Ezo County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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

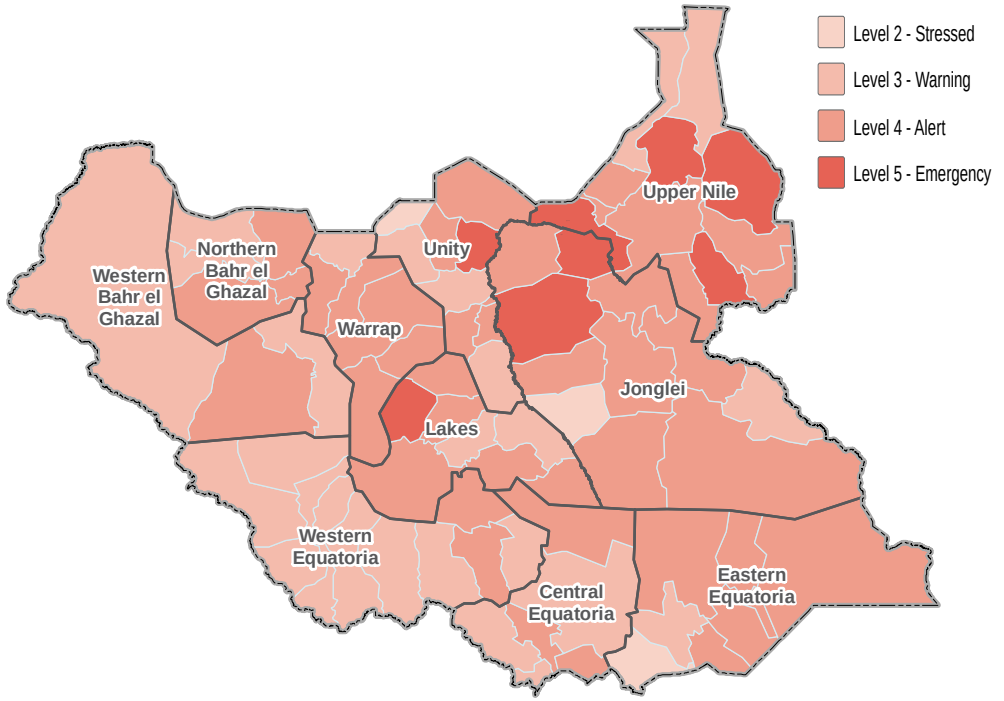
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of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

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)

Children under 5	63%
Adopted children	36%
Elderly persons	36%
Physically disabled	24%
Female headed	19%

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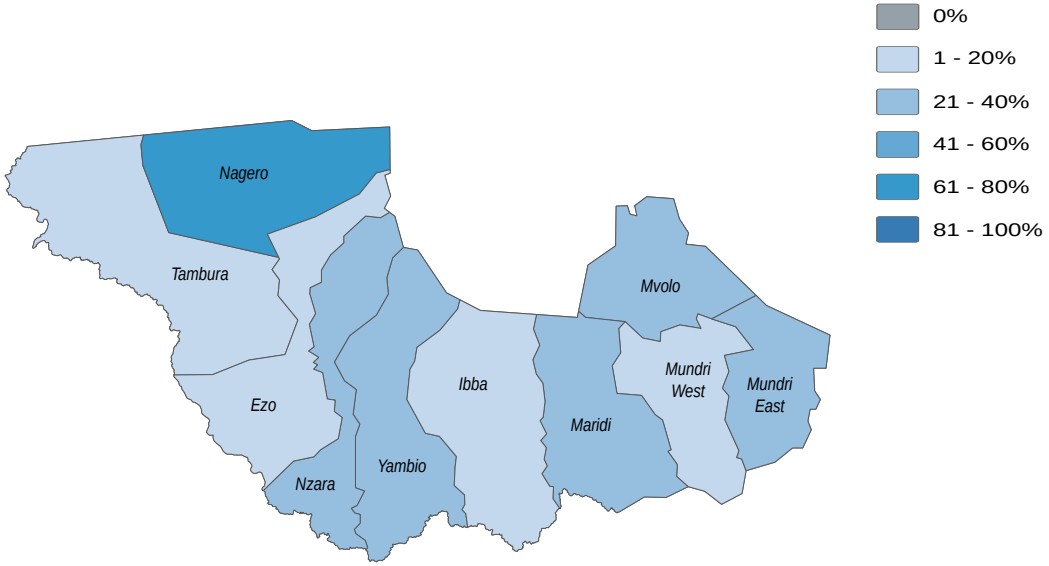
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

30%	of Ezo County HHs reported having safe access to an improved source of drinking water as their main source, in November and December, 2018. This was an increase from the previous season.
17%	of Ezo County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
23%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was a decrease from the previous season.
59%	of HHs reported feeling unsafe while collecting water, in July and August, 2018.

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



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

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

Overall

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

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

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

Less than 30 minutes	44%
30 minutes to 1 hour	31%
Between 1- 2 hours	24%
More than 2 hours	2%

Host

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

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

IDPs

River or stream	100%

30 minutes to 1 hour	100%

Returnees

Ezo County - Water, Sanitation and Hygiene Factsheet

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Sanitation

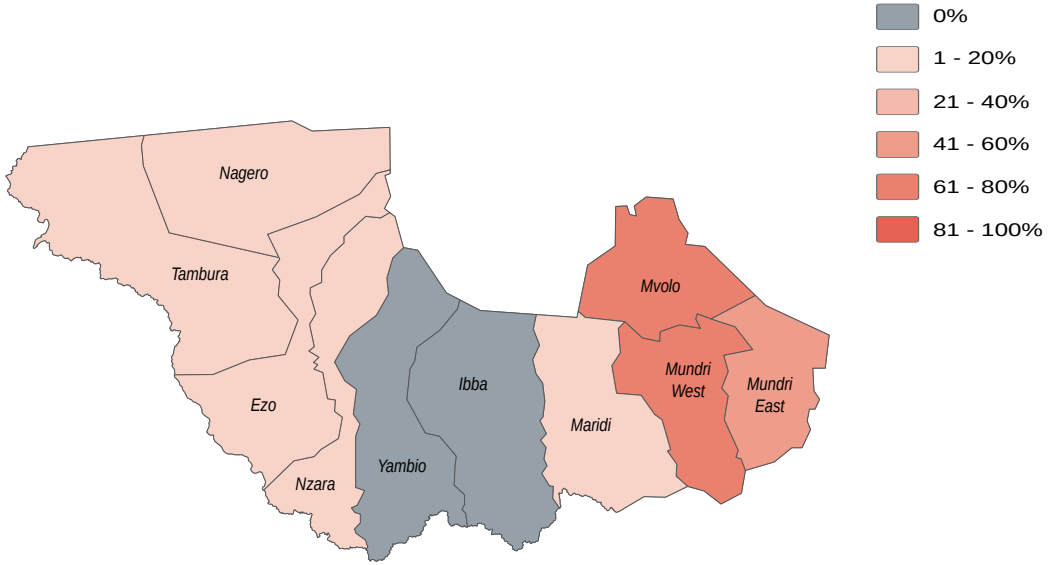
91% of Ezo County HHs reported having access to a latrine (private, shared, or communal/ institutional), in November and December, 2018. This was a decrease from the previous season.

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

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

86% of HHs reported their most common defecation location was a latrine, in July and August, 2018.

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



	Most commonly reported defecation location by percentage of households:		Most commonly reported excreta disposal **methods for children under five by** percentage of households:	
Overall	In the latrine	89%	In the latrine	87%
	In the bush	8%	In the bush	8%
	Dig a hole and cover	2%	No answer	3%
	No answer	1%	Dig a hole and cover	2%
Host	In the latrine	89%	In the latrine	87%
	In the bush	8%	In the bush	8%
	Dig a hole and cover	2%	No answer	3%
	No answer	1%	Dig a hole and cover	2%
IDPs	In the latrine	100%	In the latrine	100%
Returnees				

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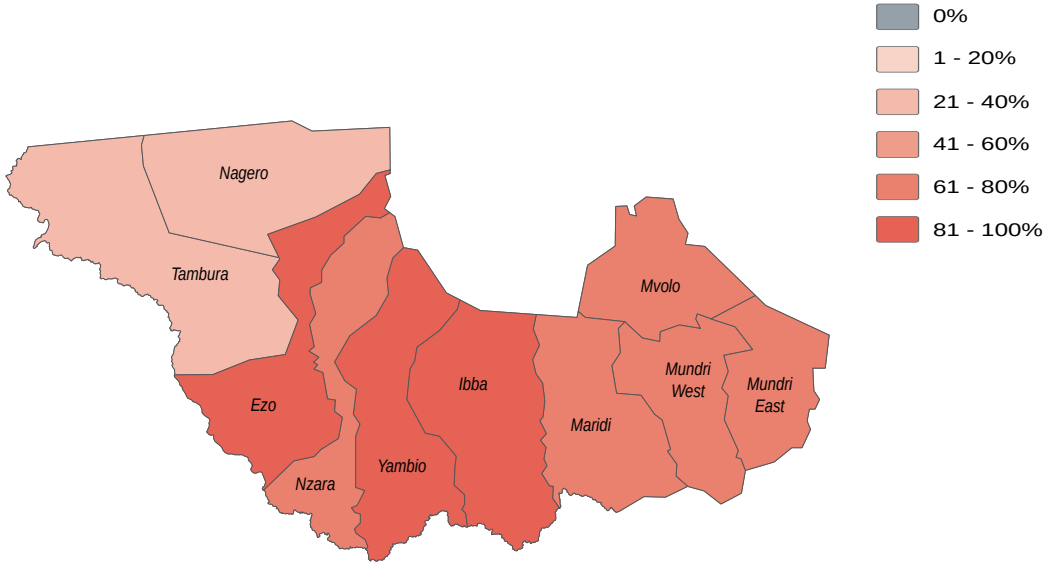
Health

95%	of Ezo County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was an increase from the previous season.
91%	of Ezo County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 2018.
Malaria	was the most commonly reported water or vector borne disease in November and December, 2018. This was the same as the previous season.
Malaria	was the most commonly reported water or vector borne disease in July and August, 2018.

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



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

Overall	Malaria	60%
	Flu	42%
	Fever	38%
	AWD	22%
	Stomach pain	15%
Host	Malaria	60%
	Flu	42%
	Fever	38%
	AWD	22%
	Stomach pain	15%
IDPs		
Returnees		

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

Overall	Malaria	83%
	Fever	33%
	Flu	33%
	AWD	27%
	Typhoid	18%
Host	Malaria	83%
	Flu	34%
	Fever	32%
	AWD	28%
	Typhoid	18%
IDPs	Fever	100%
	Malaria	100%
Returnees		

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NFI WASH NFIs

16%	of Ezo County HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in November and December, 2018. This was an increase from the previous season.
7%	of Ezo County HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in HH in July and August, 2018.
2	was the average number of jerrycans and/or buckets per HH in July and August, 2018. This was the same as the previous season.
2	was the average number of jerrycans and/or buckets per HH in November and December, 2018.

	Ownership of a bucket or a jerrycan with a lid by percentage of households:	Ownership of soap by percentage of households:	Every member of the household sleeps under a mosquito net by percentage of households:
Overall	 No **24%** Yes 76%	 No **43%** Yes 57%	 No **73%** Yes 27%
Host	 No **24%** Yes 76%	 No **42%** Yes 58%	 No **73%** Yes 27%
IDPs	Yes 100%	 No **100%**	 No **100%**
Returnees			

Endnotes

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

About REACH

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.

Ibba County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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

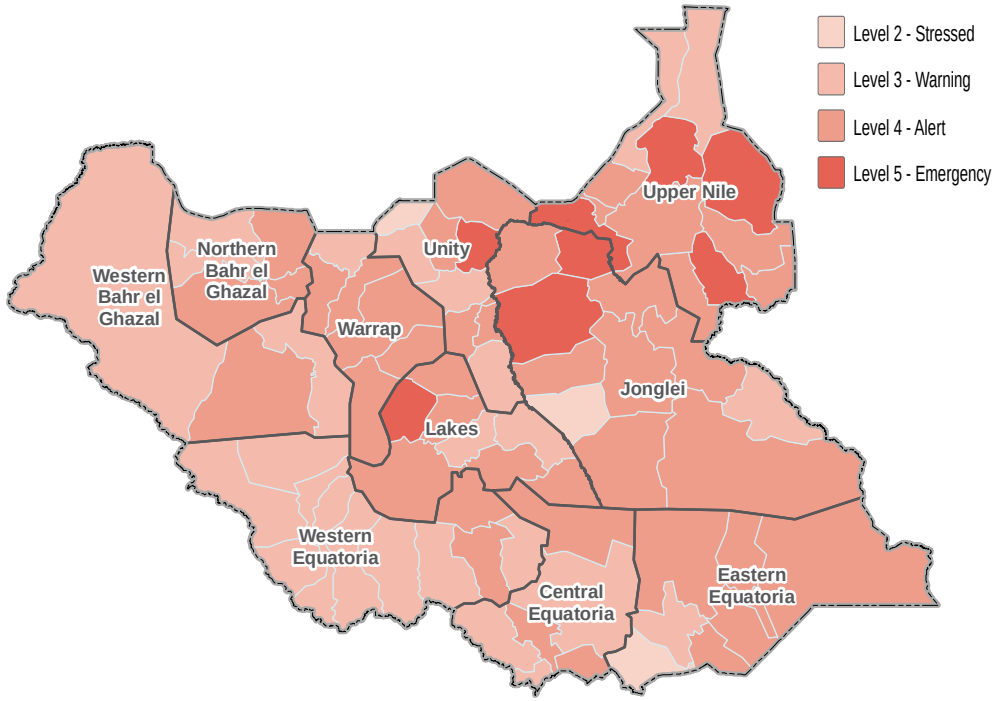
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of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

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

FSNMS Assessment Coverage

Partial coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

Host community	100%

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

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

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

Children under 5	60%
Elderly persons	19%
Adopted children	15%
Female headed	15%
Chronically ill	11%

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Ibba County - Water, Sanitation and Hygiene Factsheet

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WASH Cluster
Water Sanitation Hygiene

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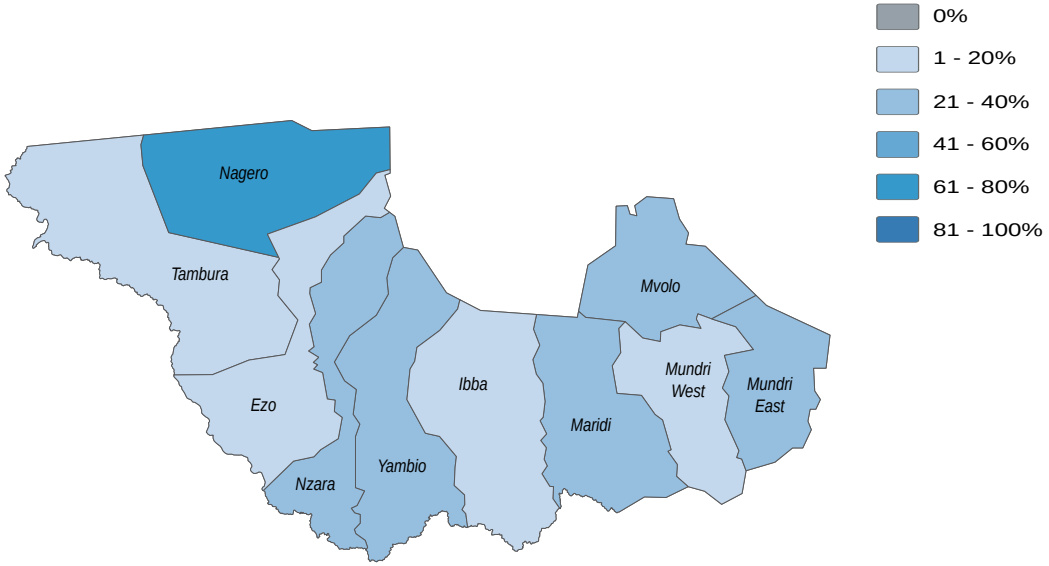
Water

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

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



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

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

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

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

Overall

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

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

Host

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

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

IDPs

Returnees

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Sanitation

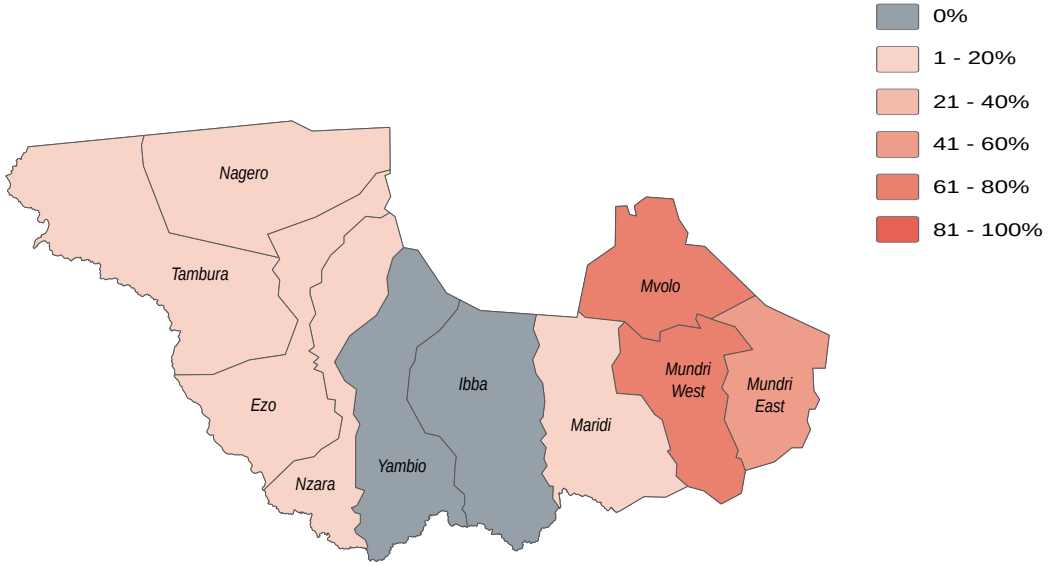
100% of Ibba County HHs reported having access to a latrine (private, shared, or communal/ institutional), in November and December, 2018. This was an increase from the previous season.

87% of Ibba County HHs reported having access to a latrine (private, shared, or communal/ institutional), in July and August, 2018.

97% of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was an increase from the previous season.

86% of HHs reported their most common defecation location was a latrine, in July and August, 2018.

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



Most commonly reported defecation location by percentage of households:

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

Overall

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

Host

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

IDPs

Returnees

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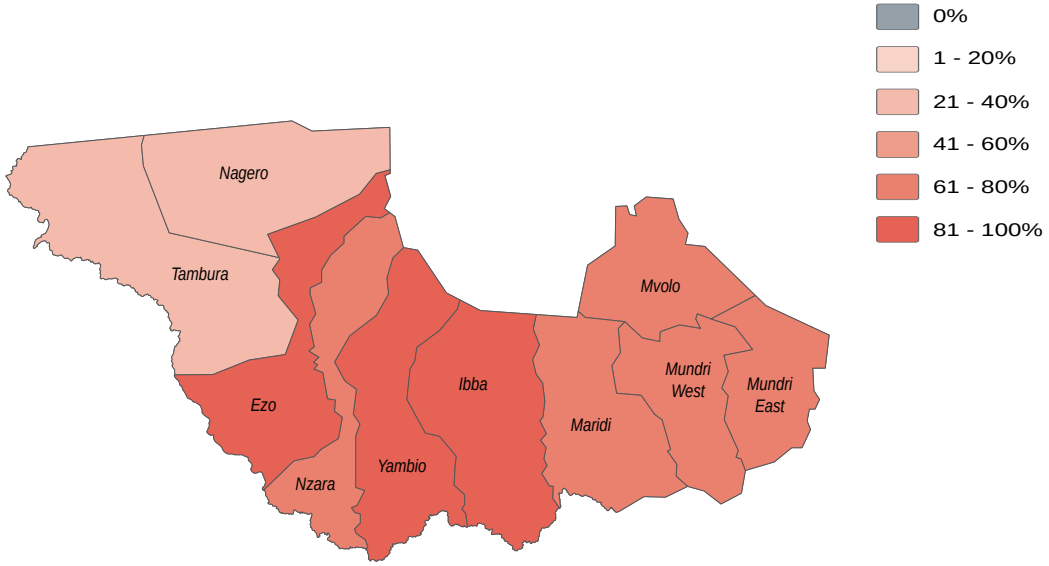
Health

90%	of **Ibba County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was an increase from the previous season.
80%	of **Ibba County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 2018.
Malaria	was the most commonly reported water or vector borne disease in November and December, 2018. This was the same as the previous season.
Malaria	was the most commonly reported water or vector borne disease in July and August, 2018.

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



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

Overall	Malaria	34%
	Stomach pain	25%
	Skin infection	23%
	Fever	19%
	AWD	11%
Host	Malaria	34%
	Stomach pain	25%
	Skin infection	23%
	Fever	19%
	AWD	11%
IDPs		
Returnees		

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

Overall	Malaria	55%
	Fever	36%
	AWD	15%
	Flu	11%
	Skin infection	11%
Host	Malaria	55%
	Fever	36%
	AWD	15%
	Flu	11%
	Skin infection	11%

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NFI WASH NFIs

7%	of Ibba County HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in November and December, 2018. This was a decrease from the previous season.
9%	of Ibba County HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in HH in July and August, 2018.
2	was the average number of jerrycans and/or buckets per HH in July and August, 2018. This was the same as the previous season.
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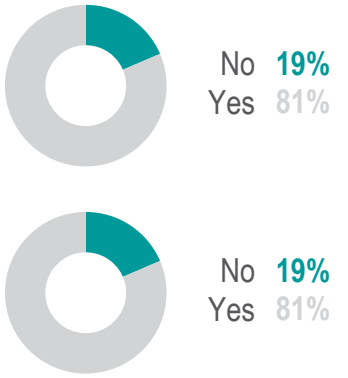
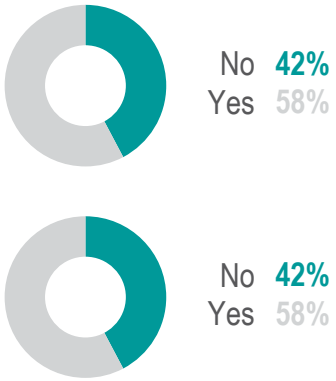
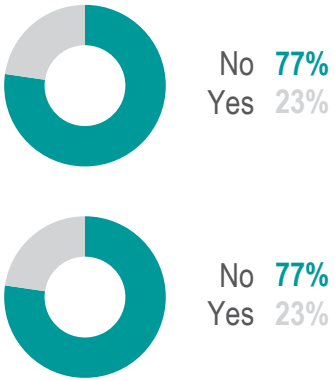
Ownership of a bucket or a jerrycan with a lid by percentage of households:



Ownership of soap by percentage of households:



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



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Maridi County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

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FSNMS Assessment Coverage

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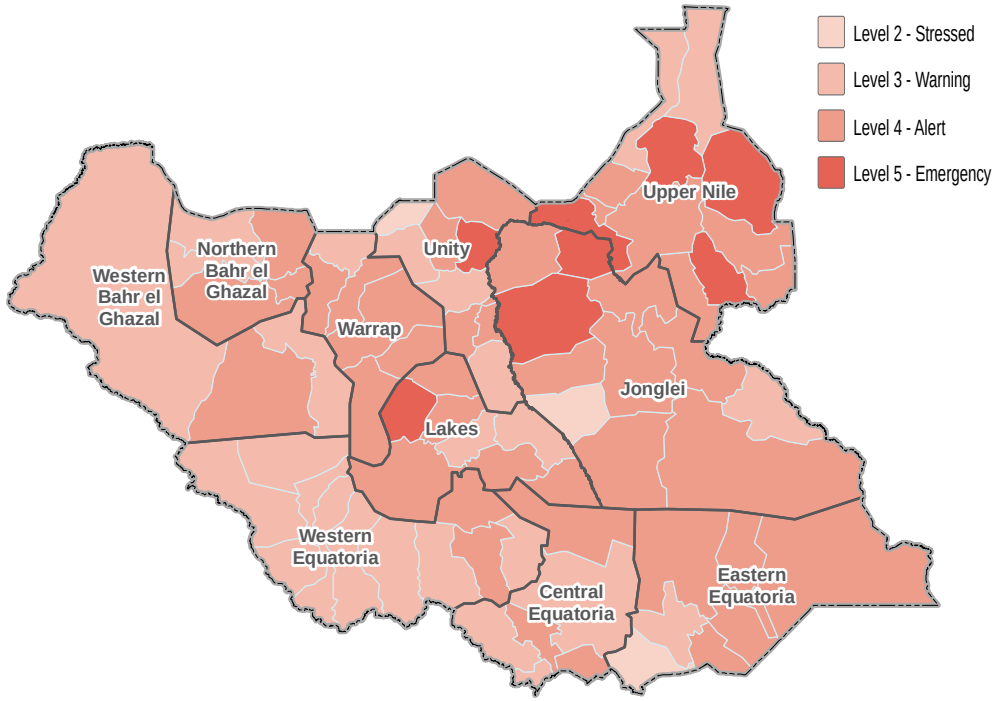
WASH Needs Severity Map



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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	99%
IDP	1%

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

In the last one year	100%

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

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

Children under 5	74%
Female headed	48%
Elderly persons	31%
Physically disabled	14%
Adopted children	11%

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Maridi County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

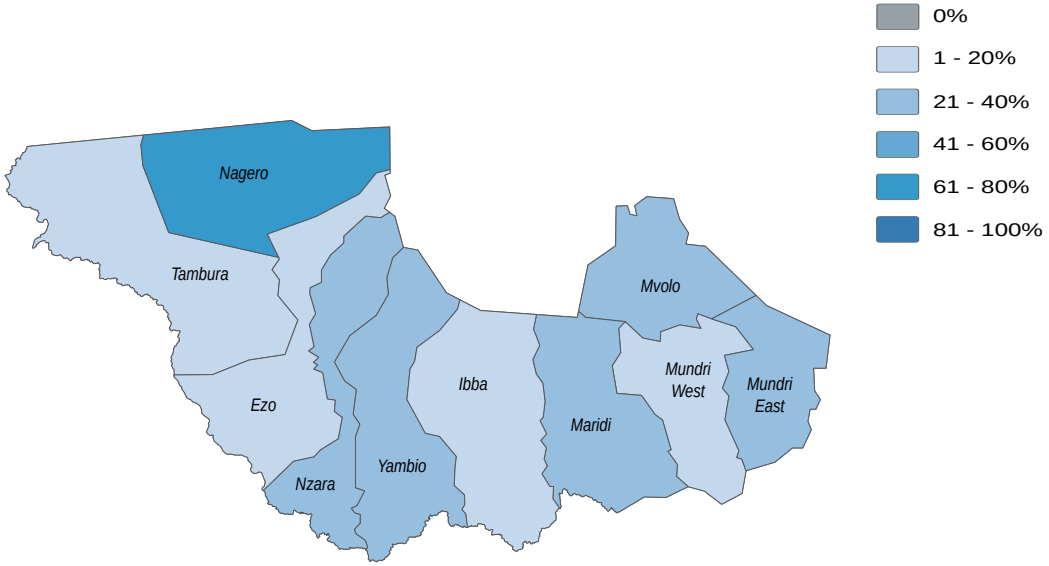
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

51%	of **Maridi County** HHs reported having safe access to an improved source of drinking water as their main source, in November and December, 2018. This was an increase from the previous season.
49%	of **Maridi County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
8%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was an increase from the previous season.
6%	of HHs reported feeling unsafe while collecting water, in July and August, 2018.

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



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

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

Overall

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

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

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

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

Host

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

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

IDPs

Hand dug well	100%

30 minutes to 1 hour	100%

Returnees

Maridi County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

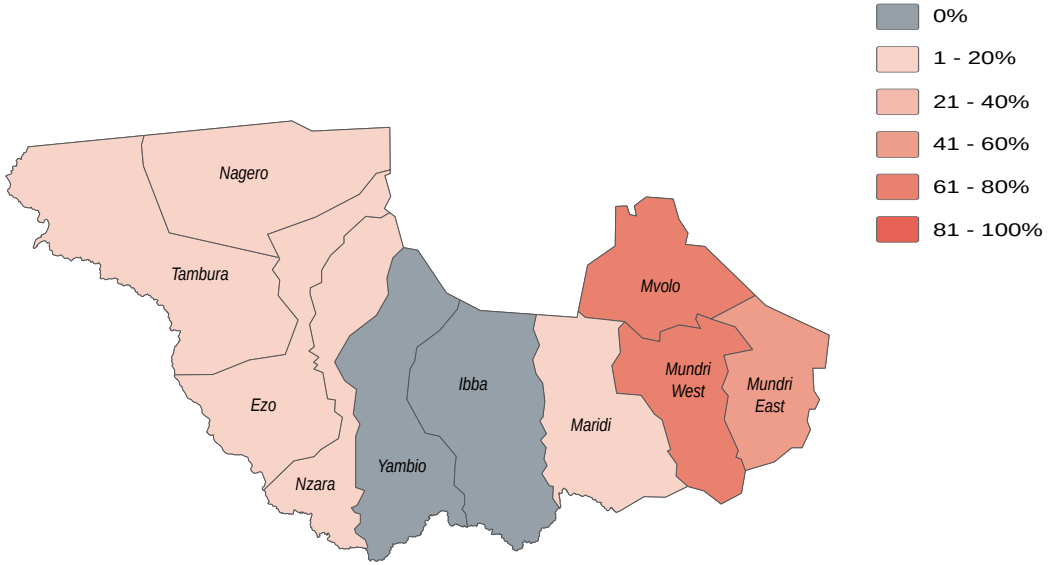
91% of **Maridi County** HHs reported having access to a latrine (private, shared, or communal/ institutional), in November and December, 2018. This was a decrease from the previous season.

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

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

85% of HHs reported their most common defecation location was a latrine, in July and August, 2018.

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



Most commonly reported defecation location by percentage of households:

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

Overall

In the latrine	90%
In the bush	9%
Dig a hole and cover	1%

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

Host

In the latrine	90%
In the bush	9%
Dig a hole and cover	1%

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

IDPs

In the latrine	100%

In the latrine	100%

Returnees

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Maridi County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

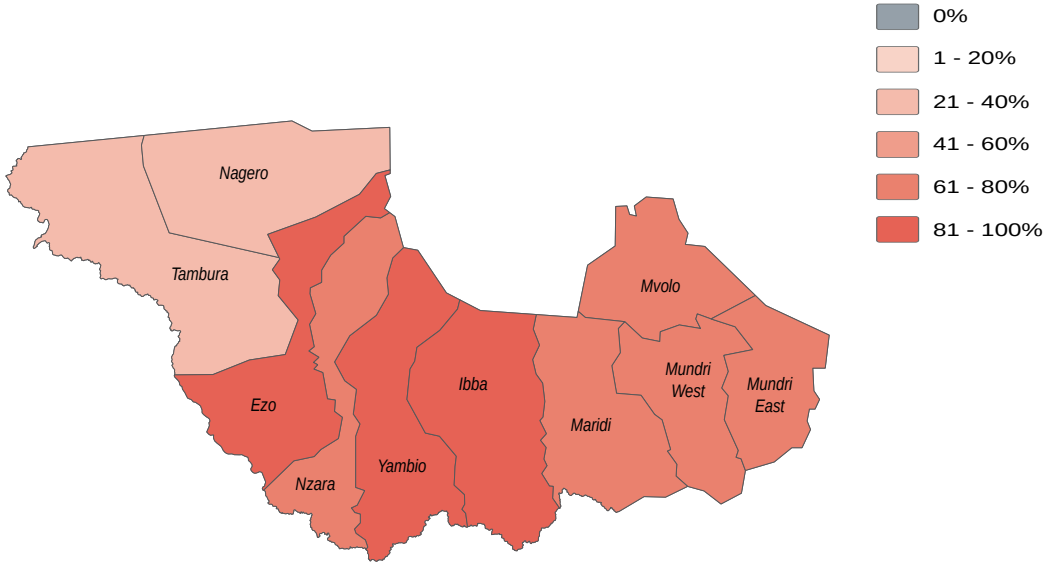
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

66%	of Maridi County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was a decrease from the previous season.
84%	of Maridi County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 2018.
Malaria	was the most commonly reported water or vector borne disease in November and December, 2018. This was the same as the previous season.
Malaria	was the most commonly reported water or vector borne disease in July and August, 2018.

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



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

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

Overall

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

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

Host

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

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

IDPs

Malaria	100%

Returnees

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Maridi County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

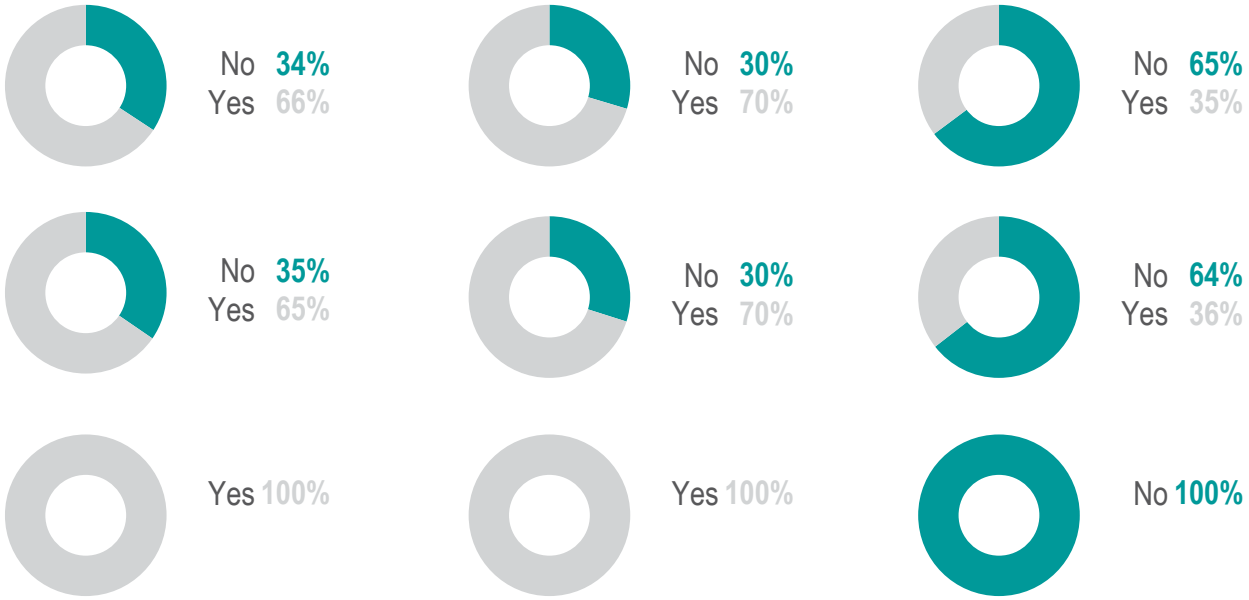
WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

14%	of **Maridi County** HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in November and December, 2018. This was a decrease from the previous season.
26%	of **Maridi County** HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in HH in July and August, 2018.
3	was the average number of jerrycans and/or buckets per HH in July and August, 2018. This was an increase from the previous season.
2	was the average number of jerrycans and/or buckets per HH in November and December, 2018.

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



Ownership of soap by percentage of households:

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

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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Mundri East County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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

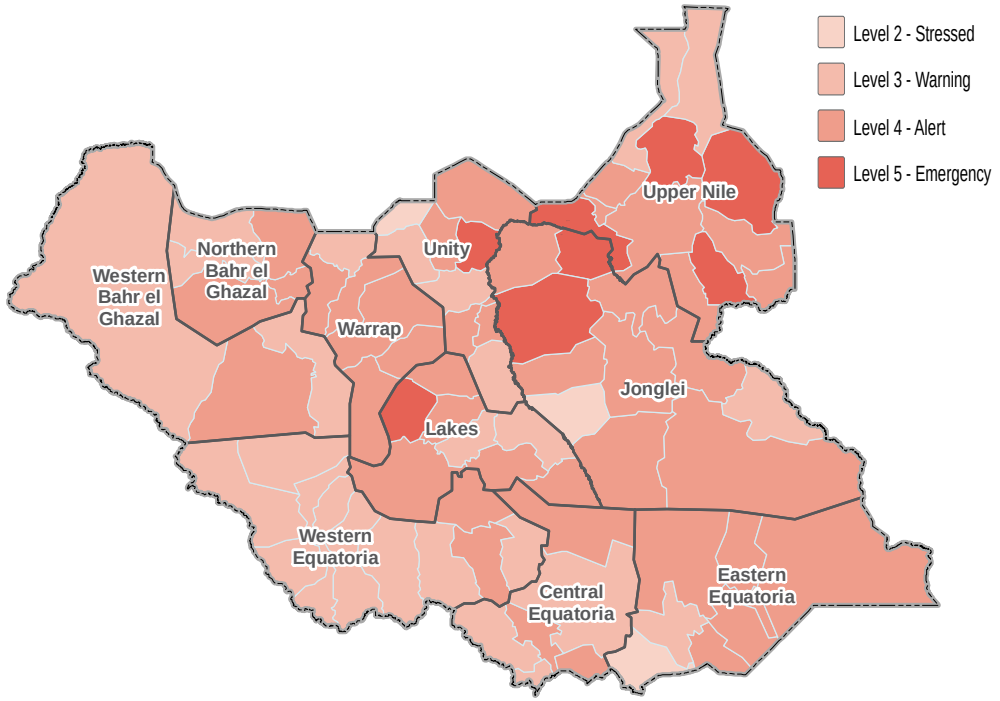
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of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

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

FSNMS Assessment Coverage

Full coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

Host community	98%
IDP	2%

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

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

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

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

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

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Mundri East County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

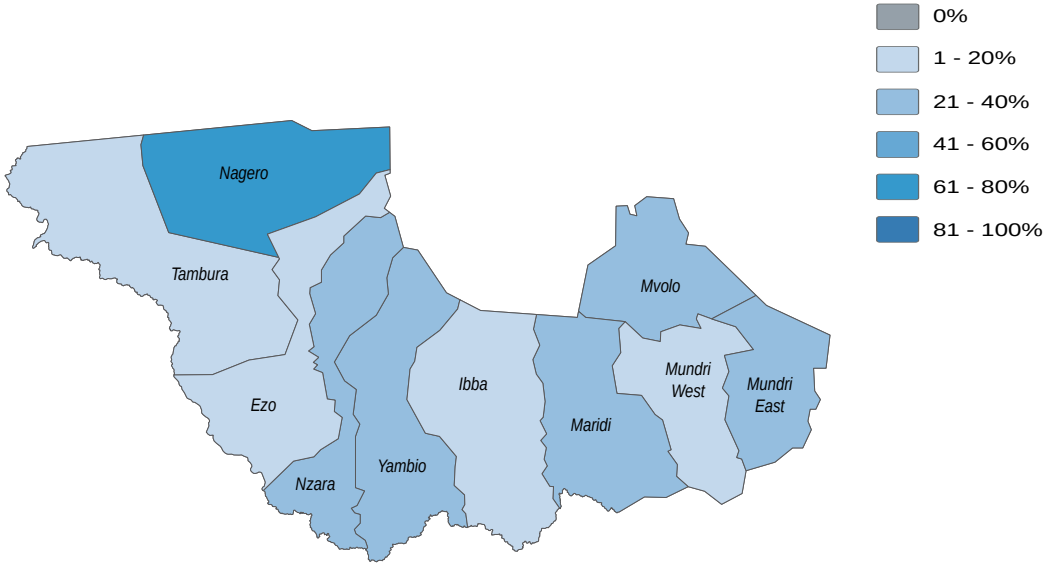
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

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

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



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

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

Overall

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

Borehole	95%
Hand dug well	5%
River or stream	1%

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

Less than 30 minutes	33%
30 minutes to 1 hour	32%
Between 1- 2 hours	19%
More than 2 hours	15%
I don't know	1%

Host

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

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

IDPs

Borehole	100%

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

Returnees

Mundri East County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

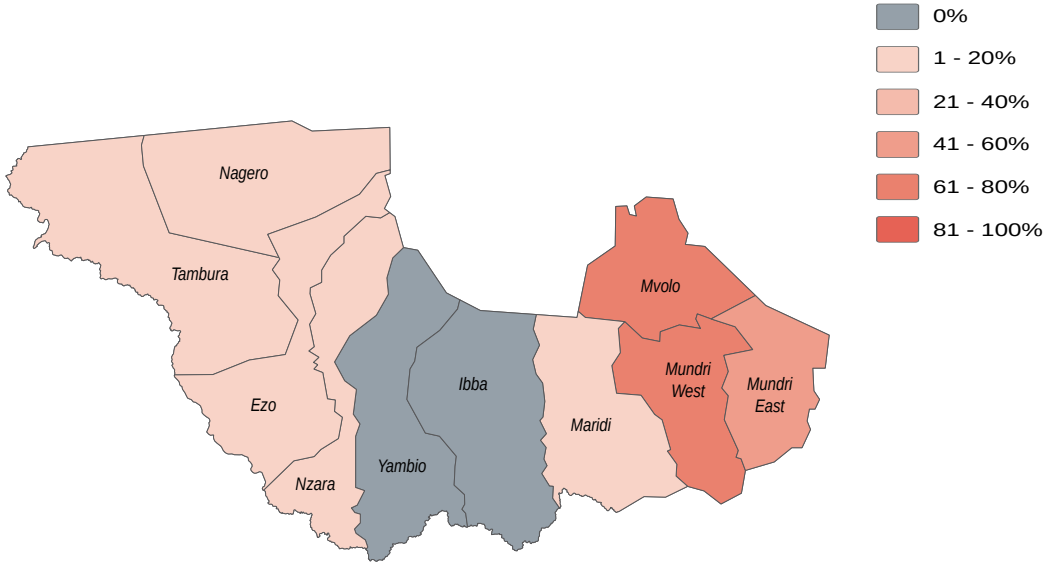
54% of **Mundri East County** HHs reported having access to a latrine (private, shared, or communal/institutional), in November and December, 2018. This was an increase from the previous season.

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

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

34% of HHs reported their most common defecation location was a latrine, in July and August, 2018.

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



Most commonly reported defecation location by percentage of households:

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

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

Mundri East County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

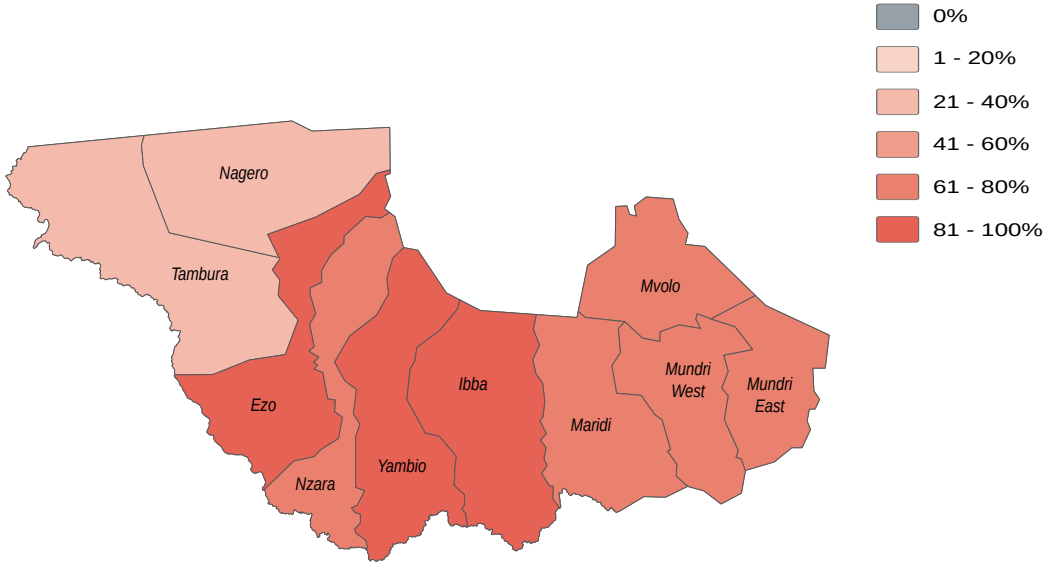
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

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

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



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

Overall	Malaria	81%
	Fever	69%
	Typhoid	50%
	Skin infection	38%
	Stomach pain	38%
Host	Malaria	81%
	Fever	69%
	Typhoid	50%
	Skin infection	38%
	Stomach pain	38%
IDPs		
Returnees		

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

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

Mundri East County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

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

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

Endnotes

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

Western Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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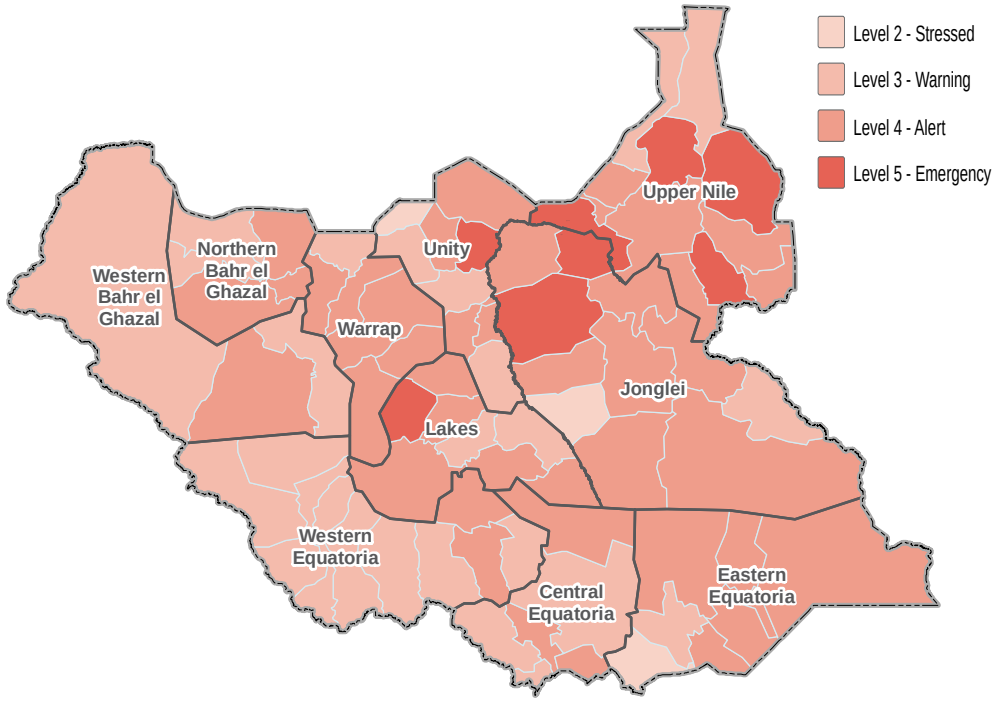
FSNMS Assessment Coverage

Partial coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

Host community	99%
IDP	1%

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

Around 5 years	100%

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

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

Children under 5	75%
Elderly persons	32%
Female headed	26%
Chronically ill	22%
Adopted children	20%

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Mundri West County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

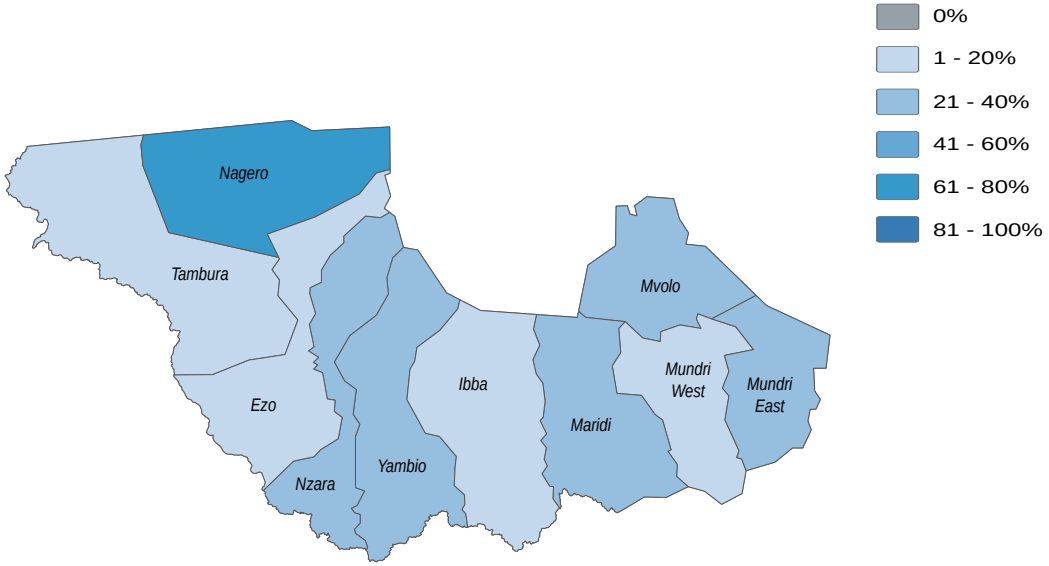
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

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

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



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

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

Overall

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

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

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

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

Host

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

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

IDPs

Borehole	100%

30 minutes to 1 hour	100%

Returnees

REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Mundri West County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

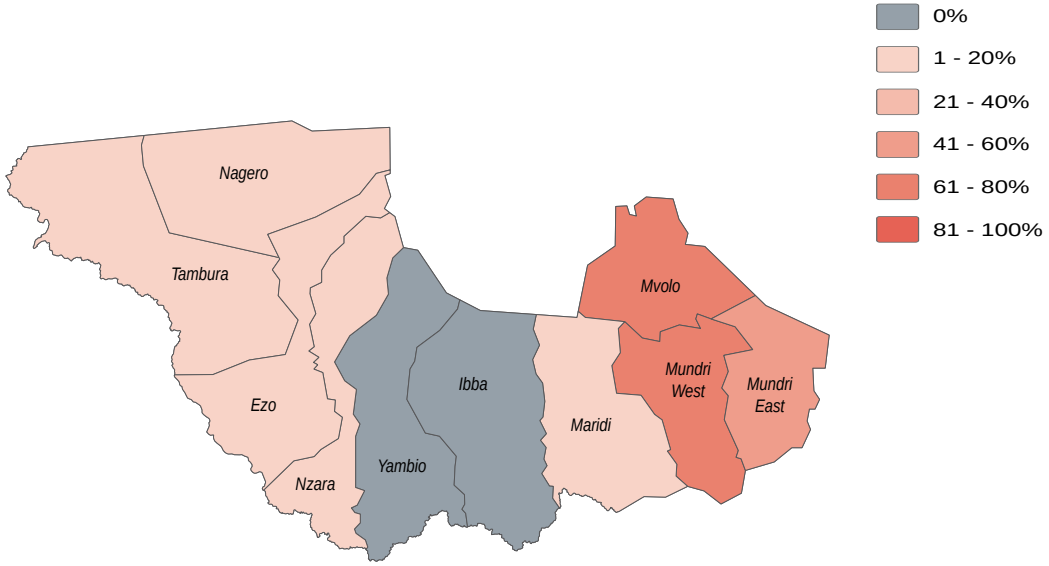
WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

25%	of **Mundri West County** HHs reported having access to a latrine (private, shared, or communal/institutional), in November and December, 2018. This was a decrease from the previous season.
48%	of **Mundri West County** HHs reported having access to a latrine (private, shared, or communal/institutional), in July and August, 2018.
21%	of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was a decrease from the previous season.
27%	of HHs reported their most common defecation location was a latrine, in July and August, 2018.

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



Most commonly reported defecation location by percentage of households:

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

Overall

In the bush	77%	In the bush	62%
In the latrine	21%	In the latrine	22%
Dig a hole and cover	1%	Dig a hole and cover	15%
In the river	1%	No answer	1%

Host

In the bush	77%	In the bush	61%
In the latrine	21%	In the latrine	22%
Dig a hole and cover	1%	Dig a hole and cover	15%
In the river	1%	No answer	1%

IDPs

In the bush	100%	In the bush	100%

Returnees

Mundri West County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

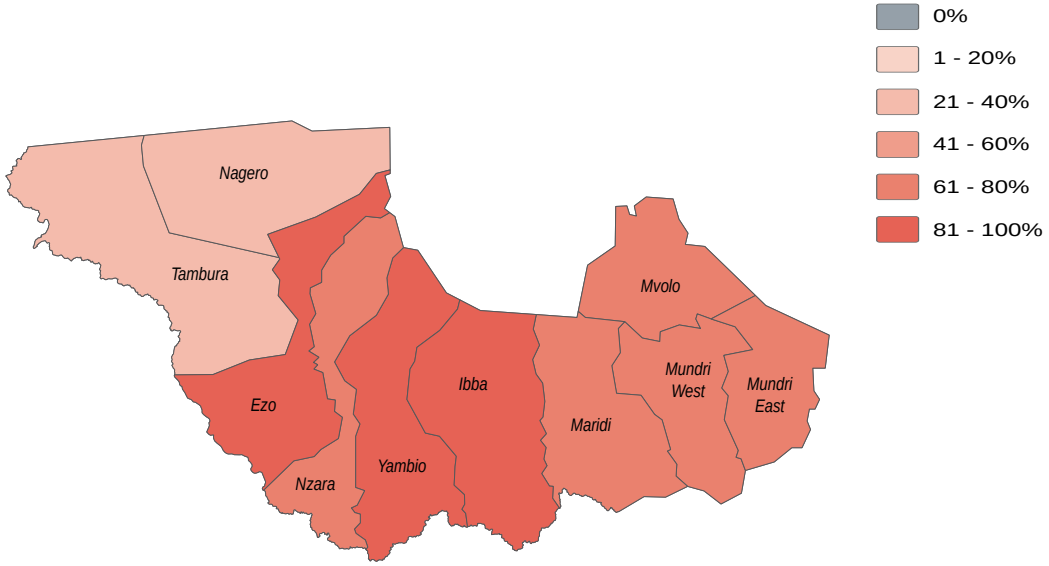
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

68%	of **Mundri West County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was a decrease from the previous season.
90%	of **Mundri West County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 2018.
Malaria	was the most commonly reported water or vector borne disease in November and December, 2018. This was the same as the previous season.
Malaria	was the most commonly reported water or vector borne disease in July and August, 2018.

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



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

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

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

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Mundri West County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

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

	Ownership of a bucket or a jerrycan with a lid by percentage of households:	Ownership of soap by percentage of households:	Every member of the household sleeps under a mosquito net by percentage of households:
Overall	 No **40%** Yes 60%	 No **57%** Yes 43%	 No **74%** Yes 26%
Host	 No **41%** Yes 59%	 No **57%** Yes 43%	 No **74%** Yes 26%
IDPs	Yes 100%	Yes 100%	 No **100%**
Returnees			

Endnotes

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

Western Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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

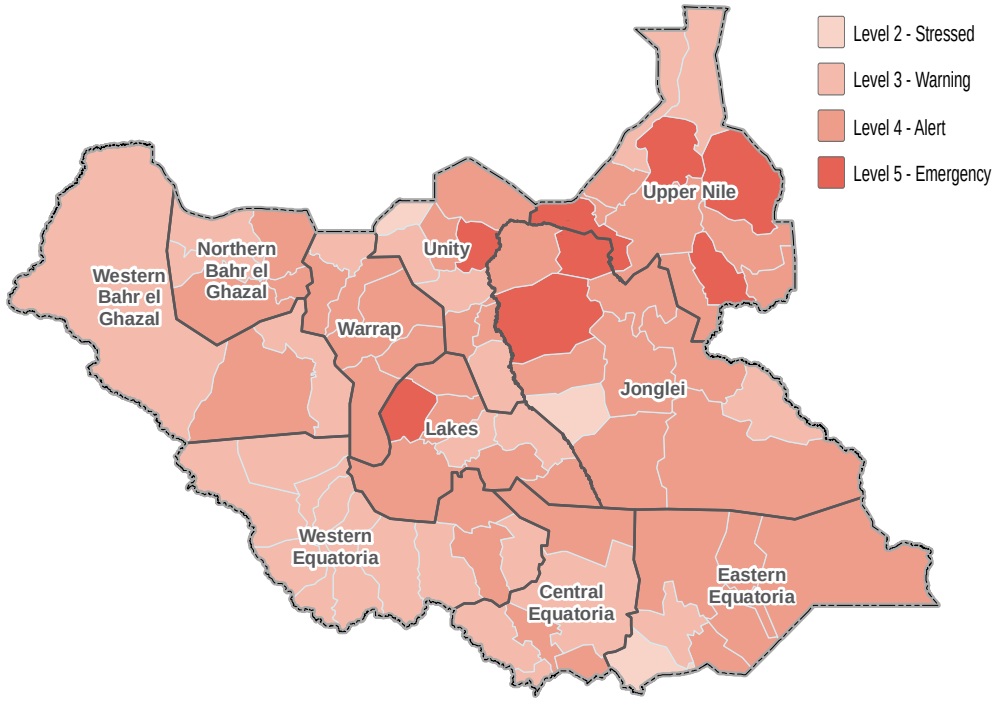
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of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

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

FSNMS Assessment Coverage

Full coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

Host community	100%

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

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

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

Children under 5	79%
Elderly persons	43%
Physically disabled	40%
Mentally disabled	24%
Chronically ill	22%

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Mvolo County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

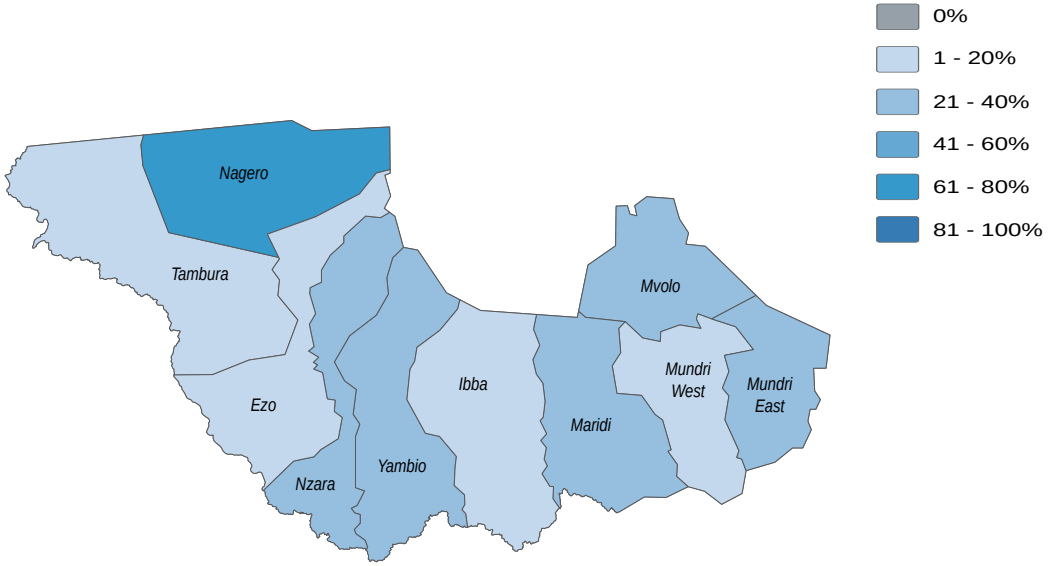
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

87%	of Mvolo County HHs reported having safe access to an improved source of drinking water as their main source, in November and December, 2018. This was an increase from the previous season.
75%	of Mvolo County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
10%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was a decrease from the previous season.
11%	of HHs reported feeling unsafe while collecting water, in July and August, 2018.

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



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

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

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

Overall	Borehole	84%
	Hand dug well	7%
	Swamp	4%
	Tap stand	3%
	Unprotected well	2%
Host	Borehole	84%
	Hand dug well	7%
	Swamp	4%
	Tap stand	3%
	Unprotected well	2%
IDPs		
Returnees		

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

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

Mvolo County - Water, Sanitation and Hygiene Factsheet

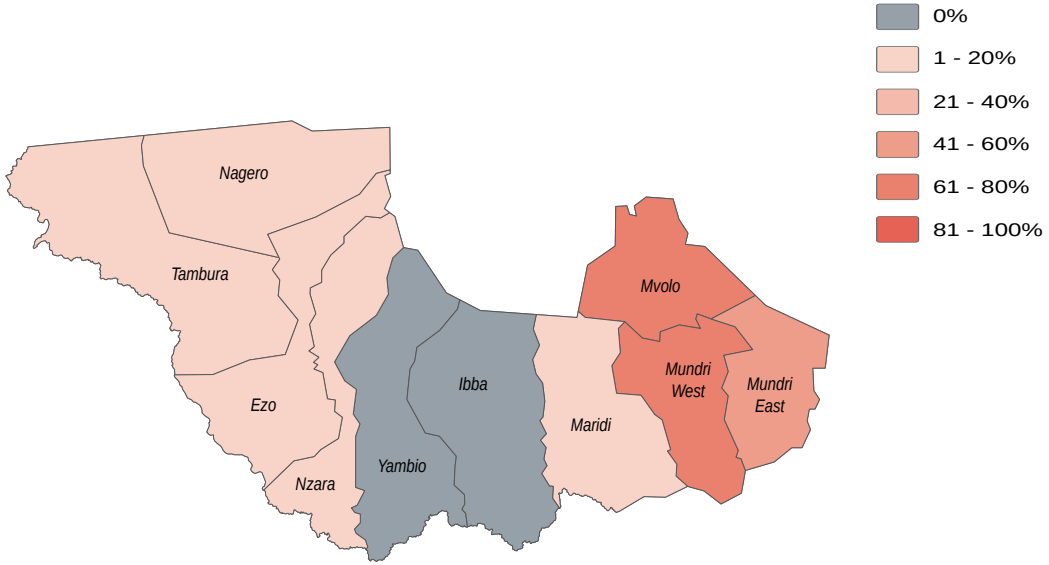
Western Equatoria State, South Sudan

November/December2018

Sanitation

31%	of Mvolo County HHs reported having access to a latrine (private, shared, or communal/ institutional), in November and December, 2018. This was an increase from the previous season.
9%	of Mvolo County HHs reported having access to a latrine (private, shared, or communal/ institutional), in July and August, 2018.
27%	of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was an increase from the previous season.
8%	of HHs reported their most common defecation location was a latrine, in July and August, 2018.

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



Most commonly reported defecation location by percentage of households:

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

Overall

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

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

Host

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

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

IDPs

Returnees

Mvolo County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

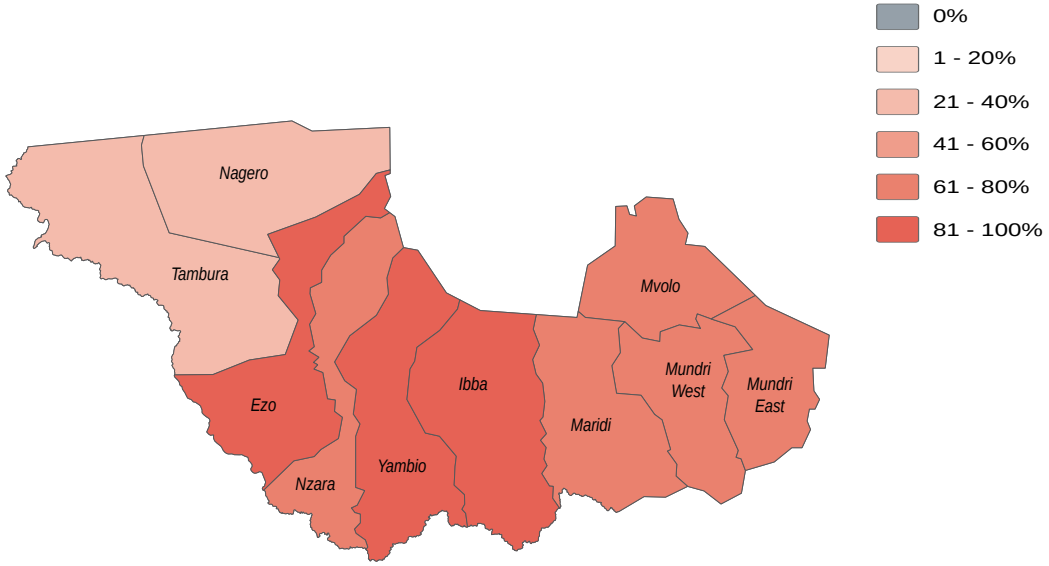
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

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

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



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

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

Overall

Malaria	67%
Fever	56%
Eye infection	38%
Stomach pain	26%
Skin infection	21%

Malaria	88%
Fever	66%
Stomach pain	28%
AWD	12%
Cholera	9%

Host

Malaria	67%
Fever	56%
Eye infection	38%
Stomach pain	26%
Skin infection	21%

Malaria	88%
Fever	66%
Stomach pain	28%
AWD	12%
Cholera	9%

IDPs

Returnees

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Mvolo County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

November/December2018

NFI WASH NFIs

12%	of **Mvolo County** HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in November and December, 2018. This was an increase from the previous season.
1%	of **Mvolo County** HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in HH in July and August, 2018.
3	was the average number of jerrycans and/or buckets per HH in July and August, 2018. This was the same as the previous season.
3	was the average number of jerrycans and/or buckets per HH in November and December, 2018.

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

Endnotes

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

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Nagero County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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

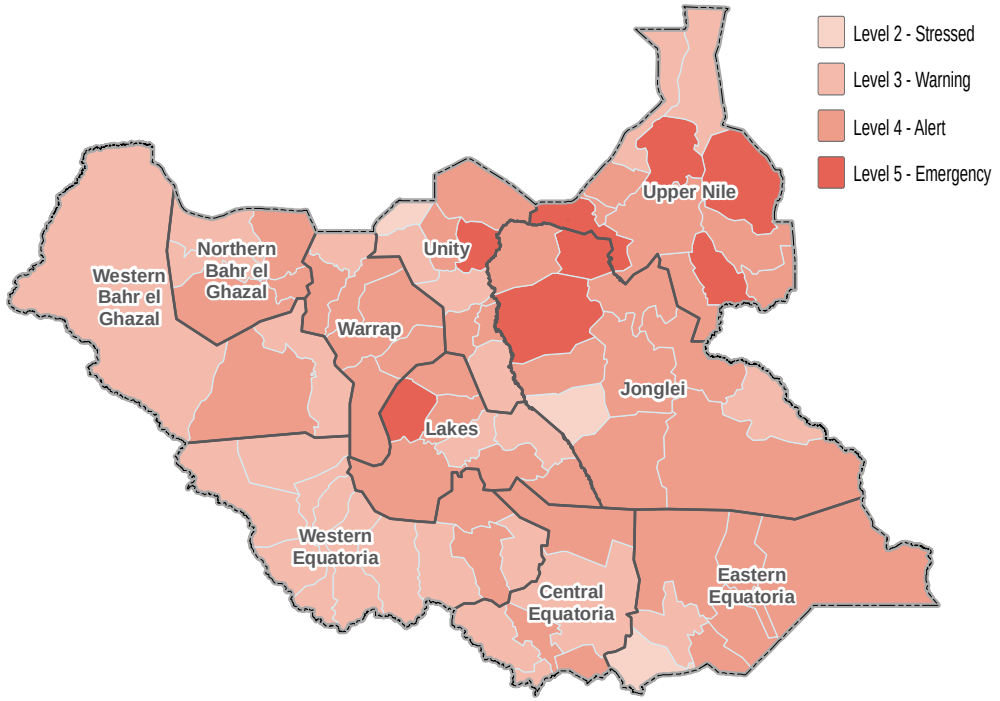
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of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

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

FSNMS Assessment Coverage

Partial coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

IDP	63%
Returnee	27%
Host community	10%

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

In the last one year	100%

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

In the last one year	100%

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

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

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Nagero County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

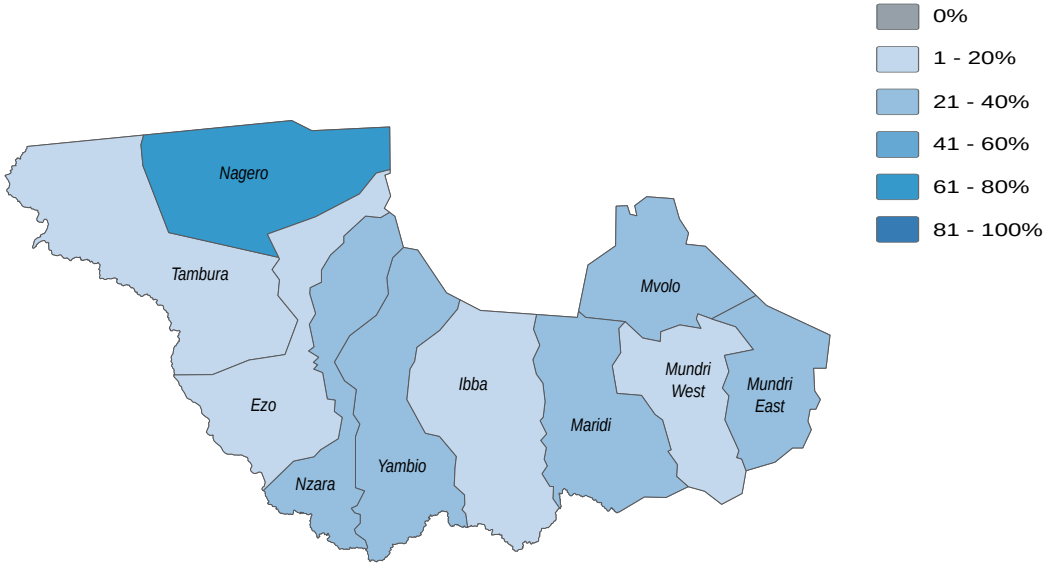
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

94%	of Nagero County HHs reported having safe access to an improved source of drinking water as their main source, in November and December, 2018. This was an increase from the previous season.
40%	of Nagero County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
14%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was a decrease from the previous season.
44%	of HHs reported feeling unsafe while collecting water, in July and August, 2018.

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



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

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

	Most commonly reported sources of drinking water by percentage of households:		Most commonly reported time spent collecting drinking water (walking to **collection point, waiting, filling container,** returning home) by percentage of households:	
Overall	Borehole	94%	Less than 30 minutes	79%
	River or stream	6%	30 minutes to 1 hour	17%
			Between 1- 2 hours	4%
Host	Borehole	71%	Less than 30 minutes	71%
	River or stream	29%	30 minutes to 1 hour	14%
			Between 1- 2 hours	14%
IDPs	Borehole	100%	Less than 30 minutes	89%
			30 minutes to 1 hour	9%
			Between 1- 2 hours	2%
Returnees	Borehole	89%	Less than 30 minutes	58%
	River or stream	11%	30 minutes to 1 hour	37%
			Between 1- 2 hours	5%

REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Nagero County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

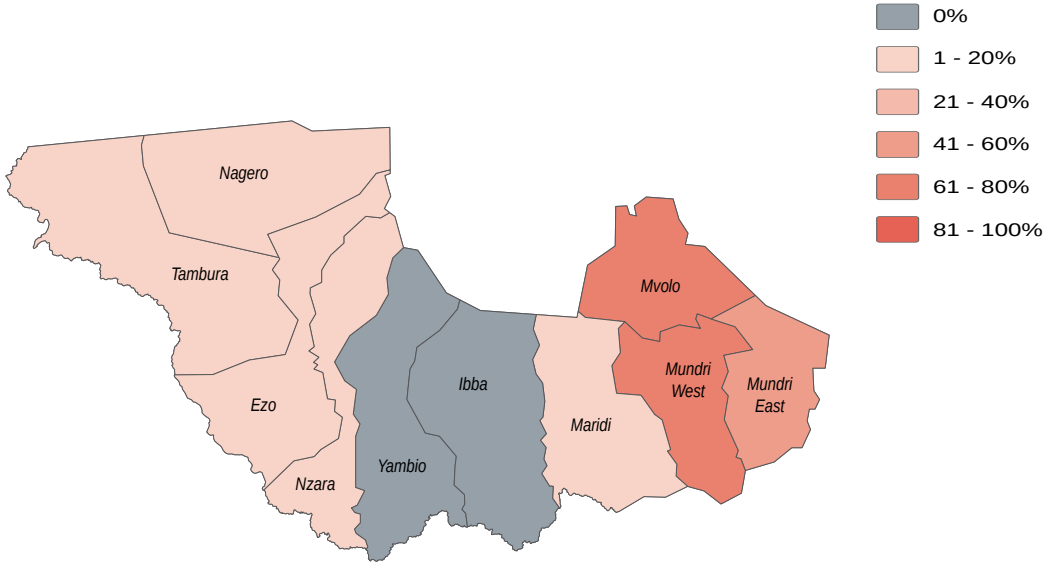
93% of Nagero County HHs reported having access to a latrine (private, shared, or communal/ institutional), in November and December, 2018. This was an increase from the previous season.

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

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

52% of HHs reported their most common defecation location was a latrine, in July and August, 2018.

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



	Most commonly reported defecation location by percentage of households:		Most commonly reported excreta disposal **methods for children under five by** percentage of households:	
Overall	In the latrine	89%	In the latrine	81%
	In the bush	10%	In the bush	16%
	No answer	1%	Left where it is	1%
			No answer	1%
Host	In the latrine	86%	In the latrine	86%
	In the bush	14%	In the bush	14%
IDPs	In the latrine	98%	In the latrine	84%
	In the bush	2%	In the bush	16%
Returnees	In the latrine	68%	In the latrine	74%
	In the bush	26%	In the bush	16%
	No answer	5%	Left where it is	5%
			No answer	5%

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Nagero County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

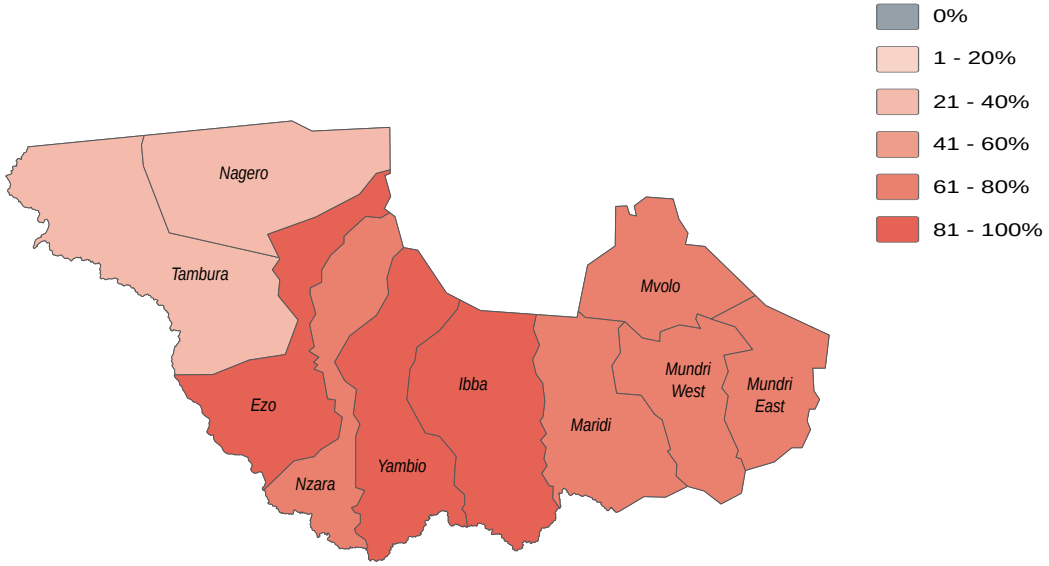
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

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

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



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

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

Overall

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

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

Host

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

Malaria	100%
Fever	60%
Flu	60%

IDPs

AWD	100%
Malaria	100%

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

Returnees

Nagero County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

4%	of Nagero County HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in November and December, 2018. This was a decrease from the previous season.
11%	of Nagero County HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in HH in July and August, 2018.
1	was the average number of jerrycans and/or buckets per HH in July and August, 2018. This was a decrease from the previous season.
4	was the average number of jerrycans and/or buckets per HH in November and December, 2018.

	Ownership of a bucket or a jerrycan with a lid by percentage of households:	Ownership of soap by percentage of households:	Every member of the household sleeps under a mosquito net by percentage of households:
Overall	 No **51%** Yes 49%	 No **86%** Yes 14%	 No **39%** Yes 61%
Host	 No **43%** Yes 57%	 No **100%**	 No **100%**
IDPs	 No **41%** Yes 59%	 No **86%** Yes 14%	 No **18%** Yes 82%
Returnees	 No **79%** Yes 21%	 No **79%** Yes 21%	 No **63%** Yes 37%

Endnotes

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

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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Nzara County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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

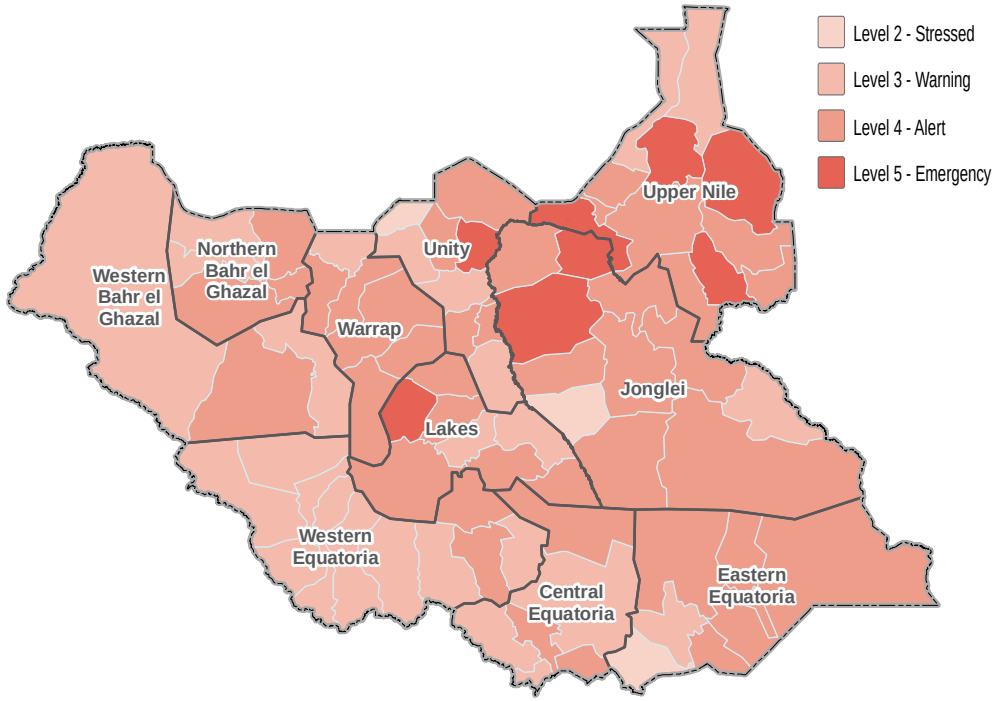
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of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

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

FSNMS Assessment Coverage

Partial coverage in the county was achieved.

WASH Needs Severity Map



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	67%
Female headed	49%
Adopted children	37%
Elderly persons	27%
Physically disabled	19%

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Nzara County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

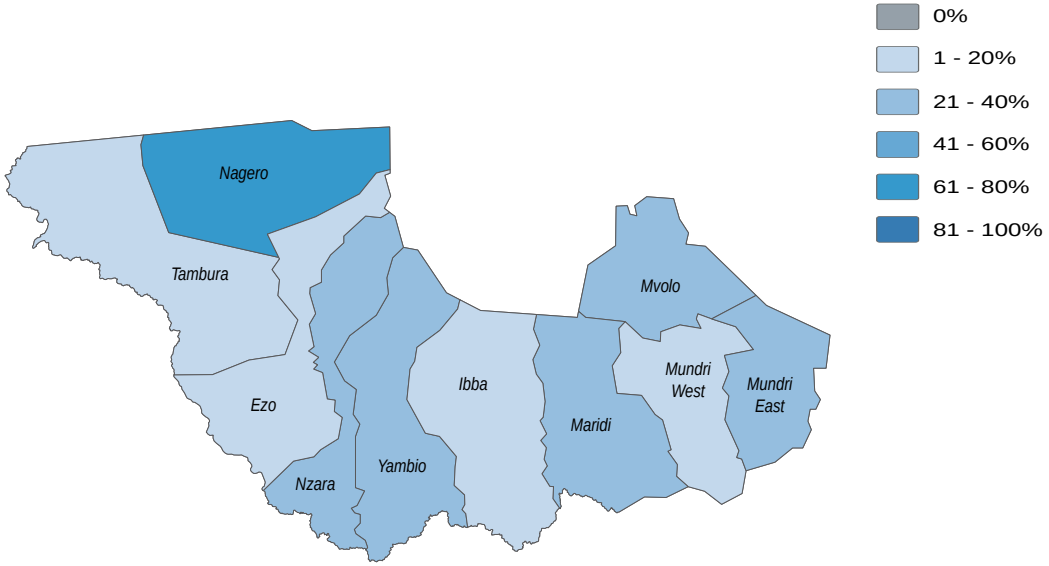
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

50%	of Nzara County HHs reported having safe access to an improved source of drinking water as their main source, in November and December, 2018. This was an increase from the previous season.
39%	of Nzara County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
20%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was a decrease from the previous season.
24%	of HHs reported feeling unsafe while collecting water, in July and August, 2018.

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



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

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

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	50%	Less than 30 minutes	55%
	River or stream	32%	30 minutes to 1 hour	22%
	Unprotected well	9%	Between 1- 2 hours	20%
	Hand dug well	7%	I don't know	1%
	Don't know	1%	More than 2 hours	1%
Host	Borehole	51%	Less than 30 minutes	55%
	River or stream	32%	30 minutes to 1 hour	23%
	Unprotected well	9%	Between 1- 2 hours	20%
	Hand dug well	6%	I don't know	1%
	Don't know	1%	More than 2 hours	1%
IDPs	Hand dug well	100%	Less than 30 minutes	100%
Returnees				

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Nzara County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

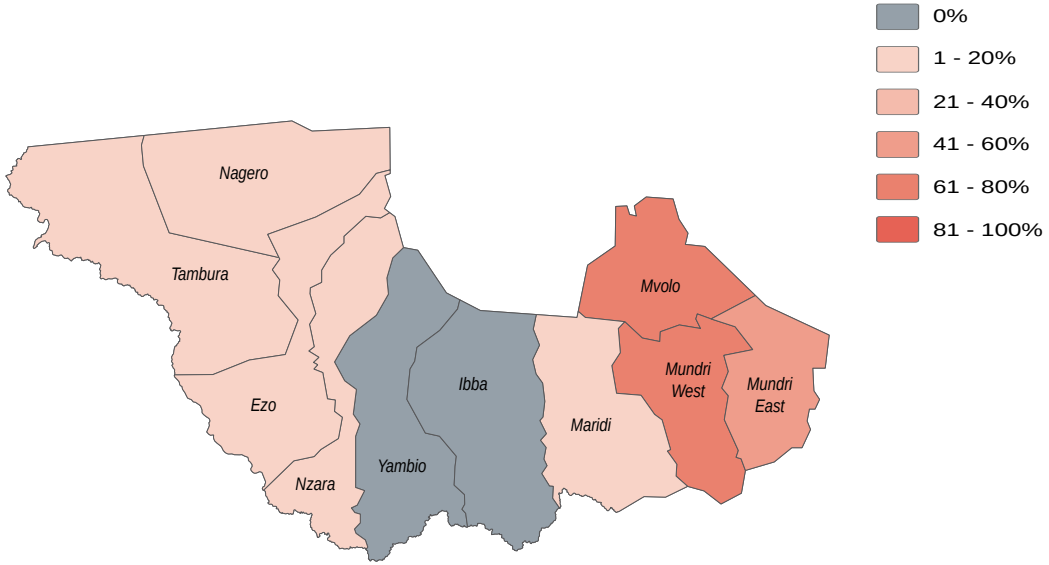
98% of Nzara County HHs reported having access to a latrine (private, shared, or communal/ institutional), in November and December, 2018. This was an increase from the previous season.

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

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

89% of HHs reported their most common defecation location was a latrine, in July and August, 2018.

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



	Most commonly reported defecation location by percentage of households:		Most commonly reported excreta disposal **methods for children under five by** percentage of households:	
Overall	In the latrine	90%	In the latrine	95%
	In the bush	6%	Dig a hole and cover	3%
	No answer	3%	In the bush	2%
Host	In the latrine	90%	In the latrine	95%
	In the bush	6%	Dig a hole and cover	3%
	No answer	3%	In the bush	2%
IDPs	In the latrine	100%	In the latrine	100%
Returnees				

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Nzara County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

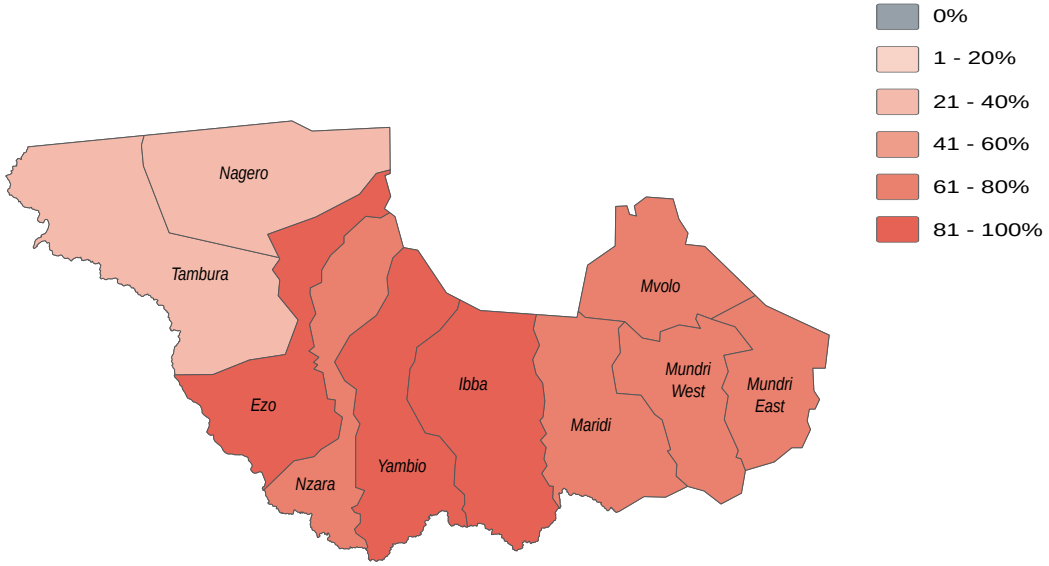
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

65%	of Nzara County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was a decrease from the previous season.
93%	of Nzara County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 2018.
Malaria	was the most commonly reported water or vector borne disease in November and December, 2018. This was the same as the previous season.
Malaria	was the most commonly reported water or vector borne disease in July and August, 2018.

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



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

Overall	Malaria	56%
	Typhoid	31%
	Flu	28%
	Skin infection	22%
	Stomach pain	19%
Host	Malaria	56%
	Typhoid	31%
	Flu	28%
	Skin infection	22%
	Stomach pain	19%
IDPs		
Returnees		

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

Overall	Malaria	85%
	Flu	37%
	Fever	26%
	Skin infection	17%
	Stomach pain	11%
Host	Malaria	84%
	Flu	38%
	Fever	27%
	Skin infection	18%
	Stomach pain	11%
IDPs	Malaria	100%
Returnees		

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Nzara County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

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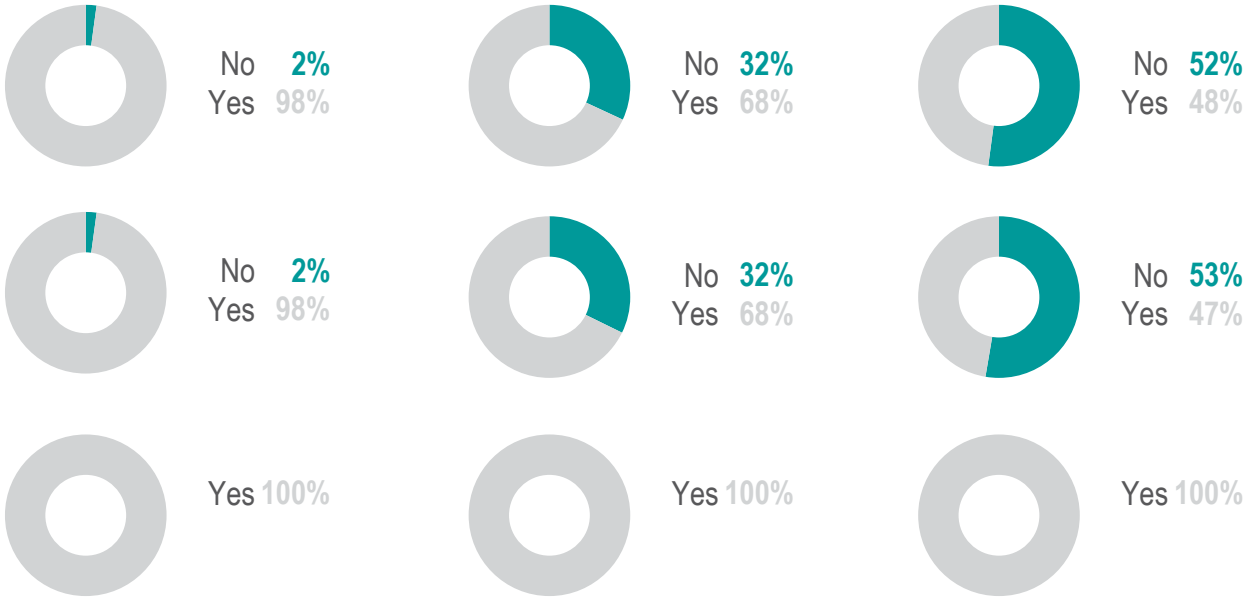
NFI WASH NFIs

23%	of Nzara County HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in November and December, 2018. This was a decrease from the previous season.
37%	of Nzara County HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in HH in July and August, 2018.
3	was the average number of jerrycans and/or buckets per HH in July and August, 2018. This was a decrease from the previous season.
4	was the average number of jerrycans and/or buckets per HH in November and December, 2018.

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



Ownership of soap by percentage of households:

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

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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Tambura County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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

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

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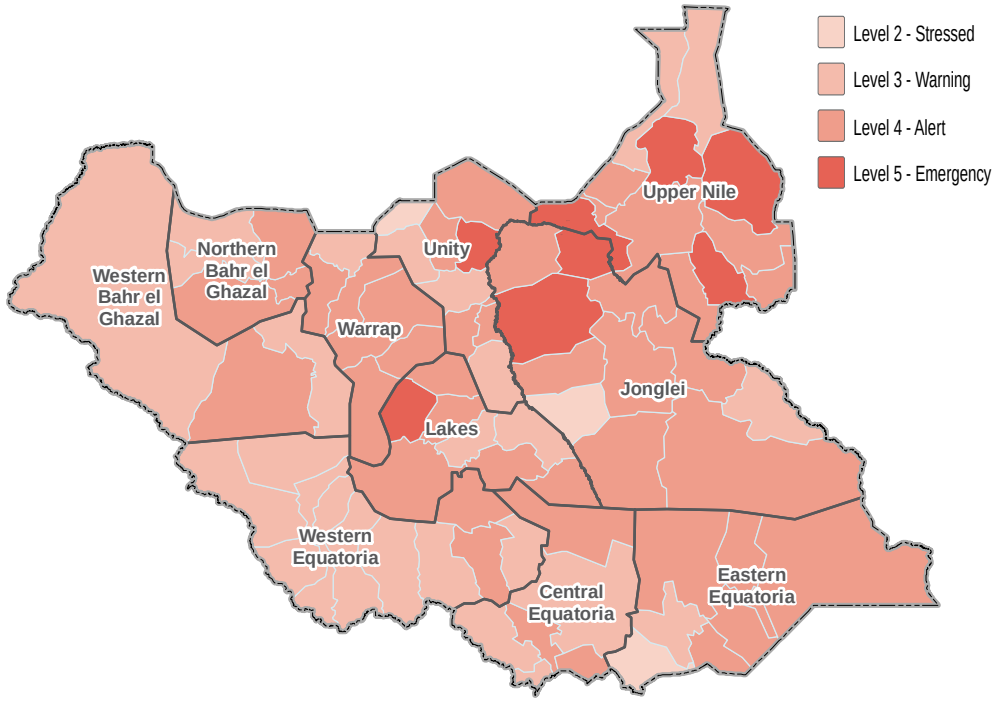
FSNMS Assessment Coverage

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	98%
IDP	1%
Returnee	1%

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

In the last one year	100%

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

More than 5 years	100%

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

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

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Tambura County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

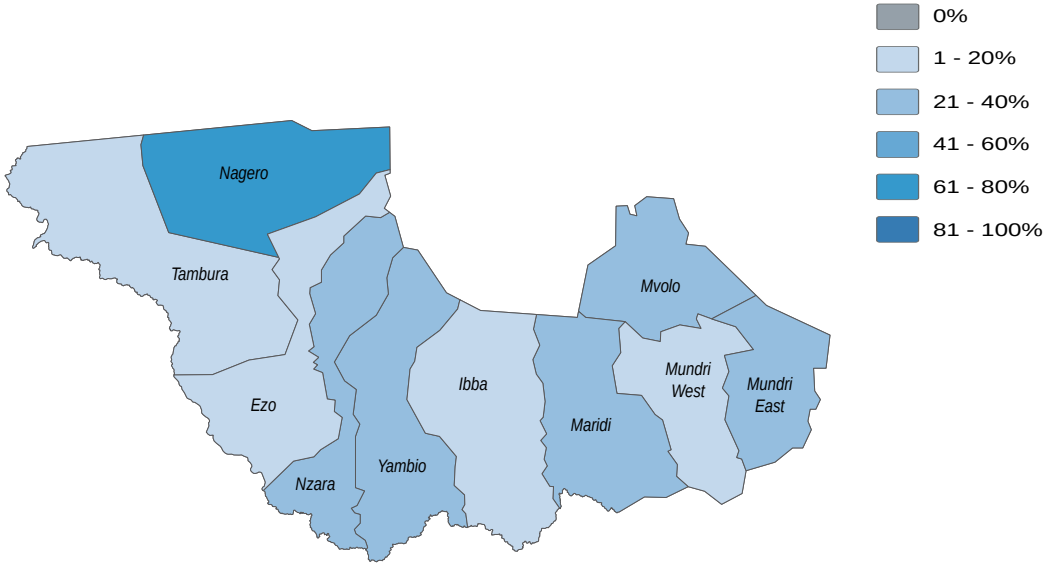
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

22%	of Tambura County HHs reported having safe access to an improved source of drinking water as their main source, in November and December, 2018. This was an increase from the previous season.
21%	of Tambura County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
31%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was the same as the previous season.
31%	of HHs reported feeling unsafe while collecting water, in July and August, 2018.

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



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

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

	Most commonly reported sources of drinking water by percentage of households:		Most commonly reported time spent collecting drinking water (walking to **collection point, waiting, filling container,** returning home) by percentage of households:	
Overall	River or stream	43%	Less than 30 minutes	60%
	Hand dug well	20%	Between 1- 2 hours	22%
	Tap stand	17%	30 minutes to 1 hour	18%
	Unprotected well	13%		
	Borehole	6%		
Host	River or stream	43%	Less than 30 minutes	60%
	Hand dug well	19%	Between 1- 2 hours	23%
	Tap stand	17%	30 minutes to 1 hour	17%
	Unprotected well	13%		
	Borehole	6%		
IDPs	Hand dug well	100%	30 minutes to 1 hour	100%
Returnees	Hand dug well	100%	Less than 30 minutes	100%

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Tambura County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

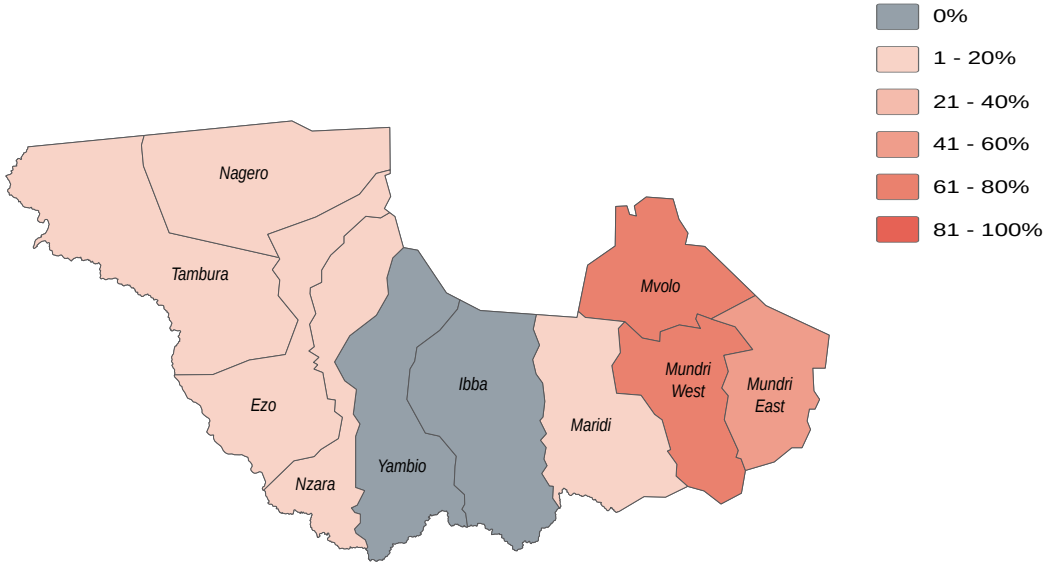
90% of Tambura County HHs reported having access to a latrine (private, shared, or communal/ institutional), in November and December, 2018. This was a decrease from the previous season.

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

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

92% of HHs reported their most common defecation location was a latrine, in July and August, 2018.

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



	Most commonly reported defecation location by percentage of households:		Most commonly reported excreta disposal **methods for children under five by** percentage of households:	
Overall	In the latrine	89%	In the latrine	89%
	In the bush	11%	In the bush	9%
			Dig a hole and cover	2%
Host	In the latrine	90%	In the latrine	90%
	In the bush	10%	In the bush	9%
			Dig a hole and cover	2%
IDPs	In the latrine	100%	In the latrine	100%
Returnees	In the bush	100%	In the bush	100%

Tambura County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

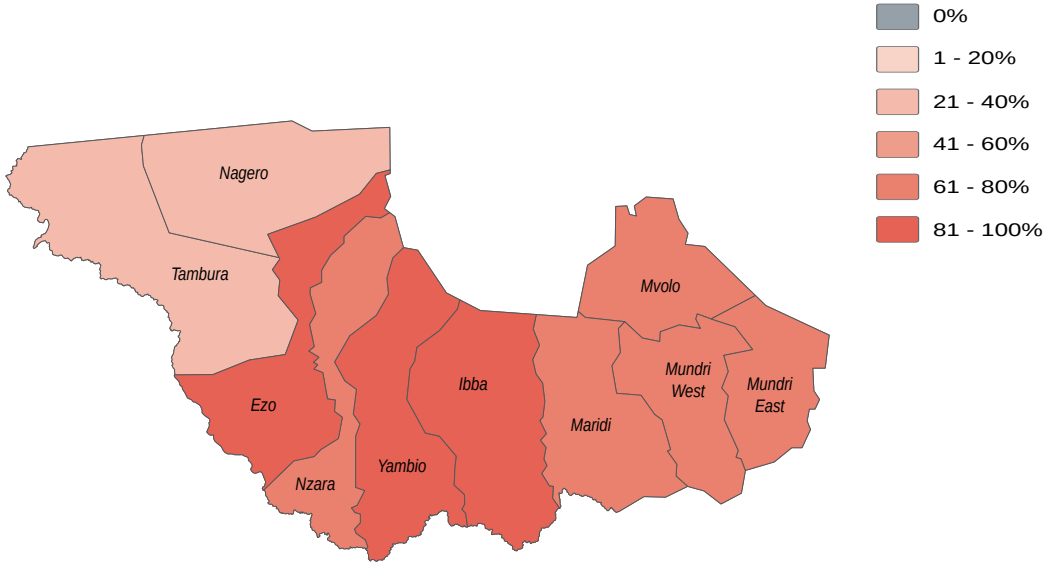
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

39%	of Tambura County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was a decrease from the previous season.
80%	of Tambura County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 2018.
Malaria	was the most commonly reported water or vector borne disease in November and December, 2018. This was the same as the previous season.
Malaria	was the most commonly reported water or vector borne disease in July and August, 2018.

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



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

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

Overall

Stomach pain	32%
AWD	27%
Fever	27%
Malaria	27%
Skin infection	18%

Fever	48%
Malaria	48%
AWD	44%
Flu	26%
Stomach pain	15%

Host

Stomach pain	33%
Fever	29%
Malaria	29%
AWD	24%
Skin infection	19%

Fever	50%
Malaria	50%
AWD	42%
Flu	27%
Stomach pain	12%

IDPs

AWD	100%

AWD	100%
Stomach pain	100%

Returnees

Tambura County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

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

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

Endnotes

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

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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Yambio County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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

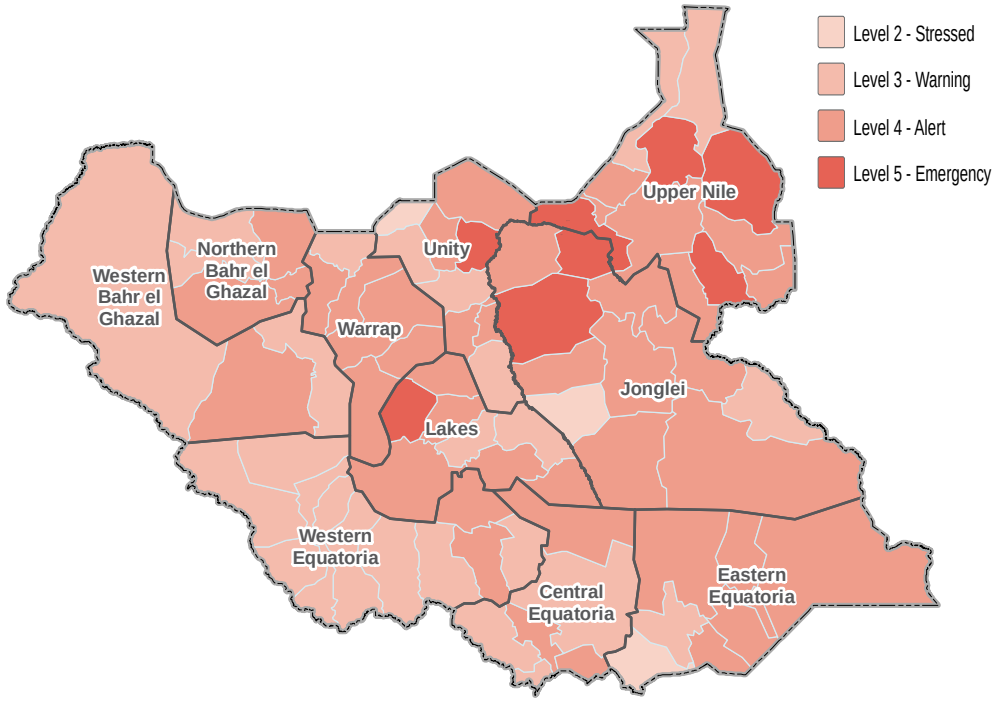
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of 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	66%
Female headed	31%
Elderly persons	20%
Adopted children	13%
Physically disabled	8%

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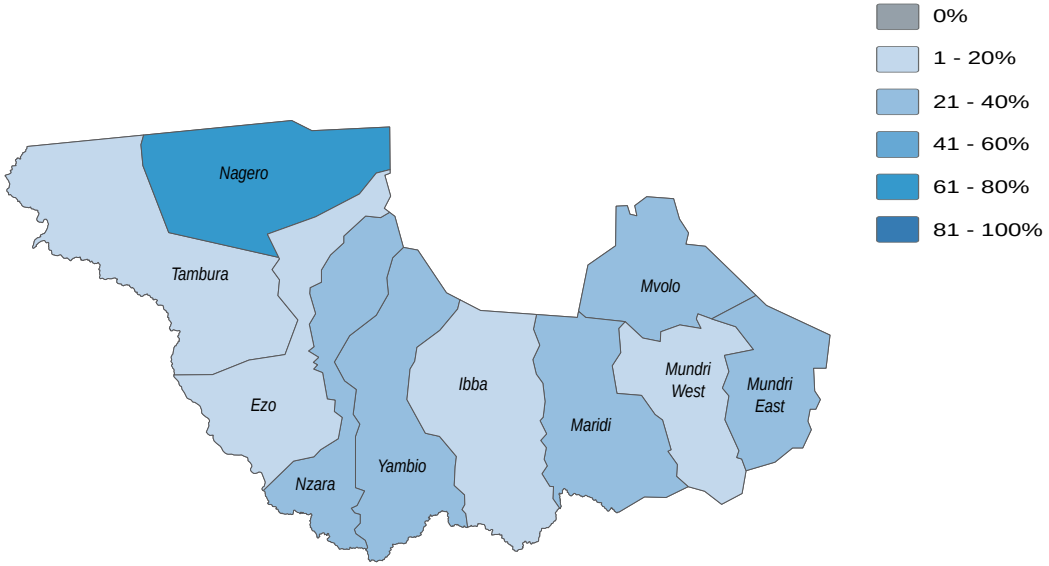
Water

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

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



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

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

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

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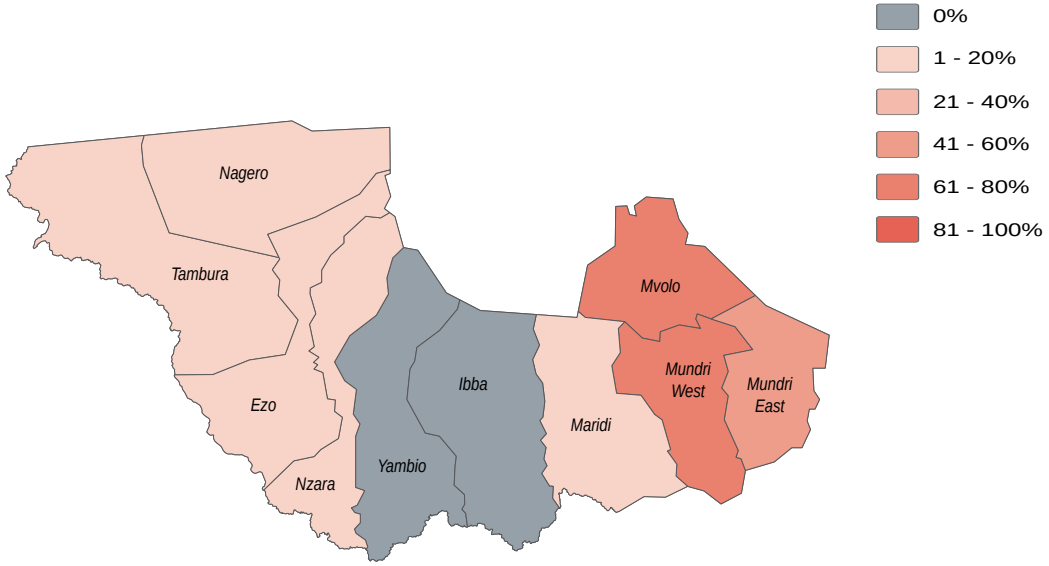
Sanitation

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

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



Most commonly reported defecation location by percentage of households:

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

Overall

In the latrine	99%
In the river	1%

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

Host

In the latrine	99%
In the river	1%

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

IDPs

Returnees

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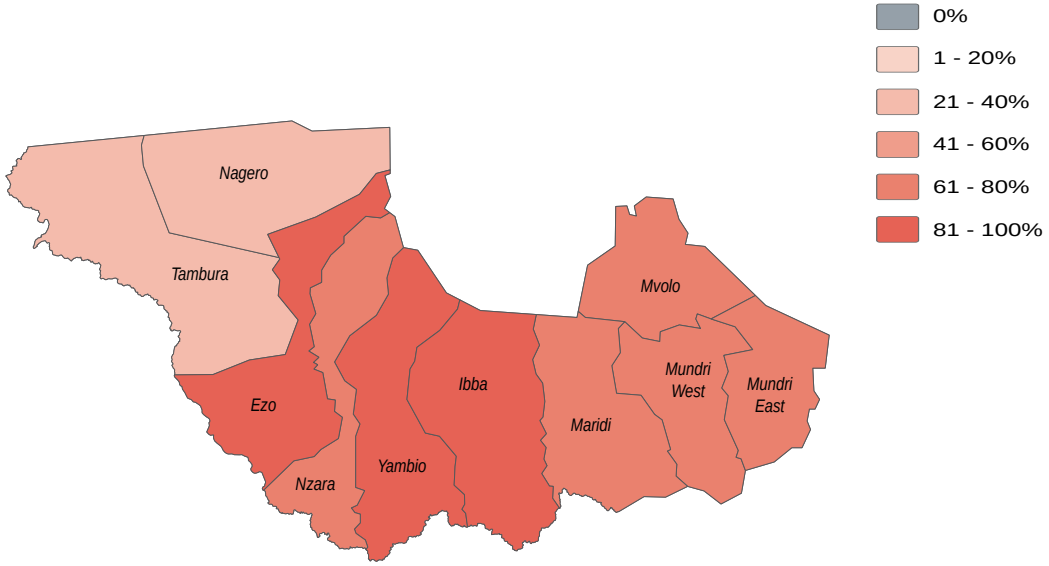
Health

88%	of Yambio County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was an increase from the previous season.
83%	of Yambio County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 2018.
Malaria	was the most commonly reported water or vector borne disease in November and December, 2018. This was the same as the previous season.
Malaria	was the most commonly reported water or vector borne disease in July and August, 2018.

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



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

Overall	Skin infection	37%
	Flu	31%
	Typhoid	30%
	Fever	28%
	Stomach pain	21%
Host	Skin infection	37%
	Flu	31%
	Typhoid	30%
	Fever	28%
	Stomach pain	21%
IDPs		
Returnees		

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

Overall	Malaria	68%
	Fever	43%
	Flu	25%
	Skin infection	17%
	AWD	6%
Host	Malaria	68%
	Fever	43%
	Flu	25%
	Skin infection	17%
	AWD	6%

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NFI WASH NFIs

40%	of Yambio County HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in November and December, 2018. This was an increase from the previous season.
16%	of Yambio County HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in HH in July and August, 2018.
3	was the average number of jerrycans and/or buckets per HH in July and August, 2018. This was a decrease from the previous season.
4	was the average number of jerrycans and/or buckets per HH in November and December, 2018.

	Ownership of a bucket or a jerrycan with a lid by percentage of households:	Ownership of soap by percentage of households:	Every member of the household sleeps under a mosquito net by percentage of households:
Overall	 No 4% Yes 96%	 No 16% Yes 84%	 No 30% Yes 70%
Host	 No 4% Yes 96%	 No 16% Yes 84%	 No 30% Yes 70%
IDPs			
Returnees			

Endnotes

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