Rapid Humanitarian Needs Assessment Report: Rokon Payam, Juba County, Central Equatoria State, South Sudan 25th – 26th August 2025

This Rapid Humanitarian Needs Assessment Report is a product of Inter-Agency Assessment mission conducted by partners in Rokon Payam (Modesto Agriculture and Development Organization and Human Appeal Development Organization), RRC, Central Equatoria SMOH.

Map of Juba County Showing Location of Rokon Payam

BACKGROUND

The IPC/WASH and Health Pillar, led by the Ministry of Health (MoH) with support from WHO and UNICEF, continues to provide strategic guidance for the cholera response throughWASH interventions. As of now, partners have delivered first-line responses in 48 out of the55 affected counties, reaching over 492,657 people with safe water, 234,208 with sanitationservices, and 77,359 with hygiene support. Oral Cholera Vaccine (OCV) coverage has extendedto 48 /51 counties. Total of 6,876,194 (70.3%) people vaccinated. Despite these efforts, several counties continue to report new cholera cases and deaths. Asof 9 July 2025, a cumulative total of 82,890 cholera cases and 1,463 deaths have been recorded, resulting in a case fatality rate (CFR) of 1.8%, well above the target threshold of less than1%. The outbreak has affected 55 counties, with 79,673 (96,1%) recoveries reported. Currently, 1,754 patients remain admitted in Cholera Treatment Centers/Units (CTCs/CTUs). The WASH response continues to face significant challenges, including inadequate infrastructure, limited water quality monitoring and surveillance, insufficient funding, and a lack of motivationamong

government workers. Additional constraints include gaps in partner presenceandreporting, weak integration with Risk Communication and Community Engagement (RCCE) andother response pillars, shortages of essential WASH supplies, and the compounded impact of flooding and conflict, which restrict access to affected areas. Given the critical role of WASH and RCCE interventions in cholera prevention and control, itis imperative to strengthen implementation effectiveness, especially in the context of limitedresources

Rokon Payam, situated along the Juba–Mundri corridor in **Juba County, Central Equatoria State**, has become a critical humanitarian hotspot due to recent conflict-induced displacement and longstanding development challenges. The Payam comprises **six bomas**—Rokon, Mirillio, Ririsa, Tokoko-Tulu, Ginaora, and Sereng—with a combined population of **18,321 people across 3,051 households**.

The area has limited infrastructure and services, and its location along an insecure road has heightened vulnerabilities, restricting access to humanitarian assistance. In 2025, Rokon has hosted **over 2,500 internally displaced persons (IDPs)** fleeing violence in **Mundri East County (Western Equatoria State)** and other conflict-affected areas. Many IDPs are sheltering in community spaces, lack houses, further straining already inadequate basic services.

The purpose of this rapid needs assessment was to identify critical gaps in Shelter, WASH, Health and Nutrition, Education, Protection, Camp Coordination and Camp Management (CCCM), Food Security and Livelihoods, and Accountability to Affected Populations (AAP)**.** Findings from this assessment will inform humanitarian response, coordination with partners, and resource mobilization to address urgent needs and mitigate risks.

PURPOSES OF THE ASSESSMENT

1. To determine health and WASH needs of Internally Displaced Persons and Host Communities in Rokon Payam.
2. To assess the burden of cholera outbreak and response mechanisms by the community, government and partners.
3. To identify the gaps in WASH and Health Services delivery in Rokon Payam
4. To determine other humanitarian services needs required by both IDPs and Host Communities in Rokon Payam.

Methodology Used During the Assessment:

A team of health, WASH, and Education professionals from MADO and HADO used two methods to gather insights that informed the contents of this report.

1. Key informant interview guide adapted from the Inter-Agency Rapid Needs Assessment was used to gather information from community leaders, health workers, teachers, and Payam Officials including the RRC Chairman of the Payam. In total 15 key informants were interviewed between 25 – 26 August 2025.
2. General observation. The assessors conducted structured observations in through transect work. Households were observed for WASH facilities especially availability of latrine, hand washing facilities and water storage and hygiene practices. Schools were observed for the same and the availability of school buildings, feeding program and general health status of the pupils.

Health facilities were observed for availability of essential medicines, suitability of structures, and illnesses and clients and diseases children are suffering from including services offered at the health facility.

HUMANITARIAN ACCESS IN ROKON PAYAM

Physical Access

Rokon Payam, about 70 km west of Juba City along the Juba–Mundri road, faces access constraints, especially in the rainy season. Flooding, poor maintenance, and lack of bridges render feeder roads to bomas such as Mirillio, Ririsa, and Tokoko-Tulu impassable, disrupting aid delivery, evacuations, and transport.

Security

The security situation is volatile, with intermittent clashes in Mundri East, ambushes, and criminality along supply routes. The presence of armed groups, roadblocks, and informal checkpoints delays movement and increases risks for aid workers, often requiring escorts and security assessments.

Drivers and underlying Factors

Rising humanitarian needs stem from conflict-induced displacement and infrastructure gaps. Seasonal flooding, high transport costs, and fuel shortages further limit aid delivery, leaving some villages inaccessible at peak rains.

Weak state presence and law enforcement, economic hardship, and resource-based community tensions undermine stability. The influx of IDPs intensifies competition for land and water, while underfunded humanitarian operations constrain supply prepositioning and contingency planning.

SCOPE OF THE CRISIS AND HUMANITARIAN PROFILE IN ROKON PAYAM

Rokon Payam, situated along the Juba–Mundri corridor in Central Equatoria, is experiencing a deepening humanitarian crisis shaped by a combination of conflict, displacement, and chronic underdevelopment. The area is physically isolated during much of the rainy season, with roads and feeder routes becoming impassable due to flooding and poor infrastructure. This isolation severely constrains the ability of humanitarian actors to deliver assistance and maintain reliable access to essential services.

The population faces multiple, overlapping shocks. Conflict in nearby Mundri East and along the Juba–Mundri road has displaced families into Rokon, straining already limited resources. Insecurity, marked by ambushes, the presence of armed groups, and informal checkpoints, heightens risks for both civilians and aid workers. These dynamics increase humanitarian needs while simultaneously restricting the capacity to respond.

Livelihoods are fragile, with households relying on subsistence farming and small-scale trade that are disrupted by recurrent flooding, insecurity, and market inaccessibility. Fuel shortages and high transport costs further undermine economic resilience. Community tensions over land and water resources are exacerbated by the influx of displaced persons, increasing the risk of localized conflict.

Humanitarian needs are particularly acute in health, food security, and protection. Limited health facilities struggle with shortages of medicines, staff, and referral pathways, while road inaccessibility hampers medical evacuations. Food insecurity is widespread due to reduced agricultural production and constrained supply chains. Women, children, and displaced families face heightened protection risks, including exposure to violence, exploitation, and lack of safe shelter.

Overall, the humanitarian profile of Rokon Payam is characterized by high vulnerability, low resilience, and restricted access. Without significant improvements in infrastructure, security, and humanitarian funding, the population will remain highly exposed to recurring shocks and unable to meet basic survival needs.

Population Host Community Members Obtained from the Relief and Rehabilitation Commission of Office for Rokon Payam

Boma	Households	Children	Total Population
Rokon	738	3617	4355
Mirillio	661	2812	3375
Ririsa	482	2400	2882
Tokoko-Tulu	461	2355	2786
Ginaora	413	2185	2598
Sereng	396	1931	2327
Total	3151	15300	18323

Population IDPs Obtained from the Relief and Rehabilitation Commission of Office for Rokon Payam

S/No	Name of Boma	Number of Households	Number of Children	Total Population
1	Minga	507	2535	3039
2	Iyoba	699	3488	4187
3	Morualiu	635	3807	3807
Total			**9192**	**11033**

KEY RESPONSE PRIORITIES

WASH

Key findings

- Water Sources: Most families use water from unprotected sources for drinking and other domestic purposes.
- Water quality: No water quality assessment are conducted in both IPDs and host communities.
- Water quantity: There is high scarcity of water especially during dry session when streams dry-up.
- Sanitation: Most family members of host communities and IDPs lack pit latrines – Open defecation is widespread increasing the risk of water-borne diseases including cholera.

- Hygiene: There is poor hygiene practices due to lack of soap and water as well as lack of hand-washing facilities at homes, and schools.

Priority: Urgent need for pit latrines, safe drinking water, hygiene promotion.

Health and Nutrition

L-R: A delivery bed and leaking roof at Rokon PHCC – Photo Taken on August 26, 2025

L-R: Abandoned tent formerly used as health facility in Rokon IDP camp. Patients & Family members in Rokon PHCC

Key findings

- The Payam has one functional PHCC and five PHCUs with very limited capacity – operating below the national standards for operating a PHCC and PHCU.
- There is acute and recurrent shortage of essential drugs in all healthcare facilities affecting access to needed medical services for both the IDPs and host communities.
- All the six healthcare facilities lack electricity source, affecting healthcare services delivery at night.
- The PHCC which is main referral center for all the PHCUs lack essential medicines, and has very poor and dilapidated infrastructures that are not adequate for patients,

- The Maternity ward at PHCC has a delivery bed with worn-out matrices making it unfit for delivery of women in labor. The roof of the maternity ward is also leaking, making it unfit for its purpose.
- The leading causes of morbidity and mortality especially among children are malaria, diarrheal diseases, acute respiratory tract infections and acute malnutrition.
- There is high burden of acute malnutrition and lack of services for community based management of acute malnutrition.
- No cholera outbreak was reported by healthcare workers in Rokon PHCC

Priority: Essential drugs supply, maternity ward repair & medical equipment, provision of source of sustainable source of electricity (Solar Panels & Batteries), therapeutic feeding centers/CMAM program etc.

Education

L-R: Children gathered in a classroom under a tree without chairs, Teachers attending a meeting in teachers Office under a tree in Rokon IDP

Key findings

- Lack of access to safe learning spaces (No school buildings) – IDP children study under trees and classes are always disrupted by rains. Teachers equally have no offices, they use tree shades as their office.
- The schools lack latrines for both teachers and pupils.
- Teachers lack incentives or salaries.
- The schools lack basic essential textbooks.
- Pupils basic lack scholastic materials.
- High absenteeism of pupils due to hunger at home and lack of school feeding program.

Priority needs: Need for temporary learning shelters/offices for teachers, basic learning materials, text-books, teacher incentives/salaries, and school latrines as well as school feeding program.

Protection

Key findings

- Psychological effects i.e. sleeping issues, nightmares, aggression, withdrawn behaviour/isolation, difficulty in concentrating (feeling tired)
- Reported high Intimate Partner Violence and other GBV cases due to overcrowding and lack of privacy especially in IDPs.
- Children vulnerable to neglect and abuse due to lack of food, appropriate shelter etc
- There is high risk of under-age marriages due to poverty
- There is high risk of drug abuse for young boys due to poverty.
- Behavioural changes- alcoholism, aggression etc.

Priority: GBV referral systems, psychosocial support, child protection services.

Shelter and Non-Food Items (NFIs)

Displaced Family members living in an abandoned and collapsing building in Rokon

Key findings

- Most internally displaced families do not have adequate temporary shelter, lack beddings, exposing the family to rain and cold whether that particularly have negative health effects for young children - Urgent need for temporary shelters for displaced persons.
- Most families especially the IDPs lack cooking utensils and containers for fetching and storage of drinking water.

Priority: Provision of temporary shelters, bedding items, kitchen sets.

Camp Coordination and Camp Management (CCCM)

Key findings

- No formal camp management structures especially at the IDPs

Priority: Establish community-based site management and feedback systems.

Food Security and Livelihoods

Members of a Family in Rokon IDP struggle to get a share of the meal

Key findings

- Critical food insecurity; Families lack food, have no or one meal a day. Urgent need for food assistance for both IDPs and host communities.
- Disrupted livelihoods and lack of income sources for both IDPs and host communities.

Priority: Food distribution, livelihood support (seeds, tools).

Accountability to Affected Population (AAP)

Key findings

- No feedback or complaint mechanisms in place.

Priority: Set up hotlines, focal points, and ensure inclusive communication for both IDPs and Host communities.

Community Priorities

1. Food assistance – for both host and IDP community families.
2. Health services – drugs, referral services to hospital, medical equipment etc.
3. Temporary shelters and latrines at household level.
4. Construction of temporary school shelters.
5. Nutrition services – for children, pregnant and lactating mothers.
6. Safe drinking water and hygiene promotion for all IDP and host community families.

Partners that participated in the Assessment

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