SITUATION OVERVIEW

An extreme public health crisis persists on the Sobat River-Corridor

July 2025 | South Sudan

One month after the IPC warned there was risk of famine in a plausible worst-case scenario in Nasir and Ulang counties, REACH, Relief International and several other partners conducted an emergency assessment in nine locations. Findings build on previous alerts that REACH, Relief International and partners released in March, April and June.

Key Messages

- New data reveal **extreme levels of hunger and malnutrition** in parts of Nasir and Ulang in July, despite a reduction in large-scale violence since May.
- **Key aggravating factors** – including persistent violence, severe flooding, a decimated healthcare system and a seemingly intractable cholera outbreak – **show few signs of easing during the rainy season**, especially in Nasir.
- **Humanitarian actors cannot reach several of the worst-affected areas**, especially those in Nasir. This obstructs both lifesaving humanitarian assistance and the assessments needed to support more granular analysis.

Background

On June 12, the IPC projected that 22,000 people in Nasir and Ulang (5% of the population in each county) would experience catastrophic food insecurity in July. Further, one-in-three children suffered from wasting in June, a rate the IPC classifies as 'extremely critical'. In the worst-case scenario, the IPC warned there was a heightened risk that famine would unfold in Nasir and Ulang in July.

In response, REACH partnered with Relief International, Nile Hope, the Universal Network for Knowledge & Empowerment (UNKEA), the Health Foundation Organization (HFO), the Adventist Development and Relief Agency (ADRA), the Agency for Child Relief Aid (ACRA), Touch Africa Development Organization (TADO), World Vision and the Christian Mission for Development (CMD) in order to conduct an emergency assessment in both counties.

This research – conducted between June 26 and July 14 – took place in four sites in Nasir County (**Bukteng, Lipnuer, Makak and Torkech**) and five sites in Ulang County (**Nyangore, Thulup, Torkiel, Wathjak and Wecnyang**). These locations were selected because of their relative accessibility as compared with other areas, many of which remain inaccessible to humanitarian partners. Relief International led the data collection exercise in Nasir and Ulang, while REACH coordinated the assessment from Juba.

Data collection followed a mixed-methods approach comprised of quantitative household surveys, mid-upper arm circumference (MUAC) screening, and key informant interviews with clinicians and humanitarian staff. In total, **the team interviewed 265 households (95 in Nasir and 170 in Ulang) and screened 566 children for malnutrition (221 in Nasir and 345 in Ulang)**. Findings are representative of the situation in assessed locations at the time of data collection only (for more information on the methodology we used, see Page 8).

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Box 1: Using GAM and the HHS to assess the severity of a humanitarian crisis

The Global Acute Malnutrition (GAM) rate reveals the percentage of children aged between 6-59 months who are moderately or severely malnourished. Analysts calculate the GAM rate by measuring the circumference of children's mid-upper arms (MUAC). Conditions in an area may be characteristic of IPC Acute Malnutrition (AMN) Phase-5 when the Global Acute Malnutrition rate (by MUAC) meets or exceeds 15%.

Findings in this Update refer to proxy GAM and proxy Severe Acute Malnutrition (SAM) rates by MUAC. The MUAC CDC calculator was used in the final analyses to account for the age distribution of children above and below 2 years of age.

The Household Hunger Scale (HHS) meausures the level of hunger that a household is experiencing. HHS is the only first-level outcome indicator that can indicatively identify households experiencing catastrophic food consumption gaps, according to the IPC Reference Table. Households whose responses tally to 5 or 6 exhibit a 'very severe' HHS score.

Extreme humanitarian conditions are ongoing in parts of Nasir and Ulang

In nine locations in Nasir and Ulang, research teams screened 566 children aged from 6-59 months for acute malnutrition. Screening followed the mid-upper arm circumference (MUAC) approach.

In Nasir, where the team screened 221 children, findings revealed:

- A weighted proxy Global Acute Malnutrition (GAM) rate of **25.4% [20.9-32.4 95% CI]**.
- A weighted proxy Severe Acute Malnutrition (SAM) rate of **6.4% [3.8-10.4 95% CI]**.

In Ulang, where the team sceened 345 children, findings revealed:

- A weighted proxy GAM rate of **23.4% [20.1-29.1 95% CI]**.
- A weighted proxy SAM rate of **6.1% [4.2-9.5 95% CI]**.

In the same locations, 265 households were asked about the level of hunger they experienced in the thirty days prior to data collection, according to the Household Hunger Scale (HHS).

In Nasir, where 95 households were interviewed:

- 23% of households (n=22) exhibited a 'Very Severe' HHS score.

In Ulang, where 170 households were interviewed:

- 11% of households (n=19) exhibited a 'Very Severe' HHS score.

These findings are not representative of the broader population in Nasir and Ulang. Rather, they are representative of the situation only in nine purposefully selected, accessible areas at the time of data collection.

That being said, these results portray an extreme public health crisis in assessed areas (see Box 1), characterised by widespread food shortages, 'extremely critical' levels of acute malnutrition, and a heightened risk of death from disease and starvation.

The latest IPC analysis revealed exceptionally severe conditions in Nasir and Ulang

The IPC Acute Malnutrition (AMN) analysis classified both counties in IPC AMN Phase-5 (Extremely Critical) for the first time since the IPC launched in southern Sudan in 2007. Furthermore, the IPC Acute Food Insecurity (AFI) analysis estimated that a combined 22,000 people in Nasir and Ulang would experience catastrophic food insecurity (IPC AFI Phase-5) between May and July.

Between June and July, the IPC analysis considered two different scenarios: a *most-likely* scenario and a *worst-case* scenario that had a reasonable chance of occurring. In the *worst-case scenario*, violent conflict and severe flooding would fully obstruct households' access to food and lifesaving humanitarian assistance, causing starvation, malnutrition and mortality to meet or exceed the famine thresholds.

Levels of violence have since declined, but sporadic clashes underscore a volatile situation

An escalation of violence – which the IPC analysis projected would occur in a plausible worst-case scenario between June and July – has not materialised. According to data shared by one conflict-monitoring organisation, the number of armed confrontations (violence between opposing forces) and violent attacks (artillery shelling and airstrikes) between June and July was lower than the March-April period.

However, the number of recorded incidents in Nasir in June (9 incidents) was the highest since March (13), when the violence there reached its peak. The violence in Nasir in June and July continued to centre on Jikmir and Mandeng payams, where the bulk of the violence has occurred since clashes erupted in February (see Figure 1, below).

Meanwhile, the number of recorded incidents in Ulang in June (4) marked a notable decrease since the peak there in April (14). The violence in Ulang in June and July was seemingly linked more to localised inter-clan disputes than the broader conflict that peaked in April, according to information shared by the conflict-monitoring organisation.

Despite a reduction in extreme violence, new data show that humanitarian needs remain alarmingly high

Large-scale displacement appears to have continued

The violence that ignited in February has displaced at least 80,000 people – one-fifth of the combined population in Nasir and Ulang counties. The majority have corralled in makeshift displacement sites on the Sobat River, where public health conditions are exceedingly poor. Tens of thousands more have fled to settlements in Ethiopia, where partners describe catastrophic health conditions.

Sporadic violence continued to displace civilians between June and July, consistent with the IPC worst-case scenario. Over half of surveyed households (52%) in Nasir and more than one-third of households (35%) in Ulang had arrived from another location since February, suggesting a significant percentage of households were yet to return home.

These results support previous findings that the displaced will not return home absent a complete ceasefire, including a considerable improvement in civilians' perceptions of safety both in their original settlements and on the routes to access them.

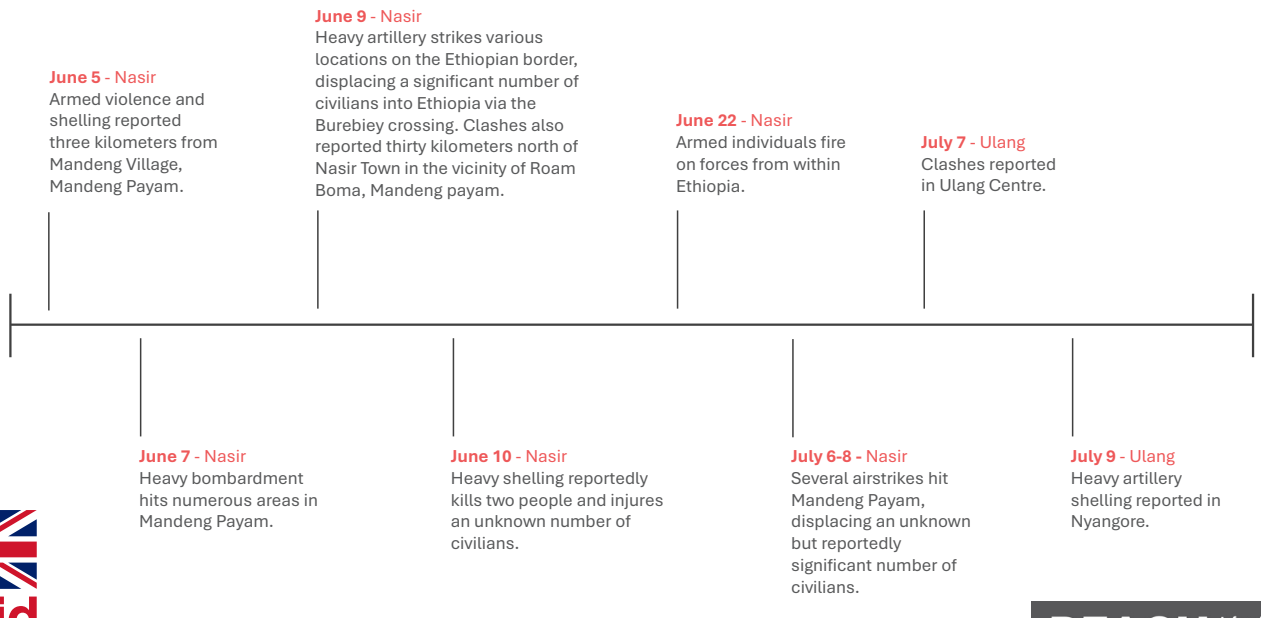
Findings suggest many of the displaced have endured multiple, perilous journeys in search of safety. Approximately half of displaced households in Nasir (53%) and Ulang (49%) had been displaced more than once since February.

Severe food consumption gaps and concerning rates of acute malnutrition are evident

The following observations underline severe food consumption gaps in assessed locations in Nasir:

- Every surveyed household in Nasir (n=95) exhibited "moderate" *or worse* levels of hunger, according to the Household Hunger Scale (HHS). Almost one-quarter of households (23%) exhibited a "very severe" level of hunger.
- More than one-third of surveyed households (36%) exhibited a "poor" Food Consumption Score (FCS), indicative of poor quality diets lacking in nutritious food sources, including beans, meat and vegetables.

Figure 1: Significant conflict events in Nasir and Ulang between June-July 2025, according to a confict-monitoring organisation



- More than two-thirds of surveyed households (67%) were engaged in "high" levels of consumption-based coping, according to the reduced Coping Strategies Index (rCSI).

Similarly, the following are indicative of severe food consumption gaps in assessed locations in Ulang:

- The vast majority of surveyed households (89%) exhibited "moderate" or worse levels of hunger, according to the HHS. More than one-in-ten households (11%) exhibited a "very severe" level of hunger.
- More than one-quarter of surveyed households (26%) exhibited a "poor" FCS.
- More than half of surveyed households (52%) were engaged in "high" levels of consumption-based coping, according to the rCSI.

In both counties, nutrition data also point to extreme humanitarian conditions. MUAC screening conducted by REACH and Relief International with 566 children aged 6-59 months (221 in Nasir and 345 in Ulang) between June 26 and July 14 revealed a weighted proxy GAM rate of 25.4% and 23.4% in Nasir and Ulang, respectively. In both cases, this is indicative of 'extremely critical' levels of acute malnutrition. These results corroborate another dataset, shared by a humanitarian partner, that revealed alarming levels of acute malnutrition among children who attended mobile health clinics in Nasir and Ulang between February and May.

Access to livelihood assets and seasonal food sources is poor

At the onset of the rainy season, households' access to staple foods in affected areas – especially in Nasir – is tenuous.

Livestock

A collapse in households' access to livestock – which the IPC projected in the worst-case scenario between June and July – has not materialised. However, the role of animals in bridging extreme consumption gaps is diminished. Though two-thirds of surveyed households in Nasir (66%) could access livestock at the time of data collection, less than one-fifth (19%) owned their own animals. This is substantially below the rate in 2024 (60%), according to the Food Security & Nutrition Monitoring System (FSNMS).

Most households shared animals between them, reducing the quantity of key food items and limiting per-person consumption. Surveyed households in Nasir consumed dairy products just once every 2.5 days, on average. Further, only one-in-four households (24%) reported that livestock were a primary food source in the week prior to data collection.

Households' access to livestock in Nasir will likely diminish through the rainy season, as flood water and sporadic violence restrict animals' movement to grazing land. At the time of data collection, 40% of surveyed households in Nasir who accessed livestock reported inadequate pasture conditions. This was one factor that plausibly contributed to animal sickness: the same percentage of households reported that livestock in their location were diseased or injured. Without veterinary care – unavailable to at least 39% of surveyed households at the time of data collection – animals' health is set to deteriorate further, with significant consequences for households' consumption and livelihoods.

In Ulang, the situation was comparatively better, albeit far from stable. Nearly three-quarters of surveyed households (71%) owned animals, and many used livestock both for consumption and trade. In the week prior to data collection, 59% and 52% of surveyed households reported that livestock were a primary food and income source, respectively. However, most livestock-owning households (78%) owned fewer animals than in 2024.

Fish and wild food

In Nasir, where livestock were limited in number, many households relied on fishing to supplement their diets. Nearly three-quarters of surveyed households (74%) identified fishing as either a primary or secondary food source in the week prior to data collection.

However, this is precarious. Findings suggest that **persistent insecurity – which the IPC assumed would restrict households' movement to fishing grounds in the worst-case scenario – is eroding the mitigative impact of fishing**. More than two-thirds of surveyed households (67%)

in Nasir identified insecurity as a barrier to fishing. This is likely one factor that contributed to households' reduced access to fish as compared with 2024 (reported by 97% of households).

Another plausible contributing factor is a lack of fishing equipment, which almost three-quarters of surveyed households (73%) in Nasir identified as a barrier to fishing. At the time of data collection, just over one-third (35%) of surveyed households in Nasir owned equipment. Among those, few owned the tools necessary to fish effectively in rising flood waters: almost half (45%) did not own a fishing net, less than one-fifth (18%) owned a hook, and a mere 3% owned a canoe. Spears – more widely used – will become far less effective in deeper water, forcing households to share a small stock of serviceable equipment throughout the rainy season.

Persistent insecurity also appears to have restricted households' movement to access wild foods, another challenge that the IPC projected in the worst-case scenario. In Nasir and Ulang, only a small minority of surveyed households – 15% and 12%, respectively – could access and consume wild foods at the time of data collection. In Nasir, findings suggest this reflected numerous obstacles, including long and dangerous journeys to foraging grounds (reported by 50% and 29% of surveyed households, respectively), as well as an insufficient quantity of foods (21%) and the challenges to carrying them home (14%).

Farm land

Though violence during the critical planting window has dealt a heavy blow to rural livelihoods – especially in Nasir – some households will harvest in October 2025, contrary to the IPC worst-case scenario.

Findings suggest displacement at the start of the agricultural season prevented many households in Nasir from cultivating their land. Survey data collected there between June 26-28 reveal an alarming shortfall: less than one-third of surveyed households (32%) will harvest crops this year. Though the data are not representative of the entire county, this figure is strikingly low. Worse still, all surveyed households who anticipated a harvest predicted it will be less than 2024 – a year when, according to the Crop and Food Security Assessment Mission (CFSAM), the harvest exhausted within two months.

Data from Ulang, by comparison, presents a somewhat less concerning picture. By the time of data collection between July 8-14, households' access to farmland appeared to have largely recovered: 71% of surveyed households had planted crops in the two months prior to data collection – a figure only marginally below the previous year's (83%), according to the Food Security & Nutrition Monitoring System.

Even so, the majority of surveyed households (74%) projected that the harvest would be less than 2024, when CFSAM data reveal the harvest exhausted within four months.

Markets

Though a blockade remains on the Sobat River between Malakal County and the Ethiopian border – something the IPC assumed would fully obstruct trade in the worst-case scenario – market activity continues in a limited form.

Checkpoints and sporadic violence continue to choke supply routes in Nasir County, in particular. Market activity was reported in Kurengthke and Mandeng at the time of data collection between June 26-28. Vendors source goods from Akobo County and Burebiey, a border town in Nasir that was impacted by violence on June 12. However, common trade routes – improvised to avoid checkpoints – are increasingly dangerous, according to one key informant. As a result, the volume of goods is low, deliveries are sporadic, and markets only stock small quantities of basic foods, mainly biscuits, grains and fish. It is probable, though unconfirmed, that current food prices exceed most households' purchasing power.

Survey results from Nasir appear to corroborate this. Almost half (45%) of surveyed households in Nasir could access a market to purchase food and non-food items at the time of data collection. However, just 18% of households reported that markets were a primary or secondary food source in the week prior to data collection.

Communicable diseases and poor sanitation present an immediate threat to life

In Nasir, the cholera case fatality rate (CFR) almost doubled between March (4.4%) and June (7.6%), making the outbreak there one of the deadliest in the country. In Ulang, the cholera death rate in June (1.2%) exceeded the 1% threshold the World Health Organization attempts to limit outbreaks to.

Exceedingly poor sanitation in sites in both counties is likely fuelling disease rates. At the time of data collection, all surveyed households in Nasir and 96% of assessed households in Ulang practised open defecation. Further, the vast majority of surveyed households in Nasir (99%) and Ulang (100%) consumed river water.

The disease burden will likely surge through the rainy season, which will drive even poorer sanitation and facilitate the spread of waterborne disease among a population whose immunity is severely compromised.

Humanitarian actors face considerable obstacles to mitigating a disaster

Food distributions are heavily constrained in remote areas

At the end of May, the South Sudanese government – through private contractors – dropped food into Nasir and Ulang, mostly in the main towns. Starting on June 30, the World Food Programme (WFP) also distributed 430 metric tonnes of food to 40,000 people in Nasir and Ulang, ending a four-month pause in food distributions in both counties.

This marks a considerable improvement from the IPC worst-case scenario, which assumed humanitarian food assistance would not reach Nasir and Ulang between June and July.

However, survey results suggest this food did not reach several remote areas in Nasir and Ulang: no household in any location reported that they received humanitarian food assistance in June or July. Notably, data collection in Nasir occurred before WFP distributed food; though, one humanitarian key informant reported on July 10 that the food had not reached Bukteng, Lipnuer, Makak or Torkech.

Data collection in Ulang occurred soon after the airdrops, when it is possible that implementing partners were still in the process of organising the stock.

Without a significant improvement in humanitarian access in both counties, it is uncertain whether humanitarian agencies can continue to distribute food, especially in Nasir. Restrictions on movement along the Sobat River mean WFP must use airdrops, whose viability will diminish as funding shortfalls impact operations in the second half of 2025. WFP has requested that the main riverway into Nasir and Ulang be opened to facilitate distributions by boat, the most cost-effective way to reach most of Upper Nile State.

On July 11, the Logistics Cluster announced that the riverway between Malakal-Ulang was cleared for humanitarian operations. In July, a convoy is scheduled to distribute supplies to Ulang County. The planned convoy reflects a growing – though fragile – improvement in humanitarian access in Ulang. Another convoy is scheduled to travel to Nasir via Akobo County. At the time of writing, however, the Logistics Cluster was awaiting approvals on access.

Mobile health units operate under immense strain amid widespread stockouts and broken supply chains

The health system in Nasir and Ulang is stretched thin. The response has not recovered since February, when the violence – and a drawdown in funding – forced several partners to scale back lifesaving services and blocked critical supply chains. **Though the situation does not meet the IPC worst-case scenario – which assumed the health system would collapse – findings reveal extreme shortages of medical equipment and facilities**.

In Ulang, at least five primary healthcare facilities were looted in April, according to one key informant. Essential equipment – including cold chain facilities for the Expanded Programme on Immunisation (EPI) and Manual Vacuum Aspiration supplies for Basic Emergency Obstetric and Newborn Care (BEmONC) – as well as basic medicines to treat cholera and malaria were reportedly stolen. Thieves also reportedly looted the solar power equipment, making it extremely difficult to deliver emergency health services at nighttime.

On July 3, an international organisation resupplied nine health facilities in Ulang by plane. The delivery included prophylaxis and paracetamol, according to a key informant whose facilities received a supply. However, the organisation, which ceased operations in Ulang on June 10 following a violent raid on one of its premises, announced that the damage to its facilities in Ulang was too severe to resume operations fully. This includes the county hospital, which was closed permanently in June.

Another key informant in Ulang confirmed on July 18 that none of the county's twenty-one nutrition facilities were functioning. The last functional site was looted in April, and no supplementary or therapeutic food has been available since then. The same key informant expected the facilities would be partially restocked once the abovementioned convoy delivers supplies.

Mobile Medical Units (MMUs) are working hard in Nasir and Ulang to meet a growing caseload and plug the gap. However, a funding shortfall forced the organisation to suspend one of the MMUs in Ulang in June. This, combined with a scarcity of fuel supplies, has forced the team to reduce the number of locations it operates in.

In both counties, the looting, violence and disruption to critical supply chains has severed some households' access to basic healthcare. In Nasir, almost two-thirds of respondents (61%) said that someone from their household was unwell in the two weeks prior to data collection; of those people who were unwell, almost one-third (31%) were unable to access any healthcare. Similarly in Ulang, almost three-quarters of respondents (73%) said that someone from their household was unwell; and almost half (41%) were unable to access any healthcare.

Severe flooding in the second half of 2025 will likely deepen the crisis in Nasir and Ulang

Hydrological data shared by the United Nations Satellite Centre (UNOSAT), the IGAD Climate Prediction and Applications Centre (ICPAC) and the Ethiopia Agriculture Taskforce suggest a major flood event is probable in Nasir and Ulang during the rainy season, which will likely peak in October. Severe flooding could trigger new waves of displacement and drive extremely poor sanitation, especially in makeshift displacement sites on the Sobat River.

In June, humanitarian partners warned of extreme flooding in South Sudan in the second half of 2025. The following observations point to a high flood risk in Nasir and Ulang over this period:

- Flood waters in both counties were unusually high towards the end of the dry season: the maximum observed flood extent in Nasir in March was the highest recorded in this month since at least 2022; in Ulang, the flood extent in March was the highest recorded in any month since 2022. In both cases, this indicates that the baseline for flooding in 2025 is exceptionally high.
- Rain forecasts project significantly above-average rainfall in Nasir and Ulang between July and September, including in reported areas of displacement on the Sobat River. Heavy rainfall will increase water levels on the Sobat and contribute to localised flooding in low-lying areas.
- Above-average rainfall in parts of western Ethiopia during *Kiremt* – seasonal rains between June and September – will also likely increase flows on the Sobat River and contribute to greater flood risk downstream, including in Nasir and Ulang.

Conclusion

Data collected between June 26 and July 14 reveal extreme humanitarian conditions in parts of Nasir and Ulang counties, including widespread food shortages, 'extremely critical' levels of acute malnutrition, an ongoing and increasingly deadly cholera outbreak, and a growing risk of death from disease and starvation. The humanitarian response in remote areas is crippled by persistent violence, stockouts and considerable access constraints, restricting households' access to lifesaving healthcare and nutrition services.

In a context of active hostilities, a heightened threat of severe flooding, and significant constraints on humanitarian access, a combination of disease and deepening hunger during the rainy season threatens even more extreme health outcomes, including an increased risk of death from disease and starvation.

Methodology Overview

This assessment aimed to provide an update on humanitarian conditions in Nasir and Ulang counties, where humanitarian access has been heavily constrained since February 2025. Relief International led the data collection exercise in both counties, while REACH coordinated the assessment from Juba.

To identify locations for this assessment, the team consolidated a list of accessible areas in Nasir and Ulang. The situation in these areas – including conflict dynamics and the presence of armed groups – was monitored to confirm they were safe to access. This exercise generated a list of four locations in Nasir County (Bukteng, Lipnuer, Makak and Torkech) and five locations in Ulang County (Nyangore, Thulup, Torkiel, Wathjak and Wecnyang).

To identify the number of surveys the team would conduct in each location, REACH used a systematic sampling approach. The team compiled a population estimate for each site – drawing on headcounts conducted by humanitarian partners and the Relief and Rehabilitation Commission (RRC) – as well as an overall population figure in those sites that the team would visit. The team then calculated the percentage of the overall population that lived in each site. We multiplied this value by the number of households we believed it was feasible to visit given the time and resources available – 200 households in each county. This exercise generated a target number of surveys in each site, as follows:

Nasir	# surveys	Ulang	# surveys
Bukteng	55	Nyangore	54
Lipnuer	18	Thulup	36
Makak	91	Torkiel	50
Torkech	36	Wathjak	40
		Wecnyang	20
total	200		200

To identify the specific households the team would visiting during the assessment, the team used the *random walk* approach. On arrival in an area, a team member spun a bottle or pen. The team charted a path through the settlement in the direction the bottle or pen was facing. On that path, the team visited every tenth household; this interval was selected because the target number of surveys in each location equated roughly to 10% of the overall population. On arrival at the household, the team explained the purpose of the exercise to a household representative, before asking their consent to conduct the quantitative survey and MUAC screening exercises. If the respondent consented, the team asked them the quantitative questionnaire and screened all available children aged 6-59 months in the household for acute malnutrition.

Limitations

Research teams conducted the target number of surveys in each county (n=200). Further, the teams screened 427 in Nasir and 402 children in Ulang for acute malnutrition using the mid-upper arm circumference (MUAC) approach. Immediately after data collection, the research team cleaned the data for errors and inconsistencies. The team removed surveys that presented an unacceptable error rate, or were conducted in an infeasible timeframe. Meanwhile, MUAC screening data was screened for digit preference, unverified cases of bilateral oedema, and erroneous values that impacted the standard deviation. Overall, 105 surveys (53% of surveys) in Nasir were removed from the dataset; meanwhile, 30 surveys (15% of surveys) in Ulang were removed from the dataset, as follows:

	Nasir	Ulang
Quantitative survey		
Surveys conducted	200	200
Surveys removed	105	30
Final number of surveys	95	170
MUAC screening		
Children screened	427	402
Screenings removed	206	57
Final number of screenings	221	345

Following the cleaning process, the final number of surveys the team conducted in each site is as follows:

Nasir	# surveys	Ulang	# surveys
Bukteng	22	Nyangore	36
Lipnuer	6	Thulup	31
Makak	57	Torkiel	45
Torkech	10	Wathjak	35
		Wecnyang	23
total	95		170

The final data are **representative of the situation in assessed locations at the time of data collection only**. They cannot be generalised to the broader population in Nasir and Ulang counties.