



An International Medical Corps staff member attends to patients at Wunlueth primary healthcare unit.

The ongoing conflict in South Sudan has continued to drive significant humanitarian concerns, characterized by population displacement and the disruption of vital aid services. The security situation remains unpredictable, with intermittent clashes and tensions reported in several areas, notably Jonglei, Unity, Upper Nile and Western Equatoria states. Though some areas are relatively calm, localized violence—especially in Canal Pigi, Nasir and Ulang—continues to pose access challenges and disrupt humanitarian response. New tensions have also emerged in Guit and Manyo counties, adding to the complexity.

As a result of the recent escalation in clashes, 45 households (324 individuals) have been displaced within Manyo and are currently receiving assistance from the International Medical Corps Mobile Health Unit. An additional 60 households (432 individuals) have been displaced to Jalhak Payam in Renk County. IDP Camp 1 has received 4,800 new arrivals, increasing the total population from 8,590 to 13,150. Similarly, IDP Camp 3 has recorded 8,350 new arrivals, raising the camp population from 32,778 to 41,128. These developments highlight the urgent and growing humanitarian needs across the affected states.

In parallel, the recent escalation of conflict in Sudan has triggered a substantial influx of cross-border displacement into South Sudan, further compounding an already fragile humanitarian situation. Between January and April 11, 80,839 new arrivals—comprising of both refugees and returnees—were recorded, with Upper Nile receiving the majority (61,453 people) through key entry points such as Joda and Renk. Northern Bahr el Ghazal also recorded 13,489 arrivals, primarily through Jaach, Kiir Adem, Majokynthiou and Rumaker.

These areas have become critical entry and settlement zones, placing immense pressure on already overstretched resources and disrupting fragile service-delivery systems. In Renk, where needs are particularly acute, International Medical Corps continues to provide essential health and protection services. The growing scale of displacement and worsening access constraints underscore the urgent need to scale up lifesaving health interventions, particularly in high-priority areas such as Northern Bahr el Ghazal and Renk.

International Medical Corps Response

In response to the escalating conflict and the displacement of communities, International Medical Corps is providing critical lifesaving interventions in Juba Camp for internally displaced persons (IDPs), Kurwai, Malakal, Manyo, Renk, Wunakot, Wunayien and Wunlueth.

FAST FACTS

- The security situation in South Sudan has deteriorated rapidly since March 25 due to escalating political tensions, violent clashes and external interference.
- The conflict has resulted in the displacement of more than 50,000 people from Diel, Manyo, New Fangak, Tonga and affected areas around Juba.

OUR FOOTPRINT

- International Medical Corps has been working in South Sudan since the mid-1990s, operating in five of the country's 10 states providing healthcare, nutrition, mental health and psychosocial support, services addressing violence against women and girls, and water, sanitation and hygiene (WASH) services.

OUR RESPONSE

- International Medical Corps is providing and prepositioning essential supplies at the sites we support.
- We have provided immediate health services to the displaced population, so far delivering 427 consultations, management of 105 cholera cases at Wunlueth PHCU in Pigi County, and treatment of 848 children with acute malnutrition in Panyikang and Pigi counties.

International Medical Corps has provided emergency consultations at Wunlueth Primary Health Care Unit (PHCU) Plus, delivering 427 outpatient consultations, and responding to 105 identified cholera cases in Pigi County. Of these identified cholera cases, 99 patients have recovered and have been discharged, while six remain under care. With the rising number of cases, we have contributed to prevention efforts by raising community awareness on cholera transmission, promoting proper hygiene practices and ensuring that handwashing stations with soap and clean water are available at our Women and Girls' Safe Spaces (WGSS) and primary healthcare centers. We also conducted practical demonstrations on handwashing to reinforce key prevention messages.

At our WGSS locations, individual information sessions on available services addressing violence against women girls, as well as health, hygiene and risk reduction strategies, reached 60 women and 36 girls. To address the psychosocial impact of the crisis, we have provided individual psychosocial support sessions to help women and girls regain emotional stability. Our teams are working in close collaboration to facilitate referrals for comprehensive care. One cholera case identified at the WGSS was successfully referred to our health services.

In Malakal, 28 vulnerable women displaced from Nasir and Ulang received emergency cash and dignity kits. We also supported a further 20 refugee women, displaced due to the crisis in Nasir, with in-kind materials and emergency cash assistance, and referred them to UNHCR for further resettlement support.

We have also supported the management of acute malnutrition by delivering 2,583 cartons of ready-to-use therapeutic food (RUTF), 3,655 bottles of amoxicillin for the treatment of severe acute malnutrition in children aged 6–59 months without medical complications, and 150 cartons of ready-to-use supplementary food (RUSF) to Pigi County for the management of moderate acute malnutrition. Additionally, we delivered 80 cartons of RUSF and 40 cartons of RUTF to the Owachi and Canal Pigi nutrition sites. During the reporting period, we treated 848 children (397 girls, 451 boys) for acute malnutrition across both Panyikang and Pigi counties. Health education sessions reached 1,246 people (1,134 females, 112 males) in Owachi, Wunayien and Wunlueth nutrition sites.

Despite International Medical Corps' ongoing efforts to address the urgent needs of displaced populations, cholera cases continue to surge in Pigi County, particularly in the vicinity of Wunlueth PHCU. The facility is currently operating beyond its intended capacity, as displaced families from Atar, Diel and Old Fangak have settled nearby and rely heavily on it for essential health services.

The team is actively responding to the outbreak using available resources; however, the escalating caseload has pushed response efforts well beyond the scope of our planned activities. Health staff are working tirelessly to manage the situation with limited supplies, though stock levels are rapidly depleting and will soon be insufficient to meet the growing demand. The continued influx of newly displaced populations has significantly increased the need for both health and WASH services, placing further strain on already overstretched resources.