



Multidimensional poverty of refugees and host communities in South Sudan

Acknowledgements

This brief was produced by UNHCR, written by Imane Chaara (Survey Specialist, UNHCR Global Survey Team, GDS, Copenhagen) and Ibrahima Sarr (Economist, UNHCR, Sustainable Responses Service, Geneva).

The document benefited from inputs and comments from colleagues in the South Sudan UNHCR office, including Daniel Ajak Nyok.

The authors gratefully acknowledge the contributions of the South Sudan National Bureau of Statistics, the UNHCR South Sudan Operation, the UNHCR Forced Displacement Survey Programme team and World Bank-UNHCR Joint Data Center on Forced Displacement in the design and implementation of the Forced Displacement Survey – South Sudan 2023.

Recommended citation: Sarr, I. and Chaara, I. (2026). *Multidimensional poverty of refugees and host communities in South Sudan*. FDS Thematic Brief No. 4. Copenhagen, Denmark: United Nations High Commissioner for Refugees.

Cover photo: Balancing two water containers with practiced ease, Hawa Abu-Ras, a refugee from Sudan, collects water from Batil Camp's solar-powered water points, which provide safe, reliable water for refugees and host community in Maban, South Sudan.
(©UNHCR/Philip James Lukudu)

Key messages



The Multidimensional Poverty Index (MPI) measures deprivation in education, health, and living conditions and provides a comprehensive picture of well-being. New data on refugees in South Sudan allows comparison with host communities, and in turn enables policy discussions to address the drivers of poverty.



Refugees in South Sudan are characterized by a high level of multidimensional poverty. Refugees in the Northern part of the country are slightly better off than their hosts. The results show that almost the entire population – both refugees and hosts – is either poor or vulnerable to falling into poverty.



The three dimensions – education, health, and living conditions – equally contribute to the multidimensional poverty.



Vulnerable groups such as children, women and girls as well as households with children under 5 years old are more likely to face multidimensional poverty.



There is a strong statistical association between multidimensional poverty and mental health problems among refugees, alongside reduced self-efficacy (belief in one's ability to achieve goals). This suggests the possible existence of a psychological poverty trap. Deprivation fuels poor mental health and low self-confidence, which in turn limit resilience, livelihood engagement, and the capacity to escape from poverty. Evidence from other contexts shows that combining economic and psychological support can produce stronger results than either approach alone.



The alarming situation reflects the conditions that prevailed before the outbreak of war in Sudan, which has significantly increased the number of refugees and exacerbated an already fragile humanitarian context. With ongoing reductions in humanitarian aid, the situation is deteriorating further, and there is a high risk that conditions will continue to worsen. As a matter of fact, humanitarian aid plays a crucial role in sustaining refugees. The recent humanitarian cuts will lead to decreased food assistance and compromised healthcare and education services. Consequently, this is likely to exacerbate poverty among refugees as more than 75 per cent of refugees in the South and 50 per cent of those in the North rely on humanitarian assistance. The international community needs to step up support for refugees and their communities.



Sustainable responses require partnerships, financing, and national leadership. South Sudan's Global Refugee Forum commitments prioritize socioeconomic inclusion, responsibility-sharing, and regulatory reforms, supporting a shift from short-term aid to long-term development to reduce poverty and foster self-reliance. This shift advocates for development interventions from the onset of crisis to enhance integrative approaches and services for both refugees and host communities, promoting resilience and self-reliance.

Unpacking refugee poverty

UNHCR's new flagship Forced Displacement Survey (FDS) was implemented in South Sudan in 2023, the first in a global series. The representative socioeconomic data collected is aligned with international standards and allows for in-depth analysis reflecting the living conditions and welfare of refugees and host communities. In this brief, we leverage this unique data source to explore the multidimensional poverty of refugees relative to hosts, looking across a range of key dimensions including location, age, gender and household demographic composition.

The FDS in South Sudan was realized by UNHCR with the support of the National Bureau of Statistics. The survey helps build momentum towards full statistical inclusion in line with the government's pledge at the most recent Global Refugee Forum. The sample was designed to reflect the refugee population as of March 2023¹. As a result, the findings are not illustrative of the most recent inflows in the wake of the intensified conflict in Sudan. Nonetheless, they help identify deprivation for specific vulnerable groups and support the formulation of targeted policies and programs.

The refugee-hosting situation

Since gaining independence in 2011, South Sudan has faced its own fragility. Despite such situation, the country hosts refugees and its refugee population has consistently increased due to persistent instability, conflicts, and severe, recurring climate events across the region. Many refugees have been in protracted situations, residing side-by-side with host communities that themselves face structural challenges such as poor infrastructure, limited access to basic services, and scarce economic opportunities. Most refugees reside in camps and a tiny minority in host communities. The presence of camps triggered local changes, new infrastructures and provision of services such as schools and health centres, which also benefit the host communities surrounding the camps.

As of March 2023, just before the FDS data collection, South Sudan hosted 298,362 refugees. The vast majority (93 per cent) originated from Sudan, with the remainder primarily from the Democratic Republic of Congo, Ethiopia, and the Central African Republic. Since the FDS data collection, escalating conflict in Sudan has led to an additional influx of refugees, primarily to Upper Nile State and Doro camp. Ajuong Thok and Pamir in the Ruweng Administrative Area have also seen significant recent inflows.

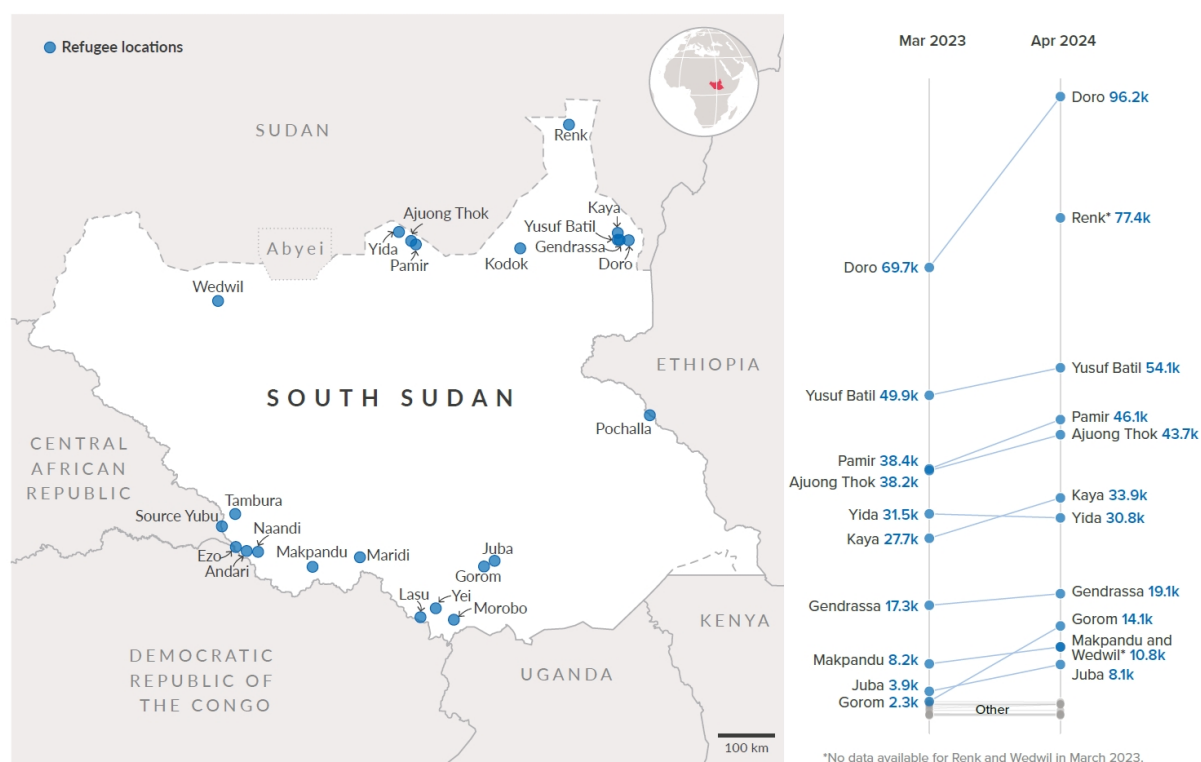
As of the end of April 2026, South Sudan hosted 628,951 refugees facing serious protection concerns. Most refugees originate from Sudan (94 per cent), with a smaller share from the Democratic Republic of the Congo (3 per cent) and other countries. Given the ongoing crisis in Sudan, the number of refugees seeking protection in South Sudan is likely to continue rising.

The FDS in South Sudan covers three main groups:

- Refugees-North, consisting of refugee households residing in camps and settlements in Pariang county (Ruweng Administrative Area) and Maban county (Upper Nile);
- Refugees-South, consisting of refugee households residing in Central Equatoria, Western Equatoria and Jonglei; and
- Host Community-North, consisting of host households in Pariang county (Ruweng Administrative Area) and Maban county (Upper Nile).

Notably, the sample does not cover urban refugees in the capital of Juba due to operational and situational constraints. The final sample is weighted to represent the underlying population in each area.

¹ Except urban refugees in Juba.

Figure 1. Refugee population by location, March 2023 and April 2024

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined. Final status of the Abyei area is not yet determined. Data source is UNHCR's Profile Global Registration System (proGres).

Demographic overview of hosts and refugees

Table 1 provides a snapshot of the basic characteristics of the three groups. Across all groups, the gender distribution is relatively balanced. However, the refugee population is younger with a higher proportion of children compared to the host population. Nearly half of the refugee population in both the South and the North is under 15 years of age, whereas this share is slightly lower (45 per cent) among hosts in the North. In contrast, the share of the elderly population is slightly higher among hosts in the North (5 per cent) compared to refugees in the South (4 per cent) and refugees in the North (3 per cent).

Destination aspirations

Many refugees in the North aspire to either continue living in South Sudan (43 per cent) or return to their home country (43 per cent), while only 13 per cent express a desire to relocate to a third country. In contrast, refugees in the South are more inclined to leave for a third country (42 per cent) or remain in South Sudan (38 per cent), with fewer (17 per cent) aspiring to return home. In the North, most refugee came from Sudan while the refugee population in the South is mixed in terms of country of origin.

Among refugees in the South, the top three preferred third-country destinations are Canada (27 per cent), Australia (26 per cent), and the United States (18 per cent). Refugees in the North most commonly cite Canada (26 per cent), the United States (14 per cent), and Uganda (13 per cent) as their preferred destinations.

Differences in income sources between hosts and refugees

There is a stark difference between working-age hosts and refugees in terms of engagement in productive activities. In the North, about one-quarter of the host population (24 per cent) participates in the labour force, a lower share compared to refugees in the North (32 per cent) and the South (46 per

Table 1. Descriptive statistics

	Refugees-south	Refugees-north	Hosts-north
Gender			
Male	48.7	48.9	49.7
Female	51.3	51.1	50.3
Age group			
0-14	49.0	49.7	45.2
15-24	21.3	23.8	22.4
25-59	26.0	23.6	27.5
60+	3.7	2.9	4.9
Destination aspirations			
Continue to live in South Sudan	38.0	43.0	
Move back to country of origin	17.0	43.0	
Move to a third country	42.0	13.0	
Don't know	3.0	1.0	

Source: FDS, South Sudan 2023

cent).

Table 2. Main source of household income (%)

Income source	Refugees-south	Refugees-north	Hosts-north
Income or other pay from family farming, livestock, or fishing	43.9	15.1	34.2
Income or other pay from family business excluding farming or fishing	22.8	19.1	21.0
Income or other pay from employment of household members including yourself	19.1	13.3	26.8
Foodstuff produced from family farming or fishing	23.3	9.4	19.1
Remittances from abroad	1.0	9.3	2.9
Support from other households in the country	2.3	<1.0	6.7
Income from properties, investment or saving	<1.0	<1.0	1.0
Private or State pension or any other government support	<1.0	1.4	8.2
Assistance from NGOs or other organizations	49.1	75.6	1.7

Source: FDS, South Sudan 2023

Humanitarian aid plays a crucial role in sustaining refugees. About 75 per cent of refugees in the North and 50 per cent of those in the South reported humanitarian assistance as one of their three main income sources, whereas only a few hosts in the North (about 2 per cent) reported it as one of their three main income sources. Remittances are more likely to be reported as one of the three main income sources among refugees in the North, with 9 per cent reporting it as one of their three main income sources, compared to 1 per cent for refugees in the South and 3 per cent for hosts in the North. This suggests that northern refugees have more established migration networks.

Farming, livestock, or fishing is among the top three most cited main income sources, especially among refugees in the South (44 per cent) and hosts (34 per cent). These activities are less likely to represent a significant source of income among refugees in the North (15 per cent), highlighting regional differences in economic activities.

Measuring multidimensional poverty

Poverty is more than a lack of income. It often correlates with deprivation across multiple aspects of life, from health, education, living conditions, and access to essential services. Understanding poverty through a multidimensional approach provides a more comprehensive picture of well-being and helps design policies and programmes that respond to identified needs for highly deprived groups.

To measure multidimensional poverty, three key statistics are used:

- ◆ Incidence (H) or headcount ratio – the proportion identified as multidimensionally poor;
- ◆ Intensity (A) – the average share of weighted deprivations experienced by the poor;
- ◆ Multidimensional Poverty Index (MPI) or adjusted headcount ratio – a measure of the share of people who are multidimensionally poor and the intensity of their poverty, calculated as (Alkire et al., 2021)

$$MPI = H \times A$$

The MPI ranges from 0 to 1, with higher values indicating higher poverty.

A person is multidimensionally poor if they are deprived in more than one-third (33 per cent) of the measured indicators. A higher threshold, for instance of 50 per cent, is often used to identify severe multidimensional poverty.

The global MPI is currently measured in 112 countries, including South Sudan, with the last estimates published in 2022 (OPHI, 2022). Based on these estimates, 92 per cent of South Sudan's population is multidimensionally poor, the highest globally. The South Sudanese population is deprived, on average, in 63 per cent of the measured indicators, and the overall MPI value is 0.580.

We apply the global MPI approach to assess refugee and host community well-being across three dimensions: health, education and living standards. Given their specific circumstances, refugees and nearby host communities likely experience multidimensional poverty differently from the average across the greater population. Using the global MPI framework, rather than an adapted national version or one specific to the refugee population allows for cross-country comparisons (Admasu et al., 2021).

Table 3 shows the 12 indicators² included in the three dimensions, and minor adaptations based on data availability in the FDS. For the health dimension, the MPI uses child mortality (any child under 18 has died in the household in the past five years) and nutrition (any adult under 70 or any child for whom nutritional information is available is undernourished) to assess health deprivations. Due to data limitations, these indicators are replaced by four indicators highlighted with an asterisk in Table 3: Antenatal care access, Vitamin A-rich foods, Protein-rich foods, Hem iron-rich foods.

Antenatal care access is used as a proxy for child mortality. It is reasonable to consider that a careful and medical follow-up during pregnancy is likely to be positively associated with child health even if other confounding factors can affect child health both during pregnancy and after birth. As a matter of fact, ante-natal care is negatively associated with low birth weight, which is regarded as the most significant predictor of infant mortality overall, particularly for deaths that occur in the first few months of life. Based on a review of 193 surveys conducted in 69 low-income and middle-income countries, at least one ANC visit is associated with 1 percentage point reduced probability of neonatal mortality and a 1 percentage point lower probability of infant mortality. Having at least four ANC visits and having at least once seen a skilled provider reduced the probability by an additional 0.6 percentage and 0.4 percentage points, respectively. At least one ANC visit is associated with 4 percentage points reduced probability of giving birth to a low-birth-weight baby (Kuhnt and Vollmer, 2017). Having at least four ANC visits and at least once seen a skilled provider reduced the probability by an additional 2.8 per cent.

² For the indicators such as "Child in school attendance" and "Antenatal care access", households for whom there is no eligible member for the corresponding indicator are considered not "deprived".

Table 3. Global MPI dimensions, indicators, thresholds, and weights

Dimension		Indicator	Deprived if living in a household where...	Weight
Education	1	Years of schooling	No household member aged 15 years or older has completed six years of schooling.	1/6
	2	Child in school attendance	At least one school-aged child is not attending school (3-14 y/o).	1/6
Health	3	Antenatal care access†	Any female household member did not see anyone for a follow-up visit during their pregnancy.	1/12
	4	Vitamin A-rich foods†	The household does not eat Vitamin A-rich foods in the last 7 days (dairy, organ meat, eggs, orange vegetables, green leafy vegetables, orange fruits).	1/12
	5	Protein-rich foods†	The household does not eat protein-rich foods in the last 7 days (dairy, organ meat, eggs, orange vegetables, green leafy vegetables, orange fruits).	1/12
	6	Hem iron-rich foods†	The household does not eat Hem iron-rich foods in the last 7 days (dairy, organ meat, eggs, orange vegetables, green leafy vegetables, orange fruits).	1/12
Living standards	7	Electricity	The household has no electricity.	1/18
	8	Improved sanitation	The household's sanitation facility is not improved, or it is improved but shared with other households.	1/18
	9	Improved drinking water	The household does not have access to improved drinking water.	1/18
	10	Housing	The household has inadequate housing: the floor is made of natural materials, or the roof or wall are of rudimentary materials.	1/18
	11	Cooking fuel	The household cooks with solid fuel, such as dung, wood, or charcoal (agricultural crop, shrubs, or coal).	1/18
	12	Asset ownership	The household does not own more than one of these assets: radio, TV, mobile phone, computer, fixed telephone, animal cart, bicycle, motorbike, or refrigerator, and does not own a car or truck.	1/18

Source: (Alkire et al., 2018)

Note: When reporting the global MPI, the three dimensions are equally weighted (33%) meaning, for instance, indicator 1 "Years of schooling" is given an individual weight of 1/6.

† Revisions to global MPI based on data availability

As an alternative to undernourishment, which is measured by the sufficiency of calories intake, the three dummy variables on nutrient adequacy are used as a proxy of the quality of the household nutritional intake. These alternative measurements are reasonable as the dietary energy intake is dependent not only on quantity eaten but also on nutritional quality of food consumption. Unfortunately, we cannot disaggregate this information by household members to specifically look at children and adults under 70 years of age and we therefore work under the assumption that intra-household food consumption is homogenous. In other words, what is observed at the household level applies to all household members.

Multidimensional poverty among refugees and host communities

Widespread deprivation affects refugees in the North and South and host communities in the North.

Table 4 illustrates that both refugees and hosts experience high levels of deprivation across nearly all indicators. Location plays a significant role in poverty levels, as there are notable differences across regions. There is a large deprivation in living standards, particularly in access to electricity, improved sanitation, housing, and assets.

Non-enrollment of young children and low education levels are prevalent.

Education deprivation is particularly severe among both refugees and hosts, especially in the North. School non-attendance is widespread among children in both communities, highlighting significant barriers to education. Additionally, low education levels are prevalent among both refugees and hosts in the North, further underscoring the challenges faced in accessing and completing formal education.

Table 4. Deprived population per indicator of the MPI (%), by displacement status/location

Dimension	Indicator	Refugees-south	Refugees-north	Hosts-north
Education	1 Years of schooling	45	64	52
	2 Child in school attendance	42	65	50
Health	3 Antenatal care access	2	5	3
	4 Vitamin A-rich foods	67	56	63
	5 Protein-rich foods	47	59	51
	6 Hem iron-rich foods	84	89	86
Living standards	7 Electricity	99	85	94
	8 Improved sanitation	85	93	87
	9 Improved drinking water	14	31	20
	10 Housing	99	99	99
	11 Cooking fuel	1	3	2
	12 Asset ownership	86	90	87

Source: FDS, South Sudan 2023

While consumption of vitamin A-rich, protein-rich, and heme iron-rich foods is limited, access to maternal healthcare remains high.

Consumption of vitamin A-rich, protein-rich, and heme iron-rich foods is limited among both refugees and host populations—an issue with serious health implications. Indeed, inadequate intake of vitamin A can impair vision and weaken the immune system. A lack of protein-rich foods may lead to malnutrition, hindering growth and development, particularly in children. Similarly, insufficient consumption of heme iron-rich foods can result in anemia and related health problems. On a more positive note, access to antenatal care is widely available to both refugees and hosts.

Access to electricity, sanitation, and improved housing is quasi-inexistent for both refugees and hosts.

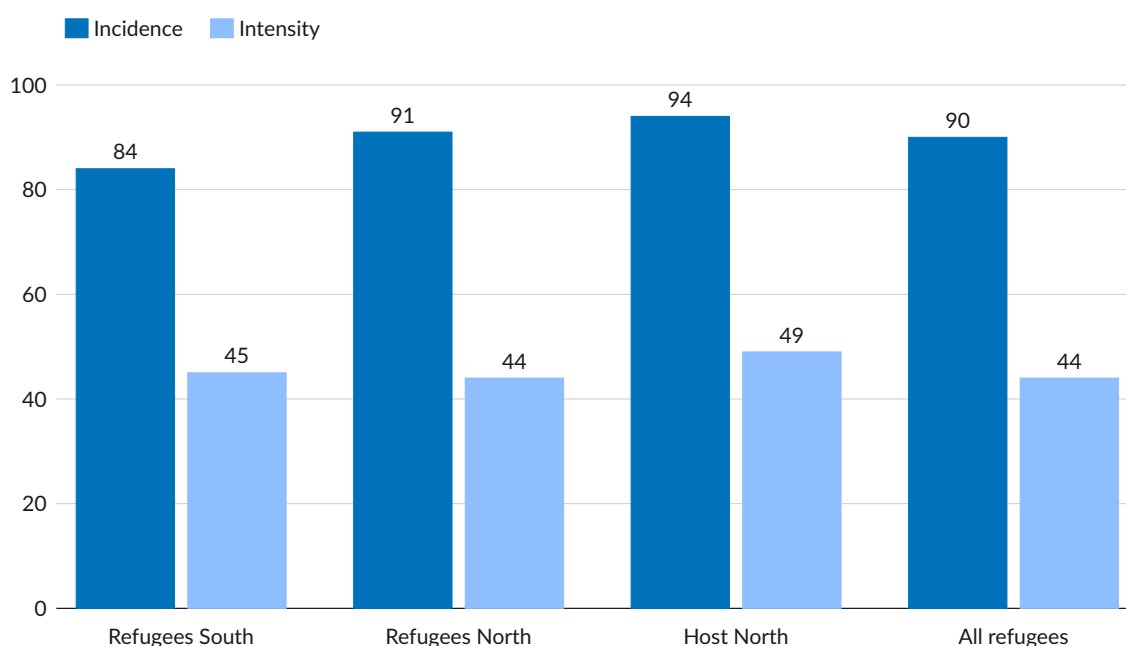
Electricity access is almost non-existent. In the South, 99 per cent of refugees lack access to electricity, compared to 85 per cent of refugees and 94 per cent of hosts in the North. In the South, 14 per cent of refugees lack access to improved water sources, while this share is higher among refugees in the North (31 per cent) and hosts in the North (20 per cent). Improved sanitation and adequate housing are virtually non-existent for both refugees and hosts across the country.

Refugees and hosts face a high burden of multidimensional poverty.

Figure 2 presents data on (Severe) Multidimensional Poverty Incidence among refugees and hosts in South Sudan. The figure below presents data on the incidence and intensity of multidimensional poverty among refugees and hosts in South Sudan.

Refugees, both in the North and South, experience a significant and consistent burden of multidimensional poverty, with an overall incidence of 90 per cent - slightly varying between the North (91 per cent) and the South (84 per cent). The northern host population faces a similar poverty rate to the refugees³. The average intensity of multidimensional poverty across the three communities ranges between 44 per cent and 49 per cent. In other words, multidimensionally poor people were deprived in nearly half of the weighted indicators.

Figure 2. Incidence and intensity of Multidimensional Poverty across communities (in per cent)



Source: FDS, South Sudan 2023

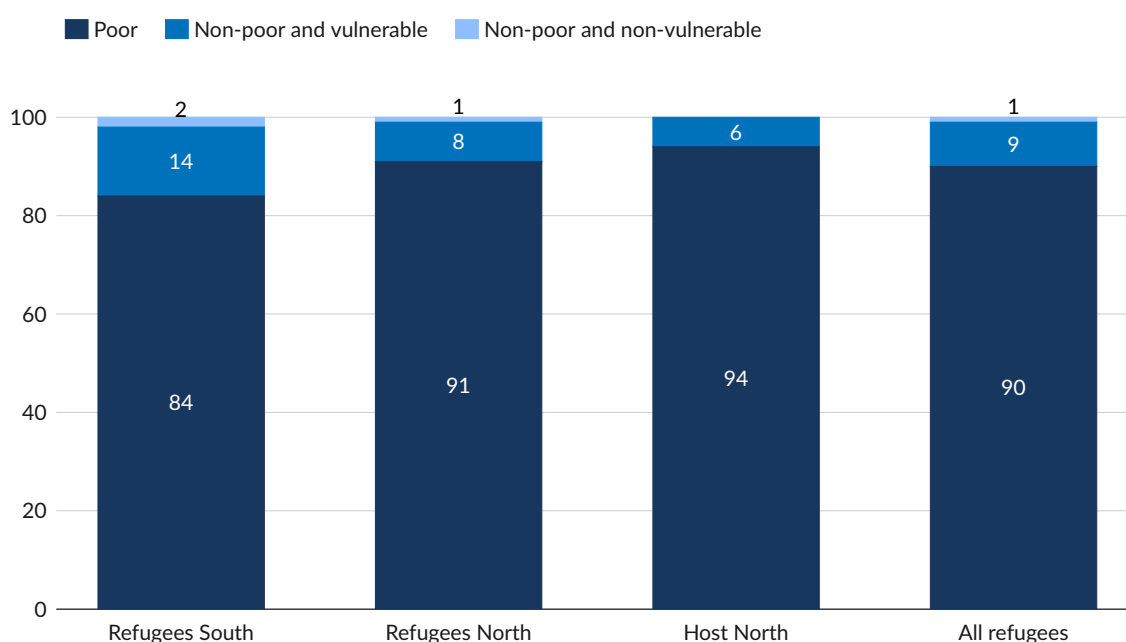
Regarding severe multidimensional poverty, the overall rate of refugees in South Sudan stands at 53 per cent. However, in the North, refugees are 20 percentage points less likely to be severely multidimensionally poor compared to hosts (53 per cent vs. 73 per cent).

³ The overall MPI score for refugees is 0.29, indicating that multidimensionally poor people experience about 29 per cent of all possible weighted deprivations that the entire population could face. Hosts in the North have a higher MPI value of 0.42.

Poverty and vulnerability are almost universal, leaving only a very small fraction of people in a secure economic position.

Figure 3 disaggregates the population into three groups: poor, vulnerable to poverty, non-poor and non-vulnerable. The results show that virtually the entire population—whether refugees or hosts—is either poor or vulnerable to falling into poverty. Among refugees in the South, 98 per cent are poor or vulnerable; only 2 per cent are non-poor and non-vulnerable. Among refugees in the North, 99 per cent are poor or vulnerable; only 1 per cent are non-poor and non-vulnerable. In the North host community, 100 per cent are poor or vulnerable. Across all refugees, 99 per cent are poor or vulnerable; just 1 per cent are non-poor and non-vulnerable.

Figure 3. Vulnerability incidence (in per cent)



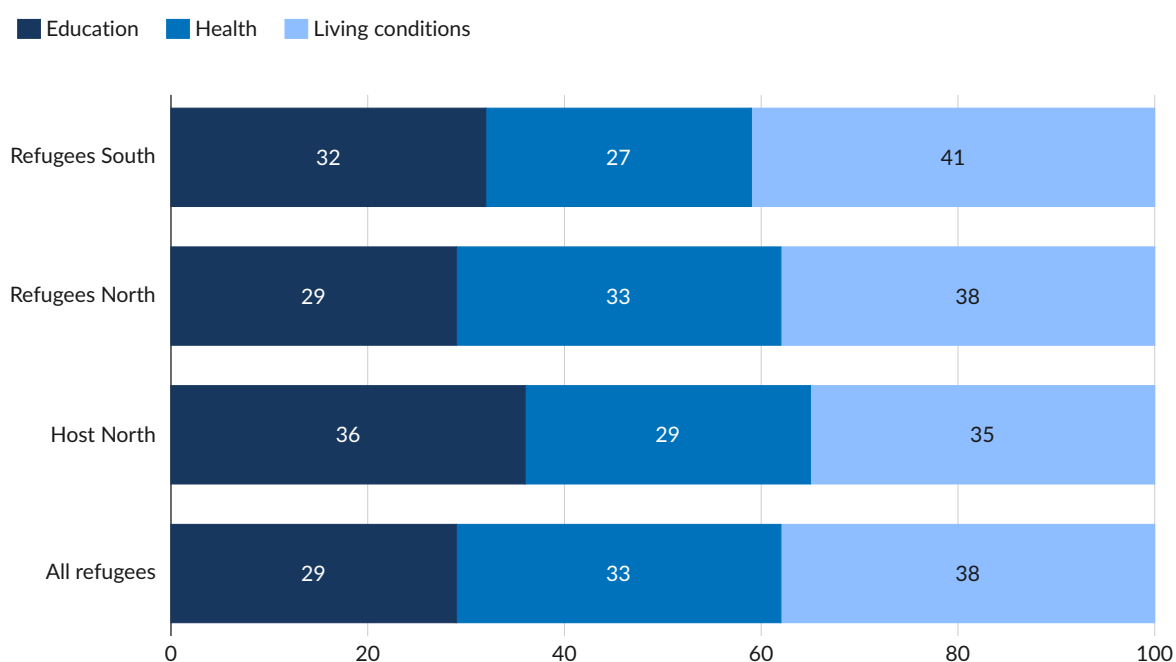
Source: FDS, South Sudan 2023

The three dimensions — education, health, and living conditions — equally contribute to poverty disparities

Effectively addressing poverty requires a clear understanding of its underlying drivers. Figure 4 illustrates the percentage contribution of three dimensions—education, health, and living conditions—to overall multidimensional poverty across different population groups. Among all refugees, living conditions (38 per cent) and health (33 per cent) are the most significant contributors, followed by education (29 per cent). Notably, in the Host North population, education contributes more significantly (36 per cent), while health (29 per cent) plays a smaller role. Refugees in the South show the highest contribution from living conditions (41 per cent), underscoring pronounced deprivations in basic amenities and shelter.

Disaggregating further reveals which groups are being left behind

In the North, females are more likely to be multi-dimensionally poor than males and children have the highest poverty incidence with respect to other age groups. While individuals aged 15 to 24 have the lowest poverty incidence among refugees, poverty remains significant within this age group in host communities. Among refugees, female-headed households tend to have higher poverty incidence than male-headed households. Additionally, for refugees in the South, households with children under 15 years old experience higher poverty incidence. However, among refugees in the North, households without children face higher poverty rates.

Figure 4. Dimensional contribution to multidimensional poverty

Source: FDS, South Sudan 2023

Table 5. Multidimensional Poverty Incidence (H), per subgroups (%)

	Refugees-south	Refugees-north	Hosts-north
Gender			
Male	84.0	90.0	93.0
Female	84.0	92.0	94.0
Age group			
0-14	86.0	94.0	95.0
15-24	78.0	86.0	91.0
25-59	85.0	90.0	93.0
60+	91.0	90.0	94.0
Gender of household head			
Male	82.0	90.0	94.0
Female	85.0	92.0	93.0
Children in the household			
Households with at least a child under 15 y/o	96.0	74.0	94.0
No children	83.0	91.0	94.0
Land access			
Yes	89.0	87.0	91.0
No	79.0	94.0	96.0

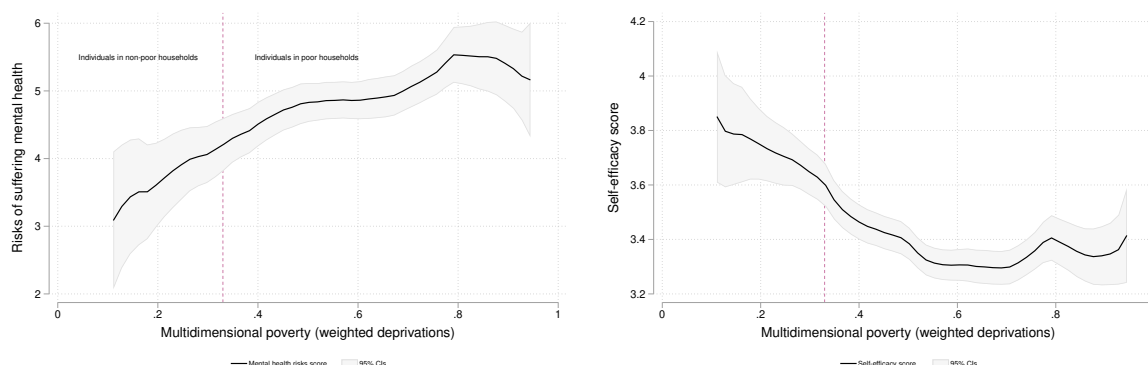
Source: FDS, South Sudan 2023

Poverty and mental health

Refugees are likely to have experienced traumatic events and several hardships that may impact their mental wellbeing. The latter can influence their perceptions about their capacity to control life and their abilities to improve their life conditions and achieve specific goals. These self-perceptions can, among other factors, determine their capacity to be resilient and achieve self-reliance. In the self-reliance debate, both internal factors – beliefs on abilities to act efficiently and control life – and external factors – for instance, enabling factors as the provision of public services, legal factors as the right to work or the existence of opportunities as opportunities on the labor market – should be considered to comprehend what their binding constraints are, including psychological constraints. On the other hand, poverty and deprivations can lead to mental health issues and lack of confidence and motivation. The direction of causality is unclear, it is nevertheless interesting to look at correlation between poverty and mental health.

We assess the functional form of the association between multidimensional poverty and mental health, on a one hand, and self-efficacy – measures the belief of one's ability to act effectively towards a goal – on the other hand. Figure 5 shows the local polynomial curves. As the C-weighted sum of deprivations increases, the risk of having a mental health problem rises and self-efficacy is lower.

Figure 5. Multidimensional Poverty, mental health risks and self-efficacy



When we apply a multivariate regression model to analyze the relationship between mental health issues and a binary indicator capturing whether an individual lives in a multidimensionally poor household, we observe a statistically significant association between multidimensional poverty and probable mental health problems among refugees. Compared to their counterparts living in non-poor households, individuals living in multidimensionally poor households exhibited on average 53 per cent and 16 per cent higher odds of having a mental health problem for refugees in the North and South, respectively.

For the self-efficacy, the multivariate regression suggests that poverty reduces psychological resources, leading to cycle of low aspirations and limited action (Haushofer, 2019; Haushofer and Fehr, 2014). Indeed, multidimensionally poor refugees in the North and the South have a self-efficacy score half a point lower than the score of non-poor refugees. However, there is no evidence for hosts in the North.

While it is well established that poverty may have particular psychological consequences, the relationship between poverty and mental health and psychological conditions is likely bidirectional: good mental health and psychological conditions contributes to a refugee's ability to engage in employment, take advantage of livelihood opportunities, and escape poverty. As a matter of fact, based on literature findings, the relationship is likely to be bi-directional (Ridley et al., 2024). Interestingly, evaluation of some implemented policies showed that combining psychological and economic interventions may lead to treatment effects that are greater than the sum of their parts (Ridley et al., 2024). In particular, improved mental health could increase the economic returns of receiving cash or asset transfers by improving decision-making and productivity. These findings deserve more investigation in context of forced displacement where prevalence of trauma is high. As explained previously, understanding better the binding constraints with the objective to foster self-reliance is key,

and psychological aspects should not be neglected. There is a need to better assess and comprehend the existence of a potential psychological poverty trap (Haushofer, 2019).

Table 6. Relationship between multidimensional poverty, mental health and self-efficacy

	Mental health			Self-efficacy		
	Refugees-south	Refugees-north	Hosts-north	Refugees-south	Refugees-north	Hosts-north
Model 1						
Multidimensionally poor (Yes = 1)	1.16***	1.53***	0.41	-0.46***	-0.48***	-0.16
Control Variables						
Demographic characteristics - control	Yes	Yes	Yes	Yes	Yes	Yes
Economic characteristics - control	Yes	Yes	Yes	Yes	Yes	Yes
Model 2						
Multidimensional poverty score	2.79***	1.49***	0.77	0.98***	-1.21***	-0.57***
Control Variables						
Demographic characteristics - control	Yes	Yes	Yes	Yes	Yes	Yes
Economic characteristics - control	Yes	Yes	Yes	Yes	Yes	Yes

Source: FDS, South Sudan 2023

A sustainable response that addresses multidimensional poverty

South Sudan's multidimensional poverty is quite high and impacts both refugees and host communities at almost the same level. This requires a shift to move beyond short-term humanitarian interventions and aid dependence toward sustainable, inclusive, and government-led responses that address the root causes of multidimensional poverty across the board. This shift will place the government in a central role to mobilize development financing and provide policy incentives to the private sector, prioritizing development from the onset of crises—not as an afterthought. As in the implementation of the Global Compact on Refugees, with South Sudan commitments, Refugees and other displaced populations should be integrated into national development planning, including through regulatory frameworks that contribute to the socioeconomic inclusion, recognizing their potential as contributors to economic growth and social stability. The government, with support from partners, must therefore prioritize the following.

- **Policy Coherence:** harmonize the policies and regulatory frameworks to support the socioeconomic inclusion and sustainable responses to the displacement situation
- **Government Leadership:** Step up with strong leadership to own the process and ensure that poverty reduction is not donor-driven but embedded in South Sudan's long-term vision and development aspirations.
- **Institutional Capacity:** Build resilient institutions capable of delivering services equitably to alleviate suffering and eradicate poverty in the country.
- **Inclusion:** Incorporate refugees into national development plans and inclusive policies, ensuring

access to education, health, and economic opportunities.

- **Social Cohesion:** Promote community-based programs that reduce tensions and foster peaceful coexistence among the refugees and host communities.
- **Economic Empowerment:** Support skills development and entrepreneurship for displaced populations and host communities to contribute to local economies.
- **Human Capital investment:** increased resource allocation for education, vocational training, and health systems to break intergenerational poverty.
- **Leverage Partnerships:** Mobilize resources through public-private partnerships, regional bodies, and international financial institutions to finance critical projects that contribute to innovations, productivity, and economic empowerment.
- **Evidence-based planning:** Government to empower the national statistical office, including through allocation of resources to collect data and analyze trends to inform planning and monitoring of multidimensional poverty indicators.

References

- Admasu, Y., Alkire, S., Ekhtor-Mobayode, U. E., Kovesdi, F., Santamaria, J., and Scharlin-Pettee, S. (2021). A multi-country analysis of multidimensional poverty in contexts of forced displacement. *World Bank Policy research working paper*, (9826).
- Alkire, S., Kanagaratnam, U., and Suppa, N. (2018). The global multidimensional poverty index (MPI): 2018 revision. *OPHI MPI Methodological Notes*, (46).
- Alkire, S., Kanagaratnam, U., and Suppa, N. (2021). The global multidimensional poverty index (MPI): 2021 revision. *OPHI MPI Methodological Notes*, (51).
- Haushofer, J. (2019). Is there a psychological poverty trap?
- Haushofer, J. and Fehr, E. (2014). On the psychology of poverty. *Science*, 344(6186):862–867.
- Kuhnt, J. and Vollmer, S. (2017). Antenatal care services and its implications for vital and health outcomes of children: evidence from 193 surveys in 69 low-income and middle-income countries. *BMJ Open*.
- OPHI (2022). Global MPI country briefing 2022: South Sudan (Sub-Saharan Africa). *Global MPI country briefing*.
- Ridley, M., Rao, G., Schilbach, F., and Patel, V. (2024). Poverty, depression, and anxiety: Causal evidence and mechanisms. *Science*, 370(6522).

©UNHCR/Reason Moses Runyanga



Published September 2026. Some rights reserved.

This work is made available under the Creative Commons Attribution 4.0 IGO license (CC BY 4.0 IGO) <https://creativecommons.org/licenses/by/4.0/>.

In any use of this work, there shall be no suggestion that UNHCR endorses any specific organization, products, or services.

If you create a translation of this work, please add the following disclaimer: This translation was not created by the United Nations High Commissioner for Refugees (UNHCR). UNHCR is not responsible for the content or accuracy of this translation.

If the work is adapted, please add the following disclaimer along with the citation: This is an adaptation of an original work by the United Nations High Commissioner for Refugees (UNHCR). Views and opinions expressed in the adaptation are the sole responsibility of the author or authors of the adaptation and are not endorsed by the UNHCR.

Please cite the work as follows: Sarr, I. and Chaara, I. (2026). *Multidimensional poverty of refugees and host communities in South Sudan*. FDS Thematic Brief No. 4. Copenhagen, Denmark: United Nations High Commissioner for Refugees.

The use of the UNHCR logo is not permitted.

Nothing herein shall constitute or be construed or considered to be a limitation upon or waiver, express or implied, of any of the privileges and immunities of the United Nations including its subsidiary organs, or of the United Nations High Commissioner for Refugees (as a subsidiary organ of the United Nations).

This document along with further information on Forced Displacement Survey is available on UNHCR's statistics website: <https://www.unhcr.org/fds>.



Forced Displacement Survey



©2026 United Nations High Commissioner for Refugees

Some rights reserved (see previous page).

Statistics and Information Management Section
UNHCR Global Data Service
UN City, Marmorvej 51
2100 Copenhagen, Denmark
stats@unhcr.org

Further information on Forced Displacement Survey
is available on UNHCR's statistics website:
<https://www.unhcr.org/fds>