

South Sudan: deepening humanitarian crisis in Upper Nile State amid mass displacement from Sudan



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KEY MESSAGES

- In South Sudan, Upper Nile State (UNS) remains the epicenter of Sudan's displacement crisis. **Over just 6 weeks beginning in December, fighting forced more than 120,000 people across the border into Renk County**, marking the largest influx since the start of the Sudanese conflict in April 2023 and bringing the total number of arrivals to over one million.
- **Amid this influx, available data signals a deepening public health crisis.** A September 2024 assessment in Panyikang county found a **crude death rate (CDR) of 1.53**—well above the WHO emergency threshold of 1.0 and the highest county-level CDR on record since before the war in Sudan. Other recent assessments conducted in Malakal, Manyo, and Baliet counties found **critical rates of acute malnutrition** that also far surpass the emergency threshold (15%). Meanwhile, overcrowding and unsanitary conditions at transit sites near the border have **fueled a cholera outbreak**, which spread to thirty-four counties between October and February.
- **As humanitarian needs grow, service providers face mounting obstacles in mitigating the risk of a humanitarian catastrophe.** In 2024, persistent access issues to UNS resulted in just a fraction of the overall targeted population being reached with food assistance in some counties. **Similar challenges appear set to continue in 2025.** In February, **armed clashes in counties along the Sobat-River corridor** caused widespread civilian displacement and, if they persist, threaten to disrupt humanitarian access. More recently, changes in the humanitarian funding environment since January risks **disrupting the provision of basic services** for extremely vulnerable population groups entering the country from Sudan, as well as for communities across the state.

CONTEXT

The conflict in Sudan has deepened a complex, protracted humanitarian crisis in South Sudan characterized by [widespread food insecurity](#), [critical rates of acute malnutrition](#), [displacement](#), and the [erosion](#) of traditional livelihood systems. Since the conflict began in April 2023, more than [one million](#) people have fled across the border into South Sudan. Many new arrivals now reside in communities already struggling with acute humanitarian needs, including [severe food insecurity](#) and limited access to essential services, such as healthcare and safe drinking water.

Upper Nile State (UNS), which shares an approximately 900-kilometre-long border with Sudan, has been among the regions most impacted by the conflict. [A focal point of](#) the South Sudanese civil war (2013 – 2018), much of

UNS's population was displaced either internally to IDP sites, abroad to refugee camps in White Nile State, or to Khartoum. With the onset of fighting in 2023, many South Sudanese were forced to return to their communities of familial origin, or to displacement sites established during the 2013-2018 crisis.

An estimated 238,000 [internally displaced people](#) reside in UNS, as of September 2024, as do an additional one quarter million Sudanese [refugees](#), mostly in Maban county. In 2024, the number of returnees in UNS [more than doubled](#) to over 600,000, the highest of any state nationwide. Of the more than one million people who have crossed the Sudanese border since April 2023, an estimated 88% have entered into Renk county, UNS, the country's northern-most border point.

Using CDR and GAM to assess severity

The Crude Death Rate (CDR) and Global Acute Malnutrition rate (GAM) are two key indicators used to measure the severity of a humanitarian crisis. The CDR is assessed against the global World Health Organization (WHO) 'emergency threshold,' which is one death per ten-thousand people per day. The GAM emergency threshold is 15%, indicating the proportion of children six to fifty-nine months who are acutely malnourished. The IPC provides an additional 'very critical' GAM threshold of 30%, which is one of three criteria required to declare a famine.

Data signals a worsening public health crisis in Upper Nile State

Available data reflects a severe public health crisis in UNS. One SMART survey conducted in Panyikang county in September found a CDR of 1.53 [0.92-2.53] people per 10,000 people per day, which is well above the WHO emergency threshold of 1, and considerably higher than other localised mortality estimates recorded over the prior two years.¹ Among adult men, the CDR was an alarming 2.82, with 80% of deaths reportedly due to illness related causes.

Over the past six months, extremely severe public health outcomes have been observed elsewhere in UNS. A SMART survey conducted in Manyo in September found a Global Acute Malnutrition (GAM) rate of 25.7% [19.6-32.8],² while preliminary results from another in Malakal in December found a GAM of 24.5%. Both far surpass the WHO emergency threshold of 15%. The 2024 Food Security and Nutrition Monitoring System, an annual nationwide survey (June - August), estimated a [29.5% GAM rate](#) in Baliet county,

which the IPC projected will cross the 30% 'very critical' threshold between April and July 2025, when food consumption gaps reach their seasonal peak and access to healthcare is hindered by flooding.

In October, the government declared a [cholera outbreak](#) in Renk. Cases quickly spread to Malakal, and by February had reached 34 counties, accumulating more than [27,900 cases and 480 deaths](#).

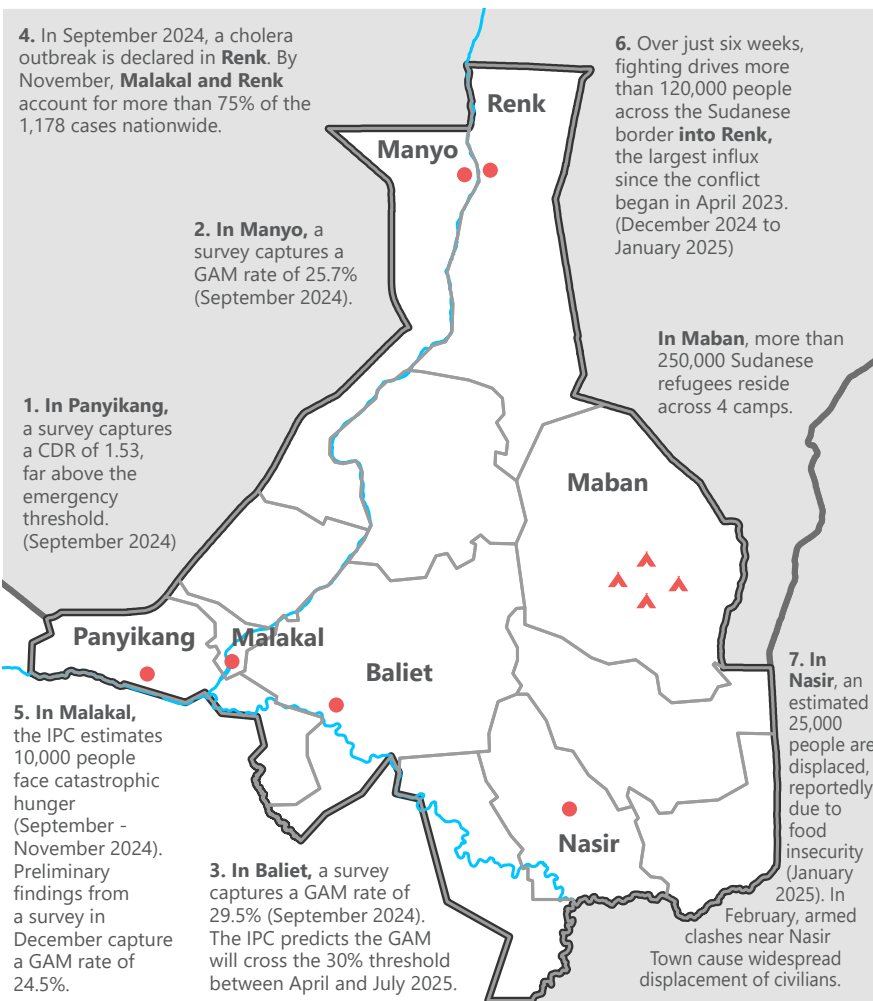
Large-scale displacement exacerbates public health risks

Over 22 months, the conflict in Sudan has pushed more than [one million](#) people across the border into South Sudan. More than 80% have crossed into UNS. Most new arrivals have continued onward to their communities of familial origin, while tens of thousands remain in congested displacement sites near the border, or around towns in search of livelihood opportunities.

Large-scale displacement into the state has significantly strained limited resources. Acute food insecurity, already widespread before the Sudanese conflict, has worsened in UNS since 2023. In 2024, the [IPC classified](#) three UNS counties as Phase-4 between September and November 2024, up from 0 the year before. Meanwhile, 10,000 people in [Malakal](#) were estimated to be facing catastrophic hunger (IPC Phase-5, the most severe phase) between September and November 2024, marking only the second recorded instance of such extreme hunger in UNS and the first since the end of the South Sudanese civil war in 2018.

The same [analysis](#) estimated that between September 2024 and July 2025, 31,000 returnees from Sudan would face similar levels of hunger nationwide - of particular significance to UNS, which hosts the [highest number](#) of known returnees in the country. More recently, reports of large-scale, irregular population movements in the Marow area of Nasir County - reportedly due to food scarcity - (estimated at 25,000 people in January) signal atypically severe food insecurity during the post-harvest period, when food stocks would typically be at their highest.⁴

Such severe levels of hunger are driven in part by surging inflation. The price of sorghum in Malakal, for instance, has [risen more than 800%](#) since the start of the Sudanese conflict, which has [devastated](#)



Sudan's agricultural sector - a key source of imports for South Sudan - and disrupted vital cross-border supply lines. The war has also disrupted key income sources for communities along the border, including seasonal employment opportunities on Sudanese farms or in Khartoum, and remittances.

The influx has also placed immense pressure on already stretched health services. Many areas of UNS lack functional health facilities, and those that do exist are understaffed and under-resourced. According to the 2024 Inter-Sectoral Needs Assessment (ISNA), half of UNS residents do not have access to any healthcare, the highest proportion of any state nationwide.⁵

A recent surge in arrivals is now exacerbating existing risks. Over just six weeks between December and January, [clashes](#) between the paramilitary Rapid Support Forces (RSF) and the Sudanese Armed Forces (SAF) in Blue Nile, White Nile, and Sennar states drove the displacement of at least [120,000 people](#) into Renk County. The influx, coupled with [poor WASH conditions](#) in highly congested displacement areas, has contributed to the spread of [cholera](#). While [decreasing case trends](#) were recorded across most of the UNS in January, the caseload in Renk remains high due to the large number of new arrivals.

More than half of new arrivals intend to stay at the border, according to one recent intention survey, and the two transit centres in Renk are already at more than [three times](#) their intended capacity. Humanitarian actors are warning of an impending water shortage as seasonal water sources begin to dry up and trucked water is insufficient to meet the current levels of need.

ABOUT REACH

REACH Initiative facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT).

Access barriers and precarious funding threaten humanitarian response

In 2024, aid agencies in UNS faced persistent [access challenges](#), including attacks on aid workers and assets, and illegal checkpoints and taxation, according to UN agencies. As a result, many counties saw only a fraction of the targeted population receive humanitarian food assistance - in some instances less than 20% - likely contributing to the extremely severe conditions reflected by the IPC, and by recent nutrition assessments. [Recent clashes](#) in counties along the Sobat-River corridor indicate that such barriers [could persist](#) in 2025, constituting a greater threat to public health as the population grows, and food consumption gaps increase during the lean season, which peaks around June.

In 2025, [USAID funding shifts](#) and broader humanitarian funding shortfalls are likely to [hinder the delivery](#) of life-saving assistance. With reduced financial resources, critical services—including food distribution, healthcare, and onward transportation for people fleeing the war in Sudan—face cutbacks.

Furthermore, hostilities in Sudan [show no signs](#) of abating. Recent gains by SAF in the North and East of the country have resulted in the RSF [doubling down on their areas of control](#) in [Darfur](#) and parts of Kordofan, as well as moving to relatively calm regions close to the South Sudanese and Ethiopian borders. The humanitarian consequences of intensified fighting in these areas, particularly in Darfur, [have been immense](#), and could result in increased displacement to South Sudan. Such a scenario would result in an ever greater overburdening of a shrinking humanitarian response in South Sudan.

Footnotes

1. "Integrated Nutrition SMART Survey Report. Panyikang County, Upper Nile State, Republic of South Sudan." September 2024. On file with REACH.
2. "Integrated Nutrition SMART Survey Report. Manyo County, Upper Nile State, Republic of South Sudan." September 2024. On file with REACH.
3. "SMART survey report in Malakal County, Upper Nile state, South Sudan." December 2024. On file with REACH.
4. "Greater Marlow Areas Inter-Agency Rapid Needs Assessment (IRNA) for Severe Food Shortages and Displacement," 24-31 January, 2025. On file with REACH.
5. IOM. Inter-Sectoral Needs Assessment, South Sudan 2024. Dataset. On file with REACH.