Baliet County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

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.

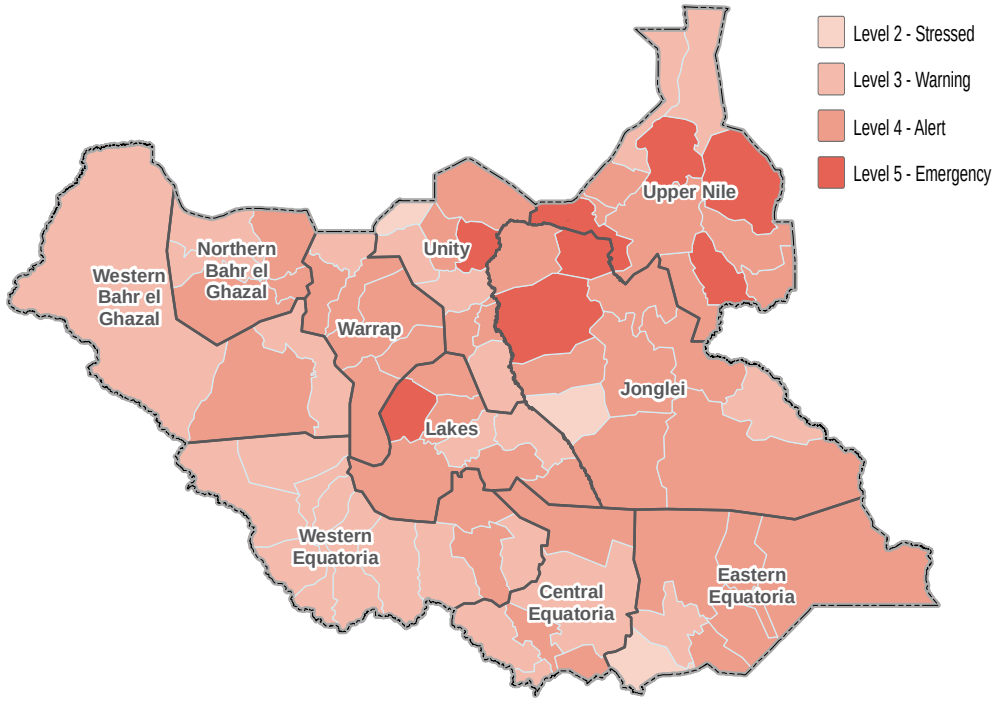
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of 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/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]:

Host community	100%

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)

Female headed	83%
Children under 5	64%
Elderly persons	60%
Physically disabled	24%
Adopted children	6%

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

Baliet County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

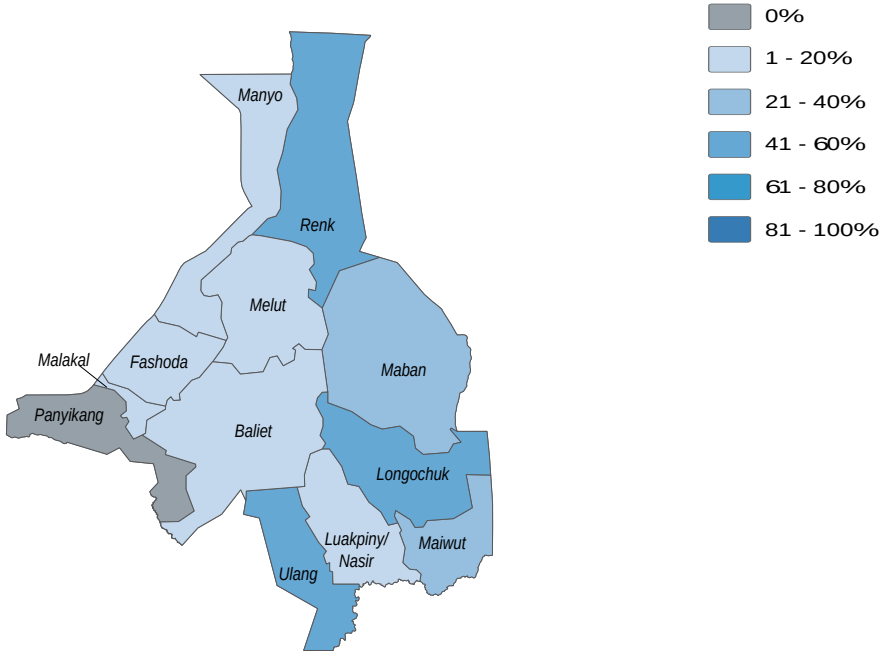
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

20%	of **Baliet County** HHs reported having safe access to an improved source of drinking water as their main source, in November and December, 2018. This was a decrease from the previous season.
21%	of **Baliet 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 an increase from the previous season.
0%	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

River or stream	53%
Swamp	27%
Tap stand	20%

Less than 30 minutes	75%
30 minutes to 1 hour	18%
Between 1- 2 hours	6%
I don't know	1%

Host

River or stream	53%
Swamp	27%
Tap stand	20%

Less than 30 minutes	75%
30 minutes to 1 hour	18%
Between 1- 2 hours	6%
I don't know	1%

IDPs

Returnees

REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Baliet County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

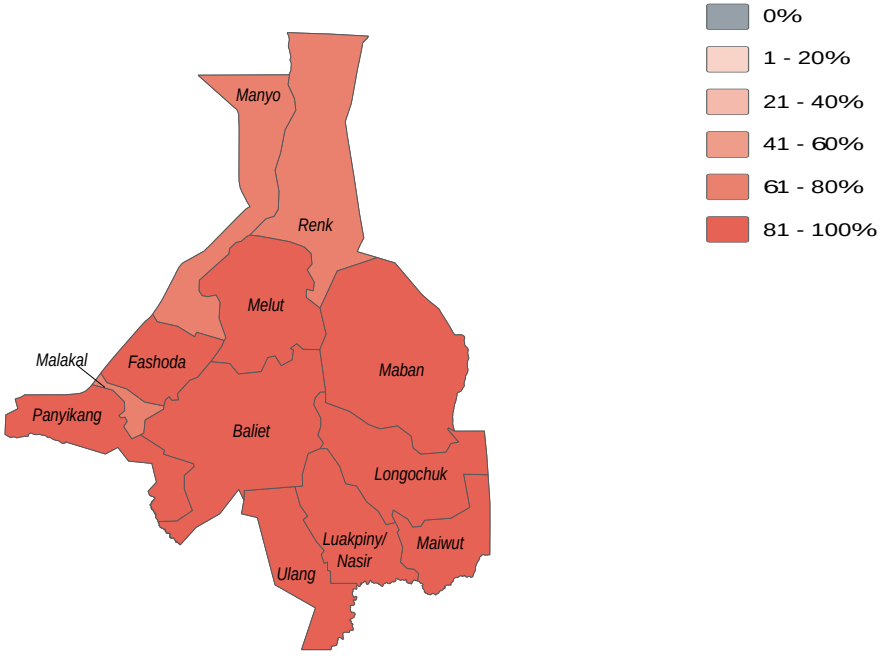
WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

4%	of **Baliet 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.
2%	of **Baliet County** HHs reported having access to a latrine (private, shared, or communal/ institutional), in July and August, 2018.
3%	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)[2]:



Most commonly reported defecation location by percentage of households:

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

Overall

In the bush	95%
In the latrine	3%
In the river	2%

In the bush	53%
Left where it is	44%
In the latrine	2%
No answer	1%

Host

In the bush	95%
In the latrine	3%
In the river	2%

In the bush	53%
Left where it is	44%
In the latrine	2%
No answer	1%

IDPs

Returnees

Baliet County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

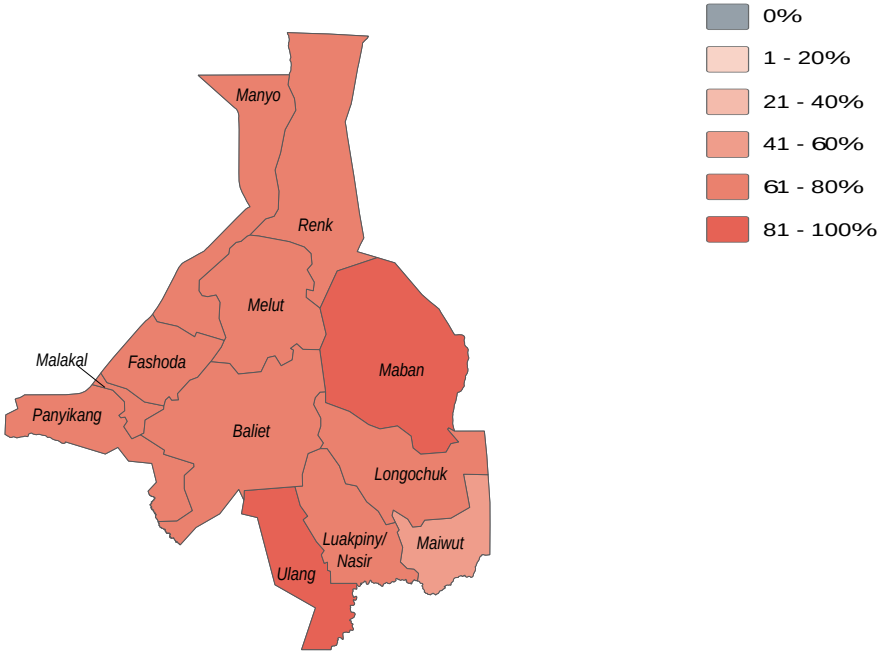
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

71%	of **Baliet County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was a decrease from the previous season.
79%	of **Baliet County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 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	Malaria	67%
	Fever	21%
	Eye infection	18%
	Stomach pain	15%
	Typhoid	9%
Host	Malaria	67%
	Fever	21%
	Eye infection	18%
	Stomach pain	15%
	Typhoid	9%
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)

Overall	Malaria	73%
	Fever	34%
	AWD	8%
	Stomach pain	8%
	Skin infection	7%
Host	Malaria	73%
	Fever	34%
	AWD	8%
	Stomach pain	8%
	Skin infection	7%

Baliet County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

4%	of **Baliet 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.
0%	of **Baliet 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 a decrease from the previous season.
4	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		No **1%** Yes 99%		No **94%** Yes 6%		No **12%** Yes 88%
Host		No **1%** Yes 99%		No **94%** Yes 6%		No **12%** Yes 88%
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.

Fashoda County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

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.

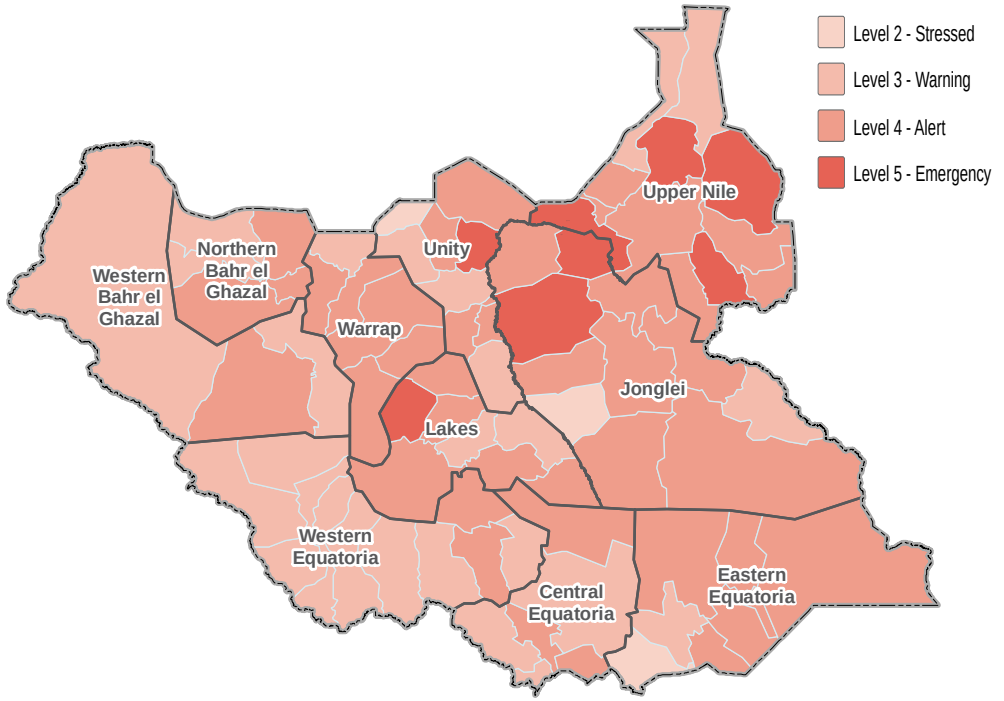
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of 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/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]:

Host community	100%

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)

Children under 5	79%
Elderly persons	73%
Female headed	50%
Physically disabled	31%
Adopted children	14%

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

Fashoda County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

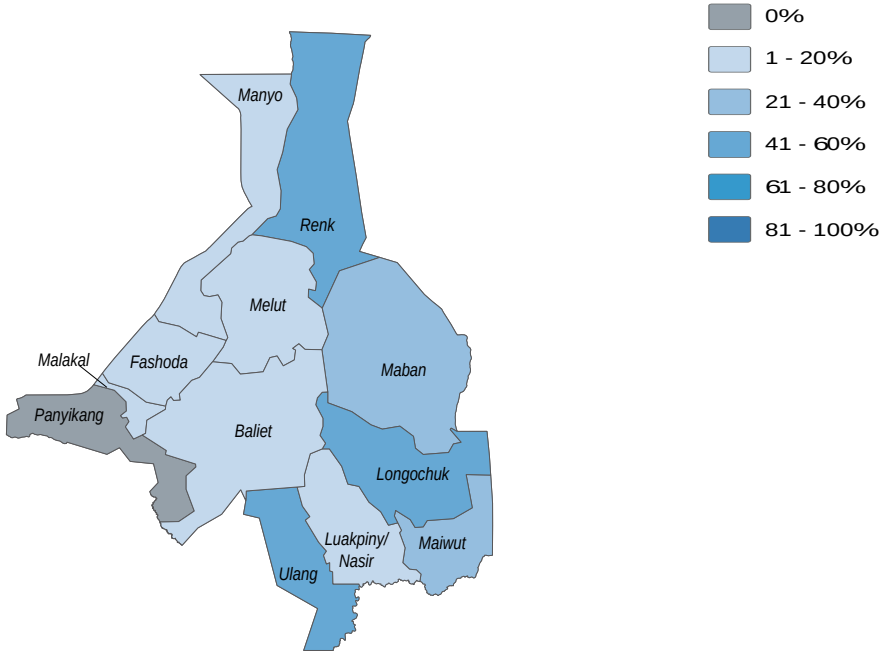
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

16%	of Fashoda County HHs reported having safe access to an improved source of drinking water as their main source, in November and December, 2018. This was an increase from the previous season.
8%	of Fashoda 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 an increase from the previous season.
3%	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

Overall

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

River or stream	54%
Swamp	28%
Tap stand	16%
Don't know	2%

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

Less than 30 minutes	54%
30 minutes to 1 hour	27%
Between 1- 2 hours	17%
More than 2 hours	3%

Host

River or stream	54%
Swamp	28%
Tap stand	16%
Don't know	2%

Less than 30 minutes	54%
30 minutes to 1 hour	27%
Between 1- 2 hours	17%
More than 2 hours	3%

IDPs

Returnees

REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Fashoda County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

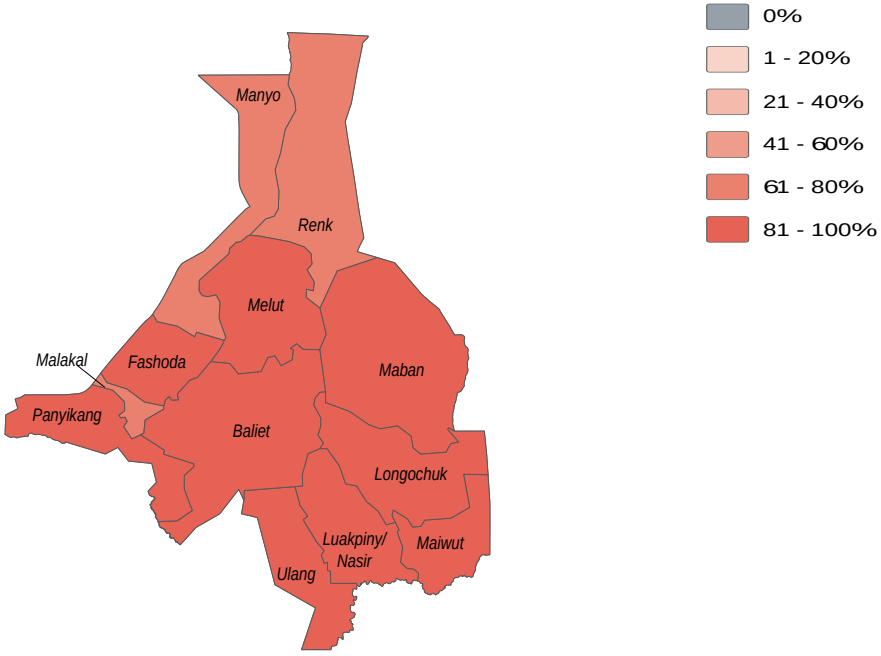
WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

15%	of Fashoda 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 Fashoda 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 an increase from the previous season.
7%	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:

Overall

In the bush	85%	In the bush	82%
In the latrine	14%	In the latrine	15%
In the river	1%	No answer	4%

Host

In the bush	85%	In the bush	82%
In the latrine	14%	In the latrine	15%
In the river	1%	No answer	4%

IDPs

Returnees

REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Fashoda County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

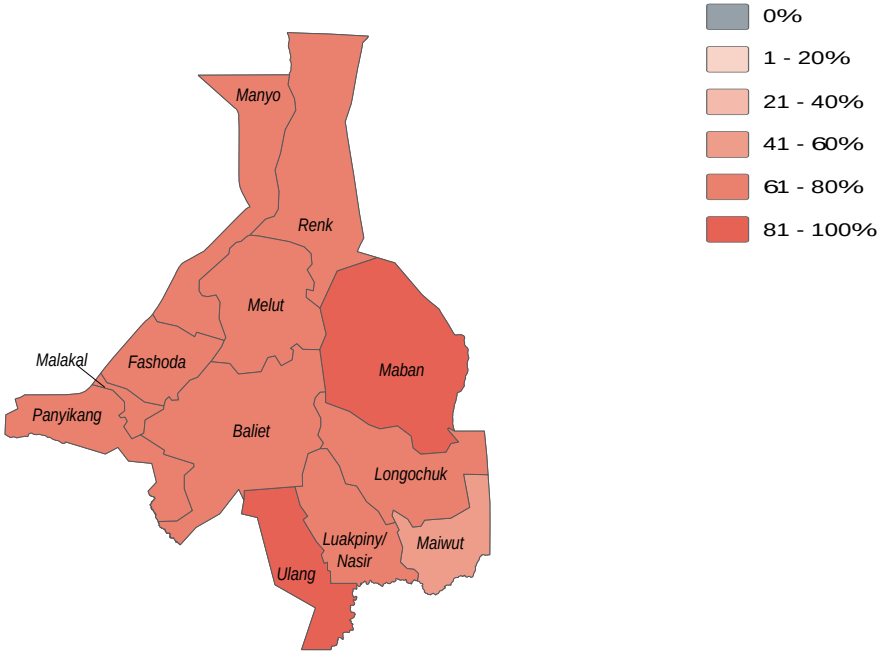
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

75%	of Fashoda County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was an increase from the previous season.
31%	of Fashoda County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 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	Malaria	50%
	Fever	39%
	Stomach pain	11%
	Typhoid	11%
	AWD	5%
Host	Malaria	50%
	Fever	39%
	Stomach pain	11%
	Typhoid	11%
	AWD	5%
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)

Overall	Malaria	77%
	Fever	61%
	AWD	7%
	Typhoid	7%
	Stomach pain	5%
Host	Malaria	77%
	Fever	61%
	AWD	7%
	Typhoid	7%
	Stomach pain	5%

Fashoda County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

44%	of Fashoda 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.
0%	of Fashoda 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.
4	was the average number of jerrycans and/or buckets per HH in July and August, 2018. This was an increase from the previous season.
0	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	 No **21%** Yes 79%	 No **43%** Yes 57%	 No **15%** Yes 85%
Host	 No **21%** Yes 79%	 No **43%** Yes 57%	 No **15%** Yes 85%
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.

Longochuk County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

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.

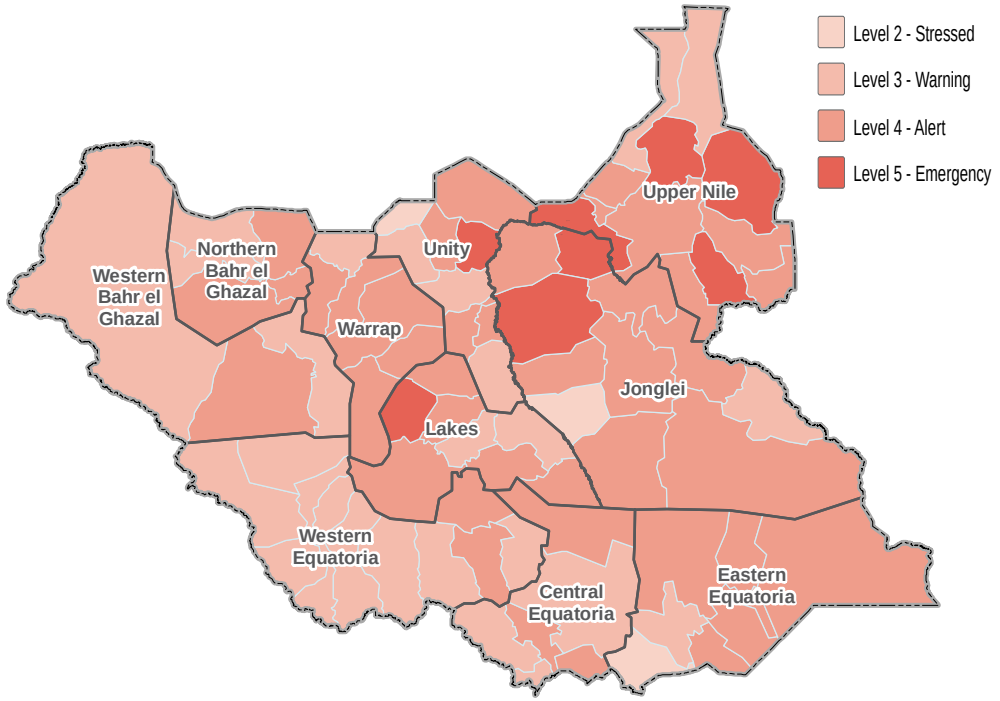
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of 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/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]:

Host community	99%
IDP	1%

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

In the last one year	100%

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

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

Children under 5	92%
Female headed	49%
Elderly persons	36%
Adopted children	15%
Physically disabled	8%

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

Longochuk County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

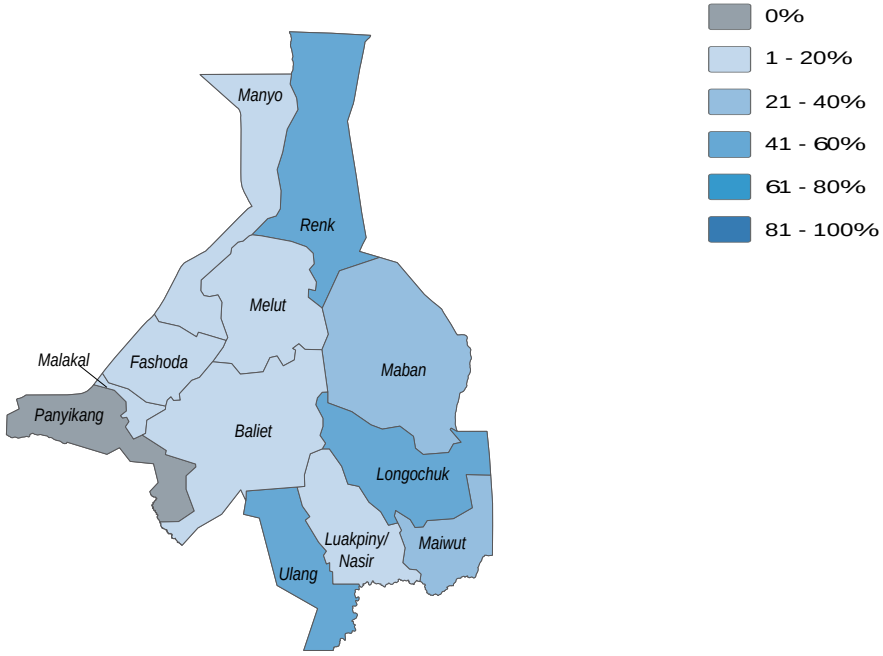
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

100%	of Longochuk County HHs reported having safe access to an improved source of drinking water as their main source, in November and December, 2018. This was an increase from the previous season.
91%	of Longochuk County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
7%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was a decrease from the previous season.
49%	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	Borehole	100%	Less than 30 minutes	65%
			30 minutes to 1 hour	22%
			Between 1- 2 hours	14%
Host	Borehole	100%	Less than 30 minutes	65%
			30 minutes to 1 hour	21%
			Between 1- 2 hours	14%
IDPs	Borehole	100%	30 minutes to 1 hour	100%
Returnees				

REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Longochuk County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

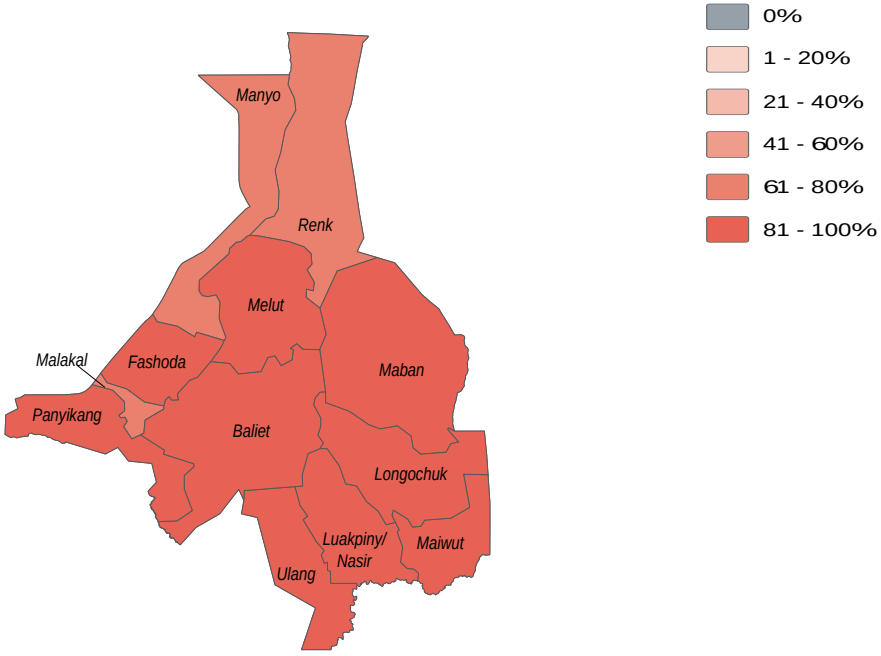
WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

7%	of **Longochuk 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.
3%	of **Longochuk County** HHs reported having access to a latrine (private, shared, or communal/institutional), in July and August, 2018.
2%	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:

Overall

In the bush	97%	In the bush	95%
In the latrine	2%	No answer	4%
No answer	1%	In the latrine	2%

Host

In the bush	97%	In the bush	94%
In the latrine	2%	No answer	4%
No answer	1%	In the latrine	2%

IDPs

In the bush	100%	In the bush	100%

Returnees

Longochuk County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

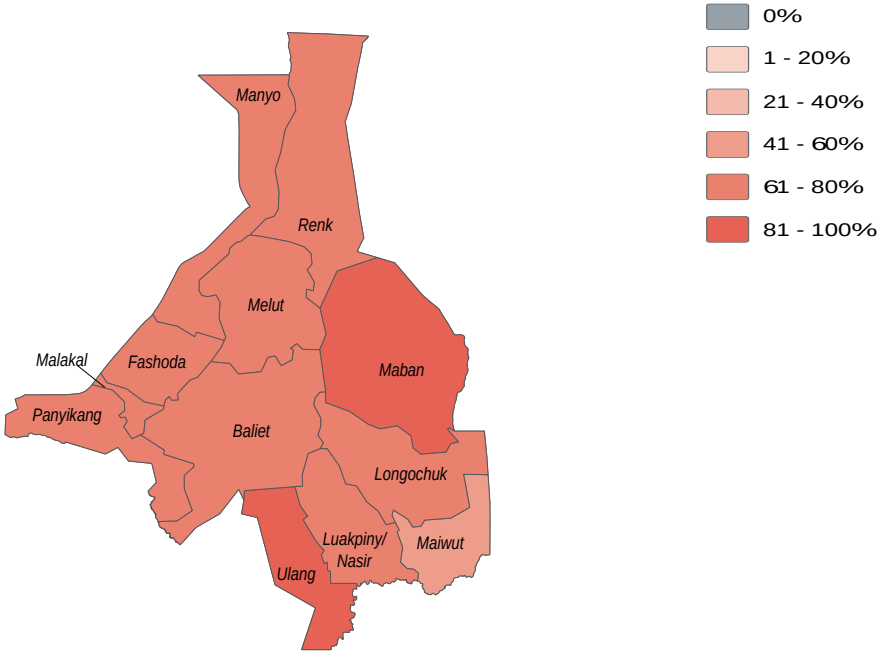
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

65%	of **Longochuk County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was a decrease from the previous season.
78%	of **Longochuk County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 2018.
Fever	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	Fever	56%
	Malaria	50%
	Stomach pain	39%
	Typhoid	28%
	Flu	19%
Host	Fever	54%
	Malaria	49%
	Stomach pain	37%
	Typhoid	29%
	Flu	20%
IDPs	Fever	100%
	Malaria	100%
	Stomach pain	100%
Returnees		

Most commonly self-reported water or vector borne disease for children under 5 in the two weeks prior to data collection by percentage of households: (more than one answer was possible)

Overall	Fever	80%
	Malaria	38%
	Stomach pain	25%
	Eye infection	23%
	Flu	20%
Host	Fever	80%
	Malaria	39%
	Stomach pain	25%
	Eye infection	22%
	Flu	20%
IDPs	Eye infection	100%
	Fever	100%
	Skin infection	100%
Returnees		

Longochuk County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

3%	of **Longochuk 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.
1%	of **Longochuk 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.
4	was the average number of jerrycans and/or buckets per HH in July and August, 2018. This was an increase from 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	 No **4%** Yes 96%	 No **62%** Yes 38%	 No **65%** Yes 35%
Host	 No **4%** Yes 96%	 No **61%** Yes 39%	 No **65%** Yes 35%
IDPs	Yes 100%	 No **100%**	 No **100%**
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.

Luakpiny\Nasir County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

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.

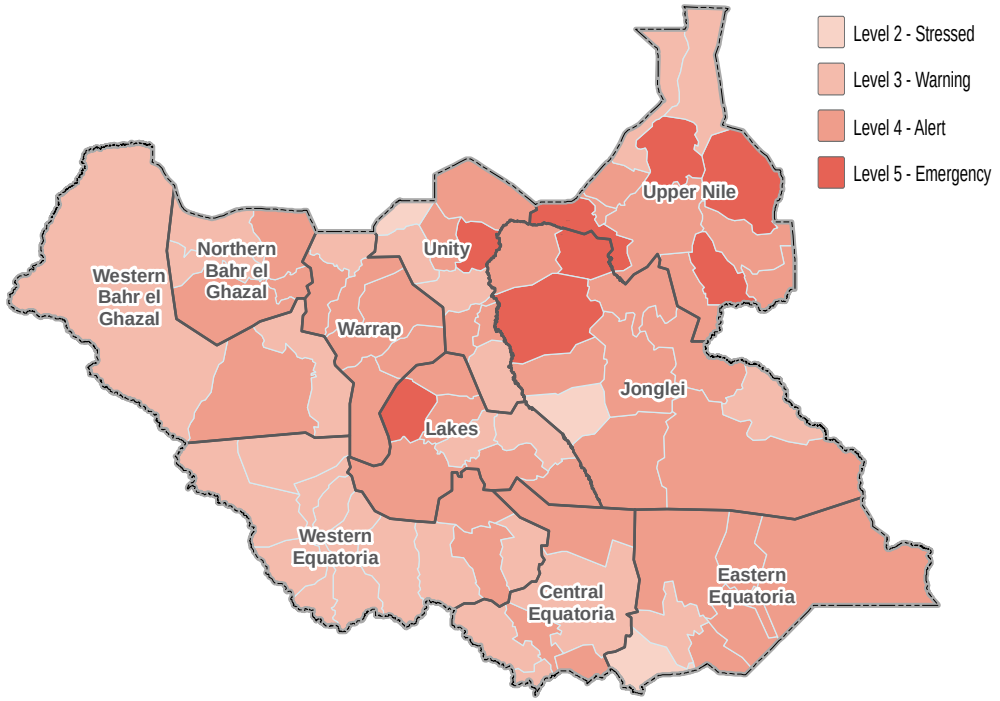
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of 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/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]:

Host community	95%
Returnee	3%
IDP	2%

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

Around 5 years	50%
Between 2-3 years	50%

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

In the last one year	100%

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

Children under 5	94%
Female headed	53%
Elderly persons	44%
Chronically ill	22%
Adopted children	5%

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

Luakpiny\Nasir County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

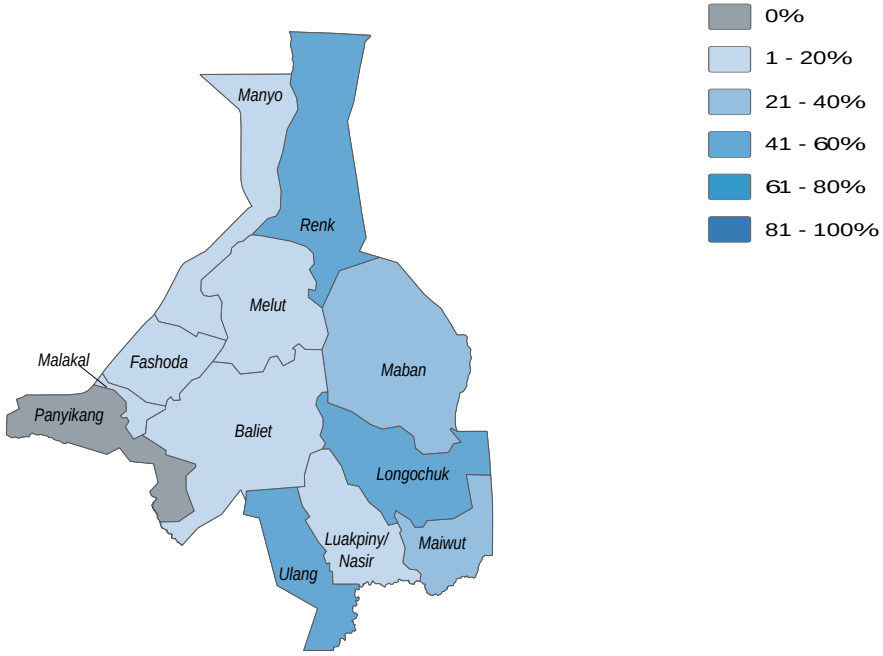
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

32%	of **Luakpiny\Nasir County** HHs reported having safe access to an improved source of drinking water as their main source, in November and December, 2018. This was a decrease from the previous season.
53%	of **Luakpiny\Nasir 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 an increase 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

Overall

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

Swamp	45%
Borehole	29%
River or stream	22%
Tap stand	4%

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

Less than 30 minutes	61%
30 minutes to 1 hour	29%
Between 1- 2 hours	8%
I don't know	2%

Host

Swamp	46%
Borehole	30%
River or stream	21%
Tap stand	3%

Less than 30 minutes	60%
30 minutes to 1 hour	29%
Between 1- 2 hours	9%
I don't know	2%

IDPs

River or stream	100%

Less than 30 minutes	100%

Returnees

Swamp	67%
Tap stand	33%

Less than 30 minutes	67%
30 minutes to 1 hour	33%

Luakpiny\Nasir County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

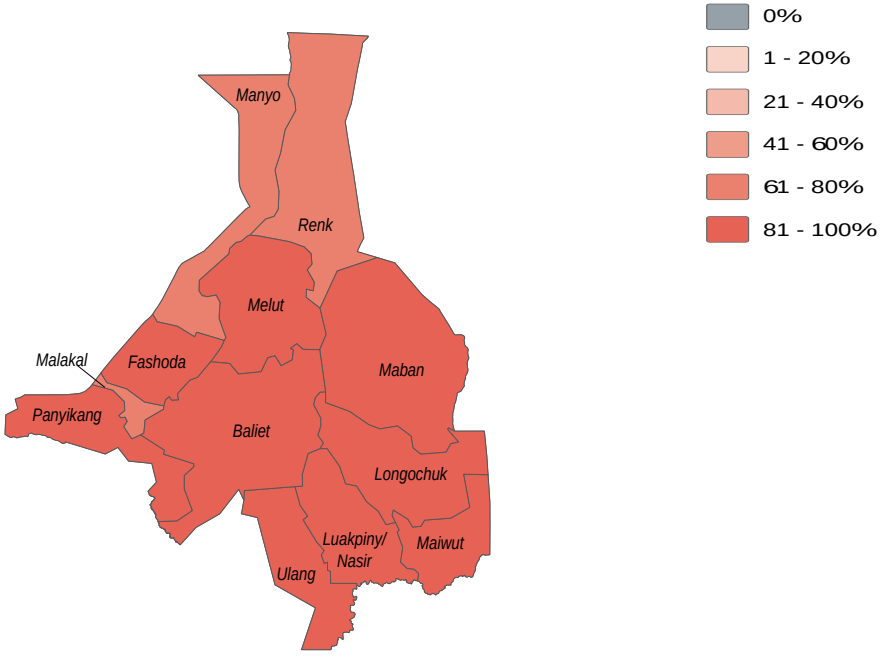
WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

2%	of **Luakpiny\Nasir County** HHs reported having access to a latrine (private, shared, or communal/institutional), in November and December, 2018. This was the same as the previous season.
2%	of **Luakpiny\Nasir County** HHs reported having access to a latrine (private, shared, or communal/institutional), in July and August, 2018.
2%	of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was the same as 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)[2]:



Most commonly reported defecation location by percentage of households:

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

Overall

In the bush	98%
In the latrine	2%

In the bush	95%
Left where it is	3%
In the latrine	2%

Host

In the bush	99%
In the latrine	1%

In the bush	96%
Left where it is	3%
In the latrine	1%

IDPs

In the bush	100%

In the bush	100%

Returnees

In the bush	67%
In the latrine	33%

In the bush	67%
In the latrine	33%

REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Luakpiny\Nasir County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

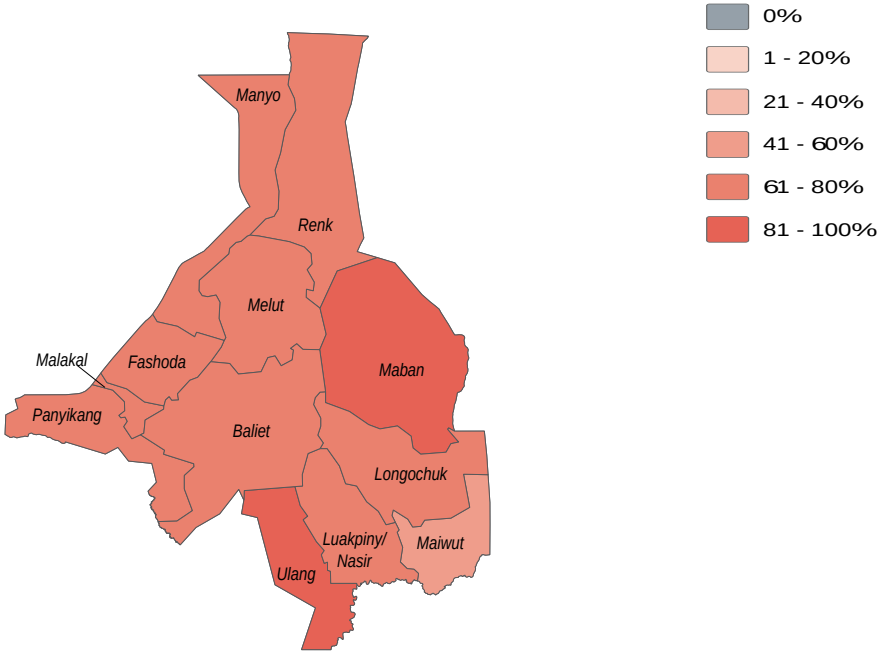
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

79%	of Luakpiny\Nasir County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was a decrease from the previous season.
93%	of Luakpiny\Nasir County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 2018.
Fever	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	Fever	60%
	Stomach pain	44%
	Malaria	42%
	Skin infection	9%
	AWD	7%
Host	Fever	60%
	Malaria	45%
	Stomach pain	45%
	Skin infection	10%
	AWD	5%
IDPs	AWD	100%
	Fever	100%
Returnees		

Most commonly self-reported water or vector borne disease for children under 5 in the two weeks prior to data collection by percentage of households: (more than one answer was possible)

Overall	Fever	82%
	AWD	22%
	Skin infection	22%
	Malaria	13%
	Stomach pain	13%
Host	Fever	81%
	AWD	24%
	Skin infection	22%
	Malaria	13%
	Stomach pain	13%
IDPs	Fever	100%
	Skin infection	50%
Returnees		

Luakpiny\Nasir County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

8%	of **Luakpiny\Nasir 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 **Luakpiny\Nasir 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 a decrease from 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	 No **20%** Yes 80%	 No **77%** Yes 23%	 No **60%** Yes 40%
Host	 No **20%** Yes 80%	 No **77%** Yes 23%	 No **61%** Yes 39%
IDPs	 No **50%** Yes 50%	 No **100%**	Yes 100%
Returnees	Yes 100%	 No **67%** Yes 33%	 No **67%** Yes 33%

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.

Maban County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

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.

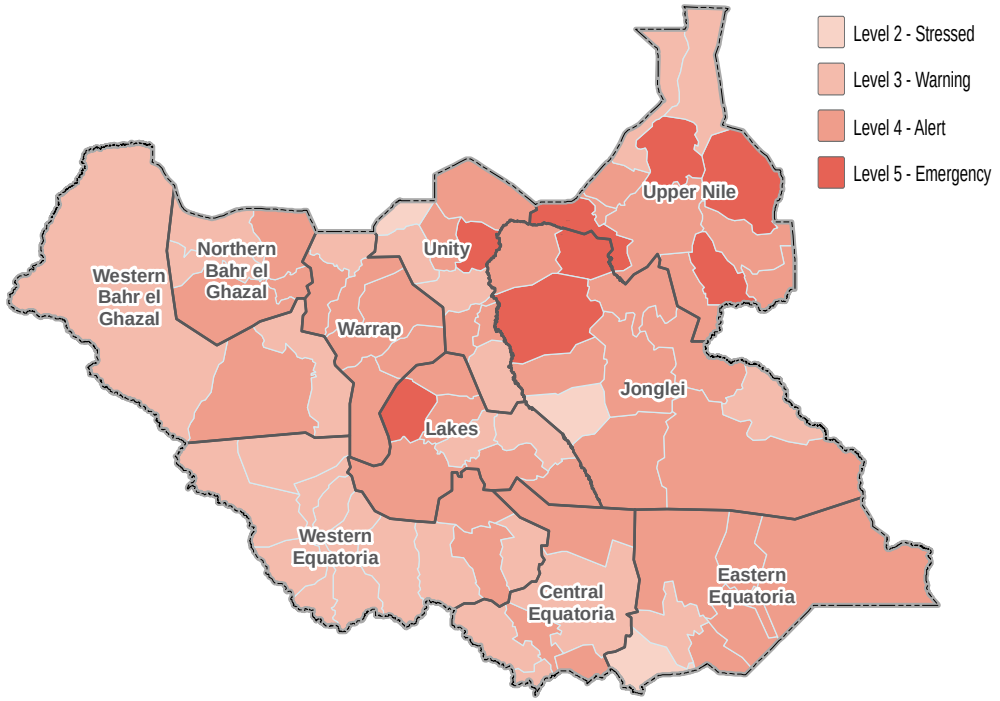
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of 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/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]:

Host community	100%

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)

Children under 5	69%
Female headed	39%
Elderly persons	25%
Adopted children	12%
Mentally disabled	6%

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

Maban County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

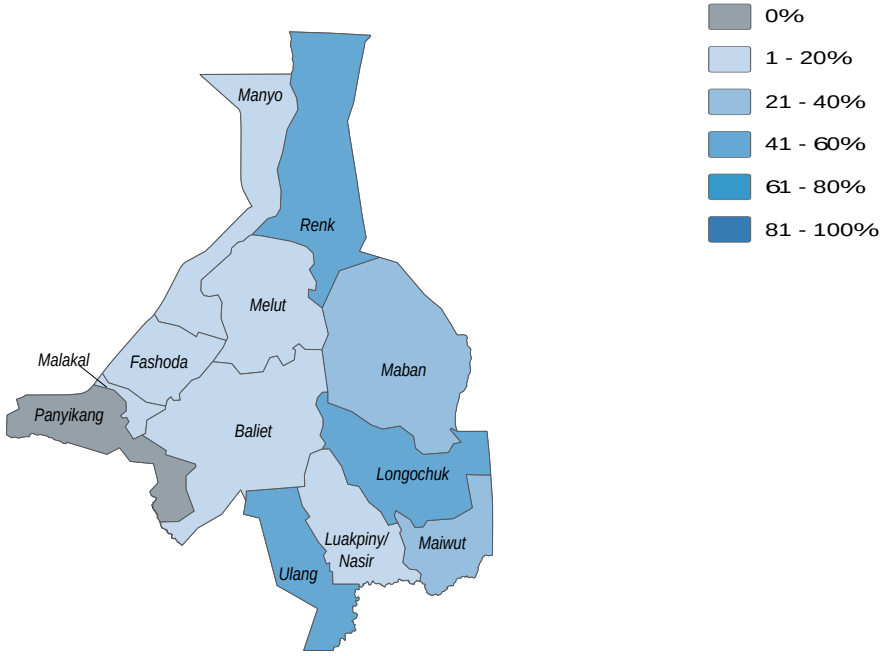
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

44%	of Maban County HHs reported having safe access to an improved source of drinking water as their main source, in November and December, 2018. This was a decrease from the previous season.
71%	of Maban County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
0%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was a decrease 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:

Overall

Borehole	44%
River or stream	27%
Swamp	27%
Unprotected well	2%

Less than 30 minutes	52%
30 minutes to 1 hour	34%
Between 1- 2 hours	14%

Host

Borehole	44%
River or stream	27%
Swamp	27%
Unprotected well	2%

Less than 30 minutes	52%
30 minutes to 1 hour	34%
Between 1- 2 hours	14%

IDPs

Returnees

Maban County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

November/December2018

Sanitation

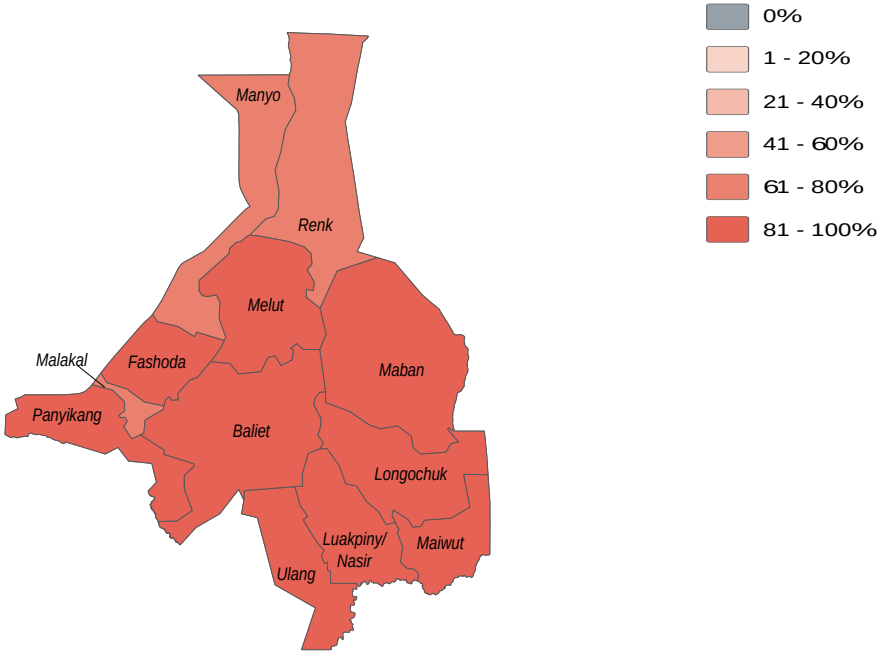
2% of Maban County HHs reported having access to a latrine (private, shared, or communal/ institutional), in November and December, 2018. This was a decrease from the previous season.

8% of Maban 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)[2]:



Most commonly reported defecation location by percentage of households:

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

Overall

In the bush	100%

In the bush	95%
No answer	3%
Dig a hole and cover	1%
Left where it is	1%

Host

In the bush	100%

In the bush	95%
No answer	3%
Dig a hole and cover	1%
Left where it is	1%

IDPs

Returnees

Maban County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

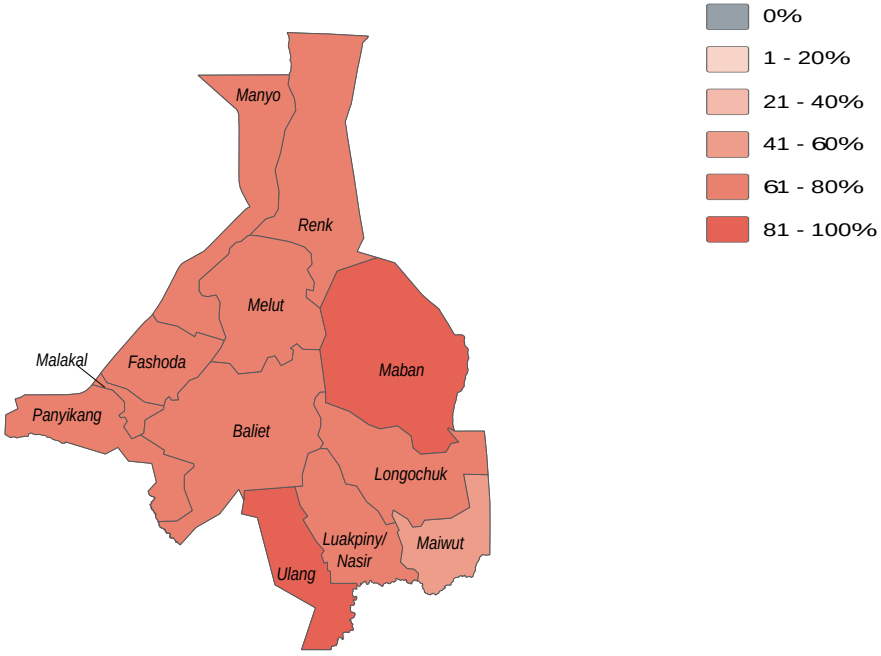
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

82%	of Maban County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was an increase from the previous season.
63%	of Maban County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 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	Malaria	82%
	Fever	55%
	Stomach pain	42%
	Typhoid	18%
	Flu	17%
Host	Malaria	82%
	Fever	55%
	Stomach pain	42%
	Typhoid	18%
	Flu	17%
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)

Overall	Malaria	74%
	Fever	63%
	Stomach pain	50%
	Flu	28%
	AWD	25%
Host	Malaria	74%
	Fever	63%
	Stomach pain	50%
	Flu	28%
	AWD	25%

Maban County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

1%	of Maban 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.
0%	of Maban 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 a decrease from the previous season.
4	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	 No **61%** Yes 39%	 No **94%** Yes 6%	 No **29%** Yes 71%
Host	 No **61%** Yes 39%	 No **94%** Yes 6%	 No **29%** Yes 71%
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.

Maiwut County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

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.

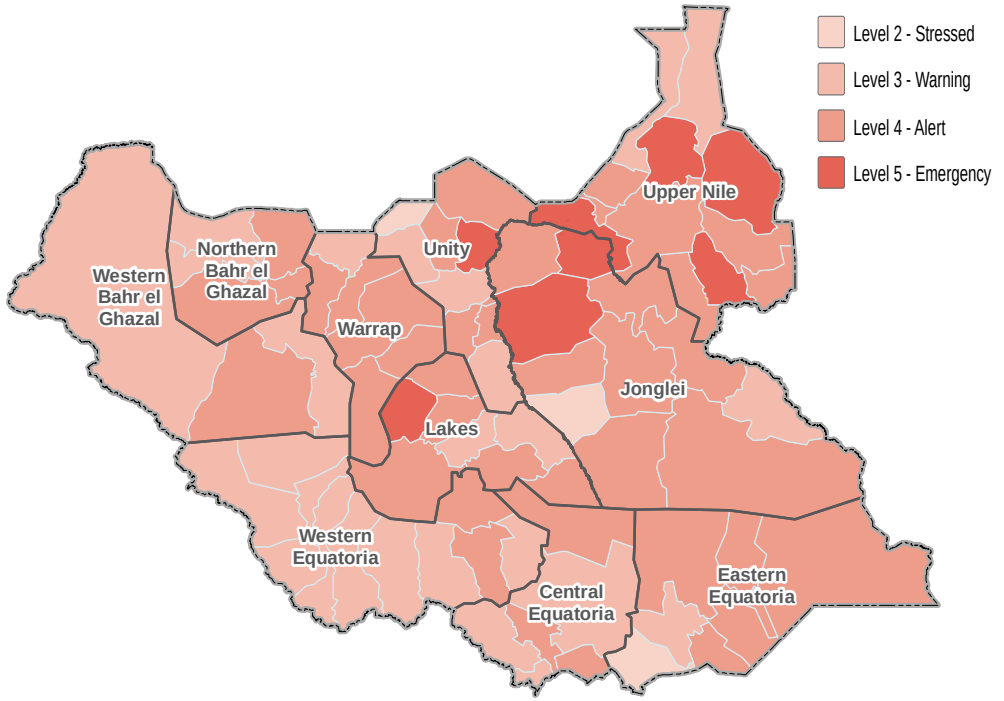
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of 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/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]:

Host community	83%
Returnee	15%
IDP	1%
Refugee	1%

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

Between 2-3 years	100%

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

In the last one year	81%
Between 2 -3 years	13%
Around 5 years	6%

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

Children under 5	94%
Elderly persons	48%
Female headed	29%
Adopted children	17%
Conflict injuries	16%

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

Maiwut County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

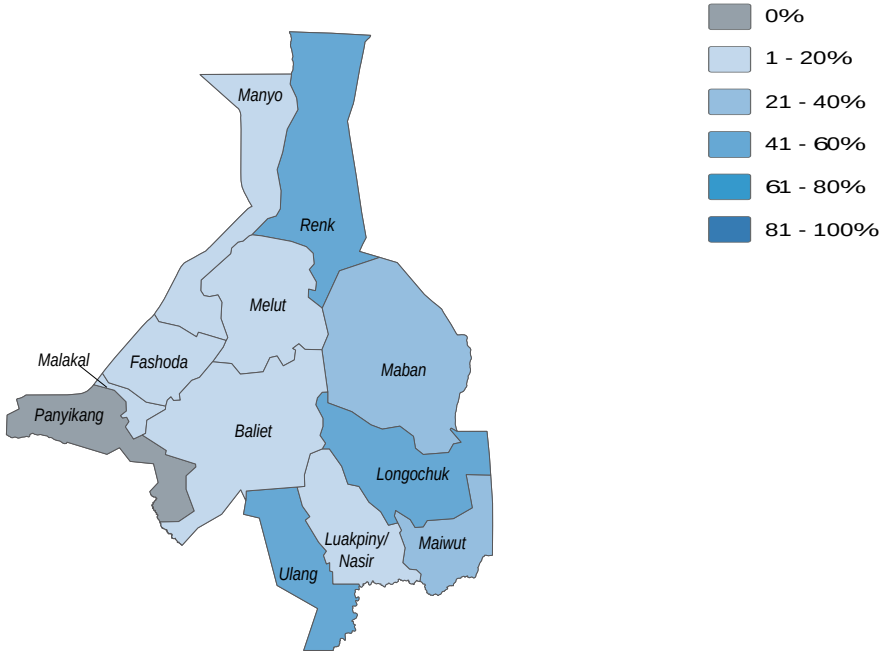
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

43%	of Maiwut County HHs reported having safe access to an improved source of drinking water as their main source, in November and December, 2018. This was an increase from the previous season.
17%	of Maiwut 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.
35%	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

Overall

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

Unprotected well	49%
Borehole	43%
Swamp	6%
River or stream	2%

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

30 minutes to 1 hour	41%
Less than 30 minutes	31%
Between 1- 2 hours	27%
I don't know	1%

Host

Unprotected well	48%
Borehole	42%
Swamp	8%
River or stream	2%

30 minutes to 1 hour	34%
Less than 30 minutes	33%
Between 1- 2 hours	31%
I don't know	1%

IDPs

Unprotected well	100%

30 minutes to 1 hour	100%

Returnees

Unprotected well	56%
Borehole	44%

30 minutes to 1 hour	69%
Less than 30 minutes	25%
Between 1- 2 hours	6%

Maiwut County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

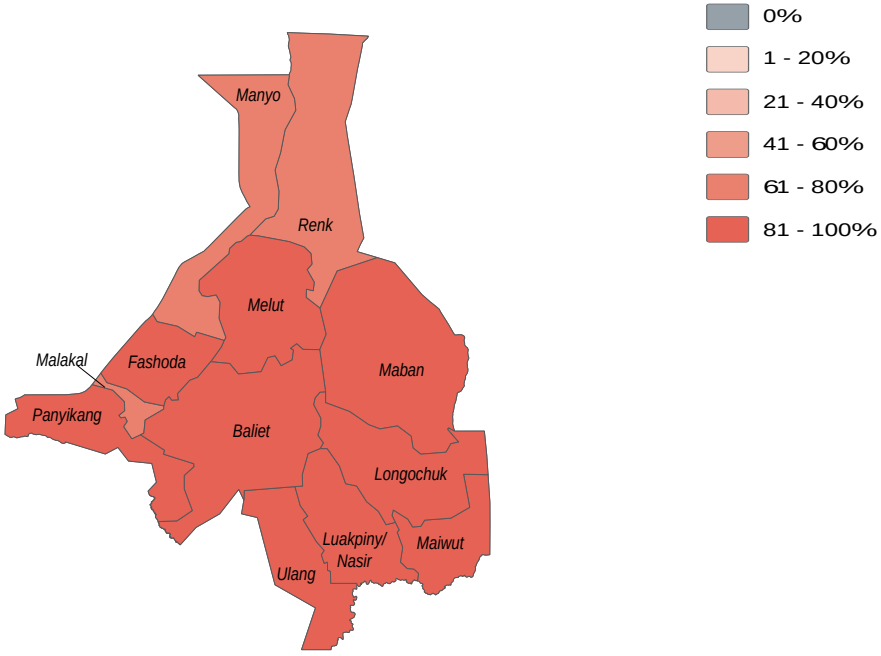
WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

0%	of **Maiwut 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.
2%	of **Maiwut 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.
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)[2]:



	Most commonly reported defecation location by percentage of households:		Most commonly reported excreta disposal **methods for children under five by** percentage of households:	
Overall	In the bush	99%	In the bush	98%
	No answer	1%	No answer	2%
Host	In the bush	100%	In the bush	98%
			No answer	2%
IDPs	In the bush	100%	In the bush	100%
Returnees	In the bush	94%	In the bush	100%
	No answer	6%		

Maiwut County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

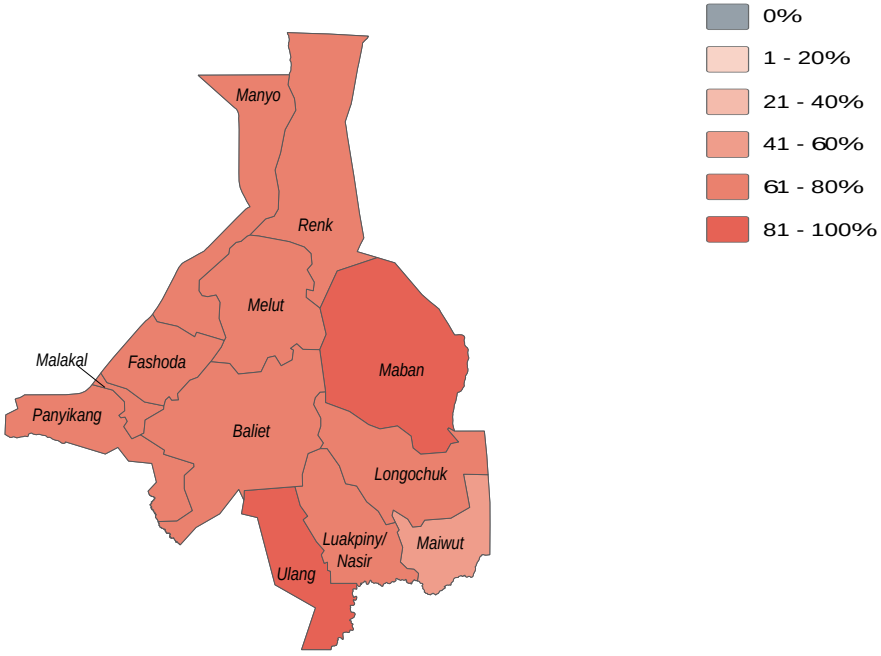
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

51%	of **Maiwut County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was a decrease from the previous season.
97%	of **Maiwut County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 2018.
Fever	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	Fever	71%
	Malaria	71%
	Typhoid	54%
	Stomach pain	46%
	Flu	43%
Host	Fever	75%
	Malaria	72%
	Typhoid	56%
	Flu	44%
	Stomach pain	44%
IDPs	Cholera	100%
	Eye infection	100%
	Fever	100%
	Stomach pain	100%
Returnees		

Most commonly self-reported water or vector borne disease for children under 5 in the two weeks prior to data collection by percentage of households: (more than one answer was possible)

Overall	Fever	78%
	Eye infection	48%
	Malaria	48%
	Flu	30%
	Stomach pain	24%
Host	Fever	78%
	Malaria	46%
	Eye infection	44%
	Flu	32%
	Stomach pain	24%
IDPs	Eye infection	100%
	Fever	100%
	Malaria	100%
	Stomach pain	100%
Returnees		

Maiwut County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

7%	of Maiwut 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.
0%	of Maiwut 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.
4	was the average number of jerrycans and/or buckets per HH in July and August, 2018. This was an increase from 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	No **2%** Yes 98%	 No **66%** Yes 34%	 No **57%** Yes 43%
Host	No **2%** Yes 98%	 No **67%** Yes 33%	 No **60%** Yes 40%
IDPs	Yes 100%	 No **100%**	 No **100%**
Returnees	Yes 100%	 No **63%** Yes 38%	 No **44%** Yes 56%

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.

Malakal County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

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.

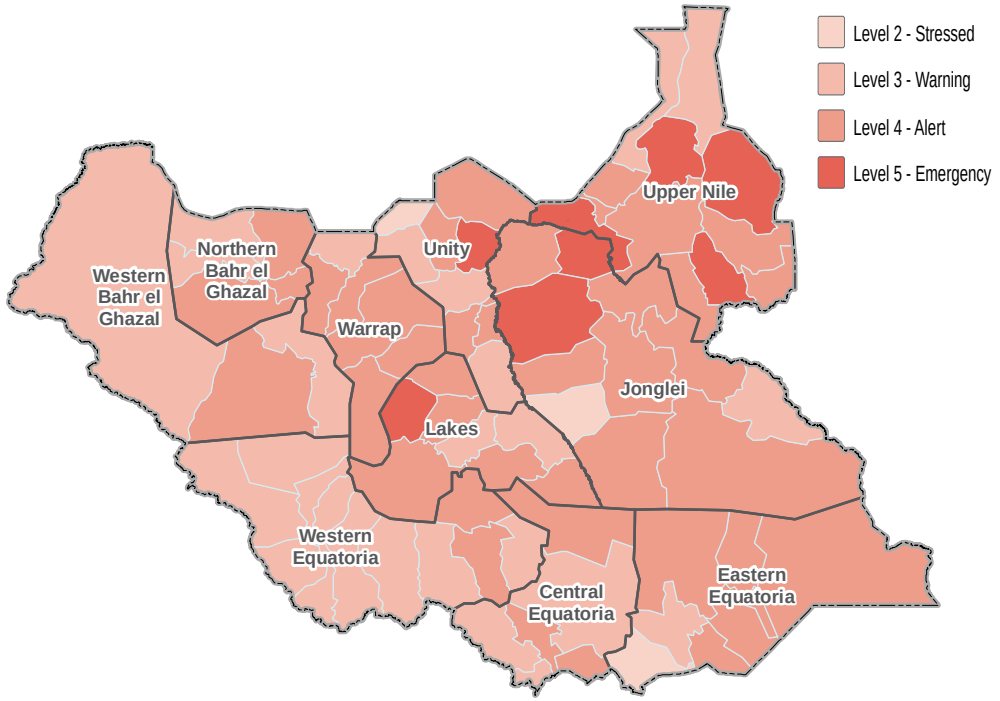
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of 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/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]:

Host community	93%
IDP	4%
Returnee	3%

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

Around 5 years	40%
In the last one year	40%
Between 2-3 years	20%

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

In the last one year	100%

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

Elderly persons	43%
Female headed	30%
Children under 5	27%
Physically disabled	14%
Conflict injuries	7%

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

Malakal County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

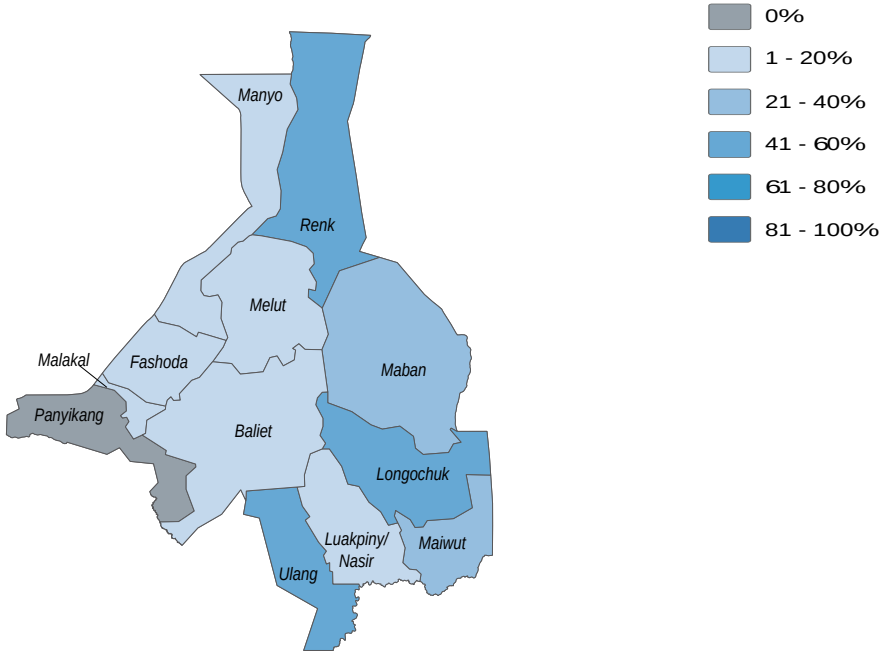
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

11%	of Malakal County HHs reported having safe access to an improved source of drinking water as their main source, in November and December, 2018. This was a decrease from the previous season.
13%	of Malakal County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
11%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was an increase from the previous season.
4%	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

Overall

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

River or stream	89%
Tap stand	11%
Swamp	1%

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

Less than 30 minutes	65%
Between 1- 2 hours	19%
30 minutes to 1 hour	16%

Host

River or stream	88%
Tap stand	11%
Swamp	1%

Less than 30 minutes	64%
Between 1- 2 hours	20%
30 minutes to 1 hour	16%

IDPs

River or stream	100%

Less than 30 minutes	60%
30 minutes to 1 hour	20%
Between 1- 2 hours	20%

Returnees

River or stream	100%

Less than 30 minutes	100%

REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Malakal County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

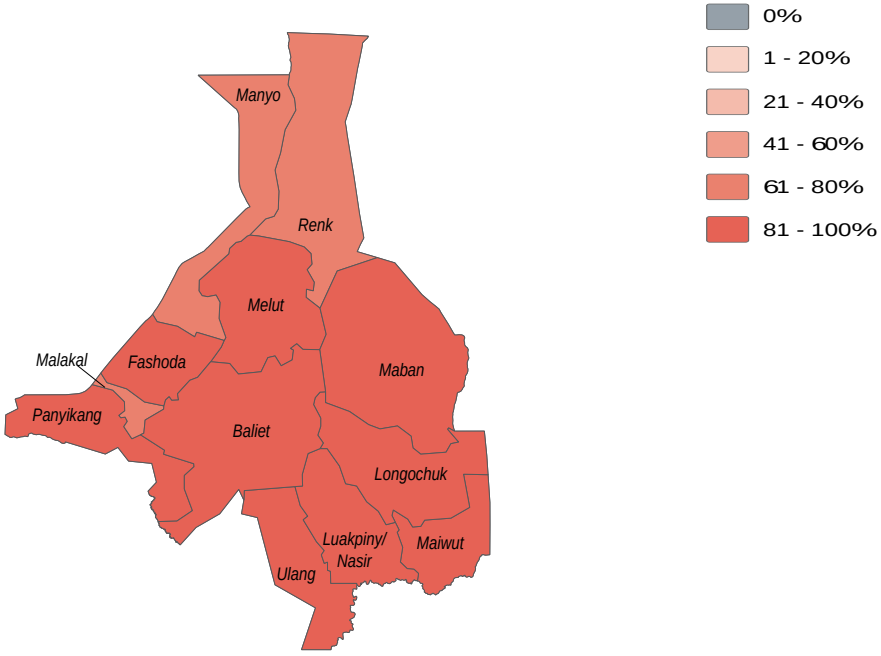
WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

32%	of Malakal 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.
31%	of Malakal 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.
31%	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:

	Most commonly reported defecation location by percentage of households:		Most commonly reported excreta disposal **methods for children under five by** percentage of households:	
Overall	In the bush	70%	In the bush	56%
	In the latrine	30%	In the latrine	34%
			Dig a hole and cover	10%
Host	In the bush	69%	In the bush	53%
	In the latrine	31%	In the latrine	36%
			Dig a hole and cover	11%
IDPs	In the bush	80%	In the bush	80%
	In the latrine	20%	In the latrine	20%
Returnees	In the bush	100%	In the bush	100%

Malakal County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

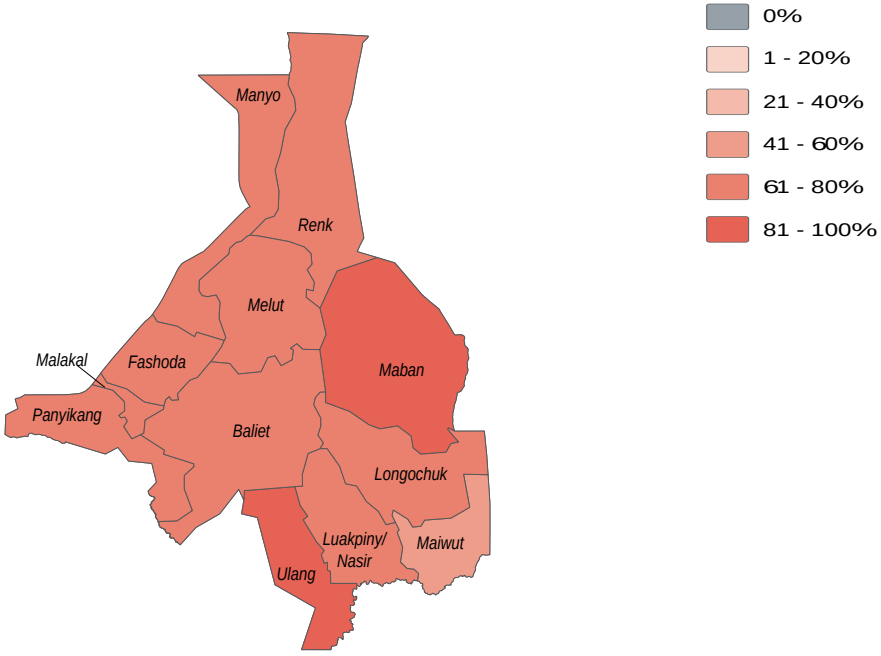
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

61%	of Malakal County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was a decrease from the previous season.
84%	of Malakal County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 2018.
Fever	was the most commonly reported water or vector borne disease in November and December, 2018. This was different to 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	Fever	36%
	Malaria	36%
	Stomach pain	36%
	Eye infection	13%
	Typhoid	11%
Host	Fever	32%
	Stomach pain	32%
	Malaria	28%
	Eye infection	11%
	AWD	2%
IDPs	Malaria	100%
	Typhoid	75%
	Fever	50%
	Stomach pain	50%
	AWD	25%
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)

Overall	Fever	50%
	Malaria	40%
	Stomach pain	35%
	Others	25%
	AWD	20%
Host	Fever	38%
	Malaria	31%
	Others	31%
	Stomach pain	25%
	AWD	19%
IDPs	Fever	100%
	Eye infection	50%
	Flu	50%
	Malaria	50%
	Skin infection	50%
Returnees		

Malakal County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

14%	of Malakal 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 Malakal 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 a decrease from 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	 No **42%** Yes 58%	 No **68%** Yes 32%	 No **15%** Yes 85%
Host	 No **41%** Yes 59%	 No **68%** Yes 32%	 No **12%** Yes 88%
IDPs	 No **40%** Yes 60%	 No **40%** Yes 60%	 No **40%** Yes 60%
Returnees	 No **100%**	 No **100%**	 No **67%** Yes 33%

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.

Manyo County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

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.

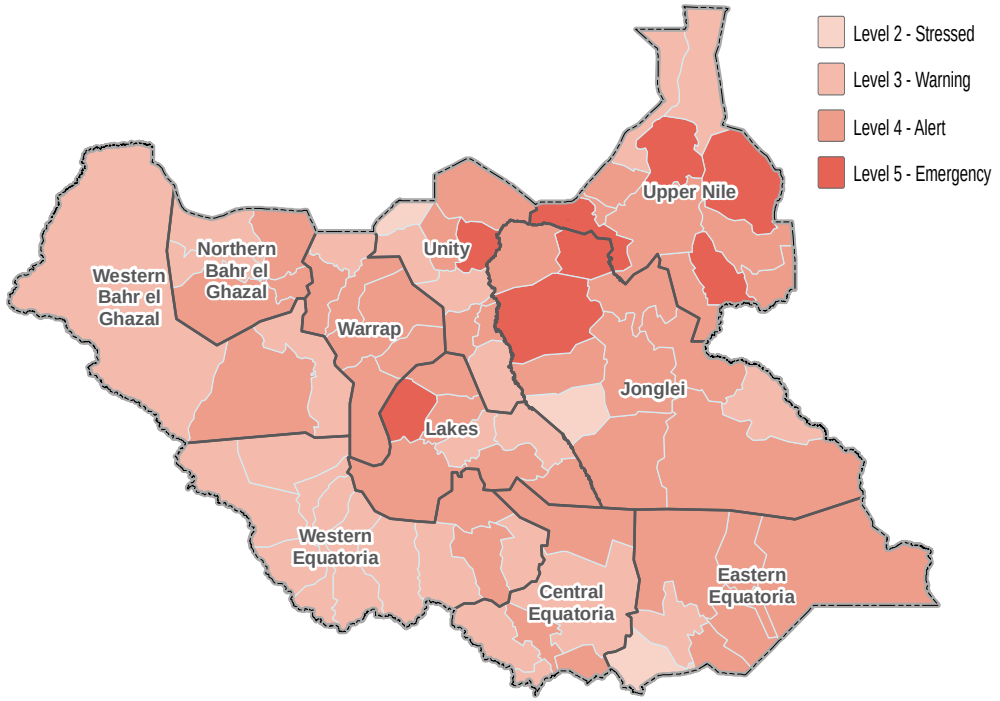
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of 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/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]:

Host community	56%
IDP	42%
Others	1%
Returnee	1%

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

Between 2-3 years	49%
Around 5 years	33%
In the last one year	16%
More than 5 years	2%

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

Around 5 years	100%

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

Children under 5	69%
Female headed	52%
Elderly persons	29%
Physically disabled	15%
Adopted children	5%

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

Manyo County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

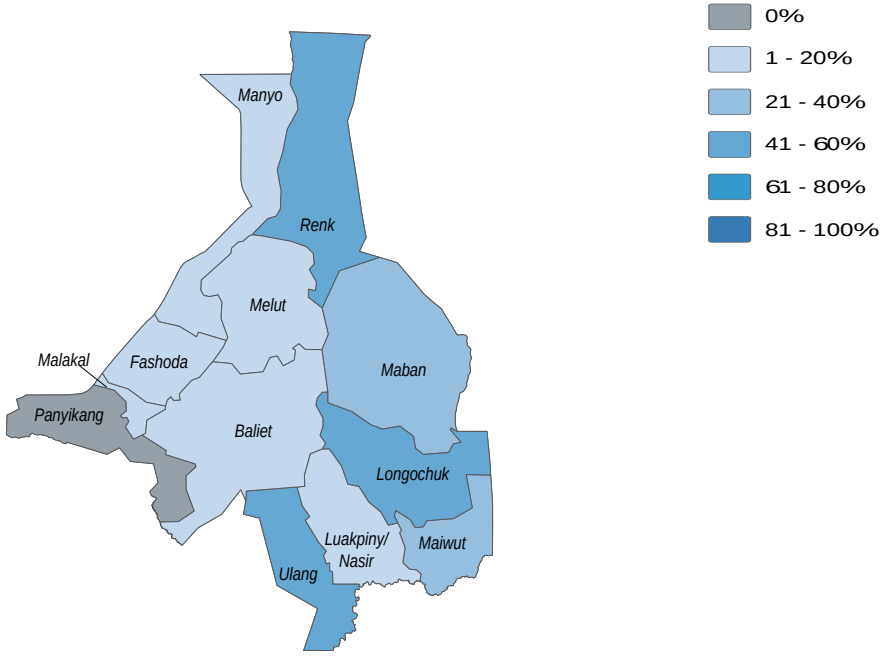
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

6%	of Manyo County HHs reported having safe access to an improved source of drinking water as their main source, in November and December, 2018. This was an increase from the previous season.
4%	of Manyo County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
7%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was an increase from the previous season.
1%	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

Overall

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

River or stream	79%
Swamp	15%
Tap stand	6%

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

Less than 30 minutes	71%
30 minutes to 1 hour	18%
Between 1- 2 hours	10%
More than 2 hours	1%

Host

River or stream	63%
Swamp	27%
Tap stand	10%

Less than 30 minutes	73%
30 minutes to 1 hour	25%
Between 1- 2 hours	2%

IDPs

River or stream	100%

Less than 30 minutes	69%
Between 1- 2 hours	22%
30 minutes to 1 hour	7%
More than 2 hours	2%

Returnees

River or stream	100%

30 minutes to 1 hour	100%

Manyo County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

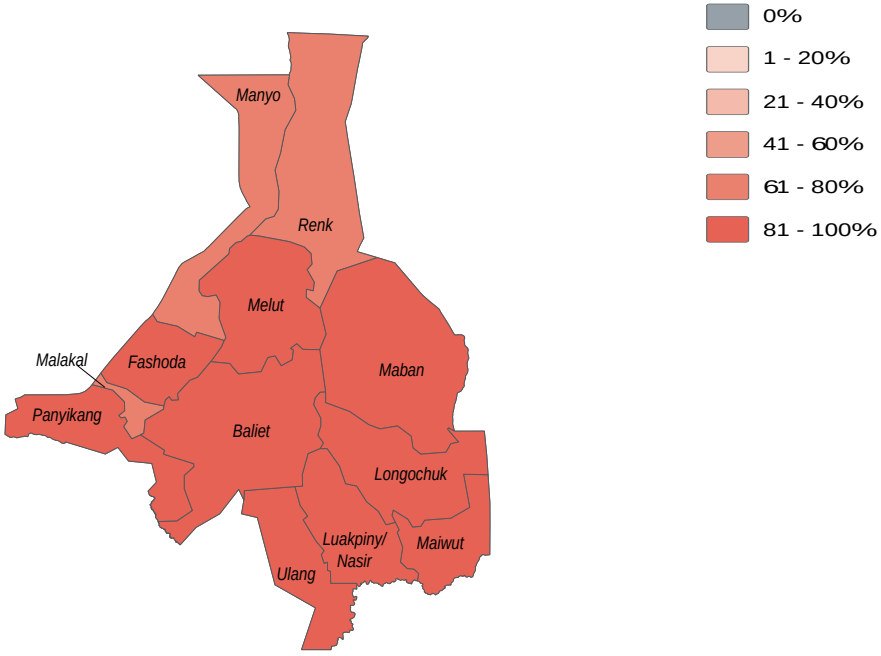
WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

26%	of Manyo 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.
15%	of Manyo County HHs reported having access to a latrine (private, shared, or communal/ institutional), in July and August, 2018.
22%	of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was an increase from the previous season.
14%	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:

Overall	In the bush	75%	In the bush	65%
	In the latrine	22%	In the latrine	19%
	Dig a hole and cover	2%	No answer	12%
	In the river	1%	Dig a hole and cover	4%
Host	In the bush	83%	In the bush	72%
	In the latrine	15%	No answer	15%
	In the river	2%	In the latrine	13%
IDPs	In the bush	64%	In the bush	60%
	In the latrine	31%	In the latrine	24%
	Dig a hole and cover	4%	Dig a hole and cover	9%
			No answer	7%
Returnees	In the bush	100%	No answer	100%

REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Manyo County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

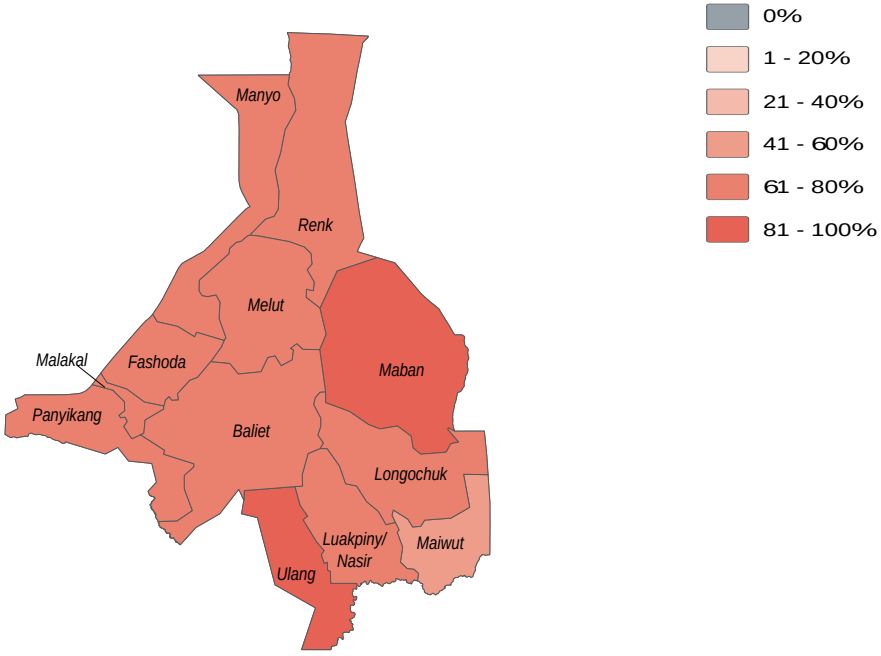
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

62%	of Manyo County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was an increase from the previous season.
47%	of Manyo County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 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	Malaria	67%
	Fever	33%
	Typhoid	11%
	Skin infection	7%
	Stomach pain	4%
Host	Malaria	60%
	Fever	43%
	Skin infection	10%
	Typhoid	7%
	Flu	3%
IDPs	Malaria	77%
	Fever	15%
	Typhoid	15%
	Stomach pain	8%
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)

Malaria	76%
Fever	52%
AWD	18%
Stomach pain	9%
Malaria	90%
Fever	67%
Stomach pain	14%
AWD	5%
Malaria	50%
AWD	42%
Fever	25%

REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Manyo County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

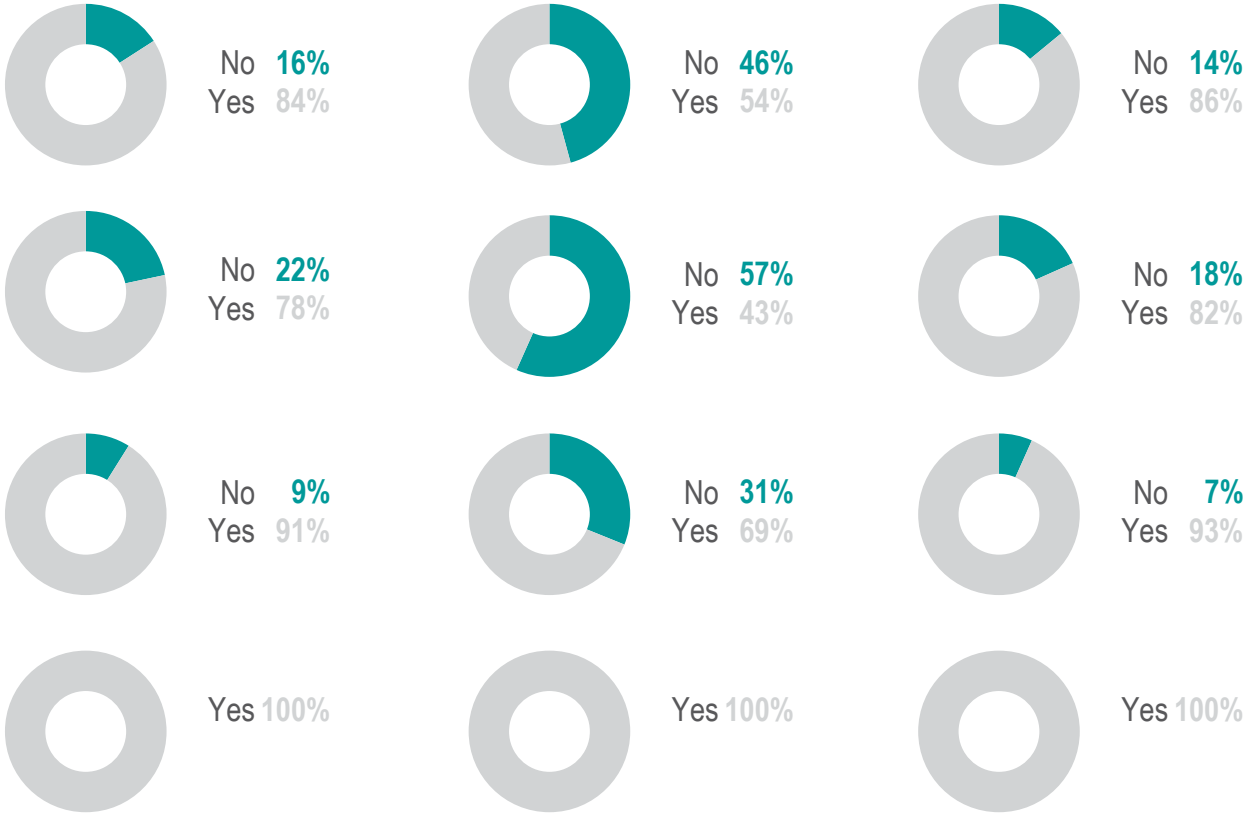
WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

44%	of Manyo 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 Manyo 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.
6	was the average number of jerrycans and/or buckets per HH in July and August, 2018. This was an increase from 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:

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.

Melut County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

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.

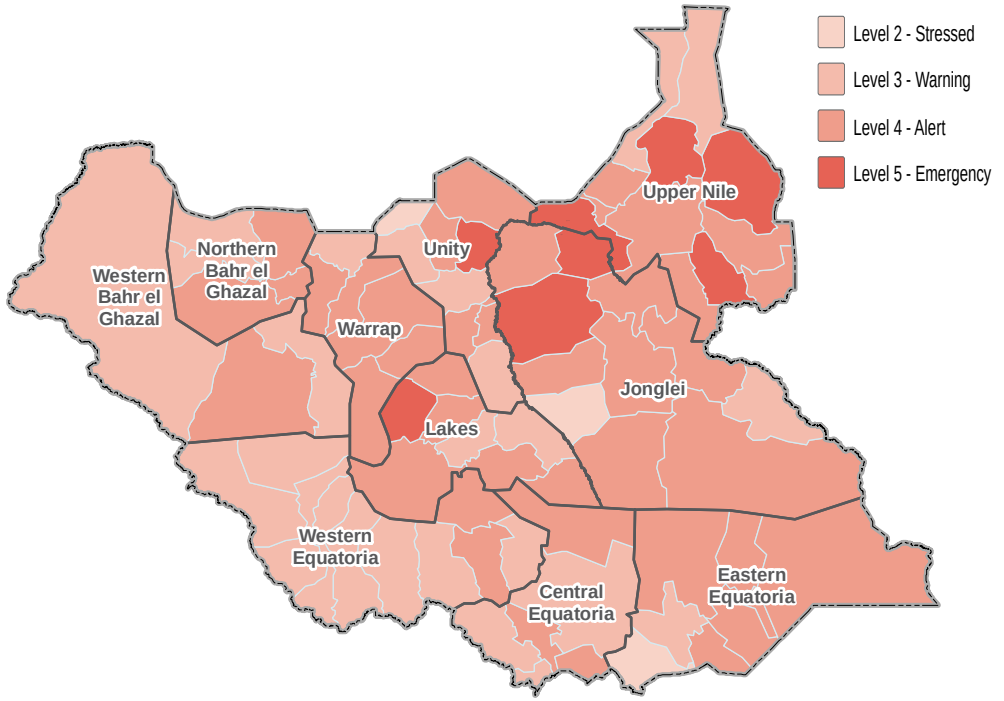
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of 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/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]:

Host community	91%
IDP	9%

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

Around 5 years	90%
More than 5 years	10%

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)

Children under 5	86%
Female headed	34%
Elderly persons	22%
Physically disabled	17%
Adopted children	13%

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

Melut County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

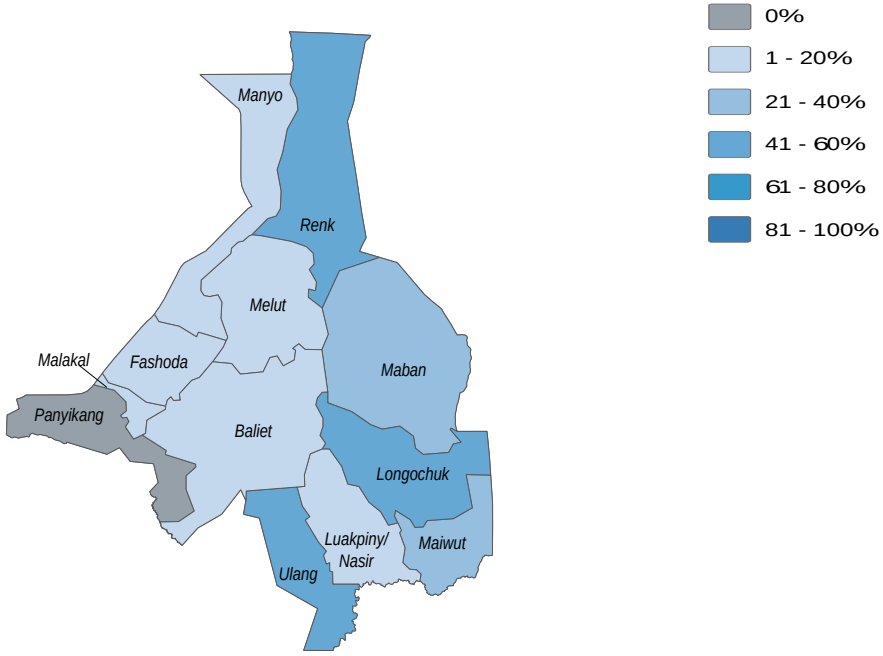
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

24%	of **Melut County** HHs reported having safe access to an improved source of drinking water as their main source, in November and December, 2018. This was an increase from the previous season.
6%	of **Melut County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
0%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was a decrease from the previous season.
3%	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	River or stream	73%	Less than 30 minutes	78%
	Tap stand	24%	30 minutes to 1 hour	18%
	Swamp	3%	Between 1- 2 hours	5%
Host	River or stream	74%	Less than 30 minutes	75%
	Tap stand	23%	30 minutes to 1 hour	20%
	Swamp	3%	Between 1- 2 hours	5%
IDPs	River or stream	60%	Less than 30 minutes	100%
	Tap stand	40%		
Returnees				

Melut County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

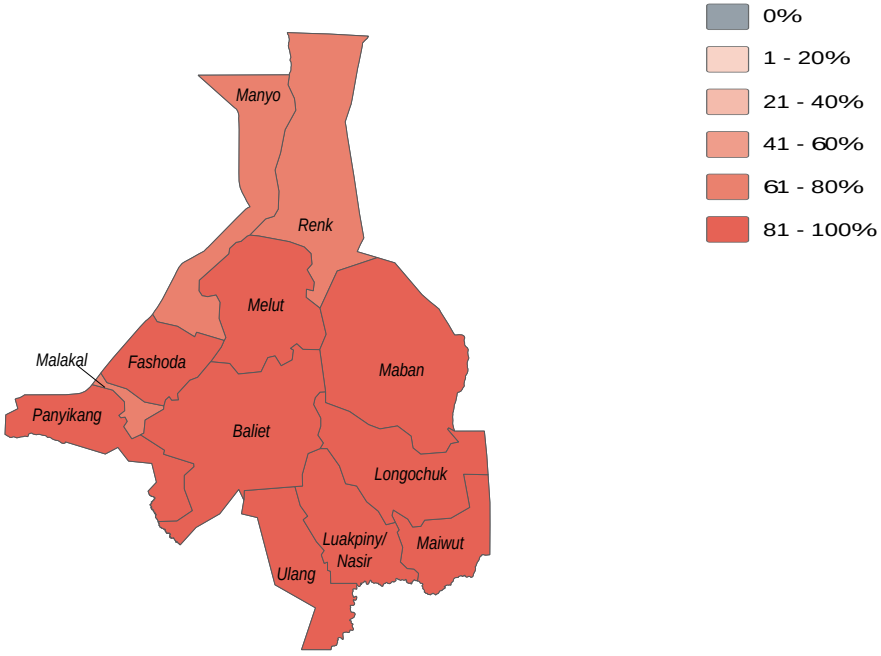
WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

0%	of **Melut 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.
2%	of **Melut 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.
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)[2]:



Most commonly reported defecation location by percentage of households:

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

Overall

In the bush	100%

In the bush	97%
No answer	2%
Dig a hole and cover	1%

Host

In the bush	100%

In the bush	98%
Dig a hole and cover	1%
No answer	1%

IDPs

In the bush	100%

In the bush	90%
No answer	10%

Returnees

Melut County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

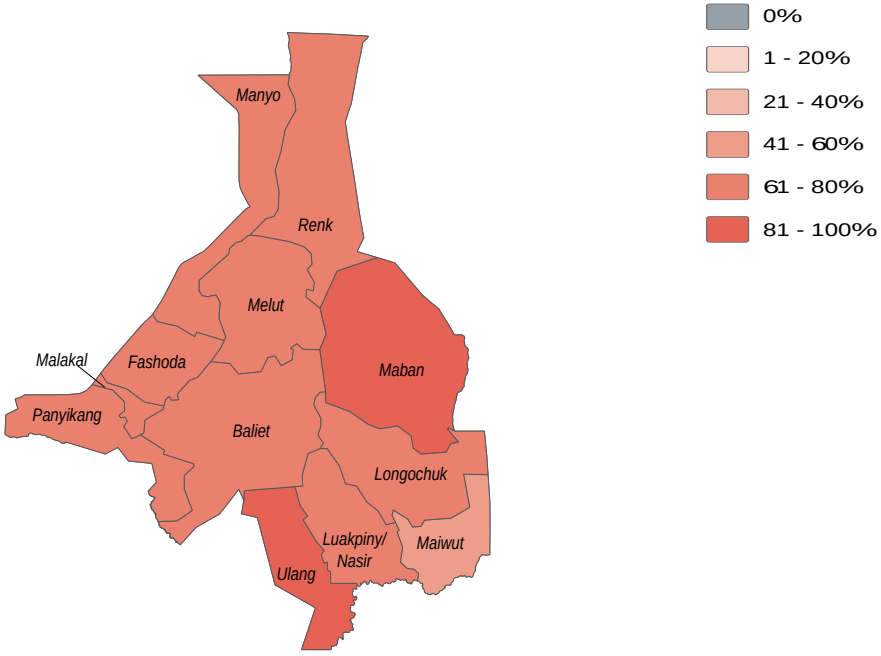
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

74%	of Melut County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was a decrease from the previous season.
80%	of Melut County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 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	Malaria	87%
	Typhoid	62%
	Fever	51%
	Stomach pain	16%
	AWD	7%
Host	Malaria	88%
	Typhoid	63%
	Fever	53%
	Stomach pain	16%
	AWD	7%
IDPs	Malaria	75%
	Typhoid	50%
	Fever	25%
	Stomach pain	25%
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)

Overall	Malaria	84%
	Fever	69%
	Typhoid	16%
	AWD	15%
	Skin infection	11%
Host	Malaria	83%
	Fever	70%
	AWD	15%
	Typhoid	15%
	Skin infection	13%
IDPs	Malaria	89%
	Fever	67%
	Typhoid	22%
	AWD	11%
Returnees		

REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Melut County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

8%	of **Melut 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.
1%	of **Melut 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		No **40%** Yes 60%		No **74%** Yes 26%		No **33%** Yes 67%
Host		No **42%** Yes 58%		No **73%** Yes 27%		No **34%** Yes 66%
IDPs		No **20%** Yes 80%		No **80%** Yes 20%		No **20%** Yes 80%
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.

Panyikang County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

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.

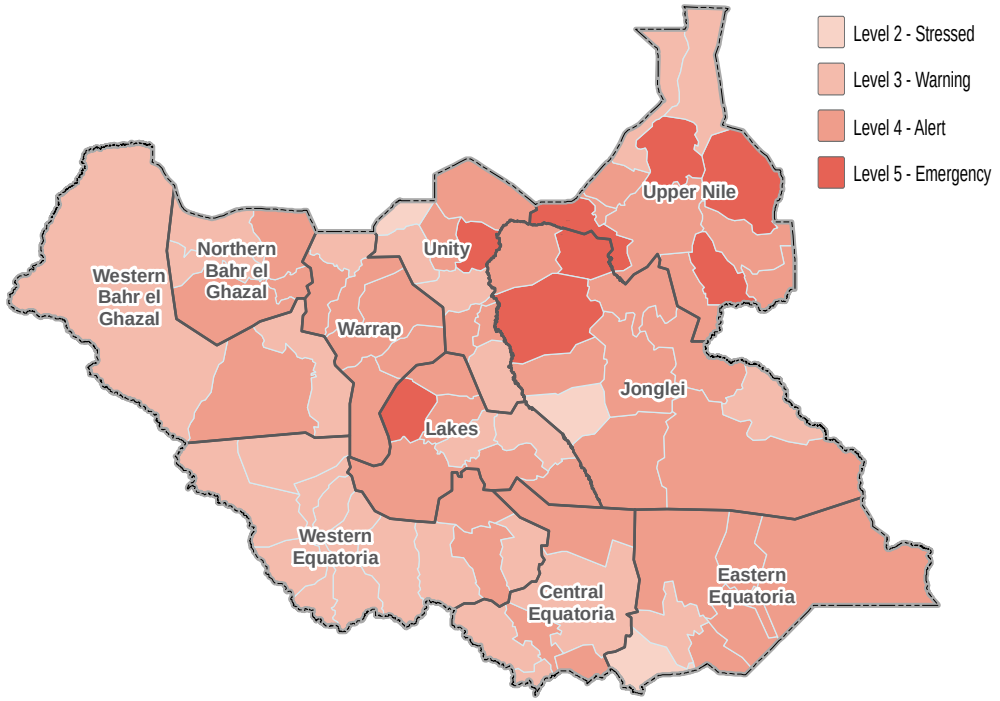
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of 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/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]:

Host community	62%
IDP	25%
Others	9%
Returnee	3%

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

In the last one year	55%
Between 2-3 years	45%

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

In the last one year	100%

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

Elderly persons	67%
Female headed	50%
Children under 5	30%
Physically disabled	26%
Conflict injuries	20%

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

Panyikang County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

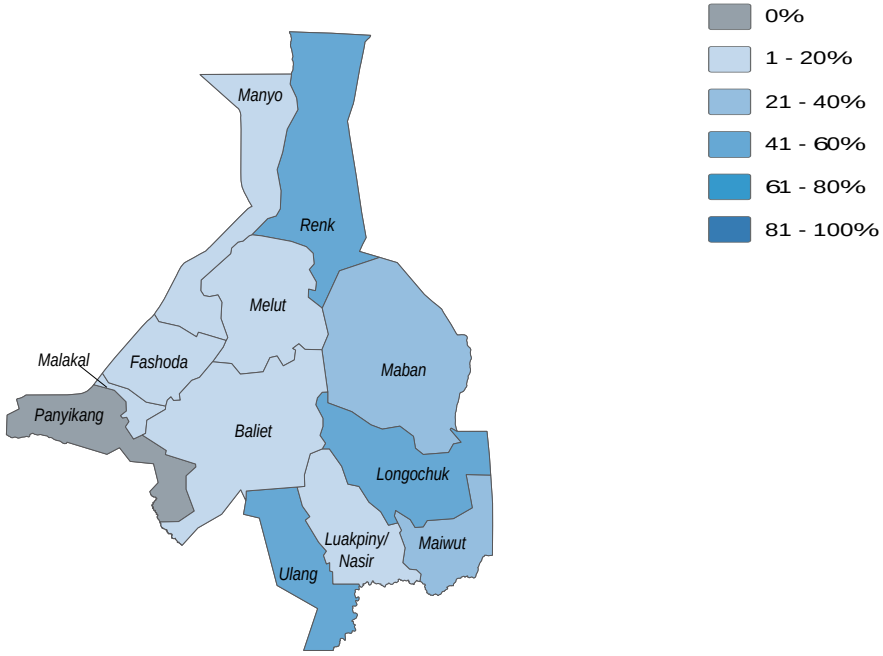
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

0%	of Panyikang County HHs reported having safe access to an improved source of drinking water as their main source, in November and December, 2018. This was the same as the previous season.
0%	of Panyikang County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
0%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was a decrease from the previous season.
52%	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	River or stream	97%	Less than 30 minutes	83%
	Swamp	3%	30 minutes to 1 hour	10%
	Don't know	1%	Between 1- 2 hours	5%
			More than 2 hours	2%
Host	River or stream	99%	Less than 30 minutes	86%
	Swamp	1%	30 minutes to 1 hour	6%
			Between 1- 2 hours	6%
			More than 2 hours	3%
IDPs	River or stream	100%	Less than 30 minutes	72%
			30 minutes to 1 hour	24%
			Between 1- 2 hours	3%
Returnees	River or stream	50%	Less than 30 minutes	100%
	Swamp	50%		

REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Panyikang County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

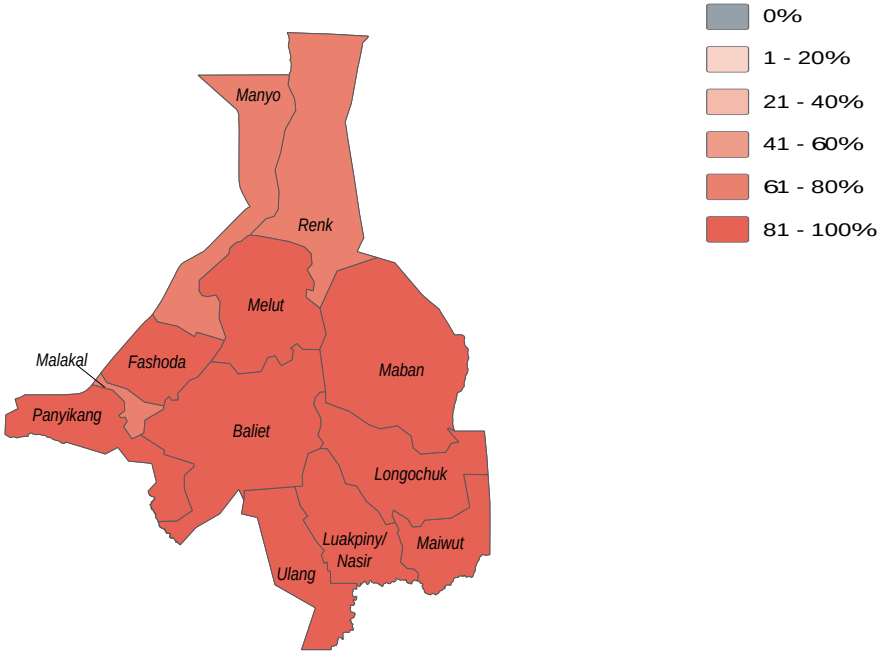
WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

3%	of **Panyikang 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 **Panyikang 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)[2]:



	Most commonly reported defecation location by percentage of households:		Most commonly reported excreta disposal **methods for children under five by** percentage of households:	
Overall	In the bush	99%	In the bush	97%
	In the river	1%	No answer	3%
Host	In the bush	99%	In the bush	97%
	In the river	1%	No answer	3%
IDPs	In the bush	100%	In the bush	97%
			No answer	3%
Returnees	In the bush	100%	In the bush	100%

Panyikang County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

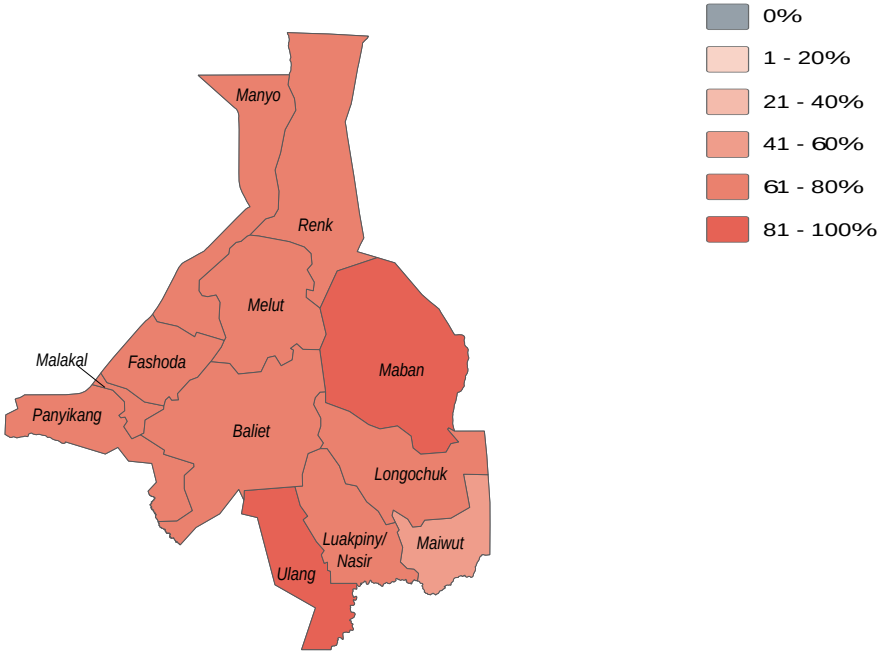
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

64%	of Panyikang County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was a decrease from the previous season.
66%	of Panyikang County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 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	Malaria	99%
	Typhoid	82%
	Stomach pain	76%
	Fever	74%
	Flu	68%
Host	Malaria	98%
	Typhoid	86%
	Stomach pain	79%
	Fever	77%
	Flu	72%
IDPs	Malaria	100%
	Typhoid	82%
	Fever	65%
	Stomach pain	65%
	Flu	59%
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)

Overall	Malaria	97%
	Fever	86%
	Typhoid	83%
	Stomach pain	76%
	Flu	66%
Host	Malaria	100%
	Fever	94%
	Stomach pain	83%
	Typhoid	83%
	AWD	72%
IDPs	Malaria	100%
	Typhoid	100%
	Flu	75%
	Eye infection	50%
	Fever	50%
Returnees		

Panyikang County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

0%	of Panyikang 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.
3%	of Panyikang 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 a decrease from the previous season.
4	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.

Renk County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

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.

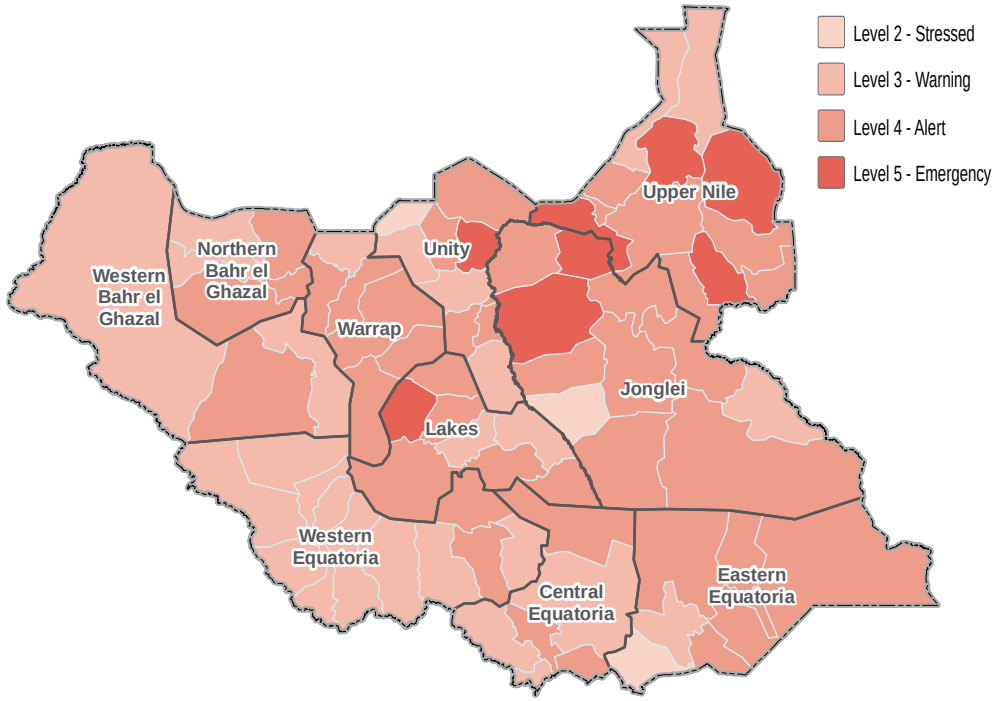
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of 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/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]:

Host community	87%
IDP	13%

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

Around 5 years	43%
More than 5 years	36%
In the last one year	14%
Between 2-3 years	7%

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	72%
Children under 5	70%
Elderly persons	30%
Adopted children	7%
Physically disabled	5%

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

Renk County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

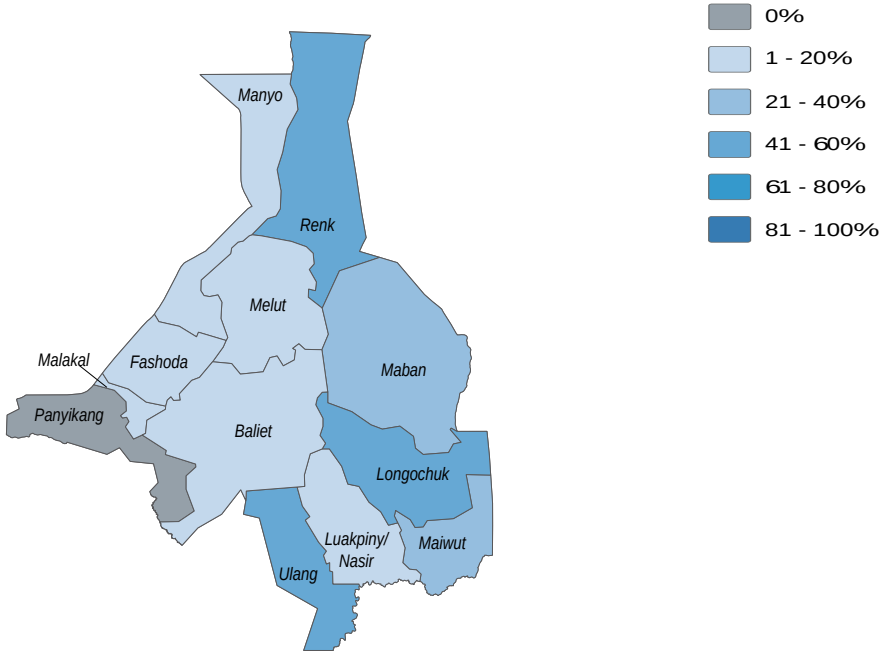
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

56%	of Renk County HHs reported having safe access to an improved source of drinking water as their main source, in November and December, 2018. This was the same as the previous season.
56%	of Renk County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
0%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was a decrease from the previous season.
9%	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:

Overall	Tap stand	50%
	River or stream	19%
	Hafir	8%
	Hand dug well	8%
	Swamp	7%
Host	Tap stand	45%
	River or stream	20%
	Hafir	10%
	Hand dug well	10%
	Swamp	9%
IDPs	Tap stand	86%
	River or stream	14%
Returnees		

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

Overall	Less than 30 minutes	77%
	30 minutes to 1 hour	12%
	Between 1- 2 hours	10%
	I don't know	1%
Host	Less than 30 minutes	78%
	30 minutes to 1 hour	13%
	Between 1- 2 hours	9%
	I don't know	1%
IDPs	Less than 30 minutes	71%
	Between 1- 2 hours	21%
	30 minutes to 1 hour	7%
Returnees		

REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Renk County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

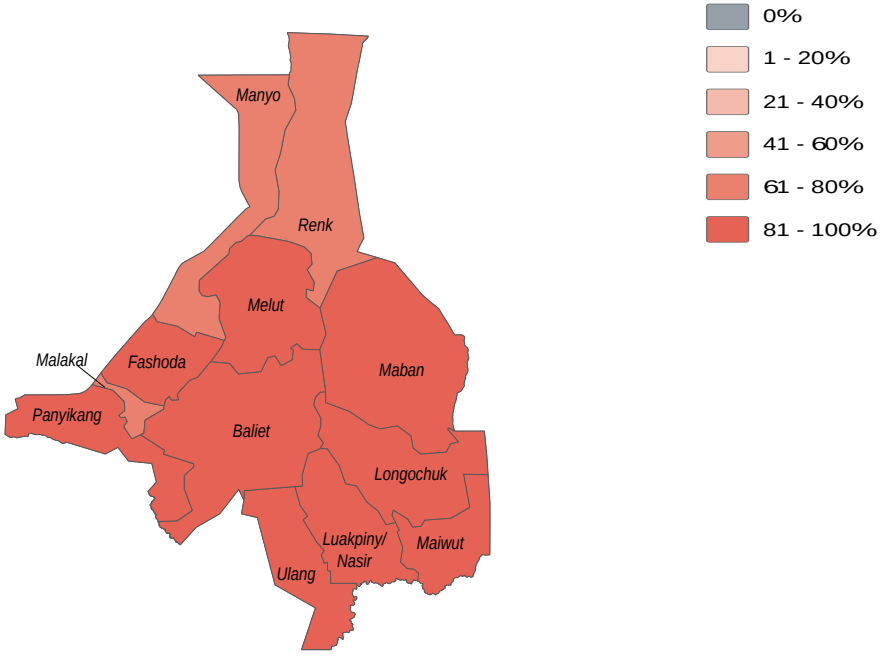
WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

27%	of Renk 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.
31%	of Renk County HHs reported having access to a latrine (private, shared, or communal/ institutional), in July and August, 2018.
23%	of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was a decrease from the previous season.
30%	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:

Overall	In the bush	77%	In the bush	77%
	In the latrine	23%	In the latrine	19%
			Dig a hole and cover	4%
Host	In the bush	76%	In the bush	76%
	In the latrine	24%	In the latrine	20%
			Dig a hole and cover	4%
IDPs	In the bush	86%	In the bush	86%
	In the latrine	14%	In the latrine	14%
Returnees				

REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Renk County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

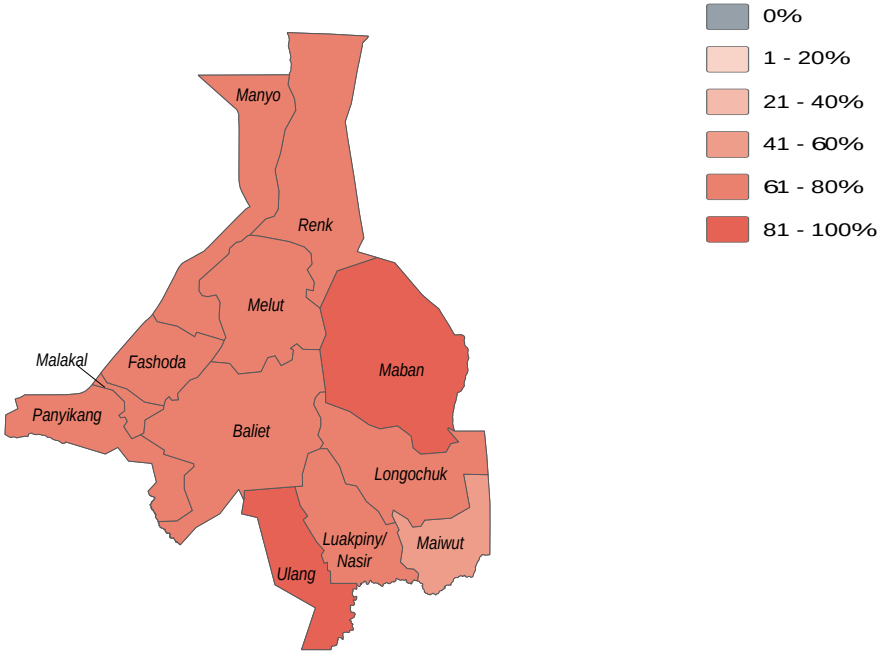
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

67%	of Renk County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was an increase from the previous season.
56%	of Renk County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 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	Malaria	76%
	Fever	45%
	Typhoid	31%
	AWD	5%
	Flu	5%
Host	Malaria	74%
	Fever	46%
	Typhoid	31%
	Flu	5%
	Stomach pain	5%
IDPs	Malaria	100%
	AWD	33%
	Fever	33%
	Typhoid	33%
Returnees		

Most commonly self-reported water or vector borne disease for children under 5 in the two weeks prior to data collection by percentage of households: (more than one answer was possible)

Overall	Fever	69%
	Malaria	63%
	AWD	13%
	Flu	10%
	Stomach pain	10%
Host	Fever	74%
	Malaria	63%
	Stomach pain	12%
	AWD	9%
	Flu	9%
IDPs	Malaria	60%
	AWD	40%
	Fever	20%
	Flu	20%
Returnees		

Renk County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

30%	of Renk 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.
13%	of Renk 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		No **51%** Yes 49%		No **31%** Yes 69%		No **14%** Yes 86%
Host		No **55%** Yes 45%		No **27%** Yes 73%		No **13%** Yes 87%
IDPs		No **21%** Yes 79%		No **57%** Yes 43%		No **21%** Yes 79%
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.

Ulang County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

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.

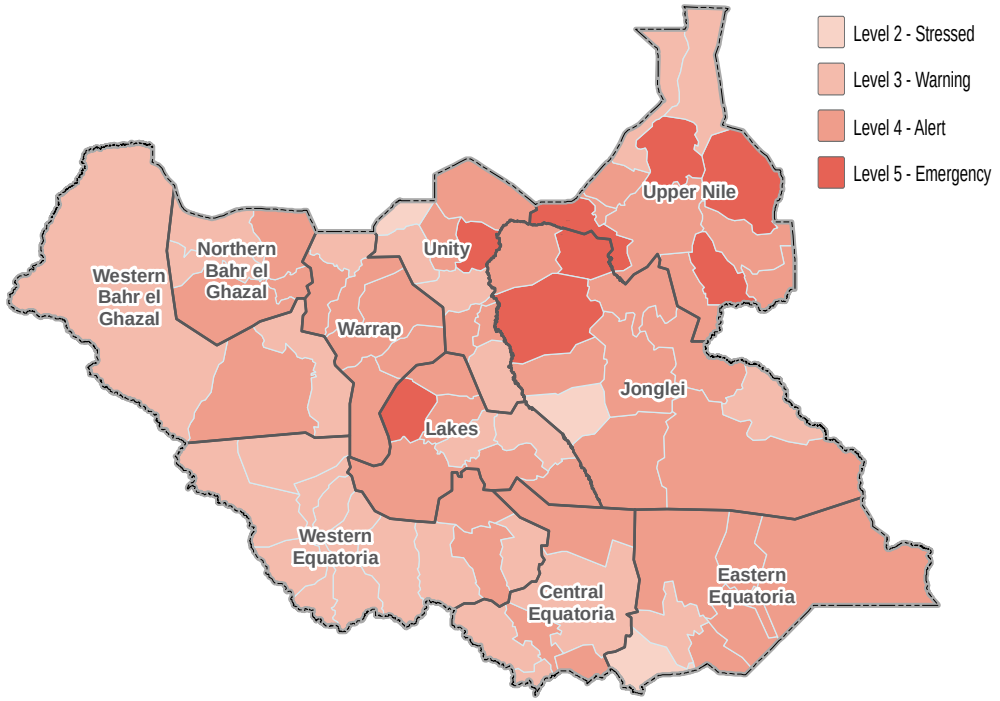
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of 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/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]:

Host community	97%
Returnee	2%
IDP	1%

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

Between 2-3 years	100%

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

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

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

Children under 5	85%
Female headed	64%
Elderly persons	60%
Conflict injuries	25%
Chronically ill	18%

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

Ulang County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

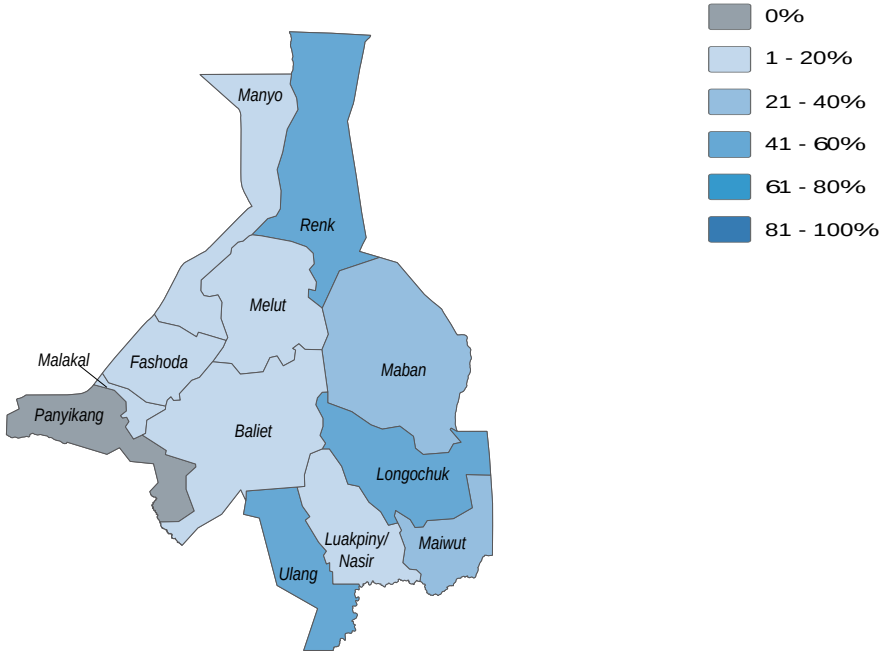
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

46%	of Ulang County HHs reported having safe access to an improved source of drinking water as their main source, in November and December, 2018. This was an increase from the previous season.
39%	of Ulang County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
7%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was an increase from the previous season.
6%	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	River or stream	54%	Less than 30 minutes	94%
	Borehole	46%	30 minutes to 1 hour	5%
			Between 1- 2 hours	1%
Host	River or stream	53%	Less than 30 minutes	94%
	Borehole	47%	30 minutes to 1 hour	5%
			Between 1- 2 hours	1%
IDPs	Borehole	100%	Less than 30 minutes	100%
Returnees	River or stream	100%	Less than 30 minutes	100%

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

Ulang County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

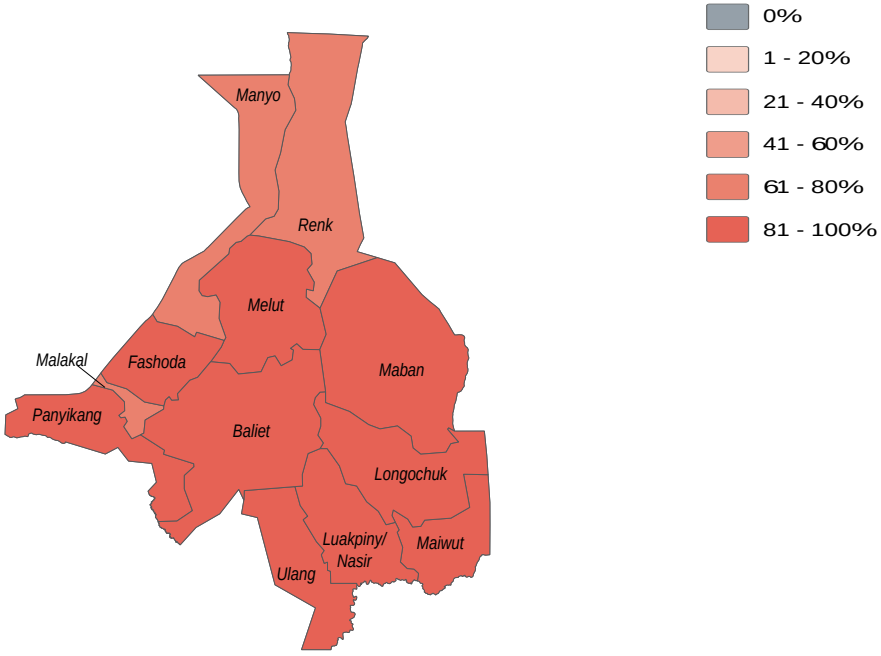
WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

4%	of Ulang 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.
1%	of Ulang County HHs reported having access to a latrine (private, shared, or communal/ institutional), in July and August, 2018.
3%	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:

Overall

In the bush	88%	In the bush	81%
In the river	6%	Left where it is	9%
Dig a hole and cover	4%	Dig a hole and cover	7%
In the latrine	3%	In the latrine	3%

Host

In the bush	89%	In the bush	82%
In the river	6%	Left where it is	9%
Dig a hole and cover	3%	Dig a hole and cover	7%
In the latrine	3%	In the latrine	3%

IDPs

Dig a hole and cover	100%	Dig a hole and cover	100%

Returnees

In the bush	100%	In the bush	50%
		Left where it is	50%

Ulang County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

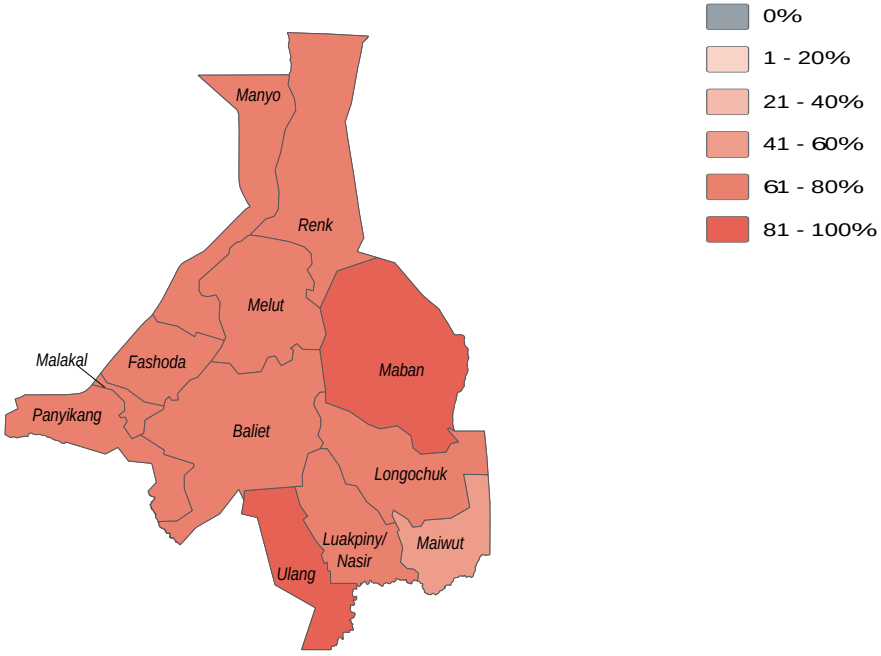
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

82%	of **Ulang County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was a decrease from the previous season.
84%	of **Ulang County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 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	Malaria	67%
	Fever	52%
	Stomach pain	27%
	Typhoid	27%
	Eye infection	13%
Host	Malaria	67%
	Fever	53%
	Stomach pain	27%
	Typhoid	25%
	Eye infection	14%
IDPs		
Returnees	Fever	100%
	Malaria	100%

Most commonly self-reported water or vector borne disease for children under 5 in the two weeks prior to data collection by percentage of households: (more than one answer was possible)

Overall	Malaria	80%
	Fever	65%
	Stomach pain	21%
	AWD	17%
	Typhoid	15%
Host	Malaria	80%
	Fever	64%
	Stomach pain	22%
	AWD	17%
	Typhoid	16%

Ulang County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

18%	of Ulang 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.
6%	of Ulang 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	 No **6%** Yes 94%	 No **72%** Yes 28%	 No **35%** Yes 65%
Host	 No **7%** Yes 93%	 No **72%** Yes 28%	 No **35%** Yes 65%
IDPs	Yes 100%	 No **100%**	 No **100%**
Returnees	Yes 100%	 No **50%** Yes 50%	Yes 100%

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.