

WASH Cluster Water Sanitation Hygiene

Lakes State, South Sudan

November/December2018

Overview and Methodology

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

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

These five indicators were used to establish the first

Displacement

Percentage of households by displacement status 1:

Host community

00%

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

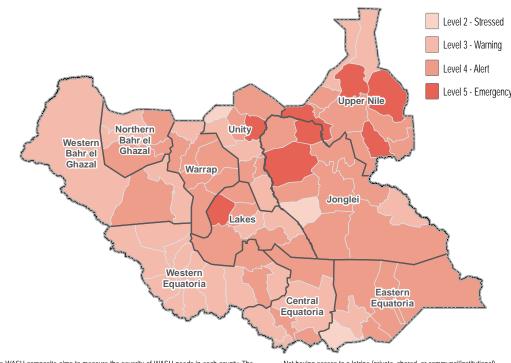
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FSNMS Assessment Coverage

Full coverage in the county was achieved.

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

WASH Needs Severity Map



This WASH composite aims to measure the severity of WASH needs in each county. The composite was created with four indicators, each broken into 5 levels of severity, as seen in this matrix http://lbit.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 mosquillo 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

Elderly persons

Adopted children

Physically disabled

6%















WASH Cluster

Lakes State, South Sudan

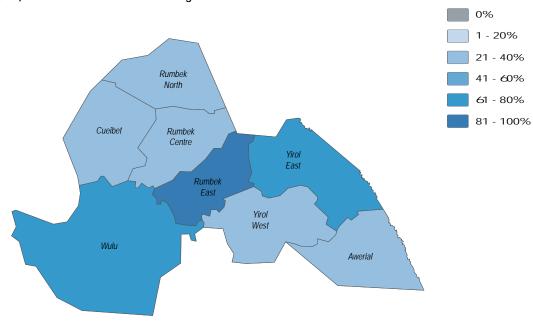
November/December2018

50%

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:



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

Borehole

	0070
River or stream	23%
Swamp	6%
Unprotected well	6%
Hand dug well	5%
Borehole	59%
River or stream	23%
Swamp	6%
Unprotected well	6%
Hand dug well	5%

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

Less than 30 minutes

Less than 30 minutes	JU /0
Between 1-2 hours	30%
30 minutes to 1 hour	13%
More than 2 hours	7%
	500/
Less than 30 minutes	50%
Between 1- 2 hours	30%
30 minutes to 1 hour	13%
More than 2 hours	7%



Host

Overall



Returnees

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



Lakes State, South Sudan

WASH Cluster November/December2018

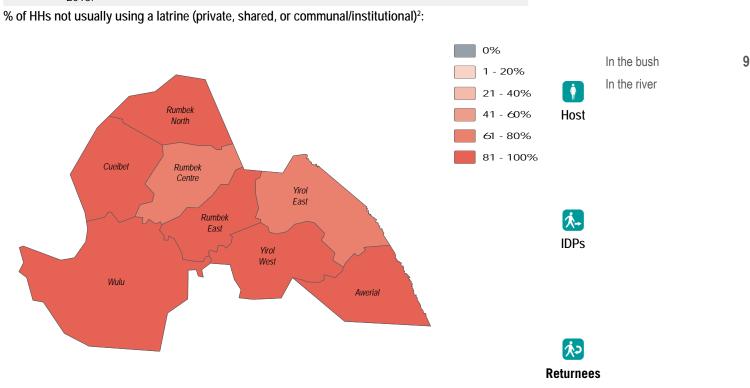
Sanitation

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.



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 river

Overall

99% 1%

In the bush Dig a hole and cover

95% 4%

1% Left where it is

In the bush 95% 1% Dig a hole and cover 4% Left where it is 1%















WASH Cluster Water Sanitation Hygiene

Lakes State, South Sudan

November/December2018

77%

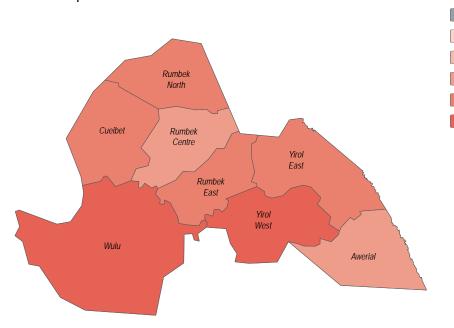
* Health

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

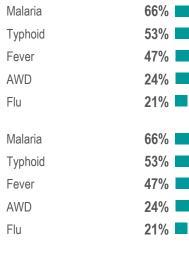
Malaria was the most commonly reported water or vector borne disease in November and December, 2018. This was the same as the previous season.

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:



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)

Malaria

Malaria	11/0	
AWD	46%	
Fever	46%	
Flu	18%	
Stomach pain	13%	
Malaria	77%	
AWD	46%	
Fever	46%	
Flu	18%	
Stomach pain	13%	



Host

Overall

0%

1 - 20%

21 - 40%

41 - 60%

61 - 80%

81 - 100%















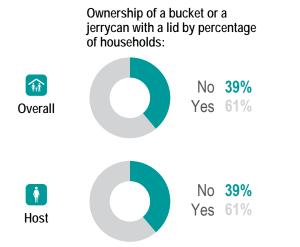


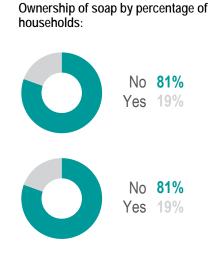
WASH Cluster
Water Sanitation Hygiene
November/December 2018

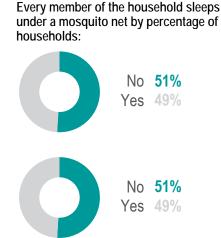
Lakes State, South Sudan

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









- This data is as of November/December 2018. Note, population movement remains fluid.
- An institutional latrine can be found in a school, hospital, clinic, market place.
- 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 incountry office: southsudan@reach-initiative. org or to our global office: geneva@reach-initiative.org.

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IDPs















WASH Cluster

Lakes State, South Sudan

November/December2018

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 1:

Host community

IDP 1%

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

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

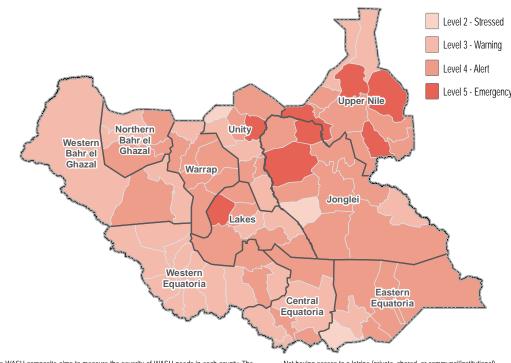
FSNMS Assessment Coverage

Full coverage in the county was achieved.

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

100% In the last one year

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
- 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 70% 69% Elderly persons Female headed Adopted children 14% Physically disabled 9%















WASH Cluster Water Sanitation Hygiene

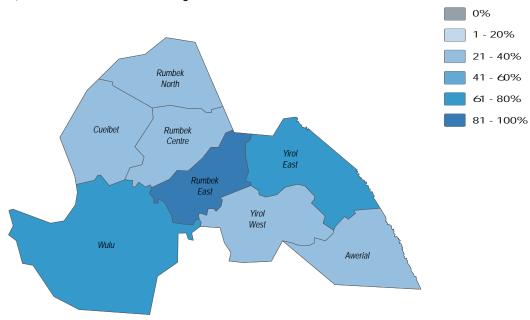
Lakes State, South Sudan

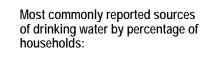
November/December2018

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:





Borehole

Borehole

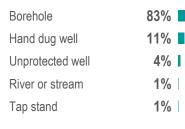
Most commonly reported time spent collecting drinking water (walking to collection point, waiting, filling container, returning home) by percentage of households:

DOTOTIOIO	00 /0		
Hand dug well	11%		
Unprotected well	4%	L	
River or stream	1%		
Tap stand	1%		

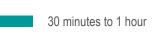
83%

100%











Host

Overall



Returnees

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













100%

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



WASH Cluster
Water Sanitation Hygiene
November/December 2018

94%

4%

2%

Most commonly reported excreta disposal

methods for children under five by percentage of households:

In the bush

In the latrine

Dig a hole and cover

Lakes State, South Sudan



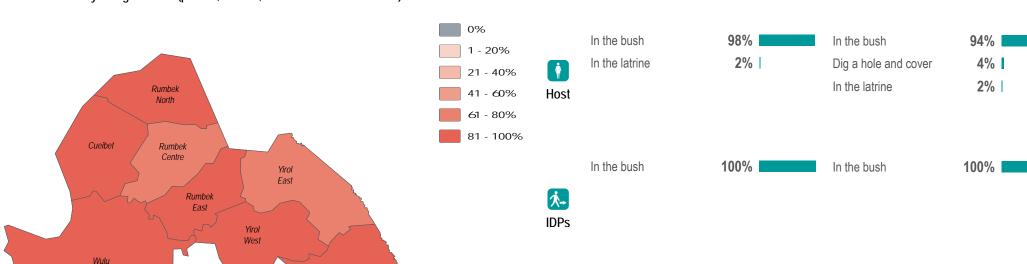
2%	of Cueibet County HHs reported having access to a latrine (private, shared, or communal/
	institutional), in November and December, 2018. This was a decrease from the previous
	season.

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

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

of HHs reported their most common defecation location was a latrine, in July and August, 2018.

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







Awerial





Returnees



Most commonly reported defecation

In the bush

In the latrine

Overall

location by percentage of households:

98%

2%



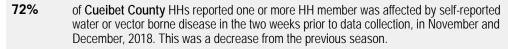


WASH Cluster Water Sanitation Hygiene

Lakes State, South Sudan

November/December2018

* Health

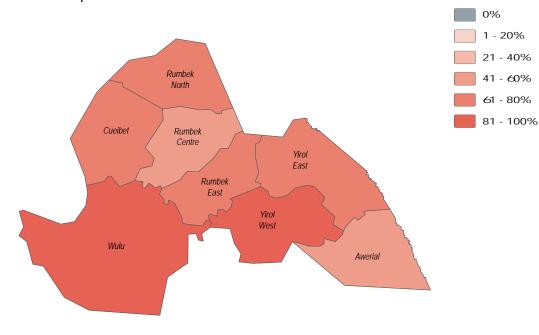


81% of Cueibet County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 2018.

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:



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)

89%

76%

73%

73%

Malaria
Fever
Stomach pain
AWD
Typhoid
Malaria
Fever
Stomach pain
AWD
Typhoid

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

Malaria	92%	
Fever	61%	
AWD	51%	
Eye infection	44%	
Stomach pain	29%	
Malaria	92%	
Fever	62%	
AWD	51%	
Eye infection	45%	
Stomach pain	29%	
AA.L. C.	4000/	
Malaria	100%	



Host

ÎN

Overall















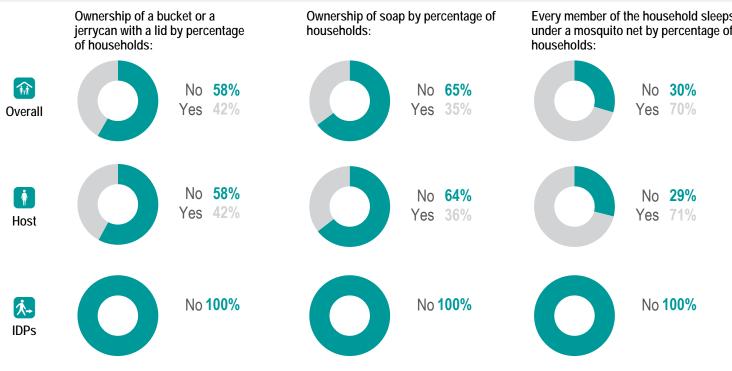


WASH Cluster November/December2018

Lakes State, South Sudan

WASH NFIs

- 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 5% was a decrease from the previous season.
- 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. 9%
- 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.
- was the average number of jerrycans and/or buckets per HH in November and December, 2018.



∱>

Returnees

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

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
- 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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WASH Cluster
Water Sanitation Hygiene

November/December 2018

Lakes State, South Sudan

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These five indicators were used to establish the first

Displacement

Percentage of households by displacement status 1:

Host community

100%

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

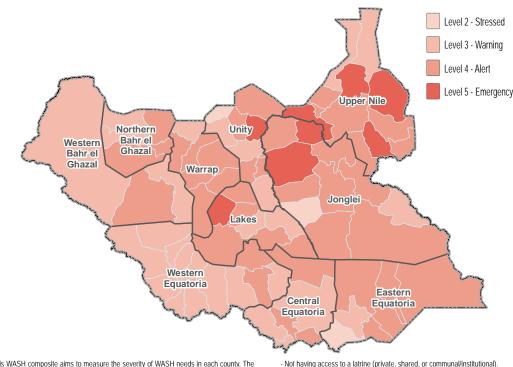
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Percentage of IDP households by time arrived in their current location:

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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

Children under 5

Elderly persons

Adopted children

92%

64%

21%

1%

















Lakes State, South Sudan

November/December2018

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.

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

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

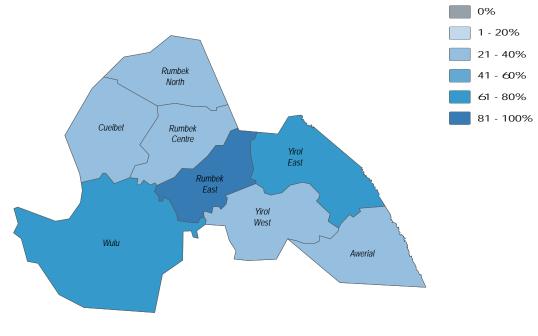
Overall

99% Borehole Hand dug well 1% 30 minutes to 1 hour Less than 30 minutes

Between 1-2 hours

5%

% 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:







5%

IDPs

Returnees

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

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WASH Cluster
Water Sanitation Hygiene

November/December 2018

75%

22%

2%

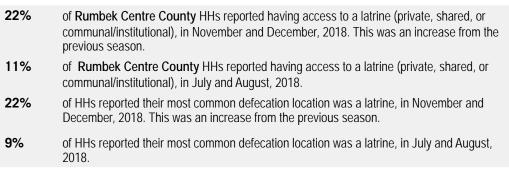
1%

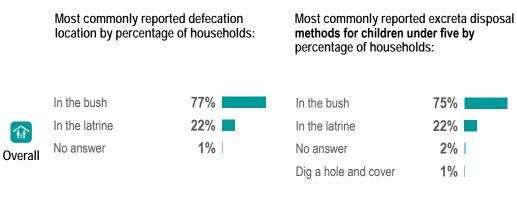
Lakes State, South Sudan



Sanitation

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





22%

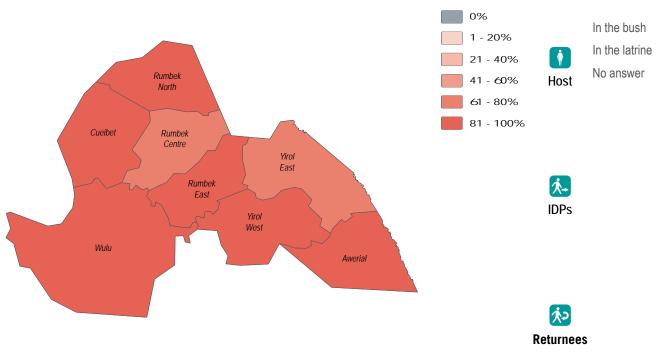
1%

In the bush

In the latrine

No answer

Dig a hole and cover



















Lakes State, South Sudan



% Health

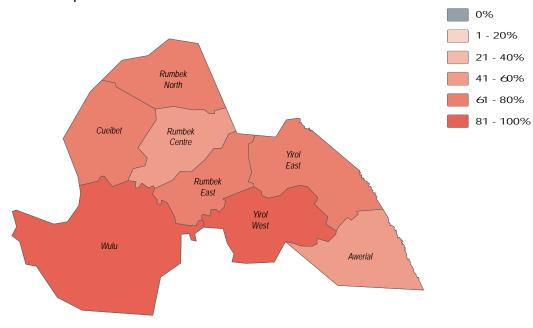
48%	% of Rumbek Centre County HHs reported one or more HH member was affected by self-		
	reported water or vector borne disease in the two weeks prior to data collection, in November		
	and December, 2018. This was a decrease from the previous season.		

73% of Rumbek Centre County HHs reported one or more HH member was affected by selfreported water or vector borne disease in the two weeks prior to data collection, in July and August, 2018.

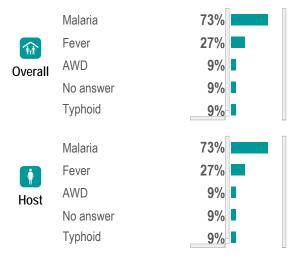
was the most commonly reported water or vector borne disease in November and December, Malaria 2018. This was the same as the previous season.

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

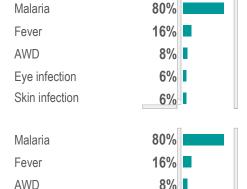
% of HH with one or more HH member affected by self-reported water or vector borne disease in the two weeks prior to data collection:



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)



Eve infection

Skin infection

6%

6%



IDPs

















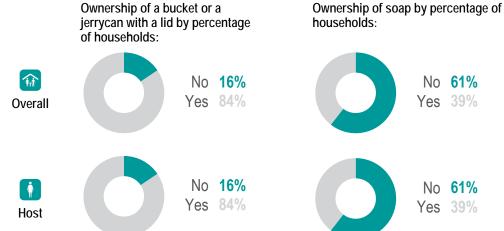


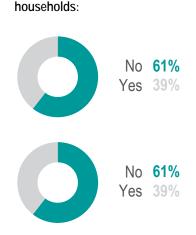
Lakes State, South Sudan

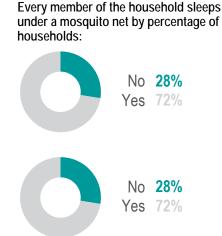
November/December2018

NFI WASH NFIs

- 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, 5% 2018. This was a decrease from the previous season.
- 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. 23%
- 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.









- 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
- 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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WASH Cluster
Water Sanitation Hygiene
November/December2018

Lakes State, South Sudan

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 $^{\mbox{\tiny 1}}$:

Host community 99%

Others 1%

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

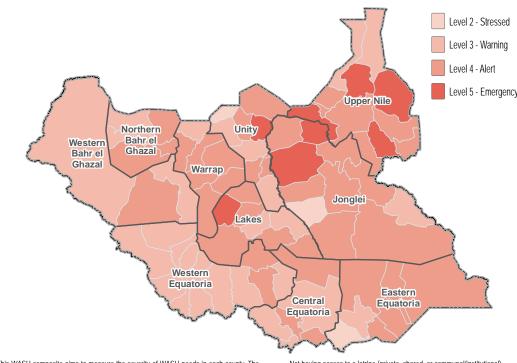
FSNMS is a critical source of information that allows for the identification of affected areas, the prioritization of resources and for monitoring trends. The data collected during FSNMS is used for the Integrated Food Security Phase Classification (IPC) analysis, the Humanitarian Needs Overview (HNO)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

FSNMS Assessment Coverage

Full coverage in the county was achieved.

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

WASH Needs Severity Map



This WASH composite aims to measure the severity of WASH needs in each county. The composite was created with four indicators, each broken into 5 levels of severity, as seen in this matrix http://lbit.ly/lzEqRYwJ. 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

Elderly persons

Female headed

Adopted children

Chronically ill

77%

31%

16%

16%

9%















WASH Cluster November/December2018

Lakes State, South Sudan



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.

of HHs reported feeling unsafe while collecting water, in July and August, 2018. 51%

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

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

Overall

99% Borehole 1% Unprotected well

Less than 30 minutes 30 minutes to 1 hour

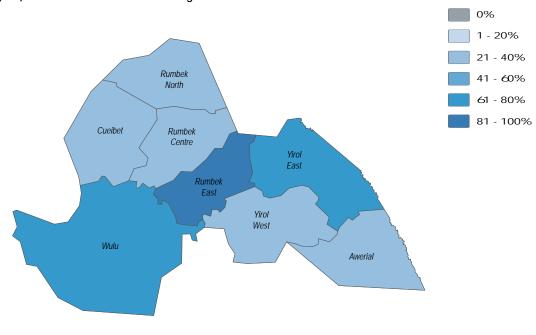
12%

86%

Between 1-2 hours

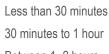
2%

% 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:









86% 12%

Between 1-2 hours

2%

IDPs

Returnees

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



WASH Cluster

Lakes State, South Sudan



81%

9%

5%

5%

81%

9%

5%

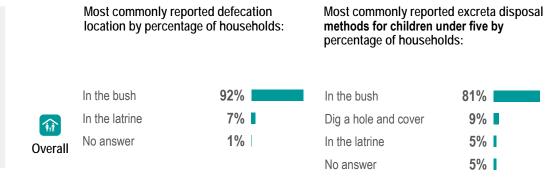
5%

Sanitation

unicef

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)2:



92%

7%

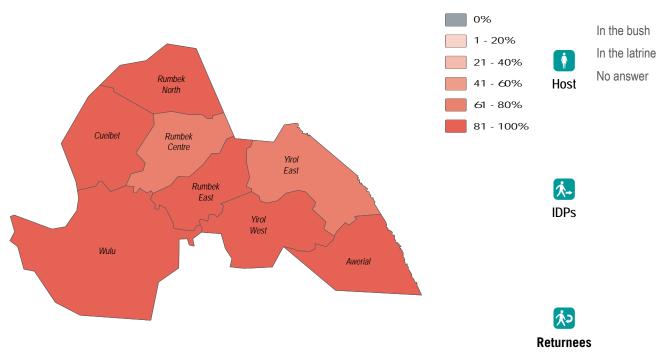
1%

In the bush

In the latrine

No answer

Dig a hole and cover









18







WASH Cluster
Water Sanitation Hygiene
November/December 2018

Lakes State, South Sudan



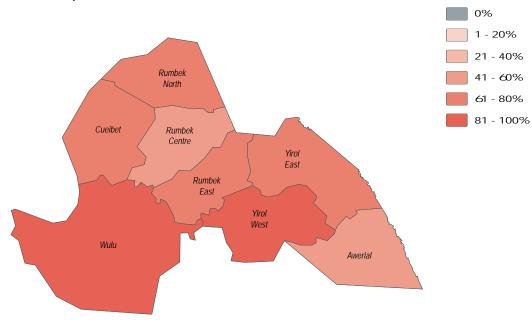
of Rumbek East County HHs reported one or more HH member was affected by selfreported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was a decrease from the previous season.

of Rumbek East County HHs reported one or more HH member was affected by selfreported water or vector borne disease in the two weeks prior to data collection, in July and August, 2018.

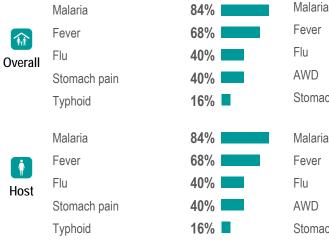
Malaria was the most commonly reported water or vector borne disease in November and December, 2018. This was the same as the previous season.

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

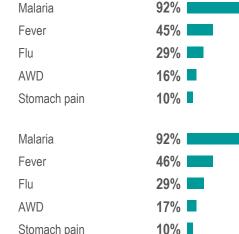
% of HH with one or more HH member affected by self-reported water or vector borne disease in the two weeks prior to data collection:



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)





















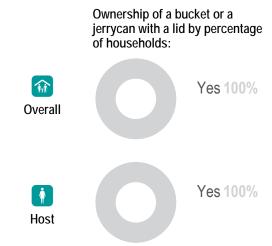


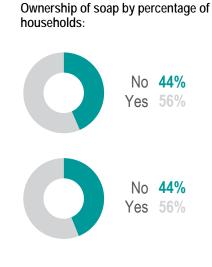


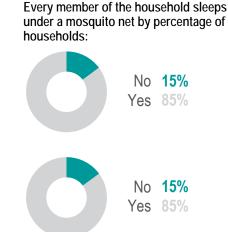
Lakes State, South Sudan

NFI WASH NFIs

- 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. 22% This was a decrease from the previous season.
- 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. 24%
- 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.























the HH slept under a mosquito net.

About REACH

Endnotes

movement remains fluid.

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1. This data is as of November/December 2018. Note, population

2. An institutional latrine can be found in a school, hospital, clinic, market

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

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

minute then it stands to reason it is not commonly used.

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WASH Cluster Water Sanitation Hygiene

Lakes State, South Sudan

November/December2018

Overview and Methodology

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

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

These five indicators were used to establish the first

Displacement

Percentage of households by displacement status 1:

Host community

100%

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

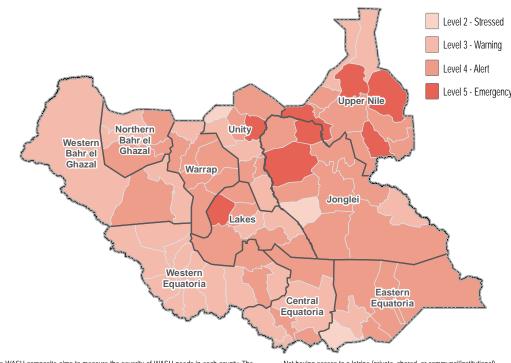
FSNMS is a critical source of information that allows for the identification of affected areas, the prioritization of resources and for monitoring trends. The data collected during FSNMS is used for the Integrated Food Security Phase Classification (IPC) analysis, the Humanitarian Needs Overview (HNO)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

FSNMS Assessment Coverage

Full coverage in the county was achieved.

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

WASH Needs Severity Map



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

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

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

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

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















WASH Cluster

Lakes State, South Sudan

November/December2018

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.

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:

Tap stand

Borehole

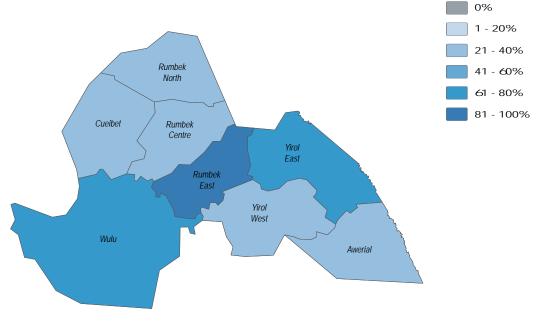
99% Less than 30 minutes 1% 30 minutes to 1 hour

Between 1-2 hours

Overall

23%

% 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:







Less than 30 minutes 30 minutes to 1 hour Between 1-2 hours

23%

IDPs

Returnees

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



0%



Lakes State, South Sudan

November/December2018

Most commonly reported excreta disposal

methods for children under five by

percentage of households:

Sanitation

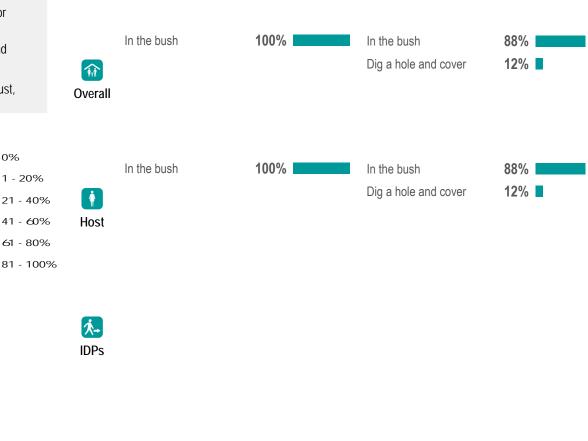
0% of Rumbek North County HHs reported having access to a latrine (private, shared, or communal/institutional), in November and December, 2018. This was a decrease from the previous season.

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.

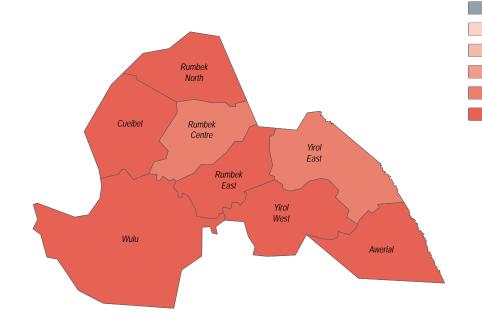
1% of HHs reported their most common defecation location was a latrine, in July and August, 2018.

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



Most commonly reported defecation

location by percentage of households:



















WASH Cluster Water Sanitation Hygiene

Lakes State, South Sudan

November/December2018

53%

24%

9%

4%

24%

9%

4%

Most commonly self-reported water or

vector borne disease for children under 5

by percentage of households: (more than one

in the two weeks prior to data collection

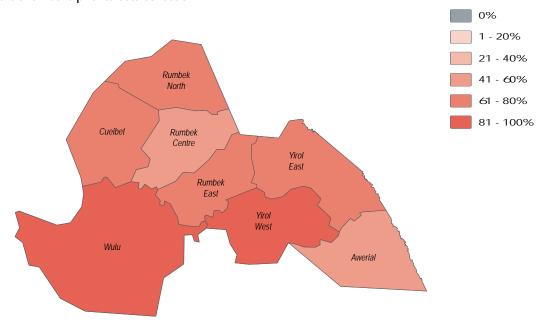
* Health

Malaria

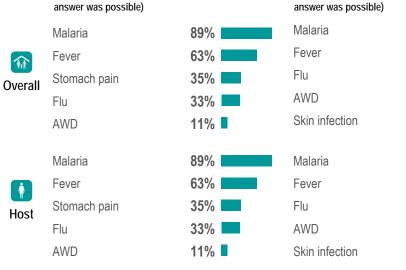
70%	of Rumbek North County HHs reported one or more HH member was affected by self- reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was an increase from the previous season.
57%	of Rumbek North County HHs reported one or more HH member 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.

% 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:

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



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)





∱>















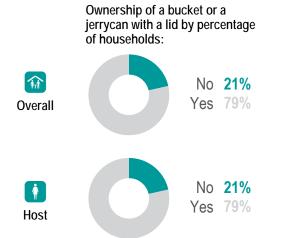
Lakes State, South Sudan

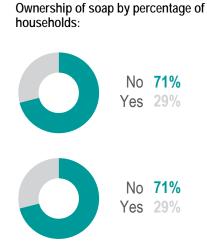
NFI WASH NFIs

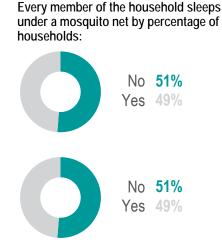
of Rumbek North County HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in November and December, 2018. This was an increase from the previous season.

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.









- 1. This data is as of November/December 2018. Note, population movement remains fluid.
- An institutional latrine can be found in a school, hospital, clinic, market place.
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WASH Cluster
Water Sanitation Hygiene
November/December 2018

Lakes State, South Sudan

Overview and Methodology

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These five indicators were used to establish the first

Displacement

Percentage of households by displacement status 1:

Host community

100%

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

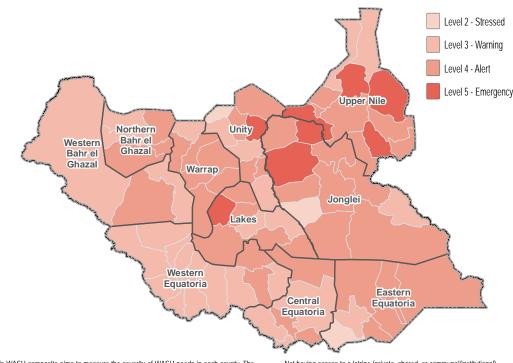
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- Not having access to a latrine (private, shared, or communal/institutional).
 Not owning a jerrycan or bucket with a lid and soap, and that every member of the HH did not sleep under a mosquito net.
- Having one or more household members affected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

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%















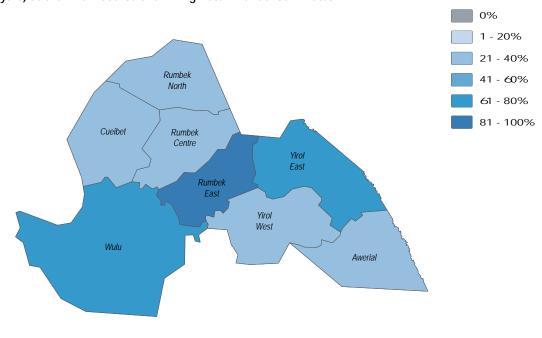
WASH Cluster
Water Sanitation Hygiene
November/December2018

Lakes State, South Sudan

♦ 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
94%	season. 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:



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

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

Most commonly reported time spent

Borehole	98%	Less than 30 minutes	63%
Swamp	1%	30 minutes to 1 hour	27%
Unprotected well	1%	Between 1- 2 hours	10%





Overall

IDPs

∱>

Returnees

This simple water access composite aims to measure access to an improved water source, without protection concern. The composite was created by averaging the yesr 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



WASH Cluster
Water Sanitation Hygiene
November/December2018

Lakes State, South Sudan

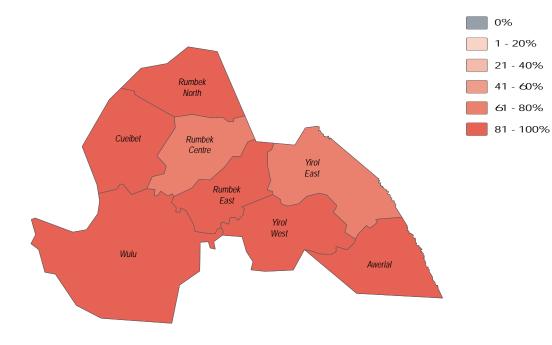


5%	of Wulu County HHs reported having access to a latrine (private, shared, or communal/institutional), in November and December, 2018. This was a decrease from the previous season.
17%	of Wulu County HHs reported having access to a latrine (private, shared, or communal/institutional), in July and August, 2018.
4%	of HHs reported their most common defecation location was a latrine, in November and

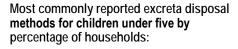
December, 2018. This was a decrease from the previous season.

10% of HHs reported their most common defecation location was a latrine, in July and August, 2018.

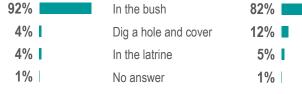
% of HHs not usually using a latrine (private, shared, or communal/institutional)2:











	In the bush
•	Dig a hole and cover
ost	In the latrine
031	No answer







Overall

















0%

1 - 20%

21 - 40%

41 - 60%

61 - 80%

81 - 100%

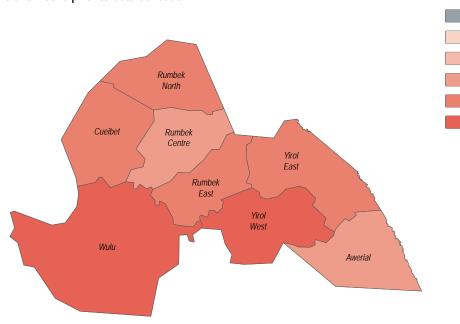
WASH Cluster November/December2018

Lakes State, South Sudan

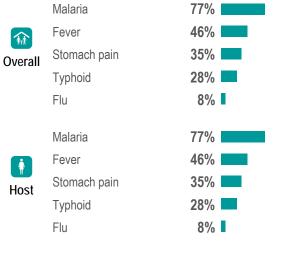


83%	of Wulu County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was a decrease from the previous season.
87%	of Wulu County HHs reported one or more HH member was affected 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)



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

Malaria	91%
Fever	73%
Flu	16%
Stomach pain	11%
AWD	7%
Malaria	91%
Fever	73%
Flu	16%
Stomach pain	11%
AWD	7%

















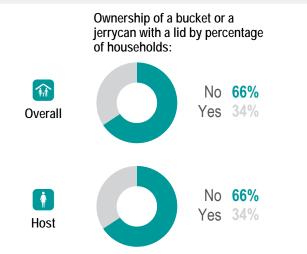


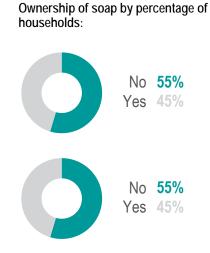
WASH Cluster
Water Sanitation Hygiene
November/December 2018

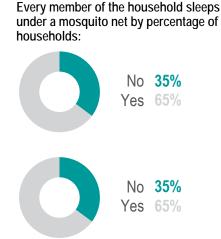
Lakes State, South Sudan

NFI WASH NFIs

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









- 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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WASH Cluster Water Sanitation Hygiene

Lakes State, South Sudan

November/December2018

Overview and Methodology

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

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

These five indicators were used to establish the first

Displacement

Percentage of households by displacement status 1:

Host community

100%

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

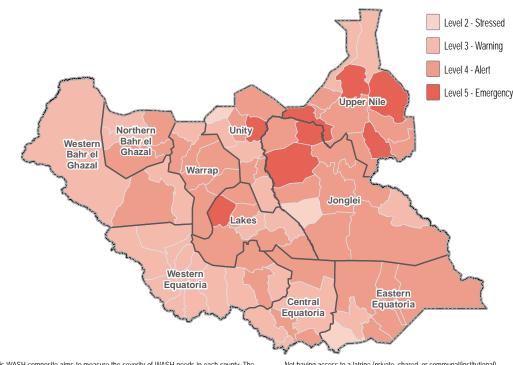
FSNMS is a critical source of information that allows for the identification of affected areas, the prioritization of resources and for monitoring trends. The data collected during FSNMS is used for the Integrated Food Security Phase Classification (IPC) analysis, the Humanitarian Needs Overview (HNO)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

FSNMS Assessment Coverage

Full coverage in the county was achieved.

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

WASH Needs Severity Map



This WASH composite aims to measure the severity of WASH needs in each county. The composite was created with four indicators, each broken into 5 levels of severity, as seen in this matrix http://bit.ly/2EqRYyJ. 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

Elderly persons

Female headed

Adopted children

Physically disabled

76%

40%

11%

Physically disabled

6%















WASH Cluster November/December2018

Lakes State, South Sudan

Water

45%

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.

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

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

Overall

12% River or stream

Less than 30 minutes 30 minutes to 1 hour

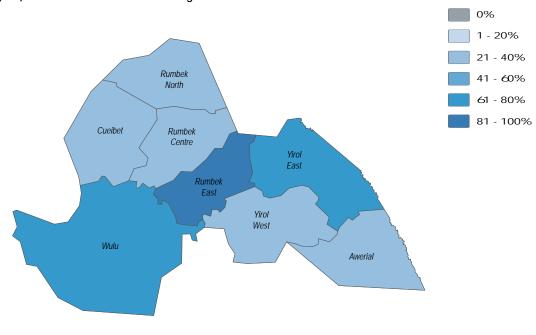
78%

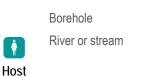
Between 1-2 hours

4%

% 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:

of HHs reported feeling unsafe while collecting water, in July and August, 2018.





Borehole



Less than 30 minutes 30 minutes to 1 hour

78%

Between 1-2 hours

4%

IDPs

Returnees

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

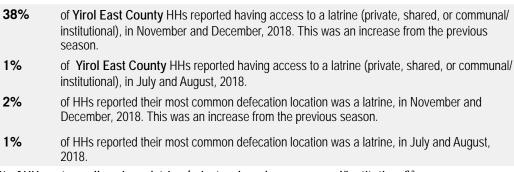


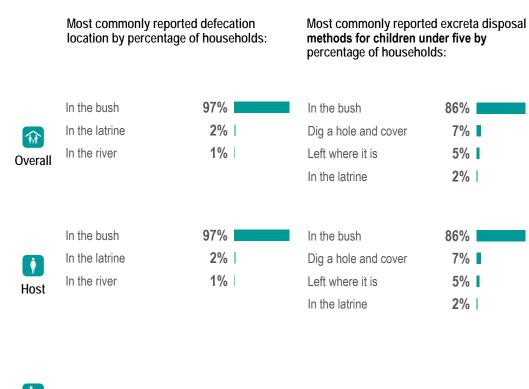
WASH Cluster
Water Sanitation Hygiene
November/December 2018

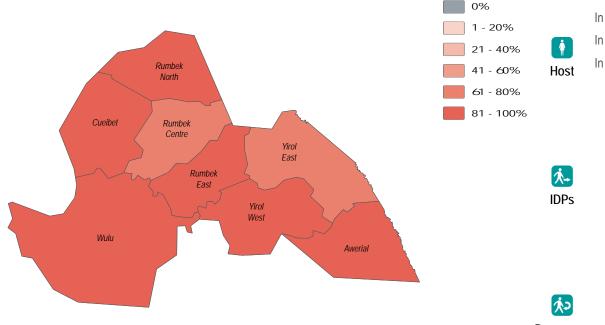
Lakes State, South Sudan



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





















WASH Cluster November/December2018

Lakes State, South Sudan





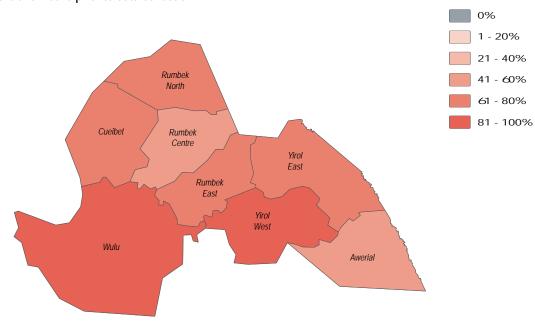
80%	of Yirol East County HHs reported one or more HH member was affected by self-reported
	water or vector borne disease in the two weeks prior to data collection, in November and
	December, 2018. This was an increase from the previous season.

78% of Yirol 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

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

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

% 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)

68%

Malaria

	Maialla	00 70	
A	AWD	12%	
Overall	Fever	7%	
	Stomach pain	7%	
	Typhoid	7%	
	Malaria	68%	
i	Malaria AWD	68% 	
Host			
Host	AWD	12%	
	AWD Fever	12% ■ 7% ■	

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

Malaria	62%
Fever	40%
AWD	22%
Others	4%
Typhoid	3%
Malaria	62%
Fever	40%
AWD	22%
Others	4%
Typhoid	3%



1 - 20%

41 - 60%

61 - 80%

















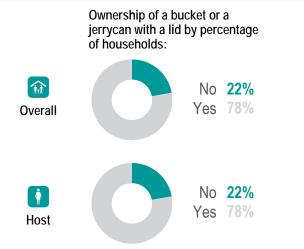
WASH Cluster
Water Sanitation Hygiene

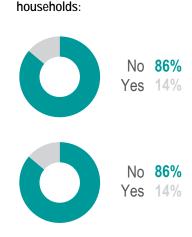
November/December 2018

Lakes State, South Sudan

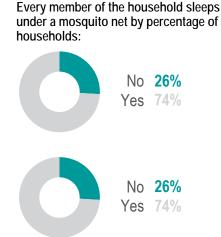
NFI WASH NFIs

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





Ownership of soap by percentage of





- 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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WASH Cluster Water Sanitation Hygiene

Lakes State, South Sudan

November/December2018

Overview and Methodology

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

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

These five indicators were used to establish the first

Displacement

Percentage of households by displacement status 1:

Host community

100%

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

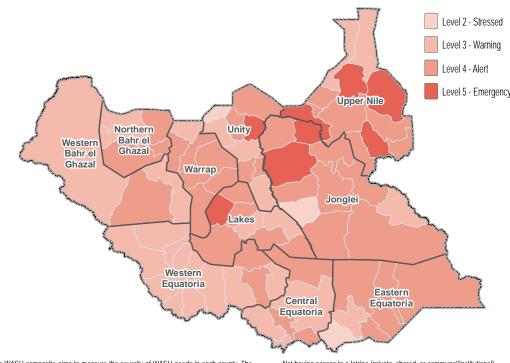
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FSNMS Assessment Coverage

Full coverage in the county was achieved.

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

WASH Needs Severity Map



This WASH composite aims to measure the severity of WASH needs in each county. The composite was created with four indicators, each broken into 5 levels of severity, as seen in this matrix http://lbit.ly/lzEqRYwJ. 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 mosquillo 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

Female headed

Elderly persons

Adopted children

Physically disabled

82%

44%

15%















WASH Cluster
Water Sanitation Hygiene

November/December 2018

Lakes State, South Sudan



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 drinking water by percentage of households:

Most commonly reported sources

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

Overall

Borehole 96
Unprotected well 4

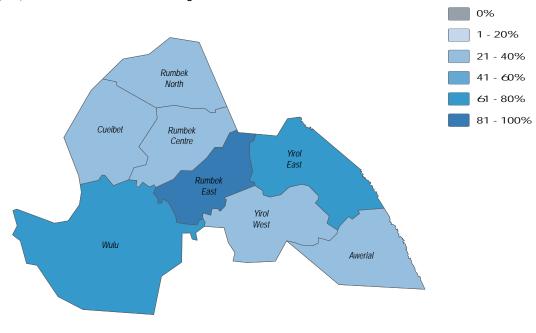
Less than 30 minutes
4% | 30 minutes to 1 hour

27%

Between 1- 2 hours
More than 2 hours

14%

% 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:







Less than 30 minutes
30 minutes to 1 hour
Between 1- 2 hours

More than 2 hours

14%

½-

IDPs

决:

Returnees

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



WASH Cluster
Water Sanitation Hygiene
November/December 2018

1%

Lakes State, South Sudan



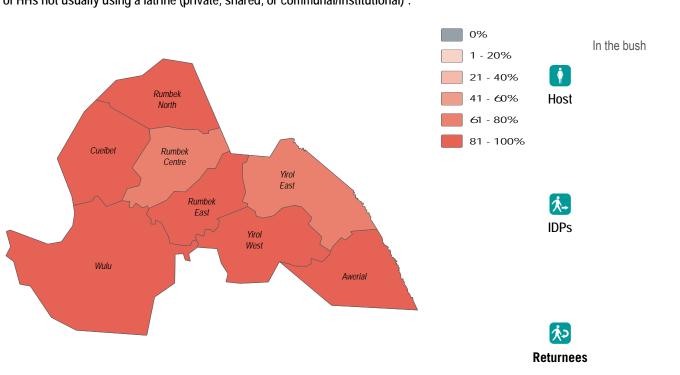
1%	of Yirol West County HHs reported having access to a latrine (private, shared, or communal/
	institutional), in November and December, 2018. This was an increase from the previous
	season.

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

of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was the same as the previous season.

0% of HHs reported their most common defecation location was a latrine, in July and August, 2018.

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

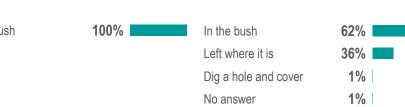


Most commonly reported defecation location by percentage of households:

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



No answer











ÎNÎ

Overall







Lakes State, South Sudan



Most commonly self-reported water or

vector borne disease for children under 5

by percentage of households: (more than one

in the two weeks prior to data collection

***** Health

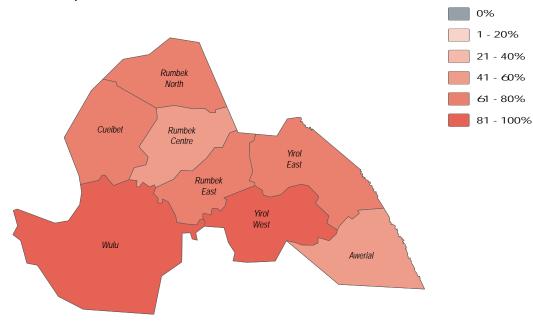
81% of Yirol West County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was an increase from the previous season.

of Yirol West County HHs reported one or more HH member was affected by self-reported 77% water or vector borne disease in the two weeks prior to data collection, in July and August, 2018

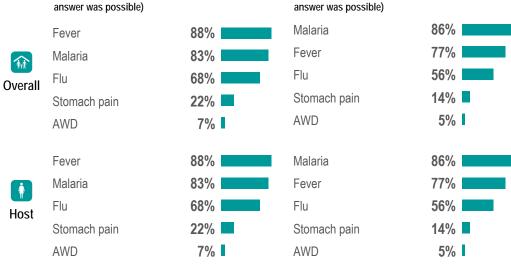
was the most commonly reported water or vector borne disease in November and December, Malaria 2018. This was the same as the previous season.

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

% 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)



















WASH Cluster
Water Sanitation Hygiene
November/December 2018

Lakes State, South Sudan

NFI WASH NFIs

- 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.



Endnotes

- 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.
- 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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