

# Displacement, disease outbreaks and humanitarian access restrictions deepen public health crisis on Sobat-River Corridor

April 2025 | South Sudan | Upper Nile State | Nasir, Ulang & Longochuk counties

## KEY MESSAGES

Since February, **airstrikes and violent clashes have displaced an estimated 80,000 people** in Nasir, Ulang and Longochuk counties. Approximately **23,000** have fled into parts of Gambella region, Ethiopia. Many others wait in displacement sites along the Sobat River. Widespread fears of a further escalation, including [reports](#) that fighting might resume in Nasir, indicate **mass displacement is set to continue**.

The violence has deepened a severe public health crisis, which could spiral beyond control in the displacement sites. Between September and March, **the cholera fatality rate in Nasir (4.4%) exceeded the WHO target threshold (1%)**. Very poor sanitation could increase infections over the coming months, according to [health actors](#) and [local authorities](#) in the region. Health facility data also reveal **a spike in cases of diarrhoea, malaria and pneumonia**, which partners expect will worsen as the rainy season drives even poorer sanitation and facilitates the spread of waterborne disease.

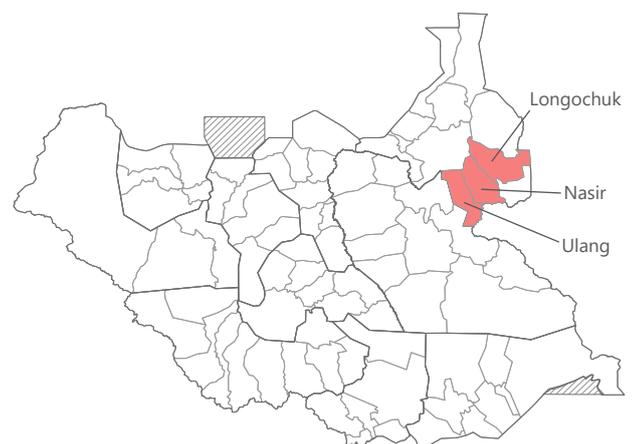
Mobile health units are working to stem the rising tide of infections. However, health actors say **a growing caseload with acute needs is outstripping supplies**. Partners servicing displacement sites in Nasir and Ulang could run out of essential medicines at the end of April. Further, one practitioner confirmed that **20 out of 21 nutrition sites in Ulang** – where the IPC [projected](#) ‘critical’ rates of acute malnutrition between April and June – **exhausted their supplementary and therapeutic food stocks in December**. Airstrikes and a drawdown in funding also forced some health providers to downscale their operations between February and March. As a result, multiple populations in severe conditions are isolated from life-saving assistance.

The latest IPC Acute Food Insecurity (AFI) analysis [projected](#) that **Longochuk, Nasir and Ulang counties would experience area-level IPC AFI Phase-4 between April and July, 2025**. Sustained humanitarian food assistance (HFA) is essential to offset more severe hunger, widespread malnutrition and excess mortality. At the time of writing, however, **Longochuk, Nasir and Ulang are classified “no-go” areas for UN agencies**, including the World Food Programme. Key informants assume access restrictions will continue over the near term. If HFA is significantly delayed between April and July, food insecurity will continue to worsen.

## OVERVIEW

Violence and airstrikes have triggered mass displacement on the Sobat River. Displacement occurred in areas experiencing severe underlying vulnerability, including widespread severe acute food insecurity, critical levels of acute malnutrition, and an ongoing cholera outbreak. Available evidence suggests a public health crisis is deepening, and humanitarian actors face significant obstacles to mitigating extremely severe health outcomes.

REACH partnered with **Relief International, Polish Humanitarian Action (PAH), UNKEA, GOAL**, County Health Departments and county-level RRCs to conduct a rapid qualitative needs assessment in displacement sites in Longochuk, Nasir, and Ulang counties.



The research team conducted **49 Focus Group Discussions (FGDs) with recently displaced persons, and 9 Key Informant Interviews (KIIs) with humanitarian actors, from March 24 to 30**. REACH also reviewed facility-level health and inventory data shared by humanitarian actors.

## Violence has triggered mass displacement

Between February 14 and 15, armed clashes in Nasir County, Upper Nile State, [emptied](#) Nasir Town and displaced thousands of people into rural payams. Subsequent violence in Nasir and the wider region has [triggered](#) recurrent waves of displacement.

Humanitarian agencies estimate between [60,000](#) and [80,000](#) people have been displaced in Nasir, Ulang and Longochuk counties, most into congested displacement sites along the Sobat River, and approximately [23,000](#) into Gambella, Ethiopia.

FGD participants described perilous, day-long journeys to reach displacement sites. Many had to leave behind older and disabled relatives. The majority said they will not return home absent a ceasefire. Widespread fears of a further escalation, including [reports](#) that violence is set to resume in Nasir, indicate **mass displacement will likely continue**.

## Displacement, poor sanitation and defunding have deepened a severe public health crisis

**Widespread displacement coincides with a nationwide cholera outbreak.** Between September 28, 2024, and March 27, 2025, a cholera outbreak in Nasir County infected 431 people and killed 20, [according to the WHO](#). **The in-facility case fatality rate (4.4%) is among the highest in South Sudan, far surpassing the WHO target threshold of 1%.** It is possible, however, that cases are considerably higher. For example, a health practitioner estimated in late-March that the actual number of cases in Nasir has surpassed 750.

**Crowded displacement sites have triggered a sharp rise in the number of cases of cholera.** Facility data compiled by one NGO in Nasir recorded 491 suspected cases in February and March alone. Similarly, **cases recorded by an NGO in Ulang increased sevenfold between February and March.** An NGO [treated](#) more than 400 cases of cholera just in Ulang Town in March.

**Exceedingly poor sanitation in displacement sites appears to be fuelling the outbreak.** Open defecation is widespread, according to FGD participants and KIs. Settlements formed sporadically, and marked disposal sites are few. In turn, people – particularly children – defecate closer to shelter and water points.

Most FGD participants reported **drinking from untreated, and likely contaminated, water sources**. While many have settled on the Sobat River, others were driven inland. Of particular concern are those populations clustered around stagnant swamps, many shared with small animals. Field observations reveal this water is exceptionally dirty, and likely to facilitate the spread of waterborne disease. Some swamps could also dry throughout April, depriving people of any water source.

Drawdowns in funding have also contributed to the spread of cholera, according to a health practitioner based in Ulang. Aid cuts announced in January prompted WASH partners to downscale, meaning **several programmes that rehabilitated boreholes and purified open water sources were suspended**. In parallel, cholera spread to previously unaffected areas as sanitation deteriorated. An influx of displaced persons in these areas has fuelled the rise in cases, according to the same practitioner.

Health actors based in Ulang and Nasir described an alarming spike in the number of cases of diarrhoea. **The number of people with diarrhoea in Ulang increased by 165% between February and March**, according to data collected by one NGO. This is the greatest percentage increase in the February-March period since 2020. Though data are unavailable, a clinician operating in one displacement site on the border with Ethiopia reported that the number of cases of diarrhoea has also surged in Nasir.

Cases of malaria have increased, too, according to humanitarian partners. The number of **recorded cases in Ulang increased by 85% between February and March**, according to data shared by an NGO. This is highly unusual in the dry season, when rates typically recede. In the coming months – which coincide with the rainy season – heavier rainfall and inadequate shelter will likely drive an increase in cases in displacement sites.

Acute respiratory infections pose another challenge. Between February and March, the number of **recorded cases in Ulang**

**increased by 80% and comprised nearly half of all outpatient consultations**, according to data shared by an NGO. Colder weather, inadequate nutrition, and displaced persons' limited immunity will likely drive up cases in the coming months, according to a clinician operating in Ulang.

## **As a public health crisis deepens, humanitarian actors face mounting obstacles to mitigating disaster**

**Health services in affected areas are stretched thin.** In Nasir, a single static facility serves at least five displacement sites on the border with Ethiopia. This facility does not have in-patient or stabilisation capacity, and it receives up to 100 new patients per day, according to a clinician stationed there. Qualitative findings suggest the caseload would be even higher if not for long and perilous journeys to the facility, which many FGD participants considered too dangerous to undertake.

Another NGO plans to relocate its services from Jikmir Payam to the border areas to support recent arrivals. However, airstrikes in Jikmir have made it extremely difficult to relocate staff and supplies. Staff were recently forced to evacuate the facility, **and supplies of IV fluid and Oral Rehydration Salts (ORS) neared exhaustion in January**, according to a key informant.

**Healthcare services in Ulang were also forced to downscale in March.** An NGO that served eight locations halved its footprint once the airstrikes started. Its mobile teams support a large caseload in several displacement sites. However, severe cases – previously transferred to an NGO hospital in Ulang Town – were treated exclusively in mobile sites at the time of data collection because longer riverine journeys to town were too dangerous. Similar obstacles affected another partner whose fuel supply exhausted in January, **forcing them to suspend referrals to the hospital in Ulang Town, as well as supply drops to remote facilities.**

**Stockouts of essential medicines pose an immediate threat** to the stability of health services in Nasir. Deliveries by plane were suspended following the violence in February. A staff member at the facility operating on the border with Ethiopia estimated that **15% of the total stock remains, and that supplies will exhaust within one week** unless a distribution arrives from Maiwut. This, however, requires casual workers in Maiwut to transport a

large quantity of supplies some twenty kilometers through dangerous bushland. Future re-supplies via this route could prove difficult if the security situation continues to deteriorate.

Inventory data seen by REACH reveal **stockouts of essential medicine, including amoxicillin, ORS and paracetamol, in mobile health facilities serving the displacement sites in Ulang.** A staff member said the remaining supply could exhaust at the end of April. A second partner confirmed that essential provisions – including treatments for cholera – exhausted during efforts to treat the initial outbreak in January.

**Of especial concern are widespread stockouts of nutrition supplies in Ulang**, reported by a health actor operating there. Between April and June, the IPC Acute Malnutrition (AMN) analysis [projected](#) that **Ulang county will experience area-level IPC AMN Phase-4 (Critical)**, indicating that the prevalence of acute malnutrition will range between 15% and 29.9%. IPC AMN Phase-4 is associated with elevated and/or increasing levels of morbidity and mortality.

Crucially, the same health actor reported that **20 out of 21 nutrition sites in Ulang ran out of supplementary and therapeutic foods in December.** The last functional site, based in Ulang Town, also ran out of Ready-to-Use Supplementary Food (RUSF) and CSB++, a fortified corn-soy blend, in December, and supplies of Ready-to-Use Therapeutic Food (RUTF) were running critically low at the time of data collection. The implementing partner has been unable to supply remote facilities since movements were suspended on February 24.

## **Acute hunger is spreading, but humanitarian actors face significant challenges to delivering food assistance**

[The latest IPC analysis](#) – conducted in October 2024 – estimated that 67% of the combined population in Longochuk, Nasir and Ulang counties would experience severe acute food insecurity (IPC AFI Phase-3+) between April and July, 2025. This included **120,000 people in IPC Phase-4 (Emergency)**, almost two-thirds of whom (76,000 people) were in Nasir County. IPC Phase-4 is characterised by extreme food shortages, widespread malnutrition and a heightened risk of hunger-related deaths.

Since those projections were made, findings suggest that **violence and widespread displacement have triggered an unforeseen deterioration in food security.** KIs reported that seasonal food sources – mainly livestock – were difficult to access at the time of data collection. In Nasir, for instance, a key informant explained that cattle were relocated from the border to deep bush areas several kilometers away, to avoid detection and targeting by airstrikes. As a result, the informant reported that displaced persons – mainly children and women – were unable to access milk.

FGD participants described **widespread food shortages in displacement sites.** Diets comprised exclusively of a meagre supply of fish and wild foods, including bitter leaves that children cannot eat.

However, **decaying trees, dry weather and a broad scarcity of fishing equipment will limit access to fish and wild food in April,** according to key informants in Nasir and Ulang. In October 2024 – prior to the recent displacement – an average of 13% of households in Nasir and Ulang owned fishing equipment, according to data submitted to the IPC.

Findings also suggest that **key mitigating factors identified during the IPC analysis will not materialise.** Starting in April – the beginning of the lean season – the entire population in IPC Phase-4 (Emergency) in each county were set to receive 50% rations until August 2025. IPC analysis assumed this would mitigate more severe food insecurity.

At the time of data collection, however, the situation in Longochuk, Nasir and Ulang counties raised significant obstacles to safe and principled humanitarian response, according to a senior practitioner. A breakdown in security on the Sobat-River Corridor has challenged distributions coming from Malakal County. This, combined with a consistent threat of armed clashes and bombardment, means **it is highly uncertain whether food assistance will arrive in Longochuk, Nasir or Ulang between April and August.**

## Conclusion

Violence and airstrikes have displaced tens of thousands of people on the Sobat River and into Ethiopia. Displacement occurred in communities exhibiting severe underlying vulnerability in February, evidenced by widespread severe acute food insecurity (IPC AFI P3+), 'critical' rates of acute malnutrition (IPC AMN P4), and an ongoing cholera outbreak.

Displaced persons, humanitarian partners and facility-level data all indicate that **a severe public health crisis is unfolding in the displacement sites.** Humanitarian actors face critical challenges to prevent worsening public health outcomes, including stockouts of medical and nutrition supplies, together with significant access restrictions.

In this context of escalating violence, displacement, stockouts and limited humanitarian access, the combination of disease transmission and deepening food insecurity in the approaching rainy season will likely drive **worsening health outcomes, increasing the risk of preventable loss of life, in the coming months.**

## Methodology

The findings in this situation overview are based on **a rapid qualitative needs assessment conducted in displacement sites in Longochuk, Nasir and Ulang counties between March 24 and 30** by REACH, Relief International, PAH, UNKEA, County Health Departments and county-level Relief & Rehabilitation Commissions.

Data collection involved **49 focus group discussions with recently displaced persons** residing in 12 sites in Longochuk, Nasir and Ulang counties. FGDs were supplemented by **9 key informant interviews with humanitarian partners** in affected areas, conducted remotely. REACH also reviewed **facility-level health and inventory data** shared by humanitarian actors.