

Severe acute needs in six displacement sites

November 2025 | Bor, Bentiu, Juba, Maban, Malakal, Renk | South Sudan

This factsheet presents a snapshot of quantitative and qualitative data collected across six displacement sites in South Sudan. The full quantitative dataset is available upon request with REACH.

Key Messages

- **Primary data shows severe food insecurity in all six displacement sites at the beginning of the harvest season**, driven by reliance on unsustainable livelihoods, limited access to diverse food and income sources, and widespread use of coping strategies to mitigate considerable food consumption gaps. Conditions were particularly concerning in Bor, Renk and Bentiu, where a considerable proportion of households were experiencing “Very Severe” food consumption gaps, according to the Household Hunger Scale (HHS).
- **WASH conditions were found to be inadequate in the former PoC in Bor and, to a lesser extent, in IDP Camp 3 Juba**. Open defecation was widespread in both locations (100% and 69% of households, respectively), and access to drinking water constrained. Access to sanitation and drinking water was comparatively better in the other four assessed displacement sites.
- **Humanitarian key informants reported disease outbreaks to be common**, further compounded by congested living conditions in all six sites. Access to health services was particularly limited in displacement sites in Juba and Bor, where most ill household members did not seek care (54% and 67%, respectively).
- **Growing populations in displacement sites are overstressing already reduced services**, according to humanitarian key informants. At the same time, climate shocks and the ongoing economic crisis are compounding vulnerabilities – deepening the severity of needs within displacement sites.
- **While the 2025 harvest may offset some of the observed food consumption gaps**, primary data shows that the majority of households in Bor (78%), Juba (81%), Renk (79%) and Bentiu (61%) displacement sites did not plant any crops in the 2 months prior to data collection. Furthermore, in all locations except for Malakal and Bentiu displacement sites, households had no access to humanitarian food assistance.

9%

of households in **the former PoC in Bor** and in **the TC in Renk** experienced levels of hunger indicative of IPC AFI Phase 5, based on HHS scores.

8%

of households in **Bentiu IDP Camp** experienced levels of hunger indicative of IPC AFI Phase 5, based on HHS scores.

Context & Rationale

In South Sudan, high needs and limited resources make evidence-based prioritisation more critical than ever. While national assessments like the Food Security and Nutrition Monitoring System (FSNMS) offer critical insights, they do not systematically cover populations residing in IDP camps, refugee sites, and other displacement locations. This leaves a critical gap in understanding some of the country’s most vulnerable groups.

Assessment Overview

To help fill that gap, REACH collected primary data in six key displacement sites: Internally Displaced Persons (IDP) Camp 3 in **Juba** (23,573 individuals), the IDP Camp in **Bentiu** (102,799 individuals), Doro Refugee Camp (RC) in **Maban** (103,606 individuals), the former Protection of Civilians (PoC) site in **Bor** (4,572 individuals), the PoC in **Malakal** (45,078 individuals), and the Transit Centre (TC) in **Renk** (11,554 individuals).¹ These locations were highlighted as areas of high concern based on preliminary secondary data review and consultations with partners.

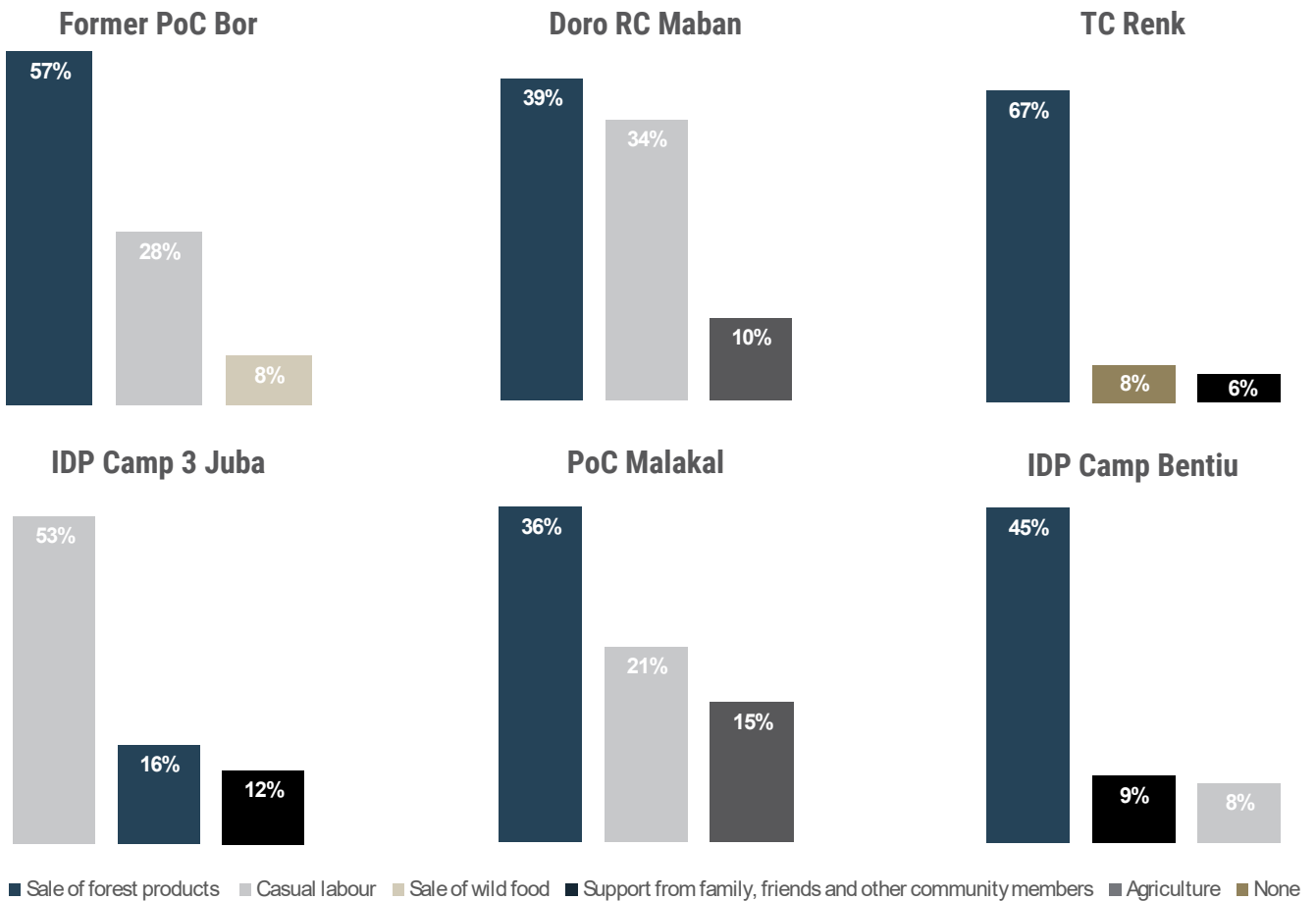
The findings will contribute to a more comprehensive national picture of acute needs when integrated with broader assessment data. In the meantime, this factsheet presents a snapshot of the data collected across the selected sites.²

Methodology

This research employed a mixed methodology, including structured household surveys and key informant interviews (KIIs). Primary data was collected between Sep 4–18, 2025, across the six purposively selected displacement sites. In total, 1,088 household surveys and 33 KIIs were conducted.

Income sources

Top three most reported income sources in the 30 days prior to data collection



Food and income sources

Across all six assessed displacement sites, households relied heavily on unsustainable and low-income activities to provide household income, such as the sale of forest products (mainly firewood and charcoal) or casual labour.

In Bentiu IDP camp, and to a lesser extent in Malakal PoC, humanitarian food assistance (HFA) is an important food source – particularly throughout the lean season. In both locations, the majority of households received HFA in the 3 months prior to data collection, which occurred at the beginning of the harvest season (78% of households in Malakal PoC, and 86% of households in Bentiu IDP Camp). Indeed, 58% of households in Bentiu IDP camp cited HFA as their primary source of food. While the proportion of households relying on

HFA as their primary source of food was lower in Malakal (at 32%), it was still the most commonly reported primary food source. While, in both locations, households receive rations which are supposed to last for two weeks, findings indicate that many households run out of HFA sooner.

In Doro Refugee Camp, the majority of households (58%) relied on agriculture as their main source of food. In the TC in Renk, most households (38%) relied on gathering wild foods, and in the former PoC in Bor, most households (46%) exchanged food for labour. In IDP Camp 3 in Juba, households mainly relied on markets as their primary food source (76%). In the five other assessed sites, while not the most common primary food source, markets were an important source of food as well.

56%

of households in the PoC in Malakal ran out of HFA within 2 weeks of distribution

96%

of households in the IDP Camp in Bentiu ran out of HFA within 2 weeks of distribution

Access to markets

Findings show that access to markets is constrained – particularly in the assessed displacement sites in Bor, Maban and Renk. In these displacement sites, access to markets was considerably lower compared to the county-level average.³ While markets exist in each of the six assessed displacement sites, data collection occurred at the beginning of the harvest season, when food prices are typically highest. Therefore, financial barriers may have constrained households' financial access to markets. Even more, based on observations from the research team, markets within the assessed sites were often small and the availability of food products was limited.

70%

of households in **the former PoC in Bor** did not have access to a market to purchase food and non-food items in the 30 days prior to data collection.

56%

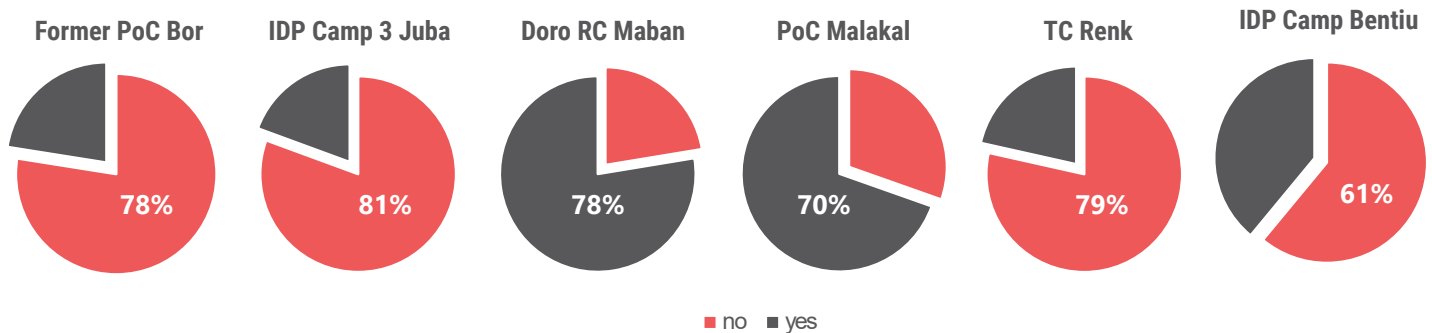
of households in **Doro RC in Maban** did not have access to a market to purchase food and non-food items in the 30 days prior to data collection.

51%

of households in **the TC in Renk** did not have access to a market to purchase food and non-food items in the 30 days prior to data collection.

Cultivation

Proportion of households who planted crops in the 2 months prior to data collection



Cultivation as a livelihood source was limited across the assessed displacement sites, particularly in Juba, Bor, Renk, and Bentiu. In these locations, the majority of households did not plant any crops in the two months preceding data collection.

Indeed, humanitarian key informants in Bor and Bentiu reported limited access to land for cultivation as one of the main drivers of needs. They cited considerable challenges in land access for displaced populations, including such areas being far away from the displacement sites, and insecurity at the agricultural sites. Despite key informants reporting the majority of the displaced population in Bentiu and Bor do not have access to agricultural land, they did observe an increase in the number of displaced individuals engaging in cultivation in 2025 compared to the previous year.

One key informant in Bentiu noted that the expected significant reduction in humanitarian food assistance in 2026 may serve as an additional incentive for households to begin cultivating their own crops. However, the same key informant noted that this may cause debates over already limited access to land.

In contrast, cultivation was more common in Doro Refugee Camp and Malakal PoC. However, data suggest that the 2025 harvest may be lower than in 2024. In Maban, 86% of households cultivated smaller plots this year compared to last, and most expect reduced yields in 2025. Two humanitarian key informants attributed expected failed harvest to prolonged periods of drought in 2025, which they reported will likely result in lower food availability. In Malakal PoC, 46% of households expected a lower harvest than in 2024.

"[they cultivate on] Communal land. It is more of a rental. But the issue is that the land is not sufficient for the whole population here. And production has been minimal because of insecurity in that area." - Humanitarian KI, IDP Camp Bentiu

"All the IDPs around here have gone 2 years without food distribution. They were told to look for land to cultivate, but it's far away. The IDPs say they are having issues with the host community, who does not allow them to use their land." - Humanitarian KI, former PoC Bor

Livelihood profiles

Access to livestock, fish and wild foods at the time of data collection



Access to livestock was severely limited across all six displacement sites – but particularly in Bor, Juba and Renk – limiting households' ability to diversify food sources and livelihoods. In all assessed locations, the majority of households lacked access to livestock – whether owned individually or shared among households. This lack of access underscores the limited availability of diverse food sources and highlights the fragility of household resilience in these displacement contexts.

Moderate access to fish was observed across most assessed sites.

In the displacement sites in Maban, Renk, and Bentiu, the majority of households had access to fish as a food source. In the sites in Bor and Malakal, access was more limited, with around half of households able to consume fish. In Juba IDP Camp 3, access was extremely low, with 3% of households able to access fish.

Households' access to fish appears to be declining, particularly in Maban and Renk, where many households experienced reduced access compared to the previous year. Across all six sites, most households lacked fishing equipment, limiting their ability to

catch fish independently.

Unlike access to livestock and fish, the majority of households in five of the six assessed displacement sites had access to wild foods, such as water lilies, different types of tubers or leave vegetables. Access was highest at sites in Bor (95%) and Maban (80%). However, accessibility appears to be declining: 66% of households in Doro RC in Maban and 47% in the former PoC in Bor reported reduced access in 2025 compared to 2024. In Juba IDP Camp 3, only 36% of households had access to wild foods.

Food security

In all assessed sites except for Juba, over 9 in 10 households experienced moderate to severe levels of hunger (IPC AFI⁴ Phase 3 and above) as per Household Hunger Scale (HHS) scores. Very severe experiences of hunger, indicative of IPC AFI Phase 5, were observed as well – particularly in the former PoC in Bor (9%), the TC in Renk (9%) and Bentiu IDP camp (8%).

In all locations, households are facing inadequate dietary diversity as shown by Food Consumption Score (FCS) data. A considerable proportion of the population exhibited FCS scores indicative of IPC Phase 4 and above – particularly in Maban, Bor and Renk displacement sites. While the proportion of households exhibiting such extreme FCS scores was lower in the other three locations, data shows an overall severe situation. FCS data also shows that households strongly relied on staple foods such as cereals, grains and tubers.

Data shows that households in the assessed sites in Bor, Juba, Renk and Bentiu were forced to engage in severe consumption-based coping strategies – such as reducing the number of meals eaten in a day (out of 7 days, on average 4 days in Bor; 5 days in Juba; 3 days in Renk; 2 days in Bentiu) or limiting the portion sizes of meals (out of 7 days, on average 4 days in Bor and in Juba; 3 days in Renk and in Bentiu) – to mitigate food consumption gaps.

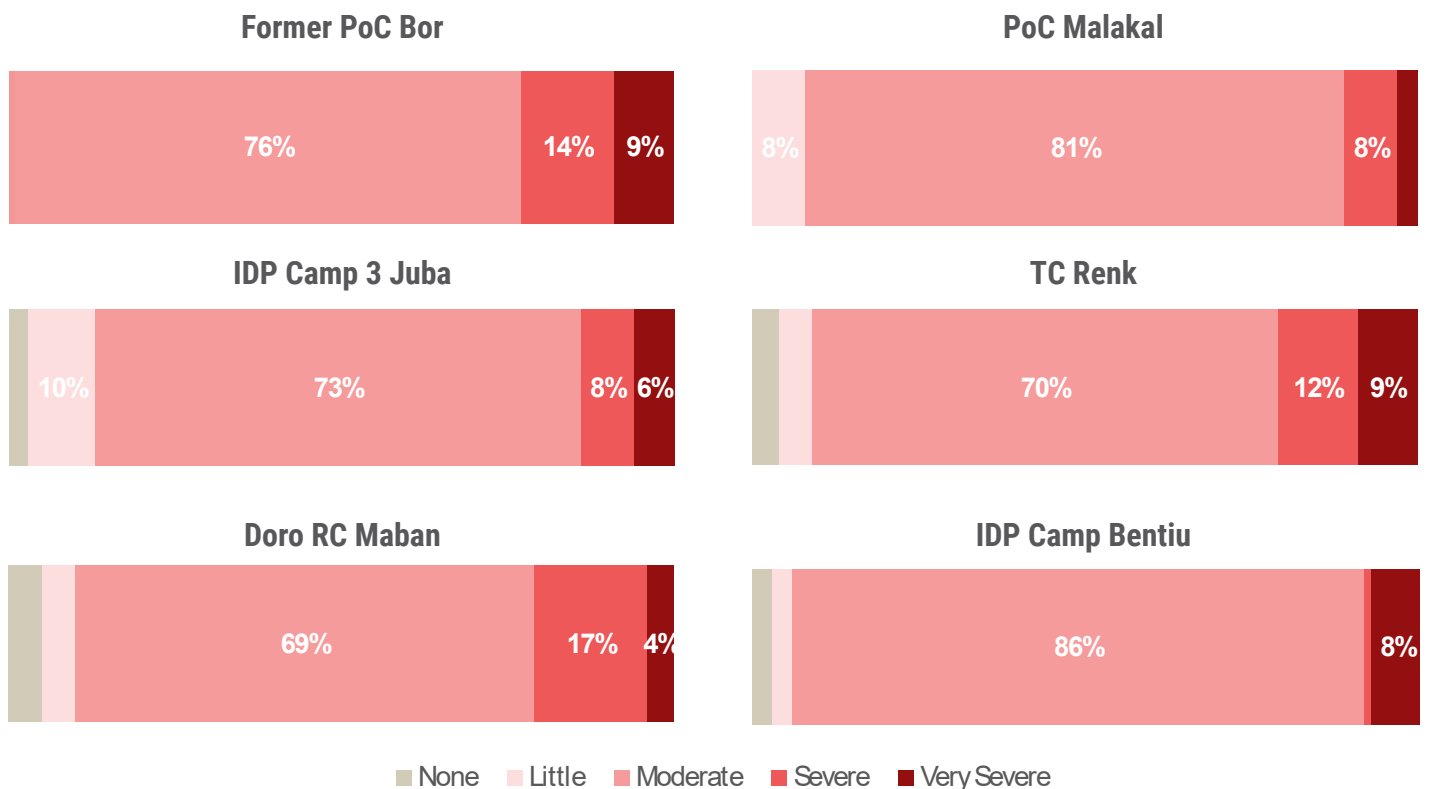
Furthermore, LCS data reflects a widespread reliance on coping mechanisms. The most frequently used coping strategy in sites in Bor, Maban, Bentiu, and Renk was gathering more wild foods than usual for this time of year (e.g. 90% in the former PoC in Bor; 79% in Doro RC in Maban). In Malakal and Juba displacement sites, borrowing money or purchasing food on credit was most common (73% and 53%,

respectively). Several emergency coping mechanisms were commonly used as well, for example begging other community members for food (55% in the former PoC in Bor, 47% in Renk TC), and travelling to another village or cattle camp in search of food (32% in both Malakal and Maban displacement sites).

The combination of high levels of hunger, poor dietary diversity, and severe coping behaviors suggests that households are not only struggling to meet basic caloric needs. In assessed displacement sites in Malakal and Bentiu, access to HFA likely mitigated more severe food insecurity. Furthermore, through the adoption of coping strategies, households are likely able to mitigate more severe food insecurity as well. However, depletion or exhaustion of coping strategies erodes households' resilience and can drive poorer food consumption outcomes in the future.

Household Hunger Scale Scores

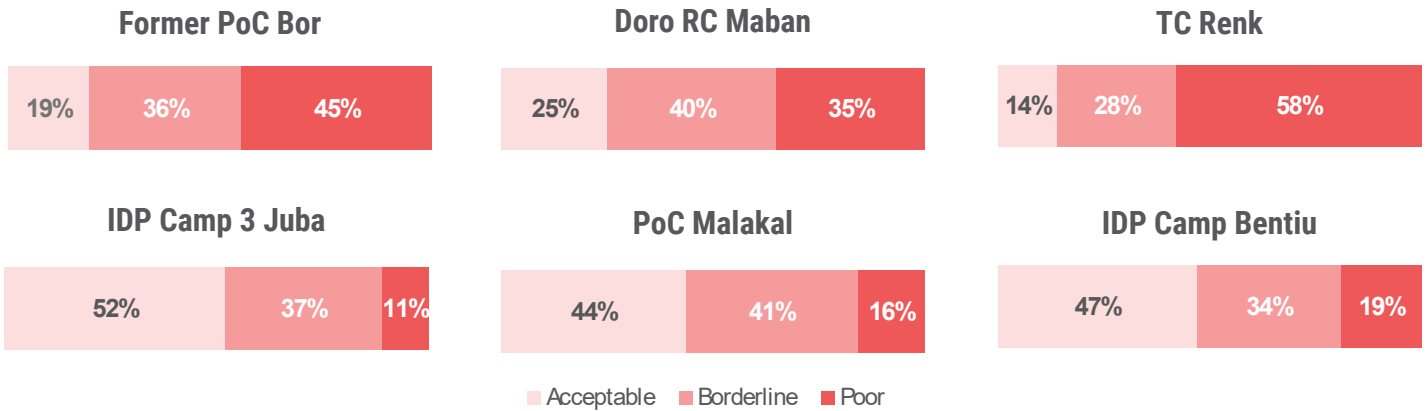
Severity of hunger in the 30 days prior to data collection



The [HHS](#) is a food deprivation indicator that measures the severity of hunger in a household based on experiences of food deprivation over the past 30 days by asking whether the household had no food to eat, or if any member went to bed hungry, or went a whole day and night without eating due to a lack of resources.

Food Consumption Score (FCS)

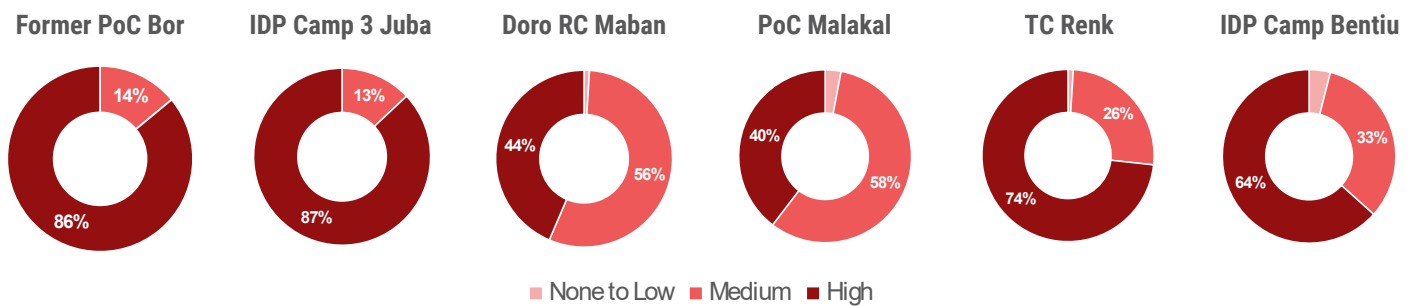
Dietary diversity in the 7 days prior to data collection



The [FCS](#) is a composite score based on households' dietary diversity, food consumption frequency, and relative nutritional value of different food groups. It is calculated by asking how often households consume food items from the 8 different food groups (plus condiments) during a 7-day reference period

reduced Coping Strategies Index (rCSI)

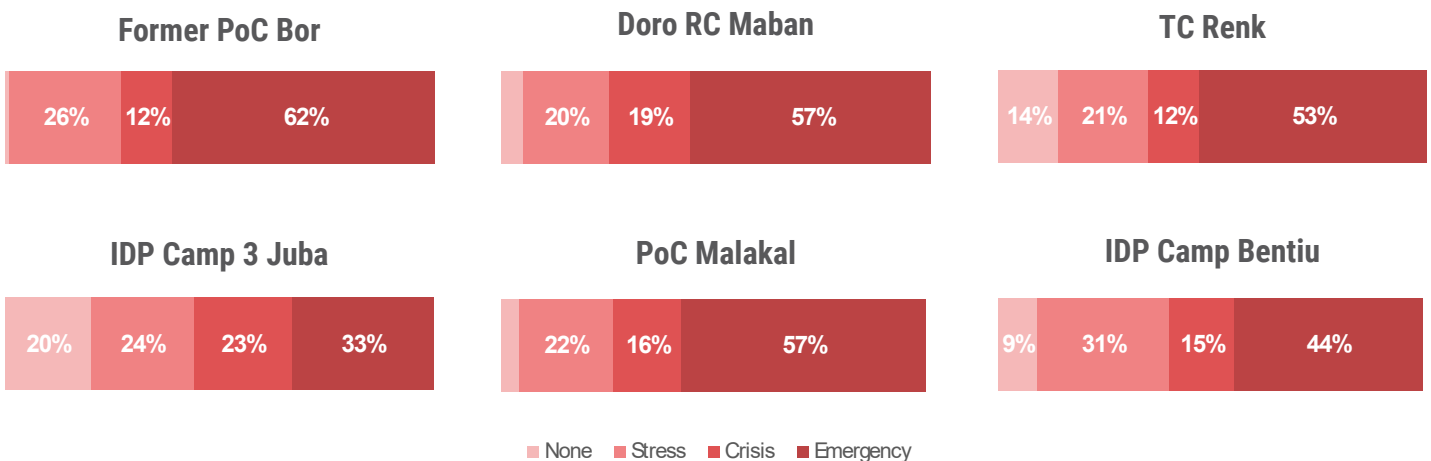
Severity of coping in the 7 days prior to data collection



The [rCSI](#) is a consumption-based coping indicator. It measures the frequency and severity of behavioural strategies that people apply when they cannot access enough food or when they foresee a decrease in food in the last seven days.

Livelihood Coping Strategies Index (LCSI)

Severity of coping in the 30 days prior to data collection



The [LCSI](#) is used to assess how households cope with food shortages. It captures medium- and long-term coping behaviours that reflect a household's ability to manage and recover from shocks such as conflict, climate events, or economic crises.

Food needs

In line with the above, food was the most common priority need among households in all six assessed displacement sites. Over three quarters of households in all assessed locations identified food as one of their top three priority needs – up to 97% of households in Doro Refugee Camp in Maban, and 98% of households in the former PoC in Bor. Even more, in the latter location, 9 out of 10 households identified that food was their single biggest priority need.

Another common priority need across locations was shelter – particularly in Bor (64%), Juba (63%), Maban (58%), and Malakal (52%) sites. Similarly, health was a priority need for a considerable proportion of households in all six assessed displacement sites – mostly so in Bor (69%), Maban (44%) and Bentiu (57%) sites.

9 out of 10

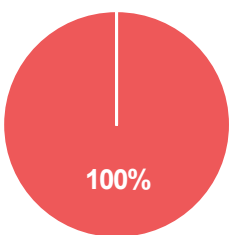
households in the former PoC in Bor identified that food was their single biggest priority need at the time of data collection

“The main driver of all these cases [of physical violence] is the lack of food. For instance, a wife asks the husband that “what will the children eat today?”, and instead of the husband responding gently to the wife, he begins assaulting and beating the wife.” – Humanitarian KI, IDP Camp 3 Juba

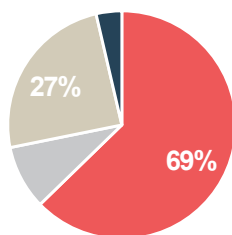
“The situation is really difficult with the ration cuts; the refugees employ negative coping strategies such as selling their belongings, and others go back to Sudan. They say, “Instead of me dying of hunger, let me go and die in my land!” – Humanitarian KI, Doro RC Maban

Humanitarian key informants across the six locations widely recognised food-related challenges. In Maban, one key informant explained that a scarcity of food has reportedly resulted in Sudanese refugees choosing to move out of the camp and back to Sudan. In Juba, one key informant linked food consumption gaps to increased rates of crime and insecurity in the IDP camp.

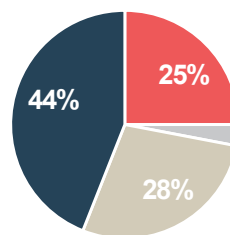
Former PoC Bor



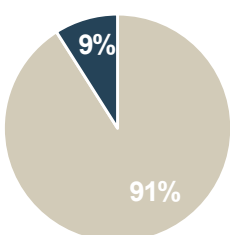
IDP Camp 3 Juba



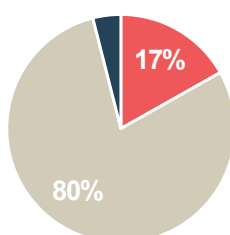
Doro RC Maban



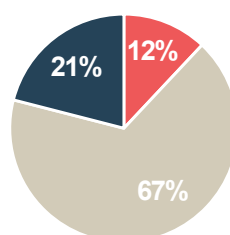
PoC Malakal



TC Renk



IDP Camp Bentiu



■ Open defecation ■ Other ■ Pit latrine with slab ■ Pit latrine without slab

WASH - sanitation

While conditions varied across sites, overall WASH conditions were found to be inadequate. In the former PoC in Bor, all households practiced open defecation, with key informants citing collapsed latrines due to unsuitable soil conditions. As of September 2025, no functional latrines remained in the site.

Open defecation was practiced in most other assessed sites as well. Despite the availability of latrines, a considerable proportion of households in Maban, Renk and Bentiu displacement sites (25%, 17% and 12%, respectively) practiced open defecation.

WASH - drinking water

In all six assessed displacement sites, the majority of households accessed drinking water from safe sources such as boreholes or public taps. In most locations, water collection time was relatively low, with households spending less than 30 minutes on average to fetch and return with water.

However, in the former PoC in Bor, the majority of households spent between one hour and half a day collecting water – likely due to long queues at the site's only water point. A humanitarian key informant explained that the single solar-powered tap lacks sufficient capacity for the entire

camp, resulting in long queues, which was also observed by the research team. Although the same informant noted that some households resorted to cooking with rainwater, only 1% of households reported rainwater as their main drinking water source. Nevertheless, drinking water was one of the top three priority needs for about 1 in 5 households in the former PoC.

One humanitarian key informant in Juba explained that, in the IDP camp, piped water stands have broken down. Indeed, drinking water was one of the top three priority needs for over half of all households in IDP Camp 3 (55%).

"The buckets [at the water point] can line up from the morning all the way to the evening, so some don't manage to get water" – Humanitarian KI, former PoC Bor

"Before, we had piped water that was connected from the River Nile to the IDP camp, and now this water isn't functional daily; it works for a month and gets broken, and people have to fetch drinking water from the nearby wells." – Humanitarian KI, IDP Camp 3 Juba

Health

Humanitarian key informants across the six displacement sites spoke about disease outbreaks – including cholera (in all locations except Malakal and Maban), measles (in Bentiu and Renk) and hepatitis E and polio (both in Renk). Quantitative data shows that illness was widespread: in Bor, Juba, Malakal, and Bentiu displacement sites, households reported an average of two members sick in the two weeks before data collection, while in Maban and Bentiu, the average was one member per household.

Care-seeking varied across the six assessed displacement sites. In Maban, Malakal, Renk, and Bentiu, most ill household members sought treatment, whereas in Bor and Juba, the majority did not (54% and 67%, respectively). In Bor's former PoC site, this may be linked to long travel times: no households lived within 30 minutes of a health facility, and most walked between one hour and half a day, with 26% spending up to a full day. This reflects the lack of services in the former PoC and its distance from Bor Town. Access was better in Renk TC and Bentiu IDP camp, where over 70% of households lived within 30 minutes of a health facility. In assessed displacement sites in Maban, Malakal,

and Juba, most households travelled 30 minutes to half a day to the nearest health facility.

In several locations, key informants noted that the funding crisis in early 2025 led to closures or reductions in health programs. Additionally, key informants in Bentiu spoke about the MSF-run hospital relocating from the IDP camp to Bentiu town. This has left the IDP camp without secondary care. Remaining clinics do not operate during evenings or weekends, and with no transport available after dark, access to health services has become constrained.

Indeed, primary data shows that health remains a top priority for displaced households in the assessed sites. In Bentiu IDP camp, more than half of households ranked health among their three main concerns, with 14% naming it as their single biggest priority. In the former PoC in Bor, the majority of households (69%) also identified health as one of their households' three biggest priorities. While proportions were lower in other sites, over one-third of households in each location identified health as one of their top three priorities.

98%

of households in the **former PoC in Bor** live over 1 hour walking distance from the nearest health facility

69%

of households in the **former PoC in Bor** identified health as one of their three priority needs

Shelter

Proportion of household identifying shelter as one of their three priorities

64%

of households in former PoC Bor

52%

of households in PoC Malakal

63%

of households in IDP Camp 3 Juba

37%

of households in TC Renk

58%

of households in Doro RC Maban

35%

of households in IDP Camp Bentiu

In most assessed locations, humanitarian key informants raised concerns about inadequate shelter conditions. In all sites except Doro RC in Maban, the majority of households perceived their shelters to be overcrowded. Key informants in Renk, Juba, and Bor attributed this to recent population increases, which have led to congestion.

Indeed, households in the assessed displacement sites commonly perceived shelter to be one of their top three priority needs. Even more, shelter was the single biggest priority need for over 1 in 5 households in Juba and Malakal, and of 17% of households in Maban.



A **tukul** (a structure built with mud walls and thatched roofing) was the most common shelter type in IDP Camp Bentiu (99%), Doro RC Maban (77%), IDP Camp 3 Juba (69%), and PoC Malakal (48%).

Drivers of needs

Humanitarian key informants generally perceived needs to have increased in the first half of 2025 - often linking rising needs to increasing population pressure within displacement sites. According to humanitarian key informants across the six locations, needs in the displacement sites are further compounded by climactic events, a continued economic crisis, and decreased availability of humanitarian services – all in a volatile political context.

Climate

Across all six assessed locations, humanitarian key informants frequently attributed high levels of needs to climate-related factors. In Bentiu and Renk, **flooding** was cited as a key driver - disrupting cultivation, displacing populations, and fuelling disease outbreaks. In Maban, on the other hand, key informants reported that **prolonged droughts** in 2025 are likely to have an effect on this year's harvest.

Looking ahead, concerns around further flooding were prominent. One key informant in Bentiu noted that rising water levels in higher-land

counties such as Panyijiar could result in floodwaters reaching Bentiu in the coming weeks. This, as another informant explained, may lead to additional displacement into the camp, further straining already congested living conditions.

Humanitarian assistance

Across all six assessed displacement sites, humanitarian key informants highlighted the impact of the 2025 funding crisis on service provision, noting that the reduction in humanitarian programming has led to increased unmet needs. Health services were reportedly among the most affected, with most key informants reporting health service suspensions. In Maban, one key informant described a "snowball effect," where the closure of health programmes disrupted referral systems as well.

In Bentiu, the discontinuation of education programmes has reportedly contributed to rising school dropout rates, according to humanitarian key informants. They cited school teachers have begun charging school fees, now that humanitarian organisations are no longer providing teacher incentives –

"We are afraid now of heavy rains. Rotriak⁶ is flooded, and people will come from there to this site. This would mean an influx into the camp." – Humanitarian KI, IDP Camp Bentiu

"When one health system fails, the others are affected too. For example, you can't only treat acute malnutrition when the children have malaria; you're supposed to treat both, but here you don't have a functional outpatient department" – Humanitarian KI, Doro RC Maban

"Some of our activities were stopped as a result of the US funding cuts. For example, the component related to the prevention of GBV is no longer being implemented, and this affects the community and results in GBV cases." – Humanitarian KI, Doro RC Maban

reportedly leading to school dropouts for children from displaced families who cannot afford the fees.

In Bentiu and Maban, key informants also spoke about discontinued protection services, such as the closure of Women and Girls Friendly Spaces and the closure of Protection Monitoring Desks, as well as the discontinuation of sexual and gender-based violence (SGBV) services.

Economic crisis

Humanitarian key informants in Bentiu and Bor highlighted inflation and rising market prices as key drivers of increased needs among displaced populations. Data from the Joint Market Monitoring Initiative (JMIMI) confirms this trend: the price of the Multi-Sectoral Minimum Expenditure Basket⁵ (MSSMEB) has risen significantly nationwide over the

past two years. In Juba, for example, the MSSMEB increased from 518,146 SSP in September 2024 to 700,522 SSP in September 2025. While price trends vary slightly across locations, the overall trajectory shows a consistent and substantial increase – including in the three months prior to data collection (June–August 2025).

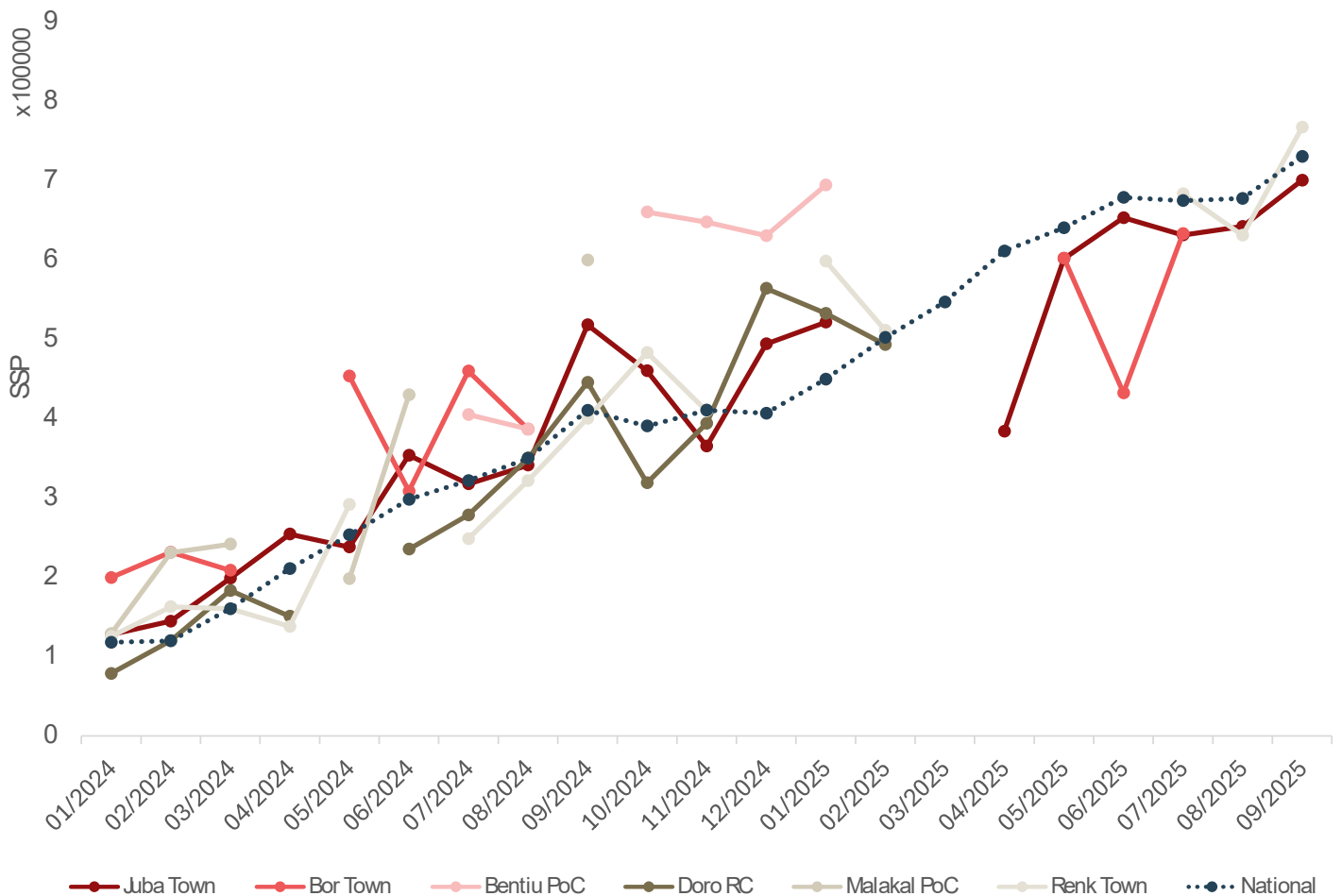
Political context / insecurity

Humanitarian key informants in Renk, Juba, Maban, and Malakal emphasised the volatile political situation in South Sudan, warning of the potential for renewed violence and further displacement. In Renk, informants also highlighted the influence of the ongoing conflict in neighbouring Sudan, which remains unpredictable and continues to shape humanitarian needs in the Transit Centre.

“Conflict could intensify during the dry season in either Sudan or South Sudan, so preparedness is needed across financing, staffing, and supplies. As you know, the political situation in either country is difficult to predict” – Humanitarian KI, TC Renk

MSSMEB

Change in MSSMEB cost over time



Methodology Overview

Aiming to fill a critical evidence gap left by national surveys, the objective of the assessment was to collect household-level data on the severity and drivers of acute, multi-sectoral needs in selected IDP and refugee sites - and to contextualise this data with primary qualitative data on humanitarian services.

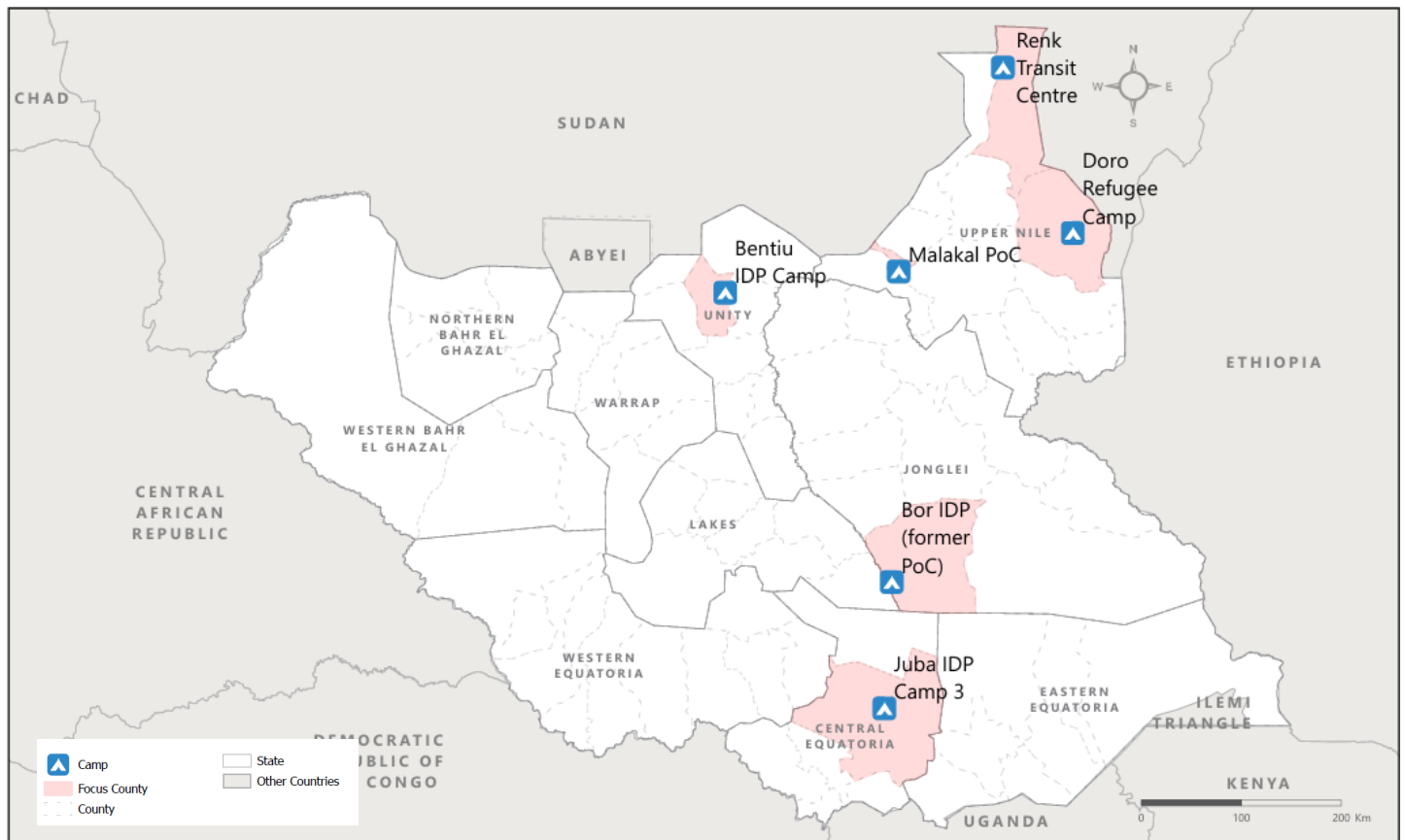
This research employed a mixed methodology (quantitative and qualitative) consisting of structured household surveys and key informant interviews (KIIs) conducted in person across six purposively selected displacement sites: Juba IDP

Camp 3, Bentiu IDP Camp, Doro Refugee Camp Maban, Bor former PoC, Malakal PoC and Renk Transit Centre. These locations were selected based on the preliminary secondary data review which highlighted them as areas of high concern, consultations with partners (OCHA, IOM, WFP) to identify critical data gaps, and an assessment of logistical and security feasibility.

Primary data was collected from Sep 4-18, 2025. In total, 1088 household surveys and 33 KIIs were conducted across the six locations.

More information on the methodology is provided in the [Terms of Reference](#).

Assessment Coverage



Note: Data, designations and boundaries contained on this map are not warranted to be error-free and do not imply acceptance by REACH partners, associates or donors mentioned on this map. Contact: reach.mapping@impact-initiatives.org.

Data sources: REACH. Coordinate System: Name: WGS 1984 Web Mercator Auxilliary Sphere. Projection: Mercator Auxilliary Shere. File: REACH_SSD_Acute_Needs_Analysis_Map_21_Oct_2025

Endnotes

- 1 All population estimates are from the South Sudan CCCM Cluster IDP Site Masterlist (February 2025). [Link](#).
- 2 The full dataset is available upon request with REACH
- 3 WFP & FAO. (2025). FSNMS. On file with REACH.
- 4 Integrated Food Security Phase Classification (IPC) Acute Food Insecurity (AFI).
- 5 The MSSMEB represents the minimum group of items required to support a six-person South Sudanese household for one month.
- 6 Area north of Bentiu IDP Camp.



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