Akobo County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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

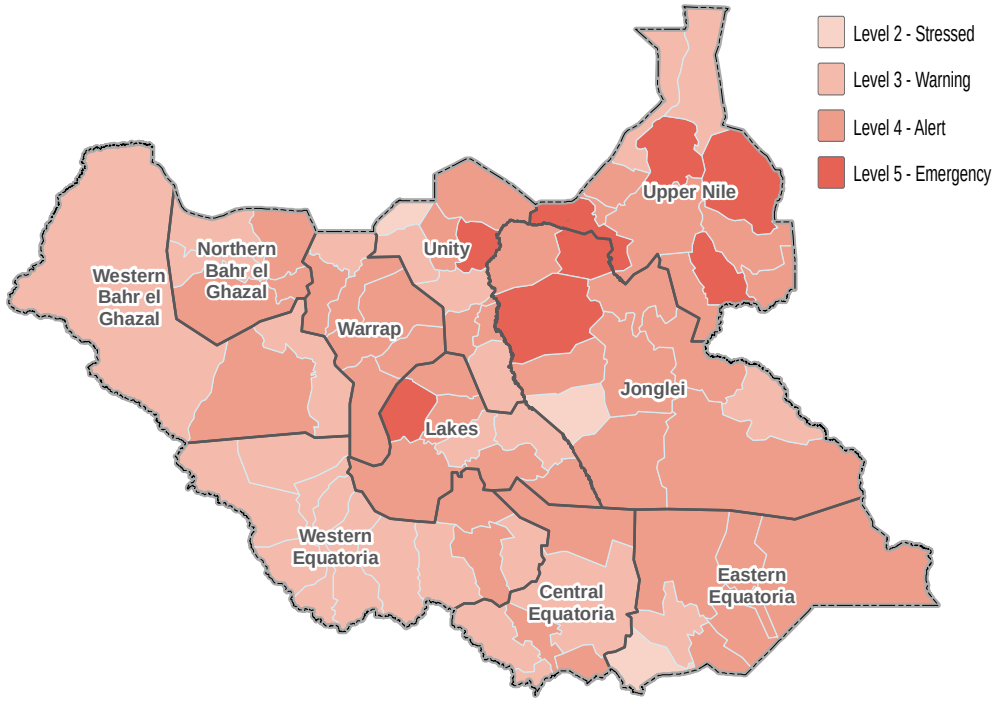
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of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

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

FSNMS Assessment Coverage

Full coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

Host community	97%
IDP	3%

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

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

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

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

Children under 5	75%
Female headed	73%
Elderly persons	56%
Adopted children	15%
Physically disabled	13%

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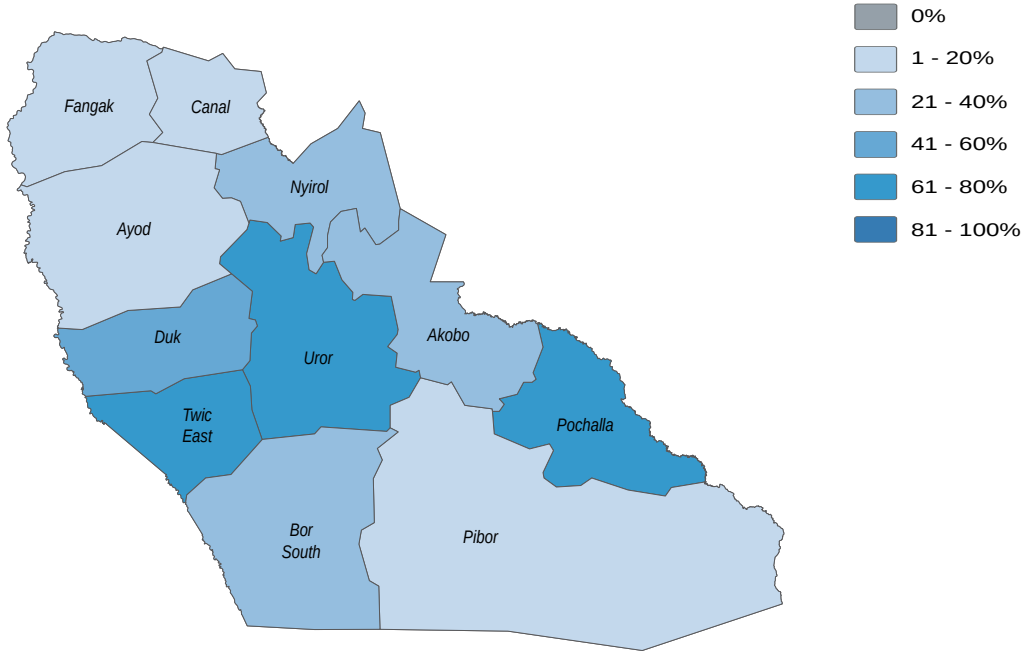
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

56%	of **Akobo County** HHs reported having safe access to an improved source of drinking water as their main source, in November and December, 2018. This was an increase from the previous season.
53%	of **Akobo County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
22%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was an increase from the previous season.
5%	of HHs reported feeling unsafe while collecting water, in July and August, 2018.

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



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

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

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

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

Overall

Borehole	49%	Less than 30 minutes	80%
River or stream	42%	30 minutes to 1 hour	10%
Tap stand	7%	Between 1- 2 hours	8%
Swamp	2%	I don't know	1%

Host

Borehole	50%	Less than 30 minutes	80%
River or stream	40%	30 minutes to 1 hour	11%
Tap stand	8%	Between 1- 2 hours	9%
Swamp	2%	I don't know	1%

IDPs

River or stream	100%	Less than 30 minutes	100%

Returnees

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Sanitation

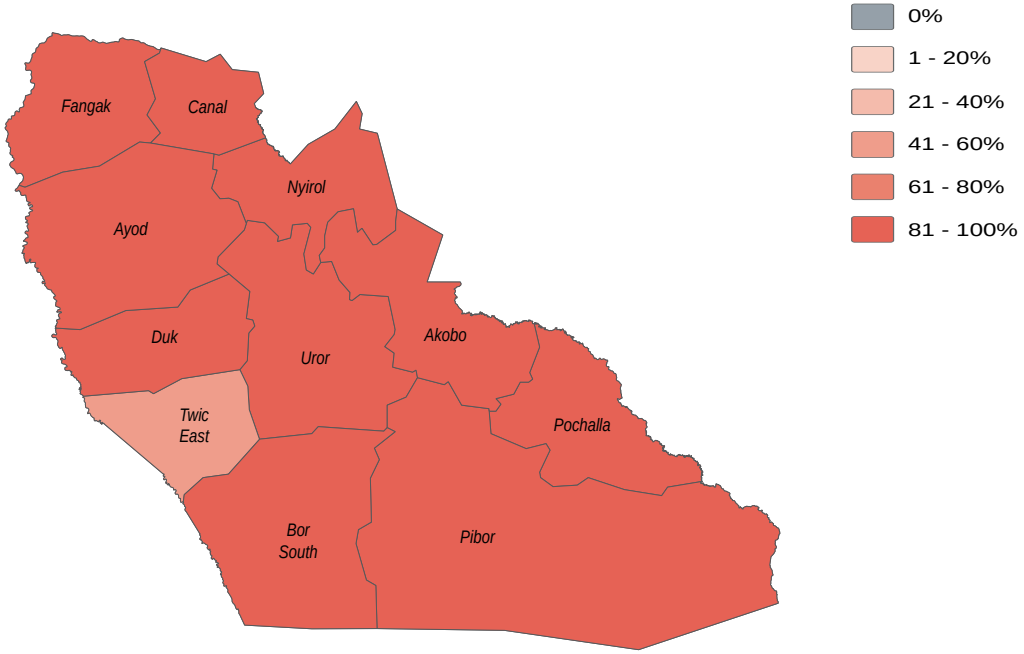
12% of **Akobo County** HHs reported having access to a latrine (private, shared, or communal/ institutional), in November and December, 2018. This was a decrease from the previous season.

22% of **Akobo County** HHs reported having access to a latrine (private, shared, or communal/ institutional), in July and August, 2018.

11% of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was a decrease from the previous season.

17% of HHs reported their most common defecation location was a latrine, in July and August, 2018.

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



Most commonly reported defecation location by percentage of households:

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

Overall

In the bush	88%
In the latrine	11%
In the river	1%

In the bush	85%
Dig a hole and cover	7%
In the latrine	5%
Left where it is	3%

Host

In the bush	88%
In the latrine	12%

In the bush	85%
Dig a hole and cover	8%
In the latrine	5%
Left where it is	3%

IDPs

In the bush	67%
In the river	33%

In the bush	100%

Returnees

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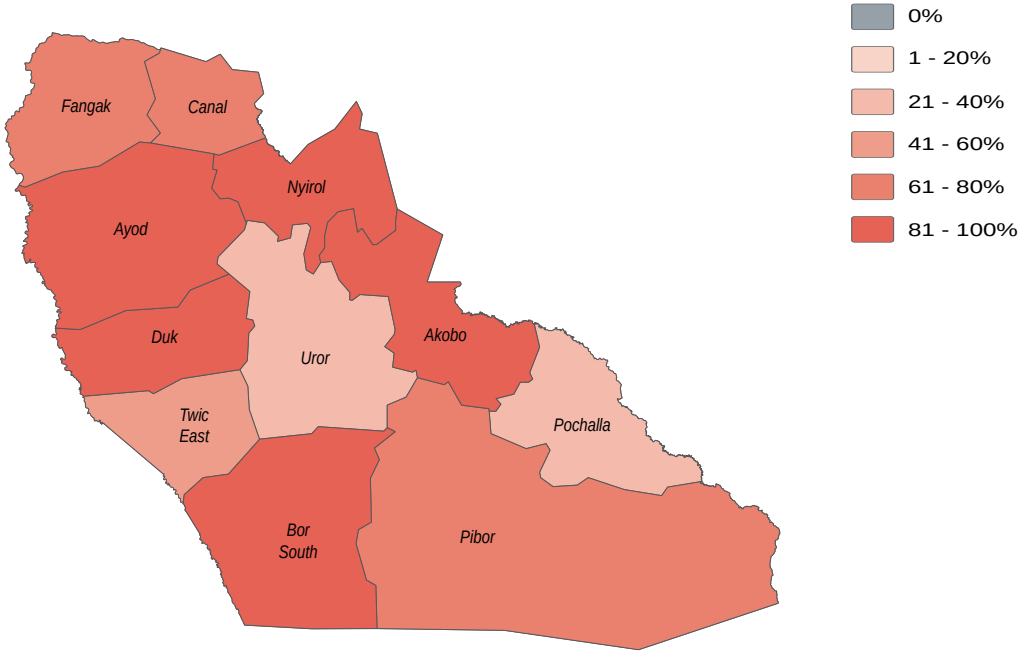
Health

89%	of Akobo County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was an increase from the previous season.
64%	of Akobo County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 2018.
Fever	was the most commonly reported water or vector borne disease in November and December, 2018. This was different to the previous season.
Malaria	was the most commonly reported water or vector borne disease in July and August, 2018.

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



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

Overall	Fever	69%
	Malaria	54%
	Typhoid	43%
	Stomach pain	36%
	Eye infection	25%
Host	Fever	68%
	Malaria	53%
	Typhoid	43%
	Stomach pain	37%
	Eye infection	25%
IDPs	Fever	100%
	Malaria	100%
Returnees		

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

Overall	Fever	80%
	Malaria	69%
	Stomach pain	31%
	Eye infection	21%
	Others	20%
Host	Fever	82%
	Malaria	69%
	Stomach pain	31%
	Eye infection	22%
	Others	21%
IDPs	Malaria	50%
	Stomach pain	50%
Returnees		

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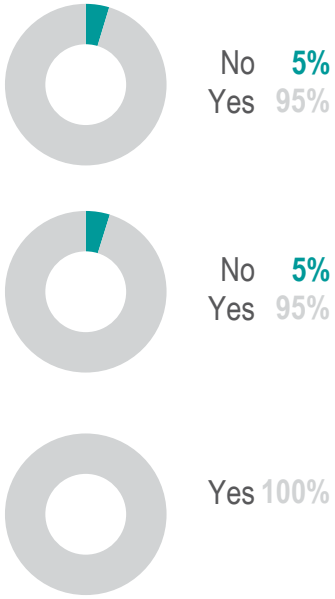
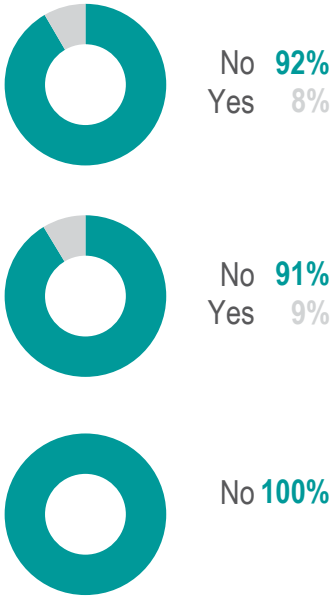
NFI WASH NFIs

6%	of **Akobo County** HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in November and December, 2018. This was a decrease from the previous season.
29%	of **Akobo County** HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in HH in July and August, 2018.
3	was the average number of jerrycans and/or buckets per HH in July and August, 2018. This was the same as the previous season.
3	was the average number of jerrycans and/or buckets per HH in November and December, 2018.

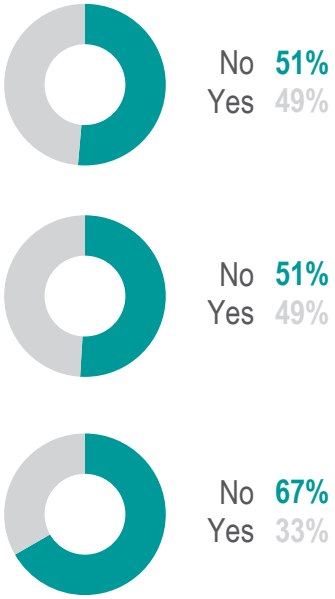
Ownership of a bucket or a jerrycan with a lid by percentage of households:



Ownership of soap by percentage of households:



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



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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Ayod County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

WASH Cluster
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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.

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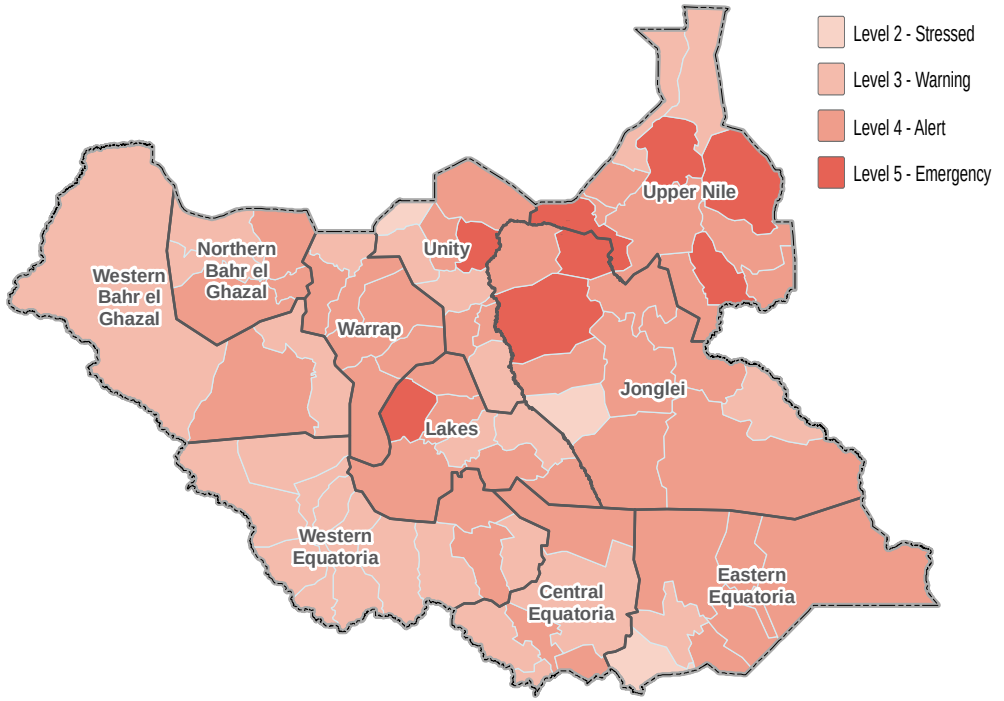
FSNMS Assessment Coverage

Partial coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

Host community	95%
IDP	4%
Others	1%

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

Around 5 years	67%
Between 2-3 years	33%

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

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

Children under 5	80%
Elderly persons	52%
Female headed	47%
Physically disabled	24%
Chronically ill	19%

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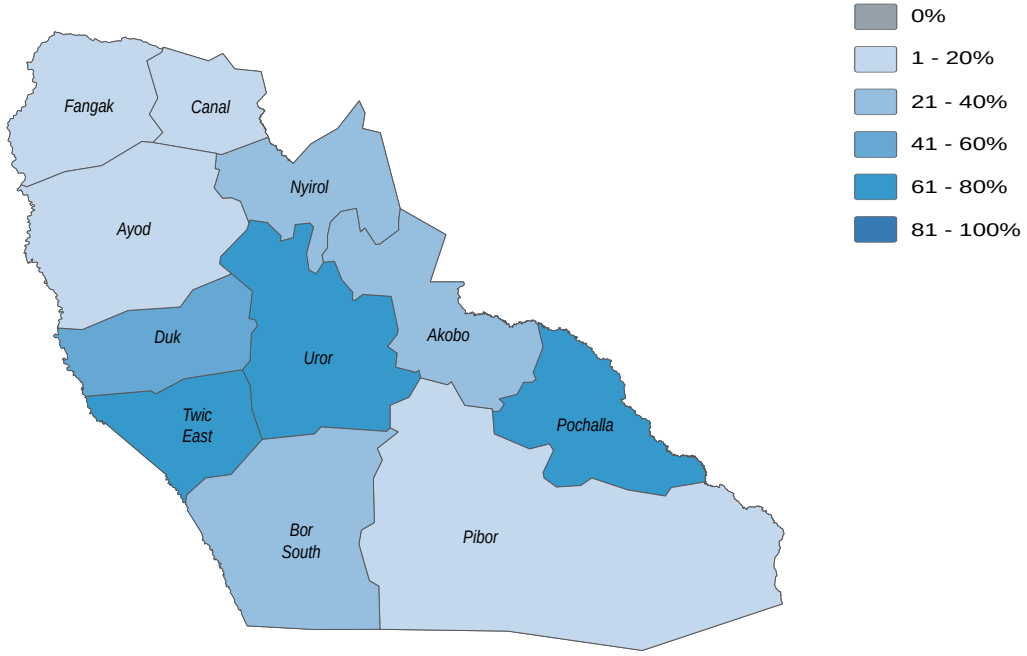
Water

64%	of **Ayod 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.
43%	of **Ayod County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
41%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was an increase from the previous season.
8%	of HHs reported feeling unsafe while collecting water, in July and August, 2018.

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



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

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

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

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

Overall

Borehole	64%
Swamp	35%
Hand dug well	1%

Between 1- 2 hours	38%
More than 2 hours	25%
30 minutes to 1 hour	24%
Less than 30 minutes	14%

Host

Borehole	62%
Swamp	37%
Hand dug well	1%

Between 1- 2 hours	40%
30 minutes to 1 hour	23%
More than 2 hours	23%
Less than 30 minutes	14%

IDPs

Borehole	100%

30 minutes to 1 hour	33%
Less than 30 minutes	33%
More than 2 hours	33%

Returnees

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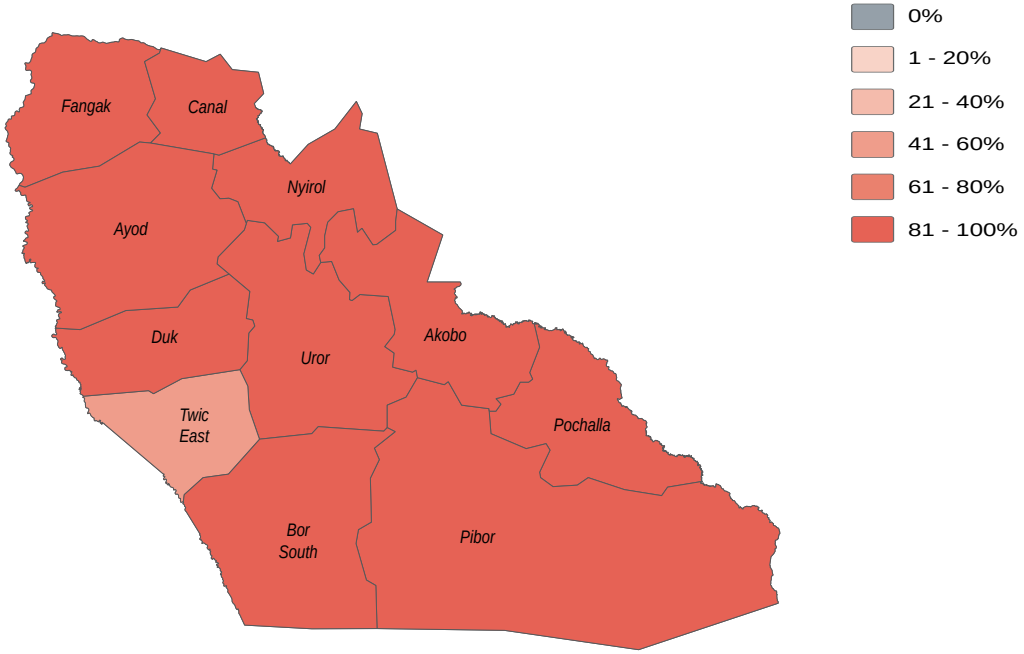
Sanitation

15%	of **Ayod 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.
8%	of **Ayod County** HHs reported having access to a latrine (private, shared, or communal/ institutional), in July and August, 2018.
13%	of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was an increase from the previous season.
6%	of HHs reported their most common defecation location was a latrine, in July and August, 2018.

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



Most commonly reported defecation location by percentage of households:

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

Overall

In the bush	86%
In the latrine	13%
No answer	1%

In the bush	53%
No answer	19%
Left where it is	14%
In the latrine	13%

Host

In the bush	88%
In the latrine	11%
No answer	1%

In the bush	54%
No answer	19%
Left where it is	15%
In the latrine	11%

IDPs

In the latrine	67%
In the bush	33%

In the latrine	67%
In the bush	33%

Returnees

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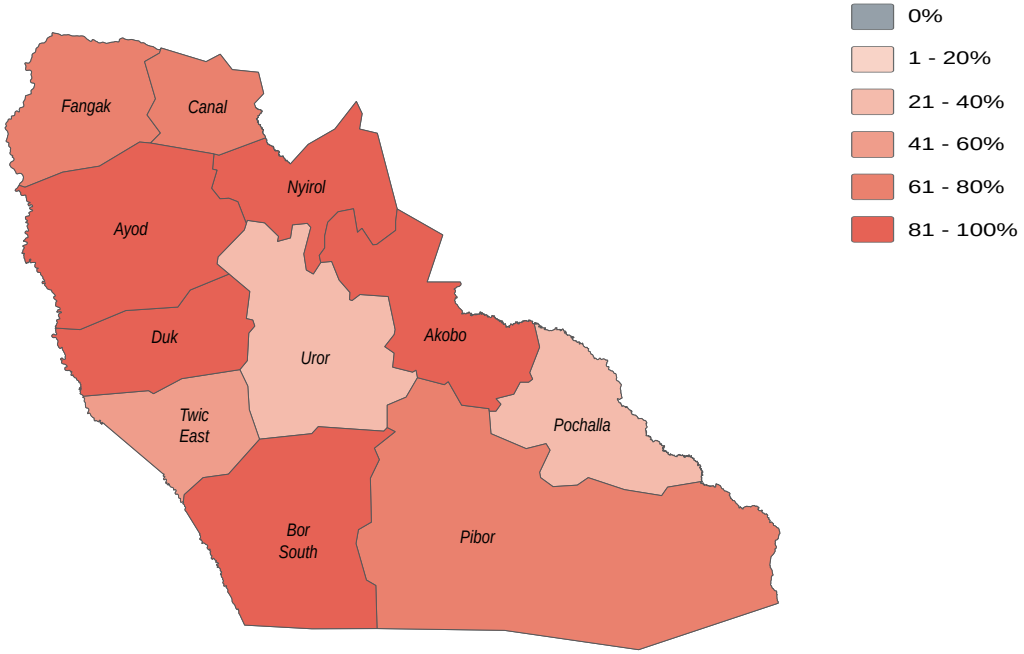
Health

85%	of Ayod 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.
76%	of Ayod 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	Typhoid	61%
	Malaria	54%
	Stomach pain	27%
	Eye infection	23%
	Fever	23%
Host	Typhoid	61%
	Malaria	56%
	Stomach pain	28%
	Eye infection	24%
	Fever	24%
IDPs		
Returnees		

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

Overall	Malaria	76%
	AWD	60%
	Fever	45%
	Typhoid	26%
	Eye infection	23%
Host	Malaria	75%
	AWD	61%
	Fever	44%
	Typhoid	25%
	Eye infection	23%
IDPs		
Returnees		

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NFI WASH NFIs

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

	Ownership of a bucket or a jerrycan with a lid by percentage of households:	Ownership of soap by percentage of households:	Every member of the household sleeps under a mosquito net by percentage of households:
Overall	No **61%** Yes 39%	No **91%** Yes 9%	No **78%** Yes 22%
Host	No **62%** Yes 38%	No **91%** Yes 9%	No **78%** Yes 22%
IDPs	No **33%** Yes 67%	No **67%** Yes 33%	No **67%** Yes 33%
Returnees			

Endnotes

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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.

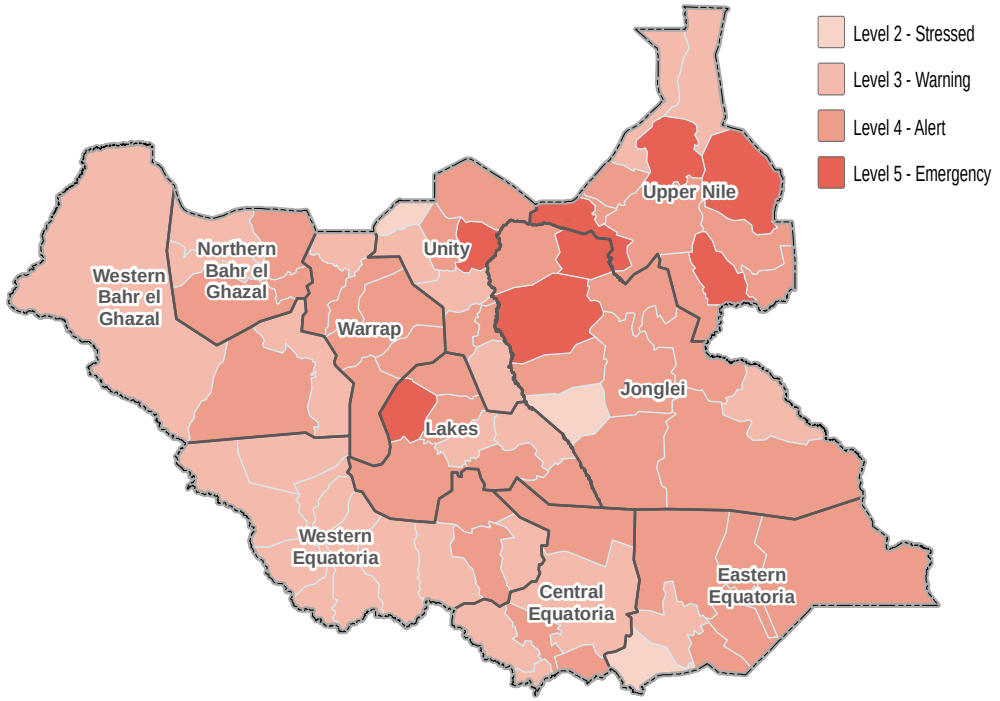
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of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

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

FSNMS Assessment Coverage

Full coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

Host community	96%
IDP	3%
Others	1%

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

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

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

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

Children under 5	77%
Female headed	48%
Elderly persons	35%
Physically disabled	10%
Chronically ill	9%

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Bor South County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

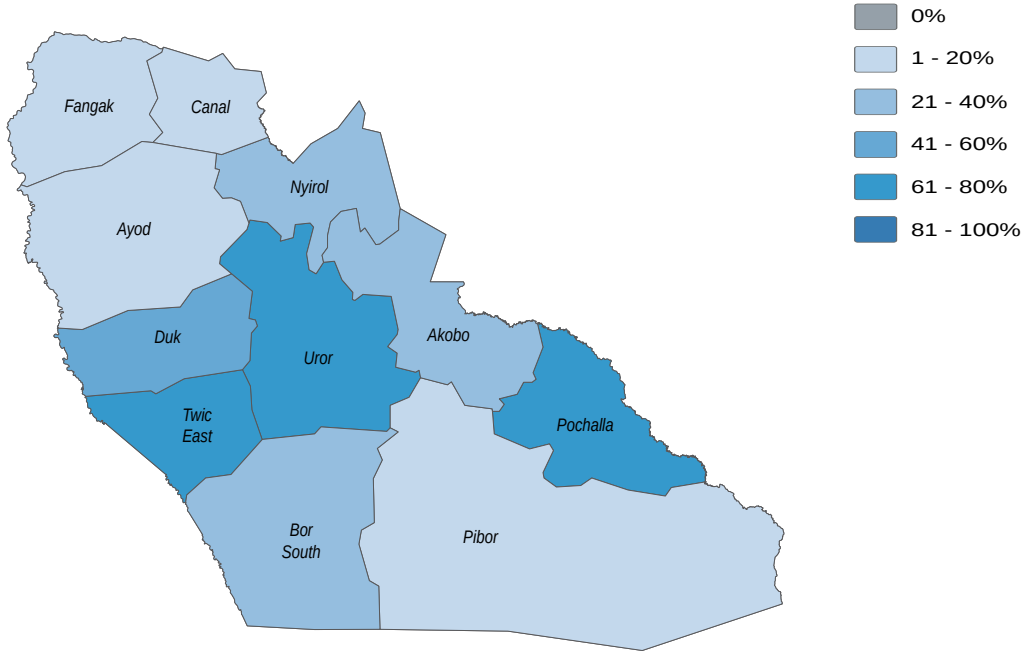
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

75%	of Bor South County HHs reported having safe access to an improved source of drinking water as their main source, in November and December, 2018. This was a decrease from the previous season.
94%	of Bor South County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
47%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was an increase from the previous season.
25%	of HHs reported feeling unsafe while collecting water, in July and August, 2018.

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



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

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

	Most commonly reported sources of drinking water by percentage of households:		Most commonly reported time spent collecting drinking water (walking to **collection point, waiting, filling container,** returning home) by percentage of households:	
Overall	Borehole	72%	Less than 30 minutes	78%
	Swamp	15%	30 minutes to 1 hour	15%
	River or stream	10%	Between 1- 2 hours	6%
	Tap stand	3%	More than 2 hours	1%
Host	Borehole	72%	Less than 30 minutes	79%
	Swamp	15%	30 minutes to 1 hour	14%
	River or stream	10%	Between 1- 2 hours	6%
	Tap stand	3%	More than 2 hours	1%
IDPs	Borehole	67%	Less than 30 minutes	67%
	River or stream	33%	30 minutes to 1 hour	33%
Returnees				

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Bor South County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

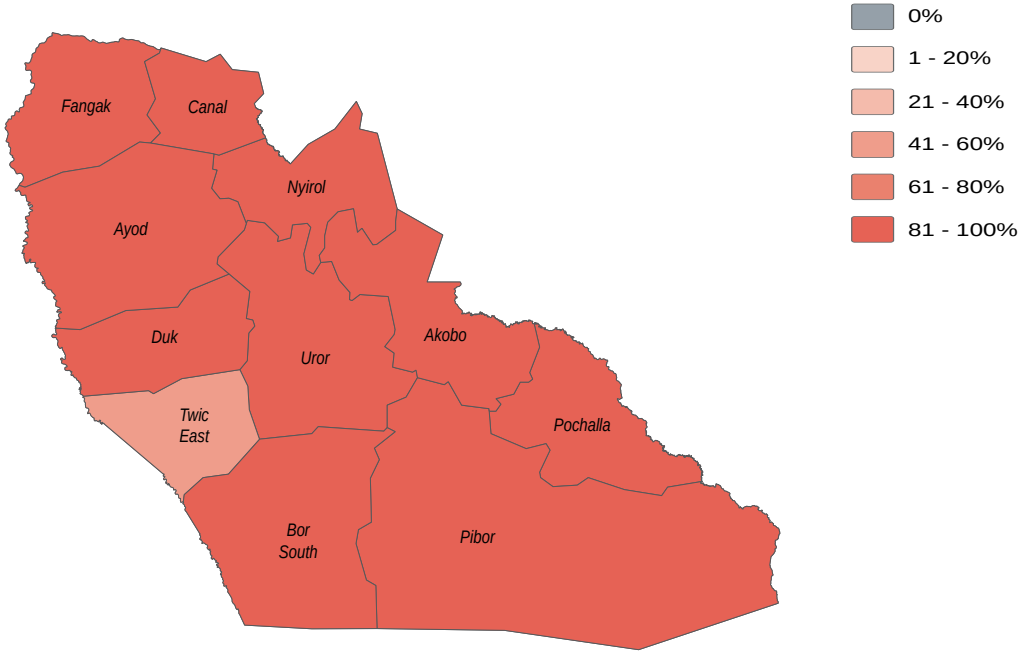
WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

17%	of Bor South 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.
21%	of Bor South County HHs reported having access to a latrine (private, shared, or communal/ institutional), in July and August, 2018.
16%	of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was a decrease from the previous season.
21%	of HHs reported their most common defecation location was a latrine, in July and August, 2018.

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



Most commonly reported defecation location by percentage of households:

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

Overall	In the bush	82%	In the bush	49%
	In the latrine	16%	Dig a hole and cover	38%
	Dig a hole and cover	2%	In the latrine	11%
			No answer	2%
Host	In the bush	82%	In the bush	47%
	In the latrine	16%	Dig a hole and cover	39%
	Dig a hole and cover	2%	In the latrine	11%
			No answer	2%
IDPs	In the bush	100%	In the bush	100%
Returnees				

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Bor South County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

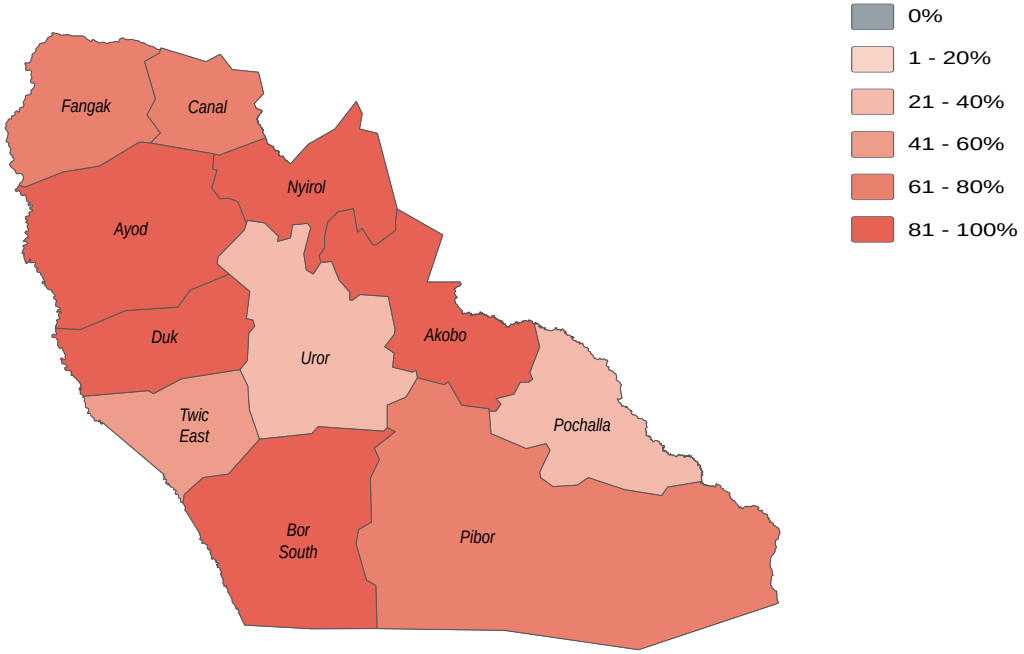
83% of Bor South County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was an increase from the previous season.

65% of Bor South County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 2018.

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

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

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



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

Overall	Malaria	46%
	Typhoid	40%
	Stomach pain	25%
	Fever	15%
	Skin infection	9%
Host	Malaria	47%
	Typhoid	40%
	Stomach pain	24%
	Fever	15%
	Skin infection	8%
IDPs	Fever	50%
	Malaria	50%
	Skin infection	50%
	Stomach pain	50%
	Typhoid	50%
Returnees		

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

Overall	Malaria	69%
	Fever	45%
	Others	24%
	AWD	19%
	Skin infection	12%
Host	Malaria	69%
	Fever	45%
	Others	25%
	AWD	20%
	Skin infection	12%
IDPs	Fever	100%
	Malaria	100%
	Typhoid	100%
Returnees		

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Bor South County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

17%	of Bor South County HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in November and December, 2018. This was a decrease from the previous season.
26%	of Bor South County HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in HH in July and August, 2018.
3	was the average number of jerrycans and/or buckets per HH in July and August, 2018. This was the same as the previous season.
3	was the average number of jerrycans and/or buckets per HH in November and December, 2018.

	Ownership of a bucket or a jerrycan with a lid by percentage of households:	Ownership of soap by percentage of households:	Every member of the household sleeps under a mosquito net by percentage of households:
Overall	No **2%** Yes 98%	No **39%** Yes 61%	No **12%** Yes 88%
Host	No **2%** Yes 98%	No **38%** Yes 63%	No **12%** Yes 88%
IDPs	Yes 100%	No **67%** Yes 33%	Yes 100%
Returnees			

Endnotes

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

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Canal\Pigi County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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

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

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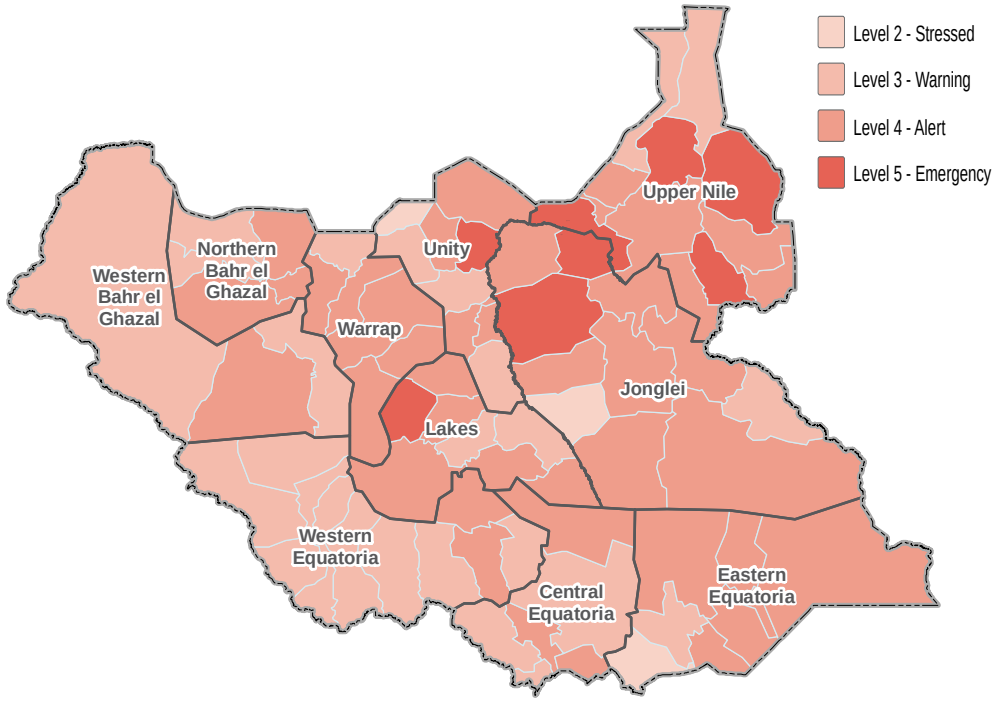
FSNMS Assessment Coverage

Full coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

Host community	74%
IDP	17%
Returnee	9%

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

Around 5 years	39%
In the last one year	39%
Between 2-3 years	22%

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

Between 2 -3 years	50%
In the last one year	40%
Around 5 years	10%

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

Female headed	86%
Children under 5	69%
Elderly persons	41%
Physically disabled	34%
Adopted children	24%

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Canal\Pigi County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

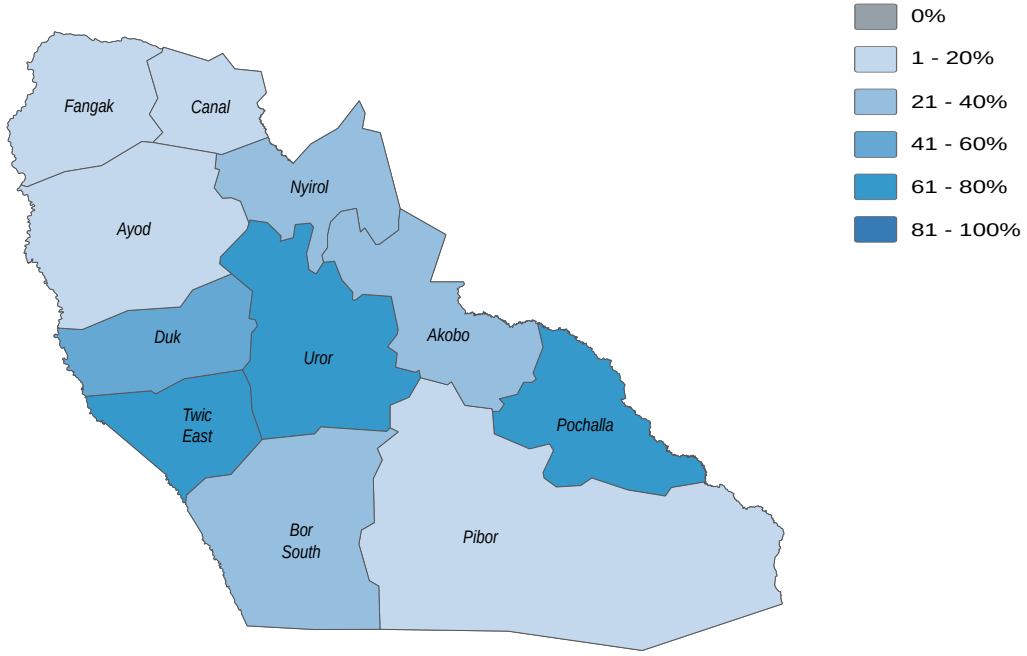
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

13%	of Canal\Pigi 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.
0%	of Canal\Pigi County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
7%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was a decrease from the previous season.
16%	of HHs reported feeling unsafe while collecting water, in July and August, 2018.

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



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

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

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

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

Overall

River or stream	72%	Less than 30 minutes	45%
Borehole	12%	Between 1- 2 hours	39%
Swamp	10%	30 minutes to 1 hour	8%
Unprotected well	4%	More than 2 hours	7%
Don't know	1%		

Host

River or stream	68%	Between 1- 2 hours	48%
Borehole	14%	Less than 30 minutes	35%
Swamp	13%	More than 2 hours	10%
Unprotected well	5%	30 minutes to 1 hour	8%
Don't know	1%		

IDPs

River or stream	78%	Less than 30 minutes	67%
Borehole	11%	Between 1- 2 hours	22%
Swamp	6%	30 minutes to 1 hour	11%
Tap stand	6%		

Returnees

River or stream	100%	Less than 30 minutes	90%
		30 minutes to 1 hour	10%

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Canal\Pigi County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

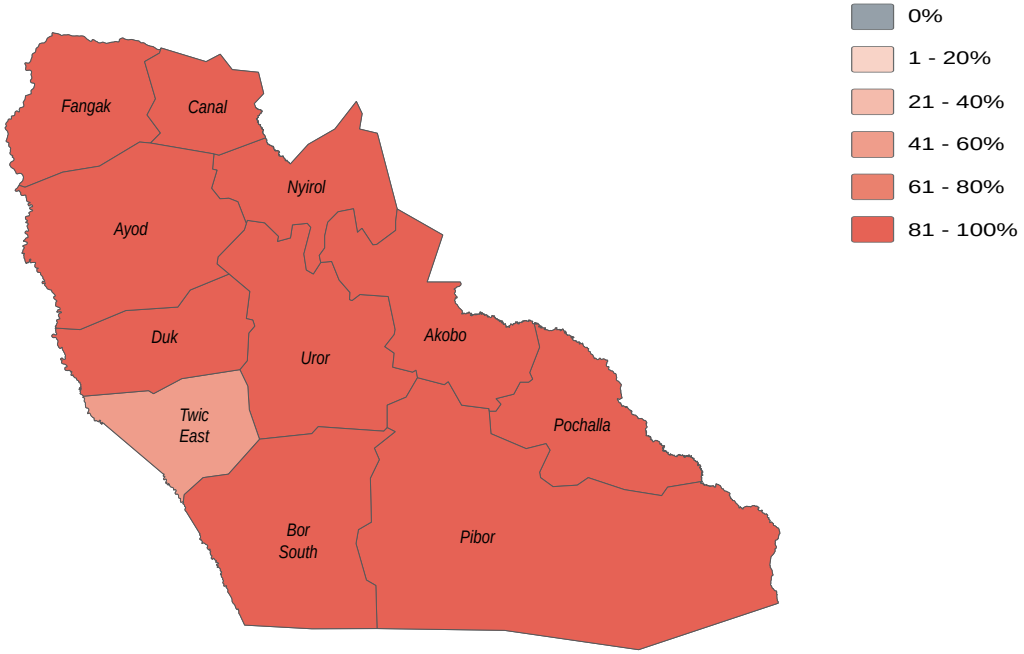
WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

2%	of Canal\Pigi 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.
3%	of Canal\Pigi County HHs reported having access to a latrine (private, shared, or communal/ institutional), in July and August, 2018.
1%	of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was a decrease from the previous season.
3%	of HHs reported their most common defecation location was a latrine, in July and August, 2018.

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



Most commonly reported defecation location by percentage of households:

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

Overall

In the bush	99%
In the latrine	1%

In the bush	93%
Dig a hole and cover	4%
No answer	2%
In the latrine	1%
Left where it is	1%

Host

In the bush	100%

In the bush	93%
Dig a hole and cover	4%
No answer	3%
Left where it is	1%

IDPs

In the bush	94%
In the latrine	6%

In the bush	89%
Dig a hole and cover	6%
In the latrine	6%

Returnees

In the bush	100%

In the bush	100%

Canal\Pigi County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

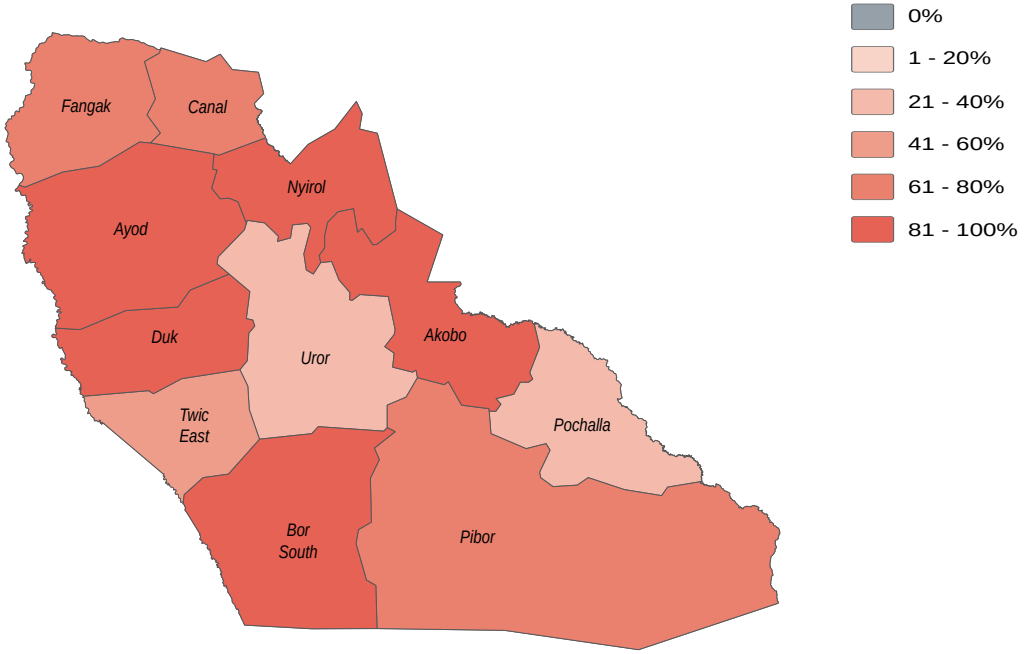
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

60%	of Canal\Pigi 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.
69%	of Canal\Pigi County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 2018.
Malaria	was the most commonly reported water or vector borne disease in November and December, 2018. This was the same as the previous season.
Malaria	was the most commonly reported water or vector borne disease in July and August, 2018.

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



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

Overall	Malaria	89%
	Typhoid	70%
	Fever	50%
	Flu	50%
	Stomach pain	50%
Host	Malaria	90%
	Typhoid	71%
	Fever	55%
	Flu	49%
	Stomach pain	47%
IDPs	Malaria	80%
	Flu	60%
	Stomach pain	60%
	Typhoid	60%
	AWD	40%
Returnees		

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

Overall	Malaria	95%
	Fever	69%
	Flu	64%
	Typhoid	62%
	Stomach pain	57%
Host	Malaria	97%
	Fever	68%
	Flu	68%
	Typhoid	65%
	Stomach pain	56%
IDPs	Malaria	86%
	Fever	71%
	Stomach pain	57%
	Eye infection	43%
	Flu	43%
Returnees		

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Canal\Pigi County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

0%	of Canal\Pigi County HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in November and December, 2018. This was the same as the previous season.
0%	of Canal\Pigi 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.

	Ownership of a bucket or a jerrycan with a lid by percentage of households:		Ownership of soap by percentage of households:		Every member of the household sleeps under a mosquito net by percentage of households:	
Overall		No **85%** Yes 15%		No **100%**		No **80%** Yes 20%
Host		No **89%** Yes 11%		No **100%**		No **86%** Yes 14%
IDPs		No **78%** Yes 22%		No **100%**		No **72%** Yes 28%
Returnees		No **70%** Yes 30%		No **100%**		No **40%** Yes 60%

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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Duk County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

WASH Cluster
Water Sanitation Hygiene

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.

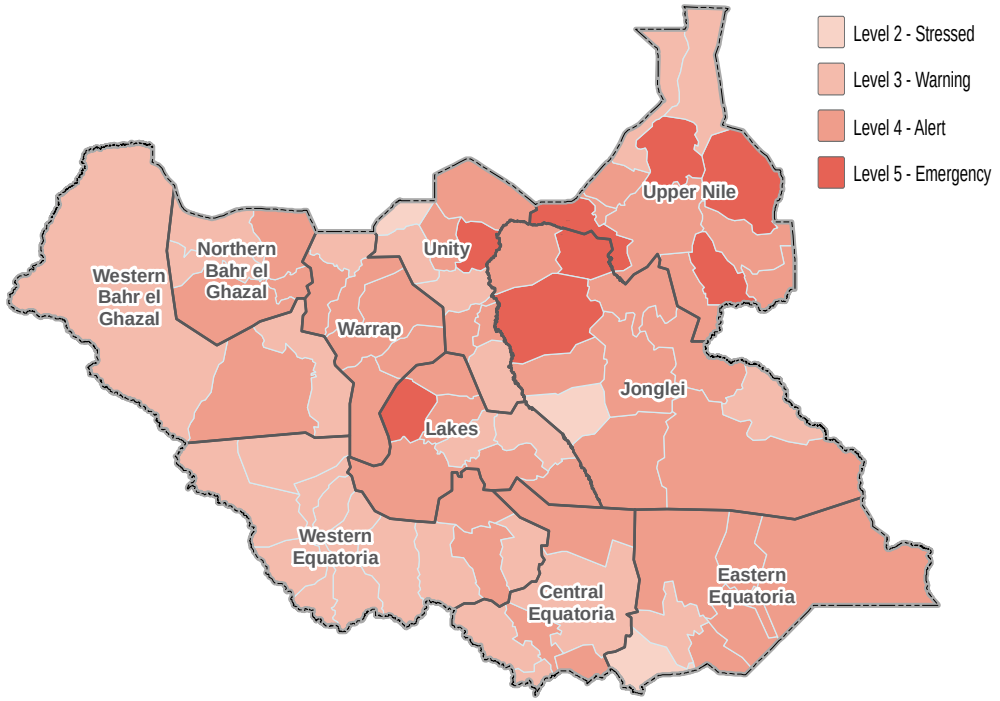
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of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

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

FSNMS Assessment Coverage

Partial coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

Host community	95%
IDP	2%
Returnee	2%

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

In the last one year	100%

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

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

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

Children under 5	85%
Elderly persons	42%
Adopted children	33%
Chronically ill	32%
Female headed	27%

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Duk County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

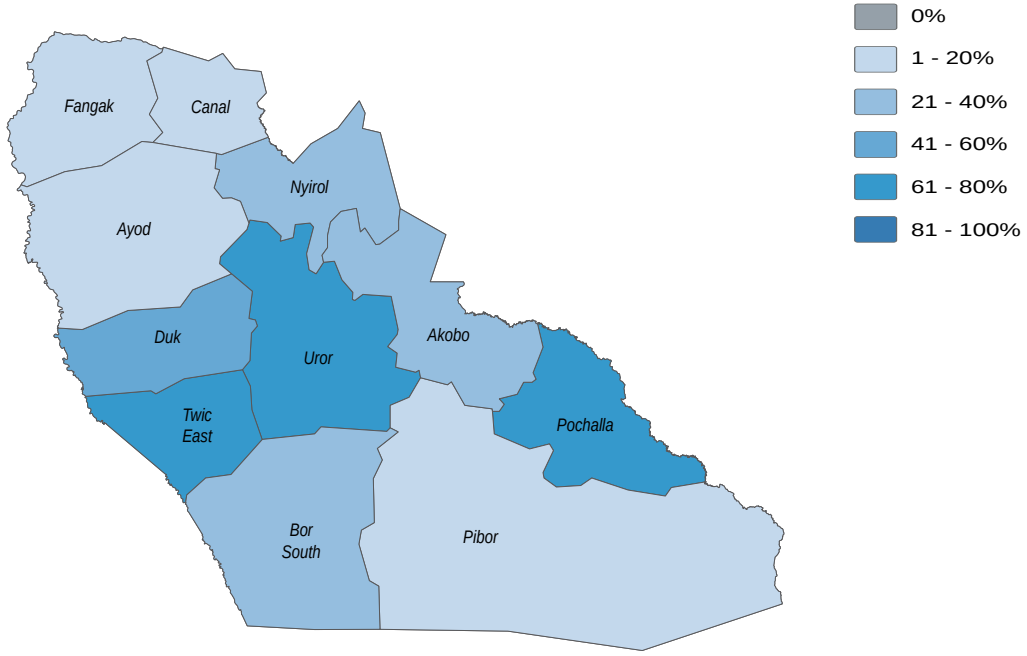
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

100%	of Duk County HHs reported having safe access to an improved source of drinking water as their main source, in November and December, 2018. This was the same as the previous season.
100%	of Duk County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
58%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was an increase 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:		Most commonly reported time spent collecting drinking water (walking to **collection point, waiting, filling container,** returning home) by percentage of households:	
Overall	Borehole	100%	Less than 30 minutes	52%
			30 minutes to 1 hour	38%
			Between 1- 2 hours	10%
Host	Borehole	100%	Less than 30 minutes	52%
			30 minutes to 1 hour	38%
			Between 1- 2 hours	10%
IDPs	Borehole	100%	Less than 30 minutes	100%
Returnees	Borehole	100%	30 minutes to 1 hour	50%
			Between 1- 2 hours	50%

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Duk County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

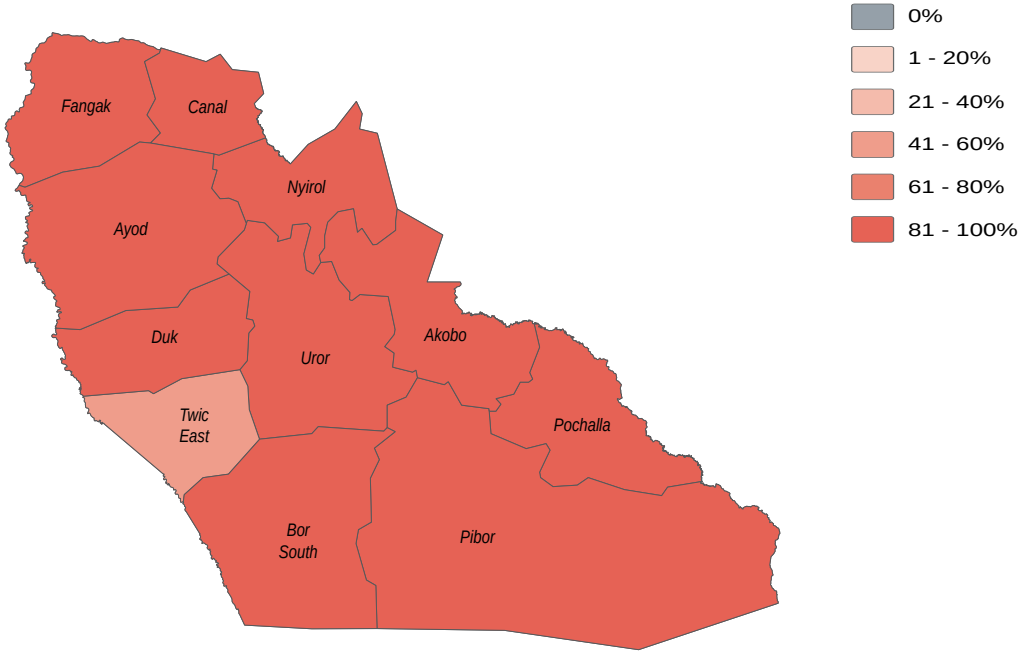
WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

11%	of Duk County HHs reported having access to a latrine (private, shared, or communal/ institutional), in November and December, 2018. This was an increase from the previous season.
7%	of Duk County HHs reported having access to a latrine (private, shared, or communal/ institutional), in July and August, 2018.
11%	of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was an increase from the previous season.
6%	of HHs reported their most common defecation location was a latrine, in July and August, 2018.

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



	Most commonly reported defecation location by percentage of households:		Most commonly reported excreta disposal **methods for children under five by** percentage of households:	
Overall	In the bush	86%	In the bush	89%
	In the latrine	11%	In the latrine	9%
	Dig a hole and cover	2%	Dig a hole and cover	2%
Host	In the bush	86%	In the bush	88%
	In the latrine	12%	In the latrine	10%
	Dig a hole and cover	2%	Dig a hole and cover	2%
IDPs	In the bush	100%	In the bush	100%
Returnees	In the bush	100%	In the bush	100%

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Duk County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

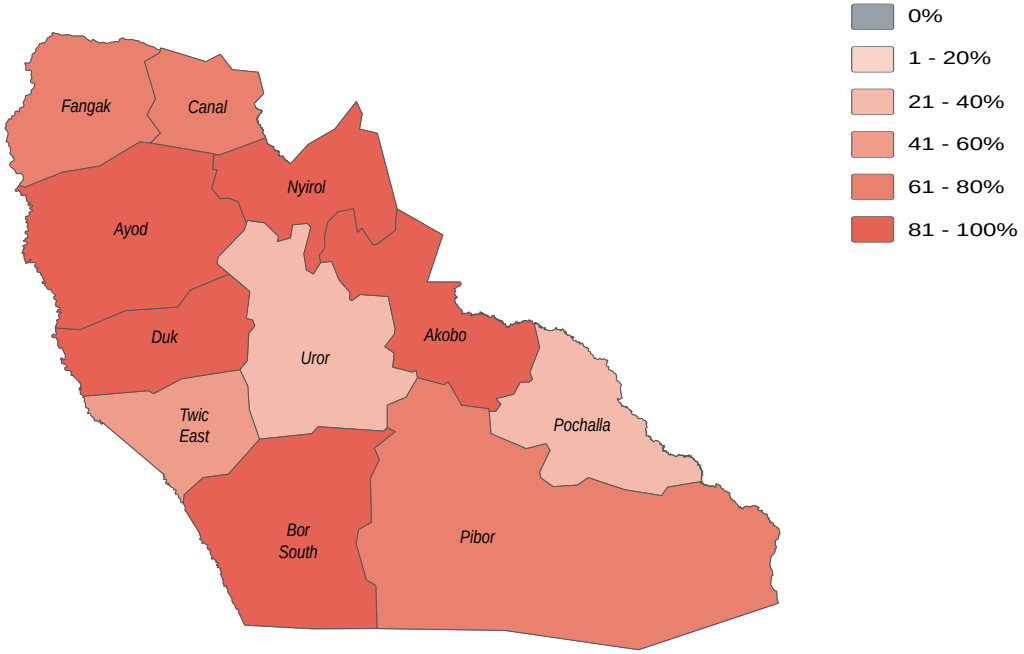
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

92%	of **Duk 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.
88%	of **Duk County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 2018.
Malaria	was the most commonly reported water or vector borne disease in November and December, 2018. This was the same as the previous season.
Malaria	was the most commonly reported water or vector borne disease in July and August, 2018.

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



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

Overall	Malaria	96%
	Typhoid	24%
	Stomach pain	22%
	Fever	16%
	Flu	9%
Host	Malaria	96%
	Typhoid	23%
	Stomach pain	19%
	Fever	13%
	Eye infection	8%
IDPs	Malaria	100%
	Stomach pain	100%
Returnees		

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

Overall	Malaria	65%
	Fever	45%
	AWD	36%
	Eye infection	15%
	Skin infection	13%
Host	Malaria	66%
	Fever	43%
	AWD	37%
	Eye infection	14%
	Skin infection	13%
IDPs	Fever	50%
	Malaria	50%
	Stomach pain	50%
	Typhoid	50%
Returnees		

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Duk County - Water, Sanitation and Hygiene Factsheet

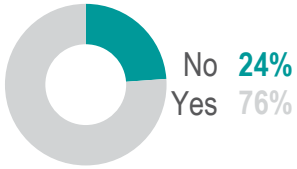
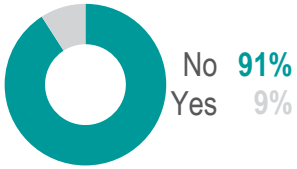
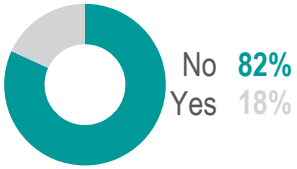
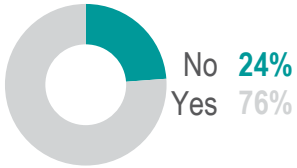
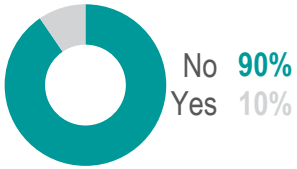
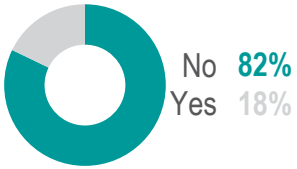
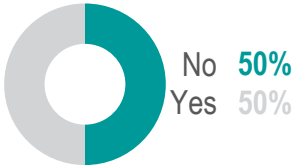
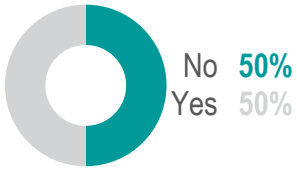
Jonglei State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

5%	of Duk 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.
10%	of Duk County HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in HH in July and August, 2018.
3	was the average number of jerrycans and/or buckets per HH in July and August, 2018. This was an increase from the previous season.
2	was the average number of jerrycans and/or buckets per HH in November and December, 2018.

	Ownership of a bucket or a jerrycan with a lid by percentage of households:	Ownership of soap by percentage of households:	Every member of the household sleeps under a mosquito net by percentage of households:
Overall	 No 24% Yes 76%	 No 91% Yes 9%	 No 82% Yes 18%
Host	 No 24% Yes 76%	 No 90% Yes 10%	 No 82% Yes 18%
IDPs	Yes 100%	No 100%	 No 50% Yes 50%
Returnees	 No 50% Yes 50%	No 100%	No 100%

Endnotes

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

About REACH

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

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

Visit **www.reach-initiative.org** and follow us @REACH_info.

Fangak County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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

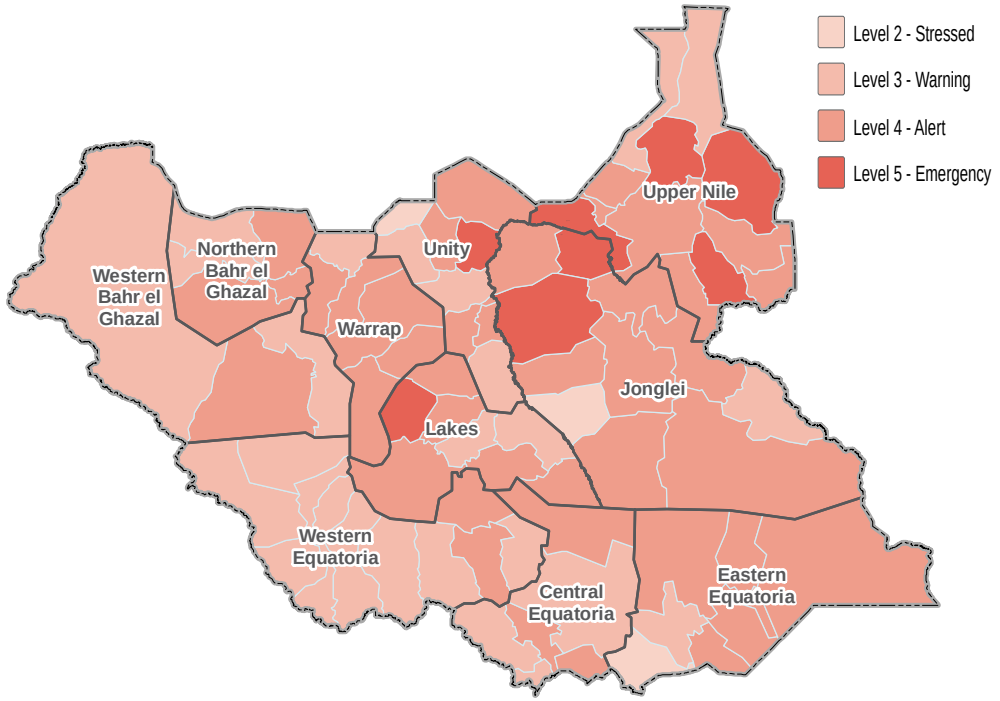
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of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

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

FSNMS Assessment Coverage

Full coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

Host community	96%
IDP	3%
Returnee	1%

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

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

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

Around 5 years	100%

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

Children under 5	90%
Elderly persons	58%
Female headed	37%
Physically disabled	23%
Adopted children	21%

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Fangak County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

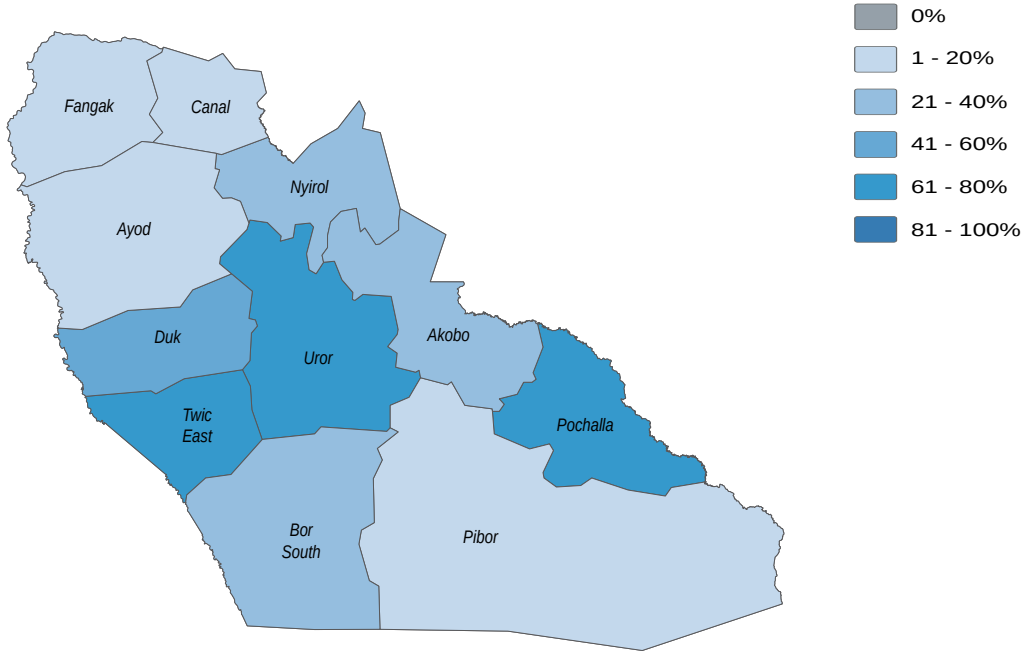
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

10%	of Fangak County HHs reported having safe access to an improved source of drinking water as their main source, in November and December, 2018. This was a decrease from the previous season.
16%	of Fangak County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
13%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was a decrease from the previous season.
46%	of HHs reported feeling unsafe while collecting water, in July and August, 2018.

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



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

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

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

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

Overall

Swamp	61%	Less than 30 minutes	37%
River or stream	17%	30 minutes to 1 hour	36%
Hand dug well	12%	Between 1- 2 hours	25%
Borehole	7%	More than 2 hours	3%
Tap stand	3%		

Host

Swamp	62%	30 minutes to 1 hour	37%
River or stream	16%	Less than 30 minutes	36%
Hand dug well	11%	Between 1- 2 hours	25%
Borehole	7%	More than 2 hours	2%
Tap stand	3%		

IDPs

Borehole	33%	Less than 30 minutes	67%
River or stream	33%	More than 2 hours	33%
Swamp	33%		

Returnees

Hand dug well	100%	Between 1- 2 hours	100%

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Fangak County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

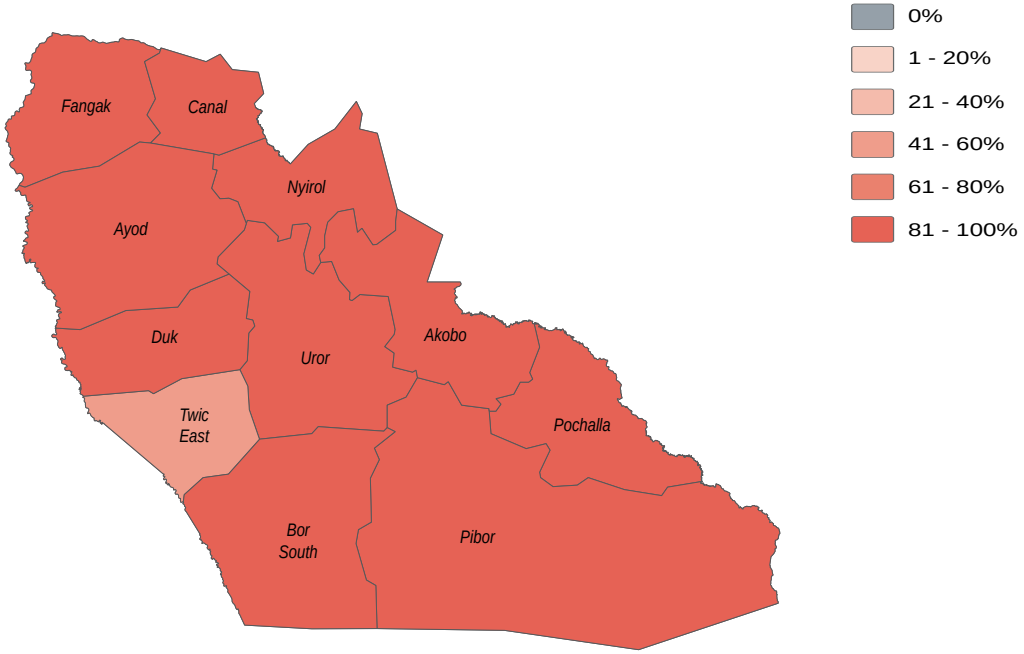
WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

15%	of **Fangak 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 **Fangak County** HHs reported having access to a latrine (private, shared, or communal/ institutional), in July and August, 2018.
1%	of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was the same as the previous season.
1%	of HHs reported their most common defecation location was a latrine, in July and August, 2018.

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



Most commonly reported defecation location by percentage of households:

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

Overall

In the bush	98%	In the bush	95%
Dig a hole and cover	1%	Dig a hole and cover	3%
In the latrine	1%	In the latrine	1%
		Left where it is	1%

Host

In the bush	99%	In the bush	96%
In the latrine	1%	Dig a hole and cover	3%
		In the latrine	1%

IDPs

In the bush	67%	In the bush	67%
Dig a hole and cover	33%	Left where it is	33%

Returnees

In the bush	100%	In the bush	100%

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Fangak County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

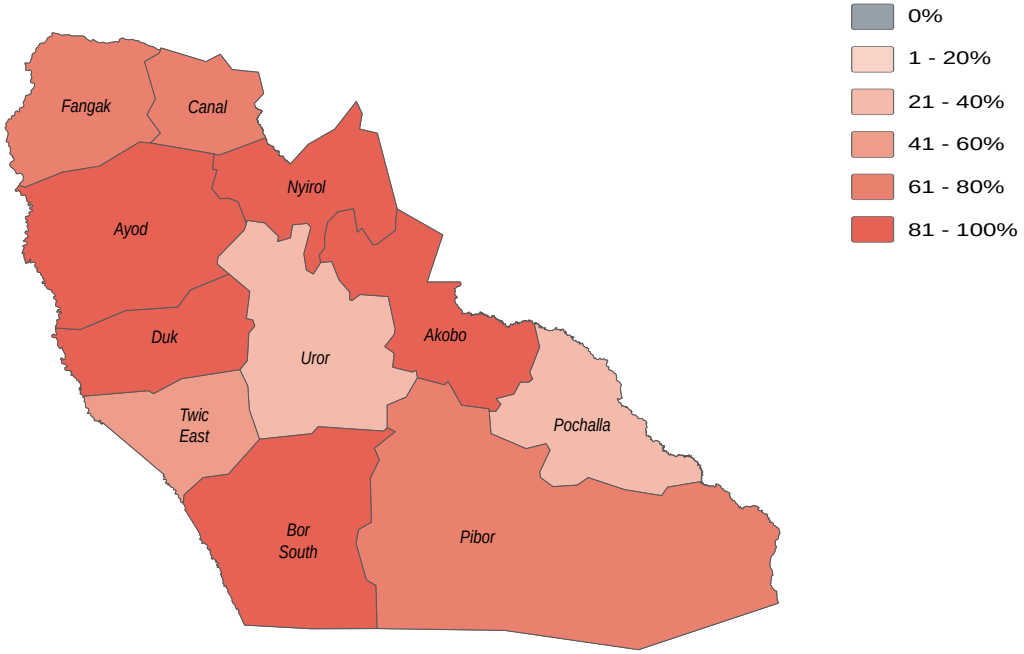
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

79%	of Fangak 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.
88%	of Fangak County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 2018.
Malaria	was the most commonly reported water or vector borne disease in November and December, 2018. This was the same as the previous season.
Malaria	was the most commonly reported water or vector borne disease in July and August, 2018.

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



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

Overall	Malaria	100%
	Stomach pain	36%
	Fever	29%
	Typhoid	21%
	Eye infection	14%
Host	Malaria	100%
	Fever	33%
	Stomach pain	33%
	Typhoid	17%
	AWD	8%
IDPs	Malaria	100%
	Eye infection	50%
	Stomach pain	50%
	Typhoid	50%
Returnees		

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

Overall	Malaria	86%
	Fever	72%
	Skin infection	22%
	Stomach pain	16%
	Eye infection	14%
Host	Malaria	85%
	Fever	71%
	Skin infection	21%
	Stomach pain	17%
	Eye infection	15%
IDPs	Fever	100%
	Malaria	100%
	Skin infection	100%
Returnees		

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Fangak County - Water, Sanitation and Hygiene Factsheet

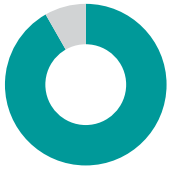
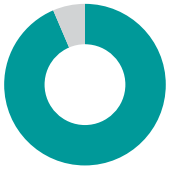
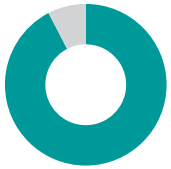
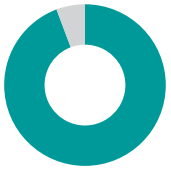
Jonglei State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

0%	of Fangak 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.
6%	of Fangak County HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in HH in July and August, 2018.
2	was the average number of jerrycans and/or buckets per HH in July and August, 2018. This was a decrease from the previous season.
4	was the average number of jerrycans and/or buckets per HH in November and December, 2018.

	Ownership of a bucket or a jerrycan with a lid by percentage of households:	Ownership of soap by percentage of households:	Every member of the household sleeps under a mosquito net by percentage of households:
Overall	 No 92% Yes 8%	No 80% Yes 20%	 No 94% Yes 6%
Host	 No 92% Yes 8%	No 79% Yes 21%	 No 94% Yes 6%
IDPs	No 67% Yes 33%	No 100%	No 67% Yes 33%
Returnees	No 100%	No 100%	No 100%

Endnotes

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

About REACH

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

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

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Nyirol County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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

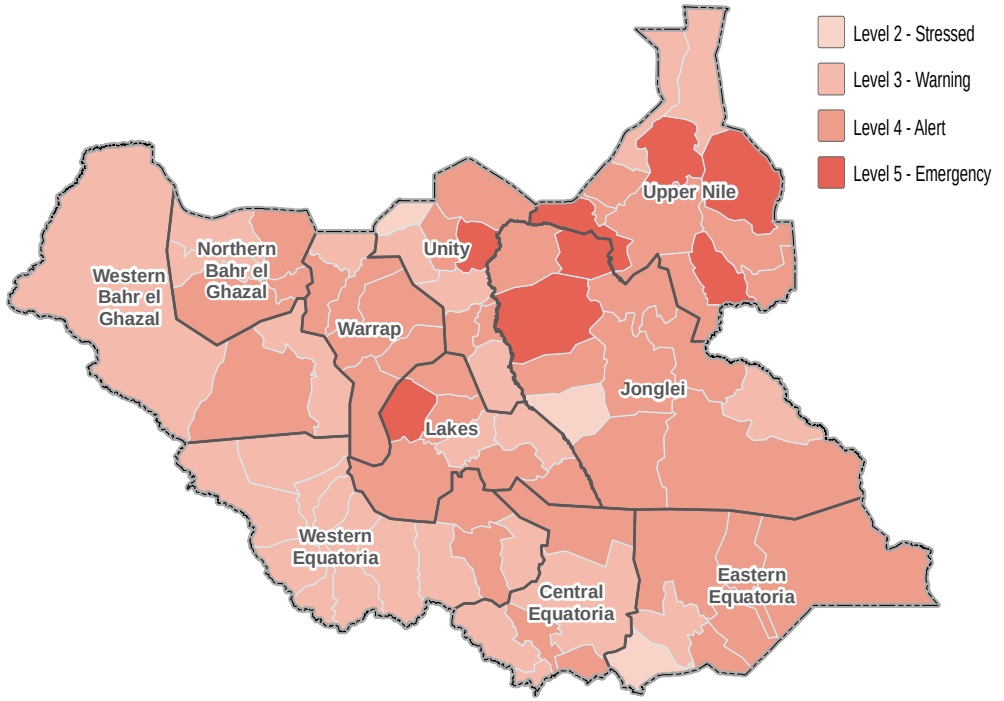
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of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

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

FSNMS Assessment Coverage

Full coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

Host community	98%
IDP	2%

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

In the last one year	100%

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

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

Female headed	76%
Children under 5	71%
Elderly persons	44%
Adopted children	6%
Chronically ill	4%

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Nyirol County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

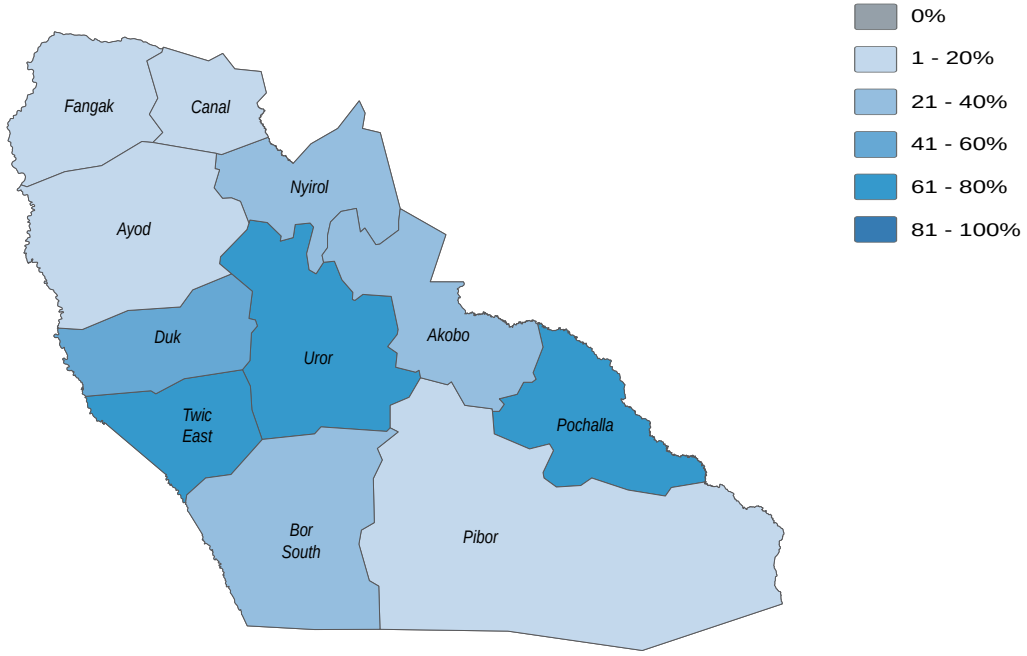
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

95%	of Nyirol 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.
80%	of Nyirol County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
2%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was a decrease from the previous season.
4%	of HHs reported feeling unsafe while collecting water, in July and August, 2018.

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



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

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

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

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

Overall

Borehole	94%
Swamp	5%
Tap stand	1%

30 minutes to 1 hour	33%
Between 1- 2 hours	32%
Less than 30 minutes	30%
More than 2 hours	5%

Host

Borehole	94%
Swamp	5%
Tap stand	1%

30 minutes to 1 hour	34%
Between 1- 2 hours	33%
Less than 30 minutes	29%
More than 2 hours	4%

IDPs

Borehole	100%

Less than 30 minutes	50%
More than 2 hours	50%

Returnees

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Nyirol County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

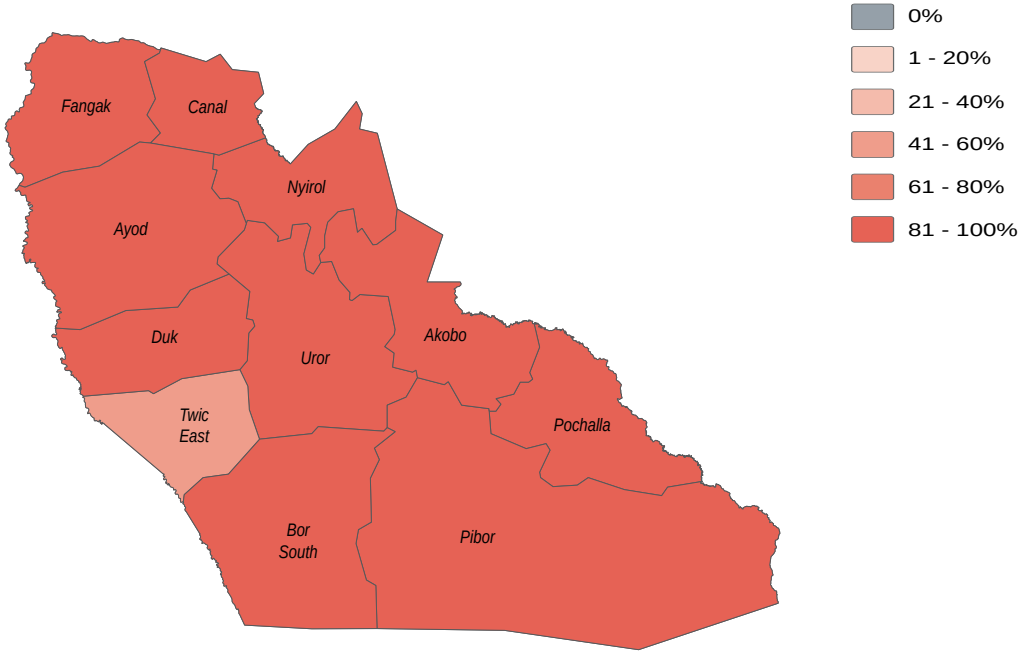
WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

12%	of **Nyirol County** HHs reported having access to a latrine (private, shared, or communal/ institutional), in November and December, 2018. This was an increase from the previous season.
2%	of **Nyirol County** HHs reported having access to a latrine (private, shared, or communal/ institutional), in July and August, 2018.
1%	of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was an increase from the previous season.
0%	of HHs reported their most common defecation location was a latrine, in July and August, 2018.

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



Most commonly reported defecation location by percentage of households:

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

Overall

In the bush	99%
In the latrine	1%

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

Host

In the bush	99%
In the latrine	1%

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

IDPs

In the bush	100%

In the bush	100%

Returnees

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Nyirol County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

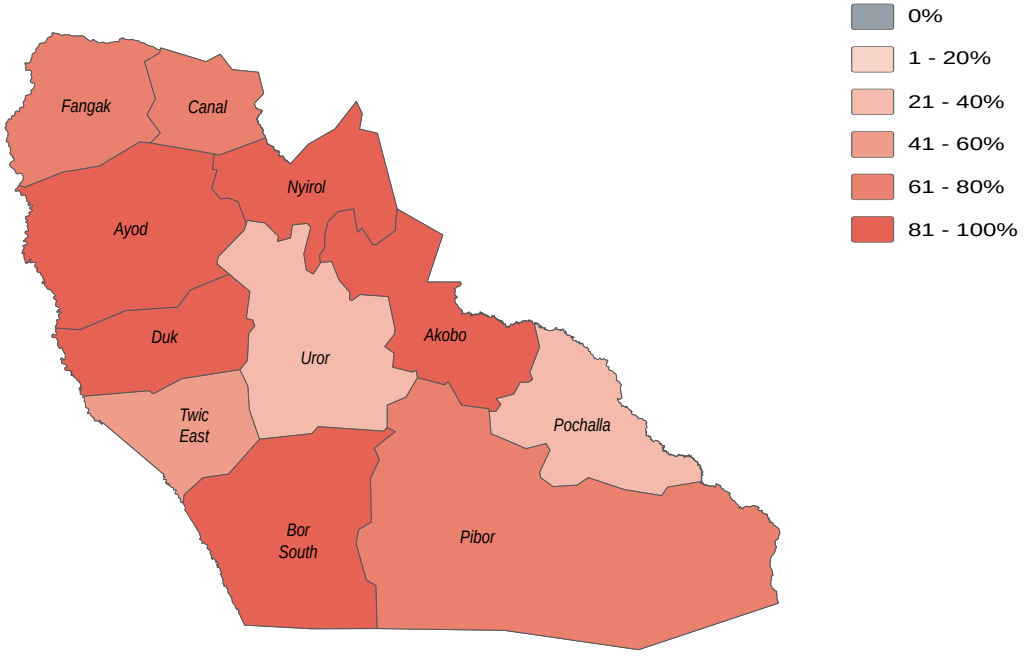
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

84%	of Nyirol County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was an increase from the previous season.
64%	of Nyirol County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 2018.
Fever	was the most commonly reported water or vector borne disease in November and December, 2018. This was the same as the previous season.
Malaria	was the most commonly reported water or vector borne disease in July and August, 2018.

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



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

Overall	Fever	92%
	Malaria	85%
	Flu	40%
	Typhoid	10%
	Skin infection	5%
Host	Fever	92%
	Malaria	87%
	Flu	39%
	Typhoid	10%
	Skin infection	3%
IDPs	Fever	100%
	Flu	100%
	Skin infection	100%
	Stomach pain	100%
Returnees		

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

Overall	Fever	96%
	Malaria	74%
	Flu	50%
	Typhoid	9%
	Skin infection	7%
Host	Fever	96%
	Malaria	75%
	Flu	49%
	Typhoid	9%
	Skin infection	6%
IDPs	Fever	100%
	Flu	100%
	Malaria	50%
	Skin infection	50%
Returnees		

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Nyirol County - Water, Sanitation and Hygiene Factsheet

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Water Sanitation Hygiene

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NFI WASH NFIs

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

	Ownership of a bucket or a jerrycan with a lid by percentage of households:	Ownership of soap by percentage of households:	Every member of the household sleeps under a mosquito net by percentage of households:
Overall	No **5%** Yes 95%	No **98%** Yes 2%	No **90%** Yes 10%
Host	No **5%** Yes 95%	No **98%** Yes 2%	No **90%** Yes 10%
IDPs	Yes 100%	No **100%**	No **100%**
Returnees			

Endnotes

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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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Pibor County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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

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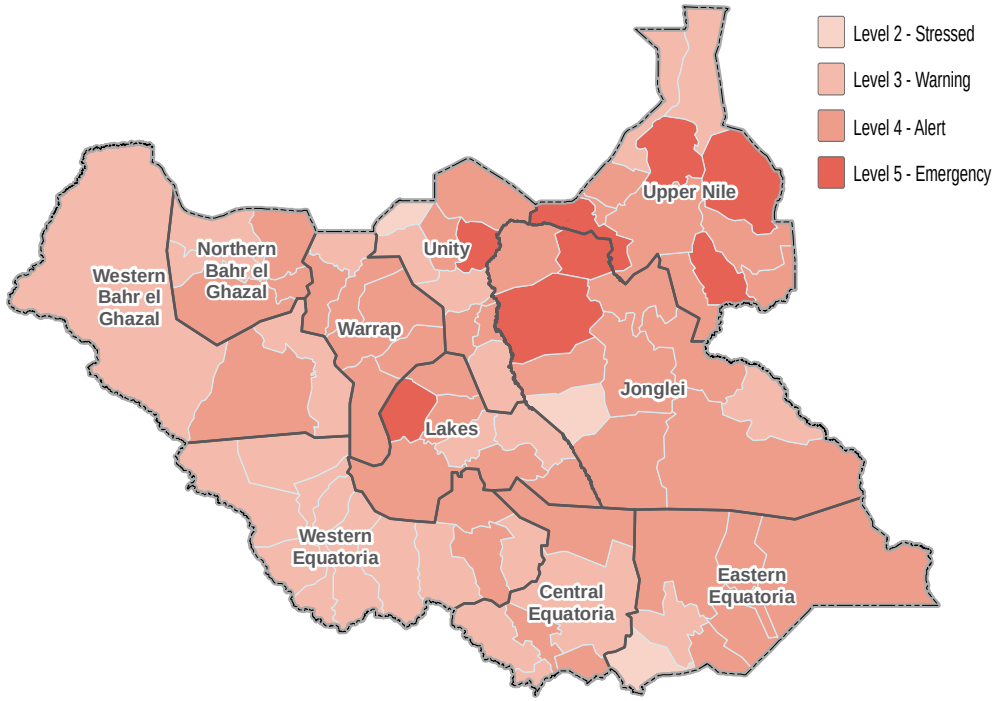
FSNMS Assessment Coverage

Full coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

Host community	93%
Others	3%
Returnee	3%
Refugee	1%

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

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

In the last one year	100%

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

Children under 5	95%
Female headed	68%
Elderly persons	46%
Physically disabled	24%
Adopted children	22%

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Pibor County - Water, Sanitation and Hygiene Factsheet

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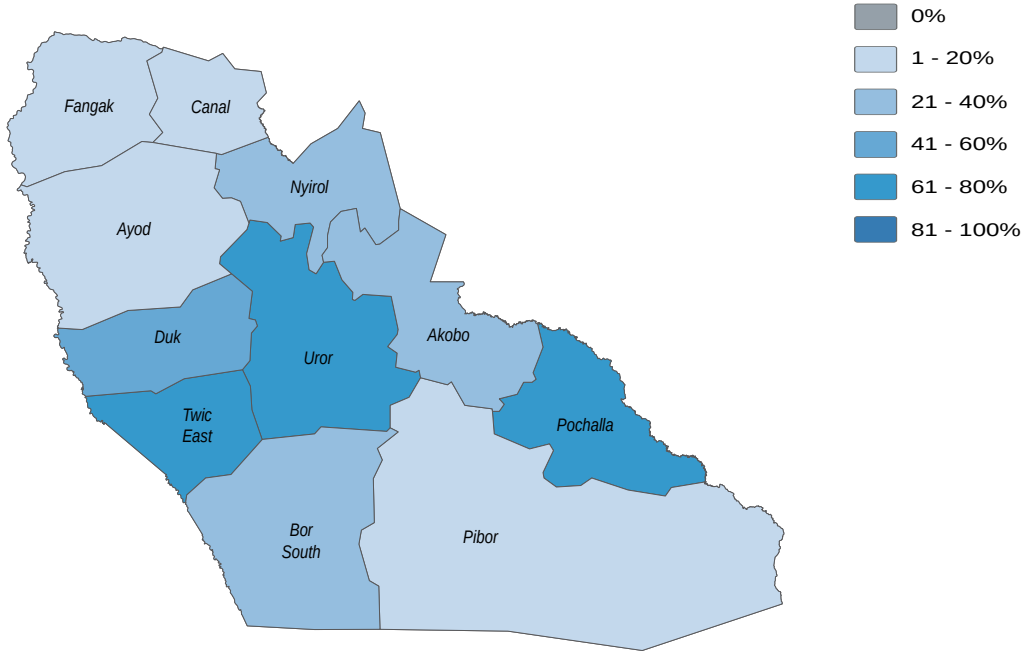
Water Sanitation Hygiene

November/December2018

Water

38%	of Pibor 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.
23%	of Pibor County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
15%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was a decrease from the previous season.
20%	of HHs reported feeling unsafe while collecting water, in July and August, 2018.

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



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

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

	Most commonly reported sources of drinking water by percentage of households:		Most commonly reported time spent collecting drinking water (walking to **collection point, waiting, filling container,** returning home) by percentage of households:	
Overall	River or stream	**62%**	Less than 30 minutes	**56%**
	Borehole	**38%**	30 minutes to 1 hour	**29%**
			Between 1- 2 hours	**15%**
Host	River or stream	**64%**	Less than 30 minutes	**58%**
	Borehole	**36%**	30 minutes to 1 hour	**27%**
			Between 1- 2 hours	**15%**
IDPs				
Returnees	Borehole	**100%**	30 minutes to 1 hour	**100%**

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Pibor County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

WASH Cluster
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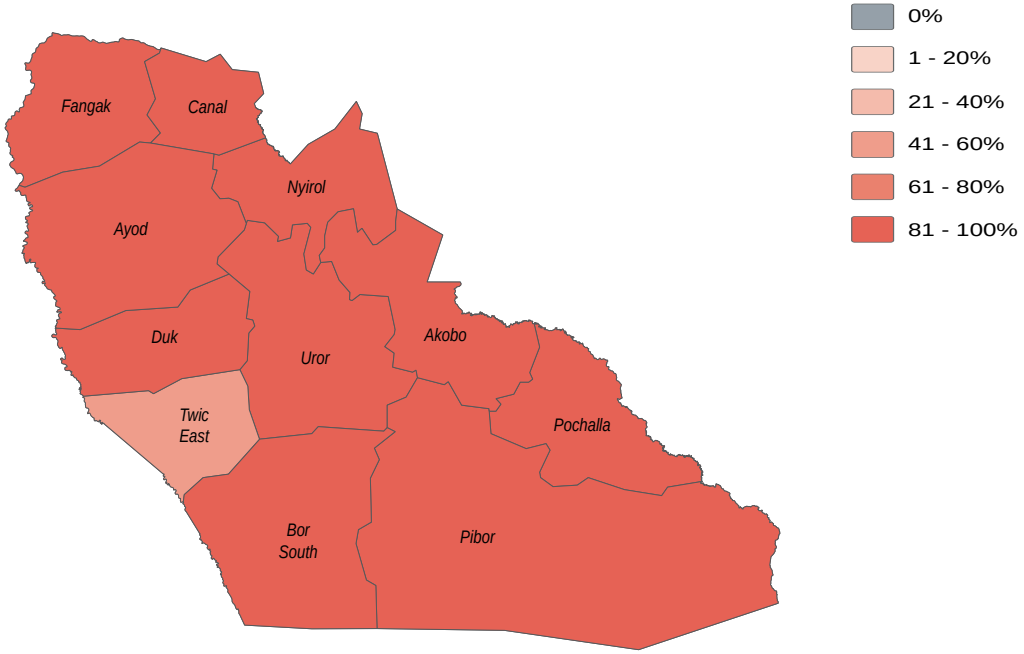
Sanitation

9%	of Pibor County HHs reported having access to a latrine (private, shared, or communal/ institutional), in November and December, 2018. This was an increase from the previous season.
2%	of Pibor 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:

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

Overall

In the bush	100%

In the bush	84%
Dig a hole and cover	7%
Left where it is	7%
In the latrine	1%
No answer	1%

Host

In the bush	100%

In the bush	84%
Dig a hole and cover	7%
Left where it is	6%
In the latrine	1%
No answer	1%

IDPs

Returnees

In the bush	100%

In the bush	100%

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Pibor County - Water, Sanitation and Hygiene Factsheet

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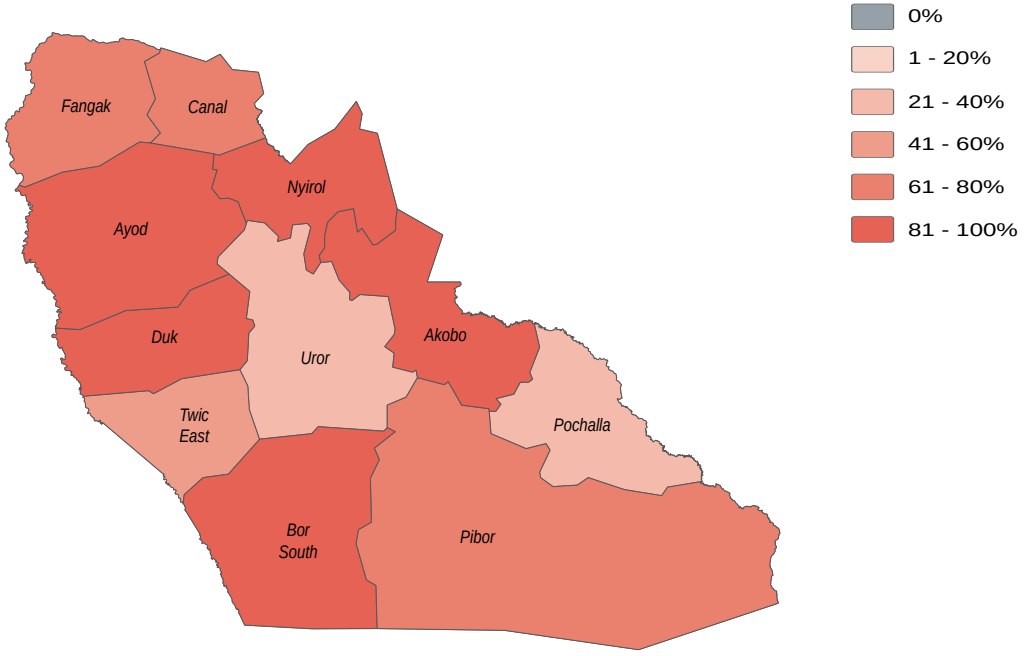
Health

80%	of **Pibor 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.
88%	of **Pibor County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 2018.
Malaria	was the most commonly reported water or vector borne disease in November and December, 2018. This was the same as the previous season.
Malaria	was the most commonly reported water or vector borne disease in July and August, 2018.

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



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

Overall	Malaria	90%
	Typhoid	50%
	Fever	40%
	AWD	24%
	Skin infection	21%
Host	Malaria	90%
	Typhoid	49%
	Fever	41%
	AWD	26%
	Skin infection	21%
IDPs		
Returnees		

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

Overall	Malaria	97%
	Fever	69%
	AWD	42%
	Stomach pain	31%
	Eye infection	27%
Host	Malaria	100%
	Fever	70%
	AWD	46%
	Stomach pain	34%
	Eye infection	27%
IDPs		
Returnees		

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NFI WASH NFIs

11%	of **Pibor 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 **Pibor County** HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in HH in July and August, 2018.
3	was the average number of jerrycans and/or buckets per HH in July and August, 2018. This was an increase from the previous season.
2	was the average number of jerrycans and/or buckets per HH in November and December, 2018.

	Ownership of a bucket or a jerrycan with a lid by percentage of households:	Ownership of soap by percentage of households:	Every member of the household sleeps under a mosquito net by percentage of households:
Overall	No **31%** Yes 69%	No **64%** Yes 36%	No **42%** Yes 58%
Host	No **32%** Yes 68%	No **63%** Yes 38%	No **40%** Yes 60%
IDPs			
Returnees	Yes 100%	No **67%** Yes 33%	No **100%**

Endnotes

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

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Pochalla County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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

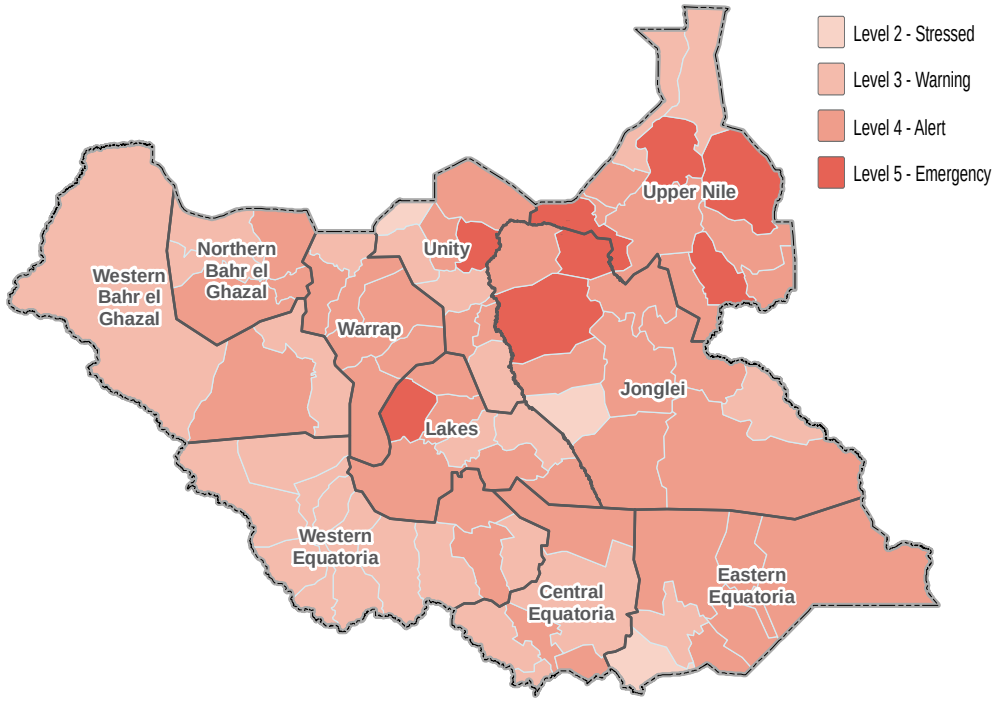
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of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

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

FSNMS Assessment Coverage

Full coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

Host community	98%
Returnee	2%

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

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

In the last one year	100%

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

Children under 5	89%
Female headed	47%
Adopted children	7%
Elderly persons	7%
Physically disabled	3%

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Pochalla County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

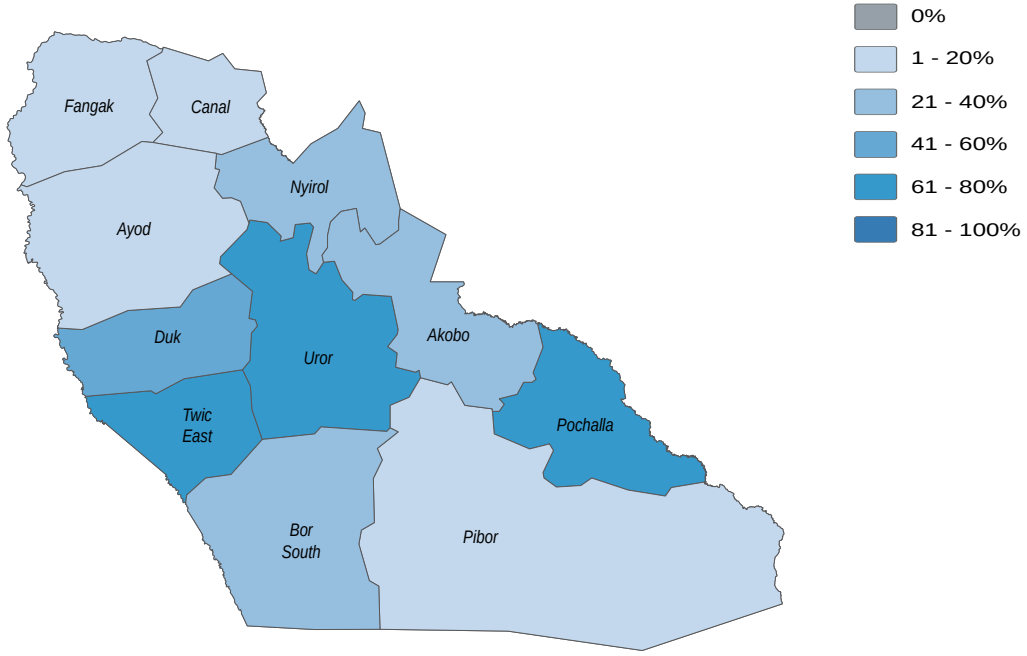
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

78%	of Pochalla 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.
66%	of Pochalla County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
0%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was the same as the previous season.
0%	of HHs reported feeling unsafe while collecting water, in July and August, 2018.

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



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

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

	Most commonly reported sources of drinking water by percentage of households:		Most commonly reported time spent collecting drinking water (walking to **collection point, waiting, filling container,** returning home) by percentage of households:	
Overall	Borehole	77%	Less than 30 minutes	81%
	River or stream	22%	30 minutes to 1 hour	17%
	Tap stand	1%	Between 1- 2 hours	3%
Host	Borehole	76%	Less than 30 minutes	80%
	River or stream	23%	30 minutes to 1 hour	17%
	Tap stand	1%	Between 1- 2 hours	3%
IDPs				
Returnees	Borehole	100%	Less than 30 minutes	100%

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Pochalla County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

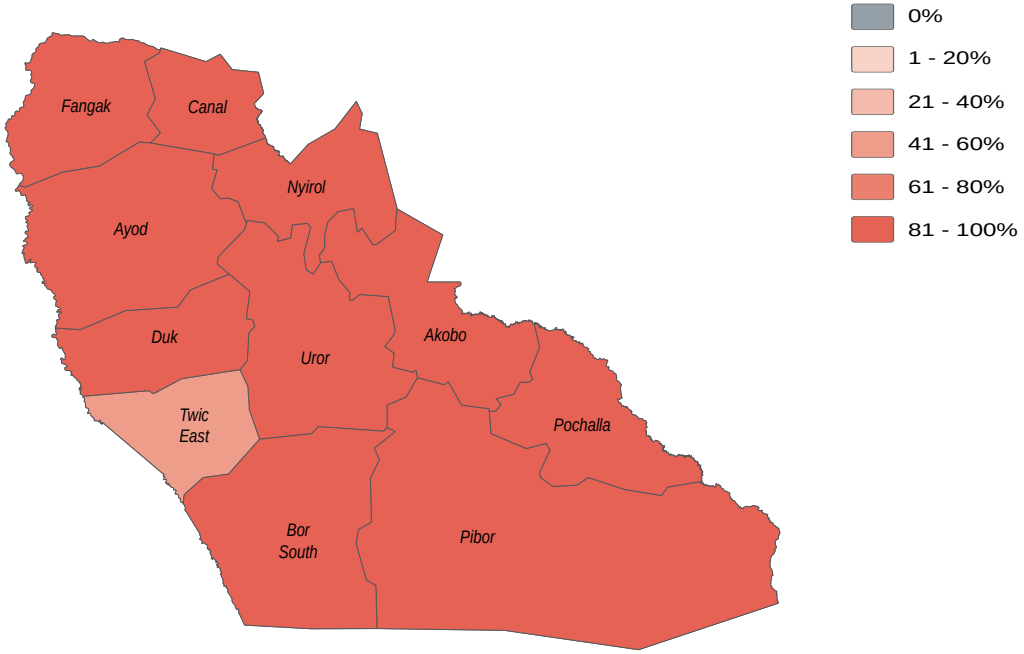
WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

9%	of **Pochalla 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.
5%	of **Pochalla County** HHs reported having access to a latrine (private, shared, or communal/ institutional), in July and August, 2018.
6%	of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was an increase from the previous season.
5%	of HHs reported their most common defecation location was a latrine, in July and August, 2018.

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



Most commonly reported defecation location by percentage of households:

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

Overall

In the bush	94%
In the latrine	6%

Dig a hole and cover	50%
In the bush	46%
In the latrine	4%

Host

In the bush	93%
In the latrine	7%

Dig a hole and cover	51%
In the bush	45%
In the latrine	4%

IDPs

Returnees

In the bush	100%

In the bush	100%

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Pochalla County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

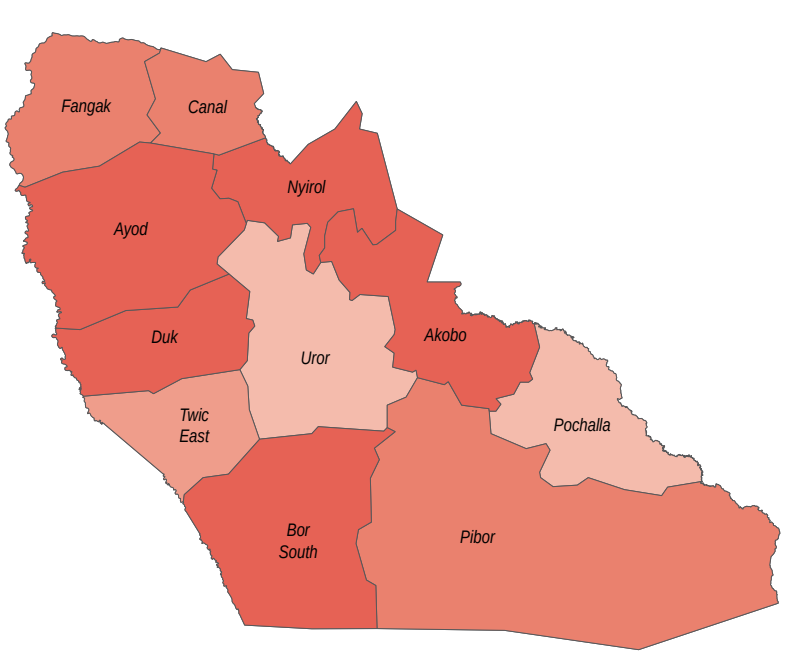
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

29%	of **Pochalla 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.
33%	of **Pochalla County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 2018.
Fever	was the most commonly reported water or vector borne disease in November and December, 2018. This was different to the previous season.
Malaria	was the most commonly reported water or vector borne disease in July and August, 2018.

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



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

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

Overall

Malaria	43%
Fever	29%
AWD	14%
Skin infection	14%

Fever	50%
Malaria	31%
AWD	19%
Others	4%

Host

Malaria	50%
AWD	17%
Fever	17%
Skin infection	17%

Fever	50%
Malaria	31%
AWD	19%
Others	4%

IDPs

Returnees

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Pochalla County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

35%	of Pochalla County HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in November and December, 2018. This was an increase from the previous season.
24%	of Pochalla County HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in HH in July and August, 2018.
3	was the average number of jerrycans and/or buckets per HH in July and August, 2018. This was a decrease from the previous season.
4	was the average number of jerrycans and/or buckets per HH in November and December, 2018.

	Ownership of a bucket or a jerrycan with a lid by percentage of households:	Ownership of soap by percentage of households:	Every member of the household sleeps under a mosquito net by percentage of households:
Overall	No **21%** Yes 79%	No **1%** Yes 99%	Yes 100%
Host	No **22%** Yes 78%	No **1%** Yes 99%	Yes 100%
IDPs			
Returnees	Yes 100%	Yes 100%	Yes 100%

Endnotes

1. This data is as of November/December 2018. Note, population movement remains fluid.
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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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Twic East County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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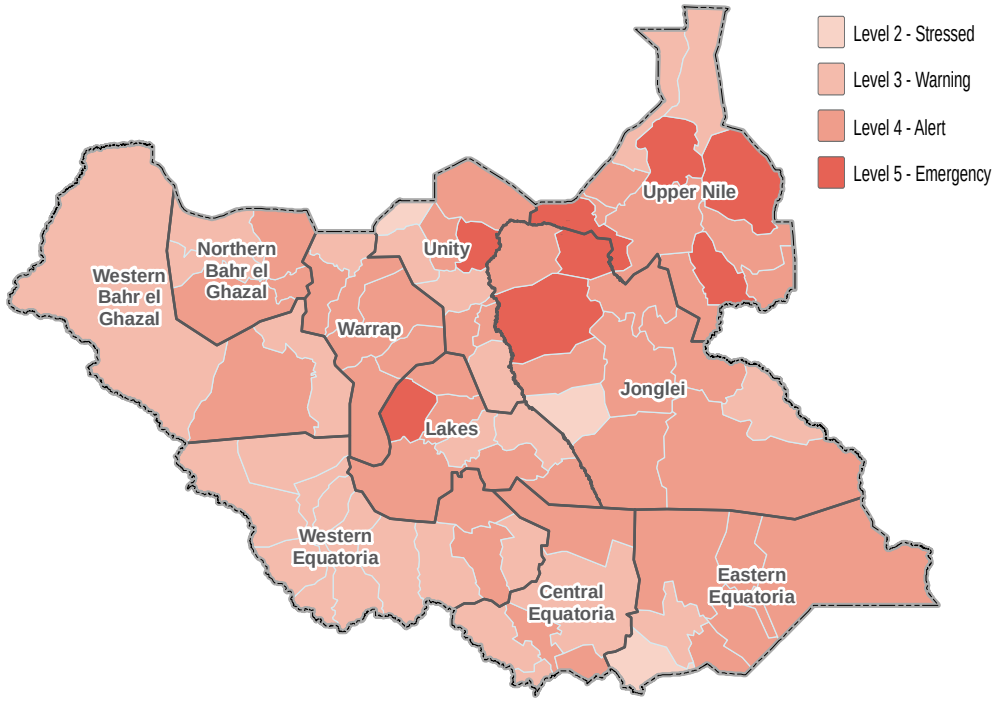
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of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

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

FSNMS Assessment Coverage

Partial coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

Host community	100%

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

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

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

Children under 5	69%
Elderly persons	40%
Female headed	30%
Physically disabled	11%
Chronically ill	10%

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Twic East County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

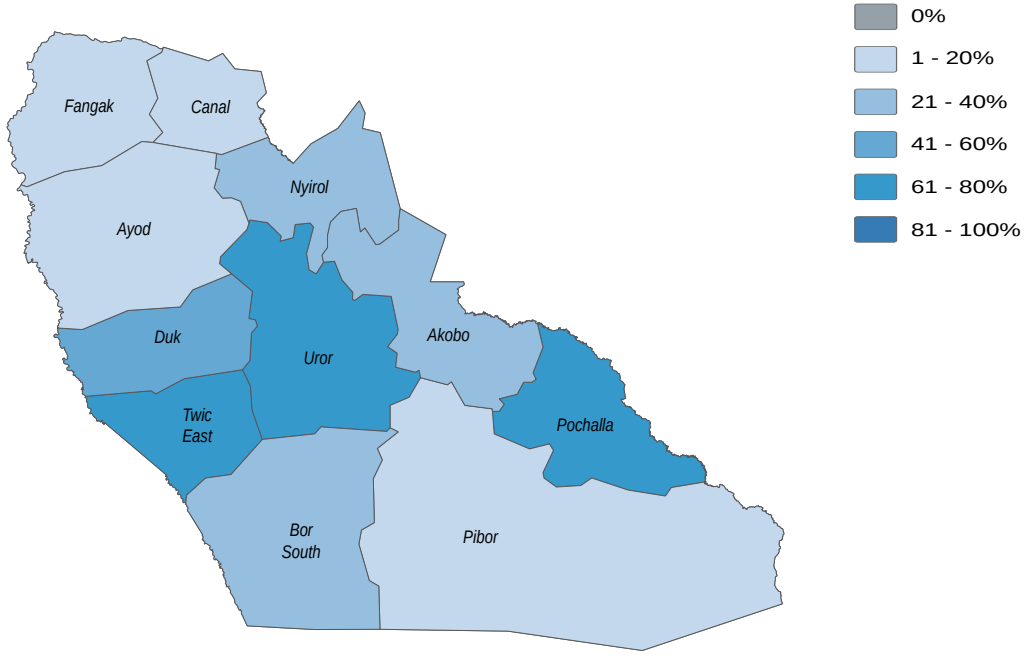
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

100%	of Twic 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 the same as the previous season.
100%	of Twic East County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
23%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was an increase from the previous season.
14%	of HHs reported feeling unsafe while collecting water, in July and August, 2018.

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



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

Overall

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

Borehole	100%

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	77%
30 minutes to 1 hour	20%
Between 1- 2 hours	3%

Host

Borehole	100%

Less than 30 minutes	77%
30 minutes to 1 hour	20%
Between 1- 2 hours	3%

IDPs

Returnees

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Twic East County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

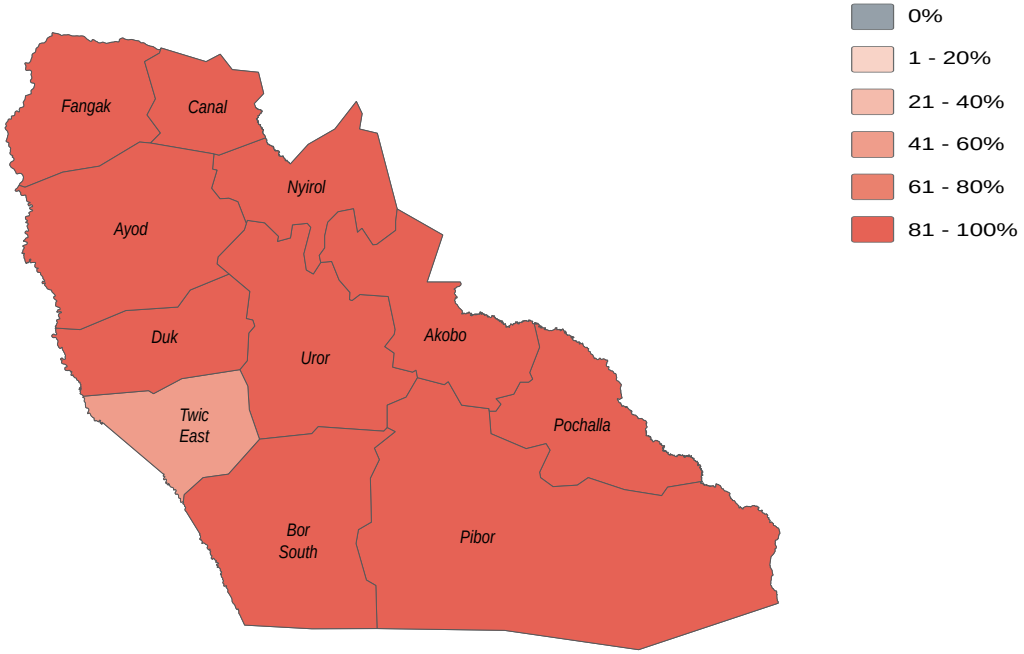
43% of Twic East County HHs reported having access to a latrine (private, shared, or communal/ institutional), in November and December, 2018. This was the same as the previous season.

43% of Twic East County HHs reported having access to a latrine (private, shared, or communal/ institutional), in July and August, 2018.

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

40% of HHs reported their most common defecation location was a latrine, in July and August, 2018.

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



Most commonly reported defecation location by percentage of households:

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

Overall

In the bush	54%
In the latrine	43%
No answer	2%
Dig a hole and cover	1%

In the latrine	38%
In the bush	37%
Dig a hole and cover	25%

Host

In the bush	54%
In the latrine	43%
No answer	2%
Dig a hole and cover	1%

In the latrine	38%
In the bush	37%
Dig a hole and cover	25%

IDPs

Returnees

Twic East County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

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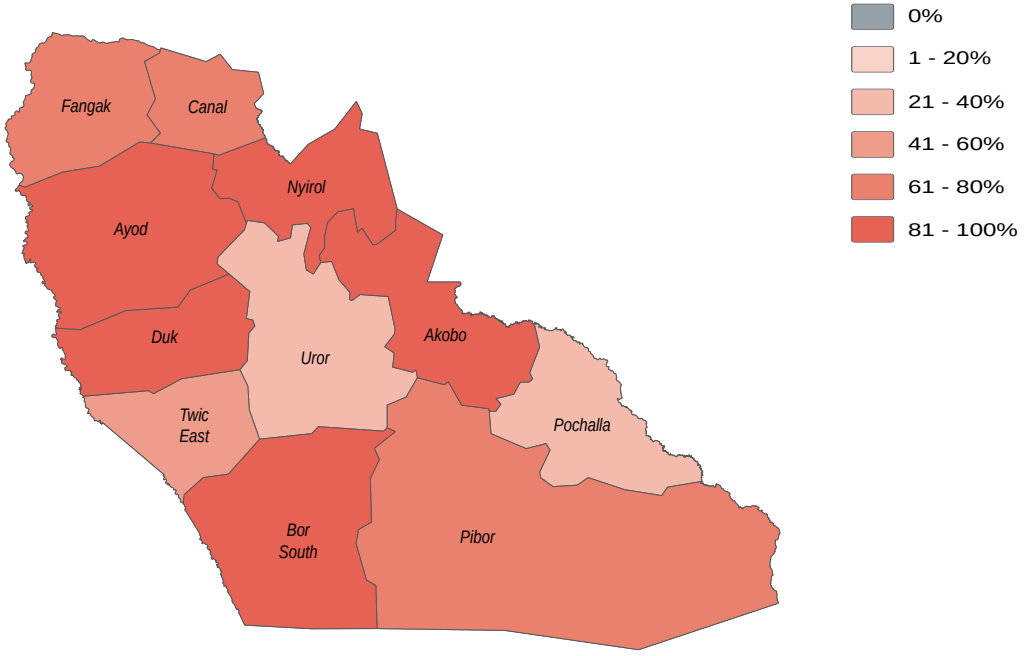
Water Sanitation Hygiene

November/December2018

Health

57%	of Twic 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.
73%	of Twic 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	Malaria	65%
	Typhoid	19%
	Fever	15%
	Stomach pain	12%
	AWD	8%
Host	Malaria	65%
	Typhoid	19%
	Fever	15%
	Stomach pain	12%
	AWD	8%
IDPs		
Returnees		

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

	Fever	36%
	Malaria	31%
	AWD	28%
	Skin infection	21%
	Eye infection	10%
	Fever	36%
	Malaria	31%
	AWD	28%
	Skin infection	21%
	Eye infection	10%

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Twic East County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

78%	of Twic 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.
28%	of Twic 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.
4	was the average number of jerrycans and/or buckets per HH in July and August, 2018. This was an increase from the previous season.
3	was the average number of jerrycans and/or buckets per HH in November and December, 2018.

	Ownership of a bucket or a jerrycan with a lid by percentage of households:	Ownership of soap by percentage of households:	Every member of the household sleeps under a mosquito net by percentage of households:
Overall	No **2%** Yes 98%	No **14%** Yes 86%	No **7%** Yes 93%
Host	No **2%** Yes 98%	No **14%** Yes 86%	No **7%** Yes 93%
IDPs			
Returnees			

Endnotes

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Uror County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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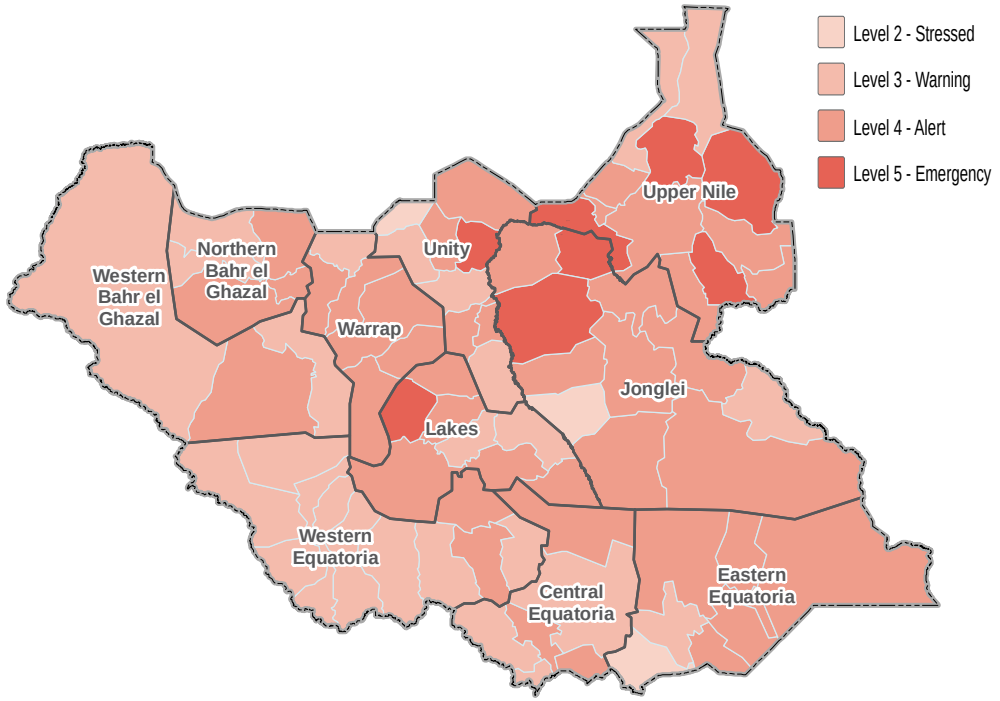
FSNMS Assessment Coverage

Full coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

Host community	97%
IDP	3%

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

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

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

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

Children under 5	95%
Female headed	62%
Elderly persons	18%
Chronically ill	2%
Conflict injuries	2%

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Uror County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

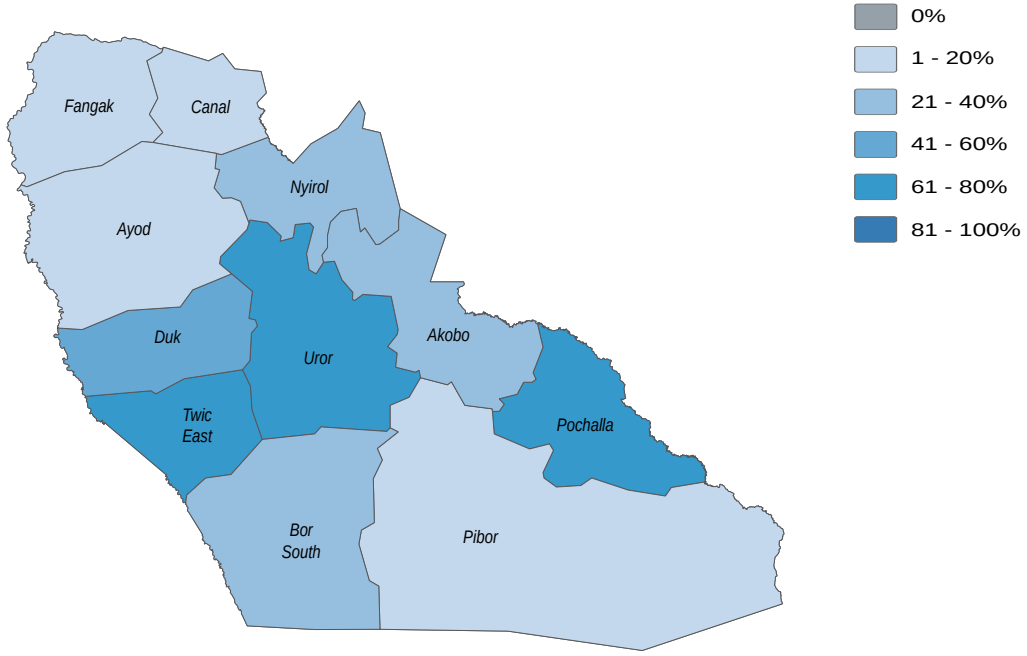
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

81%	of **Uror County** HHs reported having safe access to an improved source of drinking water as their main source, in November and December, 2018. This was a decrease from the previous season.
86%	of **Uror County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
5%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was an increase from the previous season.
2%	of HHs reported feeling unsafe while collecting water, in July and August, 2018.

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



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

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

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

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

Overall

Borehole	81%
Swamp	18%
River or stream	1%

Less than 30 minutes	72%
30 minutes to 1 hour	23%
Between 1- 2 hours	5%
More than 2 hours	1%

Host

Borehole	80%
Swamp	19%
River or stream	1%

Less than 30 minutes	71%
30 minutes to 1 hour	23%
Between 1- 2 hours	5%
More than 2 hours	1%

IDPs

Borehole	100%

Less than 30 minutes	100%

Returnees

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Uror County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

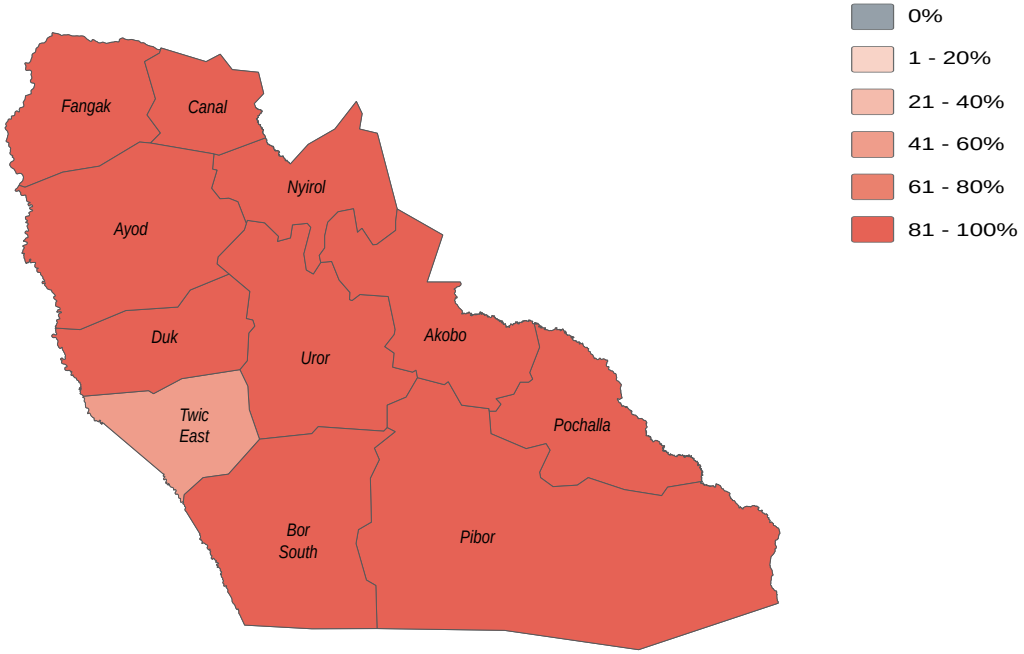
WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

3%	of **Uror County** HHs reported having access to a latrine (private, shared, or communal/ institutional), in November and December, 2018. This was an increase from the previous season.
2%	of **Uror County** HHs reported having access to a latrine (private, shared, or communal/ institutional), in July and August, 2018.
0%	of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was the same as the previous season.
0%	of HHs reported their most common defecation location was a latrine, in July and August, 2018.

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



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

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Uror County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

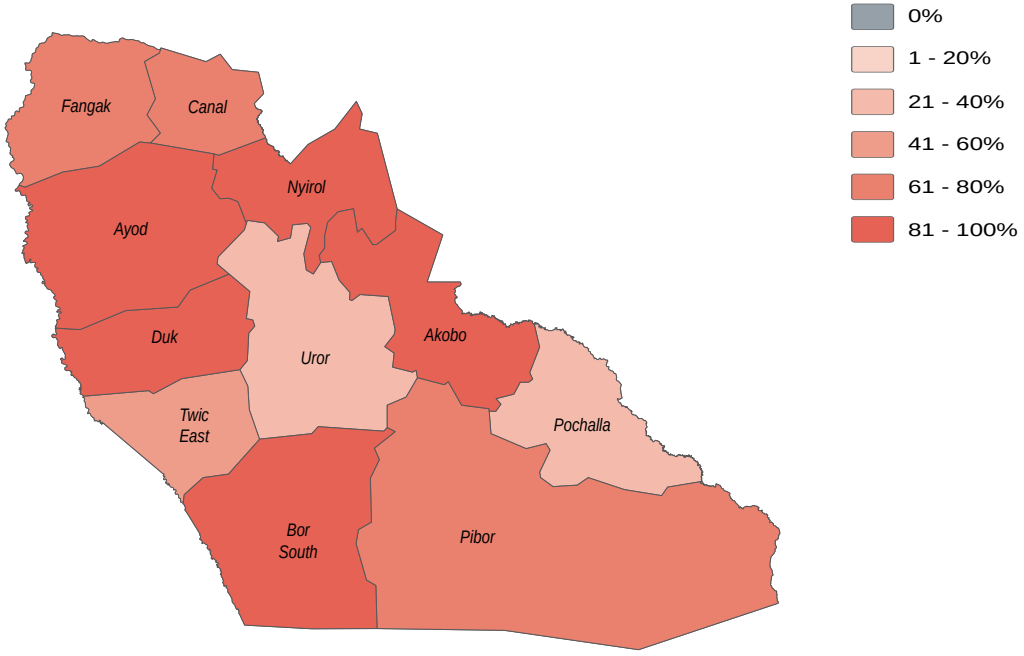
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

29%	of **Uror 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.
16%	of **Uror County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 2018.
Fever	was the most commonly reported water or vector borne disease in November and December, 2018. This was different to the previous season.
Malaria	was the most commonly reported water or vector borne disease in July and August, 2018.

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



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

Overall	Fever	56%
	Malaria	44%
	Typhoid	39%
	Flu	11%
	Stomach pain	11%
Host	Fever	56%
	Malaria	44%
	Typhoid	39%
	Flu	11%
	Stomach pain	11%
IDPs		
Returnees		

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

Overall	Malaria	75%
	Fever	70%
	Flu	10%
	AWD	5%
	Eye infection	5%
Host	Malaria	75%
	Fever	70%
	Flu	10%
	AWD	5%
	Eye infection	5%

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Uror County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

5%	of Uror 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.
17%	of Uror County HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in HH in July and August, 2018.
4	was the average number of jerrycans and/or buckets per HH in July and August, 2018. This was an increase from the previous season.
3	was the average number of jerrycans and/or buckets per HH in November and December, 2018.

	Ownership of a bucket or a jerrycan with a lid by percentage of households:	Ownership of soap by percentage of households:	Every member of the household sleeps under a mosquito net by percentage of households:
Overall	No **1%** Yes 99%	No **95%** Yes 5%	No **19%** Yes 81%
Host	No **1%** Yes 99%	No **94%** Yes 6%	No **19%** Yes 81%
IDPs	Yes 100%	No **100%**	No **33%** Yes 67%
Returnees			

Endnotes

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

About REACH

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

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

Visit **www.reach-initiative.org** and follow us @REACH_info.

Abiemnhom County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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

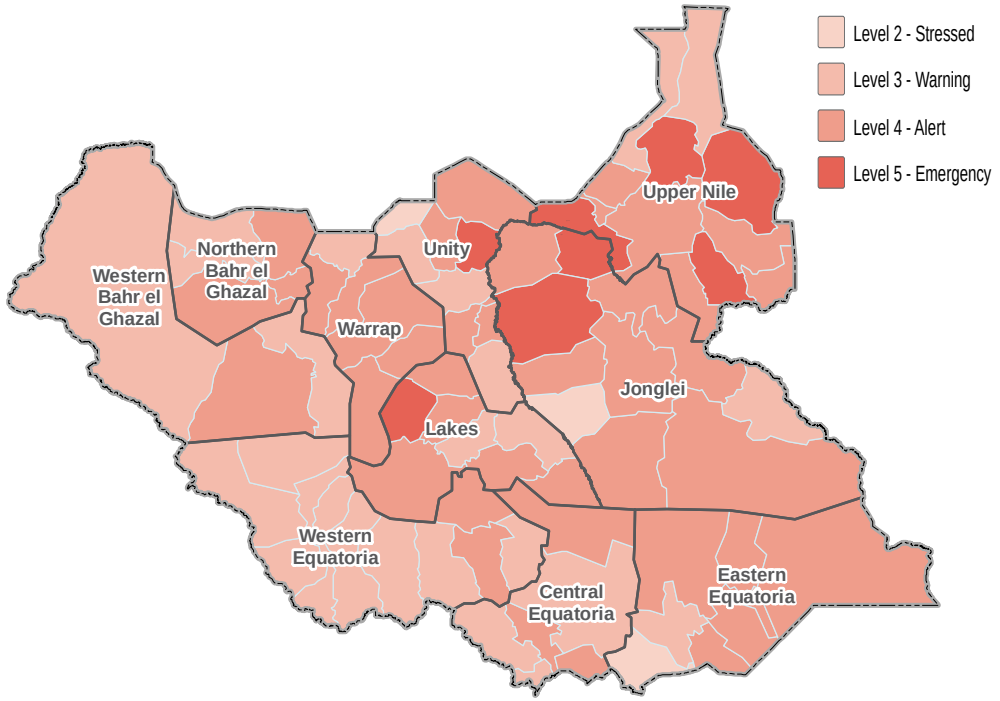
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of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

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

FSNMS Assessment Coverage

Full coverage in the county was achieved.

WASH Needs Severity Map



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

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

Displacement

Percentage of households by displacement status [1]:

Host community	96%
IDP	2%
Refugee	1%
Returnee	1%

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

Around 5 years	50%
In the last one year	50%

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

In the last one year	100%

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

Children under 5	82%
Female headed	54%
Elderly persons	25%
Adopted children	8%
Chronically ill	3%

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Abiemnhom County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

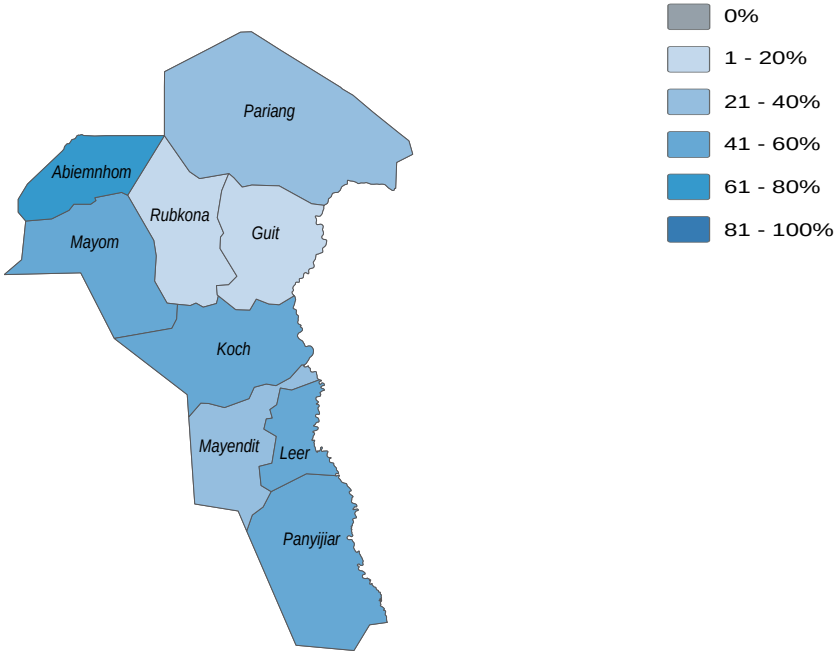
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

100%	of Abiemnhom County HHs reported having safe access to an improved source of drinking water as their main source, in November and December, 2018. This was an increase from the previous season.
99%	of Abiemnhom County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
4%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was a decrease from the previous season.
5%	of HHs reported feeling unsafe while collecting water, in July and August, 2018.

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



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

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

	Most commonly reported sources of drinking water by percentage of households:		Most commonly reported time spent collecting drinking water (walking to **collection point, waiting, filling container,** returning home) by percentage of households:	
Overall	Borehole	99%	Less than 30 minutes	76%
	Tap stand	1%	30 minutes to 1 hour	19%
			Between 1- 2 hours	5%
Host	Borehole	99%	Less than 30 minutes	75%
	Tap stand	1%	30 minutes to 1 hour	20%
			Between 1- 2 hours	5%
IDPs	Borehole	100%	Less than 30 minutes	100%
Returnees	Borehole	100%	Less than 30 minutes	100%

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Abiemnhom County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

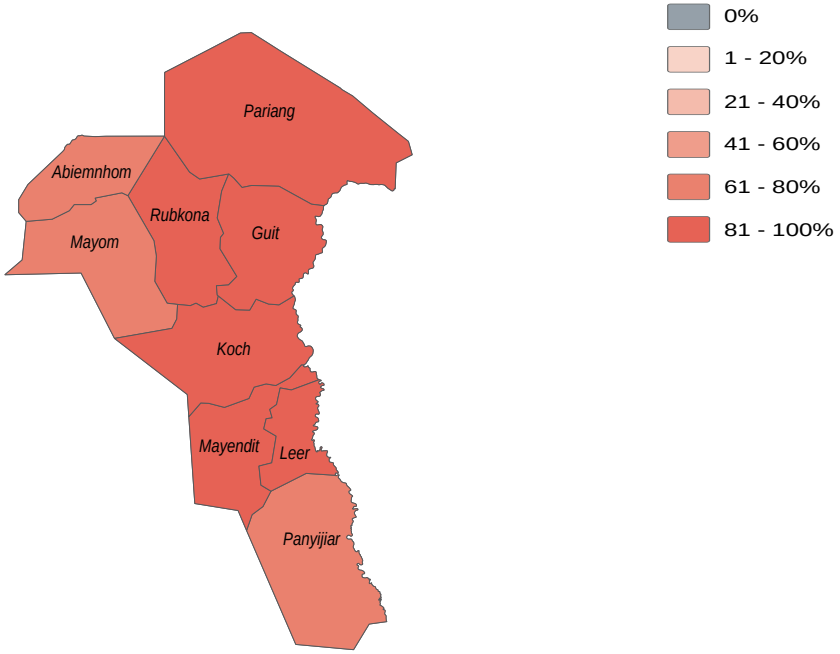
35% of Abiemnhom County HHs reported having access to a latrine (private, shared, or communal/institutional), in November and December, 2018. This was a decrease from the previous season.

54% of Abiemnhom County HHs reported having access to a latrine (private, shared, or communal/institutional), in July and August, 2018.

30% of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was a decrease from the previous season.

53% of HHs reported their most common defecation location was a latrine, in July and August, 2018.

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



Most commonly reported defecation location by percentage of households:

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

Overall	In the bush	68%	In the bush	65%
	In the latrine	30%	In the latrine	31%
	No answer	2%	Dig a hole and cover	3%
			No answer	1%
Host	In the bush	67%	In the bush	64%
	In the latrine	31%	In the latrine	32%
	No answer	2%	Dig a hole and cover	3%
			No answer	1%
IDPs	In the bush	100%	In the bush	100%
Returnees	In the bush	100%	In the bush	100%

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Abiemnhom County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

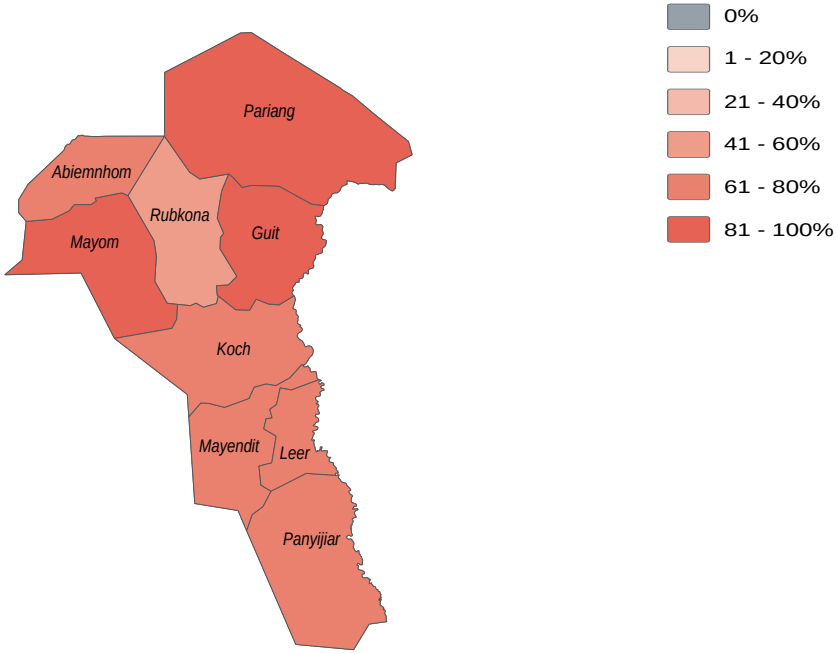
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

73%	of **Abiemnhom County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was a decrease from the previous season.
84%	of **Abiemnhom County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 2018.
Malaria	was the most commonly reported water or vector borne disease in November and December, 2018. This was the same as the previous season.
Malaria	was the most commonly reported water or vector borne disease in July and August, 2018.

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



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

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

Overall

Malaria	90%
Fever	13%
AWD	5%
Flu	5%
Skin infection	5%

Malaria	78%
Fever	40%
Flu	22%
AWD	5%
Eye infection	2%

Host

Malaria	90%
Fever	13%
AWD	5%
Flu	5%
Skin infection	5%

Malaria	78%
Fever	41%
Flu	22%
AWD	5%
Eye infection	2%

IDPs

Returnees

Abiemnhom County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

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

	Ownership of a bucket or a jerrycan with a lid by percentage of households:	Ownership of soap by percentage of households:	Every member of the household sleeps under a mosquito net by percentage of households:
Overall	No **8%** Yes 92%	No **23%** Yes 77%	No **5%** Yes 95%
Host	No **8%** Yes 92%	No **20%** Yes 80%	No **4%** Yes 96%
IDPs	Yes 100%	No **100%**	Yes 100%
Returnees	Yes 100%	No **100%**	Yes 100%

Endnotes

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

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Guit County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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

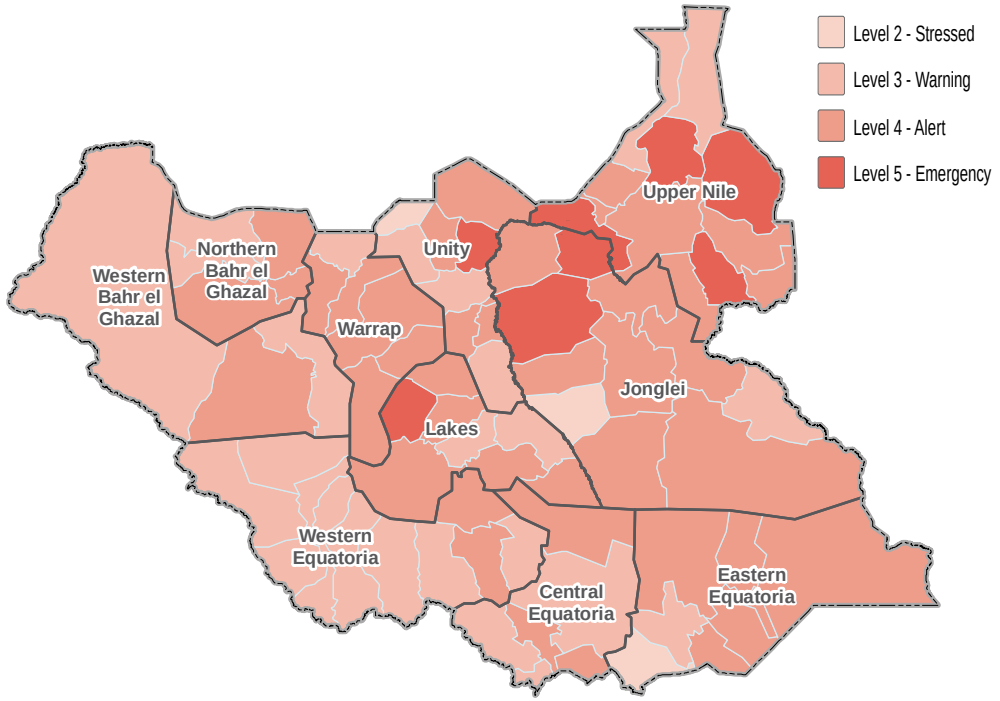
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of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

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

FSNMS Assessment Coverage

Full coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

Host community	94%
IDP	5%
Returnee	2%

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

Between 2-3 years	80%
In the last one year	20%

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

Between 2 -3 years	100%

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

Children under 5	89%
Female headed	67%
Elderly persons	66%
Physically disabled	8%
Conflict injuries	5%

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Guit County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

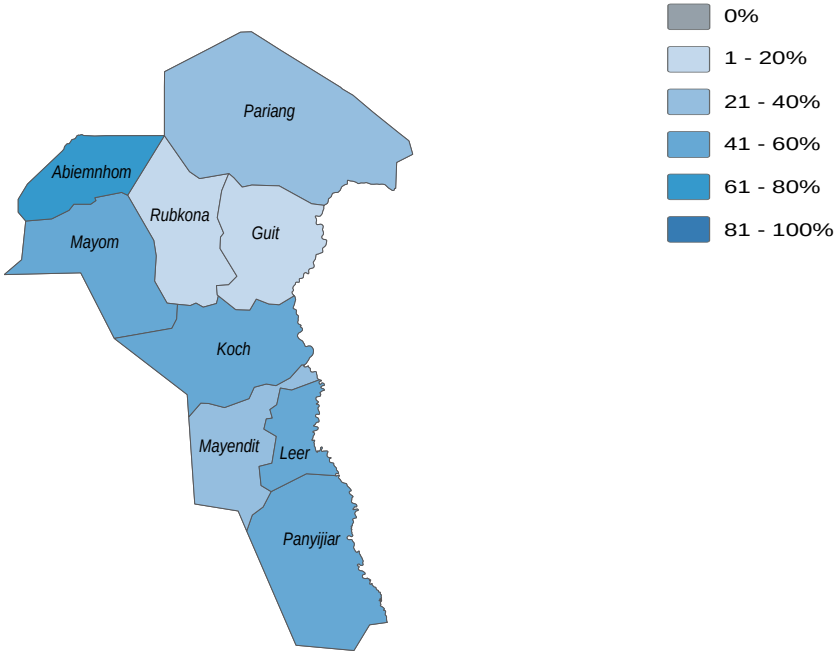
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

8%	of Guit County HHs reported having safe access to an improved source of drinking water as their main source, in November and December, 2018. This was a decrease from the previous season.
32%	of Guit County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
29%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was an increase from the previous season.
13%	of HHs reported feeling unsafe while collecting water, in July and August, 2018.

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



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

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

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

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

Overall	River or stream	59%	Less than 30 minutes	66%
	Swamp	17%	30 minutes to 1 hour	21%
	Unprotected well	16%	Between 1- 2 hours	12%
	Borehole	8%	More than 2 hours	1%
Host	River or stream	60%	Less than 30 minutes	67%
	Swamp	17%	30 minutes to 1 hour	21%
	Unprotected well	15%	Between 1- 2 hours	11%
	Borehole	8%	More than 2 hours	1%
IDPs	River or stream	40%	30 minutes to 1 hour	40%
	Unprotected well	40%	Less than 30 minutes	40%
	Borehole	20%	Between 1- 2 hours	20%
Returnees	River or stream	50%	Between 1- 2 hours	50%
	Swamp	50%	Less than 30 minutes	50%

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Guit County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

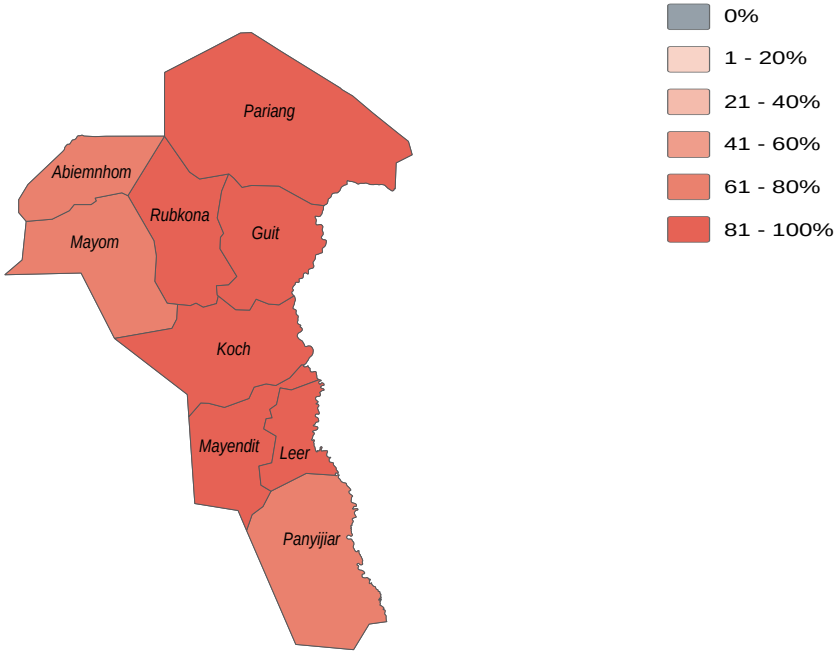
WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

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

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



Most commonly reported defecation location by percentage of households:

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

Overall

In the bush	95%
In the river	3%
In the latrine	1%
No answer	1%

In the bush	93%
No answer	7%
In the latrine	1%

Host

In the bush	95%
In the river	3%
In the latrine	1%
No answer	1%

In the bush	92%
No answer	7%
In the latrine	1%

IDPs

In the bush	100%

In the bush	100%

Returnees

In the bush	100%

In the bush	100%

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Guit County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

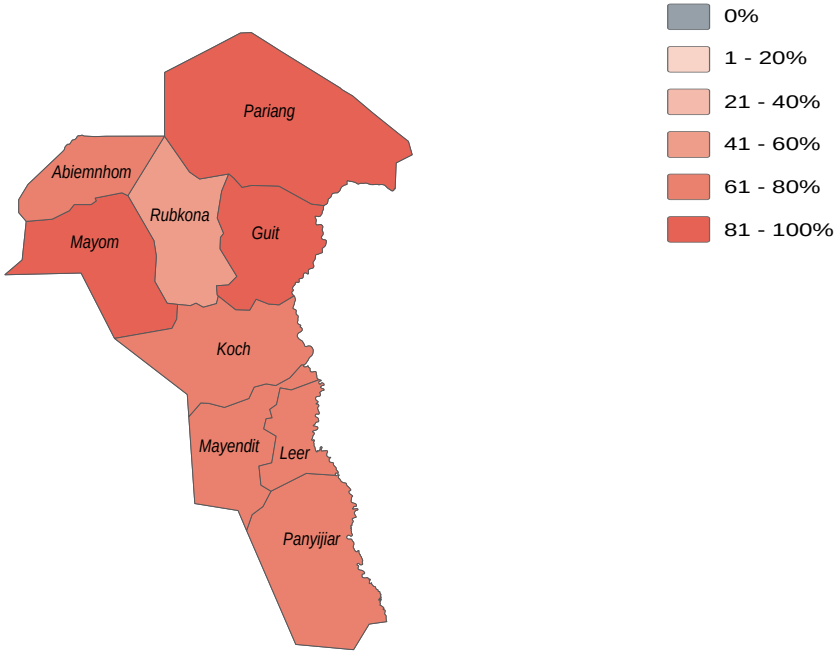
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

94%	of Guit County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was an increase from the previous season.
91%	of Guit County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 2018.
Fever	was the most commonly reported water or vector borne disease in November and December, 2018. This was different to the previous season.
Malaria	was the most commonly reported water or vector borne disease in July and August, 2018.

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



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

Overall	Fever	78%
	Malaria	74%
	Stomach pain	60%
	Typhoid	60%
	AWD	33%
Host	Fever	79%
	Malaria	77%
	Typhoid	64%
	Stomach pain	61%
	AWD	35%
IDPs	Fever	60%
	Stomach pain	60%
	Malaria	40%
	AWD	20%
	Skin infection	20%
Returnees		

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

Overall	Fever	89%
	Malaria	73%
	AWD	42%
	Flu	34%
	Stomach pain	34%
Host	Fever	88%
	Malaria	76%
	AWD	43%
	Flu	35%
	Stomach pain	35%
IDPs	Fever	100%
	AWD	33%
	Eye infection	33%
	Flu	33%
	Malaria	33%
Returnees		

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Guit County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

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

	Ownership of a bucket or a jerrycan with a lid by percentage of households:	Ownership of soap by percentage of households:	Every member of the household sleeps under a mosquito net by percentage of households:
Overall	No **28%** Yes 72%	No **81%** Yes 19%	No **19%** Yes 81%
Host	No **28%** Yes 72%	No **80%** Yes 20%	No **15%** Yes 85%
IDPs	No **40%** Yes 60%	No **100%**	No **100%**
Returnees	Yes 100%	No **50%** Yes 50%	Yes 100%

Endnotes

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

About REACH

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

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

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Koch County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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

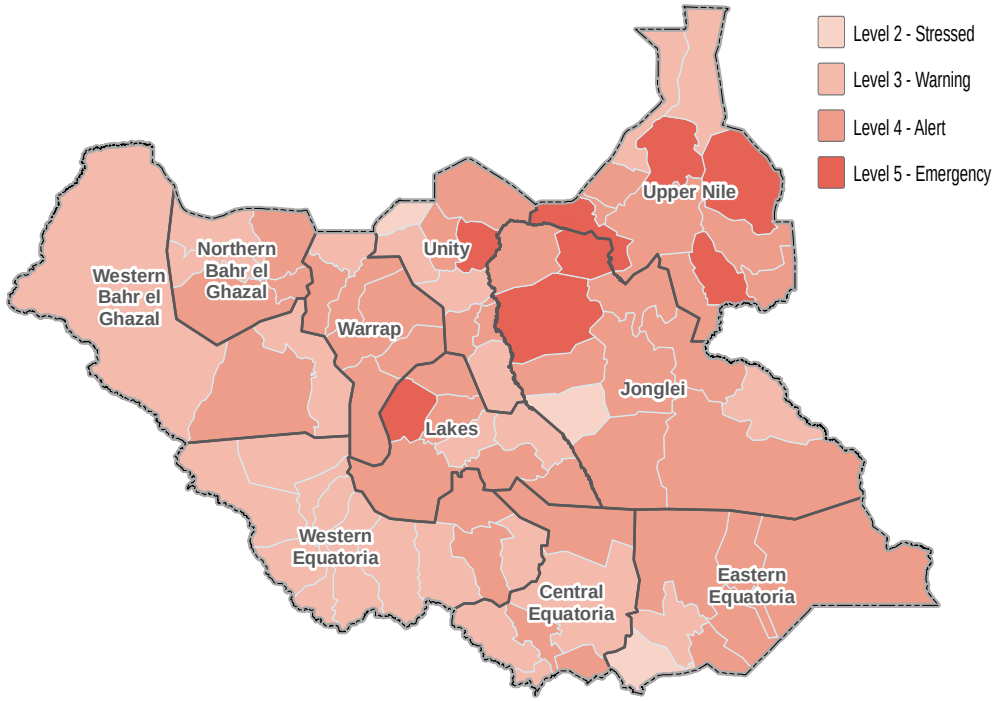
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of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

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

FSNMS Assessment Coverage

Full coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

Host community	99%
IDP	1%

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

Around 5 years	100%

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

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

Female headed	92%
Children under 5	70%
Elderly persons	53%
Physically disabled	14%
Conflict injuries	12%

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Koch County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

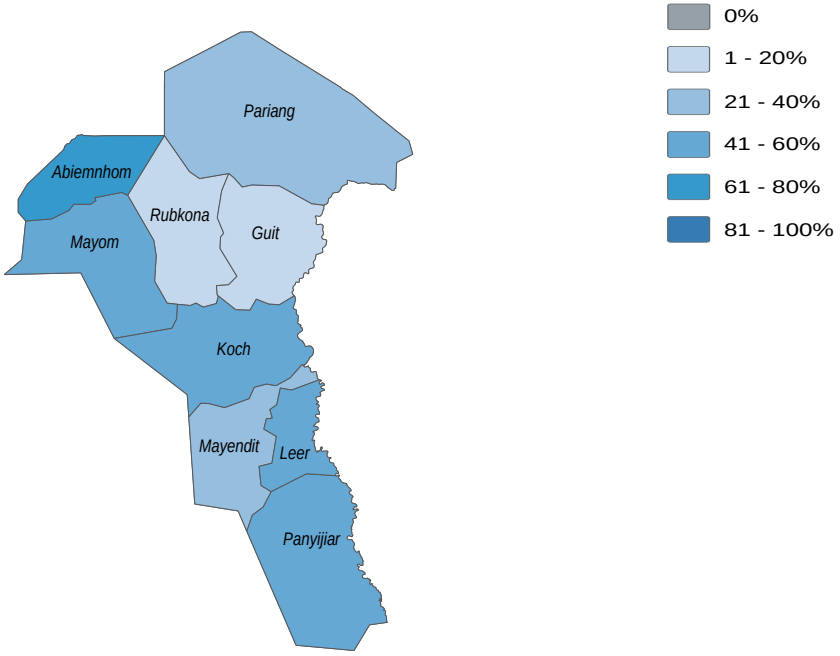
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

73%	of Koch County HHs reported having safe access to an improved source of drinking water as their main source, in November and December, 2018. This was an increase from the previous season.
67%	of Koch County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
1%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was a decrease from the previous season.
21%	of HHs reported feeling unsafe while collecting water, in July and August, 2018.

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



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

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

Overall

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

Borehole	73%
River or stream	9%
Unprotected well	8%
Hand dug well	7%
Swamp	4%

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

Less than 30 minutes	49%
30 minutes to 1 hour	33%
Between 1- 2 hours	18%

Host

Borehole	73%
River or stream	9%
Unprotected well	8%
Hand dug well	7%
Swamp	4%

Less than 30 minutes	49%
30 minutes to 1 hour	33%
Between 1- 2 hours	18%

IDPs

Borehole	100%

Less than 30 minutes	100%

Returnees

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Koch County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

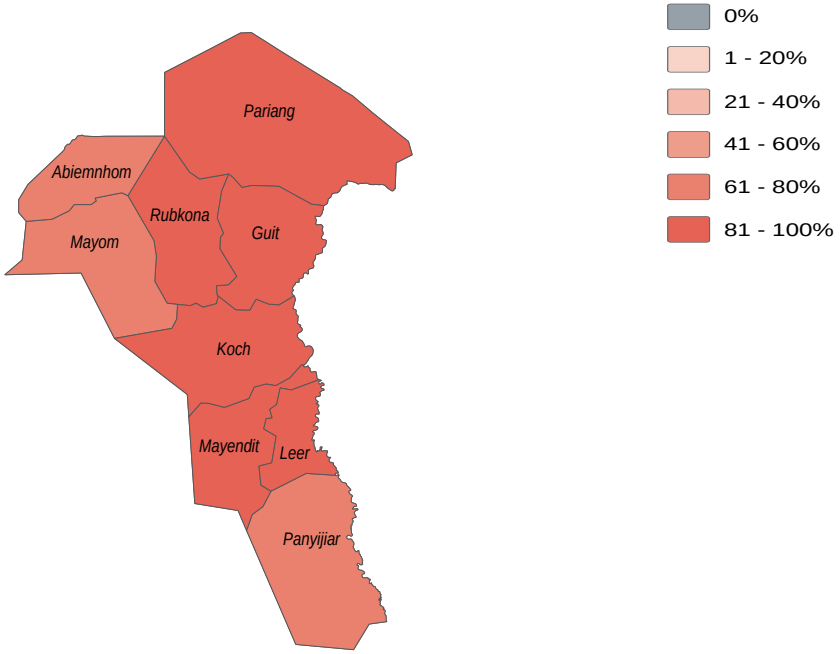
WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

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

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



Most commonly reported defecation location by percentage of households:

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

Overall

In the bush	87%
In the latrine	13%

In the bush	73%
Left where it is	13%
In the latrine	11%
No answer	3%

Host

In the bush	87%
In the latrine	13%

In the bush	73%
Left where it is	13%
In the latrine	11%
No answer	3%

IDPs

In the bush	100%

In the bush	100%

Returnees

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Koch County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

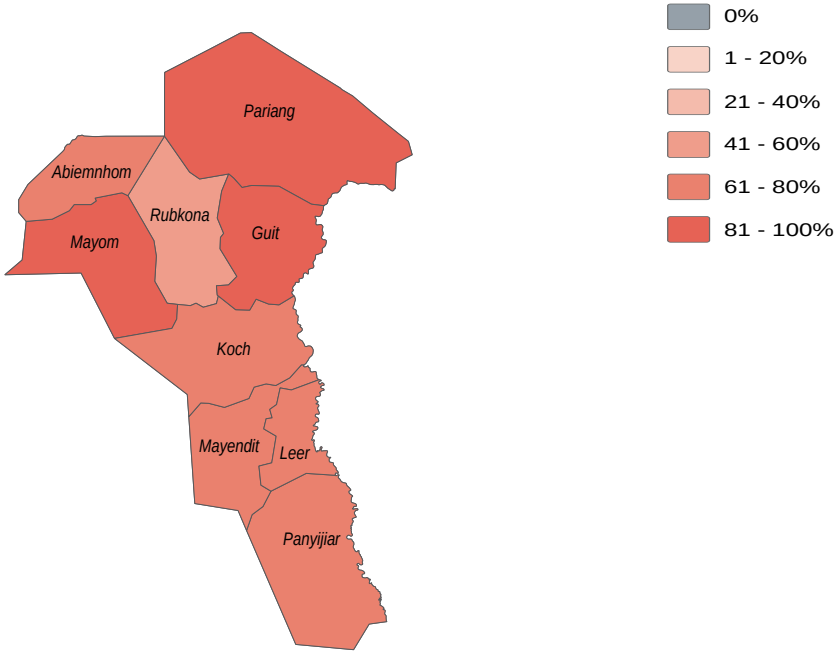
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

68%	of Koch County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was a decrease from the previous season.
84%	of Koch County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 2018.
Malaria	was the most commonly reported water or vector borne disease in November and December, 2018. This was the same as the previous season.
Malaria	was the most commonly reported water or vector borne disease in July and August, 2018.

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



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

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

Overall

Malaria	70%
Fever	61%
Typhoid	50%
Stomach pain	43%
Eye infection	41%

Malaria	81%
Fever	61%
Stomach pain	28%
Eye infection	25%
Skin infection	23%

Host

Malaria	70%
Fever	61%
Typhoid	50%
Stomach pain	43%
Eye infection	41%

Malaria	81%
Fever	62%
Stomach pain	28%
Eye infection	25%
Skin infection	24%

IDPs

Malaria	100%

Returnees

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Koch County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

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

	Ownership of a bucket or a jerrycan with a lid by percentage of households:	Ownership of soap by percentage of households:	Every member of the household sleeps under a mosquito net by percentage of households:
Overall	No **2%** Yes 98%	No **64%** Yes 36%	No **11%** Yes 89%
Host	No **2%** Yes 98%	No **65%** Yes 35%	No **11%** Yes 89%
IDPs	Yes 100%	Yes 100%	Yes 100%
Returnees			

Endnotes

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

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Leer County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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

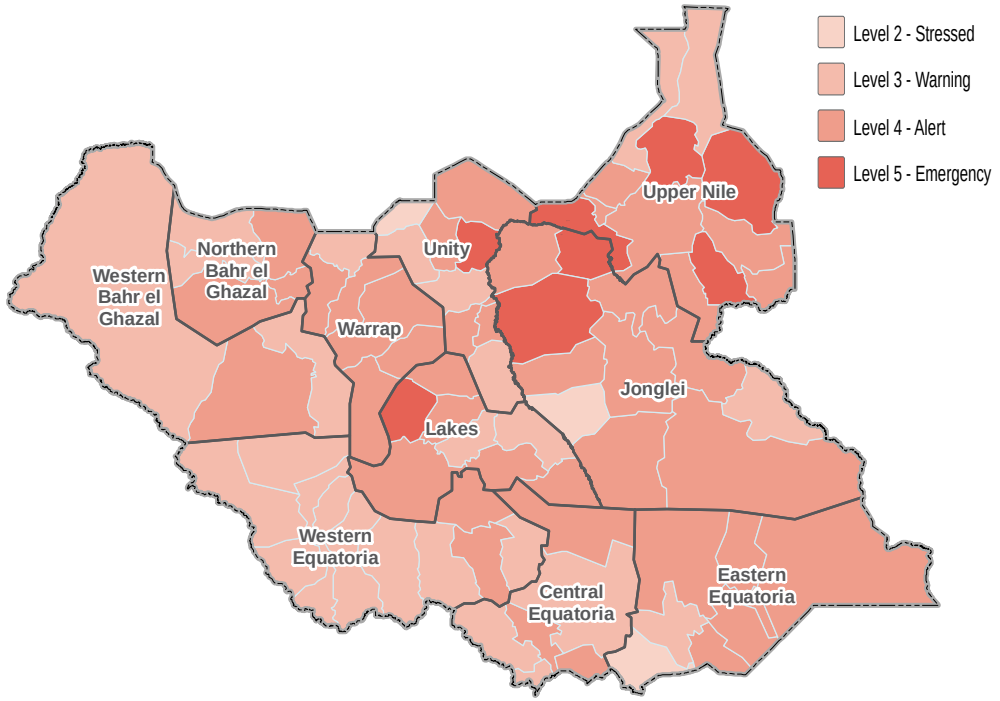
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of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

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

FSNMS Assessment Coverage

Full coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

Host community	90%
IDP	9%
Returnee	1%

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

Around 5 years	45%
Between 2-3 years	45%
In the last one year	9%

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

In the last one year	100%

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

Children under 5	81%
Female headed	74%
Elderly persons	43%
Chronically ill	9%
Adopted children	8%

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Leer County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

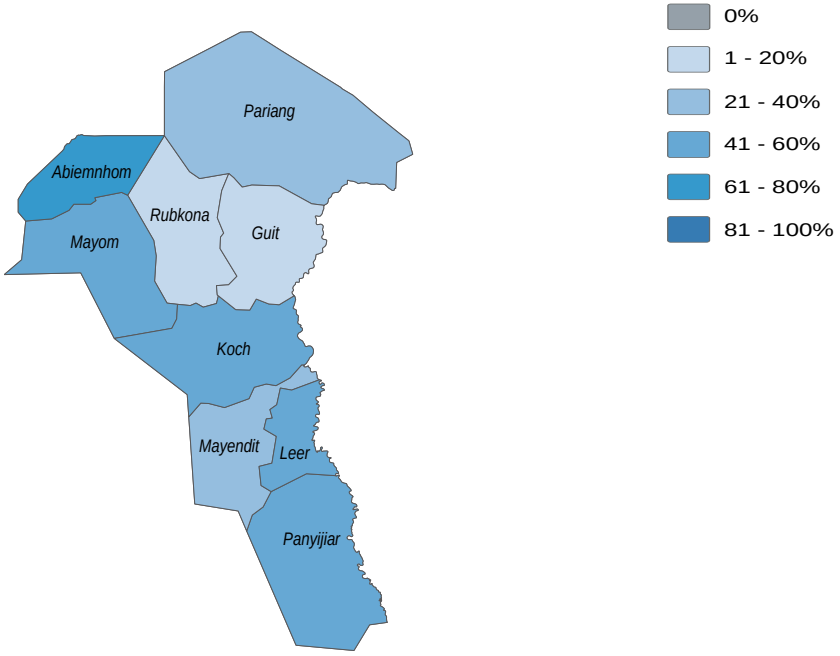
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

78%	of Leer County HHs reported having safe access to an improved source of drinking water as their main source, in November and December, 2018. This was an increase from the previous season.
63%	of Leer County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
16%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was a decrease from the previous season.
30%	of HHs reported feeling unsafe while collecting water, in July and August, 2018.

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



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

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

	Most commonly reported sources of drinking water by percentage of households:		Most commonly reported time spent collecting drinking water (walking to **collection point, waiting, filling container,** returning home) by percentage of households:	
Overall	Borehole	78%	Less than 30 minutes	71%
	River or stream	13%	30 minutes to 1 hour	16%
	Swamp	8%	Between 1- 2 hours	13%
Host	Borehole	77%	Less than 30 minutes	68%
	River or stream	15%	30 minutes to 1 hour	18%
	Swamp	8%	Between 1- 2 hours	15%
IDPs	Borehole	91%	Less than 30 minutes	100%
	Swamp	9%		
Returnees	Borehole	100%	Less than 30 minutes	100%

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Leer County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

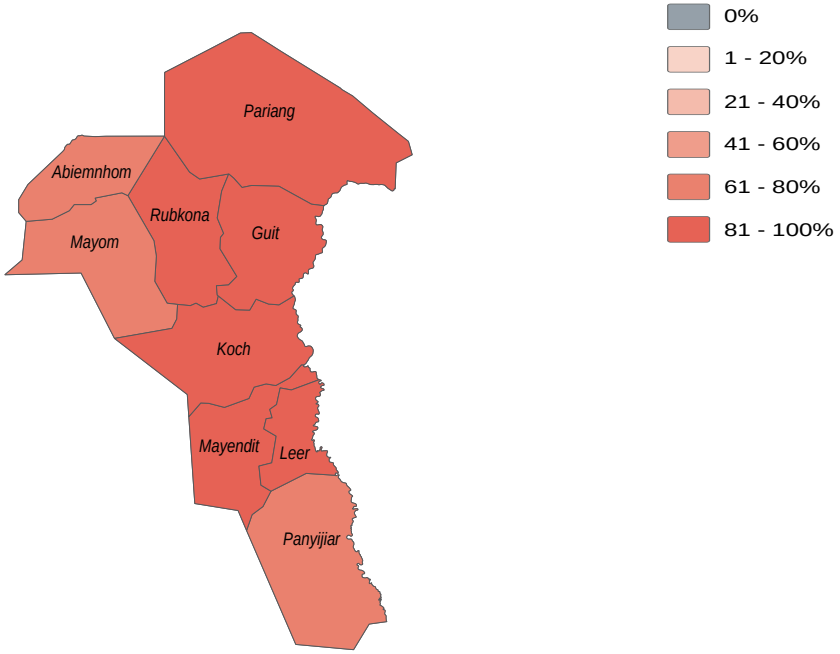
WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

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

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



	Most commonly reported defecation location by percentage of households:		Most commonly reported excreta disposal **methods for children under five by** percentage of households:	
Overall	In the bush	94%	In the bush	97%
	In the latrine	6%	In the latrine	3%
			Left where it is	1%
Host	In the bush	97%	In the bush	96%
	In the latrine	3%	In the latrine	3%
			Left where it is	1%
IDPs	In the bush	64%	In the bush	100%
	In the latrine	36%		
Returnees	In the bush	100%	In the bush	100%

Leer County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

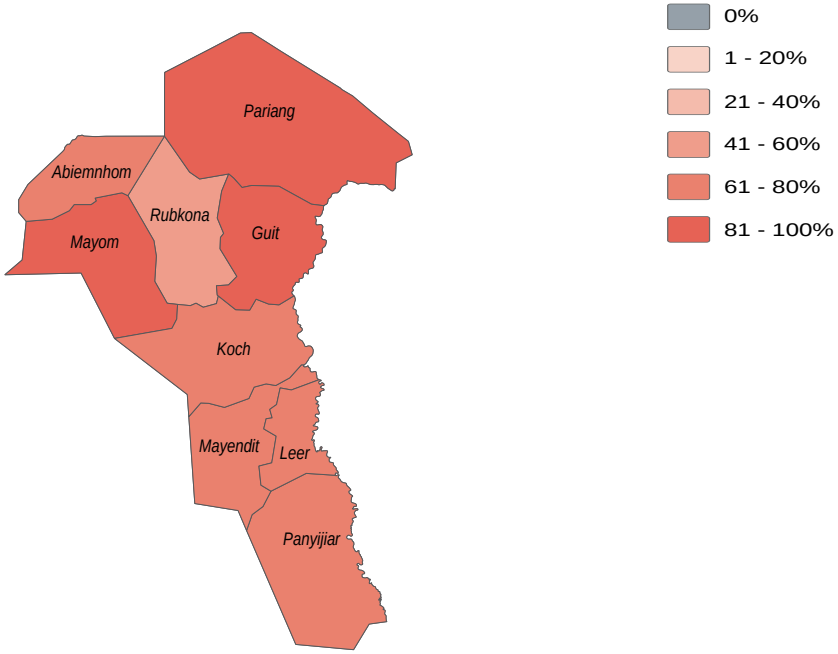
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

67%	of **Leer County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was an increase from the previous season.
64%	of **Leer County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 2018.
Malaria	was the most commonly reported water or vector borne disease in November and December, 2018. This was the same as the previous season.
Malaria	was the most commonly reported water or vector borne disease in July and August, 2018.

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



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

Overall	Malaria	59%
	Fever	28%
	Stomach pain	22%
	Typhoid	22%
	AWD	16%
Host	Malaria	60%
	Fever	30%
	Stomach pain	23%
	Typhoid	23%
	AWD	17%
IDPs	Malaria	50%
Returnees		

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

Overall	Malaria	55%
	Fever	50%
	AWD	42%
	Others	9%
	Flu	6%
Host	Malaria	56%
	Fever	49%
	AWD	46%
	Others	8%
	Flu	5%
IDPs	Fever	50%
	Malaria	33%
	AWD	17%
	Others	17%
Returnees		

Leer County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

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

	Ownership of a bucket or a jerrycan with a lid by percentage of households:	Ownership of soap by percentage of households:	Every member of the household sleeps under a mosquito net by percentage of households:
Overall	No **5%** Yes 95%	No **64%** Yes 36%	No **17%** Yes 83%
Host	No **6%** Yes 94%	No **68%** Yes 32%	No **19%** Yes 81%
IDPs	Yes 100%	No **27%** Yes 73%	Yes 100%
Returnees	Yes 100%	No **100%**	Yes 100%

Endnotes

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

About REACH

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

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Mayendit County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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

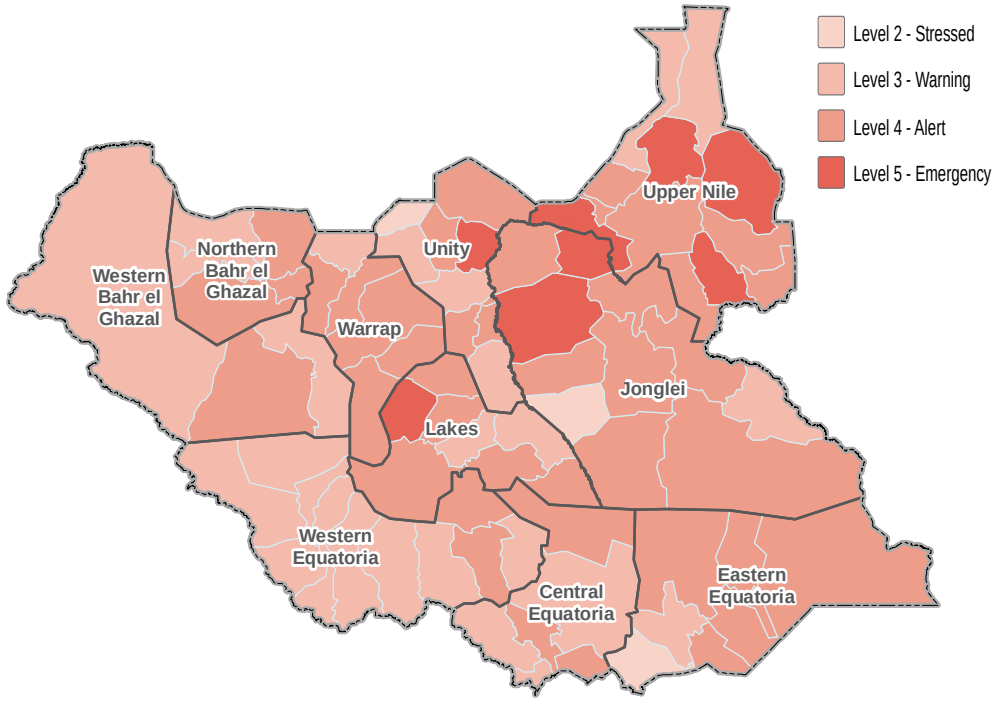
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of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

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

FSNMS Assessment Coverage

Full coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

Host community	98%
Returnee	2%

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

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

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

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

Children under 5	82%
Elderly persons	60%
Female headed	39%
Physically disabled	36%
Adopted children	15%

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Mayendit County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

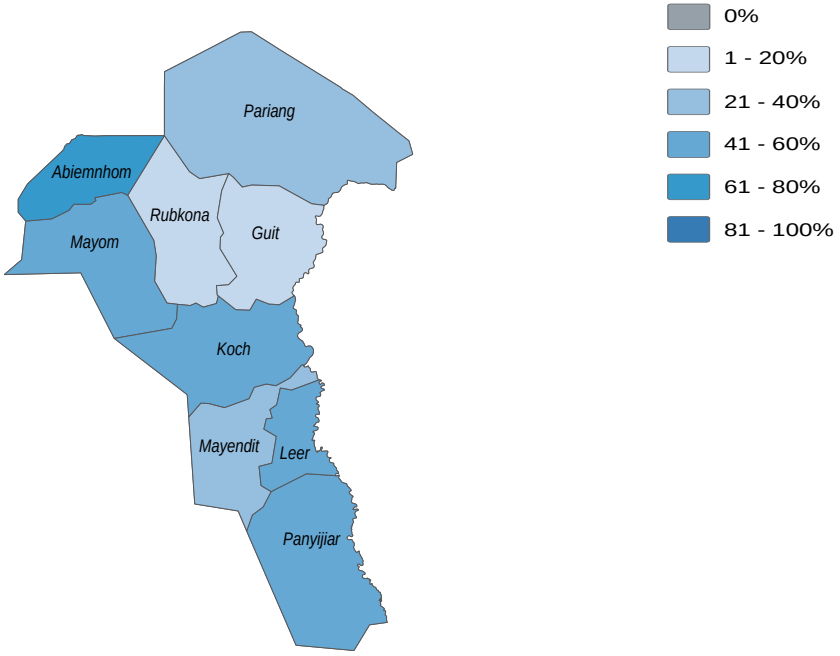
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

86%	of **Mayendit County** HHs reported having safe access to an improved source of drinking water as their main source, in November and December, 2018. This was an increase from the previous season.
71%	of **Mayendit County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
31%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was a decrease from the previous season.
36%	of HHs reported feeling unsafe while collecting water, in July and August, 2018.

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



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

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

Overall

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

Borehole	86%
River or stream	13%
Swamp	1%

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

Between 1- 2 hours	45%
Less than 30 minutes	36%
30 minutes to 1 hour	11%
More than 2 hours	7%
I don't know	2%

Host

Borehole	85%
River or stream	14%
Swamp	1%

Between 1- 2 hours	46%
Less than 30 minutes	34%
30 minutes to 1 hour	11%
More than 2 hours	7%
I don't know	2%

IDPs

Returnees

Borehole	100%

Less than 30 minutes	100%

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Mayendit County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

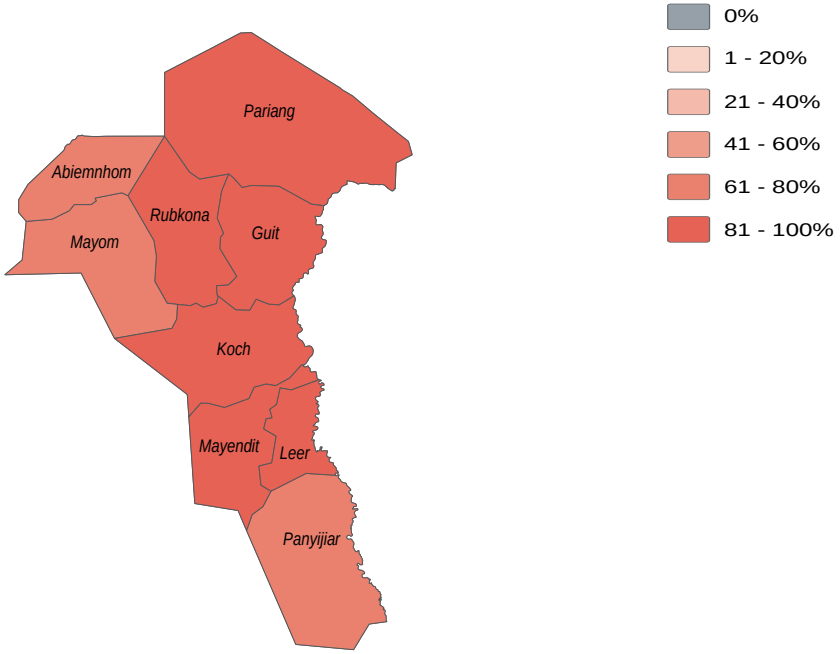
WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

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

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



Most commonly reported defecation location by percentage of households:

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

Overall

In the bush	87%	In the bush	79%
In the latrine	13%	In the latrine	17%
In the river	1%	Left where it is	5%

Host

In the bush	87%	In the bush	79%
In the latrine	12%	In the latrine	16%
In the river	1%	Left where it is	5%

IDPs

Returnees

In the bush	50%	In the bush	50%
In the latrine	50%	In the latrine	50%

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Mayendit County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

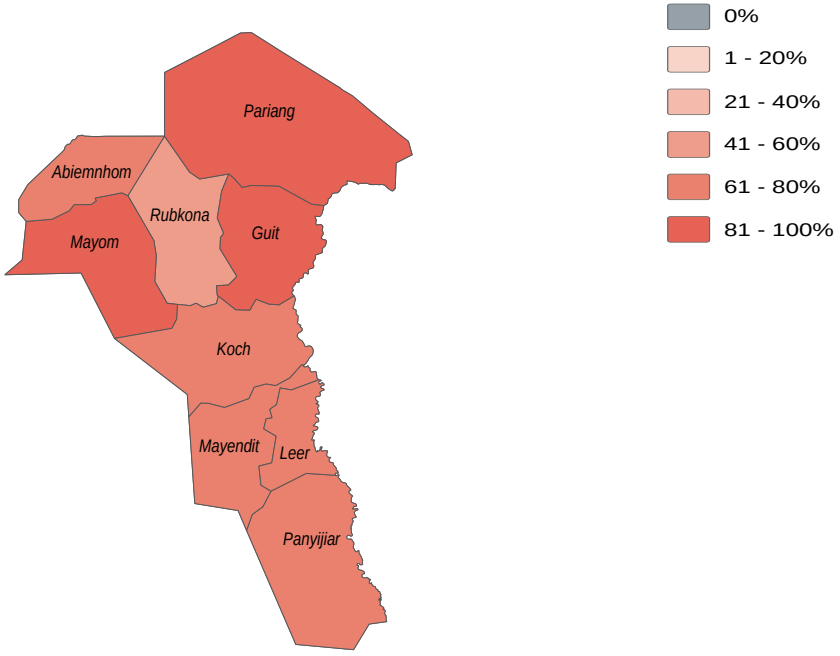
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

62%	of **Mayendit County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was a decrease from the previous season.
71%	of **Mayendit County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 2018.
Malaria	was the most commonly reported water or vector borne disease in November and December, 2018. This was the same as the previous season.
Malaria	was the most commonly reported water or vector borne disease in July and August, 2018.

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



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

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

Overall

Malaria	68%	Malaria	57%
Fever	35%	AWD	30%
Typhoid	21%	Fever	26%
Flu	9%	Flu	19%
AWD	3%	Stomach pain	13%

Host

Malaria	67%	Malaria	56%
Fever	36%	AWD	31%
Typhoid	21%	Fever	24%
Flu	9%	Flu	20%
AWD	3%	Stomach pain	13%

IDPs

Returnees

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Mayendit County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

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

	Ownership of a bucket or a jerrycan with a lid by percentage of households:	Ownership of soap by percentage of households:	Every member of the household sleeps under a mosquito net by percentage of households:
Overall	No **8%** Yes 92%	No **86%** Yes 14%	No **54%** Yes 46%
Host	No **8%** Yes 92%	No **86%** Yes 14%	No **54%** Yes 46%
IDPs			
Returnees	Yes 100%	No **50%** Yes 50%	No **50%** Yes 50%

Endnotes

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

Unity State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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FSNMS Assessment Coverage

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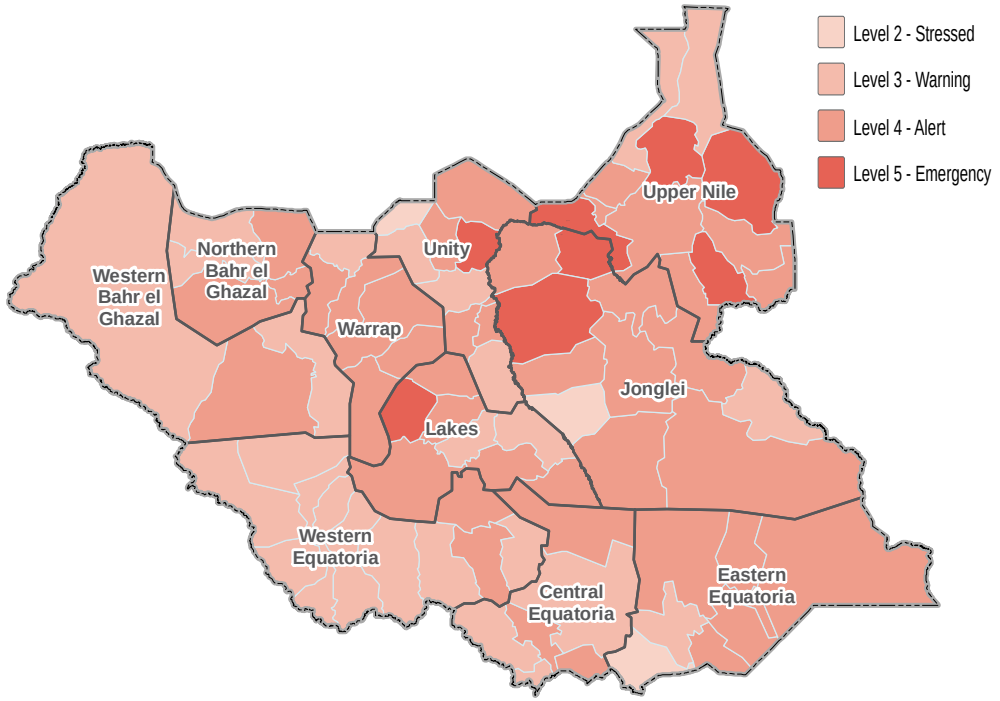
WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

Host community	100%

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

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

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

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

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Mayom County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

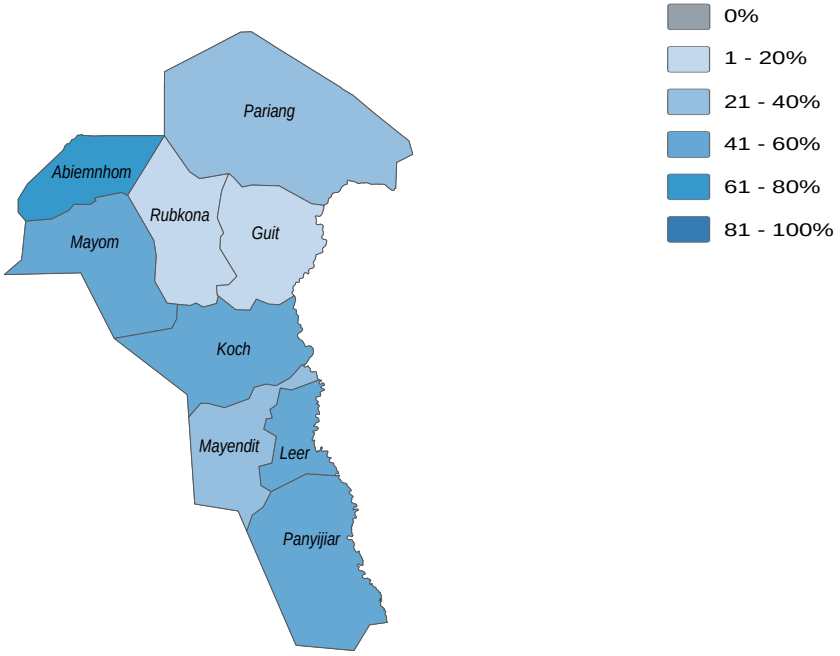
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

89%	of Mayom County HHs reported having safe access to an improved source of drinking water as their main source, in November and December, 2018. This was a decrease from the previous season.
93%	of Mayom County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
6%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was a decrease from the previous season.
20%	of HHs reported feeling unsafe while collecting water, in July and August, 2018.

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



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

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

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

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

Overall

Borehole	85%
River or stream	9%
Tap stand	4%
Hand dug well	2%

Less than 30 minutes	44%
Between 1- 2 hours	35%
30 minutes to 1 hour	20%

Host

Borehole	85%
River or stream	9%
Tap stand	4%
Hand dug well	2%

Less than 30 minutes	44%
Between 1- 2 hours	35%
30 minutes to 1 hour	20%

IDPs

Returnees

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Mayom County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

WASH Cluster
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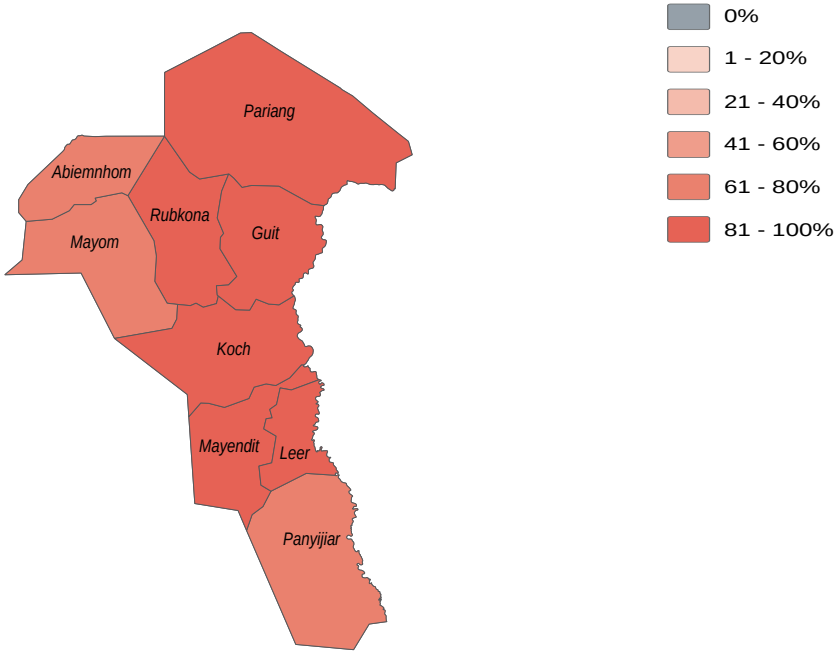
Sanitation

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

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



Most commonly reported defecation location by percentage of households:

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

Overall

In the bush	99%
In the river	1%

In the bush	94%
Dig a hole and cover	5%
In the latrine	1%

Host

In the bush	99%
In the river	1%

In the bush	94%
Dig a hole and cover	5%
In the latrine	1%

IDPs

Returnees

Mayom County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

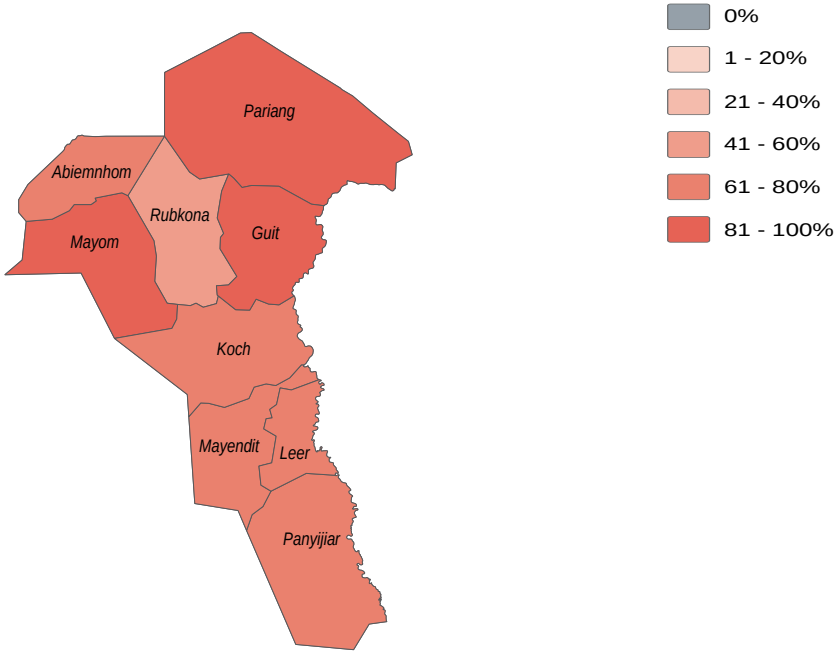
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

93%	of Mayom County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was an increase from the previous season.
73%	of Mayom County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 2018.
Malaria	was the most commonly reported water or vector borne disease in November and December, 2018. This was the same as the previous season.
Malaria	was the most commonly reported water or vector borne disease in July and August, 2018.

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



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

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

Overall

Malaria	86%
Fever	17%
Flu	16%
Typhoid	13%
Stomach pain	10%

Malaria	66%
Fever	51%
Typhoid	15%
AWD	11%
Flu	10%

Host

Malaria	86%
Fever	17%
Flu	16%
Typhoid	13%
Stomach pain	10%

Malaria	66%
Fever	51%
Typhoid	15%
AWD	11%
Flu	10%

IDPs

Returnees

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Mayom County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

22%	of Mayom County HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in November and December, 2018. This was an increase from the previous season.
15%	of Mayom County HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in HH in July and August, 2018.
2	was the average number of jerrycans and/or buckets per HH in July and August, 2018. This was the same as the previous season.
2	was the average number of jerrycans and/or buckets per HH in November and December, 2018.

	Ownership of a bucket or a jerrycan with a lid by percentage of households:	Ownership of soap by percentage of households:	Every member of the household sleeps under a mosquito net by percentage of households:
Overall	No **26%** Yes 74%	No **45%** Yes 55%	No **14%** Yes 86%
Host	No **26%** Yes 74%	No **45%** Yes 55%	No **14%** Yes 86%
IDPs			
Returnees			

Endnotes

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

About REACH

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Panyijiar County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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

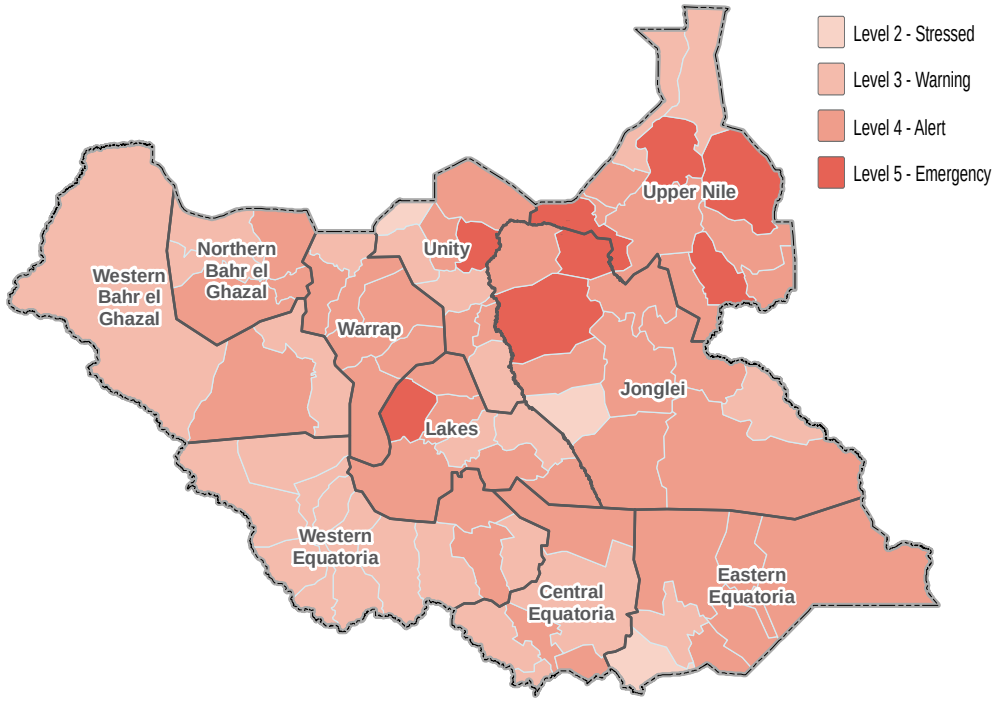
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of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

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

FSNMS Assessment Coverage

Partial coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

Host community	94%
IDP	6%

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

Between 2-3 years	67%
Around 5 years	17%
In the last one year	17%

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	93%
Children under 5	78%
Elderly persons	28%
Chronically ill	8%
Conflict injuries	6%

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Panyijiar County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

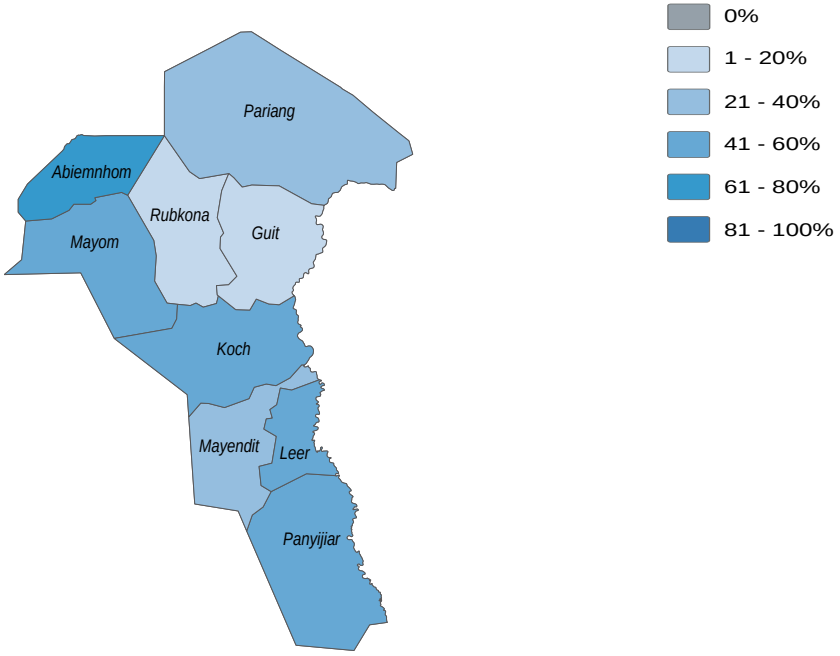
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

89%	of Panyijiar County HHs reported having safe access to an improved source of drinking water as their main source, in November and December, 2018. This was an increase from the previous season.
85%	of Panyijiar County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
1%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was a decrease from the previous season.
39%	of HHs reported feeling unsafe while collecting water, in July and August, 2018.

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



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

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

	Most commonly reported sources of drinking water by percentage of households:		Most commonly reported time spent collecting drinking water (walking to **collection point, waiting, filling container,** returning home) by percentage of households:	
Overall	Borehole	89%	Less than 30 minutes	58%
	Swamp	10%	30 minutes to 1 hour	31%
	Hand dug well	1%	Between 1- 2 hours	11%
Host	Borehole	88%	Less than 30 minutes	57%
	Swamp	11%	30 minutes to 1 hour	32%
	Hand dug well	1%	Between 1- 2 hours	12%
IDPs	Borehole	100%	Less than 30 minutes	83%
			30 minutes to 1 hour	17%
Returnees				

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Panyijiar County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

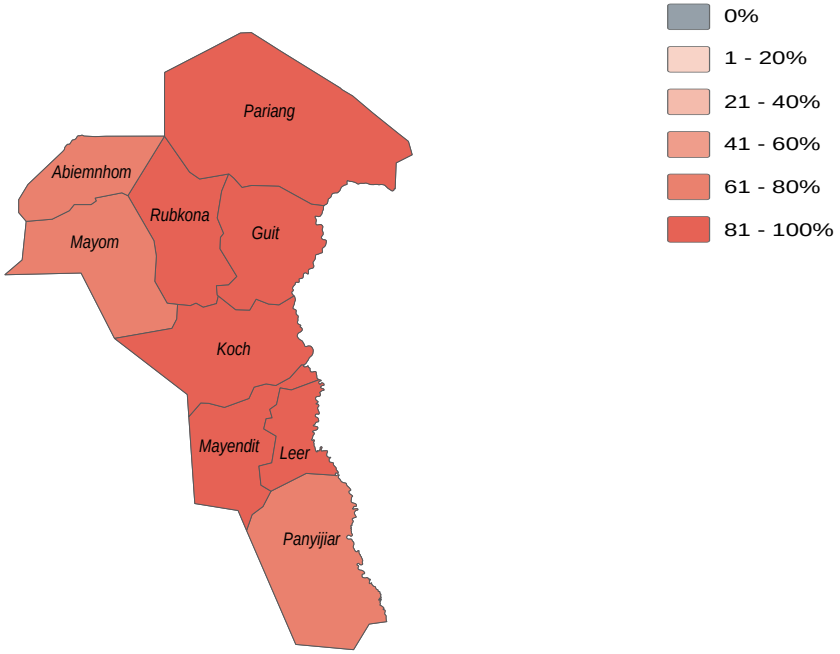
WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

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

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



Most commonly reported defecation location by percentage of households:

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

Overall

In the bush	71%
In the latrine	29%

In the bush	57%
In the latrine	26%
Dig a hole and cover	13%
No answer	4%

Host

In the bush	71%
In the latrine	29%

In the bush	57%
In the latrine	26%
Dig a hole and cover	13%
No answer	4%

IDPs

In the bush	83%
In the latrine	17%

In the bush	67%
Dig a hole and cover	17%
In the latrine	17%

Returnees

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Panyijiar County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

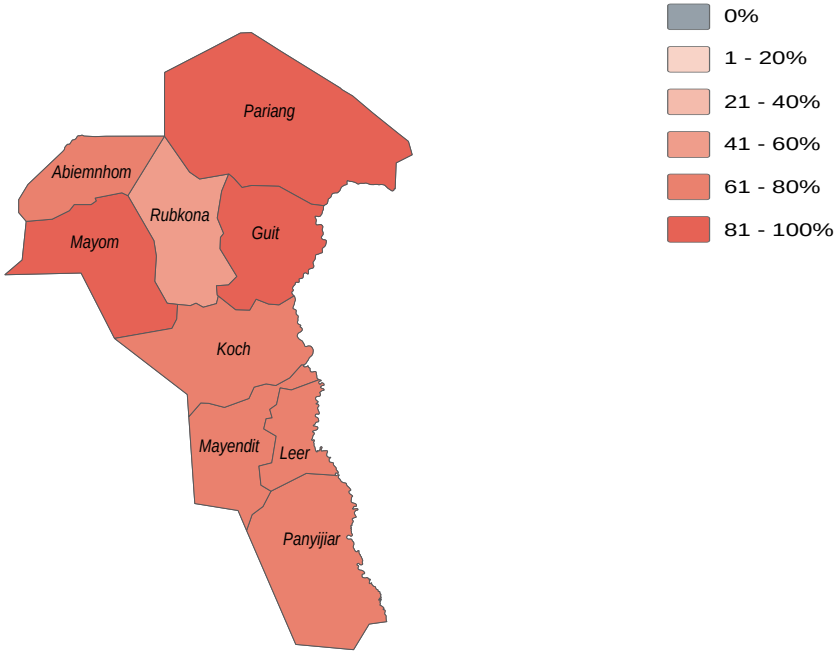
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

62%	of Panyijiar County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was a decrease from the previous season.
78%	of Panyijiar County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 2018.
Malaria	was the most commonly reported water or vector borne disease in November and December, 2018. This was the same as the previous season.
Fever	was the most commonly reported water or vector borne disease in July and August, 2018.

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



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

Overall	Fever	52%
	Malaria	52%
	Stomach pain	24%
	AWD	19%
	Typhoid	19%
Host	Malaria	55%
	Fever	50%
	Stomach pain	25%
	Typhoid	20%
	AWD	15%
IDPs	AWD	100%
	Fever	100%
Returnees		

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

Overall	Malaria	83%
	Fever	46%
	AWD	23%
	Eye infection	6%
	Flu	6%
Host	Malaria	83%
	Fever	47%
	AWD	26%
	Eye infection	6%
	Flu	6%
IDPs	Malaria	80%
	Fever	40%
	Skin infection	20%
Returnees		

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Panyijiar County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

37%	of Panyijiar County HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in November and December, 2018. This was an increase from the previous season.
11%	of Panyijiar County HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in HH in July and August, 2018.
3	was the average number of jerrycans and/or buckets per HH in July and August, 2018. This was the same as the previous season.
3	was the average number of jerrycans and/or buckets per HH in November and December, 2018.

	Ownership of a bucket or a jerrycan with a lid by percentage of households:	Ownership of soap by percentage of households:	Every member of the household sleeps under a mosquito net by percentage of households:
Overall	Yes 100%	No **57%** Yes 43%	No **23%** Yes 77%
Host	Yes 100%	No **59%** Yes 41%	No **24%** Yes 76%
IDPs	Yes 100%	No **33%** Yes 67%	No **17%** Yes 83%
Returnees			

Endnotes

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

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Pariang County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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

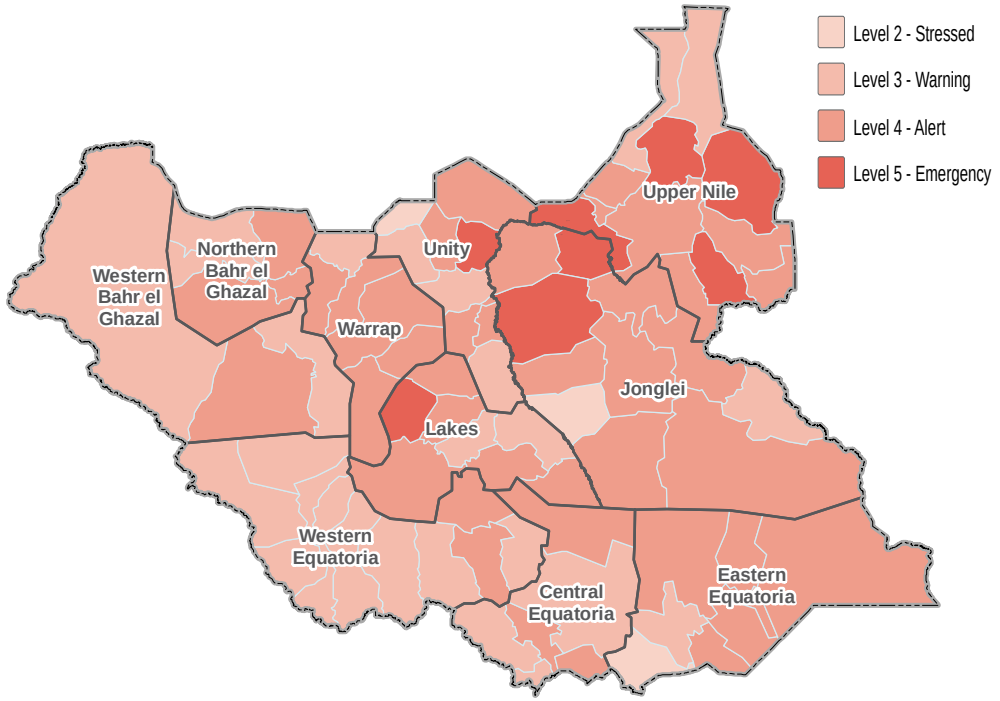
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of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

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

FSNMS Assessment Coverage

Full coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

Host community	82%
IDP	18%

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

Around 5 years	95%
More than 5 years	5%

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	96%
Female headed	44%
Elderly persons	42%
Physically disabled	32%
Adopted children	31%

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Pariang County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

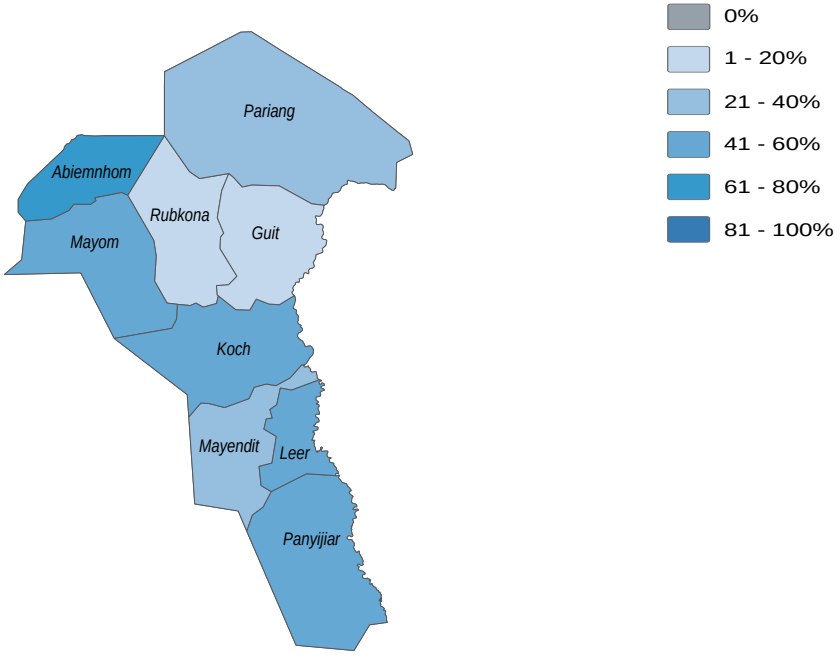
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

81%	of Pariang County HHs reported having safe access to an improved source of drinking water as their main source, in November and December, 2018. This was an increase from the previous season.
64%	of Pariang County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
9%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was a decrease from the previous season.
10%	of HHs reported feeling unsafe while collecting water, in July and August, 2018.

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



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

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

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

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

Overall

Borehole	62%	Less than 30 minutes	41%
Tap stand	19%	Between 1- 2 hours	37%
Swamp	11%	30 minutes to 1 hour	22%
River or stream	6%		
Unprotected well	2%		

Host

Borehole	64%	Less than 30 minutes	44%
Tap stand	17%	Between 1- 2 hours	33%
Swamp	9%	30 minutes to 1 hour	24%
River or stream	8%		
Unprotected well	2%		

IDPs

Borehole	53%	Between 1- 2 hours	58%
Tap stand	26%	Less than 30 minutes	26%
Swamp	21%	30 minutes to 1 hour	16%

Returnees

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Pariang County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

WASH Cluster
Water Sanitation Hygiene

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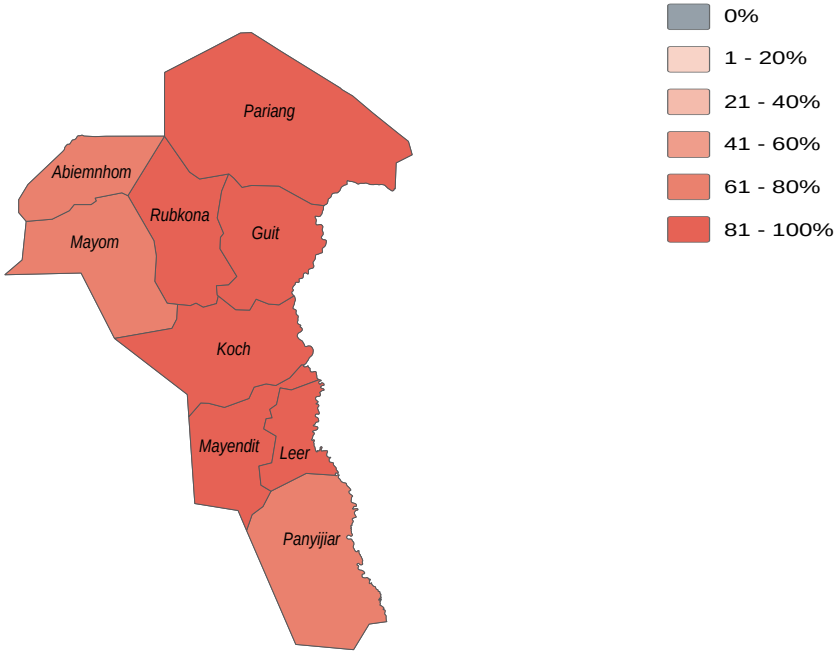
Sanitation

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

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



Most commonly reported defecation location by percentage of households:

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

Overall	In the bush	84%	In the bush	45%
	In the latrine	14%	Left where it is	37%
	In the river	1%	In the latrine	12%
	No answer	1%	Dig a hole and cover	4%
			No answer	2%
Host	In the bush	89%	In the bush	51%
	In the latrine	10%	Left where it is	36%
	In the river	1%	In the latrine	8%
			Dig a hole and cover	4%
			No answer	1%
IDPs	In the bush	63%	Left where it is	42%
	In the latrine	32%	In the latrine	32%
	No answer	5%	In the bush	21%
			No answer	5%
Returnees				

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Pariang County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

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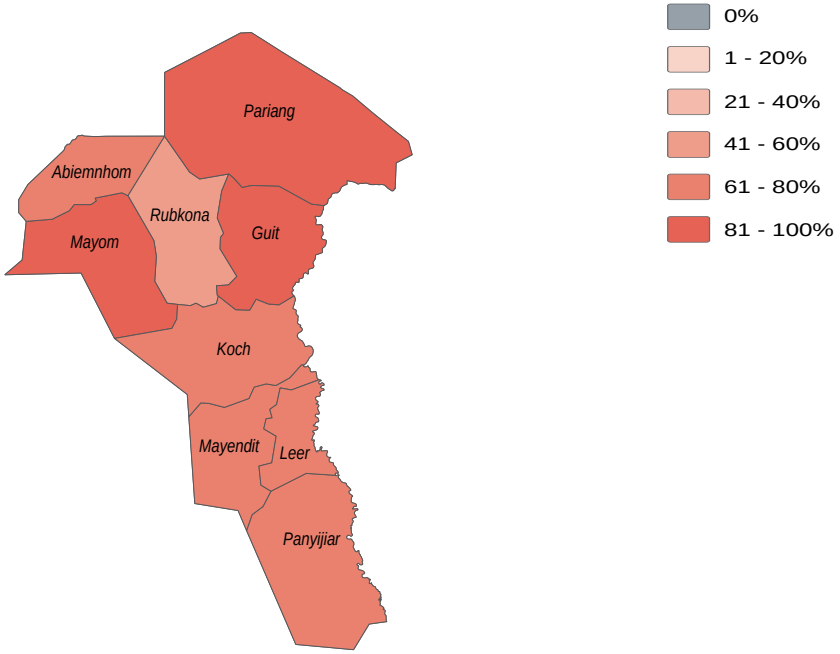
Health

86%	of Pariang County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was an increase from the previous season.
85%	of Pariang County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 2018.
Malaria	was the most commonly reported water or vector borne disease in November and December, 2018. This was the same as the previous season.
Malaria	was the most commonly reported water or vector borne disease in July and August, 2018.

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



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

Overall	Malaria	87%
	Typhoid	46%
	Skin infection	33%
	Fever	28%
	Stomach pain	23%
Host	Malaria	82%
	Typhoid	36%
	Fever	29%
	Flu	21%
	Skin infection	21%
IDPs	Malaria	100%
	Typhoid	73%
	Skin infection	64%
	Stomach pain	55%
	Fever	27%
Returnees		

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

Overall	Malaria	85%
	Fever	47%
	AWD	25%
	Flu	19%
	Eye infection	9%
Host	Malaria	84%
	Fever	45%
	Flu	22%
	AWD	21%
	Eye infection	10%
IDPs	Malaria	89%
	Fever	56%
	AWD	39%
	Skin infection	17%
	Eye infection	6%
Returnees		

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Pariang County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

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

	Ownership of a bucket or a jerrycan with a lid by percentage of households:	Ownership of soap by percentage of households:	Every member of the household sleeps under a mosquito net by percentage of households:
Overall	No **31%** Yes 69%	No **67%** Yes 33%	No **31%** Yes 69%
Host	No **29%** Yes 71%	No **67%** Yes 33%	No **25%** Yes 75%
IDPs	No **37%** Yes 63%	No **63%** Yes 37%	No **63%** Yes 37%
Returnees			

Endnotes

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

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Rubkona County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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

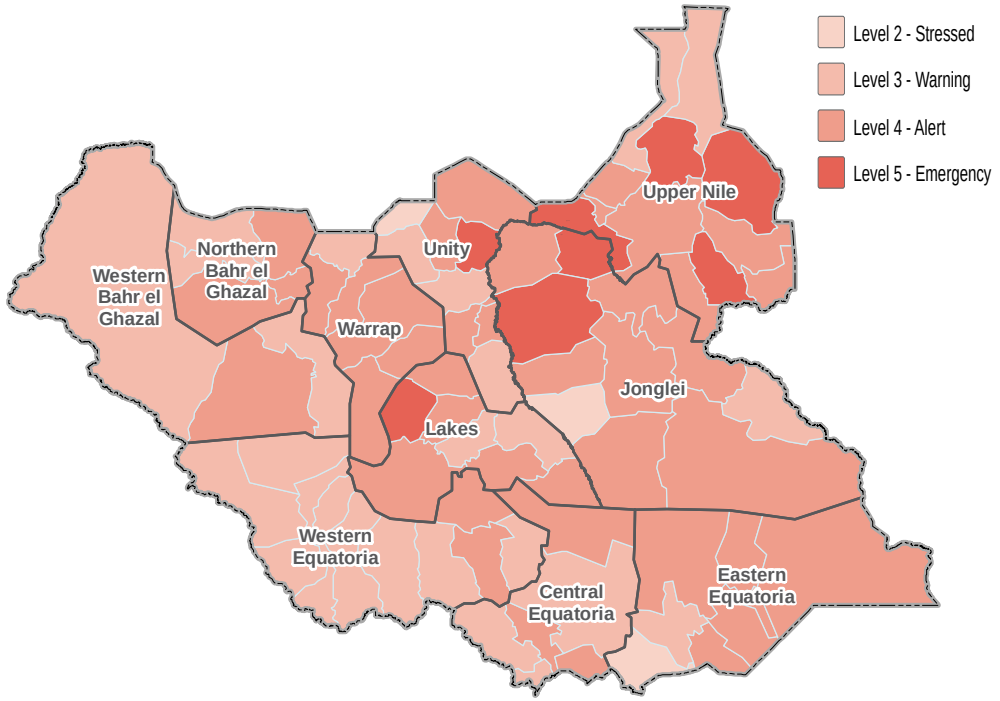
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of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

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

FSNMS Assessment Coverage

Full coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

Host community	99%
IDP	1%

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

Between 2-3 years	100%

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

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

Children under 5	89%
Female headed	61%
Elderly persons	50%
Chronically ill	9%
Conflict injuries	9%

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Rubkona County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

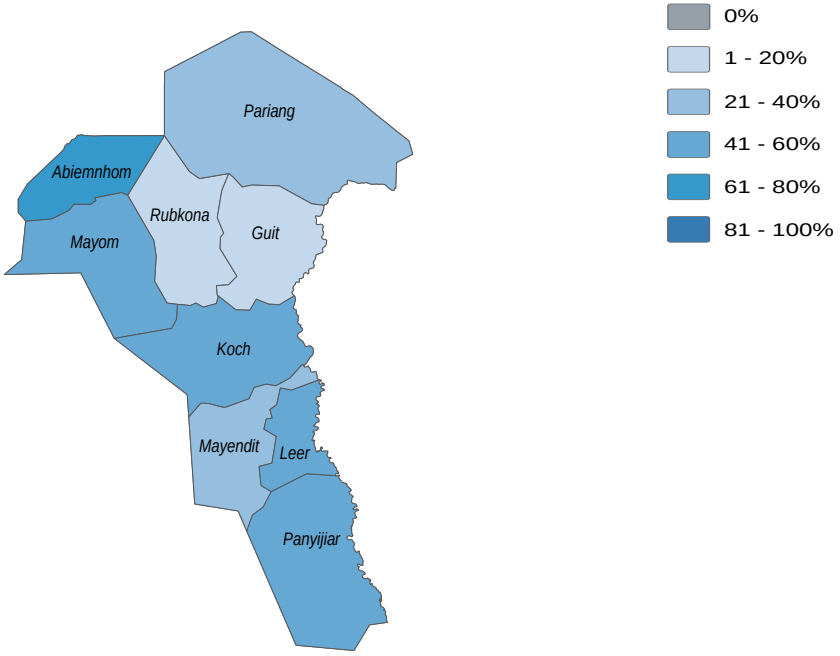
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

16%	of Rubkona County HHs reported having safe access to an improved source of drinking water as their main source, in November and December, 2018. This was a decrease from the previous season.
52%	of Rubkona County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
8%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was a decrease from the previous season.
21%	of HHs reported feeling unsafe while collecting water, in July and August, 2018.

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



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

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

Overall

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

River or stream	83%
Borehole	16%
Swamp	1%

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

Less than 30 minutes	40%
30 minutes to 1 hour	29%
Between 1- 2 hours	25%
More than 2 hours	5%
I don't know	1%

Host

River or stream	83%
Borehole	16%
Swamp	1%

Less than 30 minutes	40%
30 minutes to 1 hour	29%
Between 1- 2 hours	26%
More than 2 hours	5%
I don't know	1%

IDPs

River or stream	100%

30 minutes to 1 hour	100%

Returnees

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Rubkona County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

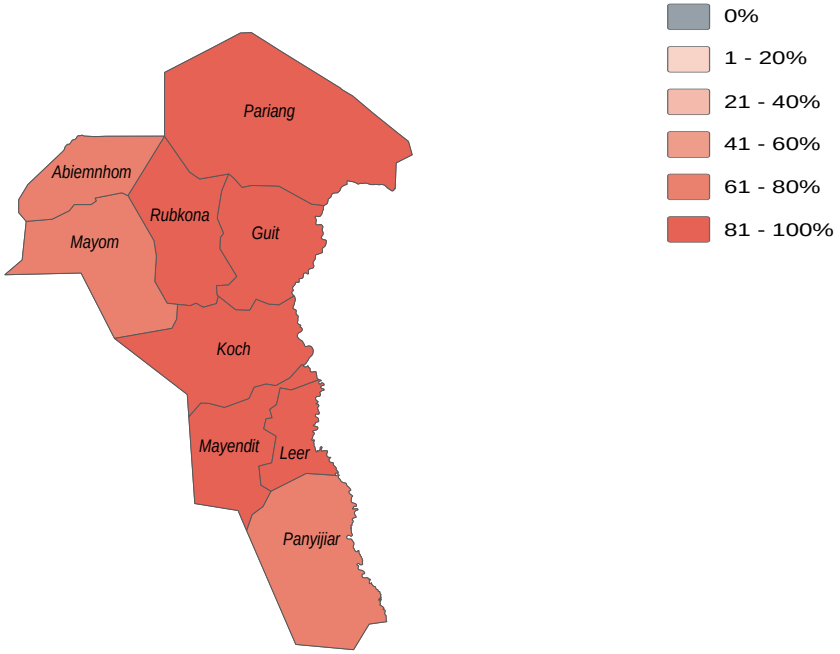
WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

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

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



Most commonly reported defecation location by percentage of households:

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

Overall

In the bush	100%

In the bush	67%
Left where it is	31%
No answer	2%

Host

In the bush	100%

In the bush	67%
Left where it is	31%
No answer	2%

IDPs

In the bush	100%

In the bush	100%

Returnees

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Rubkona County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

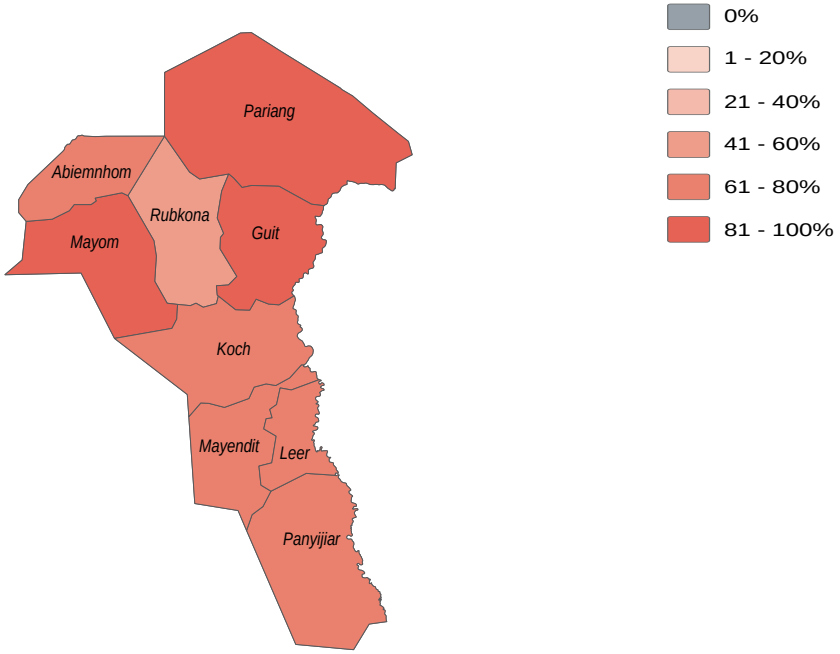
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

57%	of Rubkona County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was a decrease from the previous season.
93%	of Rubkona County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 2018.
Malaria	was the most commonly reported water or vector borne disease in November and December, 2018. This was the same as the previous season.
Malaria	was the most commonly reported water or vector borne disease in July and August, 2018.

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



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

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

Overall

Malaria	66%	Malaria	76%
Fever	62%	Fever	62%
Typhoid	38%	Typhoid	16%
Flu	17%	Eye infection	12%
Eye infection	7%	Stomach pain	12%

Host

Fever	64%	Malaria	76%
Malaria	64%	Fever	61%
Typhoid	39%	Typhoid	16%
Flu	18%	Eye infection	12%
Eye infection	7%	Stomach pain	12%

IDPs

Malaria	100%	Fever	100%
		Malaria	100%

Returnees

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Rubkona County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

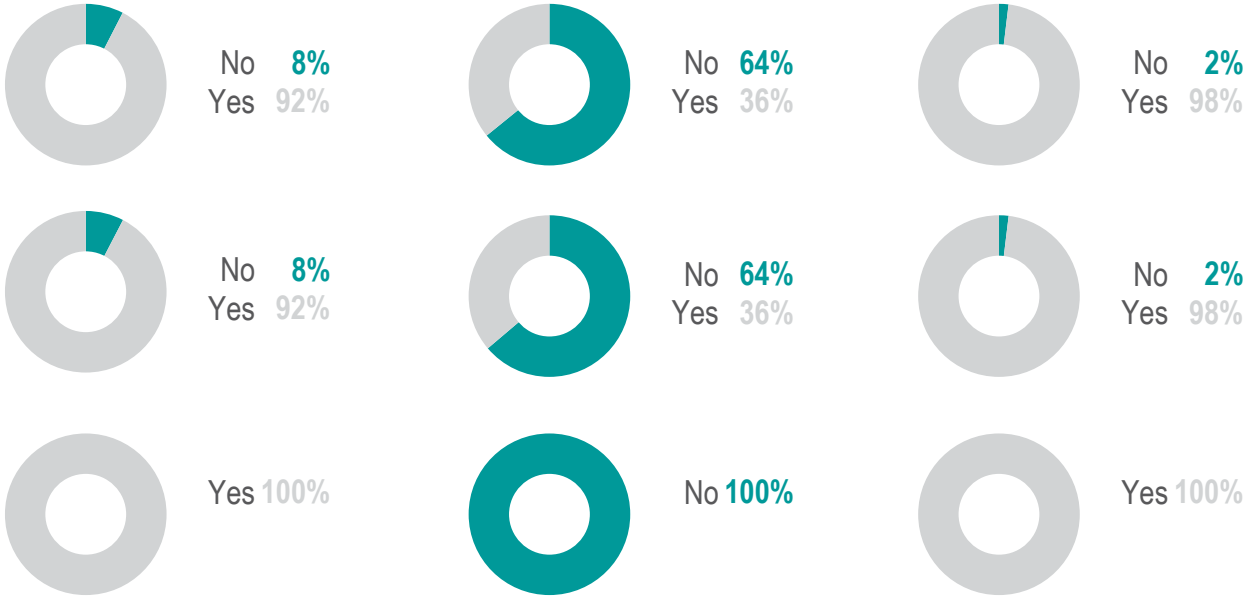
WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

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

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



Ownership of soap by percentage of households:

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

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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Baliet County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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

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

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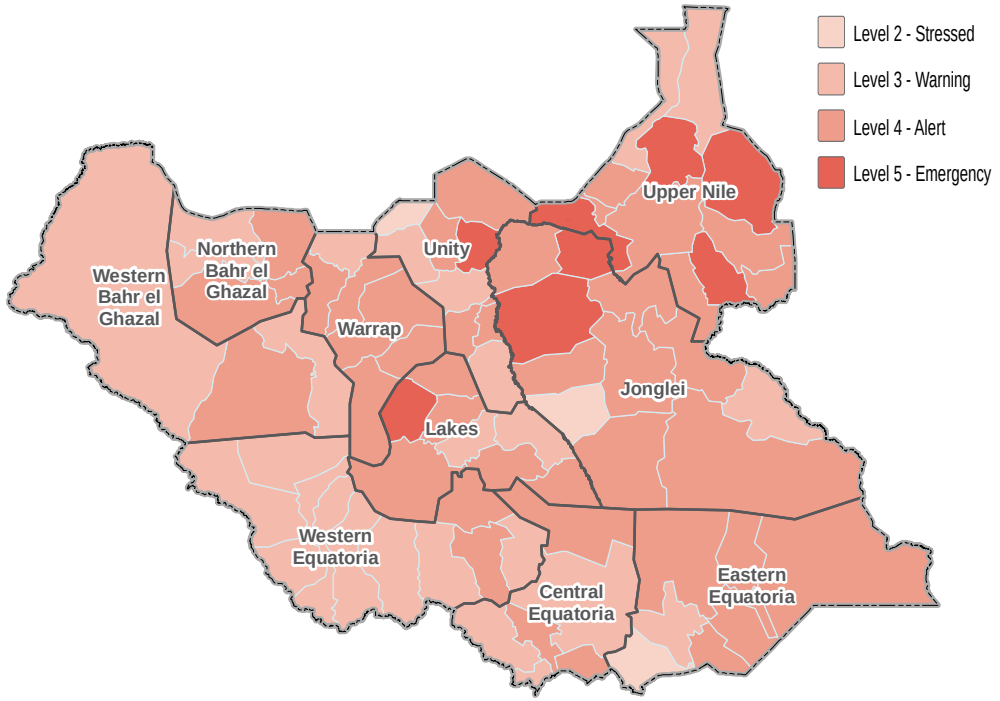
FSNMS Assessment Coverage

Full coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

Host community	100%

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

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

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

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

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Baliet County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

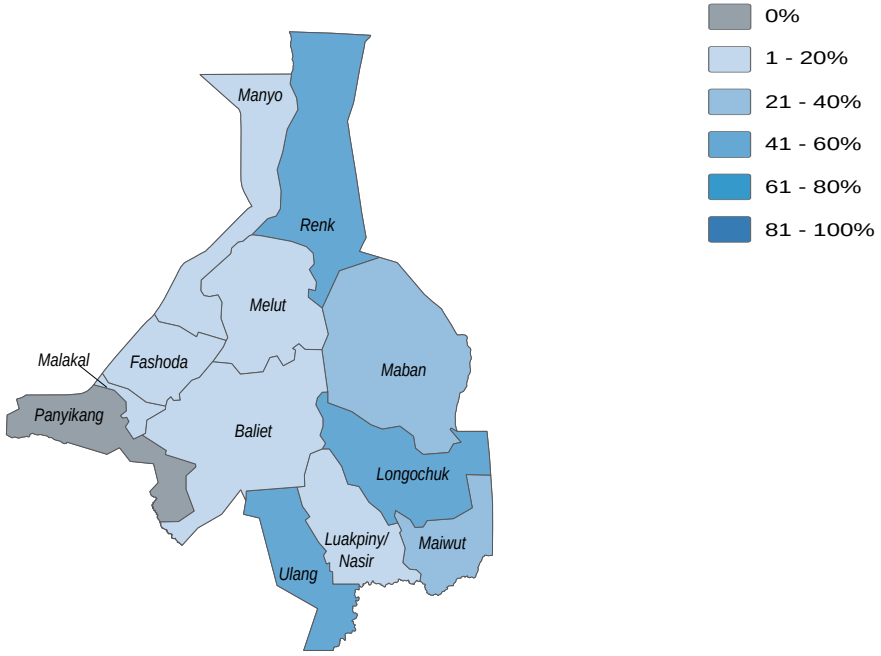
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

20%	of **Baliet County** HHs reported having safe access to an improved source of drinking water as their main source, in November and December, 2018. This was a decrease from the previous season.
21%	of **Baliet County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
6%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was an increase from the previous season.
0%	of HHs reported feeling unsafe while collecting water, in July and August, 2018.

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



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

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

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

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

Overall

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

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

Host

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

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

IDPs

Returnees

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Baliet County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

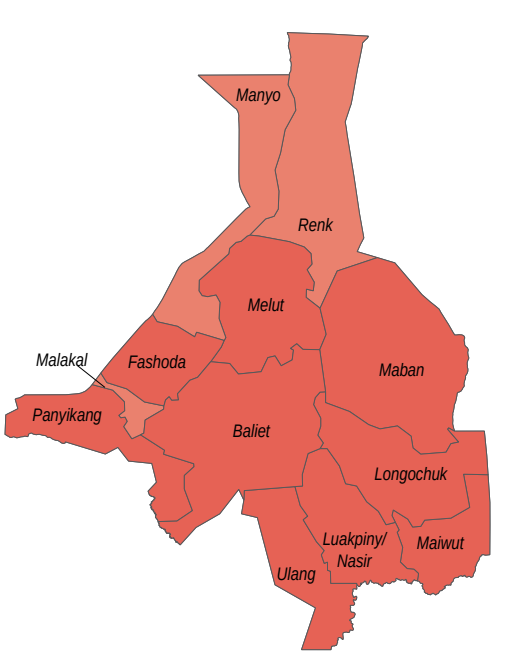
WASH Cluster
Water Sanitation Hygiene

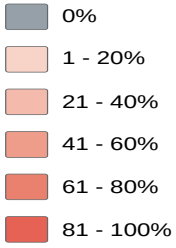
November/December2018

Sanitation

4%	of **Baliet County** HHs reported having access to a latrine (private, shared, or communal/ institutional), in November and December, 2018. This was an increase from the previous season.
2%	of **Baliet County** HHs reported having access to a latrine (private, shared, or communal/ institutional), in July and August, 2018.
3%	of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was an increase from the previous season.
2%	of HHs reported their most common defecation location was a latrine, in July and August, 2018.

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





Most commonly reported defecation location by percentage of households:

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

Overall

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

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

Host

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

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

IDPs

Returnees

Baliet County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

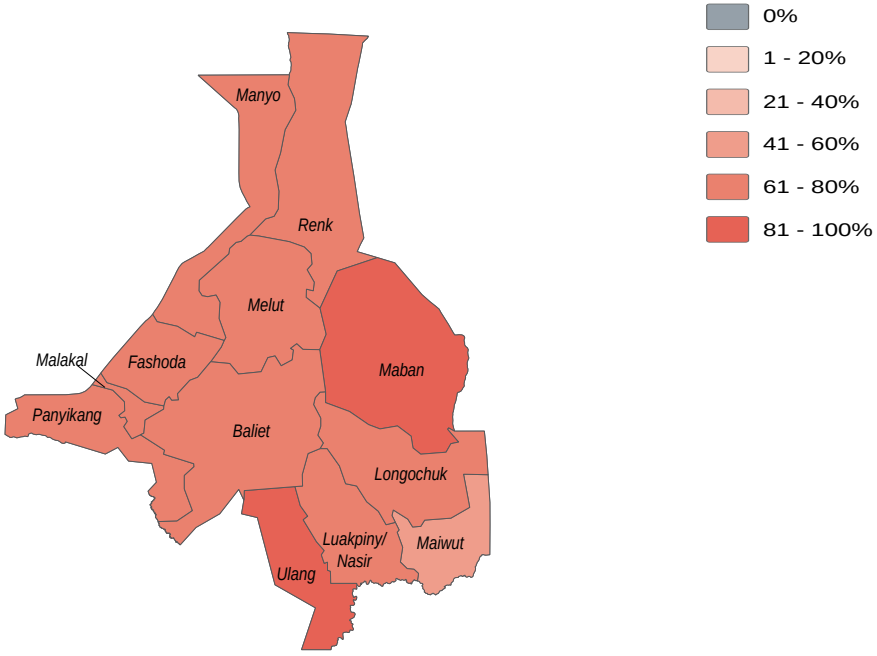
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

71%	of **Baliet County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was a decrease from the previous season.
79%	of **Baliet County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 2018.
Malaria	was the most commonly reported water or vector borne disease in November and December, 2018. This was the same as the previous season.
Malaria	was the most commonly reported water or vector borne disease in July and August, 2018.

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



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

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

Overall

Malaria	67%
Fever	21%
Eye infection	18%
Stomach pain	15%
Typhoid	9%

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

Host

Malaria	67%
Fever	21%
Eye infection	18%
Stomach pain	15%
Typhoid	9%

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

IDPs

Returnees

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Baliet County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

4%	of **Baliet County** HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in November and December, 2018. This was an increase from the previous season.
0%	of **Baliet County** HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in HH in July and August, 2018.
3	was the average number of jerrycans and/or buckets per HH in July and August, 2018. This was a decrease from the previous season.
4	was the average number of jerrycans and/or buckets per HH in November and December, 2018.

	Ownership of a bucket or a jerrycan with a lid by percentage of households:		Ownership of soap by percentage of households:		Every member of the household sleeps under a mosquito net by percentage of households:	
Overall		No **1%** Yes 99%		No **94%** Yes 6%		No **12%** Yes 88%
Host		No **1%** Yes 99%		No **94%** Yes 6%		No **12%** Yes 88%
IDPs						
Returnees						

Endnotes

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Fashoda County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

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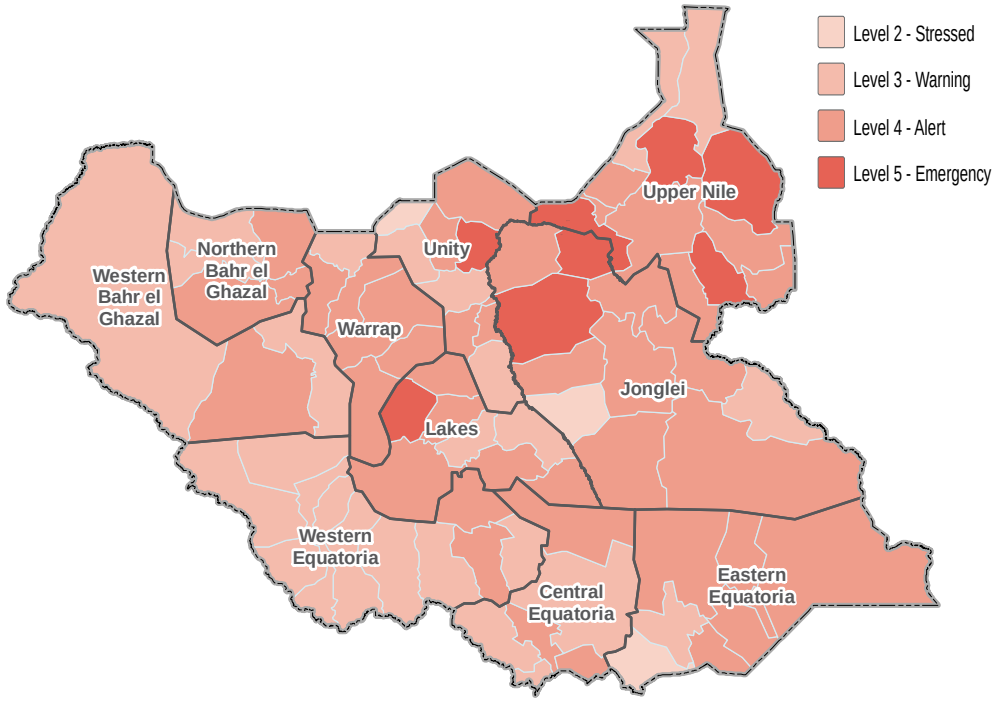
FSNMS Assessment Coverage

Full coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

Host community	100%

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

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

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

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

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Fashoda County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

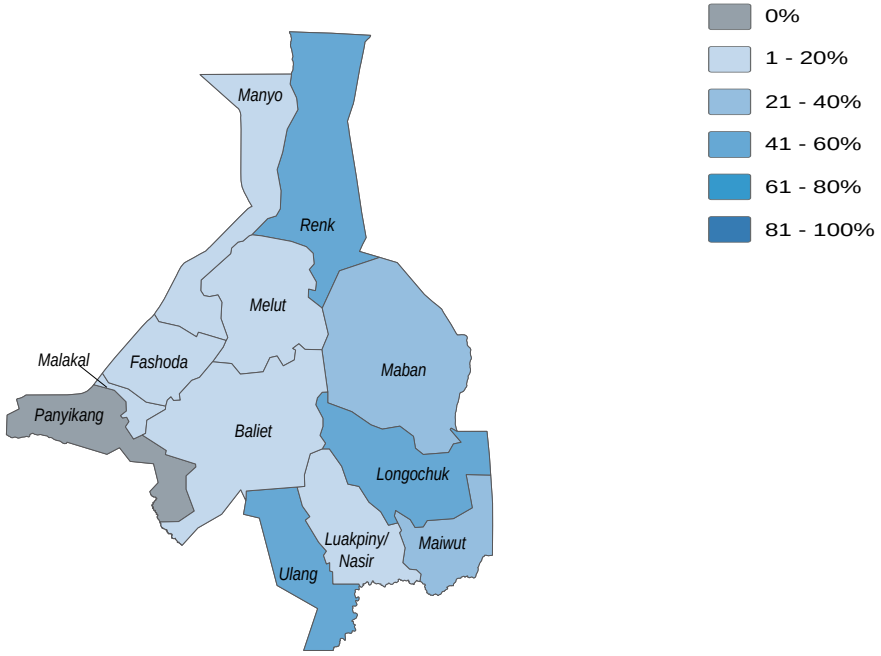
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

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

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



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

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

Overall

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

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

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

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

Host

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

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

IDPs

Returnees

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Fashoda County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

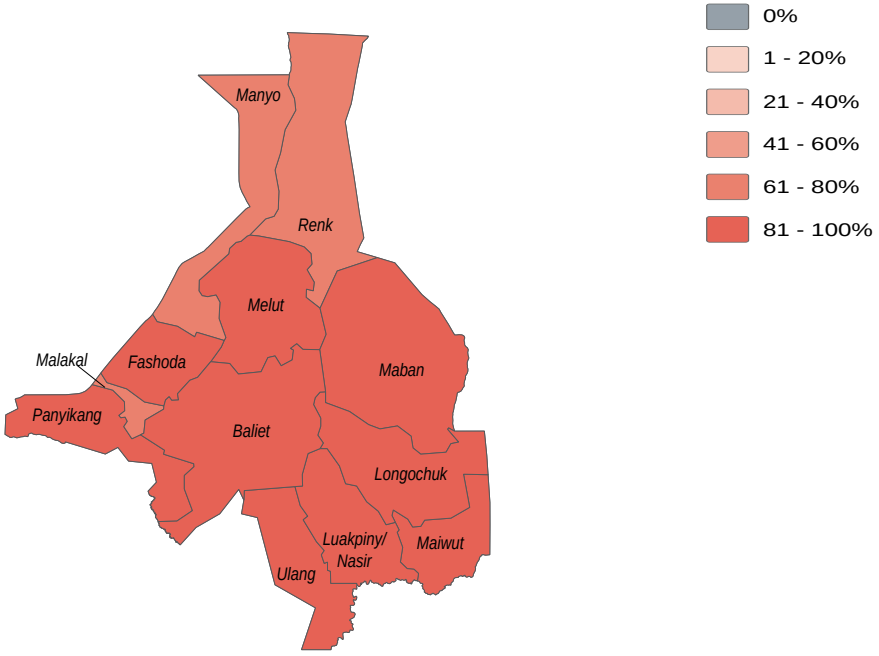
WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

15%	of Fashoda County HHs reported having access to a latrine (private, shared, or communal/ institutional), in November and December, 2018. This was an increase from the previous season.
11%	of Fashoda County HHs reported having access to a latrine (private, shared, or communal/ institutional), in July and August, 2018.
14%	of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was an increase from the previous season.
7%	of HHs reported their most common defecation location was a latrine, in July and August, 2018.

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



Most commonly reported defecation location by percentage of households:

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

Overall

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

Host

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

IDPs

Returnees

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Fashoda County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

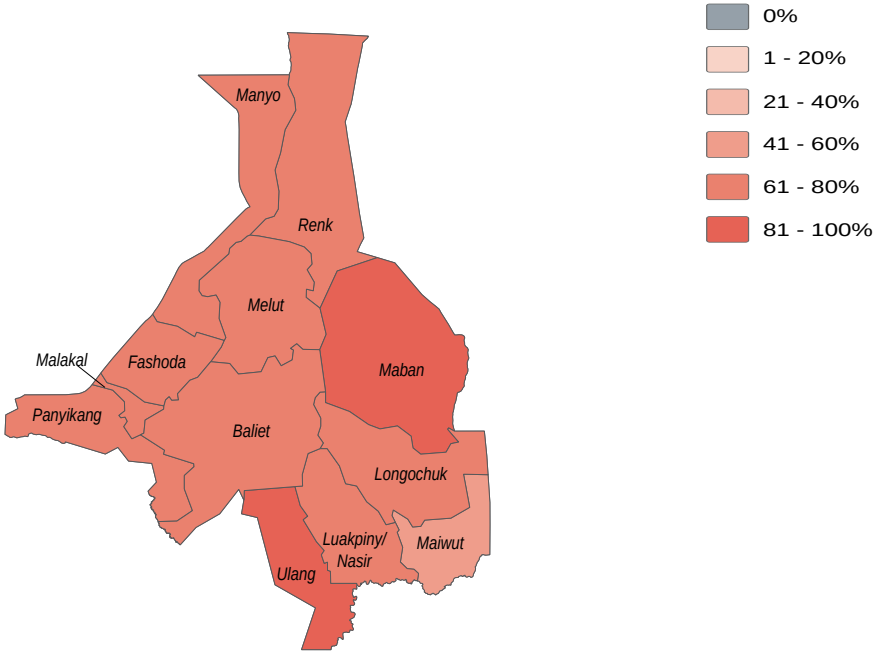
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

75%	of Fashoda County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was an increase from the previous season.
31%	of Fashoda County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 2018.
Malaria	was the most commonly reported water or vector borne disease in November and December, 2018. This was the same as the previous season.
Malaria	was the most commonly reported water or vector borne disease in July and August, 2018.

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



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

Overall	Malaria	50%
	Fever	39%
	Stomach pain	11%
	Typhoid	11%
	AWD	5%
Host	Malaria	50%
	Fever	39%
	Stomach pain	11%
	Typhoid	11%
	AWD	5%
IDPs		
Returnees		

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

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

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Fashoda County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

44%	of Fashoda County HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in November and December, 2018. This was an increase from the previous season.
0%	of Fashoda County HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in HH in July and August, 2018.
4	was the average number of jerrycans and/or buckets per HH in July and August, 2018. This was an increase from the previous season.
0	was the average number of jerrycans and/or buckets per HH in November and December, 2018.

	Ownership of a bucket or a jerrycan with a lid by percentage of households:	Ownership of soap by percentage of households:	Every member of the household sleeps under a mosquito net by percentage of households:
Overall	No **21%** Yes 79%	No **43%** Yes 57%	No **15%** Yes 85%
Host	No **21%** Yes 79%	No **43%** Yes 57%	No **15%** Yes 85%
IDPs			
Returnees			

Endnotes

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

About REACH

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

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

Visit **www.reach-initiative.org** and follow us @REACH_info.

Longochuk County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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

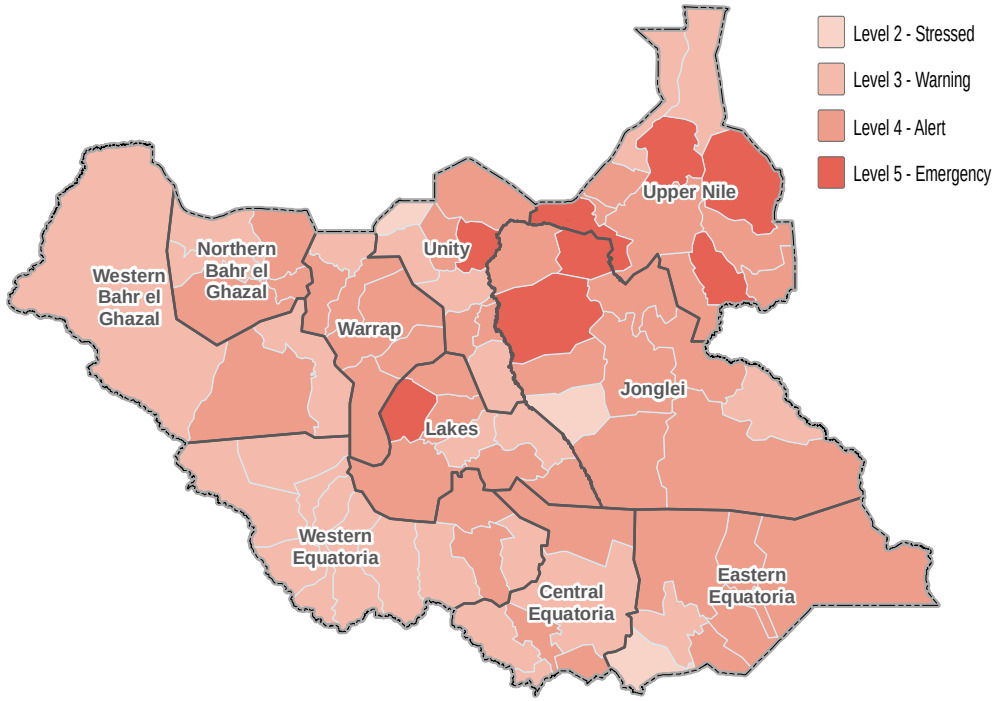
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of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

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

FSNMS Assessment Coverage

Full coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

Host community	99%
IDP	1%

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

In the last one year	100%

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

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

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

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Longochuk County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

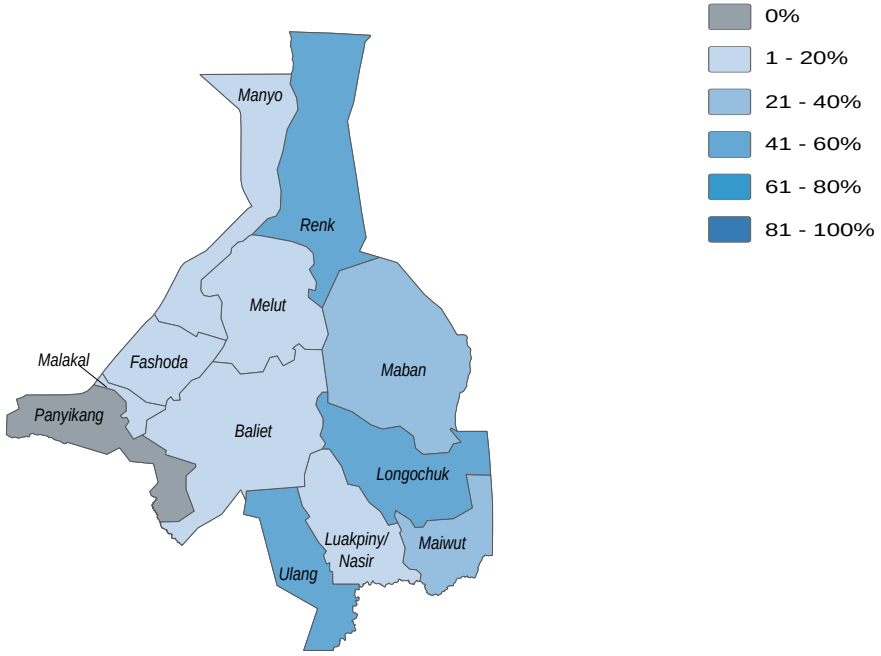
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

100%	of **Longochuk County** HHs reported having safe access to an improved source of drinking water as their main source, in November and December, 2018. This was an increase from the previous season.
91%	of **Longochuk County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
7%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was a decrease from the previous season.
49%	of HHs reported feeling unsafe while collecting water, in July and August, 2018.

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



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

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

	Most commonly reported sources of drinking water by percentage of households:		Most commonly reported time spent collecting drinking water (walking to **collection point, waiting, filling container,** returning home) by percentage of households:	
Overall	Borehole	100%	Less than 30 minutes	65%
			30 minutes to 1 hour	22%
			Between 1- 2 hours	14%
Host	Borehole	100%	Less than 30 minutes	65%
			30 minutes to 1 hour	21%
			Between 1- 2 hours	14%
IDPs	Borehole	100%	30 minutes to 1 hour	100%
Returnees				

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Longochuk County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

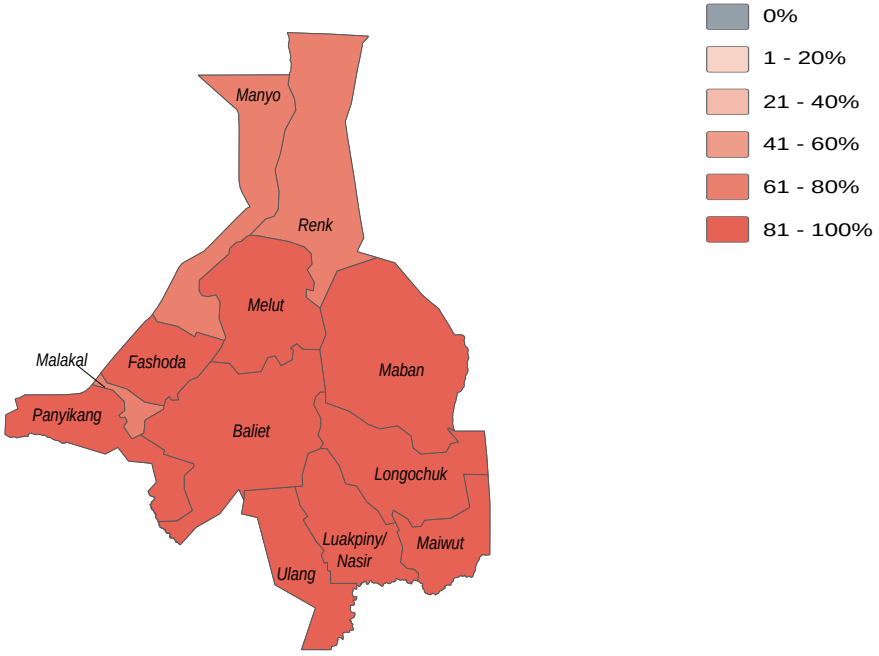
WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

7%	of **Longochuk County** HHs reported having access to a latrine (private, shared, or communal/institutional), in November and December, 2018. This was an increase from the previous season.
3%	of **Longochuk County** HHs reported having access to a latrine (private, shared, or communal/institutional), in July and August, 2018.
2%	of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was a decrease from the previous season.
3%	of HHs reported their most common defecation location was a latrine, in July and August, 2018.

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



	Most commonly reported defecation location by percentage of households:		Most commonly reported excreta disposal **methods for children under five by** percentage of households:	
Overall	In the bush	97%	In the bush	95%
	In the latrine	2%	No answer	4%
	No answer	1%	In the latrine	2%
Host	In the bush	97%	In the bush	94%
	In the latrine	2%	No answer	4%
	No answer	1%	In the latrine	2%
IDPs	In the bush	100%	In the bush	100%
Returnees				

Longochuk County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

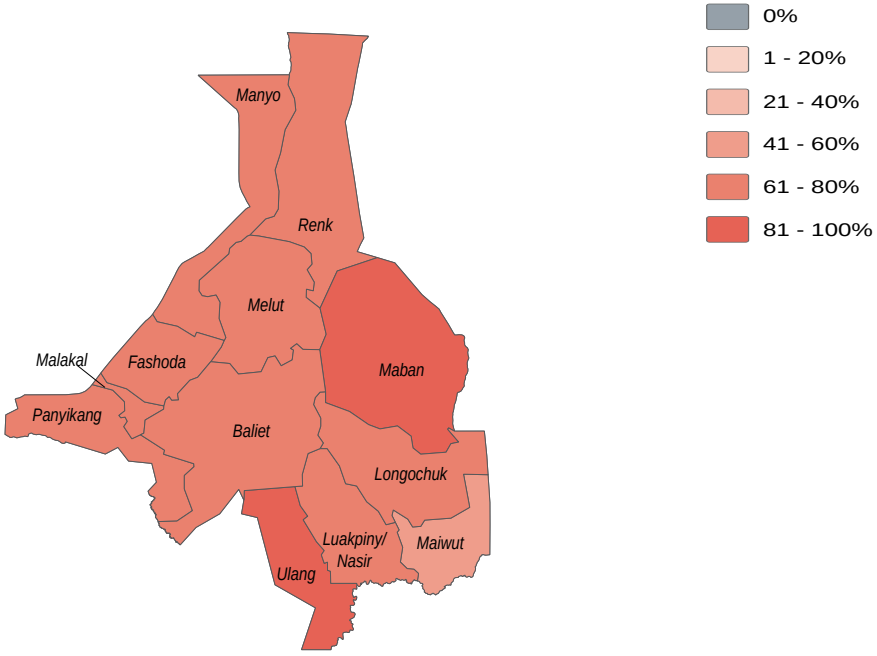
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

65%	of **Longochuk County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was a decrease from the previous season.
78%	of **Longochuk County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 2018.
Fever	was the most commonly reported water or vector borne disease in November and December, 2018. This was the same as the previous season.
Malaria	was the most commonly reported water or vector borne disease in July and August, 2018.

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



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

Overall	Fever	56%
	Malaria	50%
	Stomach pain	39%
	Typhoid	28%
	Flu	19%
Host	Fever	54%
	Malaria	49%
	Stomach pain	37%
	Typhoid	29%
	Flu	20%
IDPs	Fever	100%
	Malaria	100%
	Stomach pain	100%
Returnees		

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

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

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Longochuk County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

3%	of **Longochuk County** HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in November and December, 2018. This was an increase from the previous season.
1%	of **Longochuk County** HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in HH in July and August, 2018.
4	was the average number of jerrycans and/or buckets per HH in July and August, 2018. This was an increase from the previous season.
3	was the average number of jerrycans and/or buckets per HH in November and December, 2018.

	Ownership of a bucket or a jerrycan with a lid by percentage of households:	Ownership of soap by percentage of households:	Every member of the household sleeps under a mosquito net by percentage of households:
Overall	No **4%** Yes 96%	No **62%** Yes 38%	No **65%** Yes 35%
Host	No **4%** Yes 96%	No **61%** Yes 39%	No **65%** Yes 35%
IDPs	Yes 100%	No **100%**	No **100%**
Returnees			

Endnotes

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

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Luakpiny\Nasir County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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

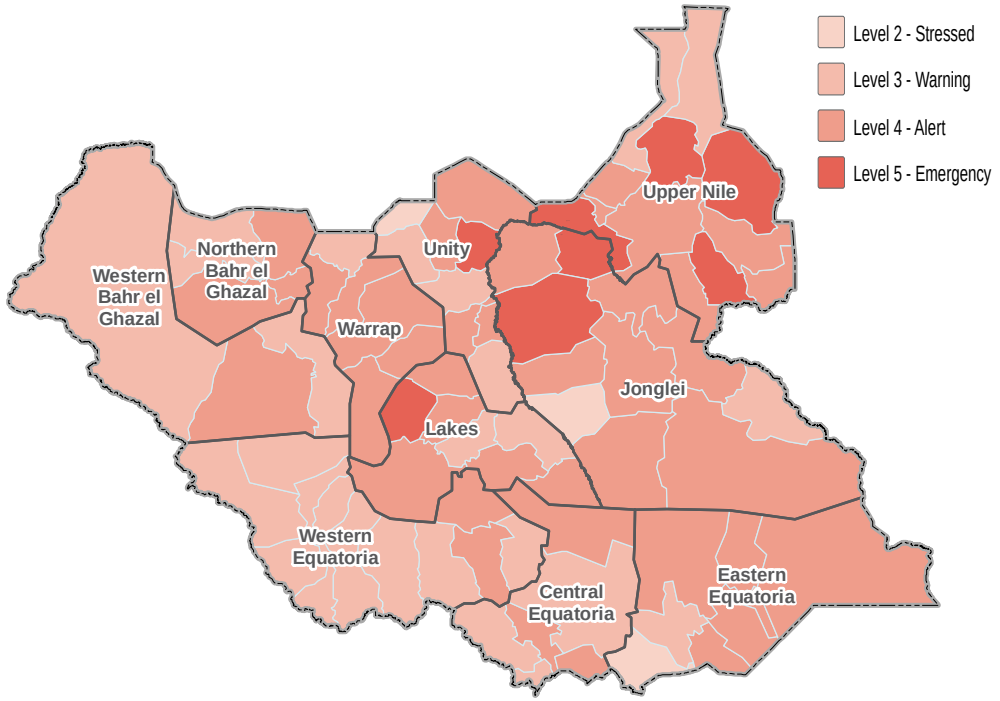
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of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

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

FSNMS Assessment Coverage

Full coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

Host community	95%
Returnee	3%
IDP	2%

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

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

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

In the last one year	100%

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

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

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Luakpiny\Nasir County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

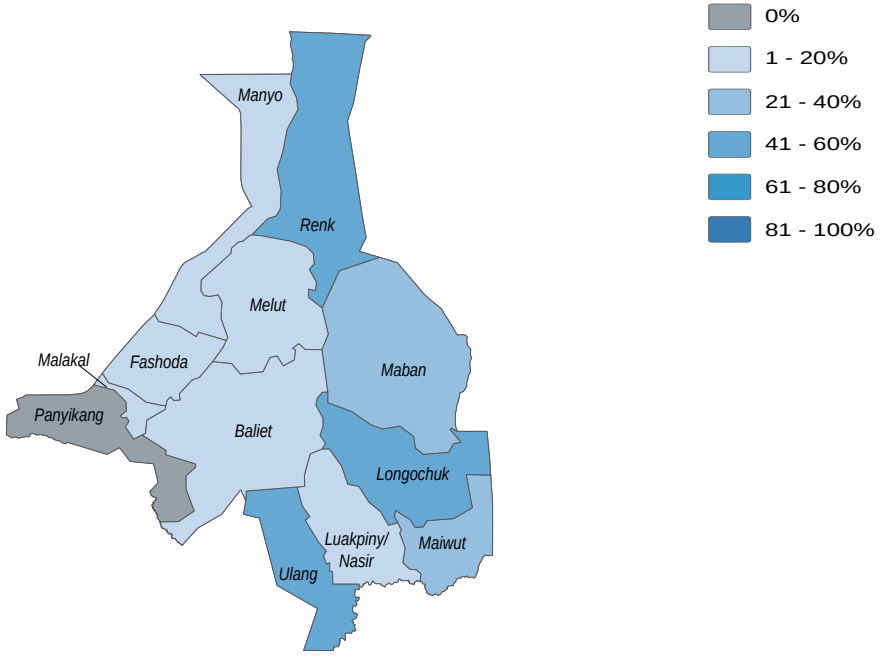
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

32%	of **Luakpiny\Nasir County** HHs reported having safe access to an improved source of drinking water as their main source, in November and December, 2018. This was a decrease from the previous season.
53%	of **Luakpiny\Nasir County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
6%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was an increase from the previous season.
5%	of HHs reported feeling unsafe while collecting water, in July and August, 2018.

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



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

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

	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	Swamp	45%	Less than 30 minutes	61%
	Borehole	29%	30 minutes to 1 hour	29%
	River or stream	22%	Between 1- 2 hours	8%
	Tap stand	4%	I don't know	2%
Host	Swamp	46%	Less than 30 minutes	60%
	Borehole	30%	30 minutes to 1 hour	29%
	River or stream	21%	Between 1- 2 hours	9%
	Tap stand	3%	I don't know	2%
IDPs	River or stream	100%	Less than 30 minutes	100%
Returnees	Swamp	67%	Less than 30 minutes	67%
	Tap stand	33%	30 minutes to 1 hour	33%

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Luakpiny\Nasir County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

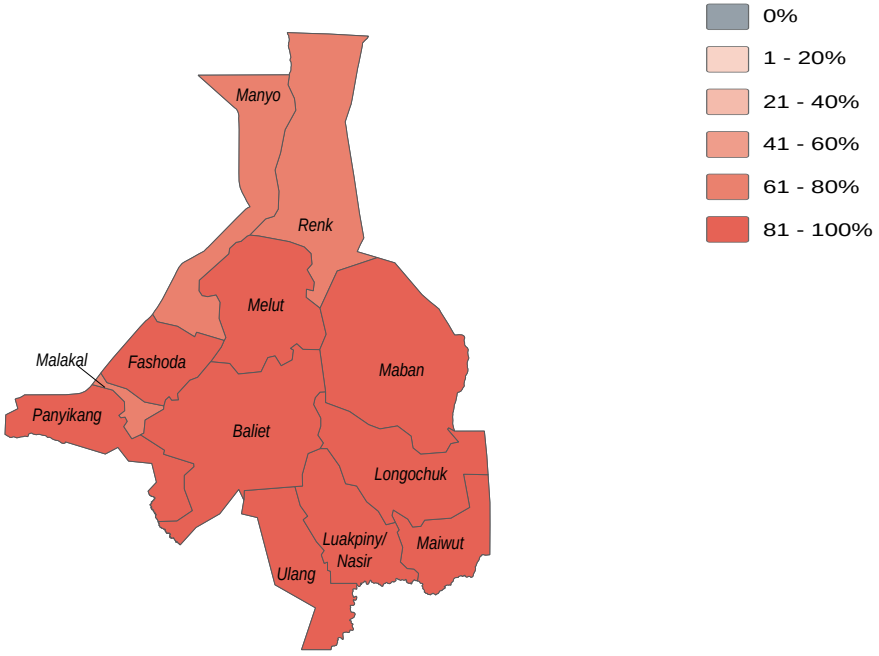
WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

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

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



	Most commonly reported defecation location by percentage of households:		Most commonly reported excreta disposal **methods for children under five by** percentage of households:	
Overall	In the bush	98%	In the bush	95%
	In the latrine	2%	Left where it is	3%
			In the latrine	2%
Host	In the bush	99%	In the bush	96%
	In the latrine	1%	Left where it is	3%
			In the latrine	1%
IDPs	In the bush	100%	In the bush	100%
Returnees	In the bush	67%	In the bush	67%
	In the latrine	33%	In the latrine	33%

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Luakpiny\Nasir County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

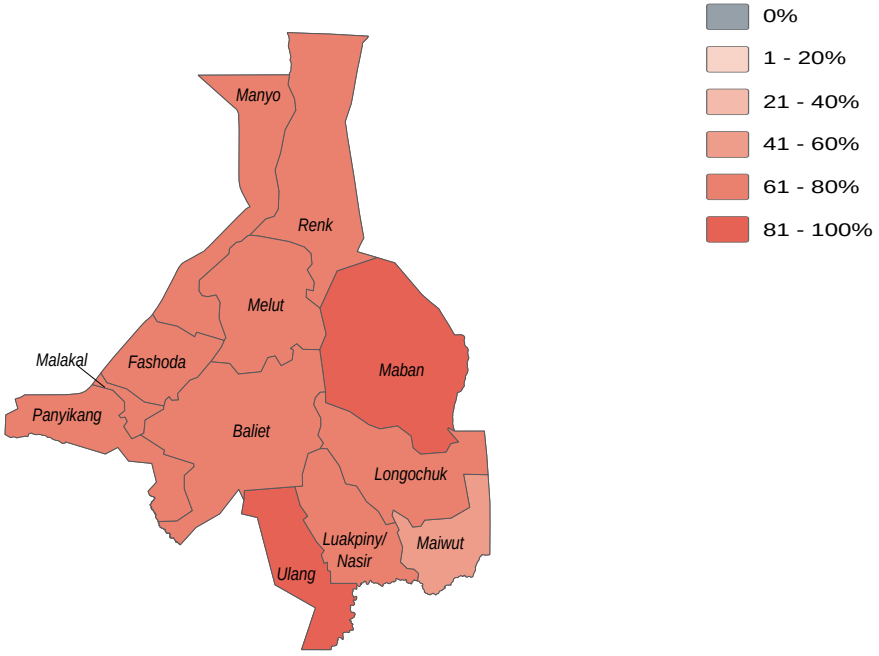
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

79%	of Luakpiny\Nasir County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was a decrease from the previous season.
93%	of Luakpiny\Nasir County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 2018.
Fever	was the most commonly reported water or vector borne disease in November and December, 2018. This was the same as the previous season.
Fever	was the most commonly reported water or vector borne disease in July and August, 2018.

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



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

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)

	Most commonly self-reported water or vector borne diseases for adults		Most commonly self-reported water or vector borne disease for children under 5	
Overall	Fever	60%	Fever	82%
	Stomach pain	44%	AWD	22%
	Malaria	42%	Skin infection	22%
	Skin infection	9%	Malaria	13%
	AWD	7%	Stomach pain	13%
Host	Fever	60%	Fever	81%
	Malaria	45%	AWD	24%
	Stomach pain	45%	Skin infection	22%
	Skin infection	10%	Malaria	13%
	AWD	5%	Stomach pain	13%
IDPs	AWD	100%	Fever	100%
	Fever	100%	Skin infection	50%
Returnees				

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Luakpiny\Nasir County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

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

	Ownership of a bucket or a jerrycan with a lid by percentage of households:	Ownership of soap by percentage of households:	Every member of the household sleeps under a mosquito net by percentage of households:
Overall	No **20%** Yes 80%	No **77%** Yes 23%	No **60%** Yes 40%
Host	No **20%** Yes 80%	No **77%** Yes 23%	No **61%** Yes 39%
IDPs	No **50%** Yes 50%	No **100%**	Yes 100%
Returnees	Yes 100%	No **67%** Yes 33%	No **67%** Yes 33%

Endnotes

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

About REACH

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

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

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Maban County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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

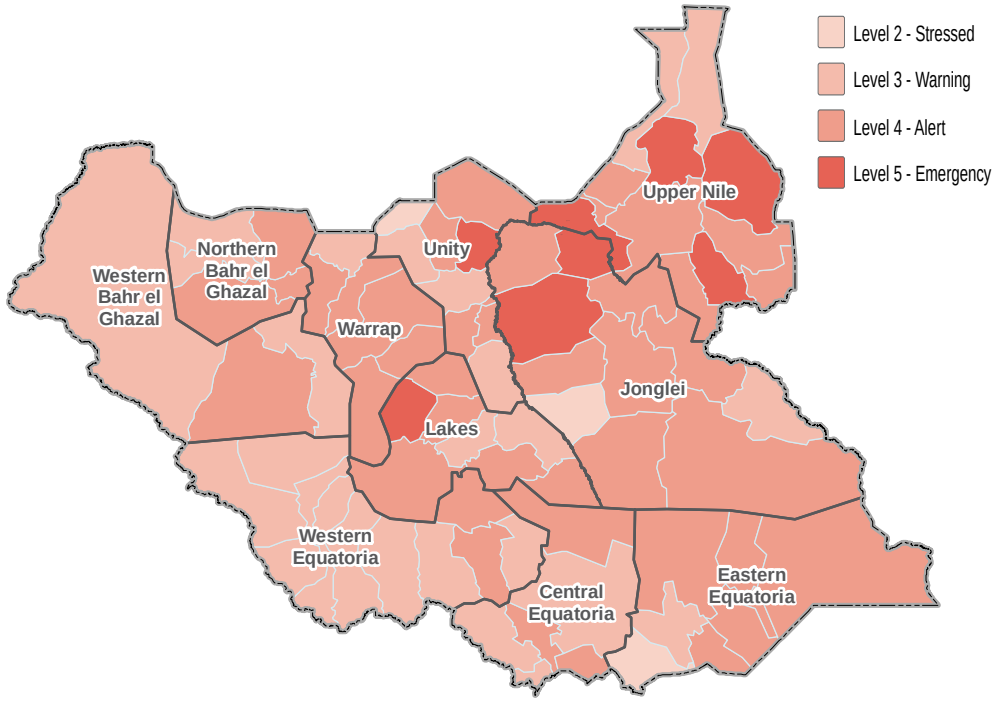
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of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

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

FSNMS Assessment Coverage

Full coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

Host community	100%

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

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

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

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

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Maban County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

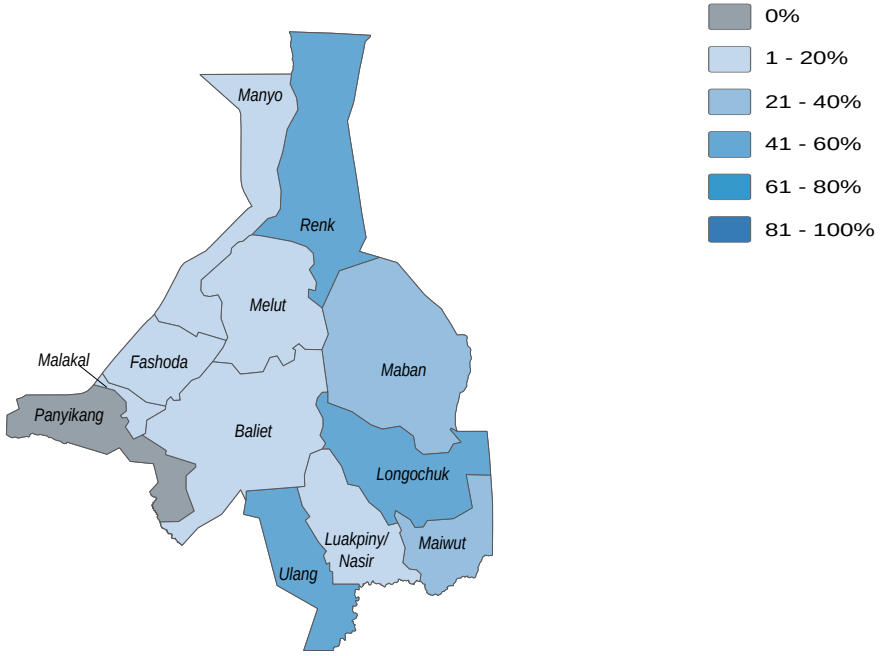
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

44%	of Maban County HHs reported having safe access to an improved source of drinking water as their main source, in November and December, 2018. This was a decrease from the previous season.
71%	of Maban County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
0%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was a decrease from the previous season.
13%	of HHs reported feeling unsafe while collecting water, in July and August, 2018.

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



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

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

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

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

Overall

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

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

Host

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

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

IDPs

Returnees

Maban County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

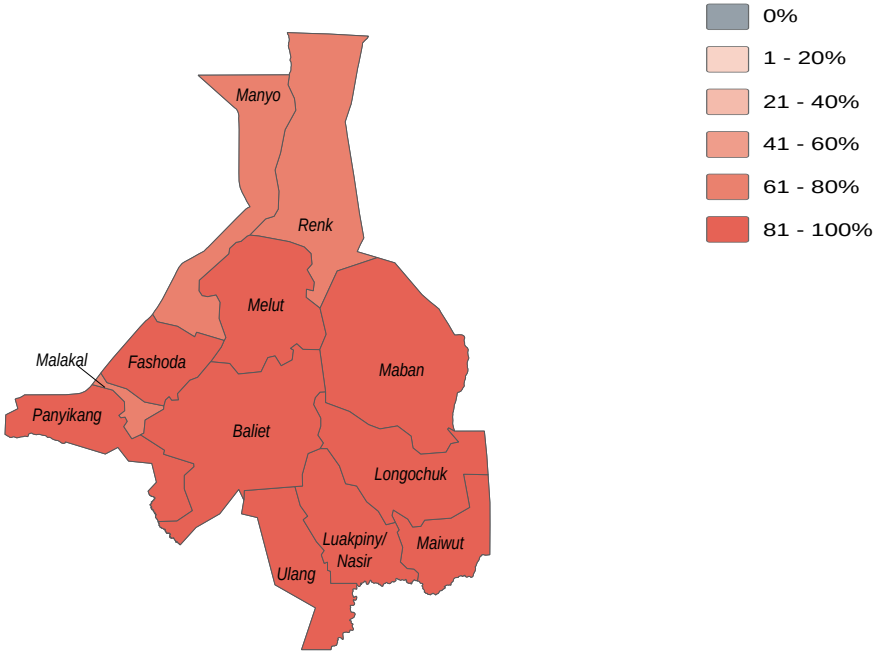
WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

2%	of Maban County HHs reported having access to a latrine (private, shared, or communal/ institutional), in November and December, 2018. This was a decrease from the previous season.
8%	of Maban County HHs reported having access to a latrine (private, shared, or communal/ institutional), in July and August, 2018.
0%	of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was the same as the previous season.
0%	of HHs reported their most common defecation location was a latrine, in July and August, 2018.

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



Most commonly reported defecation location by percentage of households:

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

Overall

In the bush 100%

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

Host

In the bush 100%

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

IDPs

Returnees

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Maban County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

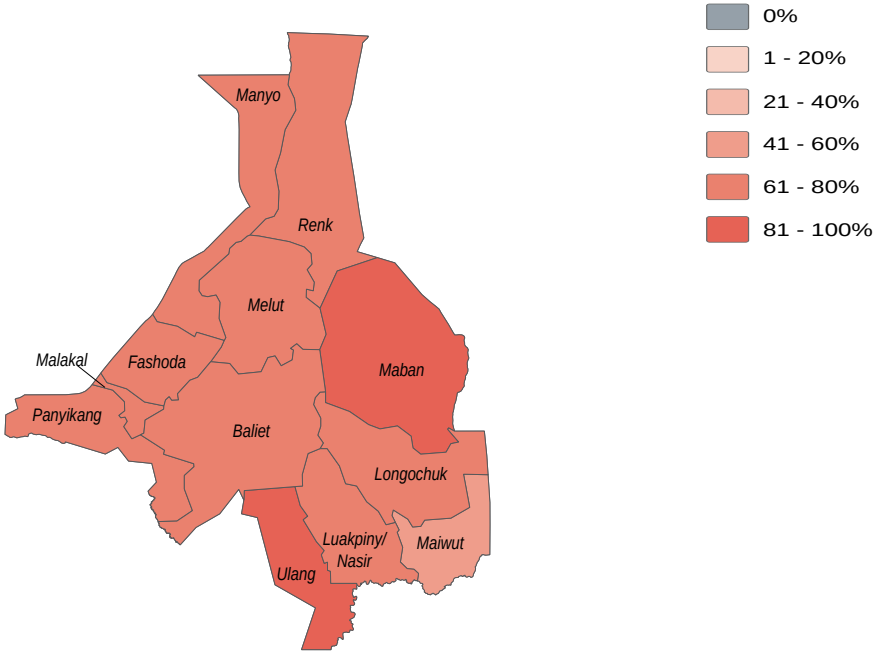
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

82%	of Maban County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was an increase from the previous season.
63%	of Maban County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 2018.
Malaria	was the most commonly reported water or vector borne disease in November and December, 2018. This was the same as the previous season.
Fever	was the most commonly reported water or vector borne disease in July and August, 2018.

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



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

Overall	Malaria	82%
	Fever	55%
	Stomach pain	42%
	Typhoid	18%
	Flu	17%
Host	Malaria	82%
	Fever	55%
	Stomach pain	42%
	Typhoid	18%
	Flu	17%
IDPs		
Returnees		

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

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

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Maban County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

1%	of Maban County HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in November and December, 2018. This was an increase from the previous season.
0%	of Maban County HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in HH in July and August, 2018.
1	was the average number of jerrycans and/or buckets per HH in July and August, 2018. This was a decrease from the previous season.
4	was the average number of jerrycans and/or buckets per HH in November and December, 2018.

	Ownership of a bucket or a jerrycan with a lid by percentage of households:	Ownership of soap by percentage of households:	Every member of the household sleeps under a mosquito net by percentage of households:
Overall	No **61%** Yes 39%	No **94%** Yes 6%	No **29%** Yes 71%
Host	No **61%** Yes 39%	No **94%** Yes 6%	No **29%** Yes 71%
IDPs			
Returnees			

Endnotes

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

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Maiwut County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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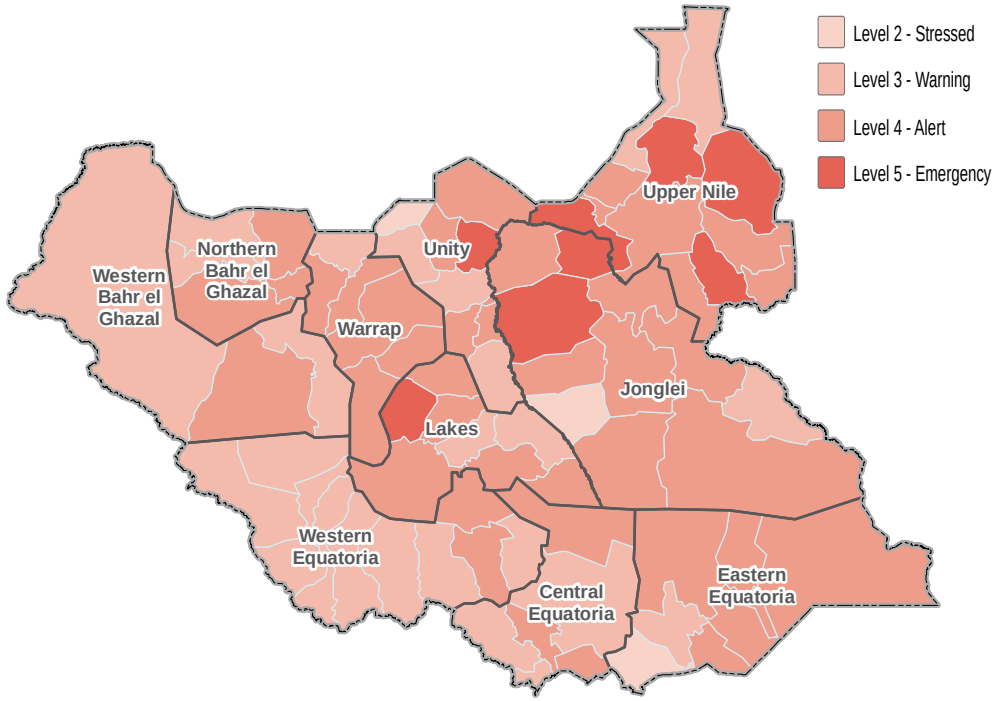
FSNMS is a critical source of information that allows for the identification of affected areas, the prioritization of resources and for monitoring trends. The data collected during FSNMS is used for the Integrated Food Security Phase Classification (IPC) analysis, the Humanitarian Needs Overview (HNO)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



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

Displacement

Percentage of households by displacement status [1]:

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

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

Between 2-3 years	100%

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

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

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

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

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Maiwut County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

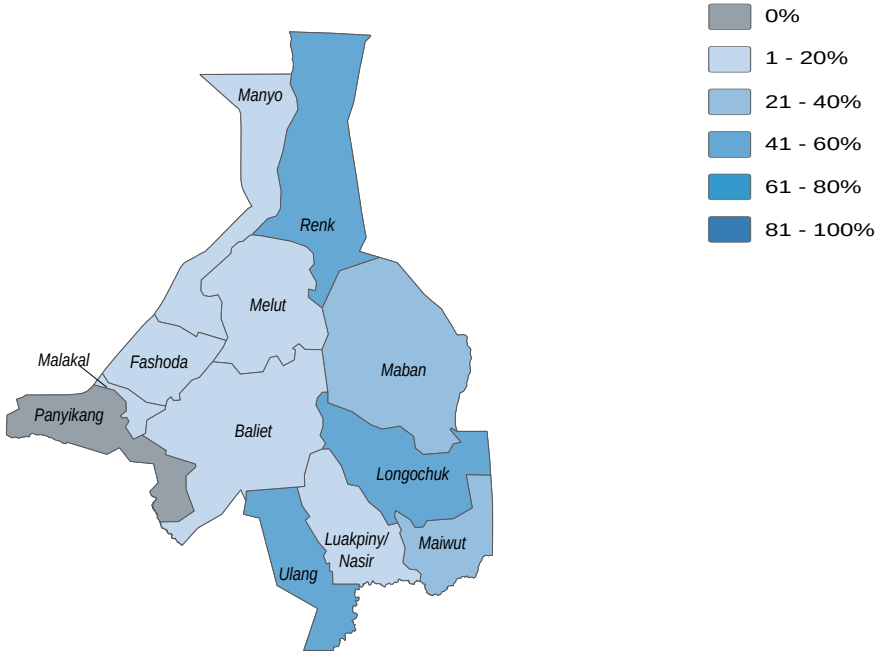
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

43%	of Maiwut County HHs reported having safe access to an improved source of drinking water as their main source, in November and December, 2018. This was an increase from the previous season.
17%	of Maiwut County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
9%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was a decrease from the previous season.
35%	of HHs reported feeling unsafe while collecting water, in July and August, 2018.

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



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

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

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

Overall	Unprotected well	49%
	Borehole	43%
	Swamp	6%
	River or stream	2%
Host	Unprotected well	48%
	Borehole	42%
	Swamp	8%
	River or stream	2%
IDPs	Unprotected well	100%
Returnees	Unprotected well	56%
	Borehole	44%

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

Overall	30 minutes to 1 hour	41%
	Less than 30 minutes	31%
	Between 1- 2 hours	27%
	I don't know	1%
Host	30 minutes to 1 hour	34%
	Less than 30 minutes	33%
	Between 1- 2 hours	31%
	I don't know	1%
IDPs	30 minutes to 1 hour	100%
Returnees	30 minutes to 1 hour	69%
	Less than 30 minutes	25%
	Between 1- 2 hours	6%

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Maiwut County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

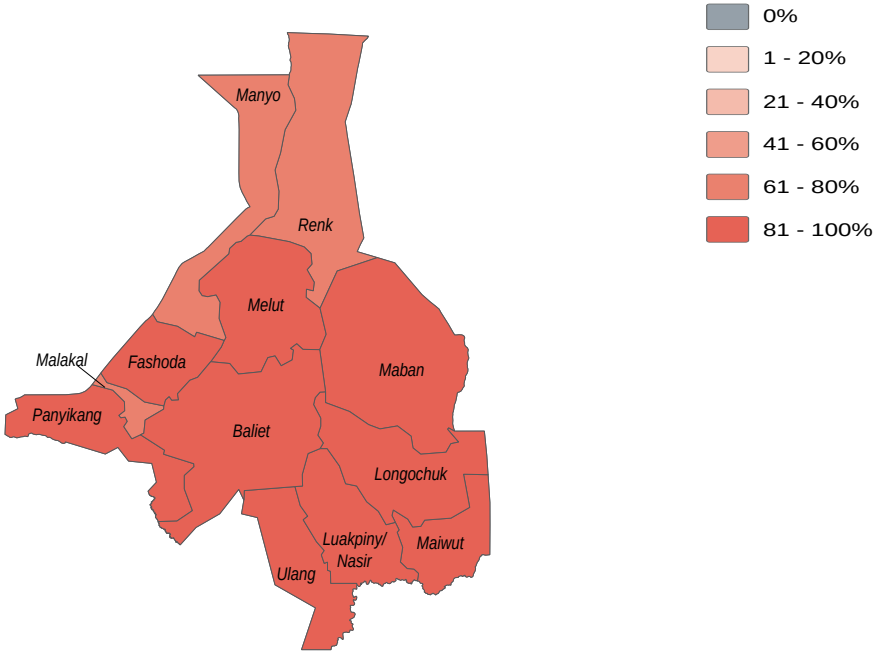
WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

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

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



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

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Maiwut County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

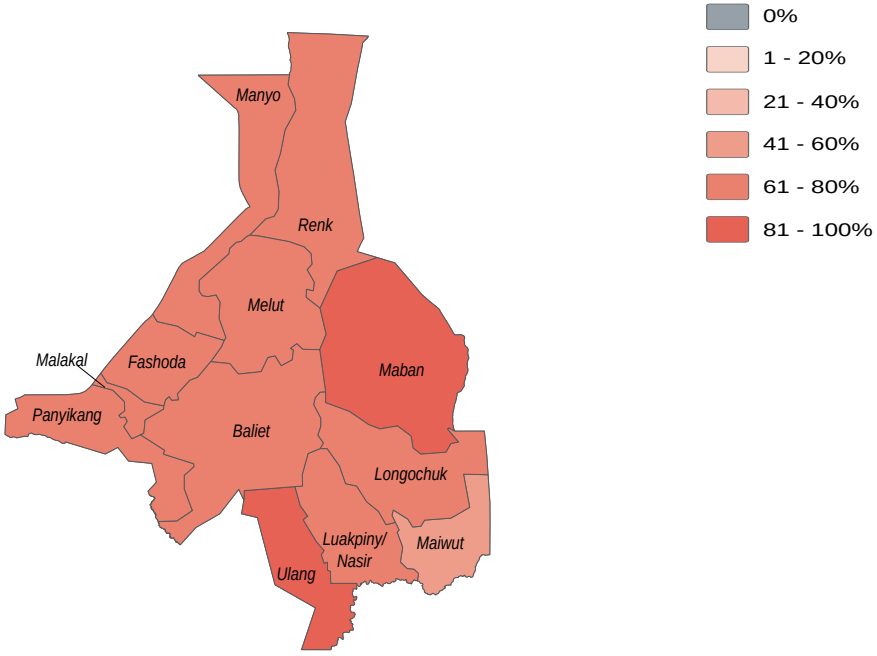
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

51%	of **Maiwut County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was a decrease from the previous season.
97%	of **Maiwut County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 2018.
Fever	was the most commonly reported water or vector borne disease in November and December, 2018. This was the same as the previous season.
Malaria	was the most commonly reported water or vector borne disease in July and August, 2018.

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



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

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)

	Most commonly self-reported water or vector borne diseases for adults		Most commonly self-reported water or vector borne disease for children under 5	
Overall	Fever	71%	Fever	78%
	Malaria	71%	Eye infection	48%
	Typhoid	54%	Malaria	48%
	Stomach pain	46%	Flu	30%
	Flu	43%	Stomach pain	24%
Host	Fever	75%	Fever	78%
	Malaria	72%	Malaria	46%
	Typhoid	56%	Eye infection	44%
	Flu	44%	Flu	32%
	Stomach pain	44%	Stomach pain	24%
IDPs	Cholera	100%	Eye infection	100%
	Eye infection	100%	Fever	100%
	Fever	100%	Malaria	100%
	Stomach pain	100%	Stomach pain	100%
Returnees				

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Maiwut County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

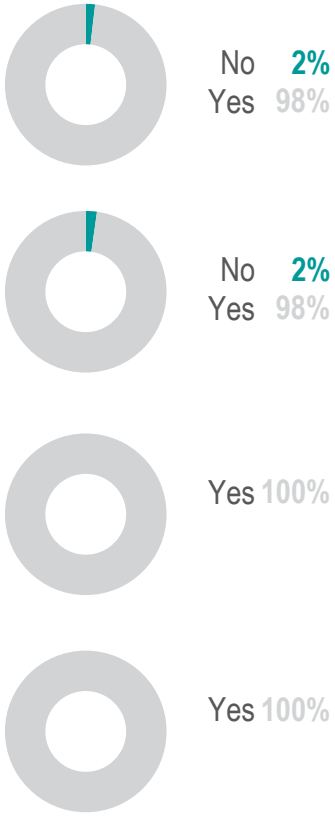
WASH Cluster
Water Sanitation Hygiene

November/December2018

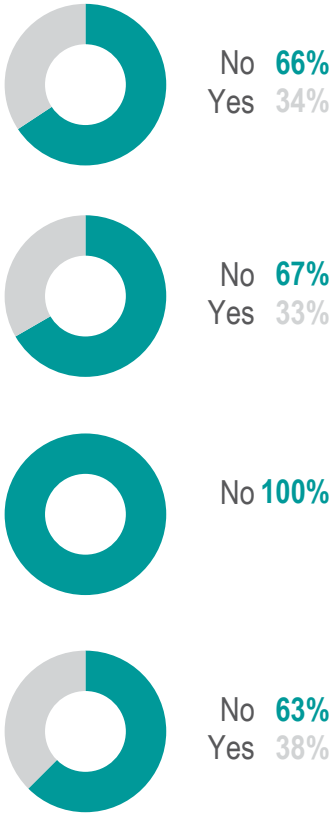
NFI WASH NFIs

7%	of Maiwut County HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in November and December, 2018. This was an increase from the previous season.
0%	of Maiwut County HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in HH in July and August, 2018.
4	was the average number of jerrycans and/or buckets per HH in July and August, 2018. This was an increase from the previous season.
3	was the average number of jerrycans and/or buckets per HH in November and December, 2018.

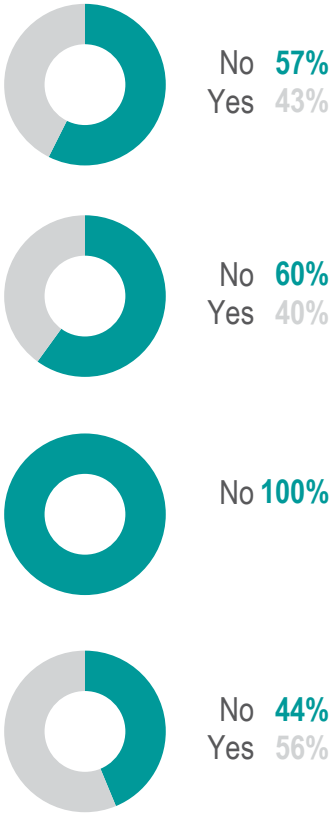
Ownership of a bucket or a jerrycan with a lid by percentage of households:



Ownership of soap by percentage of households:



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



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

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Malakal County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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

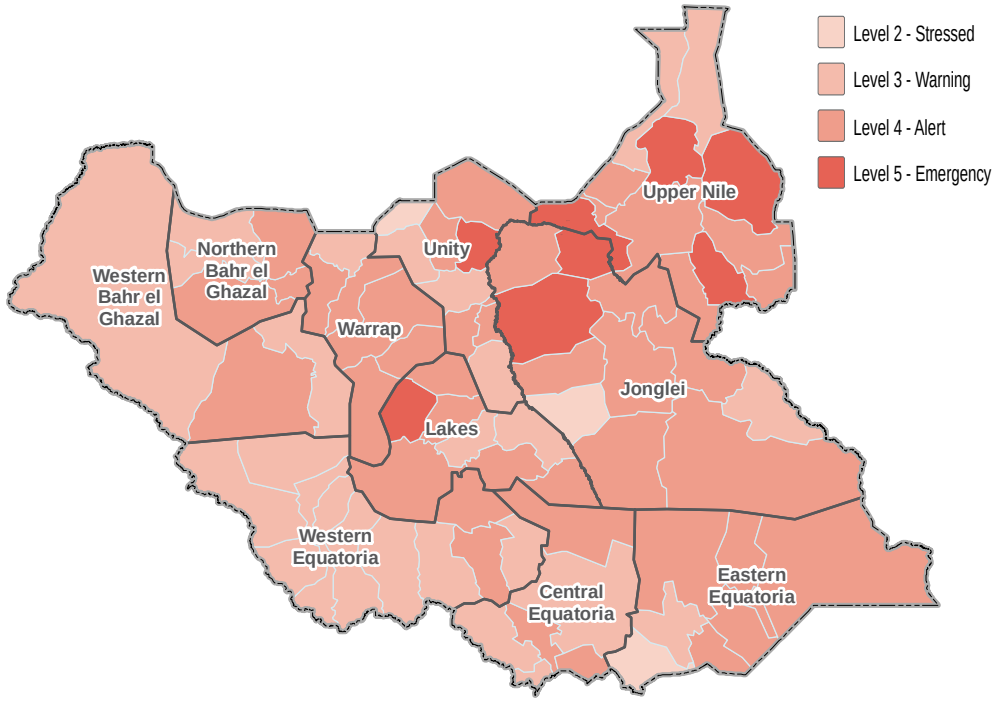
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of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

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

FSNMS Assessment Coverage

Full coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

Host community	93%
IDP	4%
Returnee	3%

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

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

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

In the last one year	100%

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

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

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Malakal County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

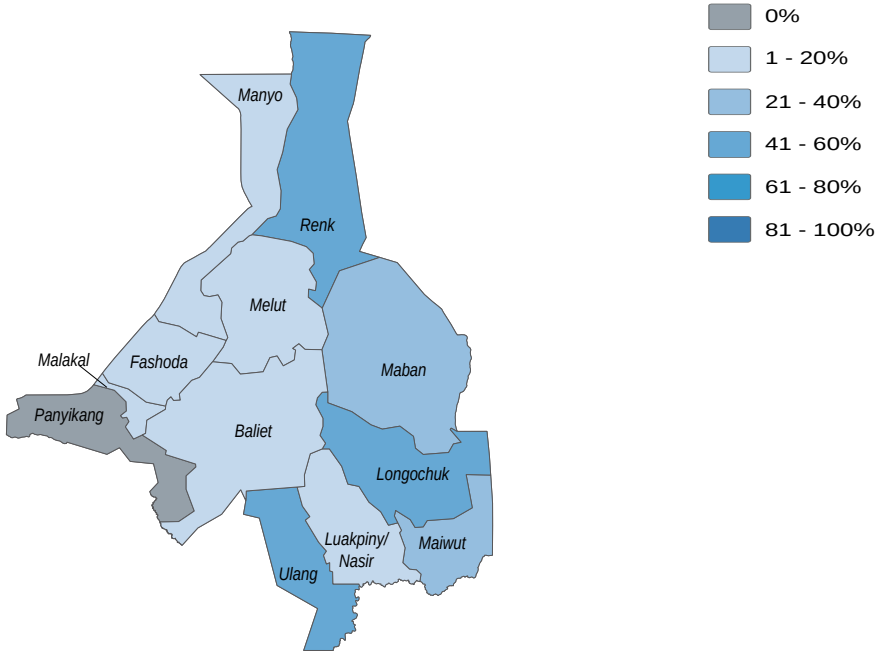
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

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

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



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

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

	Most commonly reported sources of drinking water by percentage of households:		Most commonly reported time spent collecting drinking water (walking to **collection point, waiting, filling container,** returning home) by percentage of households:	
Overall	River or stream	89%	Less than 30 minutes	65%
	Tap stand	11%	Between 1- 2 hours	19%
	Swamp	1%	30 minutes to 1 hour	16%
Host	River or stream	88%	Less than 30 minutes	64%
	Tap stand	11%	Between 1- 2 hours	20%
	Swamp	1%	30 minutes to 1 hour	16%
IDPs	River or stream	100%	Less than 30 minutes	60%
			30 minutes to 1 hour	20%
			Between 1- 2 hours	20%
Returnees	River or stream	100%	Less than 30 minutes	100%

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Malakal County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

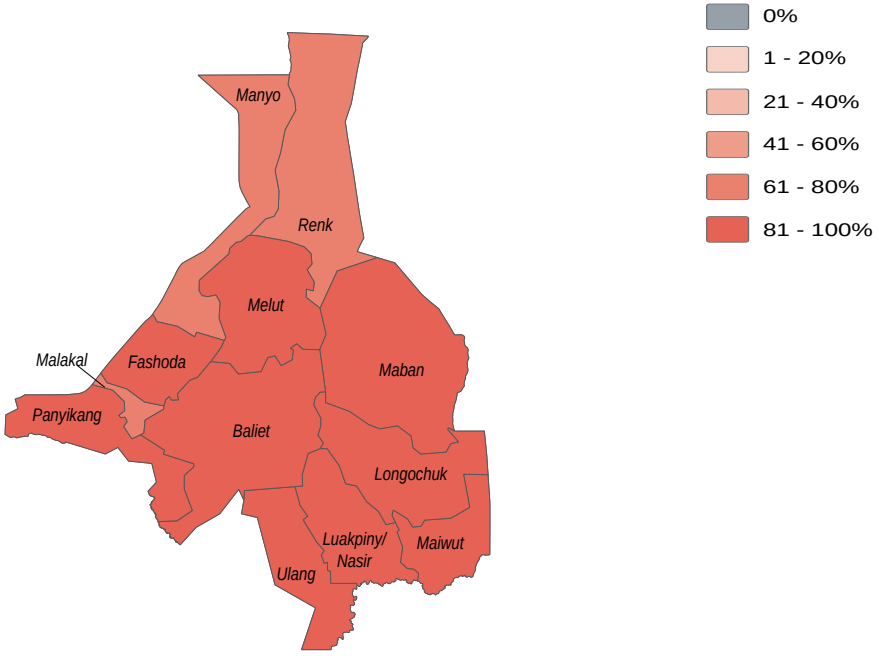
32% of Malakal County HHs reported having access to a latrine (private, shared, or communal/ institutional), in November and December, 2018. This was an increase from the previous season.

31% of Malakal County HHs reported having access to a latrine (private, shared, or communal/ institutional), in July and August, 2018.

30% of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was a decrease from the previous season.

31% of HHs reported their most common defecation location was a latrine, in July and August, 2018.

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



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

Malakal County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

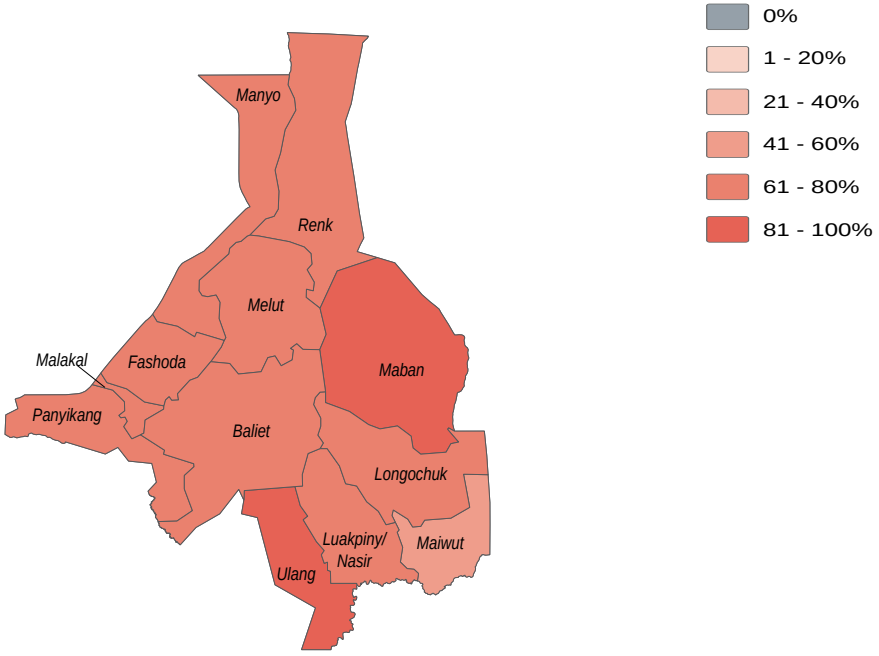
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

61%	of Malakal County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was a decrease from the previous season.
84%	of Malakal County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 2018.
Fever	was the most commonly reported water or vector borne disease in November and December, 2018. This was different to the previous season.
Fever	was the most commonly reported water or vector borne disease in July and August, 2018.

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



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

Overall	Fever	36%
	Malaria	36%
	Stomach pain	36%
	Eye infection	13%
	Typhoid	11%
Host	Fever	32%
	Stomach pain	32%
	Malaria	28%
	Eye infection	11%
	AWD	2%
IDPs	Malaria	100%
	Typhoid	75%
	Fever	50%
	Stomach pain	50%
	AWD	25%
Returnees		

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

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

Malakal County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

14%	of Malakal County HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in November and December, 2018. This was an increase from the previous season.
10%	of Malakal County HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in HH in July and August, 2018.
2	was the average number of jerrycans and/or buckets per HH in July and August, 2018. This was a decrease from the previous season.
3	was the average number of jerrycans and/or buckets per HH in November and December, 2018.

	Ownership of a bucket or a jerrycan with a lid by percentage of households:		Ownership of soap by percentage of households:		Every member of the household sleeps under a mosquito net by percentage of households:	
Overall		No **42%** Yes 58%		No **68%** Yes 32%		No **15%** Yes 85%
Host		No **41%** Yes 59%		No **68%** Yes 32%		No **12%** Yes 88%
IDPs		No **40%** Yes 60%		No **40%** Yes 60%		No **40%** Yes 60%
Returnees		No **100%**		No **100%**		No **67%** Yes 33%

Endnotes

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

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Manyo County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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

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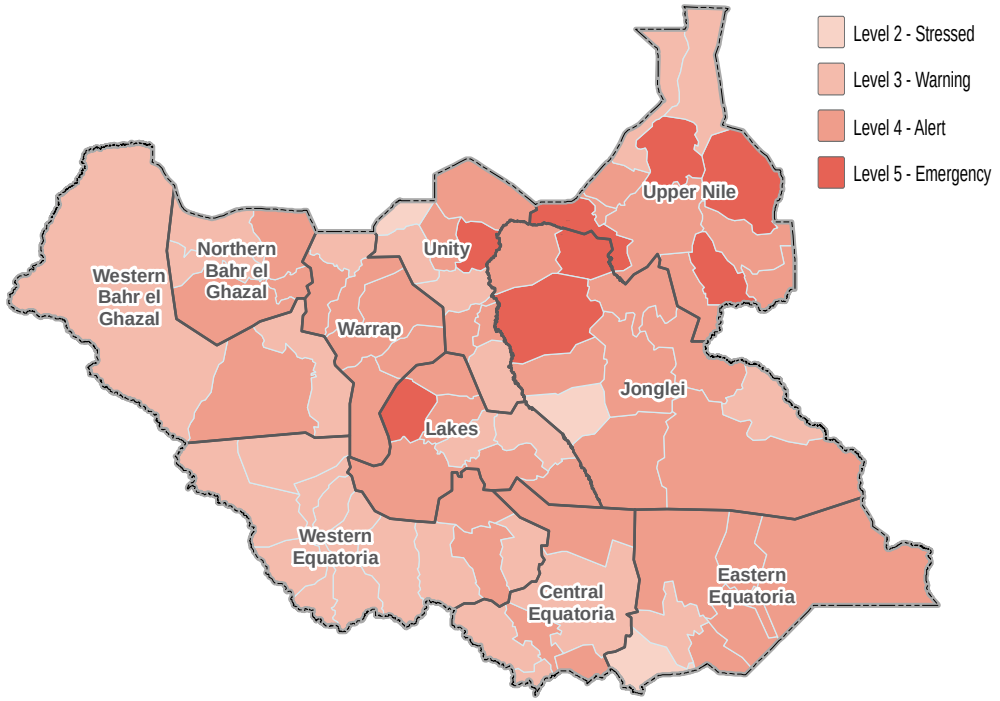
FSNMS Assessment Coverage

Full coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

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

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

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

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

Around 5 years	100%

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

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

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Manyo County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

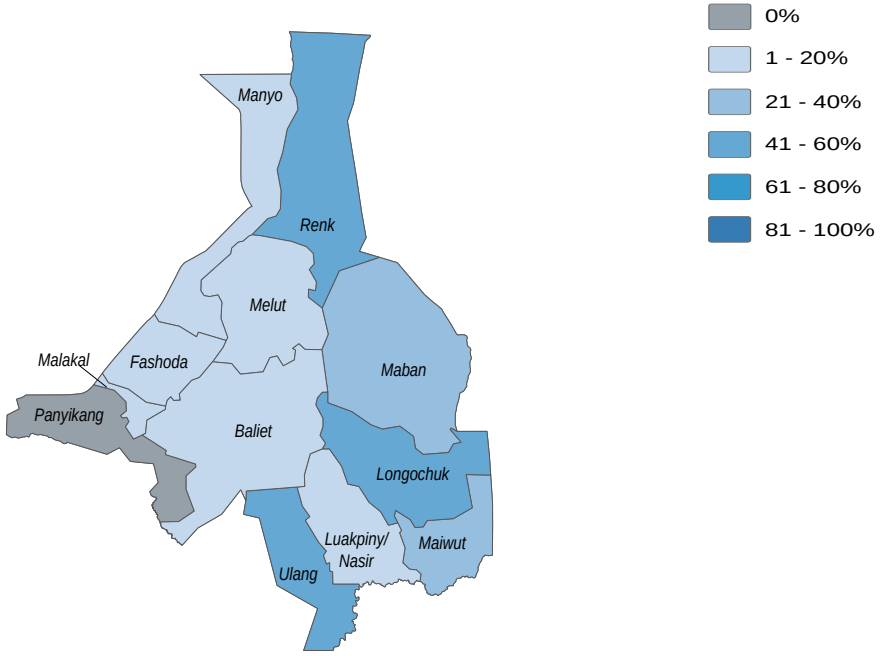
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

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

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



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

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

	Most commonly reported sources of drinking water by percentage of households:		Most commonly reported time spent collecting drinking water (walking to **collection point, waiting, filling container,** returning home) by percentage of households:	
Overall	River or stream	79%	Less than 30 minutes	71%
	Swamp	15%	30 minutes to 1 hour	18%
	Tap stand	6%	Between 1- 2 hours	10%
			More than 2 hours	1%
Host	River or stream	63%	Less than 30 minutes	73%
	Swamp	27%	30 minutes to 1 hour	25%
	Tap stand	10%	Between 1- 2 hours	2%
IDPs	River or stream	100%	Less than 30 minutes	69%
			Between 1- 2 hours	22%
			30 minutes to 1 hour	7%
			More than 2 hours	2%
Returnees	River or stream	100%	30 minutes to 1 hour	100%

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Manyo County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

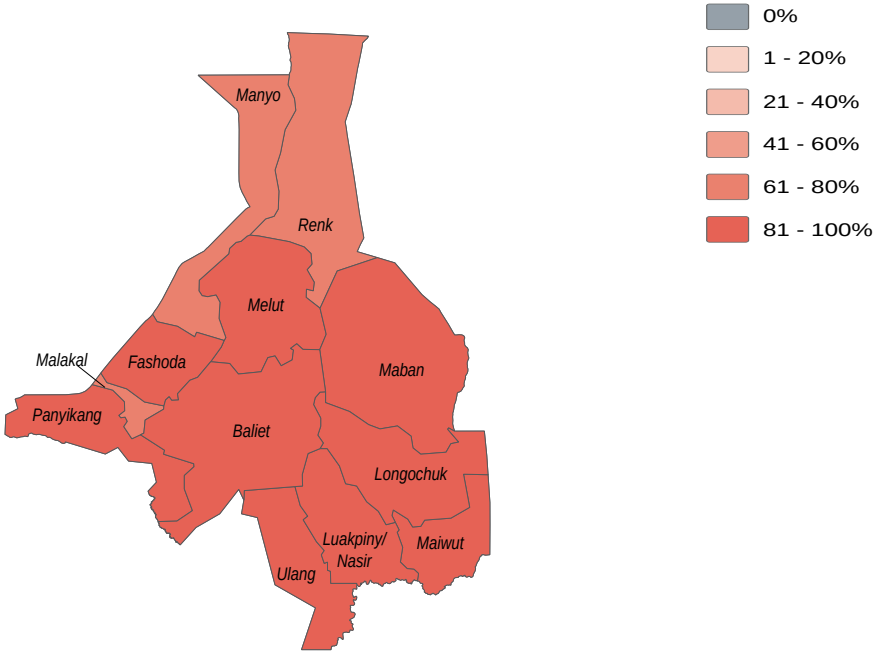
WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

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

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



Most commonly reported defecation location by percentage of households:

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

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

Manyo County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

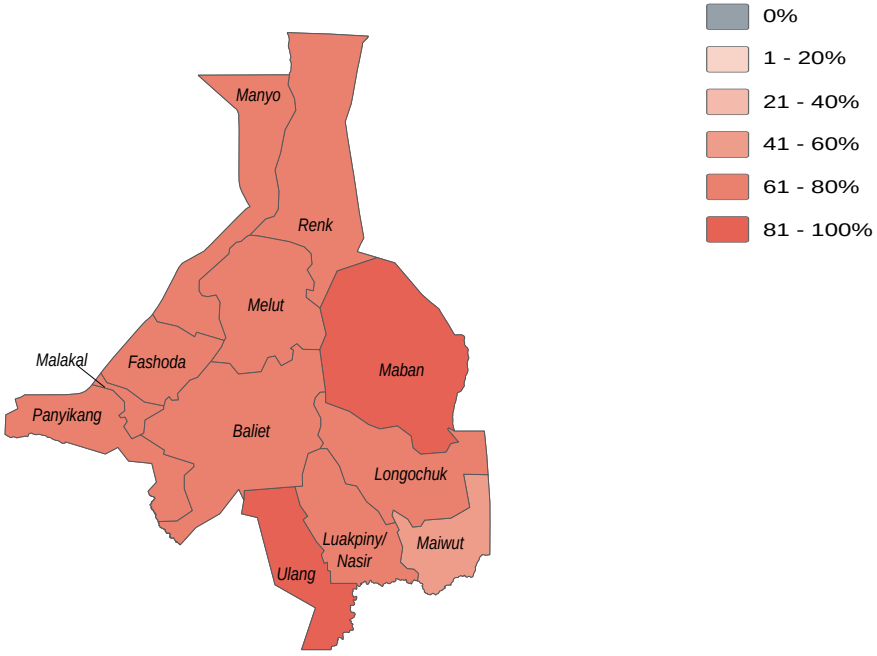
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

62%	of Manyo County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was an increase from the previous season.
47%	of Manyo County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 2018.
Malaria	was the most commonly reported water or vector borne disease in November and December, 2018. This was the same as the previous season.
Malaria	was the most commonly reported water or vector borne disease in July and August, 2018.

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



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

Overall	Malaria	67%
	Fever	33%
	Typhoid	11%
	Skin infection	7%
	Stomach pain	4%
Host	Malaria	60%
	Fever	43%
	Skin infection	10%
	Typhoid	7%
	Flu	3%
IDPs	Malaria	77%
	Fever	15%
	Typhoid	15%
	Stomach pain	8%
Returnees		

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

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

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Manyo County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

44%	of Manyo County HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in November and December, 2018. This was an increase from the previous season.
3%	of Manyo County HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in HH in July and August, 2018.
6	was the average number of jerrycans and/or buckets per HH in July and August, 2018. This was an increase from the previous season.
3	was the average number of jerrycans and/or buckets per HH in November and December, 2018.

	Ownership of a bucket or a jerrycan with a lid by percentage of households:	Ownership of soap by percentage of households:	Every member of the household sleeps under a mosquito net by percentage of households:
Overall	No **16%** Yes 84%	No **46%** Yes 54%	No **14%** Yes 86%
Host	No **22%** Yes 78%	No **57%** Yes 43%	No **18%** Yes 82%
IDPs	No **9%** Yes 91%	No **31%** Yes 69%	No **7%** Yes 93%
Returnees	Yes 100%	Yes 100%	Yes 100%

Endnotes

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

About REACH

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Melut County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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

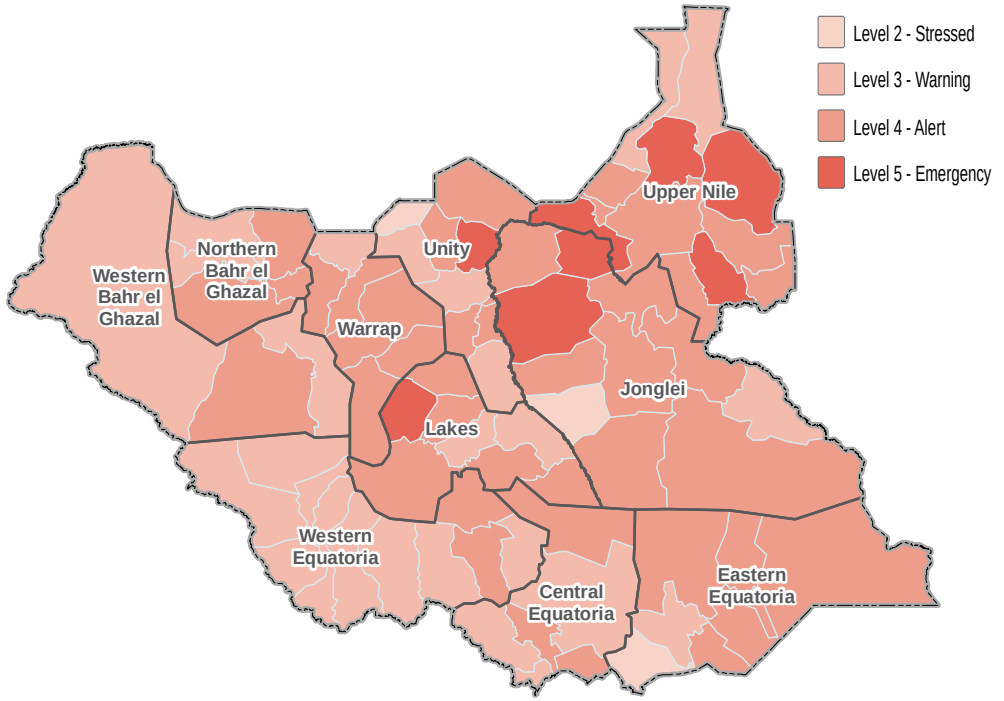
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of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

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

FSNMS Assessment Coverage

Full coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

Host community	91%
IDP	9%

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

Around 5 years	90%
More than 5 years	10%

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

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

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

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Melut County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

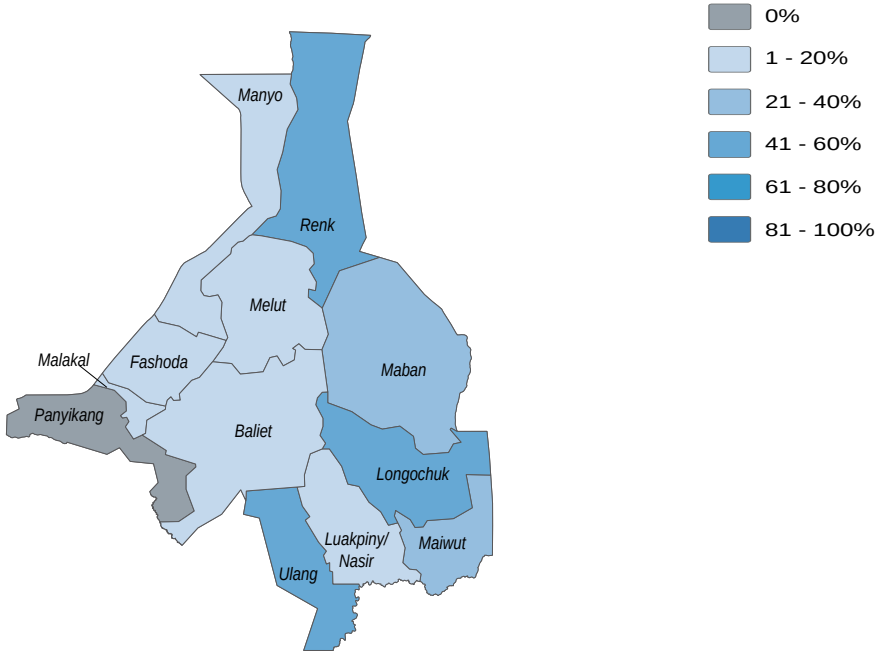
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

24%	of **Melut County** HHs reported having safe access to an improved source of drinking water as their main source, in November and December, 2018. This was an increase from the previous season.
6%	of **Melut County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
0%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was a decrease from the previous season.
3%	of HHs reported feeling unsafe while collecting water, in July and August, 2018.

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



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

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

	Most commonly reported sources of drinking water by percentage of households:		Most commonly reported time spent collecting drinking water (walking to **collection point, waiting, filling container,** returning home) by percentage of households:	
Overall	River or stream	73%	Less than 30 minutes	78%
	Tap stand	24%	30 minutes to 1 hour	18%
	Swamp	3%	Between 1- 2 hours	5%
Host	River or stream	74%	Less than 30 minutes	75%
	Tap stand	23%	30 minutes to 1 hour	20%
	Swamp	3%	Between 1- 2 hours	5%
IDPs	River or stream	60%	Less than 30 minutes	100%
	Tap stand	40%		
Returnees				

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Melut County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

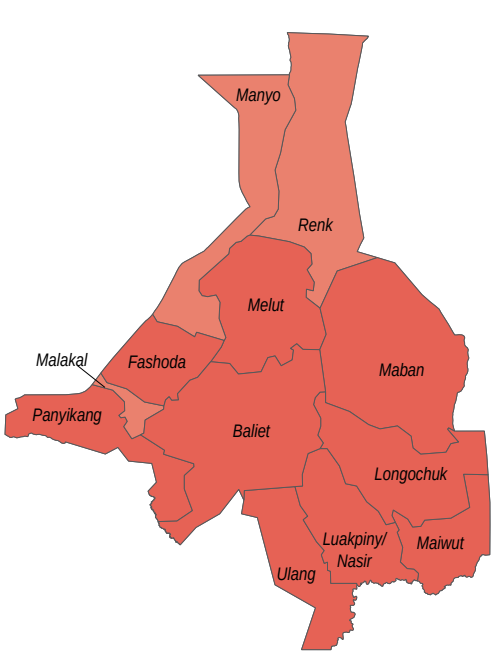
WASH Cluster
Water Sanitation Hygiene

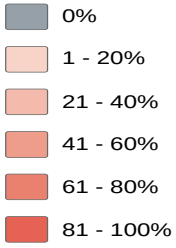
November/December2018

Sanitation

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

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

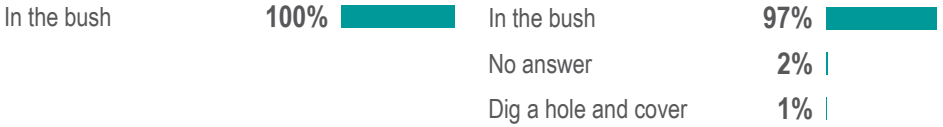




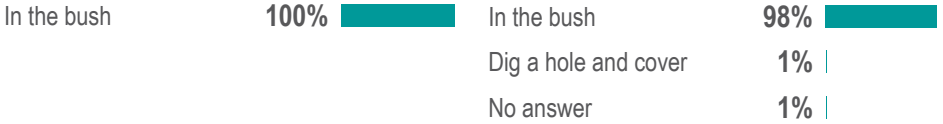
Most commonly reported defecation location by percentage of households:

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

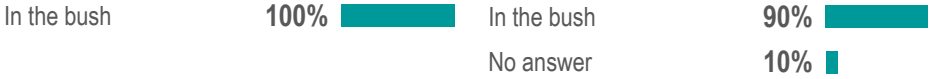
Overall



Host



IDPs



Returnees

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Melut County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

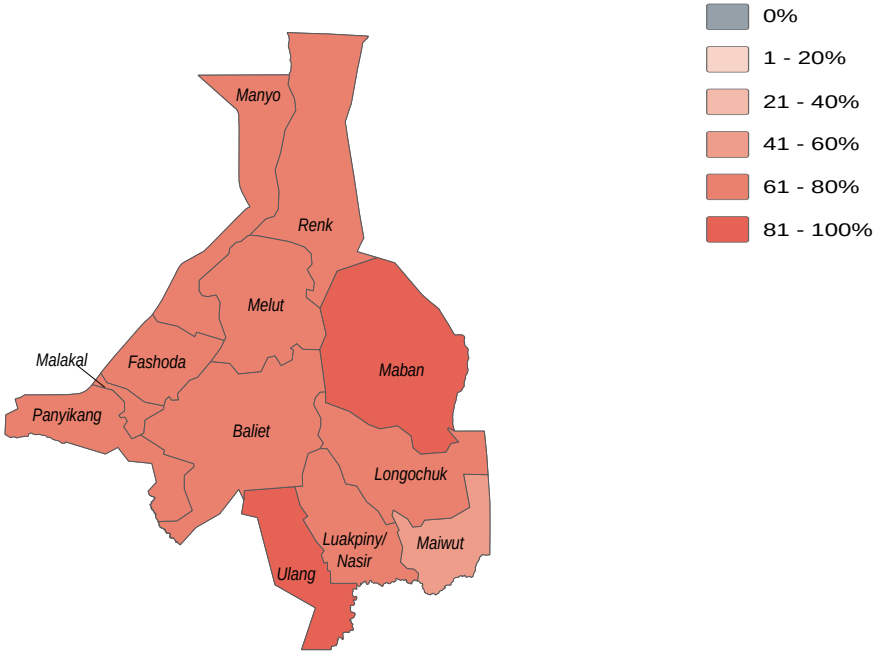
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

74%	of Melut County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was a decrease from the previous season.
80%	of Melut County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 2018.
Malaria	was the most commonly reported water or vector borne disease in November and December, 2018. This was the same as the previous season.
Malaria	was the most commonly reported water or vector borne disease in July and August, 2018.

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



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

Overall	Malaria	87%
	Typhoid	62%
	Fever	51%
	Stomach pain	16%
	AWD	7%
Host	Malaria	88%
	Typhoid	63%
	Fever	53%
	Stomach pain	16%
	AWD	7%
IDPs	Malaria	75%
	Typhoid	50%
	Fever	25%
	Stomach pain	25%
Returnees		

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

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

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Melut County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

8%	of **Melut County** HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in November and December, 2018. This was an increase from the previous season.
1%	of **Melut County** HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in HH in July and August, 2018.
2	was the average number of jerrycans and/or buckets per HH in July and August, 2018. This was the same as the previous season.
2	was the average number of jerrycans and/or buckets per HH in November and December, 2018.

	Ownership of a bucket or a jerrycan with a lid by percentage of households:		Ownership of soap by percentage of households:		Every member of the household sleeps under a mosquito net by percentage of households:	
Overall		No **40%** Yes 60%		No **74%** Yes 26%		No **33%** Yes 67%
Host		No **42%** Yes 58%		No **73%** Yes 27%		No **34%** Yes 66%
IDPs		No **20%** Yes 80%		No **80%** Yes 20%		No **20%** Yes 80%
Returnees						

Endnotes

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

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Panyikang County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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

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

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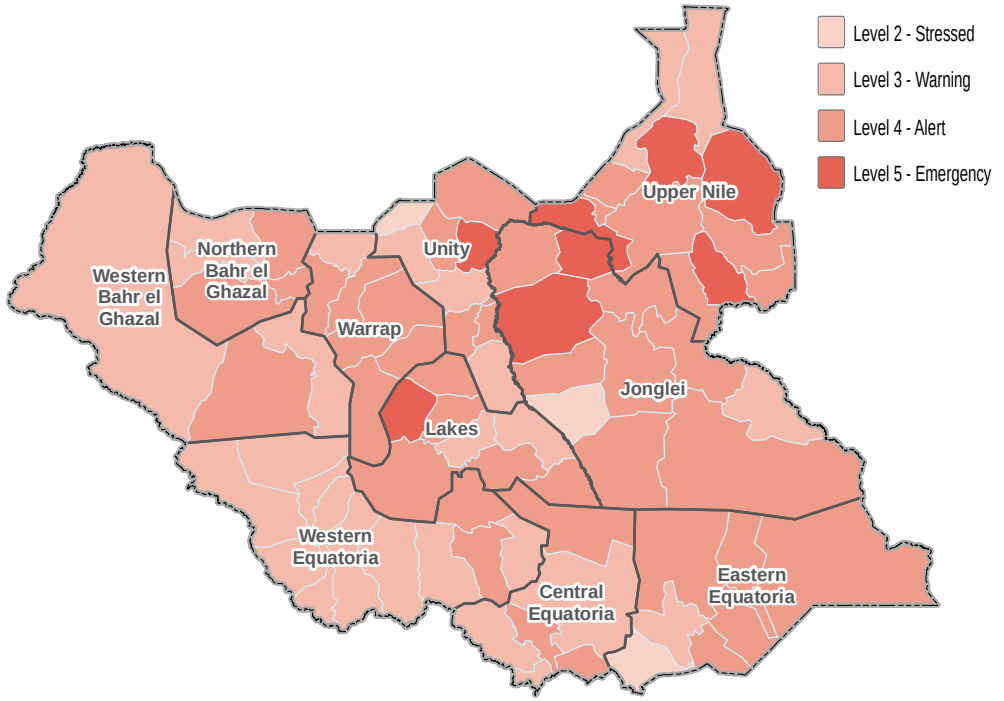
FSNMS Assessment Coverage

Full coverage in the county was achieved.

WASH Needs Severity Map



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

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

Displacement

Percentage of households by displacement status [1]:

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

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

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

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

In the last one year	100%

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

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

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Panyikang County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

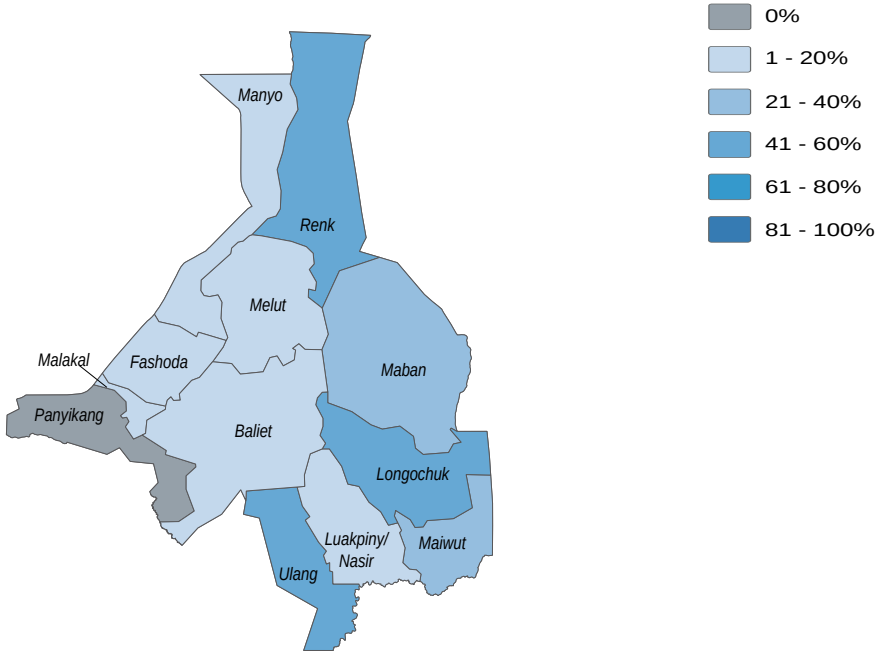
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

0%	of Panyikang County HHs reported having safe access to an improved source of drinking water as their main source, in November and December, 2018. This was the same as the previous season.
0%	of Panyikang County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
0%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was a decrease from the previous season.
52%	of HHs reported feeling unsafe while collecting water, in July and August, 2018.

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



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

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

	Most commonly reported sources of drinking water by percentage of households:		Most commonly reported time spent collecting drinking water (walking to **collection point, waiting, filling container,** returning home) by percentage of households:	
Overall	River or stream	97%	Less than 30 minutes	83%
	Swamp	3%	30 minutes to 1 hour	10%
	Don't know	1%	Between 1- 2 hours	5%
			More than 2 hours	2%
Host	River or stream	99%	Less than 30 minutes	86%
	Swamp	1%	30 minutes to 1 hour	6%
			Between 1- 2 hours	6%
			More than 2 hours	3%
IDPs	River or stream	100%	Less than 30 minutes	72%
			30 minutes to 1 hour	24%
			Between 1- 2 hours	3%
Returnees	River or stream	50%	Less than 30 minutes	100%
	Swamp	50%		

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Panyikang County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

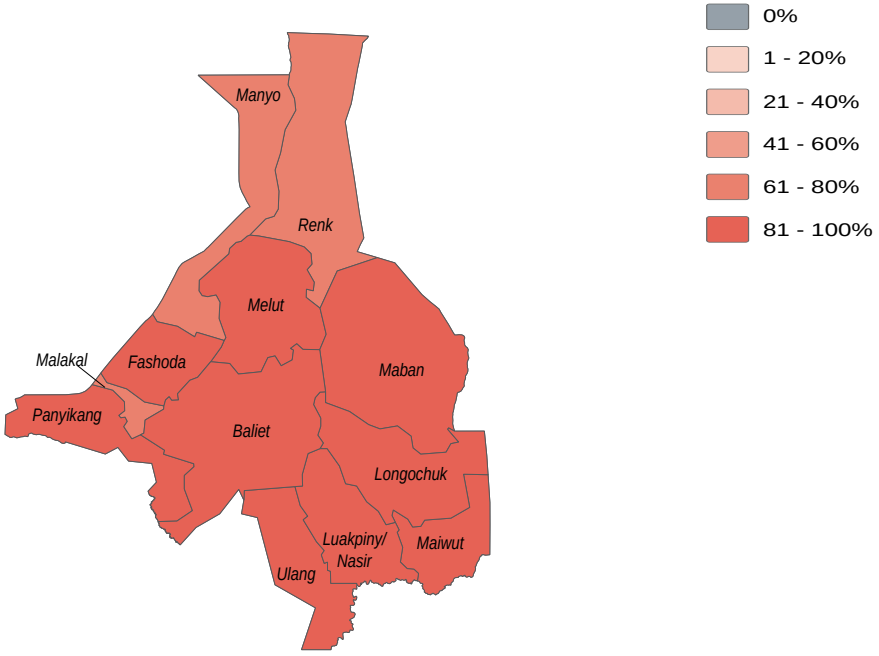
WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

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

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



Most commonly reported defecation location by percentage of households:

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

Overall

In the bush	99%	In the bush	97%
In the river	1%	No answer	3%

Host

In the bush	99%	In the bush	97%
In the river	1%	No answer	3%

IDPs

In the bush	100%	In the bush	97%
		No answer	3%

Returnees

In the bush	100%	In the bush	100%

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Panyikang County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

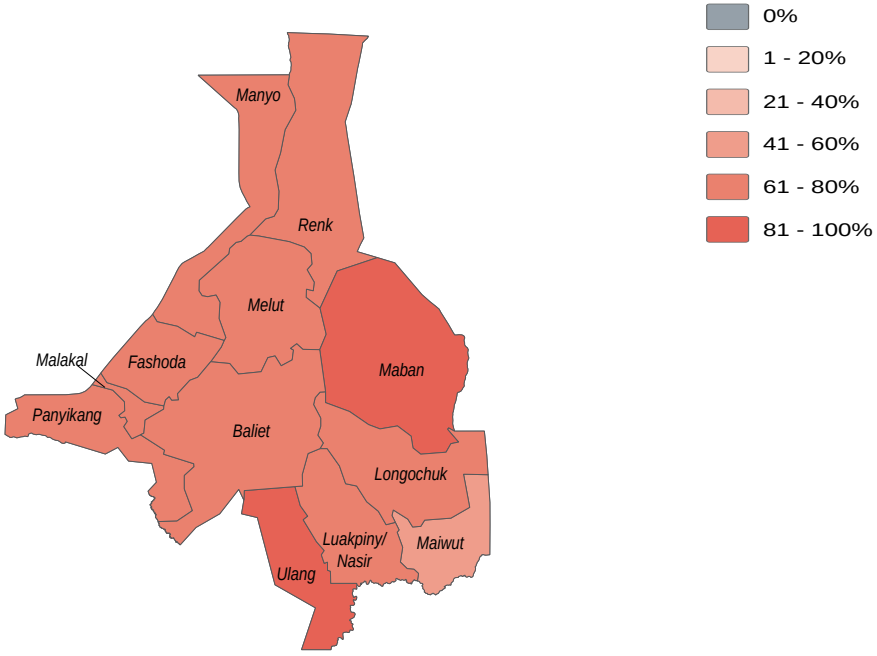
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

64%	of Panyikang County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was a decrease from the previous season.
66%	of Panyikang County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 2018.
Malaria	was the most commonly reported water or vector borne disease in November and December, 2018. This was the same as the previous season.
Malaria	was the most commonly reported water or vector borne disease in July and August, 2018.

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



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

Overall	Malaria	99%
	Typhoid	82%
	Stomach pain	76%
	Fever	74%
	Flu	68%
Host	Malaria	98%
	Typhoid	86%
	Stomach pain	79%
	Fever	77%
	Flu	72%
IDPs	Malaria	100%
	Typhoid	82%
	Fever	65%
	Stomach pain	65%
	Flu	59%
Returnees		

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

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

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Panyikang County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

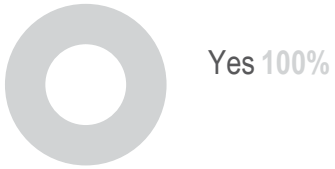
WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

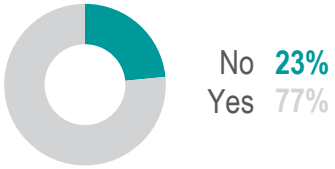
0%	of Panyikang County HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in November and December, 2018. This was a decrease from the previous season.
3%	of Panyikang County HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in HH in July and August, 2018.
1	was the average number of jerrycans and/or buckets per HH in July and August, 2018. This was a decrease from the previous season.
4	was the average number of jerrycans and/or buckets per HH in November and December, 2018.

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

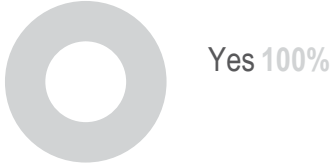


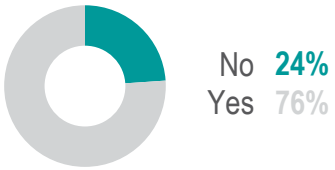
Ownership of soap by percentage of households:

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

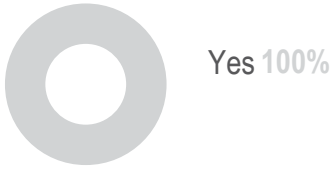


Overall





Host



IDPs

Returnees

Endnotes

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

About REACH

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

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

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Renk County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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

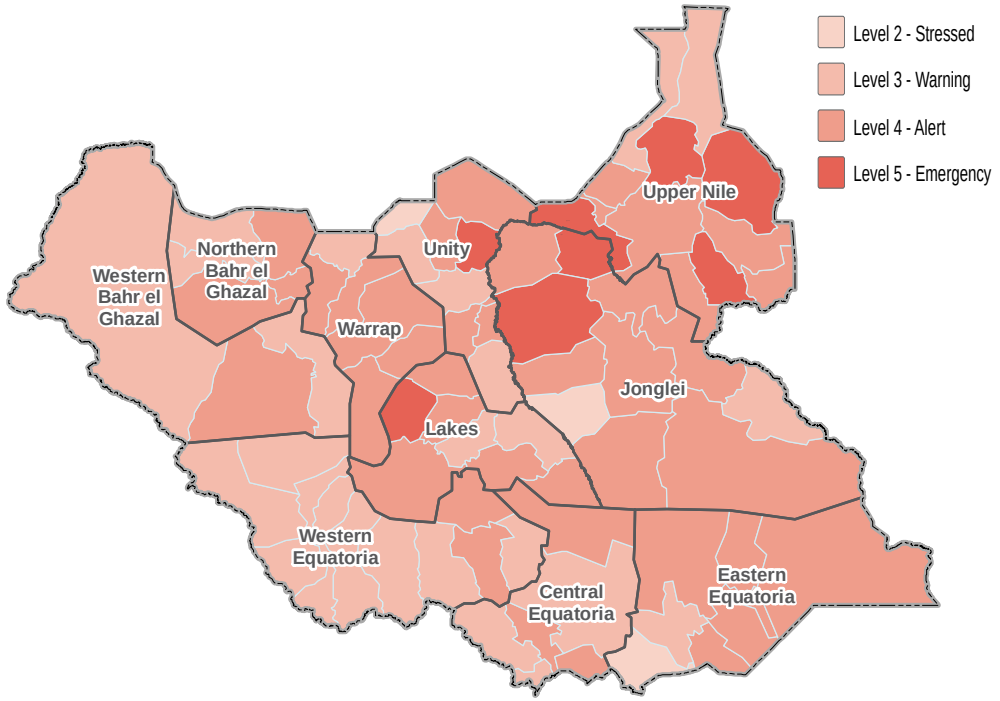
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of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

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

FSNMS Assessment Coverage

Full coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

Host community	87%
IDP	13%

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

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

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

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

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

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Renk County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

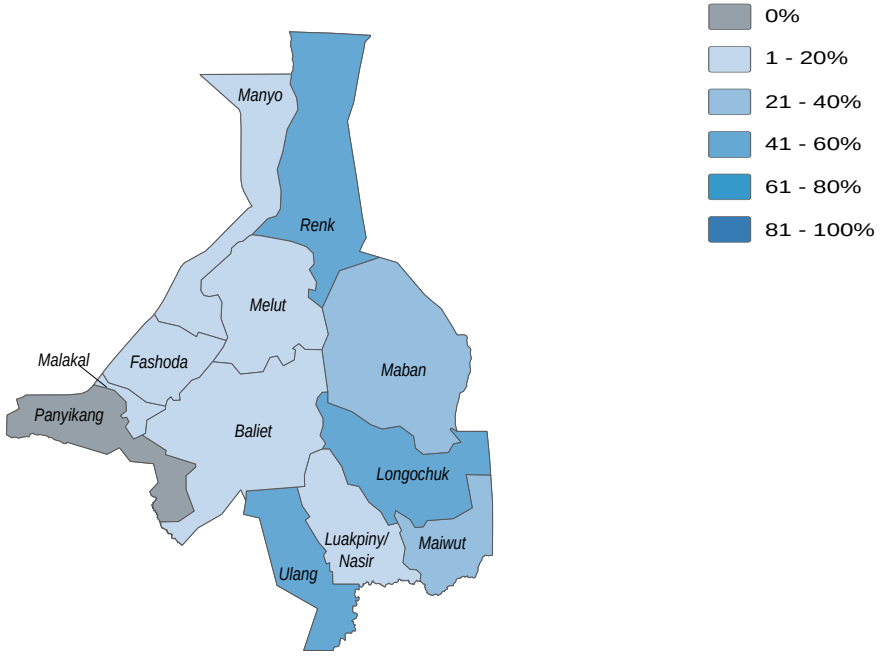
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

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

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



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

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

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

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

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

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

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Renk County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

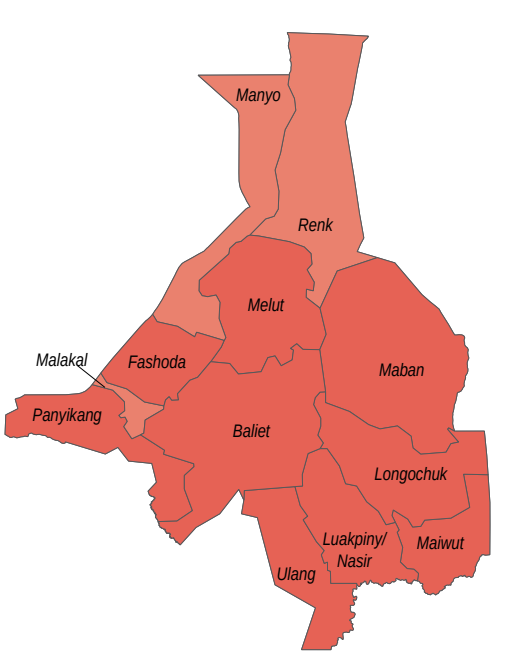
WASH Cluster
Water Sanitation Hygiene

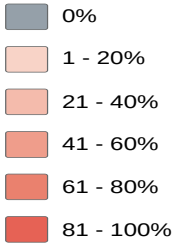
November/December2018

Sanitation

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

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





Most commonly reported defecation location by percentage of households:

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

Overall

In the bush	77%
In the latrine	23%

In the bush	77%
In the latrine	19%
Dig a hole and cover	4%

Host

In the bush	76%
In the latrine	24%

In the bush	76%
In the latrine	20%
Dig a hole and cover	4%

IDPs

In the bush	86%
In the latrine	14%

In the bush	86%
In the latrine	14%

Returnees

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Renk County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

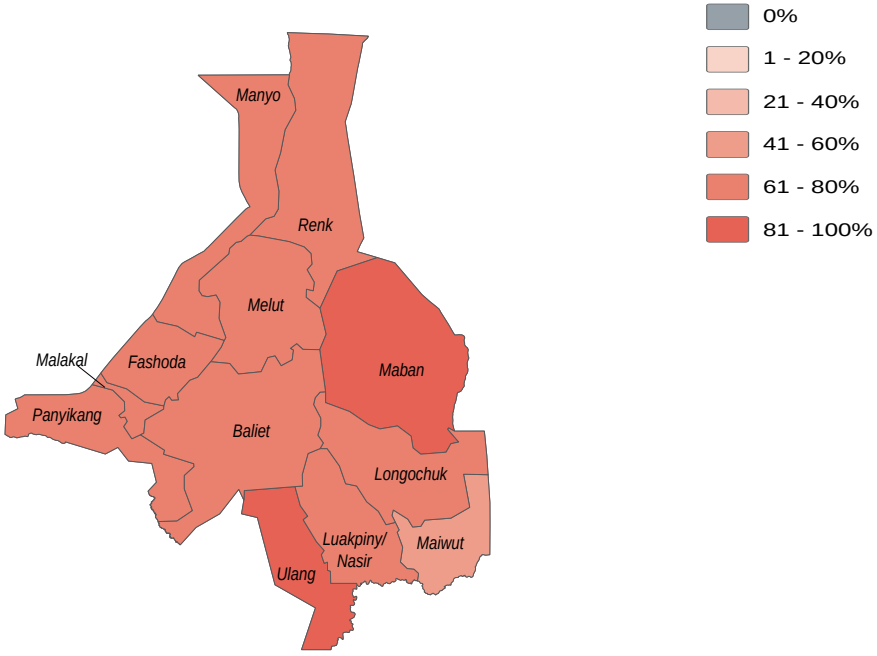
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

67%	of Renk County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was an increase from the previous season.
56%	of Renk County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 2018.
Malaria	was the most commonly reported water or vector borne disease in November and December, 2018. This was the same as the previous season.
Malaria	was the most commonly reported water or vector borne disease in July and August, 2018.

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



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

Overall	Malaria	76%
	Fever	45%
	Typhoid	31%
	AWD	5%
	Flu	5%
Host	Malaria	74%
	Fever	46%
	Typhoid	31%
	Flu	5%
	Stomach pain	5%
IDPs	Malaria	100%
	AWD	33%
	Fever	33%
	Typhoid	33%
Returnees		

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

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

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Renk County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

30%	of Renk County HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in November and December, 2018. This was an increase from the previous season.
13%	of Renk County HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in HH in July and August, 2018.
3	was the average number of jerrycans and/or buckets per HH in July and August, 2018. This was an increase from the previous season.
2	was the average number of jerrycans and/or buckets per HH in November and December, 2018.

	Ownership of a bucket or a jerrycan with a lid by percentage of households:	Ownership of soap by percentage of households:	Every member of the household sleeps under a mosquito net by percentage of households:
Overall	No **51%** Yes 49%	No **31%** Yes 69%	No **14%** Yes 86%
Host	No **55%** Yes 45%	No **27%** Yes 73%	No **13%** Yes 87%
IDPs	No **21%** Yes 79%	No **57%** Yes 43%	No **21%** Yes 79%
Returnees			

Endnotes

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

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Ulang County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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

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

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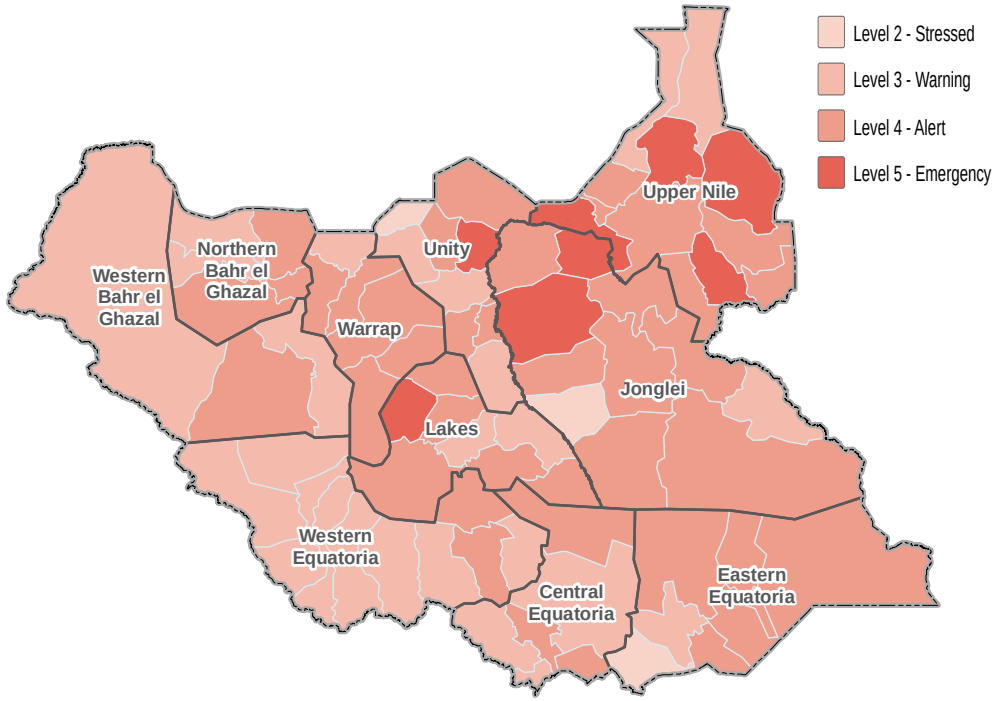
FSNMS Assessment Coverage

Full coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

Host community	97%
Returnee	2%
IDP	1%

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

Between 2-3 years	100%

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

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

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

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

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Ulang County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

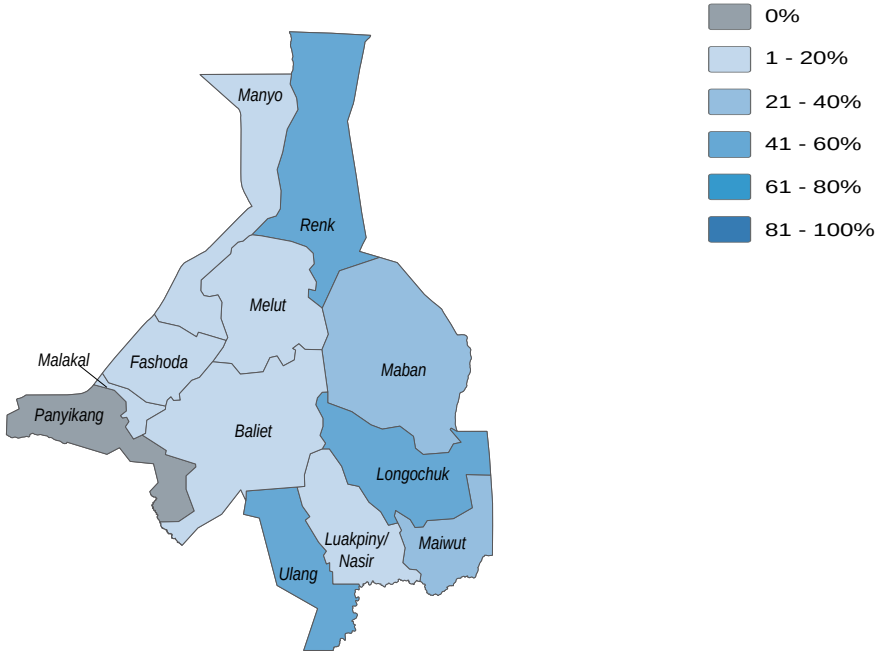
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

46%	of Ulang County HHs reported having safe access to an improved source of drinking water as their main source, in November and December, 2018. This was an increase from the previous season.
39%	of Ulang County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
7%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was an increase from the previous season.
6%	of HHs reported feeling unsafe while collecting water, in July and August, 2018.

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



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

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

Overall

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

River or stream	54%
Borehole	46%

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	94%
30 minutes to 1 hour	5%
Between 1- 2 hours	1%

Host

River or stream	53%
Borehole	47%

Less than 30 minutes	94%
30 minutes to 1 hour	5%
Between 1- 2 hours	1%

IDPs

Borehole	100%

Less than 30 minutes	100%

Returnees

River or stream	100%

Less than 30 minutes	100%

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Ulang County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

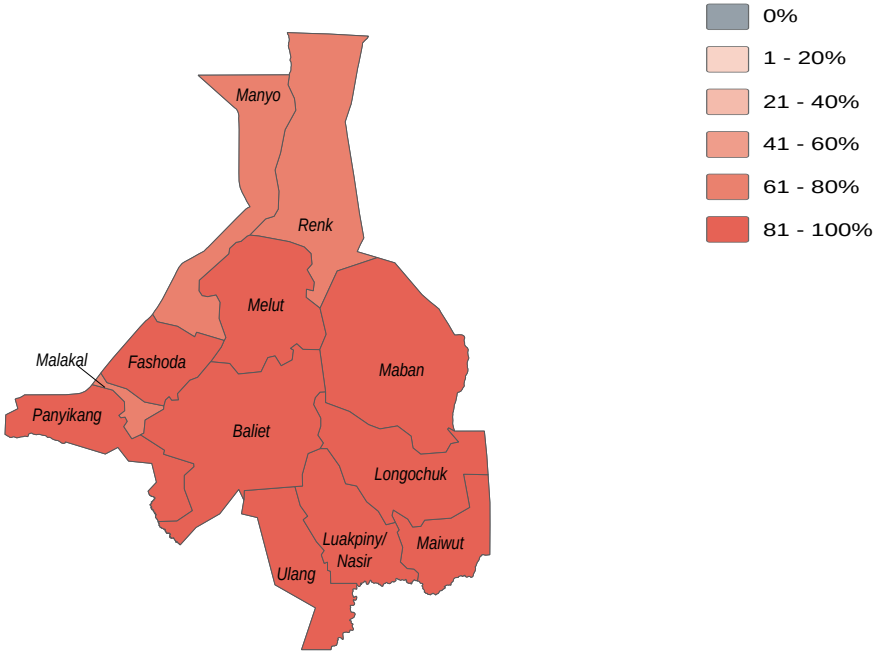
WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

4%	of Ulang County HHs reported having access to a latrine (private, shared, or communal/ institutional), in November and December, 2018. This was an increase from the previous season.
1%	of Ulang County HHs reported having access to a latrine (private, shared, or communal/ institutional), in July and August, 2018.
3%	of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was an increase from the previous season.
0%	of HHs reported their most common defecation location was a latrine, in July and August, 2018.

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



Most commonly reported defecation location by percentage of households:

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

Overall

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

Host

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

IDPs

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

Returnees

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

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Ulang County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

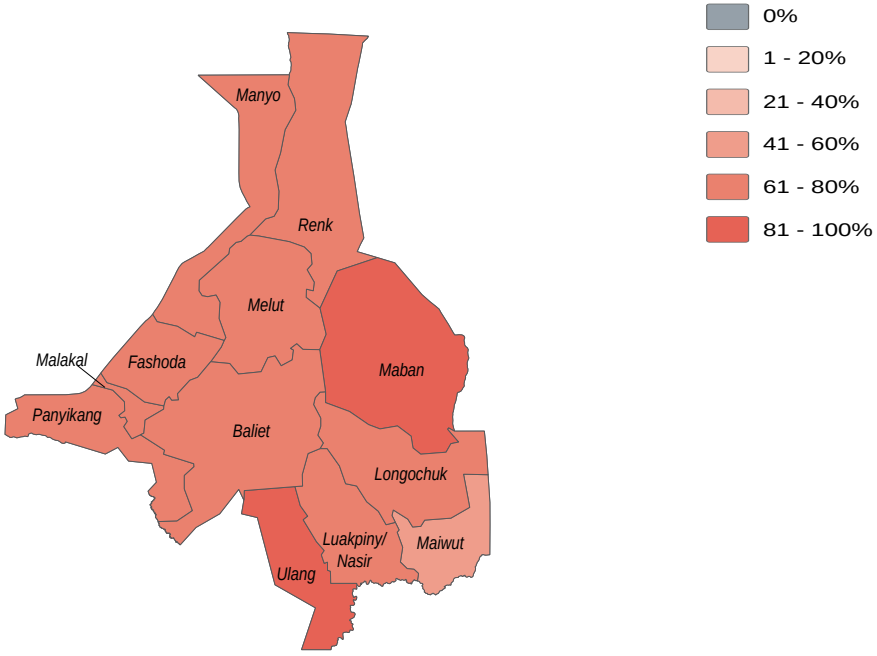
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

82%	of **Ulang County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was a decrease from the previous season.
84%	of **Ulang County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 2018.
Malaria	was the most commonly reported water or vector borne disease in November and December, 2018. This was the same as the previous season.
Malaria	was the most commonly reported water or vector borne disease in July and August, 2018.

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



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

Overall	Malaria	67%
	Fever	52%
	Stomach pain	27%
	Typhoid	27%
	Eye infection	13%
Host	Malaria	67%
	Fever	53%
	Stomach pain	27%
	Typhoid	25%
	Eye infection	14%
IDPs		
Returnees		

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

Overall	Malaria	80%
	Fever	65%
	Stomach pain	21%
	AWD	17%
	Typhoid	15%
Host	Malaria	80%
	Fever	64%
	Stomach pain	22%
	AWD	17%
	Typhoid	16%
IDPs	Fever	100%
	Malaria	100%
Returnees		

REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Ulang County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

18%	of Ulang County HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in November and December, 2018. This was an increase from the previous season.
6%	of Ulang County HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in HH in July and August, 2018.
2	was the average number of jerrycans and/or buckets per HH in July and August, 2018. This was the same as the previous season.
2	was the average number of jerrycans and/or buckets per HH in November and December, 2018.

	Ownership of a bucket or a jerrycan with a lid by percentage of households:	Ownership of soap by percentage of households:	Every member of the household sleeps under a mosquito net by percentage of households:
Overall	No **6%** Yes 94%	No **72%** Yes 28%	No **35%** Yes 65%
Host	No **7%** Yes 93%	No **72%** Yes 28%	No **35%** Yes 65%
IDPs	Yes 100%	No **100%**	No **100%**
Returnees	Yes 100%	No **50%** Yes 50%	Yes 100%

Endnotes

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

About REACH

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

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

Visit **www.reach-initiative.org** and follow us @REACH_info.