



SITUATION SUMMARY

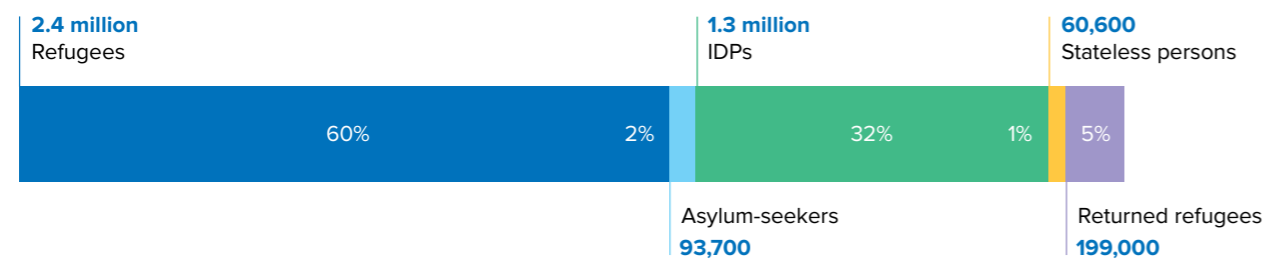
South Sudanese refugees Nyaan Tut and Nyayika Gach bring their children to the Jewi Nutrition Centre in Ethiopia's Gambella region, run by UNHCR partner Action Contre la Faim. Funding cuts have led to severe reductions in nutrition services, significantly increasing the risk of preventable illness and mortality among malnourished refugee children. © UNHCR/Sona Dadi

South Sudan situation

Country operations involved in the response: the Democratic Republic of the Congo, Ethiopia, Kenya, South Sudan, Sudan, Uganda.

2025 year-end population figures

4.0 million South Sudanese refugees in neighbouring countries and IDPs



Context

The South Sudan situation remained one of Africa's largest and most protracted refugee crises. Conditions inside the country deteriorated as fighting between government and opposition forces escalated in Jonglei and Upper Nile states. The violence displaced hundreds of thousands of people within South Sudan and across borders. Widespread food insecurity, seasonal flooding and the collapse of basic services deepened protection

risks, leaving many people in conflict-affected areas without reliable access to safety, food, health care or shelter.

Cross-border movements and spontaneous returns of South Sudanese refugees from Sudan and Kenya increased during the year, placing additional strain on response capacities. Many returnees lacked access to the support, shelter, services and livelihood opportunities they needed to reintegrate. As a result, some were displaced again within South Sudan.

By the end of 2025, more than 2.4 million South Sudanese refugees were hosted across the East and Horn of Africa and Great Lakes region, primarily in Uganda, Sudan, Ethiopia and Kenya – an increase of 6% compared to 2024. In Uganda, South Sudanese refugees constituted 57% of the refugee population, the majority of whom were women and children.

Neighbouring countries continued to keep their borders open and receive new arrivals, despite already hosting large South Sudanese refugee populations from previous influxes. However, the protracted nature of the crisis, declining global attention and severe funding shortfalls led to significant reductions in assistance across the region. These constraints had serious protection implications, including worsening mental health. In Uganda, settlements hosting South Sudanese refugees reported a concerning rise in suicide incidents. This points to a deteriorating protection environment, particularly for refugees who have spent many years in exile, and underscores the urgent need for stronger, specialized protection and psychosocial support.

UNHCR in action

Inside South Sudan, UNHCR continued to lead response efforts for refugees, returnees, internally displaced people (IDPs) and host communities. More than 46,000 IDPs received essential relief items, including blankets, soap and other household supplies. UNHCR provided dignity kits to 1,065 women and girls, and targeted economic assistance to 300 women and girls at heightened risk, helping to reduce their exposure to harmful coping mechanisms.

In response to a widespread cholera outbreak, UNHCR trained more than 300 community hygiene and health workers on cholera prevention and risk reduction, conducted community awareness activities, renovated cholera isolation centres, and built six blocks of ventilated improved pit latrines to strengthen outbreak preparedness and response.

Survivor-centered protection systems remained operational and effective. A network of 24 Women and Girls Safe Spaces provided case management, legal assistance and psychosocial support to nearly 57,000 refugees, returnees and IDPs, while 31 survivors accessed emergency shelter support.

Across neighbouring countries, UNHCR and partners strengthened protection and stability for over 91,600 newly arrived South Sudanese refugees by providing relief items, including dignity kits, soap, clothing, mosquito nets, kitchen sets, blankets and jerry cans. In Ethiopia's Gambella region, 1,279 emergency shelters were upgraded, improving living conditions for South Sudanese refugees. UNHCR and partners also installed 14 solar streetlights, upgraded access roads and built dikes and drainage systems to reduce flood risks, create more living space and support future shelter expansion.

Across the region, UNHCR advocated with governments and private sector actors for refugees' right to work, including recognition of qualifications to improve access to jobs. In Ethiopia, Kenya and Uganda, UNHCR also supported efforts to include South Sudanese refugees in national systems such as healthcare services, education and financial inclusion programmes. Faster issuance of civil documentation through strengthened government systems in Ethiopia and Uganda improved refugees' access to protection and assistance.

Major achievements across Ethiopia, Kenya, Sudan and Uganda*

- 157,000+** people received financial aid
- 474,000+** people received in-kind assistance
- 68,000+** people received shelter and housing support
- 1.8+ million** health consultations provided in UNHCR-supported health facilities
- 1.7+ million** people supported with access to water and/or sanitation services

In South Sudan

- 31,900+** IDPs and returnees received financial aid
- 110,000+** IDPs and returnees received in-kind assistance
- 35,500+** IDPs and returnees received shelter and housing support

*Estimates only.

In Kenya, progress under the Shirika Plan helped advance socioeconomic inclusion in Kakuma and Kalobeyei, where over 718,000 consultations were delivered to ensure South Sudanese refugees accessed national health services, including outpatient care and psychosocial support. Participation in nationally accredited education pathways also increased, with more than 16,000 refugee students in Kakuma – including South Sudanese – registered for national examinations.

Protection services for South Sudanese refugees were strengthened during the year. In Ethiopia’s Gambella region, hosting more than 446,000 South Sudanese refugees, newly arrived unaccompanied and separated children were placed with guardian foster families while awaiting family reunification. In Kenya, community consultation activities and efforts to address misinformation, particularly related to changes in assistance modalities, reached over 248,000 people. UNHCR also supported government civil registrars to issue birth certificates to refugee children in Kakuma.

Coordination and partnerships

Community structures played a critical role in protection interventions. Their contributions included early reporting of gender-based violence, dissemination of key messaging, and safely supporting survivors’ access to services. In

major refugee-hosting districts, local authorities led child protection and community-based protection oversight, as well as district-level coordination, contributing to stronger, more resilient, and locally driven protection systems. UNHCR identified refugee-led organizations (RLOs), including women-led groups, for partnership and provided funding for protection activities. In Ethiopia’s Gambella region, 12 RLOs, including women-led groups, were identified for partnership, while 32 RLOs in Uganda received small grants. In Kenya, over 70 RLOs were trained and an urban RLO leadership board established.

UNHCR also maintained its field presence and improved coordination with partners in border areas of Ethiopia, Kenya, Sudan and Uganda through which refugees were arriving.

In 2025, UNHCR coordinated the [South Sudan Regional Refugee Response Plan](#), bringing together 73 partners across the five main asylum countries: the Democratic Republic of Congo, Ethiopia, Kenya, Sudan and Uganda. In line with the Refugee Coordination Model, the RRP integrated country-level response plans while maintaining a regional perspective on protection risks, vulnerabilities and critical needs. National refugee coordination forums, co-chaired by governments and UNHCR, helped guide and monitor the response in each country. At the regional level, sectoral coordination mechanisms – including the Regional Protection

Working Group and the Regional Child Protection Network – helped coordinate specialized protection activities and advocacy.

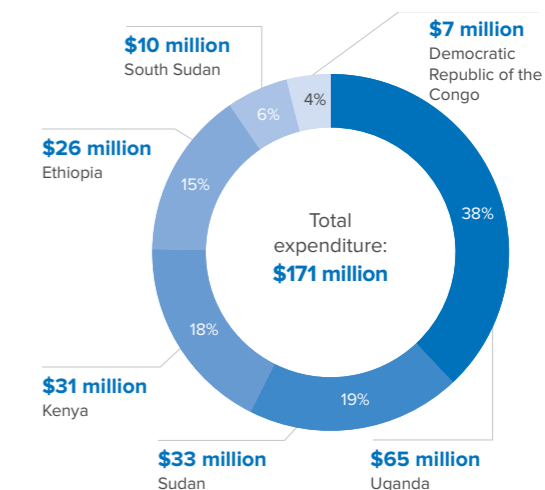
Partnerships with development actors, including multilateral development banks and bilateral partners – most notably the European Union, Germany and the Netherlands – were strengthened to mobilize sustained investment in refugee-hosting areas. The World Bank expanded its portfolio under the Window for Host Communities and Refugees (WHR), launching three new projects to support South Sudanese refugees, particularly in Uganda, which continues to receive the largest share of WHR financing in the region.

Use of flexible funding

The South Sudan situation was significantly affected by the ongoing global funding crisis, resulting in major gaps and reduced levels of assistance for refugees. UNHCR responded by reprioritizing flexible funding in countries such as Ethiopia to address urgent and unforeseen needs among new arrivals from South Sudan, helping to safeguard critical protection activities despite constrained funding. In 2025, UNHCR operations in Ethiopia, South Sudan, Kenya and Uganda were among the five largest recipients of flexible funding globally, reflecting the scale of needs and the pressure on available resources in the region.

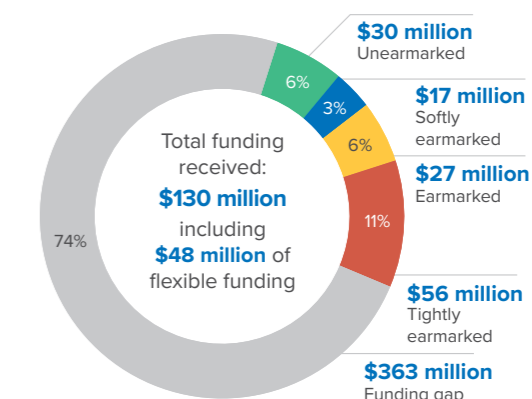
Financial overview

Expenditure by operation

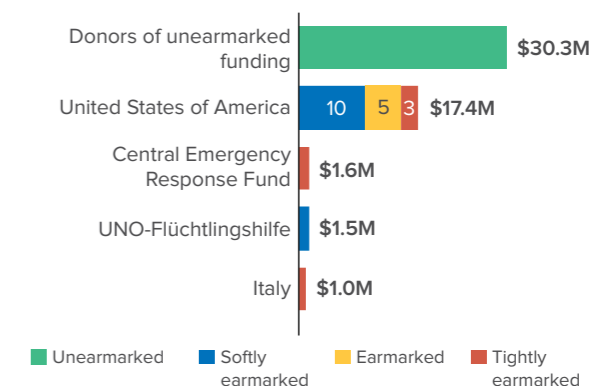


Funding received (USD)

In 2025, UNHCR required a total of **\$493 million** to address the South Sudan situation but received only **26%** of that amount.



Top 5 donors



Voluntary contributions from all other donors, carry-over and other adjustments were \$78.5 million.

Novo Nordisk Foundation strengthens refugee inclusion and health system capacity in Turkana



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A three-year partnership with the Novo Nordisk Foundation provided almost 100 host community and refugee students, the majority of whom are South Sudanese, with a scholarship to study at Kenya Medical Training College in Lodwar.

Beyond supporting the medical training college and strengthening Kenya’s medical workforce, the partnership helped include refugees into the national health system and equipped five health facilities with essential

medical equipment. In Turkana, which hosts over 190,000 refugees from South Sudan, these investments improved diagnosis and treatment for non-communicable diseases and mental health conditions for refugees and host community members.