Awerial County - Water, Sanitation and Hygiene Factsheet

Lakes State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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

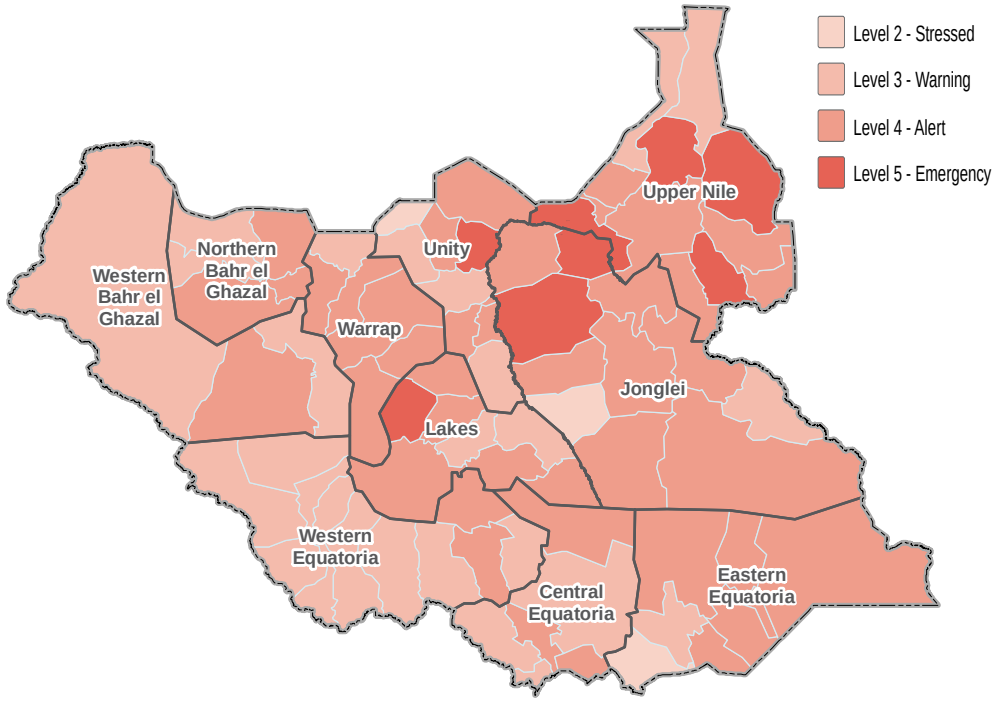
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of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

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

FSNMS Assessment Coverage

Full coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

Host community	100%

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

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

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

Female headed	75%
Children under 5	60%
Elderly persons	23%
Adopted children	6%
Physically disabled	6%

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Awerial County - Water, Sanitation and Hygiene Factsheet

Lakes State, South Sudan

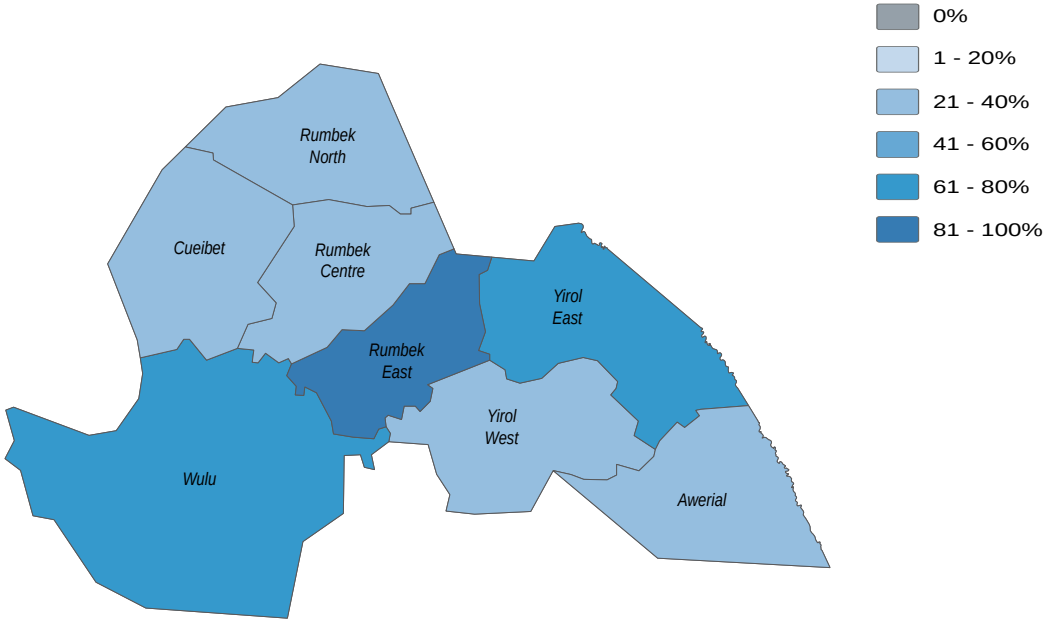
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

59%	of Awerial 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.
45%	of Awerial County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
19%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was a decrease from the previous season.
35%	of HHs reported feeling unsafe while collecting water, in July and August, 2018.

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



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

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

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

Overall	Borehole	59%
	River or stream	23%
	Swamp	6%
	Unprotected well	6%
	Hand dug well	5%
Host	Borehole	59%
	River or stream	23%
	Swamp	6%
	Unprotected well	6%
	Hand dug well	5%
IDPs		
Returnees		

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

Overall	Less than 30 minutes	50%
	Between 1- 2 hours	30%
	30 minutes to 1 hour	13%
	More than 2 hours	7%
Host	Less than 30 minutes	50%
	Between 1- 2 hours	30%
	30 minutes to 1 hour	13%
	More than 2 hours	7%
IDPs		
Returnees		

Awerial County - Water, Sanitation and Hygiene Factsheet

Lakes State, South Sudan

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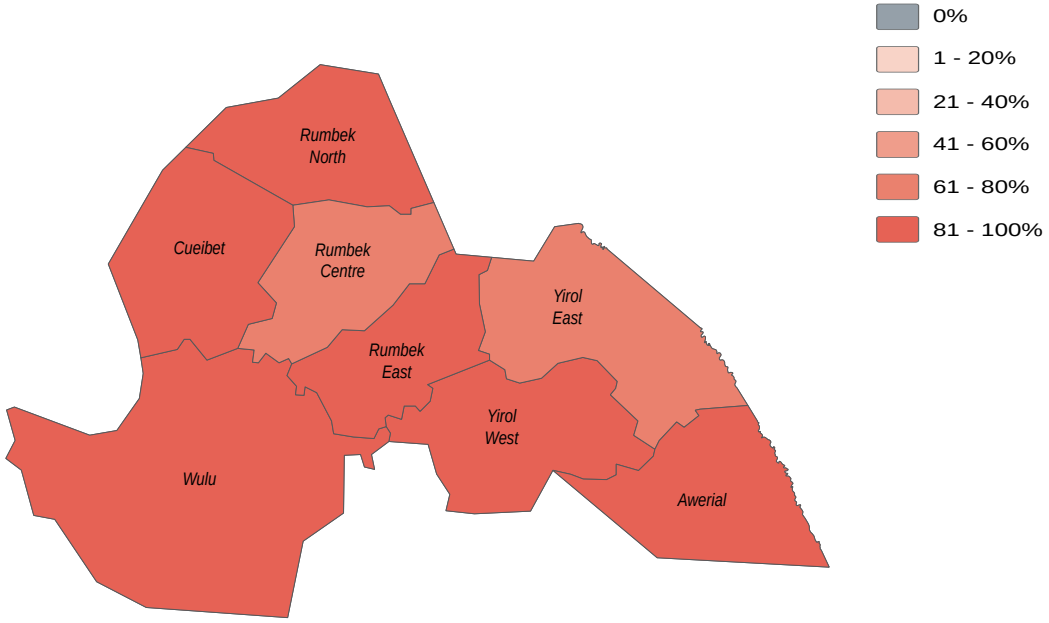
November/December2018

Sanitation

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

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



Most commonly reported defecation location by percentage of households:

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

Overall

In the bush	99%
In the river	1%

In the bush	95%
Dig a hole and cover	4%
Left where it is	1%

Host

In the bush	99%
In the river	1%

In the bush	95%
Dig a hole and cover	4%
Left where it is	1%

IDPs

Returnees

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Awerial County - Water, Sanitation and Hygiene Factsheet

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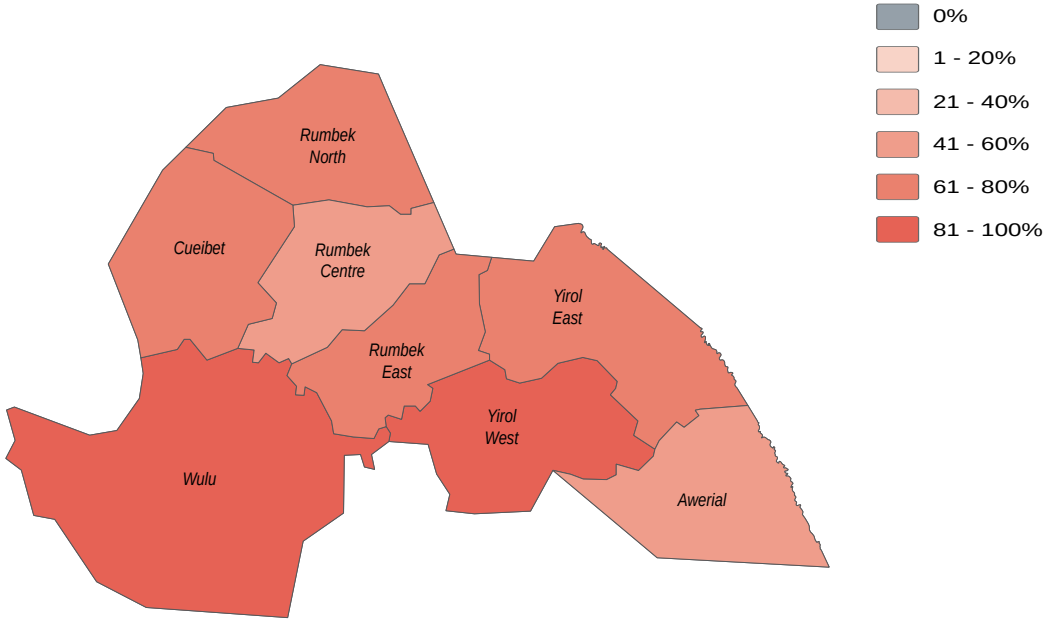
November/December2018

Health

56%	of Awerial 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.
83%	of Awerial 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	66%
	Typhoid	53%
	Fever	47%
	AWD	24%
	Flu	21%
Host	Malaria	66%
	Typhoid	53%
	Fever	47%
	AWD	24%
	Flu	21%
IDPs		
Returnees		

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

Overall	Malaria	77%
	AWD	46%
	Fever	46%
	Flu	18%
	Stomach pain	13%
Host	Malaria	77%
	AWD	46%
	Fever	46%
	Flu	18%
	Stomach pain	13%

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NFI WASH NFIs

6%	of **Awerial County** HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in November and December, 2018. This was an increase from the previous season.
3%	of **Awerial 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 **39%** Yes 61%		No **81%** Yes 19%		No **51%** Yes 49%
Host		No **39%** Yes 61%		No **81%** Yes 19%		No **51%** Yes 49%
IDPs						
Returnees						

Endnotes

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

About REACH

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

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Cueibet County - Water, Sanitation and Hygiene Factsheet

Lakes State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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

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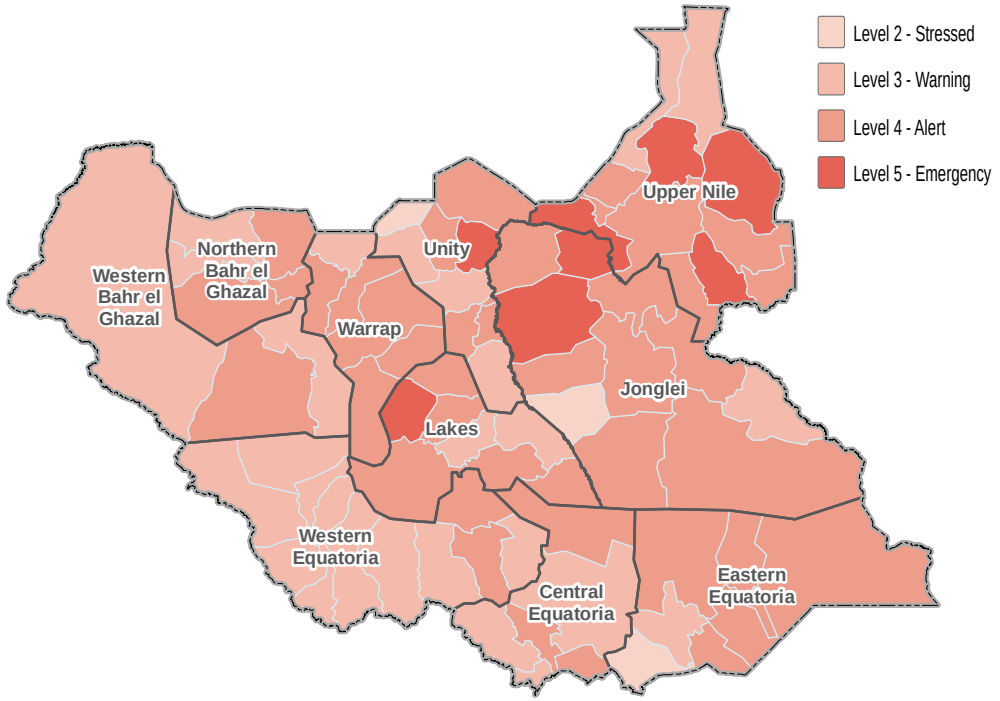
FSNMS Assessment Coverage

Full coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

Host community	99%
IDP	1%

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

In the last one year	100%

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

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

Children under 5	70%
Elderly persons	69%
Female headed	47%
Adopted children	14%
Physically disabled	9%

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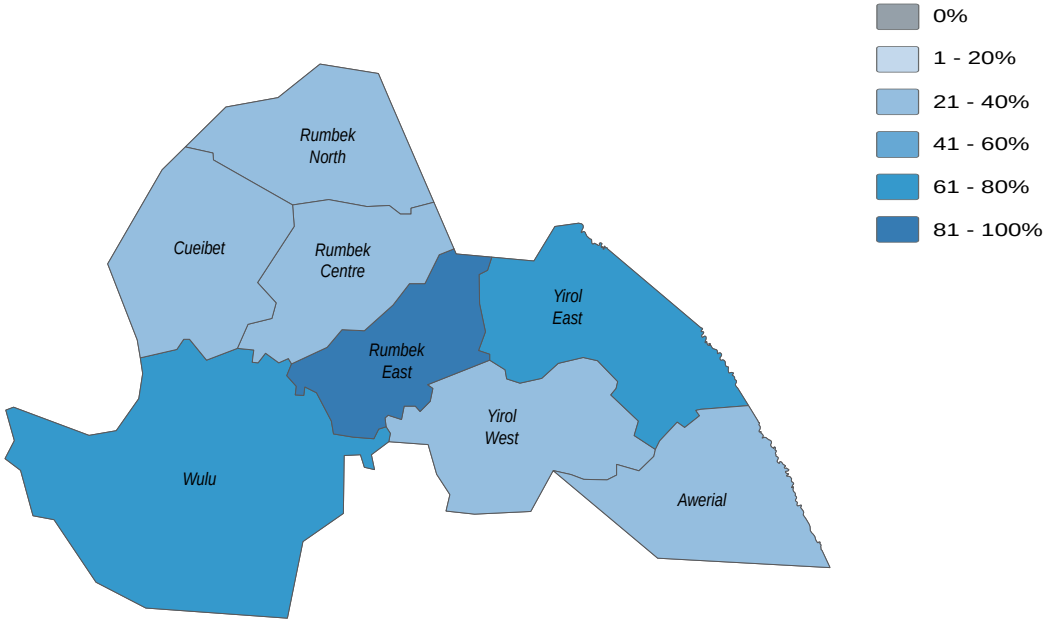
Water

84%	of Cueibet 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.
81%	of Cueibet County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
33%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was an increase from the previous season.
21%	of HHs reported feeling unsafe while collecting water, in July and August, 2018.

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



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

Overall

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

Borehole	83%
Hand dug well	11%
Unprotected well	4%
River or stream	1%
Tap stand	1%

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

Less than 30 minutes	59%
30 minutes to 1 hour	22%
Between 1- 2 hours	16%
More than 2 hours	3%

Host

Borehole	83%
Hand dug well	11%
Unprotected well	4%
River or stream	1%
Tap stand	1%

Less than 30 minutes	60%
30 minutes to 1 hour	21%
Between 1- 2 hours	16%
More than 2 hours	3%

IDPs

Borehole	100%

30 minutes to 1 hour	100%

Returnees

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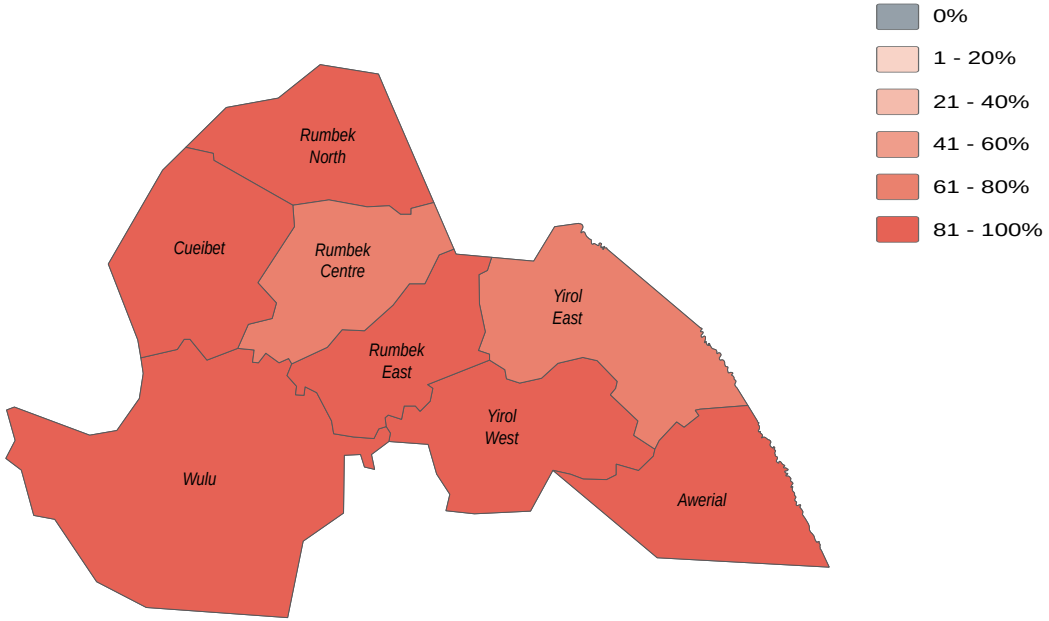
Sanitation

2%	of **Cueibet 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.
6%	of **Cueibet County** HHs reported having access to a latrine (private, shared, or communal/ institutional), in July and August, 2018.
2%	of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was a decrease from the previous season.
3%	of HHs reported their most common defecation location was a latrine, in July and August, 2018.

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



	Most commonly reported defecation location by percentage of households:		Most commonly reported excreta disposal **methods for children under five by** percentage of households:	
Overall	In the bush	98%	In the bush	94%
	In the latrine	2%	Dig a hole and cover	4%
			In the latrine	2%
Host	In the bush	98%	In the bush	94%
	In the latrine	2%	Dig a hole and cover	4%
			In the latrine	2%
IDPs	In the bush	100%	In the bush	100%
Returnees				

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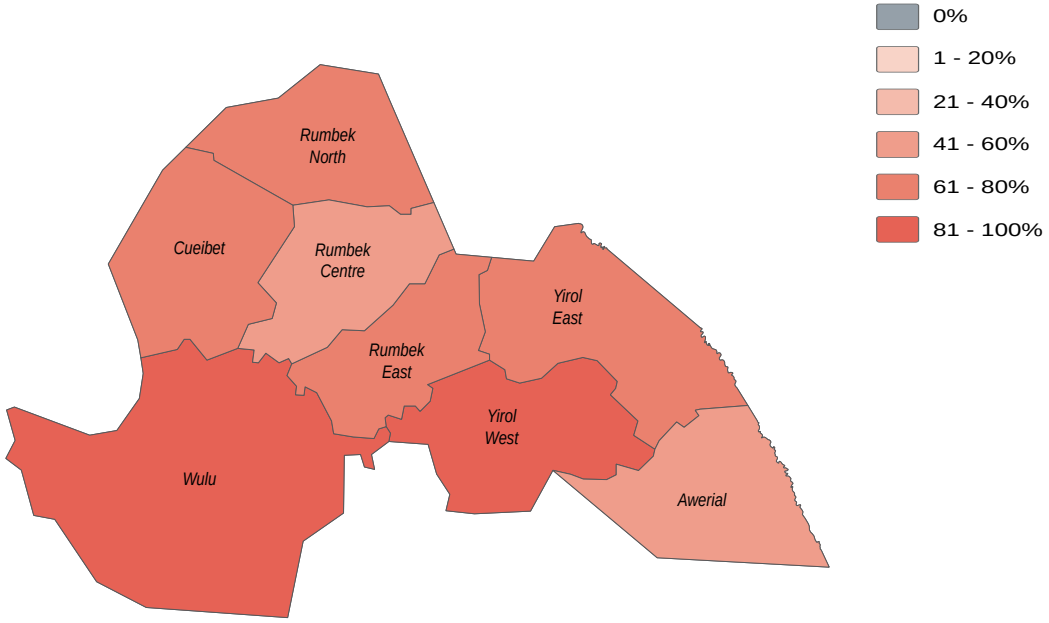
Health

72%	of Cueibet 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.
81%	of Cueibet County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 2018.
Malaria	was the most commonly reported water or vector borne disease in November and December, 2018. This was the same as the previous season.
Malaria	was the most commonly reported water or vector borne disease in July and August, 2018.

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



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

Overall	Malaria	89%
	Fever	84%
	Stomach pain	82%
	AWD	76%
	Typhoid	73%
Host	Malaria	89%
	Fever	84%
	Stomach pain	82%
	AWD	76%
	Typhoid	73%
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	92%
	Fever	61%
	AWD	51%
	Eye infection	44%
	Stomach pain	29%
Host	Malaria	92%
	Fever	62%
	AWD	51%
	Eye infection	45%
	Stomach pain	29%
IDPs	Malaria	100%
Returnees		

Cueibet County - Water, Sanitation and Hygiene Factsheet

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Water Sanitation Hygiene

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NFI WASH NFIs

5%	of **Cueibet County** HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in November and December, 2018. This was a decrease from the previous season.
9%	of **Cueibet 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 an increase from the previous season.
1	was the average number of jerrycans and/or buckets per HH in November and December, 2018.

	Ownership of a bucket or a jerrycan with a lid by percentage of households:	Ownership of soap by percentage of households:	Every member of the household sleeps under a mosquito net by percentage of households:
Overall	 No **58%** Yes 42%	 No **65%** Yes 35%	 No **30%** Yes 70%
Host	 No **58%** Yes 42%	 No **64%** Yes 36%	 No **29%** Yes 71%
IDPs	 No **100%**	 No **100%**	 No **100%**
Returnees			

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Rumbek Centre County - Water, Sanitation and Hygiene Factsheet

Lakes State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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FSNMS Assessment Coverage

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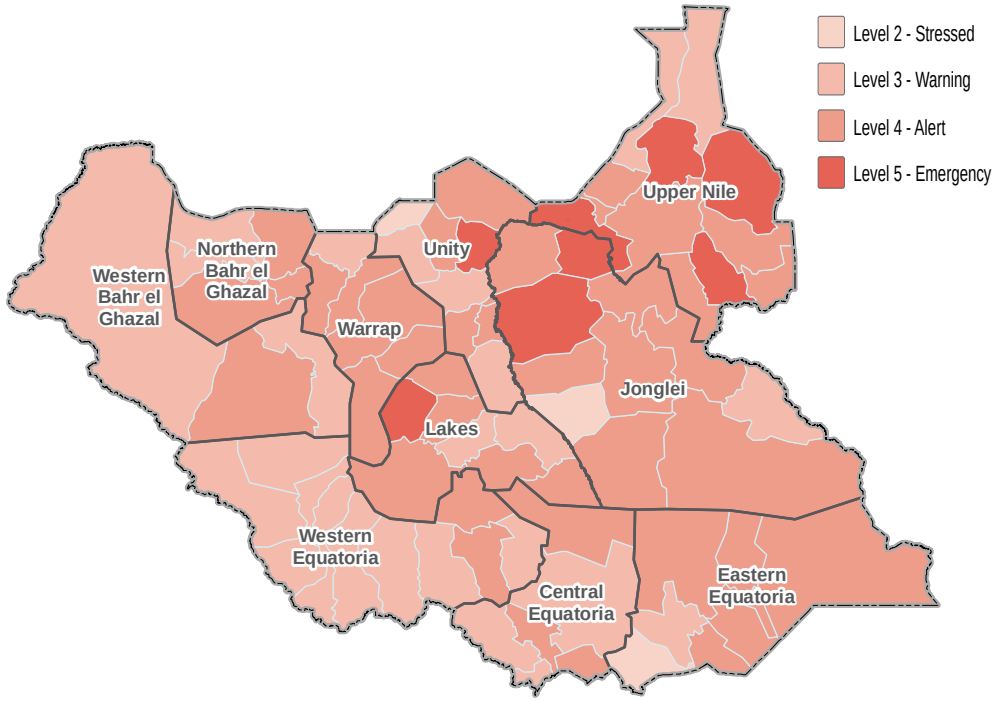
WASH Needs Severity Map



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Displacement

Percentage of households by displacement status [1]:

Host community	100%

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

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

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

Female headed	92%
Children under 5	64%
Elderly persons	21%
Adopted children	1%

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Rumbek Centre County - Water, Sanitation and Hygiene Factsheet

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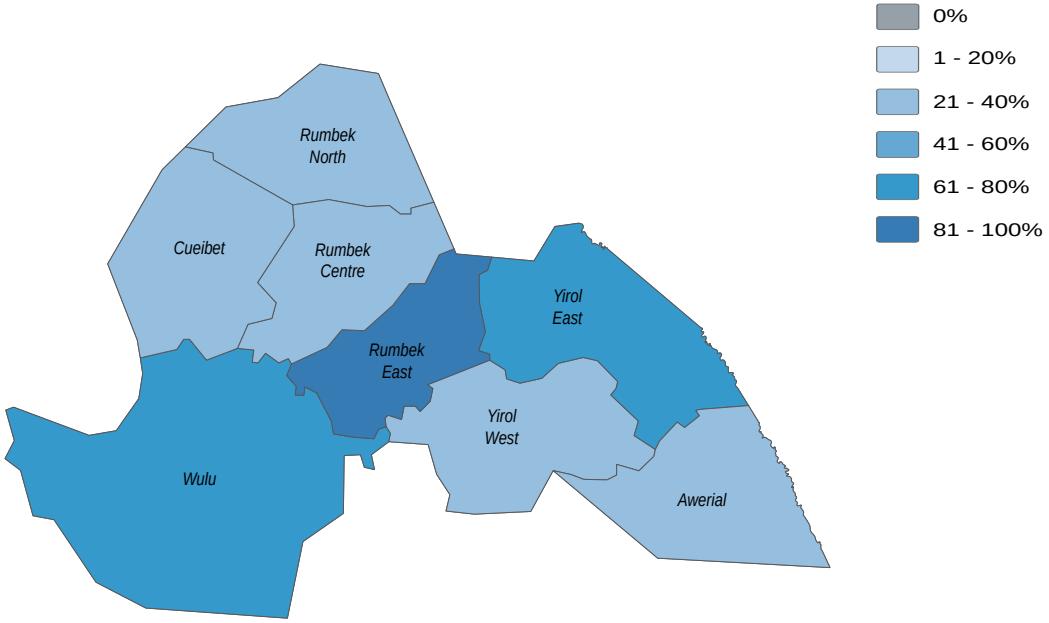
November/December2018

Water

99%	of Rumbek Centre 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.
96%	of Rumbek Centre County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
1%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was a decrease from the previous season.
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

Overall

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

Borehole	99%
Hand dug well	1%

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

30 minutes to 1 hour	56%
Less than 30 minutes	39%
Between 1- 2 hours	5%

Host

Borehole	99%
Hand dug well	1%

30 minutes to 1 hour	56%
Less than 30 minutes	39%
Between 1- 2 hours	5%

IDPs

Returnees

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Rumbek Centre County - Water, Sanitation and Hygiene Factsheet

Lakes State, South Sudan

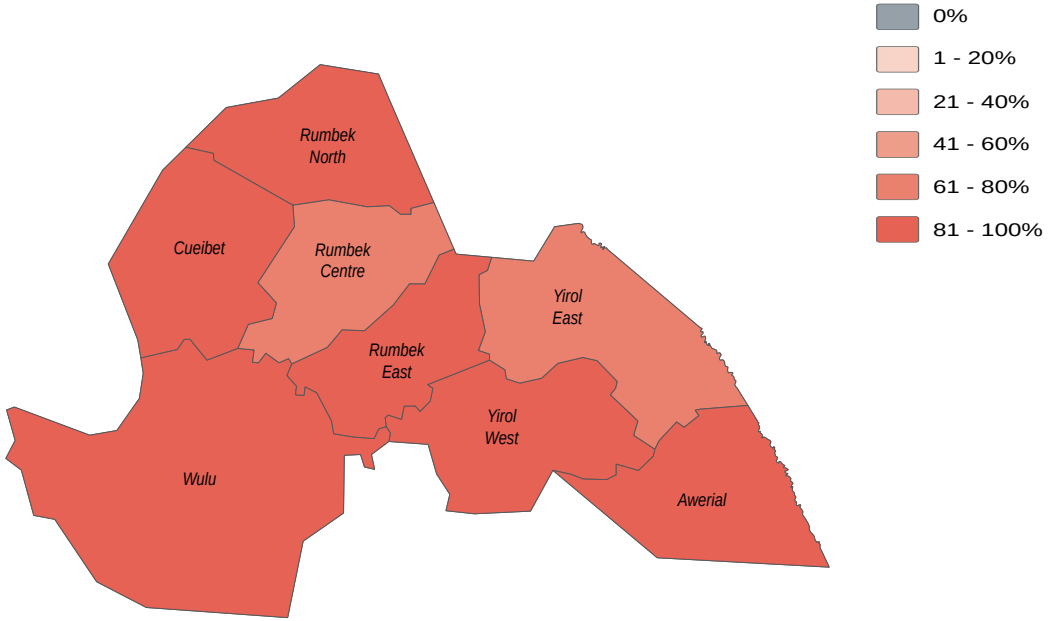
WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

22%	of Rumbek Centre County HHs reported having access to a latrine (private, shared, or communal/institutional), in November and December, 2018. This was an increase from the previous season.
11%	of Rumbek Centre County HHs reported having access to a latrine (private, shared, or communal/institutional), in July and August, 2018.
22%	of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was an increase from the previous season.
9%	of HHs reported their most common defecation location was a latrine, in July and August, 2018.

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



Most commonly reported defecation location by percentage of households:

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

Overall

In the bush	77%
In the latrine	22%
No answer	1%

In the bush	75%
In the latrine	22%
No answer	2%
Dig a hole and cover	1%

Host

In the bush	77%
In the latrine	22%
No answer	1%

In the bush	75%
In the latrine	22%
No answer	2%
Dig a hole and cover	1%

IDPs

Returnees

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Rumbek Centre County - Water, Sanitation and Hygiene Factsheet

Lakes State, South Sudan

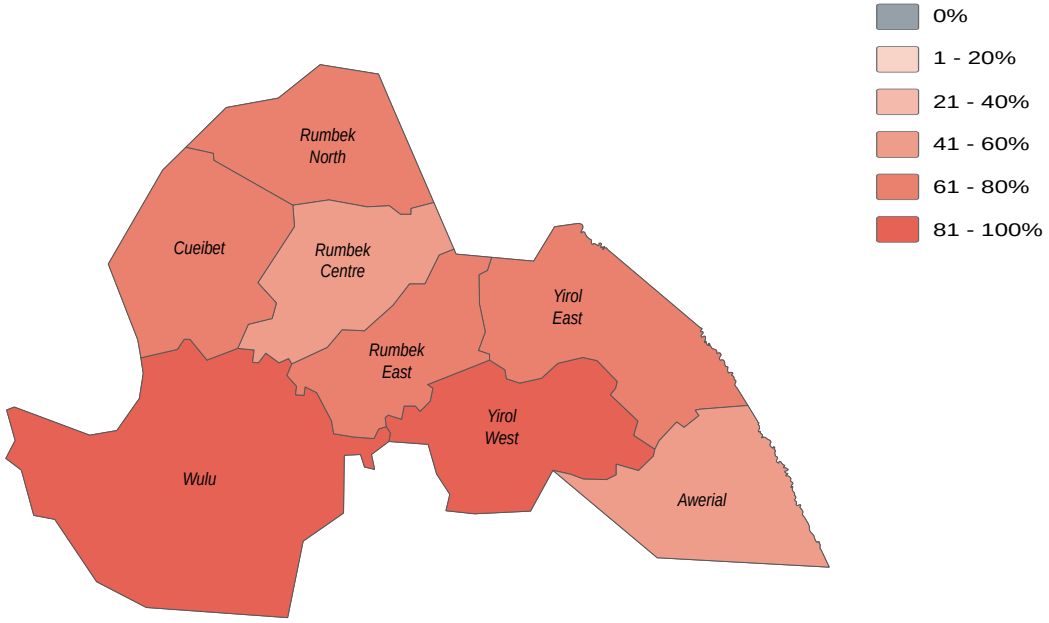
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

48%	of Rumbek Centre 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 Rumbek Centre 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	73%
Fever	27%
AWD	9%
No answer	9%
Typhoid	9%

Malaria	80%
Fever	16%
AWD	8%
Eye infection	6%
Skin infection	6%

Host

Malaria	73%
Fever	27%
AWD	9%
No answer	9%
Typhoid	9%

Malaria	80%
Fever	16%
AWD	8%
Eye infection	6%
Skin infection	6%

IDPs

Returnees

Rumbek Centre County - Water, Sanitation and Hygiene Factsheet

Lakes State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

5%	of Rumbek Centre 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.
23%	of Rumbek Centre 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 **16%** Yes 84%	 No **61%** Yes 39%	 No **28%** Yes 72%
Host	 No **16%** Yes 84%	 No **61%** Yes 39%	 No **28%** Yes 72%
IDPs			
Returnees			

Endnotes

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

About REACH

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

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

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Rumbek East County - Water, Sanitation and Hygiene Factsheet

Lakes State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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

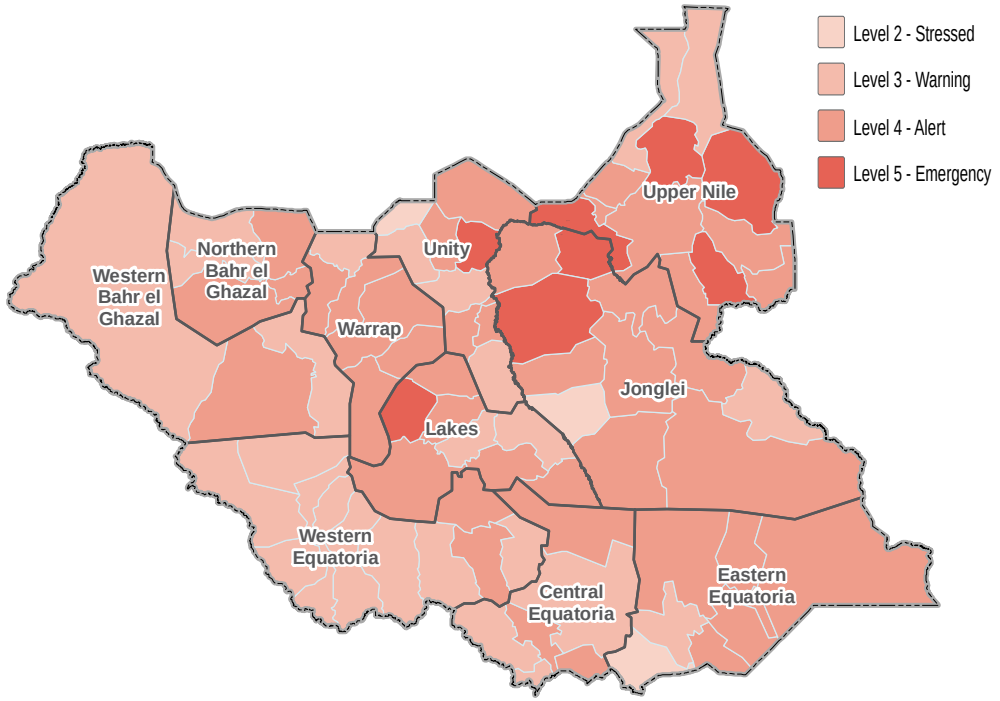
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of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

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

FSNMS Assessment Coverage

Full coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

Host community	99%
Others	1%

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	77%
Elderly persons	31%
Female headed	20%
Adopted children	16%
Chronically ill	9%

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Rumbek East County - Water, Sanitation and Hygiene Factsheet

Lakes State, South Sudan

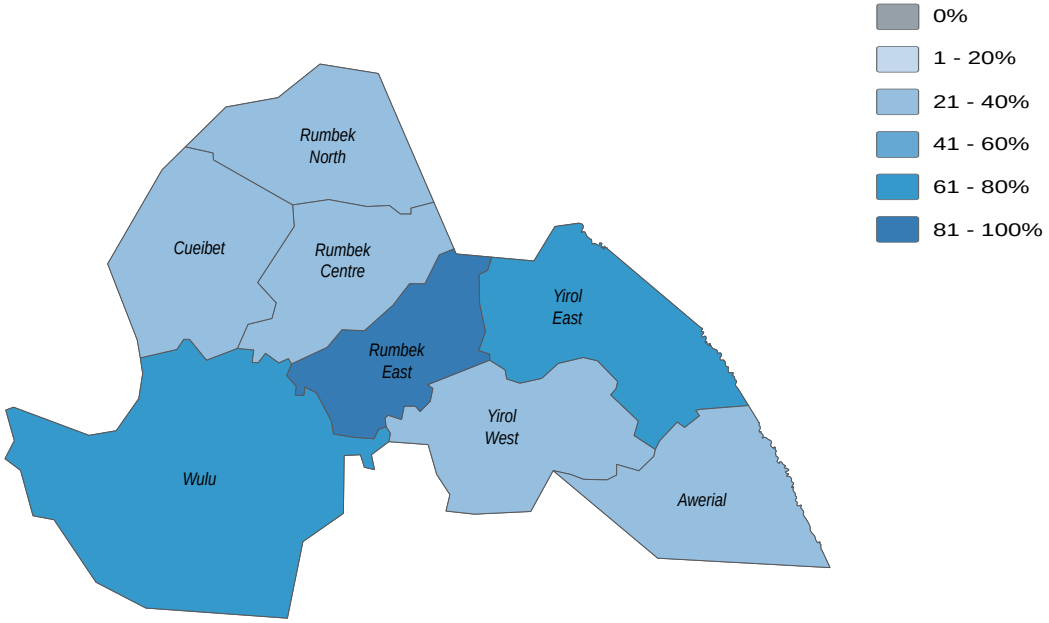
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

99%	of Rumbek East County HHs reported having safe access to an improved source of drinking water as their main source, in November and December, 2018. This was an increase from the previous season.
94%	of Rumbek East County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
1%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was a decrease from the previous season.
51%	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	99%
Unprotected well	1%

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

Less than 30 minutes	86%
30 minutes to 1 hour	12%
Between 1- 2 hours	2%

Host

Borehole	99%
Unprotected well	1%

Less than 30 minutes	86%
30 minutes to 1 hour	12%
Between 1- 2 hours	2%

IDPs

Returnees

Rumbek East County - Water, Sanitation and Hygiene Factsheet

Lakes State, South Sudan

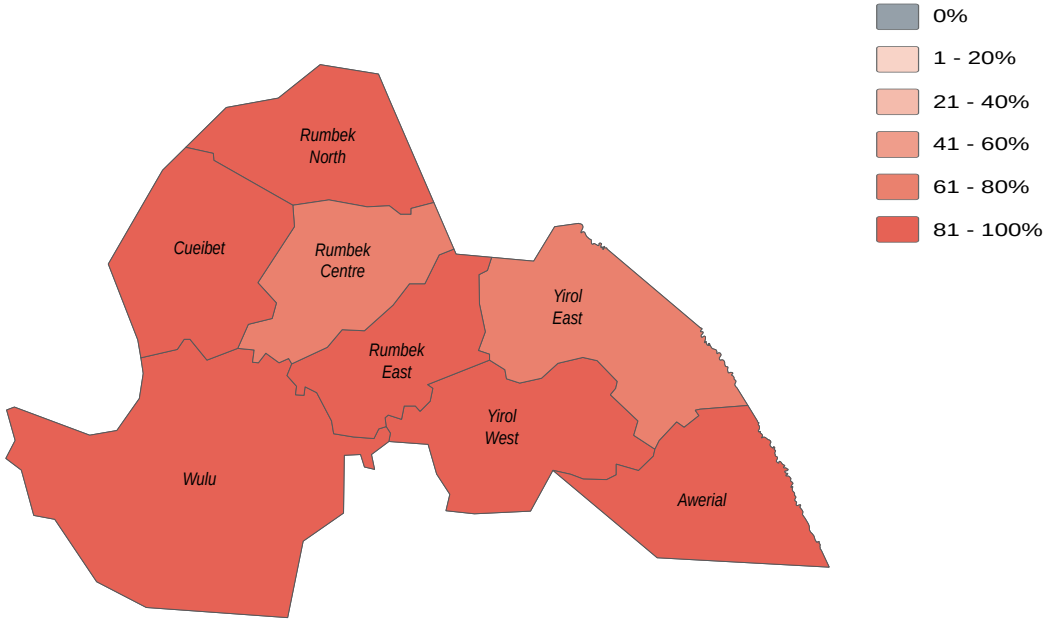
WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

17%	of Rumbek East County HHs reported having access to a latrine (private, shared, or communal/institutional), in November and December, 2018. This was an increase from the previous season.
15%	of Rumbek East County HHs reported having access to a latrine (private, shared, or communal/institutional), in July and August, 2018.
7%	of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was an increase from the previous season.
2%	of HHs reported their most common defecation location was a latrine, in July and August, 2018.

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



Most commonly reported defecation location by percentage of households:

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

Overall

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

In the bush	81%
Dig a hole and cover	9%
In the latrine	5%
No answer	5%

Host

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

In the bush	81%
Dig a hole and cover	9%
In the latrine	5%
No answer	5%

IDPs

Returnees

Rumbek East County - Water, Sanitation and Hygiene Factsheet

Lakes State, South Sudan

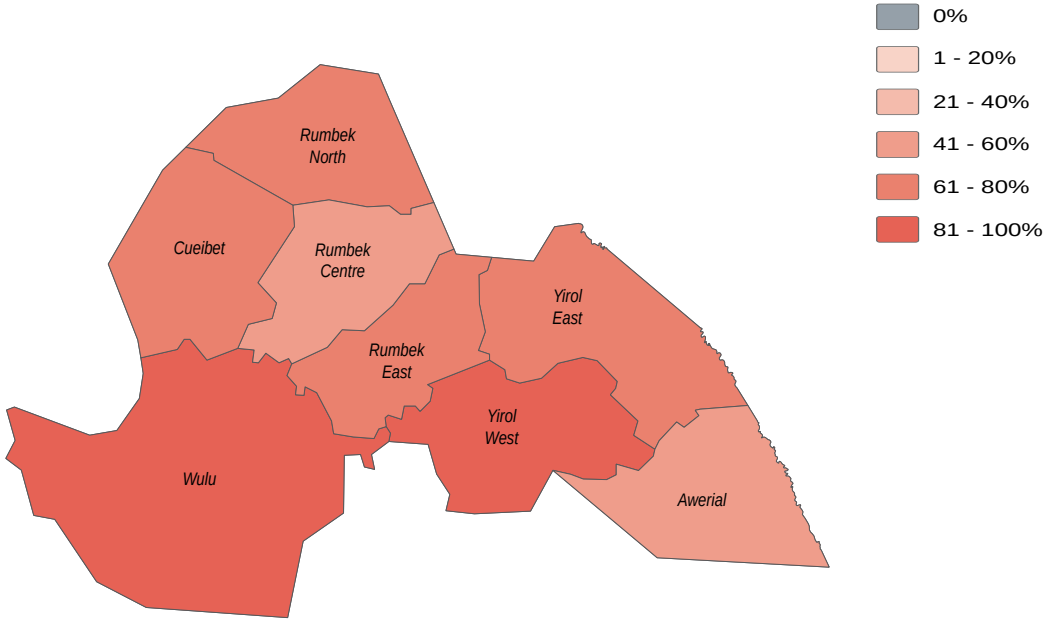
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

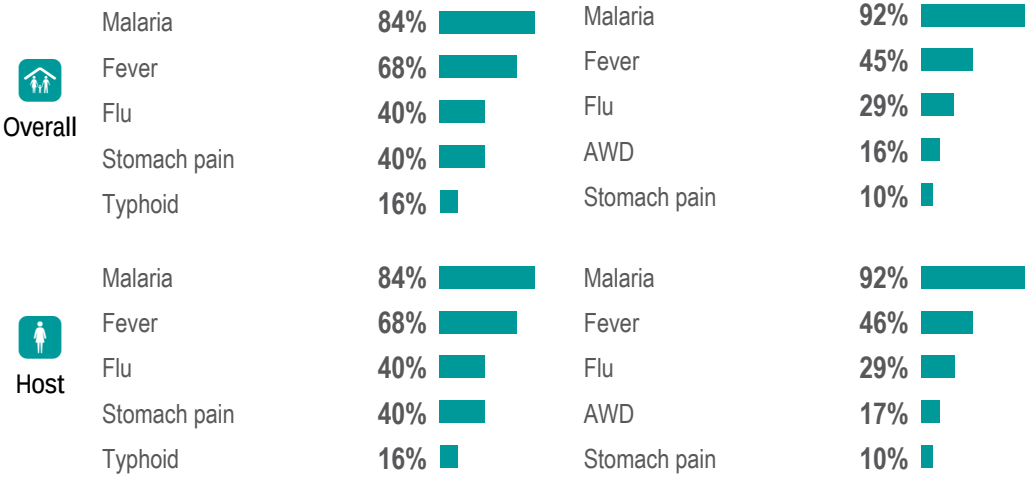
75%	of **Rumbek East County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was a decrease from the previous season.
92%	of **Rumbek East County** HHs reported one or more 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)

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)



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Rumbek East County - Water, Sanitation and Hygiene Factsheet

Lakes State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

22%	of **Rumbek 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 a decrease from the previous season.
24%	of **Rumbek 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.
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	Yes 100%	 No **44%** Yes 56%	 No **15%** Yes 85%
Host	Yes 100%	 No **44%** Yes 56%	 No **15%** Yes 85%
IDPs			
Returnees			

Endnotes

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

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Rumbek North County - Water, Sanitation and Hygiene Factsheet

Lakes State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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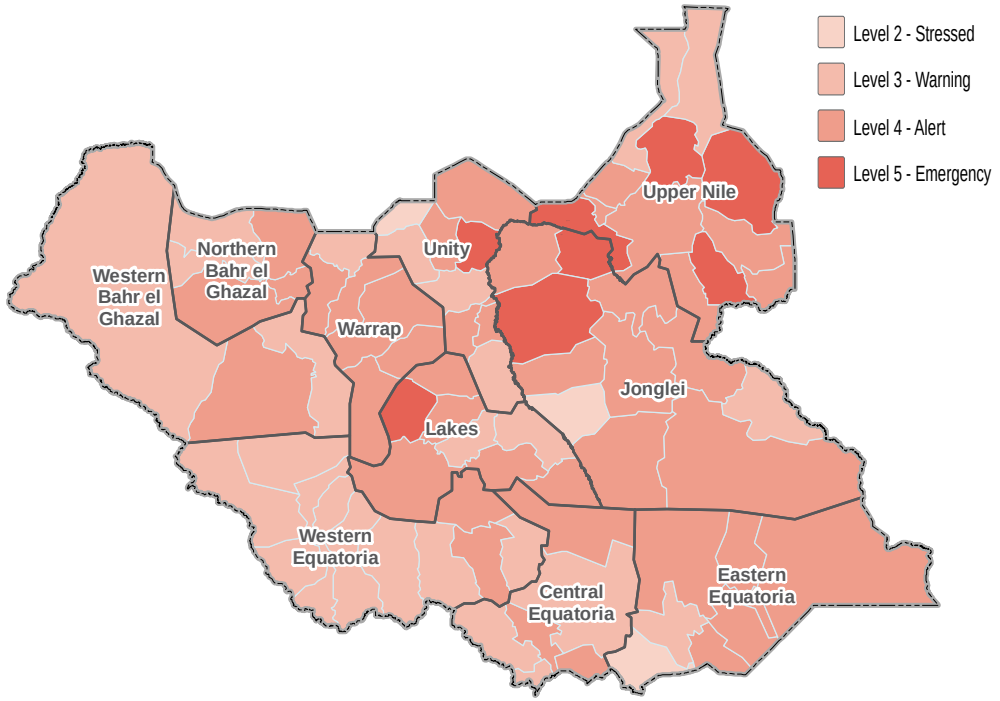
FSNMS Assessment Coverage

Full coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

Host community	100%

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

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

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

Female headed	90%
Children under 5	85%
Elderly persons	39%
Conflict injuries	8%
Chronically ill	5%

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Rumbek North County - Water, Sanitation and Hygiene Factsheet

Lakes State, South Sudan

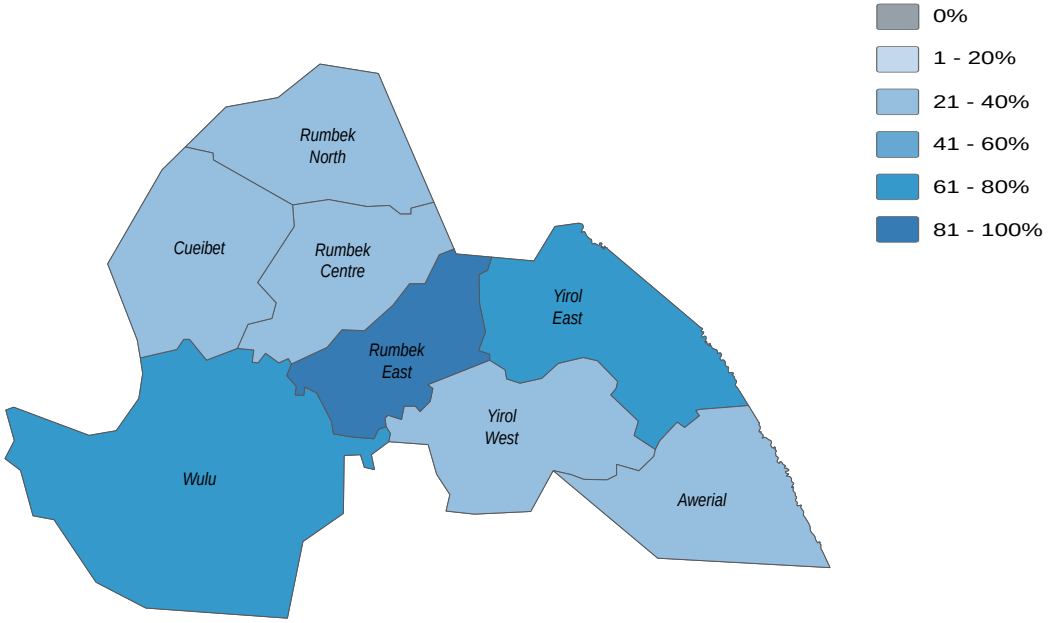
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

100%	of Rumbek North 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.
90%	of Rumbek North 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 an increase from the previous season.
6%	of HHs reported feeling unsafe while collecting water, in July and August, 2018.

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



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

Overall

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

Borehole	99%
Tap stand	1%

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

Less than 30 minutes	50%
30 minutes to 1 hour	26%
Between 1- 2 hours	23%

Host

Borehole	99%
Tap stand	1%

Less than 30 minutes	50%
30 minutes to 1 hour	26%
Between 1- 2 hours	23%

IDPs

Returnees

REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Rumbek North County - Water, Sanitation and Hygiene Factsheet

Lakes State, South Sudan

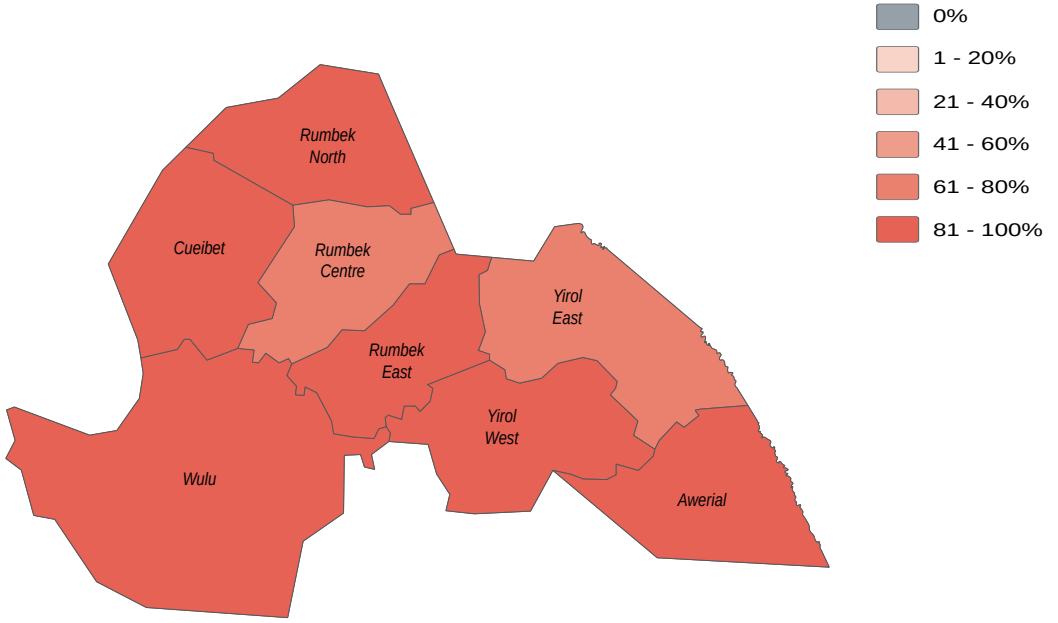
WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

0%	of Rumbek North 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.
1%	of Rumbek North 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	88%
			Dig a hole and cover	12%
Host	In the bush	100%	In the bush	88%
			Dig a hole and cover	12%
IDPs				
Returnees				

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Rumbek North County - Water, Sanitation and Hygiene Factsheet

Lakes State, South Sudan

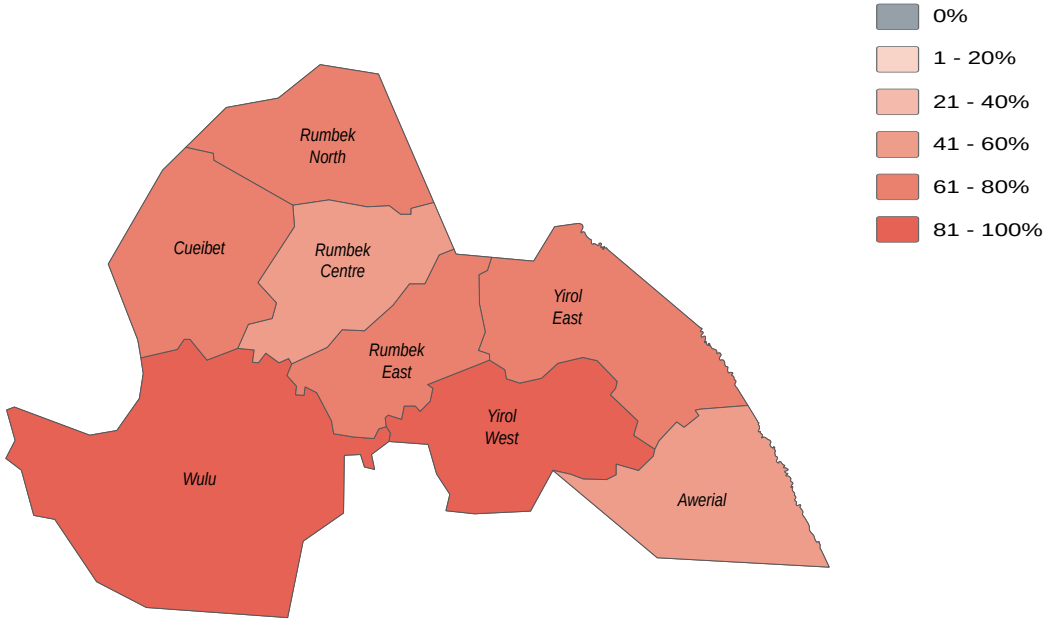
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

70%	of Rumbek North County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was an increase from the previous season.
57%	of Rumbek North County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 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%
Fever	63%
Stomach pain	35%
Flu	33%
AWD	11%

Malaria	97%
Fever	53%
Flu	24%
AWD	9%
Skin infection	4%

Host

Malaria	89%
Fever	63%
Stomach pain	35%
Flu	33%
AWD	11%

Malaria	97%
Fever	53%
Flu	24%
AWD	9%
Skin infection	4%

IDPs

Returnees

Rumbek North County - Water, Sanitation and Hygiene Factsheet

Lakes State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

17%	of **Rumbek North 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 **Rumbek North 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.
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 **21%** Yes 79%	 No **71%** Yes 29%	 No **51%** Yes 49%
Host	 No **21%** Yes 79%	 No **71%** Yes 29%	 No **51%** Yes 49%
IDPs			
Returnees			

Endnotes

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

About REACH

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Wulu County - Water, Sanitation and Hygiene Factsheet

Lakes State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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

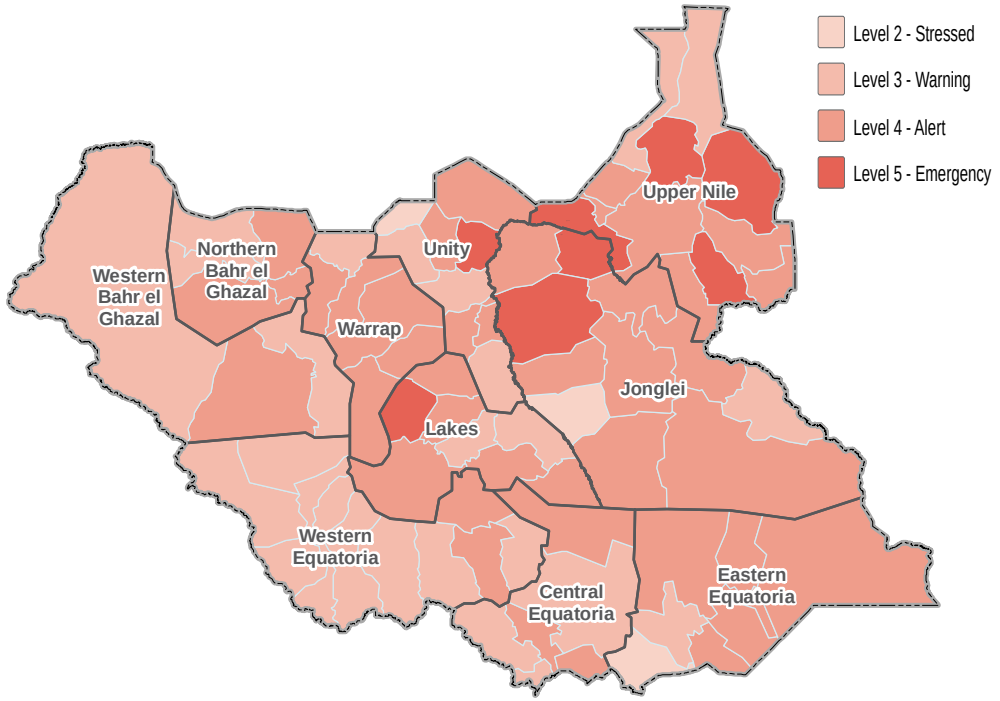
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of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

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

FSNMS Assessment Coverage

Full coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

Host community	100%

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

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

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

Children under 5	84%
Female headed	48%
Elderly persons	44%
Adopted children	17%
Chronically ill	10%

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Wulu County - Water, Sanitation and Hygiene Factsheet

Lakes State, South Sudan

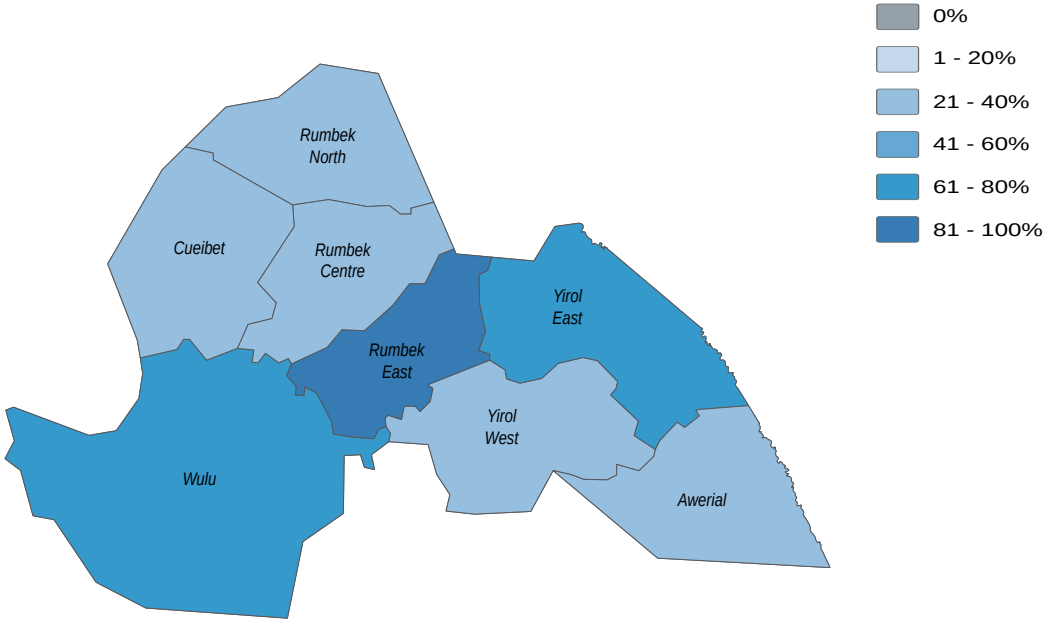
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

98%	of **Wulu 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.
94%	of **Wulu County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
6%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was an increase from the previous season.
3%	of HHs reported feeling unsafe while collecting water, in July and August, 2018.

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



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

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

Overall

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

Borehole	98%
Swamp	1%
Unprotected well	1%

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

Less than 30 minutes	63%
30 minutes to 1 hour	27%
Between 1- 2 hours	10%

Host

Borehole	98%
Swamp	1%
Unprotected well	1%

Less than 30 minutes	63%
30 minutes to 1 hour	27%
Between 1- 2 hours	10%

IDPs

Returnees

Wulu County - Water, Sanitation and Hygiene Factsheet

Lakes State, South Sudan

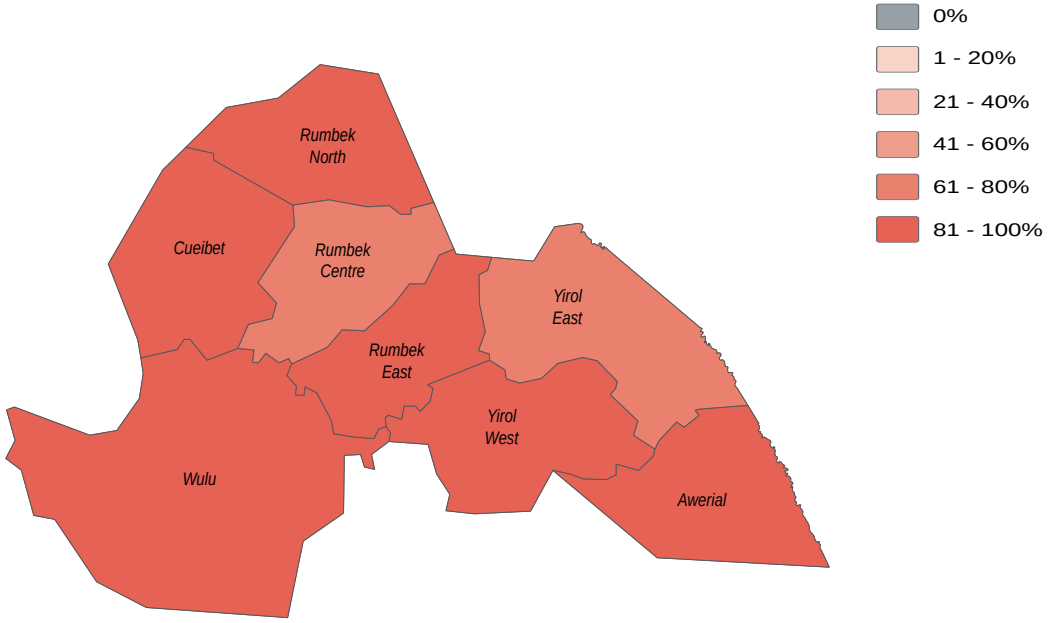
WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

5%	of **Wulu 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.
17%	of **Wulu County** HHs reported having access to a latrine (private, shared, or communal/ institutional), in July and August, 2018.
4%	of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was a decrease from the previous season.
10%	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	92%	In the bush	82%
Dig a hole and cover	4%	Dig a hole and cover	12%
In the latrine	4%	In the latrine	5%
No answer	1%	No answer	1%

Host

In the bush	92%	In the bush	82%
Dig a hole and cover	4%	Dig a hole and cover	12%
In the latrine	4%	In the latrine	5%
No answer	1%	No answer	1%

IDPs

Returnees

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Wulu County - Water, Sanitation and Hygiene Factsheet

Lakes State, South Sudan

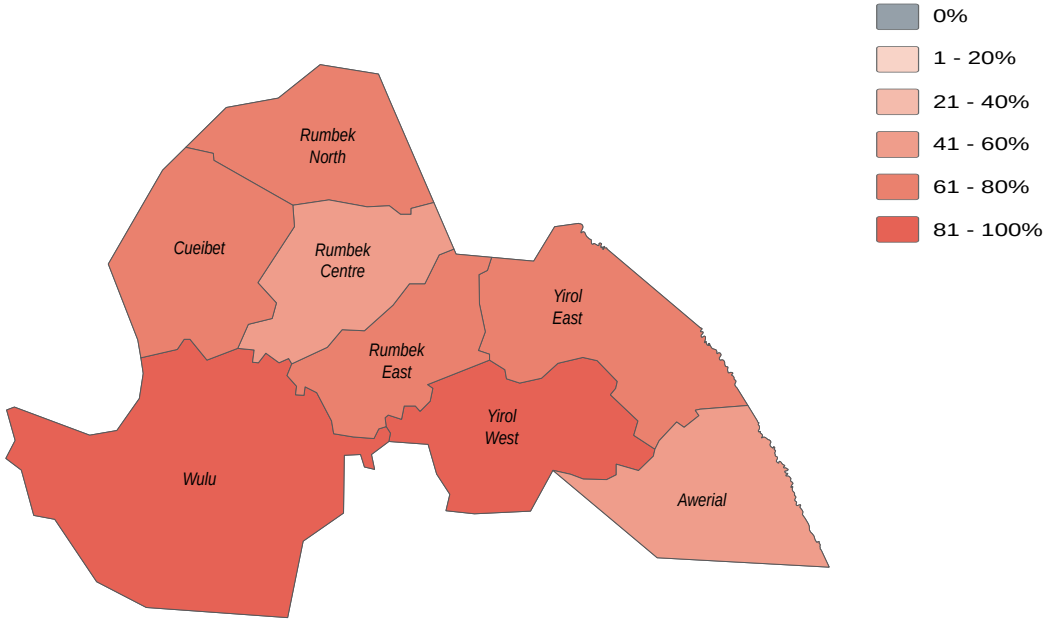
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

83%	of Wulu County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was a decrease from the previous season.
87%	of Wulu County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 2018.
Malaria	was the most commonly reported water or vector borne disease in November and December, 2018. This was the same as the previous season.
Malaria	was the most commonly reported water or vector borne disease in July and August, 2018.

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



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

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

	Adults		Children under 5	
Overall	Malaria	77%	Malaria	91%
	Fever	46%	Fever	73%
	Stomach pain	35%	Flu	16%
	Typhoid	28%	Stomach pain	11%
	Flu	8%	AWD	7%
Host	Malaria	77%	Malaria	91%
	Fever	46%	Fever	73%
	Stomach pain	35%	Flu	16%
	Typhoid	28%	Stomach pain	11%
	Flu	8%	AWD	7%
IDPs				
Returnees				

Wulu County - Water, Sanitation and Hygiene Factsheet

Lakes State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

9%	of **Wulu 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.
21%	of **Wulu 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 **66%** Yes 34%	 No **55%** Yes 45%	 No **35%** Yes 65%
Host	 No **66%** Yes 34%	 No **55%** Yes 45%	 No **35%** Yes 65%
IDPs			
Returnees			

Endnotes

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

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Yirol East County - Water, Sanitation and Hygiene Factsheet

Lakes State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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

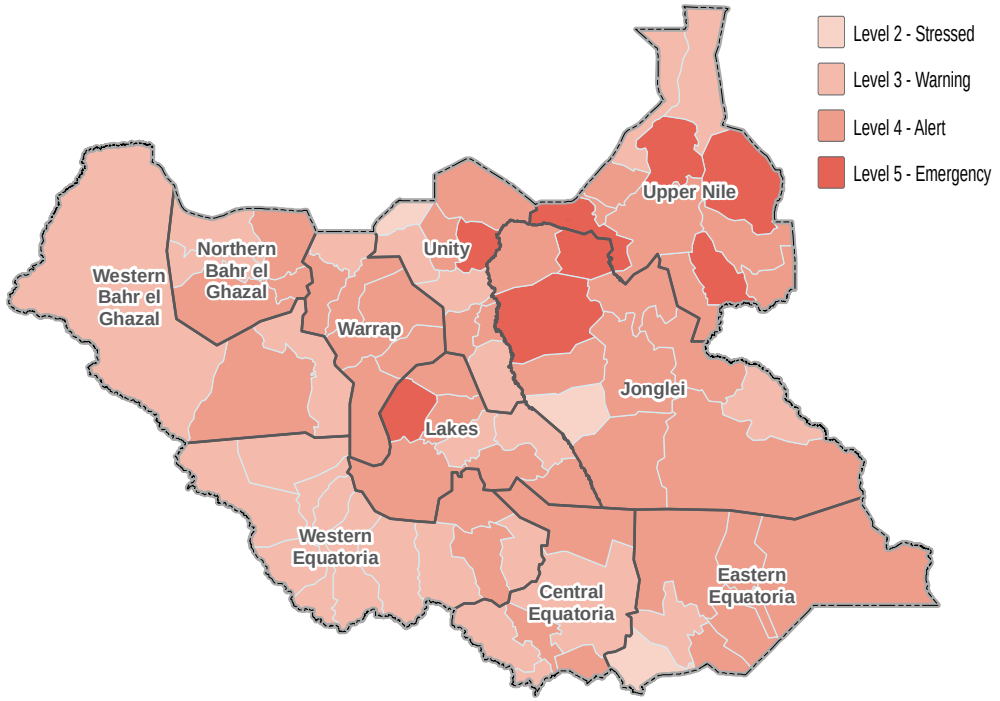
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of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

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

FSNMS Assessment Coverage

Full coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

Host community	100%

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

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

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

Children under 5	76%
Elderly persons	40%
Female headed	19%
Adopted children	11%
Physically disabled	6%

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Yirol East County - Water, Sanitation and Hygiene Factsheet

Lakes State, South Sudan

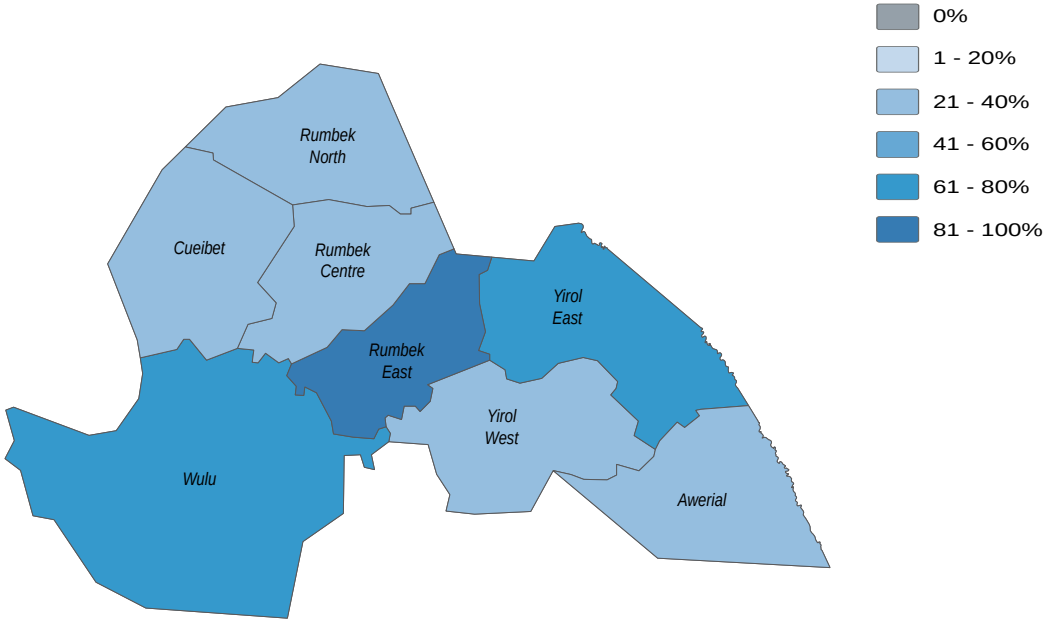
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

88%	of Yirol East County HHs reported having safe access to an improved source of drinking water as their main source, in November and December, 2018. This was an increase from the previous season.
77%	of Yirol East County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
11%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was a decrease from the previous season.
45%	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	88%
River or stream	12%

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	78%
30 minutes to 1 hour	19%
Between 1- 2 hours	4%

Host

Borehole	88%
River or stream	12%

Less than 30 minutes	78%
30 minutes to 1 hour	19%
Between 1- 2 hours	4%

IDPs

Returnees

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Yirol East County - Water, Sanitation and Hygiene Factsheet

Lakes State, South Sudan

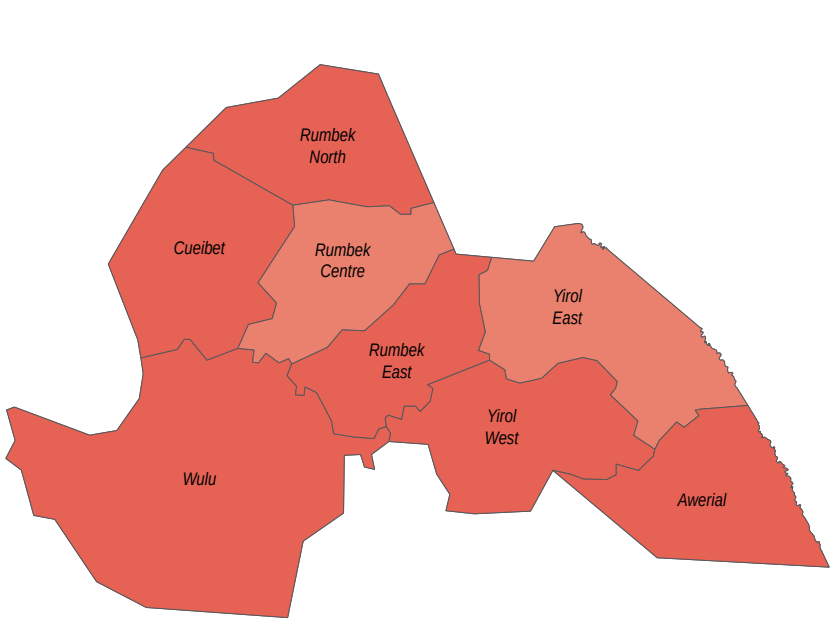
WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

38%	of **Yirol East County** HHs reported having access to a latrine (private, shared, or communal/ institutional), in November and December, 2018. This was an increase from the previous season.
1%	of **Yirol East County** HHs reported having access to a latrine (private, shared, or communal/ institutional), in July and August, 2018.
2%	of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was an increase from the previous season.
1%	of HHs reported their most common defecation location was a latrine, in July and August, 2018.

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



Most commonly reported defecation location by percentage of households:

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

Overall

In the bush	97%
In the latrine	2%
In the river	1%

In the bush	86%
Dig a hole and cover	7%
Left where it is	5%
In the latrine	2%

Host

In the bush	97%
In the latrine	2%
In the river	1%

In the bush	86%
Dig a hole and cover	7%
Left where it is	5%
In the latrine	2%

IDPs

Returnees

Yirol East County - Water, Sanitation and Hygiene Factsheet

Lakes State, South Sudan

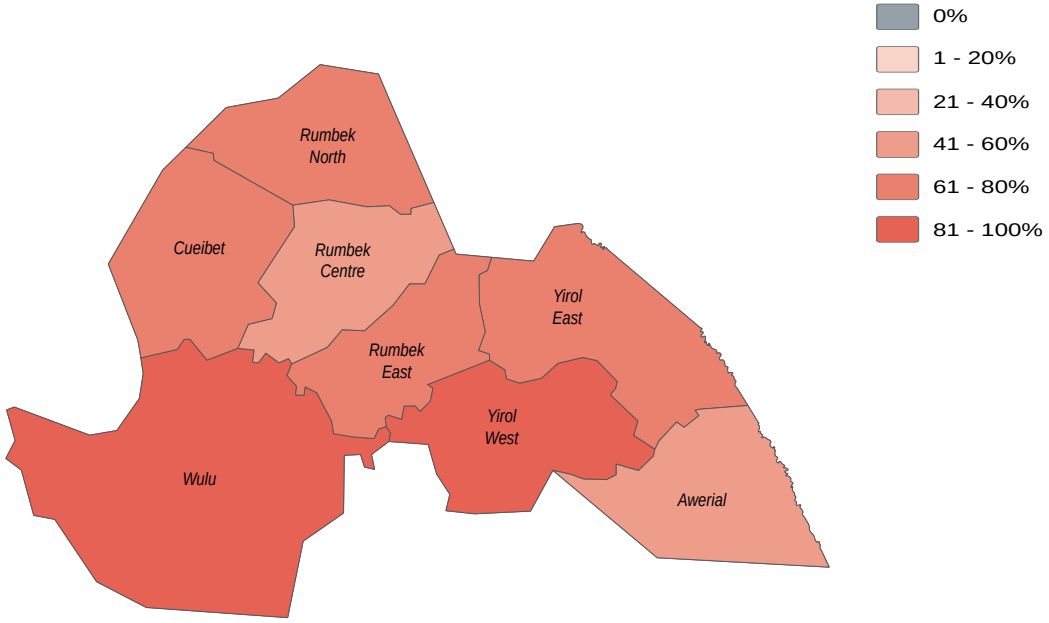
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

80%	of Yirol 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 an increase from the previous season.
78%	of Yirol 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	68%
	AWD	12%
	Fever	7%
	Stomach pain	7%
	Typhoid	7%
Host	Malaria	68%
	AWD	12%
	Fever	7%
	Stomach pain	7%
	Typhoid	7%
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	62%
	Fever	40%
	AWD	22%
	Others	4%
	Typhoid	3%
Host	Malaria	62%
	Fever	40%
	AWD	22%
	Others	4%
	Typhoid	3%

Yirol East County - Water, Sanitation and Hygiene Factsheet

Lakes State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

13%	of Yirol 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.
3%	of Yirol 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.
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 **22%** Yes 78%		No **86%** Yes 14%		No **26%** Yes 74%
Host		No **22%** Yes 78%		No **86%** Yes 14%		No **26%** Yes 74%
IDPs						
Returnees						

Endnotes

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

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Yirol West County - Water, Sanitation and Hygiene Factsheet

Lakes State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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

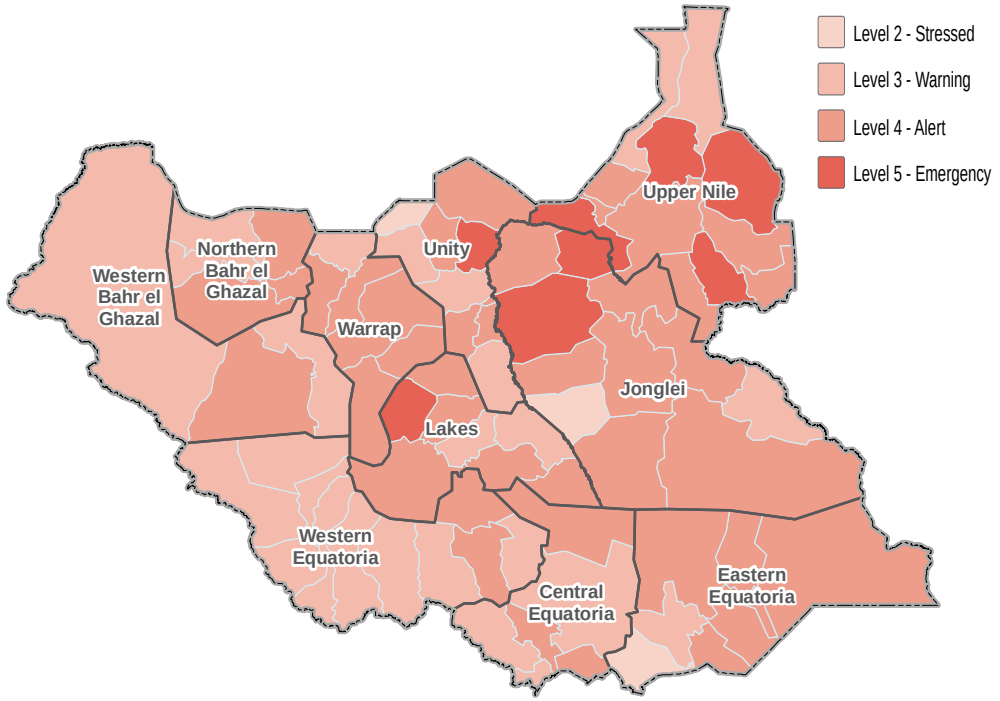
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of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

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

FSNMS Assessment Coverage

Full coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

Host community	100%

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

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

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

Children under 5	82%
Female headed	62%
Elderly persons	44%
Adopted children	15%
Physically disabled	15%

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Yirol West County - Water, Sanitation and Hygiene Factsheet

Lakes State, South Sudan

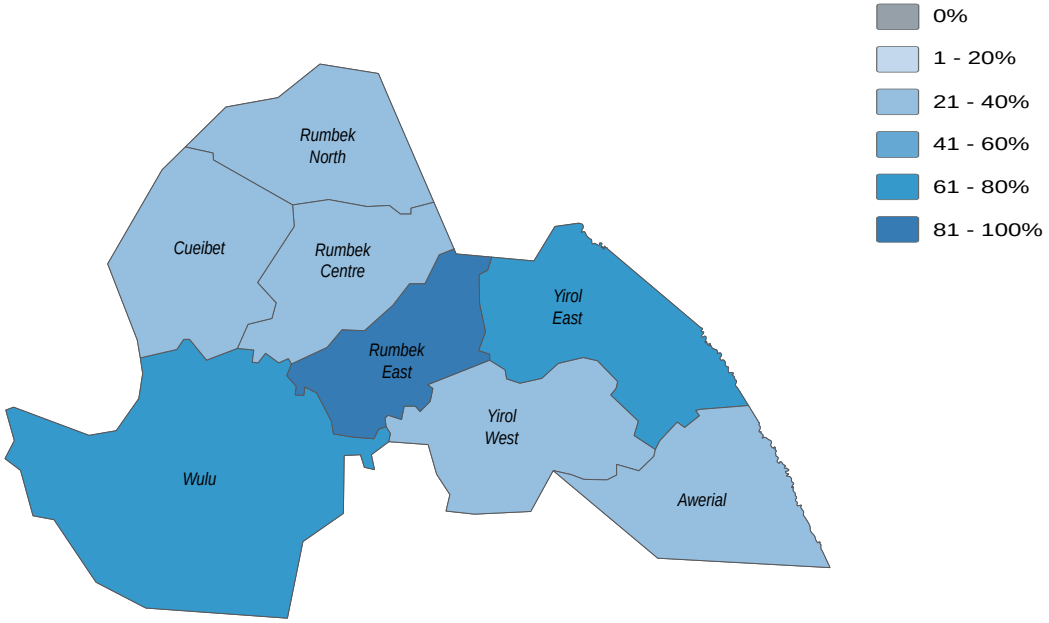
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

96%	of Yirol West County HHs reported having safe access to an improved source of drinking water as their main source, in November and December, 2018. This was an increase from the previous season.
74%	of Yirol West County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
37%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was an increase from the previous season.
26%	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	96%
Unprotected well	4%

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

Less than 30 minutes	40%
30 minutes to 1 hour	27%
Between 1- 2 hours	19%
More than 2 hours	14%

Host

Borehole	96%
Unprotected well	4%

Less than 30 minutes	40%
30 minutes to 1 hour	27%
Between 1- 2 hours	19%
More than 2 hours	14%

IDPs

Returnees

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Yirol West County - Water, Sanitation and Hygiene Factsheet

Lakes State, South Sudan

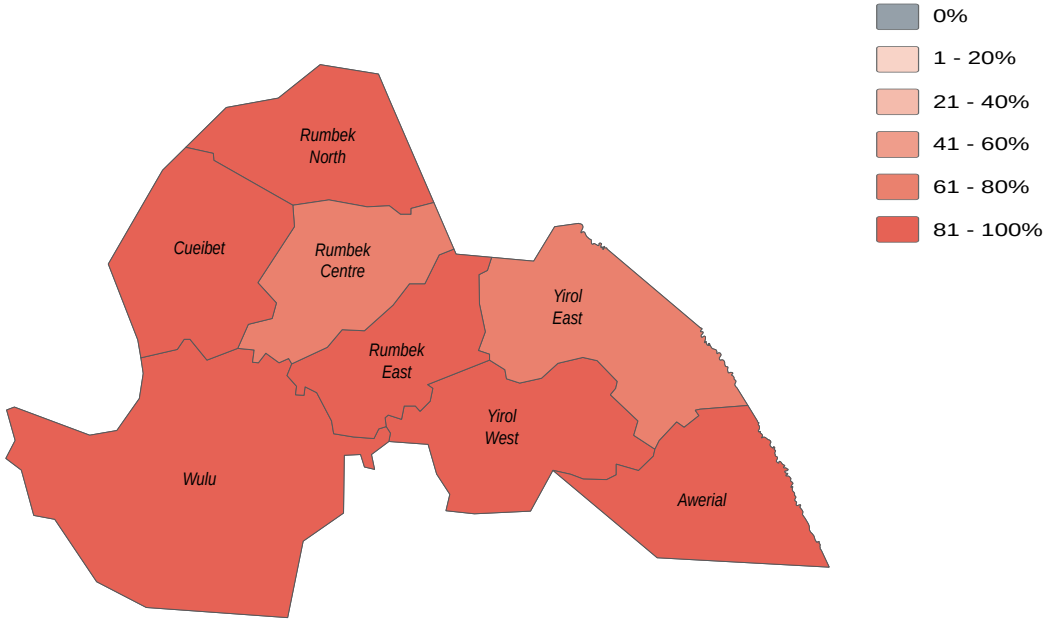
WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

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

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



Most commonly reported defecation location by percentage of households:

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

Overall

In the bush 100%

In the bush	62%
Left where it is	36%
Dig a hole and cover	1%
No answer	1%

Host

In the bush 100%

In the bush	62%
Left where it is	36%
Dig a hole and cover	1%
No answer	1%

IDPs

Returnees

REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Yirol West County - Water, Sanitation and Hygiene Factsheet

Lakes State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

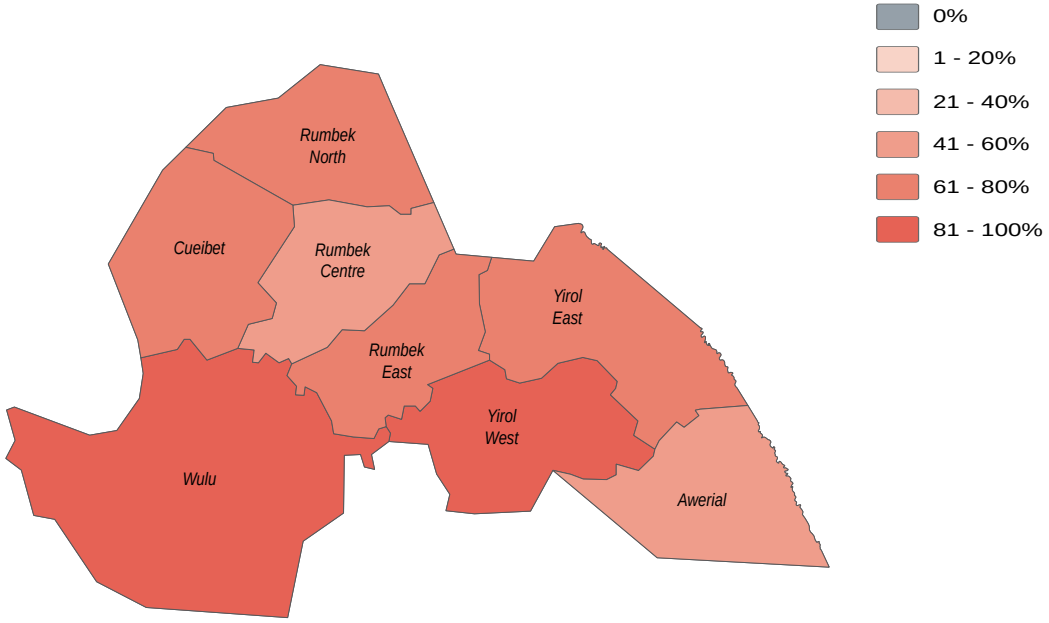
81% of Yirol West County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was an increase from the previous season.

77% of Yirol West County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 2018.

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

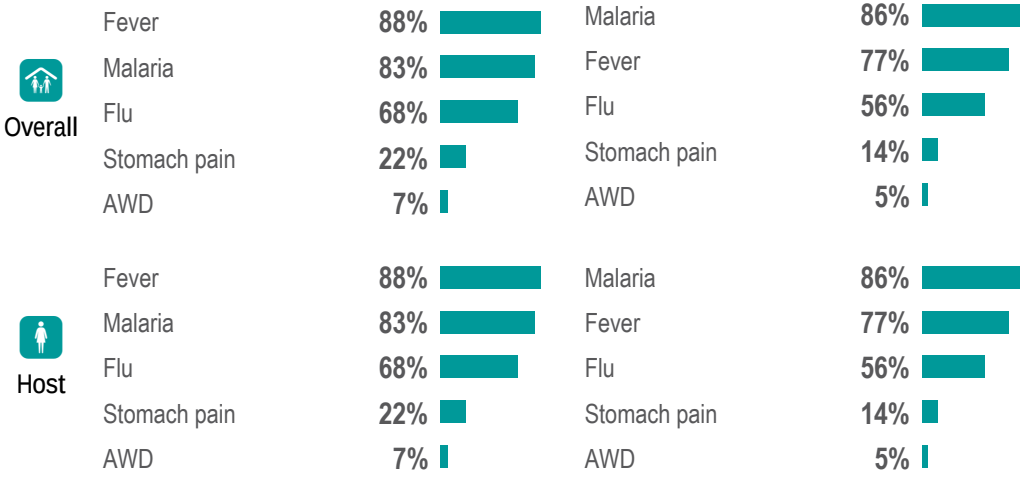
Malaria was the most commonly reported water or vector borne disease in July and August, 2018.

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



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

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



Yirol West County - Water, Sanitation and Hygiene Factsheet

Lakes State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

6%	of **Yirol West County** HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in November and December, 2018. This was an increase from the previous season.
3%	of **Yirol West County** HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in HH in July and August, 2018.
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			
Host			
IDPs			
Returnees			

Endnotes

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

About REACH

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

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

Aweil Centre County - Water, Sanitation and Hygiene Factsheet

Northern Bahr el Ghazal State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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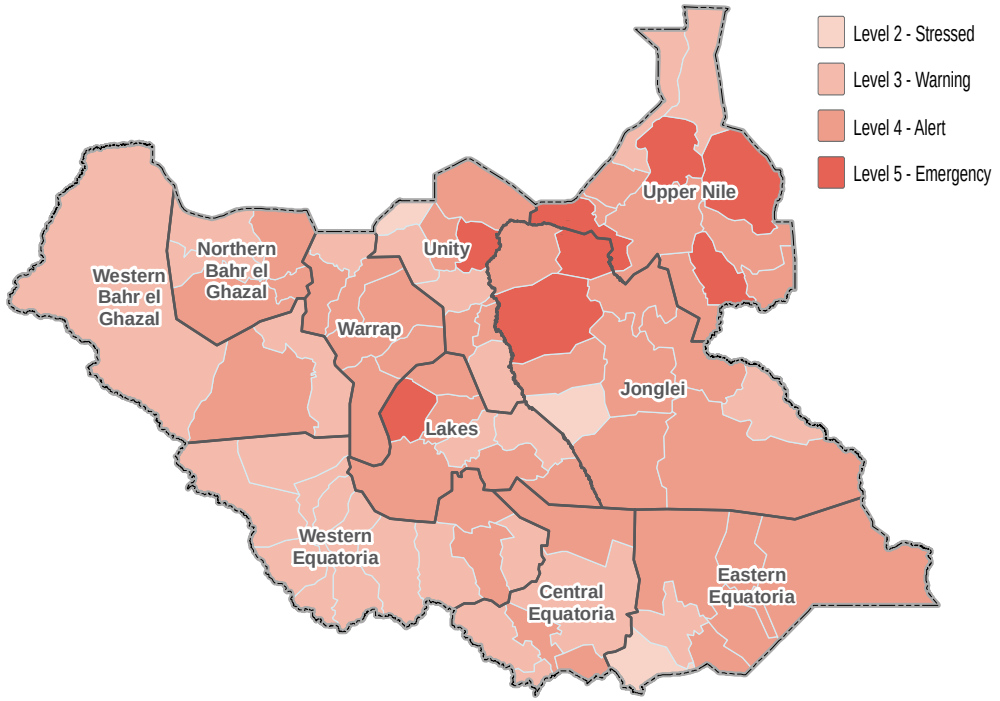
FSNMS Assessment Coverage

Full coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

Host community	99%
IDP	1%

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

Between 2-3 years	100%

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

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

Children under 5	97%
Female headed	88%
Elderly persons	40%
Adopted children	24%
Chronically ill	19%

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Aweil Centre County - Water, Sanitation and Hygiene Factsheet

Northern Bahr el Ghazal State, South Sudan

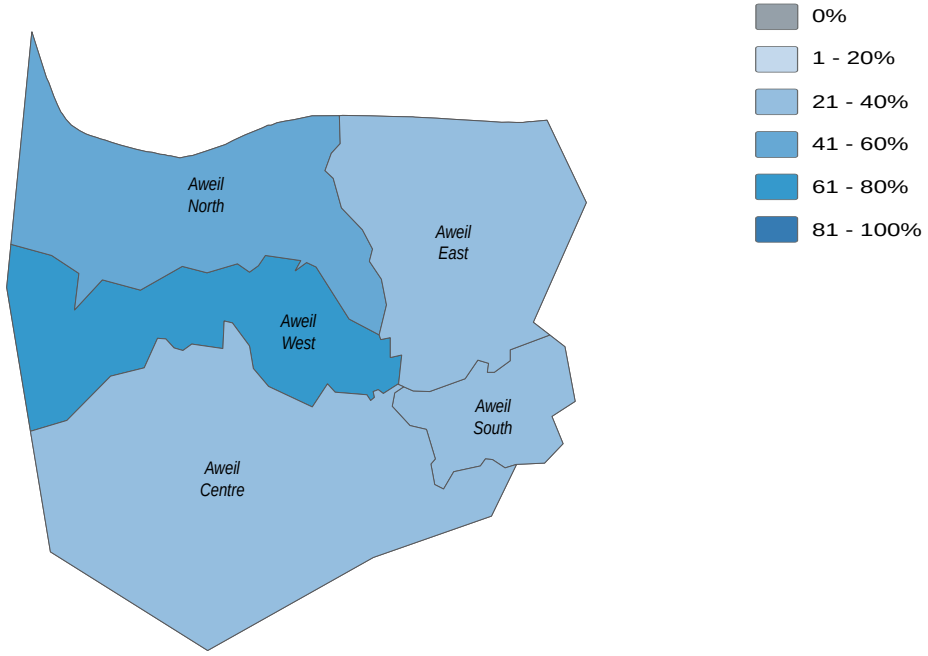
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

54%	of Aweil Centre 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.
59%	of Aweil Centre County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
1%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was a decrease from the previous season.
3%	of HHs reported feeling unsafe while collecting water, in July and August, 2018.

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



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

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

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

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

Overall

Borehole	54%	Less than 30 minutes	48%
Hand dug well	18%	30 minutes to 1 hour	30%
River or stream	17%	Between 1- 2 hours	19%
Unprotected well	12%	I don't know	3%

Host

Borehole	54%	Less than 30 minutes	49%
Hand dug well	17%	30 minutes to 1 hour	29%
River or stream	17%	Between 1- 2 hours	20%
Unprotected well	12%	I don't know	3%

IDPs

Hand dug well	100%	30 minutes to 1 hour	100%

Returnees

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Aweil Centre County - Water, Sanitation and Hygiene Factsheet

Northern Bahr el Ghazal State, South Sudan

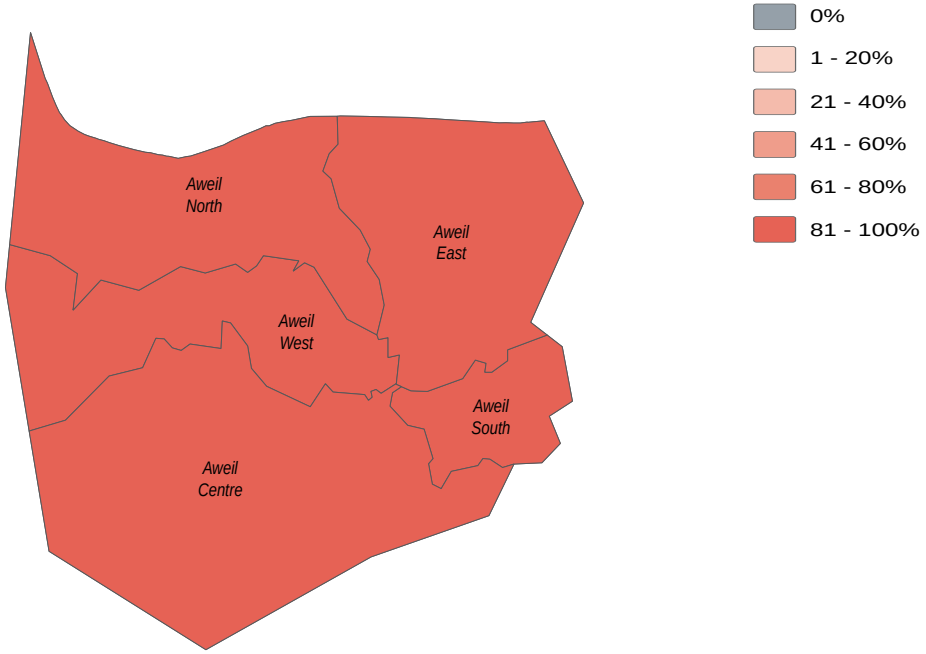
WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

18%	of Aweil Centre 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.
13%	of Aweil Centre County HHs reported having access to a latrine (private, shared, or communal/institutional), in July and August, 2018.
4%	of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was a decrease from the previous season.
9%	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	93%	In the bush	84%
In the latrine	4%	Dig a hole and cover	13%
Dig a hole and cover	3%	In the latrine	3%
No answer	1%		

Host

In the bush	93%	In the bush	85%
Dig a hole and cover	3%	Dig a hole and cover	13%
In the latrine	3%	In the latrine	2%
No answer	1%		

IDPs

In the latrine	100%	In the latrine	100%

Returnees

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Aweil Centre County - Water, Sanitation and Hygiene Factsheet

Northern Bahr el Ghazal State, South Sudan

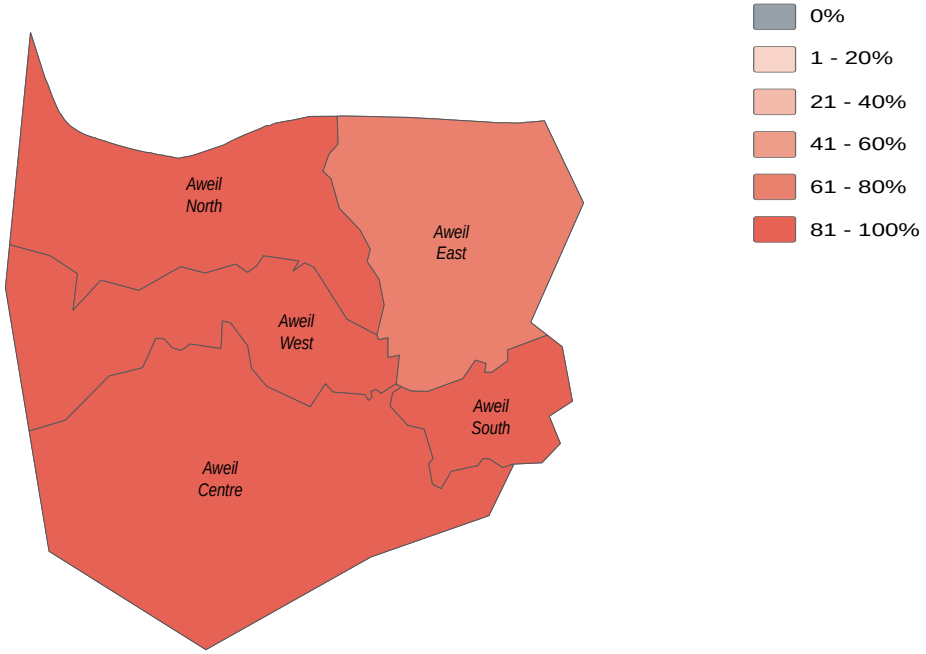
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

81%	of **Aweil Centre 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.
54%	of **Aweil Centre 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 different to the previous season.
Fever	was the most commonly reported water or vector borne disease in July and August, 2018.

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



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

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

Typhoid	49%
Malaria	32%
Fever	30%
Stomach pain	19%
Skin infection	11%

Malaria	59%
Fever	54%
Stomach pain	30%
AWD	17%
Typhoid	17%

Host

Typhoid	49%
Malaria	32%
Fever	30%
Stomach pain	19%
Skin infection	11%

Malaria	60%
Fever	53%
Stomach pain	30%
Typhoid	17%
AWD	16%

IDPs

AWD	100%
Fever	100%

Returnees

Aweil Centre County - Water, Sanitation and Hygiene Factsheet

Northern Bahr el Ghazal State, South Sudan

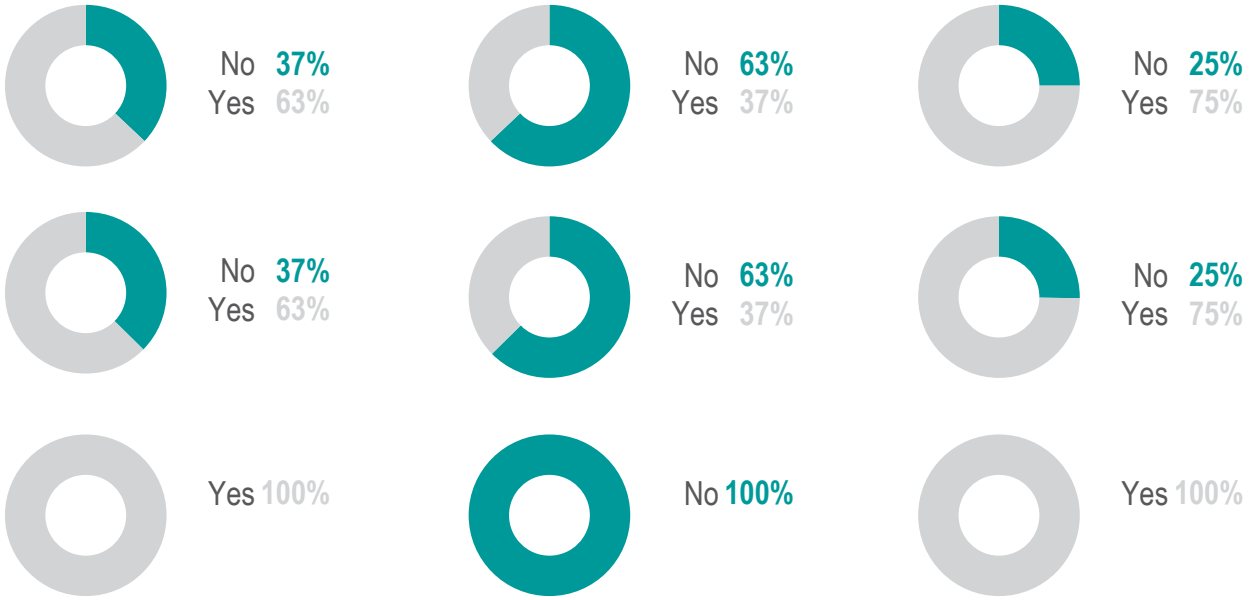
WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

19%	of **Aweil Centre County** HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in November and December, 2018. This was a decrease from the previous season.
37%	of **Aweil Centre 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.
3	was the average number of jerrycans and/or buckets per HH in November and December, 2018.

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



Ownership of soap by percentage of households:

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

Endnotes

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3. HHs are asked to produce soap within a minute when assessing the presence of soap in the HH, as if they are not able to locate it within a minute then it stands to reason it is not commonly used.
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Aweil East County - Water, Sanitation and Hygiene Factsheet

Northern Bahr el Ghazal State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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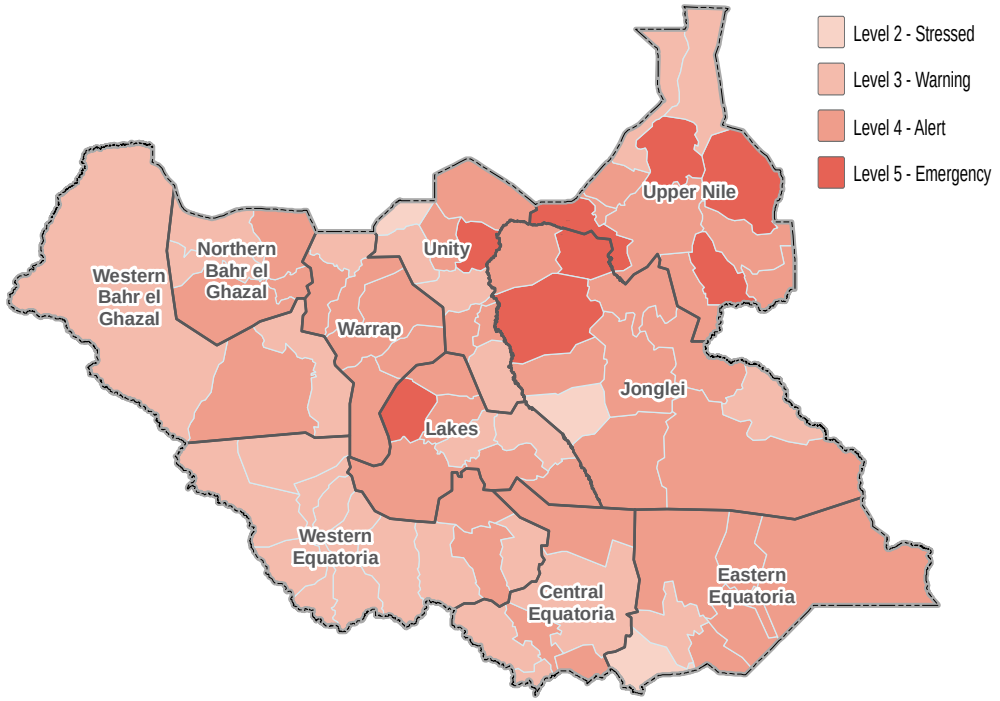
FSNMS Assessment Coverage

Full coverage in the county was achieved.

WASH Needs Severity Map



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- Having one or more household members affected by self-reported water or vector borne disease in the two weeks prior to data collection.

Displacement

Percentage of households by displacement status [1]:

Host community	99%
IDP	1%

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

In the last one year	100%

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

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

Children under 5	82%
Female headed	60%
Elderly persons	43%
Chronically ill	5%
Physically disabled	5%

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Aweil East County - Water, Sanitation and Hygiene Factsheet

Northern Bahr el Ghazal State, South Sudan

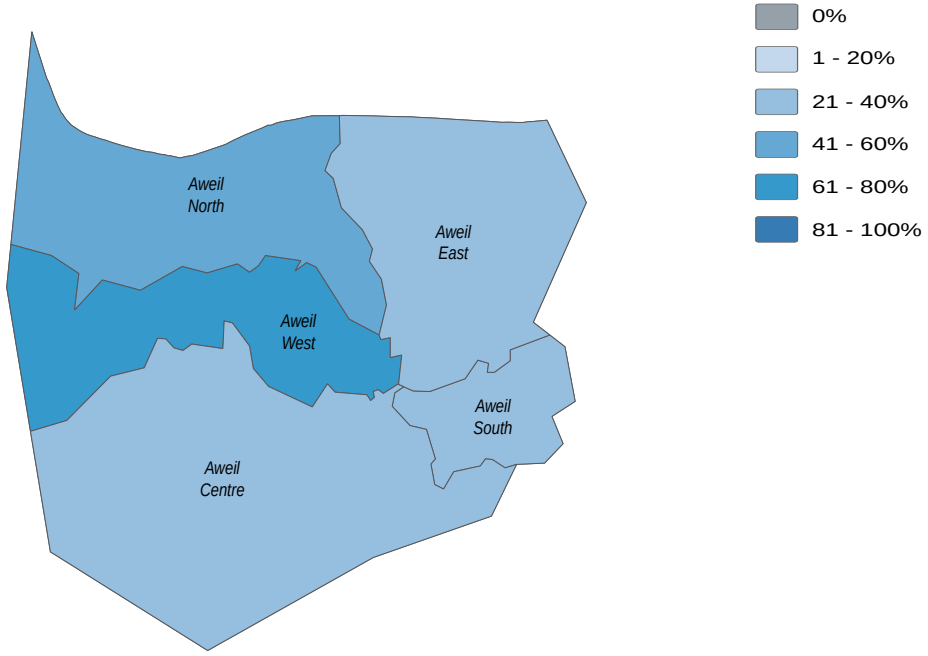
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

43%	of **Aweil 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 a decrease from the previous season.
62%	of **Aweil East County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
10%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was an increase from the previous season.
6%	of HHs reported feeling unsafe while collecting water, in July and August, 2018.

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



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

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

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	43%	Less than 30 minutes	41%
Unprotected well	24%	30 minutes to 1 hour	40%
River or stream	19%	Between 1- 2 hours	19%
Hand dug well	13%	I don't know	1%
Swamp	2%		

Host

Borehole	43%	Less than 30 minutes	41%
Unprotected well	23%	30 minutes to 1 hour	40%
River or stream	19%	Between 1- 2 hours	18%
Hand dug well	13%	I don't know	1%
Swamp	2%		

IDPs

Unprotected well	100%	Between 1- 2 hours	100%

Returnees

REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Aweil East County - Water, Sanitation and Hygiene Factsheet

Northern Bahr el Ghazal State, South Sudan

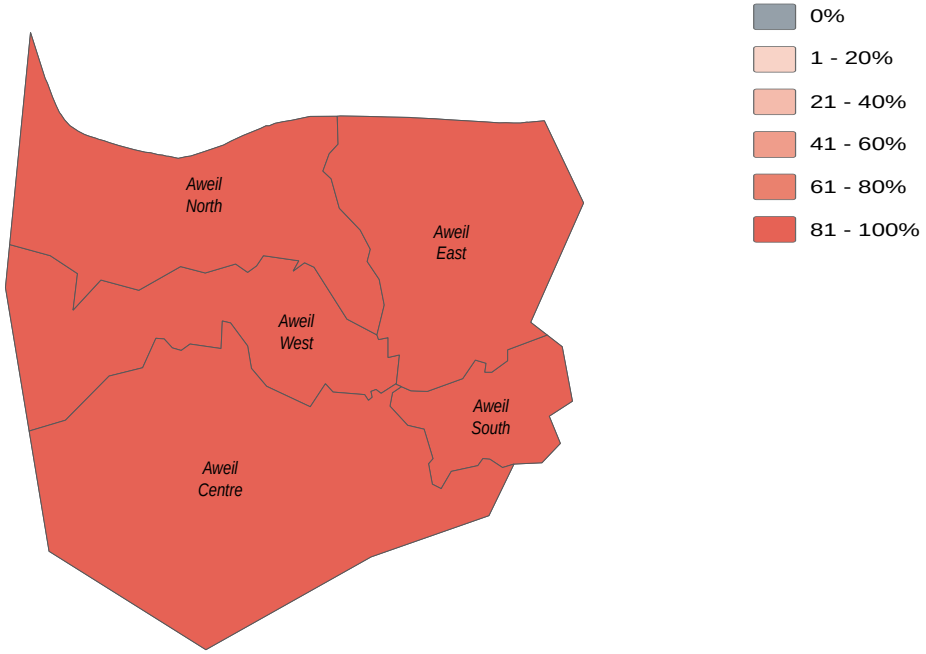
WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

2%	of **Aweil East County** HHs reported having access to a latrine (private, shared, or communal/ institutional), in November and December, 2018. This was an increase from the previous season.
1%	of **Aweil East 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	99%	In the bush	99%
	In the latrine	1%	In the latrine	1%
Host	In the bush	99%	In the bush	99%
	In the latrine	1%	In the latrine	1%
IDPs	In the bush	100%	In the bush	100%
Returnees				

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Aweil East County - Water, Sanitation and Hygiene Factsheet

Northern Bahr el Ghazal State, South Sudan

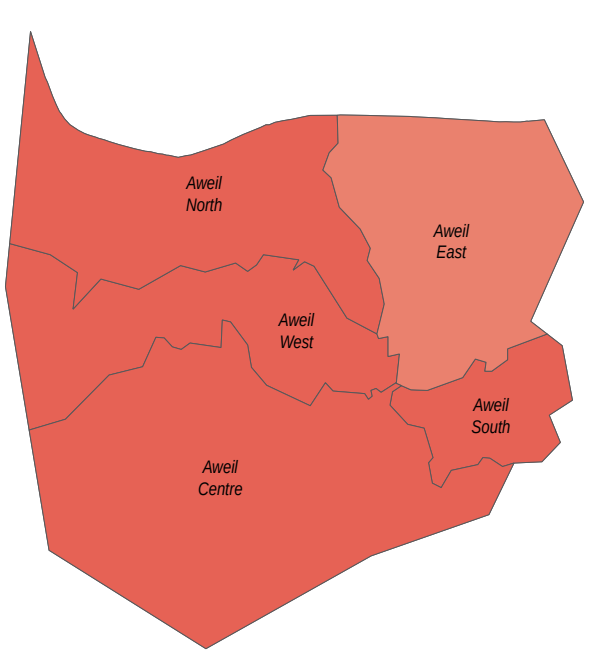
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

70%	of **Aweil 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.
72%	of **Aweil East County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 2018.
Fever	was the most commonly reported water or vector borne disease in November and December, 2018. This was the same as the previous season.
Fever	was the most commonly reported water or vector borne disease in July and August, 2018.

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



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

Overall	Fever	58%
	Malaria	38%
	Typhoid	17%
	Stomach pain	13%
	Flu	8%
Host	Fever	58%
	Malaria	38%
	Typhoid	17%
	Stomach pain	13%
	Flu	8%
IDPs		
Returnees		

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

Overall	Fever	77%
	Malaria	42%
	Stomach pain	21%
	AWD	20%
	Flu	7%
Host	Fever	77%
	Malaria	43%
	Stomach pain	21%
	AWD	20%
	Flu	7%
IDPs	Fever	100%
Returnees		

Aweil East County - Water, Sanitation and Hygiene Factsheet

Northern Bahr el Ghazal State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

5%	of **Aweil 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 a decrease from the previous season.
9%	of **Aweil 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.
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 **28%** Yes 72%	 No **46%** Yes 54%	 No **18%** Yes 82%
Host	 No **28%** Yes 72%	 No **47%** Yes 53%	 No **18%** Yes 82%
IDPs	Yes 100%	Yes 100%	Yes 100%
Returnees			

Endnotes

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

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.

Aweil North County - Water, Sanitation and Hygiene Factsheet

Northern Bahr el Ghazal State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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

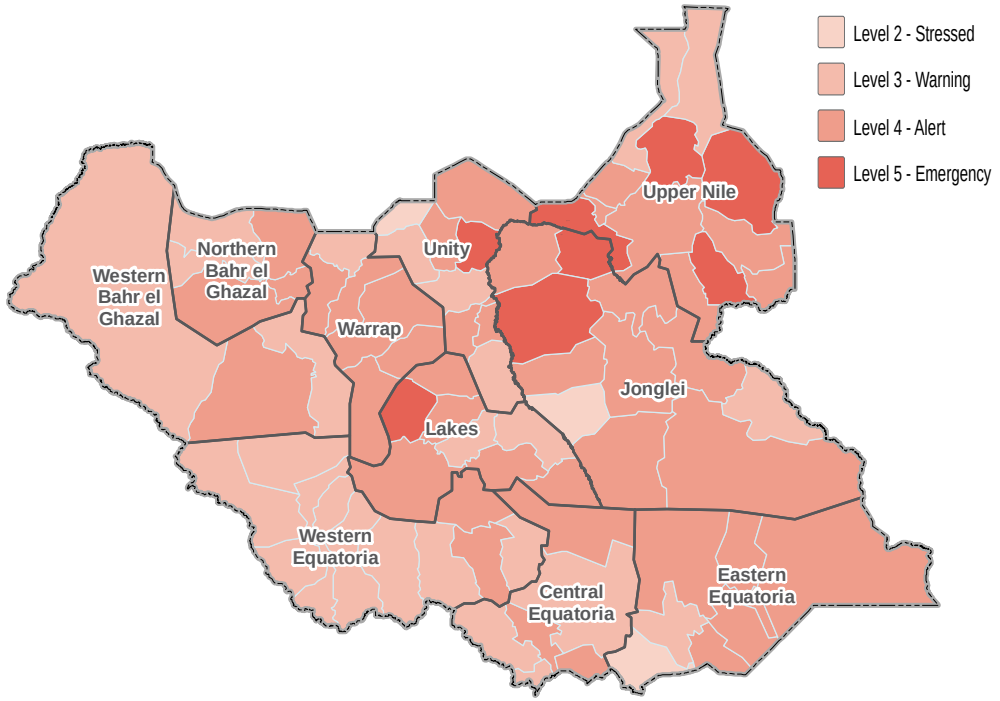
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of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

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

FSNMS Assessment Coverage

Full coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

Host community	100%

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

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

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

Children under 5	74%
Female headed	46%
Elderly persons	34%
Physically disabled	15%
Adopted children	6%

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Aweil North County - Water, Sanitation and Hygiene Factsheet

Northern Bahr el Ghazal State, South Sudan

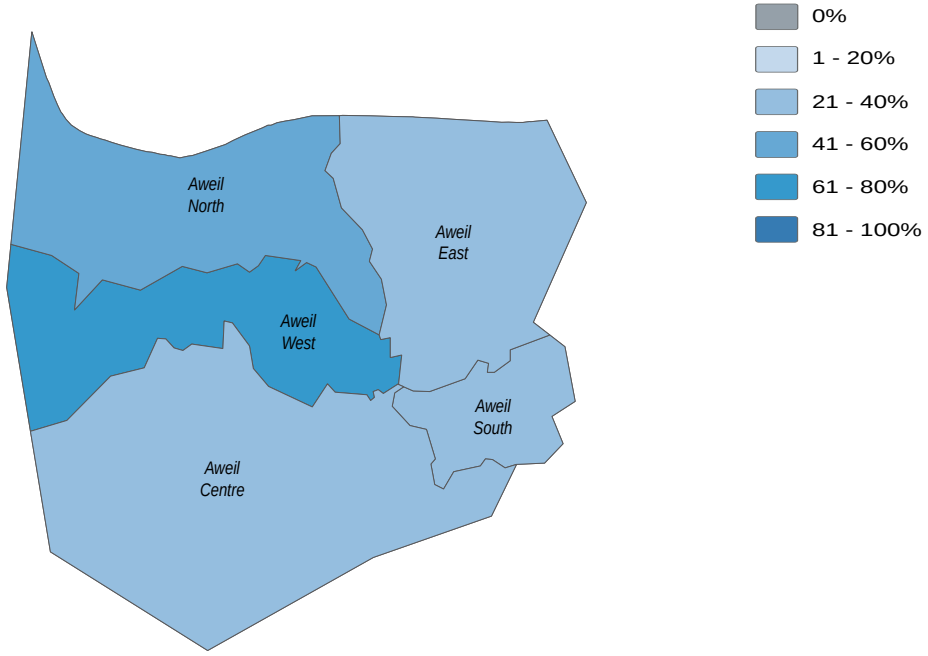
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

96%	of Aweil North 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.
98%	of Aweil North County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
18%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was 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	93%
River or stream	4%
Tap stand	3%

Less than 30 minutes	64%
30 minutes to 1 hour	24%
Between 1- 2 hours	11%
More than 2 hours	1%

Host

Borehole	93%
River or stream	4%
Tap stand	3%

Less than 30 minutes	64%
30 minutes to 1 hour	24%
Between 1- 2 hours	11%
More than 2 hours	1%

IDPs

Returnees

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Aweil North County - Water, Sanitation and Hygiene Factsheet

Northern Bahr el Ghazal State, South Sudan

November/December2018

Sanitation

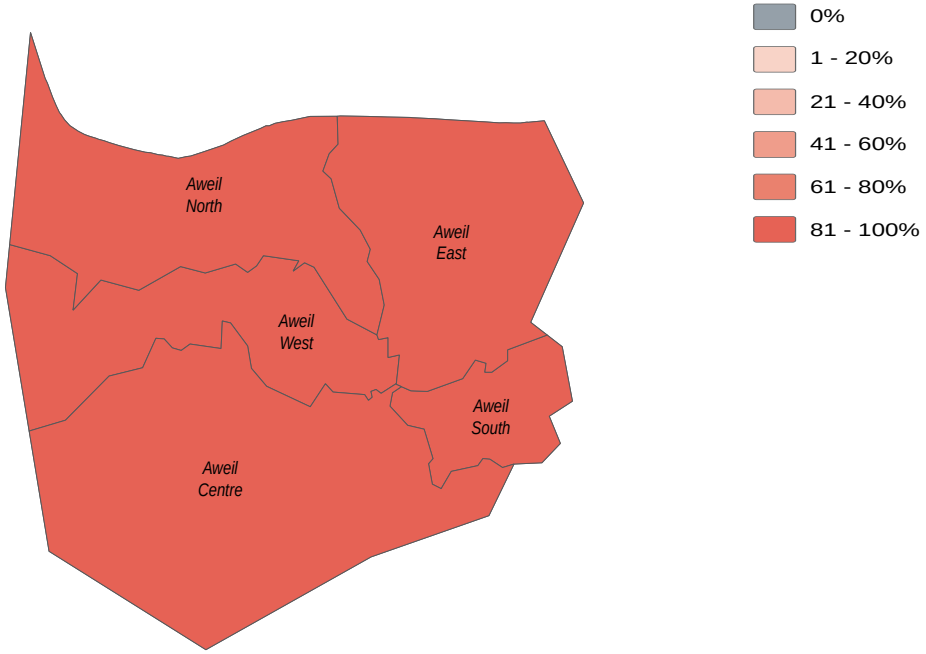
6% of **Aweil North County** HHs reported having access to a latrine (private, shared, or communal/institutional), in November and December, 2018. This was a decrease from the previous season.

7% of **Aweil North 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.

4% of HHs reported their most common defecation location was a latrine, in July and August, 2018.

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



Most commonly reported defecation location by percentage of households:

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

Overall

In the bush	94%
In the latrine	6%

In the bush	88%
Dig a hole and cover	5%
In the latrine	4%
Left where it is	2%
No answer	2%

Host

In the bush	94%
In the latrine	6%

In the bush	88%
Dig a hole and cover	5%
In the latrine	4%
Left where it is	2%
No answer	2%

IDPs

Returnees

Aweil North County - Water, Sanitation and Hygiene Factsheet

Northern Bahr el Ghazal State, South Sudan

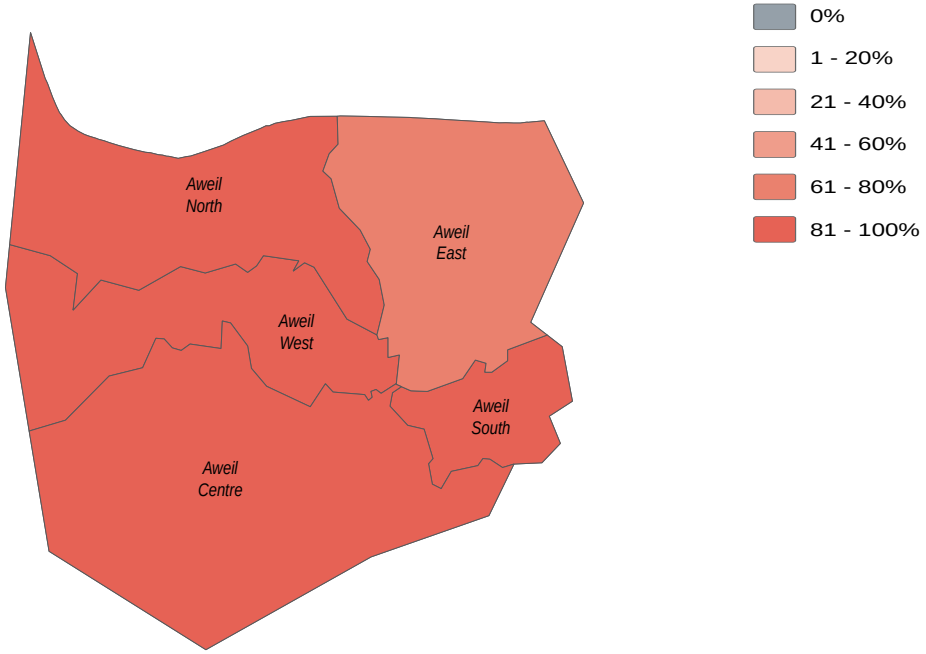
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

94%	of Aweil North County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was an increase from the previous season.
62%	of Aweil North County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 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	92%
Fever	73%
Typhoid	23%
Stomach pain	17%
AWD	3%

Fever	75%
Malaria	68%
AWD	16%
Stomach pain	14%
Typhoid	6%

Host

Malaria	92%
Fever	73%
Typhoid	23%
Stomach pain	17%
AWD	3%

Fever	75%
Malaria	68%
AWD	16%
Stomach pain	14%
Typhoid	6%

IDPs

Returnees

Aweil North County - Water, Sanitation and Hygiene Factsheet

Northern Bahr el Ghazal State, South Sudan

November/December2018

NFI WASH NFIs

36%	of **Aweil North 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.
14%	of **Aweil North 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 **3%** Yes 97%		No **33%** Yes 67%		No **10%** Yes 90%
Host		No **3%** Yes 97%		No **33%** Yes 67%		No **10%** Yes 90%
IDPs						
Returnees						

Endnotes

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

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Aweil South County - Water, Sanitation and Hygiene Factsheet

Northern Bahr el Ghazal State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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

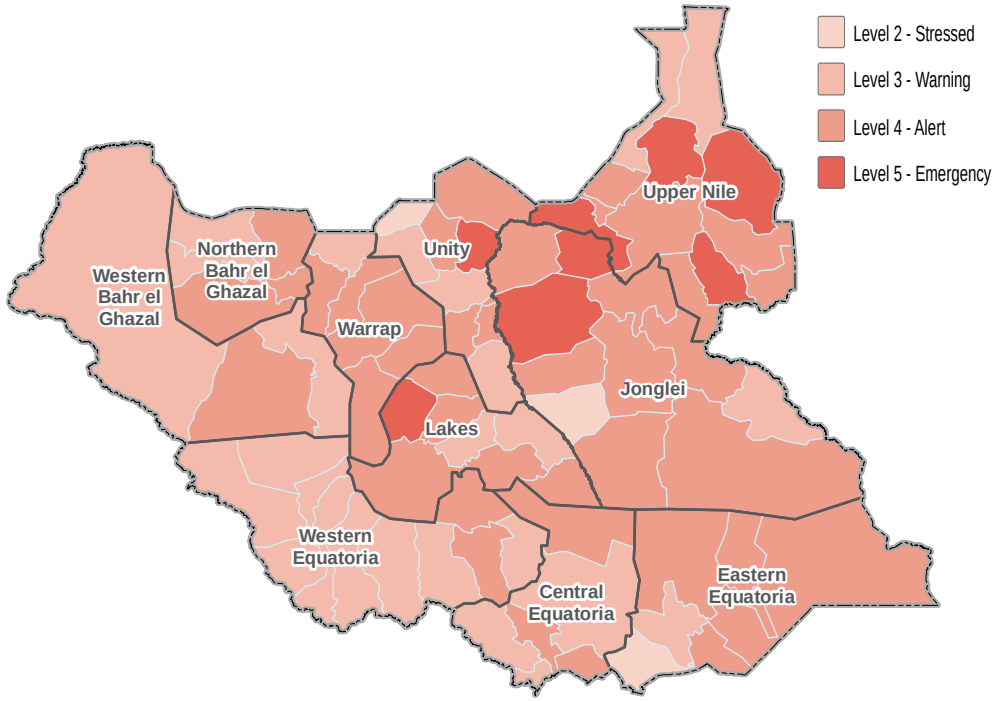
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of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

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

FSNMS Assessment Coverage

Full coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

Host community	100%

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

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

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

Children under 5	79%
Female headed	42%
Elderly persons	24%
Physically disabled	17%
Adopted children	15%

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Aweil South County - Water, Sanitation and Hygiene Factsheet

Northern Bahr el Ghazal State, South Sudan

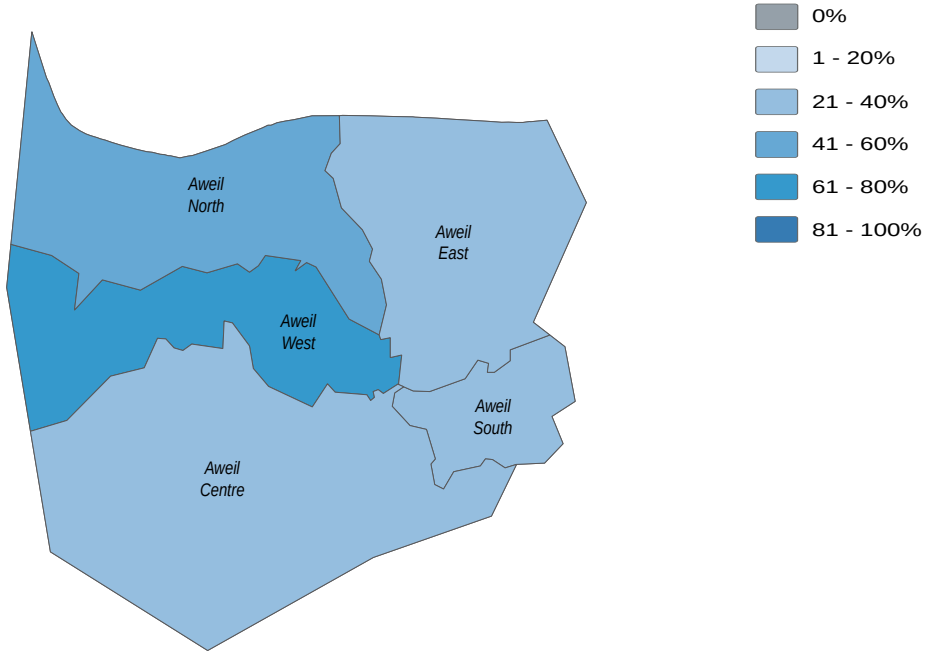
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

68%	of Aweil 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.
76%	of Aweil South 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.
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	68%
Hand dug well	21%
Unprotected well	8%
River or stream	2%
Swamp	1%

Less than 30 minutes	53%
30 minutes to 1 hour	36%
Between 1- 2 hours	7%
More than 2 hours	4%

Host

Borehole	68%
Hand dug well	21%
Unprotected well	8%
River or stream	2%
Swamp	1%

Less than 30 minutes	53%
30 minutes to 1 hour	36%
Between 1- 2 hours	7%
More than 2 hours	4%

IDPs

Returnees

Aweil South County - Water, Sanitation and Hygiene Factsheet

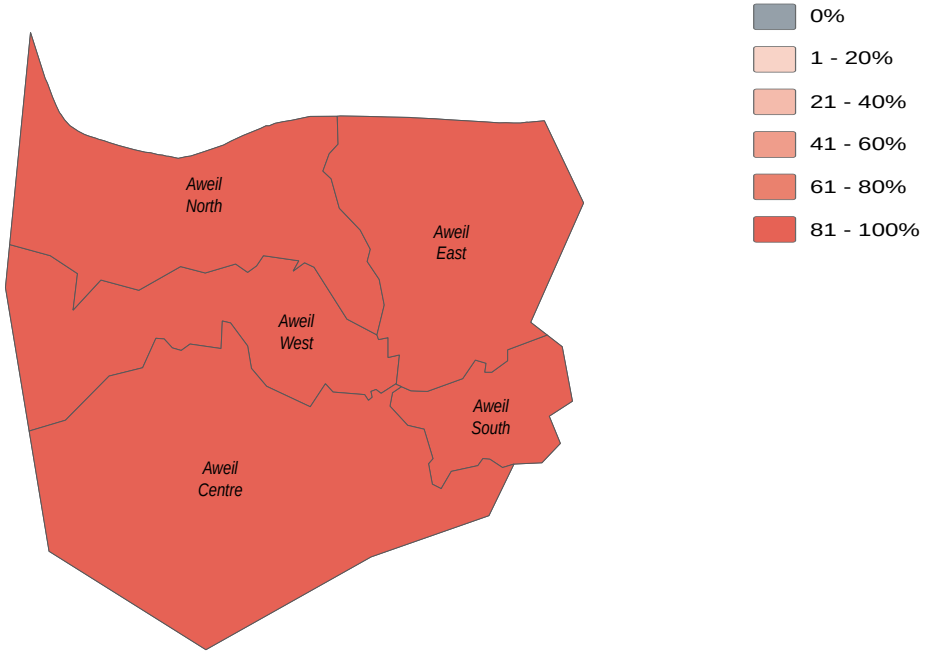
Northern Bahr el Ghazal State, South Sudan

November/December2018

Sanitation

7%	of Aweil South County HHs reported having access to a latrine (private, shared, or communal/institutional), in November and December, 2018. This was an increase from the previous season.
0%	of Aweil South County HHs reported having access to a latrine (private, shared, or communal/institutional), in July and August, 2018.
5%	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	94%	In the bush	92%
In the latrine	5%	In the latrine	6%
In the river	1%	No answer	2%

Host

In the bush	94%	In the bush	92%
In the latrine	5%	In the latrine	6%
In the river	1%	No answer	2%

IDPs

Returnees

Aweil South County - Water, Sanitation and Hygiene Factsheet

Northern Bahr el Ghazal State, South Sudan

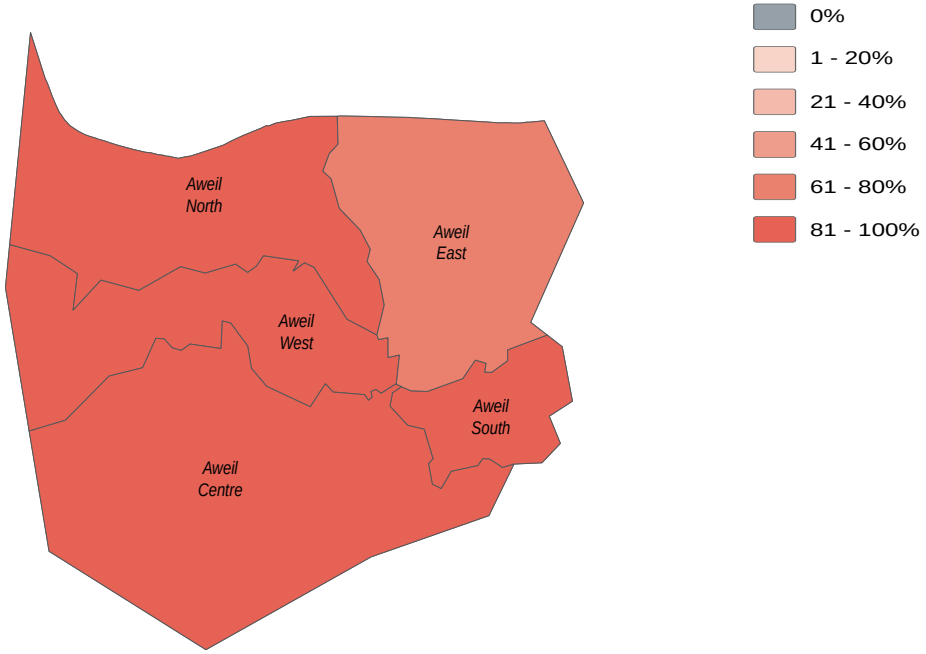
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

87%	of **Aweil 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.
77%	of **Aweil 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.
Fever	was the most commonly reported water or vector borne disease in November and December, 2018. This was the same as the previous season.
Fever	was the most commonly reported water or vector borne disease in July and August, 2018.

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



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

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

Overall

Fever	61%
Malaria	57%
Typhoid	26%
Stomach pain	13%
AWD	4%

Fever	81%
Malaria	58%
Others	15%
AWD	12%
Stomach pain	12%

Host

Fever	61%
Malaria	57%
Typhoid	26%
Stomach pain	13%
AWD	4%

Fever	81%
Malaria	58%
Others	15%
AWD	12%
Stomach pain	12%

IDPs

Returnees

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Aweil South County - Water, Sanitation and Hygiene Factsheet

Northern Bahr el Ghazal State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

15%	of Aweil 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 an increase from the previous season.
7%	of Aweil 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.
4	was the average number of jerrycans and/or buckets per HH in July and August, 2018. This was the same as 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 **22%** Yes 78%	 No **40%** Yes 60%	 No **32%** Yes 68%
Host	 No **22%** Yes 78%	 No **40%** Yes 60%	 No **32%** Yes 68%
IDPs			
Returnees			

Endnotes

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

About REACH

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

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

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Aweil West County - Water, Sanitation and Hygiene Factsheet

Northern Bahr el Ghazal State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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

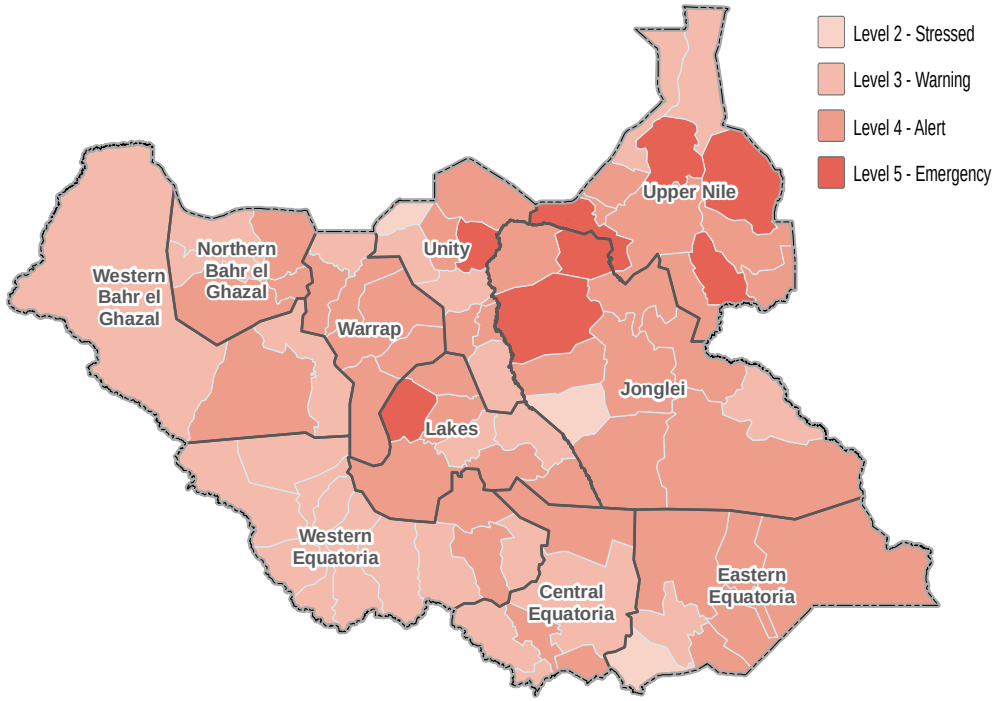
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of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

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

FSNMS Assessment Coverage

Full coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

Host community	100%

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

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

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

Children under 5	85%
Female headed	65%
Elderly persons	29%
Physically disabled	11%
Adopted children	10%

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Aweil West County - Water, Sanitation and Hygiene Factsheet

Northern Bahr el Ghazal State, South Sudan

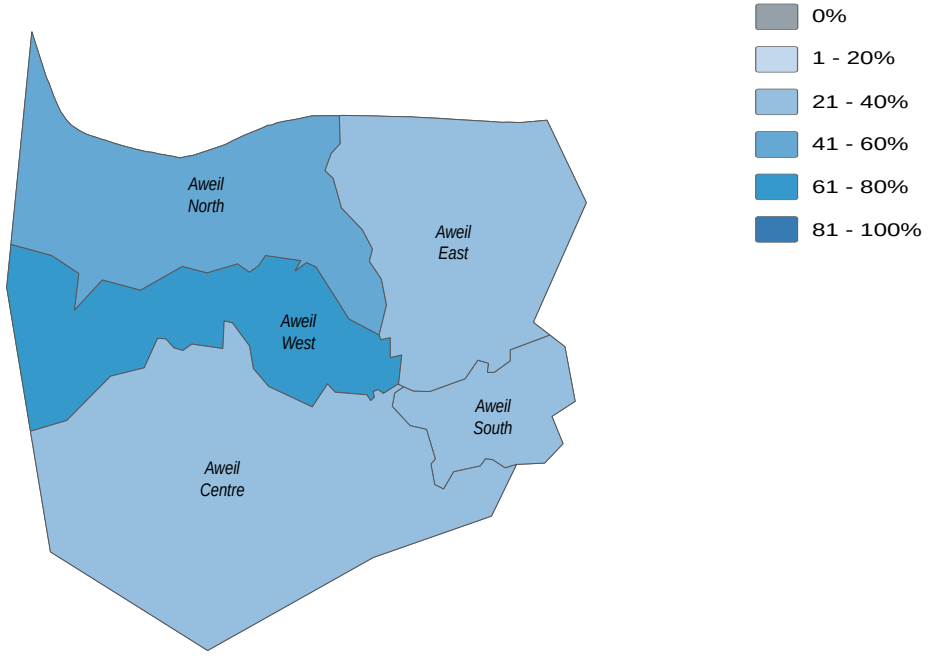
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

98%	of Aweil West County HHs reported having safe access to an improved source of drinking water as their main source, in November and December, 2018. This was an increase from the previous season.
83%	of Aweil West 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	98%	Less than 30 minutes	64%
Swamp	1%	30 minutes to 1 hour	24%
Unprotected well	1%	Between 1- 2 hours	12%

Host

Borehole	98%	Less than 30 minutes	64%
Swamp	1%	30 minutes to 1 hour	24%
Unprotected well	1%	Between 1- 2 hours	12%

IDPs

Returnees

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Aweil West County - Water, Sanitation and Hygiene Factsheet

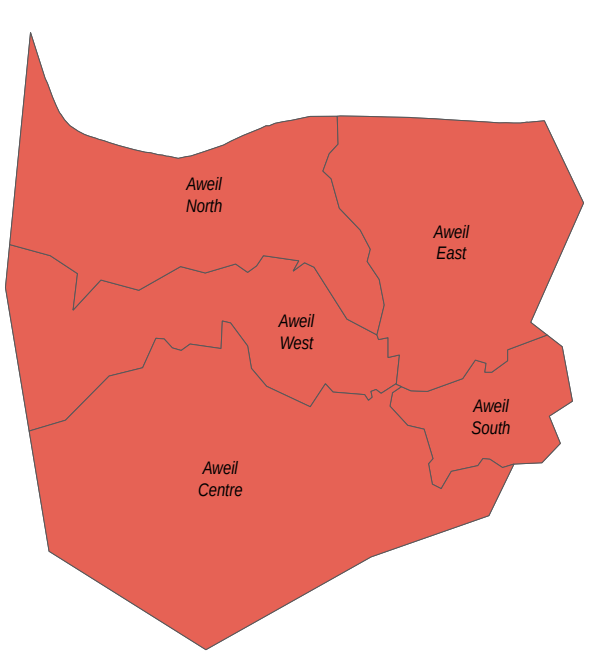
Northern Bahr el Ghazal State, South Sudan

November/December2018

Sanitation

19%	of **Aweil West County** HHs reported having access to a latrine (private, shared, or communal/ institutional), in November and December, 2018. This was a decrease from the previous season.
36%	of **Aweil West County** HHs reported having access to a latrine (private, shared, or communal/institutional), in July and August, 2018.
7%	of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was a decrease from the previous season.
36%	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]:



- 0%
- 1 - 20%
- 21 - 40%
- 41 - 60%
- 61 - 80%
- 81 - 100%

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	92%
In the latrine	7%
Dig a hole and cover	1%

In the bush	89%
In the latrine	8%
Dig a hole and cover	2%
Left where it is	1%

Host

In the bush	92%
In the latrine	7%
Dig a hole and cover	1%

In the bush	89%
In the latrine	8%
Dig a hole and cover	2%
Left where it is	1%

IDPs

Returnees

Aweil West County - Water, Sanitation and Hygiene Factsheet

Northern Bahr el Ghazal State, South Sudan

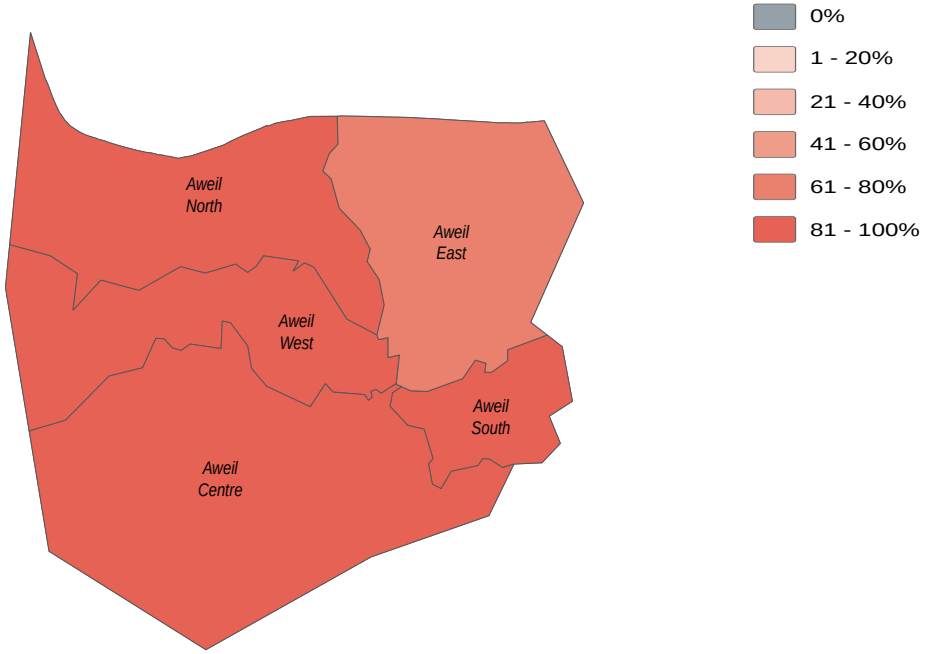
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

81%	of Aweil West County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was a decrease from the previous season.
87%	of Aweil West County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 2018.
Malaria	was the most commonly reported water or vector borne disease in November and December, 2018. This was the same as the previous season.
Malaria	was the most commonly reported water or vector borne disease in July and August, 2018.

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



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

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

Overall

Malaria	56%	Malaria	73%
Fever	50%	Fever	65%
Stomach pain	33%	Stomach pain	17%
Typhoid	28%	AWD	12%
Flu	8%	Flu	9%

Host

Malaria	56%	Malaria	73%
Fever	50%	Fever	65%
Stomach pain	33%	Stomach pain	17%
Typhoid	28%	AWD	12%
Flu	8%	Flu	9%

IDPs

Returnees

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Aweil West County - Water, Sanitation and Hygiene Factsheet

Northern Bahr el Ghazal State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

13%	of **Aweil West County** HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in November and December, 2018. This was a decrease from the previous season.
14%	of **Aweil West County** HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in HH in July and August, 2018.
2	was the average number of jerrycans and/or buckets per HH in July and August, 2018. This was a decrease from the previous season.
3	was the average number of jerrycans and/or buckets per HH in November and December, 2018.

	Ownership of a bucket or a jerrycan with a lid by percentage of households:		Ownership of soap by percentage of households:		Every member of the household sleeps under a mosquito net by percentage of households:	
Overall		No **53%** Yes 47%		No **42%** Yes 58%		No **4%** Yes 96%
Host		No **53%** Yes 47%		No **42%** Yes 58%		No **4%** Yes 96%
IDPs						
Returnees						

Endnotes

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

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Gogrial East County - Water, Sanitation and Hygiene Factsheet

Warrap 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.

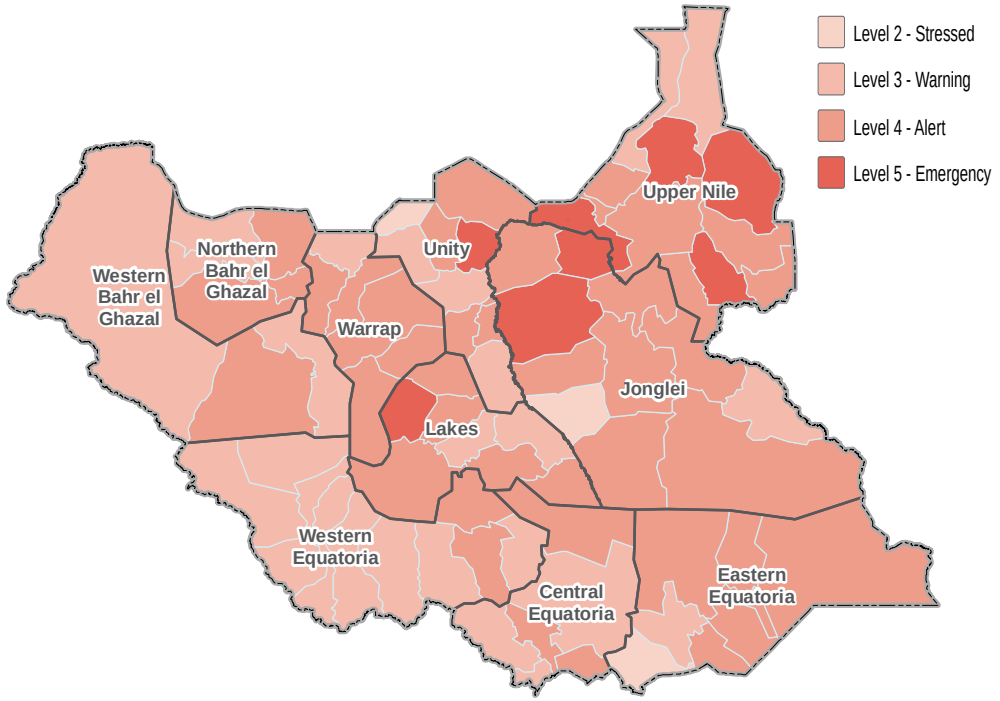
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of 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	92%
Returnee	7%
IDP	1%

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

In the last one year	100%

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

In the last one year	100%

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

Children under 5	72%
Elderly persons	41%
Chronically ill	15%
Female headed	13%
Physically disabled	5%

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Gogrial East County - Water, Sanitation and Hygiene Factsheet

Warrap State, South Sudan

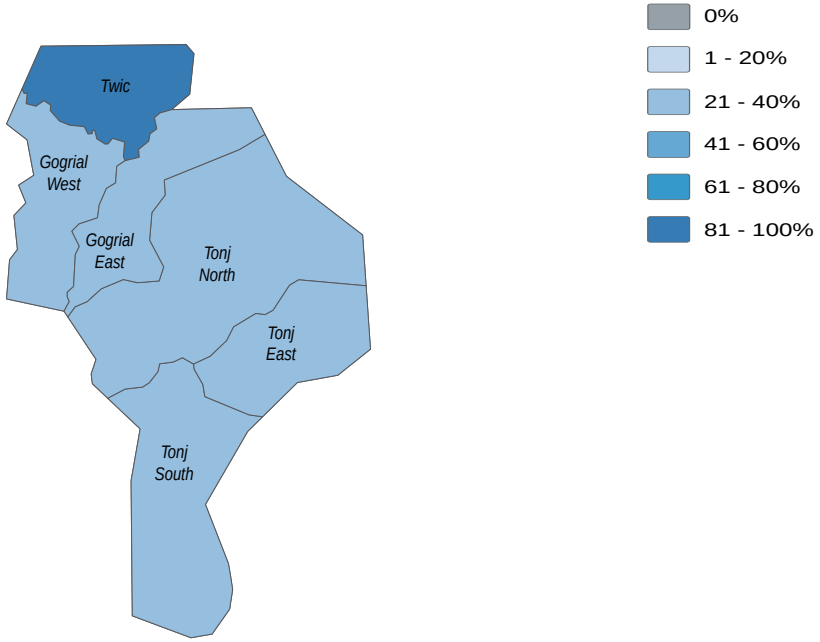
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

65%	of Gogrial 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 a decrease from the previous season.
79%	of Gogrial East County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
9%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was an increase from the previous season.
7%	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	65%	30 minutes to 1 hour	46%
Swamp	14%	Less than 30 minutes	24%
River or stream	13%	Between 1- 2 hours	22%
Unprotected well	6%	More than 2 hours	8%
Hand dug well	2%		

Host

Borehole	65%	30 minutes to 1 hour	46%
Swamp	15%	Less than 30 minutes	26%
River or stream	13%	Between 1- 2 hours	21%
Unprotected well	5%	More than 2 hours	7%
Hand dug well	2%		

IDPs

Unprotected well	100%	Between 1- 2 hours	100%

Returnees

Borehole	75%	30 minutes to 1 hour	50%
River or stream	13%	Between 1- 2 hours	25%
Unprotected well	13%	More than 2 hours	25%

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Gogrial East County - Water, Sanitation and Hygiene Factsheet

Warrap State, South Sudan

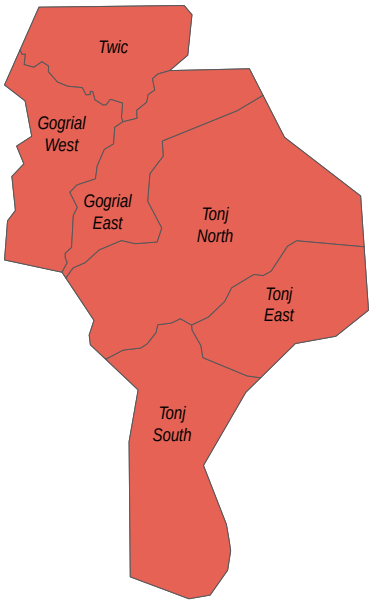
WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

1%	of **Gogrial East County** HHs reported having access to a latrine (private, shared, or communal/institutional), in November and December, 2018. This was an increase from the previous season.
0%	of **Gogrial East 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]:



- 0%
- 1 - 20%
- 21 - 40%
- 41 - 60%
- 61 - 80%
- 81 - 100%

	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	91%
	In the latrine	1%	No answer	6%
			Left where it is	4%
Host	In the bush	99%	In the bush	92%
	In the latrine	1%	No answer	6%
			Left where it is	2%
IDPs	In the bush	100%	In the bush	100%
Returnees	In the bush	100%	In the bush	75%
			Left where it is	25%

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Gogrial East County - Water, Sanitation and Hygiene Factsheet

Warrap State, South Sudan

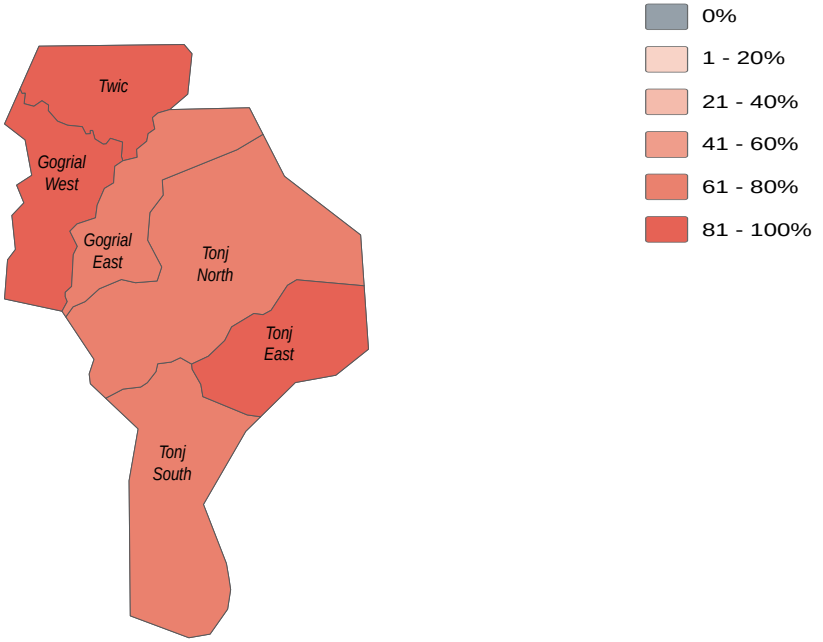
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

76%	of **Gogrial 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.
90%	of **Gogrial 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)

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

Typhoid	73%
Malaria	71%
Stomach pain	71%
Fever	60%
AWD	52%

Malaria	100%
Fever	81%
Flu	59%
AWD	10%
Typhoid	4%

Host

Typhoid	72%
Stomach pain	70%
Malaria	68%
Fever	56%
AWD	47%

Malaria	100%
Fever	80%
Flu	56%
AWD	11%
Typhoid	5%

IDPs

AWD	100%
Eye infection	100%
Fever	100%
Flu	100%
Malaria	100%

Fever	100%
Flu	100%
Malaria	100%

Returnees

Gogrial East County - Water, Sanitation and Hygiene Factsheet

Warrap State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

15%	of **Gogrial 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 a decrease from the previous season.
24%	of **Gogrial 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.
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 **39%** Yes 61%		No **31%** Yes 69%		No **39%** Yes 61%
Host		No **37%** Yes 63%		No **30%** Yes 70%		No **38%** Yes 62%
IDPs		No **100%**		Yes 100%		Yes 100%
Returnees		No **63%** Yes 38%		No **50%** Yes 50%		No **63%** Yes 38%

Endnotes

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

About REACH

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Gogrial West County - Water, Sanitation and Hygiene Factsheet

Warrap State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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

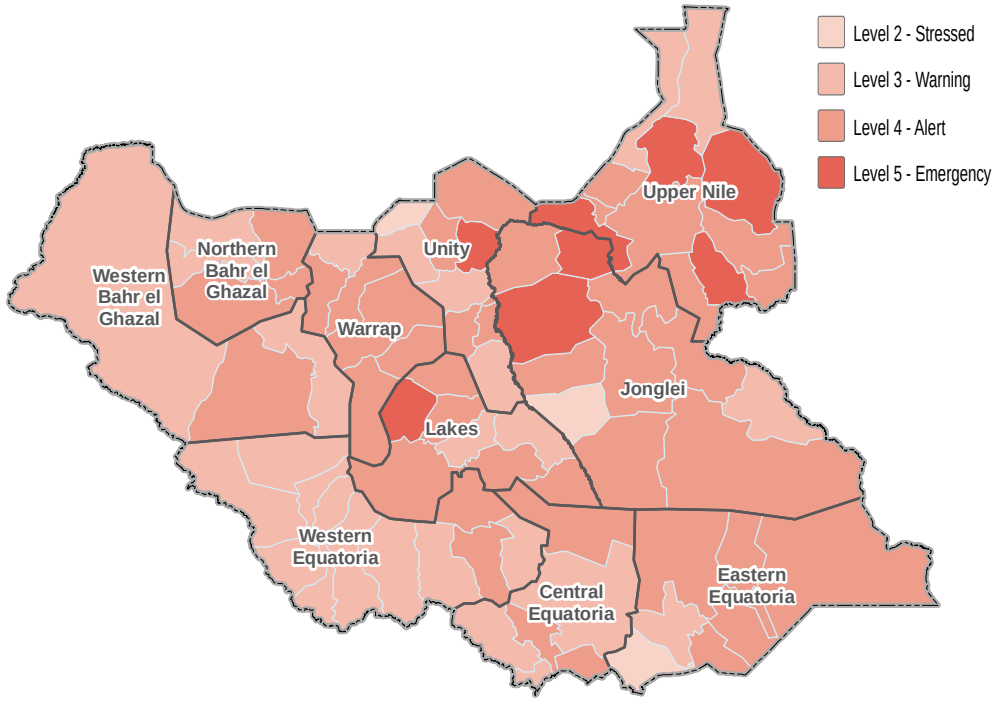
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of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

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

FSNMS Assessment Coverage

Full coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

Host community	99%
IDP	1%

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

Between 2-3 years	100%

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

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

Children under 5	82%
Elderly persons	42%
Chronically ill	9%
Adopted children	7%
Female headed	7%

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Gogrial West County - Water, Sanitation and Hygiene Factsheet

Warrap State, South Sudan

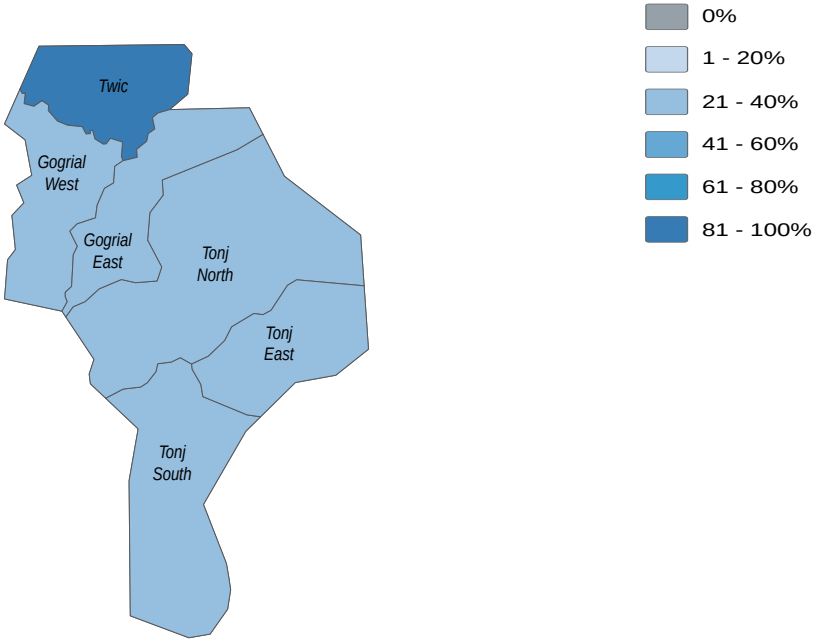
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

73%	of Gogrial West County HHs reported having safe access to an improved source of drinking water as their main source, in November and December, 2018. This was a decrease from the previous season.
78%	of Gogrial West County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
16%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was an increase from the previous season.
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

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	73%	30 minutes to 1 hour	43%
River or stream	17%	Less than 30 minutes	38%
Unprotected well	7%	Between 1- 2 hours	19%
Hand dug well	3%	More than 2 hours	1%

Host

Borehole	73%	30 minutes to 1 hour	42%
River or stream	17%	Less than 30 minutes	38%
Unprotected well	7%	Between 1- 2 hours	19%
Hand dug well	3%	More than 2 hours	1%

IDPs

Borehole	100%	30 minutes to 1 hour	100%

Returnees

Gogrial West County - Water, Sanitation and Hygiene Factsheet

Warrap State, South Sudan

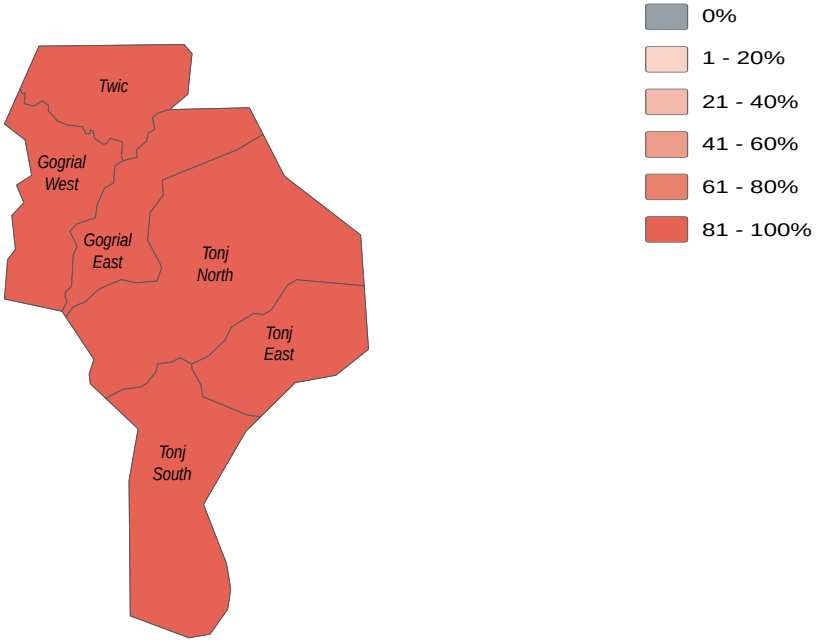
WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

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

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



	Most commonly reported defecation location by percentage of households:		Most commonly reported excreta disposal **methods for children under five by** percentage of households:	
Overall	In the bush	100%	In the bush	76%
			Dig a hole and cover	24%
Host	In the bush	100%	In the bush	76%
			Dig a hole and cover	24%
IDPs	In the bush	100%	In the bush	100%
Returnees				

Gogrial West County - Water, Sanitation and Hygiene Factsheet

Warrap State, South Sudan

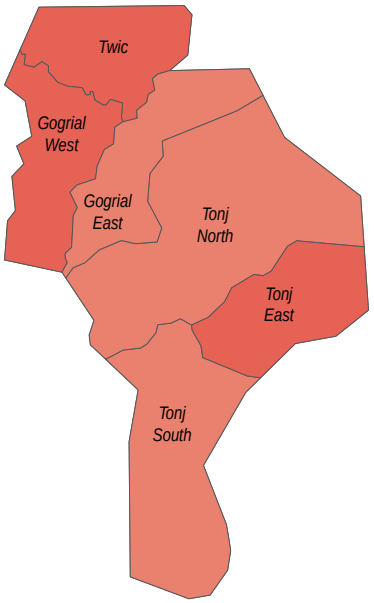
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

84%	of Gogrial West County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was a decrease from the previous season.
86%	of Gogrial West County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 2018.
Malaria	was the most commonly reported water or vector borne disease in November and December, 2018. This was the same as the previous season.
Malaria	was the most commonly reported water or vector borne disease in July and August, 2018.

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



- 0%
- 1 - 20%
- 21 - 40%
- 41 - 60%
- 61 - 80%
- 81 - 100%

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	74%
Fever	50%
Typhoid	26%
Stomach pain	20%
Flu	6%

Host

Malaria	74%
Fever	50%
Typhoid	26%
Stomach pain	20%
Flu	6%

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)

Malaria	62%
Fever	57%
Stomach pain	18%
AWD	11%
Flu	7%

Malaria	62%
Fever	57%
Stomach pain	19%
AWD	11%
Flu	7%

Fever	100%
Malaria	100%
Others	100%

Gogrial West County - Water, Sanitation and Hygiene Factsheet

Warrap State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

9%	of **Gogrial West County** HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in November and December, 2018. This was a decrease from the previous season.
25%	of **Gogrial West County** HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in HH in July and August, 2018.
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 **37%** Yes 63%	 No **45%** Yes 55%	 No **30%** Yes 70%
Host	 No **36%** Yes 64%	 No **45%** Yes 55%	 No **29%** Yes 71%
IDPs	 No **100%**	 No **100%**	 No **100%**
Returnees			

Endnotes

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

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Tonj East County - Water, Sanitation and Hygiene Factsheet

Warrap State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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

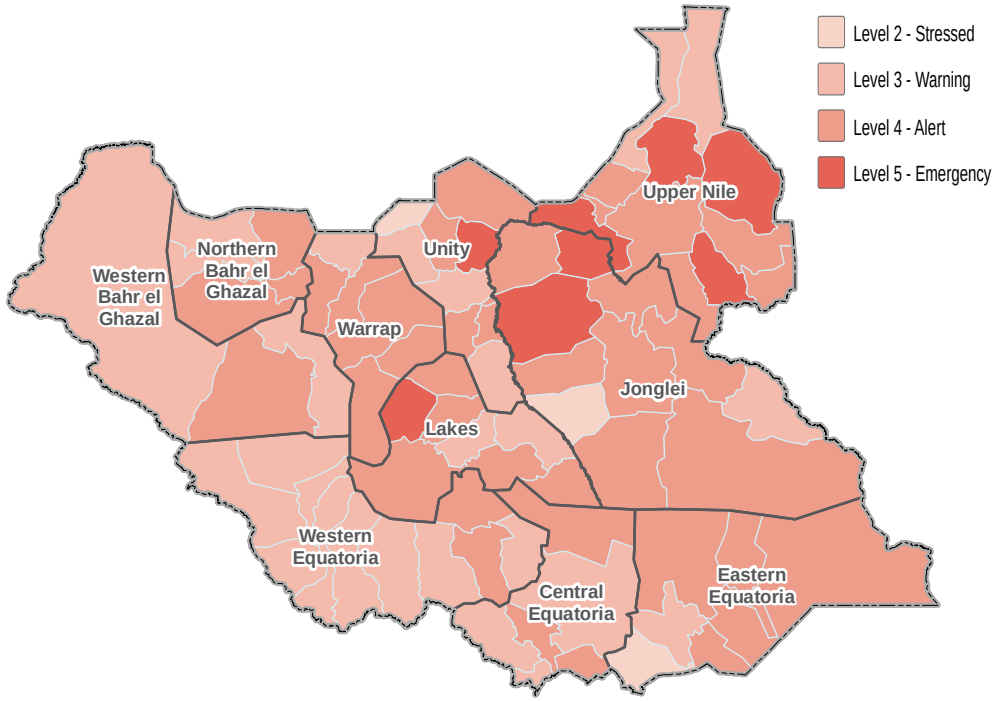
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of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

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

FSNMS Assessment Coverage

Full coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

Host community	100%

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

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

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

Children under 5	77%
Female headed	48%
Elderly persons	43%
Conflict injuries	12%
Chronically ill	10%

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Tonj East County - Water, Sanitation and Hygiene Factsheet

Warrap State, South Sudan

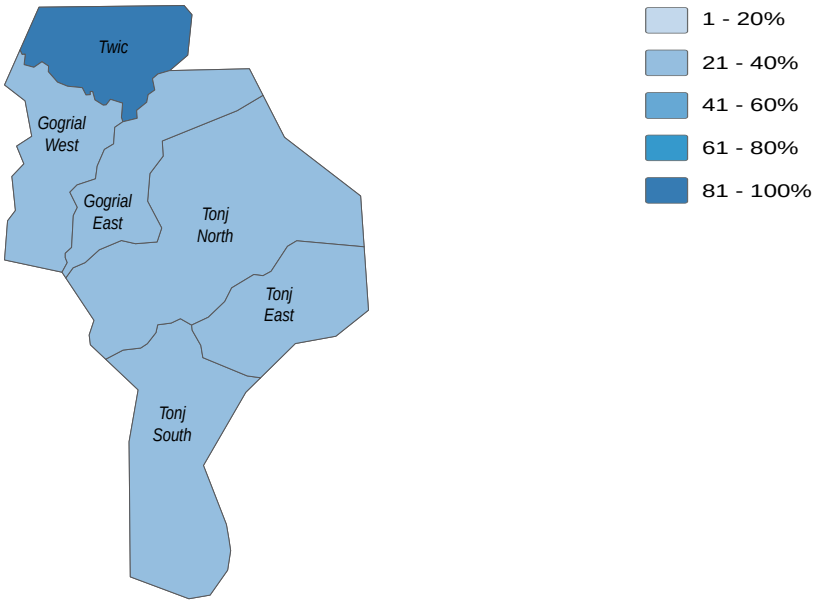
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

75%	of Tonj East County HHs reported having safe access to an improved source of drinking water as their main source, in November and December, 2018. This was an increase from the previous season.
69%	of Tonj East County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
8%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was an increase from the previous season.
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	71%
Swamp	9%
Unprotected well	9%
River or stream	4%
Tap stand	4%

Less than 30 minutes	57%
Between 1- 2 hours	23%
30 minutes to 1 hour	21%

Host

Borehole	71%
Swamp	9%
Unprotected well	9%
River or stream	4%
Tap stand	4%

Less than 30 minutes	57%
Between 1- 2 hours	23%
30 minutes to 1 hour	21%

IDPs

Returnees

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Tonj East County - Water, Sanitation and Hygiene Factsheet

Warrap State, South Sudan

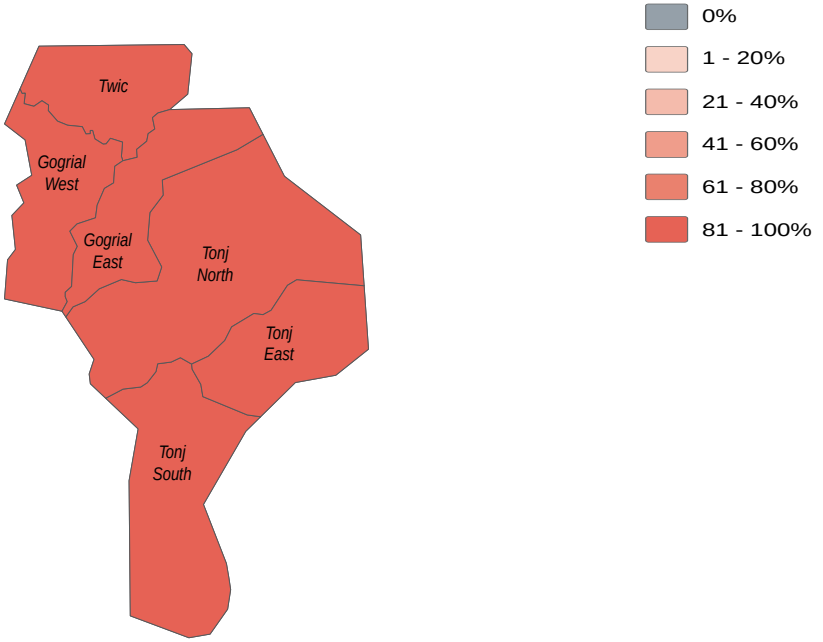
WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

1%	of **Tonj East County** HHs reported having access to a latrine (private, shared, or communal/ institutional), in November and December, 2018. This was an increase from the previous season.
0%	of **Tonj East 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%	Dig a hole and cover	3%

Host

In the bush	99%	In the bush	97%
In the latrine	1%	Dig a hole and cover	3%

IDPs

Returnees

Tonj East County - Water, Sanitation and Hygiene Factsheet

Warrap State, South Sudan

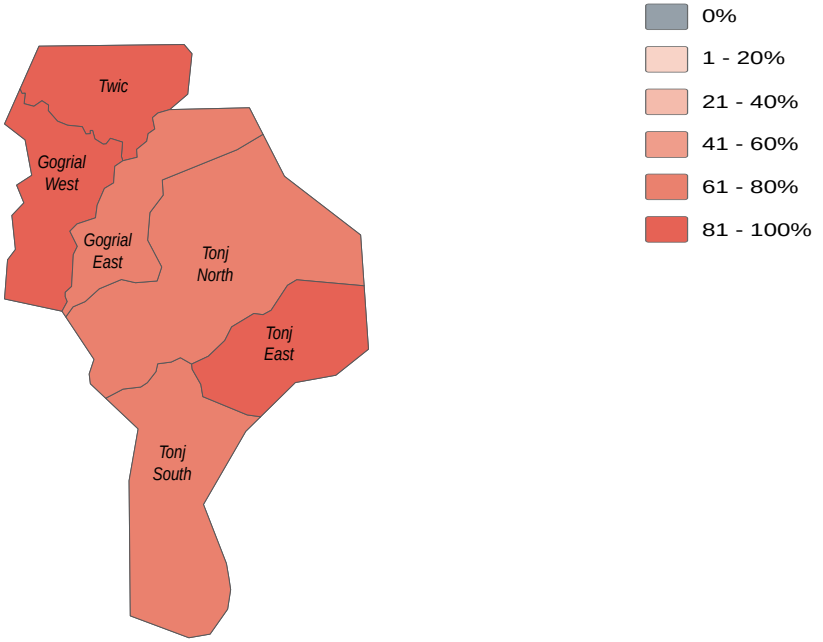
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

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

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



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

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	82%
Fever	59%
Stomach pain	32%
AWD	14%
Flu	11%

Fever	78%
Malaria	68%
AWD	25%
Stomach pain	20%
Flu	18%

Host

Malaria	82%
Fever	59%
Stomach pain	32%
AWD	14%
Flu	11%

Fever	78%
Malaria	68%
AWD	25%
Stomach pain	20%
Flu	18%

IDPs

Returnees

Tonj East County - Water, Sanitation and Hygiene Factsheet

Warrap State, South Sudan

November/December2018

NFI WASH NFIs

18%	of Tonj 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 a decrease from the previous season.
26%	of Tonj 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.
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 **25%** Yes 75%	 No **71%** Yes 29%	 No **25%** Yes 75%
Host	 No **25%** Yes 75%	 No **71%** Yes 29%	 No **25%** Yes 75%
IDPs			
Returnees			

Endnotes

1. This data is as of November/December 2018. Note, population movement remains fluid.
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3. HHs are asked to produce soap within a minute when assessing the presence of soap in the HH, as if they are not able to locate it within a minute then it stands to reason it is not commonly used.
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Tonj North County - Water, Sanitation and Hygiene Factsheet

Warrap State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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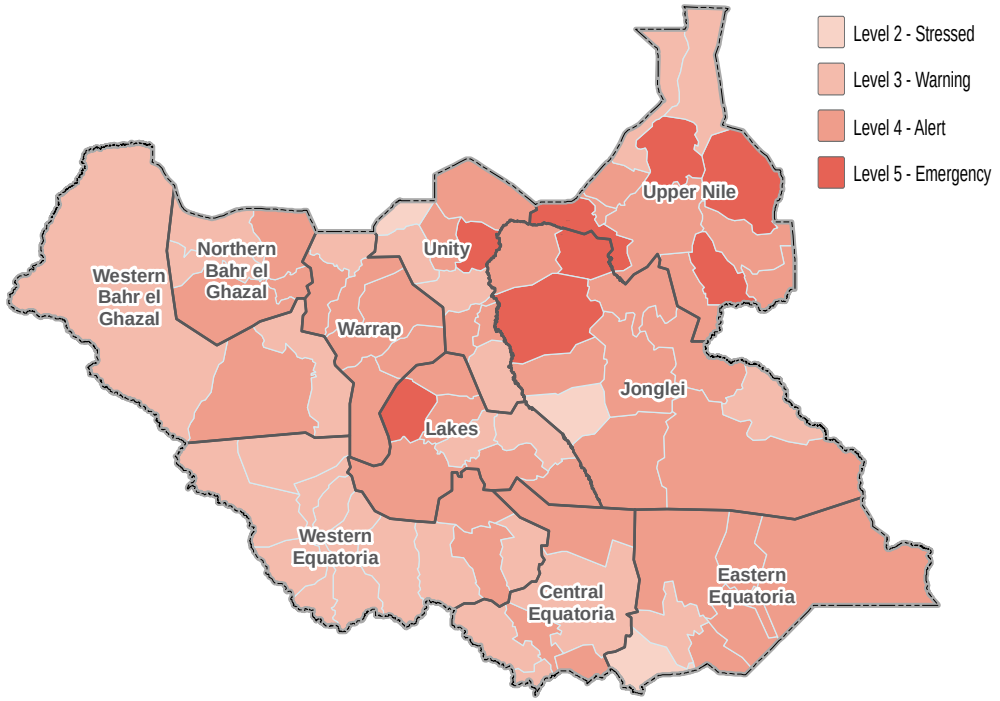
FSNMS Assessment Coverage

Full coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

Host community	100%

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

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

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

Children under 5	69%
Elderly persons	52%
Female headed	23%
Chronically ill	10%
Physically disabled	9%

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Tonj North County - Water, Sanitation and Hygiene Factsheet

Warrap State, South Sudan

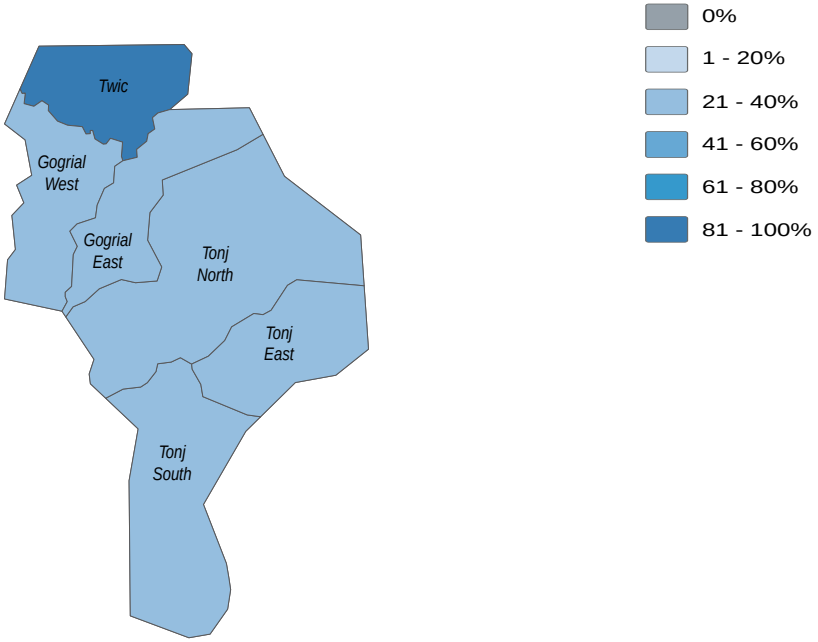
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

95%	of **Tonj North 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.
82%	of **Tonj North County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
10%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was an increase from the previous season.
6%	of HHs reported feeling unsafe while collecting water, in July and August, 2018.

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



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

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

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

Overall	Borehole	95%
	Hand dug well	2%
	Unprotected well	2%
	Swamp	1%
Host	Borehole	95%
	Hand dug well	2%
	Unprotected well	2%
	Swamp	1%
IDPs		
Returnees		

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

Overall	Less than 30 minutes	38%
	Between 1- 2 hours	35%
	30 minutes to 1 hour	24%
	More than 2 hours	2%
	I don't know	1%
Host	Less than 30 minutes	38%
	Between 1- 2 hours	35%
	30 minutes to 1 hour	24%
	More than 2 hours	2%
	I don't know	1%
IDPs		
Returnees		

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Tonj North County - Water, Sanitation and Hygiene Factsheet

Warrap State, South Sudan

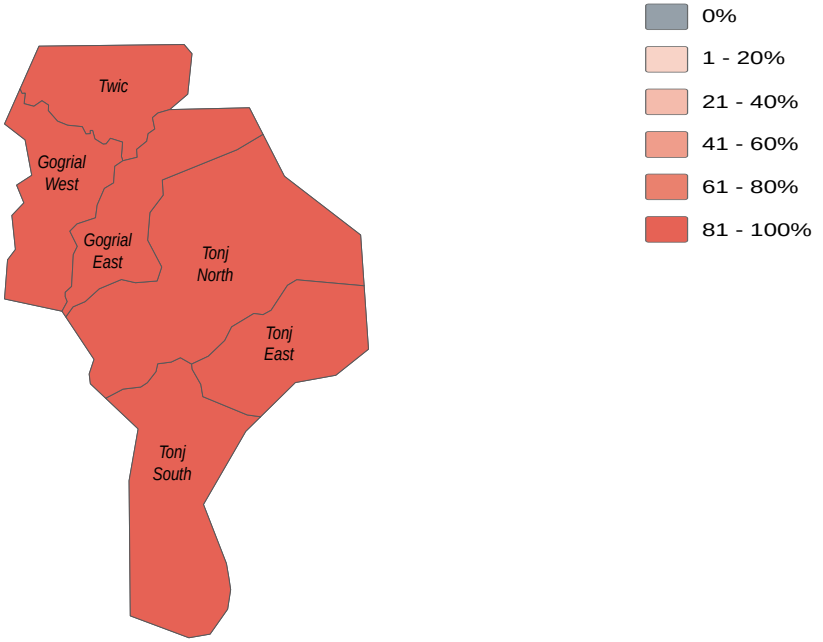
WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

0%	of **Tonj North 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.
1%	of **Tonj North 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	89%
No answer	6%
Left where it is	4%
Dig a hole and cover	2%

Host

In the bush	100%

In the bush	89%
No answer	6%
Left where it is	4%
Dig a hole and cover	2%

IDPs

Returnees

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Tonj North County - Water, Sanitation and Hygiene Factsheet

Warrap State, South Sudan

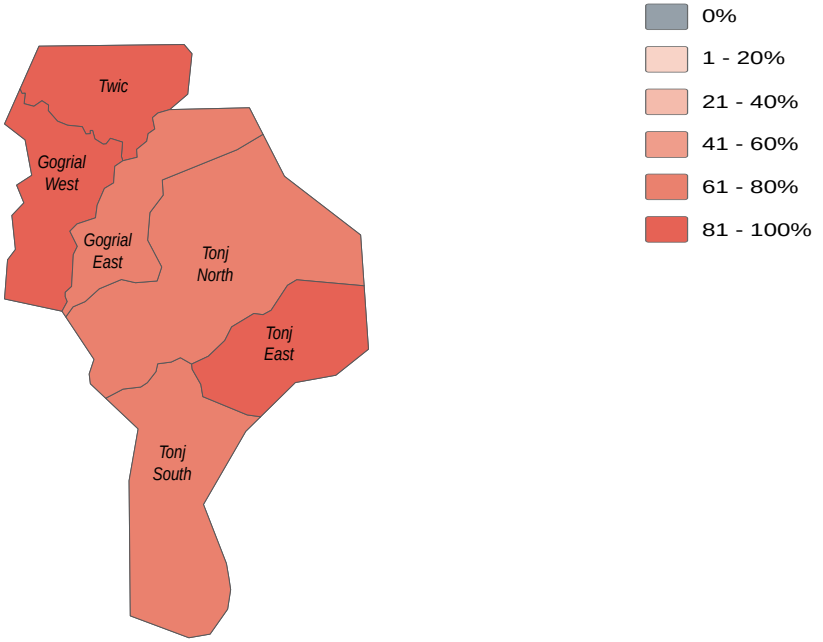
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

65%	of Tonj North County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was a decrease from the previous season.
89%	of Tonj North County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 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%
	Stomach pain	56%
	Typhoid	56%
	AWD	33%
	Fever	33%
Host	Malaria	65%
	Stomach pain	56%
	Typhoid	56%
	AWD	33%
	Fever	33%
IDPs		
Returnees		

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

Overall	Malaria	91%
	Fever	53%
	Stomach pain	35%
	Flu	16%
	AWD	14%
Host	Malaria	91%
	Fever	53%
	Stomach pain	35%
	Flu	16%
	AWD	14%

Tonj North County - Water, Sanitation and Hygiene Factsheet

Warrap State, South Sudan

November/December2018

NFI WASH NFIs

6%	of Tonj North 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.
25%	of Tonj North 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 **47%** Yes 53%	 No **42%** Yes 58%	 No **58%** Yes 42%
Host	 No **47%** Yes 53%	 No **42%** Yes 58%	 No **58%** Yes 42%
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.

Tonj South County - Water, Sanitation and Hygiene Factsheet

Warrap State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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

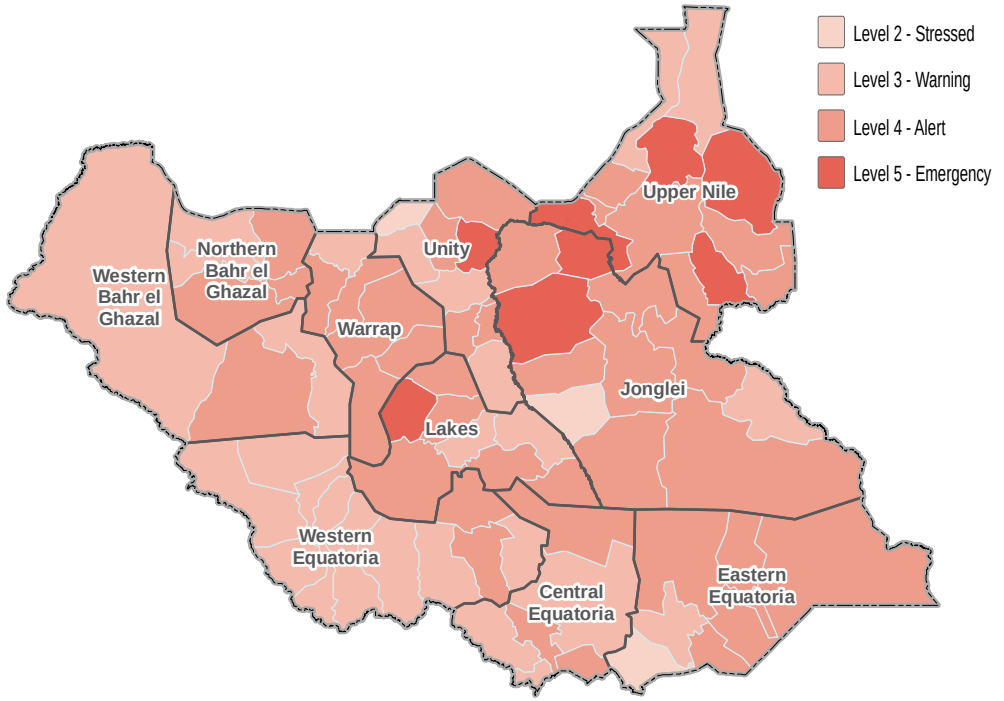
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of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

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

FSNMS Assessment Coverage

Full coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

Host community	100%

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

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

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

Children under 5	67%
Elderly persons	47%
Female headed	45%
Conflict injuries	10%
Physically disabled	8%

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Tonj South County - Water, Sanitation and Hygiene Factsheet

Warrap State, South Sudan

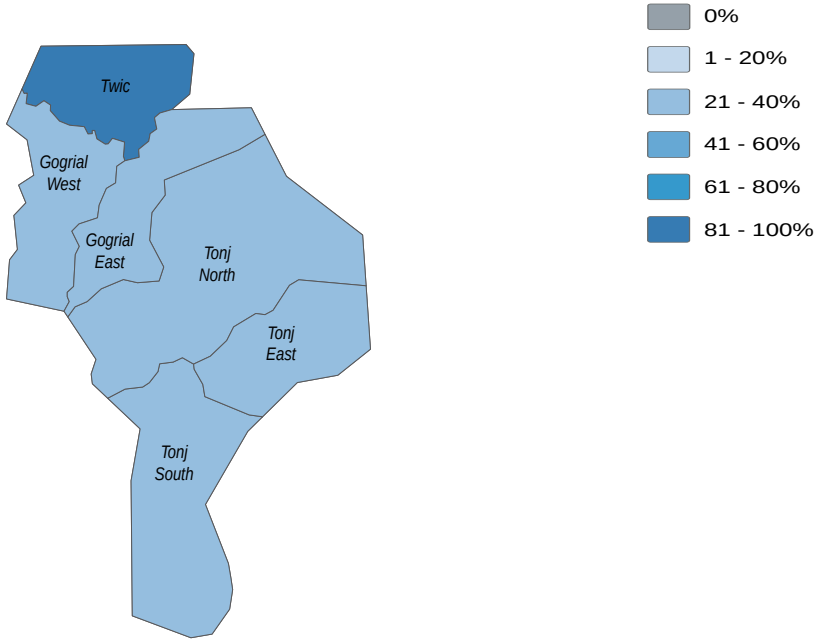
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

39%	of Tonj 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.
49%	of Tonj South County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
18%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was 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:

Overall	Borehole	39%
	River or stream	26%
	Hand dug well	25%
	Unprotected well	10%
Host	Borehole	39%
	River or stream	26%
	Hand dug well	25%
	Unprotected well	10%
IDPs		
Returnees		

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

Overall	Less than 30 minutes	64%
	30 minutes to 1 hour	27%
	Between 1- 2 hours	8%
Host	Less than 30 minutes	64%
	30 minutes to 1 hour	27%
	Between 1- 2 hours	8%

Tonj South County - Water, Sanitation and Hygiene Factsheet

Warrap State, South Sudan

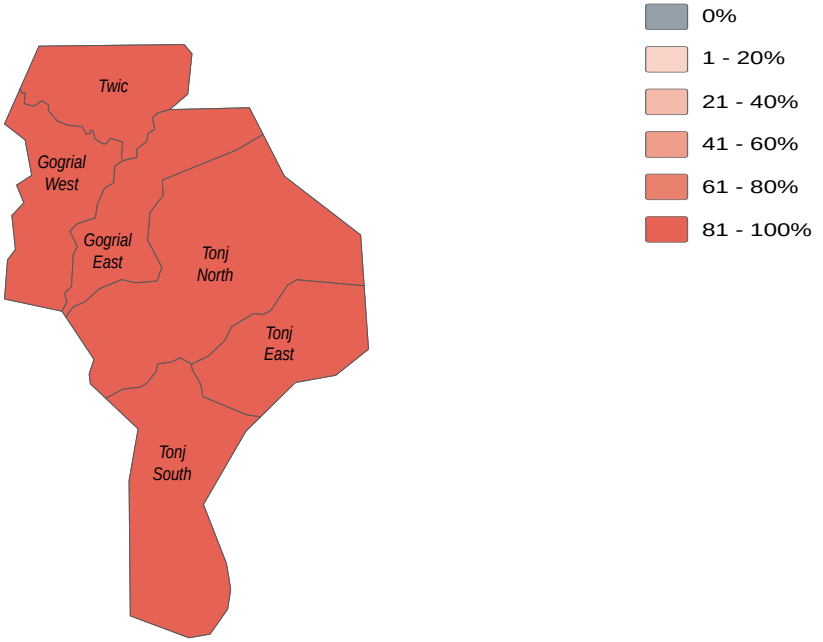
WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

1%	of **Tonj South County** HHs reported having access to a latrine (private, shared, or communal/ institutional), in November and December, 2018. This was an increase from the previous season.
0%	of **Tonj South 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	97%
In the river	3%

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

Host

In the bush	97%
In the river	3%

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

IDPs

Returnees

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Tonj South County - Water, Sanitation and Hygiene Factsheet

Warrap State, South Sudan

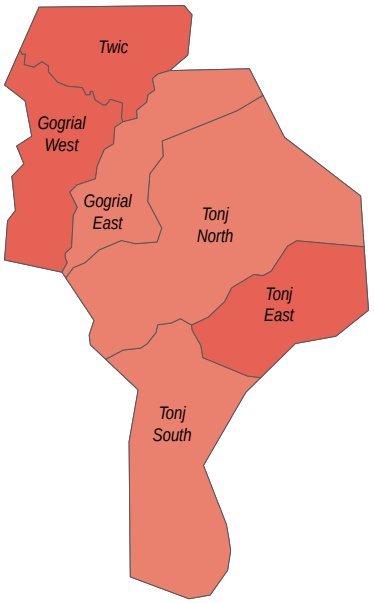
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

75%	of Tonj 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 a decrease from the previous season.
92%	of Tonj 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.
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:



- 0%
- 1 - 20%
- 21 - 40%
- 41 - 60%
- 61 - 80%
- 81 - 100%

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

Overall

Malaria	76%
Fever	66%
AWD	48%
Stomach pain	32%
Typhoid	8%

Host

Malaria	76%
Fever	66%
AWD	48%
Stomach pain	32%
Typhoid	8%

IDPs

Returnees

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

Overall

Fever	89%
Malaria	74%
AWD	36%
Stomach pain	21%
Flu	15%

Host

Fever	89%
Malaria	74%
AWD	36%
Stomach pain	21%
Flu	15%

Tonj South County - Water, Sanitation and Hygiene Factsheet

Warrap State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

11%	of Tonj 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.
38%	of Tonj 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.
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 **20%** Yes 80%	 No **78%** Yes 22%	 No **27%** Yes 73%
Host	 No **20%** Yes 80%	 No **78%** Yes 22%	 No **27%** Yes 73%
IDPs			
Returnees			

Endnotes

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

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Twic County - Water, Sanitation and Hygiene Factsheet

Warrap State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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

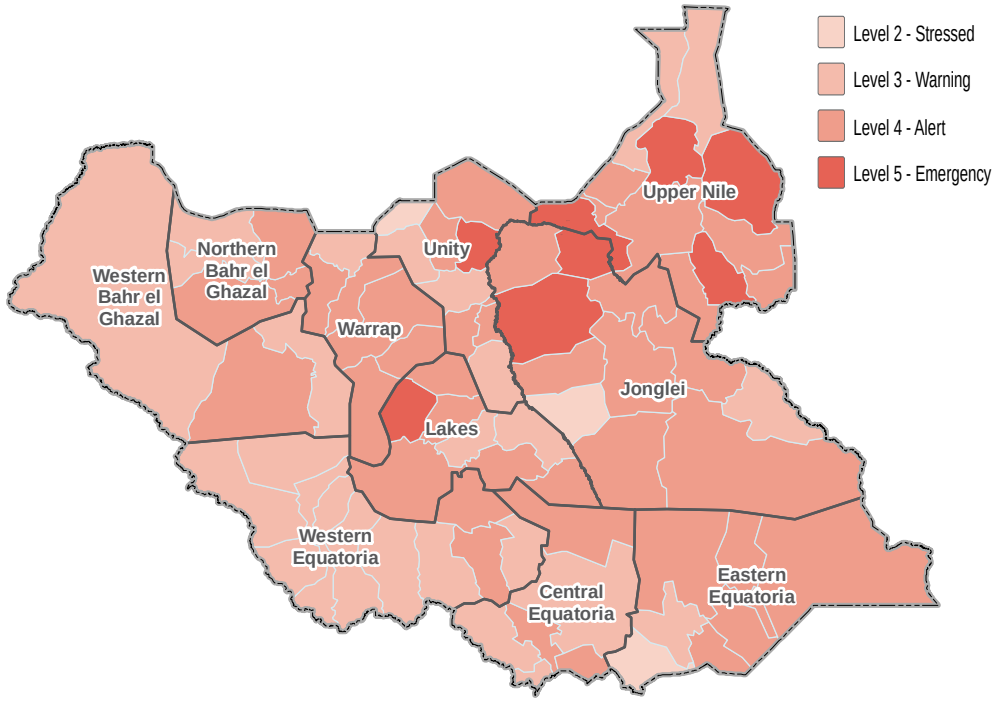
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of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

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

FSNMS Assessment Coverage

Full coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

Host community	100%

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

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

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

Children under 5	78%
Elderly persons	42%
Female headed	19%
Chronically ill	19%
Physically disabled	16%

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Twic County - Water, Sanitation and Hygiene Factsheet

Warrap State, South Sudan

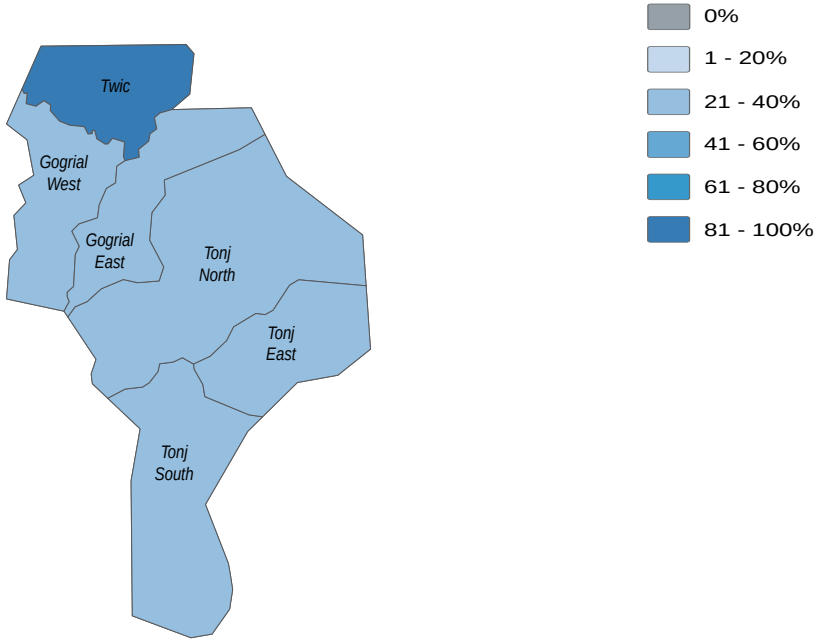
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

97%	of Twic 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.
100%	of Twic 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.
28%	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	97%
River or stream	3%

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	85%
30 minutes to 1 hour	15%

Host

Borehole	97%
River or stream	3%

Less than 30 minutes	85%
30 minutes to 1 hour	15%

IDPs

Returnees

REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Twic County - Water, Sanitation and Hygiene Factsheet

Warrap State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

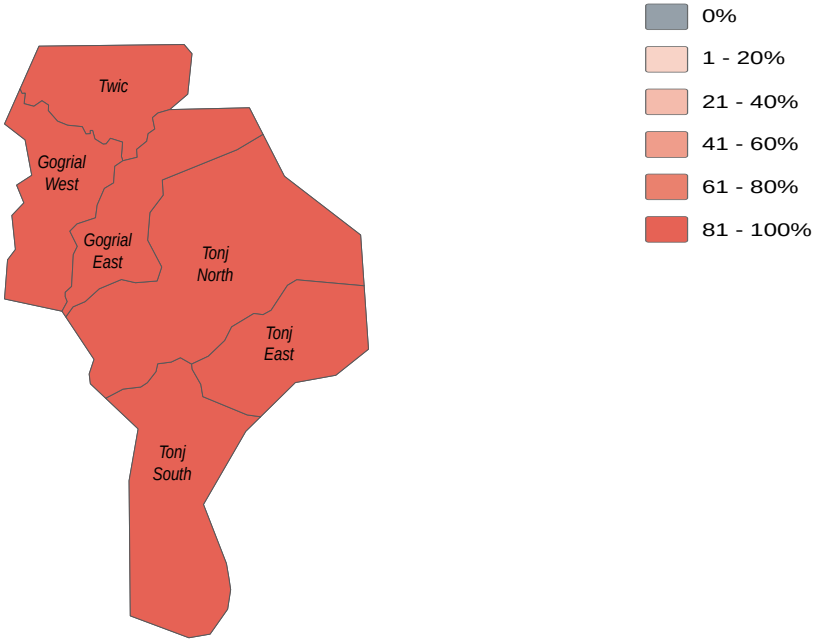
14% of Twic County HHs reported having access to a latrine (private, shared, or communal/ institutional), in November and December, 2018. This was an increase from the previous season.

10% of Twic 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.

7% of HHs reported their most common defecation location was a latrine, in July and August, 2018.

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



Most commonly reported defecation location by percentage of households:

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

Overall

In the bush	89%	In the bush	91%
In the latrine	11%	In the latrine	9%

Host

In the bush	89%	In the bush	91%
In the latrine	11%	In the latrine	9%

IDPs

Returnees

Twic County - Water, Sanitation and Hygiene Factsheet

Warrap State, South Sudan

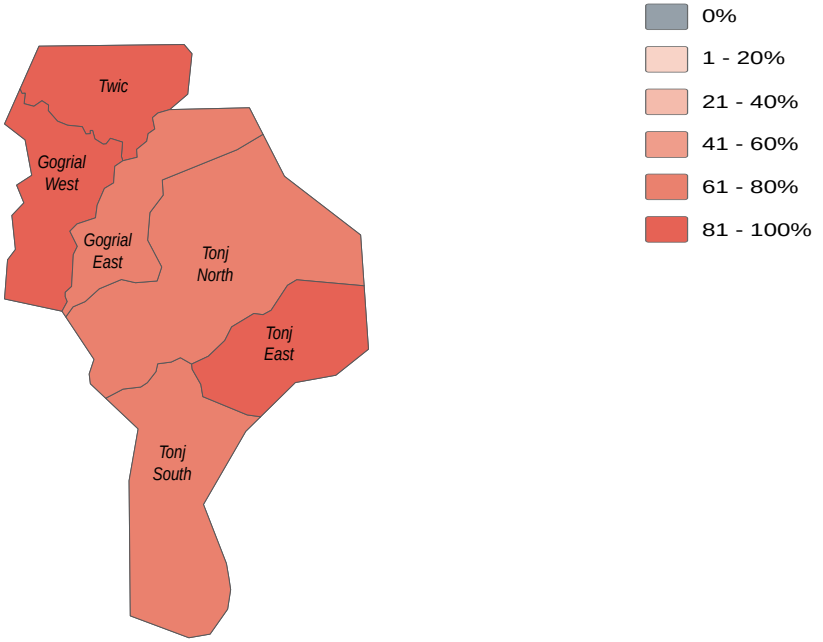
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

88%	of Twic 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.
95%	of Twic 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	72%
	Fever	36%
	Flu	12%
	Stomach pain	10%
	Typhoid	6%
Host	Malaria	72%
	Fever	36%
	Flu	12%
	Stomach pain	10%
	Typhoid	6%
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	72%
	Fever	50%
	Flu	21%
	Stomach pain	17%
	Others	16%
Host	Malaria	72%
	Fever	50%
	Flu	21%
	Stomach pain	17%
	Others	16%

Twic County - Water, Sanitation and Hygiene Factsheet

Warrap State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

18%	of Twic 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.
28%	of Twic 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 **36%** Yes 64%	 No **69%** Yes 31%	 No **6%** Yes 94%
Host	 No **36%** Yes 64%	 No **69%** Yes 31%	 No **6%** Yes 94%
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.

Jur River County - Water, Sanitation and Hygiene Factsheet

Western Bahr el Ghazal State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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

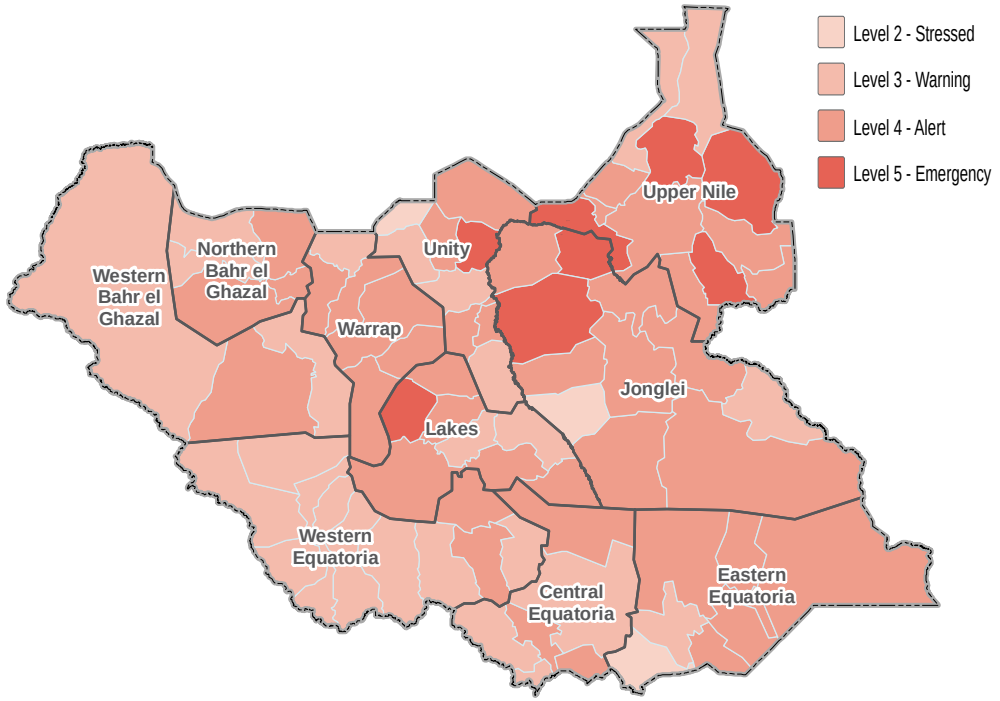
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of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

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

FSNMS Assessment Coverage

Full coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

Host community	100%

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

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

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

Children under 5	77%
Elderly persons	32%
Female headed	28%
Adopted children	6%
Physically disabled	5%

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Jur River County - Water, Sanitation and Hygiene Factsheet

Western Bahr el Ghazal State, South Sudan

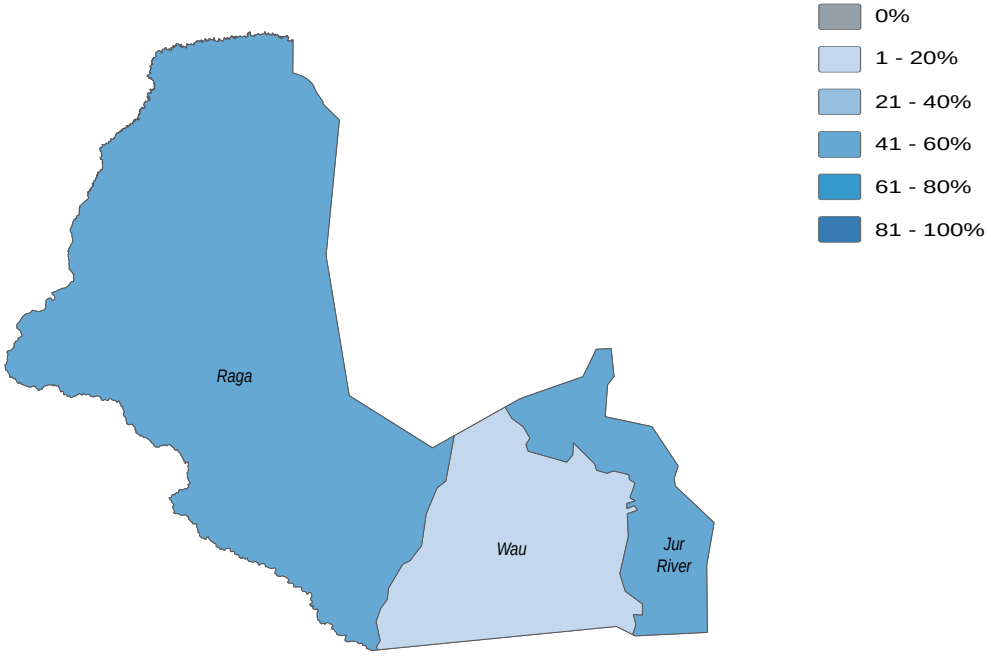
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

67%	of Jur River 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.
51%	of Jur River County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
4%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was a decrease from the previous season.
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

Borehole	58%
Unprotected well	18%
River or stream	11%
Tap stand	8%
Swamp	5%

Less than 30 minutes	74%
30 minutes to 1 hour	19%
Between 1- 2 hours	7%

Host

Borehole	58%
Unprotected well	18%
River or stream	11%
Tap stand	8%
Swamp	5%

Less than 30 minutes	74%
30 minutes to 1 hour	19%
Between 1- 2 hours	7%

IDPs

Returnees

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Jur River County - Water, Sanitation and Hygiene Factsheet

Western Bahr el Ghazal State, South Sudan

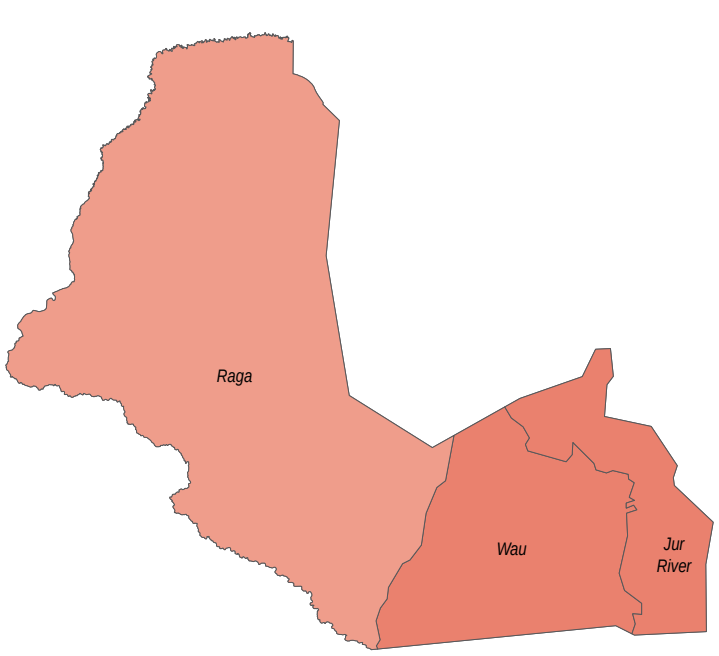
WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

24%	of **Jur River 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.
21%	of **Jur River County** HHs reported having access to a latrine (private, shared, or communal/ institutional), in July and August, 2018.
22%	of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was an increase from the previous season.
15%	of HHs reported their most common defecation location was a latrine, in July and August, 2018.

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



Most commonly reported defecation location by percentage of households:

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

Overall

In the bush	77%
In the latrine	22%
Dig a hole and cover	1%

In the bush	77%
In the latrine	20%
No answer	2%
Dig a hole and cover	1%

Host

In the bush	77%
In the latrine	22%
Dig a hole and cover	1%

In the bush	77%
In the latrine	20%
No answer	2%
Dig a hole and cover	1%

IDPs

Returnees

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Jur River County - Water, Sanitation and Hygiene Factsheet

Western Bahr el Ghazal State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

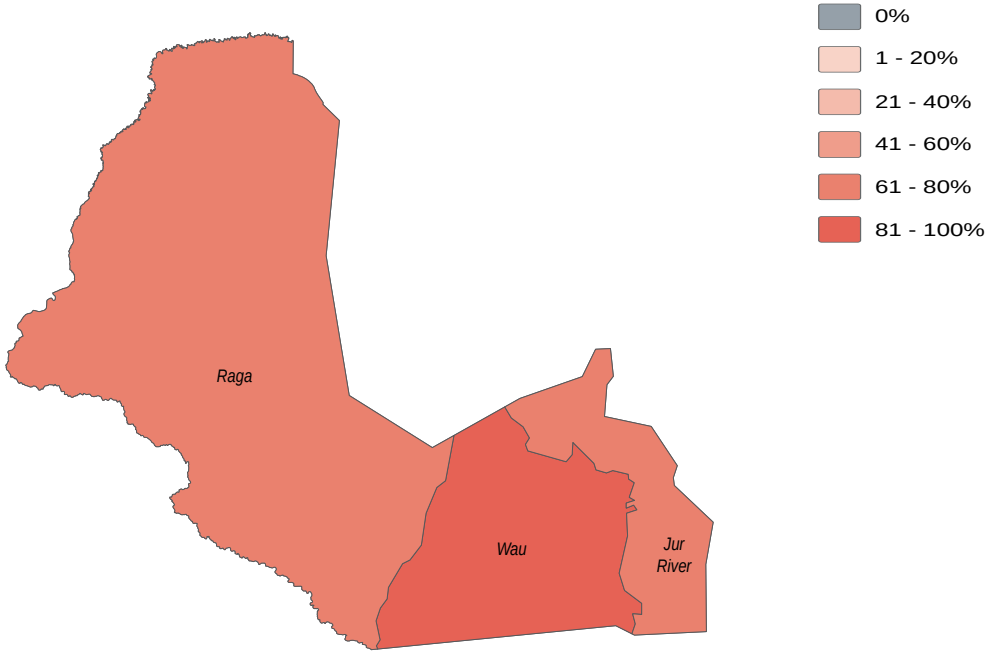
68% of Jur River County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was a decrease from the previous season.

85% of Jur River 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	72%
Fever	24%
Stomach pain	17%
Typhoid	10%
Flu	7%

Malaria	80%
Fever	46%
AWD	17%
Flu	11%
Eye infection	4%

Host

Malaria	72%
Fever	24%
Stomach pain	17%
Typhoid	10%
Flu	7%

Malaria	80%
Fever	46%
AWD	17%
Flu	11%
Eye infection	4%

IDPs

Returnees

Jur River County - Water, Sanitation and Hygiene Factsheet

Western Bahr el Ghazal State, South Sudan

November/December2018

NFI WASH NFIs

25%	of Jur River 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.
34%	of Jur River 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 **18%** Yes 82%	 No **9%** Yes 91%	 No **24%** Yes 76%
Host	 No **18%** Yes 82%	 No **9%** Yes 91%	 No **24%** Yes 76%
IDPs			
Returnees			

Endnotes

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

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Raja County - Water, Sanitation and Hygiene Factsheet

Western Bahr el Ghazal State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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

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

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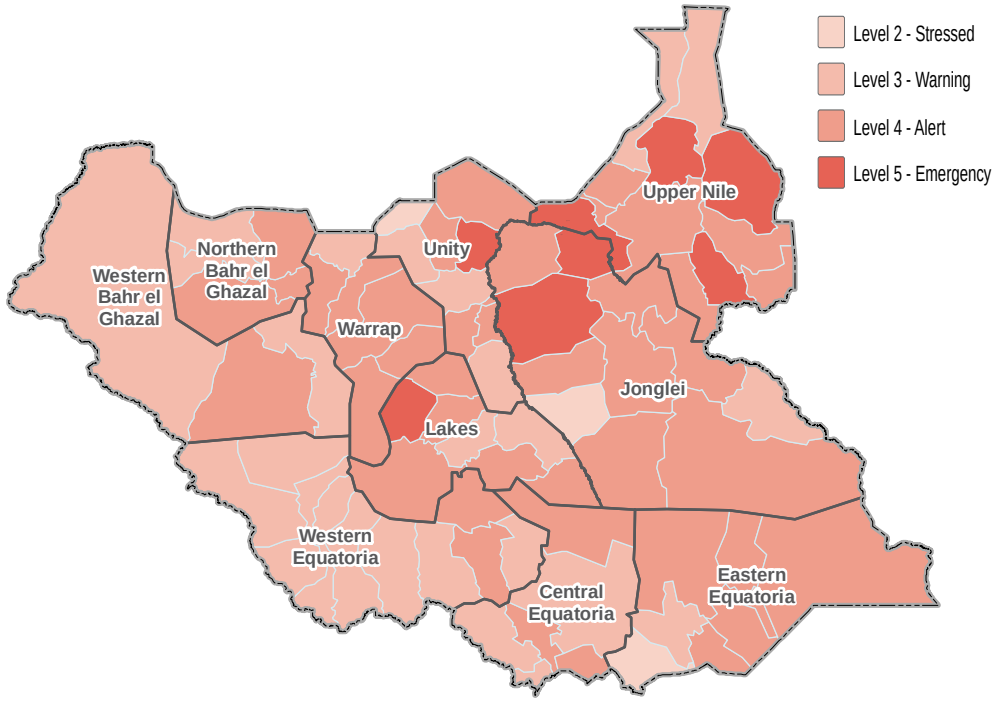
FSNMS Assessment Coverage

Full coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

Host community	96%
IDP	3%
Returnee	1%

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

In the last one year	100%

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

Between 2 -3 years	100%

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

Children under 5	71%
Female headed	47%
Elderly persons	27%
Physically disabled	15%
Mentally disabled	11%

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Raja County - Water, Sanitation and Hygiene Factsheet

Western Bahr el Ghazal State, South Sudan

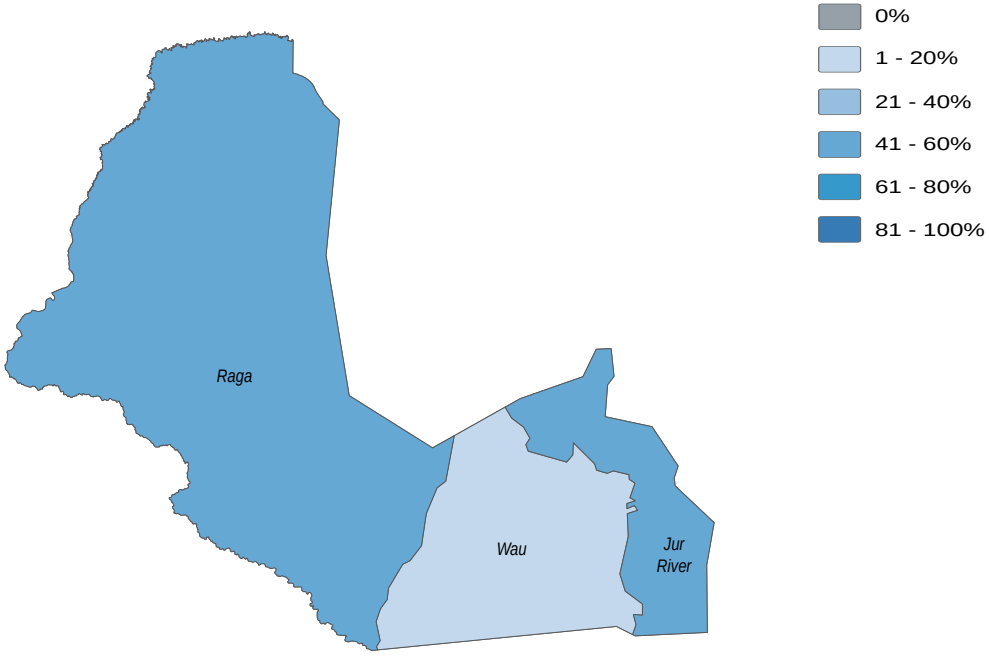
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

89%	of Raja 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.
58%	of Raja 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

Borehole	81%	Less than 30 minutes	58%
River or stream	8%	30 minutes to 1 hour	26%
Tap stand	7%	Between 1- 2 hours	15%
Unprotected well	3%	More than 2 hours	1%

Host

Borehole	81%	Less than 30 minutes	58%
River or stream	9%	30 minutes to 1 hour	27%
Tap stand	8%	Between 1- 2 hours	14%
Unprotected well	3%	More than 2 hours	1%

IDPs

Borehole	100%	Less than 30 minutes	67%
		Between 1- 2 hours	33%

Returnees

Borehole	100%	Less than 30 minutes	100%

Raja County - Water, Sanitation and Hygiene Factsheet

Western Bahr el Ghazal State, South Sudan

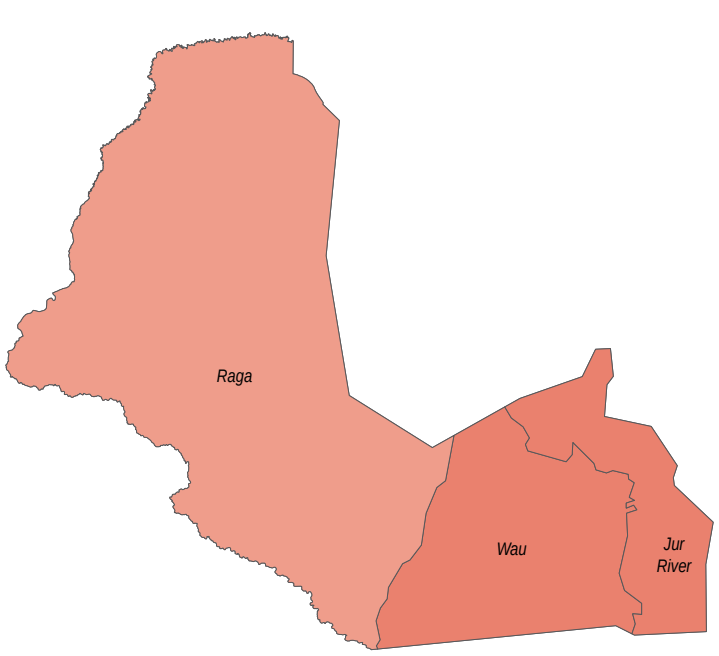
WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

49%	of Raja County HHs reported having access to a latrine (private, shared, or communal/ institutional), in November and December, 2018. This was an increase from the previous season.
44%	of Raja County HHs reported having access to a latrine (private, shared, or communal/ institutional), in July and August, 2018.
47%	of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was an increase from the previous season.
29%	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	51%	In the latrine	38%
	In the latrine	47%	In the bush	35%
	Dig a hole and cover	1%	Dig a hole and cover	24%
	No answer	1%	Left where it is	2%
			No answer	1%
Host	In the bush	52%	In the latrine	38%
	In the latrine	46%	In the bush	36%
	Dig a hole and cover	1%	Dig a hole and cover	23%
	No answer	1%	Left where it is	2%
			No answer	1%
IDPs	In the latrine	67%	Dig a hole and cover	50%
	In the bush	33%	In the latrine	50%
Returnees	In the latrine	100%	Dig a hole and cover	100%

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Raja County - Water, Sanitation and Hygiene Factsheet

Western Bahr el Ghazal State, South Sudan

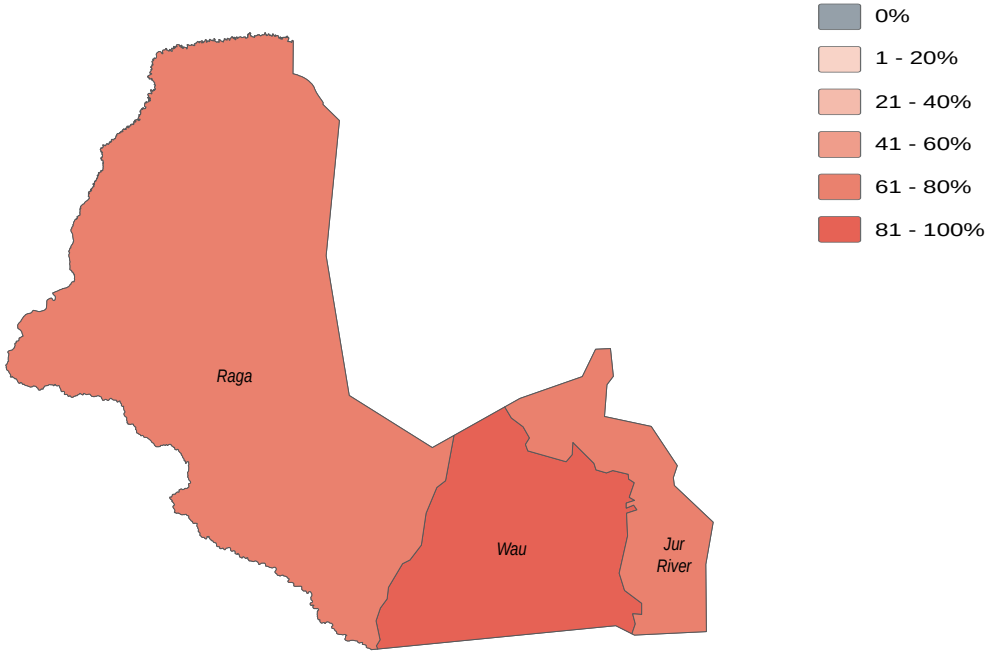
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

65%	of Raja County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was a decrease from the previous season.
90%	of Raja 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	58%	Malaria	56%
Fever	45%	Fever	49%
Stomach pain	21%	AWD	25%
AWD	11%	Eye infection	18%
Typhoid	11%	Flu	7%

Host

Malaria	59%	Malaria	57%
Fever	46%	Fever	49%
Stomach pain	22%	AWD	26%
AWD	11%	Eye infection	17%
Typhoid	11%	Flu	8%

IDPs

Eye infection	100%	Eye infection	100%
		Malaria	100%

Returnees

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Raja County - Water, Sanitation and Hygiene Factsheet

Western Bahr el Ghazal State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

2%	of Raja County HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in November and December, 2018. This was a decrease from the previous season.
8%	of Raja 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.
5	was the average number of jerrycans and/or buckets per HH in July and August, 2018. This was an increase 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 **49%** Yes 51%	 No **51%** Yes 49%	 No **62%** Yes 38%
Host	 No **50%** Yes 50%	 No **51%** Yes 49%	 No **63%** Yes 38%
IDPs	 No **33%** Yes 67%	 No **67%** Yes 33%	 No **67%** Yes 33%
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.

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Wau County - Water, Sanitation and Hygiene Factsheet

Western Bahr el Ghazal State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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

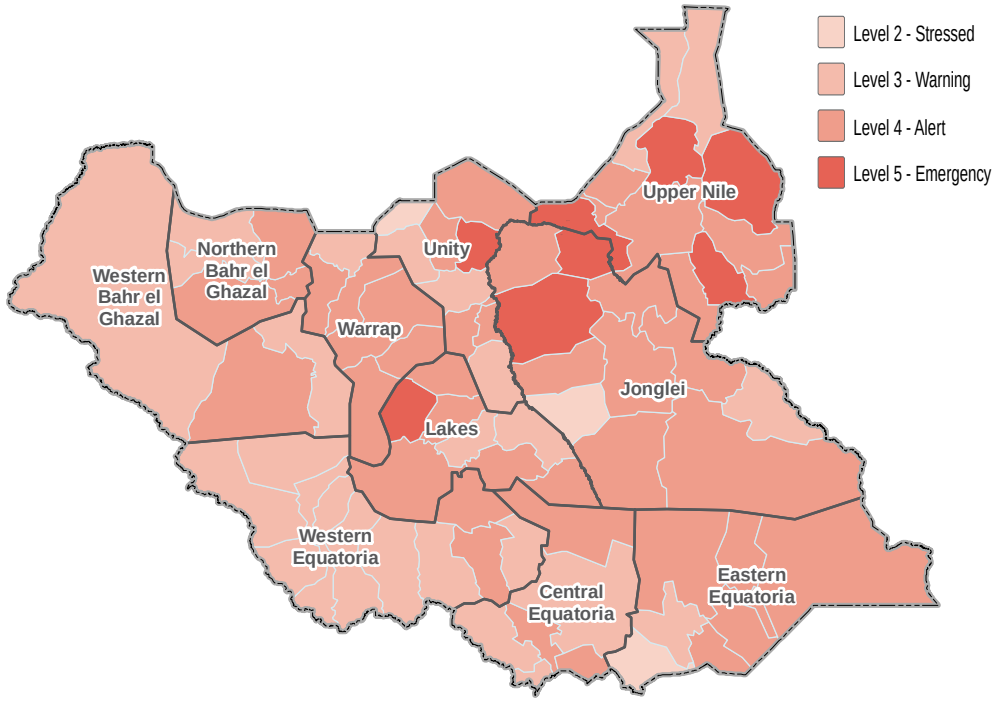
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of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

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

FSNMS Assessment Coverage

Partial coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

IDP	77%
Host community	23%

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

In the last one year	57%
Between 2-3 years	35%
Around 5 years	7%
More than 5 years	2%

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	82%
Female headed	33%
Physically disabled	12%
Conflict injuries	8%
Elderly persons	8%

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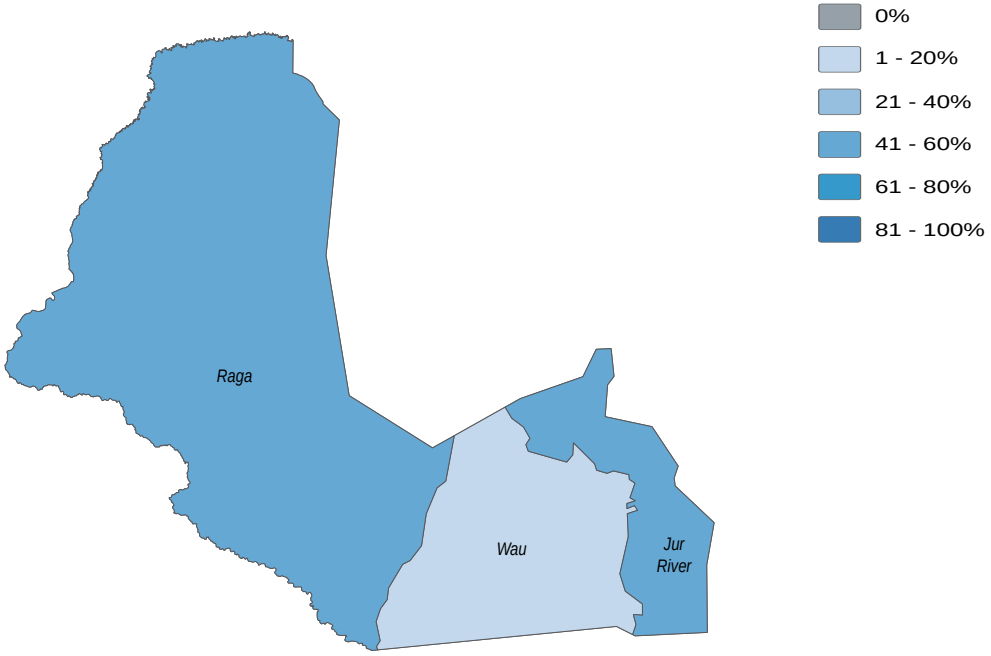
Water

55%	of Wau 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.
30%	of Wau County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
19%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was a decrease from the previous season.
28%	of HHs reported feeling unsafe while collecting water, in July and August, 2018.

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



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

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

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

Overall	Borehole	55%
	River or stream	44%
	Swamp	1%
Host	Borehole	67%
	River or stream	33%
IDPs	Borehole	52%
	River or stream	47%
	Swamp	2%
Returnees		

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

Overall	Less than 30 minutes	38%
	30 minutes to 1 hour	26%
	More than 2 hours	19%
	Between 1- 2 hours	9%
	I don't know	8%
Host	More than 2 hours	33%
	30 minutes to 1 hour	22%
	Less than 30 minutes	22%
	Between 1- 2 hours	11%
	I don't know	11%
IDPs	Less than 30 minutes	43%
	30 minutes to 1 hour	27%
	More than 2 hours	15%
	Between 1- 2 hours	8%
	I don't know	7%

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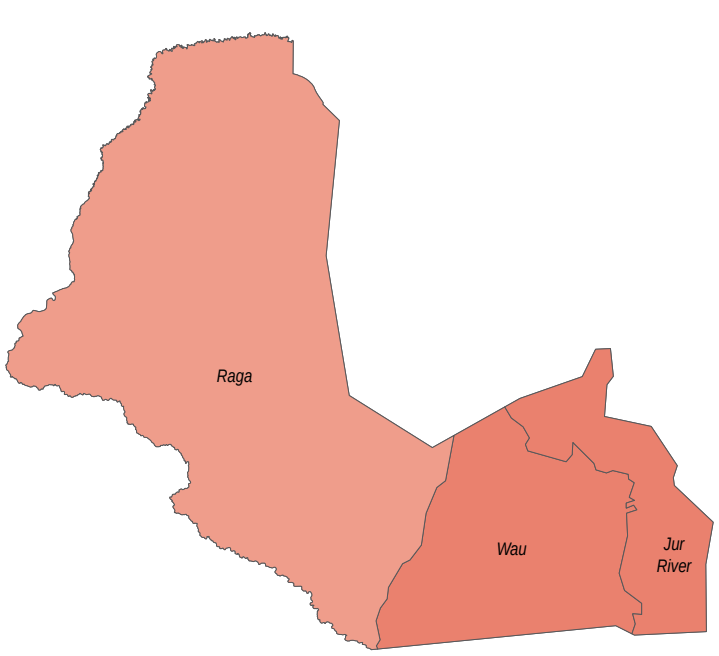
Sanitation

22%	of Wau 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.
4%	of Wau County HHs reported having access to a latrine (private, shared, or communal/ institutional), in July and August, 2018.
9%	of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was an increase from the previous season.
4%	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	91%
In the latrine	9%

In the bush	60%
Dig a hole and cover	28%
In the latrine	9%
No answer	3%

Host

In the bush	89%
In the latrine	11%

In the bush	61%
Dig a hole and cover	28%
In the latrine	11%

IDPs

In the bush	92%
In the latrine	8%

In the bush	60%
Dig a hole and cover	28%
In the latrine	8%
No answer	3%

Returnees

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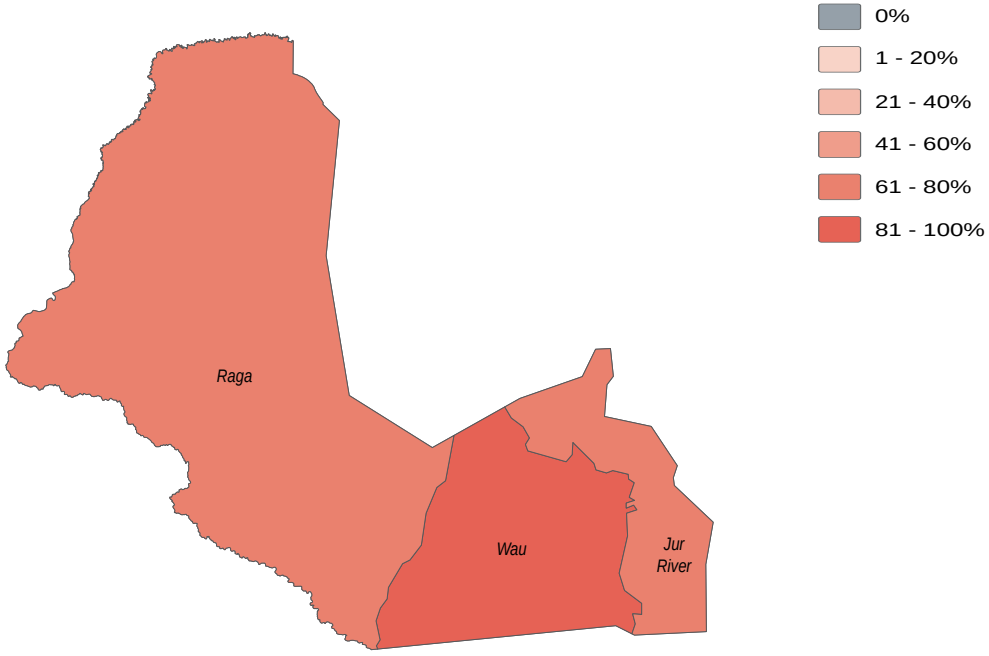
Health

95%	of Wau 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.
89%	of Wau 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	80%
	Typhoid	29%
	Fever	27%
	Stomach pain	18%
	Skin infection	16%
Host	Malaria	92%
	Typhoid	50%
	Fever	25%
	Skin infection	17%
	Stomach pain	17%
IDPs	Malaria	76%
	Fever	27%
	Typhoid	21%
	Stomach pain	18%
	Eye infection	15%
Returnees		

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

Overall	Malaria	84%
	Fever	59%
	AWD	26%
	Stomach pain	25%
	Flu	23%
Host	Malaria	93%
	Fever	50%
	AWD	43%
	Flu	21%
	Stomach pain	21%
IDPs	Malaria	81%
	Fever	62%
	Skin infection	26%
	Stomach pain	26%
	Flu	23%
Returnees		

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NFI WASH NFIs

5%	of **Wau County** HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in November and December, 2018. This was an increase from the previous season.
0%	of **Wau 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 **37%** Yes 63%		No **69%** Yes 31%		No **81%** Yes 19%
Host		No **39%** Yes 61%		No **72%** Yes 28%		No **83%** Yes 17%
IDPs		No **37%** Yes 63%		No **68%** Yes 32%		No **80%** Yes 20%
Returnees						

Endnotes

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