Juba County - Water, Sanitation and Hygiene Factsheet

Central Equatoria 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.

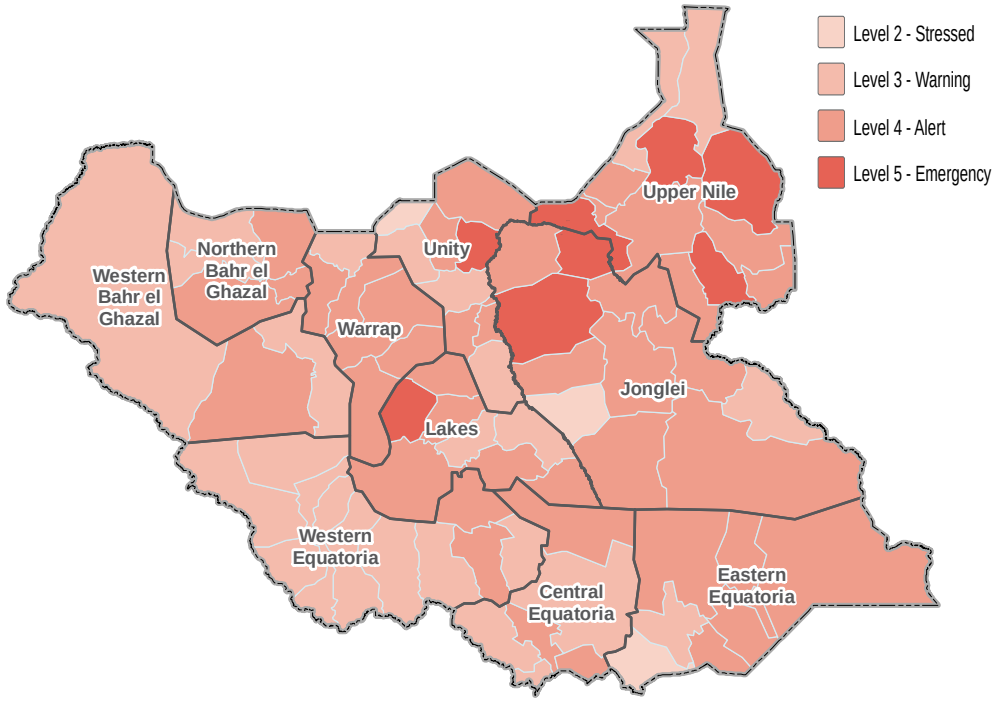
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of 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%
IDP	3%

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

Around 5 years	33%
Between 2-3 years	33%
In the last one year	33%

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	76%
Children under 5	65%
Adopted children	21%
Elderly persons	19%
Physically disabled	19%

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Juba County - Water, Sanitation and Hygiene Factsheet

Central Equatoria State, South Sudan

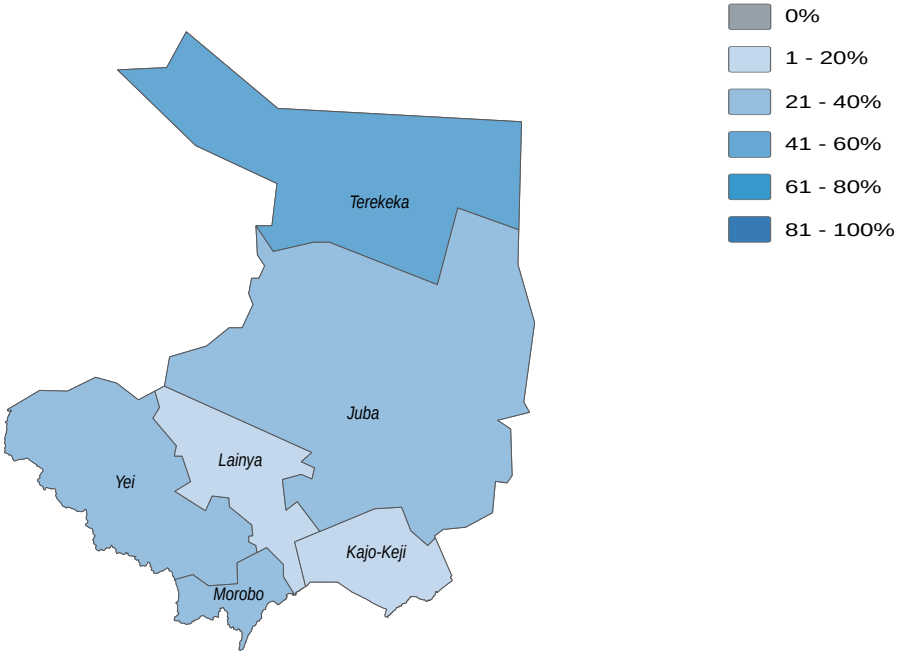
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

76%	of **Juba 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.
79%	of **Juba County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
21%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was an increase from the previous season.
13%	of HHs reported feeling unsafe while collecting water, in July and August, 2018.

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



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

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

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

Overall	Borehole	76%
	River or stream	20%
	Hand dug well	3%
	Swamp	1%
Host	Borehole	75%
	River or stream	21%
	Hand dug well	3%
	Swamp	1%
IDPs	Borehole	100%
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	50%
	30 minutes to 1 hour	28%
	Between 1- 2 hours	18%
	I don't know	2%
	More than 2 hours	2%
Host	Less than 30 minutes	49%
	30 minutes to 1 hour	29%
	Between 1- 2 hours	18%
	I don't know	2%
	More than 2 hours	2%
IDPs	Less than 30 minutes	67%
	Between 1- 2 hours	33%
Returnees		

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WASH Cluster
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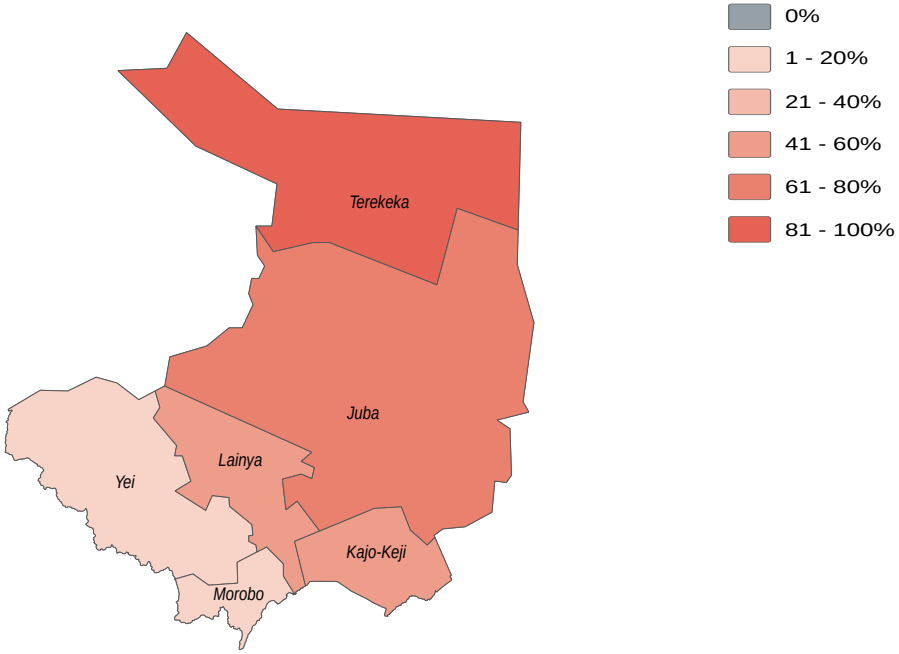
November/December2018

Sanitation

22%	of **Juba 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.
19%	of **Juba County** HHs reported having access to a latrine (private, shared, or communal/ institutional), in July and August, 2018.
18%	of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was an increase from the previous season.
15%	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	82%
In the latrine	18%

Dig a hole and cover	57%
In the bush	24%
In the latrine	15%
No answer	2%
In the river	1%

Host

In the bush	83%
In the latrine	17%

Dig a hole and cover	58%
In the bush	25%
In the latrine	14%
No answer	2%
In the river	1%

IDPs

In the latrine	67%
In the bush	33%

In the latrine	67%
Dig a hole and cover	33%

Returnees

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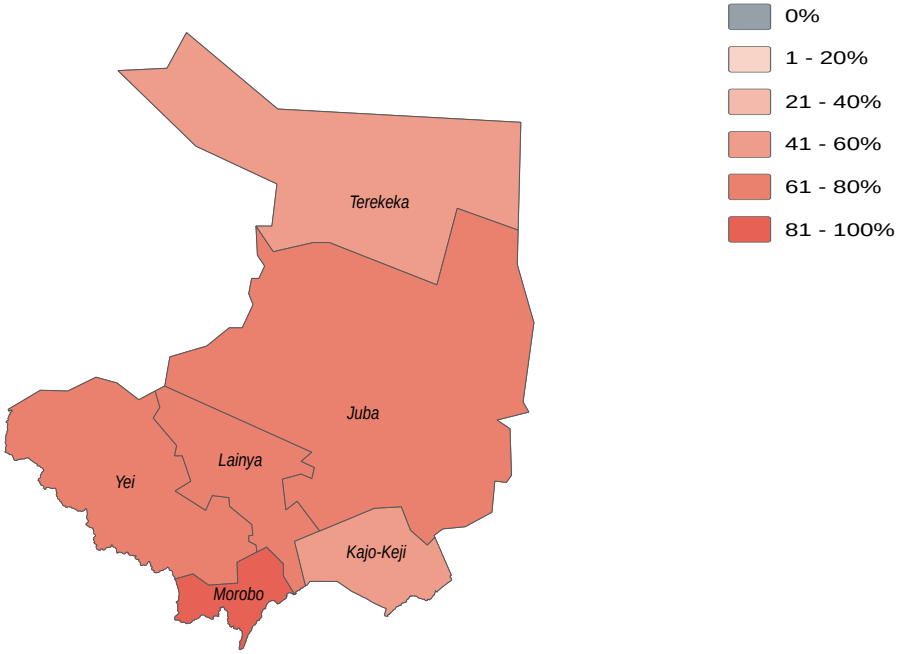
Health

61%	of Juba 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.
74%	of Juba 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	65%
	Typhoid	32%
	Stomach pain	23%
	No answer	13%
	Fever	10%
Host	Malaria	69%
	Typhoid	34%
	Stomach pain	21%
	Fever	10%
	Flu	10%
IDPs	No answer	50%
	Stomach pain	50%
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	87%
	Fever	36%
	Typhoid	28%
	AWD	18%
	Flu	13%
Host	Malaria	87%
	Fever	37%
	Typhoid	29%
	AWD	18%
	Flu	13%
IDPs	Malaria	100%
Returnees		

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NFI WASH NFIs

17%	of **Juba 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.
29%	of **Juba 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 **47%** Yes 53%	No **50%** Yes 50%	No **54%** Yes 46%
Host	No **47%** Yes 53%	No **51%** Yes 49%	No **55%** Yes 45%
IDPs	No **33%** Yes 67%	No **33%** Yes 67%	No **33%** Yes 67%
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.

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Kajo-Keji County - Water, Sanitation and Hygiene Factsheet

Central Equatoria 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.

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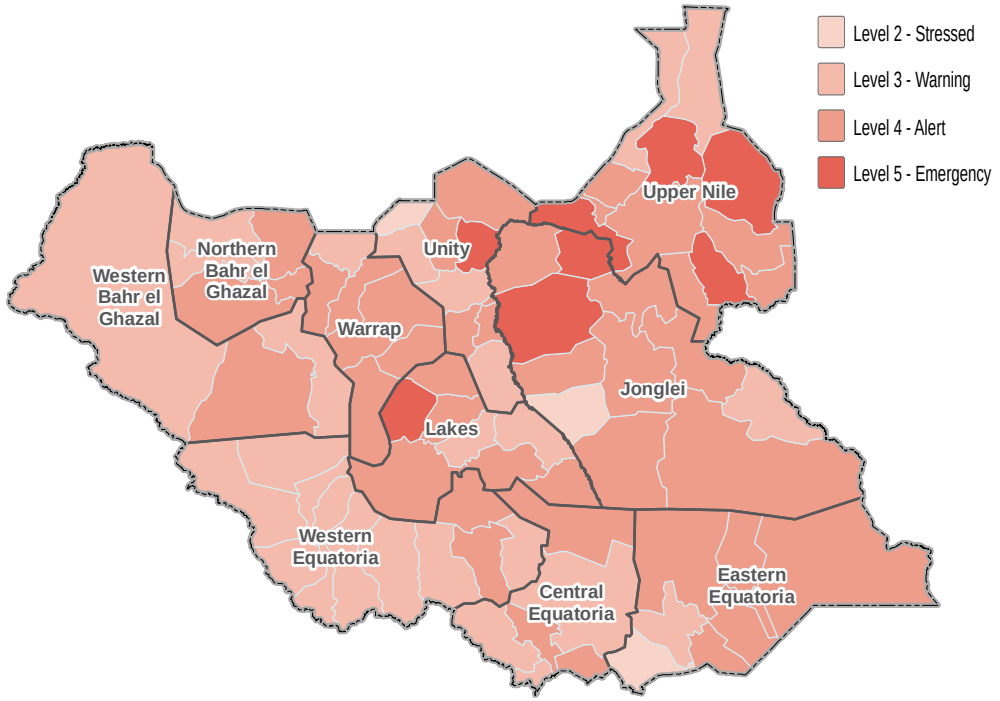
FSNMS Assessment Coverage

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	73%
IDP	26%
Returnee	1%

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

In the last one year	57%
Between 2-3 years	43%

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)

Female headed	47%
Elderly persons	31%
Children under 5	13%
Mentally disabled	8%
Physically disabled	8%

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Kajo-Keji County - Water, Sanitation and Hygiene Factsheet

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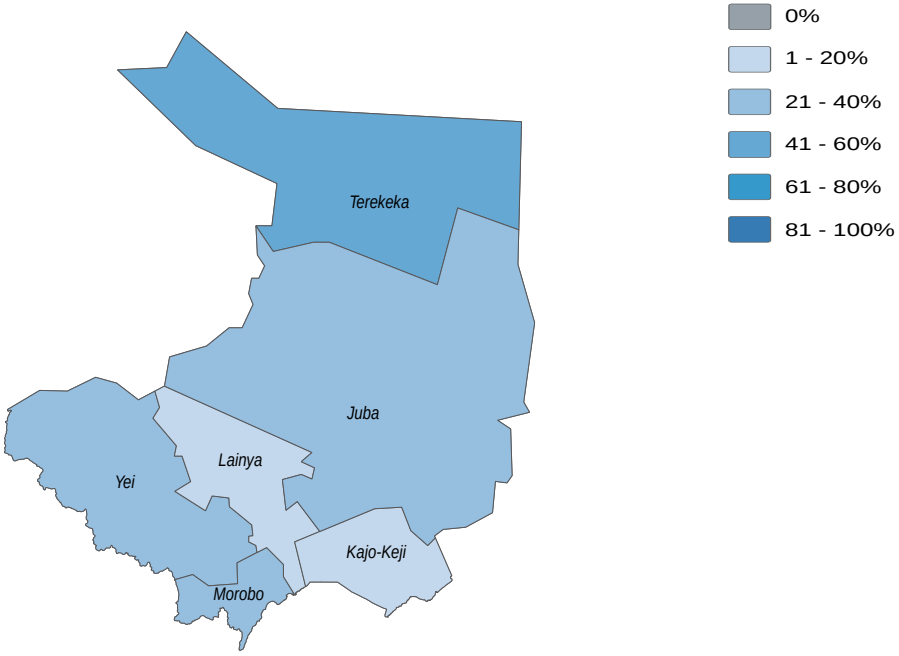
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

33%	of Kajo-Keji 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.
19%	of Kajo-Keji County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
18%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was a decrease from the previous season.
43%	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	31%	Less than 30 minutes	56%
	Hand dug well	27%	30 minutes to 1 hour	27%
	River or stream	22%	Between 1- 2 hours	17%
	Swamp	9%		
	Unprotected well	8%		
Host	Borehole	39%	Less than 30 minutes	52%
	River or stream	23%	30 minutes to 1 hour	33%
	Hand dug well	22%	Between 1- 2 hours	15%
	Swamp	10%		
	Unprotected well	5%		
IDPs	Hand dug well	43%	Less than 30 minutes	68%
	River or stream	21%	Between 1- 2 hours	21%
	Unprotected well	18%	30 minutes to 1 hour	11%
	Borehole	7%		
	Swamp	7%		
Returnees	Borehole	100%	Less than 30 minutes	100%

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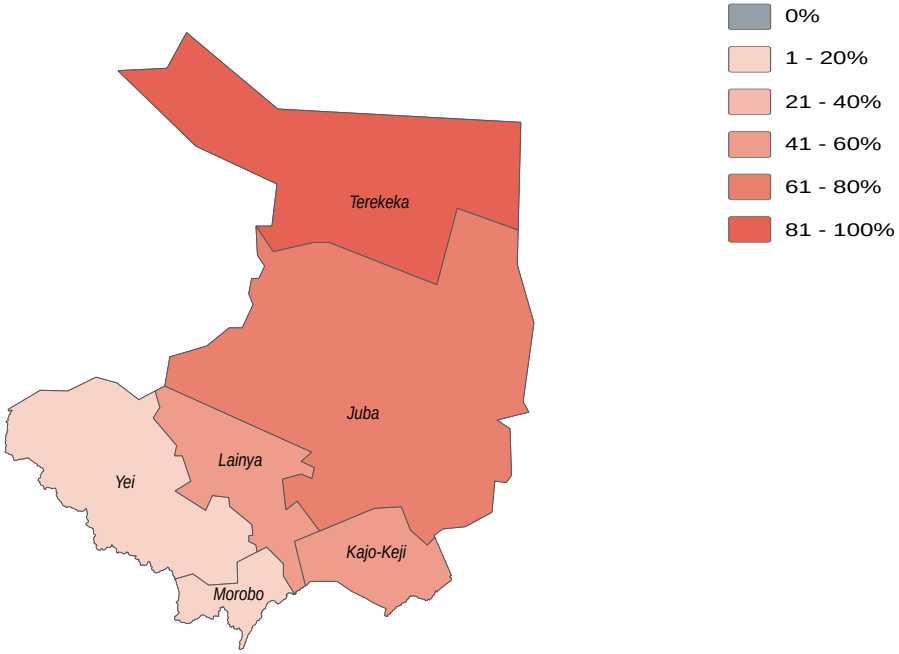
Sanitation

49%	of Kajo-Keji 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.
44%	of Kajo-Keji County HHs reported having access to a latrine (private, shared, or communal/ institutional), in July and August, 2018.
44%	of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was the same as the previous season.
44%	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	47%	In the latrine	42%
In the latrine	44%	In the bush	40%
Dig a hole and cover	6%	Dig a hole and cover	14%
No answer	2%	No answer	4%

Host

In the latrine	51%	In the latrine	49%
In the bush	41%	In the bush	36%
Dig a hole and cover	8%	Dig a hole and cover	12%
No answer	1%	No answer	3%

IDPs

In the bush	64%	In the bush	52%
In the latrine	29%	In the latrine	24%
Dig a hole and cover	4%	Dig a hole and cover	16%
No answer	4%	No answer	8%

Returnees

In the bush	100%	Dig a hole and cover	100%

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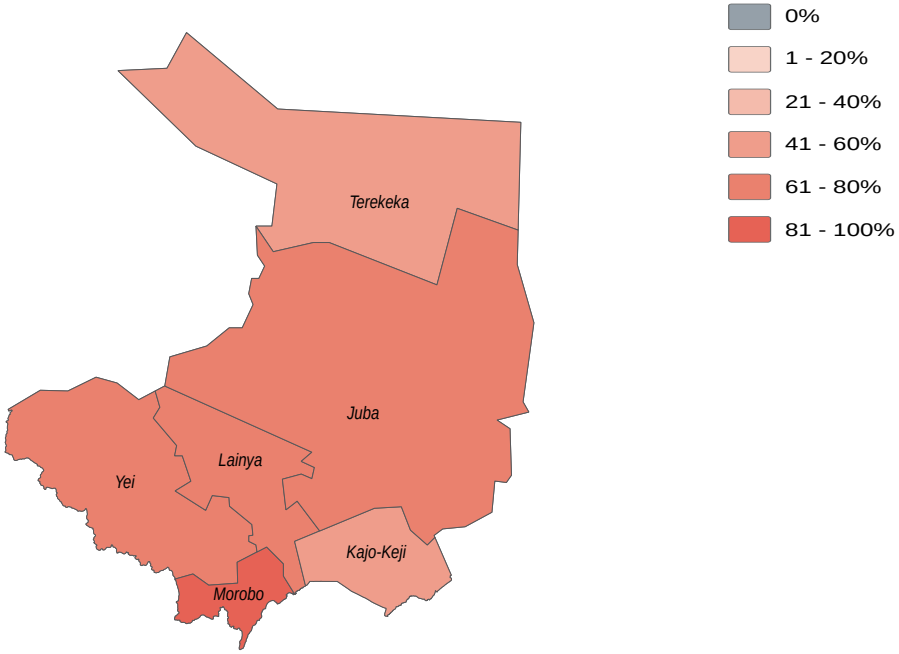
Health

44%	of Kajo-Keji 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.
56%	of Kajo-Keji 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	58%
	Stomach pain	20%
	Typhoid	20%
	Fever	10%
	Cholera	3%
Host	Malaria	56%
	Stomach pain	22%
	Typhoid	22%
	Fever	11%
	Cholera	4%
IDPs	Malaria	62%
	Stomach pain	15%
	Typhoid	15%
	Fever	8%
	Flu	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)

Overall	Malaria	77%
	Others	46%
	Stomach pain	23%
	AWD	15%
	Fever	15%
Host	Malaria	60%
	Stomach pain	60%
	Others	40%
	Fever	20%
	Flu	20%
IDPs	Malaria	88%
	Others	50%
	AWD	25%
	Fever	13%
	Flu	13%
Returnees		

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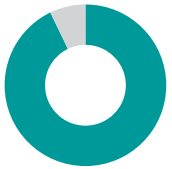
NFI WASH NFIs

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

	Ownership of a bucket or a jerrycan with a lid by percentage of households:	Ownership of soap by percentage of households:	Every member of the household sleeps under a mosquito net by percentage of households:
Overall	No **25%** Yes 75%	No **76%** Yes 24%	No **63%** Yes 37%
Host	No **24%** Yes 76%	No **71%** Yes 29%	No **58%** Yes 42%
IDPs	No **29%** Yes 71%	 No **93%** Yes 7%	No **79%** Yes 21%
Returnees	Yes 100%	Yes 100%	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.

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Lainya County - Water, Sanitation and Hygiene Factsheet

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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.

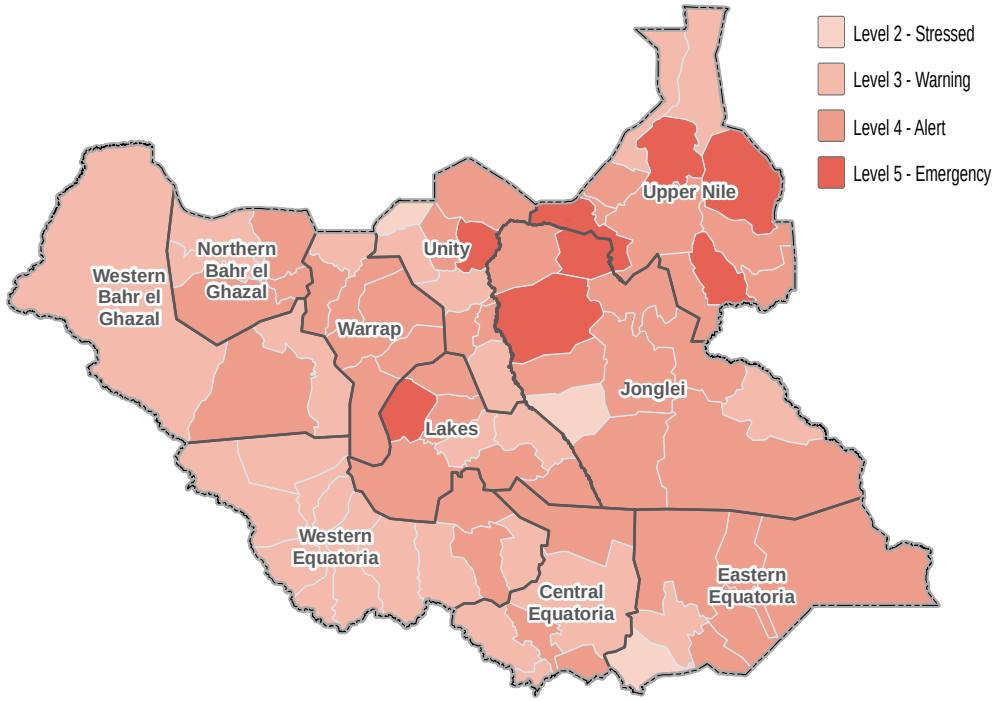
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of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

Partial coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

Host community	74%
Returnee	21%
IDP	4%

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

In the last one year	75%
More than 5 years	25%

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

In the last one year	65%
Between 2 -3 years	35%

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

Children under 5	65%
Female headed	51%
Adopted children	27%
Elderly persons	24%
Mentally disabled	18%

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Lainya County - Water, Sanitation and Hygiene Factsheet

Central Equatoria State, South Sudan

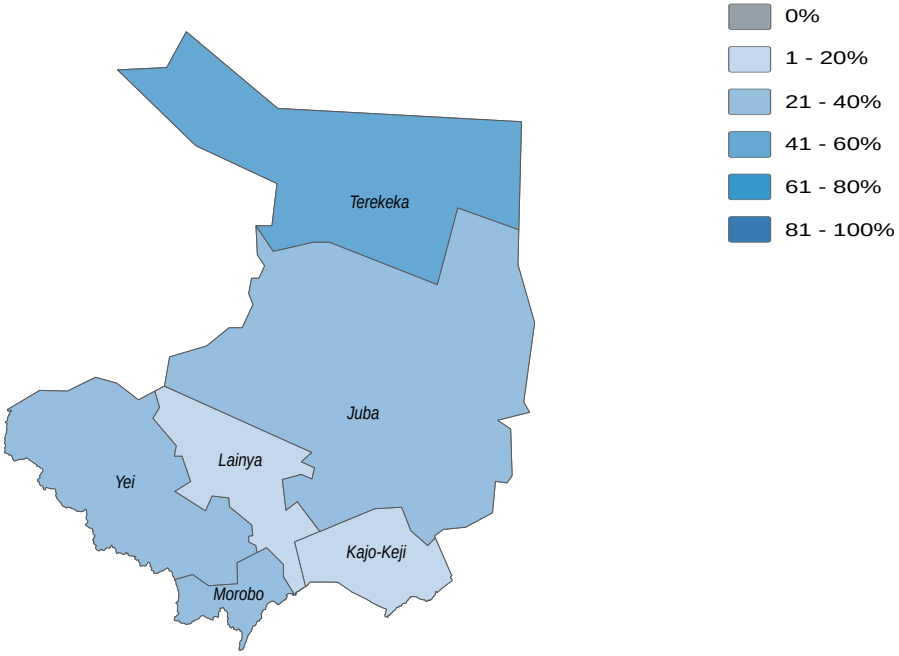
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

61%	of Lainya County HHs reported having safe access to an improved source of drinking water as their main source, in November and December, 2018. This was incomparable to the previous season.
N/A	of Lainya County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
14%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was incomparable to the previous season.
N/A	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	57%	30 minutes to 1 hour	51%
River or stream	34%	Between 1- 2 hours	28%
Unprotected well	5%	Less than 30 minutes	21%
Tap stand	3%		

Host

Borehole	56%	30 minutes to 1 hour	41%
River or stream	33%	Between 1- 2 hours	30%
Unprotected well	7%	Less than 30 minutes	29%
Tap stand	4%		

IDPs

Borehole	50%	Between 1- 2 hours	75%
River or stream	50%	30 minutes to 1 hour	25%

Returnees

Borehole	65%	30 minutes to 1 hour	90%
River or stream	35%	Between 1- 2 hours	10%

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Lainya County - Water, Sanitation and Hygiene Factsheet

Central Equatoria State, South Sudan

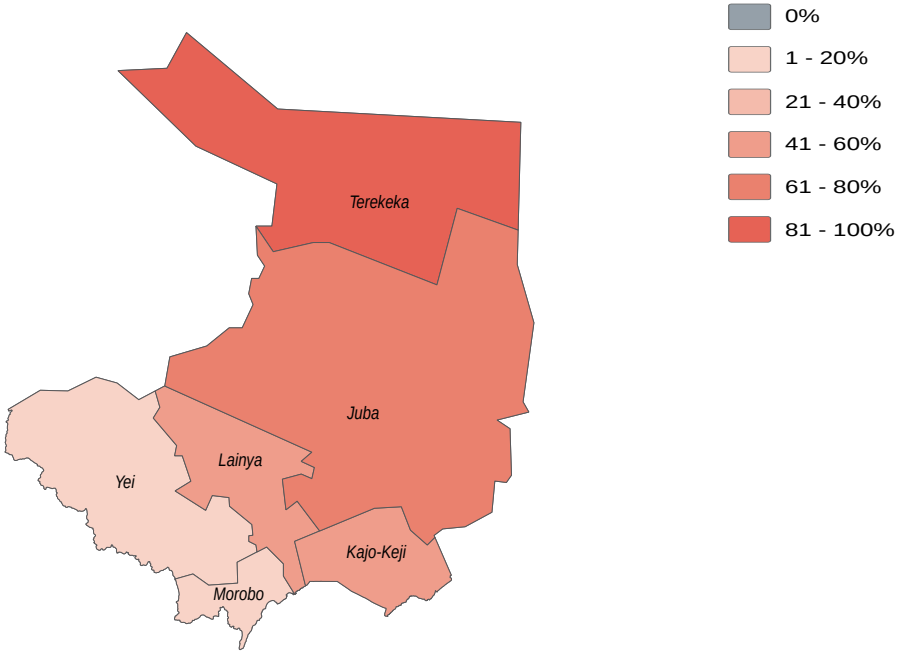
WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

43%	of Lainya County HHs reported having access to a latrine (private, shared, or communal/ institutional), in November and December, 2018. This was incomparable to the previous season.
N/A	of Lainya 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 incomparable to the previous season.
N/A	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	%	Most commonly reported excreta disposal methods for children under five	%
Overall	In the bush	61%	In the bush	43%
	In the latrine	30%	In the latrine	37%
	Dig a hole and cover	10%	Dig a hole and cover	16%
			No answer	4%
Host	In the bush	60%	In the latrine	40%
	In the latrine	33%	In the bush	37%
	Dig a hole and cover	7%	Dig a hole and cover	19%
			No answer	4%
IDPs	Dig a hole and cover	50%	Dig a hole and cover	50%
	In the bush	25%	In the bush	25%
	In the latrine	25%	In the latrine	25%
Returnees	In the bush	70%	In the bush	65%
	In the latrine	20%	In the latrine	30%
	Dig a hole and cover	10%	No answer	5%

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Lainya County - Water, Sanitation and Hygiene Factsheet

Central Equatoria State, South Sudan

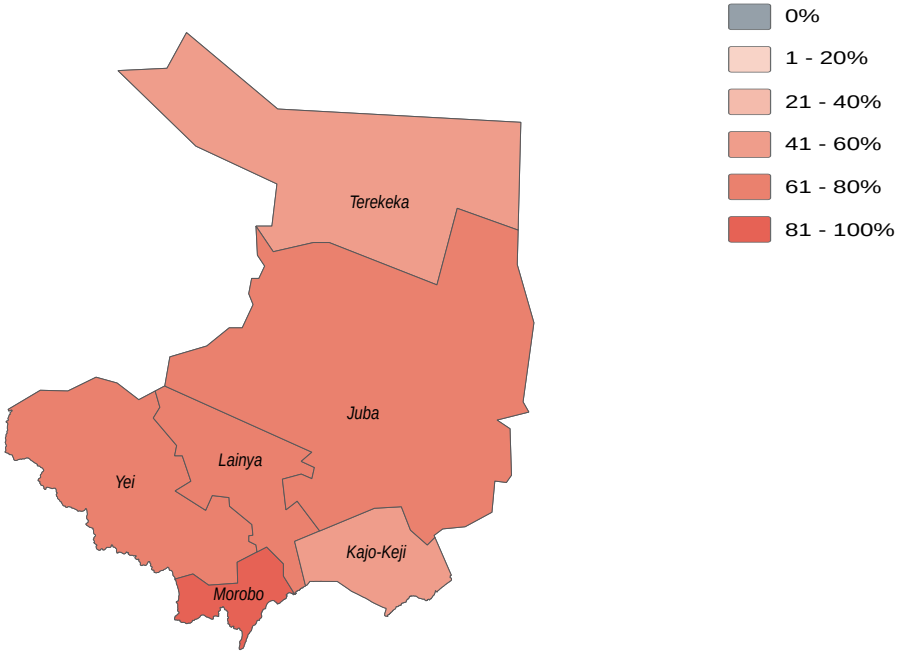
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

67%	of Lainya 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 incomparable to the previous season.
N/A	of Lainya 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 incomparable to the previous season.
N/A	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	51%
	Stomach pain	33%
	Typhoid	33%
	Fever	7%
	AWD	5%
Host	Malaria	57%
	Typhoid	33%
	Stomach pain	20%
	AWD	7%
	Fever	7%
IDPs	Malaria	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	Malaria	74%
	Stomach pain	32%
	Fever	26%
	Flu	21%
	Typhoid	21%
Host	Malaria	76%
	Stomach pain	34%
	Fever	28%
	Flu	24%
	Typhoid	21%
IDPs	Malaria	100%
	Fever	50%
Returnees		

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Lainya County - Water, Sanitation and Hygiene Factsheet

Central Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

5%	of Lainya 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 incomparable to the previous season.
N/A	of Lainya 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 incomparable to the previous season.
N/A	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 **13%** Yes 87%		No **40%** Yes 60%		No **83%** Yes 17%
Host		No **16%** Yes 84%		No **53%** Yes 47%		No **80%** Yes 20%
IDPs		Yes 100%		Yes 100%		No **100%**
Returnees		No **5%** Yes 95%		No **5%** Yes 95%		No **90%** Yes 10%

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

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Morobo County - Water, Sanitation and Hygiene Factsheet

Central Equatoria 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.

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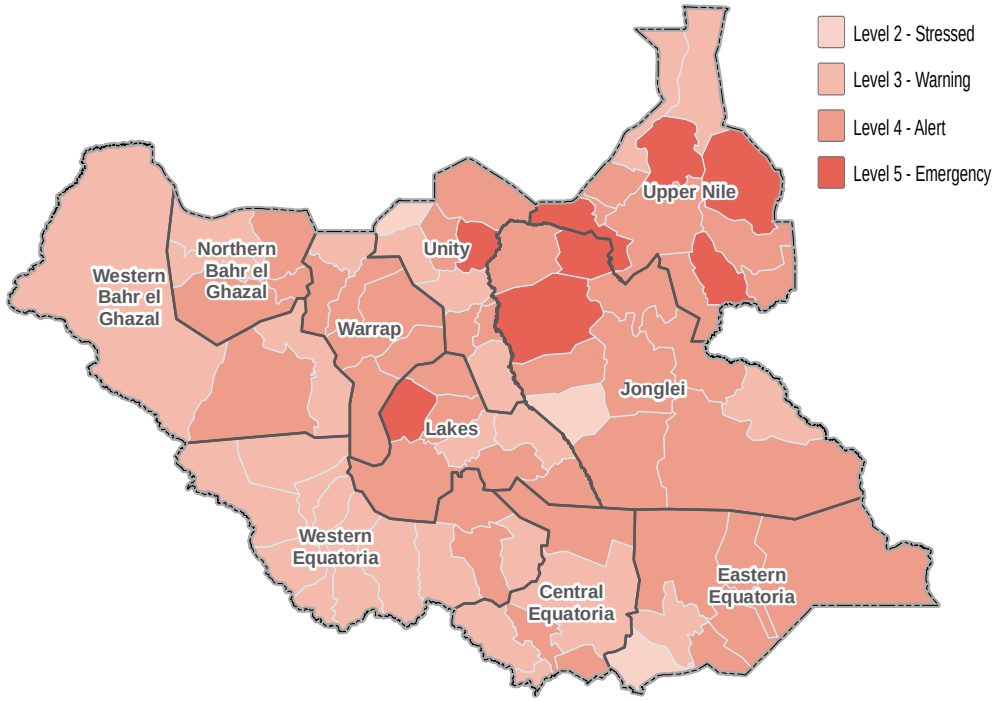
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of 2018). FSNMS is a seasonal countrywide assessment conducted, funded and run by the World Food Programme, UNICEF, and the Food and Agriculture Organization, and supported by REACH in Round 22. FSNMS, established in 2010, is a representative survey that employs two-stage cluster sampling, using a state based sample size and cluster determination. In each county, access permitting, 9 clusters were selected and 12 households interviewed per cluster.

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

FSNMS Assessment Coverage

Partial coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

Host community	90%
Returnee	6%
IDP	4%

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

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

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

In the last one year	100%

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

Female headed	79%
Children under 5	75%
Adopted children	25%
Elderly persons	17%
Mentally disabled	14%

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Morobo County - Water, Sanitation and Hygiene Factsheet

Central Equatoria State, South Sudan

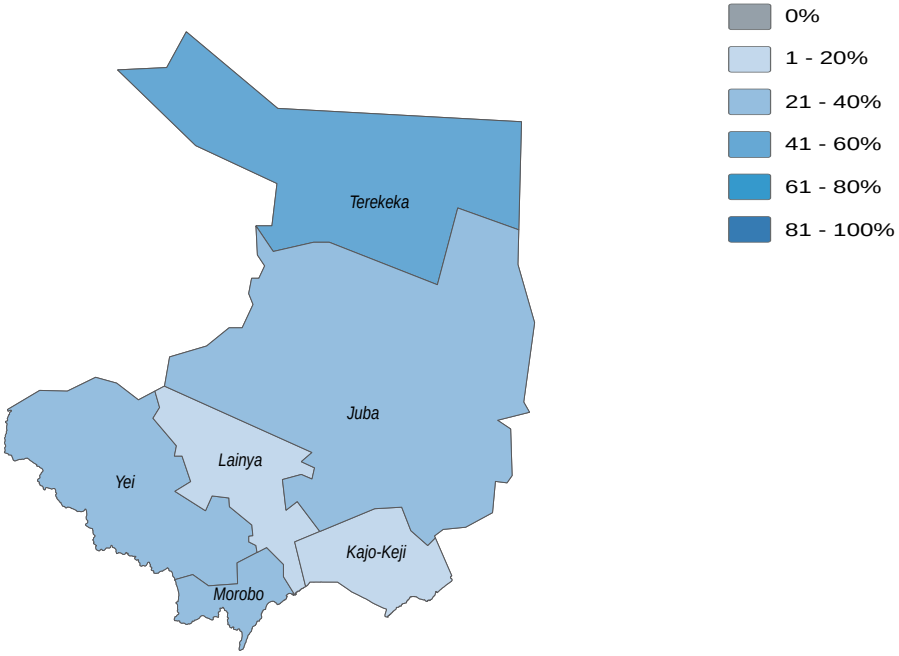
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

50%	of Morobo County HHs reported having safe access to an improved source of drinking water as their main source, in November and December, 2018. This was incomparable to the previous season.
N/A	of Morobo County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
3%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was incomparable to the previous season.
N/A	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	Borehole	28%
	Hand dug well	22%
	Tap stand	22%
	Unprotected well	18%
	River or stream	8%
Host	Borehole	26%
	Hand dug well	23%
	Tap stand	22%
	Unprotected well	20%
	River or stream	8%
IDPs	Borehole	33%
	Hand dug well	33%
	River or stream	33%
Returnees	Borehole	50%
	Tap stand	50%

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	49%
	30 minutes to 1 hour	36%
	Between 1- 2 hours	15%
Host	Less than 30 minutes	51%
	30 minutes to 1 hour	34%
	Between 1- 2 hours	15%
IDPs	30 minutes to 1 hour	33%
	Between 1- 2 hours	33%
	Less than 30 minutes	33%
Returnees	30 minutes to 1 hour	75%
	Less than 30 minutes	25%

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Morobo County - Water, Sanitation and Hygiene Factsheet

Central Equatoria State, South Sudan

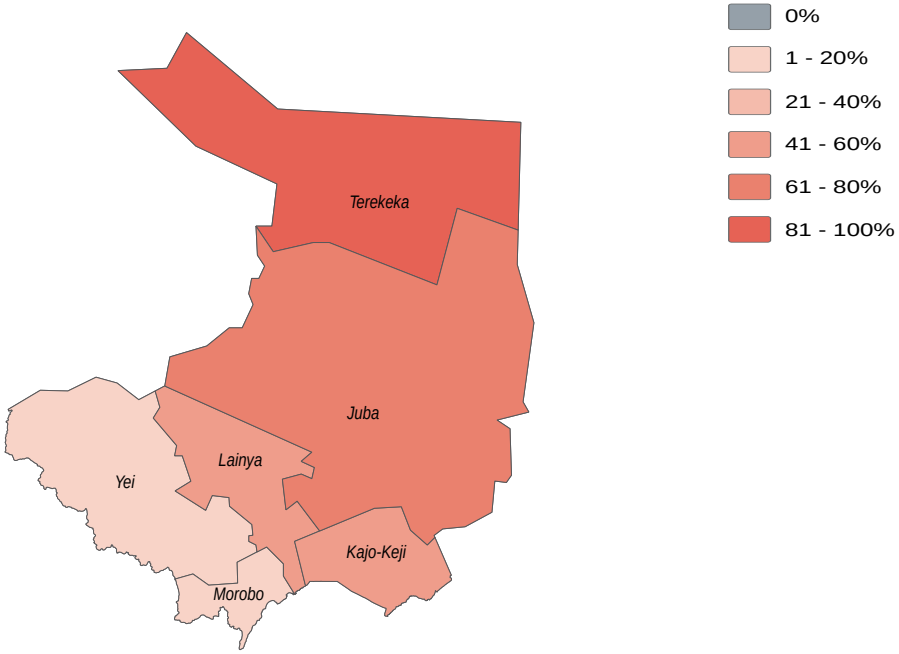
WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

89%	of **Morobo County** HHs reported having access to a latrine (private, shared, or communal/ institutional), in November and December, 2018. This was incomparable to the previous season.
N/A	of **Morobo County** HHs reported having access to a latrine (private, shared, or communal/ institutional), in July and August, 2018.
83%	of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was incomparable to the previous season.
N/A	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 latrine	83%	In the latrine	79%
	In the bush	14%	Dig a hole and cover	11%
	Dig a hole and cover	3%	In the bush	10%
Host	In the latrine	85%	In the latrine	80%
	In the bush	14%	Dig a hole and cover	12%
	Dig a hole and cover	2%	In the bush	8%
IDPs	In the latrine	67%	In the bush	50%
	In the bush	33%	In the latrine	50%
Returnees	In the latrine	75%	In the latrine	75%
	Dig a hole and cover	25%	In the bush	25%

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Morobo County - Water, Sanitation and Hygiene Factsheet

Central Equatoria State, South Sudan

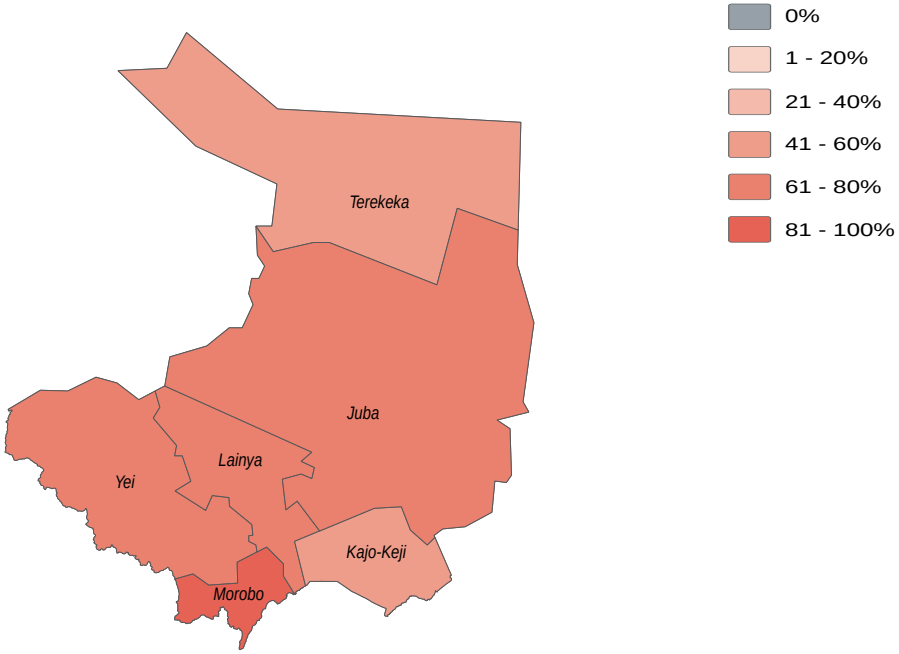
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

81%	of **Morobo 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 incomparable to the previous season.
N/A	of **Morobo 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 incomparable to the previous season.
N/A	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	68%
	Fever	41%
	Typhoid	38%
	Flu	30%
	Stomach pain	27%
Host	Malaria	67%
	Fever	39%
	Typhoid	36%
	Flu	28%
	Stomach pain	25%
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	91%
	Fever	57%
	Flu	43%
	Stomach pain	21%
	Typhoid	15%
Host	Malaria	93%
	Fever	58%
	Flu	42%
	Stomach pain	23%
	Typhoid	16%
IDPs	Fever	100%
	Flu	100%
Returnees		

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Morobo County - Water, Sanitation and Hygiene Factsheet

Central Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

6%	of **Morobo 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 incomparable to the previous season.
N/A	of **Morobo 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 incomparable to the previous season.
N/A	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 **18%** Yes 82%	No **68%** Yes 32%
Host	No **5%** Yes 95%	No **18%** Yes 82%	No **69%** Yes 31%
IDPs	Yes 100%	Yes 100%	No **100%**
Returnees	Yes 100%	No **25%** Yes 75%	No **25%** Yes 75%

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.

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Terekeka County - Water, Sanitation and Hygiene Factsheet

Central Equatoria 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.

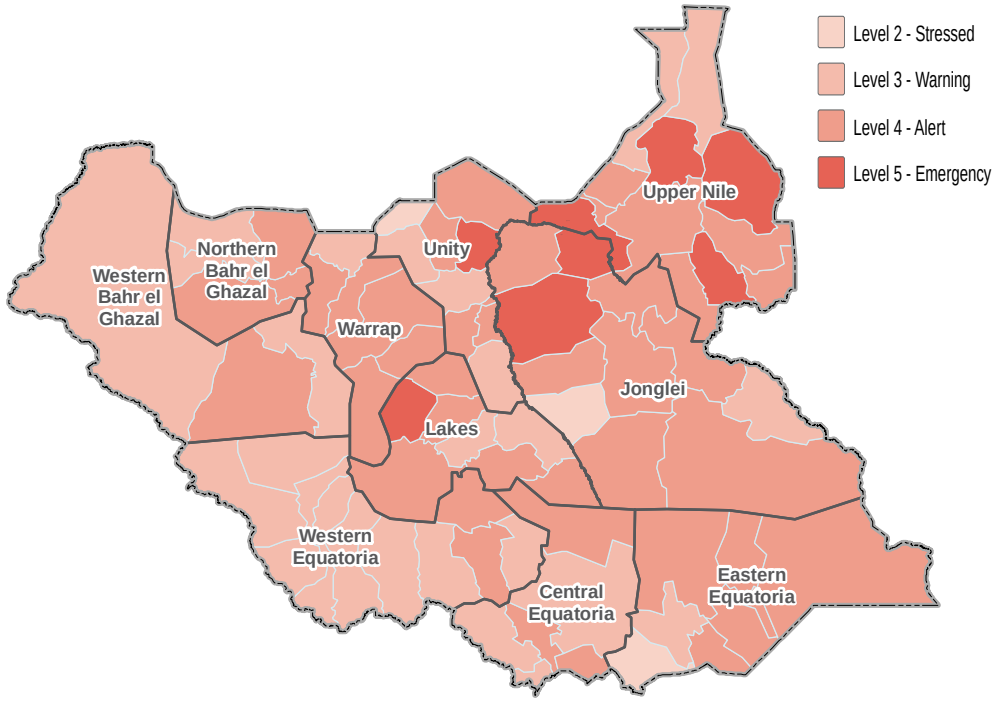
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of 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	98%
IDP	2%

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:

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

Female headed	87%
Children under 5	61%
Elderly persons	16%
Chronically ill	12%
Mentally disabled	6%

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Terekeka County - Water, Sanitation and Hygiene Factsheet

Central Equatoria State, South Sudan

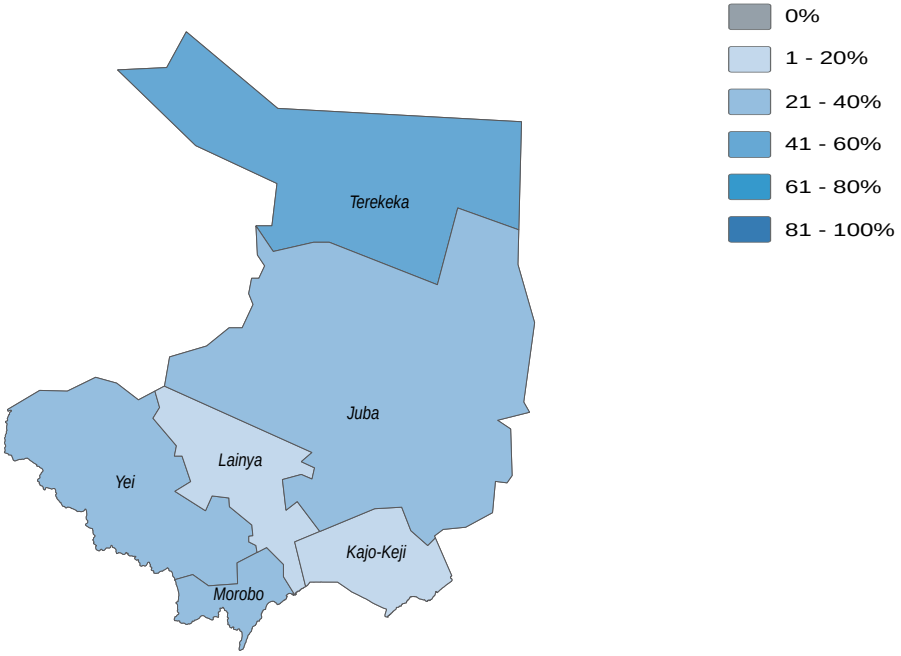
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

64%	of Terekeka 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.
54%	of Terekeka County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
8%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was a decrease from the previous season.
25%	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:

Borehole	64%
River or stream	25%
Unprotected well	7%
Hand dug well	4%
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%
30 minutes to 1 hour	29%
Between 1- 2 hours	5%
More than 2 hours	1%

Host

Borehole	64%
River or stream	25%
Unprotected well	7%
Hand dug well	4%

Less than 30 minutes	66%
30 minutes to 1 hour	28%
Between 1- 2 hours	5%
More than 2 hours	1%

IDPs

Borehole	50%
Swamp	50%

30 minutes to 1 hour	100%

Returnees

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Terekeka County - Water, Sanitation and Hygiene Factsheet

Central Equatoria State, South Sudan

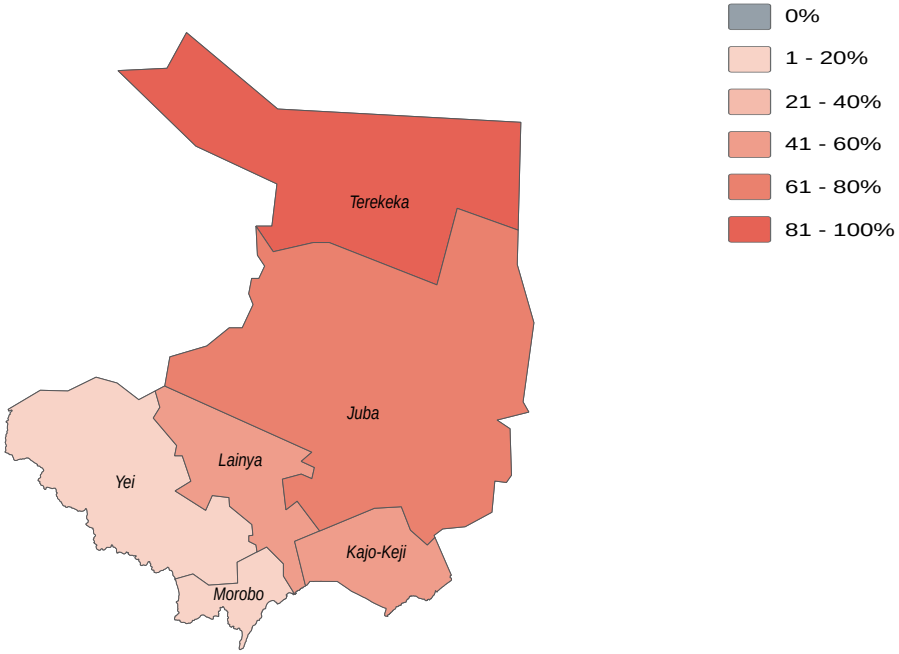
WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

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

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



Most commonly reported defecation location by percentage of households:

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

Overall

In the bush	79%
In the river	19%
In the latrine	1%
No answer	1%

Dig a hole and cover	48%
In the bush	44%
No answer	7%
Left where it is	1%

Host

In the bush	81%
In the river	17%
In the latrine	1%
No answer	1%

Dig a hole and cover	48%
In the bush	45%
No answer	8%

IDPs

In the river	100%

Dig a hole and cover	50%
Left where it is	50%

Returnees

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Terekeka County - Water, Sanitation and Hygiene Factsheet

Central Equatoria State, South Sudan

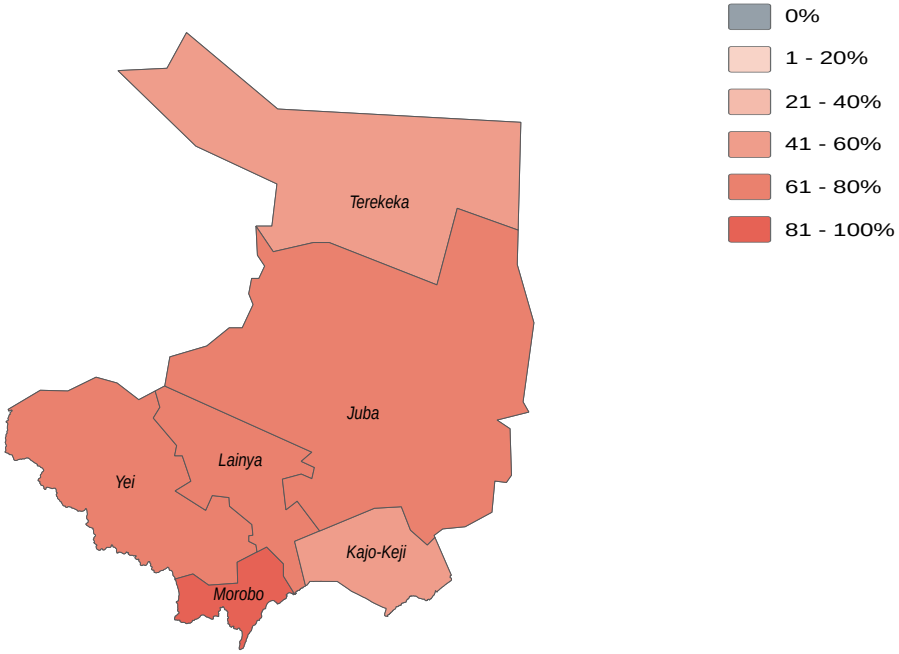
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

53%	of Terekeka 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 Terekeka 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	42%
	Typhoid	33%
	Stomach pain	25%
	AWD	8%
	Flu	8%
Host	Malaria	42%
	Typhoid	33%
	Stomach pain	25%
	AWD	8%
	Flu	8%
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	39%
	Typhoid	37%
	Flu	27%
	Stomach pain	27%
Host	Malaria	73%
	Fever	37%
	Typhoid	37%
	Flu	29%
	Stomach pain	29%
IDPs	Fever	100%
	Malaria	50%
	Skin infection	50%
	Typhoid	50%
Returnees		

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Terekeka County - Water, Sanitation and Hygiene Factsheet

Central Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

3%	of Terekeka 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.
15%	of Terekeka 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 **56%** Yes 44%	No **58%** Yes 42%	No **86%** Yes 14%
Host	No **57%** Yes 43%	No **58%** Yes 42%	No **86%** Yes 14%
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

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Yei County - Water, Sanitation and Hygiene Factsheet

Central Equatoria 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.

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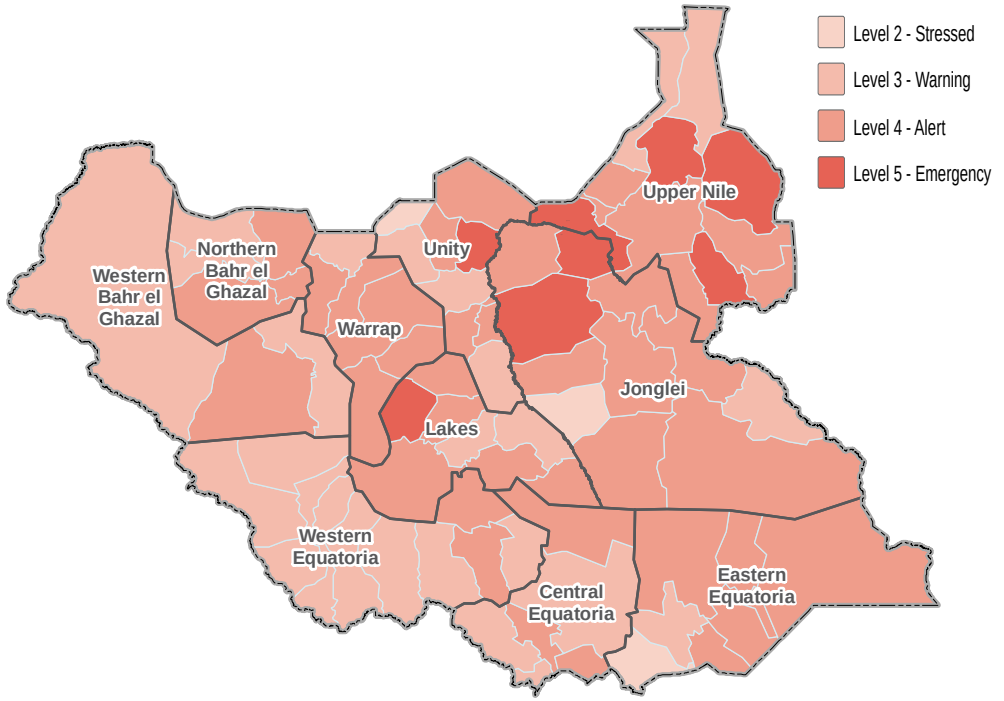
FSNMS Assessment Coverage

Partial coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

IDP	73%
Host community	27%

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

In the last one year	78%
Between 2-3 years	23%

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	71%
Female headed	53%
Elderly persons	31%
Adopted children	29%
Chronically ill	24%

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Yei County - Water, Sanitation and Hygiene Factsheet

Central Equatoria State, South Sudan

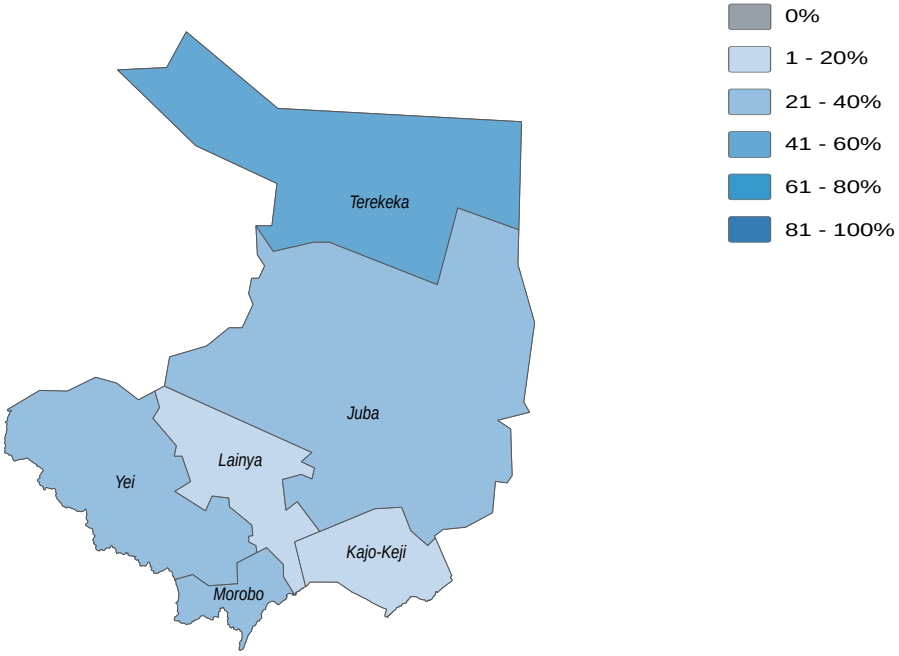
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

71%	of Yei County HHs reported having safe access to an improved source of drinking water as their main source, in November and December, 2018. This was incomparable to the previous season.
N/A	of Yei County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
18%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was incomparable to the previous season.
N/A	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	56%	Less than 30 minutes	56%
Tap stand	15%	30 minutes to 1 hour	22%
River or stream	9%	Between 1- 2 hours	22%
Swamp	9%		
Unprotected well	7%		

Host

Borehole	73%	Less than 30 minutes	67%
Unprotected well	13%	Between 1- 2 hours	20%
Swamp	7%	30 minutes to 1 hour	13%
Tap stand	7%		

IDPs

Borehole	50%	Less than 30 minutes	53%
Tap stand	18%	30 minutes to 1 hour	25%
River or stream	13%	Between 1- 2 hours	23%
Swamp	10%		
Hand dug well	5%		

Returnees

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Yei County - Water, Sanitation and Hygiene Factsheet

Central Equatoria State, South Sudan

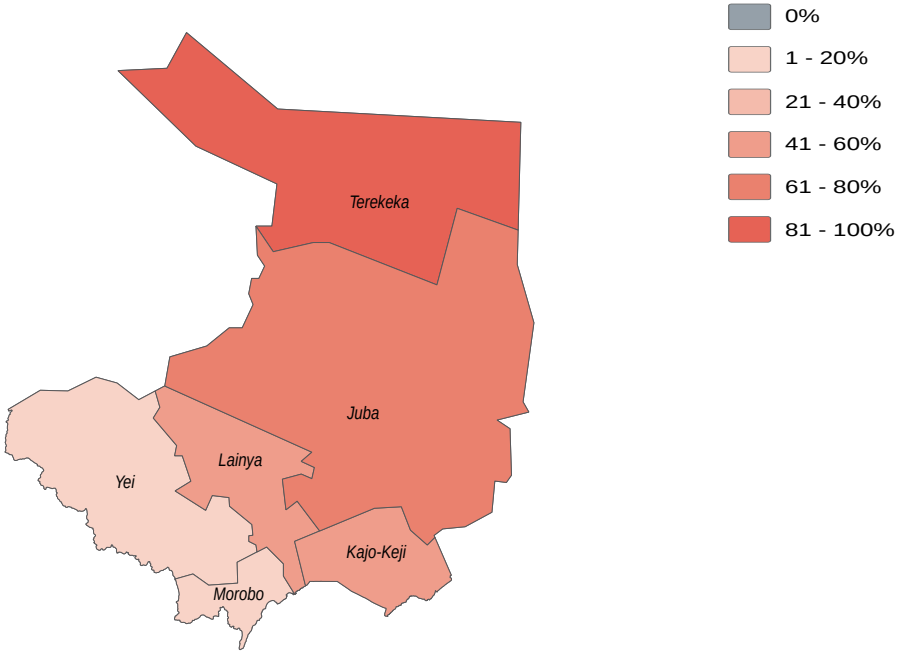
WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

96%	of Yei County HHs reported having access to a latrine (private, shared, or communal/ institutional), in November and December, 2018. This was incomparable to the previous season.
N/A	of Yei County HHs reported having access to a latrine (private, shared, or communal/ institutional), in July and August, 2018.
85%	of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was incomparable to the previous season.
N/A	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 latrine	85%
In the bush	13%
Dig a hole and cover	2%

In the latrine	84%
Dig a hole and cover	7%
In the bush	5%
No answer	4%

Host

In the latrine	93%
In the bush	7%

In the latrine	87%
Dig a hole and cover	7%
No answer	7%

IDPs

In the latrine	83%
In the bush	15%
Dig a hole and cover	3%

In the latrine	83%
Dig a hole and cover	8%
In the bush	8%
No answer	3%

Returnees

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Yei County - Water, Sanitation and Hygiene Factsheet

Central Equatoria State, South Sudan

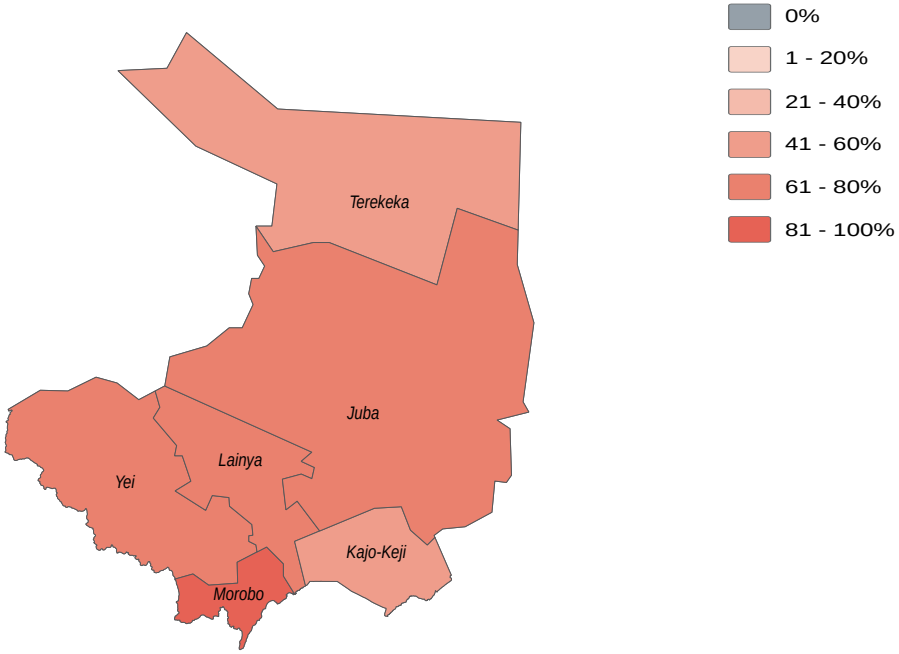
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

80%	of Yei 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 incomparable to the previous season.
N/A	of Yei 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 incomparable to the previous season.
N/A	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	81%
	Typhoid	43%
	Stomach pain	38%
	Fever	33%
	AWD	19%
Host	Malaria	86%
	Stomach pain	71%
	AWD	43%
	Typhoid	43%
	Fever	29%
IDPs	Malaria	79%
	Typhoid	43%
	Fever	36%
	Stomach pain	21%
	Eye infection	14%
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	91%
	Fever	33%
	Flu	30%
	Stomach pain	24%
	Others	18%
Host	Malaria	78%
	Others	33%
	AWD	22%
	Flu	22%
	Stomach pain	22%
IDPs	Malaria	96%
	Fever	42%
	Flu	33%
	Stomach pain	25%
	Others	13%
Returnees		

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Yei County - Water, Sanitation and Hygiene Factsheet

Central Equatoria State, South Sudan

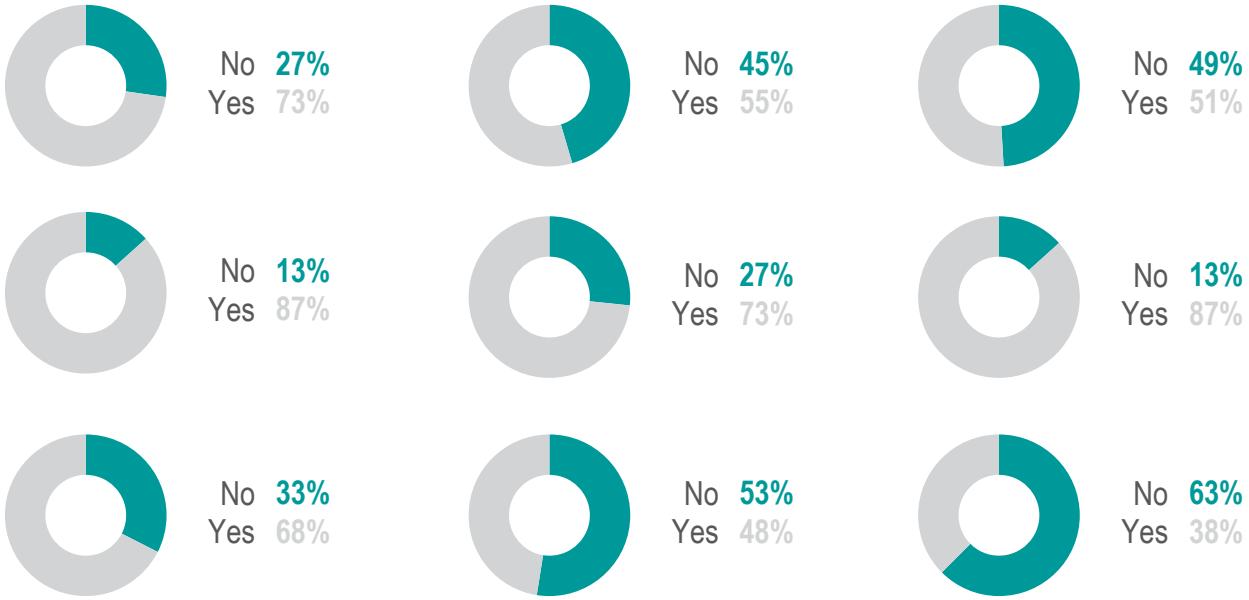
WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

20%	of Yei 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 incomparable to the previous season.
N/A	of Yei 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 incomparable to the previous season.
N/A	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.

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Budi County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria 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.

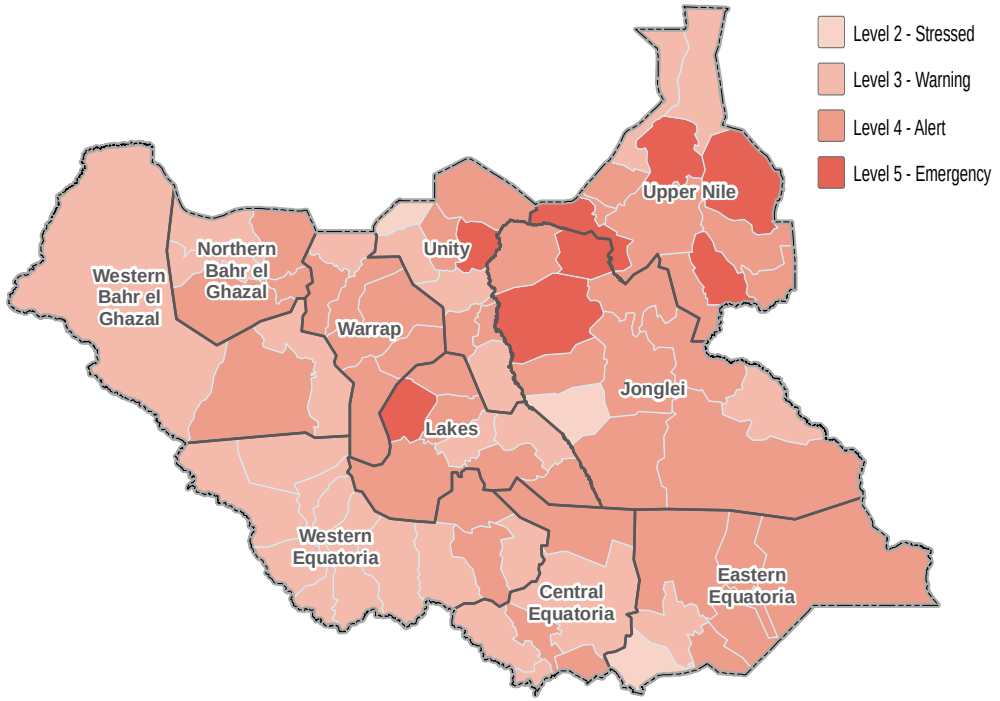
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of 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	98%
Returnee	2%

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

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

In the last one year	100%

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

Children under 5	74%
Female headed	65%
Adopted children	23%
Elderly persons	20%
Physically disabled	8%

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Budi County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

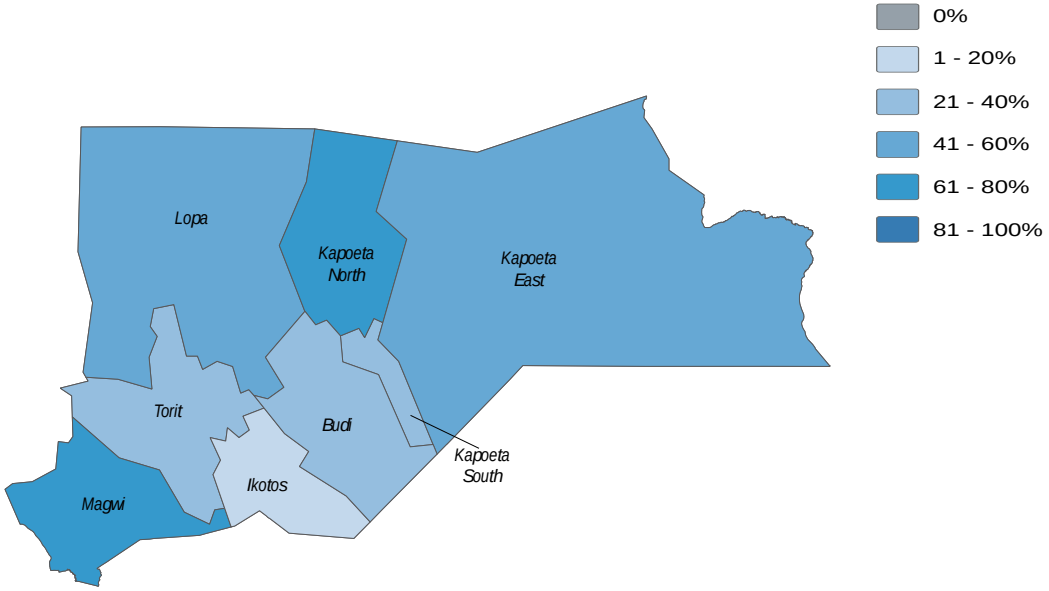
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

65%	of **Budi 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.
53%	of **Budi County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
23%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was an increase from the previous season.
15%	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:

Borehole	64%
River or stream	31%
Swamp	3%
Tap stand	1%
Unprotected well	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	55%
30 minutes to 1 hour	33%
Between 1- 2 hours	12%

Host

Borehole	64%
River or stream	31%
Swamp	3%
Tap stand	1%
Unprotected well	1%

Less than 30 minutes	54%
30 minutes to 1 hour	33%
Between 1- 2 hours	12%

IDPs

Returnees

Borehole	100%

Less than 30 minutes	100%

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Budi County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

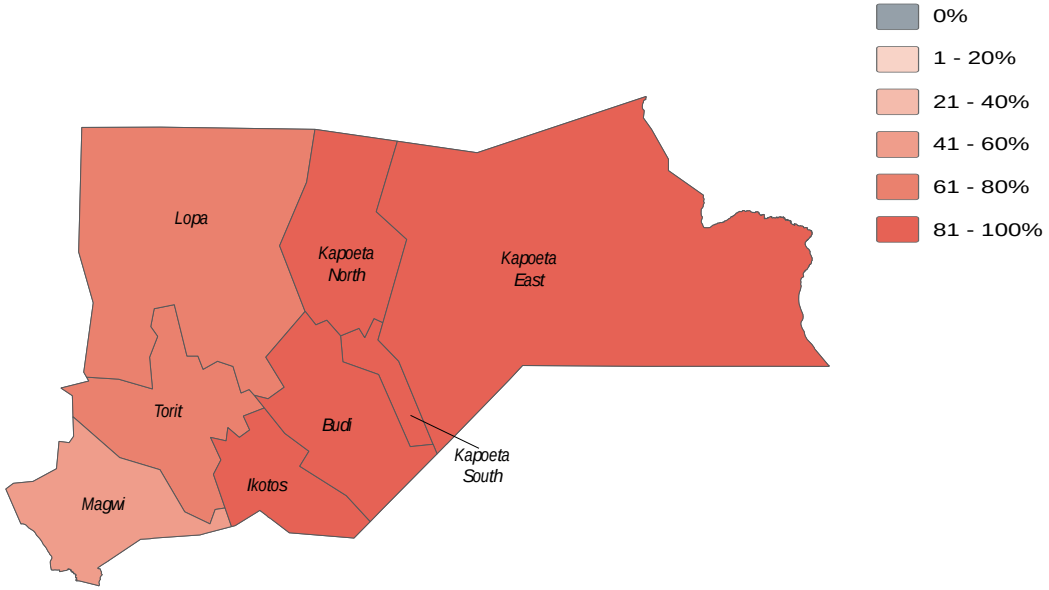
17% of **Budi County** HHs reported having access to a latrine (private, shared, or communal/ institutional), in November and December, 2018. This was the same as the previous season.

17% of **Budi County** HHs reported having access to a latrine (private, shared, or communal/ institutional), in July and August, 2018.

13% of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was an increase from the previous season.

12% 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	82%	In the bush	61%
	In the latrine	13%	Dig a hole and cover	22%
	In the river	5%	In the latrine	7%
			Left where it is	6%
			No answer	5%
Host	In the bush	82%	In the bush	61%
	In the latrine	13%	Dig a hole and cover	22%
	In the river	5%	In the latrine	6%
			Left where it is	6%
			No answer	5%
IDPs				
Returnees	In the bush	100%	In the bush	50%
			In the latrine	50%

Budi County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

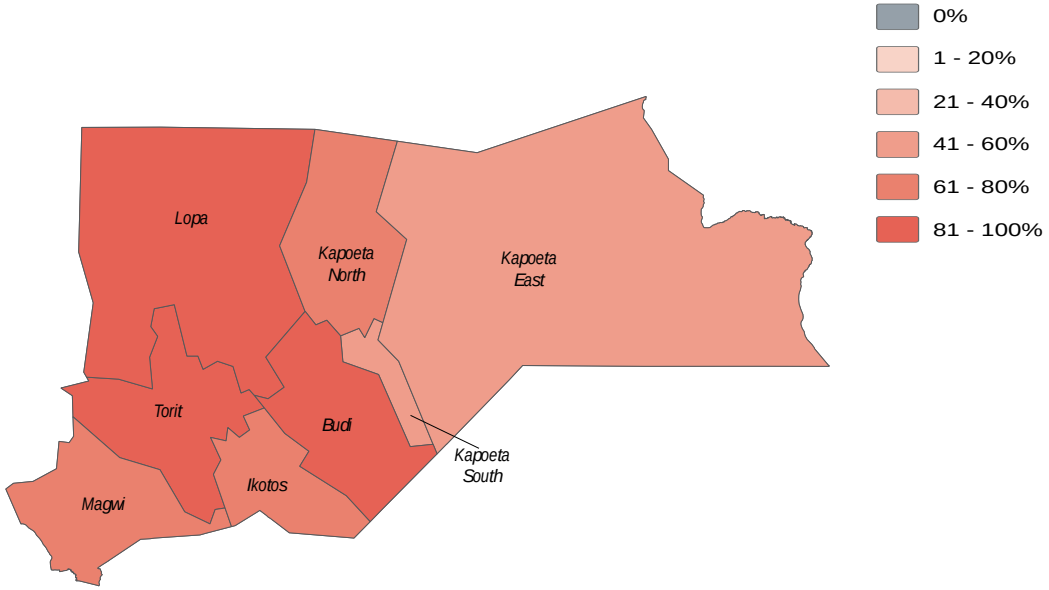
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

85%	of **Budi 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.
83%	of **Budi 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)

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	46%	Fever	80%
Fever	35%	Malaria	48%
Stomach pain	19%	Others	23%
Typhoid	19%	Flu	21%
Flu	11%	AWD	15%

Host

Malaria	47%	Fever	81%
Fever	36%	Malaria	49%
Stomach pain	19%	Others	23%
Typhoid	19%	Flu	21%
Flu	11%	AWD	15%

IDPs

Returnees

Budi County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

7%	of **Budi County** HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in November and December, 2018. This was an increase from the previous season.
5%	of **Budi 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 **10%** Yes 90%	No **76%** Yes 24%	No **77%** Yes 23%
Host	No **10%** Yes 90%	No **76%** Yes 24%	No **77%** Yes 23%
IDPs			
Returnees	Yes 100%	No **50%** Yes 50%	No **50%** Yes 50%

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

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Ikotos County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria 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.

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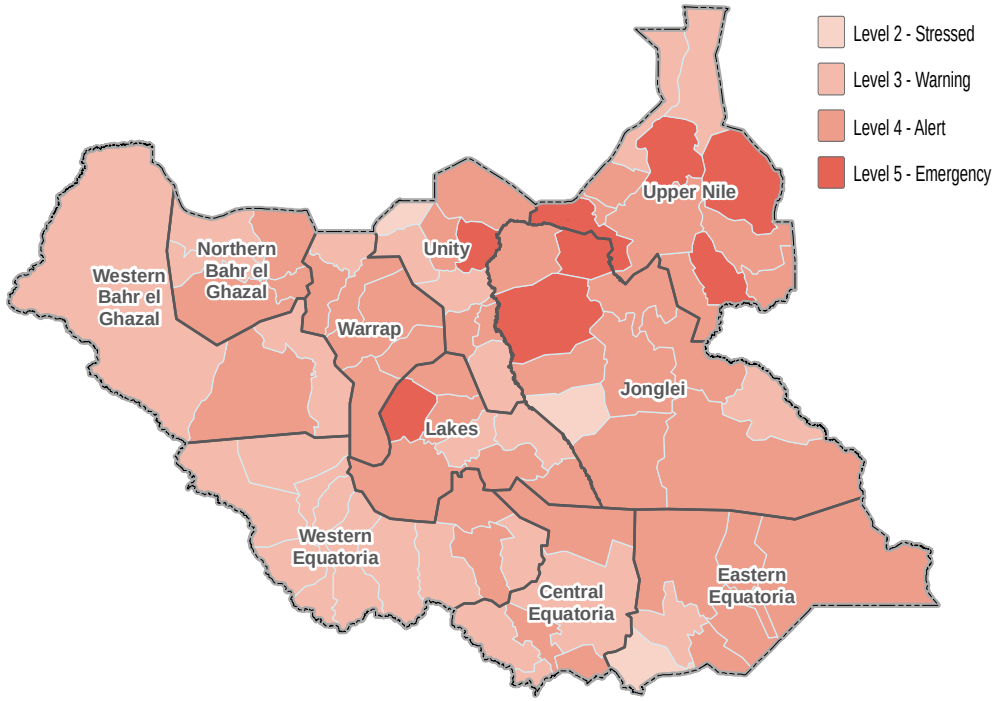
FSNMS Assessment Coverage

Full coverage in the county was achieved.

WASH Needs Severity Map



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- 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	78%
Elderly persons	28%
Female headed	19%
Adopted children	6%
Physically disabled	6%

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Ikotos County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

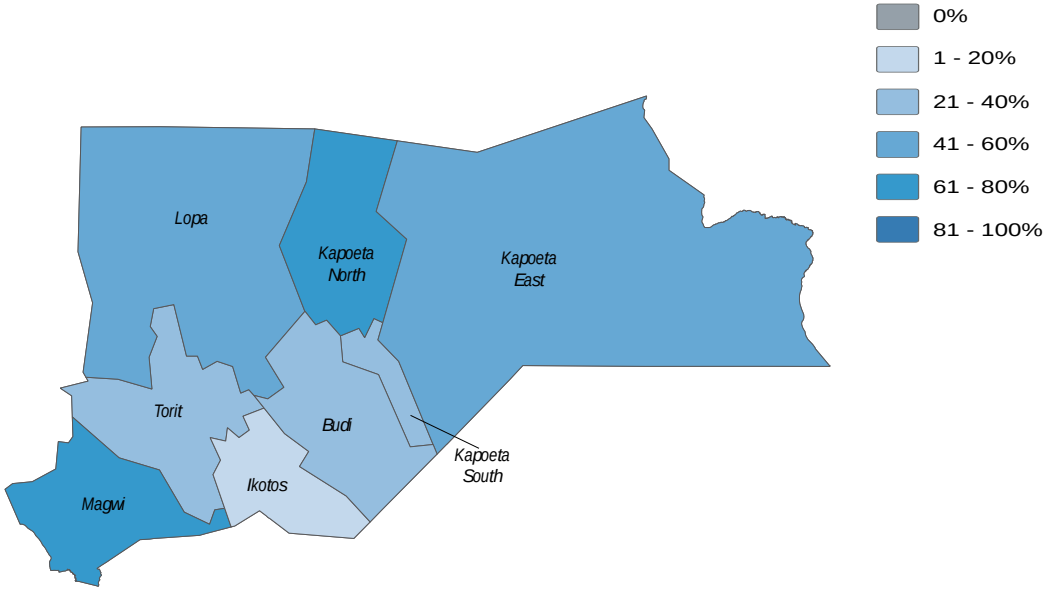
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

31%	of Ikotos 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.
49%	of Ikotos County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
13%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was an increase from the previous season.
8%	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	61%
Borehole	21%
Tap stand	10%
Unprotected well	7%

Less than 30 minutes	42%
Between 1- 2 hours	41%
30 minutes to 1 hour	18%

Host

River or stream	61%
Borehole	21%
Tap stand	10%
Unprotected well	7%

Less than 30 minutes	42%
Between 1- 2 hours	41%
30 minutes to 1 hour	18%

IDPs

Returnees

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Ikotos County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

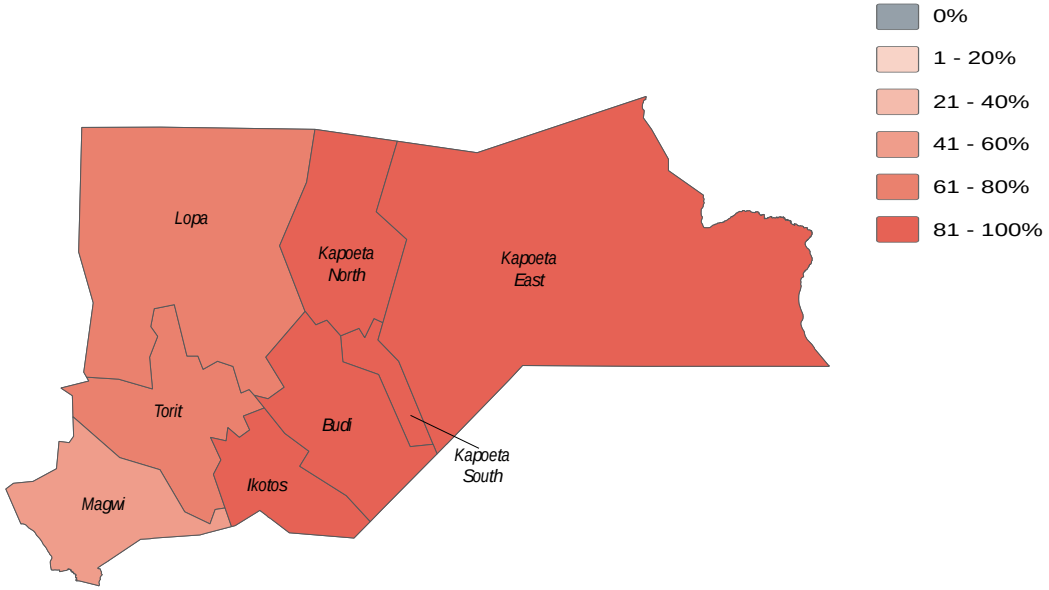
WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

11%	of **Ikotos 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.
16%	of **Ikotos County** HHs reported having access to a latrine (private, shared, or communal/ institutional), in July and August, 2018.
10%	of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was a decrease from the previous season.
15%	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	90%
In the latrine	10%

In the bush	50%
Dig a hole and cover	37%
In the latrine	8%
Left where it is	3%
No answer	2%

Host

In the bush	90%
In the latrine	10%

In the bush	50%
Dig a hole and cover	37%
In the latrine	8%
Left where it is	3%
No answer	2%

IDPs

Returnees

Ikotos County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

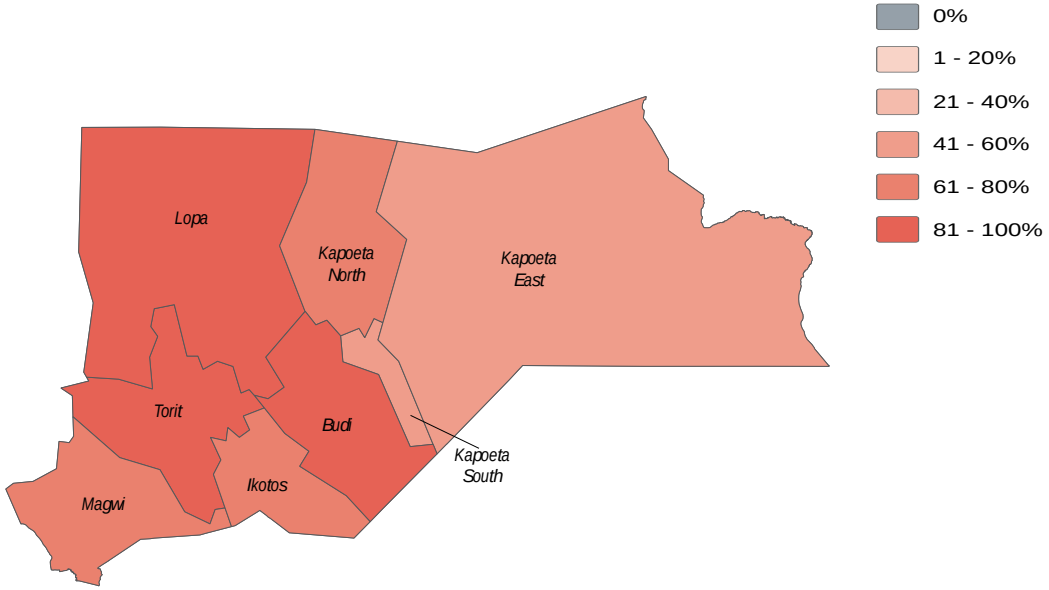
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

76%	of **Ikotos 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.
90%	of **Ikotos 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:



Overall

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)

Fever	34%
Stomach pain	24%
Malaria	21%
AWD	7%
Flu	3%

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)

Fever	55%
Malaria	34%
AWD	32%
Stomach pain	22%
Others	11%

Host

Fever	34%
Stomach pain	24%
Malaria	21%
AWD	7%
Flu	3%

Fever	55%
Malaria	34%
AWD	32%
Stomach pain	22%
Others	11%

IDPs

Returnees

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Ikotos County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

8%	of **Ikotos 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.
7%	of **Ikotos 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 **51%** Yes 49%	No **81%** Yes 19%	No **65%** Yes 35%
Host	No **51%** Yes 49%	No **81%** Yes 19%	No **65%** Yes 35%
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.
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Kapoeta East County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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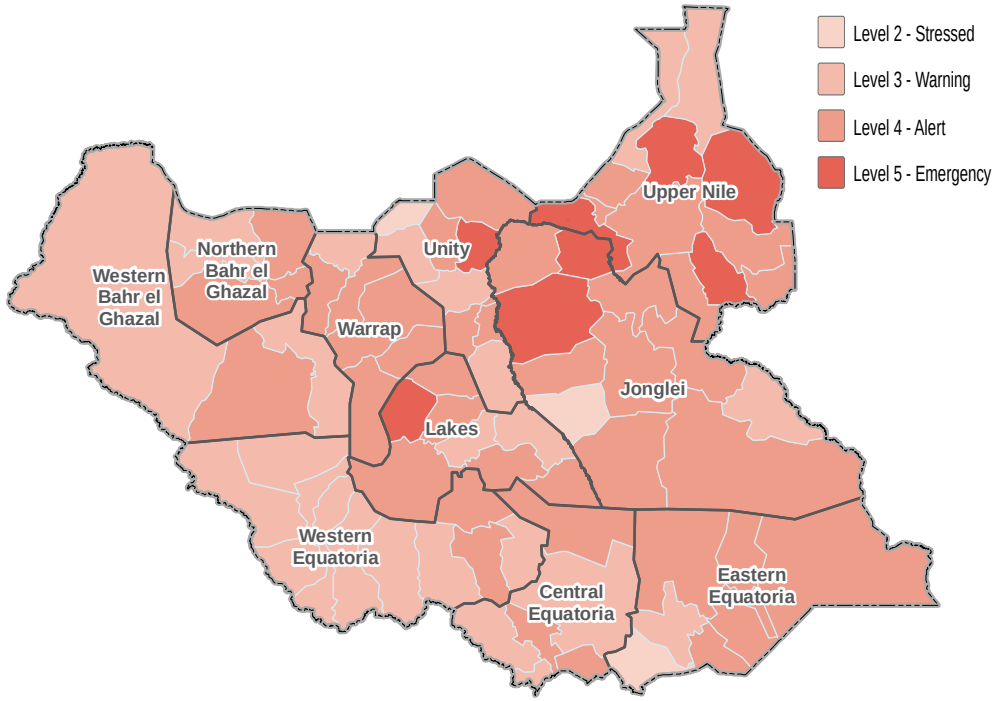
FSNMS Assessment Coverage

Full coverage in the county was achieved.

WASH Needs Severity Map



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- 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	80%
Children under 5	78%
Elderly persons	19%
Adopted children	16%
Physically disabled	10%

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Kapoeta East County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

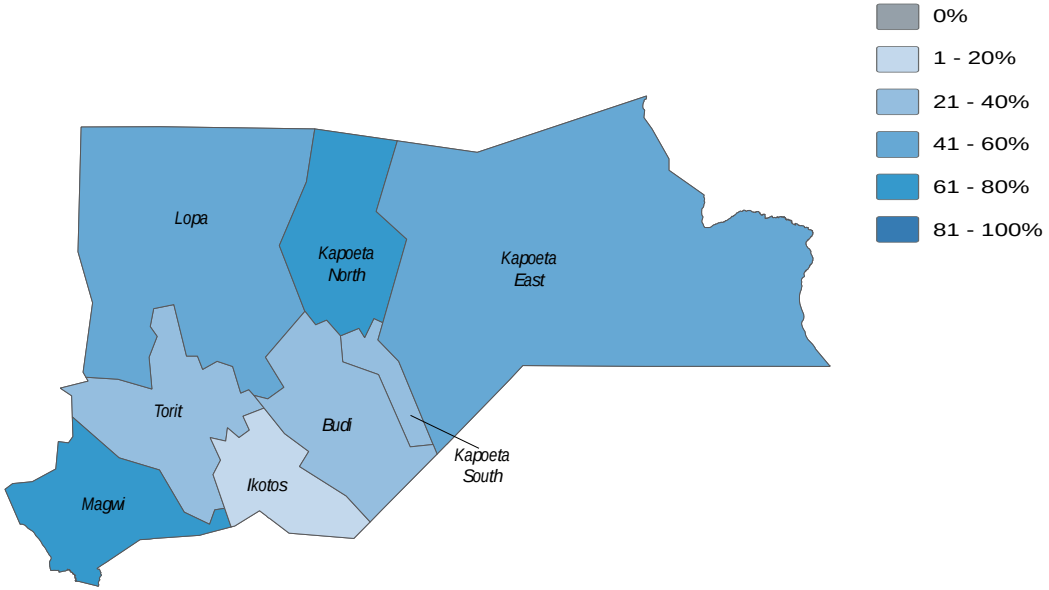
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

70%	of Kapoeta East County HHs reported having safe access to an improved source of drinking water as their main source, in November and December, 2018. This was an increase from the previous season.
64%	of Kapoeta East County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
14%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was a decrease from the previous season.
18%	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	Borehole	70%
	River or stream	22%
	Hand dug well	7%
Host	Borehole	70%
	River or stream	22%
	Hand dug well	7%
IDPs		
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	50%
	Between 1- 2 hours	21%
	30 minutes to 1 hour	19%
	More than 2 hours	8%
	I don't know	2%
Host	Less than 30 minutes	50%
	Between 1- 2 hours	21%
	30 minutes to 1 hour	19%
	More than 2 hours	8%
	I don't know	2%

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Kapoeta East County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

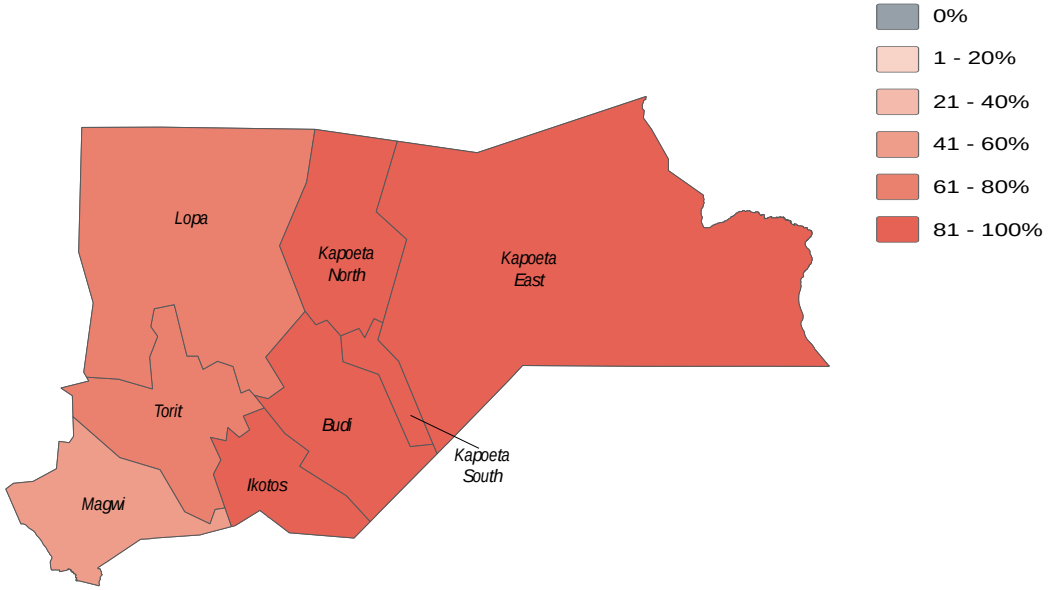
WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

0%	of **Kapoeta East 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.
1%	of **Kapoeta East 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

Kapoeta East County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

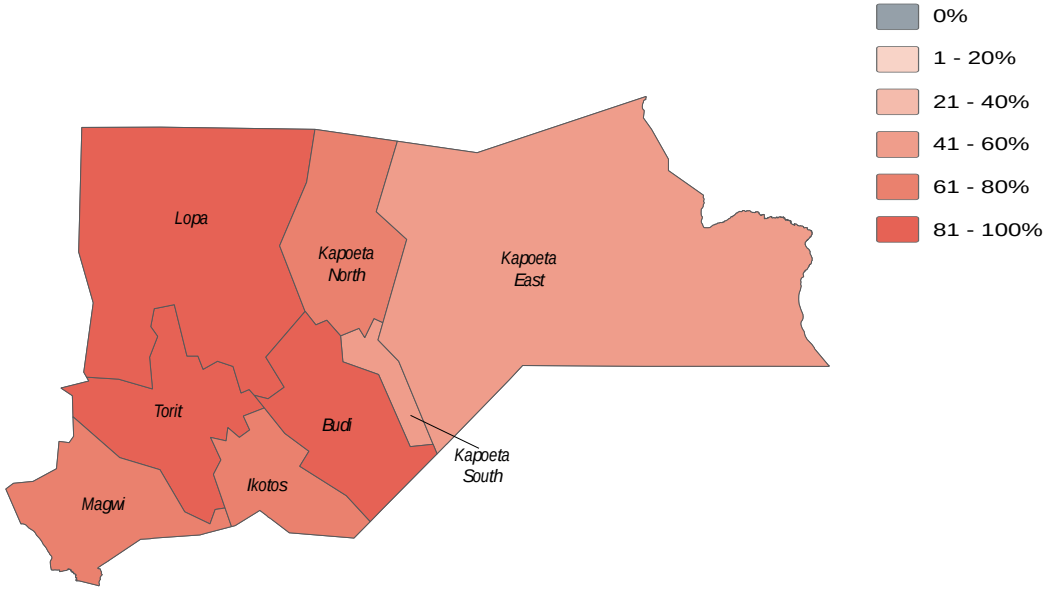
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

52%	of **Kapoeta East County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was an increase from the previous season.
21%	of **Kapoeta East County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 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	Malaria	38%
	Stomach pain	38%
	Fever	25%
	Flu	13%
	Eye infection	6%
Host	Malaria	38%
	Stomach pain	38%
	Fever	25%
	Flu	13%
	Eye infection	6%
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	Fever	73%
	Malaria	48%
	Eye infection	15%
	Others	15%
	Stomach pain	15%
Host	Fever	73%
	Malaria	48%
	Eye infection	15%
	Others	15%
	Stomach pain	15%
IDPs		
Returnees		

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Kapoeta East County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

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

	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 **17%** Yes 83%		No **92%** Yes 8%		No **90%** Yes 10%
Host		No **17%** Yes 83%		No **92%** Yes 8%		No **90%** Yes 10%
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.

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Kapoeta North County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria 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.

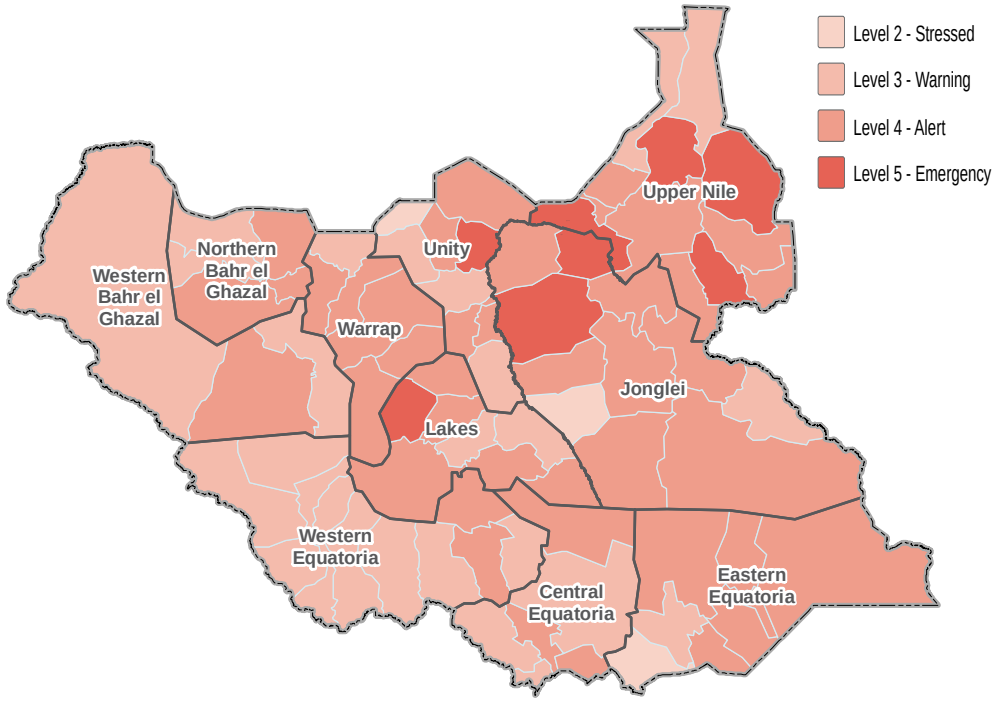
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of 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%
IDP	3%

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

In the last one year	67%
Around 5 years	33%

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	88%
Elderly persons	41%
Adopted children	13%
Physically disabled	11%
Female headed	8%

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Kapoeta North County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

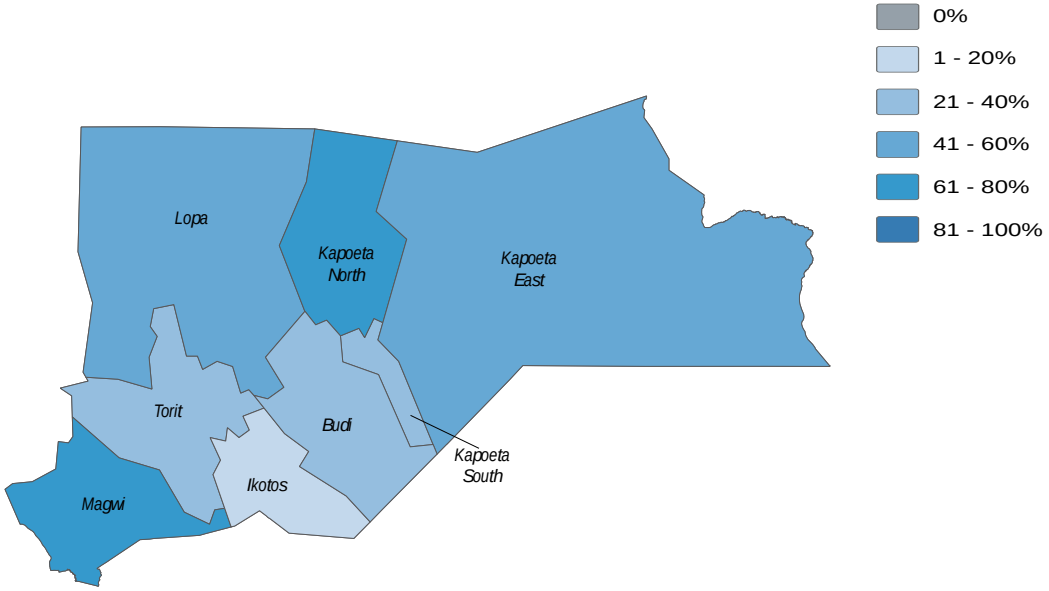
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

88%	of Kapoeta North 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.
72%	of Kapoeta North County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
3%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was a decrease from the previous season.
14%	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	49%	Less than 30 minutes	80%
	River or stream	42%	30 minutes to 1 hour	10%
	Tap stand	7%	Between 1- 2 hours	8%
	Swamp	2%	I don't know	1%
Host	Borehole	50%	Less than 30 minutes	80%
	River or stream	40%	30 minutes to 1 hour	11%
	Tap stand	8%	Between 1- 2 hours	9%
	Swamp	2%	I don't know	1%
IDPs	River or stream	100%	Less than 30 minutes	100%
Returnees				

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Kapoeta North County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

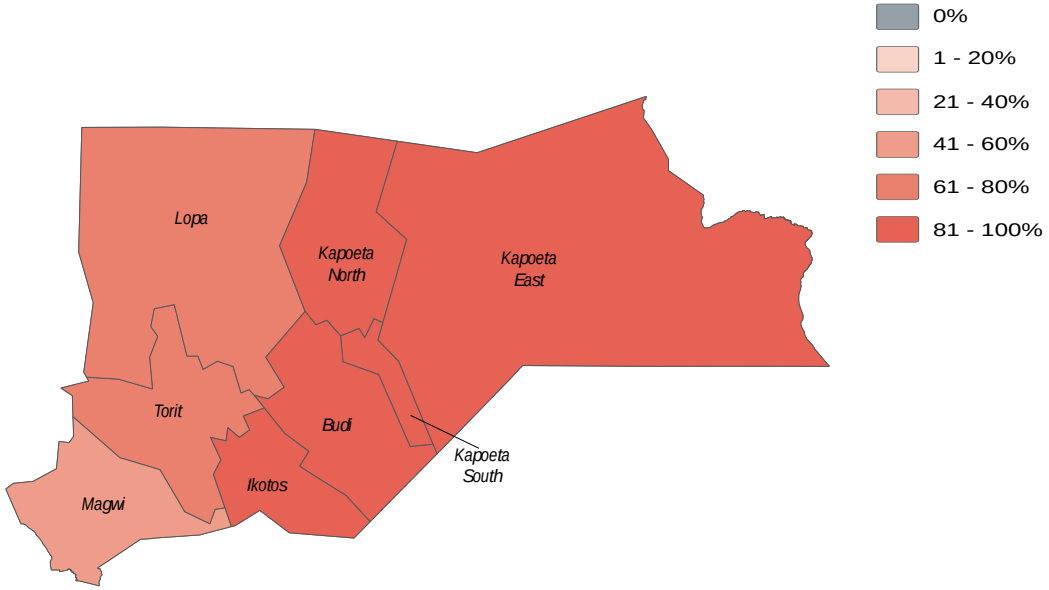
WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

4%	of **Kapoeta North 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 **Kapoeta North County** HHs reported having access to a latrine (private, shared, or communal/institutional), in July and August, 2018.
4%	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	85%
	In the latrine	11%	Dig a hole and cover	7%
	In the river	1%	In the latrine	5%
			Left where it is	3%
Host	In the bush	88%	In the bush	85%
	In the latrine	12%	Dig a hole and cover	8%
			In the latrine	5%
			Left where it is	3%
IDPs	In the bush	67%	In the bush	100%
	In the river	33%		
Returnees				

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Kapoeta North County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

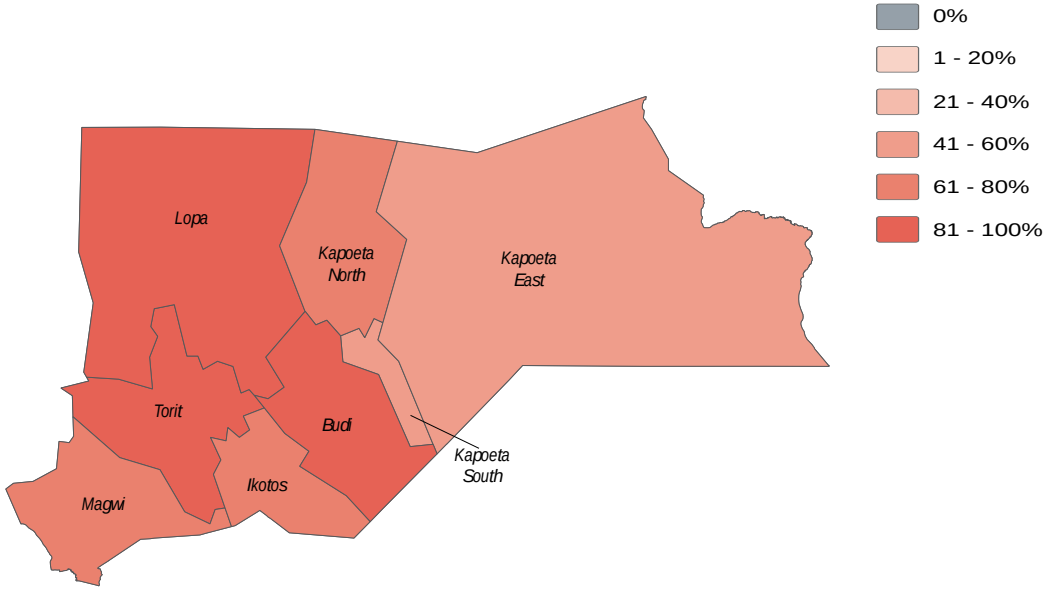
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

78%	of Kapoeta North 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.
71%	of Kapoeta North County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 2018.
Malaria	was the most commonly reported water or vector borne disease in November and December, 2018. This was the same as the previous season.
Malaria	was the most commonly reported water or vector borne disease in July and August, 2018.

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



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

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

Overall

Fever	56%
Flu	44%
Malaria	44%
Eye infection	22%
Stomach pain	11%

Malaria	82%
Fever	60%
Others	22%
Flu	21%
AWD	14%

Host

Fever	56%
Flu	44%
Malaria	44%
Eye infection	22%
Stomach pain	11%

Malaria	82%
Fever	60%
Others	22%
Flu	21%
AWD	14%

IDPs

Returnees

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Kapoeta North County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

6%	of **Kapoeta North 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 **Kapoeta North 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 an increase from the previous season.
1	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 **10%** Yes 90%	No **80%** Yes 20%	No **62%** Yes 38%
Host	No **10%** Yes 90%	No **80%** Yes 20%	No **62%** Yes 38%
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.

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Kapoeta South County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria 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.

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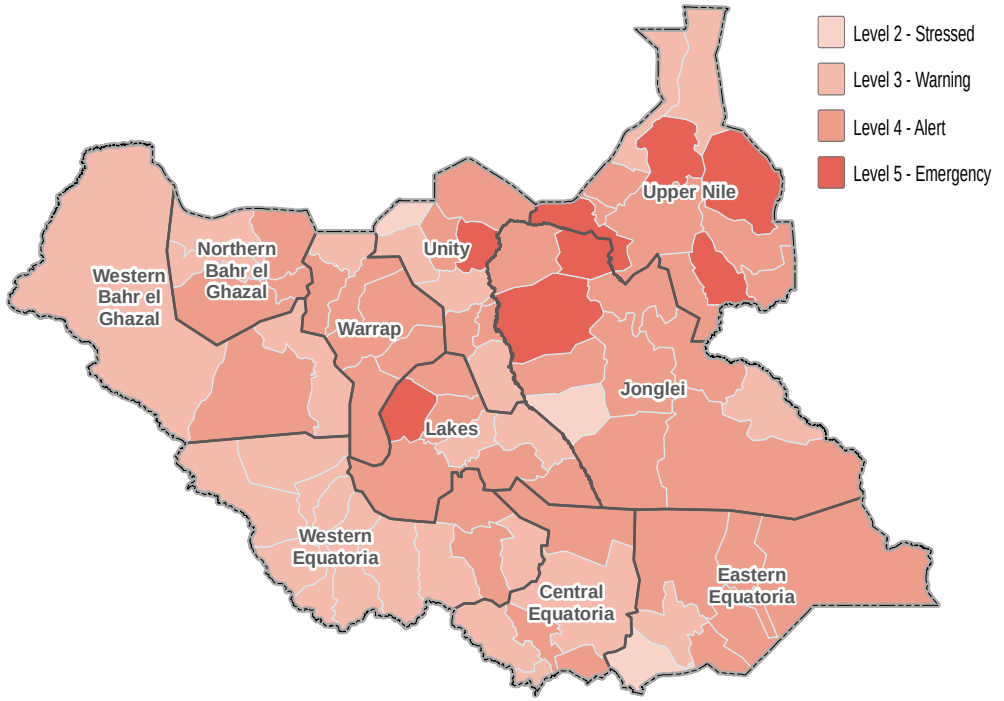
FSNMS Assessment Coverage

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	81%
Female headed	39%
Adopted children	8%
Elderly persons	6%
Physically disabled	5%

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Kapoeta South County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

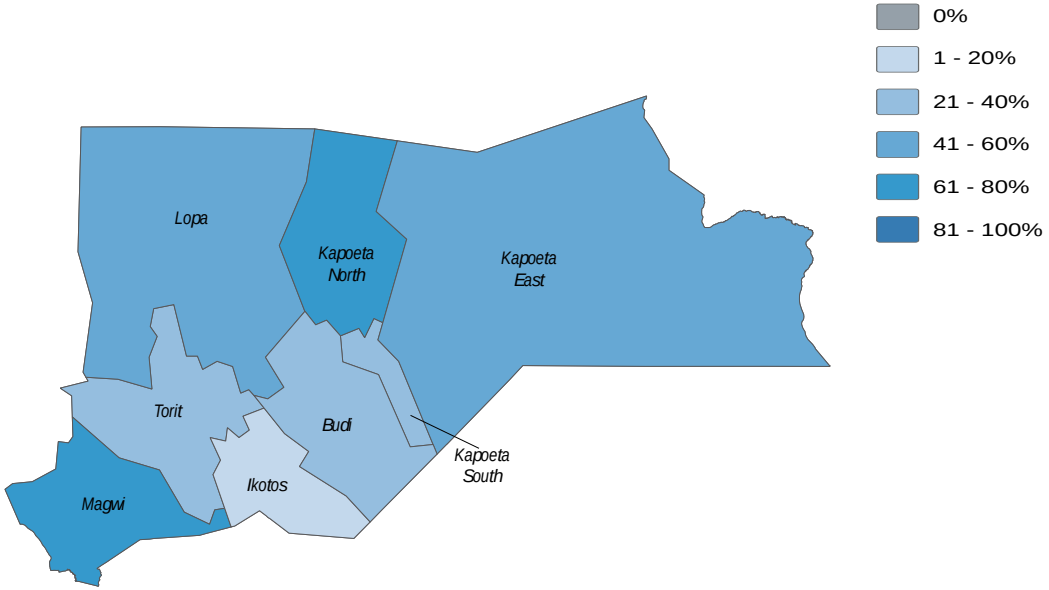
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

52%	of Kapoeta South 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.
57%	of Kapoeta South 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.
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:

Borehole	52%
River or stream	31%
Hand dug well	17%

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	32%
Between 1- 2 hours	27%

Host

Borehole	52%
River or stream	31%
Hand dug well	17%

30 minutes to 1 hour	41%
Less than 30 minutes	32%
Between 1- 2 hours	27%

IDPs

Returnees

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Kapoeta South County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

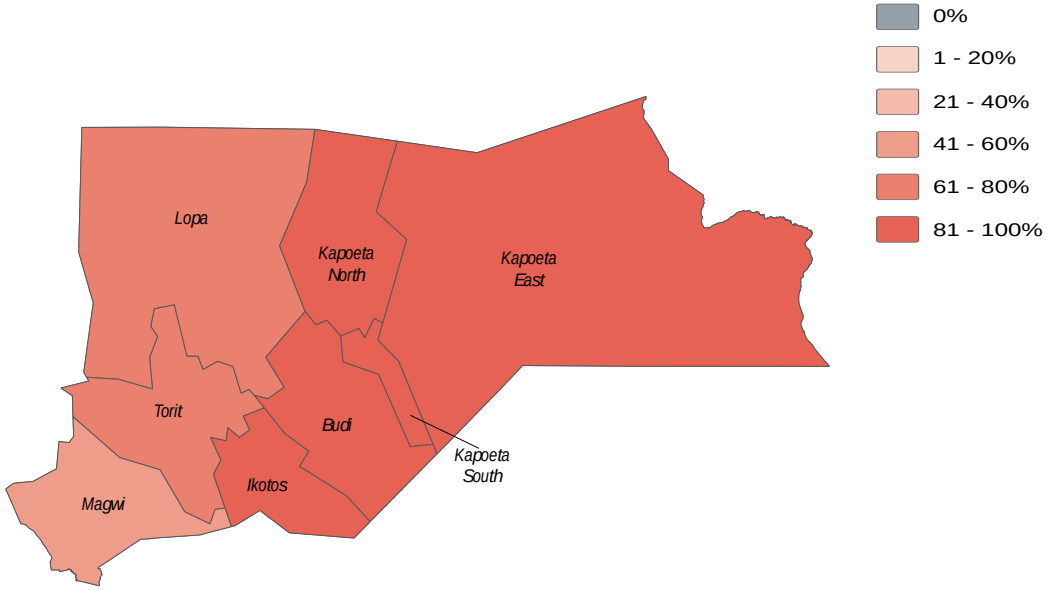
0% of **Kapoeta South County** HHs reported having access to a latrine (private, shared, or communal/institutional), in November and December, 2018. This was the same as the previous season.

0% of **Kapoeta South 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	59%
Left where it is	39%
No answer	2%

Host

In the bush	100%

In the bush	59%
Left where it is	39%
No answer	2%

IDPs

Returnees

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Kapoeta South County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

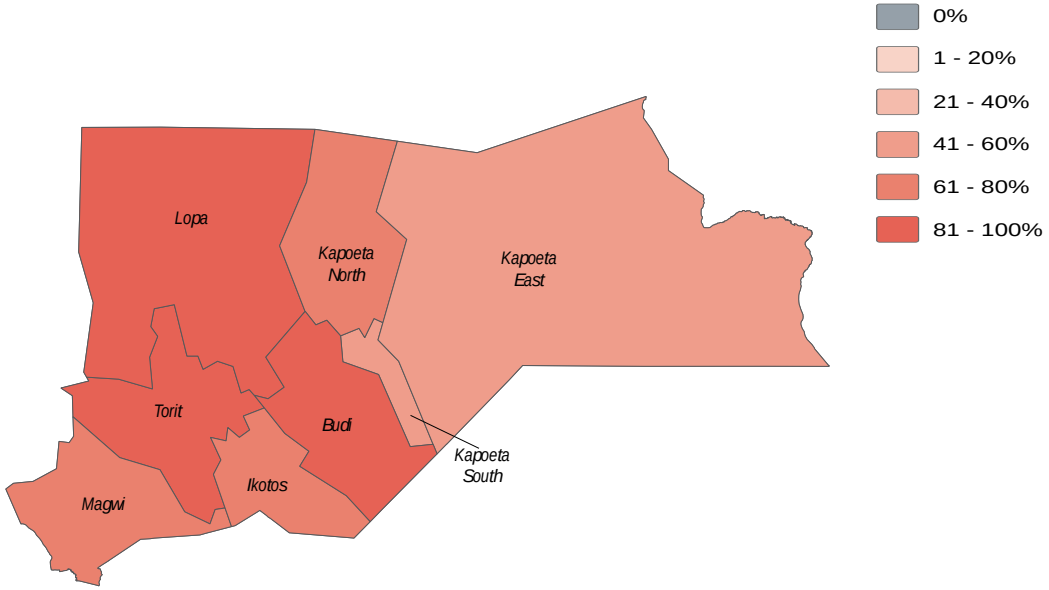
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

47%	of **Kapoeta South County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was a decrease from the previous season.
72%	of **Kapoeta South County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 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)

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%
Flu	13%
Stomach pain	13%
Typhoid	7%

Fever	68%
Malaria	34%
AWD	19%
Flu	19%
Others	17%

Host

Malaria	73%
Flu	13%
Stomach pain	13%
Typhoid	7%

Fever	68%
Malaria	34%
AWD	19%
Flu	19%
Others	17%

IDPs

Returnees

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Kapoeta South County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

6%	of Kapoeta South 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.
4%	of Kapoeta South 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 **5%** Yes 95%		No **73%** Yes 27%		No **70%** Yes 30%
Host		No **5%** Yes 95%		No **73%** Yes 27%		No **70%** Yes 30%
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.

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Lafon County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria 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.

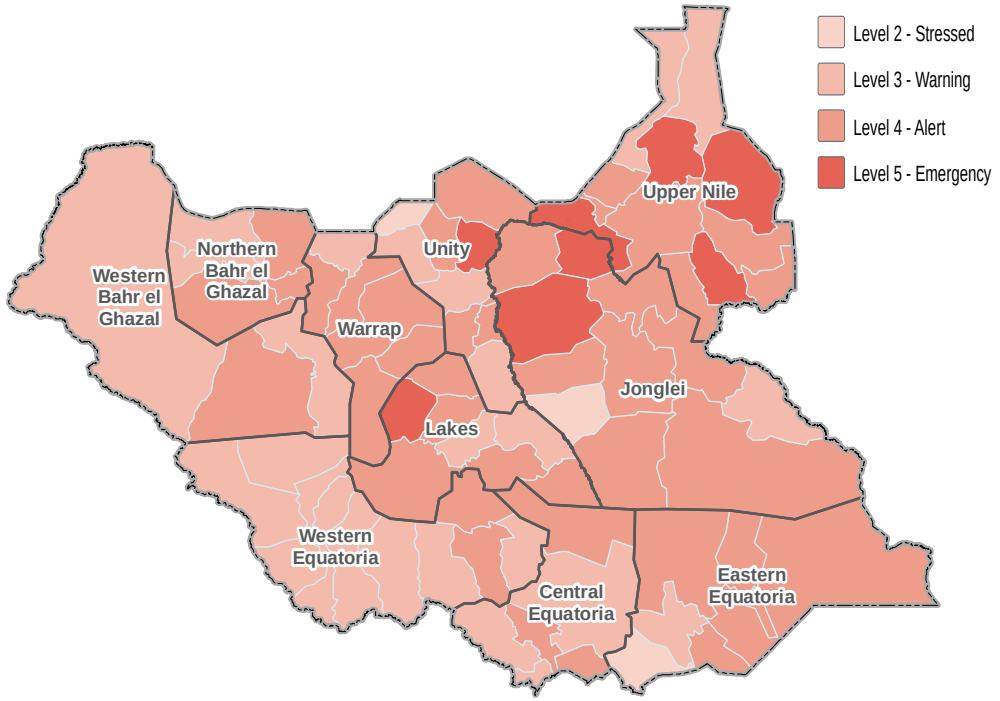
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of 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	3%

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

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

In the last one year	100%

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

Children under 5	97%
Elderly persons	21%
Physically disabled	13%
Chronically ill	7%
Female headed	6%

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Lafon County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

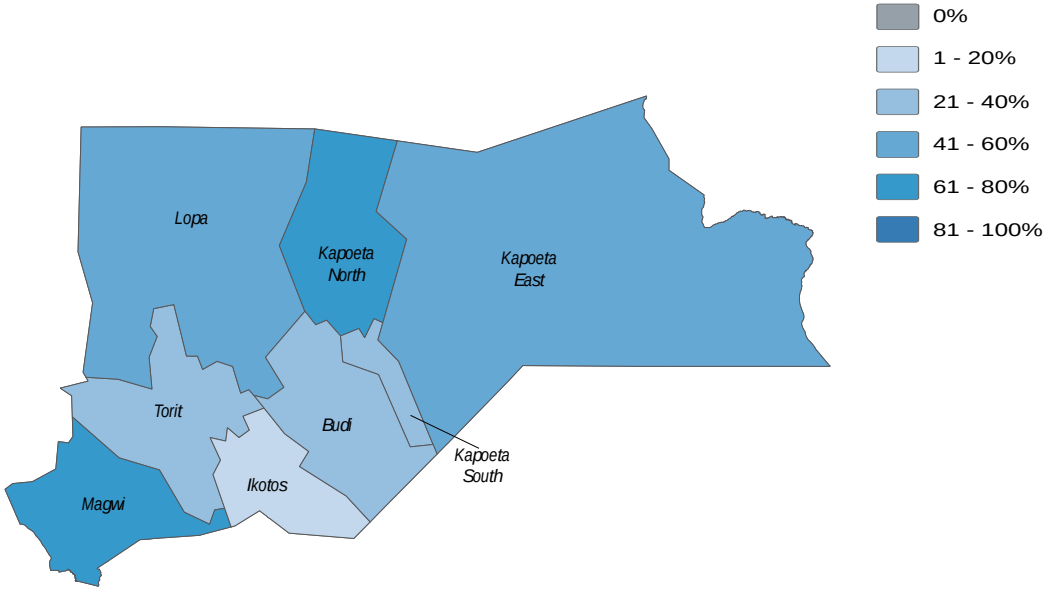
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

64%	of **Lafon 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.
85%	of **Lafon 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.
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

	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	64%	Less than 30 minutes	90%
	River or stream	26%	30 minutes to 1 hour	10%
	Swamp	7%		
	Hand dug well	3%		
Host	Borehole	64%	Less than 30 minutes	90%
	River or stream	26%	30 minutes to 1 hour	10%
	Swamp	8%		
	Hand dug well	3%		
IDPs				
Returnees	Borehole	67%	Less than 30 minutes	100%
	River or stream	33%		

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Lafon County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

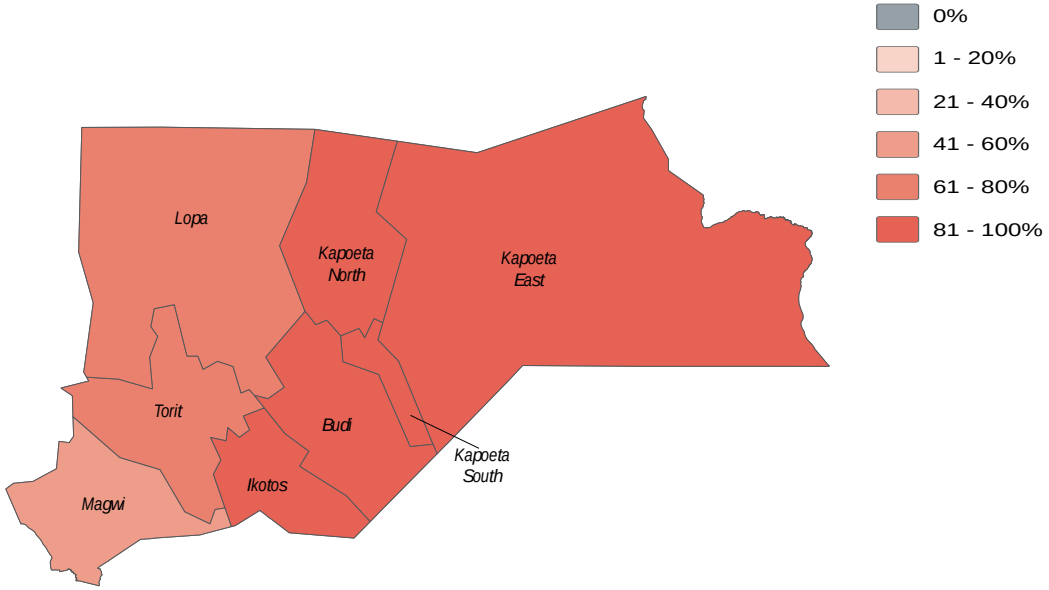
WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

22%	of **Lafon 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 **Lafon County** HHs reported having access to a latrine (private, shared, or communal/ institutional), in July and August, 2018.
18%	of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was an increase from the previous season.
1%	of HHs reported their most common defecation location was a latrine, in July and August, 2018.

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



Most commonly reported defecation location by percentage of households:

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

Overall

In the bush	82%
In the latrine	18%

In the bush	59%
Dig a hole and cover	25%
In the latrine	16%

Host

In the bush	83%
In the latrine	17%

In the bush	61%
Dig a hole and cover	23%
In the latrine	16%

IDPs

Returnees

In the bush	67%
In the latrine	33%

Dig a hole and cover	67%
In the latrine	33%

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Lafon County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

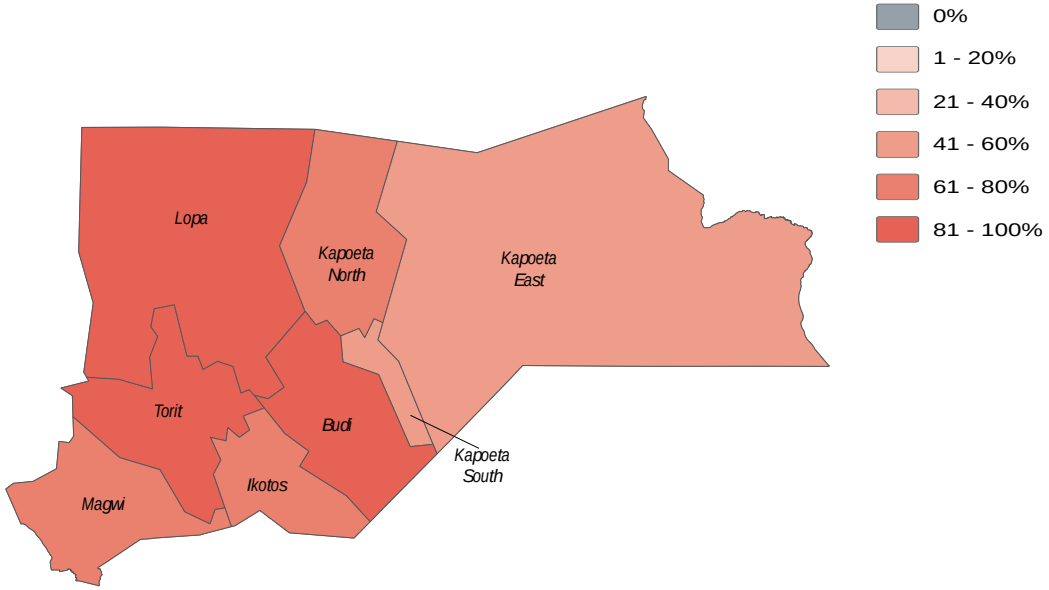
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

92%	of **Lafon 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.
81%	of **Lafon 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	30%
	Stomach pain	17%
	AWD	10%
	Typhoid	10%
Host	Malaria	48%
	Fever	31%
	Stomach pain	17%
	AWD	7%
	Flu	7%
IDPs		
Returnees		

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

Overall	Malaria	49%
	AWD	38%
	Fever	37%
	Others	29%
	Flu	13%
Host	Malaria	50%
	AWD	37%
	Fever	36%
	Others	29%
	Flu	13%
IDPs		
Returnees		

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Lafon County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

8%	of **Lafon 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.
7%	of **Lafon 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 **63%** Yes 37%	No **64%** Yes 36%	No **48%** Yes 52%
Host	No **63%** Yes 37%	No **66%** Yes 34%	No **49%** Yes 51%
IDPs			
Returnees	No **67%** Yes 33%	Yes 100%	No **33%** Yes 67%

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.

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Magwi County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria 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.

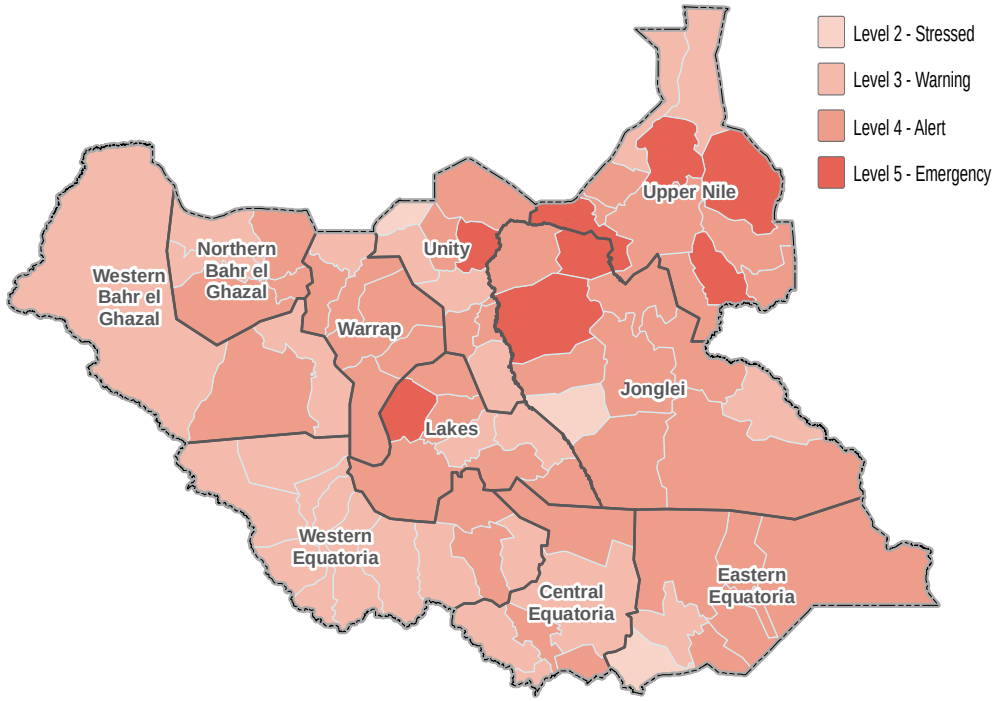
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of 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	98%
Returnee	2%

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

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

In the last one year	100%

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

Children under 5	74%
Female headed	45%
Elderly persons	36%
Adopted children	19%
Physically disabled	18%

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Magwi County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

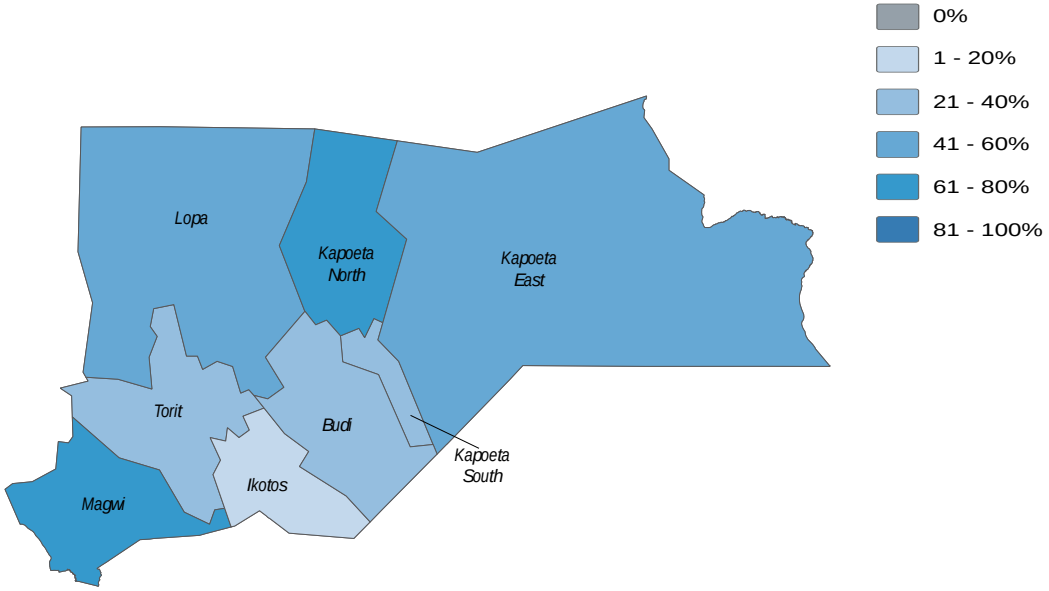
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

91%	of Magwi 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.
77%	of Magwi County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
2%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was the same as the previous season.
2%	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:

Borehole	91%
River or stream	7%
Unprotected well	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	76%
30 minutes to 1 hour	17%
Between 1- 2 hours	6%
I don't know	1%

Host

Borehole	91%
River or stream	8%
Unprotected well	2%

Less than 30 minutes	75%
30 minutes to 1 hour	17%
Between 1- 2 hours	7%
I don't know	1%

IDPs

Returnees

Borehole	100%

Less than 30 minutes	100%

Magwi County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

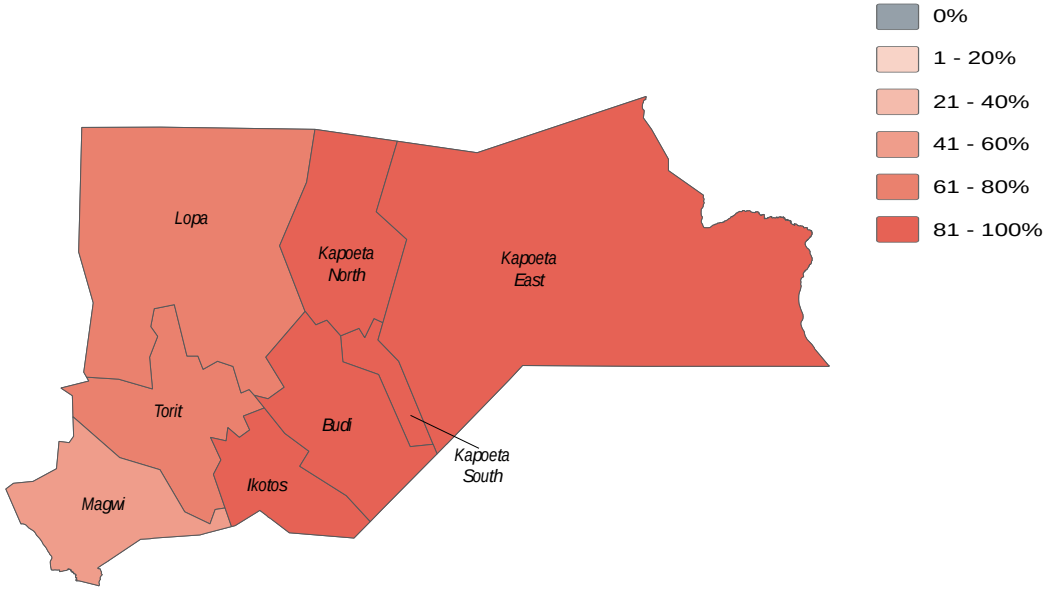
49% of Magwi County HHs reported having access to a latrine (private, shared, or communal/ institutional), in November and December, 2018. This was a decrease from the previous season.

53% of Magwi County HHs reported having access to a latrine (private, shared, or communal/ institutional), in July and August, 2018.

43% of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was a decrease from the previous season.

50% 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:

Overall	In the bush	56%
	In the latrine	43%
	Dig a hole and cover	1%
	No answer	1%
Host	In the bush	56%
	In the latrine	42%
	Dig a hole and cover	1%
	No answer	1%
IDPs		
Returnees	In the bush	50%
	In the latrine	50%

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

Overall	In the latrine	39%
	Dig a hole and cover	33%
	In the bush	26%
	No answer	2%
Host	In the latrine	39%
	Dig a hole and cover	34%
	In the bush	25%
	No answer	2%
IDPs		
Returnees	In the bush	50%
	In the latrine	50%

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Magwi County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

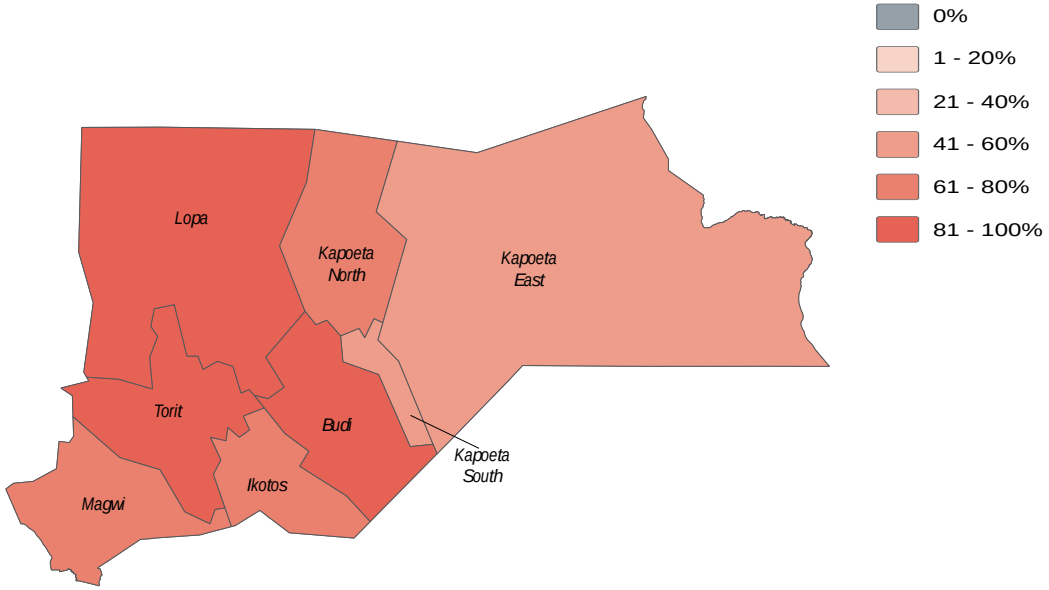
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

70%	of Magwi 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.
82%	of Magwi 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	Fever	30%
	Malaria	22%
	Typhoid	17%
	Stomach pain	13%
	Flu	9%
Host	Fever	30%
	Malaria	22%
	Typhoid	17%
	Stomach pain	13%
	Flu	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	77%
	Fever	35%
	Flu	24%
	AWD	15%
	Stomach pain	8%
Host	Malaria	77%
	Fever	36%
	Flu	25%
	AWD	15%
	Stomach pain	8%

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Magwi County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

50%	of Magwi 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.
28%	of Magwi 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.
5	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 **6%** Yes 94%	No **19%** Yes 81%	No **39%** Yes 61%
Host	No **6%** Yes 94%	No **18%** Yes 82%	No **39%** Yes 61%
IDPs			
Returnees	Yes 100%	No **50%** Yes 50%	No **50%** Yes 50%

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.

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Torit County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria 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.

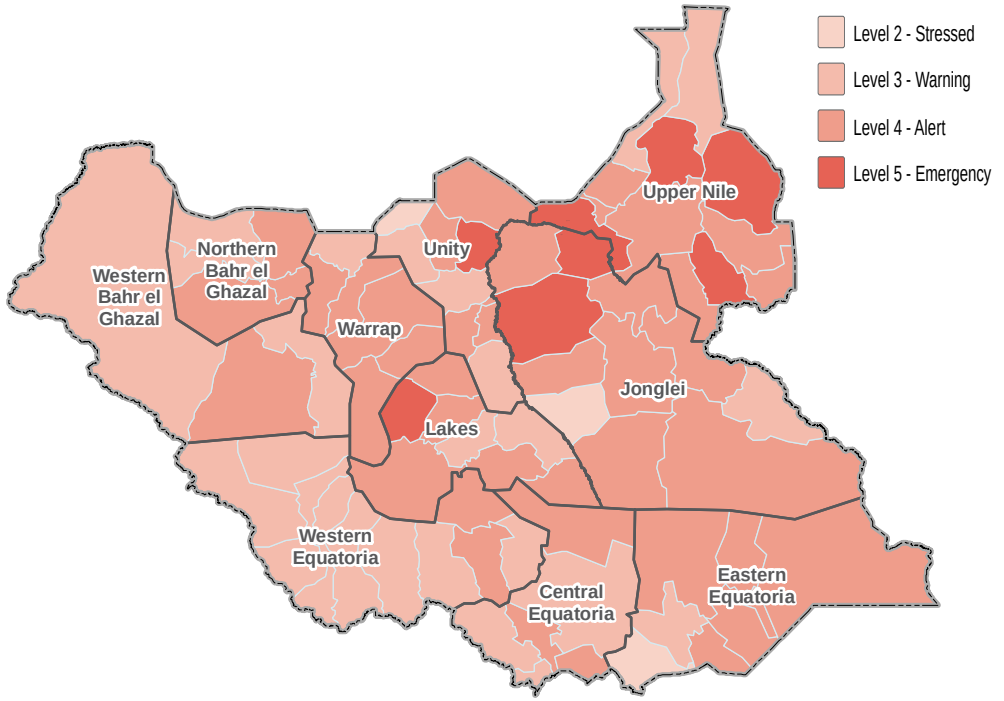
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of 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	94%
Returnee	5%
IDP	2%

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	100%

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

Children under 5	86%
Female headed	25%
Elderly persons	23%
Mentally disabled	6%
Physically disabled	5%

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Torit County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

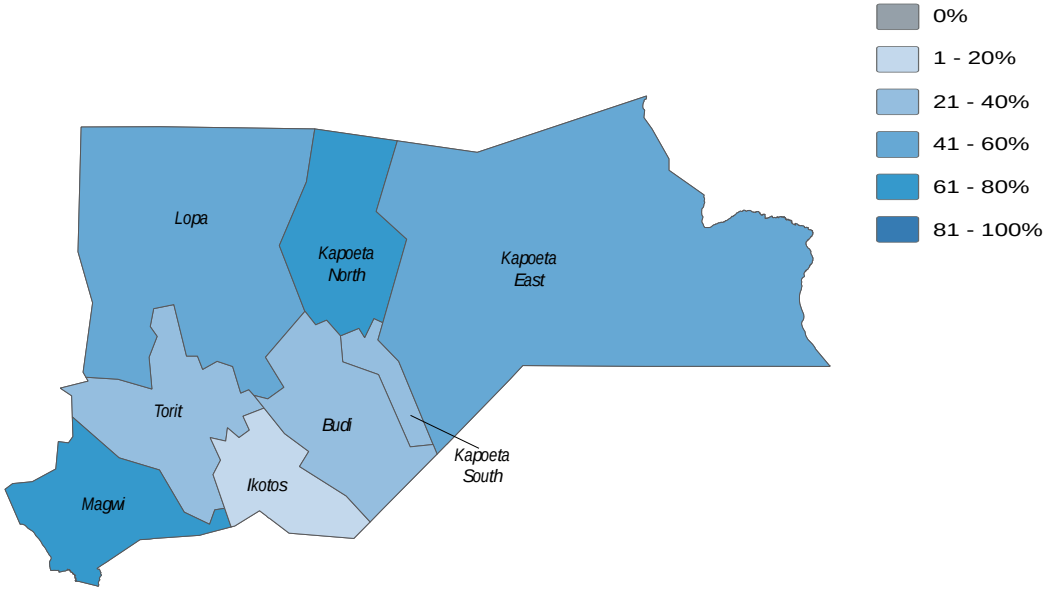
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

66%	of **Torit 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.
66%	of **Torit County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
2%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was a decrease from the previous season.
7%	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	Borehole	59%
	River or stream	31%
	Tap stand	6%
	Swamp	3%
	Don't know	1%
Host	Borehole	60%
	River or stream	30%
	Tap stand	6%
	Swamp	3%
	Don't know	1%
IDPs	Borehole	50%
	River or stream	50%
Returnees	Borehole	40%
	River or stream	40%
	Tap stand	20%

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

Overall	30 minutes to 1 hour	45%
	Less than 30 minutes	43%
	Between 1- 2 hours	9%
	More than 2 hours	3%
Host	30 minutes to 1 hour	46%
	Less than 30 minutes	42%
	Between 1- 2 hours	10%
	More than 2 hours	3%
IDPs	Less than 30 minutes	100%
Returnees	30 minutes to 1 hour	60%
	Less than 30 minutes	40%

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Torit County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

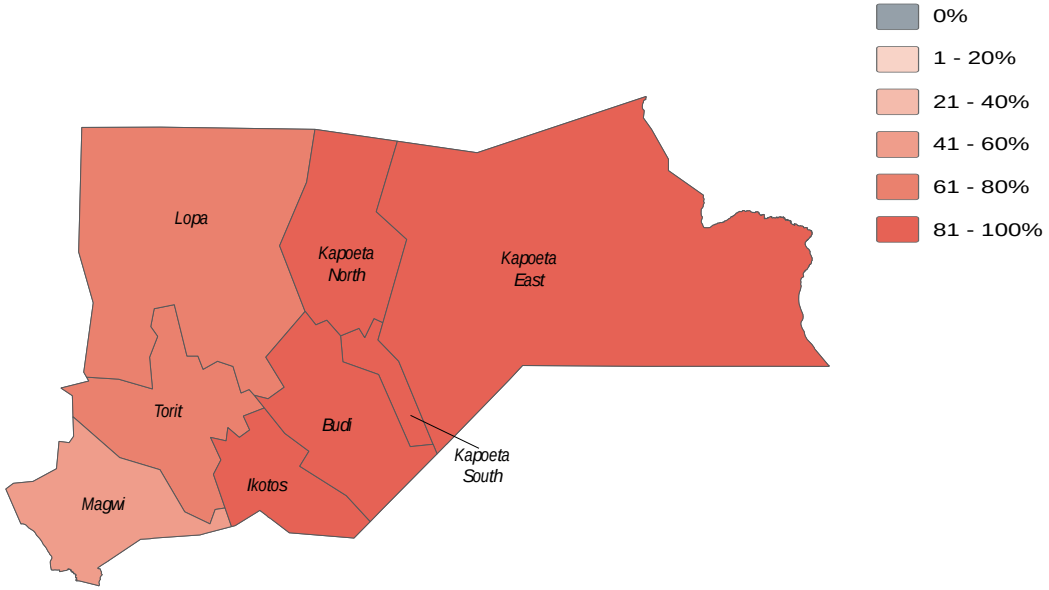
WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

22%	of **Torit 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.
38%	of **Torit 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 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:

Overall

In the bush	78%
In the latrine	22%

In the bush	57%
Dig a hole and cover	25%
In the latrine	17%
Left where it is	1%

Host

In the bush	79%
In the latrine	21%

In the bush	58%
Dig a hole and cover	25%
In the latrine	16%
Left where it is	1%

IDPs

In the latrine	100%

Dig a hole and cover	50%
In the latrine	50%

Returnees

In the bush	80%
In the latrine	20%

In the bush	50%
Dig a hole and cover	25%
In the latrine	25%

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Torit County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

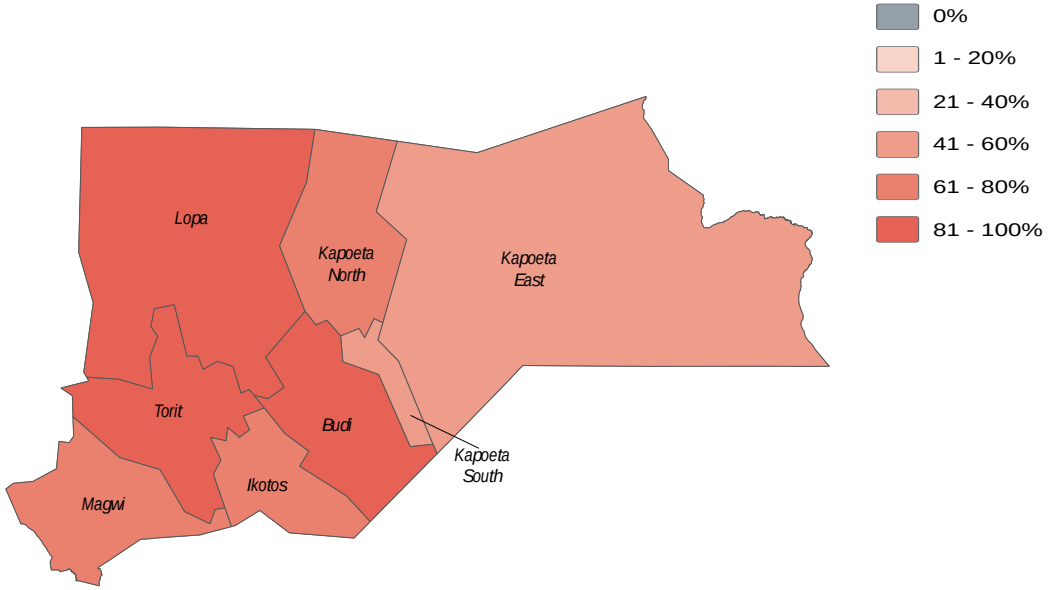
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

81%	of **Torit County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was an increase from the previous season.
73%	of **Torit County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 2018.
Malaria	was the most commonly reported water or vector borne disease in November and December, 2018. This was the same as the previous season.
Malaria	was the most commonly reported water or vector borne disease in July and August, 2018.

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



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

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

Overall

Malaria	57%
AWD	29%
Typhoid	29%
Stomach pain	21%
Eye infection	14%

Malaria	81%
AWD	26%
Fever	21%
Others	14%
Stomach pain	11%

Host

Malaria	54%
AWD	31%
Stomach pain	23%
Typhoid	23%
Eye infection	15%

Malaria	80%
AWD	26%
Fever	20%
Others	13%
Stomach pain	12%

IDPs

Malaria	100%

Returnees

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Torit County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

30%	of **Torit 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.
17%	of **Torit 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 **33%** Yes 67%	No **48%** Yes 52%	No **41%** Yes 59%
Host	No **35%** Yes 65%	No **50%** Yes 50%	No **42%** Yes 58%
IDPs	No **50%** Yes 50%	No **50%** Yes 50%	No **50%** Yes 50%
Returnees	Yes 100%	No **20%** Yes 80%	No **20%** Yes 80%

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.

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Ezo County - Water, Sanitation and Hygiene Factsheet

Western Equatoria 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.

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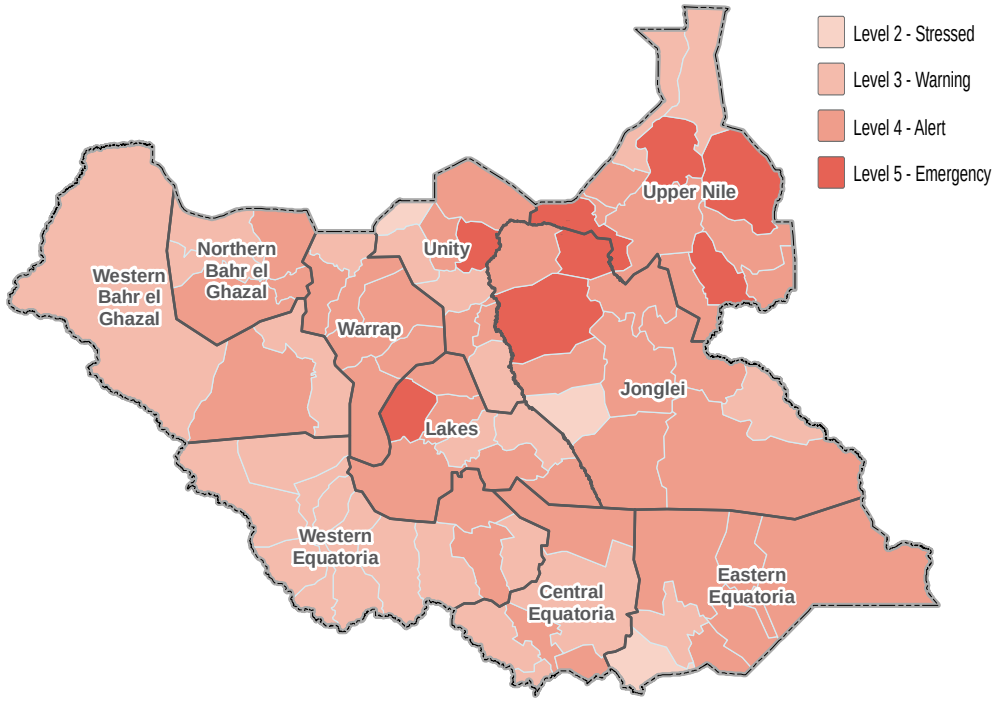
FSNMS Assessment Coverage

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:

Around 5 years	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	63%
Adopted children	36%
Elderly persons	36%
Physically disabled	24%
Female headed	19%

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Ezo County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

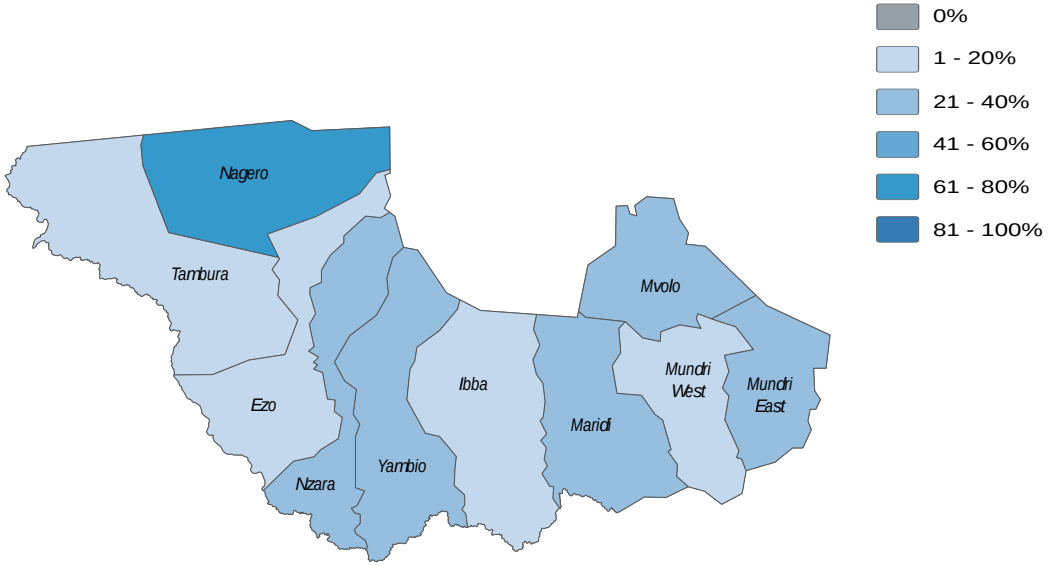
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

30%	of Ezo 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 Ezo County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
23%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was a decrease from the previous season.
59%	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	66%
Borehole	23%
Tap stand	7%
Unprotected well	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	44%
30 minutes to 1 hour	31%
Between 1- 2 hours	24%
More than 2 hours	2%

Host

River or stream	66%
Borehole	23%
Tap stand	7%
Unprotected well	4%

Less than 30 minutes	44%
30 minutes to 1 hour	30%
Between 1- 2 hours	24%
More than 2 hours	2%

IDPs

River or stream	100%

30 minutes to 1 hour	100%

Returnees

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Ezo County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

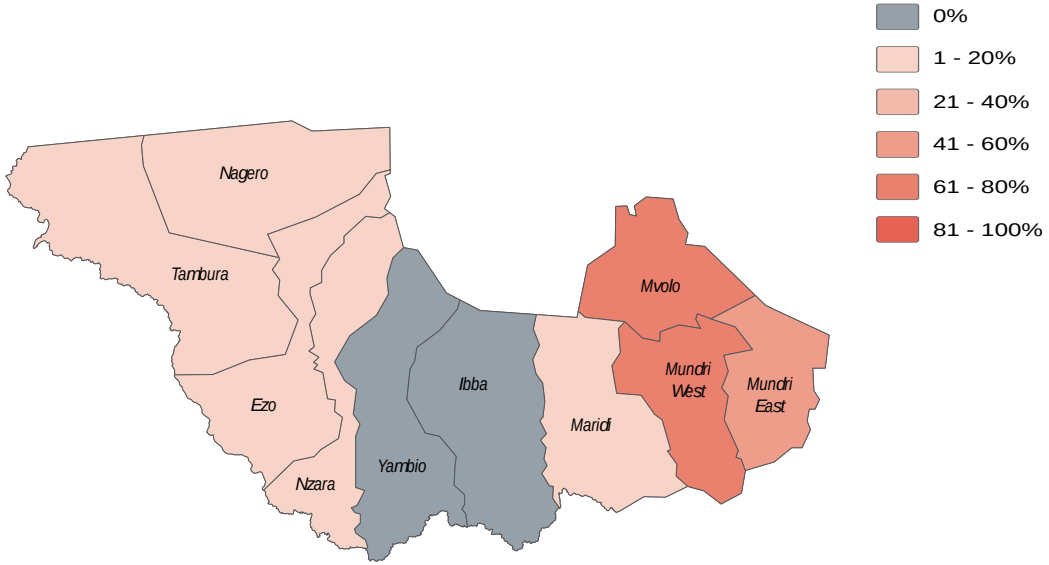
91% of Ezo County HHs reported having access to a latrine (private, shared, or communal/ institutional), in November and December, 2018. This was a decrease from the previous season.

97% of Ezo County HHs reported having access to a latrine (private, shared, or communal/ institutional), in July and August, 2018.

89% of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was an increase from the previous season.

86% 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 latrine	89%	In the latrine	87%
	In the bush	8%	In the bush	8%
	Dig a hole and cover	2%	No answer	3%
	No answer	1%	Dig a hole and cover	2%
Host	In the latrine	89%	In the latrine	87%
	In the bush	8%	In the bush	8%
	Dig a hole and cover	2%	No answer	3%
	No answer	1%	Dig a hole and cover	2%
IDPs	In the latrine	100%	In the latrine	100%
Returnees				

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Ezo County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

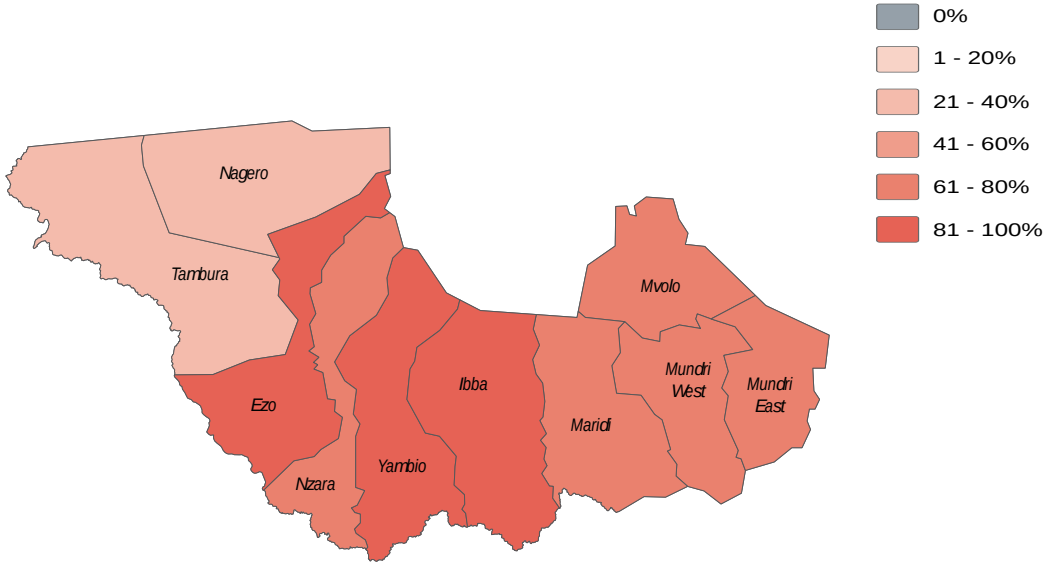
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

95%	of Ezo County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was an increase from the previous season.
91%	of Ezo 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	60%
	Flu	42%
	Fever	38%
	AWD	22%
	Stomach pain	15%
Host	Malaria	60%
	Flu	42%
	Fever	38%
	AWD	22%
	Stomach pain	15%
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	83%
	Fever	33%
	Flu	33%
	AWD	27%
	Typhoid	18%
Host	Malaria	83%
	Flu	34%
	Fever	32%
	AWD	28%
	Typhoid	18%
IDPs	Fever	100%
	Malaria	100%
Returnees		

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Ezo County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

16%	of Ezo 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.
7%	of Ezo 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 **24%** Yes 76%	No **43%** Yes 57%	No **73%** Yes 27%
Host	No **24%** Yes 76%	No **42%** Yes 58%	No **73%** Yes 27%
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

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Ibba County - Water, Sanitation and Hygiene Factsheet

Western Equatoria 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.

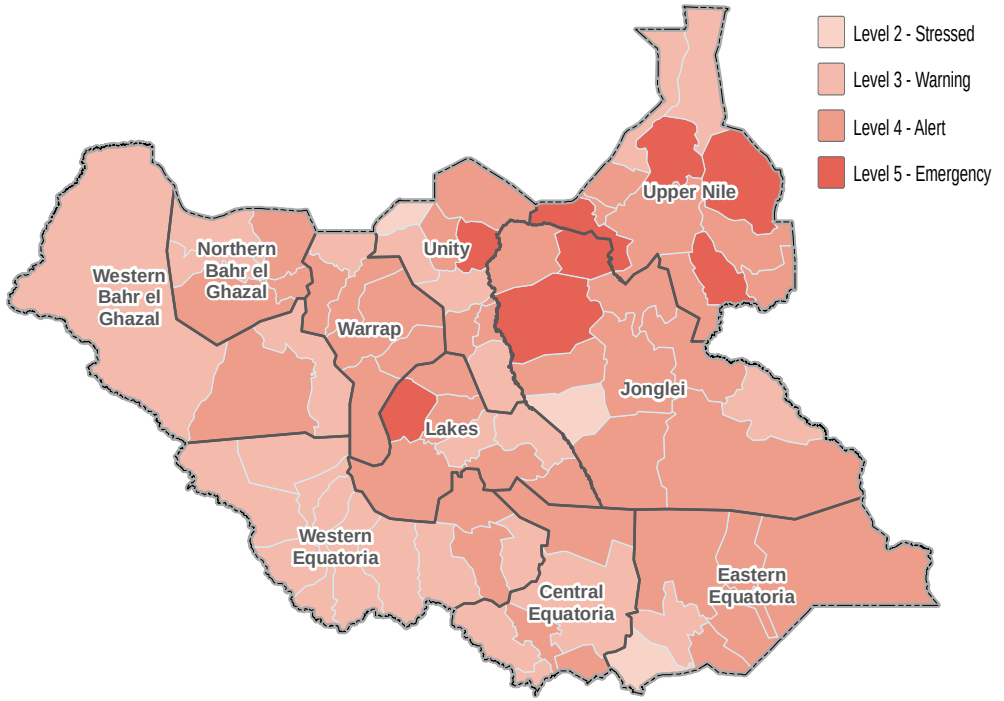
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of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

Partial coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

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	60%
Elderly persons	19%
Adopted children	15%
Female headed	15%
Chronically ill	11%

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Ibba County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

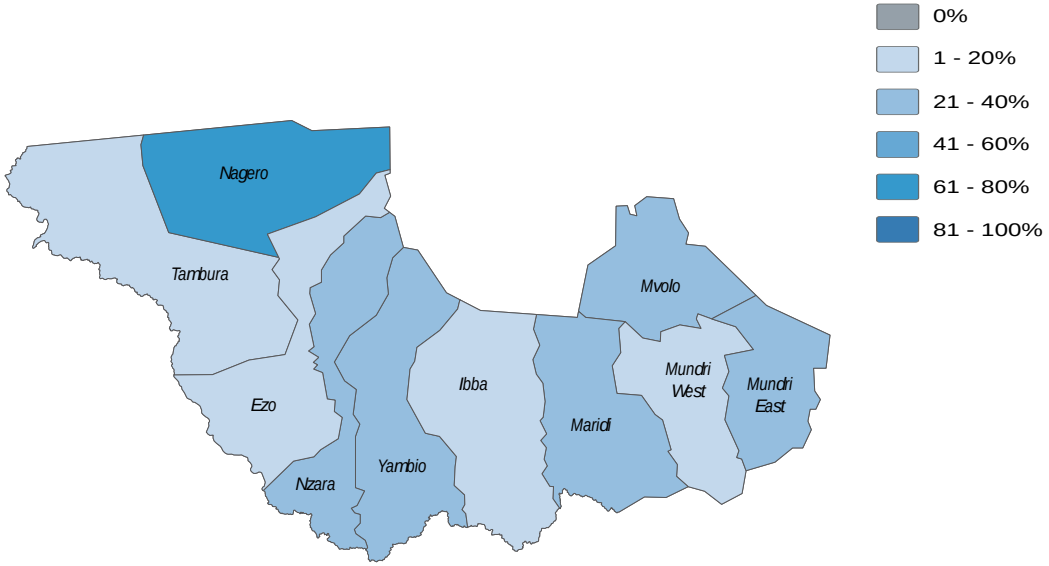
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

26%	of Ibba 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.
72%	of Ibba County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
21%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was a decrease from the previous season.
39%	of HHs reported feeling unsafe while collecting water, in July and August, 2018.

% 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	Unprotected well	40%
	Borehole	23%
	Hand dug well	18%
	River or stream	15%
	Tap stand	3%
Host	Unprotected well	40%
	Borehole	23%
	Hand dug well	18%
	River or stream	15%
	Tap stand	3%
IDPs		
Returnees		

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

Overall	30 minutes to 1 hour	52%
	Less than 30 minutes	30%
	Between 1- 2 hours	18%
	I don't know	1%
Host	30 minutes to 1 hour	52%
	Less than 30 minutes	30%
	Between 1- 2 hours	18%
	I don't know	1%

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Ibba County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

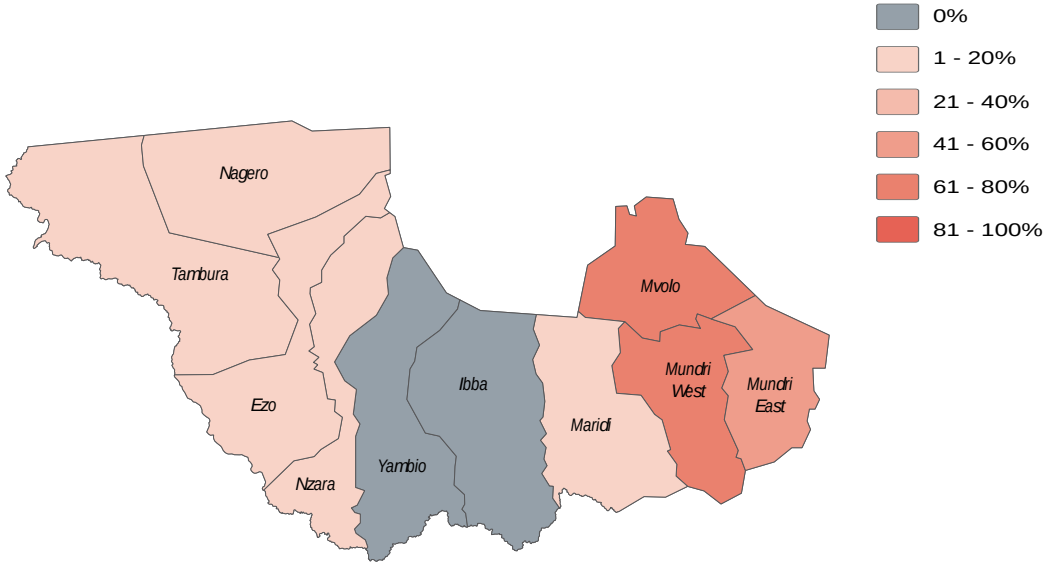
WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

100%	of Ibba 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.
87%	of Ibba County HHs reported having access to a latrine (private, shared, or communal/ institutional), in July and August, 2018.
97%	of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was an increase from the previous season.
86%	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 latrine	97%	In the latrine	86%
Dig a hole and cover	1%	Dig a hole and cover	14%
In the river	1%		
No answer	1%		

Host

In the latrine	97%	In the latrine	86%
Dig a hole and cover	1%	Dig a hole and cover	14%
In the river	1%		
No answer	1%		

IDPs

Returnees

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Ibba County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

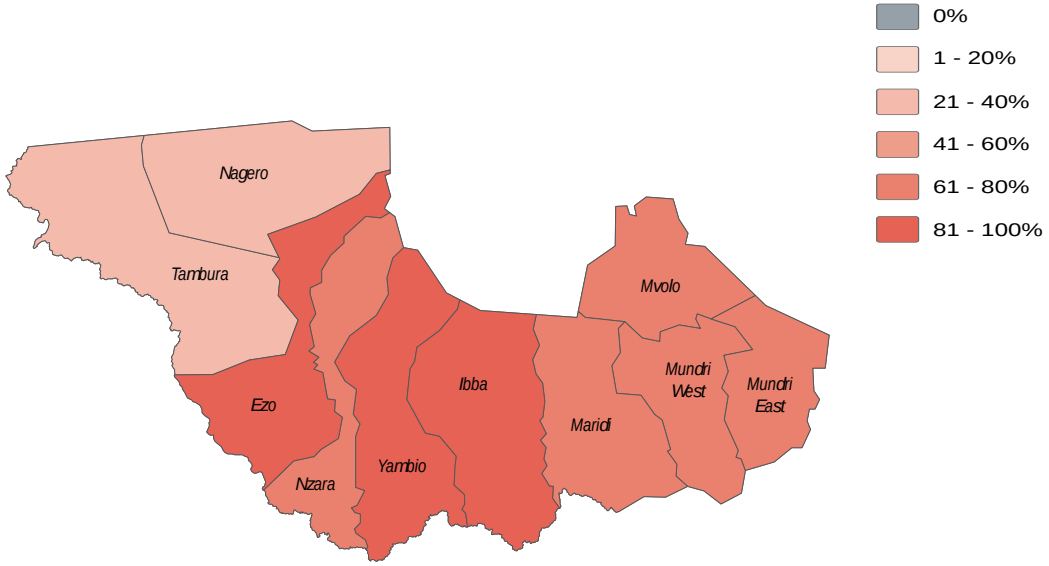
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

90%	of **Ibba 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.
80%	of **Ibba 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	34%
	Stomach pain	25%
	Skin infection	23%
	Fever	19%
	AWD	11%
Host	Malaria	34%
	Stomach pain	25%
	Skin infection	23%
	Fever	19%
	AWD	11%
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	55%
	Fever	36%
	AWD	15%
	Flu	11%
	Skin infection	11%
Host	Malaria	55%
	Fever	36%
	AWD	15%
	Flu	11%
	Skin infection	11%

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Ibba County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

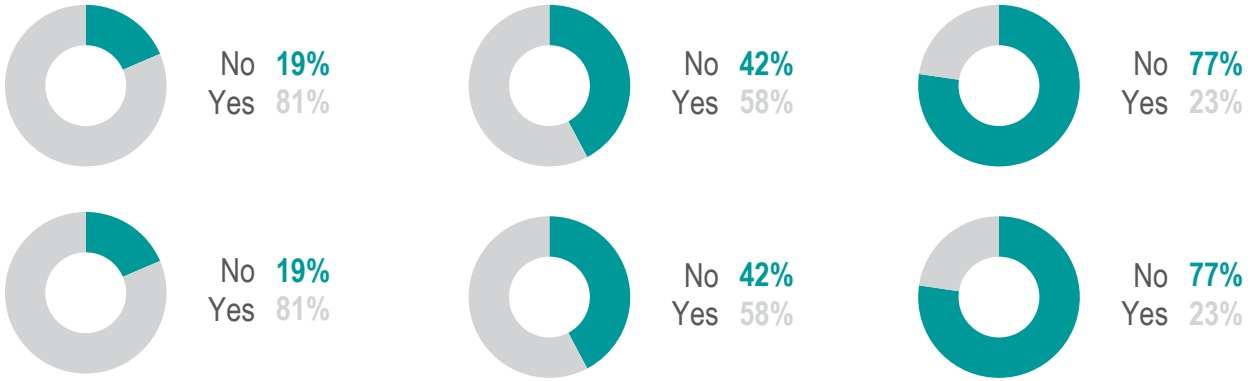
NFI WASH NFIs

7%	of Ibba County HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in November and December, 2018. This was a decrease from the previous season.
9%	of Ibba 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:



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.

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Maridi County - Water, Sanitation and Hygiene Factsheet

Western Equatoria 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.

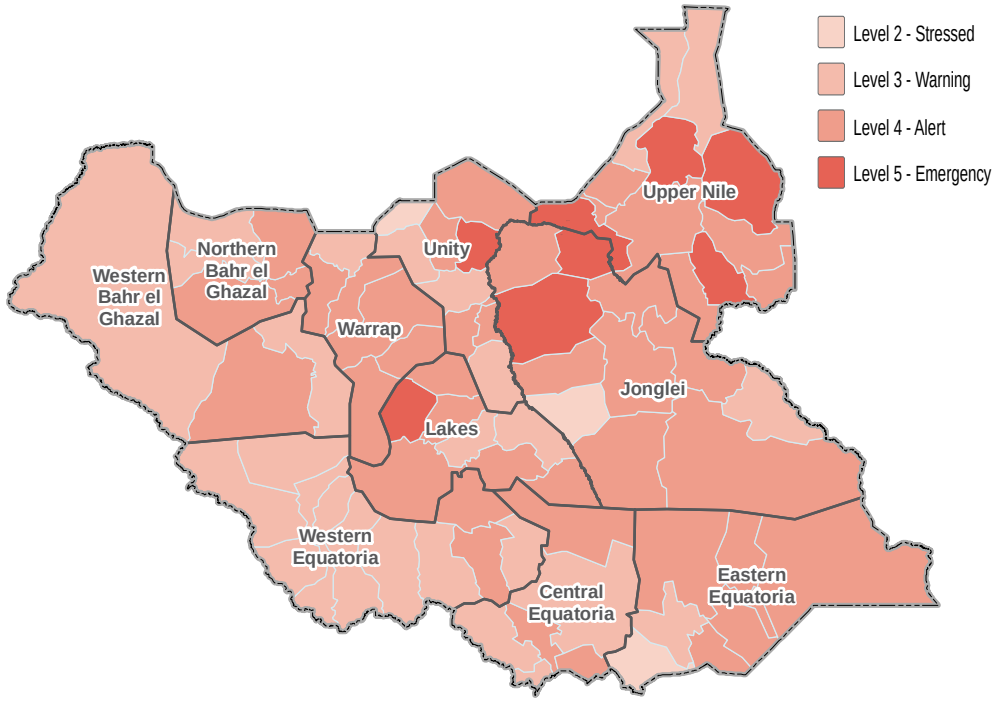
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of 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	74%
Female headed	48%
Elderly persons	31%
Physically disabled	14%
Adopted children	11%

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Maridi County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

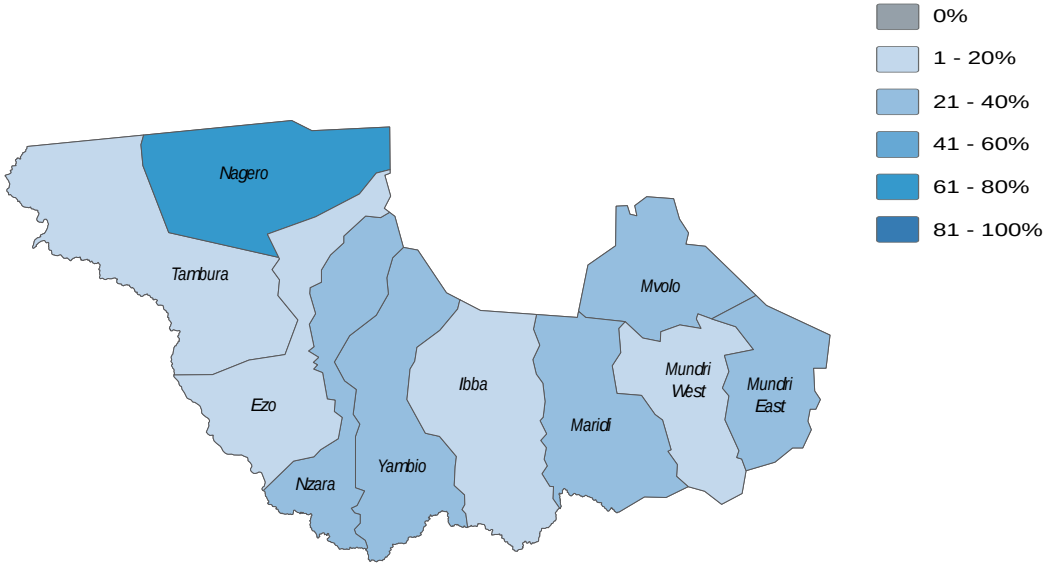
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

51%	of **Maridi 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.
49%	of **Maridi County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
8%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was 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

Overall

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

Borehole	51%
Hand dug well	25%
River or stream	12%
Swamp	7%
Unprotected well	5%

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	52%
30 minutes to 1 hour	31%
Between 1- 2 hours	14%
I don't know	3%

Host

Borehole	51%
Hand dug well	24%
River or stream	12%
Swamp	7%
Unprotected well	5%

Less than 30 minutes	52%
30 minutes to 1 hour	31%
Between 1- 2 hours	14%
I don't know	3%

IDPs

Hand dug well	100%

30 minutes to 1 hour	100%

Returnees

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Maridi County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

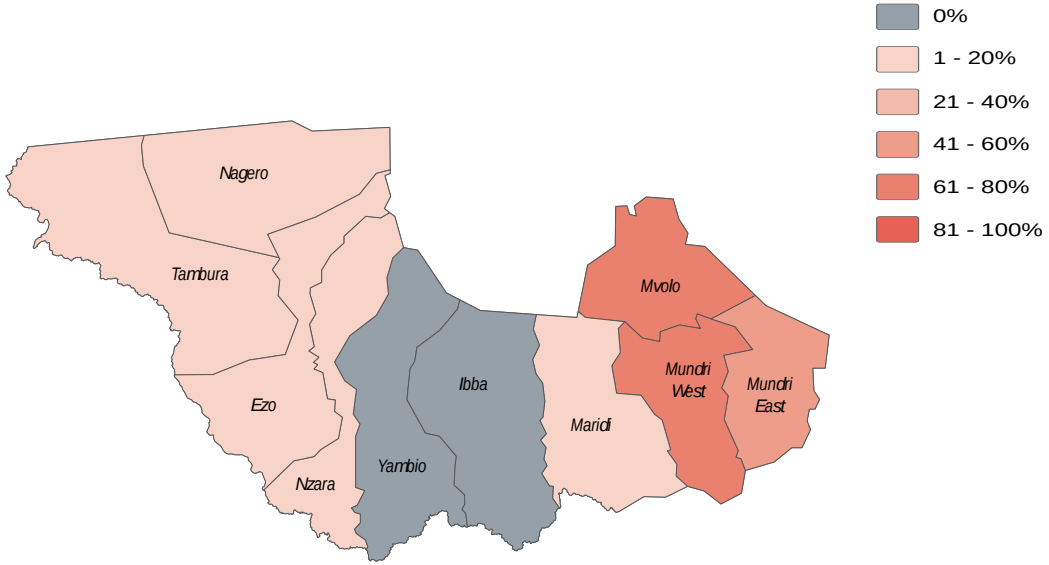
91% of **Maridi County** HHs reported having access to a latrine (private, shared, or communal/ institutional), in November and December, 2018. This was a decrease from the previous season.

92% of **Maridi County** HHs reported having access to a latrine (private, shared, or communal/ institutional), in July and August, 2018.

90% of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was an increase from the previous season.

85% 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 latrine	90%	In the latrine	85%
In the bush	9%	Dig a hole and cover	10%
Dig a hole and cover	1%	In the bush	4%
		No answer	2%

Host

In the latrine	90%	In the latrine	84%
In the bush	9%	Dig a hole and cover	10%
Dig a hole and cover	1%	In the bush	4%
		No answer	2%

IDPs

In the latrine	100%	In the latrine	100%

Returnees

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Maridi County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

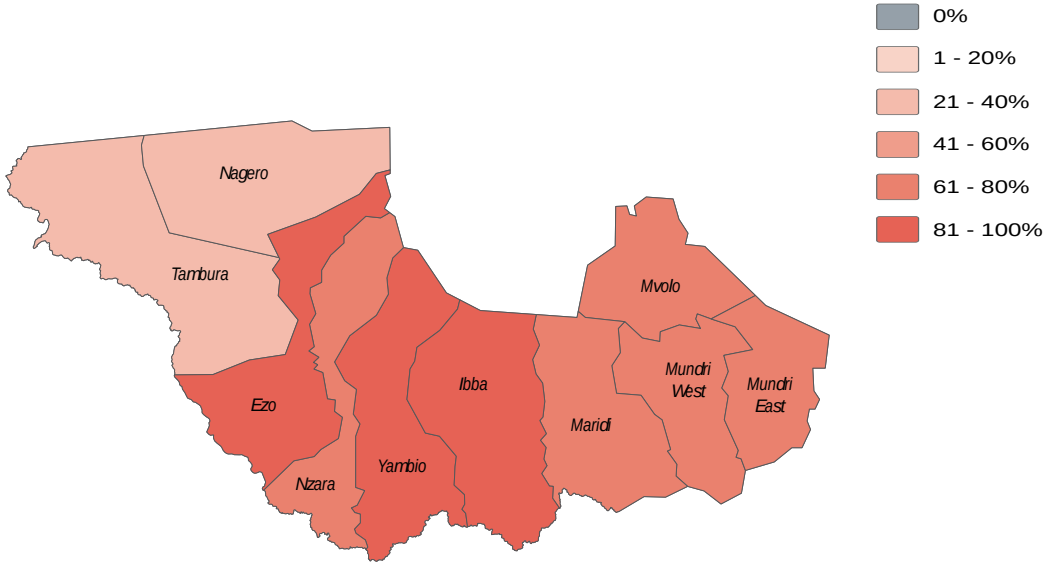
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

66%	of Maridi 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 Maridi County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 2018.
Malaria	was the most commonly reported water or vector borne disease in November and December, 2018. This was the same as the previous season.
Malaria	was the most commonly reported water or vector borne disease in July and August, 2018.

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



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

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

Overall

Malaria	61%
Fever	36%
Typhoid	18%
Stomach pain	15%
Skin infection	9%

Malaria	83%
Fever	41%
Stomach pain	9%
Others	7%
AWD	6%

Host

Malaria	61%
Fever	36%
Typhoid	18%
Stomach pain	15%
Skin infection	9%

Malaria	83%
Fever	42%
Stomach pain	9%
Others	8%
AWD	6%

IDPs

Malaria	100%

Returnees

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Maridi County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

14%	of **Maridi 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.
26%	of **Maridi 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 **34%** Yes 66%	No **30%** Yes 70%	No **65%** Yes 35%
Host	No **35%** Yes 65%	No **30%** Yes 70%	No **64%** Yes 36%
IDPs	Yes 100%	Yes 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.

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Mundri East County - Water, Sanitation and Hygiene Factsheet

Western Equatoria 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.

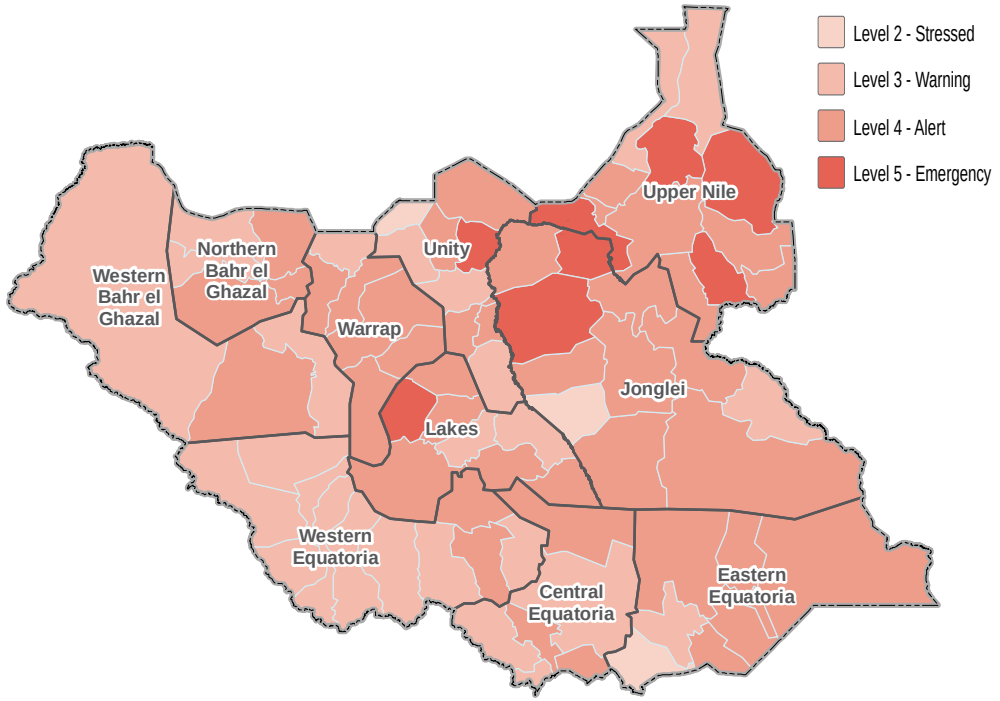
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of 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	98%
IDP	2%

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

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

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

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

Children under 5	59%
Female headed	43%
Elderly persons	32%
Physically disabled	27%
Adopted children	23%

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Mundri East County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

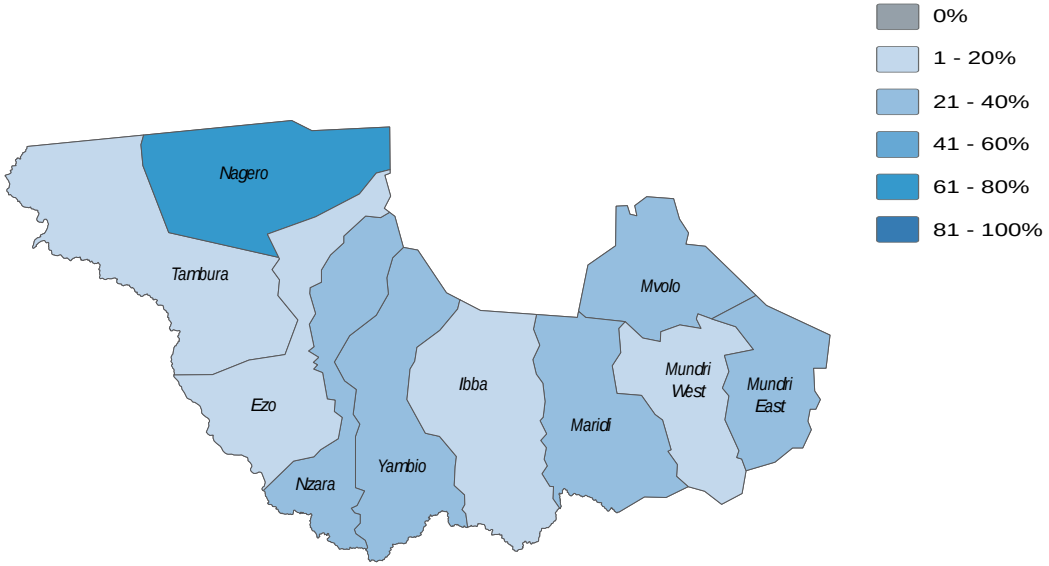
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

95%	of Mundri East 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.
47%	of Mundri East County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
15%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was a decrease from the previous season.
23%	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:

Borehole	95%
Hand dug well	5%
River or stream	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	33%
30 minutes to 1 hour	32%
Between 1- 2 hours	19%
More than 2 hours	15%
I don't know	1%

Host

Borehole	94%
Hand dug well	5%
River or stream	1%

Less than 30 minutes	33%
30 minutes to 1 hour	32%
Between 1- 2 hours	18%
More than 2 hours	16%
I don't know	1%

IDPs

Borehole	100%

Between 1- 2 hours	50%
Less than 30 minutes	50%

Returnees

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Mundri East County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

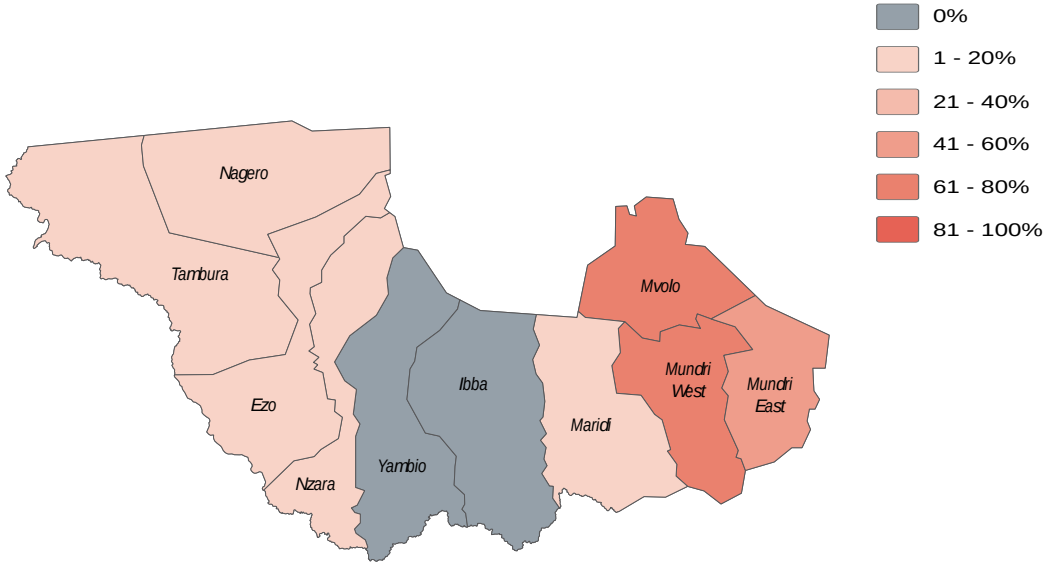
54% of **Mundri East County** HHs reported having access to a latrine (private, shared, or communal/institutional), in November and December, 2018. This was an increase from the previous season.

39% of **Mundri East County** HHs reported having access to a latrine (private, shared, or communal/institutional), in July and August, 2018.

25% of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was a decrease from the previous season.

34% 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	71%	In the bush	45%
	In the latrine	25%	Dig a hole and cover	28%
	Dig a hole and cover	3%	In the latrine	20%
	In the river	1%	No answer	4%
			Left where it is	3%
Host	In the bush	71%	In the bush	45%
	In the latrine	26%	Dig a hole and cover	28%
	Dig a hole and cover	3%	In the latrine	20%
	In the river	1%	No answer	4%
			Left where it is	3%
IDPs	In the bush	100%	Dig a hole and cover	50%
			In the bush	50%
Returnees				

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Mundri East County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

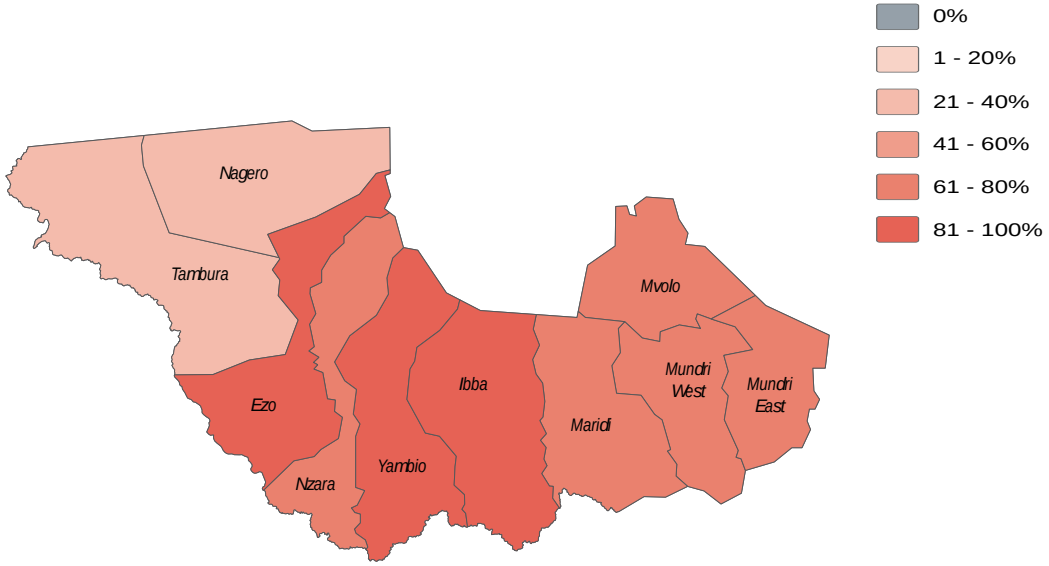
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

67%	of **Mundri East County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was a decrease from the previous season.
87%	of **Mundri East County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 2018.
Fever	was the most commonly reported water or vector borne disease in November and December, 2018. This was different to the previous season.
Malaria	was the most commonly reported water or vector borne disease in July and August, 2018.

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



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	81%
	Fever	69%
	Typhoid	50%
	Skin infection	38%
	Stomach pain	38%
Host	Malaria	81%
	Fever	69%
	Typhoid	50%
	Skin infection	38%
	Stomach pain	38%
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	Fever	90%
	Malaria	81%
	Flu	45%
	Stomach pain	34%
	Skin infection	31%
Host	Fever	89%
	Malaria	80%
	Flu	44%
	Stomach pain	35%
	Skin infection	32%
IDPs	Fever	100%
	Flu	100%
	Malaria	100%
Returnees		

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Mundri East County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

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

	Ownership of a bucket or a jerrycan with a lid by percentage of households:	Ownership of soap by percentage of households:	Every member of the household sleeps under a mosquito net by percentage of households:
Overall	No **20%** Yes 80%	No **54%** Yes 46%	No **78%** Yes 22%
Host	No **20%** Yes 80%	No **55%** Yes 45%	No **78%** Yes 22%
IDPs	Yes 100%	Yes 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.

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Mundri West County - Water, Sanitation and Hygiene Factsheet

Western Equatoria 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.

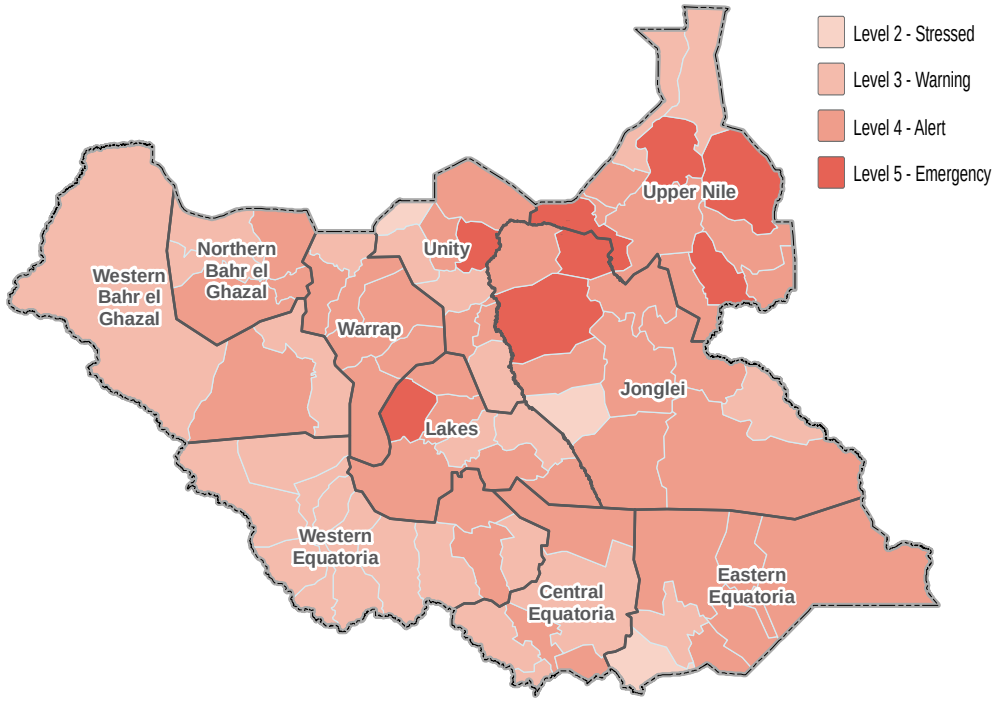
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of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

Partial coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

Host community	99%
IDP	1%

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

Around 5 years	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	75%
Elderly persons	32%
Female headed	26%
Chronically ill	22%
Adopted children	20%

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Mundri West County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

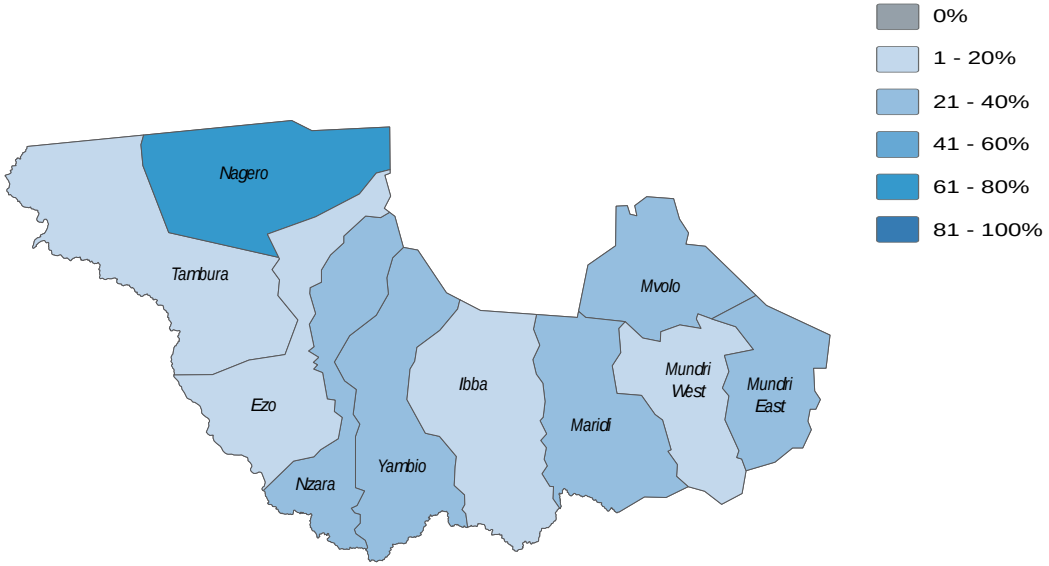
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

66%	of **Mundri West 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.
60%	of **Mundri West County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
3%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was a decrease from the previous season.
30%	of HHs reported feeling unsafe while collecting water, in July and August, 2018.

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



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

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

Overall

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

Borehole	66%
River or stream	30%
Unprotected well	2%
Hand dug well	1%

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	51%
Less than 30 minutes	27%
Between 1- 2 hours	20%
More than 2 hours	2%

Host

Borehole	66%
River or stream	31%
Unprotected well	2%
Hand dug well	1%

30 minutes to 1 hour	51%
Less than 30 minutes	27%
Between 1- 2 hours	20%
More than 2 hours	2%

IDPs

Borehole	100%

30 minutes to 1 hour	100%

Returnees

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Mundri West County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

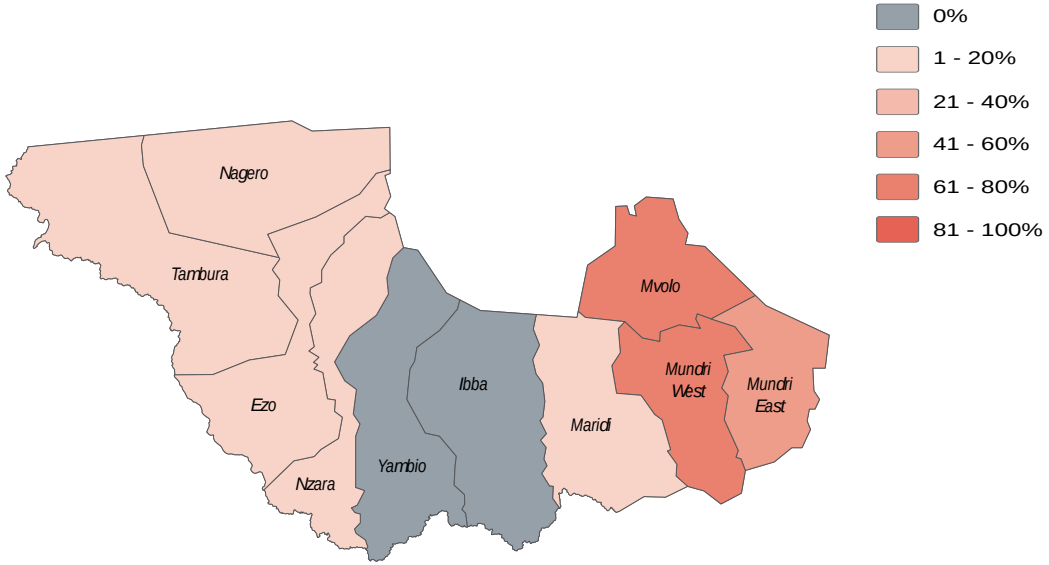
25% of **Mundri West County** HHs reported having access to a latrine (private, shared, or communal/institutional), in November and December, 2018. This was a decrease from the previous season.

48% of **Mundri West County** HHs reported having access to a latrine (private, shared, or communal/institutional), in July and August, 2018.

21% of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was a decrease from the previous season.

27% 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	62%
	In the latrine	21%	In the latrine	22%
	Dig a hole and cover	1%	Dig a hole and cover	15%
	In the river	1%	No answer	1%
Host	In the bush	77%	In the bush	61%
	In the latrine	21%	In the latrine	22%
	Dig a hole and cover	1%	Dig a hole and cover	15%
	In the river	1%	No answer	1%
IDPs	In the bush	100%	In the bush	100%
Returnees				

Mundri West County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

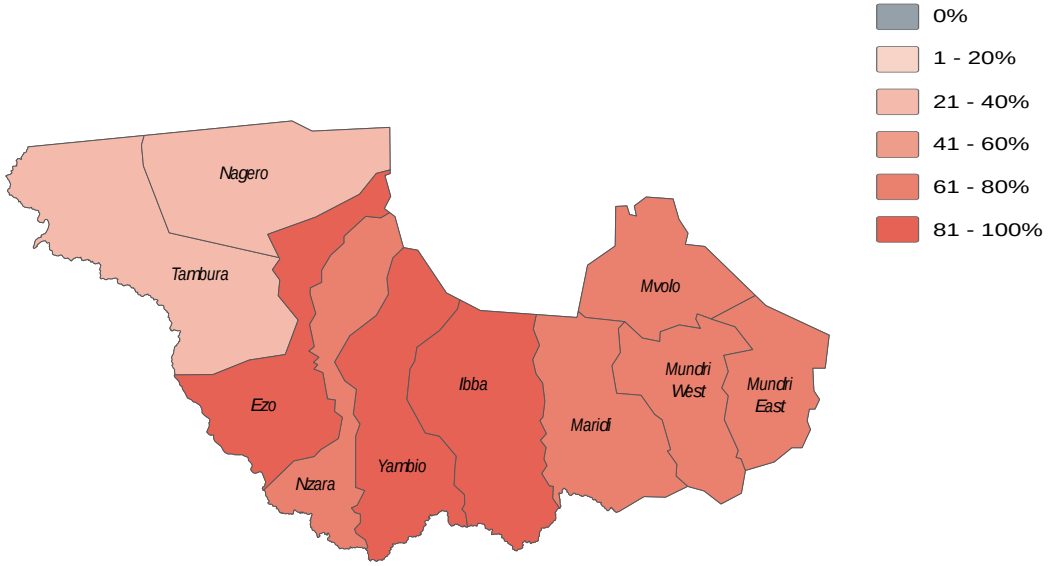
68% of **Mundri West County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was a decrease from the previous season.

90% of **Mundri West County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 2018.

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

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

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



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

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

	Adults		Children under 5	
Overall	Malaria	69%	Malaria	81%
	Typhoid	57%	Fever	49%
	Stomach pain	38%	AWD	26%
	Fever	29%	Flu	26%
	Eye infection	26%	Eye infection	11%
Host	Malaria	68%	Malaria	80%
	Typhoid	56%	Fever	48%
	Stomach pain	39%	AWD	27%
	Fever	27%	Flu	27%
	Eye infection	24%	Eye infection	11%
IDPs	Eye infection	100%	Fever	100%
	Fever	100%	Malaria	100%
	Malaria	100%	Typhoid	100%
	Typhoid	100%		
Returnees				

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Mundri West County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

10%	of **Mundri West County** HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in November and December, 2018. This was an increase from the previous season.
5%	of **Mundri West 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 **40%** Yes 60%	No **57%** Yes 43%	No **74%** Yes 26%
Host	No **41%** Yes 59%	No **57%** Yes 43%	No **74%** Yes 26%
IDPs	Yes 100%	Yes 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.
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Mvolo County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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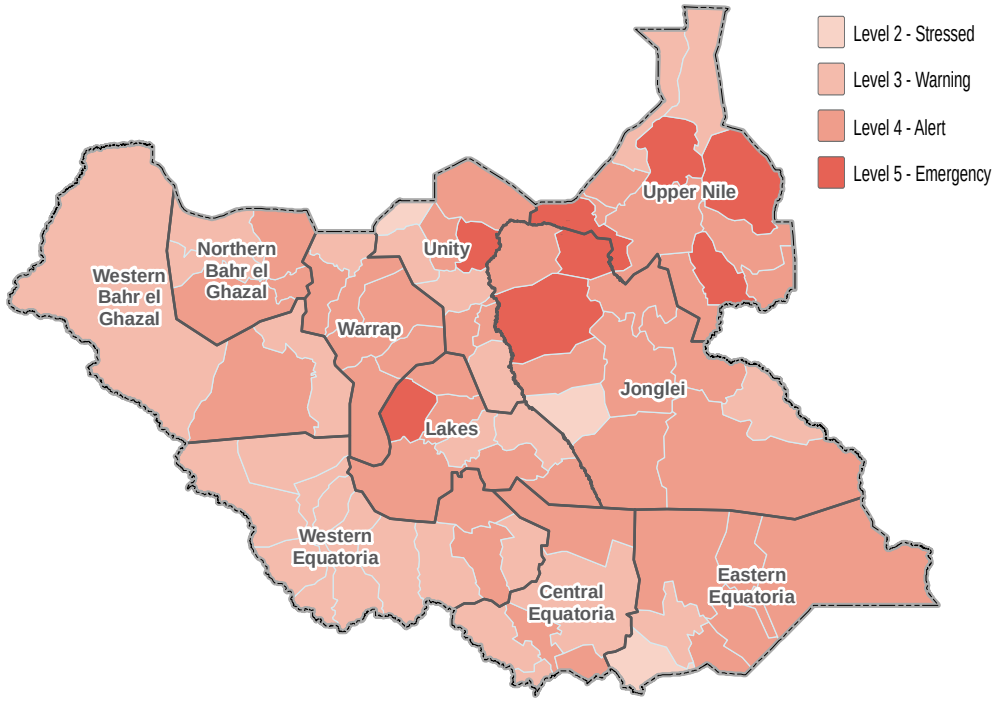
FSNMS Assessment Coverage

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	43%
Physically disabled	40%
Mentally disabled	24%
Chronically ill	22%

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Mvolo County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

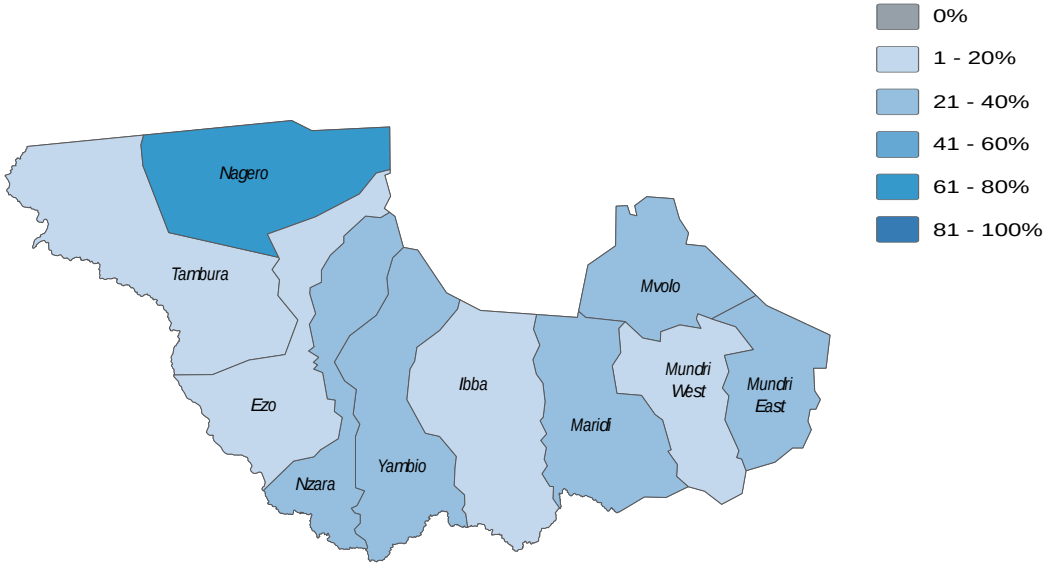
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

87%	of Mvolo 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.
75%	of Mvolo County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
10%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was a decrease from the previous season.
11%	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	Borehole	84%
	Hand dug well	7%
	Swamp	4%
	Tap stand	3%
	Unprotected well	2%
Host	Borehole	84%
	Hand dug well	7%
	Swamp	4%
	Tap stand	3%
	Unprotected well	2%
IDPs		
Returnees		

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

Overall	Between 1- 2 hours	34%
	30 minutes to 1 hour	31%
	Less than 30 minutes	30%
	More than 2 hours	5%
	I don't know	1%
Host	Between 1- 2 hours	34%
	30 minutes to 1 hour	31%
	Less than 30 minutes	30%
	More than 2 hours	5%
	I don't know	1%

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Mvolo County - Water, Sanitation and Hygiene Factsheet

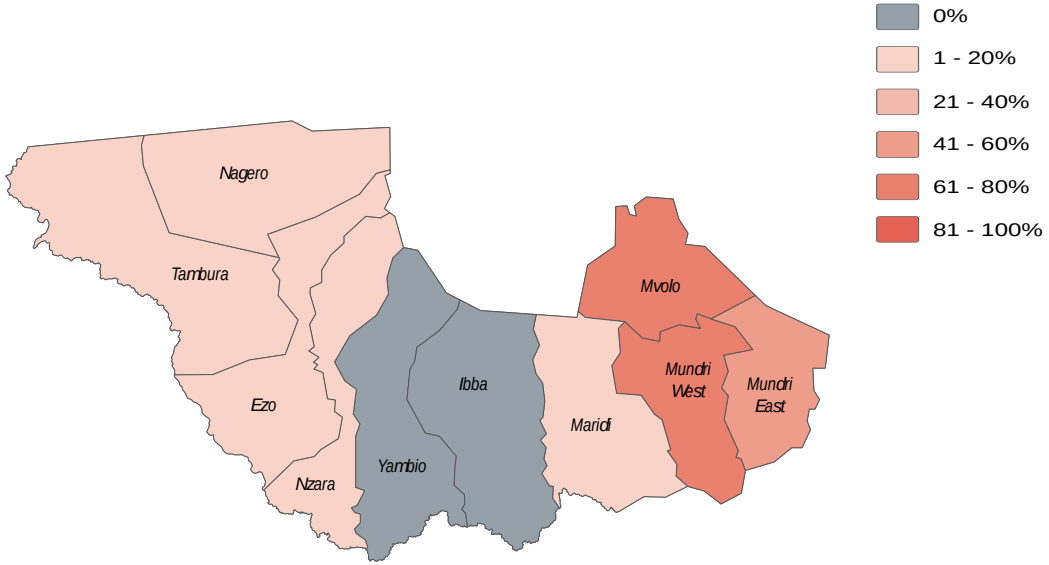
Western Equatoria State, South Sudan

November/December2018

Sanitation

31%	of Mvolo 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.
9%	of Mvolo County HHs reported having access to a latrine (private, shared, or communal/ institutional), in July and August, 2018.
27%	of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was an increase from the previous season.
8%	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	72%
In the latrine	27%
No answer	1%

In the bush	36%
In the latrine	27%
Dig a hole and cover	25%
No answer	12%

Host

In the bush	72%
In the latrine	27%
No answer	1%

In the bush	36%
In the latrine	27%
Dig a hole and cover	25%
No answer	12%

IDPs

Returnees

Mvolo County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

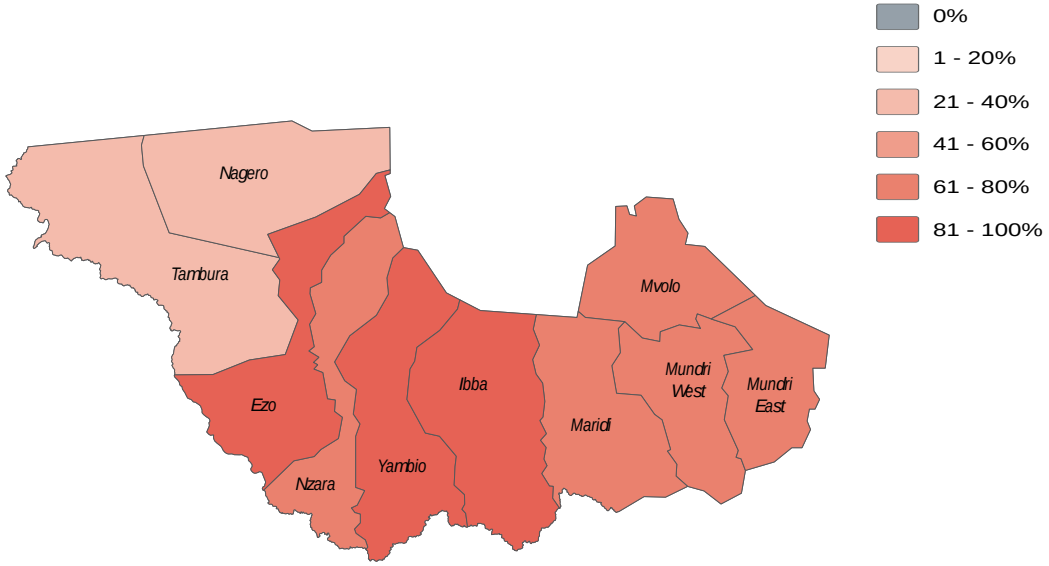
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

74%	of Mvolo 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.
68%	of Mvolo County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 2018.
Malaria	was the most commonly reported water or vector borne disease in November and December, 2018. This was the same as the previous season.
Malaria	was the most commonly reported water or vector borne disease in July and August, 2018.

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



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

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

Overall

Malaria	67%	Malaria	88%
Fever	56%	Fever	66%
Eye infection	38%	Stomach pain	28%
Stomach pain	26%	AWD	12%
Skin infection	21%	Cholera	9%

Host

Malaria	67%	Malaria	88%
Fever	56%	Fever	66%
Eye infection	38%	Stomach pain	28%
Stomach pain	26%	AWD	12%
Skin infection	21%	Cholera	9%

IDPs

Returnees

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Mvolo County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

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

	Ownership of a bucket or a jerrycan with a lid by percentage of households:	Ownership of soap by percentage of households:	Every member of the household sleeps under a mosquito net by percentage of households:
Overall	No **60%** Yes 40%	No **54%** Yes 46%	No **66%** Yes 34%
Host	No **60%** Yes 40%	No **54%** Yes 46%	No **66%** Yes 34%
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

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Nagero County - Water, Sanitation and Hygiene Factsheet

Western Equatoria 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.

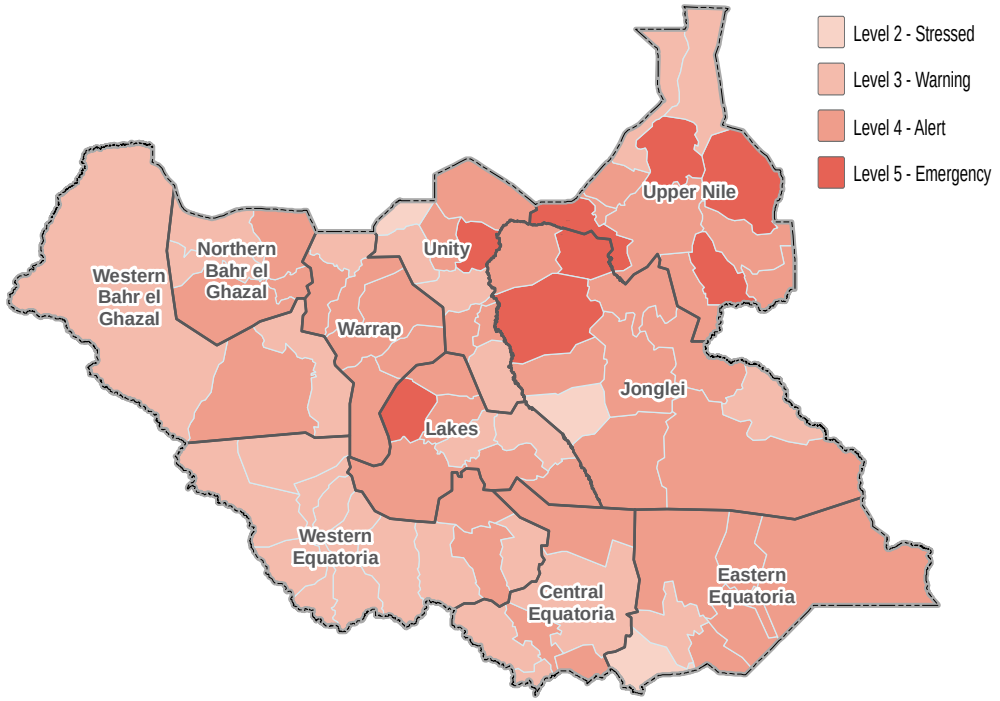
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of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

Partial coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

IDP	63%
Returnee	27%
Host community	10%

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:

In the last one year	100%

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

Children under 5	46%
Female headed	29%
Elderly persons	17%
Physically disabled	6%
Mentally disabled	4%

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Nagero County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

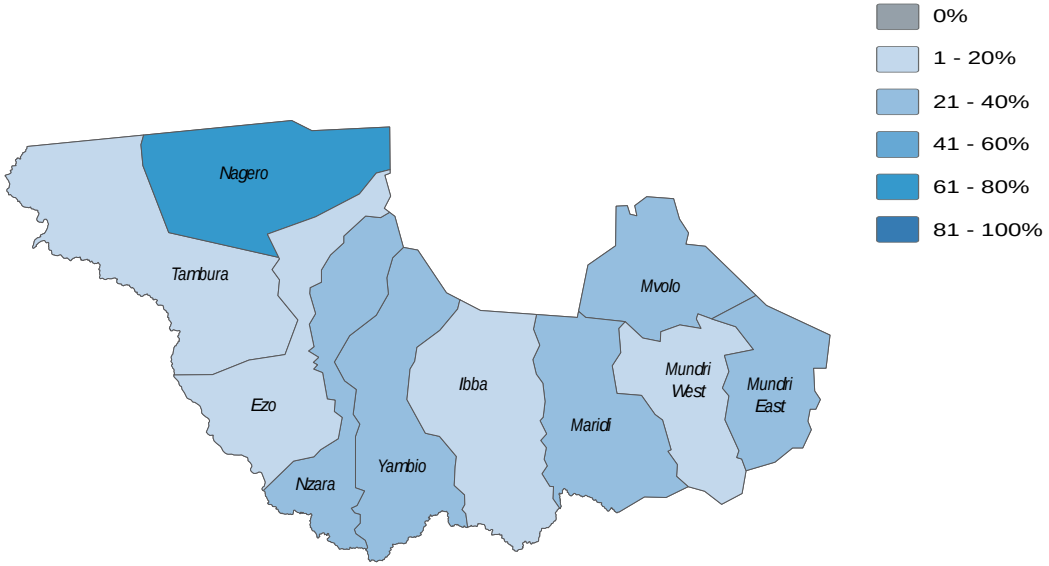
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

94%	of Nagero 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.
40%	of Nagero County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
14%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was a decrease from the previous season.
44%	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	94%	Less than 30 minutes	79%
	River or stream	6%	30 minutes to 1 hour	17%
			Between 1- 2 hours	4%
Host	Borehole	71%	Less than 30 minutes	71%
	River or stream	29%	30 minutes to 1 hour	14%
			Between 1- 2 hours	14%
IDPs	Borehole	100%	Less than 30 minutes	89%
			30 minutes to 1 hour	9%
			Between 1- 2 hours	2%
Returnees	Borehole	89%	Less than 30 minutes	58%
	River or stream	11%	30 minutes to 1 hour	37%
			Between 1- 2 hours	5%

Nagero County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

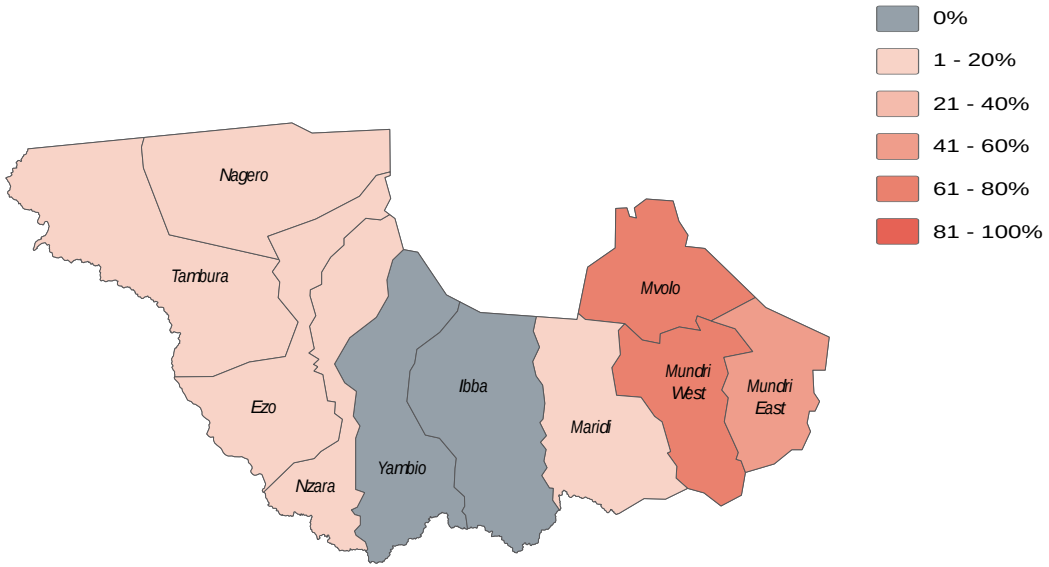
93% of Nagero County HHs reported having access to a latrine (private, shared, or communal/ institutional), in November and December, 2018. This was an increase from the previous season.

71% of Nagero County HHs reported having access to a latrine (private, shared, or communal/ institutional), in July and August, 2018.

89% of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was an increase from the previous season.

52% 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 latrine	89%	In the latrine	81%
	In the bush	10%	In the bush	16%
	No answer	1%	Left where it is	1%
			No answer	1%
Host	In the latrine	86%	In the latrine	86%
	In the bush	14%	In the bush	14%
IDPs	In the latrine	98%	In the latrine	84%
	In the bush	2%	In the bush	16%
Returnees	In the latrine	68%	In the latrine	74%
	In the bush	26%	In the bush	16%
	No answer	5%	Left where it is	5%
			No answer	5%

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Nagero County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

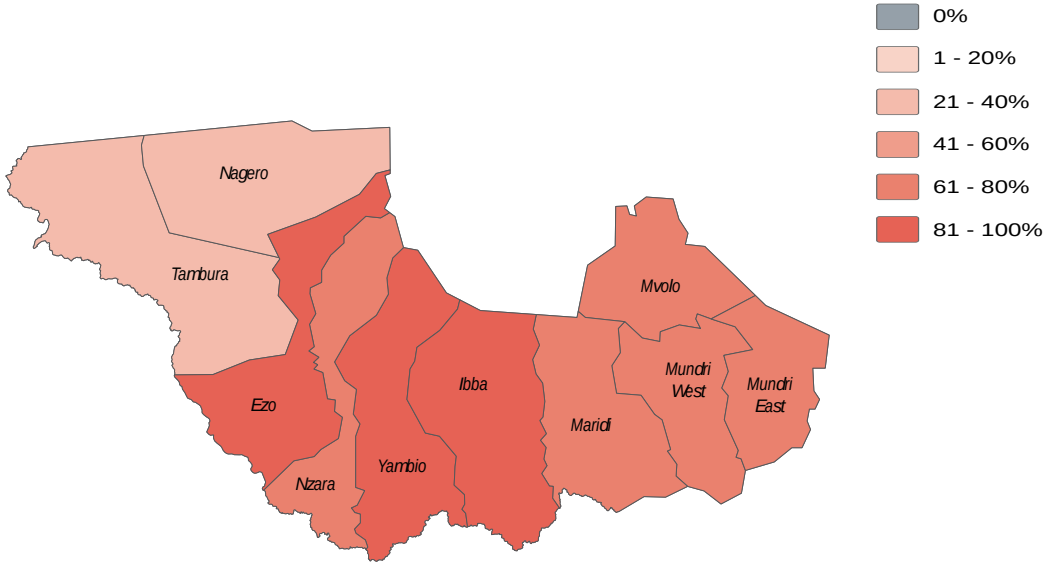
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

27%	of Nagero 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.
86%	of Nagero County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 2018.
Malaria	was the most commonly reported water or vector borne disease in November and December, 2018. This was the same as the previous season.
Malaria	was the most commonly reported water or vector borne disease in July and August, 2018.

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



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

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

Overall

Malaria	75%
AWD	63%
Fever	38%
Flu	38%
Stomach pain	38%

Malaria	93%
Fever	67%
Flu	60%
AWD	40%
Skin infection	20%

Host

Fever	100%
Malaria	100%
Stomach pain	100%
Typhoid	100%

Malaria	100%
Fever	60%
Flu	60%

IDPs

AWD	100%
Malaria	100%

AWD	100%
Malaria	100%
Fever	67%
Flu	67%
Skin infection	33%

Returnees

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Nagero County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

4%	of Nagero 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.
11%	of Nagero 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 **51%** Yes 49%		No **86%** Yes 14%		No **39%** Yes 61%
Host		No **43%** Yes 57%		No **100%**		No **100%**
IDPs		No **41%** Yes 59%		No **86%** Yes 14%		No **18%** Yes 82%
Returnees		No **79%** Yes 21%		No **79%** Yes 21%		No **63%** Yes 37%

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.

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Nzara County - Water, Sanitation and Hygiene Factsheet

Western Equatoria 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.

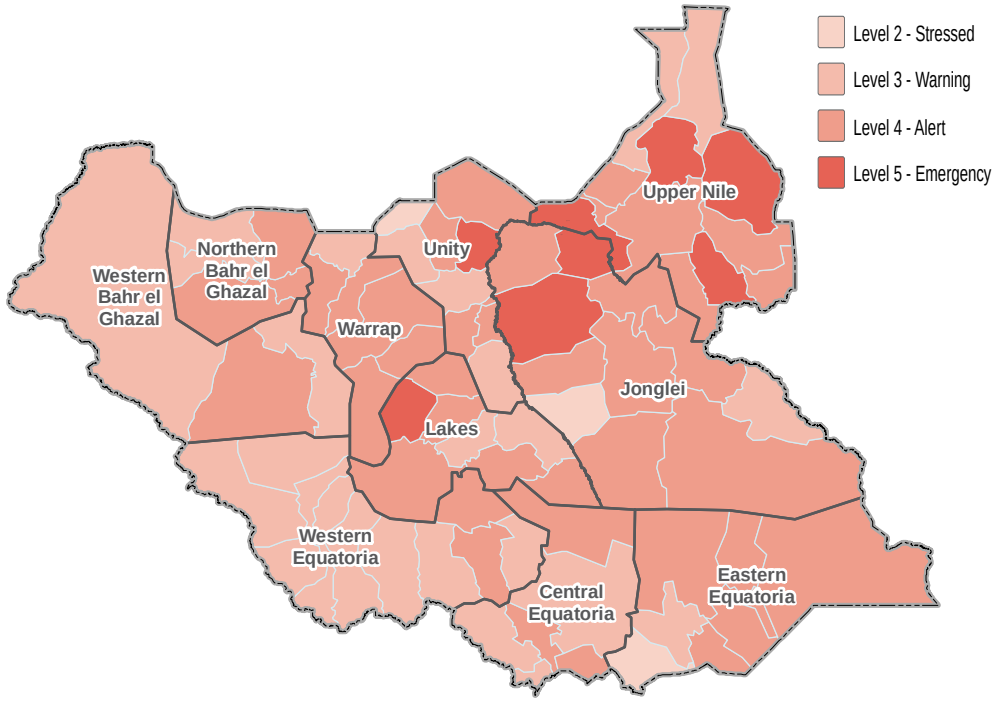
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of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

Partial coverage in the county was achieved.

WASH Needs Severity Map



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- 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:

Between 2-3 years	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	67%
Female headed	49%
Adopted children	37%
Elderly persons	27%
Physically disabled	19%

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Nzara County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

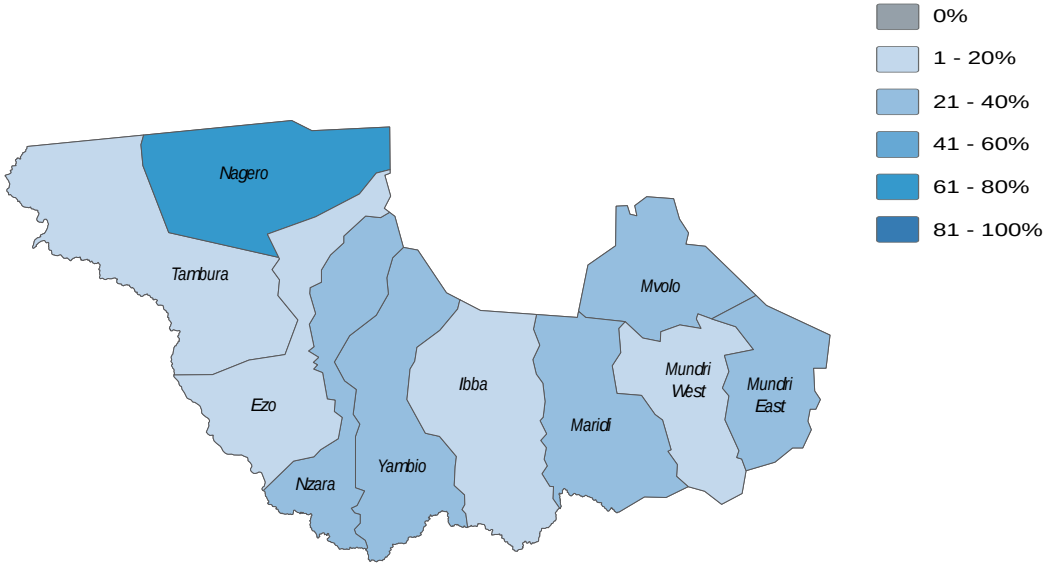
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

50%	of Nzara 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 Nzara County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
20%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was a decrease from the previous season.
24%	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:

Borehole	50%
River or stream	32%
Unprotected well	9%
Hand dug well	7%
Don't know	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	55%
30 minutes to 1 hour	22%
Between 1- 2 hours	20%
I don't know	1%
More than 2 hours	1%

Host

Borehole	51%
River or stream	32%
Unprotected well	9%
Hand dug well	6%
Don't know	1%

Less than 30 minutes	55%
30 minutes to 1 hour	23%
Between 1- 2 hours	20%
I don't know	1%
More than 2 hours	1%

IDPs

Hand dug well	100%

Less than 30 minutes	100%

Returnees

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Nzara County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

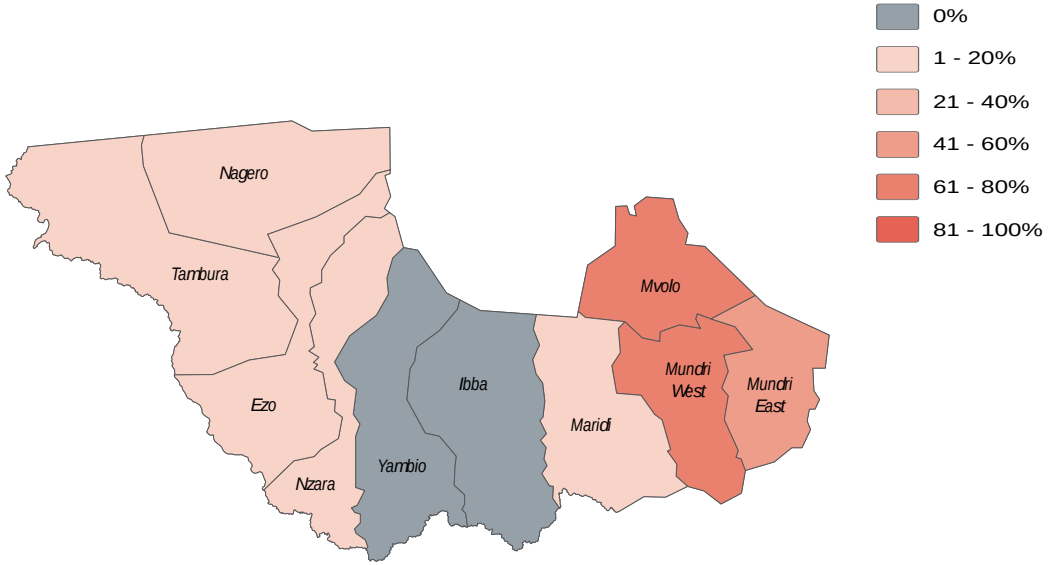
98% of Nzara County HHs reported having access to a latrine (private, shared, or communal/ institutional), in November and December, 2018. This was an increase from the previous season.

97% of Nzara County HHs reported having access to a latrine (private, shared, or communal/ institutional), in July and August, 2018.

90% of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was an increase from the previous season.

89% 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 latrine	90%	In the latrine	95%
	In the bush	6%	Dig a hole and cover	3%
	No answer	3%	In the bush	2%
Host	In the latrine	90%	In the latrine	95%
	In the bush	6%	Dig a hole and cover	3%
	No answer	3%	In the bush	2%
IDPs	In the latrine	100%	In the latrine	100%
Returnees				

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Nzara County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

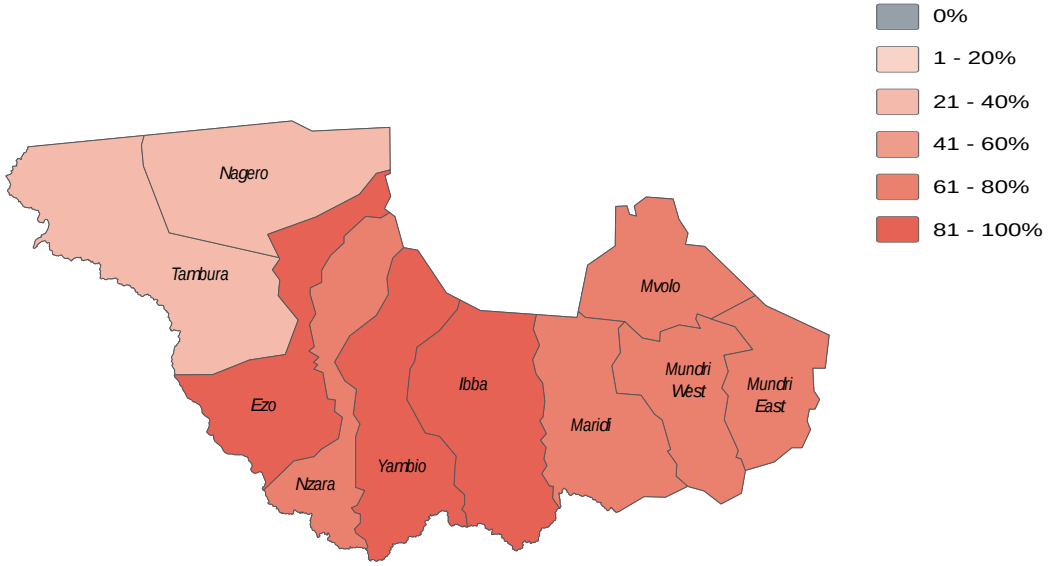
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

65%	of Nzara 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 Nzara 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	56%
	Typhoid	31%
	Flu	28%
	Skin infection	22%
	Stomach pain	19%
Host	Malaria	56%
	Typhoid	31%
	Flu	28%
	Skin infection	22%
	Stomach pain	19%
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	85%
	Flu	37%
	Fever	26%
	Skin infection	17%
	Stomach pain	11%
Host	Malaria	84%
	Flu	38%
	Fever	27%
	Skin infection	18%
	Stomach pain	11%
IDPs	Malaria	100%
Returnees		

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Nzara County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

23%	of Nzara 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.
37%	of Nzara 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 **2%** Yes 98%	No **32%** Yes 68%	No **52%** Yes 48%
Host	No **2%** Yes 98%	No **32%** Yes 68%	No **53%** Yes 47%
IDPs	Yes 100%	Yes 100%	Yes 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.

Tambura County - Water, Sanitation and Hygiene Factsheet

Western Equatoria 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.

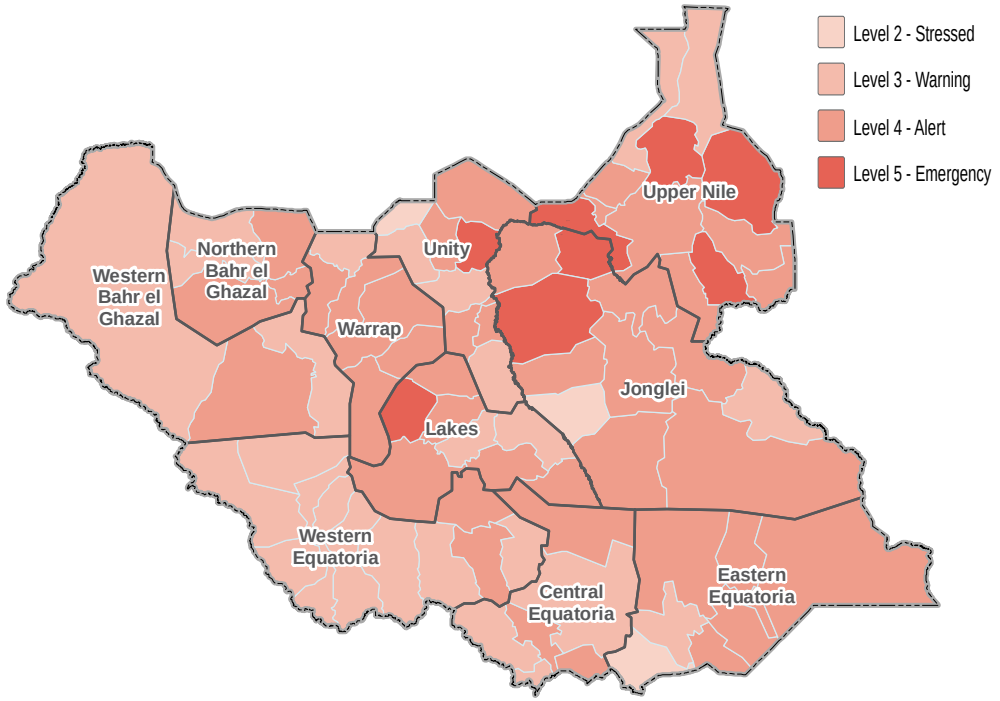
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of 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	98%
IDP	1%
Returnee	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:

More than 5 years	100%

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

Children under 5	77%
Female headed	25%
Elderly persons	22%
Physically disabled	13%
Adopted children	11%

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Tambura County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

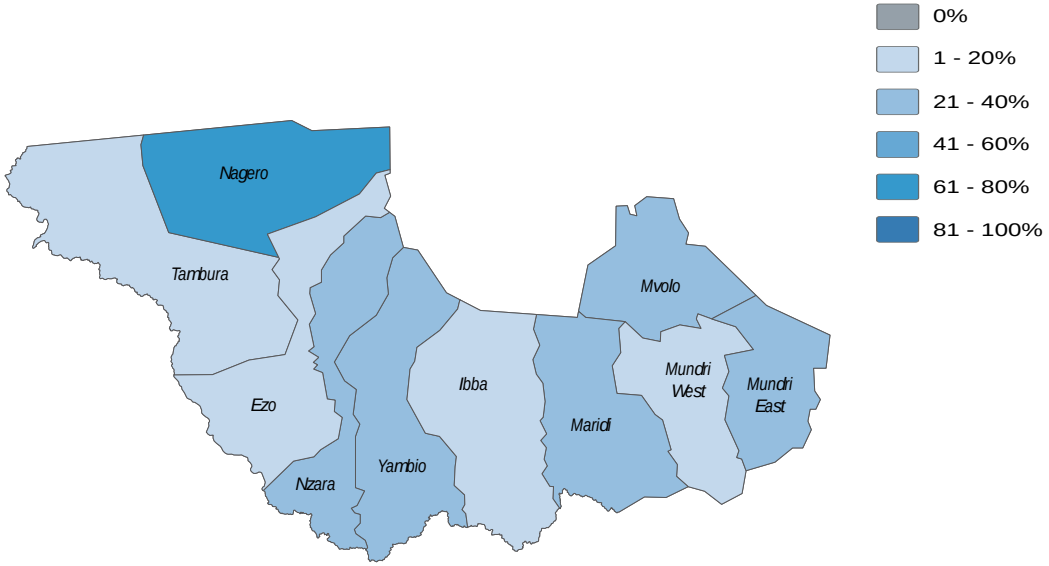
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

22%	of Tambura 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.
21%	of Tambura County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
31%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was the same as the previous season.
31%	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	43%	Less than 30 minutes	60%
	Hand dug well	20%	Between 1- 2 hours	22%
	Tap stand	17%	30 minutes to 1 hour	18%
	Unprotected well	13%		
	Borehole	6%		
Host	River or stream	43%	Less than 30 minutes	60%
	Hand dug well	19%	Between 1- 2 hours	23%
	Tap stand	17%	30 minutes to 1 hour	17%
	Unprotected well	13%		
	Borehole	6%		
IDPs	Hand dug well	100%	30 minutes to 1 hour	100%
Returnees	Hand dug well	100%	Less than 30 minutes	100%

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Tambura County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

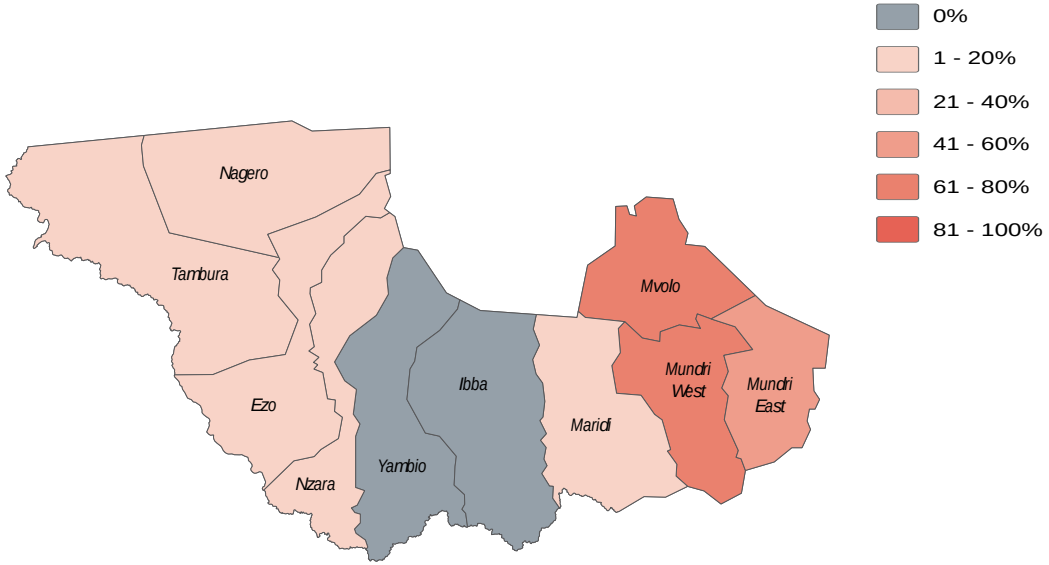
90% of Tambura County HHs reported having access to a latrine (private, shared, or communal/ institutional), in November and December, 2018. This was a decrease from the previous season.

94% of Tambura County HHs reported having access to a latrine (private, shared, or communal/ institutional), in July and August, 2018.

89% of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was a decrease from the previous season.

92% 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 latrine	89%	In the latrine	89%
	In the bush	11%	In the bush	9%
			Dig a hole and cover	2%
Host	In the latrine	90%	In the latrine	90%
	In the bush	10%	In the bush	9%
			Dig a hole and cover	2%
IDPs	In the latrine	100%	In the latrine	100%
Returnees	In the bush	100%	In the bush	100%

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Tambura County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

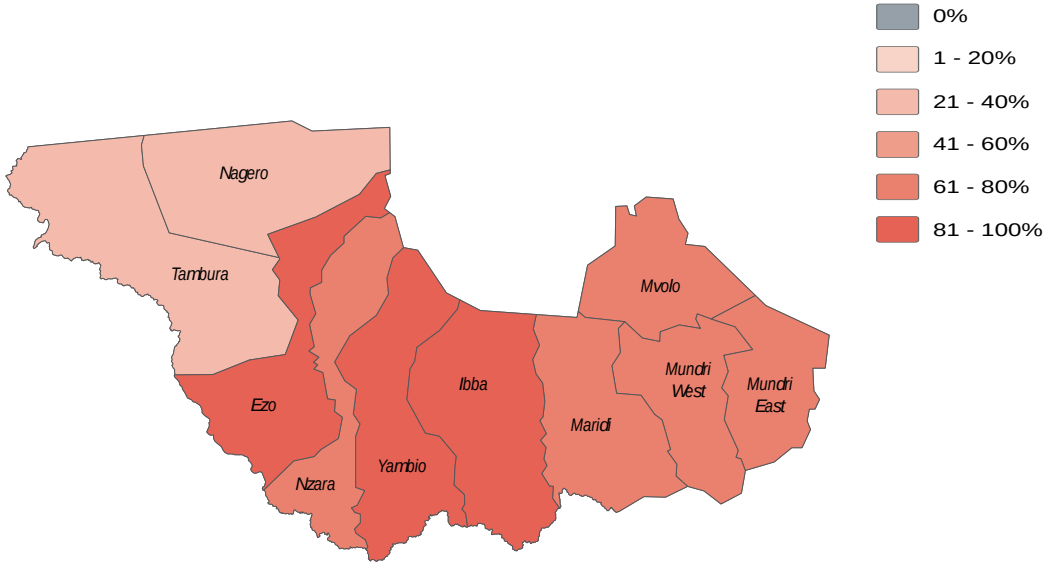
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

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

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



	Most commonly self-reported water or vector borne diseases for adults in the two weeks prior to data collection by percentage of households: (more than one answer was possible)		Most commonly self-reported water or vector borne disease for children under 5 in the two weeks prior to data collection by percentage of households: (more than one answer was possible)	
Overall	Stomach pain	32%	Fever	48%
	AWD	27%	Malaria	48%
	Fever	27%	AWD	44%
	Malaria	27%	Flu	26%
	Skin infection	18%	Stomach pain	15%
Host	Stomach pain	33%	Fever	50%
	Fever	29%	Malaria	50%
	Malaria	29%	AWD	42%
	AWD	24%	Flu	27%
	Skin infection	19%	Stomach pain	12%
IDPs	AWD	100%	AWD	100%
			Stomach pain	100%
Returnees				

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Tambura County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

28%	of Tambura 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.
47%	of Tambura County HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in HH in July and August, 2018.
3	was the average number of jerrycans and/or buckets per HH in July and August, 2018. This was the same as the previous season.
3	was the average number of jerrycans and/or buckets per HH in November and December, 2018.

	Ownership of a bucket or a jerrycan with a lid by percentage of households:	Ownership of soap by percentage of households:	Every member of the household sleeps under a mosquito net by percentage of households:
Overall	No **34%** Yes 66%	No **36%** Yes 64%	No **42%** Yes 58%
Host	No **35%** Yes 65%	No **36%** Yes 64%	No **42%** Yes 58%
IDPs	Yes 100%	Yes 100%	Yes 100%
Returnees	Yes 100%	No **100%**	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.

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Yambio County - Water, Sanitation and Hygiene Factsheet

Western Equatoria 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.

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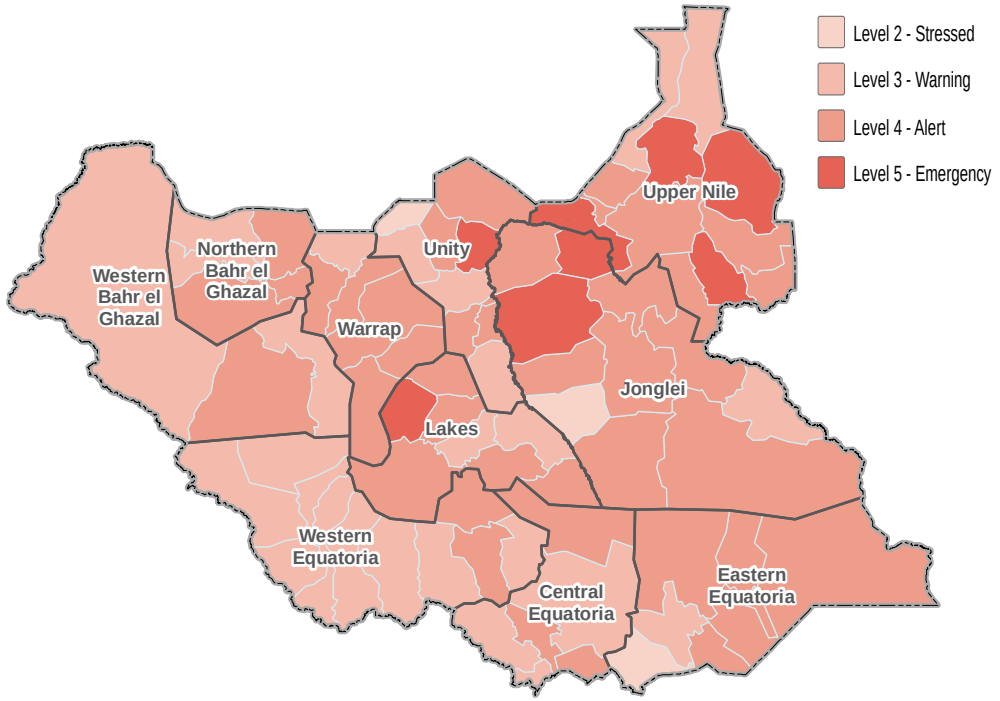
FSNMS Assessment Coverage

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	66%
Female headed	31%
Elderly persons	20%
Adopted children	13%
Physically disabled	8%

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Yambio County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

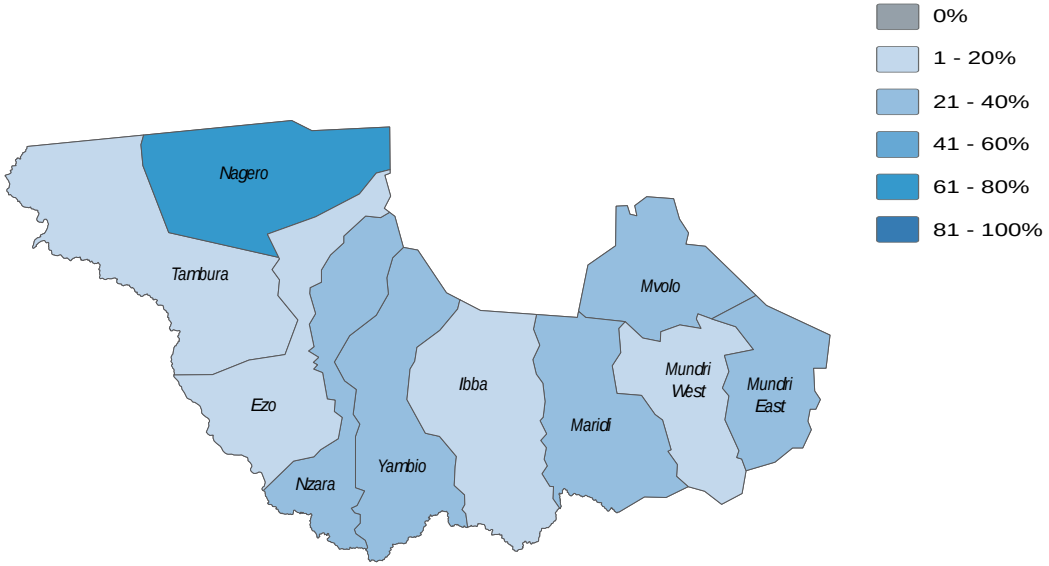
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

47%	of Yambio 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.
25%	of Yambio County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
19%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was a decrease from the previous season.
53%	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:



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- 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	42%
Borehole	30%
Tap stand	17%
Hand dug well	8%
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:

Less than 30 minutes	57%
30 minutes to 1 hour	34%
Between 1- 2 hours	9%
I don't know	1%

Host

Unprotected well	42%
Borehole	30%
Tap stand	17%
Hand dug well	8%
River or stream	2%

Less than 30 minutes	57%
30 minutes to 1 hour	34%
Between 1- 2 hours	9%
I don't know	1%

IDPs

Returnees

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Yambio County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

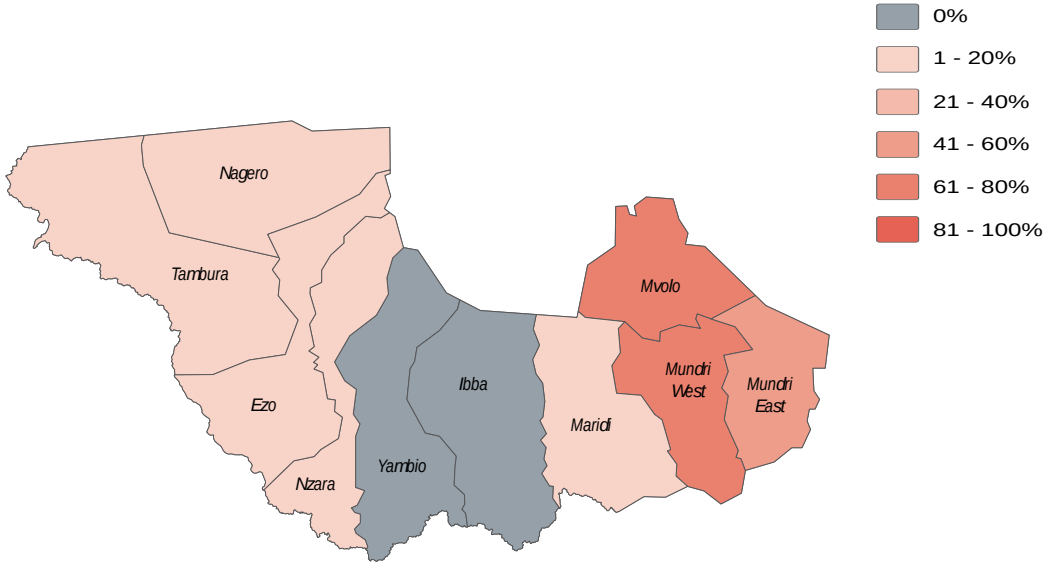
WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

100%	of Yambio 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.
89%	of Yambio County HHs reported having access to a latrine (private, shared, or communal/ institutional), in July and August, 2018.
99%	of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was an increase from the previous season.
84%	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 latrine	99%
In the river	1%

In the latrine	75%
In the bush	13%
Dig a hole and cover	12%

Host

In the latrine	99%
In the river	1%

In the latrine	75%
In the bush	13%
Dig a hole and cover	12%

IDPs

Returnees

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Yambio County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

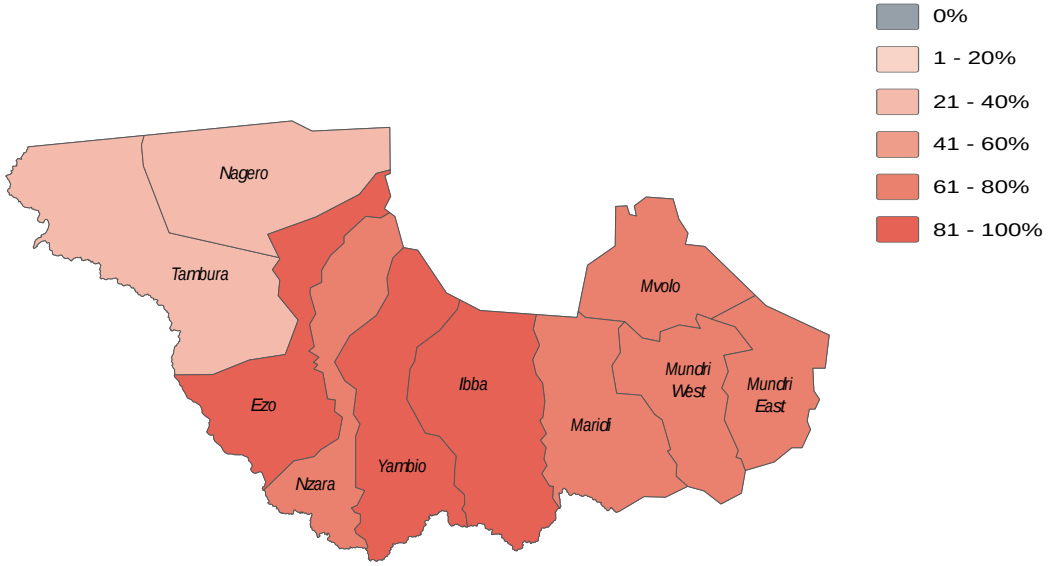
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

88%	of Yambio 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.
83%	of Yambio 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	Skin infection	37%
	Flu	31%
	Typhoid	30%
	Fever	28%
	Stomach pain	21%
Host	Skin infection	37%
	Flu	31%
	Typhoid	30%
	Fever	28%
	Stomach pain	21%
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	68%
	Fever	43%
	Flu	25%
	Skin infection	17%
	AWD	6%
Host	Malaria	68%
	Fever	43%
	Flu	25%
	Skin infection	17%
	AWD	6%
IDPs		
Returnees		

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NFI WASH NFIs

40%	of Yambio 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.
16%	of Yambio 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 4% Yes 96%	No 16% Yes 84%	No 30% Yes 70%
Host	No 4% Yes 96%	No 16% Yes 84%	No 30% Yes 70%
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.

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