Akobo County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

Overview and Methodology

The dynamic and multi-faceted nature of the South Sudanese displacement crisis has created significant challenges for the delivery of humanitarian aid. Accessibility and security issues within South Sudan have impeded a systematic understanding of Water, Sanitation and Hygiene (WASH) needs in many areas of the country, and have created difficulties in establishing a clear and unambiguous system for prioritizing the delivery of aid, thereby limiting the effectiveness of humanitarian planning and limiting the potential impact of donor funding. As this crisis continues to expand, evolve and spill into neighbouring countries, it has become increasingly important to fill information gaps to inform a more effective humanitarian response and planning for immediate life-saving WASH activities and contingency planning for durable solutions.

In 2018, REACH, in close coordination with the WASH Cluster, identified five core WASH indicators: 1. % of Households (HHs) by displacement status; 2. % of HHs reporting having safe access in under 30 minutes to an improved water source (borehole, tapstand, water yard) as their main source of drinking water; 3. % of HHs reporting having access to a latrine (private, shared, or communal/ institutional); 4. % of HHs reporting having access to key WASH Non-Food Items (NFIs) (soap, mosquito nets, water containers); and 5. % of HHs reporting that one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection.

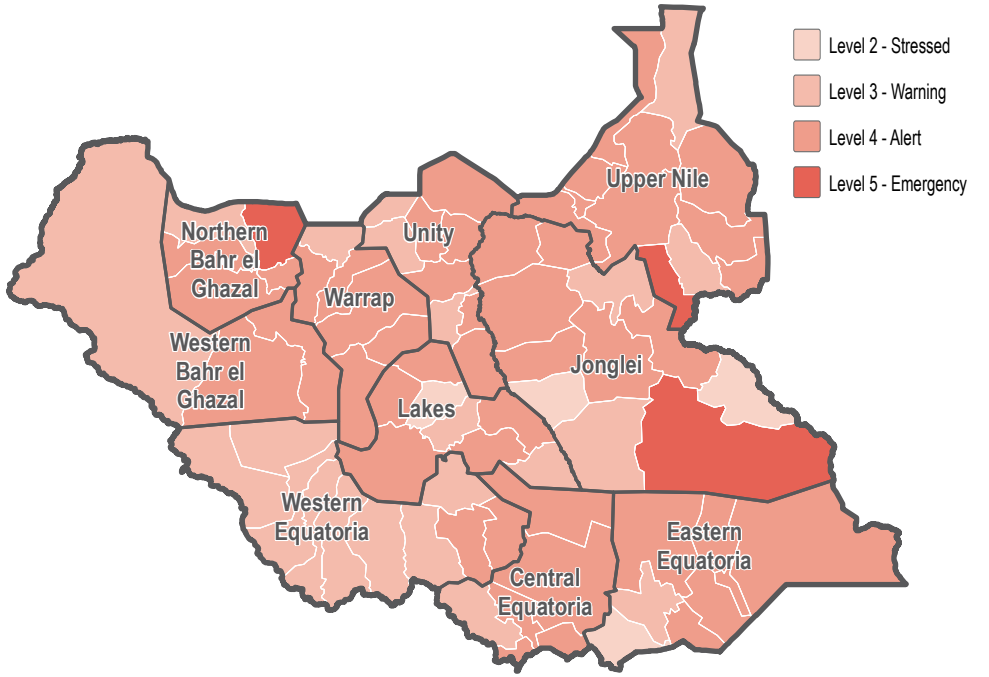
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH Cluster indicators for FSNMS Round 24 (July and August 2019). FSNMS is a seasonal countrywide assessment conducted, funded and run by the World Food Programme, UNICEF, and the Food and Agriculture Organization, and supported by REACH in Rounds 22-24. FSNMS, established in 2010, is a representative survey that employs two-stage cluster sampling, using a state based sample size and cluster determination. In each county, access permitting, 9 clusters were selected and 12 households interviewed per cluster.

FSNMS is a critical source of information that allows for the identification of affected areas, the prioritization of resources and for monitoring trends. The data collected during FSNMS is used for the Integrated Food Security Phase Classification (IPC) analysis, the Humanitarian Needs Overview (HNO) and the Humanitarian Response Plan (HRP), as well as additional decision making platforms.

FSNMS Assessment Coverage

Full coverage in the county was achieved. Findings related to a subset of the population may not be representative and should be considered indicative only.

WASH Needs Severity Map



This WASH composite indicator aims to measure the severity of WASH needs in each county. The composite was created with four indicators, each broken into 5 levels of severity, as seen in this matrix http://bit.ly/2EqRYwJ. The final severity ranking was created by calculating the average level from the following indicators: -Not having safe access in under 30min to an improved water source (borehole, tapstand, water yard) as a main source of drinking water

- Not having access to a latrine (private, shared, or communal/institutional)
- Not owning a jerrycan or bucket with a lid and soap, and that every member of the HHs did not sleep under a mosquito net
- Having one or more HH members affected by self-reported water or vector borne disease in the two weeks prior to data collection

Displacement

Percentage of households by displacement status[1]

Host community	97%
Returnee	2%
IDP	1%

Percentage of Internally Displaced Person (IDP) households by time arrived in their current location

Between 2-3 years	100%

Percentage of returnee households by time arrived in their current location

Between 2-3 years	50%
In the last one year	50%

Most commonly reported vulnerability, by percentage of households

Children under 5	94%
Female headed	84%
Elderly persons	65%
Conflict injuries	41%
Chronically ill	28%

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Akobo County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

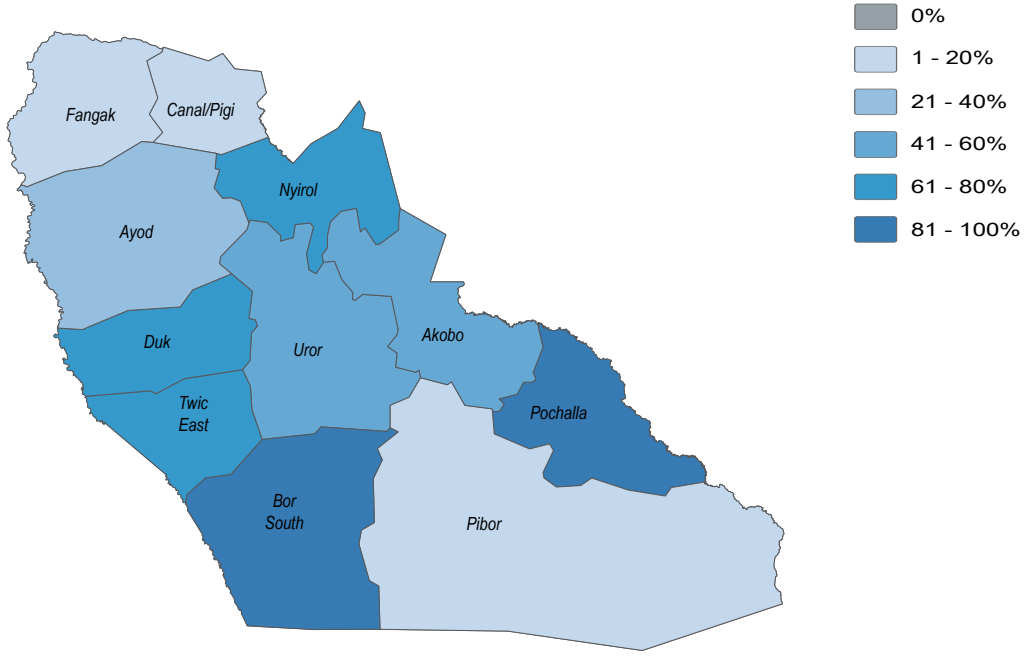
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Water

75%	of **Akobo County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August 2019. This was an increase from the previous season
56%	of **Akobo County** HHs reported having safe access to an improved source of drinking water as their main source, in November and December 2018
17%	of HHs in **Akobo County** reported feeling unsafe while collecting water, in July and August 2019. This was a decrease from the previous season
22%	of HHs in **Akobo County** reported feeling unsafe while collecting water, in November and December 2018

% of HHs having safe access in under 30min to an improved water source (borehole, tapstand, water yard) as their main source of drinking water



This simple water access composite indicator aims to measure access to an improved water source, without protection concern. The composite was created by averaging the 'yes' responses of households reporting on the following indicators, with all indicators considered to have the same weight:

- Access to a borehole, tapstand, or water yard as the primary source of drinking water
- Can collect water (walking to collection point, waiting, filling container, returning home) in under 30 minutes
- Did not report any security concerns while accessing water point

	Most commonly reported sources of drinking water (by percentage of households)		Most commonly reported time spent collecting drinking water (walking to collection point, waiting, filling container, returning home) (by percentage of households)	
Overall	Borehole	70%	< 30 minutes	75%
	River or stream	23%	30 minutes - 1 hour	19%
	Tap stand	5%	1 hour - half a day	6%
	Hand dug well	1%		
	Unprotected well	1%		
Host	Borehole	70%	< 30 minutes	75%
	River or stream	24%	30 minutes - 1 hour	19%
	Tap stand	5%	1 hour - half a day	6%
	Unprotected well	1%		
IDPs	Borehole	100%	< 30 minutes	100%
Returnees	Borehole	50%	< 30 minutes	50%
	Hand dug well	50%	30 minutes - 1 hour	50%

Akobo County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

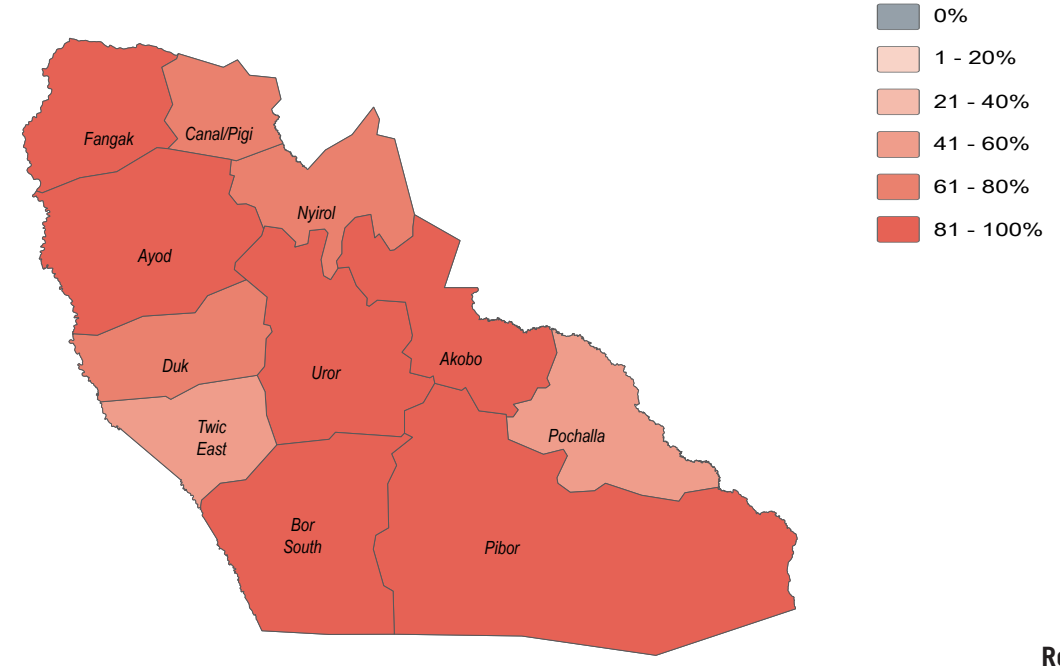
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Sanitation

12%	of **Akobo County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in July and August 2019. This was the same as from the previous season
12%	of **Akobo County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in November and December 2018.
10%	of HHs in **Akobo County** reported their most common defecation location was a latrine, in July and August 2019. This was a decrease from the previous season
11%	of HHs in **Akobo County** reported their most common defecation location was a latrine, in November and December 2018.

% of HHs reporting no latrine (private, shared, or communal/institutional)[2] present



Most commonly reported defecation location for adults (by percentage of households)

Type of latrines available (by percentage of households)

Overall

In the bush	83%
In the latrine	10%
No answer	6%

No latrine available	88%
Family latrine	10%
Communal latrine	1%
Shared latrine	1%

Host

In the bush	83%
In the latrine	10%
No answer	7%

No latrine available	88%
Family latrine	10%
Communal latrine	1%
Shared latrine	1%

IDPs

In the bush	100%

Returnees

In the bush	100%

No latrine available	100%

Akobo County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

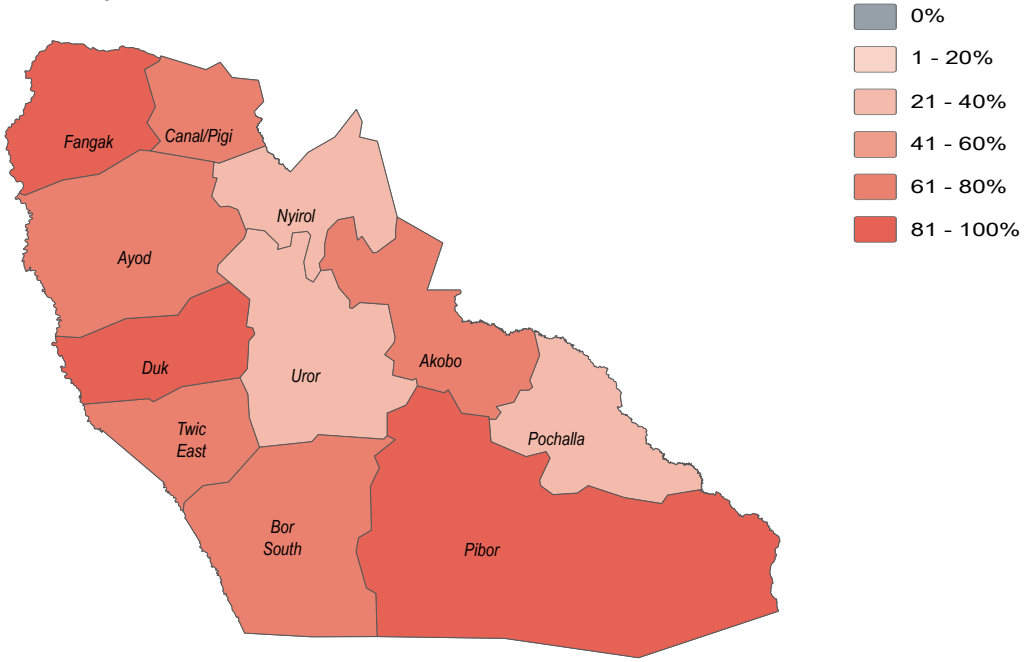
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Health

72%	of **Akobo County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August 2019. This was a decrease from the previous season
89%	of **Akobo County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December 2018
Fever	was the most commonly reported water or vector borne disease in July and August 2019 in **Akobo County**. This was the same as the previous season
Fever	was the most commonly reported water or vector borne disease in November and December 2018 in **Akobo County**

% of HH with one or more HH member affected by self-reported water or vector borne disease in the two weeks prior to data collection



Most commonly self-reported water or vector borne diseases for adults in the two weeks prior to data collection (by percentage of households)

Overall	Malaria	19%
	Typhoid	8%
	Fever	7%
	Stomach pain	7%
	AWD	4%
Host	Malaria	20%
	Typhoid	9%
	Fever	8%
	Stomach pain	8%
	AWD	4%
IDPs		
Returnees		

Most commonly self-reported water or vector borne disease for children under 5 in the two weeks prior to data collection (by percentage of households)[3]

Overall	Malaria	19%
	Typhoid	8%
	Fever	7%
	Stomach pain	7%
	AWD	4%
Host	Fever	49%
	Malaria	38%
	AWD	18%
	Stomach pain	13%
	Eye infection	10%
IDPs	Malaria	100%
	Fever	50%
Returnees	Fever	100%
	Malaria	100%

Akobo County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

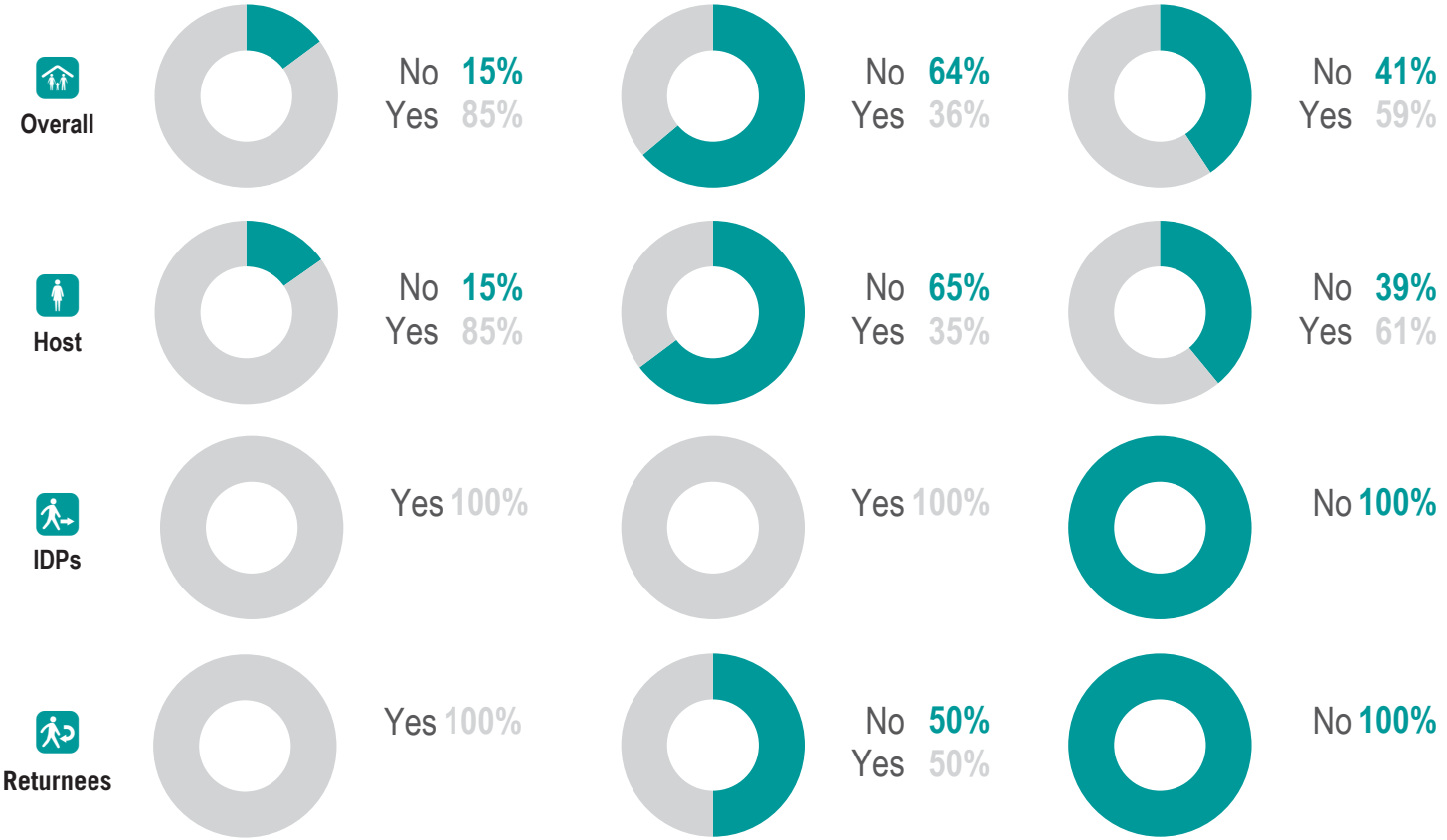
NFI WASH NFIs

14%	of **Akobo County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap[4], and that every member of the HH slept under a mosquito net in July and August 2019[5]. This was an increase from the previous season
6%	of **Akobo County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap, and that every member of the HH slept under a mosquito net in November and December 2018.
3	was the average number of jerrycans and/or buckets per HH in **Akobo County** in July and August 2019. This was the same as the previous season
3	was the average number of jerrycans and/or buckets per HH in **Akobo County** in November and December 2018

Ownership of a bucket or a jerrycan with a lid (by percentage of households)

Access to soap (by percentage of households)

Every member of the household sleeps under a mosquito net (by percentage of households)



Endnotes

1. This data is as of July/August 2019. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. AWD is Acute Watery Diarrhoea.
4. Enumerators asked HHs responding positively to access to soap to produce the soap within a minute.
5. The composite indicator was created by averaging the 'yes' responses of HHs reporting on the following indicators, with all considered to have the same weight: access to soap, access to jerrycans/buckets with lids, everyone in the HH slept under a mosquito net.

About REACH

REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. All REACH activities are conducted through inter-agency aid coordination mechanisms.

For more information, you can write to our in-country office: southsudan@reach-initiative.org or to our global office: geneva@reach-initiative.org.

Visit **www.reach-initiative.org** and follow us @ REACH_info.

Ayod County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

Overview and Methodology

The dynamic and multi-faceted nature of the South Sudanese displacement crisis has created significant challenges for the delivery of humanitarian aid. Accessibility and security issues within South Sudan have impeded a systematic understanding of Water, Sanitation and Hygiene (WASH) needs in many areas of the country, and have created difficulties in establishing a clear and unambiguous system for prioritizing the delivery of aid, thereby limiting the effectiveness of humanitarian planning and limiting the potential impact of donor funding. As this crisis continues to expand, evolve and spill into neighbouring countries, it has become increasingly important to fill information gaps to inform a more effective humanitarian response and planning for immediate life-saving WASH activities and contingency planning for durable solutions.

In 2018, REACH, in close coordination with the WASH Cluster, identified five core WASH indicators: 1. % of Households (HHs) by displacement status; 2. % of HHs reporting having safe access in under 30 minutes to an improved water source (borehole, tapstand, water yard) as their main source of drinking water; 3. % of HHs reporting having access to a latrine (private, shared, or communal/ institutional); 4. % of HHs reporting having access to key WASH Non-Food Items (NFIs) (soap, mosquito nets, water containers); and 5. % of HHs reporting that one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection.

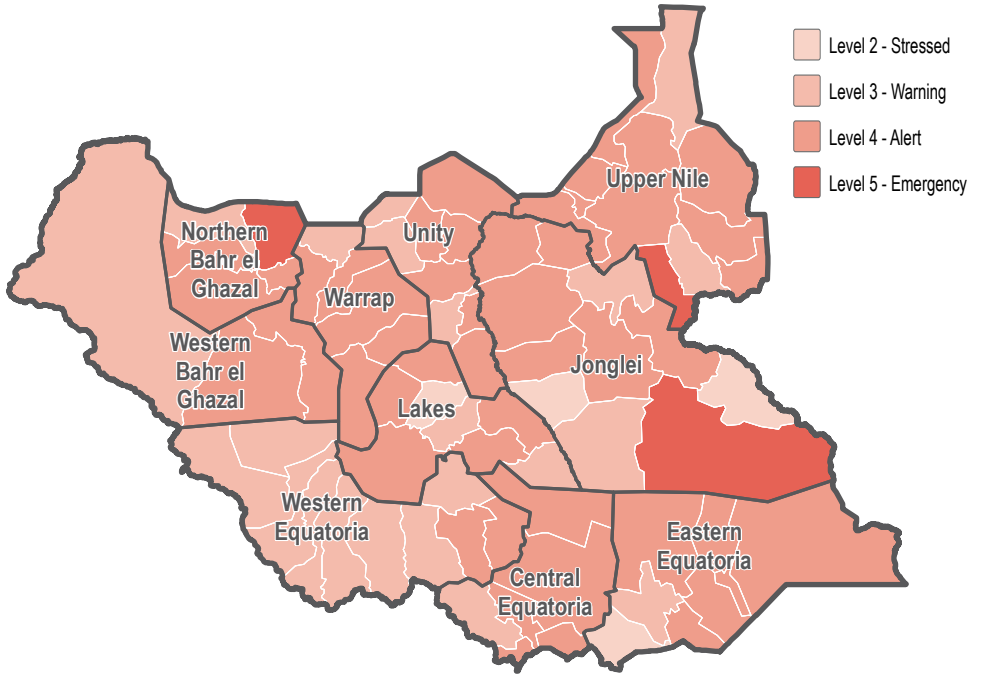
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH Cluster indicators for FSNMS Round 24 (July and August 2019). FSNMS is a seasonal countrywide assessment conducted, funded and run by the World Food Programme, UNICEF, and the Food and Agriculture Organization, and supported by REACH in Rounds 22-24. FSNMS, established in 2010, is a representative survey that employs two-stage cluster sampling, using a state based sample size and cluster determination. In each county, access permitting, 9 clusters were selected and 12 households interviewed per cluster.

FSNMS is a critical source of information that allows for the identification of affected areas, the prioritization of resources and for monitoring trends. The data collected during FSNMS is used for the Integrated Food Security Phase Classification (IPC) analysis, the Humanitarian Needs Overview (HNO) and the Humanitarian Response Plan (HRP), as well as additional decision making platforms.

FSNMS Assessment Coverage

Full coverage in the county was achieved. Findings related to a subset of the population may not be representative and should be considered indicative only.

WASH Needs Severity Map



This WASH composite indicator aims to measure the severity of WASH needs in each county. The composite was created with four indicators, each broken into 5 levels of severity, as seen in this matrix http://bit.ly/2EqRYwJ. The final severity ranking was created by calculating the average level from the following indicators: -Not having safe access in under 30min to an improved water source (borehole, tapstand, water yard) as a main source of drinking water

- Not having access to a latrine (private, shared, or communal/institutional)
- Not owning a jerrycan or bucket with a lid and soap, and that every member of the HHs did not sleep under a mosquito net
- Having one or more HH members affected by self-reported water or vector borne disease in the two weeks prior to data collection

Displacement

Percentage of households by displacement status[1]

Host community	97%
IDP	2%
Returnee	1%

Percentage of Internally Displaced Person (IDP) households by time arrived in their current location

In the last one year	100%

Percentage of returnee households by time arrived in their current location

In the last one year	100%

Most commonly reported vulnerability, by percentage of households

Children under 5	94%
Female headed	84%
Elderly persons	65%
Conflict injuries	41%
Chronically ill	28%

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Ayod County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

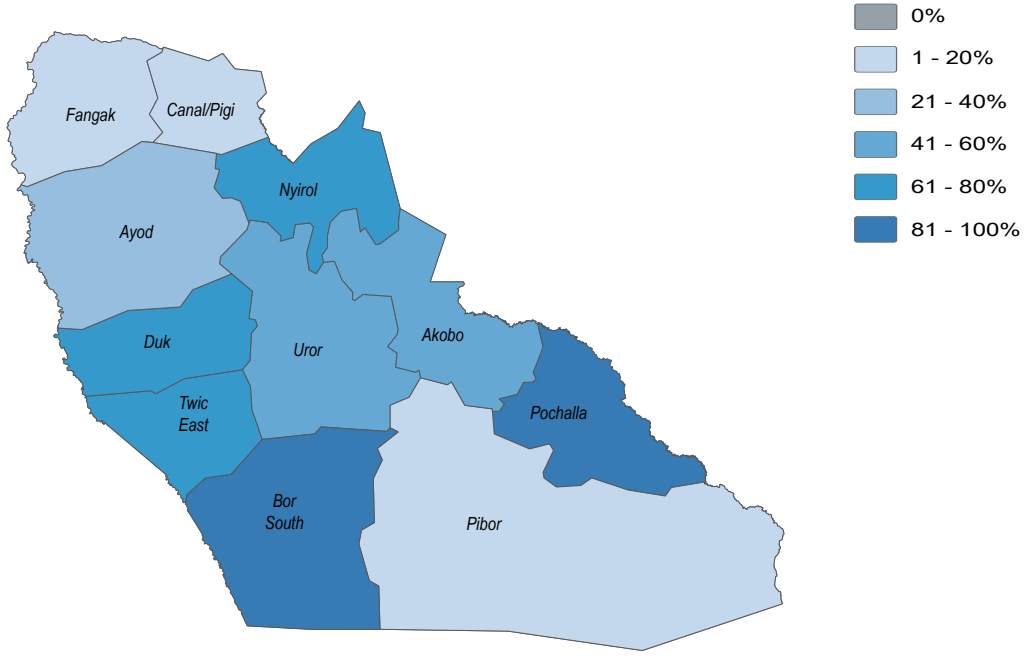
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Water

31%	of **Ayod County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August 2019. This was a decrease from the previous season
64%	of **Ayod County** HHs reported having safe access to an improved source of drinking water as their main source, in November and December 2018
40%	of HHs in **Ayod County** reported feeling unsafe while collecting water, in July and August 2019. This was a decrease from the previous season
41%	of HHs in **Ayod County** reported feeling unsafe while collecting water, in November and December 2018

% of HHs having safe access in under 30min to an improved water source (borehole, tapstand, water yard) as their main source of drinking water



This simple water access composite indicator aims to measure access to an improved water source, without protection concern. The composite was created by averaging the 'yes' responses of households reporting on the following indicators, with all indicators considered to have the same weight:

- Access to a borehole, tapstand, or water yard as the primary source of drinking water
- Can collect water (walking to collection point, waiting, filling container, returning home) in under 30 minutes
- Did not report any security concerns while accessing water point

Most commonly reported sources of drinking water (by percentage of households)

Most commonly reported time spent collecting drinking water (walking to collection point, waiting, filling container, returning home) (by percentage of households)

Overall	Swamp	43%	< 30 minutes	57%
	Borehole	31%	30 minutes - 1 hour	26%
	River or stream	26%	1 hour - half a day	8%
	Unprotected well	1%	> half a day	5%
			Half a day	4%
Host	Swamp	41%	< 30 minutes	59%
	Borehole	31%	30 minutes - 1 hour	24%
	River or stream	27%	1 hour - half a day	9%
	Unprotected well	1%	> half a day	5%
			Half a day	4%
IDPs	Swamp	100%	30 minutes - 1 hour	100%
Returnees	Swamp	100%	30 minutes - 1 hour	100%

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Ayod County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

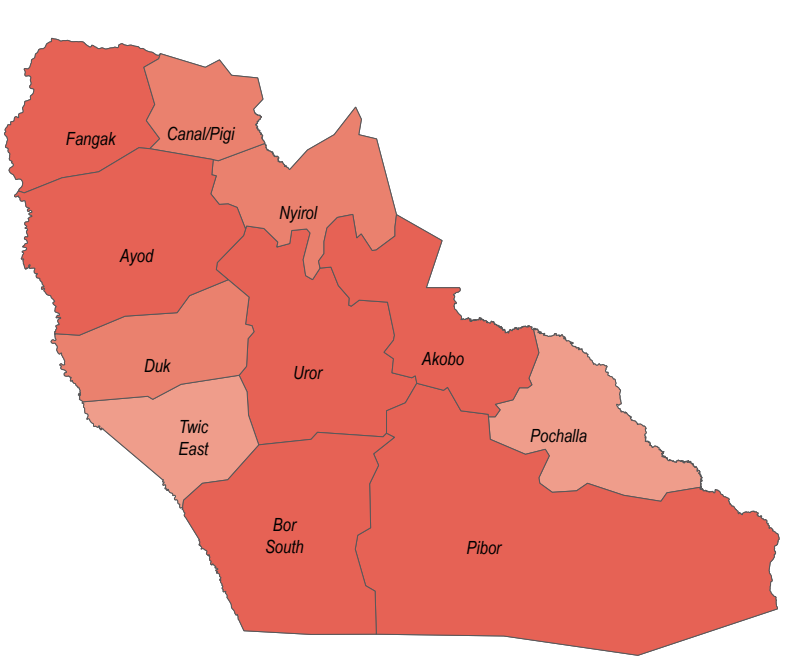
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Sanitation

6%	of **Ayod County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in July and August 2019. This was a decrease from from the previous season
15%	of **Ayod County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in November and December 2018.
2%	of HHs in **Ayod County** reported their most common defecation location was a latrine, in July and August 2019. This was a decrease from the previous season
13%	of HHs in **Ayod County** reported their most common defecation location was a latrine, in November and December 2018.

% of HHs reporting no latrine (private, shared, or communal/institutional)[2] present



	Most commonly reported defecation location for adults (by percentage of households)		Type of latrines available (by percentage of households)	
Overall	In the bush	98%	No latrine available	94%
	In the latrine	2%	Family latrine	5%
			Shared latrine	1%
Host	In the bush	98%	No latrine available	94%
	In the latrine	2%	Family latrine	5%
			Shared latrine	1%
IDPs	In the bush	100%		
Returnees	In the bush	100%	No latrine available	100%

Ayod County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

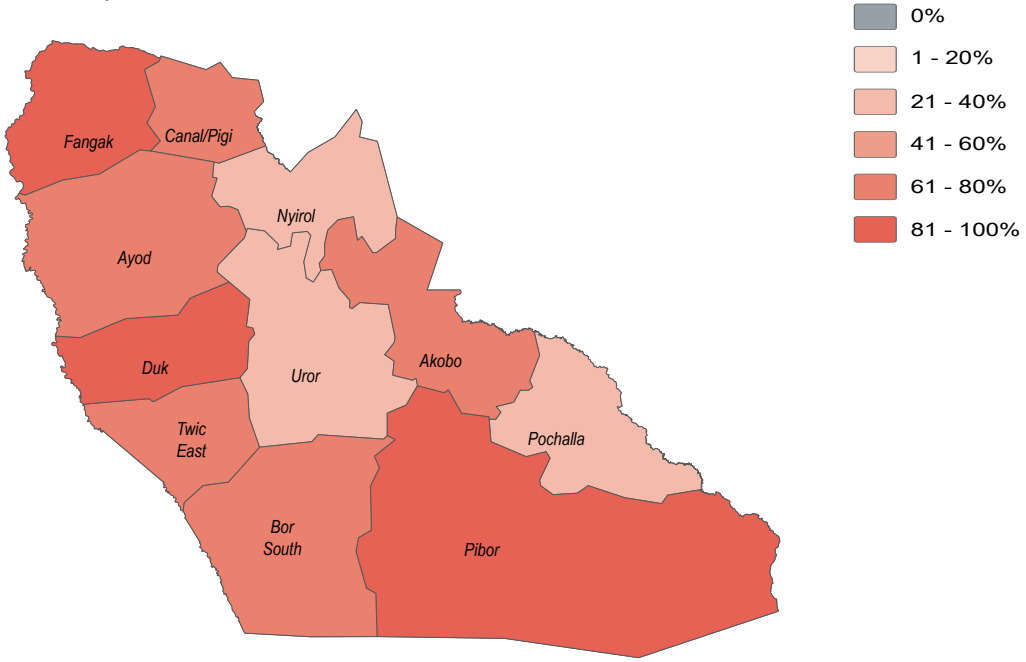
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Health

80%	of **Ayod County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August 2019. This was a decrease from the previous season
85%	of **Ayod County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December 2018
Malaria	was the most commonly reported water or vector borne disease in July and August 2019 in **Ayod County**. This was the same as the previous season
Malaria	was the most commonly reported water or vector borne disease in November and December 2018 in **Ayod County**

% of HH with one or more HH member affected by self-reported water or vector borne disease in the two weeks prior to data collection



Most commonly self-reported water or vector borne diseases for adults in the two weeks prior to data collection (by percentage of households)

Overall	Malaria	19%
	Typhoid	8%
	Fever	7%
	Stomach pain	7%
	AWD	4%
Host	Malaria	20%
	Typhoid	9%
	Fever	8%
	Stomach pain	8%
	AWD	4%
IDPs		
Returnees		

Most commonly self-reported water or vector borne disease for children under 5 in the two weeks prior to data collection (by percentage of households)[3]

Overall	Malaria	19%
	Typhoid	8%
	Fever	7%
	Stomach pain	7%
	AWD	4%
Host	Fever	49%
	Malaria	38%
	AWD	18%
	Stomach pain	13%
	Eye infection	10%
IDPs	Malaria	100%
	Fever	50%
Returnees	Fever	100%
	Malaria	100%

Ayod County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

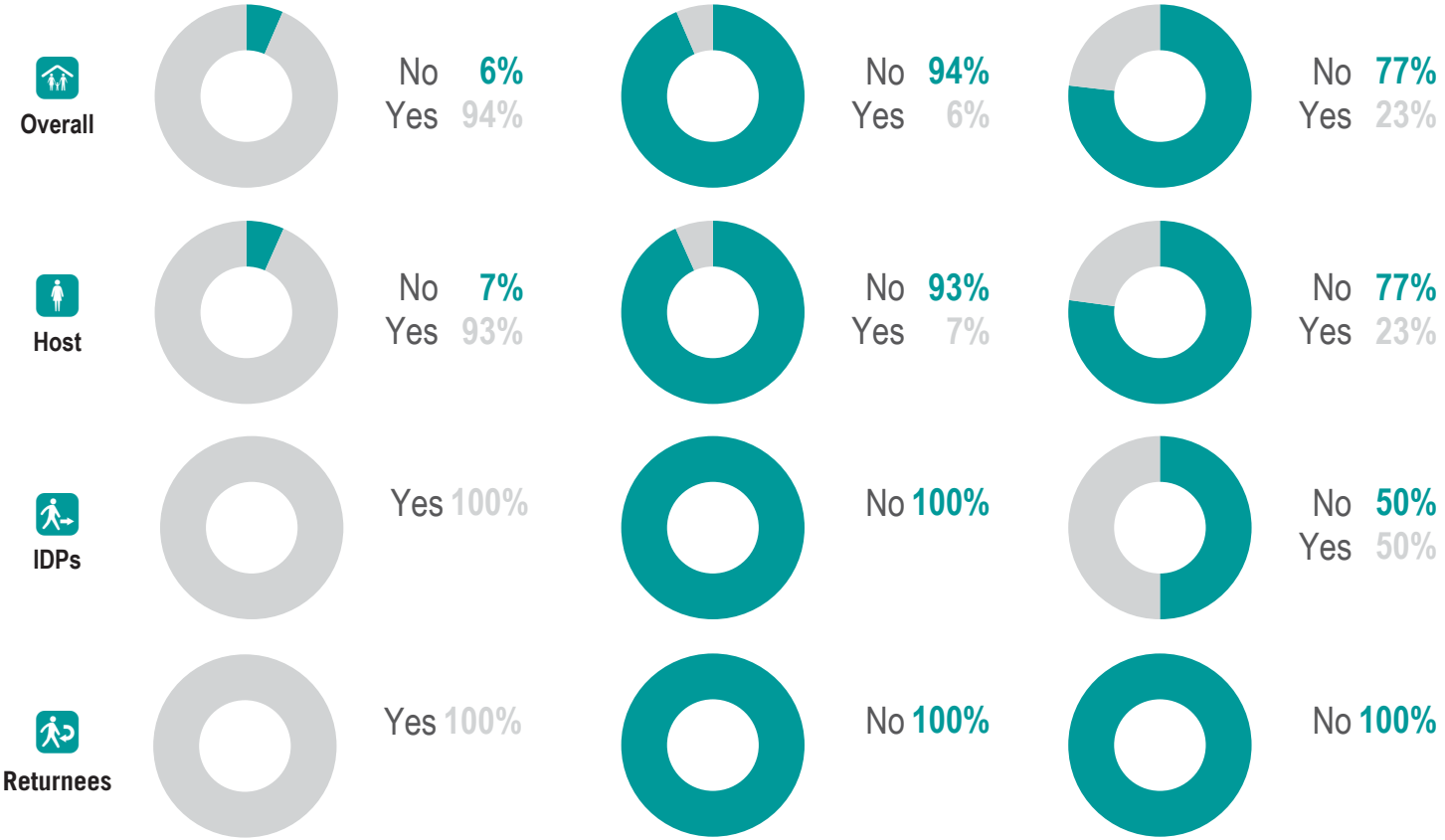
NFI WASH NFIs

4%	of **Ayod County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap[4], and that every member of the HH slept under a mosquito net in July and August 2019[5]. This was a decrease from the previous season
5%	of **Ayod County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap, and that every member of the HH slept under a mosquito net in November and December 2018.
2	was the average number of jerrycans and/or buckets per HH in **Ayod County** in July and August 2019. This was the same as the previous season
2	was the average number of jerrycans and/or buckets per HH in **Ayod County** in November and December 2018

Ownership of a bucket or a jerrycan with a lid (by percentage of households)

Access to soap (by percentage of households)

Every member of the household sleeps under a mosquito net (by percentage of households)



Endnotes

1. This data is as of July/August 2019. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. AWD is Acute Watery Diarrhoea.
4. Enumerators asked HHs responding positively to access to soap to produce the soap within a minute.
5. The composite indicator was created by averaging the 'yes' responses of HHs reporting on the following indicators, with all considered to have the same weight: access to soap, access to jerrycans/buckets with lids, everyone in the HH slept under a mosquito net.

About REACH

REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. All REACH activities are conducted through inter-agency aid coordination mechanisms.

For more information, you can write to our in-country office: southsudan@reach-initiative.org or to our global office: geneva@reach-initiative.org.

Visit **www.reach-initiative.org** and follow us @ REACH_info.

Bor South County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

Overview and Methodology

The dynamic and multi-faceted nature of the South Sudanese displacement crisis has created significant challenges for the delivery of humanitarian aid. Accessibility and security issues within South Sudan have impeded a systematic understanding of Water, Sanitation and Hygiene (WASH) needs in many areas of the country, and have created difficulties in establishing a clear and unambiguous system for prioritizing the delivery of aid, thereby limiting the effectiveness of humanitarian planning and limiting the potential impact of donor funding. As this crisis continues to expand, evolve and spill into neighbouring countries, it has become increasingly important to fill information gaps to inform a more effective humanitarian response and planning for immediate life-saving WASH activities and contingency planning for durable solutions.

In 2018, REACH, in close coordination with the WASH Cluster, identified five core WASH indicators: 1. % of Households (HHs) by displacement status; 2. % of HHs reporting having safe access in under 30 minutes to an improved water source (borehole, tapstand, water yard) as their main source of drinking water; 3. % of HHs reporting having access to a latrine (private, shared, or communal/ institutional); 4. % of HHs reporting having access to key WASH Non-Food Items (NFIs) (soap, mosquito nets, water containers); and 5. % of HHs reporting that one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection.

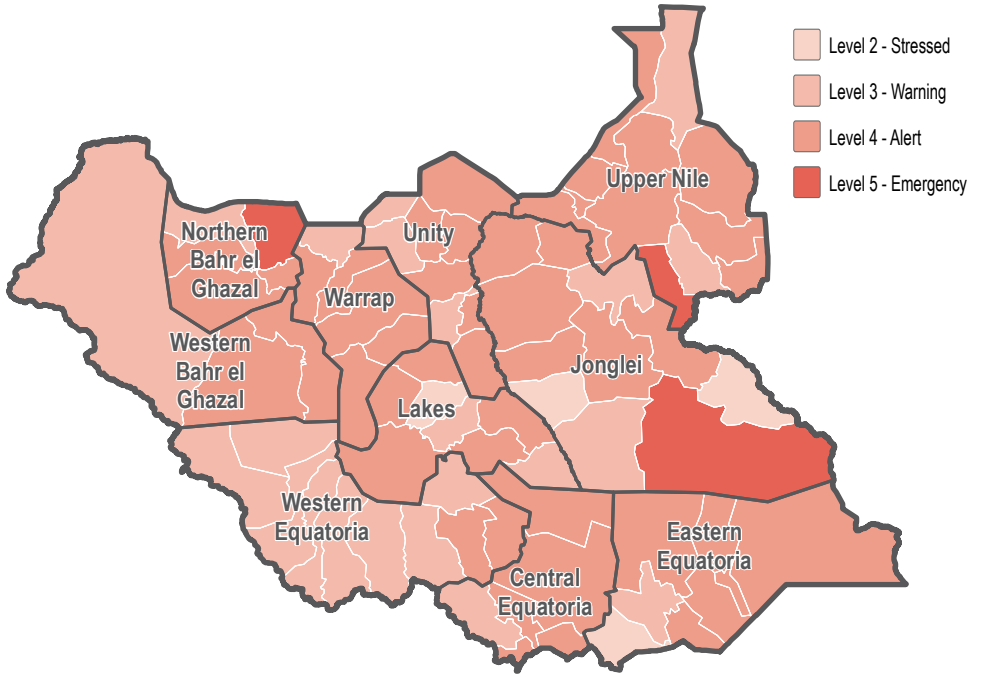
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH Cluster indicators for FSNMS Round 24 (July and August 2019). FSNMS is a seasonal countrywide assessment conducted, funded and run by the World Food Programme, UNICEF, and the Food and Agriculture Organization, and supported by REACH in Rounds 22-24. FSNMS, established in 2010, is a representative survey that employs two-stage cluster sampling, using a state based sample size and cluster determination. In each county, access permitting, 9 clusters were selected and 12 households interviewed per cluster.

FSNMS is a critical source of information that allows for the identification of affected areas, the prioritization of resources and for monitoring trends. The data collected during FSNMS is used for the Integrated Food Security Phase Classification (IPC) analysis, the Humanitarian Needs Overview (HNO) and the Humanitarian Response Plan (HRP), as well as additional decision making platforms.

FSNMS Assessment Coverage

Full coverage in the county was achieved. Findings related to a subset of the population may not be representative and should be considered indicative only.

WASH Needs Severity Map



This WASH composite indicator aims to measure the severity of WASH needs in each county. The composite was created with four indicators, each broken into 5 levels of severity, as seen in this matrix http://bit.ly/2EqRYwJ. The final severity ranking was created by calculating the average level from the following indicators: -Not having safe access in under 30min to an improved water source (borehole, tapstand, water yard) as a main source of drinking water
- Not having access to a latrine (private, shared, or communal/institutional)
- Not owning a jerrycan or bucket with a lid and soap, and that every member of the HHs did not sleep under a mosquito net
- Having one or more HH members affected by self-reported water or vector borne disease in the two weeks prior to data collection

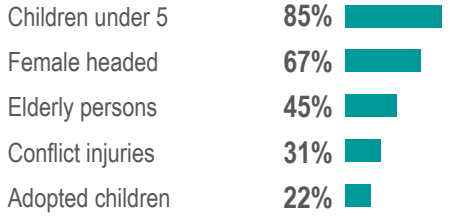
Displacement

Percentage of households by displacement status[1]

Percentage of Internally Displaced Person (IDP) households by time arrived in their current location

Percentage of returnee households by time arrived in their current location

Most commonly reported vulnerability, by percentage of households



unicef giz WFP wfp.org World Food Programme FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Bor South County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

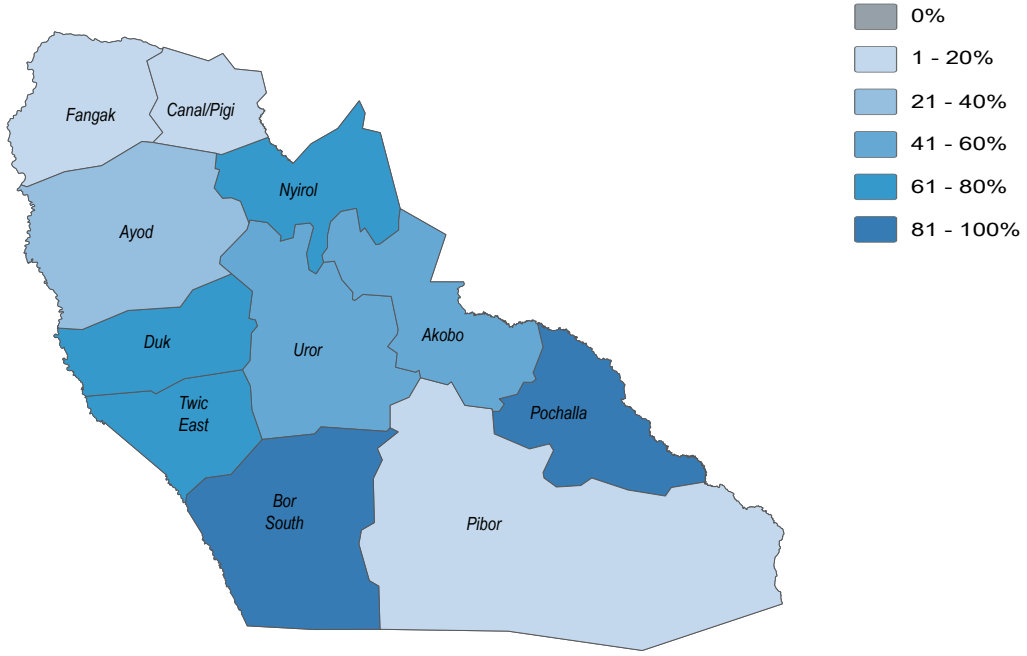
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Water

99%	of **Bor South County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August 2019. This was an increase from the previous season
75%	of **Bor South County** HHs reported having safe access to an improved source of drinking water as their main source, in November and December 2018
22%	of HHs in **Bor South County** reported feeling unsafe while collecting water, in July and August 2019. This was a decrease from the previous season
47%	of HHs in **Bor South County** reported feeling unsafe while collecting water, in November and December 2018

% of HHs having safe access in under 30min to an improved water source (borehole, tapstand, water yard) as their main source of drinking water



Overall

Most commonly reported sources of drinking water (by percentage of households)

Borehole	97%
Tap stand	2%
Swamp	1%

Most commonly reported time spent collecting drinking water (walking to collection point, waiting, filling container, returning home) (by percentage of households)

< 30 minutes	92%
30 minutes - 1 hour	7%
1 hour - half a day	1%

Host

Borehole	97%
Tap stand	2%
Swamp	1%

< 30 minutes	92%
30 minutes - 1 hour	7%
1 hour - half a day	1%

IDPs

Returnees

This simple water access composite indicator aims to measure access to an improved water source, without protection concern. The composite was created by averaging the 'yes' responses of households reporting on the following indicators, with all indicators considered to have the same weight:

- Access to a borehole, tapstand, or water yard as the primary source of drinking water
- Can collect water (walking to collection point, waiting, filling container, returning home) in under 30 minutes
- Did not report any security concerns while accessing water point

Bor South County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

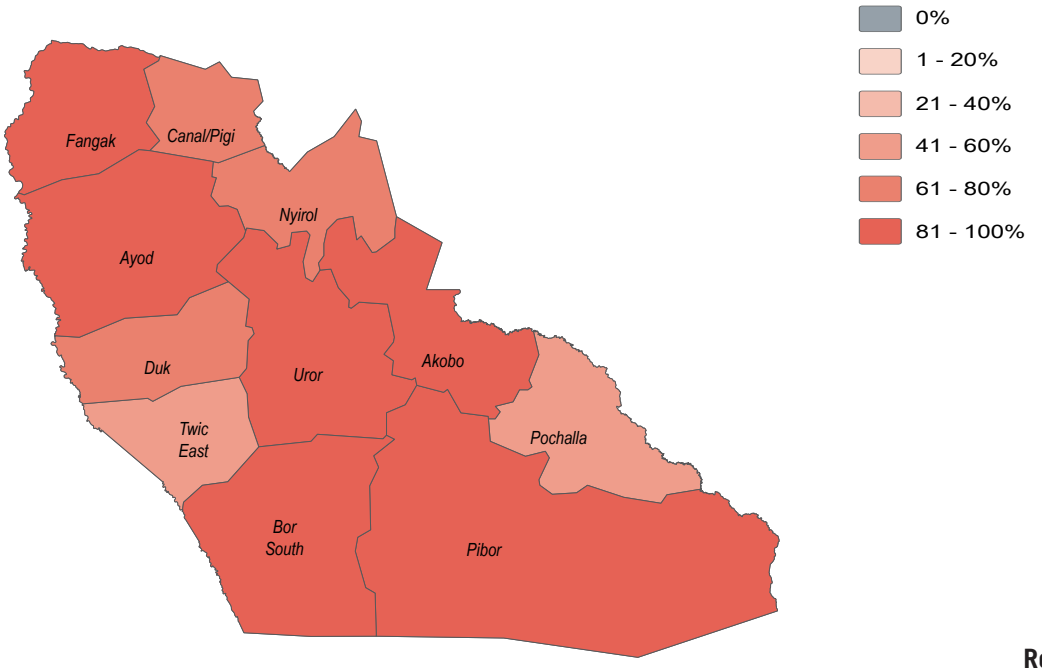
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Sanitation

16%	of **Bor South County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in July and August 2019. This was a decrease from from the previous season
17%	of **Bor South County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in November and December 2018.
15%	of HHs in **Bor South County** reported their most common defecation location was a latrine, in July and August 2019. This was a decrease from the previous season
16%	of HHs in **Bor South County** reported their most common defecation location was a latrine, in November and December 2018.

% of HHs reporting no latrine (private, shared, or communal/institutional)[2] present



Most commonly reported defecation location for adults (by percentage of households)

Type of latrines available (by percentage of households)

Overall

In the bush	80%
In the latrine	15%
Dig a hole and cover	2%
In the river	2%
No answer	2%

No latrine available	84%
Family latrine	12%
Communal latrine	2%
Shared latrine	2%

Host

In the bush	80%
In the latrine	14%
Dig a hole and cover	2%
In the river	2%
No answer	2%

No latrine available	85%
Family latrine	11%
Communal latrine	2%
Shared latrine	2%

IDPs

Returnees

Bor South County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

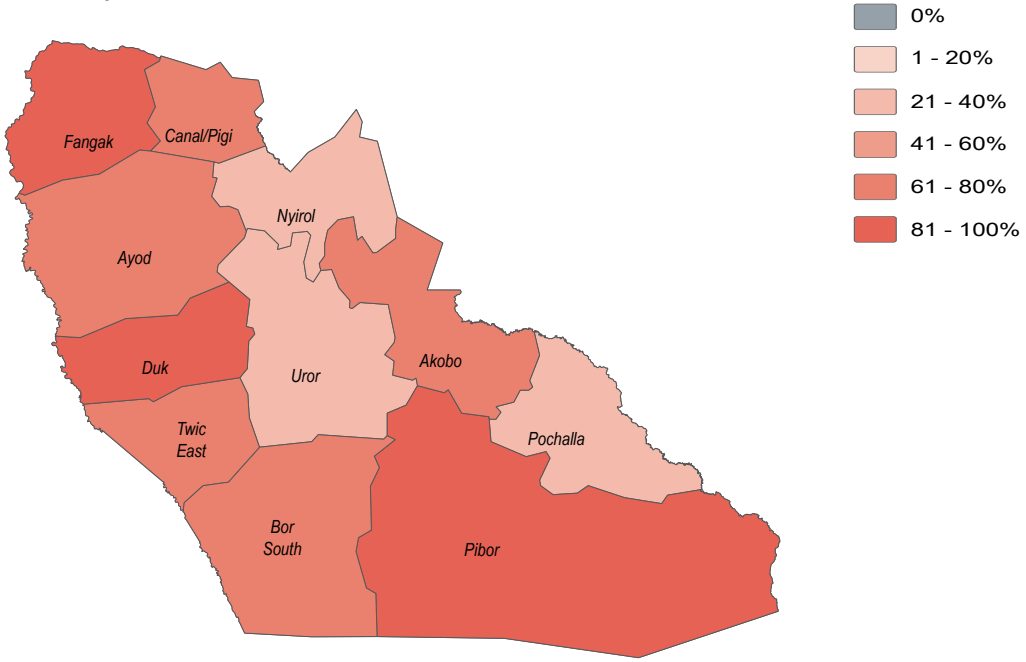
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Health

72%	of **Bor South County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August 2019. This was a decrease from the previous season
83%	of **Bor South County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December 2018
Malaria	was the most commonly reported water or vector borne disease in July and August 2019 in **Bor South County**. This was the same as the previous season
Malaria	was the most commonly reported water or vector borne disease in November and December 2018 in **Bor South County**

% of HH with one or more HH member affected by self-reported water or vector borne disease in the two weeks prior to data collection



Most commonly self-reported water or vector borne diseases for adults in the two weeks prior to data collection (by percentage of households)

Overall	Malaria	21%
	Typhoid	15%
	Fever	8%
	Stomach pain	7%
	Flu	6%
Host	Malaria	21%
	Typhoid	15%
	Fever	8%
	Stomach pain	7%
	Flu	7%
IDPs		
Returnees		

Most commonly self-reported water or vector borne disease for children under 5 in the two weeks prior to data collection (by percentage of households)[3]

Overall	Malaria	21%
	Typhoid	15%
	Fever	8%
	Stomach pain	7%
	Flu	6%
Host	Malaria	44%
	Fever	22%
	Flu	11%
	Skin infection	8%
	Stomach pain	8%
IDPs		
Returnees		

Bor South County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

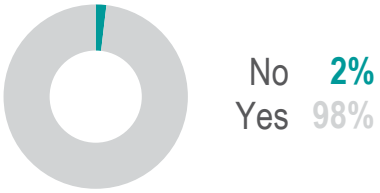
WASH Cluster
Water Sanitation Hygiene

July/August 2019

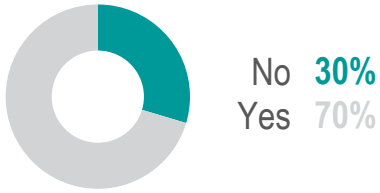
NFI WASH NFIs

24%	of **Bor South County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap[4], and that every member of the HH slept under a mosquito net in July and August 2019[5]. This was an increase from the previous season
17%	of **Bor South County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap, and that every member of the HH slept under a mosquito net in November and December 2018.
4	was the average number of jerrycans and/or buckets per HH in **Bor South County** in July and August 2019. This was an increase from the previous season
3	was the average number of jerrycans and/or buckets per HH in **Bor South County** in November and December 2018

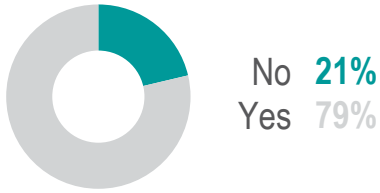
Ownership of a bucket or a jerrycan with a lid (by percentage of households)



Access to soap (by percentage of households)

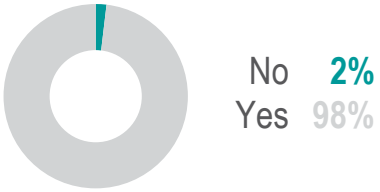


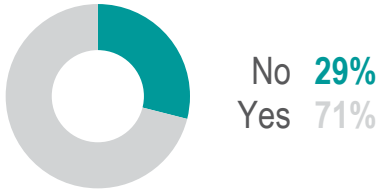
Every member of the household sleeps under a mosquito net (by percentage of households)

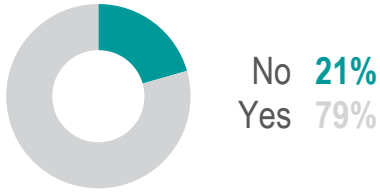


Overall

Host







IDPs

Returnees

Endnotes

1. This data is as of July/August 2019. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. AWD is Acute Watery Diarrhoea.
4. Enumerators asked HHs responding positively to access to soap to produce the soap within a minute.
5. The composite indicator was created by averaging the 'yes' responses of HHs reporting on the following indicators, with all considered to have the same weight: access to soap, access to jerrycans/buckets with lids, everyone in the HH slept under a mosquito net.

About REACH

REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. All REACH activities are conducted through inter-agency aid coordination mechanisms.

For more information, you can write to our in-country office: southsudan@reach-initiative.org or to our global office: geneva@reach-initiative.org.

Visit **www.reach-initiative.org** and follow us @ REACH_info.

Canal/Pigi County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

Overview and Methodology

The dynamic and multi-faceted nature of the South Sudanese displacement crisis has created significant challenges for the delivery of humanitarian aid. Accessibility and security issues within South Sudan have impeded a systematic understanding of Water, Sanitation and Hygiene (WASH) needs in many areas of the country, and have created difficulties in establishing a clear and unambiguous system for prioritizing the delivery of aid, thereby limiting the effectiveness of humanitarian planning and limiting the potential impact of donor funding. As this crisis continues to expand, evolve and spill into neighbouring countries, it has become increasingly important to fill information gaps to inform a more effective humanitarian response and planning for immediate life-saving WASH activities and contingency planning for durable solutions.

In 2018, REACH, in close coordination with the WASH Cluster, identified five core WASH indicators: 1. % of Households (HHs) by displacement status; 2. % of HHs reporting having safe access in under 30 minutes to an improved water source (borehole, tapstand, water yard) as their main source of drinking water; 3. % of HHs reporting having access to a latrine (private, shared, or communal/ institutional); 4. % of HHs reporting having access to key WASH Non-Food Items (NFIs) (soap, mosquito nets, water containers); and 5. % of HHs reporting that one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection.

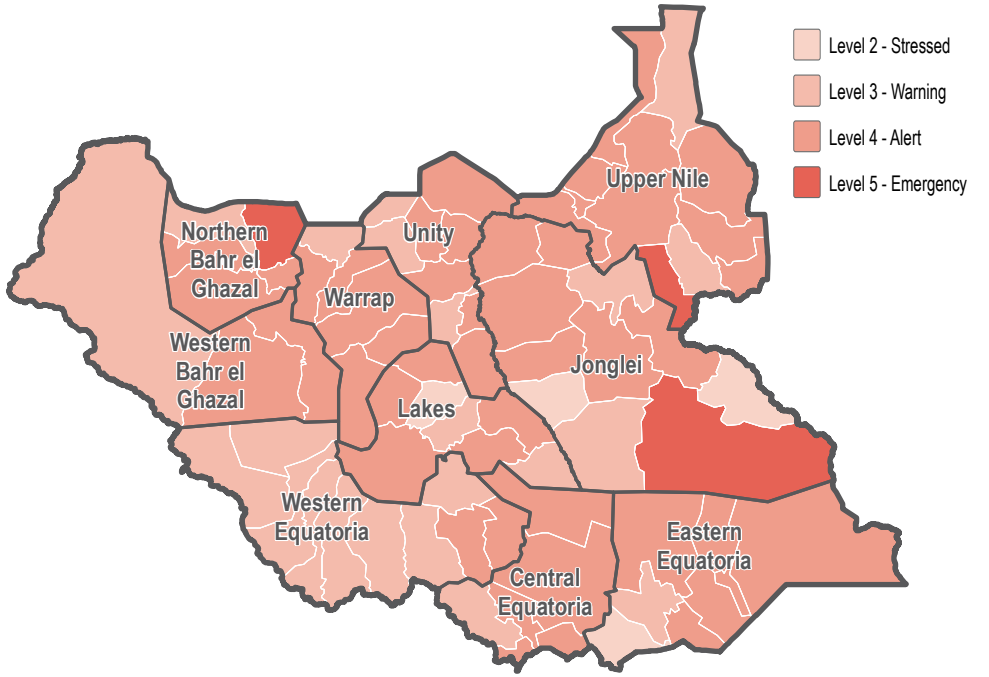
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH Cluster indicators for FSNMS Round 24 (July and August 2019). FSNMS is a seasonal countrywide assessment conducted, funded and run by the World Food Programme, UNICEF, and the Food and Agriculture Organization, and supported by REACH in Rounds 22-24. FSNMS, established in 2010, is a representative survey that employs two-stage cluster sampling, using a state based sample size and cluster determination. In each county, access permitting, 9 clusters were selected and 12 households interviewed per cluster.

FSNMS is a critical source of information that allows for the identification of affected areas, the prioritization of resources and for monitoring trends. The data collected during FSNMS is used for the Integrated Food Security Phase Classification (IPC) analysis, the Humanitarian Needs Overview (HNO) and the Humanitarian Response Plan (HRP), as well as additional decision making platforms.

FSNMS Assessment Coverage

Full coverage in the county was achieved. Findings related to a subset of the population may not be representative and should be considered indicative only.

WASH Needs Severity Map



This WASH composite indicator aims to measure the severity of WASH needs in each county. The composite was created with four indicators, each broken into 5 levels of severity, as seen in this matrix http://bit.ly/2EqRYwJ. The final severity ranking was created by calculating the average level from the following indicators: -Not having safe access in under 30min to an improved water source (borehole, tapstand, water yard) as a main source of drinking water

- Not having access to a latrine (private, shared, or communal/institutional)
- Not owning a jerrycan or bucket with a lid and soap, and that every member of the HHs did not sleep under a mosquito net
- Having one or more HH members affected by self-reported water or vector borne disease in the two weeks prior to data collection

Displacement

Percentage of households by displacement status[1]

Host community	71%
Returnee	19%
IDP	9%
Refugee returnees	1%

Percentage of Internally Displaced Person (IDP) households by time arrived in their current location

In the last one year	80%
Between 2-3 years	20%

Percentage of returnee households by time arrived in their current location

In the last one year	95%
Between 2-3 years	5%

Most commonly reported vulnerability, by percentage of households

Children under 5	76%
Female headed	72%
Elderly persons	57%
Conflict injuries	49%
Chronically ill	32%

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Canal/Pigi County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

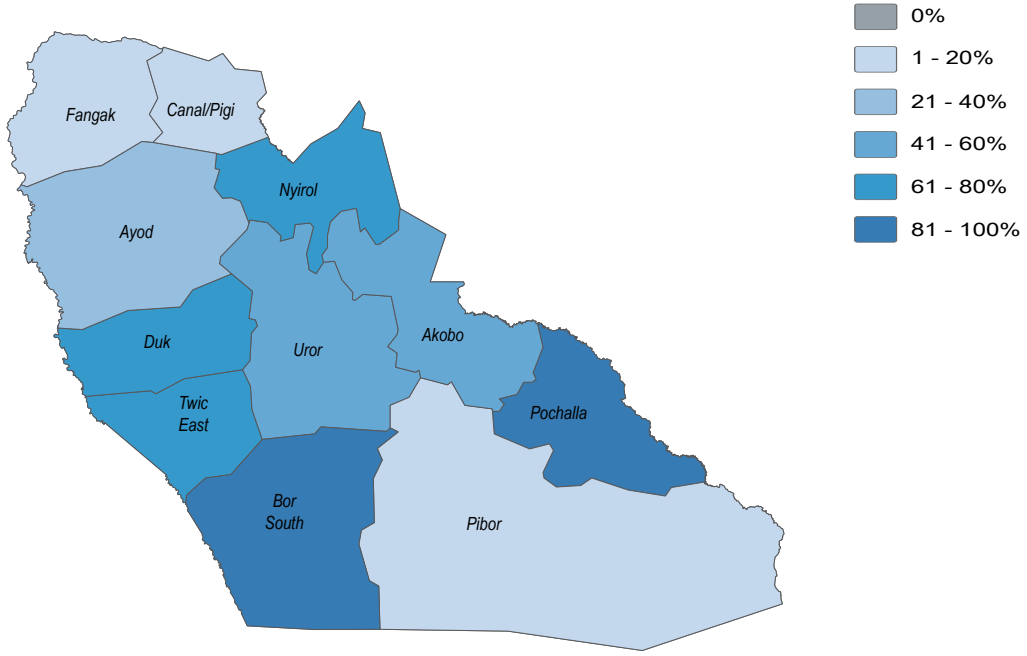
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Water

1%	of **Canal/Pigi County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August 2019. This was a decrease from the previous season
13%	of **Canal/Pigi County** HHs reported having safe access to an improved source of drinking water as their main source, in November and December 2018
22%	of HHs in **Canal/Pigi County** reported feeling unsafe while collecting water, in July and August 2019. This was an increase from the previous season
7%	of HHs in **Canal/Pigi County** reported feeling unsafe while collecting water, in November and December 2018

% of HHs having safe access in under 30min to an improved water source (borehole, tapstand, water yard) as their main source of drinking water



This simple water access composite indicator aims to measure access to an improved water source, without protection concern. The composite was created by averaging the 'yes' responses of households reporting on the following indicators, with all indicators considered to have the same weight:

- Access to a borehole, tapstand, or water yard as the primary source of drinking water
- Can collect water (walking to collection point, waiting, filling container, returning home) in under 30 minutes
- Did not report any security concerns while accessing water point

	Most commonly reported sources of drinking water (by percentage of households)		Most commonly reported time spent collecting drinking water (walking to collection point, waiting, filling container, returning home) (by percentage of households)	
Overall	River or stream	64%	< 30 minutes	80%
	Swamp	35%	30 minutes - 1 hour	14%
	Tap stand	1%	1 hour - half a day	6%
Host	River or stream	66%	< 30 minutes	90%
	Swamp	34%	30 minutes - 1 hour	8%
			1 hour - half a day	3%
IDPs	River or stream	90%	< 30 minutes	90%
	Swamp	10%	1 hour - half a day	10%
Returnees	Swamp	52%	30 minutes - 1 hour	43%
	River or stream	43%	< 30 minutes	38%
	Tap stand	5%	1 hour - half a day	19%

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Canal/Pigi County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

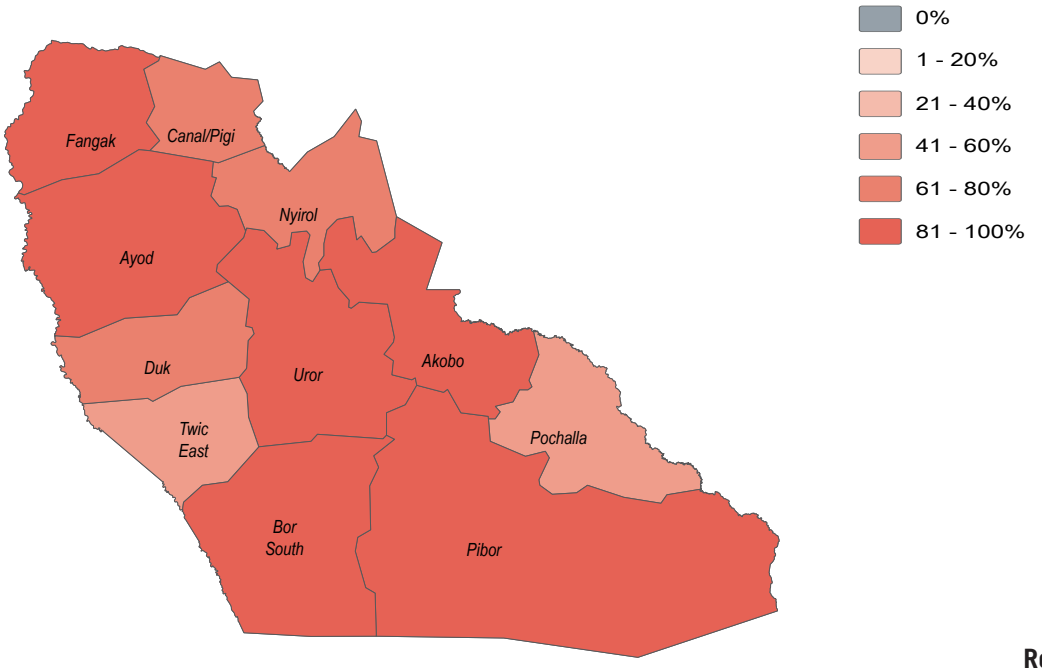
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Sanitation

33%	of **Canal/Pigi County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in July and August 2019. This was an increase from from the previous season
2%	of **Canal/Pigi County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in November and December 2018.
19%	of HHs in **Canal/Pigi County** reported their most common defecation location was a latrine, in July and August 2019. This was an increase from the previous season
1%	of HHs in **Canal/Pigi County** reported their most common defecation location was a latrine, in November and December 2018.

% of HHs reporting no latrine (private, shared, or communal/institutional)[2] present



Most commonly reported defecation location for adults (by percentage of households)

Type of latrines available (by percentage of households)

Overall

In the bush	79%
In the latrine	19%
Dig a hole and cover	1%
In the river	1%

No latrine available	67%
Communal latrine	15%
Shared latrine	12%
Family latrine	6%

Host

In the bush	78%
In the latrine	19%
Dig a hole and cover	1%
In the river	1%

No latrine available	68%
Communal latrine	11%
Shared latrine	11%
Family latrine	9%

IDPs

In the bush	70%
In the latrine	30%

Returnees

In the bush	86%
In the latrine	14%

No latrine available	57%
Communal latrine	38%
Shared latrine	5%

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Canal/Pigi County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

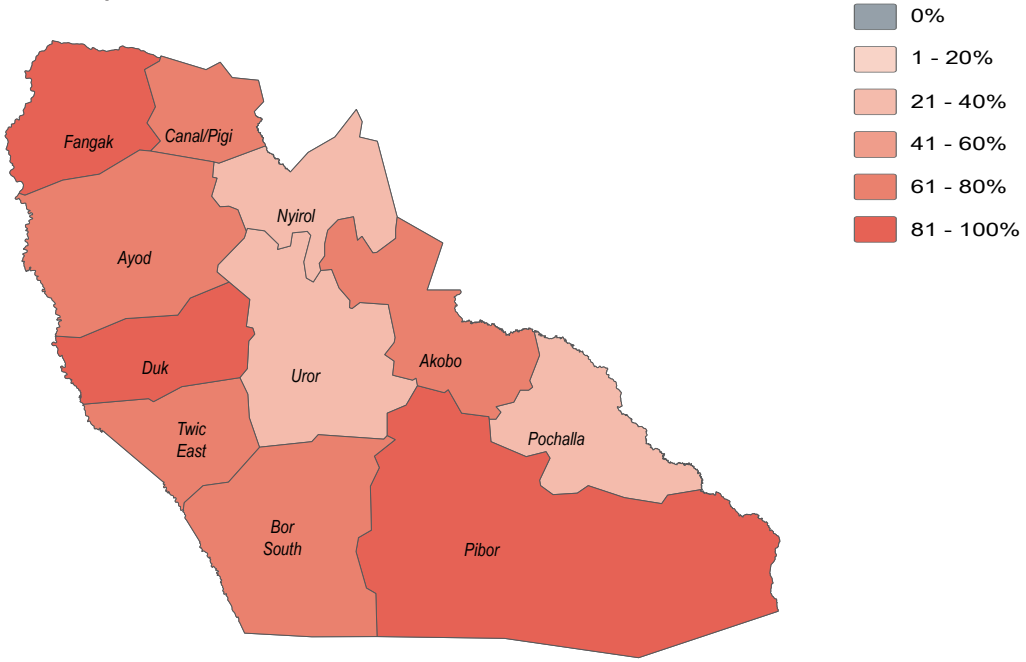
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Health

70%	of **Canal/Pigi County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August 2019. This was an increase from the previous season
60%	of **Canal/Pigi County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December 2018
Fever	was the most commonly reported water or vector borne disease in July and August 2019 in **Canal/Pigi County**. This was different to the previous season
Malaria	was the most commonly reported water or vector borne disease in November and December 2018 in **Canal/Pigi County**

% of HH with one or more HH member affected by self-reported water or vector borne disease in the two weeks prior to data collection



Most commonly self-reported water or vector borne diseases for adults in the two weeks prior to data collection (by percentage of households)

Overall	Malaria	18%
	Fever	13%
	Stomach pain	10%
	Typhoid	9%
	Skin infection	8%
Host	Malaria	15%
	Fever	14%
	Typhoid	10%
	Stomach pain	9%
	AWD	6%
IDPs	Eye infection	20%
	Malaria	20%
	Stomach pain	20%
	Fever	10%
	No answer	10%
Returnees	Malaria	43%
	Skin infection	24%
	Stomach pain	24%
	Fever	19%
	Eye infection	14%

Most commonly self-reported water or vector borne disease for children under 5 in the two weeks prior to data collection (by percentage of households)[3]

Overall	Malaria	18%
	Fever	13%
	Stomach pain	10%
	Typhoid	9%
	Skin infection	8%
Host	Fever	33%
	AWD	22%
	Malaria	20%
	Stomach pain	11%
	Typhoid	6%
IDPs	Fever	30%
	Malaria	20%
	Stomach pain	20%
	Flu	10%
	Others	10%

Canal/Pigi County - Water, Sanitation and Hygiene Factsheet

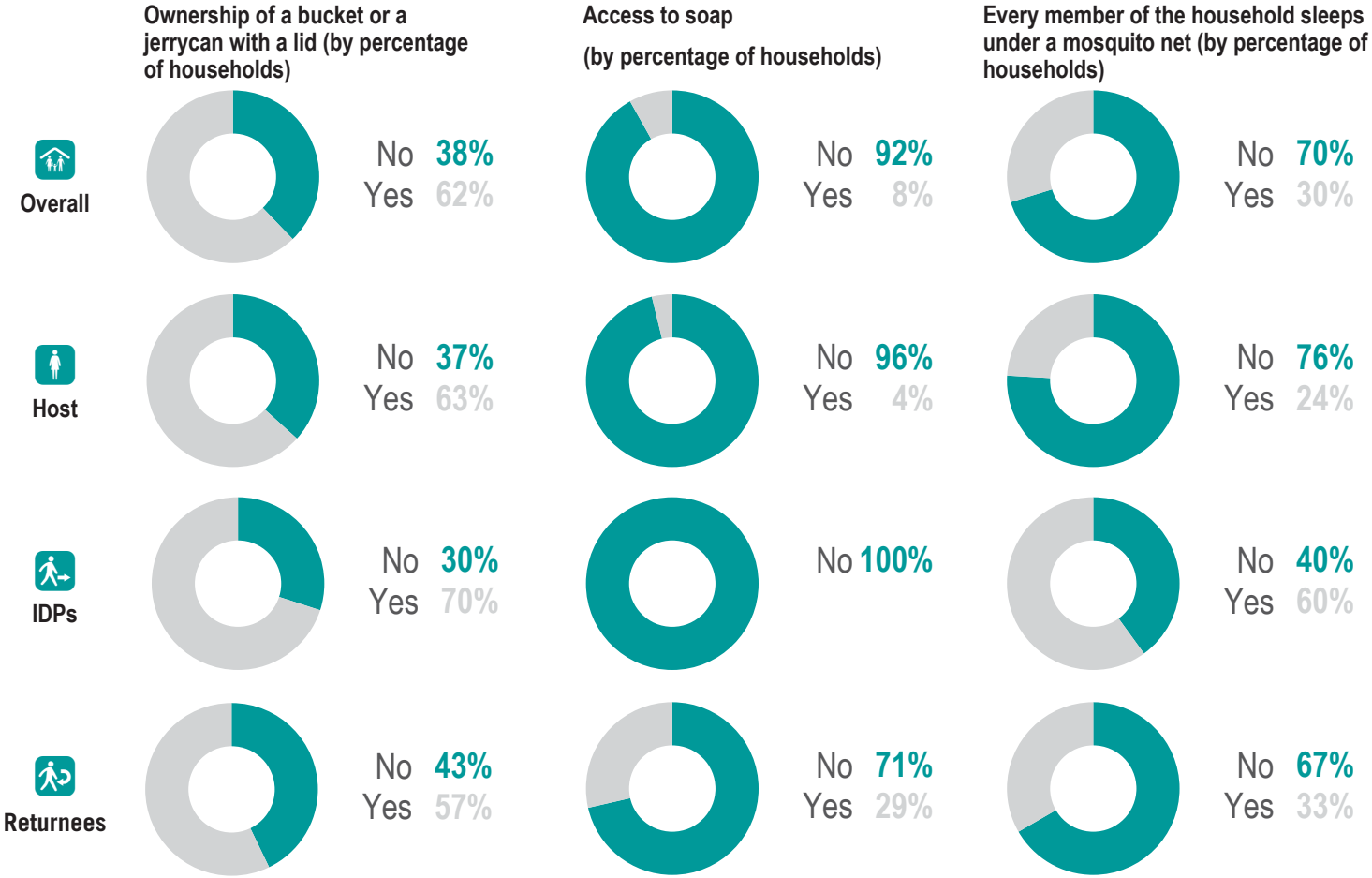
Jonglei State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

NFI WASH NFIs

2%	of **Canal/Pigi County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap[4], and that every member of the HH slept under a mosquito net in July and August 2019[5]. This was an increase from the previous season
0%	of **Canal/Pigi County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap, and that every member of the HH slept under a mosquito net in November and December 2018.
2	was the average number of jerrycans and/or buckets per HH in **Canal/Pigi County** in July and August 2019. This was an increase from the previous season
1	was the average number of jerrycans and/or buckets per HH in **Canal/Pigi County** in November and December 2018



Endnotes

1. This data is as of July/August 2019. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. AWD is Acute Watery Diarrhoea.
4. Enumerators asked HHs responding positively to access to soap to produce the soap within a minute.
5. The composite indicator was created by averaging the 'yes' responses of HHs reporting on the following indicators, with all considered to have the same weight: access to soap, access to jerrycans/buckets with lids, everyone in the HH slept under a mosquito net.

About REACH

REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. All REACH activities are conducted through inter-agency aid coordination mechanisms.

For more information, you can write to our in-country office: southsudan@reach-initiative.org or to our global office: geneva@reach-initiative.org.

Visit **www.reach-initiative.org** and follow us @ REACH_info.

Duk County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

Overview and Methodology

The dynamic and multi-faceted nature of the South Sudanese displacement crisis has created significant challenges for the delivery of humanitarian aid. Accessibility and security issues within South Sudan have impeded a systematic understanding of Water, Sanitation and Hygiene (WASH) needs in many areas of the country, and have created difficulties in establishing a clear and unambiguous system for prioritizing the delivery of aid, thereby limiting the effectiveness of humanitarian planning and limiting the potential impact of donor funding. As this crisis continues to expand, evolve and spill into neighbouring countries, it has become increasingly important to fill information gaps to inform a more effective humanitarian response and planning for immediate life-saving WASH activities and contingency planning for durable solutions.

In 2018, REACH, in close coordination with the WASH Cluster, identified five core WASH indicators: 1. % of Households (HHs) by displacement status; 2. % of HHs reporting having safe access in under 30 minutes to an improved water source (borehole, tapstand, water yard) as their main source of drinking water; 3. % of HHs reporting having access to a latrine (private, shared, or communal/ institutional); 4. % of HHs reporting having access to key WASH Non-Food Items (NFIs) (soap, mosquito nets, water containers); and 5. % of HHs reporting that one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection.

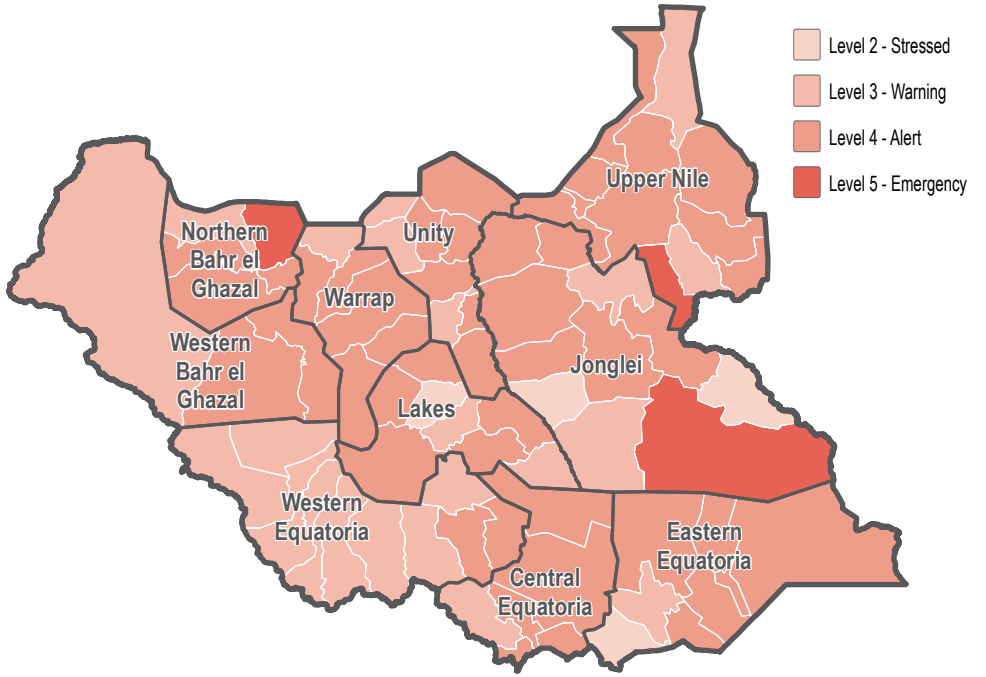
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH Cluster indicators for FSNMS Round 24 (July and August 2019). FSNMS is a seasonal countrywide assessment conducted, funded and run by the World Food Programme, UNICEF, and the Food and Agriculture Organization, and supported by REACH in Rounds 22-24. FSNMS, established in 2010, is a representative survey that employs two-stage cluster sampling, using a state based sample size and cluster determination. In each county, access permitting, 9 clusters were selected and 12 households interviewed per cluster.

FSNMS is a critical source of information that allows for the identification of affected areas, the prioritization of resources and for monitoring trends. The data collected during FSNMS is used for the Integrated Food Security Phase Classification (IPC) analysis, the Humanitarian Needs Overview (HNO) and the Humanitarian Response Plan (HRP), as well as additional decision making platforms.

FSNMS Assessment Coverage

Partial coverage in the county was achieved. Findings related to a subset of the population may not be representative and should be considered indicative only.

WASH Needs Severity Map



This WASH composite indicator aims to measure the severity of WASH needs in each county. The composite was created with four indicators, each broken into 5 levels of severity, as seen in this matrix http://bit.ly/2EqRYwJ. The final severity ranking was created by calculating the average level from the following indicators: -Not having safe access in under 30min to an improved water source (borehole, tapstand, water yard) as a main source of drinking water
- Not having access to a latrine (private, shared, or communal/institutional)
- Not owning a jerrycan or bucket with a lid and soap, and that every member of the HHs did not sleep under a mosquito net
- Having one or more HH members affected by self-reported water or vector borne disease in the two weeks prior to data collection

Displacement

Percentage of households by displacement status[1]

Host community	92%
Returnee	4%
Refugee returnees	3%
IDP	1%

Percentage of Internally Displaced Person (IDP) households by time arrived in their current location

Around 5 years	100%

Percentage of returnee households by time arrived in their current location

In the last one year	67%
Between 2-3 years	33%

Most commonly reported vulnerability, by percentage of households

Children under 5	88%
Female headed	71%
Elderly persons	60%
Conflict injuries	58%
Physically disabled	33%

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Duk County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

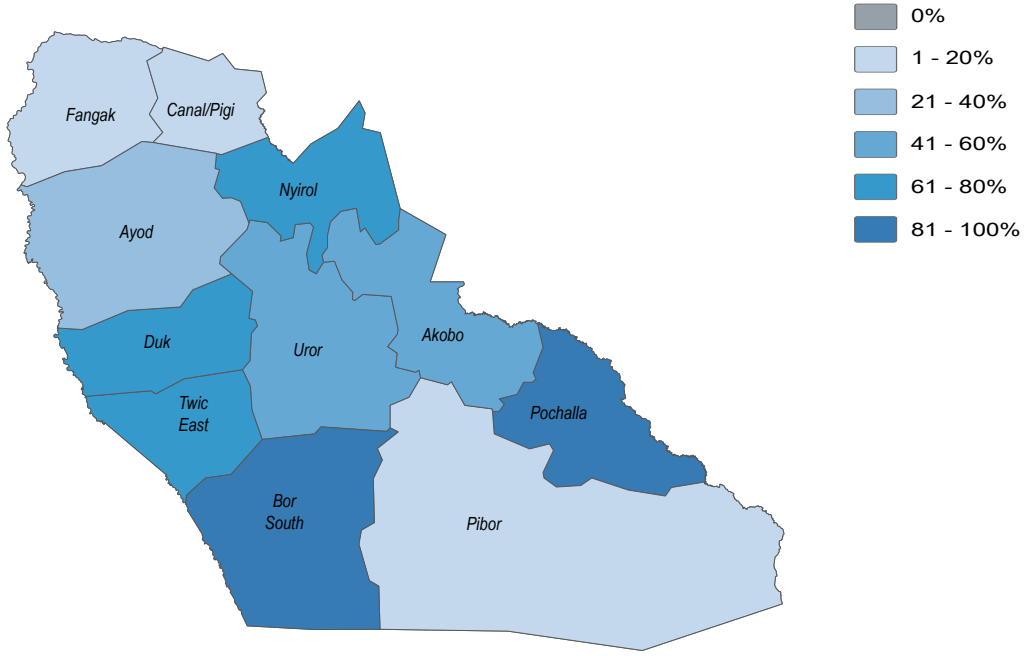
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Water

100%	of **Duk County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August 2019. This was the same as the previous season
100%	of **Duk County** HHs reported having safe access to an improved source of drinking water as their main source, in November and December 2018
11%	of HHs in **Duk County** reported feeling unsafe while collecting water, in July and August 2019. This was a decrease from the previous season
58%	of HHs in **Duk County** reported feeling unsafe while collecting water, in November and December 2018

% of HHs having safe access in under 30min to an improved water source (borehole, tapstand, water yard) as their main source of drinking water



This simple water access composite indicator aims to measure access to an improved water source, without protection concern. The composite was created by averaging the 'yes' responses of households reporting on the following indicators, with all indicators considered to have the same weight:

- Access to a borehole, tapstand, or water yard as the primary source of drinking water
- Can collect water (walking to collection point, waiting, filling container, returning home) in under 30 minutes
- Did not report any security concerns while accessing water point

	Most commonly reported sources of drinking water (by percentage of households)		Most commonly reported time spent collecting drinking water (walking to collection point, waiting, filling container, returning home) (by percentage of households)	
Overall	Borehole	**100%**	< 30 minutes	**79%**
			30 minutes - 1 hour	**18%**
			1 hour - half a day	**3%**
Host	Borehole	**100%**	< 30 minutes	**77%**
			30 minutes - 1 hour	**20%**
			1 hour - half a day	**3%**
IDPs	Borehole	**100%**	< 30 minutes	**100%**
Returnees	Borehole	**100%**	< 30 minutes	**100%**

Duk County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

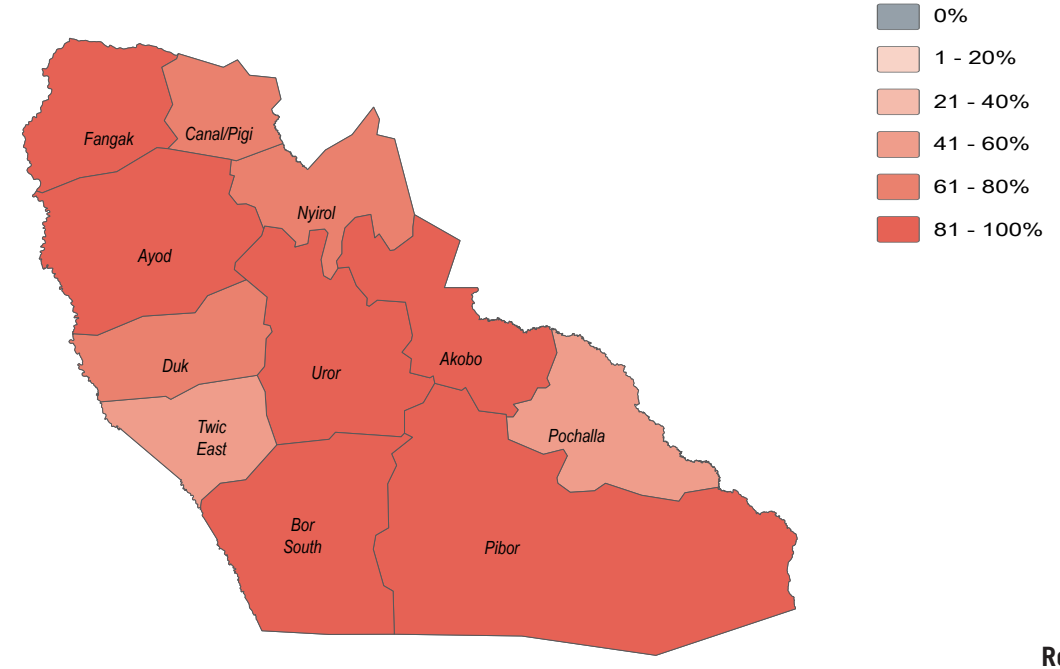
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Sanitation

22%	of **Duk County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in July and August 2019. This was an increase from from the previous season
11%	of **Duk County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in November and December 2018.
24%	of HHs in **Duk County** reported their most common defecation location was a latrine, in July and August 2019. This was an increase from the previous season
11%	of HHs in **Duk County** reported their most common defecation location was a latrine, in November and December 2018.

% of HHs reporting no latrine (private, shared, or communal/institutional)[2] present



Most commonly reported defecation location for adults (by percentage of households)

Type of latrines available (by percentage of households)

Overall

In the bush	74%
In the latrine	24%
No answer	3%

No latrine available	78%
Family latrine	17%
Shared latrine	4%
Communal latrine	1%

Host

In the bush	76%
In the latrine	21%
No answer	3%

No latrine available	80%
Family latrine	17%
Communal latrine	2%
Shared latrine	2%

IDPs

In the latrine	100%

Returnees

In the bush	67%
In the latrine	33%

No latrine available	67%
Shared latrine	33%

Duk County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

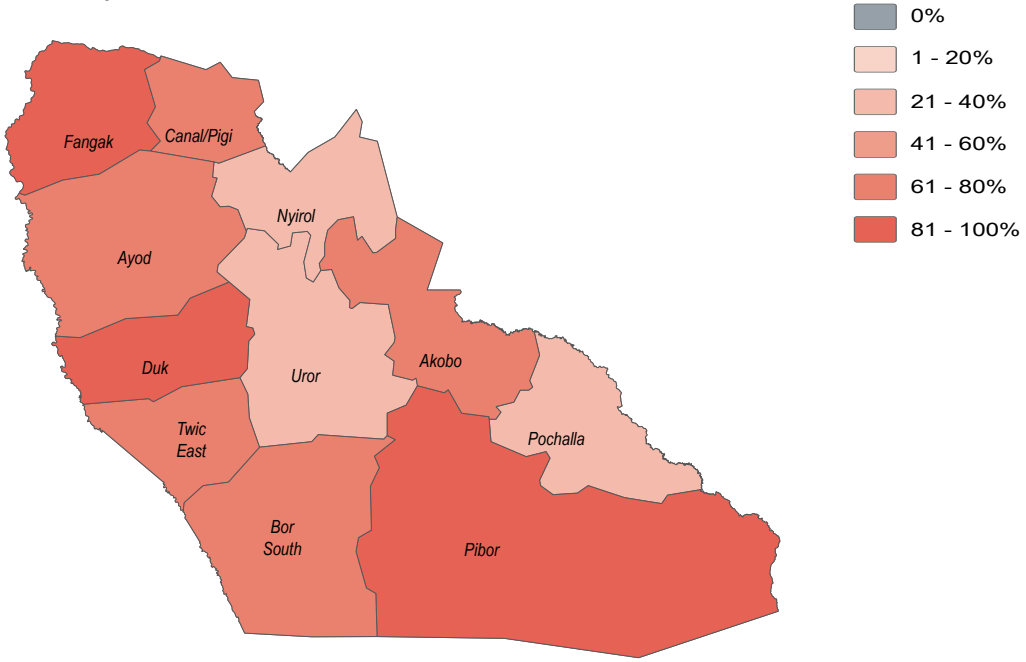
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Health

81%	of **Duk County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August 2019. This was a decrease from the previous season
92%	of **Duk County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December 2018
Malaria	was the most commonly reported water or vector borne disease in July and August 2019 in **Duk County**. This was the same as the previous season
Malaria	was the most commonly reported water or vector borne disease in November and December 2018 in **Duk County**

% of HH with one or more HH member affected by self-reported water or vector borne disease in the two weeks prior to data collection



Most commonly self-reported water or vector borne diseases for adults in the two weeks prior to data collection (by percentage of households)

Overall	Malaria	35%
	Typhoid	32%
	Fever	19%
	AWD	18%
	Skin infection	13%
Host	Malaria	35%
	Typhoid	32%
	Fever	21%
	AWD	18%
	Skin infection	14%
IDPs		
Returnees		

Most commonly self-reported water or vector borne disease for children under 5 in the two weeks prior to data collection (by percentage of households)[3]

Overall	Malaria	35%
	Typhoid	32%
	Fever	19%
	AWD	18%
	Skin infection	13%
Host	Malaria	52%
	AWD	50%
	Fever	47%
	Eye infection	18%
	Flu	9%
IDPs	Malaria	100%
Returnees	Malaria	100%
	AWD	67%
	Fever	33%
	Others	33%

Duk County - Water, Sanitation and Hygiene Factsheet

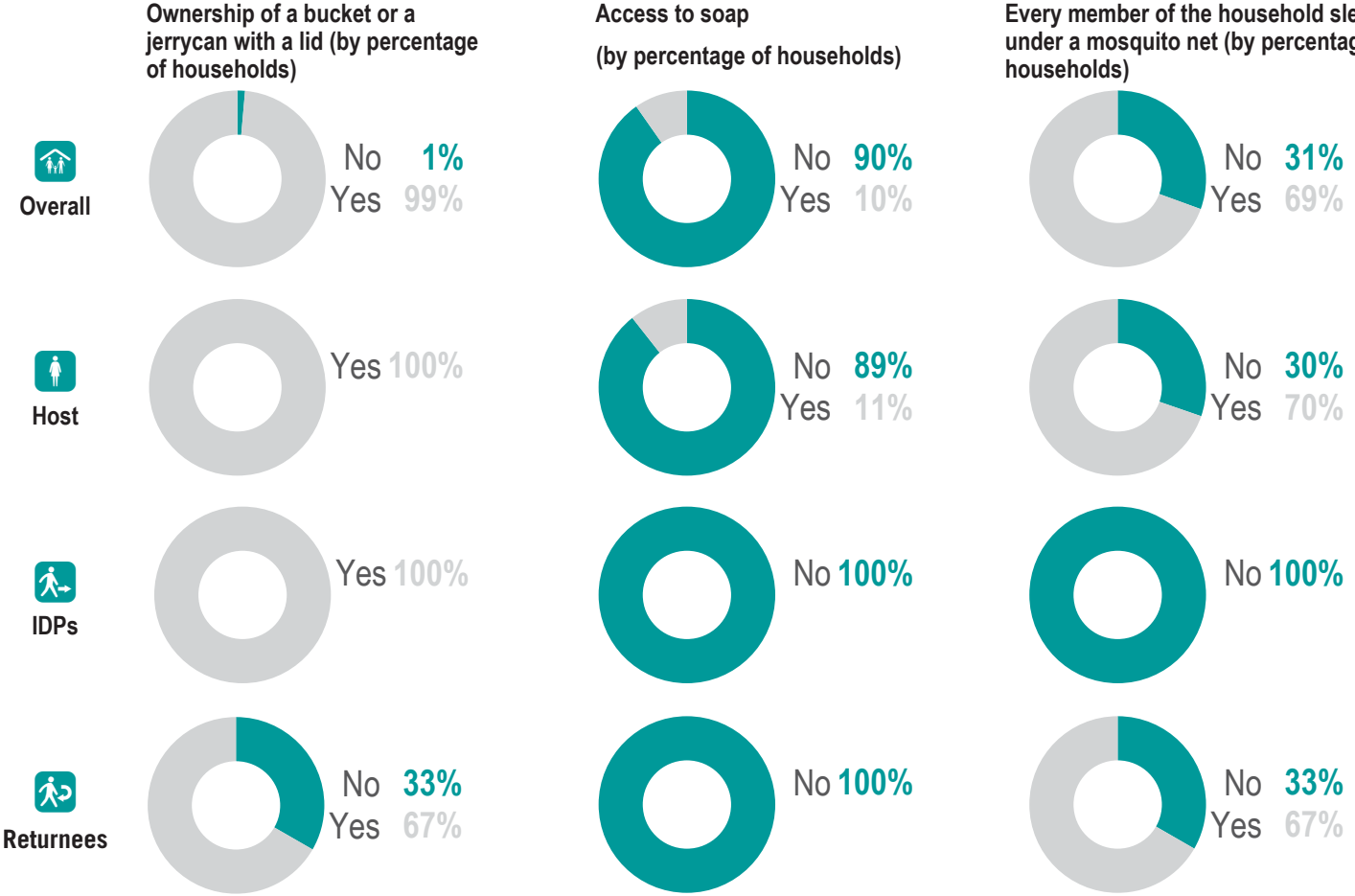
Jonglei State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

NFI WASH NFIs

8%	of **Duk County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap[4], and that every member of the HH slept under a mosquito net in July and August 2019[5]. This was an increase from the previous season
5%	of **Duk County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap, and that every member of the HH slept under a mosquito net in November and December 2018.
3	was the average number of jerrycans and/or buckets per HH in **Duk County** in July and August 2019. This was the same as the previous season
3	was the average number of jerrycans and/or buckets per HH in **Duk County** in November and December 2018



Endnotes

1. This data is as of July/August 2019. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. AWD is Acute Watery Diarrhoea.
4. Enumerators asked HHs responding positively to access to soap to produce the soap within a minute.
5. The composite indicator was created by averaging the 'yes' responses of HHs reporting on the following indicators, with all considered to have the same weight: access to soap, access to jerrycans/buckets with lids, everyone in the HH slept under a mosquito net.

About REACH

REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. All REACH activities are conducted through inter-agency aid coordination mechanisms.

For more information, you can write to our in-country office: southsudan@reach-initiative.org or to our global office: geneva@reach-initiative.org.

Visit **www.reach-initiative.org** and follow us @ REACH_info.

Fangak County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

Overview and Methodology

The dynamic and multi-faceted nature of the South Sudanese displacement crisis has created significant challenges for the delivery of humanitarian aid. Accessibility and security issues within South Sudan have impeded a systematic understanding of Water, Sanitation and Hygiene (WASH) needs in many areas of the country, and have created difficulties in establishing a clear and unambiguous system for prioritizing the delivery of aid, thereby limiting the effectiveness of humanitarian planning and limiting the potential impact of donor funding. As this crisis continues to expand, evolve and spill into neighbouring countries, it has become increasingly important to fill information gaps to inform a more effective humanitarian response and planning for immediate life-saving WASH activities and contingency planning for durable solutions.

In 2018, REACH, in close coordination with the WASH Cluster, identified five core WASH indicators: 1. % of Households (HHs) by displacement status; 2. % of HHs reporting having safe access in under 30 minutes to an improved water source (borehole, tapstand, water yard) as their main source of drinking water; 3. % of HHs reporting having access to a latrine (private, shared, or communal/ institutional); 4. % of HHs reporting having access to key WASH Non-Food Items (NFIs) (soap, mosquito nets, water containers); and 5. % of HHs reporting that one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection.

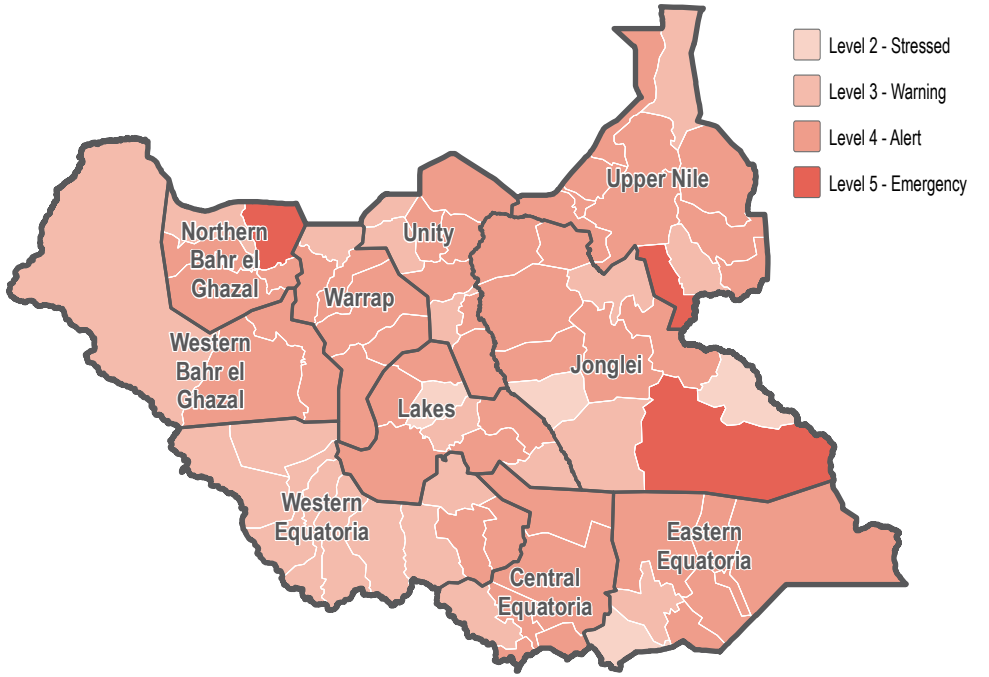
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH Cluster indicators for FSNMS Round 24 (July and August 2019). FSNMS is a seasonal countrywide assessment conducted, funded and run by the World Food Programme, UNICEF, and the Food and Agriculture Organization, and supported by REACH in Rounds 22-24. FSNMS, established in 2010, is a representative survey that employs two-stage cluster sampling, using a state based sample size and cluster determination. In each county, access permitting, 9 clusters were selected and 12 households interviewed per cluster.

FSNMS is a critical source of information that allows for the identification of affected areas, the prioritization of resources and for monitoring trends. The data collected during FSNMS is used for the Integrated Food Security Phase Classification (IPC) analysis, the Humanitarian Needs Overview (HNO) and the Humanitarian Response Plan (HRP), as well as additional decision making platforms.

FSNMS Assessment Coverage

Full coverage in the county was achieved. Findings related to a subset of the population may not be representative and should be considered indicative only.

WASH Needs Severity Map



This WASH composite indicator aims to measure the severity of WASH needs in each county. The composite was created with four indicators, each broken into 5 levels of severity, as seen in this matrix http://bit.ly/2EqRYwJ. The final severity ranking was created by calculating the average level from the following indicators: -Not having safe access in under 30min to an improved water source (borehole, tapstand, water yard) as a main source of drinking water

- Not having access to a latrine (private, shared, or communal/institutional)
- Not owning a jerrycan or bucket with a lid and soap, and that every member of the HHs did not sleep under a mosquito net
- Having one or more HH members affected by self-reported water or vector borne disease in the two weeks prior to data collection

Displacement

Percentage of households by displacement status[1]

Host community	95%
Returnee	4%
IDP	1%

Percentage of Internally Displaced Person (IDP) households by time arrived in their current location

In the last one year	100%

Percentage of returnee households by time arrived in their current location

In the last one year	100%

Most commonly reported vulnerability, by percentage of households

Children under 5	89%
Female headed	82%
Elderly persons	50%
Conflict injuries	46%
Physically disabled	28%

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Fangak County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

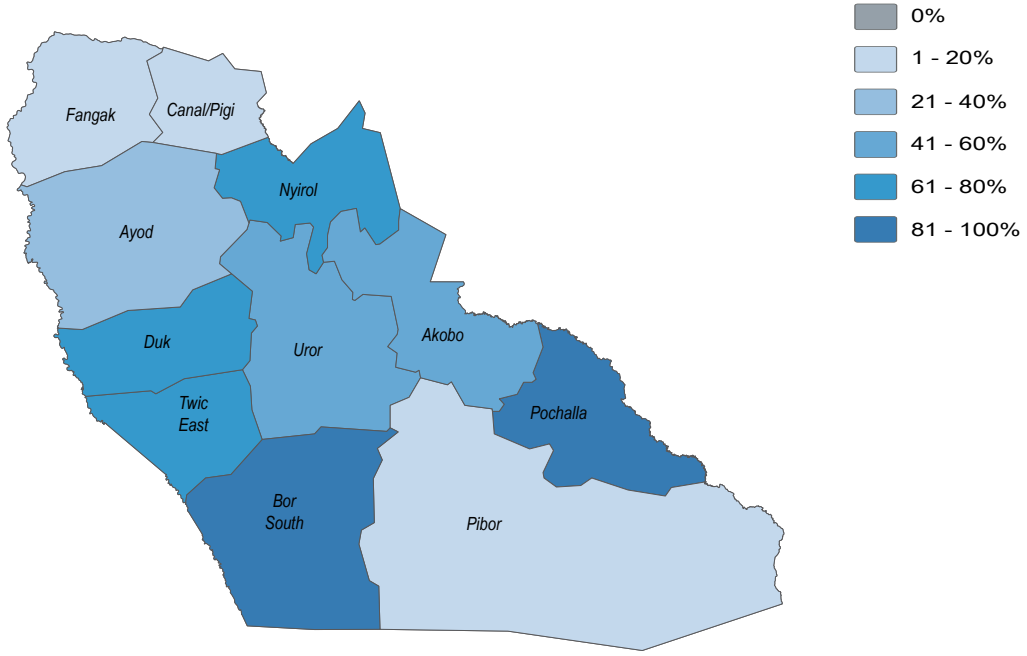
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Water

29%	of **Fangak County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August 2019. This was an increase from the previous season
10%	of **Fangak County** HHs reported having safe access to an improved source of drinking water as their main source, in November and December 2018
56%	of HHs in **Fangak County** reported feeling unsafe while collecting water, in July and August 2019. This was an increase from the previous season
13%	of HHs in **Fangak County** reported feeling unsafe while collecting water, in November and December 2018

% of HHs having safe access in under 30min to an improved water source (borehole, tapstand, water yard) as their main source of drinking water



This simple water access composite indicator aims to measure access to an improved water source, without protection concern. The composite was created by averaging the 'yes' responses of households reporting on the following indicators, with all indicators considered to have the same weight:

- Access to a borehole, tapstand, or water yard as the primary source of drinking water
- Can collect water (walking to collection point, waiting, filling container, returning home) in under 30 minutes
- Did not report any security concerns while accessing water point

	Most commonly reported sources of drinking water (by percentage of households)		Most commonly reported time spent collecting drinking water (walking to collection point, waiting, filling container, returning home) (by percentage of households)	
Overall	Swamp	46%	< 30 minutes	47%
	Borehole	23%	30 minutes - 1 hour	37%
	River or stream	18%	1 hour - half a day	14%
	Tap stand	6%	Half a day	2%
	Unprotected well	6%		
Host	Swamp	46%	< 30 minutes	50%
	Borehole	24%	30 minutes - 1 hour	34%
	River or stream	15%	1 hour - half a day	14%
	Tap stand	6%	Half a day	2%
	Unprotected well	6%		
IDPs	Swamp	100%	1 hour - half a day	100%
Returnees	River or stream	80%	30 minutes - 1 hour	100%
	Swamp	20%		

Fangak County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

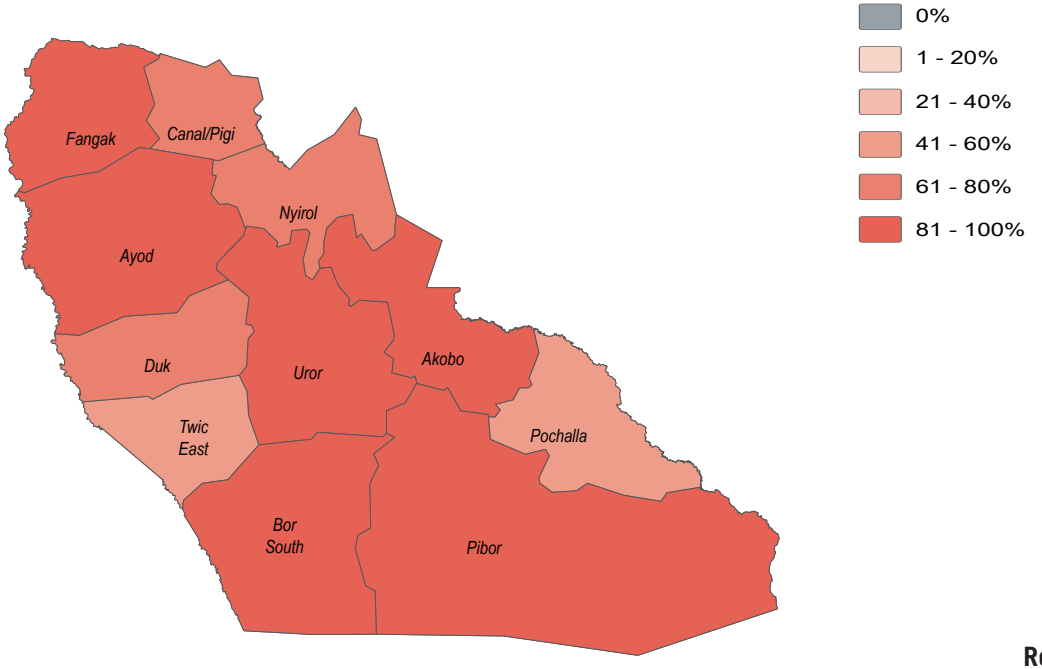
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Sanitation

6%	of **Fangak County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in July and August 2019. This was a decrease from from the previous season
15%	of **Fangak County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in November and December 2018.
5%	of HHs in **Fangak County** reported their most common defecation location was a latrine, in July and August 2019. This was an increase from the previous season
1%	of HHs in **Fangak County** reported their most common defecation location was a latrine, in November and December 2018.

% of HHs reporting no latrine (private, shared, or communal/institutional)[2] present



Most commonly reported defecation location for adults (by percentage of households)

Type of latrines available (by percentage of households)

Overall

In the bush	95%
In the latrine	5%

No latrine available	94%
Family latrine	5%
Shared latrine	1%

Host

In the bush	94%
In the latrine	6%

No latrine available	94%
Family latrine	6%
Shared latrine	1%

IDPs

In the bush	100%

Returnees

In the bush	100%

No latrine available	100%

Fangak County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

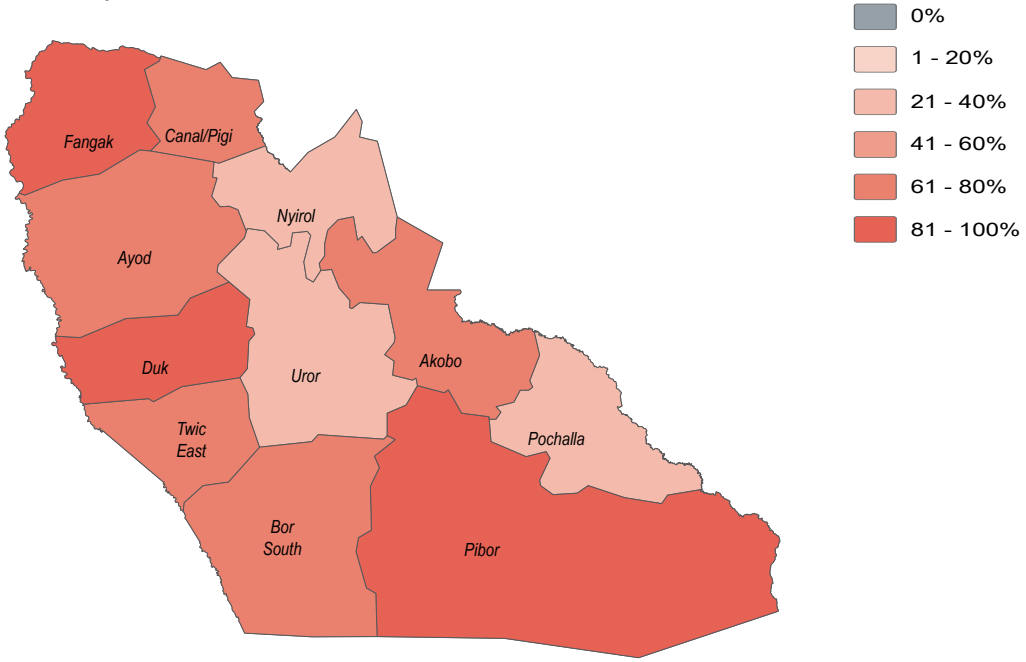
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Health

86%	of **Fangak County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August 2019. This was an increase from the previous season
79%	of **Fangak County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December 2018
Fever	was the most commonly reported water or vector borne disease in July and August 2019 in **Fangak County**. This was different to the previous season
Malaria	was the most commonly reported water or vector borne disease in November and December 2018 in **Fangak County**

% of HH with one or more HH member affected by self-reported water or vector borne disease in the two weeks prior to data collection



Most commonly self-reported water or vector borne diseases for adults in the two weeks prior to data collection (by percentage of households)

Overall	Malaria	39%
	Fever	27%
	Typhoid	20%
	Flu	16%
	Stomach pain	12%
Host	Malaria	41%
	Fever	29%
	Typhoid	21%
	Flu	17%
	Stomach pain	12%
IDPs		
Returnees		

Most commonly self-reported water or vector borne disease for children under 5 in the two weeks prior to data collection (by percentage of households)[3]

Overall	Malaria	39%
	Fever	27%
	Typhoid	20%
	Flu	16%
	Stomach pain	12%
Host	Fever	81%
	Malaria	76%
	Stomach pain	14%
	AWD	9%
	Eye infection	9%
IDPs	Fever	100%
	Malaria	100%
	Skin infection	100%
Returnees	AWD	20%
	Fever	20%
	Malaria	20%
	Stomach pain	20%

Fangak County - Water, Sanitation and Hygiene Factsheet

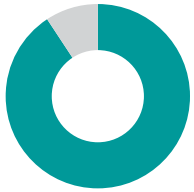
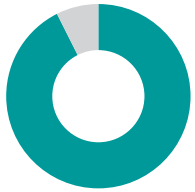
Jonglei State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

NFI WASH NFIs

1%	of **Fangak County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap[4], and that every member of the HH slept under a mosquito net in July and August 2019[5]. This was an increase from the previous season
0%	of **Fangak County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap, and that every member of the HH slept under a mosquito net in November and December 2018.
2	was the average number of jerrycans and/or buckets per HH in **Fangak County** in July and August 2019. This was the same as the previous season
2	was the average number of jerrycans and/or buckets per HH in **Fangak County** in November and December 2018

	Ownership of a bucket or a jerrycan with a lid (by percentage of households)	Access to soap (by percentage of households)	Every member of the household sleeps under a mosquito net (by percentage of households)
Overall	 No 65% Yes 35%	 No 91% Yes 9%	 No 89% Yes 11%
Host	 No 67% Yes 33%	 No 91% Yes 9%	 No 93% Yes 7%
IDPs	 No 100%	 No 100%	 No 100%
Returnees	 No 20% Yes 80%	 No 100%	 No 20% Yes 80%

Endnotes

1. This data is as of July/August 2019. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. AWD is Acute Watery Diarrhoea.
4. Enumerators asked HHs responding positively to access to soap to produce the soap within a minute.
5. The composite indicator was created by averaging the 'yes' responses of HHs reporting on the following indicators, with all considered to have the same weight: access to soap, access to jerrycans/buckets with lids, everyone in the HH slept under a mosquito net.

About REACH

REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. All REACH activities are conducted through inter-agency aid coordination mechanisms.

For more information, you can write to our in-country office: southsudan@reach-initiative.org or to our global office: geneva@reach-initiative.org.

Visit **www.reach-initiative.org** and follow us @ REACH_info.

Nyirol County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

Overview and Methodology

The dynamic and multi-faceted nature of the South Sudanese displacement crisis has created significant challenges for the delivery of humanitarian aid. Accessibility and security issues within South Sudan have impeded a systematic understanding of Water, Sanitation and Hygiene (WASH) needs in many areas of the country, and have created difficulties in establishing a clear and unambiguous system for prioritizing the delivery of aid, thereby limiting the effectiveness of humanitarian planning and limiting the potential impact of donor funding. As this crisis continues to expand, evolve and spill into neighbouring countries, it has become increasingly important to fill information gaps to inform a more effective humanitarian response and planning for immediate life-saving WASH activities and contingency planning for durable solutions.

In 2018, REACH, in close coordination with the WASH Cluster, identified five core WASH indicators: 1. % of Households (HHs) by displacement status; 2. % of HHs reporting having safe access in under 30 minutes to an improved water source (borehole, tapstand, water yard) as their main source of drinking water; 3. % of HHs reporting having access to a latrine (private, shared, or communal/ institutional); 4. % of HHs reporting having access to key WASH Non-Food Items (NFIs) (soap, mosquito nets, water containers); and 5. % of HHs reporting that one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection.

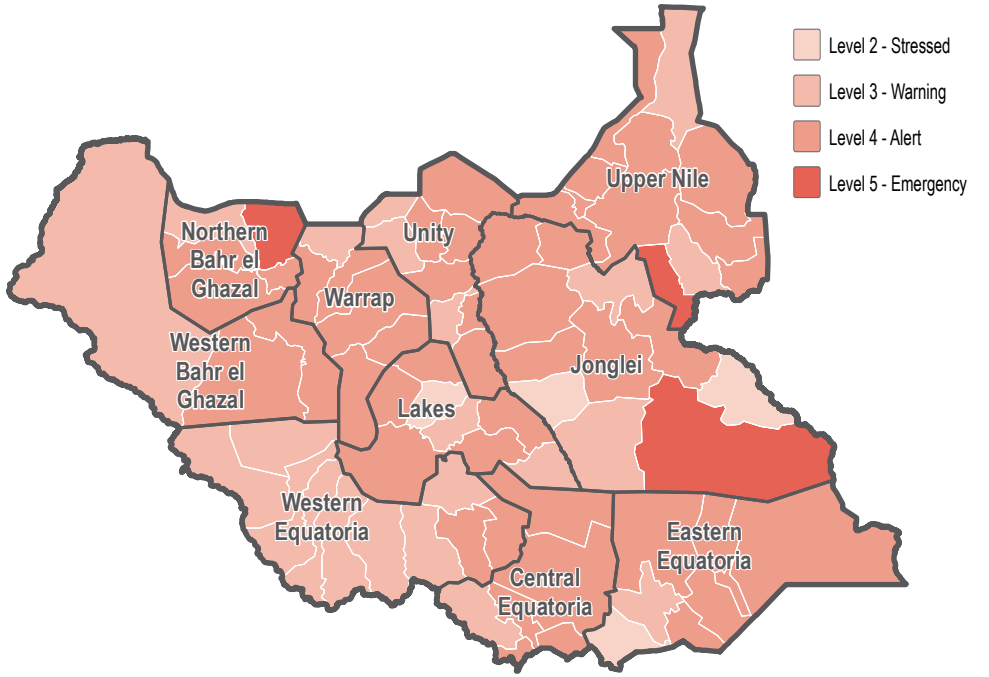
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH Cluster indicators for FSNMS Round 24 (July and August 2019). FSNMS is a seasonal countrywide assessment conducted, funded and run by the World Food Programme, UNICEF, and the Food and Agriculture Organization, and supported by REACH in Rounds 22-24. FSNMS, established in 2010, is a representative survey that employs two-stage cluster sampling, using a state based sample size and cluster determination. In each county, access permitting, 9 clusters were selected and 12 households interviewed per cluster.

FSNMS is a critical source of information that allows for the identification of affected areas, the prioritization of resources and for monitoring trends. The data collected during FSNMS is used for the Integrated Food Security Phase Classification (IPC) analysis, the Humanitarian Needs Overview (HNO) and the Humanitarian Response Plan (HRP), as well as additional decision making platforms.

FSNMS Assessment Coverage

Full coverage in the county was achieved. Findings related to a subset of the population may not be representative and should be considered indicative only.

WASH Needs Severity Map



This WASH composite indicator aims to measure the severity of WASH needs in each county. The composite was created with four indicators, each broken into 5 levels of severity, as seen in this matrix http://bit.ly/2EqRYwJ. The final severity ranking was created by calculating the average level from the following indicators: -Not having safe access in under 30min to an improved water source (borehole, tapstand, water yard) as a main source of drinking water
- Not having access to a latrine (private, shared, or communal/institutional)
- Not owning a jerrycan or bucket with a lid and soap, and that every member of the HHs did not sleep under a mosquito net
- Having one or more HH members affected by self-reported water or vector borne disease in the two weeks prior to data collection

Displacement

Percentage of households by displacement status[1]

Host community	97%
IDP	2%
Refugee	1%

Percentage of Internally Displaced Person (IDP) households by time arrived in their current location

In the last one year	100%

Percentage of returnee households by time arrived in their current location

Most commonly reported vulnerability, by percentage of households

Female headed	85%
Children under 5	83%
Elderly persons	55%
Conflict injuries	11%
Physically disabled	6%

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Nyirol County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

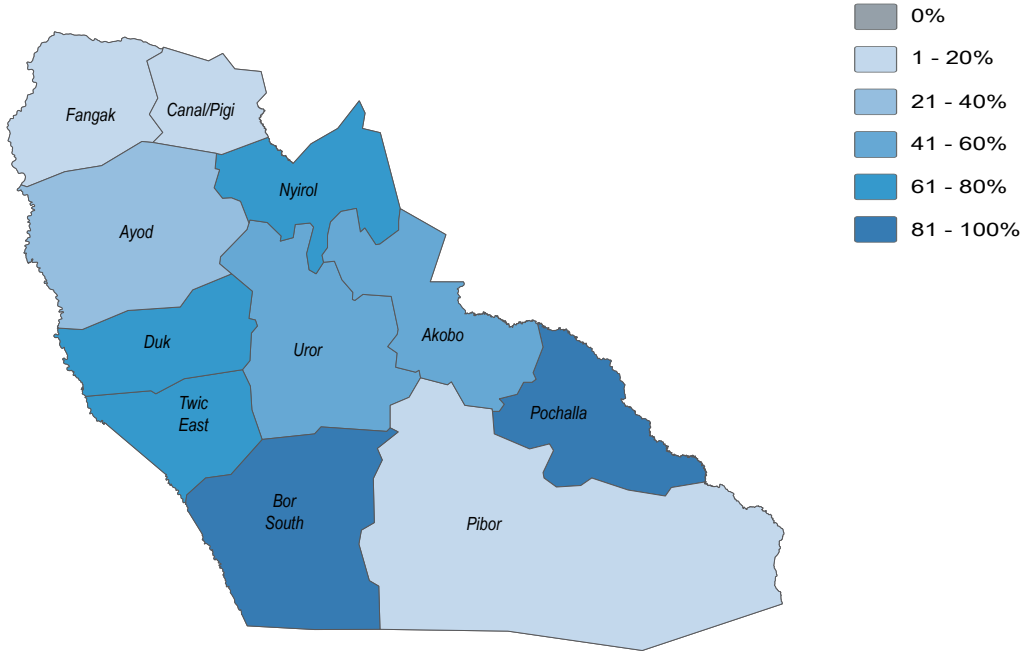
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Water

73%	of **Nyirol County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August 2019. This was a decrease from the previous season
95%	of **Nyirol County** HHs reported having safe access to an improved source of drinking water as their main source, in November and December 2018
13%	of HHs in **Nyirol County** reported feeling unsafe while collecting water, in July and August 2019. This was an increase from the previous season
2%	of HHs in **Nyirol County** reported feeling unsafe while collecting water, in November and December 2018

% of HHs having safe access in under 30min to an improved water source (borehole, tapstand, water yard) as their main source of drinking water



This simple water access composite indicator aims to measure access to an improved water source, without protection concern. The composite was created by averaging the 'yes' responses of households reporting on the following indicators, with all indicators considered to have the same weight:

- Access to a borehole, tapstand, or water yard as the primary source of drinking water
- Can collect water (walking to collection point, waiting, filling container, returning home) in under 30 minutes
- Did not report any security concerns while accessing water point

	Most commonly reported sources of drinking water (by percentage of households)		Most commonly reported time spent collecting drinking water (walking to collection point, waiting, filling container, returning home) (by percentage of households)	
Overall	Borehole	73%	< 30 minutes	82%
	Swamp	19%	30 minutes - 1 hour	13%
	Unprotected well	5%	1 hour - half a day	6%
	Hand dug well	2%		
	Other source	1%		
Host	Borehole	74%	< 30 minutes	81%
	Swamp	19%	30 minutes - 1 hour	13%
	Unprotected well	5%	1 hour - half a day	6%
	Hand dug well	2%		
	Other source	1%		
IDPs	Borehole	100%	< 30 minutes	100%
Returnees				

Nyirol County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

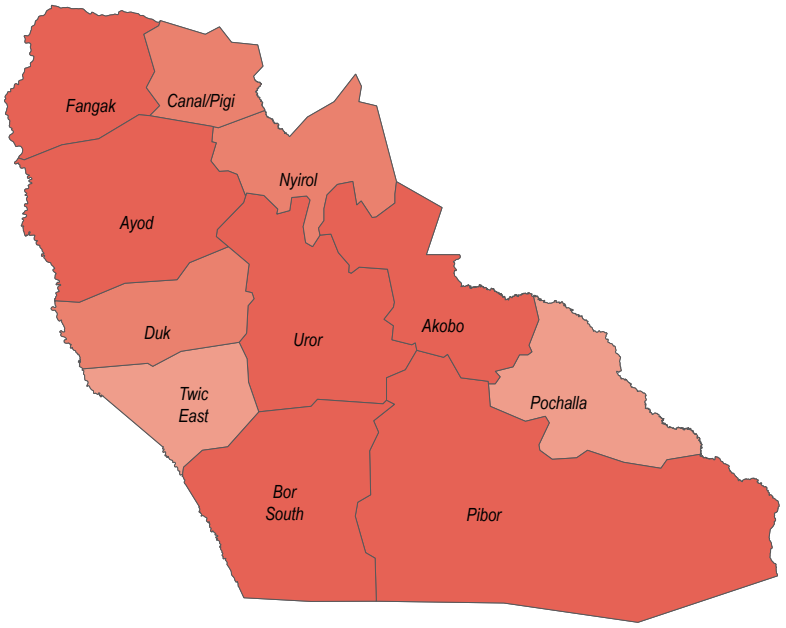
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Sanitation

22%	of **Nyirol County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in July and August 2019. This was an increase from from the previous season
12%	of **Nyirol County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in November and December 2018.
11%	of HHs in **Nyirol County** reported their most common defecation location was a latrine, in July and August 2019. This was an increase from the previous season
1%	of HHs in **Nyirol County** reported their most common defecation location was a latrine, in November and December 2018.

% of HHs reporting no latrine (private, shared, or communal/institutional)[2] present



Most commonly reported defecation location for adults (by percentage of households)

Type of latrines available (by percentage of households)

Overall

In the bush	89%
In the latrine	11%

No latrine available	78%
Family latrine	20%
Shared latrine	2%

Host

In the bush	89%
In the latrine	11%

No latrine available	77%
Family latrine	21%
Shared latrine	2%

IDPs

In the bush	100%

Returnees

Nyirol County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

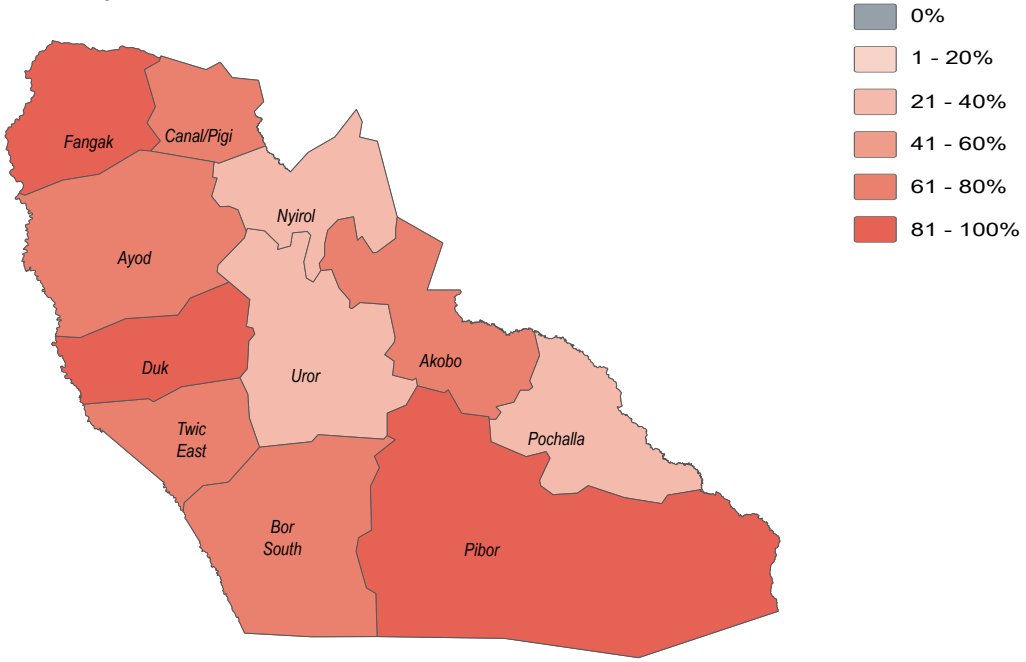
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Health

39%	of **Nyirol County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August 2019. This was a decrease from the previous season
84%	of **Nyirol County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December 2018
Fever	was the most commonly reported water or vector borne disease in July and August 2019 in **Nyirol County**. This was the same as the previous season
Fever	was the most commonly reported water or vector borne disease in November and December 2018 in **Nyirol County**

% of HH with one or more HH member affected by self-reported water or vector borne disease in the two weeks prior to data collection



Most commonly self-reported water or vector borne diseases for adults in the two weeks prior to data collection (by percentage of households)

Overall	Fever	4%
	Malaria	4%
	Typhoid	2%
	Eye infection	1%
	Skin infection	1%
Host	Malaria	4%
	Fever	3%
	Typhoid	2%
	Skin infection	1%
IDPs		
Returnees		

Most commonly self-reported water or vector borne disease for children under 5 in the two weeks prior to data collection (by percentage of households)[3]

Overall	Fever	4%
	Malaria	4%
	Typhoid	2%
	Eye infection	1%
	Skin infection	1%
Host	Fever	21%
	Eye infection	12%
	Malaria	9%
	AWD	4%
	Typhoid	4%
IDPs	Eye infection	50%
	Fever	50%
Returnees		

Nyirol County - Water, Sanitation and Hygiene Factsheet

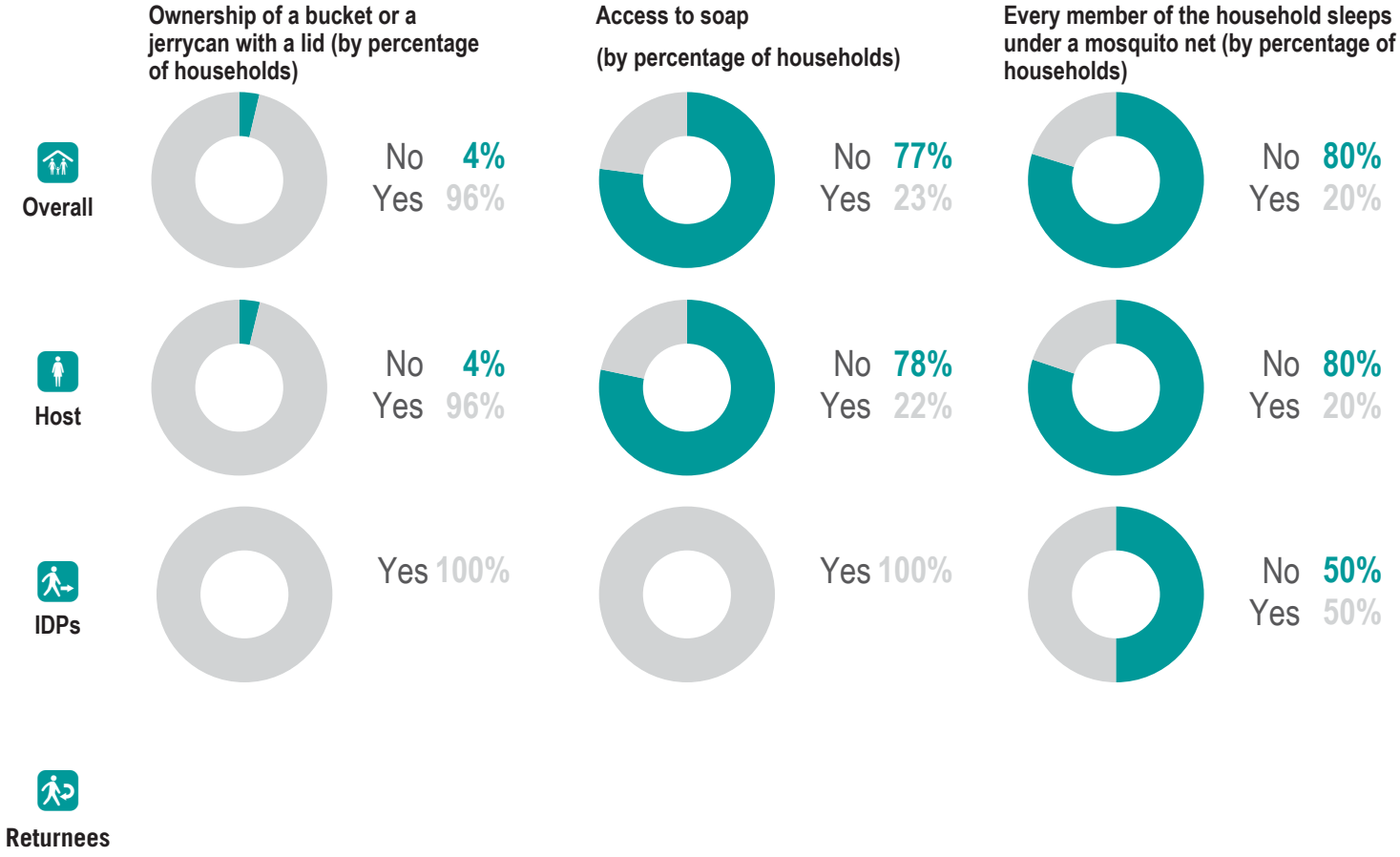
Jonglei State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

NFI WASH NFIs

15%	of **Nyirol County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap[4], and that every member of the HH slept under a mosquito net in July and August 2019[5]. This was an increase from the previous season
1%	of **Nyirol County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap, and that every member of the HH slept under a mosquito net in November and December 2018.
3	was the average number of jerrycans and/or buckets per HH in **Nyirol County** in July and August 2019. This was an increase from the previous season
2	was the average number of jerrycans and/or buckets per HH in **Nyirol County** in November and December 2018



Endnotes

1. This data is as of July/August 2019. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. AWD is Acute Watery Diarrhoea.
4. Enumerators asked HHs responding positively to access to soap to produce the soap within a minute.
5. The composite indicator was created by averaging the 'yes' responses of HHs reporting on the following indicators, with all considered to have the same weight: access to soap, access to jerrycans/buckets with lids, everyone in the HH slept under a mosquito net.

About REACH

REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. All REACH activities are conducted through inter-agency aid coordination mechanisms.

For more information, you can write to our in-country office: southsudan@reach-initiative.org or to our global office: geneva@reach-initiative.org.

Visit **www.reach-initiative.org** and follow us @ REACH_info.

Pibor County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

Overview and Methodology

The dynamic and multi-faceted nature of the South Sudanese displacement crisis has created significant challenges for the delivery of humanitarian aid. Accessibility and security issues within South Sudan have impeded a systematic understanding of Water, Sanitation and Hygiene (WASH) needs in many areas of the country, and have created difficulties in establishing a clear and unambiguous system for prioritizing the delivery of aid, thereby limiting the effectiveness of humanitarian planning and limiting the potential impact of donor funding. As this crisis continues to expand, evolve and spill into neighbouring countries, it has become increasingly important to fill information gaps to inform a more effective humanitarian response and planning for immediate life-saving WASH activities and contingency planning for durable solutions.

In 2018, REACH, in close coordination with the WASH Cluster, identified five core WASH indicators: 1. % of Households (HHs) by displacement status; 2. % of HHs reporting having safe access in under 30 minutes to an improved water source (borehole, tapstand, water yard) as their main source of drinking water; 3. % of HHs reporting having access to a latrine (private, shared, or communal/ institutional); 4. % of HHs reporting having access to key WASH Non-Food Items (NFIs) (soap, mosquito nets, water containers); and 5. % of HHs reporting that one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection.

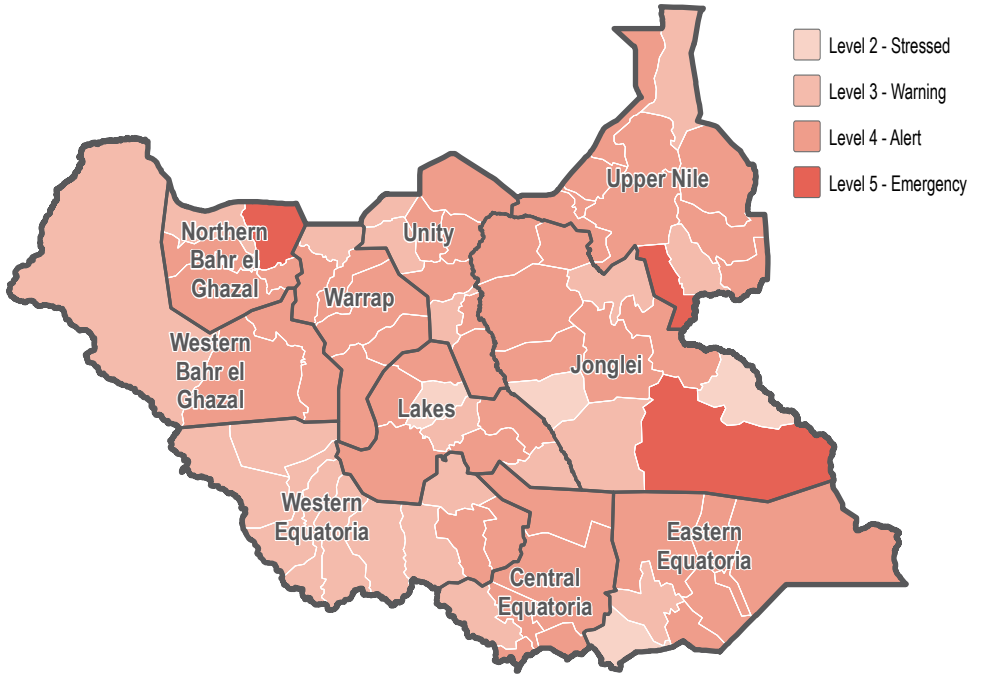
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH Cluster indicators for FSNMS Round 24 (July and August 2019). FSNMS is a seasonal countrywide assessment conducted, funded and run by the World Food Programme, UNICEF, and the Food and Agriculture Organization, and supported by REACH in Rounds 22-24. FSNMS, established in 2010, is a representative survey that employs two-stage cluster sampling, using a state based sample size and cluster determination. In each county, access permitting, 9 clusters were selected and 12 households interviewed per cluster.

FSNMS is a critical source of information that allows for the identification of affected areas, the prioritization of resources and for monitoring trends. The data collected during FSNMS is used for the Integrated Food Security Phase Classification (IPC) analysis, the Humanitarian Needs Overview (HNO) and the Humanitarian Response Plan (HRP), as well as additional decision making platforms.

FSNMS Assessment Coverage

Partial coverage in the county was achieved. Findings related to a subset of the population may not be representative and should be considered indicative only.

WASH Needs Severity Map



This WASH composite indicator aims to measure the severity of WASH needs in each county. The composite was created with four indicators, each broken into 5 levels of severity, as seen in this matrix http://bit.ly/2EqRYwJ. The final severity ranking was created by calculating the average level from the following indicators: -Not having safe access in under 30min to an improved water source (borehole, tapstand, water yard) as a main source of drinking water

- Not having access to a latrine (private, shared, or communal/institutional)
- Not owning a jerrycan or bucket with a lid and soap, and that every member of the HHs did not sleep under a mosquito net
- Having one or more HH members affected by self-reported water or vector borne disease in the two weeks prior to data collection

Displacement

Percentage of households by displacement status[1]

Host community	99%
Returnee	1%

Percentage of Internally Displaced Person (IDP) households by time arrived in their current location

Percentage of returnee households by time arrived in their current location

In the last one year	100%

Most commonly reported vulnerability, by percentage of households

Children under 5	89%
Female headed	75%
Elderly persons	73%
Conflict injuries	57%
Physically disabled	36%

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Pibor County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

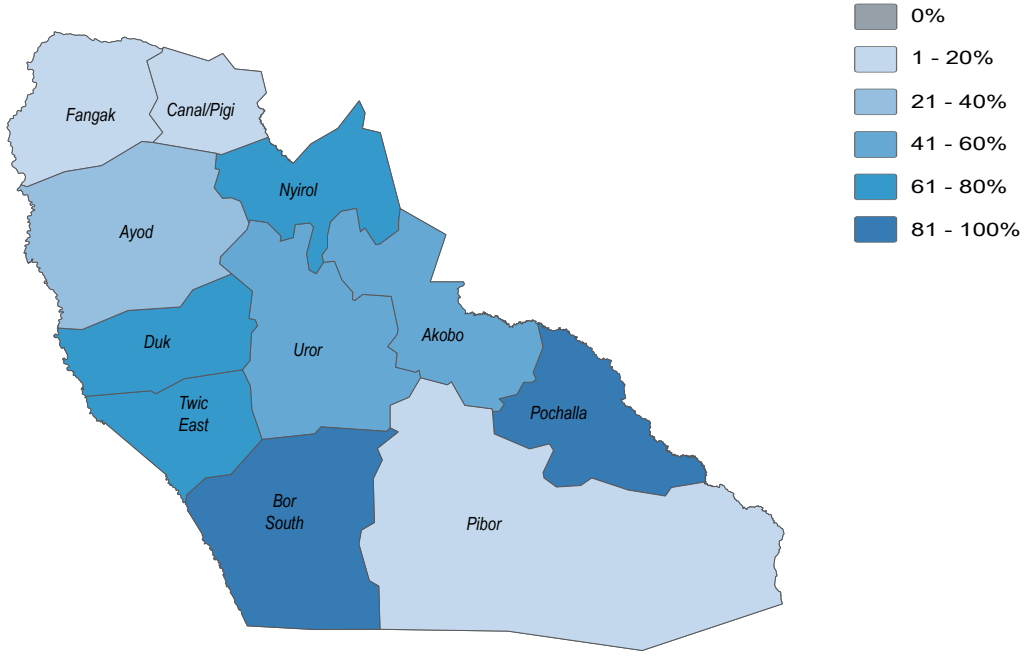
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Water

19%	of **Pibor County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August 2019. This was a decrease from the previous season
38%	of **Pibor County** HHs reported having safe access to an improved source of drinking water as their main source, in November and December 2018
42%	of HHs in **Pibor County** reported feeling unsafe while collecting water, in July and August 2019. This was an increase from the previous season
15%	of HHs in **Pibor County** reported feeling unsafe while collecting water, in November and December 2018

% of HHs having safe access in under 30min to an improved water source (borehole, tapstand, water yard) as their main source of drinking water



This simple water access composite indicator aims to measure access to an improved water source, without protection concern. The composite was created by averaging the 'yes' responses of households reporting on the following indicators, with all indicators considered to have the same weight:

- Access to a borehole, tapstand, or water yard as the primary source of drinking water
- Can collect water (walking to collection point, waiting, filling container, returning home) in under 30 minutes
- Did not report any security concerns while accessing water point

	Most commonly reported sources of drinking water (by percentage of households)		Most commonly reported time spent collecting drinking water (walking to collection point, waiting, filling container, returning home) (by percentage of households)	
Overall	River or stream	78%	30 minutes - 1 hour	51%
	Borehole	19%	< 30 minutes	20%
	Hand dug well	2%	1 hour - half a day	20%
	Swamp	1%	> half a day	7%
			Half a day	2%
Host	River or stream	78%	30 minutes - 1 hour	51%
	Borehole	19%	< 30 minutes	20%
	Hand dug well	2%	1 hour - half a day	20%
	Swamp	1%	> half a day	7%
			Half a day	2%
IDPs				
Returnees	River or stream	100%	30 minutes - 1 hour	100%

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Pibor County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

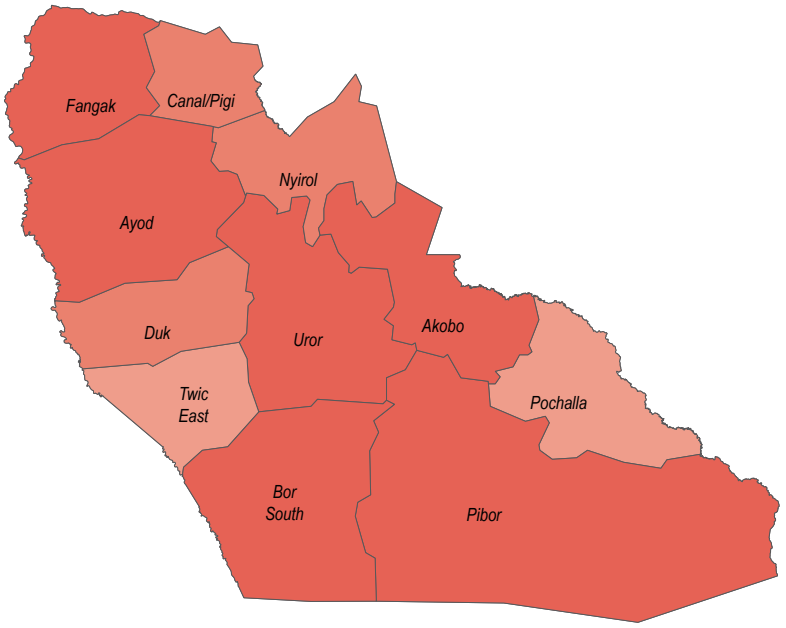
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Sanitation

0%	of **Pibor County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in July and August 2019. This was a decrease from from the previous season
9%	of **Pibor County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in November and December 2018.
0%	of HHs in **Pibor County** reported their most common defecation location was a latrine, in July and August 2019. This was the same as the previous season
0%	of HHs in **Pibor County** reported their most common defecation location was a latrine, in November and December 2018.

% of HHs reporting no latrine (private, shared, or communal/institutional)[2] present



- 0%
- 1 - 20%
- 21 - 40%
- 41 - 60%
- 61 - 80%
- 81 - 100%

	Most commonly reported defecation location for adults (by percentage of households)		Type of latrines available (by percentage of households)	
Overall	In the bush	99%	No latrine available	100%
	Dig a hole and cover	1%		
Host	In the bush	99%	No latrine available	100%
	Dig a hole and cover	1%		
IDPs				
Returnees	In the bush	100%	No latrine available	100%

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Pibor County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

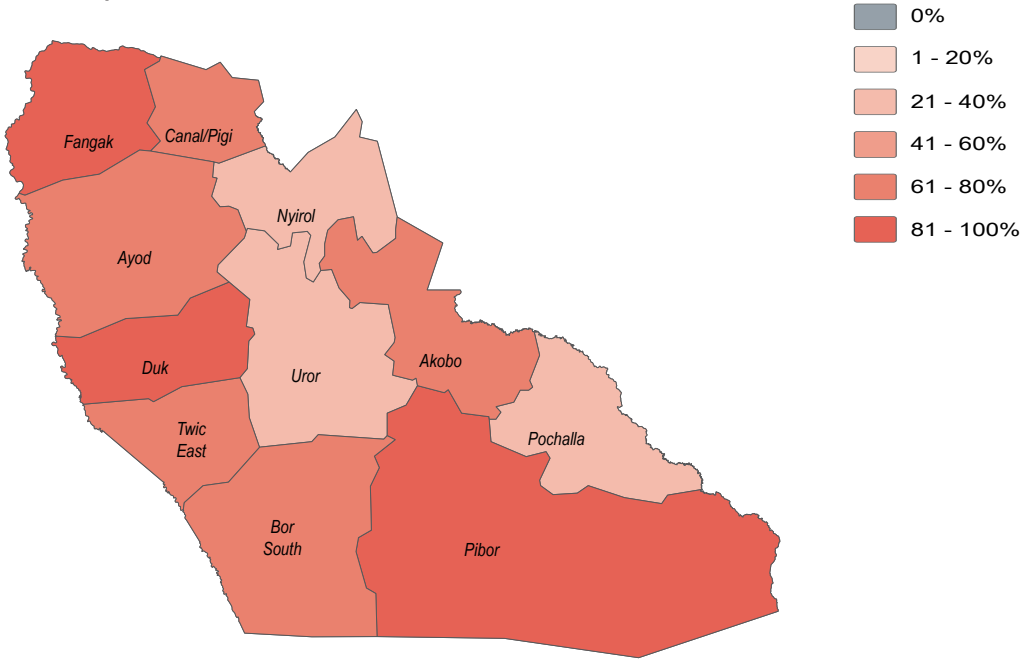
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Health

86%	of **Pibor County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August 2019. This was an increase from the previous season
80%	of **Pibor County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December 2018
Malaria	was the most commonly reported water or vector borne disease in July and August 2019 in **Pibor County**. This was the same as the previous season
Malaria	was the most commonly reported water or vector borne disease in November and December 2018 in **Pibor County**

% of HH with one or more HH member affected by self-reported water or vector borne disease in the two weeks prior to data collection



Most commonly self-reported water or vector borne diseases for adults in the two weeks prior to data collection (by percentage of households)

Most commonly self-reported water or vector borne disease for children under 5 in the two weeks prior to data collection (by percentage of households)[3]

Overall

Malaria	26%
Typhoid	20%
Flu	19%
Stomach pain	16%
Fever	8%

Malaria	26%
Typhoid	20%
Flu	19%
Stomach pain	16%
Fever	8%

Host

Malaria	26%
Typhoid	20%
Flu	19%
Stomach pain	16%
Fever	8%

Malaria	69%
Fever	57%
Flu	19%
Eye infection	15%
Skin infection	14%

IDPs

Returnees

Fever	100%
Flu	100%
Malaria	100%

Pibor County - Water, Sanitation and Hygiene Factsheet

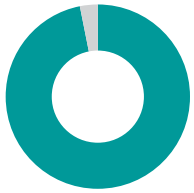
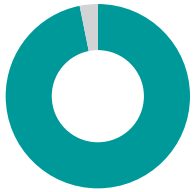
Jonglei State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

NFI WASH NFIs

1%	of **Pibor County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap[4], and that every member of the HH slept under a mosquito net in July and August 2019[5]. This was a decrease from the previous season
11%	of **Pibor County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap, and that every member of the HH slept under a mosquito net in November and December 2018.
2	was the average number of jerrycans and/or buckets per HH in **Pibor County** in July and August 2019. This was a decrease from the previous season
3	was the average number of jerrycans and/or buckets per HH in **Pibor County** in November and December 2018

	Ownership of a bucket or a jerrycan with a lid (by percentage of households)		Access to soap (by percentage of households)		Every member of the household sleeps under a mosquito net (by percentage of households)	
Overall		No 44% Yes 56%		No 97% Yes 3%		No 46% Yes 54%
Host		No 44% Yes 56%		No 97% Yes 3%		No 45% Yes 55%
IDPs						
Returnees		Yes 100%		No 100%		No 100%

Endnotes

1. This data is as of July/August 2019. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. AWD is Acute Watery Diarrhoea.
4. Enumerators asked HHs responding positively to access to soap to produce the soap within a minute.
5. The composite indicator was created by averaging the 'yes' responses of HHs reporting on the following indicators, with all considered to have the same weight: access to soap, access to jerrycans/buckets with lids, everyone in the HH slept under a mosquito net.

About REACH

REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. All REACH activities are conducted through inter-agency aid coordination mechanisms.

For more information, you can write to our in-country office: southsudan@reach-initiative.org or to our global office: geneva@reach-initiative.org.

Visit **www.reach-initiative.org** and follow us @ REACH_info.

Pochalla County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

Overview and Methodology

The dynamic and multi-faceted nature of the South Sudanese displacement crisis has created significant challenges for the delivery of humanitarian aid. Accessibility and security issues within South Sudan have impeded a systematic understanding of Water, Sanitation and Hygiene (WASH) needs in many areas of the country, and have created difficulties in establishing a clear and unambiguous system for prioritizing the delivery of aid, thereby limiting the effectiveness of humanitarian planning and limiting the potential impact of donor funding. As this crisis continues to expand, evolve and spill into neighbouring countries, it has become increasingly important to fill information gaps to inform a more effective humanitarian response and planning for immediate life-saving WASH activities and contingency planning for durable solutions.

In 2018, REACH, in close coordination with the WASH Cluster, identified five core WASH indicators: 1. % of Households (HHs) by displacement status; 2. % of HHs reporting having safe access in under 30 minutes to an improved water source (borehole, tapstand, water yard) as their main source of drinking water; 3. % of HHs reporting having access to a latrine (private, shared, or communal/ institutional); 4. % of HHs reporting having access to key WASH Non-Food Items (NFIs) (soap, mosquito nets, water containers); and 5. % of HHs reporting that one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection.

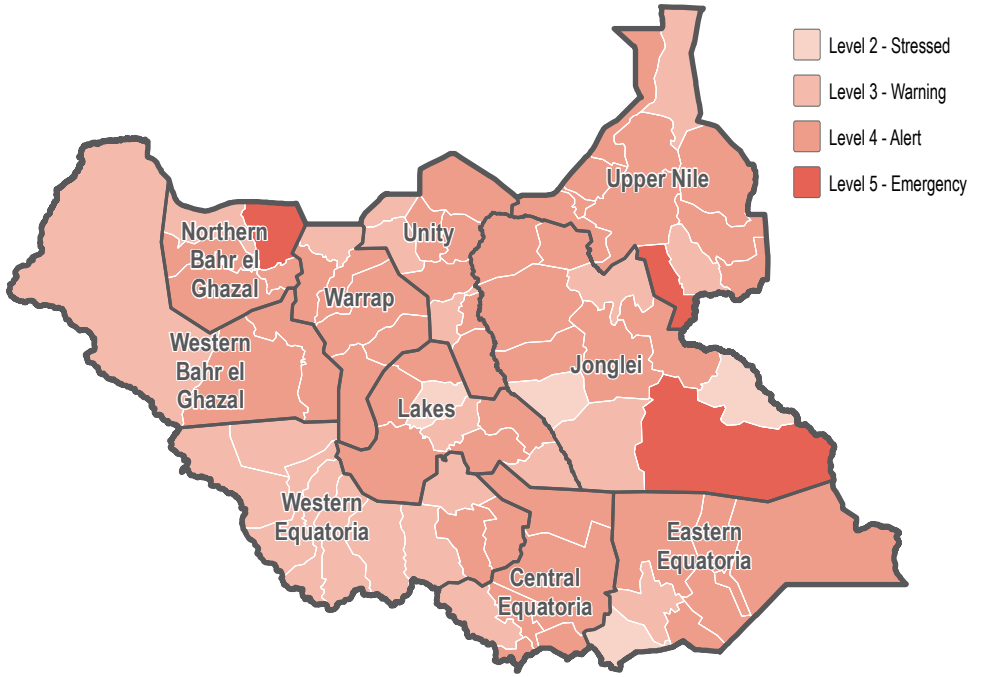
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH Cluster indicators for FSNMS Round 24 (July and August 2019). FSNMS is a seasonal countrywide assessment conducted, funded and run by the World Food Programme, UNICEF, and the Food and Agriculture Organization, and supported by REACH in Rounds 22-24. FSNMS, established in 2010, is a representative survey that employs two-stage cluster sampling, using a state based sample size and cluster determination. In each county, access permitting, 9 clusters were selected and 12 households interviewed per cluster.

FSNMS is a critical source of information that allows for the identification of affected areas, the prioritization of resources and for monitoring trends. The data collected during FSNMS is used for the Integrated Food Security Phase Classification (IPC) analysis, the Humanitarian Needs Overview (HNO) and the Humanitarian Response Plan (HRP), as well as additional decision making platforms.

FSNMS Assessment Coverage

Full coverage in the county was achieved. Findings related to a subset of the population may not be representative and should be considered indicative only.

WASH Needs Severity Map



This WASH composite indicator aims to measure the severity of WASH needs in each county. The composite was created with four indicators, each broken into 5 levels of severity, as seen in this matrix http://bit.ly/2EqRYwJ. The final severity ranking was created by calculating the average level from the following indicators: -Not having safe access in under 30min to an improved water source (borehole, tapstand, water yard) as a main source of drinking water

- Not having access to a latrine (private, shared, or communal/institutional)
- Not owning a jerrycan or bucket with a lid and soap, and that every member of the HHs did not sleep under a mosquito net
- Having one or more HH members affected by self-reported water or vector borne disease in the two weeks prior to data collection

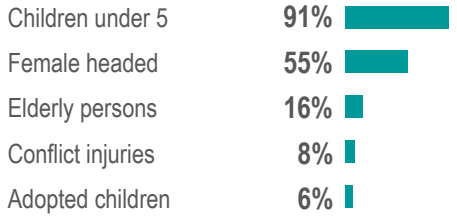
Displacement

Percentage of households by displacement status[1]

Percentage of Internally Displaced Person (IDP) households by time arrived in their current location

Percentage of returnee households by time arrived in their current location

Most commonly reported vulnerability, by percentage of households



unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Pochalla County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

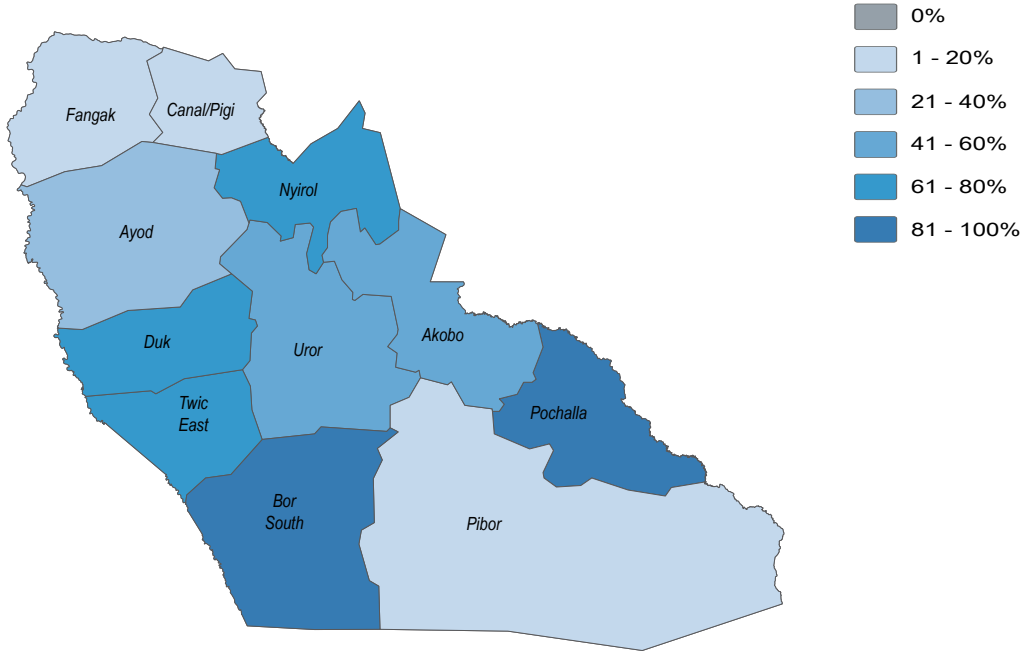
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Water

89%	of **Pochalla County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August 2019. This was an increase from the previous season
78%	of **Pochalla County** HHs reported having safe access to an improved source of drinking water as their main source, in November and December 2018
1%	of HHs in **Pochalla County** reported feeling unsafe while collecting water, in July and August 2019. This was an increase from the previous season
0%	of HHs in **Pochalla County** reported feeling unsafe while collecting water, in November and December 2018

% of HHs having safe access in under 30min to an improved water source (borehole, tapstand, water yard) as their main source of drinking water



This simple water access composite indicator aims to measure access to an improved water source, without protection concern. The composite was created by averaging the 'yes' responses of households reporting on the following indicators, with all indicators considered to have the same weight:

- Access to a borehole, tapstand, or water yard as the primary source of drinking water
- Can collect water (walking to collection point, waiting, filling container, returning home) in under 30 minutes
- Did not report any security concerns while accessing water point

Overall

Most commonly reported sources of drinking water (by percentage of households)

Borehole	89%
River or stream	11%

Most commonly reported time spent collecting drinking water (walking to collection point, waiting, filling container, returning home) (by percentage of households)

< 30 minutes	94%
30 minutes - 1 hour	6%

Host

Borehole	89%
River or stream	11%

< 30 minutes	94%
30 minutes - 1 hour	6%

IDPs

Returnees

REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Pochalla County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

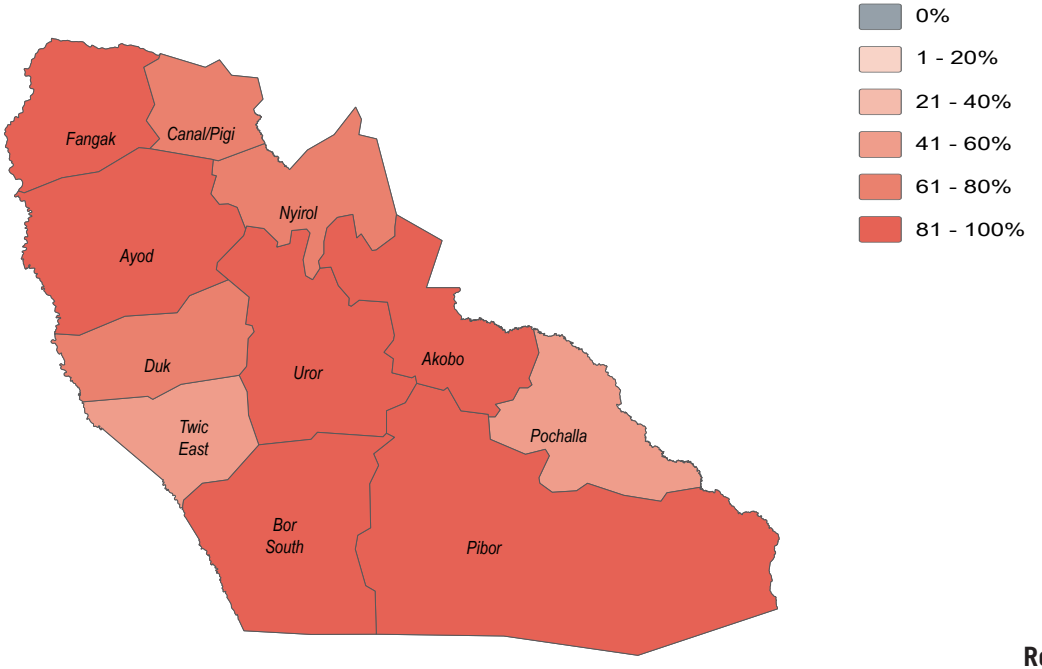
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Sanitation

55%	of **Pochalla County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in July and August 2019. This was an increase from from the previous season
9%	of **Pochalla County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in November and December 2018.
21%	of HHs in **Pochalla County** reported their most common defecation location was a latrine, in July and August 2019. This was an increase from the previous season
6%	of HHs in **Pochalla County** reported their most common defecation location was a latrine, in November and December 2018.

% of HHs reporting no latrine (private, shared, or communal/institutional)[2] present



Most commonly reported defecation location for adults (by percentage of households)

Type of latrines available (by percentage of households)

Overall

In the bush	79%	Family latrine	55%
In the latrine	21%	No latrine available	45%

Host

In the bush	79%	Family latrine	55%
In the latrine	21%	No latrine available	45%

IDPs

Returnees

Pochalla County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

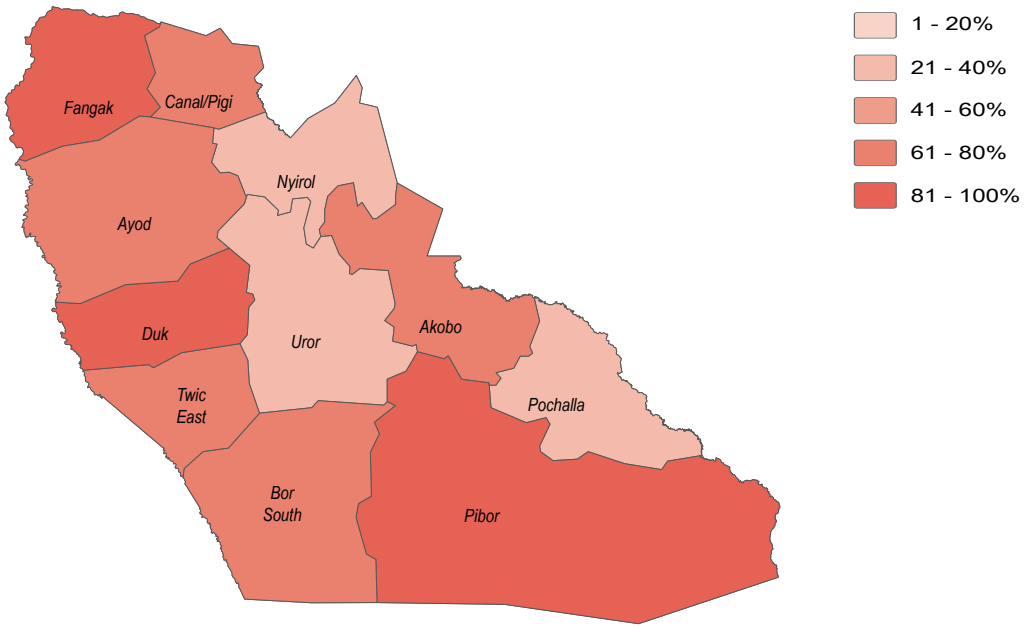
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Health

20%	of **Pochalla County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August 2019. This was a decrease from the previous season
29%	of **Pochalla County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December 2018
Malaria	was the most commonly reported water or vector borne disease in July and August 2019 in **Pochalla County**. This was different to the previous season
Fever	was the most commonly reported water or vector borne disease in November and December 2018 in **Pochalla County**

% of HH with one or more HH member affected by self-reported water or vector borne disease in the two weeks prior to data collection



Most commonly self-reported water or vector borne diseases for adults in the two weeks prior to data collection (by percentage of households)

Most commonly self-reported water or vector borne disease for children under 5 in the two weeks prior to data collection (by percentage of households)[3]

Overall

Malaria	2%

Host

Malaria	2%

IDPs

Malaria	9%
Fever	5%
AWD	4%
Skin infection	2%
Stomach pain	1%

Returnees

Pochalla County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

NFI WASH NFIs

3%	of **Pochalla County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap[4], and that every member of the HH slept under a mosquito net in July and August 2019[5]. This was a decrease from the previous season
35%	of **Pochalla County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap, and that every member of the HH slept under a mosquito net in November and December 2018.
3	was the average number of jerrycans and/or buckets per HH in **Pochalla County** in July and August 2019. This was the same as the previous season
3	was the average number of jerrycans and/or buckets per HH in **Pochalla County** in November and December 2018

	Ownership of a bucket or a jerrycan with a lid (by percentage of households)		Access to soap (by percentage of households)		Every member of the household sleeps under a mosquito net (by percentage of households)	
Overall		No 39% Yes 61%		No 9% Yes 91%		No 10% Yes 90%
Host		No 39% Yes 61%		No 9% Yes 91%		No 10% Yes 90%
IDPs						
Returnees						

Endnotes

1. This data is as of July/August 2019. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. AWD is Acute Watery Diarrhoea.
4. Enumerators asked HHs responding positively to access to soap to produce the soap within a minute.
5. The composite indicator was created by averaging the 'yes' responses of HHs reporting on the following indicators, with all considered to have the same weight: access to soap, access to jerrycans/buckets with lids, everyone in the HH slept under a mosquito net.

About REACH

REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. All REACH activities are conducted through inter-agency aid coordination mechanisms.

For more information, you can write to our in-country office: southsudan@reach-initiative.org or to our global office: geneva@reach-initiative.org.

Visit **www.reach-initiative.org** and follow us @ REACH_info.

Twic East County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

Overview and Methodology

The dynamic and multi-faceted nature of the South Sudanese displacement crisis has created significant challenges for the delivery of humanitarian aid. Accessibility and security issues within South Sudan have impeded a systematic understanding of Water, Sanitation and Hygiene (WASH) needs in many areas of the country, and have created difficulties in establishing a clear and unambiguous system for prioritizing the delivery of aid, thereby limiting the effectiveness of humanitarian planning and limiting the potential impact of donor funding. As this crisis continues to expand, evolve and spill into neighbouring countries, it has become increasingly important to fill information gaps to inform a more effective humanitarian response and planning for immediate life-saving WASH activities and contingency planning for durable solutions.

In 2018, REACH, in close coordination with the WASH Cluster, identified five core WASH indicators: 1. % of Households (HHs) by displacement status; 2. % of HHs reporting having safe access in under 30 minutes to an improved water source (borehole, tapstand, water yard) as their main source of drinking water; 3. % of HHs reporting having access to a latrine (private, shared, or communal/ institutional); 4. % of HHs reporting having access to key WASH Non-Food Items (NFIs) (soap, mosquito nets, water containers); and 5. % of HHs reporting that one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection.

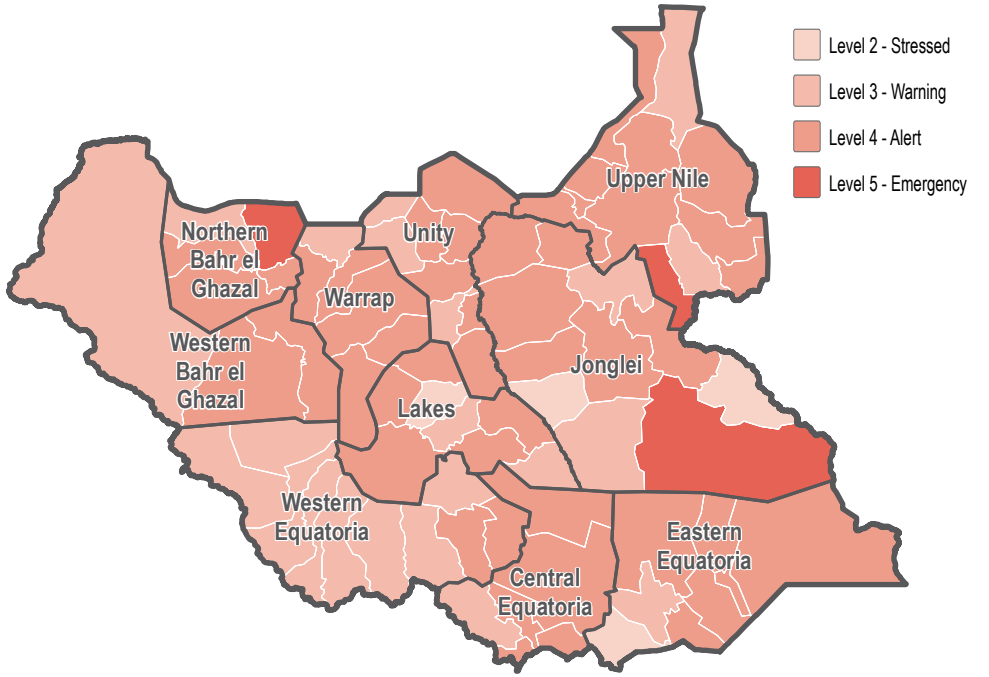
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH Cluster indicators for FSNMS Round 24 (July and August 2019). FSNMS is a seasonal countrywide assessment conducted, funded and run by the World Food Programme, UNICEF, and the Food and Agriculture Organization, and supported by REACH in Rounds 22-24. FSNMS, established in 2010, is a representative survey that employs two-stage cluster sampling, using a state based sample size and cluster determination. In each county, access permitting, 9 clusters were selected and 12 households interviewed per cluster.

FSNMS is a critical source of information that allows for the identification of affected areas, the prioritization of resources and for monitoring trends. The data collected during FSNMS is used for the Integrated Food Security Phase Classification (IPC) analysis, the Humanitarian Needs Overview (HNO) and the Humanitarian Response Plan (HRP), as well as additional decision making platforms.

FSNMS Assessment Coverage

Full coverage in the county was achieved. Findings related to a subset of the population may not be representative and should be considered indicative only.

WASH Needs Severity Map



This WASH composite indicator aims to measure the severity of WASH needs in each county. The composite was created with four indicators, each broken into 5 levels of severity, as seen in this matrix http://bit.ly/2EqRYwJ. The final severity ranking was created by calculating the average level from the following indicators: -Not having safe access in under 30min to an improved water source (borehole, tapstand, water yard) as a main source of drinking water

- Not having access to a latrine (private, shared, or communal/institutional)
- Not owning a jerrycan or bucket with a lid and soap, and that every member of the HHs did not sleep under a mosquito net
- Having one or more HH members affected by self-reported water or vector borne disease in the two weeks prior to data collection

Displacement

Percentage of households by displacement status[1]

Host community	93%
Returnee	5%
Refugee returnees	2%
IDP	1%

Percentage of Internally Displaced Person (IDP) households by time arrived in their current location

More than 5 years	100%

Percentage of returnee households by time arrived in their current location

In the last one year	60%
Between 2-3 years	20%
More than 5 years	20%

Most commonly reported vulnerability, by percentage of households

Female headed	79%
Children under 5	78%
Elderly persons	42%
Conflict injuries	33%
Physically disabled	19%

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Twic East County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

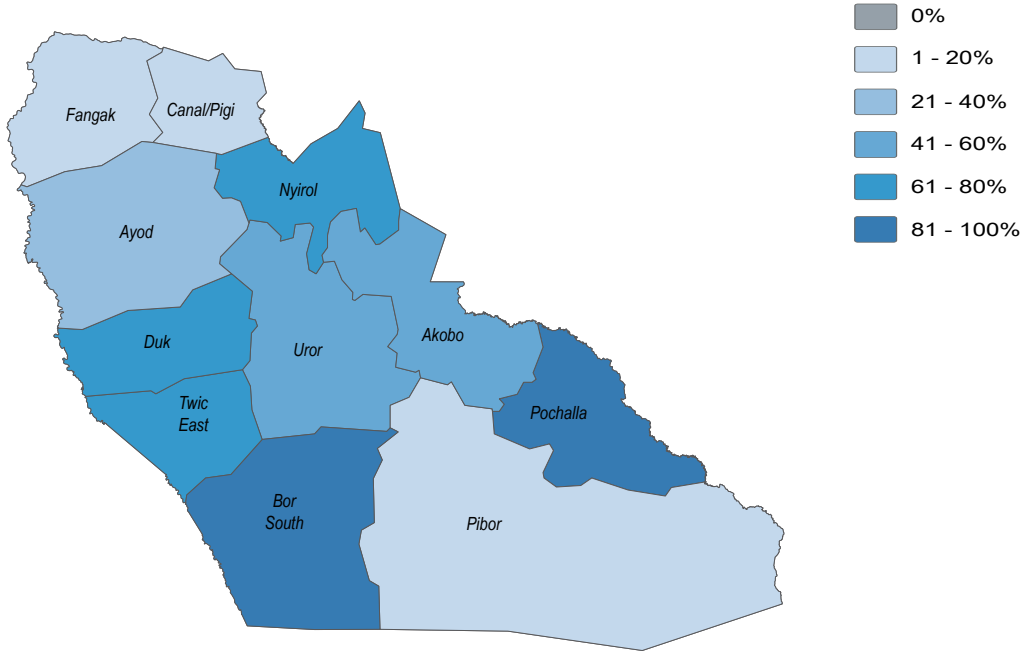
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Water

100%	of **Twic East County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August 2019. This was the same as the previous season
100%	of **Twic East County** HHs reported having safe access to an improved source of drinking water as their main source, in November and December 2018
34%	of HHs in **Twic East County** reported feeling unsafe while collecting water, in July and August 2019. This was an increase from the previous season
23%	of HHs in **Twic East County** reported feeling unsafe while collecting water, in November and December 2018

% of HHs having safe access in under 30min to an improved water source (borehole, tapstand, water yard) as their main source of drinking water



This simple water access composite indicator aims to measure access to an improved water source, without protection concern. The composite was created by averaging the 'yes' responses of households reporting on the following indicators, with all indicators considered to have the same weight:

- Access to a borehole, tapstand, or water yard as the primary source of drinking water
- Can collect water (walking to collection point, waiting, filling container, returning home) in under 30 minutes
- Did not report any security concerns while accessing water point

	Most commonly reported sources of drinking water (by percentage of households)		Most commonly reported time spent collecting drinking water (walking to collection point, waiting, filling container, returning home) (by percentage of households)	
Overall	Borehole	99%	< 30 minutes	72%
	Tap stand	1%	30 minutes - 1 hour	26%
			> half a day	1%
			1 hour - half a day	1%
Host	Borehole	99%	< 30 minutes	72%
	Tap stand	1%	30 minutes - 1 hour	27%
			1 hour - half a day	1%
IDPs	Borehole	100%	< 30 minutes	100%
Returnees	Borehole	100%	< 30 minutes	80%
			30 minutes - 1 hour	20%

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Twic East County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

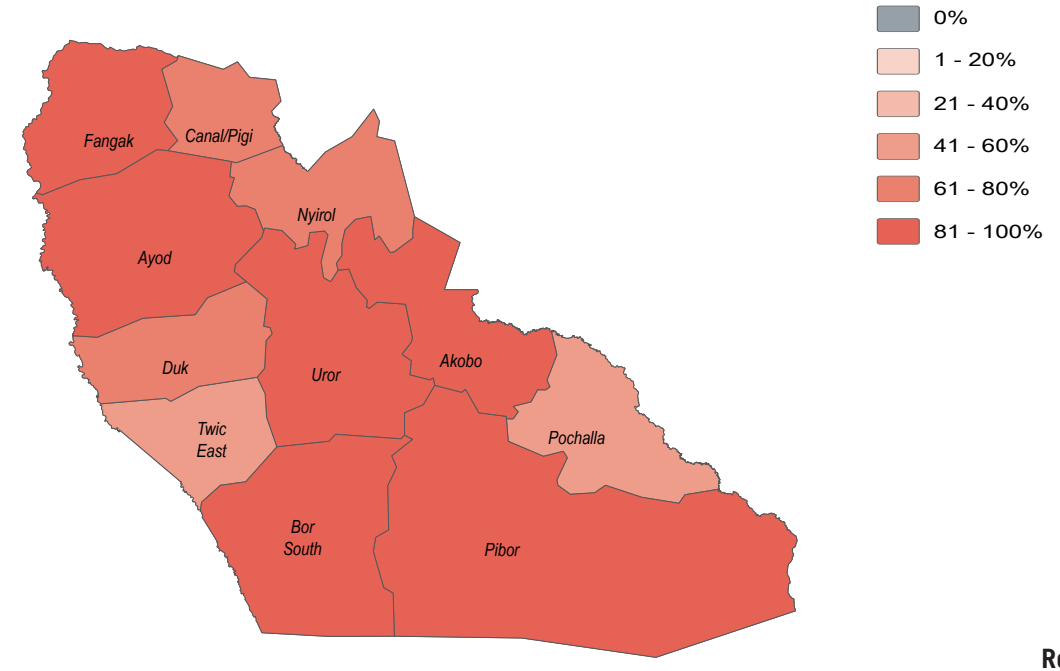
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Sanitation

51%	of **Twic East County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in July and August 2019. This was an increase from from the previous season
43%	of **Twic East County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in November and December 2018.
50%	of HHs in **Twic East County** reported their most common defecation location was a latrine, in July and August 2019. This was an increase from the previous season
43%	of HHs in **Twic East County** reported their most common defecation location was a latrine, in November and December 2018.

% of HHs reporting no latrine (private, shared, or communal/institutional)[2] present



Most commonly reported defecation location for adults (by percentage of households)

Type of latrines available (by percentage of households)

Overall

In the latrine	50%
In the bush	47%
Dig a hole and cover	3%

No latrine available	49%
Family latrine	41%
Shared latrine	10%

Host

In the latrine	50%
In the bush	47%
Dig a hole and cover	3%

No latrine available	50%
Family latrine	41%
Shared latrine	10%

IDPs

In the latrine	100%

Returnees

In the bush	60%
In the latrine	40%

No latrine available	60%
Family latrine	40%

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Twic East County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

Health

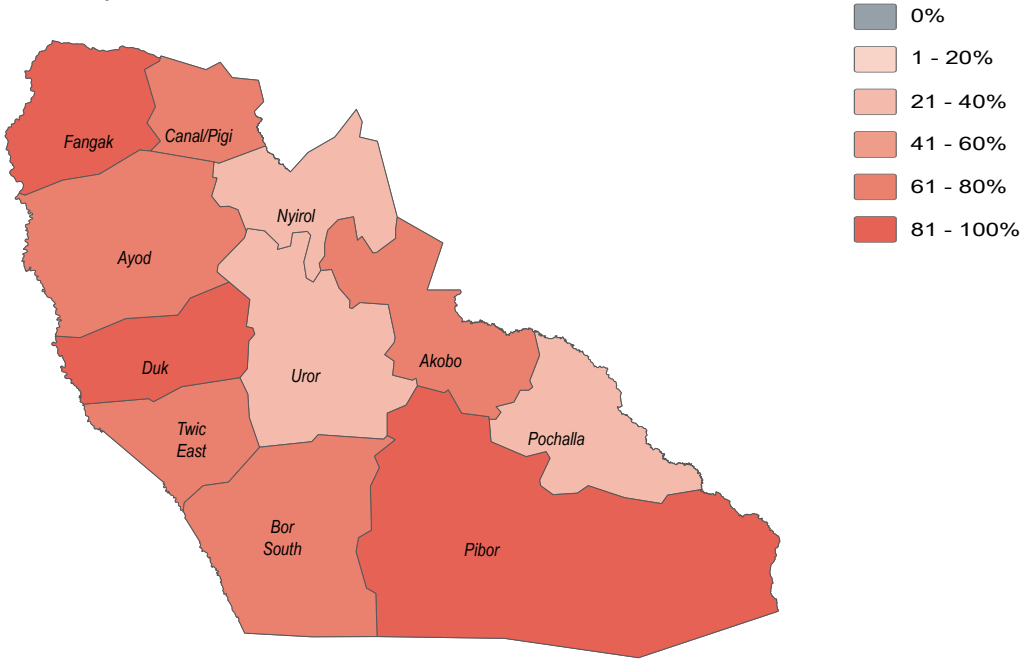
63% of **Twic East County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August 2019. This was an increase from the previous season

57% of **Twic East County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December 2018

Malaria was the most commonly reported water or vector borne disease in July and August 2019 in **Twic East County**. This was the same as the previous season

Malaria was the most commonly reported water or vector borne disease in November and December 2018 in **Twic East County**

% of HH with one or more HH member affected by self-reported water or vector borne disease in the two weeks prior to data collection



Most commonly self-reported water or vector borne diseases for adults in the two weeks prior to data collection (by percentage of households)

Most commonly self-reported water or vector borne disease for children under 5 in the two weeks prior to data collection (by percentage of households)[3]

Overall

Malaria	39%		Malaria	39%
Typhoid	22%		Typhoid	22%
Fever	19%		Fever	19%
Flu	9%		Flu	9%
Stomach pain	9%		Stomach pain	9%

Host

Malaria	38%		Malaria	48%
Typhoid	22%		Fever	28%
Fever	20%		AWD	13%
Stomach pain	10%		Stomach pain	6%
Flu	9%		Skin infection	5%

IDPs

Malaria	100%		AWD	100%
Typhoid	100%		Fever	100%
			Malaria	100%

Returnees

			Malaria	80%
			Fever	40%
			AWD	20%
			Skin infection	20%

Twic East County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

NFI WASH NFIs

38%	of **Twic East County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap[4], and that every member of the HH slept under a mosquito net in July and August 2019[5]. This was a decrease from the previous season
78%	of **Twic East County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap, and that every member of the HH slept under a mosquito net in November and December 2018.
4	was the average number of jerrycans and/or buckets per HH in **Twic East County** in July and August 2019. This was the same as the previous season
4	was the average number of jerrycans and/or buckets per HH in **Twic East County** in November and December 2018

	Ownership of a bucket or a jerrycan with a lid (by percentage of households)	Access to soap (by percentage of households)	Every member of the household sleeps under a mosquito net (by percentage of households)
Overall	No 2% Yes 98%	 No 56% Yes 44%	 No 21% Yes 79%
Host	No 2% Yes 98%	 No 56% Yes 44%	 No 20% Yes 80%
IDPs	Yes 100%	 No 100%	Yes 100%
Returnees	Yes 100%	 No 40% Yes 60%	 No 40% Yes 60%

Endnotes

1. This data is as of July/August 2019. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. AWD is Acute Watery Diarrhoea.
4. Enumerators asked HHs responding positively to access to soap to produce the soap within a minute.
5. The composite indicator was created by averaging the 'yes' responses of HHs reporting on the following indicators, with all considered to have the same weight: access to soap, access to jerrycans/buckets with lids, everyone in the HH slept under a mosquito net.

About REACH

REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. All REACH activities are conducted through inter-agency aid coordination mechanisms.

For more information, you can write to our in-country office: southsudan@reach-initiative.org or to our global office: geneva@reach-initiative.org.

Visit **www.reach-initiative.org** and follow us @ REACH_info.

Uror County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

Overview and Methodology

The dynamic and multi-faceted nature of the South Sudanese displacement crisis has created significant challenges for the delivery of humanitarian aid. Accessibility and security issues within South Sudan have impeded a systematic understanding of Water, Sanitation and Hygiene (WASH) needs in many areas of the country, and have created difficulties in establishing a clear and unambiguous system for prioritizing the delivery of aid, thereby limiting the effectiveness of humanitarian planning and limiting the potential impact of donor funding. As this crisis continues to expand, evolve and spill into neighbouring countries, it has become increasingly important to fill information gaps to inform a more effective humanitarian response and planning for immediate life-saving WASH activities and contingency planning for durable solutions.

In 2018, REACH, in close coordination with the WASH Cluster, identified five core WASH indicators: 1. % of Households (HHs) by displacement status; 2. % of HHs reporting having safe access in under 30 minutes to an improved water source (borehole, tapstand, water yard) as their main source of drinking water; 3. % of HHs reporting having access to a latrine (private, shared, or communal/ institutional); 4. % of HHs reporting having access to key WASH Non-Food Items (NFIs) (soap, mosquito nets, water containers); and 5. % of HHs reporting that one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection.

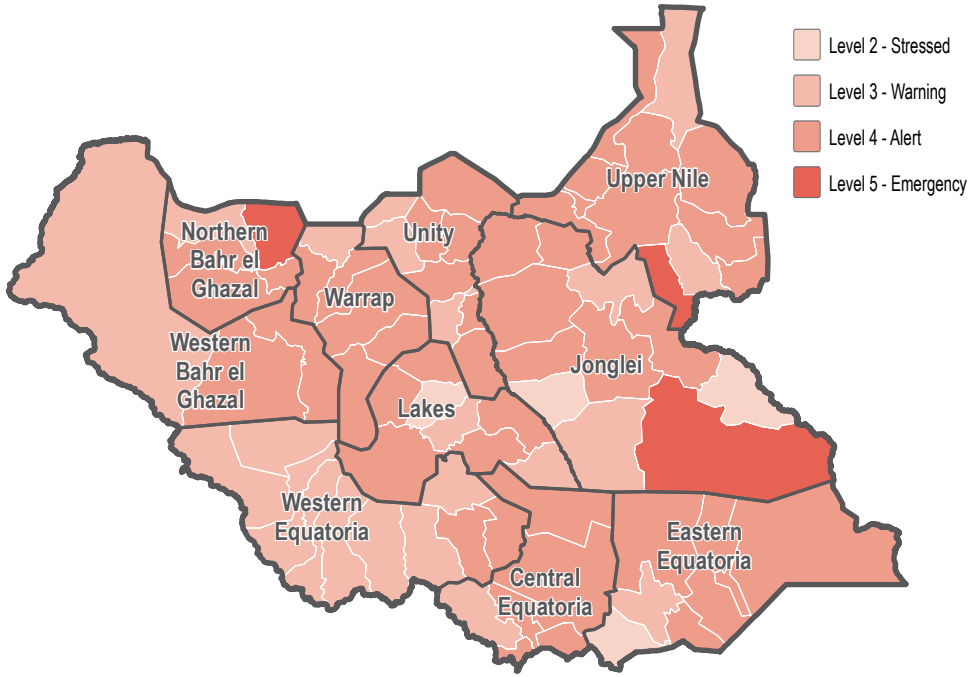
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH Cluster indicators for FSNMS Round 24 (July and August 2019). FSNMS is a seasonal countrywide assessment conducted, funded and run by the World Food Programme, UNICEF, and the Food and Agriculture Organization, and supported by REACH in Rounds 22-24. FSNMS, established in 2010, is a representative survey that employs two-stage cluster sampling, using a state based sample size and cluster determination. In each county, access permitting, 9 clusters were selected and 12 households interviewed per cluster.

FSNMS is a critical source of information that allows for the identification of affected areas, the prioritization of resources and for monitoring trends. The data collected during FSNMS is used for the Integrated Food Security Phase Classification (IPC) analysis, the Humanitarian Needs Overview (HNO) and the Humanitarian Response Plan (HRP), as well as additional decision making platforms.

FSNMS Assessment Coverage

Full coverage in the county was achieved. Findings related to a subset of the population may not be representative and should be considered indicative only.

WASH Needs Severity Map



This WASH composite indicator aims to measure the severity of WASH needs in each county. The composite was created with four indicators, each broken into 5 levels of severity, as seen in this matrix http://bit.ly/2EqRYwJ. The final severity ranking was created by calculating the average level from the following indicators: -Not having safe access in under 30min to an improved water source (borehole, tapstand, water yard) as a main source of drinking water
- Not having access to a latrine (private, shared, or communal/institutional)
- Not owning a jerrycan or bucket with a lid and soap, and that every member of the HHs did not sleep under a mosquito net
- Having one or more HH members affected by self-reported water or vector borne disease in the two weeks prior to data collection

Displacement

Percentage of households by displacement status[1]

Host community	92%
Returnee	6%
IDP	1%
Refugee returnees	1%

Percentage of Internally Displaced Person (IDP) households by time arrived in their current location

In the last one year	100%

Percentage of returnee households by time arrived in their current location

In the last one year	86%
Between 2-3 years	14%

Most commonly reported vulnerability, by percentage of households

Children under 5	95%
Female headed	81%
Elderly persons	58%
Conflict injuries	26%
Adopted children	17%

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Uror County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

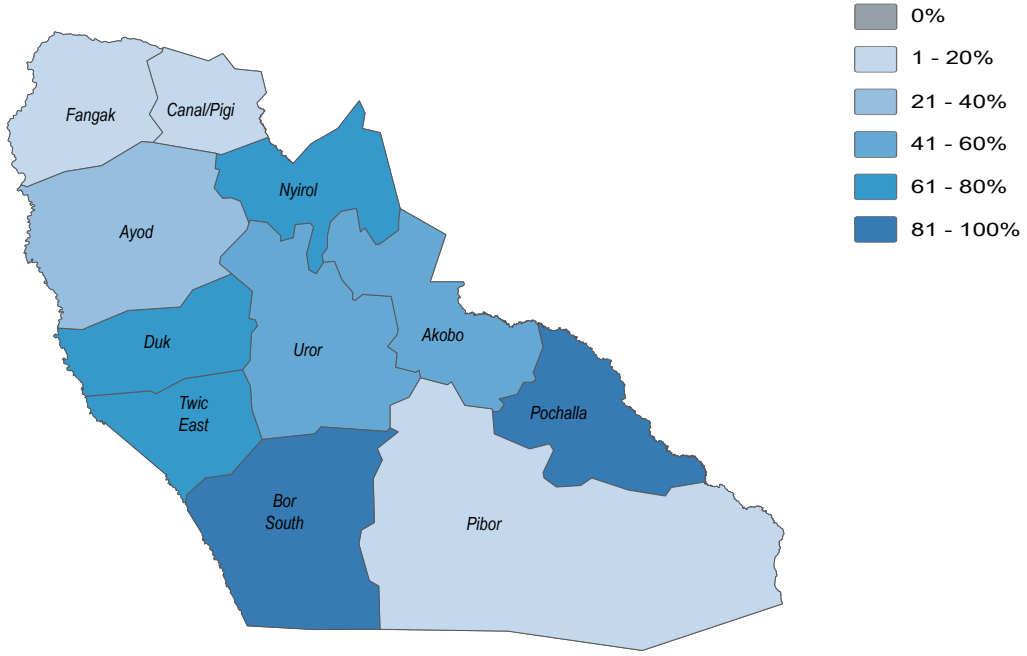
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Water

96%	of **Uror County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August 2019. This was an increase from the previous season
81%	of **Uror County** HHs reported having safe access to an improved source of drinking water as their main source, in November and December 2018
3%	of HHs in **Uror County** reported feeling unsafe while collecting water, in July and August 2019. This was a decrease from the previous season
5%	of HHs in **Uror County** reported feeling unsafe while collecting water, in November and December 2018

% of HHs having safe access in under 30min to an improved water source (borehole, tapstand, water yard) as their main source of drinking water



This simple water access composite indicator aims to measure access to an improved water source, without protection concern. The composite was created by averaging the 'yes' responses of households reporting on the following indicators, with all indicators considered to have the same weight:

- Access to a borehole, tapstand, or water yard as the primary source of drinking water
- Can collect water (walking to collection point, waiting, filling container, returning home) in under 30 minutes
- Did not report any security concerns while accessing water point

	Most commonly reported sources of drinking water (by percentage of households)		Most commonly reported time spent collecting drinking water (walking to collection point, waiting, filling container, returning home) (by percentage of households)	
Overall	Borehole	96%	< 30 minutes	54%
	Hand dug well	4%	30 minutes - 1 hour	43%
			1 hour - half a day	4%
Host	Borehole	96%	< 30 minutes	54%
	Hand dug well	4%	30 minutes - 1 hour	42%
			1 hour - half a day	4%
IDPs	Borehole	100%	< 30 minutes	100%
Returnees	Borehole	100%	30 minutes - 1 hour	57%
			< 30 minutes	43%

Uror County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

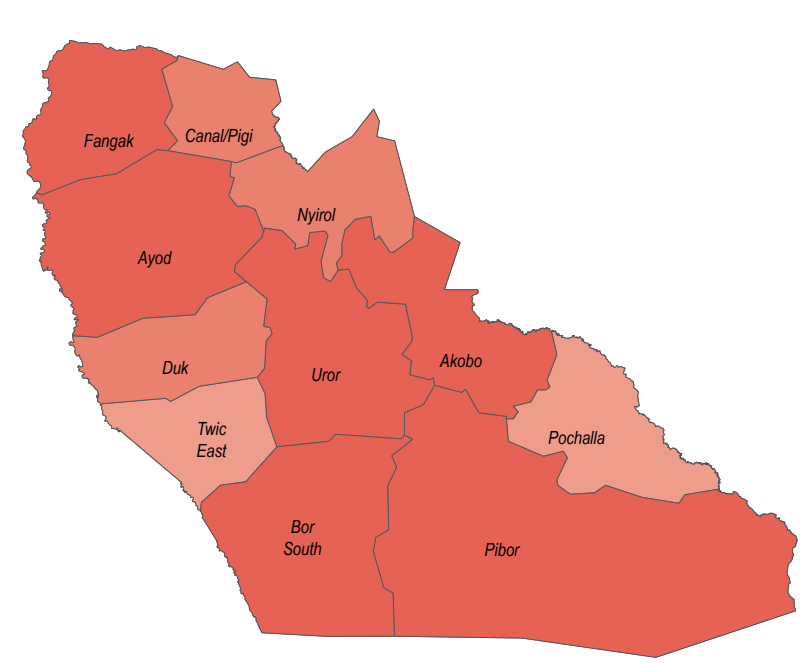
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Sanitation

1%	of **Uror County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in July and August 2019. This was a decrease from from the previous season
3%	of **Uror County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in November and December 2018.
0%	of HHs in **Uror County** reported their most common defecation location was a latrine, in July and August 2019. This was the same as the previous season
0%	of HHs in **Uror County** reported their most common defecation location was a latrine, in November and December 2018.

% of HHs reporting no latrine (private, shared, or communal/institutional)[2] present



	Most commonly reported defecation location for adults (by percentage of households)		Type of latrines available (by percentage of households)	
Overall	In the bush	100%	No latrine available	99%
			Family latrine	1%
Host	In the bush	100%	No latrine available	99%
			Family latrine	1%
IDPs	In the bush	100%		
Returnees	In the bush	100%	No latrine available	100%

REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Uror County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

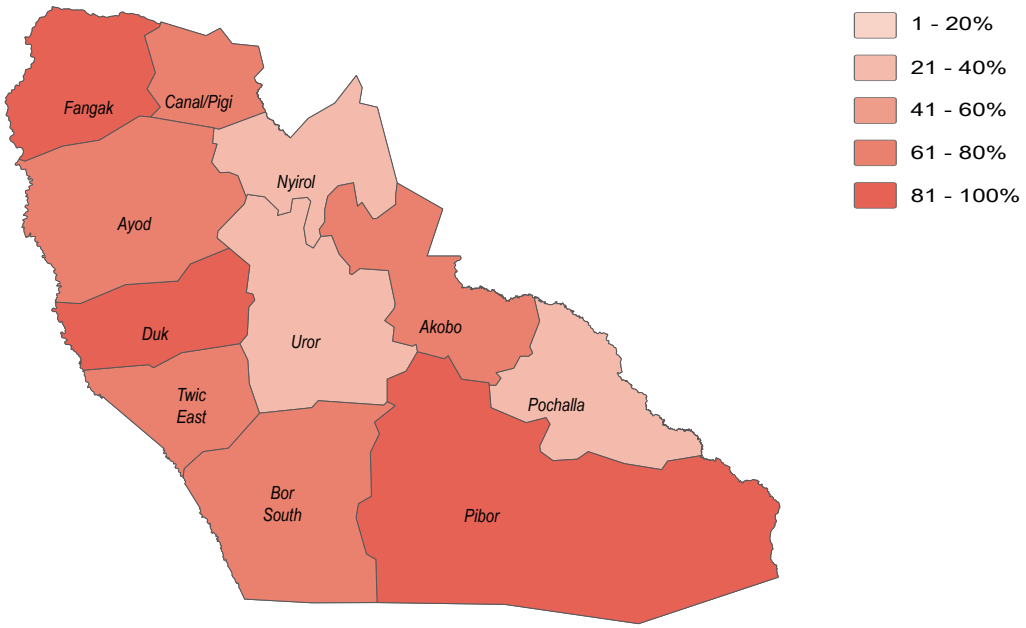
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Health

31%	of **Uror County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August 2019. This was an increase from the previous season
29%	of **Uror County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December 2018
Malaria	was the most commonly reported water or vector borne disease in July and August 2019 in **Uror County**. This was different to the previous season
Fever	was the most commonly reported water or vector borne disease in November and December 2018 in **Uror County**

% of HH with one or more HH member affected by self-reported water or vector borne disease in the two weeks prior to data collection



Most commonly self-reported water or vector borne diseases for adults in the two weeks prior to data collection (by percentage of households)

Overall	Malaria	4%
	Fever	3%
	Flu	2%
Host	Malaria	4%
	Fever	3%
	Flu	2%
IDPs		
Returnees		

Most commonly self-reported water or vector borne disease for children under 5 in the two weeks prior to data collection (by percentage of households)[3]

Overall	Malaria	4%
	Fever	3%
	Flu	2%
Host	Malaria	30%
	Fever	29%
	AWD	16%
	Flu	1%
	Typhoid	1%
IDPs	AWD	100%
	Fever	100%
	Malaria	100%
Returnees		

Uror County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

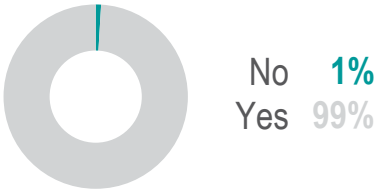
WASH Cluster
Water Sanitation Hygiene

July/August 2019

NFI WASH NFIs

1%	of **Uror County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap[4], and that every member of the HH slept under a mosquito net in July and August 2019[5]. This was a decrease from the previous season
5%	of **Uror County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap, and that every member of the HH slept under a mosquito net in November and December 2018.
4	was the average number of jerrycans and/or buckets per HH in **Uror County** in July and August 2019. This was the same as the previous season
4	was the average number of jerrycans and/or buckets per HH in **Uror County** in November and December 2018

Ownership of a bucket or a jerrycan with a lid (by percentage of households)



Access to soap (by percentage of households)

Every member of the household sleeps under a mosquito net (by percentage of households)

Endnotes

1. This data is as of July/August 2019. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. AWD is Acute Watery Diarrhoea.
4. Enumerators asked HHs responding positively to access to soap to produce the soap within a minute.
5. The composite indicator was created by averaging the 'yes' responses of HHs reporting on the following indicators, with all considered to have the same weight: access to soap, access to jerrycans/buckets with lids, everyone in the HH slept under a mosquito net.

About REACH

REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. All REACH activities are conducted through inter-agency aid coordination mechanisms.

For more information, you can write to our in-country office: southsudan@reach-initiative.org or to our global office: geneva@reach-initiative.org.

Visit **www.reach-initiative.org** and follow us @ REACH_info.

Abiemnhom County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

Overview and Methodology

The dynamic and multi-faceted nature of the South Sudanese displacement crisis has created significant challenges for the delivery of humanitarian aid. Accessibility and security issues within South Sudan have impeded a systematic understanding of Water, Sanitation and Hygiene (WASH) needs in many areas of the country, and have created difficulties in establishing a clear and unambiguous system for prioritizing the delivery of aid, thereby limiting the effectiveness of humanitarian planning and limiting the potential impact of donor funding. As this crisis continues to expand, evolve and spill into neighbouring countries, it has become increasingly important to fill information gaps to inform a more effective humanitarian response and planning for immediate life-saving WASH activities and contingency planning for durable solutions.

In 2018, REACH, in close coordination with the WASH Cluster, identified five core WASH indicators: 1. % of Households (HHs) by displacement status; 2. % of HHs reporting having safe access in under 30 minutes to an improved water source (borehole, tapstand, water yard) as their main source of drinking water; 3. % of HHs reporting having access to a latrine (private, shared, or communal/ institutional); 4. % of HHs reporting having access to key WASH Non-Food Items (NFIs) (soap, mosquito nets, water containers); and 5. % of HHs reporting that one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection.

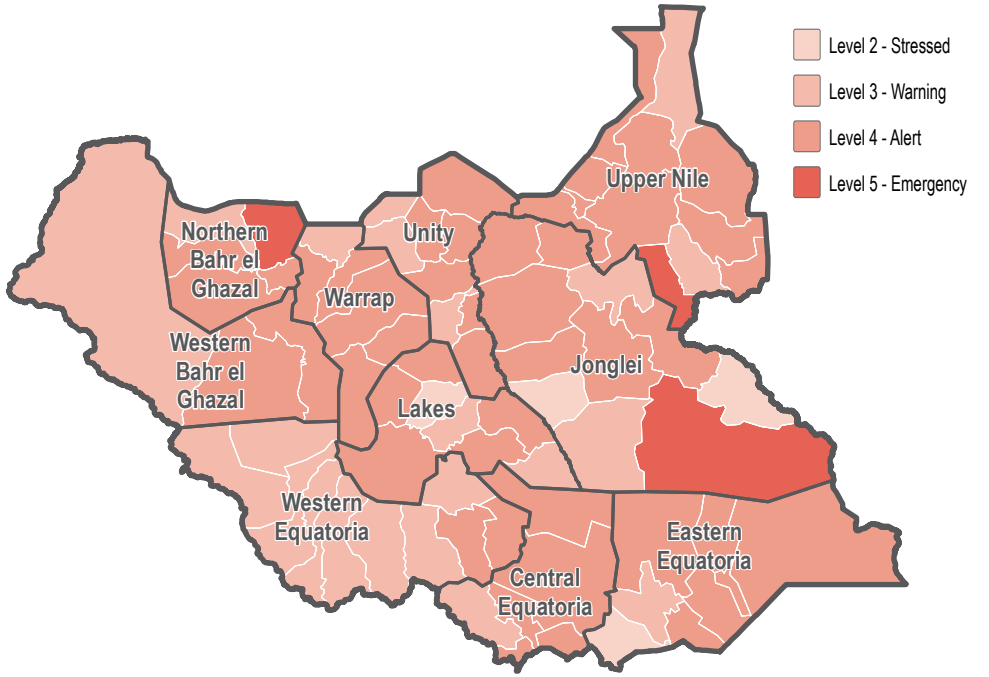
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH Cluster indicators for FSNMS Round 24 (July and August 2019). FSNMS is a seasonal countrywide assessment conducted, funded and run by the World Food Programme, UNICEF, and the Food and Agriculture Organization, and supported by REACH in Rounds 22-24. FSNMS, established in 2010, is a representative survey that employs two-stage cluster sampling, using a state based sample size and cluster determination. In each county, access permitting, 9 clusters were selected and 12 households interviewed per cluster.

FSNMS is a critical source of information that allows for the identification of affected areas, the prioritization of resources and for monitoring trends. The data collected during FSNMS is used for the Integrated Food Security Phase Classification (IPC) analysis, the Humanitarian Needs Overview (HNO) and the Humanitarian Response Plan (HRP), as well as additional decision making platforms.

FSNMS Assessment Coverage

Full coverage in the county was achieved. Findings related to a subset of the population may not be representative and should be considered indicative only.

WASH Needs Severity Map



This WASH composite indicator aims to measure the severity of WASH needs in each county. The composite was created with four indicators, each broken into 5 levels of severity, as seen in this matrix http://bit.ly/2EqRYwJ. The final severity ranking was created by calculating the average level from the following indicators: -Not having safe access in under 30min to an improved water source (borehole, tapstand, water yard) as a main source of drinking water

- Not having access to a latrine (private, shared, or communal/institutional)
- Not owning a jerrycan or bucket with a lid and soap, and that every member of the HHs did not sleep under a mosquito net
- Having one or more HH members affected by self-reported water or vector borne disease in the two weeks prior to data collection

Displacement

Percentage of households by displacement status[1]

Host community	96%
IDP	3%
Returnee	1%

Percentage of Internally Displaced Person (IDP) households by time arrived in their current location

Between 2-3 years	67%
Around 5 years	33%

Percentage of returnee households by time arrived in their current location

In the last one year	100%

Most commonly reported vulnerability, by percentage of households

Children under 5	97%
Female headed	54%
Elderly persons	31%
Conflict injuries	25%
Chronically ill	12%

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Abiemnhom County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

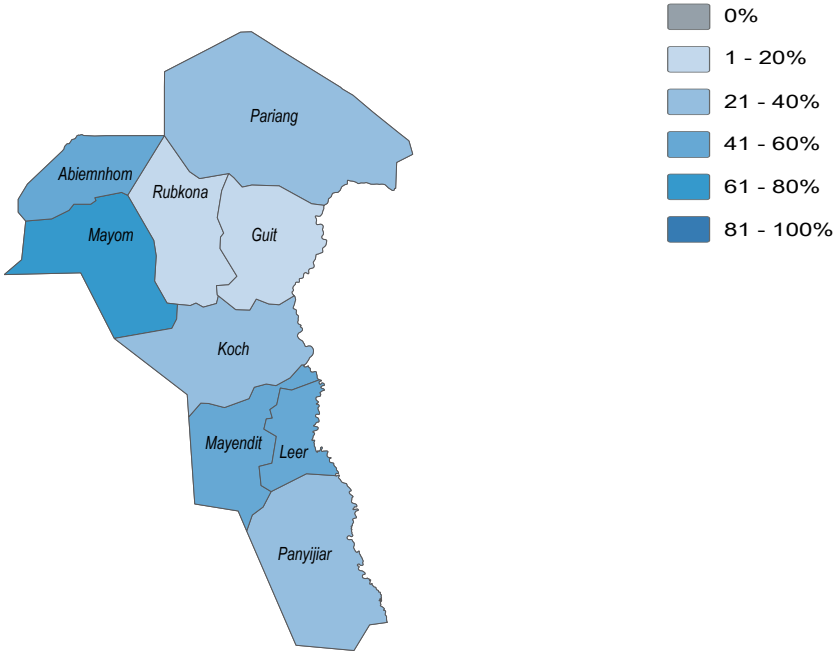
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Water

100%	of **Abiemnhom County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August 2019. This was the same as the previous season
100%	of **Abiemnhom County** HHs reported having safe access to an improved source of drinking water as their main source, in November and December 2018
18%	of HHs in **Abiemnhom County** reported feeling unsafe while collecting water, in July and August 2019. This was an increase from the previous season
4%	of HHs in **Abiemnhom County** reported feeling unsafe while collecting water, in November and December 2018

% of HHs having safe access in under 30min to an improved water source (borehole, tapstand, water yard) as their main source of drinking water



This simple water access composite indicator aims to measure access to an improved water source, without protection concern. The composite was created by averaging the 'yes' responses of households reporting on the following indicators, with all indicators considered to have the same weight:

- Access to a borehole, tapstand, or water yard as the primary source of drinking water
- Can collect water (walking to collection point, waiting, filling container, returning home) in under 30 minutes
- Did not report any security concerns while accessing water point

	Most commonly reported sources of drinking water (by percentage of households)		Most commonly reported time spent collecting drinking water (walking to collection point, waiting, filling container, returning home) (by percentage of households)	
Overall	Borehole	100%	< 30 minutes	56%
			30 minutes - 1 hour	38%
			1 hour - half a day	5%
			> half a day	1%
Host	Borehole	100%	< 30 minutes	57%
			30 minutes - 1 hour	38%
			1 hour - half a day	4%
			> half a day	1%
IDPs	Borehole	100%	< 30 minutes	33%
			1 hour - half a day	33%
			30 minutes - 1 hour	33%
Returnees	Borehole	100%	< 30 minutes	100%

Abiemnhom County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

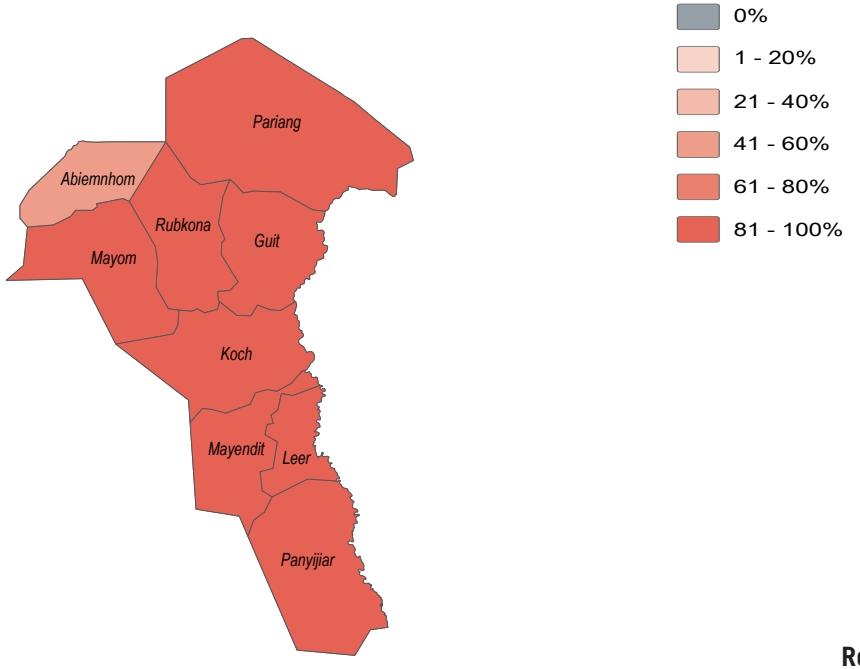
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Sanitation

44%	of **Abiemnhom County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in July and August 2019. This was an increase from from the previous season
35%	of **Abiemnhom County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in November and December 2018.
44%	of HHs in **Abiemnhom County** reported their most common defecation location was a latrine, in July and August 2019. This was an increase from the previous season
30%	of HHs in **Abiemnhom County** reported their most common defecation location was a latrine, in November and December 2018.

% of HHs reporting no latrine (private, shared, or communal/institutional)[2] present



Most commonly reported defecation location for adults (by percentage of households)

Type of latrines available (by percentage of households)

Overall

In the bush	55%	No latrine available	56%
In the latrine	44%	Family latrine	36%
Dig a hole and cover	1%	Shared latrine	6%
In the river	1%	Communal latrine	2%

Host

In the bush	53%	No latrine available	55%
In the latrine	45%	Family latrine	38%
Dig a hole and cover	1%	Shared latrine	6%
In the river	1%	Communal latrine	2%

IDPs

In the bush	100%		

Returnees

In the bush	100%	No latrine available	100%

Abiemnhom County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

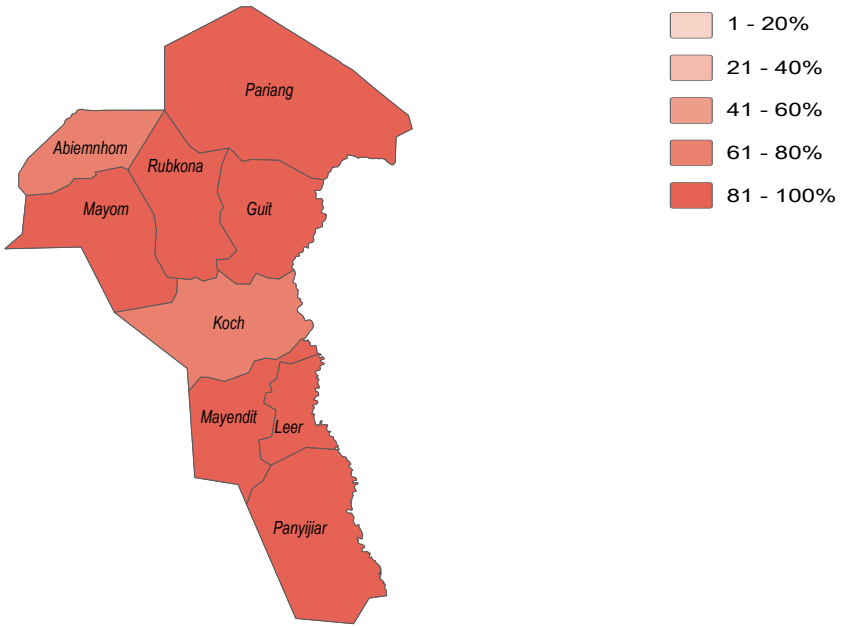
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Health

69%	of **Abiemnhom County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August 2019. This was a decrease from the previous season
73%	of **Abiemnhom County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December 2018
Fever	was the most commonly reported water or vector borne disease in July and August 2019 in **Abiemnhom County**. This was different to the previous season
Malaria	was the most commonly reported water or vector borne disease in November and December 2018 in **Abiemnhom County**

% of HH with one or more HH member affected by self-reported water or vector borne disease in the two weeks prior to data collection



Most commonly self-reported water or vector borne diseases for adults in the two weeks prior to data collection (by percentage of households)

Most commonly self-reported water or vector borne disease for children under 5 in the two weeks prior to data collection (by percentage of households)[3]

Overall

Malaria	15%
Fever	11%
Stomach pain	9%
Typhoid	6%
AWD	4%

Malaria	15%
Fever	11%
Stomach pain	9%
Typhoid	6%
AWD	4%

Host

Malaria	15%
Fever	12%
Stomach pain	10%
Typhoid	6%
AWD	4%

Fever	48%
Malaria	41%
Flu	29%
AWD	9%
Eye infection	6%

IDPs

Fever	67%
Malaria	67%
Eye infection	33%
Flu	33%

Returnees

Flu	100%

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Abiemnhom County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

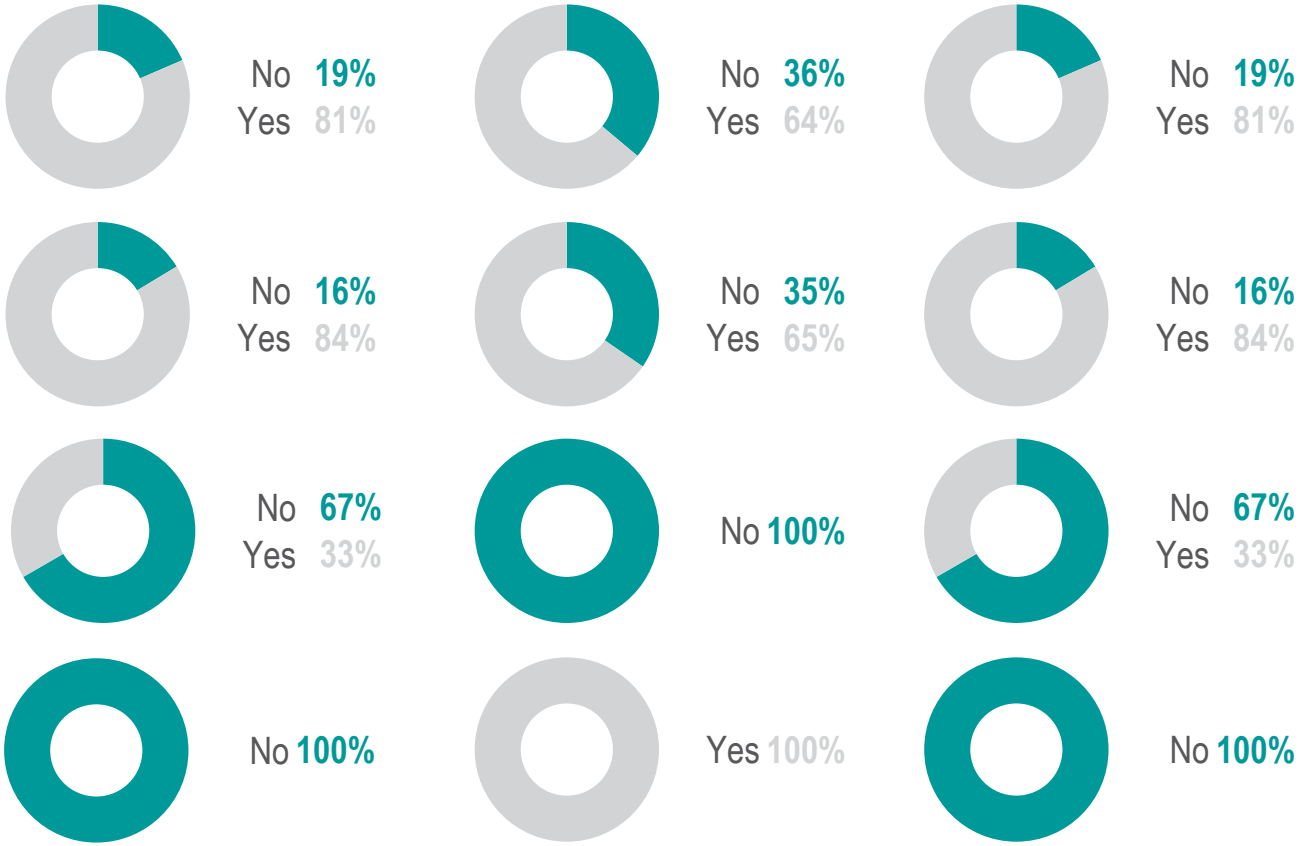
WASH Cluster
Water Sanitation Hygiene

July/August 2019

NFI WASH NFIs

36%	of **Abiemnhom County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap[4], and that every member of the HH slept under a mosquito net in July and August 2019[5]. This was a decrease from the previous season
56%	of **Abiemnhom County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap, and that every member of the HH slept under a mosquito net in November and December 2018.
3	was the average number of jerrycans and/or buckets per HH in **Abiemnhom County** in July and August 2019. This was the same as the previous season
3	was the average number of jerrycans and/or buckets per HH in **Abiemnhom County** in November and December 2018

Ownership of a bucket or a jerrycan with a lid (by percentage of households)



Access to soap (by percentage of households)

Every member of the household sleeps under a mosquito net (by percentage of households)

Endnotes

1. This data is as of July/August 2019. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. AWD is Acute Watery Diarrhoea.
4. Enumerators asked HHs responding positively to access to soap to produce the soap within a minute.
5. The composite indicator was created by averaging the 'yes' responses of HHs reporting on the following indicators, with all considered to have the same weight: access to soap, access to jerrycans/buckets with lids, everyone in the HH slept under a mosquito net.

About REACH

REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. All REACH activities are conducted through inter-agency aid coordination mechanisms.

For more information, you can write to our in-country office: southsudan@reach-initiative.org or to our global office: geneva@reach-initiative.org.

Visit **www.reach-initiative.org** and follow us @ REACH_info.

Guit County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

Overview and Methodology

The dynamic and multi-faceted nature of the South Sudanese displacement crisis has created significant challenges for the delivery of humanitarian aid. Accessibility and security issues within South Sudan have impeded a systematic understanding of Water, Sanitation and Hygiene (WASH) needs in many areas of the country, and have created difficulties in establishing a clear and unambiguous system for prioritizing the delivery of aid, thereby limiting the effectiveness of humanitarian planning and limiting the potential impact of donor funding. As this crisis continues to expand, evolve and spill into neighbouring countries, it has become increasingly important to fill information gaps to inform a more effective humanitarian response and planning for immediate life-saving WASH activities and contingency planning for durable solutions.

In 2018, REACH, in close coordination with the WASH Cluster, identified five core WASH indicators: 1. % of Households (HHs) by displacement status; 2. % of HHs reporting having safe access in under 30 minutes to an improved water source (borehole, tapstand, water yard) as their main source of drinking water; 3. % of HHs reporting having access to a latrine (private, shared, or communal/ institutional); 4. % of HHs reporting having access to key WASH Non-Food Items (NFIs) (soap, mosquito nets, water containers); and 5. % of HHs reporting that one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection.

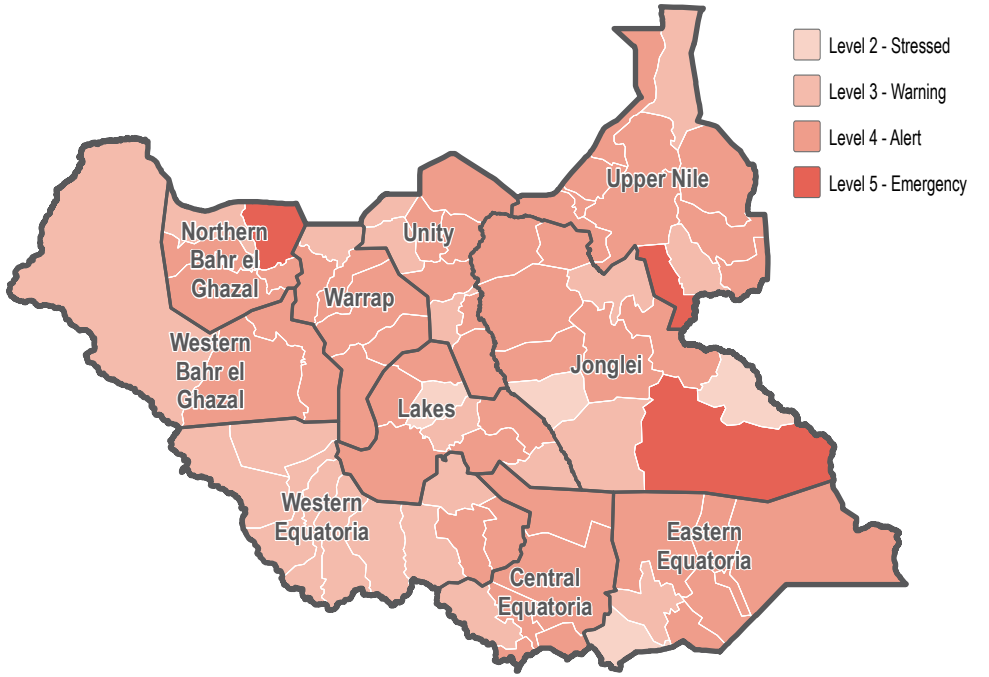
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH Cluster indicators for FSNMS Round 24 (July and August 2019). FSNMS is a seasonal countrywide assessment conducted, funded and run by the World Food Programme, UNICEF, and the Food and Agriculture Organization, and supported by REACH in Rounds 22-24. FSNMS, established in 2010, is a representative survey that employs two-stage cluster sampling, using a state based sample size and cluster determination. In each county, access permitting, 9 clusters were selected and 12 households interviewed per cluster.

FSNMS is a critical source of information that allows for the identification of affected areas, the prioritization of resources and for monitoring trends. The data collected during FSNMS is used for the Integrated Food Security Phase Classification (IPC) analysis, the Humanitarian Needs Overview (HNO) and the Humanitarian Response Plan (HRP), as well as additional decision making platforms.

FSNMS Assessment Coverage

Full coverage in the county was achieved. Findings related to a subset of the population may not be representative and should be considered indicative only.

WASH Needs Severity Map



This WASH composite indicator aims to measure the severity of WASH needs in each county. The composite was created with four indicators, each broken into 5 levels of severity, as seen in this matrix http://bit.ly/2EqRYwJ. The final severity ranking was created by calculating the average level from the following indicators: -Not having safe access in under 30min to an improved water source (borehole, tapstand, water yard) as a main source of drinking water

- Not having access to a latrine (private, shared, or communal/institutional)
- Not owning a jerrycan or bucket with a lid and soap, and that every member of the HHs did not sleep under a mosquito net
- Having one or more HH members affected by self-reported water or vector borne disease in the two weeks prior to data collection

Displacement

Percentage of households by displacement status[1]

Host community	83%
Returnee	11%
IDP	5%
Refugee returnees	1%

Percentage of Internally Displaced Person (IDP) households by time arrived in their current location

In the last one year	100%

Percentage of returnee households by time arrived in their current location

In the last one year	83%
Around 5 years	8%
Between 2-3 years	8%

Most commonly reported vulnerability, by percentage of households

Children under 5	87%
Female headed	57%
Elderly persons	41%
Conflict injuries	12%
Chronically ill	7%

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Guit County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

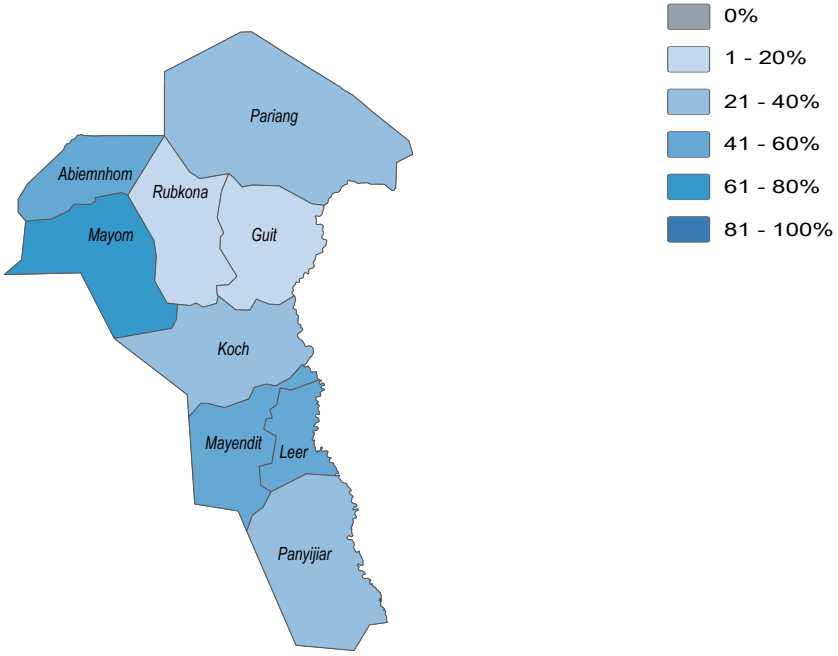
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Water

14%	of **Guit County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August 2019. This was an increase from the previous season
8%	of **Guit County** HHs reported having safe access to an improved source of drinking water as their main source, in November and December 2018
37%	of HHs in **Guit County** reported feeling unsafe while collecting water, in July and August 2019. This was an increase from the previous season
29%	of HHs in **Guit County** reported feeling unsafe while collecting water, in November and December 2018

% of HHs having safe access in under 30min to an improved water source (borehole, tapstand, water yard) as their main source of drinking water



This simple water access composite indicator aims to measure access to an improved water source, without protection concern. The composite was created by averaging the 'yes' responses of households reporting on the following indicators, with all indicators considered to have the same weight:

- Access to a borehole, tapstand, or water yard as the primary source of drinking water
- Can collect water (walking to collection point, waiting, filling container, returning home) in under 30 minutes
- Did not report any security concerns while accessing water point

Most commonly reported sources of drinking water (by percentage of households)

Most commonly reported time spent collecting drinking water (walking to collection point, waiting, filling container, returning home) (by percentage of households)

Overall	River or stream	48%	< 30 minutes	63%
	Swamp	26%	30 minutes - 1 hour	13%
	Unprotected well	12%	1 hour - half a day	11%
	Borehole	8%	> half a day	6%
	Tap stand	6%	Half a day	6%
Host	River or stream	47%	< 30 minutes	68%
	Swamp	28%	30 minutes - 1 hour	13%
	Unprotected well	10%	1 hour - half a day	10%
	Borehole	9%	> half a day	4%
	Tap stand	7%	Half a day	4%
IDPs	River or stream	40%	> half a day	40%
	Unprotected well	40%	1 hour - half a day	40%
	Swamp	20%	< 30 minutes	20%
Returnees	River or stream	58%	< 30 minutes	42%
	Swamp	17%	Half a day	25%
	Unprotected well	17%	30 minutes - 1 hour	17%
	Borehole	8%	> half a day	8%
			1 hour - half a day	8%

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Guit County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

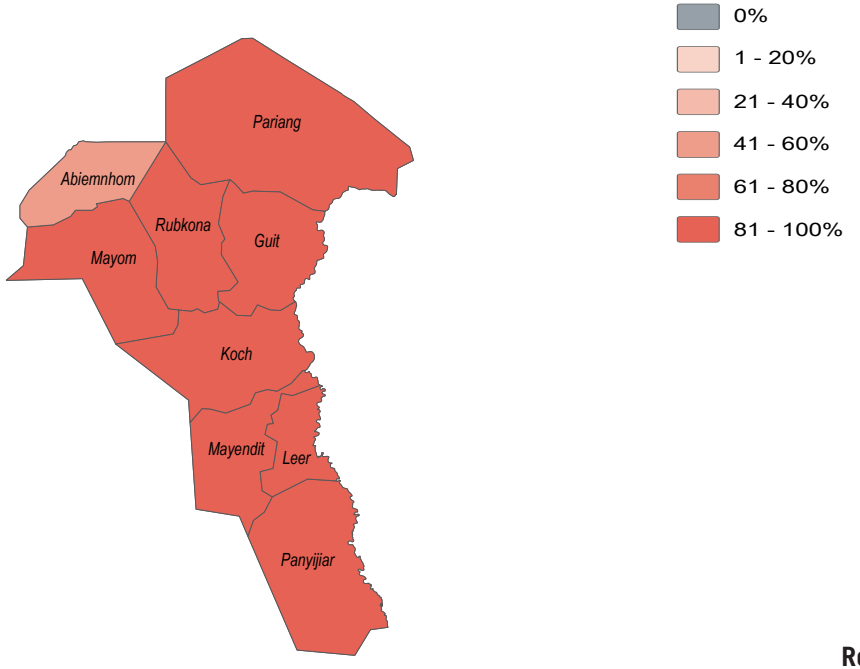
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Sanitation

12%	of **Guit County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in July and August 2019. This was an increase from from the previous season
2%	of **Guit County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in November and December 2018.
0%	of HHs in **Guit County** reported their most common defecation location was a latrine, in July and August 2019. This was a decrease from the previous season
1%	of HHs in **Guit County** reported their most common defecation location was a latrine, in November and December 2018.

% of HHs reporting no latrine (private, shared, or communal/institutional)[2] present



	Most commonly reported defecation location for adults (by percentage of households)		Type of latrines available (by percentage of households)	
Overall	In the bush	95%	No latrine available	88%
	No answer	5%	Family latrine	12%
Host	In the bush	97%	No latrine available	86%
	No answer	3%	Family latrine	14%
IDPs	In the bush	100%		
Returnees	In the bush	83%	No latrine available	100%
	No answer	17%		

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Guit County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

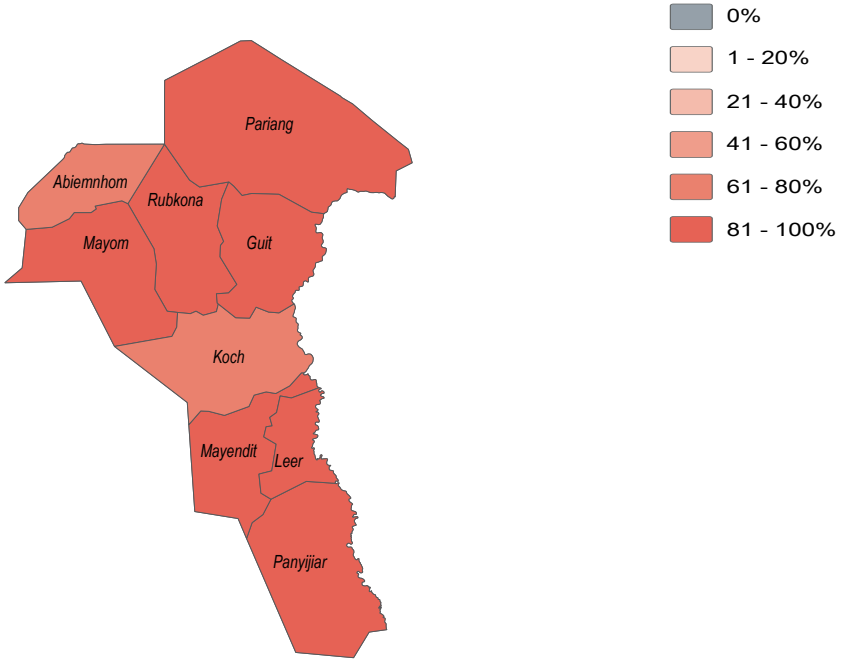
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Health

82%	of **Guit County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August 2019. This was a decrease from the previous season
94%	of **Guit County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December 2018
Fever	was the most commonly reported water or vector borne disease in July and August 2019 in **Guit County**. This was the same as the previous season
Fever	was the most commonly reported water or vector borne disease in November and December 2018 in **Guit County**

% of HH with one or more HH member affected by self-reported water or vector borne disease in the two weeks prior to data collection



Most commonly self-reported water or vector borne diseases for adults in the two weeks prior to data collection (by percentage of households)

Overall	Fever	23%
	Malaria	22%
	Typhoid	12%
	Skin infection	10%
	Stomach pain	10%
Host	Malaria	23%
	Fever	20%
	Typhoid	13%
	Stomach pain	11%
	Skin infection	9%
IDPs	Eye infection	40%
	Fever	40%
	AWD	20%
	Malaria	20%
	Skin infection	20%
Returnees		

Most commonly self-reported water or vector borne disease for children under 5 in the two weeks prior to data collection (by percentage of households)[3]

Overall	Fever	23%
	Malaria	22%
	Typhoid	12%
	Skin infection	10%
	Stomach pain	10%
Host	Fever	51%
	Malaria	41%
	AWD	26%
	Eye infection	11%
	Others	4%
IDPs	Eye infection	40%
	Fever	40%
	Malaria	40%
	Stomach pain	20%
Returnees	Fever	33%
	Malaria	25%
	AWD	8%
	Eye infection	8%
	Flu	8%

Guit County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

NFI WASH NFIs

30%	of **Guit County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap[4], and that every member of the HH slept under a mosquito net in July and August 2019[5]. This was an increase from the previous season
13%	of **Guit County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap, and that every member of the HH slept under a mosquito net in November and December 2018.
2	was the average number of jerrycans and/or buckets per HH in **Guit County** in July and August 2019. This was an increase from the previous season
1	was the average number of jerrycans and/or buckets per HH in **Guit County** in November and December 2018

	Ownership of a bucket or a jerrycan with a lid (by percentage of households)	Access to soap (by percentage of households)	Every member of the household sleeps under a mosquito net (by percentage of households)
Overall	 No 6% Yes 94%	 No 57% Yes 43%	 No 29% Yes 71%
Host	 No 6% Yes 94%	 No 57% Yes 43%	 No 29% Yes 71%
IDPs	Yes 100%	 No 60% Yes 40%	 No 80% Yes 20%
Returnees	 No 17% Yes 83%	 No 67% Yes 33%	 No 8% Yes 92%

Endnotes

1. This data is as of July/August 2019. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. AWD is Acute Watery Diarrhoea.
4. Enumerators asked HHs responding positively to access to soap to produce the soap within a minute.
5. The composite indicator was created by averaging the 'yes' responses of HHs reporting on the following indicators, with all considered to have the same weight: access to soap, access to jerrycans/buckets with lids, everyone in the HH slept under a mosquito net.

About REACH

REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. All REACH activities are conducted through inter-agency aid coordination mechanisms.

For more information, you can write to our in-country office: southsudan@reach-initiative.org or to our global office: geneva@reach-initiative.org.

Visit **www.reach-initiative.org** and follow us @ REACH_info.

Koch County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

Overview and Methodology

The dynamic and multi-faceted nature of the South Sudanese displacement crisis has created significant challenges for the delivery of humanitarian aid. Accessibility and security issues within South Sudan have impeded a systematic understanding of Water, Sanitation and Hygiene (WASH) needs in many areas of the country, and have created difficulties in establishing a clear and unambiguous system for prioritizing the delivery of aid, thereby limiting the effectiveness of humanitarian planning and limiting the potential impact of donor funding. As this crisis continues to expand, evolve and spill into neighbouring countries, it has become increasingly important to fill information gaps to inform a more effective humanitarian response and planning for immediate life-saving WASH activities and contingency planning for durable solutions.

In 2018, REACH, in close coordination with the WASH Cluster, identified five core WASH indicators: 1. % of Households (HHs) by displacement status; 2. % of HHs reporting having safe access in under 30 minutes to an improved water source (borehole, tapstand, water yard) as their main source of drinking water; 3. % of HHs reporting having access to a latrine (private, shared, or communal/ institutional); 4. % of HHs reporting having access to key WASH Non-Food Items (NFIs) (soap, mosquito nets, water containers); and 5. % of HHs reporting that one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection.

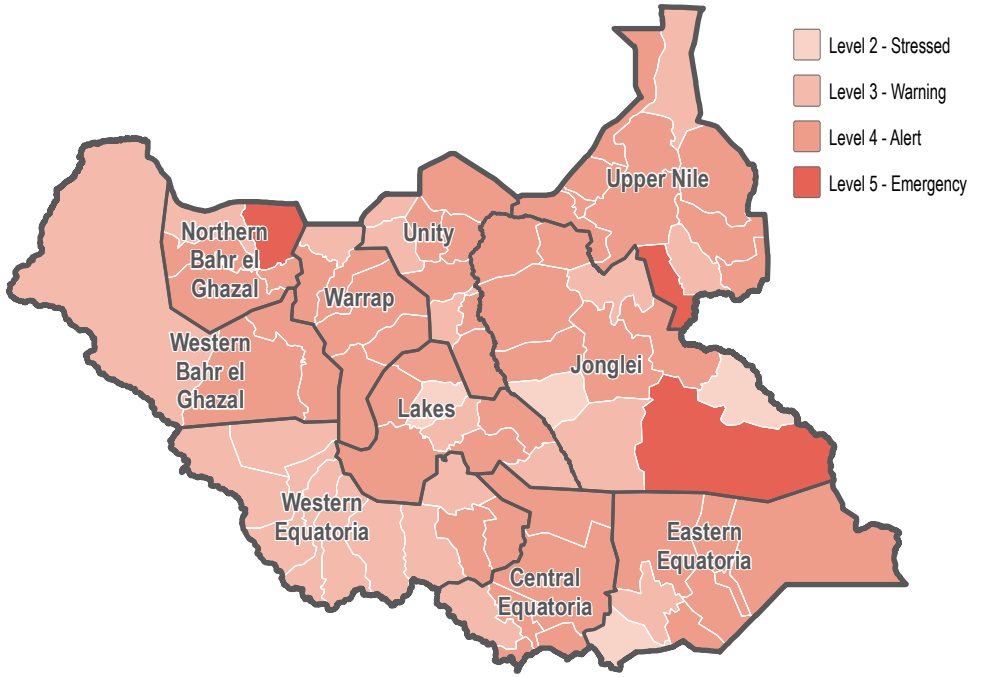
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH Cluster indicators for FSNMS Round 24 (July and August 2019). FSNMS is a seasonal countrywide assessment conducted, funded and run by the World Food Programme, UNICEF, and the Food and Agriculture Organization, and supported by REACH in Rounds 22-24. FSNMS, established in 2010, is a representative survey that employs two-stage cluster sampling, using a state based sample size and cluster determination. In each county, access permitting, 9 clusters were selected and 12 households interviewed per cluster.

FSNMS is a critical source of information that allows for the identification of affected areas, the prioritization of resources and for monitoring trends. The data collected during FSNMS is used for the Integrated Food Security Phase Classification (IPC) analysis, the Humanitarian Needs Overview (HNO) and the Humanitarian Response Plan (HRP), as well as additional decision making platforms.

FSNMS Assessment Coverage

Full coverage in the county was achieved. Findings related to a subset of the population may not be representative and should be considered indicative only.

WASH Needs Severity Map



This WASH composite indicator aims to measure the severity of WASH needs in each county. The composite was created with four indicators, each broken into 5 levels of severity, as seen in this matrix http://bit.ly/2EqRYwJ. The final severity ranking was created by calculating the average level from the following indicators: -Not having safe access in under 30min to an improved water source (borehole, tapstand, water yard) as a main source of drinking water

- Not having access to a latrine (private, shared, or communal/institutional)
- Not owning a jerrycan or bucket with a lid and soap, and that every member of the HHs did not sleep under a mosquito net
- Having one or more HH members affected by self-reported water or vector borne disease in the two weeks prior to data collection

Displacement

Percentage of households by displacement status[1]

Host community	100%

Percentage of Internally Displaced Person (IDP) households by time arrived in their current location

Percentage of returnee households by time arrived in their current location

Most commonly reported vulnerability, by percentage of households

Children under 5	81%
Female headed	81%
Elderly persons	61%
Conflict injuries	39%
Chronically ill	18%

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Koch County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

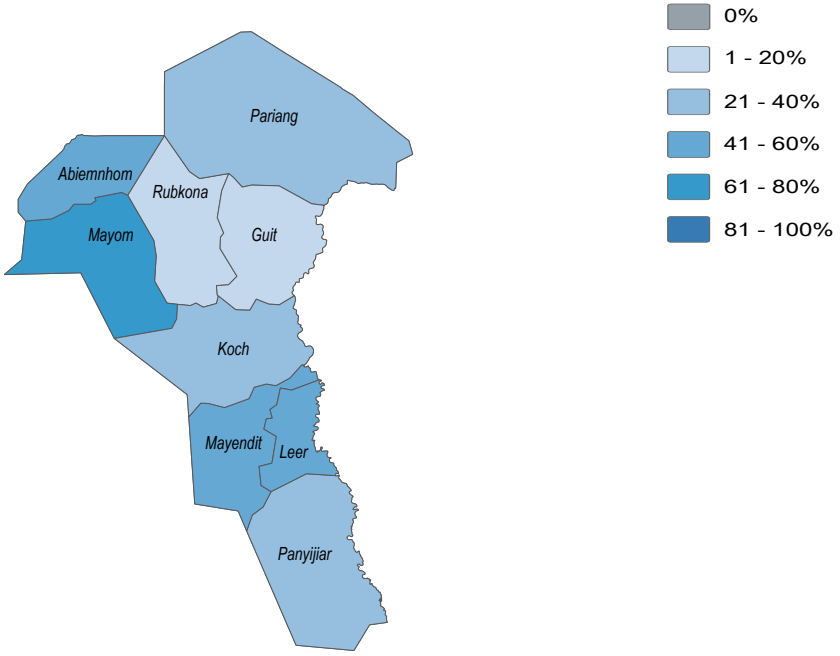
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Water

91%	of **Koch County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August 2019. This was an increase from the previous season
73%	of **Koch County** HHs reported having safe access to an improved source of drinking water as their main source, in November and December 2018
14%	of HHs in **Koch County** reported feeling unsafe while collecting water, in July and August 2019. This was an increase from the previous season
1%	of HHs in **Koch County** reported feeling unsafe while collecting water, in November and December 2018

% of HHs having safe access in under 30min to an improved water source (borehole, tapstand, water yard) as their main source of drinking water



This simple water access composite indicator aims to measure access to an improved water source, without protection concern. The composite was created by averaging the 'yes' responses of households reporting on the following indicators, with all indicators considered to have the same weight:

- Access to a borehole, tapstand, or water yard as the primary source of drinking water
- Can collect water (walking to collection point, waiting, filling container, returning home) in under 30 minutes
- Did not report any security concerns while accessing water point

Most commonly reported sources of drinking water (by percentage of households)

Most commonly reported time spent collecting drinking water (walking to collection point, waiting, filling container, returning home) (by percentage of households)

Overall

Borehole	89%	30 minutes - 1 hour	42%
Swamp	7%	< 30 minutes	37%
Tap stand	2%	1 hour - half a day	20%
Unprotected well	2%	Half a day	1%

Host

Borehole	89%	30 minutes - 1 hour	42%
Swamp	7%	< 30 minutes	37%
Tap stand	2%	1 hour - half a day	20%
Unprotected well	2%	Half a day	1%

IDPs

Returnees

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Koch County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

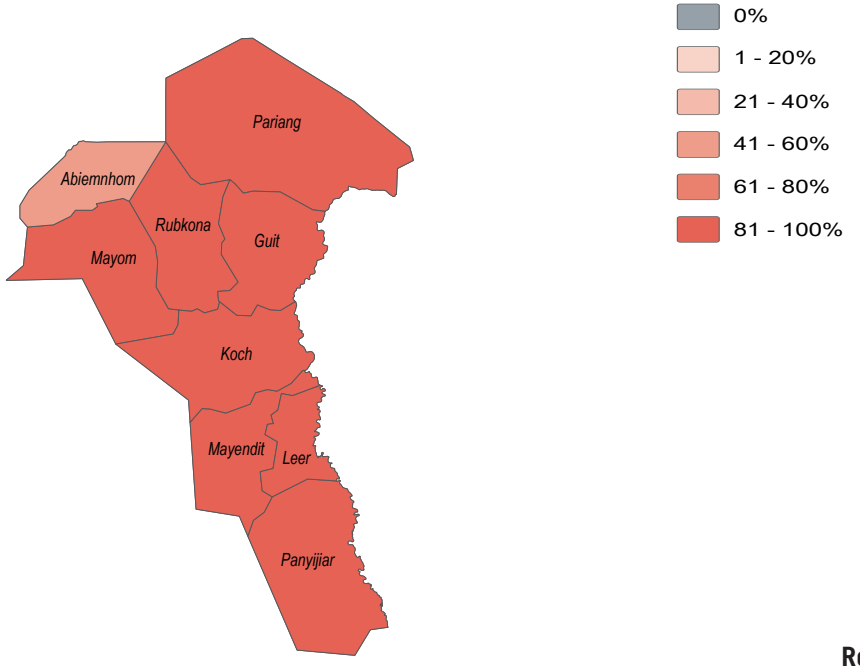
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Sanitation

10%	of **Koch County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in July and August 2019. This was a decrease from from the previous season
13%	of **Koch County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in November and December 2018.
10%	of HHs in **Koch County** reported their most common defecation location was a latrine, in July and August 2019. This was a decrease from the previous season
13%	of HHs in **Koch County** reported their most common defecation location was a latrine, in November and December 2018.

% of HHs reporting no latrine (private, shared, or communal/institutional)[2] present



Most commonly reported defecation location for adults (by percentage of households)

Type of latrines available (by percentage of households)

Overall

In the bush	89%	No latrine available	90%
In the latrine	10%	Shared latrine	8%
In the river	1%	Family latrine	2%

Host

In the bush	89%	No latrine available	90%
In the latrine	10%	Shared latrine	8%
In the river	1%	Family latrine	2%

IDPs

Returnees

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Koch County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

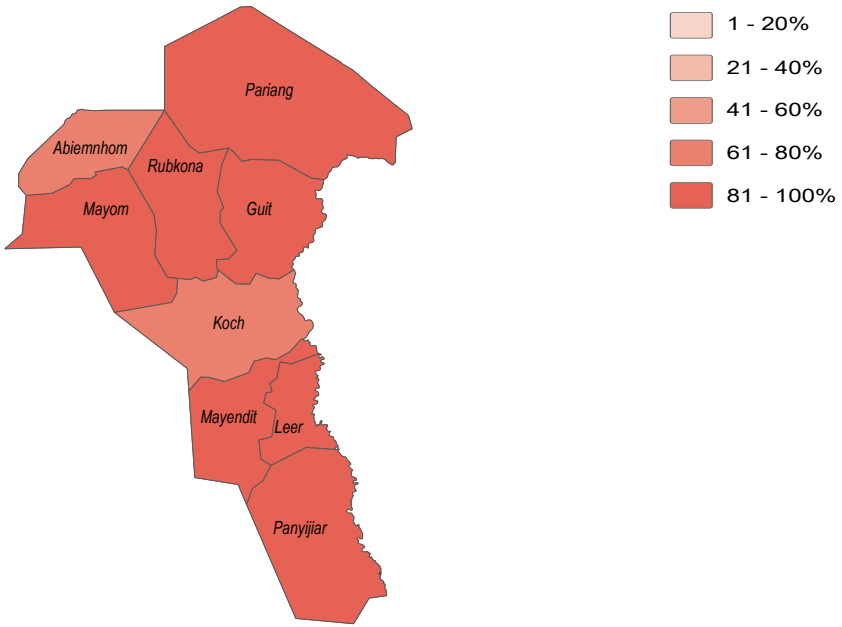
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Health

70%	of **Koch County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August 2019. This was an increase from the previous season
68%	of **Koch County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December 2018
Malaria	was the most commonly reported water or vector borne disease in July and August 2019 in **Koch County**. This was the same as the previous season
Malaria	was the most commonly reported water or vector borne disease in November and December 2018 in **Koch County**

% of HH with one or more HH member affected by self-reported water or vector borne disease in the two weeks prior to data collection



Most commonly self-reported water or vector borne diseases for adults in the two weeks prior to data collection (by percentage of households)

Overall	Malaria	12%
	Fever	5%
	No answer	4%
	Typhoid	4%
	Stomach pain	3%
Host	Malaria	12%
	Fever	5%
	No answer	4%
	Typhoid	4%
	Stomach pain	3%
IDPs		
Returnees		

Most commonly self-reported water or vector borne disease for children under 5 in the two weeks prior to data collection (by percentage of households)[3]

Overall	Malaria	12%
	Fever	5%
	No answer	4%
	Typhoid	4%
	Stomach pain	3%
Host	Malaria	28%
	Fever	21%
	AWD	9%
	Others	6%
	Don't know	6%
IDPs		
Returnees		

Koch County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

NFI WASH NFIs

22%	of **Koch County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap[4], and that every member of the HH slept under a mosquito net in July and August 2019[5]. This was a decrease from the previous season
23%	of **Koch County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap, and that every member of the HH slept under a mosquito net in November and December 2018.
3	was the average number of jerrycans and/or buckets per HH in **Koch County** in July and August 2019. This was the same as the previous season
3	was the average number of jerrycans and/or buckets per HH in **Koch County** in November and December 2018

	Ownership of a bucket or a jerrycan with a lid (by percentage of households)		Access to soap (by percentage of households)		Every member of the household sleeps under a mosquito net (by percentage of households)	
Overall		No 5% Yes 95%		No 65% Yes 35%		No 6% Yes 94%
Host		No 5% Yes 95%		No 65% Yes 35%		No 6% Yes 94%
IDPs						
Returnees						

Endnotes

1. This data is as of July/August 2019. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. AWD is Acute Watery Diarrhoea.
4. Enumerators asked HHs responding positively to access to soap to produce the soap within a minute.
5. The composite indicator was created by averaging the 'yes' responses of HHs reporting on the following indicators, with all considered to have the same weight: access to soap, access to jerrycans/buckets with lids, everyone in the HH slept under a mosquito net.

About REACH

REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. All REACH activities are conducted through inter-agency aid coordination mechanisms.

For more information, you can write to our in-country office: southsudan@reach-initiative.org or to our global office: geneva@reach-initiative.org.

Visit **www.reach-initiative.org** and follow us @ REACH_info.

Leer County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

Overview and Methodology

The dynamic and multi-faceted nature of the South Sudanese displacement crisis has created significant challenges for the delivery of humanitarian aid. Accessibility and security issues within South Sudan have impeded a systematic understanding of Water, Sanitation and Hygiene (WASH) needs in many areas of the country, and have created difficulties in establishing a clear and unambiguous system for prioritizing the delivery of aid, thereby limiting the effectiveness of humanitarian planning and limiting the potential impact of donor funding. As this crisis continues to expand, evolve and spill into neighbouring countries, it has become increasingly important to fill information gaps to inform a more effective humanitarian response and planning for immediate life-saving WASH activities and contingency planning for durable solutions.

In 2018, REACH, in close coordination with the WASH Cluster, identified five core WASH indicators: 1. % of Households (HHs) by displacement status; 2. % of HHs reporting having safe access in under 30 minutes to an improved water source (borehole, tapstand, water yard) as their main source of drinking water; 3. % of HHs reporting having access to a latrine (private, shared, or communal/ institutional); 4. % of HHs reporting having access to key WASH Non-Food Items (NFIs) (soap, mosquito nets, water containers); and 5. % of HHs reporting that one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection.

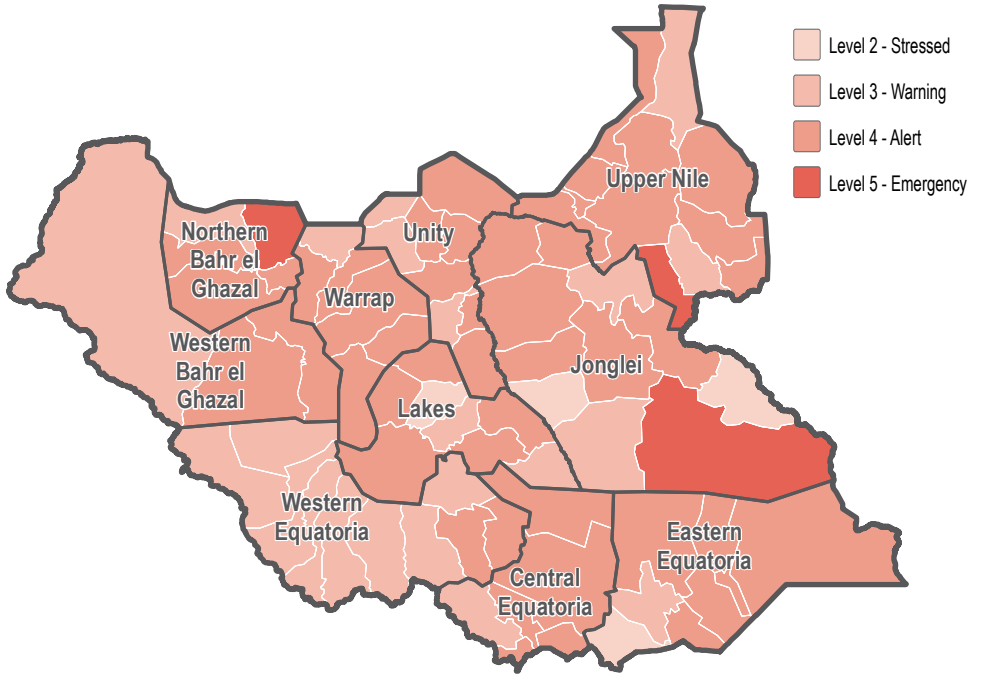
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH Cluster indicators for FSNMS Round 24 (July and August 2019). FSNMS is a seasonal countrywide assessment conducted, funded and run by the World Food Programme, UNICEF, and the Food and Agriculture Organization, and supported by REACH in Rounds 22-24. FSNMS, established in 2010, is a representative survey that employs two-stage cluster sampling, using a state based sample size and cluster determination. In each county, access permitting, 9 clusters were selected and 12 households interviewed per cluster.

FSNMS is a critical source of information that allows for the identification of affected areas, the prioritization of resources and for monitoring trends. The data collected during FSNMS is used for the Integrated Food Security Phase Classification (IPC) analysis, the Humanitarian Needs Overview (HNO) and the Humanitarian Response Plan (HRP), as well as additional decision making platforms.

FSNMS Assessment Coverage

Full coverage in the county was achieved. Findings related to a subset of the population may not be representative and should be considered indicative only.

WASH Needs Severity Map



This WASH composite indicator aims to measure the severity of WASH needs in each county. The composite was created with four indicators, each broken into 5 levels of severity, as seen in this matrix http://bit.ly/2EqRYwJ. The final severity ranking was created by calculating the average level from the following indicators: -Not having safe access in under 30min to an improved water source (borehole, tapstand, water yard) as a main source of drinking water

- Not having access to a latrine (private, shared, or communal/institutional)
- Not owning a jerrycan or bucket with a lid and soap, and that every member of the HHs did not sleep under a mosquito net
- Having one or more HH members affected by self-reported water or vector borne disease in the two weeks prior to data collection

Displacement

Percentage of households by displacement status[1]

Host community	81%
Returnee	18%
IDP	1%

Percentage of Internally Displaced Person (IDP) households by time arrived in their current location

Around 5 years	100%

Percentage of returnee households by time arrived in their current location

In the last one year	63%
Between 2-3 years	32%
Around 5 years	5%

Most commonly reported vulnerability, by percentage of households

Female headed	97%
Children under 5	74%
Conflict injuries	43%
Elderly persons	41%
Chronically ill	31%

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Leer County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

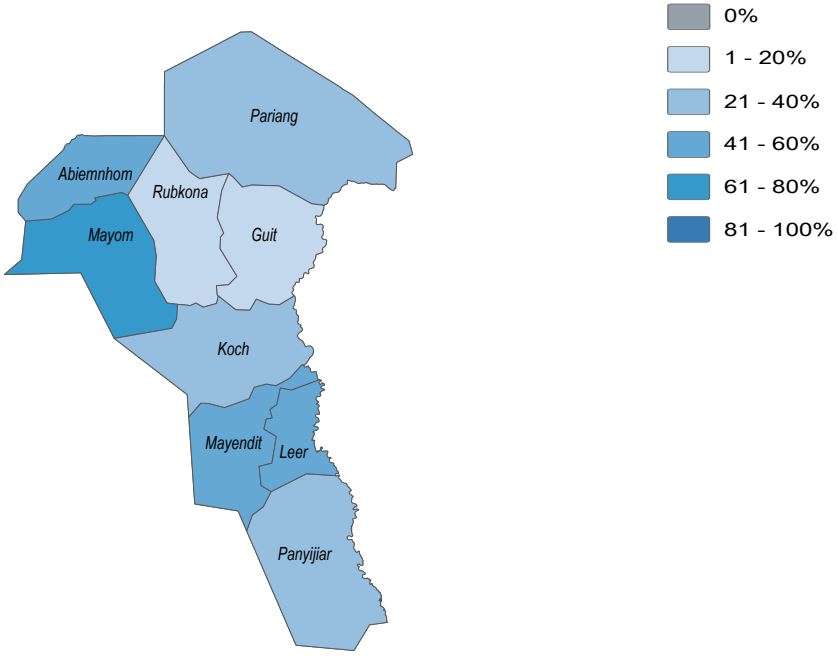
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Water

80%	of **Leer County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August 2019. This was an increase from the previous season
78%	of **Leer County** HHs reported having safe access to an improved source of drinking water as their main source, in November and December 2018
16%	of HHs in **Leer County** reported feeling unsafe while collecting water, in July and August 2019. This was a decrease from the previous season
16%	of HHs in **Leer County** reported feeling unsafe while collecting water, in November and December 2018

% of HHs having safe access in under 30min to an improved water source (borehole, tapstand, water yard) as their main source of drinking water



This simple water access composite indicator aims to measure access to an improved water source, without protection concern. The composite was created by averaging the 'yes' responses of households reporting on the following indicators, with all indicators considered to have the same weight:

- Access to a borehole, tapstand, or water yard as the primary source of drinking water
- Can collect water (walking to collection point, waiting, filling container, returning home) in under 30 minutes
- Did not report any security concerns while accessing water point

Most commonly reported sources of drinking water (by percentage of households)

Most commonly reported time spent collecting drinking water (walking to collection point, waiting, filling container, returning home) (by percentage of households)

Overall

Borehole	80%	< 30 minutes	65%
Hand dug well	16%	30 minutes - 1 hour	31%
River or stream	4%	1 hour - half a day	5%
Unprotected well	1%		

Host

Borehole	77%	< 30 minutes	72%
Hand dug well	17%	30 minutes - 1 hour	24%
River or stream	5%	1 hour - half a day	5%
Unprotected well	1%		

IDPs

Hand dug well	100%	< 30 minutes	100%

Returnees

Borehole	95%	30 minutes - 1 hour	63%
Hand dug well	5%	< 30 minutes	32%
		1 hour - half a day	5%

Leer County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

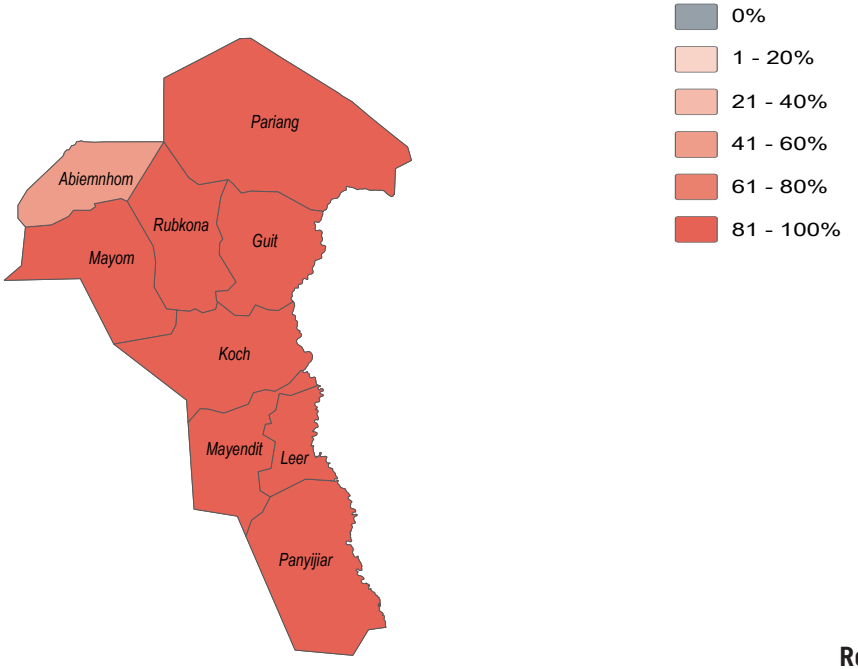
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Sanitation

8%	of **Leer County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in July and August 2019. This was the same as from the previous season
8%	of **Leer County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in November and December 2018.
6%	of HHs in **Leer County** reported their most common defecation location was a latrine, in July and August 2019. This was an increase from the previous season
6%	of HHs in **Leer County** reported their most common defecation location was a latrine, in November and December 2018.

% of HHs reporting no latrine (private, shared, or communal/institutional)[2] present



Most commonly reported defecation location for adults (by percentage of households)

Type of latrines available (by percentage of households)

Overall

In the bush	94%
In the latrine	6%

No latrine available	92%
Family latrine	6%
Shared latrine	3%

Host

In the bush	93%
In the latrine	7%

No latrine available	92%
Family latrine	6%
Shared latrine	2%

IDPs

In the bush	100%

Returnees

In the bush	95%
In the latrine	5%

No latrine available	89%
Family latrine	5%
Shared latrine	5%

Leer County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

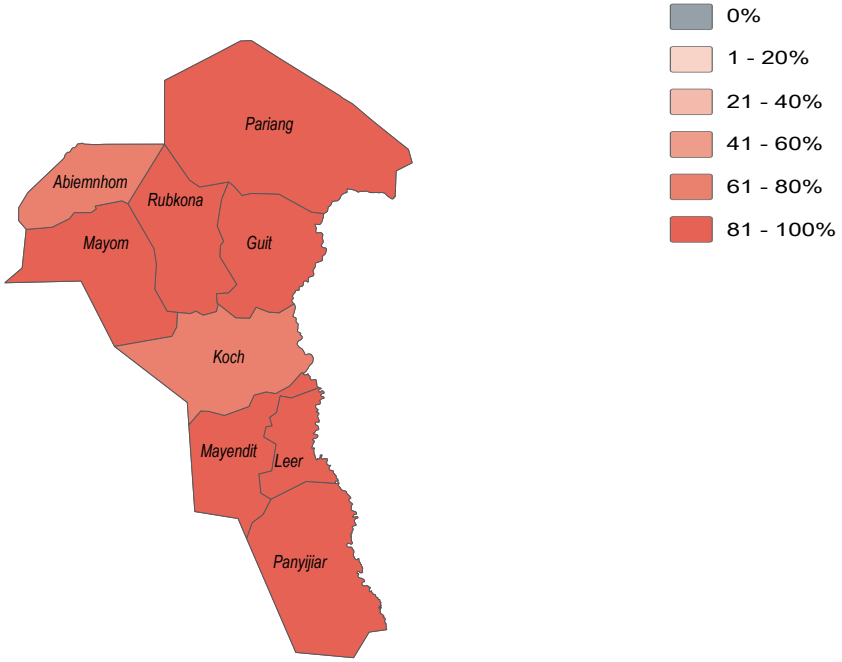
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Health

83%	of **Leer County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August 2019. This was an increase from the previous season
67%	of **Leer County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December 2018
Malaria	was the most commonly reported water or vector borne disease in July and August 2019 in **Leer County**. This was the same as the previous season
Malaria	was the most commonly reported water or vector borne disease in November and December 2018 in **Leer County**

% of HH with one or more HH member affected by self-reported water or vector borne disease in the two weeks prior to data collection



Most commonly self-reported water or vector borne diseases for adults in the two weeks prior to data collection (by percentage of households)

Most commonly self-reported water or vector borne disease for children under 5 in the two weeks prior to data collection (by percentage of households)[3]

Overall

Malaria	19%	Malaria	19%
Fever	6%	Fever	6%
Stomach pain	5%	Stomach pain	5%
Skin infection	4%	Skin infection	4%
Typhoid	4%	Typhoid	4%

Host

Malaria	18%	Fever	28%
Fever	7%	Malaria	27%
Skin infection	3%	Stomach pain	13%
Stomach pain	3%	AWD	9%
Eye infection	2%	Others	2%

IDPs

AWD	100%	Malaria	100%
Typhoid	100%		

Returnees

Malaria	74%
Fever	37%
AWD	16%
Others	16%
Stomach pain	11%

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Leer County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

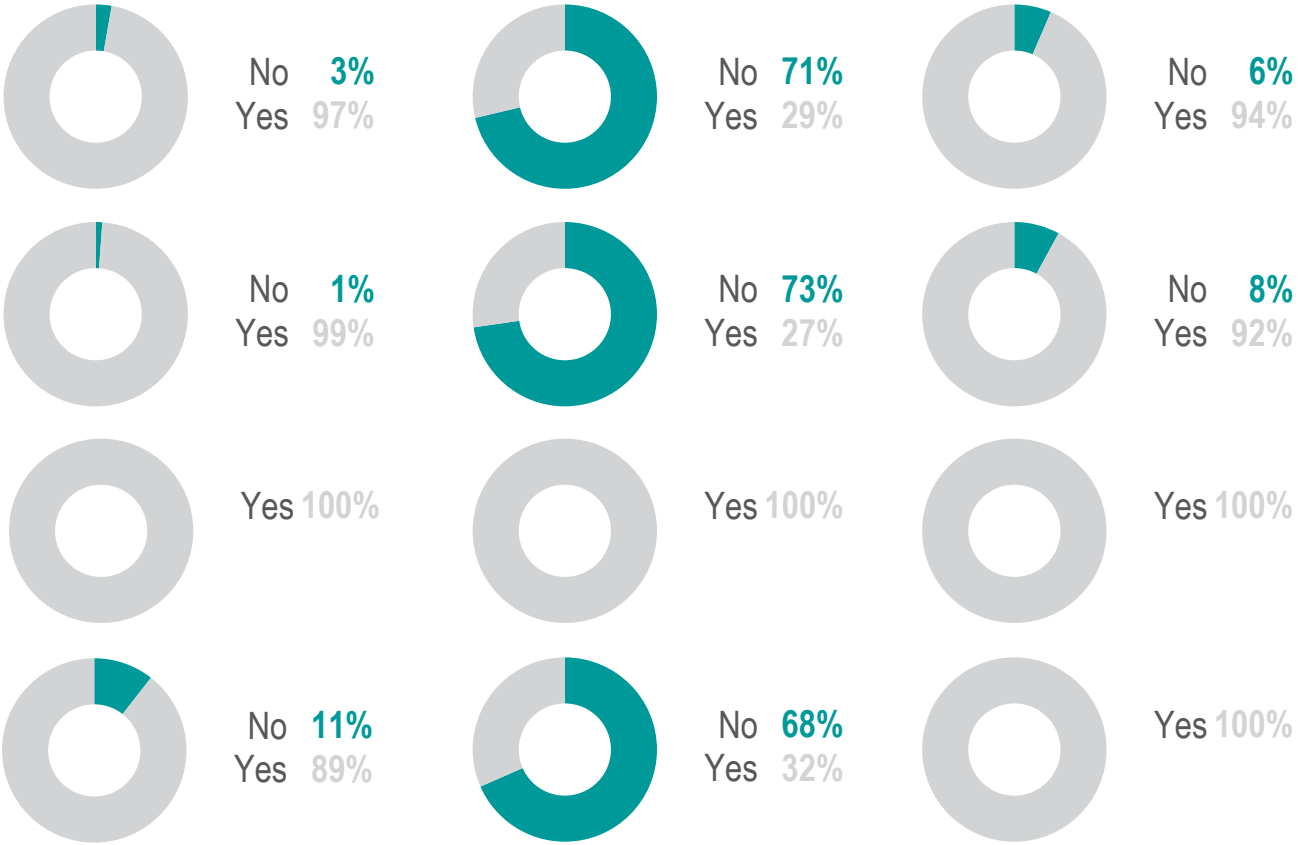
WASH Cluster
Water Sanitation Hygiene

July/August 2019

NFI WASH NFIs

12%	of **Leer County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap[4], and that every member of the HH slept under a mosquito net in July and August 2019[5]. This was a decrease from the previous season
13%	of **Leer County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap, and that every member of the HH slept under a mosquito net in November and December 2018.
3	was the average number of jerrycans and/or buckets per HH in **Leer County** in July and August 2019. This was the same as the previous season
3	was the average number of jerrycans and/or buckets per HH in **Leer County** in November and December 2018

Ownership of a bucket or a jerrycan with a lid (by percentage of households)



Access to soap (by percentage of households)

Every member of the household sleeps under a mosquito net (by percentage of households)

Endnotes

1. This data is as of July/August 2019. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. AWD is Acute Watery Diarrhoea.
4. Enumerators asked HHs responding positively to access to soap to produce the soap within a minute.
5. The composite indicator was created by averaging the 'yes' responses of HHs reporting on the following indicators, with all considered to have the same weight: access to soap, access to jerrycans/buckets with lids, everyone in the HH slept under a mosquito net.

About REACH

REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. All REACH activities are conducted through inter-agency aid coordination mechanisms.

For more information, you can write to our in-country office: southsudan@reach-initiative.org or to our global office: geneva@reach-initiative.org.

Visit **www.reach-initiative.org** and follow us @ REACH_info.

Mayendit County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

Overview and Methodology

The dynamic and multi-faceted nature of the South Sudanese displacement crisis has created significant challenges for the delivery of humanitarian aid. Accessibility and security issues within South Sudan have impeded a systematic understanding of Water, Sanitation and Hygiene (WASH) needs in many areas of the country, and have created difficulties in establishing a clear and unambiguous system for prioritizing the delivery of aid, thereby limiting the effectiveness of humanitarian planning and limiting the potential impact of donor funding. As this crisis continues to expand, evolve and spill into neighbouring countries, it has become increasingly important to fill information gaps to inform a more effective humanitarian response and planning for immediate life-saving WASH activities and contingency planning for durable solutions.

In 2018, REACH, in close coordination with the WASH Cluster, identified five core WASH indicators: 1. % of Households (HHs) by displacement status; 2. % of HHs reporting having safe access in under 30 minutes to an improved water source (borehole, tapstand, water yard) as their main source of drinking water; 3. % of HHs reporting having access to a latrine (private, shared, or communal/ institutional); 4. % of HHs reporting having access to key WASH Non-Food Items (NFIs) (soap, mosquito nets, water containers); and 5. % of HHs reporting that one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection.

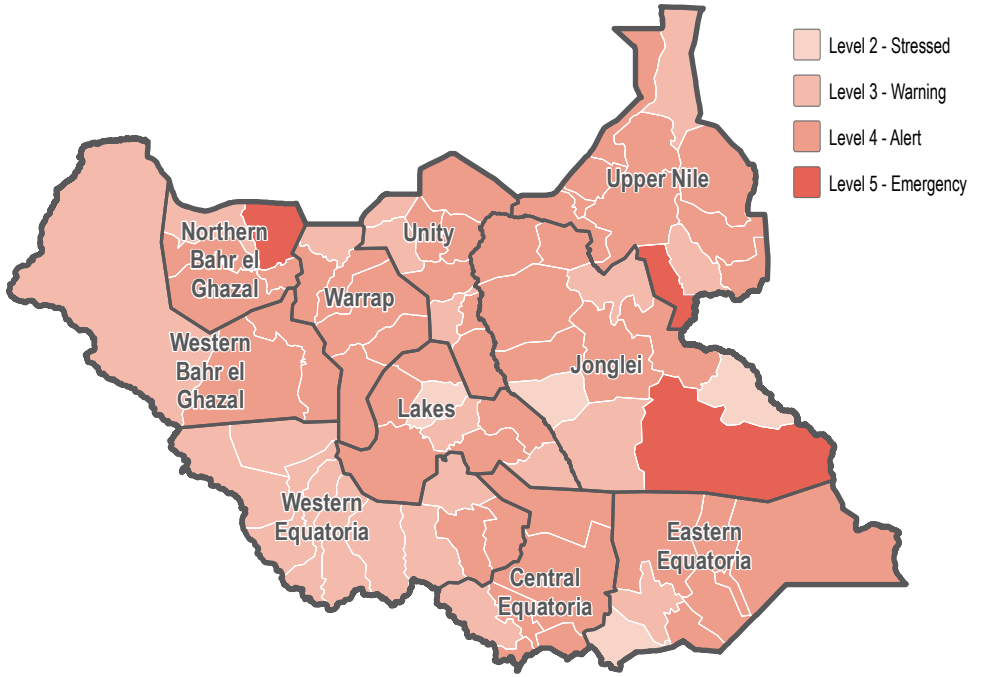
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH Cluster indicators for FSNMS Round 24 (July and August 2019). FSNMS is a seasonal countrywide assessment conducted, funded and run by the World Food Programme, UNICEF, and the Food and Agriculture Organization, and supported by REACH in Rounds 22-24. FSNMS, established in 2010, is a representative survey that employs two-stage cluster sampling, using a state based sample size and cluster determination. In each county, access permitting, 9 clusters were selected and 12 households interviewed per cluster.

FSNMS is a critical source of information that allows for the identification of affected areas, the prioritization of resources and for monitoring trends. The data collected during FSNMS is used for the Integrated Food Security Phase Classification (IPC) analysis, the Humanitarian Needs Overview (HNO) and the Humanitarian Response Plan (HRP), as well as additional decision making platforms.

FSNMS Assessment Coverage

Full coverage in the county was achieved. Findings related to a subset of the population may not be representative and should be considered indicative only.

WASH Needs Severity Map



This WASH composite indicator aims to measure the severity of WASH needs in each county. The composite was created with four indicators, each broken into 5 levels of severity, as seen in this matrix http://bit.ly/2EqRYwJ. The final severity ranking was created by calculating the average level from the following indicators: -Not having safe access in under 30min to an improved water source (borehole, tapstand, water yard) as a main source of drinking water

- Not having access to a latrine (private, shared, or communal/institutional)
- Not owning a jerrycan or bucket with a lid and soap, and that every member of the HHs did not sleep under a mosquito net
- Having one or more HH members affected by self-reported water or vector borne disease in the two weeks prior to data collection

Displacement

Percentage of households by displacement status[1]

Host community	65%
Returnee	21%
IDP	14%

Percentage of Internally Displaced Person (IDP) households by time arrived in their current location

In the last one year	93%
Between 2-3 years	7%

Percentage of returnee households by time arrived in their current location

In the last one year	100%

Most commonly reported vulnerability, by percentage of households

Children under 5	85%
Female headed	85%
Elderly persons	56%
Conflict injuries	44%
Adopted children	38%

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Mayendit County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

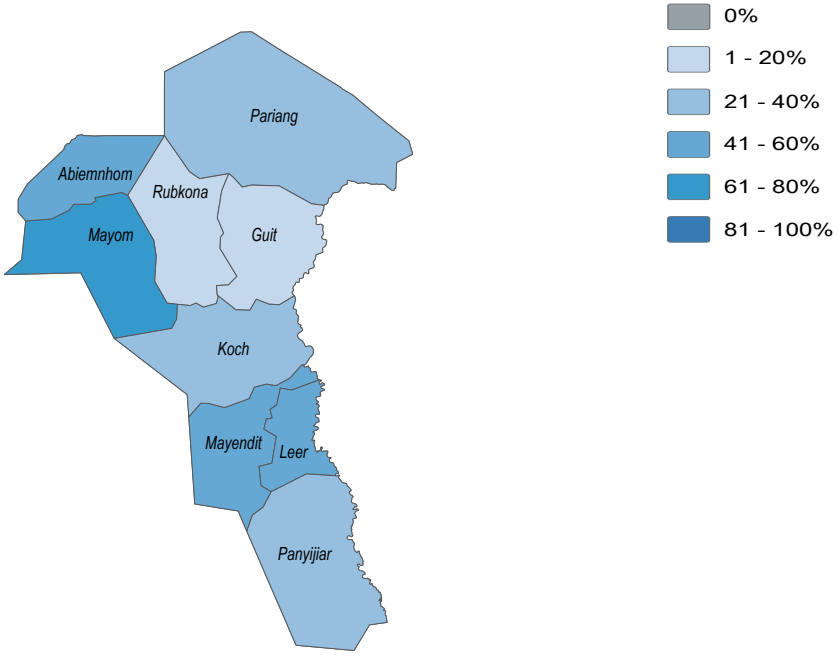
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Water

99%	of **Mayendit County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August 2019. This was an increase from the previous season
86%	of **Mayendit County** HHs reported having safe access to an improved source of drinking water as their main source, in November and December 2018
28%	of HHs in **Mayendit County** reported feeling unsafe while collecting water, in July and August 2019. This was a decrease from the previous season
31%	of HHs in **Mayendit County** reported feeling unsafe while collecting water, in November and December 2018

% of HHs having safe access in under 30min to an improved water source (borehole, tapstand, water yard) as their main source of drinking water



This simple water access composite indicator aims to measure access to an improved water source, without protection concern. The composite was created by averaging the 'yes' responses of households reporting on the following indicators, with all indicators considered to have the same weight:

- Access to a borehole, tapstand, or water yard as the primary source of drinking water
- Can collect water (walking to collection point, waiting, filling container, returning home) in under 30 minutes
- Did not report any security concerns while accessing water point

Most commonly reported sources of drinking water (by percentage of households)

Most commonly reported time spent collecting drinking water (walking to collection point, waiting, filling container, returning home) (by percentage of households)

Overall

Borehole	99%
River or stream	1%

< 30 minutes	56%
30 minutes - 1 hour	26%
1 hour - half a day	18%
> half a day	1%

Host

Borehole	100%

< 30 minutes	64%
30 minutes - 1 hour	19%
1 hour - half a day	16%
> half a day	1%

IDPs

Borehole	93%
River or stream	7%

< 30 minutes	53%
30 minutes - 1 hour	27%
1 hour - half a day	20%

Returnees

Borehole	100%

30 minutes - 1 hour	48%
< 30 minutes	30%
1 hour - half a day	22%

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Mayendit County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

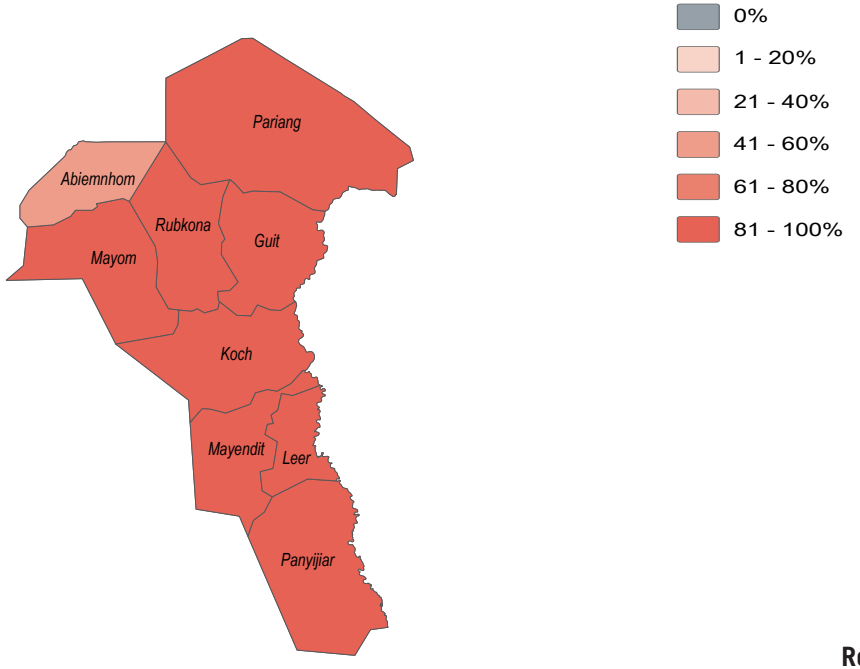
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Sanitation

16%	of **Mayendit County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in July and August 2019. This was a decrease from from the previous season
19%	of **Mayendit County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in November and December 2018.
13%	of HHs in **Mayendit County** reported their most common defecation location was a latrine, in July and August 2019. This was the same as the previous season
13%	of HHs in **Mayendit County** reported their most common defecation location was a latrine, in November and December 2018.

% of HHs reporting no latrine (private, shared, or communal/institutional)[2] present



Most commonly reported defecation location for adults (by percentage of households)

Type of latrines available (by percentage of households)

Overall

In the bush	85%
In the latrine	13%
Dig a hole and cover	2%

No latrine available	84%
Family latrine	9%
Communal latrine	6%
Shared latrine	1%

Host

In the bush	87%
In the latrine	13%

No latrine available	87%
Family latrine	9%
Communal latrine	3%
Shared latrine	1%

IDPs

In the bush	80%
Dig a hole and cover	13%
In the latrine	7%

Returnees

In the bush	83%
In the latrine	17%

No latrine available	83%
Communal latrine	9%
Family latrine	9%

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Mayendit County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

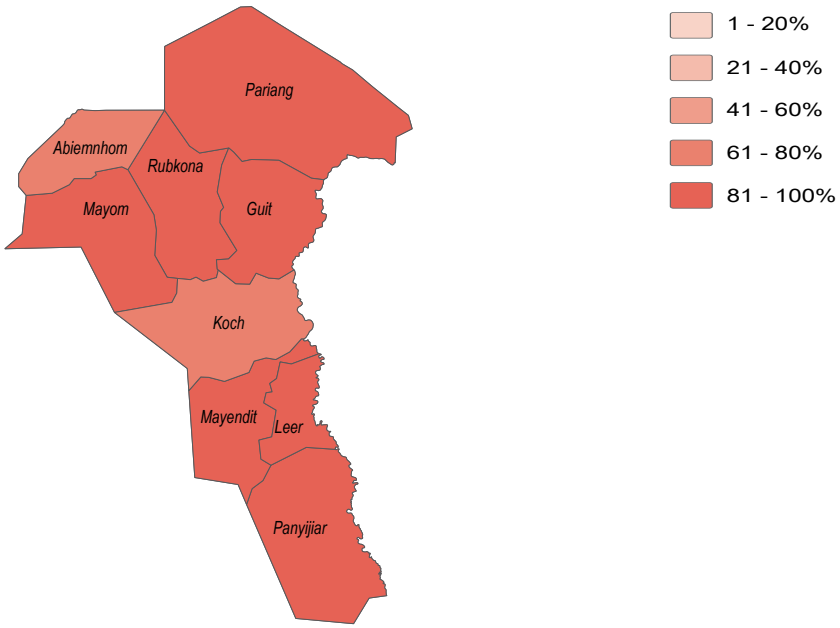
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Health

83%	of **Mayendit County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August 2019. This was an increase from the previous season
62%	of **Mayendit County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December 2018
Fever	was the most commonly reported water or vector borne disease in July and August 2019 in **Mayendit County**. This was different to the previous season
Malaria	was the most commonly reported water or vector borne disease in November and December 2018 in **Mayendit County**

% of HH with one or more HH member affected by self-reported water or vector borne disease in the two weeks prior to data collection



Most commonly self-reported water or vector borne diseases for adults in the two weeks prior to data collection (by percentage of households)

Overall	Fever	60%
	Malaria	56%
	Eye infection	36%
	Skin infection	31%
	Flu	21%
Host	Fever	51%
	Eye infection	47%
	Malaria	46%
	Skin infection	41%
	Stomach pain	14%
IDPs	Malaria	73%
	Fever	60%
	AWD	53%
	Flu	47%
	Typhoid	20%
Returnees		

Most commonly self-reported water or vector borne disease for children under 5 in the two weeks prior to data collection (by percentage of households)[3]

Overall	Fever	60%
	Malaria	56%
	Eye infection	36%
	Skin infection	31%
	Flu	21%
Host	Fever	49%
	Malaria	47%
	Eye infection	40%
	Skin infection	33%
	Stomach pain	14%
IDPs	Malaria	80%
	Fever	67%
	Flu	67%
	AWD	33%
	Stomach pain	7%
Returnees	Fever	83%
	Malaria	83%
	Flu	61%
	AWD	35%
	Eye infection	17%

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Mayendit County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

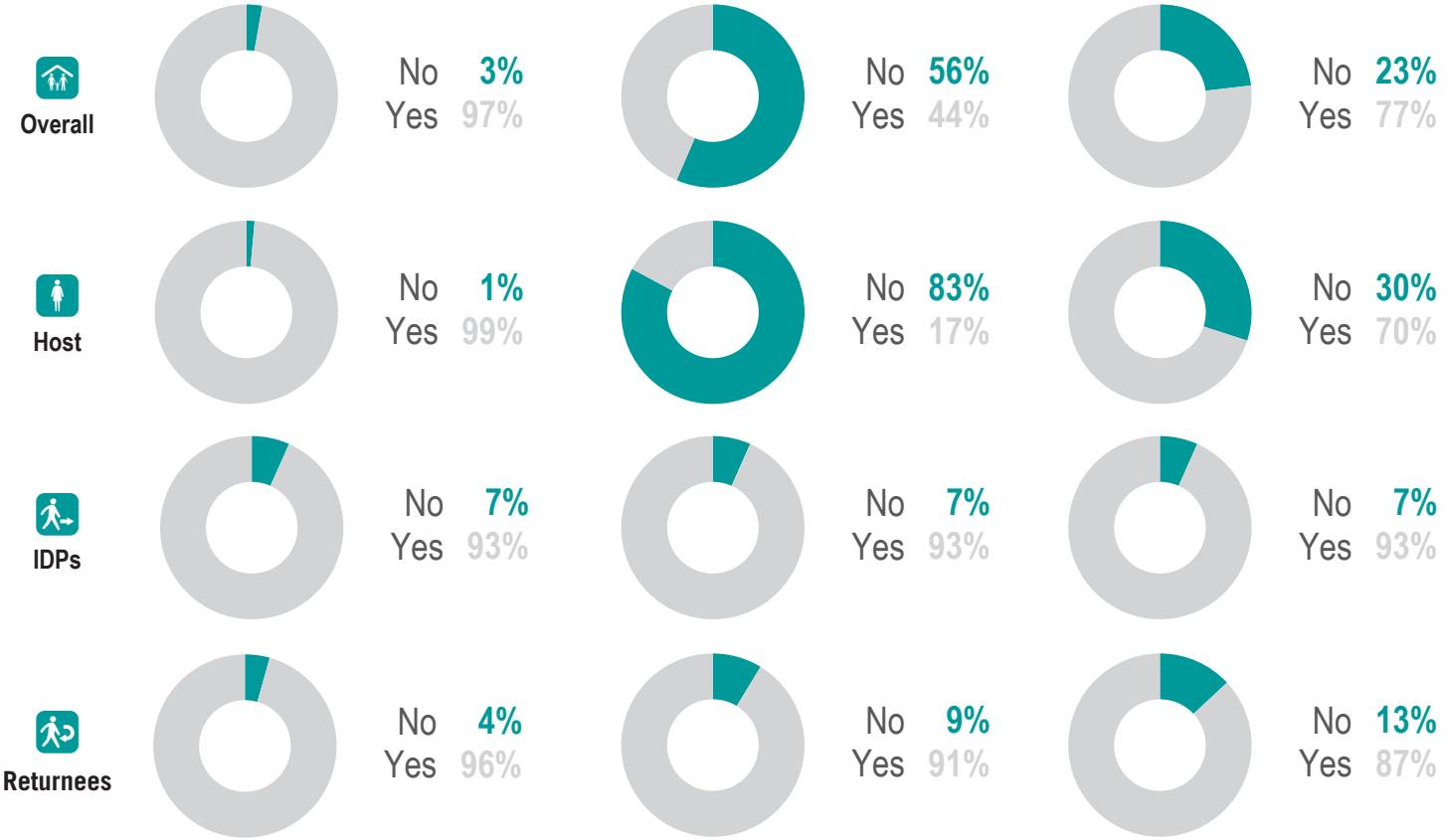
NFI WASH NFIs

32%	of **Mayendit County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap[4], and that every member of the HH slept under a mosquito net in July and August 2019[5]. This was an increase from the previous season
3%	of **Mayendit County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap, and that every member of the HH slept under a mosquito net in November and December 2018.
2	was the average number of jerrycans and/or buckets per HH in **Mayendit County** in July and August 2019. This was the same as the previous season
2	was the average number of jerrycans and/or buckets per HH in **Mayendit County** in November and December 2018

Ownership of a bucket or a jerrycan with a lid (by percentage of households)

Access to soap (by percentage of households)

Every member of the household sleeps under a mosquito net (by percentage of households)



Endnotes

1. This data is as of July/August 2019. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. AWD is Acute Watery Diarrhoea.
4. Enumerators asked HHs responding positively to access to soap to produce the soap within a minute.
5. The composite indicator was created by averaging the 'yes' responses of HHs reporting on the following indicators, with all considered to have the same weight: access to soap, access to jerrycans/buckets with lids, everyone in the HH slept under a mosquito net.

About REACH

REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. All REACH activities are conducted through inter-agency aid coordination mechanisms.

For more information, you can write to our in-country office: southsudan@reach-initiative.org or to our global office: geneva@reach-initiative.org.

Visit **www.reach-initiative.org** and follow us @ REACH_info.

Mayom County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

Overview and Methodology

The dynamic and multi-faceted nature of the South Sudanese displacement crisis has created significant challenges for the delivery of humanitarian aid. Accessibility and security issues within South Sudan have impeded a systematic understanding of Water, Sanitation and Hygiene (WASH) needs in many areas of the country, and have created difficulties in establishing a clear and unambiguous system for prioritizing the delivery of aid, thereby limiting the effectiveness of humanitarian planning and limiting the potential impact of donor funding. As this crisis continues to expand, evolve and spill into neighbouring countries, it has become increasingly important to fill information gaps to inform a more effective humanitarian response and planning for immediate life-saving WASH activities and contingency planning for durable solutions.

In 2018, REACH, in close coordination with the WASH Cluster, identified five core WASH indicators: 1. % of Households (HHs) by displacement status; 2. % of HHs reporting having safe access in under 30 minutes to an improved water source (borehole, tapstand, water yard) as their main source of drinking water; 3. % of HHs reporting having access to a latrine (private, shared, or communal/ institutional); 4. % of HHs reporting having access to key WASH Non-Food Items (NFIs) (soap, mosquito nets, water containers); and 5. % of HHs reporting that one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection.

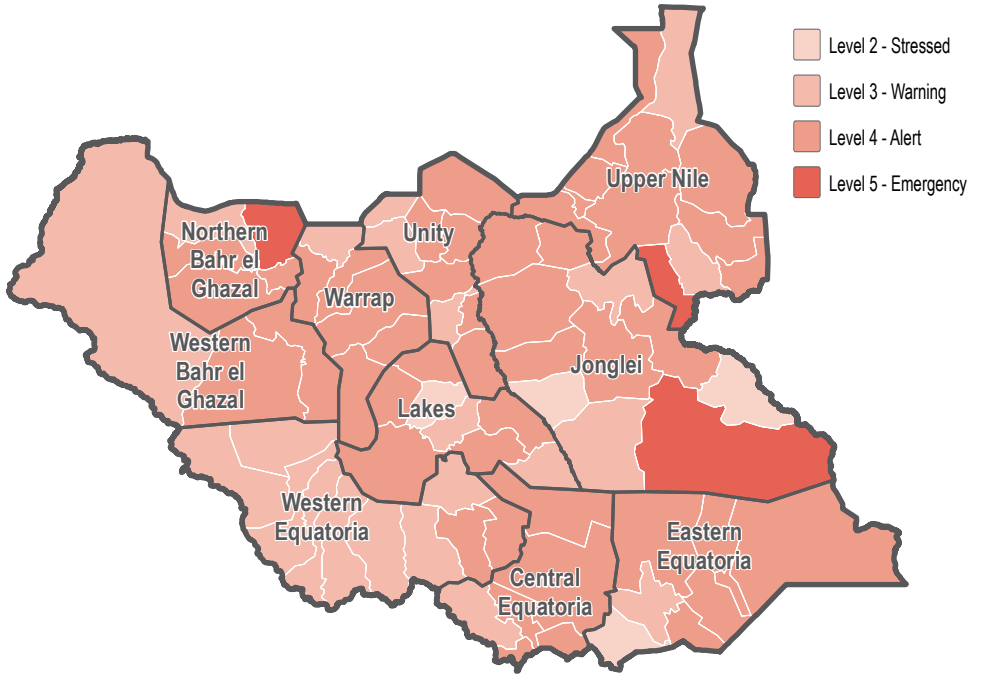
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH Cluster indicators for FSNMS Round 24 (July and August 2019). FSNMS is a seasonal countrywide assessment conducted, funded and run by the World Food Programme, UNICEF, and the Food and Agriculture Organization, and supported by REACH in Rounds 22-24. FSNMS, established in 2010, is a representative survey that employs two-stage cluster sampling, using a state based sample size and cluster determination. In each county, access permitting, 9 clusters were selected and 12 households interviewed per cluster.

FSNMS is a critical source of information that allows for the identification of affected areas, the prioritization of resources and for monitoring trends. The data collected during FSNMS is used for the Integrated Food Security Phase Classification (IPC) analysis, the Humanitarian Needs Overview (HNO) and the Humanitarian Response Plan (HRP), as well as additional decision making platforms.

FSNMS Assessment Coverage

Full coverage in the county was achieved. Findings related to a subset of the population may not be representative and should be considered indicative only.

WASH Needs Severity Map



This WASH composite indicator aims to measure the severity of WASH needs in each county. The composite was created with four indicators, each broken into 5 levels of severity, as seen in this matrix http://bit.ly/2EqRYwJ. The final severity ranking was created by calculating the average level from the following indicators: -Not having safe access in under 30min to an improved water source (borehole, tapstand, water yard) as a main source of drinking water

- Not having access to a latrine (private, shared, or communal/institutional)
- Not owning a jerrycan or bucket with a lid and soap, and that every member of the HHs did not sleep under a mosquito net
- Having one or more HH members affected by self-reported water or vector borne disease in the two weeks prior to data collection

Displacement

Percentage of households by displacement status[1]

Host community	98%
IDP	1%
Returnee	1%

Percentage of Internally Displaced Person (IDP) households by time arrived in their current location

In the last one year	100%

Percentage of returnee households by time arrived in their current location

In the last one year	100%

Most commonly reported vulnerability, by percentage of households

Children under 5	90%
Elderly persons	59%
Conflict injuries	49%
Female headed	49%
Physically disabled	31%

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Mayom County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

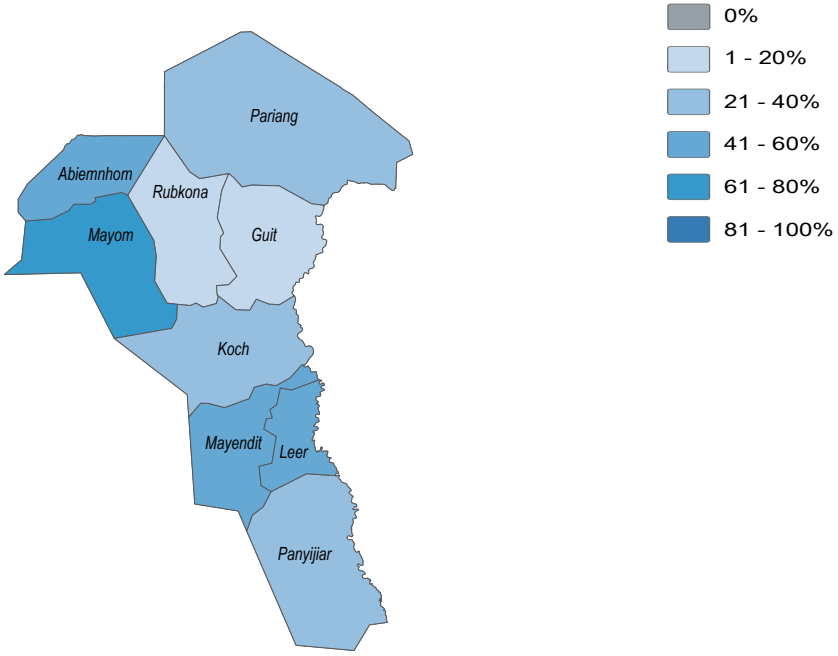
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Water

84%	of **Mayom County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August 2019. This was a decrease from the previous season
89%	of **Mayom County** HHs reported having safe access to an improved source of drinking water as their main source, in November and December 2018
6%	of HHs in **Mayom County** reported feeling unsafe while collecting water, in July and August 2019. This was a decrease from the previous season
6%	of HHs in **Mayom County** reported feeling unsafe while collecting water, in November and December 2018

% of HHs having safe access in under 30min to an improved water source (borehole, tapstand, water yard) as their main source of drinking water



This simple water access composite indicator aims to measure access to an improved water source, without protection concern. The composite was created by averaging the 'yes' responses of households reporting on the following indicators, with all indicators considered to have the same weight:

- Access to a borehole, tapstand, or water yard as the primary source of drinking water
- Can collect water (walking to collection point, waiting, filling container, returning home) in under 30 minutes
- Did not report any security concerns while accessing water point

	Most commonly reported sources of drinking water (by percentage of households)		Most commonly reported time spent collecting drinking water (walking to collection point, waiting, filling container, returning home) (by percentage of households)	
Overall	Borehole	75%	< 30 minutes	73%
	River or stream	16%	30 minutes - 1 hour	25%
	Tap stand	9%	> half a day	1%
			1 hour - half a day	1%
Host	Borehole	75%	< 30 minutes	73%
	River or stream	16%	30 minutes - 1 hour	25%
	Tap stand	9%	> half a day	1%
			1 hour - half a day	1%
IDPs	Borehole	100%	< 30 minutes	100%
Returnees	Borehole	100%	< 30 minutes	100%

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Mayom County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

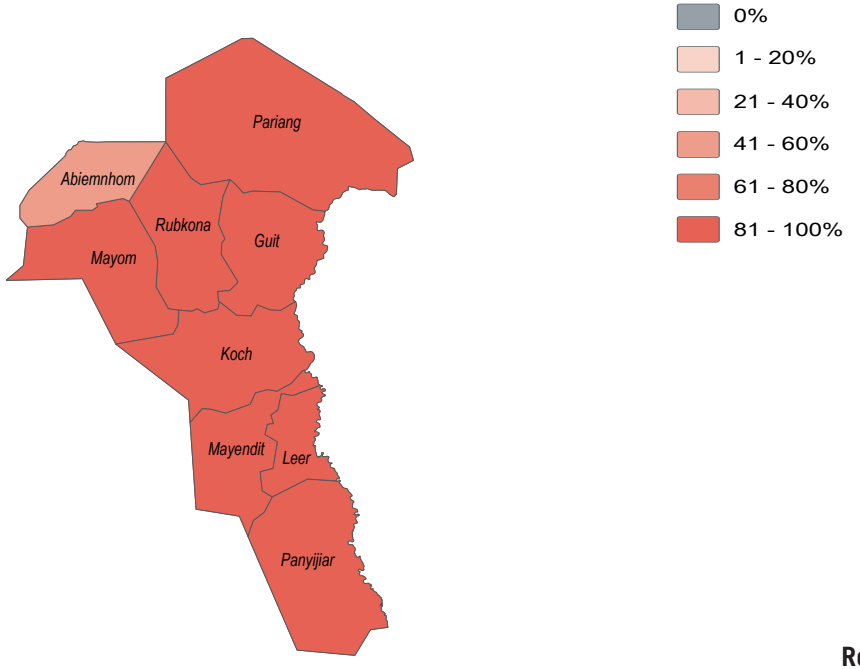
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Sanitation

7%	of **Mayom County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in July and August 2019. This was a decrease from from the previous season
21%	of **Mayom County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in November and December 2018.
7%	of HHs in **Mayom County** reported their most common defecation location was a latrine, in July and August 2019. This was an increase from the previous season
0%	of HHs in **Mayom County** reported their most common defecation location was a latrine, in November and December 2018.

% of HHs reporting no latrine (private, shared, or communal/institutional)[2] present



Most commonly reported defecation location for adults (by percentage of households)

Type of latrines available (by percentage of households)

Overall

In the bush	89%	No latrine available	93%
In the latrine	7%	Family latrine	6%
In the river	4%	Communal latrine	1%

Host

In the bush	90%	No latrine available	93%
In the latrine	7%	Family latrine	6%
In the river	4%	Communal latrine	1%

IDPs

In the latrine	100%		

Returnees

In the bush	100%	No latrine available	100%

Mayom County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

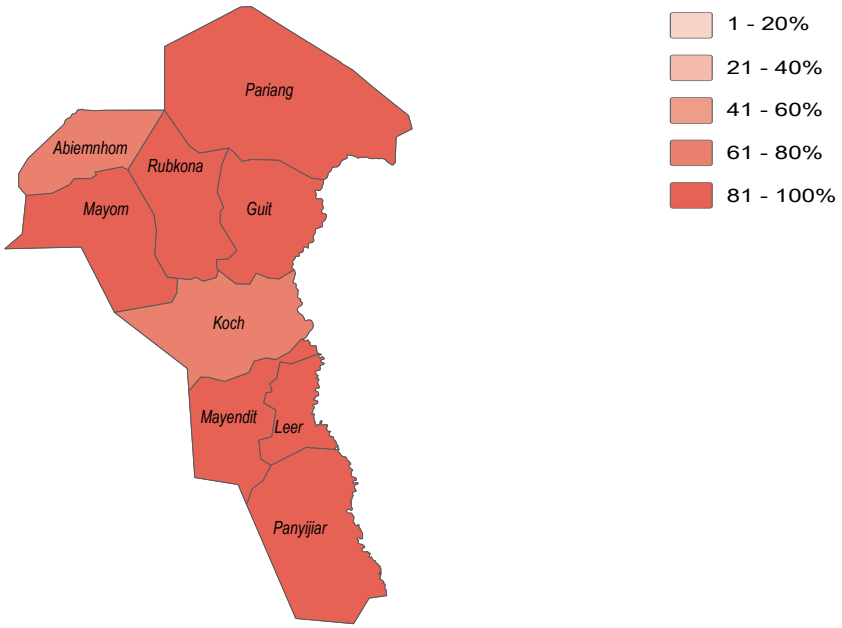
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Health

81%	of **Mayom County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August 2019. This was a decrease from the previous season
93%	of **Mayom County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December 2018
Fever	was the most commonly reported water or vector borne disease in July and August 2019 in **Mayom County**. This was different to the previous season
Malaria	was the most commonly reported water or vector borne disease in November and December 2018 in **Mayom County**

% of HH with one or more HH member affected by self-reported water or vector borne disease in the two weeks prior to data collection



Most commonly self-reported water or vector borne diseases for adults in the two weeks prior to data collection (by percentage of households)

Most commonly self-reported water or vector borne disease for children under 5 in the two weeks prior to data collection (by percentage of households)[3]

Overall

Malaria	21%
Fever	18%
Stomach pain	7%
AWD	5%
Eye infection	5%

Malaria	21%
Fever	18%
Stomach pain	7%
AWD	5%
Eye infection	5%

Host

Malaria	22%
Fever	18%
Stomach pain	8%
AWD	5%
Eye infection	5%

Fever	49%
Malaria	33%
AWD	23%
Others	10%
Eye infection	6%

IDPs

Returnees

Fever	100%
Malaria	100%

Mayom County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

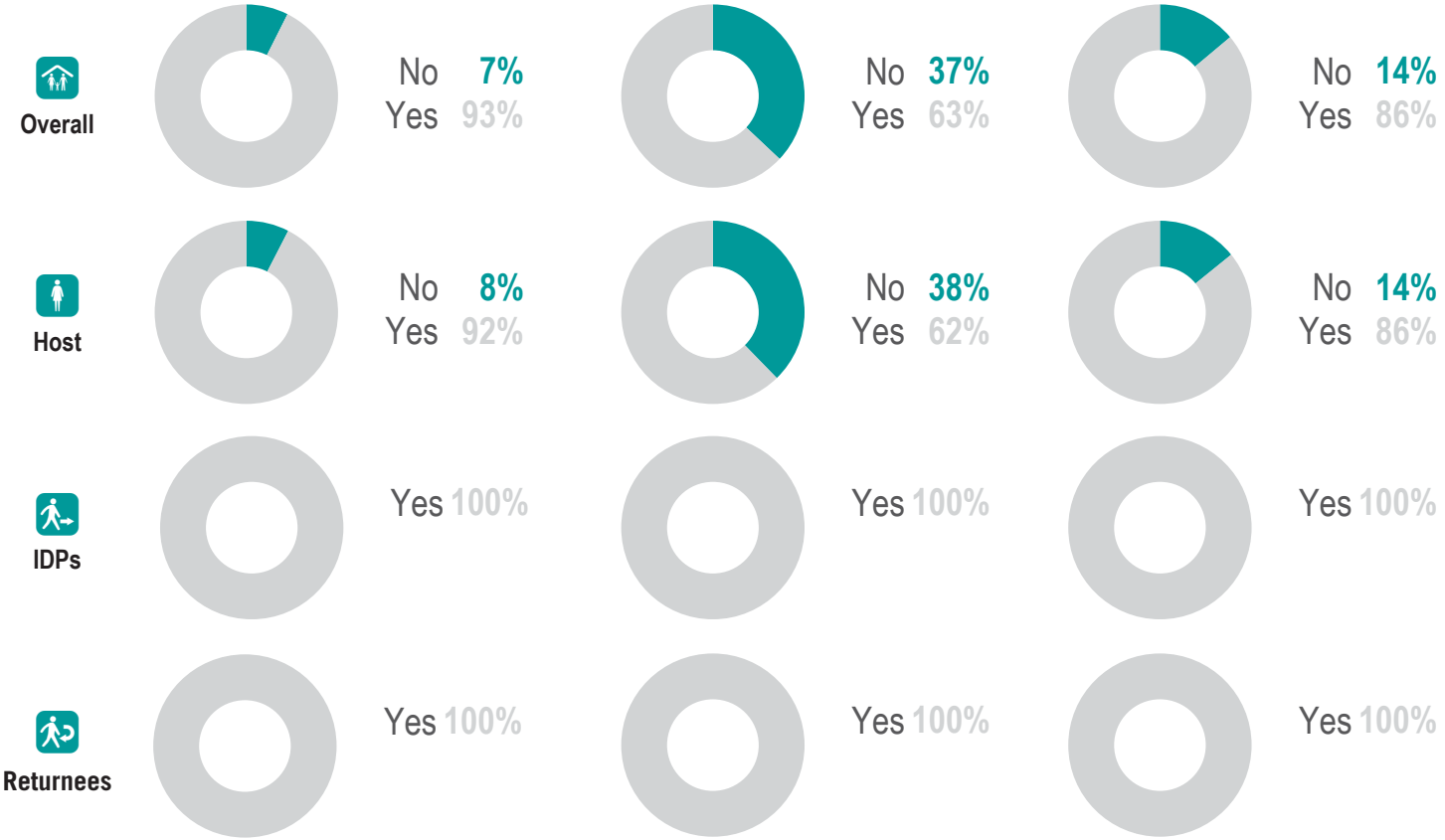
NFI WASH NFIs

29%	of **Mayom County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap[4], and that every member of the HH slept under a mosquito net in July and August 2019[5]. This was an increase from the previous season
22%	of **Mayom County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap, and that every member of the HH slept under a mosquito net in November and December 2018.
2	was the average number of jerrycans and/or buckets per HH in **Mayom County** in July and August 2019. This was the same as the previous season
2	was the average number of jerrycans and/or buckets per HH in **Mayom County** in November and December 2018

Ownership of a bucket or a jerrycan with a lid (by percentage of households)

Access to soap (by percentage of households)

Every member of the household sleeps under a mosquito net (by percentage of households)



Endnotes

1. This data is as of July/August 2019. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. AWD is Acute Watery Diarrhoea.
4. Enumerators asked HHs responding positively to access to soap to produce the soap within a minute.
5. The composite indicator was created by averaging the 'yes' responses of HHs reporting on the following indicators, with all considered to have the same weight: access to soap, access to jerrycans/buckets with lids, everyone in the HH slept under a mosquito net.

About REACH

REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. All REACH activities are conducted through inter-agency aid coordination mechanisms.

For more information, you can write to our in-country office: southsudan@reach-initiative.org or to our global office: geneva@reach-initiative.org.

Visit **www.reach-initiative.org** and follow us @ REACH_info.

Panyijiar County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

Overview and Methodology

The dynamic and multi-faceted nature of the South Sudanese displacement crisis has created significant challenges for the delivery of humanitarian aid. Accessibility and security issues within South Sudan have impeded a systematic understanding of Water, Sanitation and Hygiene (WASH) needs in many areas of the country, and have created difficulties in establishing a clear and unambiguous system for prioritizing the delivery of aid, thereby limiting the effectiveness of humanitarian planning and limiting the potential impact of donor funding. As this crisis continues to expand, evolve and spill into neighbouring countries, it has become increasingly important to fill information gaps to inform a more effective humanitarian response and planning for immediate life-saving WASH activities and contingency planning for durable solutions.

In 2018, REACH, in close coordination with the WASH Cluster, identified five core WASH indicators: 1. % of Households (HHs) by displacement status; 2. % of HHs reporting having safe access in under 30 minutes to an improved water source (borehole, tapstand, water yard) as their main source of drinking water; 3. % of HHs reporting having access to a latrine (private, shared, or communal/ institutional); 4. % of HHs reporting having access to key WASH Non-Food Items (NFIs) (soap, mosquito nets, water containers); and 5. % of HHs reporting that one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection.

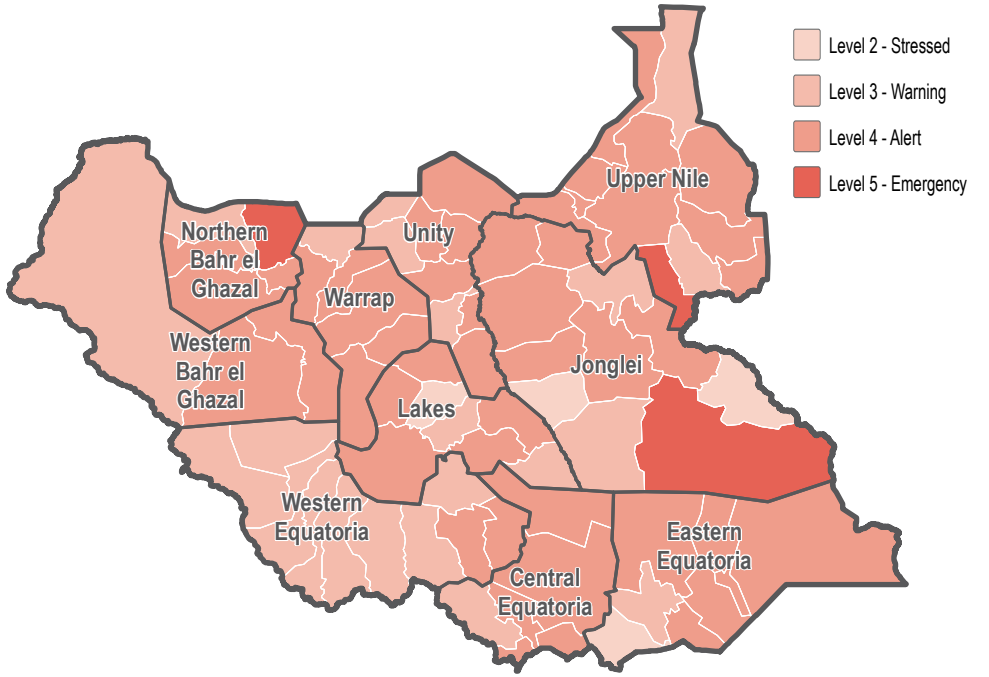
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH Cluster indicators for FSNMS Round 24 (July and August 2019). FSNMS is a seasonal countrywide assessment conducted, funded and run by the World Food Programme, UNICEF, and the Food and Agriculture Organization, and supported by REACH in Rounds 22-24. FSNMS, established in 2010, is a representative survey that employs two-stage cluster sampling, using a state based sample size and cluster determination. In each county, access permitting, 9 clusters were selected and 12 households interviewed per cluster.

FSNMS is a critical source of information that allows for the identification of affected areas, the prioritization of resources and for monitoring trends. The data collected during FSNMS is used for the Integrated Food Security Phase Classification (IPC) analysis, the Humanitarian Needs Overview (HNO) and the Humanitarian Response Plan (HRP), as well as additional decision making platforms.

FSNMS Assessment Coverage

Full coverage in the county was achieved. Findings related to a subset of the population may not be representative and should be considered indicative only.

WASH Needs Severity Map



This WASH composite indicator aims to measure the severity of WASH needs in each county. The composite was created with four indicators, each broken into 5 levels of severity, as seen in this matrix http://bit.ly/2EqRYwJ. The final severity ranking was created by calculating the average level from the following indicators: -Not having safe access in under 30min to an improved water source (borehole, tapstand, water yard) as a main source of drinking water

- Not having access to a latrine (private, shared, or communal/institutional)
- Not owning a jerrycan or bucket with a lid and soap, and that every member of the HHs did not sleep under a mosquito net
- Having one or more HH members affected by self-reported water or vector borne disease in the two weeks prior to data collection

Displacement

Percentage of households by displacement status[1]

Host community	99%
IDP	1%

Percentage of Internally Displaced Person (IDP) households by time arrived in their current location

In the last one year	100%

Percentage of returnee households by time arrived in their current location

Most commonly reported vulnerability, by percentage of households

Children under 5	89%
Conflict injuries	55%
Elderly persons	42%
Female headed	41%
Chronically ill	38%

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Panyijiar County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

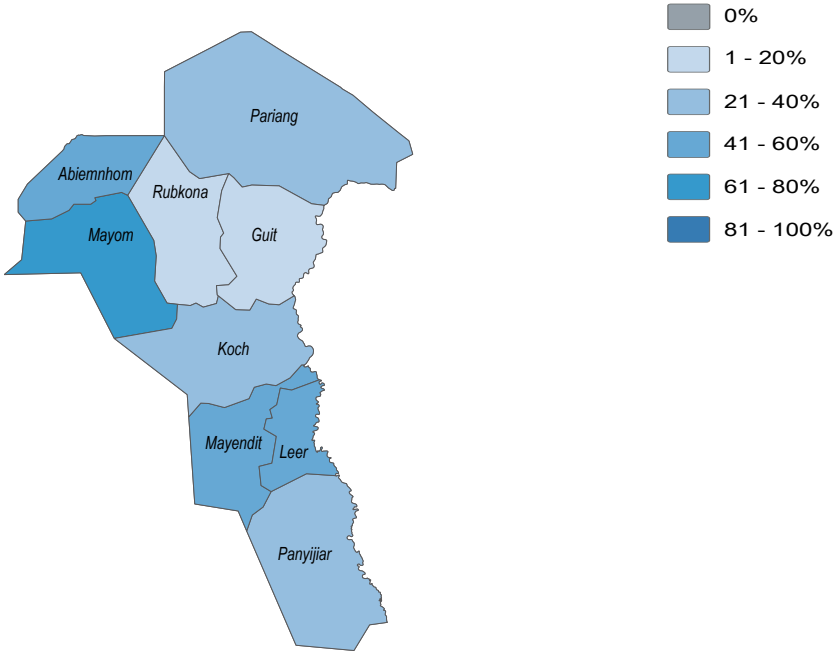
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Water

88%	of **Panyijiar County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August 2019. This was a decrease from the previous season
89%	of **Panyijiar County** HHs reported having safe access to an improved source of drinking water as their main source, in November and December 2018
17%	of HHs in **Panyijiar County** reported feeling unsafe while collecting water, in July and August 2019. This was an increase from the previous season
1%	of HHs in **Panyijiar County** reported feeling unsafe while collecting water, in November and December 2018

% of HHs having safe access in under 30min to an improved water source (borehole, tapstand, water yard) as their main source of drinking water



This simple water access composite indicator aims to measure access to an improved water source, without protection concern. The composite was created by averaging the 'yes' responses of households reporting on the following indicators, with all indicators considered to have the same weight:

- Access to a borehole, tapstand, or water yard as the primary source of drinking water
- Can collect water (walking to collection point, waiting, filling container, returning home) in under 30 minutes
- Did not report any security concerns while accessing water point

	Most commonly reported sources of drinking water (by percentage of households)		Most commonly reported time spent collecting drinking water (walking to collection point, waiting, filling container, returning home) (by percentage of households)	
Overall	Borehole	88%	1 hour - half a day	39%
	Hand dug well	4%	< 30 minutes	31%
	River or stream	3%	30 minutes - 1 hour	30%
	Swamp	2%	Half a day	1%
	Unprotected well	2%		
Host	Borehole	88%	1 hour - half a day	38%
	Hand dug well	4%	< 30 minutes	31%
	River or stream	3%	30 minutes - 1 hour	30%
	Swamp	3%	Half a day	1%
	Unprotected well	2%		
IDPs	Borehole	100%	1 hour - half a day	100%
Returnees				

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Panyijiar County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

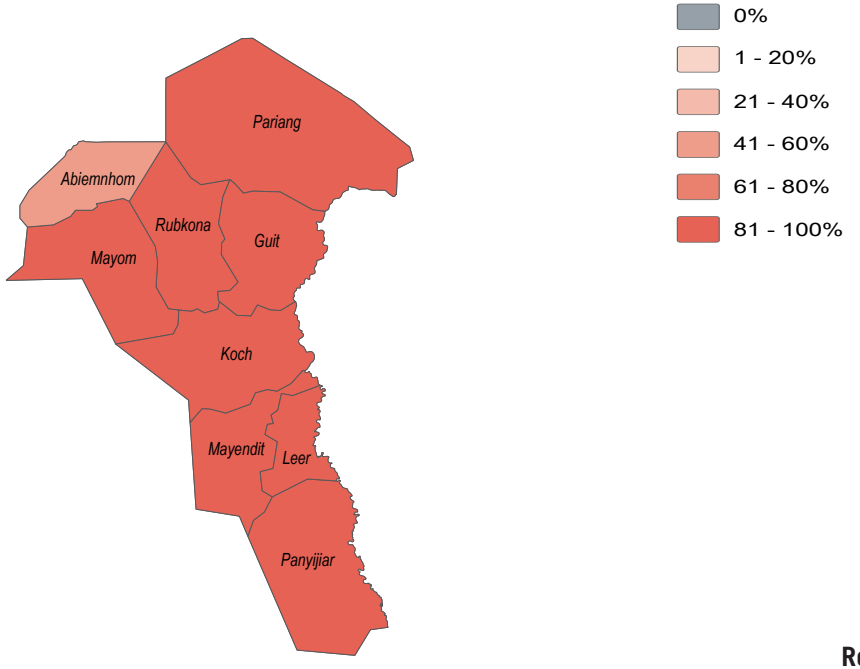
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Sanitation

8%	of **Panyijiar County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in July and August 2019. This was a decrease from from the previous season
36%	of **Panyijiar County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in November and December 2018.
8%	of HHs in **Panyijiar County** reported their most common defecation location was a latrine, in July and August 2019. This was a decrease from the previous season
29%	of HHs in **Panyijiar County** reported their most common defecation location was a latrine, in November and December 2018.

% of HHs reporting no latrine (private, shared, or communal/institutional)[2] present



Most commonly reported defecation location for adults (by percentage of households)

Type of latrines available (by percentage of households)

Overall

In the bush	92%
In the latrine	8%

No latrine available	92%
Family latrine	7%
Shared latrine	1%

Host

In the bush	92%
In the latrine	8%

No latrine available	92%
Family latrine	8%
Shared latrine	1%

IDPs

In the bush	100%

Returnees

Panyijiar County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

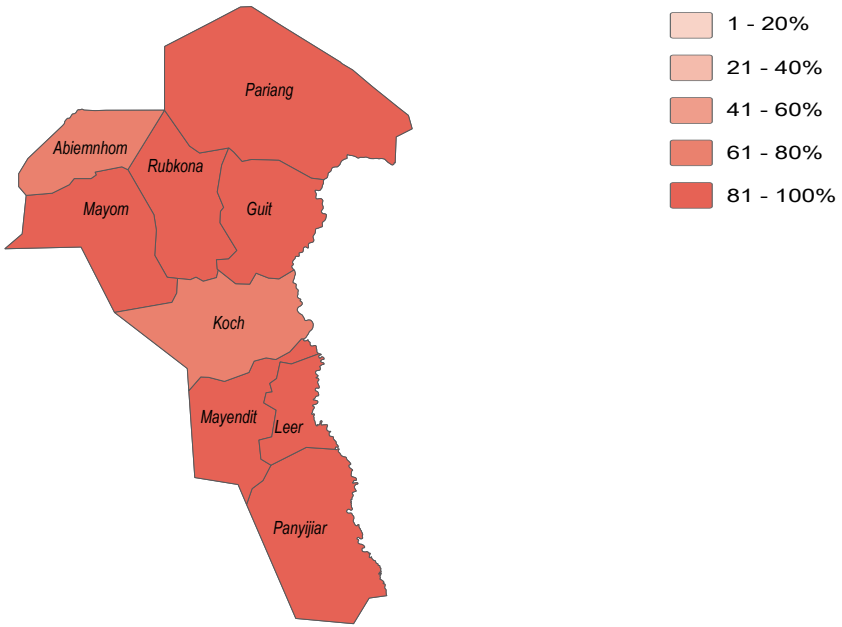
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Health

86%	of **Panyijiar County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August 2019. This was an increase from the previous season
62%	of **Panyijiar County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December 2018
Fever	was the most commonly reported water or vector borne disease in July and August 2019 in **Panyijiar County**. This was different to the previous season
Malaria	was the most commonly reported water or vector borne disease in November and December 2018 in **Panyijiar County**

% of HH with one or more HH member affected by self-reported water or vector borne disease in the two weeks prior to data collection



Most commonly self-reported water or vector borne diseases for adults in the two weeks prior to data collection (by percentage of households)

Most commonly self-reported water or vector borne disease for children under 5 in the two weeks prior to data collection (by percentage of households)[3]

Overall	Typhoid	25%	Typhoid	25%
	Malaria	21%	Malaria	21%
	Fever	14%	Fever	14%
	Eye infection	4%	Eye infection	4%
	Flu	2%	Flu	2%
Host	Typhoid	25%	Fever	51%
	Malaria	22%	AWD	23%
	Fever	14%	Others	20%
	Eye infection	4%	Malaria	19%
	Flu	3%	Flu	14%
IDPs				
Returnees				

REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Panyijiar County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

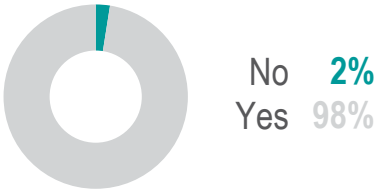
WASH Cluster
Water Sanitation Hygiene

July/August 2019

NFI WASH NFIs

7%	of **Panyijiar County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap[4], and that every member of the HH slept under a mosquito net in July and August 2019[5]. This was a decrease from the previous season
37%	of **Panyijiar County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap, and that every member of the HH slept under a mosquito net in November and December 2018.
3	was the average number of jerrycans and/or buckets per HH in **Panyijiar County** in July and August 2019. This was the same as the previous season
3	was the average number of jerrycans and/or buckets per HH in **Panyijiar County** in November and December 2018

Ownership of a bucket or a jerrycan with a lid (by percentage of households)



Access to soap

(by percentage of households)

Every member of the household sleeps under a mosquito net (by percentage of households)

Endnotes

1. This data is as of July/August 2019. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. AWD is Acute Watery Diarrhoea.
4. Enumerators asked HHs responding positively to access to soap to produce the soap within a minute.
5. The composite indicator was created by averaging the 'yes' responses of HHs reporting on the following indicators, with all considered to have the same weight: access to soap, access to jerrycans/buckets with lids, everyone in the HH slept under a mosquito net.

About REACH

REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. All REACH activities are conducted through inter-agency aid coordination mechanisms.

For more information, you can write to our in-country office: southsudan@reach-initiative.org or to our global office: geneva@reach-initiative.org.

Visit **www.reach-initiative.org** and follow us @ REACH_info.

Pariang County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

Overview and Methodology

The dynamic and multi-faceted nature of the South Sudanese displacement crisis has created significant challenges for the delivery of humanitarian aid. Accessibility and security issues within South Sudan have impeded a systematic understanding of Water, Sanitation and Hygiene (WASH) needs in many areas of the country, and have created difficulties in establishing a clear and unambiguous system for prioritizing the delivery of aid, thereby limiting the effectiveness of humanitarian planning and limiting the potential impact of donor funding. As this crisis continues to expand, evolve and spill into neighbouring countries, it has become increasingly important to fill information gaps to inform a more effective humanitarian response and planning for immediate life-saving WASH activities and contingency planning for durable solutions.

In 2018, REACH, in close coordination with the WASH Cluster, identified five core WASH indicators: 1. % of Households (HHs) by displacement status; 2. % of HHs reporting having safe access in under 30 minutes to an improved water source (borehole, tapstand, water yard) as their main source of drinking water; 3. % of HHs reporting having access to a latrine (private, shared, or communal/ institutional); 4. % of HHs reporting having access to key WASH Non-Food Items (NFIs) (soap, mosquito nets, water containers); and 5. % of HHs reporting that one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection.

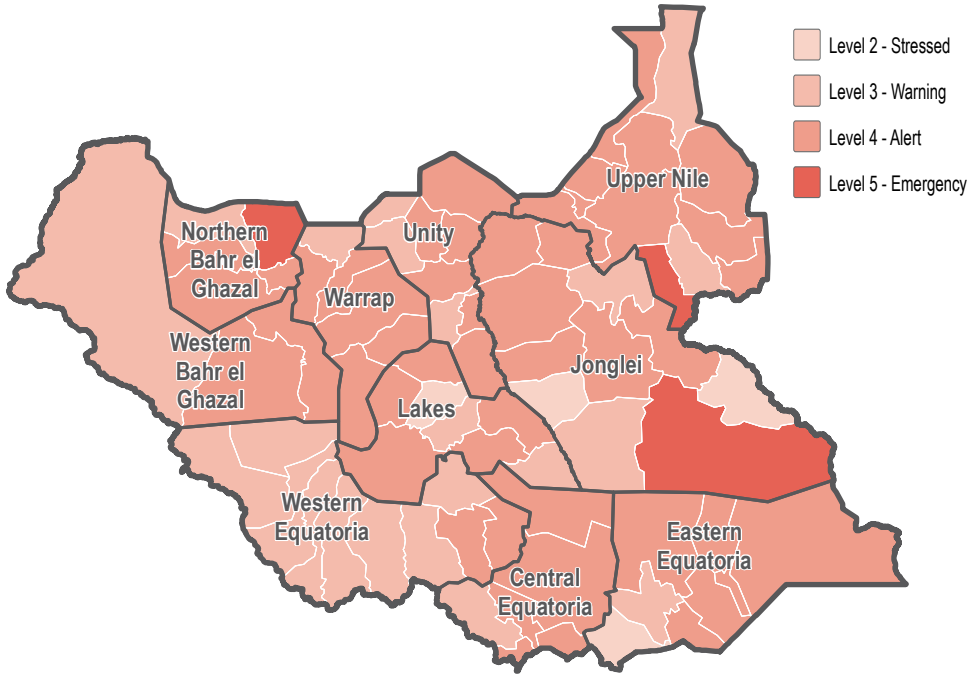
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH Cluster indicators for FSNMS Round 24 (July and August 2019). FSNMS is a seasonal countrywide assessment conducted, funded and run by the World Food Programme, UNICEF, and the Food and Agriculture Organization, and supported by REACH in Rounds 22-24. FSNMS, established in 2010, is a representative survey that employs two-stage cluster sampling, using a state based sample size and cluster determination. In each county, access permitting, 9 clusters were selected and 12 households interviewed per cluster.

FSNMS is a critical source of information that allows for the identification of affected areas, the prioritization of resources and for monitoring trends. The data collected during FSNMS is used for the Integrated Food Security Phase Classification (IPC) analysis, the Humanitarian Needs Overview (HNO) and the Humanitarian Response Plan (HRP), as well as additional decision making platforms.

FSNMS Assessment Coverage

Full coverage in the county was achieved. Findings related to a subset of the population may not be representative and should be considered indicative only.

WASH Needs Severity Map



This WASH composite indicator aims to measure the severity of WASH needs in each county. The composite was created with four indicators, each broken into 5 levels of severity, as seen in this matrix http://bit.ly/2EqRYwJ. The final severity ranking was created by calculating the average level from the following indicators: -Not having safe access in under 30min to an improved water source (borehole, tapstand, water yard) as a main source of drinking water

- Not having access to a latrine (private, shared, or communal/institutional)
- Not owning a jerrycan or bucket with a lid and soap, and that every member of the HHs did not sleep under a mosquito net
- Having one or more HH members affected by self-reported water or vector borne disease in the two weeks prior to data collection

Displacement

Percentage of households by displacement status[1]

Host community	94%
IDP	3%
Returnee	3%
Refugee	1%

Percentage of Internally Displaced Person (IDP) households by time arrived in their current location

Around 5 years	33%
In the last one year	33%
More than 5 years	33%

Percentage of returnee households by time arrived in their current location

In the last one year	67%
Between 2-3 years	33%

Most commonly reported vulnerability, by percentage of households

Children under 5	100%
Conflict injuries	66%
Elderly persons	57%
Female headed	47%
Physically disabled	39%

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Pariang County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

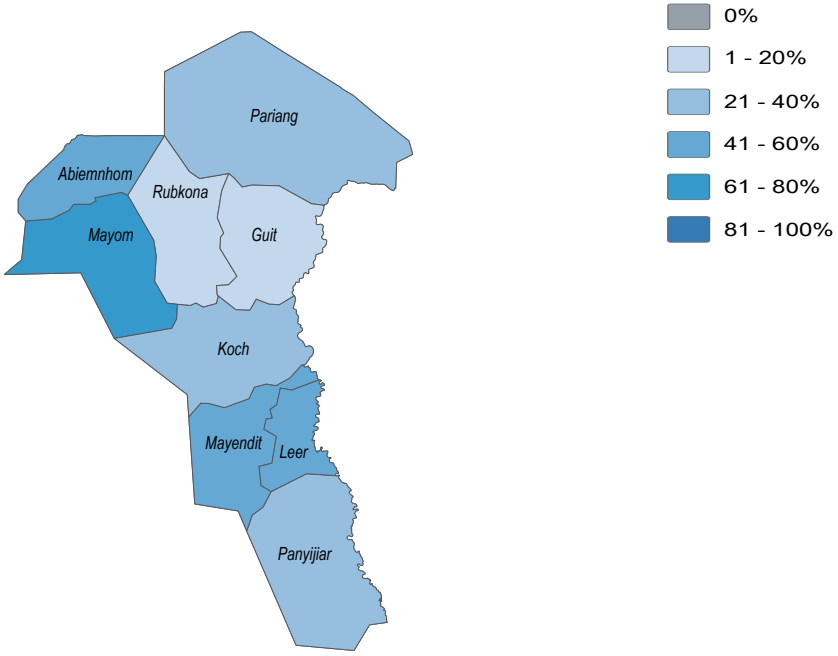
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Water

99%	of **Pariang County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August 2019. This was an increase from the previous season
81%	of **Pariang County** HHs reported having safe access to an improved source of drinking water as their main source, in November and December 2018
11%	of HHs in **Pariang County** reported feeling unsafe while collecting water, in July and August 2019. This was an increase from the previous season
9%	of HHs in **Pariang County** reported feeling unsafe while collecting water, in November and December 2018

% of HHs having safe access in under 30min to an improved water source (borehole, tapstand, water yard) as their main source of drinking water



This simple water access composite indicator aims to measure access to an improved water source, without protection concern. The composite was created by averaging the 'yes' responses of households reporting on the following indicators, with all indicators considered to have the same weight:

- Access to a borehole, tapstand, or water yard as the primary source of drinking water
- Can collect water (walking to collection point, waiting, filling container, returning home) in under 30 minutes
- Did not report any security concerns while accessing water point

Most commonly reported sources of drinking water (by percentage of households)

Most commonly reported time spent collecting drinking water (walking to collection point, waiting, filling container, returning home) (by percentage of households)

Overall	Borehole	56%	30 minutes - 1 hour	53%
	Tap stand	43%	< 30 minutes	28%
	Other source	1%	1 hour - half a day	18%
			> half a day	1%
			Half a day	1%
Host	Borehole	56%	30 minutes - 1 hour	54%
	Tap stand	43%	< 30 minutes	29%
	Other source	1%	1 hour - half a day	15%
			> half a day	1%
			Half a day	1%
IDPs	Tap stand	67%	1 hour - half a day	67%
	Borehole	33%	< 30 minutes	33%
Returnees	Borehole	67%	1 hour - half a day	67%
	Tap stand	33%	30 minutes - 1 hour	33%

Pariang County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

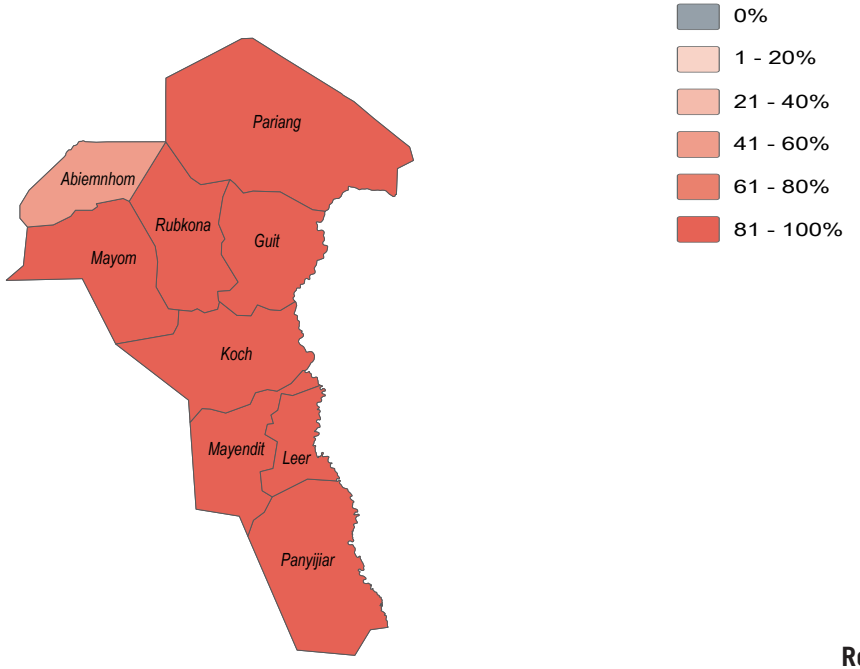
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Sanitation

17%	of **Pariang County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in July and August 2019. This was the same as from the previous season
17%	of **Pariang County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in November and December 2018.
15%	of HHs in **Pariang County** reported their most common defecation location was a latrine, in July and August 2019. This was an increase from the previous season
14%	of HHs in **Pariang County** reported their most common defecation location was a latrine, in November and December 2018.

% of HHs reporting no latrine (private, shared, or communal/institutional)[2] present



Most commonly reported defecation location for adults (by percentage of households)

Type of latrines available (by percentage of households)

Overall

In the bush	84%
In the latrine	15%
No answer	1%

No latrine available	83%
Family latrine	15%
Communal latrine	1%
Shared latrine	1%

Host

In the bush	83%
In the latrine	16%
No answer	1%

No latrine available	83%
Family latrine	15%
Communal latrine	1%
Shared latrine	1%

IDPs

In the bush	100%

Returnees

In the bush	100%

No latrine available	67%
Family latrine	33%

Pariang County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

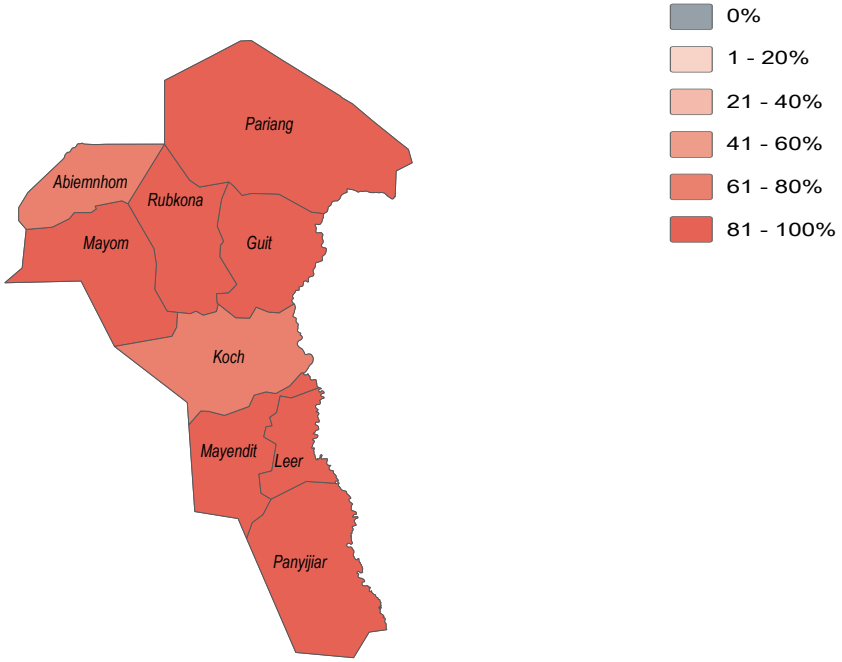
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Health

95%	of **Pariang County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August 2019. This was an increase from the previous season
86%	of **Pariang County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December 2018
Fever	was the most commonly reported water or vector borne disease in July and August 2019 in **Pariang County**. This was different to the previous season
Malaria	was the most commonly reported water or vector borne disease in November and December 2018 in **Pariang County**

% of HH with one or more HH member affected by self-reported water or vector borne disease in the two weeks prior to data collection



Most commonly self-reported water or vector borne diseases for adults in the two weeks prior to data collection (by percentage of households)

Overall	Malaria	19%
	Stomach pain	8%
	Skin infection	7%
	Fever	6%
	Eye infection	6%
Host	Malaria	18%
	Stomach pain	9%
	Fever	7%
	Skin infection	7%
	Eye infection	6%
IDPs	Malaria	33%
	Skin infection	33%
Returnees		

Most commonly self-reported water or vector borne disease for children under 5 in the two weeks prior to data collection (by percentage of households)[3]

Overall	Malaria	19%
	Stomach pain	8%
	Skin infection	7%
	Fever	6%
	Eye infection	6%
Host	Fever	68%
	Malaria	39%
	AWD	25%
	Flu	22%
	Stomach pain	13%
IDPs	Fever	100%
	AWD	33%
	Flu	33%
	Malaria	33%
Returnees	Fever	100%
	AWD	33%
	Malaria	33%
	Others	33%
	Skin infection	33%

Pariang County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

NFI WASH NFIs

6%	of **Pariang County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap[4], and that every member of the HH slept under a mosquito net in July and August 2019[5]. This was a decrease from the previous season
7%	of **Pariang County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap, and that every member of the HH slept under a mosquito net in November and December 2018.
2	was the average number of jerrycans and/or buckets per HH in **Pariang County** in July and August 2019. This was a decrease from the previous season
3	was the average number of jerrycans and/or buckets per HH in **Pariang County** in November and December 2018

	Ownership of a bucket or a jerrycan with a lid (by percentage of households)	Access to soap (by percentage of households)	Every member of the household sleeps under a mosquito net (by percentage of households)
Overall	 No **29%** Yes 71%	 No **54%** Yes 46%	 No **79%** Yes 21%
Host	 No **26%** Yes 74%	 No **54%** Yes 46%	 No **77%** Yes 23%
IDPs	 No **100%**	 No **67%** Yes 33%	 No **100%**
Returnees	 No **67%** Yes 33%	Yes **100%**	 No **100%**

Endnotes

1. This data is as of July/August 2019. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. AWD is Acute Watery Diarrhoea.
4. Enumerators asked HHs responding positively to access to soap to produce the soap within a minute.
5. The composite indicator was created by averaging the 'yes' responses of HHs reporting on the following indicators, with all considered to have the same weight: access to soap, access to jerrycans/buckets with lids, everyone in the HH slept under a mosquito net.

About REACH

REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. All REACH activities are conducted through inter-agency aid coordination mechanisms.

For more information, you can write to our in-country office: southsudan@reach-initiative.org or to our global office: geneva@reach-initiative.org.

Visit **www.reach-initiative.org** and follow us @ REACH_info.

Rubkona County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

Overview and Methodology

The dynamic and multi-faceted nature of the South Sudanese displacement crisis has created significant challenges for the delivery of humanitarian aid. Accessibility and security issues within South Sudan have impeded a systematic understanding of Water, Sanitation and Hygiene (WASH) needs in many areas of the country, and have created difficulties in establishing a clear and unambiguous system for prioritizing the delivery of aid, thereby limiting the effectiveness of humanitarian planning and limiting the potential impact of donor funding. As this crisis continues to expand, evolve and spill into neighbouring countries, it has become increasingly important to fill information gaps to inform a more effective humanitarian response and planning for immediate life-saving WASH activities and contingency planning for durable solutions.

In 2018, REACH, in close coordination with the WASH Cluster, identified five core WASH indicators: 1. % of Households (HHs) by displacement status; 2. % of HHs reporting having safe access in under 30 minutes to an improved water source (borehole, tapstand, water yard) as their main source of drinking water; 3. % of HHs reporting having access to a latrine (private, shared, or communal/ institutional); 4. % of HHs reporting having access to key WASH Non-Food Items (NFIs) (soap, mosquito nets, water containers); and 5. % of HHs reporting that one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection.

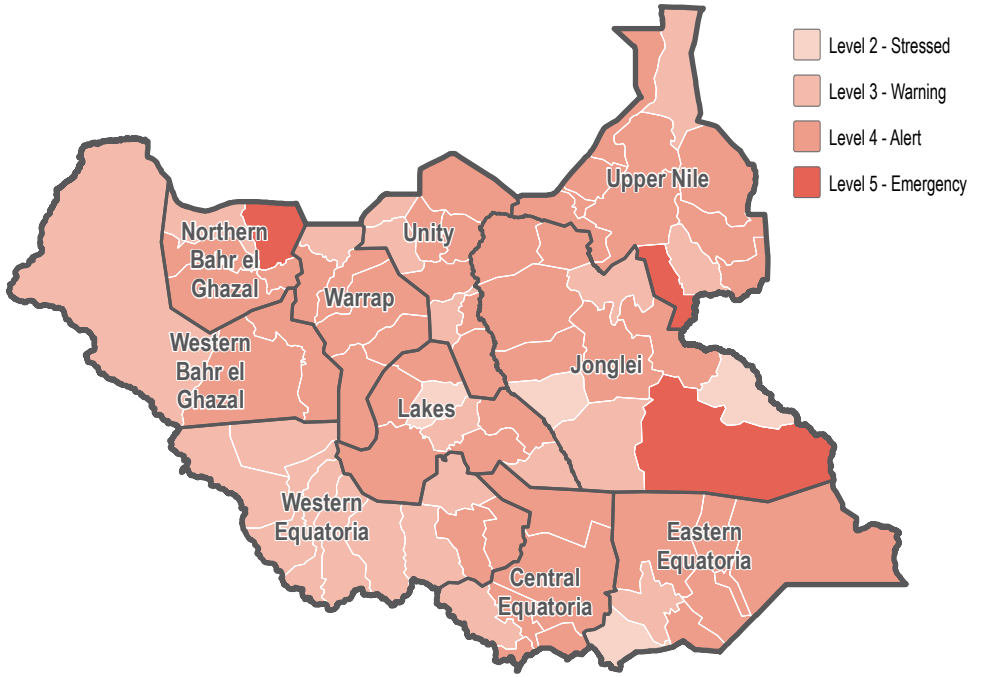
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH Cluster indicators for FSNMS Round 24 (July and August 2019). FSNMS is a seasonal countrywide assessment conducted, funded and run by the World Food Programme, UNICEF, and the Food and Agriculture Organization, and supported by REACH in Rounds 22-24. FSNMS, established in 2010, is a representative survey that employs two-stage cluster sampling, using a state based sample size and cluster determination. In each county, access permitting, 9 clusters were selected and 12 households interviewed per cluster.

FSNMS is a critical source of information that allows for the identification of affected areas, the prioritization of resources and for monitoring trends. The data collected during FSNMS is used for the Integrated Food Security Phase Classification (IPC) analysis, the Humanitarian Needs Overview (HNO) and the Humanitarian Response Plan (HRP), as well as additional decision making platforms.

FSNMS Assessment Coverage

Partial coverage in the county was achieved. Findings related to a subset of the population may not be representative and should be considered indicative only.

WASH Needs Severity Map



This WASH composite indicator aims to measure the severity of WASH needs in each county. The composite was created with four indicators, each broken into 5 levels of severity, as seen in this matrix http://bit.ly/2EqRYwJ. The final severity ranking was created by calculating the average level from the following indicators: -Not having safe access in under 30min to an improved water source (borehole, tapstand, water yard) as a main source of drinking water

- Not having access to a latrine (private, shared, or communal/institutional)
- Not owning a jerrycan or bucket with a lid and soap, and that every member of the HHs did not sleep under a mosquito net
- Having one or more HH members affected by self-reported water or vector borne disease in the two weeks prior to data collection

Displacement

Percentage of households by displacement status[1]

Host community	98%
IDP	1%
Returnee	1%

Percentage of Internally Displaced Person (IDP) households by time arrived in their current location

In the last one year	100%

Percentage of returnee households by time arrived in their current location

In the last one year	100%

Most commonly reported vulnerability, by percentage of households

Children under 5	88%
Elderly persons	51%
Conflict injuries	41%
Female headed	41%
Chronically ill	17%

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Rubkona County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

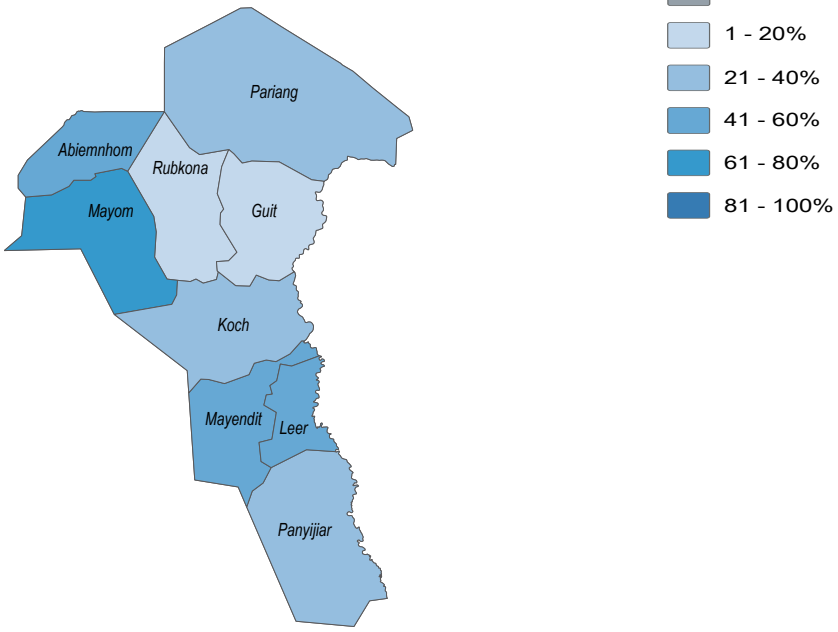
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Water

61%	of **Rubkona County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August 2019. This was an increase from the previous season
16%	of **Rubkona County** HHs reported having safe access to an improved source of drinking water as their main source, in November and December 2018
31%	of HHs in **Rubkona County** reported feeling unsafe while collecting water, in July and August 2019. This was an increase from the previous season
8%	of HHs in **Rubkona County** reported feeling unsafe while collecting water, in November and December 2018

% of HHs having safe access in under 30min to an improved water source (borehole, tapstand, water yard) as their main source of drinking water



This simple water access composite indicator aims to measure access to an improved water source, without protection concern. The composite was created by averaging the 'yes' responses of households reporting on the following indicators, with all indicators considered to have the same weight:

- Access to a borehole, tapstand, or water yard as the primary source of drinking water
- Can collect water (walking to collection point, waiting, filling container, returning home) in under 30 minutes
- Did not report any security concerns while accessing water point

	Most commonly reported sources of drinking water (by percentage of households)		Most commonly reported time spent collecting drinking water (walking to collection point, waiting, filling container, returning home) (by percentage of households)	
Overall	Borehole	61%	30 minutes - 1 hour	34%
	River or stream	29%	1 hour - half a day	27%
	Unprotected well	9%	< 30 minutes	26%
	Hand dug well	1%	> half a day	8%
			Half a day	5%
Host	Borehole	60%	30 minutes - 1 hour	35%
	River or stream	30%	1 hour - half a day	27%
	Unprotected well	9%	< 30 minutes	25%
	Hand dug well	1%	> half a day	8%
			Half a day	4%
IDPs	Borehole	100%	< 30 minutes	100%
Returnees	Borehole	100%	Half a day	100%

Rubkona County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

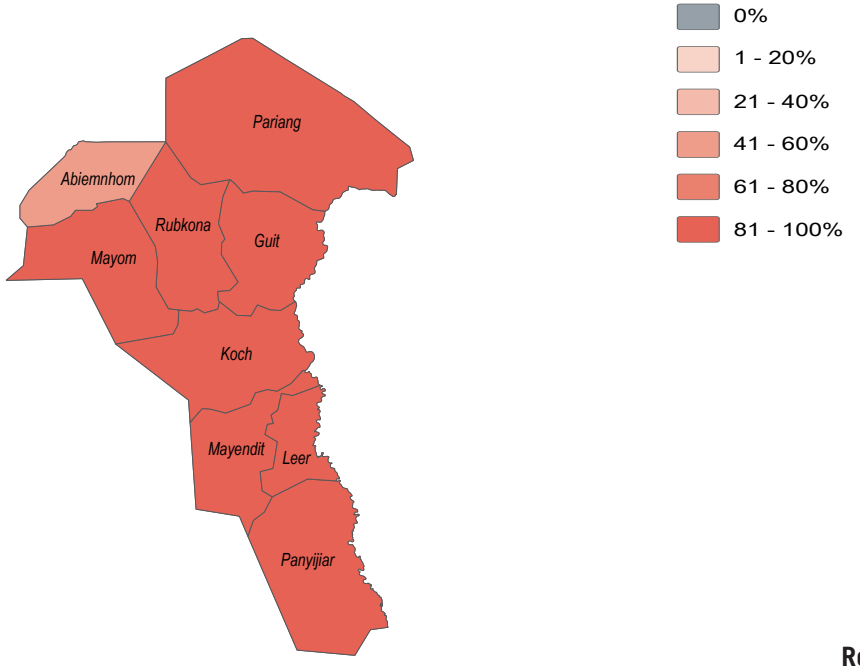
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Sanitation

1%	of **Rubkona County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in July and August 2019. This was the same as from the previous season
1%	of **Rubkona County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in November and December 2018.
0%	of HHs in **Rubkona County** reported their most common defecation location was a latrine, in July and August 2019. This was the same as the previous season
0%	of HHs in **Rubkona County** reported their most common defecation location was a latrine, in November and December 2018.

% of HHs reporting no latrine (private, shared, or communal/institutional)[2] present



	Most commonly reported defecation location for adults (by percentage of households)		Type of latrines available (by percentage of households)	
Overall	In the bush	97%	No latrine available	98%
	In the river	2%	Family latrine	1%
	No answer	1%	I don't know	1%
Host	In the bush	97%	No latrine available	98%
	In the river	2%	Family latrine	1%
	No answer	1%	I don't know	1%
IDPs	In the bush	100%		
Returnees	In the bush	100%	No latrine available	100%

REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Rubkona County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

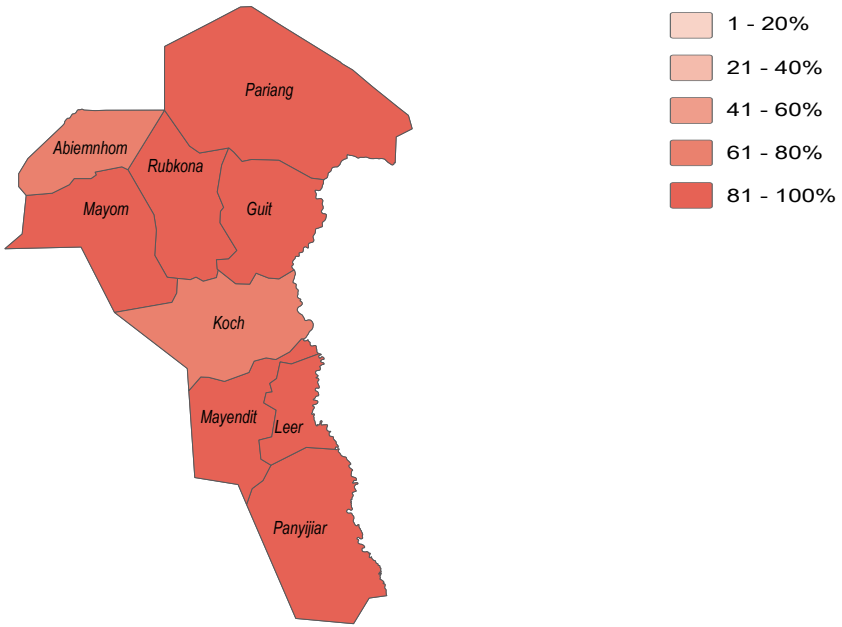
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Health

84%	of **Rubkona County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August 2019. This was an increase from the previous season
57%	of **Rubkona County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December 2018
Fever	was the most commonly reported water or vector borne disease in July and August 2019 in **Rubkona County**. This was different to the previous season
Malaria	was the most commonly reported water or vector borne disease in November and December 2018 in **Rubkona County**

% of HH with one or more HH member affected by self-reported water or vector borne disease in the two weeks prior to data collection



Most commonly self-reported water or vector borne diseases for adults in the two weeks prior to data collection (by percentage of households)

Most commonly self-reported water or vector borne disease for children under 5 in the two weeks prior to data collection (by percentage of households)[3]

Overall

Malaria	17%
Fever	9%
Stomach pain	6%
Typhoid	6%
AWD	4%

Malaria	17%
Fever	9%
Stomach pain	6%
Typhoid	6%
AWD	4%

Host

Malaria	18%
Fever	9%
Stomach pain	7%
Typhoid	7%
AWD	4%

Fever	32%
AWD	24%
Malaria	20%
Others	13%
Eye infection	11%

IDPs

Returnees

Fever	100%
Malaria	100%
Typhoid	100%

Rubkona County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

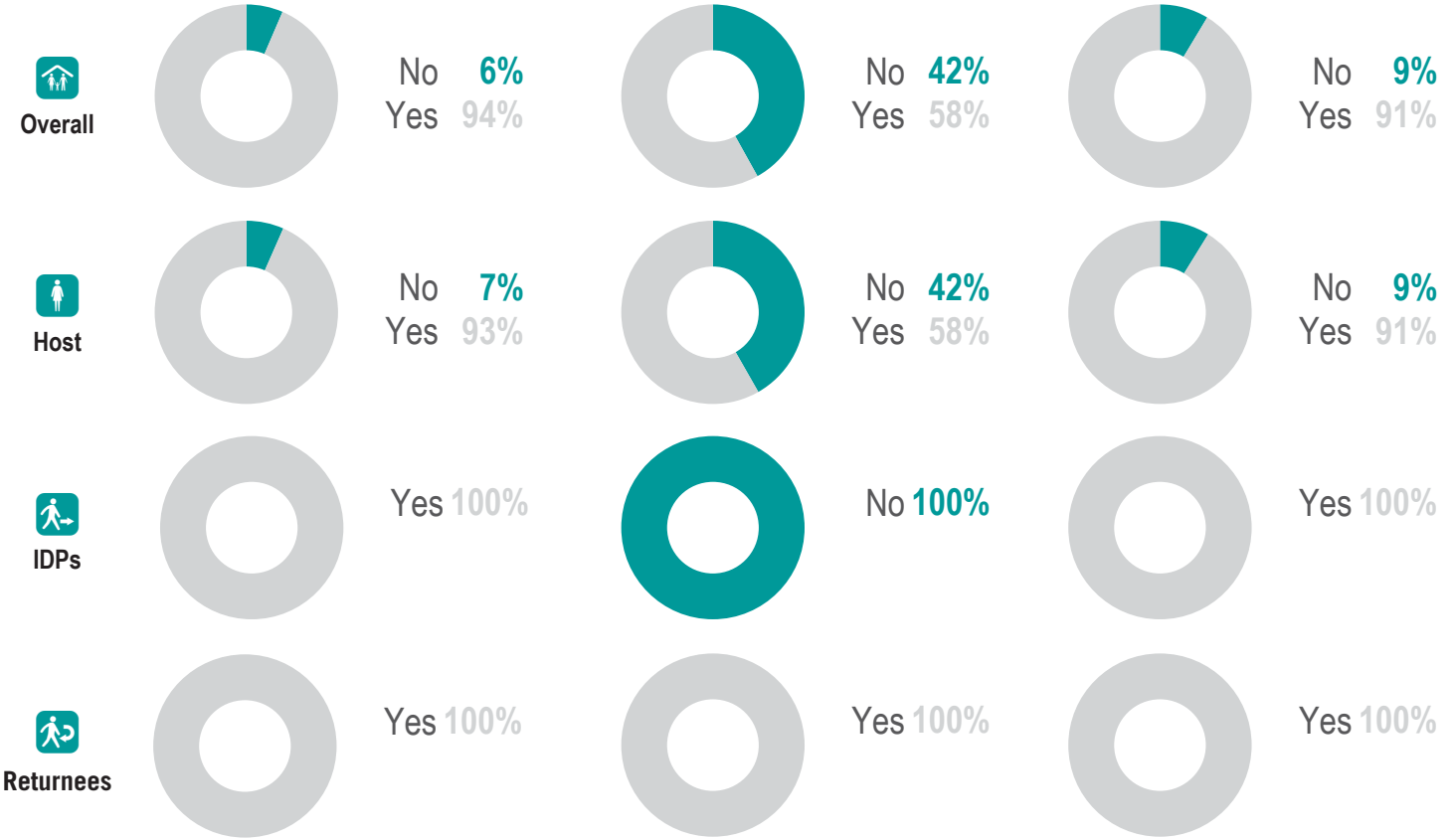
WASH Cluster
Water Sanitation Hygiene

July/August 2019

NFI WASH NFIs

39%	of **Rubkona County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap[4], and that every member of the HH slept under a mosquito net in July and August 2019[5]. This was an increase from the previous season
19%	of **Rubkona County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap, and that every member of the HH slept under a mosquito net in November and December 2018.
2	was the average number of jerrycans and/or buckets per HH in **Rubkona County** in July and August 2019. This was the same as the previous season
2	was the average number of jerrycans and/or buckets per HH in **Rubkona County** in November and December 2018

Ownership of a bucket or a jerrycan with a lid (by percentage of households)



Access to soap

(by percentage of households)

Every member of the household sleeps under a mosquito net (by percentage of households)

Endnotes

1. This data is as of July/August 2019. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. AWD is Acute Watery Diarrhoea.
4. Enumerators asked HHs responding positively to access to soap to produce the soap within a minute.
5. The composite indicator was created by averaging the 'yes' responses of HHs reporting on the following indicators, with all considered to have the same weight: access to soap, access to jerrycans/buckets with lids, everyone in the HH slept under a mosquito net.

About REACH

REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. All REACH activities are conducted through inter-agency aid coordination mechanisms.

For more information, you can write to our in-country office: southsudan@reach-initiative.org or to our global office: geneva@reach-initiative.org.

Visit **www.reach-initiative.org** and follow us @ REACH_info.

unicef giz WFP World Food Programme wfp.org 100 FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Baliet County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

Overview and Methodology

The dynamic and multi-faceted nature of the South Sudanese displacement crisis has created significant challenges for the delivery of humanitarian aid. Accessibility and security issues within South Sudan have impeded a systematic understanding of Water, Sanitation and Hygiene (WASH) needs in many areas of the country, and have created difficulties in establishing a clear and unambiguous system for prioritizing the delivery of aid, thereby limiting the effectiveness of humanitarian planning and limiting the potential impact of donor funding. As this crisis continues to expand, evolve and spill into neighbouring countries, it has become increasingly important to fill information gaps to inform a more effective humanitarian response and planning for immediate life-saving WASH activities and contingency planning for durable solutions.

In 2018, REACH, in close coordination with the WASH Cluster, identified five core WASH indicators: 1. % of Households (HHs) by displacement status; 2. % of HHs reporting having safe access in under 30 minutes to an improved water source (borehole, tapstand, water yard) as their main source of drinking water; 3. % of HHs reporting having access to a latrine (private, shared, or communal/ institutional); 4. % of HHs reporting having access to key WASH Non-Food Items (NFIs) (soap, mosquito nets, water containers); and 5. % of HHs reporting that one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection.

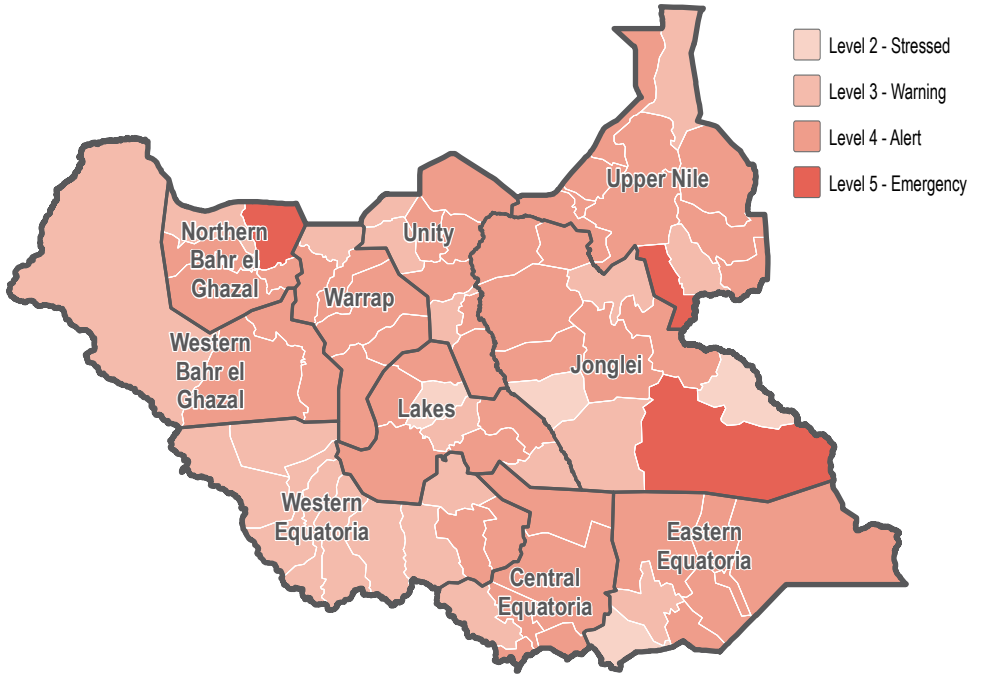
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH Cluster indicators for FSNMS Round 24 (July and August 2019). FSNMS is a seasonal countrywide assessment conducted, funded and run by the World Food Programme, UNICEF, and the Food and Agriculture Organization, and supported by REACH in Rounds 22-24. FSNMS, established in 2010, is a representative survey that employs two-stage cluster sampling, using a state based sample size and cluster determination. In each county, access permitting, 9 clusters were selected and 12 households interviewed per cluster.

FSNMS is a critical source of information that allows for the identification of affected areas, the prioritization of resources and for monitoring trends. The data collected during FSNMS is used for the Integrated Food Security Phase Classification (IPC) analysis, the Humanitarian Needs Overview (HNO) and the Humanitarian Response Plan (HRP), as well as additional decision making platforms.

FSNMS Assessment Coverage

Full coverage in the county was achieved. Findings related to a subset of the population may not be representative and should be considered indicative only.

WASH Needs Severity Map



This WASH composite indicator aims to measure the severity of WASH needs in each county. The composite was created with four indicators, each broken into 5 levels of severity, as seen in this matrix http://bit.ly/2EqRYwJ. The final severity ranking was created by calculating the average level from the following indicators: -Not having safe access in under 30min to an improved water source (borehole, tapstand, water yard) as a main source of drinking water

- Not having access to a latrine (private, shared, or communal/institutional)
- Not owning a jerrycan or bucket with a lid and soap, and that every member of the HHs did not sleep under a mosquito net
- Having one or more HH members affected by self-reported water or vector borne disease in the two weeks prior to data collection

Displacement

Percentage of households by displacement status[1]

Host community	88%
Returnee	9%
IDP	3%

Percentage of Internally Displaced Person (IDP) households by time arrived in their current location

In the last one year	100%

Percentage of returnee households by time arrived in their current location

In the last one year	100%

Most commonly reported vulnerability, by percentage of households

Female headed	94%
Children under 5	64%
Elderly persons	55%
Conflict injuries	24%
Physically disabled	20%

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Baliet County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

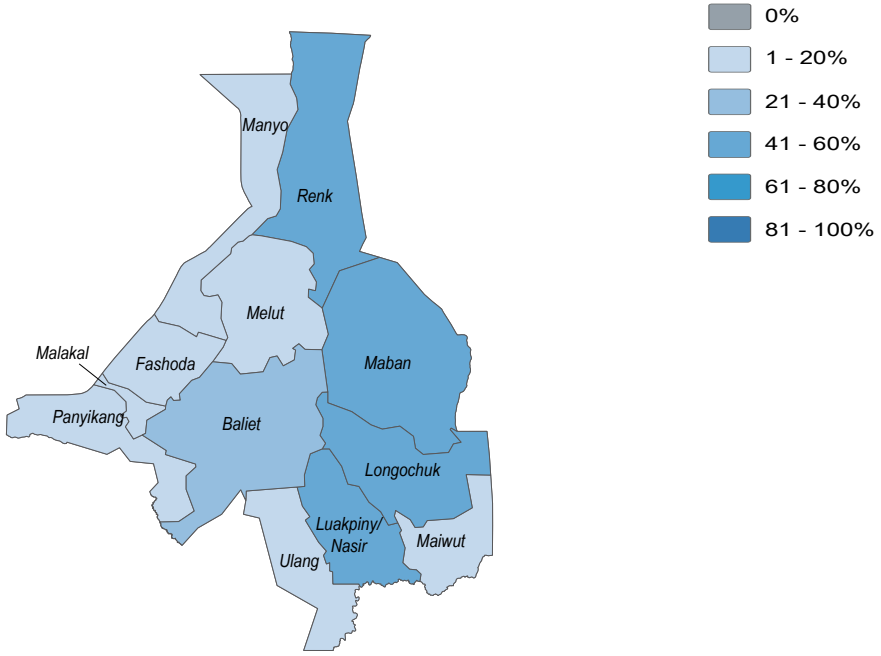
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Water

31%	of **Baliet County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August 2019. This was an increase from the previous season
20%	of **Baliet County** HHs reported having safe access to an improved source of drinking water as their main source, in November and December 2018
10%	of HHs in **Baliet County** reported feeling unsafe while collecting water, in July and August 2019. This was an increase from the previous season
6%	of HHs in **Baliet County** reported feeling unsafe while collecting water, in November and December 2018

% of HHs having safe access in under 30min to an improved water source (borehole, tapstand, water yard) as their main source of drinking water



This simple water access composite indicator aims to measure access to an improved water source, without protection concern. The composite was created by averaging the 'yes' responses of households reporting on the following indicators, with all indicators considered to have the same weight:

- Access to a borehole, tapstand, or water yard as the primary source of drinking water
- Can collect water (walking to collection point, waiting, filling container, returning home) in under 30 minutes
- Did not report any security concerns while accessing water point

	Most commonly reported sources of drinking water (by percentage of households)		Most commonly reported time spent collecting drinking water (walking to collection point, waiting, filling container, returning home) (by percentage of households)	
Overall	River or stream	59%	< 30 minutes	69%
	Tap stand	31%	30 minutes - 1 hour	16%
	Swamp	10%	1 hour - half a day	12%
			Half a day	2%
			I don't know	1%
Host	River or stream	61%	< 30 minutes	67%
	Tap stand	28%	30 minutes - 1 hour	17%
	Swamp	12%	1 hour - half a day	13%
			Half a day	2%
			I don't know	1%
IDPs	River or stream	100%	< 30 minutes	67%
			30 minutes - 1 hour	33%
Returnees	Tap stand	70%	< 30 minutes	90%
	River or stream	30%	1 hour - half a day	10%

REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Baliet County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

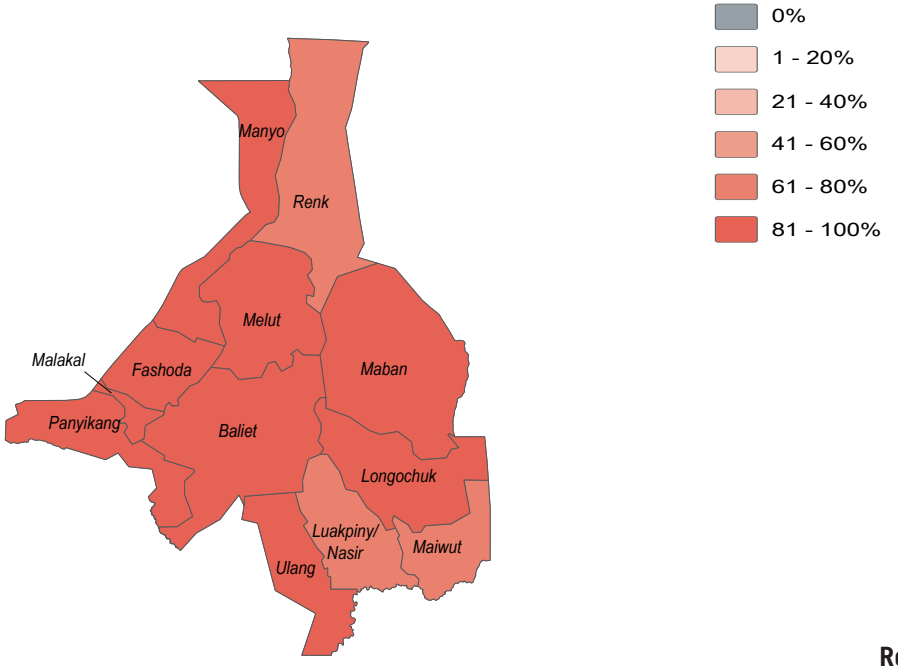
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Sanitation

7%	of **Baliet County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in July and August 2019. This was an increase from from the previous season
4%	of **Baliet County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in November and December 2018.
7%	of HHs in **Baliet County** reported their most common defecation location was a latrine, in July and August 2019. This was an increase from the previous season
3%	of HHs in **Baliet County** reported their most common defecation location was a latrine, in November and December 2018.

% of HHs reporting no latrine (private, shared, or communal/institutional)[2] present



Most commonly reported defecation location for adults (by percentage of households)

Type of latrines available (by percentage of households)

Overall

In the bush	93%
In the latrine	7%

No latrine available	93%
Family latrine	6%
Communal latrine	1%
Shared latrine	1%

Host

In the bush	95%
In the latrine	5%

No latrine available	94%
Family latrine	4%
Communal latrine	1%
Shared latrine	1%

IDPs

In the bush	100%

Returnees

In the bush	80%
In the latrine	20%

No latrine available	80%
Family latrine	20%

Baliet County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

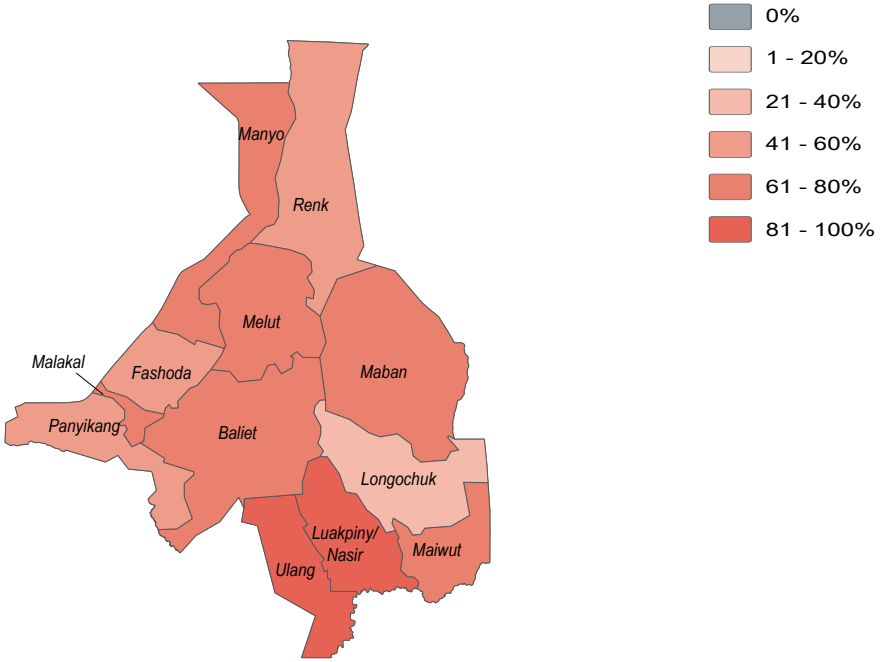
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Health

70%	of **Baliet County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August 2019. This was a decrease from the previous season
71%	of **Baliet County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December 2018
Malaria	was the most commonly reported water or vector borne disease in July and August 2019 in **Baliet County**. This was the same as the previous season
Malaria	was the most commonly reported water or vector borne disease in November and December 2018 in **Baliet County**

% of HH with one or more HH member affected by self-reported water or vector borne disease in the two weeks prior to data collection



Most commonly self-reported water or vector borne diseases for adults in the two weeks prior to data collection (by percentage of households)

Most commonly self-reported water or vector borne disease for children under 5 in the two weeks prior to data collection (by percentage of households)[3]

Overall	Malaria	7%	Malaria	7%
	Fever	6%	Fever	6%
	Stomach pain	3%	Stomach pain	3%
	AWD	2%	AWD	2%
	Flu	1%	Flu	1%
Host	Malaria	9%	Malaria	30%
	Fever	6%	AWD	29%
	Stomach pain	2%	Fever	12%
	AWD	1%	Stomach pain	4%
	Flu	1%	Flu	3%
IDPs	Stomach pain	33%	AWD	67%
Returnees			Fever	40%
			Others	10%

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Baliet County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

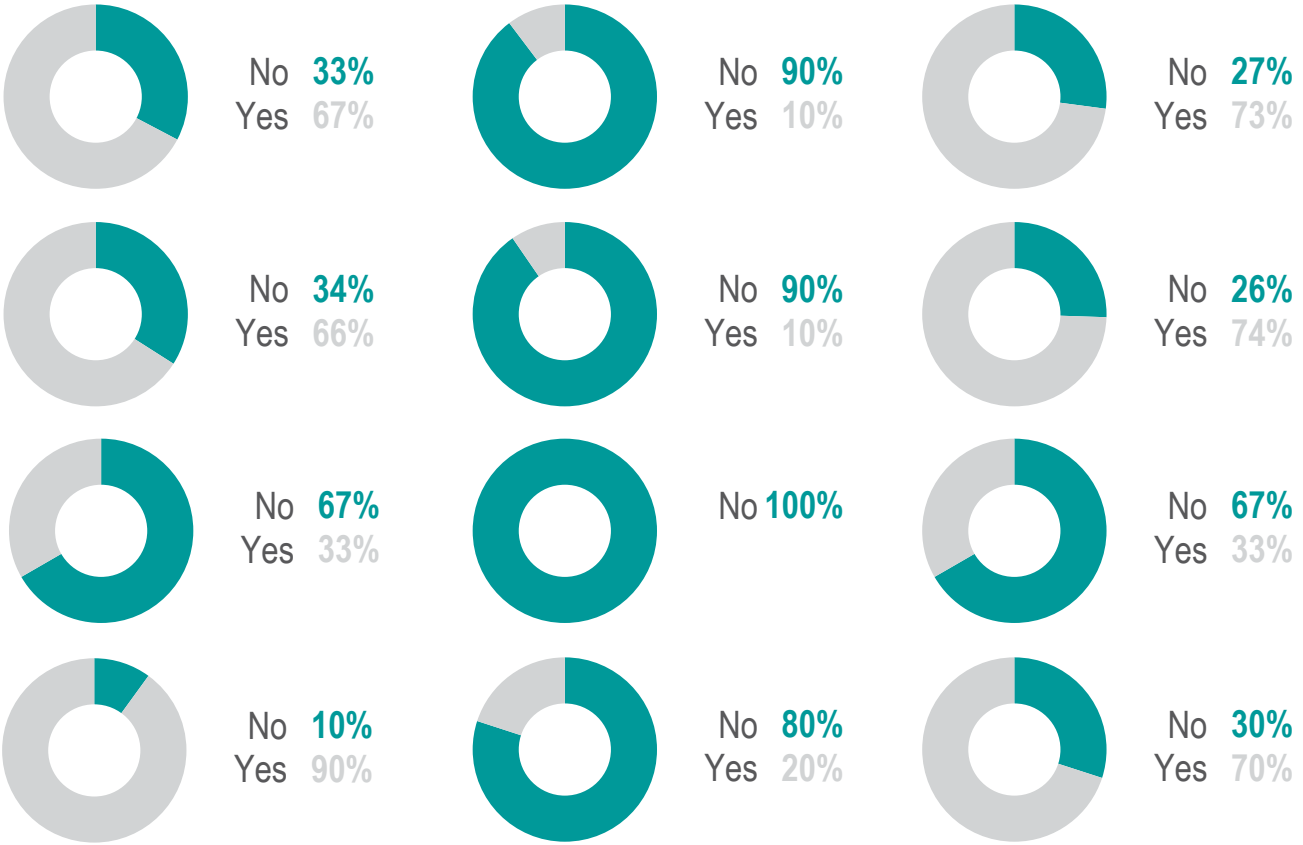
WASH Cluster
Water Sanitation Hygiene

July/August 2019

NFI WASH NFIs

7%	of **Baliet County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap[4], and that every member of the HH slept under a mosquito net in July and August 2019[5]. This was an increase from the previous season
4%	of **Baliet County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap, and that every member of the HH slept under a mosquito net in November and December 2018.
3	was the average number of jerrycans and/or buckets per HH in **Baliet County** in July and August 2019. This was the same as the previous season
3	was the average number of jerrycans and/or buckets per HH in **Baliet County** in November and December 2018

Ownership of a bucket or a jerrycan with a lid (by percentage of households)



Access to soap (by percentage of households)

Every member of the household sleeps under a mosquito net (by percentage of households)

Endnotes

1. This data is as of July/August 2019. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. AWD is Acute Watery Diarrhoea.
4. Enumerators asked HHs responding positively to access to soap to produce the soap within a minute.
5. The composite indicator was created by averaging the 'yes' responses of HHs reporting on the following indicators, with all considered to have the same weight: access to soap, access to jerrycans/buckets with lids, everyone in the HH slept under a mosquito net.

About REACH

REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. All REACH activities are conducted through inter-agency aid coordination mechanisms.

For more information, you can write to our in-country office: southsudan@reach-initiative.org or to our global office: geneva@reach-initiative.org.

Visit **www.reach-initiative.org** and follow us @ REACH_info.

Fashoda County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

Overview and Methodology

The dynamic and multi-faceted nature of the South Sudanese displacement crisis has created significant challenges for the delivery of humanitarian aid. Accessibility and security issues within South Sudan have impeded a systematic understanding of Water, Sanitation and Hygiene (WASH) needs in many areas of the country, and have created difficulties in establishing a clear and unambiguous system for prioritizing the delivery of aid, thereby limiting the effectiveness of humanitarian planning and limiting the potential impact of donor funding. As this crisis continues to expand, evolve and spill into neighbouring countries, it has become increasingly important to fill information gaps to inform a more effective humanitarian response and planning for immediate life-saving WASH activities and contingency planning for durable solutions.

In 2018, REACH, in close coordination with the WASH Cluster, identified five core WASH indicators: 1. % of Households (HHs) by displacement status; 2. % of HHs reporting having safe access in under 30 minutes to an improved water source (borehole, tapstand, water yard) as their main source of drinking water; 3. % of HHs reporting having access to a latrine (private, shared, or communal/ institutional); 4. % of HHs reporting having access to key WASH Non-Food Items (NFIs) (soap, mosquito nets, water containers); and 5. % of HHs reporting that one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection.

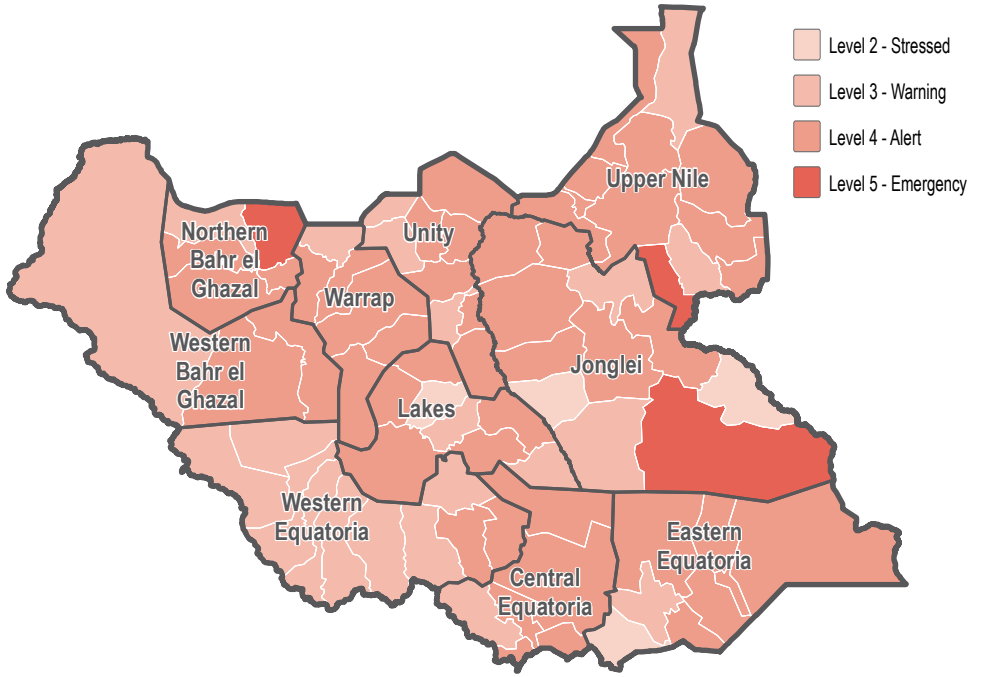
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH Cluster indicators for FSNMS Round 24 (July and August 2019). FSNMS is a seasonal countrywide assessment conducted, funded and run by the World Food Programme, UNICEF, and the Food and Agriculture Organization, and supported by REACH in Rounds 22-24. FSNMS, established in 2010, is a representative survey that employs two-stage cluster sampling, using a state based sample size and cluster determination. In each county, access permitting, 9 clusters were selected and 12 households interviewed per cluster.

FSNMS is a critical source of information that allows for the identification of affected areas, the prioritization of resources and for monitoring trends. The data collected during FSNMS is used for the Integrated Food Security Phase Classification (IPC) analysis, the Humanitarian Needs Overview (HNO) and the Humanitarian Response Plan (HRP), as well as additional decision making platforms.

FSNMS Assessment Coverage

Full coverage in the county was achieved. Findings related to a subset of the population may not be representative and should be considered indicative only.

WASH Needs Severity Map



This WASH composite indicator aims to measure the severity of WASH needs in each county. The composite was created with four indicators, each broken into 5 levels of severity, as seen in this matrix http://bit.ly/2EqRYwJ. The final severity ranking was created by calculating the average level from the following indicators: -Not having safe access in under 30min to an improved water source (borehole, tapstand, water yard) as a main source of drinking water

- Not having access to a latrine (private, shared, or communal/institutional)
- Not owning a jerrycan or bucket with a lid and soap, and that every member of the HHs did not sleep under a mosquito net
- Having one or more HH members affected by self-reported water or vector borne disease in the two weeks prior to data collection

Displacement

Percentage of households by displacement status[1]

Host community	99%
IDP	1%

Percentage of Internally Displaced Person (IDP) households by time arrived in their current location

In the last one year	100%

Percentage of returnee households by time arrived in their current location

Most commonly reported vulnerability, by percentage of households

Children under 5	65%
Elderly persons	55%
Female headed	42%
Conflict injuries	23%
Physically disabled	13%

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Fashoda County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

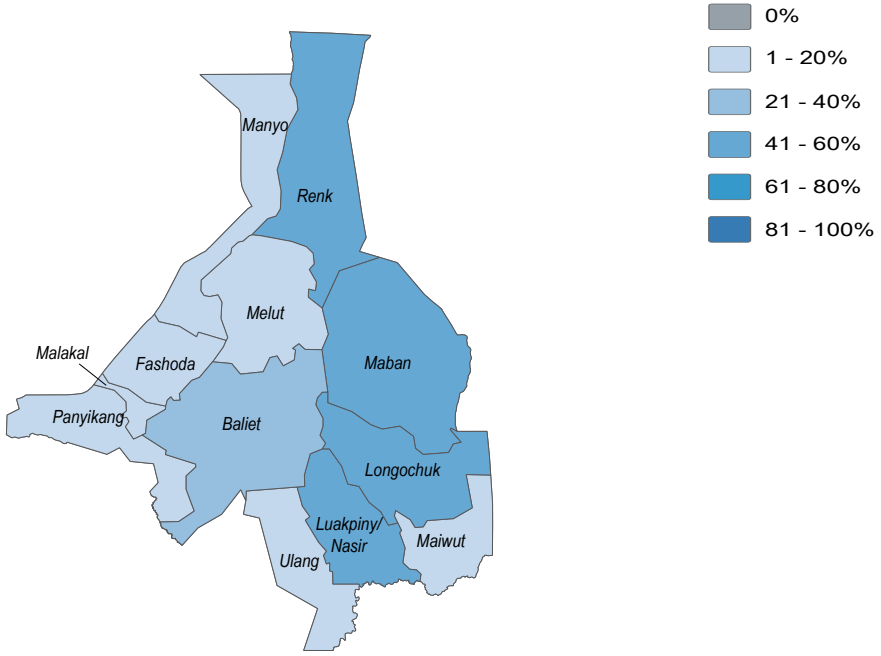
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Water

4%	of **Fashoda County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August 2019. This was a decrease from the previous season
16%	of **Fashoda County** HHs reported having safe access to an improved source of drinking water as their main source, in November and December 2018
12%	of HHs in **Fashoda County** reported feeling unsafe while collecting water, in July and August 2019. This was a decrease from the previous season
16%	of HHs in **Fashoda County** reported feeling unsafe while collecting water, in November and December 2018

% of HHs having safe access in under 30min to an improved water source (borehole, tapstand, water yard) as their main source of drinking water



This simple water access composite indicator aims to measure access to an improved water source, without protection concern. The composite was created by averaging the 'yes' responses of households reporting on the following indicators, with all indicators considered to have the same weight:

- Access to a borehole, tapstand, or water yard as the primary source of drinking water
- Can collect water (walking to collection point, waiting, filling container, returning home) in under 30 minutes
- Did not report any security concerns while accessing water point

	Most commonly reported sources of drinking water (by percentage of households)		Most commonly reported time spent collecting drinking water (walking to collection point, waiting, filling container, returning home) (by percentage of households)	
Overall	River or stream	71%	30 minutes - 1 hour	49%
	Swamp	15%	1 hour - half a day	30%
	Hand dug well	5%	< 30 minutes	21%
	Unprotected well	5%		
	Borehole	3%		
Host	River or stream	71%	30 minutes - 1 hour	50%
	Swamp	15%	1 hour - half a day	29%
	Hand dug well	5%	< 30 minutes	21%
	Unprotected well	5%		
	Borehole	3%		
IDPs	River or stream	100%	1 hour - half a day	100%
Returnees				

Fashoda County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

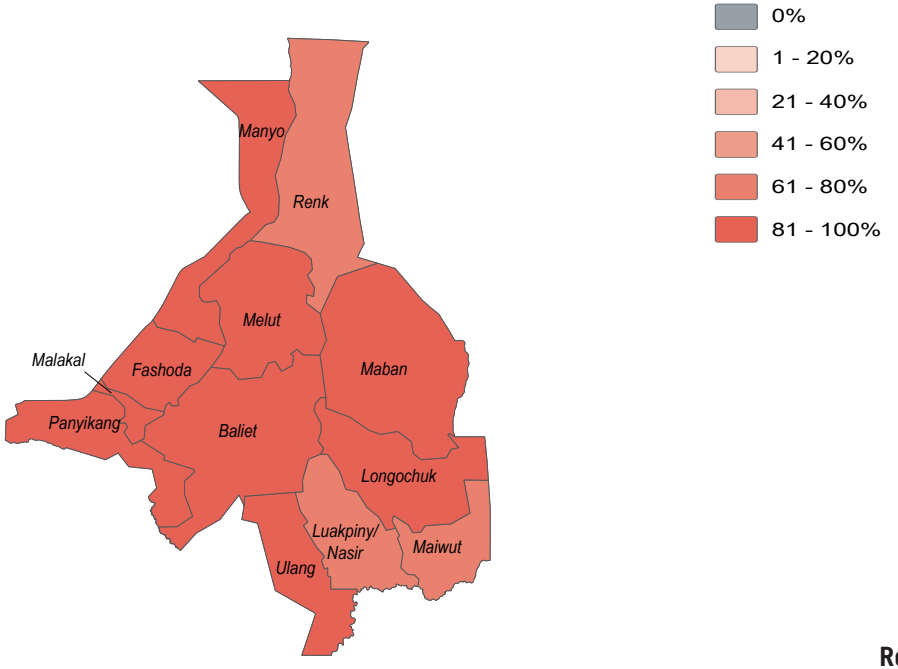
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Sanitation

19%	of **Fashoda County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in July and August 2019. This was an increase from from the previous season
15%	of **Fashoda County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in November and December 2018.
14%	of HHs in **Fashoda County** reported their most common defecation location was a latrine, in July and August 2019. This was the same as the previous season
14%	of HHs in **Fashoda County** reported their most common defecation location was a latrine, in November and December 2018.

% of HHs reporting no latrine (private, shared, or communal/institutional)[2] present



Most commonly reported defecation location for adults (by percentage of households)

Type of latrines available (by percentage of households)

Overall

In the bush	86%
In the latrine	14%

No latrine available	81%
Family latrine	11%
Communal latrine	6%
Shared latrine	2%

Host

In the bush	86%
In the latrine	14%

No latrine available	80%
Family latrine	11%
Communal latrine	7%
Shared latrine	2%

IDPs

In the bush	100%

Returnees

REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Fashoda County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

Health

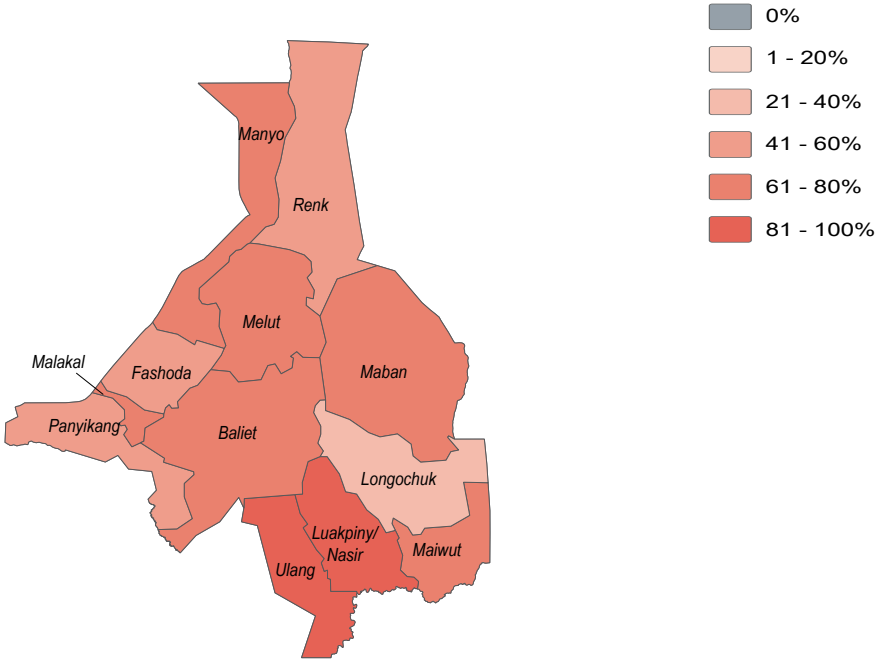
51% of **Fashoda County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August 2019. This was a decrease from the previous season

75% of **Fashoda County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December 2018

Malaria was the most commonly reported water or vector borne disease in July and August 2019 in **Fashoda County**. This was the same as the previous season

Malaria was the most commonly reported water or vector borne disease in November and December 2018 in **Fashoda County**

% of HH with one or more HH member affected by self-reported water or vector borne disease in the two weeks prior to data collection



Most commonly self-reported water or vector borne diseases for adults in the two weeks prior to data collection (by percentage of households)

Most commonly self-reported water or vector borne disease for children under 5 in the two weeks prior to data collection (by percentage of households)[3]

Overall	Malaria	8%	Malaria	8%
	Stomach pain	4%	Stomach pain	4%
	AWD	2%	AWD	2%
	No answer	1%	No answer	1%
	Typhoid	1%	Typhoid	1%
Host	Malaria	7%	Malaria	14%
	Stomach pain	4%	Fever	10%
	AWD	2%	AWD	5%
	No answer	1%	Others	4%
	Typhoid	1%	Stomach pain	2%
IDPs	Malaria	100%		
Returnees				

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Fashoda County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

NFI WASH NFIs

7%	of **Fashoda County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap[4], and that every member of the HH slept under a mosquito net in July and August 2019[5]. This was a decrease from the previous season
44%	of **Fashoda County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap, and that every member of the HH slept under a mosquito net in November and December 2018.
3	was the average number of jerrycans and/or buckets per HH in **Fashoda County** in July and August 2019. This was a decrease from the previous season
4	was the average number of jerrycans and/or buckets per HH in **Fashoda County** in November and December 2018

	Ownership of a bucket or a jerrycan with a lid (by percentage of households)	Access to soap (by percentage of households)	Every member of the household sleeps under a mosquito net (by percentage of households)
Overall	 No 13% Yes 87%	 No 73% Yes 27%	 No 50% Yes 50%
Host	 No 12% Yes 88%	 No 73% Yes 27%	 No 50% Yes 50%
IDPs	 No 100%	 No 100%	 No 100%
Returnees			

Endnotes

1. This data is as of July/August 2019. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. AWD is Acute Watery Diarrhoea.
4. Enumerators asked HHs responding positively to access to soap to produce the soap within a minute.
5. The composite indicator was created by averaging the 'yes' responses of HHs reporting on the following indicators, with all considered to have the same weight: access to soap, access to jerrycans/buckets with lids, everyone in the HH slept under a mosquito net.

About REACH

REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. All REACH activities are conducted through inter-agency aid coordination mechanisms.

For more information, you can write to our in-country office: southsudan@reach-initiative.org or to our global office: geneva@reach-initiative.org.

Visit **www.reach-initiative.org** and follow us @ REACH_info.

Longochuk County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

Overview and Methodology

The dynamic and multi-faceted nature of the South Sudanese displacement crisis has created significant challenges for the delivery of humanitarian aid. Accessibility and security issues within South Sudan have impeded a systematic understanding of Water, Sanitation and Hygiene (WASH) needs in many areas of the country, and have created difficulties in establishing a clear and unambiguous system for prioritizing the delivery of aid, thereby limiting the effectiveness of humanitarian planning and limiting the potential impact of donor funding. As this crisis continues to expand, evolve and spill into neighbouring countries, it has become increasingly important to fill information gaps to inform a more effective humanitarian response and planning for immediate life-saving WASH activities and contingency planning for durable solutions.

In 2018, REACH, in close coordination with the WASH Cluster, identified five core WASH indicators: 1. % of Households (HHs) by displacement status; 2. % of HHs reporting having safe access in under 30 minutes to an improved water source (borehole, tapstand, water yard) as their main source of drinking water; 3. % of HHs reporting having access to a latrine (private, shared, or communal/ institutional); 4. % of HHs reporting having access to key WASH Non-Food Items (NFIs) (soap, mosquito nets, water containers); and 5. % of HHs reporting that one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection.

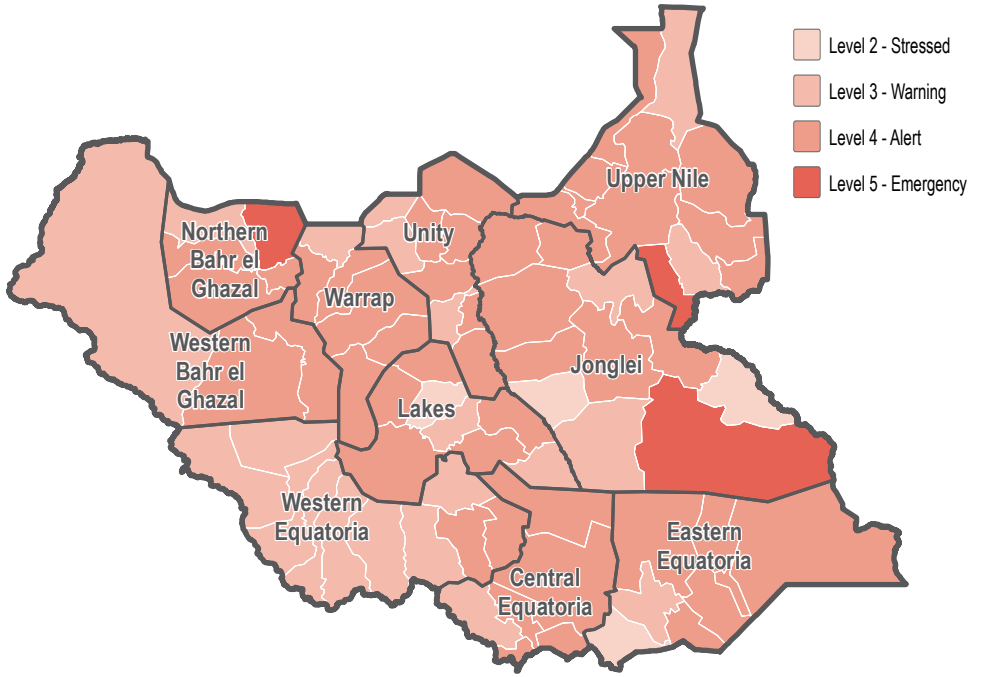
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH Cluster indicators for FSNMS Round 24 (July and August 2019). FSNMS is a seasonal countrywide assessment conducted, funded and run by the World Food Programme, UNICEF, and the Food and Agriculture Organization, and supported by REACH in Rounds 22-24. FSNMS, established in 2010, is a representative survey that employs two-stage cluster sampling, using a state based sample size and cluster determination. In each county, access permitting, 9 clusters were selected and 12 households interviewed per cluster.

FSNMS is a critical source of information that allows for the identification of affected areas, the prioritization of resources and for monitoring trends. The data collected during FSNMS is used for the Integrated Food Security Phase Classification (IPC) analysis, the Humanitarian Needs Overview (HNO) and the Humanitarian Response Plan (HRP), as well as additional decision making platforms.

FSNMS Assessment Coverage

Full coverage in the county was achieved. Findings related to a subset of the population may not be representative and should be considered indicative only.

WASH Needs Severity Map



This WASH composite indicator aims to measure the severity of WASH needs in each county. The composite was created with four indicators, each broken into 5 levels of severity, as seen in this matrix http://bit.ly/2EqRYwJ. The final severity ranking was created by calculating the average level from the following indicators: -Not having safe access in under 30min to an improved water source (borehole, tapstand, water yard) as a main source of drinking water
- Not having access to a latrine (private, shared, or communal/institutional)
- Not owning a jerrycan or bucket with a lid and soap, and that every member of the HHs did not sleep under a mosquito net
- Having one or more HH members affected by self-reported water or vector borne disease in the two weeks prior to data collection

Displacement

Percentage of households by displacement status[1]

Host community	99%
IDP	1%

Percentage of Internally Displaced Person (IDP) households by time arrived in their current location

In the last one year	100%

Percentage of returnee households by time arrived in their current location

Most commonly reported vulnerability, by percentage of households

Female headed	75%
Children under 5	67%
Elderly persons	45%
Conflict injuries	17%
Physically disabled	13%

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Longochuk County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

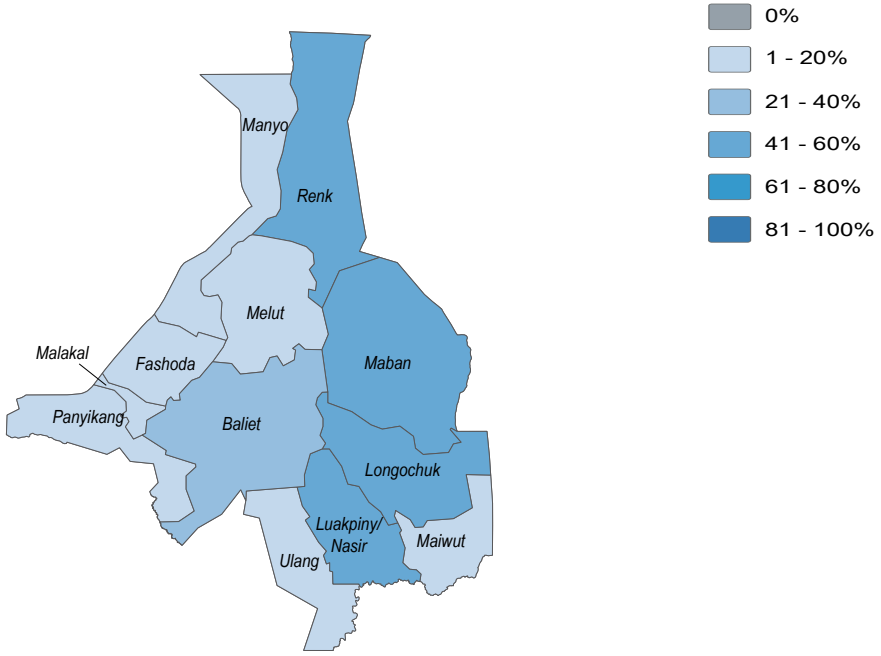
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Water

89%	of **Longochuk County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August 2019. This was a decrease from the previous season
100%	of **Longochuk County** HHs reported having safe access to an improved source of drinking water as their main source, in November and December 2018
22%	of HHs in **Longochuk County** reported feeling unsafe while collecting water, in July and August 2019. This was an increase from the previous season
7%	of HHs in **Longochuk County** reported feeling unsafe while collecting water, in November and December 2018

% of HHs having safe access in under 30min to an improved water source (borehole, tapstand, water yard) as their main source of drinking water



This simple water access composite indicator aims to measure access to an improved water source, without protection concern. The composite was created by averaging the 'yes' responses of households reporting on the following indicators, with all indicators considered to have the same weight:

- Access to a borehole, tapstand, or water yard as the primary source of drinking water
- Can collect water (walking to collection point, waiting, filling container, returning home) in under 30 minutes
- Did not report any security concerns while accessing water point

	Most commonly reported sources of drinking water (by percentage of households)		Most commonly reported time spent collecting drinking water (walking to collection point, waiting, filling container, returning home) (by percentage of households)	
Overall	Borehole	89%	< 30 minutes	43%
	Swamp	11%	30 minutes - 1 hour	43%
			1 hour - half a day	14%
			> half a day	1%
Host	Borehole	89%	< 30 minutes	43%
	Swamp	11%	30 minutes - 1 hour	42%
			1 hour - half a day	14%
			> half a day	1%
IDPs	Borehole	100%	30 minutes - 1 hour	100%
Returnees				

Longochuk County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

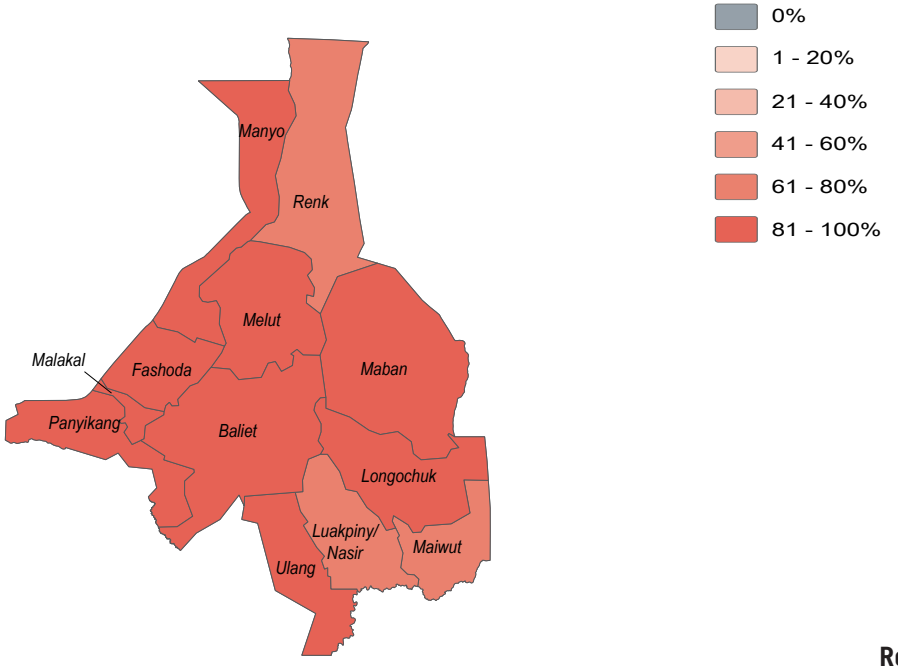
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Sanitation

8%	of **Longochuk County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in July and August 2019. This was an increase from from the previous season
7%	of **Longochuk County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in November and December 2018.
6%	of HHs in **Longochuk County** reported their most common defecation location was a latrine, in July and August 2019. This was an increase from the previous season
2%	of HHs in **Longochuk County** reported their most common defecation location was a latrine, in November and December 2018.

% of HHs reporting no latrine (private, shared, or communal/institutional)[2] present



Most commonly reported defecation location for adults (by percentage of households)

Type of latrines available (by percentage of households)

Overall

In the bush	93%
In the latrine	6%
No answer	1%

No latrine available	92%
Family latrine	6%
Shared latrine	2%

Host

In the bush	93%
In the latrine	7%
No answer	1%

No latrine available	92%
Family latrine	7%
Shared latrine	2%

IDPs

In the bush	100%

Returnees

REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Longochuk County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

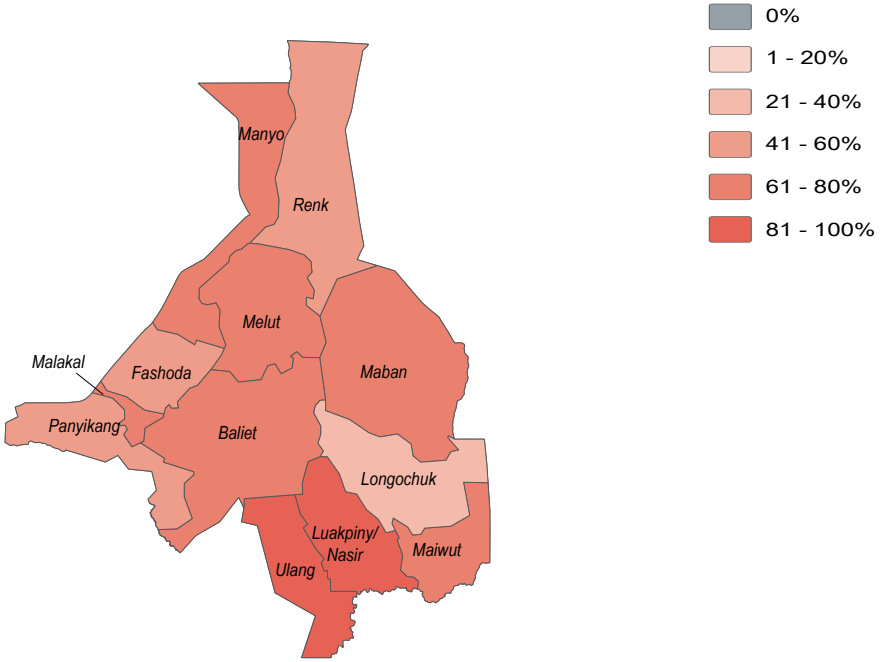
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Health

33%	of **Longochuk County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August 2019. This was a decrease from the previous season
65%	of **Longochuk County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December 2018
Fever	was the most commonly reported water or vector borne disease in July and August 2019 in **Longochuk County**. This was the same as the previous season
Fever	was the most commonly reported water or vector borne disease in November and December 2018 in **Longochuk County**

% of HH with one or more HH member affected by self-reported water or vector borne disease in the two weeks prior to data collection



Most commonly self-reported water or vector borne diseases for adults in the two weeks prior to data collection (by percentage of households)

Overall	Fever	6%
	Malaria	6%
	Eye infection	3%
	AWD	2%
	No answer	2%
Host	Fever	7%
	Malaria	6%
	Eye infection	3%
	AWD	2%
	No answer	2%
IDPs		
Returnees		

Most commonly self-reported water or vector borne disease for children under 5 in the two weeks prior to data collection (by percentage of households)[3]

Overall	Fever	6%
	Malaria	6%
	Eye infection	3%
	AWD	2%
	No answer	2%
Host	Fever	21%
	Stomach pain	8%
	AWD	7%
	Malaria	4%
	Don't know	1%
IDPs		
Returnees		

Longochuk County - Water, Sanitation and Hygiene Factsheet

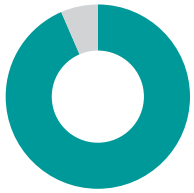
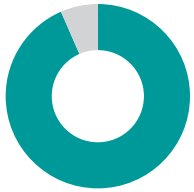
Upper Nile State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

NFI WASH NFIs

0%	of **Longochuk County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap[4], and that every member of the HH slept under a mosquito net in July and August 2019[5]. This was a decrease from the previous season
3%	of **Longochuk County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap, and that every member of the HH slept under a mosquito net in November and December 2018.
4	was the average number of jerrycans and/or buckets per HH in **Longochuk County** in July and August 2019. This was the same as the previous season
4	was the average number of jerrycans and/or buckets per HH in **Longochuk County** in November and December 2018

	Ownership of a bucket or a jerrycan with a lid (by percentage of households)	Access to soap (by percentage of households)	Every member of the household sleeps under a mosquito net (by percentage of households)
Overall	No 2% Yes 98%	 No 94% Yes 6%	 No 69% Yes 31%
Host	No 2% Yes 98%	 No 93% Yes 7%	 No 69% Yes 31%
IDPs	Yes 100%	 No 100%	 No 100%
Returnees			

Endnotes

1. This data is as of July/August 2019. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. AWD is Acute Watery Diarrhoea.
4. Enumerators asked HHs responding positively to access to soap to produce the soap within a minute.
5. The composite indicator was created by averaging the 'yes' responses of HHs reporting on the following indicators, with all considered to have the same weight: access to soap, access to jerrycans/buckets with lids, everyone in the HH slept under a mosquito net.

About REACH

REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. All REACH activities are conducted through inter-agency aid coordination mechanisms.

For more information, you can write to our in-country office: southsudan@reach-initiative.org or to our global office: geneva@reach-initiative.org.

Visit **www.reach-initiative.org** and follow us @ REACH_info.

Luakpiny/Nasir County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

Overview and Methodology

The dynamic and multi-faceted nature of the South Sudanese displacement crisis has created significant challenges for the delivery of humanitarian aid. Accessibility and security issues within South Sudan have impeded a systematic understanding of Water, Sanitation and Hygiene (WASH) needs in many areas of the country, and have created difficulties in establishing a clear and unambiguous system for prioritizing the delivery of aid, thereby limiting the effectiveness of humanitarian planning and limiting the potential impact of donor funding. As this crisis continues to expand, evolve and spill into neighbouring countries, it has become increasingly important to fill information gaps to inform a more effective humanitarian response and planning for immediate life-saving WASH activities and contingency planning for durable solutions.

In 2018, REACH, in close coordination with the WASH Cluster, identified five core WASH indicators: 1. % of Households (HHs) by displacement status; 2. % of HHs reporting having safe access in under 30 minutes to an improved water source (borehole, tapstand, water yard) as their main source of drinking water; 3. % of HHs reporting having access to a latrine (private, shared, or communal/ institutional); 4. % of HHs reporting having access to key WASH Non-Food Items (NFIs) (soap, mosquito nets, water containers); and 5. % of HHs reporting that one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection.

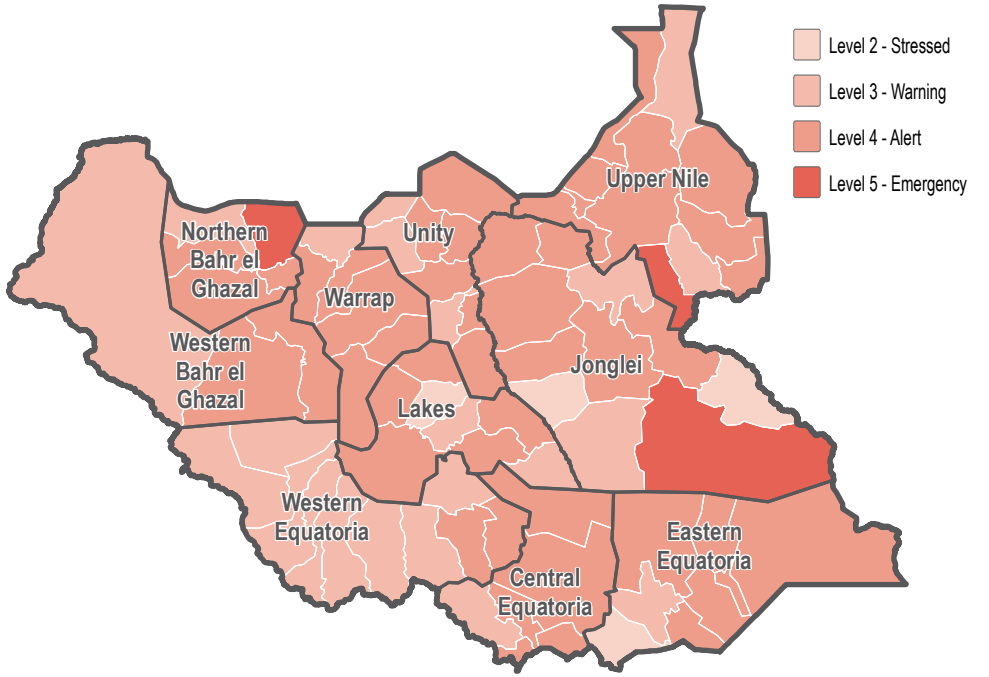
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH Cluster indicators for FSNMS Round 24 (July and August 2019). FSNMS is a seasonal countrywide assessment conducted, funded and run by the World Food Programme, UNICEF, and the Food and Agriculture Organization, and supported by REACH in Rounds 22-24. FSNMS, established in 2010, is a representative survey that employs two-stage cluster sampling, using a state based sample size and cluster determination. In each county, access permitting, 9 clusters were selected and 12 households interviewed per cluster.

FSNMS is a critical source of information that allows for the identification of affected areas, the prioritization of resources and for monitoring trends. The data collected during FSNMS is used for the Integrated Food Security Phase Classification (IPC) analysis, the Humanitarian Needs Overview (HNO) and the Humanitarian Response Plan (HRP), as well as additional decision making platforms.

FSNMS Assessment Coverage

Full coverage in the county was achieved. Findings related to a subset of the population may not be representative and should be considered indicative only.

WASH Needs Severity Map



This WASH composite indicator aims to measure the severity of WASH needs in each county. The composite was created with four indicators, each broken into 5 levels of severity, as seen in this matrix http://bit.ly/2EqRYwJ. The final severity ranking was created by calculating the average level from the following indicators: -Not having safe access in under 30min to an improved water source (borehole, tapstand, water yard) as a main source of drinking water

- Not having access to a latrine (private, shared, or communal/institutional)
- Not owning a jerrycan or bucket with a lid and soap, and that every member of the HHs did not sleep under a mosquito net
- Having one or more HH members affected by self-reported water or vector borne disease in the two weeks prior to data collection

Displacement

Percentage of households by displacement status[1]

Host community	96%
IDP	2%
Refugee returnees	1%
Returnee	1%

Percentage of Internally Displaced Person (IDP) households by time arrived in their current location

In the last one year	100%

Percentage of returnee households by time arrived in their current location

In the last one year	100%

Most commonly reported vulnerability, by percentage of households

Children under 5	93%
Female headed	80%
Elderly persons	52%
Conflict injuries	35%
Chronically ill	23%

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Luakpiny/Nasir County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

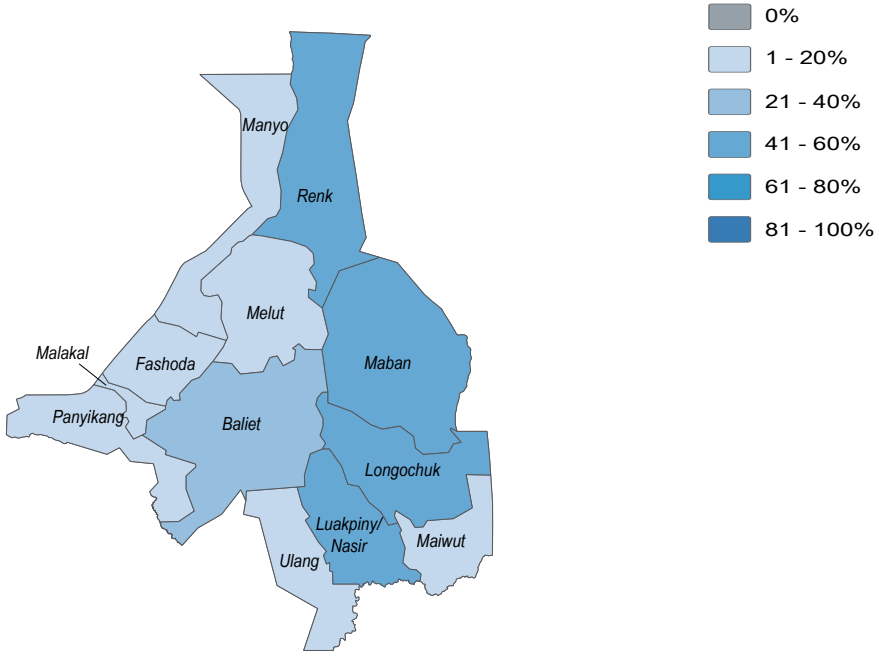
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Water

65%	of **Luakpiny/Nasir County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August 2019. This was an increase from the previous season
32%	of **Luakpiny/Nasir County** HHs reported having safe access to an improved source of drinking water as their main source, in November and December 2018
10%	of HHs in **Luakpiny/Nasir County** reported feeling unsafe while collecting water, in July and August 2019. This was an increase from the previous season
6%	of HHs in **Luakpiny/Nasir County** reported feeling unsafe while collecting water, in November and December 2018

% of HHs having safe access in under 30min to an improved water source (borehole, tapstand, water yard) as their main source of drinking water



This simple water access composite indicator aims to measure access to an improved water source, without protection concern. The composite was created by averaging the 'yes' responses of households reporting on the following indicators, with all indicators considered to have the same weight:

- Access to a borehole, tapstand, or water yard as the primary source of drinking water
- Can collect water (walking to collection point, waiting, filling container, returning home) in under 30 minutes
- Did not report any security concerns while accessing water point

	Most commonly reported sources of drinking water (by percentage of households)		Most commonly reported time spent collecting drinking water (walking to collection point, waiting, filling container, returning home) (by percentage of households)	
Overall	Borehole	65%	< 30 minutes	86%
	Swamp	20%	30 minutes - 1 hour	9%
	River or stream	15%	1 hour - half a day	3%
			> half a day	1%
			I don't know	1%
Host	Borehole	63%	< 30 minutes	86%
	Swamp	21%	30 minutes - 1 hour	10%
	River or stream	15%	1 hour - half a day	3%
			> half a day	1%
			I don't know	1%
IDPs	Borehole	100%	< 30 minutes	100%
Returnees	Borehole	100%	< 30 minutes	100%

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Luakpiny/Nasir County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

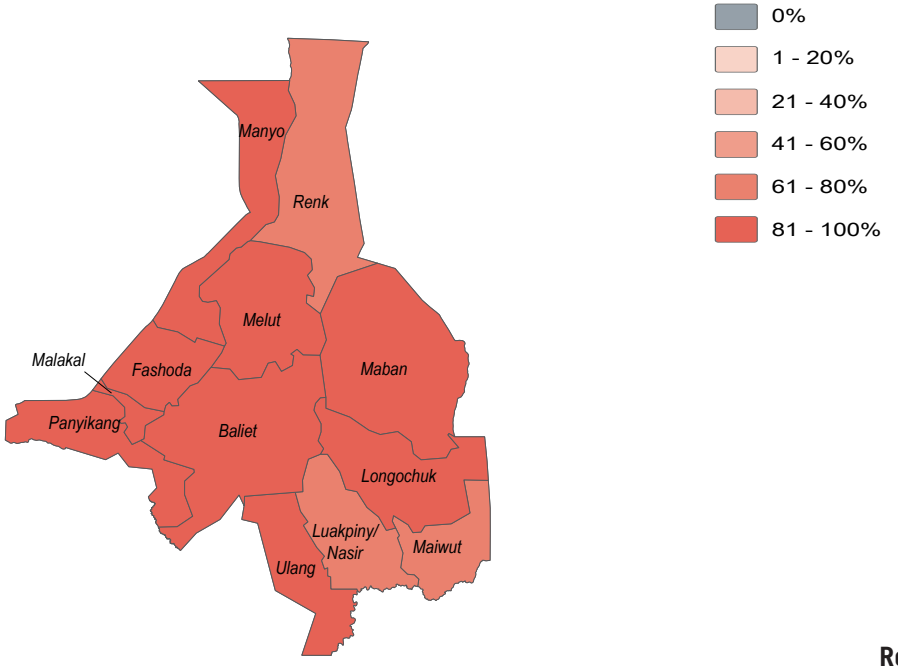
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Sanitation

24%	of **Luakpiny/Nasir County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in July and August 2019. This was an increase from from the previous season
2%	of **Luakpiny/Nasir County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in November and December 2018.
20%	of HHs in **Luakpiny/Nasir County** reported their most common defecation location was a latrine, in July and August 2019. This was an increase from the previous season
2%	of HHs in **Luakpiny/Nasir County** reported their most common defecation location was a latrine, in November and December 2018.

% of HHs reporting no latrine (private, shared, or communal/institutional)[2] present



Most commonly reported defecation location for adults (by percentage of households)

Type of latrines available (by percentage of households)

Overall

In the bush	72%
In the latrine	20%
In the river	7%

No latrine available	76%
Family latrine	19%
Communal latrine	3%
Shared latrine	2%

Host

In the bush	72%
In the latrine	20%
In the river	8%

No latrine available	77%
Family latrine	18%
Communal latrine	3%
Shared latrine	2%

IDPs

In the bush	50%
In the latrine	50%

Returnees

In the bush	100%

No latrine available	100%

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Luakpiny/Nasir County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

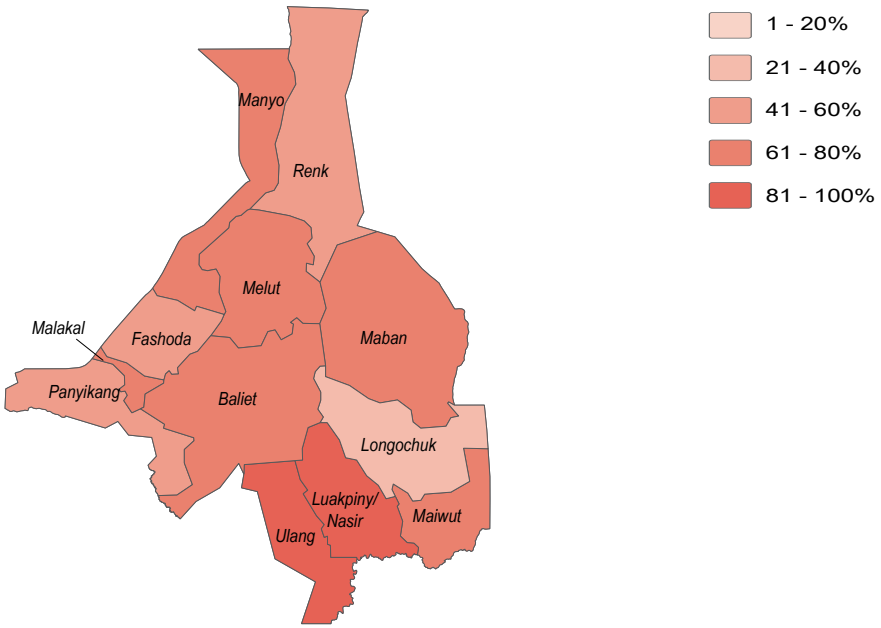
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Health

81%	of **Luakpiny/Nasir County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August 2019. This was an increase from the previous season
79%	of **Luakpiny/Nasir County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December 2018
Fever	was the most commonly reported water or vector borne disease in July and August 2019 in **Luakpiny/Nasir County**. This was the same as the previous season
Fever	was the most commonly reported water or vector borne disease in November and December 2018 in **Luakpiny/Nasir County**

% of HH with one or more HH member affected by self-reported water or vector borne disease in the two weeks prior to data collection



Most commonly self-reported water or vector borne diseases for adults in the two weeks prior to data collection (by percentage of households)

Overall	Fever	15%
	Malaria	11%
	Stomach pain	4%
	AWD	2%
	Typhoid	2%
Host	Fever	15%
	Malaria	12%
	Stomach pain	4%
	AWD	2%
	Typhoid	2%
IDPs	Fever	100%
	AWD	50%
	Malaria	50%
Returnees	Malaria	100%

Most commonly self-reported water or vector borne disease for children under 5 in the two weeks prior to data collection (by percentage of households)[3]

Overall	Fever	15%
	Malaria	11%
	Stomach pain	4%
	AWD	2%
	Typhoid	2%
Host	Fever	45%
	Malaria	40%
	AWD	26%
	Eye infection	6%
	Others	5%

Luakpiny/Nasir County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

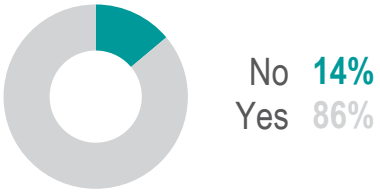
WASH Cluster
Water Sanitation Hygiene

July/August 2019

NFI WASH NFIs

6%	of **Luakpiny/Nasir County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap[4], and that every member of the HH slept under a mosquito net in July and August 2019[5]. This was a decrease from the previous season
8%	of **Luakpiny/Nasir County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap, and that every member of the HH slept under a mosquito net in November and December 2018.
3	was the average number of jerrycans and/or buckets per HH in **Luakpiny/Nasir County** in July and August 2019. This was an increase from the previous season
2	was the average number of jerrycans and/or buckets per HH in **Luakpiny/Nasir County** in November and December 2018

Ownership of a bucket or a jerrycan with a lid (by percentage of households)



Access to soap

(by percentage of households)

Every member of the household sleeps under a mosquito net (by percentage of households)

Endnotes

1. This data is as of July/August 2019. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. AWD is Acute Watery Diarrhoea.
4. Enumerators asked HHs responding positively to access to soap to produce the soap within a minute.
5. The composite indicator was created by averaging the 'yes' responses of HHs reporting on the following indicators, with all considered to have the same weight: access to soap, access to jerrycans/buckets with lids, everyone in the HH slept under a mosquito net.

About REACH

REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. All REACH activities are conducted through inter-agency aid coordination mechanisms.

For more information, you can write to our in-country office: southsudan@reach-initiative.org or to our global office: geneva@reach-initiative.org.

Visit **www.reach-initiative.org** and follow us @ REACH_info.

Maban County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

Overview and Methodology

The dynamic and multi-faceted nature of the South Sudanese displacement crisis has created significant challenges for the delivery of humanitarian aid. Accessibility and security issues within South Sudan have impeded a systematic understanding of Water, Sanitation and Hygiene (WASH) needs in many areas of the country, and have created difficulties in establishing a clear and unambiguous system for prioritizing the delivery of aid, thereby limiting the effectiveness of humanitarian planning and limiting the potential impact of donor funding. As this crisis continues to expand, evolve and spill into neighbouring countries, it has become increasingly important to fill information gaps to inform a more effective humanitarian response and planning for immediate life-saving WASH activities and contingency planning for durable solutions.

In 2018, REACH, in close coordination with the WASH Cluster, identified five core WASH indicators: 1. % of Households (HHs) by displacement status; 2. % of HHs reporting having safe access in under 30 minutes to an improved water source (borehole, tapstand, water yard) as their main source of drinking water; 3. % of HHs reporting having access to a latrine (private, shared, or communal/ institutional); 4. % of HHs reporting having access to key WASH Non-Food Items (NFIs) (soap, mosquito nets, water containers); and 5. % of HHs reporting that one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection.

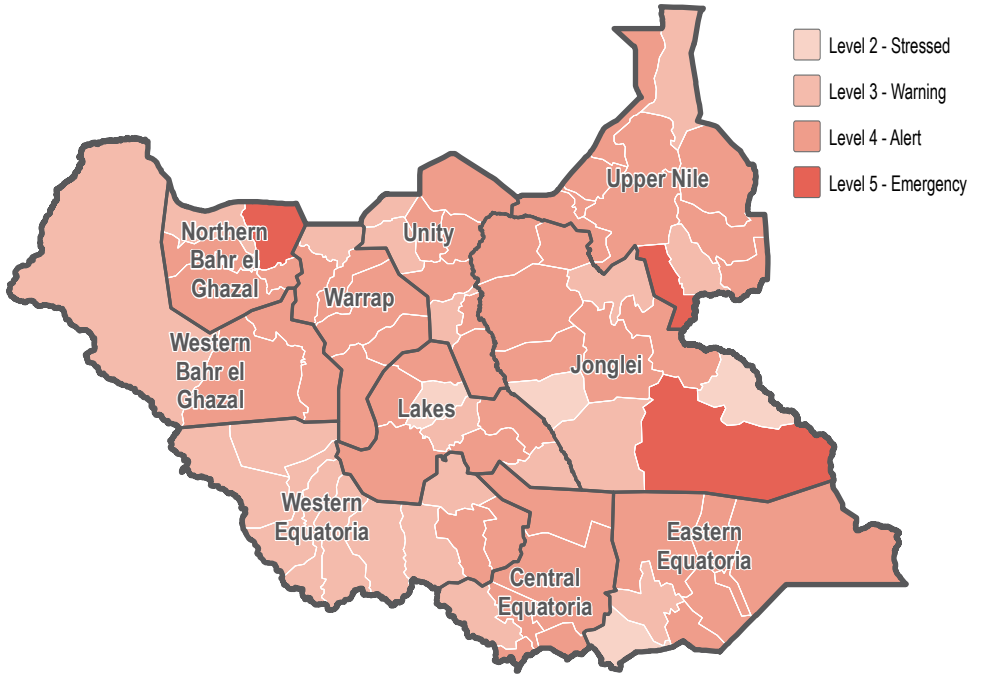
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH Cluster indicators for FSNMS Round 24 (July and August 2019). FSNMS is a seasonal countrywide assessment conducted, funded and run by the World Food Programme, UNICEF, and the Food and Agriculture Organization, and supported by REACH in Rounds 22-24. FSNMS, established in 2010, is a representative survey that employs two-stage cluster sampling, using a state based sample size and cluster determination. In each county, access permitting, 9 clusters were selected and 12 households interviewed per cluster.

FSNMS is a critical source of information that allows for the identification of affected areas, the prioritization of resources and for monitoring trends. The data collected during FSNMS is used for the Integrated Food Security Phase Classification (IPC) analysis, the Humanitarian Needs Overview (HNO) and the Humanitarian Response Plan (HRP), as well as additional decision making platforms.

FSNMS Assessment Coverage

Full coverage in the county was achieved. Findings related to a subset of the population may not be representative and should be considered indicative only.

WASH Needs Severity Map



This WASH composite indicator aims to measure the severity of WASH needs in each county. The composite was created with four indicators, each broken into 5 levels of severity, as seen in this matrix http://bit.ly/2EqRYwJ. The final severity ranking was created by calculating the average level from the following indicators: -Not having safe access in under 30min to an improved water source (borehole, tapstand, water yard) as a main source of drinking water
- Not having access to a latrine (private, shared, or communal/institutional)
- Not owning a jerrycan or bucket with a lid and soap, and that every member of the HHs did not sleep under a mosquito net
- Having one or more HH members affected by self-reported water or vector borne disease in the two weeks prior to data collection

Displacement

Percentage of households by displacement status[1]

Host community	96%
Returnee	4%

Percentage of Internally Displaced Person (IDP) households by time arrived in their current location

Percentage of returnee households by time arrived in their current location

In the last one year	100%

Most commonly reported vulnerability, by percentage of households

Children under 5	74%
Elderly persons	61%
Female headed	57%
Conflict injuries	36%
Adopted children	30%

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Maban County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

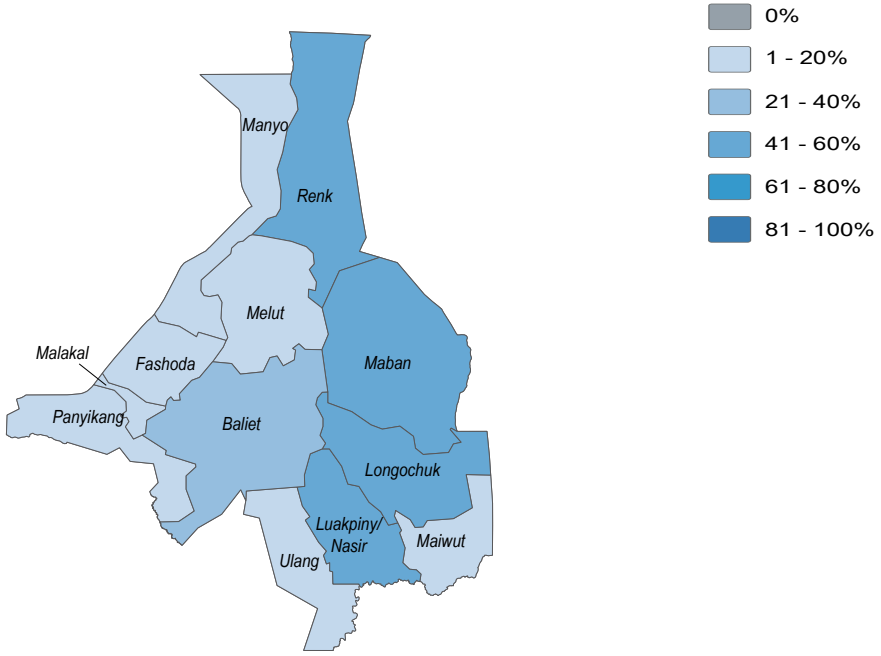
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Water

74%	of **Maban County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August 2019. This was an increase from the previous season
44%	of **Maban County** HHs reported having safe access to an improved source of drinking water as their main source, in November and December 2018
10%	of HHs in **Maban County** reported feeling unsafe while collecting water, in July and August 2019. This was an increase from the previous season
0%	of HHs in **Maban County** reported feeling unsafe while collecting water, in November and December 2018

% of HHs having safe access in under 30min to an improved water source (borehole, tapstand, water yard) as their main source of drinking water



This simple water access composite indicator aims to measure access to an improved water source, without protection concern. The composite was created by averaging the 'yes' responses of households reporting on the following indicators, with all indicators considered to have the same weight:

- Access to a borehole, tapstand, or water yard as the primary source of drinking water
- Can collect water (walking to collection point, waiting, filling container, returning home) in under 30 minutes
- Did not report any security concerns while accessing water point

Most commonly reported sources of drinking water (by percentage of households)

Most commonly reported time spent collecting drinking water (walking to collection point, waiting, filling container, returning home) (by percentage of households)

Overall

Borehole	73%	< 30 minutes	78%
Swamp	17%	30 minutes - 1 hour	20%
River or stream	8%	1 hour - half a day	2%
Tap stand	1%		
Unprotected well	1%		

Host

Borehole	72%	< 30 minutes	77%
Swamp	18%	30 minutes - 1 hour	21%
River or stream	8%	1 hour - half a day	2%
Tap stand	1%		
Unprotected well	1%		

IDPs

Returnees

Borehole	100%	< 30 minutes	100%

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Maban County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

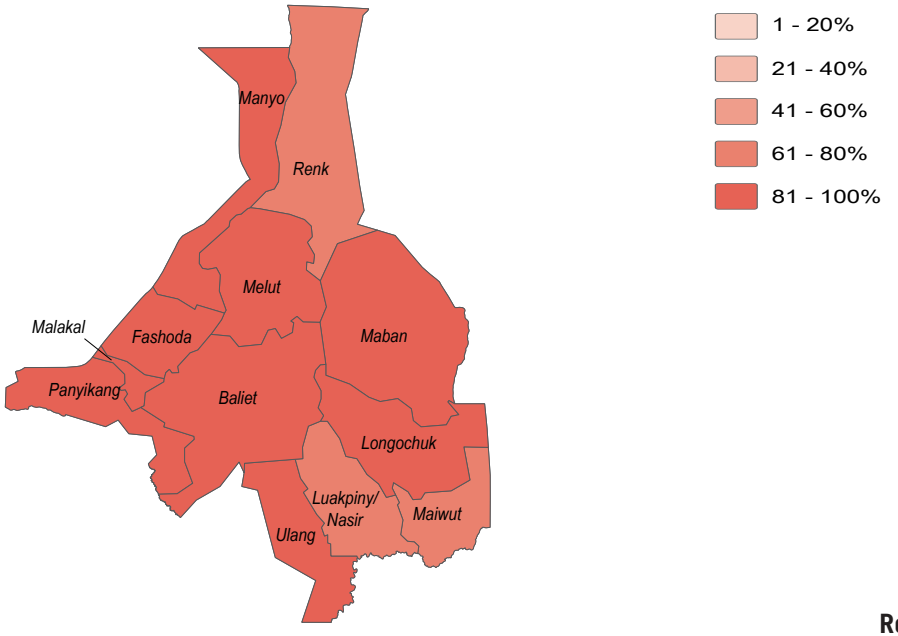
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Sanitation

1%	of **Maban County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in July and August 2019. This was a decrease from from the previous season
2%	of **Maban County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in November and December 2018.
1%	of HHs in **Maban County** reported their most common defecation location was a latrine, in July and August 2019. This was an increase from the previous season
0%	of HHs in **Maban County** reported their most common defecation location was a latrine, in November and December 2018.

% of HHs reporting no latrine (private, shared, or communal/institutional)[2] present



	Most commonly reported defecation location for adults (by percentage of households)		Type of latrines available (by percentage of households)	
Overall	In the bush	98%	No latrine available	98%
	In the latrine	1%	Family latrine	1%
	No answer	1%	I don't know	1%
Host	In the bush	98%	No latrine available	98%
	In the latrine	1%	Family latrine	1%
	No answer	1%	I don't know	1%
IDPs				
Returnees	In the bush	100%	No latrine available	100%

Maban County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

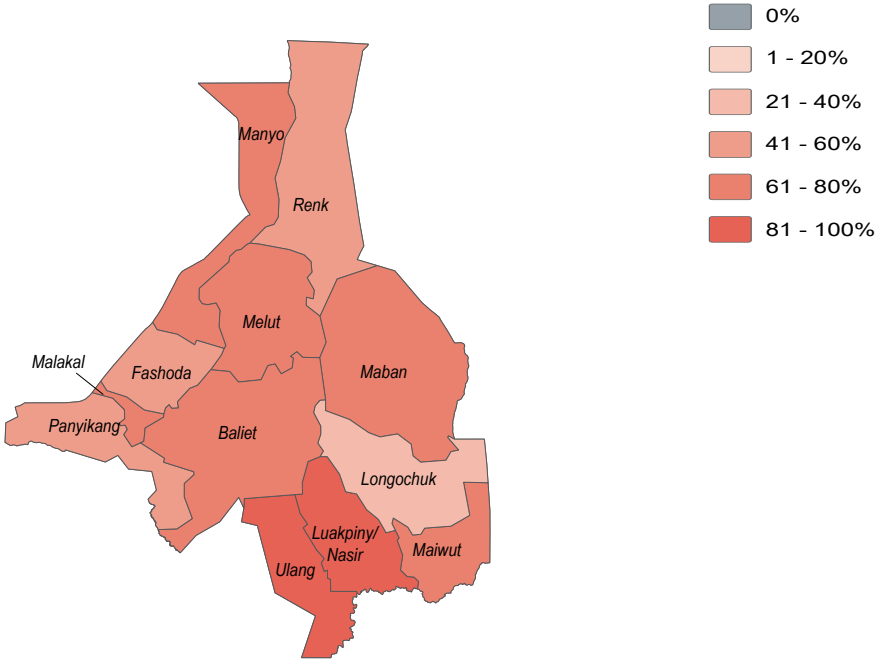
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Health

71%	of **Maban County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August 2019. This was a decrease from the previous season
82%	of **Maban County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December 2018
Malaria	was the most commonly reported water or vector borne disease in July and August 2019 in **Maban County**. This was the same as the previous season
Malaria	was the most commonly reported water or vector borne disease in November and December 2018 in **Maban County**

% of HH with one or more HH member affected by self-reported water or vector borne disease in the two weeks prior to data collection



Most commonly self-reported water or vector borne diseases for adults in the two weeks prior to data collection (by percentage of households)

Most commonly self-reported water or vector borne disease for children under 5 in the two weeks prior to data collection (by percentage of households)[3]

Overall	Malaria	38%	Malaria	38%
	Fever	28%	Fever	28%
	Typhoid	19%	Typhoid	19%
	Stomach pain	15%	Stomach pain	15%
	Flu	11%	Flu	11%
Host	Malaria	38%	Fever	41%
	Fever	27%	Malaria	29%
	Typhoid	20%	Flu	17%
	Stomach pain	16%	Stomach pain	17%
	Flu	10%	Skin infection	10%
IDPs				
Returnees			Malaria	50%
			AWD	25%
			Fever	25%
			Flu	25%

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Maban County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

NFI WASH NFIs

0%	of **Maban County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap[4], and that every member of the HH slept under a mosquito net in July and August 2019[5]. This was a decrease from the previous season
1%	of **Maban County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap, and that every member of the HH slept under a mosquito net in November and December 2018.
2	was the average number of jerrycans and/or buckets per HH in **Maban County** in July and August 2019. This was an increase from the previous season
1	was the average number of jerrycans and/or buckets per HH in **Maban County** in November and December 2018

	Ownership of a bucket or a jerrycan with a lid (by percentage of households)		Access to soap (by percentage of households)		Every member of the household sleeps under a mosquito net (by percentage of households)	
Overall		No 56% Yes 44%		No 74% Yes 26%		No 89% Yes 11%
Host		No 55% Yes 45%		No 74% Yes 26%		No 88% Yes 12%
IDPs						
Returnees		No 75% Yes 25%		No 75% Yes 25%		No 100%

Endnotes

1. This data is as of July/August 2019. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. AWD is Acute Watery Diarrhoea.
4. Enumerators asked HHs responding positively to access to soap to produce the soap within a minute.
5. The composite indicator was created by averaging the 'yes' responses of HHs reporting on the following indicators, with all considered to have the same weight: access to soap, access to jerrycans/buckets with lids, everyone in the HH slept under a mosquito net.

About REACH

REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. All REACH activities are conducted through inter-agency aid coordination mechanisms.

For more information, you can write to our in-country office: southsudan@reach-initiative.org or to our global office: geneva@reach-initiative.org.

Visit **www.reach-initiative.org** and follow us @ REACH_info.

Maiwut County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

Overview and Methodology

The dynamic and multi-faceted nature of the South Sudanese displacement crisis has created significant challenges for the delivery of humanitarian aid. Accessibility and security issues within South Sudan have impeded a systematic understanding of Water, Sanitation and Hygiene (WASH) needs in many areas of the country, and have created difficulties in establishing a clear and unambiguous system for prioritizing the delivery of aid, thereby limiting the effectiveness of humanitarian planning and limiting the potential impact of donor funding. As this crisis continues to expand, evolve and spill into neighbouring countries, it has become increasingly important to fill information gaps to inform a more effective humanitarian response and planning for immediate life-saving WASH activities and contingency planning for durable solutions.

In 2018, REACH, in close coordination with the WASH Cluster, identified five core WASH indicators: 1. % of Households (HHs) by displacement status; 2. % of HHs reporting having safe access in under 30 minutes to an improved water source (borehole, tapstand, water yard) as their main source of drinking water; 3. % of HHs reporting having access to a latrine (private, shared, or communal/ institutional); 4. % of HHs reporting having access to key WASH Non-Food Items (NFIs) (soap, mosquito nets, water containers); and 5. % of HHs reporting that one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection.

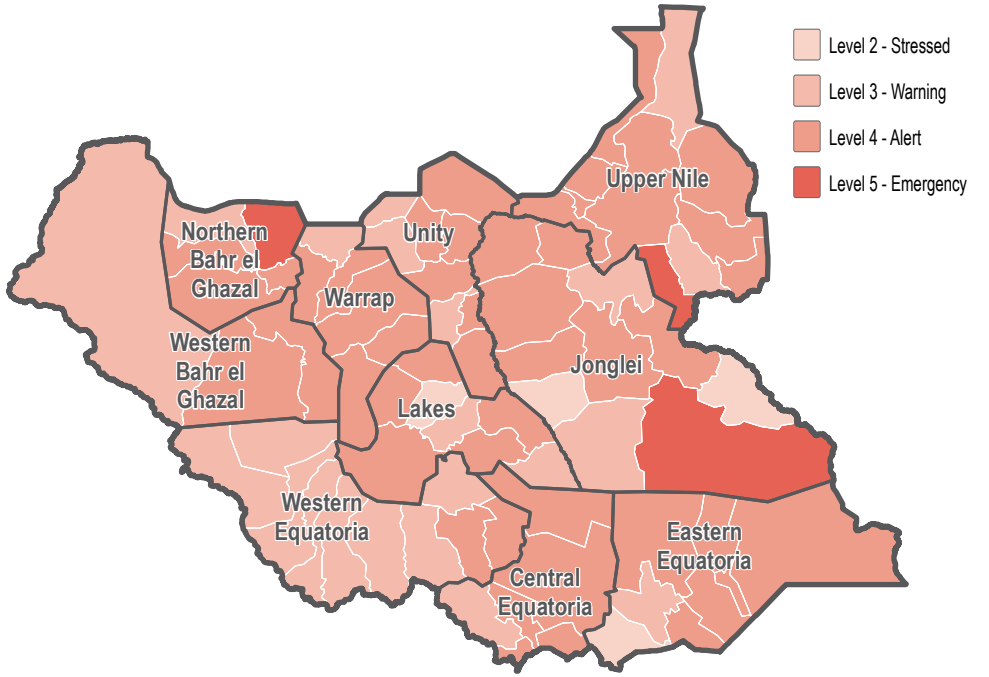
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH Cluster indicators for FSNMS Round 24 (July and August 2019). FSNMS is a seasonal countrywide assessment conducted, funded and run by the World Food Programme, UNICEF, and the Food and Agriculture Organization, and supported by REACH in Rounds 22-24. FSNMS, established in 2010, is a representative survey that employs two-stage cluster sampling, using a state based sample size and cluster determination. In each county, access permitting, 9 clusters were selected and 12 households interviewed per cluster.

FSNMS is a critical source of information that allows for the identification of affected areas, the prioritization of resources and for monitoring trends. The data collected during FSNMS is used for the Integrated Food Security Phase Classification (IPC) analysis, the Humanitarian Needs Overview (HNO) and the Humanitarian Response Plan (HRP), as well as additional decision making platforms.

FSNMS Assessment Coverage

Full coverage in the county was achieved. Findings related to a subset of the population may not be representative and should be considered indicative only.

WASH Needs Severity Map



This WASH composite indicator aims to measure the severity of WASH needs in each county. The composite was created with four indicators, each broken into 5 levels of severity, as seen in this matrix http://bit.ly/2EqRYwJ. The final severity ranking was created by calculating the average level from the following indicators: -Not having safe access in under 30min to an improved water source (borehole, tapstand, water yard) as a main source of drinking water

- Not having access to a latrine (private, shared, or communal/institutional)
- Not owning a jerrycan or bucket with a lid and soap, and that every member of the HHs did not sleep under a mosquito net
- Having one or more HH members affected by self-reported water or vector borne disease in the two weeks prior to data collection

Displacement

Percentage of households by displacement status[1]

Host community	94%
IDP	3%
Refugee	1%
Refugee returnees	1%
Returnee	1%

Percentage of Internally Displaced Person (IDP) households by time arrived in their current location

In the last one year	67%
Between 2-3 years	33%

Percentage of returnee households by time arrived in their current location

In the last one year	100%

Most commonly reported vulnerability, by percentage of households

Children under 5	99%
Female headed	89%
Conflict injuries	67%
Elderly persons	58%
Chronically ill	40%

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Maiwut County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

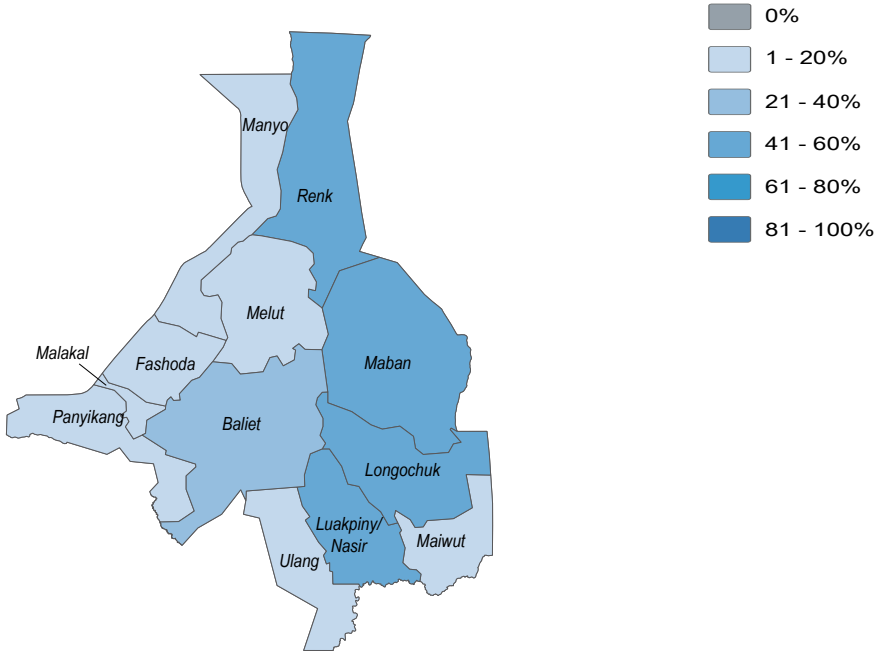
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Water

40%	of **Maiwut County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August 2019. This was a decrease from the previous season
43%	of **Maiwut County** HHs reported having safe access to an improved source of drinking water as their main source, in November and December 2018
25%	of HHs in **Maiwut County** reported feeling unsafe while collecting water, in July and August 2019. This was an increase from the previous season
9%	of HHs in **Maiwut County** reported feeling unsafe while collecting water, in November and December 2018

% of HHs having safe access in under 30min to an improved water source (borehole, tapstand, water yard) as their main source of drinking water



This simple water access composite indicator aims to measure access to an improved water source, without protection concern. The composite was created by averaging the 'yes' responses of households reporting on the following indicators, with all indicators considered to have the same weight:

- Access to a borehole, tapstand, or water yard as the primary source of drinking water
- Can collect water (walking to collection point, waiting, filling container, returning home) in under 30 minutes
- Did not report any security concerns while accessing water point

Most commonly reported sources of drinking water (by percentage of households)

Most commonly reported time spent collecting drinking water (walking to collection point, waiting, filling container, returning home) (by percentage of households)

Overall

River or stream	49%	30 minutes - 1 hour	38%
Borehole	33%	< 30 minutes	37%
Unprotected well	11%	1 hour - half a day	23%
Tap stand	7%	Half a day	1%

Host

River or stream	48%	30 minutes - 1 hour	39%
Borehole	34%	< 30 minutes	37%
Unprotected well	11%	1 hour - half a day	24%
Tap stand	8%	Half a day	1%

IDPs

River or stream	67%	< 30 minutes	33%
Unprotected well	33%	1 hour - half a day	33%
		30 minutes - 1 hour	33%

Returnees

River or stream	100%	30 minutes - 1 hour	100%

Maiwut County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

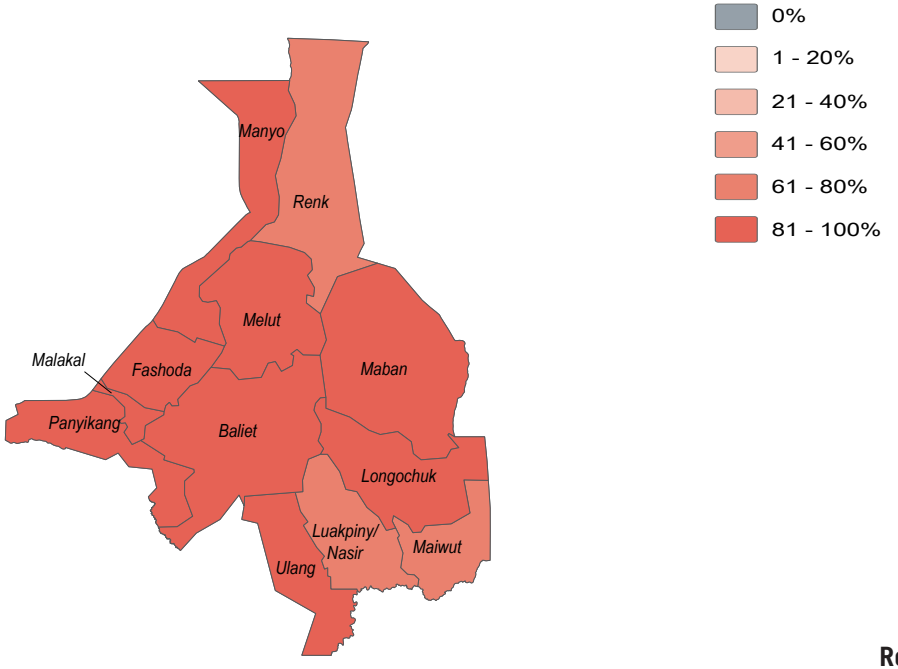
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Sanitation

34%	of **Maiwut County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in July and August 2019. This was an increase from from the previous season
0%	of **Maiwut County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in November and December 2018.
7%	of HHs in **Maiwut County** reported their most common defecation location was a latrine, in July and August 2019. This was an increase from the previous season
0%	of HHs in **Maiwut County** reported their most common defecation location was a latrine, in November and December 2018.

% of HHs reporting no latrine (private, shared, or communal/institutional)[2] present



Most commonly reported defecation location for adults (by percentage of households)

Type of latrines available (by percentage of households)

Overall

In the bush	79%
In the river	9%
In the latrine	7%
No answer	3%
Dig a hole and cover	2%

No latrine available	65%
Family latrine	30%
Communal latrine	2%
Shared latrine	2%
I don't know	1%

Host

In the bush	78%
In the river	10%
In the latrine	7%
No answer	3%
Dig a hole and cover	2%

No latrine available	63%
Family latrine	32%
Communal latrine	2%
Shared latrine	2%
I don't know	1%

IDPs

In the bush	100%

Returnees

In the bush	100%

No latrine available	100%

Maiwut County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

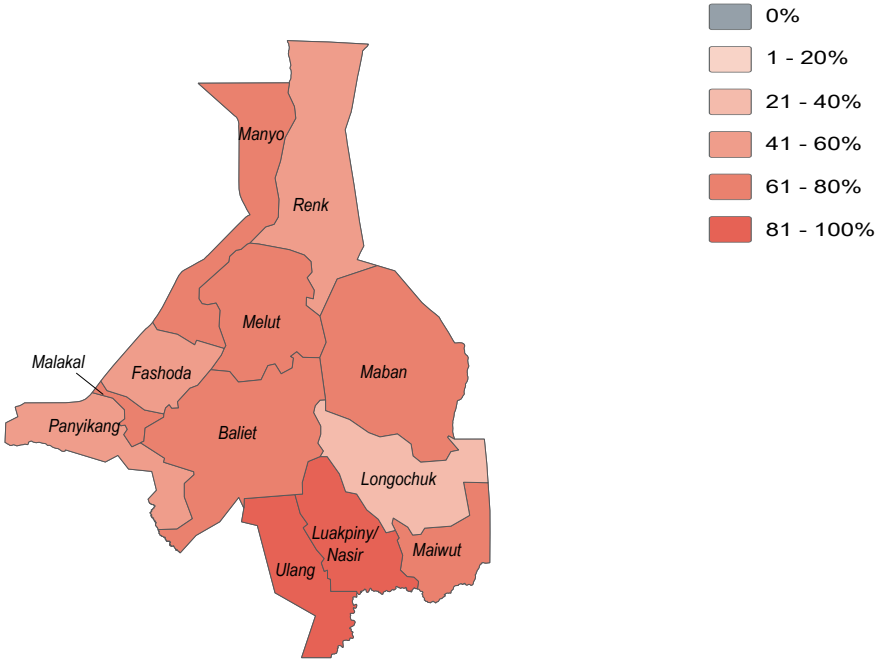
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Health

70%	of **Maiwut County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August 2019. This was an increase from the previous season
51%	of **Maiwut County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December 2018
Fever	was the most commonly reported water or vector borne disease in July and August 2019 in **Maiwut County**. This was the same as the previous season
Fever	was the most commonly reported water or vector borne disease in November and December 2018 in **Maiwut County**

% of HH with one or more HH member affected by self-reported water or vector borne disease in the two weeks prior to data collection



Most commonly self-reported water or vector borne diseases for adults in the two weeks prior to data collection (by percentage of households)

Overall	Malaria	35%
	Stomach pain	32%
	Skin infection	28%
	AWD	25%
	Fever	24%
Host	Malaria	37%
	Stomach pain	34%
	Skin infection	30%
	AWD	27%
	Fever	26%
IDPs	Fever	100%
	AWD	67%
	Don't know	33%
Returnees	Eye infection	100%
	Fever	100%

Most commonly self-reported water or vector borne disease for children under 5 in the two weeks prior to data collection (by percentage of households)[3]

Overall	Malaria	35%
	Stomach pain	32%
	Skin infection	28%
	AWD	25%
	Fever	24%
Host	Fever	57%
	AWD	44%
	Malaria	42%
	Eye infection	40%
	Skin infection	38%

REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Maiwut County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

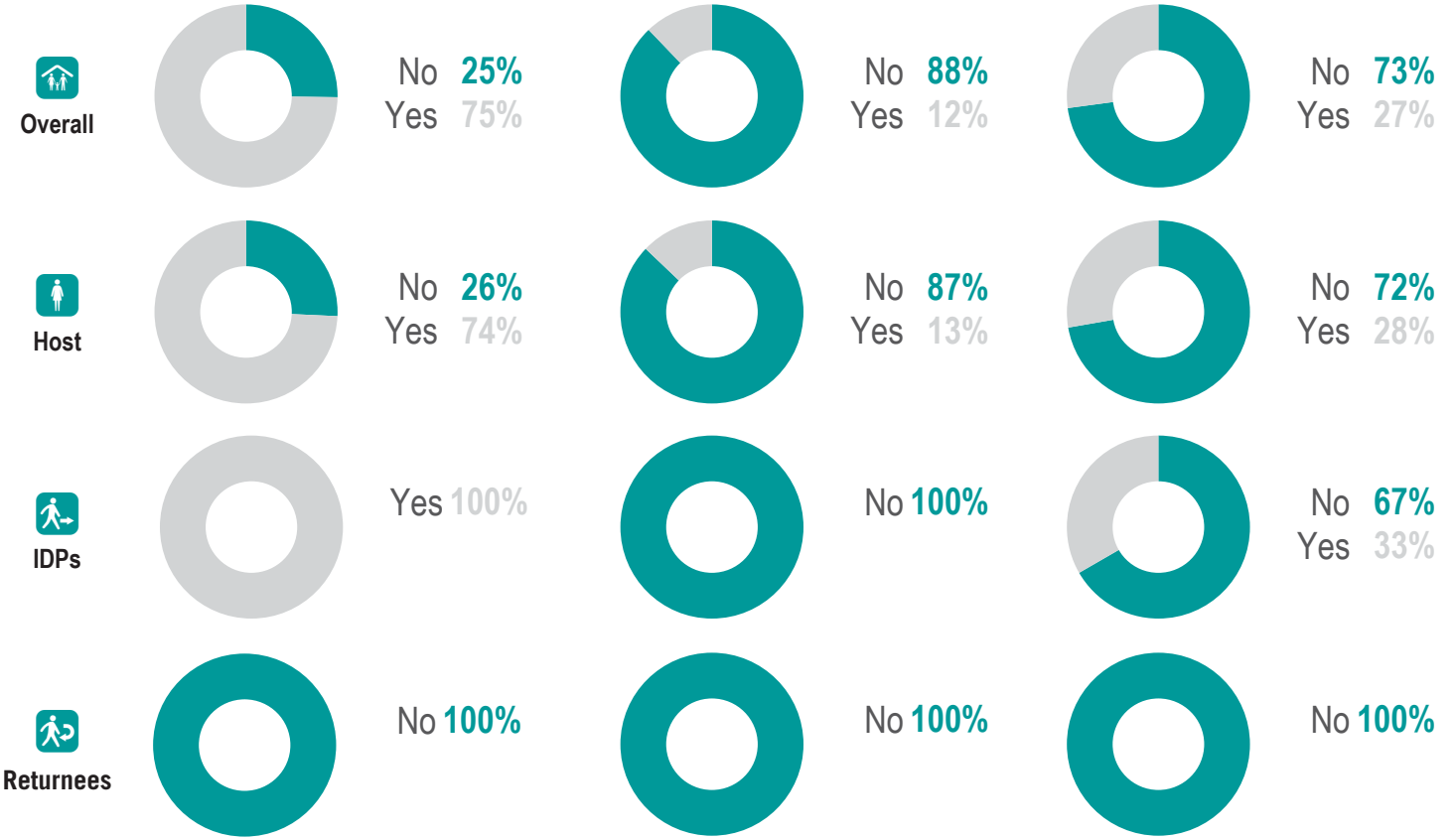
WASH Cluster
Water Sanitation Hygiene

July/August 2019

NFI WASH NFIs

6%	of **Maiwut County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap[4], and that every member of the HH slept under a mosquito net in July and August 2019[5]. This was a decrease from the previous season
7%	of **Maiwut County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap, and that every member of the HH slept under a mosquito net in November and December 2018.
3	was the average number of jerrycans and/or buckets per HH in **Maiwut County** in July and August 2019. This was a decrease from the previous season
4	was the average number of jerrycans and/or buckets per HH in **Maiwut County** in November and December 2018

Ownership of a bucket or a jerrycan with a lid (by percentage of households)



Access to soap

(by percentage of households)

Every member of the household sleeps under a mosquito net (by percentage of households)

Endnotes

1. This data is as of July/August 2019. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. AWD is Acute Watery Diarrhoea.
4. Enumerators asked HHs responding positively to access to soap to produce the soap within a minute.
5. The composite indicator was created by averaging the 'yes' responses of HHs reporting on the following indicators, with all considered to have the same weight: access to soap, access to jerrycans/buckets with lids, everyone in the HH slept under a mosquito net.

About REACH

REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. All REACH activities are conducted through inter-agency aid coordination mechanisms.

For more information, you can write to our in-country office: southsudan@reach-initiative.org or to our global office: geneva@reach-initiative.org.

Visit **www.reach-initiative.org** and follow us @ REACH_info.

Malakal County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

Overview and Methodology

The dynamic and multi-faceted nature of the South Sudanese displacement crisis has created significant challenges for the delivery of humanitarian aid. Accessibility and security issues within South Sudan have impeded a systematic understanding of Water, Sanitation and Hygiene (WASH) needs in many areas of the country, and have created difficulties in establishing a clear and unambiguous system for prioritizing the delivery of aid, thereby limiting the effectiveness of humanitarian planning and limiting the potential impact of donor funding. As this crisis continues to expand, evolve and spill into neighbouring countries, it has become increasingly important to fill information gaps to inform a more effective humanitarian response and planning for immediate life-saving WASH activities and contingency planning for durable solutions.

In 2018, REACH, in close coordination with the WASH Cluster, identified five core WASH indicators: 1. % of Households (HHs) by displacement status; 2. % of HHs reporting having safe access in under 30 minutes to an improved water source (borehole, tapstand, water yard) as their main source of drinking water; 3. % of HHs reporting having access to a latrine (private, shared, or communal/ institutional); 4. % of HHs reporting having access to key WASH Non-Food Items (NFIs) (soap, mosquito nets, water containers); and 5. % of HHs reporting that one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection.

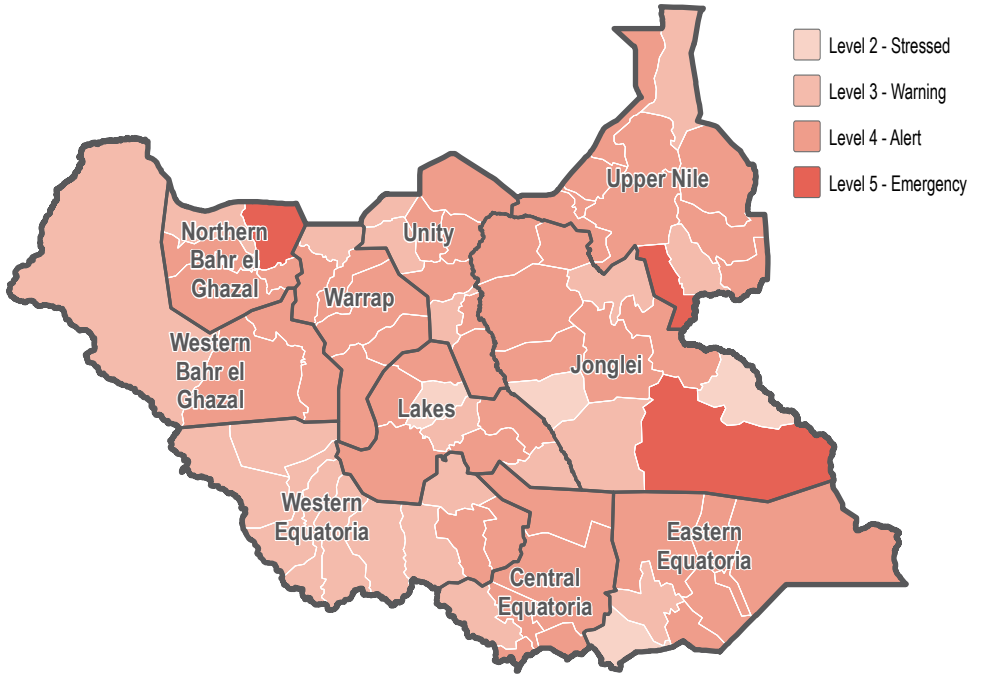
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH Cluster indicators for FSNMS Round 24 (July and August 2019). FSNMS is a seasonal countrywide assessment conducted, funded and run by the World Food Programme, UNICEF, and the Food and Agriculture Organization, and supported by REACH in Rounds 22-24. FSNMS, established in 2010, is a representative survey that employs two-stage cluster sampling, using a state based sample size and cluster determination. In each county, access permitting, 9 clusters were selected and 12 households interviewed per cluster.

FSNMS is a critical source of information that allows for the identification of affected areas, the prioritization of resources and for monitoring trends. The data collected during FSNMS is used for the Integrated Food Security Phase Classification (IPC) analysis, the Humanitarian Needs Overview (HNO) and the Humanitarian Response Plan (HRP), as well as additional decision making platforms.

FSNMS Assessment Coverage

Full coverage in the county was achieved. Findings related to a subset of the population may not be representative and should be considered indicative only.

WASH Needs Severity Map



This WASH composite indicator aims to measure the severity of WASH needs in each county. The composite was created with four indicators, each broken into 5 levels of severity, as seen in this matrix http://bit.ly/2EqRYwJ. The final severity ranking was created by calculating the average level from the following indicators: -Not having safe access in under 30min to an improved water source (borehole, tapstand, water yard) as a main source of drinking water
- Not having access to a latrine (private, shared, or communal/institutional)
- Not owning a jerrycan or bucket with a lid and soap, and that every member of the HHs did not sleep under a mosquito net
- Having one or more HH members affected by self-reported water or vector borne disease in the two weeks prior to data collection

Displacement

Percentage of households by displacement status[1]

Host community	100%

Percentage of Internally Displaced Person (IDP) households by time arrived in their current location

Percentage of returnee households by time arrived in their current location

Most commonly reported vulnerability, by percentage of households

Female headed	57%
Children under 5	47%
Elderly persons	46%
Conflict injuries	33%
Physically disabled	19%

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Malakal County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

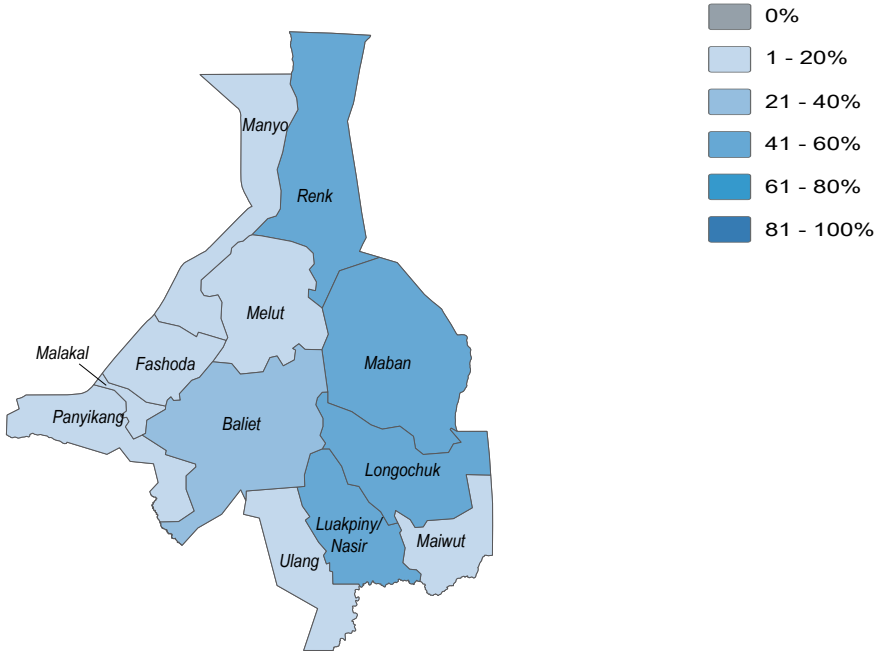
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Water

12%	of **Malakal County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August 2019. This was an increase from the previous season
11%	of **Malakal County** HHs reported having safe access to an improved source of drinking water as their main source, in November and December 2018
3%	of HHs in **Malakal County** reported feeling unsafe while collecting water, in July and August 2019. This was a decrease from the previous season
11%	of HHs in **Malakal County** reported feeling unsafe while collecting water, in November and December 2018

% of HHs having safe access in under 30min to an improved water source (borehole, tapstand, water yard) as their main source of drinking water



Most commonly reported sources of drinking water (by percentage of households)

Most commonly reported time spent collecting drinking water (walking to collection point, waiting, filling container, returning home) (by percentage of households)

Overall

River or stream	88%	< 30 minutes	72%
Tap stand	6%	30 minutes - 1 hour	28%
Borehole	6%		

Host

River or stream	88%	< 30 minutes	72%
Tap stand	6%	30 minutes - 1 hour	28%
Borehole	6%		

IDPs

Returnees

This simple water access composite indicator aims to measure access to an improved water source, without protection concern. The composite was created by averaging the 'yes' responses of households reporting on the following indicators, with all indicators considered to have the same weight:

- Access to a borehole, tapstand, or water yard as the primary source of drinking water
- Can collect water (walking to collection point, waiting, filling container, returning home) in under 30 minutes
- Did not report any security concerns while accessing water point

Malakal County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

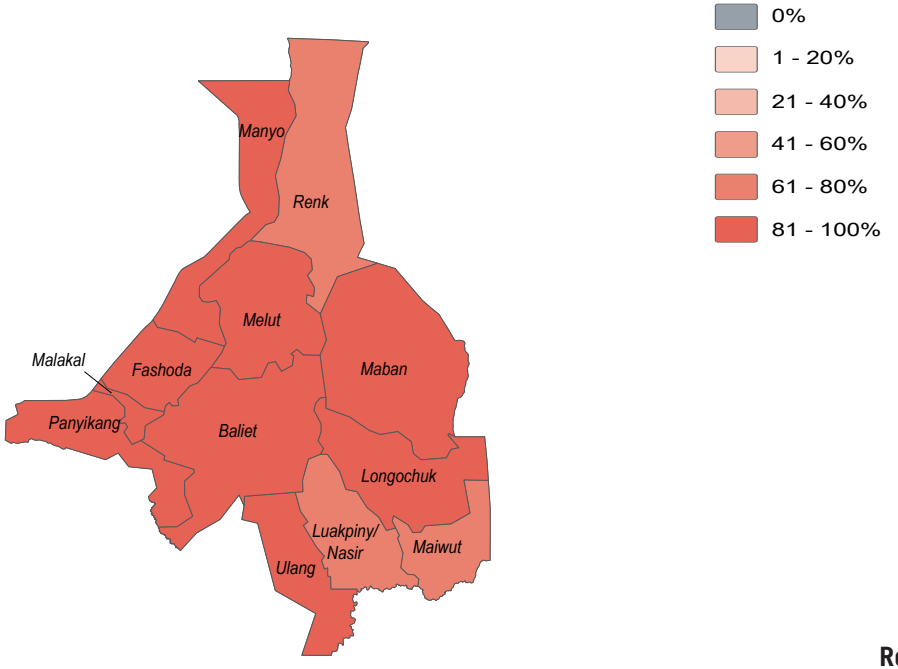
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Sanitation

13%	of **Malakal County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in July and August 2019. This was a decrease from from the previous season
32%	of **Malakal County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in November and December 2018.
18%	of HHs in **Malakal County** reported their most common defecation location was a latrine, in July and August 2019. This was a decrease from the previous season
30%	of HHs in **Malakal County** reported their most common defecation location was a latrine, in November and December 2018.

% of HHs reporting no latrine (private, shared, or communal/institutional)[2] present



Most commonly reported defecation location for adults (by percentage of households)

Type of latrines available (by percentage of households)

Overall

In the bush	82%
In the latrine	18%

No latrine available	87%
Family latrine	6%
Shared latrine	5%
Communal latrine	2%

Host

In the bush	82%
In the latrine	18%

No latrine available	87%
Family latrine	6%
Shared latrine	5%
Communal latrine	2%

IDPs

Returnees

REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Malakal County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

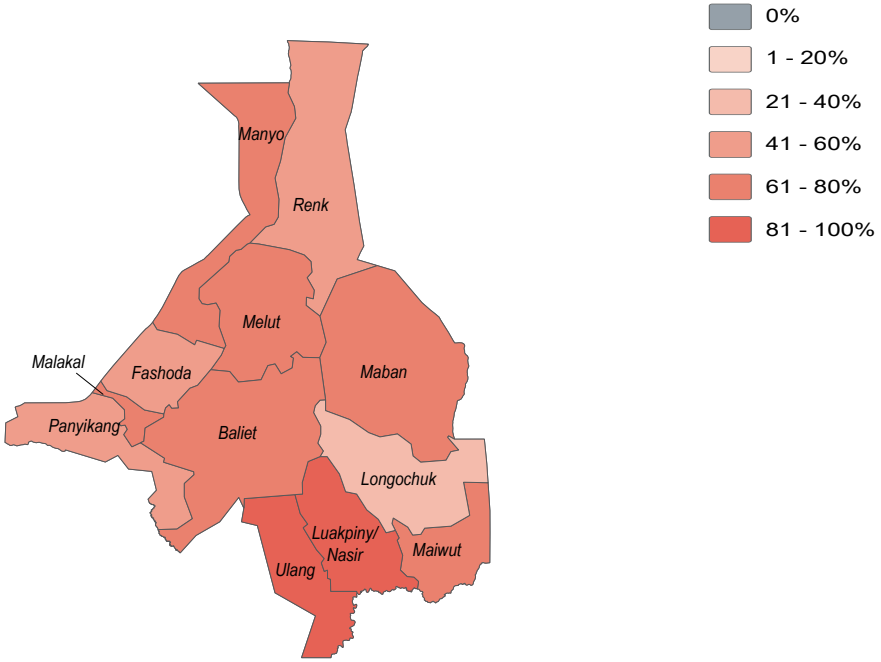
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Health

64%	of **Malakal County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August 2019. This was an increase from the previous season
61%	of **Malakal County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December 2018
Malaria	was the most commonly reported water or vector borne disease in July and August 2019 in **Malakal County**. This was different to the previous season
Fever	was the most commonly reported water or vector borne disease in November and December 2018 in **Malakal County**

% of HH with one or more HH member affected by self-reported water or vector borne disease in the two weeks prior to data collection



Most commonly self-reported water or vector borne diseases for adults in the two weeks prior to data collection (by percentage of households)

Overall	Malaria	39%
	Typhoid	15%
	Stomach pain	11%
	Fever	3%
	Flu	3%
Host	Malaria	39%
	Typhoid	15%
	Stomach pain	11%
	Fever	3%
	Flu	3%
IDPs		
Returnees		

Most commonly self-reported water or vector borne disease for children under 5 in the two weeks prior to data collection (by percentage of households)[3]

Overall	Malaria	39%
	Typhoid	15%
	Stomach pain	11%
	Fever	3%
	Flu	3%
Host	Malaria	34%
	Fever	14%
	Typhoid	12%
	AWD	9%
	Stomach pain	9%

REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Malakal County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

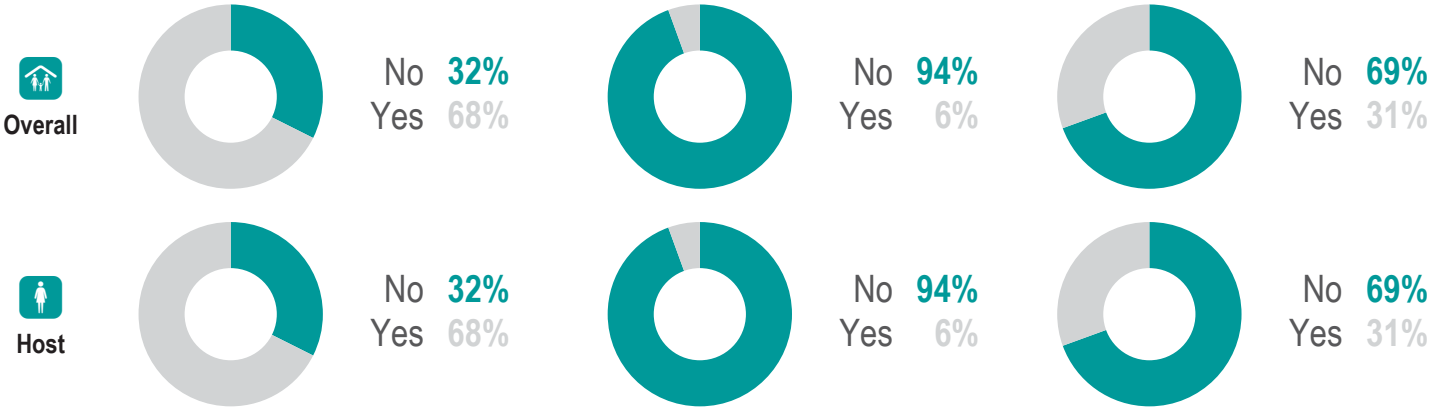
NFI WASH NFIs

2%	of **Malakal County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap[4], and that every member of the HH slept under a mosquito net in July and August 2019[5]. This was a decrease from the previous season
14%	of **Malakal County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap, and that every member of the HH slept under a mosquito net in November and December 2018.
3	was the average number of jerrycans and/or buckets per HH in **Malakal County** in July and August 2019. This was an increase from the previous season
2	was the average number of jerrycans and/or buckets per HH in **Malakal County** in November and December 2018

Ownership of a bucket or a jerrycan with a lid (by percentage of households)

Access to soap (by percentage of households)

Every member of the household sleeps under a mosquito net (by percentage of households)



Endnotes

1. This data is as of July/August 2019. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. AWD is Acute Watery Diarrhoea.
4. Enumerators asked HHs responding positively to access to soap to produce the soap within a minute.
5. The composite indicator was created by averaging the 'yes' responses of HHs reporting on the following indicators, with all considered to have the same weight: access to soap, access to jerrycans/buckets with lids, everyone in the HH slept under a mosquito net.

About REACH

REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. All REACH activities are conducted through inter-agency aid coordination mechanisms.

For more information, you can write to our in-country office: southsudan@reach-initiative.org or to our global office: geneva@reach-initiative.org.

Visit **www.reach-initiative.org** and follow us @ REACH_info.

Manyo County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

Overview and Methodology

The dynamic and multi-faceted nature of the South Sudanese displacement crisis has created significant challenges for the delivery of humanitarian aid. Accessibility and security issues within South Sudan have impeded a systematic understanding of Water, Sanitation and Hygiene (WASH) needs in many areas of the country, and have created difficulties in establishing a clear and unambiguous system for prioritizing the delivery of aid, thereby limiting the effectiveness of humanitarian planning and limiting the potential impact of donor funding. As this crisis continues to expand, evolve and spill into neighbouring countries, it has become increasingly important to fill information gaps to inform a more effective humanitarian response and planning for immediate life-saving WASH activities and contingency planning for durable solutions.

In 2018, REACH, in close coordination with the WASH Cluster, identified five core WASH indicators: 1. % of Households (HHs) by displacement status; 2. % of HHs reporting having safe access in under 30 minutes to an improved water source (borehole, tapstand, water yard) as their main source of drinking water; 3. % of HHs reporting having access to a latrine (private, shared, or communal/ institutional); 4. % of HHs reporting having access to key WASH Non-Food Items (NFIs) (soap, mosquito nets, water containers); and 5. % of HHs reporting that one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection.

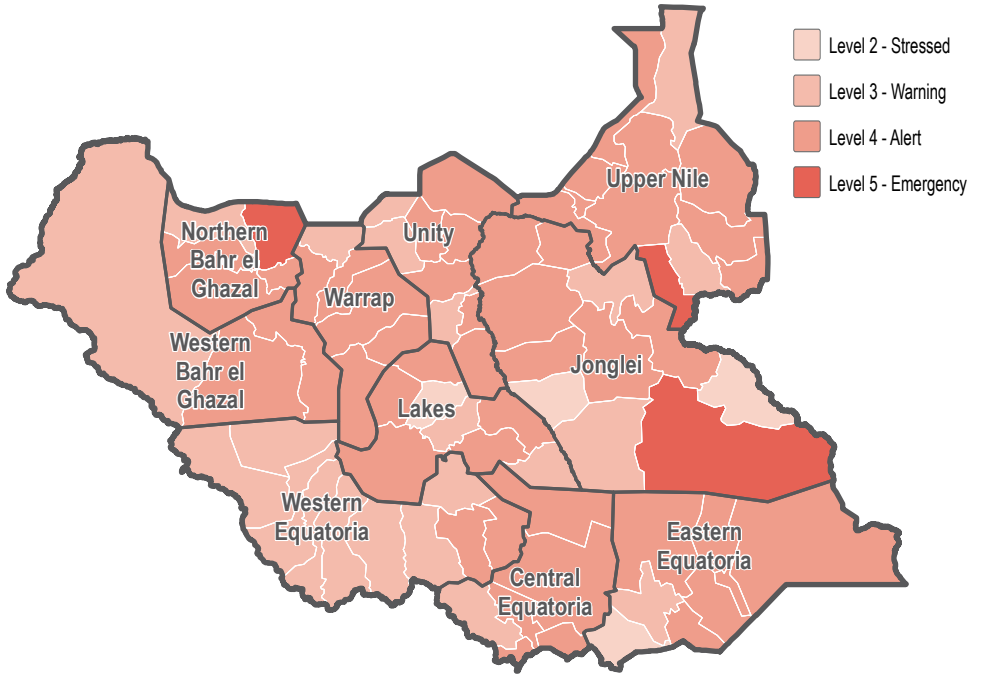
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH Cluster indicators for FSNMS Round 24 (July and August 2019). FSNMS is a seasonal countrywide assessment conducted, funded and run by the World Food Programme, UNICEF, and the Food and Agriculture Organization, and supported by REACH in Rounds 22-24. FSNMS, established in 2010, is a representative survey that employs two-stage cluster sampling, using a state based sample size and cluster determination. In each county, access permitting, 9 clusters were selected and 12 households interviewed per cluster.

FSNMS is a critical source of information that allows for the identification of affected areas, the prioritization of resources and for monitoring trends. The data collected during FSNMS is used for the Integrated Food Security Phase Classification (IPC) analysis, the Humanitarian Needs Overview (HNO) and the Humanitarian Response Plan (HRP), as well as additional decision making platforms.

FSNMS Assessment Coverage

Full coverage in the county was achieved. Findings related to a subset of the population may not be representative and should be considered indicative only.

WASH Needs Severity Map



This WASH composite indicator aims to measure the severity of WASH needs in each county. The composite was created with four indicators, each broken into 5 levels of severity, as seen in this matrix http://bit.ly/2EqRYwJ. The final severity ranking was created by calculating the average level from the following indicators: -Not having safe access in under 30min to an improved water source (borehole, tapstand, water yard) as a main source of drinking water

- Not having access to a latrine (private, shared, or communal/institutional)
- Not owning a jerrycan or bucket with a lid and soap, and that every member of the HHs did not sleep under a mosquito net
- Having one or more HH members affected by self-reported water or vector borne disease in the two weeks prior to data collection

Displacement

Percentage of households by displacement status[1]

Host community	88%
IDP	8%
Refugee returnees	3%
Returnee	1%

Percentage of Internally Displaced Person (IDP) households by time arrived in their current location

In the last one year	33%
Around 5 years	22%
Between 2-3 years	22%
More than 5 years	22%

Percentage of returnee households by time arrived in their current location

In the last one year	100%

Most commonly reported vulnerability, by percentage of households

Children under 5	56%
Female headed	44%
Elderly persons	30%
Conflict injuries	17%
Physically disabled	8%

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Manyo County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

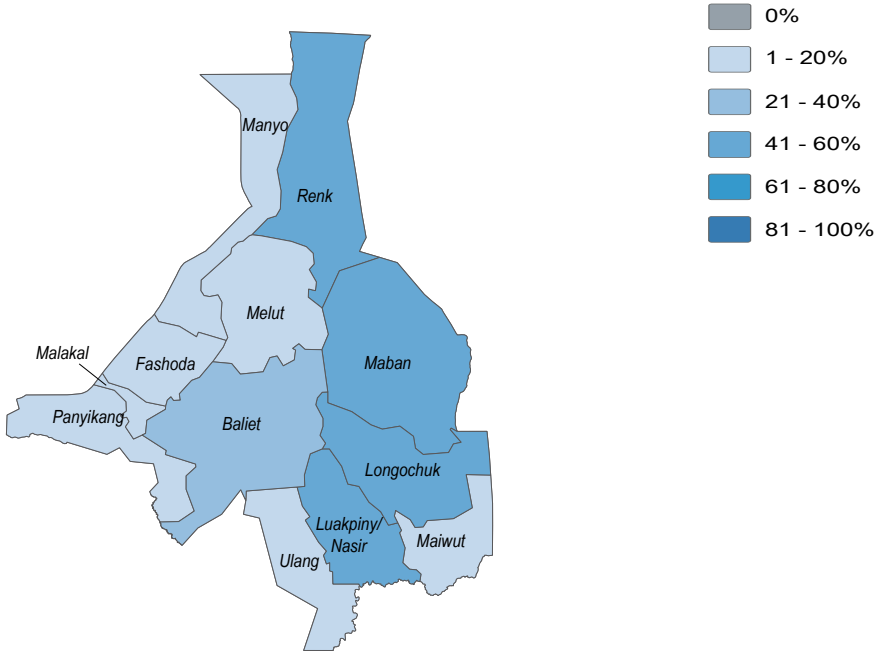
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Water

10%	of **Manyo County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August 2019. This was an increase from the previous season
6%	of **Manyo County** HHs reported having safe access to an improved source of drinking water as their main source, in November and December 2018
19%	of HHs in **Manyo County** reported feeling unsafe while collecting water, in July and August 2019. This was an increase from the previous season
7%	of HHs in **Manyo County** reported feeling unsafe while collecting water, in November and December 2018

% of HHs having safe access in under 30min to an improved water source (borehole, tapstand, water yard) as their main source of drinking water



This simple water access composite indicator aims to measure access to an improved water source, without protection concern. The composite was created by averaging the 'yes' responses of households reporting on the following indicators, with all indicators considered to have the same weight:

- Access to a borehole, tapstand, or water yard as the primary source of drinking water
- Can collect water (walking to collection point, waiting, filling container, returning home) in under 30 minutes
- Did not report any security concerns while accessing water point

	Most commonly reported sources of drinking water (by percentage of households)		Most commonly reported time spent collecting drinking water (walking to collection point, waiting, filling container, returning home) (by percentage of households)	
Overall	River or stream	73%	30 minutes - 1 hour	54%
	Swamp	14%	< 30 minutes	39%
	Tap stand	8%	1 hour - half a day	7%
	Other source	3%		
	Borehole	2%		
Host	River or stream	73%	30 minutes - 1 hour	54%
	Swamp	13%	< 30 minutes	40%
	Tap stand	9%	1 hour - half a day	6%
	Other source	3%		
	Borehole	2%		
IDPs	River or stream	89%	< 30 minutes	44%
	Swamp	11%	30 minutes - 1 hour	33%
			1 hour - half a day	22%
Returnees	River or stream	100%	30 minutes - 1 hour	100%

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Manyo County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

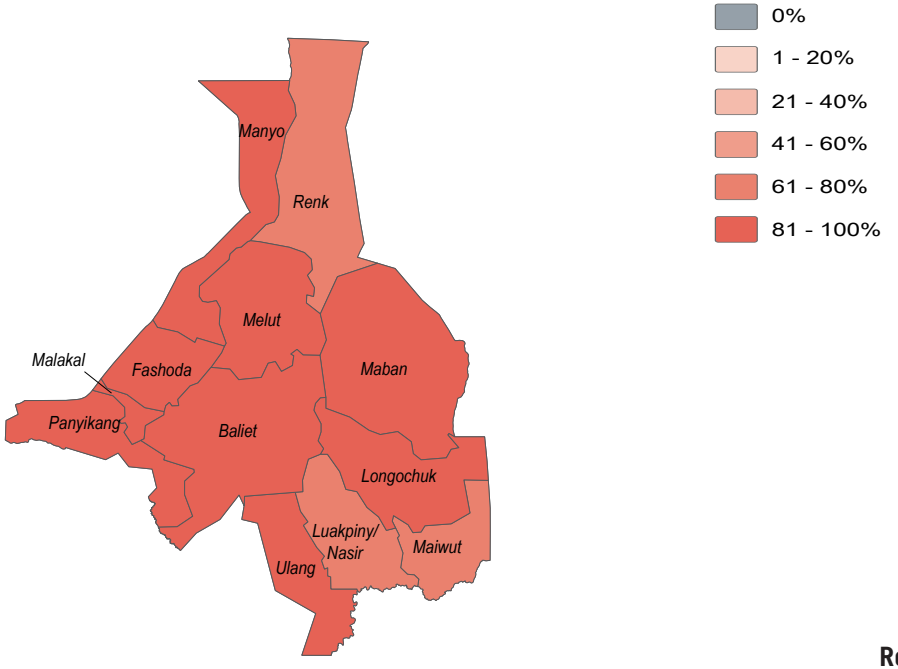
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Sanitation

11%	of **Manyo County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in July and August 2019. This was a decrease from from the previous season
26%	of **Manyo County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in November and December 2018.
6%	of HHs in **Manyo County** reported their most common defecation location was a latrine, in July and August 2019. This was a decrease from the previous season
22%	of HHs in **Manyo County** reported their most common defecation location was a latrine, in November and December 2018.

% of HHs reporting no latrine (private, shared, or communal/institutional)[2] present



Most commonly reported defecation location for adults (by percentage of households)

Type of latrines available (by percentage of households)

Overall

In the bush	94%
In the latrine	6%

No latrine available	89%
Family latrine	9%
Shared latrine	2%

Host

In the bush	94%
In the latrine	6%

No latrine available	88%
Family latrine	9%
Shared latrine	2%

IDPs

In the bush	89%
In the latrine	11%

Returnees

In the bush	100%

No latrine available	100%

Manyo County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

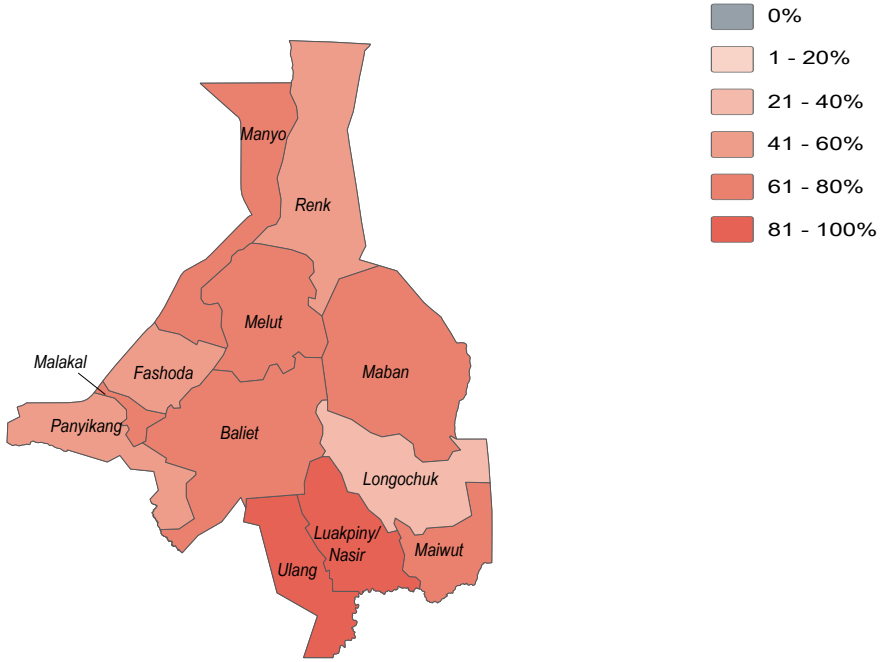
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Health

71%	of **Manyo County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August 2019. This was an increase from the previous season
62%	of **Manyo County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December 2018
Fever	was the most commonly reported water or vector borne disease in July and August 2019 in **Manyo County**. This was different to the previous season
Malaria	was the most commonly reported water or vector borne disease in November and December 2018 in **Manyo County**

% of HH with one or more HH member affected by self-reported water or vector borne disease in the two weeks prior to data collection



Most commonly self-reported water or vector borne diseases for adults in the two weeks prior to data collection (by percentage of households)

Overall	Malaria	13%
	Fever	7%
	Typhoid	6%
	No answer	5%
	Stomach pain	5%
Host	Malaria	14%
	Fever	8%
	Typhoid	6%
	Stomach pain	5%
	No answer	2%
IDPs	No answer	33%
	Flu	11%
	Malaria	11%
Returnees		

Most commonly self-reported water or vector borne disease for children under 5 in the two weeks prior to data collection (by percentage of households)[3]

Overall	Malaria	13%
	Fever	7%
	Typhoid	6%
	No answer	5%
	Stomach pain	5%
Host	Fever	19%
	Malaria	17%
	AWD	16%
	Stomach pain	7%
	Others	5%
IDPs	Fever	44%
	Malaria	22%
	AWD	11%
	Don't know	11%
Returnees		

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Manyo County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

NFI WASH NFIs

9%	of **Manyo County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap[4], and that every member of the HH slept under a mosquito net in July and August 2019[5]. This was a decrease from the previous season
44%	of **Manyo County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap, and that every member of the HH slept under a mosquito net in November and December 2018.
4	was the average number of jerrycans and/or buckets per HH in **Manyo County** in July and August 2019. This was a decrease from the previous season
6	was the average number of jerrycans and/or buckets per HH in **Manyo County** in November and December 2018

	Ownership of a bucket or a jerrycan with a lid (by percentage of households)		Access to soap (by percentage of households)		Every member of the household sleeps under a mosquito net (by percentage of households)	
Overall		No **23%** Yes 77%		No **72%** Yes 28%		No **40%** Yes 60%
Host		No **21%** Yes 79%		No **74%** Yes 26%		No **38%** Yes 62%
IDPs		No **44%** Yes 56%		No **67%** Yes 33%		No **56%** Yes 44%
Returnees		No **100%**		No **100%**		No **100%**

Endnotes

1. This data is as of July/August 2019. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. AWD is Acute Watery Diarrhoea.
4. Enumerators asked HHs responding positively to access to soap to produce the soap within a minute.
5. The composite indicator was created by averaging the 'yes' responses of HHs reporting on the following indicators, with all considered to have the same weight: access to soap, access to jerrycans/buckets with lids, everyone in the HH slept under a mosquito net.

About REACH

REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. All REACH activities are conducted through inter-agency aid coordination mechanisms.

For more information, you can write to our in-country office: southsudan@reach-initiative.org or to our global office: geneva@reach-initiative.org.

Visit **www.reach-initiative.org** and follow us @ REACH_info.

Melut County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

Overview and Methodology

The dynamic and multi-faceted nature of the South Sudanese displacement crisis has created significant challenges for the delivery of humanitarian aid. Accessibility and security issues within South Sudan have impeded a systematic understanding of Water, Sanitation and Hygiene (WASH) needs in many areas of the country, and have created difficulties in establishing a clear and unambiguous system for prioritizing the delivery of aid, thereby limiting the effectiveness of humanitarian planning and limiting the potential impact of donor funding. As this crisis continues to expand, evolve and spill into neighbouring countries, it has become increasingly important to fill information gaps to inform a more effective humanitarian response and planning for immediate life-saving WASH activities and contingency planning for durable solutions.

In 2018, REACH, in close coordination with the WASH Cluster, identified five core WASH indicators: 1. % of Households (HHs) by displacement status; 2. % of HHs reporting having safe access in under 30 minutes to an improved water source (borehole, tapstand, water yard) as their main source of drinking water; 3. % of HHs reporting having access to a latrine (private, shared, or communal/ institutional); 4. % of HHs reporting having access to key WASH Non-Food Items (NFIs) (soap, mosquito nets, water containers); and 5. % of HHs reporting that one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection.

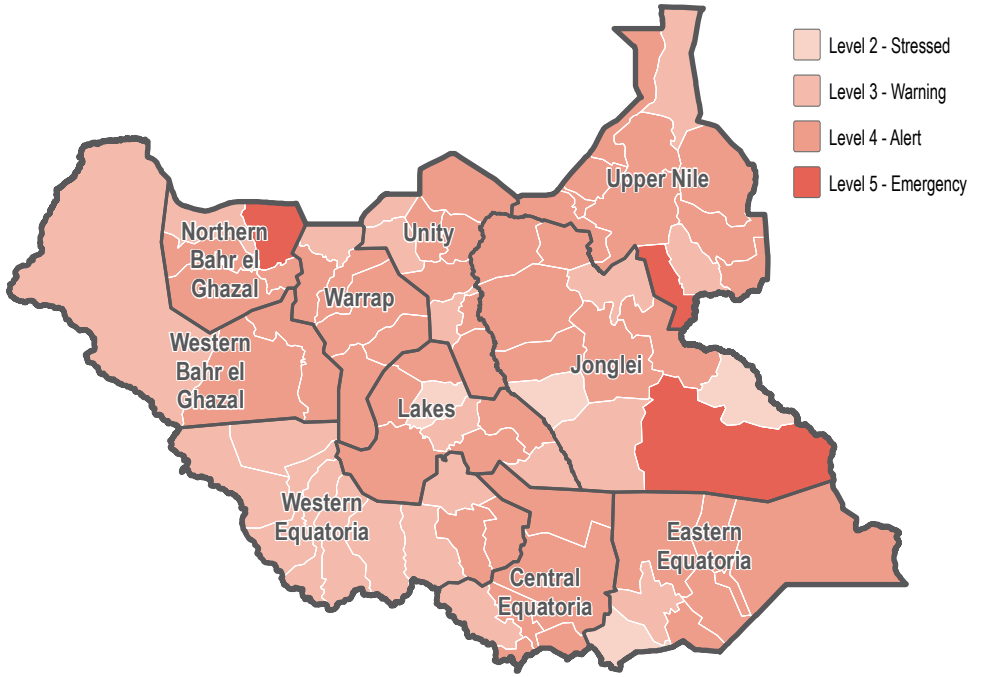
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH Cluster indicators for FSNMS Round 24 (July and August 2019). FSNMS is a seasonal countrywide assessment conducted, funded and run by the World Food Programme, UNICEF, and the Food and Agriculture Organization, and supported by REACH in Rounds 22-24. FSNMS, established in 2010, is a representative survey that employs two-stage cluster sampling, using a state based sample size and cluster determination. In each county, access permitting, 9 clusters were selected and 12 households interviewed per cluster.

FSNMS is a critical source of information that allows for the identification of affected areas, the prioritization of resources and for monitoring trends. The data collected during FSNMS is used for the Integrated Food Security Phase Classification (IPC) analysis, the Humanitarian Needs Overview (HNO) and the Humanitarian Response Plan (HRP), as well as additional decision making platforms.

FSNMS Assessment Coverage

Full coverage in the county was achieved. Findings related to a subset of the population may not be representative and should be considered indicative only.

WASH Needs Severity Map



This WASH composite indicator aims to measure the severity of WASH needs in each county. The composite was created with four indicators, each broken into 5 levels of severity, as seen in this matrix http://bit.ly/2EqRYwJ. The final severity ranking was created by calculating the average level from the following indicators: -Not having safe access in under 30min to an improved water source (borehole, tapstand, water yard) as a main source of drinking water

- Not having access to a latrine (private, shared, or communal/institutional)
- Not owning a jerrycan or bucket with a lid and soap, and that every member of the HHs did not sleep under a mosquito net
- Having one or more HH members affected by self-reported water or vector borne disease in the two weeks prior to data collection

Displacement

Percentage of households by displacement status[1]

Host community	97%
IDP	2%
Returnee	1%

Percentage of Internally Displaced Person (IDP) households by time arrived in their current location

Between 2-3 years	50%
In the last one year	50%

Percentage of returnee households by time arrived in their current location

In the last one year	100%

Most commonly reported vulnerability, by percentage of households

Children under 5	82%
Elderly persons	53%
Conflict injuries	41%
Female headed	35%
Chronically ill	26%

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Melut County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

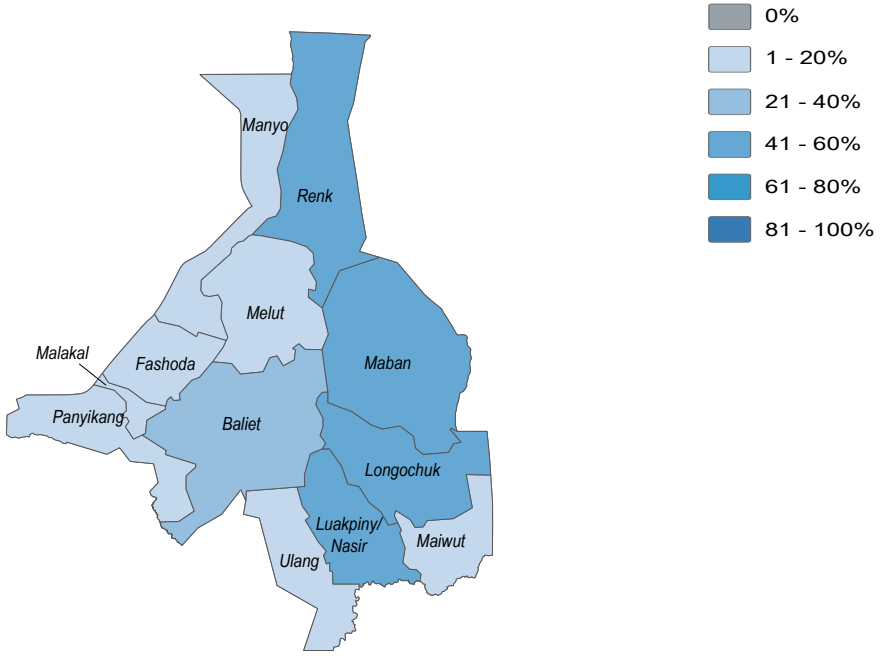
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Water

10%	of **Melut County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August 2019. This was a decrease from the previous season
24%	of **Melut County** HHs reported having safe access to an improved source of drinking water as their main source, in November and December 2018
20%	of HHs in **Melut County** reported feeling unsafe while collecting water, in July and August 2019. This was an increase from the previous season
0%	of HHs in **Melut County** reported feeling unsafe while collecting water, in November and December 2018

% of HHs having safe access in under 30min to an improved water source (borehole, tapstand, water yard) as their main source of drinking water



This simple water access composite indicator aims to measure access to an improved water source, without protection concern. The composite was created by averaging the 'yes' responses of households reporting on the following indicators, with all indicators considered to have the same weight:

- Access to a borehole, tapstand, or water yard as the primary source of drinking water
- Can collect water (walking to collection point, waiting, filling container, returning home) in under 30 minutes
- Did not report any security concerns while accessing water point

	Most commonly reported sources of drinking water (by percentage of households)		Most commonly reported time spent collecting drinking water (walking to collection point, waiting, filling container, returning home) (by percentage of households)	
Overall	River or stream	37%	< 30 minutes	76%
	Unprotected well	31%	30 minutes - 1 hour	15%
	Swamp	20%	1 hour - half a day	9%
	Tap stand	9%		
	Borehole	1%		
Host	River or stream	36%	< 30 minutes	75%
	Unprotected well	31%	30 minutes - 1 hour	15%
	Swamp	21%	1 hour - half a day	10%
	Tap stand	10%		
	Borehole	1%		
IDPs	River or stream	100%	< 30 minutes	100%
Returnees	Unprotected well	100%	< 30 minutes	100%

Melut County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

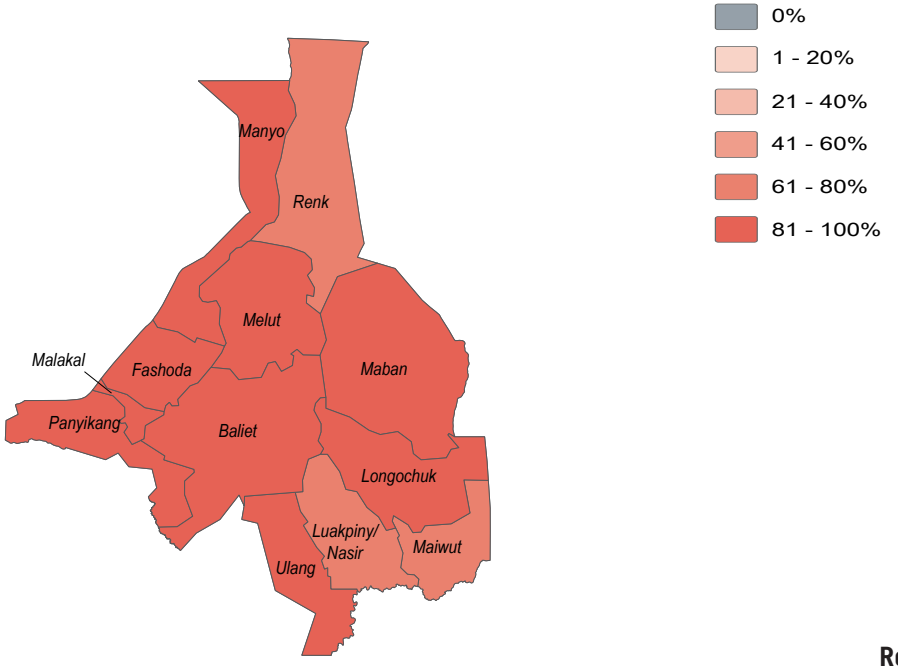
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Sanitation

19%	of **Melut County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in July and August 2019. This was an increase from from the previous season
0%	of **Melut County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in November and December 2018.
0%	of HHs in **Melut County** reported their most common defecation location was a latrine, in July and August 2019. This was the same as the previous season
0%	of HHs in **Melut County** reported their most common defecation location was a latrine, in November and December 2018.

% of HHs reporting no latrine (private, shared, or communal/institutional)[2] present



Most commonly reported defecation location for adults (by percentage of households)

Type of latrines available (by percentage of households)

Overall

In the bush	99%
No answer	1%

No latrine available	81%
Family latrine	19%
I don't know	1%

Host

In the bush	99%
No answer	1%

No latrine available	81%
Family latrine	18%
I don't know	1%

IDPs

In the bush	100%

Returnees

In the bush	100%

Family latrine	100%

Melut County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

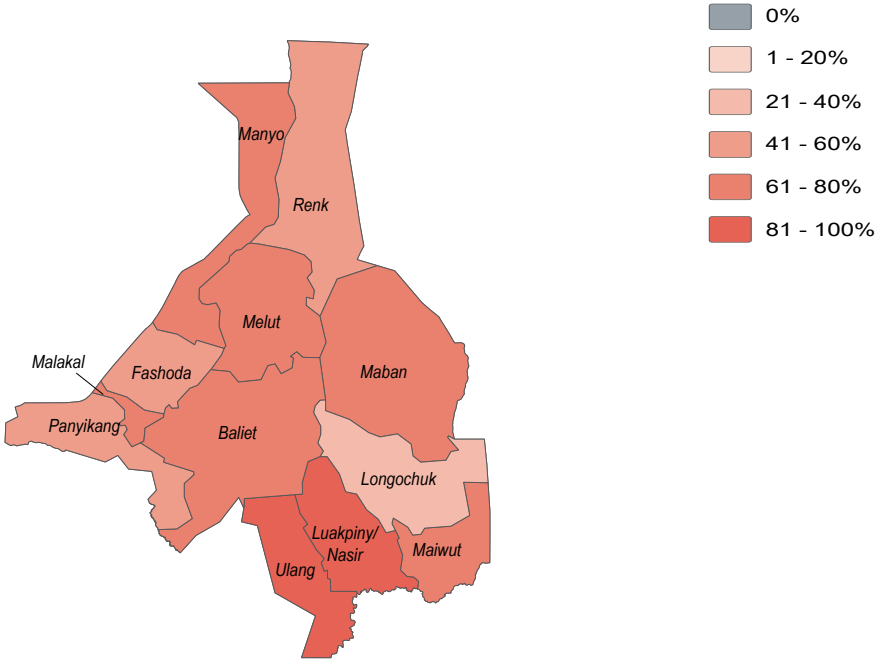
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Health

78%	of **Melut County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August 2019. This was an increase from the previous season
74%	of **Melut County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December 2018
Malaria	was the most commonly reported water or vector borne disease in July and August 2019 in **Melut County**. This was the same as the previous season
Malaria	was the most commonly reported water or vector borne disease in November and December 2018 in **Melut County**

% of HH with one or more HH member affected by self-reported water or vector borne disease in the two weeks prior to data collection



Most commonly self-reported water or vector borne diseases for adults in the two weeks prior to data collection (by percentage of households)

Overall	Malaria	31%
	AWD	16%
	Fever	14%
	Typhoid	14%
	Eye infection	8%
Host	Malaria	30%
	AWD	16%
	Typhoid	14%
	Fever	13%
	Eye infection	9%
IDPs	Fever	100%
	Flu	100%
	Malaria	50%
Returnees	Eye infection	100%
	Fever	100%
	Flu	100%
	Malaria	100%
	Stomach pain	100%

Most commonly self-reported water or vector borne disease for children under 5 in the two weeks prior to data collection (by percentage of households)[3]

Overall	Malaria	31%
	AWD	16%
	Fever	14%
	Typhoid	14%
	Eye infection	8%
Host	Malaria	43%
	Fever	35%
	AWD	33%
	Eye infection	14%
	Stomach pain	14%

Melut County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

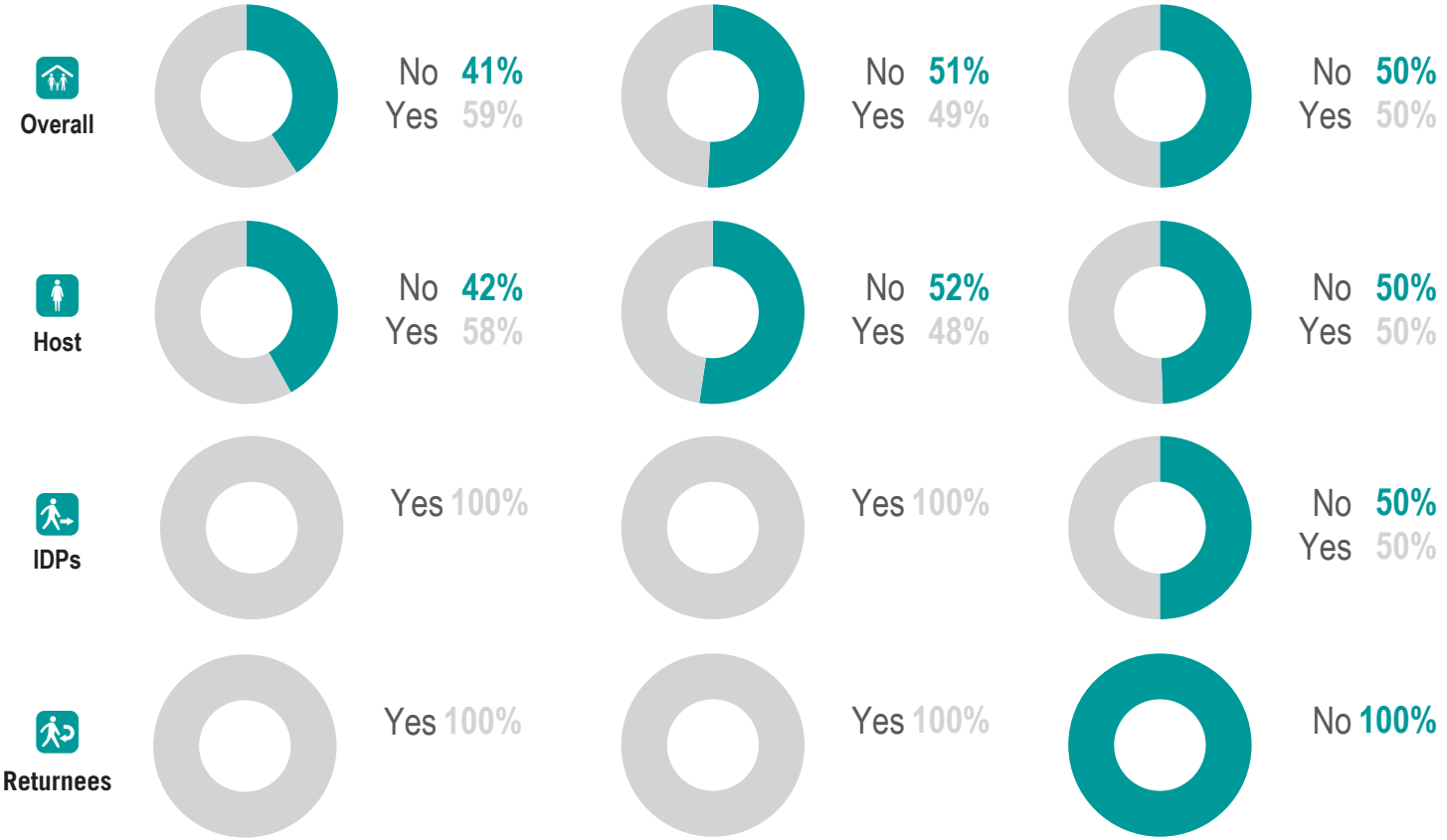
WASH Cluster
Water Sanitation Hygiene

July/August 2019

NFI WASH NFIs

8%	of **Melut County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap[4], and that every member of the HH slept under a mosquito net in July and August 2019[5]. This was the same as the previous season
8%	of **Melut County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap, and that every member of the HH slept under a mosquito net in November and December 2018.
2	was the average number of jerrycans and/or buckets per HH in **Melut County** in July and August 2019. This was the same as the previous season
2	was the average number of jerrycans and/or buckets per HH in **Melut County** in November and December 2018

Ownership of a bucket or a jerrycan with a lid (by percentage of households)



Access to soap

(by percentage of households)

Every member of the household sleeps under a mosquito net (by percentage of households)

Endnotes

1. This data is as of July/August 2019. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. AWD is Acute Watery Diarrhoea.
4. Enumerators asked HHs responding positively to access to soap to produce the soap within a minute.
5. The composite indicator was created by averaging the 'yes' responses of HHs reporting on the following indicators, with all considered to have the same weight: access to soap, access to jerrycans/buckets with lids, everyone in the HH slept under a mosquito net.

About REACH

REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. All REACH activities are conducted through inter-agency aid coordination mechanisms.

For more information, you can write to our in-country office: southsudan@reach-initiative.org or to our global office: geneva@reach-initiative.org.

Visit **www.reach-initiative.org** and follow us @ REACH_info.

Panyikang County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

Overview and Methodology

The dynamic and multi-faceted nature of the South Sudanese displacement crisis has created significant challenges for the delivery of humanitarian aid. Accessibility and security issues within South Sudan have impeded a systematic understanding of Water, Sanitation and Hygiene (WASH) needs in many areas of the country, and have created difficulties in establishing a clear and unambiguous system for prioritizing the delivery of aid, thereby limiting the effectiveness of humanitarian planning and limiting the potential impact of donor funding. As this crisis continues to expand, evolve and spill into neighbouring countries, it has become increasingly important to fill information gaps to inform a more effective humanitarian response and planning for immediate life-saving WASH activities and contingency planning for durable solutions.

In 2018, REACH, in close coordination with the WASH Cluster, identified five core WASH indicators: 1. % of Households (HHs) by displacement status; 2. % of HHs reporting having safe access in under 30 minutes to an improved water source (borehole, tapstand, water yard) as their main source of drinking water; 3. % of HHs reporting having access to a latrine (private, shared, or communal/ institutional); 4. % of HHs reporting having access to key WASH Non-Food Items (NFIs) (soap, mosquito nets, water containers); and 5. % of HHs reporting that one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection.

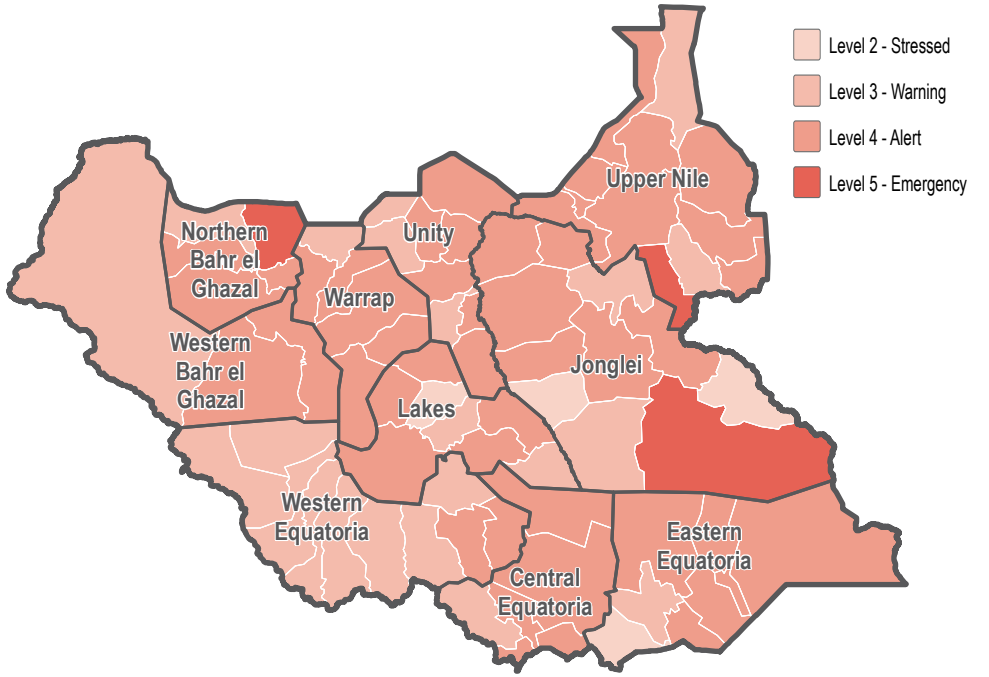
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH Cluster indicators for FSNMS Round 24 (July and August 2019). FSNMS is a seasonal countrywide assessment conducted, funded and run by the World Food Programme, UNICEF, and the Food and Agriculture Organization, and supported by REACH in Rounds 22-24. FSNMS, established in 2010, is a representative survey that employs two-stage cluster sampling, using a state based sample size and cluster determination. In each county, access permitting, 9 clusters were selected and 12 households interviewed per cluster.

FSNMS is a critical source of information that allows for the identification of affected areas, the prioritization of resources and for monitoring trends. The data collected during FSNMS is used for the Integrated Food Security Phase Classification (IPC) analysis, the Humanitarian Needs Overview (HNO) and the Humanitarian Response Plan (HRP), as well as additional decision making platforms.

FSNMS Assessment Coverage

Full coverage in the county was achieved. Findings related to a subset of the population may not be representative and should be considered indicative only.

WASH Needs Severity Map



This WASH composite indicator aims to measure the severity of WASH needs in each county. The composite was created with four indicators, each broken into 5 levels of severity, as seen in this matrix http://bit.ly/2EqRYwJ. The final severity ranking was created by calculating the average level from the following indicators: -Not having safe access in under 30min to an improved water source (borehole, tapstand, water yard) as a main source of drinking water

- Not having access to a latrine (private, shared, or communal/institutional)
- Not owning a jerrycan or bucket with a lid and soap, and that every member of the HHs did not sleep under a mosquito net
- Having one or more HH members affected by self-reported water or vector borne disease in the two weeks prior to data collection

Displacement

Percentage of households by displacement status[1]

Host community	46%
Refugee returnees	44%
IDP	6%
Returnee	5%

Percentage of Internally Displaced Person (IDP) households by time arrived in their current location

In the last one year	100%

Percentage of returnee households by time arrived in their current location

In the last one year	80%
Around 5 years	20%

Most commonly reported vulnerability, by percentage of households

Children under 5	55%
Conflict injuries	41%
Elderly persons	40%
Female headed	39%
Physically disabled	23%

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Panyikang County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

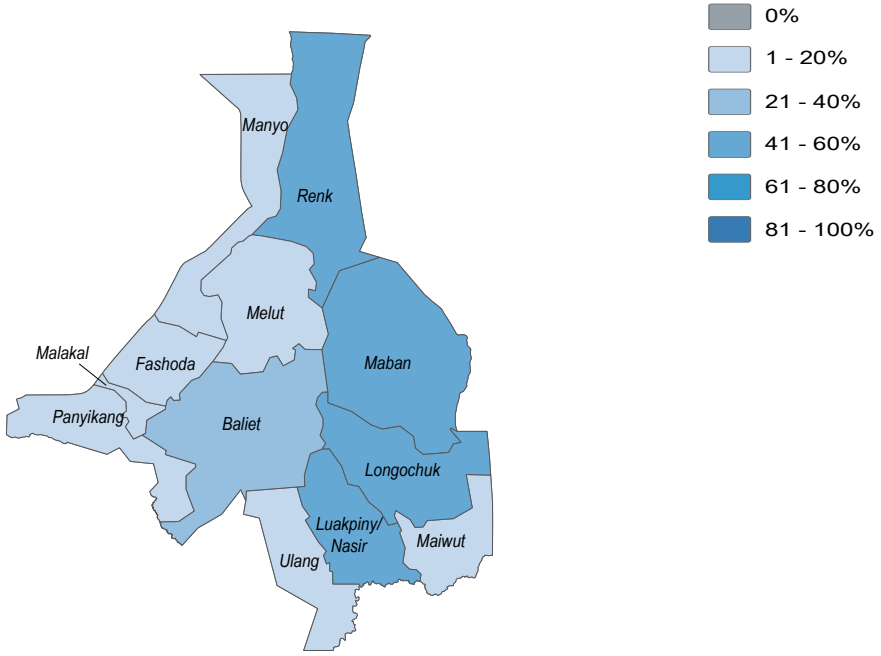
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Water

6%	of **Panyikang County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August 2019. This was an increase from the previous season
0%	of **Panyikang County** HHs reported having safe access to an improved source of drinking water as their main source, in November and December 2018
12%	of HHs in **Panyikang County** reported feeling unsafe while collecting water, in July and August 2019. This was an increase from the previous season
0%	of HHs in **Panyikang County** reported feeling unsafe while collecting water, in November and December 2018

% of HHs having safe access in under 30min to an improved water source (borehole, tapstand, water yard) as their main source of drinking water



This simple water access composite indicator aims to measure access to an improved water source, without protection concern. The composite was created by averaging the 'yes' responses of households reporting on the following indicators, with all indicators considered to have the same weight:

- Access to a borehole, tapstand, or water yard as the primary source of drinking water
- Can collect water (walking to collection point, waiting, filling container, returning home) in under 30 minutes
- Did not report any security concerns while accessing water point

	Most commonly reported sources of drinking water (by percentage of households)		Most commonly reported time spent collecting drinking water (walking to collection point, waiting, filling container, returning home) (by percentage of households)	
Overall	River or stream	87%	< 30 minutes	78%
	Swamp	7%	30 minutes - 1 hour	17%
	Borehole	6%	1 hour - half a day	5%
Host	River or stream	80%	< 30 minutes	80%
	Borehole	13%	30 minutes - 1 hour	20%
	Swamp	7%		
IDPs	River or stream	100%	< 30 minutes	83%
			30 minutes - 1 hour	17%
Returnees	River or stream	100%	< 30 minutes	80%
			30 minutes - 1 hour	20%

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Panyikang County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

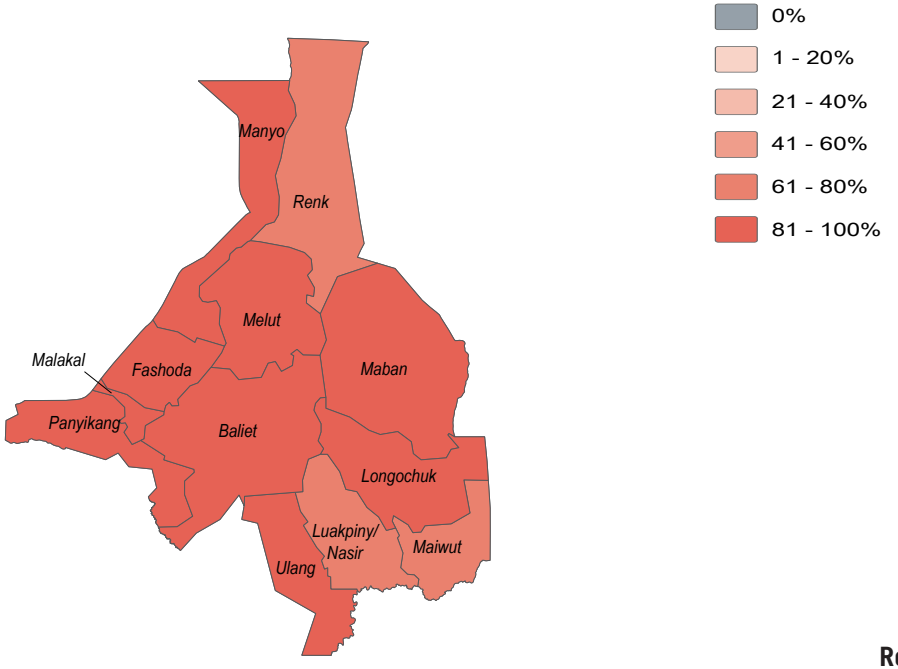
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Sanitation

1%	of **Panyikang County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in July and August 2019. This was a decrease from from the previous season
3%	of **Panyikang County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in November and December 2018.
2%	of HHs in **Panyikang County** reported their most common defecation location was a latrine, in July and August 2019. This was an increase from the previous season
0%	of HHs in **Panyikang County** reported their most common defecation location was a latrine, in November and December 2018.

% of HHs reporting no latrine (private, shared, or communal/institutional)[2] present



Most commonly reported defecation location for adults (by percentage of households)

Type of latrines available (by percentage of households)

Overall

In the bush	93%
In the river	5%
In the latrine	2%

No latrine available	99%
Shared latrine	1%

Host

In the bush	93%
In the latrine	4%
In the river	2%

No latrine available	98%
Shared latrine	2%

IDPs

In the bush	83%
In the river	17%

Returnees

In the bush	80%
In the river	20%

No latrine available	100%

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Panyikang County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

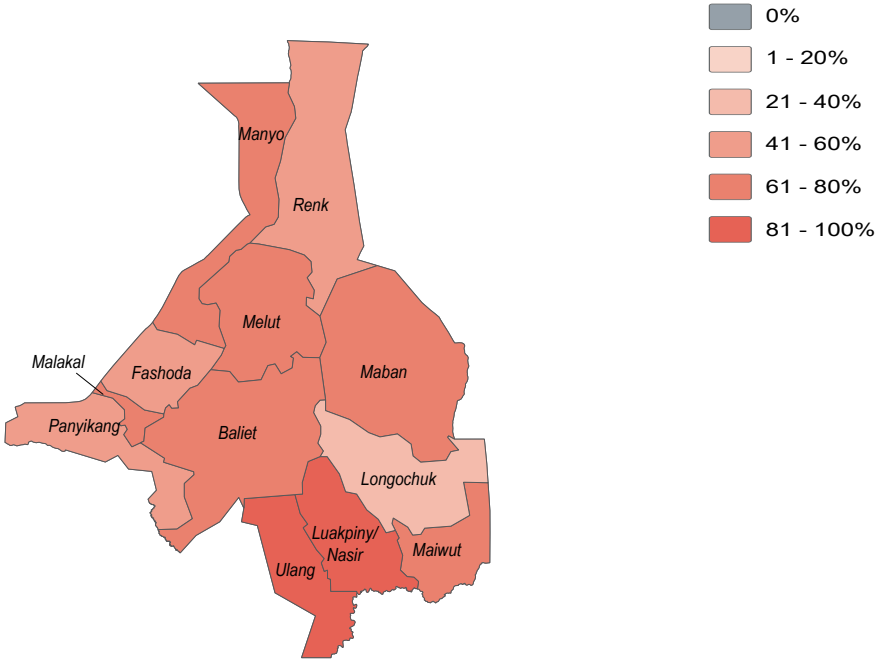
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Health

57%	of **Panyikang County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August 2019. This was a decrease from the previous season
64%	of **Panyikang County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December 2018
Malaria	was the most commonly reported water or vector borne disease in July and August 2019 in **Panyikang County**. This was the same as the previous season
Malaria	was the most commonly reported water or vector borne disease in November and December 2018 in **Panyikang County**

% of HH with one or more HH member affected by self-reported water or vector borne disease in the two weeks prior to data collection



Most commonly self-reported water or vector borne diseases for adults in the two weeks prior to data collection (by percentage of households)

Overall	Malaria	19%
	Typhoid	15%
	Fever	9%
	Stomach pain	7%
	AWD	4%
Host	Malaria	28%
	Typhoid	22%
	Fever	13%
	Stomach pain	7%
	AWD	4%
IDPs	AWD	17%
	Fever	17%
	Others	17%
Returnees	Fever	40%
	Malaria	40%
	Stomach pain	20%

Most commonly self-reported water or vector borne disease for children under 5 in the two weeks prior to data collection (by percentage of households)[3]

Overall	Malaria	19%
	Typhoid	15%
	Fever	9%
	Stomach pain	7%
	AWD	4%
Host	Fever	35%
	Malaria	20%
	Stomach pain	13%
	Typhoid	13%
	AWD	9%

Panyikang County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

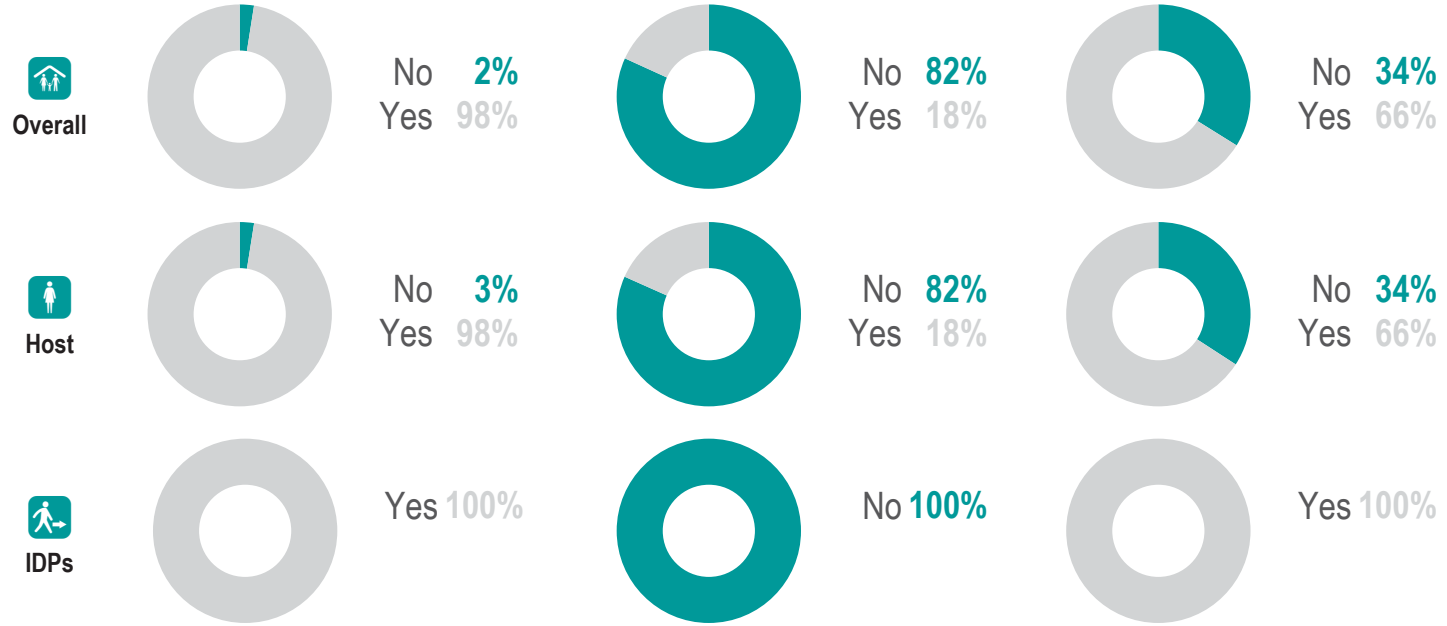
NFI WASH NFIs

12%	of **Panyikang County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap[4], and that every member of the HH slept under a mosquito net in July and August 2019[5]. This was an increase from the previous season
0%	of **Panyikang County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap, and that every member of the HH slept under a mosquito net in November and December 2018.
2	was the average number of jerrycans and/or buckets per HH in **Panyikang County** in July and August 2019. This was an increase from the previous season
1	was the average number of jerrycans and/or buckets per HH in **Panyikang County** in November and December 2018

Ownership of a bucket or a jerrycan with a lid (by percentage of households)

Access to soap (by percentage of households)

Every member of the household sleeps under a mosquito net (by percentage of households)



Endnotes

1. This data is as of July/August 2019. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. AWD is Acute Watery Diarrhoea.
4. Enumerators asked HHs responding positively to access to soap to produce the soap within a minute.
5. The composite indicator was created by averaging the 'yes' responses of HHs reporting on the following indicators, with all considered to have the same weight: access to soap, access to jerrycans/buckets with lids, everyone in the HH slept under a mosquito net.

About REACH

REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. All REACH activities are conducted through inter-agency aid coordination mechanisms.

For more information, you can write to our in-country office: southsudan@reach-initiative.org or to our global office: geneva@reach-initiative.org.

Visit **www.reach-initiative.org** and follow us @ REACH_info.

Renk County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

Overview and Methodology

The dynamic and multi-faceted nature of the South Sudanese displacement crisis has created significant challenges for the delivery of humanitarian aid. Accessibility and security issues within South Sudan have impeded a systematic understanding of Water, Sanitation and Hygiene (WASH) needs in many areas of the country, and have created difficulties in establishing a clear and unambiguous system for prioritizing the delivery of aid, thereby limiting the effectiveness of humanitarian planning and limiting the potential impact of donor funding. As this crisis continues to expand, evolve and spill into neighbouring countries, it has become increasingly important to fill information gaps to inform a more effective humanitarian response and planning for immediate life-saving WASH activities and contingency planning for durable solutions.

In 2018, REACH, in close coordination with the WASH Cluster, identified five core WASH indicators: 1. % of Households (HHs) by displacement status; 2. % of HHs reporting having safe access in under 30 minutes to an improved water source (borehole, tapstand, water yard) as their main source of drinking water; 3. % of HHs reporting having access to a latrine (private, shared, or communal/ institutional); 4. % of HHs reporting having access to key WASH Non-Food Items (NFIs) (soap, mosquito nets, water containers); and 5. % of HHs reporting that one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection.

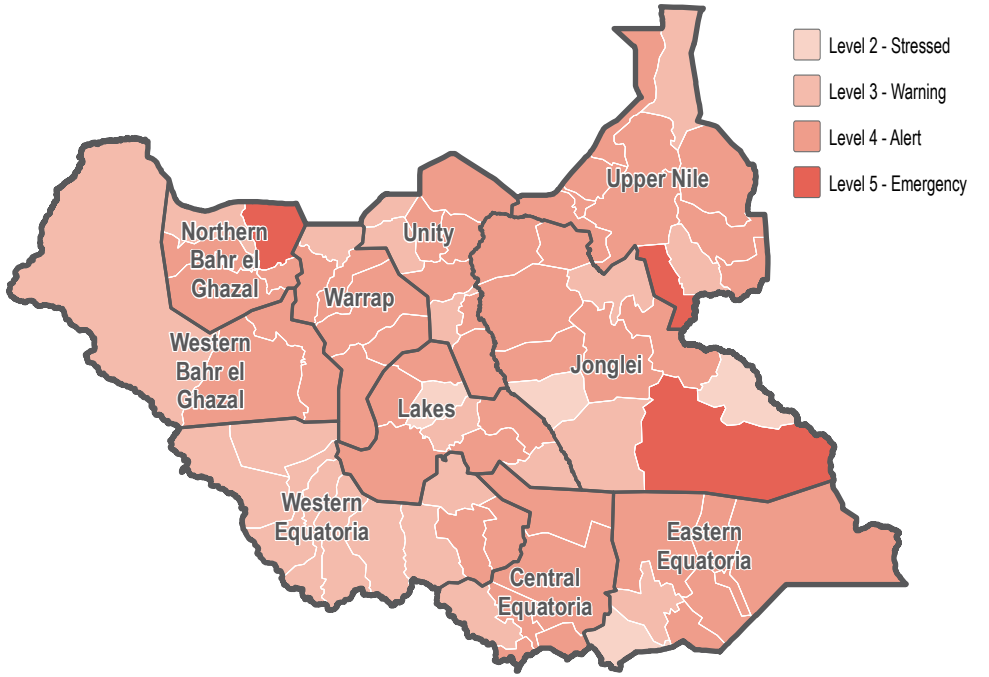
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH Cluster indicators for FSNMS Round 24 (July and August 2019). FSNMS is a seasonal countrywide assessment conducted, funded and run by the World Food Programme, UNICEF, and the Food and Agriculture Organization, and supported by REACH in Rounds 22-24. FSNMS, established in 2010, is a representative survey that employs two-stage cluster sampling, using a state based sample size and cluster determination. In each county, access permitting, 9 clusters were selected and 12 households interviewed per cluster.

FSNMS is a critical source of information that allows for the identification of affected areas, the prioritization of resources and for monitoring trends. The data collected during FSNMS is used for the Integrated Food Security Phase Classification (IPC) analysis, the Humanitarian Needs Overview (HNO) and the Humanitarian Response Plan (HRP), as well as additional decision making platforms.

FSNMS Assessment Coverage

Full coverage in the county was achieved. Findings related to a subset of the population may not be representative and should be considered indicative only.

WASH Needs Severity Map



This WASH composite indicator aims to measure the severity of WASH needs in each county. The composite was created with four indicators, each broken into 5 levels of severity, as seen in this matrix http://bit.ly/2EqRYwJ. The final severity ranking was created by calculating the average level from the following indicators: -Not having safe access in under 30min to an improved water source (borehole, tapstand, water yard) as a main source of drinking water

- Not having access to a latrine (private, shared, or communal/institutional)
- Not owning a jerrycan or bucket with a lid and soap, and that every member of the HHs did not sleep under a mosquito net
- Having one or more HH members affected by self-reported water or vector borne disease in the two weeks prior to data collection

Displacement

Percentage of households by displacement status[1]

Host community	87%
IDP	9%
Refugee returnees	3%
Returnee	1%

Percentage of Internally Displaced Person (IDP) households by time arrived in their current location

In the last one year	50%
More than 5 years	50%

Percentage of returnee households by time arrived in their current location

In the last one year	100%

Most commonly reported vulnerability, by percentage of households

Children under 5	79%
Female headed	58%
Elderly persons	47%
Conflict injuries	10%
Physically disabled	8%

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Renk County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

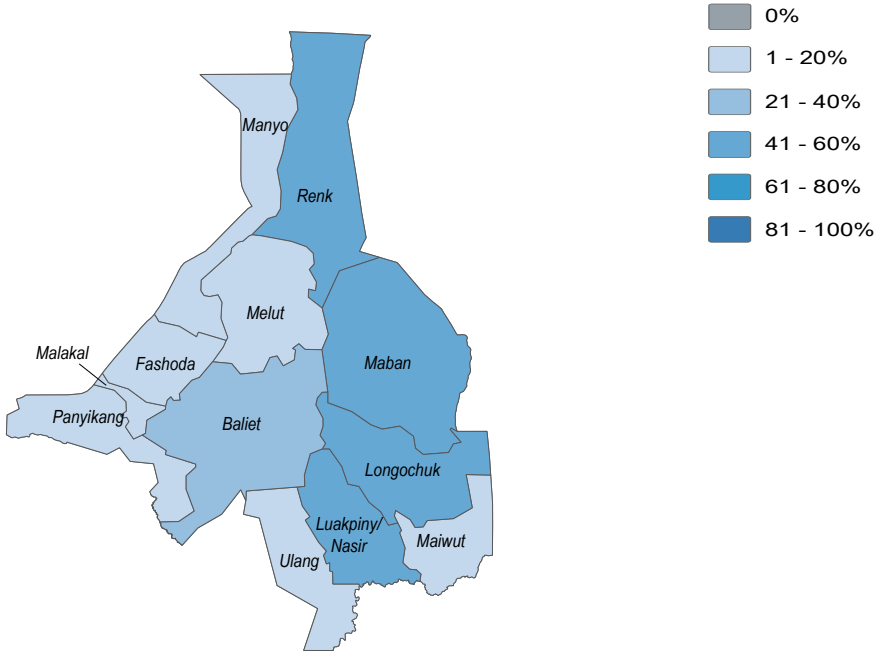
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Water

57%	of **Renk County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August 2019. This was an increase from the previous season
56%	of **Renk County** HHs reported having safe access to an improved source of drinking water as their main source, in November and December 2018
4%	of HHs in **Renk County** reported feeling unsafe while collecting water, in July and August 2019. This was an increase from the previous season
0%	of HHs in **Renk County** reported feeling unsafe while collecting water, in November and December 2018

% of HHs having safe access in under 30min to an improved water source (borehole, tapstand, water yard) as their main source of drinking water



This simple water access composite indicator aims to measure access to an improved water source, without protection concern. The composite was created by averaging the 'yes' responses of households reporting on the following indicators, with all indicators considered to have the same weight:

- Access to a borehole, tapstand, or water yard as the primary source of drinking water
- Can collect water (walking to collection point, waiting, filling container, returning home) in under 30 minutes
- Did not report any security concerns while accessing water point

	Most commonly reported sources of drinking water (by percentage of households)		Most commonly reported time spent collecting drinking water (walking to collection point, waiting, filling container, returning home) (by percentage of households)	
Overall	Tap stand	46%	< 30 minutes	92%
	River or stream	13%	30 minutes - 1 hour	8%
	Borehole	11%		
	Hand dug well	11%		
	Swamp	10%		
Host	Tap stand	43%	< 30 minutes	91%
	River or stream	15%	30 minutes - 1 hour	9%
	Borehole	13%		
	Hand dug well	13%		
	Swamp	12%		
IDPs	Other source	50%	< 30 minutes	90%
	Tap stand	50%	30 minutes - 1 hour	10%
Returnees	Tap stand	100%	< 30 minutes	100%

Renk County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

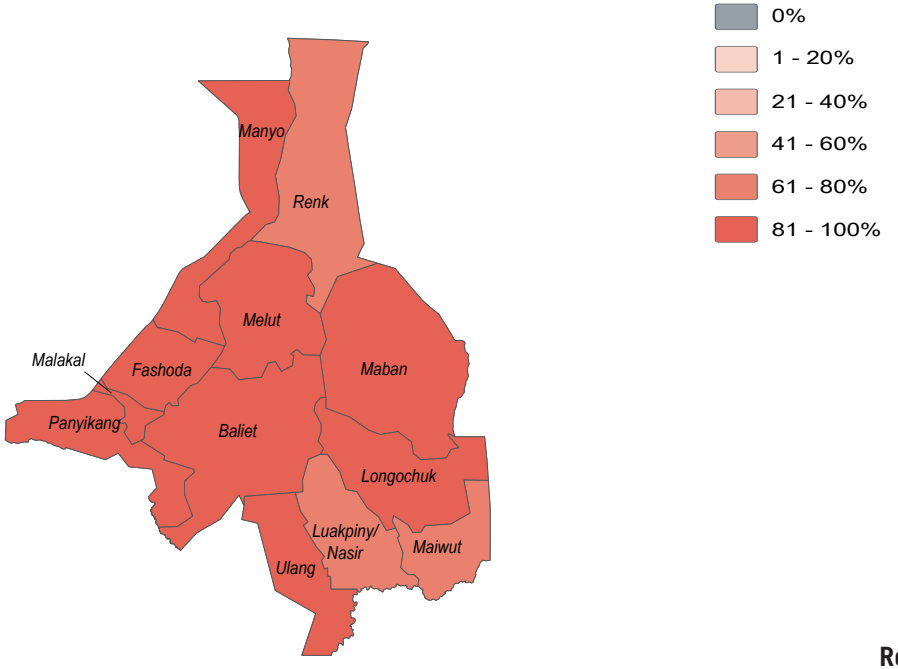
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Sanitation

21%	of **Renk County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in July and August 2019. This was a decrease from from the previous season
27%	of **Renk County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in November and December 2018.
22%	of HHs in **Renk County** reported their most common defecation location was a latrine, in July and August 2019. This was a decrease from the previous season
23%	of HHs in **Renk County** reported their most common defecation location was a latrine, in November and December 2018.

% of HHs reporting no latrine (private, shared, or communal/institutional)[2] present



Most commonly reported defecation location for adults (by percentage of households)

Type of latrines available (by percentage of households)

Overall

In the bush	67%	No latrine available	79%
In the latrine	22%	Communal latrine	7%
No answer	9%	Shared latrine	7%
In the river	1%	Family latrine	6%

Host

In the bush	69%	No latrine available	85%
In the latrine	20%	Shared latrine	9%
No answer	10%	Family latrine	5%
In the river	1%	Communal latrine	1%

IDPs

In the bush	50%		
In the latrine	40%		
No answer	10%		

Returnees

In the bush	100%	No latrine available	100%

Renk County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

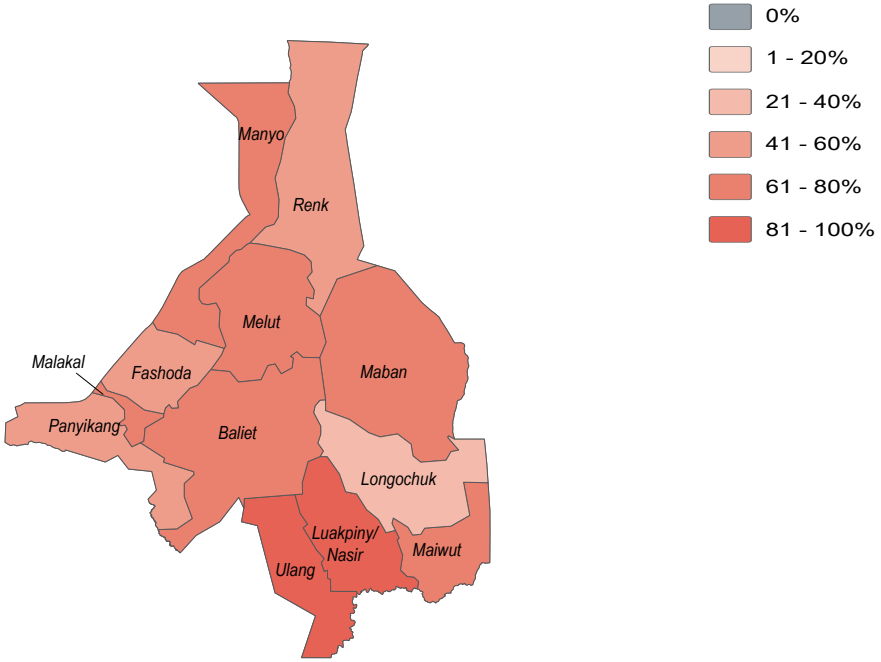
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Health

47%	of **Renk County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August 2019. This was a decrease from the previous season
67%	of **Renk County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December 2018
Fever	was the most commonly reported water or vector borne disease in July and August 2019 in **Renk County**. This was different to the previous season
Malaria	was the most commonly reported water or vector borne disease in November and December 2018 in **Renk County**

% of HH with one or more HH member affected by self-reported water or vector borne disease in the two weeks prior to data collection



Most commonly self-reported water or vector borne diseases for adults in the two weeks prior to data collection (by percentage of households)

Overall	Malaria	14%
	Fever	7%
	Stomach pain	5%
	Typhoid	3%
	AWD	2%
Host	Malaria	15%
	Fever	8%
	Stomach pain	5%
	Typhoid	3%
	AWD	2%
IDPs		
Returnees		

Most commonly self-reported water or vector borne disease for children under 5 in the two weeks prior to data collection (by percentage of households)[3]

Overall	Malaria	14%
	Fever	7%
	Stomach pain	5%
	Typhoid	3%
	AWD	2%
Host	Fever	15%
	Stomach pain	8%
	AWD	6%
	Malaria	6%
	Eye infection	1%
IDPs	Fever	30%
	Malaria	30%
	AWD	10%
	Stomach pain	10%
Returnees		

Renk County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

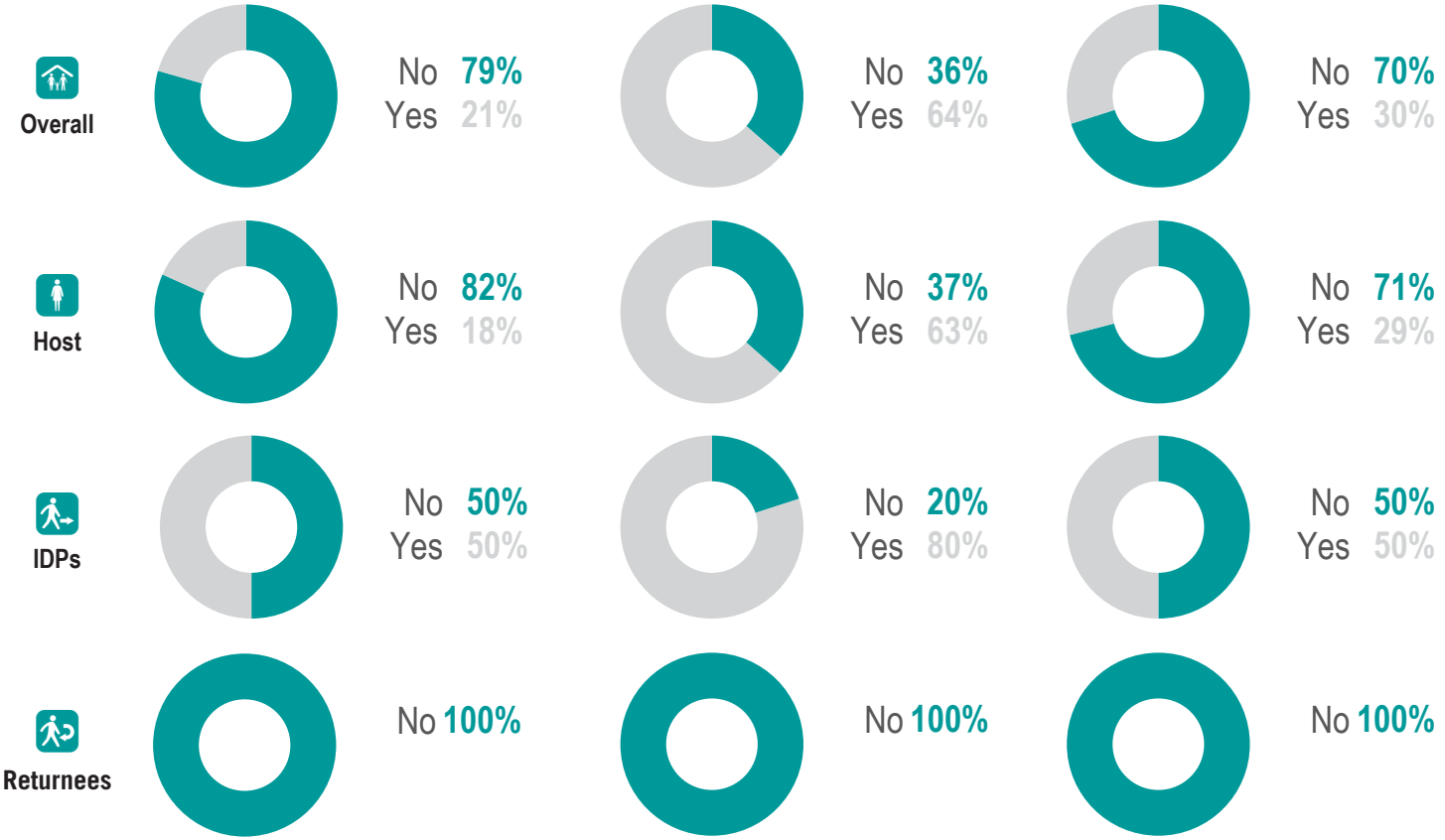
WASH Cluster
Water Sanitation Hygiene

July/August 2019

NFI WASH NFIs

6%	of **Renk County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap[4], and that every member of the HH slept under a mosquito net in July and August 2019[5]. This was a decrease from the previous season
30%	of **Renk County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap, and that every member of the HH slept under a mosquito net in November and December 2018.
2	was the average number of jerrycans and/or buckets per HH in **Renk County** in July and August 2019. This was a decrease from the previous season
3	was the average number of jerrycans and/or buckets per HH in **Renk County** in November and December 2018

Ownership of a bucket or a jerrycan with a lid (by percentage of households)



Access to soap (by percentage of households)

Every member of the household sleeps under a mosquito net (by percentage of households)

Endnotes

1. This data is as of July/August 2019. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. AWD is Acute Watery Diarrhoea.
4. Enumerators asked HHs responding positively to access to soap to produce the soap within a minute.
5. The composite indicator was created by averaging the 'yes' responses of HHs reporting on the following indicators, with all considered to have the same weight: access to soap, access to jerrycans/buckets with lids, everyone in the HH slept under a mosquito net.

About REACH

REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. All REACH activities are conducted through inter-agency aid coordination mechanisms.

For more information, you can write to our in-country office: southsudan@reach-initiative.org or to our global office: geneva@reach-initiative.org.

Visit **www.reach-initiative.org** and follow us @ REACH_info.

Ulang County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

Overview and Methodology

The dynamic and multi-faceted nature of the South Sudanese displacement crisis has created significant challenges for the delivery of humanitarian aid. Accessibility and security issues within South Sudan have impeded a systematic understanding of Water, Sanitation and Hygiene (WASH) needs in many areas of the country, and have created difficulties in establishing a clear and unambiguous system for prioritizing the delivery of aid, thereby limiting the effectiveness of humanitarian planning and limiting the potential impact of donor funding. As this crisis continues to expand, evolve and spill into neighbouring countries, it has become increasingly important to fill information gaps to inform a more effective humanitarian response and planning for immediate life-saving WASH activities and contingency planning for durable solutions.

In 2018, REACH, in close coordination with the WASH Cluster, identified five core WASH indicators: 1. % of Households (HHs) by displacement status; 2. % of HHs reporting having safe access in under 30 minutes to an improved water source (borehole, tapstand, water yard) as their main source of drinking water; 3. % of HHs reporting having access to a latrine (private, shared, or communal/ institutional); 4. % of HHs reporting having access to key WASH Non-Food Items (NFIs) (soap, mosquito nets, water containers); and 5. % of HHs reporting that one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection.

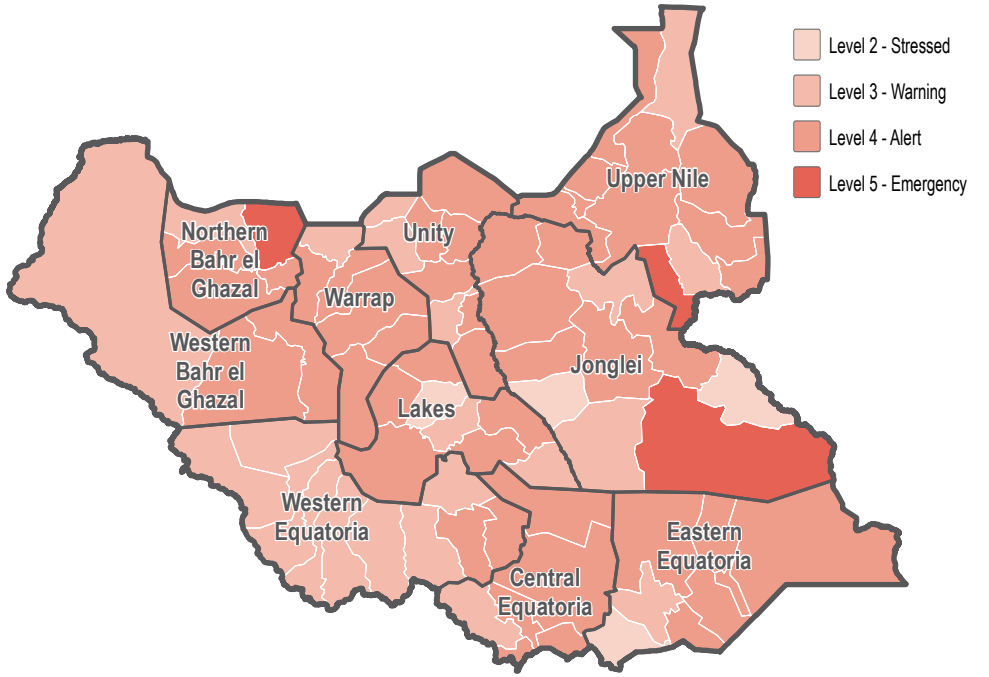
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH Cluster indicators for FSNMS Round 24 (July and August 2019). FSNMS is a seasonal countrywide assessment conducted, funded and run by the World Food Programme, UNICEF, and the Food and Agriculture Organization, and supported by REACH in Rounds 22-24. FSNMS, established in 2010, is a representative survey that employs two-stage cluster sampling, using a state based sample size and cluster determination. In each county, access permitting, 9 clusters were selected and 12 households interviewed per cluster.

FSNMS is a critical source of information that allows for the identification of affected areas, the prioritization of resources and for monitoring trends. The data collected during FSNMS is used for the Integrated Food Security Phase Classification (IPC) analysis, the Humanitarian Needs Overview (HNO) and the Humanitarian Response Plan (HRP), as well as additional decision making platforms.

FSNMS Assessment Coverage

Full coverage in the county was achieved. Findings related to a subset of the population may not be representative and should be considered indicative only.

WASH Needs Severity Map



This WASH composite indicator aims to measure the severity of WASH needs in each county. The composite was created with four indicators, each broken into 5 levels of severity, as seen in this matrix http://bit.ly/2EqRYwJ. The final severity ranking was created by calculating the average level from the following indicators: -Not having safe access in under 30min to an improved water source (borehole, tapstand, water yard) as a main source of drinking water

- Not having access to a latrine (private, shared, or communal/institutional)
- Not owning a jerrycan or bucket with a lid and soap, and that every member of the HHs did not sleep under a mosquito net
- Having one or more HH members affected by self-reported water or vector borne disease in the two weeks prior to data collection

Displacement

Percentage of households by displacement status[1]

Host community	91%
Refugee	6%
Refugee returnees	3%
IDP	1%

Percentage of Internally Displaced Person (IDP) households by time arrived in their current location

In the last one year	100%

Percentage of returnee households by time arrived in their current location

Most commonly reported vulnerability, by percentage of households

Children under 5	93%
Female headed	89%
Conflict injuries	60%
Elderly persons	45%
Chronically ill	32%

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Ulang County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

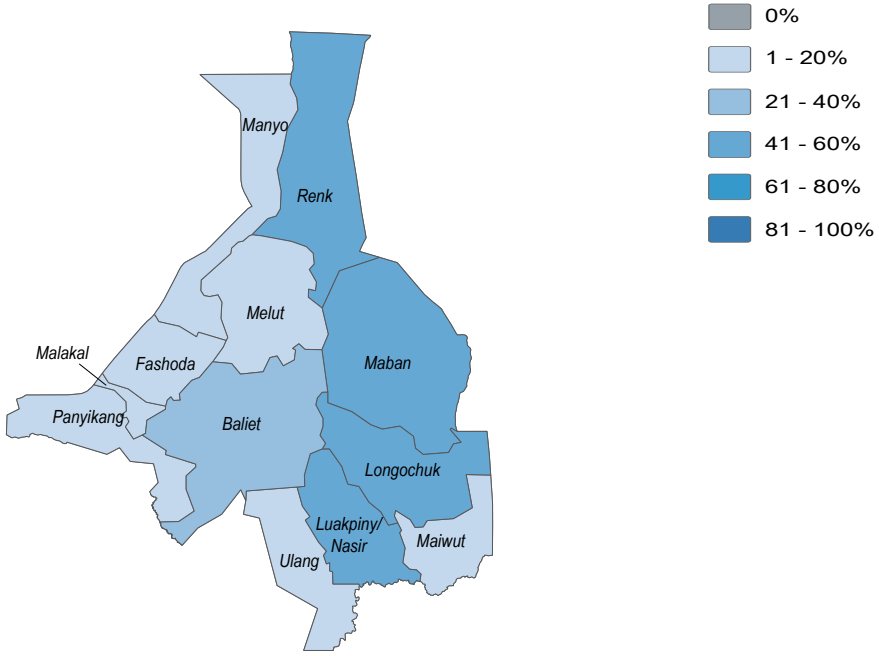
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Water

32%	of **Ulang County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August 2019. This was a decrease from the previous season
46%	of **Ulang County** HHs reported having safe access to an improved source of drinking water as their main source, in November and December 2018
7%	of HHs in **Ulang County** reported feeling unsafe while collecting water, in July and August 2019. This was a decrease from the previous season
7%	of HHs in **Ulang County** reported feeling unsafe while collecting water, in November and December 2018

% of HHs having safe access in under 30min to an improved water source (borehole, tapstand, water yard) as their main source of drinking water



Most commonly reported sources of drinking water (by percentage of households)

Most commonly reported time spent collecting drinking water (walking to collection point, waiting, filling container, returning home) (by percentage of households)

Overall

River or stream	58%	< 30 minutes	50%
Borehole	32%	30 minutes - 1 hour	33%
Swamp	9%	1 hour - half a day	18%
Don't know	1%		

Host

River or stream	57%	< 30 minutes	47%
Borehole	32%	30 minutes - 1 hour	35%
Swamp	10%	1 hour - half a day	18%
Don't know	1%		

IDPs

River or stream	100%	< 30 minutes	100%

Returnees

This simple water access composite indicator aims to measure access to an improved water source, without protection concern. The composite was created by averaging the 'yes' responses of households reporting on the following indicators, with all indicators considered to have the same weight:

- Access to a borehole, tapstand, or water yard as the primary source of drinking water
- Can collect water (walking to collection point, waiting, filling container, returning home) in under 30 minutes
- Did not report any security concerns while accessing water point

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Ulang County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

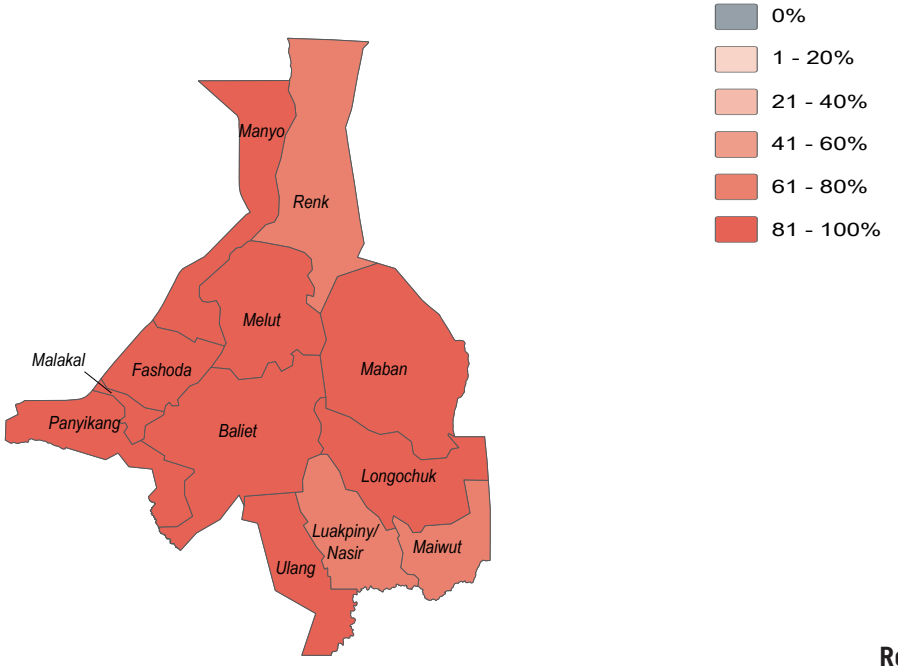
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Sanitation

3%	of **Ulang County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in July and August 2019. This was a decrease from from the previous season
4%	of **Ulang County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in November and December 2018.
3%	of HHs in **Ulang County** reported their most common defecation location was a latrine, in July and August 2019. This was the same as the previous season
3%	of HHs in **Ulang County** reported their most common defecation location was a latrine, in November and December 2018.

% of HHs reporting no latrine (private, shared, or communal/institutional)[2] present



Most commonly reported defecation location for adults (by percentage of households)

Type of latrines available (by percentage of households)

Overall

In the bush	97%
In the latrine	3%

No latrine available	97%
Communal latrine	1%
Family latrine	1%
Shared latrine	1%

Host

In the bush	97%
In the latrine	3%

No latrine available	97%
Communal latrine	1%
Family latrine	1%
Shared latrine	1%

IDPs

In the bush	100%

Returnees

REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Ulang County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

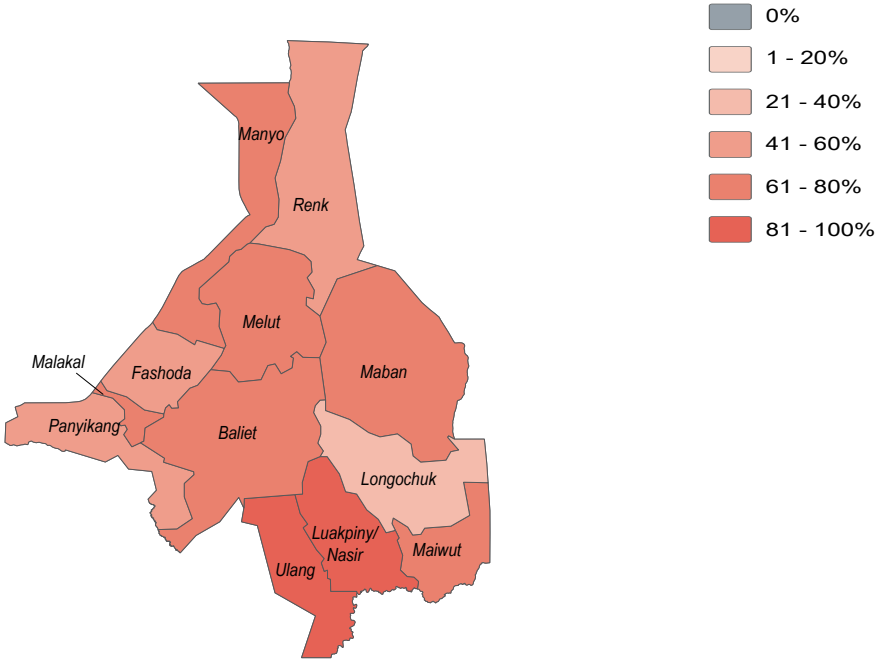
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Health

90%	of **Ulang County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August 2019. This was an increase from the previous season
82%	of **Ulang County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December 2018
Malaria	was the most commonly reported water or vector borne disease in July and August 2019 in **Ulang County**. This was the same as the previous season
Malaria	was the most commonly reported water or vector borne disease in November and December 2018 in **Ulang County**

% of HH with one or more HH member affected by self-reported water or vector borne disease in the two weeks prior to data collection



Most commonly self-reported water or vector borne diseases for adults in the two weeks prior to data collection (by percentage of households)

Overall	Malaria	39%
	Fever	27%
	Stomach pain	17%
	Eye infection	6%
	Skin infection	6%
Host	Malaria	40%
	Fever	26%
	Stomach pain	18%
	Eye infection	6%
	Skin infection	5%
IDPs	Fever	100%
Returnees		

Most commonly self-reported water or vector borne disease for children under 5 in the two weeks prior to data collection (by percentage of households)[3]

Overall	Malaria	39%
	Fever	27%
	Stomach pain	17%
	Eye infection	6%
	Skin infection	6%
Host	Malaria	62%
	Fever	57%
	Stomach pain	27%
	Skin infection	24%
	AWD	8%
IDPs	AWD	100%
	Eye infection	100%
	Fever	100%
	Malaria	100%
	Stomach pain	100%
Returnees		

Ulang County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

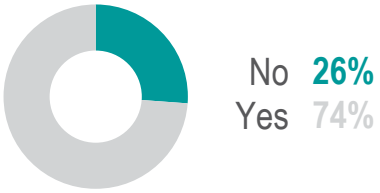
WASH Cluster
Water Sanitation Hygiene

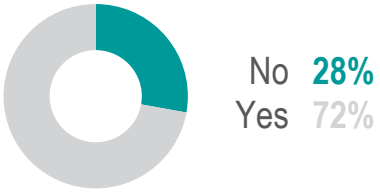
July/August 2019

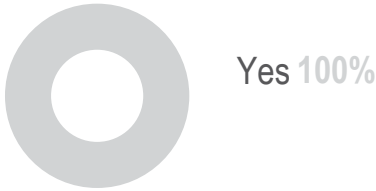
NFI WASH NFIs

2%	of **Ulang County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap[4], and that every member of the HH slept under a mosquito net in July and August 2019[5]. This was a decrease from the previous season
18%	of **Ulang County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap, and that every member of the HH slept under a mosquito net in November and December 2018.
2	was the average number of jerrycans and/or buckets per HH in **Ulang County** in July and August 2019. This was the same as the previous season
2	was the average number of jerrycans and/or buckets per HH in **Ulang County** in November and December 2018

Ownership of a bucket or a jerrycan with a lid (by percentage of households)







Access to soap (by percentage of households)

Every member of the household sleeps under a mosquito net (by percentage of households)

Overall

Host

IDPs

Returnees

Endnotes

1. This data is as of July/August 2019. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. AWD is Acute Watery Diarrhoea.
4. Enumerators asked HHs responding positively to access to soap to produce the soap within a minute.
5. The composite indicator was created by averaging the 'yes' responses of HHs reporting on the following indicators, with all considered to have the same weight: access to soap, access to jerrycans/buckets with lids, everyone in the HH slept under a mosquito net.

About REACH

REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. All REACH activities are conducted through inter-agency aid coordination mechanisms.

For more information, you can write to our in-country office: southsudan@reach-initiative.org or to our global office: geneva@reach-initiative.org.

Visit **www.reach-initiative.org** and follow us @ REACH_info.