Juba County - Water, Sanitation and Hygiene Factsheet

Central Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

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 Water, Sanitation and Hygiene (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 reporting having safe access in under 30 minutes to an improved water source (borehole, tapstand, water yard) as their main source of drinking water; 3. % of HHs reporting having access to a latrine (private, shared, or communal/ institutional); 4. % of HHs reporting having access to key WASH Non-Food Items (NFIs) (soap, mosquito nets, water containers); and 5. % of HHs reporting that one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection.

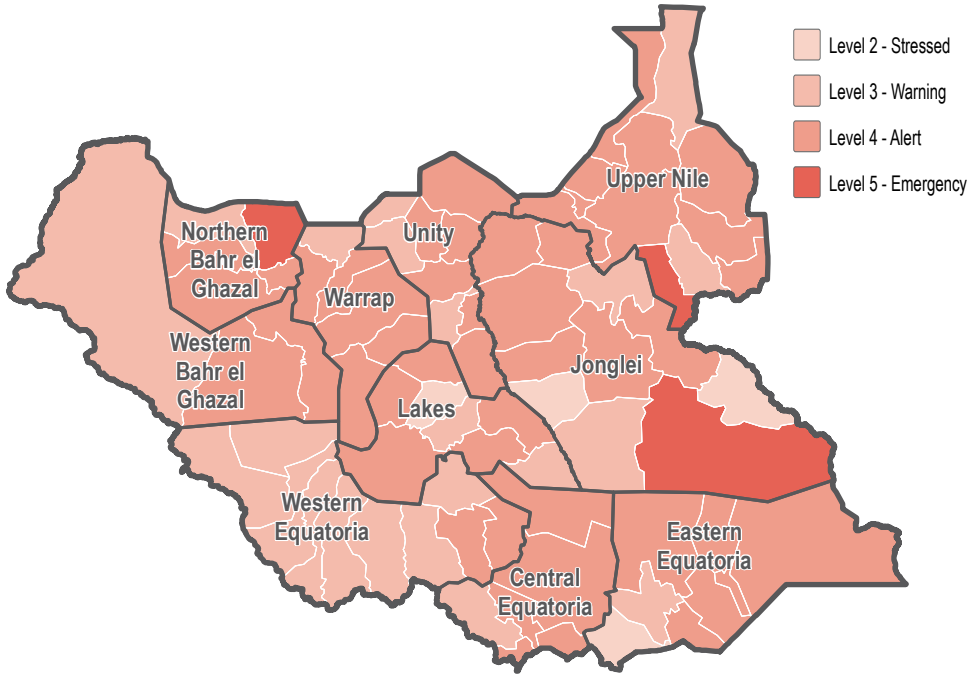
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH Cluster indicators for FSNMS Round 24 (July and August 2019). 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 Rounds 22-24. 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. Findings related to a subset of the population may not be representative and should be considered indicative only.

WASH Needs Severity Map



This WASH composite indicator 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 in under 30min to 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 HHs did not sleep under a mosquito net
- Having one or more HH 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 Internally Displaced Person (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

Children under 5	77%
Female headed	56%
Elderly persons	20%
Conflict injuries	17%
Physically disabled	14%

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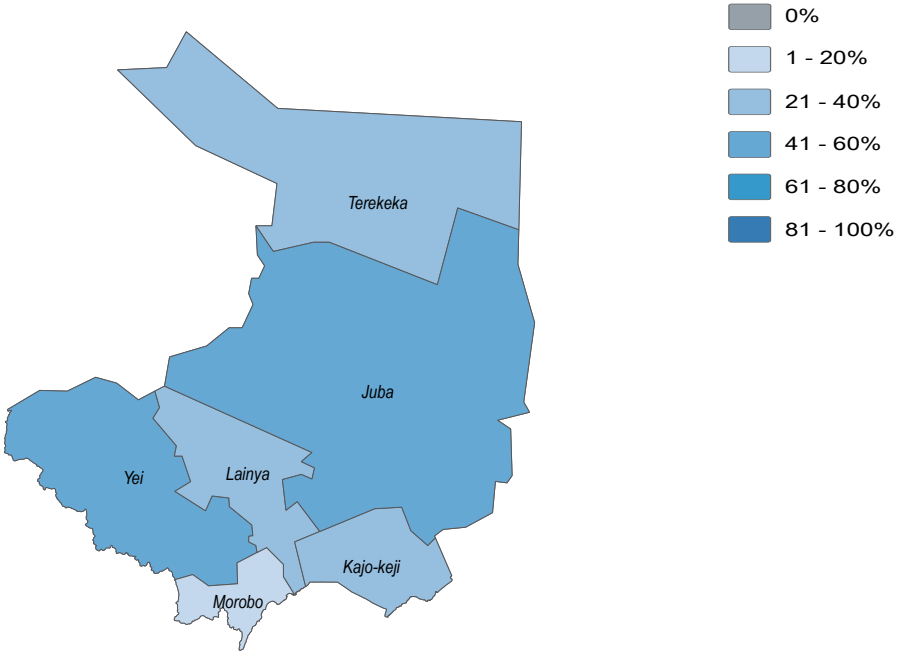
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Water

69%	of **Juba County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August 2019. This was a decrease from the previous season
76%	of **Juba County** HHs reported having safe access to an improved source of drinking water as their main source, in November and December 2018
10%	of HHs in **Juba County** reported feeling unsafe while collecting water, in July and August 2019. This was a decrease from the previous season
21%	of HHs in **Juba County** reported feeling unsafe while collecting water, in November and December 2018

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



Most commonly reported sources of drinking water (by percentage of households)

Overall	Borehole	68%
	River or stream	28%
	Other source	2%
	Tap stand	2%
	Unprotected well	1%
Host	Borehole	68%
	River or stream	28%
	Other source	2%
	Tap stand	2%
	Unprotected well	1%
IDPs		
Returnees		

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

Overall	< 30 minutes	70%
	30 minutes - 1 hour	28%
	1 hour - half a day	1%
	I don't know	1%
Host	< 30 minutes	70%
	30 minutes - 1 hour	28%
	1 hour - half a day	1%
	I don't know	1%

This simple water access composite indicator 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

Juba County - Water, Sanitation and Hygiene Factsheet

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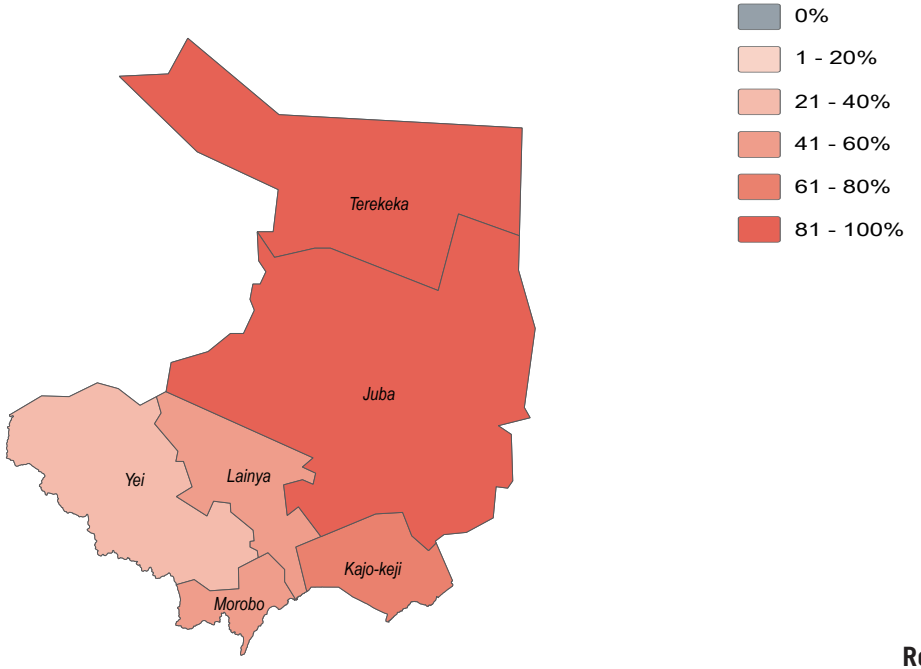
Sanitation

18%	of **Juba County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in July and August 2019. This was a decrease from from the previous season
22%	of **Juba County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in November and December 2018.
17%	of HHs in **Juba County** reported their most common defecation location was a latrine, in July and August 2019. This was a decrease from the previous season
18%	of HHs in **Juba County** reported their most common defecation location was a latrine, in November and December 2018.

% of HHs reporting no latrine (private, shared, or communal/institutional)[2] present



Most commonly reported defecation location for adults (by percentage of households)

Type of latrines available (by percentage of households)

Overall

In the bush	83%
In the latrine	17%

No latrine available	81%
Family latrine	14%
Communal latrine	2%
Shared latrine	2%
I don't know	1%

Host

In the bush	83%
In the latrine	17%

No latrine available	81%
Family latrine	14%
Communal latrine	2%
Shared latrine	2%
I don't know	1%

IDPs

Returnees

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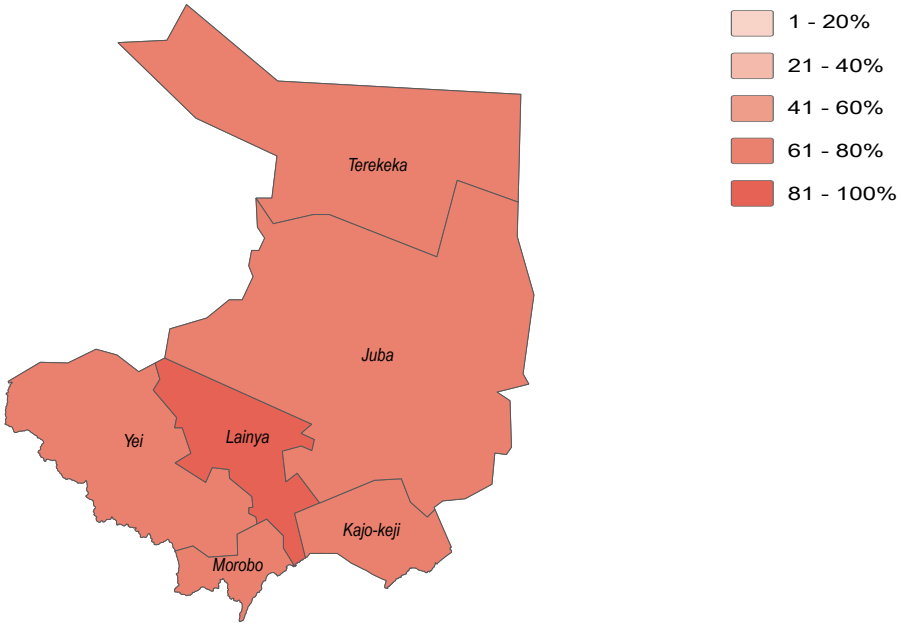
Health

64%	of **Juba County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August 2019. This was an increase from the previous season
61%	of **Juba County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December 2018
Malaria	was the most commonly reported water or vector borne disease in July and August 2019 in **Juba County**. This was the same as the previous season
Malaria	was the most commonly reported water or vector borne disease in November and December 2018 in **Juba County**

% 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)

Overall

Host

IDPs

Returnees

Most commonly self-reported water or vector borne disease for children under 5 in the two weeks prior to data collection (by percentage of households)[3]

Malaria	46%
Fever	29%
Typhoid	22%
Flu	13%
Stomach pain	9%

Juba County - Water, Sanitation and Hygiene Factsheet

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NFI WASH NFIs

5%	of **Juba County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap[4], and that every member of the HH slept under a mosquito net in July and August 2019[5]. This was a decrease from the previous season
17%	of **Juba County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap, and that every member of the HH slept under a mosquito net in November and December 2018.
2	was the average number of jerrycans and/or buckets per HH in **Juba County** in July and August 2019. This was a decrease from the previous season
3	was the average number of jerrycans and/or buckets per HH in **Juba County** in November and December 2018

Ownership of a bucket or a jerrycan with a lid (by percentage of households)

Access to 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 July/August 2019. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. AWD is Acute Watery Diarrhoea.
4. Enumerators asked HHs responding positively to access to soap to produce the soap within a minute.
5. The composite indicator was created by averaging the 'yes' responses of HHs reporting on the following indicators, with all considered to have the same weight: access to soap, access to jerrycans/buckets with lids, everyone in the HH slept under a mosquito net.

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Kajo-Keji County - Water, Sanitation and Hygiene Factsheet

Central Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

Overview and Methodology

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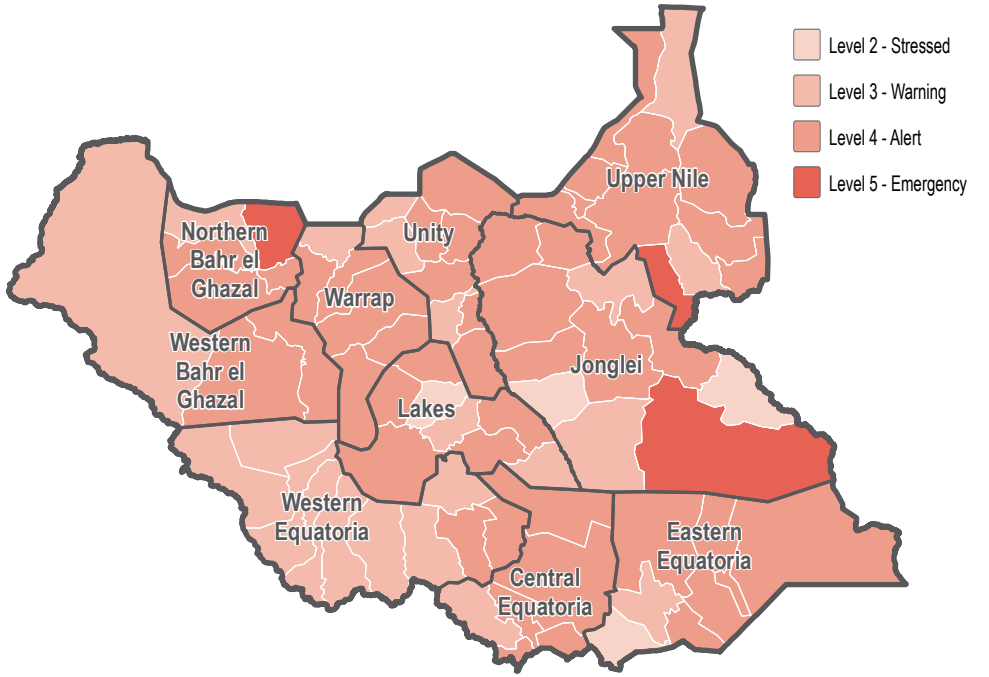

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- Not having access to a latrine (private, shared, or communal/institutional)
- Not owning a jerrycan or bucket with a lid and soap, and that every member of the HHs did not sleep under a mosquito net
- Having one or more HH members affected by self-reported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

Displacement

Percentage of households by displacement status[1]

Host community	60%
Refugee returnees	29%
IDP	7%
Returnee	4%

Percentage of Internally Displaced Person (IDP) households by time arrived in their current location

In the last one year	75%
Between 2-3 years	25%

Percentage of returnee households by time arrived in their current location

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

Most commonly reported vulnerability, by percentage of households

Female headed	60%
Children under 5	41%
Conflict injuries	23%
Chronically ill	16%
Elderly persons	14%

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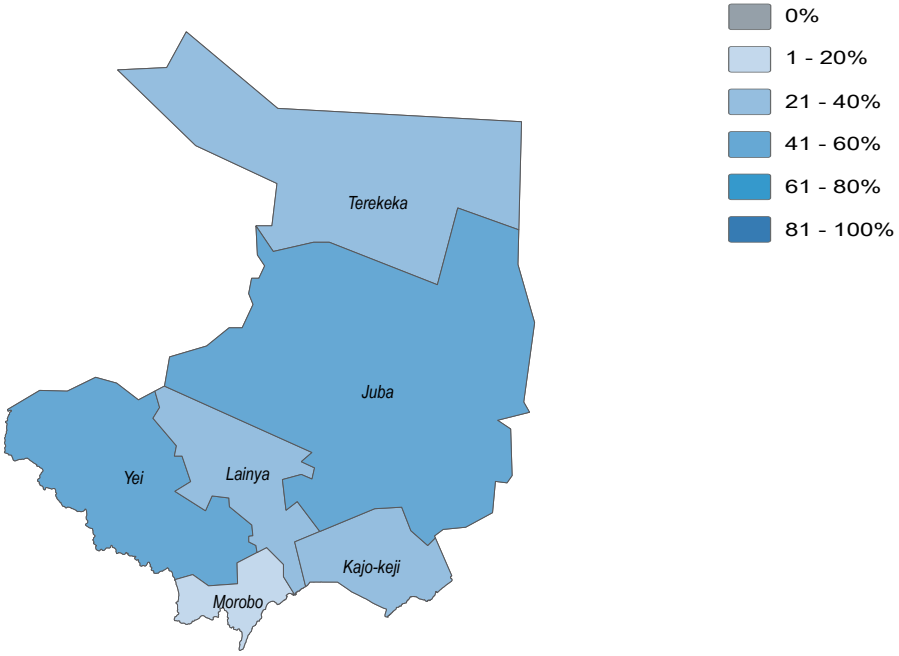
Water

58%	of **Kajo-Keji County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August 2019. This was an increase from the previous season
33%	of **Kajo-Keji County** HHs reported having safe access to an improved source of drinking water as their main source, in November and December 2018
52%	of HHs in **Kajo-Keji County** reported feeling unsafe while collecting water, in July and August 2019. This was an increase from the previous season
18%	of HHs in **Kajo-Keji County** reported feeling unsafe while collecting water, in November and December 2018

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



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

	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	58%	< 30 minutes	38%
	River or stream	27%	30 minutes - 1 hour	33%
	Hand dug well	7%	1 hour - half a day	24%
	Swamp	4%	> half a day	3%
	Unprotected well	4%	Half a day	2%
Host	Borehole	63%	< 30 minutes	45%
	River or stream	20%	30 minutes - 1 hour	31%
	Hand dug well	9%	1 hour - half a day	22%
	Unprotected well	5%	> half a day	3%
	Swamp	3%		
IDPs	River or stream	88%	30 minutes - 1 hour	50%
	Borehole	13%	< 30 minutes	13%
			> half a day	13%
			1 hour - half a day	13%
			Half a day	13%
Returnees	Borehole	75%	< 30 minutes	75%
	River or stream	25%	Half a day	25%

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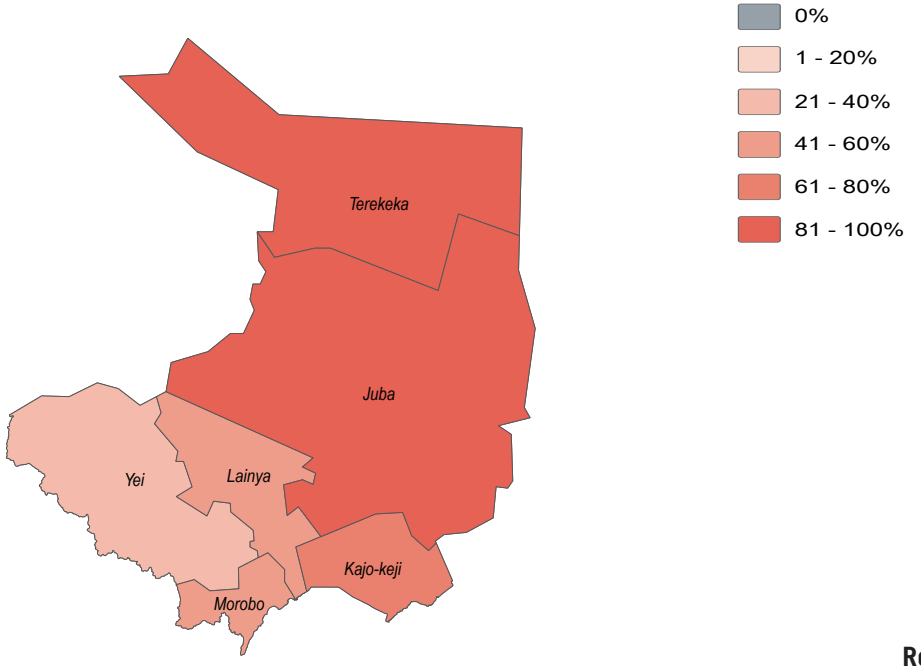
Sanitation

40%	of **Kajo-Keji County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in July and August 2019. This was a decrease from from the previous season
49%	of **Kajo-Keji County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in November and December 2018.
37%	of HHs in **Kajo-Keji County** reported their most common defecation location was a latrine, in July and August 2019. This was a decrease from the previous season
44%	of HHs in **Kajo-Keji County** reported their most common defecation location was a latrine, in November and December 2018.

% of HHs reporting no latrine (private, shared, or communal/institutional)[2] present



Most commonly reported defecation location for adults (by percentage of households)

Type of latrines available (by percentage of households)

Overall	In the latrine	37%	No latrine available	60%
	In the bush	27%	Family latrine	29%
	Dig a hole and cover	18%	Shared latrine	7%
	In the river	11%	Communal latrine	4%
	No answer	7%		
Host	In the latrine	38%	No latrine available	58%
	In the bush	26%	Family latrine	31%
	In the river	15%	Shared latrine	8%
	Dig a hole and cover	14%	Communal latrine	3%
	No answer	6%		
IDPs	In the latrine	63%		
	No answer	25%		
	In the river	13%		
Returnees	No answer	50%	Communal latrine	50%
	In the bush	25%	No latrine available	25%
	In the latrine	25%	Shared latrine	25%

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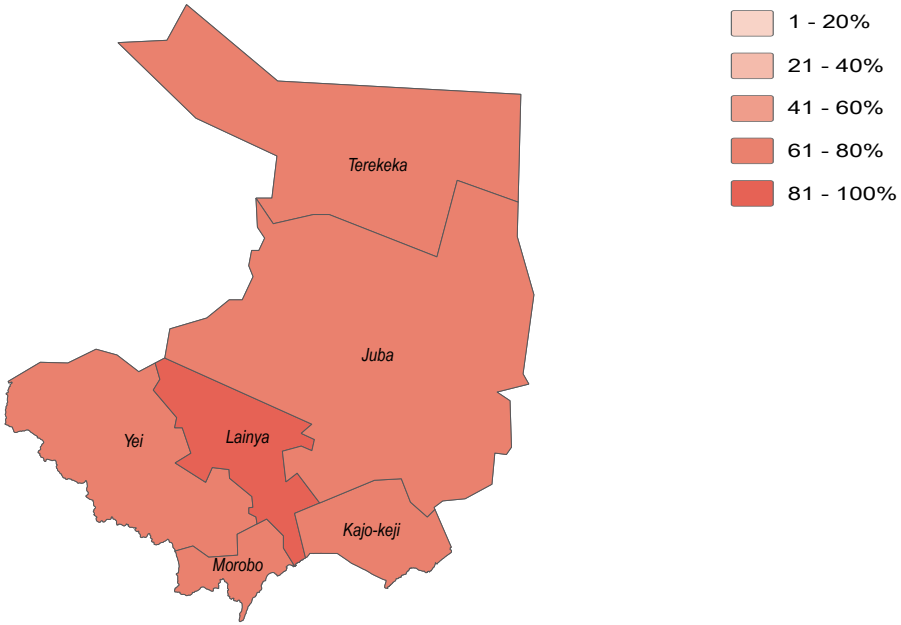
Health

67%	of **Kajo-Keji County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August 2019. This was an increase from the previous season
44%	of **Kajo-Keji County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December 2018
Malaria	was the most commonly reported water or vector borne disease in July and August 2019 in **Kajo-Keji County**. This was the same as the previous season
Malaria	was the most commonly reported water or vector borne disease in November and December 2018 in **Kajo-Keji County**

% 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)

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)[3]

Overall

Host

Malaria	20%
AWD	14%
Fever	8%
Flu	3%
Skin infection	3%

IDPs

Malaria	63%
AWD	13%
Fever	13%
Skin infection	13%

Returnees

Malaria	25%
Others	25%

Kajo-Keji County - Water, Sanitation and Hygiene Factsheet

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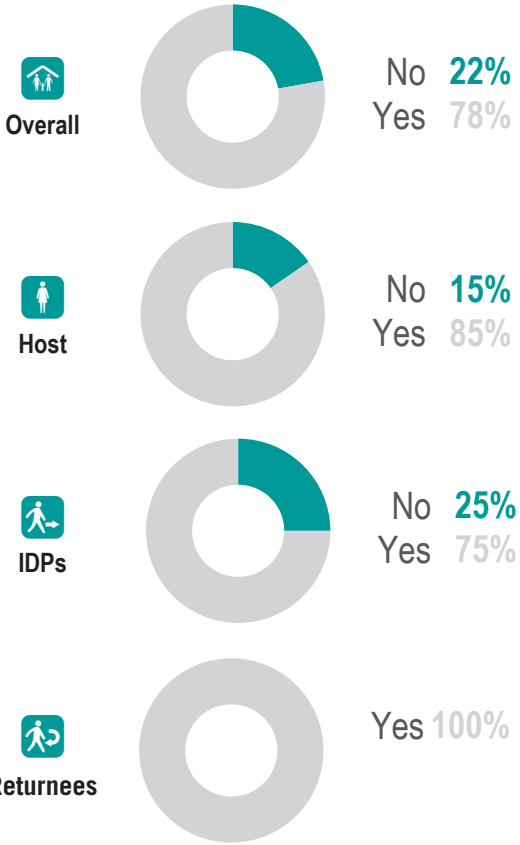
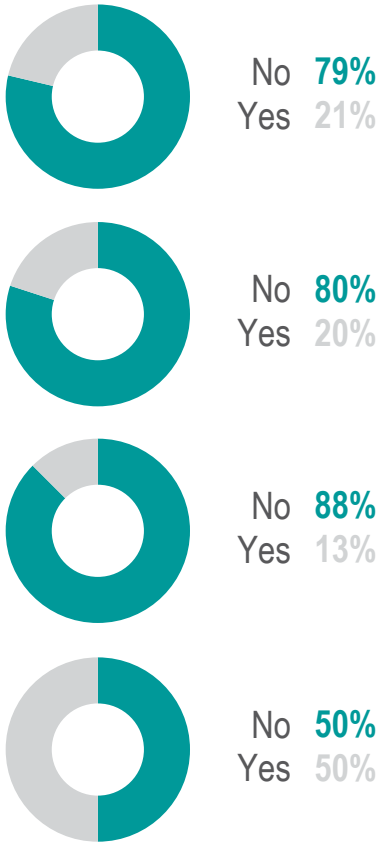
NFI WASH NFIs

1%	of **Kajo-Keji County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap[4], and that every member of the HH slept under a mosquito net in July and August 2019[5]. This was a decrease from the previous season
9%	of **Kajo-Keji County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap, and that every member of the HH slept under a mosquito net in November and December 2018.
2	was the average number of jerrycans and/or buckets per HH in **Kajo-Keji County** in July and August 2019. This was a decrease from the previous season
3	was the average number of jerrycans and/or buckets per HH in **Kajo-Keji County** in November and December 2018

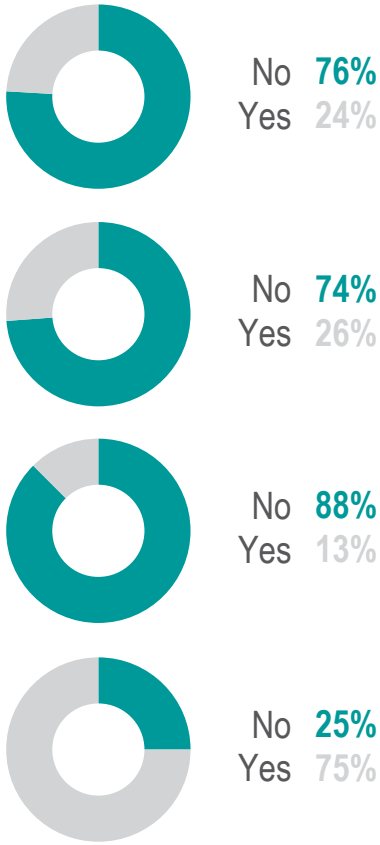
Ownership of a bucket or a jerrycan with a lid (by percentage of households)



Access to soap (by percentage of households)



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



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Lainya County - Water, Sanitation and Hygiene Factsheet

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WASH Cluster
Water Sanitation Hygiene

July/August 2019

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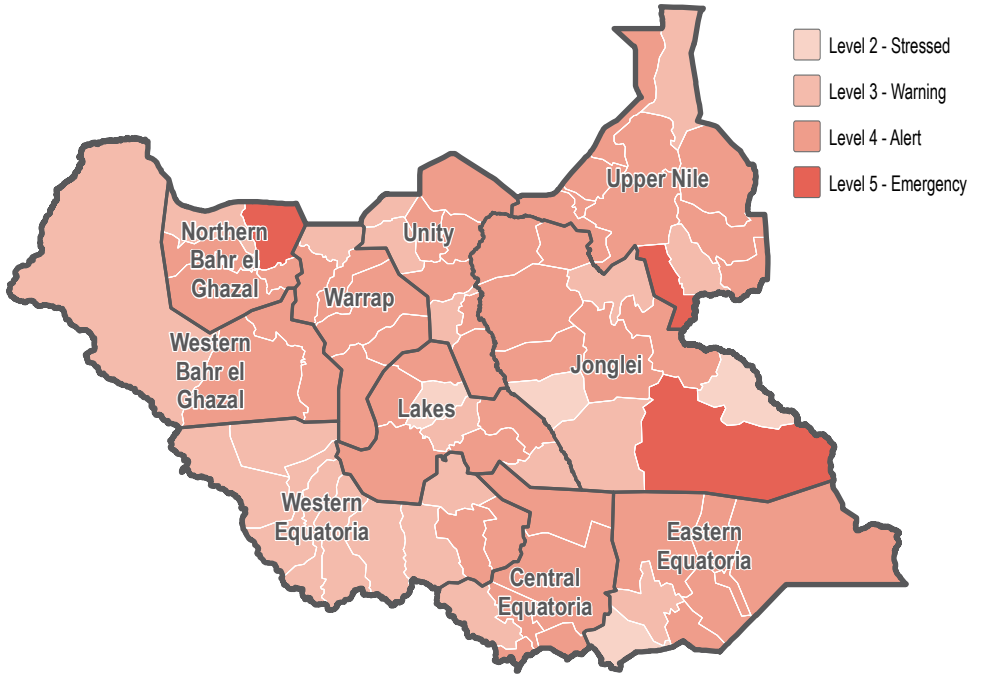
WASH Needs Severity Map



This WASH composite indicator 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 in under 30min to 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 HHs did not sleep under a mosquito net
- Having one or more HH members affected by self-reported water or vector borne disease in the two weeks prior to data collection

Displacement

Percentage of households by displacement status[1]

Host community	62%
Returnee	22%
Refugee returnees	12%
IDP	5%

Percentage of Internally Displaced Person (IDP) households by time arrived in their current location

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

Percentage of returnee households by time arrived in their current location

In the last one year	88%
Between 2-3 years	8%
More than 5 years	4%

Most commonly reported vulnerability, by percentage of households

Elderly persons	61%
Children under 5	55%
Conflict injuries	55%
Chronically ill	43%
Female headed	42%

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Lainya County - Water, Sanitation and Hygiene Factsheet

Central Equatoria State, South Sudan

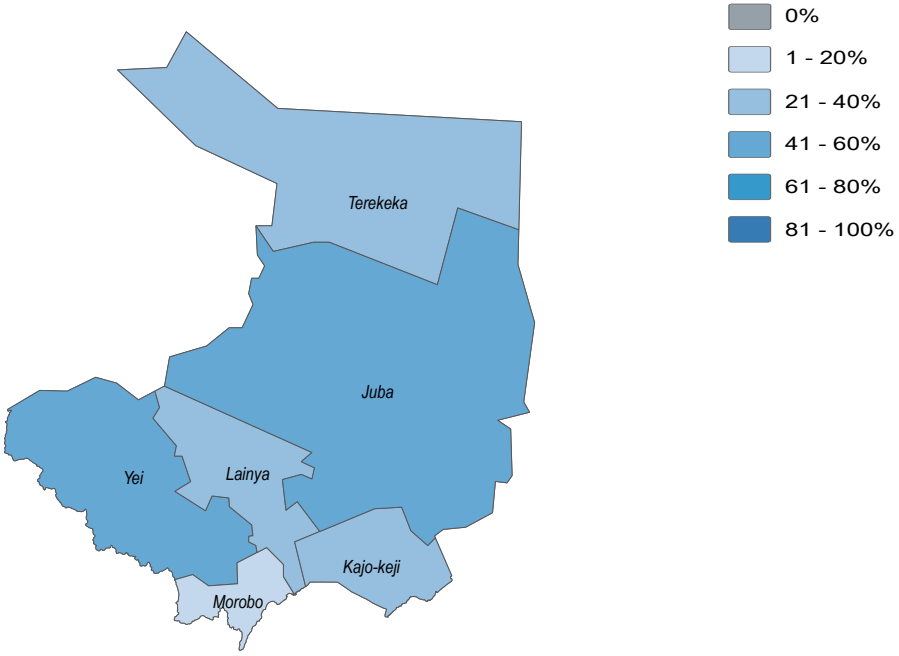
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Water

50%	of **Lainya County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August 2019. This was a decrease from the previous season
61%	of **Lainya County** HHs reported having safe access to an improved source of drinking water as their main source, in November and December 2018
38%	of HHs in **Lainya County** reported feeling unsafe while collecting water, in July and August 2019. This was an increase from the previous season
14%	of HHs in **Lainya County** reported feeling unsafe while collecting water, in November and December 2018

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



This simple water access composite indicator 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	50%
	Swamp	31%
	River or stream	11%
	Unprotected well	6%
	Hand dug well	1%
Host	Borehole	47%
	Swamp	35%
	River or stream	10%
	Unprotected well	6%
	Hand dug well	1%
IDPs	Borehole	60%
	River or stream	20%
	Swamp	20%
Returnees	Borehole	63%
	Swamp	29%
	River or stream	8%

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

Overall	< 30 minutes	33%
	30 minutes - 1 hour	30%
	1 hour - half a day	25%
	Half a day	6%
	> half a day	4%
Host	< 30 minutes	32%
	1 hour - half a day	28%
	30 minutes - 1 hour	26%
	Half a day	7%
	> half a day	4%
IDPs	< 30 minutes	60%
	1 hour - half a day	20%
	30 minutes - 1 hour	20%
Returnees	30 minutes - 1 hour	46%
	< 30 minutes	25%
	1 hour - half a day	21%
	> half a day	4%
	Half a day	4%

Lainya County - Water, Sanitation and Hygiene Factsheet

Central Equatoria State, South Sudan

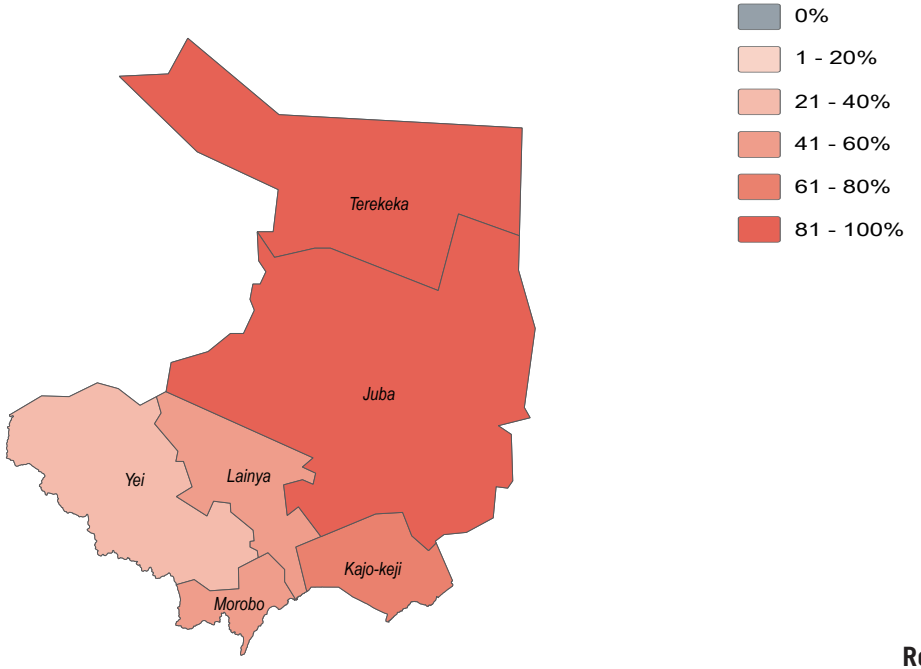
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Sanitation

42%	of **Lainya County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in July and August 2019. This was a decrease from from the previous season
43%	of **Lainya County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in November and December 2018.
44%	of HHs in **Lainya County** reported their most common defecation location was a latrine, in July and August 2019. This was an increase from the previous season
30%	of HHs in **Lainya County** reported their most common defecation location was a latrine, in November and December 2018.

% of HHs reporting no latrine (private, shared, or communal/institutional)[2] present



Most commonly reported defecation location for adults (by percentage of households)

Type of latrines available (by percentage of households)

Overall

In the bush	55%
In the latrine	44%
No answer	1%

No latrine available	57%
Family latrine	28%
Shared latrine	8%
Communal latrine	5%
I don't know	1%

Host

In the bush	66%
In the latrine	32%
No answer	1%

No latrine available	68%
Family latrine	26%
Shared latrine	3%
Communal latrine	1%
I don't know	1%

IDPs

In the latrine	80%
In the bush	20%

Returnees

In the latrine	63%
In the bush	38%

No latrine available	42%
Family latrine	29%
Shared latrine	21%
Communal latrine	8%

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Lainya County - Water, Sanitation and Hygiene Factsheet

Central Equatoria State, South Sudan

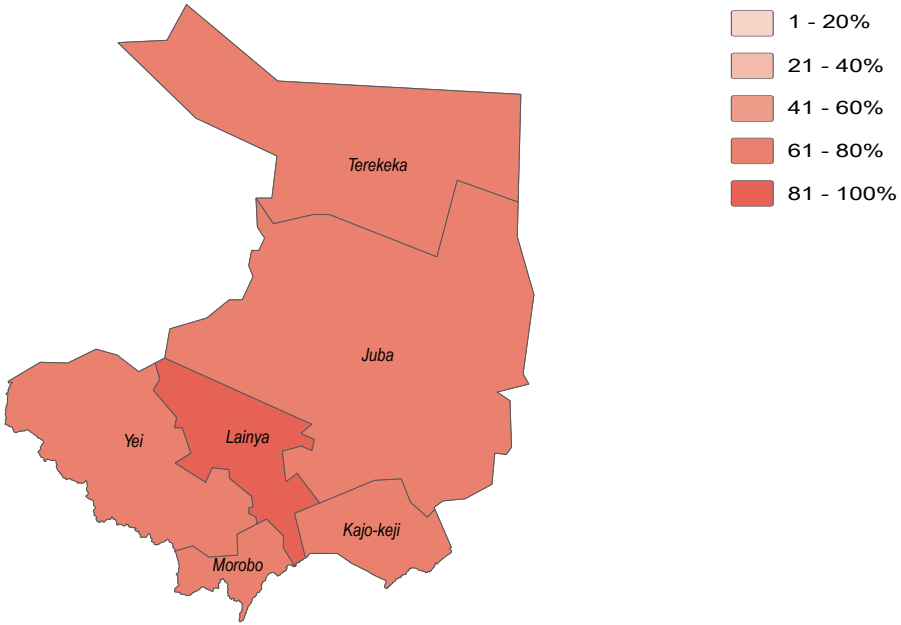
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Health

85%	of **Lainya County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August 2019. This was an increase from the previous season
67%	of **Lainya County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December 2018
Malaria	was the most commonly reported water or vector borne disease in July and August 2019 in **Lainya County**. This was the same as the previous season
Malaria	was the most commonly reported water or vector borne disease in November and December 2018 in **Lainya County**

% 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)

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)[3]

Overall

Host

Malaria	54%
Fever	25%
Typhoid	19%
Stomach pain	15%
Skin infection	13%

IDPs

Malaria	60%
Others	20%

Returnees

Malaria	38%
Fever	17%
Typhoid	17%
Eye infection	8%
Skin infection	8%

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Lainya County - Water, Sanitation and Hygiene Factsheet

Central Equatoria State, South Sudan

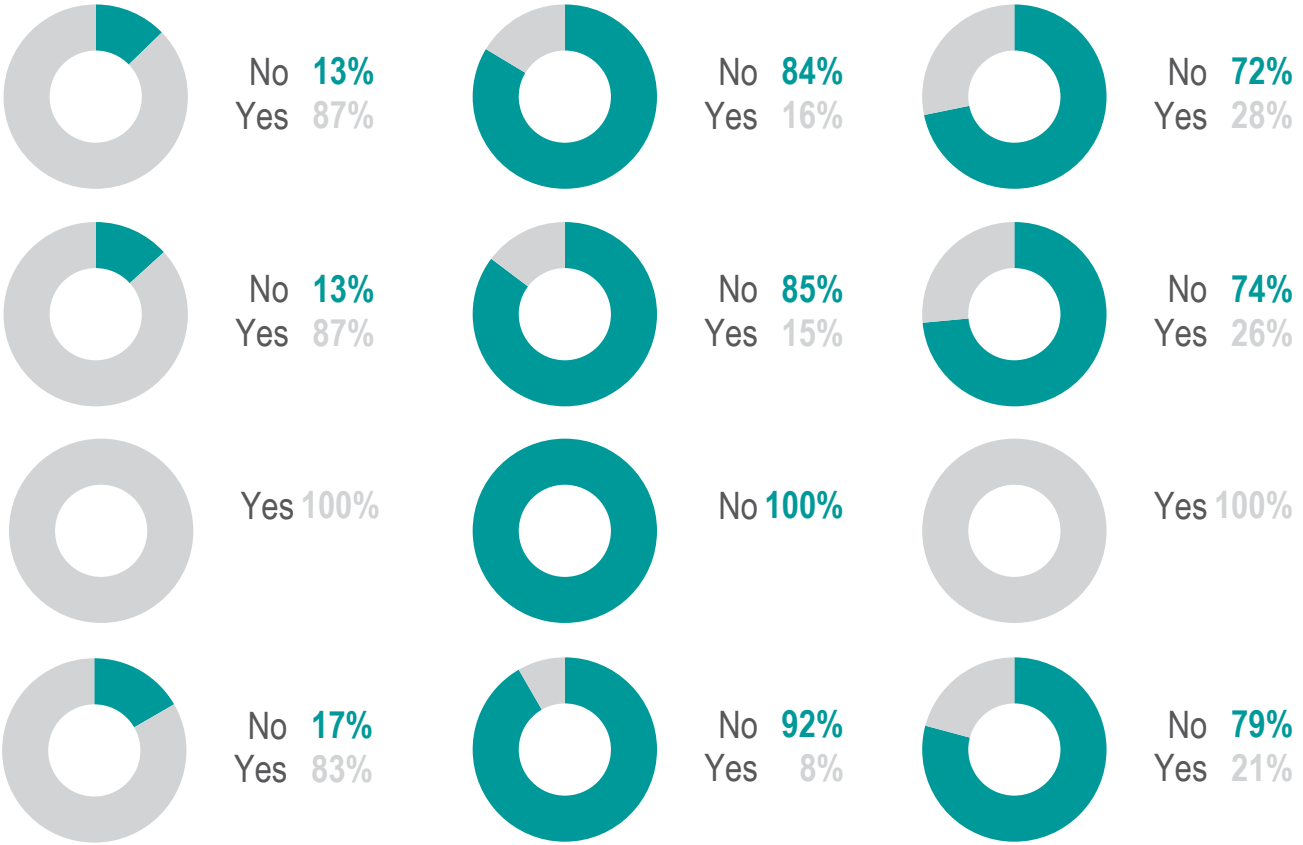
WASH Cluster
Water Sanitation Hygiene

July/August 2019

NFI WASH NFIs

4%	of **Lainya County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap[4], and that every member of the HH slept under a mosquito net in July and August 2019[5]. This was a decrease from the previous season
5%	of **Lainya County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap, and that every member of the HH slept under a mosquito net in November and December 2018.
2	was the average number of jerrycans and/or buckets per HH in **Lainya County** in July and August 2019. This was the same as the previous season
2	was the average number of jerrycans and/or buckets per HH in **Lainya County** in November and December 2018

Ownership of a bucket or a jerrycan with a lid (by percentage of households)



Access to 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 July/August 2019. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. AWD is Acute Watery Diarrhoea.
4. Enumerators asked HHs responding positively to access to soap to produce the soap within a minute.
5. The composite indicator was created by averaging the 'yes' responses of HHs reporting on the following indicators, with all considered to have the same weight: access to soap, access to jerrycans/buckets with lids, everyone in the HH slept under a mosquito net.

About REACH

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Morobo County - Water, Sanitation and Hygiene Factsheet

Central Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

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 Water, Sanitation and Hygiene (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 reporting having safe access in under 30 minutes to an improved water source (borehole, tapstand, water yard) as their main source of drinking water; 3. % of HHs reporting having access to a latrine (private, shared, or communal/ institutional); 4. % of HHs reporting having access to key WASH Non-Food Items (NFIs) (soap, mosquito nets, water containers); and 5. % of HHs reporting that one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection.

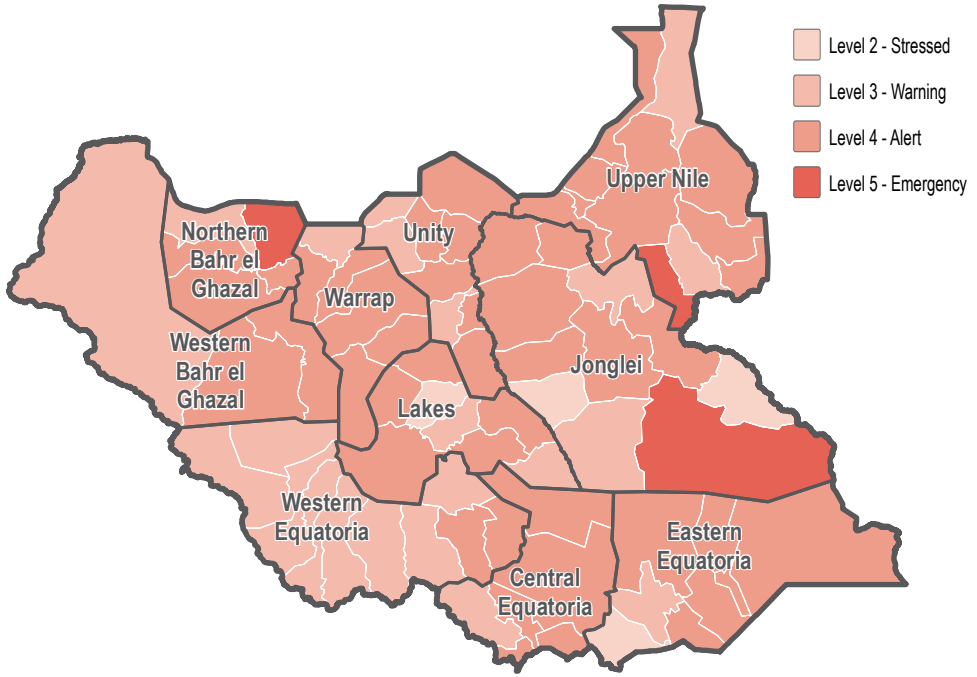
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH Cluster indicators for FSNMS Round 24 (July and August 2019). 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 Rounds 22-24. 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. Findings related to a subset of the population may not be representative and should be considered indicative only.

WASH Needs Severity Map



This WASH composite indicator 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 in under 30min to 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 HHs did not sleep under a mosquito net
- Having one or more HH 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	45%
IDP	34%
Returnee	12%
Refugee returnees	10%

Percentage of Internally Displaced Person (IDP) households by time arrived in their current location

Between 2-3 years	46%
In the last one year	46%
Around 5 years	9%

Percentage of returnee households by time arrived in their current location

In the last one year	92%
Between 2-3 years	8%

Most commonly reported vulnerability, by percentage of households

Children under 5	35%
Conflict injuries	29%
Elderly persons	17%
Female headed	17%
Physically disabled	16%

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Morobo County - Water, Sanitation and Hygiene Factsheet

Central Equatoria State, South Sudan

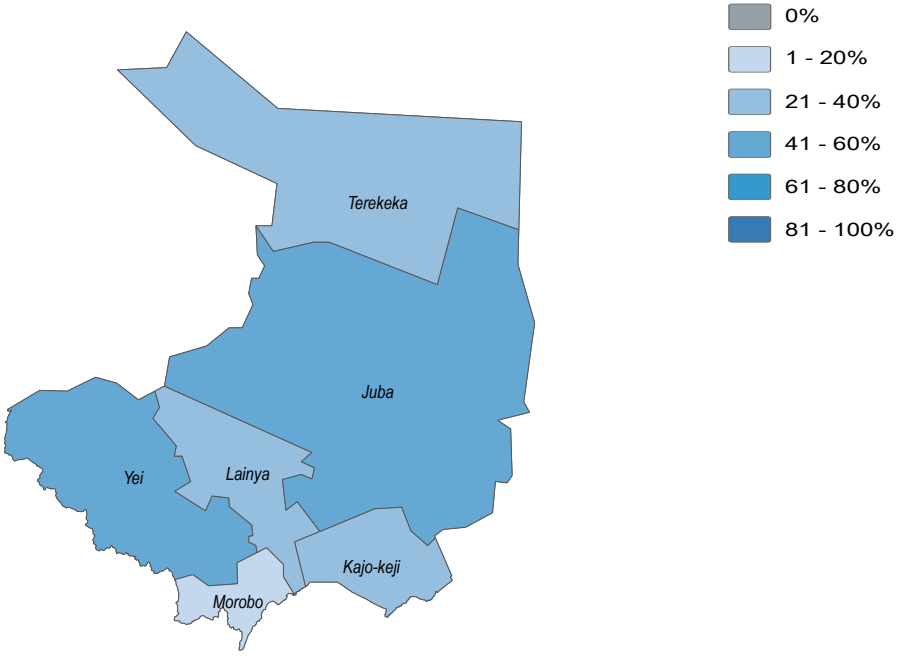
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Water

13%	of **Morobo County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August 2019. This was a decrease from the previous season
50%	of **Morobo County** HHs reported having safe access to an improved source of drinking water as their main source, in November and December 2018
28%	of HHs in **Morobo County** reported feeling unsafe while collecting water, in July and August 2019. This was an increase from the previous season
3%	of HHs in **Morobo County** reported feeling unsafe while collecting water, in November and December 2018

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



This simple water access composite indicator 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	46%	30 minutes - 1 hour	44%
	Unprotected well	34%	< 30 minutes	42%
	Borehole	13%	1 hour - half a day	15%
	Hand dug well	7%		
	Swamp	1%		
Host	River or stream	35%	30 minutes - 1 hour	48%
	Unprotected well	33%	< 30 minutes	33%
	Borehole	24%	1 hour - half a day	20%
	Hand dug well	7%		
	Swamp	2%		
IDPs	River or stream	51%	< 30 minutes	51%
	Unprotected well	37%	30 minutes - 1 hour	40%
	Hand dug well	9%	1 hour - half a day	9%
	Borehole	3%		
Returnees	River or stream	58%	30 minutes - 1 hour	42%
	Unprotected well	25%	< 30 minutes	33%
	Borehole	8%	1 hour - half a day	25%
	Hand dug well	8%		

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Morobo County - Water, Sanitation and Hygiene Factsheet

Central Equatoria State, South Sudan

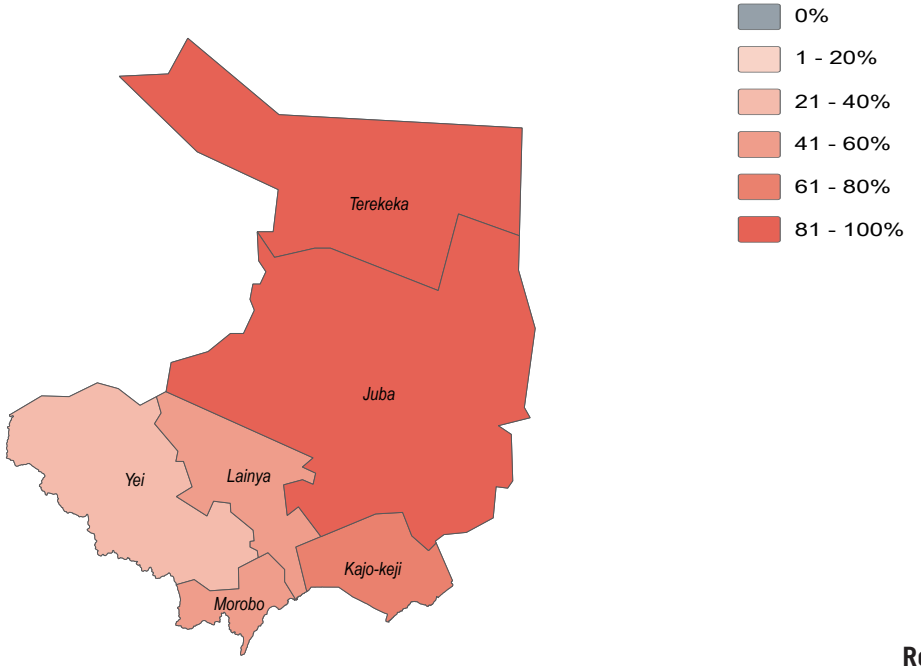
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Sanitation

45%	of **Morobo County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in July and August 2019. This was a decrease from from the previous season
89%	of **Morobo County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in November and December 2018.
45%	of HHs in **Morobo County** reported their most common defecation location was a latrine, in July and August 2019. This was a decrease from the previous season
83%	of HHs in **Morobo County** reported their most common defecation location was a latrine, in November and December 2018.

% of HHs reporting no latrine (private, shared, or communal/institutional)[2] present



Most commonly reported defecation location for adults (by percentage of households)

Overall	In the latrine	45%
	In the bush	35%
	Dig a hole and cover	20%
Host	In the latrine	50%
	In the bush	33%
	Dig a hole and cover	17%
IDPs	In the latrine	40%
	In the bush	37%
	Dig a hole and cover	23%
Returnees	In the latrine	42%
	Dig a hole and cover	33%
	In the bush	25%

Type of latrines available (by percentage of households)

No latrine available	54%
Family latrine	39%
Shared latrine	5%
Communal latrine	1%
I don't know	1%
No latrine available	50%
Family latrine	43%
Shared latrine	7%
No latrine available	50%
Family latrine	42%
I don't know	8%

Morobo County - Water, Sanitation and Hygiene Factsheet

Central Equatoria State, South Sudan

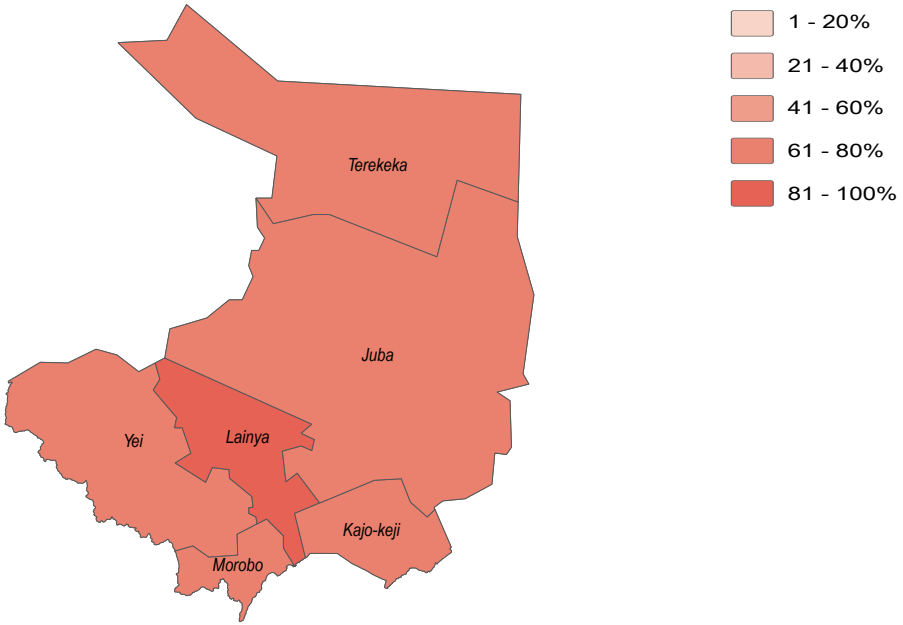
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Health

73%	of **Morobo County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August 2019. This was a decrease from the previous season
81%	of **Morobo County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December 2018
Malaria	was the most commonly reported water or vector borne disease in July and August 2019 in **Morobo County**. This was the same as the previous season
Malaria	was the most commonly reported water or vector borne disease in November and December 2018 in **Morobo County**

% 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)

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)[3]

Overall

Malaria	33%
Fever	26%
Flu	15%
Stomach pain	11%
AWD	9%

Host

Malaria	34%
Fever	17%
Stomach pain	11%
Flu	9%
AWD	3%

IDPs

Fever	33%
Malaria	25%
AWD	17%
Others	17%
Stomach pain	17%

Returnees

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Morobo County - Water, Sanitation and Hygiene Factsheet

Central Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

NFI WASH NFIs

3%	of **Morobo County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap[4], and that every member of the HH slept under a mosquito net in July and August 2019[5]. This was a decrease from the previous season
6%	of **Morobo County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap, and that every member of the HH slept under a mosquito net in November and December 2018.
2	was the average number of jerrycans and/or buckets per HH in **Morobo County** in July and August 2019. This was a decrease from the previous season
3	was the average number of jerrycans and/or buckets per HH in **Morobo County** in November and December 2018

	Ownership of a bucket or a jerrycan with a lid (by percentage of households)		Access to soap (by percentage of households)		Every member of the household sleeps under a mosquito net (by percentage of households)	
Overall		No 6% Yes 94%		No 61% Yes 39%		No 73% Yes 27%
Host		No 2% Yes 98%		No 54% Yes 46%		No 74% Yes 26%
IDPs		No 11% Yes 89%		No 74% Yes 26%		No 74% Yes 26%
Returnees		Yes 100%		No 50% Yes 50%		No 83% Yes 17%

Endnotes

1. This data is as of July/August 2019. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. AWD is Acute Watery Diarrhoea.
4. Enumerators asked HHs responding positively to access to soap to produce the soap within a minute.
5. The composite indicator was created by averaging the 'yes' responses of HHs reporting on the following indicators, with all considered to have the same weight: access to soap, access to jerrycans/buckets with lids, everyone in the HH slept under a mosquito net.

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Terekeka County - Water, Sanitation and Hygiene Factsheet

Central Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

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 Water, Sanitation and Hygiene (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 reporting having safe access in under 30 minutes to an improved water source (borehole, tapstand, water yard) as their main source of drinking water; 3. % of HHs reporting having access to a latrine (private, shared, or communal/ institutional); 4. % of HHs reporting having access to key WASH Non-Food Items (NFIs) (soap, mosquito nets, water containers); and 5. % of HHs reporting that one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection.

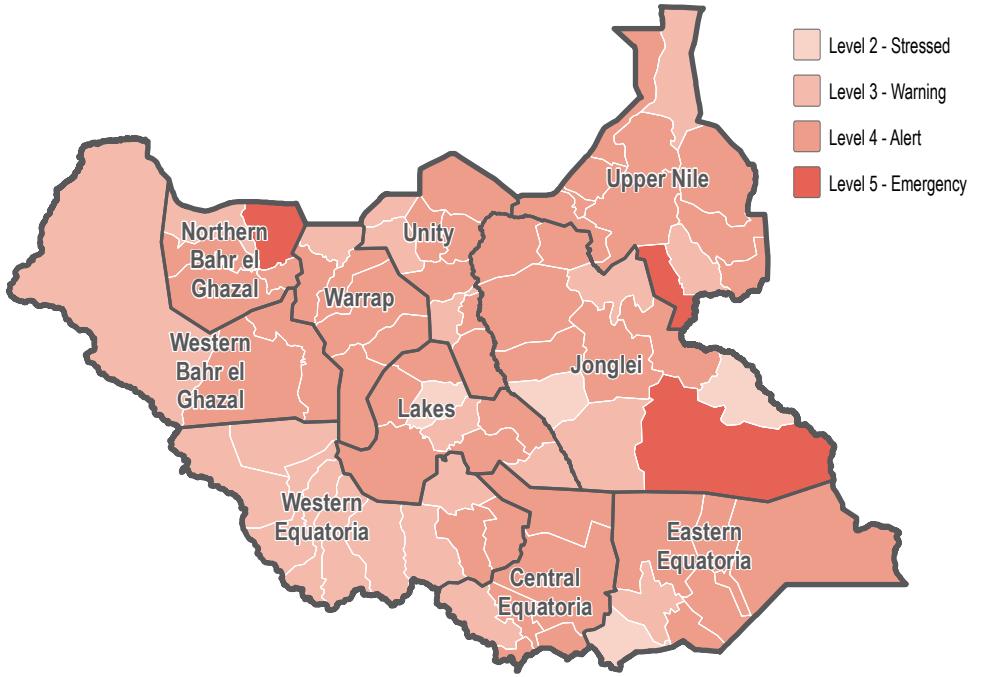
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH Cluster indicators for FSNMS Round 24 (July and August 2019). 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 Rounds 22-24. 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. Findings related to a subset of the population may not be representative and should be considered indicative only.

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 HHs did not sleep under a mosquito net
- Having one or more HH 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 Internally Displaced Person (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

Children under 5	81%
Female headed	35%
Elderly persons	16%
Conflict injuries	13%
Physically disabled	12%

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Terekeka County - Water, Sanitation and Hygiene Factsheet

Central Equatoria State, South Sudan

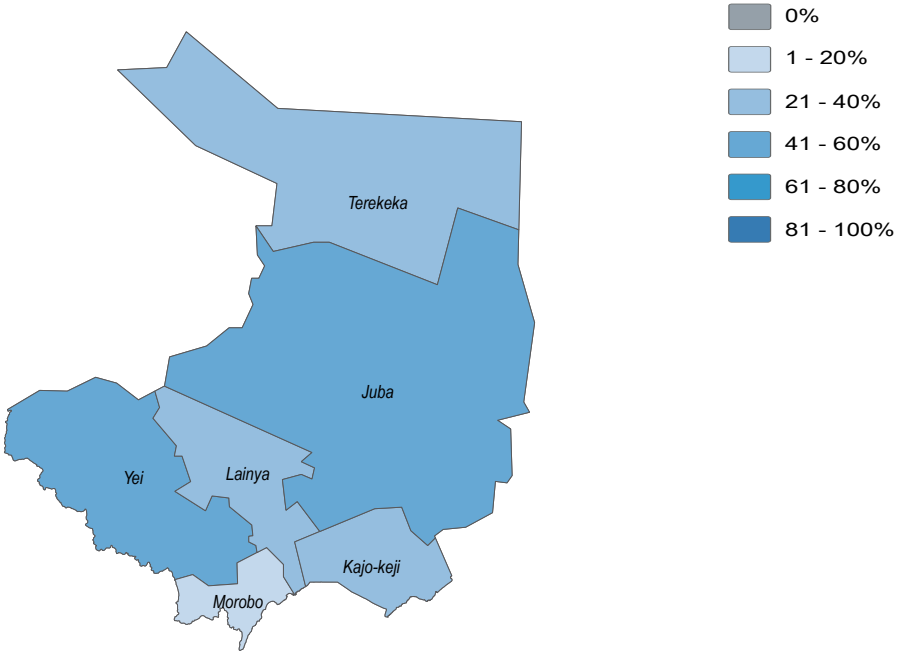
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Water

48%	of **Terekeka County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August 2019. This was a decrease from the previous season
64%	of **Terekeka County** HHs reported having safe access to an improved source of drinking water as their main source, in November and December 2018
4%	of HHs in **Terekeka County** reported feeling unsafe while collecting water, in July and August 2019. This was a decrease from the previous season
8%	of HHs in **Terekeka County** reported feeling unsafe while collecting water, in November and December 2018

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



Most commonly reported sources of drinking water (by percentage of households)

Overall	Borehole	48%
	River or stream	28%
	Unprotected well	11%
	Swamp	8%
	Hand dug well	5%
Host	Borehole	48%
	River or stream	28%
	Unprotected well	11%
	Swamp	8%
	Hand dug well	5%
IDPs		
Returnees		

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

Overall	< 30 minutes	50%
	30 minutes - 1 hour	43%
	1 hour - half a day	5%
	> half a day	1%
	Half a day	1%
Host	< 30 minutes	50%
	30 minutes - 1 hour	43%
	1 hour - half a day	5%
	> half a day	1%
	Half a day	1%
IDPs		
Returnees		

This simple water access composite indicator 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

Terekeka County - Water, Sanitation and Hygiene Factsheet

Central Equatoria State, South Sudan

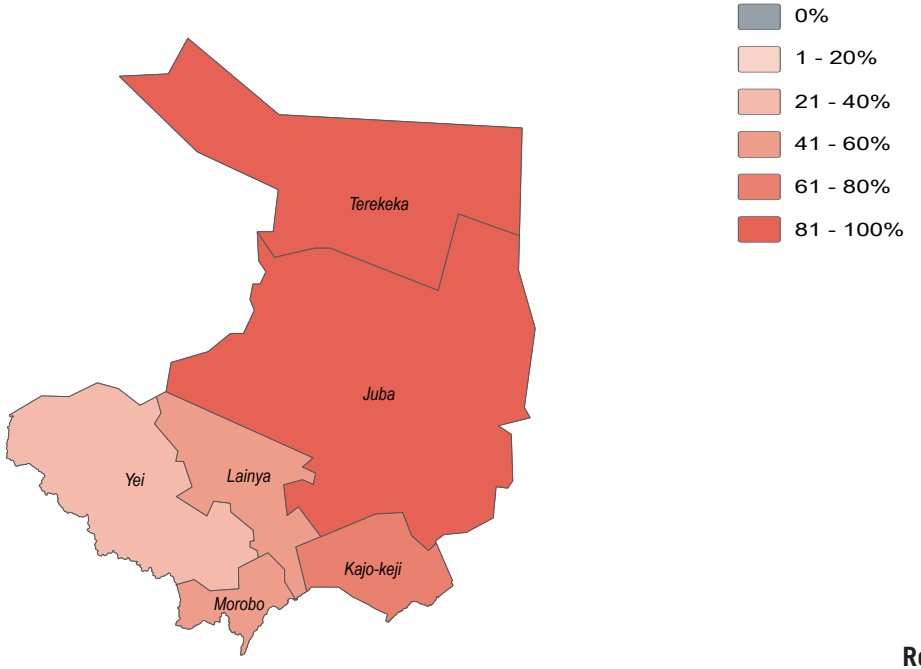
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Sanitation

9%	of **Terekeka County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in July and August 2019. This was an increase from from the previous season
2%	of **Terekeka County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in November and December 2018.
2%	of HHs in **Terekeka County** reported their most common defecation location was a latrine, in July and August 2019. This was an increase from the previous season
1%	of HHs in **Terekeka County** reported their most common defecation location was a latrine, in November and December 2018.

% of HHs reporting no latrine (private, shared, or communal/institutional)[2] present



Most commonly reported defecation location for adults (by percentage of households)

Type of latrines available (by percentage of households)

Overall

In the bush	94%
Dig a hole and cover	3%
In the latrine	2%
In the river	1%

No latrine available	91%
Family latrine	7%
Communal latrine	2%

Host

In the bush	94%
Dig a hole and cover	3%
In the latrine	2%
In the river	1%

No latrine available	91%
Family latrine	7%
Communal latrine	2%

IDPs

Returnees

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Terekeka County - Water, Sanitation and Hygiene Factsheet

Central Equatoria State, South Sudan

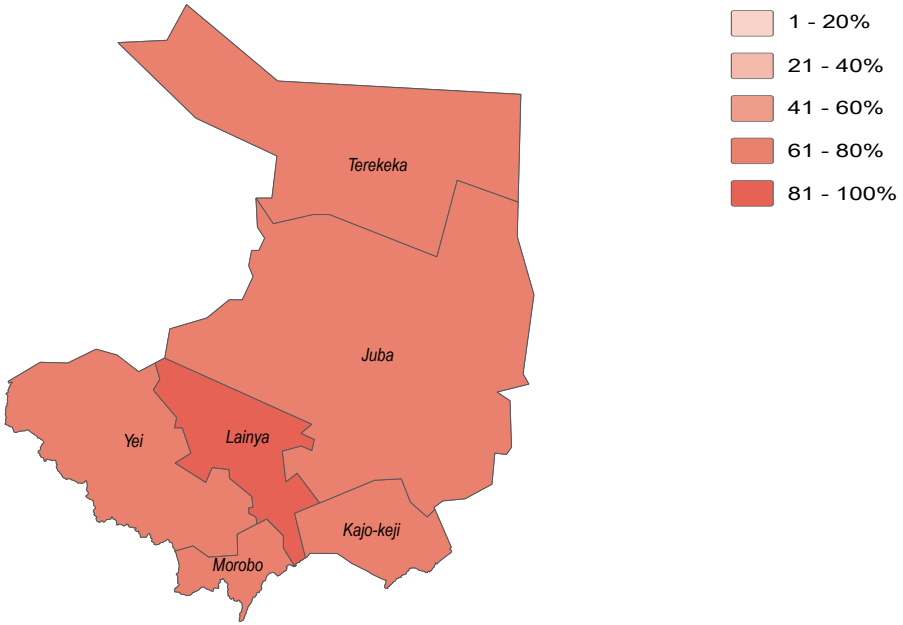
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Health

67%	of **Terekeka County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August 2019. This was an increase from the previous season
53%	of **Terekeka County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December 2018
Malaria	was the most commonly reported water or vector borne disease in July and August 2019 in **Terekeka County**. This was the same as the previous season
Malaria	was the most commonly reported water or vector borne disease in November and December 2018 in **Terekeka County**

% 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)

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)[3]

Overall

Host

Malaria	43%
Fever	30%
Flu	13%
AWD	11%
Skin infection	7%

IDPs

Returnees

Terekeka County - Water, Sanitation and Hygiene Factsheet

Central Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

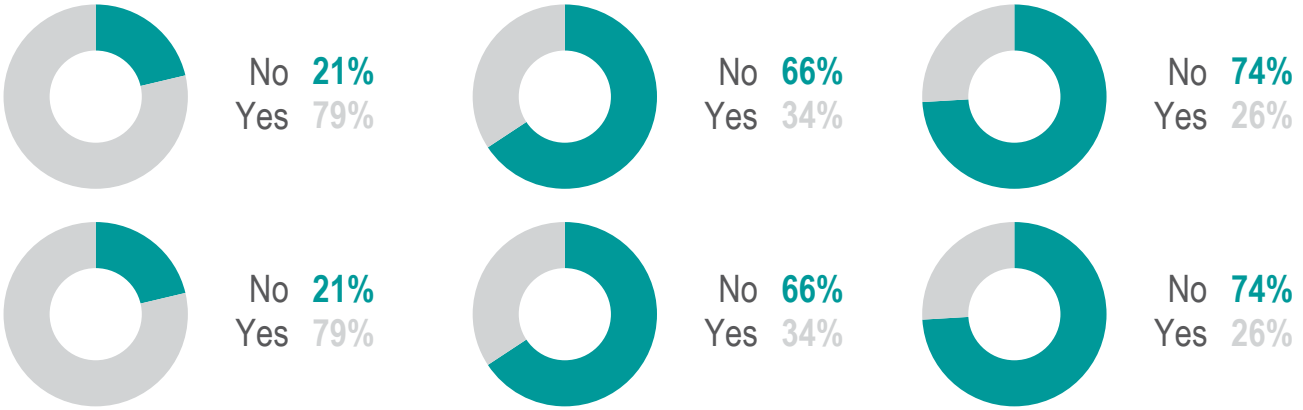
NFI WASH NFIs

2%	of **Terekeka County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap[4], and that every member of the HH slept under a mosquito net in July and August 2019[5]. This was a decrease from the previous season
3%	of **Terekeka County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap, and that every member of the HH slept under a mosquito net in November and December 2018.
2	was the average number of jerrycans and/or buckets per HH in **Terekeka County** in July and August 2019. This was the same as the previous season
2	was the average number of jerrycans and/or buckets per HH in **Terekeka County** in November and December 2018

Ownership of a bucket or a jerrycan with a lid (by percentage of households)

Access to 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 July/August 2019. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. AWD is Acute Watery Diarrhoea.
4. Enumerators asked HHs responding positively to access to soap to produce the soap within a minute.
5. The composite indicator was created by averaging the 'yes' responses of HHs reporting on the following indicators, with all considered to have the same weight: access to soap, access to jerrycans/buckets with lids, everyone in the HH slept under a mosquito net.

About REACH

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Yei County - Water, Sanitation and Hygiene Factsheet

Central Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

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 Water, Sanitation and Hygiene (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 reporting having safe access in under 30 minutes to an improved water source (borehole, tapstand, water yard) as their main source of drinking water; 3. % of HHs reporting having access to a latrine (private, shared, or communal/ institutional); 4. % of HHs reporting having access to key WASH Non-Food Items (NFIs) (soap, mosquito nets, water containers); and 5. % of HHs reporting that one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection.

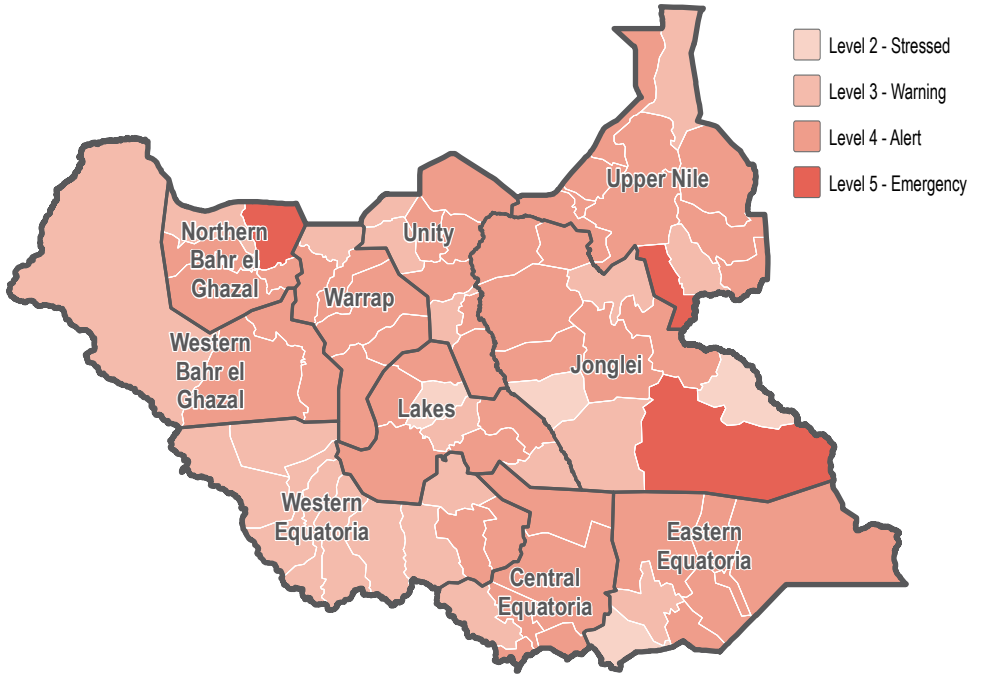
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH Cluster indicators for FSNMS Round 24 (July and August 2019). 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 Rounds 22-24. 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. Findings related to a subset of the population may not be representative and should be considered indicative only.

WASH Needs Severity Map



This WASH composite indicator 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 in under 30min to 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 HHs did not sleep under a mosquito net
- Having one or more HH 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	52%
Host community	32%
Returnee	10%
Refugee returnees	6%

Percentage of Internally Displaced Person (IDP) households by time arrived in their current location

In the last one year	71%
Between 2-3 years	27%
Around 5 years	2%

Percentage of returnee households by time arrived in their current location

In the last one year	90%
Between 2-3 years	10%

Most commonly reported vulnerability, by percentage of households

Children under 5	60%
Female headed	56%
Conflict injuries	48%
Elderly persons	32%
Chronically ill	30%

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Yei County - Water, Sanitation and Hygiene Factsheet

Central Equatoria State, South Sudan

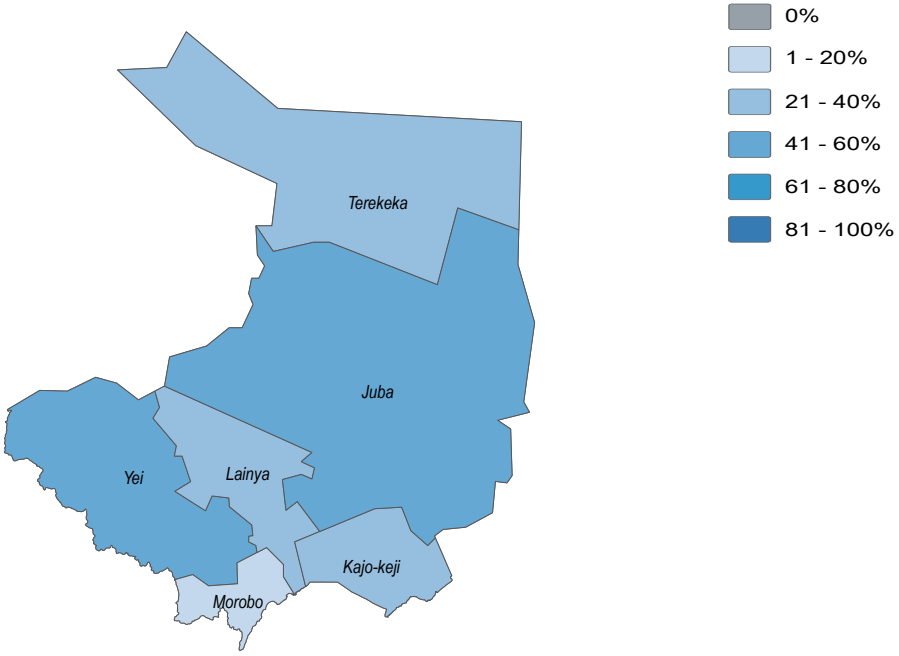
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Water

57%	of **Yei County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August 2019. This was a decrease from the previous season
71%	of **Yei County** HHs reported having safe access to an improved source of drinking water as their main source, in November and December 2018
9%	of HHs in **Yei County** reported feeling unsafe while collecting water, in July and August 2019. This was a decrease from the previous season
18%	of HHs in **Yei County** reported feeling unsafe while collecting water, in November and December 2018

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



This simple water access composite indicator 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	46%	< 30 minutes	67%
	Hand dug well	25%	30 minutes - 1 hour	24%
	Unprotected well	14%	1 hour - half a day	10%
	Tap stand	11%		
	Swamp	3%		
Host	Hand dug well	41%	< 30 minutes	68%
	Borehole	35%	30 minutes - 1 hour	24%
	Unprotected well	15%	1 hour - half a day	9%
	Tap stand	6%		
	Swamp	3%		
IDPs	Borehole	49%	< 30 minutes	69%
	Hand dug well	20%	30 minutes - 1 hour	24%
	Tap stand	15%	1 hour - half a day	7%
	Unprotected well	13%		
	River or stream	2%		
Returnees	Borehole	50%	< 30 minutes	70%
	Tap stand	20%	30 minutes - 1 hour	20%
	Hand dug well	10%	1 hour - half a day	10%
	Swamp	10%		
	Unprotected well	10%		

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Yei County - Water, Sanitation and Hygiene Factsheet

Central Equatoria State, South Sudan

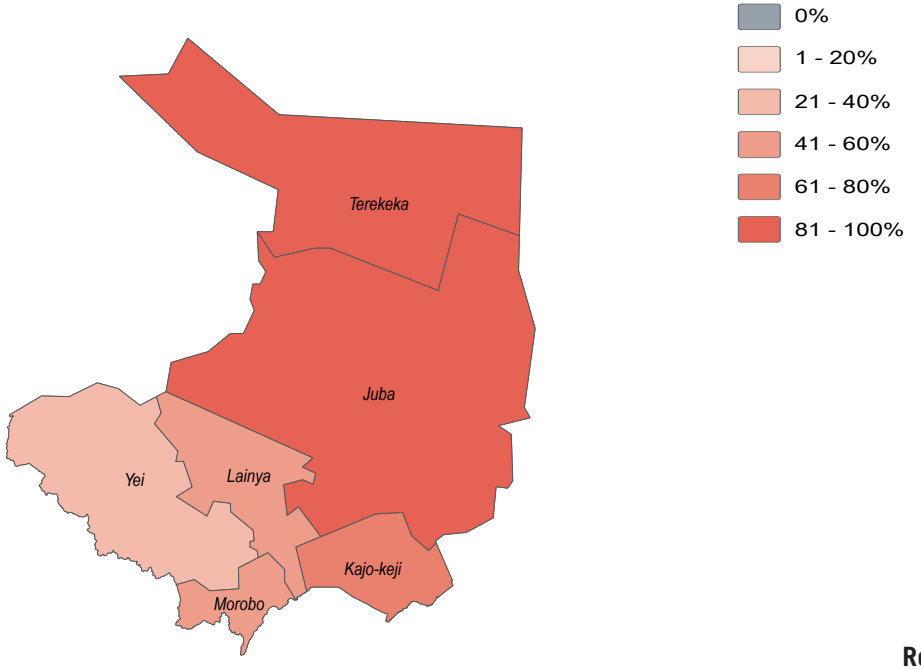
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Sanitation

77%	of **Yei County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in July and August 2019. This was a decrease from from the previous season
96%	of **Yei County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in November and December 2018.
74%	of HHs in **Yei County** reported their most common defecation location was a latrine, in July and August 2019. This was a decrease from the previous season
85%	of HHs in **Yei County** reported their most common defecation location was a latrine, in November and December 2018.

% of HHs reporting no latrine (private, shared, or communal/institutional)[2] present



Most commonly reported defecation location for adults (by percentage of households)

Type of latrines available (by percentage of households)

Overall

In the latrine	74%
Dig a hole and cover	13%
In the bush	8%
No answer	5%

Family latrine	59%
No latrine available	23%
Communal latrine	13%
Shared latrine	5%

Host

In the latrine	91%
No answer	6%
Dig a hole and cover	3%

Family latrine	85%
No latrine available	9%
Communal latrine	3%
Shared latrine	3%

IDPs

In the latrine	62%
Dig a hole and cover	22%
In the bush	11%
No answer	5%

Returnees

In the latrine	90%
Dig a hole and cover	10%

Family latrine	60%
Communal latrine	20%
Shared latrine	20%

Yei County - Water, Sanitation and Hygiene Factsheet

Central Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

Health

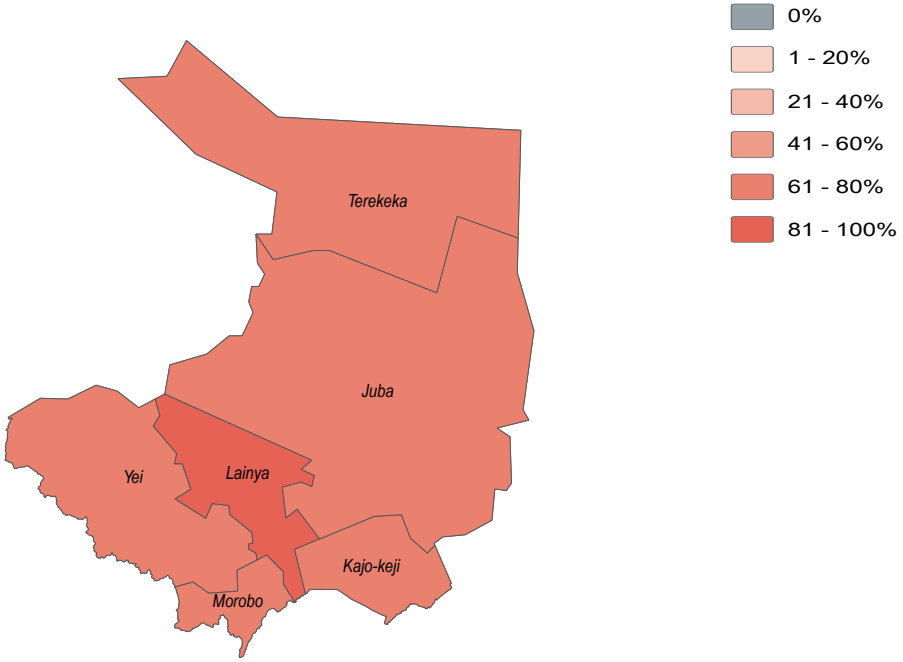
79% of **Yei County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August 2019. This was a decrease from the previous season

80% of **Yei County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December 2018

Malaria was the most commonly reported water or vector borne disease in July and August 2019 in **Yei County**. This was the same as the previous season

Malaria was the most commonly reported water or vector borne disease in November and December 2018 in **Yei County**

% 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)

Overall	Eye infection	1%
	Fever	1%
	Malaria	1%
	No answer	1%
	Typhoid	1%
Host	Malaria	3%
	Typhoid	3%
IDPs	Fever	2%
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)[3]

Overall	Eye infection	1%
	Fever	1%
	Malaria	1%
	No answer	1%
	Typhoid	1%
Host	Malaria	29%
	Fever	12%
	Flu	12%
	Stomach pain	12%
	Don't know	3%
IDPs	Malaria	42%
	Fever	38%
	Stomach pain	29%
	Flu	24%
	AWD	11%
Returnees	Malaria	60%
	Fever	50%
	Flu	30%
	Stomach pain	30%
	AWD	20%

Yei County - Water, Sanitation and Hygiene Factsheet

Central Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

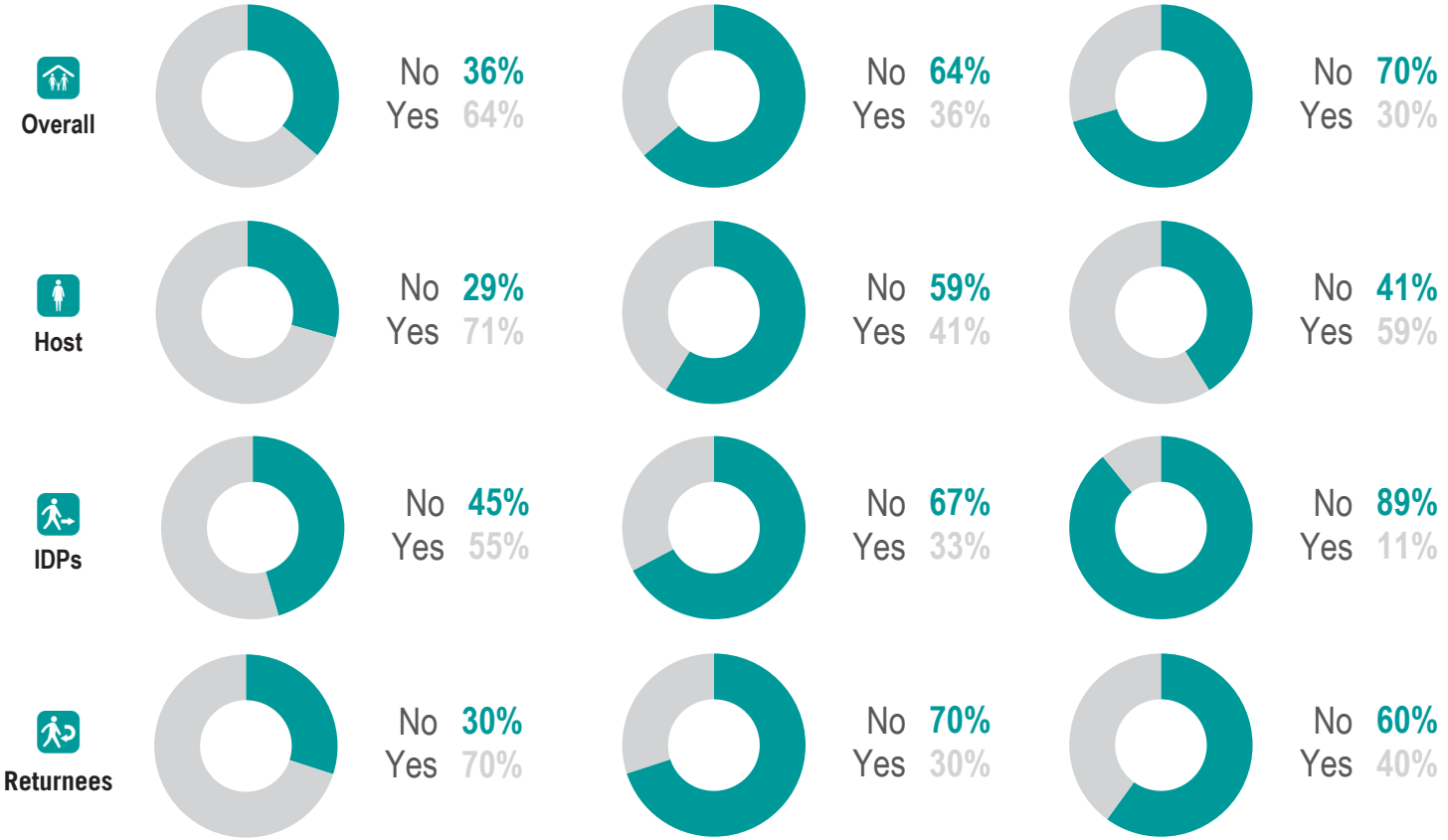
NFI WASH NFIs

6%	of **Yei County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap[4], and that every member of the HH slept under a mosquito net in July and August 2019[5]. This was a decrease from the previous season
20%	of **Yei County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap, and that every member of the HH slept under a mosquito net in November and December 2018.
2	was the average number of jerrycans and/or buckets per HH in **Yei County** in July and August 2019. This was a decrease from the previous season
3	was the average number of jerrycans and/or buckets per HH in **Yei County** in November and December 2018

Ownership of a bucket or a jerrycan with a lid (by percentage of households)

Access to 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 July/August 2019. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. AWD is Acute Watery Diarrhoea.
4. Enumerators asked HHs responding positively to access to soap to produce the soap within a minute.
5. The composite indicator was created by averaging the 'yes' responses of HHs reporting on the following indicators, with all considered to have the same weight: access to soap, access to jerrycans/buckets with lids, everyone in the HH slept under a mosquito net.

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Budi County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

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 Water, Sanitation and Hygiene (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 reporting having safe access in under 30 minutes to an improved water source (borehole, tapstand, water yard) as their main source of drinking water; 3. % of HHs reporting having access to a latrine (private, shared, or communal/ institutional); 4. % of HHs reporting having access to key WASH Non-Food Items (NFIs) (soap, mosquito nets, water containers); and 5. % of HHs reporting that one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection.

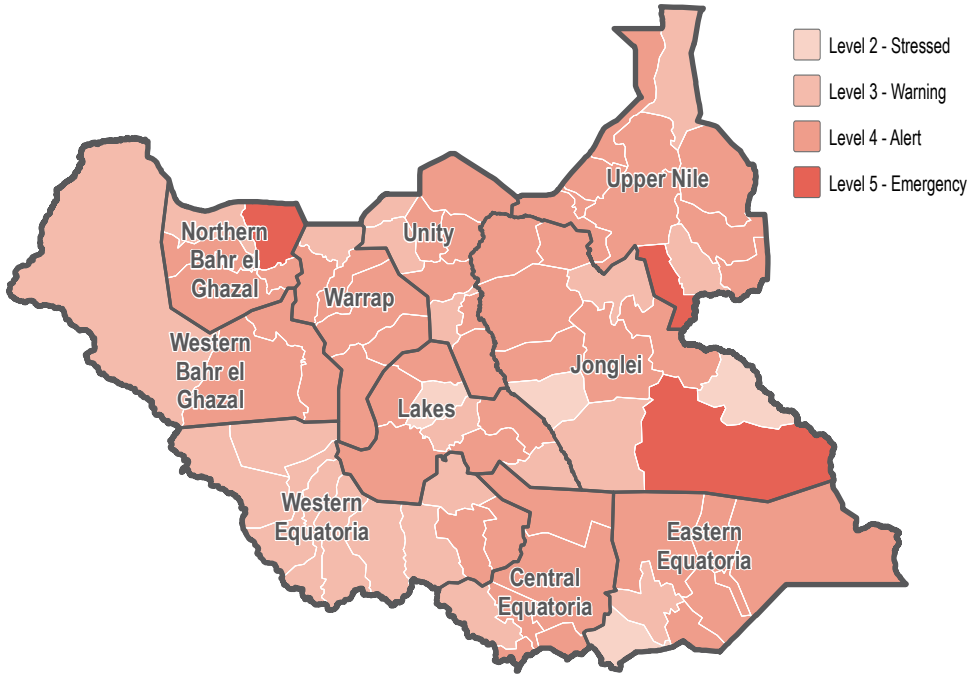
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH Cluster indicators for FSNMS Round 24 (July and August 2019). 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 Rounds 22-24. 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. Findings related to a subset of the population may not be representative and should be considered indicative only.

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 HHs did not sleep under a mosquito net
- Having one or more HH 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 Internally Displaced Person (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

Children under 5	79%
Female headed	62%
Conflict injuries	23%
Adopted children	21%
Elderly persons	17%

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Budi County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

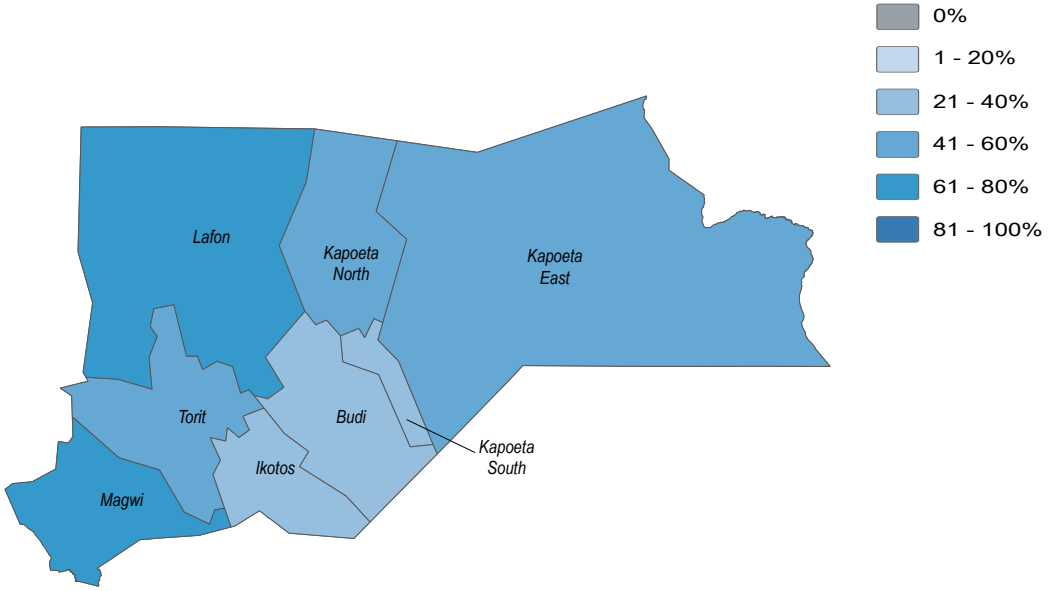
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Water

56%	of **Budi County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August 2019. This was a decrease from the previous season
65%	of **Budi County** HHs reported having safe access to an improved source of drinking water as their main source, in November and December 2018
21%	of HHs in **Budi County** reported feeling unsafe while collecting water, in July and August 2019. This was a decrease from the previous season
23%	of HHs in **Budi County** reported feeling unsafe while collecting water, in November and December 2018

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



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	51%	30 minutes - 1 hour	54%
River or stream	29%	< 30 minutes	35%
Other source	6%	1 hour - half a day	11%
Swamp	5%		
Tap stand	5%		

Host

Borehole	51%	30 minutes - 1 hour	54%
River or stream	29%	< 30 minutes	35%
Other source	6%	1 hour - half a day	11%
Swamp	5%		
Tap stand	5%		

IDPs

Returnees

This simple water access composite indicator 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

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Budi County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

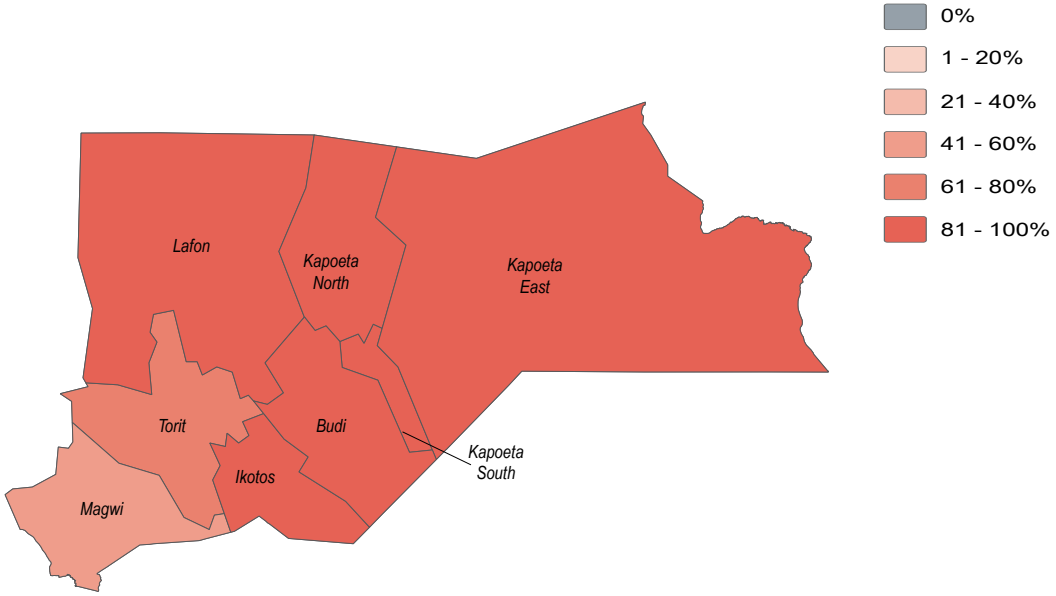
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Sanitation

17%	of **Budi County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in July and August 2019. This was a decrease from from the previous season
17%	of **Budi County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in November and December 2018.
15%	of HHs in **Budi County** reported their most common defecation location was a latrine, in July and August 2019. This was an increase from the previous season
13%	of HHs in **Budi County** reported their most common defecation location was a latrine, in November and December 2018.

% of HHs reporting no latrine (private, shared, or communal/institutional)[2] present



Most commonly reported defecation location for adults (by percentage of households)

Type of latrines available (by percentage of households)

Overall

In the bush	83%
In the latrine	15%
Dig a hole and cover	1%
In the river	1%

No latrine available	83%
Family latrine	13%
Communal latrine	2%
Shared latrine	2%

Host

In the bush	83%
In the latrine	15%
Dig a hole and cover	1%
In the river	1%

No latrine available	83%
Family latrine	13%
Communal latrine	2%
Shared latrine	2%

IDPs

Returnees

Budi County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

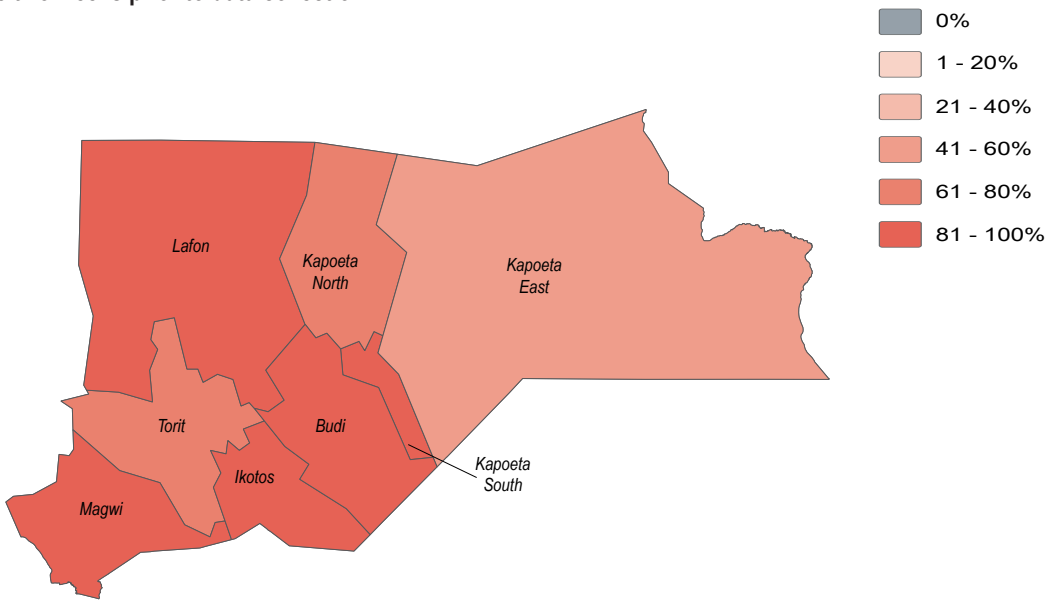
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Health

89%	of **Budi County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August 2019. This was an increase from the previous season
85%	of **Budi County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December 2018
Malaria	was the most commonly reported water or vector borne disease in July and August 2019 in **Budi County**. This was different to the previous season
Fever	was the most commonly reported water or vector borne disease in November and December 2018 in **Budi County**

% 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)

Overall	Malaria	24%
	Typhoid	17%
	Fever	12%
	Stomach pain	7%
	AWD	4%
Host	Malaria	24%
	Typhoid	17%
	Fever	12%
	Stomach pain	7%
	AWD	4%
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)[3]

Overall	Malaria	24%
	Typhoid	17%
	Fever	12%
	Stomach pain	7%
	AWD	4%
Host	Malaria	61%
	Fever	58%
	Flu	18%
	AWD	17%
	Stomach pain	8%

Budi County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

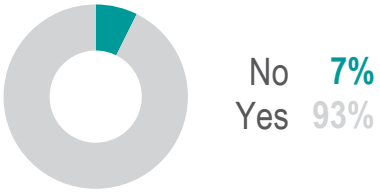
WASH Cluster
Water Sanitation Hygiene

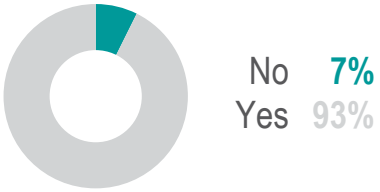
July/August 2019

NFI WASH NFIs

6%	of **Budi County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap[4], and that every member of the HH slept under a mosquito net in July and August 2019[5]. This was a decrease from the previous season
7%	of **Budi County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap, and that every member of the HH slept under a mosquito net in November and December 2018.
2	was the average number of jerrycans and/or buckets per HH in **Budi County** in July and August 2019. This was the same as the previous season
2	was the average number of jerrycans and/or buckets per HH in **Budi County** in November and December 2018

Ownership of a bucket or a jerrycan with a lid (by percentage of households)





Access to soap

(by percentage of households)

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

Overall

Host

IDPs

Returnees

Endnotes

1. This data is as of July/August 2019. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. AWD is Acute Watery Diarrhoea.
4. Enumerators asked HHs responding positively to access to soap to produce the soap within a minute.
5. The composite indicator was created by averaging the 'yes' responses of HHs reporting on the following indicators, with all considered to have the same weight: access to soap, access to jerrycans/buckets with lids, everyone in the HH slept under a mosquito net.

About REACH

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Ikotos County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

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 Water, Sanitation and Hygiene (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 reporting having safe access in under 30 minutes to an improved water source (borehole, tapstand, water yard) as their main source of drinking water; 3. % of HHs reporting having access to a latrine (private, shared, or communal/ institutional); 4. % of HHs reporting having access to key WASH Non-Food Items (NFIs) (soap, mosquito nets, water containers); and 5. % of HHs reporting that one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection.

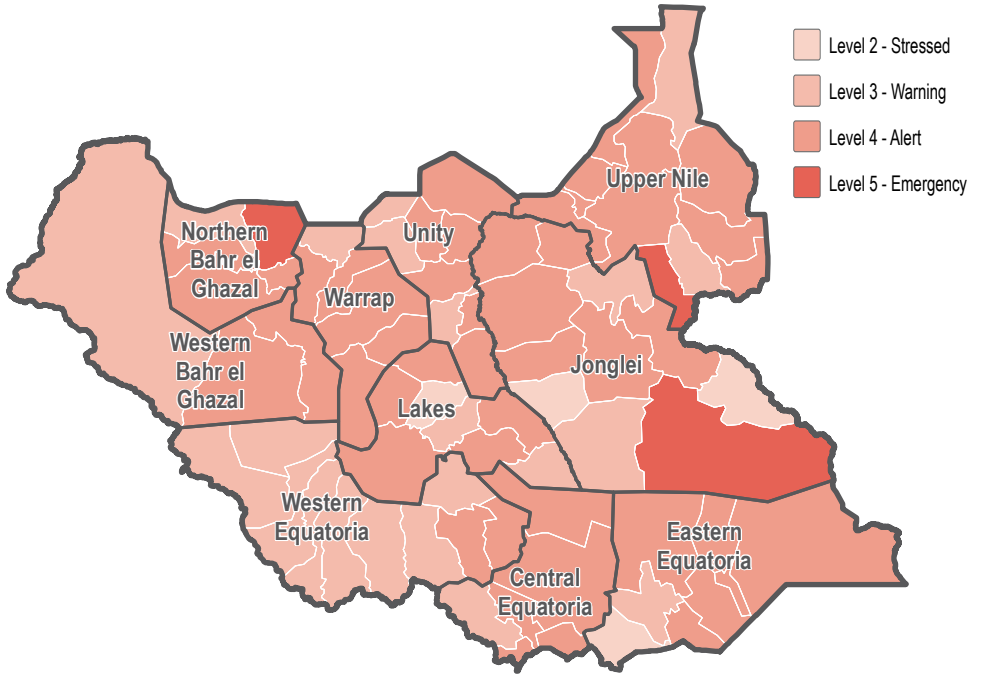
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH Cluster indicators for FSNMS Round 24 (July and August 2019). 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 Rounds 22-24. 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. Findings related to a subset of the population may not be representative and should be considered indicative only.

WASH Needs Severity Map



This WASH composite indicator 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 in under 30min to 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 HHs did not sleep under a mosquito net
- Having one or more HH members affected by self-reported water or vector borne disease in the two weeks prior to data collection

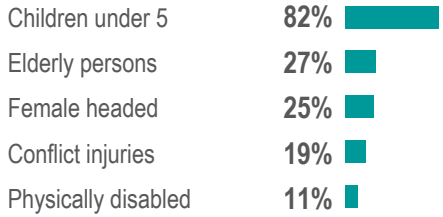
Displacement

Percentage of households by displacement status[1]

Percentage of Internally Displaced Person (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



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Ikotos County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

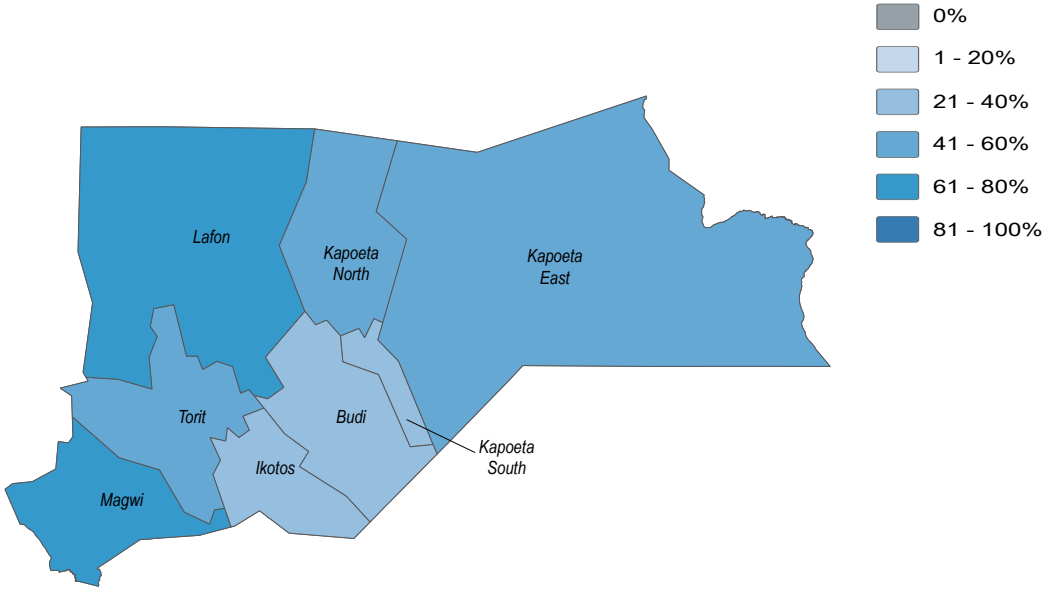
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Water

75%	of **Ikotos County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August 2019. This was an increase from the previous season
31%	of **Ikotos County** HHs reported having safe access to an improved source of drinking water as their main source, in November and December 2018
1%	of HHs in **Ikotos County** reported feeling unsafe while collecting water, in July and August 2019. This was a decrease from the previous season
13%	of HHs in **Ikotos County** reported feeling unsafe while collecting water, in November and December 2018

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



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	65%	< 30 minutes	46%
River or stream	24%	1 hour - half a day	27%
Tap stand	10%	30 minutes - 1 hour	27%
Other source	1%		

Host

Borehole	64%	< 30 minutes	46%
River or stream	24%	1 hour - half a day	27%
Tap stand	10%	30 minutes - 1 hour	27%
Other source	1%		

IDPs

Returnees

This simple water access composite indicator 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

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Ikotos County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

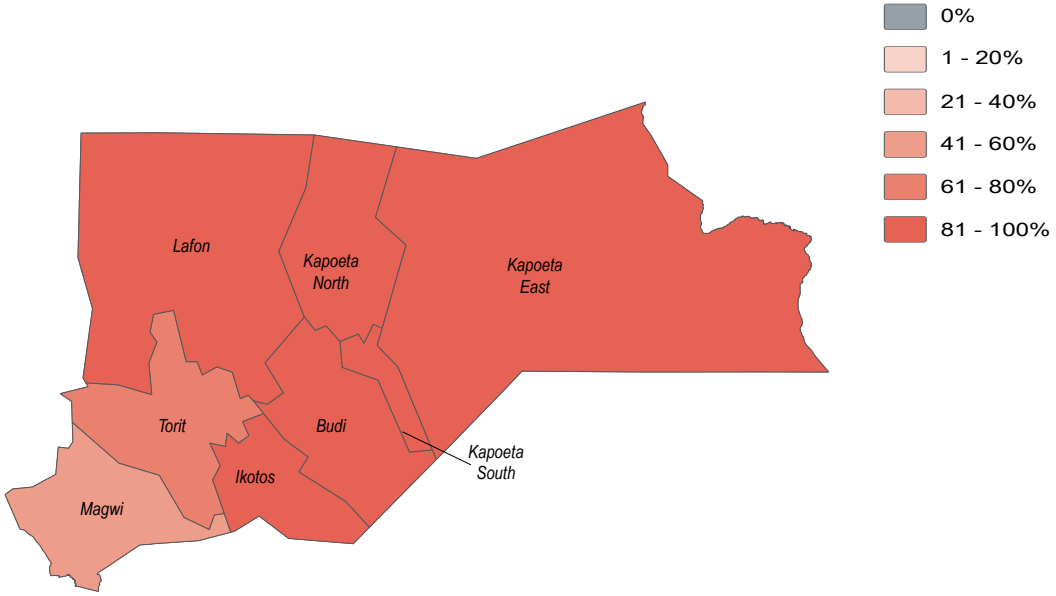
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Sanitation

13%	of **Ikotos County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in July and August 2019. This was an increase from from the previous season
11%	of **Ikotos County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in November and December 2018.
14%	of HHs in **Ikotos County** reported their most common defecation location was a latrine, in July and August 2019. This was an increase from the previous season
10%	of HHs in **Ikotos County** reported their most common defecation location was a latrine, in November and December 2018.

% of HHs reporting no latrine (private, shared, or communal/institutional)[2] present



Most commonly reported defecation location for adults (by percentage of households)

Overall	In the bush	82%
	In the latrine	14%
	No answer	4%
Host	In the bush	82%
	In the latrine	14%
	No answer	4%
IDPs		
Returnees		

Type of latrines available (by percentage of households)

No latrine available	86%
Family latrine	9%
Communal latrine	2%
Shared latrine	2%
I don't know	1%
No latrine available	86%
Family latrine	9%
Communal latrine	2%
Shared latrine	2%
I don't know	1%

Ikotos County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

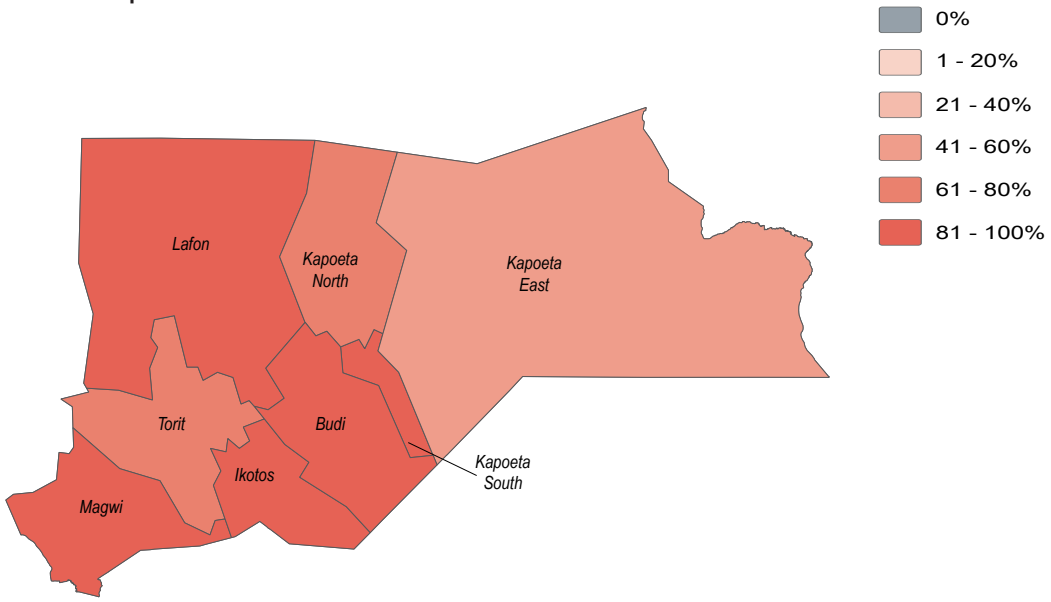
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Health

81%	of **Ikotos County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August 2019. This was an increase from the previous season
76%	of **Ikotos County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December 2018
Malaria	was the most commonly reported water or vector borne disease in July and August 2019 in **Ikotos County**. This was different to the previous season
Fever	was the most commonly reported water or vector borne disease in November and December 2018 in **Ikotos County**

% 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)

Overall	Malaria	9%
	Fever	6%
	AWD	5%
	Stomach pain	3%
	Skin infection	2%
Host	Malaria	9%
	Fever	6%
	AWD	5%
	Stomach pain	3%
	Skin infection	2%
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)[3]

Overall	Malaria	9%
	Fever	6%
	AWD	5%
	Stomach pain	3%
	Skin infection	2%
Host	AWD	31%
	Malaria	31%
	Fever	20%
	Others	8%
	Stomach pain	8%
IDPs		
Returnees		

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Ikotos County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

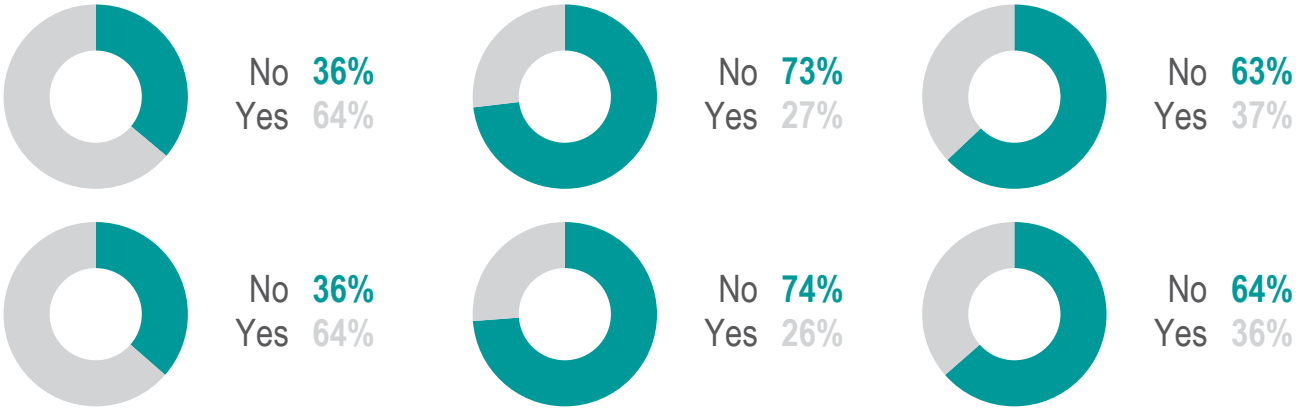
WASH Cluster
Water Sanitation Hygiene

July/August 2019

NFI WASH NFIs

6%	of **Ikotos County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap[4], and that every member of the HH slept under a mosquito net in July and August 2019[5]. This was a decrease from the previous season
8%	of **Ikotos County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap, and that every member of the HH slept under a mosquito net in November and December 2018.
2	was the average number of jerrycans and/or buckets per HH in **Ikotos County** in July and August 2019. This was the same as the previous season
2	was the average number of jerrycans and/or buckets per HH in **Ikotos County** in November and December 2018

Ownership of a bucket or a jerrycan with a lid (by percentage of households)



Access to soap (by percentage of households)

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

Endnotes

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2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. AWD is Acute Watery Diarrhoea.
4. Enumerators asked HHs responding positively to access to soap to produce the soap within a minute.
5. The composite indicator was created by averaging the 'yes' responses of HHs reporting on the following indicators, with all considered to have the same weight: access to soap, access to jerrycans/buckets with lids, everyone in the HH slept under a mosquito net.

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Kapoeta East County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

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 Water, Sanitation and Hygiene (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 reporting having safe access in under 30 minutes to an improved water source (borehole, tapstand, water yard) as their main source of drinking water; 3. % of HHs reporting having access to a latrine (private, shared, or communal/ institutional); 4. % of HHs reporting having access to key WASH Non-Food Items (NFIs) (soap, mosquito nets, water containers); and 5. % of HHs reporting that one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection.

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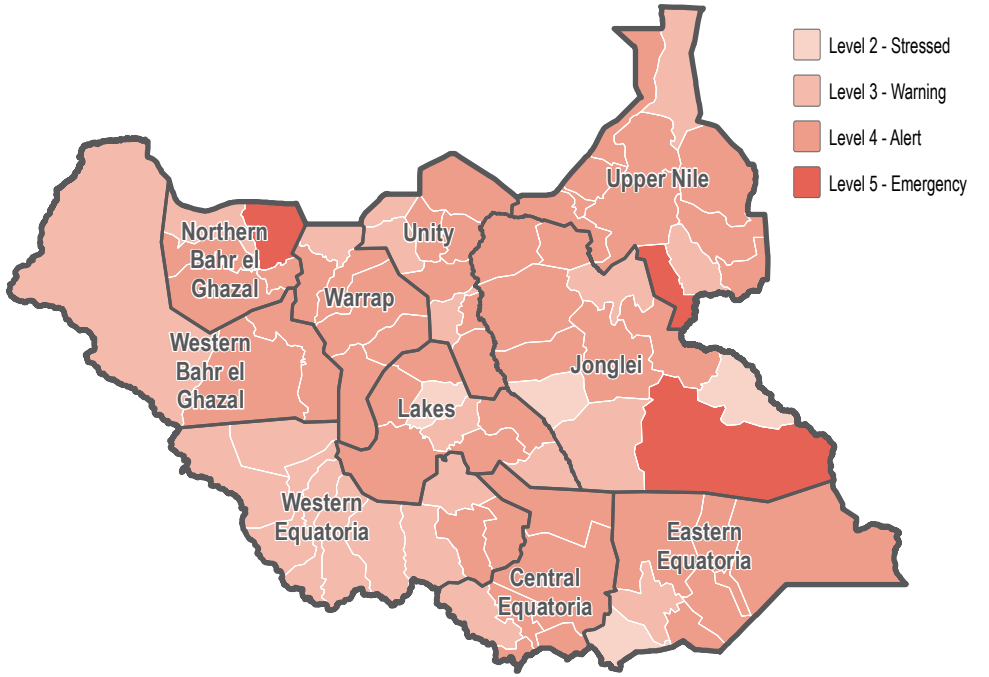
WASH Needs Severity Map



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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 HHs did not sleep under a mosquito net
- Having one or more HH members affected by self-reported water or vector borne disease in the two weeks prior to data collection

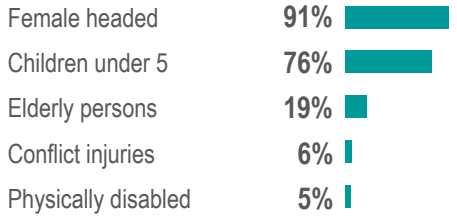
Displacement

Percentage of households by displacement status[1]

Percentage of Internally Displaced Person (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



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Kapoeta East County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

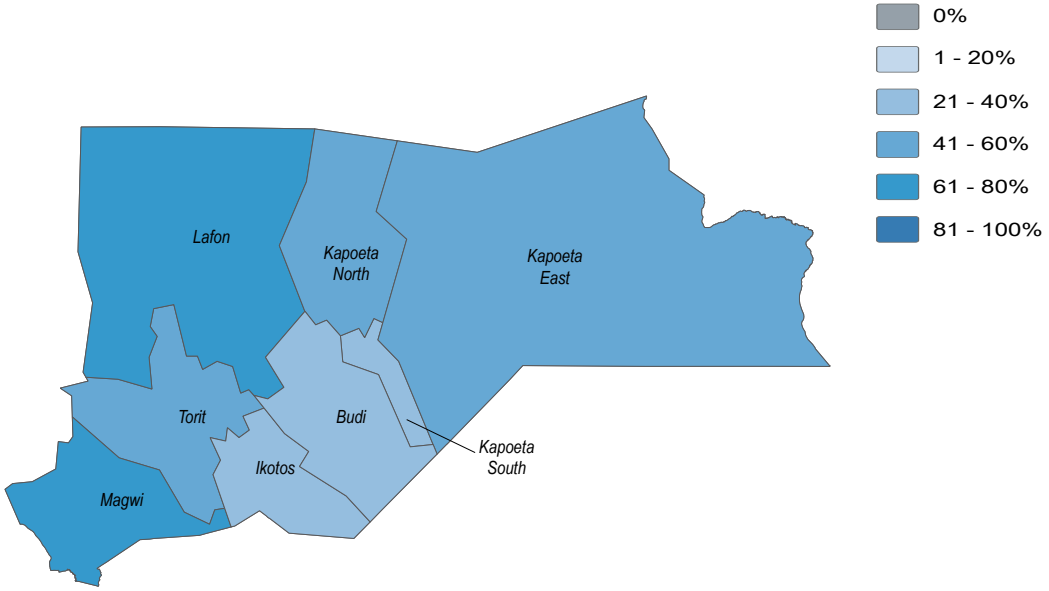
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Water

83%	of **Kapoeta East County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August 2019. This was an increase from the previous season
70%	of **Kapoeta East County** HHs reported having safe access to an improved source of drinking water as their main source, in November and December 2018
4%	of HHs in **Kapoeta East County** reported feeling unsafe while collecting water, in July and August 2019. This was a decrease from the previous season
14%	of HHs in **Kapoeta East County** reported feeling unsafe while collecting water, in November and December 2018

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



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	83%
River or stream	7%
Swamp	7%
Unprotected well	4%

< 30 minutes	40%
30 minutes - 1 hour	29%
1 hour - half a day	17%
Half a day	7%
> half a day	7%

Host

Borehole	83%
River or stream	7%
Swamp	7%
Unprotected well	4%

< 30 minutes	40%
30 minutes - 1 hour	29%
1 hour - half a day	17%
Half a day	7%
> half a day	7%

IDPs

Returnees

This simple water access composite indicator 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

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Kapoeta East County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

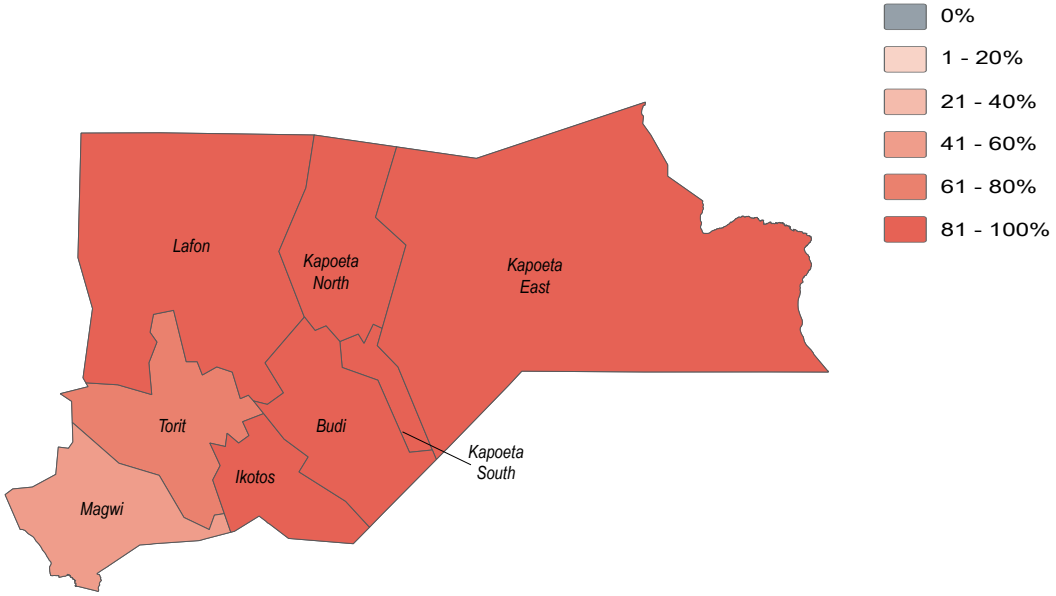
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Sanitation

1%	of **Kapoeta East County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in July and August 2019. This was an increase from from the previous season
0%	of **Kapoeta East County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in November and December 2018.
1%	of HHs in **Kapoeta East County** reported their most common defecation location was a latrine, in July and August 2019. This was an increase from the previous season
0%	of HHs in **Kapoeta East County** reported their most common defecation location was a latrine, in November and December 2018.

% of HHs reporting no latrine (private, shared, or communal/institutional)[2] present



Most commonly reported defecation location for adults (by percentage of households)

Type of latrines available (by percentage of households)

Overall

In the bush	99%	No latrine available	99%
In the latrine	1%	Family latrine	1%

Host

In the bush	99%	No latrine available	99%
In the latrine	1%	Family latrine	1%

IDPs

Returnees

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Kapoeta East County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

Health

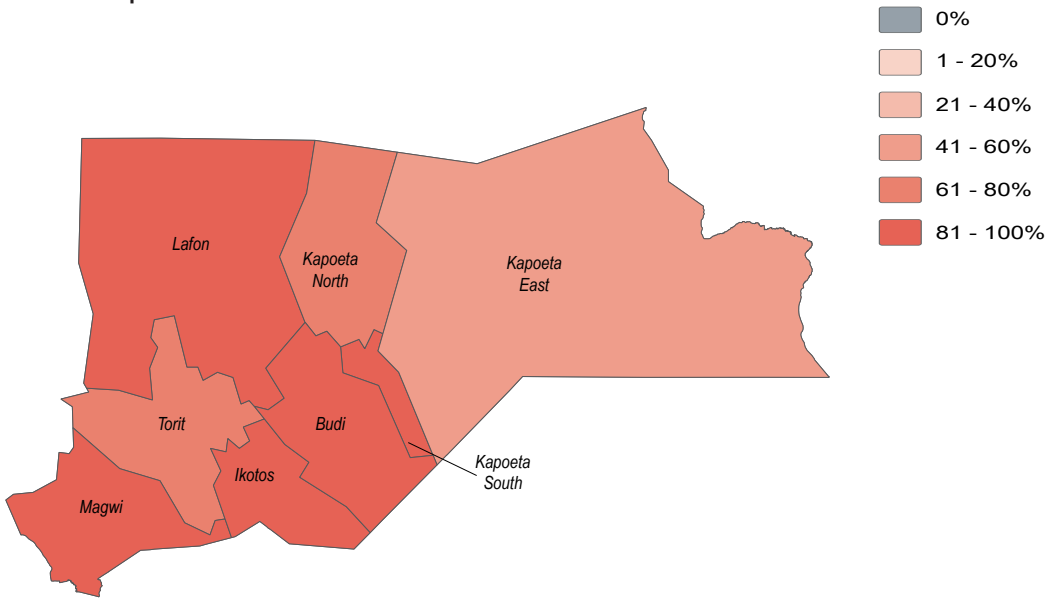
41% of **Kapoeta East County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August 2019. This was a decrease from the previous season

52% of **Kapoeta East County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December 2018

Fever was the most commonly reported water or vector borne disease in July and August 2019 in **Kapoeta East County**. This was the same as the previous season

Fever was the most commonly reported water or vector borne disease in November and December 2018 in **Kapoeta East County**

% 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)

Overall	Stomach pain	3%
	Eye infection	2%
	Fever	2%
	Flu	1%
	Malaria	1%
Host	Stomach pain	3%
	Eye infection	2%
	Fever	2%
	Flu	1%
	Malaria	1%
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)[3]

Overall	Stomach pain	3%
	Eye infection	2%
	Fever	2%
	Flu	1%
	Malaria	1%
Host	Fever	21%
	Malaria	13%
	Flu	11%
	Eye infection	7%
	Stomach pain	6%

Kapoeta East County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

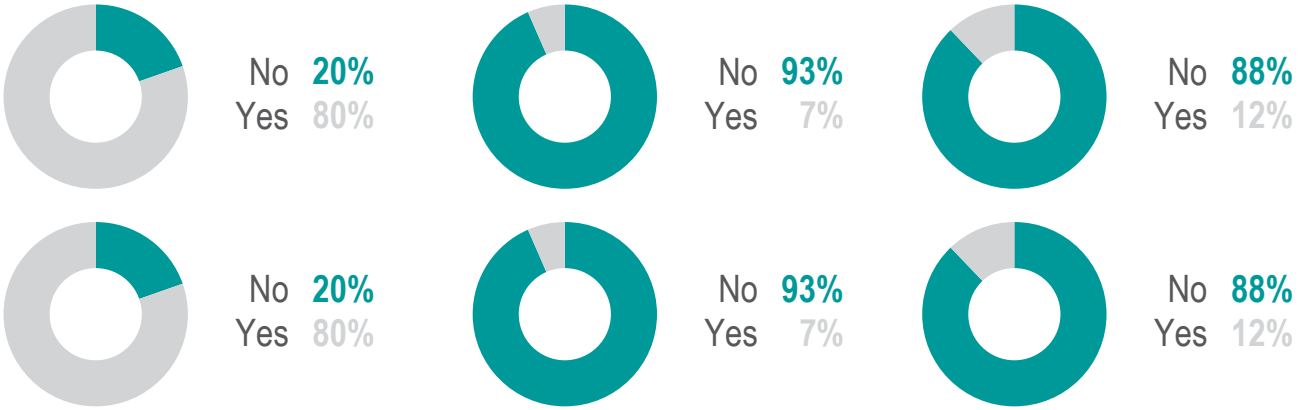
NFI WASH NFIs

1%	of **Kapoeta East County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap[4], and that every member of the HH slept under a mosquito net in July and August 2019[5]. This was the same as the previous season
1%	of **Kapoeta East County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap, and that every member of the HH slept under a mosquito net in November and December 2018.
2	was the average number of jerrycans and/or buckets per HH in **Kapoeta East County** in July and August 2019. This was an increase from the previous season
1	was the average number of jerrycans and/or buckets per HH in **Kapoeta East County** in November and December 2018

Ownership of a bucket or a jerrycan with a lid (by percentage of households)

Access to 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 July/August 2019. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. AWD is Acute Watery Diarrhoea.
4. Enumerators asked HHs responding positively to access to soap to produce the soap within a minute.
5. The composite indicator 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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Kapoeta North County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

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 Water, Sanitation and Hygiene (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 reporting having safe access in under 30 minutes to an improved water source (borehole, tapstand, water yard) as their main source of drinking water; 3. % of HHs reporting having access to a latrine (private, shared, or communal/ institutional); 4. % of HHs reporting having access to key WASH Non-Food Items (NFIs) (soap, mosquito nets, water containers); and 5. % of HHs reporting that one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection.

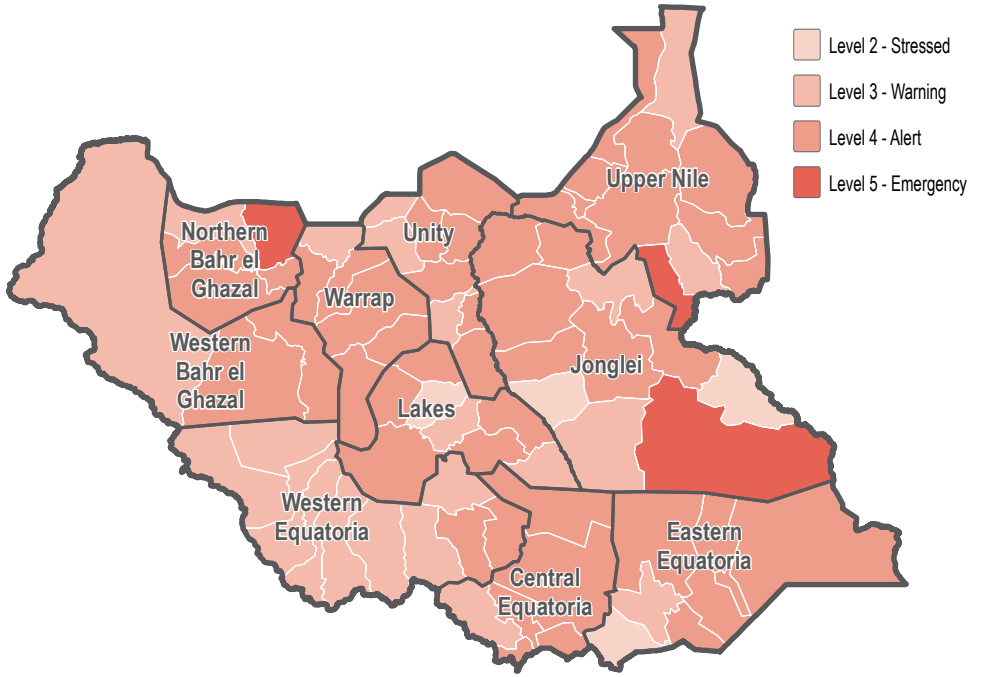
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH Cluster indicators for FSNMS Round 24 (July and August 2019). 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 Rounds 22-24. 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. Findings related to a subset of the population may not be representative and should be considered indicative only.

WASH Needs Severity Map



This WASH composite indicator 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 in under 30min to 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 HHs did not sleep under a mosquito net
- Having one or more HH members affected by self-reported water or vector borne disease in the two weeks prior to data collection

Displacement

Percentage of households by displacement status[1]

Host community	97%
Returnee	2%
IDP	1%

Percentage of Internally Displaced Person (IDP) households by time arrived in their current location

Between 2-3 years	100%

Percentage of returnee households by time arrived in their current location

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

Most commonly reported vulnerability, by percentage of households

Children under 5	84%
Female headed	40%
Elderly persons	34%
Conflict injuries	14%
Chronically ill	9%

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Kapoeta North County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

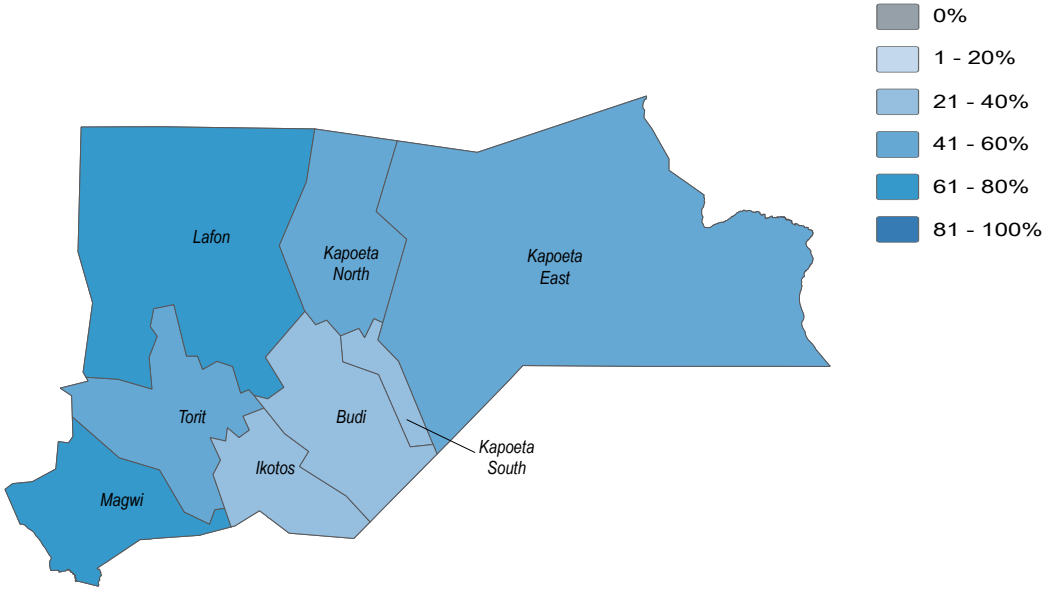
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Water

71%	of **Kapoeta North County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August 2019. This was a decrease from the previous season
88%	of **Kapoeta North County** HHs reported having safe access to an improved source of drinking water as their main source, in November and December 2018
7%	of HHs in **Kapoeta North County** reported feeling unsafe while collecting water, in July and August 2019. This was an increase from the previous season
3%	of HHs in **Kapoeta North County** reported feeling unsafe while collecting water, in November and December 2018

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



This simple water access composite indicator 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	70%	< 30 minutes	75%
	River or stream	23%	30 minutes - 1 hour	19%
	Tap stand	5%	1 hour - half a day	6%
	Hand dug well	1%		
	Unprotected well	1%		
Host	Borehole	70%	< 30 minutes	75%
	River or stream	24%	30 minutes - 1 hour	19%
	Tap stand	5%	1 hour - half a day	6%
	Unprotected well	1%		
IDPs	Borehole	100%	< 30 minutes	100%
Returnees	Borehole	50%	< 30 minutes	50%
	Hand dug well	50%	30 minutes - 1 hour	50%

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Kapoeta North County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

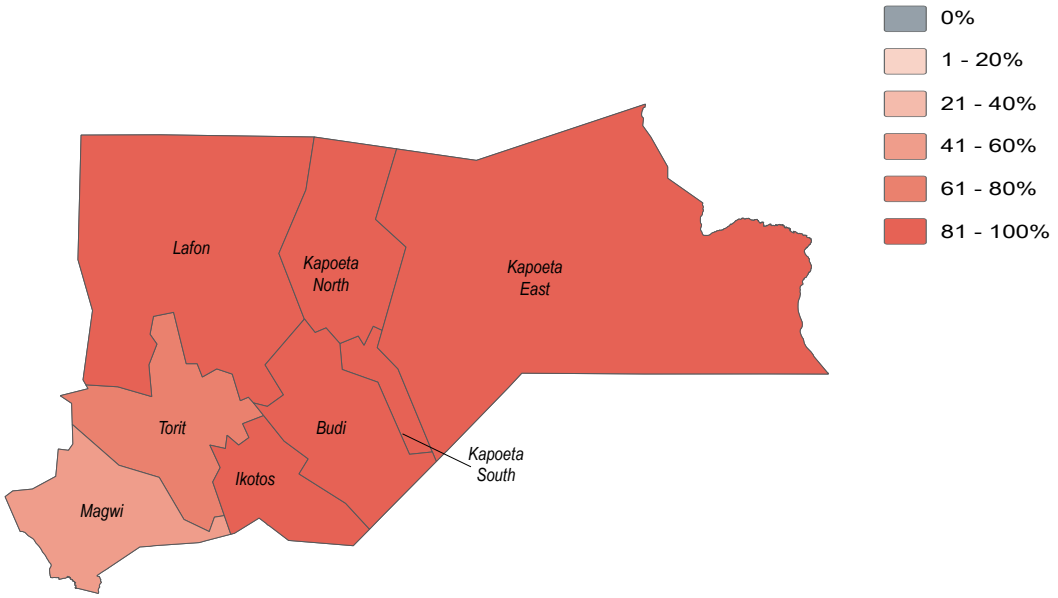
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Sanitation

11%	of **Kapoeta North County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in July and August 2019. This was an increase from from the previous season
4%	of **Kapoeta North County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in November and December 2018.
11%	of HHs in **Kapoeta North County** reported their most common defecation location was a latrine, in July and August 2019. This was an increase from the previous season
4%	of HHs in **Kapoeta North County** reported their most common defecation location was a latrine, in November and December 2018.

% of HHs reporting no latrine (private, shared, or communal/institutional)[2] present



Most commonly reported defecation location for adults (by percentage of households)

Type of latrines available (by percentage of households)

Overall

In the bush	83%
In the latrine	10%
No answer	6%

No latrine available	88%
Family latrine	10%
Communal latrine	1%
Shared latrine	1%

Host

In the bush	83%
In the latrine	10%
No answer	7%

No latrine available	88%
Family latrine	10%
Communal latrine	1%
Shared latrine	1%

IDPs

In the bush	100%

Returnees

In the bush	100%

No latrine available	100%

Kapoeta North County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

Health

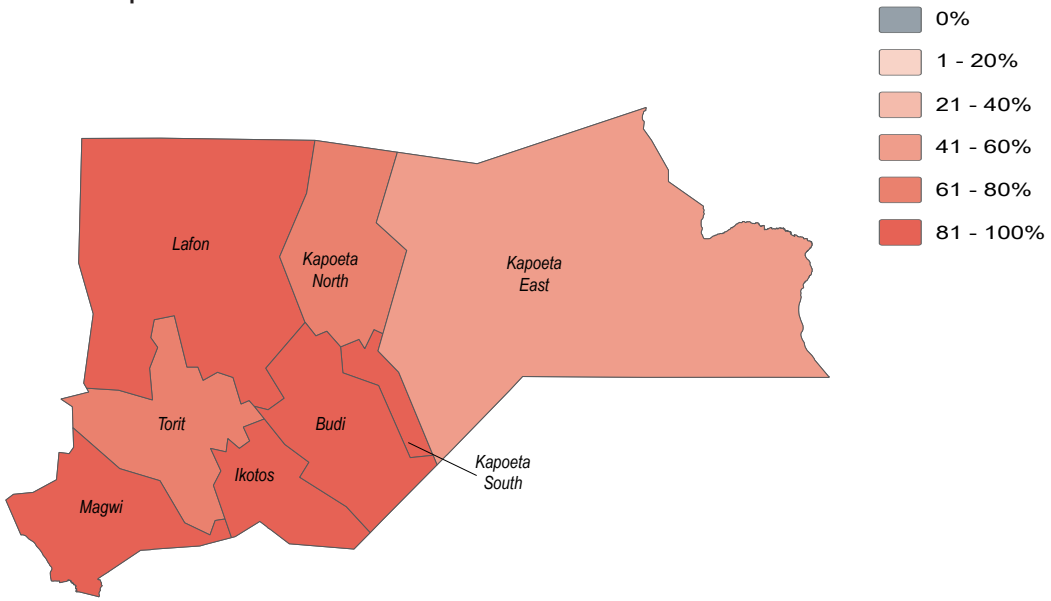
61% of **Kapoeta North County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August 2019. This was a decrease from the previous season

78% of **Kapoeta North County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December 2018

Malaria was the most commonly reported water or vector borne disease in July and August 2019 in **Kapoeta North County**. This was the same as the previous season

Malaria was the most commonly reported water or vector borne disease in November and December 2018 in **Kapoeta North County**

% 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)

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)[3]

Overall	Fever	5%	Fever	5%
	Malaria	5%	Malaria	5%
	Flu	3%	Flu	3%
	Eye infection	1%	Eye infection	1%
	Stomach pain	1%	Stomach pain	1%
Host	Fever	5%	Fever	36%
	Malaria	5%	Malaria	36%
	Flu	3%	Flu	17%
	Eye infection	1%	Stomach pain	8%
	Stomach pain	1%	Skin infection	7%
IDPs				
Returnees				

Kapoeta North County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

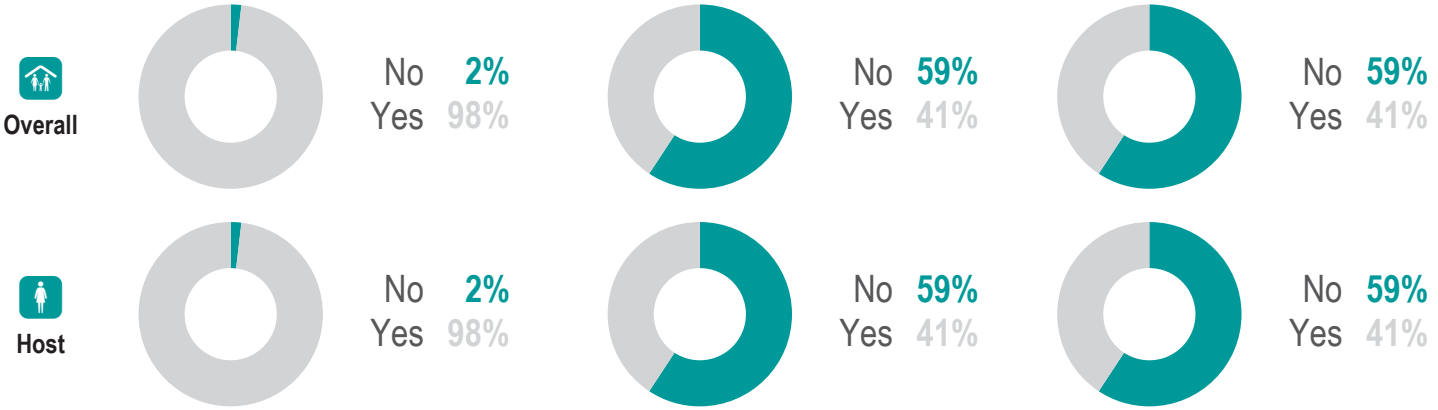
NFI WASH NFIs

8%	of **Kapoeta North County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap[4], and that every member of the HH slept under a mosquito net in July and August 2019[5]. This was an increase from the previous season
6%	of **Kapoeta North County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap, and that every member of the HH slept under a mosquito net in November and December 2018.
2	was the average number of jerrycans and/or buckets per HH in **Kapoeta North County** in July and August 2019. This was the same as the previous season
2	was the average number of jerrycans and/or buckets per HH in **Kapoeta North County** in November and December 2018

Ownership of a bucket or a jerrycan with a lid (by percentage of households)

Access to soap (by percentage of households)

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



Endnotes

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2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. AWD is Acute Watery Diarrhoea.
4. Enumerators asked HHs responding positively to access to soap to produce the soap within a minute.
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Kapoeta South County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

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 Water, Sanitation and Hygiene (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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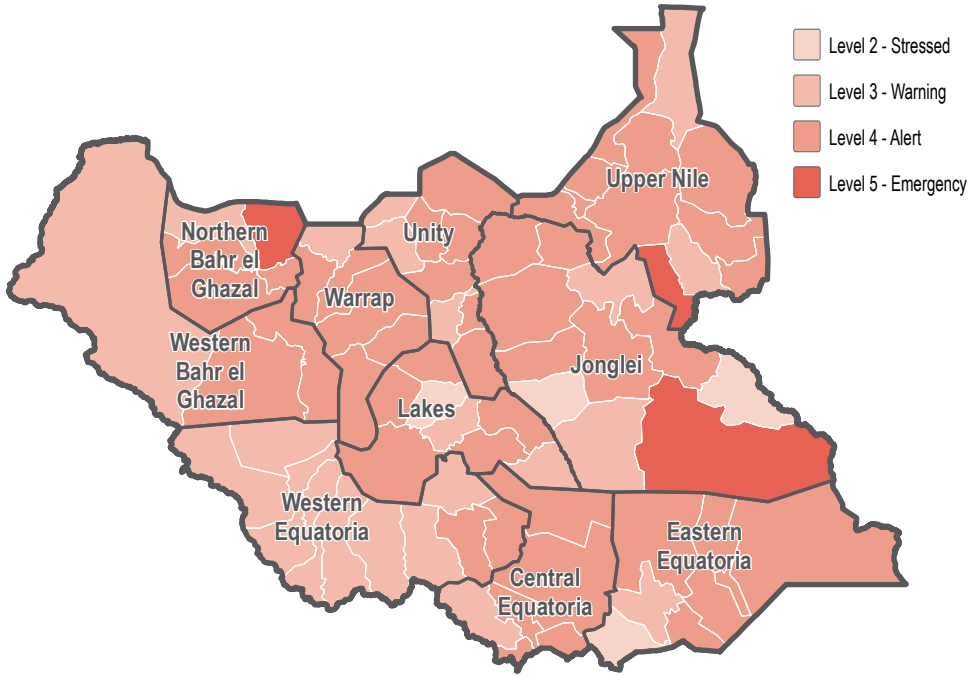
WASH Needs Severity Map



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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 HHs did not sleep under a mosquito net
- Having one or more HH 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 Internally Displaced Person (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

Children under 5	94%
Female headed	55%
Adopted children	22%
Conflict injuries	18%
Physically disabled	13%

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Kapoeta South County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

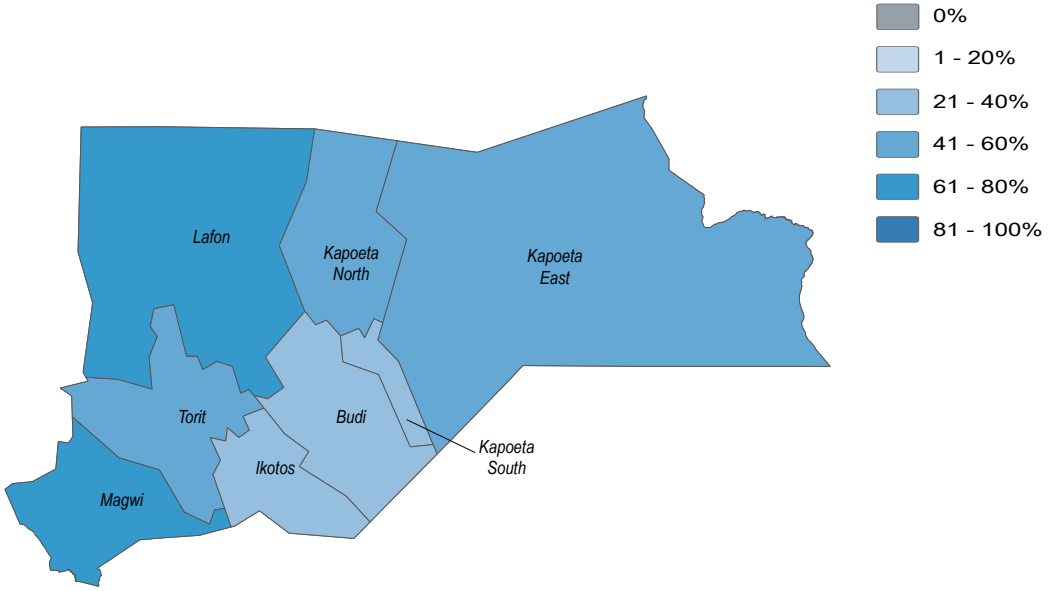
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Water

31%	of **Kapoeta South County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August 2019. This was a decrease from the previous season
52%	of **Kapoeta South County** HHs reported having safe access to an improved source of drinking water as their main source, in November and December 2018
6%	of HHs in **Kapoeta South County** reported feeling unsafe while collecting water, in July and August 2019. This was an increase from the previous season
0%	of HHs in **Kapoeta South County** reported feeling unsafe while collecting water, in November and December 2018

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



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	69%
Borehole	31%

< 30 minutes	50%
30 minutes - 1 hour	40%
1 hour - half a day	10%

Host

River or stream	69%
Borehole	31%

< 30 minutes	50%
30 minutes - 1 hour	40%
1 hour - half a day	10%

IDPs

Returnees

This simple water access composite indicator 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

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Kapoeta South County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

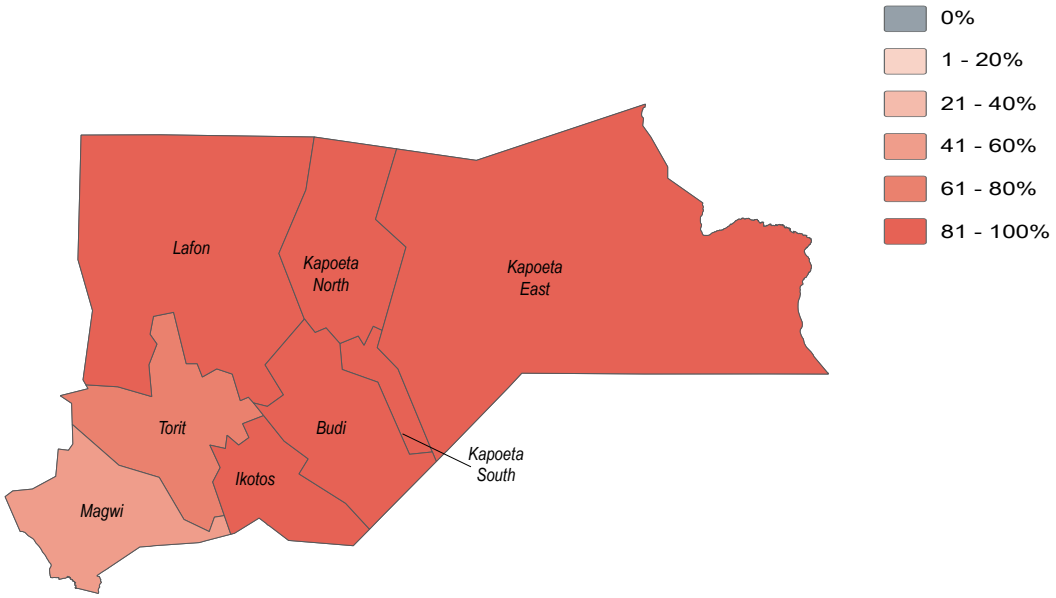
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Sanitation

2%	of **Kapoeta South County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in July and August 2019. This was an increase from from the previous season
0%	of **Kapoeta South County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in November and December 2018.
3%	of HHs in **Kapoeta South County** reported their most common defecation location was a latrine, in July and August 2019. This was an increase from the previous season
0%	of HHs in **Kapoeta South County** reported their most common defecation location was a latrine, in November and December 2018.

% of HHs reporting no latrine (private, shared, or communal/institutional)[2] present



Most commonly reported defecation location for adults (by percentage of households)

Type of latrines available (by percentage of households)

Overall

In the bush	97%
In the latrine	3%

No latrine available	97%
Shared latrine	2%
I don't know	1%

Host

In the bush	97%
In the latrine	3%

No latrine available	97%
Shared latrine	2%
I don't know	1%

IDPs

Returnees

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Kapoeta South County - Water, Sanitation and Hygiene Factsheet

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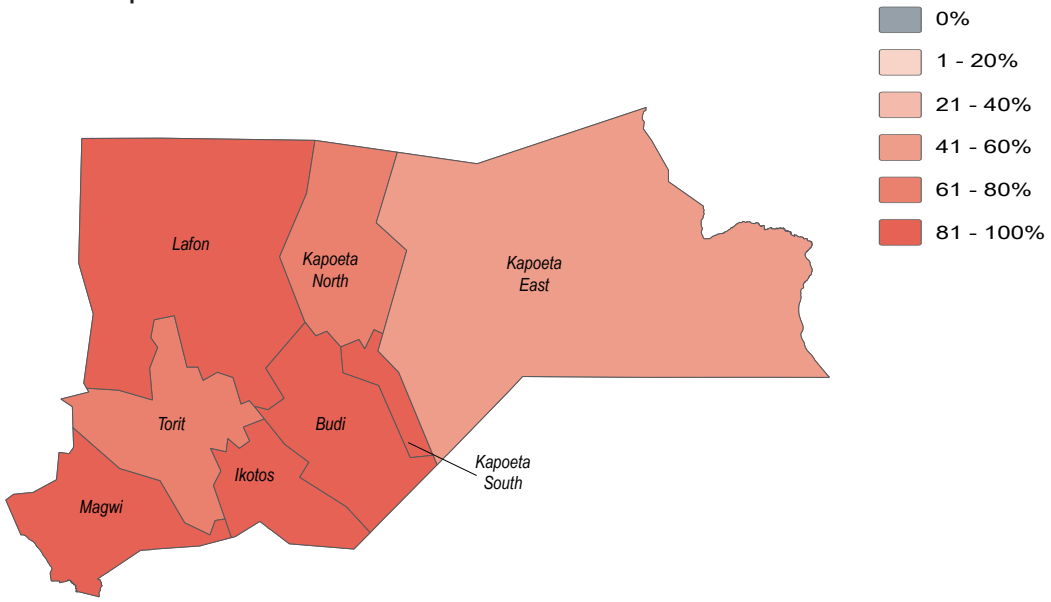
Water Sanitation Hygiene

July/August 2019

Health

86%	of **Kapoeta South County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August 2019. This was an increase from the previous season
47%	of **Kapoeta South County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December 2018
Fever	was the most commonly reported water or vector borne disease in July and August 2019 in **Kapoeta South County**. This was the same as the previous season
Fever	was the most commonly reported water or vector borne disease in November and December 2018 in **Kapoeta South County**

% 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)

Overall	Malaria	9%
	Typhoid	7%
	Flu	3%
	Fever	2%
	AWD	1%
Host	Malaria	9%
	Typhoid	7%
	Flu	3%
	Fever	2%
	AWD	1%
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)[3]

Overall	Malaria	9%
	Typhoid	7%
	Flu	3%
	Fever	2%
	AWD	1%
Host	Fever	61%
	Flu	53%
	Others	23%
	Malaria	20%
	AWD	16%

Kapoeta South County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

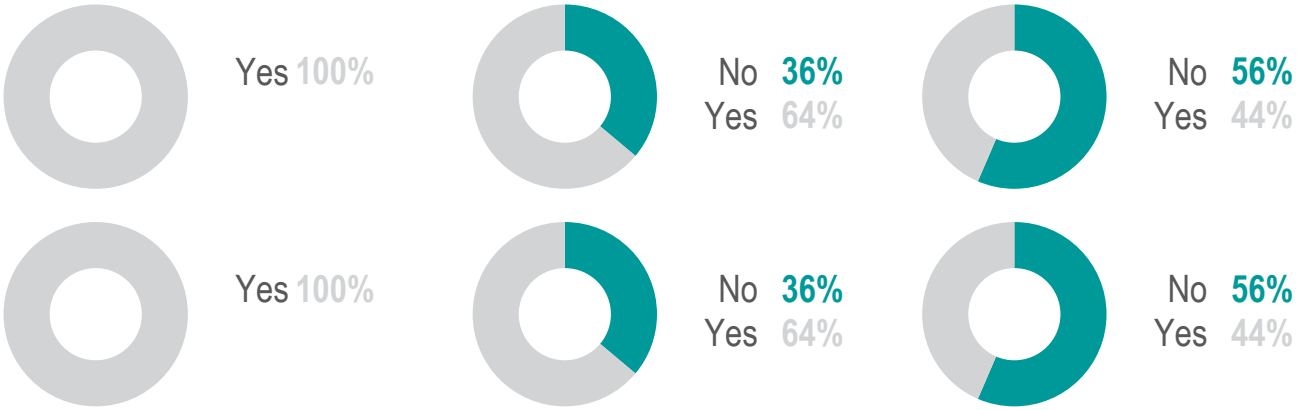
NFI WASH NFIs

19%	of **Kapoeta South County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap[4], and that every member of the HH slept under a mosquito net in July and August 2019[5]. This was an increase from the previous season
6%	of **Kapoeta South County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap, and that every member of the HH slept under a mosquito net in November and December 2018.
3	was the average number of jerrycans and/or buckets per HH in **Kapoeta South County** in July and August 2019. This was the same as the previous season
3	was the average number of jerrycans and/or buckets per HH in **Kapoeta South County** in November and December 2018

Ownership of a bucket or a jerrycan with a lid (by percentage of households)

Access to 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 July/August 2019. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. AWD is Acute Watery Diarrhoea.
4. Enumerators asked HHs responding positively to access to soap to produce the soap within a minute.
5. The composite indicator 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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Lafon County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

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 Water, Sanitation and Hygiene (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 reporting having safe access in under 30 minutes to an improved water source (borehole, tapstand, water yard) as their main source of drinking water; 3. % of HHs reporting having access to a latrine (private, shared, or communal/ institutional); 4. % of HHs reporting having access to key WASH Non-Food Items (NFIs) (soap, mosquito nets, water containers); and 5. % of HHs reporting that one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection.

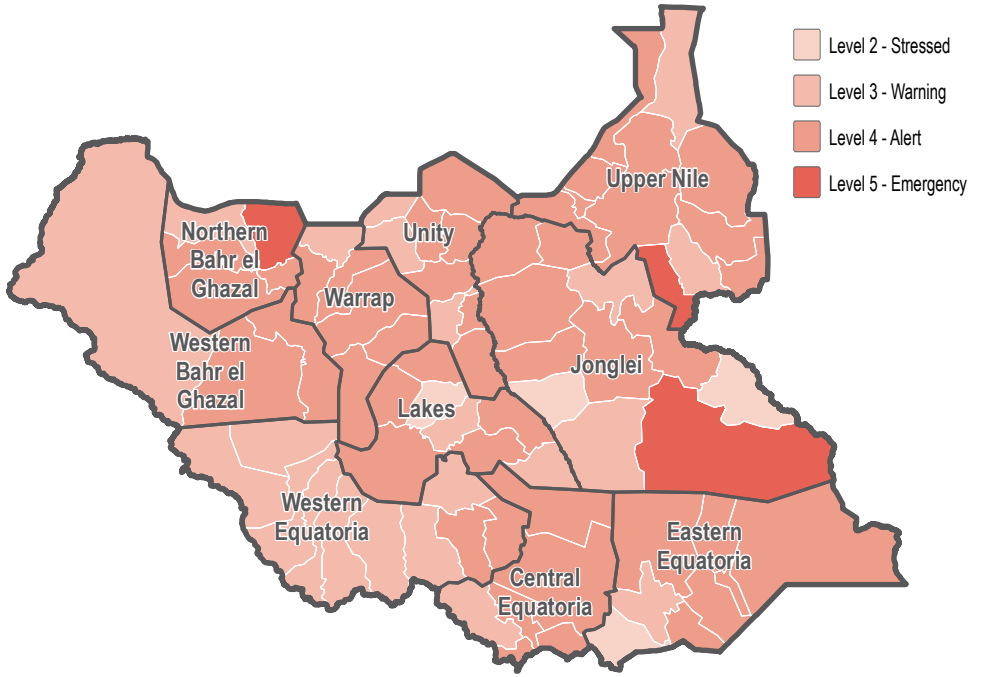
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH Cluster indicators for FSNMS Round 24 (July and August 2019). 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 Rounds 22-24. 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. Findings related to a subset of the population may not be representative and should be considered indicative only.

WASH Needs Severity Map



This WASH composite indicator 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 in under 30min to 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 HHs did not sleep under a mosquito net
- Having one or more HH 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 Internally Displaced Person (IDP) households by time arrived in their current location

More than 5 years	100%

Percentage of returnee households by time arrived in their current location

Most commonly reported vulnerability, by percentage of households

Children under 5	94%
Female headed	31%
Conflict injuries	28%
Elderly persons	25%
Adopted children	20%

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Lafon County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

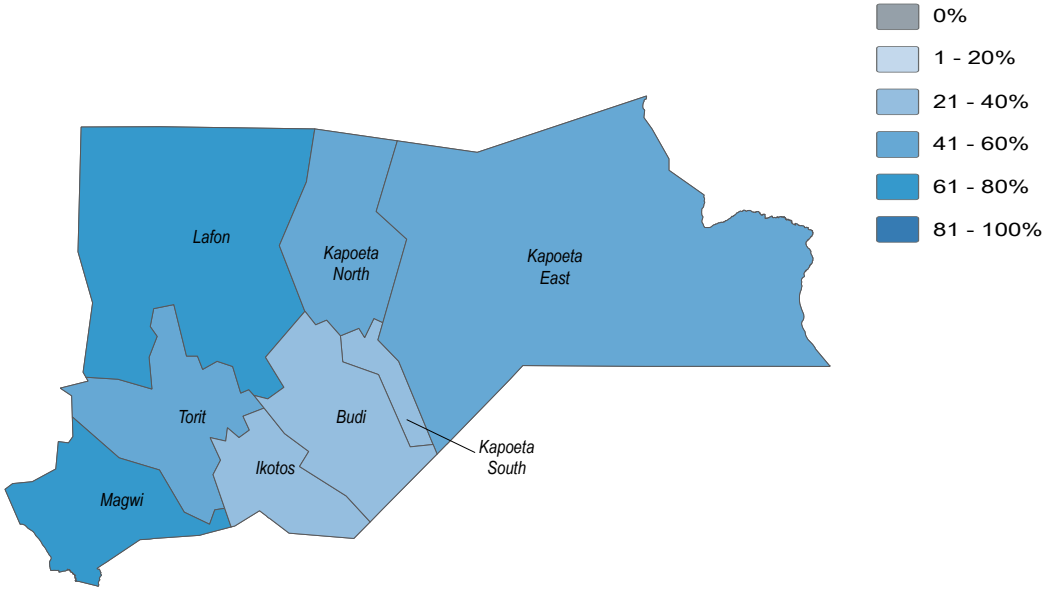
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Water

69%	of **Lafon County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August 2019. This was an increase from the previous season
64%	of **Lafon County** HHs reported having safe access to an improved source of drinking water as their main source, in November and December 2018
2%	of HHs in **Lafon County** reported feeling unsafe while collecting water, in July and August 2019. This was an increase from the previous season
0%	of HHs in **Lafon County** reported feeling unsafe while collecting water, in November and December 2018

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



Most commonly reported sources of drinking water (by percentage of households)

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

Overall	Borehole	64%	< 30 minutes	95%
	River or stream	20%	30 minutes - 1 hour	5%
	Unprotected well	7%		
	Tap stand	5%		
	Other source	4%		
Host	Borehole	64%	< 30 minutes	95%
	River or stream	21%	30 minutes - 1 hour	5%
	Unprotected well	7%		
	Tap stand	5%		
	Other source	4%		
IDPs	Borehole	100%	< 30 minutes	100%
Returnees				

This simple water access composite indicator 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

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Lafon County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

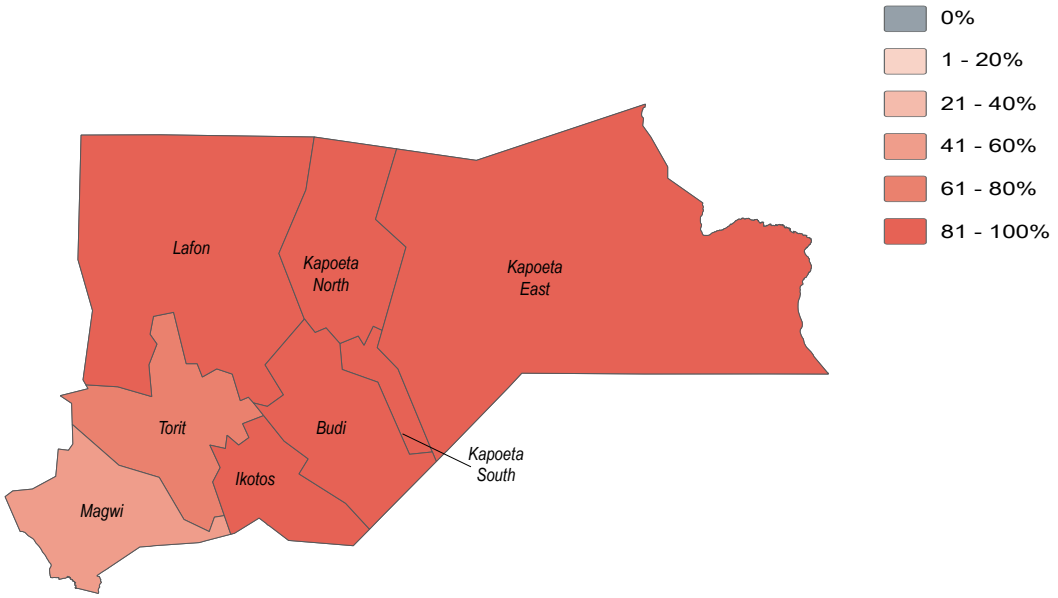
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Sanitation

6%	of **Lafon County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in July and August 2019. This was a decrease from from the previous season
22%	of **Lafon County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in November and December 2018.
6%	of HHs in **Lafon County** reported their most common defecation location was a latrine, in July and August 2019. This was a decrease from the previous season
18%	of HHs in **Lafon County** reported their most common defecation location was a latrine, in November and December 2018.

% of HHs reporting no latrine (private, shared, or communal/institutional)[2] present



Most commonly reported defecation location for adults (by percentage of households)

Type of latrines available (by percentage of households)

Overall

In the bush	94%
In the latrine	6%
No answer	1%

No latrine available	94%
Family latrine	6%

Host

In the bush	93%
In the latrine	6%
No answer	1%

No latrine available	93%
Family latrine	7%

IDPs

In the bush	100%

Returnees

Lafon County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

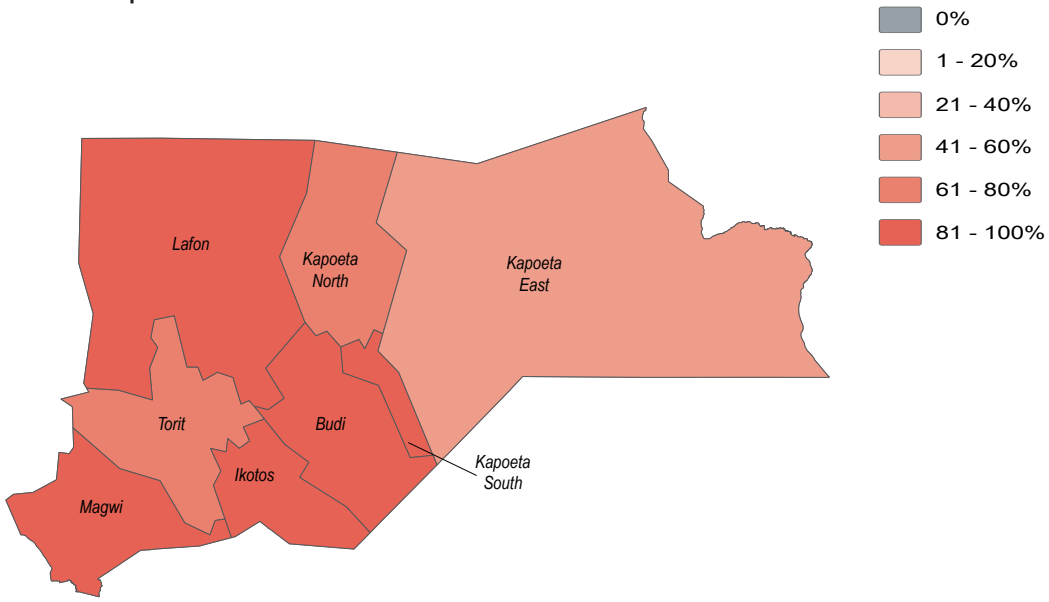
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Health

94%	of **Lafon County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August 2019. This was an increase from the previous season
92%	of **Lafon County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December 2018
Malaria	was the most commonly reported water or vector borne disease in July and August 2019 in **Lafon County**. This was the same as the previous season
Malaria	was the most commonly reported water or vector borne disease in November and December 2018 in **Lafon County**

% 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)

Overall	Malaria	21%
	Typhoid	8%
	Fever	7%
	Stomach pain	6%
	AWD	4%
Host	Malaria	21%
	Typhoid	7%
	Fever	7%
	Stomach pain	7%
	AWD	4%
IDPs	Fever	100%
	Typhoid	100%
Returnees		

Most commonly self-reported water or vector borne disease for children under 5 in the two weeks prior to data collection (by percentage of households)[3]

Overall	Malaria	21%
	Typhoid	8%
	Fever	7%
	Stomach pain	6%
	AWD	4%
Host	Malaria	39%
	AWD	38%
	Fever	29%
	Eye infection	20%
	Others	19%

Lafon County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

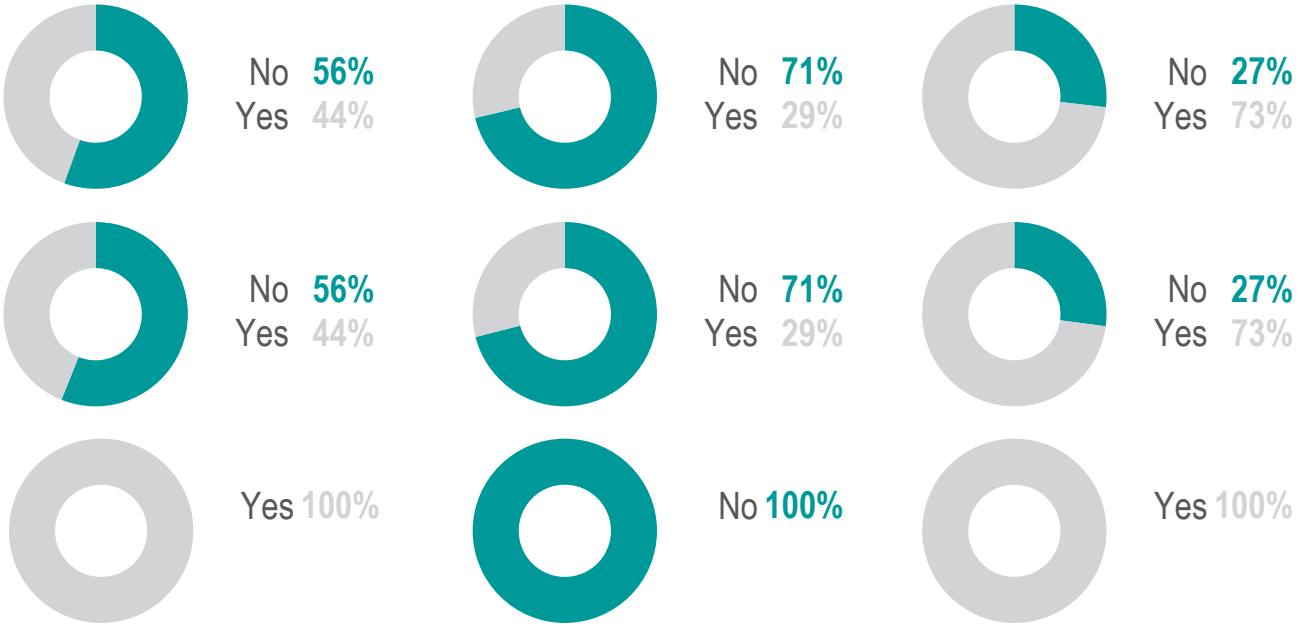
WASH Cluster
Water Sanitation Hygiene

July/August 2019

NFI WASH NFIs

19%	of **Lafon County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap[4], and that every member of the HH slept under a mosquito net in July and August 2019[5]. This was an increase from the previous season
8%	of **Lafon County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap, and that every member of the HH slept under a mosquito net in November and December 2018.
2	was the average number of jerrycans and/or buckets per HH in **Lafon County** in July and August 2019. This was the same as the previous season
2	was the average number of jerrycans and/or buckets per HH in **Lafon County** in November and December 2018

Ownership of a bucket or a jerrycan with a lid (by percentage of households)



Access to soap (by percentage of households)

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

Endnotes

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2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. AWD is Acute Watery Diarrhoea.
4. Enumerators asked HHs responding positively to access to soap to produce the soap within a minute.
5. The composite indicator was created by averaging the 'yes' responses of HHs reporting on the following indicators, with all considered to have the same weight: access to soap, access to jerrycans/buckets with lids, everyone in the HH slept under a mosquito net.

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Magwi County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

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 Water, Sanitation and Hygiene (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 reporting having safe access in under 30 minutes to an improved water source (borehole, tapstand, water yard) as their main source of drinking water; 3. % of HHs reporting having access to a latrine (private, shared, or communal/ institutional); 4. % of HHs reporting having access to key WASH Non-Food Items (NFIs) (soap, mosquito nets, water containers); and 5. % of HHs reporting 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 24 (July and August 2019). 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 Rounds 22-24. 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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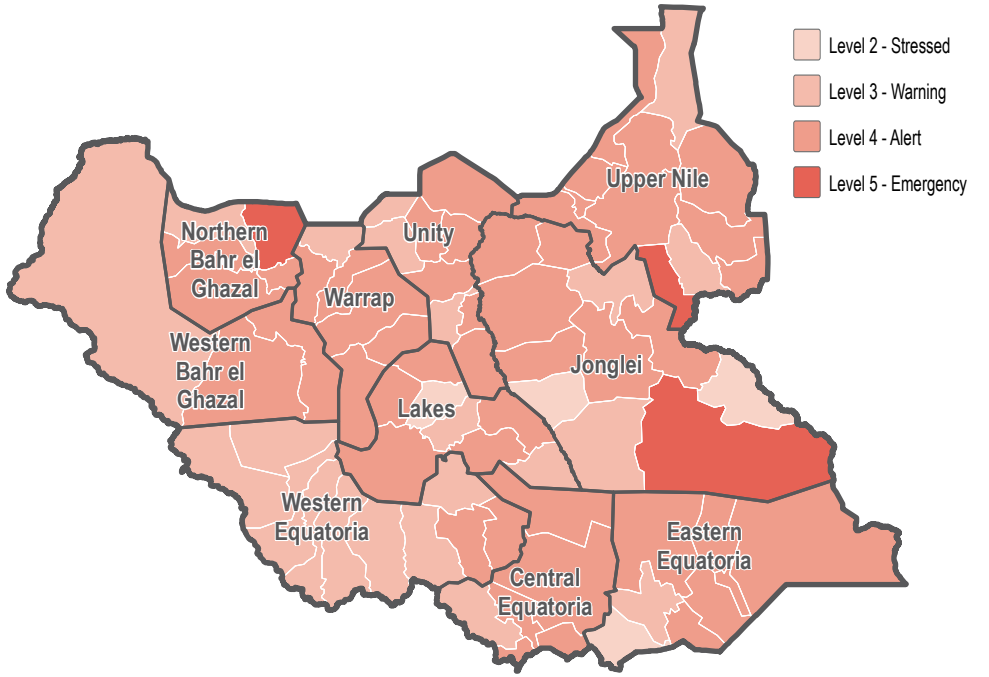
FSNMS Assessment Coverage

Full coverage in the county was achieved. Findings related to a subset of the population may not be representative and should be considered indicative only.

WASH Needs Severity Map



This WASH composite indicator 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 in under 30min to 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 HHs did not sleep under a mosquito net
- Having one or more HH 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	89%
Refugee returnees	9%
Refugee	1%
Returnee	1%

Percentage of Internally Displaced Person (IDP) households by time arrived in their current location

Percentage of returnee households by time arrived in their current location

In the last one year	100%

Most commonly reported vulnerability, by percentage of households

Children under 5	83%
Female headed	49%
Conflict injuries	27%
Elderly persons	26%
Adopted children	17%

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Magwi County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

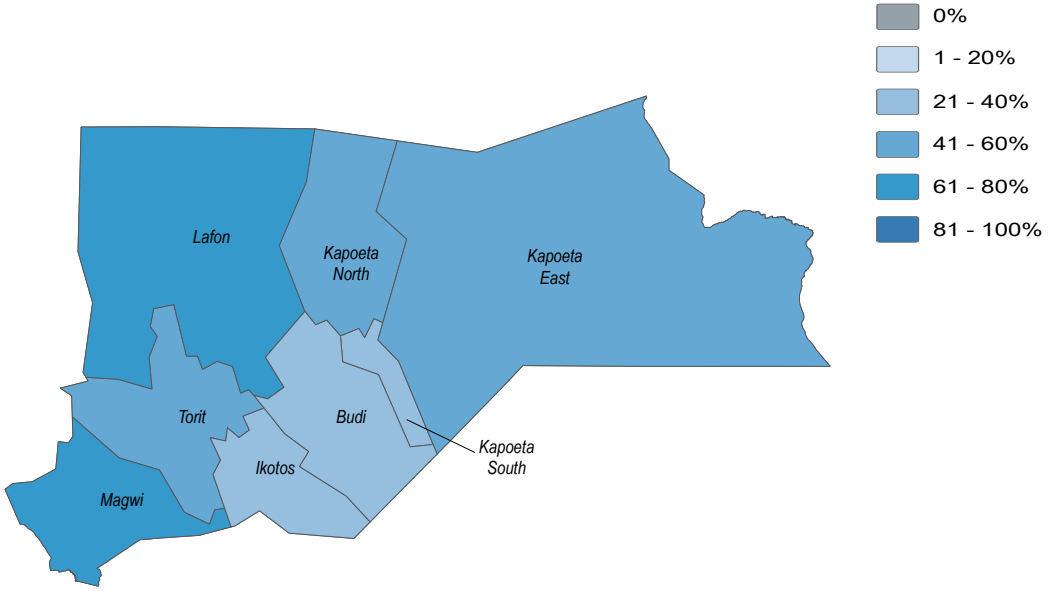
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Water

95%	of **Magwi County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August 2019. This was an increase from the previous season
91%	of **Magwi County** HHs reported having safe access to an improved source of drinking water as their main source, in November and December 2018
4%	of HHs in **Magwi County** reported feeling unsafe while collecting water, in July and August 2019. This was an increase from the previous season
2%	of HHs in **Magwi County** reported feeling unsafe while collecting water, in November and December 2018

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



This simple water access composite indicator 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	95%	< 30 minutes	72%
	River or stream	5%	30 minutes - 1 hour	18%
			1 hour - half a day	10%
Host	Borehole	96%	< 30 minutes	69%
	River or stream	4%	30 minutes - 1 hour	19%
			1 hour - half a day	12%
IDPs				
Returnees	Borehole	100%	< 30 minutes	100%

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Magwi County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

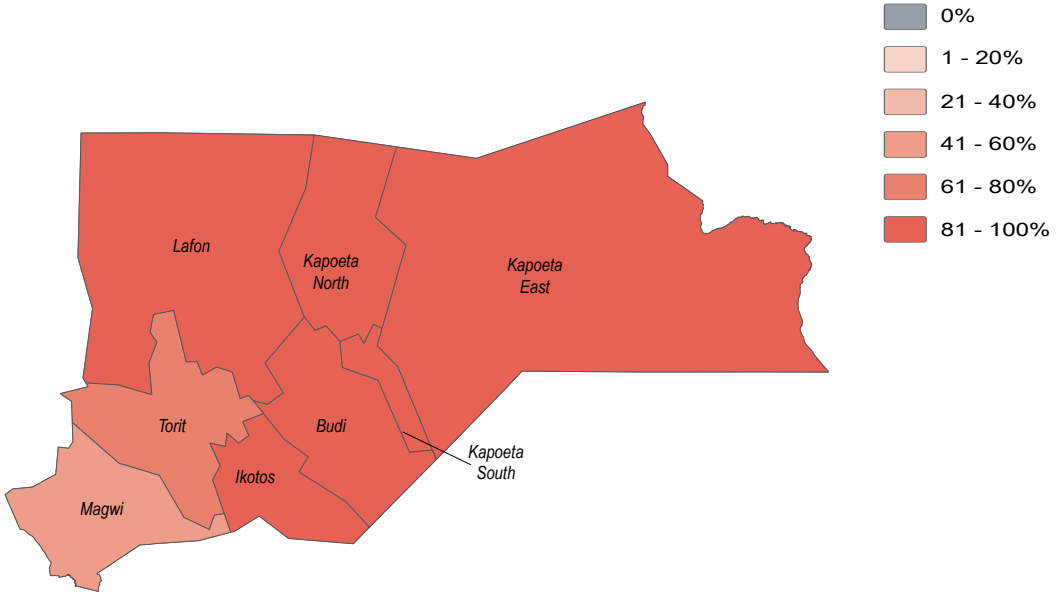
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Sanitation

56%	of **Magwi County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in July and August 2019. This was an increase from from the previous season
49%	of **Magwi County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in November and December 2018.
56%	of HHs in **Magwi County** reported their most common defecation location was a latrine, in July and August 2019. This was an increase from the previous season
43%	of HHs in **Magwi County** reported their most common defecation location was a latrine, in November and December 2018.

% of HHs reporting no latrine (private, shared, or communal/institutional)[2] present



Most commonly reported defecation location for adults (by percentage of households)

Type of latrines available (by percentage of households)

Overall

In the latrine	56%	Family latrine	53%
In the bush	25%	No latrine available	44%
Dig a hole and cover	18%	Shared latrine	2%
No answer	1%	Communal latrine	1%

Host

In the latrine	57%	Family latrine	55%
In the bush	23%	No latrine available	43%
Dig a hole and cover	19%	Communal latrine	1%
No answer	1%	Shared latrine	1%

IDPs

Returnees

In the latrine	100%	Family latrine	100%

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Magwi County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

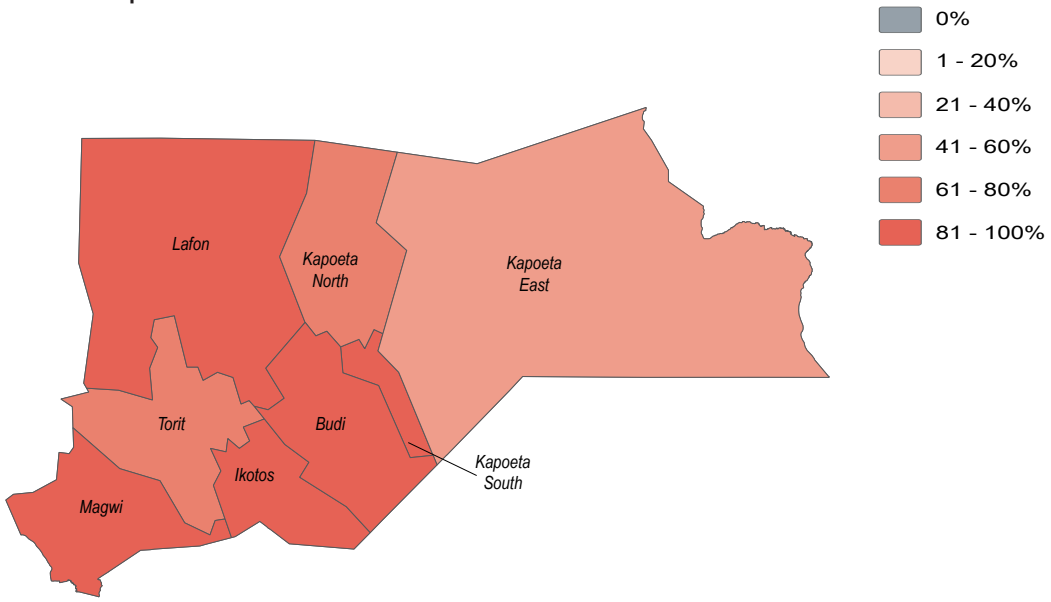
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Health

83%	of **Magwi County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August 2019. This was an increase from the previous season
70%	of **Magwi County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December 2018
Malaria	was the most commonly reported water or vector borne disease in July and August 2019 in **Magwi County**. This was the same as the previous season
Malaria	was the most commonly reported water or vector borne disease in November and December 2018 in **Magwi County**

% 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)

Overall	Malaria	20%
	Stomach pain	6%
	Fever	3%
	Typhoid	3%
	Flu	2%
Host	Malaria	20%
	Stomach pain	5%
	Fever	3%
	Typhoid	3%
	Flu	2%
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)[3]

Overall	Malaria	20%
	Stomach pain	6%
	Fever	3%
	Typhoid	3%
	Flu	2%
Host	Malaria	59%
	Fever	17%
	Stomach pain	9%
	Flu	8%
	AWD	3%
IDPs		
Returnees	Malaria	100%

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Magwi County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

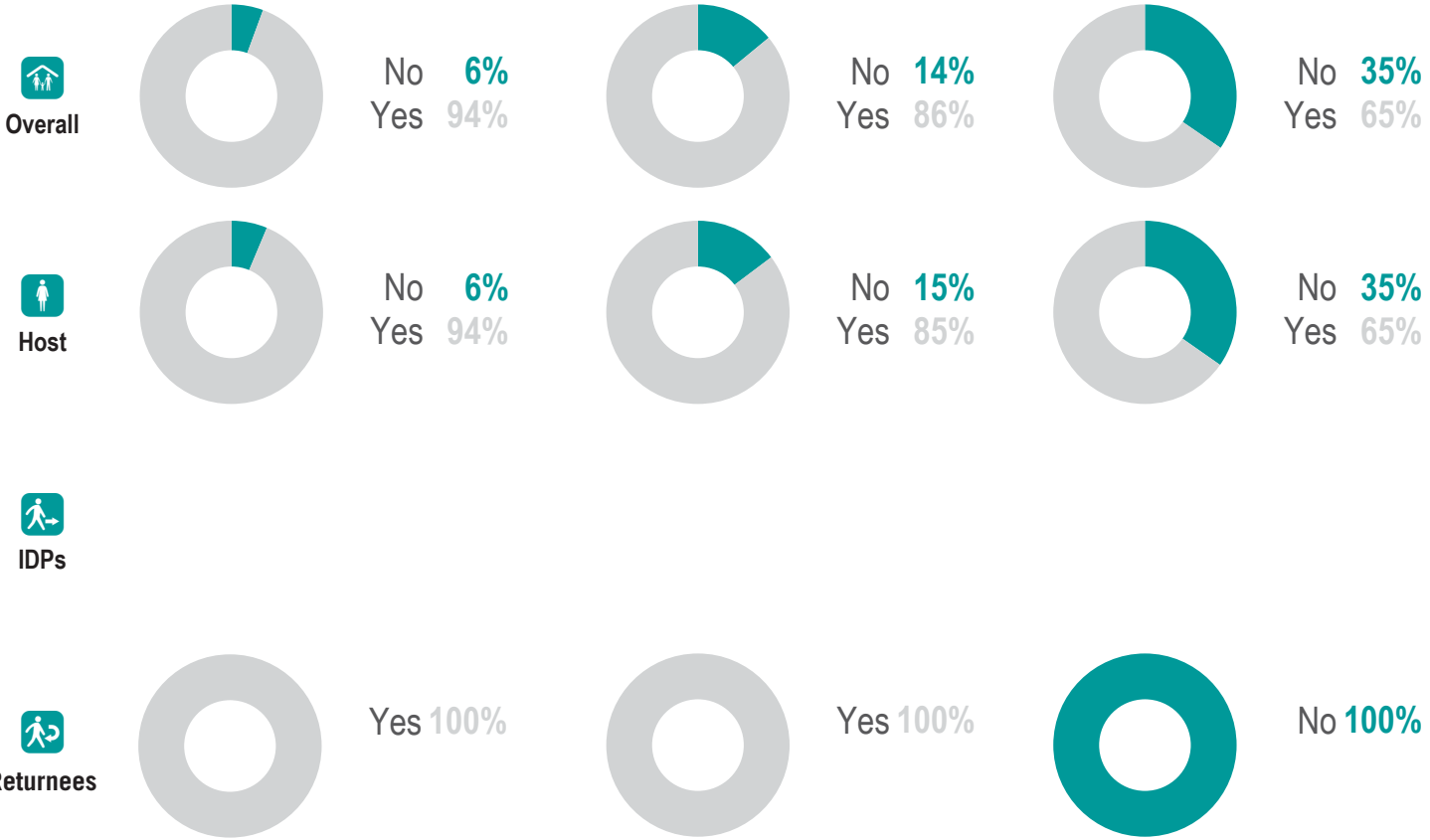
NFI WASH NFIs

44%	of **Magwi County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap[4], and that every member of the HH slept under a mosquito net in July and August 2019[5]. This was a decrease from the previous season
50%	of **Magwi County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap, and that every member of the HH slept under a mosquito net in November and December 2018.
5	was the average number of jerrycans and/or buckets per HH in **Magwi County** in July and August 2019. This was the same as the previous season
5	was the average number of jerrycans and/or buckets per HH in **Magwi County** in November and December 2018

Ownership of a bucket or a jerrycan with a lid (by percentage of households)

Access to soap (by percentage of households)

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



Endnotes

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Torit County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

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 Water, Sanitation and Hygiene (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 reporting having safe access in under 30 minutes to an improved water source (borehole, tapstand, water yard) as their main source of drinking water; 3. % of HHs reporting having access to a latrine (private, shared, or communal/ institutional); 4. % of HHs reporting having access to key WASH Non-Food Items (NFIs) (soap, mosquito nets, water containers); and 5. % of HHs reporting that one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection.

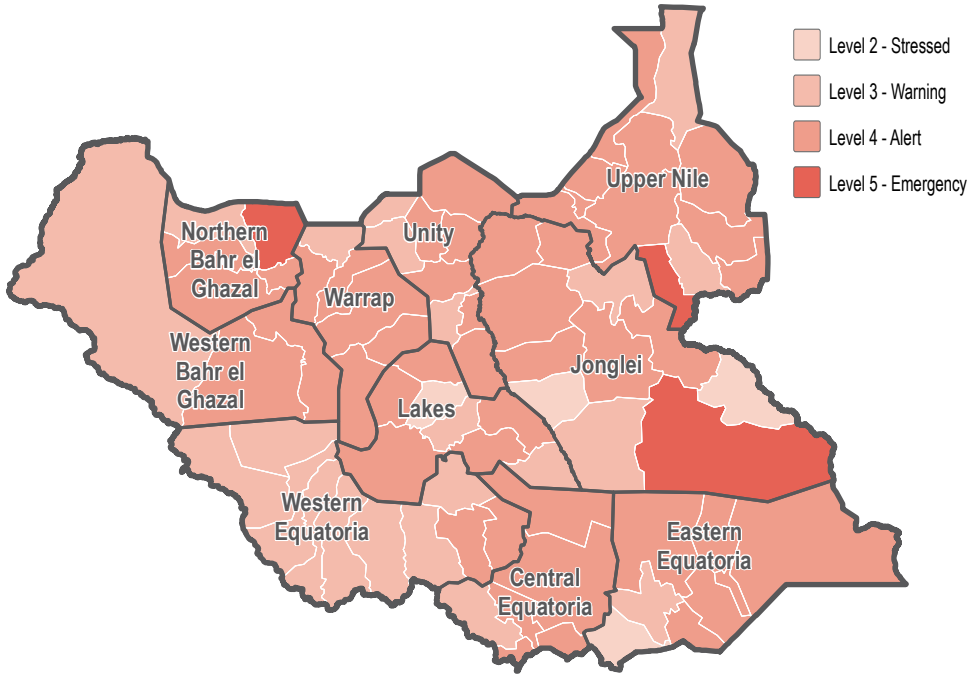
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH Cluster indicators for FSNMS Round 24 (July and August 2019). 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 Rounds 22-24. 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. Findings related to a subset of the population may not be representative and should be considered indicative only.

WASH Needs Severity Map



This WASH composite indicator 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 in under 30min to 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 HHs did not sleep under a mosquito net
- Having one or more HH 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 Internally Displaced Person (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

Children under 5	89%
Female headed	44%
Elderly persons	11%
Conflict injuries	9%
Physically disabled	7%

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Torit County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

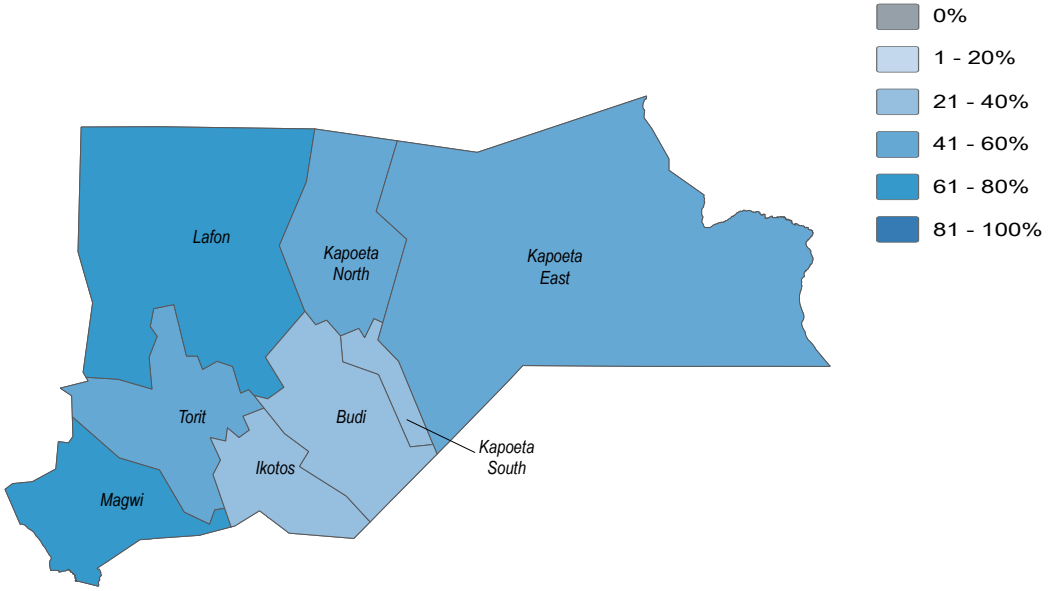
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Water

66%	of **Torit County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August 2019. This was the same as the previous season
66%	of **Torit County** HHs reported having safe access to an improved source of drinking water as their main source, in November and December 2018
3%	of HHs in **Torit County** reported feeling unsafe while collecting water, in July and August 2019. This was an increase from the previous season
2%	of HHs in **Torit County** reported feeling unsafe while collecting water, in November and December 2018

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



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

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

Most commonly reported sources of drinking water (by percentage of households)

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

Overall

Borehole	57%	< 30 minutes	72%
River or stream	28%	30 minutes - 1 hour	27%
Tap stand	9%	1 hour - half a day	1%
Other source	5%		

Host

Borehole	57%	< 30 minutes	72%
River or stream	28%	30 minutes - 1 hour	27%
Tap stand	9%	1 hour - half a day	1%
Other source	5%		

IDPs

Returnees

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Torit County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

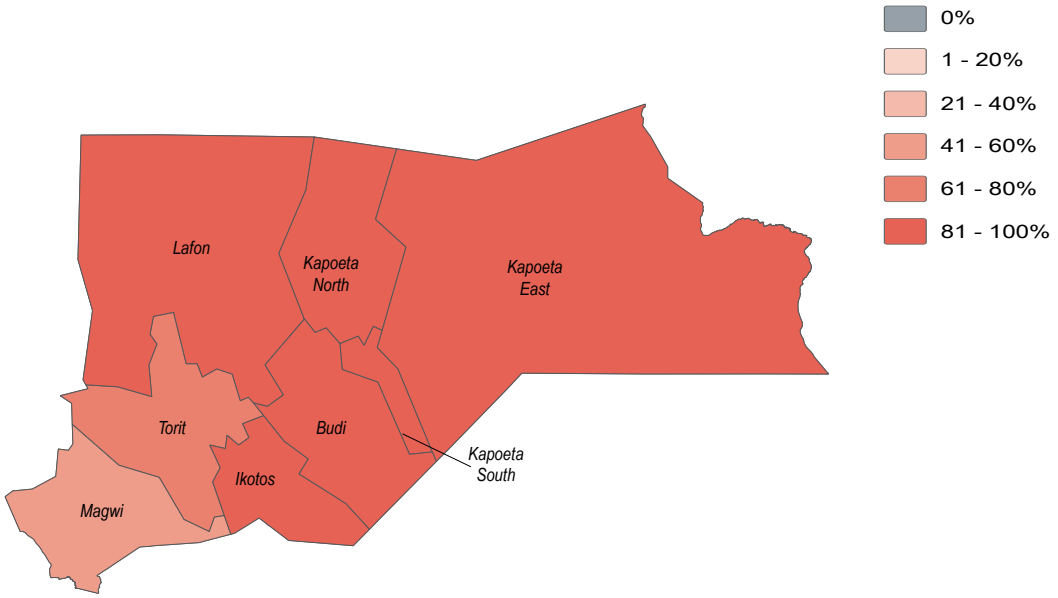
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Sanitation

23%	of **Torit County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in July and August 2019. This was an increase from from the previous season
22%	of **Torit County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in November and December 2018.
23%	of HHs in **Torit County** reported their most common defecation location was a latrine, in July and August 2019. This was an increase from the previous season
22%	of HHs in **Torit County** reported their most common defecation location was a latrine, in November and December 2018.

% of HHs reporting no latrine (private, shared, or communal/institutional)[2] present



Most commonly reported defecation location for adults (by percentage of households)

Type of latrines available (by percentage of households)

Overall

In the bush	76%	No latrine available	77%
In the latrine	23%	Family latrine	16%
Dig a hole and cover	1%	Shared latrine	6%

Host

In the bush	76%	No latrine available	77%
In the latrine	23%	Family latrine	16%
Dig a hole and cover	1%	Shared latrine	6%

IDPs

Returnees

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Torit County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

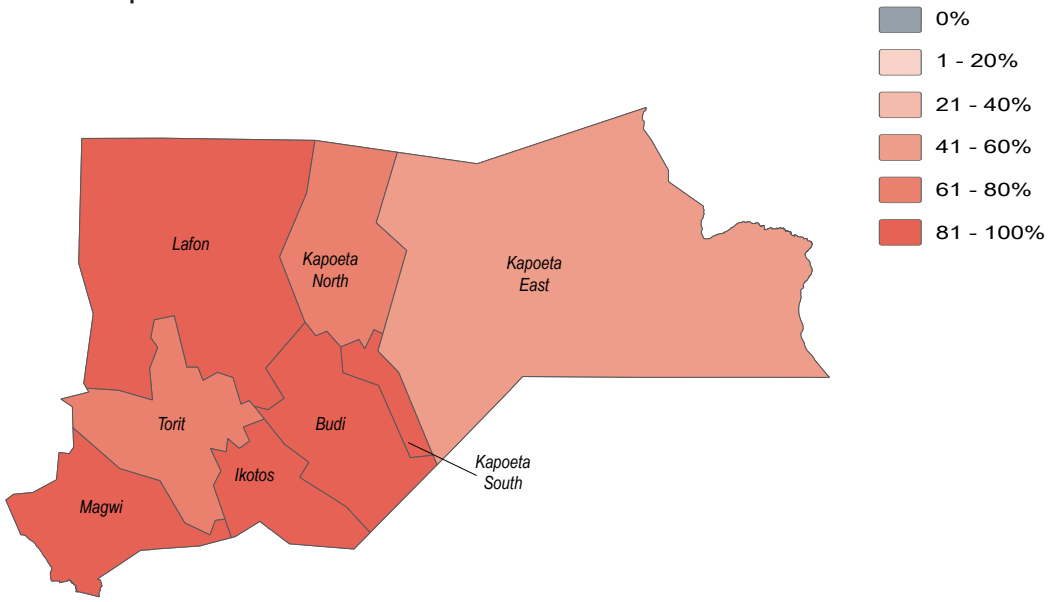
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Health

79%	of **Torit County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August 2019. This was a decrease from the previous season
81%	of **Torit County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December 2018
Malaria	was the most commonly reported water or vector borne disease in July and August 2019 in **Torit County**. This was the same as the previous season
Malaria	was the most commonly reported water or vector borne disease in November and December 2018 in **Torit County**

% 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)

Overall	Malaria	5%
	Typhoid	5%
	Fever	2%
	Skin infection	2%
	Stomach pain	2%
Host	Malaria	5%
	Typhoid	5%
	Fever	2%
	Skin infection	2%
	Stomach pain	2%
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)[3]

Overall	Malaria	5%
	Typhoid	5%
	Fever	2%
	Skin infection	2%
	Stomach pain	2%
Host	Malaria	46%
	Fever	25%
	Others	17%
	AWD	12%
	Stomach pain	10%
IDPs		
Returnees		

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Torit County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

NFI WASH NFIs

20%	of **Torit County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap[4], and that every member of the HH slept under a mosquito net in July and August 2019[5]. This was a decrease from the previous season
30%	of **Torit County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap, and that every member of the HH slept under a mosquito net in November and December 2018.
3	was the average number of jerrycans and/or buckets per HH in **Torit County** in July and August 2019. This was the same as the previous season
3	was the average number of jerrycans and/or buckets per HH in **Torit County** in November and December 2018

	Ownership of a bucket or a jerrycan with a lid (by percentage of households)		Access to soap (by percentage of households)		Every member of the household sleeps under a mosquito net (by percentage of households)	
Overall		No 22% Yes 78%		No 34% Yes 66%		No 38% Yes 62%
Host		No 22% Yes 78%		No 34% Yes 66%		No 38% Yes 62%
IDPs						
Returnees						

Endnotes

1. This data is as of July/August 2019. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. AWD is Acute Watery Diarrhoea.
4. Enumerators asked HHs responding positively to access to soap to produce the soap within a minute.
5. The composite indicator was created by averaging the 'yes' responses of HHs reporting on the following indicators, with all considered to have the same weight: access to soap, access to jerrycans/buckets with lids, everyone in the HH slept under a mosquito net.

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Ezo County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

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 Water, Sanitation and Hygiene (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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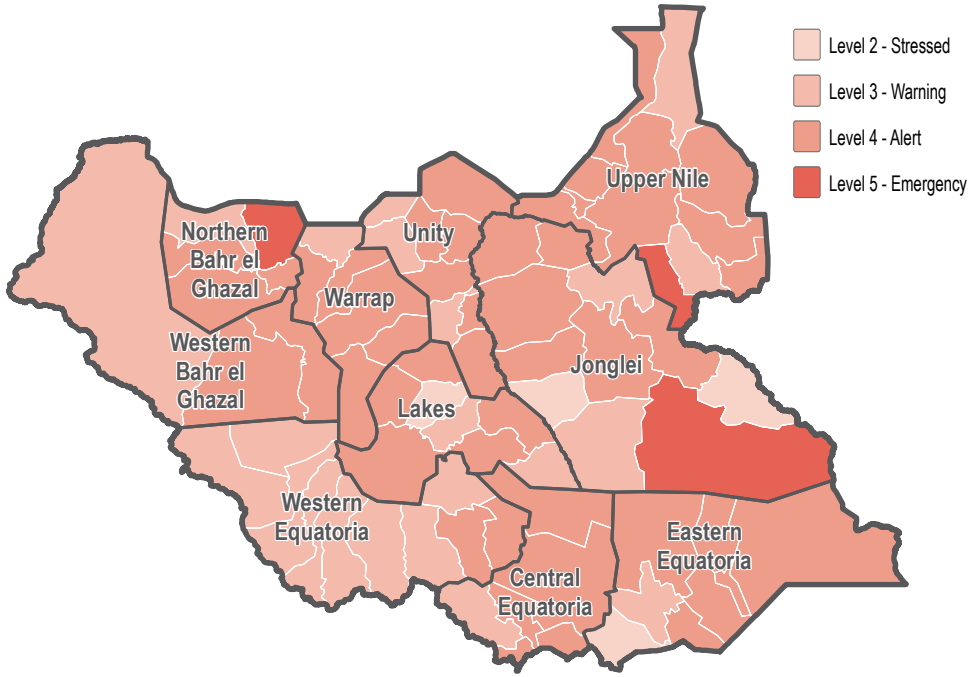
WASH Needs Severity Map



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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 HHs did not sleep under a mosquito net
- Having one or more HH members affected by self-reported water or vector borne disease in the two weeks prior to data collection

Displacement

Percentage of households by displacement status[1]

Host community	90%
Returnee	7%
IDP	3%

Percentage of Internally Displaced Person (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

Children under 5	57%
Conflict injuries	45%
Elderly persons	42%
Chronically ill	28%
Physically disabled	21%

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Ezo County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

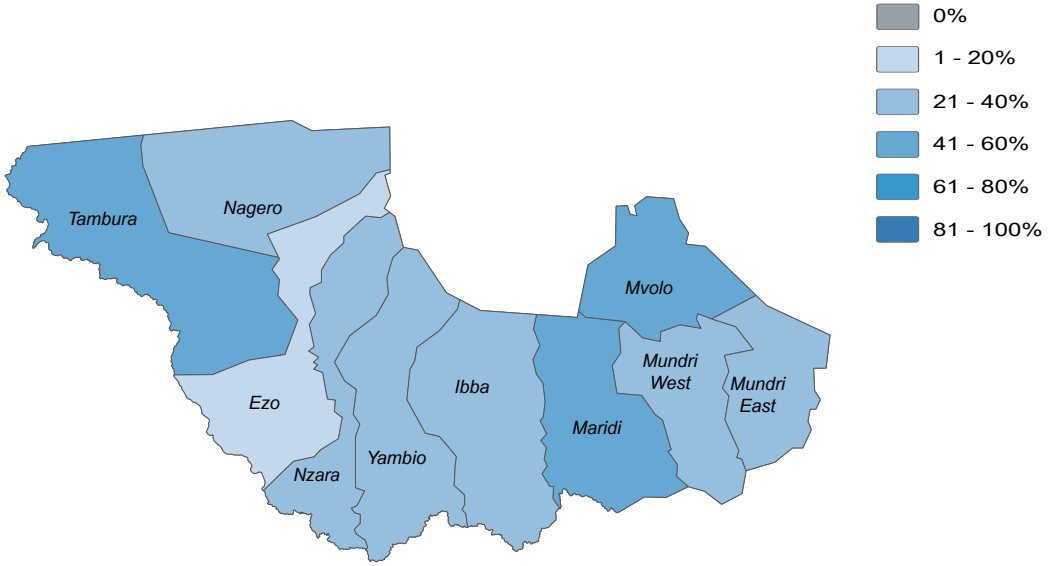
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Water

21%	of **Ezo County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August 2019. This was a decrease from the previous season
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
50%	of HHs in **Ezo County** reported feeling unsafe while collecting water, in July and August 2019. This was an increase from the previous season
23%	of HHs in **Ezo County** reported feeling unsafe while collecting water, in November and December 2018

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



This simple water access composite indicator 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	42%	30 minutes - 1 hour	48%
	River or stream	23%	< 30 minutes	36%
	Borehole	21%	1 hour - half a day	16%
	Swamp	8%		
	Hand dug well	5%		
Host	Unprotected well	41%	30 minutes - 1 hour	46%
	River or stream	25%	< 30 minutes	38%
	Borehole	21%	1 hour - half a day	17%
	Swamp	9%		
	Hand dug well	4%		
IDPs	Unprotected well	100%	30 minutes - 1 hour	67%
			< 30 minutes	33%
Returnees	Borehole	38%	30 minutes - 1 hour	63%
	Unprotected well	38%	< 30 minutes	25%
	Hand dug well	13%	1 hour - half a day	13%
	River or stream	13%		

Ezo County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

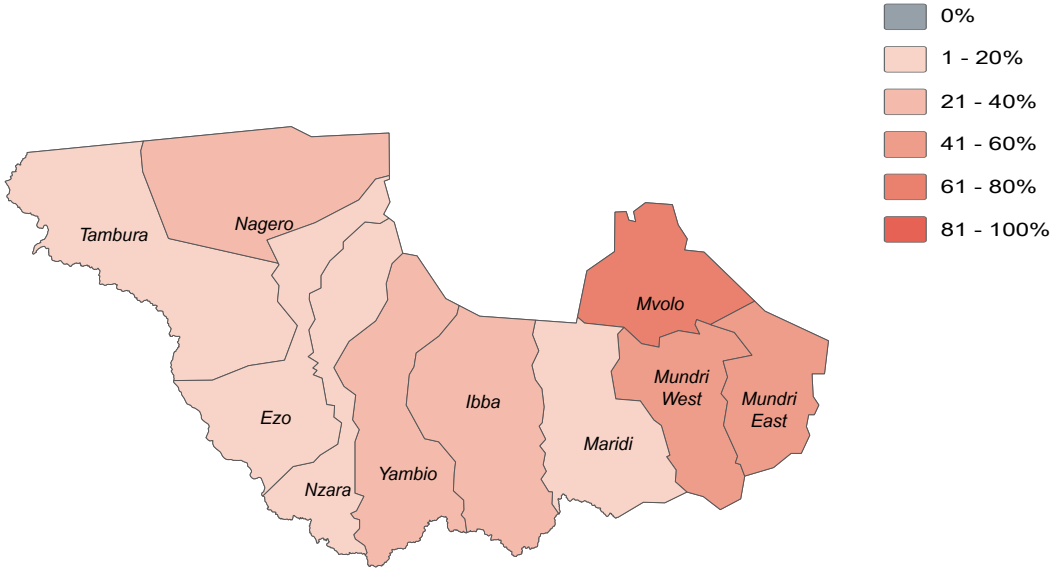
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Sanitation

95%	of **Ezo County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in July and August 2019. This was an increase from from the previous season
91%	of **Ezo County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in November and December 2018.
91%	of HHs in **Ezo County** reported their most common defecation location was a latrine, in July and August 2019. This was an increase from the previous season
89%	of HHs in **Ezo County** reported their most common defecation location was a latrine, in November and December 2018.

% of HHs reporting no latrine (private, shared, or communal/institutional)[2] present



Most commonly reported defecation location for adults (by percentage of households)

Type of latrines available (by percentage of households)

Overall

In the latrine	91%	Family latrine	93%
In the bush	7%	No latrine available	5%
Dig a hole and cover	2%	Shared latrine	3%

Host

In the latrine	92%	Family latrine	93%
In the bush	6%	No latrine available	4%
Dig a hole and cover	2%	Shared latrine	3%

IDPs

In the latrine	100%

Returnees

In the latrine	75%	Family latrine	88%
In the bush	25%	No latrine available	13%

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Ezo County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

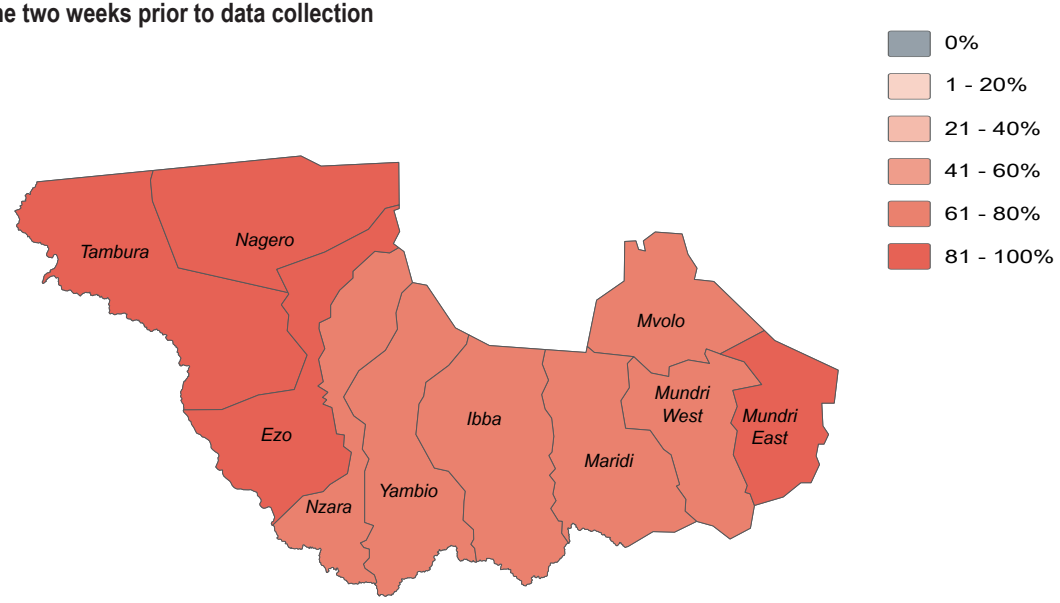
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Health

84%	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 2019. This was a decrease from the previous season
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
Malaria	was the most commonly reported water or vector borne disease in July and August 2019 in **Ezo County**. This was the same as the previous season
Malaria	was the most commonly reported water or vector borne disease in November and December 2018 in **Ezo County**

% 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)

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)[3]

Overall

Malaria	32%
Typhoid	23%
AWD	17%
Stomach pain	16%
Flu	14%

Malaria	32%
Typhoid	23%
AWD	17%
Stomach pain	16%
Flu	14%

Host

Malaria	30%
Typhoid	21%
AWD	17%
Stomach pain	16%
Fever	11%

Malaria	52%
Fever	31%
AWD	29%
Flu	23%
Skin infection	11%

IDPs

Typhoid	100%
Flu	67%

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

Returnees

Malaria	63%
Fever	50%
AWD	38%
Flu	25%
Skin infection	13%

Ezo County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

NFI WASH NFIs

24%	of **Ezo County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap[4], and that every member of the HH slept under a mosquito net in July and August 2019[5]. This was an increase from the previous season
16%	of **Ezo County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap, and that every member of the HH slept under a mosquito net in November and December 2018.
2	was the average number of jerrycans and/or buckets per HH in **Ezo County** in July and August 2019. This was the same as the previous season
2	was the average number of jerrycans and/or buckets per HH in **Ezo County** in November and December 2018

	Ownership of a bucket or a jerrycan with a lid (by percentage of households)		Access to soap (by percentage of households)		Every member of the household sleeps under a mosquito net (by percentage of households)	
Overall		No 17% Yes 83%		No 40% Yes 60%		No 36% Yes 64%
Host		No 16% Yes 84%		No 39% Yes 61%		No 33% Yes 67%
IDPs		No 33% Yes 67%		No 100%		No 100%
Returnees		No 25% Yes 75%		No 38% Yes 63%		No 50% Yes 50%

Endnotes

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2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. AWD is Acute Watery Diarrhoea.
4. Enumerators asked HHs responding positively to access to soap to produce the soap within a minute.
5. The composite indicator 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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Ibba County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

Overview and Methodology

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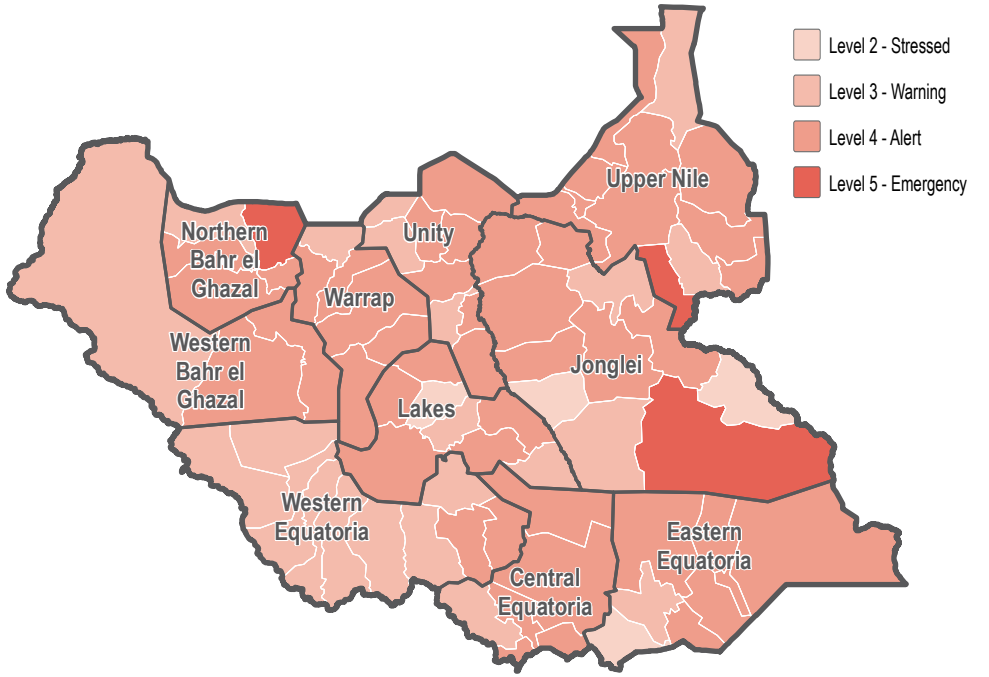
WASH Needs Severity Map



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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 HHs did not sleep under a mosquito net
- Having one or more HH members affected by self-reported water or vector borne disease in the two weeks prior to data collection

Displacement

Percentage of households by displacement status[1]

Host community	95%
Returnee	4%
IDP	1%

Percentage of Internally Displaced Person (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	75%
More than 5 years	25%

Most commonly reported vulnerability, by percentage of households

Children under 5	61%
Conflict injuries	23%
Elderly persons	22%
Female headed	22%
Physically disabled	15%

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Ibba County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

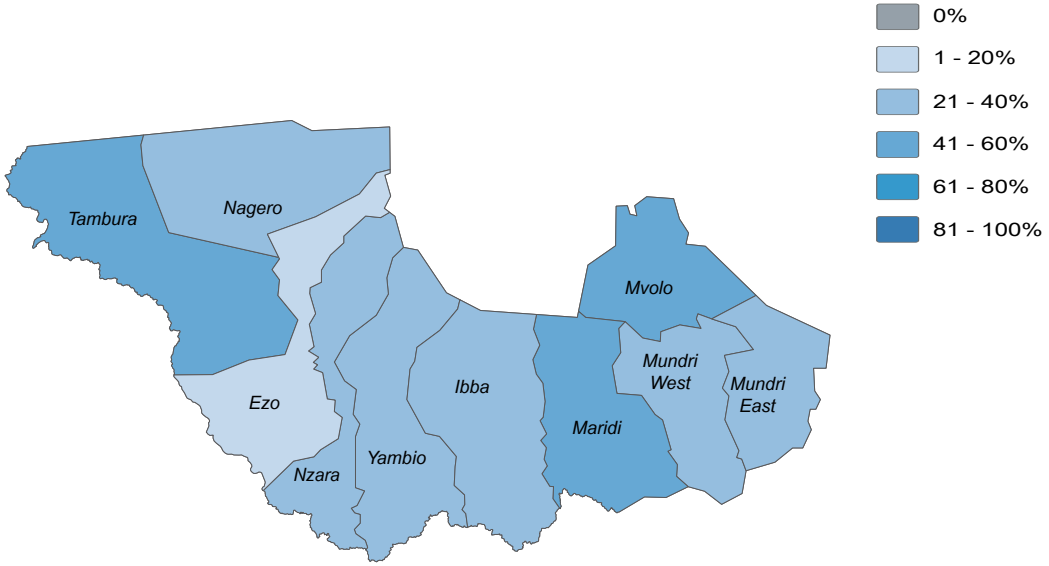
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Water

64%	of **Ibba County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August 2019. This was an increase from the previous season
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
36%	of HHs in **Ibba County** reported feeling unsafe while collecting water, in July and August 2019. This was an increase from the previous season
21%	of HHs in **Ibba County** reported feeling unsafe while collecting water, in November and December 2018

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



	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	63%	30 minutes - 1 hour	54%
	River or stream	25%	< 30 minutes	34%
	Unprotected well	11%	1 hour - half a day	12%
	Tap stand	1%		
Host	Borehole	61%	30 minutes - 1 hour	53%
	River or stream	26%	< 30 minutes	34%
	Unprotected well	12%	1 hour - half a day	13%
	Tap stand	1%		
IDPs	Borehole	100%	< 30 minutes	100%
Returnees	Borehole	100%	30 minutes - 1 hour	75%
			< 30 minutes	25%

This simple water access composite indicator 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

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Ibba County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

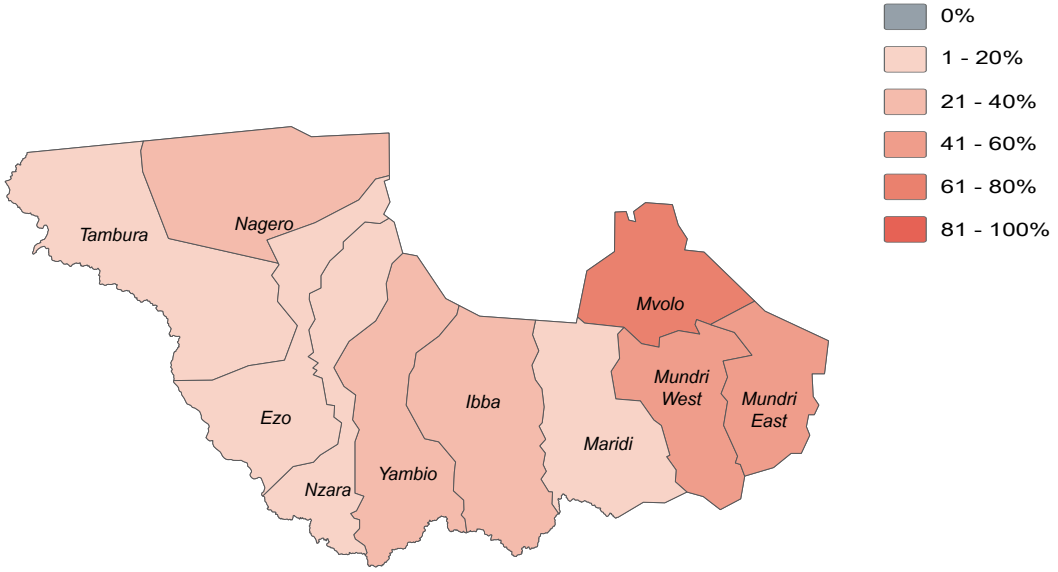
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Sanitation

60%	of **Ibba County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in July and August 2019. This was a decrease from from the previous season
100%	of **Ibba County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in November and December 2018.
98%	of HHs in **Ibba County** reported their most common defecation location was a latrine, in July and August 2019. This was an increase from the previous season
97%	of HHs in **Ibba County** reported their most common defecation location was a latrine, in November and December 2018.

% of HHs reporting no latrine (private, shared, or communal/institutional)[2] present



	Most commonly reported defecation location for adults (by percentage of households)		Type of latrines available (by percentage of households)	
Overall	In the latrine	98%	Family latrine	58%
	In the bush	2%	No latrine available	39%
			Shared latrine	2%
			I don't know	1%
Host	In the latrine	98%	Family latrine	57%
	In the bush	2%	No latrine available	40%
			Shared latrine	2%
			I don't know	1%
IDPs	In the latrine	100%		
Returnees	In the latrine	100%	Family latrine	75%
			No latrine available	25%

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Ibba County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

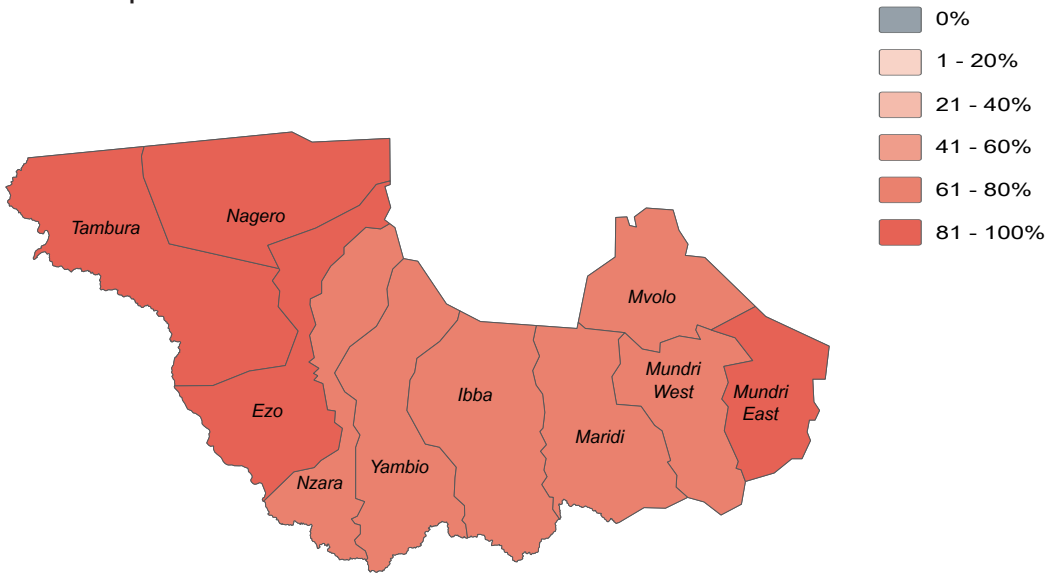
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Health

74%	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 2019. This was a decrease from the previous season
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
Malaria	was the most commonly reported water or vector borne disease in July and August 2019 in **Ibba County**. This was the same as the previous season
Malaria	was the most commonly reported water or vector borne disease in November and December 2018 in **Ibba County**

% 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)

Overall	Malaria	25%
	Flu	14%
	Typhoid	13%
	Fever	10%
	Stomach pain	10%
Host	Malaria	25%
	Flu	15%
	Typhoid	12%
	Stomach pain	11%
	Fever	10%
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)[3]

Overall	Malaria	25%
	Flu	14%
	Typhoid	13%
	Fever	10%
	Stomach pain	10%
Host	Malaria	33%
	Fever	22%
	Flu	12%
	AWD	9%
	Stomach pain	9%
IDPs	Skin infection	100%
Returnees	Eye infection	50%
	Flu	50%
	Malaria	50%
	Fever	25%

Ibba County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

NFI WASH NFIs

6%	of **Ibba County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap[4], and that every member of the HH slept under a mosquito net in July and August 2019[5]. This was a decrease from the previous season
7%	of **Ibba County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap, and that every member of the HH slept under a mosquito net in November and December 2018.
2	was the average number of jerrycans and/or buckets per HH in **Ibba County** in July and August 2019. This was the same as the previous season
2	was the average number of jerrycans and/or buckets per HH in **Ibba County** in November and December 2018

	Ownership of a bucket or a jerrycan with a lid (by percentage of households)	Access to soap (by percentage of households)	Every member of the household sleeps under a mosquito net (by percentage of households)
Overall	 No 15% Yes 85%	 No 72% Yes 28%	 No 25% Yes 75%
Host	 No 16% Yes 84%	 No 73% Yes 27%	 No 26% Yes 74%
IDPs	Yes 100%	 No 100%	Yes 100%
Returnees	Yes 100%	 No 25% Yes 75%	 No 25% Yes 75%

Endnotes

1. This data is as of July/August 2019. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. AWD is Acute Watery Diarrhoea.
4. Enumerators asked HHs responding positively to access to soap to produce the soap within a minute.
5. The composite indicator was created by averaging the 'yes' responses of HHs reporting on the following indicators, with all considered to have the same weight: access to soap, access to jerrycans/buckets with lids, everyone in the HH slept under a mosquito net.

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Maridi County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

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 Water, Sanitation and Hygiene (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 reporting having safe access in under 30 minutes to an improved water source (borehole, tapstand, water yard) as their main source of drinking water; 3. % of HHs reporting having access to a latrine (private, shared, or communal/ institutional); 4. % of HHs reporting having access to key WASH Non-Food Items (NFIs) (soap, mosquito nets, water containers); and 5. % of HHs reporting that one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection.

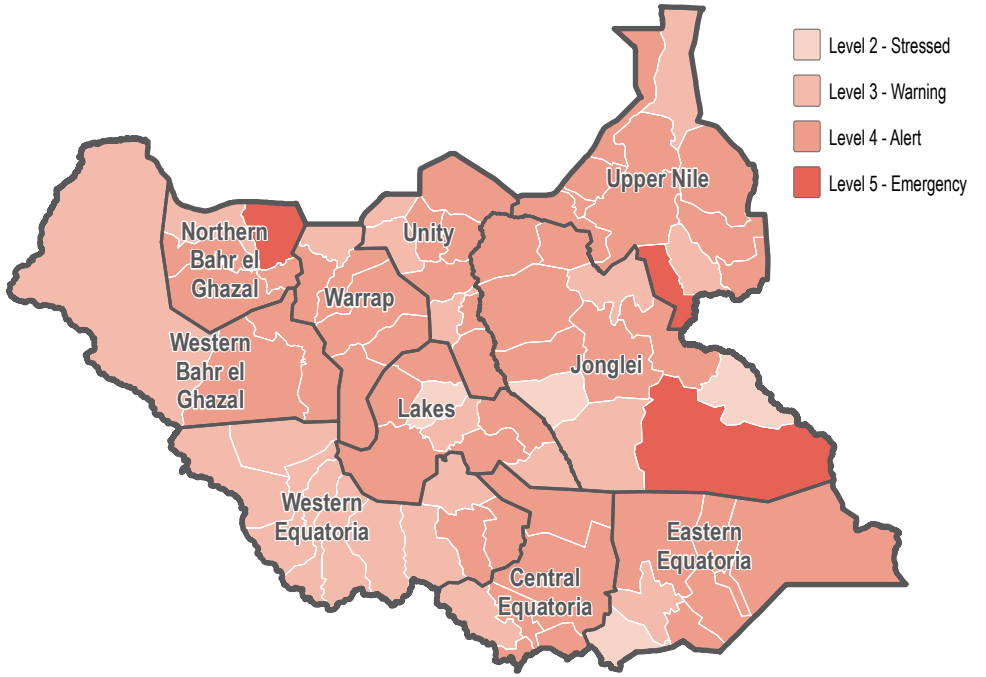
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH Cluster indicators for FSNMS Round 24 (July and August 2019). 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 Rounds 22-24. 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. Findings related to a subset of the population may not be representative and should be considered indicative only.

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 HHs did not sleep under a mosquito net
- Having one or more HH members affected by self-reported water or vector borne disease in the two weeks prior to data collection

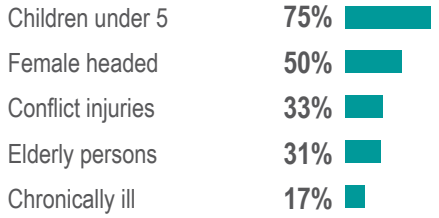
Displacement

Percentage of households by displacement status[1]

Percentage of Internally Displaced Person (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



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Maridi County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

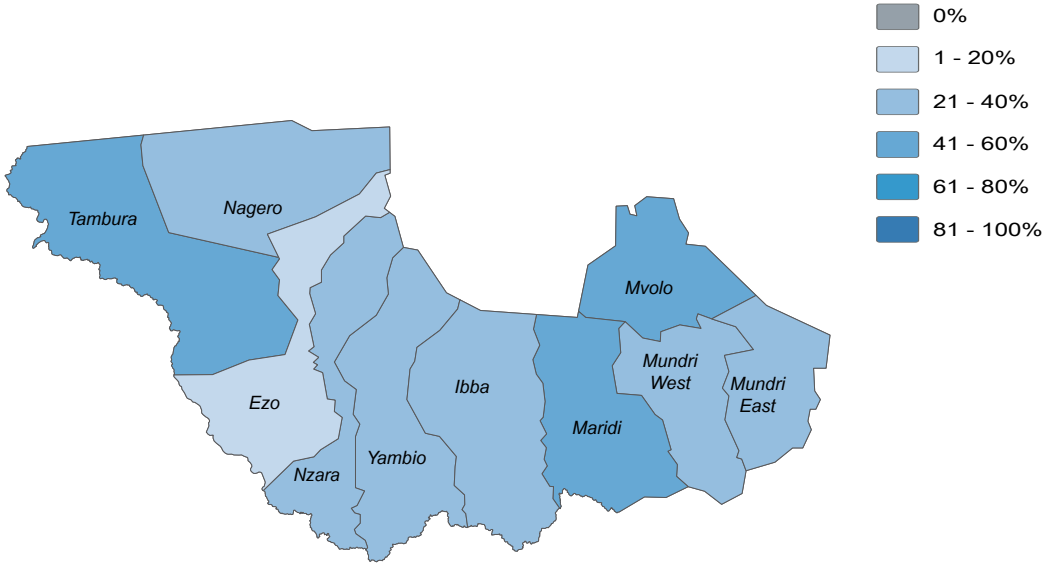
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Water

60%	of **Maridi County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August 2019. This was an increase from the previous season
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
6%	of HHs in **Maridi County** reported feeling unsafe while collecting water, in July and August 2019. This was a decrease from the previous season
8%	of HHs in **Maridi County** reported feeling unsafe while collecting water, in November and December 2018

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



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	51%
Unprotected well	18%
Hand dug well	10%
Swamp	8%
Tap stand	8%

< 30 minutes	69%
30 minutes - 1 hour	24%
1 hour - half a day	6%
Half a day	1%

Host

Borehole	51%
Unprotected well	18%
Hand dug well	10%
Swamp	8%
Tap stand	8%

< 30 minutes	69%
30 minutes - 1 hour	24%
1 hour - half a day	6%
Half a day	1%

IDPs

Returnees

This simple water access composite indicator 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

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Maridi County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

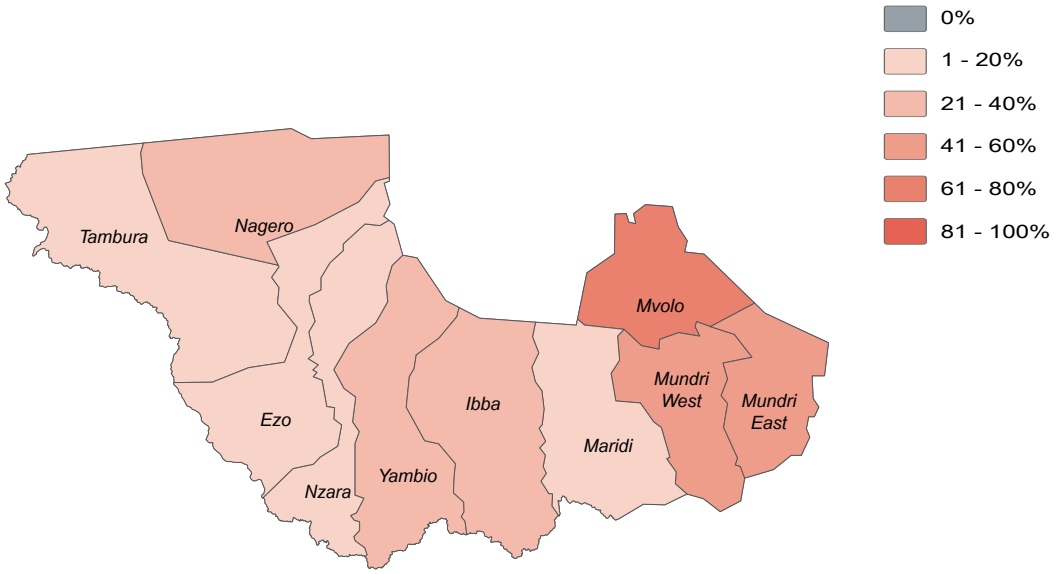
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Sanitation

95%	of **Maridi County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in July and August 2019. This was an increase from from the previous season
91%	of **Maridi County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in November and December 2018.
95%	of HHs in **Maridi County** reported their most common defecation location was a latrine, in July and August 2019. This was an increase from the previous season
90%	of HHs in **Maridi County** reported their most common defecation location was a latrine, in November and December 2018.

% of HHs reporting no latrine (private, shared, or communal/institutional)[2] present



Most commonly reported defecation location for adults (by percentage of households)

Type of latrines available (by percentage of households)

Overall

In the latrine	95%
In the bush	4%
No answer	1%

Family latrine	92%
No latrine available	5%
Communal latrine	2%
Shared latrine	2%

Host

In the latrine	95%
In the bush	4%
No answer	1%

Family latrine	92%
No latrine available	5%
Communal latrine	2%
Shared latrine	2%

IDPs

Returnees

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Maridi County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

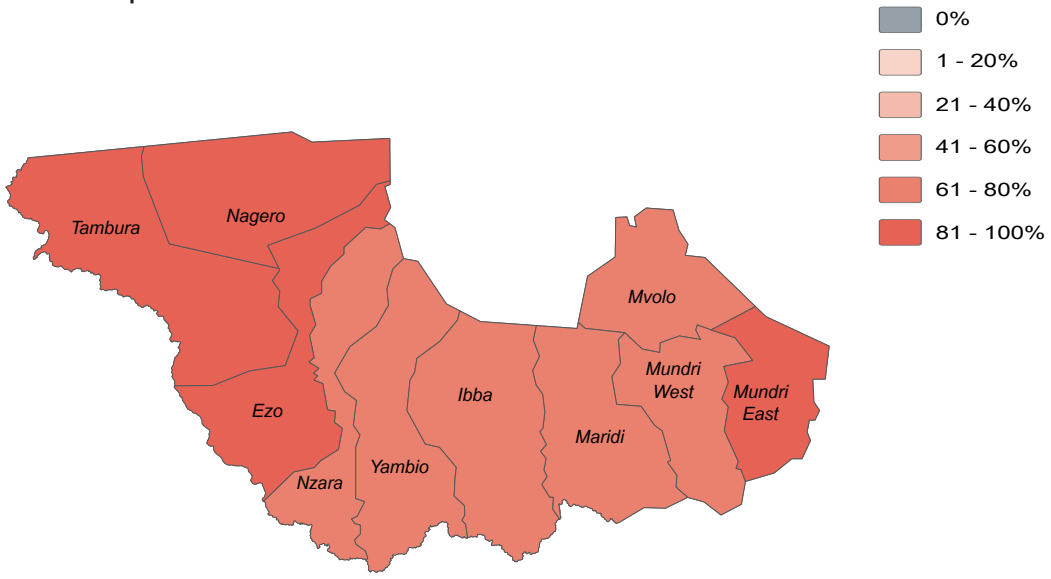
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Health

74%	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 2019. This was an increase from the previous season
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
Malaria	was the most commonly reported water or vector borne disease in July and August 2019 in **Maridi County**. This was the same as the previous season
Malaria	was the most commonly reported water or vector borne disease in November and December 2018 in **Maridi County**

% 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)

Overall	Malaria	39%
	Fever	33%
	Stomach pain	28%
	Typhoid	25%
	Flu	24%
Host	Malaria	39%
	Fever	33%
	Stomach pain	28%
	Typhoid	25%
	Flu	24%
IDPs		
Returnees		

Most commonly self-reported water or vector borne disease for children under 5 in the two weeks prior to data collection (by percentage of households)[3]

Overall	Malaria	39%
	Fever	33%
	Stomach pain	28%
	Typhoid	25%
	Flu	24%
Host	Malaria	56%
	Fever	34%
	Stomach pain	34%
	Flu	25%
	AWD	3%
IDPs		
Returnees		

Maridi County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

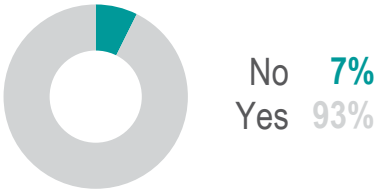
WASH Cluster
Water Sanitation Hygiene

July/August 2019

NFI WASH NFIs

42%	of **Maridi County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap[4], and that every member of the HH slept under a mosquito net in July and August 2019[5]. This was an increase from the previous season
14%	of **Maridi County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap, and that every member of the HH slept under a mosquito net in November and December 2018.
4	was the average number of jerrycans and/or buckets per HH in **Maridi County** in July and August 2019. This was an increase from the previous season
3	was the average number of jerrycans and/or buckets per HH in **Maridi County** in November and December 2018

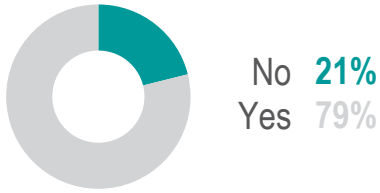
Ownership of a bucket or a jerrycan with a lid (by percentage of households)



Access to soap

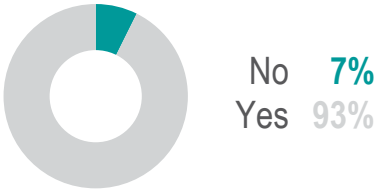
(by percentage of households)

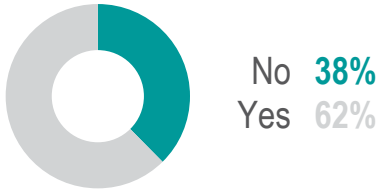
Every member of the household sleeps under a mosquito net (by percentage of households)

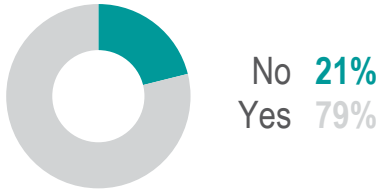


Overall

Host







IDPs

Returnees

Endnotes

1. This data is as of July/August 2019. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. AWD is Acute Watery Diarrhoea.
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Mundri East County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

Overview and Methodology

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In 2018, REACH, in close coordination with the WASH Cluster, identified five core WASH indicators: 1. % of Households (HHs) by displacement status; 2. % of HHs reporting having safe access in under 30 minutes to an improved water source (borehole, tapstand, water yard) as their main source of drinking water; 3. % of HHs reporting having access to a latrine (private, shared, or communal/ institutional); 4. % of HHs reporting having access to key WASH Non-Food Items (NFIs) (soap, mosquito nets, water containers); and 5. % of HHs reporting 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 24 (July and August 2019). 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 Rounds 22-24. 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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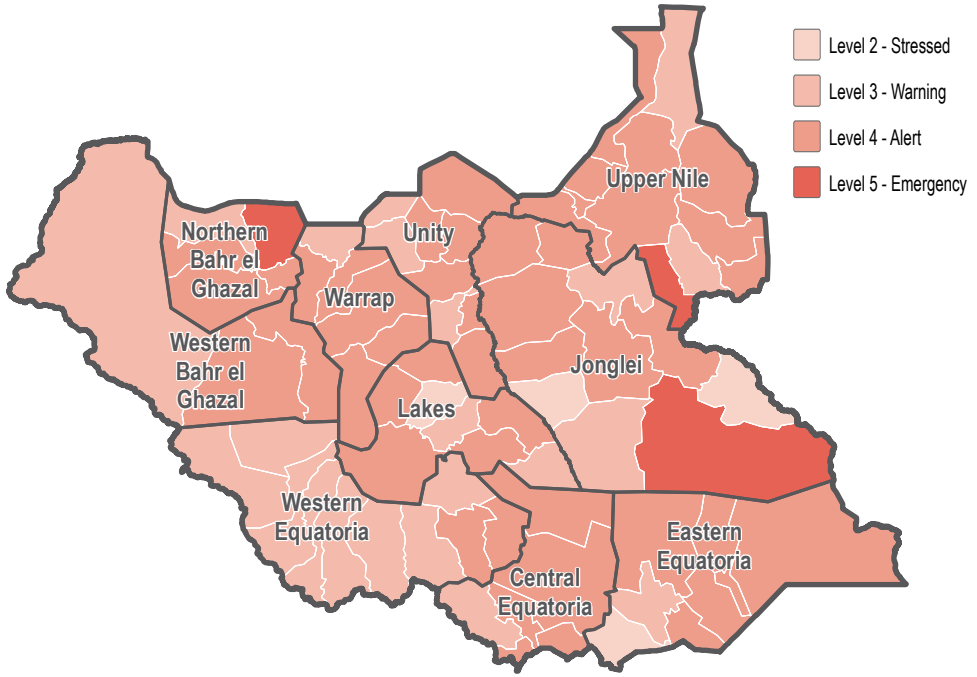
FSNMS Assessment Coverage

Full coverage in the county was achieved. Findings related to a subset of the population may not be representative and should be considered indicative only.

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 HHs did not sleep under a mosquito net
- Having one or more HH members affected by self-reported water or vector borne disease in the two weeks prior to data collection

Displacement

Percentage of households by displacement status[1]

Host community	73%
Returnee	23%
IDP	4%

Percentage of Internally Displaced Person (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	80%
Between 2-3 years	20%

Most commonly reported vulnerability, by percentage of households

Children under 5	87%
Conflict injuries	57%
Elderly persons	45%
Physically disabled	36%
Adopted children	28%

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Mundri East County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

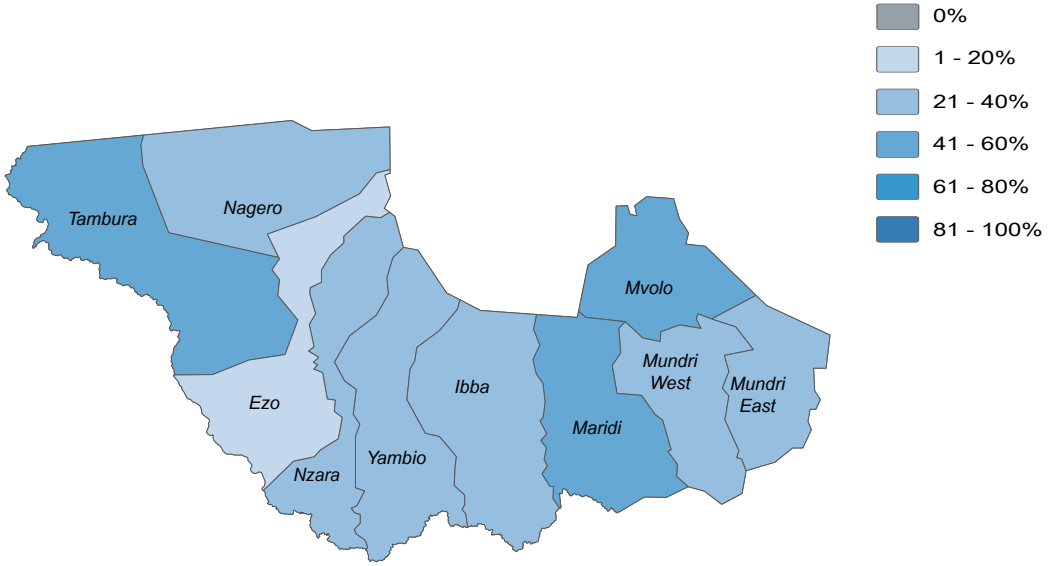
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Water

60%	of **Mundri East County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August 2019. This was a decrease from the previous season
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
21%	of HHs in **Mundri East County** reported feeling unsafe while collecting water, in July and August 2019. This was an increase from the previous season
15%	of HHs in **Mundri East County** reported feeling unsafe while collecting water, in November and December 2018

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



This simple water access composite indicator 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	60%	< 30 minutes	50%
	River or stream	23%	30 minutes - 1 hour	36%
	Unprotected well	9%	1 hour - half a day	13%
	Swamp	7%	> half a day	1%
			Half a day	1%
Host	Borehole	60%	< 30 minutes	51%
	River or stream	21%	30 minutes - 1 hour	38%
	Swamp	10%	1 hour - half a day	9%
	Unprotected well	9%	> half a day	1%
IDPs	Borehole	100%	< 30 minutes	75%
			30 minutes - 1 hour	25%
Returnees	Borehole	52%	< 30 minutes	40%
	River or stream	36%	1 hour - half a day	28%
	Unprotected well	12%	30 minutes - 1 hour	28%
			Half a day	4%

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Mundri East County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

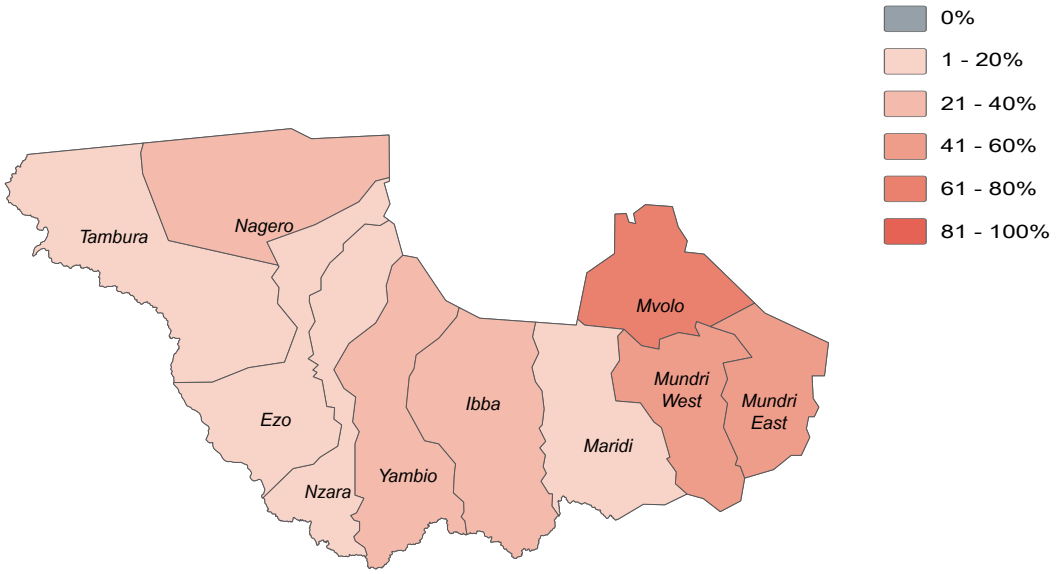
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Sanitation

42%	of **Mundri East County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in July and August 2019. This was a decrease from from the previous season
54%	of **Mundri East County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in November and December 2018.
23%	of HHs in **Mundri East County** reported their most common defecation location was a latrine, in July and August 2019. This was a decrease from the previous season
25%	of HHs in **Mundri East County** reported their most common defecation location was a latrine, in November and December 2018.

% of HHs reporting no latrine (private, shared, or communal/institutional)[2] present



Most commonly reported defecation location for adults (by percentage of households)

Type of latrines available (by percentage of households)

Overall

In the bush	73%
In the latrine	23%
Dig a hole and cover	3%
No answer	1%

No latrine available	58%
Family latrine	35%
Communal latrine	4%
Shared latrine	4%

Host

In the bush	74%
In the latrine	22%
Dig a hole and cover	3%
No answer	1%

No latrine available	54%
Family latrine	38%
Communal latrine	4%
Shared latrine	4%

IDPs

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

Returnees

In the bush	76%
In the latrine	24%

No latrine available	76%
Family latrine	20%
Shared latrine	4%

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Mundri East County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

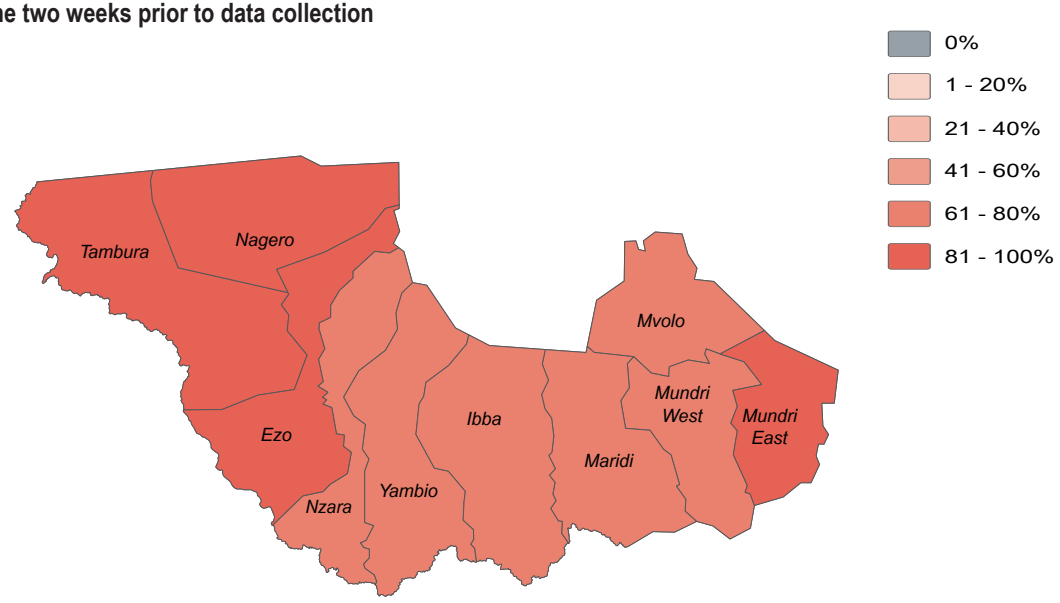
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Health

91%	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 2019. This was an increase from the previous season
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
Malaria	was the most commonly reported water or vector borne disease in July and August 2019 in **Mundri East County**. This was different to the previous season
Fever	was the most commonly reported water or vector borne disease in November and December 2018 in **Mundri East County**

% 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)

Overall	Malaria	32%
	Typhoid	22%
	Stomach pain	18%
	AWD	14%
	Eye infection	12%
Host	Malaria	26%
	Typhoid	23%
	Stomach pain	14%
	AWD	12%
	Eye infection	12%
IDPs	AWD	50%
	Malaria	50%
	Skin infection	50%
	Stomach pain	50%
	Eye infection	25%
Returnees		

Most commonly self-reported water or vector borne disease for children under 5 in the two weeks prior to data collection (by percentage of households)[3]

Overall	Malaria	32%
	Typhoid	22%
	Stomach pain	18%
	AWD	14%
	Eye infection	12%
Host	Malaria	63%
	Fever	59%
	Stomach pain	27%
	Flu	24%
	AWD	21%
IDPs	Fever	100%
	Flu	75%
	Malaria	75%
	Others	25%
	Stomach pain	25%
Returnees	Fever	76%
	Malaria	56%
	Flu	36%
	AWD	24%
	Stomach pain	24%

Mundri East County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

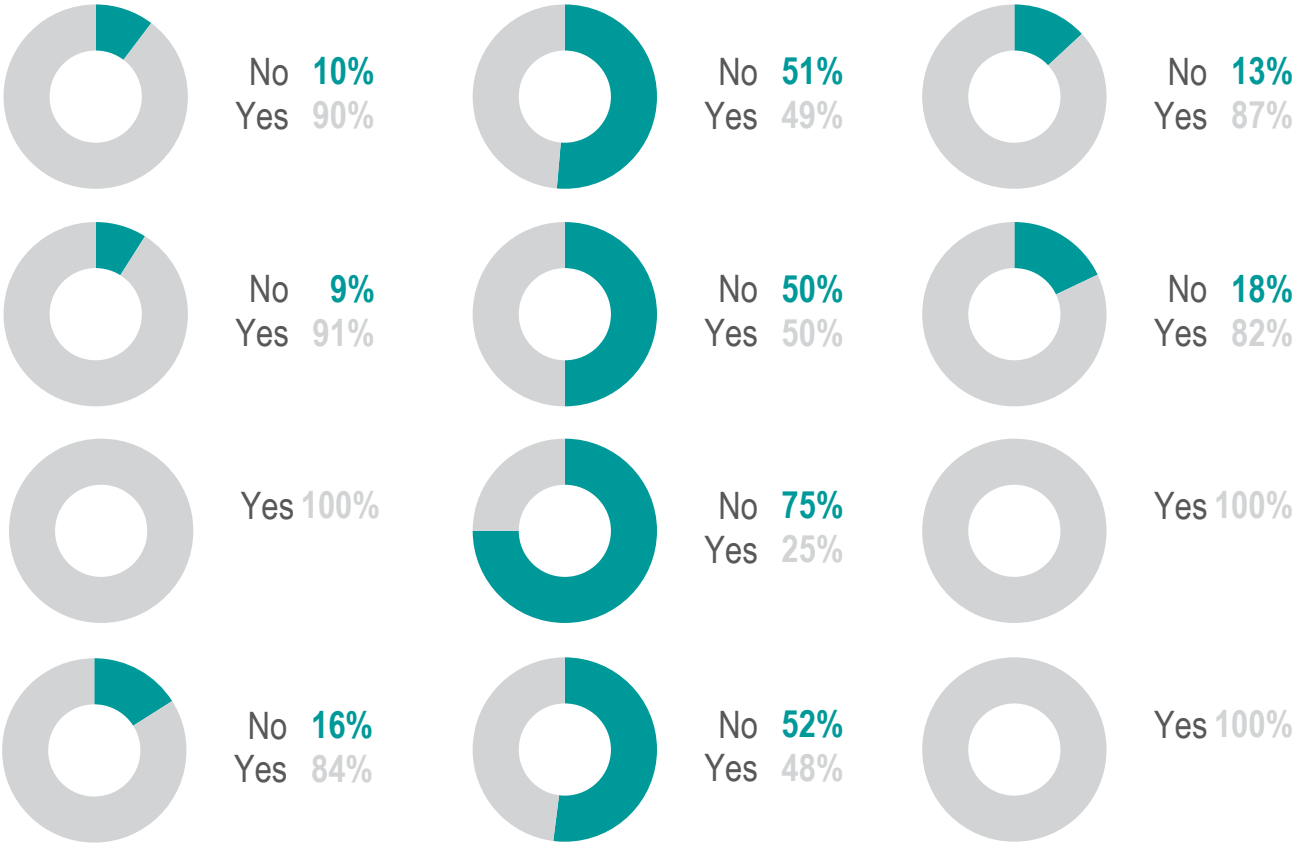
WASH Cluster
Water Sanitation Hygiene

July/August 2019

NFI WASH NFIs

8%	of **Mundri East County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap[4], and that every member of the HH slept under a mosquito net in July and August 2019[5]. This was an increase from the previous season
6%	of **Mundri East County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap, and that every member of the HH slept under a mosquito net in November and December 2018.
3	was the average number of jerrycans and/or buckets per HH in **Mundri East County** in July and August 2019. This was the same as the previous season
3	was the average number of jerrycans and/or buckets per HH in **Mundri East County** in November and December 2018

Ownership of a bucket or a jerrycan with a lid (by percentage of households)



Access to 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 July/August 2019. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. AWD is Acute Watery Diarrhoea.
4. Enumerators asked HHs responding positively to access to soap to produce the soap within a minute.
5. The composite indicator 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 West County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

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 Water, Sanitation and Hygiene (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 reporting having safe access in under 30 minutes to an improved water source (borehole, tapstand, water yard) as their main source of drinking water; 3. % of HHs reporting having access to a latrine (private, shared, or communal/ institutional); 4. % of HHs reporting having access to key WASH Non-Food Items (NFIs) (soap, mosquito nets, water containers); and 5. % of HHs reporting that one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection.

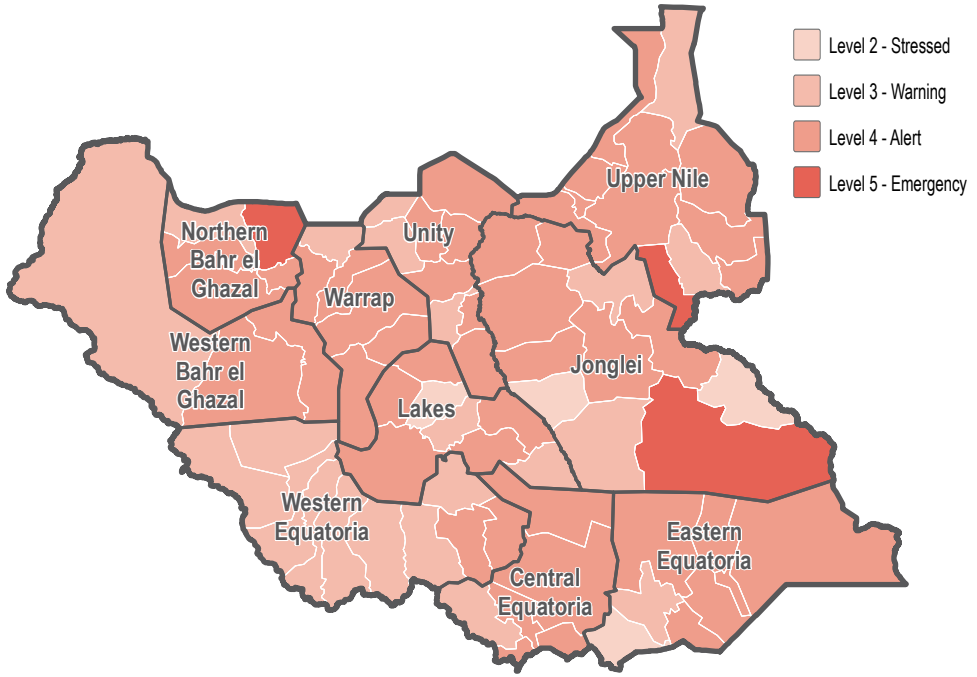
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH Cluster indicators for FSNMS Round 24 (July and August 2019). 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 Rounds 22-24. 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. Findings related to a subset of the population may not be representative and should be considered indicative only.

WASH Needs Severity Map



This WASH composite indicator 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 in under 30min to 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 HHs did not sleep under a mosquito net
- Having one or more HH members affected by self-reported water or vector borne disease in the two weeks prior to data collection

Displacement

Percentage of households by displacement status[1]

Host community	96%
IDP	4%

Percentage of Internally Displaced Person (IDP) households by time arrived in their current location

Between 2-3 years	75%
In the last one year	25%

Percentage of returnee households by time arrived in their current location

Most commonly reported vulnerability, by percentage of households

Children under 5	81%
Conflict injuries	59%
Elderly persons	57%
Female headed	44%
Physically disabled	35%

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Mundri West County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

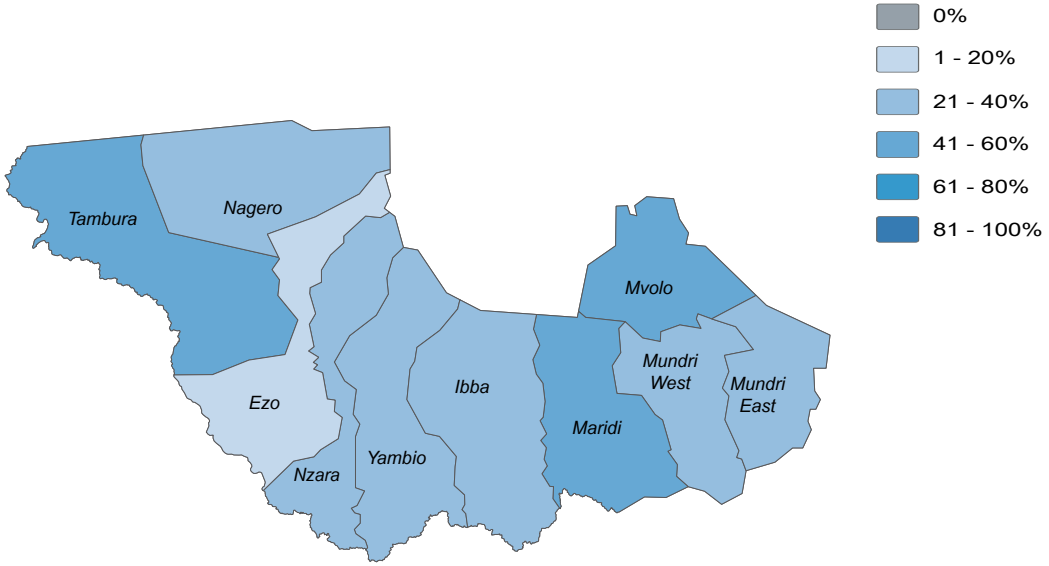
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Water

77%	of **Mundri West County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August 2019. This was an increase from the previous season
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
26%	of HHs in **Mundri West County** reported feeling unsafe while collecting water, in July and August 2019. This was an increase from the previous season
3%	of HHs in **Mundri West County** reported feeling unsafe while collecting water, in November and December 2018

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



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

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

Most commonly reported sources of drinking water (by percentage of households)

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

Overall	Borehole	77%	30 minutes - 1 hour	44%
	River or stream	10%	< 30 minutes	22%
	Unprotected well	8%	1 hour - half a day	22%
	Don't know	2%	> half a day	6%
	Hand dug well	2%	Half a day	3%
Host	Borehole	76%	30 minutes - 1 hour	44%
	River or stream	11%	< 30 minutes	23%
	Unprotected well	9%	1 hour - half a day	20%
	Don't know	2%	> half a day	7%
	Hand dug well	2%	Half a day	3%
IDPs	Borehole	100%	1 hour - half a day	75%
			30 minutes - 1 hour	25%
Returnees				

Mundri West County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

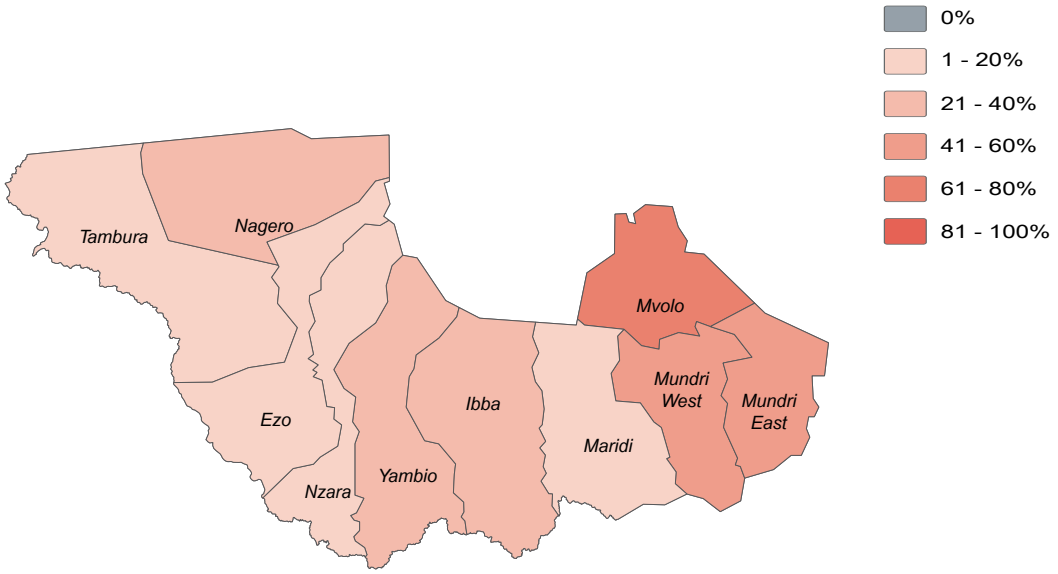
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Sanitation

48%	of **Mundri West County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in July and August 2019. This was an increase from from the previous season
25%	of **Mundri West County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in November and December 2018.
45%	of HHs in **Mundri West County** reported their most common defecation location was a latrine, in July and August 2019. This was an increase from the previous season
21%	of HHs in **Mundri West County** reported their most common defecation location was a latrine, in November and December 2018.

% of HHs reporting no latrine (private, shared, or communal/institutional)[2] present



Most commonly reported defecation location for adults (by percentage of households)

Type of latrines available (by percentage of households)

Overall

In the bush	49%
In the latrine	45%
Dig a hole and cover	4%
No answer	2%

No latrine available	51%
Family latrine	37%
Shared latrine	6%
Communal latrine	5%
I don't know	1%

Host

In the bush	47%
In the latrine	47%
Dig a hole and cover	4%
No answer	2%

No latrine available	49%
Family latrine	38%
Shared latrine	7%
Communal latrine	5%
I don't know	1%

IDPs

In the bush	100%

Returnees

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Mundri West County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

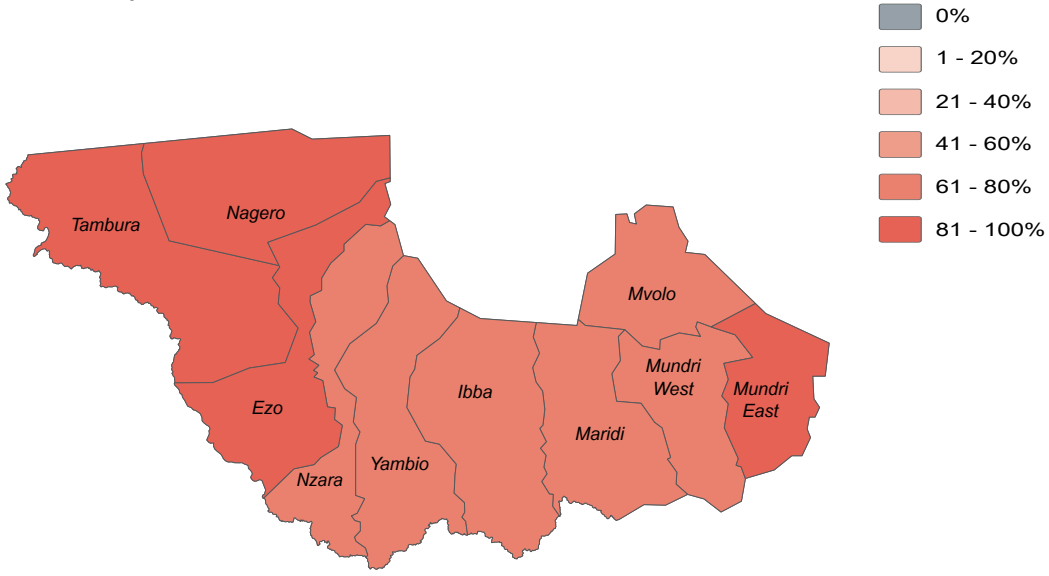
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Health

80%	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 2019. This was an increase from the previous season
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
Malaria	was the most commonly reported water or vector borne disease in July and August 2019 in **Mundri West County**. This was the same as the previous season
Malaria	was the most commonly reported water or vector borne disease in November and December 2018 in **Mundri West County**

% 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)

Overall	Skin infection	42%
	Malaria	34%
	Typhoid	26%
	Stomach pain	25%
	Fever	22%
Host	Skin infection	41%
	Malaria	35%
	Stomach pain	25%
	Typhoid	25%
	Fever	21%
IDPs	Fever	50%
	Flu	50%
	Skin infection	50%
	Typhoid	50%
	Malaria	25%
Returnees		

Most commonly self-reported water or vector borne disease for children under 5 in the two weeks prior to data collection (by percentage of households)[3]

Overall	Skin infection	42%
	Malaria	34%
	Typhoid	26%
	Stomach pain	25%
	Fever	22%
Host	Malaria	69%
	Fever	52%
	AWD	30%
	Flu	29%
	Skin infection	29%
IDPs	Malaria	100%
	Skin infection	100%
	Fever	75%
	Flu	75%
	AWD	25%
Returnees		

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Mundri West County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

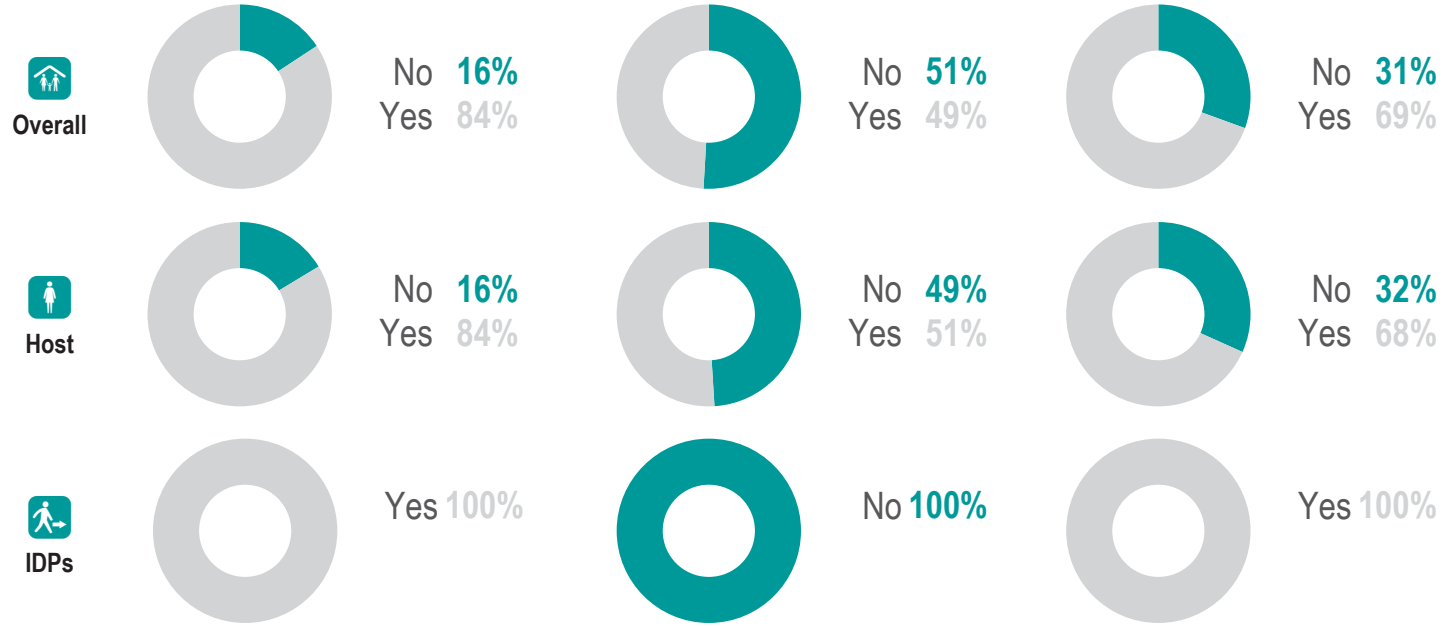
NFI WASH NFIs

23%	of **Mundri West County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap[4], and that every member of the HH slept under a mosquito net in July and August 2019[5]. This was an increase from the previous season
10%	of **Mundri West County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap, and that every member of the HH slept under a mosquito net in November and December 2018.
4	was the average number of jerrycans and/or buckets per HH in **Mundri West County** in July and August 2019. This was an increase from the previous season
3	was the average number of jerrycans and/or buckets per HH in **Mundri West County** in November and December 2018

Ownership of a bucket or a jerrycan with a lid (by percentage of households)

Access to 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 July/August 2019. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. AWD is Acute Watery Diarrhoea.
4. Enumerators asked HHs responding positively to access to soap to produce the soap within a minute.
5. The composite indicator 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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Mvolo County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

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 Water, Sanitation and Hygiene (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 reporting having safe access in under 30 minutes to an improved water source (borehole, tapstand, water yard) as their main source of drinking water; 3. % of HHs reporting having access to a latrine (private, shared, or communal/ institutional); 4. % of HHs reporting having access to key WASH Non-Food Items (NFIs) (soap, mosquito nets, water containers); and 5. % of HHs reporting that one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection.

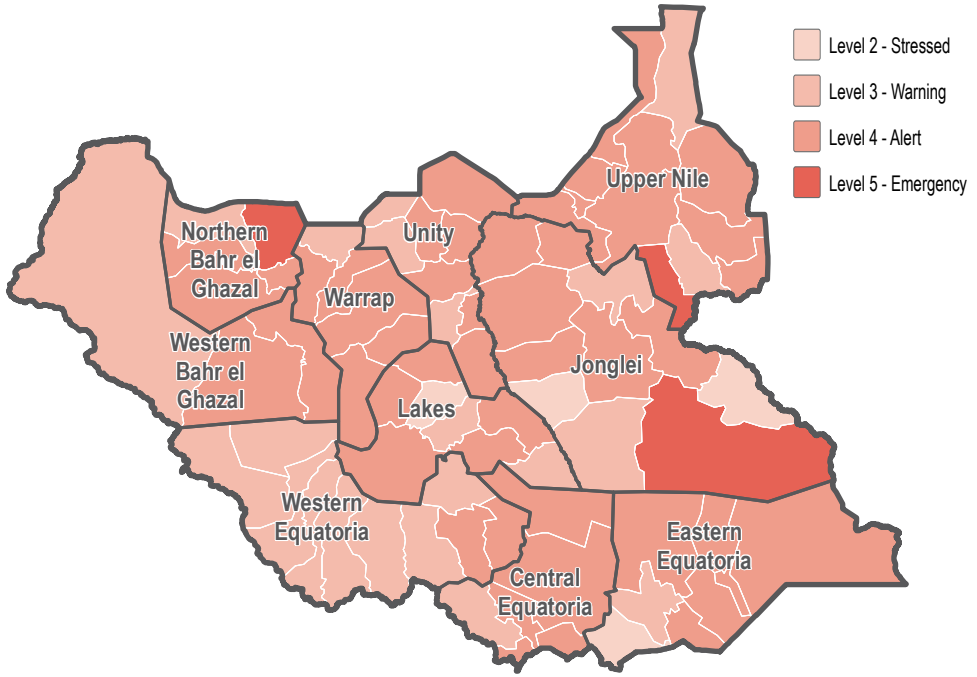
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH Cluster indicators for FSNMS Round 24 (July and August 2019). 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 Rounds 22-24. 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. Findings related to a subset of the population may not be representative and should be considered indicative only.

WASH Needs Severity Map



This WASH composite indicator 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 in under 30min to 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 HHs did not sleep under a mosquito net
- Having one or more HH members affected by self-reported water or vector borne disease in the two weeks prior to data collection

Displacement

Percentage of households by displacement status[1]

Host community	97%
IDP	3%

Percentage of Internally Displaced Person (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

Children under 5	85%
Conflict injuries	59%
Physically disabled	54%
Elderly persons	49%
Female headed	36%

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Mvolo County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

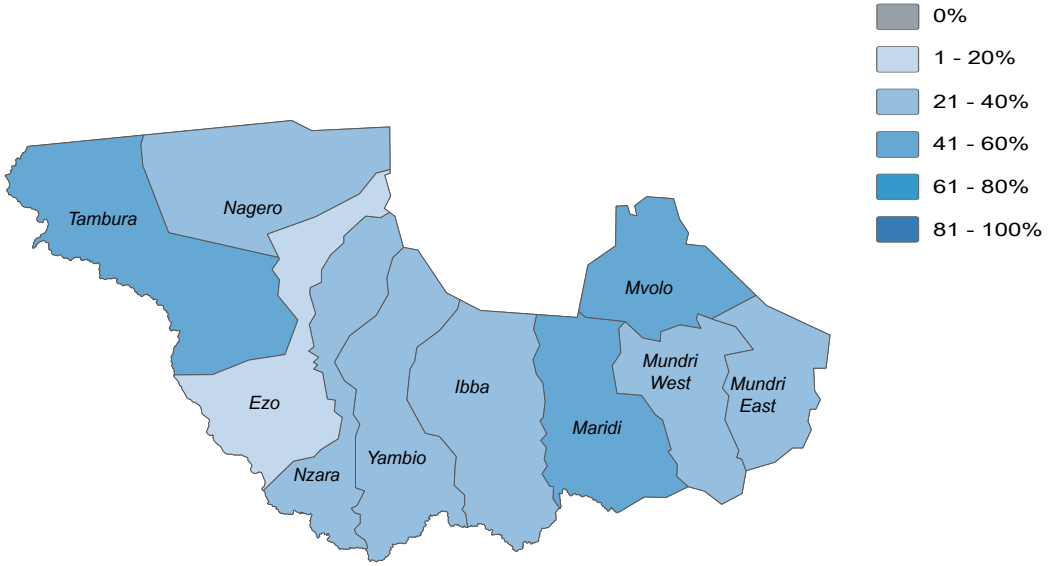
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Water

94%	of **Mvolo County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August 2019. This was an increase from the previous season
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
6%	of HHs in **Mvolo County** reported feeling unsafe while collecting water, in July and August 2019. This was a decrease from the previous season
10%	of HHs in **Mvolo County** reported feeling unsafe while collecting water, in November and December 2018

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



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%	< 30 minutes	57%
River or stream	3%	30 minutes - 1 hour	23%
Unprotected well	2%	1 hour - half a day	14%
Swamp	1%	Half a day	6%

Host

Borehole	94%	< 30 minutes	59%
River or stream	3%	30 minutes - 1 hour	24%
Unprotected well	2%	1 hour - half a day	13%
Swamp	1%	Half a day	4%

IDPs

Borehole	100%	Half a day	67%
		1 hour - half a day	33%

Returnees

This simple water access composite indicator 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

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Mvolo County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

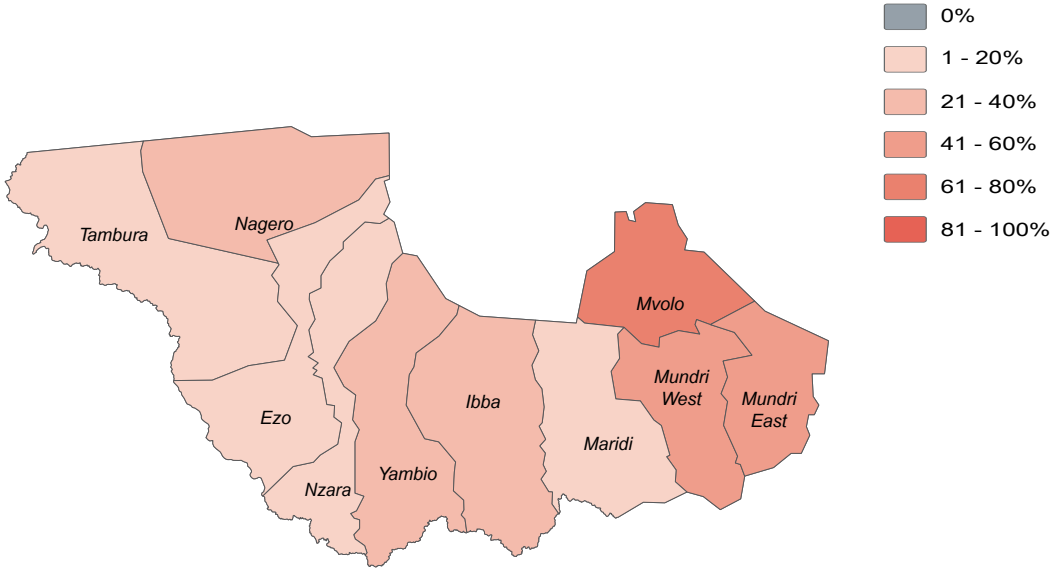
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Sanitation

38%	of **Mvolo County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in July and August 2019. This was an increase from from the previous season
31%	of **Mvolo County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in November and December 2018.
36%	of HHs in **Mvolo County** reported their most common defecation location was a latrine, in July and August 2019. This was an increase from the previous season
27%	of HHs in **Mvolo County** reported their most common defecation location was a latrine, in November and December 2018.

% of HHs reporting no latrine (private, shared, or communal/institutional)[2] present



Most commonly reported defecation location for adults (by percentage of households)

Type of latrines available (by percentage of households)

Overall

In the bush	61%
In the latrine	36%
Dig a hole and cover	2%
In the river	1%

No latrine available	62%
Family latrine	35%
Communal latrine	4%

Host

In the bush	60%
In the latrine	38%
Dig a hole and cover	2%
In the river	1%

No latrine available	61%
Family latrine	36%
Communal latrine	4%

IDPs

In the bush	100%

Returnees

Mvolo County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

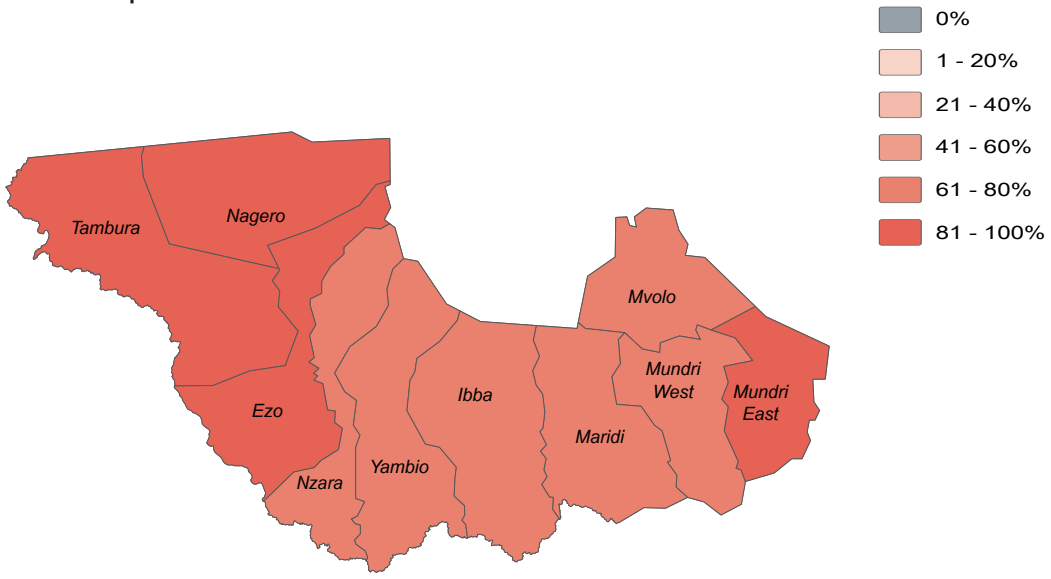
WASH Cluster
Water Sanitation Hygiene

July/August 2019

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 July and August 2019. This was the same as the previous season
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
Malaria	was the most commonly reported water or vector borne disease in July and August 2019 in **Mvolo County**. This was the same as the previous season
Malaria	was the most commonly reported water or vector borne disease in November and December 2018 in **Mvolo County**

% 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)

Overall	Malaria	20%
	Typhoid	19%
	Fever	17%
	Stomach pain	15%
	Flu	11%
Host	Malaria	20%
	Typhoid	18%
	Fever	17%
	Stomach pain	14%
	Flu	12%
IDPs	Stomach pain	33%
	Typhoid	33%
Returnees		

Most commonly self-reported water or vector borne disease for children under 5 in the two weeks prior to data collection (by percentage of households)[3]

Overall	Malaria	20%
	Typhoid	19%
	Fever	17%
	Stomach pain	15%
	Flu	11%
Host	Malaria	57%
	Fever	42%
	Stomach pain	37%
	Flu	13%
	Skin infection	9%
IDPs	Fever	67%
	Malaria	67%
Returnees		

Mvolo County - Water, Sanitation and Hygiene Factsheet

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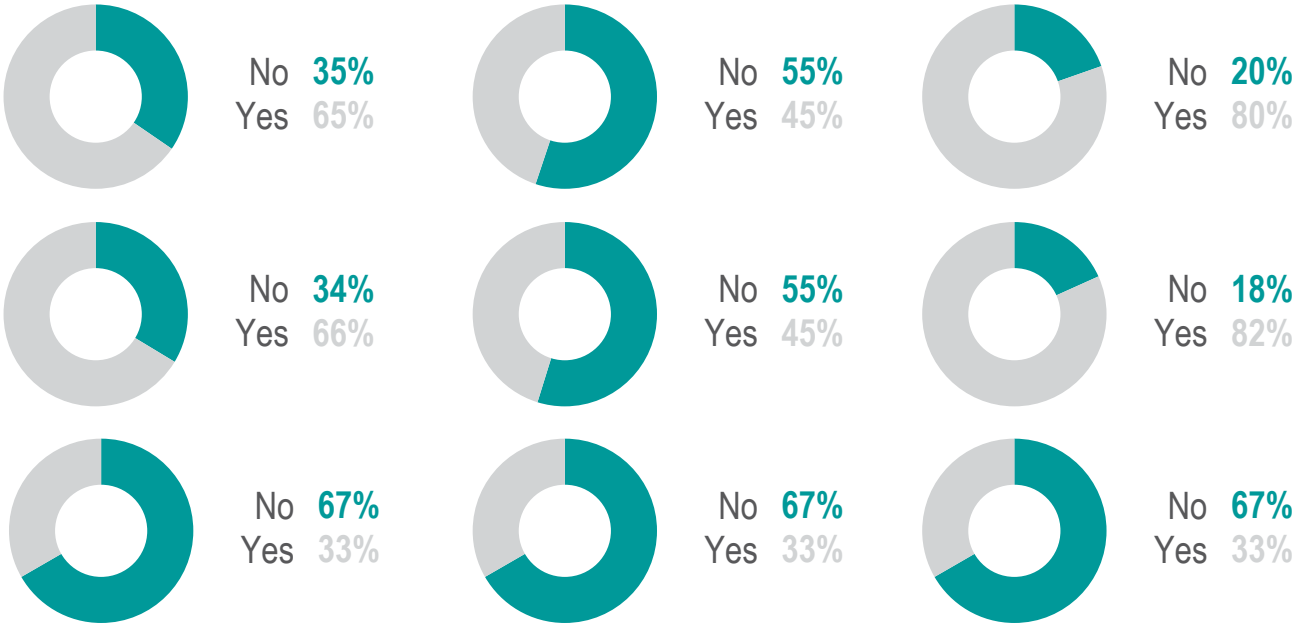
NFI WASH NFIs

13%	of **Mvolo County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap[4], and that every member of the HH slept under a mosquito net in July and August 2019[5]. This was an increase from the previous season
12%	of **Mvolo County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap, and that every member of the HH slept under a mosquito net in November and December 2018.
3	was the average number of jerrycans and/or buckets per HH in **Mvolo County** in July and August 2019. This was the same as the previous season
3	was the average number of jerrycans and/or buckets per HH in **Mvolo County** in November and December 2018

Ownership of a bucket or a jerrycan with a lid (by percentage of households)



Access to 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 July/August 2019. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. AWD is Acute Watery Diarrhoea.
4. Enumerators asked HHs responding positively to access to soap to produce the soap within a minute.
5. The composite indicator was created by averaging the 'yes' responses of HHs reporting on the following indicators, with all considered to have the same weight: access to soap, access to jerrycans/buckets with lids, everyone in the HH slept under a mosquito net.

About REACH

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Nagero County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

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 Water, Sanitation and Hygiene (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 reporting having safe access in under 30 minutes to an improved water source (borehole, tapstand, water yard) as their main source of drinking water; 3. % of HHs reporting having access to a latrine (private, shared, or communal/ institutional); 4. % of HHs reporting having access to key WASH Non-Food Items (NFIs) (soap, mosquito nets, water containers); and 5. % of HHs reporting that one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection.

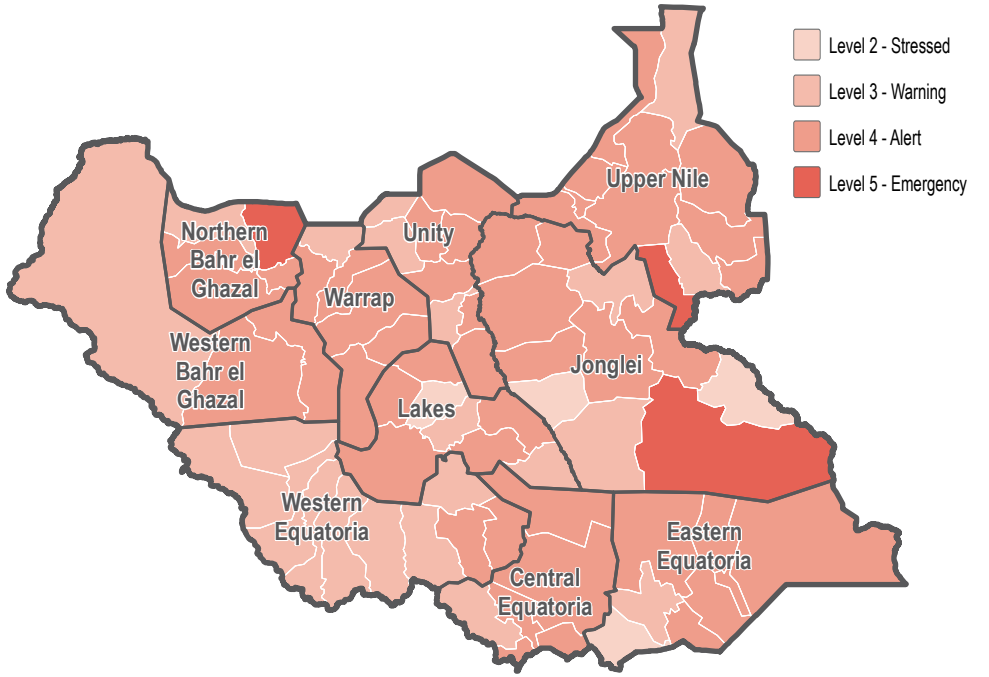
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH Cluster indicators for FSNMS Round 24 (July and August 2019). 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 Rounds 22-24. 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. Findings related to a subset of the population may not be representative and should be considered indicative only.

WASH Needs Severity Map



This WASH composite indicator 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 in under 30min to 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 HHs did not sleep under a mosquito net
- Having one or more HH 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]

Returnee	74%
IDP	15%
Host community	10%
Refugee	1%

Percentage of Internally Displaced Person (IDP) households by time arrived in their current location

Between 2-3 years	50%
In the last one year	38%
Around 5 years	13%

Percentage of returnee households by time arrived in their current location

In the last one year	95%
Between 2-3 years	4%
More than 5 years	1%

Most commonly reported vulnerability, by percentage of households

Children under 5	56%
Elderly persons	39%
Female headed	36%
Conflict injuries	35%
Adopted children	19%

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Nagero County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

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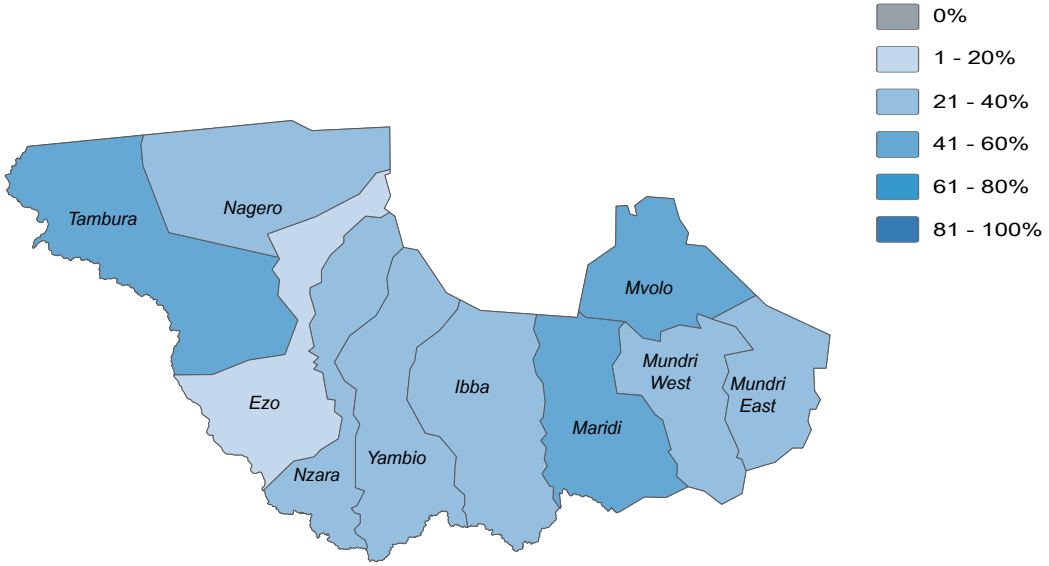
Water

58%	of **Nagero County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August 2019. This was a decrease from the previous season
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
28%	of HHs in **Nagero County** reported feeling unsafe while collecting water, in July and August 2019. This was an increase from the previous season
14%	of HHs in **Nagero County** reported feeling unsafe while collecting water, in November and December 2018

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



This simple water access composite indicator 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	58%	30 minutes - 1 hour	45%
	River or stream	30%	< 30 minutes	37%
	Swamp	11%	1 hour - half a day	16%
	Unprotected well	1%	Half a day	2%
Host	Borehole	64%	< 30 minutes	45%
	River or stream	27%	1 hour - half a day	27%
	Swamp	9%	30 minutes - 1 hour	27%
IDPs	River or stream	69%	30 minutes - 1 hour	38%
	Swamp	31%	1 hour - half a day	31%
			< 30 minutes	25%
			Half a day	6%
Returnees	Borehole	69%	30 minutes - 1 hour	49%
	River or stream	23%	< 30 minutes	39%
	Swamp	8%	1 hour - half a day	11%
	Unprotected well	1%	Half a day	1%

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Nagero County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

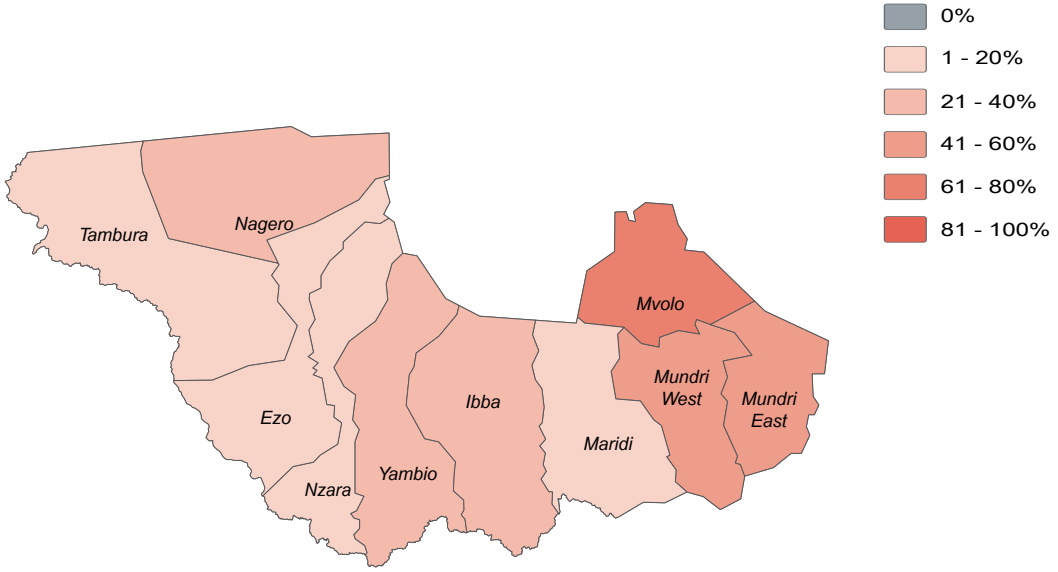
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Sanitation

71%	of **Nagero County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in July and August 2019. This was a decrease from from the previous season
93%	of **Nagero County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in November and December 2018.
68%	of HHs in **Nagero County** reported their most common defecation location was a latrine, in July and August 2019. This was a decrease from the previous season
89%	of HHs in **Nagero County** reported their most common defecation location was a latrine, in November and December 2018.

% of HHs reporting no latrine (private, shared, or communal/institutional)[2] present



Most commonly reported defecation location for adults (by percentage of households)

Type of latrines available (by percentage of households)

Overall

In the latrine	68%
In the bush	32%

Family latrine	63%
No latrine available	29%
Shared latrine	8%

Host

In the latrine	100%

Family latrine	100%

IDPs

In the bush	69%
In the latrine	31%

Returnees

In the latrine	70%
In the bush	30%

Family latrine	63%
No latrine available	26%
Shared latrine	11%

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Nagero County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

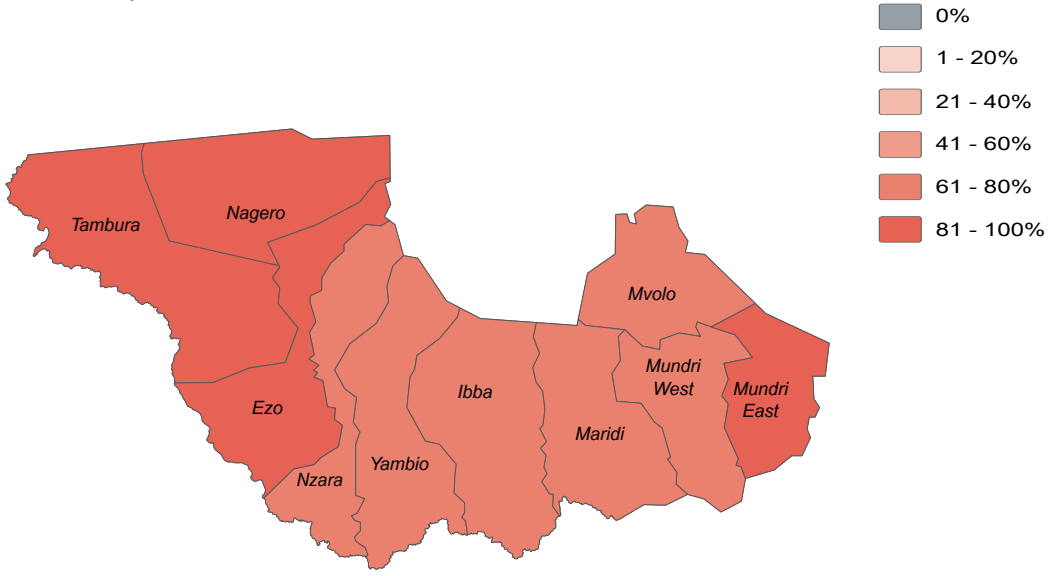
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Health

83%	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 2019. This was an increase from the previous season
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
Malaria	was the most commonly reported water or vector borne disease in July and August 2019 in **Nagero County**. This was the same as the previous season
Malaria	was the most commonly reported water or vector borne disease in November and December 2018 in **Nagero County**

% 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)

Overall	Malaria	26%
	Stomach pain	18%
	Typhoid	10%
	Fever	5%
	AWD	4%
Host	Typhoid	36%
	Malaria	27%
	Stomach pain	18%
	Eye infection	9%
	Skin infection	9%
IDPs	Malaria	50%
	Stomach pain	19%
	AWD	13%
	Flu	13%
	Cholera	6%
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)[3]

Overall	Malaria	26%
	Stomach pain	18%
	Typhoid	10%
	Fever	5%
	AWD	4%
Host	Malaria	64%
	Fever	36%
	AWD	9%
	Flu	9%
	Stomach pain	9%
IDPs	Malaria	94%
	Fever	69%
	AWD	56%
	Stomach pain	25%
	Flu	19%
Returnees	Malaria	51%
	Fever	21%
	AWD	20%
	Stomach pain	4%
	Don't know	3%

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Nagero County - Water, Sanitation and Hygiene Factsheet

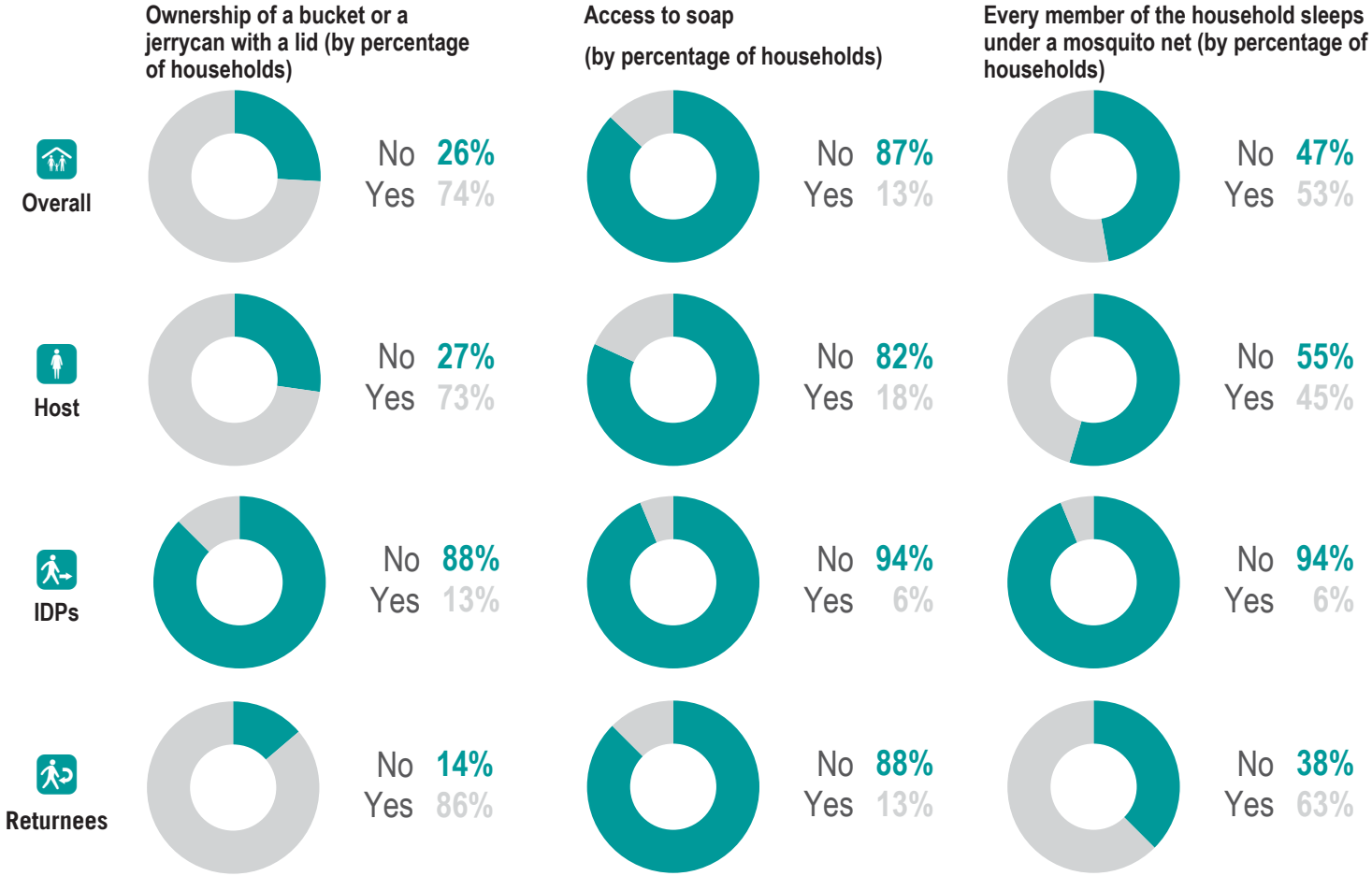
Western Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

NFI WASH NFIs

6%	of **Nagero County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap[4], and that every member of the HH slept under a mosquito net in July and August 2019[5]. This was an increase from the previous season
4%	of **Nagero County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap, and that every member of the HH slept under a mosquito net in November and December 2018.
3	was the average number of jerrycans and/or buckets per HH in **Nagero County** in July and August 2019. This was an increase from the previous season
1	was the average number of jerrycans and/or buckets per HH in **Nagero County** in November and December 2018



Endnotes

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Nzara County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

Overview and Methodology

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These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH Cluster indicators for FSNMS Round 24 (July and August 2019). 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 Rounds 22-24. 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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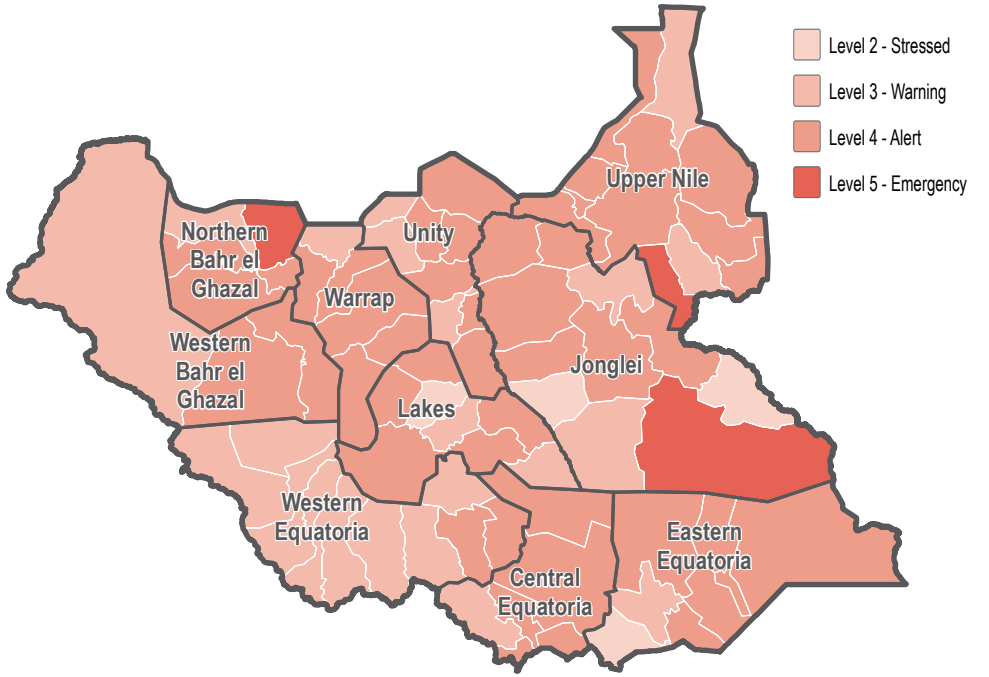
WASH Needs Severity Map



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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 HHs did not sleep under a mosquito net
- Having one or more HH members affected by self-reported water or vector borne disease in the two weeks prior to data collection

Displacement

Percentage of households by displacement status[1]

Host community	96%
Returnee	2%
IDP	2%

Percentage of Internally Displaced Person (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

Children under 5	59%
Conflict injuries	58%
Female headed	46%
Elderly persons	44%
Chronically ill	33%

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Nzara County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

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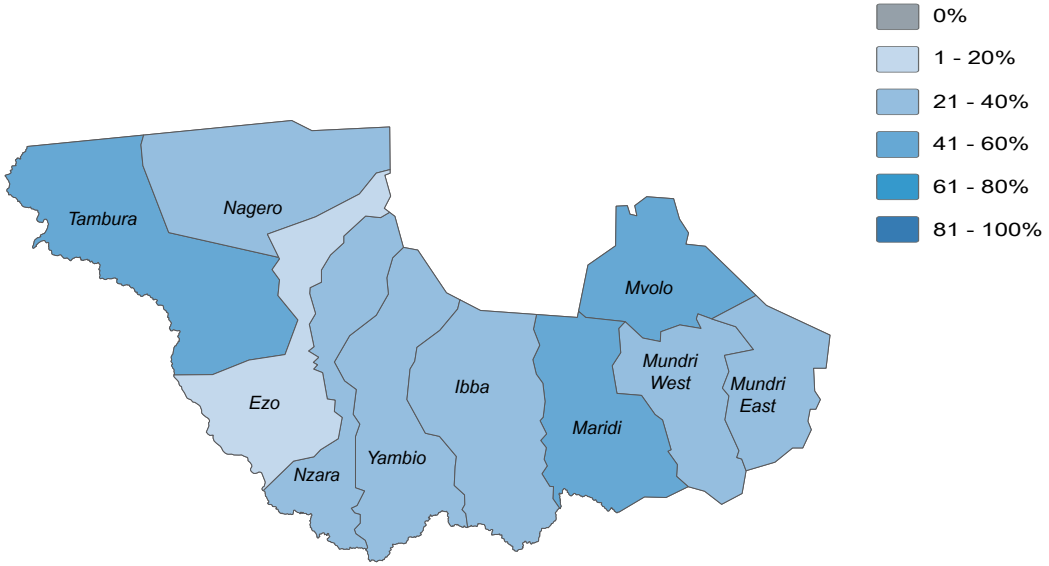
Water

45%	of **Nzara County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August 2019. This was a decrease from the previous season
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
51%	of HHs in **Nzara County** reported feeling unsafe while collecting water, in July and August 2019. This was an increase from the previous season
20%	of HHs in **Nzara County** reported feeling unsafe while collecting water, in November and December 2018

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



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

Most commonly reported sources of drinking water (by percentage of households)

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

Overall	Borehole	44%	< 30 minutes	47%
	Unprotected well	28%	30 minutes - 1 hour	33%
	Hand dug well	20%	1 hour - half a day	15%
	River or stream	7%	I don't know	4%
	Don't know	1%	> half a day	2%
Host	Borehole	46%	< 30 minutes	47%
	Unprotected well	25%	30 minutes - 1 hour	33%
	Hand dug well	20%	1 hour - half a day	14%
	River or stream	6%	I don't know	4%
	Don't know	1%	> half a day	2%
IDPs	River or stream	50%	< 30 minutes	50%
	Unprotected well	50%	1 hour - half a day	50%
Returnees	Unprotected well	100%	< 30 minutes	33%
			1 hour - half a day	33%
			30 minutes - 1 hour	33%

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Nzara County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

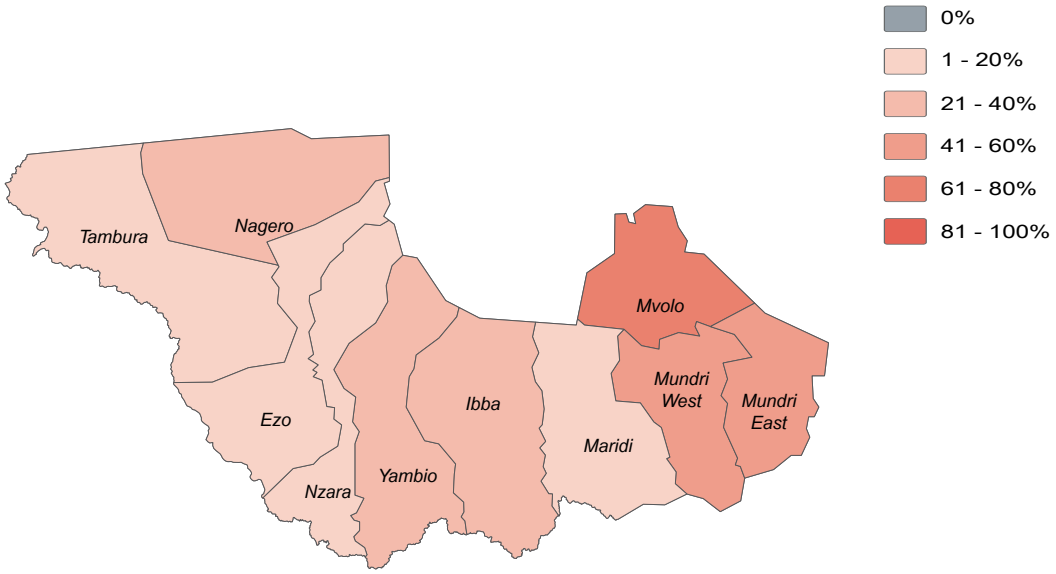
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Sanitation

93%	of **Nzara County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in July and August 2019. This was a decrease from from the previous season
98%	of **Nzara County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in November and December 2018.
90%	of HHs in **Nzara County** reported their most common defecation location was a latrine, in July and August 2019. This was the same as the previous season
90%	of HHs in **Nzara County** reported their most common defecation location was a latrine, in November and December 2018.

% of HHs reporting no latrine (private, shared, or communal/institutional)[2] present



Most commonly reported defecation location for adults (by percentage of households)

Type of latrines available (by percentage of households)

Overall

In the latrine	90%
Dig a hole and cover	4%
In the bush	3%
No answer	2%

Family latrine	88%
No latrine available	7%
Shared latrine	4%
Communal latrine	1%
I don't know	1%

Host

In the latrine	90%
Dig a hole and cover	4%
In the bush	3%
No answer	3%

Family latrine	87%
No latrine available	7%
Shared latrine	4%
Communal latrine	1%
I don't know	1%

IDPs

In the latrine	100%

Returnees

In the latrine	100%

Family latrine	100%

Nzara County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

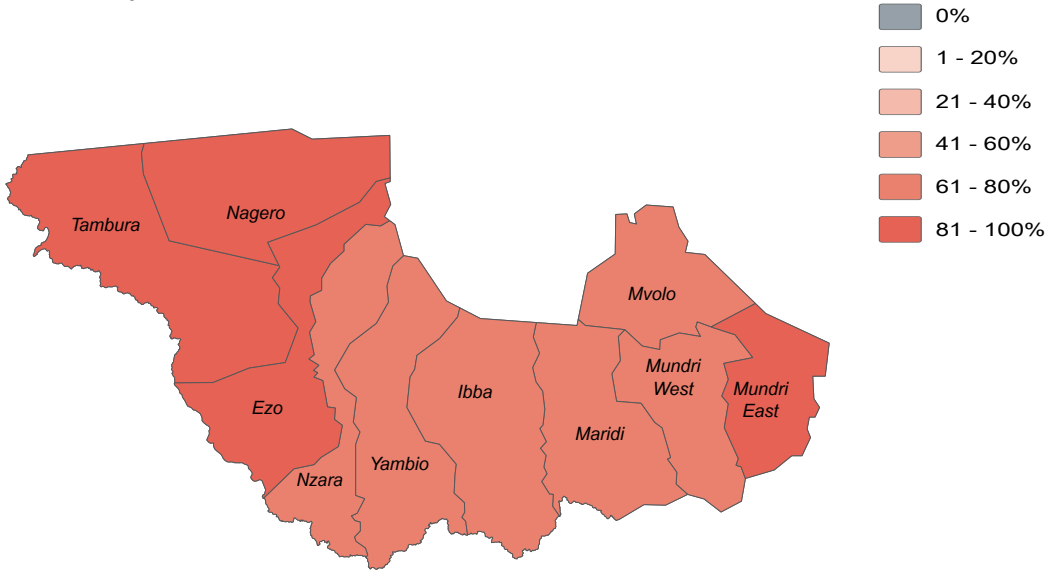
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Health

72%	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 2019. This was an increase from the previous season
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
Malaria	was the most commonly reported water or vector borne disease in July and August 2019 in **Nzara County**. This was the same as the previous season
Malaria	was the most commonly reported water or vector borne disease in November and December 2018 in **Nzara County**

% 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)

Overall	Malaria	31%
	Typhoid	21%
	Skin infection	18%
	AWD	16%
	Fever	16%
Host	Malaria	31%
	Typhoid	20%
	Skin infection	18%
	Fever	17%
	AWD	15%
IDPs	AWD	50%
	Malaria	50%
	Skin infection	50%
	Typhoid	50%
Returnees		

Most commonly self-reported water or vector borne disease for children under 5 in the two weeks prior to data collection (by percentage of households)[3]

Malaria	31%
Typhoid	21%
Skin infection	18%
AWD	16%
Fever	16%
Malaria	46%
AWD	28%
Fever	25%
Skin infection	20%
Stomach pain	14%
AWD	50%
Fever	50%
Malaria	50%
Others	50%
AWD	67%
Malaria	67%
Fever	33%
Stomach pain	33%

Nzara County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

NFI WASH NFIs

8%	of **Nzara County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap[4], and that every member of the HH slept under a mosquito net in July and August 2019[5]. This was a decrease from the previous season
23%	of **Nzara County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap, and that every member of the HH slept under a mosquito net in November and December 2018.
4	was the average number of jerrycans and/or buckets per HH in **Nzara County** in July and August 2019. This was an increase from the previous season
3	was the average number of jerrycans and/or buckets per HH in **Nzara County** in November and December 2018

	Ownership of a bucket or a jerrycan with a lid (by percentage of households)	Access to soap (by percentage of households)	Every member of the household sleeps under a mosquito net (by percentage of households)
Overall	No 2% Yes 98%	 No 53% Yes 47%	 No 41% Yes 59%
Host	No 2% Yes 98%	 No 53% Yes 47%	 No 41% Yes 59%
IDPs	Yes 100%	 No 100%	 No 100%
Returnees	Yes 100%	 No 33% Yes 67%	Yes 100%

Endnotes

1. This data is as of July/August 2019. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. AWD is Acute Watery Diarrhoea.
4. Enumerators asked HHs responding positively to access to soap to produce the soap within a minute.
5. The composite indicator 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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Tambura County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

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 Water, Sanitation and Hygiene (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 reporting having safe access in under 30 minutes to an improved water source (borehole, tapstand, water yard) as their main source of drinking water; 3. % of HHs reporting having access to a latrine (private, shared, or communal/ institutional); 4. % of HHs reporting having access to key WASH Non-Food Items (NFIs) (soap, mosquito nets, water containers); and 5. % of HHs reporting that one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection.

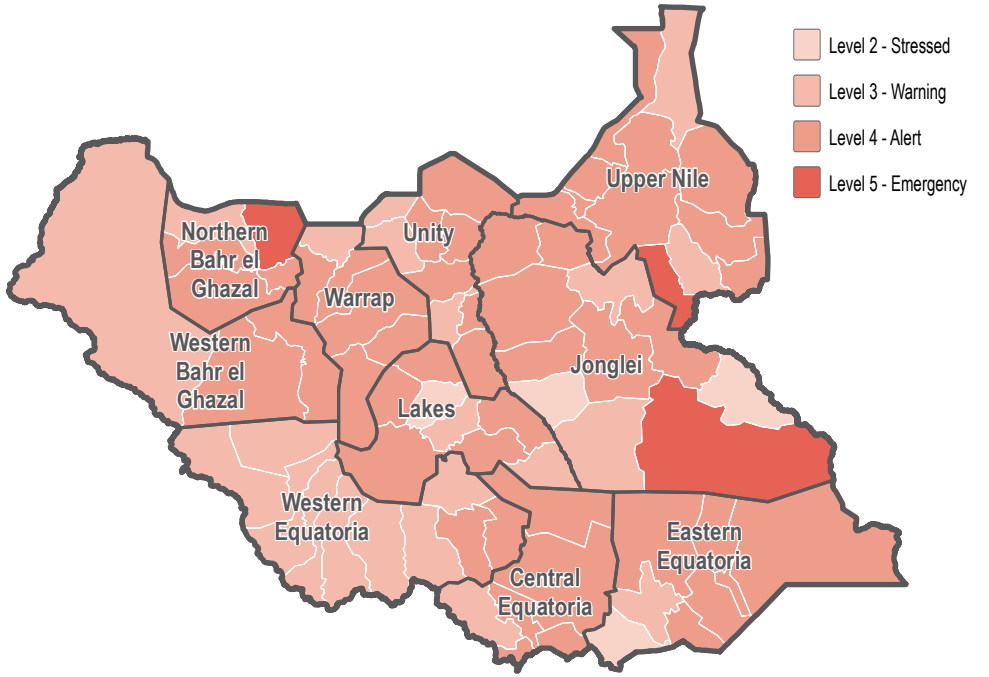
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH Cluster indicators for FSNMS Round 24 (July and August 2019). 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 Rounds 22-24. 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. Findings related to a subset of the population may not be representative and should be considered indicative only.

WASH Needs Severity Map



This WASH composite indicator 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 in under 30min to 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 HHs did not sleep under a mosquito net
- Having one or more HH members affected by self-reported water or vector borne disease in the two weeks prior to data collection

Displacement

Percentage of households by displacement status[1]

Host community	98%
Returnee	2%

Percentage of Internally Displaced Person (IDP) households by time arrived in their current location

Percentage of returnee households by time arrived in their current location

In the last one year	100%

Most commonly reported vulnerability, by percentage of households

Children under 5	55%
Elderly persons	33%
Conflict injuries	26%
Female headed	23%
Adopted children	17%

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Tambura County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

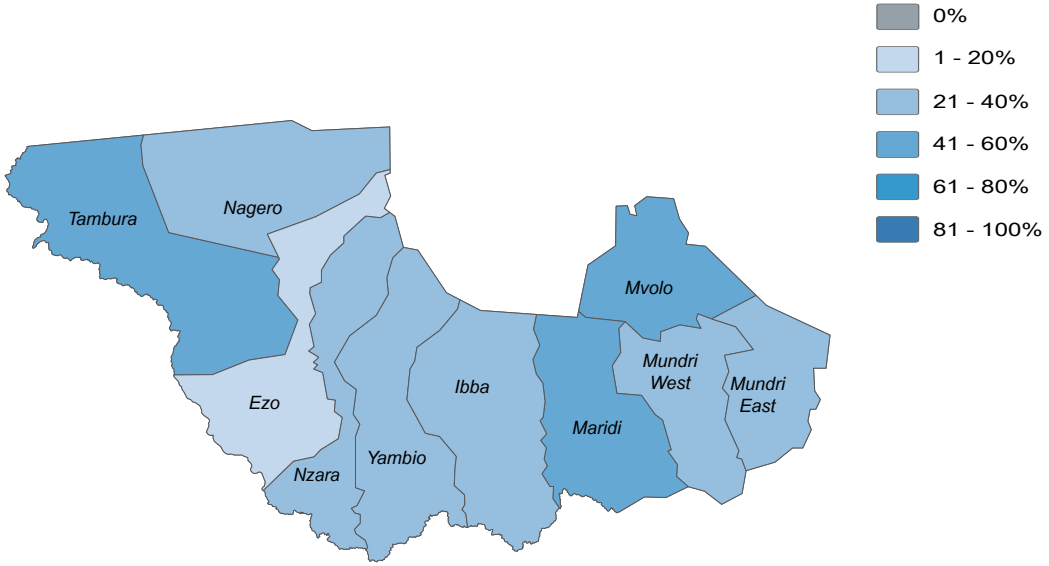
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Water

58%	of **Tambura County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August 2019. This was an increase from the previous season
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
9%	of HHs in **Tambura County** reported feeling unsafe while collecting water, in July and August 2019. This was a decrease from the previous season
31%	of HHs in **Tambura County** reported feeling unsafe while collecting water, in November and December 2018

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



This simple water access composite indicator 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	52%	< 30 minutes	63%
River or stream	42%	30 minutes - 1 hour	33%
Tap stand	6%	1 hour - half a day	3%
Hand dug well	1%		

Host

Borehole	51%	< 30 minutes	64%
River or stream	42%	30 minutes - 1 hour	33%
Tap stand	6%	1 hour - half a day	3%
Hand dug well	1%		

IDPs

Returnees

Borehole	100%	< 30 minutes	50%
		30 minutes - 1 hour	50%

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Tambura County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

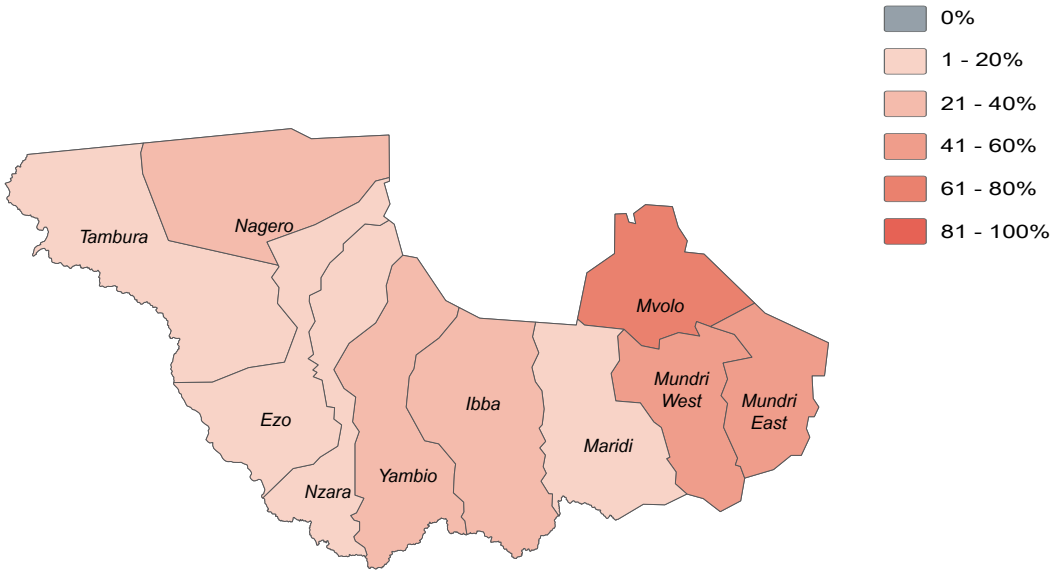
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Sanitation

97%	of **Tambura County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in July and August 2019. This was an increase from from the previous season
90%	of **Tambura County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in November and December 2018.
97%	of HHs in **Tambura County** reported their most common defecation location was a latrine, in July and August 2019. This was an increase from the previous season
89%	of HHs in **Tambura County** reported their most common defecation location was a latrine, in November and December 2018.

% of HHs reporting no latrine (private, shared, or communal/institutional)[2] present



	Most commonly reported defecation location for adults (by percentage of households)		Type of latrines available (by percentage of households)	
Overall	In the latrine	97%	Family latrine	93%
	In the bush	3%	No latrine available	3%
			Shared latrine	3%
Host	In the latrine	97%	Family latrine	93%
	In the bush	3%	No latrine available	3%
			Shared latrine	3%
IDPs				
Returnees	In the latrine	100%	Family latrine	100%

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Tambura County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

Health

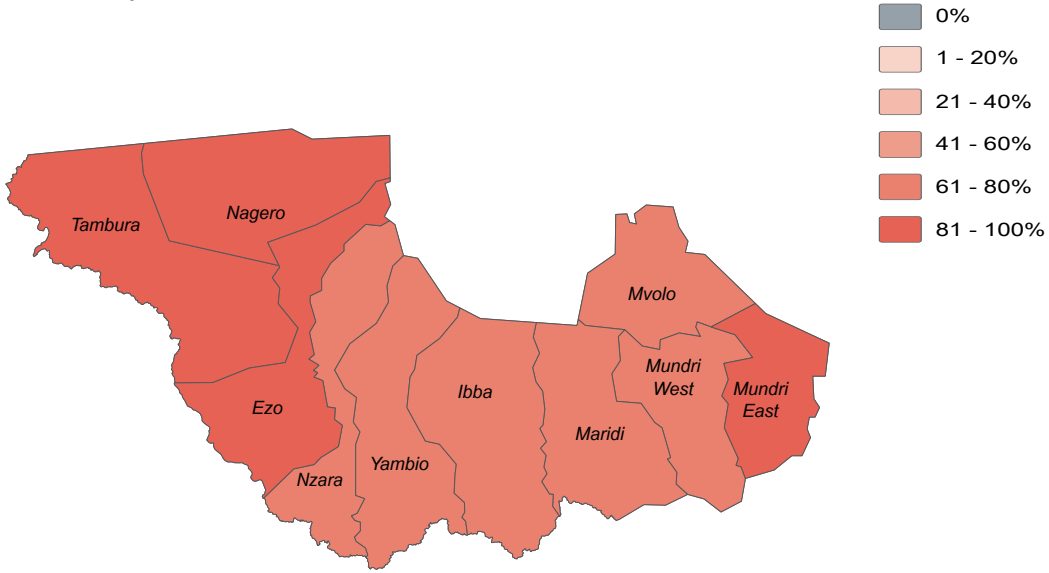
85% of **Tambura County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August 2019. This was an increase from the previous season

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

Malaria was the most commonly reported water or vector borne disease in July and August 2019 in **Tambura County**. This was the same as the previous season

Malaria was the most commonly reported water or vector borne disease in November and December 2018 in **Tambura County**

% 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)

Overall	Malaria	20%
	Stomach pain	8%
	AWD	7%
	Fever	7%
	Typhoid	5%
Host	Malaria	19%
	Stomach pain	8%
	AWD	7%
	Fever	7%
	Typhoid	5%
IDPs		
Returnees		

Most commonly self-reported water or vector borne disease for children under 5 in the two weeks prior to data collection (by percentage of households)[3]

Overall	Malaria	20%
	Stomach pain	8%
	AWD	7%
	Fever	7%
	Typhoid	5%
Host	Malaria	42%
	AWD	24%
	Flu	18%
	Fever	17%
	Others	5%
IDPs		
Returnees	AWD	50%
	Fever	50%
	Flu	50%
	Malaria	50%

Tambura County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

NFI WASH NFIs

23%	of **Tambura County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap[4], and that every member of the HH slept under a mosquito net in July and August 2019[5]. This was a decrease from the previous season
28%	of **Tambura County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap, and that every member of the HH slept under a mosquito net in November and December 2018.
3	was the average number of jerrycans and/or buckets per HH in **Tambura County** in July and August 2019. This was the same as the previous season
3	was the average number of jerrycans and/or buckets per HH in **Tambura County** in November and December 2018

	Ownership of a bucket or a jerrycan with a lid (by percentage of households)		Access to soap (by percentage of households)		Every member of the household sleeps under a mosquito net (by percentage of households)	
Overall		No 8% Yes 93%		No 61% Yes 39%		No 17% Yes 83%
Host		No 7% Yes 93%		No 61% Yes 39%		No 16% Yes 84%
IDPs						
Returnees		No 50% Yes 50%		No 50% Yes 50%		No 50% Yes 50%

Endnotes

1. This data is as of July/August 2019. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. AWD is Acute Watery Diarrhoea.
4. Enumerators asked HHs responding positively to access to soap to produce the soap within a minute.
5. The composite indicator was created by averaging the 'yes' responses of HHs reporting on the following indicators, with all considered to have the same weight: access to soap, access to jerrycans/buckets with lids, everyone in the HH slept under a mosquito net.

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Yambio County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2019

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 Water, Sanitation and Hygiene (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 reporting having safe access in under 30 minutes to an improved water source (borehole, tapstand, water yard) as their main source of drinking water; 3. % of HHs reporting having access to a latrine (private, shared, or communal/ institutional); 4. % of HHs reporting having access to key WASH Non-Food Items (NFIs) (soap, mosquito nets, water containers); and 5. % of HHs reporting 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 24 (July and August 2019). 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 Rounds 22-24. 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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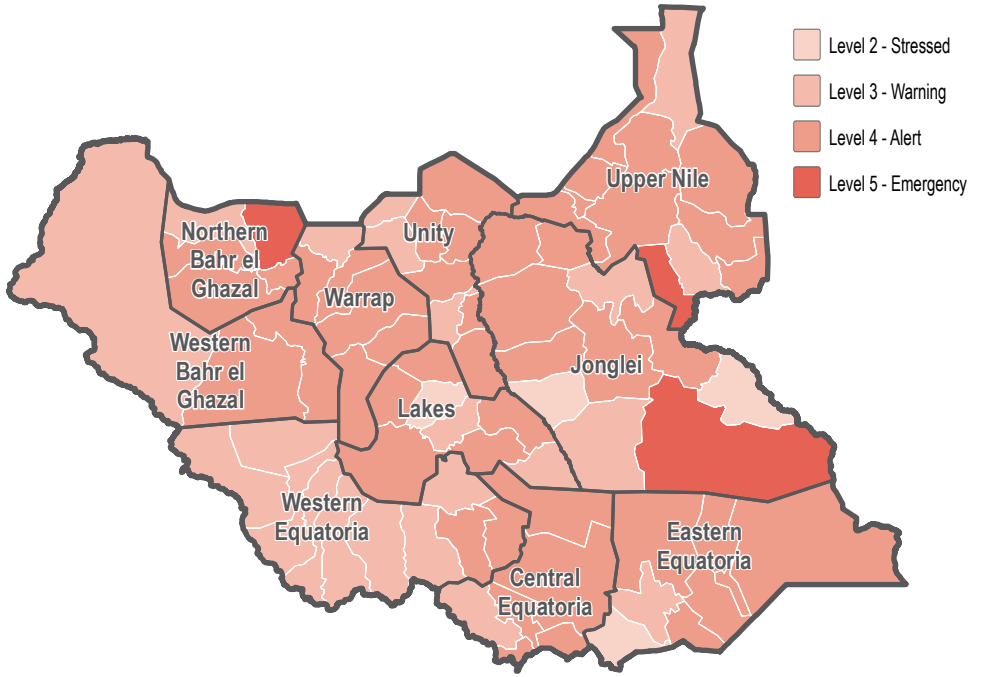
WASH Needs Severity Map



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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 HHs did not sleep under a mosquito net
- Having one or more HH 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	85%
Returnee	11%
IDP	4%

Percentage of Internally Displaced Person (IDP) households by time arrived in their current location

Between 2-3 years	60%
Around 5 years	20%
In the last one year	20%

Percentage of returnee households by time arrived in their current location

In the last one year	77%
Between 2-3 years	23%

Most commonly reported vulnerability, by percentage of households

Children under 5	67%
Elderly persons	42%
Female headed	32%
Conflict injuries	22%
Physically disabled	11%

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Yambio County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

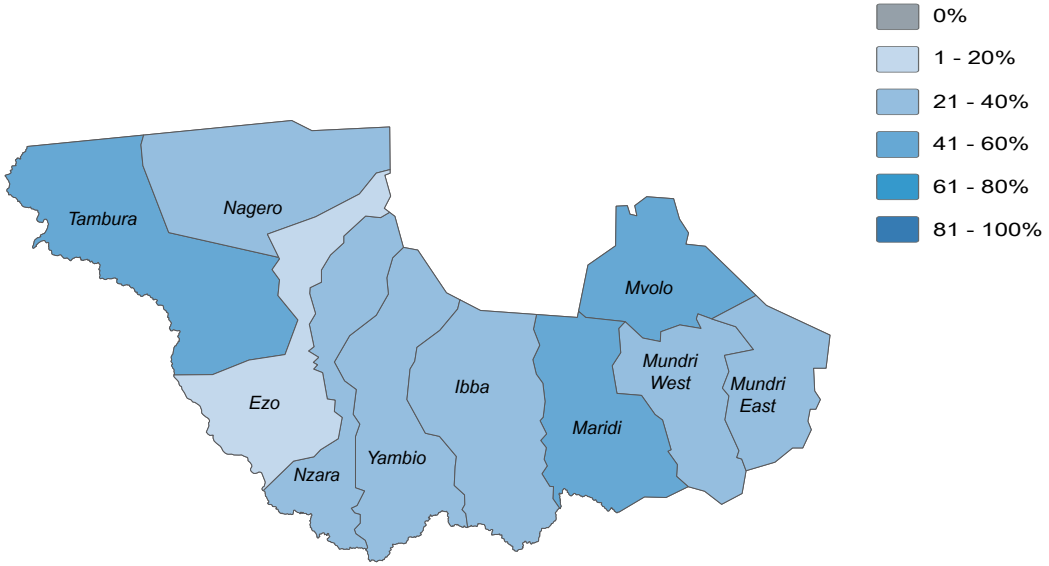
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Water

64%	of **Yambio County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August 2019. This was an increase from the previous season
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
38%	of HHs in **Yambio County** reported feeling unsafe while collecting water, in July and August 2019. This was an increase from the previous season
19%	of HHs in **Yambio County** reported feeling unsafe while collecting water, in November and December 2018

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



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

	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	55%	30 minutes - 1 hour	57%
	River or stream	18%	< 30 minutes	31%
	Swamp	10%	1 hour - half a day	8%
	Tap stand	9%	> half a day	3%
	Unprotected well	6%	Half a day	2%
Host	Borehole	54%	30 minutes - 1 hour	56%
	River or stream	19%	< 30 minutes	29%
	Tap stand	10%	1 hour - half a day	10%
	Swamp	9%	> half a day	3%
	Unprotected well	6%	Half a day	2%
IDPs	Borehole	100%	< 30 minutes	100%
Returnees	Borehole	46%	30 minutes - 1 hour	85%
	Swamp	23%	< 30 minutes	15%
	River or stream	15%		
	Tap stand	8%		
	Unprotected well	8%		

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Yambio County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

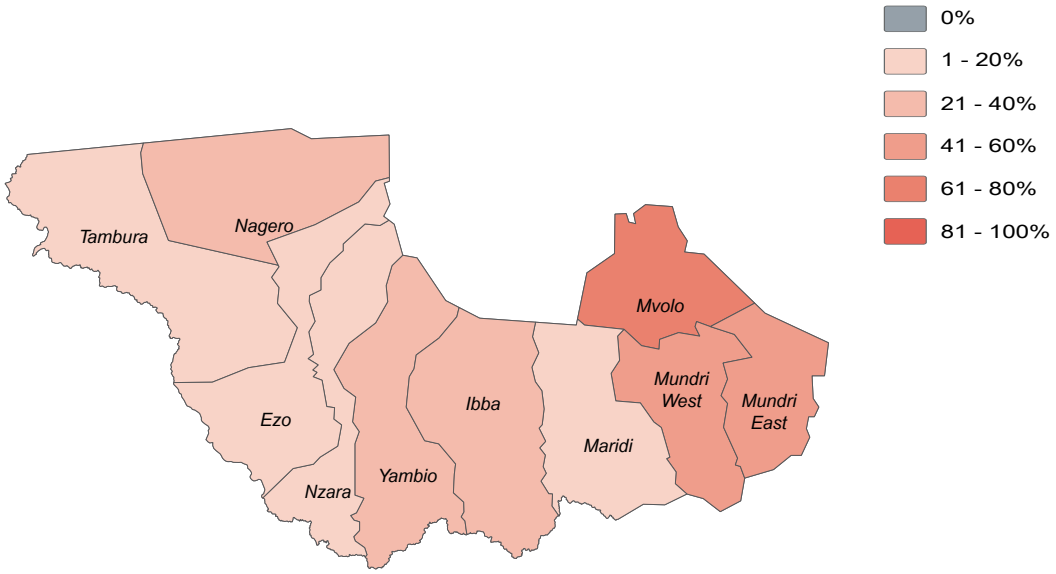
WASH Cluster
Water Sanitation Hygiene

July/August 2019

Sanitation

75%	of **Yambio County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in July and August 2019. This was a decrease from from the previous season
100%	of **Yambio County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in November and December 2018.
98%	of HHs in **Yambio County** reported their most common defecation location was a latrine, in July and August 2019. This was a decrease from the previous season
99%	of HHs in **Yambio County** reported their most common defecation location was a latrine, in November and December 2018.

% of HHs reporting no latrine (private, shared, or communal/institutional)[2] present



Most commonly reported defecation location for adults (by percentage of households)

Type of latrines available (by percentage of households)

Overall

In the latrine	98%
Dig a hole and cover	1%
In the bush	1%

Family latrine	65%
No latrine available	25%
Communal latrine	5%
Shared latrine	4%

Host

In the latrine	98%
Dig a hole and cover	1%
In the bush	1%

Family latrine	63%
No latrine available	28%
Communal latrine	6%
Shared latrine	3%

IDPs

In the latrine	100%

Returnees

In the latrine	100%

Family latrine	77%
No latrine available	15%
Shared latrine	8%

Yambio County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

WASH Cluster
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Health

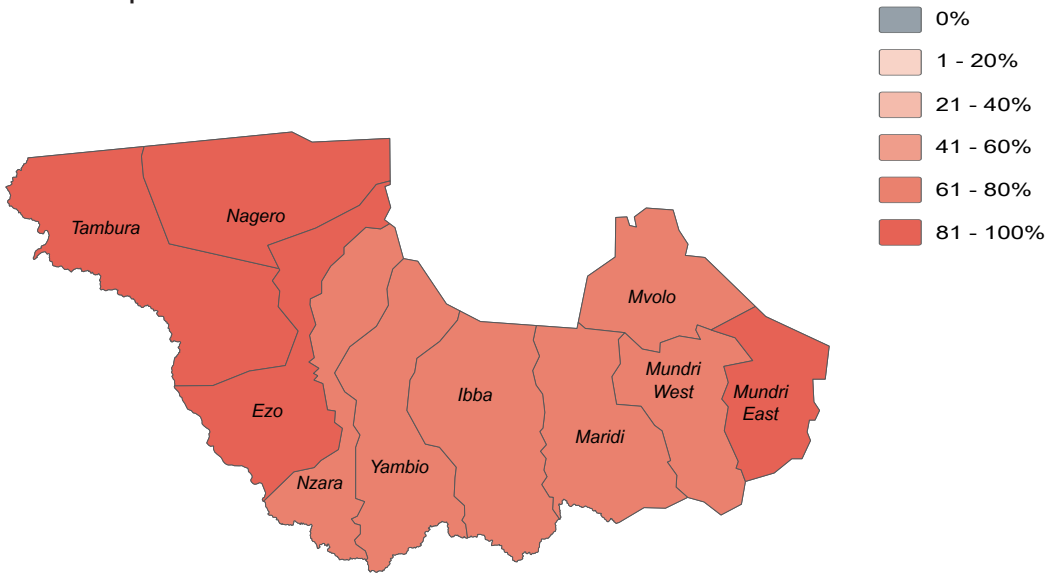
77% of **Yambio County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August 2019. This was a decrease from the previous season

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

Malaria was the most commonly reported water or vector borne disease in July and August 2019 in **Yambio County**. This was the same as the previous season

Malaria was the most commonly reported water or vector borne disease in November and December 2018 in **Yambio County**

% 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)

Overall	Typhoid	25%
	Malaria	22%
	Stomach pain	15%
	Fever	8%
	Flu	8%
Host	Malaria	24%
	Typhoid	22%
	Stomach pain	11%
	Fever	7%
	Flu	6%
IDPs	AWD	40%
	Typhoid	40%
	Fever	20%
	Flu	20%
	Malaria	20%
Returnees		

Most commonly self-reported water or vector borne disease for children under 5 in the two weeks prior to data collection (by percentage of households)[3]

Typhoid	25%
Malaria	22%
Stomach pain	15%
Fever	8%
Flu	8%
Malaria	29%
Fever	18%
AWD	11%
Flu	9%
Stomach pain	6%
AWD	60%
Eye infection	20%
Fever	20%
Flu	20%
Malaria	46%
Flu	38%
Fever	31%
Skin infection	23%
AWD	8%

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NFI WASH NFIs

8%	of **Yambio County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap[4], and that every member of the HH slept under a mosquito net in July and August 2019[5]. This was a decrease from the previous season
40%	of **Yambio County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap, and that every member of the HH slept under a mosquito net in November and December 2018.
3	was the average number of jerrycans and/or buckets per HH in **Yambio County** in July and August 2019. This was the same as the previous season
3	was the average number of jerrycans and/or buckets per HH in **Yambio County** in November and December 2018

	Ownership of a bucket or a jerrycan with a lid (by percentage of households)	Access to 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 64% Yes 36%	 No 15% Yes 85%
Host	 No 4% Yes 96%	 No 64% Yes 36%	 No 15% Yes 85%
IDPs	Yes 100%	 No 20% Yes 80%	 No 20% Yes 80%
Returnees	 No 8% Yes 92%	 No 85% Yes 15%	 No 15% Yes 85%

Endnotes

1. This data is as of July/August 2019. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. AWD is Acute Watery Diarrhoea.
4. Enumerators asked HHs responding positively to access to soap to produce the soap within a minute.
5. The composite indicator was created by averaging the 'yes' responses of HHs reporting on the following indicators, with all considered to have the same weight: access to soap, access to jerrycans/buckets with lids, everyone in the HH slept under a mosquito net.

About REACH

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

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