Fig 1: Partners SCI, ACTED, UNHCR, IOM, Verifying the list of individuals awaiting to board the boat during relocation at the port @UNHCR/Renk

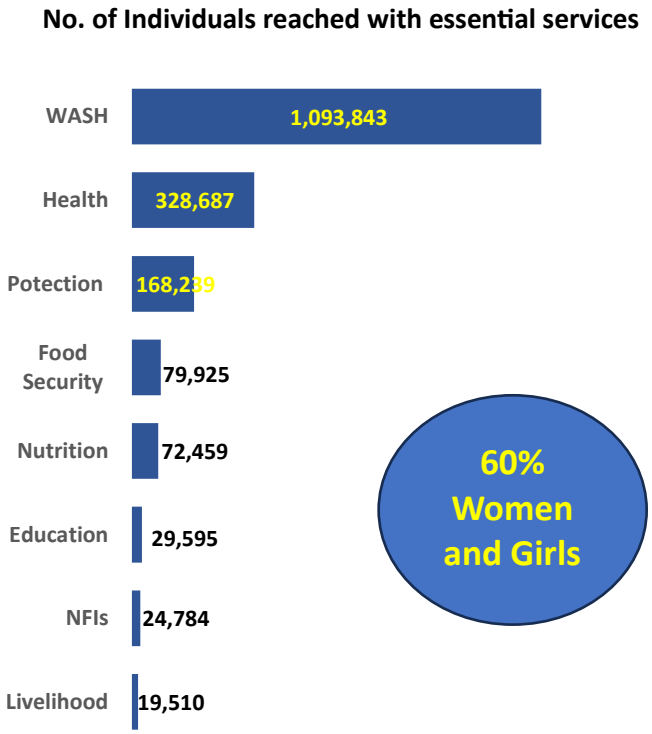
OPERATIONAL CONTEXT

Between January and December 2025, joint border monitoring by RRC, UNHCR, IOM, and partner HDC recorded 220,044 South Sudanese and Sudanese arrivals entering South Sudan and settling in Renk County. Of these, **41 percent** crossed through unofficial border points (Atam, Bobnis, Omdulis, Gongbar, Emtidad) while **59 percent** used the official Wunthow/Joda crossing. These movements were triggered mainly by the **ongoing war in Sudan** and **climate-related shocks**, with families crossing alongside livestock in search of water and pasture due to very low rainfall in 2025. In the Eastern Corridor, both drivers have compounded increased protection risks and placed significant strain on humanitarian assistance, and host communities. Arrivals were primarily driven by ongoing war that contributed to escalating insecurity, family separation, loss of livelihoods, limited access to essential services, food shortages, and gender-based violence. Among the new arrivals were people with specific needs, including older persons, unaccompanied and separated children, pregnant and breastfeeding women, persons with disabilities, and others facing heightened protection risks.

As of **5 May 2025**, only one transit centre remained operational in Renk. This followed the closure of the first transit centre at the request of the University of Upper Nile, which reclaimed the facility for educational use to support local youth and academic activities. Over its two years of operation, the closed centre had provided temporary shelter to approximately **655 households/2,948 individuals** as of April 2025, the majority of whom were women and children displaced by the conflict in Sudan.

The remaining Transit Center continued to operate well beyond its intended capacity of **3,000 individuals**, and by December 2025, more than **10,000 people** were still stranded and in need of emergency and relocation assistance. Humanitarian partners maintained the delivery of critical, life-saving services, including registration, mental health and psychosocial support, child protection, GBV response, health and nutrition services, WASH, food assistance, cash assistance, site management, and strengthened community engagement.

However, the scale of continued arrivals, the high level of vulnerability among displaced populations, and worsening conditions in areas of origin have kept needs extremely high. Sustained support and a reinforced operational presence in Renk remain essential to address the ongoing humanitarian pressures.



COORDINATION

The co-coordinators, UNHCR and OCHA, worked closely with key sectors of **Protection, WASH, Education, Health, Nutrition, CCCM, Shelter/NFI, and Food Security & Livelihoods** to ensure a sustained presence throughout the year. This coordinated approach facilitated the delivery of essential services across both the Eastern and Western corridors. Working in close partnership with county authorities and with strong support from the County Commissioner, partners provided life-saving assistance while advancing efforts toward sustainable solutions to address the growing needs of the displaced population.

As reflected in the graph, of approximately **1.8 million refugees, returnee and host community (60 percent women and girls: 40 percent men and boys)** were reached with critical assistance, including food, WASH services, health care, nutrition support, shelter, and protection interventions. Other achievements included the distribution of non-food items, livelihood support, child protection activities, gender-based violence response, mental health and psychosocial support, and site management in reception and transit centers all implemented between January - December 2025.

Onward Transportation Assistance (OTA)

Coordinated by IOM, OTA played a critical role in ensuring the safe, dignified, and organized movement of new arrivals through Renk-South Sudan's primary entry and transit hub for refugees and returnees entering via the Joda/Wuntau border. Between January – December 2025, IOM in coordination with UNHCR and with support from partners transported **112,858 individuals, among them 92,008 individuals** from Joda to Renk transit center. At least **20,850 returnees** and **2,136 refugees were transported** from Renk to Malakal and thereafter to their final destinations and to refugees camps and settlements in Maban, Ajuong Thuok and Aweil settlement.

Transportation assistance played a critical role in decongesting border entry points, reducing exposure to protection risks, and enabling timely access to essential services at transit centers. Movements were organized based on population groups: returnees were supported to reach their final destinations across South Sudan to facilitate reintegration and family reunification, while refugees were safely transferred to designated camps through coordinated efforts with UNHCR, CRA, and partners. All relocations were implemented using a protection-sensitive approach and were closely linked to complementary services, ensuring consistent, uninterrupted support from reception to onward movement.

Fig 2: Ongoing Onward Transportation Assistance for returnees and refugees from Renk to Malakal @IOM/Renk

PROTECTION

Coordinated by UNHCR, protection sector delivered general protection, child protection, GBV prevention, risk mitigation and response, MHPSS, and HLP services to address the heightened risks faced by displaced populations. A total of **69,607 individuals** accessed general and legal protection services, while **32,972 people** benefited from GBV prevention interventions. Protection actors also provided safe, inclusive spaces where **19,836 children and women** accessed Child-Friendly Spaces (CFS) and Women and Girls Safe Spaces (WGSS), and **44,490 individuals** received awareness on Protection from Sexual Exploitation and Abuse (PSEA) and reporting mechanisms. Psychosocial support teams supported **1,334 high-risk cases** through specialized case management.

New Women and Girls Safe Spaces (WGSS) and Child Friendly Spaces facilities were set up in **Geger, North Renk, Chemedi, and South Renk**, distribution of dignity kits, food, and NFIs to over **7,000 women and girls**, and provided assistance to individuals with specific needs during relocation. Access to justice strengthened significantly with the deployment of a High Court Judge and resident judges in Renk, and enhanced awareness on legal counseling which reached**18,717 individuals** through counseling, legal representation and referrals; while more than **300 humanitarian actors and authorities** were trained on Protection, Child Protection, and GBV principles. Joint protection assessments and close inter-sector collaboration further ensured that protection considerations were integrated across shelter, health, and relocation activities, enhancing safety, dignity, and access to services for affected communities.

Site Management (CCCM)

Coordinated by ACTED, the efforts entailed a strengthened site management in the Reception and Transit Centers, ensuring organized service delivery, improved safety, and more efficient population movements for refugees and returnees. At the Reception Center, four semi-permanent communal shelters and two steel shelters were constructed to facilitate dignified spaces for new arrivals.

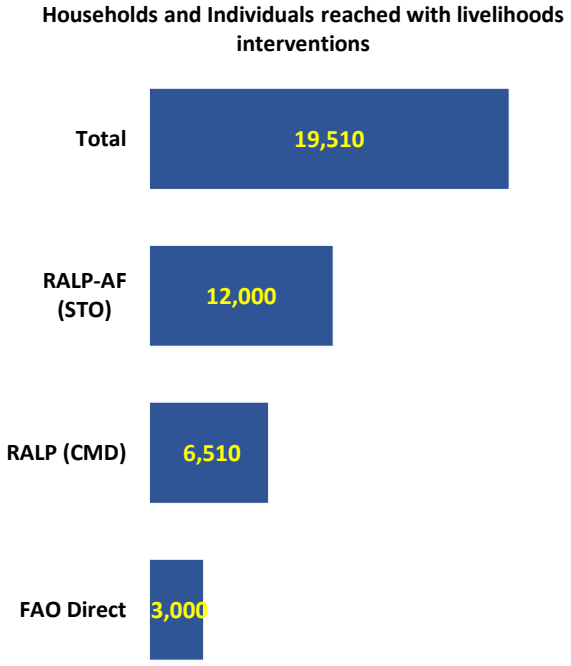
To rehabilitate existing spaces, partners facilitated **site-leveling with 486 m³ of murram,** and **maintained six existing communal shelters, perimeter fencing**, and key service facilities. Safety was further enhanced with the **installation of 28 solar lights, while 24 onsite coordination meetings improved multisector collaboration**. Daily support was also provided for loading and off-loading luggage for persons with specific needs.

At the Transit Center, site management facilitated **48 coordination forums** which strengthened community participation of four community leadership structures, and **recorded 4,761 complaints**, resolving **81%** through established accountability mechanisms. Accessibility and flood mitigation were improved through the construction of **60 concrete footbridges, application of 612 m³ of murram,** and installation of **1,750 drainage channels** across three sectors, alongside rehabilitation of communal shelters, service points, and partner office spaces. Collectively, these efforts helped reduce congestion, enhance service quality, and support orderly assistance and relocations within Renk.

LIVELIHOOD AND FOOD SECURITY

Livelihoods: Livelihood interventions in 2025 were essential in supporting both immediate survival needs and the early recovery of vulnerable households. By combining cash assistance, food support, essential tools, and skills-focused livelihood activities, the program helped reduce reliance on negative coping mechanisms while laying the foundation for long-term resilience. FAO and partners livelihoods and food security initiatives further strengthened household stability by providing agricultural inputs, practical skills training, and improved market infrastructure, enabling families to enhance food production, diversify income sources, and rebuild their self-reliance.

Through the **Resilient Agricultural Livelihood Project (RALP-AF)**, **6,510 households** received agricultural inputs, alongside the construction and operationalization of the Multi-Purpose Community Center (MPCC), pesticide store, tree nursery office/store, and seed store. Under **RALP-AF**, community recovery was further supported with **12,000 households** receiving Maim Season Response and Dry Season Response inputs, the near-completion of a fish shade/market and milk bar, and the installation of **two solar tent fish dryers**. At least **338,720** livestock received treatment and vaccinated **1,436,098. 45 Community Animal Health Workers (CAHWs)** were trained to enhance livestock health services. Collectively, these activities improved food security, expanded income opportunities, and reduced reliance on humanitarian aid.



Food Assistance: WFP provided life-saving food assistance through cash-based transfers totaling **USD 806,691 were distributed**, reaching **79,925 individuals** (including **43,345 returnees** and **36,480 refugees**). This assistance targeted new arrivals at the transit centre to address their immediate food needs and bolster food security during the early stages of their arrival.

Other assistance included the distribution of fortified biscuits as part of arrival packages at the reception center in Joda border, and as departure packages at the river port for those who registered for OTA, as well as to refugees integrated in the Eastern Corridor. In addition, **248 Metric Tons (MT)** of fortified biscuits was also provided at the transit centre to **340,271 individuals** ensuring timely access to essential nutrition during the most critical periods of movement and initial integration.

Fig 3: Registration of new arrivals before receiving Cash for food @WFP/Renk

Education

In 2025, Education sector expanded access to safe and inclusive learning opportunities across Renk County by providing temporary learning spaces, rehabilitating schools, supporting teachers, distributing learning materials, and conducting back-to-school campaigns. These interventions played a critical role in protecting children from exploitation, child labor, and early marriage, while restoring normalcy for displaced and host community learners. At least **29,595 learners (52% female: 48% male)** were reached through formal and non-formal education initiatives across five payams, supported by the **construction of 15 blocks comprising 30 classrooms**, which helped improve access and enrollment compared to previous years.

A total of **58 schools received scholastic materials 33 primary schools**, **5 Accelerated Learning Programme (ALP) centers, 9 Early Childhood Development (ECD) centers, and 11 secondary schools** strengthening learning continuity. Teacher support remained central to quality education, with **382 teachers, including 100 women**, receiving incentives to maintain regular teaching and improve classroom engagement. To enhance the learning environment, partners also constructed **35 school latrines,** improving sanitation and contributing to safer, more dignified school conditions for learners. Together, these efforts strengthened the education system and supported long-term recovery and resilience for children and adolescents across Renk.

Fig 4: Above, teachers undertaking the assessment test; below learners supported with scholastic materials @JRS/Renk

WASH ASSISTANCE

In 2025, WASH sector, coordinated by IOM reached **1,039,843 people** (refugees, returnees, host community) across Renk County through improved access to safe water, sanitation, and hygiene services crucial for preventing disease outbreaks and ensuring public health in transit centers, schools, communities, and flood-affected areas.

A total of **8,071 household hygiene sessions** were conducted, reaching **130,384 people**, alongside **4,259 mass hygiene sessions** that reached an additional **216,877 people**. This was complemented by the distribution of **1,142 dignity and hygiene kits** to Severe Acute Malnutrition/Moderate Acute Malnutrition children and their caregivers, as well as **1,350 menstrual hygiene kits** for women and girls.

Sanitation services were strengthened through the construction of **123 latrines**, benefiting **24,522 people**, and the rehabilitation or desludging of **439 latrines** as part of the cholera response, supporting **28,469 people**.

Access to safe water was further enhanced by providing emergency WASH kits to **92,997 people**, and through the operation, rehabilitation, and water-trucking services that reached **405,046 people**. Collectively, these interventions improved access to safe water and bolstered the resilience of WASH systems across the county.

Fig 5: Community accessing tap water in Transit center @UNHCR/Renk

HEALTH

Health: Health sector led by the County Health Department and co-led by WHO, delivered essential primary healthcare, emergency referrals, disease surveillance, maternal and child health services, mental health support, and outbreak response across Renk County, serving refugees, returnees, and host communities. A total of **418 294 people were reached** through a network of integrated, static and mobile clinics that combined **primary healthcare, nutrition, WASH, and Risk Communication and Community Engagement (RCCE) services**. Throughout the year, partners conducted **408,539 medical consultations, screened 73,810 children for malnutrition (identifying 8% MAM and 4% SAM),** and rolled out targeted vaccination campaigns against Cholera, Hepatitis E, and Measles to curb outbreaks in high-risk areas. To support safe and dignified deliveries and management of rape cases among girls and women, distribution of reproductive health commodities, including **3,200 clean delivery kits** and **post-exposure prophylaxis (PEP)** to all functional health facilities in Renk was facilitated. Health service capacity was strengthened through the renovation of **six** facilities, provision of essential medicines and Infection, Protection and Control **(IPC)** supplies to **18 facilities**, and deployment of **four** ambulances, enabling timely emergency referrals and effective outbreak control. A total of **447 health workers were incentivized across 27 health facilities**, while the Boma Health Initiative further enhanced community engagement and early health-seeking behaviour. These interventions have improved access to quality healthcare and reinforced the resilience of the health system amid high disease risk, population mobility, and limited infrastructure, particularly in the Eastern Corridor.

Fig 6: Partners conducting door to door Cholera vaccination campaign @WHO/Renk

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS)

In 2025, MHPSS Working Group co-led by Jesuit Refugee Council and IOM, in Renk County delivered a strong, community-based response to the psychological distress caused by protracted conflict, displacement, and the spillover effects of the Sudan crisis. Despite funding constraints, partners sustained services through trained home visits, psychosocial support volunteers, Child-Friendly Space facilitators, animators, and rapid response teams who provided basic counselling, psychoeducation, referrals, group activities, and safe spaces for affected individuals. Over the year, **660 people (347 men, 313 women)** with mental disorders received clinical management, while **1,606 individuals (585 men, 1,019 women)** accessed individual counselling and psychoeducation.

Psychosocial support for children remained central, with **817 boys and girls** participating in recreational and group activities through CFS-based programming. Coordination was strengthened through 18 MHPSS subsector working group meetings, ensuring harmonized interventions across partners. Altogether, MHPSS actors reached **3,085 people (1,330 men and 1,755 women),** reinforcing local coping mechanisms and community resilience.

Fig 7: An individual with a disability receiving support through physiotherapy services in TC @JRS/Renk

NUTRITION

UNICEF, WFP, WHO, and nutrition partners delivered the lifesaving nutrition services across Renk County, reaching **over 70,000** of children under five and pregnant and breastfeeding women through vitamin A supplementation, deworming, BP5 and Medium Quantity Liquid (LNS-MQ) distributions, and acute malnutrition treatment across 20 nutrition facilities, 90% of which met emergency standards. Emergency responses at Joda/Wuntau entry point and transit center supported new arrivals with high-energy biscuits, Corn Soya Blend (CSB++), and preventive supplements, while 1,800 mothers received cash and nutrition-sensitive assistance.

Community-based structures of mother-to-mother groups, community nutrition volunteers, and social behavior change activities provided Mertanal Infant and Young Child Nutrition (MIYCN) counselling to **over 28,000** women and strengthened early detection and prevention of malnutrition. Overall, **72,459 nutrition service** contacts were recorded, with **27,892 children and women** treated for severe or moderate wasting. Service expansion included **six new facilities** in the Eastern Corridor and the recruitment of 155 frontline workers, supported by robust UNICEF–WFP supply chains, river and road transport, and Last Mile Supply Monitoring to enhance accountability. Multisectoral integration with WASH, GBV, health, and social protection improved safe water access **to 88 percent** of facilities and enhanced protection for women and girls, while strong government coordination and cluster leadership ensured harmonized incentives and high-quality program performance across all sites.

Fig 8: Mothers receiving Nutrition supplements in Wuntau border and transit center @UNICEF/Renk

SHELTER & NON-FOOD ITEMS

Fig 9: Distribution of Non-Food Items to new arrivals in Jerbena, Renk County @UNHCR/Renk

In 2025, Shelter and NFI sector delivered major improvements to settlement conditions, critical infrastructure, and household wellbeing across Renk County. At Transit Center, partners completed extensive flood-mitigation and access-enhancement works, including the construction of **1,633 meters of reinforced drainage systems** and a **67-meter reinforced concrete Irish bridge.** Health facilities were significantly upgraded through the **renovation of the Renk Hospital Laboratory, rehabilitation of the TB isolation ward and latrines at the Civil Hospital**, **improvement of the hospital access road**, and **construction of a new surgery/theatre room, sterilization block, male ward, and an expanded and rehabilitated maternity ward**.

In coordination with HLP Working Group, partners supported large-scale settlement and integration through 42 hectares of site clearance, **plot demarcation for 1,008 households,** and provision of **cash-for-shelter assistance to all 1,008 households.** To further support vulnerable groups, **50 shelters were constructed for persons with specific needs, while 32 solar lights** were installed across Abukadra and the reception center to improve safety at night. Shelter conditions at entry points were improved through the rehabilitation and upgrading of 19 communal shelters in the reception center and transit sites.

Complementing these shelter activities, Non-Food Items (NFIs) played a vital role in enhancing living conditions and dignity. A total of **24,784 individuals received essential household items across Renk town, Abukadra, Jalhak, the Eastern Corridor, and transit centers**, with priority given to newly arrived and highly vulnerable families. Additionally, over **4,000 households benefited from SNFI distributions** in the Eastern Corridor, Jalhak, TC, and Abukadra, helping stabilize communities affected by displacement and flooding. Together, these shelter and NFI interventions strengthened protection, improved access to services, and supported safer, more dignified living environments for displaced populations and host communities throughout the year.

CASH BASED INTERVENTION (CBI)

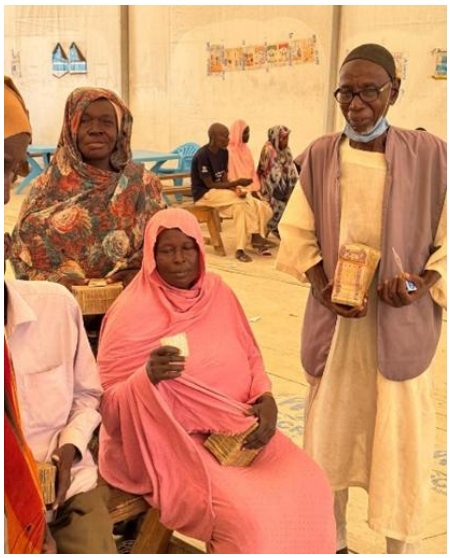


Fig 10: Family receiving Cash for Food Assistance at the registration rub hall @WFP/Renk

Cash-based assistance: Cash programming in Renk remained a central pillar of the response, delivered through two key modalities: **Multi-Purpose Cash Assistance (MPCA)** and **Individual Protection Assistance (IPA)**. These interventions were implemented in the transit centers, the Abukadra relocation site, and surrounding host communities to meet daily basic needs and strengthen individual and household well-being. Between January and December 2025, partners including **NRC, OXFAM, UNHCR, ACTED, LWF, HDC, Plan International, ADRA, IRC, SCI, and WFP** distributed approximately **USD 1.5 million** in cash assistance. Coordination was ensured through the **Cash Working Group**, co-chaired by UNHCR and WFP, to avoid duplication across households, individuals, and locations. However, the response faced several challenges, including the rising cost of doing business due to inflation, numerous consultations on the transfer values among partners, high expectations from affected populations, limited caseloads that left some individuals and groups unassisted, and funding gaps that led to limited support to host communities particularly in the Eastern Corridor.

PROTECTION FROM SEXUAL EXPLOITATION AND ABUSE (PSEA)

In 2025, the Renk operation made significant progress in strengthening collective PSEA systems through robust coordination, capacity building, and community engagement. The inter-agency PSEA Task Force co-chaired by UNHCR and LWF sustained strong coordination across more than 40 partner organizations, holding regular monthly meetings and advancing key actions under the national PSEA strategy.

Major achievements included the **training of 859 PSEA focal points**, support staff, and community leaders on PSEA, GBV prevention, and safe disclosure. Additionally, a **Training of Trainers was delivered to 46 focal** points to strengthen localized and inter-agency expertise was conducted, while GBV case management training using survivor-centred principles reached **108 caseworkers to promote safe, confidential, and ethical response practices**. Community-based initiatives engaged more than 44,700 people through awareness activities, distribution of IEC materials, and the enhancement of Community-Based Complaint Mechanisms, supported by functional confidential reporting channels and an active Community Feedback Mechanism that informs accountability and program adjustments. Monitoring of PSEA implementation was enhanced through a SEA risk assessment among partners and community members, which further informed of underlying risks and measures of redress.

Victim/survivor-centered assistance services were further enhanced through technical support of the national PSEA Network mission to Renk that facilitated the focal points training on Victim Assistance Protocol SOPs and strengthened referral pathways linking protection, GBV, and child protection services. Survivors continued to access safe, confidential, and timely support through protection desks and counselling units, with GBV case management training reinforcing

ethical and survivor-centred care. Despite ongoing funding limitations, the PSEA Network sustained essential activities, enhanced community-based engagement, mainstreamed PSEA across sectors, and continued advocacy to preserve gains and ensure sustainability of integrated PSEA and GBV programming across the Renk operation.

THE FAMILY CONNECT PROJECT

Implemented by the Norwegian Refugee Council (NRC), the Family Connect Project at the Renk Transit Centre provides free phone calls and internet services to returnees and refugees. The service helps people reconnect with family members and loved ones from whom they were separated during the conflict in Sudan, receive support, and facilitate family reunification. Since its launch in 2024, the project has proven to be a powerful tool in restoring hope among displaced families and friends.

Many families and individuals have successfully traced their relatives in neighboring countries such as Chad, Kenya, Egypt, Ethiopia, and even overseas thanks to the Family Connect services. In 2025 alone, a total of 14,785 people (including 4,758 refugees and 10,027 returnees) accessed free phone and internet services at the transit centre.

Stories of Hope Through Family Connect

Yousif, a South Sudanese national, was separated from his family in Khartoum, Sudan, and eventually reached the Renk Transit Centre.

"When I arrived at the transit centre, I learned about the free phone and internet services. I went to the office to see if they could help me. I was very happy when I was given free access to make calls and connect online to trace my relatives. Fortunately, I found my aunt in the USA. We reconnected and have been in touch since. I was overjoyed to hear from her, and she even sent me money to help me travel to Juba and eventually to Aweil, where my relatives are. I am extremely grateful for these services because they helped me reconnect with my family. Through phone and internet support, I received assistance from my aunt, and I am now travelling to Aweil to reunite with my relatives."

Yousif Abdalla Khamis, 21, travelled to Juba and later to Aweil, where he was reunited with his relatives during the temporary suspension of OTA in June 2025.

Key Challenges

Onward Transportation Assistance: Due to severe funding shortfalls, Renk response was forced to suspend Onward Transportation Assistance (OTA) in June 2025, leaving over 7,000 plus individuals stranded in an increasingly congested and overstretched transit centre. However, even with the resumption of OTA in September 1st, 2025, the capacity continue to strain Renk's transit center as a result of the reduced onward movement from Renk to Malakal.

Protection /Child Protection/Gender based Violence

- Protection needs continue to grow faster than available funding. Under-resourcing limits coverage, staffing, and sustainability of core protection activities remain a major challenge. Facilities are overstretched due to congestion and continuous arrivals at the Transit Centre, while the Eastern Corridor remains critically underserved. Lack of livelihood opportunities continues to drive harmful coping mechanisms. Prevention work remains underfunded, leaving deep-rooted social and cultural norms unaddressed. Reduced community engagement weakens local ownership and undermines peaceful coexistence efforts. Seasonal access constraints further isolate vulnerable populations.
- Gender-based violence (GBV) and exploitation risks are high, especially for women and girls in overcrowded sites. Increasing the need for health – Clinical Management of Rape (CMR), and Sexual & Reproductive Health Services (SRH) services.
- Unaccompanied and separated children continue to arrive, creating an urgent need for a fully capacitated case management staffing gaps, family tracing and alternative care arrangements. It is important to note that a significant proportion of new arrivals are children requiring immediate psychosocial support.
- Family separation remains a significant concern, although family tracing mechanisms are in place, timely reunification and arrangements for alternative care remain a challenge for Renk response.

- **Water, Sanitation and Hygiene (WASH)** Access to safe drinking water remains one of the most pressing concerns, especially along the Eastern Corridor where systems are limited or non-existent. Sanitation facilities are inadequate, waste management systems are weak, and behaviour change remains limited despite continuous hygiene promotion efforts. The constant arrival of refugees and returnees places additional strain on already overstretched WASH infrastructure.
- Critical gaps including the absence of sustainable water systems, insufficient funding for expansion and maintenance of existing water infrastructure, and waste management system remain severely inadequate. Without urgent investment, **over 300,000 people** could face heightened WASH-related risks in 2026.

- **Education:** The education sector continues to struggle with chronic underfunding relative to increasing needs. Schools lack adequate teaching and learning materials, and insufficient incentives have led to rising teacher attrition. Many children continue to learn in open-air spaces due to a shortage of classrooms, while teachers have limited training in pedagogy, English, and the new national curriculum. High parental contributions and irregular payment of government teacher salaries further limit access for vulnerable families. The Eastern Corridor remains particularly

underserved, and the absence of school feeding programs continues to impact attendance and retention.

- **Site Management/CCCM:** The CCCM operations face significant resource shortages, with around **19% of community complaints** going unresolved due to limited resources. Budget constraints restrict critical site maintenance and rehabilitation work, while transit centres routinely exceed capacity during periods of high influx, leading to congestion. Severely degraded WASH facilities increase public health risks, and gaps in partner resource allocations occasionally lead to delay in service provision.

- **Health:** The health sector is constrained by aging or inadequate infrastructure, including weak cold-chain systems in remote areas such as Abukadra and the Eastern Corridor. Human resources remain insufficient, with staffing shortages, skills gaps, and unpredictable incentives. Facilities regularly face medical supply shortages, including essential and SRH commodities. Seasonal access constraints, insecurity, and a decline in donor support particularly following the end of SSHF funding pose serious risks to service continuity. Persistent IPC and WASH gaps, including limited clean water and poor waste management, heighten public health concerns.

- **MHPSS:** The Mental Health and Psychosocial Support (MHPSS) response in Renk faces multiple interconnected challenges that limit the scale, continuity, and impact of services. Unpredictable and insufficient funding, combined with short project cycles, disrupts service delivery and affects staff retention. This is compounded by a shortage of trained mental health professionals and high turnover among community workers, driven by burnout and insecurity.
  The situation is further strained by the high and increasing demand for MHPSS services resulting from continuous displacement, conflict-related trauma, and stress among new arrivals, returnees, and host communities placing overwhelming pressure on existing systems. Additionally, cultural stigma and low awareness of mental health issues continue to hinder service uptake, particularly among adult men. Finally, limited MHPSS coverage in the Eastern Corridor leaves many vulnerable groups without access to essential psychosocial support.

- **Nutrition:** Nutrition partners experienced severe funding cuts in 2025, resulting in reduced staffing and the closure of some facilities. New arrivals from Sudan continue to increase caseloads at a time when resources are diminishing. Access challenges especially in the Eastern Corridor are compounded by weak infrastructure and limited water and preventive supplies like soap and mosquito nets. High logistics costs and low Ministry of Health capacity further threaten service continuity and quality.

- **Livelihoods:** In 2026, livelihood support in Renk continues to face major operational and environmental constraints. Movement of supplies along the Juba–Renk waterway remains slow and unreliable due to insecurity and multiple checkpoints. Weather-related shocks, particularly flooding, have repeatedly disrupted planned activities. Compounding these are recruitment delays that limit the timely deployment of essential field staff. These challenges undermine households' ability to rebuild income sources and increase reliance on humanitarian assistance.

Priority Interventions for 2026

Onward Transportation Assistance

- With the prioritization of onward movement for returnees, the OTA will require at least **USD 14 million** to sustain the transportation of displaced persons across South Sudan. In Renk specifically, registration of returnees and support to refugees will continue, contingent upon the availability of adequate funding.

Protection (GP/CP/GBV/Border Monitoring) - Estimated budget USD 1.9M

- Advocate for multi-year funding to address the growing protection needs, especially in GBV, Child Protection, MHPSS, and Eastern Corridor.
- Focus on scaling up integrated approaches that connect prevention, response, MHPSS, and livelihood support to better address the complex needs of refugees, returnees, and host communities.
- Static protection facilities will be expanded across host communities and within the Eastern Corridor to increase coverage in underserved areas.
- Integrate both Child Protection and GBV-related interventions into Health and SRH programming
- Work with Community based structures for continued engagement at the grassroot levels with support from the department of Gender, Child and social welfare.
- Strengthening the role of government and community structures will be central to ensuring sustainability, improved ownership, and long-term impact of protection interventions.

CCCM - Estimated budget USD 3.24M

- The 2026 CCCM priorities include securing resources for the rehabilitation of transit and reception centers and ensuring the continuity of core site management operations.
- Efforts will also focus on expanding site management and coordination services into hard-to-reach areas, particularly across the Eastern Corridor, to strengthen coverage and improve support for displaced populations.
- Restructure the transit center to enable proper tracking on entry and exit of individuals into the transit center.
- Partner coordination will be enhanced to improve efficiency, reduce duplication, and ensure a more harmonized and effective response.

Livelihoods – Estimated budget USD 2M

- Assess and support over **2000 additional households** with livelihoods interventions of agriculture and agribusiness, vocational and technical business skills, Village Savings & Loans Association, small businesses, and start up kit packages through FAO's direct distribution mechanism.
- Rehabilitate existing infrastructure to facilitate empowerment projects for youth, women and men.

Food Security

- Prioritize lifesaving food assistance to all new arrivals
- Roll out the school feeding Programme for over 8,000 school going children
- Empower local communities through purchase of white sorghum from local farmers

Education - Estimated budget: USD 2.9M

- The education priorities will focus on improving teacher retention and strengthening their capacity through targeted training initiatives, while simultaneously expanding and rehabilitating learning spaces, including essential WASH facilities.
- Efforts will also prioritize the provision of adequate teaching and learning materials to enhance the quality of education.
- Support for learners' mental health and psychosocial well-being will be reinforced through stronger MHPSS services and deeper community engagement.
- To address persistent gaps in access, new classrooms will be constructed, particularly in underserved schools across the Eastern Corridor.

WASH - Estimated budget: USD 5M

- WASH priorities include installing or rehabilitating 10 water systems and providing water treatment kits to 15,000 households to improve access to safe drinking water.
- Efforts will also focus on constructing or rehabilitating 100 latrines in transit centres and other high-risk locations to strengthen sanitation conditions.
- The hygiene promotion activities and the distribution of hygiene kits will target 100,000 people to reinforce positive hygiene practices.
- To address critical gaps in underserved areas, two solar-powered water systems will be developed to supply safe water to 50,000 people across the Eastern Corridor.

Nutrition - Estimated budget USD 8M

- Nutrition efforts will focus on scaling up and sustaining services in high-influx and underserved areas, ensuring that vulnerable populations continue to receive lifesaving care.
- Strengthening government leadership will be prioritized through improved staffing, incentive structures, and infrastructure support.
- Integrated programming across Nutrition, Health, WASH, Food Security and Livelihoods, and Social Protection will be expanded to ensure a more coordinated and impactful response.
- Community-led prevention models including mother support groups, CNVs, and BHWs will be reinforced to promote early detection and improved feeding practices.
- To avoid pipeline breaks, timely pre-positioning of nutrition supplies and preventive items will be ensured. Additional funding will be mobilized to protect essential services and build long-term resilience within communities.

Health - Estimated budget USD 12M

- Health sector priorities for 2026 include expanding and retaining the workforce by improving incentives and providing regular training for clinicians, nurses, and midwives.
- Infrastructure upgrades will be pursued through facility renovations, new constructions, and the provision of essential equipment.
- The supply chain will be strengthened through better cold-chain capacity and strategic pre-positioning of medicines and commodities.
- At the community level, the Boma Health Initiative will be reinforced to enhance local ownership and service delivery.
- Access to essential and emergency services will be improved through mobile clinics, ambulances, and better road networks, while specialized services such as orthopedic, ophthalmic, MHPSS, fistula, and dental care will be expanded.
- Infection prevention and control will also be enhanced through staff training, routine water testing, improved waste management, and low-cost facility-level WASH interventions.

MHPSS - Estimated budget USD 550,000

- Advocate for multi-year, flexible funding and integrate MHPSS into other sectors to improve service continuity and resource use.
- Scale up community-based MHPSS services, including counselling, Psychosocial First Aid, and structured psychosocial activities for displaced people, returnees, and host communities.
- Strengthen capacity building through continuous training, supervision, and staff-care for para-counsellors, community volunteers, and frontline workers.
- Expand safe spaces for children, youth, and women, and enhance mobile outreach and stigma-reduction efforts through culturally appropriate community engagement.
- Strengthen referral pathways, coordination, transport for critical cases, and monitoring and evaluation to ensure effective and accountable MHPSS service delivery.
- Pre-position psychotropic medicines for approximately 2,800 individuals across the Transit Centre and surrounding locations, including Jarbana, Gosfami, Atam, Bobnis, Jalhak, and Renk Town (RCH).

Cash based Intervention - Estimated budget USD 1.5M: Priorities include supporting durable solutions through conditional MPCA, advocating for early recovery initiatives using cash-based interventions to enhance sustainability, and expanding coverage to affected populations in the Eastern Corridors alongside host communities to strengthen conflict-sensitive programming.

2025 PARTNERSHIPS

Government: Office of the County Commissioner, RRC, CRA, Gender, Child and Social Welfare, Labour Office, County health Department, Bureau of Standards, Departments of Education, Agriculture and Livestock, Lands, Urban and Rural Water and Sanitation, Utility, Legal and Justice.

Humanitarian Partners: AAH-I, ACTED, Africa Development Aid (ADA),African Initiatives for Relief & Development (AIRD), Agenda for Relief and Development Initiative , Christian Mission for Development (CMD), Community Engagement Network-CEN, Food and FAO, GOAL, HDC, IMC, IRC, IOM, LWF, MSF – Belgium, MSF-Spain, NRC, Oxfam, Relief International (RI), SCI, Solidarities International (SI), South Sudan Red Cross (SSRC), South Sudan Women United (SSWU), Star Trust Organization (STO), UNHCR, UNFPA, UNICEF, War Child, WHO, WFP, WVI, ACHO, JRS, Episcopal Church of South Sudan (ECSS), Malteser International, Education and Drama for Peace, Community In Need Aid(CINA), The Rescue Initiative South Sudan (TRI-SS), ICRC, Hope Restoration South Sudan, Plan International, SAADO, Ebony Women, UNOCHA, Agency for Child Relief Aid (ACRA), Concern Worldwide, EquaLife Africa (ELA), UNMISS.

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