



wau shiluk phoc

PROVISION OF ESSENTIAL HEALTH SERVICES

Emergency Food Security Update: Malakal County

December 2024 | Malakal County | Upper Nile State | South Sudan

Key Messages

- The October 2024 IPC revealed an exceptionally severe humanitarian situation in Malakal County in 2024. Between September and November 2024, **10,000 people (5% of the population) were classified in IPC AFI Phase-5 (Catastrophe)**, the most severe phase. This is the first time the IPC has reported a pocket of catastrophic hunger in Malakal, suggesting that conditions during the 2024 lean season were atypically poor. Following a marginal improvement between December 2024 and March 2025 – due mainly to the availability of harvested food and greater market functionality – **the situation in Malakal is projected to worsen between April and July 2025**, when 75% of the population are expected to experience severe acute food insecurity (IPC Phase-3+), including an estimated **10,000 people in IPC Phase-5**.
- At the time of data collection in December 2024, **severe flooding had inundated farmland, triggered widespread displacement, and contributed to severe public health conditions** in rural areas of Malakal. Findings suggest the 2024 harvest failed completely in some areas. Access to alternate food sources, including markets, was extremely limited. Participants also described critically poor sanitary conditions that, combined with widespread food shortages, had likely driven serious health and nutrition outcomes.
- Therefore, humanitarian conditions in Malakal County appear unlikely to improve between December 2024 and March 2025, as they were expected to by the October 2024 IPC. Findings suggest that key mitigating factors identified during IPC analysis – the availability of harvested food stocks and greater market functionality – have not materialized, and are unlikely to alleviate severe food security outcomes between December 2024 and March 2025. As such, **the prevalence of catastrophic conditions (IPC Phase-5) could increase earlier than anticipated without timely and sustained humanitarian food assistance**.

METHODOLOGY

REACH visited Malakal County between **the 3rd and 6th of December, 2024**, to provide an update on the food security situation, complement the latest IPC analysis – conducted between September 23rd and October 4th, 2024 – and support the humanitarian response in 2025.

REACH visited Warjok and Wau Shilluk bomas, where the IPC reported that some households would experience IPC Phase-5 conditions between September and November

2024, and again between April and July 2025.

Data collection comprised **eight focus group discussions (FGDs)** with members of the host community (five) and returnees from Sudan (three). REACH also spoke with humanitarian staff operating in Malakal County. **Findings are indicative** of the food security situation experienced by the host community and returnees in assessed areas at the time of data collection.

BACKGROUND & RATIONALE

The most recent [Integrated Phase Classification \(IPC\) analysis](#), conducted in October 2024, classified the population in Malakal County in IPC Phase-4 (Emergency). Between September and November 2024, 70% of the population were reported to face severe acute food insecurity (IPC Phase-3+), including an estimated **10,000 people (5% of the population) in IPC Phase-5 (Catastrophe)**, the most severe phase. This is **the first time that the IPC has reported a pocket of catastrophic hunger in Malakal since its inception in 2017**, suggesting that the 2024 lean season was exceptionally severe.

A large number of internally displaced persons (IDPs) and a significant influx of returnees likely increased sharing, eroded per-person consumption, and placed considerable strain on household food security in 2024. As of November 2024, approximately 77,000 IDPs were [reportedly](#) living in multiple sites in Malakal County. Furthermore, tens of thousands of returnees have arrived in Malakal since the beginning of the war in Sudan in April 2023. **Limited agricultural output in 2023, dysfunctional supply lines and spiraling food prices also contributed to a severe food security situation** in Malakal in 2024, according to IPC analysis.

The IPC projection analysis assumed that conditions in Malakal would improve between December 2024 and March 2025, when 65% of the population are expected to face severe acute food insecurity (IPC AFI Phase-3+). This marginal improvement was attributed mainly to **the availability of food from the 2024 harvest, improved market functionality, and humanitarian food distributions**. The IPC analysis assumed that food distributions in particular would mitigate the prevalence of catastrophic conditions (IPC Phase-5) during this period. However, it is likely that some households, especially returnees without relatives or social connections, will continue to face catastrophic conditions, [according to](#) FEWS NET.

Between April and July 2025, the IPC projected that the situation in Malakal would deteriorate. During this period, 75% of the population are expected to face severe acute food insecurity, including an estimated **10,000 people in IPC Phase-5 (Catastrophe)**. IPC analysis suggests drivers of a worsening situation will include **a continued influx of returnees, the exhaustion of harvested food stocks, and localized insecurity** that could restrict households' access to food and livelihood activities.

ACUTE NEEDS & VULNERABILITY

Severe flooding starting in July 2024 triggered widespread displacement in assessed locations. According to FGD participants, most of the population were hemmed into small parcels of land encircled by water.

This was confirmed during field observations undertaken by REACH in December. Most participants believed that widespread displacement would persist until flood waters receded, which one humanitarian key informant suggested may not happen until April 2025. Participants in Wau Shilluk frequently reported an inability to move to access food and basic services, due to stagnant flood water, a lack of canoes, and long journeys to Malakal Town.

The 2024 harvest – which usually occurs between September and October – reportedly failed completely in assessed areas, as a result of severe flooding during the early-maturation stage. This is corroborated by [UNOSAT data](#) showing a gradual increase in maximum flood extent in Malakal from August onwards. Crop failure impacted most households, according to FGD participants. In three interviews, participants described comparatively better-off areas – mainly, those on higher ground – where a small quantity of food was harvested. However, avian depredation and limited arable land reduced agricultural output in these areas, leading food stocks to exhaust in October, less than one month after the harvest and approximately four months earlier than usual. As such, participants in every interview reported that no household was consuming locally harvested food at the time of data collection.

Anecdotal reports suggest access to alternate food sources was extremely limited in assessed areas, and especially in Wau Shilluk. Flood water had obstructed movement, damaged trees, and therefore restricted households' physical access to wild fruits, a food source that would typically support household consumption in the post-harvest period. Financial access to food was extremely poor due to households' low economic capacity, limited market functionality outside of Malakal Town, and persistently high food prices. Further, widespread food insecurity in Malakal had reduced households' ability to share food with one another. This likely had a disproportionate impact on returnees, who were reported to depend heavily on familial networks for food. Some female returnees in Wau Shilluk undertook long journeys to Panyikang County to purchase small quantities of sorghum, which reportedly exhausted within ten days. These were risk-laden journeys due to sharp objects beneath the water, including fallen trees.

Fish were the only available food source for most households, however, few people owned fishing equipment. Findings suggest access to fish was greater in Warjok, where "most" men were fishing and households could access small sums of money to purchase fish by selling green leaves in Malakal Town. In comparison, a scarcity of canoes in Wau Shilluk meant households depended on a small number of fishermen. Further, a lack of viable income sources – few households could travel to Malakal Town to sell leaves – meant many households could not afford to purchase fish regularly. Participants in Wau Shilluk frequently reported that some households had gone days without eating.

Participants described severe sanitary conditions in assessed areas. Open defecation was practiced, owing to flood damage and a general lack of sanitary facilities. However, standing flood water had confined households to small parcels of land and restricted access to bush areas. As a result, open defecation in Wau Shilluk occurred closer to the homestead and, often, inside the flood water, which many households reportedly relied on for drinking. This significantly increases the risk of disease exposure. Though public taps were reported and observed in both locations, those in Warjok reportedly dispensed untreated river water. Taps in Wau Shilluk were filtered, however, these were located only in the middle of the settlement. Households in more remote areas without access to jerrycans to carry water over long distances were reported to consume river water instead. Returnees accustomed to cleaner water in Sudan were reportedly most susceptible to waterborne diseases. Such poor sanitary conditions are alarming amidst an ongoing cholera [outbreak](#) in Malakal.

Food shortages, open defecation and the limited availability of improved water sources likely contributed to severe nutrition outcomes in assessed areas.

A Mid-Upper Arm Circumference (MUAC) screening exercise conducted by a nutrition partner in Wau Shilluk village in early-November 2024 indicated an alarming situation. However, it is unclear whether this exercise met minimum standards for nutrition assessments, and the data are currently under review by the Nutrition Cluster technical team. Reports of severe nutrition outcomes would corroborate recent IPC Acute Malnutrition (AMN) analysis, which classified the population in Malakal County in IPC AMN Phase-4 (Critical). In December 2024, REACH is conducting a SMART survey in Malakal County to provide an updated estimation of the prevalence of acute malnutrition.

Access to adequate, affordable and timely healthcare was critically low in assessed areas. There was no primary health facility in Warjok. Instead, patients travelled to the main hospital in Malakal Town via canoe. The journey cost SSP10,000 at the time of data collection, approximately double the daily income that households earned from selling green leaves. Medication, including for malaria, reportedly cost a further SSP4,000, which few households could afford. In Wau Shilluk, the Primary Health Care Center was flooded. Though it remained operational, management was reportedly transferred to a local organization in July 2024, after which participants described stockouts, delayed treatments and a pause in emergency transportation to Malakal. Patients in urgent need of medical care – including pregnant women – were transported to Malakal Town by canoe. However, canoes were scarce and this was an hours-long journey made challenging by rough conditions on the River Nile.

Participants in every focus group reported that their communities had not received humanitarian food assistance in 2024. Furthermore, a humanitarian key informant described “massive” pipeline breaks in 2024, due

to the war in Sudan, violence in Nasir County that blocked supplies from Ethiopia, and disruption to riverine transport between Juba and Malakal. Malakal will be assigned Priority-1 status in 2025 following the October 2024 IPC analysis, and participants in both locations reported that registration exercises were conducted between October and November. Findings suggest humanitarian food assistance (HFA) will be a critical food source in Warjok and Wau Shilluk in early-2025. If assistance is delayed or disrupted, the IPC assumption that HFA would mitigate the prevalence of IPC Phase-5 in these locations between December 2024 and July 2025 will no longer apply.

CONCLUSIONS

Humanitarian conditions in Malakal County – specifically, in areas along the west bank of the River Nile recently assessed to be experiencing catastrophic food insecurity – **appear unlikely to improve between December 2024 and March 2025, as they were expected to by the IPC.**

For many households, **the harvest will not mitigate acute levels of hunger** because of severe flooding that inundated farmland during the early-maturation stage, and resulted in an extremely poor harvest.

An increased availability of fish may support consumption in better-off households, however, **a scarcity of equipment, widespread deprivation and a lack of viable income sources will likely prevent most households from accessing fish.**

Similarly, **improved market functionality during the dry season is unlikely to significantly mitigate severe consumption gaps** due to elevated food prices, households’ limited purchasing power, and communities’ geographic isolation from Malakal Town.

It is possible, then, that **the number of people experiencing severe acute food insecurity (IPC Phase-3+), including catastrophic conditions (IPC Phase-5), will increase earlier than expected without timely and sustained humanitarian food assistance.**

However, it remains unclear whether locations in Warjok and Wau Shilluk will receive assistance in 2025, and continued disruption along key supply routes will likely continue to erode the mitigative impacts of food distributions.

ABOUT REACH

REACH is a leading humanitarian initiative that collects primary data and produces in-depth analysis to help aid actors make evidence-based decisions in support of crisis-affected people. With this in mind, our flagship research programmes aim to inform the prioritisation of aid according to levels of need – both crisis-level planning and targeted rapid response – as well as decisions around appropriate modalities of aid. Through our team of assessment, data, geospatial, and thematic specialists, we promote the design of people-centred research and set standards for collecting and analysing rigorous, high quality data in complex environments. Visit www.impact-initiatives.org and follow us @REACH_info.