Akobo County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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

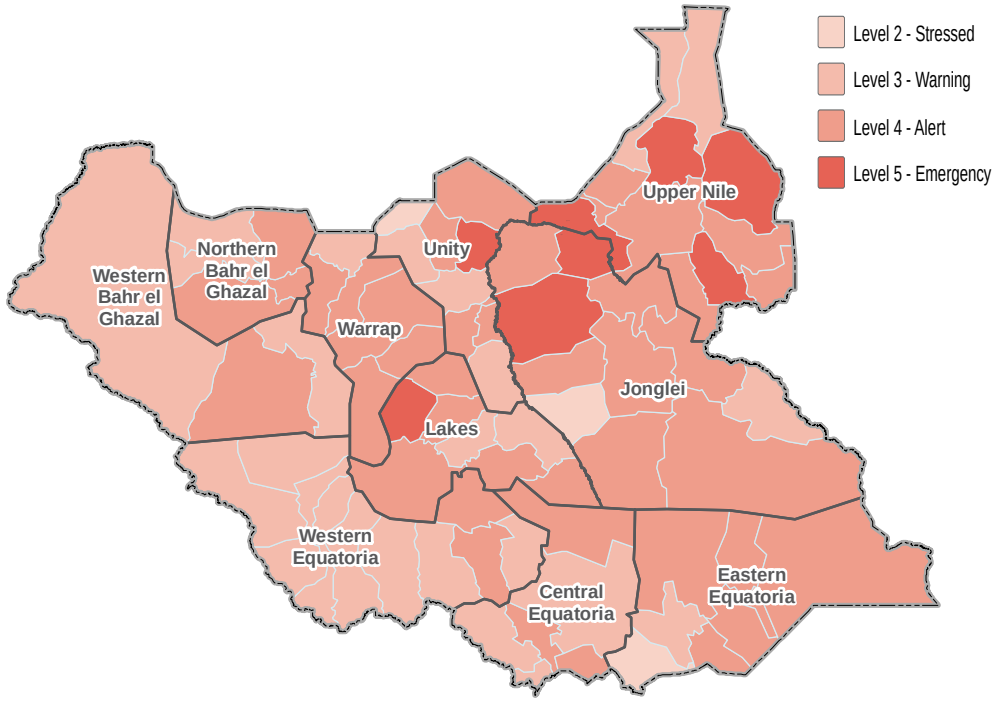
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of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

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

FSNMS Assessment Coverage

Full coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

Host community	97%
IDP	3%

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

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

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

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

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

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Akobo County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

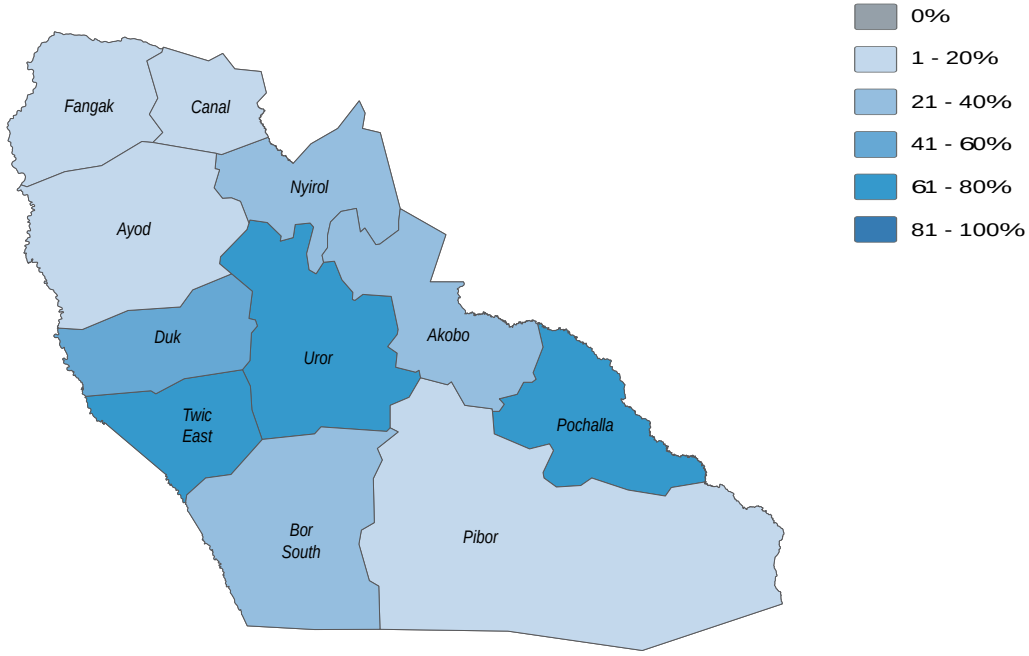
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

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

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



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

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

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

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

Overall

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

Host

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

IDPs

River or stream	100%	Less than 30 minutes	100%

Returnees

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Akobo County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

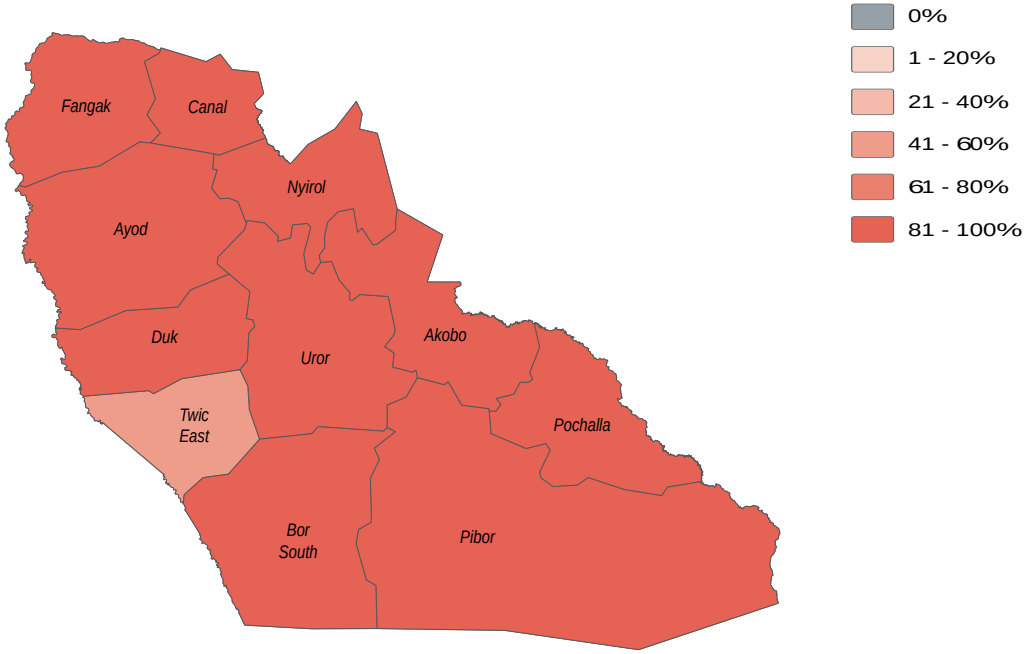
12% of **Akobo County** HHs reported having access to a latrine (private, shared, or communal/ institutional), in November and December, 2018. This was a decrease from the previous season.

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

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

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

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



Most commonly reported defecation location by percentage of households:

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

Overall

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

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

Host

In the bush	88%
In the latrine	12%

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

IDPs

In the bush	67%
In the river	33%

In the bush	100%

Returnees

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Akobo County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

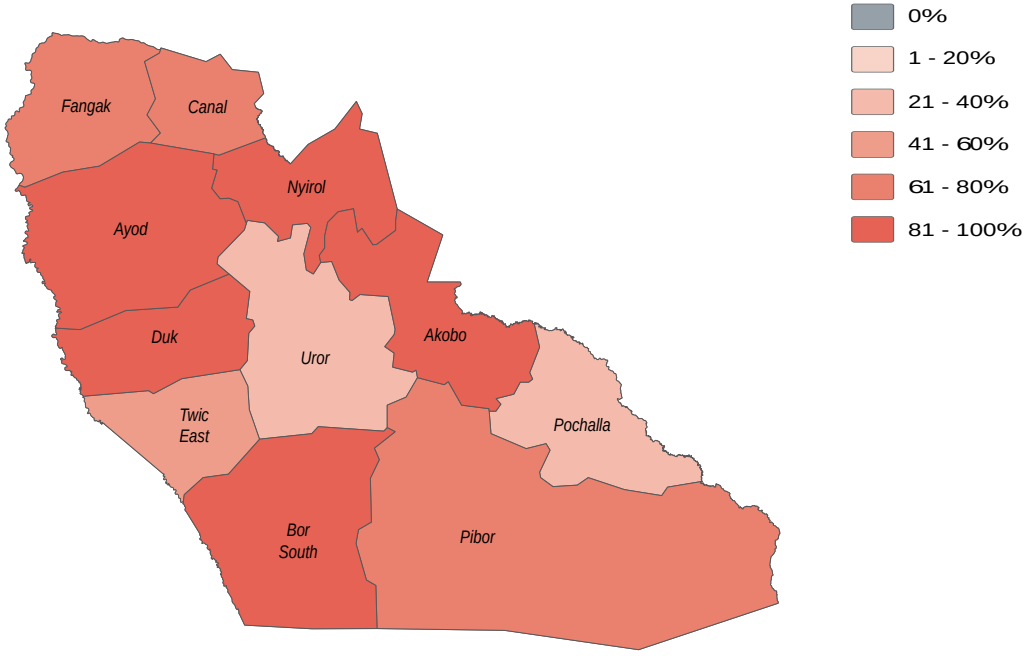
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

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

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



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

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

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

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

Akobo County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

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

	Ownership of a bucket or a jerrycan with a lid by percentage of households:	Ownership of soap by percentage of households:	Every member of the household sleeps under a mosquito net by percentage of households:
Overall	 No **5%** Yes 95%	 No **92%** Yes 8%	 No **51%** Yes 49%
Host	 No **5%** Yes 95%	 No **91%** Yes 9%	 No **51%** Yes 49%
IDPs	Yes 100%	 No **100%**	 No **67%** Yes 33%
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.

Ayod County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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

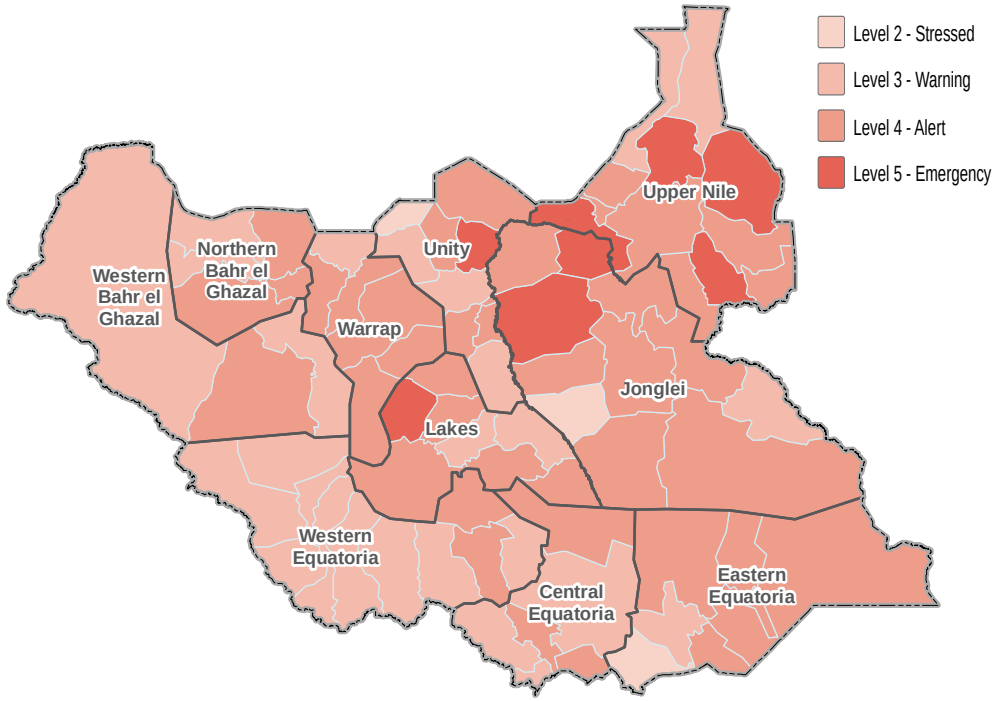
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of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

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

FSNMS Assessment Coverage

Partial coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

Host community	95%
IDP	4%
Others	1%

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

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

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

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

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

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Ayod County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

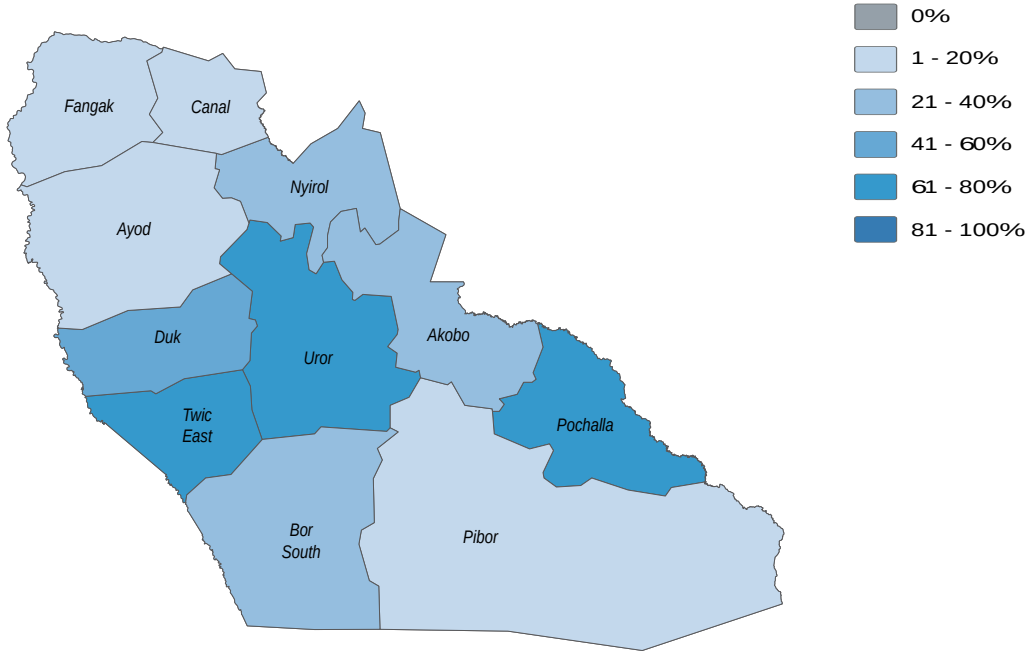
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

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

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



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

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

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

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

Overall

Borehole	64%
Swamp	35%
Hand dug well	1%

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

Host

Borehole	62%
Swamp	37%
Hand dug well	1%

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

IDPs

Borehole	100%

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

Returnees

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Ayod County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

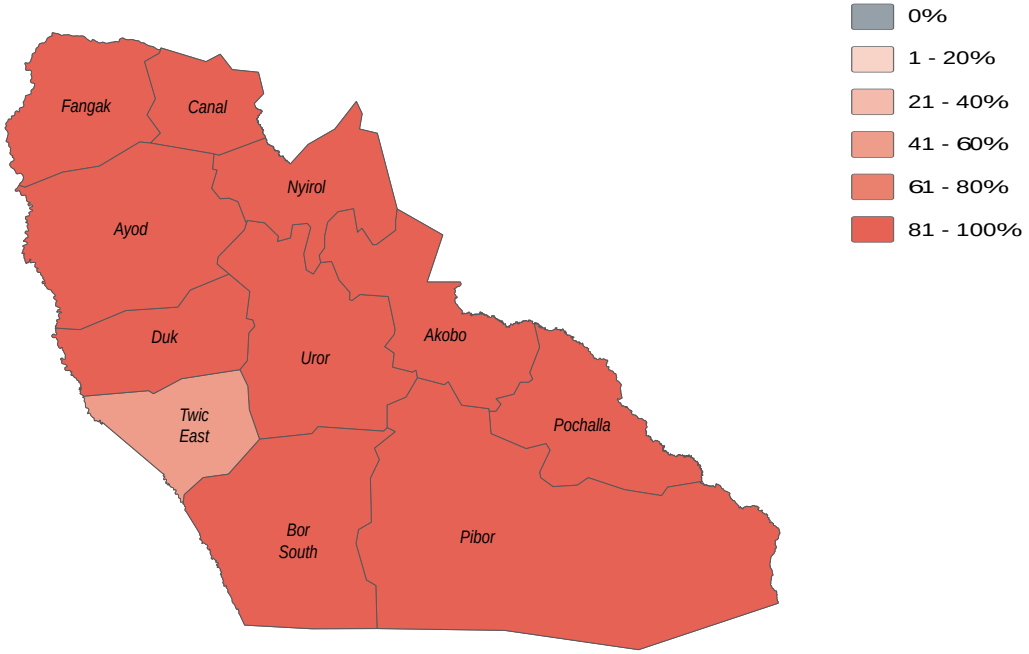
WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

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

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



Most commonly reported defecation location by percentage of households:

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

Overall

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

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

Host

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

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

IDPs

In the latrine	67%
In the bush	33%

In the latrine	67%
In the bush	33%

Returnees

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Ayod County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

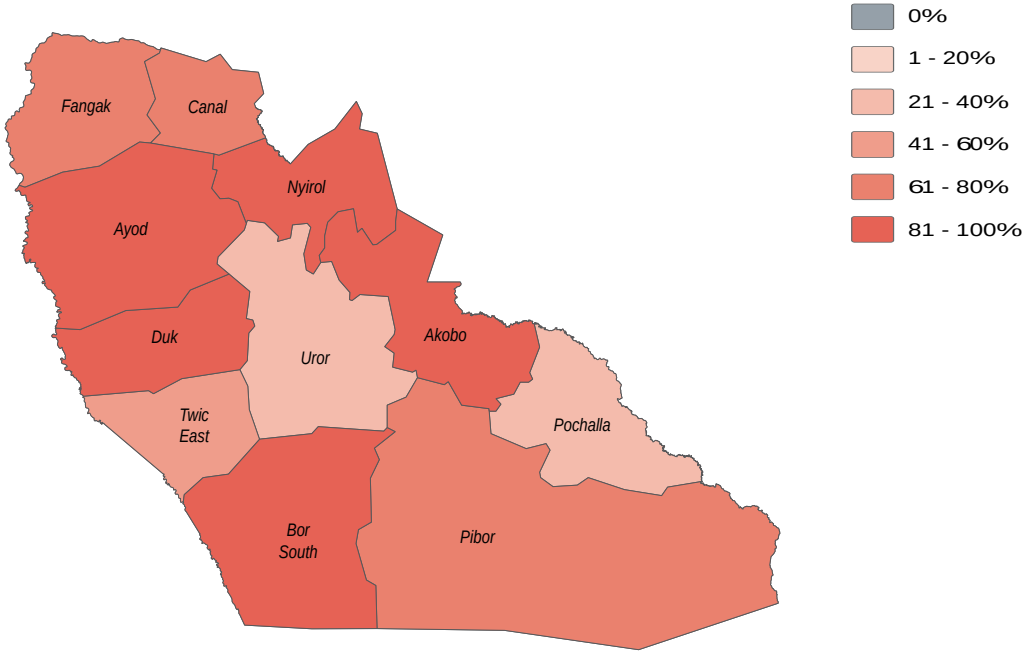
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

85%	of Ayod County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was an increase from the previous season.
76%	of Ayod County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 2018.
Malaria	was the most commonly reported water or vector borne disease in November and December, 2018. This was the same as the previous season.
Malaria	was the most commonly reported water or vector borne disease in July and August, 2018.

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



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

Overall	Typhoid	61%
	Malaria	54%
	Stomach pain	27%
	Eye infection	23%
	Fever	23%
Host	Typhoid	61%
	Malaria	56%
	Stomach pain	28%
	Eye infection	24%
	Fever	24%
IDPs		
Returnees		

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

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

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Ayod County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

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

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

Endnotes

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.

Bor South County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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

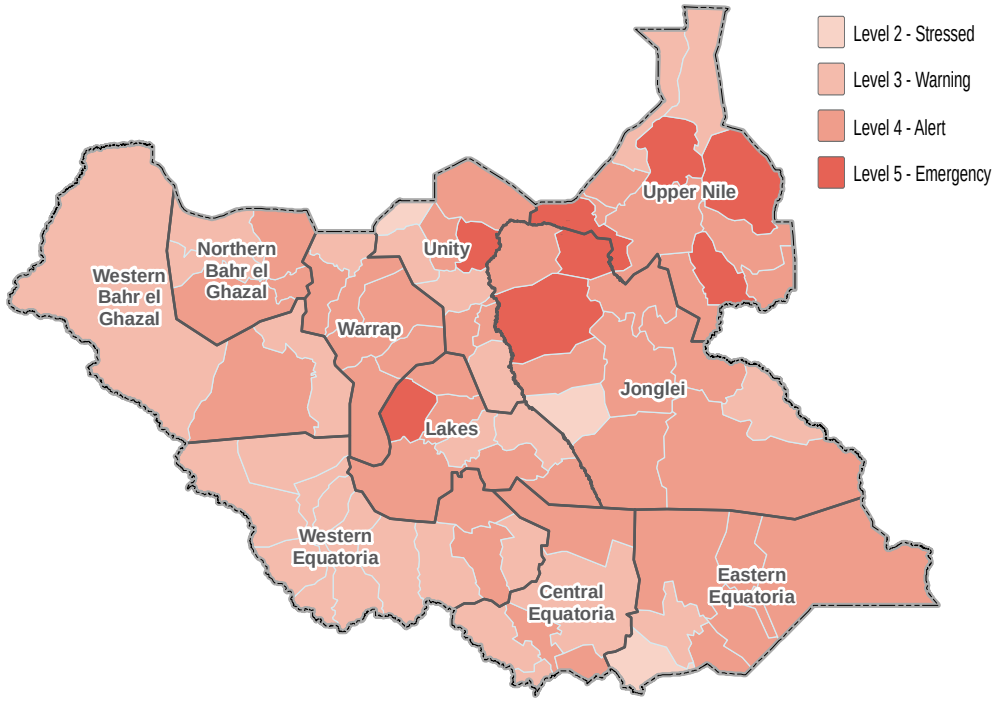
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of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

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

FSNMS Assessment Coverage

Full coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

Host community	96%
IDP	3%
Others	1%

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

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

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

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

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

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Bor South County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

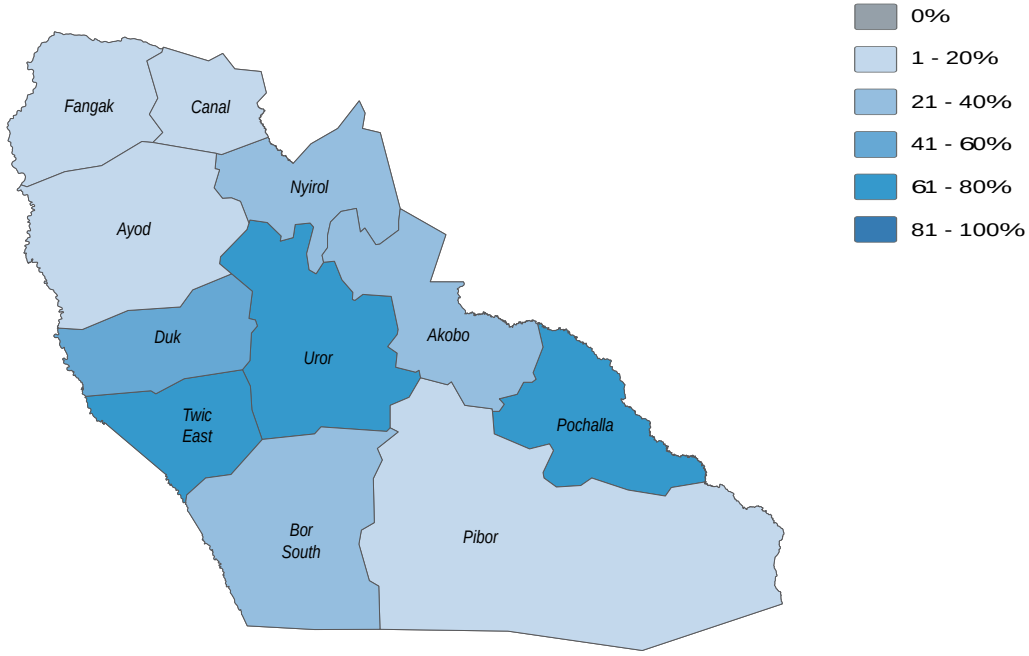
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

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

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



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

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

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

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

Overall

Borehole	72%	Less than 30 minutes	78%
Swamp	15%	30 minutes to 1 hour	15%
River or stream	10%	Between 1- 2 hours	6%
Tap stand	3%	More than 2 hours	1%

Host

Borehole	72%	Less than 30 minutes	79%
Swamp	15%	30 minutes to 1 hour	14%
River or stream	10%	Between 1- 2 hours	6%
Tap stand	3%	More than 2 hours	1%

IDPs

Borehole	67%	Less than 30 minutes	67%
River or stream	33%	30 minutes to 1 hour	33%

Returnees

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Bor South County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

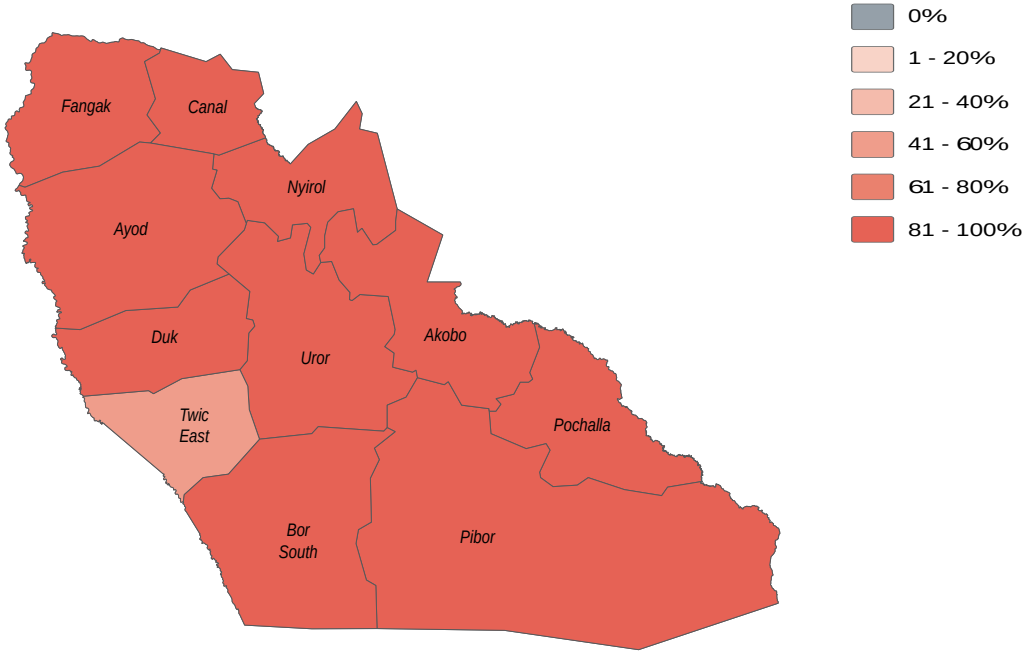
WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

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

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



Most commonly reported defecation location by percentage of households:

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

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

Bor South County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

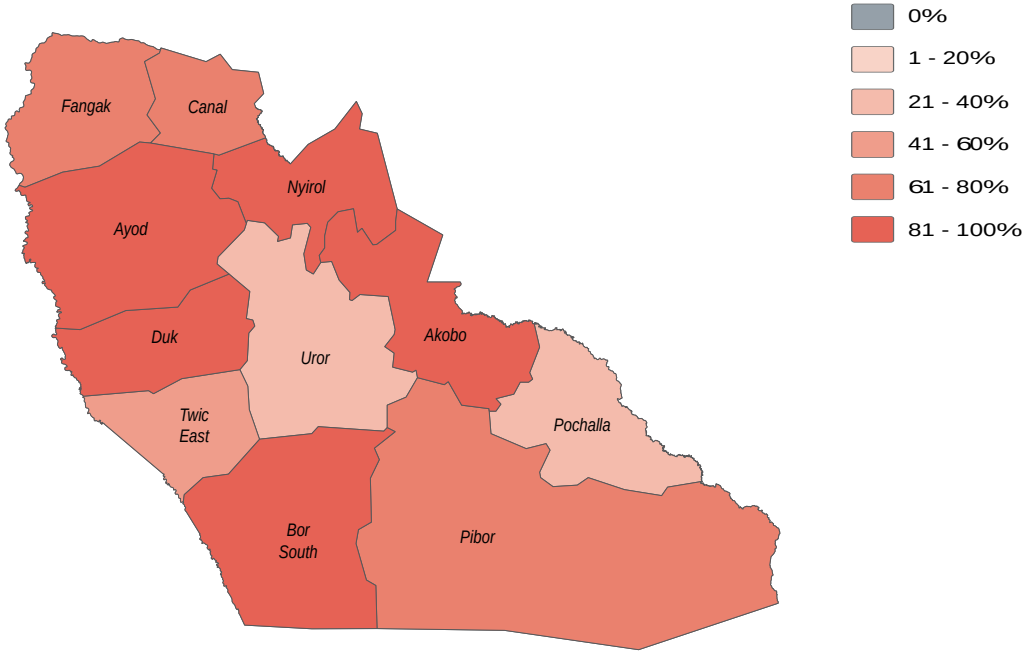
83% of Bor South County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was an increase from the previous season.

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

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

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

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



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

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

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

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

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Bor South County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

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

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

Endnotes

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

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.

Canal\Pigi County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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

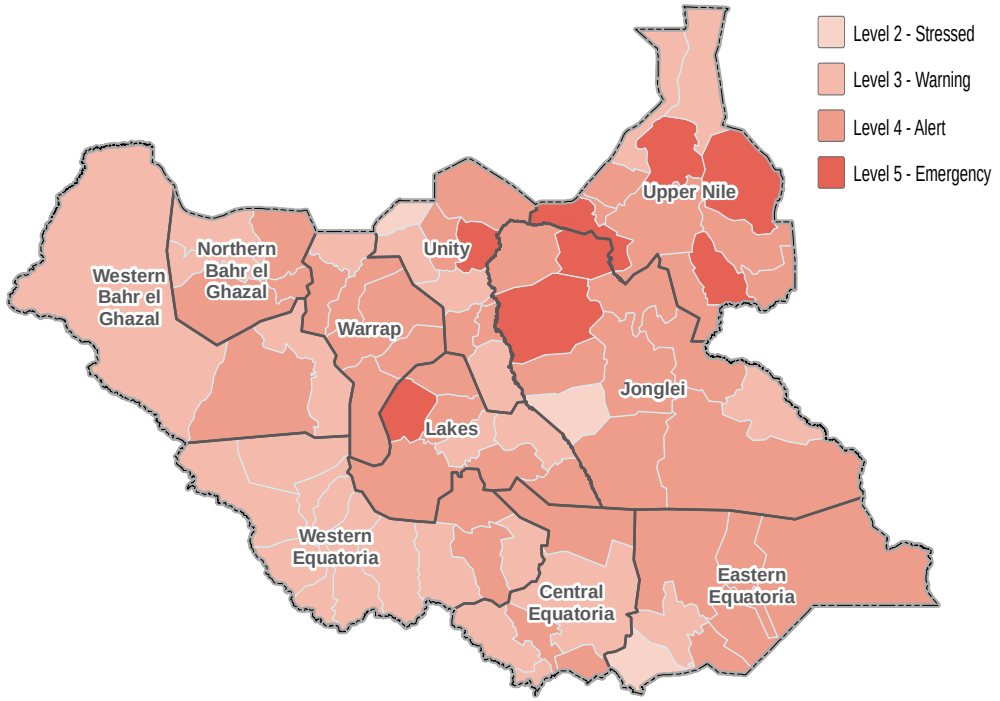
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of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

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	74%
IDP	17%
Returnee	9%

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

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

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

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

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

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

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE

REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Canal\Pigi County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

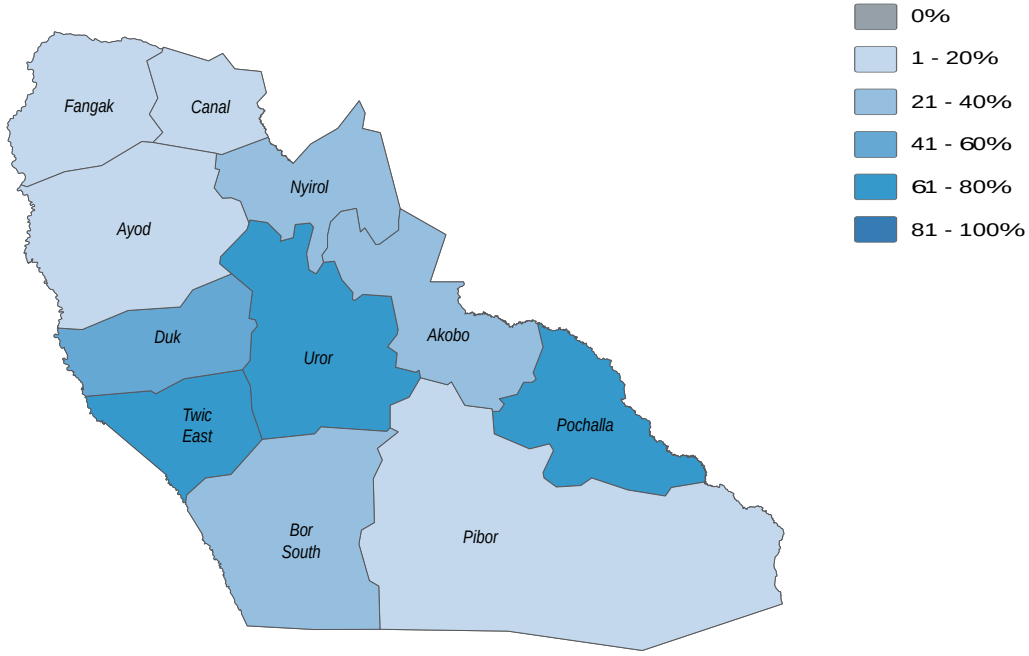
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

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

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



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

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

	Most commonly reported sources of drinking water by percentage of households:		Most commonly reported time spent collecting drinking water (walking to **collection point, waiting, filling container,** returning home) by percentage of households:	
Overall	River or stream	72%	Less than 30 minutes	45%
	Borehole	12%	Between 1- 2 hours	39%
	Swamp	10%	30 minutes to 1 hour	8%
	Unprotected well	4%	More than 2 hours	7%
	Don't know	1%		
Host	River or stream	68%	Between 1- 2 hours	48%
	Borehole	14%	Less than 30 minutes	35%
	Swamp	13%	More than 2 hours	10%
	Unprotected well	5%	30 minutes to 1 hour	8%
	Don't know	1%		
IDPs	River or stream	78%	Less than 30 minutes	67%
	Borehole	11%	Between 1- 2 hours	22%
	Swamp	6%	30 minutes to 1 hour	11%
	Tap stand	6%		
Returnees	River or stream	100%	Less than 30 minutes	90%
			30 minutes to 1 hour	10%

Canal\Pigi County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

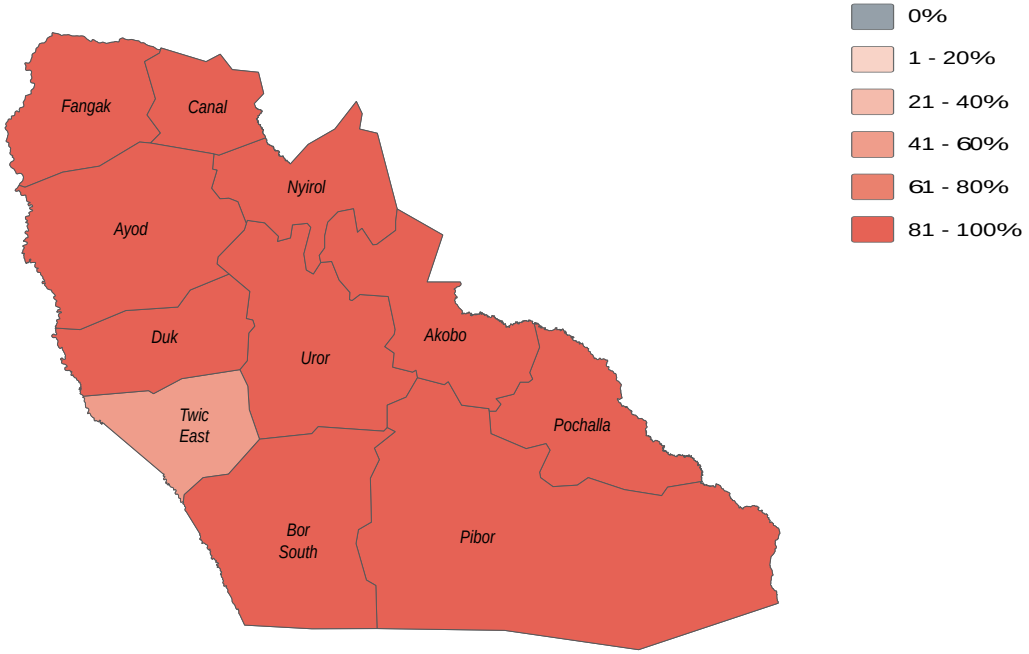
WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

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

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



	Most commonly reported defecation location by percentage of households:		Most commonly reported excreta disposal **methods for children under five by** percentage of households:	
Overall	In the bush	99%	In the bush	93%
	In the latrine	1%	Dig a hole and cover	4%
			No answer	2%
			In the latrine	1%
			Left where it is	1%
Host	In the bush	100%	In the bush	93%
			Dig a hole and cover	4%
			No answer	3%
			Left where it is	1%
IDPs	In the bush	94%	In the bush	89%
	In the latrine	6%	Dig a hole and cover	6%
			In the latrine	6%
Returnees	In the bush	100%	In the bush	100%

REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Canal\Pigi County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

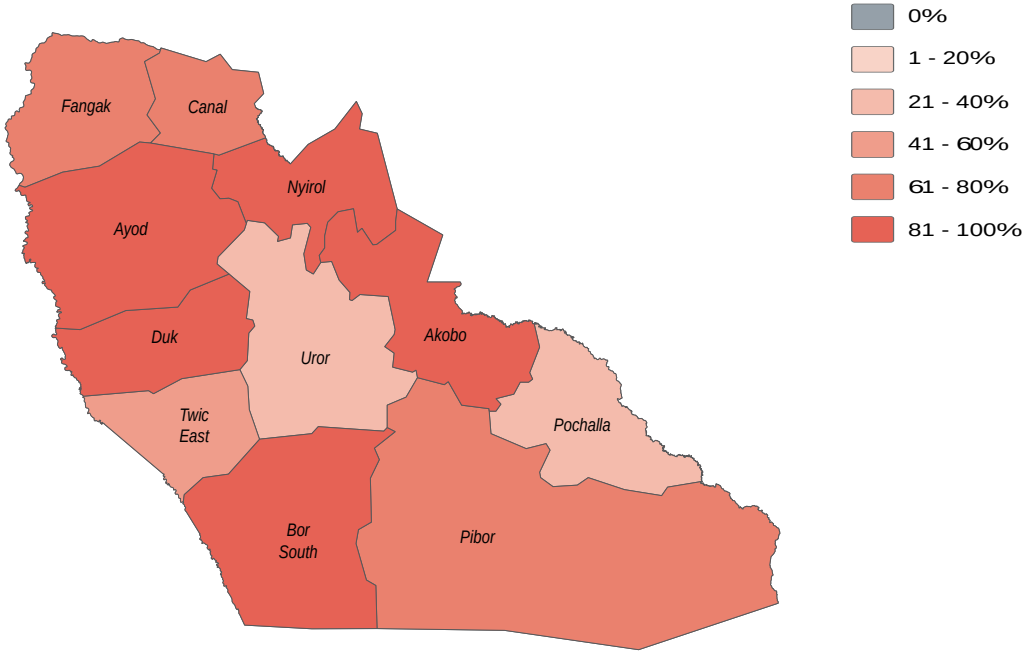
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

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

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



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

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	89%	Malaria	95%
Typhoid	70%	Fever	69%
Fever	50%	Flu	64%
Flu	50%	Typhoid	62%
Stomach pain	50%	Stomach pain	57%

Host

Malaria	90%	Malaria	97%
Typhoid	71%	Fever	68%
Fever	55%	Flu	68%
Flu	49%	Typhoid	65%
Stomach pain	47%	Stomach pain	56%

IDPs

Malaria	80%	Malaria	86%
Flu	60%	Fever	71%
Stomach pain	60%	Stomach pain	57%
Typhoid	60%	Eye infection	43%
AWD	40%	Flu	43%

Returnees

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Canal\Pigi County - Water, Sanitation and Hygiene Factsheet

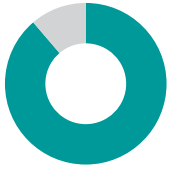
Jonglei State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

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

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

Endnotes

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

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.

Duk County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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

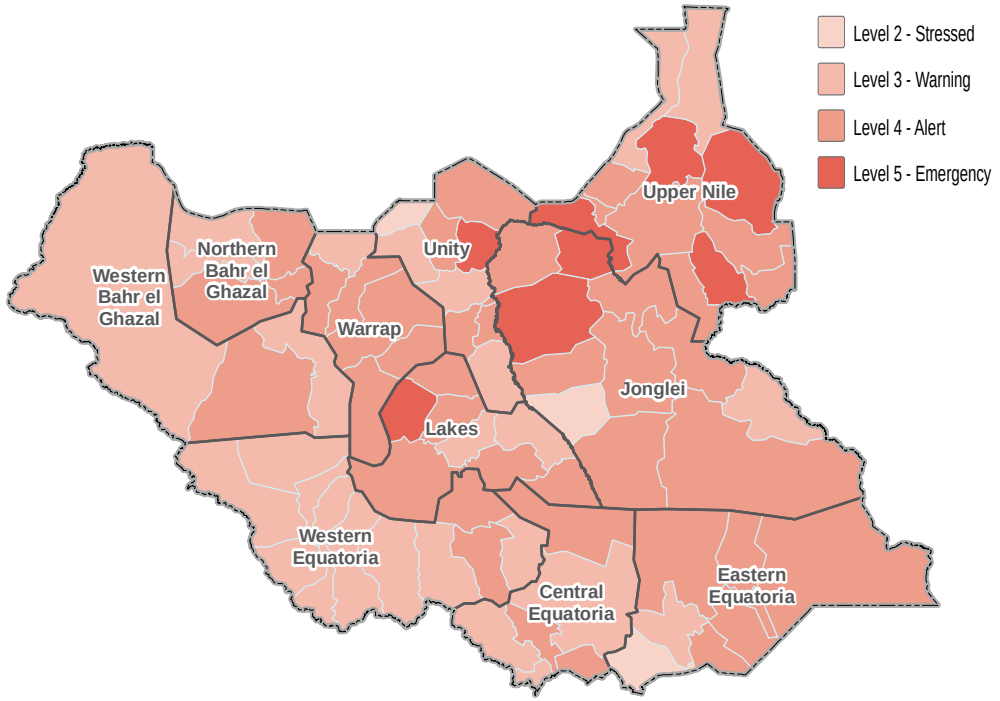
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of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

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

FSNMS Assessment Coverage

Partial coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

Host community	95%
IDP	2%
Returnee	2%

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

In the last one year	100%

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

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

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

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

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Duk County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

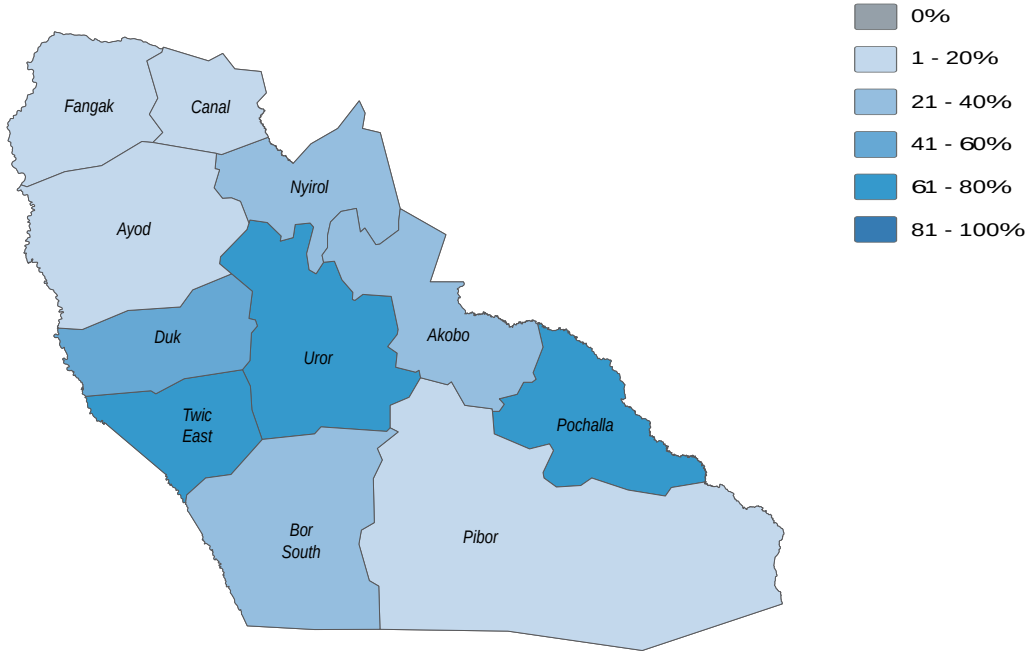
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

100%	of Duk County HHs reported having safe access to an improved source of drinking water as their main source, in November and December, 2018. This was the same as the previous season.
100%	of Duk County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
58%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was an increase from the previous season.
9%	of HHs reported feeling unsafe while collecting water, in July and August, 2018.

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



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

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

	Most commonly reported sources of drinking water by percentage of households:		Most commonly reported time spent collecting drinking water (walking to **collection point, waiting, filling container,** returning home) by percentage of households:	
Overall	Borehole	100%	Less than 30 minutes	52%
			30 minutes to 1 hour	38%
			Between 1- 2 hours	10%
Host	Borehole	100%	Less than 30 minutes	52%
			30 minutes to 1 hour	38%
			Between 1- 2 hours	10%
IDPs	Borehole	100%	Less than 30 minutes	100%
Returnees	Borehole	100%	30 minutes to 1 hour	50%
			Between 1- 2 hours	50%

REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Duk County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

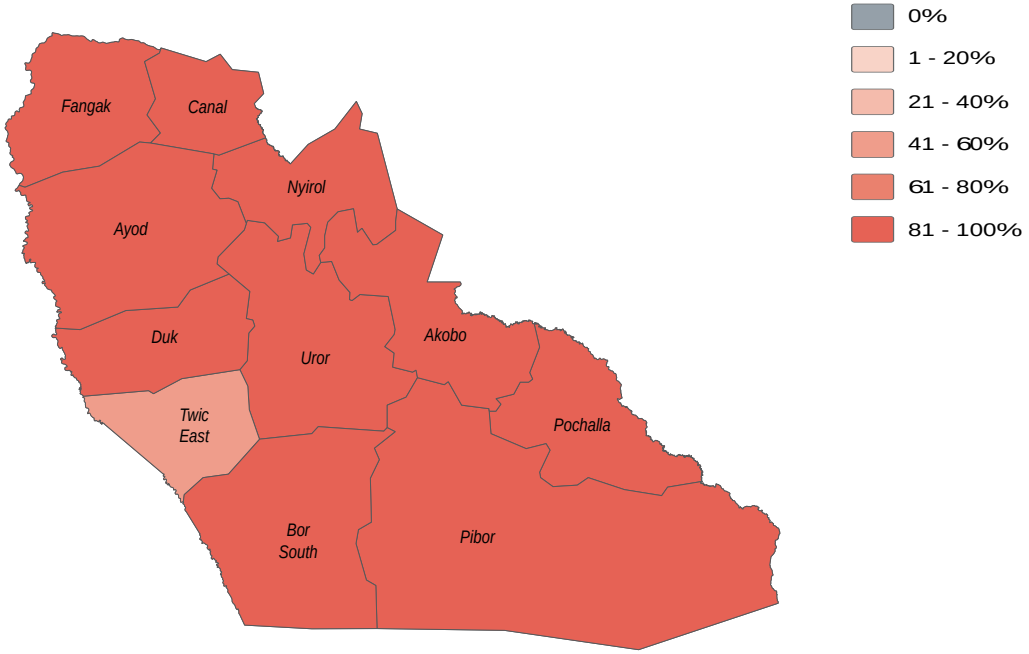
WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

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

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



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

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Duk County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

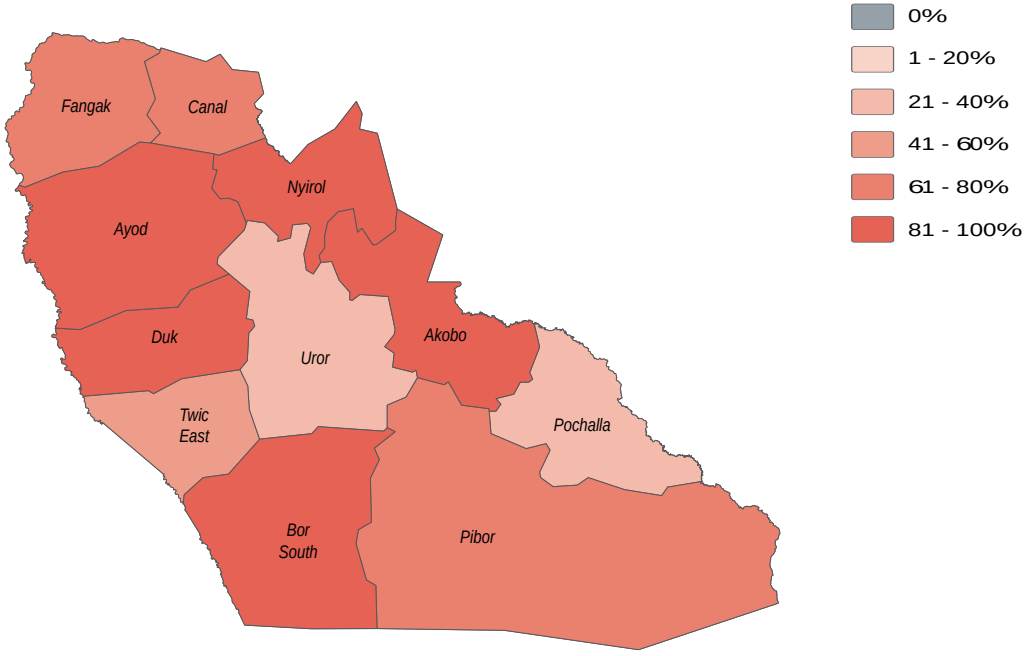
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

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

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



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

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

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

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

Duk County - Water, Sanitation and Hygiene Factsheet

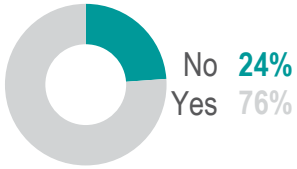
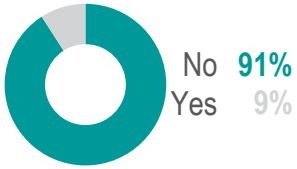
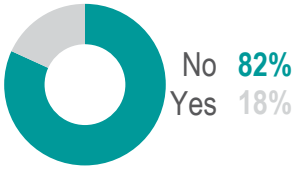
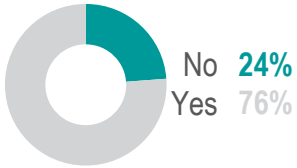
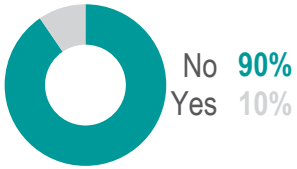
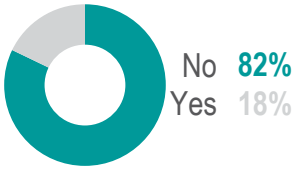
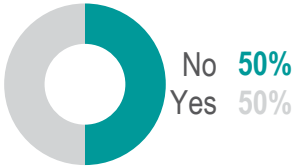
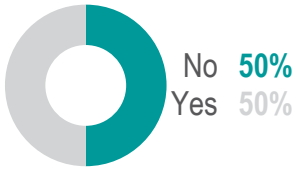
Jonglei State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

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

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

Endnotes

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

About REACH

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

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

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

Fangak County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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

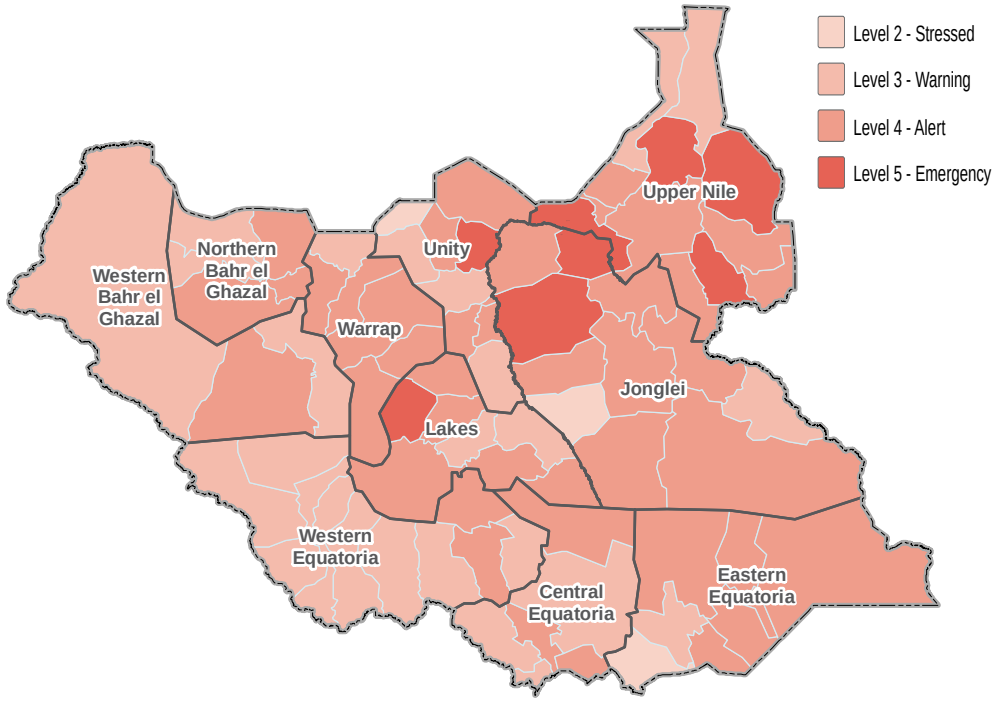
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of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

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

FSNMS Assessment Coverage

Full coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

Host community	96%
IDP	3%
Returnee	1%

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

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

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

Around 5 years	100%

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

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

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Fangak County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

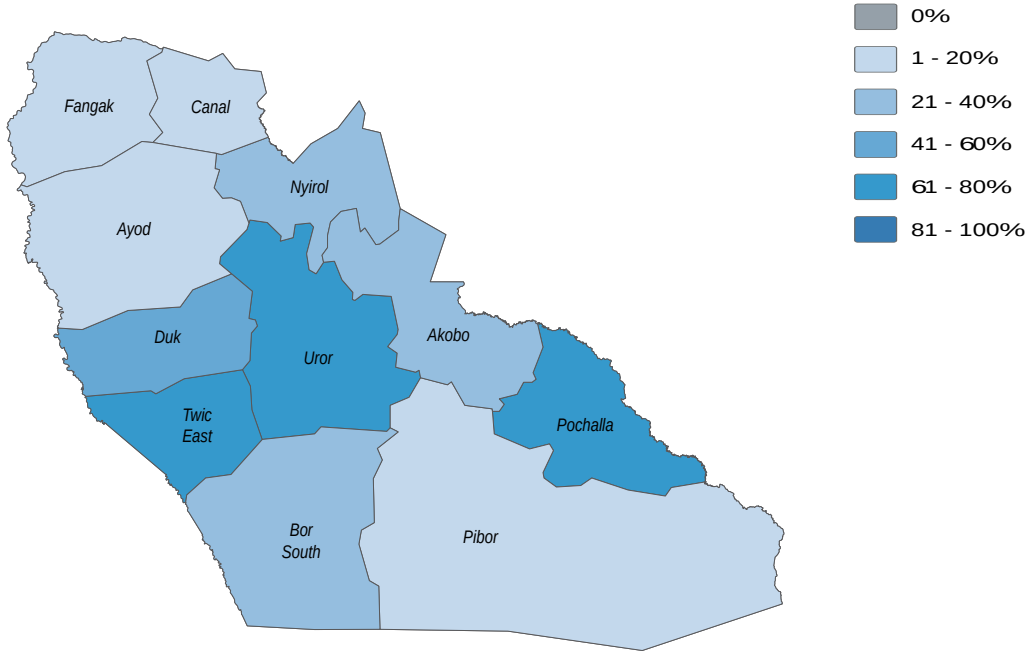
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

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

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



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

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

	Most commonly reported sources of drinking water by percentage of households:		Most commonly reported time spent collecting drinking water (walking to **collection point, waiting, filling container,** returning home) by percentage of households:	
Overall	Swamp	61%	Less than 30 minutes	37%
	River or stream	17%	30 minutes to 1 hour	36%
	Hand dug well	12%	Between 1- 2 hours	25%
	Borehole	7%	More than 2 hours	3%
	Tap stand	3%		
Host	Swamp	62%	30 minutes to 1 hour	37%
	River or stream	16%	Less than 30 minutes	36%
	Hand dug well	11%	Between 1- 2 hours	25%
	Borehole	7%	More than 2 hours	2%
	Tap stand	3%		
IDPs	Borehole	33%	Less than 30 minutes	67%
	River or stream	33%	More than 2 hours	33%
	Swamp	33%		
Returnees	Hand dug well	100%	Between 1- 2 hours	100%

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Fangak County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

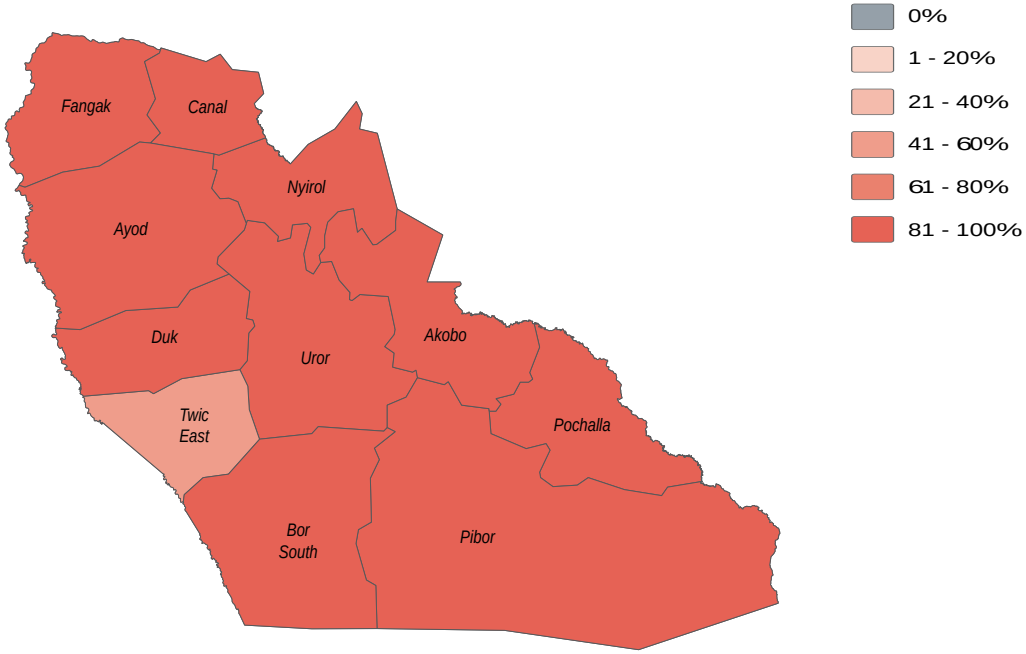
WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

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

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



Most commonly reported defecation location by percentage of households:

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

Overall

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

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

Host

In the bush	99%
In the latrine	1%

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

IDPs

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

In the bush	67%
Left where it is	33%

Returnees

In the bush	100%

In the bush	100%

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Fangak County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

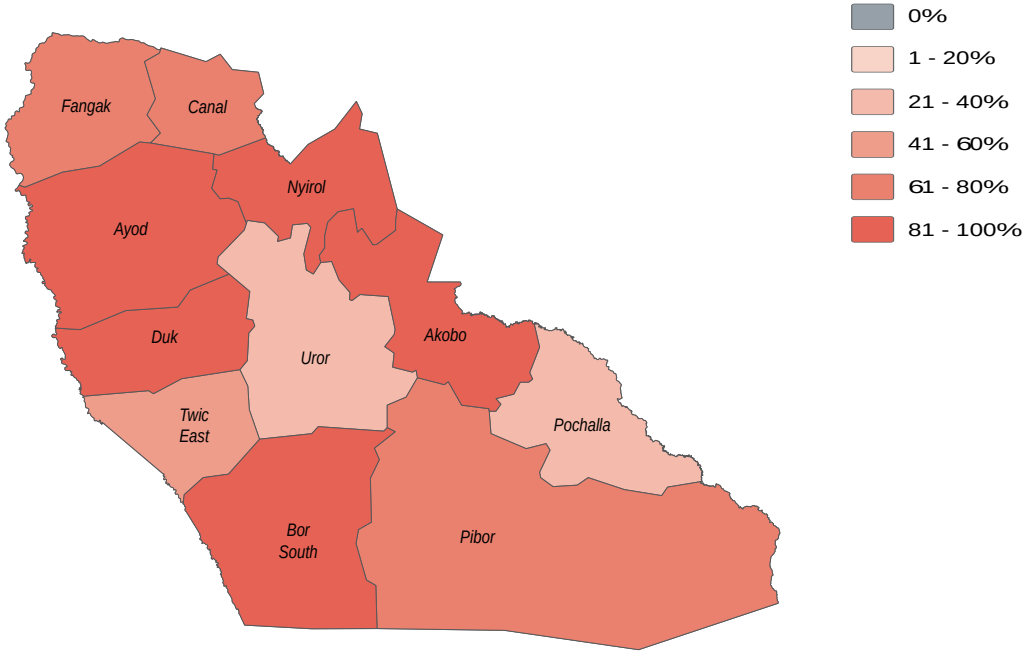
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

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

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



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

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

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

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

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Fangak County - Water, Sanitation and Hygiene Factsheet

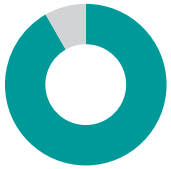
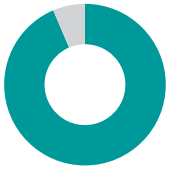
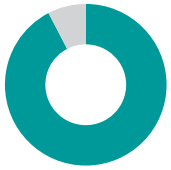
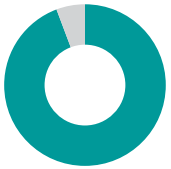
Jonglei State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

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

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

Endnotes

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

About REACH

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

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

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

Nyirol County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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

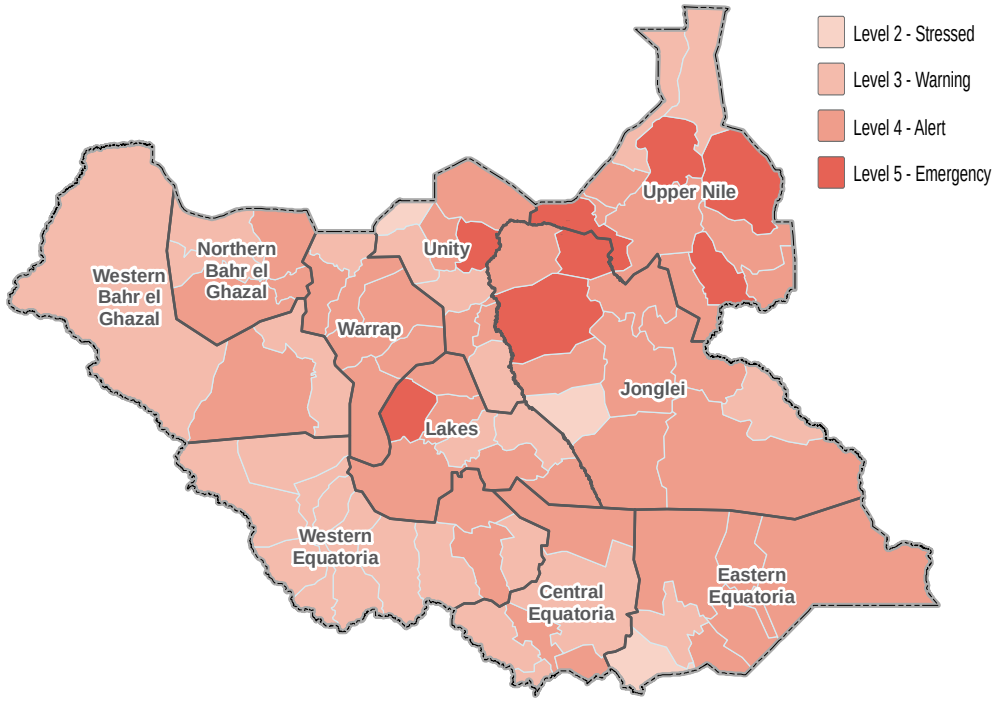
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of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

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

FSNMS Assessment Coverage

Full coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

Host community	98%
IDP	2%

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

In the last one year	100%

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

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

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

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Nyirol County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

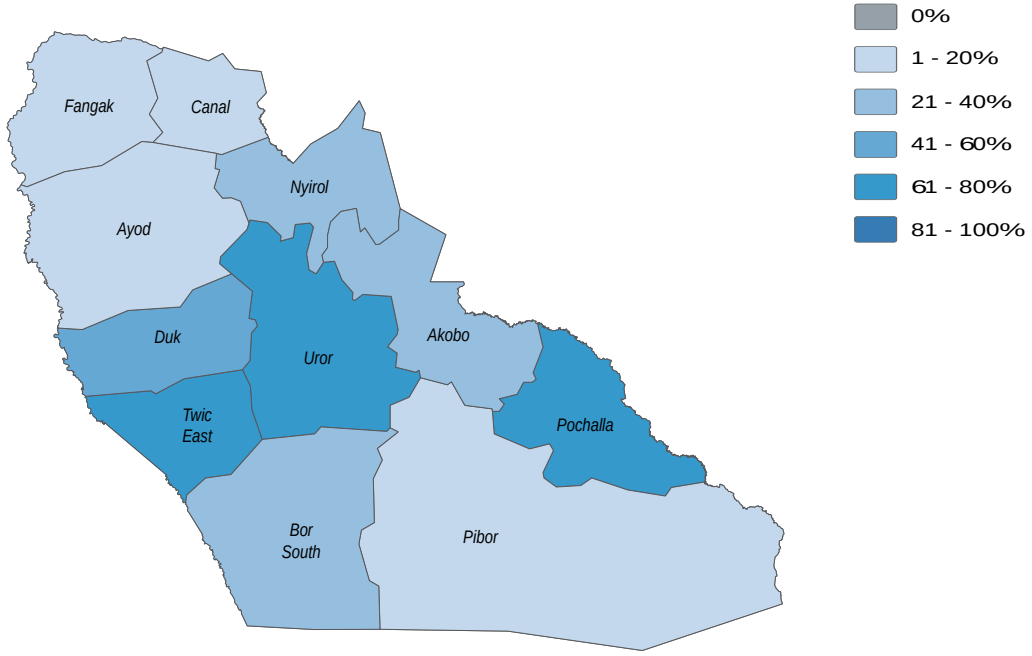
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

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

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



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

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

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

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

Overall

Borehole	94%
Swamp	5%
Tap stand	1%

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

Host

Borehole	94%
Swamp	5%
Tap stand	1%

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

IDPs

Borehole	100%

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

Returnees

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Nyirol County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

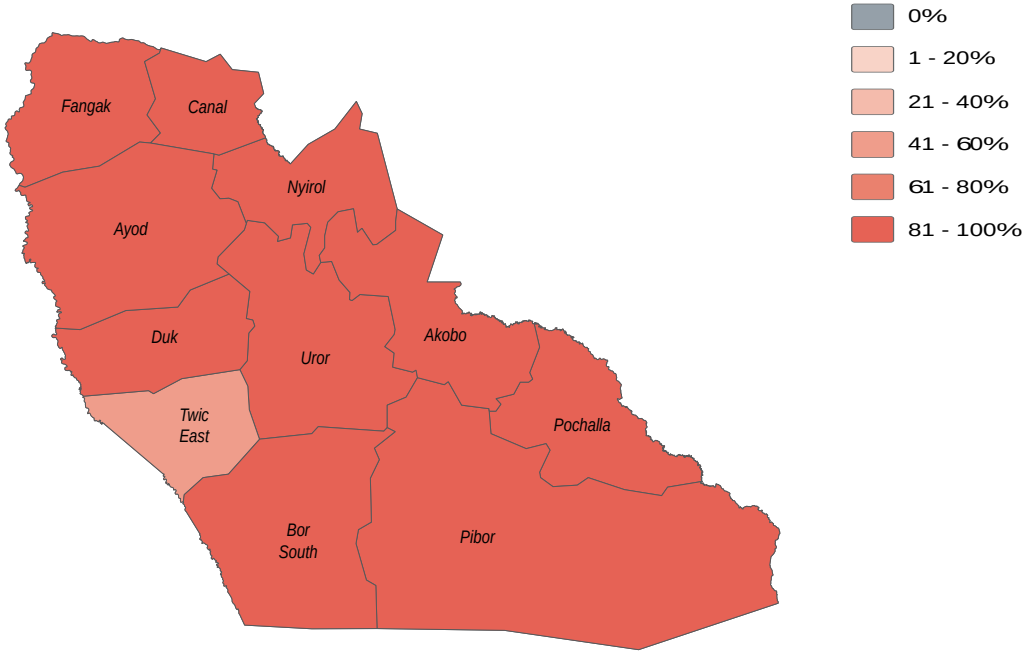
WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

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

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



	Most commonly reported defecation location by percentage of households:		Most commonly reported excreta disposal **methods for children under five by** percentage of households:	
Overall	In the bush	99%	In the bush	97%
	In the latrine	1%	In the latrine	2%
			No answer	1%
Host	In the bush	99%	In the bush	97%
	In the latrine	1%	In the latrine	2%
			No answer	1%
IDPs	In the bush	100%	In the bush	100%
Returnees				

REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Nyirol County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

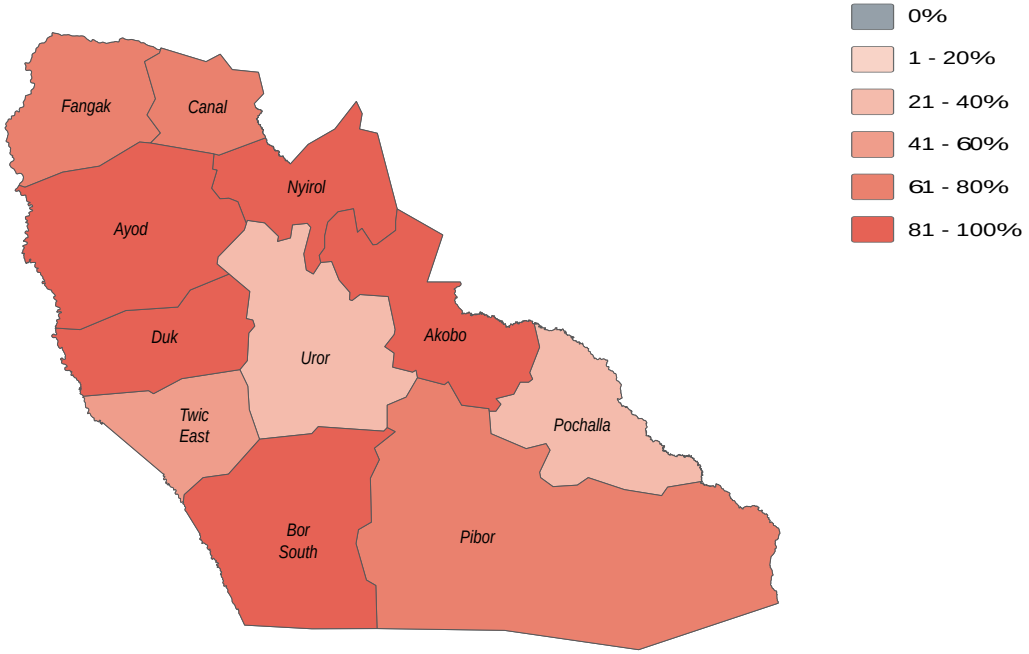
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

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

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



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

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

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

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

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Nyirol County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

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

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

Endnotes

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.

Pibor County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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

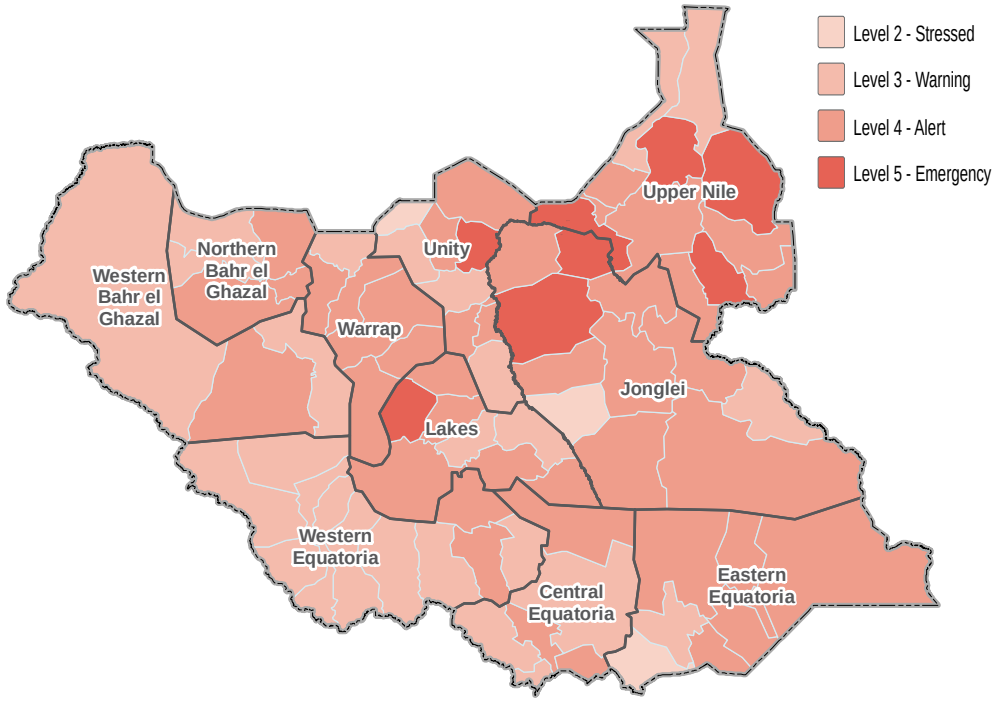
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of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

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

FSNMS Assessment Coverage

Full coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

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

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

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

In the last one year	100%

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

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

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Pibor County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

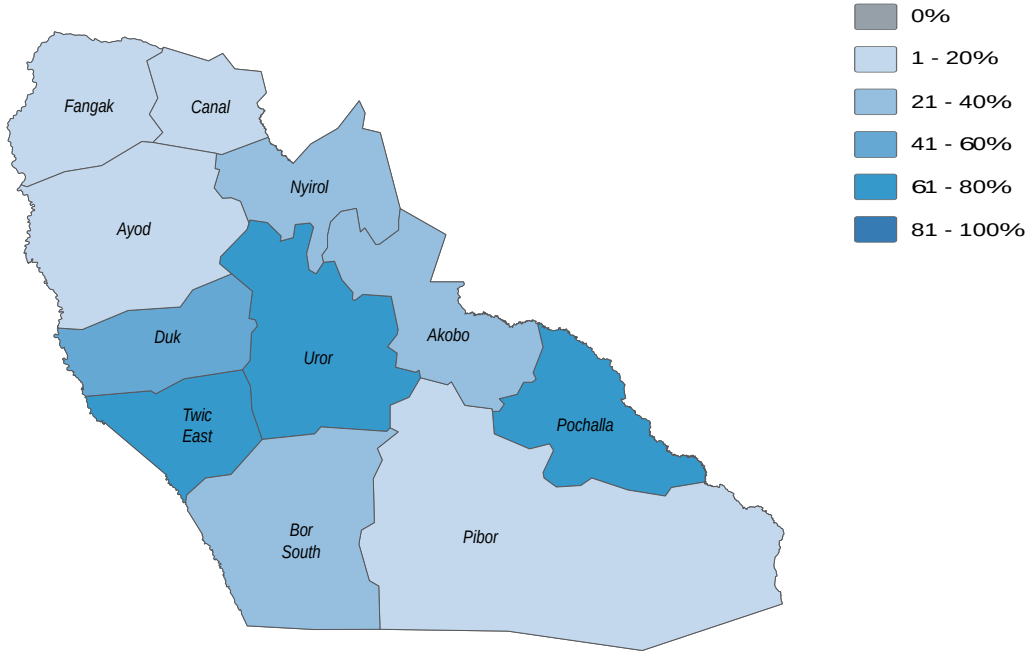
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

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

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



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

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

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

REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Pibor County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

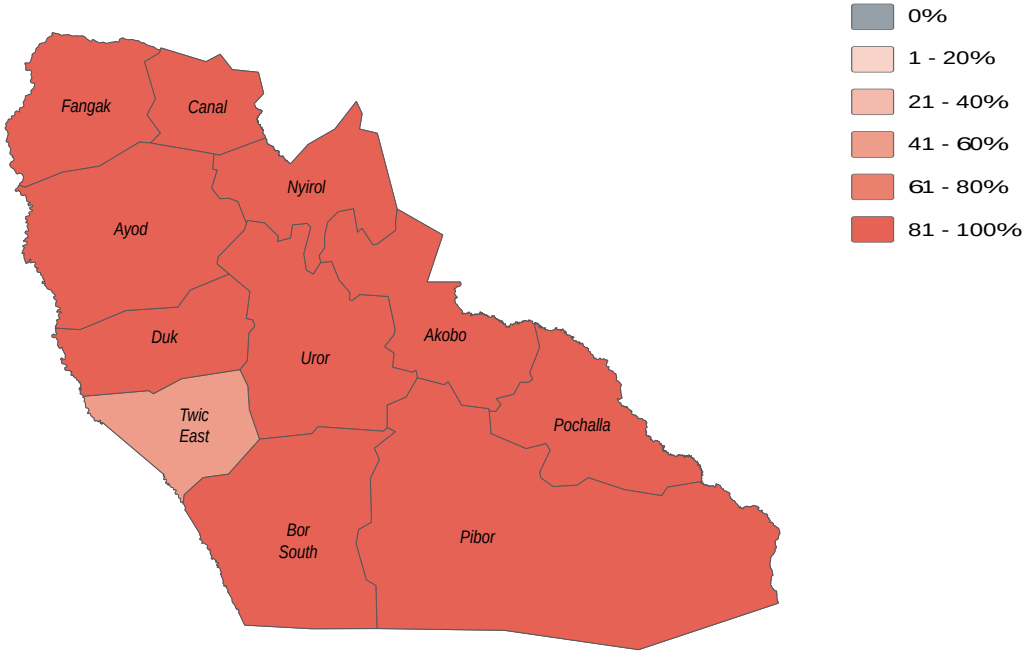
WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

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

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



	Most commonly reported defecation location by percentage of households:		Most commonly reported excreta disposal **methods for children under five by** percentage of households:	
Overall	In the bush	100%	In the bush	84%
			Dig a hole and cover	7%
			Left where it is	7%
			In the latrine	1%
			No answer	1%
Host	In the bush	100%	In the bush	84%
			Dig a hole and cover	7%
			Left where it is	6%
			In the latrine	1%
			No answer	1%
IDPs				
Returnees	In the bush	100%	In the bush	100%

REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Pibor County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

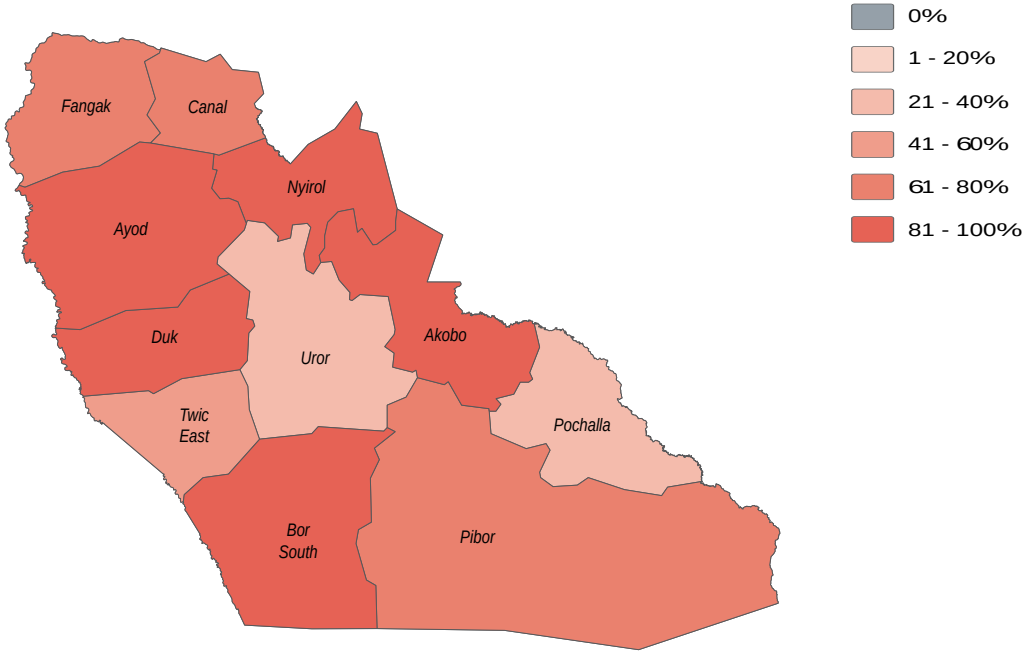
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

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

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



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

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

	Most commonly self-reported water or vector borne diseases for adults		Most commonly self-reported water or vector borne disease for children under 5	
Overall	Malaria	90%	Malaria	97%
	Typhoid	50%	Fever	69%
	Fever	40%	AWD	42%
	AWD	24%	Stomach pain	31%
	Skin infection	21%	Eye infection	27%
Host	Malaria	90%	Malaria	100%
	Typhoid	49%	Fever	70%
	Fever	41%	AWD	46%
	AWD	26%	Stomach pain	34%
	Skin infection	21%	Eye infection	27%
IDPs				
Returnees				

REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Pibor County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

11%	of **Pibor County** HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in November and December, 2018. This was an increase from the previous season.
10%	of **Pibor County** HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in HH in July and August, 2018.
3	was the average number of jerrycans and/or buckets per HH in July and August, 2018. This was an increase from the previous season.
2	was the average number of jerrycans and/or buckets per HH in November and December, 2018.

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

Endnotes

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

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.

Pochalla County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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

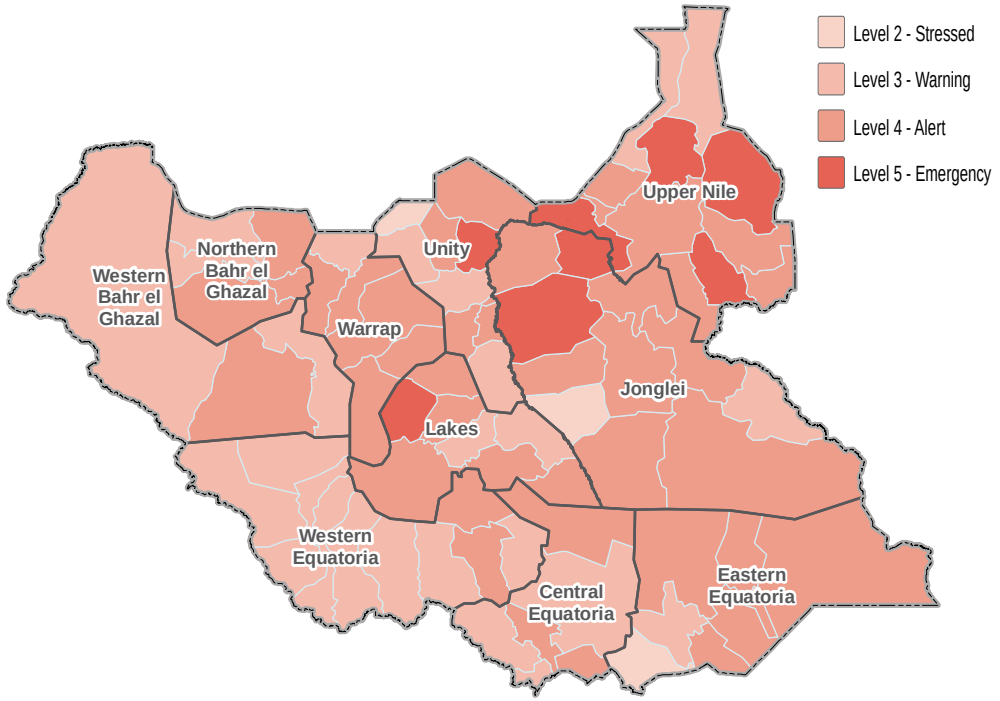
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of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

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

FSNMS Assessment Coverage

Full coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

Host community	98%
Returnee	2%

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

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

In the last one year	100%

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

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

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Pochalla County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

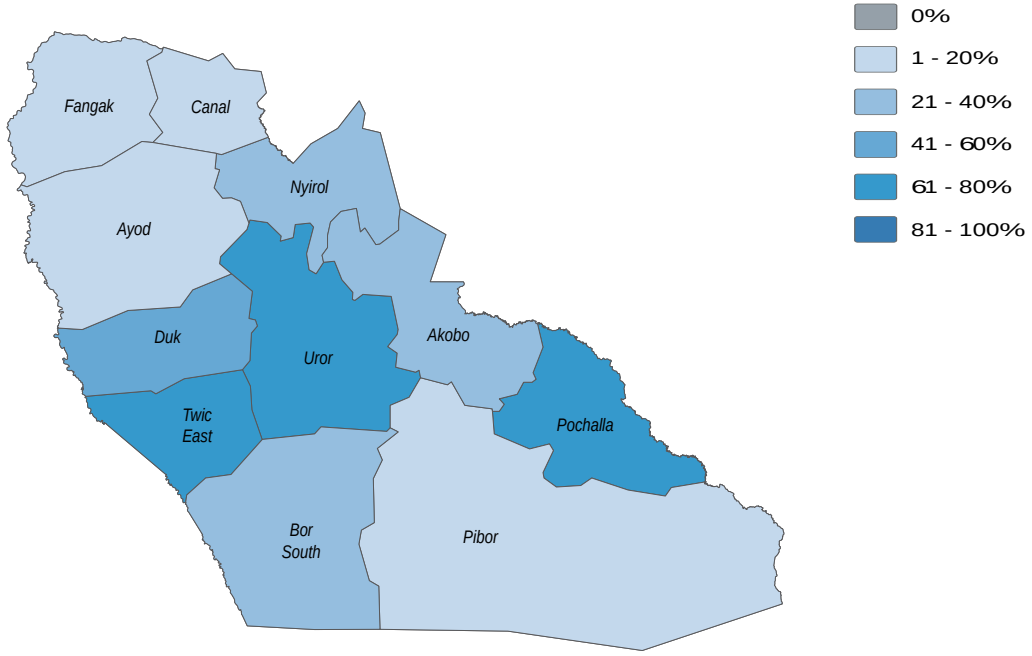
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

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

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



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

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

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

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Pochalla County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

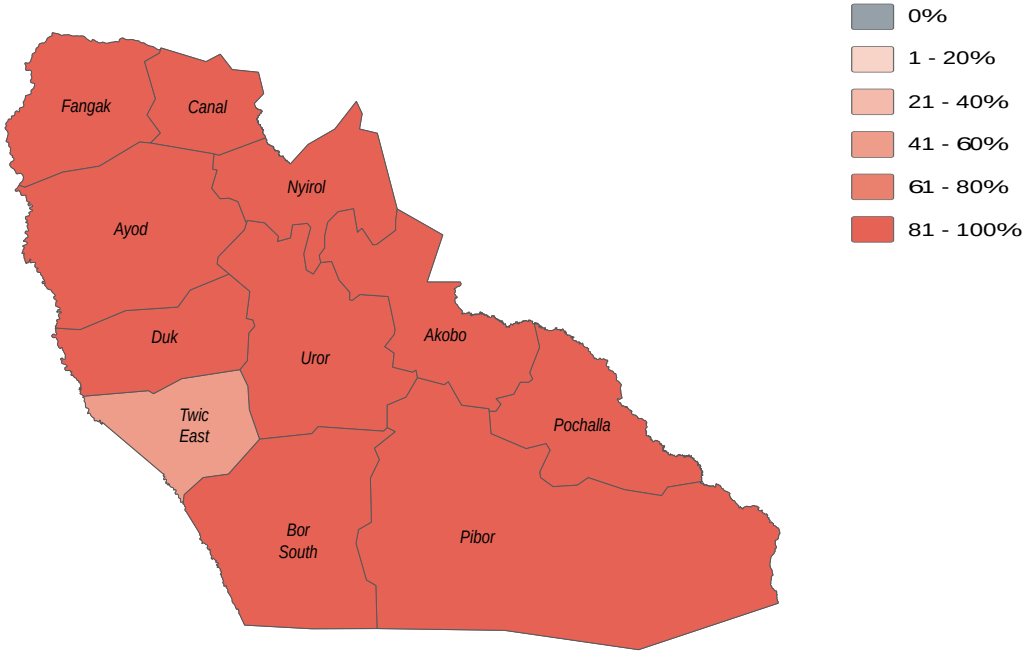
WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

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

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



Most commonly reported defecation location by percentage of households:

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

Overall	In the bush	94%	Dig a hole and cover	50%
	In the latrine	6%	In the bush	46%
			In the latrine	4%
Host	In the bush	93%	Dig a hole and cover	51%
	In the latrine	7%	In the bush	45%
			In the latrine	4%
IDPs				
Returnees	In the bush	100%	In the bush	100%

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Pochalla County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

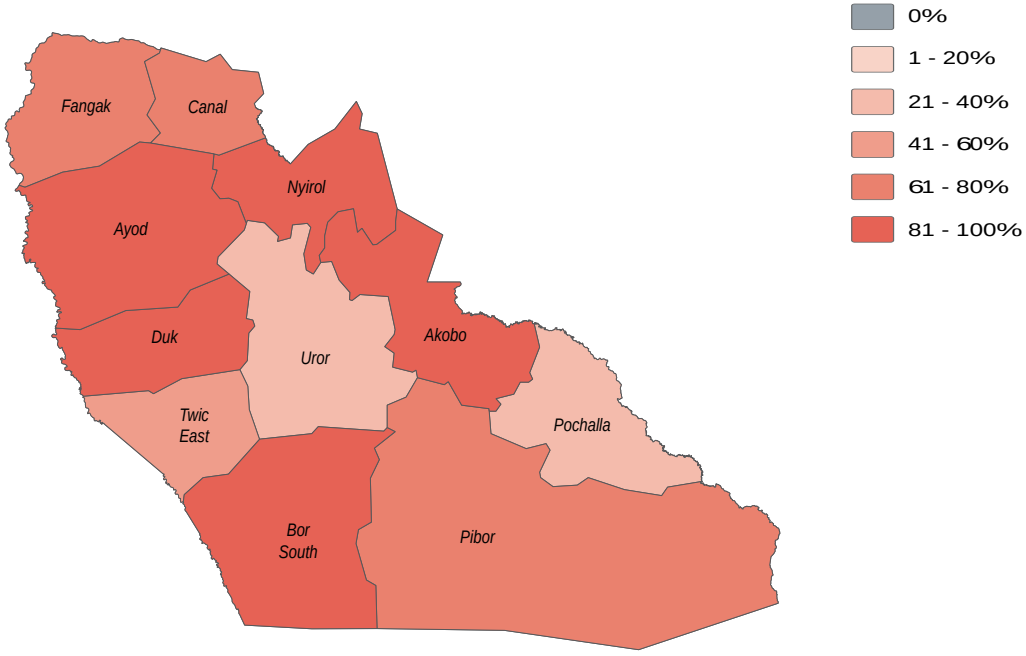
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

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

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



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

Overall	Malaria	43%
	Fever	29%
	AWD	14%
	Skin infection	14%
Host	Malaria	50%
	AWD	17%
	Fever	17%
	Skin infection	17%
IDPs		
Returnees		

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

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

Pochalla County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

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

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

Endnotes

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

Twic East County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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

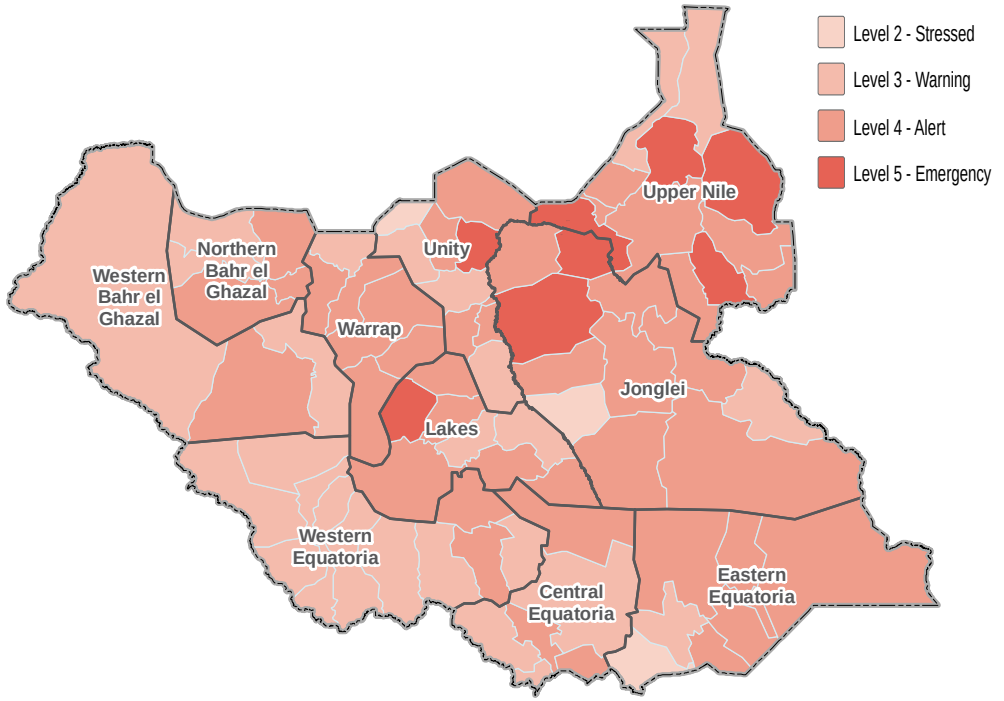
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of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

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

FSNMS Assessment Coverage

Partial coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

Host community	100%

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

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

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

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

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Twic East County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

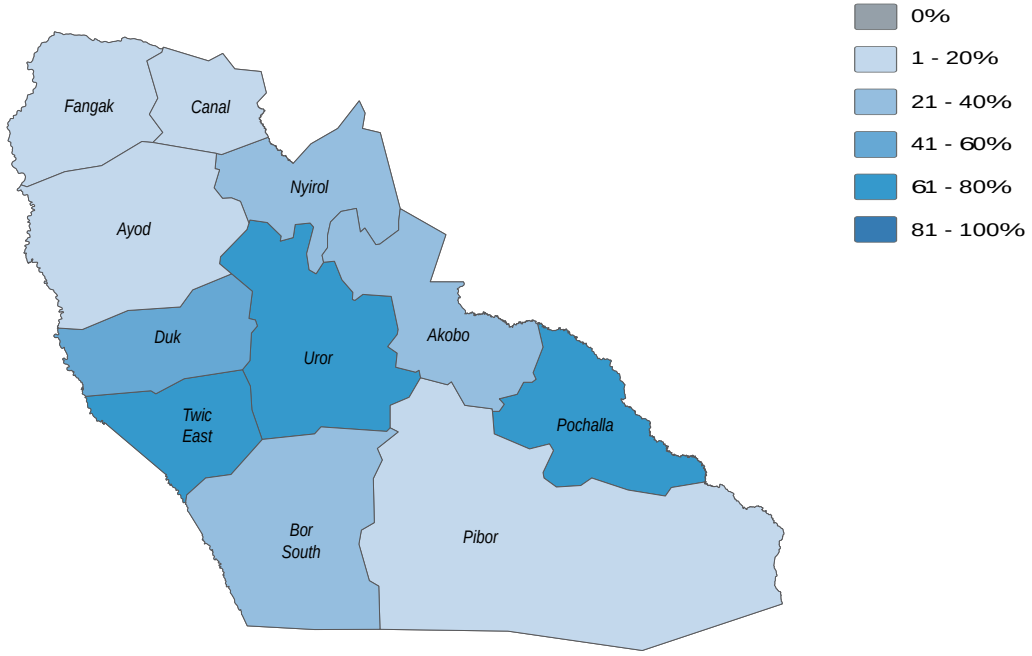
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

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

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



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	100%

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

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

Host

Borehole	100%

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

IDPs

Returnees

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Twic East County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

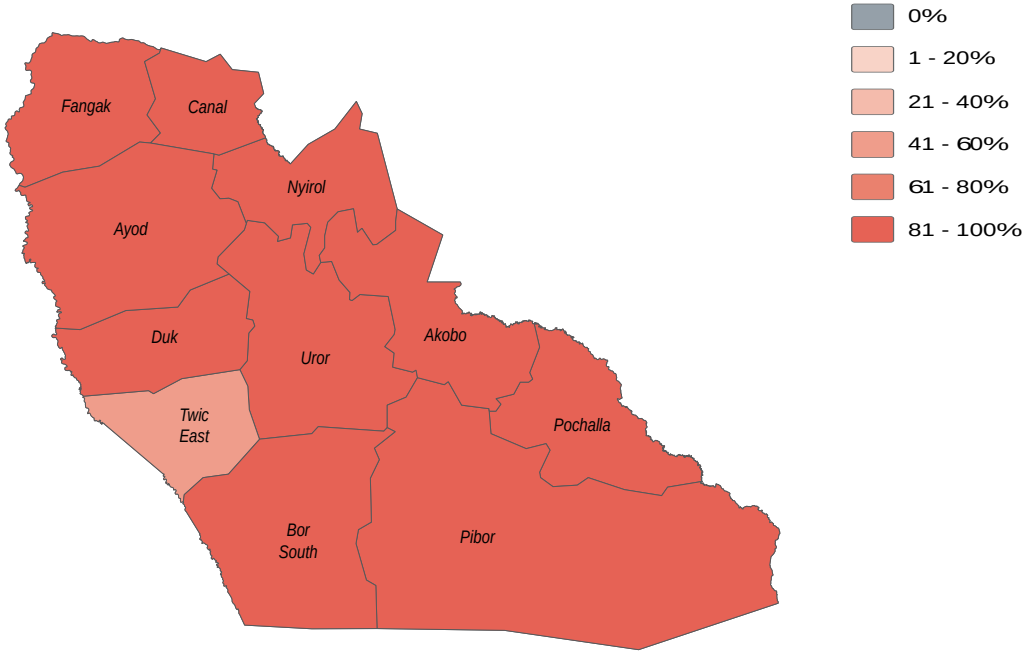
43% of Twic East County HHs reported having access to a latrine (private, shared, or communal/ institutional), in November and December, 2018. This was the same as the previous season.

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

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

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

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



Most commonly reported defecation location by percentage of households:

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

Overall

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

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

Host

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

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

IDPs

Returnees

Twic East County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

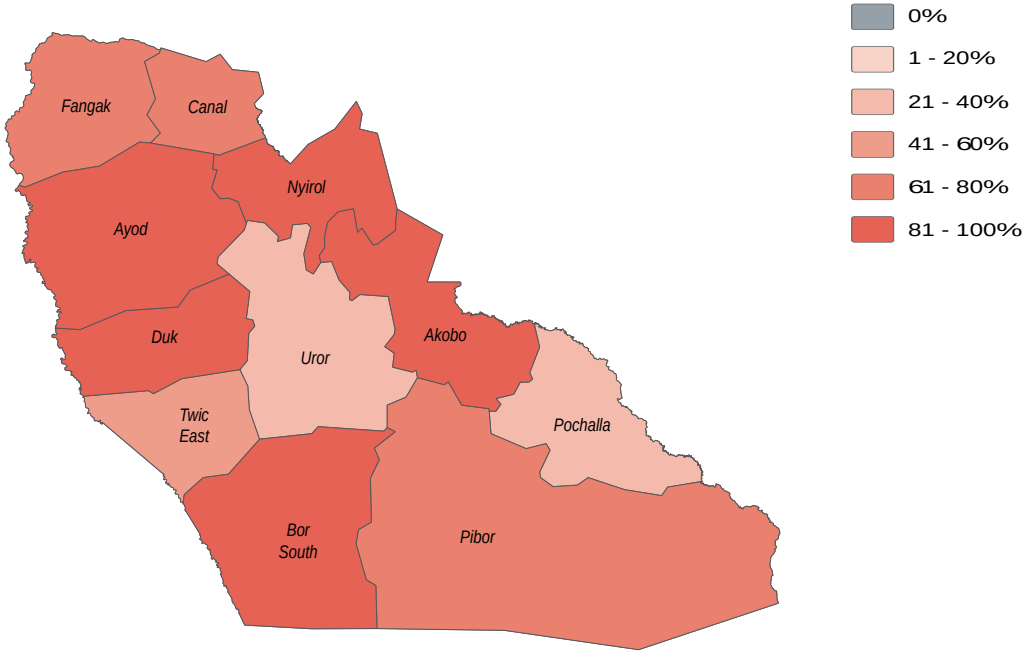
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

57%	of Twic East County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was a decrease from the previous season.
73%	of Twic East County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 2018.
Malaria	was the most commonly reported water or vector borne disease in November and December, 2018. This was the same as the previous season.
Malaria	was the most commonly reported water or vector borne disease in July and August, 2018.

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



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

Overall	Malaria	65%
	Typhoid	19%
	Fever	15%
	Stomach pain	12%
	AWD	8%
Host	Malaria	65%
	Typhoid	19%
	Fever	15%
	Stomach pain	12%
	AWD	8%
IDPs		
Returnees		

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

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

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Twic East County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

78%	of Twic East County HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in November and December, 2018. This was an increase from the previous season.
28%	of Twic East County HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in HH in July and August, 2018.
4	was the average number of jerrycans and/or buckets per HH in July and August, 2018. This was an increase from the previous season.
3	was the average number of jerrycans and/or buckets per HH in November and December, 2018.

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

Endnotes

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.

Uror County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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

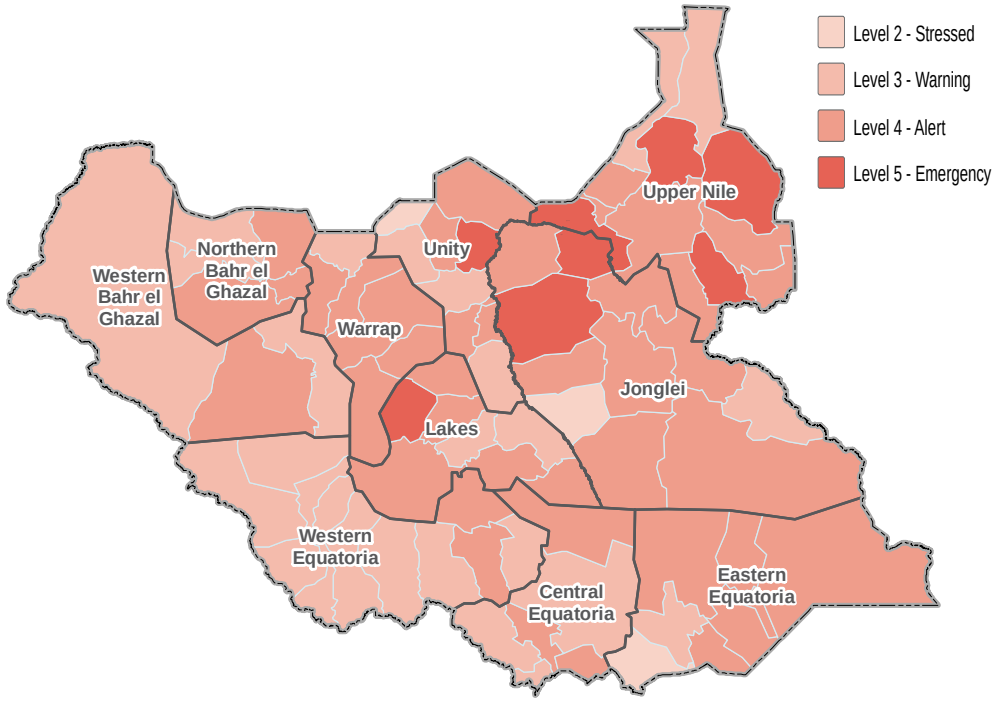
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of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

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

FSNMS Assessment Coverage

Full coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

Host community	97%
IDP	3%

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

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

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

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

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

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Uror County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

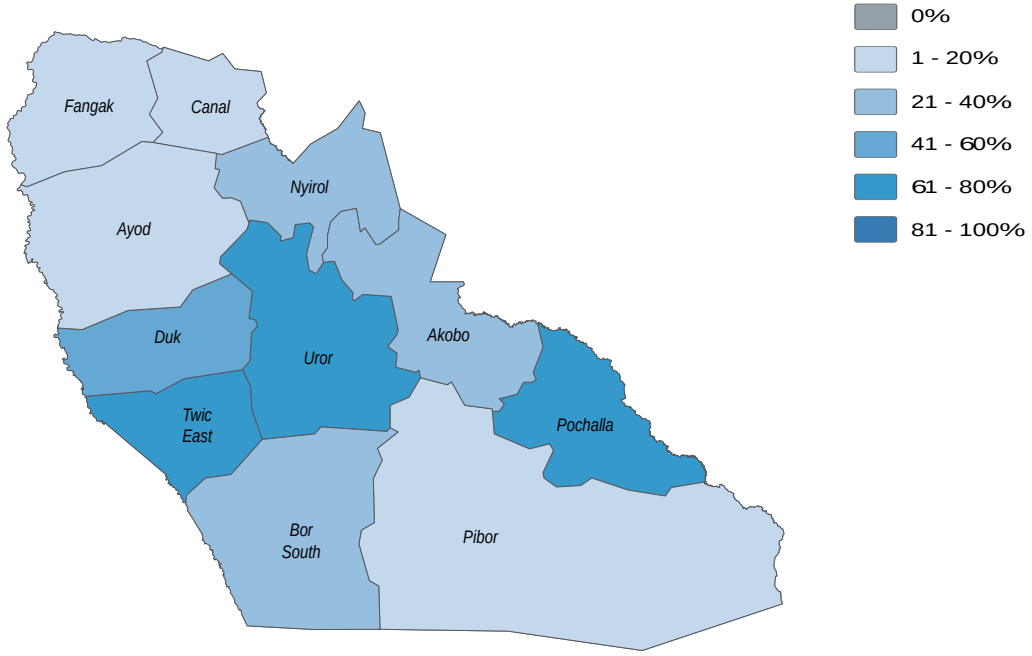
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

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

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



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

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

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

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

Overall

Borehole	81%
Swamp	18%
River or stream	1%

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

Host

Borehole	80%
Swamp	19%
River or stream	1%

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

IDPs

Borehole	100%

Less than 30 minutes	100%

Returnees

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Uror County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

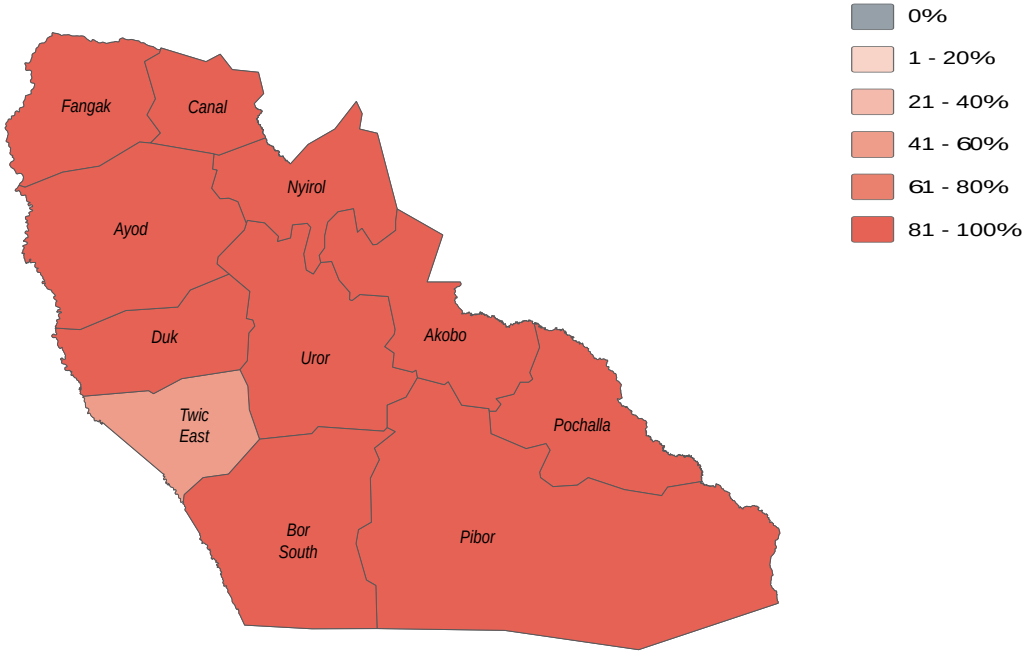
WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

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

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



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

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Uror County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

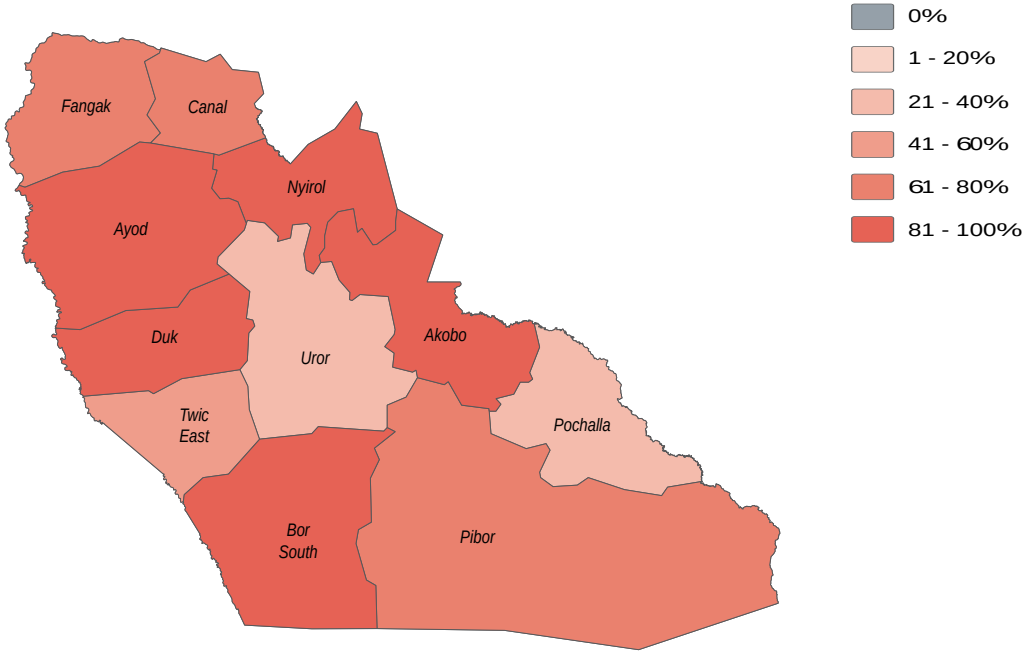
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

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

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



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

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

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

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

Uror County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

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

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

Endnotes

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

About REACH

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

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

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

unicef giz WFP World Food Programme wfp.org FAO USAID FROM THE AMERICAN PEOPLE REACH An initiative of IMPACT Initiatives ACTED and UNOSAT