

**COMMUNITY-BASED
ASSESSMENT OF
REINTEGRATION AND
ABSORPTION CAPACITY
OF RAJA, SOUTH SUDAN**



Funded by
the European Union



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Acronyms

CBA	Community Based Assessment
CBO	Community Based Organisation
IASC	Inter-Agency Standing Committee
IDP	Internally Displaced Person
GBV	Gender-Based Violence
NGO	Non-Government Organisation
PHCC	Primary Health Care Centre
PHCU	Primary Health Care Unit
PoH	Pocket of Hope
RRC	Relief and Rehabilitation Commissioner
SSP	South Sudanese Pound

Executive Summary

Methodology and Objectives

This community-based assessment examines the integration status of displaced and returned households living in Western Bahr el Ghazal (WBeG), Raja, South Sudan and evaluates the area's capacity to welcome additional returnees. It is one of four regional briefs in this series, of which the objectives are to evaluate the current degree of integration of displaced persons in the area, assess infrastructure and service quality and capacity to accommodate more people, and inform area-based planning by government actors, UNHCR and partners¹.

<p>Current status of integration</p> <p><i>To what extent have displaced persons currently living in Raja achieved a level of sustainable reintegration? Where are the key gaps and needs?</i></p>	<p>Status and capacity of infrastructure and services</p> <p><i>What is the quality and capacity of healthcare, education, water points, safe spaces, and judicial infrastructure in Raja?</i></p>	<p>Barriers and opportunities for future integration</p> <p><i>What service gaps exist, and how might these evolve if more returnees settle in Raja? How could more arrivals impact community relations and resource availability?</i></p>
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The assessment employed a mixed-methods approach:

1. **Household surveys:** 859 household surveys targeting both host and displaced populations captured data on demographics, housing, livelihoods, access to basic services, safety, and psychosocial well-being.
2. **Infrastructure assessments:** Evaluations of 15 infrastructure points, including health facilities, schools, water points, markets, judicial infrastructures, and safe spaces, assessed their structural condition, alignment with minimum standards, service availability, current capacity and ability to accommodate potential arrivals.
3. **Focus groups, case studies, key informant interviews:** in-depth consultations with community leaders, hosts, refugee returnees, and local authorities explored community dynamics, reintegration barriers, and service gaps.

Analytical approaches employed include the Reintegration Sustainability Survey (RSS), which quantifies integration levels in different dimensions via composite scoring. Infrastructure was evaluated against defined minimum standards to confirm basic functionality and quality benchmarks, while absorption capacity calculations assessed the extent to which existing services could accommodate additional demand.

¹ The other briefs cover the areas of 1) Western Bahr el Ghazal (Raja county) 2) Northern Bahr el Ghazal (Aweil Central, West, East and North), 3) Eastern Equatoria (Magwi and Torit).

Integration Today

Raja displays the highest overall food insecurity scores across all displacement statuses compared to the other assessed regions.² Over 90% of all groups report having recently gone to sleep hungry. Displacement status is not a significant factor in predicting the level of food security, suggesting that it is a systemic issue in the region.

State presence is limited and under-resourced the performance of local government authorities receives consistently low ratings across all displacement statuses in Raja. Hosts provide an average rating of 1.82 (out of 5), with returnees slightly lower at 1. According to the RRC, this is reflective of limited government capacity due to limited finances and manpower exacerbated by the large area it covers.

Perceptions of safety in Raja are generally positive, with most respondents feeling safe most or all of the time. Security incidents are rare, and social cohesion is strong, with returnees, hosts, and IDPs actively participating in shared community activities such as religious gatherings and collective farming. Law enforcement services are present but limited, with under-resourced police stations and reliance on informal mechanisms.

RSS scores highlight severe economic challenges for returnees in Raja, with economic reintegration emerging as the most critical barrier to sustainable reintegration. Median economic scores hover around 0.4, reflecting widespread hardships in accessing livelihoods, stable incomes, and basic necessities. Gender analysis reveals that women score higher on social and safety dimensions, suggesting stronger community ties or coping mechanisms. However, these advantages do not address economic vulnerabilities shared across genders.

Infrastructure and Services Today

Health services in Raja are limited, with only three functional health centres, including one hospital. Services exhibit significant shortages of medicines, basic equipment, and qualified staff, while some health centers have closed due to a lack of support. Distance to facilities and transportation costs remain major barriers, particularly in rural areas.

Infrastructure and quality are critical challenges for education provision. Schools lack electricity, feeding programs, and basic materials like desks and textbooks. Teacher shortages and unpaid salaries further undermine education quality. Secondary school options are particularly limited, creating barriers for continued learning.

Judicial and law enforcement facilities are minimal and poorly maintained, with only two courthouses and three police stations. Safe spaces provide some essential services like counselling, but capacity is limited, and awareness remains low, particularly in rural areas.

Water quality and availability in Raja are better compared to other regions, with 77% of water points meeting basic needs. However, maintenance issues and seasonal inconsistencies pose challenges, particularly during the dry season. About a quarter of water points are non-functional, and rural areas remain underserved.

² The food security score was calculated by combining responses from key questions on food access, quality, and coping strategies. Each question was normalized to a 0-1 scale, with higher scores indicating worse food security. The final score ranges from 0 (food secure) to 1 (severely food insecure), categorized as follows: 0-0.25 (Food Secure), 0.26-0.50 (Mildly Food Insecure), 0.51-0.75 (Moderately Food Insecure), and 0.76-1.00 (Severely Food Insecure).

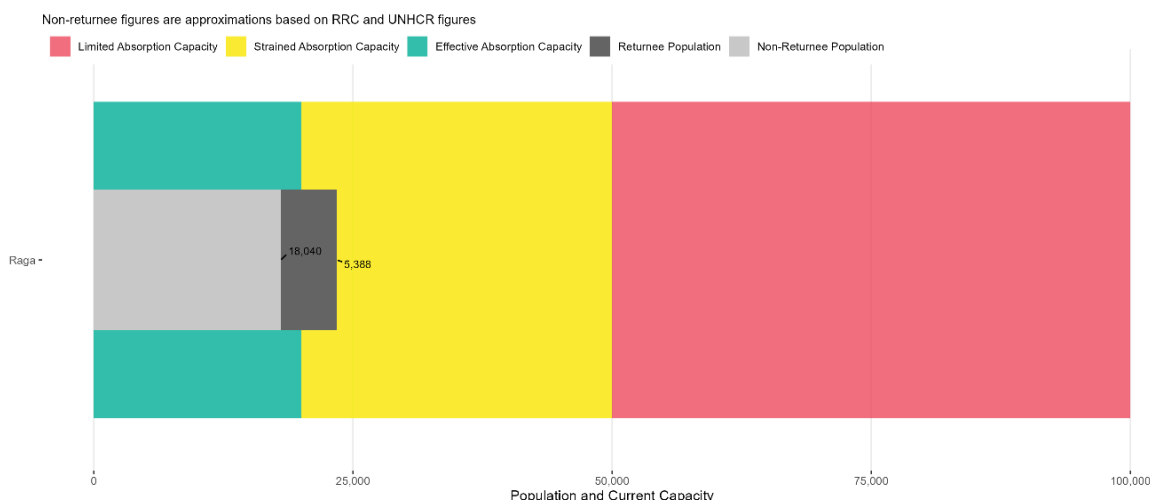
Integration Tomorrow

Housing quality and availability remain major concerns, alongside support for livelihoods to reduce food insecurity and economic strain. Despite significant challenges, most returnees and host community members in Raja intend to remain in their current locations, reflecting strong ties to the area. While there is optimism about absorbing more returnees, this is contingent on critical improvements to infrastructure and services.

Service Capacity Absorption

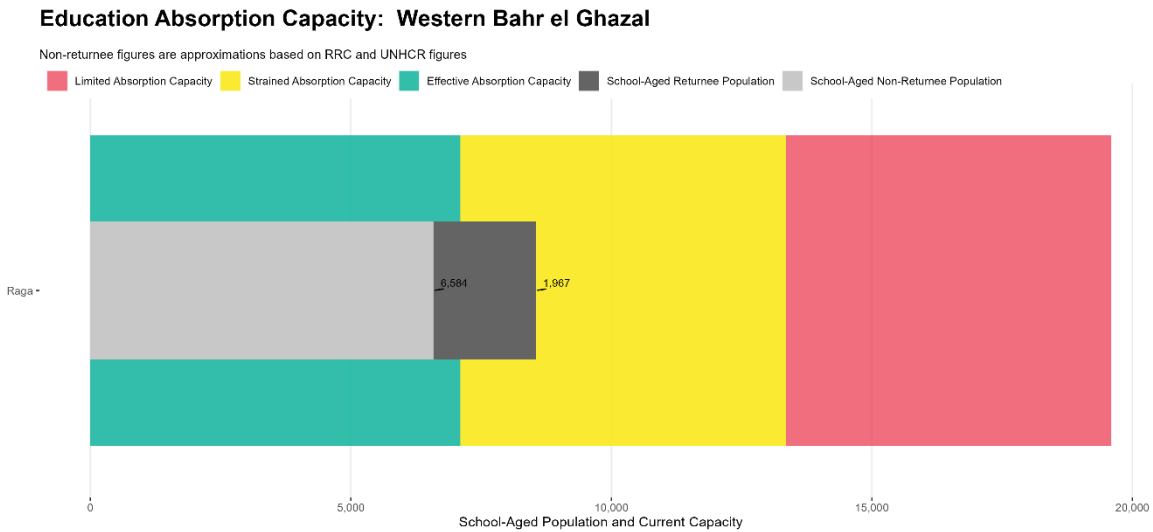
Despite the low level of population, Healthcare services in Raja operate at strained capacity, with significant quality gaps evident. Rehabilitating the single non-functional PHCC would enable the health system to serve more people effectively. Key improvements, including medicine stock replenishment, staffing increases, and equipment upgrades, are needed to enhance service quality and capacity.

Figure 16 Health Absorption Capacity



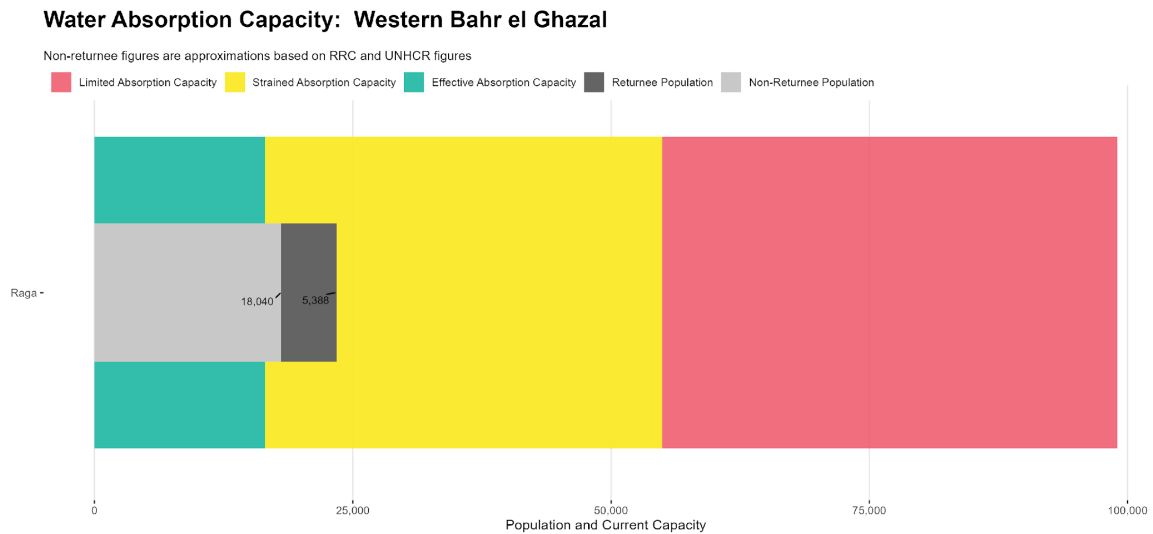
While schools can accommodate some additional students, most are at or near maximum capacity. Adding 30 teachers would allow facilities to operate at an effective level, but critical infrastructure upgrades—such as classrooms, latrines, and learning materials—are needed to improve safety and quality. Introducing feeding programs would address food-related attendance challenges.

Figure 19 Education absorption capacity



Current water infrastructure struggles to meet total water needs. Water capacity in the region could be greatly enhanced by refurbishment of current water resources, as just under a quarter of water points (16 of 83) did not meet minimum standards

Figure 22 Water absorption capacity



Recommendations

Raja's water quality, consistency, and availability outperform other locations, but rural areas remain underserved. Refurbishing the 16 malfunctioning water points could provide 3,500 more people with sufficient water, mainly by addressing poor water quality (the issue in 69% of non-compliant points). Additionally, 11 new water points in remote settlements are needed for equitable access and sustainable infrastructure.

Despite Raja County's low population, health services are overstretched. One of three assessed facilities, Mahonga PHCC, failed 5 of 6 minimum standards, requiring substantive rehabilitation to

function effectively. Key issues in the region include shortages of medicines, supplies, diagnostic tests, and overcrowding. [Priority interventions could include, introducing ambulance services or transport options and refurbishing and staffing defunct facilities following an investigation into their failure.](#)

Raja's education system is strained, with severe quality issues. [An estimated 30 additional teachers and the rehabilitation of non-compliant schools \(housing 33 teachers\) could improve absorption capacity.](#) However, infrastructure remains the lowest-rated among assessed areas, scoring under 30 out of 100 in areas such as textbook availability, handwashing facilities, seating, and feeding programs. Key interventions could include:

1. School feeding programs – No schools currently offer them, though food security is a barrier to learning.
2. Learning materials – Severe shortages of books, desks, and supplies.
3. Secondary education support – Addressing the gap between primary and secondary schools by prioritizing more secondary teachers.

Introduction

Raja County is situated in the far northwest of South Sudan, bordering the Central African Republic (CAR) and Sudan. It is sparsely populated and covered in dense forest. The region is connected to the rest of South Sudan by one major road between Wau and Raja towns, with smaller, less accessible roads branching east towards Aweil Town. Populations are most commonly located along this road. Primary livelihood activities include subsistence farming, hunting and fishing.³

Since the start of the conflict in Sudan, the number of returnees has risen dramatically in the county. All the returning populations are escaping the conflict in Sudan, and these movements are not part of a larger cyclical or seasonal trend. For the vast majority of these returnees, this is the first time they have returned to South Sudan, and, at this moment, it does not appear to be possible for them to return to their lives in Sudan.⁴

According to an interview with the county RRC, most returnees are situated within Raja Town (Raja payam). As of March 2024, there are reportedly 6,129 returnee individuals (translating to 1,895 households) residing in Raja Town, 56% of which are female. Reportedly, the next largest returnee population is located in Boro Medina (Ringi payam), where there are currently an estimated 1,922 individuals (476 households).⁵ Based on the latest WorldPop estimates, the total population stands at **42,956**, while the cumulative RRC data indicates **10,051 returnees** as of March 2024. This places the returnee proportion at approximately **23%** of the total population.⁶ Returnees to Raja County primarily originate from Sudan, fleeing the recent escalation of conflict in areas such as Darfur.

Table 1 Raja population profile / estimate

Number of returnees	10,051 ⁷
Total population	42,956 ⁸
Proportion of returnee population	23%

The influx of returnees has introduced new pressures on local infrastructure and services, which were already limited in their ability to meet existing needs. **In this context, this assessment brief evaluates the well-being of those currently living in Raja, while examining the region's capacity to absorb additional populations.**

To achieve this, we conducted fieldwork across Raja Payam and Raja Town, with locations selected based on returnee numbers, ethnic diversity, and accessibility. Our methods **included 859 household surveys, ten focus group discussions, ten case studies, and key informant interviews** across:

- Raja Town
- Raja Payam (Raja North and Raja South bomas)

³ Ibid.,

⁴ Preliminary KII 1, Raja RRC, Raja Town

⁵ Preliminary KII 1, Raja RRC, Raja Town; Preliminary KII 2, NGO worker, Raja Town

⁶ WorldPop Data: Selected for total population figures due to its transparent methodology, which includes geospatial modeling and demographic projections. However, other sources (e.g., OCHA, South Sudan Statistical Office) present alternative figures that may vary. Returnee Figures: Drawn primarily from RRC data, complemented by UNHCR estimates where available. Both sources have limitations, including potential undercounting or double-counting, given the fluidity of displacement and return.

⁷ Cumulative RRC refugee returnee figures as of March 2024

⁸ Latest WorldPop Raja county population figures

In addition, the team surveyed a grand total of **115 infrastructures** within the assessed payams.

For a detailed methodology and sample description, please refer to the project website ([here](#)). The site also features the full toolkit used, along with a clickable map that provides photos and in-depth descriptions of all individual infrastructure points profiled. Additionally, you can access anonymized data and other project resources directly from the site.

This brief begins by assessing the current state of returnee integration, considering physical, material, and psychosocial safety dimensions. The second section evaluates the state of service provision today, identifying strengths and gaps across key sectors. The brief then explores the potential impacts of additional population inflows on well-being and integration, followed by an analysis of the absorption capacity of different services and infrastructures. Finally, the report concludes with recommendations to address identified gaps.

Figure 1 Raja County map



Integration today

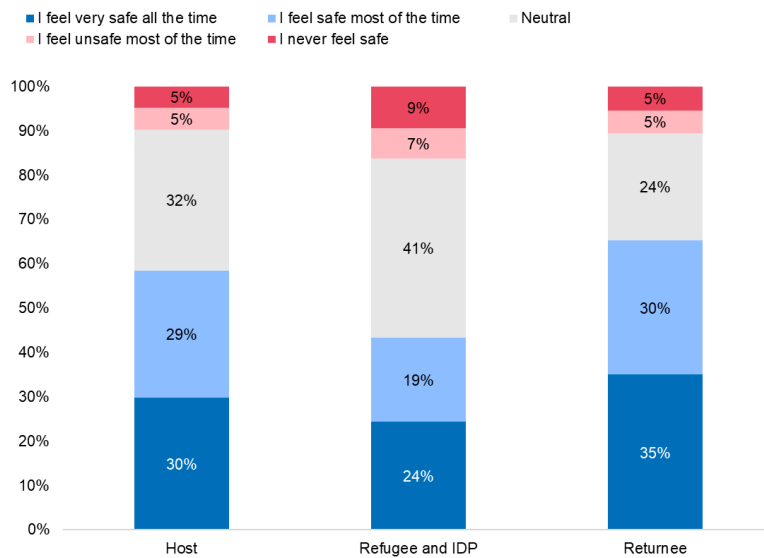
The analysis of data from Raja reveals key insights into the varied lived experiences of host community members, returnees and other displaced persons.⁹ The analysis in this chapter follows the dimensions of integration outlined in the Inter-Agency Standing Committee (IASC) framework, which emphasizes three key dimensions critical to sustainable reintegration: physical safety, material safety, and psychosocial safety.

The sample profile of the household survey, which includes demographic, displacement, and return dynamics for the area, is detailed in the annex, offering insights into the characteristics of the surveyed population, their reasons for return, and intentions for onward movement.

Physical safety

Perceived physical safety. In Raja, returnees exhibit the highest sense of safety across the different assessment locations, with 65% feeling very safe or safe most of the time. Hosts follow closely with 58%, while IDPs and refugees¹⁰ reports the lowest safety perception at 43%. Participants in qualitative in-depth interviews generally highlighted that Raja was seen as a safe area, with the most common challenge being petty theft: *‘The only thing we are experiencing daily here is the issue of theft by the young men in the area but the government is dealing with these groups of youth. If you go to the prison, you will regret seeing the number of young men who are supposed to help the community.’* (Focus Group Discussion, Male Returnee, Raja South). The majority of respondents across all groups (70+%) report never experiencing conflicts.

Figure 2 Perceived physical safety, Raja



⁹ Returnees in this instance refers to both refugee returnees and internally displaced returnees. IDPs and refugees are combined in an ‘other’ category due to the relatively small sample of respondents in this category. Those who did not self identify as any of the above categories also contribute to the ‘other’ category.

¹⁰ Throughout this report, IDPs and refugees are grouped due to low sample size.

Social and community tensions in Raja are reported less frequently than in other locations, with most hosts and returnees indicating they rarely experience such tension – as noted by one participant. *‘Not everyone here has closed relatives to extend any kind of support to him/her but, all in all we are all welcomed warmly by our people and no any tensions among us.’* (Focus Group Discussion, Female Returnee, Raja North)

Competition, particularly related to employment opportunities, remains the primary trigger for conflicts in the area. Further, participants note that tensions arise when support is offered to returnees but not hosts. *‘Another challenge is segregation between returnees and the host community which is caused by NGOs during service provision to people, they will only consider returnees leaving us which creates hate rate and tensions among us.’* (Case Study, Female Returnee, Raja Town)

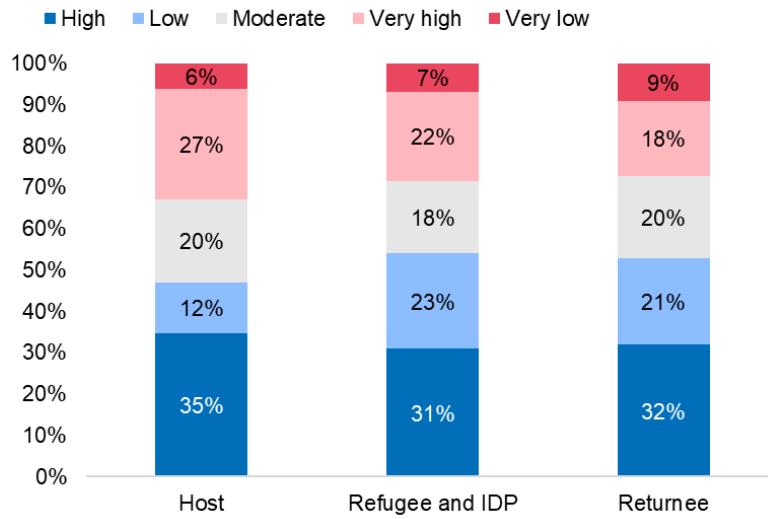
Law enforcement adequacy. Over 60% of respondents believe law enforcement services to be at least adequate, with hosts slightly more positive than displaced persons on this matter. But generally, qualitative participants also reflected positively upon the capacity of local law enforcement to maintain law and order within the county. However, they might not be well informed on the matter, with most respondents reporting that there was little required interaction with these services as social and community tensions are relatively rare: *‘The local authorities in the area with support from the County commissioner have provided good security to the returnees and displaced people who are returning including the host communities.’* (Key Informant Interview, administration for Boma Affairs, Raja North)

Belonging and trust. The perception of support networks in Raja is generally poor across all groups, with most feeling poorly supported, as reported by 42% of hosts, 39% of returnees, and 45% of the refugee/IDP category. This is likely a result of a lack of resources, with high needs across groups meaning that households are unable to assist other community members: *‘Let me tell you something, in this Raja now there is no family that have 2 meals. If I take you to my house now you will witness this thing we are talking of as I have over 13 people in my house but before we used to be 5.’* (Focus Group Discussion, Male Host, Raja Town)

Despite these challenges, community integration is notably strong in Raja, with 89% of hosts and 82% of returnees feeling part of the wider community. However, some returnees did not feel immediately accepted upon return and it took time to reintegrate into the community: *‘When I came here, I met three people and they were abusing me saying: why are you returning? You should have stayed with your husbands in South Sudan!... , but we endured it.’* (Focus Group Discussion, Female Returnee, Raja South).

This however appears not to last, as respondents note that there are many opportunities for different groups to engage socially in both livelihood and cultural activities: *‘We the returnees are participating with the IDPs, some refugees and the host in different social gatherings like Nefir [collective/collaborative farming] in one’s farm, worshipping together in the mosque and also during marriage and/or cultural celebrations.’* (Focus Group Discussion, Male Returnee, Raja North) 61% of hosts report that they trust their neighbours, followed by IDPs and refugees at 53% and returnees at 50%.

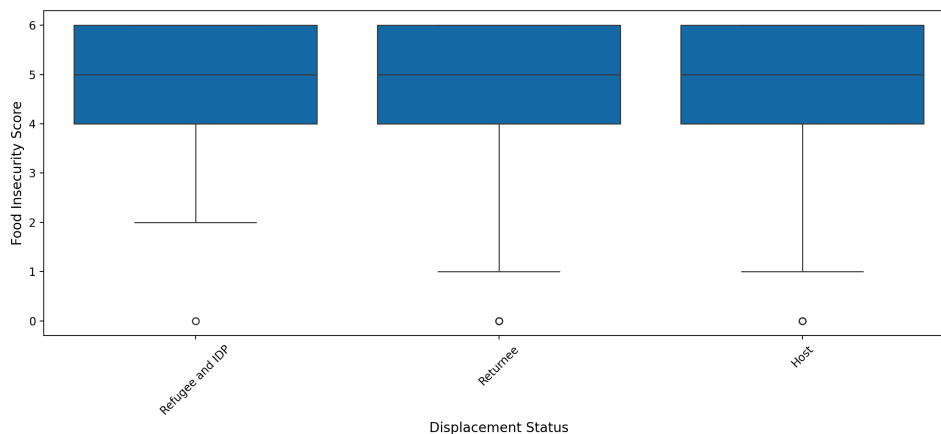
Figure 3 Trust levels in Raja by displacement status



Material safety

Food insecurity and coping strategies. Raja displays the highest overall food insecurity scores across all displacement statuses compared to the other assessed regions.¹¹ Over 90% of all groups report having recently gone to sleep hungry. The minimal variation between groups indicates that food insecurity is a systemic issue in Raja, affecting all populations. As noted by one informant, *‘Food security is very bad here; we lost some of our people due to hunger in this area in the past month.’* (Key Informant Interview, Youth Representative, Raja North). Some residents have been forced to rely upon to wild foods which can be poisonous, resulting in deaths in the area. *‘Let me tell you a very short history few weeks ago there was a woman who die of passion of local future known as “Ambashe” this is normally consume by the animal, but now human beings are eating it’* (Key Informant Interview, Raja Payam Administrator, Raja Town). Receiving food aid is reported by 14% of hosts, 12% of refugees / IDPs, and 6% of returnees.

Figure 4 Food insecurity scores by displacement status in Raja



¹¹ The food security score was calculated by combining responses from key questions on food access, quality, and coping strategies. Each question was normalized to a 0-1 scale, with higher scores indicating worse food security. The final score ranges from 0 (food secure) to 1 (severely food insecure), categorized as follows: 0-0.25 (Food Secure), 0.26-0.50 (Mildly Food Insecure), 0.51-0.75 (Moderately Food Insecure), and 0.76-1.00 (Severely Food Insecure).

Coping strategies to address food insecurity are prevalent across all groups in Raja County:

- Borrowing food is common, particularly among Refugees and IDPs (65%), followed by Returnees (57%) and Hosts (56%).
- Purchasing food on credit is used by 45% of Hosts, 40% of Returnees, and 39% of Refugees and IDPs.
- Skipping meals is more frequent among Hosts (47%) and Returnees (40%) compared to Refugees and IDPs (32%).
- Consuming less preferred foods is less common, with 29% of Hosts, 26% of Refugees and IDPs, and 16% of Returnees adopting this strategy.

According to residents participating in the survey data collection, food security is not simply the result of a lack of land for cultivation, (even though it is a contributing factor as reportedly 22% of returnees do not have land access, see below). Primarily challenges are a result of a lack of seeds, tools and relevant skillsets, as noted by one host in Raja South – who notes that many younger returnees grew up in urban centres where they were not engaged in agriculture *‘The barriers are personal like some returnees, mostly youth say that they don’t know how to cultivate because they grow up in the city where people don’t use to do it. (CS 10 - Male Host).*

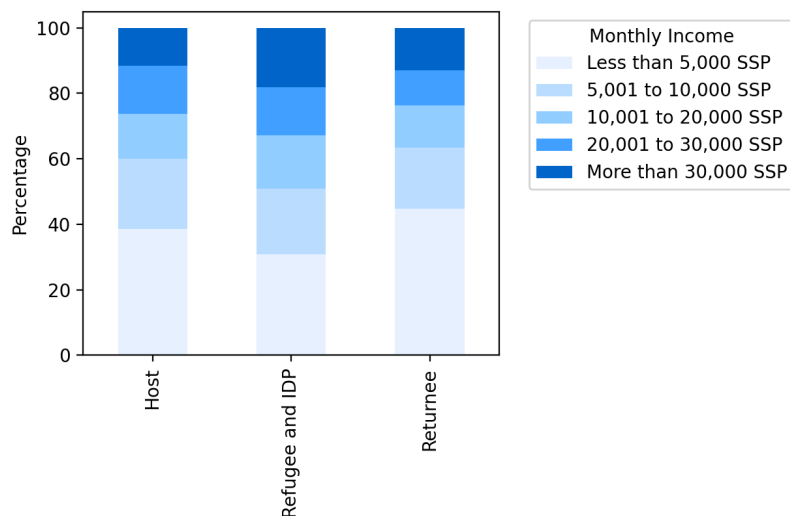
Further, the local agricultural county director notes that some of the seedlings that have been donated are unsuitable for the area. *‘Some seeds which were brought by some of our partners are not suitable to Raja County environment’ (KII 2 - County Senior Agricultural Inspector).* The lack of seeds or farming tools is the most prevalent challenge across all groups (82-90%).

Livelihoods and land. Raja presents a relatively diverse livelihood pattern compared to other regions. While farming remains a primary source of income, hosts have a more balanced distribution across farming (29%), small business (24%), and casual labor (19%). Returnees rely more heavily on farming (42%) and small businesses (27%). IDPs and refugees also depend on farming (33%) and small business (33%). One returnee noted that they had wanted to diversify their income upon their return, but a lack of start-up capital made it impossible to start a business, suggesting that that reliance upon farming is an unwanted necessity for some: *‘Since I returned from Sudan in 2021, I have not done anything besides cultivation - I don’t have money to start a business (Case Study, Female Returnee, Raja Town)’* One respondent noted that farming cooperatives could reduce many barriers to farming such as start-up costs and insufficient labour: *‘For business and farming barriers e.g. start-up budget could be solved by formation of cooperative societies e.g. in farming collective work by alternating skill and tools e.g. weeding by jaraya [local hoe/maluoda] could clear weed very fast and efficient than that one using Malouda so engaging of IDPs and returnees in that work will enhance weeding operation output in term of cultivated area.’ (Case Study, Female Returnee, Raja South).*

Further, one participant noted that successful cultivation was a vital stepping stone which could lead to other economic opportunities, reflecting both the importance of farming for quality of life and the capacity to develop diversified income streams: *“If the g-nuts have a good yield [mashala] and you have your child in the school, the child is likely to study well as of the results of the produce from the farm grown in a large scale farm. You can also start a business through the earning from the farm produce as the business remains operational and likewise the farm. (Case Study, Female Returnee, Raja Town)*

Income. Returnees are concentrated in lower-income brackets, with households with income earners most frequently making under 5,000 SSP per month. Hosts show a more balanced distribution across income levels. A significant portion of households across all groups have no earners, particularly among returnees.

Figure 5 Reported income distribution



A majority of hosts (56%) and returnees (62%) report no significant income fluctuations over the year.

Dissatisfaction remains widespread: most respondents across all groups report not being satisfied with their current economic situation. Approximately 72% of hosts, returnees, and IDPs and refugees report that their **economic situation is much worse now than this time last year**.

Markets in Western Bahr el Ghazal (Raja)

Within the infrastructure assessment, 6 unique marketplaces were identified throughout Raja county. 60% of these marketplaces sell a mixture of food products and NFIs (non-food items), while 40% of marketplaces sell only food products. At the time of assessment, all markets reportedly had staple cereals in stock, with fruits and fish being the most commonly available food products besides staple grains. Wet season conditions have a strong impact on market functionality in Raja, with 80% of traders reporting that availability of goods decreases while all traders reported that prices increase during this period. Traders identified a number of challenges in the past year, primarily:

- **Poor wet season road conditions** (60%),
- **Limited availability of goods in source markets** (84% of traders), and;
- **Limited availability of goods in source markets** (84% of traders)

The three primary needs identified by respondents in marketplaces in Western Bahr el Ghazal (Raja) were sanitation facilities (100%), improved infrastructure (100%) and capacity training for traders (80%)

Photo 2 Raja Town Market



Shelter. Shelter conditions in Raja are challenging across all groups, **with limited access and quality of housing.** Across Raja Payam, two-thirds of interviewed returnees reported that their current housing quality was poor or very poor. Host community members report similar housing quality levels. IDPs and returnees face the most significant quality challenges, with 74% of these participants grading their current housing as either poor or very poor. This doesn't appear to be correlated to housing type, with over 80% of respondents in each category reportedly sheltering in traditional huts. One participant highlighted the housing access constraints faced by recently arrived returnees: *'Some of the returnees who arrived around May have no shelters people are building using coconut leaves and others do not have sleeping mats.'* (Case Study, Female Returnee, Raja South).

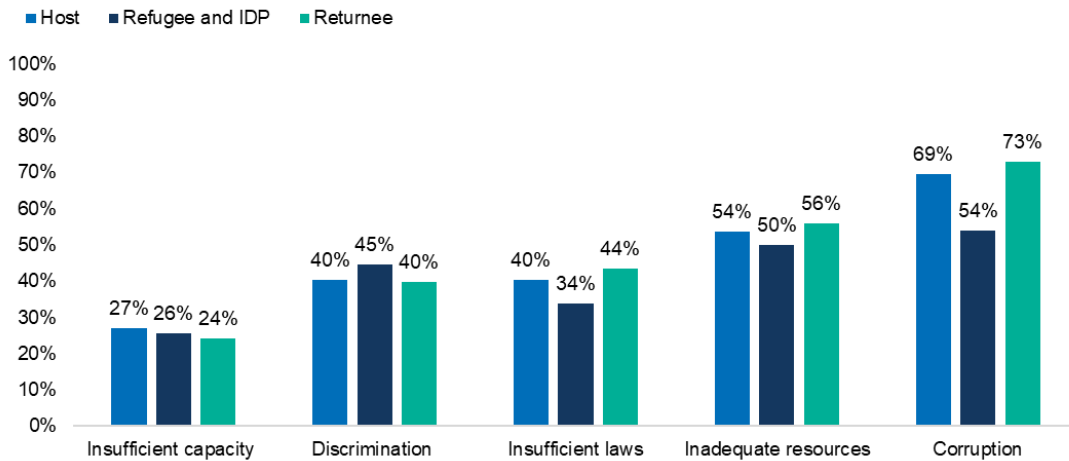
Legal safety

Document possession. Across all groups, national IDs and passports are the most common identification documents, with hosts having the highest possession rates (54% for national IDs). **Returnees lag behind, with only 35% holding national IDs.** Passport ownership rates are low, at 3% for both hosts and returnees. Reportedly, costs are a major barrier for returnees to accessing any type of documentation: *It's hard to acquire new land and its documentation due to lack of money. They are charging four or five thousand SSP for documentation which we can't afford. As well as for ID cards they need money too* (Focus Group Discussion, Female Returnee, Raja Town). And even though many returnees are settling upon their former land they feel it is unlikely that they will manage to procure official documents of ownership: *'All our people who ran away come back and settle in their land they were in before the war, only most of us lost all documents of our land during war, land is there without documents.* (Key Informant Interview, Youth Representative, Raja North).

In **conflict resolution**, informal methods dominate in Raja, particularly among the host community, with 72% favouring these mechanisms (compared to 62% of returnees.) Chiefs are the primary support for hosts (26%) and returnees (27%). Overall, chiefs and the police consistently rank as the top sources of support across all groups. One payam administrator remarked that most disputes are managed by community leaders, with more complex issues being referred to local police services: *'All the communal disputes and disagreements are handled by the community leaders and what can't be solve by the community leaders are normally referred to police'* (Key Informant Interview, Payam administrator, Raja Town).

The performance of local government authorities receives consistently low ratings across all displacement statuses in Raja. Hosts provide an average rating of 1.82 (out of 5), with returnees slightly lower at 1.71 and IDPs and refugees at 1.68. According to the RRC, this is reflective of limited government capacity due to limited finances and manpower exacerbated by the large area it covers. (Key Informant Interview, Acting RRC, Raja Town). **Perceived barriers to public governance** centre on corruption, inadequate resources, and weak legal frameworks.

Figure 6 Perceived barriers to effective governance



Wendy’s journey

Wendy’s journey back to South Sudan was a long and winding one, marked by stops across borders and through multiple regions. After fleeing conflict in Sudan, her route took her and her family through Fashoda, Abyei, and Malakal, where they spent weeks at each location before organisations arranged transportation for the final leg of the journey. Reflecting on the support she received along the way, Wendy expresses gratitude for the protection and resources provided by various organisations, noting, *“They protected us very well, even helping us with transport and money for our journey home.”* Finally, after months of travel, Wendy and her son arrived safely in their homeland of Raja.

Now back in South Sudan, Wendy faces a new set of challenges that highlight the ongoing struggle for physical, material, and legal security. One of her immediate concerns is access to land for farming—a vital source of livelihood in her community. *“We don’t have our own land for farming; everything here depends on the market and money,”* she explains. Relying on family and neighbours, Wendy joins relatives during the rainy season to plant essential crops. This collaboration provides her family with sustenance during difficult times, though the lack of her own agricultural resources remains a constant worry.

The reintegration process for Wendy, like many returnees, is not without its social complexities. However, she finds comfort in the support of her community and notes that relationships with hosts, IDPs, and other returnees are positive. *“People here treat each other well. We celebrate together, attend church, and work together.”* Social cohesion in Raja provides her with a sense of belonging and peace, essential for rebuilding her life after years of displacement.

While Wendy has found a welcoming community in Raja, she notes that support for people with disabilities remains a pressing need. Many of her neighbours face physical challenges that make access to basic services difficult, especially when it comes to transportation. Wendy has seen some organisations provide eyeglasses for those with visual impairments, yet there are few options for those with limited mobility. Community members and her children often step in to help with daily tasks like fetching water, but Wendy emphasises the need for more consistent support.

In addition to physical support needs, Wendy acknowledges the mental health challenges faced by returnees, IDPs, and people with disabilities. She has observed that some organisations in Raja provide assistance to those dealing with trauma or mental health concerns. *“There is support for people with mental challenges, and the returnees who are traumatised receive help from organisations here,”* Wendy shares.

However, the material challenges such as access to basic services, such as health centres and clean water, remains a barrier for Wendy and her neighbours. Despite the presence of a nearby borehole, the quality of water is unreliable, particularly in the dry season. Wendy’s concerns also extend to healthcare: while a health centre exists, the availability of medicines and specialised care is inconsistent. *“If there are no drugs, patients have to find a way to buy them at a nearby pharmacy,”* she explains.

Safety remains a crucial factor in Wendy’s journey to reintegrate, both physically and psychologically. She reports feeling secure in her community, thanks to the presence of local security forces and community-based support networks. However, having witnessed past conflict, she remains wary of any signs of unrest. Her hope is for stability that will allow her family to rebuild without fear, supported by sustained peace and the government’s role in ensuring safety and access to essential resources.

Overall state of reintegration today : RSS score analysis

The Reintegration Sustainability Score was calculated by mapping survey responses to a standardized scoring system across three key dimensions: Economic, Social, and Safety. These are assessed in the following sub-section for different subsets of returnees present in our sample. (We calculate RSS scores only for returnees, meaning IDPs currently displaced are not included here while IDPs who have returned to their location of origin are.

The Reintegration Sustainability Survey Scoring System

The **Reintegration Sustainability Survey (RSS)**, developed by Samuel Hall and IOM in 2017, assesses the sustainability of reintegration across three key dimensions:

- **Economic:** Measures food security, employment access, and financial stability.
- **Social:** Evaluates access to housing, healthcare, and education to gauge community integration.
- **Psychosocial:** Assesses subjective well-being, including feelings of safety, community belonging, and support networks.

Weighting and Scoring

- Indicators within each dimension are weighted to reflect their importance
- Responses are scored on a 0–1 scale, where 1 indicates optimal reintegration and 0 reflects significant barriers.

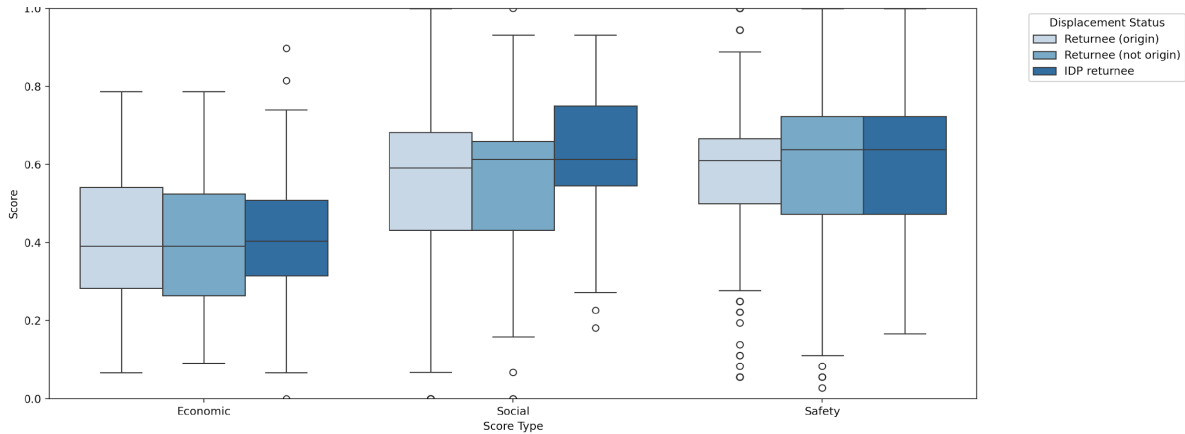
Composite Scoring

- Weighted scores for individual indicators are aggregated to calculate dimension scores.
- Dimension scores are combined, using compound weights, to produce an overall RSS score.

The RSS provides a robust, multidimensional tool to guide evidence-based decisions, helping identify barriers to reintegration and evaluate program impact. Please refer to [the toolkit](#) for the full question set and calculation code.

The RSS scores, which range from 0 (worst) to 1 (best), reveal a troubling picture, with all groups performing poorly across the board. **Economic scores**, in particular, are dire, with medians hovering around 0.4. This reflects severe challenges in accessing livelihoods, stable income, and basic necessities, making economic reintegration the most critical area of concern. The variability within groups further highlights stark inequalities, with many individuals facing extreme economic hardship.

Figure 7 RSS scores by displacement status (returnees only)



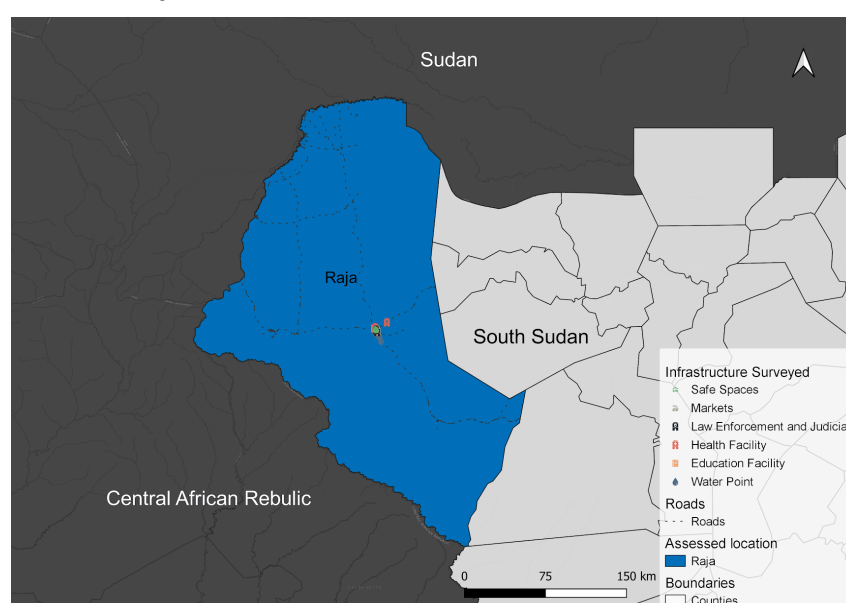
While **social and safety** scores are comparatively higher, they remain far below optimal levels, reflecting ongoing struggles with social integration and perceptions of safety. IDP returnees show the most consistent outcomes across these dimensions, with slightly higher medians. Returnees in their place of origin also exhibit relatively stronger social scores, likely due to their established ties in familiar communities. In contrast, returnees not in their area of origin face the greatest challenges, with lower social and safety scores indicating difficulties integrating into unfamiliar areas where they may lack community trust or connections.

Gender and education emerge as significant predictors of reintegration in the **regression analysis**, while age and time since return have a limited impact on reintegration outcomes. Women, for instance, generally score higher in the social and safety dimensions, with average safety scores higher than men. This suggests that women may experience stronger community ties or have developed better-coping mechanisms within their environments, although these advantages do not necessarily extend to economic outcomes. Education also plays a critical role, with tertiary education correlating with notably higher social and safety scores. (However, this does not translate to economic integration, as those with higher education levels report *lower* economic scores). This disconnect highlights the broader structural economic challenges in the region, where even educated individuals struggle to secure livelihoods in the absence of sufficient economic opportunities.

Infrastructure and services today

This section provides a **diagnostic assessment of the state of key services and infrastructure** in the visited locations. By examining education, healthcare, water access, law enforcement and judicial systems, we aim to evaluate both their functionality and accessibility, their quality today and their ability to cater to increased demand in the future.

Map 1 Assessed facilities in Raja



Infrastructure Type	Number Surveyed
Education Facilities	13
Health Facilities	3
Law Enforcement and Judicial Facilities	5
Markets	5
Safe Spaces	6
Water Points	83

Please refer to the [infrastructure dashboard](#) for a detailed map and granular view of all assessed facilities.

Gauging the quality of building infrastructure

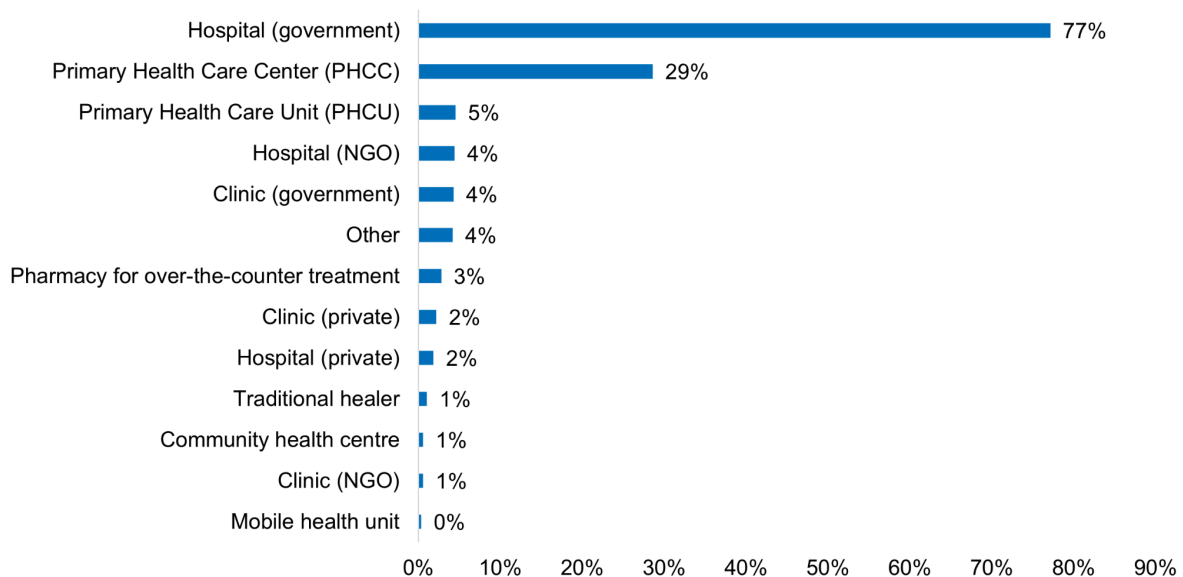
In this assessment, the condition of building infrastructure was evaluated by assessors with the following criteria:

- **Excellent:** The building infrastructure is in pristine condition, with no visible signs of wear or damage. It is well-maintained, structurally sound, and fully functional.
- **Good:** The building infrastructure is in good condition overall, with minor signs of wear or aging. Cosmetic imperfections or minor maintenance issues may exist, but they do not significantly impact functionality.
- **Average:** The building infrastructure is functional but shows noticeable signs of wear, aging, or deterioration. Visible cracks, leaks, or structural issues may be present but do not pose immediate safety risks.
- **Bad:** The building infrastructure is in poor condition, with significant signs of wear, damage, or neglect. Structural deficiencies, safety hazards, or extensive maintenance issues may affect functionality and safety.
- **Very Bad:** The building infrastructure is in very poor condition, with severe damage, decay, or disrepair. Multiple safety hazards, structural weaknesses, or critical maintenance issues render the facility unsafe or unusable.
- **Dangerous:** The building infrastructure poses an immediate threat to safety and well-being. Serious structural defects, safety hazards, or environmental risks require urgent attention to prevent harm or injury.

Health

Accessibility and service utilisation by the local population. In Raja, PHCCs and government hospitals are the primary facilities used by the population.

Figure 8 Health facility usage



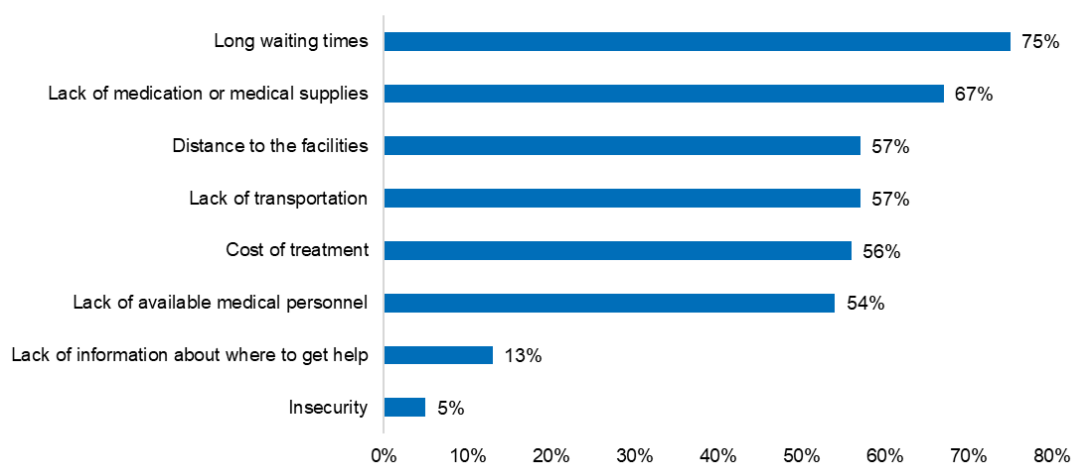
The array of medical services in Raja is more limited compared to other assessed areas. Emergency services are the most widely available, at 57%, followed by immunisations/vaccinations at 56%. Other

services, such as general medical consultations and maternal health care, are available to only 44% of respondents. Specialised services, including surgical procedures and laboratory diagnostics, are scarce, with availability rates below 10%. One participant noted that mental health services are completely unavailable in Raja: *‘No, we didn’t have any department or hospital providing mental health/psychosocial support in county Raja now. We used to have an organization here helping people but they closed down due to lack of funds. (...) This area has a lot of mental health cases that need support but there is none.’* (Case Study, Male Host, Raja Town). The perceived quality of healthcare in Raja is the lowest among all assessed areas, with over 70% rating it as low or very low. The referral rate stands at 53%.

Long waiting times are a concern for close to 80% of the surveyed population, indicating a scarcity of available doctors and nurses. Other major **barriers** to healthcare in Raja include distance to facilities (57%) and transportation (49%), which is highlighted by many participants: *‘The only one Government health centres is far from us. That requires transport and it is a main reason as to why many of the people in our community here fail to seek for treatment early. This then can later lead to complication of the condition and death. It happened many times for those who cannot afford private clinics and transport to government health centres.’* (Focus Group Discussion, Male Host in Raja Town).

Limited resources have led to the closures of some health centres, exacerbating existing access issues for the community: *‘We used to have two hospitals, but now we have only one working while the other one has been closed down due to lack of support.’* (Key Informant Interview, Raja Payam Administrator, Raja Town)

Figure 9 Perceived barriers to accessing healthcare in Raja according to survey participants



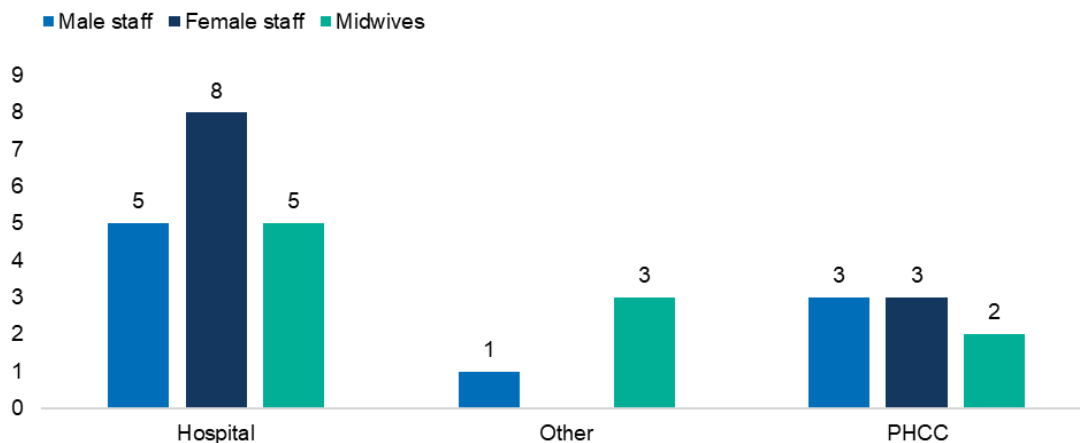
Infrastructure assessment.

In our infrastructure assessment, **only three working health facilities were identified in Raja**: one government hospital, one primary health care centre and one primary health care unit. These facilities are managed by a mix of government, private, and community organizations. Raja's primary health centres provides essential services, with maternal health and vaccinations but limited inpatient and specialised services.

Condition. Raja's main county hospital was found to be in bad physical condition, with the other two facilities in less poor condition. All three facilities have water access, only two have power.

Capacity and staffing. Raja's health infrastructure is minimal, with their main hospital having 45 beds and 150 in-patient capacity. The hospital employs five midwives. The gender distribution in the hospital is slightly female-dominated, with 8 females compared to 5 males. Other health facilities and PHCCs have even fewer staff.

Figure 10 Staff distribution by health facility type

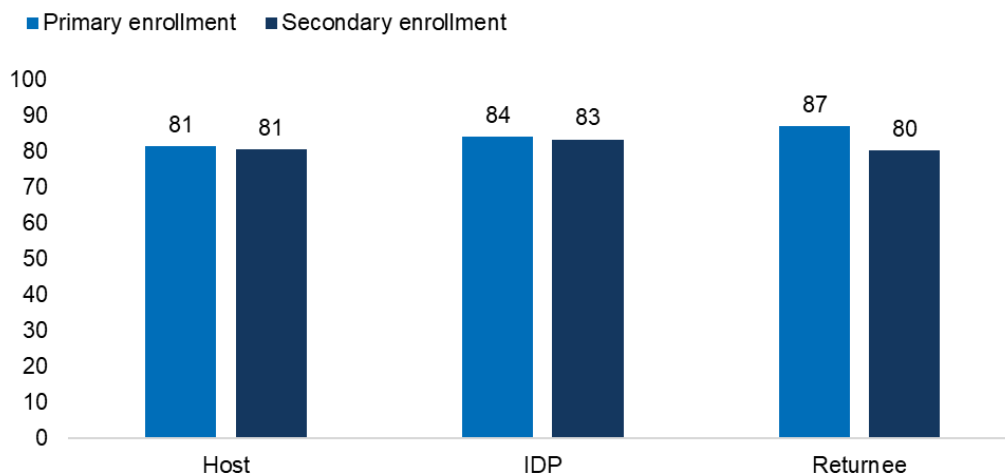


Most pressing needs. The smaller healthcare facilities report having hardly any basic equipment, and are not accessible to wheelchairs. Enumerators noted the almost complete absence of even essential medicines. The hospital is moderately equipped with medical supplies but stocks are always low and would only last two weeks without re-supply.

Education

Accessibility and service utilisation by the local population. In Raja, enrollment rates are relatively consistent across all displacement groups, with primary education slightly outpacing secondary education. Hosts show balanced rates of 81% for primary and 81% for secondary enrollment. Returnees lead in primary enrollment (87%) but have the lowest secondary enrollment (80%), indicating a drop-off in continued education. Some respondents report that this drop-off is a result of insufficient infrastructure: *'We have only one school that has 4 classrooms and some of our children and those of returnees are in P7, P6, even P8 are there but have no option to continue with their education due to lack of classes'* (Key Informant Interview, Youth Representative, Raja North)

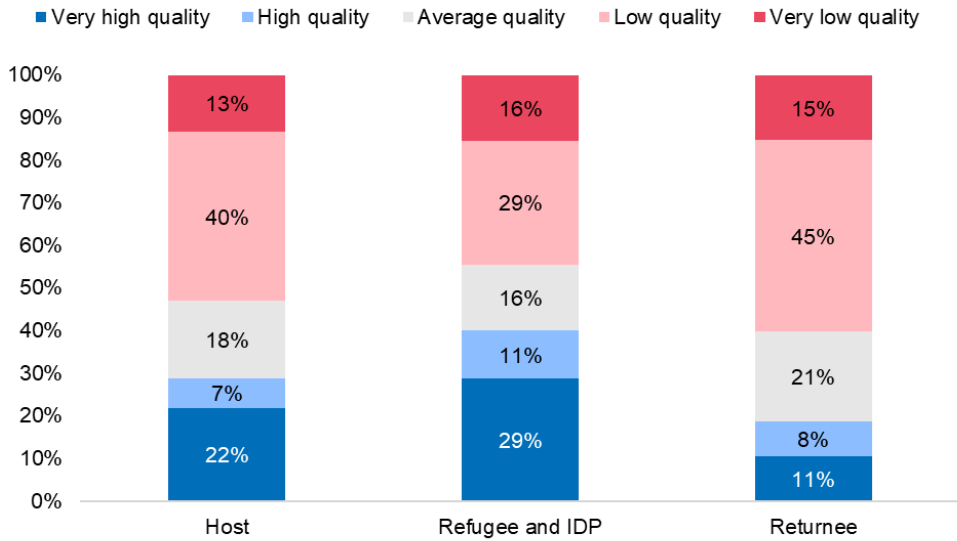
Figure 11 Primary and secondary enrolment percentages



Perceived education **quality** in Raja is polarised, with significant disparities in perception. While some respondents report that education is of very high quality, particularly among the IDPs and refugees group, Raja also has the highest proportion of households reporting that educational quality is low or very low quality. Returnees tend to feel more negative about the quality of education than their host and refugee / IDP peers. Quality issues are apparently exacerbated by delayed salaries to teachers who are reportedly discentivised by not having received payment in 10 months.

Financial constraints are a major barrier to school attendance in Raja, affecting 40-45% of respondents across all groups, as highlighted by this returnee *‘Lack of school fees prevents our children from going to school. For instance, some of my children are studying and others are not due to lack of money for school fees. (Case Study, Female Returnee, Raja North)*. For households outside of Raja town, **distance** is also a significant constraint. In Raja North, respondents report that the school in the area collapsed during the conflict and has not been reconstructed. With other schools being too far away, children struggle to travel such long distances partly due to hunger. *‘The issue of food is letting our children not to attend distant schools where they go and get tired on their way back home and with that, makes children not focus on education. (Focus Group Discussion, Male Returnee, Raja North)*

Figure 12 Perceived quality of education



Infrastructure assessment.

Within the infrastructure assessment, 13 unique education centres were identified, consisting of 11 primary schools and two secondary schools. The Government (Ministry of General Education and Instruction) is the predominant administrator, with some involvement from private entities and community leadership. Across the assessed facilities, 54% of schools reportedly charge fees. No schools provide regular feeding programs.

Condition. Seven out of ten of the assessed schools were found to be in good condition. Water access is available in only a third of schools. Toilet facilities are present in most schools, but hand washing facilities are available in only one school in four. No schools in Raja have access to electricity.

Equipment. Primary schools face resource availability challenges: almost all lack a playground, sufficient desks and chairs, and books.

Size and attendance. Most classes fall within the 25-50 student range for both primary and secondary schools, and a small number of classes exceed 50 students. On a typical day, primary schools have an average of 13 teachers present, with the two secondary schools 15. Regarding attendance, both primary and secondary schools report that most students attend regularly.



Photo SEQ Photo * ARABIC 3 Raja Primary School

School Type	Average number of buildings	Average number of Classrooms	Most common class size
Primary school	4.1	7.4	25-50
Secondary school	4	5.5	25-50

Teacher qualifications. Raja's teaching staff mostly have high school diplomas with a teaching certification, as seen in 6 out of 13 schools. A smaller number of schools employ teachers with diplomas or certificates in education.

Most critical needs. Feeding programs stand out as the most critical need, cited by all 11 surveyed primary schools, followed closely by classrooms, learning materials, and safety, each with significant mentions. Playgrounds are also a notable priority.

Law Enforcement and Judicial Infrastructure

Raja presents the most limited law enforcement and judicial infrastructure across all assessment locations, with only courthouses (2) and police stations (3) profiled. NGOs are involved in the management of one facility, while the government manages the rest. Further, one payam administrator noted that occasionally mobile courts are mobilised, through the support of state government and UNMISS: *'The few cases of GBV I told you about are normally handled by the mobile court that comes from the state with help of UNMISS and our law enforcement agency.'* (Key Informant Interview, Payam Administrator, Raja Town).

Staffing and traffic. Court houses are staffed with judges, lawyers, and administrative staff. Police stations employ a mix of police officers and judges, with some other roles suggesting a dual focus on law enforcement and judicial processes. All facilities operate with mid to lower-level qualifications. Police stations show diversity in qualifications from diplomas to primary level, while courthouses rely mainly on high school and primary-level educated staff. Both courthouses (2) receive moderate traffic (10-50 visitors daily), while all three police stations report low traffic (less than ten visitors).

Raja Judicial Office, Raja Town (Source: Samuel Hall)



Equipment and condition. The data reveals significant challenges in the maintenance and functionality of facilities, with over half reporting poor upkeep and long wait times for services. Basic infrastructure remains a concern, as four profiled facilities out of five lack adequate lighting, seating, and ventilation. A majority face shortages in essential office furniture, including desks and chairs, highlighting the need for improved working conditions.

Sufficiency and needs. Maintenance and staff training (5 each) are the primary concerns, followed by security measures and equipment upgrades (4 each) and community outreach (3). The distribution indicates that basic operational needs are a priority.

Safe Spaces

Awareness and accessibility of protection to the local population. In Raja, the utilisation of protection services is moderate, with just 21% of survey respondents having accessed them. However, *perceptions* of accessibility are relatively positive, as some three quarters of survey respondents consider them accessible. The main perceived obstacles to accessing these services include limited awareness, challenges related to physical distance or transportation, and concerns about stigma or discrimination.

Infrastructure assessment.

Six safe spaces were profiled in Raja, including two run by community-based organizations (CBOs), three managed by government agencies, and one operated by an NGO. Among these, five spaces offer counselling services, three provide security measures, and two offer childcare services. Additionally, one space provides legal assistance, and another offers livelihood support.

Daily intake varies between the safe spaces, with three receiving less than ten visitors per day and the rest receiving a maximum of 50 visitors per day.

Maintenance emerges as the top priority (needed by five facilities), while security, equipment, training, and outreach are each identified as needs by four facilities. Staff report opportunities for improvement through organisational partnerships, particularly in GBV training.



Photo SEQ Photo 1* ARABIC 4 Women and girls' center, Raja Town

Waterpoints

Type of water point. Reflecting the lower population, Raja has the smallest profiled water infrastructure network among assessed locations, with 83 total water points identified. The majority consists of 63 borehole hand pumps (75%), complemented by nine tap water points (11%), five water kiosks, three hand-drawn wells, two springs, and one borehole with a motorised pump. International aid organisations have been the primary developers of waterpoints in Raja, establishing 33 water points, followed by government authorities with 27 points, while local NGOs have set up 16 points. 64 out of 83 points (77%) have water management committees. 29 charge fees. (Cost data is limited, with only one reported price point at 500 SSP per jerry can)

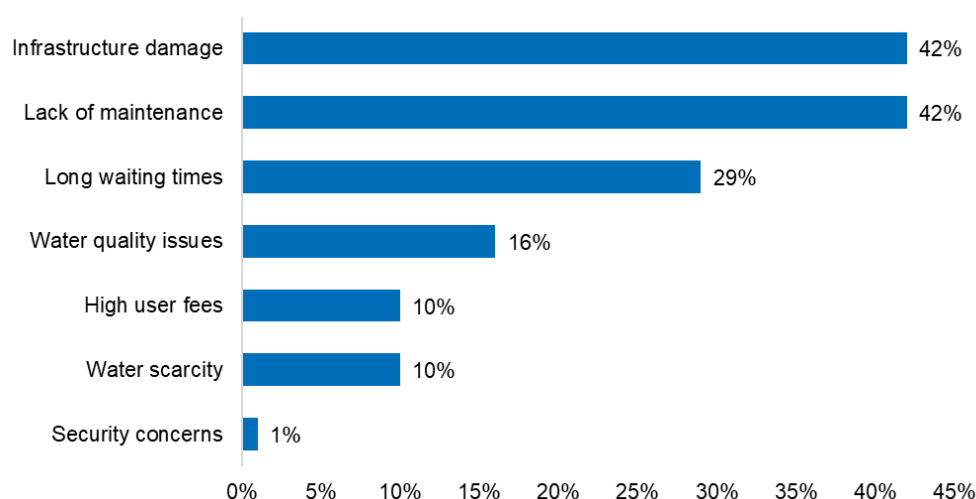
Quality and reliability. Water quality is generally considered high, with only 13% of profiled water points considered to have



poor or very poor water quality. Water is always available at 47% of the profiled water points - the highest percentage among assessed locations - and an additional 25% of water points having water often available. Close to half of the water points have wait times under 15 minutes, and there were no reports of waits exceeding 1 hour.

Most reported challenges. Raja, lack of maintenance and infrastructure damage are the most significant issues, each affecting over 40% of profiled water points. Further, some respondents noted that there were concerns regarding the availability of water over the dry season, with more water being available in the wet season due to adequate rainfall: *‘The water facility in our area is poor. Right now, there is rain water. But we do not know what will happen during the dry season.’* (Focus Group Discussion, Male Returnee, Raja South), highlighting that fears remain over water access during the dry season, and that water infrastructure may not be as well

Figure 13 Reported problems at water points



John’s journey

Returning to Raja was, for John, both a sacrifice and a necessity; even amid the challenges, he was determined to come home to rebuild his life on familiar ground. Life in Sudan, he explains, left little room for autonomy or security. *“In Sudan, you can’t be given land for farming. Even if you want to collect firewood, they’ll chase you out.”*

Back in Raja, accessing basic services has been a mixed experience. While a local health centre and schools are operational, they are strained by limited resources. Essential medicines are often unavailable, leaving patients to rely on private pharmacies they can scarcely afford. Schools continue to operate, yet they too are under-resourced and struggling to meet the growing needs of a returnee population. Access to water remains one of the greatest challenges, especially in the dry season. With few boreholes in the area, people often face long waits or have to travel far to fetch water. *“The water points are not enough for everyone. We urge organisations to drill more water points,”* John says.

The initial support for returnees, though delayed, was crucial for families like John’s. From July to August 2024, organisations like IOM began providing essential items—blankets, lights, tents, and farming tools—to help with basic needs and build self-reliance. Despite this progress, John

notes that much of the earlier support was directed toward facilitating returnees' journeys from border areas rather than sustainable, local integration efforts.

Social integration, however, has shown signs of progress. Initially, John and other returnees encountered suspicion from some locals, who saw them as outsiders. But joint activities, from religious gatherings to community celebrations, have built trust. People of all backgrounds now gather at both local mosques and churches and events like weddings, funerals, and festivals. *"You cannot hear that this is for these tribes or that—people are all one,"* he says.

Community-driven initiatives have become a way for returnees and residents alike to build a sense of shared responsibility and solidarity. Together, they organise cleaning drives for local roads, addressing the community's immediate infrastructure needs. Using a shared megaphone to broadcast community announcements, John and his neighbours regularly mobilise to dig drainage paths and manage other essential communal tasks. *"If there's a need to open a drainage or clear a path, we announce it and gather as a community,"* he explains. These collective efforts highlight the potential for such initiatives to improve both individual livelihoods and community cohesion.

The limited economic opportunities in Raja present a pressing challenge, especially for young people. With few job options and limited access to schooling, many youths are driven toward petty crime. John believes that constructive engagement programmes could offer a much-needed outlet. *"For the girls, they should be given machines so they can earn their own money. And we need sports for the youth. It would give them purpose and let them forget the past,"* he adds.

In terms of food security, small-scale agriculture sustains many residents. John acknowledges that initial NGO support in providing seeds and tools was invaluable, but he stresses that consistent aid is needed to make farming viable long-term. The economic situation remains difficult, making it hard to save or sell enough produce to get through leaner seasons. *"The farming is not very big, not enough to sustain the family,"* he shares.

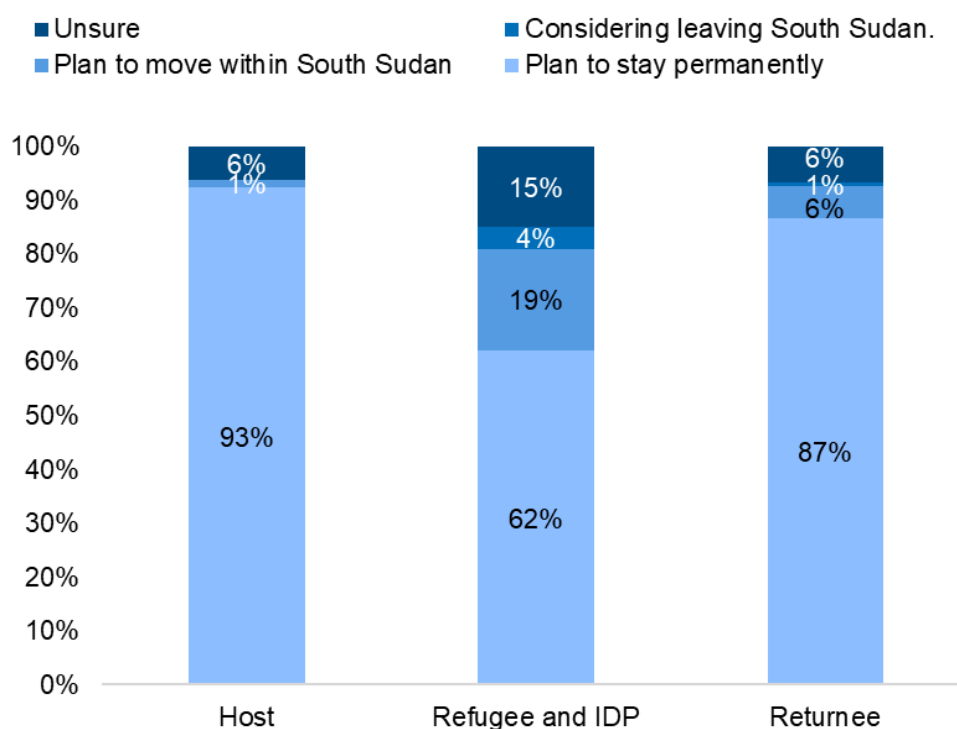
Despite these hurdles, John remains optimistic about Raja's future, envisioning a community strengthened by better access to healthcare, water, and education. *"We need food assistance, medications, and schools for our children,"* he emphasises. *"For the youth, sports activities would unite them and help them forget the issues affecting them psychologically."*

John sees the value of a dedicated learning centre for children, especially those unable to read or write, as an avenue to build foundational skills and encourage long-term educational engagement. Additionally, he believes that empowerment through skill-building programs, such as training in tailoring or small business management, would offer critical opportunities for independence and growth.

Integration tomorrow

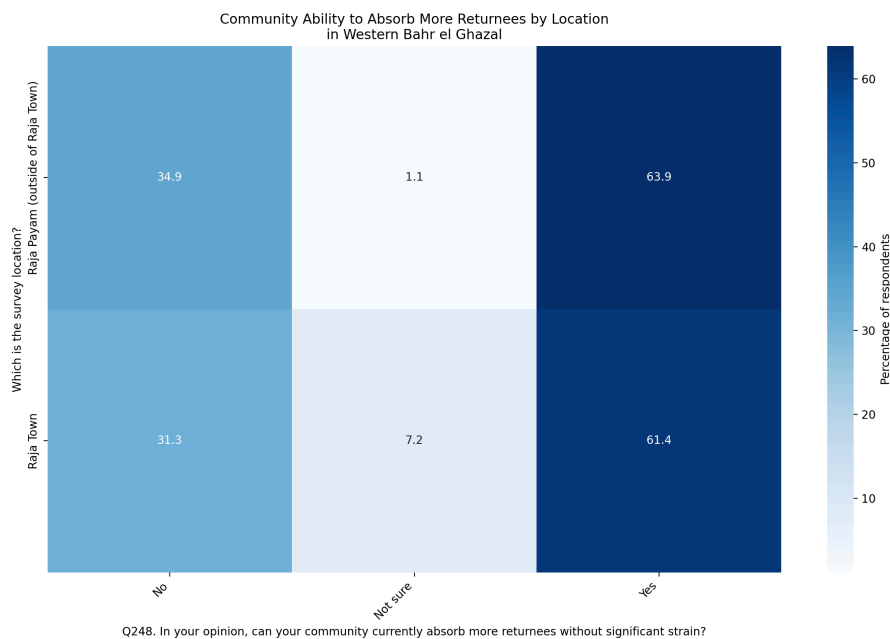
Current perceived barriers to be addressed prior to the arrival of additional returnees. Return has not stabilised the crisis situation in terms of food security in particular for most of the interviewed returnees: While 15% of returnees report improved food security when compared to their situation during displacement, 81% face worsening conditions, with 66% describing their situation as "Much worse now." *‘Things are difficult in general but some of us the host can manage to access some private institutions like schools, health facilities and buying water among others. But returnees are not able to access that facility because of the economic crisis.’* (Focus Group Discussion, Male Host, Raja Town). Despite these significant challenges, the overwhelming majority of residents express a strong desire to remain in Raja.

Figure 14 Future plans



Community assessment of absorption capacity. Raja, the sentiment toward absorbing more returnees is generally positive. Among surveyed hosts, 67% believe the community can handle additional returnees. Returnees are less optimistic, with only 60% believing that more returnees could be absorbed, with some participants suggesting that additional support could benefit the capacity of the region to support more returnees, however as it stands, quality of life is strained:

Figure 15 Community assessment of community's ability to absorb more returnees



'The future of Raja ahead, if there is assistance to the community, the future will be good and when there is no support the future will be poor. The condition of the community is becoming worse which will cause diseases and other outbreaks.' (Key Informant Interview, Community Chief, Raja Town - Chief Raja County)

Respondents highlighted several key constraints affecting absorption capacity, with variations across Raja's locations:

- Housing emerged as a major concern across Raja County, with 61% in Raja Payam and 56% in Raja Town reporting insufficient housing.
- Land availability was a significant issue across both areas, with 57% in Raja Payam and 54% in Raja Town citing insufficient available land.

Environmental pressure impacting absorption capacity

A third of survey respondents report that they have already witnessed environmental degradation affecting their lives. The community faces challenges, particularly around drought, flooding, and deforestation. Flooding has affected half of the survey respondents. Livestock raisers face further challenges, with 100% reporting a lack of grazing land. The county agriculture noted that there are several measures that could be taken to address issues related to farming and climatic factors: *'For climate change issues there is also a need for our government and partners to make an action plan for establishing demonstration plot for farming to determine e.g. for seed test germination, and adaptability of such crops in our county because some seeds which were brought by some of our partners are not suitable to the Raja County environment'* (Key Informant Interview, County Agricultural Director, Raja Town)

Assessment of service absorption capacity

Healthcare

The assessment categorised health facilities based on their service capacity thresholds, aligning with both national government and international Sphere Standards. These thresholds define the number of people a facility can reasonably serve under varying conditions:.

Health Facility type	Service capacity thresholds
PHCUs and PHCCs	Ideal capacity: 10, 000 people per facility
	Strained Capacity: 25,000 people per facility
	Maximum Capacity: 50,000 people per facility
County District hospitals	Ideal capacity: 50,000 people per facility
	Strained capacity: 250,000 people per facility
	Maximum capacity: 300,000 people per facility

To determine healthcare absorption capacity, the evaluation considered only facilities meeting minimum quality standards (detailed in Annex 1). Using Sphere Standards, the analysis assessed how many people each facility could serve, excluding facilities that failed quality control due to issues such as inadequate water access, insufficient medicine stock, or high doctor-to-patient ratios.

Even with the low population rate of Raja Payam (which is taken as the population figure as this is the payam that was assessed) services are only operating in the strained category, **suggesting that quality is a for concern infrastructure in this area**, and that while more people can technically be absorbed this does not correlate to high quality healthcare

Of the three assessed health facilities, only one failed to meet minimum standards – however this specific facility (Mahonga PHCC) failed to meet 5 of the 6 minimum standards, only passing the standard for water access, with significant structural damage present, a lack of medicines and an insufficient number of doctors available identified as key concerns.

Figure 16 Health Absorption Capacity

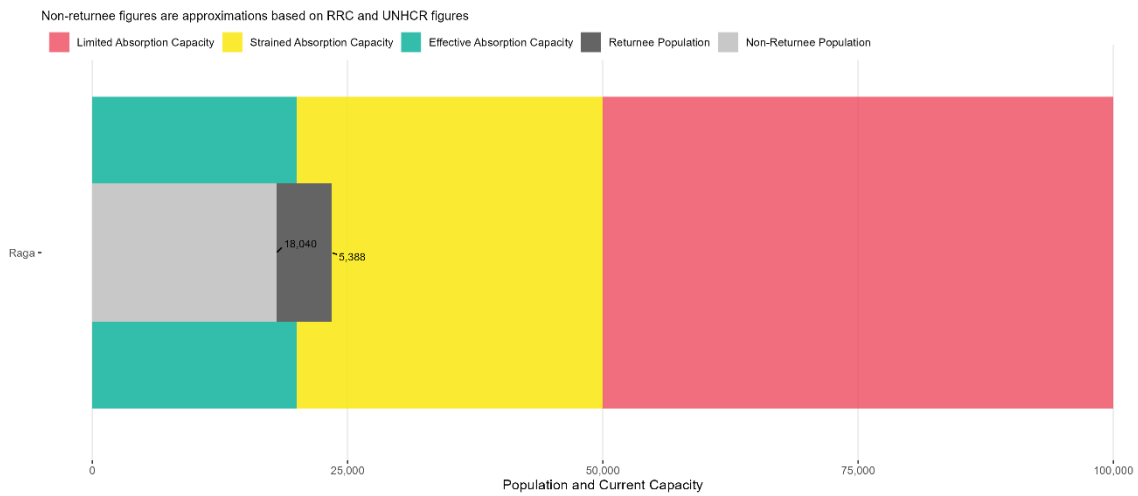
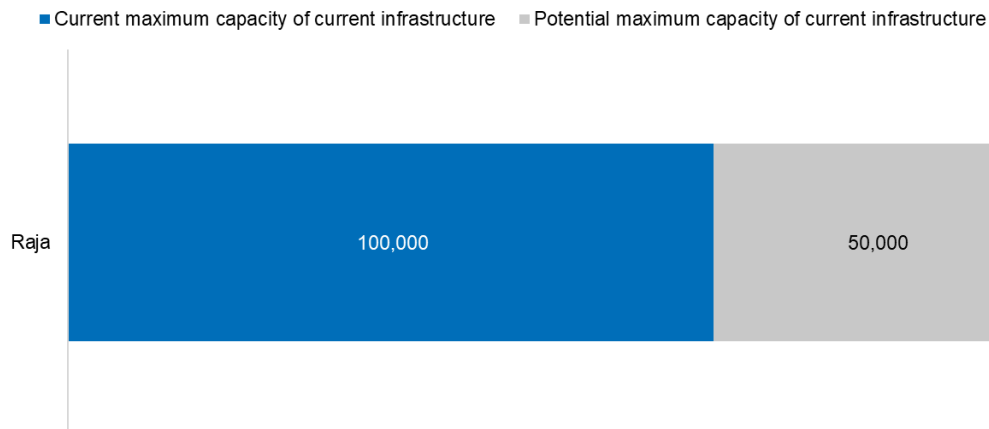


Figure 17 Potential versus current capacity of health infrastructure



	Raja
Current number of working facilities	2
Current number of non-functional facilities	1
Number of PHCUs required to meet ideal service provision and effective absorption capacity	1
Number of PHCUs required to meet strained service provision and absorption capacity	0
Number of PHCUs required to meet maximum service provision and limited absorption capacity	0

In this location it would be important to address both quality of healthcare and key access issues. Quality of healthcare could be improved through the acquisition of medicines, training of

current doctors, and addition of qualified doctors. Key access constraints, such as cost, transport and defunct health facilities, could be remedied through CVA assistance, transport support and refurbishment of these closed facilities. These interventions would more likely reap benefits than the construction of new facilities due to the remote nature of the county. The table below to the right shows the estimated number of additional resources required in Raja to achieve **ideal**, **strained**, and **maximum** service capacities:



¹² Scores closer to zero represent non-functioning measures of facility quality and scores closer to 100 represent ideally functioning facility quality.

Education

85% of schools have displaced students, with displaced persons representing about 18% of students. **In the last year, 90% of primary schools and both secondary schools have noted increasing enrollment**, with the majority of schools (53.8%) reporting that they cannot accommodate more students. Of those that can accept more students, the average additional capacity is relatively low at 177.5 students (based on teachers' perception), with a maximum of 500 additional students.

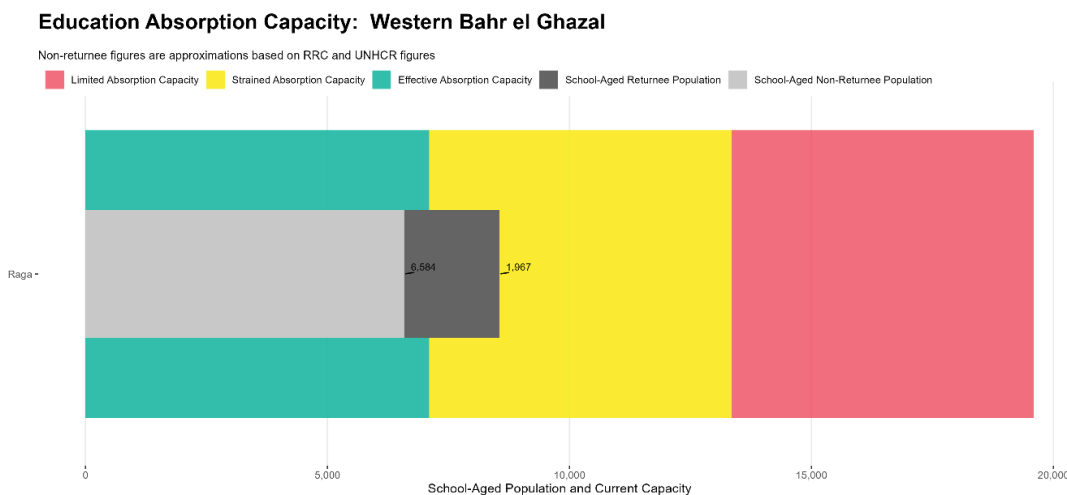
Similar to healthcare facilities, educational centres were assessed to determine their current capacity relative to demand and their ability to accommodate additional populations. Facilities that failed to meet minimum standards (detailed in Annex 1) were excluded from the overall education capacity score. Capacity was calculated based on the number of available teachers, **with population figures reflecting the school-aged population rather than the overall population**, not the proportion of those already enrolled.

Service capacity thresholds
Ideal capacity: 1 teacher per 50 students
Strained Capacity: 1 teacher per 94 students
Maximum Capacity: 1 teacher per 138 students

To evaluate the capacity of education services, the assessment followed South Sudanese national standards, defining thresholds for teacher-to-student ratios as follows:

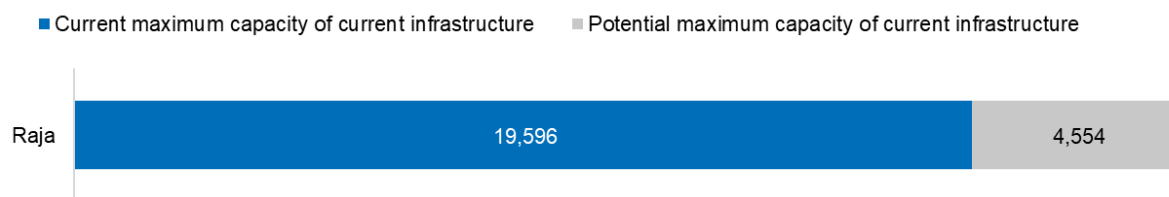
Similarly to Raja’s healthcare system, our modelling based on available infrastructure in Raja payam suggests that its educational infrastructure is **working at a strained capacity for the current school aged population**.

Figure 19 Education absorption capacity



Only two of the assessed facilities did not meet the minimum standards for inclusion in the absorption metric, both for not having latrine facilities. Given that these facilities were rehabilitated, it would increase the total maximum capacity of education in the region by 4,554 students.

Figure 20 Potential and current maximum capacity of education infrastructure



	Raja
Current number of teachers	142
Current number of teachers in non-functional facilities	33
Number of teachers required to meet ideal service provision and effective absorption capacity	30
Number of teachers required to meet strained service provision and absorption capacity	0
Number of teachers required to meet maximum service provision and limited absorption capacity	0

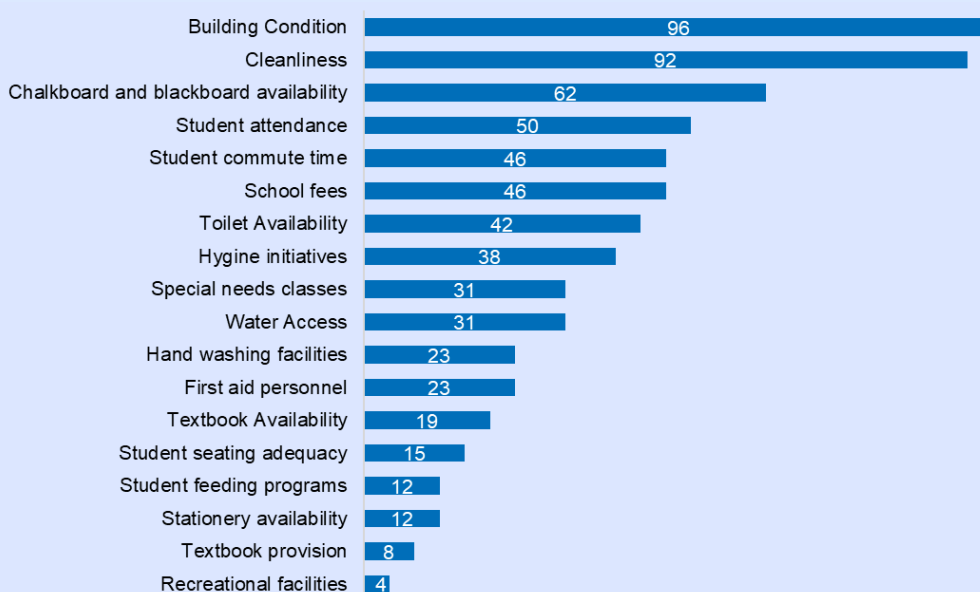
Given the feedback from participants and the schools themselves, **education capacity in this area would be best served by quality and equipment improvements along with an increased supply of teachers.** To this end, supporting school feeding programs, distribution of educational materials such as textbooks and stationery and salary support and training for current teachers would have a significant impact upon education in the area. An increased supply of teachers, specifically for secondary schools, could also help lower the disparity between primary and secondary education provision. Further, support to households in the form of CVA would likely improve attendance and enable households to better finance their children's education. The table to the left provides the estimated number of additional resources required in Raja to achieve **ideal, strained, and maximum** service capacities:

Quality Scoring

Based on quality scoring metrics, education facilities scored 39 out of 100 in Western Bahr el Ghazal, **the lowest across any assessed region** given aggregated scores on several indicators. Facilities in Western Bahr el Ghazal scored well for building condition and cleanliness, but under 30 for a number of key indicators such as **textbook availability and provision, handwashing facilities, access to student seating and feeding programs.** Based on these findings, while current capacity given the number of teachers may show the county is only strained, there are a number of key quality deficits which

interventions could address to improve education provision within the region.

Figure 21 Education quality scores by indicator



Water

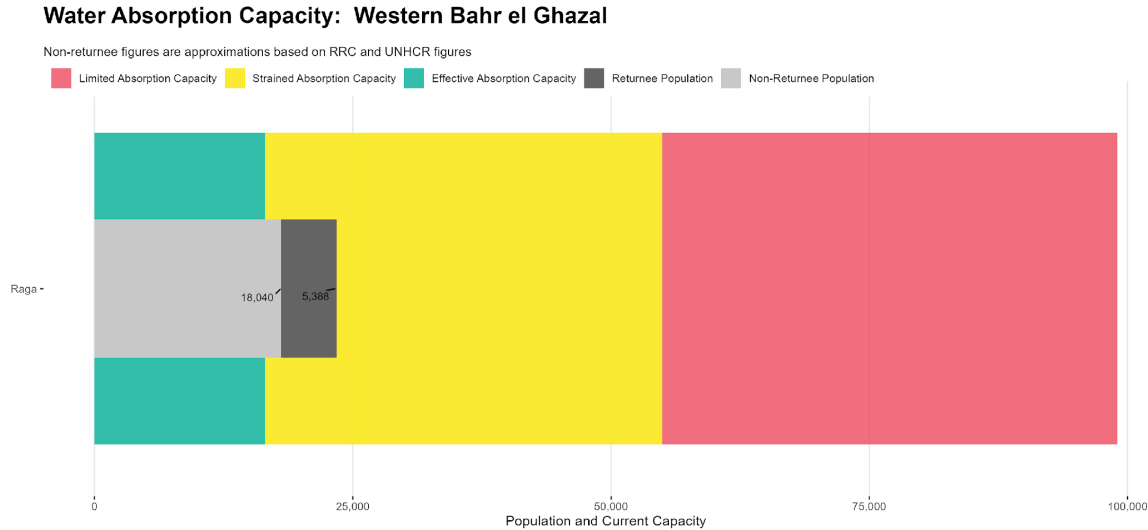
The assessment of water infrastructure utilized Sphere Standards to evaluate current carrying capacity and the ability to absorb additional populations. Service capacity thresholds for different water point types were defined as follows:

Water point type	Service capacity thresholds
Handpumps	Total water needs (15L pp/day): 250 people per water point
	Survival needs and basic hygiene (4.5L pp/day): 832 people per water point
	Survival needs (2.5L pp/day): 1,500 people per facility
Motorized pump	Total water needs (15L pp/day): 500 people per water point
	Survival needs and basic hygiene (4.5L pp/day): 1,665 people per water point
	Survival needs (2.5L pp/day): 3,000 people per water point

Water sources that failed to meet minimum standards for consistent, clean, and safe water supply were excluded from the overall carrying capacity calculation (see Annex 1 for details on standards).

Current water infrastructure in Raja is strained according to absorption capacity calculations, only capable of meeting survival and basic hygiene needs for the current level of population

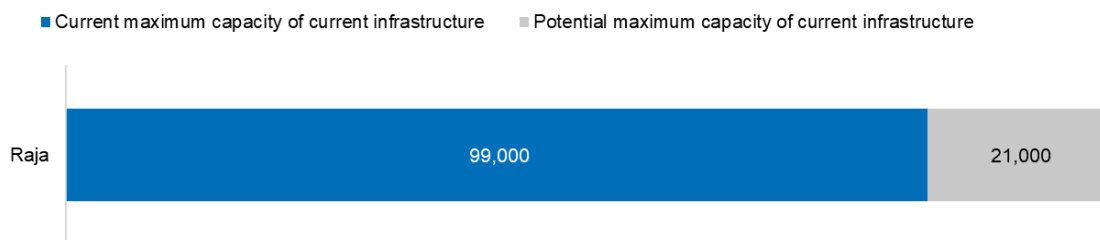
Figure 22 Water absorption capacity



Water capacity in the region could be greatly enhanced by refurbishment of current water resources, **as just under a quarter of water points (16 of 83) did not meet minimum standards** – largely due to poor water quality (11 water points) and inconsistent production (6).

Location	Minimum Standard Failed		
	Poor consistency	Poor quality water	Unsafe facility
Raja	6	11	4

Figure 23 Potential and current maximum capacity of water infrastructure

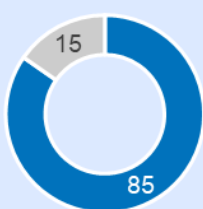


By refurbishing the quality and consistency of currently malfunctioning water points, an additional 3,500 individuals could meet their total water needs (15 litres per day). However, **an additional 11 functioning hand pumps would still be needed to meet the total water needs of the current population**. Expecting that populations could continue to increase in the area, both the addition of a handful of water points and maintenance to current water points could place Raja’s water infrastructure at an effective absorption capacity level.

	Raja
Current number of working water points	67
Current number of non-functioning water points	16
Number of borehole handpumps required to meet total water needs	27
Number of borehole handpumps required to meet hygiene and survival needs	0
Number of borehole handpumps required to meet survival needs	0

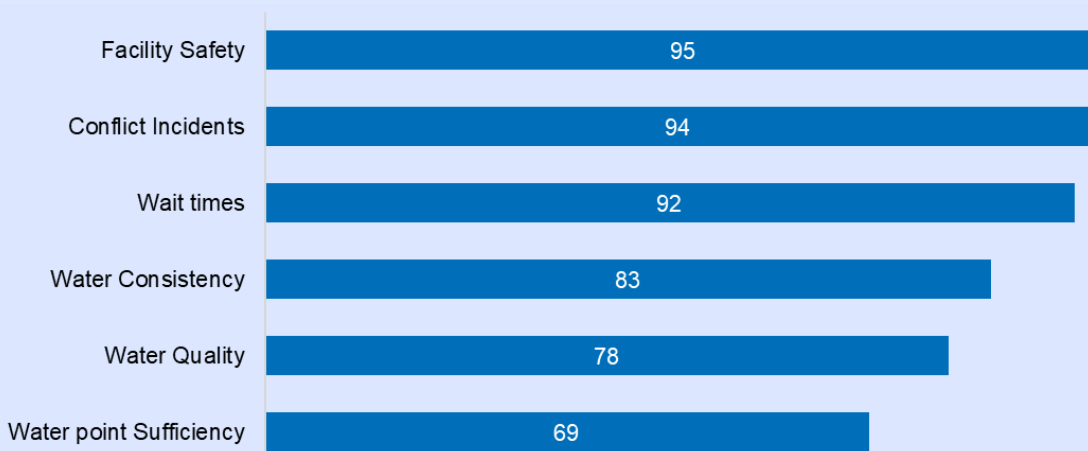
The majority of profiled water points (70%) are **considered adequate for current needs**. Regarding future capacity, the distribution is mixed: 21% could handle a lot more people, 27% could handle a few more people, **31.3% are at maximum capacity** and 21.7% struggle with current demand. This suggests that while Raja’s water points generally meet current needs, about half may face challenges with population growth.

Quality Scoring



Based on quality scoring metrics, water facilities scored 85 out of 100 in Western Bahr el Ghazal, suggesting relatively high quality infrastructure in comparison to other assessed regions. Conflict and safety incidents were rare, with the biggest concerns **being the sufficiency of the current infrastructure to meet the needs of the community and water quality**, illustrating that addressing water quality concerns and supporting the construction of additional hand pumps would have a marked impact upon both quality and access in the region.

Figure 24 Water quality scores by indicator



Judicial infrastructure and safe spaces. The judicial infrastructure and safe spaces in Raja operate in response to the needs of the population, making their capacity more difficult to quantify compared to healthcare or water services. However, an analysis of existing resources and challenges suggests that an increase in the population—particularly of vulnerable individuals prone to land disputes or in need of protection services—would likely place additional pressure on these systems. Most land and property disputes are handled informally by community leaders and chiefs, but unresolved cases are referred to the formal judicial system. The absence of land documentation among many returnees, coupled with rising land scarcity, has already resulted in a notable volume of disputes. A further increase in population could exacerbate these challenges, potentially overburdening both informal and formal systems. Already today, all profiled police stations (3) are deemed insufficient, reflecting findings from the household survey that there were an insufficient number of police in Raja.

Safe spaces, similarly, provide critical services such as counseling, childcare, and security, but their capacity is constrained. Six facilities were identified in Raja, with daily intake ranging from fewer than 10 to a maximum of 50 visitors. The profiled safe spaces generally show a positive capacity to meet community needs, with four out of six facilities considered sufficient for the current population. However, two facilities have reported increased demand due to recent returns, suggesting some pressure on resources. Current gaps include limited access to legal assistance, livelihood support, mental health services, and facilities for recreational or educational activities.

In summary, qualitative and contextual evidence points to potential strain if new arrivals increase significantly. As these systems are central to maintaining stability and promoting reintegration, understanding their limitations is critical to planning for future population changes in Raja.

Conclusions and Recommendations

1. Physical safety: Perceptions of safety in Raja are generally positive, with most respondents feeling safe most or all of the time. Security incidents are rare, and social cohesion is strong, with returnees, hosts, and IDPs actively participating in shared community activities such as religious gatherings and collective farming. Law enforcement services are present but limited, with under-resourced police stations and reliance on informal mechanisms.

2. Material safety: Material safety remains a major challenge, driven by widespread food insecurity and limited livelihood opportunities. Most respondents report skipping meals, relying on credit, or consuming wild foods to cope. While farming is the dominant livelihood, a lack of seeds, tools, and skills—particularly among youth returnees—hinders productivity. Poor housing quality and overcrowding exacerbate challenges, especially as returnees settle in areas with limited resources.

3. Legal safety: Disputes are primarily resolved through community leaders and informal mechanisms, as formal legal infrastructure remains weak. Corruption, resource shortages, and the absence of land documentation for returnees further undermine legal safety. Land access is particularly concerning, with costs and administrative burdens creating barriers for returnees seeking official ownership.

4. Reintegration Sustainability Scores (RSS): RSS scores highlight severe economic challenges for returnees in Raja, with economic reintegration emerging as the most critical barrier to sustainable reintegration. Median economic scores hover around 0.4, reflecting widespread hardships in accessing livelihoods, stable incomes, and basic necessities. Returnees in their place of origin show stronger social outcomes, likely due to established community ties. Gender analysis reveals that women score higher on social and safety dimensions, suggesting stronger community ties or coping mechanisms. However, these advantages do not address economic vulnerabilities shared across genders.

5. Infrastructure and Services Today:

- **Healthcare:** Facilities in Raja are extremely limited, with only three functional health centers, including one hospital. Services are overstretched, with significant shortages of medicines, basic equipment, and qualified staff. The main hospital operates at strained capacity, and some health centers have closed due to a lack of support. Distance to facilities and transportation costs remain major barriers, particularly in rural areas.
- **Education:** Infrastructure and quality are critical challenges. Schools lack electricity, feeding programs, and basic materials like desks and textbooks. Teacher shortages and unpaid salaries further undermine education quality. Secondary school options are particularly limited, creating barriers for continued learning.
- **Law enforcement and safe spaces:** Judicial and law enforcement facilities are minimal and poorly maintained, with only two courthouses and three police stations. Safe spaces provide some essential services like counseling, but capacity is limited, and awareness remains low, particularly in rural areas.
- **Water:** Water quality and availability in Raja are better compared to other regions, with 77% of water points meeting basic needs. However, maintenance issues and seasonal

inconsistencies pose challenges, particularly during the dry season. About a quarter of water points are non-functional, and rural areas remain underserved.

6. Integration tomorrow: Despite significant challenges, most returnees and host community members in Raja intend to remain in their current locations, reflecting strong ties to the area. While there is optimism about absorbing more returnees, this is contingent on critical improvements to infrastructure and services. Key priorities identified include improving access to healthcare, particularly through rehabilitating defunct facilities, expanding education infrastructure to address shortages, and enhancing water access in underserved rural areas. Additionally, housing quality and availability remain major concerns, alongside support for livelihoods to reduce food insecurity and economic strain.

7. Service Absorption Capacity:

- **Healthcare:** Healthcare services in Raja operate at strained capacity, with significant quality gaps. Rehabilitating the single non-functional PHCC would enable the health system to serve more people effectively. Key improvements, including medicine stock replenishment, staffing increases, and equipment upgrades, are needed to enhance service quality and capacity.
- **Education:** While schools can accommodate some additional students, most are at or near maximum capacity. Adding 30 teachers would allow facilities to operate at an effective level, but critical infrastructure upgrades—such as classrooms, latrines, and learning materials—are needed to improve safety and quality. Introducing feeding programs would address food-related attendance challenges.
- **Water:** Current water infrastructure struggles to meet total water needs. Refurbishing the 16 non-functional water points would extend water access to an additional 3,500 people. However, 11 new water points would still be required to achieve sufficient coverage, particularly in remote areas prone to seasonal shortages.
- **Judicial and Safe Spaces:** Judicial facilities and safe spaces face significant resource constraints. Most judicial facilities lack basic infrastructure and staff capacity, while safe spaces report rising demand due to recent returns. Maintenance, equipment upgrades, and expanded services—particularly for legal assistance and GBV protection—are essential to improve their ability to absorb additional populations.

Recommendations

- 1. Increased access to water:** While water quality, consistency and availability in Raja track positively in comparison to other assessed locations, rural areas appear underserved. Our analysis has identified that refurbishing the 16 currently malfunctioning water points could enable 3,500 more individuals to meet their total water needs. These water points could be rehabilitated primarily through addressing poor water quality, which was the primary reason for infrastructure in the region failing to meet minimum standards (69% of non-compliant water points). However, an additional 11 water points would be required to transition Raja's water infrastructure to an effective absorption level. These additional water points could be distributed among remote settlements of Raja payam to ensure more equitable water access throughout the region.
- 2. Improved healthcare services:** Even given the low population of Raja County, health services are still found to be operating at a strained capacity. Of the three assessed health facilities, one failed to meet 5 of the 6 minimum standards, highlighting the challenges faced by these facilities

in providing vital healthcare services. It is estimated that rehabilitating this centre, Mahonga PHCC, would enable healthcare infrastructure to operate an effective capacity rate.

However; significant quality concerns also present within these facilities, with healthcare across the region scoring poorly on availability of essential medicines, supplies, diagnostic tests and room over-crowding, with direct interventions targeting these deficits essential to improve quality of care and access to health services within the region. Further, at the time of assessment, at least one health facility within Raja payam had been shut down due to a lack of support from government and external bodies. Additional important interventions would include:

- Development actors could investigate the option to support transport to and from these centralised facilities by introducing ambulance services or other transport options.
- Refurbishment and staffing the now-defunct facilities. A detailed investigation of why this health services failed should be a precursor.

- 3. Improved education quality and infrastructure:** The current educational capacity in Raja is strained, with significant quality issues identified by participants throughout the payam. It is estimated that 30 additional teachers could enable the location to operate from an effective absorption capacity rate, which could be facilitated by the rehabilitation of the schools which failed to meet minimum standards (in which there are 33 teachers).

However, the supply of teachers is not the only concern in Raja, which returned the lowest quality rating among all assessed for its education infrastructure. Education infrastructure in Raja. Specifically, infrastructure in this region scored under 30 (from a total of 100) for several key indicators such as textbook availability and provision, handwashing facilities, access to student seating and feeding programs.

There are a number of programs which may assist educational delivery in this location.

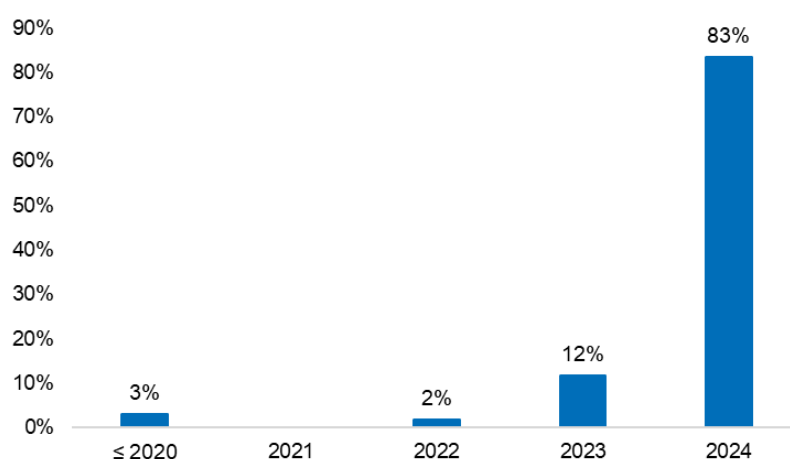
- a) School feeding programs: no schools currently have feeding programs, given food security is reportedly a barrier to learning in many locations this could improve both nutritional and educational outcomes for children.
 - b) Distribution of learning materials: almost all assessed education facilities reported a lack of books, desk, pencils and other vital materials.
 - c) Support for secondary education: There is a wide disparity between available primary and secondary facilities, making it difficult for children to progress in their studies. Support for additional secondary teachers should be a priority
- 4. Expansion of protection services:** While six safe spaces have been identified, their capacity remains limited, and remote communities are underserved. Establishing satellite safe spaces in key rural settlements would improve accessibility for populations living outside Raja Town, ensuring that critical services like counseling, childcare, and legal aid reach the most isolated households. Additionally, mobile protection teams could be introduced to deliver psychosocial support, GBV prevention training, and legal awareness campaigns, addressing protection gaps in areas where formal infrastructure is absent.
- 5. Rehabilitation of key market infrastructure:** Poor road conditions and damaged market facilities severely limit trade and access to goods, particularly in rural areas. Upgrading and expanding local market spaces—such as those in Raja Town and Raja North—would provide better conditions for vendors and improve access to essential commodities for residents. Concurrently, targeted road rehabilitation to connect markets with surrounding settlements would enhance trade, particularly during the rainy season, when transportation is most challenging.

Annex

1. Respondent Profile

The Raja household sample consists of 859 individuals, with a female majority (549 females, 310 males), and an average age of 38 years (ranging from 18 to 86). The average household size is about 7 members. Education levels show 475 with primary education, 174 with secondary, and 18 with vocational or tertiary education. Displacement status reveals 308 host community members, 357 returnees (241 in their place of origin, 116 not in their place of origin), 120 IDP returnees, 36 currently internally displaced persons, and 37 refugees. **The most frequent year of return for returnees in this area was 2024, with 83% of returnees returning in this year.**

Figure 1: Year of return for refugee returnees in Raja



By far the most common reason for return was conflict in the country of asylum, as reported by 78% of returnees in this location. As noted by one participant, the conflict in Sudan made staying untenable:

'La! La! La! [No! No! No!] the conflict made people to run to Sudan and when the conflict in Sudan started, if you have boys with you in the house, the boys are taken from you and if you refuse with the boys you are beaten. The life became dangerous where people could not leave at night to the bus station. When we were coming from there, if you have solar, it is taken from you and they leave your children. If you don't have solar and have money, your Money and the Sorghum grains are taken from you; then you climb the vehicle without anything so that you can reach Raja. (Focus Group Discussion, Male Returnee, Raja North)

Participants also noted that the return journey itself was dangerous, with looting and kidnapping common between Sudan and South Sudan amid a strong military presence:

'Kuwes [Ok] we started our journey in April and before we entered Kafiya, the Dam Seir [Sudanese Army] came with their military vehicles and stopped our vehicles and drove the vehicles to east part of the Country in the Bush, all the properties in the vehicles were offloaded, Dura [Sorghum] offloaded, Sugar offloaded and whatever we had were all offloaded only the flour which was ready grinded was left for us to feed on.' (Focus Group Discussion, Male Returnee, Raja North)

When asked about their plans for onward movement, 87% of refugee returnees reported that they intended to stay in Raja County, though only 75% noted that their current location was their originally intended destination. Those planning to move typically originated from other regions in South Sudan and desired to be closer to family and friends, highlighting the importance of social bonds for these returning populations.

In Raja, housing support was the most common form of assistance, received by 58% of respondents, reflecting a strong focus on shelter for returnees and displaced populations. Financial aid (21%) and agricultural support (19%) followed but were provided at much lower rates. Other forms of support, such as education, healthcare, and employment services, reached 11-15% of the population. Notably, Raja was the only assessment location where 10% of households reported receiving Non-Food Items (NFI) assistance. However, psychosocial support (8%) and business start-up aid (4%) were minimal, revealing service gaps critical for reintegration. Overall, assistance was well-received, with an average effectiveness rating of 3.37 out of 5, and half of respondents found it very effective.

However, one participant remarked that the volume of aid received was insufficient and the burden of supporting returning populations was placed upon the host community: *'The negative part is the failure of the government and partners to give them food, shelters, health services and water school and even good roads that will allow traders to bring us goods from Wau: now, they become a burden to us. We host communities are suffering now as we keep on supporting badly off households of returnees with the little food in our households. (Case Study, Male Host, Raja South)*

2. Key informant interviews conducted for this study

Interview Type	Location and respondent profile
Key informant Interview	Raja, Male, Payam chief
Key informant Interview	Raja, Male, County senior agriculture inspector
Key informant Interview	Raja, Male, County official
Key informant Interview	Raja, Male, Payam administrator
Key informant Interview	Raja North, Male, Head teacher
Key informant Interview	Raja North, Male, Payam administrator
Key informant Interview	Raja North, Male, Youth leader
Key informant Interview	Raja South, Male, RRC coordinator
Key informant Interview	Raja South, Male, RRC deputy coordinator
Key informant Interview	Raja south, Male, Church leader




3. Minimum Standards

While any concerted strategy to improve absorption capacity in South Sudan would require more rigorous analysis, the absorption capacity evaluation highlights several promising avenues for targeted intervention strategies across the region. Our analysis considers two intervention approaches: developing **additional** service points in the region, and **refurbishing existing** service points.

Our analysis focuses on healthcare, education, and water points. When considering absorption capacity for these infrastructure points, we included a minimum quality assessment to determine **whether each service point was robustly operating at a standard that meaningfully contributes to the service capacity of the region**. We present the disqualifying criteria for each infrastructure point below. If any of these criteria were presented at the infrastructure point, they were not considered as meaningfully contributing to the region’s absorption capacity.

Water points	Healthcare	Education
<ul style="list-style-type: none"> a. Water is rarely available, with frequent shortages or extended periods without water b. The water quality is below acceptable standards and poses potential health risks c. There are security concerns or incidents related to walking to / queuing, especially for women, at this water point 	<ul style="list-style-type: none"> a. Often (Regular incidents, indicating a concerning pattern) incidents of violence affecting the health facility in the recent past? b. The building infrastructure is in very poor condition, with severe damage, decay, or disrepair. There are multiple safety hazards, structural weaknesses, or critical maintenance issues that render the facility unsafe or unusable. c. There are no toilets in this health facility d. There is no access to water in this health facility e. Very Low Supplies Stock (expected to last less than a week) f. A patient of doctor ratio of over 50 to 1 per day 	<ul style="list-style-type: none"> a. Often (Regular incidents, indicating a concerning pattern) violent incidents outside of this school? b. The building infrastructure is in very poor condition, with severe damage, decay, or disrepair. There are multiple safety hazards, structural weaknesses, or critical maintenance issues that render the facility unsafe or unusable. c. There are no toilets in this school

Visual examples of facilities that do not meet the minimum quality criteria in Aweil

Water points	Healthcare	Education
 <p data-bbox="204 981 480 1122"><i>Water pump in Baac - Water is rarely available, with frequent shortages or extended periods without water</i></p>	 <p data-bbox="533 999 903 1122"><i>Sanitation facilities at a PHCU in Aweil Town - The building infrastructure is in very poor condition, with severe damage, decay, or disrepair.</i></p>	 <p data-bbox="951 1003 1318 1122"><i>School in Baac - The building infrastructure is in very poor condition, with severe damage, decay, or disrepair.</i></p>

REINTEGRATION AND ABSORPTION CAPACITY ASSESSMENT OF RAJA

Reintegration and Absorption Capacity Assessment