



Needs Assessment Report

Organization Name	South Sudan Relief Foundation (SSRF)	
Location:	IDP	Nyarigolo Internally Displaced Persons (IDP)
	Payam	Panyume Payam
	County And State	Morobo County, Central Equatoria State
Assessment Period:	July 18–20, 2025	
Date of Report	July 23, 2025	
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1. Executive Summary

This report presents the findings of a multisectoral needs assessment conducted by the **South Sudan Relief Foundation** (SSRF) at the Nyarigolo IDP site in Morobo County, Central Equatoria State. The site hosts 2,109 households comprising 8,474 internally displaced persons (IDPs), including 3,708 males, 4,766 females, and 45 separated children. The assessment reveals critical humanitarian gaps in WASH, Health, Education, Protection, Shelter/NFIs, and Livelihoods. The displaced community is highly vulnerable, with limited access to services and relying heavily on overstretched community-based coping mechanisms. The situation demands an urgent, coordinated, and multisectoral humanitarian response to alleviate suffering, reduce vulnerabilities, and prevent further deterioration of living conditions, particularly during the ongoing rainy season.

Although some humanitarian assistance had been provided by **Action Against Hunger** (Cash, Buckets, Soaps and chlorine tablets) and **Stromme Foundation** (Carpets), these interventions remain minimal in scale and are not sufficient to meet the urgent needs of the displaced population. IDPs continue to heavily rely on overstretched community-based coping mechanisms, and urgent coordinated humanitarian action is needed to prevent further deterioration of living conditions particularly during the ongoing rainy season.

2. Context and Background

Nyarigolo IDP site was established as a result of ongoing armed clashes and violence in Morobo County. The conflict displaced thousands of civilians, many of whom fled with no belongings or support systems. Approximately 2,109 households (8,474 individuals) are currently residing at the site under precarious conditions. This spontaneous settlement emerged without prior planning or formal humanitarian intervention.





Prior to displacement, affected populations lived in rural villages with subsistence farming as their primary livelihood. The current humanitarian situation is exacerbated by seasonal rains, which have increased public health risks, worsened accessibility, and damaged makeshift shelters.

The Nyarigolo site is located in a remote area, near the South Sudan - Uganda border and accessed via Uganda due to the insecurity in Morobo County, Heavy rains render the area nearly inaccessible during certain days. IDPs rely on one borehole and unprotected water sources, with no formal health or education infrastructure. Community-based coping mechanisms are overstretched.

The majority of the displaced population are from nearby villages within Panyume Payam of Morobo County. The site is predominantly occupied by the communities of Panyume Payam and the neighboring surrounding. Vulnerable groups include unaccompanied / Separated children, pregnant/lactating women, female-headed households, teenage mothers, and persons with disabilities. Local chiefs and youth leaders act as the main community decision-makers, while formal government and humanitarian presence remains minimal.

Despite recent assistance from by [Action Against Hunger](#) (Cash, Buckets, Soaps and chlorine tablets) and [Stromme Foundation](#) (Carpets distribution), substantial unmet needs persist across all sectors.

3. Objectives of the Assessment

- Identify and document critical humanitarian needs across sectors.
- Provide evidence to inform programming and advocacy for timely intervention.
- Establish a baseline for monitoring vulnerability and response progress.
- Encourage partner coordination and donor support in addressing urgent needs.

4. Methodology

- **Assessment Type:** Rapid, multisectoral field assessment
- **Methods Used:**
 - Key Informant Interviews (KIIs) with community leaders, women, youth
 - Direct household observations
 - Informal group discussions
 - Demographic data review
- **Coverage:** 100% of households
- **Limitations:** Insecurity in surrounding areas and lack of nutrition-specific and detailed health sector data





5. Population Profile

Category	Number
Households	2,109
Total IDP Population	8,474
Males	3,708
Females	4,766
Unaccompanied / Separated Children	45
Estimated Vulnerable HHs	Exactly Number not confirmed

6. Sectoral Findings

6.1 Shelter and Non-Food Items (NFIs)

Most households live in fragile, makeshift shelters made from tarpaulins, thatch, or plastic sheeting. No weatherproof materials provided, and heavy rains has damaged many shelters. Stromme Foundation distributed carpets to limited households, which slightly improved flooring condition but did not address broader shelter inadequacies.

A. Assistance Noted

- Carpets distributed by Stromme foundation to some households

B. Critical Gaps

- Inadequate shelter Material
- Lack of essential NFIs like Blankets, Mats, Mosquito Nets, and cooking utensils.

C. Urgent Needs:

- Emergency Shelter kits (Carpets)
- NFIs like Blankets, Mats, Mosquito Nets, and cooking utensils.

6.2 Food Security and Livelihoods

Over 80% of the households are food insecure. There is no structural food distributed or stable food source.

Households depend on harmful coping mechanism like meal reduction.





A. Assistance Noted.

- Cash assistance provided by Action Against Hunger

B. Critical Gaps.

- Widespread food insecurity remains
- No agricultural inputs or Livelihood support

C. Urgent Needs.

- Emergency food/cash assistance
- Seeds and farming tools, etc.

6.3 Water, Sanitation, and Hygiene (WASH)

This site lacks enough functional latrines, forcing open defecation. Water source sources are unprotected and unsafe. No structured hygiene promotion has taken place.

A. Assistance Noted

- Soap, chlorine tablets and buckets.

Were distributed by Action Against Hunger. These have marginally improved household hygiene, but insufficient without sustainable

B. Critical Gaps.

- No latrines or proper waste management
- No hygiene Promotion
- Only one water source

C. Urgent Needs:

- Emergency latrine construction
- Full hygiene kits and hygiene promotion Activities
- Borehole or protected water sources

6.4 Health

There is no nearby functional Health facility within or near the IDP site. No immunization, maternal health or essential drugs availability exists. Pregnant women and children under five are especially at risk.

A. Critical Gap.

- No access to medical care or Vaccine.





- No Reproductive or Child health services.
- No health Personal on site

B. Urgent Needs:

- Mobile health clinics, Immunization, Essential drugs, and Community health workers.

6.5 Education

There is no school or temporary learning space or informal education initiatives. Children are out of school, at risk of protection violation, early marriage, and long-term learning loss.

A. Critical Gaps

- Total absence of learning space.
- No scholastic materials
- No psychosocial or recreational support for children.

B. Urgent Needs:

- Temporary learning spaces.
- Trained volunteer teachers. and,
- Learning kits.

6.6 Protection (Child Protection and GBV)

No formal child protection systems, family tracing mechanisms or GBV referral pathways are present. Unaccompanied/Separated children and GBV survivors are un Protected

A. Critical Gaps

- Absence of safe space and protection case management.
- No identification or tracing for separated/ unaccompanied children
- Cultural taboos limit GBV reporting

B. Urgent Needs:

- Protection desks.
- Safe spaces for women and children.
- GBV awareness and response.

6.7 Table Highlighting Gaps that Exist per sector



S/No	Sector	Gap Identified	Intervention Needs
1	Shelter/NFI	<ul style="list-style-type: none"> • Inadequate shelter Material • Lack of essential NFIs like Blankets, Mats, Mosquito Nets, and cooking utensils. 	<ul style="list-style-type: none"> • Emergency Shelter kits (Carpets) • NFIs like Blankets, Mats, Mosquito Nets, and cooking utensils.

2	Food Security and Livelihoods	<ul style="list-style-type: none"> • Widespread food insecurity remains • No agricultural inputs or Livelihood support 	<ul style="list-style-type: none"> • Emergency Shelter kits (Carpets) • NFIs like Blankets, Mats, Mosquito Nets, and cooking utensils
3	Water, Sanitation, and Hygiene (WASH)	<ul style="list-style-type: none"> • No latrines or proper waste management • No hygiene Promotion • Only one water source 	<ul style="list-style-type: none"> • Emergency latrine construction • Full hygiene kits and hygiene promotion Activities • Borehole or protected water sources
4	Health	<ul style="list-style-type: none"> • No access to medical care or Vaccine. • No Reproductive or Child health services. • No health Personal on site 	<ul style="list-style-type: none"> • Mobile health clinics, Immunization, Essential drugs, and Community health workers.
5	Education	<ul style="list-style-type: none"> • Total absence of learning space. • No scholastic materials • No psychosocial or recreational support for children. 	<ul style="list-style-type: none"> • Temporary learning spaces. • Trained volunteer teachers. and, • Learning kits.
6	Protection	<ul style="list-style-type: none"> • Absence of safe space and protection case management. • No identification or tracing for separated/ unaccompanied children • Cultural taboos limit GBV reporting 	<ul style="list-style-type: none"> • Protection desks. • Safe spaces for women and children. • GBV awareness and response

7. Priority Interventions

Immediate (0-3 months):

- Emergency food and hygiene distribution
- Shelter materials and NFIs
- Latrine construction and WASH support
- Mobile clinics and health outreach
- Child protection support and GBV awareness

Medium-Term (3-6 months):





- Temporary health and education facilities
- Agricultural inputs and Livelihood Support.
- School feeding and WASH-in-schools

Long-Term (6–12+ months):

- Durable solutions (return, integration, relocation)
- Service inclusion via government coordination
- Full sectoral assessments for development response

8. Recommendations

To Humanitarian Actors:

- Deploy multisectoral emergency teams
- Partner with SSRF for localized delivery
- Promote inclusive, community-driven programs

To Donors and UN Agencies:

- Prioritize underserved areas like Morobo
- Support early recovery and durable solutions
- Facilitate sector coordination and planning

To INGOs:

- Strengthen local partnerships
- Provide institutional and technical capacity building
- Embed localization and accountability in programming

9. Annexes

- Annex A: Site Population Data Table
- Annex B: Photo Documentation (available upon request)
- Annex C: List of Key Informants and Community Leaders
- Annex D: Assessment Tool and Interview Guide (available upon request)

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Sign:



<p>A single Mother with Her Children interviewed by SSRF Volunteer</p>	<p>Un accompanied /Separated Children Constructing shelter</p>
	
<p>An elderly Man interviewed by SSRF Volunteer</p>	<p>An elderly woman with her daughters</p>
	
<p>SSRF Volunteer assessing a Young/Teenage Mother</p>	<p>SSRF Volunteer assessing IDP</p>
	