SOUTH SUDAN:
IPC Acute Food Insecurity and Malnutrition Snapshot | September 2025 - July 2026

IPC Integrated Food Security Phase Classification
Evidence and Standards for Better Food Security and Nutrition Decisions

Published on 4 November 2025

Overview

Food insecurity and malnutrition in South Sudan remain extremely high, driven primarily by localised conflict and expanding civil insecurity that have displaced large populations, as well as by widespread flooding that continues to disrupt livelihoods and agricultural production. The ongoing influx of refugees and returning citizens from Sudan is further straining already fragile markets, services, and resources amid a protracted economic crisis that has severely weakened household coping capacity and purchasing power. Disease outbreaks, limited access to health services, and poor water, sanitation, and hygiene (WASH) conditions are compounding the already critical malnutrition situation.

Although there has been a slight reduction in the overall number of people classified in IPC Acute Food Insecurity (AFI) Phase 3 or above (Crisis or worse) compared to the same period last year—largely attributed to localised improvements in security, humanitarian access, flood patterns, and agricultural production—the national trend conceals critical deteriorations in several hotspot areas. Luakpiny/Nasir County, particularly its southern parts along the Sobat corridor, remains a major concern, with populations facing a risk of Famine during both projection periods under a plausible worst-case scenario.

During the current analysis period (September to November 2025), an estimated 5.97 million people (42 percent of the analysed population) in South Sudan are facing high levels of acute food insecurity (IPC AFI Phase 3 or above), of which around 1.3 million people are facing Emergency (IPC AFI Phase 4) conditions. During this period, as well as the two projection periods, approximately 28,000 people are classified in IPC AFI Phase 5 (Catastrophe), including 17,000 people in Luakpiny/Nasir (Upper Nile) and 11,000 people in Fangak (Jonglei).

Despite favourable seasonal and productive patterns, food insecurity in South Sudan remains critical. During the harvest and post-harvest projection period (December 2025 to March 2026), an estimated 5.86 million people (41 percent of the analysed population) are expected to face IPC AFI Phase 3 or above (Crisis or worse) conditions. The situation is expected to worsen significantly during the lean season (April to July 2026), with 7.55 million people (53 percent of the analysed population) projected to experience high levels of food insecurity (IPC AFI Phase 3 or above).

The high severity of acute food insecurity in South Sudan is of great concern, requiring an immediate and large-scale response to save lives, protect livelihoods, and prevent further deterioration—especially in counties with populations in IPC AFI Phase 5 (Catastrophe) and IPC AFI Phase 4 (Emergency) as well as in Luakpiny/Nasir, where a risk of Famine is projected under a plausible worst-case scenario.

Between July 2025 and June 2026, 2.11 million children aged 6–59 months are expected to suffer acute malnutrition and be in urgent need of nutrition services and treatment. This is a similar level of acute malnutrition observed during the July 2024 to June 2025 analysis period. Additionally, around 1.15 million pregnant and breastfeeding women in South Sudan are expected to be malnourished and in need of treatment in the same period, which is a slight increase compared to last year when 1.11 million pregnant and breastfeeding women were acutely malnourished.

An estimated 70 percent of acute malnutrition cases are concentrated in the five states of Jonglei, Northern Bahr el Ghazal, Upper Nile, Unity and Warrap. During the first projection, or harvest and post-harvest period of October 2025 to March 2026, the acute malnutrition situation is expected to deteriorate in 46 counties, with 20 likely to be classified in a higher phase. Of concern are five counties (Duk in Jonglei State; Rubkona in Unity State; and Baliet/Akoka, Ulang and Nasir in Upper Nile State) and one administrative area (Abyei Administrative Area) which are projected to slip into IPC AMN Phase 5 (Extremely Critical) during the lean season period of April to June 2026 due to factors such as reduced access to nutrition and health services due to conflict and amid a worsening cholera outbreak and increasing food gaps.

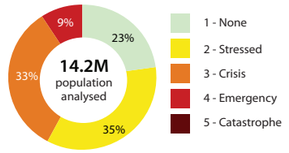
The main drivers of acute malnutrition are multiple and interlinked. Poor food consumption, a high disease burden, suboptimal caring and feeding practices, and limited access to safe drinking water and sanitation all contribute to acute malnutrition. These challenges are compounded by high vulnerability to food insecurity.

Current Acute Food Insecurity | September - November 2025

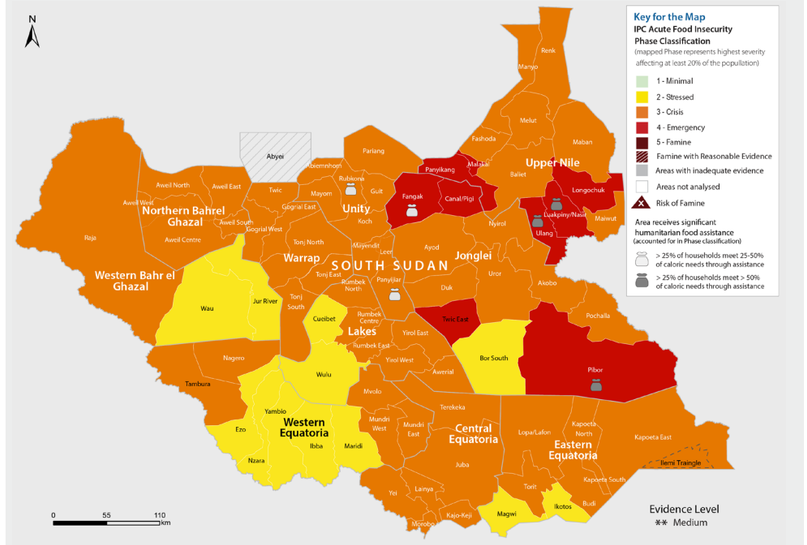
5.97 M

An estimated 5.97 million people in South Sudan are experiencing high levels of acute food insecurity - IPC Phase 3 or above (Crisis or worse) - between September and November 2025.

42 percent of the analysed population of 14.2 million people are experiencing IPC Phase 3 or above.



Current Acute Food Insecurity | September - November 2025

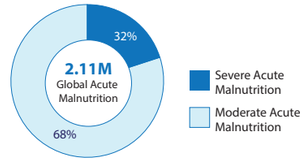


Disclaimer: The administrative boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined. Final status of Abyei area is not yet determined.

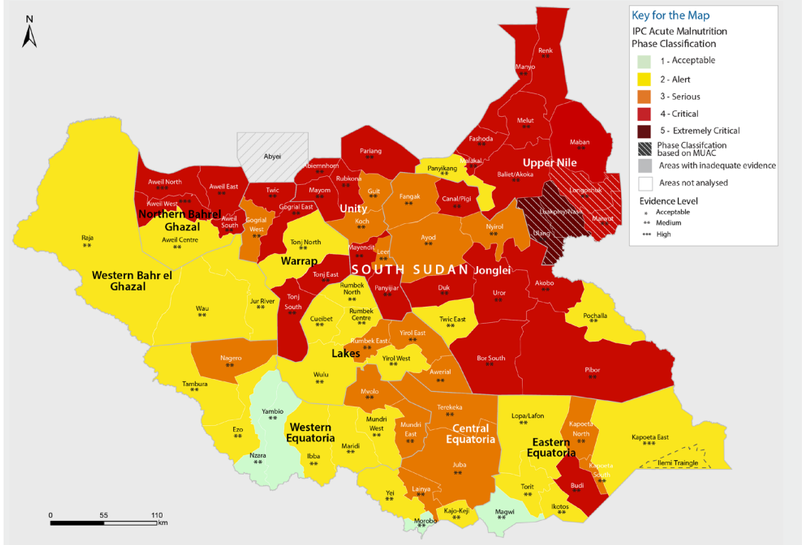
Acute Malnutrition | July 2025 - June 2026

2.11M

About 2.11 million children aged 6-59 months in South Sudan will likely suffer acute malnutrition through June 2026 and will need treatment. About 1.15 million pregnant or breastfeeding women (PBW) will likely suffer acute malnutrition in the same period.



Current Acute Malnutrition | July - September 2025



Key Drivers of Acute Food Insecurity

Conflict: Recurrent conflict, especially in parts of Upper Nile, Jonglei, and Unity, has displaced many people, disrupted markets and services, and led to significant loss of livelihood assets and constrained humanitarian access. Additionally, the spillover effects of the conflict in Sudan—including disruptions to oil exports, trade routes, and supply chains—have diminished export revenues, driven exchange rate depreciation and intensified price volatility.

Economic crisis: High inflation, currency volatility, and declining household purchasing power, have sharply eroded access to food and basic commodities. In Juba, the cost of standard food items has increased by 24 percent between March and September 2025 and nearly doubled since September 2024. Food prices vary across the country – with Old Fangak market experiencing a tripling of food staple costs over the last year.

Climatic shocks: Recurrent flooding and erratic rainfall have damaged crops, destroyed productive assets, and disrupted market access, especially in Unity and Jonglei states. As of October 2025, about 961,000 people were affected across 26 counties in six states, with Jonglei and Unity accounting for 92 percent of the impact. The worst-hit areas include Pibor, Fangak, Twic East, Panyijiar and Bor South. Around 335,000 people were displaced in 16 counties.

Low agricultural production: Limited access to seeds and supplies, weak farming support services, and poor infrastructure continue to restrict local food production.

Contributing Factors for Acute Malnutrition

Food insecurity: Lack of access to food remains widespread and is a critical underlying cause of acute malnutrition. Many households are unable to meet their daily nutritional requirements, further worsening acute malnutrition rates among vulnerable populations such as children under the age of five and pregnant and breastfeeding women.

Poor child feeding practices: While exclusive breastfeeding rates are relatively high in South Sudan, complementary feeding is inadequate. Very few children have a diet that meets minimum dietary diversity, or frequency.

Disease outbreaks: Children continue to suffer from illnesses, with fever, malaria, acute respiratory infections, and diarrhoea being the most common. Recurrent outbreaks of cholera and measles in several counties are making children's nutritional status worse by reducing their ability to absorb nutrients.

Limited access to health services: Access to essential health services is low due to reduced donor funding, making healthcare unaffordable, especially for vulnerable households. Additionally, the influx of refugees and returnees from Sudan is straining an already overstretched health system. Health and nutrition services often face frequent stockouts of supplies, shortages of staff, and limited outreach to remote areas.

Poor WASH conditions: Less than a quarter of households have access to safe drinking water and latrines, with most people practicing open defecation. This leads to recurrent waterborne diseases like diarrhoea and cholera, which contribute to children not getting enough nutrients.

Publication date: 4 November 2025, *IPC population data is based on population estimates by South Sudan's National Bureau of Statistics. Disclaimer: The information shown on this map does not imply official recognition or endorsement of any physical and political boundaries.

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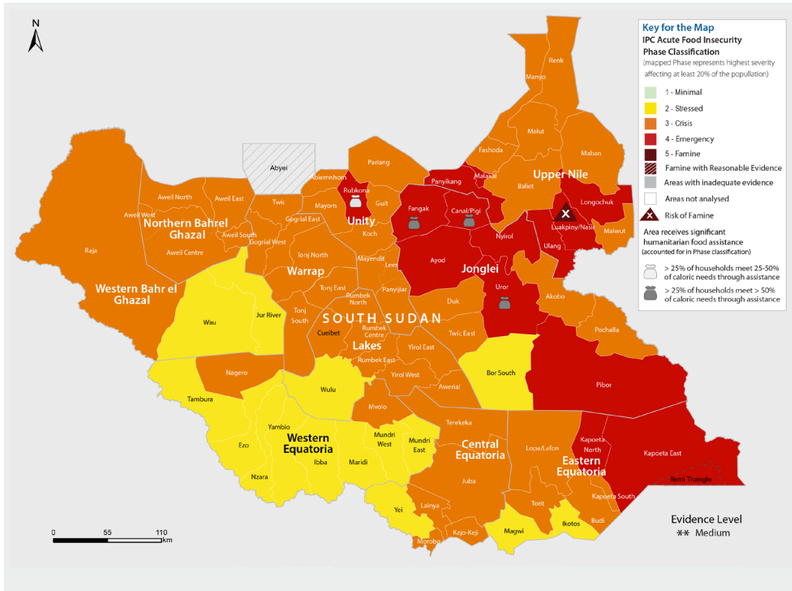
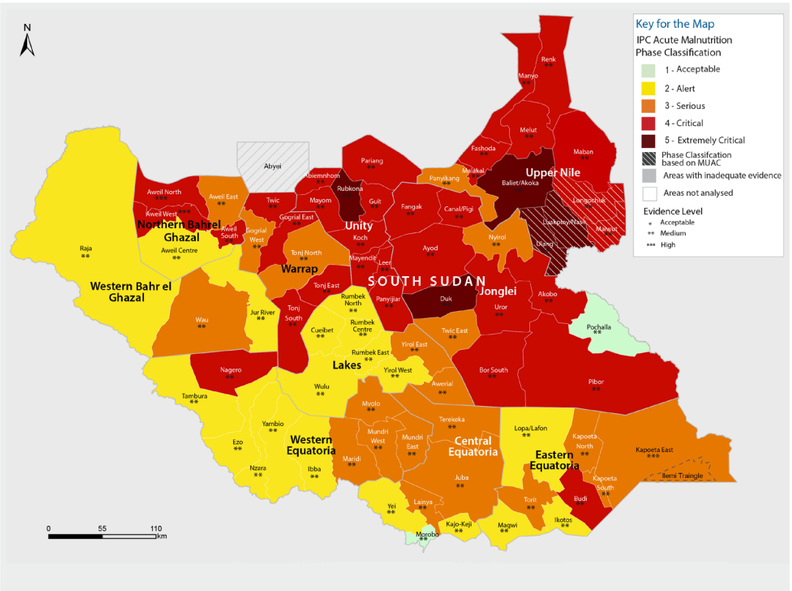
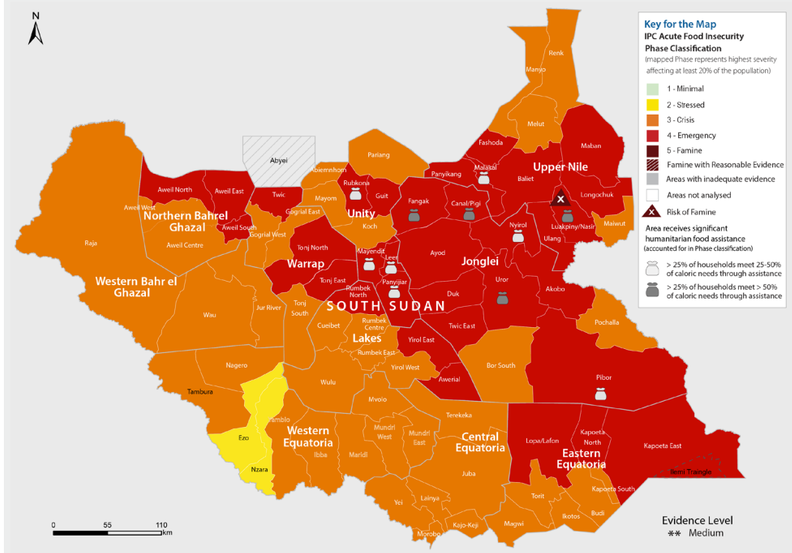
First Projection Acute Food Insecurity | December 2025 - March 2026



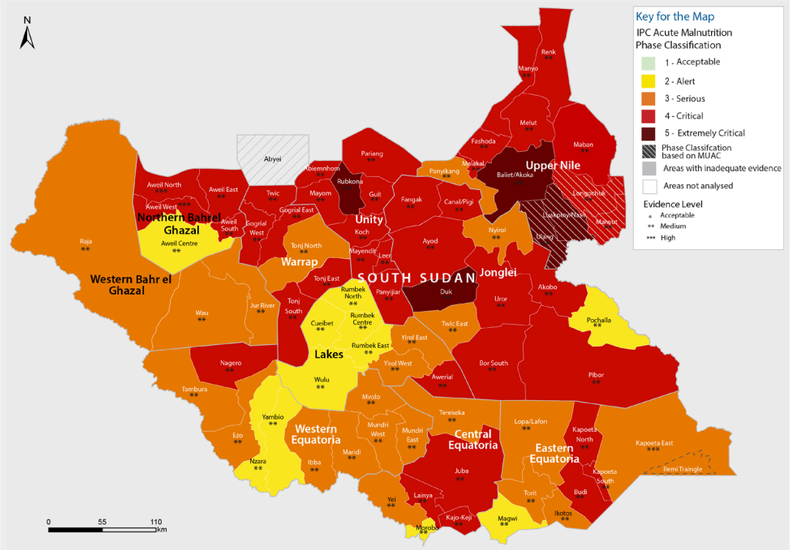
First Projection Acute Malnutrition | October 2025 - March 2026



Second Projection Acute Food Insecurity | April - July 2026



Second Projection Acute Malnutrition | April - June 2026



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IPC Analysis Partners:

FEWS NET Famine Early Warning Systems Network

Recommended Actions

Promote a peaceful co-existence to enable communities to engage in productive livelihoods and benefit from the dividends of peace. Sustained peace remains central to restoring normal economic and agricultural activity.

Restore and sustain humanitarian access to ensure needs assessment and delivery of multi-sectoral assistance.

Scale up multi-sectoral humanitarian assistance, including food, nutrition, health, WASH, and livelihoods, especially where populations are experiencing high levels of acute food insecurity and acute malnutrition.

Scale up livelihood support, including the provision of seeds, tools, and other agricultural inputs, to boost crop and livestock production, reduce dependence on food imports, and enhance self-sufficiency. Farmers should also be trained and supported to adopt climate-smart agricultural practices. Safeguard the health and productivity of livestock through regular vaccination campaigns.

Scale up nutrition interventions. Given the strong link between disease burden, malnutrition, and food utilisation, there is an urgent need to invest in WASH and health systems, including emergency nutrition interventions (through in-kind, cash, or voucher modalities), particularly during the lean season, when waterborne disease incidence and acute malnutrition prevalence are highest.

Strengthen flood early warning systems and disaster risk reduction mechanisms by improving the dissemination of early warning messages, especially through community radios, during periods of heightened risk.

Acute Food Insecurity phase name and description

Phase 1 None/Minimal	Phase 2 Stressed	Phase 3 Crisis	Phase 4 Emergency	Phase 5 Catastrophe/ Famine
Households are able to meet essential food and non-food needs without engaging in atypical and unsustainable strategies to access food and income.	Households have minimally adequate food consumption but are unable to afford some essential non-food expenditures without engaging in stress-coping strategies.	Households either: • have food consumption gaps that are reflected by high or above-usual acute malnutrition; **or** • are marginally able to meet minimum food needs but only by depleting essential livelihood assets or through crisis-coping strategies.	Households either: • have large food consumption gaps that are reflected in very high acute malnutrition and excess mortality; **or** • are able to mitigate large food consumption gaps but only by employing emergency livelihood strategies and asset liquidation	Households have an extreme lack of food and/or are unable to meet other basic needs even after full employment of coping strategies. Starvation, death, destitution and extremely critical acute malnutrition levels are evident. (For Famine classification, an area needs to have extreme critical levels of acute malnutrition and mortality.)

Acute Malnutrition phase name and description

Phase 1 Acceptable	Phase 2 Alert	Phase 3 Serious	Phase 4 Critical	Phase 5 Extremely Critical
Less than 5% of children are acutely malnourished.	**5–9.9%** of children are acutely malnourished.	**10–14.9%** of children are acutely malnourished.	**15–29.9%** of children are acutely malnourished. The mortality and morbidity levels are elevated or increasing. Individual food consumption is likely to be compromised.	**30% or more** children are acutely malnourished. Widespread morbidity and/or very large individual food consumption gaps are likely evident.