floods and erratic rainfall have destroyed crops and markets. Spillover from Sudan's conflict has worsened trade disruptions, driven up prices, and increased pressures on already limited resources due to the influx of returnees. Urgent food assistance, livelihood support, and resilience-building interventions are needed in flood-prone and conflict-affected areas.

Response strategy

The FSL Cluster will deliver an efficient response through cash, vouchers and in-kind assistance, prioritizing cash where markets function. Biometric registration will ensure accountability and prevent duplication.

Partners will coordinate in shared locations to maximize complementarity and integrate programming with Health, Nutrition, WASH, and Protection clusters through joint data sharing and geographic convergence.

To reduce dependency and strengthen resilience, the cluster will collaborate with development actors, government, and the private sector. Gender equality will remain central, including GBV risk mitigation and economic empowerment for women. Shock-responsive interventions will address sudden onset shocks while promoting multi-sectoral approaches that build long-term food security and community resilience.

Targeting and prioritization

The cluster aims to support 2.7 million people, focusing first on providing food assistance, emergency agriculture and off-farm livelihoods, while also emphasizing efforts to strengthen community resilience.

As funding declines, assistance will focus on IPC Phase 4+ counties with shortened response durations (4–8 months) and reduced rations (21 days in high-severity areas, 15 days elsewhere). Emergency agriculture support activities will be scaled back accordingly while complementarity between the cluster objectives will be prioritized.

Accountable and inclusive programming

The FSL Cluster engages communities throughout the project cycle via consultations, feedback mechanisms, and local committees to ensure transparency and responsiveness. Participatory monitoring validates progress and outcomes, reinforcing dignity, trust, and alignment with real needs.

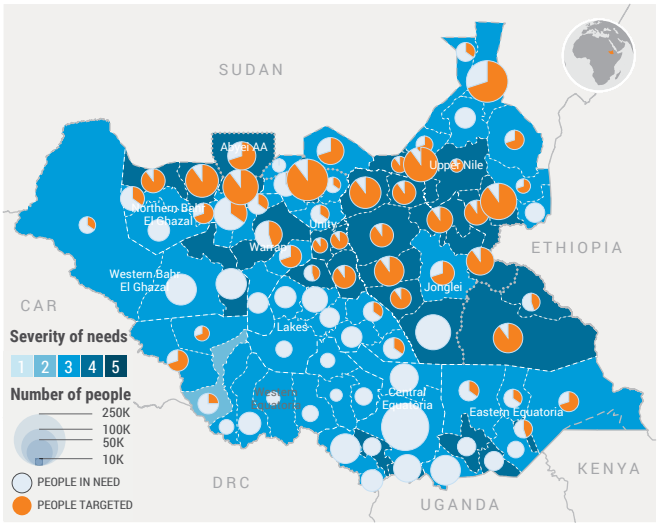
The detailed cluster strategy and guidelines can be found at:

Strategy: https://bit.ly/48xsCJp

Guidelines: https://bit.ly/4iCy6qN

3.5 Health

People in need	People targeted	People prioritized	Requirements (US$)	Prioritized requirements
6.3M	2.9M	2.9M	$114M	$75M



Summary of needs

South Sudan faces severe health challenges, including concurrent outbreaks of cholera, hepatitis E, measles, yellow fever, mpox, and poliovirus. Malaria remains the leading cause of illness and death, exacerbated by flooding and climate shocks. Access to health care is limited, with only 55 per cent of the population able to reach a health facility within one hour, while 43 per cent cite distance as a major barrier (ISNA 2025).

Sexual and reproductive health needs are critical, particularly for adolescent girls and women in remote and crisis-affected areas. Immunization coverage is alarmingly low: 83 per cent of counties report 50–85 per cent zero-dose children, and dropout rates exceed 10 per cent in over 90 per cent of counties. While the Health Sector Transformation Programme (HSTP) supports half of functional facilities, 18 per cent of health facilities remain non-functional and 60 per cent lack emergency obstetric and newborn care capacity. Strengthening local health capacity is essential in ensuring the continuity and sustainability of services.

Response strategy

In 2026, the Health Cluster will strengthen the health system aligned with the National Health Policy (2016–2026) and Health Sector Strategic Plan (2023–2027). Life-saving services will be delivered through static facilities, mobile teams, and community outreach, focusing on hard-to-reach areas. Coordination will improve through technical working groups, ABC, and integrated response mechanisms. Localization will prioritize capacity-building for local organizations to ensure sustainability and resilience.

Key priorities include life-saving health care and improving epidemic surveillance and outbreak response, improved immunization coverage, sexual and reproductive health services via MISP, emergency referral systems, integration of GBV and mental health and psychosocial support (MHPSS) and strengthened coordination, resource mobilization, and transition toward durable solutions.

Targeting and prioritization

The cluster will target vulnerable populations in conflict, flood and other climate-shock-affected areas identified through the District Health Information System (DHIS2), the Early Warning, Alert and Response System (EWARS), rapid needs assessments, the Public Health Situation Analysis (PHSA), and IPC classifications. Prioritization considers limited access to functional health facilities and other access barriers, climatic shocks, and conflict exposure, aligning with the Ministry of Health-led HSTP and community consultations. Adaptive programming will be ensured through continuous feedback, joint supervision, and quarterly reviews.

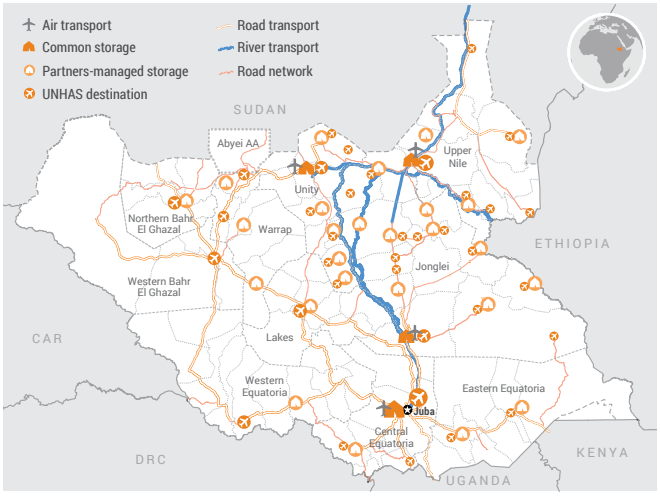
Promoting accountable and inclusive programming

Inclusive participation will involve women, youth, older persons, and people with disabilities in project design. Feedback mechanisms, including hotlines, suggestion boxes, and health committees, will strengthen community ownership and promote transparency and continuous improvement. Client satisfaction surveys and public service summaries will reinforce trust between communities and service providers.

The detailed cluster strategy can be found at: https://bit.ly/49paVw6

3.6 Logistics

People in need	People targeted	People prioritized	Requirements (US$)	Prioritized requirements
-	-	-	$78M	$45M



Summary of needs

South Sudan remains one of the world's most challenging environments due to weak infrastructure, seasonal hazards, insecurity, and demographic pressures, all of which drive persistent logistical bottlenecks. Humanitarian actors face significant access constraints stemming from limited aviation services, underdeveloped transport networks, and insufficient infrastructure investment impeding the timely delivery of life-saving assistance. Climate change exacerbates these challenges, with erratic rainfall patterns causing widespread flooding, damaging supply routes, and preventing pre-positioning of relief supplies during the short dry season. Violence and insecurity frequently disrupt supply routes, halt commercial movements and restrict humanitarian access. The influx of returnees and refugees from Sudan, combined with flooding and conflict related needs, places further pressure on already overstretched systems.

Response strategy

Through national and state-level coordination, the Logistics Cluster will support approximately 200 humanitarian actors across South Sudan, providing access to operational services via road, river and air. The Logistics Cluster will continue to provide coordination updates, information management and capacity building programmes and ensure access to common storage to support pre-positioning. Overland and river transport will be optimized as cost-efficient modalities where possible. Infrastructure projects will rehabilitate key roads linking communities and commercial hubs, map targeted populations in priority areas and implement flood protection measures to minimize displacement. All interventions will be coordinated with government authorities and humanitarian actors to ensure a unified approach. The United Nations Humanitarian Air Service (UNHAS) will transport an estimated 55,000 passengers and 700 metric tonnes of cargo to 43 destinations, including emergency medical evacuations, security relocations, ICCG missions and charter flights.

Targeting and prioritization

The Logistics Cluster will continue to ensure the critical delivery of relief items for humanitarian partners, supporting multisectoral response. UNHAS will provide passenger and light cargo transport to all HNRP prioritized areas. Infrastructure projects will conduct participatory needs assessments to identify and prioritize critical assets for rehabilitation, ensuring relevance and sustainability. Joint monitoring with local stakeholders will strengthen accountability and guarantee effective delivery.

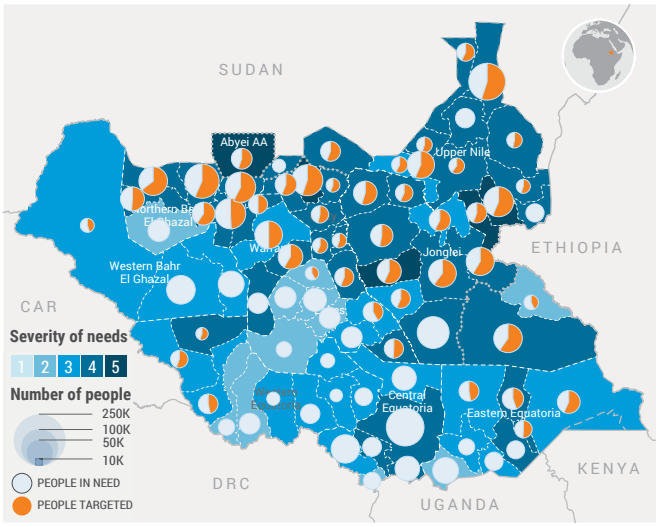
Promoting accountable and inclusive programming

The Logistics Cluster, UNHAS and infrastructure projects will ensure equitable access to common services for all humanitarian partners. Transparent coordination mechanisms, open forums and feedback channels will guide prioritization decisions. UNHAS will maintain safe, reliable and inclusive transport services, while infrastructure projects will engage local authorities and communities to foster ownership and sustainability. Gender, protection and disability considerations will be integrated throughout, reinforcing trust, efficiency and principled humanitarian delivery across South Sudan.

Logistics concept of operation is here: https://bit.ly/4iV6EEl
UNHAS concept of operation is here: https://bit.ly/44txZYN

3.7 Nutrition

People in need	People targeted	People prioritized	Requirements (US$)	Prioritized requirements
5.3M	1.8M	1.8M	$128M	$120M



Summary of needs

Acute malnutrition in South Sudan is expected to deteriorate sharply in 2026, particularly during the pre-harvest and lean seasons. Multiple, interlinked drivers include persistent food insecurity, protracted conflict, recurrent health emergencies, poor infant feeding practices and economic decline, all increasing vulnerability. An estimated 5.3 million people including children under five, pregnant and lactating women (PLW) will require urgent treatment and preventive nutrition support. These include 680,000 children with severe acute malnutrition (SAM), 1.44 million with moderate acute malnutrition (MAM), and 1.1 million mothers needing critical care. Critical and extremely critical levels of acute malnutrition are anticipated in 47 counties, including six at extremely critical thresholds. Nearly 70 per cent of affected children are expected to be concentrated in Greater Upper Nile and Northern Bahr El Ghazal. Conflict, economic instability, climate shocks, gender-based violence risks and spillover from the Sudan crisis continue to impact services. In 2025, half of targeted malnourished children and mothers could not access essential nutrition services due to insecurity and underfunding, heightening risks of morbidity and mortality.

Response strategy

The Nutrition Cluster will prioritize early detection and treatment of acute malnutrition among children under five, and PLW across all counties. Preventive measures will include maternal and child nutrition support, micronutrient supplementation, and blanket feeding for children under 24 months and PLW. Multi-sectoral interventions will be scaled up in critical areas in coordination with other clusters. Rapid response mechanisms will address sudden shocks, complemented by CVA to improve dietary diversity, access to care, and prevent relapses among recovered children. The cluster will strengthen service delivery, information systems, and anticipatory actions through real-time monitoring, working closely with partners, including the Ministry of Health.

Targeting and prioritization

Life-saving nutrition interventions will target children under five, PLW and adolescent girls. Of the 5.3 million people in need, 1.8 million will be prioritized in highly vulnerable counties, while treatment for children with acute malnutrition will be ensured. Multi-sectoral approaches and rapid response will expand reach, guided by real-time monitoring and anticipatory actions in less prioritized areas.

Promoting accountable and inclusive programming

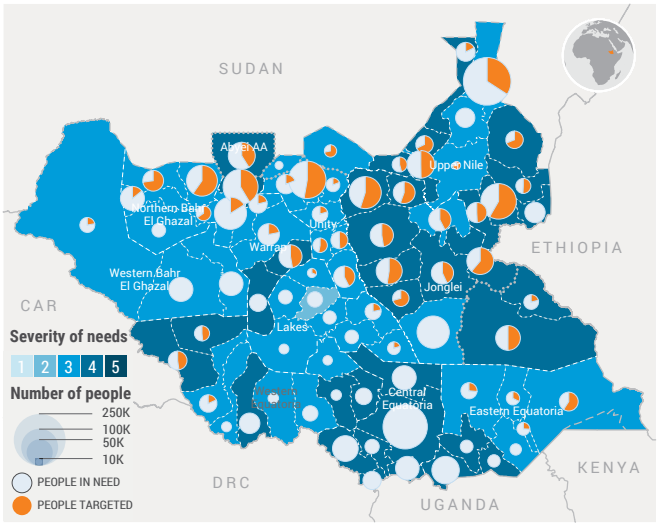
Programming will align with population-based surveys and community engagement under the seven pillars of AAP. Mechanisms for participation, gender and GBV-sensitive approaches and do no harm principles will be strengthened. Local partners will play a greater role through capacity-building in advocacy, programme management, and emergency response. Feedback systems will enable real-time adjustments, supported by the Global Nutrition Cluster's AAP framework. Localization will be prioritized to enhance national and local leadership in 2026.[18]

The detailed cluster strategy can be found at:

https://bit.ly/4aYGaQG

3.8 Protection

People in need	People targeted	People prioritized	Requirements (US$)	Prioritized requirements
4.9M	1.45M	1.4M	$79M	$71M



General protection

Summary of needs

South Sudan's protective environment has sharply deteriorated due to ongoing conflict, climate shocks and political instability. The arrival of nearly 1.3 million people from Sudan has compounded pre-existing vulnerabilities and overwhelmed an already under-resourced response system. In 2026, an estimated 12 million people will be affected by hazards, with 10.6 million facing severe and pervasive protection risks. These include attacks on civilians and property, unlawful killings, theft, extortion, forced evictions, GBV such as child and forced marriage, family separation, movement restrictions, and forced displacement. Urgent humanitarian assistance is required for 4.87 million people, including 2.7 million children and caregivers, 2.5 million women and girls at risk of GBV, 2.4 million people exposed to explosive ordnance (EO) and 1.2 million requiring HLP support.

Response strategy

The Protection Cluster, supported by GBV, Child Protection (CP), Mine Action (MA) and HLP workstreams, will deliver conflict-sensitive, inclusive interventions guided by the Protection Analytical Framework (PAF) and HCT priorities. Services will include mobile and static case management, community-led protection, cash and voucher assistance, multisectoral referrals, and protection monitoring. Community-led systems will strengthen first-line responses through dialogue platforms, weapons-free zones, and early warning systems for conflict and climate shocks. Data from the PRMS will inform risk analysis and advocacy for improved humanitarian access. The strategy balances emergency response with resilience-building through coordination across the humanitarian-development-peace nexus.

Targeting and prioritization

Funding limitations necessitate a hyper-prioritized approach focusing on the most acute risks for IDPs, returnees, and host communities. Prioritization will consider counties with catastrophic, extreme, or severe protection risk levels, high prevalence of top protection risks, and areas affected by conflict or displacement shocks. Service gaps will trigger targeted responses, while deprioritized areas may rely on RRMs, acknowledging potential limitations in coverage.

Promoting accountable and inclusive programming

Protection efforts will leverage community capacities to enhance safety and strengthen protective environments. Inclusive, survivor-centred feedback mechanisms, PRMS data and participatory approaches will ensure responsiveness to age, gender, disability and diversity considerations. Sub-national partners and community-based networks will operationalize feedback to guide design, implementation, monitoring and adaptive service delivery in response to emerging shocks.

Child protection

Across South Sudan, 2.7 million children and caregivers need CP assistance due to conflict, displacement, and the erosion of community safety nets. Escalating violence and conflict dynamics have forced families to flee repeatedly, heightening risks of family separation, GBV and association of children with armed groups. Recurrent climate shocks, severe food insecurity, and economic decline further strain households, driving negative coping mechanisms and exploitation. Adolescent girls and children with disabilities remain among the most affected, while communities consistently highlight the urgent need for psychosocial support, family reunification, and sustained social worker presence.

The CP strategy centres around strengthening social service workforce to provide case management, psychosocial support and emergency child protection services. Through mobile outreach, community-based mechanisms, and functional child-friendly spaces, children and caregivers receive timely, quality, and child-centred assistance, while reinforcing national and community systems for sustained protection delivery. Targeting is informed by child protection risk severity, displacement levels, and service coverage gaps. Priority counties such as Malakal, Rubkona, Fangak, and Yambio are identified through severity mapping, displacement data, and partner presence analysis. Continuous monitoring through the PRMS, field monitoring, and social worker reports inform adaptive approaches in response to shocks. Accountability is ensured through participatory assessments, community consultations, and child-friendly feedback mechanisms, with children, caregivers, and community-based protection groups actively informing the design, implementation and monitoring of interventions to ensure inclusivity and intersectional accessibility.

Gender-based violence (GBV)

GBV remains pervasive in South Sudan and has worsened due to ongoing conflict and insecurity. Identified as the top protection risk in South Sudan in 2025 by the PRMS, the risk of GBV is disproportionately high for women and girls, exacerbated by harmful gender norms, normalized violence, weak protective institutions, and economic precarity that perpetuate impunity. In 2026, an estimated 2.5 million people, mostly women and girls, are at risk of GBV and require prevention, risk mitigation and response services. A Community-based survey conducted to assess knowledge, attitudes, and practices of GBV revealed high risks of rape, sexual assault, child, early and forced marriage, denial of resources, opportunities and services and psychological and emotional abuse.

Prevention, risk mitigation, and response strategies to be implemented to address GBV include GBV prevention interventions to challenge harmful norms through community engagement and awareness-raising; GBV risk mitigation through integrating GBV actions into sectoral responses, conducting safety audits, distribution of dignity kits and fuel-efficient stoves; and GBV response to expand survivors' access to case management, psychosocial support, legal aid, women- and girls-friendly spaces, safe houses, referral pathways, and cash-based assistance as part of GBV case management. Programming and advocacy are guided by strengthened coordination among GBV partners and analysis of data from the GBV Information Management System (GBVIMS), the 5W reporting mechanism and the PRMS. The GBV response prioritizes 49 counties, targeting about 365,000 beneficiaries requiring a total budget of $22.7M in 2026.

Housing, land and property (HLP)

South Sudan continues to face profound HLP challenges driven by large-scale displacement, refugee returns and persistent insecurity. These dynamics have fuelled widespread illegal occupation, forced evictions, weak land tenure systems, property destruction, land grabbing, loss of documentation, and restricted access to justice. Efforts to address these issues are further undermined by limited institutional capacity, fragmented legal frameworks, discriminatory customary norms, gender disparities in land ownership, climate-induced displacement, environmental degradation, economic instability, and spillover effects from the Sudan crisis.

In 2026, the response will adopt a multi-layered, conflict-sensitive approach that integrates protection, legal assistance and institutional strengthening through both static and mobile modalities. Interventions will be coordinated at national and sub-national levels and linked with the RRM. The strategy will emphasize legal aid for housing and land disputes, the integration of housing safeguards into humanitarian programs, and the promotion of community-based dispute resolution.

Strengthening land governance systems, advocating for policy and legal reforms, and linking land-use planning to climate adaptation will be central to reducing displacement risks. Vulnerable groups, including IDPs, returnees, and host communities, will be prioritized based on comprehensive needs assessments. People-centred approaches will guide implementation, ensuring meaningful consultation, engagement and empowerment in decision-making. Tailored case management, legal assistance, and capacity building for local actors will reinforce these efforts.

Community engagement will remain at the heart of the response. Mechanisms for community-based dispute resolution, accessible feedback and referral systems, and robust data collection, monitoring, and analysis will be strengthened. Inclusive participation of women, youth, and marginalized groups will be actively promoted to ensure equitable outcomes.

Mine action

Across South Sudan, an estimated 20 million square metres of land remain contaminated with landmines, cluster munitions, and other explosive ordnance, affecting approximately 2.4 million people. The highest levels of contamination are found in Greater Equatoria, Upper Nile, and Jonglei states, severely limiting access to land, livelihoods and humanitarian assistance. Children are disproportionately affected, accounting for more than 80 per cent of casualties, while displaced populations face heightened risks due to unfamiliarity with hazardous areas.

The mine action response combines clearance operations, surveys, and risk education to reduce threats and restore safe access to land and essential services. Clearance activities aim to eliminate explosive hazards and enable humanitarian delivery, while surveys help identify and prioritize contaminated areas. Risk education programs, designed to be gender and age-sensitive, equip communities particularly children and displaced populations with knowledge to avoid and report explosive ordnance. Priority areas include Juba, Akobo, Maban, and Magwi counties. Community Liaison Officers play a critical role by engaging with communities, gathering information, and serving as the first point of contact for feedback. Over 95 per cent of mine action staff are South Sudanese, many from affected communities, underscoring a strong commitment to local expertise and community-driven protection.

The detailed cluster strategy can be found at:

Protection Cluster Strategy: https://bit.ly/4pBshfp

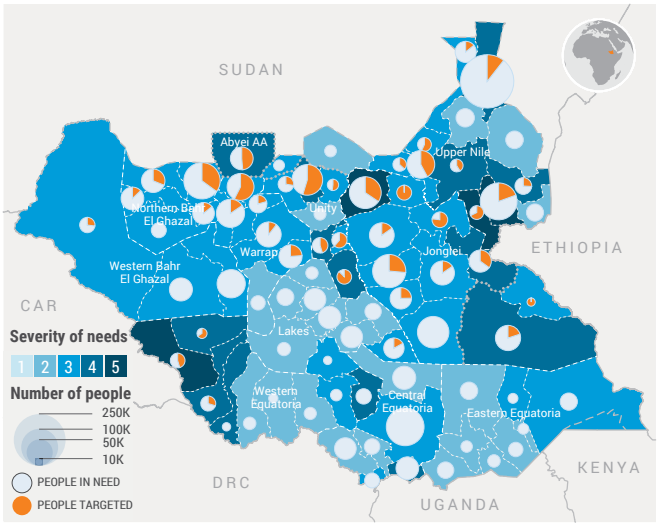
GBV: https://bit.ly/4oqfGuw [19]

Mine Action: https://bit.ly/3M7r2q1

SOUTH SUDAN/RENK, UPPER NILE
A girl who fled the conflict in Sudan carries water through Renk Transit Centre in the far north of South Sudan. UNICEF/ Mark Naftalin

3.9 Shelter and Non-Food Items (SNFI)

People in need	People targeted	People prioritized	Requirements (US$)	Prioritized requirements
6.7M	1.5M	882K	$51M	$30M



Summary of needs

In 2026, an estimated 6.7 million people across South Sudan including IDPs, returnees, vulnerable non-displaced individuals, and host communities will require life-saving SNFI assistance. Of these, 28 per cent face critical shelter challenges. Escalating conflict, recurrent floods, and a worsening economic crisis have severely limited access to necessities. Upper Nile, Jonglei, and Unity States are among the hardest hit, where displacement and chronic underinvestment in shelter have resulted in deteriorating living conditions. Many affected families are forced to live in open spaces, public buildings, or informal sites, exposing them to heightened health, privacy, and protection risks.

Response strategy

The SNFI Cluster will prioritize immediate support for newly displaced populations and provide minimum life-sustaining assistance for protracted displacement, particularly in areas like Bentiu and Malakal. Prepositioning emergency supplies will enable rapid response, while disaster preparedness will focus on early warning systems, informed site selection, and climate-resilient shelter designs to reduce future vulnerabilities. The response will be inclusive, ensuring the engagement of women, girls, and persons with disabilities (PWDs) throughout the response cycle. Where possible, cash assistance will complement other interventions. The strategy remains adaptive to evolving dynamics, supported by an enhanced RRM for swift interventions.

Targeting and prioritization

Of the 6.7 million people in need, the Cluster will assist 882,000 (13 per cent) in the most severely conflict and flood-affected counties. Prioritization will align with inter-cluster analysis, using continuous assessments and lessons learned to direct resources effectively.

Vulnerable groups, including elderly people, female-headed households and PWDs will be prioritized. While addressing urgent needs, the cluster will explore partnerships with early recovery actors, financial institutions, the private sector, and government bodies to enhance sustainability. Ongoing rapid needs assessments will ensure the response remains adaptive and inclusive.

Without adequate resources, assisting only 13 per cent of those in need risks exacerbating inequities, undermining social cohesion and compromising the cluster's capacity to uphold dignity, stability and preparedness. This would increase reliance on already overstretched host communities and fragile market systems.

Promoting accountable and inclusive programming

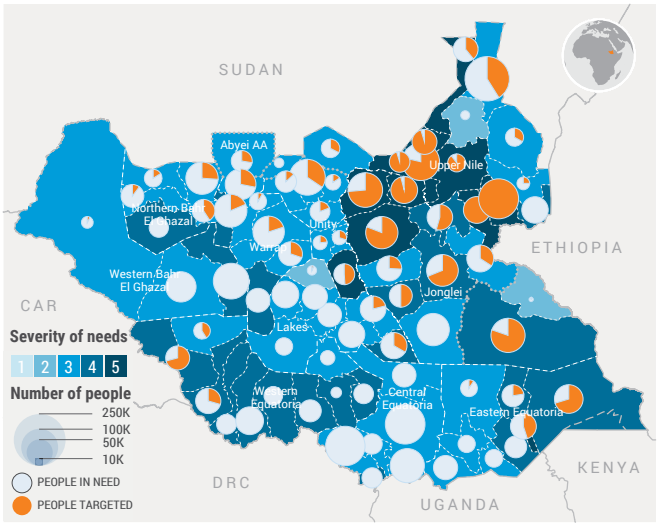
AAP will guide all interventions. Communities will be empowered to shape priorities and decisions through clear information sharing, robust feedback mechanisms, and two-way communication. Joint monitoring with stakeholders and training on AAP for partner staff will reinforce transparency and responsiveness.

The detailed cluster strategy can be found at:

https://bit.ly/48aKHOp [20]

3.10 Water, Sanitation and Hygiene (WASH)

People in need	People targeted	People prioritized	Requirements (US$)	Prioritized requirements
6.8M	2.2M	2.2M	$89M	$60M



Summary of needs

In 2026, an estimated 6.8 million people in South Sudan will be in need of WASH services including safe water, hygiene and sanitation. Decades of underdevelopment and poor maintenance have left both urban and rural populations highly vulnerable to WASH-related diseases, exacerbating child malnutrition and increasing the risk of public health outbreaks.

In 2025, South Sudan recorded over 96,000 cholera cases and nearly 1,600 deaths, with outbreaks continuing since September 2024. Existing WASH facilities are overstretched by limited spare parts, weak accountability and widespread displacement. The cholera crisis highlighted the urgent need for durable, sustainable WASH solutions with greater community engagement, government leadership, and increased investment in development. Humanitarian efforts are constrained by inadequate infrastructure and underfunded urban systems, leaving displaced populations, returnees, and host communities with unmet needs.

Response strategy

The WASH Cluster will prioritize interventions to reduce malnutrition, prevent disease outbreaks and address protection risks, with a focus on disability inclusion.

Communities with the highest WASH risks will be targeted with preventive actions. Localization will be strengthened through community self-help initiatives and engagement with local and national authorities. The response will integrate static interventions from partners, complemented by mobile RRMs to fill gaps. National NGOs and community organizations will be prioritized to reach the most vulnerable. Life-saving WASH packages will be delivered alongside water quality promotion and hygiene behavior change. Exit strategies will ensure the transfer of responsibilities to alternative providers for long-term sustainability.

Targeting and prioritization

Targeting will rely on Global WASH Cluster data, joint inter-agency assessments and monitoring plan indicators to identify communities with the greatest access gaps. The Strategic Advisory Group (SAG) will review data and recommend interventions based on current needs and anticipated shocks. Response priorities will focus on trends in severe malnutrition and waterborne diseases. Ongoing monitoring will identify critical gaps, especially where population movements heighten risks.

Accountable and inclusive programming

The WASH Cluster will adhere to the Global WASH Cluster Accountability and Quality Assurance System (AQA) to ensure compliance with standards. Gender equality and disability inclusion will be integrated through training and community WASH committees. Community self-help will be promoted to build resilience and sustainability, particularly during anticipatory action planning, and the transfer of responsibility to communities and authorities.

The detailed cluster strategy can be found at:
https://bit.ly/4pzNfvc [21]

People in need, targeted and prioritized breakdown

People in need

IDPs	Returnees	Vulnerable Residents	Refugees
2.2M	1.2M	5.8M	647.3K

Number of people in need

	Older people	Adult	Children	People with disabilities	Total
Female	4%	20%	26%	15%	**4.9M**
Male	4%	19%	27%	15%	**5.0M**

People targeted

IDPs	Returnees	Vulnerable Residents	Refugees
1.2M	0.6M	1.9M	529K

Number of people targeted

	Older people	Adult	Children	People with disabilities	Total
Female	4%	20%	26%	15%	**2.2M**
Male	4%	19%	27%	15%	**2.1M**

People prioritized

IDPs	Returnees	Vulnerable Residents	Refugees
1.1M	0.6M	1.9M	422.1K

Number of people prioritized

	Older people	Adult	Children	People with disabilities	Total
Female	4%	20%	26%	15%	**2.02M**
Male	4%	19%	27%	15%	**2.01M**

Part 4: Refugee needs and response plan

Refugee response plan

People in need	People targeted	People prioritized	Requirements (US$)	Prioritized requirements
647K	529K	422K	$381.5M	$185.3M

Summary of needs

The number of refugees and asylum seekers in South Sudan has more than doubled since the outbreak of conflict in Sudan in April 2023. As a result, Sudan remains the primary country of origin for refugees in South Sudan, accounting for 94 per cent of the total refugee population. This is followed by refugees from the Democratic Republic of Congo (2 per cent) and Ethiopia (one per cent).

Existing refugee camps and settlements will require expansion and strengthened essential services, to accommodate the growing refugee population. Meanwhile, recurrent flooding, which has impacted over one million people including refugee-hosting areas, continues to disrupt supply chains and increase health risks from waterborne diseases. Floods also heighten health and nutrition vulnerabilities by contaminating water sources and displacing households already living in precarious conditions.

Response Strategy

With roughly 124,000 new refugee arrivals projected in 2026, the South Sudan Country Refugee Response Plan partners will prioritize Renk, Maban, Jamjang, Aweil, and Abyei for the delivery of life-saving protection and assistance, including cash, in-kind support and other targeted services. Emergency response capacities will be maintained along key border entry points to keep transit and reception centres operational. Given the volatile situation in Sudan, contingency planning and preparedness will remain central to enable a rapid response to sudden changes in population movements.

While the HNRP refugee response focuses exclusively on the most critical needs with a total requirement of $185.3 million, the broader South Sudan Refugee Response Plan is notably higher at $381.5 million, as it combines critical-needs assistance with sustainable, resilience-focused interventions. This includes livelihoods and skills-development programmes to expand income-generation opportunities and reduce aid dependency, alongside the integration of climate-resilient practices across the response. Operational costs are expected to remain high due to the logistical challenges of reaching remote locations and the need to maintain essential infrastructure. Partners will utilise cash-based interventions where feasible, target assistance to the most vulnerable households, and promote localization by strengthening the capacity of national and community-based partners to deliver services. Close coordination with government authorities and development actors will be maintained to leverage complementary resources, avoid duplication, promote ownership, and ensure the efficient use of available funding across sectors.

Coordination and partnerships

The refugee response is anchored in the Refugee Coordination Model, led by the Ministry of Interior's Commission for Refugee Affairs (CRA), with the United Nations High Commissioner for Refugees (UNHCR) providing support. National-level coordination forums also serve to assist the Government in guiding policy and ensuring coherent engagement across line ministries. Sectoral coordination mechanisms and the area-based approach support technical discussions and help translate Government priorities into coordinated interventions.

The South Sudan Refugee Response Plan can be found at: https://bit.ly/4st7jlj

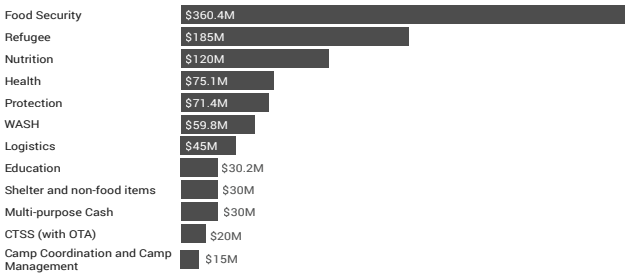
Annex - Refugee response plan financial requirements breakdown

Total Prioritized Financial Requirements

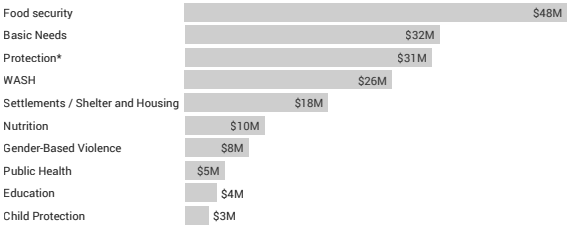
US$185.3M

HNRP financial requirements overview with RRP

HNRP prioritized financial requirements cluster response



RRP financial requirements



People in need	People targeted	People prioritized	Requirements (US$)	Prioritized requirements
647K	529K	422K	$381.5M	$185.3M

SOUTH SUDAN/RENK, UPPER NILE
People displaced by fighting in Sudan wait for onward transportation assistance in Renk County to reach their final destinations. Photo: UNICEF/Mark Naftalin

Part 5: Abyei Administrative Area

Abyei Administrative Area

Summary of Needs

The Abyei Administrative Area remains disputed between Sudan and South Sudan. It is facing humanitarian challenges driven by intercommunal violence, climate shocks, and chronic poverty. Persistent tensions over land rights and internal ethnic rifts have fueled armed youth groups, the proliferation of firearms and ammunition, and criminal activity. State and non-state armed actors, including the South Sudanese People's Defence Forces (SSPDF) in the south, the Rapid Support Forces (RSF) in the north and local vigilante ethnic groups, continue to restrict humanitarian access.

Humanitarian needs in Abyei stem from violence, floods, disease, economic deterioration, and lack of basic services. The latest IPC report released in November 2025 indicates that over 88,000 people (55 per cent of the population) in Abyei were in IPC Phase 3 and above between September and November 2025. This figure is expected to increase to over 96,000 people (60 per cent of the population) during the lean season in April–July 2026. Meanwhile, the nutrition situation in Abyei is expected to deteriorate further from IPC acute malnutrition phase 4 (critical) to IPC acute malnutrition phase 5 (emergency) during the lean season of April-July 2026 with a current Global Acute Malnutrition (GAM) prevalence of 28.1 per cent. This is also consistent with the expected worsening of Abyei's acute food insecurity situation, classified in Emergency (IPC Phase 4) during the lean season period. Disease outbreaks are increasing people's hardship as conflict restricts their access to health care and other services. In 2025, 3,200 cases of cholera were recorded in Abyei, including 19 reported fatalities.

Conditions are particularly acute for certain population groups. Since Sudan's conflict began, Abyei has received nearly 46,000 South Sudanese returnees, refugees, asylum-seekers, and third-country nationals. There are also about 55,000 IDPs in Abyei, and access to basic services is a struggle for the residents, IDPs, returnees and refugees. Due to funding constraints, more humanitarian agencies are phasing out or reducing their operations in Abyei, which could make the situation worse.

Response strategy

Priorities include delivering timely, multisectoral life-saving aid; improving humanitarian access; and linking humanitarian, development, and peace efforts. The response follows a "whole of Abyei" approach, leveraging partners in Sudan and South Sudan to balance assistance in the north and south. Collaboration with development and peacebuilding actors is key to resilience, implemented through an ABC mechanism. Due to access constraints, northern Abyei remains underserved despite high demand for humanitarian assistance. Enabling activities involve negotiating access, partnering with United Nations Interim Security Force for Abyei (UNISFA), managing information for advocacy, prioritizing cash assistance where feasible, and engaging communities to align response with their priorities.

Acronyms

AAP	Accountability to Affected Populations
ABC	Area-Based Coordination
AQA	Accountability and Quality Assurance
AWG	Access Working Group
CCCM	Camp Coordination and Camp Management
CCE	Communications and Community Engagement
CP	Child Protection
CRA	Commission for Refugee Affairs
CTSS	Coordination, Thematic and System Support
CVA	Cash and Voucher Assistance
CwC	Communicating with Communities
CWG	Cash Working Group
DFC	Deep Field Coordination
DHIS	District Health Information System
EiE	Education in Emergencies
EO	Explosive Ordnance
ERRM	Emergency Rapid Response Mechanism
EWARS	Early Warning, Alert and Response System
FSL	Food Security and Livelihoods
GAM	Global Acute Malnutrition
GBV	Gender-based violence
HCT	Humanitarian Country Team
HLP	Housing, Land and Property
HNRP	Humanitarian Needs and Response Plan
HSTP	Health Sector Transformation Programme
IASC	Inter-Agency Standing Committee
ICCG	Inter-Cluster Coordination Group
IFIs	International Financial Institutions
IMWG	Information Management Working Group
IPC	Integrated Food Security Phase Classification
ISNA	Inter-Sectoral Needs Assessment
JIAF	Joint Intersectoral Analysis Framework
MAM	Moderate Acute Malnutrition
MEB	Minimum Expenditure Basket
MHPSS	Mental Health and Psychosocial Support
MISP	Minimum Initial Service Package
MPCA	Multi-Purpose Cash Assistance
NAWG	Needs Analysis Working Group
NFIs	Non-Food Items
PACE	Participatory Approaches to Community Engagement
PAF	Protection Analytical Framework
PHSA	Public Health Situation Analysis
PLW	Pregnant and Lactating Women
PRMS	Protection Risk Monitoring System
PSEA	Prevention of Sexual Exploitation and Abuse
PSEAH	Protection from Sexual Exploitation, Abuse and Harassment
PWDs	People With Disabilities
PoC	Protection of civilians site
RRMs	Rapid Response Mechanisms
RRC	Relief and Rehabilitation Commission
RSF	Rapid Support Forces
SNFI	Shelter and Non-Food Items
SAG	Strategic Advisory Group

SAM	Severe Acute Malnutrition
SEA	Sexual Exploitation and Abuse
SOPs	Standard Operating Procedures
SSHF	South Sudan Humanitarian Fund
SSPDF	South Sudan People's Defence Forces
ToR	Terms of Reference
UNCT	United Nations Country Team
UNHAS	United Nations Humanitarian Air Service
UNISFA	United Nations Interim Security Force for Abyei
UNMISS	United Nations Mission in South Sudan
UNRCO	United Nations Resident Coordinator's Office
WASH	Water, sanitation and hygiene

Endnotes

1. Sudan Crisis Arrival Dashboard: https://bit.ly/4pol4jg

2. South Sudan Cholera Dashboard: https://bit.ly/3QQsCeY

3. South Sudan IPC, September 2025-July 2026: https://bit.ly/3KyU01A

4. South Sudan IPC, September 2025-July 2026: https://bit.ly/3KyU01A

5. UN OHCHR Statement on South Sudan: https://www.ohchr.org/en/press-releases/2025/09/south-sudan-turk-alarmed-deteriorating-human-rights-situation-amid-rising

6. South Sudan Protection Risk Monitoring System: https://bit.ly/48D54To

7. REACH Joint Market Monitoring Initiative: https://bit.ly/4rFrfku

8. According to REACH's market classification, a market has limited functionality if its Market Functionality Score (MFS) falls between 50 and 80 per cent of the maximum possible score. If the MFS falls below 50 per cent of the maximum possible score, the market is considered to have poor functionality. Only if the MFS is above 80 per cent of the maximum possible score is the market classified as having full functionality.

9. Financial Tracking Service (FTS): https://fts.unocha.org/plans/1223/summary

10. South Sudan HCT AAP Strategy: https://bit.ly/48iz4Fa

11. South Sudan HCT Localization Strategy: https://bit.ly/3YbxIWl

12. PSEA SOP: https://bit.ly/4iPc3x9

13. Systemwide PSEAH (Protection from Sexual Exploitation, Abuse, and Harassment) Strategy South Sudan 2025 -2029 https://bit.ly/44btnq3

14. South Sudan Joint Market Monitoring Initiative (JMMI) June 2023 Factsheet: https://bit.ly/49rMXA2

15. South Sudan Joint Market Monitoring Initiative (JMMI) October 2025 Factsheet: . https://bit.ly/44Wh1Tg

16. South Sudan Humanitarian Response Dashboard: https://bit.ly/4qxhPpO

17. 2026 Education Cluster Strategy is under review

18. [1] UNICEF-ESA-Intergrating-AAP-2020.pdf; https://www.unicef.org/esa/media/7101/file/UNICEF-ESA-Intergrating-AAP-2020.pdf, [2] AAP Operational Framework | Global Nutrition Cluster https://www.nutritioncluster.net/resources/aap-operational-framework, [3] NC AAP Reporting Tool | Global Nutrition Cluster https://www.nutritioncluster.net/resources/nc-aap-reporting-tool

19. 2026 GBV AoR Strategy is under review

20. 2026 Shelter and Non-Food Items Cluster Strategy is under review

21. 2026 WASH Cluster Strategy is under review

How to contribute

Contribute to the Humanitarian Needs and Response Plan

To see the country's humanitarian needs overview, humanitarian response plan and monitoring reports and to donate directly to organizations participating in the plan, please visit:

https://response.reliefweb.int/south-sudan

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The Central Emergency Response Fund (CERF) provides rapid initial funding for life-saving actions at the onset of emergencies and for poorly funded, essential humanitarian operations in protracted crises. The OCHA-managed CERF receives contributions from various donors, mainly governments but also private companies, foundations, charities and individuals which are combined into a single fund. This is used for crises anywhere in the world. Find out more about CERF and how to donate by visiting the CERF website:

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Contribute through the South Sudan Humanitarian Fund

The South Sudan Humanitarian Fund (SSHF) is a Country-Based Pooled Fund (CBPF). The SSHF is a multi-donor humanitarian financing instrument established by the Emergency Relief Coordinator and managed by OCHA at the country level under the leadership of the Humanitarian Coordinator (HC). Donor contributions to each CBPF are unearmarked and allocated by the HC through an in-country consultative process.

Find out more about the SSHF by visiting the website:

www.unocha.org/south-sudan-humanitarian-fund

For information on how to make a contribution, please contact: ochasshf@un.org

About this HNRP

This document is consolidated by OCHA on behalf of the Humanitarian Country Team and partners. It provides a shared understanding of the crisis, including the most pressing humanitarian needs and the estimated number of people who need assistance. It represents a consolidated evidence base and helps inform joint strategic response planning.

PHOTO ON COVER: SOUTH SUDAN/BOR, JONGLEI
An internally displaced woman carries water from a facility near the former PoC site in Bor Town. OCHA/Basma Ourfali

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www.unocha.org

Humanitarian Action
ANALYSING NEEDS AND RESPONSE

Humanitarian Action provides a comprehensive overview of the humanitarian landscape. It provides the latest verified information on needs and delivery of the humanitarian response as well as financial contributions.

https://humanitarianaction.info/plan/1512

rw response

ReliefWeb Response is part of OCHA's commitment to the humanitarian community to ensure that relevant information in a humanitarian emergency is available to facilitate situational understanding and decision-making. It is the next generation of the Humanitarian Response platform.
https://response.reliefweb.int/south-sudan

fts Financial Tracking Service

The Financial Tracking Service (FTS) is the primary provider of continuously updated data on global humanitarian funding, and is a major contributor to strategic decision-making by highlighting gaps and priorities, thus contributing to effective, efficient and principled humanitarian assistance.
https://fts.unocha.org/plans/1223/summary

SOUTH SUDAN

HUMANITARIAN NEEDS AND RESPONSE PLAN