

SOUTH SUDAN HUMANITARIAN NEEDS AND RESPONSE PLAN

HUMANITARIAN
PROGRAMME CYCLE
2025
ISSUED DECEMBER 2024



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Foreword - Minister of Humanitarian Affairs and Disaster Management

The confluence of factors continues to drive humanitarian needs in South Sudan. Disease outbreaks, conflicts and climate-induced shocks - especially floods and drought-like conditions - have widely affected South Sudan and generated humanitarian needs over the years. Acute needs are at elevated levels and life-saving humanitarian interventions are critical. 2025 is not going to be any different given the projections of high food insecurity, malnutrition, influx of people from Sudan and challenges with the economy. Addressing the needs of over 5.4 million people estimated to be in critical need in 2025 will call for greater collaboration and stronger partnerships between the Government of South Sudan and its partners.

The Government of South Sudan appreciates the support of humanitarian partners and donors who have stood with South Sudan over the years. The Government of South Sudan commits to lead the humanitarian response in partnership with international and national actors. The Government will also work to create a conducive environment for partners to deliver humanitarian assistance to communities in need. Challenges still remain to be addressed in the operational environment to ensure timely and cost-effective delivery of humanitarian assistance to people in need.

The Ministry of Humanitarian Affairs and Disaster Management will continue to build on the good relationship established with the humanitarian community in South Sudan to strengthen partnership for greater collaboration. Efforts will be made not only to provide emergency relief assistance to people affected by crisis, but also to support durable solutions and build resilience

of communities. We aim to have a whole Government approach to ensure investment in the provision of basic services and livelihood opportunities to enable people graduate out of humanitarian assistance. The South Sudan Durable Solutions Strategy and Plan of Action will provide a framework for solutions for forced displacement and returns in the country. I call on the humanitarian community, donors and the international community to remain committed to supporting the implementation of the 2025 Humanitarian Needs and Response Plan (HNRP) for the benefit of crises-affected people of South Sudan. The Government of South Sudan pledges its continuous partnership in this noble cause.

Thank you!

Hon. Albino Akol Atak Mayom
The Minister
Ministry of Humanitarian Affairs and
Disaster Management
Republic of South Sudan
Juba

Foreword - Humanitarian Coordinator

South Sudan is at a critical juncture. The choices made now in navigating the transition, meeting humanitarian needs and promoting sustainable development could significantly shape the country's trajectory towards either stability and progress, or continued crisis and instability. Strengthened collaboration and complementarity between the humanitarian community, development partners and the Government is critical in addressing needs and mitigating risks.

The South Sudanese people continue to face critical humanitarian challenges due to a range of shocks, including from climate, conflict, disease outbreaks, the economy and the ongoing impact of the Sudan crisis. Too many people have been in very difficult conditions for too long without the prospect of sustainable solutions. Since 2015, the estimated number of people in need of humanitarian assistance has increased from 6.4 million to 9.3 million in 2025, nearly three quarters of South Sudan's population. The current economic pressures in South Sudan further deepen the humanitarian crisis.

The 2025 HNRP prioritizes counties with the highest severity of needs which have faced multiple shocks. Affected communities were widely consulted and their priorities incorporated into the planning. While the plan is focused on life-saving humanitarian needs, the humanitarian community will collaborate with the government and international partners to leverage additional resources to strengthen longer-term resilience.

The 2025 HNRP represents a shared picture of the most acute needs. It is both principled but realistic about what we can do, given the funding climate. The humanitarian plan for 2025 will focus on people in greatest need, based on rigorous and impartial evidence. Government commitment to longer-term resilience, service provision

and productive social protection will be of particular importance to the humanitarian response strategy in 2025. Ensuring unhindered access and removing bureaucratic impediments will be critical to enable timely provision of assistance to people in need. We shall build on the deepening partnership that we have established with the Government of South Sudan to ensure a principled humanitarian response.

I would like to thank our humanitarian donors who have stood with the crisis-affected people of South Sudan over the years. Without your support, partners would not be able to provide the much-needed life-saving assistance to millions of people. I encourage the Government and donors to come together in supporting the people of South Sudan during these challenging times.

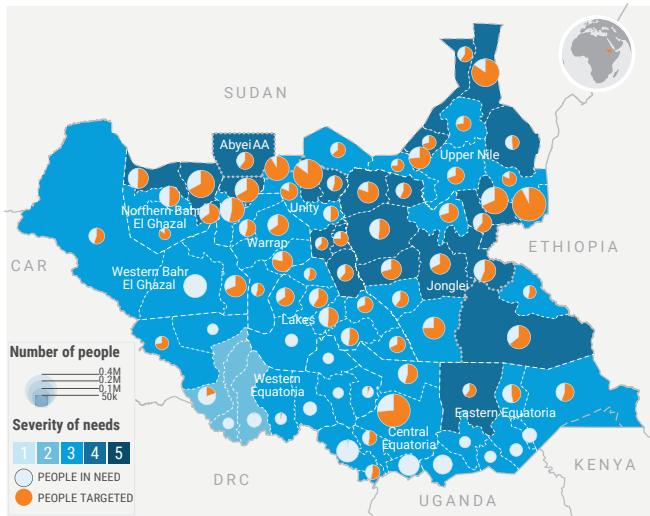
Thank you!

Anita Kiki Gbeho
Humanitarian Coordinator for South Sudan

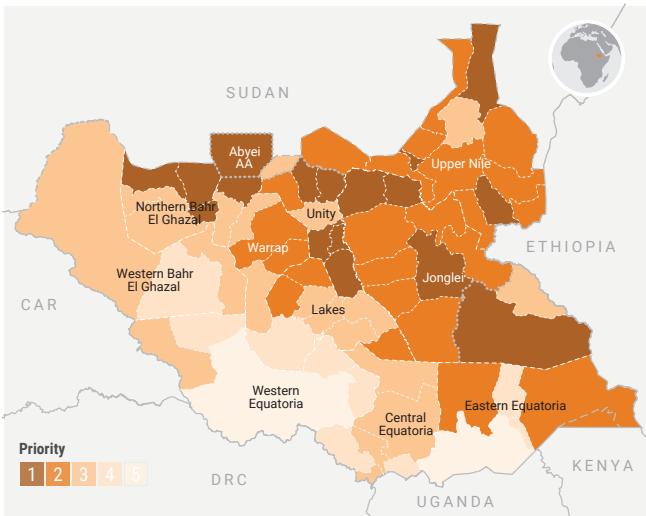
At a glance

	WOMEN	CHILDREN	THE ELDERLY	WITH DISABILITY	REQUIREMENTS (US\$)
PEOPLE IN NEED	9.3M	24%	54%	7%	15%
PEOPLE TARGETED	5.4M	24%	54%	7%	15%

Inter-sectoral severity of needs, PiN and target by county



Inter-sectoral prioritization by county



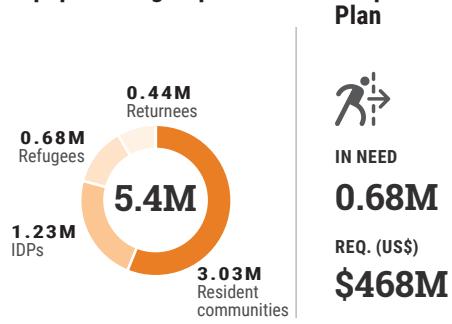
Breakdown of people in need, targeted and requirements by cluster

SECTOR / CLUSTER	TARGETED	IN NEED	REQ. (US\$)
Food Security and Livelihoods	3.6M	7.8M	\$475M
Health	3.1M	5.7M	\$119M
Protection	1.5M	5.3M	\$81M
Child Protection	0.26M	3.1M	\$26M
Gender-Based Violence	0.42M	2.8M	\$28M
Mine Action	0.38M	2.4M	\$7M
Housing, Land and Property	0.09M	1.2M	\$6M
General Protection	0.19M	2.7M	\$15M
Water, Sanitation and Hygiene	2.3M	5.0M	\$86M
Nutrition	2.8M	4.3M	\$198M
Shelter and Non-Food Items	1.4M	4.2M	\$47M
Education	0.67M	2.1M	\$40M
Camp Coordination and Camp Management	1.1M	1.4M	\$19M
Refugees Response	0.68M	0.68M	\$468M
Multipurpose Cash Assistance (MPCA)	2.2M	3.3M	\$25M
Coordination and Common Services	-	-	\$36M
Logistics	-	-	\$100M

People targeted by sex and age

FEMALE		
4%	20%	26%
Elderly	Adult	Children
MALE		
3%	19%	28%
Elderly	Adult	Children

People targeted by population group



Refugee Response Plan



IN NEED

0.68M

REQ. (US\$)

\$468M

Part 1: Humanitarian needs

1.1 Crisis overview

Over a decade after independence and six years after the signing of the revitalized peace agreement, people in South Sudan continue to face critical humanitarian conditions. The humanitarian crisis has persisted due to a combination of sporadic armed clashes and intercommunal violence, food insecurity, public health challenges and climatic shocks. These factors have severely affected people's livelihoods and hampered access to water, sanitation and hygiene (WASH), education and health services. In 2024, the economic crisis, the conflict in neighbouring Sudan and widespread flooding deepened people's needs. Protection concerns remain high, especially for women and girls.

Climate variability

South Sudan ranks as the second most vulnerable country to natural hazards in the world, according to the 2024 INFORM¹ Risk Index. South Sudan continues to experience extreme climate shocks such as floods, droughts and heat stresses that occur multiple times, giving communities no time to recover. The cumulative effects of climate change create a situation of perennial vulnerability of communities, wiping out local adaptive response mechanisms.

In 2024, heavy rains and the release of water from a historically full Lake Victoria in Uganda increased the levels of the Nile River – causing floods and affecting up to 1.4 million people as of mid-November 2024. These include communities who have yet to recover from the devastating floods between 2019 and 2022, which affected more than 1 million people each year. The prolonged flooding rendered basic needs such as food, clean water and health care difficult to access and contributed to the near collapse of local livelihoods. The areas most affected by the current floods are those already facing high levels of vulnerability due to previous flooding, conflict and the impact of the Sudan crisis.

According to the IGAD Climate Prediction and Application Centre East Africa Drought Watch of July 2024, drought silently affected all 10 states of South Sudan at varying extents – with its impacts unnoticed due to those of flooding. Nearly 36 per cent of the population is affected by different categories and impacts of drought-like situations, including induced displacements, which are forecasted to be much higher in 2025 due to the residual effects of El Niño. This is likely to cause more crop failure and food insecurity, with the need for more humanitarian support.

In March 2024, South Sudan experienced abnormally hot climate-induced weather conditions with temperatures reaching 45° C – above the normal average² between 25° C and 35° C. The prolonged period of heatwaves increased the risk of human-related illnesses, particularly among children, the elderly and adults with underlying conditions, and affected socioeconomic conditions and people's access to services.

Conflict

Conflict and insecurity continue to be significant drivers of people's needs. Incidents of violence attributed to conventional parties to the conflict remained relatively low due to general compliance with the Revitalized Agreement on the Resolution of the Conflict in the Republic of South Sudan. However, entrenched patterns of violence involving armed youth, such as cattle raiding, border disputes and retaliatory attacks, are predominant drivers of violence.

Climate shocks affect different parts of the country at varying intensities, leading to multiple intercommunal conflicts at sub-national levels, including farmer-herder conflicts, cattle raids, land disputes and disputes over resources such as water. Flooding normally coincides with the cropping season in many parts of South Sudan or harvesting periods in places of early cropping, exacerbating food and nutrition insecurity. In several parts of the country, tensions between conflicting communities over access to resources and revenge have culminated into violent clashes and triggered serious human rights violations, including widespread sexual violence, particularly against women and girls.

During the second quarter³ of 2024, the United Nations Mission in South Sudan documented 1,062 victims of intercommunal and political violence, representing a 43 per cent increase in the number of incidents documented in the same period in 2023. According to the report, intercommunal violence involving community-based militias and/or civil defense groups, including cross-border conflicts, constituted the primary source of violence affecting civilians in South Sudan – accounting for 83 per cent of documented victims. Localized violence, exacerbated by long-standing cultural practices and communal tensions over access to natural resources, continues to be the major source of insecurity, posing access challenges for humanitarian operations and triggering population displacement across South Sudan.

Sudan crisis

Since the conflict erupted between the Government of Sudan Armed Forces and the Rapid Support Forces in Sudan on 15 April 2023, over 904,000 people have been recorded crossing into South Sudan as beginning of December 2024 – with an additional 337,000 people expected to arrive in 2025. People fleeing Sudan face extreme protection risks along treacherous routes to South Sudan, with many – especially women and girls – exposed to violence and gender-based abuse and arriving in poor physical and psychological conditions. Urgent life-saving assistance remains critical, including food, nutrition, shelter and WASH services, health and vulnerability screening, vaccinations for children, and mental health and psychosocial support (MHPSS).

The sheer volume of arrivals is overwhelming South Sudan's limited infrastructure, particularly in border areas where congestion in transit centres heightens protection, gender-based violence (GBV) and health risks. Transportation constraints and the strained capacity of host communities underscore the need for increased support to move people quickly to safer locations. For those who reach their destinations, reintegration poses severe challenges. Returnees face crippling food insecurity in communities already affected by floods and economic hardships. Access to health care and education is vastly limited, compounded by the scarcity of facilities, personnel and supplies. Many returnees lack civil documentation, affecting their access to basic rights and services. Land ownership and eviction issues further complicate access to secure, affordable housing, with prohibitive land costs making stability a distant goal.

The Sudan crisis compounds South Sudan's humanitarian emergency, demanding an urgent expansion of response capacities. Returnees are arriving in areas already grappling with service deficits and strained community resilience. Meanwhile, the conflict has destabilized markets in border states, causing prices of food and essential commodities to skyrocket, and heightening risks of secondary displacement to collective sites and urban centres. Onward movements from border points to transit centres and final destinations remain vital. Transit centres require immediate expansion and maintenance to accommodate and provide safe places for new arrivals. In high-return areas, a major scale-up of services is critical, especially for health care and education, to support host communities already absorbing internally displaced persons (IDPs) and returnees. To prevent prolonged dependency on humanitarian aid, enhanced livelihood programmes and addressing housing, land and property (HLP) issues are essential to help returnees achieve self-sufficiency upon arrival.

Disease outbreak

South Sudan is home to multiple public health crises, exacerbated by limited immunization coverage, disruptions in vaccination services, widespread population displacement, influx of displaced people from Sudan and poor household nutrition. Inadequate access to safe drinking water and sanitation and natural disasters such as floods increase the vulnerabilities of communities, posing additional challenges to public health emergencies. South Sudan faces significant gaps in timely detection, reporting, investigation and response to disease outbreaks. The public health system is fragile and dependent on humanitarian aid. The Government's funding for health remains significantly low at 2 per cent of the national budget.

People in South Sudan continue to experience diseases, with people in some areas enduring multiple outbreaks simultaneously. With cholera being the most recent outbreak, this intensifies the burden on communities and the health system. There are 19 of 20 neglected tropical diseases in South Sudan, highlighting the health service challenges in the country. It is estimated⁴ that only 44 per cent of the population live within reach of health facilities with consistent access to primary care services. The available health facilities are poorly equipped and staffed. Vaccine-preventable disease burden looms large due to limited coverage in immunization programmes, with

many children and adults vulnerable to diseases including measles, yellow fever and poliovirus. Years of flooding continue to drive the upsurge of endemic diseases such as malaria, with the peak season extending from July to December. Malaria remains a leading cause of morbidity and mortality nationwide, accounting for 47 per cent

of overall morbidity. Since January 2024, 2.7 million suspected cases of malaria and 1,800 suspected malaria-related deaths have been recorded.



BENTIU, UNITY STATE

The floods from 2021 continue to affect people in Bentiu. A flood-displaced mother collects water lilies from floodwaters as a last resort to feed her family.
Photo: OCHA/Liz-Loh Taylor

Timeline of events

January 2024



Yellow fever outbreak

The Ministry of Health officially declared a yellow fever outbreak in Western Equatoria State following reports of 17 suspected cases that met the case definition in the state. Of those, one person tested positive for yellow fever.

February 2024



Bureaucratic impedance

The Government of South Sudan imposed a series of new taxes and charges on goods imported for humanitarian activities in the country. These measures impacted humanitarian operations and compromised the ability to deliver assistance to people in need.

March 2024



Prioritization of humanitarian response

The clusters re-prioritized the humanitarian response to address areas with the highest severity of needs—Priority 1 and 2 counties—and focused efforts on 32 of South Sudan's 78 counties and Abyei due to reduced donor funding.

March 2024



Extreme heatwaves

South Sudan experienced abnormally hot climate-induced weather conditions with temperatures reaching 45° C, increasing the risk of human-related illnesses, particularly among children, the elderly and adults with underlying conditions.

April - May 2024



Conflict and displacement

Fighting driven by inter-tribal tensions and revenge-seeking erupted in Tambura County, Western Equatoria State, killing several people and displacing nearly 26,000 people in Tambura, Ezo and Nagero counties.

May 2024



Violence against humanitarian personnel and assets

A WFP-contracted convoy of 11 trucks carrying food commodities was ambushed by unknown armed men in Panyagor along the Bor-Ayod road in Panyagor, Twic East County in Jonglei State. A driver was shot and wounded during the attack.

July 2024



Hepatitis E outbreak

On 17 July, the area Ministry of Health declared an outbreak of hepatitis E virus in the Abyei Administrative Area. The outbreak was attributed to the inflow of people from Sudan.

August - November 2024



Flood impact

Over 1.4 million people were affected by flooding across 44 counties and the Abyei Administrative Area, with Jonglei and Northern Bahr el Ghazal states accounting for over 51 per cent of those impacted. More than 379,000 people were displaced by floods across 22 counties and Abyei.

September 2024



Violence against humanitarian assets

Intercommunal violence in Tonj East County, Warrap State, led to fatalities, injuries and displacement of over 10,000 people and looting of food supplies from the humanitarian warehouse, which housed more than 20 tons of food supplies.

October 2024



Cholera outbreak

On 28 October, the Ministry of Health declared a cholera outbreak in Renk, Upper Nile State. As of 13 December, there are 3,979 cumulative cases reported across the country.

November 2024



Food insecurity

The IPC analysis in November estimated 7.7 million people risk experiencing acute food insecurity in the 2025 lean season, including 2.5 million people in IPC Phase 4 and 63,000 people in IPC Phase 5.

April 2023 - December 2024



Returnees and refugees

As of 15 December, 904,140 people have crossed into South Sudan from Sudan since April 2023. This represents more than 6 per cent of South Sudan's population.

The digital version of the timeline of events and season of events can be found at: [Humanitarian Action \(bit.ly/3OBVir9\)](https://Humanitarian Action (bit.ly/3OBVir9)

1.2 Analysis of shocks, risks and humanitarian needs

Confluence of shocks driving humanitarian needs

Multiple shocks have had a devastating impact on the people of South Sudan. Approximately 9.3 million people or 69 per cent of the country's 13.4 million population will require some form of humanitarian assistance in 2025. The outlook for 2025 is difficult, with several factors compounding pre-existing vulnerabilities such as high malnutrition rates, the impact of the Sudan crisis on South Sudan, severe flooding, an unprecedented economic crisis and insufficient government services. As of mid-December 2024, the war in Sudan has resulted in over 897,000 returnees, refugees and asylum-seekers crossing into South Sudan. The war cut oil exports, denying critical revenue to South Sudan. The local currency has sharply depreciated, government workers have not been paid for months, and the Sudan crisis has disrupted trade and drove up food prices and the cost of living. In October 2024, South Sudan's first cases of cholera were confirmed to have arrived from Sudan. Floods have increased the risk of disease outbreaks, disrupted health services, destroyed infrastructure, washed away crops and damaged safe water facilities, schools and other services.

A protracted humanitarian crisis

Since 2015, the estimated number of people to need some form of humanitarian assistance has increased from 6.4 million to 9.3 million in 2025 – nearly three-quarters of South Sudan's population of 13.4 million. Approximately 6.3 million people are severely food-insecure in the Integrated Food Security Phase Classification (IPC) Phase 3+, with the number projected to increase to 7.7 million people in the 2025 lean season between April and July. Two million⁵ people remain displaced due to decades of conflict, intercommunal violence and the impacts of climate events. Most of the displaced are within host communities, further straining limited resources and essential services. The root causes of displacement have not been effectively addressed, which undermines the collective ability to provide pathways to solutions and compound the lack of livelihood opportunities for displaced people – contributing to over-reliance on humanitarian assistance.

South Sudan continues to face difficult macroeconomic⁶ challenges, partly resulting from the spillovers of the war in Sudan. The country faces a severe economic crisis characterized by a significant drop in state revenue, depreciating local currency, high inflation rates and widespread poverty. As South Sudan's economic situation worsens, living costs continue to soar nationwide. The Cash Working Group (CWG) and REACH's Joint Market Monitoring Initiative (JMMI)⁷ data reveals that the cost of a household minimum expenditure basket increased by 250 per cent between February to September 2024. Most monitored markets operated with limited functionality between September 2023 and August 2024, facing issues with accessibility, affordability and availability of goods, and supply chain resilience and infrastructure.

High levels of food insecurity

South Sudan is one of the top five of 18 globally identified hunger hotspots⁸, with high levels of food insecurity due to multiple shocks such as flooding, insecurity, displacement and inflated cost of living. From December 2024 to March 2025, an estimated 6 million people or 45 per cent of the population will likely face crisis level of food insecurity (IPC Phase 3+), with Unity, Jonglei and Upper Nile states the most affected. This number will rise during the lean season (April-July 2025) to an estimated 7.7 million people or 57 per cent of the population across Unity, Upper Nile, Jonglei, Northern Bahr el Ghazal, Warrap, Lakes and Central Equatoria states. Meanwhile, 85 per cent of South Sudanese returnees from Sudan are likely to experience crisis levels or worse food insecurity conditions (IPC Phase 3+).

Key drivers of food insecurity in South Sudan are economic crisis, insecurity, extreme climate events, intercommunal conflict, the impact of the Sudan crisis, low agricultural production and reduced household coping capacity to shocks. The situation is exacerbated by the persistent multisectoral humanitarian needs and access constraints that hamper food delivery. The effects of the 2024 flooding are expected to extend into 2025 as crop production is projected to decline, particularly in the hardest flood-hit areas. Road damage will further disrupt agriculture and markets, decreasing livestock resilience and increasing food insecurity as households face limited purchasing power.

The high levels of food insecurity and other compounding factors have led to alarmingly high levels of acute malnutrition. The 2024 Food Security and Nutrition

Monitoring System (FSNMS) and other Standardized Monitoring and Assessment of Relief and Transitions (SMART) surveys estimate 2.08 million children under age 5 at risk of acute malnutrition in 2025, a 26 per cent increase from the projection in 2024. The surveys also suggest that 650,000 children under age 5 will be at risk of severe acute malnutrition in 2025, a 33 per cent increase from the 2024 estimates. An estimated 1.1 million pregnant and lactating women (PLW) will need life-saving treatment for acute malnutrition in 2025.

Community priorities

From September 2023 to October 2024, partners carried out consultations with selected communities in Unity, Upper Nile and Jonglei states, who identified food security/livelihood support, health care, children's education, flood mitigation and security as top priorities.

In Unity State, communities noted food security as a top priority, as insecurity aggravated by a lack of food and restricted livelihoods due to flooding prevent people from returning. Communities expressed the need to produce their own food and requested the timely distribution of seeds, agricultural tools and equipment, fishing kits, canoes and beekeeping kits. In Guit Town, community members proposed using the existing 33 community groups to create cooperatives focusing on agriculture, fishing, health and sanitation projects.

In Upper Nile State, livelihoods were a top priority for the communities, who requested land for farming, timely distribution of seeds, tools, machinery, pesticides and training on its use. In several communities, male members also expressed interest in masonry, bricklaying, electrical work and tailoring, while women welcomed finance initiatives to start small businesses.

In Jonglei State, communities mentioned food security as a top priority. While some requests were made for short-term food assistance, most community members expressed the need for land to farm and grow their own food, as well as seeds, farming and fishing tools, canoes, training in agronomic practices and animal restocking.

1.3 Humanitarian outlook and risks

As the world's second most vulnerable country to natural hazards, South Sudan will continue to be affected by extreme effects of climate variability – flooding in some areas and drought in other areas. Between 2019 and 2022, floods affected over 1 million people each year, mainly in the north and northeastern parts of the country. Back-to-back drought-like conditions have severely affected communities in the southeast since 2020, particularly in Eastern Equatoria. These climatic variabilities will continue to affect communities in 2025 and beyond.

With no solution found for the Sudan crisis, South Sudan will remain vulnerable to its impact. As of mid-December 2024, more than 904,000 people have been recorded arriving from Sudan. Projections indicate an additional 337,000 arrivals expected in 2025. Large numbers could arrive in South Sudan in the event the conflict shifts closer to the border or the humanitarian situation in Sudan deteriorates further.

The Sudan crisis will continue to affect the economic situation in South Sudan, inflating the cost of essential commodities and pushing communities – whose coping capacities have already been exhausted – to further deprivations. Overall, the rising cost of food and fuel will make the cost of basic items unaffordable for many people in South Sudan, who will need some form of humanitarian assistance to cope with the situation.

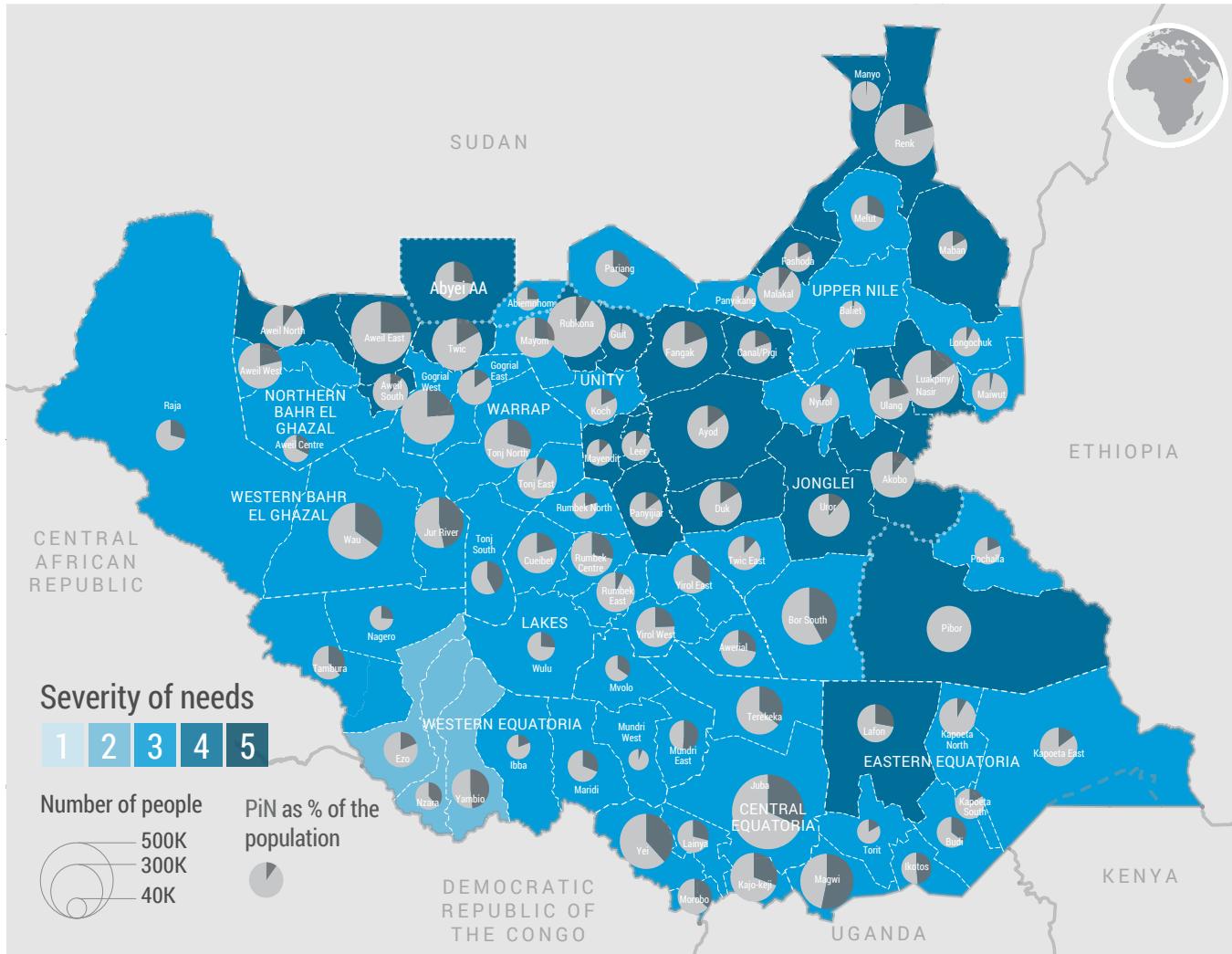
Floods, the influx of arrivals from Sudan, cholera and the threat of diseases in neighboring countries (e.g., mpox, Marburg etc.) will increase the vulnerability of epidemic outbreaks in South Sudan, which will further stretch the fragile health care system.

Read more in Part 6: [Community priorities](#)

1.4 PiN and severity maps

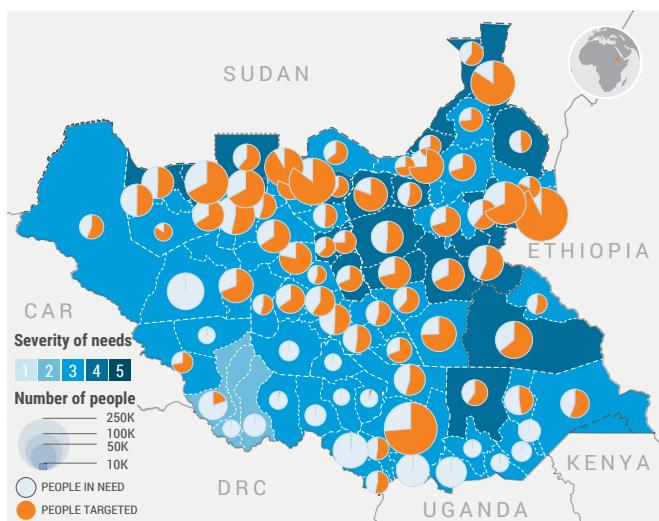
Inter-sectoral severity of needs and distribution of people in need

at Admin 2



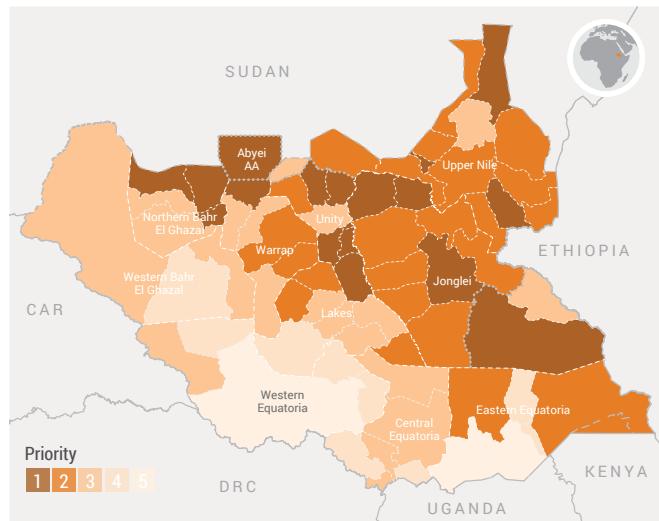
Inter-sectoral severity of needs, PiN and targeted

at Admin 2



Inter-sectoral prioritization

at Admin 2



Part 2: Humanitarian response

2.1 Humanitarian response strategy

In 2024, the South Sudan Humanitarian Country Team (HCT) agreed on a two-year strategy for 2024 and 2025. Since the humanitarian context remains largely similar, the strategic objectives will remain the same in 2025. To reinforce the strategy, the HCT agreed on three work areas in 2025, including maintaining readiness to respond to sudden-onset emergencies, mitigating the impact of current emergencies and moving towards recovery and resilience. While systems will be put in place to ensure timely and agile responses to rapid-onset emergencies in prioritized and non-prioritized counties, efforts will also be dedicated to durable solutions and resilience-building in collaboration with the Government of South Sudan and development partners. The response will continue to build on different long-term and solutions-based initiatives through humanitarian-development-peace collaboration to address the needs comprehensively.

Centrality of protection

In 2025, the HCT will ensure that the centrality of protection continues to lead the decision-making processes and informs all actions in the humanitarian response in South Sudan. All humanitarian actors will collectively engage in achieving meaningful protection outcomes that reduce risks to affected communities by decreasing threats, reducing vulnerability and enhancing capacities. The HCT recognizes that protection is central to all aspects of humanitarian action, especially given the pervasive and compounding protection risks faced by civilians in South Sudan. The 2024 HCT Protection Strategy⁹ remains relevant for 2025, highlighting the need for strategic advocacy and system-wide change to address protection risks – with a focus on enhancing the Government's capacity to fulfill its primary responsibility to protect civilians and improve service delivery.

The humanitarian response must prioritize protection outcomes, ensuring that safety, dignity and the rights of affected people are at the forefront, and that all interventions are conflict-sensitive and adhere to the principle of "do no harm".

The Protection Cluster will continue working closely with other clusters and mobilize key actors beyond the humanitarian system to advocate protection concerns in decision-making at all levels. These include supporting partners with technical guidance, monitoring compliance with protection principles and fostering collaboration to address emerging protection issues. Through these efforts, the humanitarian response should deliver tangible outcomes that safeguard the safety, dignity and rights of affected communities.

Integrated response

The humanitarian response will emphasize a coordinated, multisectoral approach that integrates efforts across clusters to enhance efficiency, improve collective outcomes, and maximize health and well-being impact. Interconnected actions will guide the multisectoral response, including (i) joint assessment and analysis to identify priority needs, geographical areas and vulnerable populations; (ii) integrated response planning to outline shared objectives and roles across clusters; (iii) joint resource mobilization and advocacy to secure flexible funding; and (iv) well-aligned implementation and joint monitoring and evaluation to track progress, adapt strategies and enhance accountability. Special attention will be given to people in areas with high rates of malnutrition and food insecurity, ensuring the response remains relevant and effective. Expected outputs from the integrated response include reduced morbidity and mortality, improved nutrition and food security and enhanced community resilience through integrated service delivery and strengthened local capacities.

Rapid response mechanism

While the primary focus of humanitarian response will be in the priority 1 to 3 counties with the highest severity of needs, the HCT will invest in robust and agile rapid response mechanisms (RRMs) to address the impact of new shocks in deprioritized areas. The RRMs will be strengthened to deliver life-saving assistance to people affected by sudden-onset shocks through timely, coordinated and multisector first-line emergency response within 14 days from the date of alert. Efforts will be made to enhance coordination among RRM actors and with other stakeholders, including long-term partners, clusters and the Inter-Cluster Coordination Group (ICCG). Referrals to second-line response will be systematically planned with static partners, clusters and authorities to ensure a smooth transition. In locations where the needs identified during assessments are beyond the RRM scope of coverage and/or do not meet the specified triggers, RRM partners will share the information with relevant clusters for further follow-up and response.

Advancing the humanitarian resilience linkages and area-based coordination

The HCT and the United Nations Country Team (UNCT) will aim to achieve collective results in South Sudan by promoting collaboration, adaptability and context-specific interventions. By linking humanitarian responses with resilience efforts, operationalizing area-based coordination (ABC), and addressing root causes, the approach will seek to reduce aid dependency and guide communities from crisis to resilience. The strategy fosters synergy among humanitarian, development and peacebuilding initiatives to effectively address South Sudan's interconnected challenges. It emphasizes the importance of addressing immediate needs while nurturing long-term solutions through sustainable partnerships. To mitigate future crises, disaster risk reduction will be crucial, particularly in flood-prone areas. Through localization, local communities, civil society and authorities will be empowered to lead responses, ensuring culturally appropriate solutions and resilience by fostering community involvement and accountability.

The ABC model will be piloted to provide the operational framework for implementing the strategy. Recognizing that risks and capacities vary across regions, the ABC model emphasizes decentralized, context-specific responses. The operational model in priority areas will bring together humanitarian, development and peace

actors, local authorities and civil society to align efforts and resources effectively. The strategy highlights the need for dialogue and joint analysis to identify common priorities.

A key element of the strategy is shifting from an emergency-focused mindset to prioritizing resilience and prevention. This requires a holistic approach to risk management, acknowledging that vulnerabilities evolve and responses must be adaptable. Balancing priorities ensures that immediate relief efforts uphold long-term development and peacebuilding. Programmes would also promote self-reliance and empower communities to take charge of their futures. For instance, a cash-for-work programme rehabilitating infrastructure can meet immediate needs while creating lasting benefits for local economies. Efforts will be made to prioritize inclusivity, ensuring that those most at risk are not left behind. By engaging communities in planning and decision-making, the strategy ensures ownership and fosters equitable development.

Community engagement

South Sudan is one of the four pilot countries implementing the Flagship Initiative.¹⁰ Humanitarian partners in South Sudan are moving towards a further strengthened community-centred approach to humanitarian assistance that is driven by affected communities and their priorities. Partners carried out participatory community consultations in Jonglei, Unity and Upper Nile states to inform the 2025 humanitarian response. By actively co-analyzing and co-planning with communities, humanitarian partners developed an overview of their most urgent priorities and the contributions required to address them. Qualitative data on community priorities were triangulated with quantitative data from the inter-sectoral needs assessment (ISNA) and other global standard methodologies to inform response planning and programming. Cluster partners developed complementary or multisectoral strategies to address community priorities, and will advocate with the Government and development partners to address non-humanitarian aspects. Humanitarian partners plan to further expand community consultations throughout 2025.

2.2 Response boundary-setting, prioritization and risk-informed action

The humanitarian response will focus on inter-sectoral priority counties classified as 1 and 2, where the needs are most severe, and a convergence of shock-driven needs exist. The inter-sectoral priority 3 counties will be considered for six months in the response plan. Through the Needs Analysis Working Group, the needs will be monitored across all counties and the priority counties will be adjusted as and when necessary.

Boundaries of the humanitarian response (who, where and what)

The global Joint Intersectoral Analysis Framework 2.0 benchmarks were used to assess the severity of all counties and calculate the target humanitarian caseload.

Clusters applied robust vulnerability criteria to estimate the people in need and people targeted for response and used layers of criteria, including the impact of recent shocks, to prioritize the counties into different categories. Although the population groups considered for the response include IDPs, returnees and resident population, vulnerabilities were generally determined irrespective of status.

Risk-informed planning

For the lower priority counties, a robust monitoring framework will be put in place for chronic vulnerabilities within the scope of analysis or recurrent humanitarian needs, with a fallback mechanism to respond rapidly if new crises emerge or the situation deteriorates. The humanitarian community will respond to sudden-onset emergencies in such locations through strengthened and well-coordinated contingency and operational planning at the state level and strengthened RRM coordination. These include pre-positioning supplies, deploying mobile teams in collaboration with local actors, and strengthening integrated and multisectoral responses.



BOR SOUTH, JONCLEI STATE

A sick child receives treatment at Kolnyang Primary Health Care Centre in Pariak boma.

Photo: OCHA/Basma Ourfali

Gender

Gender inequalities remain deeply entrenched in South Sudan, perpetuating a cycle of vulnerability and limiting access to essential services and opportunities for women, girls and marginalized groups, such as persons with disabilities. Harmful social norms and practices, often exacerbated by conflict and displacement, restrict women and girls' participation in decision-making, economic activities and education. These inequalities contribute to heightened risks of GBV, including intimate partner violence, early and forced marriage, and denial of access to sexual and reproductive health services.

The protracted humanitarian crisis in South Sudan further compounds these challenges. Displacement, food insecurity, and limited access to basic services disproportionately affect women and girls, increasing their vulnerability to GBV and sexual exploitation. In conflict-affected areas, women and girls face heightened risks of sexual violence, while economic hardships can force them into early marriage or transactional sex to survive. Addressing gender inequalities and promoting gender equality is critical for effective humanitarian response programming and sustainable development.



PIBOR, GREATER PIBOR ADMINISTRATIVE AREA

A pupil in Pibor Girls Primary School receives a menstrual hygiene management kit.
Photo: Oxfam/Kapuki Jada

2.3 Strategic objectives

Strategic Objective 1: Vulnerable crises-affected people have reduced morbidity and mortality through equitable, safe and dignified access to life-saving assistance to meet their needs.

Humanitarian partners are dedicated to ensuring timely, life-saving, multisectoral responses that enable the survival and reduction of morbidity among the most vulnerable populations. The collective response is to ensure that those affected by crises attain equitable access to high-quality, gender-responsive and inclusive life-saving services.

Strategic Objective 2: Vulnerable crises-affected people's protection risks are mitigated as humanitarians uphold a commitment to the centrality of protection in humanitarian action informed by communities' priorities.

Humanitarian partners will aim to improve the living and protection conditions of highly vulnerable IDPs, returnees and resident population through equitable and safe access to assistance and protection. Partners will provide specialized protection and multisectoral services that are sensitive to gender, age and disability among vulnerable groups, including survivors of GBV, neglect, and sexual exploitation and abuse (SEA). The response will ensure conflict- and gender-sensitive access to safe HLP for women, men, girls and boys, including sufficient security of tenure to enhance access to essential HLP services and livelihoods – such as access to dispute resolution mechanisms. The response will be delivered through a people-centred approach that ensures that crises-affected people are consulted and engaged throughout the response and their inputs are considered in decision-making to promote collective actions towards accountability to affected populations (AAP).

Strategic Objective 3: Vulnerable people's capacity to withstand the impact of shock is increased and resilience-building opportunities are optimized.

Humanitarian partners will collaborate to enhance the resilience of affected communities and strengthen their capacity to withstand shocks. Collaboration will involve working closely with development and local actors, including the Government, non-governmental organizations (NGOs), civil society organizations and faith-based groups. The approach aims to create synergies among humanitarian, peace and development actors to address the underlying causes of vulnerability.



The response plan's monitoring framework is available on [Humanitarian Action \(bit.ly/3OBVir9\)](https://bit.ly/3OBVir9). The monitoring framework includes the complete set of indicators attached to strategic objectives, specific objectives, cluster objectives and cluster activities.

2.4 Planning assumptions, operational capacity, and access and response trends

Planning assumptions

The economic situation in South Sudan will not substantially improve and the cost of living will remain high. The conflict in Sudan will continue to have economic impacts, drive the arrival of refugees and returnees, and may cause insecurity along the border and in the Abyei Administrative Area. International donor funding constraints will limit the available resources for humanitarian response. Government revenues will not return to levels seen before April 2023 even if pipelines restart. Payment of government workers may remain in arrears. Rising criminality will be a significant security threat. The bureaucratic, logistical and security context will continue to be challenging for partners, adding up to a high-cost profile. The United Nations Mission in South Sudan will remain in place and provide some operational backup (e.g., aviation, logistics, etc.) for humanitarian actors, usually as a last resort.

Operational capacity

Humanitarian partners who coordinate through the cluster approach will contribute to achieving the strategic objectives of the South Sudan HNRP. International agencies operating outside the HNRP, including the Red Cross and Red Crescent Movement and Médecins Sans Frontières, will play a significant role in some sectors and regions. Faith-based groups and community-based organizations will continue to provide some degree of social safety net. The confluence of humanitarian needs, lack of development investment and limited government investment in providing basic services will continue to place a huge burden on humanitarian partners. The number of international and national partners may reduce as domestic and international funding declines.

Access constraints and challenges

The humanitarian operating environment in South Sudan remains complex and challenging. Intercommunal violence, armed groups, cattle raiding, political instability at national and regional levels, economic fragility and

physical access constraints continue to hinder access to people in need.

Between January and November 2024, 425 incidents related to humanitarian access impediments were reported, marking a 16 per cent increase from the same period in 2023. Bureaucratic impediments, demands for fees and interference in recruitment added extra costs and occasionally led to arrests and harassment. Illegal taxation and extortion at checkpoints on roads and rivers further delayed aid delivery, increasing expenses and transportation time. South Sudan's inadequate infrastructure and frequent flooding severely disrupted the delivery of humanitarian supplies to rural areas, especially during the rainy season when roads are often impassable. Efforts to pre-position essential supplies during the dry season may be obstructed by clashes involving armed groups or militia.

The Access Working Group (AWG) remains the primary forum in South Sudan, through which operational coordination, analysis and discussion of humanitarian access take place. Through sustained engagement, dialogue and detailed monitoring of access constraints, the state-level Access and Civil-Military Working Groups (A/CMWGs) have contributed to a more efficient and principled humanitarian response. In 2025, efforts will further strengthen the state-level A/CMWGs and enhance engagement at all levels.

2.5 Accountable, inclusive and quality programming

Accountability to affected population

The HCT Compact and AAP Strategy¹¹ guide partners in South Sudan to implement coordinated actions informed by the preferences, needs and priorities of affected communities. The Communication and Community Engagement Working Group (CCEWG) provides leadership, technical support and guidance for AAP approaches.

Findings from perception surveys, needs assessments and post-distribution monitoring surveys indicate low levels of community engagement in the overall humanitarian response. According to "Voices from

South Sudan: Affected Communities' Perceptions on Humanitarian Aid"¹² a report by REACH, Internews and the CCEWG, respondents in a quarter of the focus group discussions felt that humanitarian organizations do not proactively seek their inputs to inform humanitarian assistance. The 2024 ISNA indicates that 54 per cent of respondent households are not aware of any complaint and feedback mechanisms regarding humanitarian assistance and workers. As outlined in the report, respondents who used complaints and feedback mechanisms set up by humanitarian partners indicated a lack of timely response. The 2024 ISNA findings indicate that community leaders, NGOs and local radio stations are the key sources of information trusted by communities. However, 41 per cent of the households reported barriers to accessing information on humanitarian assistance.

In 2025, humanitarian actors will strengthen consultation approaches, such as focus group discussions, community meetings and household visits that increase participation. Together with affected communities, the CCEWG will explore collective complaints and feedback mechanisms to reduce the fatigue of affected people in using multiple and duplicative systems. Synergies between the CCEWG and the protection from sexual exploitation and abuse (PSEA) Task Force and other cross-cutting thematic groups will be revitalized. Standard operating procedures on community feedback-sharing, which respect confidentiality and the rights of complainants, will also be developed. Other activities such as perception surveys will be conducted to understand the extent to which the voices of affected people are being heard by those who seek to assist them.

Protection from sexual exploitation and abuse

South Sudan has a PSEA Task Force,¹³ whose core functions encompass engagement with affected people, SEA prevention, establishment of reporting systems, victim assistance, referral for investigations and coordination. The task force is a multi-agency body comprising UN entities, NGOs, the International Committee of the Red Cross and protection-related sub-clusters. PSEA is mainstreamed across various programmes, including needs assessments, capacity building, community engagement and awareness initiatives. To bolster PSEA efforts, a dedicated Inter-Agency PSEA Coordinator is housed in the Resident Coordinator's Office, supporting senior leadership and strategy development.

SEA referral mechanisms have been established in response to crises, complementing existing complaint channels. The task force follows standardized operating procedures¹⁴ for SEA prevention, reporting, response and accountability. The PSEA Task Force is developing a new PSEA Strategy for 2025-2029, informed by the outcome of the 2024 PSEA deep-dive review and nationwide SEA risk assessment. The UNCT-HCT 2025 Action Plan¹⁵ is centred on five key outcomes: (i) PSEA through workforce behavior change in compliance with, commitment and alignment to international PSEA policy and standards; (ii) safe, accessible and appropriate reporting channels; (iii) quality victim-centred assistance; (iv) swift investigations and enhanced accountability; and (v) galvanized partnership for collective accountability to address SEA in South Sudan. Priority actions include establishing SEA referral systems, enhancing risk management, mobilizing resources and strengthening the capacity for collective accountability to address SEA.

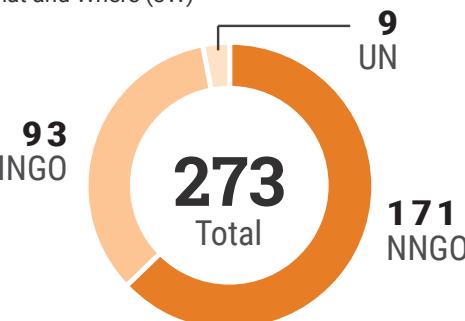
Localization

Localization¹⁶ remains the HCT's key priority in South Sudan, aiming to strengthen partnership with local partners and give them a voice to influence the planning and delivery of humanitarian response through community engagement and ABC. The HCT will continue to ensure meaningful representation, participation and leadership of national organizations in humanitarian coordination.

The HCT's vision is that national and local humanitarian actors are enabled and capacitated to take on a greater role in leading humanitarian action in South Sudan – with a reduced need for international support unless overwhelmed by crisis. The HCT seeks a resilience-building approach and engagement with authorities, development and peace actors to enable a sustainable impact of response.

Partners participating in 2024 HNRP

Who, What and Where (3W)



2.6 Cost of the response

Costing methodology

A unit-based costing approach was used to estimate the total cost of the overall response. The cost per beneficiary is estimated by activity and sector, as well as by geographical location where feasible. Each cluster/sector developed a unit cost based on a realistic rationale agreed upon by their members, including estimations required to ensure mainstreaming of cross-cutting priorities. Each cluster unit cost was then multiplied by the targeted population to develop the requirements. This includes the cost associated with in-kind support and cash and voucher assistance (CVA) where appropriate, both at the inter-sector (joint responses) and sector levels. The overall HNRP requirement is a total of all the cluster estimates.

2.7 Multipurpose cash and cash and voucher assistance overview

The CVA landscape in South Sudan has seen significant growth and transformation over the past two years. In 2023, approximately US\$70 million or 6 per cent of the total funding was delivered to over 6 million people, compared to \$16.5 million or 1.3 per cent of the total funding in 2022. Of this, \$17 million (24 per cent) was allocated to Multi-Purpose Cash Assistance (MPCA), enabling vulnerable households to address immediate life-saving needs while preserving their dignity and autonomy. In 2024, CVA reached \$86.6 million by September, benefiting over 4.6 million people. Approximately \$26.4 million (30.5 per cent) was allocated to MPCA, addressing urgent basic needs and fostering resilience among vulnerable households. With support from REACH, the CWG played a pivotal role in implementing the JIMMI, which provides critical market data. Through tools such as the Market Functionality Score (MFS), key indicators including accessibility, affordability and

infrastructure are monitored monthly, enabling evidence-based programming.

For 2025, CVA integration across clusters will remain a key priority, ensuring a coordinated and need-driven approach to meeting both sectoral and multisectoral objectives. Sectoral cash transfers will be monitored by clusters and coordinated with the CWG to inform the overall response. In 2025, the CWG plans to support nearly 373,190 households with MPCA amounting to \$25 million. MPCA will target vulnerable people affected by conflict and climate shocks.

Geographical prioritization for MPCA will align with the prioritized HNRP counties and MFS data. The endorsed transfer value for MPCA in 2025 is \$165 (\$127 with upto 30 per cent buffer for inflation), with one-month transfers for shock response and three-month transfers for sustained humanitarian needs. Efforts are ongoing to enhance referral pathways, linking MPCA recipients to additional cluster activities and social protection systems to ensure complementarity with broader sectoral interventions.

The CWG works closely with clusters, financial service providers and local actors to harmonize targeting methodologies and prevent duplication. JMMI and updated market expenditure basket enable a unified approach to CVA delivery. Market monitoring through MFS will inform CVA programming and improve financial access for vulnerable groups. Key priorities for 2025 include enhancing coordination structures at national and sub-national levels, integrating CVA into emergency response plans and strengthening partnerships with financial service providers. This coordinated structure reinforces the CWG's ability to guide strategic CVA planning, promote harmonization among stakeholders and address operational challenges.

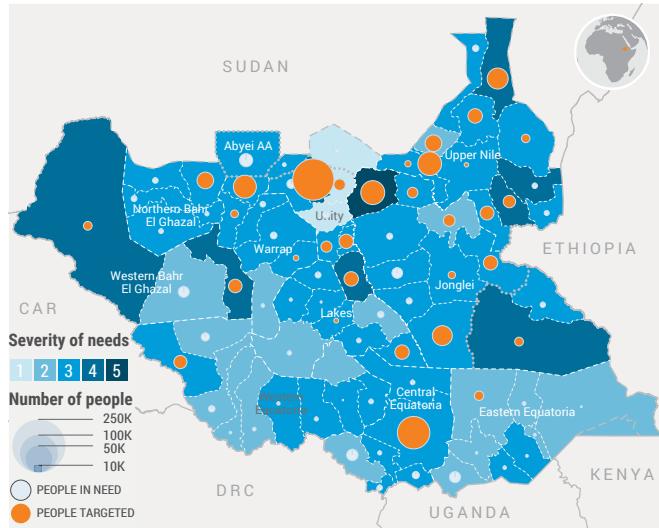
MPCA aligns with South Sudan's social protection framework, leveraging shared tools and targeting criteria to foster interoperability. This integration supports a seamless transition from humanitarian assistance to development programming.

The digital version can be found at: bit.ly/4fPi220

Part 3: Cluster needs and response

3.1 Camp Coordination and Camp Management

Sectoral severity of needs, people in need and people targeted



Summary of needs: As of October 2024, over 880,000 people remain in 124 formal and informal displacement sites across South Sudan, facing severe vulnerability due to limited alternatives. Unplanned, self-settled IDP sites are particularly at risk of exclusion from essential services. In 2024, more than 320,000 people in these sites lacked Camp Coordination and Camp Management (CCCM) support due to resource constraints, limiting access to coordinated services, community support and vital information. In 2025, CCCM partners will continue managing reception and transit centres as part of the Sudan response, coordinating the provision of life-saving assistance for new arrivals. Based on monthly site verifications conducted in 2024, the cluster anticipates that 15 per cent of the returnees from Sudan will settle in existing displacement sites countrywide. The cluster will leverage its role as a bridge between service providers, IDPs, resident populations and Government authorities to identify and support effective, sustainable solutions for people in displacement sites.

Response strategy: In 2025, the CCCM Cluster will employ an area-based site management approach to reach underserved sites, working through localized

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
1.4M	1.1M	\$19M

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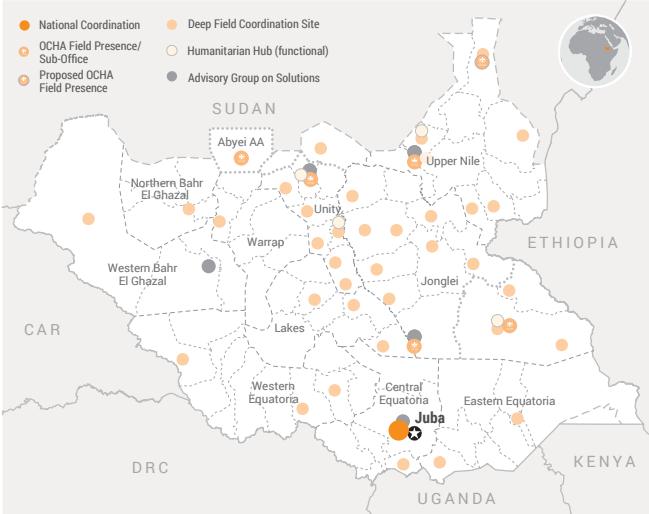
response and coordination structures. Mobile response will continue to be a short-term emergency response approach to new displacements. In sites with CCCM presence, partners will continue to explore strategies for transitioning site management responsibilities to community self-governance structures and the Relief and Rehabilitation Commission. The cluster will address the multi-dimensional needs of IDPs, promote comprehensive and durable solutions, and ensure that the needs of IDPs are integrated into the decision-making process. The cluster's site profiling tool will provide site-specific information for programming and inform partners across the humanitarian-development-peace nexus.

Targeting and prioritization: The CCCM Cluster will continue to prioritize IDPs residing in formal and informal sites across the country, alongside returnees in reception and transit centres linked to the ongoing Sudan response. IDPs already integrated with host communities are not under the cluster's coverage. This targeted approach focuses on communities with the highest vulnerabilities in underserved and high-risk areas. People in displacement sites have limited access to essential services and lack stability and resources, making them a critical priority for CCCM interventions.

Promoting accountable and inclusive programming: The cluster works with displaced communities to create or enhance safe spaces, establishing governance and participatory structures that foster social cohesion and inclusive decision-making. This approach empowers affected people and strengthens community participation, ensuring that programming reflects their priorities. By integrating affected populations' perspectives, CCCM helps ensure that humanitarian efforts are both inclusive and responsive to needs.

The detailed cluster strategy can be found at: bit.ly/3ZymgVq

3.2 Coordination and Common Services



Summary of needs: With increasing humanitarian needs in South Sudan, demand for Coordination and Common Services (CCS) continues to rise, adding pressure to existing services. There is a demand for better situational awareness, displacement tracking and needs analysis to inform the prioritization of humanitarian response given reduced funding. There is also a need to maintain sustained coordination at national, sub-national and deep-field levels to maximize impact, efficiency and effectiveness. With South Sudan being one of the most dangerous places for aid workers, the operational environment is difficult and dangerous. Enhanced, dedicated access and civil-military coordination support is required to enable humanitarian partners to continue delivering life-saving assistance to people in hard-to-reach areas. With no solution to the Sudan crisis, the influx of people from Sudan to South Sudan will continue. Onward transportation assistance must be sustained to avoid overcrowding of arrivals in transit centres.

Response priorities: The CCS Sector will prioritize the following activities:

- Strengthening coordination:** CCS partners will support principled, efficient and effective context-specific coordination which is fit for purpose. At the national level, effort will be put into maintaining robust strategic coordination mechanisms including the HCT, the

REQUIREMENTS (US\$)

\$36M



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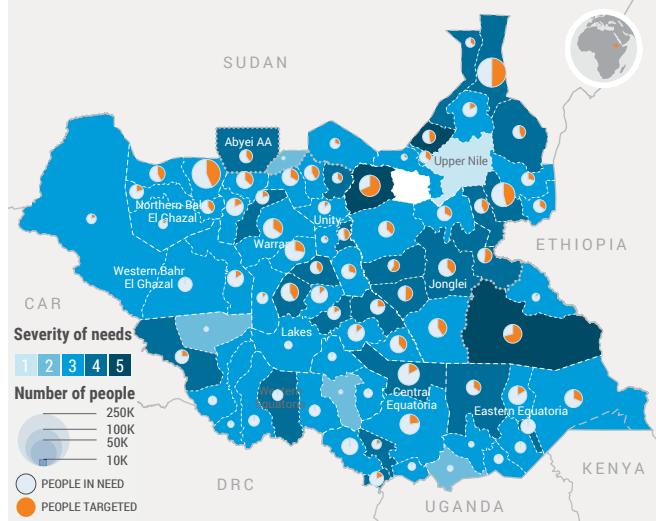


ICCG, AWG, the Information Management Working Group and other ad hoc mechanisms as and when the situation demands.

- Needs assessment and analysis:** In 2025, the CCS Sector will strengthen joint needs analysis and strategic response planning for effective and well-coordinated humanitarian action. The sector will ensure coordinated inter-sectoral needs assessment to inform strategic humanitarian needs and response planning and initial rapid needs assessment to inform operational response planning. It will also facilitate needs analysis and reporting to inform evidence-based prioritization, response planning and situational awareness.
- Displacement tracking and monitoring:** Given the high levels of displacement and/or risk of displacement in South Sudan, the humanitarian system must maintain a system that tracks and monitors population movements, including new and historical displacement and returns. This service will remain important in tracking the influx of arrivals from Sudan, internal displacement and returnee movements in South Sudan.
- Programme quality:** The CCS Sector will ensure the integration of cross-cutting issues including gender, AAP, conflict sensitivity, non-programmatic cash coordination and access analysis, reporting, negotiation and advocacy.
- Humanitarian transportation:** CCS partners will collaborate with authorities to facilitate onward transportation for incoming returnees from transit locations to final destinations, by river, air, road or a combination of modes. This response component has proven to be critical in the Sudan crisis in 2023 and 2024 in reducing the congestion in transit centres.

3.3 Education

Sectoral severity of needs, people in need and people targeted



Summary of needs: In 2025, 2.1 million children (returnees, IDPs and resident communities), including 212,000 children with disabilities, will need education services. The 2024 ISNA indicates that 64 per cent of children in need do not have access to education. The Ministry of General Education and Instruction (MOGEI)'s 2023 Annual Education Census (AEC) classified 17 per cent of schools as non-operational, with 39 per cent due to conflict. Access to education for children with disabilities is limited with barriers related to gender, especially during conflicts and other emergencies. Access to school is further jeopardized by the impact of climate conditions such as flooding. Education Cluster data indicates the closure of 422 schools due to floods. Protection concerns in or on the way to school continue to compromise children's access to education. The AEC indicates that 2,187 learners dropped out of school in 2023 due to insecurity. According to the 2023 Education Needs Assessment (ENA), focus group discussions with girls indicated that 34.2 per cent feared sexual assaults while on the way to school. Many schools lack WASH facilities, with 17 per cent without water facilities in or around the school according to the ENA.

Response strategy: The Education Cluster Strategy aims to provide immediate access to safe, protective and inclusive education to returnees, IDPs and resident communities. The cluster will strengthen multisectoral synergies while leveraging the capacity and views of local

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
2.1M	0.7M	\$40M



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actors to implement context-specific and need-based responses. Cluster partners will be guided by MOGEI and Inter-agency Network for Education in Emergencies standards to improve access. Learning spaces will be established and quality learning will be enhanced through teacher capacities and provision of teaching and learning materials, including for learners with disabilities. Protective learning environments and addressing school-related GBV will be strengthened through access to MHPSS for teachers and learners and linkages to referral pathways. The cluster will promote gender-responsive education, including addressing barriers that prevent girls from attending and completing school.

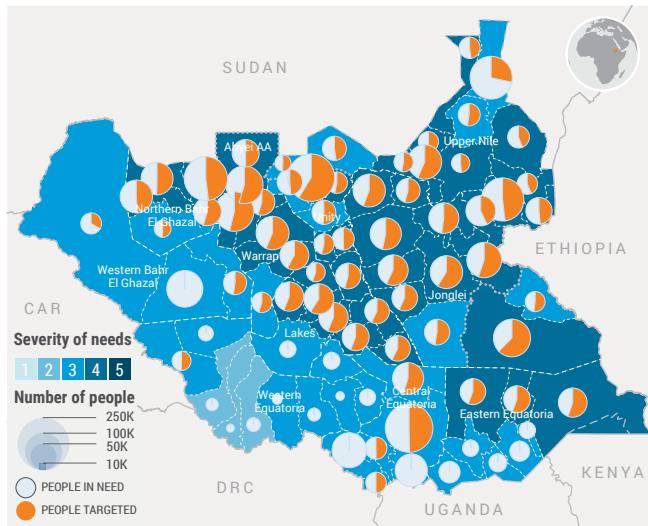
Targeting and prioritization: The cluster will target the most vulnerable children with disabilities, returnees, IDPs and resident communities. The needs of the affected people were the main driver in determining the targets. Other considerations included inter-sectoral needs, partner capacities, financial outlook and projections for 2025. Teachers are also targeted as their conditions affect children's access to learning.

Promoting accountable and inclusive programming: The Education Cluster is committed to implement quality, equitable and inclusive Education in Emergency (EiE) responses. This will be operationalized by ensuring the centrality of protection, accountability to children, disability and gender inclusion. School-aged children were consulted to inform the EiE response, programme design and implementation

The detailed cluster strategy can be found at: bit.ly/49fBUJY

3.4 Food Security and Livelihoods

Sectoral severity of needs, people in need and people targeted



Summary of needs: The 2024 November IPC projects that 7.7 million people or 57 per cent of South Sudan's population will face Crisis-level or worse acute food insecurity (IPC Phase 3+) during the 2025 lean season from April to July. Of these, 63,000 are expected to experience Catastrophe (IPC Phase 5). Food insecurity is driven by economic crises, violence, flooding, dry spells and the Sudan crisis, which disrupt supply chains and worsen vulnerabilities.

Response strategy: In-kind, cash and voucher modalities will be used based on market functionality, prices and seasonality, with a focus on increasing cash transfers where feasible. Partners will use biometric registration to prevent duplication. To enhance impact and reduce future needs, partners will operate in shared locations for complementarity. The cluster will support joint programming, including data-sharing, geographic prioritization and integration with Health, Nutrition, WASH and Protection sectors. To build community resilience and reduce humanitarian dependency, the cluster has developed the HNRP Operational Guidelines and FSL Cluster Strategy to foster collaboration between FSL partners and development actors, the Government and the private sector. The FSL Cluster will work to ensure women and girls' safe and equal access to economic opportunities and resources by closely collaborating with the GBV AoR partners to provide training on GBV

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
7.8M	3.6M	\$475M

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risk mitigation and supporting women's economic empowerment initiatives.

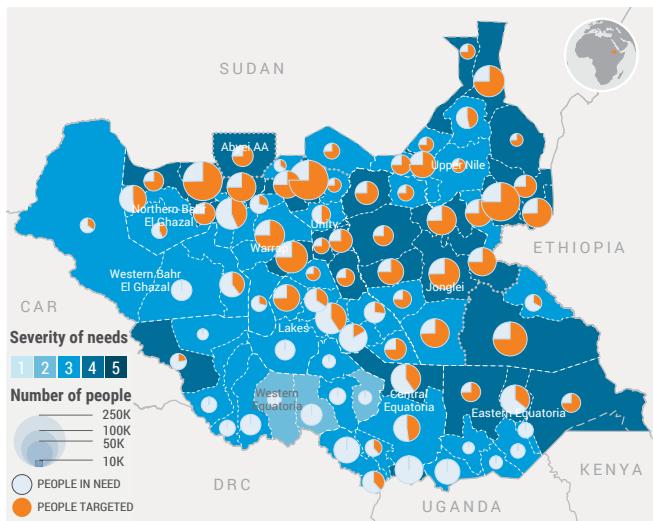
Targeting and prioritization: The FSL Cluster will focus on food assistance for IPC Phase 4+ counties and emergency agriculture and livelihoods for IPC Phase 3+ counties. The cluster will focus on: (i) emergency food assistance to reach 2.4 million people in emergency areas; (ii) emergency agriculture and livelihood support to assist 584,000 IPC 3+ farming households in counties with IPC 4 populations; and (iii) resilience-building for 830,000 people with asset creation and livelihood-strengthening. Assistance will be concentrated in IPC Phase 4+ counties. The duration of humanitarian food assistance will be reduced to eight, six or five months, depending on the location. Ration and transfer values will be reduced from 30 to 21 days in areas with pockets of IPC Phase 5 and 15 days in other areas. Emergency agriculture and livelihood support will also be scaled back accordingly. The FSL Cluster will ensure that, whenever possible, the three objectives complement each other to maintain an efficient and effective prioritization and targeting approach.

Promoting accountable and inclusive programming: FSL partners will engage with communities during needs assessments to gather qualitative and quantitative data, ensuring that community voices shape food security analysis. The cluster will coordinate with the Protection Cluster to integrate protection into targeting and assistance. Community feedback will guide project design, with complaint mechanisms to collect and respond to input. During implementation, local committees of affected populations will oversee activities, ensuring interventions remain responsive to community needs.

The detailed cluster strategy can be found at: bit.ly/3Zyk3uc

3.5 Health

Sectoral severity of needs, people in need and people targeted



Summary of needs: In 2024, partners have responded to multiple concurrent disease outbreaks, including measles, yellow fever, poliovirus, meningitis, hepatitis E and cholera. The ongoing conflict and disease outbreaks in Sudan put South Sudan at risk of imported cases. Malaria remains the leading cause of morbidity and mortality, often exacerbated by frequent flooding. The 2024 ISNA found only 57 per cent of the population with access to the nearest health facility in less than an hour, while 44 per cent cited long distance as a barrier to accessing health care. Women and girls in remote and crisis-affected areas face challenges in accessing maternal, sexual and reproductive health services. While the Health Sector Transformation Programme (HSTP) is currently supporting 50 per cent of functional health facilities, 18 per cent are non-functional. The July 2024 GBV health analysis revealed only 28 per cent of health facilities provide GBV care, with 43 per cent offering services. Lower-level facilities struggle with staffing and infrastructure, limiting early intervention to referrals.

Response strategy: In 2025, the cluster will contribute to building a resilient health system capable of meeting both immediate and long-term needs in line with the 2016-2026 South Sudan National Health Policy and 2023-2027 Health Sector Strategic Plan. Essential health services will be delivered in a complementary manner across static facilities, mobile teams and community health outreach. Coordination will be strengthened at national and sub-national levels through technical working groups

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
5.7M	3.1M	\$119M



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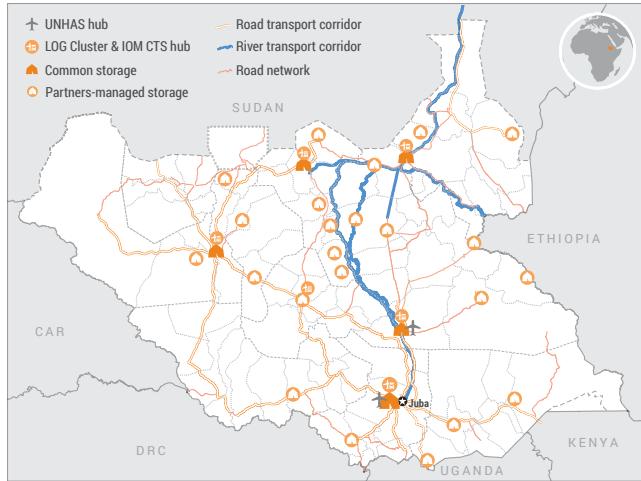
and a multisectoral approach, integrating efforts with Nutrition, WASH and FSL clusters. Localization efforts will build local organization capacity for a sustainable response. Key priorities for 2025 include expanding essential primary health care, improving immunization, strengthening capacity for sexual and reproductive health response, pre-positioning medical supplies, enhancing emergency referral services, implementing the Health Cluster GBV Action Plan and supporting the 2024-2028 South Sudan MHPSS Strategic Plan. The Health Cluster will integrate clinical management of rape into health care services.

Targeting and prioritization: The cluster targets vulnerable people in conflict- and flood-affected areas identified by the District Health Information System, initial rapid needs assessments and IPC classifications. Response prioritization considers factors contributing to community vulnerability, including limited health care facilities, access barriers, health facility functionality, flood impacts, and returnee and IDP caseloads. The response strategy aligns with the HSTP and integrates community consultations through the ISNA. Continuous feedback mechanisms, joint supportive supervision, quarterly reviews and regular monitoring visits will enable the cluster to adapt to changing needs, focusing resources on the most critical areas.

Promoting accountable and inclusive programming: Community consultations, including with women, youth, the elderly and people with disabilities, will shape project design and inform interventions in health care access, GBV and mental health support. Community feedback mechanisms such as hotlines, suggestion boxes and health facility committees will monitor service effectiveness, while community representatives help ensure transparency and accountability.

The detailed cluster strategy can be found at: bit.ly/41bZy84

3.6 Logistics



Summary of needs: Poor infrastructure, seasonal hazards, ongoing insecurity, demographic constraints, and limited aviation services create significant logistical challenges and bottlenecks to humanitarian organizations delivering life-saving assistance to affected people. The underdeveloped aviation sector, insufficient investment in infrastructure and poor safety records among commercial carriers contribute to delays in delivering essential relief to locations requiring humanitarian assistance. Changes in climate patterns have caused flooding and damage to major supply routes and limited transportation options have resulted in humanitarian organization's inability to pre-position vital relief supplies to strategic locations during the short dry season. Continued violence and insecurity further aggravate challenges in providing access to services, opening key supply routes to the commercial sector and hinder humanitarian operations. The continued arrivals from Sudan, flooding and the need to support other static responses necessitate additional transportation, construction and rehabilitation of critical infrastructure to enable humanitarian actors to deliver life-saving assistance.

Response strategy: Through multi-stakeholder coordination at the national and state levels, the logistics projects will support approximately 300 humanitarian actors across South Sudan, including UN agencies, and national and international NGOs. The United Nations Humanitarian Air Service (UNHAS) will provide air transport services for humanitarian passengers and light cargo to 48 destinations, including support of emergency

REQUIREMENTS (US\$)

\$100M



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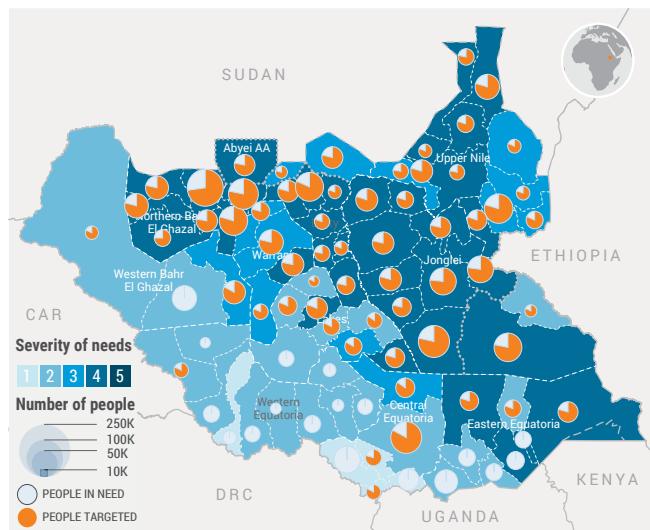
services (e.g., medical evacuations and security relocations), ICCG missions and charter flights. Using the most cost-efficient transport modality, the Logistics Cluster will continue to coordinate and facilitate access to common logistics services through the transport of humanitarian cargo to ICCG-prioritized locations. The International Organization for Migration will continue to provide last-mile humanitarian cargo deliveries using 18 trucks positioned in Bor, Bentiu, Malakal, Wau and Juba. The infrastructure project will continue to rehabilitate and construct critical roads and dyke infrastructure to enable humanitarian actors to deliver multisectoral relief items to vulnerable communities.

Targeting and prioritization: The Logistics Cluster will maintain the delivery of critical life-saving cargo on behalf of humanitarian partners, implementing multisectoral projects in priority locations identified by the ICCG. The common transport services project will continue to transport relief cargo from warehouses to airstrips/riverside docks for onward delivery to ICCG-prioritized locations. UNHAS will target all areas of humanitarian interest identified as priority by the HNRP. The infrastructure project will conduct needs assessments to identify critical infrastructure that needs to be rehabilitated and prioritized, using the participatory approach. During project implementation, joint monitoring in collaboration with local stakeholders will be conducted.

The detailed cluster strategy can be found at: bit.ly/4f1YBCB

3.7 Nutrition

Sectoral severity of needs, people in need and people targeted



Summary of needs: Approximately 4.3 million children under age 5, adolescent girls and PLW will need life-saving nutrition treatment and preventive care. About 650,000 children under age 5 are at risk of severe acute malnutrition, 1.4 million children at risk of moderate acute malnutrition and 1.1 million mothers requiring urgent treatment.¹⁷ In 49 counties, acute malnutrition rates exceed the emergency threshold of 15 per cent. In 2025, eight of 10 children under age 5 are anticipated to be at risk of acute malnutrition, with 7.7 million people – including 1.5 million young children – facing severe food insecurity. Fever, diarrhoea and respiratory infections and poor nutrition, water and sanitation access add to the crisis, further aggravated by economic challenges, climate impacts, heightened GBV risks and spillover effects from the Sudan crisis.

Response strategy: The cluster aims to provide timely, quality treatment to 2.1 million children with acute malnutrition, including 650,000 with severe acute malnutrition, as well as 1 million PLW and 1.2 million adolescent girls. Preventative interventions will reach 2.1 million children aged 6-59 months, and 2.2 million PLW and adolescent girls. Nutrition interventions will follow a multisectoral approach, coordinating with WASH, Health, FSL, Protection and Education clusters. The Nutrition Cluster will enhance coordination, implementation and localization efforts, and strengthen real-time nutrition data systems for faster response and resilience programming.

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
4.3M	2.8M	\$198M

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Humanitarian assistance will transition gradually to government support, leveraging platforms like the HSTP.

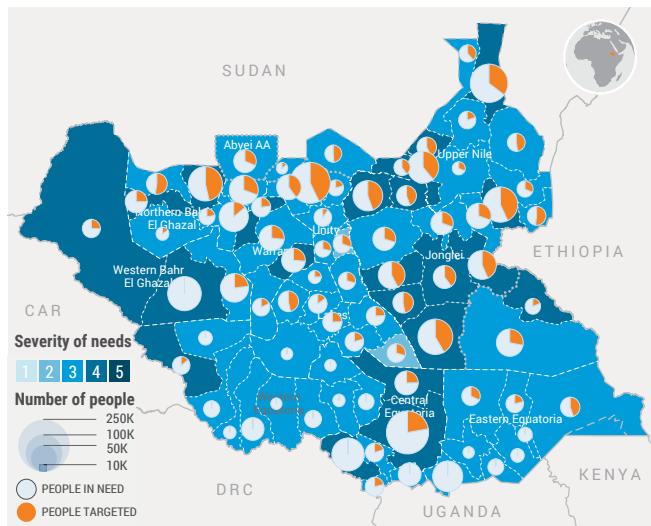
Targeting and prioritization: In 2025, the cluster will target 2.8 million of the 4.3 million people in need of nutrition assistance from high-vulnerability counties following the agreed inter-sectoral prioritization for multisectoral nutrition services. The cluster will ensure the delivery of life-saving acute malnutrition treatment to all children and cover other children not affected by humanitarian crises through close coordination with developmental partners. FSNMS, SMART and other nutrition vulnerability assessments will be used to monitor the situation, and for real-time prioritization of people in critical need.

Promoting accountable and inclusive programming: Communities and affected people will be engaged throughout the planning and design of humanitarian assistance following the seven pillars of AAP.¹⁸ The cluster will focus on strengthening community engagement mechanisms, ensuring that community voices, especially those from marginalized groups, are integrated into decision-making. This will be achieved through increasing local partner representation in cluster coordination at all levels and providing targeted capacity-building. The cluster will continue to strengthen and implement monitoring and feedback systems that capture beneficiary input and track programme effectiveness. The cluster will use the AAP framework¹⁹ and monitoring reporting tool²⁰ developed by the Global Nutrition Cluster. In 2025, the Nutrition Cluster will prioritize advancing localization to strengthen the role and effectiveness of national and local partners in nutrition response.

The detailed cluster strategy can be found at: bit.ly/3D5Vkoo

3.8 Protection

Sectoral severity of needs, people in need and people targeted



General Protection

Summary of needs: In 2025, over 5.5 million people will require urgent protection support due to conflict, displacement and climate crises. Economic hardship and cultural stigmas further marginalize survivors, limiting available support. Women and children are at increased risk of GBV, including sexual assault and intimate partner abuse. Conflict and displacement expose over 2.3 million people to heightened risks of theft, eviction and property destruction. Minority groups, people with disabilities and displaced individuals often face discrimination and lack essential resources and documentation. Armed checkpoints and roadblocks along key routes severely hinder freedom of movement, restricting access to services. Nearly 20,000 children remain separated, unaccompanied or missing, jeopardizing their safety. Arrivals from Sudan strain local services, raise tensions with resident communities and increase humanitarian needs.

Response strategy: The Protection Cluster will prioritize localized emergency response and resilience-building in close coordination with authorities. Mobile and static activities will support people with specific needs, enabling rapid response in emergencies. Protection assistance, including cash-based support, will address diverse needs beyond child protection, HLP and GBV with strengthened referral pathways. The cluster will focus on enhancing protection risk monitoring, improving access

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
5.3M	1.5M	\$81M



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to essential protection services and community-based protection systems and fostering resilience through partnerships with local actors. The cluster will reinforce community structures and collaborate with peace and development actors on peacebuilding, PSEA and community empowerment. The centrality of protection will underpin all actions – guiding risk reduction, technical support and advocacy for protection. Unified protection messages informed by the Protection Risk Monitoring System (PRMS) will raise awareness, while engagement with the Government will strengthen local ownership and sustainable outcomes. The cluster will integrate a gender analysis into protection risk monitoring to inform targeted interventions to address the specific needs of women, girls, men and boys and promote gender equality.

Targeting and prioritization: The Area of Responsibility (AoR) adopts a community-centred approach, using the PRMS to assess 15 globally recognized protection risks guided by the Protection Analytical Framework. The AoR gathers insights through interviews, focus group discussions and risk assessments to identify people who face significant risks in specific locations. Guided by the HCT's strategic direction, the AoR will prioritize areas with priority levels 1, 2 and 3, focusing on case management, community-based protection, capacity-building and advocacy.

Promoting accountable and inclusive programming: Continuous needs assessments incorporate input from affected people through community consultations and the PRMS. This feedback guides project design to ensure relevance and inclusivity. During implementation, the cluster works with local community structures to support their role in protection activities. Regular feedback from communities during monitoring allows the cluster to adjust interventions as needs change, supporting accountable and responsive programming.

The detailed cluster strategy can be found at: bit.ly/3B8UJ4L

Child Protection

Summary of needs: In 2025, South Sudan will continue to experience a protracted child protection crisis, particularly in conflict-affected and underserved areas across the country. Key child protection issues include family separation, recruitment into armed groups, physical and sexual violence, exploitation, and psychosocial distress, particularly among adolescent girls. Children, especially in urban areas, experience high levels of exploitation and resort to enrollment in gangs as an extreme coping mechanism. Children with disabilities and child survivors of GBV, particularly girls, are disproportionately at risk with limited access to essential services such as health, psychosocial support and legal aid.

Response strategy: The Child Protection AoR will focus on delivering child-centred interventions such as comprehensive case management, material support, mental health and psychosocial services and cash-based initiatives. It will emphasize collaboration across sectors and engage communities, the Government and partners to optimize resources. The AoR will also prioritize strengthening child protection systems at the community level, especially in hard-to-reach areas. Ensuring the safety, dignity and well-being of the most vulnerable children is essential to safeguarding their rights in South Sudan's challenging humanitarian context. The cluster will also provide child protection in emergencies training for community leaders and partners, leveraging local structures for swift mobilization. This approach ensures effective, scalable interventions for South Sudan's most vulnerable children.

Targeting and prioritization: Targeting is based on vulnerability criteria, focusing on those exposed to family separation, recruitment by armed groups, violence (including GBV), exploitation and psychosocial distress. The AoR will prioritize the voices of affected people – particularly children, adolescents, youth and young women.

Gender-Based Violence

Summary of needs: GBV is rampant in South Sudan, driven by harmful social norms and systemic gender inequality, severely affecting the safety and rights of women and girls. The PRMS reported GBV as the main protection risk in 38 per cent of the 2,497 communities surveyed in 2024. The ISNA revealed that 36 per cent of women and girls avoid certain areas due to safety concerns, while 53 per cent of households face barriers to

accessing vital services. A survey of GBV experts found a limited availability of core GBV services in 35 per cent of the counties. Multilayer data analysis estimates that 2.75 million people will need GBV interventions in 2025. The 2025 severity classification highlights the urgent need for action, with 23 counties at Severity 4 and 53 at Severity 3. Displaced individuals, returnees and those living in poverty are disproportionately affected, enduring severe physical, sexual and psychological abuse.

Response strategy: The GBV AoR Strategy²¹ will focus on prevention, risk mitigation and response. GBV prevention aims to challenge harmful norms through community programmes such as "SASA", "community cares programme" and "engaging men and boys through accountable practices". It also includes community engagement initiatives such as awareness-raising on GBV and PSEA. GBV risk mitigation involves integrating GBV-related actions into other clusters' responses, multisectoral safety audits and distribution of dignity kits and fuel-efficient stoves. GBV response focuses on improving survivors' access to case management, psychosocial support, cash assistance, legal aid, safety and protection while enhancing the availability of safe houses, women and girls friendly spaces and GBV referral pathways. Improved GBV coordination and data analysis using the GBV Information Management Systems will guide programming and advocacy.

Targeting and prioritization: The GBV AoR response strategy employs both static and mobile service delivery to reach remote, underserved communities, prioritizing areas with severity levels 4 and 3 from the 2025 analysis. The response targets 571,732 beneficiaries including IDPs, returnees and resident communities on a needs basis. The 5W reporting mechanism will track interventions, supplemented by regular field visits and service mapping to ensure availability, identify gaps and maintain quality. The GBV AoR will adapt its programmes based on evolving needs. In 2025, \$37.7 million is required to implement this response and reach the target beneficiaries. Strengthening community feedback mechanisms will also enhance decision-making and ownership, creating inclusive, empowering and effective GBV interventions.

Housing, Land and Property

Summary of needs: HLP remains a critical protection concern for 1.17 million people in need. The Sudan crisis and recent floods have resulted in an influx of people

seeking safety and higher grounds. The most affected states are Central and Eastern Equatoria, Upper Nile, Jonglei and Unity. HLP challenges have surged across the country due to illegal occupation, forced eviction, and land and property grabbing. Violations of HLP rights are associated with weak legal frameworks and institutions, inadequate implementation of policies, repressive cultural norms, lack of documentation, limited knowledge of HLP rights and inadequate legal aid services. Weaknesses in dispute resolution mechanisms also compound the risk of community conflicts. The vulnerability of women to GBV contributes to the violation of their HLP rights. Climate change and environmental challenges significantly affect HLP rights, especially for people in flood-affected areas. Failure to address HLP issues continues to hinder the achievement of durable solutions, especially regarding shelter and livelihoods.

Response strategy: Priority HLP interventions will include awareness-raising and information-sharing on HLP issues and rights, including those of women and people with disabilities, legal assistance and strengthening dispute resolution mechanisms. The AoR will support HLP actors to ensure effective implementation and strengthen their capacity to promote inclusive approaches for HLP prevention and response.

Targeting and prioritization: The HLP AoR will ensure that responses are delivered through a people-centred approach, with affected communities adequately consulted and engaged in the programming. Through its strategy, the AoR will monitor the response plan to ensure that it meets the needs of the affected communities. The AoR will increase community engagement to ensure their voices are at the forefront of decision-making.

Mine Action

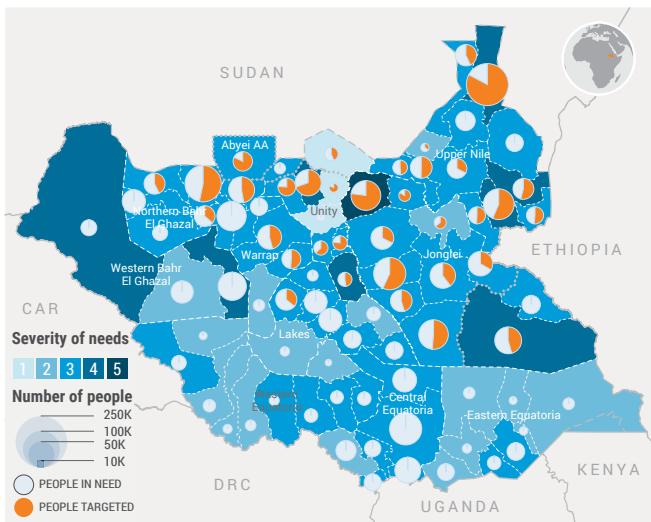
Summary of needs: In South Sudan, 22 million m² of land is suspected to be contaminated with landmines, cluster munitions and other explosive ordnance (EO), affecting 2.4 million people. The highest contamination is in Greater Equatoria, Upper Nile and Jonglei, limiting access to humanitarian assistance, land for living and farming and other basic services. Children have been disproportionately affected, making up over 80 per cent of the casualties. Displaced people face heightened risks due to unfamiliarity with contaminated areas. The EO contamination persists after acute crises end, causing misalignment in mine action and inter-sectoral prioritization – e.g., Magwi County faces "extreme" mine action needs but ranks low in the inter-sectoral analysis.

Response strategy: The Mine Action AoR response strategy, aligned with the National Mine Action Strategy,²² uses static and mobile services to reach communities in severity levels 5 and 4. It focuses on EO risk education for high-risk groups and prioritizes clearance of high-impact contamination. The AoR ensures quality through strict reporting requirements and regular quality checks by the National Mine Action Authority and the United Nations Mine Action Services.

Targeting and prioritization: Mine action operators employ community liaison officers who engage with community members, leaders and EO victims. These officers gather information on EO, inform communities about mine action activities and serve as the first point of contact for complaints or suggestions. Input from affected communities is key to assessing the needs and impacts, informing prioritization. Notably, 95 per cent of mine action staff are South Sudanese, many from affected communities – further ensuring that perspectives of affected people are integrated throughout the humanitarian programme cycle.

3.9 Shelter and Non-Food Items

Sectoral severity of needs, people in need and people targeted



Summary of needs: In 2025, 4.2 million people will require emergency Shelter and Non-Food Items (SNFI) assistance, including 2.9 million non-displaced, 877,244 IDPs and 410,000 returnees affected by conflict, flooding, drought and economic crisis. SNFI assistance remains a priority for displaced persons due to years of insufficient investment and unresolved HLP issues brought by conflict and climatic shocks. The ongoing conflict in Sudan has led to an influx of displaced individuals, many of whom arrive without basic necessities. Long-term IDPs in existing sites live in sub-standard conditions and require continued support for durable solutions. Poor living conditions are linked to overcrowding, and lack of privacy and access to basic household items. Displaced families taking refuge in public buildings such as schools and churches are exposed to heightened protection and health risks, while access to education and community activities is restricted for both displaced and non-displaced.

Response strategy: Emergency SNFI assistance will respond to the needs of newly displaced families. SNFI materials will be pre-positioned across the country through the core pipeline to enable partners to respond rapidly. Cash-based interventions will be adopted where feasible. The cluster will support the most vulnerable long-term IDPs through shelter repairs while facilitating the recovery and return processes. Improving coordination will enhance responses, foster partner capacity-building

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
4.2M	1.4M	\$47M



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and encourage collaboration across sectors to ensure a holistic approach. The cluster will ensure the provision of culturally appropriate and gender-sensitive SNFI to meet the specific needs of women and girls.

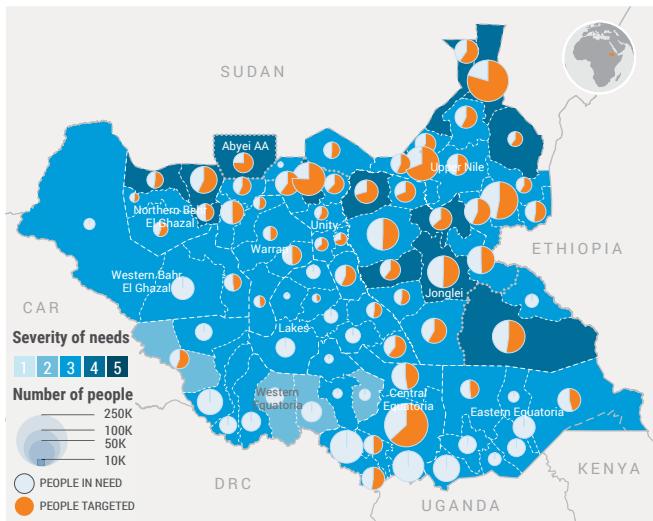
Targeting and prioritization: The SNFI Cluster plans to reach 1.37 million people with assistance, prioritizing geographical areas 1 and 2. The cluster will engage with development partners, financial institutions, the private sector and the Government to tackle the shelter needs of individuals in priority areas 3, 4 and 5. This prioritization is informed by the inter-sectoral analysis of geographical severity and the Global Shelter Severity Analysis Framework, while considering resource availability. The response is guided by rapid needs assessments, with SNFI partners targeting the most vulnerable groups such as the elderly, people with specific needs, individuals with no community links and female-headed households.

Promoting accountability and inclusive programming: Engaging with the community helps identify protection concerns and informs SNFI responses to promote equity and access to assistance. Involving affected people in needs assessments, monitoring and evaluations allows for tailored interventions and continuous programme refinement. Key elements will include (i) joint monitoring and response systems; (ii) staff training on AAP and accessibility of information to all stakeholders; (iii) complaints and feedback mechanisms to empower stakeholders to voice their concerns and encourage partners to address them promptly; (iv) gender considerations and promotion of the participation of women and people with special needs; and (v) environmental considerations to minimize negative impacts and promote sustainable SNFI programmes.

The detailed cluster strategy can be found at: bit.ly/3OAlidF

3.10 Water, Sanitation and Hygiene

Sectoral severity of needs, people in need and people targeted



Summary of needs: Lack of access to WASH infrastructure increases vulnerability and exposes communities to increased water-related illnesses. Shocks, IDP camps and returnee movement increase WASH access burden due to high-density population locations, overwhelming services. A joint monitoring programme highlights a disparity of 3 per cent between rural and urban water and sanitation access. The 2024 ISNA suggests that rural sanitation is significantly underserved, with over 60 per cent practicing open defecation. Watery diarrhoea is chronic, particularly in counties identified with high rates of open defecation and lack of access to rural WASH services. In 2024, hygiene issues identified include safe water storage, overall hygiene habits and access to soap. The 2024 FSNMS reported 25 per cent of women and girls felt unsafe when accessing WASH facilities.

Response strategy: Priority counties will be supported through static partners and gaps filled with time-bound RRM s. The WASH Cluster Strategy²³ sets out the framework for integrating multisector collaboration. Responses will be focused on malnutrition and watery diarrhoea rate reduction, as identified by Health and Nutrition clusters. The WASH Cluster will respond to critical acute needs from shocks through informed advocacy and maintaining accessible core pipeline

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
5.0M	2.3M	\$86M



supplies for partners, supporting timely responses. RRM s will respond for a maximum of three months at the onset of shocks to assist communities with life-saving activities. Community resilience will focus on preventing WASH-related issues for the most vulnerable and at-risk households, identifying development opportunities.

Targeting and prioritization: Vulnerability to WASH-related health risks was identified for resident communities, returnees and IDPs, while noting the needs of residents affected by the Sudan crisis. WASH response will focus on areas susceptible to shocks and prioritized for life-saving activities, while at-risk communities will be targeted for resilience programming to reduce their vulnerability. The cluster will collect and analyze gender-disaggregated data on access to and use of WASH facilities, including safety and security concerns, to inform targeted interventions and ensure that the specific needs of women, girls, men and boys are met.

Promoting accountable and inclusive programming: The WASH Cluster implements the Global WASH Cluster Accountability and Quality Assurance (AQA)²⁴ approach, which is central to the WASH Cluster Strategy. In 2025, the cluster will continue to promote the AQA approach, concentrating on quality and impact through information-sharing, community engagement and feedback mechanisms. WASH partners will engage with communities on self-resilience, promoting community-sustainable solutions to water and sanitation through community ownership. The cluster will monitor AQA throughout the 2025 response, continue to support partners and adjust strategies to community engagement through learning and evaluation and CCEWG guidance.

The detailed cluster strategy can be found at: bit.ly/3CQL17R

Part 4: Refugee Response

Summary of needs: As of October 2024, the number of refugees and asylum-seekers in South Sudan has reached 501,798 – nearly double since the start of the Sudan conflict. Of 189,963 new arrivals, 34 per cent settled in Maban, Jamjang and Wedweil refugee camps, with others staying in urban areas. Refugees, mostly women and children, face protection risks and critical needs upon arrival. In 2024, approximately 400 refugees arrived daily in need of life-saving assistance before onward travel. Recurring floods affect refugee-hosting areas, disrupting supply chains and increasing health risks from waterborne diseases.

Response strategy: The refugee response will focus on (i) access to territory and international protection; (ii) life-saving protection and humanitarian assistance; and (iii) resilience of refugees and asylum-seekers. The strategy balances emergency response and resilience activities, aimed at increasing the self-reliance of refugees. With 150,000 refugee arrivals projected in 2025, partners will prioritize Renk, Maban, Jamjang, Aweil and Abyei to deliver life-saving protection and assistance through cash, in-kind support and targeted services. Partners will maintain emergency response capacities along the key border entry points, keeping transit and reception centres operational. With the unpredictable situation in Sudan, emergency preparedness is a priority.

Existing refugee camps and settlements will be expanded to accommodate new arrivals while increasing essential services. In urban and out-of-camp locations, partners will focus on resilience-building initiatives, vocational training and education to improve the economic independence of refugees and promote peaceful community relations. These efforts will reduce refugees' long-term dependency on humanitarian aid and promote their meaningful inclusion into national services, in line with the Global Compact on Refugees (GCR) and the Government of South Sudan's renewed 2023 GCR pledges. The response will incorporate climate-resilient activities to reduce the environmental impact on camps and settlements.

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
0.7M	0.7M	\$468M



Cost of response: About 40 per cent of the 2025 projected new arrivals are expected to go to refugee camps and settlements, where they will receive multisectoral assistance – raising the 2025 financial requirements. Cost-effectiveness measures will include cash-based interventions where feasible, targeted assistance to the most vulnerable people and localization. Close coordination with Government authorities and development agencies will leverage additional resources and optimize spending.

Response monitoring: The Refugee Response Plan includes a robust monitoring framework with key objectives, indicators and data collection methods. Data from the indicators will promote accountability and transparency. Partner training will improve data collection and reporting. Feedback mechanisms ensure accountability and responsiveness to needs.

Coordination and partnerships: Refugee response aligns with the Refugee Coordination Model framework led by the Ministry of the Interior's Commission for Refugee Affairs and the United Nations High Commissioner for Refugees. National-level refugee coordination meetings provide a platform for collaboration and information exchange. Sectoral coordination mechanisms and an area-based approach facilitate technical-level discussions to address the multifaceted needs of refugees, asylum-seekers, returnees and resident communities.

Please refer to the regional Refugee Response Plan for more details at: bit.ly/3Vkn1jQ

Part 5: Abyei Administrative Area

The Abyei Administrative Area remains a disputed territory between Sudan and South Sudan, with humanitarian challenges rooted in episodic intercommunal violence, climate shocks and chronic poverty. Perennial tensions between ethnic groups over land rights and internal rift among ethnic groups have led to the emergence of armed youth groups and criminal activities. State and non-state armed actors pose access constraints to humanitarian operations.

Since the outbreak of the Sudan conflict, Abyei has received nearly 25,000 South Sudanese returnees, refugees/asylum-seekers and third-country nationals from Sudan. The population in the north has increased by about 20,000 people. The trading hub of the Amiet Market has expanded, and its population has risen to nearly 40,000 people. Since 2022, intercommunal violence in the south has increased the concentration of IDPs in central Abyei to more than 30,000 people. The Agok area has been de-populated, while Abyei town is overwhelmed by a large IDP settlement. In 2024, insecurity in Sudan impeded the seasonal reverse migration of herders from Abyei towards the north, leading to a settlement-like prolonged stay of about 9,800 cattle herders in Abyei.

Humanitarian needs in Abyei are the consequences of violence, impacts of natural disasters (especially floods and diseases), food insecurity due to loss of livelihoods, poverty and lack of access to essential services. More than 200,000 people are currently in IPC Phase 4. Economic hardship, high inflation rates in Sudan and South Sudan and the inability of the local governments to provide basic social services exacerbate the situation. In 2025, an estimated 300,000 people – including resident population, IDPs, returnees and refugees from Sudan – will require humanitarian assistance in Abyei. The humanitarian response will target 250,000 people. Due to operational constraints, people in the northern part have not received consistent life-saving assistance since the outbreak of the Sudan conflict.

Response strategy: The humanitarian response will focus on (i) strengthening emergency preparedness across all

sectors; (ii) providing timely, multisectoral, life-saving assistance to crisis-affected and the most vulnerable people; (iii) improvement in humanitarian access; (iv) complementarities between the humanitarian response, development and peace efforts; and (v) innovative approaches in determining the priorities and context-specific solutions to the needs of communities. The humanitarian response in Abyei is driven by a 'whole of Abyei' approach, drawing on the collaboration of partners based in both South Sudan and Sudan. They will leverage their comparative advantages to balance assistance in both northern and southern Abyei. Close collaboration with development and peacebuilding partners is essential to creating the conditions of community resilience.

Response priorities: Due to operational and access constraints, people in the northern part have not received consistent life-saving assistance despite an intense community demand for an inclusive humanitarian response. Core preparedness and response activities will focus on conducting timely needs assessments to expedite humanitarian assistance, strengthening early warning systems and risk analysis capabilities, developing contingency plans, linking humanitarian assistance with resilience-building efforts and optimizing the humanitarian response to maximize impact with limited resources. Enabling activities will encompass ongoing negotiation for humanitarian access, fostering strategic partnership and collaboration with the United Nations Interim Security Force for Abyei, managing information to bolster advocacy efforts in Abyei, prioritization of cash as a modality for humanitarian assistance where feasible and engaging with communities to ensure that the response aligns with the priorities of those affected.

Part 6: Community priorities

6.1 Unity State

From September 2023 to September 2024, partners consulted communities across 10 payams in Guit, Koch, Leer, Mayendit, Mayom and Rubkona counties. In recent years, Unity State has seen an increased number of returnees due to the conflict in Sudan and flood-induced displacement since 2019. In Bentiu, floods have aggravated food insecurity, leading to loss of livelihoods and erosion of coping mechanisms. Theft, extortion and harassment at checkpoints along roads and rivers further undermine trade, causing food prices to escalate. Insecurity, flooding, weak governance and poor road infrastructure have also restricted livelihood opportunities, preventing IDPs and returnees from finding durable solutions.

Communities noted food security as a top priority, as insecurity aggravated by a lack of food and restricted livelihoods prevent people from returning. They also expressed the need to produce their own food and called for the timely distribution of seeds, agricultural tools and equipment, fishing kits, canoes and beekeeping kits. In Guit Town, community members proposed using the existing 33 community groups to create cooperatives focusing on agriculture, fishing, health and sanitation projects. In Bentiu, they also suggested creating 'chinampas', where soil is piled to provide a raised bed for planting. Food security was also closely linked with income-generating activities. In Tharwangyiella village, fishermen lamented about the poor state of roads, which hindered access to markets.

Communities ranked health as a major priority, as health facilities are inadequate or non-existent, lacking medical supplies and trained health care professionals. In Barkor and Norkur payams of Mayom County, measles, diarrhoea, malaria and skin diseases are common but a mobile health clinic visits only twice a month. Due to a lack of WASH facilities and hygiene, their source of drinking water is the nearby river – contaminated and unsafe,

heightening the risk of waterborne diseases. Barkor and Norkur are usually inaccessible during the rainy season. In Guit Town, where there are high rates of miscarriage, there is a lack of maternal health care facilities and equipment for midwives. Across the state, participants emphasized the need for clean water facilities, boreholes and sanitation. In Bang boma, there is only one borehole, which is a source of conflict in the community. For female participants in this boma, safe drinking water was their number one priority.

Communities expressed a need for more (and closer) schools, particularly where there was a higher number of children and returnees. Measures should include the rehabilitation of existing structures, trained teachers and provision of educational materials (e.g., textbooks, notebooks and school uniforms). In Rubkuay payam of Mayendit, the second most important community priority was shelter, where the community needed more houses and plastic sheets.

In Leer County, insecurity was ranked high among community priorities. In Adok, it was mentioned as the first priority for both male and female community members, while it was third for both men and women in Nyangdier. Insecurity has hindered livelihood activities, prevented children from attending school and led to serious protection concerns such as sexual assault, abduction and sexual slavery of women and girls. Women in the Bentiu IDP camp identified security as their number one priority, citing their lack of trust in state and local authorities to address issues. Women explained how the small gardens they cultivated were forcibly harvested by others, and local authorities failed to act despite being alerted.

6.2 Upper Nile State

From December 2023 to October 2024, consultations with communities were conducted in five payams in Malakal, Fashoda, Baliet, Nasir and Panyikang.

Livelihood was the number one priority across Upper Nile, particularly in Malakal County's Protection of Civilians (PoC) site and Fahsoda County's Kodok payam. Across the state, communities wanted livelihood opportunities to grow and procure their own food. However, the increasing number of returnees from Sudan has made accessing food and employment opportunities more difficult. Communities called for land for farming, timely distribution of seeds, tools, machinery, pesticides and training. In several communities, men expressed interest in masonry, bricklaying, electrical work and tailoring. Women wanted to form a women's association as a tool for capacity-building and advocacy and welcomed finance to start small businesses. The youth also expressed interest in income-generating activities and training in mechanics, carpentry and tailoring.

In one of the community engagement exercises in Malakal, two women's groups ranked security above livelihoods and job opportunities. All groups described issues of ethnic tension, which extended to land and property issues. Some mentioned fear of revenge attacks when leaving for Malakal town. Insecurity inside the PoC site was of particular concern to women and youth, especially at night. In the medium-long term, the community expressed their wish for strengthened security, disarmament of civilians and community dialogue.

Education was the top priority for the youth in both the Malakal PoC and Kodok. In the latter, they wanted more primary and secondary schools and a university in Fashoda. They highlighted the need for materials to build schools, teachers and training for teachers, incentives, education supplies, fencing of school compounds and means of transport to/from schools. In Baliet town, education facilities were vandalized during the 2013 and 2016 intercommunal conflict. Community members explained that there are eight primary schools in seven payams and one secondary school in the entire county. The youth in Malakal asked for recreational activities (e.g., sports, music, soccer and drama) as their third priority, including the construction of a youth centre.

In Kodok, many health facilities were destroyed during the previous conflict. As a result, the community said there are not enough facilities to cater for the needs of the growing population. The high rates of returnees from Ethiopia and Sudan to Nasir have put pressure on health facilities and medical supplies. Malaria remains a concern, particularly with the lack of antimalarial medicine. Male members and the youth requested latrines and a water system. The youth also requested water storage facilities, solar systems to pump water, and dams and boreholes in areas outside of town. Both groups offered to provide labour to construct the latrines and water system.

Due to flooding and conflict, some community members in Owechi payam relocated to higher grounds without materials for shelter. They noted the need for shelter materials such as plastic sheets, willing to help with construction if the material was provided. The youth also offered to provide the necessary labour to renovate community houses that were destroyed by conflict.



MALAKAL, UPPER NILE STATE

Aid workers engage with the local community chiefs in Malakal town to understand their priorities.

Photo: OCHA/Basma Ourfali

6.3 Jonglei State and the Greater Pibor Administrative Area

OCHA and partners carried out consultations in 16 payams in Bor South, Akobo, Ayod, Fangak, Nyirol, Pibor, Boma and Pochalla counties in Jonglei State and the Greater Pibor Administrative Area (GPAA). Food security was the top priority. There were some requests for short-term food aid, but community members wanted land to farm, seeds, fishing equipment, canoes, training and animal restocking.

In two payams in Bor South, the lack of roads prevents farmers from trading and creates insecurity. In Boma County, roads are blocked due to intercommunal tension, with communities calling on the Government to foster peace with neighbours.

People rely on local pharmacies or traditional remedies due to a lack of functional health facilities and personnel and a severe lack of medical supplies. Disease is prevalent, including malaria. In Pochalla, mobile health clinics for hard-to-reach areas were suggested as a short-term solution. People called for the construction and rehabilitation of schools. In Bor South, school fees were too expensive, and people wanted school feeding programmes and incentives for teachers. In Anyidi payam, community leaders suggested that hunger, lack of vocational skills and high expectations of dowries were contributing factors to GBV.

In Pibor's Kavachoch payam, the community has established water management committees and has pump mechanics, but not the tools to repair the non-functional boreholes. The lack of adequate boreholes can lead to community tension. In Bilkey, Akobo, there is a shortage of latrines due to unstable soil. In Pibor, people highlighted the need for shelter materials to cope with flooding.

Community members highlighted flooding and/or drought in relation to food insecurity, displacement and loss of shelter. In Fangak County, villages, pasture and farms have been inundated for years. Communities have had to rely on airdropped aid, which has often landed in swamps. Some called for incentives to build dykes in Dengjok. In Dengjok, Akobo and Old Fangak, there was a call for the Government to provide awareness-raising on flood mitigation and early warning, while communities in Paguir suggested the introduction of flood-resistant crops. In Ayod, community members considered opportunities to relocate to higher ground.

Across all is the desire for peace within and between communities. Youth from a site in Pibor acknowledged their frequent involvement in 'age-set fighting' and cattle raiding, stealing, killing and GBV. They said they would engage in productive activities but need training and capital. In Thol payam of Jonglei, members explained that the Government's failure to provide security was enabling cattle raiding, revenge killings and abduction of women and children. In Ayod, women called for a judicial system for criminal acts and proposed a Truth and Reconciliation Commission for long-term peace. In Boma County, some suggested intermarriage with neighbours to promote peace, while intercommunal dialogue was urged in Pochalla to address insecurity and child abductions.



Acronyms

AAP	Accountability to affected populations	ISNA	Inter-sectoral needs assessments
ABC	Area-based coordination	JMMI	Joint Market Monitoring Initiative
AoR	Area of Responsibility	MHPSS	Mental health and psychosocial support
AWG	Access Working Group	NGO	Non-governmental organization
CVA	Cash and voucher assistance	PiN	People in need
CWG	Cash Working Group	PLW	Pregnant and lactating women
FSL	Food Security and Livelihoods	PRMS	Protection Risk Monitoring System
FSNMS	Food Security and Nutrition Monitoring System	PSEA	Protection from sexual exploitation and abuse
GBV	Gender-based violence	RRM	Rapid response mechanisms
HCT	Humanitarian Country Team	SEA	Sexual exploitation and abuse
HLP	Housing, land and property	SMART	Standardized Monitoring and Assessment of Relief and Transitions
HNRP	Humanitarian Needs and Response Plan	SNFI	Shelter/non-food item
HSTP	Health Sector Transformation Programme	UNCT	United Nations Country Team
ICCG	Inter-Cluster Coordination Group	WASH	Water, sanitation and hygiene
IDP	Internally displaced person		
IPC	Integrated Food Security Phase Classification		

End notes

1. 2024 INFORM Risk Index: bit.ly/4f5XkdT
2. Climate Change Knowledge Portal: For Development Practitioners and Policy Makers: bit.ly/4f884bv
3. Human Rights Division United Nations Mission in South Sudan: Brief on Violence Affecting Civilians, April - June 2024: bit.ly/4gpOGb9
4. Advancing resilient health systems and services in South Sudan, Annual Report 2023: bit.ly/4fxOHTP
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6. IMF Staff Completes Mission to South Sudan for the Third Review of a Staff-Monitored Program with Board Involvement: bit.ly/3D5gKlz
7. REACH, the Joint Market Monitoring Initiative (JMMI), October 2024: bit.ly/3Vwhfvu
8. Hunger Hotspots: FAO-WFP early warnings on acute food insecurity, June to October 2024 outlook: bit.ly/4g6ydca
9. South Sudan Humanitarian Country Team (HCT) Protection Strategy – 2023-2024: bit.ly/3ZvB5lf
10. Flagship Initiative: bit.ly/3ZlZUlo
11. Accountability to Affected Populations (AAP) Strategy for South Sudan: bit.ly/4fdSD1F
12. Voices from South Sudan: Affected Communities' Perceptions on Humanitarian Aid (May 2024): bit.ly/3Zr5qYF
13. Prevention of sexual exploitation and Abuse (PSEA) Taskforce: bit.ly/41rk2tt
14. Prevention of Sexual Exploitation and Abuse United Nations – South Sudan Standard Operating Procedure (June 2017): bit.ly/3ZLFvMC
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17. South Sudan: Acute Malnutrition Situation for July - September 2024 and Projections for October 2024 - March 2025 and April - June 2025: bit.ly/4isuUNQ
18. Summary Guidelines to Integrating Accountability to Affected People (AAP) into Country Office Planning Cycles: bit.ly/4iqVN4V
19. Nutrition Cluster Operational Framework on AAP: bit.ly/4f53ESM
20. NC AAP Reporting Tool | Global Nutrition Cluster: bit.ly/41pAyue
21. South Sudan Gender Based Violence Area of Responsibility Strategic Plan (2024 - 2025): bit.ly/3Bn57pF
22. South Sudan National Mine Action Strategy 2024 - 2028: bit.ly/3VvN9Z9
23. WASH Cluster Strategy: bit.ly/3CQL17R
24. Accountability and Quality Assurance: Public Health, January 2023: bit.ly/4g5tszD

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PHOTO ON COVER

MALAKAL, UPPER NILE STATE, SOUTH SUDAN

A family of South Sudanese returnees who fled the violence in Sudan waits at the Bulukat Transit Centre.
Photo: World Vision/Diwa Gacosta

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