



# Awerial County - Water, Sanitation and Hygiene Factsheet

Lakes State, South Sudan



November/December 2018

## Overview and Methodology

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

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

These five indicators were used to establish the first

## Displacement

Percentage of households by displacement status <sup>1</sup>:

Host community **100%**

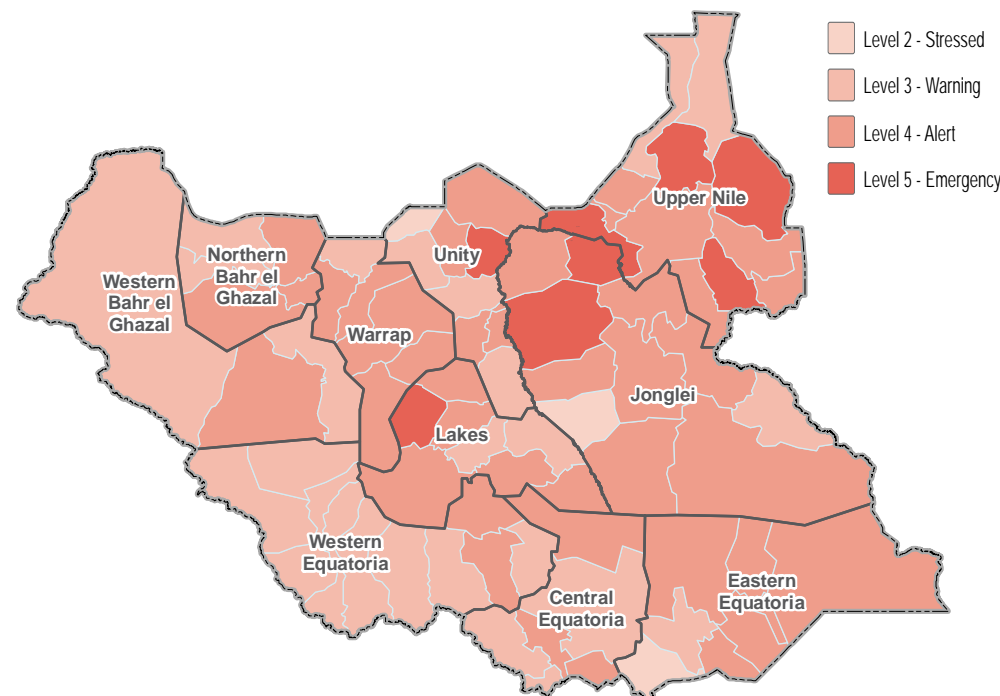
countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of 2018). FSNMS is a seasonal countrywide assessment conducted,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

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

## FSNMS Assessment Coverage

Full coverage in the county was achieved.

## WASH Needs Severity Map



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

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

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

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

Female headed	75%
Children under 5	60%
Elderly persons	23%
Adopted children	6%
Physically disabled	6%



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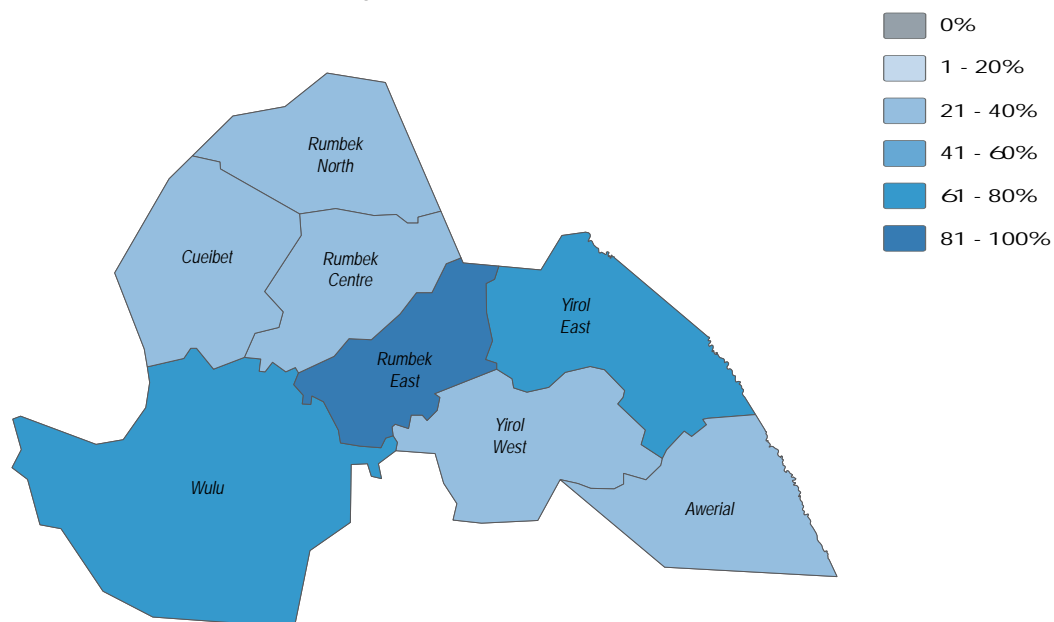


November/December 2018

## Water

- 59%** of Awerial 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.
- 45%** of Awerial 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.
- 35%** of HHs reported feeling unsafe while collecting water, in July and August, 2018.

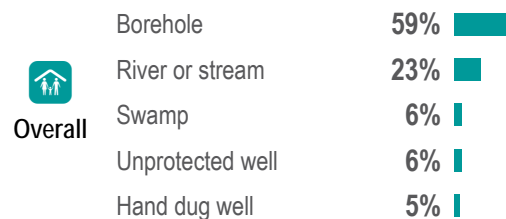
% of HHs having safe access to and use an improved water source (borehole, tapstand, water yard) as their main source of drinking water in under 30 minutes:



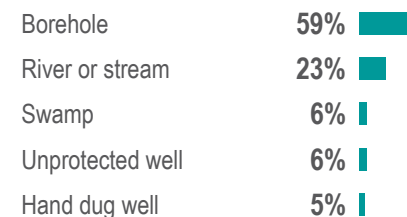
This simple water access composite aims to measure access to an improved water source, without protection concern. The composite was created by averaging the 'yes' responses of households reporting on the following indicators, with all indicators considered to have the same weight:

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

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



Overall



Host

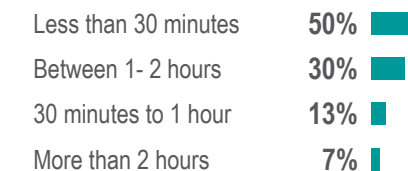
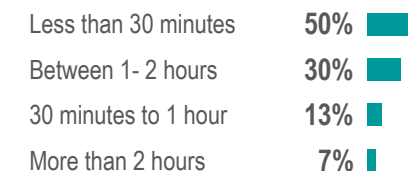


IDPs



Returnees

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





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Lakes State, South Sudan

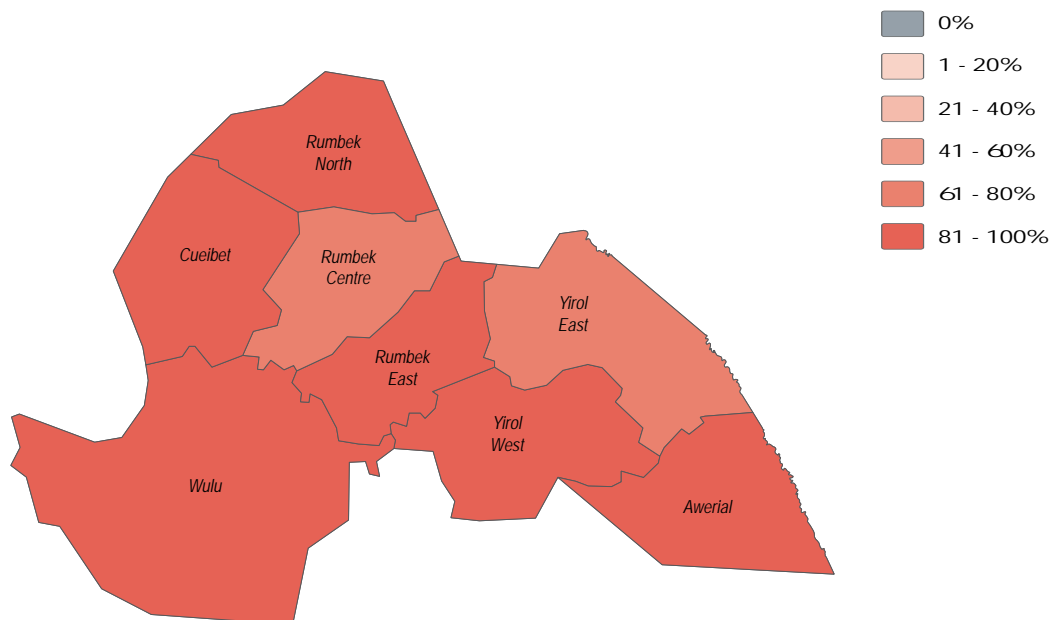


November/December 2018

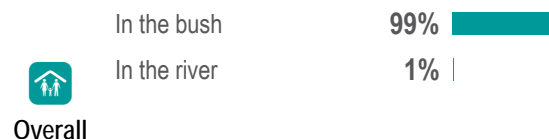
## Sanitation

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

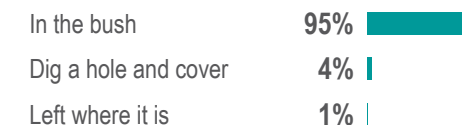
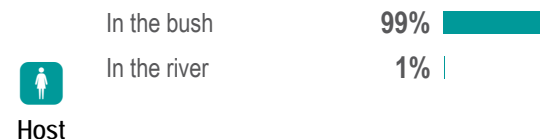
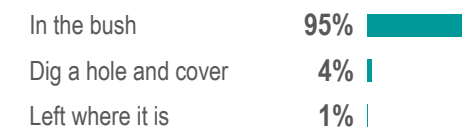
% of HHs not usually using a latrine (private, shared, or communal/institutional)<sup>2</sup>:



Most commonly reported defecation location by percentage of households:



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





# Awerial County - Water, Sanitation and Hygiene Factsheet

Lakes State, South Sudan

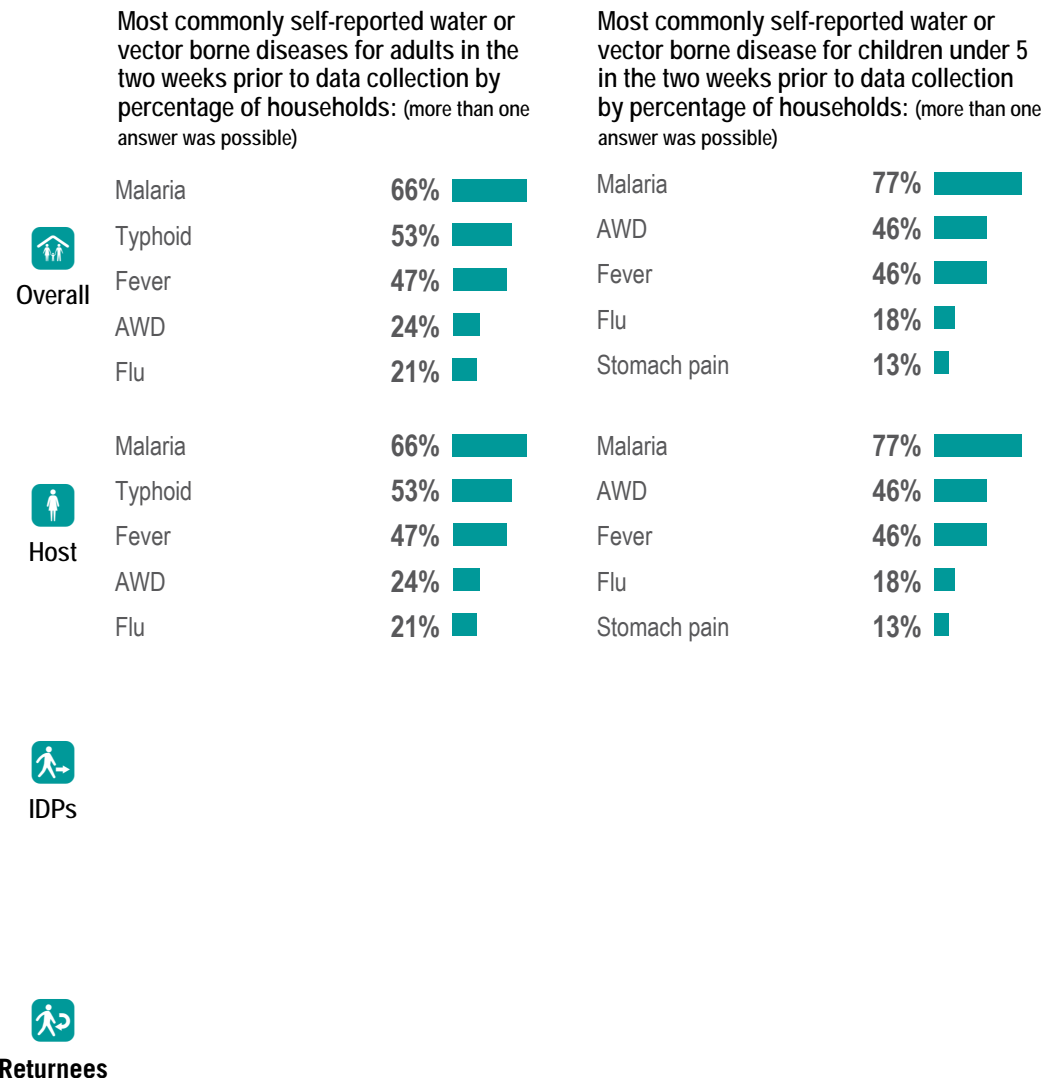
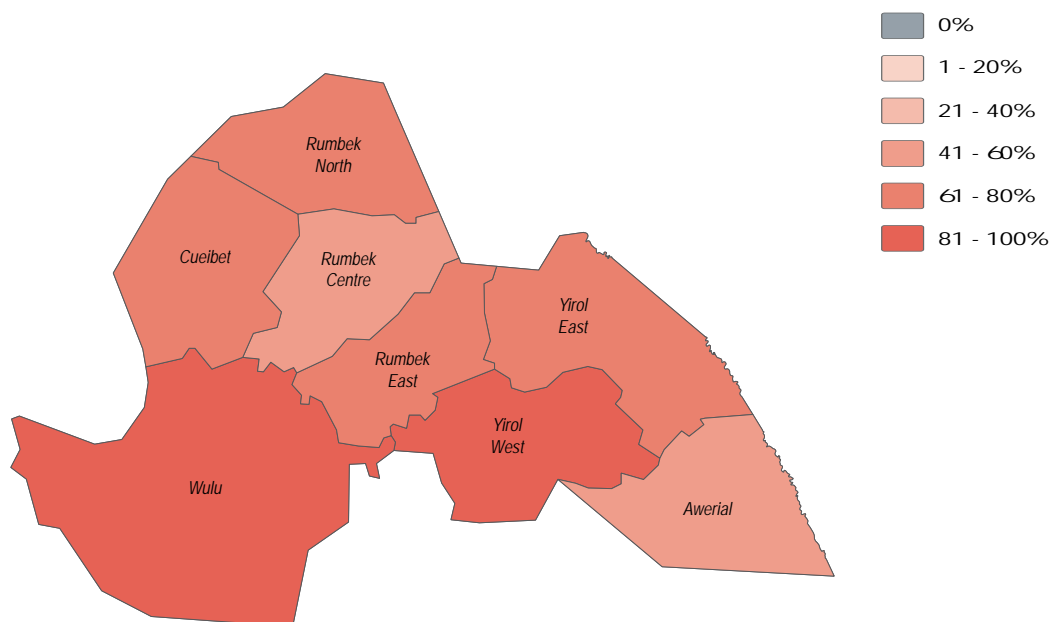


November/December 2018

## Health

- 56%** of Awerial 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.
- 83%** of Awerial 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:





# Awerial County - Water, Sanitation and Hygiene Factsheet

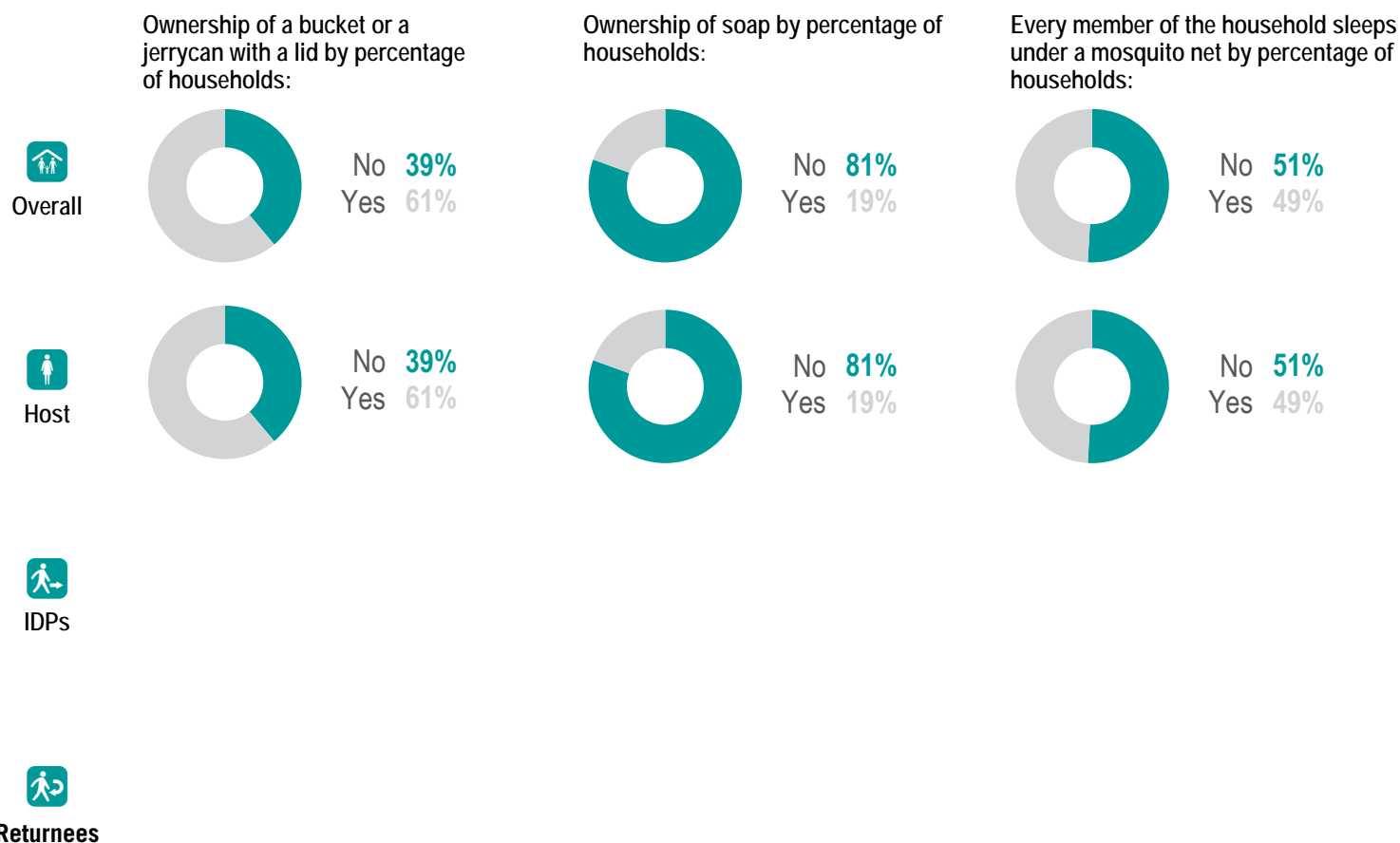
Lakes State, South Sudan



November/December 2018

## NFI WASH NFIs

- 6%** of Awerial County HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in November and December, 2018. This was an increase from the previous season.
- 3%** of Awerial 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.



### 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](mailto:southsudan@reach-initiative.org) or to our global office: [geneva@reach-initiative.org](mailto:geneva@reach-initiative.org).

Visit [www.reach-initiative.org](http://www.reach-initiative.org) and follow us @REACH\_info.



# Cueibet County - Water, Sanitation and Hygiene Factsheet

Lakes State, South Sudan



November/December 2018

## Overview and Methodology

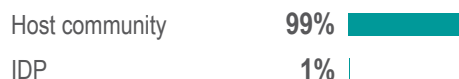
The dynamic and multi-faceted nature of the South Sudanese displacement crisis has created significant challenges for the delivery of humanitarian aid. Accessibility and security issues within South Sudan have impeded a systematic understanding of WASH needs in many areas of the country, and have created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

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

These five indicators were used to establish the first

## Displacement

Percentage of households by displacement status <sup>1</sup>:



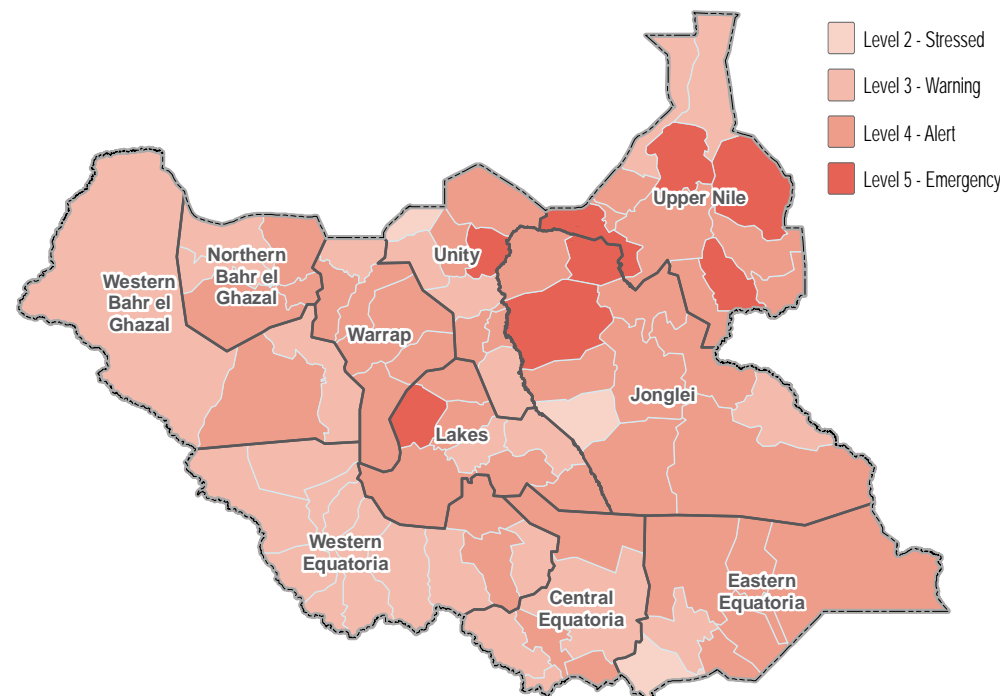
countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of 2018). FSNMS is a seasonal countrywide assessment conducted,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

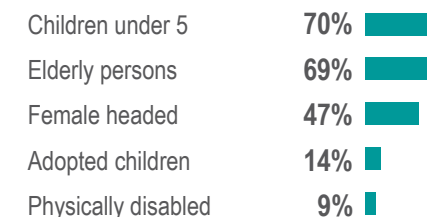
- Not having access to a latrine (private, shared, or communal/institutional).  
- Not owning a jerrycan or bucket with a lid and soap, and that every member of the HH did not sleep under a mosquito net.  
- Having one or more household members affected by self-reported water or vector borne disease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

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

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



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







# Cueibet County - Water, Sanitation and Hygiene Factsheet

Lakes State, South Sudan

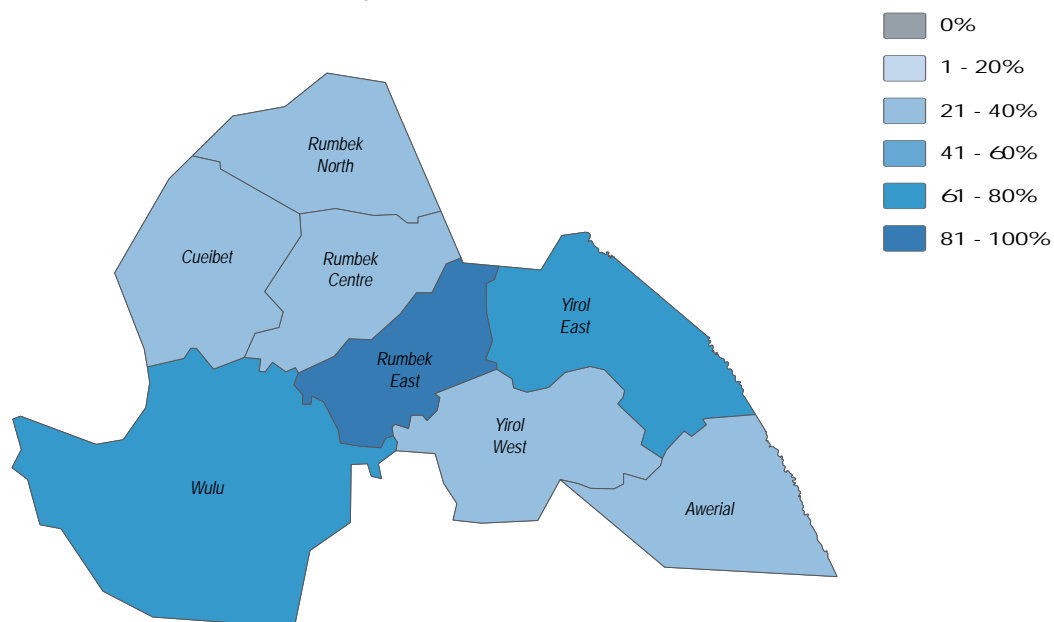


November/December 2018

## Water

- 84%** of Cueibet 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.
- 81%** of Cueibet County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018.
- 33%** of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was an increase from the previous season.
- 21%** of HHs reported feeling unsafe while collecting water, in July and August, 2018.

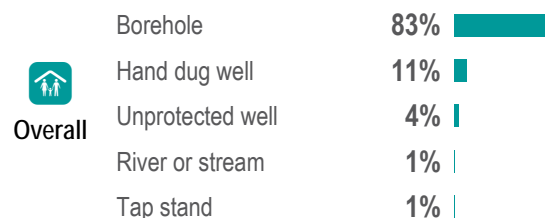
% of HHs having safe access to and use an improved water source (borehole, tapstand, water yard) as their main source of drinking water in under 30 minutes:



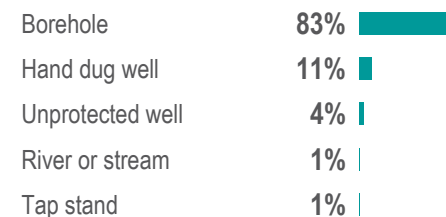
This simple water access composite aims to measure access to an improved water source, without protection concern. The composite was created by averaging the 'yes' responses of households reporting on the following indicators, with all indicators considered to have the same weight:

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

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



Overall



Host

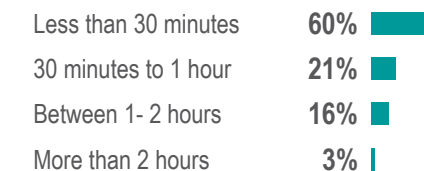
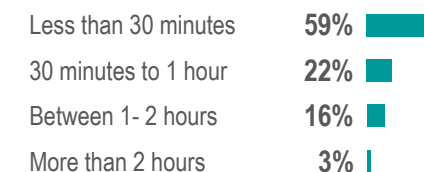


IDPs



Returnees

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





# Cueibet County - Water, Sanitation and Hygiene Factsheet

Lakes State, South Sudan

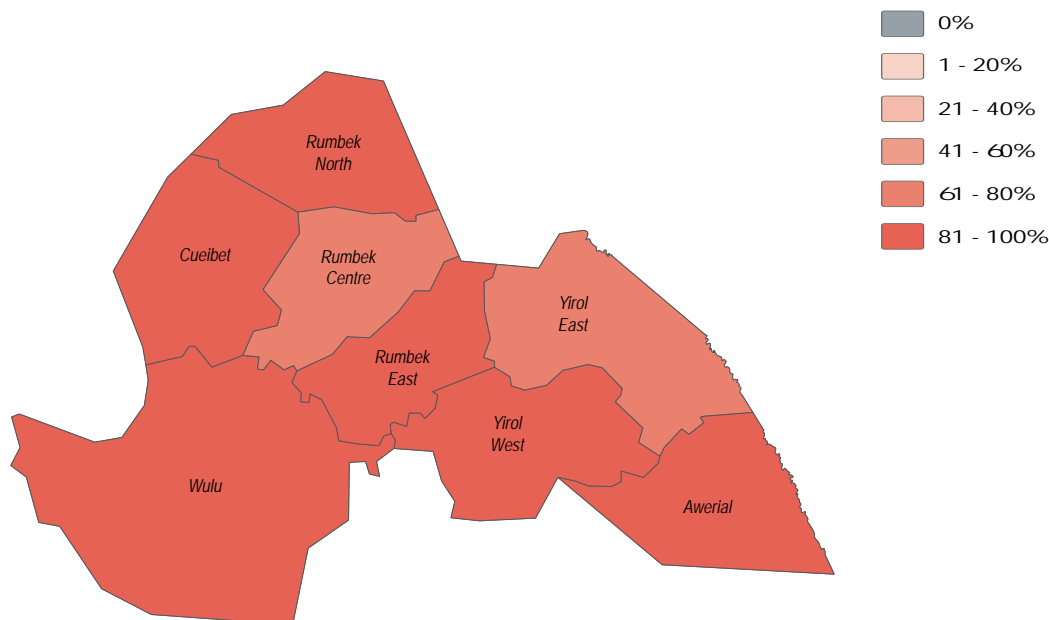


November/December 2018

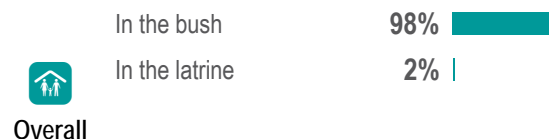
## Sanitation

- 2%** of Cueibet 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.
- 6%** of Cueibet County HHs reported having access to a latrine (private, shared, or communal/institutional), in July and August, 2018.
- 2%** of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was a decrease from the previous season.
- 3%** of HHs reported their most common defecation location was a latrine, in July and August, 2018.

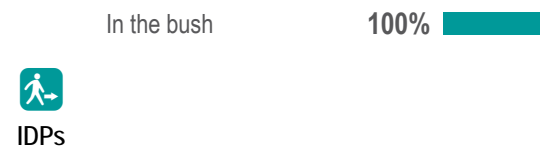
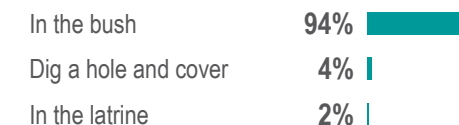
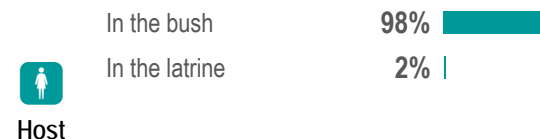
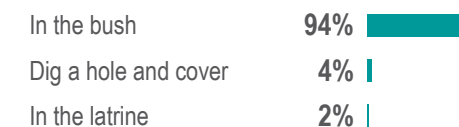
% of HHs not usually using a latrine (private, shared, or communal/institutional)<sup>2</sup>:



Most commonly reported defecation location by percentage of households:



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







# Cueibet County - Water, Sanitation and Hygiene Factsheet

Lakes State, South Sudan

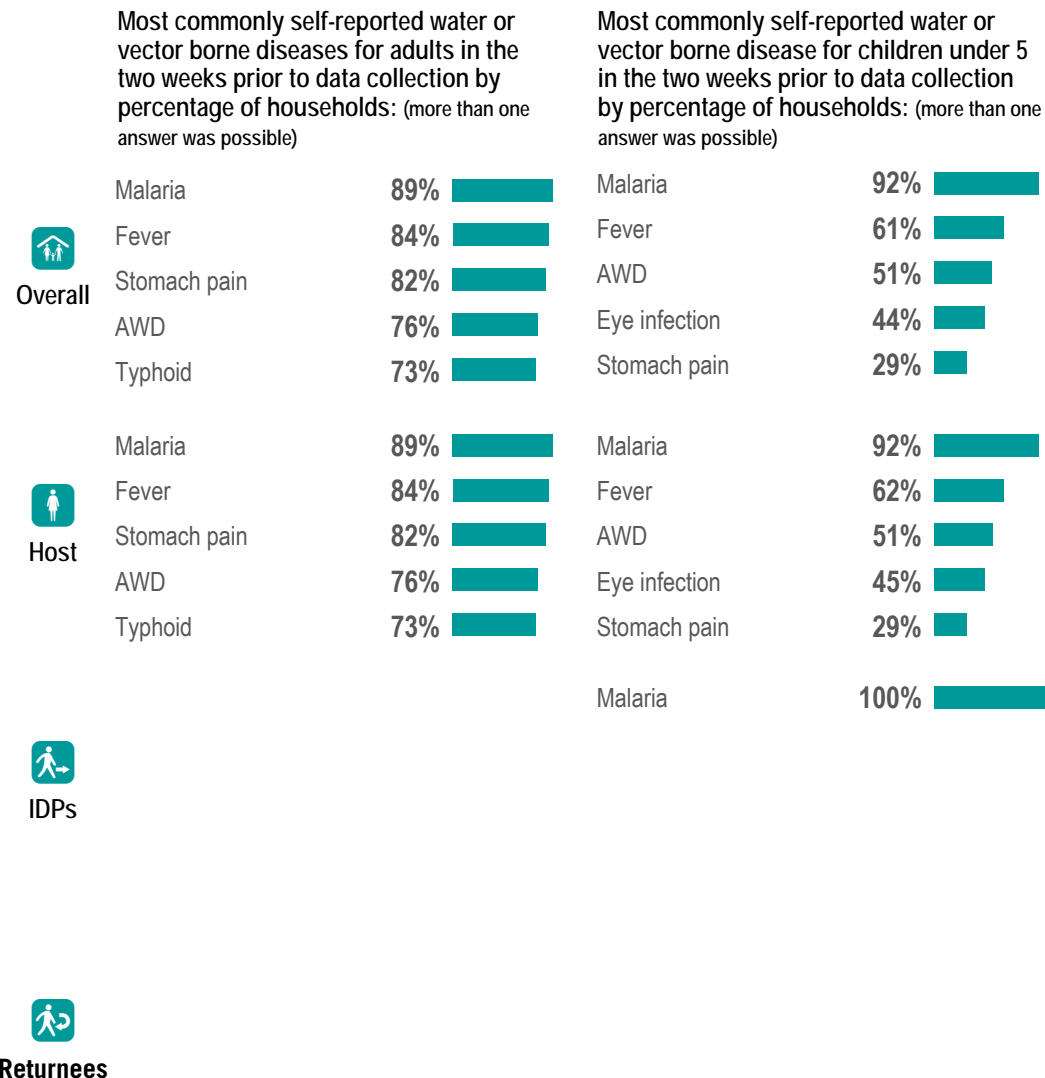
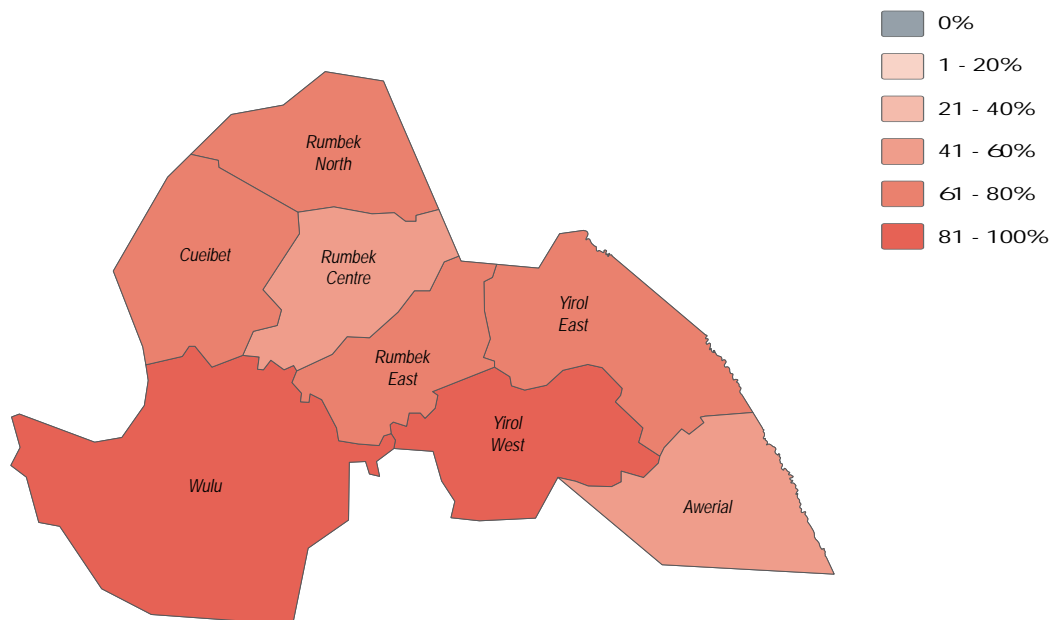


November/December 2018

## Health

- 72%** of Cueibet 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.
- 81%** of Cueibet 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:





# Cueibet County - Water, Sanitation and Hygiene Factsheet

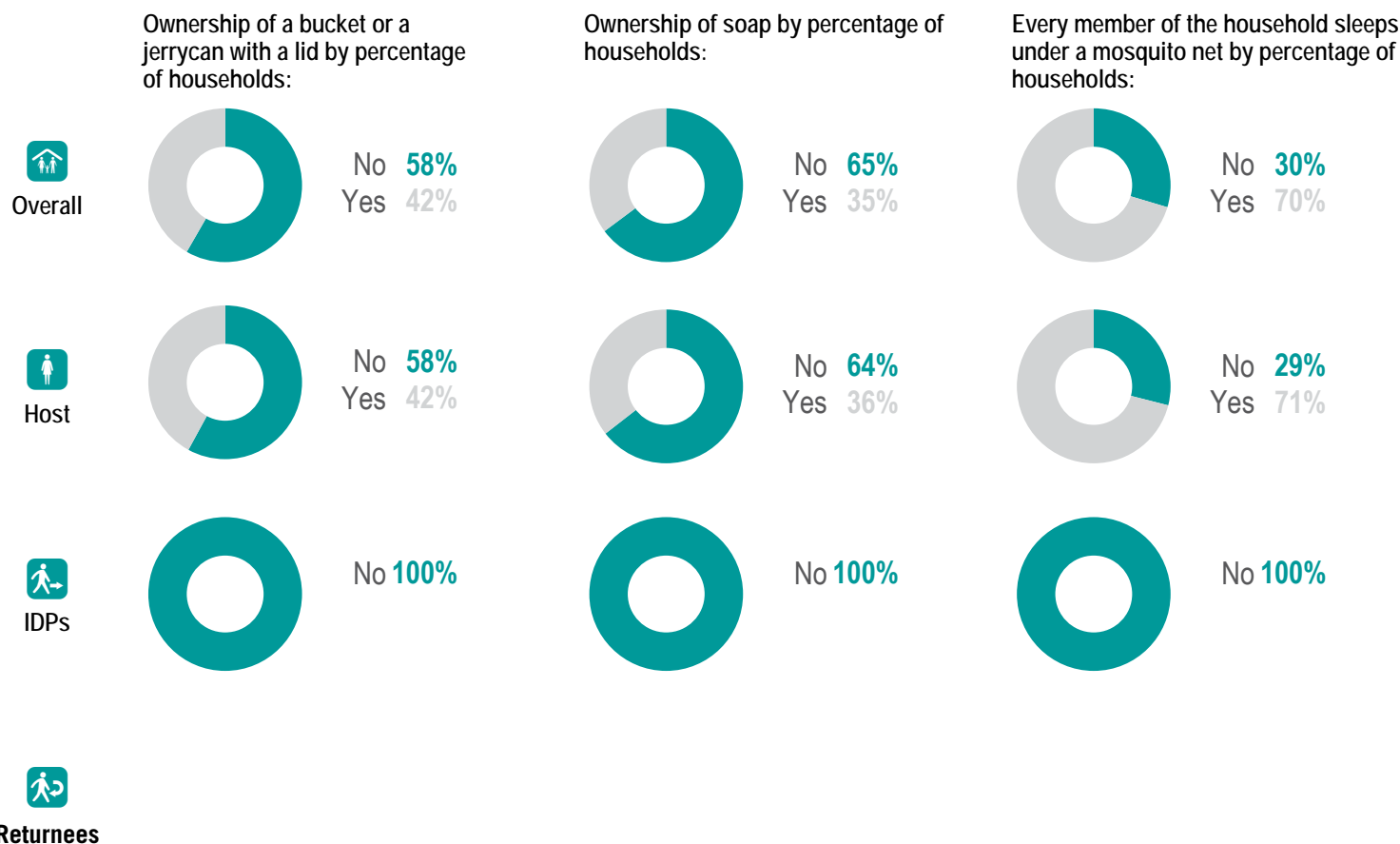
Lakes State, South Sudan



November/December 2018

## NFI WASH NFIs

- 5%** of Cueibet 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 Cueibet 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.



### 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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Visit [www.reach-initiative.org](http://www.reach-initiative.org) and follow us @REACH\_info.



# Rumbek Centre County - Water, Sanitation and Hygiene Factsheet

Lakes State, South Sudan



November/December 2018

## Overview and Methodology

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

These five indicators were used to establish the first

## Displacement

Percentage of households by displacement status <sup>1</sup>:

Host community **100%**

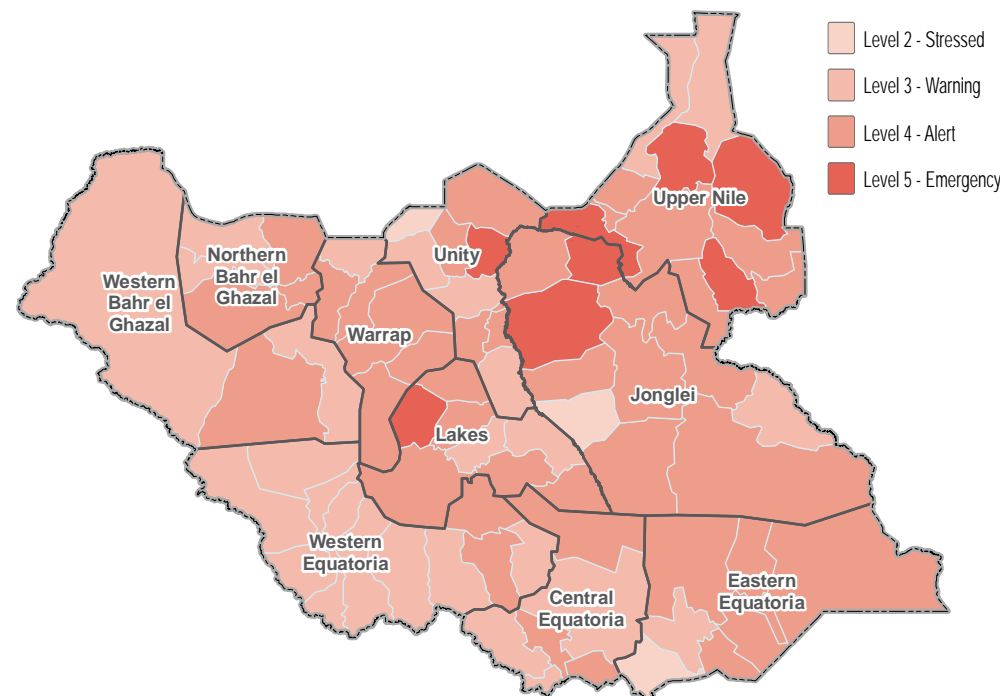
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FSNMS is a critical source of information that allows for the identification of affected areas, the prioritization of resources and for monitoring trends. The data collected during FSNMS is used for the Integrated Food Security Phase Classification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

## FSNMS Assessment Coverage

Full coverage in the county was achieved.

## WASH Needs Severity Map



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

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

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	<b>92%</b>
Children under 5	<b>64%</b>
Elderly persons	<b>21%</b>
Adopted children	<b>1%</b>



# Rumbek Centre County - Water, Sanitation and Hygiene Factsheet

Lakes State, South Sudan

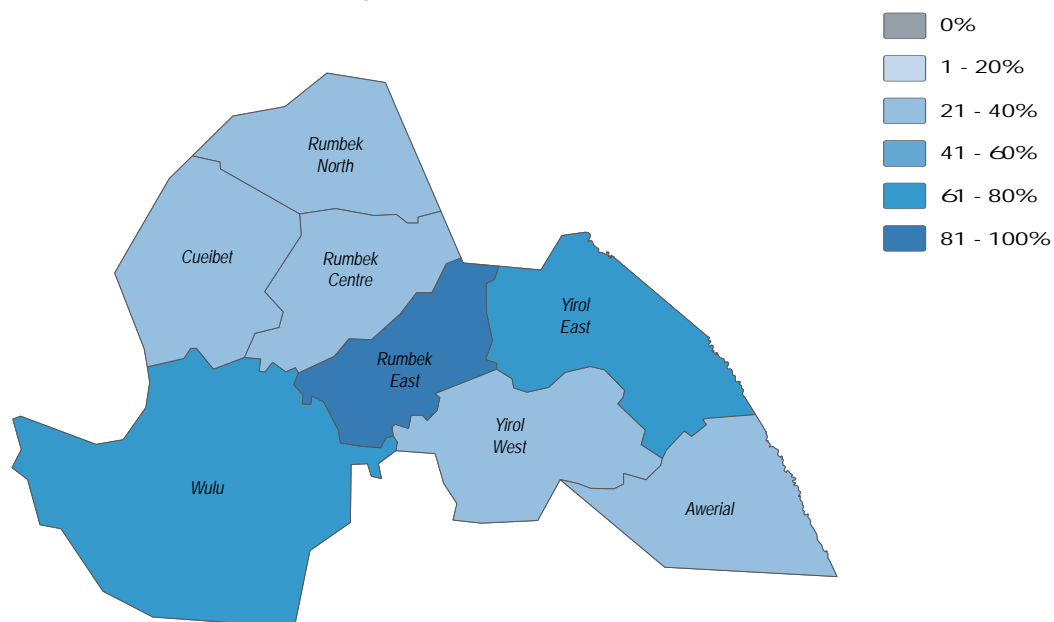


November/December 2018

## Water

- 99%** of Rumbek Centre 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.
- 96%** of Rumbek Centre County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018.
- 1%** of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was a decrease from the previous season.
- 9%** of HHs reported feeling unsafe while collecting water, in July and August, 2018.

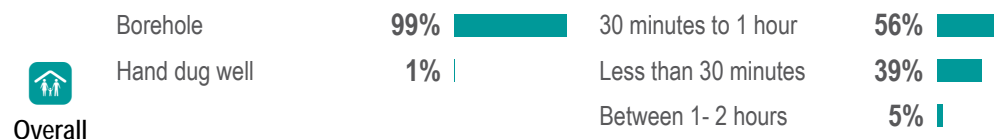
% of HHs having safe access to and use an improved water source (borehole, tapstand, water yard) as their main source of drinking water in under 30 minutes:



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

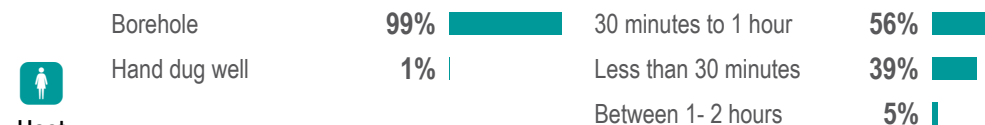
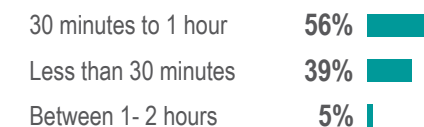
- Access to a borehole, tapstand, or water yard as the primary source of drinking water
- Can collect water (walking to collection point, waiting, filling container, returning home) in under 30 minutes
- Did not report any security concerns while accessing water point

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



Overall

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



Host



IDPs



Returnees



# Rumbek Centre County - Water, Sanitation and Hygiene Factsheet

Lakes State, South Sudan

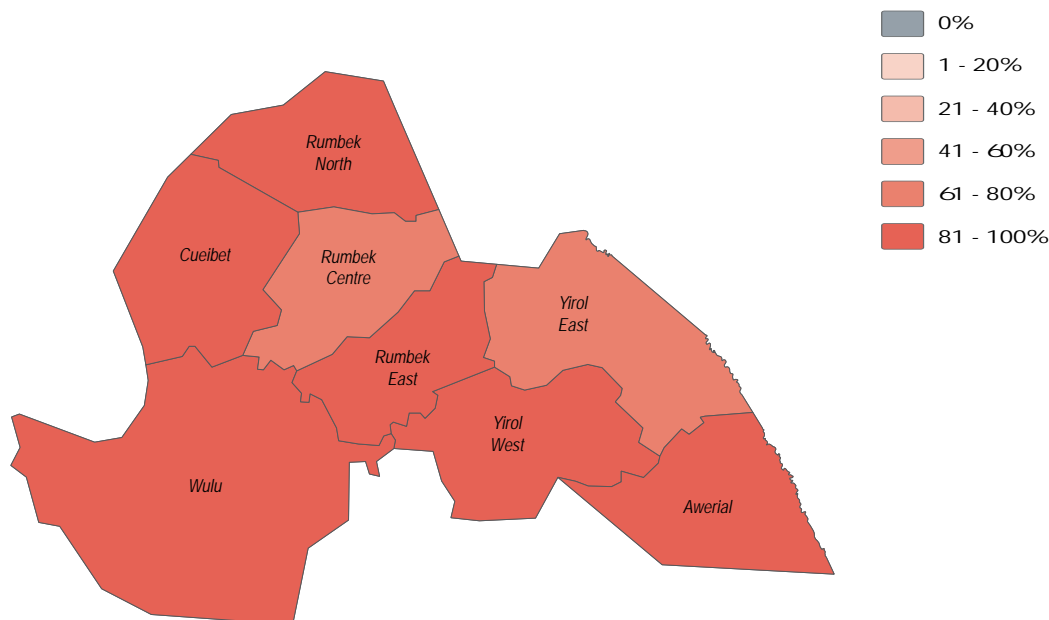


November/December 2018

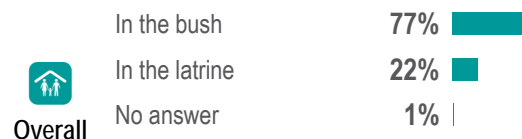
## Sanitation

- 22%** of Rumbek Centre County HHs reported having access to a latrine (private, shared, or communal/institutional), in November and December, 2018. This was an increase from the previous season.
- 11%** of Rumbek Centre County HHs reported having access to a latrine (private, shared, or communal/institutional), in July and August, 2018.
- 22%** of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was an increase from the previous season.
- 9%** 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)<sup>2</sup>:



Most commonly reported defecation location by percentage of households:



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



Overall



Host



IDPs



Returnees



# Rumbek Centre County - Water, Sanitation and Hygiene Factsheet

Lakes State, South Sudan

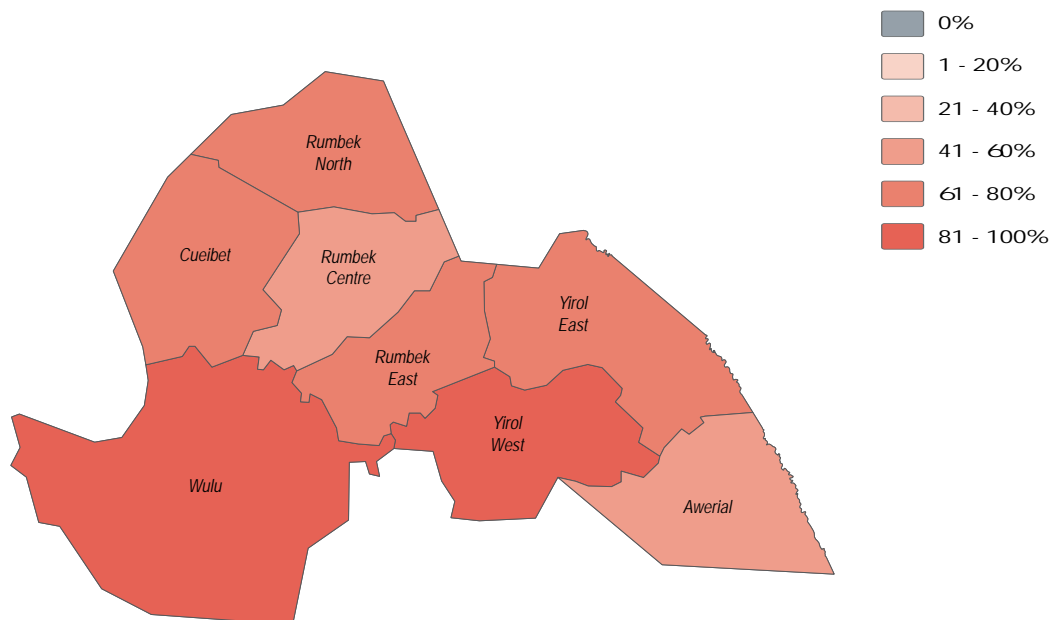


November/December 2018

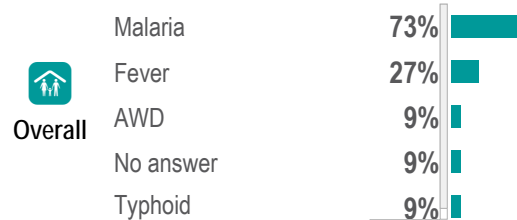
## Health

- 48%** of Rumbek Centre 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.
- 73%** of Rumbek Centre 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.

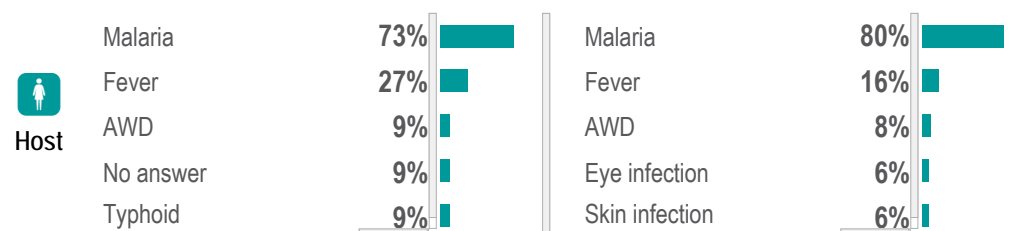
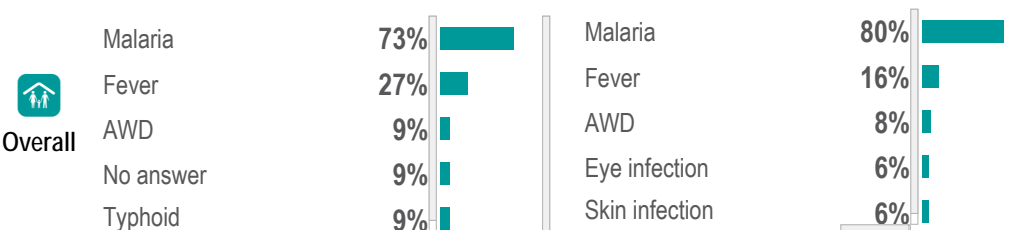
% of HH with one or more HH member affected by self-reported water or vector borne disease in the two weeks prior to data collection:



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)







# Rumbek Centre County - Water, Sanitation and Hygiene Factsheet

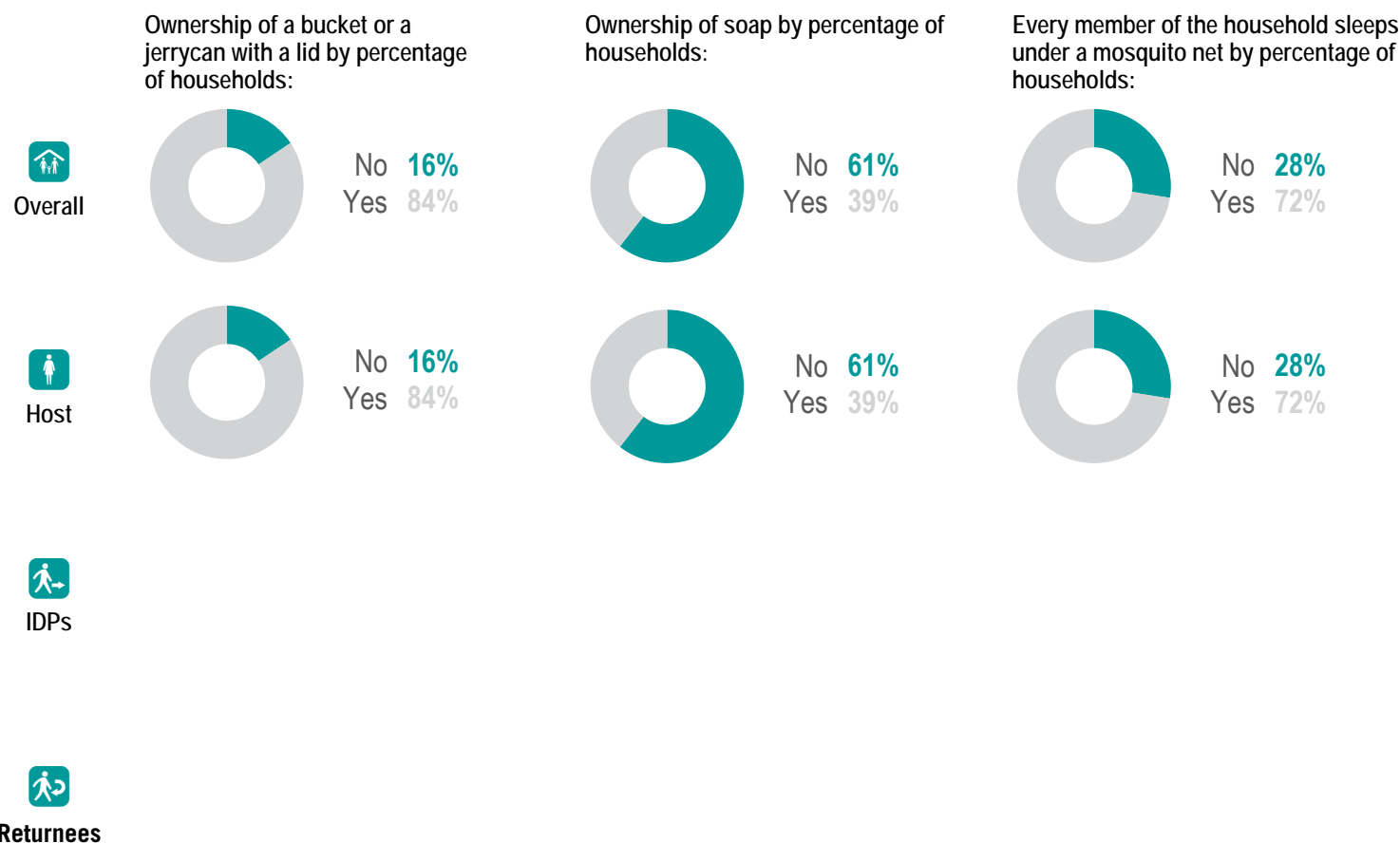
Lakes State, South Sudan



November/December 2018

## NFI WASH NFIs

- 5%** of Rumbek Centre 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.
- 23%** of Rumbek Centre 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.
- 2** was the average number of jerrycans and/or buckets per HH in November and December, 2018.



### Endnotes

1. This data is as of November/December 2018. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. HHs are asked to produce soap within a minute when assessing the presence of soap in the HH, as if they are not able to locate it within a minute then it stands to reason it is not commonly used.
4. The composite was created by averaging the 'yes' responses of HHs reporting on the following indicators, with all considered to have the same weight: access to soap, access to jerrycans/buckets with lids, everyone in the HH slept under a mosquito net.

### About REACH

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

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

Visit [www.reach-initiative.org](http://www.reach-initiative.org) and follow us @REACH\_info.



# Rumbek East County - Water, Sanitation and Hygiene Factsheet

Lakes State, South Sudan



November/December 2018

## Overview and Methodology

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

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

These five indicators were used to establish the first

## Displacement

Percentage of households by displacement status <sup>1</sup>:



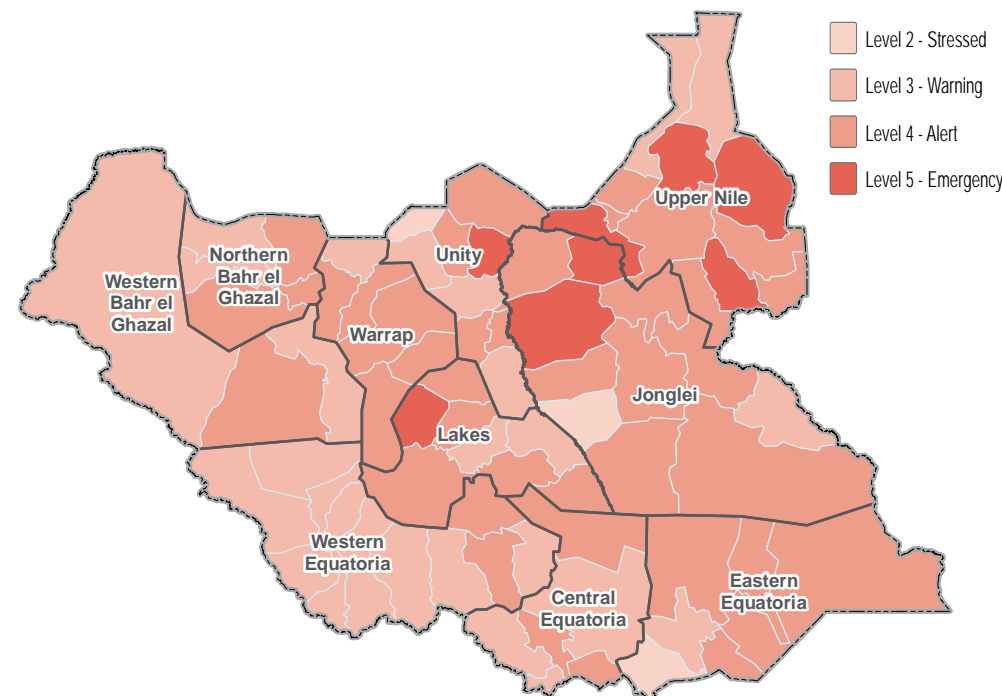
countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of 2018). FSNMS is a seasonal countrywide assessment conducted,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



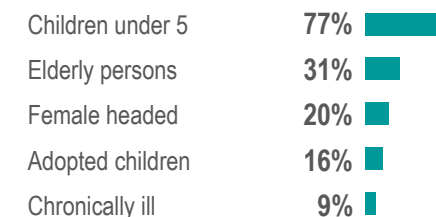
This WASH composite aims to measure the severity of WASH needs in each county. The composite was created with four indicators, each broken into 5 levels of severity, as seen in this matrix <http://bit.ly/2EqRYwJ>. The final severity ranking was created by calculating the average level from the following 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.

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)





# Rumbek East County - Water, Sanitation and Hygiene Factsheet

Lakes State, South Sudan

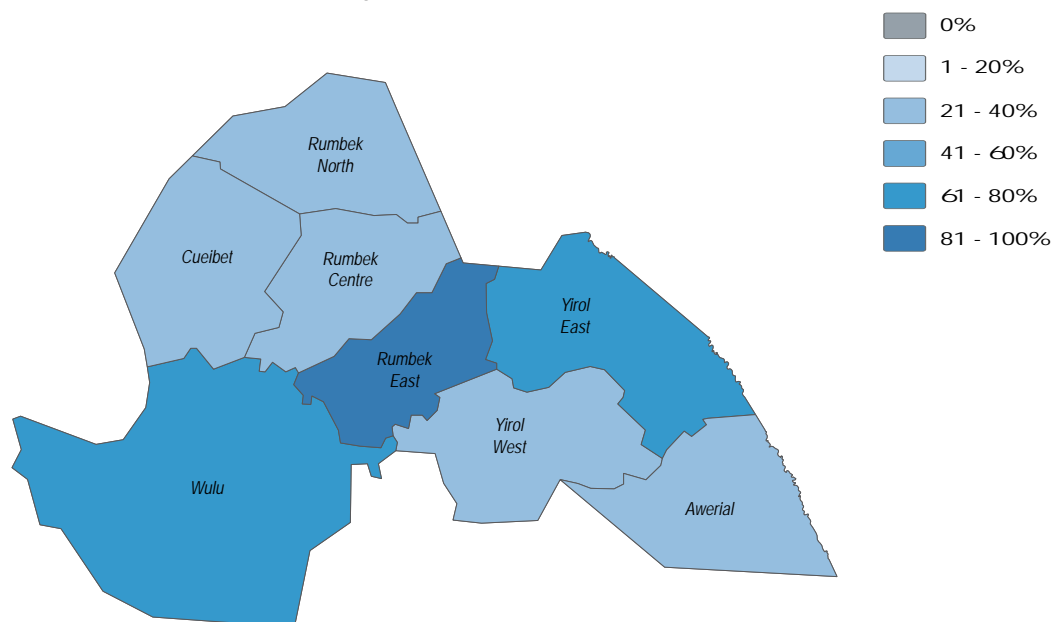


November/December 2018

## Water

- 99%** of Rumbek 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.
- 94%** of Rumbek East County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
- 1%** of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was a decrease from the previous season.
- 51%** 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:



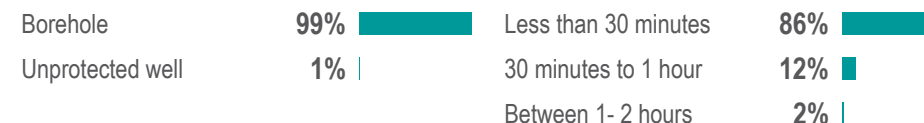
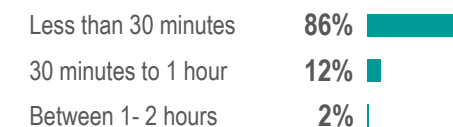
This simple water access composite aims to measure access to an improved water source, without protection concern. The composite was created by averaging the 'yes' responses of households reporting on the following indicators, with all indicators considered to have the same weight:

- 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:



Host



IDPs



Returnees



# Rumbek East County - Water, Sanitation and Hygiene Factsheet

Lakes State, South Sudan

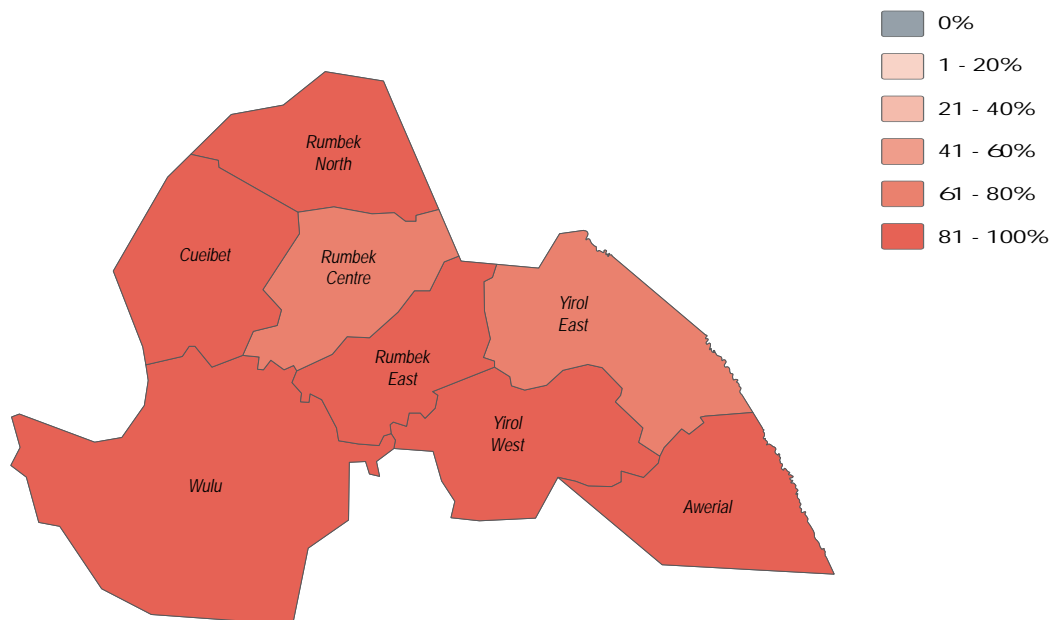


November/December 2018

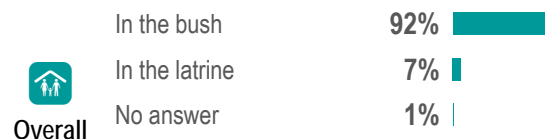
## Sanitation

- 17%** of Rumbek 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.
- 15%** of Rumbek East County HHs reported having access to a latrine (private, shared, or communal/institutional), in July and August, 2018.
- 7%** of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was an increase from the previous season.
- 2%** of HHs reported their most common defecation location was a latrine, in July and August, 2018.

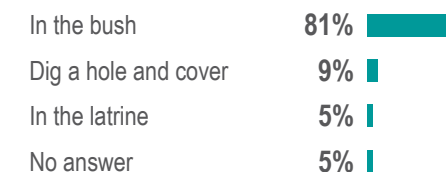
% of HHs not usually using a latrine (private, shared, or communal/institutional)<sup>2</sup>:



Most commonly reported defecation location by percentage of households:



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



Overall



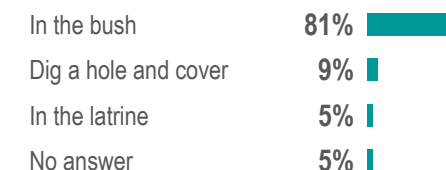
Host



IDPs



Returnees





# Rumbek East County - Water, Sanitation and Hygiene Factsheet

Lakes State, South Sudan



November/December 2018



## Health

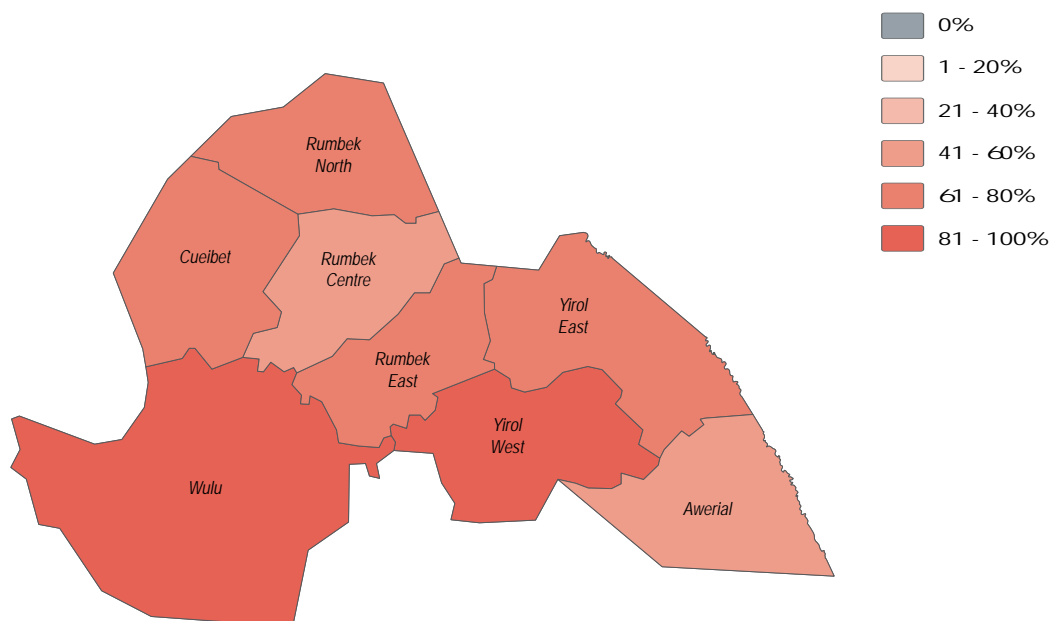
**75%** of Rumbek East County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was a decrease from the previous season.

**92%** of Rumbek 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.

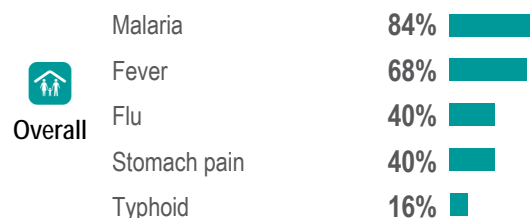
**Malaria** was the most commonly reported water or vector borne disease in November and December, 2018. This was the same as the previous season.

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

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

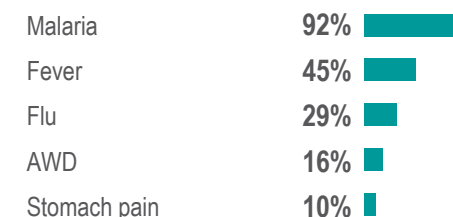


Most commonly self-reported water or vector borne diseases for adults in the two weeks prior to data collection by percentage of households: (more than one answer was possible)

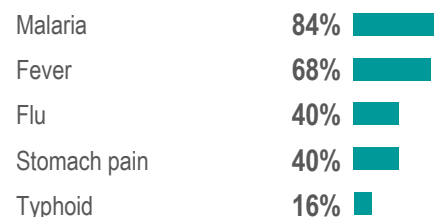


Overall

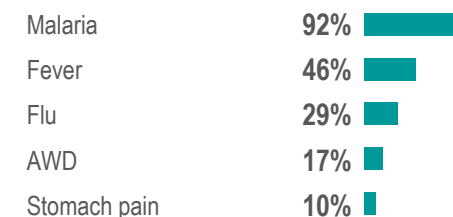
Most commonly self-reported water or vector borne disease for children under 5 in the two weeks prior to data collection by percentage of households: (more than one answer was possible)



Host



IDPs



Returnees



# Rumbek East County - Water, Sanitation and Hygiene Factsheet

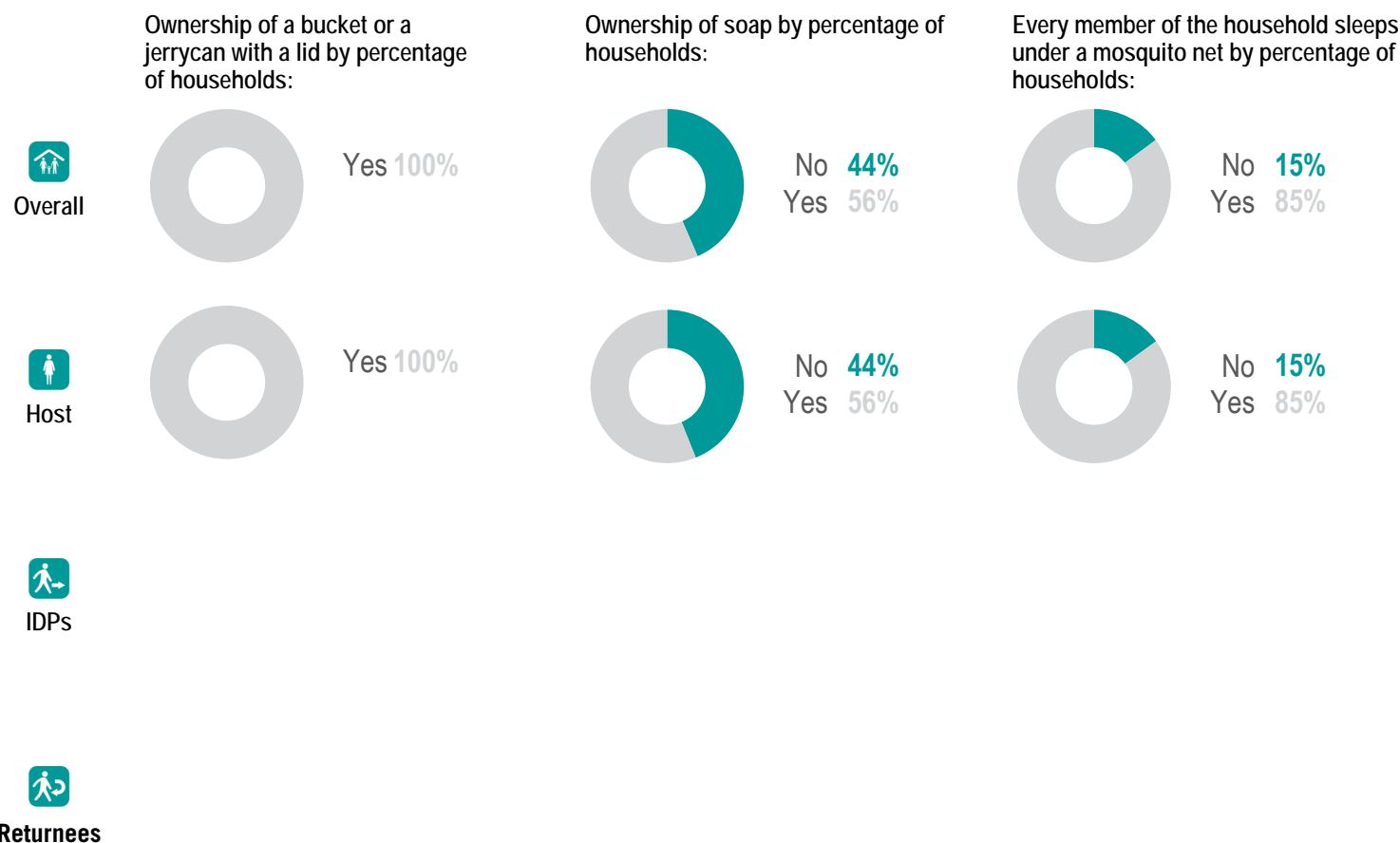
Lakes State, South Sudan



November/December 2018

## NFI WASH NFIs

- 22%** of Rumbek 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 a decrease from the previous season.
- 24%** of Rumbek 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.
- 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.



### 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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Visit [www.reach-initiative.org](http://www.reach-initiative.org) and follow us @REACH\_info.





# Rumbek North County - Water, Sanitation and Hygiene Factsheet

Lakes State, South Sudan



November/December 2018

## Overview and Methodology

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

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

These five indicators were used to establish the first

## Displacement

Percentage of households by displacement status <sup>1</sup>:

Host community **100%**

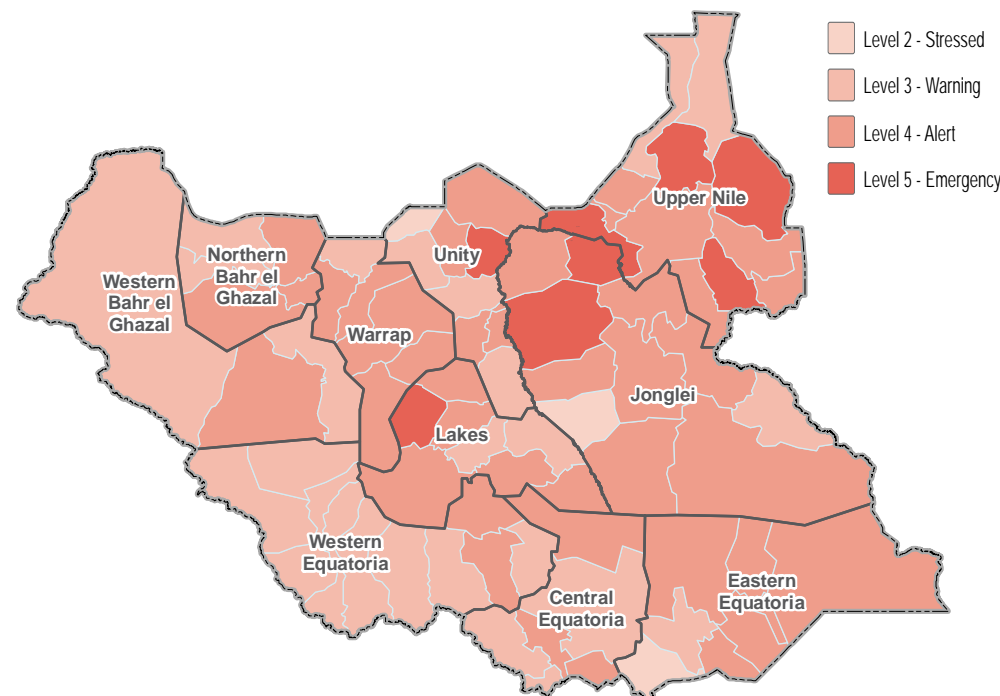
countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of 2018). FSNMS is a seasonal countrywide assessment conducted,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

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

## FSNMS Assessment Coverage

Full coverage in the county was achieved.

## WASH Needs Severity Map



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

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

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

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

Female headed	90%
Children under 5	85%
Elderly persons	39%
Conflict injuries	8%
Chronically ill	5%



# Rumbek North County - Water, Sanitation and Hygiene Factsheet

Lakes State, South Sudan

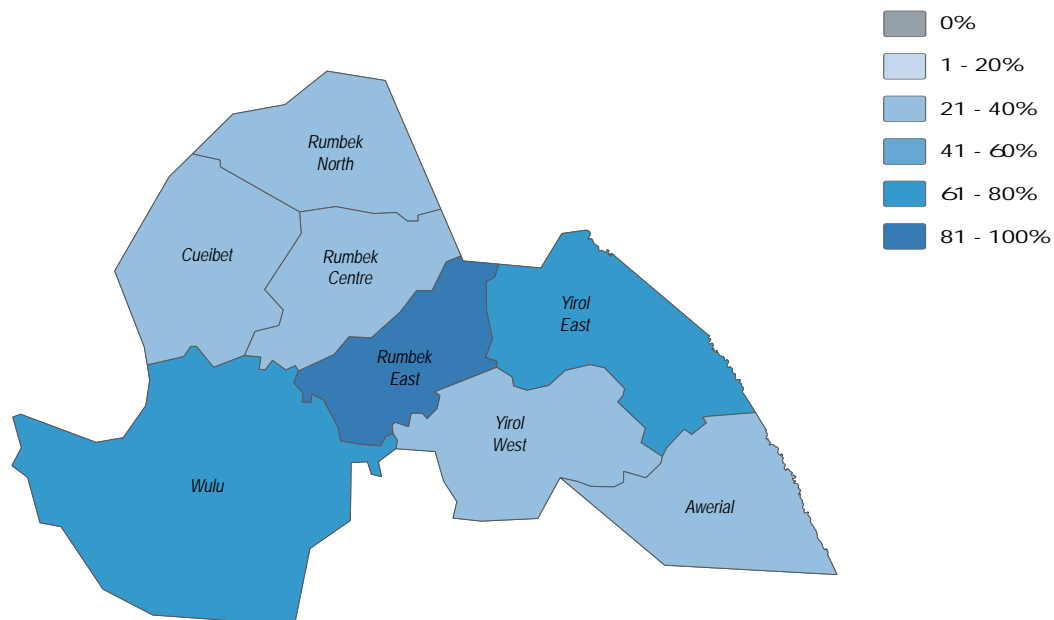


November/December 2018

## Water

- 100%** of Rumbek 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.
- 90%** of Rumbek North 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 an increase from the previous season.
- 6%** of HHs reported feeling unsafe while collecting water, in July and August, 2018.

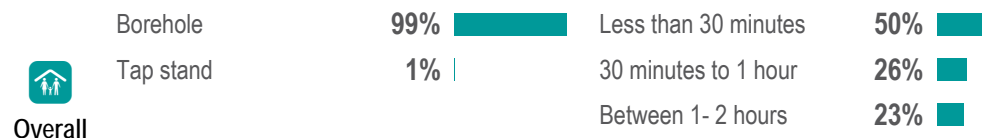
% of HHs having safe access to and use an improved water source (borehole, tapstand, water yard) as their main source of drinking water in under 30 minutes:



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

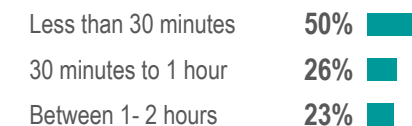
- Access to a borehole, tapstand, or water yard as the primary source of drinking water
- Can collect water (walking to collection point, waiting, filling container, returning home) in under 30 minutes
- Did not report any security concerns while accessing water point

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



Overall

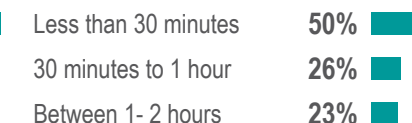
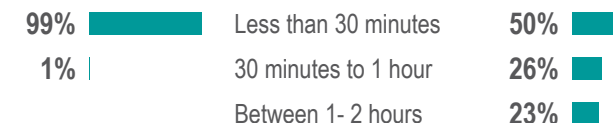
Most commonly reported time spent collecting drinking water (walking to collection point, waiting, filling container, returning home) by percentage of households:



Borehole  
Tap stand



Host



IDPs



Returnees



# Rumbek North County - Water, Sanitation and Hygiene Factsheet

Lakes State, South Sudan

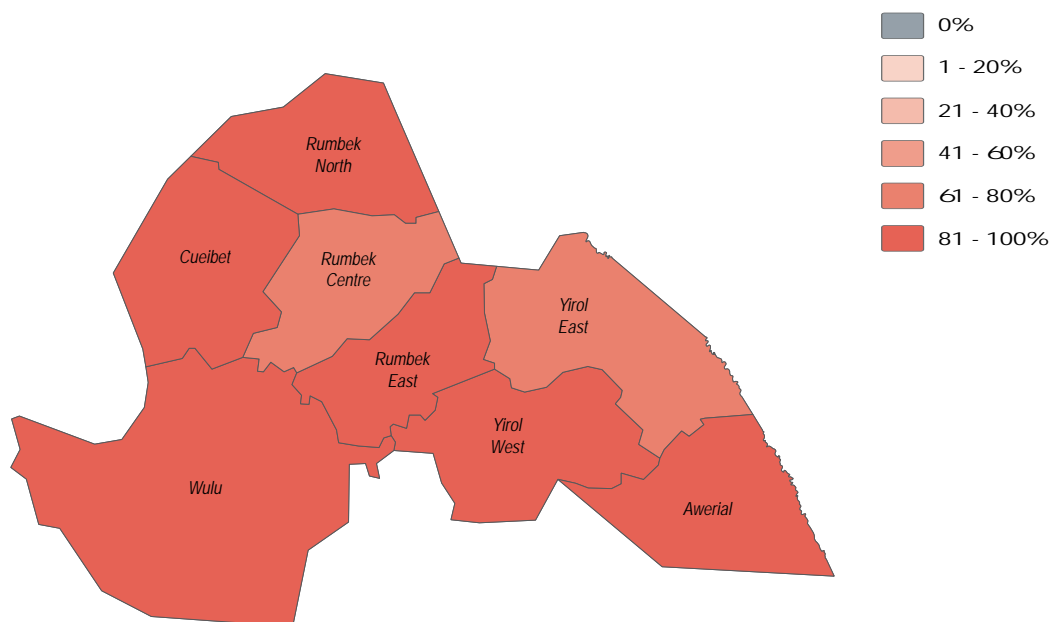


November/December 2018

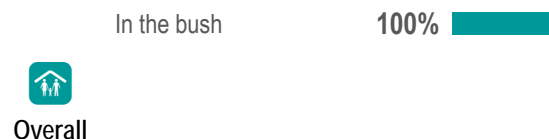
## Sanitation

- 0%** of Rumbek North 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 Rumbek North County HHs reported having access to a latrine (private, shared, or communal/institutional), in July and August, 2018.
- 0%** of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was a decrease from the previous season.
- 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)<sup>2</sup>:



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



Host

In the bush



IDPs

Dig a hole and cover



Returnees



# Rumbek North County - Water, Sanitation and Hygiene Factsheet

Lakes State, South Sudan



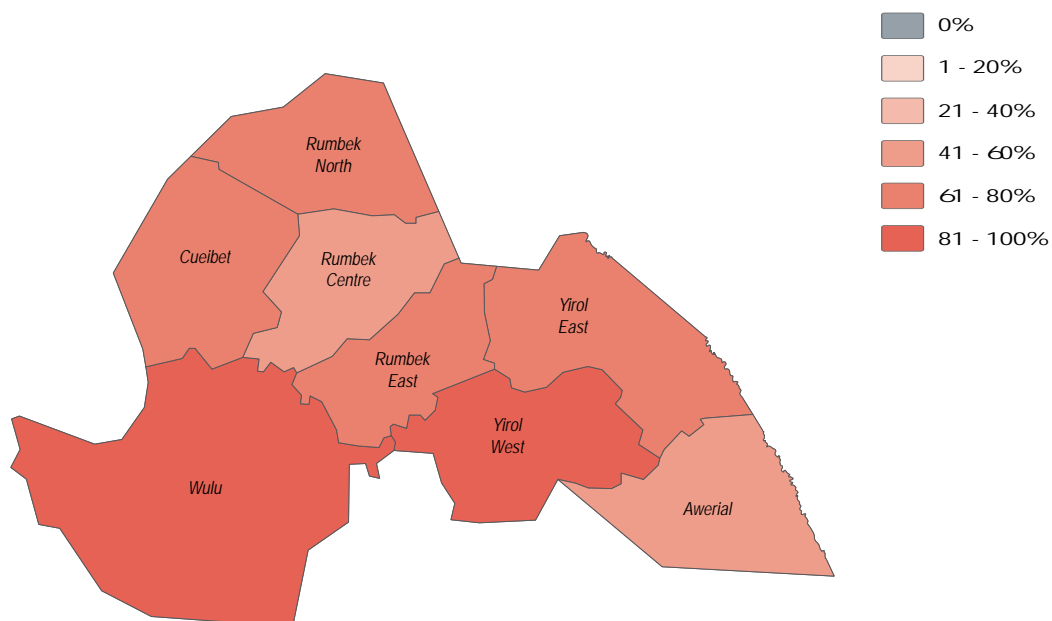
November/December 2018



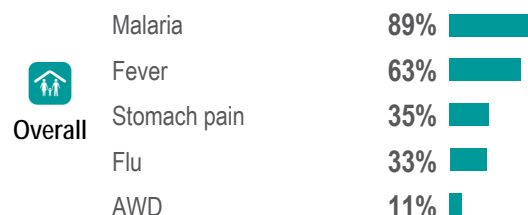
## Health

- 70%** of Rumbek 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.
- 57%** of Rumbek 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.

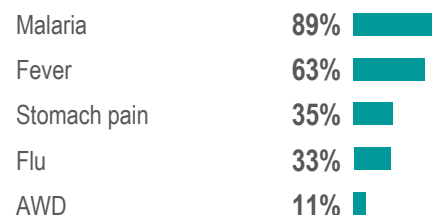
% of HH with one or more HH member affected by self-reported water or vector borne disease in the two weeks prior to data collection:



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)



Overall



Host

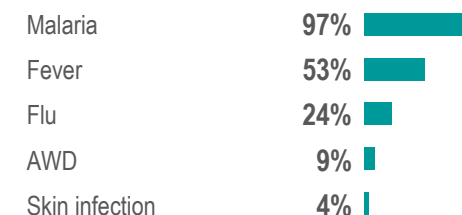
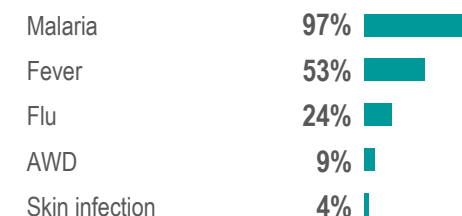


IDPs



Returnees

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





# Rumbek North County - Water, Sanitation and Hygiene Factsheet

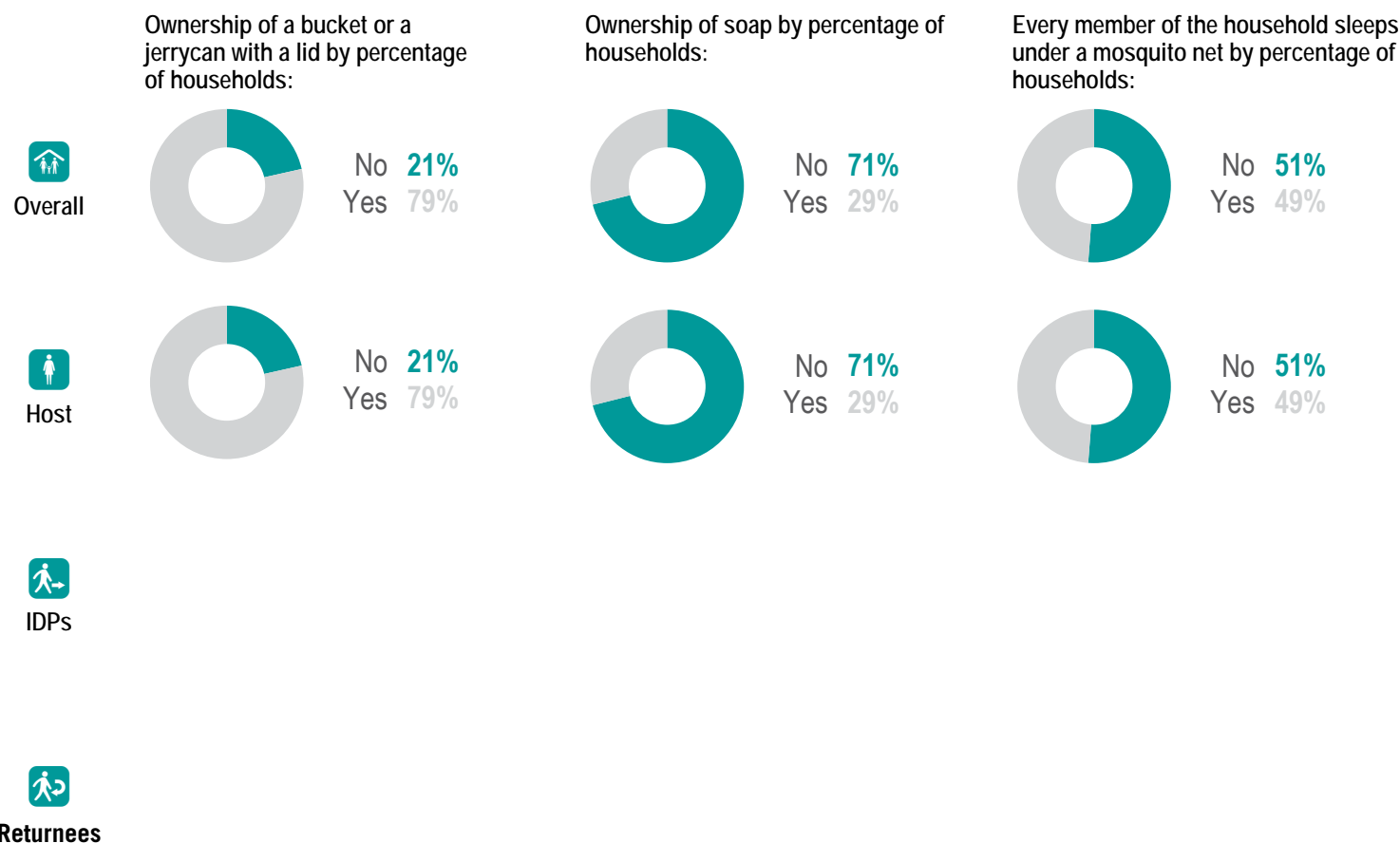
Lakes State, South Sudan



November/December 2018

## NFI WASH NFIs

- 17%** of Rumbek 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.
- 10%** of Rumbek 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.
- 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.
- 3** was the average number of jerrycans and/or buckets per HH in November and December, 2018.



### Endnotes

1. This data is as of November/December 2018. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. HHs are asked to produce soap within a minute when assessing the presence of soap in the HH, as if they are not able to locate it within a minute then it stands to reason it is not commonly used.
4. The composite was created by averaging the 'yes' responses of HHs reporting on the following indicators, with all considered to have the same weight: access to soap, access to jerrycans/buckets with lids, everyone in the HH slept under a mosquito net.

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# Wulu County - Water, Sanitation and Hygiene Factsheet

Lakes State, South Sudan



November/December 2018

## Overview and Methodology

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

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

These five indicators were used to establish the first

## Displacement

Percentage of households by displacement status <sup>1</sup>:

Host community **100%**

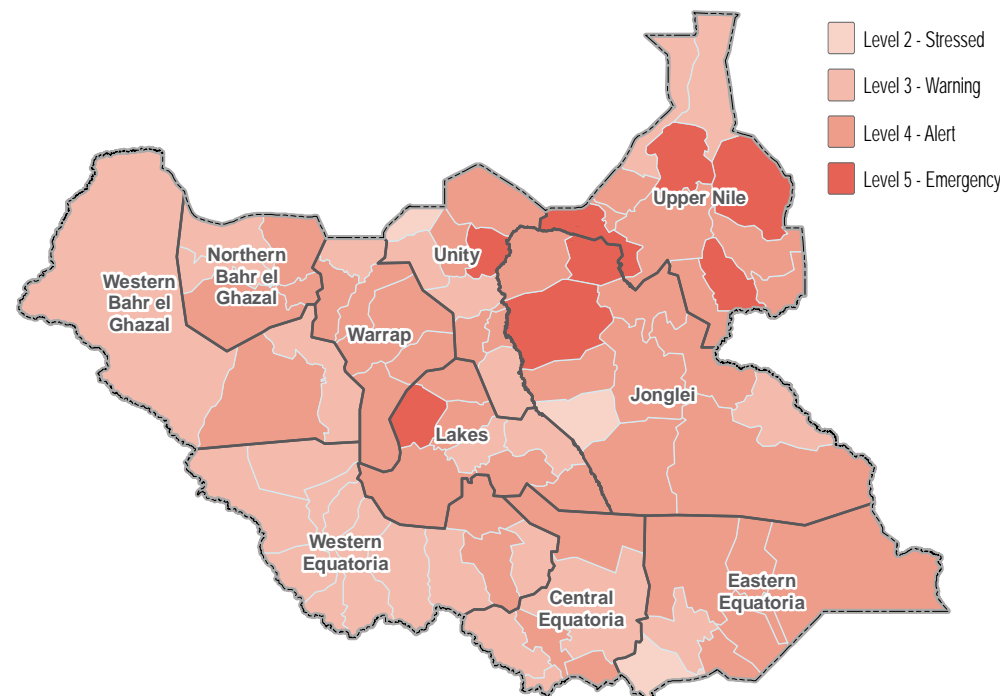
countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of 2018). FSNMS is a seasonal countrywide assessment conducted,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

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

## FSNMS Assessment Coverage

Full coverage in the county was achieved.

## WASH Needs Severity Map



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

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

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

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

Children under 5	84%	
Female headed	48%	
Elderly persons	44%	
Adopted children	17%	
Chronically ill	10%	





# Wulu County - Water, Sanitation and Hygiene Factsheet

Lakes State, South Sudan

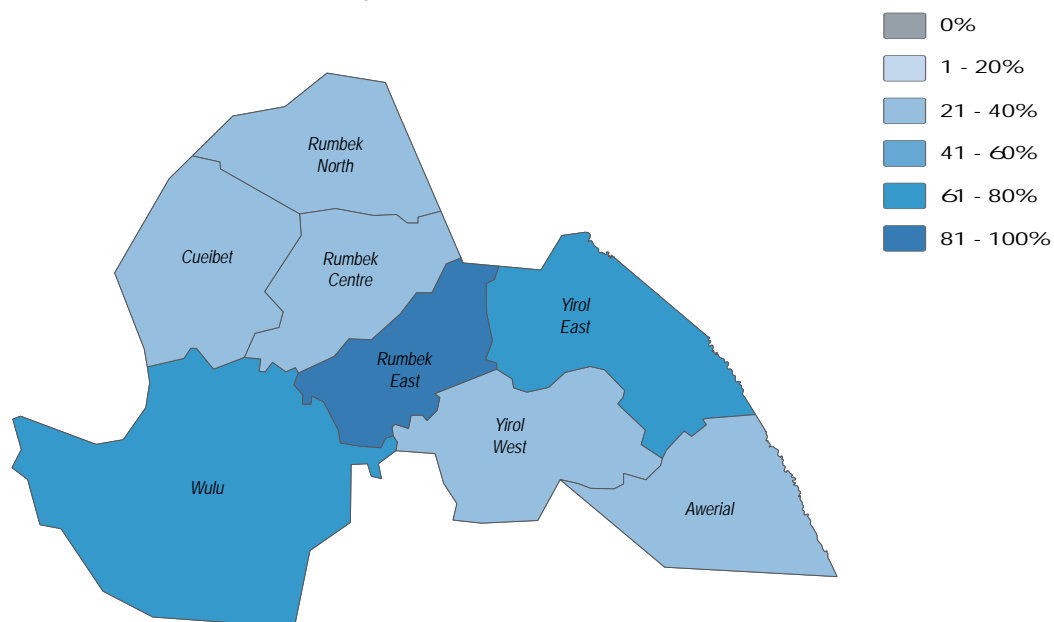


November/December 2018

## Water

- 98%** of **Wulu 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.
- 94%** of **Wulu County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018.
- 6%** of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was an increase from the previous season.
- 3%** of HHs reported feeling unsafe while collecting water, in July and August, 2018.

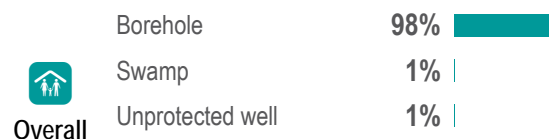
% of HHs having safe access to and use an improved water source (borehole, tapstand, water yard) as their main source of drinking water in under 30 minutes:



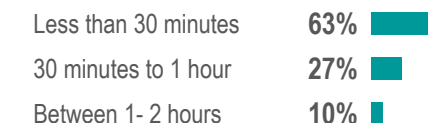
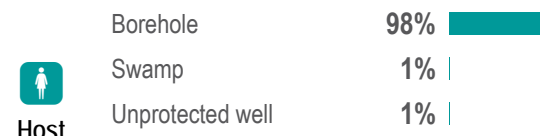
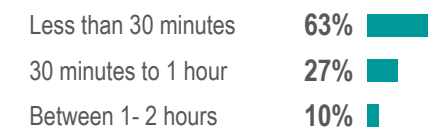
This simple water access composite aims to measure access to an improved water source, without protection concern. The composite was created by averaging the 'yes' responses of households reporting on the following indicators, with all indicators considered to have the same weight:

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

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



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



Returnees



# Wulu County - Water, Sanitation and Hygiene Factsheet

Lakes State, South Sudan

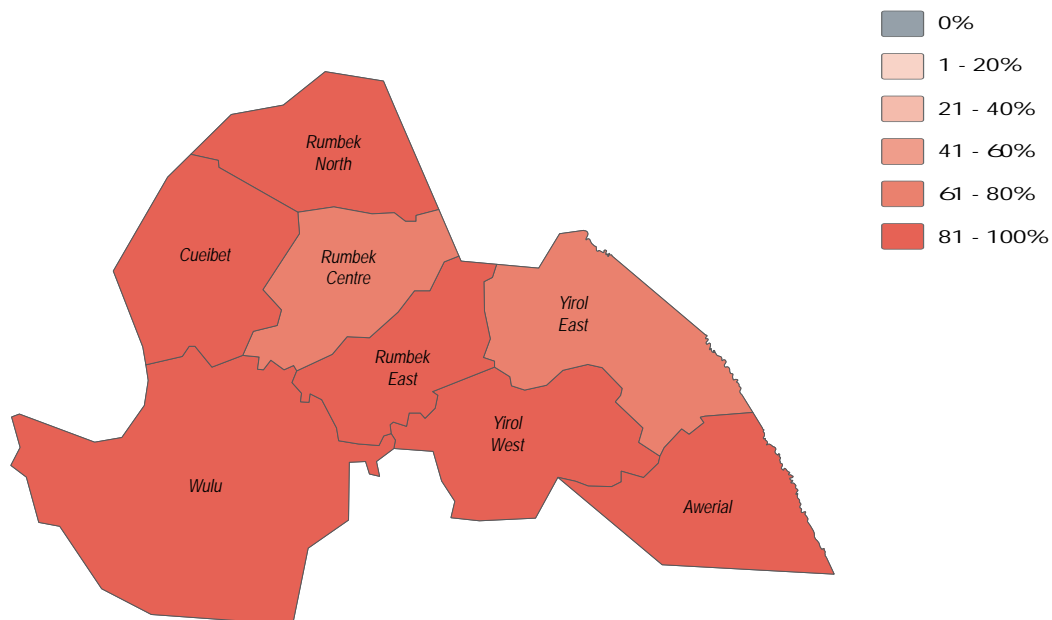


November/December 2018

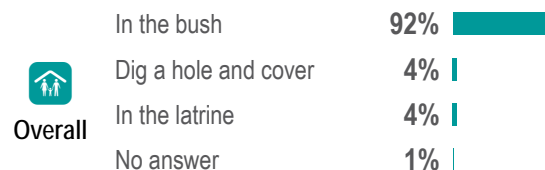
## Sanitation

- 5%** of **Wulu 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.
- 17%** of **Wulu 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 a decrease from the previous season.
- 10%** of HHs reported their most common defecation location was a latrine, in July and August, 2018.

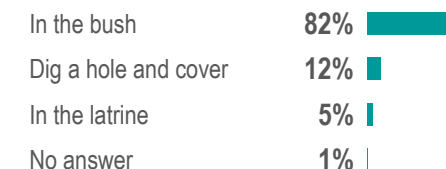
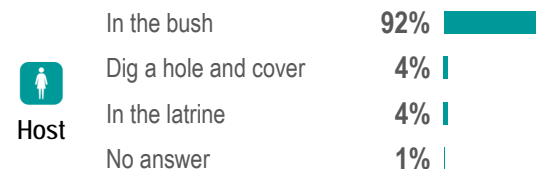
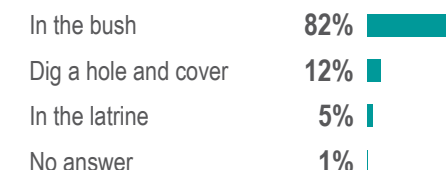
% of HHs not usually using a latrine (private, shared, or communal/institutional)<sup>2</sup>:



Most commonly reported defecation location by percentage of households:



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





# Wulu County - Water, Sanitation and Hygiene Factsheet

Lakes State, South Sudan

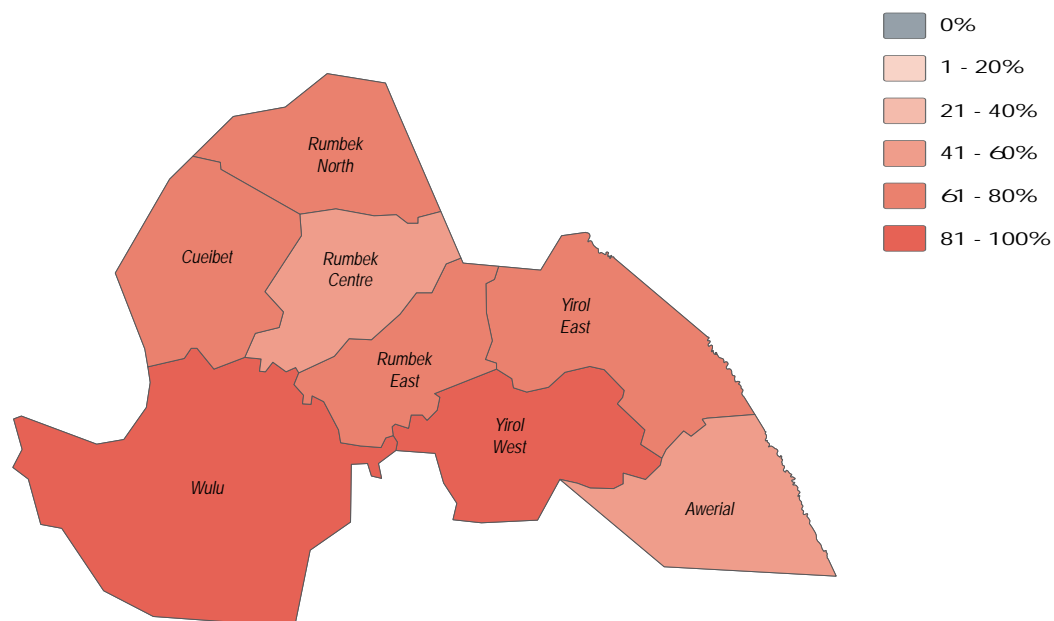


November/December 2018

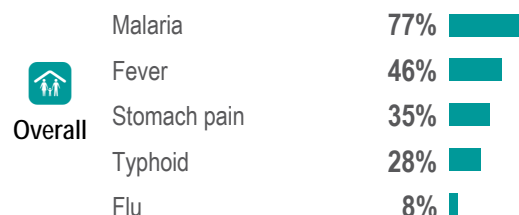
## Health

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

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



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



Overall



Host

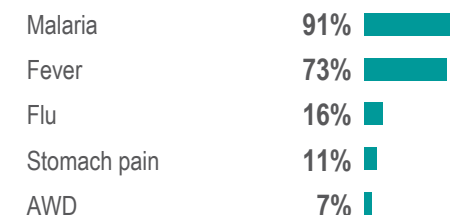
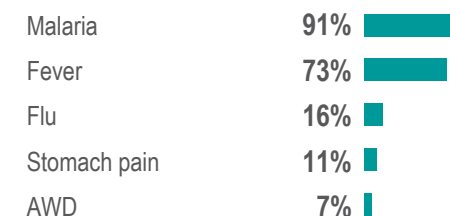


IDPs



Returnees

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





# Wulu County - Water, Sanitation and Hygiene Factsheet

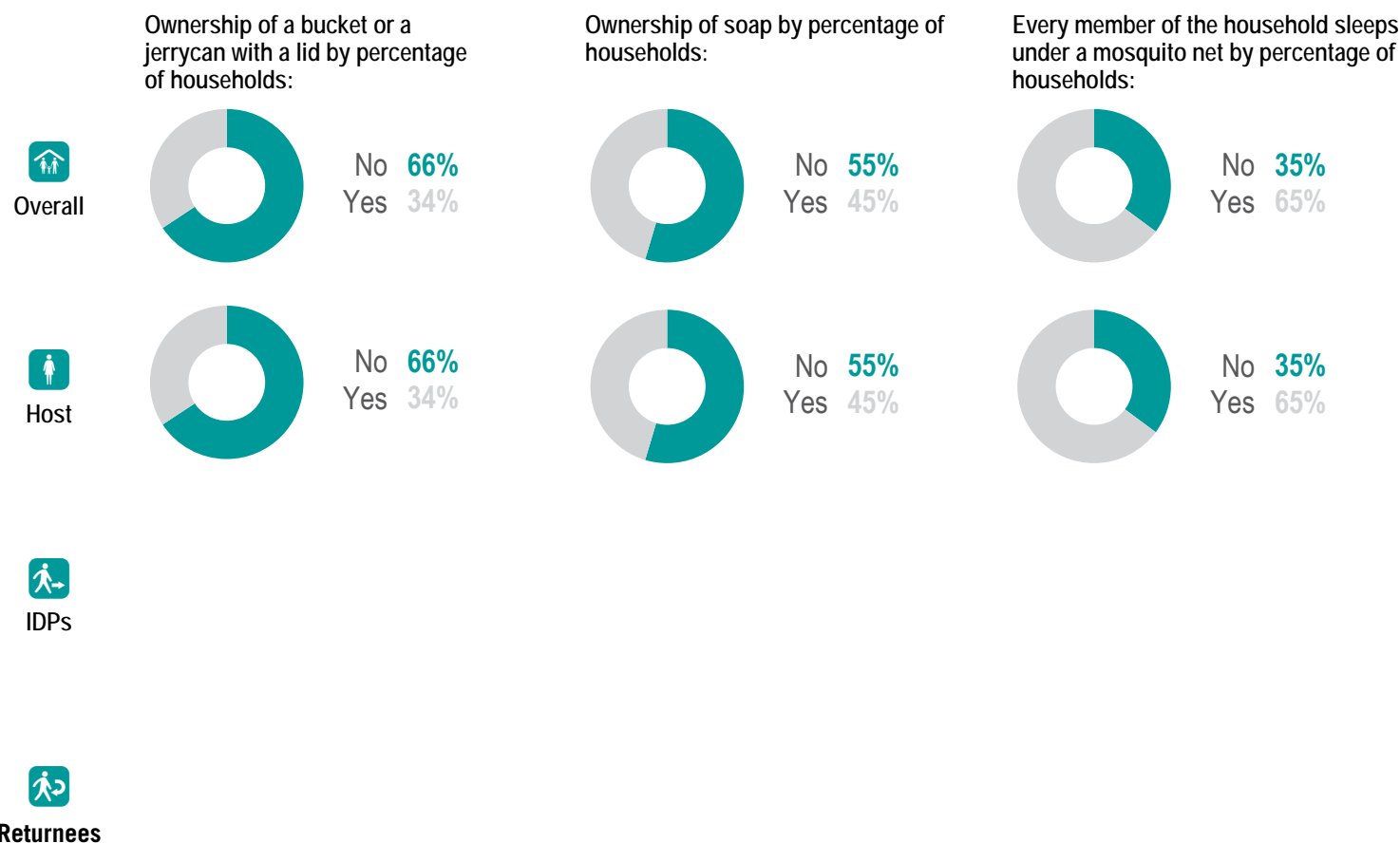
Lakes State, South Sudan



November/December 2018

## NFI WASH NFIs

- 9%** of **Wulu 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.
- 21%** of **Wulu 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.
- 2** was the average number of jerrycans and/or buckets per HH in November and December, 2018.



### Endnotes

1. This data is as of November/December 2018. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. HHs are asked to produce soap within a minute when assessing the presence of soap in the HH, as if they are not able to locate it within a minute then it stands to reason it is not commonly used.
4. The composite was created by averaging the 'yes' responses of HHs reporting on the following indicators, with all considered to have the same weight: access to soap, access to jerrycans/buckets with lids, everyone in the HH slept under a mosquito net.

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# Yei East County - Water, Sanitation and Hygiene Factsheet

Lakes State, South Sudan



November/December 2018

## Overview and Methodology

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

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

These five indicators were used to establish the first

## Displacement

Percentage of households by displacement status <sup>1</sup>:

Host community **100%**

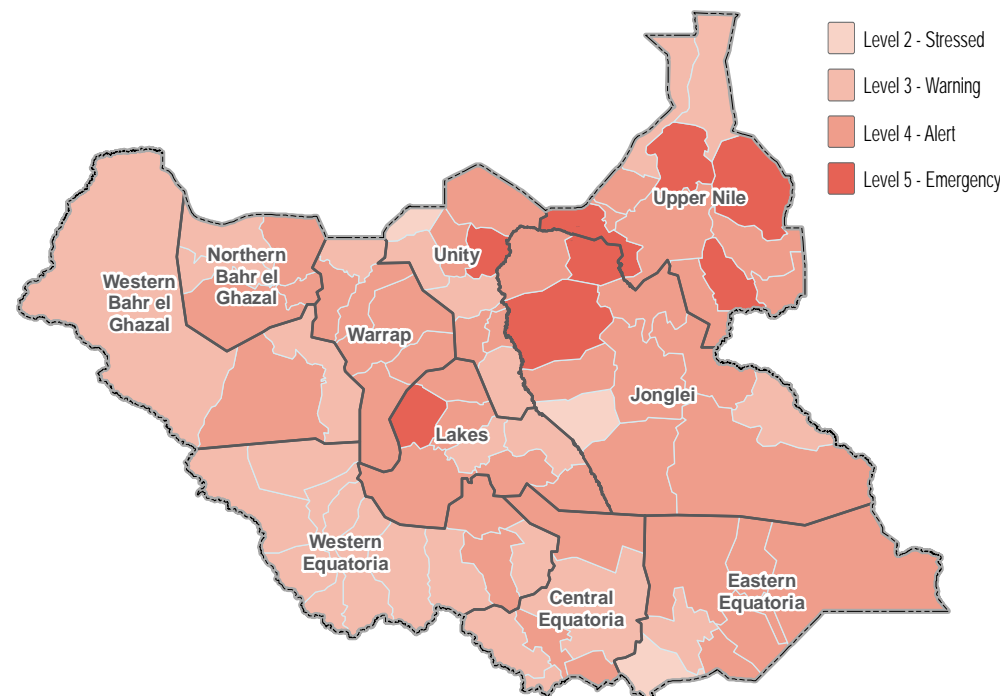
countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of 2018). FSNMS is a seasonal countrywide assessment conducted,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

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

## FSNMS Assessment Coverage

Full coverage in the county was achieved.

## WASH Needs Severity Map



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

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

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

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

Children under 5	76%
Elderly persons	40%
Female headed	19%
Adopted children	11%
Physically disabled	6%



# Yirol East County - Water, Sanitation and Hygiene Factsheet

Lakes State, South Sudan

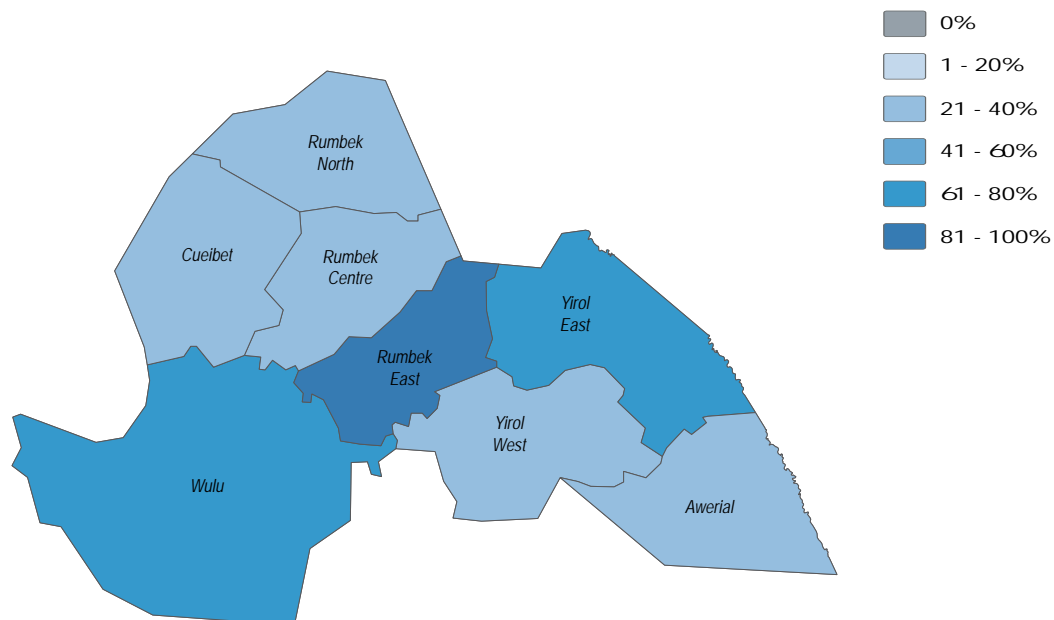


November/December 2018

## Water

- 88%** of Yirol 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.
- 77%** of Yirol East County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018.
- 11%** of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was a decrease from the previous season.
- 45%** of HHs reported feeling unsafe while collecting water, in July and August, 2018.

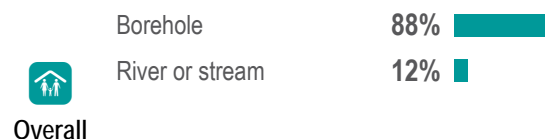
% of HHs having safe access to and use an improved water source (borehole, tapstand, water yard) as their main source of drinking water in under 30 minutes:



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:

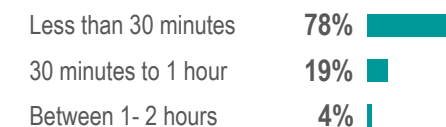
- Access to a borehole, tapstand, or water yard as the primary source of drinking water
- Can collect water (walking to collection point, waiting, filling container, returning home) in under 30 minutes
- Did not report any security concerns while accessing water point

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

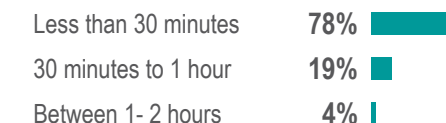


Overall

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



Host



IDPs



Returnees





# Yiror East County - Water, Sanitation and Hygiene Factsheet

Lakes State, South Sudan

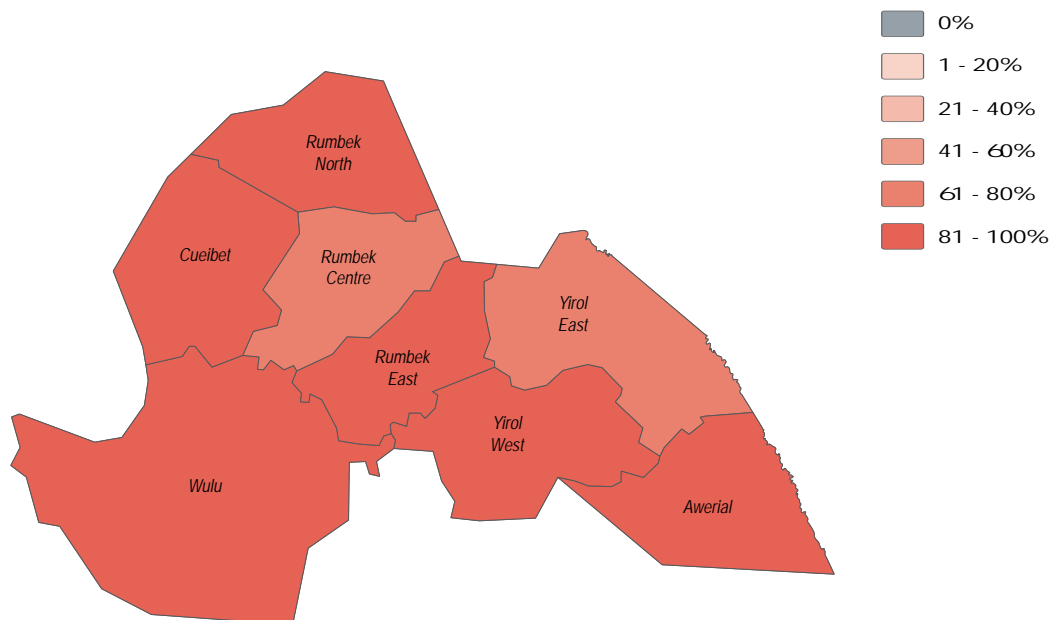


November/December 2018

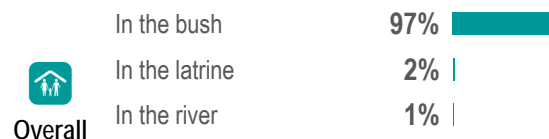
## Sanitation

- 38%** of Yiror 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.
- 1%** of Yiror East County HHs reported having access to a latrine (private, shared, or communal/institutional), in July and August, 2018.
- 2%** of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was an increase from the previous season.
- 1%** of HHs reported their most common defecation location was a latrine, in July and August, 2018.

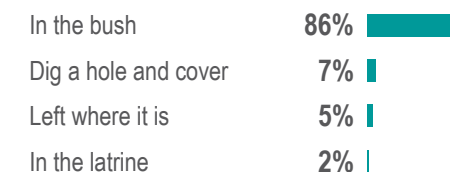
% of HHs not usually using a latrine (private, shared, or communal/institutional)<sup>2</sup>:



Most commonly reported defecation location by percentage of households:



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



Overall



Host



IDPs



Returnees



# Yirou East County - Water, Sanitation and Hygiene Factsheet

Lakes State, South Sudan

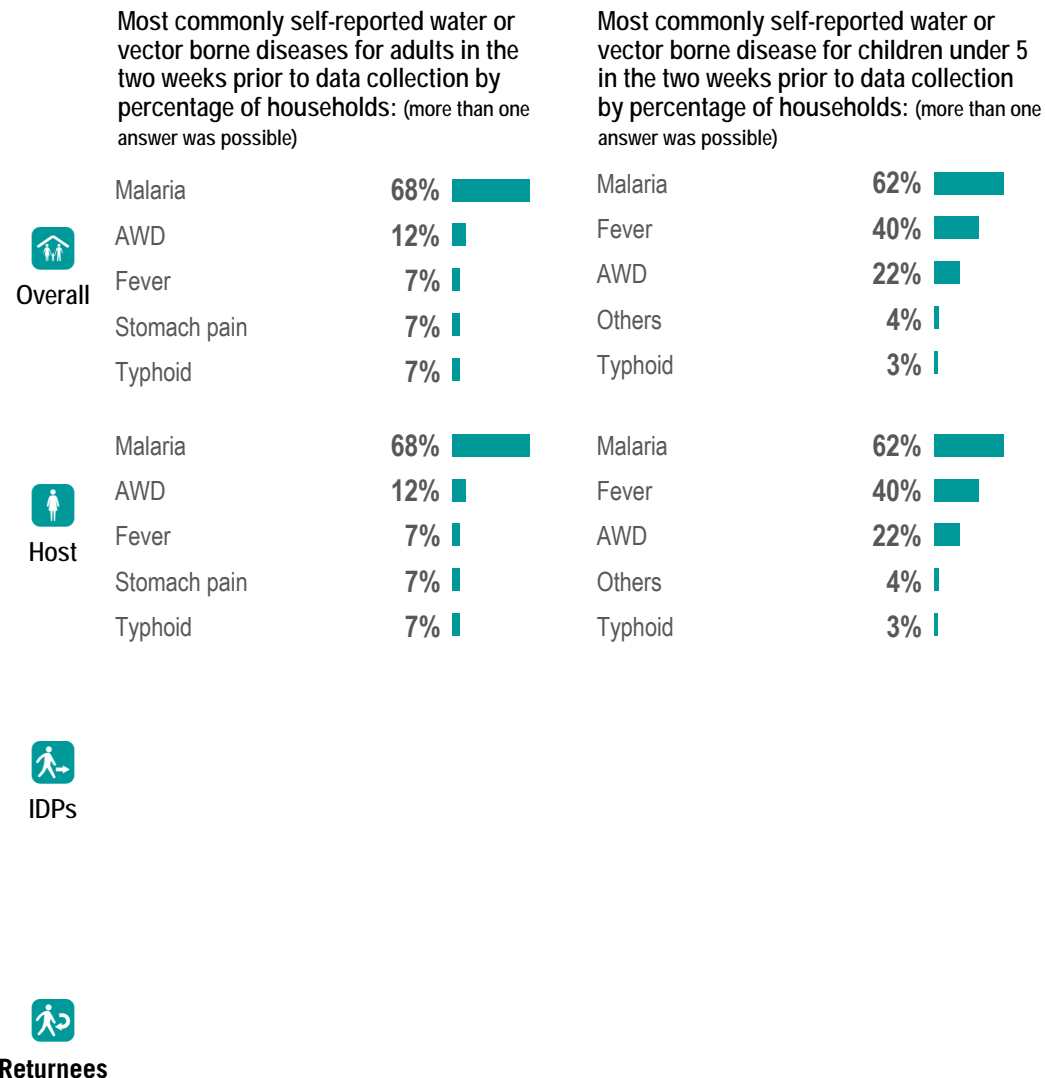
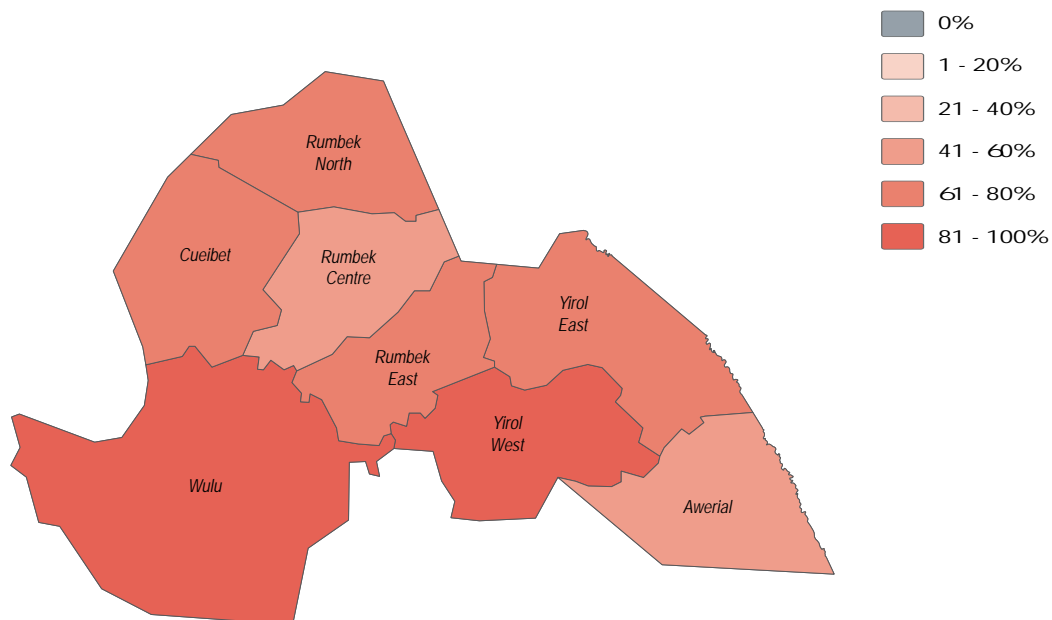


November/December 2018

## Health

- 80%** of Yirou 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.
- 78%** of Yirou 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.
- 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:





# Yirol East County - Water, Sanitation and Hygiene Factsheet

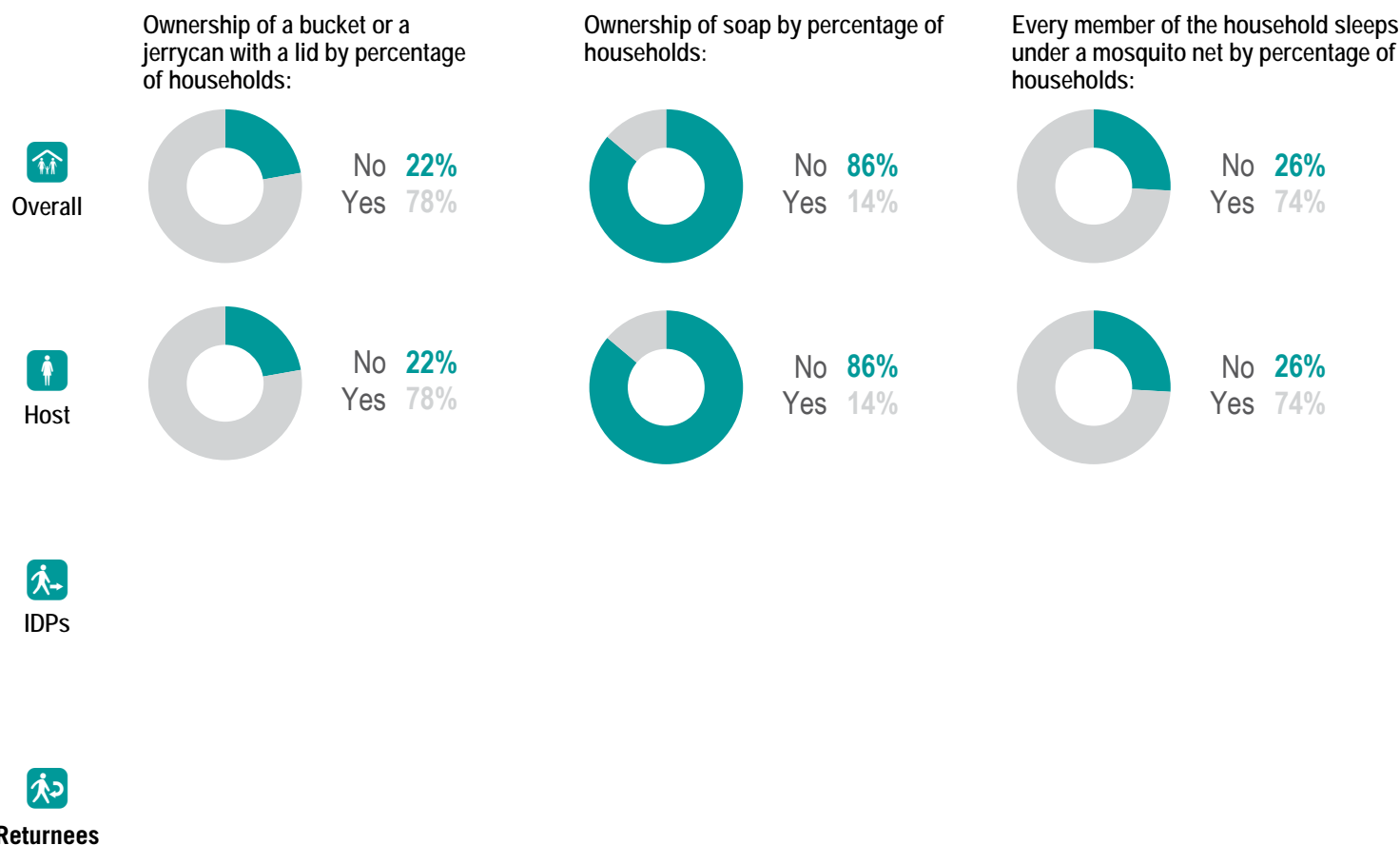
Lakes State, South Sudan



November/December 2018

## NFI WASH NFIs

- 13%** of Yirol 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.
- 3%** of Yirol 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.
- 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.



### 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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# Yirou West County - Water, Sanitation and Hygiene Factsheet

Lakes State, South Sudan



November/December 2018

## Overview and Methodology

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

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

These five indicators were used to establish the first

## Displacement

Percentage of households by displacement status <sup>1</sup>:

Host community **100%**

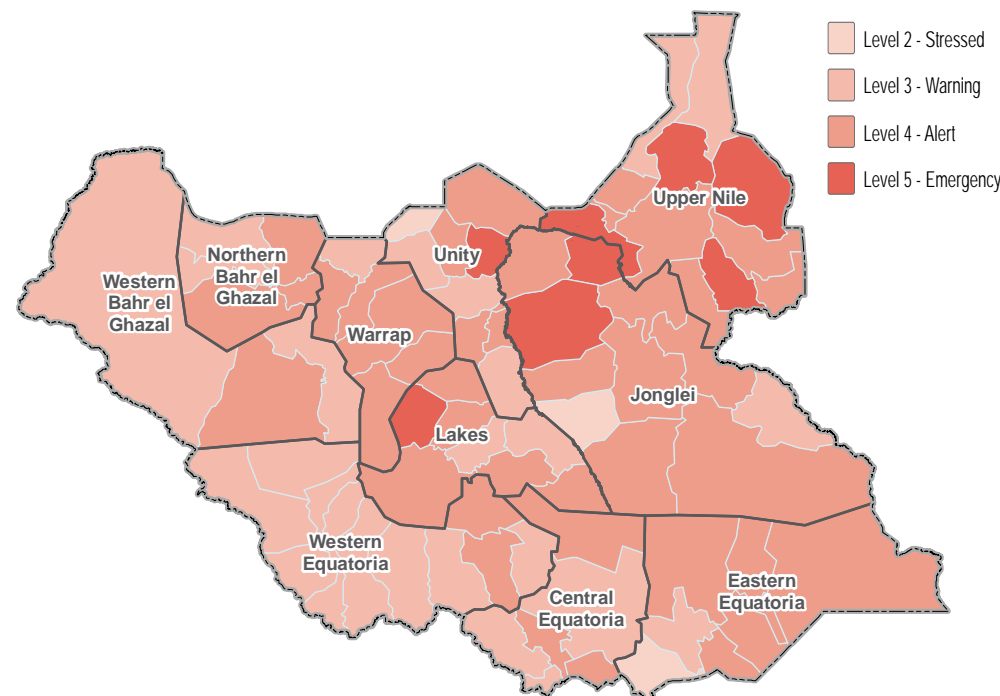
countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of 2018). FSNMS is a seasonal countrywide assessment conducted,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

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

## FSNMS Assessment Coverage

Full coverage in the county was achieved.

## WASH Needs Severity Map



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

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

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

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

Children under 5	82%	
Female headed	62%	
Elderly persons	44%	
Adopted children	15%	
Physically disabled	15%	



# Yirol West County - Water, Sanitation and Hygiene Factsheet

Lakes State, South Sudan

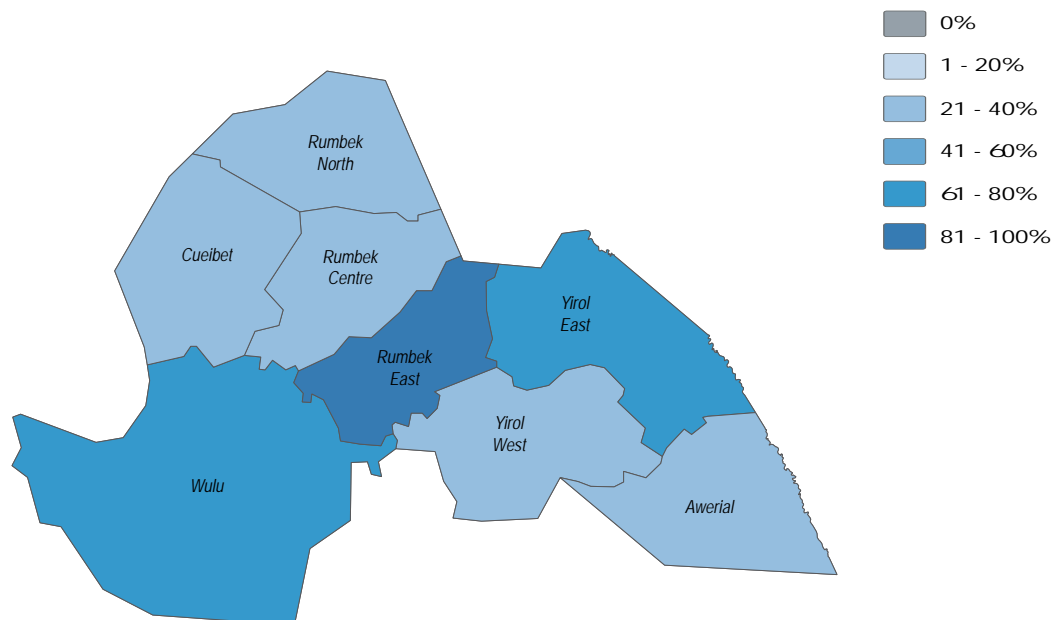


November/December 2018

## Water

- 96%** of Yirol 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.
- 74%** of Yirol West County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018.
- 37%** of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was an increase from the previous season.
- 26%** of HHs reported feeling unsafe while collecting water, in July and August, 2018.

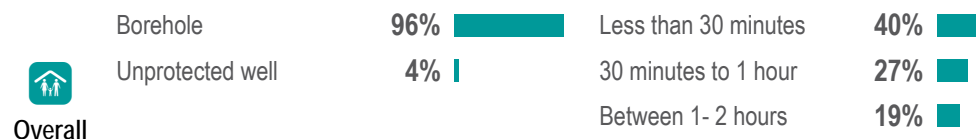
% of HHs having safe access to and use an improved water source (borehole, tapstand, water yard) as their main source of drinking water in under 30 minutes:



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:

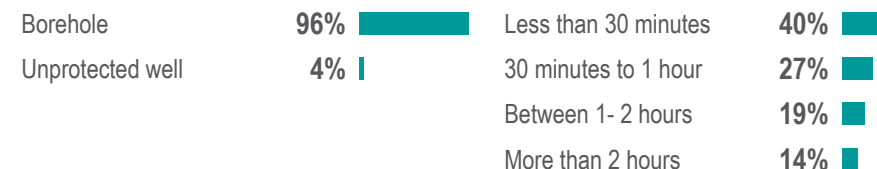
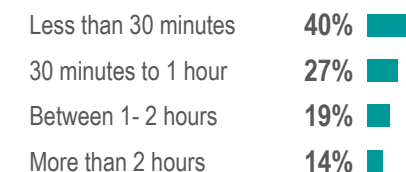
- Access to a borehole, tapstand, or water yard as the primary source of drinking water
- Can collect water (walking to collection point, waiting, filling container, returning home) in under 30 minutes
- Did not report any security concerns while accessing water point

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



Overall

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



Host



IDPs



Returnees



# Yiol West County - Water, Sanitation and Hygiene Factsheet

Lakes State, South Sudan

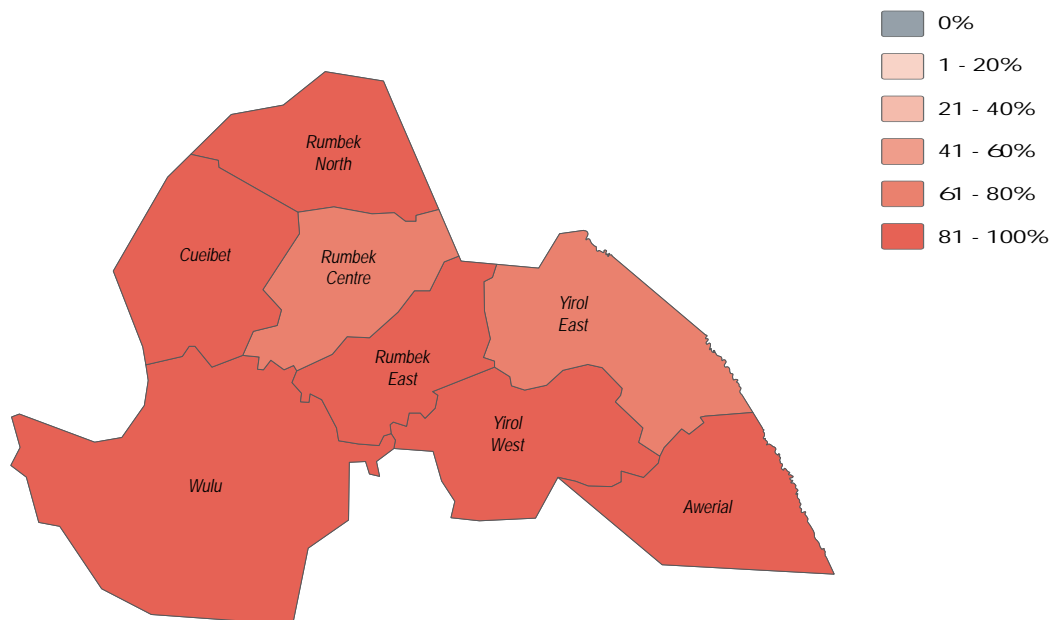


November/December 2018

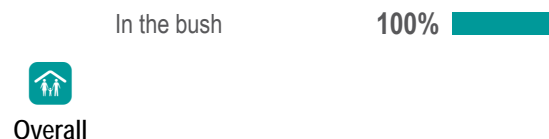
## Sanitation

- 1%** of **Yiol West 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 **Yiol West 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.

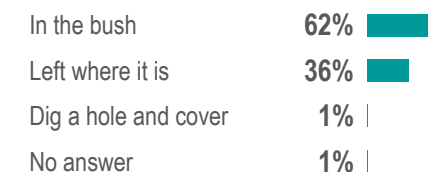
% of HHs not usually using a latrine (private, shared, or communal/institutional)<sup>2</sup>:



Most commonly reported defecation location by percentage of households:



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



In the bush



In the bush



Host



IDPs



Returnees





# Yirol West County - Water, Sanitation and Hygiene Factsheet

Lakes State, South Sudan



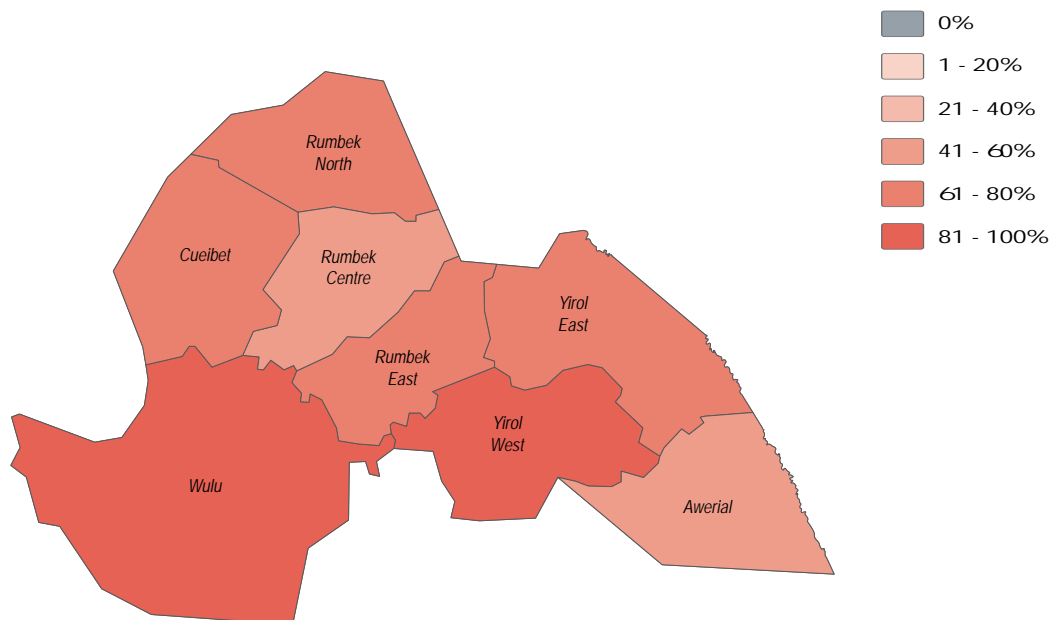
November/December 2018



## Health

- 81%** of Yirol 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 an increase from the previous season.
- 77%** of Yirol 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.

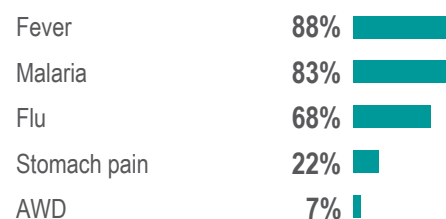
% of HH with one or more HH member affected by self-reported water or vector borne disease in the two weeks prior to data collection:



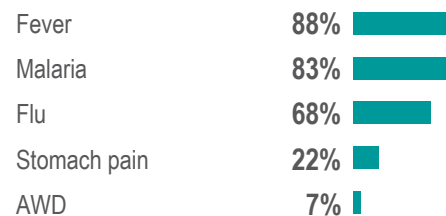
Most commonly self-reported water or vector borne diseases for adults in the two weeks prior to data collection by percentage of households: (more than one answer was possible)



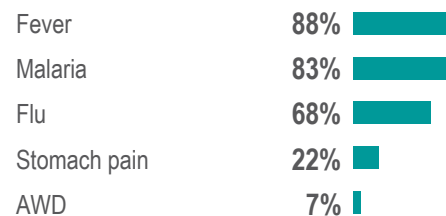
Overall



Host

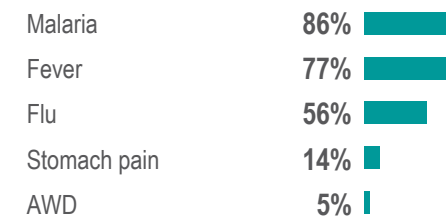
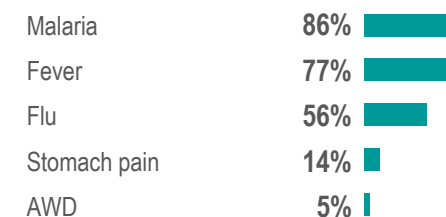


IDPs



Returnees

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





# Yirol West County - Water, Sanitation and Hygiene Factsheet

Lakes State, South Sudan



November/December 2018

## NFI WASH NFIs

- 6%** of Yirol 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.
- 3%** of Yirol 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.
- 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



November 2018



November 2018



November 2018



Host



November 2018



November 2018



November 2018



IDPs



November 2018



November 2018



November 2018



Returnees



November 2018



November 2018



November 2018

#### Endnotes

1. This data is as of November/December 2018. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. HHs are asked to produce soap within a minute when assessing the presence of soap in the HH, as if they are not able to locate it within a minute then it stands to reason it is not commonly used.
4. The composite was created by averaging the 'yes' responses of HHs reporting on the following indicators, with all considered to have the same weight: access to soap, access to jerrycans/buckets with lids, everyone in the HH slept under a mosquito net.

#### About REACH

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

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

Visit [www.reach-initiative.org](http://www.reach-initiative.org) and follow us @REACH\_info.