Juba County - Water, Sanitation and Hygiene Factsheet

Central Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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

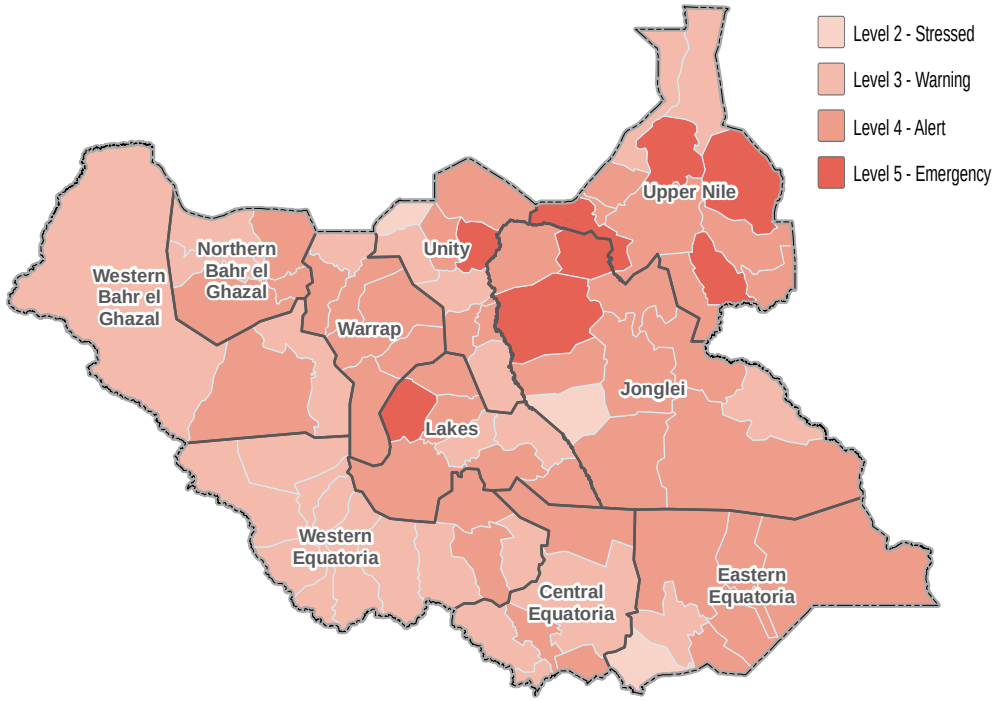
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of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

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

FSNMS Assessment Coverage

Full coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

Host community	97%
IDP	3%

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

Around 5 years	33%
Between 2-3 years	33%
In the last one year	33%

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

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

Female headed	76%
Children under 5	65%
Adopted children	21%
Elderly persons	19%
Physically disabled	19%

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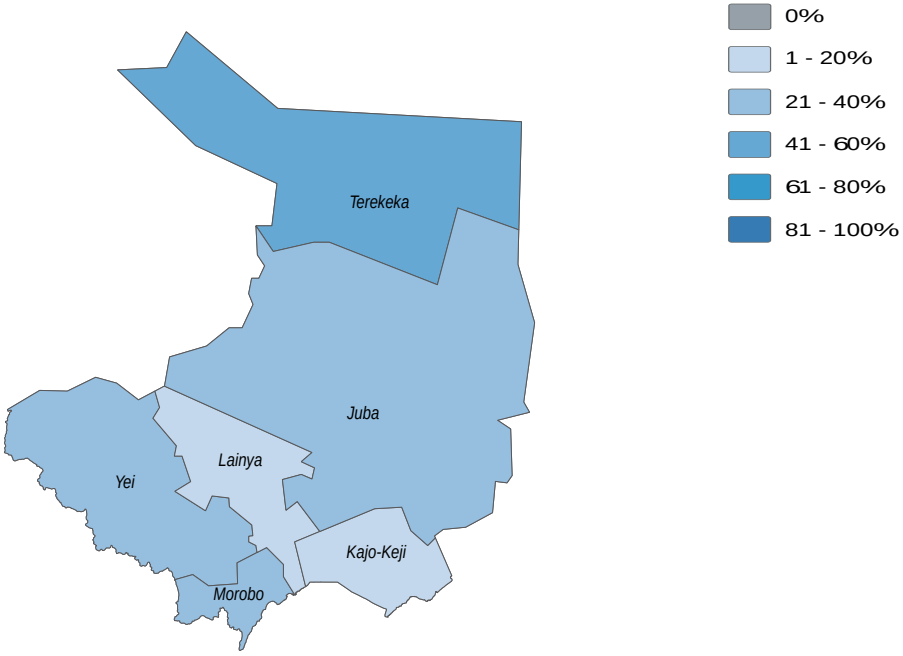
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

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. This was a decrease from the previous season.
79%	of **Juba County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
21%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was an increase from the previous season.
13%	of HHs reported feeling unsafe while collecting water, in July and August, 2018.

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



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

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

Overall

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

Borehole	76%
River or stream	20%
Hand dug well	3%
Swamp	1%

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

Less than 30 minutes	50%
30 minutes to 1 hour	28%
Between 1- 2 hours	18%
I don't know	2%
More than 2 hours	2%

Host

Borehole	75%
River or stream	21%
Hand dug well	3%
Swamp	1%

Less than 30 minutes	49%
30 minutes to 1 hour	29%
Between 1- 2 hours	18%
I don't know	2%
More than 2 hours	2%

IDPs

Borehole	100%

Less than 30 minutes	67%
Between 1- 2 hours	33%

Returnees

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Sanitation

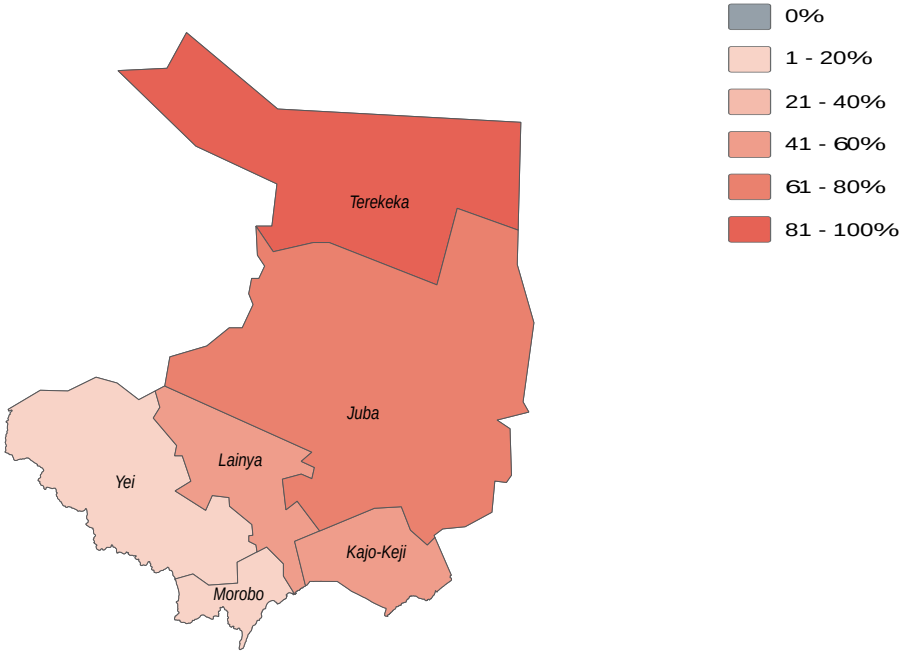
22% of **Juba County** HHs reported having access to a latrine (private, shared, or communal/ institutional), in November and December, 2018. This was an increase from the previous season.

19% of **Juba County** HHs reported having access to a latrine (private, shared, or communal/ institutional), in July and August, 2018.

18% of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was an increase from the previous season.

15% of HHs reported their most common defecation location was a latrine, in July and August, 2018.

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



Most commonly reported defecation location by percentage of households:

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

Overall

In the bush	82%	Dig a hole and cover	57%
In the latrine	18%	In the bush	24%
		In the latrine	15%
		No answer	2%
		In the river	1%

Host

In the bush	83%	Dig a hole and cover	58%
In the latrine	17%	In the bush	25%
		In the latrine	14%
		No answer	2%
		In the river	1%

IDPs

In the latrine	67%	In the latrine	67%
In the bush	33%	Dig a hole and cover	33%

Returnees

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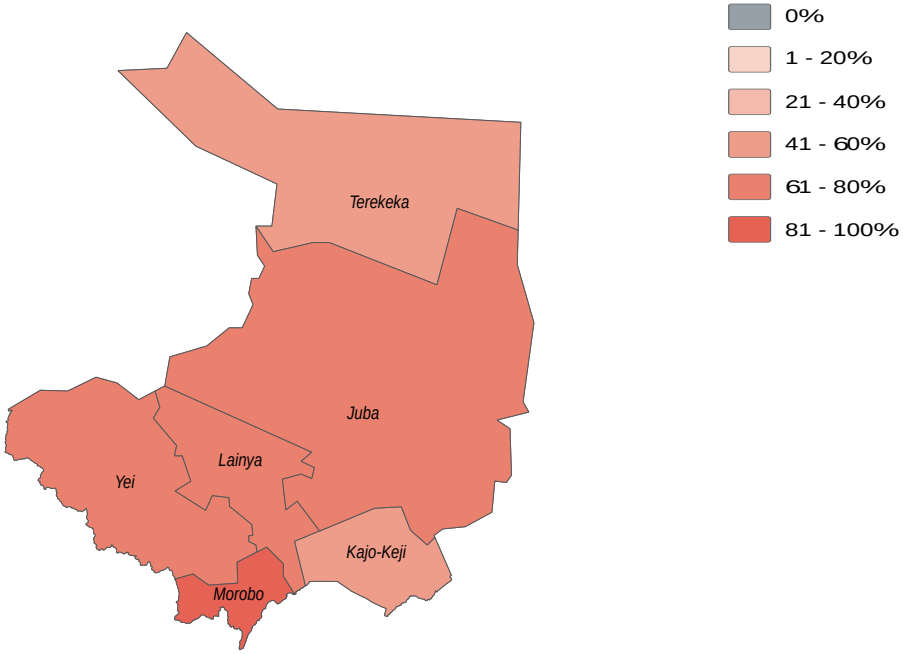
Health

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

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



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

Overall	Malaria	65%
	Typhoid	32%
	Stomach pain	23%
	No answer	13%
	Fever	10%
Host	Malaria	69%
	Typhoid	34%
	Stomach pain	21%
	Fever	10%
	Flu	10%
IDPs	No answer	50%
	Stomach pain	50%
Returnees		

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

Overall	Malaria	87%
	Fever	36%
	Typhoid	28%
	AWD	18%
	Flu	13%
Host	Malaria	87%
	Fever	37%
	Typhoid	29%
	AWD	18%
	Flu	13%
IDPs	Malaria	100%
Returnees		

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NFI WASH NFIs

17%	of **Juba County** HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in November and December, 2018. This was a decrease from the previous season.
29%	of **Juba County** HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in HH in July and August, 2018.
3	was the average number of jerrycans and/or buckets per HH in July and August, 2018. This was an increase from the previous season.
2	was the average number of jerrycans and/or buckets per HH in November and December, 2018.

	Ownership of a bucket or a jerrycan with a lid by percentage of households:		Ownership of soap by percentage of households:		Every member of the household sleeps under a mosquito net by percentage of households:	
Overall		No **47%** Yes 53%		No **50%** Yes 50%		No **54%** Yes 46%
Host		No **47%** Yes 53%		No **51%** Yes 49%		No **55%** Yes 45%
IDPs		No **33%** Yes 67%		No **33%** Yes 67%		No **33%** Yes 67%
Returnees						

Endnotes

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

About REACH

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Kajo-Keji County - Water, Sanitation and Hygiene Factsheet

Central Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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

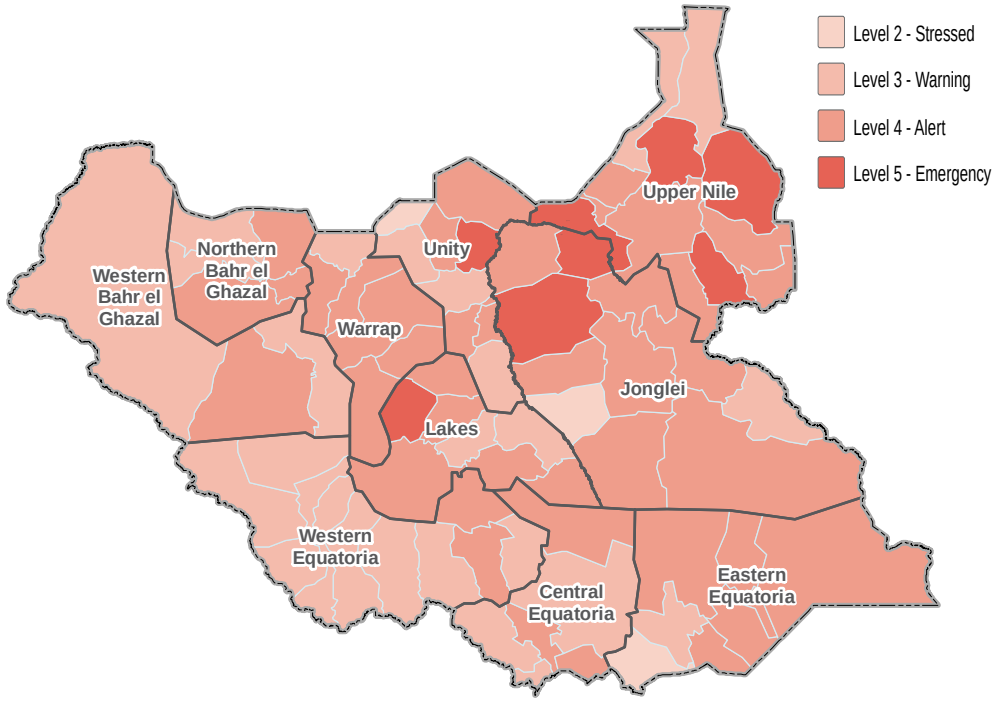
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of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

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

FSNMS Assessment Coverage

Full coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

Host community	73%
IDP	26%
Returnee	1%

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

In the last one year	57%
Between 2-3 years	43%

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

In the last one year	100%

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

Female headed	47%
Elderly persons	31%
Children under 5	13%
Mentally disabled	8%
Physically disabled	8%

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WASH Cluster
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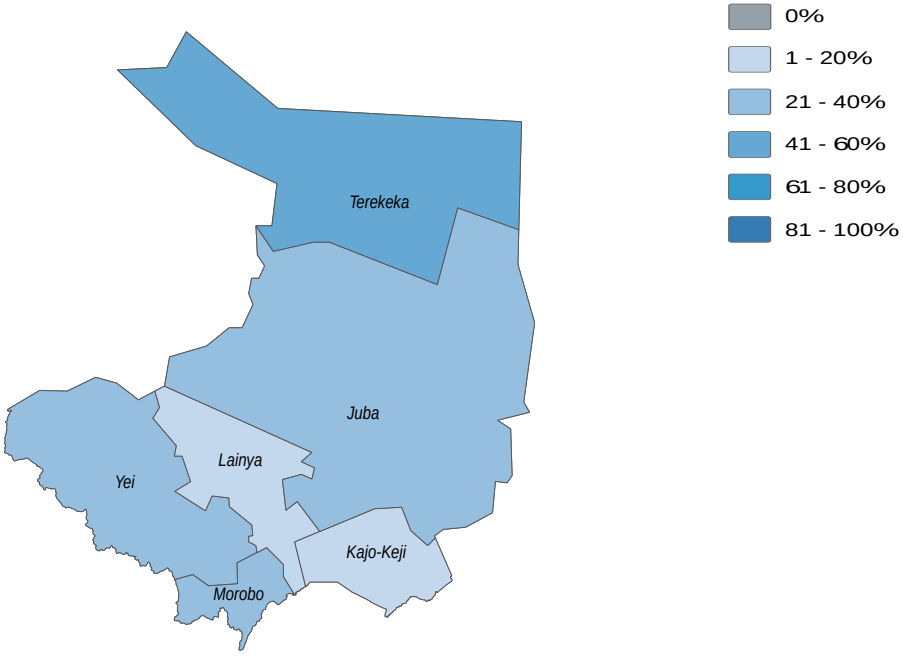
Water

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. This was an increase from the previous season.
19%	of Kajo-Keji County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
18%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was a decrease from the previous season.
43%	of HHs reported feeling unsafe while collecting water, in July and August, 2018.

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



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

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

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

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

Overall	Borehole	31%	Less than 30 minutes	56%
	Hand dug well	27%	30 minutes to 1 hour	27%
	River or stream	22%	Between 1- 2 hours	17%
	Swamp	9%		
	Unprotected well	8%		
Host	Borehole	39%	Less than 30 minutes	52%
	River or stream	23%	30 minutes to 1 hour	33%
	Hand dug well	22%	Between 1- 2 hours	15%
	Swamp	10%		
	Unprotected well	5%		
IDPs	Hand dug well	43%	Less than 30 minutes	68%
	River or stream	21%	Between 1- 2 hours	21%
	Unprotected well	18%	30 minutes to 1 hour	11%
	Borehole	7%		
	Swamp	7%		
Returnees	Borehole	100%	Less than 30 minutes	100%

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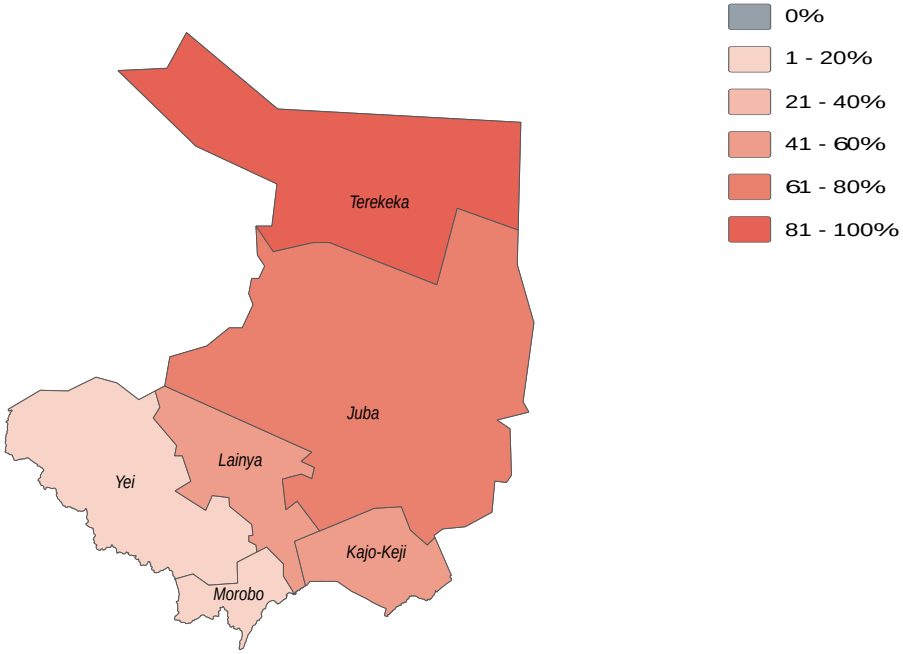
Sanitation

49%	of Kajo-Keji County HHs reported having access to a latrine (private, shared, or communal/ institutional), in November and December, 2018. This was an increase from the previous season.
44%	of Kajo-Keji County HHs reported having access to a latrine (private, shared, or communal/ institutional), in July and August, 2018.
44%	of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was the same as the previous season.
44%	of HHs reported their most common defecation location was a latrine, in July and August, 2018.

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



Most commonly reported defecation location by percentage of households:

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

	Most commonly reported defecation location	%	Most commonly reported excreta disposal methods for children under five	%
Overall	In the bush	47%	In the latrine	42%
	In the latrine	44%	In the bush	40%
	Dig a hole and cover	6%	Dig a hole and cover	14%
	No answer	2%	No answer	4%
Host	In the latrine	51%	In the latrine	49%
	In the bush	41%	In the bush	36%
	Dig a hole and cover	8%	Dig a hole and cover	12%
	No answer	1%	No answer	3%
IDPs	In the bush	64%	In the bush	52%
	In the latrine	29%	In the latrine	24%
	Dig a hole and cover	4%	Dig a hole and cover	16%
	No answer	4%	No answer	8%
Returnees	In the bush	100%	Dig a hole and cover	100%

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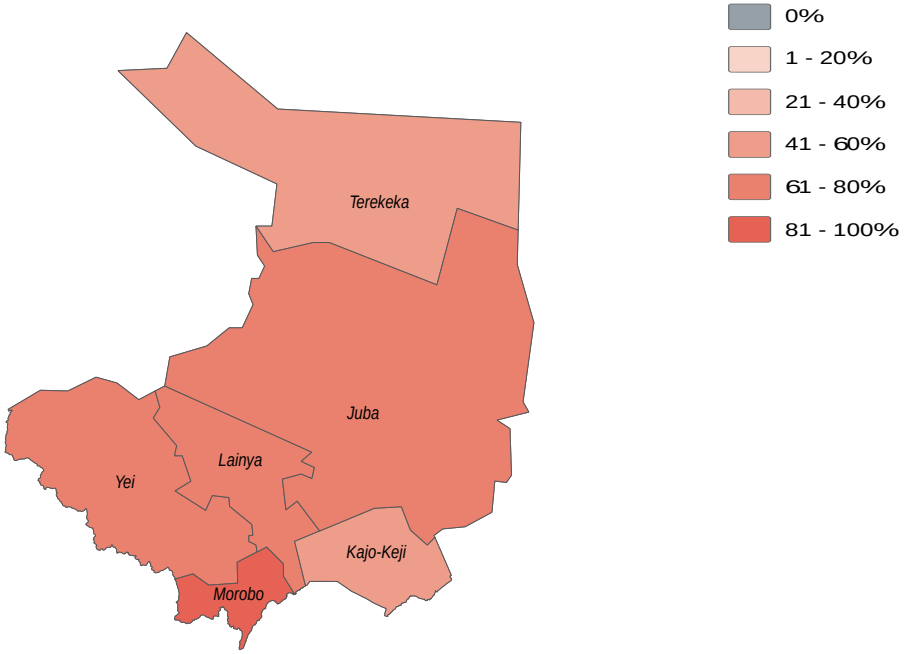
Health

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. This was a decrease from the previous season.
56%	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, 2018.
Malaria	was the most commonly reported water or vector borne disease in November and December, 2018. This was the same as the previous season.
Malaria	was the most commonly reported water or vector borne disease in July and August, 2018.

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



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

Overall	Malaria	58%
	Stomach pain	20%
	Typhoid	20%
	Fever	10%
	Cholera	3%
Host	Malaria	56%
	Stomach pain	22%
	Typhoid	22%
	Fever	11%
	Cholera	4%
IDPs	Malaria	62%
	Stomach pain	15%
	Typhoid	15%
	Fever	8%
	Flu	8%
Returnees		

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

Overall	Malaria	77%
	Others	46%
	Stomach pain	23%
	AWD	15%
	Fever	15%
Host	Malaria	60%
	Stomach pain	60%
	Others	40%
	Fever	20%
	Flu	20%
IDPs	Malaria	88%
	Others	50%
	AWD	25%
	Fever	13%
	Flu	13%
Returnees		

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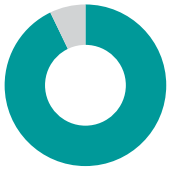
NFI WASH NFIs

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

	Ownership of a bucket or a jerrycan with a lid by percentage of households:	Ownership of soap by percentage of households:	Every member of the household sleeps under a mosquito net by percentage of households:
Overall	 No **25%** Yes 75%	 No **76%** Yes 24%	 No **63%** Yes 37%
Host	 No **24%** Yes 76%	 No **71%** Yes 29%	 No **58%** Yes 42%
IDPs	 No **29%** Yes 71%	 No **93%** Yes 7%	 No **79%** Yes 21%
Returnees	Yes 100%	Yes 100%	Yes 100%

Endnotes

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Lainya County - Water, Sanitation and Hygiene Factsheet

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WASH Cluster
Water Sanitation Hygiene

November/December2018

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

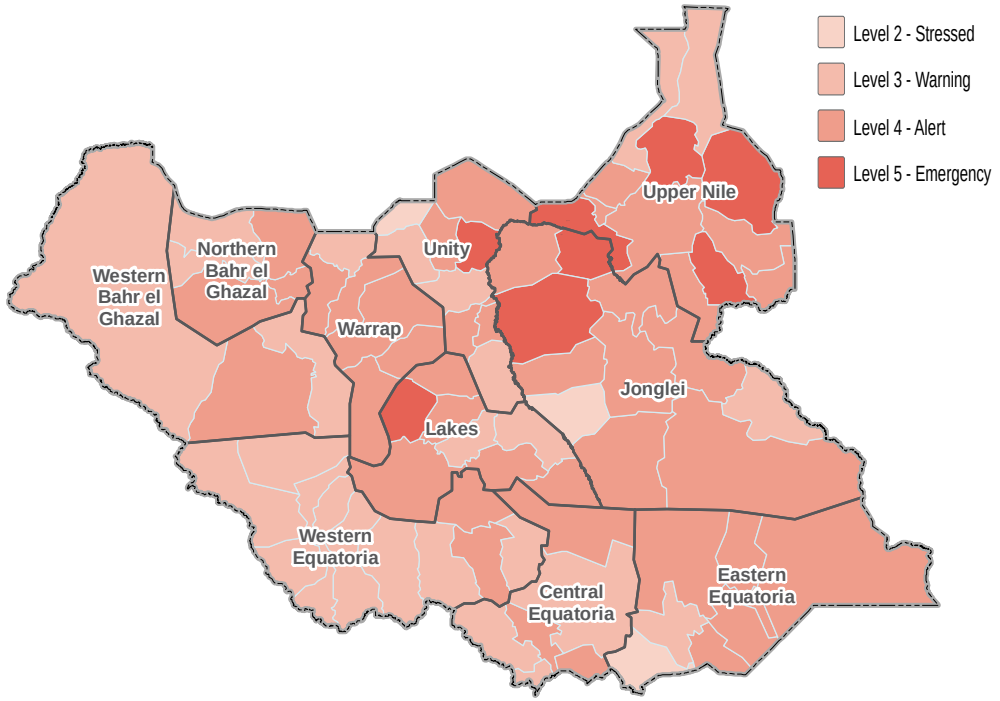
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of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

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

FSNMS Assessment Coverage

Partial coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

Host community	74%
Returnee	21%
IDP	4%

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

In the last one year	75%
More than 5 years	25%

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

In the last one year	65%
Between 2 -3 years	35%

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

Children under 5	65%
Female headed	51%
Adopted children	27%
Elderly persons	24%
Mentally disabled	18%

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Lainya County - Water, Sanitation and Hygiene Factsheet

Central Equatoria State, South Sudan

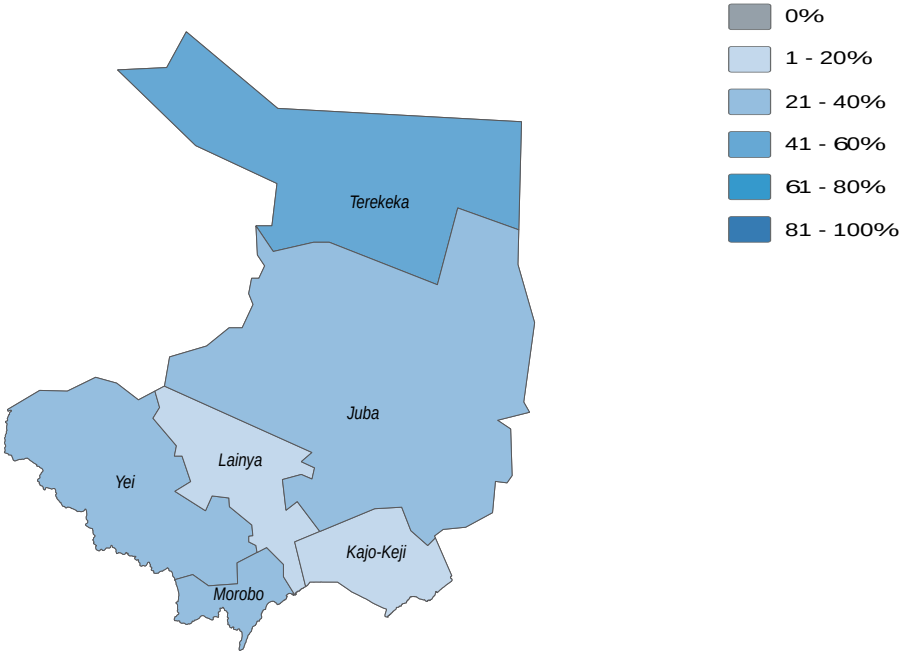
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

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. This was incomparable to the previous season.
N/A	of Lainya County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
14%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was incomparable to the previous season.
N/A	of HHs reported feeling unsafe while collecting water, in July and August, 2018.

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



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

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

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

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

Overall	Borehole	57%	30 minutes to 1 hour	51%
	River or stream	34%	Between 1- 2 hours	28%
	Unprotected well	5%	Less than 30 minutes	21%
	Tap stand	3%		
Host	Borehole	56%	30 minutes to 1 hour	41%
	River or stream	33%	Between 1- 2 hours	30%
	Unprotected well	7%	Less than 30 minutes	29%
	Tap stand	4%		
IDPs	Borehole	50%	Between 1- 2 hours	75%
	River or stream	50%	30 minutes to 1 hour	25%
Returnees	Borehole	65%	30 minutes to 1 hour	90%
	River or stream	35%	Between 1- 2 hours	10%

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Lainya County - Water, Sanitation and Hygiene Factsheet

Central Equatoria State, South Sudan

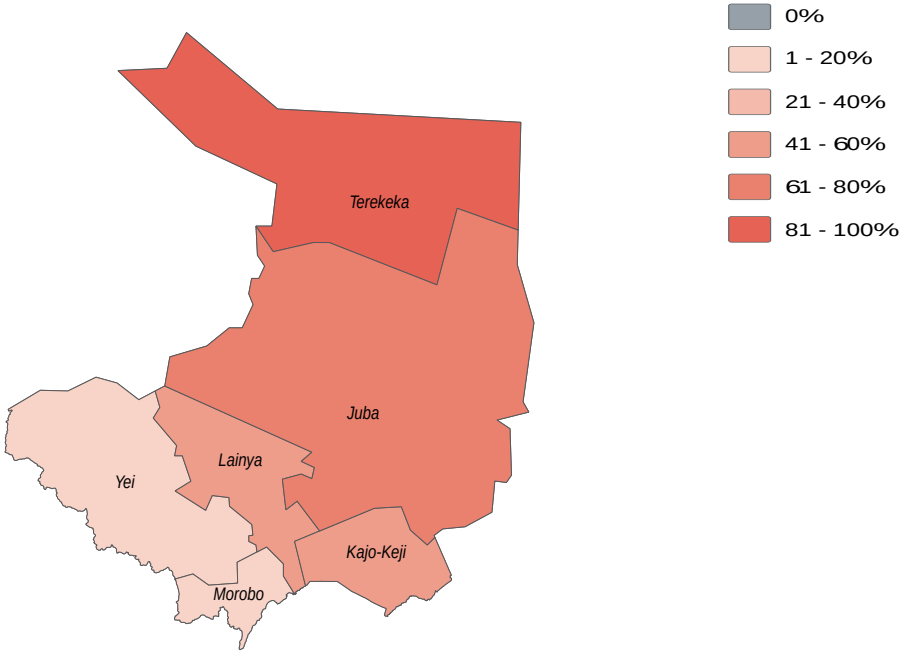
WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

43%	of Lainya County HHs reported having access to a latrine (private, shared, or communal/ institutional), in November and December, 2018. This was incomparable to the previous season.
N/A	of Lainya County HHs reported having access to a latrine (private, shared, or communal/ institutional), in July and August, 2018.
30%	of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was incomparable to the previous season.
N/A	of HHs reported their most common defecation location was a latrine, in July and August, 2018.

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



Most commonly reported defecation location by percentage of households:

Overall	In the bush	61%
	In the latrine	30%
	Dig a hole and cover	10%
Host	In the bush	60%
	In the latrine	33%
	Dig a hole and cover	7%
IDPs	Dig a hole and cover	50%
	In the bush	25%
	In the latrine	25%
Returnees	In the bush	70%
	In the latrine	20%
	Dig a hole and cover	10%

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

Overall	In the bush	43%
	In the latrine	37%
	Dig a hole and cover	16%
	No answer	4%
Host	In the latrine	40%
	In the bush	37%
	Dig a hole and cover	19%
	No answer	4%
IDPs	Dig a hole and cover	50%
	In the bush	25%
	In the latrine	25%
Returnees	In the bush	65%
	In the latrine	30%
	No answer	5%

Lainya County - Water, Sanitation and Hygiene Factsheet

Central Equatoria State, South Sudan

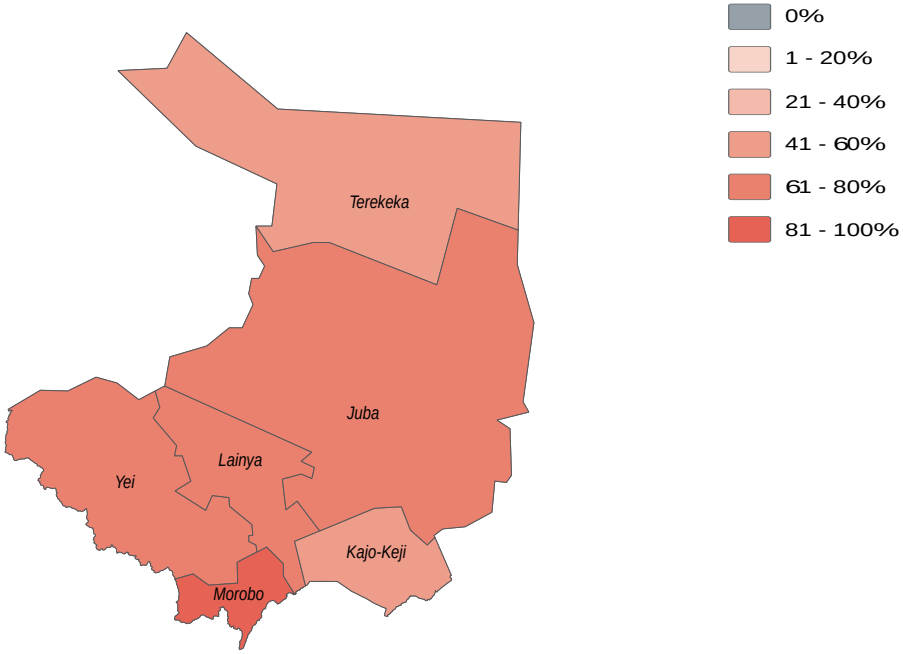
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

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. This was incomparable to the previous season.
N/A	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, 2018.
Malaria	was the most commonly reported water or vector borne disease in November and December, 2018. This was incomparable to the previous season.
N/A	was the most commonly reported water or vector borne disease in July and August, 2018.

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



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

Overall	Malaria	51%
	Stomach pain	33%
	Typhoid	33%
	Fever	7%
	AWD	5%
Host	Malaria	57%
	Typhoid	33%
	Stomach pain	20%
	AWD	7%
	Fever	7%
IDPs	Malaria	100%
Returnees		

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

Overall	Malaria	74%
	Stomach pain	32%
	Fever	26%
	Flu	21%
	Typhoid	21%
Host	Malaria	76%
	Stomach pain	34%
	Fever	28%
	Flu	24%
	Typhoid	21%
IDPs	Malaria	100%
	Fever	50%
Returnees		

Lainya County - Water, Sanitation and Hygiene Factsheet

Central Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

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

	Ownership of a bucket or a jerrycan with a lid by percentage of households:	Ownership of soap by percentage of households:	Every member of the household sleeps under a mosquito net by percentage of households:
Overall	 No **13%** Yes 87%	 No **40%** Yes 60%	 No **83%** Yes 17%
Host	 No **16%** Yes 84%	 No **53%** Yes 47%	 No **80%** Yes 20%
IDPs	Yes 100%	Yes 100%	 No **100%**
Returnees	 No **5%** Yes 95%	 No **5%** Yes 95%	 No **90%** Yes 10%

Endnotes

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

About REACH

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

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Morobo County - Water, Sanitation and Hygiene Factsheet

Central Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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

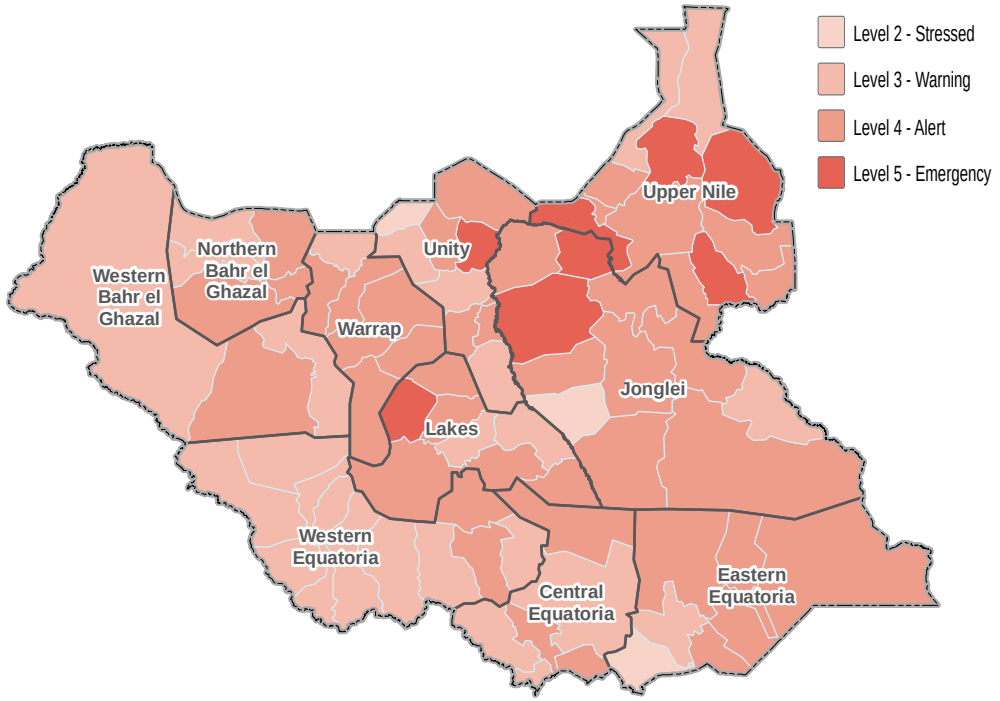
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of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

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

FSNMS Assessment Coverage

Partial coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

Host community	90%
Returnee	6%
IDP	4%

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

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

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

In the last one year	100%

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

Female headed	79%
Children under 5	75%
Adopted children	25%
Elderly persons	17%
Mentally disabled	14%

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Morobo County - Water, Sanitation and Hygiene Factsheet

Central Equatoria State, South Sudan

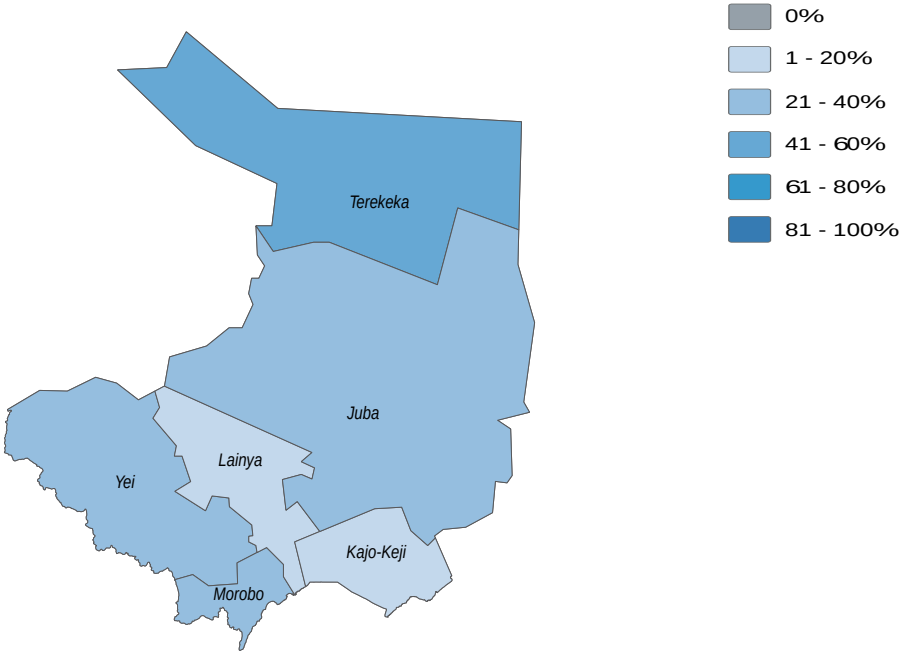
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

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. This was incomparable to the previous season.
N/A	of Morobo County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
3%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was incomparable to the previous season.
N/A	of HHs reported feeling unsafe while collecting water, in July and August, 2018.

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



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

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

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

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

Overall	Borehole	28%	Less than 30 minutes	49%
	Hand dug well	22%	30 minutes to 1 hour	36%
	Tap stand	22%	Between 1- 2 hours	15%
	Unprotected well	18%		
	River or stream	8%		
Host	Borehole	26%	Less than 30 minutes	51%
	Hand dug well	23%	30 minutes to 1 hour	34%
	Tap stand	22%	Between 1- 2 hours	15%
	Unprotected well	20%		
	River or stream	8%		
IDPs	Borehole	33%	30 minutes to 1 hour	33%
	Hand dug well	33%	Between 1- 2 hours	33%
	River or stream	33%	Less than 30 minutes	33%
Returnees	Borehole	50%	30 minutes to 1 hour	75%
	Tap stand	50%	Less than 30 minutes	25%

Morobo County - Water, Sanitation and Hygiene Factsheet

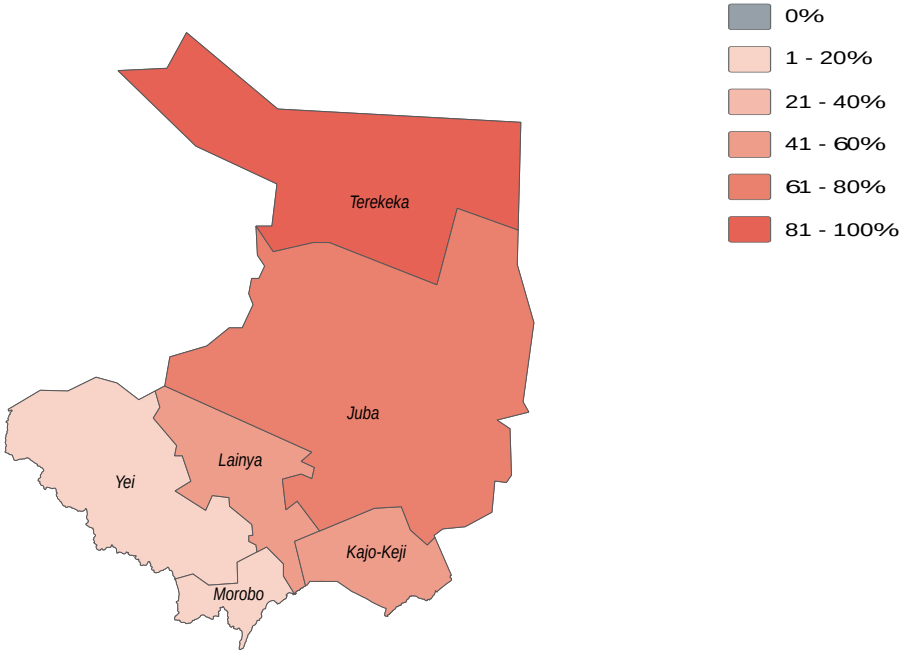
Central Equatoria State, South Sudan

November/December2018

Sanitation

89%	of **Morobo County** HHs reported having access to a latrine (private, shared, or communal/ institutional), in November and December, 2018. This was incomparable to the previous season.
N/A	of **Morobo County** HHs reported having access to a latrine (private, shared, or communal/ institutional), in July and August, 2018.
83%	of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was incomparable to the previous season.
N/A	of HHs reported their most common defecation location was a latrine, in July and August, 2018.

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



Most commonly reported defecation location by percentage of households:

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

Overall	In the latrine	83%	In the latrine	79%
	In the bush	14%	Dig a hole and cover	11%
	Dig a hole and cover	3%	In the bush	10%
Host	In the latrine	85%	In the latrine	80%
	In the bush	14%	Dig a hole and cover	12%
	Dig a hole and cover	2%	In the bush	8%
IDPs	In the latrine	67%	In the bush	50%
	In the bush	33%	In the latrine	50%
Returnees	In the latrine	75%	In the latrine	75%
	Dig a hole and cover	25%	In the bush	25%

Morobo County - Water, Sanitation and Hygiene Factsheet

Central Equatoria State, South Sudan

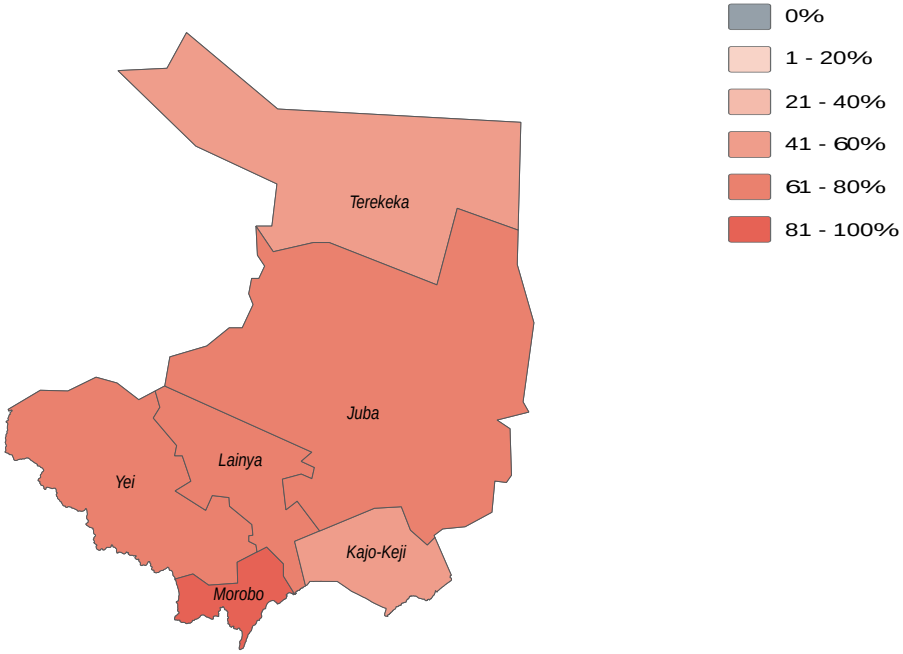
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

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. This was incomparable to the previous season.
N/A	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, 2018.
Malaria	was the most commonly reported water or vector borne disease in November and December, 2018. This was incomparable to the previous season.
N/A	was the most commonly reported water or vector borne disease in July and August, 2018.

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



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

Overall	Malaria	68%
	Fever	41%
	Typhoid	38%
	Flu	30%
	Stomach pain	27%
Host	Malaria	67%
	Fever	39%
	Typhoid	36%
	Flu	28%
	Stomach pain	25%
IDPs		
Returnees		

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

Overall	Malaria	91%
	Fever	57%
	Flu	43%
	Stomach pain	21%
	Typhoid	15%
Host	Malaria	93%
	Fever	58%
	Flu	42%
	Stomach pain	23%
	Typhoid	16%
IDPs	Fever	100%
	Flu	100%
Returnees		

Morobo County - Water, Sanitation and Hygiene Factsheet

Central Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

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

	Ownership of a bucket or a jerrycan with a lid by percentage of households:	Ownership of soap by percentage of households:	Every member of the household sleeps under a mosquito net by percentage of households:
Overall	 No **4%** Yes 96%	 No **18%** Yes 82%	 No **68%** Yes 32%
Host	 No **5%** Yes 95%	 No **18%** Yes 82%	 No **69%** Yes 31%
IDPs	Yes 100%	Yes 100%	 No **100%**
Returnees	Yes 100%	 No **25%** Yes 75%	 No **25%** Yes 75%

Endnotes

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

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Terekeka County - Water, Sanitation and Hygiene Factsheet

Central Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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

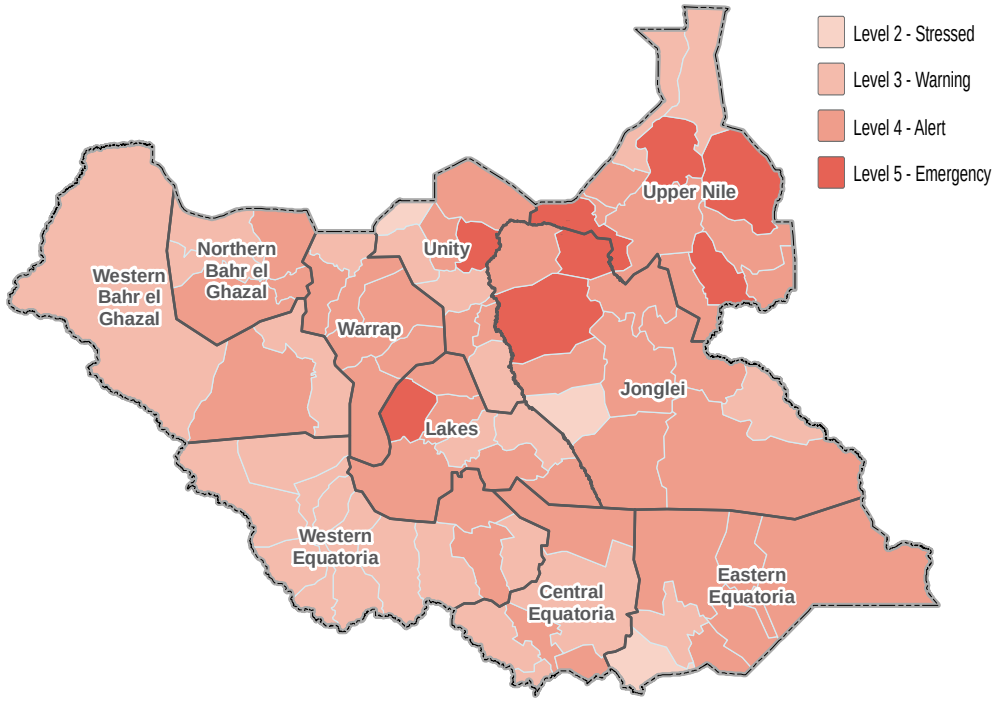
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of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

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

FSNMS Assessment Coverage

Full coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

Host community	98%
IDP	2%

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

Between 2-3 years	100%

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

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

Female headed	87%
Children under 5	61%
Elderly persons	16%
Chronically ill	12%
Mentally disabled	6%

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Terekeka County - Water, Sanitation and Hygiene Factsheet

Central Equatoria State, South Sudan

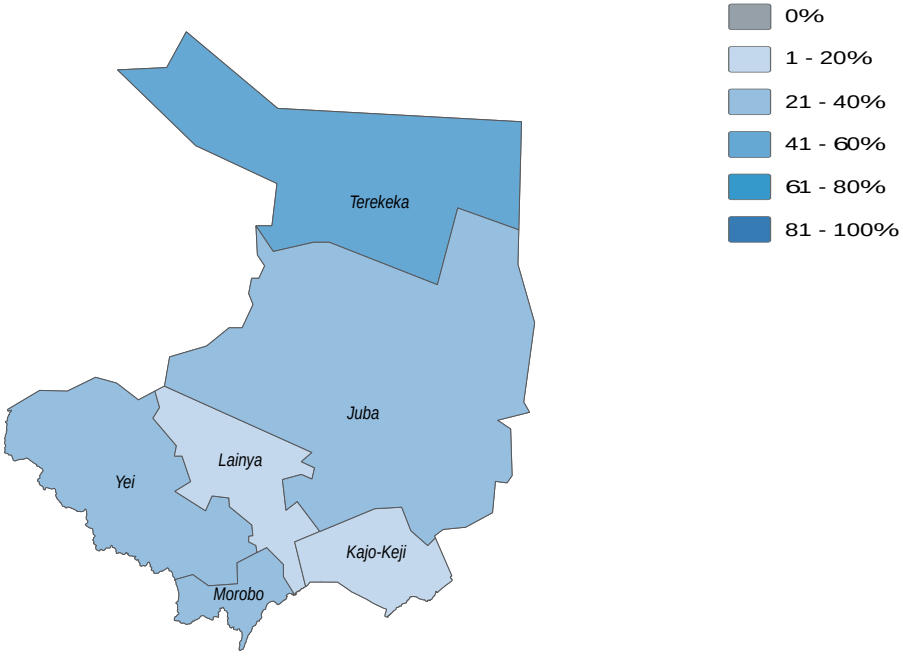
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

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. This was an increase from the previous season.
54%	of Terekeka County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
8%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was a decrease from the previous season.
25%	of HHs reported feeling unsafe while collecting water, in July and August, 2018.

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



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

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

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

Overall	Borehole	64%
	River or stream	25%
	Unprotected well	7%
	Hand dug well	4%
	Swamp	1%
Host	Borehole	64%
	River or stream	25%
	Unprotected well	7%
	Hand dug well	4%
IDPs	Borehole	50%
	Swamp	50%
Returnees		

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

Overall	Less than 30 minutes	65%
	30 minutes to 1 hour	29%
	Between 1- 2 hours	5%
	More than 2 hours	1%
Host	Less than 30 minutes	66%
	30 minutes to 1 hour	28%
	Between 1- 2 hours	5%
	More than 2 hours	1%
IDPs	30 minutes to 1 hour	100%

Terekeka County - Water, Sanitation and Hygiene Factsheet

Central Equatoria State, South Sudan

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Water Sanitation Hygiene

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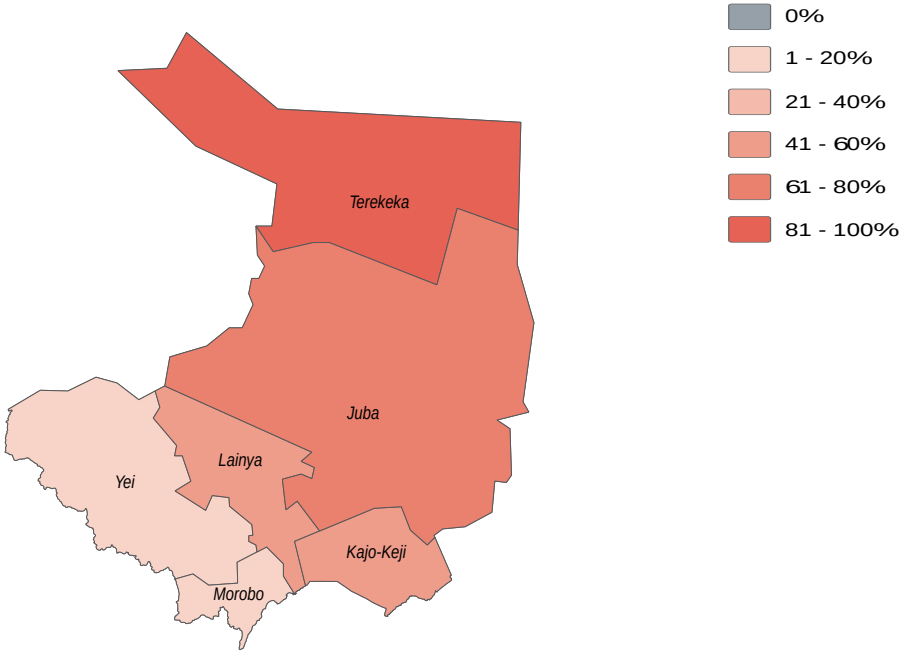
Sanitation

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

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



Most commonly reported defecation location by percentage of households:

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

Overall

In the bush	79%
In the river	19%
In the latrine	1%
No answer	1%

Dig a hole and cover	48%
In the bush	44%
No answer	7%
Left where it is	1%

Host

In the bush	81%
In the river	17%
In the latrine	1%
No answer	1%

Dig a hole and cover	48%
In the bush	45%
No answer	8%

IDPs

In the river	100%

Dig a hole and cover	50%
Left where it is	50%

Returnees

Terekeka County - Water, Sanitation and Hygiene Factsheet

Central Equatoria State, South Sudan

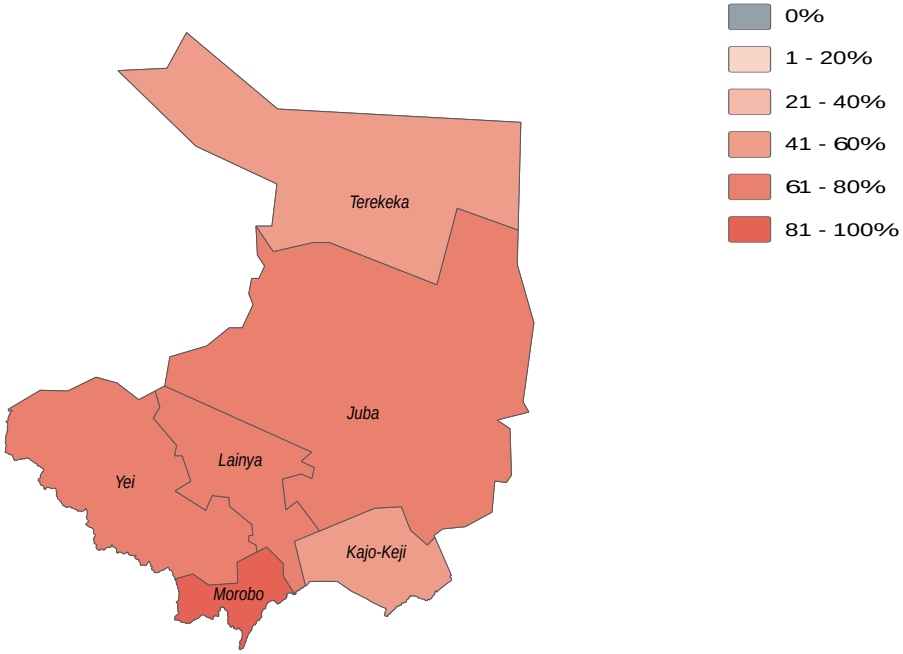
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

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. This was a decrease from the previous season.
79%	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, 2018.
Malaria	was the most commonly reported water or vector borne disease in November and December, 2018. This was the same as the previous season.
Malaria	was the most commonly reported water or vector borne disease in July and August, 2018.

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



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

Overall	Malaria	42%
	Typhoid	33%
	Stomach pain	25%
	AWD	8%
	Flu	8%
Host	Malaria	42%
	Typhoid	33%
	Stomach pain	25%
	AWD	8%
	Flu	8%
IDPs		
Returnees		

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

Overall	Malaria	73%
	Fever	39%
	Typhoid	37%
	Flu	27%
	Stomach pain	27%
Host	Malaria	73%
	Fever	37%
	Typhoid	37%
	Flu	29%
	Stomach pain	29%
IDPs	Fever	100%
	Malaria	50%
	Skin infection	50%
	Typhoid	50%
Returnees		

Terekeka County - Water, Sanitation and Hygiene Factsheet

Central Equatoria State, South Sudan

WASH Cluster
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NFI WASH NFIs

3%	of Terekeka County HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in November and December, 2018. This was a decrease from the previous season.
15%	of Terekeka County HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in HH in July and August, 2018.
2	was the average number of jerrycans and/or buckets per HH in July and August, 2018. This was the same as the previous season.
2	was the average number of jerrycans and/or buckets per HH in November and December, 2018.

	Ownership of a bucket or a jerrycan with a lid by percentage of households:	Ownership of soap by percentage of households:	Every member of the household sleeps under a mosquito net by percentage of households:
Overall	 No **56%** Yes 44%	 No **58%** Yes 42%	 No **86%** Yes 14%
Host	 No **57%** Yes 43%	 No **58%** Yes 42%	 No **86%** Yes 14%
IDPs	Yes 100%	 No **100%**	 No **100%**
Returnees			

Endnotes

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

About REACH

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

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

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

Yei County - Water, Sanitation and Hygiene Factsheet

Central Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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

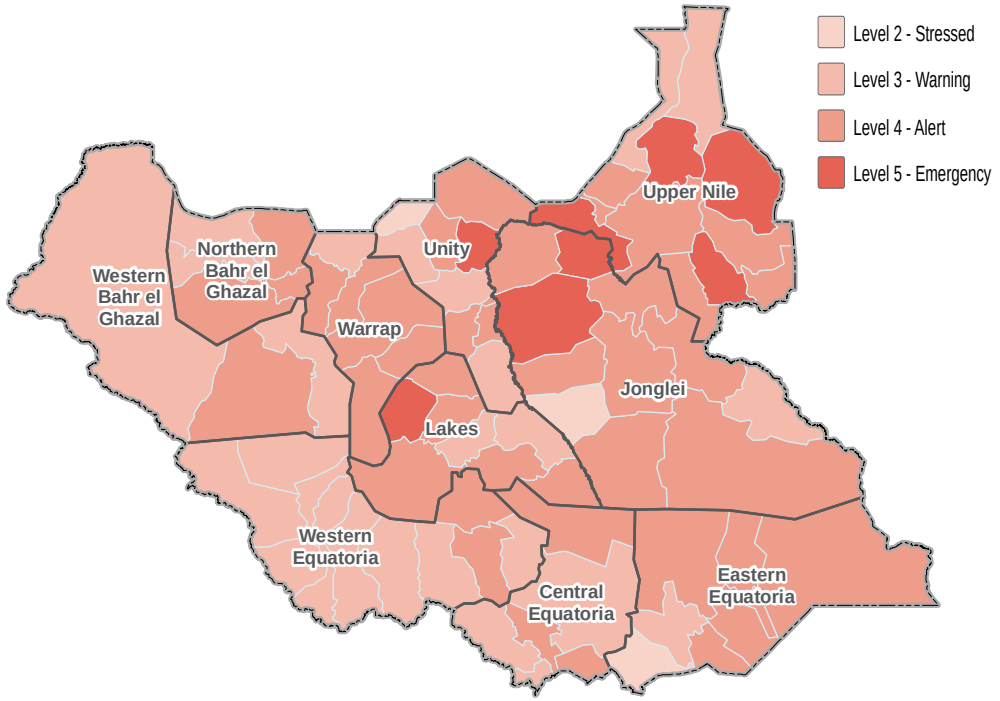
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of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

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

FSNMS Assessment Coverage

Partial coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

IDP	73%
Host community	27%

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

In the last one year	78%
Between 2-3 years	23%

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

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

Children under 5	71%
Female headed	53%
Elderly persons	31%
Adopted children	29%
Chronically ill	24%

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Yei County - Water, Sanitation and Hygiene Factsheet

Central Equatoria State, South Sudan

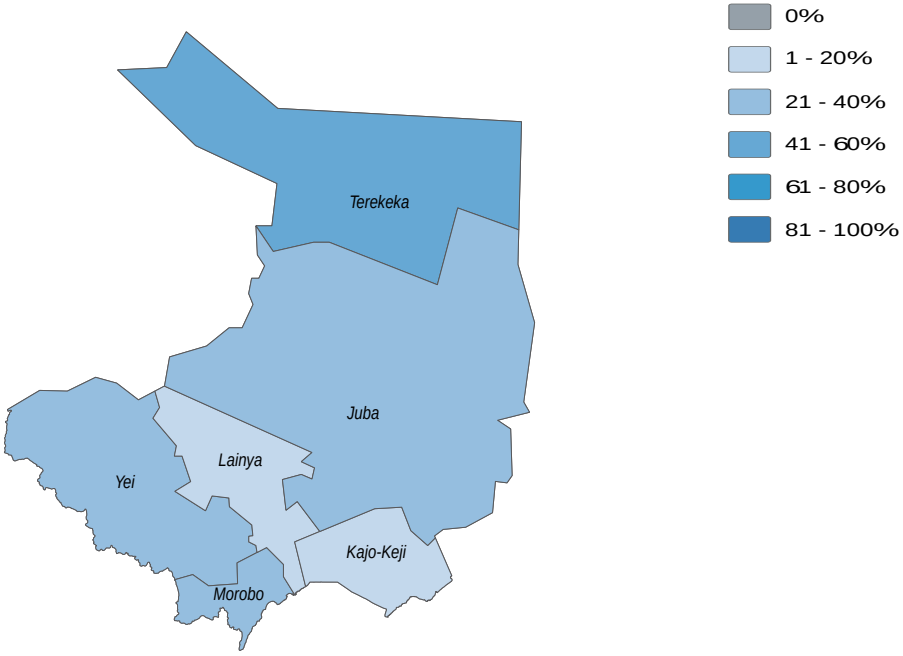
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

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. This was incomparable to the previous season.
N/A	of Yei County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
18%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was incomparable to the previous season.
N/A	of HHs reported feeling unsafe while collecting water, in July and August, 2018.

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



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

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

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

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

Overall

Borehole	56%	Less than 30 minutes	56%
Tap stand	15%	30 minutes to 1 hour	22%
River or stream	9%	Between 1- 2 hours	22%
Swamp	9%		
Unprotected well	7%		

Host

Borehole	73%	Less than 30 minutes	67%
Unprotected well	13%	Between 1- 2 hours	20%
Swamp	7%	30 minutes to 1 hour	13%
Tap stand	7%		

IDPs

Borehole	50%	Less than 30 minutes	53%
Tap stand	18%	30 minutes to 1 hour	25%
River or stream	13%	Between 1- 2 hours	23%
Swamp	10%		
Hand dug well	5%		

Returnees

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Yei County - Water, Sanitation and Hygiene Factsheet

Central Equatoria State, South Sudan

WASH Cluster
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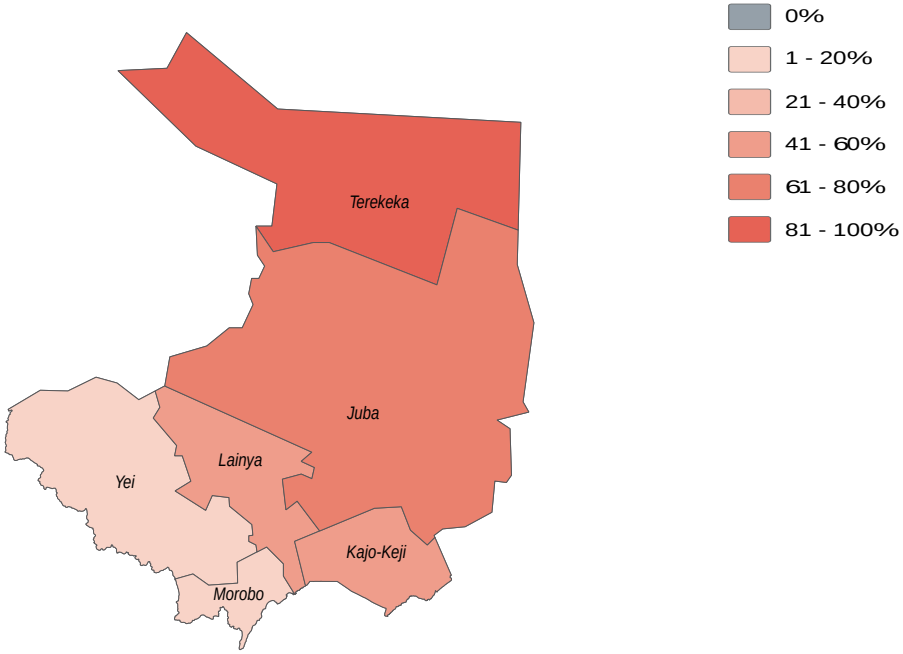
Sanitation

96%	of Yei County HHs reported having access to a latrine (private, shared, or communal/ institutional), in November and December, 2018. This was incomparable to the previous season.
N/A	of Yei County HHs reported having access to a latrine (private, shared, or communal/ institutional), in July and August, 2018.
85%	of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was incomparable to the previous season.
N/A	of HHs reported their most common defecation location was a latrine, in July and August, 2018.

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



Most commonly reported defecation location by percentage of households:

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

Overall

In the latrine	85%
In the bush	13%
Dig a hole and cover	2%

In the latrine	84%
Dig a hole and cover	7%
In the bush	5%
No answer	4%

Host

In the latrine	93%
In the bush	7%

In the latrine	87%
Dig a hole and cover	7%
No answer	7%

IDPs

In the latrine	83%
In the bush	15%
Dig a hole and cover	3%

In the latrine	83%
Dig a hole and cover	8%
In the bush	8%
No answer	3%

Returnees

Yei County - Water, Sanitation and Hygiene Factsheet

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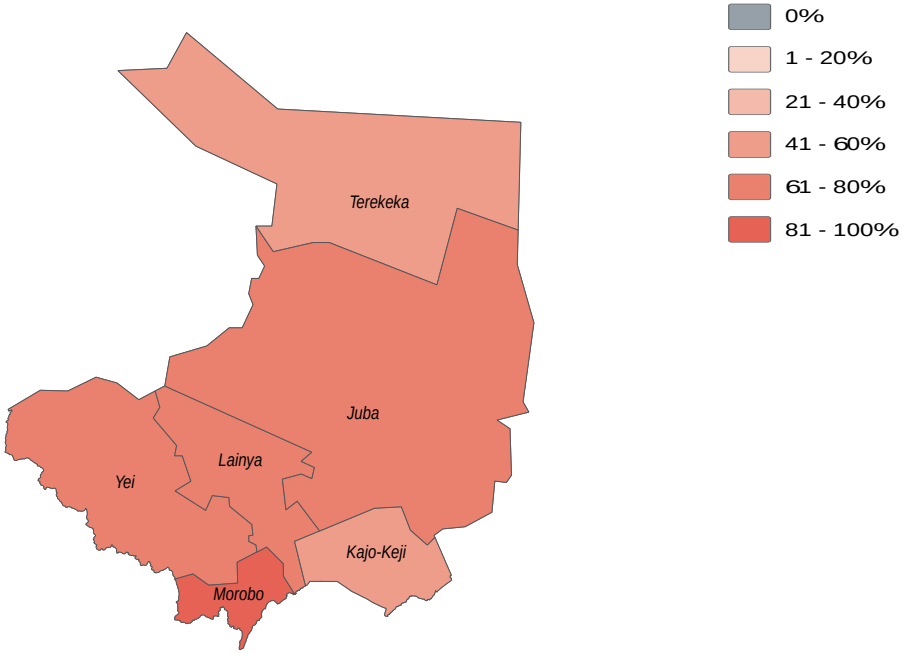
Health

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. This was incomparable to the previous season.
N/A	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, 2018.
Malaria	was the most commonly reported water or vector borne disease in November and December, 2018. This was incomparable to the previous season.
N/A	was the most commonly reported water or vector borne disease in July and August, 2018.

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



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

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

	Adults		Children under 5	
Overall	Malaria	81%	Malaria	91%
	Typhoid	43%	Fever	33%
	Stomach pain	38%	Flu	30%
	Fever	33%	Stomach pain	24%
	AWD	19%	Others	18%
Host	Malaria	86%	Malaria	78%
	Stomach pain	71%	Others	33%
	AWD	43%	AWD	22%
	Typhoid	43%	Flu	22%
	Fever	29%	Stomach pain	22%
IDPs	Malaria	79%	Malaria	96%
	Typhoid	43%	Fever	42%
	Fever	36%	Flu	33%
	Stomach pain	21%	Stomach pain	25%
	Eye infection	14%	Others	13%
Returnees				

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NFI WASH NFIs

20%	of Yei County HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in November and December, 2018. This was incomparable to the previous season.
N/A	of Yei County HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in HH in July and August, 2018.
3	was the average number of jerrycans and/or buckets per HH in July and August, 2018. This was incomparable to the previous season.
N/A	was the average number of jerrycans and/or buckets per HH in November and December, 2018.

	Ownership of a bucket or a jerrycan with a lid by percentage of households:		Ownership of soap by percentage of households:		Every member of the household sleeps under a mosquito net by percentage of households:	
Overall		No **27%** Yes 73%		No **45%** Yes 55%		No **49%** Yes 51%
Host		No **13%** Yes 87%		No **27%** Yes 73%		No **13%** Yes 87%
IDPs		No **33%** Yes 68%		No **53%** Yes 48%		No **63%** Yes 38%
Returnees						

Endnotes

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

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