



Abiemnhom County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan



November/December 2018

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 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 reported having safe access to and use an improved water source (borehole, tapstand, water yard) as their main source of drinking water; 3. % of HHs reported having access to a latrine (private, shared, or communal/institutional); 4. % of HHs reported having access to key WASH NFIs (soap, mosquito nets, water containers); and 5. % of HH reported 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

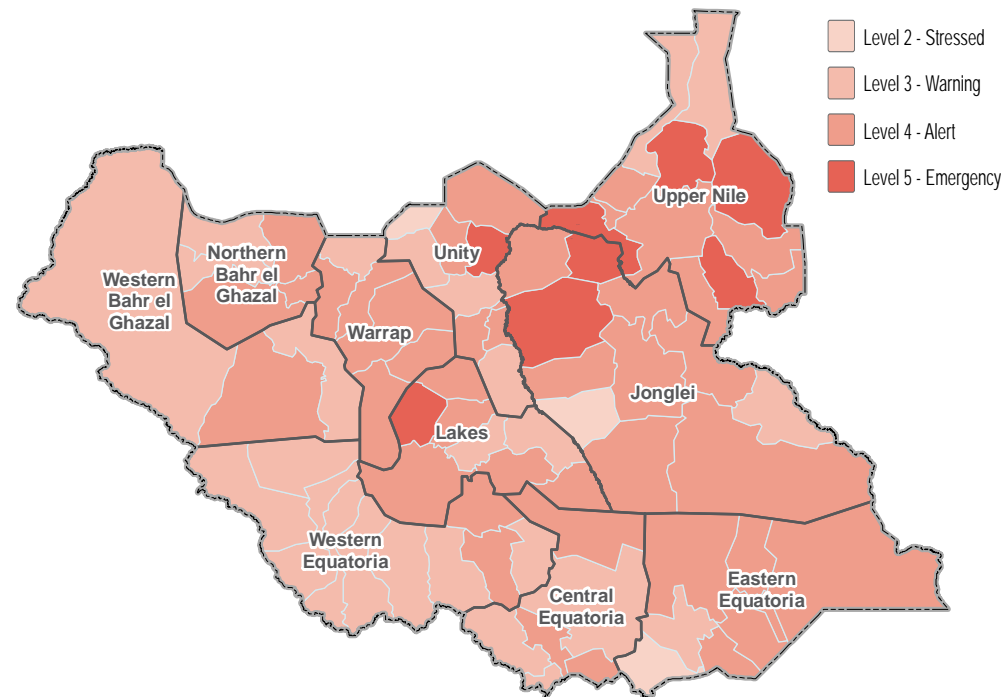
countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of 2018). FSNMS is a seasonal countrywide assessment conducted, funded and run by the World Food Programme, UNICEF, and the Food and Agriculture Organization, and supported by REACH in Round 22. 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.

WASH Needs Severity Map

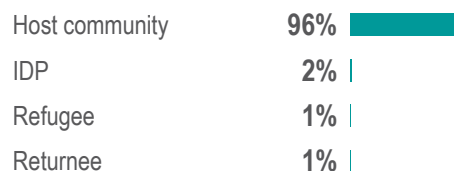


This WASH composite aims to measure the severity of WASH needs in each county. The composite was created with four indicators, each broken into 5 levels of severity, as seen in this matrix <http://bit.ly/2EgRYwJ>. The final severity ranking was created by calculating the average level from the following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

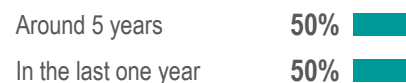
- Not having access to a latrine (private, shared, or communal/institutional).
- Not owning a jerrycan or bucket with a lid and soap, and that every member of the HH did not sleep under a mosquito net.
- Having one or more household members affected by self-reported water or vector borne disease in the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

Displacement

Percentage of households by displacement status 1:



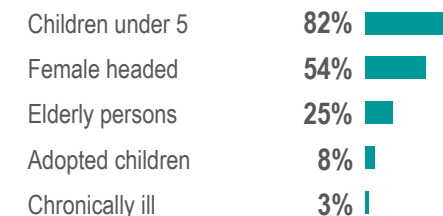
Percentage of IDP households by time arrived in their current location:



Percentage of returnee households by time arrived in their current location:



Most commonly reported vulnerability, by percentage of households: (more than one answer was possible)





Abiemnhom County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

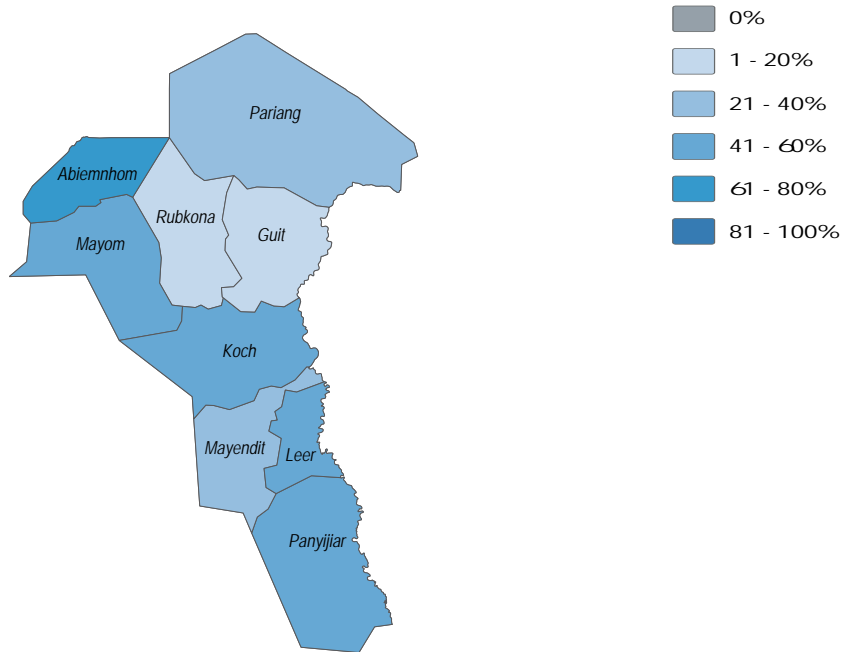


November/December 2018

Water

- 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. This was an increase from the previous season.
- 99%** of Abiemnhom County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
- 4%** of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was a decrease from the previous season.
- 5%** of HHs reported feeling unsafe while collecting water, in July and August, 2018.

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



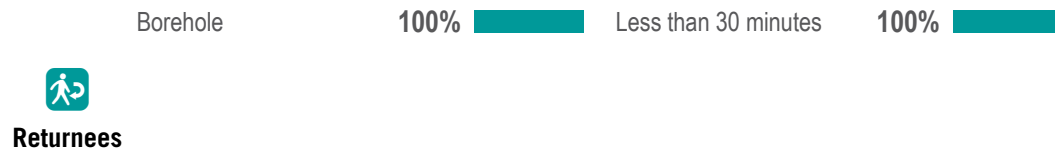
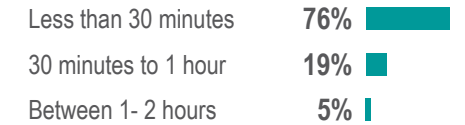
This simple water access composite aims to measure access to an improved water source, without protection concern. The composite was created by averaging the 'yes' responses of households reporting on the following indicators, with all indicators considered to have the same weight:

- 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:





Abiemnhom County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

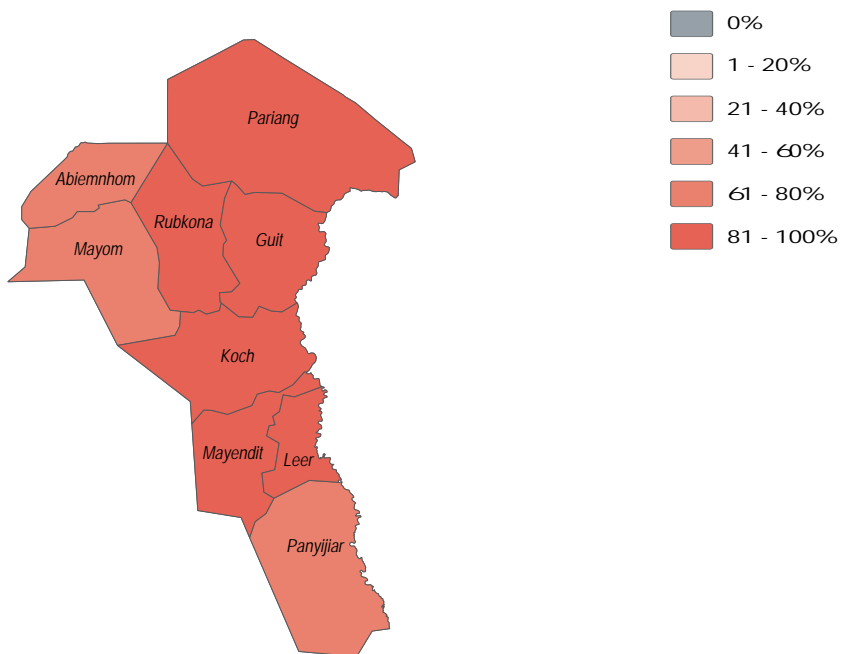


November/December 2018

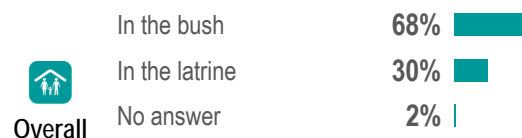
Sanitation

- 35%** of Abiemnhom County HHs reported having access to a latrine (private, shared, or communal/institutional), in November and December, 2018. This was a decrease from the previous season.
- 54%** of Abiemnhom County HHs reported having access to a latrine (private, shared, or communal/institutional), in July and August, 2018.
- 30%** of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was a decrease from the previous season.
- 53%** of HHs reported their most common defecation location was a latrine, in July and August, 2018.

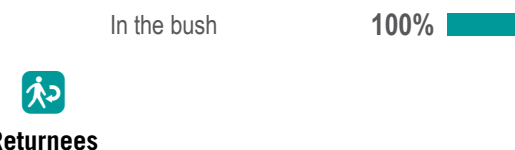
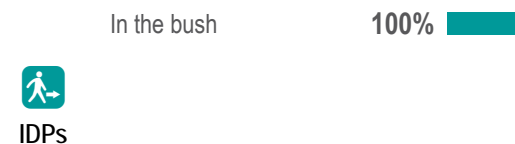
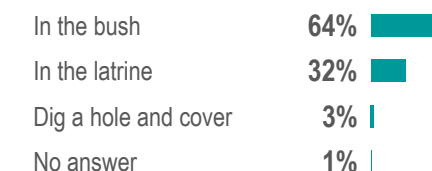
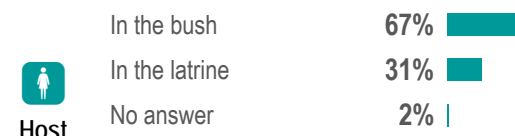
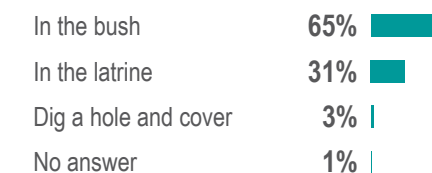
% of HHs not usually using a latrine (private, shared, or communal/institutional):



Most commonly reported defecation location by percentage of households:



Most commonly reported excreta disposal methods for children under five by percentage of households:





Abiemnhom County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan



November/December 2018

Health

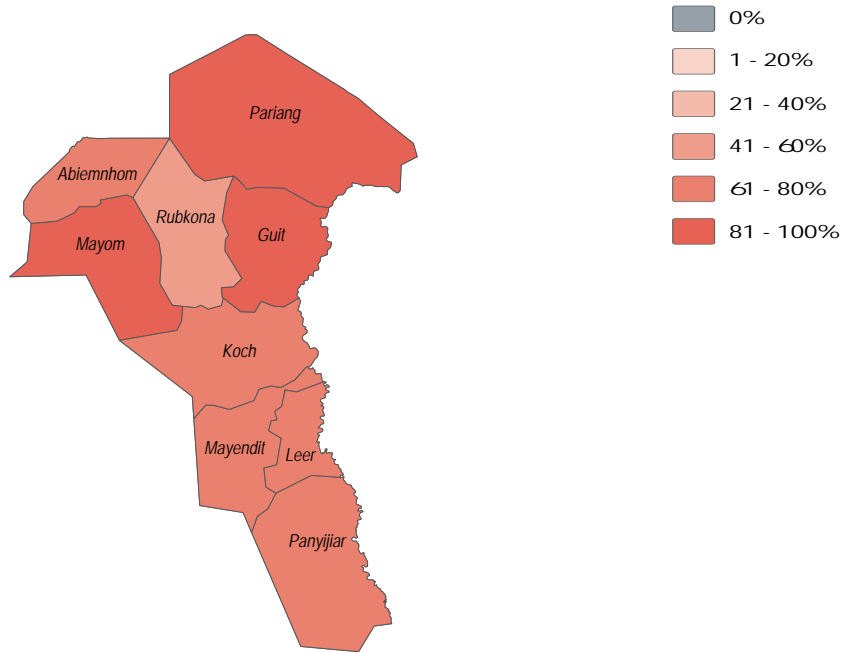
73% of Abiemnhom County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was a decrease from the previous season.

84% 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, 2018.

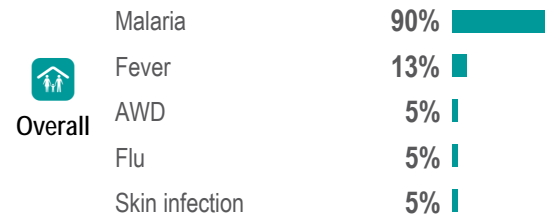
Malaria was the most commonly reported water or vector borne disease in November and December, 2018. This was the same as the previous season.

Malaria was the most commonly reported water or vector borne disease in July and August, 2018.

% 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: (more than one answer was possible)

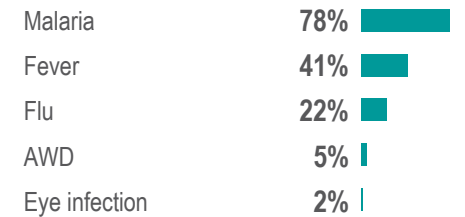
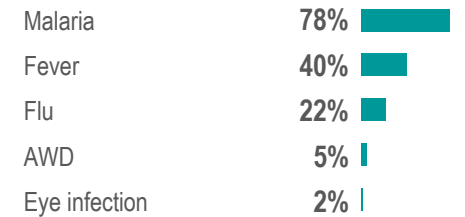


Overall



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: (more than one answer was possible)





Abiemnhom County - Water, Sanitation and Hygiene Factsheet

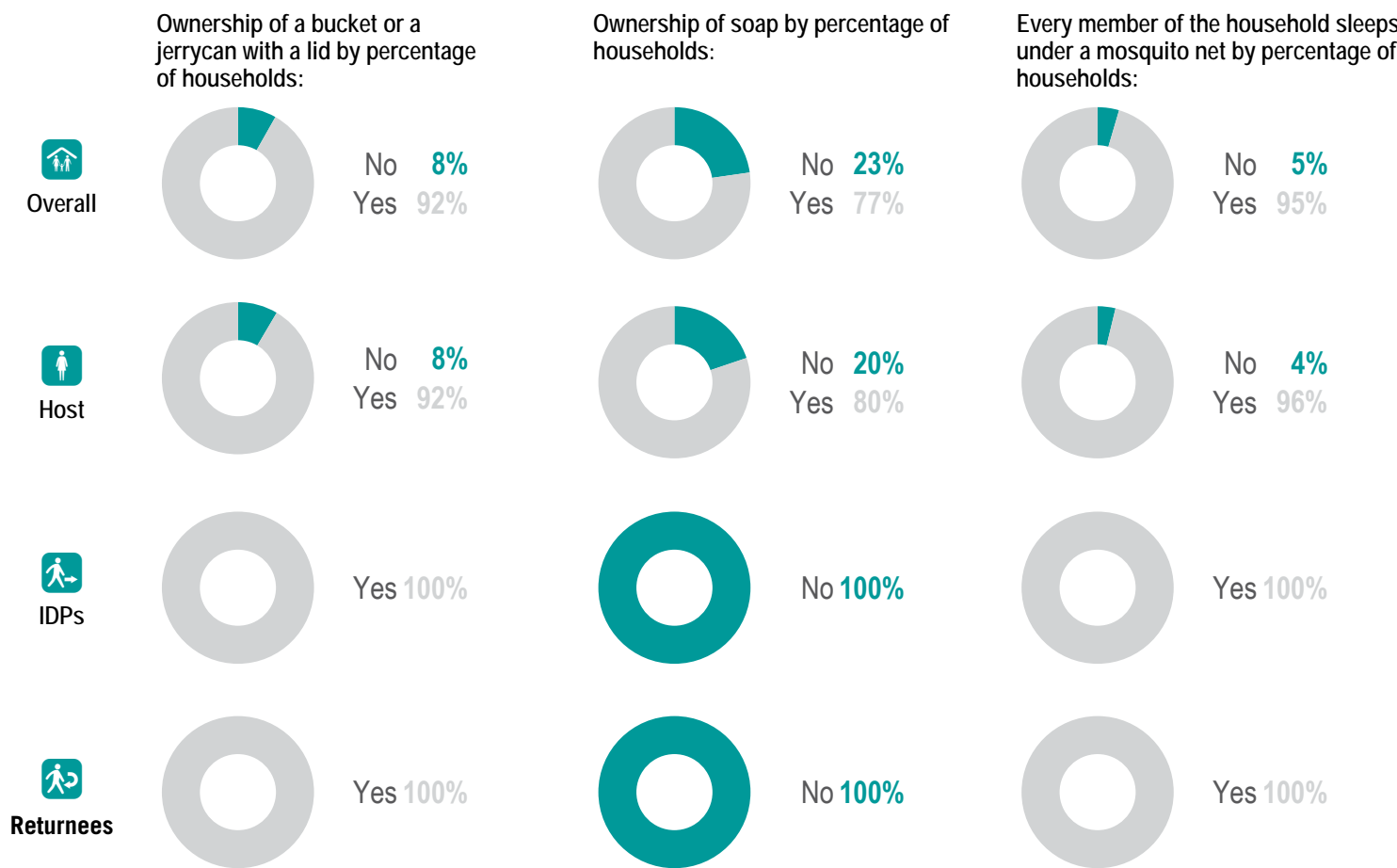
Unity State, South Sudan



November/December 2018

NFI WASH NFIs

- 56%** of Abiemnhom County HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in November and December, 2018. This was an increase from the previous season.
- 24%** of Abiemnhom County HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in HH in July and August, 2018.
- 3** was the average number of jerrycans and/or buckets per HH in July and August, 2018. This was the same as the previous season.
- 3** was the average number of jerrycans and/or buckets per HH in November and December, 2018.



Endnotes

- This data is as of November/December 2018. Note, population movement remains fluid.
- An institutional latrine can be found in a school, hospital, clinic, market place.
- HHs are asked to produce soap within a minute when assessing the presence of soap in the HH, as if they are not able to locate it within a minute then it stands to reason it is not commonly used.
- The composite 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



November/December 2018

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 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 reported having safe access to and use an improved water source (borehole, tapstand, water yard) as their main source of drinking water; 3. % of HHs reported having access to a latrine (private, shared, or communal/institutional); 4. % of HHs reported having access to key WASH NFIs (soap, mosquito nets, water containers); and 5. % of HH reported 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

Displacement

Percentage of households by displacement status 1:



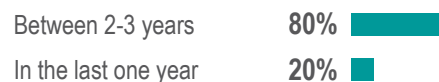
countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of 2018). FSNMS is a seasonal countrywide assessment conducted, funded and run by the World Food Programme, UNICEF, and the Food and Agriculture Organization, and supported by REACH in Round 22. 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.

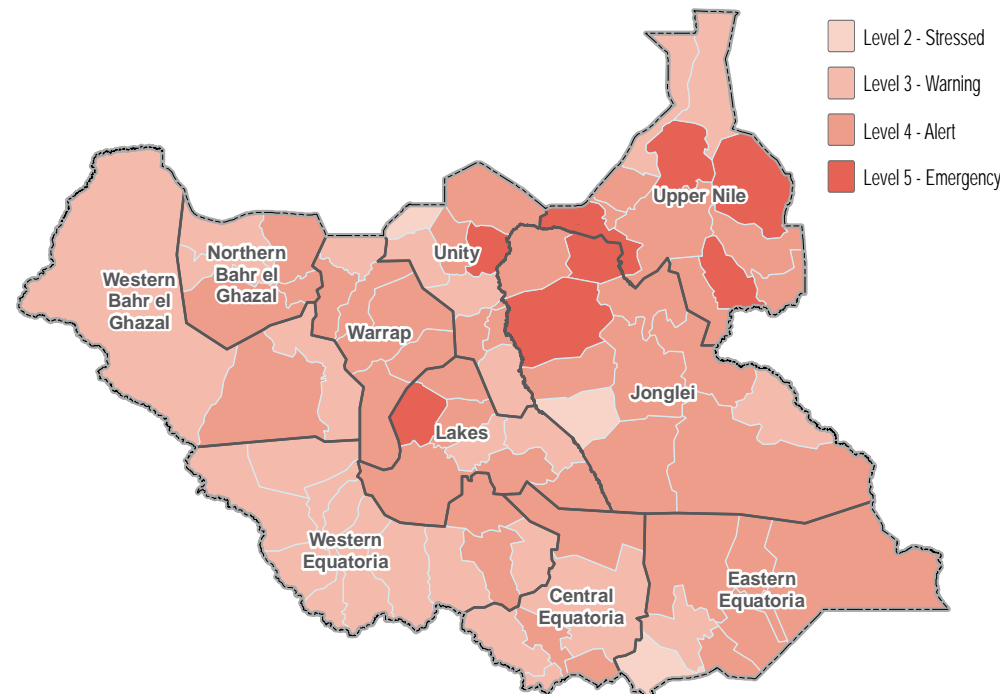
FSNMS Assessment Coverage

Full coverage in the county was achieved.

Percentage of IDP households by time arrived in their current location:



WASH Needs Severity Map



This WASH composite 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/2EgRYwJ>. The final severity ranking was created by calculating the average level from the following indicators: -Not having safe access to and use 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 HH did not sleep under a mosquito net.
- Having one or more household members affected by self-reported water or vector borne disease in the two weeks prior to data collection.

Percentage of returnee households by time arrived in their current location:



Most commonly reported vulnerability, by percentage of households: (more than one answer was possible)





Guit County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

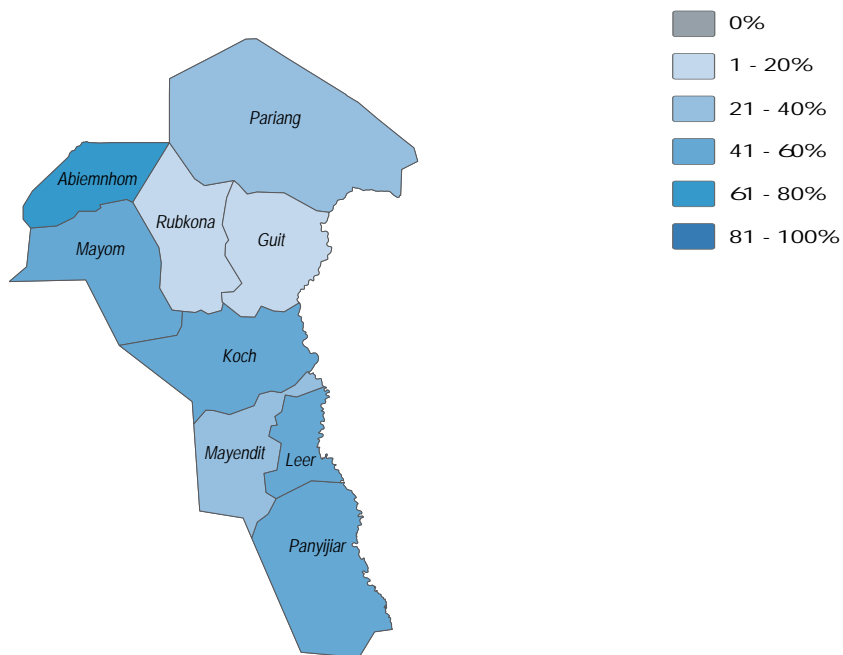


November/December 2018

Water

- 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. This was a decrease from the previous season.
- 32%** of Guit County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
- 29%** of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was an increase from the previous season.
- 13%** of HHs reported feeling unsafe while collecting water, in July and August, 2018.

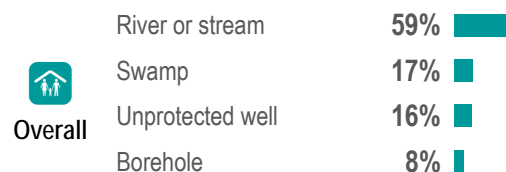
% of HHs having safe access to and use an improved water source (borehole, tapstand, water yard) as their main source of drinking water in under 30 minutes:



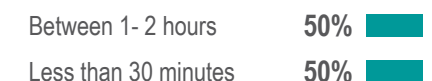
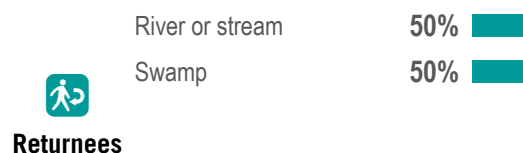
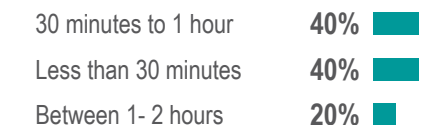
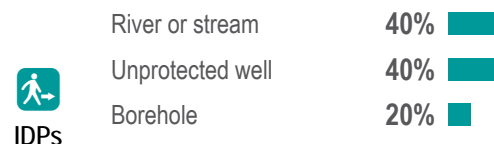
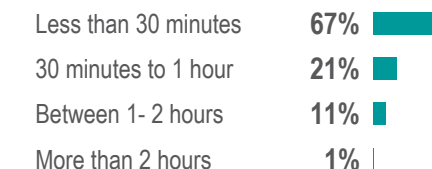
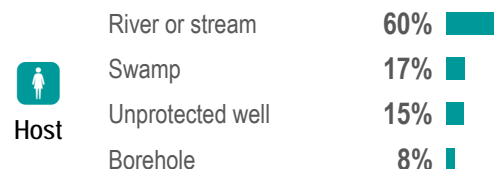
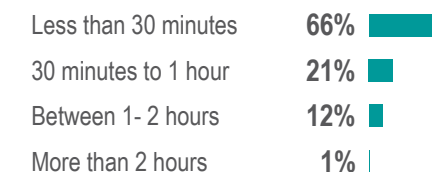
This simple water access composite aims to measure access to an improved water source, without protection concern. The composite was created by averaging the 'yes' responses of households reporting on the following indicators, with all indicators considered to have the same weight:

- 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:





Guit County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

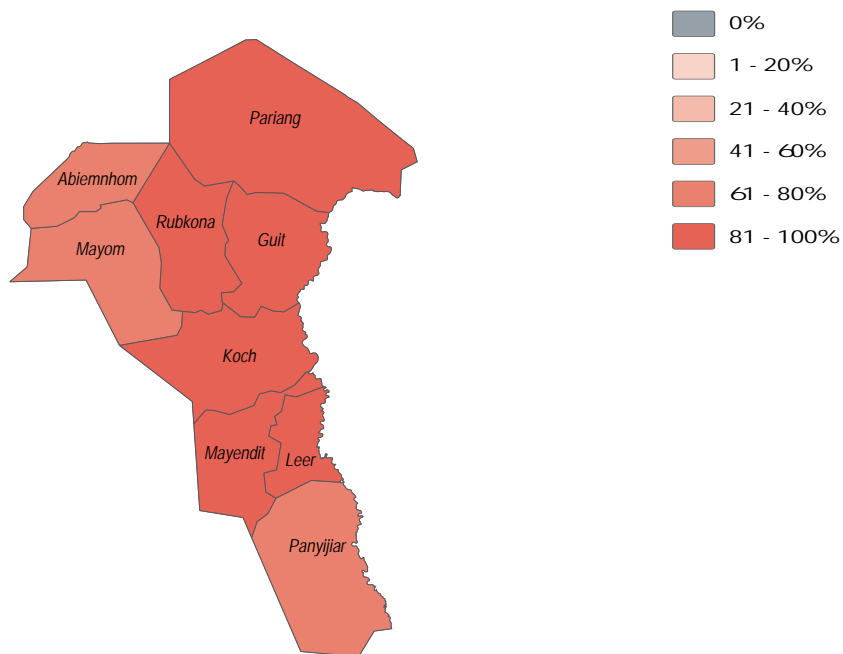


November/December 2018

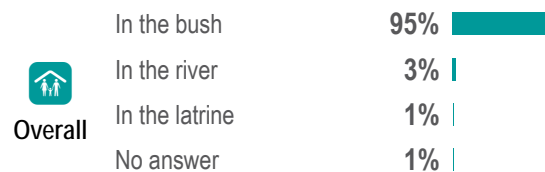
Sanitation

- 2%** of Guit County HHs reported having access to a latrine (private, shared, or communal/institutional), in November and December, 2018. This was a decrease from the previous season.
- 9%** of Guit County HHs reported having access to a latrine (private, shared, or communal/institutional), in July and August, 2018.
- 1%** of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was an increase from the previous season.
- 0%** of HHs reported their most common defecation location was a latrine, in July and August, 2018.

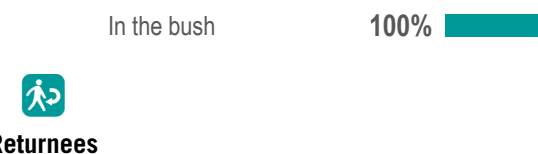
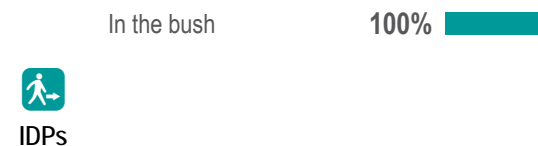
% of HHs not usually using a latrine (private, shared, or communal/institutional)²:



Most commonly reported defecation location by percentage of households:



Most commonly reported excreta disposal methods for children under five by percentage of households:





Guit County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

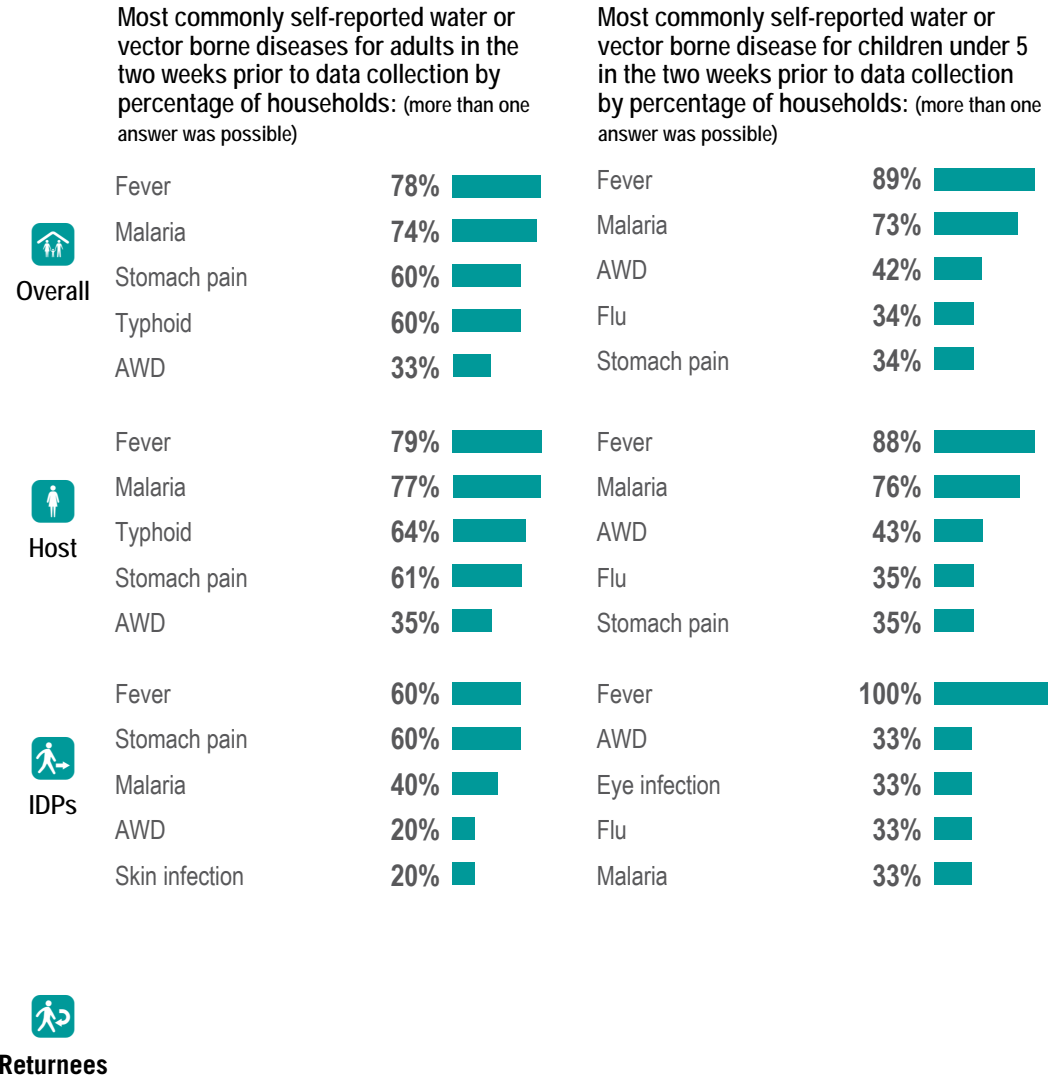
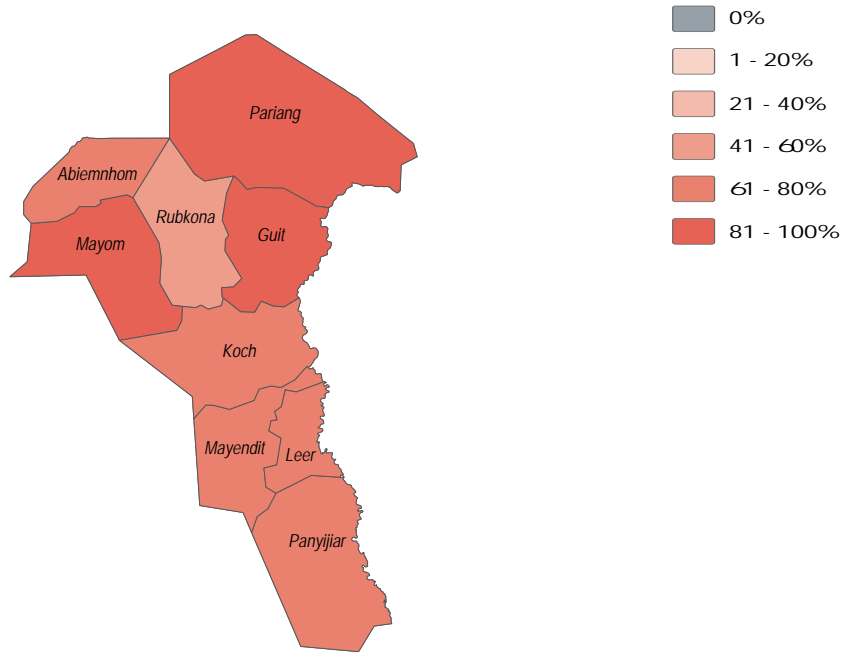


November/December 2018

Health

- 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. This was an increase from the previous season.
- 91%** 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, 2018.
- Fever** was the most commonly reported water or vector borne disease in November and December, 2018. This was different to the previous season.
- Malaria** was the most commonly reported water or vector borne disease in July and August, 2018.

% 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:





Guit County - Water, Sanitation and Hygiene Factsheet

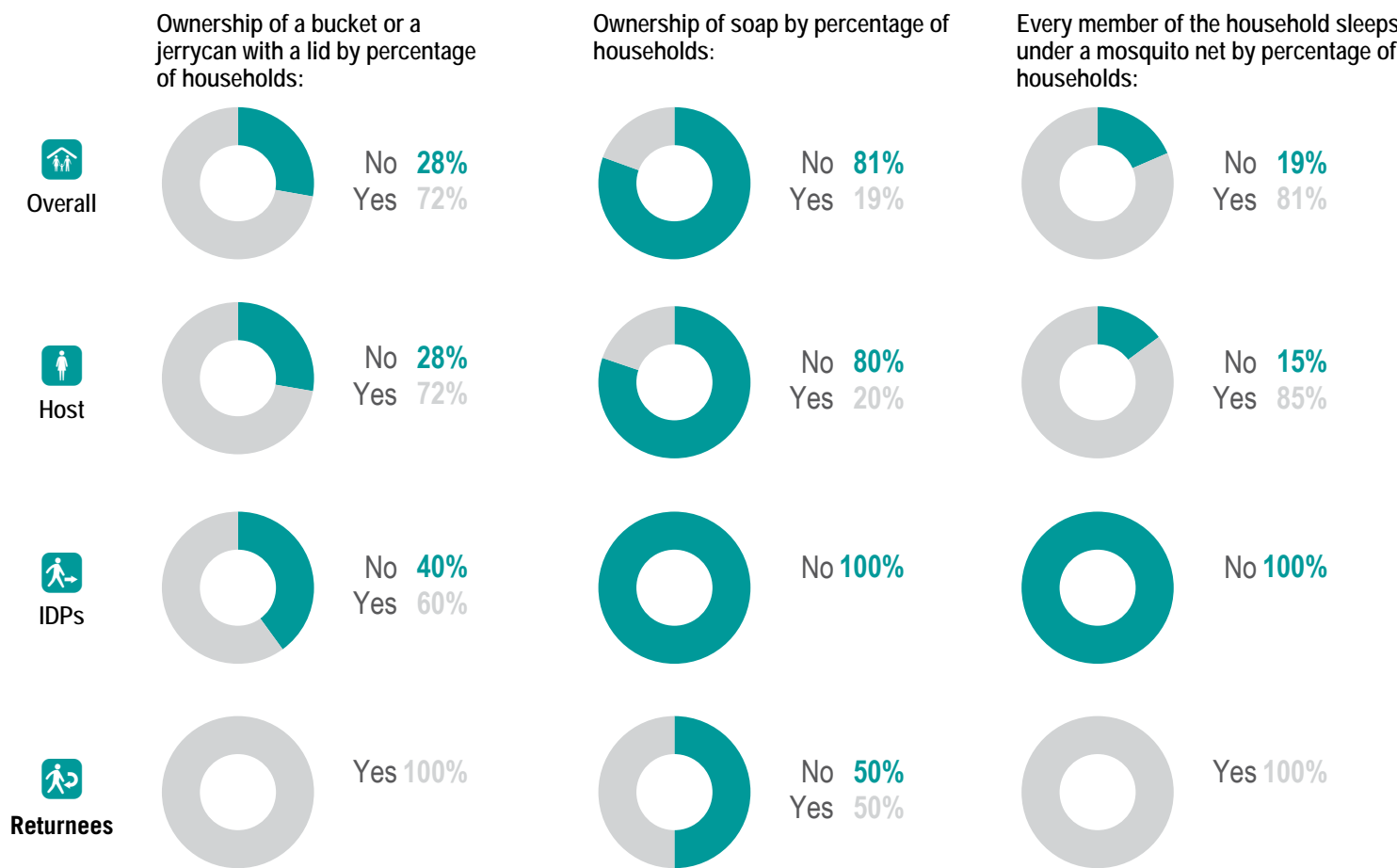
Unity State, South Sudan



November/December 2018

NFI WASH NFIs

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



Endnotes

1. This data is as of November/December 2018. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. HHs are asked to produce soap within a minute when assessing the presence of soap in the HH, as if they are not able to locate it within a minute then it stands to reason it is not commonly used.
4. The composite 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



November/December 2018

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 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 reported having safe access to and use an improved water source (borehole, tapstand, water yard) as their main source of drinking water; 3. % of HHs reported having access to a latrine (private, shared, or communal/institutional); 4. % of HHs reported having access to key WASH NFIs (soap, mosquito nets, water containers); and 5. % of HH reported 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

Displacement

Percentage of households by displacement status 1:



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 23 (November and December of 2018). 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 Round 22. 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.

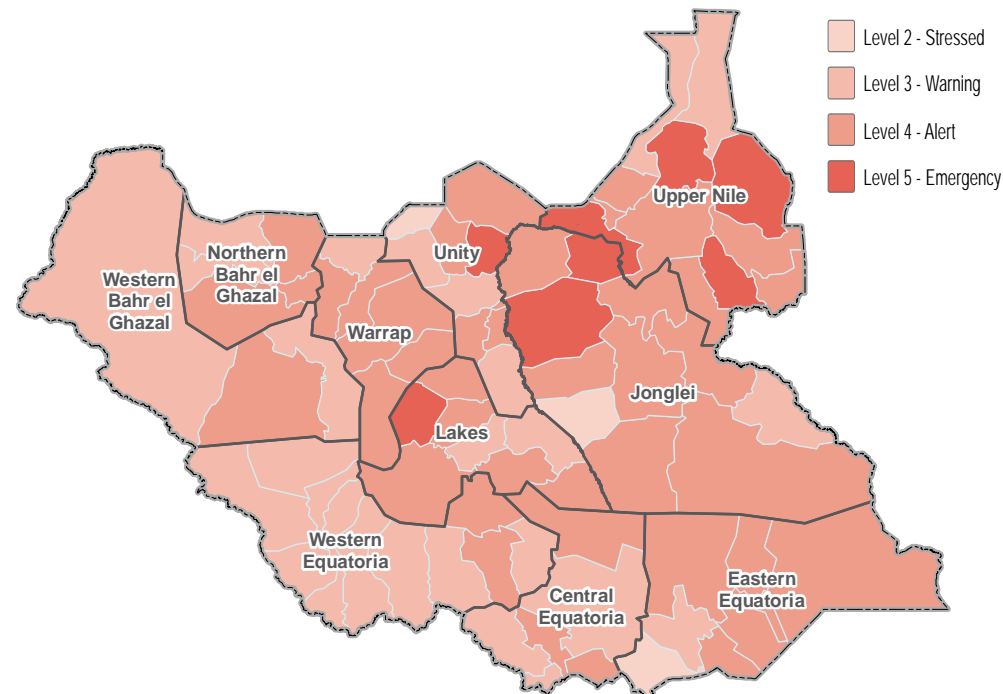
FSNMS Assessment Coverage

Full coverage in the county was achieved.

Percentage of IDP households by time arrived in their current location:



WASH Needs Severity Map

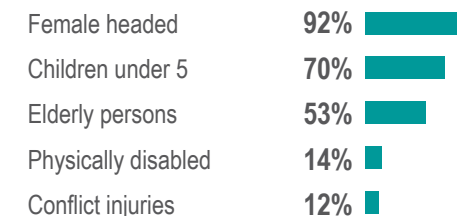


This WASH composite aims to measure the severity of WASH needs in each county. The composite was created with four indicators, each broken into 5 levels of severity, as seen in this matrix <http://bit.ly/2EgRYwJ>. The final severity ranking was created by calculating the average level from the following indicators: -Not having safe access to and use 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 HH did not sleep under a mosquito net.
- Having one or more household members affected by self-reported water or vector borne disease in the two weeks prior to data collection.

Percentage of returnee households by time arrived in their current location:

Most commonly reported vulnerability, by percentage of households: (more than one answer was possible)





Koch County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

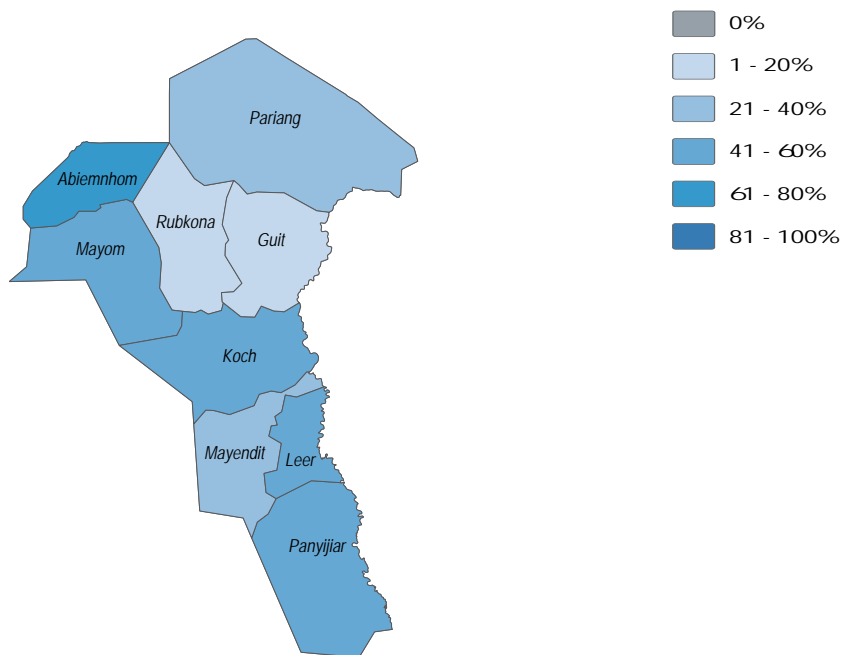


November/December 2018

Water

- 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. This was an increase from the previous season.
- 67%** of Koch County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018.
- 1%** of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was a decrease from the previous season.
- 21%** of HHs reported feeling unsafe while collecting water, in July and August, 2018.

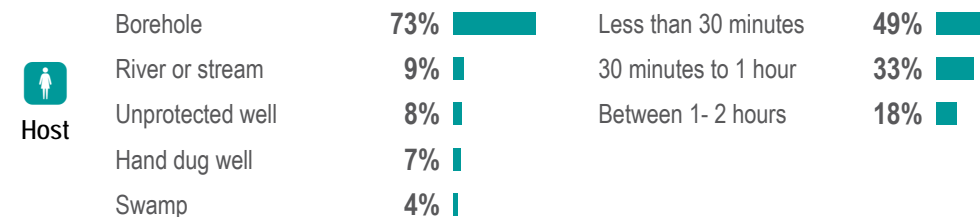
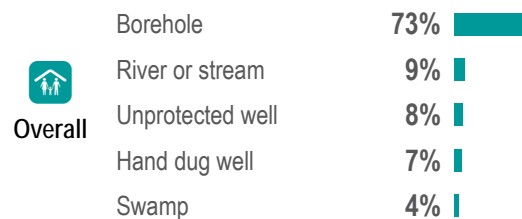
% of HHs having safe access to and use an improved water source (borehole, tapstand, water yard) as their main source of drinking water in under 30 minutes:



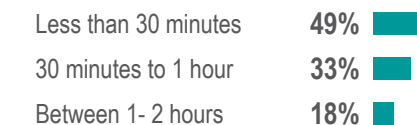
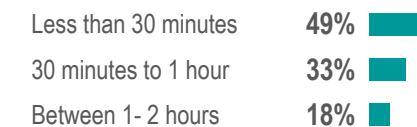
This simple water access composite aims to measure access to an improved water source, without protection concern. The composite was created by averaging the 'yes' responses of households reporting on the following indicators, with all indicators considered to have the same weight:

- 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:





Koch County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

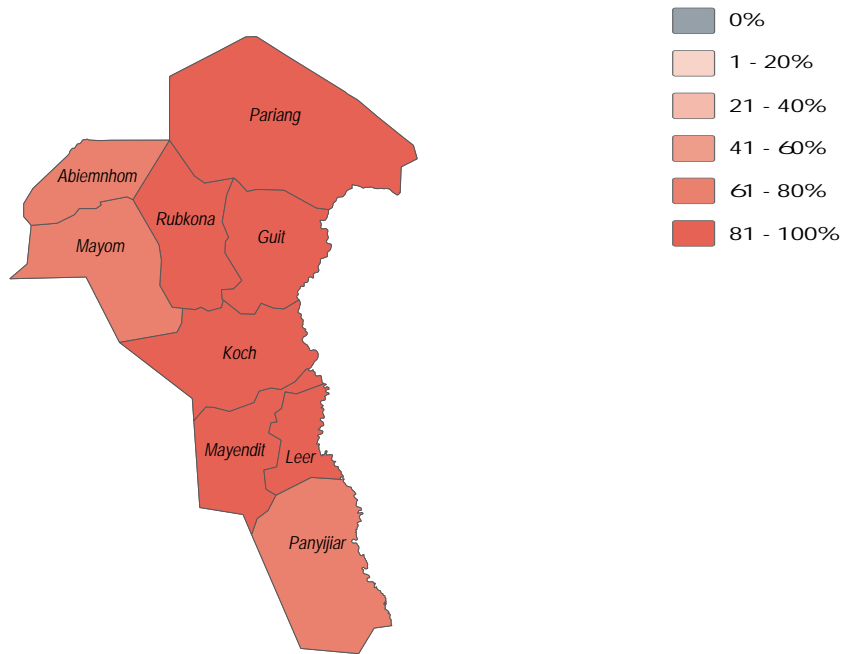


November/December 2018

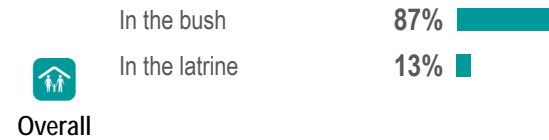
Sanitation

- 13%** of Koch County HHs reported having access to a latrine (private, shared, or communal/institutional), in November and December, 2018. This was an increase from the previous season.
- 11%** of Koch County HHs reported having access to a latrine (private, shared, or communal/institutional), in July and August, 2018.
- 13%** of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was an increase from the previous season.
- 2%** of HHs reported their most common defecation location was a latrine, in July and August, 2018.

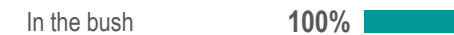
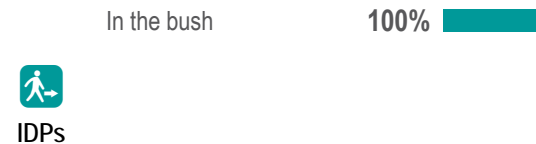
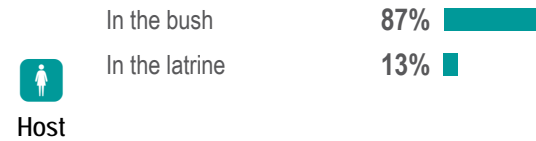
% of HHs not usually using a latrine (private, shared, or communal/institutional):



Most commonly reported defecation location by percentage of households:



Most commonly reported excreta disposal methods for children under five by percentage of households:





Koch County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

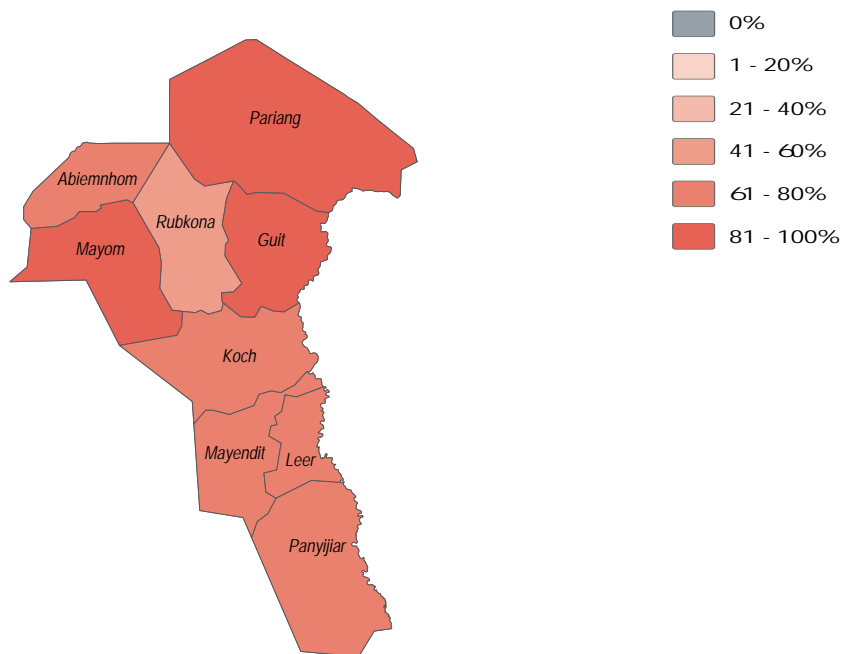


November/December 2018

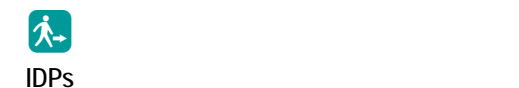
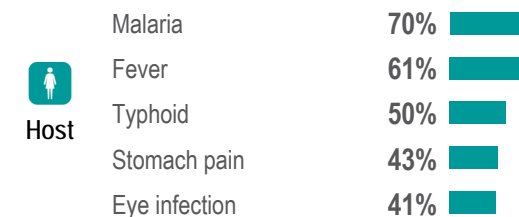
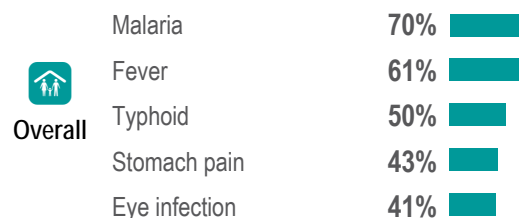
Health

- 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. This was a decrease from the previous season.
- 84%** 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, 2018.
- Malaria** was the most commonly reported water or vector borne disease in November and December, 2018. This was the same as the previous season.
- Malaria** was the most commonly reported water or vector borne disease in July and August, 2018.

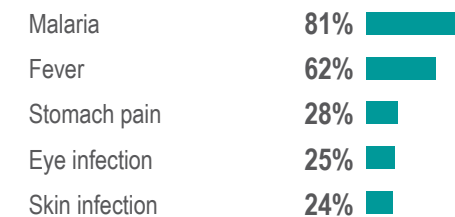
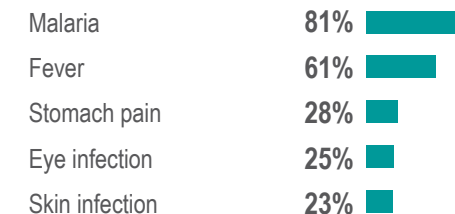
% of HH with one or more HH member affected by self-reported water or vector borne disease in the two weeks prior to data collection:



Most commonly self-reported water or vector borne diseases for adults in the two weeks prior to data collection by percentage of households: (more than one answer was possible)



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: (more than one answer was possible)





Koch County - Water, Sanitation and Hygiene Factsheet

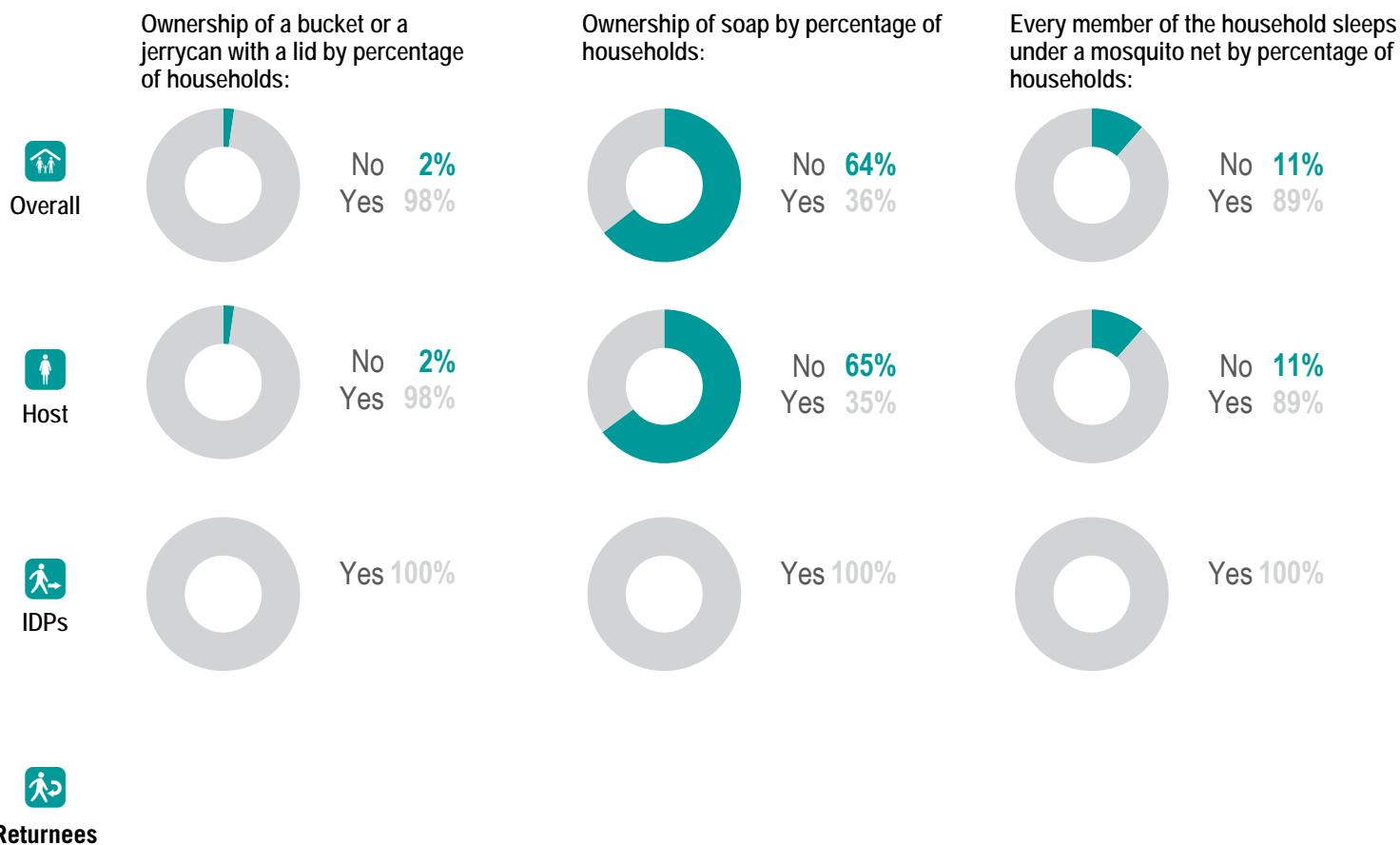
Unity State, South Sudan



November/December 2018

NFI WASH NFIs

- 23%** of Koch County HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in November and December, 2018. This was an increase from the previous season.
- 10%** of Koch County HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in HH in July and August, 2018.
- 3** was the average number of jerrycans and/or buckets per HH in July and August, 2018. This was an increase from the previous season.
- 2** was the average number of jerrycans and/or buckets per HH in November and December, 2018.



Endnotes

1. This data is as of November/December 2018. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. HHs are asked to produce soap within a minute when assessing the presence of soap in the HH, as if they are not able to locate it within a minute then it stands to reason it is not commonly used.
4. The composite 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



November/December 2018

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 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 reported having safe access to and use an improved water source (borehole, tapstand, water yard) as their main source of drinking water; 3. % of HHs reported having access to a latrine (private, shared, or communal/institutional); 4. % of HHs reported having access to key WASH NFIs (soap, mosquito nets, water containers); and 5. % of HH reported 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

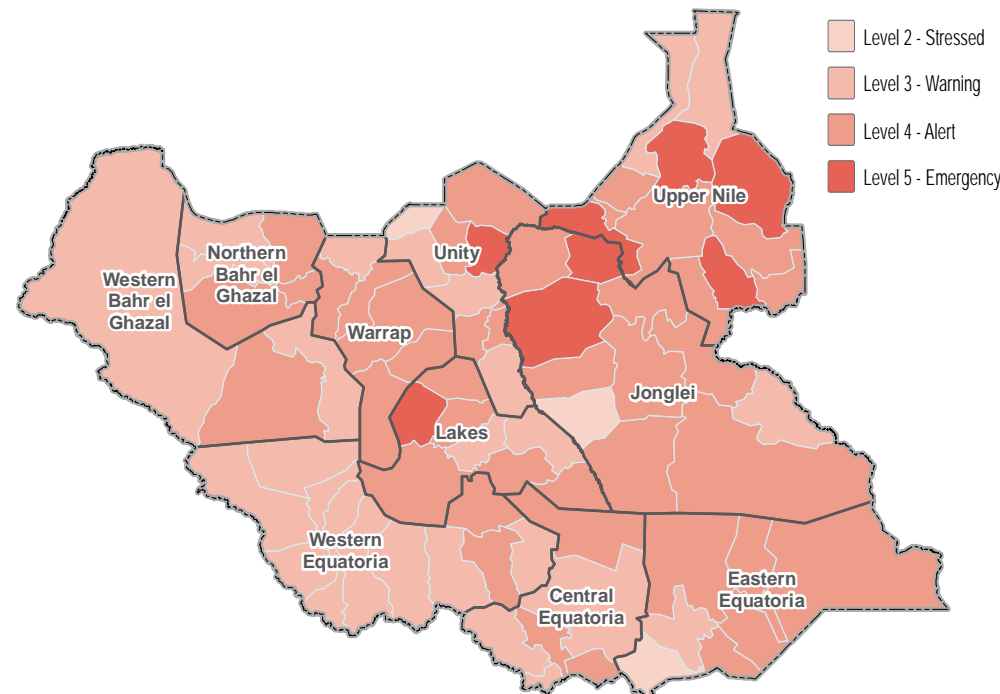
countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of 2018). FSNMS is a seasonal countrywide assessment conducted, funded and run by the World Food Programme, UNICEF, and the Food and Agriculture Organization, and supported by REACH in Round 22. 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.

WASH Needs Severity Map



This WASH composite 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/2EgRYwJ>. The final severity ranking was created by calculating the average level from the following indicators: -Not having safe access to and use an improved water source (borehole, tapstand, water yard) as a main source of drinking water.

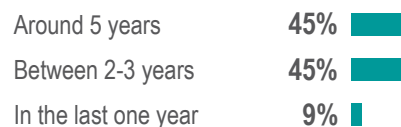
- Not having access to a latrine (private, shared, or communal/institutional).
- Not owning a jerrycan or bucket with a lid and soap, and that every member of the HH did not sleep under a mosquito net.
- Having one or more household members affected by self-reported water or vector borne disease in the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

Displacement

Percentage of households by displacement status 1:



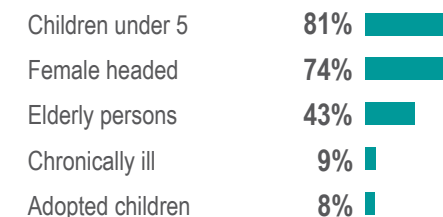
Percentage of IDP households by time arrived in their current location:



Percentage of returnee households by time arrived in their current location:



Most commonly reported vulnerability, by percentage of households: (more than one answer was possible)





Leer County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

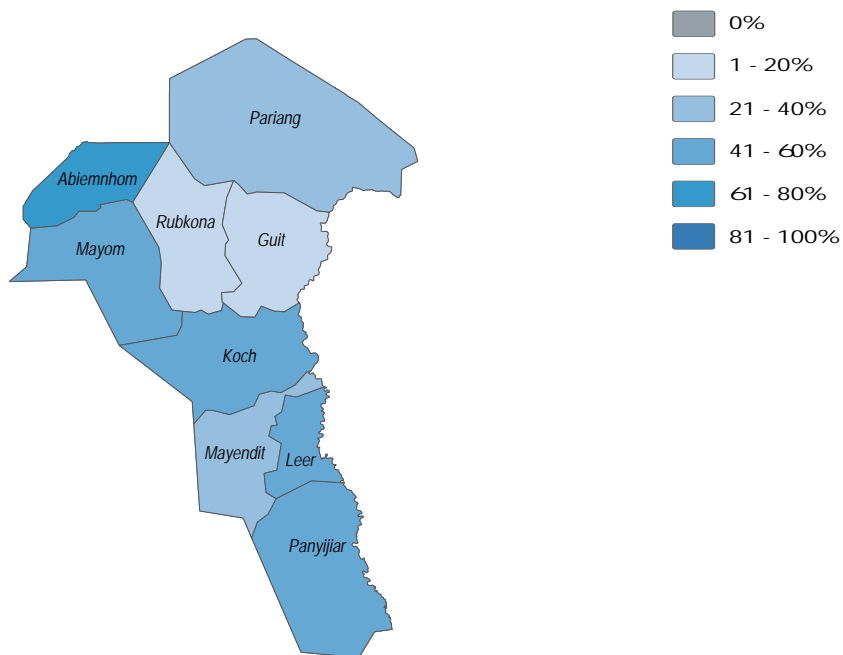


November/December 2018

Water

- 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. This was an increase from the previous season.
- 63%** of Leer County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
- 16%** of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was a decrease from the previous season.
- 30%** of HHs reported feeling unsafe while collecting water, in July and August, 2018.

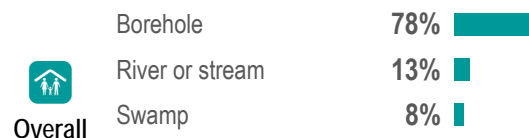
% of HHs having safe access to and use an improved water source (borehole, tapstand, water yard) as their main source of drinking water in under 30 minutes:



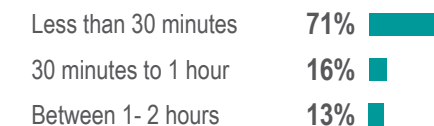
This simple water access composite aims to measure access to an improved water source, without protection concern. The composite was created by averaging the 'yes' responses of households reporting on the following indicators, with all indicators considered to have the same weight:

- 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:



Returnees





Leer County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

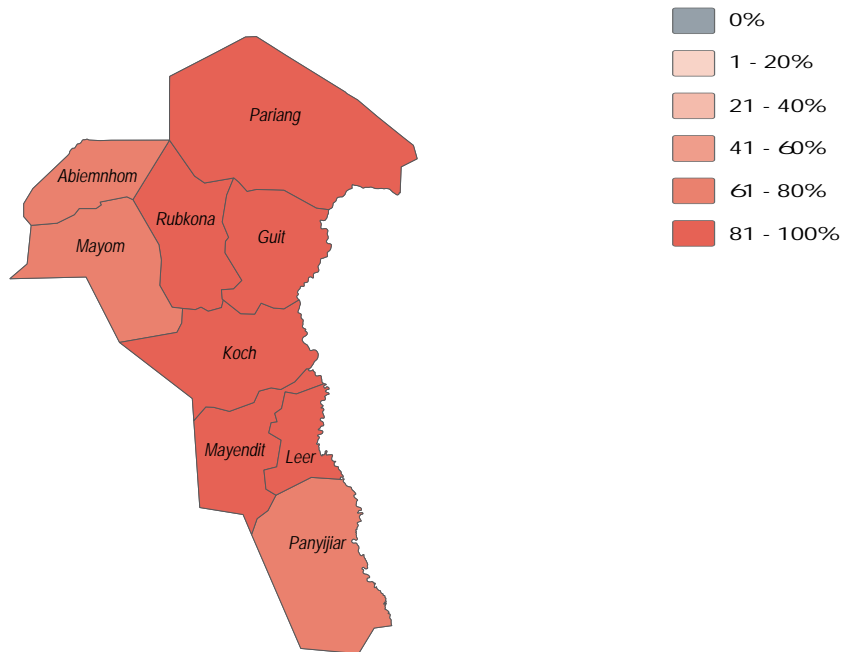


November/December 2018

Sanitation

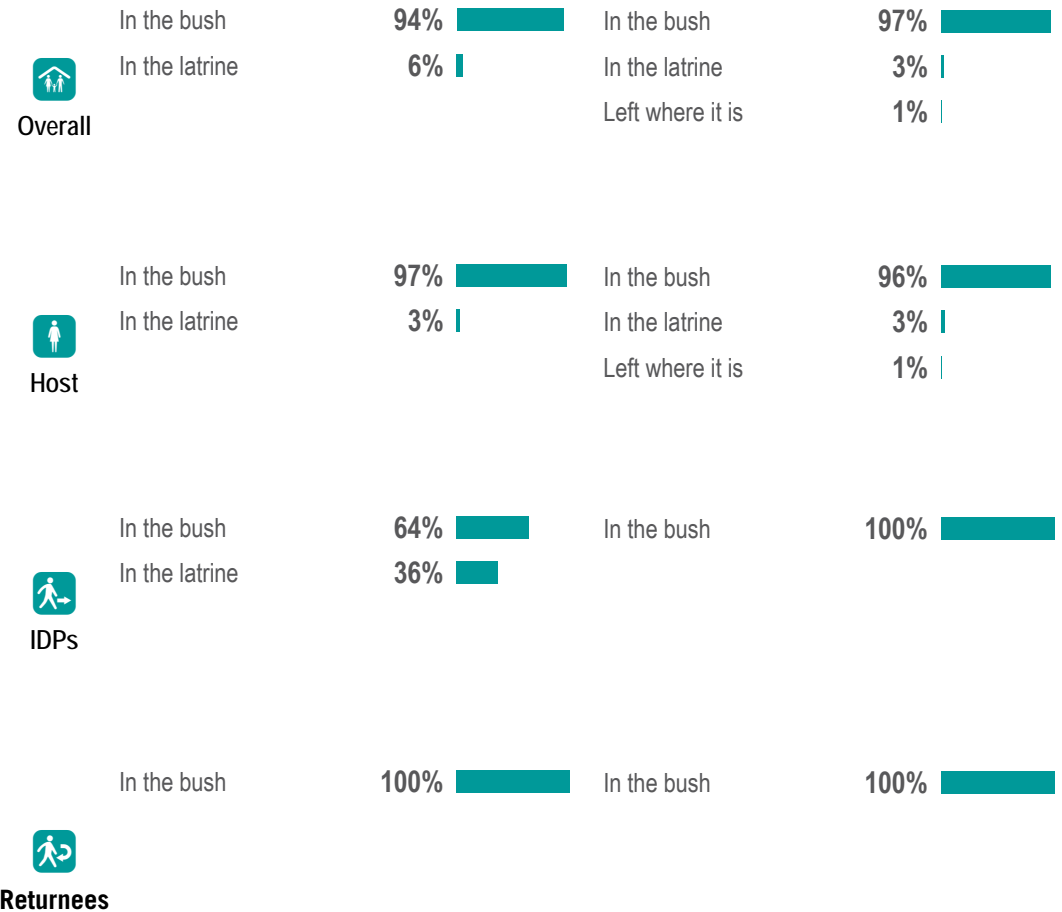
- 8%** of Leer County HHs reported having access to a latrine (private, shared, or communal/institutional), in November and December, 2018. This was an increase from the previous season.
- 6%** of Leer County HHs reported having access to a latrine (private, shared, or communal/institutional), in July and August, 2018.
- 6%** of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was an increase from the previous season.
- 1%** of HHs reported their most common defecation location was a latrine, in July and August, 2018.

% of HHs not usually using a latrine (private, shared, or communal/institutional)²:



Most commonly reported defecation location by percentage of households:

Most commonly reported excreta disposal methods for children under five by percentage of households:





Leer County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan



November/December 2018

Health

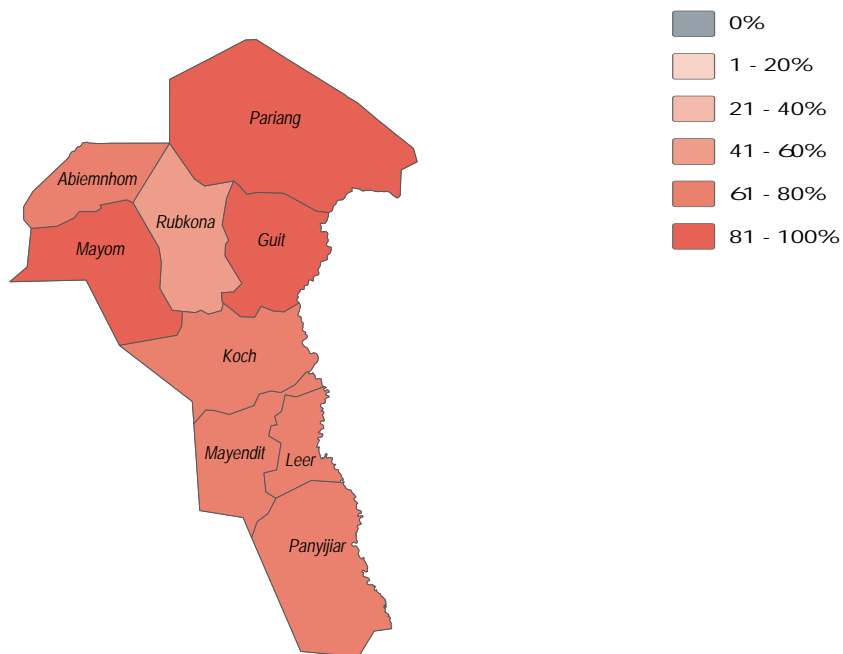
67% of Leer County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was an increase from the previous season.

64% 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, 2018.

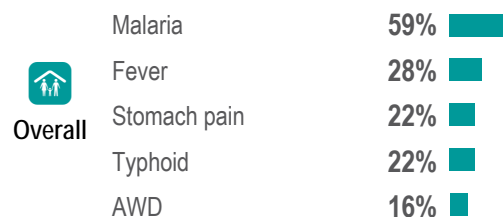
Malaria was the most commonly reported water or vector borne disease in November and December, 2018. This was the same as the previous season.

Malaria was the most commonly reported water or vector borne disease in July and August, 2018.

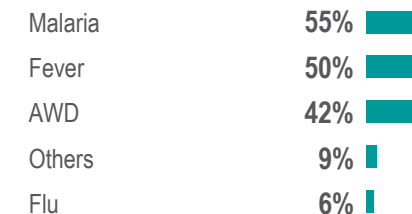
% of HH with one or more HH member affected by self-reported water or vector borne disease in the two weeks prior to data collection:



Most commonly self-reported water or vector borne diseases for adults in the two weeks prior to data collection by percentage of households: (more than one answer was possible)



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: (more than one answer was possible)





Leer County - Water, Sanitation and Hygiene Factsheet

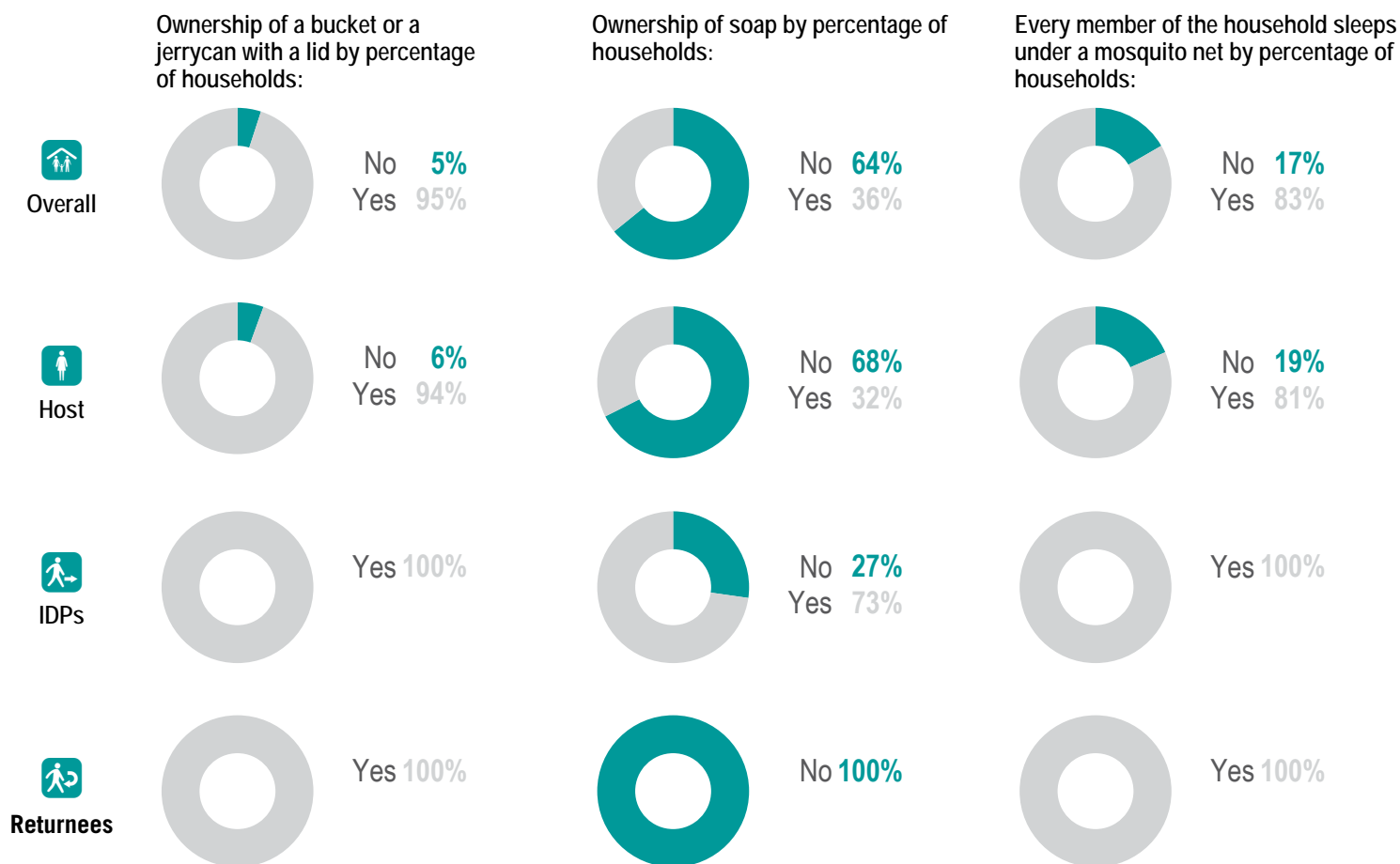
Unity State, South Sudan



November/December 2018

NFI WASH NFIs

- 13%** of Leer County HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in November and December, 2018. This was an increase from the previous season.
- 3%** of Leer County HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in HH in July and August, 2018.
- 3** was the average number of jerrycans and/or buckets per HH in July and August, 2018. This was an increase from the previous season.
- 2** was the average number of jerrycans and/or buckets per HH in November and December, 2018.



Endnotes

- This data is as of November/December 2018. Note, population movement remains fluid.
- An institutional latrine can be found in a school, hospital, clinic, market place.
- HHs are asked to produce soap within a minute when assessing the presence of soap in the HH, as if they are not able to locate it within a minute then it stands to reason it is not commonly used.
- The composite 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



November/December 2018

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 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 reported having safe access to and use an improved water source (borehole, tapstand, water yard) as their main source of drinking water; 3. % of HHs reported having access to a latrine (private, shared, or communal/institutional); 4. % of HHs reported having access to key WASH NFIs (soap, mosquito nets, water containers); and 5. % of HH reported 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

Displacement

Percentage of households by displacement status 1:



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 23 (November and December of 2018). 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 Round 22. 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.

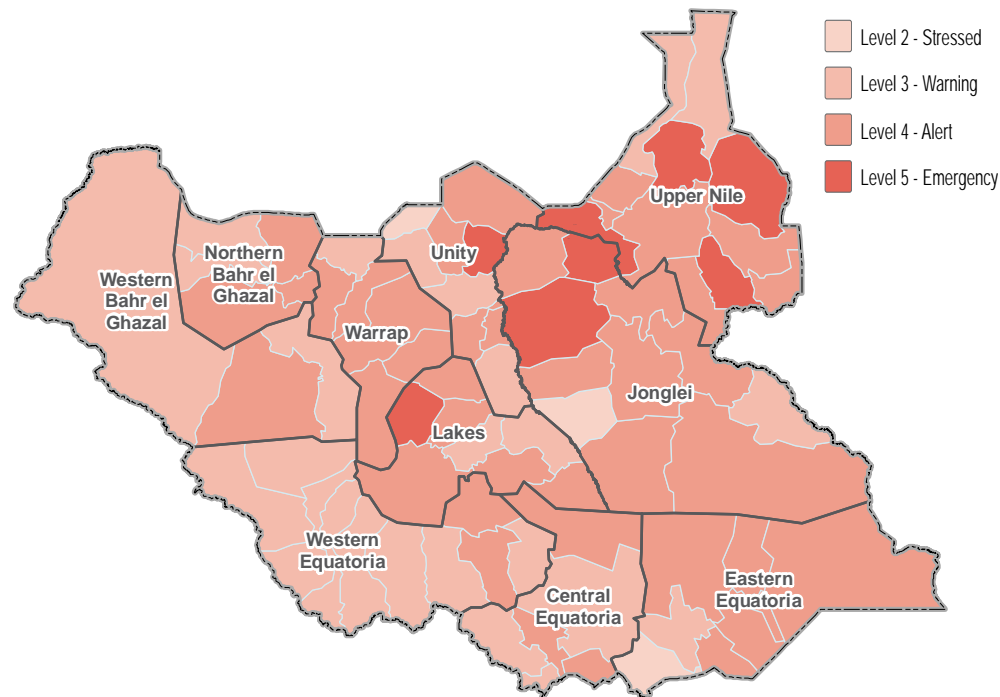
FSNMS is a critical source of information that allows for the identification of affected areas, the prioritization of resources and for monitoring trends. The data collected during FSNMS is used for the Integrated Food Security Phase Classification (IPC) analysis, the Humanitarian Needs Overview (HNO)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

FSNMS Assessment Coverage

Full coverage in the county was achieved.

Percentage of IDP households by time arrived in their current location:

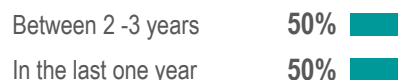
WASH Needs Severity Map



This WASH composite 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/2EgRYwJ>. The final severity ranking was created by calculating the average level from the following indicators: -Not having safe access to and use 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 HH did not sleep under a mosquito net.
- Having one or more household members affected by self-reported water or vector borne disease in the two weeks prior to data collection.

Percentage of returnee households by time arrived in their current location:



Most commonly reported vulnerability, by percentage of households: (more than one answer was possible)





Mayendit County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

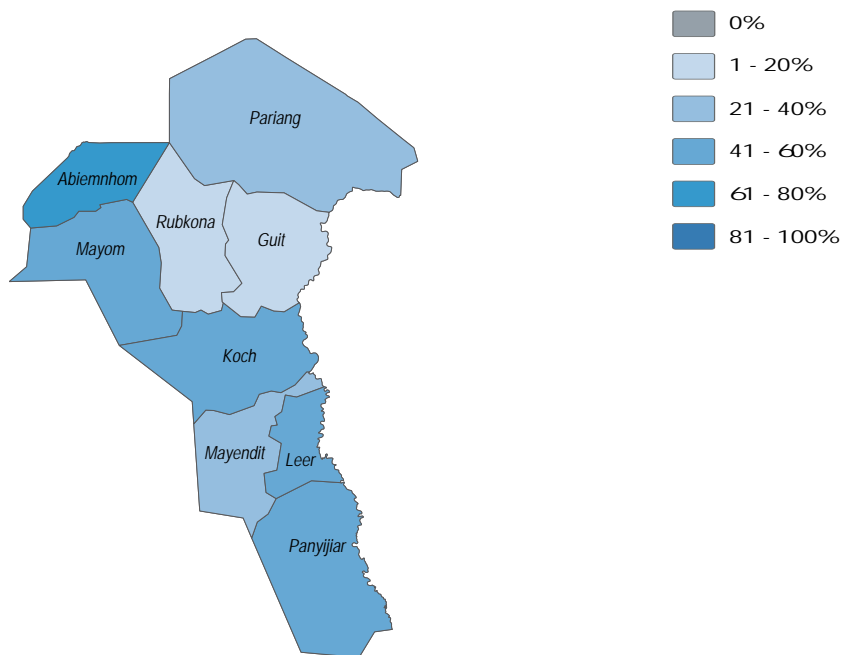


November/December 2018

Water

- 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. This was an increase from the previous season.
- 71%** of **Mayendit County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
- 31%** of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was a decrease from the previous season.
- 36%** of HHs reported feeling unsafe while collecting water, in July and August, 2018.

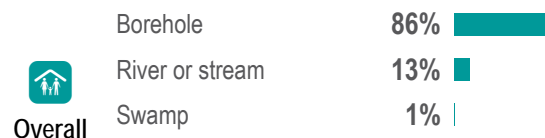
% of HHs having safe access to and use an improved water source (borehole, tapstand, water yard) as their main source of drinking water in under 30 minutes:



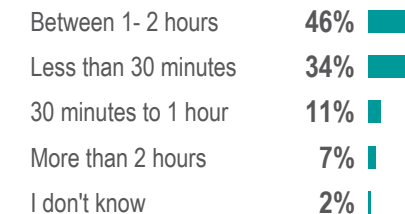
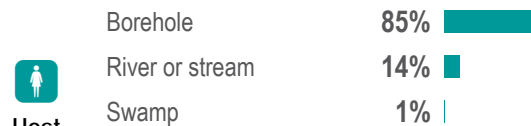
This simple water access composite aims to measure access to an improved water source, without protection concern. The composite was created by averaging the 'yes' responses of households reporting on the following indicators, with all indicators considered to have the same weight:

- 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:





Mayendit County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

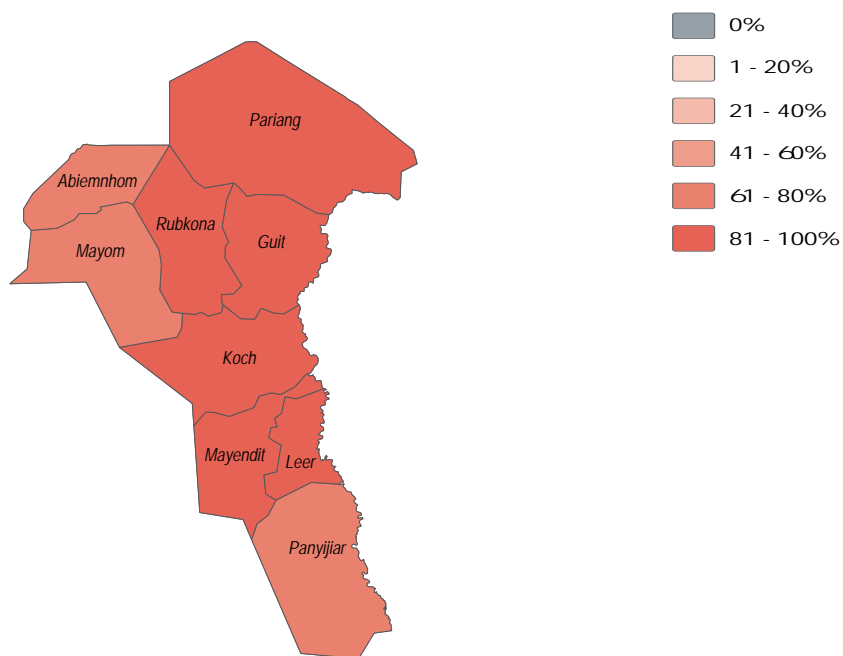


November/December 2018

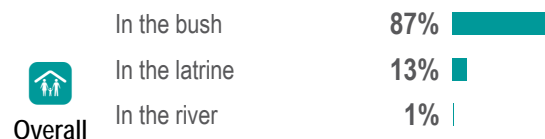
Sanitation

- 19%** of **Mayendit County** HHs reported having access to a latrine (private, shared, or communal/institutional), in November and December, 2018. This was an increase from the previous season.
- 0%** of **Mayendit County** HHs reported having access to a latrine (private, shared, or communal/institutional), in July and August, 2018.
- 13%** of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was an increase from the previous season.
- 0%** of HHs reported their most common defecation location was a latrine, in July and August, 2018.

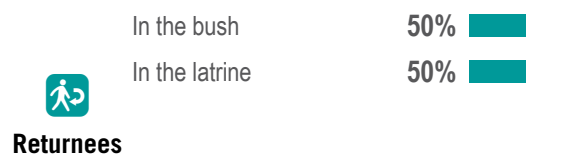
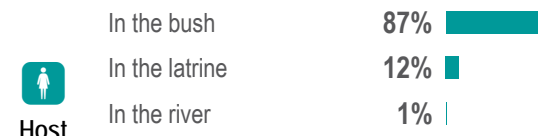
% of HHs not usually using a latrine (private, shared, or communal/institutional)²:



Most commonly reported defecation location by percentage of households:



Most commonly reported excreta disposal methods for children under five by percentage of households:





Mayendit County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan



November/December 2018

Health

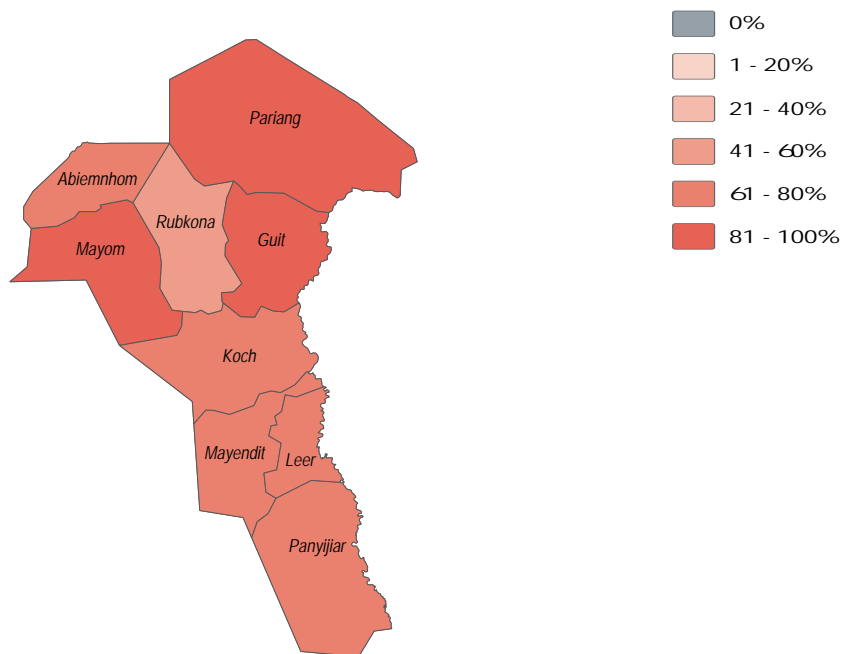
62% of Mayendit County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was a decrease from the previous season.

71% 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, 2018.

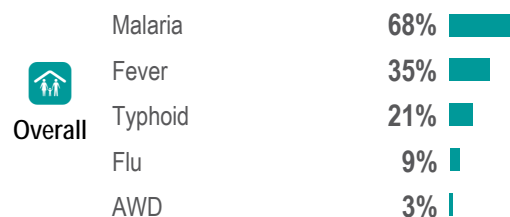
Malaria was the most commonly reported water or vector borne disease in November and December, 2018. This was the same as the previous season.

Malaria was the most commonly reported water or vector borne disease in July and August, 2018.

% 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: (more than one answer was possible)



Overall

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: (more than one answer was possible)



Host



IDPs



Returnees





Mayendit County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan



November/December 2018

NFI WASH NFIs

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

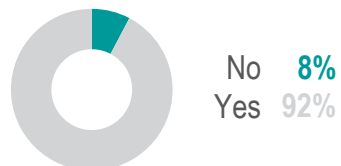
Ownership of a bucket or a jerrycan with a lid by percentage of households:

Ownership of soap by percentage of households:

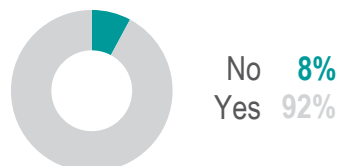
Every member of the household sleeps under a mosquito net by percentage of households:



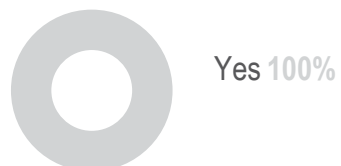
Overall



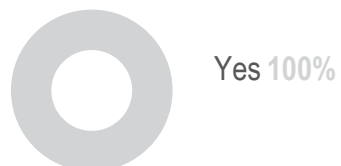
Host



IDPs



Returnees



Endnotes

1. This data is as of November/December 2018. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. HHs are asked to produce soap within a minute when assessing the presence of soap in the HH, as if they are not able to locate it within a minute then it stands to reason it is not commonly used.
4. The composite 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



November/December 2018

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 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 reported having safe access to and use an improved water source (borehole, tapstand, water yard) as their main source of drinking water; 3. % of HHs reported having access to a latrine (private, shared, or communal/institutional); 4. % of HHs reported having access to key WASH NFIs (soap, mosquito nets, water containers); and 5. % of HH reported 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

Displacement

Percentage of households by displacement status 1:

Host community **100%**

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 23 (November and December of 2018). 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 Round 22. 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.

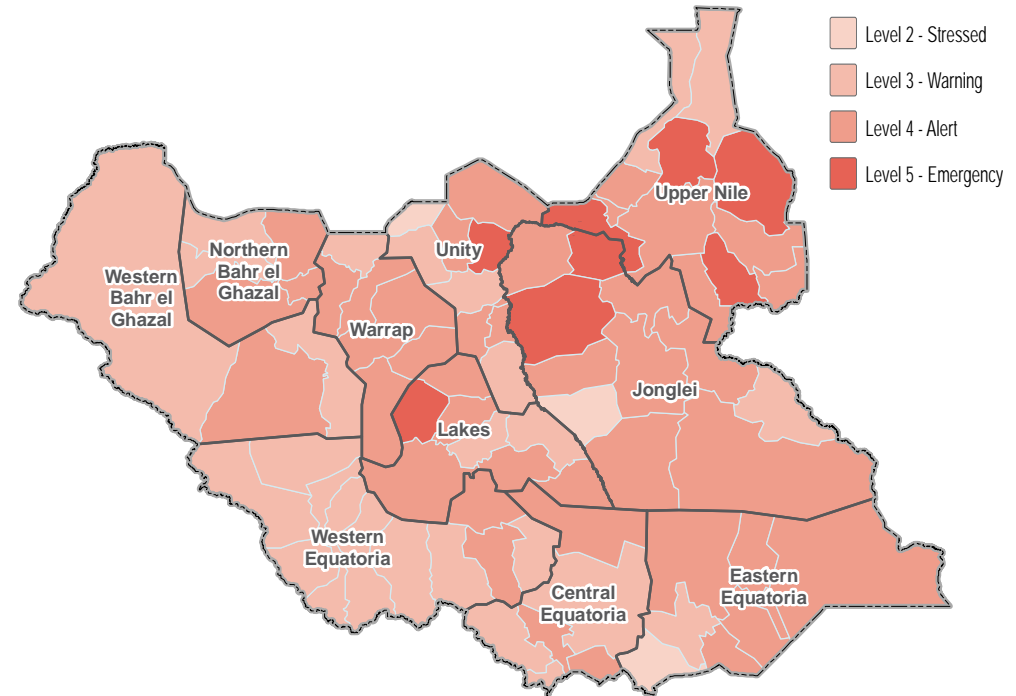
FSNMS is a critical source of information that allows for the identification of affected areas, the prioritization of resources and for monitoring trends. The data collected during FSNMS is used for the Integrated Food Security Phase Classification (IPC) analysis, the Humanitarian Needs Overview (HNO)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

FSNMS Assessment Coverage

Full coverage in the county was achieved.

Percentage of IDP households by time arrived in their current location:

WASH Needs Severity Map



This WASH composite 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 to and use 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 HH did not sleep under a mosquito net.
- Having one or more household members affected by self-reported water or vector borne disease in the two weeks prior to data collection.

Percentage of returnee households by time arrived in their current location:

Most commonly reported vulnerability, by percentage of households: (more than one answer was possible)

Female headed	94%
Children under 5	88%
Elderly persons	66%
Adopted children	22%
Physically disabled	21%





Mayom County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

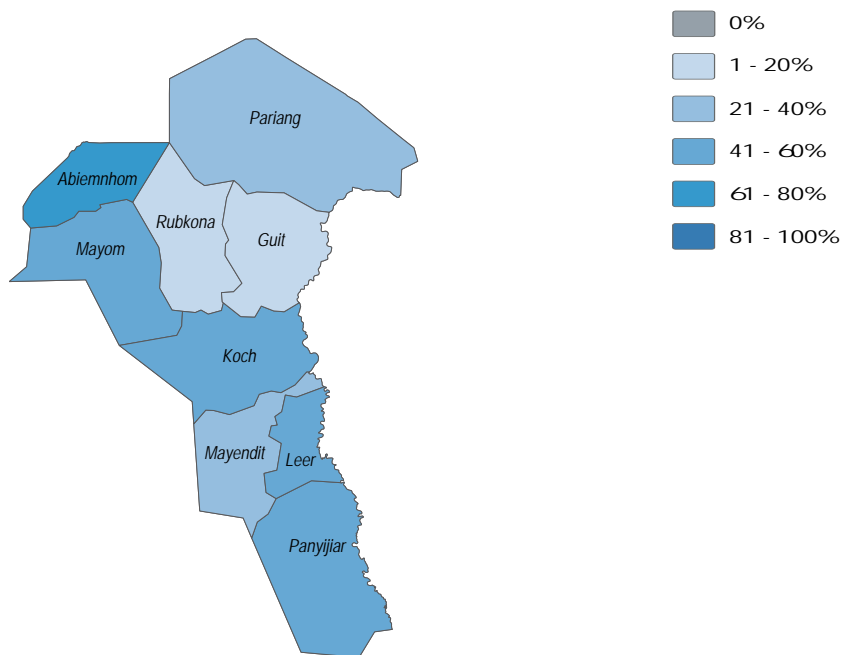


November/December 2018

Water

- 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. This was a decrease from the previous season.
- 93%** of Mayom County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018.
- 6%** of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was a decrease from the previous season.
- 20%** of HHs reported feeling unsafe while collecting water, in July and August, 2018.

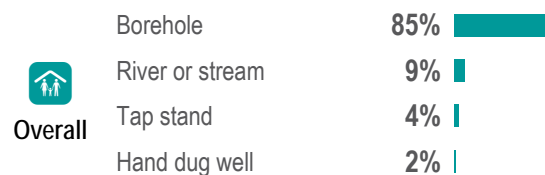
% of HHs having safe access to and use an improved water source (borehole, tapstand, water yard) as their main source of drinking water in under 30 minutes:



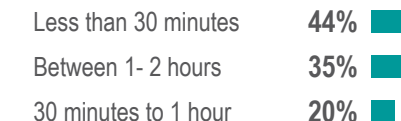
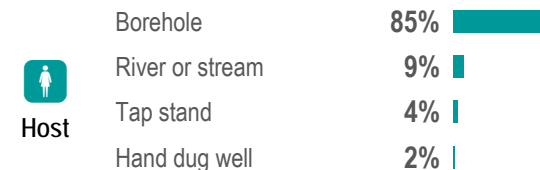
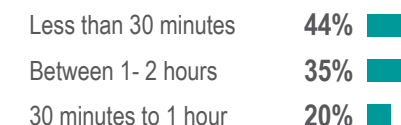
This simple water access composite aims to measure access to an improved water source, without protection concern. The composite was created by averaging the 'yes' responses of households reporting on the following indicators, with all indicators considered to have the same weight:

- 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:





Mayom County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

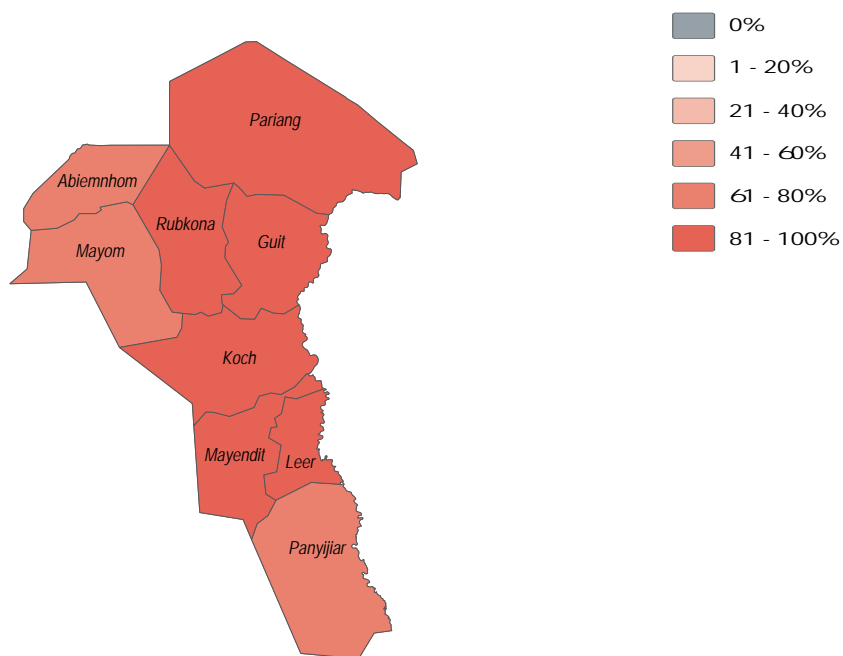


November/December 2018

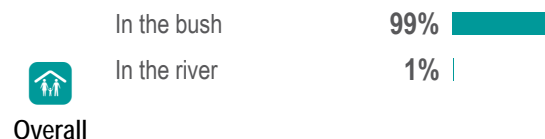
Sanitation

- 21%** of **Mayom County** HHs reported having access to a latrine (private, shared, or communal/institutional), in November and December, 2018. This was an increase from the previous season.
- 7%** of **Mayom County** HHs reported having access to a latrine (private, shared, or communal/institutional), in July and August, 2018.
- 0%** of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was a decrease from the previous season.
- 3%** of HHs reported their most common defecation location was a latrine, in July and August, 2018.

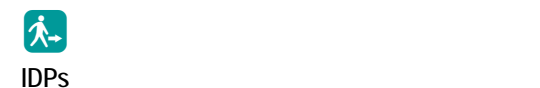
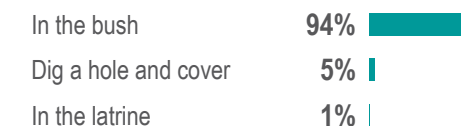
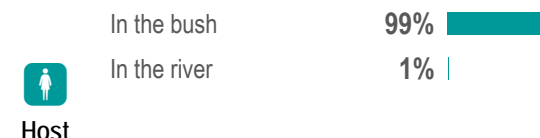
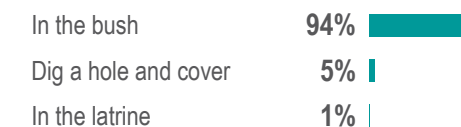
% of HHs not usually using a latrine (private, shared, or communal/institutional)²:



Most commonly reported defecation location by percentage of households:



Most commonly reported excreta disposal methods for children under five by percentage of households:





Mayom County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan



November/December 2018

Health

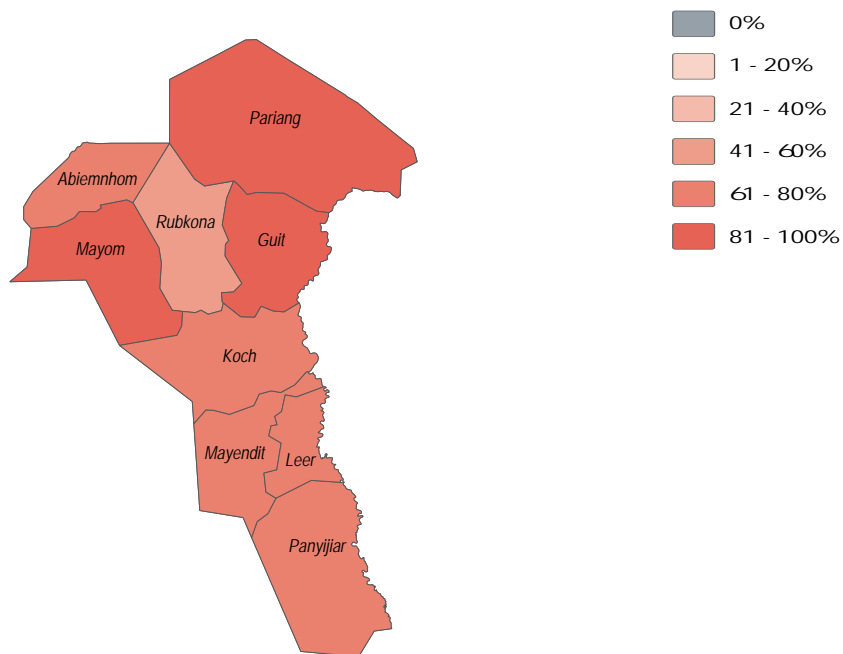
93% of Mayom County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was an increase from the previous season.

73% 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, 2018.

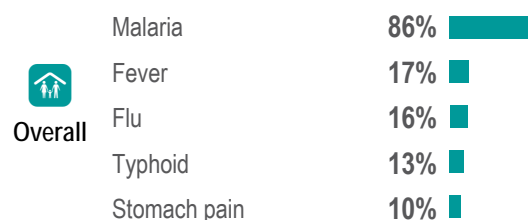
Malaria was the most commonly reported water or vector borne disease in November and December, 2018. This was the same as the previous season.

Malaria was the most commonly reported water or vector borne disease in July and August, 2018.

% 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: (more than one answer was possible)



Overall



Host

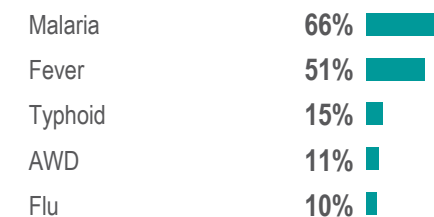
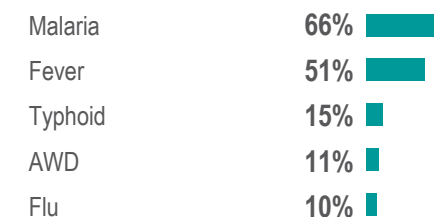


IDPs



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: (more than one answer was possible)





Mayom County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan



November/December 2018

NFI WASH NFIs

22% of Mayom County HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in November and December, 2018. This was an increase from the previous season.

15% of Mayom County HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in HH in July and August, 2018.

2 was the average number of jerrycans and/or buckets per HH in July and August, 2018. This was the same as the previous season.

2 was the average number of jerrycans and/or buckets per HH in November and December, 2018.

Ownership of a bucket or a jerrycan with a lid by percentage of households:



Overall



No 26%
Yes 74%



Host



No 26%
Yes 74%



IDPs



Returnees

Ownership of soap by percentage of households:



No 45%
Yes 55%



No 45%
Yes 55%

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



No 14%
Yes 86%



No 14%
Yes 86%

Endnotes

1. This data is as of November/December 2018. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. HHs are asked to produce soap within a minute when assessing the presence of soap in the HH, as if they are not able to locate it within a minute then it stands to reason it is not commonly used.
4. The composite 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.



Panyijar County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan



November/December 2018

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 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 reported having safe access to and use an improved water source (borehole, tapstand, water yard) as their main source of drinking water; 3. % of HHs reported having access to a latrine (private, shared, or communal/institutional); 4. % of HHs reported having access to key WASH NFIs (soap, mosquito nets, water containers); and 5. % of HH reported 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

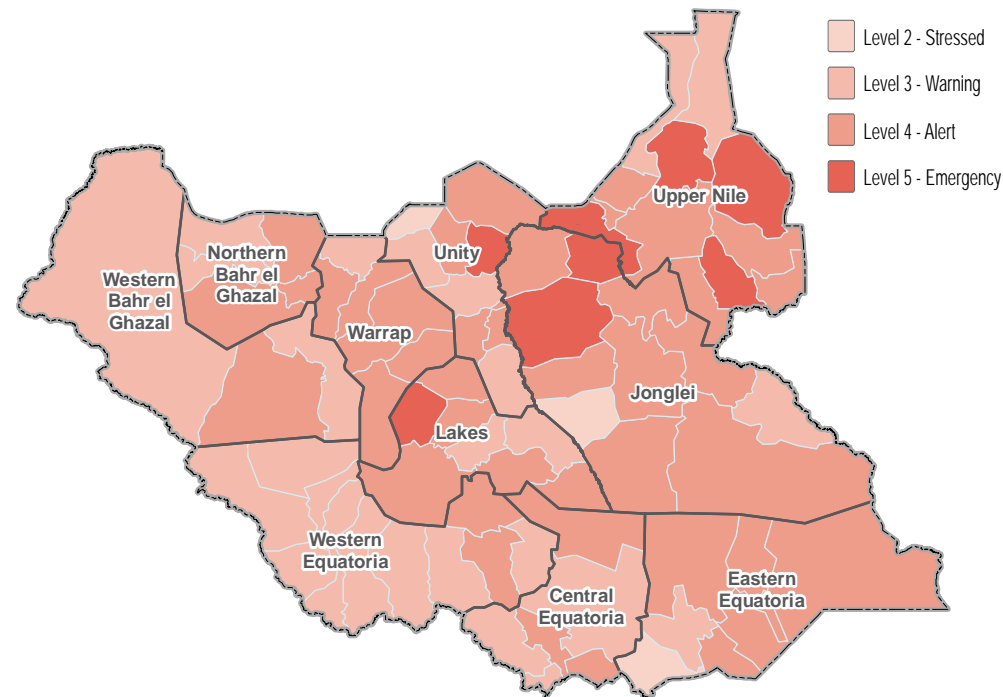
countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of 2018). FSNMS is a seasonal countrywide assessment conducted, funded and run by the World Food Programme, UNICEF, and the Food and Agriculture Organization, and supported by REACH in Round 22. 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.

WASH Needs Severity Map



This WASH composite 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 to and use an improved water source (borehole, tapstand, water yard) as a main source of drinking water.

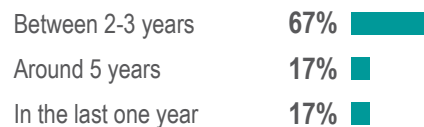
- Not having access to a latrine (private, shared, or communal/institutional).
- Not owning a jerrycan or bucket with a lid and soap, and that every member of the HH did not sleep under a mosquito net.
- Having one or more household members affected by self-reported water or vector borne disease in the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

Displacement

Percentage of households by displacement status 1:

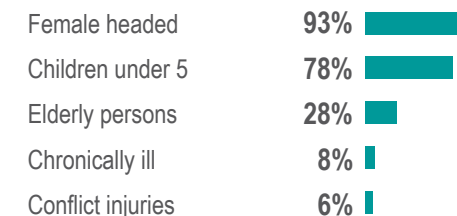


Percentage of IDP households by time arrived in their current location:



Percentage of returnee households by time arrived in their current location:

Most commonly reported vulnerability, by percentage of households: (more than one answer was possible)





Panyijiar County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

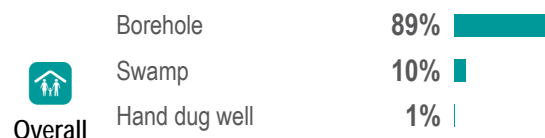


November/December 2018

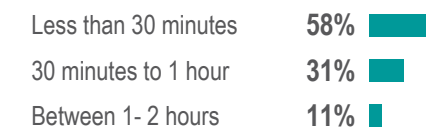
Water

- 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. This was an increase from the previous season.
- 85%** of Panyijiar County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
- 1%** of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was a decrease from the previous season.
- 39%** of HHs reported feeling unsafe while collecting water, in July and August, 2018.

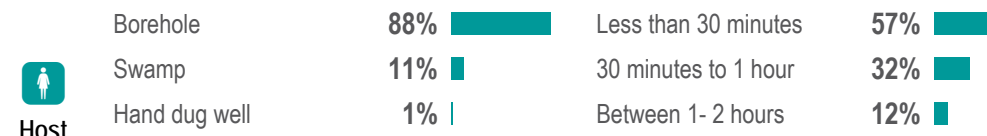
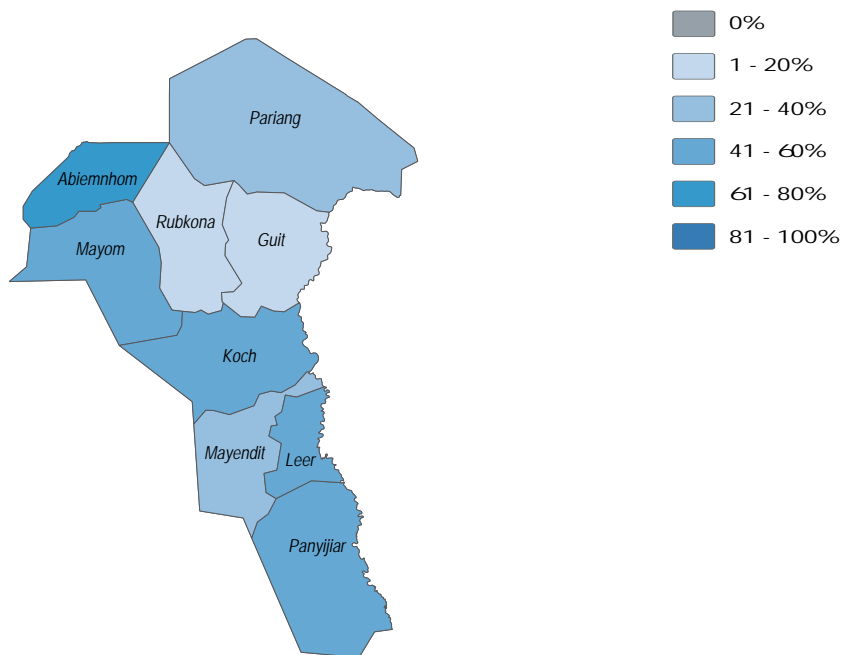
Most commonly reported sources of drinking water by percentage of households:



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



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



This simple water access composite 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





Panyijiar County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

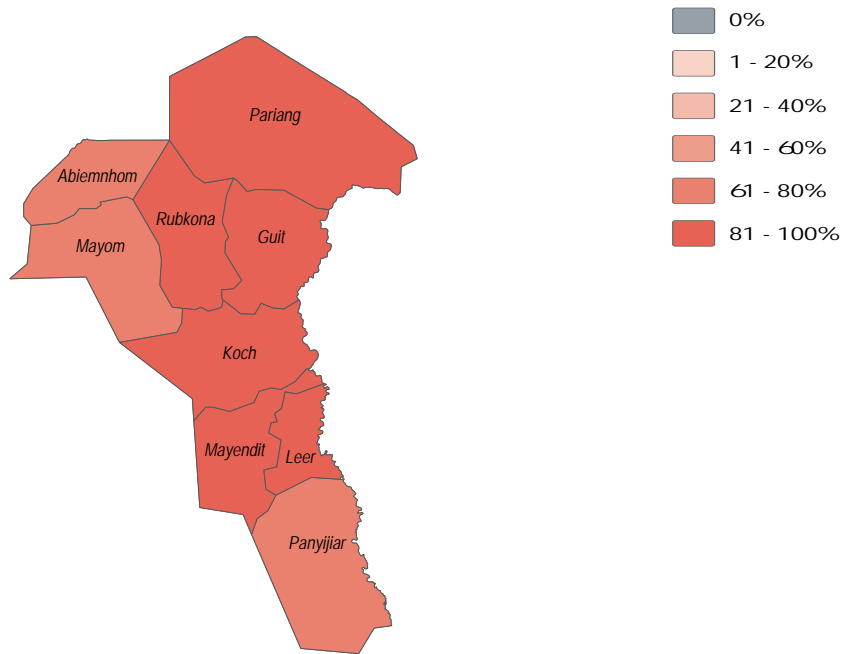


November/December 2018

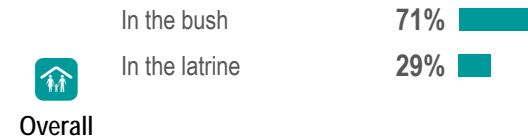
Sanitation

- 36%** of Panyijiar County HHs reported having access to a latrine (private, shared, or communal/institutional), in November and December, 2018. This was a decrease from the previous season.
- 39%** of Panyijiar County HHs reported having access to a latrine (private, shared, or communal/institutional), in July and August, 2018.
- 29%** of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was an increase from the previous season.
- 23%** of HHs reported their most common defecation location was a latrine, in July and August, 2018.

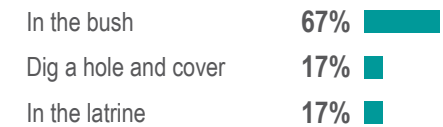
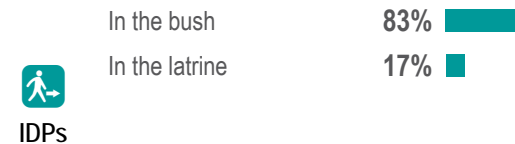
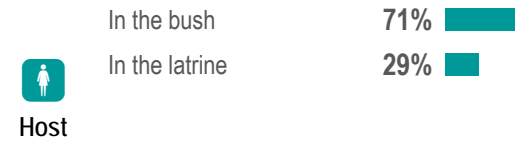
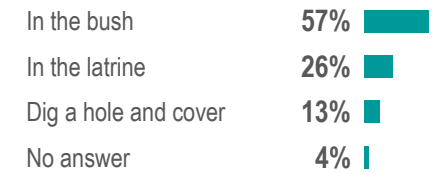
% of HHs not usually using a latrine (private, shared, or communal/institutional):



Most commonly reported defecation location by percentage of households:



Most commonly reported excreta disposal methods for children under five by percentage of households:





Panyijiar County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

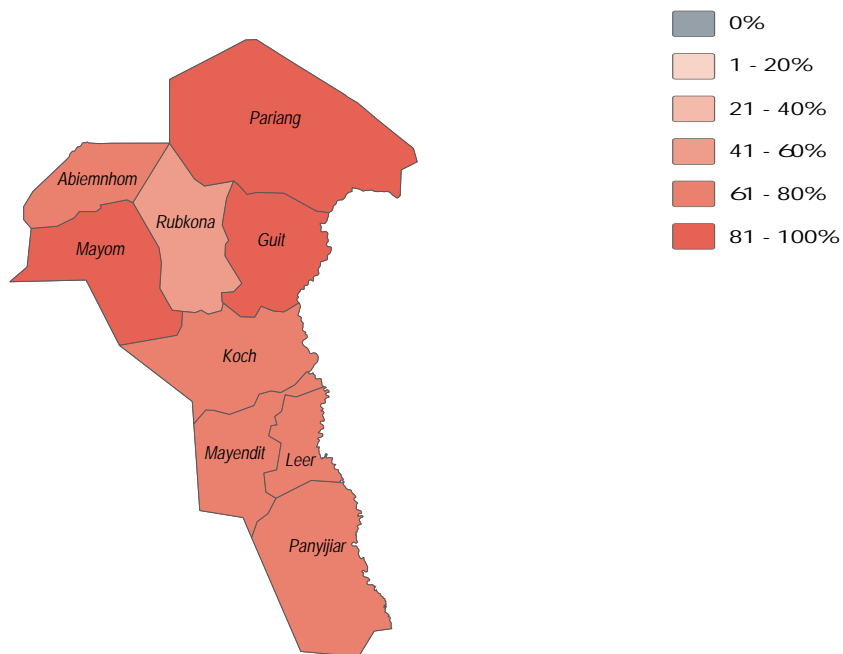


November/December 2018

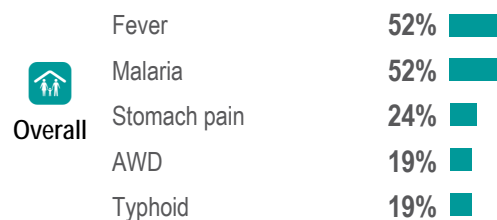
Health

- 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. This was a decrease from the previous season.
- 78%** 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, 2018.
- Malaria** was the most commonly reported water or vector borne disease in November and December, 2018. This was the same as the previous season.
- Fever** was the most commonly reported water or vector borne disease in July and August, 2018.

% 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: (more than one answer was possible)



Overall



Host

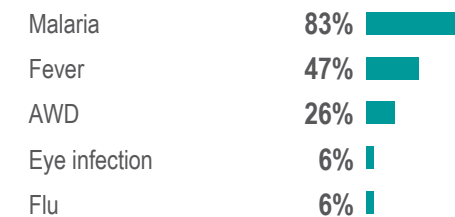
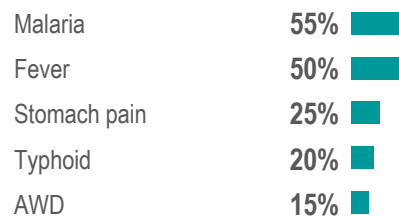
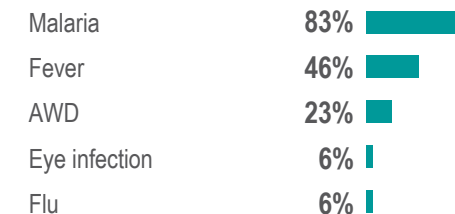


IDPs



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: (more than one answer was possible)





Panyijiar County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan



November/December 2018

NFI WASH NFIs

37% of Panyijiar County HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in November and December, 2018. This was an increase from the previous season.

11% of Panyijiar County HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in HH in July and August, 2018.

3 was the average number of jerrycans and/or buckets per HH in July and August, 2018. This was the same as the previous season.

3 was the average number of jerrycans and/or buckets per HH in November and December, 2018.

Ownership of a bucket or a jerrycan with a lid by percentage of households:

Ownership of soap by percentage of households:

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



Overall



Yes 100%



No 57%
Yes 43%



No 23%
Yes 77%



Host



Yes 100%



No 59%
Yes 41%



No 24%
Yes 76%



IDPs



Yes 100%



No 33%
Yes 67%



No 17%
Yes 83%



Returnees

Endnotes

1. This data is as of November/December 2018. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. HHs are asked to produce soap within a minute when assessing the presence of soap in the HH, as if they are not able to locate it within a minute then it stands to reason it is not commonly used.
4. The composite 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



November/December 2018

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 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 reported having safe access to and use an improved water source (borehole, tapstand, water yard) as their main source of drinking water; 3. % of HHs reported having access to a latrine (private, shared, or communal/institutional); 4. % of HHs reported having access to key WASH NFIs (soap, mosquito nets, water containers); and 5. % of HH reported 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

Displacement

Percentage of households by displacement status 1:



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 23 (November and December of 2018). 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 Round 22. 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.

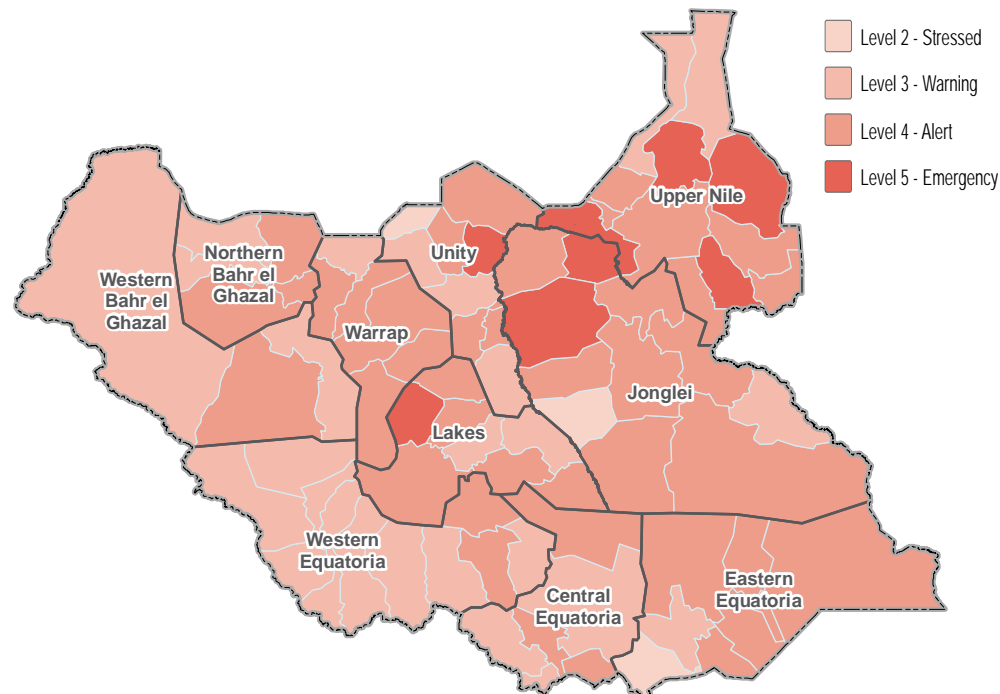
FSNMS Assessment Coverage

Full coverage in the county was achieved.

Percentage of IDP households by time arrived in their current location:



WASH Needs Severity Map

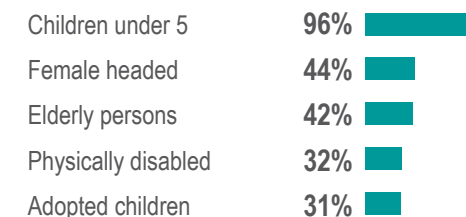


This WASH composite aims to measure the severity of WASH needs in each county. The composite was created with four indicators, each broken into 5 levels of severity, as seen in this matrix <http://bit.ly/2EqRYwJ>. The final severity ranking was created by calculating the average level from the following indicators: -Not having safe access to and use 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 HH did not sleep under a mosquito net.
- Having one or more household members affected by self-reported water or vector borne disease in the two weeks prior to data collection.

Percentage of returnee households by time arrived in their current location:

Most commonly reported vulnerability, by percentage of households: (more than one answer was possible)





Pariang County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

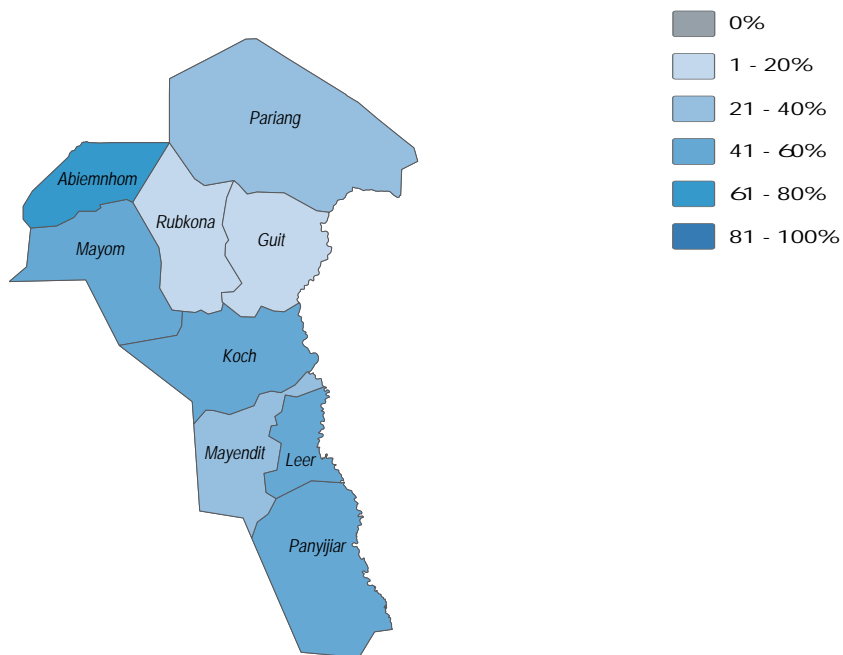


November/December 2018

Water

- 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. This was an increase from the previous season.
- 64%** of Pariang County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018.
- 9%** of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was a decrease from the previous season.
- 10%** of HHs reported feeling unsafe while collecting water, in July and August, 2018.

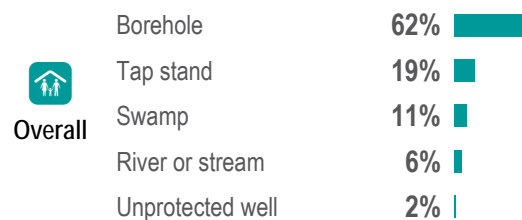
% of HHs having safe access to and use an improved water source (borehole, tapstand, water yard) as their main source of drinking water in under 30 minutes:



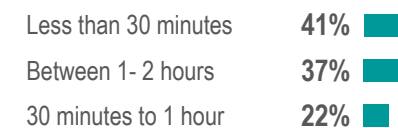
This simple water access composite aims to measure access to an improved water source, without protection concern. The composite was created by averaging the 'yes' responses of households reporting on the following indicators, with all indicators considered to have the same weight:

- 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



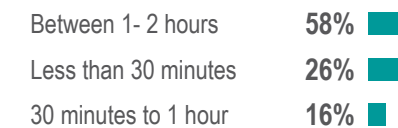
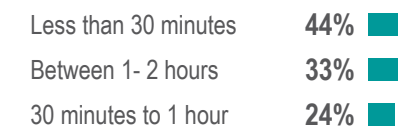
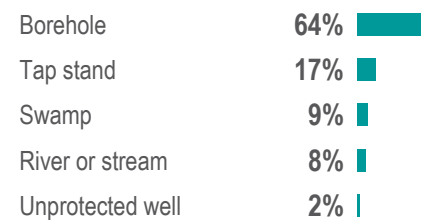
Host



IDPs



Returnees





Pariang County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

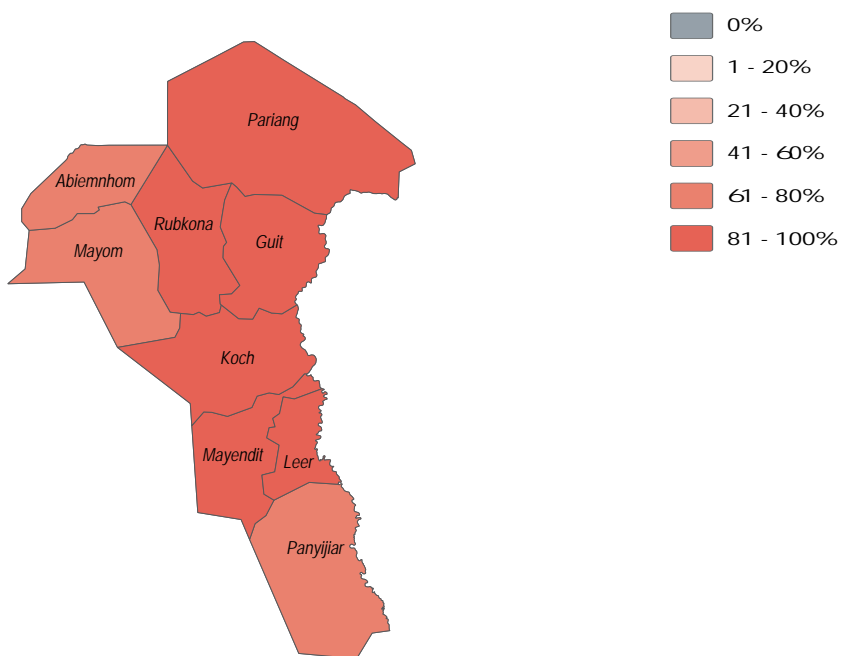


November/December 2018

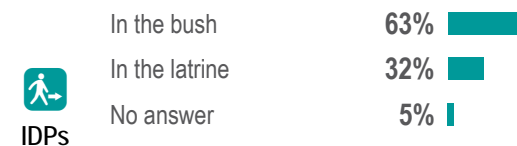
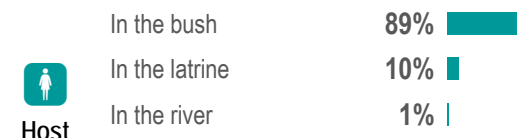
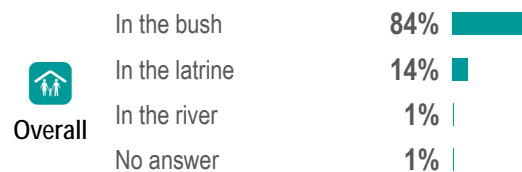
Sanitation

- 17%** of Pariang County HHs reported having access to a latrine (private, shared, or communal/institutional), in November and December, 2018. This was a decrease from the previous season.
- 30%** of Pariang County HHs reported having access to a latrine (private, shared, or communal/institutional), in July and August, 2018.
- 14%** of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was a decrease from the previous season.
- 25%** of HHs reported their most common defecation location was a latrine, in July and August, 2018.

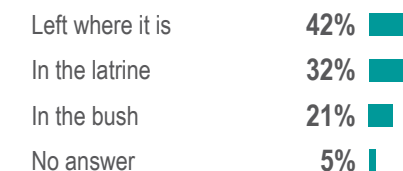
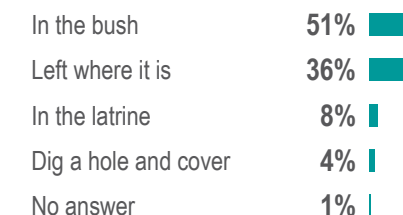
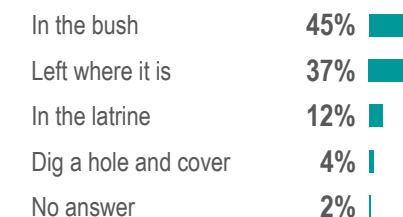
% of HHs not usually using a latrine (private, shared, or communal/institutional)²:



Most commonly reported defecation location by percentage of households:



Most commonly reported excreta disposal methods for children under five by percentage of households:





Pariang County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

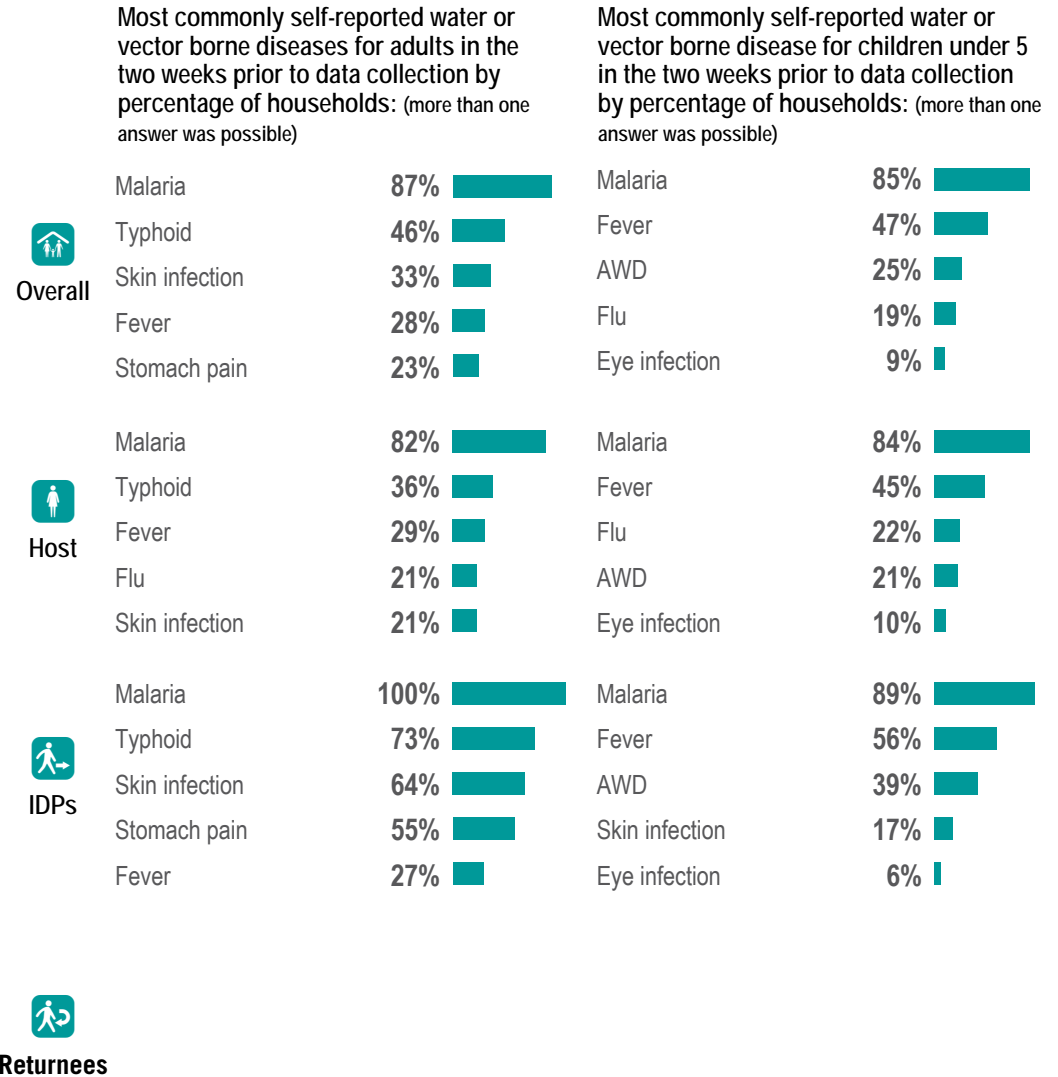
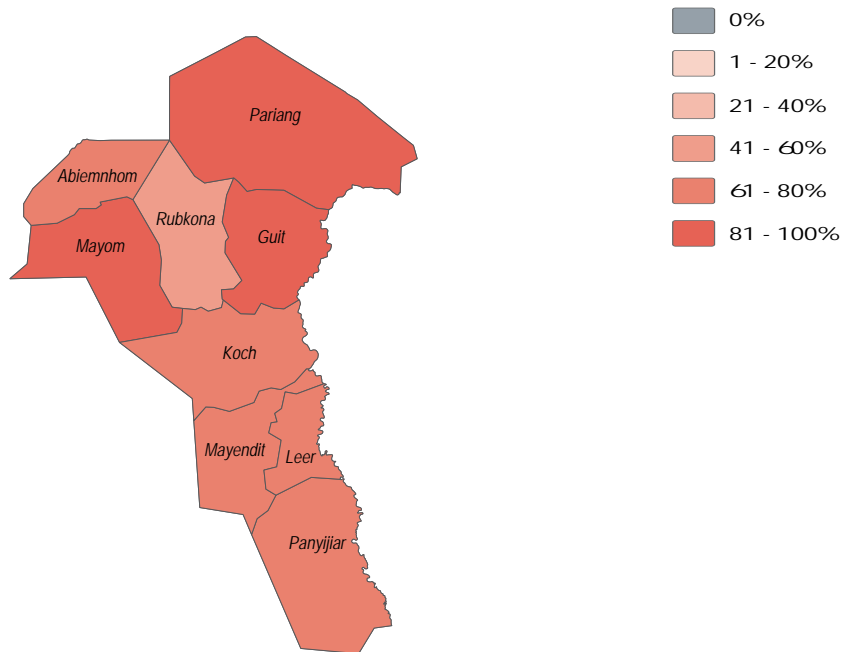


November/December 2018

Health

- 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. This was an increase from the previous season.
- 85%** 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, 2018.
- Malaria** was the most commonly reported water or vector borne disease in November and December, 2018. This was the same as the previous season.
- Malaria** was the most commonly reported water or vector borne disease in July and August, 2018.

% 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:





Pariang County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan



November/December 2018

NFI WASH NFIs

- 7%** of Pariang County HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in November and December, 2018. This was a decrease from the previous season.
- 9%** of Pariang County HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in HH in July and August, 2018.
- 3** was the average number of jerrycans and/or buckets per HH in July and August, 2018. This was an increase from the previous season.
- 2** was the average number of jerrycans and/or buckets per HH in November and December, 2018.

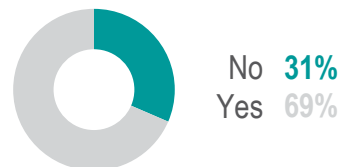
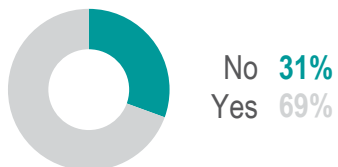
Ownership of a bucket or a jerrycan with a lid by percentage of households:

Ownership of soap by percentage of households:

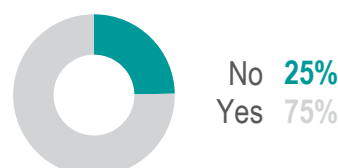
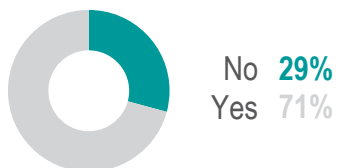
Every member of the household sleeps under a mosquito net by percentage of households:



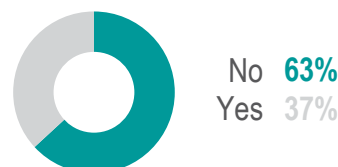
Overall



Host



IDPs



Returnees

Endnotes

1. This data is as of November/December 2018. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. HHs are asked to produce soap within a minute when assessing the presence of soap in the HH, as if they are not able to locate it within a minute then it stands to reason it is not commonly used.
4. The composite 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



November/December 2018

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 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 reported having safe access to and use an improved water source (borehole, tapstand, water yard) as their main source of drinking water; 3. % of HHs reported having access to a latrine (private, shared, or communal/institutional); 4. % of HHs reported having access to key WASH NFIs (soap, mosquito nets, water containers); and 5. % of HH reported 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

Displacement

Percentage of households by displacement status 1:



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 23 (November and December of 2018). 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 Round 22. 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.

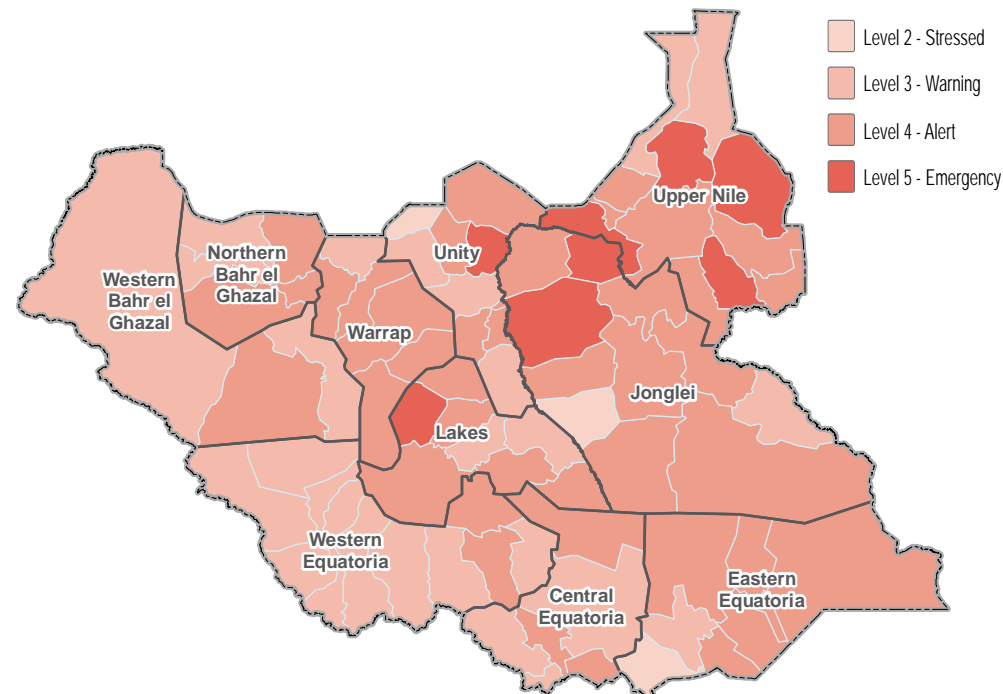
FSNMS Assessment Coverage

Full coverage in the county was achieved.

Percentage of IDP households by time arrived in their current location:



WASH Needs Severity Map

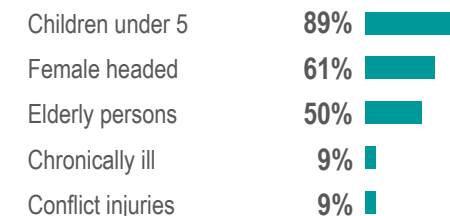


This WASH composite aims to measure the severity of WASH needs in each county. The composite was created with four indicators, each broken into 5 levels of severity, as seen in this matrix <http://bit.ly/2EgRYwJ>. The final severity ranking was created by calculating the average level from the following indicators: -Not having safe access to and use 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 HH did not sleep under a mosquito net.
- Having one or more household members affected by self-reported water or vector borne disease in the two weeks prior to data collection.

Percentage of returnee households by time arrived in their current location:

Most commonly reported vulnerability, by percentage of households: (more than one answer was possible)





Rubkona County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

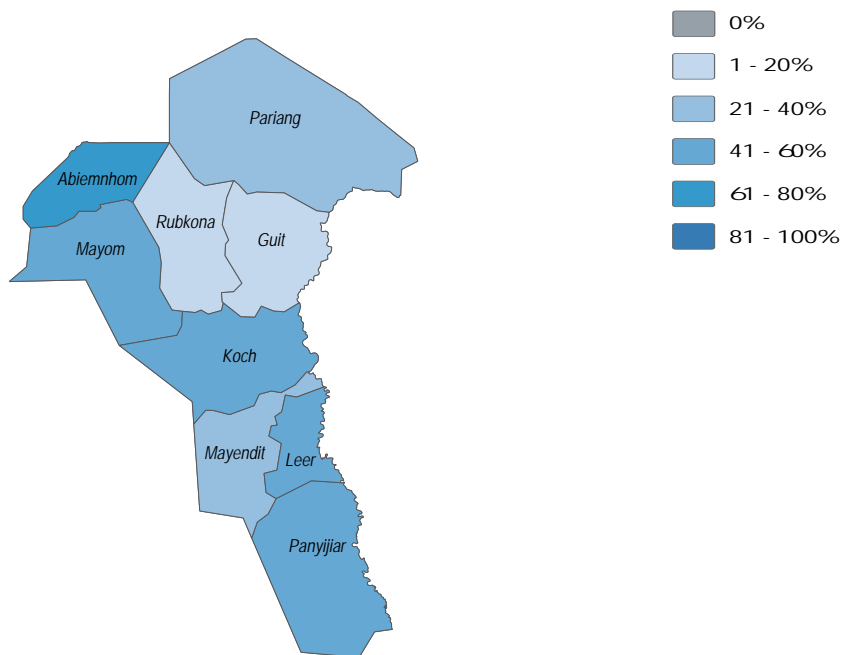


November/December 2018

Water

- 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. This was a decrease from the previous season.
- 52%** of Rubkona County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018.
- 8%** of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was a decrease from the previous season.
- 21%** of HHs reported feeling unsafe while collecting water, in July and August, 2018.

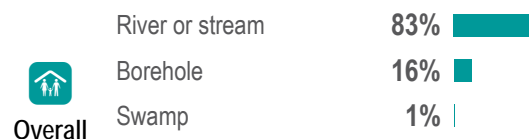
% of HHs having safe access to and use an improved water source (borehole, tapstand, water yard) as their main source of drinking water in under 30 minutes:



This simple water access composite 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



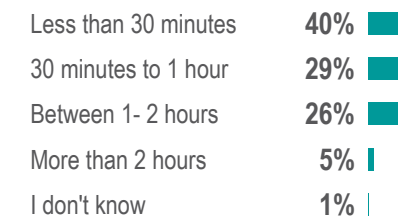
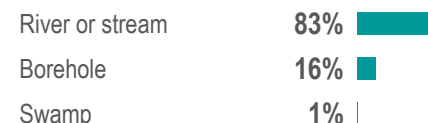
Host



IDPs



Returnees





Rubkona County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

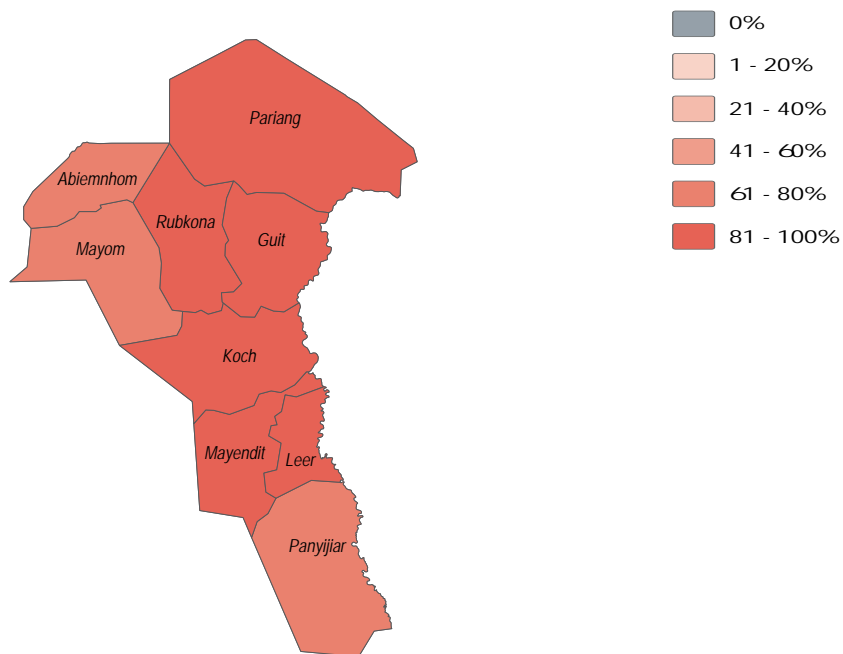


November/December 2018

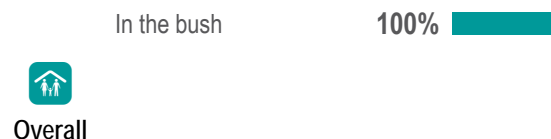
Sanitation

- 1%** of Rubkona County HHs reported having access to a latrine (private, shared, or communal/institutional), in November and December, 2018. This was a decrease from the previous season.
- 7%** of Rubkona County HHs reported having access to a latrine (private, shared, or communal/institutional), in July and August, 2018.
- 0%** of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was the same as the previous season.
- 0%** of HHs reported their most common defecation location was a latrine, in July and August, 2018.

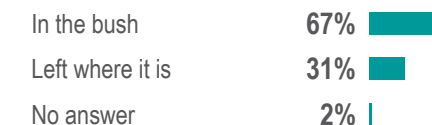
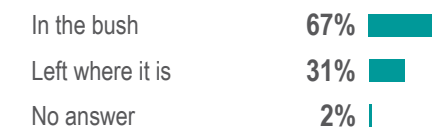
% of HHs not usually using a latrine (private, shared, or communal/institutional):



Most commonly reported defecation location by percentage of households:



Most commonly reported excreta disposal methods for children under five by percentage of households:





Rubkona County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan



November/December 2018

Health

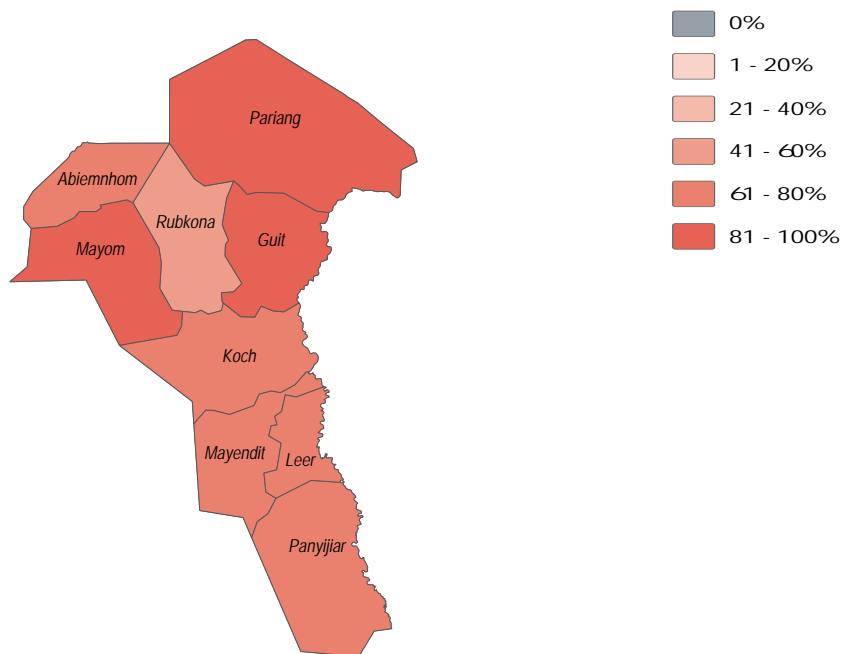
57% of Rubkona County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was a decrease from the previous season.

93% 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, 2018.

Malaria was the most commonly reported water or vector borne disease in November and December, 2018. This was the same as the previous season.

Malaria was the most commonly reported water or vector borne disease in July and August, 2018.

% 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: (more than one answer was possible)



Overall



Host

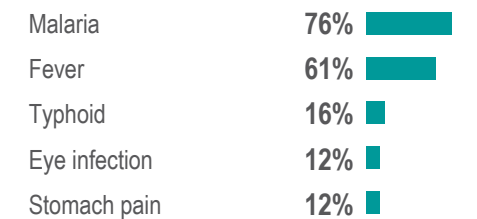
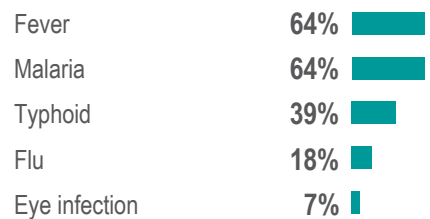
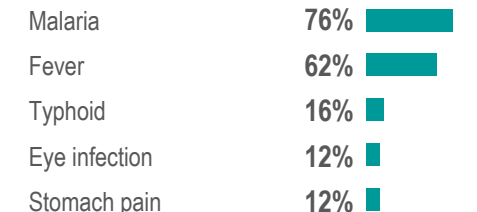


IDPs



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: (more than one answer was possible)





Rubkona County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan



November/December 2018

NFI WASH NFIs

- 19%** of Rubkona County HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in November and December, 2018. This was an increase from the previous season.
- 10%** of Rubkona County HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in HH in July and August, 2018.
- 2** was the average number of jerrycans and/or buckets per HH in July and August, 2018. This was the same as the previous season.
- 2** was the average number of jerrycans and/or buckets per HH in November and December, 2018.

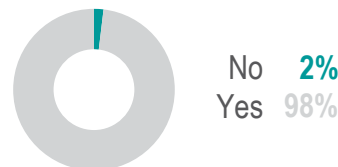
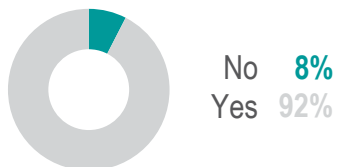
Ownership of a bucket or a jerrycan with a lid by percentage of households:

Ownership of soap by percentage of households:

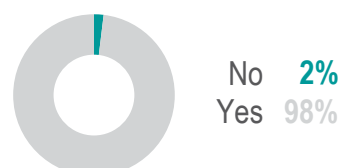
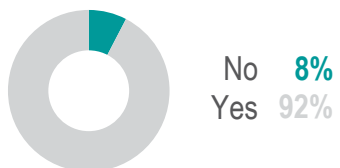
Every member of the household sleeps under a mosquito net by percentage of households:



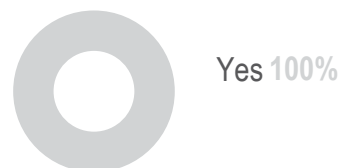
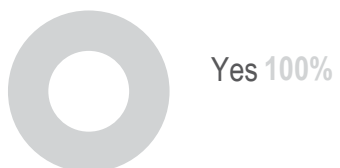
Overall



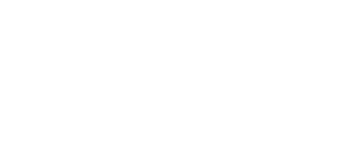
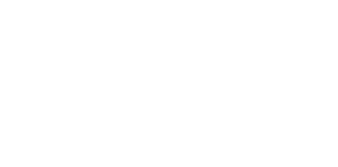
Host



IDPs



Returnees



Endnotes

1. This data is as of November/December 2018. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. HHs are asked to produce soap within a minute when assessing the presence of soap in the HH, as if they are not able to locate it within a minute then it stands to reason it is not commonly used.
4. The composite 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.