

Sudan Situation: Surge in Arrivals to South Sudan



New arrivals are settling down close to the Wunthou-Joda border. ©UNHCR/Reason Runyanga



120,000+

estimated **new arrivals** into **Renk** since surge



12

New arrival locations identified



6

Entry points, **five** of which are unofficial.



35

humanitarian **partners**

Key Highlights

- Over 120,000 individuals have arrived in Renk county, South Sudan following the escalation of fighting in Sudan's White Nile, Sennar, and Blue Nile States in early December 2024.
- As of 11 January, daily arrivals have increased to an average of 1,400 a day, including through the informal border crossings, compared to an average of 1,100 days the preceding week. New arrivals continue proceeding onward from the official and unofficial border locations, some reaching Renk. An increase in outflow to Sudan has been observed during the reporting period.
- Response strategy for the surge in arrivals was developed and agreed upon, looking at the scale-up of WASH, health, nutrition, and protection services in new communities. The response window is open until the rainy season starts in May-June, and the communities will be non-accessible.
- Despite the scale up across critical sectors (WASH, health, nutrition and protection), resources are running low with partners requiring urgent support to continue response efforts, especially in the new communities hosting arrivals from the informal crossings.

Previous updates on the situation are available [here](#).

Situation Overview

The number of new arrivals per day has increased over the past week, averaging approximately 1,400 individuals daily. Many returnees and refugees continue to cross back into Sudan to collect food or seek medical treatment in nearby villages and towns, highlighting the fluid nature of the population movements.

Healthcare services remain critically overstretched. Areas like Gonbar and Umdulis have no healthcare facilities, and existing services face persistent stockouts of essential medical supplies and limited resources. At the Joda border, the health clinic struggles to meet the population's growing needs, compounded by inadequate infrastructure, including a lack of patient waiting areas. The clinic is overwhelmed, managing severe emergency cases, such as injuries and critical conditions. Poor hygiene and sanitation at the 'non-PSN' site at the Joda border exacerbate health risks, while the lack of clean water in informal settlements exposes women, children, and elderly persons to diseases such as cholera, typhoid, and other waterborne illnesses.

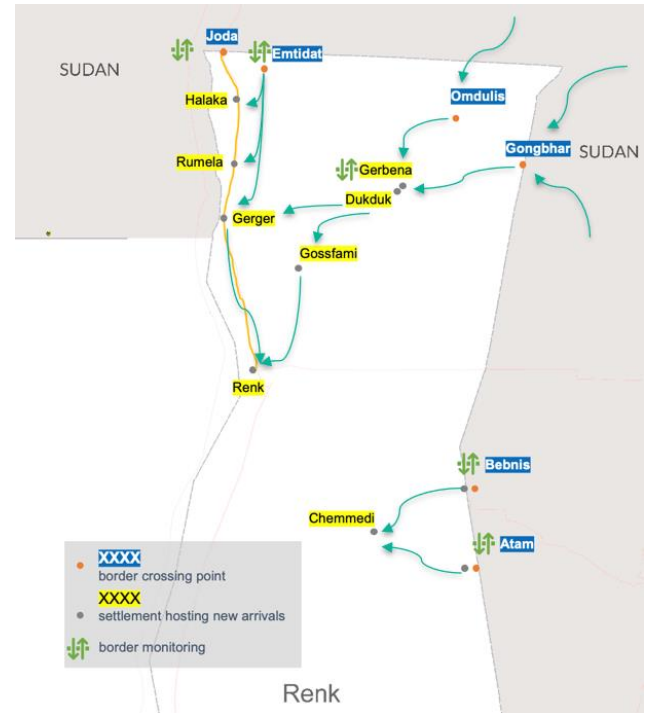
Access to water continues to be critically limited along the roadside settlements near the Wunthou-Joda border, where over 30,000 returnees and refugees reside. This is not enough despite water trucking that has commenced in several communities, which are hosting new arrivals east of the county. Hafirs about to dry up, leaving thousands of people, including host community, without water, which endangers the fragile social fabric of peaceful coexistence. This water scarcity not only heightens the risk of cholera outbreaks and deteriorates general health conditions but also increases tensions with host communities competing for scarce resources. Poor sanitation and hygiene conditions in these areas further contribute to the prevalence of preventable diseases.

Protection challenges remain pronounced, with significant gaps in child protection and GBV services. Mobile protection responses are urgently needed to address the needs of vulnerable populations, particularly children and survivors of GBV. A lack of effective communication with communities about available services, onward transport options, and assistance compounds these challenges, leaving many refugees and returnees without vital information. Community engagement and disseminating accurate information must be prioritised to mitigate these risks.

Efforts to relocate new arrivals from the Joda border to the Renk Transit Centre have faced setbacks due to low turnout. This highlights the need for government engagement and improved information sharing to encourage relocation or integration into host communities. Security concerns near the Joda border have further complicated service delivery, with nighttime health operations temporarily interrupted, underscoring the importance of robust security measures to ensure continuity of care.

The situation remains critical, and enhanced partner involvement and resource mobilisation are urgently needed to address gaps across the health, WASH, protection, and nutrition sectors. Collaborative efforts with government stakeholders and host communities will be essential to meet the immediate and long-term needs of returnees, refugees, and the affected host population.

Border crossings and communities hosting new arrivals



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.

Response

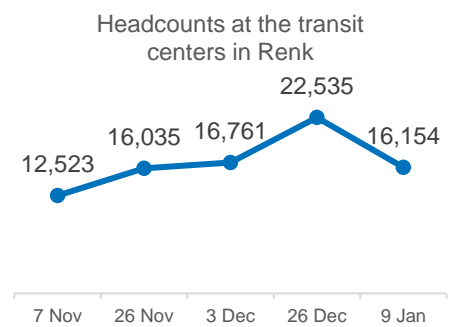
ONWARD TRANSPORT

- Approximately 2,583 returnees and refugees were relocated by IOM from the Joda border to the Renk Transit Centre. Additionally, 954 returnees were transported from Renk to Malakal via riverboats to reach their destinations within South Sudan.
- 108 refugees were relocated to Maban. Since the response began in 2023, 12,705 individuals (5,066 households) were relocated from Renk, including 1,174 individuals (685 households) relocated to Maban.



PROTECTION

- Recent protection monitoring in communities hosting new arrivals from Sudan identified over 60 cases of separated and unaccompanied minors, primarily in Atam and Chemmedi. These children face significant protection risks, including lack of care and exposure to exploitation. Gender-based violence incidents, including rape and child/early marriage, have been reported, particularly in Atam, highlighting the need for increased GBV prevention and response mechanisms.
- Partners provided protection services and information to 2,851 vulnerable returnees and refugees at the Joda border and Renk Transit Centres. Services included awareness on key protection messages, cash for protection, fast-tracking of services, protection monitoring, and referrals to specialised support.
- Partners delivered community-based psychosocial support to 1,436 individuals, including psychological first aid, counselling, peer support, psychoeducation, home visits, and referrals. These activities were conducted at the Joda border, transit centres, and along the riverside.
- Partners continued providing free communication services, assisting 250 returnees and 200 refugees, providing access to the internet and direct phone calls at transit centres.



Source: headcounts by ACTED



FOOD SECURITY AND NUTRITION

- Partners are providing fortified biscuits to new arrivals at both official and unofficial locations. So far, 62.622 metric tons of biscuits have been distributed, reaching 85,671 individuals. Distribution will continue next week, with the remaining caseload expected to be covered within two weeks.
- At the Joda Reception Centre, 43 children aged 6–59 months and 37 pregnant and breastfeeding women (PBW) were identified with moderate acute malnutrition (MAM).
- At the transit centre, 2,603 children aged 6–59 months and 1,302 PBW were screened last week. Among them, 172 children and 167 PBW were found to have MAM and have been admitted for treatment.



HEALTH

- Partners are scaling up health services through Primary Health Care Centres (PHCCs) in Gerbena, Chemmedi, Bebnis, Halaka, and Rumela, complemented by mobile clinics in Gossfami and Atam. However, a critical gap persists. Efforts are underway to expand services in Halaka.

- 20 cholera cases were reported, primarily among returnees and host community residents in Renk County, particularly in locations such as Wunthou, Emtidad, and Atam, with most cases presenting with acute watery diarrhoea and moderate to severe dehydration. Cholera response efforts are ongoing, including treatment at hospitals and community-level outreach through Cholera Treatment Units (CTUs), targeted household interventions, and six Oral Rehydration Points (ORPs) established for mild cases.
- A total of 4,140 returnees, refugees, and host community members received medical services, including immunisations for children under 15, cholera response, fit-to-travel medical screenings, medical consultations, risk communication, community engagement, and reproductive health care at the Joda border, Transit Center 2, and river/port points.



WATER AND SANITATION

- Water supply at the Wunthou reception center has been increased, benefiting not only the center's population but also the surrounding areas, including the reticulated water network connected to the CTU.
- Water trucking has started in Gosfami (30m³/day) and Bebnis (40m³/day), but the current supply does not meet the growing demand due to the increasing number of new arrivals. Planned interventions to enhance water provision are yet to begin.
- Water trucking for Gerbena and Atam is still planned but has not commenced. In Gerbena, 1,200 WASH NFI kits, which include water treatment reagents, were distributed earlier by WASH partners in preparation for the water treatment before water trucking.
- The SWAT continues to increase the availability of clean water through donkey carts, providing water to communities and returnees in Renk.
- Desludging of sanitation facilities in Renk transit centers is ongoing; however, future challenges are anticipated due to the limited number of desludging trips available with the WASH partners.
- Hygiene promotion efforts in Wunthou, Renk town, transit centers, and Gerbena have been scaled up with additional resources, manpower and diverse approaches. However, these efforts need further reinforcement to reach a larger population and ensure sustained behavioural change. These activities and proposed reinforcement is ongoing for improvement.
- Water supply to Transit Centers 1 and 2 continues to meet the population's needs, with ongoing water quality monitoring to ensure access to clean and safe water.

Working in Partnership and Funding

- UNHCR is leading Inter-Agency Coordination in Renk. A Senior Inter-Agency Coordinator is based in Renk and reports to the Humanitarian Coordinator and UNHCR Representative, due to the mixed nature of the inflows.
- Agencies are very grateful for the financial support provided by donors who have contributed to their activities with unearmarked and broadly earmarked funds and those who have contributed directly to the response. The South Sudan Chapter of the Sudan Regional Refugee Response Plan 2024 is only 24% funded, while the South Sudan 2024 Humanitarian Needs and Response Plan is funded at 64%.
- [South Sudan Country Refugee Response Plan 2025](#) was launched on 20 December, appealing for \$468 million to meet emergency needs and longer-term solutions for refugees and to support host communities.

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