



World Health
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VOICES

from the field

Issue #14

Tackling Sanitation and Safe Water Challenges with communities in Rubkona and Malakal



Upper Nile, 3 October 2025 – South Sudan’s humanitarian situation remains one of the most fragile in the world, with **9.3 million people nearly three-quarters of the population needing humanitarian assistance**. Within this crisis, internally displaced persons (IDPs) and those living in Protection of Civilians (PoC) sites remain among the most vulnerable. Today, **1.8 million people are displaced within the country**, including 109,365 people (**16,490**

households) at the Bentiu Internally Displaced Camp (IDP) and **36,765 people (10,164 households)** in the Malakal PoC.

The ongoing conflict in Sudan has further strained resources, with **1.1 million people crossing into South Sudan** since April 2023. Meanwhile, cholera continues to devastate lives. As of 24 September 2025, **93,200 cases and 1,565 deaths** have been reported nationwide, with **Rubkona**

and Malakal counties classified as “Band A” areas, indicating extreme humanitarian conditions. The rainy season has worsened the crisis, flooding communities, destroying farmland, and heightening the risk of waterborne diseases.

“We have lost many people to cholera here at the IDP camp. Everyone is affected.” Camp Coordination Group Chairman, Bentiu IDP Camp

Cholera’s heavy toll in Rubkona and Malakal

Unity State currently bears the highest cholera burden in South Sudan, accounting for **32% of national cases**. In Rubkona County alone, **19,439 cases and 213 deaths** have been recorded, with more than **67% presenting severe dehydration**. Children under five represent nearly a third of all cases. In Malakal County, **2,242 cases and 9 deaths** have also been reported,

raising fears of further spread due to overcrowding and poor sanitation.

With displacement increasing, both **water systems and health services are overstretched**. Communities face heightened risks not only from cholera but also from intercommunal tensions triggered by competition over scarce resources.

Recognizing the scale of the crisis, the **South Sudan Humanitarian Fund Reserve Allocation 3 (RA3)**

allocated **US\$2.8 million** to sustain water, sanitation, and health services for **280,000 people** in Bentiu and Malakal camps. Of this, **WHO received US\$800,000** to strengthen health services from June to September 2025. Ten months into South Sudan’s cholera response, the outbreak was evolving, and so were communities’ capacities to respond. It was time to listen more closely to those on the frontlines the communities themselves.

Engaging communities to lead the way in ending Cholera

From 25 August to 5 September, the WHO Risk Communication and Community Engagement (RCCE) pillar, together with the Ministry of Health's Health Education and Promotion Department, led a series of Focus Group Discussions across internally displaced persons (IDP) and Protection of Civilians (PoC) sites. The goal was to understand people's lived experiences with cholera and gather their ideas for stronger, community-led prevention.

"Communities are the ones that end epidemics," said Nicholas Njoroge, WHO RCCE Officer. ***"We want to work more with communities to implement local solutions that address open defecation, improve sanitation, and ensure safe water using locally available resources. This effort must be shared with the State Ministries of Health, the Boma Health Initiative, and our partners."***

Over 132 community members took part, sharing their perspectives and practical solutions. Their voices carried a clear message: lasting change must be community-driven.

In Malakal PoC, youth groups proposed forming drama groups in every block to



An FGD session with a women's group at the Bentiu IDP camp to understand their experience with cholera

creatively spread health messages and engage their peers.

"Create youth drama groups in every block to support health education at the PoC," one youth member suggested.

In Bentiu IDP Camp, women saw an opportunity to turn everyday interactions at water points into powerful health promotion moments.

"Target and use women's groups as change agents. We meet other women every day at the taps. We can organize activities such as cleaning of water

jerricans and health talks while at the water point," said Julia Akuk, woman leader, PoC women's group

These community-led ideas are now shaping advocacy with clusters and line ministries, informing targeted responses in cholera hotspots. In line with the Core Humanitarian Standard, feedback on the outcomes of these advocacy efforts will be shared back with communities ensuring they remain at the heart of the response.

Because in the fight against cholera, communities are not just beneficiaries they are the change makers.

Building local capacities for the future

Lasting change requires local skills. WHO and Ministry of Health rolled out an RCCE Training of Trainers (ToT) for 58 frontline staff (County Health Officers, Community Health Workers and Hygiene Promoters) in Bentiu and Malakal. These master trainers are now cascading knowledge to health workers, volunteers, and leaders, ensuring cholera prevention messages continue to spread long after external teams leave.

"The training was informative, interactive, and relevant to the situation in Rubkona. We needed this type of package to train more stakeholders in the community. I feel confident to use it." Aisha Mundwa, CASS, training participant, CHD training hall Rubkona.

This health education and promotion initiative was complimented by the



Training participants at the RCCE Cholera ToT in Rubkona practice Using the cholera flip book to undertake health education

partnership with Nile FM to broadcast multilingual cholera awareness and prevention radio programmes, reaching

at least 10,000 households within the PoC and 45km radius in Malakal County.

Looking ahead

Despite floods, displacement, and the continued spread of cholera, communities in Rubkona and Malakal are proving resilient. Their leadership,

combined with humanitarian support, is and will continue protecting thousands of families from preventable disease. The scale up of community-led

sanitation, safe water access, and health education are the next steps.

Pictorial



An FGD session with a youth group at the Malakal PoC to document suggestions to improve youth participation in cholera prevention



An FGD session with a women's group at the Malakal PoC to understand their experience with cholera



Community meeting with Health workers in Malakal town to understand gaps and opportunities to improve prevention and response to cholera in the town.



Participants and facilitators at the RCCE Cholera ToT in Bentiu pose for a group picture in the company of the Director General of the SMOH a.i. and WHO Field Office Coordinator