

Key Messages

- The food security situation in South Sudan is worse than projected in the September 2025 IPC analysis, with 7.8 million people facing high levels of acute food insecurity between April and July 2026—an increase of 280,000 people in IPC AFI Phase 3 and above.
- Approximately 73,000 people are facing IPC AFI Phase 5 (Catastrophe) conditions, characterised by death, starvation and the collapse of livelihoods.
- A risk of Famine has been identified in four counties, compared to one in the previous IPC analysis.
- The acute malnutrition situation is alarming with an estimated 2.2 million cases of children aged 6–59 months requiring treatment—an additional 90,000 cases compared to the previous IPC analysis.
- Escalating conflict has fueled mass displacement, with approximately 280,000 people forced to flee their homes in Jonglei alone.

Overview

From April–July 2026, an estimated 7.8 million people in South Sudan are facing high levels of acute food insecurity—an increase of around 280,000 people in IPC Acute Food Insecurity (AFI) Phase 3 or above compared to the September 2025 IPC analysis. The severity of the crisis has also intensified. Approximately 73,000 people are classified in IPC AFI Phase 5 (Catastrophe) across Akobo, Fangak, Nyirol, and Uror counties in Jonglei State, and Luakpiny/Nasir and Ulang counties in Upper Nile State. These populations are experiencing extreme conditions marked by starvation, rising mortality risk, and the collapse of livelihoods. A further 2.5 million people are in IPC AFI Phase 4 (Emergency), facing large food gaps and very high levels of acute malnutrition, while about 5.3 million people in IPC AFI Phase 3 (Crisis) are relying on unsustainable coping strategies to meet basic food needs.

The nutrition situation continues to deteriorate sharply. An estimated 2.2 million children aged 6–59 months require treatment for acute malnutrition—an increase of around 90,000 cases since the previous analysis. In addition, the number of pregnant and breastfeeding women requiring treatment has risen from 1.1 million to 1.2 million, placing further strain on an already overstretched health and nutrition system. Ten counties are classified in IPC Acute Malnutrition (AMN) Phase 5 (Extremely Critical), including Baliet, Akoka, Luakpiny/Nasir, Ulang, Abiemnhom, Rubkona, Duk, Akobo, Fangak, and Uror, as well as the Abyei Administrative Area.

Given these extreme conditions, a risk of Famine analysis was conducted and identified a risk of Famine in Luakpiny/Nasir and Ulang (Upper Nile) and Nyirol and Akobo (Jonglei) under a plausible worst case scenario involving renewed conflict, further displacement, and reduced humanitarian access. Risks are especially acute in Akobo, where the potential return of up to 100,000 South Sudanese from Gambela, Ethiopia, could overwhelm already depleted resources and services.

The deterioration is driven by interlinked factors: conflict and displacement disrupting livelihoods and markets; restricted humanitarian access and prolonged isolation; high food prices eroding purchasing power; widespread disease outbreaks; poor water and sanitation conditions; and severe funding shortfalls that have reduced health and nutrition services and caused critical supply stockouts. Without additional resources and sustained access, conditions are likely to worsen both within and beyond current hotspots.

Urgent, large-scale, multisectoral humanitarian action is essential to prevent widespread starvation, reverse deteriorating nutrition trends, and avert further loss of life.



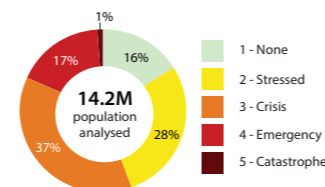
Projection Update Acute Food Insecurity | April - July 2026



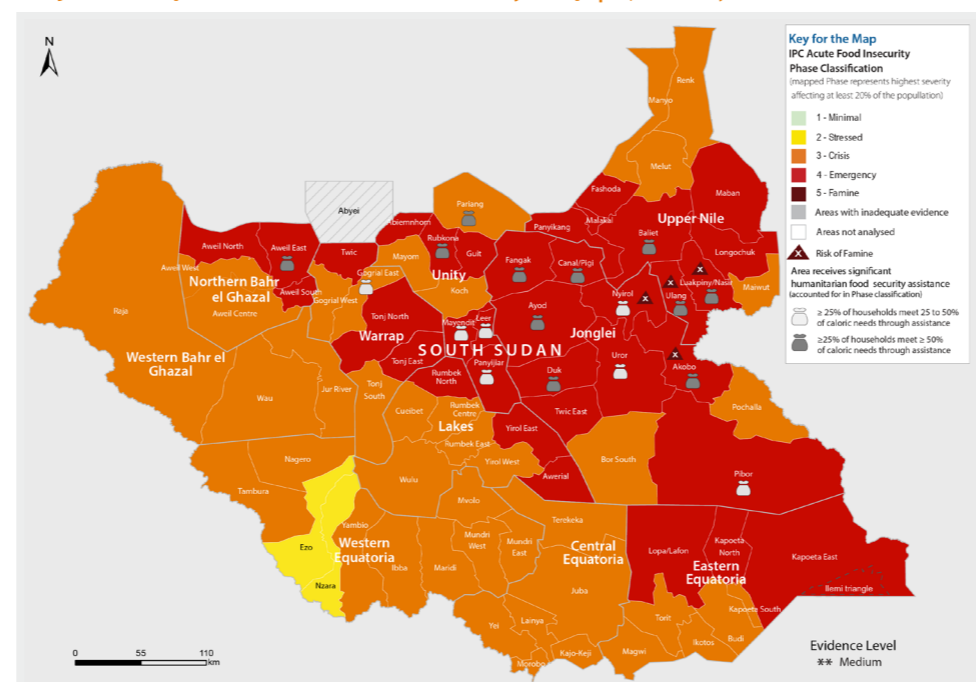
7.8M

An estimated 7.8 million people in South Sudan are experiencing high levels of acute food insecurity - IPC Phase 3 or above (Crisis or worse) - between April and July 2026.

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



Projection Update Acute Food Insecurity map | April - July 2026



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.

Key Drivers of Acute Food Insecurity



Conflict and insecurity: Conflict has escalated, with heavy fighting across Jonglei, Unity and Upper Nile causing mass displacement, loss of assets, market closures, service disruption, and reduced humanitarian access. Spillover effects from the conflict in Sudan are worsening trade disruptions and fuel and food price volatility, significantly increasing household vulnerability.



Displacement: Large-scale displacement continues to rise across Jonglei, Unity, and Abyei, driven by ongoing conflict, repeated secondary movements to other states, and new arrivals fleeing violence in Sudan. Between January and March 2026, an estimated 280,000 people were displaced across Jonglei, Lakes, Upper Nile, and Central Equatoria, while a further 110,000 people are currently displaced across the border in Gambela, Ethiopia. Repeated displacement has severely eroded household livelihoods and coping capacity, while host communities are facing mounting pressure on already limited services, food supplies, and water, sanitation, and hygiene infrastructure.



Economic crisis and market disruption: Changes to payment modalities introduced in February 2026 at all border crossings, combined with the 2026 crisis in the Middle East, are putting additional upward pressure on already high prices by further increasing import costs for food and other essential goods. Fuel prices have more than doubled in some markets since late February 2026. At the same time, insecurity has halted river transport to southern Unity, northern Jonglei, and Upper Nile, prompting traders to withdraw and resulting in acute supply shortages, market disruption, and sharply elevated prices.



Climatic shocks: In flood-prone areas—particularly in southern and central Unity and parts of Jonglei—above-average rainfall is expected to increase the risk of flooding and Nile River overflow. As a result, communities along the river are highly exposed, with livelihoods at risk and agricultural production likely to be disrupted.

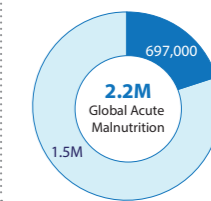


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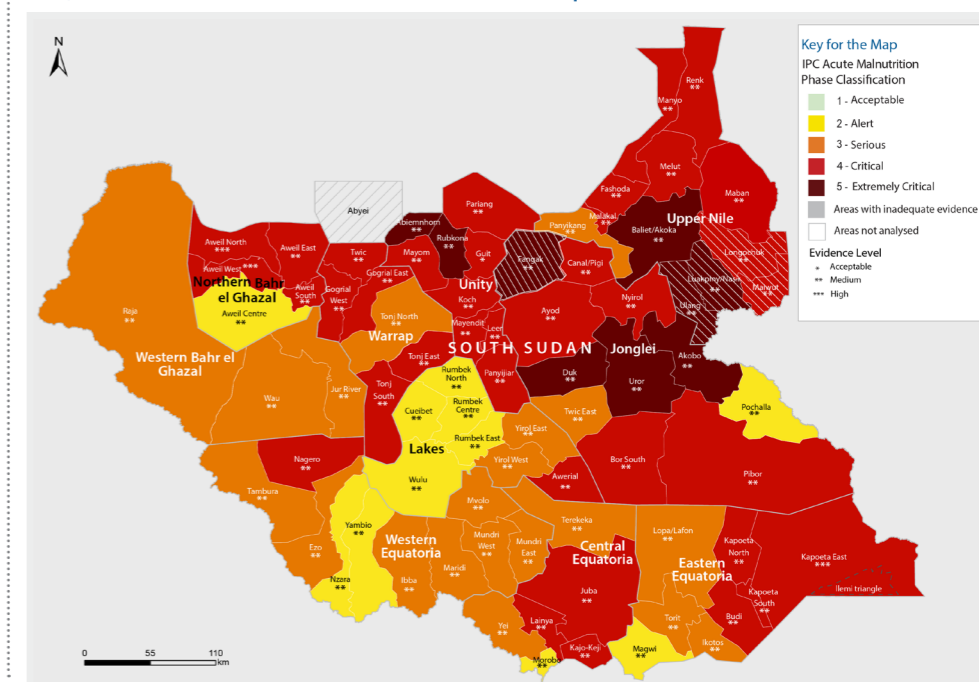


2.2M

About 2.2 million children aged 6–59 months in South Sudan are currently suffering acute malnutrition and need treatment between July 2025 and June 2026. About 1.2 million pregnant or breastfeeding women are suffering acute malnutrition in the same



Projection Update Acute Malnutrition map | April - June 2026



Contributing Factors for Acute Malnutrition



Conflict and insecurity: Conflict, insecurity and displacement continue to drive deteriorating nutrition outcomes, with widespread access constraints disrupting health, nutrition, and livelihood activities. The displacement of populations into nearby areas places additional strain on already overstretched services and host communities. In parts of Jonglei and Upper Nile, the closure of health and nutrition services, together with insecurity along key corridors, is limiting humanitarian assistance, while insecurity in Western Equatoria (Nagero) is restricting access to farms and markets.



Persistently high disease outbreaks: The disease burden has increased significantly, with ongoing cholera outbreaks reported across multiple counties, alongside rising cases of malaria, diarrhoea, and acute respiratory infections. At the national level, the disease burden is at 54 percent among children under the age of five. In several areas, the increase in morbidity exceeds expected seasonal patterns, while the capacity to respond remains constrained.



Deteriorating WASH services: Water, sanitation, and hygiene (WASH) conditions are worsening across many counties due to the reduced presence of humanitarian and relief workers, poor sanitation, and limited access to safe water. In displacement settings, overcrowding is further stretching already weak systems. Looking ahead, the anticipated flooding during the rainy season is expected to increase water contamination and accelerate



Long-standing erosion of access to health services: Access to health and nutrition services continues to shrink as service coverage declines across multiple counties, driven by facility closures, reduced health coverage and limited outreach capacity. Delayed payment of health and nutrition staff has also contributed to reduced motivation, weakening service delivery, outreach activities, and quality of care. Insecurity and access constraints are disrupting supply chains, leading to shortages of essential drugs and nutrition commodities, further limiting the continuity of treatment.

Acute food insecurity population table for the projection update | April - July 2026

State	Total population analysed	Phase 1		Phase 2		Phase 3		Phase 4		Phase 5		Phase 3 or above	
		#people	%	#people	%	#people	%	#people	%	#people	%	#people	%
Central Equatoria	1,740,513	258,382	15	546,719	31	795,931	46	139,481	8	-	0	935,412	54
Eastern Equatoria	1,218,368	327,084	27	370,230	30	367,462	30	153,593	13	-	0	521,055	43
Jonglei	2,187,359	303,548	14	473,256	22	727,656	33	633,735	29	49,166	2	1,410,554	64
Lakes	1,286,922	210,253	16	418,833	33	474,328	37	183,513	14	-	0	657,841	51
Northern Bahr el Ghazal	1,103,829	115,123	10	326,414	30	441,531	40	220,762	20	-	0	662,294	60
Unity	1,266,751	116,716	9	308,512	24	586,638	46	254,885	20	-	0	841,523	66
Upper Nile	2,224,708	272,311	12	478,443	22	937,781	42	512,038	23	24,140	1	1,473,959	66
Warrap	1,401,874	245,495	18	420,717	30	476,479	34	259,185	18	-	0	735,664	52
Western Bahr el Ghazal	746,534	149,307	20	303,585	41	238,303	32	55,339	7	-	0	293,642	39
Western Equatoria	1,026,173	336,098	33	387,264	38	230,050	22	72,762	7	-	0	302,811	29
Total	14,203,031	2,334,317	16	4,033,973	28	5,276,159	37	2,485,293	17	73,306	1	7,834,756	55

Note: A population in IPC Phase 3 and above does not necessarily reflect the full population in need of urgent action. This is because some households may be in IPC Phase 2 or even in IPC Phase 1, because of the effects of humanitarian assistance. The population (14,203,031) presented above includes South Sudanese returnees from Sudan but does not consider 160,330 people residing in the Abyei Administrative Area. Note also that while the analysis was at the county level, state-level results are presented herein, and the county-level results can be found in the annexes.

Total number of children affected by acute malnutrition and in need of treatment | April - June 2026

State	Updated PIN Children 6 - 59 months	Updated PIN Severe Acute Malnutrition (SAM)	Updated PIN Moderate Acute Malnutrition (MAM)	Updated Pregnant and Breastfeeding Women Cases
Central Equatoria	175,421	34,125	141,296	82,453
Eastern Equatoria	153,643	25,334	128,308	114,109
Jonglei	501,914	172,565	329,349	244,944
Lakes	147,507	37,323	110,184	66,954
Northern Bahr el Ghazal	250,618	96,460	154,158	116,937
Unity	232,176	89,287	142,889	104,621
Upper Nile	342,549	132,907	209,642	160,504
Warrap	228,709	55,994	172,716	188,830
Western Bahr el Ghazal	74,876	18,358	56,518	26,550
Western Equatoria	91,399	34,201	57,198	97,708
Grand Total	2,198,812	696,554	1,502,258	1,203,610

X What is risk of Famine?

For the IPC, risk of Famine...

... refers to a reasonable probability of an area going into Famine in the projected period. While this is not perceived necessarily as the most-likely scenario, it is a scenario that, generally speaking, has a realistic chance of occurring.

... complements the Famine projections of the most-likely scenario by providing insights into potential Famine if prospects evolve in a worse manner than anticipated.

... differs from Famine projections because it focuses on a worst-case scenario that has a reasonable and realistic chance of happening.

... is a statement about the potential deterioration of the situation from what is expected. It is not a new classification, and it is not to be accompanied by population estimates.

... is an additional assessment that focuses on assessing if the area could realistically go into Famine during the projected period. Not all areas need to undergo assessment for risk of Famine.

Recommended Actions

- Advocate for peace:** Promote sustained political engagement to reduce violence and tensions, and to re-anchor all parties in the 2018 Revitalised Agreement on the Resolution of the Conflict in the Republic of South Sudan (R-ARCSS).
- Improve humanitarian access:** Urge all parties to the conflict to provide sustained access, protect aid corridors, and allow humanitarian staff and supplies to move without intimidation or obstruction.
- Scale up emergency food assistance:** Urgently expand food assistance in IPC AFI Phase 3 and above areas to address widening food consumption gaps and prevent further deterioration. Prioritise the most vulnerable parts of the population, which typically include conflict-affected, displaced, and flood-prone populations with limited access to food and markets.
- Protect and restore livelihoods:** Provide timely support to sustain and rebuild livelihoods, including access to agricultural inputs, fishing assets, and livestock services. Prioritise areas with disrupted production systems to support immediate food access and recovery for upcoming seasons.
- Scale up immediate life saving nutrition interventions:** Urgent action is required in counties classified in IPC AMN Phases 4 (Critical) and Phase 5 (Extremely Critical), with priority given to locations showing deteriorating trends. The response should focus on expanding Outpatient Therapeutic Programme, Targeted Supplementary Feeding Programme, and Blanket Supplementary Feeding Programme services, using mobile and outreach delivery modalities to reach populations in hard-to-access and conflict-affected areas.
- Restore and sustain nutrition service delivery:** Re-establish functional nutrition service points in conflict affected areas where coverage has declined. This includes pre-positioning nutrition supplies and essential medicines where security permits, strengthening last mile delivery systems, and reinforcing frontline workforce capacity to improve service availability and quality. Priority actions should also address prolonged stockouts of essential drugs and nutrition commodities, and ensure the timely payment of incentives to health and nutrition staff to restore motivation and retain critical frontline capacity.

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.

IPC Analysis Partners:



Publication date: 28 April 2026. *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.