Akobo County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2018

Overview

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.

REACH, in close coordination with the WASH Cluster, has identified five core WASH indicators to produce actionable information. The indicators are: 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 all identified 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.

This information aims to be used to identify priority areas and/or populations and the key WASH concerns, rank needs across the country to improve priority targeting, and will also help shape what kind type of intervention should be implemented.

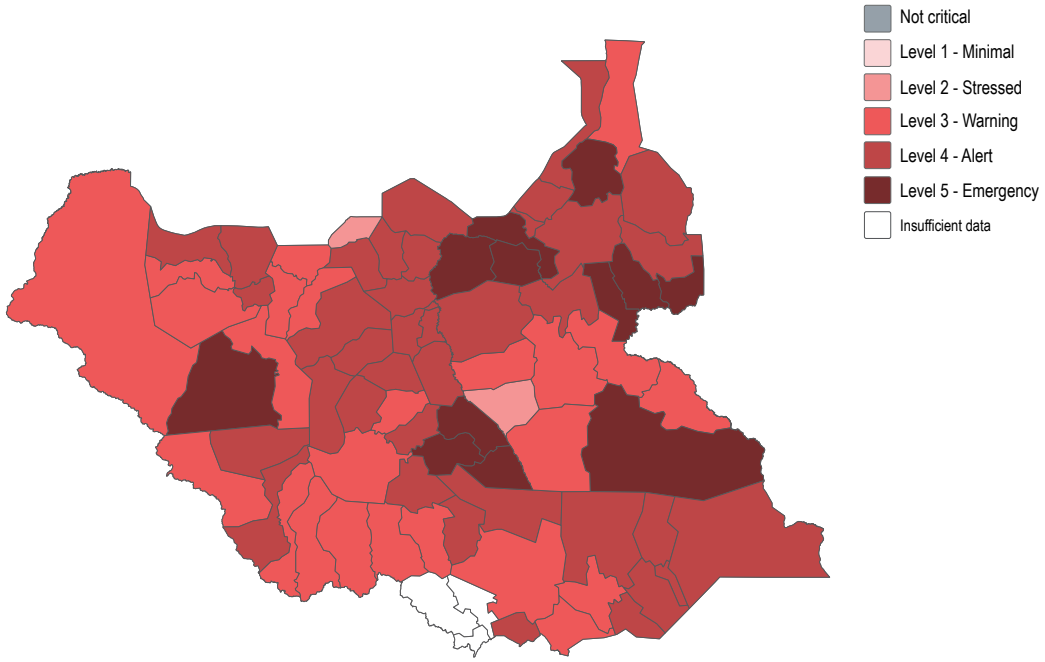
For Round 22 of the Food Security and Nutrition Monitoring System (FSNMS) in July and August of 2018, FSNMS partners agreed to incorporate WASH cluster indicators in the survey tool to enable the first comprehensive nation-wide WASH baseline in South Sudan. FSNMS is a seasonal countrywide assessment 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 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

% of HHs by displacement status[1]

Host community	98%
IDP	2%

% of IDP and returnee HHs by time arrived in their current location

Between 2- 3 years	100%

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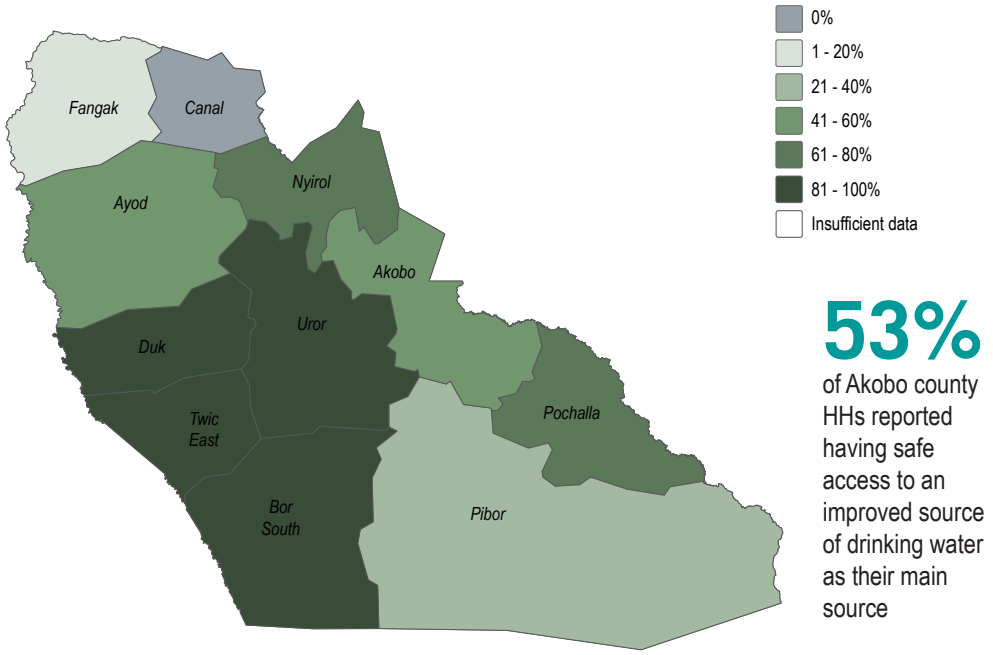
Akobo County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

Water

% 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, at the state level



53%
of Akobo county HHs reported having safe access to an improved source of drinking water as their main source

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 % of HHs

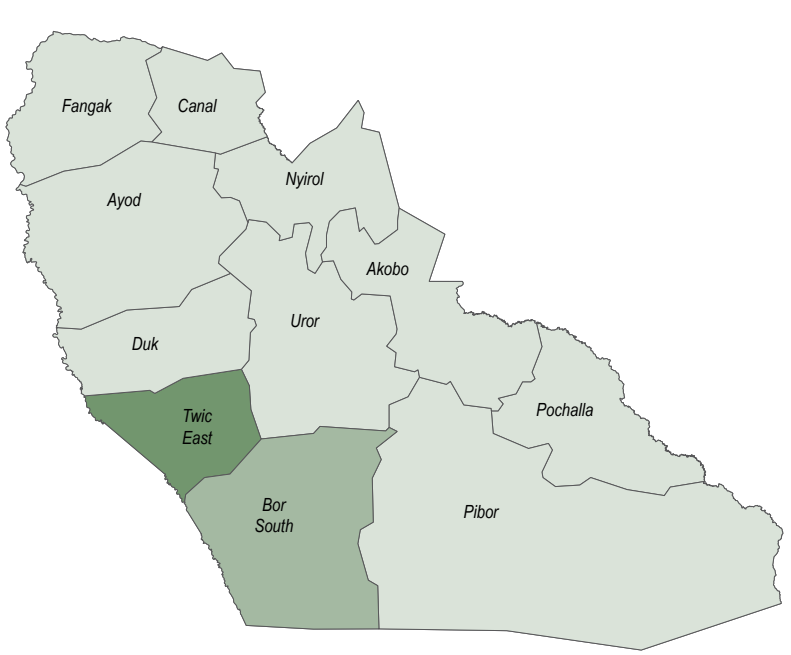
Borehole	53%
River or stream	47%

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

Less than 30 minutes	54%
30 minutes to 1 hour	36%
Between 1- 2 hours	8%
No answer	2%

Sanitation

% of HHs having access to a latrine (private, shared, or communal/institutional)[2], at the state level



15%
of Akobo county HHs reported having access to a latrine (private, shared, or communal/ institutional)

Most commonly reported defecation location, by % of HHs

In the latrine	17%
Dig a hole and cover	5%
In the bush	78%

Most commonly reported excreta disposal methods for children under five, by % of HHs

In the latrine	20%
Garbage collection area	2%
Dig a hole and cover	2%
In the bush	76%

Akobo County - Water, Sanitation and Hygiene

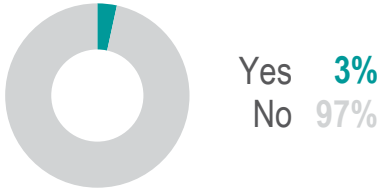
WASH Cluster
Water Sanitation Hygiene

Health

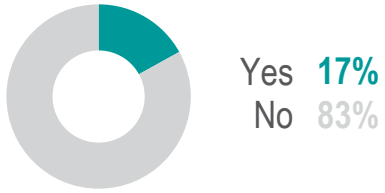
% of HH with one or more HH member affected by self-reported water or vector borne disease in the two weeks prior to data collection

% of HH with one or more HH member affected by self-reported case of malaria in the two weeks prior to data collection

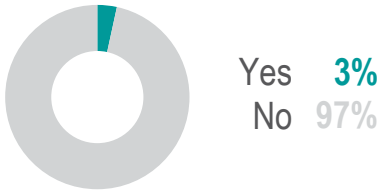
% of HH with one or more HH member affected by self-reported case of acute watery diarrhoea in the two weeks prior to data collection



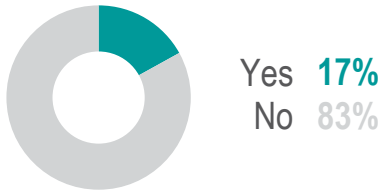
% of HH with one or more HH member affected by self-reported case of a fever in the two weeks prior to data collection



% of HH with one or more HH member affected by self-reported case of the flu in the two weeks prior to data collection



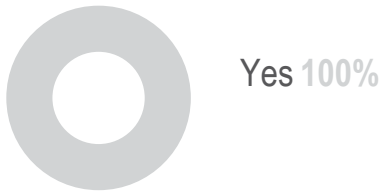
% of HH with one or more HH member affected by self-reported case of stomach pain in the two weeks prior to data collection



WASH Non-Food-Items

% of HHs reported owning a jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net[3]

% of HHs that own a bucket or a jerrycan with a lid



% of HHs with access to soap[4]

% of HHs that reported every member of the HH slept under a mosquito net

The average number of jerrycans and/or buckets with lid per HH was 3

Endnotes

1. This data is as of July/August 2018. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. 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.
4. 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.

Ayod County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2018

Overview

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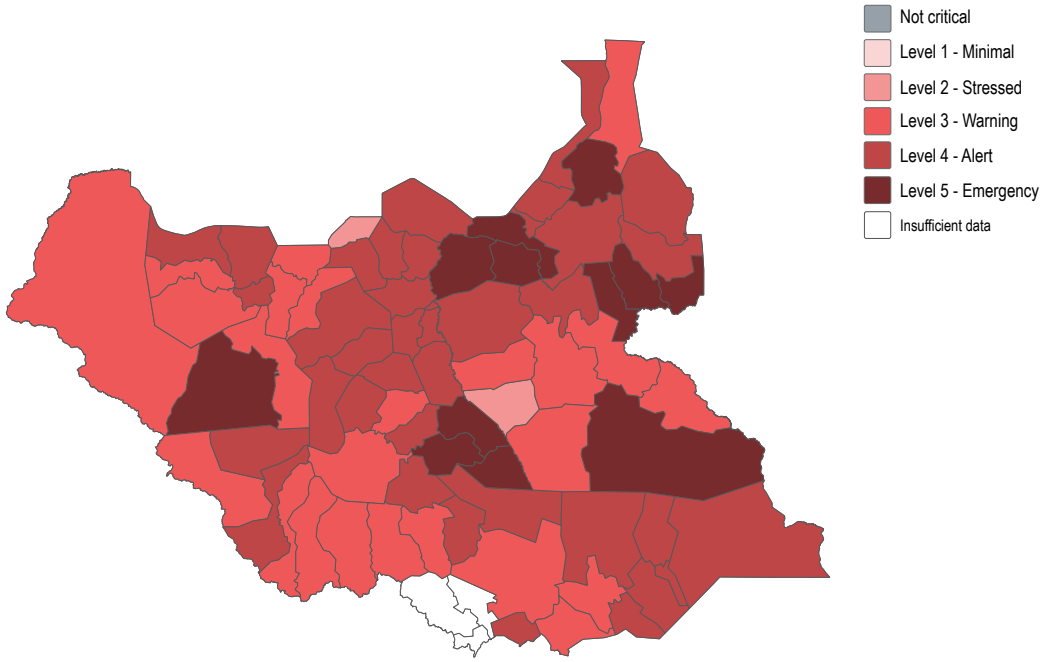
FSNMS Assessment Coverage

Total 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

% of HHs by displacement status[1]

Host community	87%
Returnee	7%
IDP	6%

% of IDP and returnee HHs by time arrived in their current location

Between 2- 3 years	43%
In the last one year	36%
Around 5 years	21%

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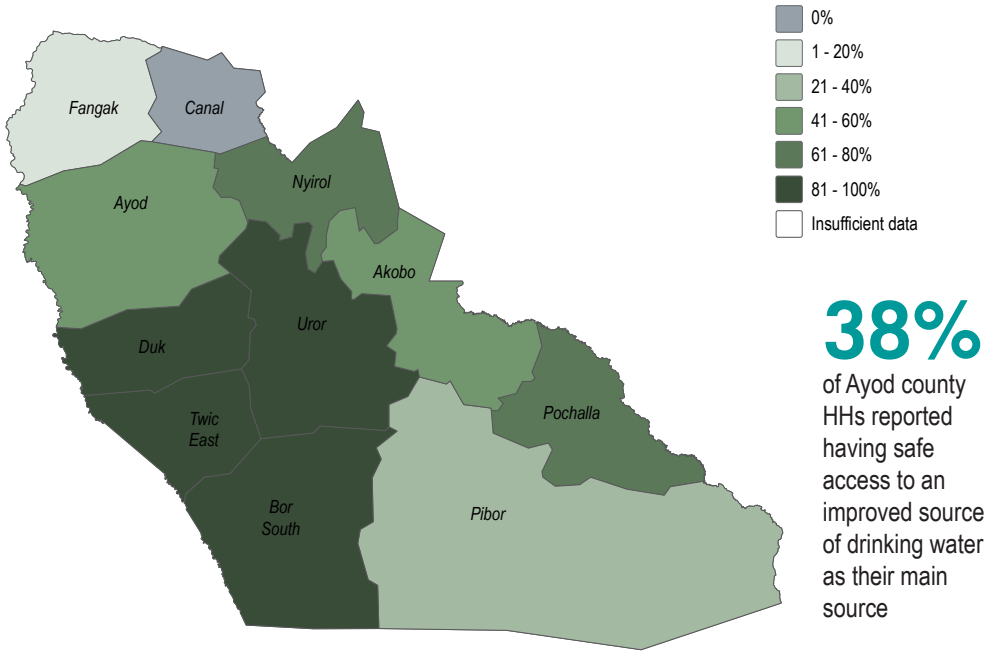
Ayod County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

Water

% 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, at the state level



38%
of Ayod county HHs reported having safe access to an improved source of drinking water as their main source

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 % of HHs

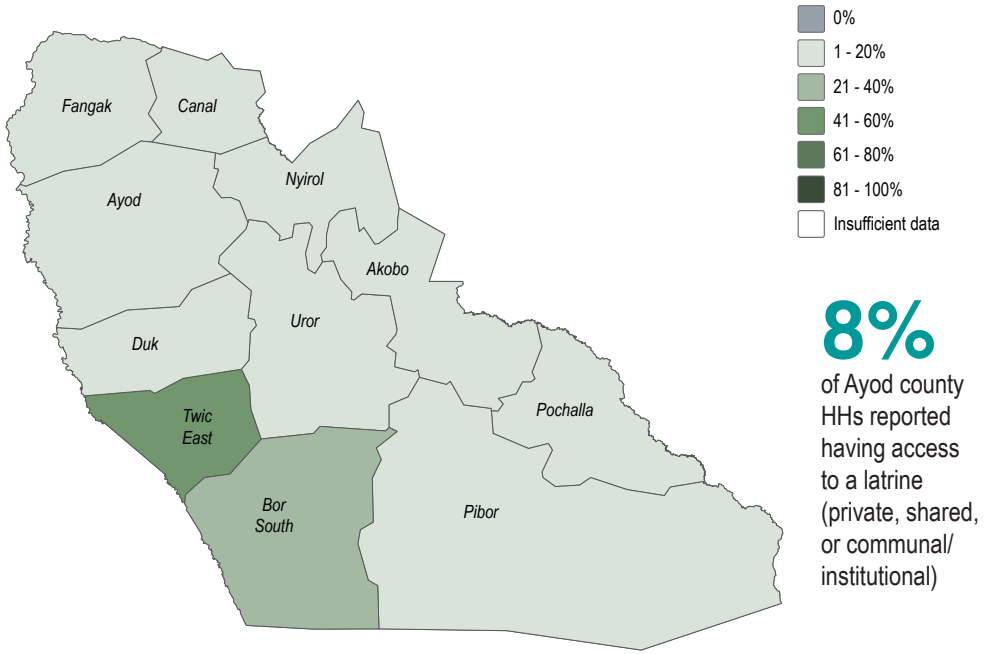
Borehole	43%
Swamp	40%
Hand dug well	13%
Unprotected well	4%
River or stream	1%

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

Less than 30 minutes	91%
30 minutes to 1 hour	7%
Between 1- 2 hours	2%

Sanitation

% of HHs having access to a latrine (private, shared, or communal/institutional)[2], at the state level



8%
of Ayod county HHs reported having access to a latrine (private, shared, or communal/ institutional)

Most commonly reported defecation location, by % of HHs

In the bush	89%
In the latrine	6%
In the river	2%
No answer	2%
Dig a hole and cover	1%

Most commonly reported excreta disposal methods for children under five, by % of HHs

In the bush	81%
In the latrine	10%
Dig a hole and cover	7%
No answer	2%

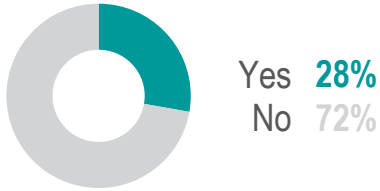
Ayod County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

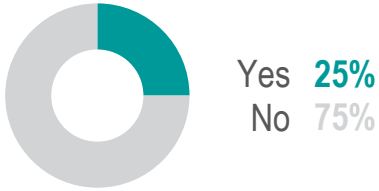
Health

% 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

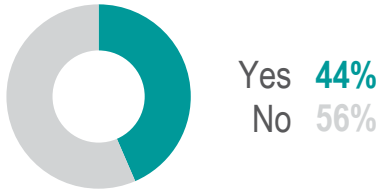
% of HH with one or more HH member affected by self-reported case of malaria in the two weeks prior to data collection



% of HH with one or more HH member affected by self-reported case of acute watery diarrhoea in the two weeks prior to data collection



% of HH with one or more HH member affected by self-reported case of a fever in the two weeks prior to data collection



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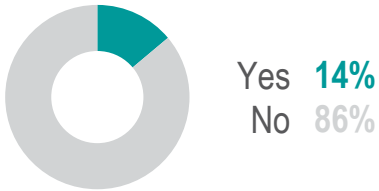
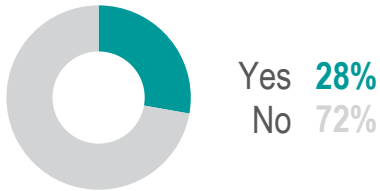


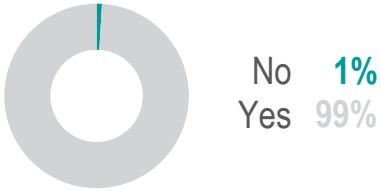
% of HH with one or more HH member affected by self-reported case of stomach pain in the two weeks prior to data collection



WASH Non-Food-Items

% of HHs reported owning a jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net[3]

% of HHs that own a bucket or a jerrycan with a lid



% of HHs with access to soap[4]

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The average number of jerrycans and/or buckets with lid per HH was 2

Endnotes

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Bor South County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2018

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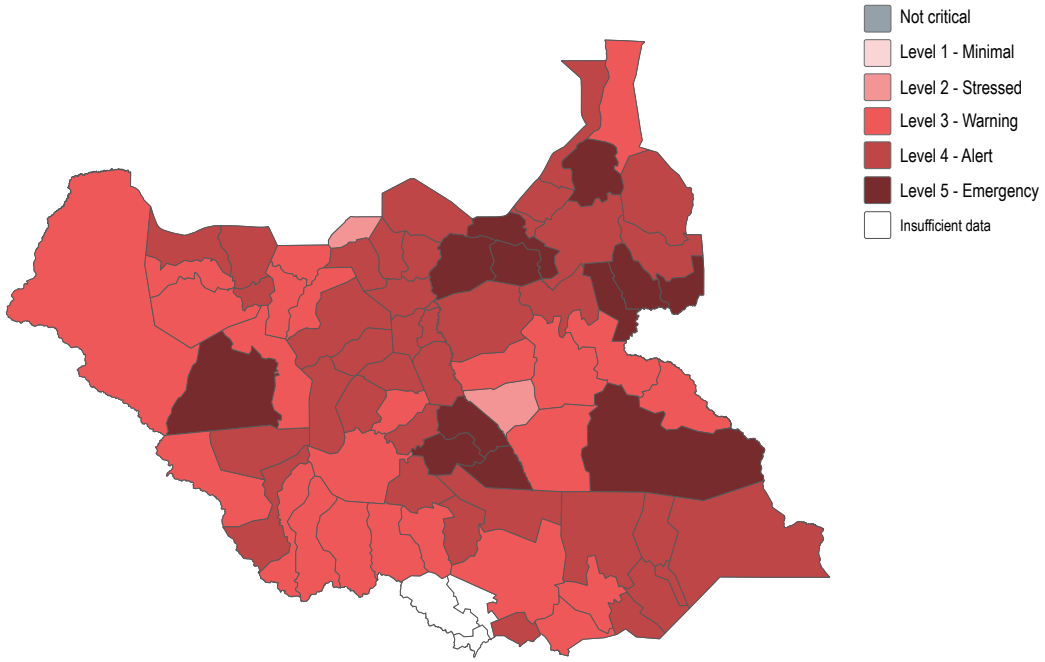

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- Not owning a jerrycan or bucket with a lid and soap, and that every member of the HH did not sleep under a mosquito net
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Displacement

% of HHs by displacement status[1]

Host community	93%
IDP	7%

% of IDP and returnee HHs by time arrived in their current location

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

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Bor South County - Water, Sanitation and Hygiene

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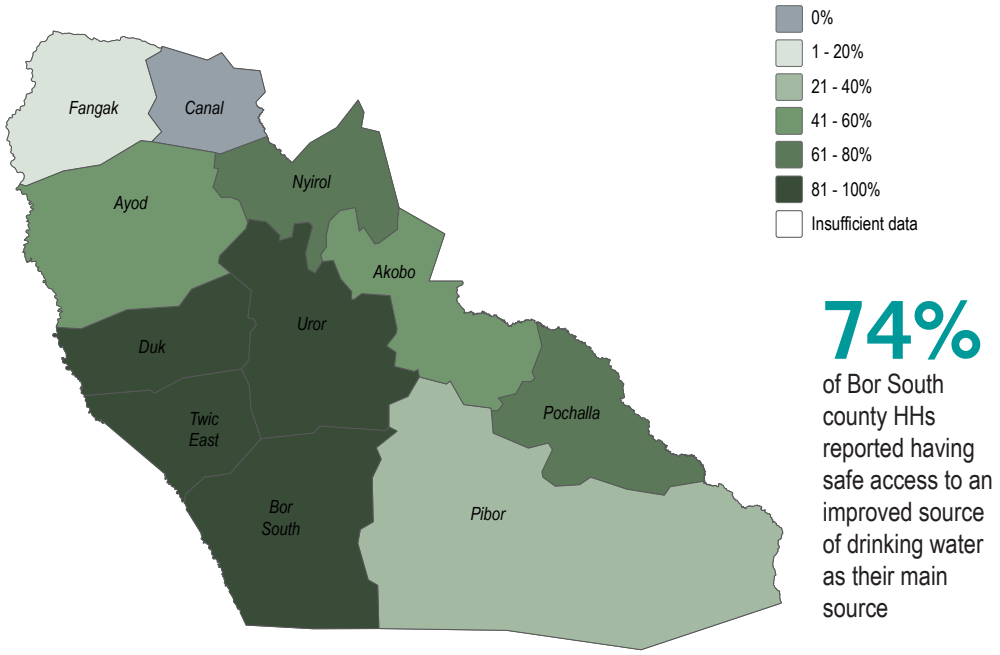
Water

% 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, at the state level



74%
of Bor South county HHs reported having safe access to an improved source of drinking water as their main source

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- 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 % of HHs

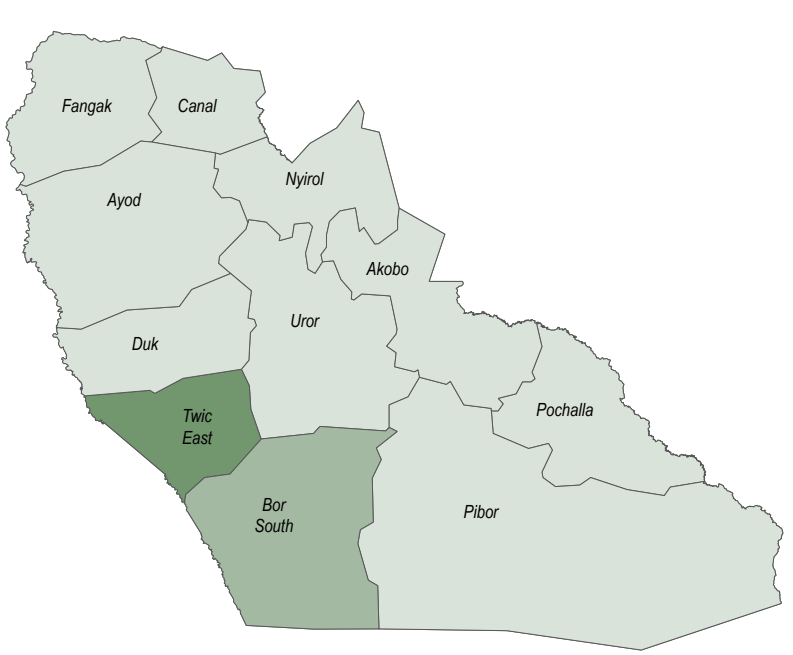
Borehole	92%
Tap stand	4%
River or stream	5%

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

Less than 30 minutes	80%
30 minutes to 1 hour	18%
Between 1- 2 hours	3%

Sanitation

% of HHs having access to a latrine (private, shared, or communal/institutional)[2], at the state level



21%
of Bor South county HHs reported having access to a latrine (private, shared, or communal/ institutional)

Most commonly reported defecation location, by % of HHs

In the latrine	21%
Dig a hole and cover	1%
In the bush	78%

Most commonly reported excreta disposal methods for children under five, by % of HHs

In the latrine	17%
Dig a hole and cover	6%
In the bush	74%
Left where it is	2%
No answer	1%

Bor South County - Water, Sanitation and Hygiene

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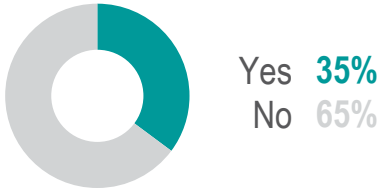
Health

% 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



% of HH with one or more HH member affected by self-reported case of malaria in the two weeks prior to data collection

% of HH with one or more HH member affected by self-reported case of acute watery diarrhoea in the two weeks prior to data collection

% of HH with one or more HH member affected by self-reported case of a fever in the two weeks prior to data collection

% of HH with one or more HH member affected by self-reported case of the flu in the two weeks prior to data collection

% of HH with one or more HH member affected by self-reported case of stomach pain in the two weeks prior to data collection

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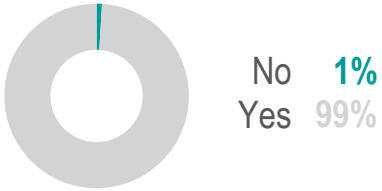
% of HHs reported owning a jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net[3]

% of HHs that own a bucket or a jerrycan with a lid



% of HHs with access to soap[4]

% of HHs that reported every member of the HH slept under a mosquito net

The average number of jerrycans and/or buckets with lid per HH was 3

Endnotes

1. This data is as of July/August 2018. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. 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.
4. 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.

Canal County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2018

Overview

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.

REACH, in close coordination with the WASH Cluster, has identified five core WASH indicators to produce actionable information. The indicators are: 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 all identified 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.

This information aims to be used to identify priority areas and/or populations and the key WASH concerns, rank needs across the country to improve priority targeting, and will also help shape what kind type of intervention should be implemented.

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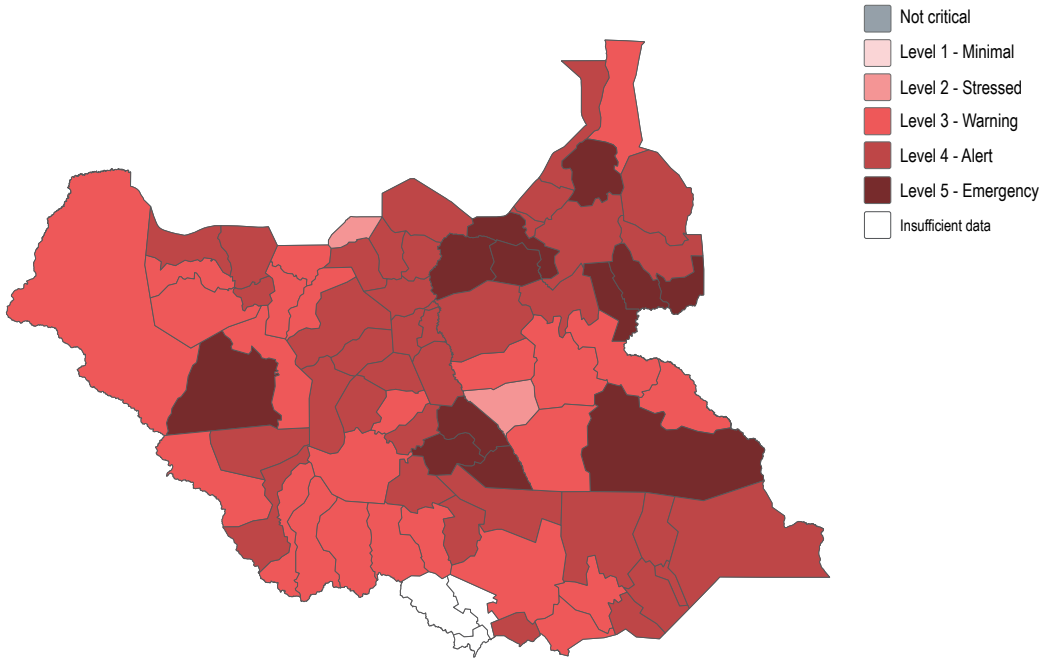
FSNMS is a critical source of information that allows for the identification of affected areas, the prioritization of resources and for monitoring trends. The data collected during FSNMS is used for the Integrated Phase Classification (IPC) analysis, the Humanitarian Needs Overview (HNO) and the Humanitarian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

FSNMS Assessment Coverage

Total 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

% of HHs by displacement status[1]

Host community	37%
IDP	56%
Returnee	7%

% of IDP and returnee HHs by time arrived in their current location

In the last one year	13%
Between 2- 3 years	85%
Around 5 years	1%

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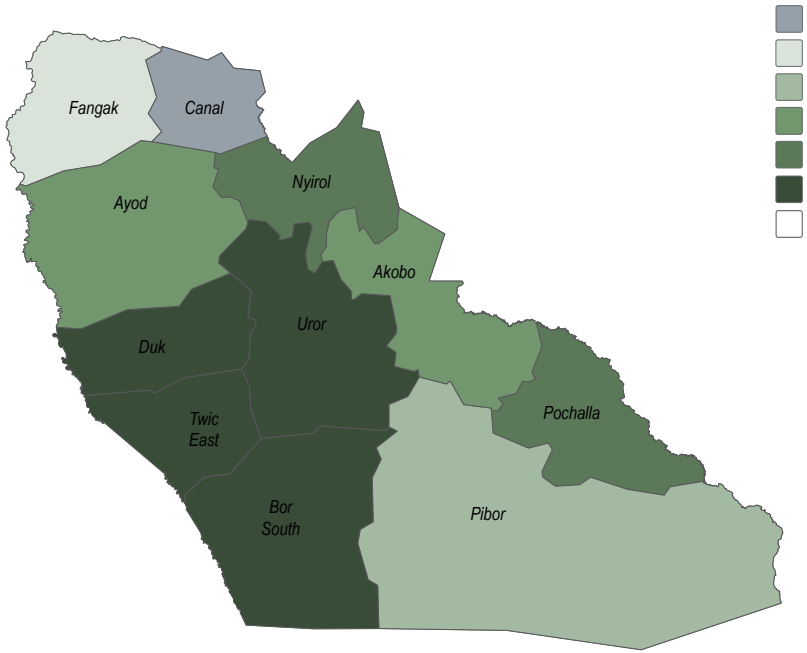
Canal County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

Water

% 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, at the state level



0%
of Canal county HHs reported having safe access to an improved source of drinking water as their main source

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 % of HHs

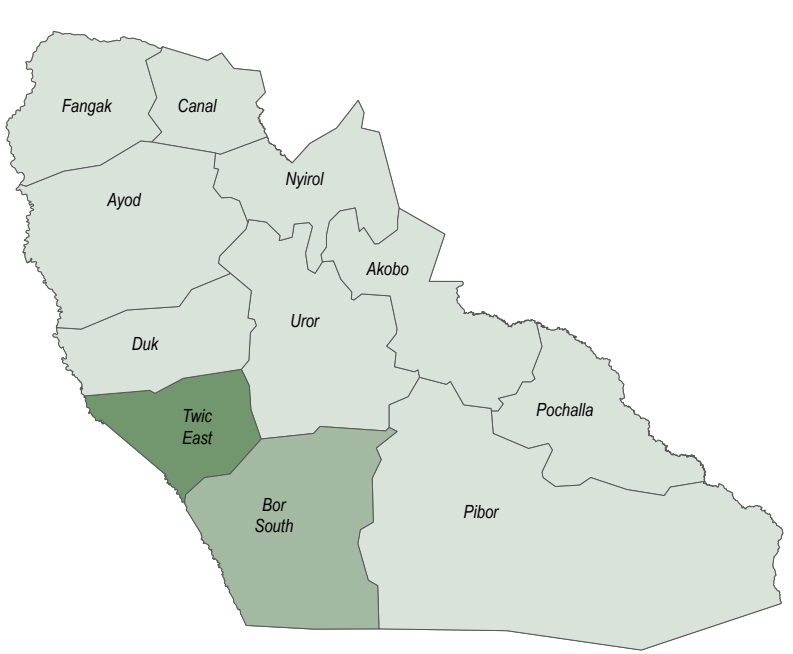
River or stream	91%
Swamp	9%

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

Less than 30 minutes	75%
30 minutes to 1 hour	22%
Between 1- 2 hours	3%

Sanitation

% of HHs having access to a latrine (private, shared, or communal/institutional)[2], at the state level



3%
of Canal county HHs reported having access to a latrine (private, shared, or communal/ institutional)

Most commonly reported defecation location, by % of HHs

In the latrine	3%
In the bush	94%
In the river	3%

Most commonly reported excreta disposal methods for children under five, by % of HHs

In the latrine	4%
In the bush	66%
Left where it is	30%

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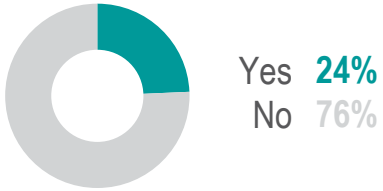
Canal County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

Health

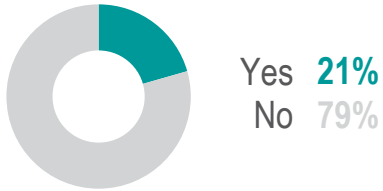
% of HH with one or more HH member affected by self-reported water or vector borne disease in the two weeks prior to data collection



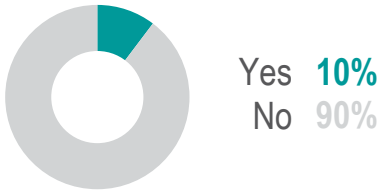
% of HH with one or more HH member affected by self-reported case of malaria in the two weeks prior to data collection

% of HH with one or more HH member affected by self-reported case of acute watery diarrhoea in the two weeks prior to data collection

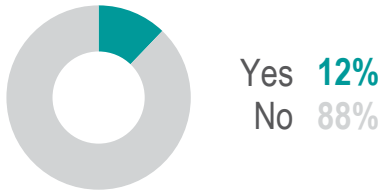
% of HH with one or more HH member affected by self-reported case of a fever in the two weeks prior to data collection



% of HH with one or more HH member affected by self-reported case of the flu in the two weeks prior to data collection



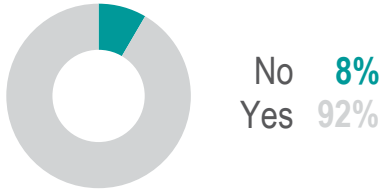
% of HH with one or more HH member affected by self-reported case of stomach pain in the two weeks prior to data collection



WASH Non-Food-Items

% of HHs reported owning a jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net[3]

% of HHs that own a bucket or a jerrycan with a lid



% of HHs with access to soap[4]

% of HHs that reported every member of the HH slept under a mosquito net

The average number of jerrycans and/or buckets with lid per HH was 3

Endnotes

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Duk County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2018

Overview

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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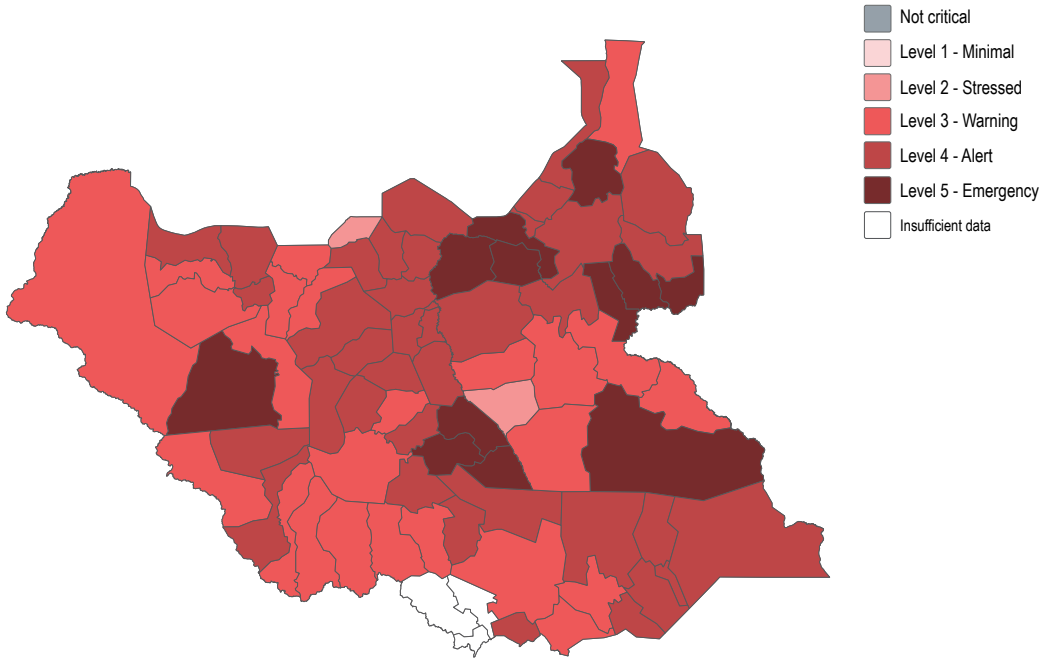
FSNMS Assessment Coverage

Total 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

% of HHs by displacement status[1]

Host community	96%
IDP	1%
Returnee	2%

% of IDP and returnee HHs by time arrived in their current location

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

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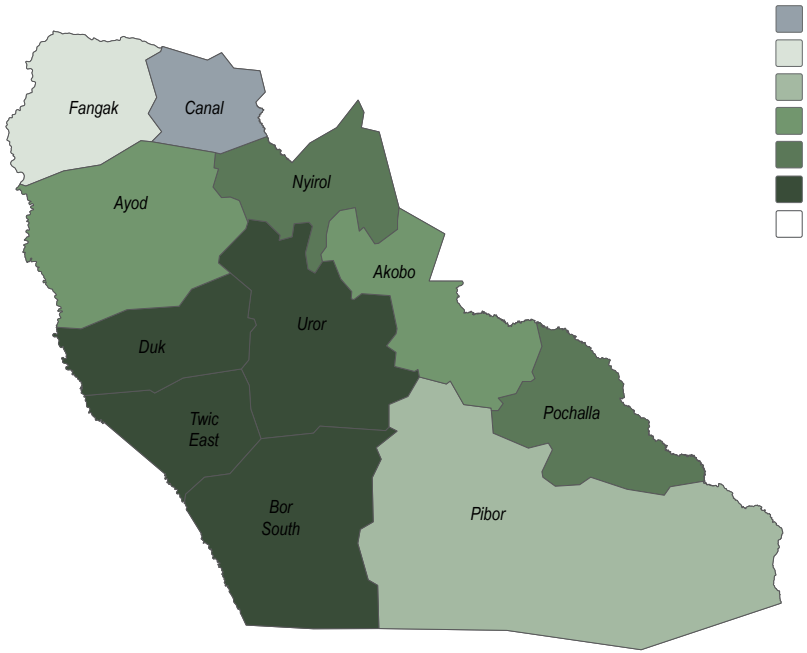
Duk County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

Water

% 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, at the state level



91%
of Duk county HHs reported having safe access to an improved source of drinking water as their main source

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

Most commonly reported sources of drinking water, by % of HHs

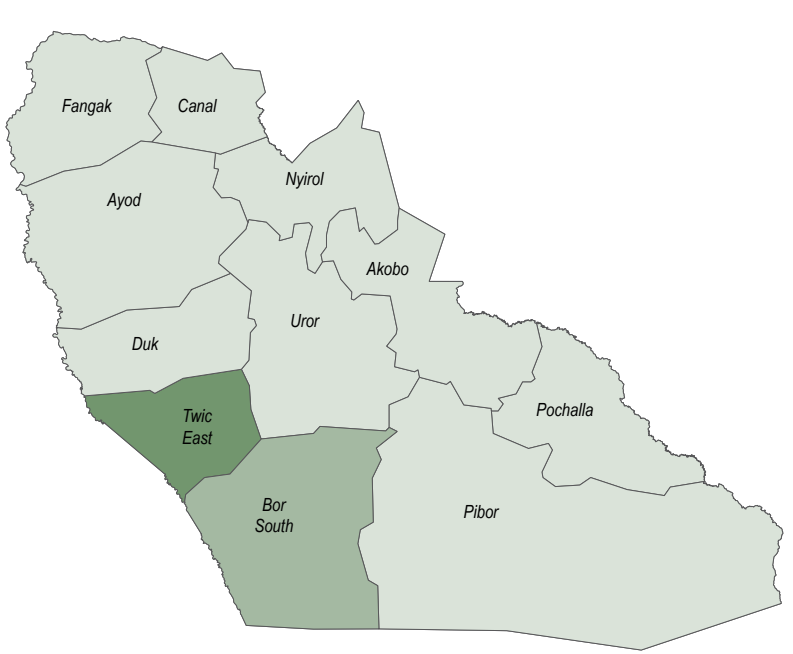
Borehole	100%

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

Less than 30 minutes	61%
30 minutes to 1 hour	30%
Between 1- 2 hours	7%
No answer	1%

Sanitation

% of HHs having access to a latrine (private, shared, or communal/institutional)[2], at the state level



6%
of Duk county HHs reported having access to a latrine (private, shared, or communal/ institutional)

Most commonly reported defecation location, by % of HHs

In the latrine	6%
In the bush	93%
In the river	1%

Most commonly reported excreta disposal methods for children under five, by % of HHs

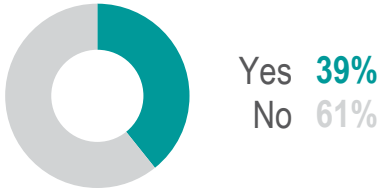
In the latrine	7%
Dig a hole and cover	4%
In the bush	90%

Duk County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

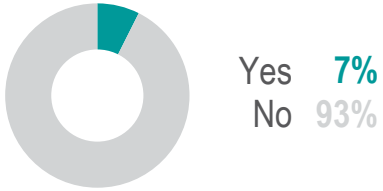
Health

% 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



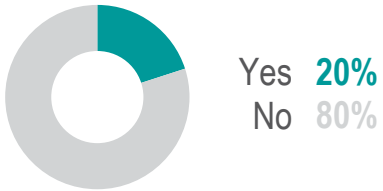
% of HH with one or more HH member affected by self-reported case of malaria in the two weeks prior to data collection

% of HH with one or more HH member affected by self-reported case of acute watery diarrhoea in the two weeks prior to data collection

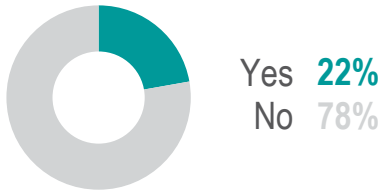


% of HH with one or more HH member affected by self-reported case of a fever in the two weeks prior to data collection

% of HH with one or more HH member affected by self-reported case of the flu in the two weeks prior to data collection



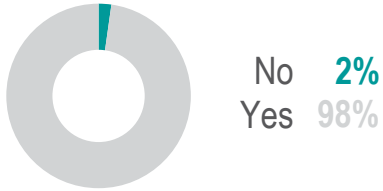
% of HH with one or more HH member affected by self-reported case of stomach pain in the two weeks prior to data collection



WASH Non-Food-Items

% of HHs reported owning a jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net[3]

% of HHs that own a bucket or a jerrycan with a lid



% of HHs with access to soap[4]

% of HHs that reported every member of the HH slept under a mosquito net

The average number of jerrycans and/or buckets with lid per HH was 3

Endnotes

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Fangak County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2018

Overview

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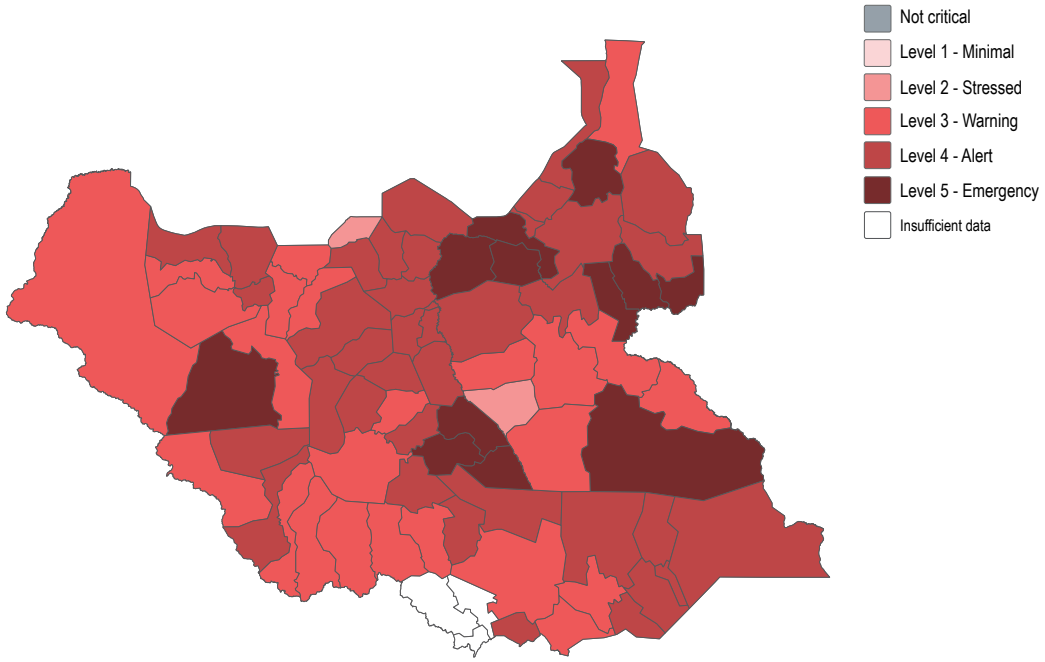
FSNMS Assessment Coverage

Total 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

% of HHs by displacement status[1]

Host community	90%
IDP	9%
Returnee	1%

% of IDP and returnee HHs by time arrived in their current location

In the last one year	40%
Between 2- 3 years	40%
Around 5 years	20%

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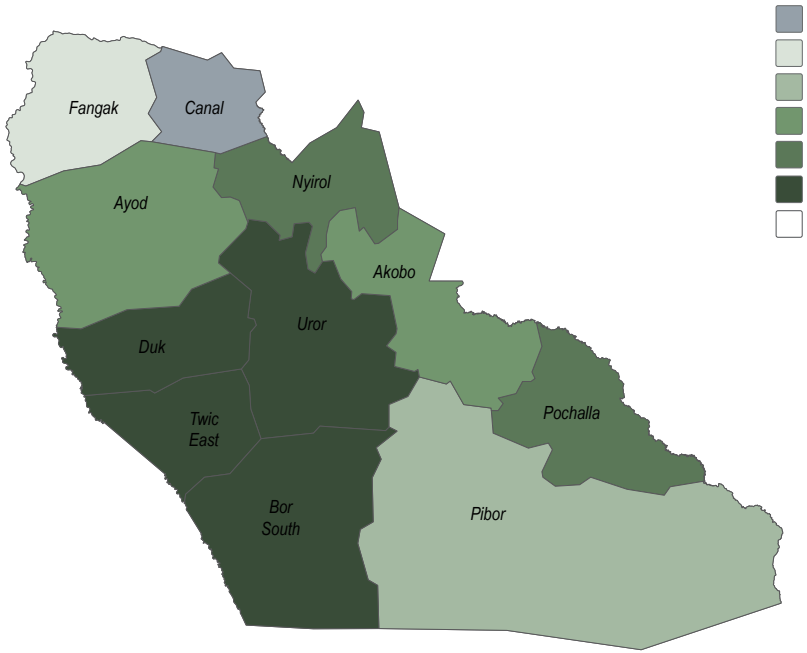
Fangak County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

Water

% 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, at the state level



13%

of Fangak county HHs reported having safe access to an improved source of drinking water as their main source

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

Most commonly reported sources of drinking water, by % of HHs

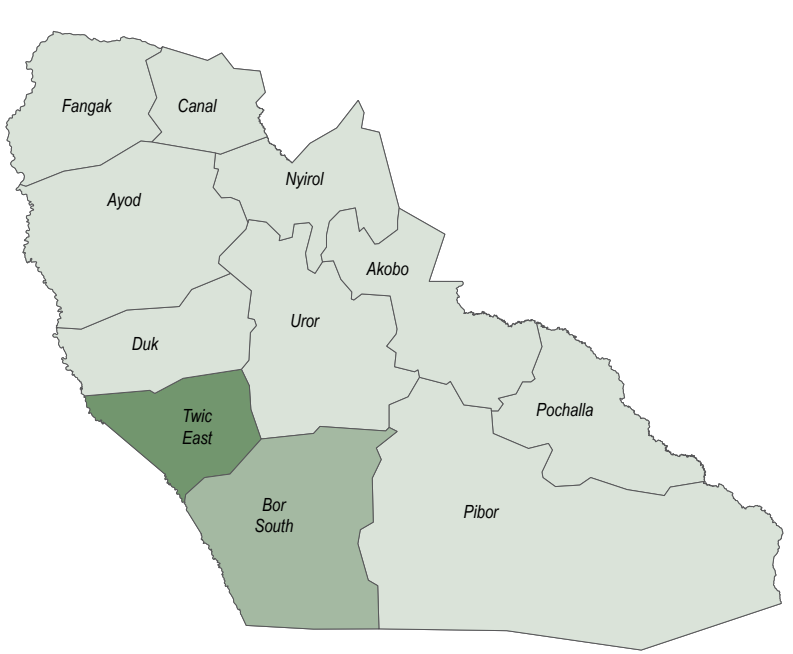
Borehole	16%
Unprotected well	1%
River or stream	32%
Swamp	51%

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

Less than 30 minutes	32%
30 minutes to 1 hour	19%
Between 1- 2 hours	45%
More than 2 hours	4%

Sanitation

% of HHs having access to a latrine (private, shared, or communal/institutional)[2], at the state level



1%

of Fangak county HHs reported having access to a latrine (private, shared, or communal/ institutional)

Most commonly reported defecation location, by % of HHs

In the latrine	1%
In the bush	94%
In the river	5%

Most commonly reported excreta disposal methods for children under five, by % of HHs

In the latrine	1%
In the bush	68%
Left where it is	31%

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Fangak County - Water, Sanitation and Hygiene

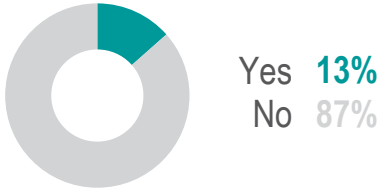
WASH Cluster
Water Sanitation Hygiene

Health

% 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

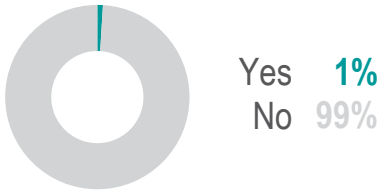
% of HH with one or more HH member affected by self-reported case of malaria in the two weeks prior to data collection

% of HH with one or more HH member affected by self-reported case of acute watery diarrhoea in the two weeks prior to data collection



% of HH with one or more HH member affected by self-reported case of a fever in the two weeks prior to data collection

% of HH with one or more HH member affected by self-reported case of the flu in the two weeks prior to data collection



% of HH with one or more HH member affected by self-reported case of stomach pain in the two weeks prior to data collection

WASH Non-Food-Items

% of HHs reported owning a jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net[3]

% of HHs with access to soap[4]

The average number of jerrycans and/or buckets with lid per HH was 4

% of HHs that own a bucket or a jerrycan with a lid

% of HHs that reported every member of the HH slept under a mosquito net

Endnotes

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

Jonglei State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2018

Overview

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.

REACH, in close coordination with the WASH Cluster, has identified five core WASH indicators to produce actionable information. The indicators are: 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 all identified 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.

This information aims to be used to identify priority areas and/or populations and the key WASH concerns, rank needs across the country to improve priority targeting, and will also help shape what kind type of intervention should be implemented.

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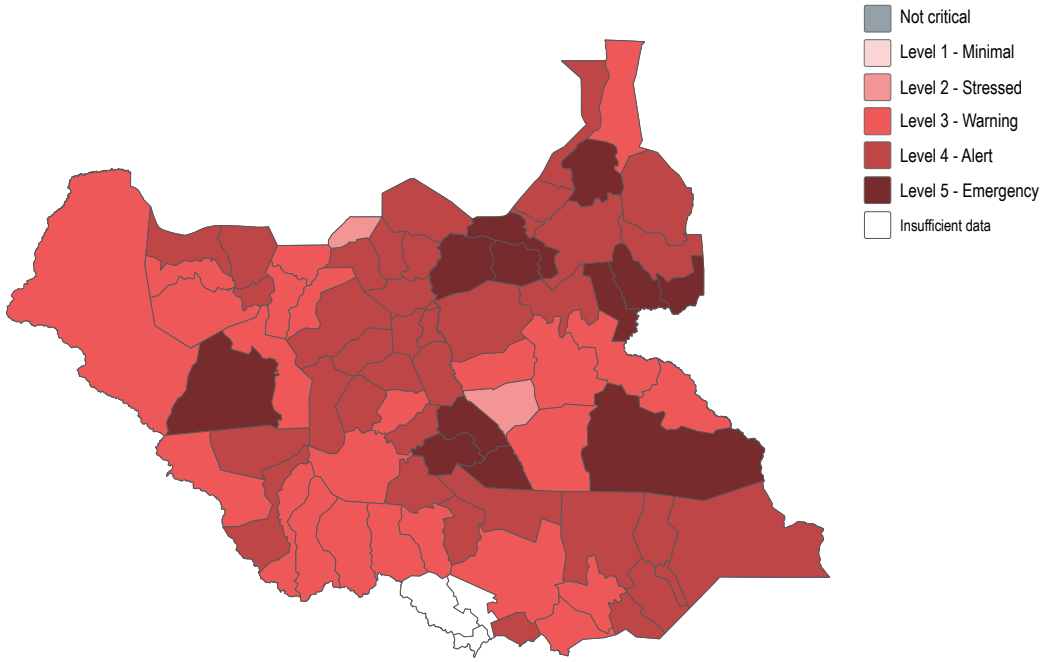
FSNMS is a critical source of information that allows for the identification of affected areas, the prioritization of resources and for monitoring trends. The data collected during FSNMS is used for the Integrated Phase Classification (IPC) analysis, the Humanitarian Needs Overview (HNO) and the Humanitarian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

FSNMS Assessment Coverage

Total 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

% of HHs by displacement status[1]

Host community	97%
IDP	3%
Returnee	1%

% of IDP and returnee HHs by time arrived in their current location

Between 2- 3 years	100%

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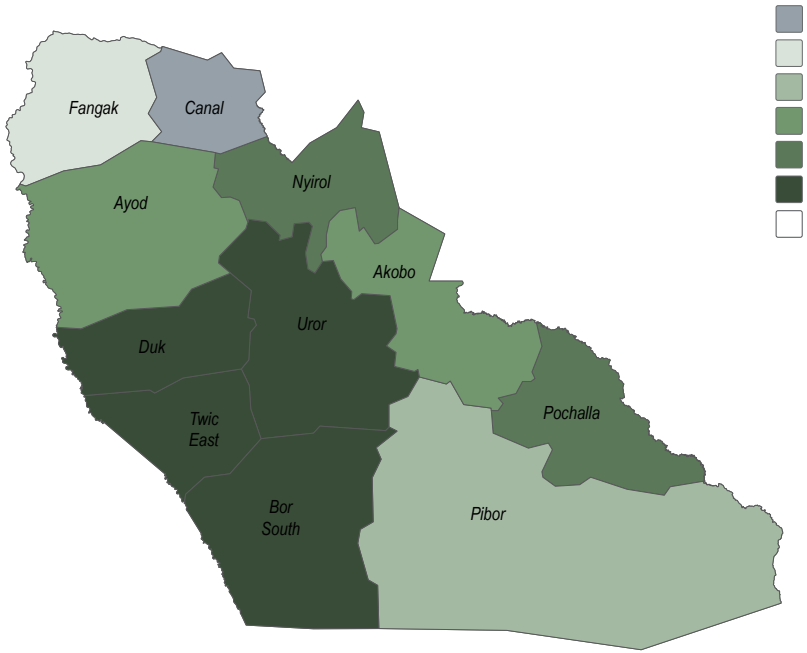
Nyirol County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

Water

% 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, at the state level



76%
of Nyirol county HHs reported having safe access to an improved source of drinking water as their main source

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 % of HHs

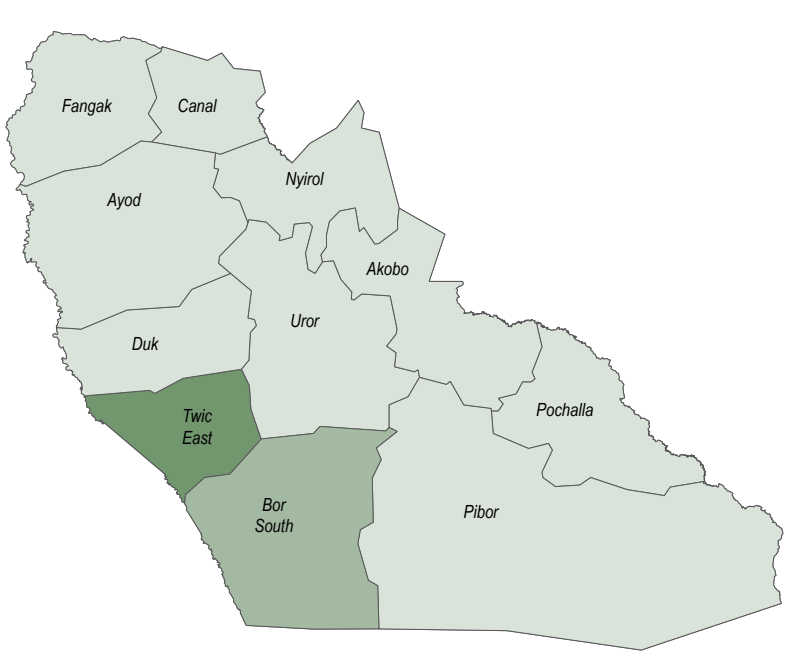
Borehole	80%
River or stream	1%
Swamp	19%

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

Less than 30 minutes	47%
30 minutes to 1 hour	47%
Between 1- 2 hours	5%

Sanitation

% of HHs having access to a latrine (private, shared, or communal/institutional)[2], at the state level



2%
of Nyirol county HHs reported having access to a latrine (private, shared, or communal/ institutional)

Most commonly reported defecation location, by % of HHs

In the bush	100%

Most commonly reported excreta disposal methods for children under five, by % of HHs

In the bush	99%
No answer	1%

Nyirol County - Water, Sanitation and Hygiene

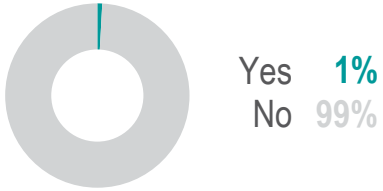
WASH Cluster
Water Sanitation Hygiene

Health

% 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

% of HH with one or more HH member affected by self-reported case of malaria in the two weeks prior to data collection

% of HH with one or more HH member affected by self-reported case of acute watery diarrhoea in the two weeks prior to data collection



% of HH with one or more HH member affected by self-reported case of a fever in the two weeks prior to data collection

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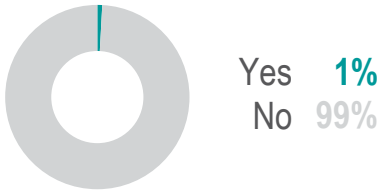

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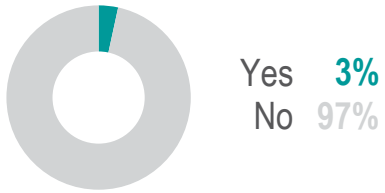
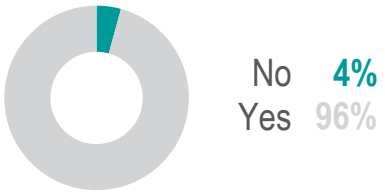


WASH Non-Food-Items

% of HHs reported owning a jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net[3]

% of HHs that own a bucket or a jerrycan with a lid



% of HHs with access to soap[4]

% of HHs that reported every member of the HH slept under a mosquito net

The average number of jerrycans and/or buckets with lid per HH was 3

Endnotes

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Pibor County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2018

Overview

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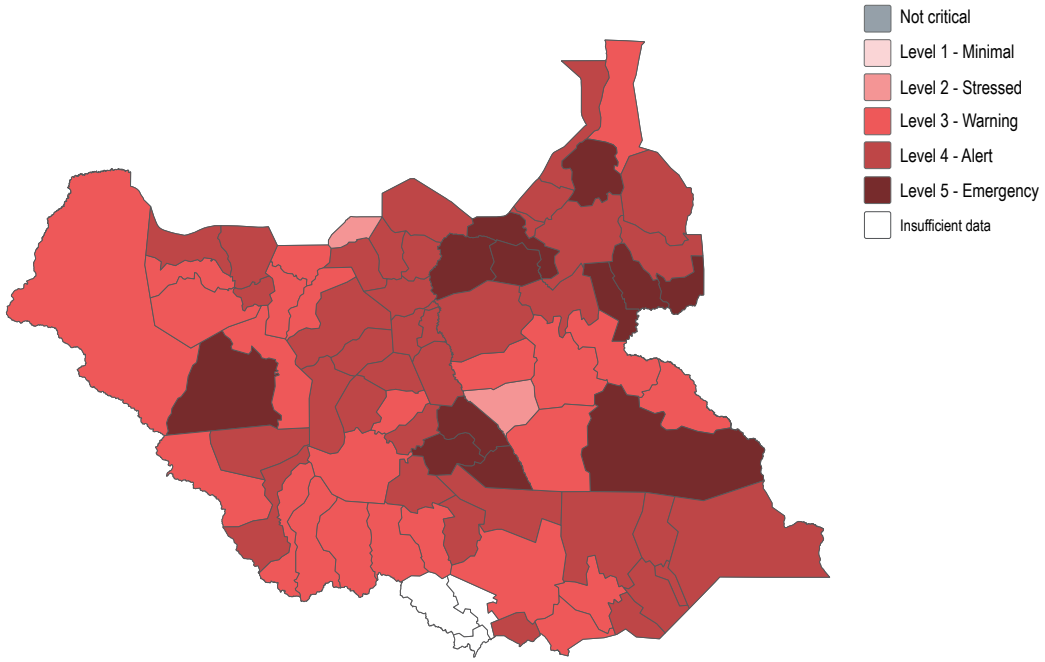
FSNMS Assessment Coverage

Total 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

% of HHs by displacement status[1]

Host community	87%
IDP	1%
Returnee	12%

% of IDP and returnee HHs by time arrived in their current location

In the last one year	71%
Between 2- 3 years	21%
More than 5 years	7%

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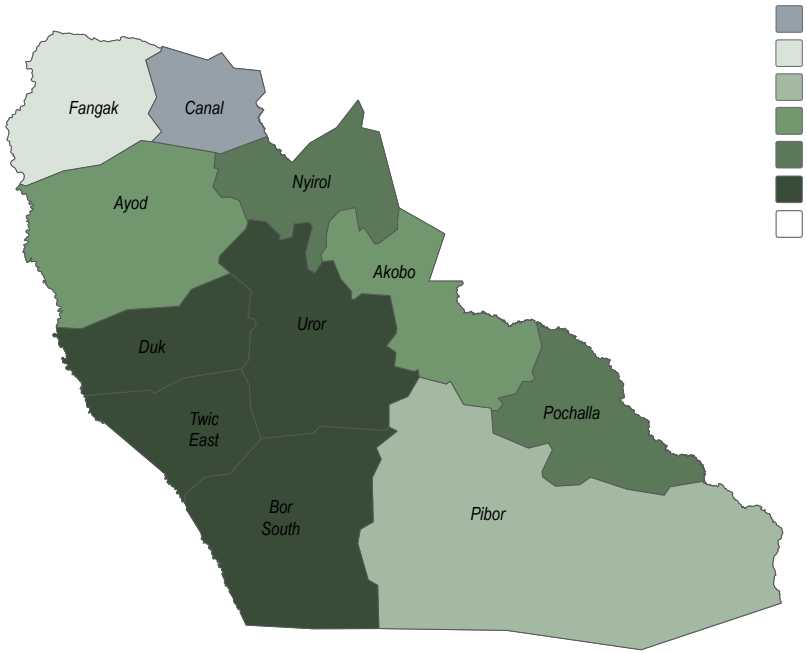
Pibor County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

Water

% 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, at the state level



14%

of Pibor county HHs reported having safe access to an improved source of drinking water as their main source

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 % of HHs

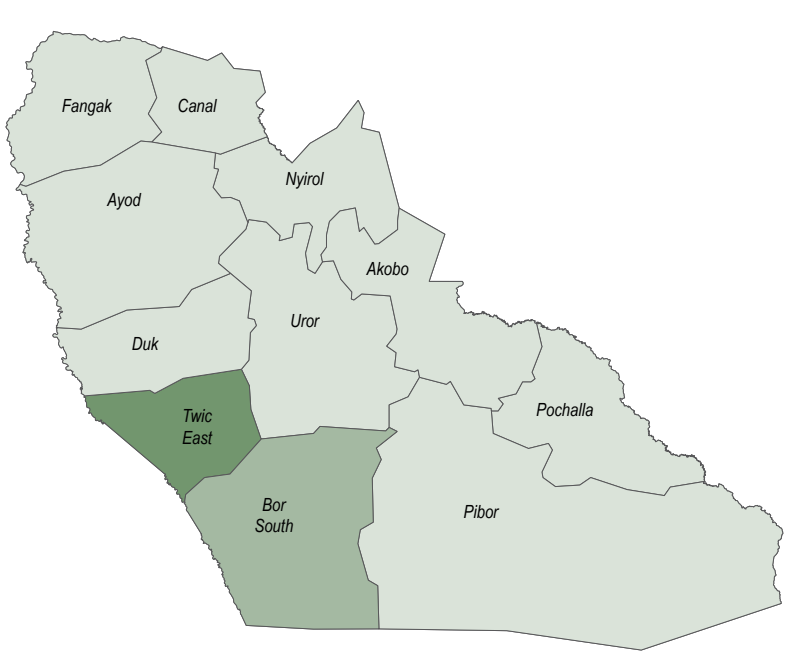
Borehole	23%
Hand dug well	1%
River or stream	58%
Swamp	18%

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

Less than 30 minutes	28%
30 minutes to 1 hour	35%
Between 1- 2 hours	31%
More than 2 hours	5%
No answer	1%

Sanitation

% of HHs having access to a latrine (private, shared, or communal/institutional)[2], at the state level



2%

of Pibor county HHs reported having access to a latrine (private, shared, or communal/ institutional)

Most commonly reported defecation location, by % of HHs

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

Most commonly reported excreta disposal methods for children under five, by % of HHs

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

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Pibor County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

Health

% 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

% of HH with one or more HH member affected by self-reported case of malaria in the two weeks prior to data collection

% of HH with one or more HH member affected by self-reported case of acute watery diarrhoea in the two weeks prior to data collection

% of HH with one or more HH member affected by self-reported case of a fever in the two weeks prior to data collection

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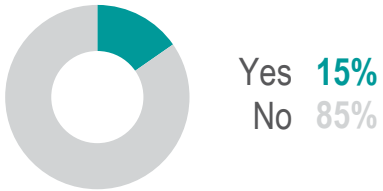
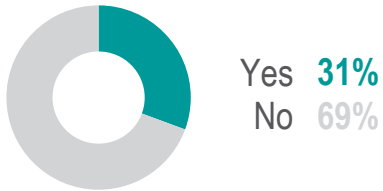


% of HH with one or more HH member affected by self-reported case of stomach pain in the two weeks prior to data collection



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% of HHs reported owning a jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net[3]

% of HHs that own a bucket or a jerrycan with a lid

% of HHs with access to soap[4]

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Pochalla County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2018

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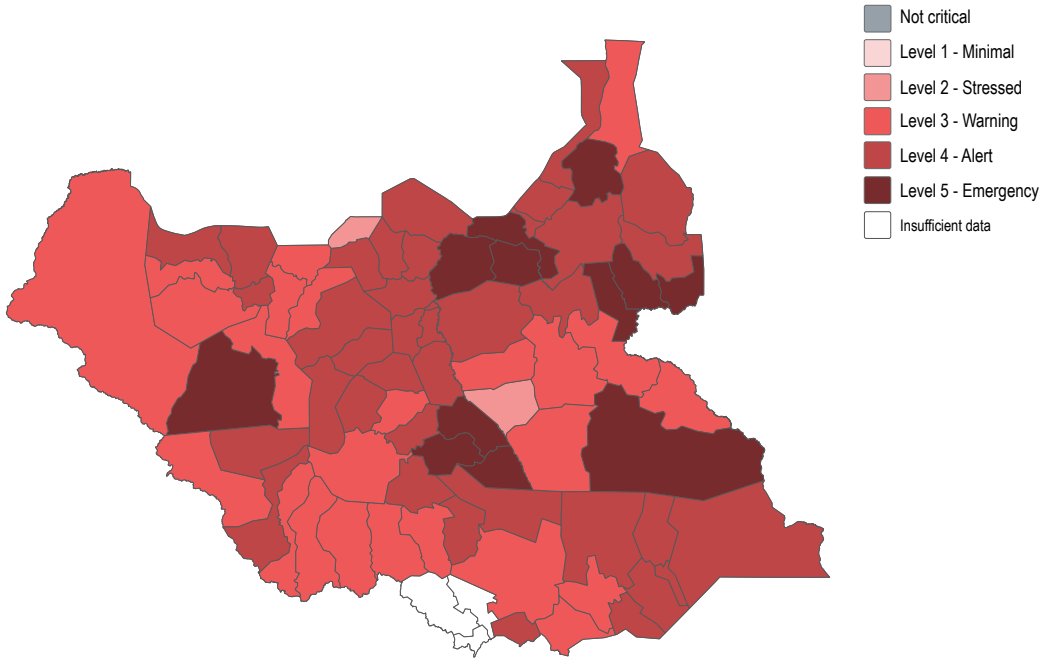

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- Having one or more household members affected by self-reported water or vector borne disease in the two weeks prior to data collection

Displacement

% of HHs by displacement status[1]

Host community	96%
IDP	2%
Returnee	1%

% of IDP and returnee HHs by time arrived in their current location

More than 5 years	100%

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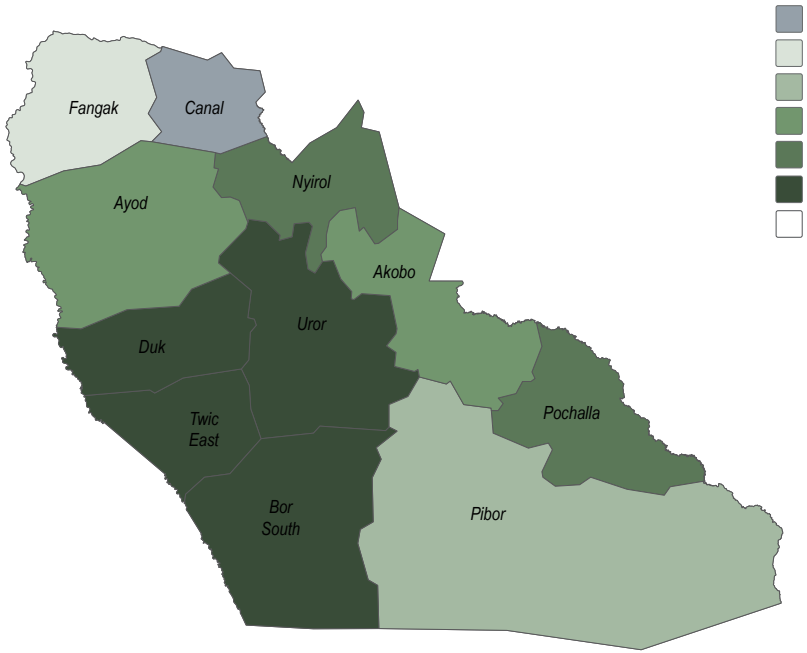
Pochalla County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

Water

% 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, at the state level



66%
of Pochalla county HHs reported having safe access to an improved source of drinking water as their main source

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- 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 % of HHs

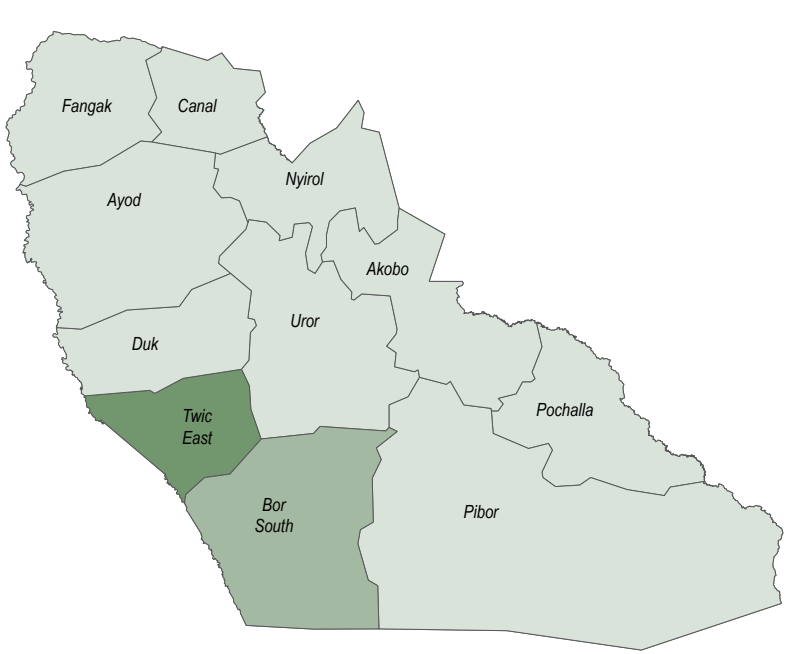
Borehole	66%
River or stream	34%

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

Less than 30 minutes	74%
30 minutes to 1 hour	25%
No answer	1%

Sanitation

% of HHs having access to a latrine (private, shared, or communal/institutional)[2], at the state level



1%
of Pochalla county HHs reported having access to a latrine (private, shared, or communal/ institutional)

Most commonly reported defecation location, by % of HHs

In the latrine	5%
In the bush	94%
In the river	1%

Most commonly reported excreta disposal methods for children under five, by % of HHs

In the latrine	4%
Dig a hole and cover	71%
In the bush	22%
No answer	2%

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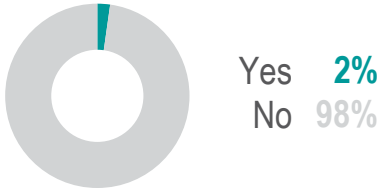
Pochalla County - Water, Sanitation and Hygiene

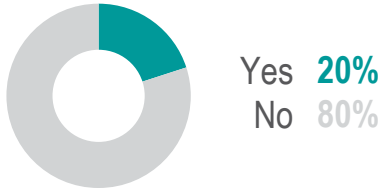
WASH Cluster
Water Sanitation Hygiene

Health

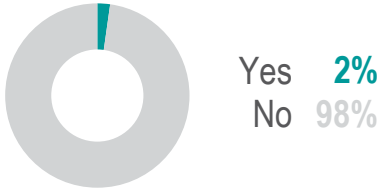
% of HH with one or more HH member affected by self-reported water or vector borne disease in the two weeks prior to data collection



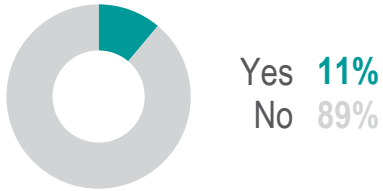
% of HH with one or more HH member affected by self-reported case of malaria in the two weeks prior to data collection



% of HH with one or more HH member affected by self-reported case of acute watery diarrhoea in the two weeks prior to data collection



% of HH with one or more HH member affected by self-reported case of a fever in the two weeks prior to data collection



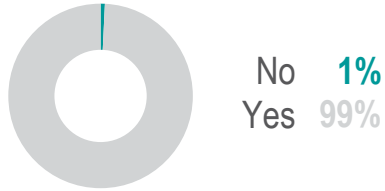
% of HH with one or more HH member affected by self-reported case of the flu in the two weeks prior to data collection

% of HH with one or more HH member affected by self-reported case of stomach pain in the two weeks prior to data collection

WASH Non-Food-Items

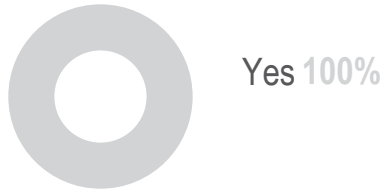
% of HHs reported owning a jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net[3]

% of HHs that own a bucket or a jerrycan with a lid



% of HHs with access to soap[4]

% of HHs that reported every member of the HH slept under a mosquito net



The average number of jerrycans and/or buckets with lid per HH was 4

Endnotes

1. This data is as of July/August 2018. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. 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.
4. 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.

Twic East County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2018

Overview

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.

REACH, in close coordination with the WASH Cluster, has identified five core WASH indicators to produce actionable information. The indicators are: 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 all identified 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.

This information aims to be used to identify priority areas and/or populations and the key WASH concerns, rank needs across the country to improve priority targeting, and will also help shape what kind type of intervention should be implemented.

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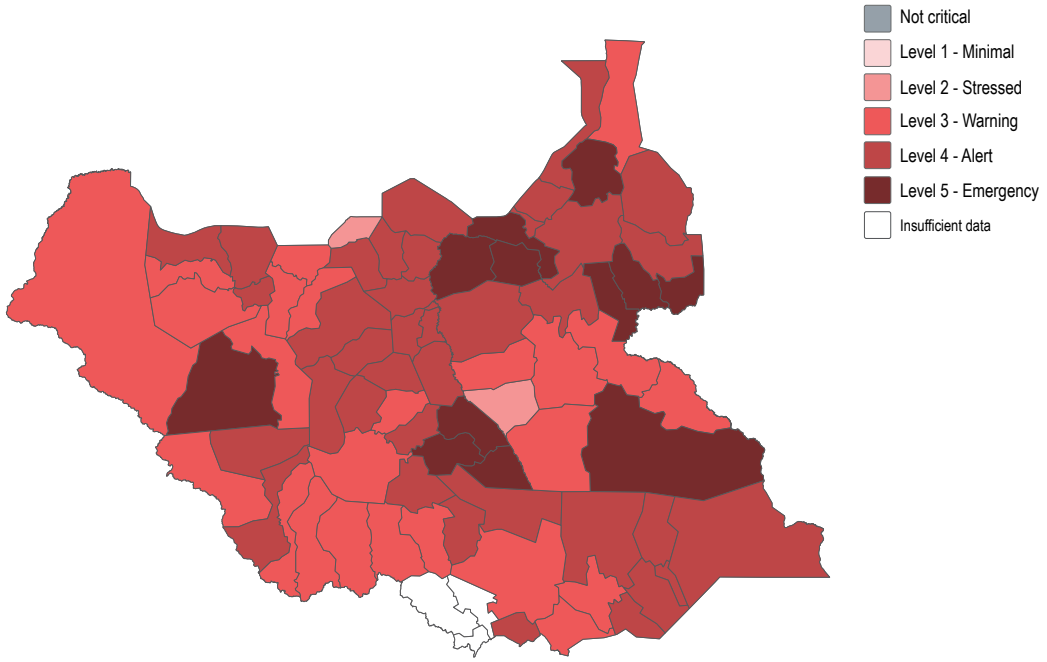
FSNMS is a critical source of information that allows for the identification of affected areas, the prioritization of resources and for monitoring trends. The data collected during FSNMS is used for the Integrated Phase Classification (IPC) analysis, the Humanitarian Needs Overview (HNO) and the Humanitarian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

FSNMS Assessment Coverage

Total 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

% of HHs by displacement status[1]

Host community	92%
Returnee	8%

% of IDP and returnee HHs by time arrived in their current location

In the last one year	40%
Between 2- 3 years	60%

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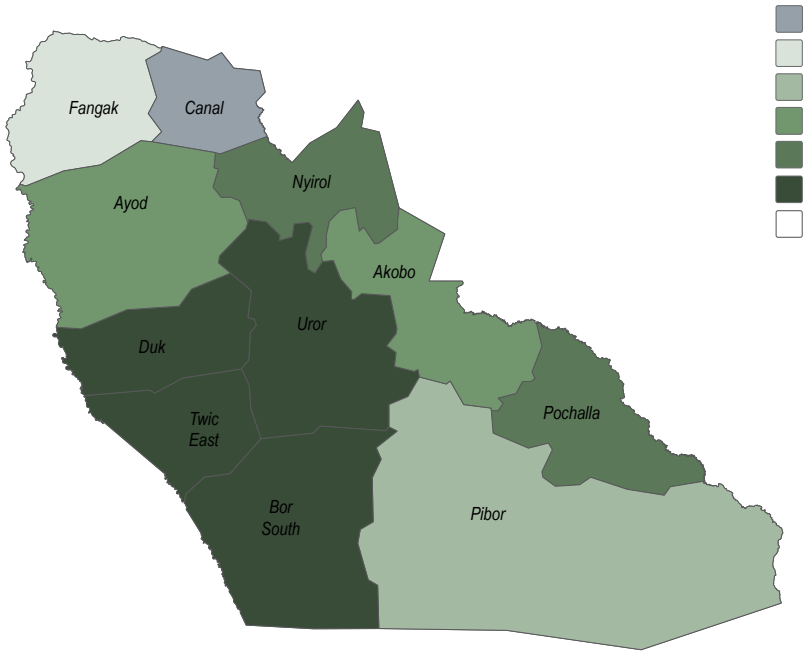
Twic East County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

Water

% 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, at the state level



86%
of Twic East county HHs reported having safe access to an improved source of drinking water as their main source

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 % of HHs

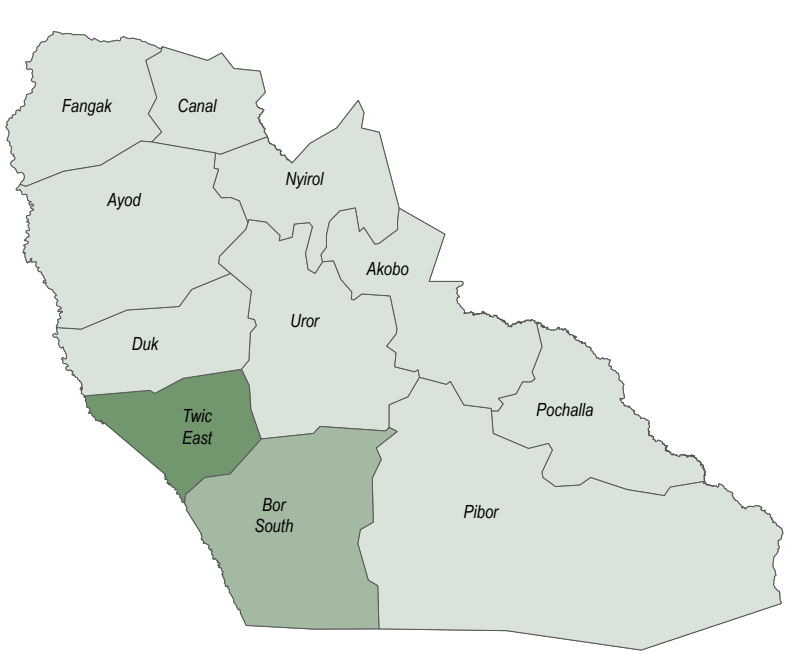
Borehole	100%

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

Less than 30 minutes	87%
30 minutes to 1 hour	10%
Between 1- 2 hours	3%

Sanitation

% of HHs having access to a latrine (private, shared, or communal/institutional)[2], at the state level



43%
of Twic East county HHs reported having access to a latrine (private, shared, or communal/ institutional)

Most commonly reported defecation location, by % of HHs

In the latrine	40%
Dig a hole and cover	20%
In the bush	38%
In the river	1%
No answer	2%

Most commonly reported excreta disposal methods for children under five, by % of HHs

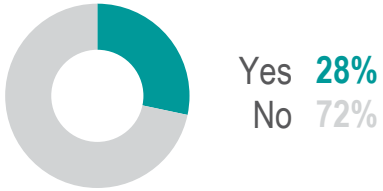
In the latrine	41%
Dig a hole and cover	42%
In the bush	11%
Left where it is	2%
No answer	5%

Twic East County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

Health

% 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

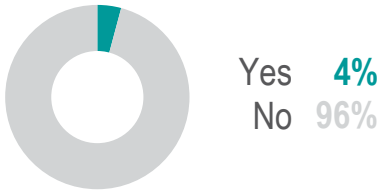


% of HH with one or more HH member affected by self-reported case of malaria in the two weeks prior to data collection

% of HH with one or more HH member affected by self-reported case of acute watery diarrhoea in the two weeks prior to data collection

% of HH with one or more HH member affected by self-reported case of a fever in the two weeks prior to data collection

% of HH with one or more HH member affected by self-reported case of the flu in the two weeks prior to data collection

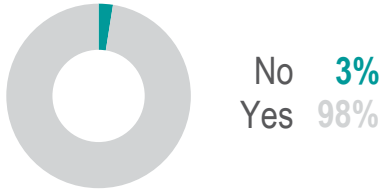


% of HH with one or more HH member affected by self-reported case of stomach pain in the two weeks prior to data collection

WASH Non-Food-Items

% of HHs reported owning a jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net[3]

% of HHs that own a bucket or a jerrycan with a lid



% of HHs with access to soap[4]

% of HHs that reported every member of the HH slept under a mosquito net

The average number of jerrycans and/or buckets with lid per HH was 4

Endnotes

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Uror County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2018

Overview

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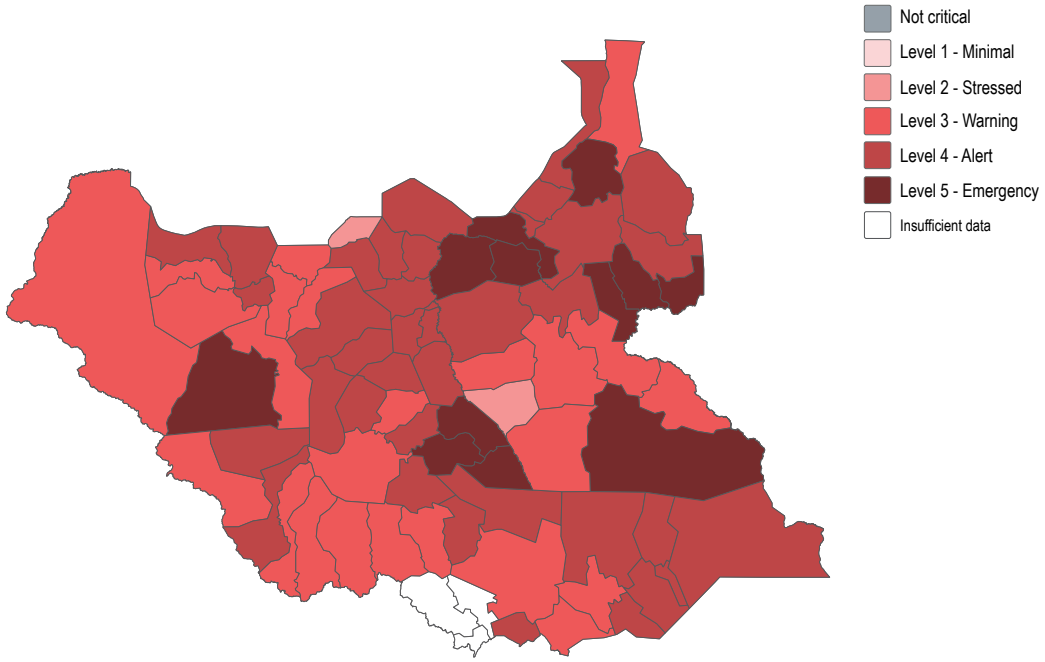
FSNMS Assessment Coverage

Total 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

% of HHs by displacement status[1]

Host community	94%
IDP	3%
Returnee	4%

% of IDP and returnee HHs by time arrived in their current location

In the last one year	14%
Between 2- 3 years	71%
Around 5 years	14%

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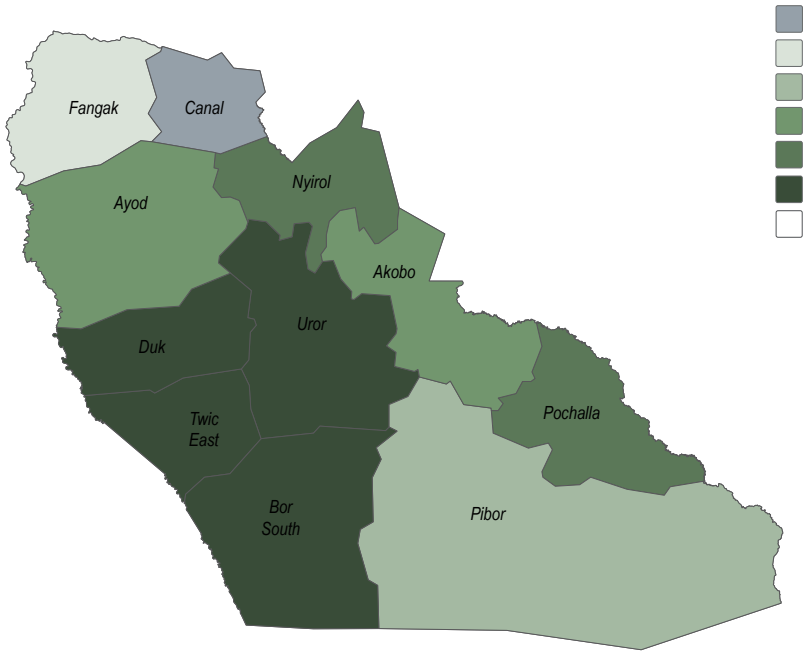
Uror County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

Water

% 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, at the state level



87%
of Uror county HHs reported having safe access to an improved source of drinking water as their main source

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 % of HHs

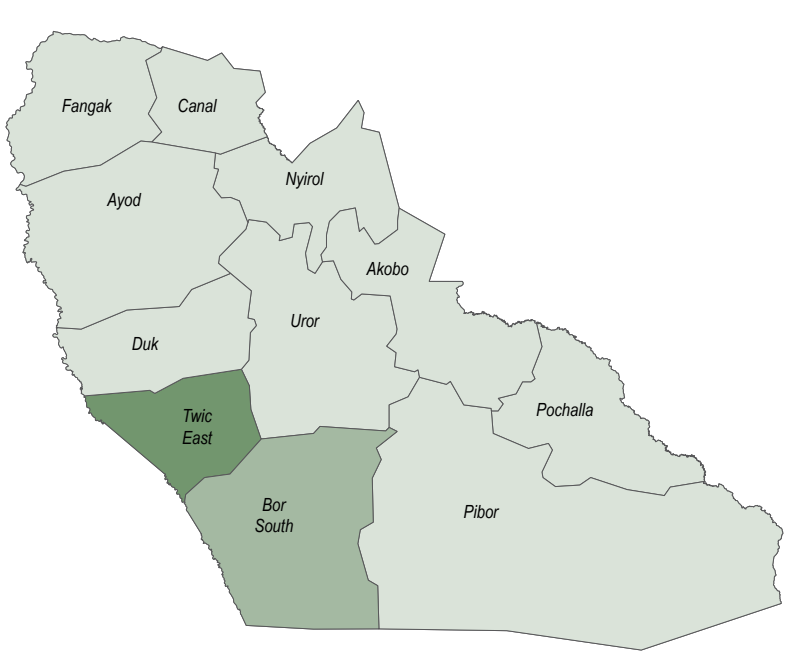
Borehole	82%
Tap stand	6%
Swamp	12%

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

Less than 30 minutes	79%
30 minutes to 1 hour	14%
Between 1- 2 hours	6%
No answer	2%

Sanitation

% of HHs having access to a latrine (private, shared, or communal/institutional)[2], at the state level



2%
of Uror county HHs reported having access to a latrine (private, shared, or communal/ institutional)

Most commonly reported defecation location, by % of HHs

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

Most commonly reported excreta disposal methods for children under five, by % of HHs

In the latrine	8%
Garbage collection area	1%
In the bush	91%

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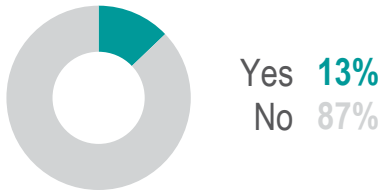
Uror County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

Health

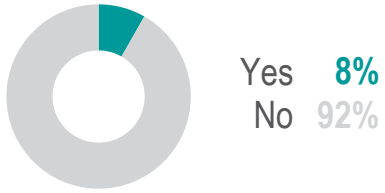
% of HH with one or more HH member affected by self-reported water or vector borne disease in the two weeks prior to data collection

% of HH with one or more HH member affected by self-reported case of malaria in the two weeks prior to data collection

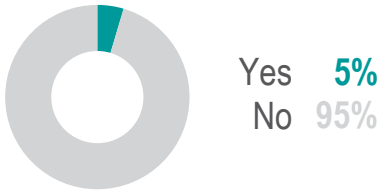


% of HH with one or more HH member affected by self-reported case of acute watery diarrhoea in the two weeks prior to data collection

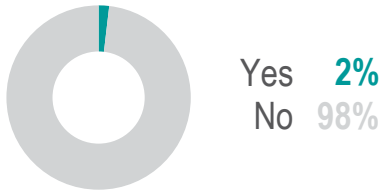
% of HH with one or more HH member affected by self-reported case of a fever in the two weeks prior to data collection



% of HH with one or more HH member affected by self-reported case of the flu in the two weeks prior to data collection



% of HH with one or more HH member affected by self-reported case of stomach pain in the two weeks prior to data collection



WASH Non-Food-Items

% of HHs reported owning a jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net[3]

% of HHs that own a bucket or a jerrycan with a lid

% of HHs with access to soap[4]

% of HHs that reported every member of the HH slept under a mosquito net

The average number of jerrycans and/or buckets with lid per HH was 3

Endnotes

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Abiemnhom County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2018

Overview

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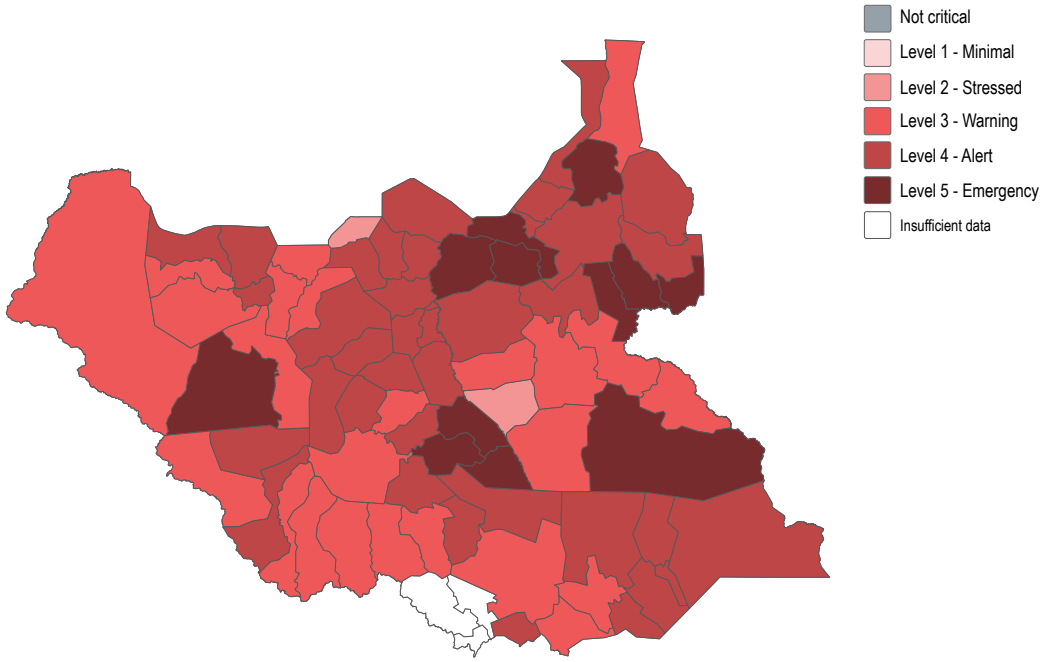
FSNMS Assessment Coverage

Total 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

% of HHs by displacement status[1]

Host community	99%
IDP	1%

% of IDP and returnee HHs by time arrived in their current location

Between 2- 3 years	100%

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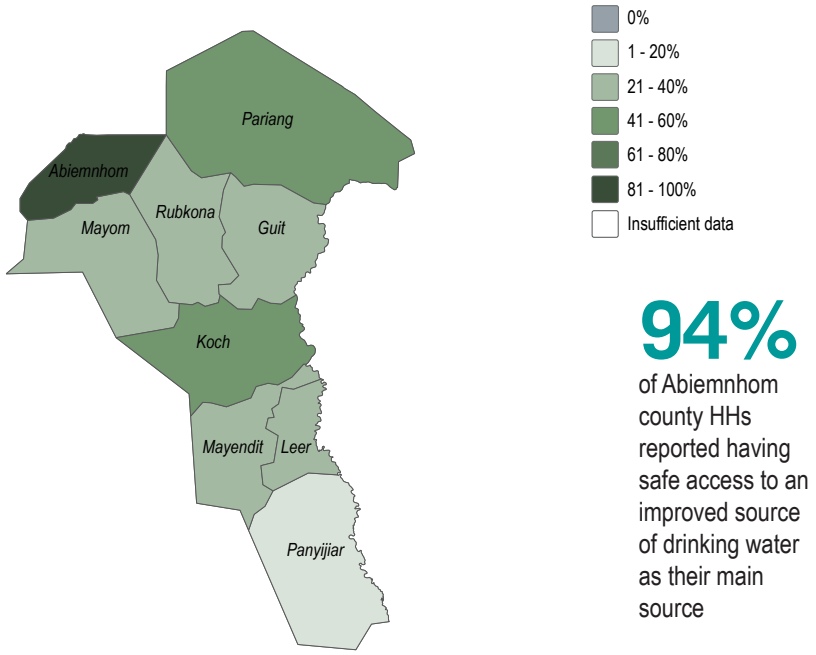
Abiemnhom County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

Water

% 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, at the state level



94%
of Abiemnhom county HHs reported having safe access to an improved source of drinking water as their main source

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- Did not report any security concerns while accessing water point

Most commonly reported sources of drinking water, by % of HHs

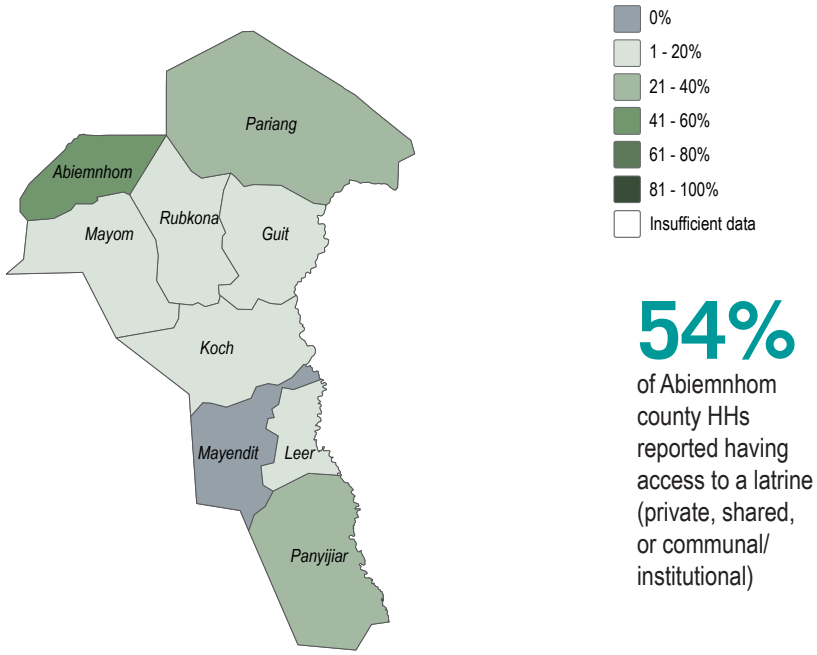
Borehole	99%
Hand dug well	1%

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

Less than 30 minutes	82%
30 minutes to 1 hour	15%
No answer	3%

Sanitation

% of HHs having access to a latrine (private, shared, or communal/institutional)[2], at the state level



54%
of Abiemnhom county HHs reported having access to a latrine (private, shared, or communal/ institutional)

Most commonly reported defecation location, by % of HHs

In the latrine	53%
In the bush	47%

Most commonly reported excreta disposal methods for children under five, by % of HHs

In the latrine	52%
Dig a hole and cover	1%
In the bush	46%
No answer	1%

Abiemnhom County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

Health

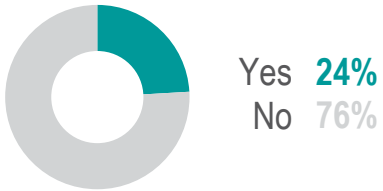
% of HH with one or more HH member affected by self-reported water or vector borne disease in the two weeks prior to data collection

% of HH with one or more HH member affected by self-reported case of malaria in the two weeks prior to data collection

% of HH with one or more HH member affected by self-reported case of acute watery diarrhoea in the two weeks prior to data collection

% of HH with one or more HH member affected by self-reported case of a fever in the two weeks prior to data collection

% of HH with one or more HH member affected by self-reported case of the flu in the two weeks prior to data collection

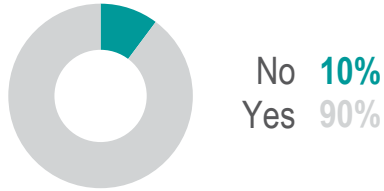


% of HH with one or more HH member affected by self-reported case of stomach pain in the two weeks prior to data collection

WASH Non-Food-Items

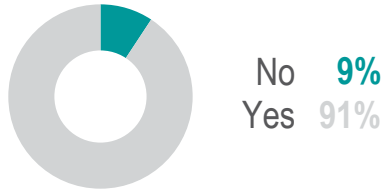
% of HHs reported owning a jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net[3]

% of HHs that own a bucket or a jerrycan with a lid



% of HHs with access to soap[4]

% of HHs that reported every member of the HH slept under a mosquito net



The average number of jerrycans and/or buckets with lid per HH was 3

Endnotes

1. This data is as of July/August 2018. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. 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.
4. 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.

Guit County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2018

Overview

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.

REACH, in close coordination with the WASH Cluster, has identified five core WASH indicators to produce actionable information. The indicators are: 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 all identified 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.

This information aims to be used to identify priority areas and/or populations and the key WASH concerns, rank needs across the country to improve priority targeting, and will also help shape what kind type of intervention should be implemented.

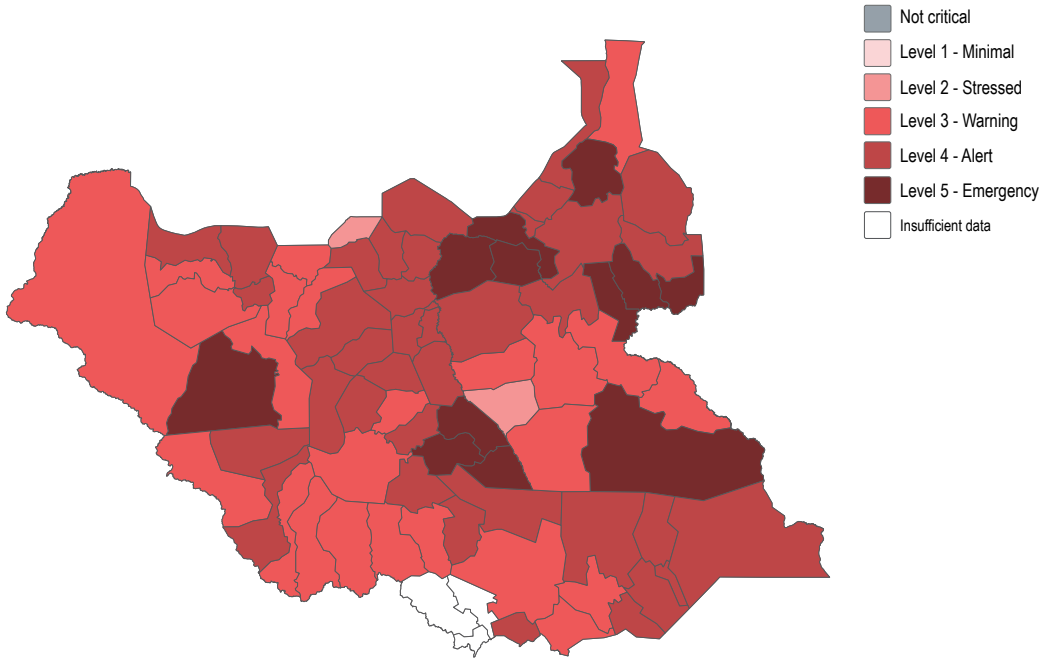
For Round 22 of the Food Security and Nutrition Monitoring System (FSNMS) in July and August of 2018, FSNMS partners agreed to incorporate WASH cluster indicators in the survey tool to enable the first comprehensive nation-wide WASH baseline in South Sudan. FSNMS is a seasonal countrywide assessment 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 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

Total 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

% of HHs by displacement status[1]

Host community	98%
IDP	2%

% of IDP and returnee HHs by time arrived in their current location

In the last one year	100%

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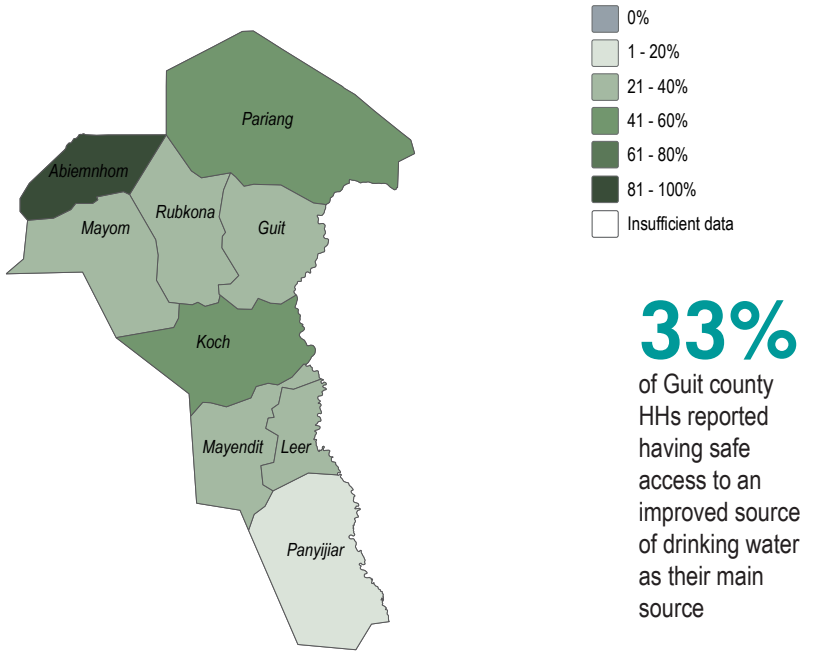
Guit County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

Water

% 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, at the state level



33%
of Guit county HHs reported having safe access to an improved source of drinking water as their main source

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 % of HHs

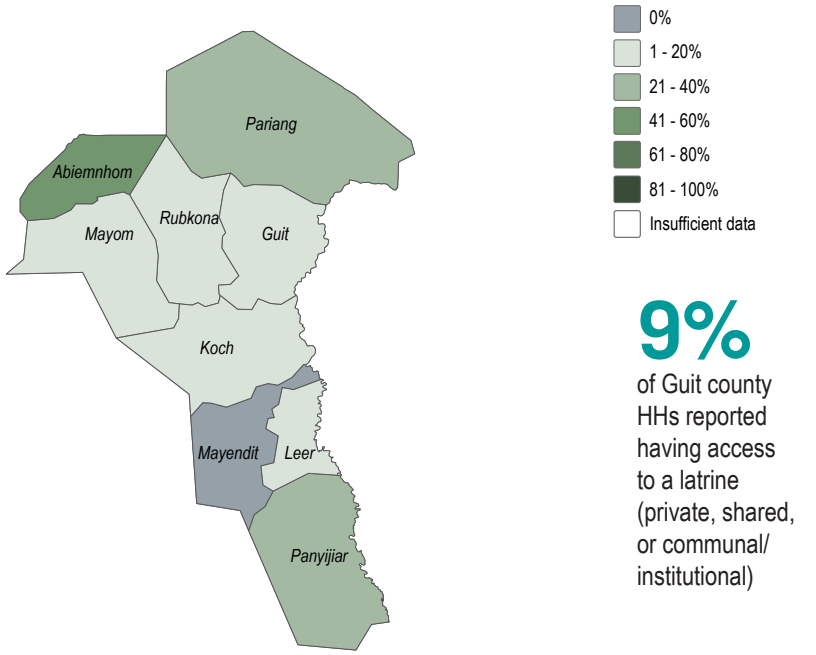
Borehole	27%
Tap stand	8%
Hand dug well	3%
River or stream	33%
Swamp	29%

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

Less than 30 minutes	78%
30 minutes to 1 hour	14%
Between 1- 2 hours	8%

Sanitation

% of HHs having access to a latrine (private, shared, or communal/institutional)[2], at the state level



9%
of Guit county HHs reported having access to a latrine (private, shared, or communal/ institutional)

Most commonly reported defecation location, by % of HHs

In the bush	99%
No answer	1%

Most commonly reported excreta disposal methods for children under five, by % of HHs

In the latrine	2%
In the bush	96%
Left where it is	2%

Guit County - Water, Sanitation and Hygiene

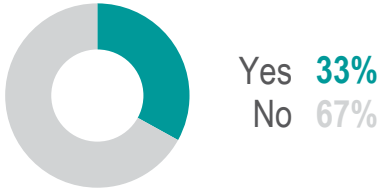
WASH Cluster
Water Sanitation Hygiene

Health

% 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

% of HH with one or more HH member affected by self-reported case of malaria in the two weeks prior to data collection

% of HH with one or more HH member affected by self-reported case of acute watery diarrhoea in the two weeks prior to data collection



% of HH with one or more HH member affected by self-reported case of a fever in the two weeks prior to data collection

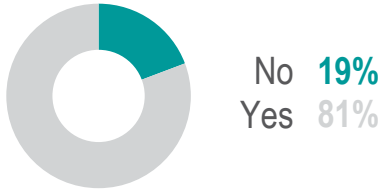
% of HH with one or more HH member affected by self-reported case of the flu in the two weeks prior to data collection

% of HH with one or more HH member affected by self-reported case of stomach pain in the two weeks prior to data collection

WASH Non-Food-Items

% of HHs reported owning a jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net[3]

% of HHs that own a bucket or a jerrycan with a lid



% of HHs with access to soap[4]

% of HHs that reported every member of the HH slept under a mosquito net

The average number of jerrycans and/or buckets with lid per HH was 2

Endnotes

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3. 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.
4. 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.

Koch County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2018

Overview

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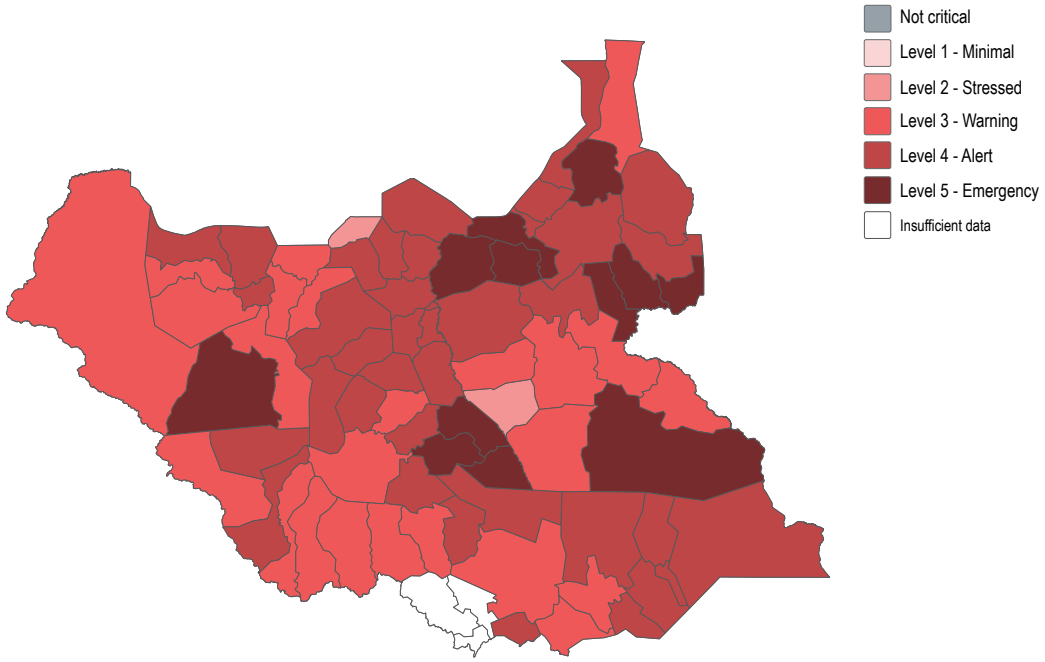
FSNMS is a critical source of information that allows for the identification of affected areas, the prioritization of resources and for monitoring trends. The data collected during FSNMS is used for the Integrated Phase Classification (IPC) analysis, the Humanitarian Needs Overview (HNO) and the Humanitarian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

FSNMS Assessment Coverage

Total 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

% of HHs by displacement status[1]

Host community	90%
IDP	9%
Returnee	2%

% of IDP and returnee HHs by time arrived in their current location

In the last one year	55%
Between 2- 3 years	45%

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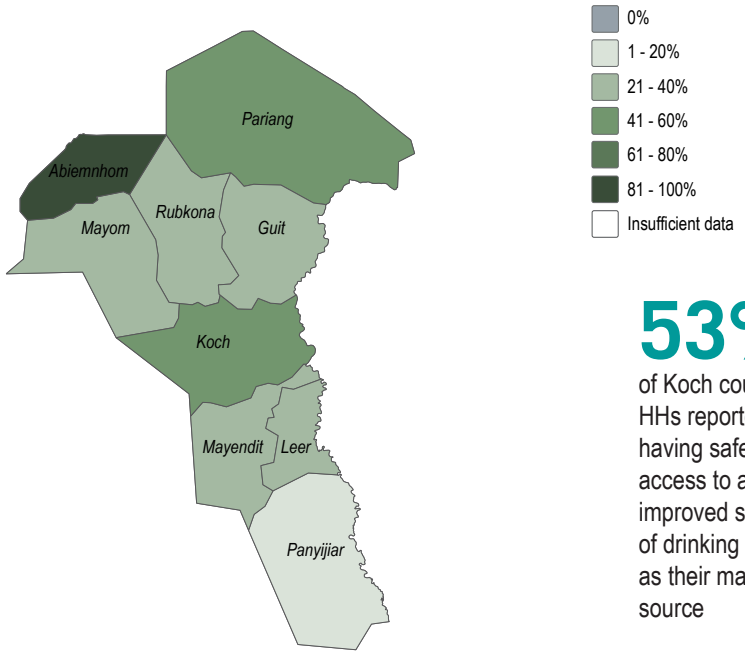
Koch County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

Water

% 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, at the state level



53%
of Koch county HHs reported having safe access to an improved source of drinking water as their main source

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 % of HHs

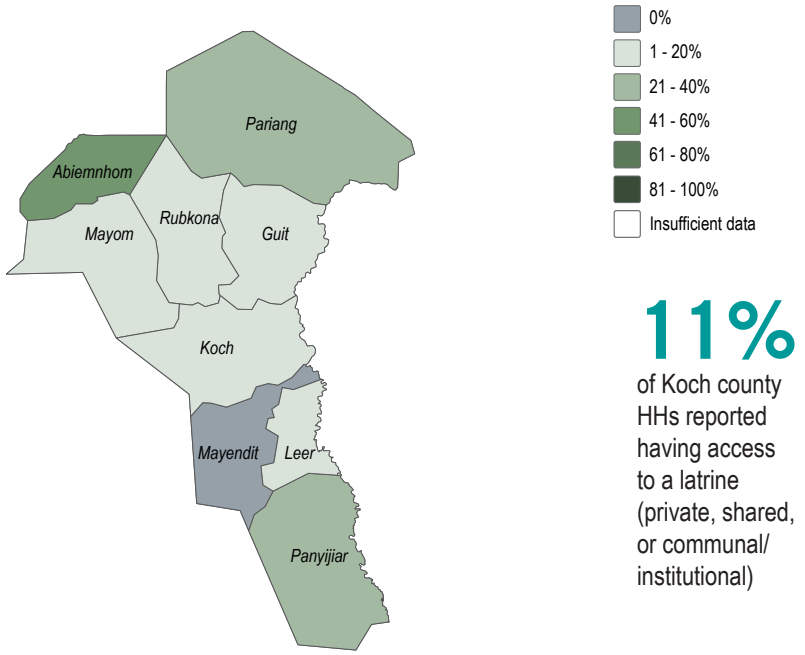
Borehole	67%
Hand dug well	15%
River or stream	4%
Swamp	14%

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

Less than 30 minutes	56%
30 minutes to 1 hour	18%
Between 1- 2 hours	22%
More than 2 hours	4%

Sanitation

% of HHs having access to a latrine (private, shared, or communal/institutional)[2], at the state level



11%
of Koch county HHs reported having access to a latrine (private, shared, or communal/ institutional)

Most commonly reported defecation location, by % of HHs

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

Most commonly reported excreta disposal methods for children under five, by % of HHs

In the latrine	5%
In the bush	93%
Left where it is	2%

Koch County - Water, Sanitation and Hygiene

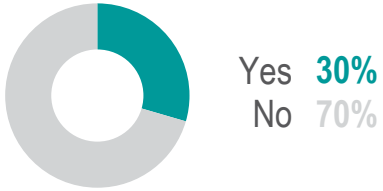
WASH Cluster
Water Sanitation Hygiene

Health

% 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

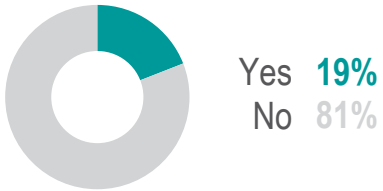
% of HH with one or more HH member affected by self-reported case of malaria in the two weeks prior to data collection

% of HH with one or more HH member affected by self-reported case of acute watery diarrhoea in the two weeks prior to data collection



% of HH with one or more HH member affected by self-reported case of a fever in the two weeks prior to data collection

% of HH with one or more HH member affected by self-reported case of the flu in the two weeks prior to data collection

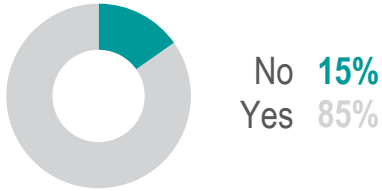


% of HH with one or more HH member affected by self-reported case of stomach pain in the two weeks prior to data collection

WASH Non-Food-Items

% of HHs reported owning a jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net[3]

% of HHs that own a bucket or a jerrycan with a lid



% of HHs with access to soap[4]

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Leer County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2018

Overview

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FSNMS Assessment Coverage

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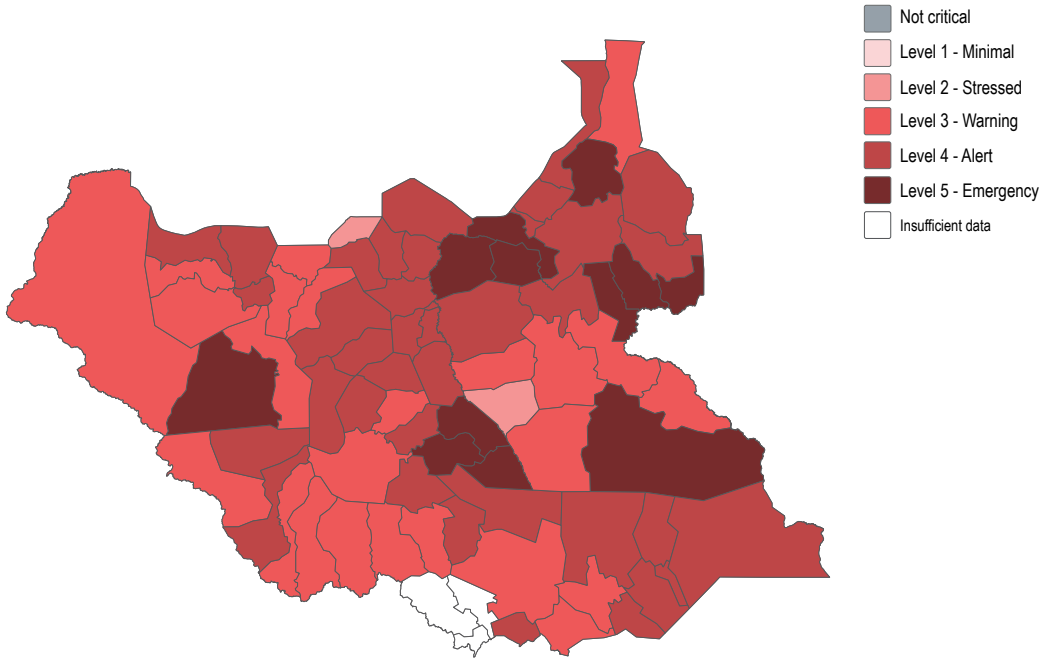

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- Not having access to a latrine (private, shared, or communal/institutional)
- Not owning a jerrycan or bucket with a lid and soap, and that every member of the HH did not sleep under a mosquito net
- Having one or more household members affected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

Displacement

% of HHs by displacement status[1]

Host community	92%
IDP	1%
Returnee	7%

% of IDP and returnee HHs by time arrived in their current location

In the last one year	9%
Between 2- 3 years	45%
Around 5 years	45%

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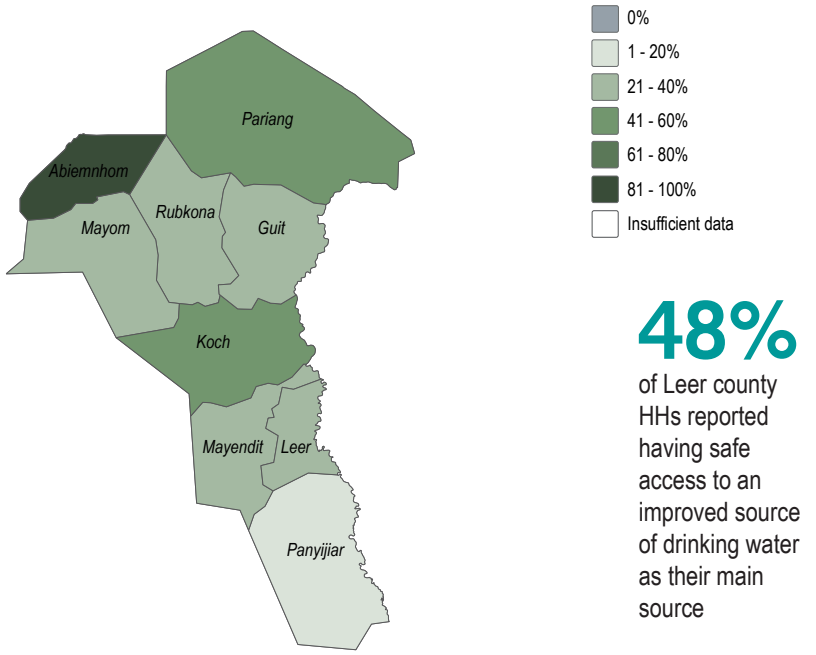
Leer County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

Water

% 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, at the state level



48%

of Leer county HHs reported having safe access to an improved source of drinking water as their main source

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

Most commonly reported sources of drinking water, by % of HHs

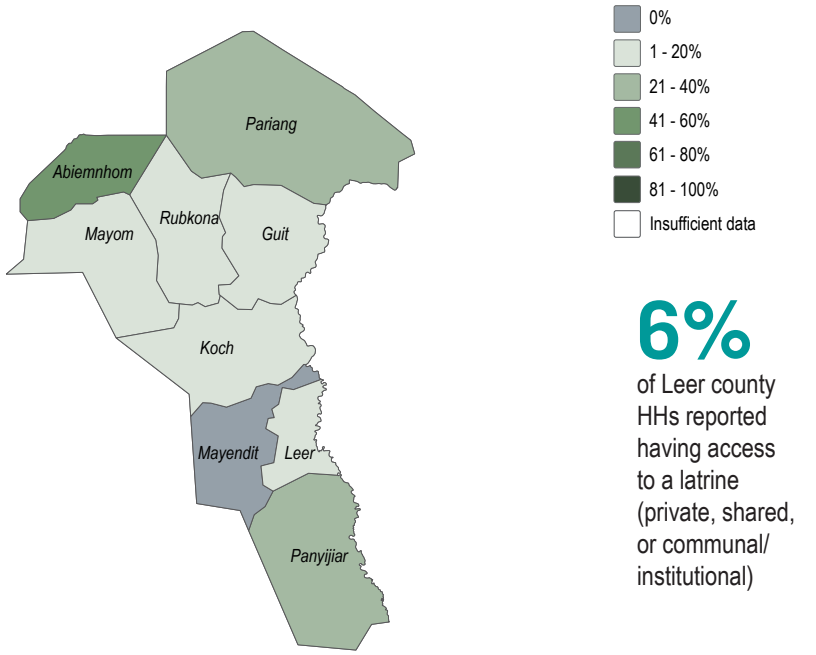
Borehole	63%
Hand dug well	4%
River or stream	28%
Swamp	4%

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

Less than 30 minutes	50%
30 minutes to 1 hour	17%
Between 1- 2 hours	30%
More than 2 hours	3%

Sanitation

% of HHs having access to a latrine (private, shared, or communal/institutional)[2], at the state level



6%

of Leer county HHs reported having access to a latrine (private, shared, or communal/ institutional)

Most commonly reported defecation location, by % of HHs

In the latrine	1%
In the bush	98%
In the river	1%

Most commonly reported excreta disposal methods for children under five, by % of HHs

In the latrine	2%
In the bush	97%
Left where it is	1%

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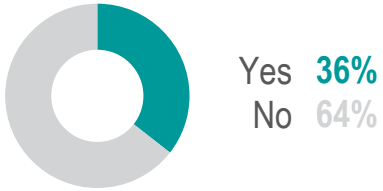
Leer County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

Health

% 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

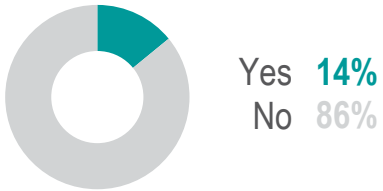


% of HH with one or more HH member affected by self-reported case of malaria in the two weeks prior to data collection

% of HH with one or more HH member affected by self-reported case of acute watery diarrhoea in the two weeks prior to data collection

% of HH with one or more HH member affected by self-reported case of a fever in the two weeks prior to data collection

% of HH with one or more HH member affected by self-reported case of the flu in the two weeks prior to data collection

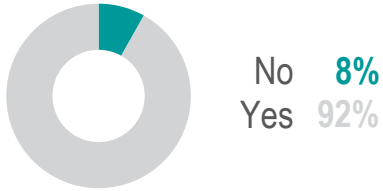


% of HH with one or more HH member affected by self-reported case of stomach pain in the two weeks prior to data collection

WASH Non-Food-Items

% of HHs reported owning a jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net[3]

% of HHs that own a bucket or a jerrycan with a lid



% of HHs with access to soap[4]

% of HHs that reported every member of the HH slept under a mosquito net

The average number of jerrycans and/or buckets with lid per HH was 3

Endnotes

1. This data is as of July/August 2018. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. 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.
4. 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.

Mayendit County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2018

Overview

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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This information aims to be used to identify priority areas and/or populations and the key WASH concerns, rank needs across the country to improve priority targeting, and will also help shape what kind type of intervention should be implemented.

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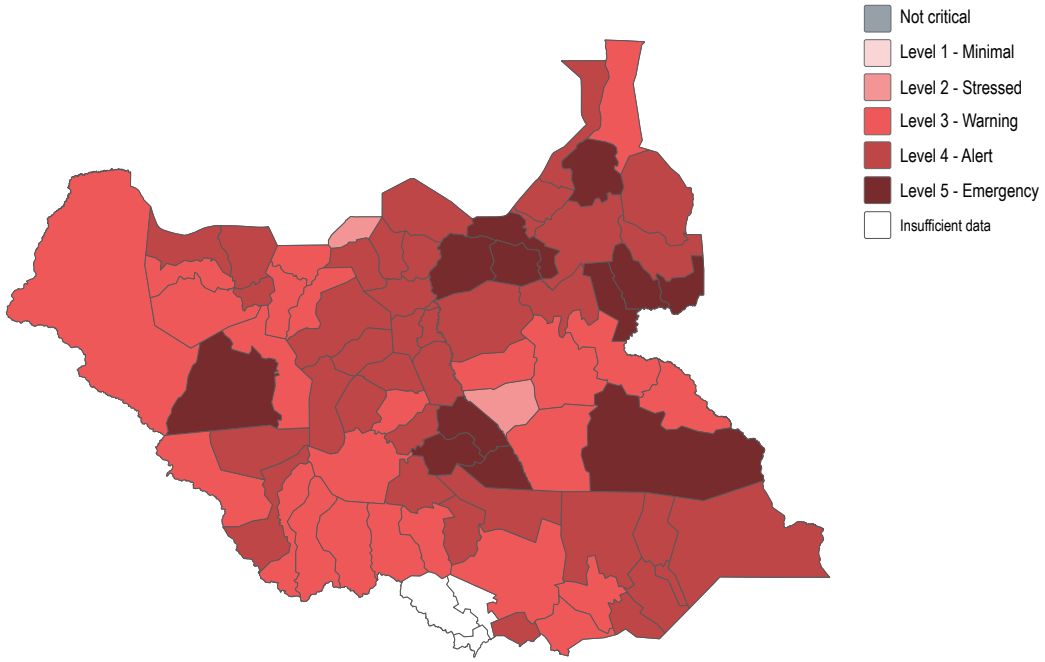
FSNMS Assessment Coverage

Total 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

% of HHs by displacement status[1]

Host community	97%
IDP	1%
Returnee	2%

% of IDP and returnee HHs by time arrived in their current location

Between 2- 3 years	100%

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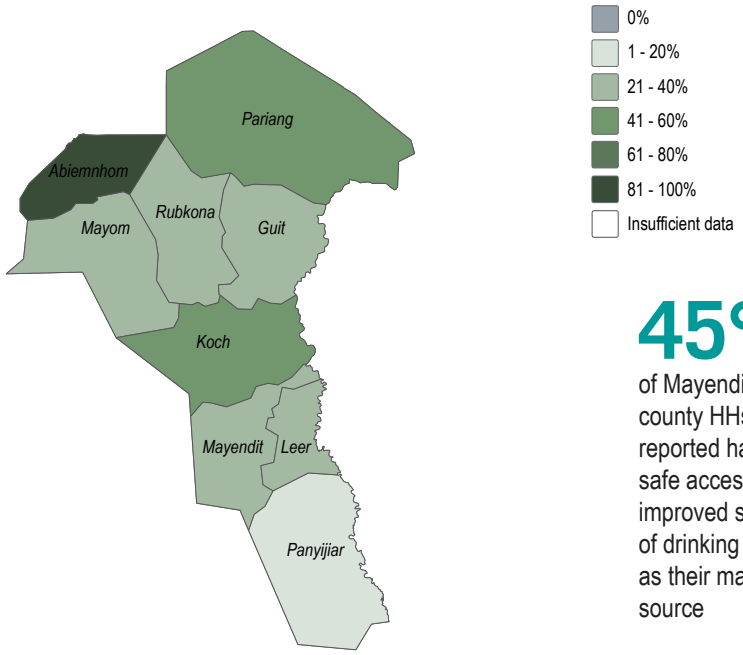
Mayendit County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

Water

% 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, at the state level



45%
of Mayendit county HHs reported having safe access to an improved source of drinking water as their main source

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 % of HHs

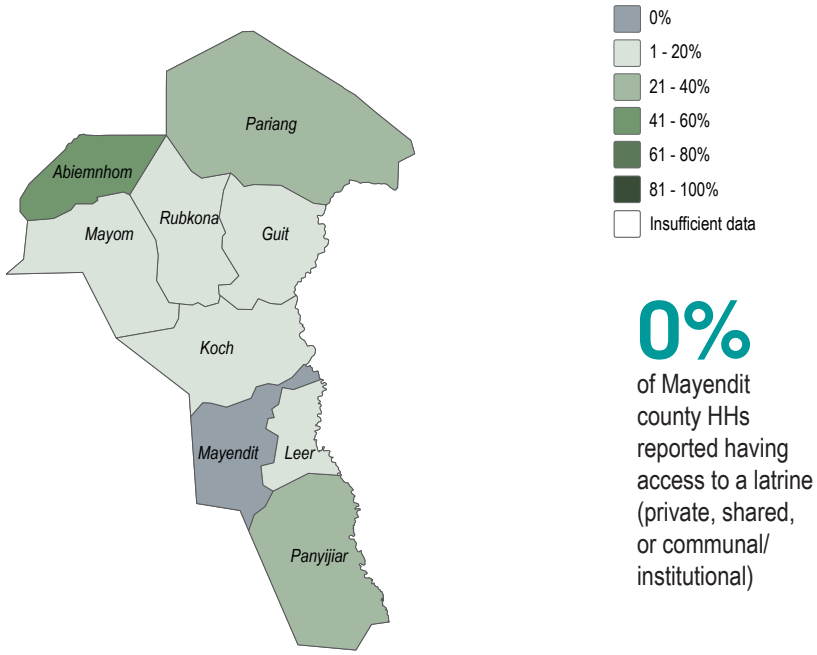
Borehole	71%
Unprotected well	1%
Hand dug well	5%
River or stream	18%
Swamp	5%

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

Less than 30 minutes	36%
30 minutes to 1 hour	31%
Between 1- 2 hours	33%

Sanitation

% of HHs having access to a latrine (private, shared, or communal/institutional)[2], at the state level



0%
of Mayendit county HHs reported having access to a latrine (private, shared, or communal/ institutional)

Most commonly reported defecation location, by % of HHs

In the bush	100%

Most commonly reported excreta disposal methods for children under five, by % of HHs

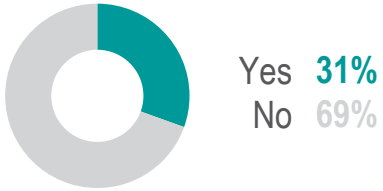
In the bush	100%

Mayendit County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

Health

% 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

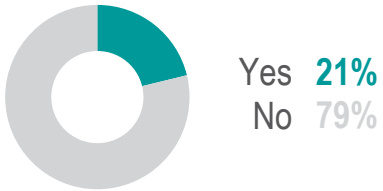


% of HH with one or more HH member affected by self-reported case of malaria in the two weeks prior to data collection

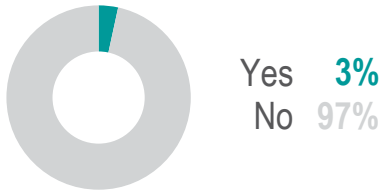
% of HH with one or more HH member affected by self-reported case of acute watery diarrhoea in the two weeks prior to data collection

% of HH with one or more HH member affected by self-reported case of a fever in the two weeks prior to data collection

% of HH with one or more HH member affected by self-reported case of the flu in the two weeks prior to data collection



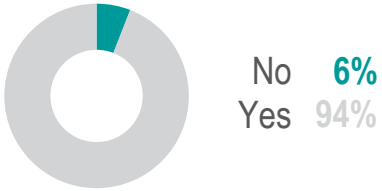
% of HH with one or more HH member affected by self-reported case of stomach pain in the two weeks prior to data collection



WASH Non-Food-Items

% of HHs reported owning a jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net[3]

% of HHs that own a bucket or a jerrycan with a lid



% of HHs with access to soap[4]

% of HHs that reported every member of the HH slept under a mosquito net

The average number of jerrycans and/or buckets with lid per HH was 2

Endnotes

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Mayom County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2018

Overview

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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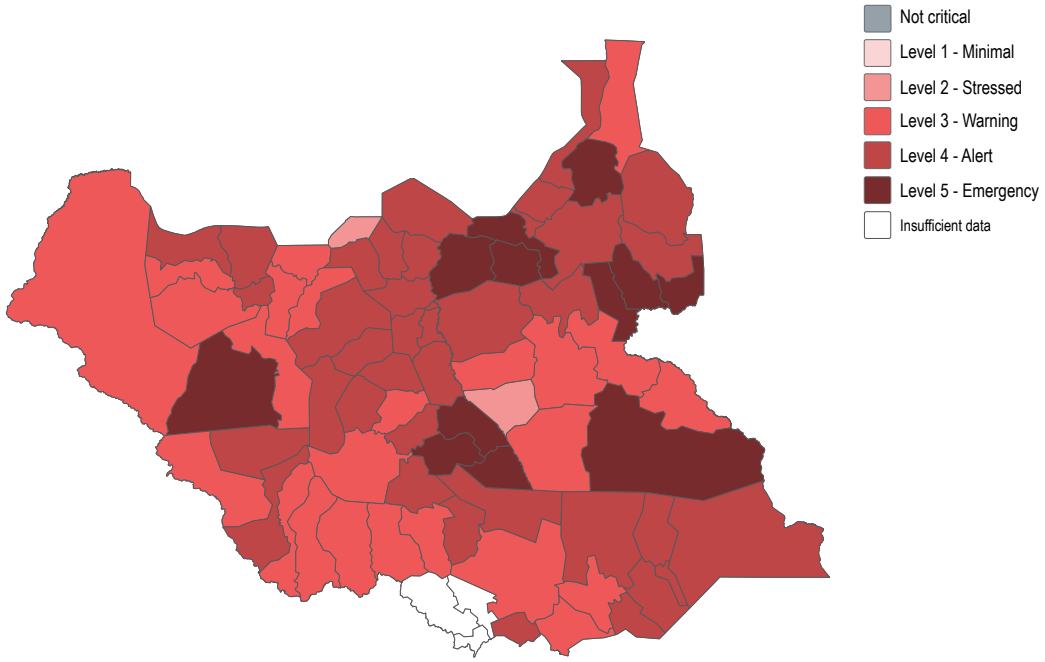
FSNMS Assessment Coverage

Total coverage in the county was achieved.

WASH Needs Severity Map



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- 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

% of HHs by displacement status[1]

Host community	94%
IDP	6%

% of IDP and returnee HHs by time arrived in their current location

In the last one year	17%
Between 2- 3 years	33%
Around 5 years	50%

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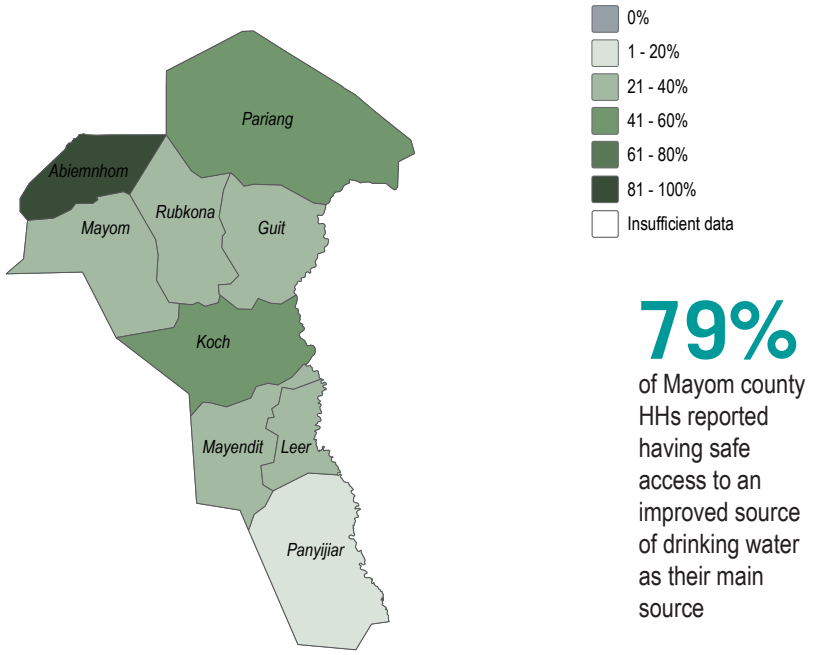
Mayom County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

Water

% 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, at the state level



79%
of Mayom county HHs reported having safe access to an improved source of drinking water as their main source

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

Most commonly reported sources of drinking water, by % of HHs

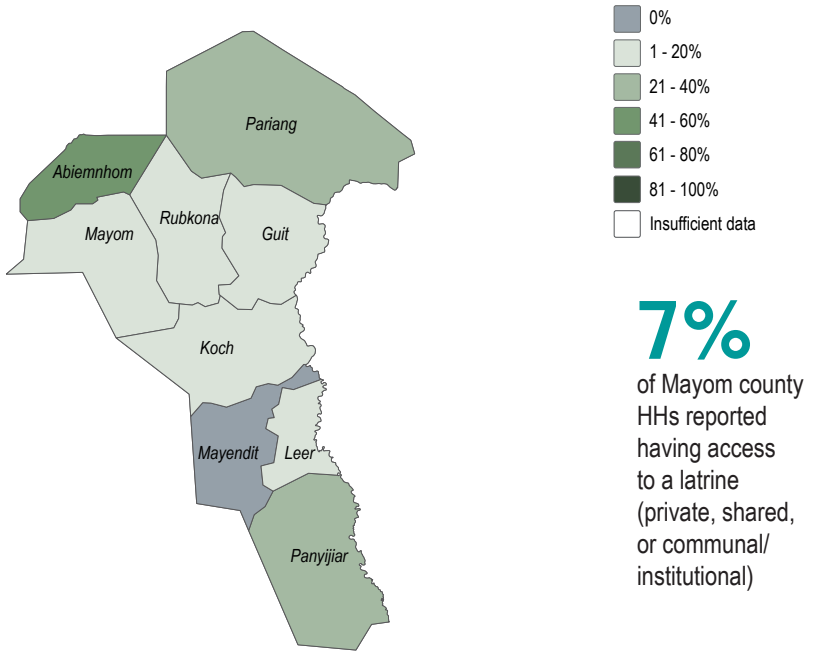
Borehole	85%
Tap stand	11%
River or stream	3%
Others	1%

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

Less than 30 minutes	35%
30 minutes to 1 hour	29%
Between 1- 2 hours	22%
More than 2 hours	14%

Sanitation

% of HHs having access to a latrine (private, shared, or communal/institutional)[2], at the state level



7%
of Mayom county HHs reported having access to a latrine (private, shared, or communal/ institutional)

Most commonly reported defecation location, by % of HHs

In the latrine	3%
In the bush	96%
In the river	1%

Most commonly reported excreta disposal methods for children under five, by % of HHs

In the latrine	2%
In the bush	86%
Left where it is	12%

Mayom County - Water, Sanitation and Hygiene

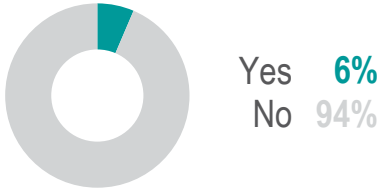
WASH Cluster
Water Sanitation Hygiene

Health

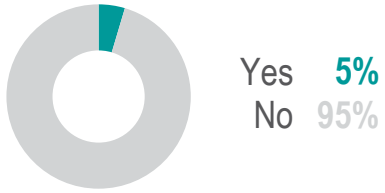
% of HH with one or more HH member affected by self-reported water or vector borne disease in the two weeks prior to data collection

% of HH with one or more HH member affected by self-reported case of malaria in the two weeks prior to data collection

% of HH with one or more HH member affected by self-reported case of acute watery diarrhoea in the two weeks prior to data collection



% of HH with one or more HH member affected by self-reported case of a fever in the two weeks prior to data collection



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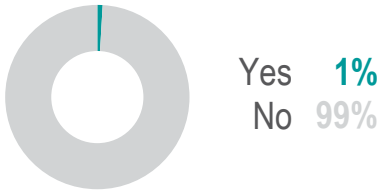
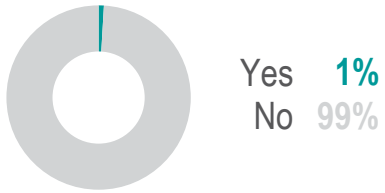


% of HH with one or more HH member affected by self-reported case of stomach pain in the two weeks prior to data collection



WASH Non-Food-Items

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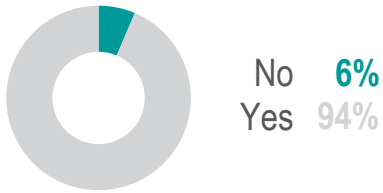
% of HHs that own a bucket or a jerrycan with a lid



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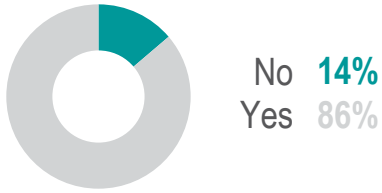

The average number of jerrycans and/or buckets with lid per HH was 2

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Panyijiar County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2018

Overview

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FSNMS Assessment Coverage

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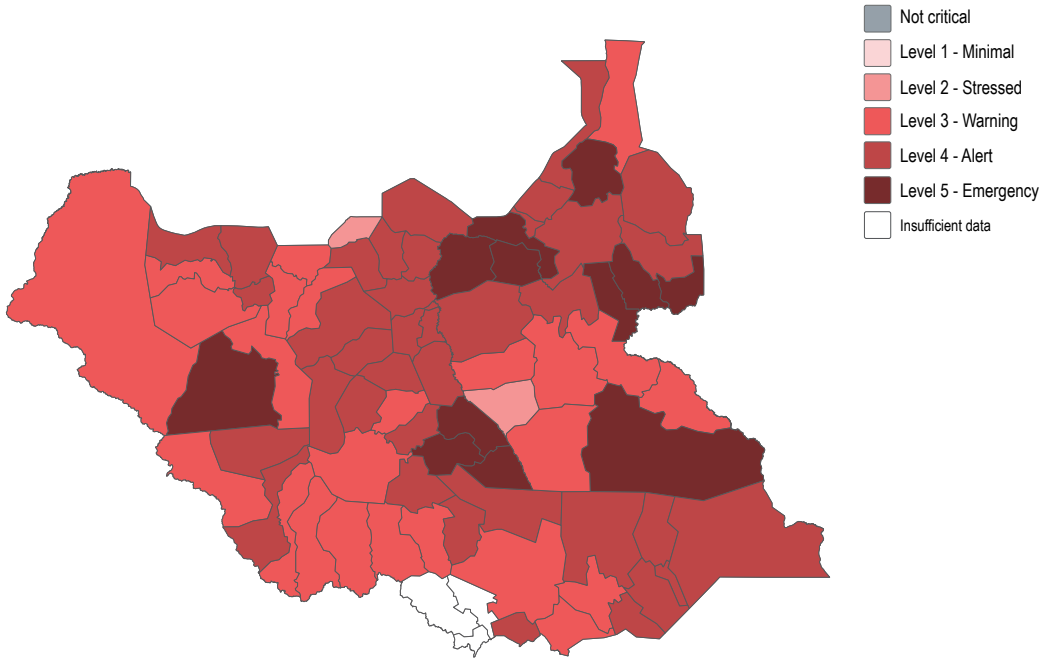

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- Having one or more household members affected by self-reported water or vector borne disease in the two weeks prior to data collection

Displacement

% of HHs by displacement status[1]

Host community	94%
IDP	6%

% of IDP and returnee HHs by time arrived in their current location

In the last one year	14%
Between 2- 3 years	57%
Around 5 years	29%

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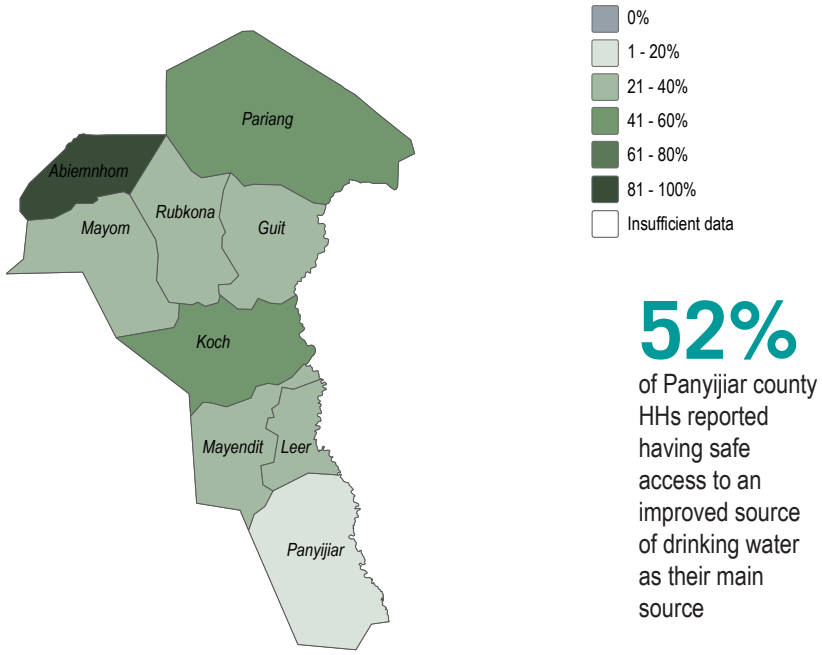
Panyijiar County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

Water

% 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, at the state level



52%
of Panyijiar county HHs reported having safe access to an improved source of drinking water as their main source

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- 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 % of HHs

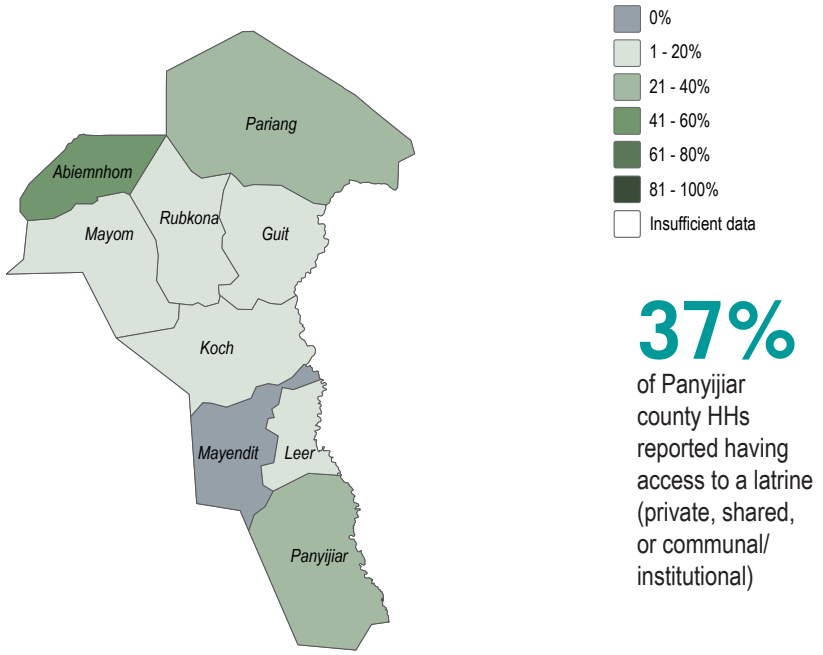
Borehole	85%
Unprotected well	2%
River or stream	3%
Swamp	10%

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

Less than 30 minutes	12%
30 minutes to 1 hour	39%
Between 1- 2 hours	47%
More than 2 hours	2%

Sanitation

% of HHs having access to a latrine (private, shared, or communal/institutional)[2], at the state level



37%
of Panyijiar county HHs reported having access to a latrine (private, shared, or communal/ institutional)

Most commonly reported defecation location, by % of HHs

In the latrine	24%
Dig a hole and cover	1%
In the bush	75%

Most commonly reported excreta disposal methods for children under five, by % of HHs

In the latrine	21%
Garbage collection area	1%
Dig a hole and cover	38%
In the bush	36%
Left where it is	5%

Panyijiar County - Water, Sanitation and Hygiene

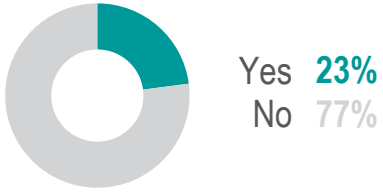
WASH Cluster
Water Sanitation Hygiene

Health

% 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

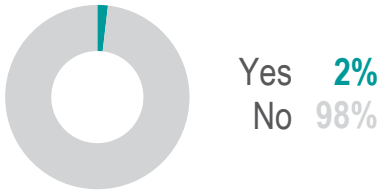
% of HH with one or more HH member affected by self-reported case of malaria in the two weeks prior to data collection

% of HH with one or more HH member affected by self-reported case of acute watery diarrhoea in the two weeks prior to data collection

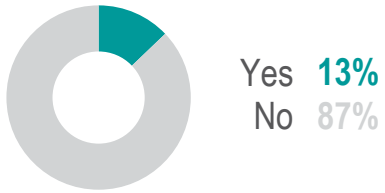


% of HH with one or more HH member affected by self-reported case of a fever in the two weeks prior to data collection

% of HH with one or more HH member affected by self-reported case of the flu in the two weeks prior to data collection



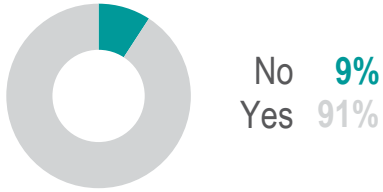
% of HH with one or more HH member affected by self-reported case of stomach pain in the two weeks prior to data collection



WASH Non-Food-Items

% of HHs reported owning a jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net[3]

% of HHs that own a bucket or a jerrycan with a lid



% of HHs with access to soap[4]

% of HHs that reported every member of the HH slept under a mosquito net

The average number of jerrycans and/or buckets with lid per HH was 3

Endnotes

1. This data is as of July/August 2018. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. 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.
4. 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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Pariang County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2018

Overview

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.

REACH, in close coordination with the WASH Cluster, has identified five core WASH indicators to produce actionable information. The indicators are: 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 all identified 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.

This information aims to be used to identify priority areas and/or populations and the key WASH concerns, rank needs across the country to improve priority targeting, and will also help shape what kind type of intervention should be implemented.

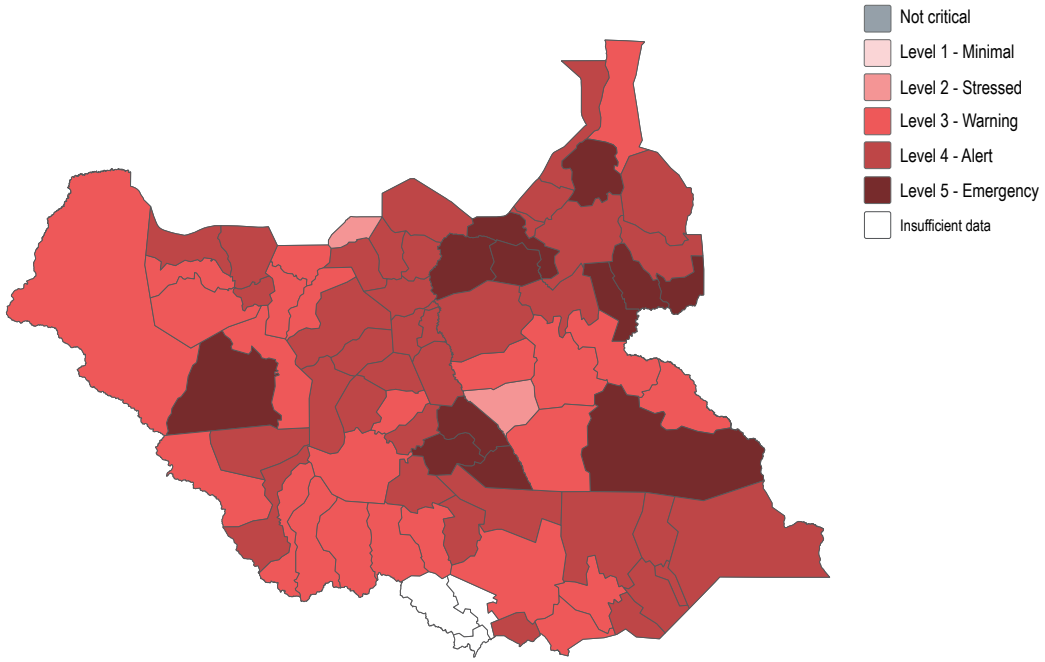
For Round 22 of the Food Security and Nutrition Monitoring System (FSNMS) in July and August of 2018, FSNMS partners agreed to incorporate WASH cluster indicators in the survey tool to enable the first comprehensive nation-wide WASH baseline in South Sudan. FSNMS is a seasonal countrywide assessment 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 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

Total 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

% of HHs by displacement status[1]

Host community	97%
IDP	1%
Returnee	2%

% of IDP and returnee HHs by time arrived in their current location

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

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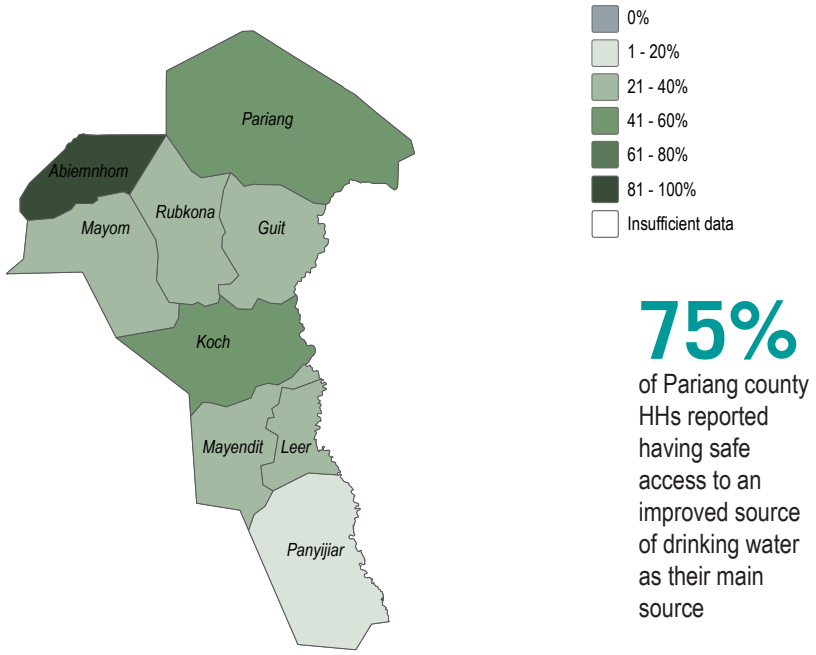
Pariang County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

Water

% 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, at the state level



75%
of Pariang county HHs reported having safe access to an improved source of drinking water as their main source

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 % of HHs

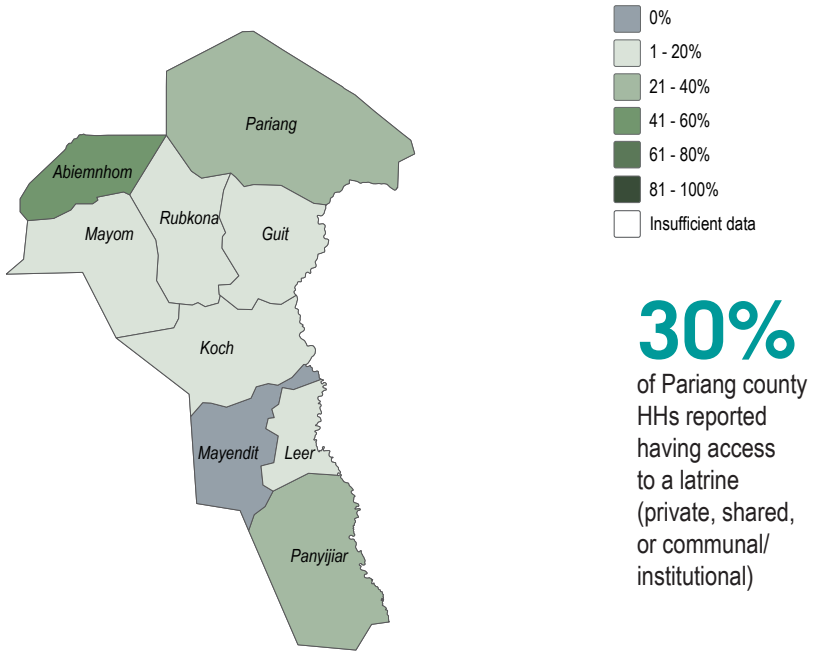
Borehole	41%
Tap stand	39%
Unprotected well	5%
River or stream	6%
Swamp	8%

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

Less than 30 minutes	55%
30 minutes to 1 hour	27%
Between 1- 2 hours	18%

Sanitation

% of HHs having access to a latrine (private, shared, or communal/institutional)[2], at the state level



30%
of Pariang county HHs reported having access to a latrine (private, shared, or communal/ institutional)

Most commonly reported defecation location, by % of HHs

In the latrine	24%
In the bush	75%
No answer	1%

Most commonly reported excreta disposal methods for children under five, by % of HHs

In the latrine	22%
Dig a hole and cover	10%
In the bush	67%
Left where it is	1%

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Pariang County - Water, Sanitation and Hygiene

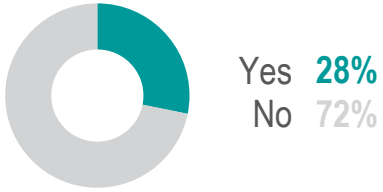
WASH Cluster
Water Sanitation Hygiene

Health

% 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

% of HH with one or more HH member affected by self-reported case of malaria in the two weeks prior to data collection

% of HH with one or more HH member affected by self-reported case of acute watery diarrhoea in the two weeks prior to data collection



% of HH with one or more HH member affected by self-reported case of a fever in the two weeks prior to data collection

% of HH with one or more HH member affected by self-reported case of the flu in the two weeks prior to data collection

% of HH with one or more HH member affected by self-reported case of stomach pain in the two weeks prior to data collection

WASH Non-Food-Items

% of HHs reported owning a jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net[3]

% of HHs that own a bucket or a jerrycan with a lid

% of HHs with access to soap[4]

% of HHs that reported every member of the HH slept under a mosquito net

The average number of jerrycans and/or buckets with lid per HH was 2

Endnotes

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

Unity State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2018

Overview

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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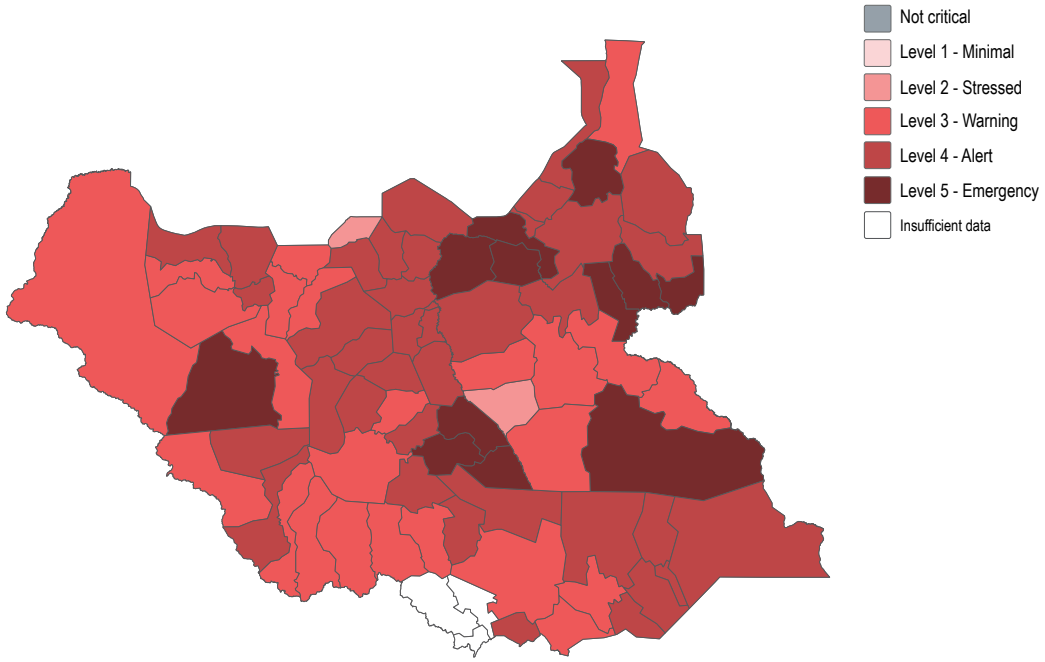
FSNMS is a critical source of information that allows for the identification of affected areas, the prioritization of resources and for monitoring trends. The data collected during FSNMS is used for the Integrated Phase Classification (IPC) analysis, the Humanitarian Needs Overview (HNO) and the Humanitarian 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

% of HHs by displacement status[1]

Host community	95%
IDP	2%
Returnee	3%

% of IDP and returnee HHs by time arrived in their current location

In the last one year	40%
Between 2- 3 years	60%

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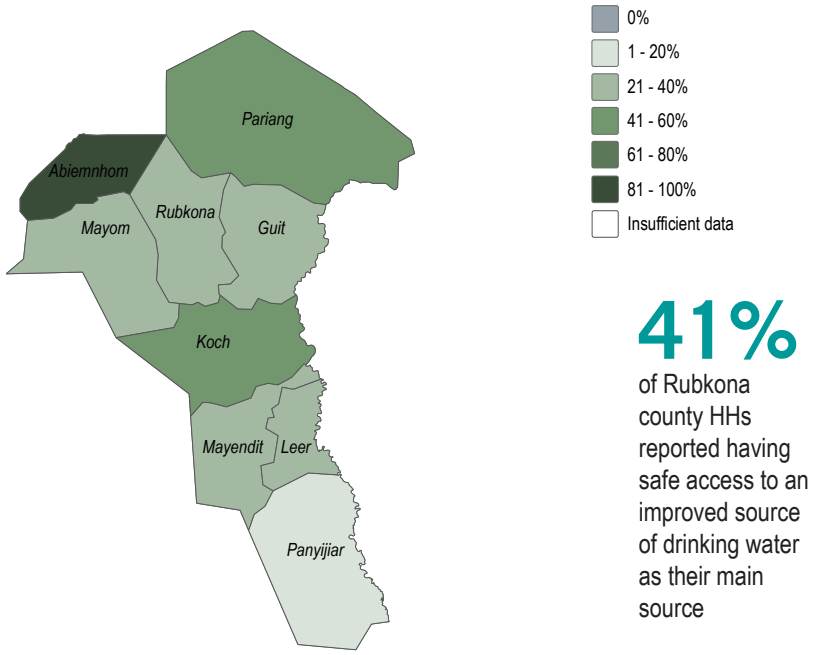
Rubkona County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

Water

% 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, at the state level



41%

of Rubkona county HHs reported having safe access to an improved source of drinking water as their main source

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 % of HHs

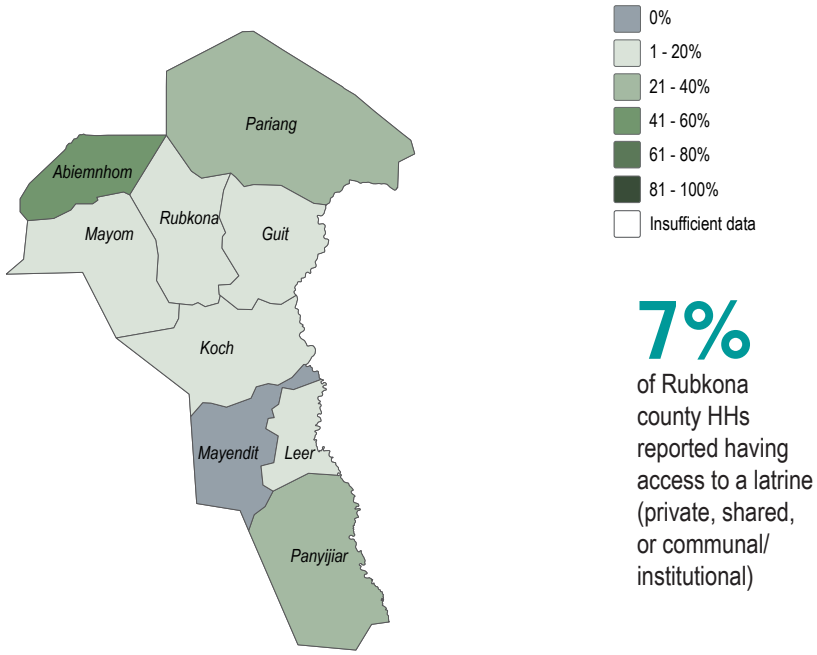
Borehole	52%
Hand dug well	1%
River or stream	23%
Swamp	25%

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

Less than 30 minutes	56%
30 minutes to 1 hour	23%
Between 1- 2 hours	15%
More than 2 hours	6%

Sanitation

% of HHs having access to a latrine (private, shared, or communal/institutional)[2], at the state level



7%

of Rubkona county HHs reported having access to a latrine (private, shared, or communal/ institutional)

Most commonly reported defecation location, by % of HHs

In the bush	99%
In the river	1%

Most commonly reported excreta disposal methods for children under five, by % of HHs

In the latrine	2%
In the bush	96%
Left where it is	2%

Rubkona County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

Health

% 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

Yes **49%**
No 51%

% of HH with one or more HH member affected by self-reported case of malaria in the two weeks prior to data collection

Yes **81%**
No 19%

% of HH with one or more HH member affected by self-reported case of acute watery diarrhoea in the two weeks prior to data collection

Yes **37%**
No 63%

% of HH with one or more HH member affected by self-reported case of a fever in the two weeks prior to data collection

Yes **73%**
No 27%

% of HH with one or more HH member affected by self-reported case of the flu in the two weeks prior to data collection

Yes **23%**
No 77%

% of HH with one or more HH member affected by self-reported case of stomach pain in the two weeks prior to data collection

Yes **24%**
No 76%

WASH Non-Food-Items

% of HHs reported owning a jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net[3]

No **90%**
Yes 10%

% of HHs that own a bucket or a jerrycan with a lid

No **18%**
Yes 82%

% of HHs with access to soap[4]

No **85%**
Yes 15%

% of HHs that reported every member of the HH slept under a mosquito net

No **30%**
Yes 70%

The average number of jerrycans and/or buckets with lid per HH was 2

Endnotes

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3. 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.
4. 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.

Baliet County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2018

Overview

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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This information aims to be used to identify priority areas and/or populations and the key WASH concerns, rank needs across the country to improve priority targeting, and will also help shape what kind type of intervention should be implemented.

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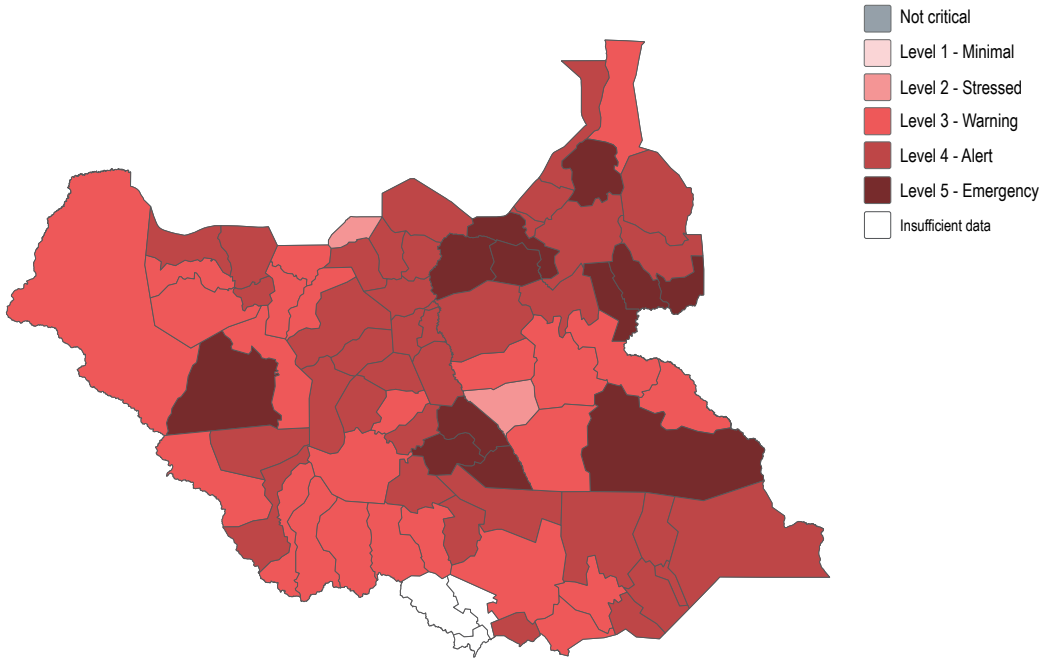
FSNMS Assessment Coverage

Total 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

% of HHs by displacement status[1]

Host community	90%
IDP	3%
Returnee	7%

% of IDP and returnee HHs by time arrived in their current location

Between 2- 3 years	100%

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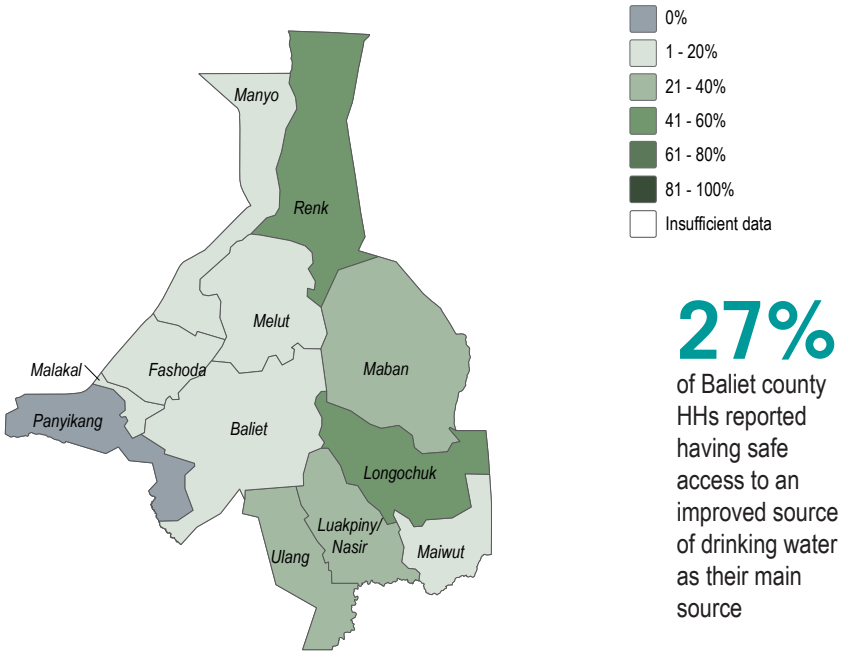
Baliet County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

Water

% 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, at the state level



27%
of Baliet county HHs reported having safe access to an improved source of drinking water as their main source

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 % of HHs

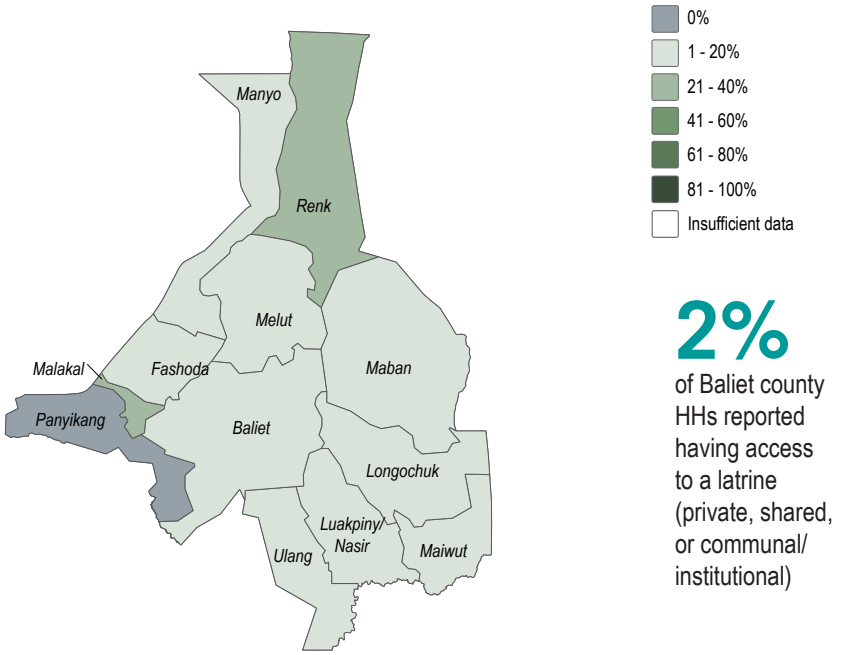
Tap stand	27%
River or stream	63%
Swamp	11%

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

Less than 30 minutes	84%
30 minutes to 1 hour	16%

Sanitation

% of HHs having access to a latrine (private, shared, or communal/institutional)[2], at the state level



2%
of Baliet county HHs reported having access to a latrine (private, shared, or communal/ institutional)

Most commonly reported defecation location, by % of HHs

In the latrine	3%
In the bush	96%
In the river	1%

Most commonly reported excreta disposal methods for children under five, by % of HHs

In the latrine	3%
In the bush	75%
Left where it is	22%

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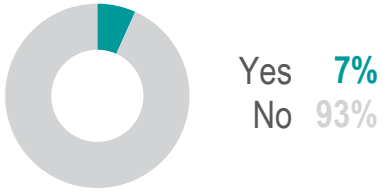
Baliet County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

Health

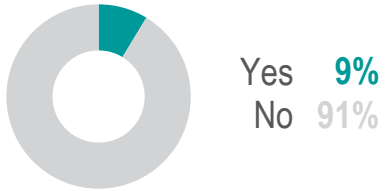
% of HH with one or more HH member affected by self-reported water or vector borne disease in the two weeks prior to data collection



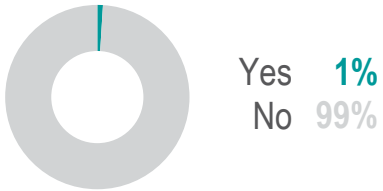
% of HH with one or more HH member affected by self-reported case of malaria in the two weeks prior to data collection

% of HH with one or more HH member affected by self-reported case of acute watery diarrhoea in the two weeks prior to data collection

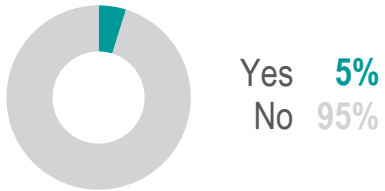
% of HH with one or more HH member affected by self-reported case of a fever in the two weeks prior to data collection



% of HH with one or more HH member affected by self-reported case of the flu in the two weeks prior to data collection



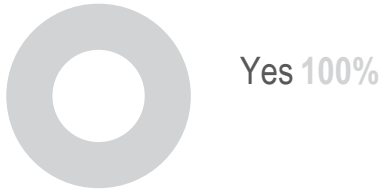
% of HH with one or more HH member affected by self-reported case of stomach pain in the two weeks prior to data collection



WASH Non-Food-Items

% of HHs reported owning a jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net[3]

% of HHs that own a bucket or a jerrycan with a lid



% of HHs with access to soap[4]

% of HHs that reported every member of the HH slept under a mosquito net

The average number of jerrycans and/or buckets with lid per HH was 4

Endnotes

1. This data is as of July/August 2018. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. 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.
4. 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.

Fashoda County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2018

Overview

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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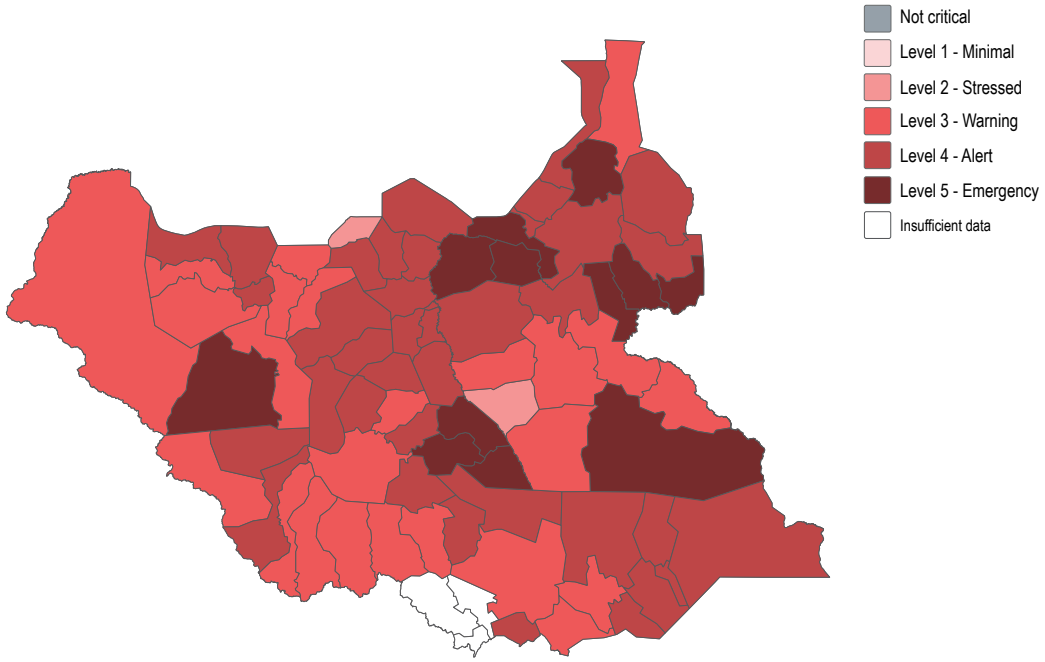
FSNMS Assessment Coverage

Total 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

% of HHs by displacement status[1]

Host community 100%

% of IDP and returnee HHs by time arrived in their current location

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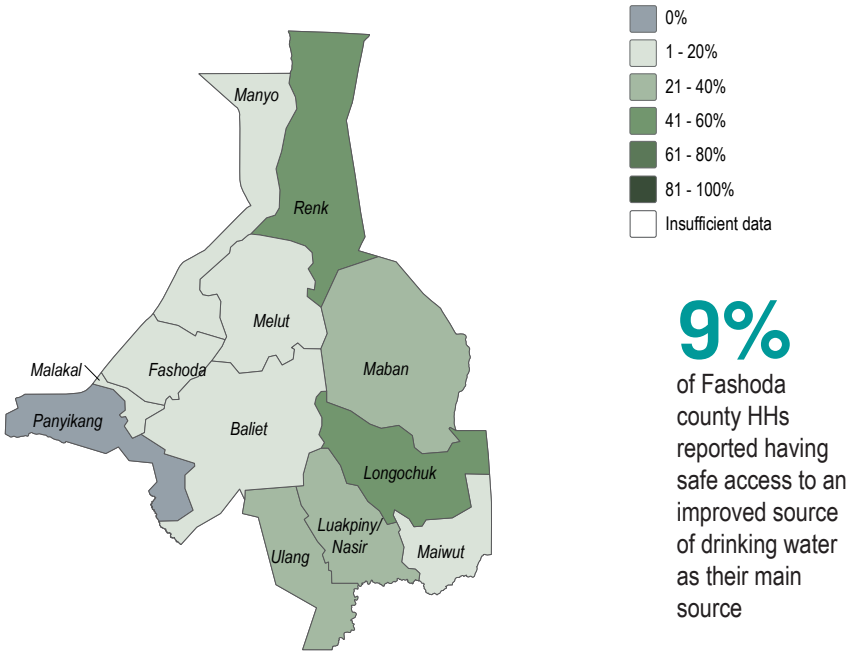
Fashoda County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

Water

% 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, at the state level



9%
of Fashoda county HHs reported having safe access to an improved source of drinking water as their main source

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 % of HHs

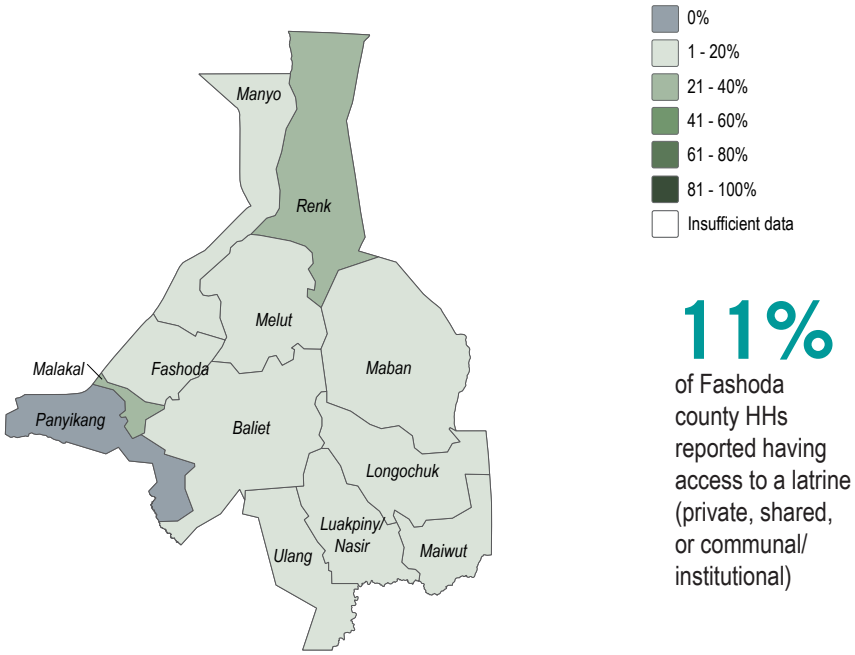
Borehole	1%
Tap stand	8%
River or stream	91%

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

Less than 30 minutes	50%
30 minutes to 1 hour	18%
Between 1- 2 hours	33%

Sanitation

% of HHs having access to a latrine (private, shared, or communal/institutional)[2], at the state level



11%
of Fashoda county HHs reported having access to a latrine (private, shared, or communal/ institutional)

Most commonly reported defecation location, by % of HHs

In the latrine	7%
In the bush	93%

Most commonly reported excreta disposal methods for children under five, by % of HHs

In the latrine	9%
Garbage collection area	3%
In the bush	83%
Left where it is	1%
No answer	4%

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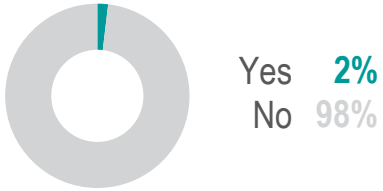
Fashoda County - Water, Sanitation and Hygiene

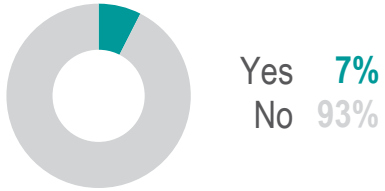
WASH Cluster
Water Sanitation Hygiene

Health

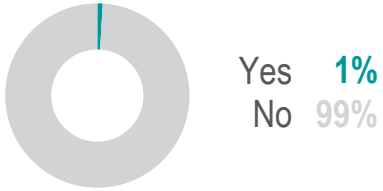
% of HH with one or more HH member affected by self-reported water or vector borne disease in the two weeks prior to data collection



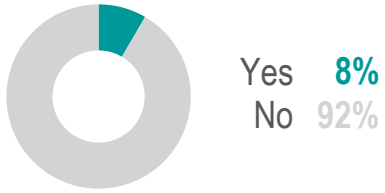
% of HH with one or more HH member affected by self-reported case of malaria in the two weeks prior to data collection



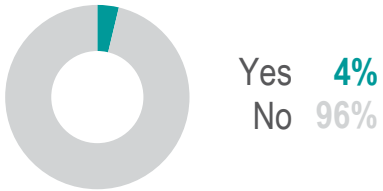
% of HH with one or more HH member affected by self-reported case of acute watery diarrhoea in the two weeks prior to data collection



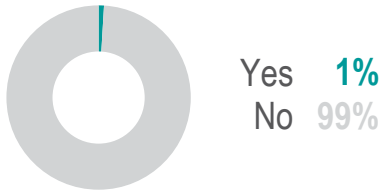
% of HH with one or more HH member affected by self-reported case of a fever in the two weeks prior to data collection



% of HH with one or more HH member affected by self-reported case of the flu in the two weeks prior to data collection



% of HH with one or more HH member affected by self-reported case of stomach pain in the two weeks prior to data collection



WASH Non-Food-Items

% of HHs reported owning a jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net[3]

% of HHs that own a bucket or a jerrycan with a lid

% of HHs with access to soap[4]

% of HHs that reported every member of the HH slept under a mosquito net

The average number of jerrycans and/or buckets with lid per HH was 0

Endnotes

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

Upper Nile State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2018

Overview

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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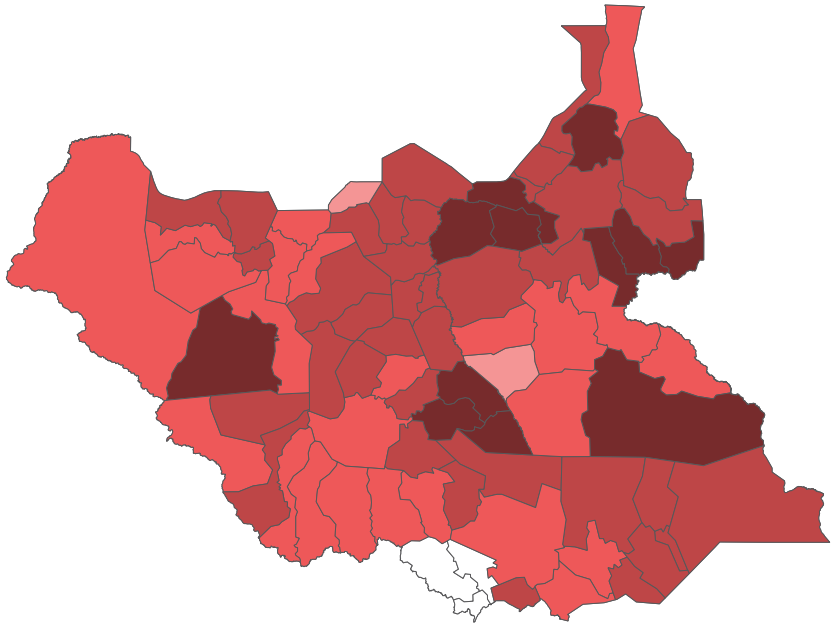
FSNMS Assessment Coverage

Total 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

% of HHs by displacement status[1]

Host community	78%
Returnee	22%

% of IDP and returnee HHs by time arrived in their current location

In the last one year	100%

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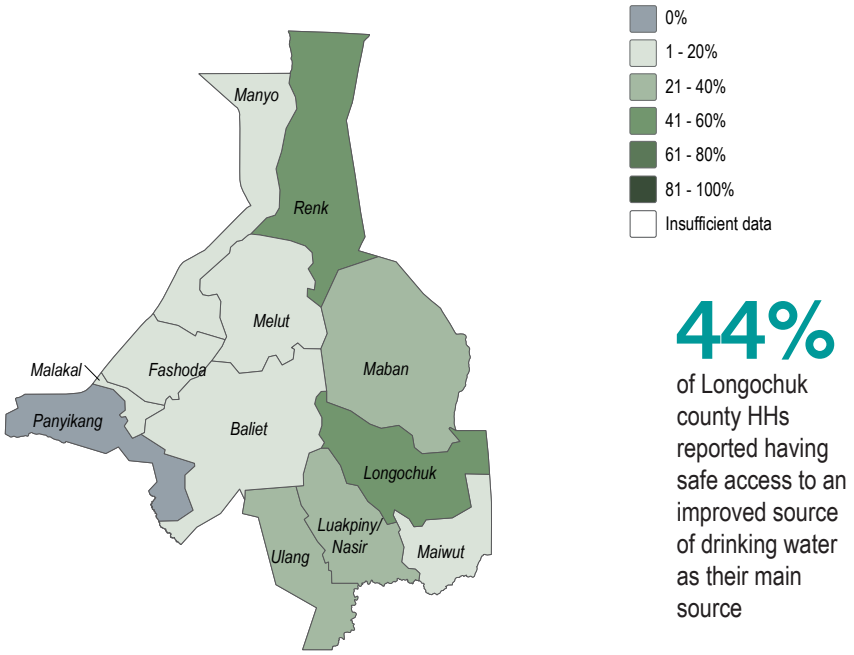
Longochuk County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

Water

% 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, at the state level



44%

of Longochuk county HHs reported having safe access to an improved source of drinking water as their main source

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

Most commonly reported sources of drinking water, by % of HHs

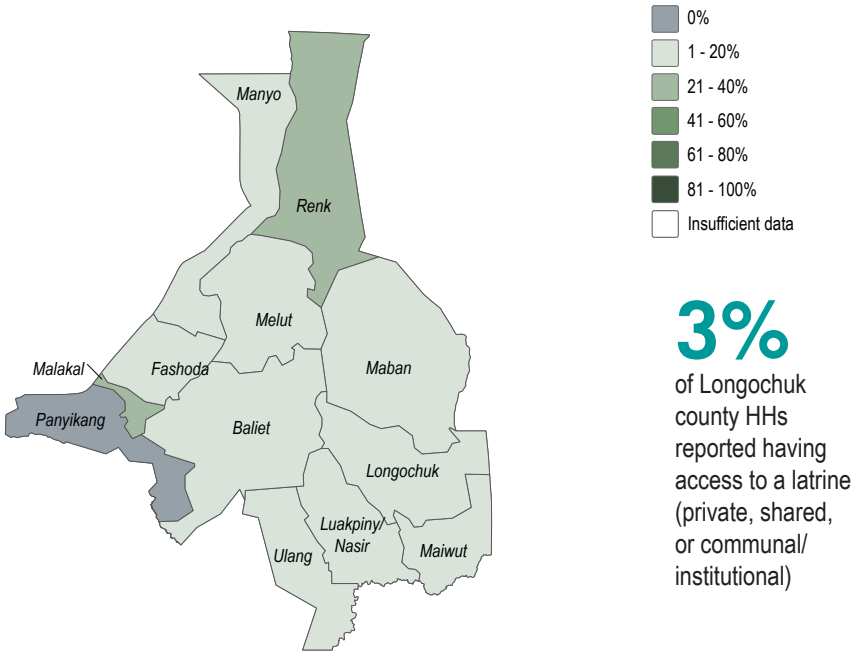
Borehole	91%
River or stream	3%
Swamp	6%

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

Less than 30 minutes	65%
30 minutes to 1 hour	26%
Between 1- 2 hours	9%

Sanitation

% of HHs having access to a latrine (private, shared, or communal/institutional)[2], at the state level



3%

of Longochuk county HHs reported having access to a latrine (private, shared, or communal/ institutional)

Most commonly reported defecation location, by % of HHs

In the latrine	3%
In the bush	96%
In the river	1%

Most commonly reported excreta disposal methods for children under five, by % of HHs

In the latrine	3%
Garbage collection area	30%
Dig a hole and cover	6%
In the bush	59%
Left where it is	1%

Longochuk County - Water, Sanitation and Hygiene

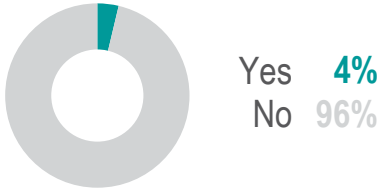
WASH Cluster
Water Sanitation Hygiene

Health

% 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

% of HH with one or more HH member affected by self-reported case of malaria in the two weeks prior to data collection

% of HH with one or more HH member affected by self-reported case of acute watery diarrhoea in the two weeks prior to data collection



% of HH with one or more HH member affected by self-reported case of a fever in the two weeks prior to data collection

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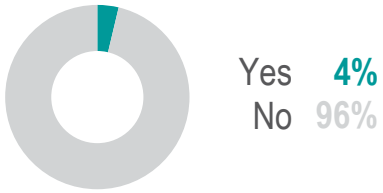

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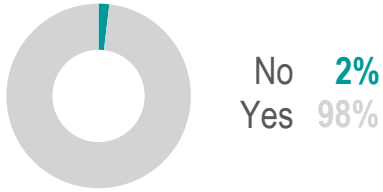
% of HHs reported owning a jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net[3]

% of HHs that own a bucket or a jerrycan with a lid



% of HHs with access to soap[4]

% of HHs that reported every member of the HH slept under a mosquito net

The average number of jerrycans and/or buckets with lid per HH was 4

Endnotes

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Luakpiny/Nasir County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2018

Overview

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FSNMS Assessment Coverage

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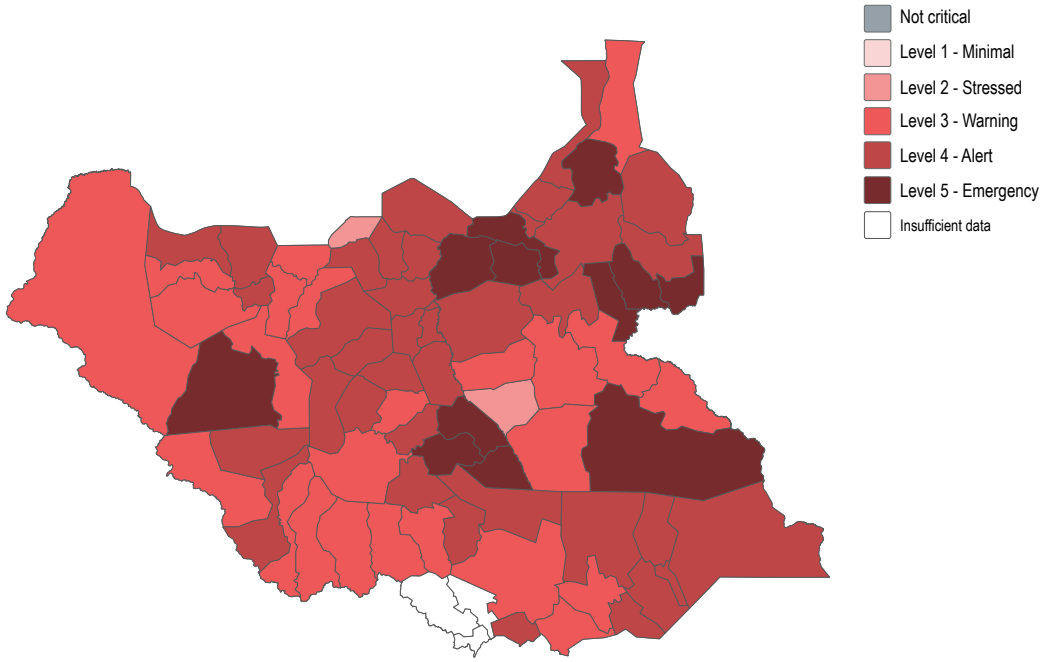

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- Not owning a jerrycan or bucket with a lid and soap, and that every member of the HH did not sleep under a mosquito net
- Having one or more household members affected by self-reported water or vector borne disease in the two weeks prior to data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

Displacement

% of HHs by displacement status[1]

Host community	99%
IDP	1%

% of IDP and returnee HHs by time arrived in their current location

Between 2- 3 years	100%

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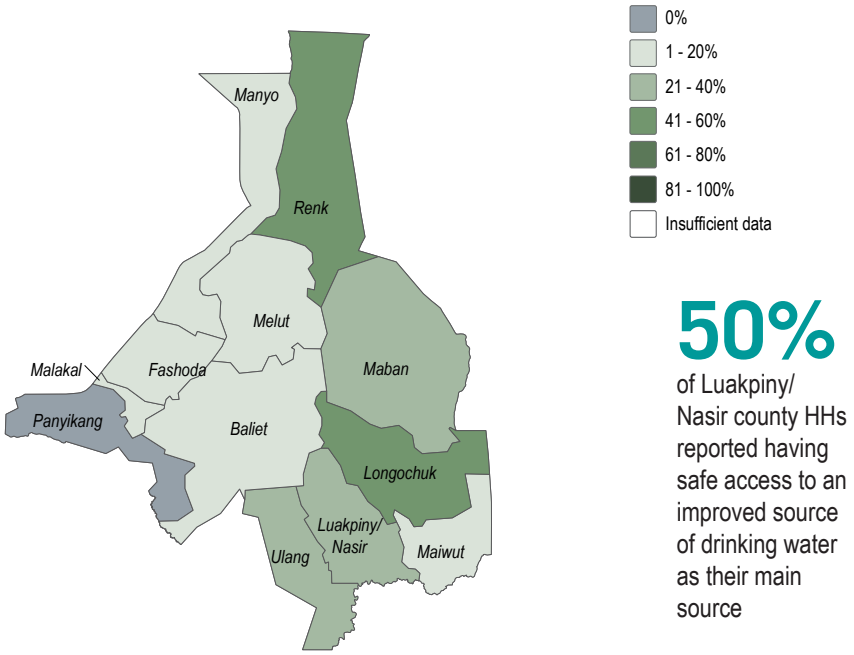
Luakpiny/Nasir County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

Water

% 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, at the state level



50%
of Luakpiny/ Nasir county HHs reported having safe access to an improved source of drinking water as their main source

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

Most commonly reported sources of drinking water, by % of HHs

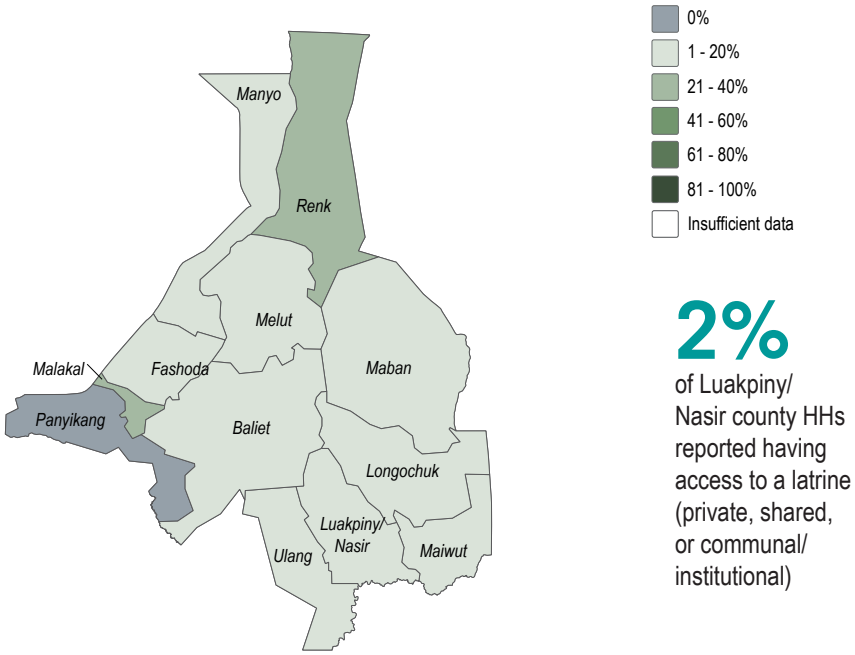
Borehole	53%
Unprotected well	2%
River or stream	19%
Swamp	26%

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

Less than 30 minutes	66%
30 minutes to 1 hour	26%
Between 1- 2 hours	7%
No answer	1%

Sanitation

% of HHs having access to a latrine (private, shared, or communal/institutional)[2], at the state level



2%
of Luakpiny/ Nasir county HHs reported having access to a latrine (private, shared, or communal/ institutional)

Most commonly reported defecation location, by % of HHs

In the latrine	2%
In the bush	95%
In the river	3%

Most commonly reported excreta disposal methods for children under five, by % of HHs

In the latrine	2%
Dig a hole and cover	1%
In the bush	87%
Left where it is	10%

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Luakpiny/Nasir County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

Health

% 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

Yes **61%**
No 39%

% of HH with one or more HH member affected by self-reported case of malaria in the two weeks prior to data collection

Yes **58%**
No 42%

% of HH with one or more HH member affected by self-reported case of acute watery diarrhoea in the two weeks prior to data collection

Yes **16%**
No 84%

% of HH with one or more HH member affected by self-reported case of a fever in the two weeks prior to data collection

Yes **85%**
No 15%

% of HH with one or more HH member affected by self-reported case of the flu in the two weeks prior to data collection

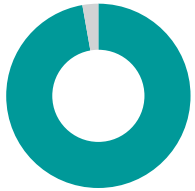
Yes **2%**
No 98%

% of HH with one or more HH member affected by self-reported case of stomach pain in the two weeks prior to data collection

Yes **38%**
No 62%

WASH Non-Food-Items

% of HHs reported owning a jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net[3]

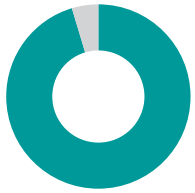


No **97%**
Yes 3%

% of HHs that own a bucket or a jerrycan with a lid

No **38%**
Yes 62%

% of HHs with access to soap[4]



No **95%**
Yes 5%

% of HHs that reported every member of the HH slept under a mosquito net

No **63%**
Yes 37%

The average number of jerrycans and/or buckets with lid per HH was 3

Endnotes

1. This data is as of July/August 2018. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. 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.
4. 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.

Maban County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2018

Overview

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.

REACH, in close coordination with the WASH Cluster, has identified five core WASH indicators to produce actionable information. The indicators are: 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 all identified 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.

This information aims to be used to identify priority areas and/or populations and the key WASH concerns, rank needs across the country to improve priority targeting, and will also help shape what kind type of intervention should be implemented.

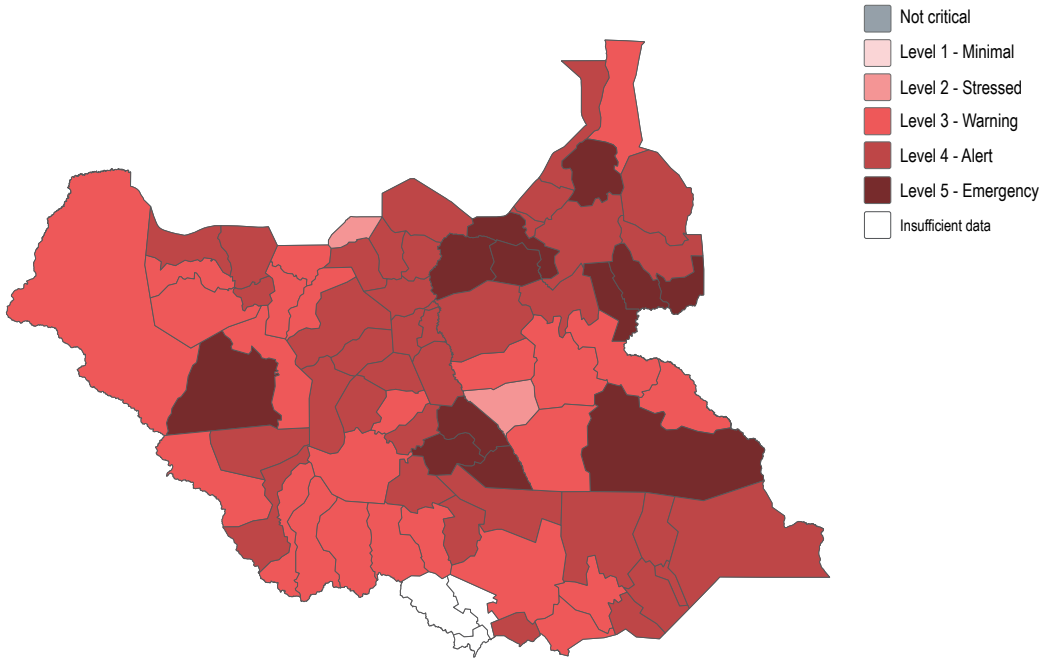
For Round 22 of the Food Security and Nutrition Monitoring System (FSNMS) in July and August of 2018, FSNMS partners agreed to incorporate WASH cluster indicators in the survey tool to enable the first comprehensive nation-wide WASH baseline in South Sudan. FSNMS is a seasonal countrywide assessment 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 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

% of HHs by displacement status[1]

Host community	100%

% of IDP and returnee HHs by time arrived in their current location

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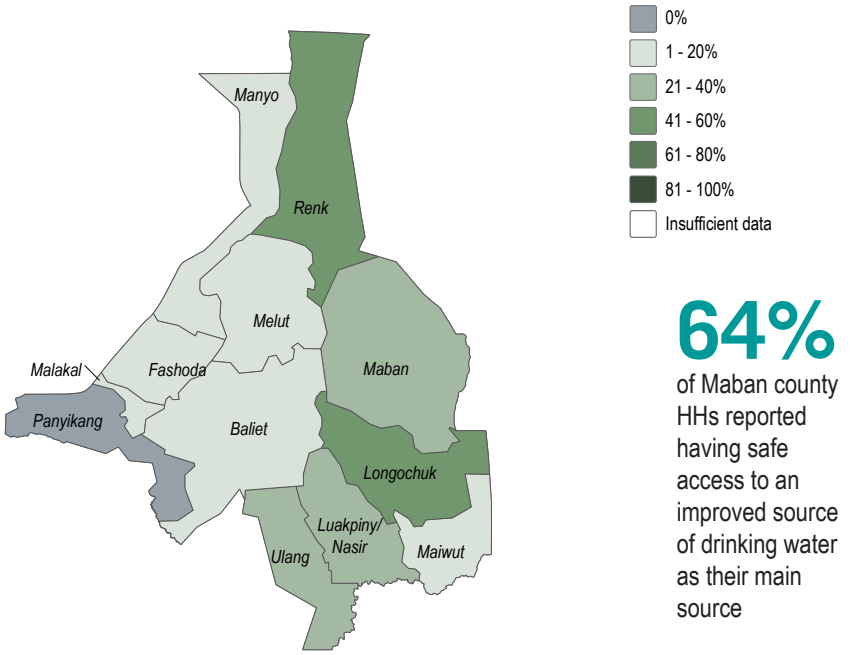
Maban County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

Water

% 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, at the state level



64%
of Maban county HHs reported having safe access to an improved source of drinking water as their main source

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 % of HHs

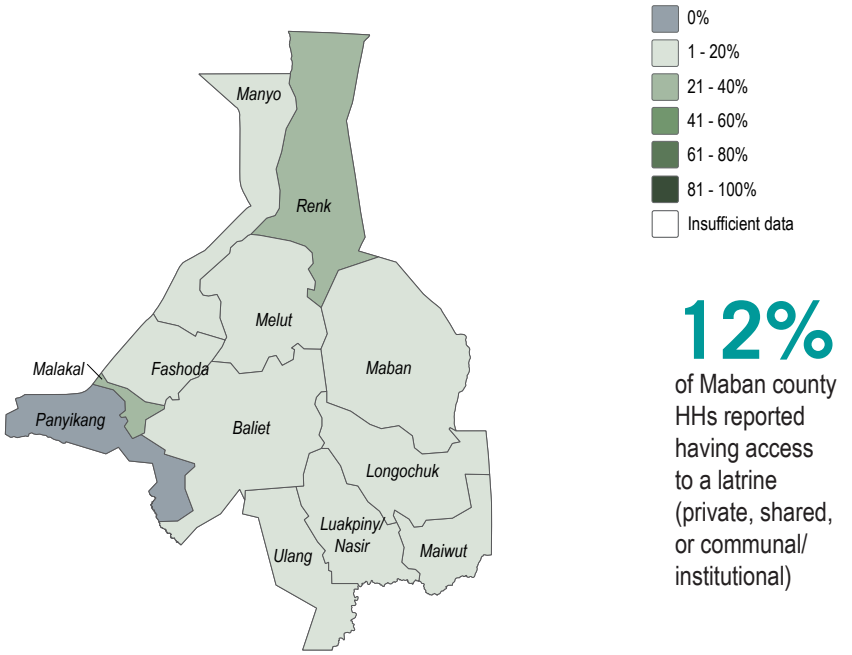
Borehole	71%
River or stream	29%

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

Less than 30 minutes	38%
30 minutes to 1 hour	33%
Between 1- 2 hours	29%

Sanitation

% of HHs having access to a latrine (private, shared, or communal/institutional)[2], at the state level



12%
of Maban county HHs reported having access to a latrine (private, shared, or communal/ institutional)

Most commonly reported defecation location, by % of HHs

In the bush	100%

Most commonly reported excreta disposal methods for children under five, by % of HHs

Dig a hole and cover	4%
In the bush	83%
No answer	13%

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Maban County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

Health

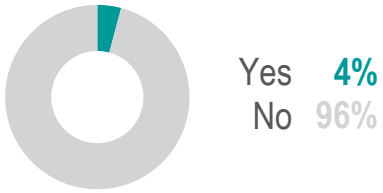
% of HH with one or more HH member affected by self-reported water or vector borne disease in the two weeks prior to data collection

% of HH with one or more HH member affected by self-reported case of malaria in the two weeks prior to data collection

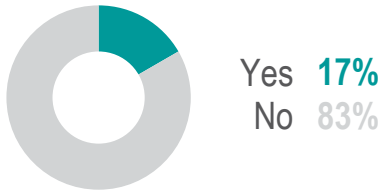
% of HH with one or more HH member affected by self-reported case of acute watery diarrhoea in the two weeks prior to data collection

% of HH with one or more HH member affected by self-reported case of a fever in the two weeks prior to data collection

% of HH with one or more HH member affected by self-reported case of the flu in the two weeks prior to data collection



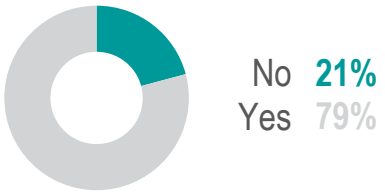
% of HH with one or more HH member affected by self-reported case of stomach pain in the two weeks prior to data collection



WASH Non-Food-Items

% of HHs reported owning a jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net[3]

% of HHs that own a bucket or a jerrycan with a lid



% of HHs with access to soap[4]

% of HHs that reported every member of the HH slept under a mosquito net

The average number of jerrycans and/or buckets with lid per HH was 5

Endnotes

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Maiwut County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2018

Overview

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

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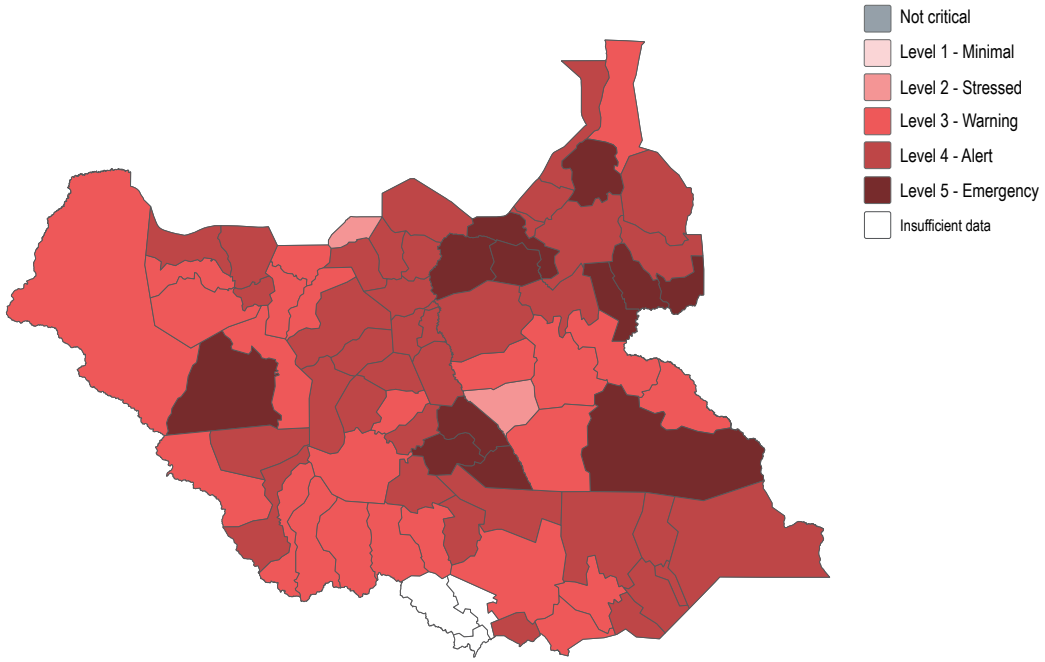
FSNMS Assessment Coverage

Partial coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

% of HHs by displacement status[1]

Host community	80%
IDP	2%
Refugee	1%
Returnee	17%

% of IDP and returnee HHs by time arrived in their current location

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

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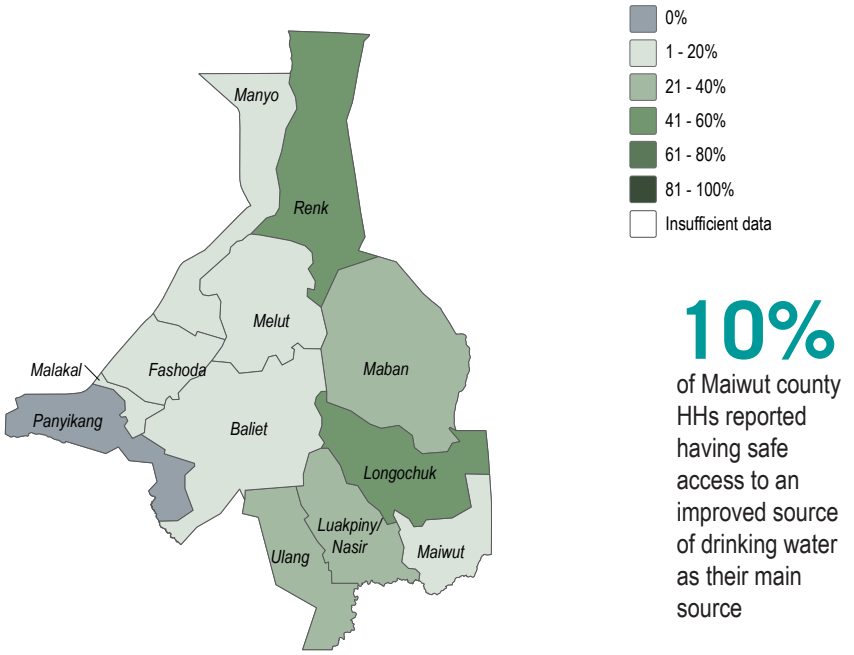
Maiwut County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

Water

% 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, at the state level



10%

of Maiwut county HHs reported having safe access to an improved source of drinking water as their main source

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 % of HHs

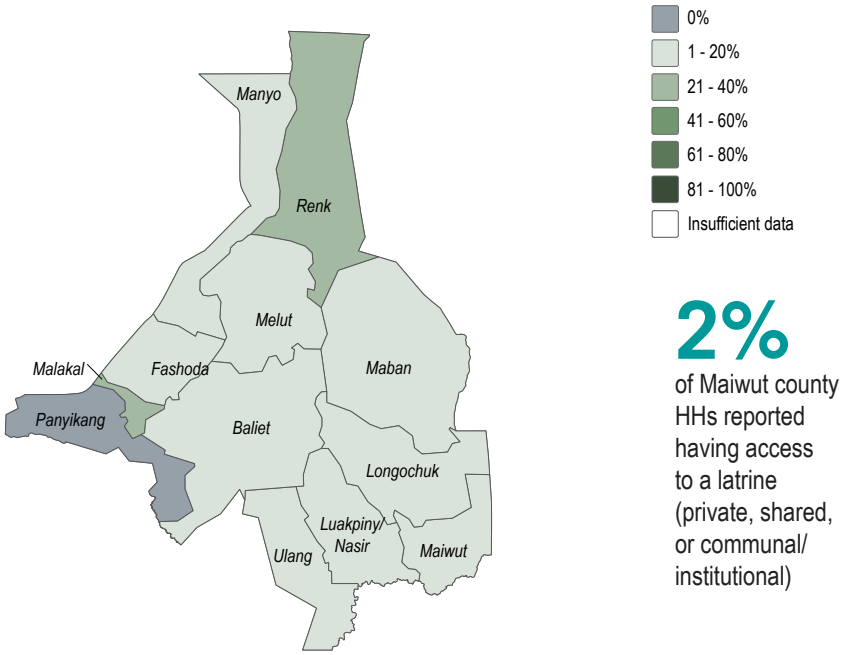
Borehole	17%
Unprotected well	1%
Hand dug well	55%
River or stream	16%
Swamp	11%

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

Less than 30 minutes	73%
30 minutes to 1 hour	22%
Between 1- 2 hours	4%

Sanitation

% of HHs having access to a latrine (private, shared, or communal/institutional)[2], at the state level



2%

of Maiwut county HHs reported having access to a latrine (private, shared, or communal/ institutional)

Most commonly reported defecation location, by % of HHs

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

Most commonly reported excreta disposal methods for children under five, by % of HHs

In the latrine	1%
Garbage collection area	44%
Dig a hole and cover	17%
In the bush	37%
Left where it is	1%

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Maiwut County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

Health

% 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

Yes **84%**
No 16%

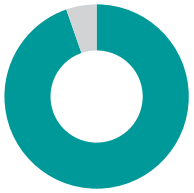
% of HH with one or more HH member affected by self-reported case of malaria in the two weeks prior to data collection

Yes **90%**
No 10%

% of HH with one or more HH member affected by self-reported case of acute watery diarrhoea in the two weeks prior to data collection

Yes **2%**
No 98%

% of HH with one or more HH member affected by self-reported case of a fever in the two weeks prior to data collection



Yes **95%**
No 5%

% of HH with one or more HH member affected by self-reported case of the flu in the two weeks prior to data collection

Yes **1%**
No 99%

% of HH with one or more HH member affected by self-reported case of stomach pain in the two weeks prior to data collection

Yes **79%**
No 21%

WASH Non-Food-Items

% of HHs reported owning a jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net[3]

No **100%**

% of HHs that own a bucket or a jerrycan with a lid

No **9%**
Yes 91%

% of HHs with access to soap[4]

No **99%**
Yes 1%

% of HHs that reported every member of the HH slept under a mosquito net

No **89%**
Yes 11%

The average number of jerrycans and/or buckets with lid per HH was 3

Endnotes

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Malakal County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2018

Overview

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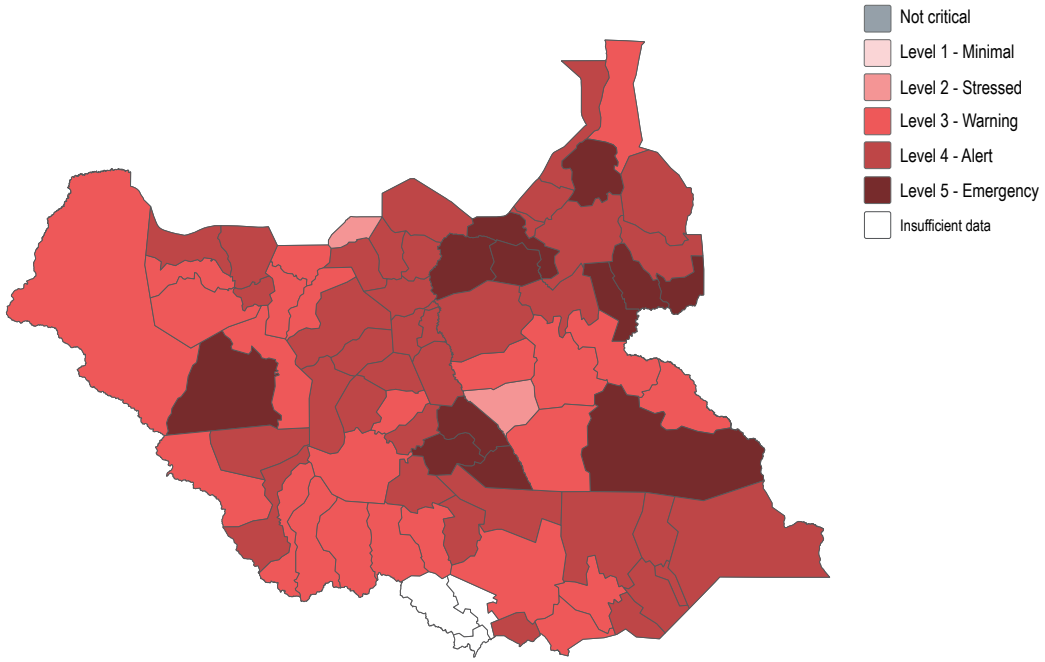
FSNMS Assessment Coverage

Total coverage in the county was achieved.

WASH Needs Severity Map



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- 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

% of HHs by displacement status[1]

Host community	53%
IDP	3%
Returnee	44%

% of IDP and returnee HHs by time arrived in their current location

In the last one year	24%
Between 2- 3 years	71%
Around 5 years	6%

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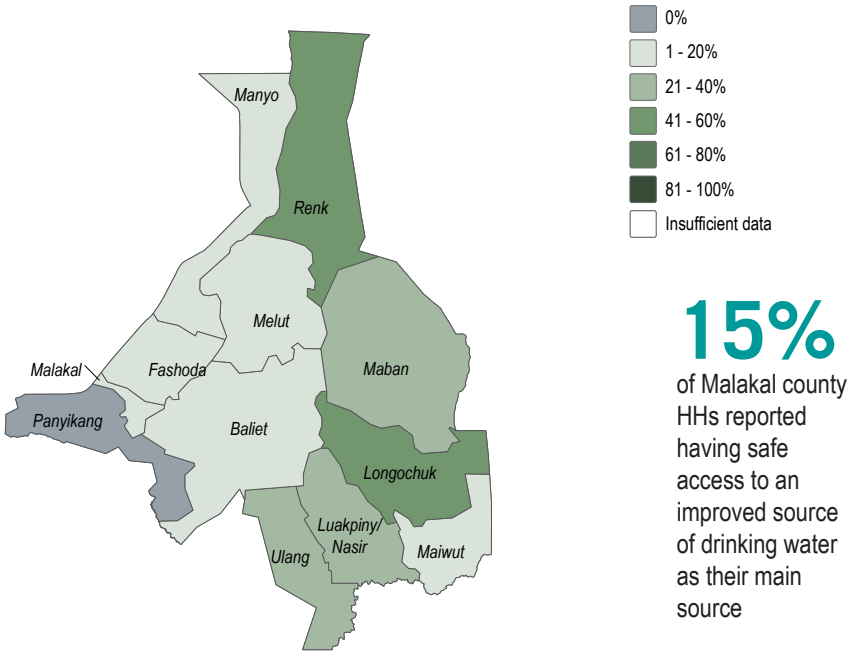
Malakal County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

Water

% 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, at the state level



15%
of Malakal county HHs reported having safe access to an improved source of drinking water as their main source

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- 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 % of HHs

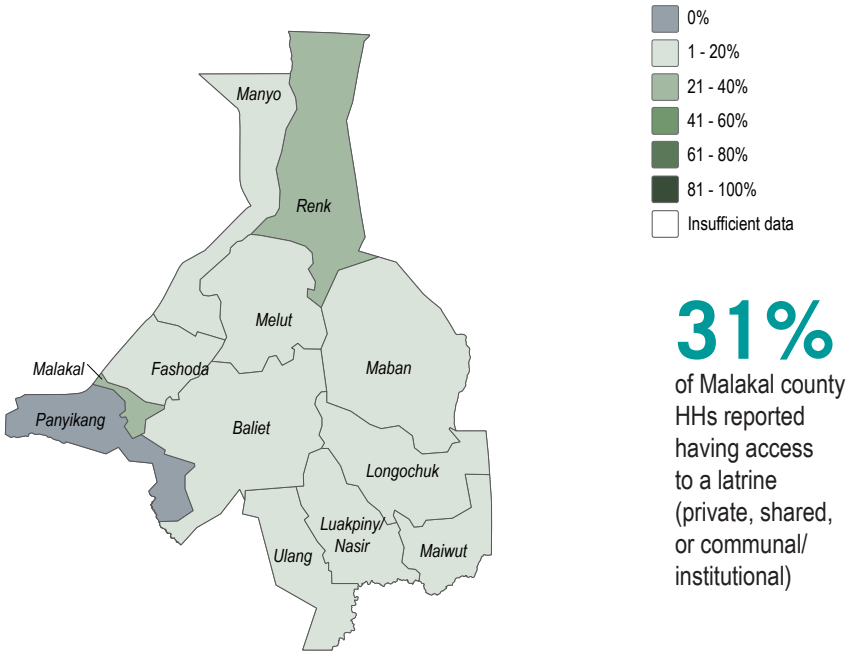
Tap stand	15%
River or stream	85%

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

Less than 30 minutes	79%
30 minutes to 1 hour	19%
Between 1- 2 hours	2%
No answer	1%

Sanitation

% of HHs having access to a latrine (private, shared, or communal/institutional)[2], at the state level



31%
of Malakal county HHs reported having access to a latrine (private, shared, or communal/ institutional)

Most commonly reported defecation location, by % of HHs

In the latrine	31%
Dig a hole and cover	1%
In the bush	68%

Most commonly reported excreta disposal methods for children under five, by % of HHs

In the latrine	31%
Garbage collection area	1%
Dig a hole and cover	1%
In the bush	64%
Left where it is	2%

Malakal County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

Health

% 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

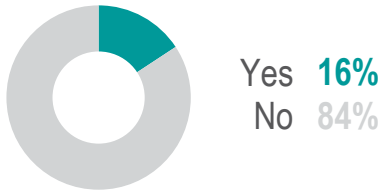
% of HH with one or more HH member affected by self-reported case of malaria in the two weeks prior to data collection

% of HH with one or more HH member affected by self-reported case of acute watery diarrhoea in the two weeks prior to data collection

% of HH with one or more HH member affected by self-reported case of a fever in the two weeks prior to data collection

% of HH with one or more HH member affected by self-reported case of the flu in the two weeks prior to data collection

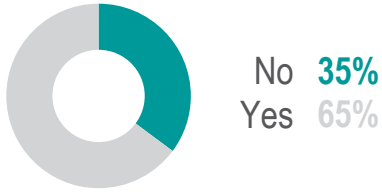
% of HH with one or more HH member affected by self-reported case of stomach pain in the two weeks prior to data collection



WASH Non-Food-Items

% of HHs reported owning a jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net[3]

% of HHs that own a bucket or a jerrycan with a lid



% of HHs with access to soap[4]

% of HHs that reported every member of the HH slept under a mosquito net

The average number of jerrycans and/or buckets with lid per HH was 4

Endnotes

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

Upper Nile State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2018

Overview

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.

REACH, in close coordination with the WASH Cluster, has identified five core WASH indicators to produce actionable information. The indicators are: 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 all identified 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.

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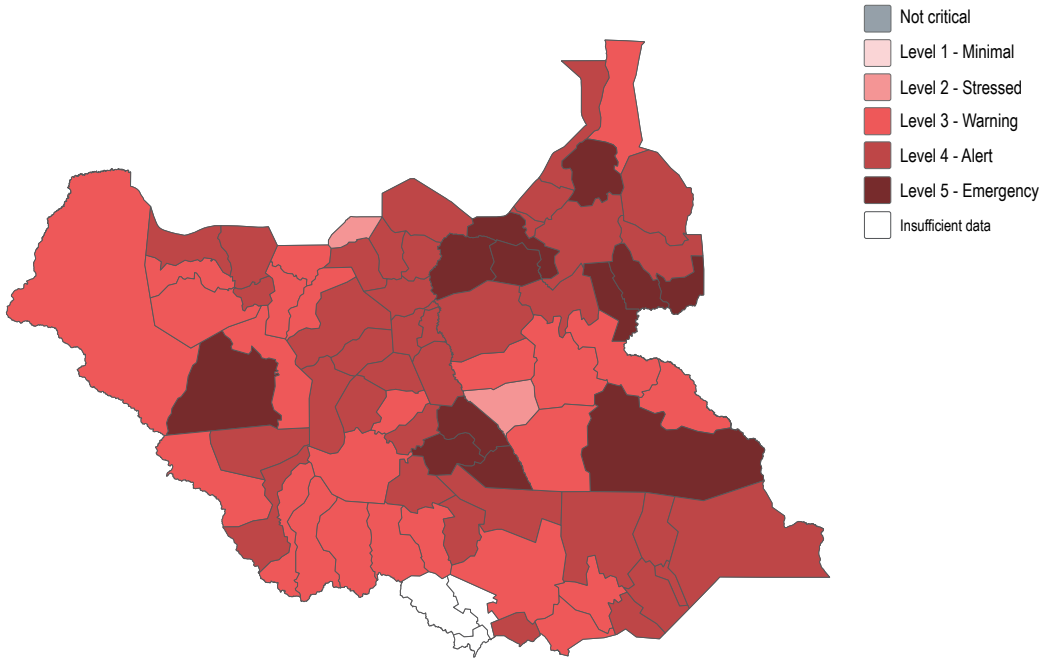
FSNMS Assessment Coverage

Total 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

% of HHs by displacement status[1]

Host community	63%
IDP	29%
Returnee	8%

% of IDP and returnee HHs by time arrived in their current location

In the last one year	16%
Between 2- 3 years	55%
Around 5 years	26%
More than 5 years	3%

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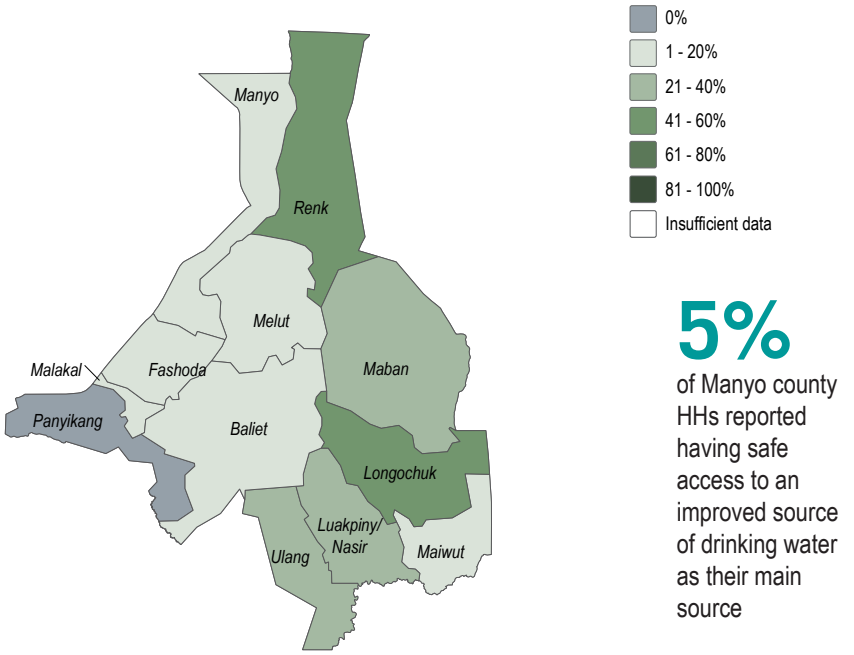
Manyo County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

Water

% 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, at the state level



5%
of Manyo county HHs reported having safe access to an improved source of drinking water as their main source

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 % of HHs

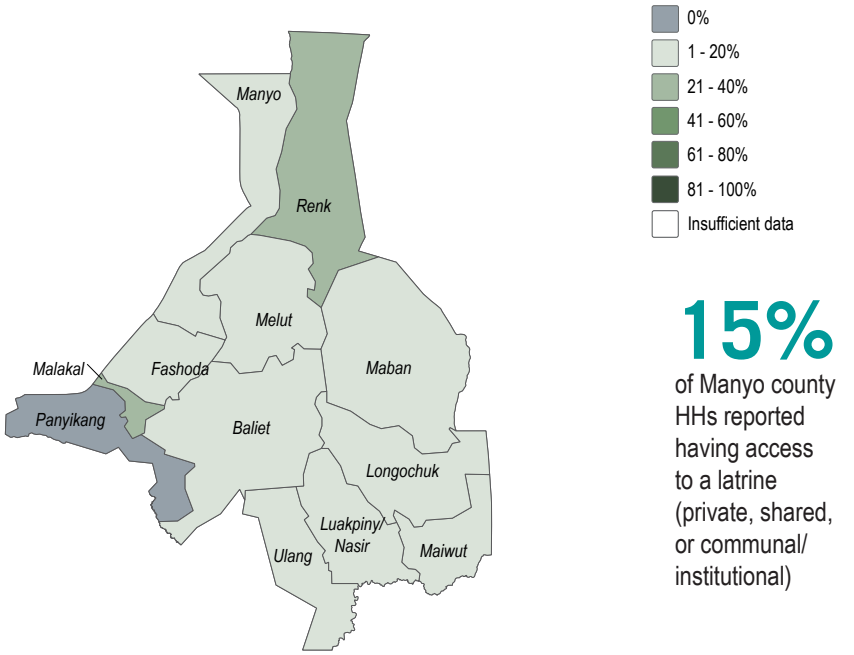
Tap stand	5%
River or stream	94%
Swamp	1%

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

Less than 30 minutes	69%
30 minutes to 1 hour	20%
Between 1- 2 hours	11%
No answer	1%

Sanitation

% of HHs having access to a latrine (private, shared, or communal/institutional)[2], at the state level



15%
of Manyo county HHs reported having access to a latrine (private, shared, or communal/ institutional)

Most commonly reported defecation location, by % of HHs

In the latrine	15%
In the bush	82%
In the river	1%
No answer	2%

Most commonly reported excreta disposal methods for children under five, by % of HHs

In the latrine	10%
Garbage collection area	3%
Dig a hole and cover	4%
In the bush	74%
Left where it is	2%

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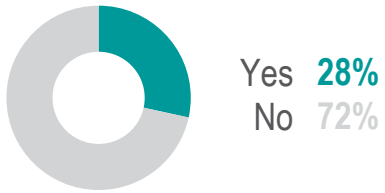
Manyo County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

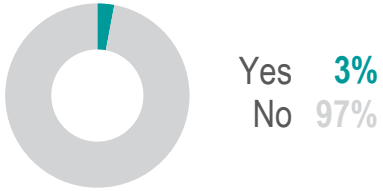
Health

% 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

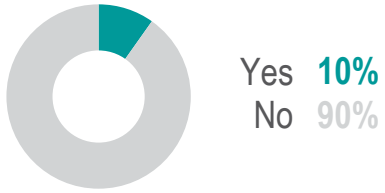
% of HH with one or more HH member affected by self-reported case of malaria in the two weeks prior to data collection



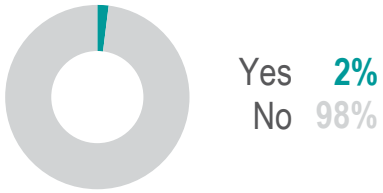
% of HH with one or more HH member affected by self-reported case of acute watery diarrhoea in the two weeks prior to data collection



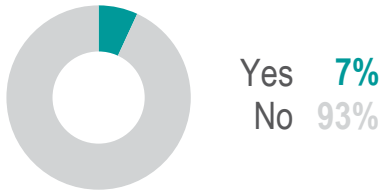
% of HH with one or more HH member affected by self-reported case of a fever in the two weeks prior to data collection



% of HH with one or more HH member affected by self-reported case of the flu in the two weeks prior to data collection



% of HH with one or more HH member affected by self-reported case of stomach pain in the two weeks prior to data collection



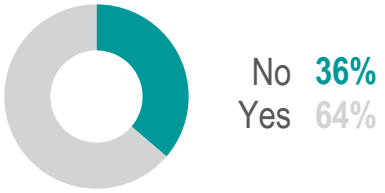
WASH Non-Food-Items

% of HHs reported owning a jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net[3]

% of HHs that own a bucket or a jerrycan with a lid

% of HHs with access to soap[4]

% of HHs that reported every member of the HH slept under a mosquito net



The average number of jerrycans and/or buckets with lid per HH was 4

Endnotes

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2. An institutional latrine can be found in a school, hospital, clinic, market place.
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Melut County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2018

Overview

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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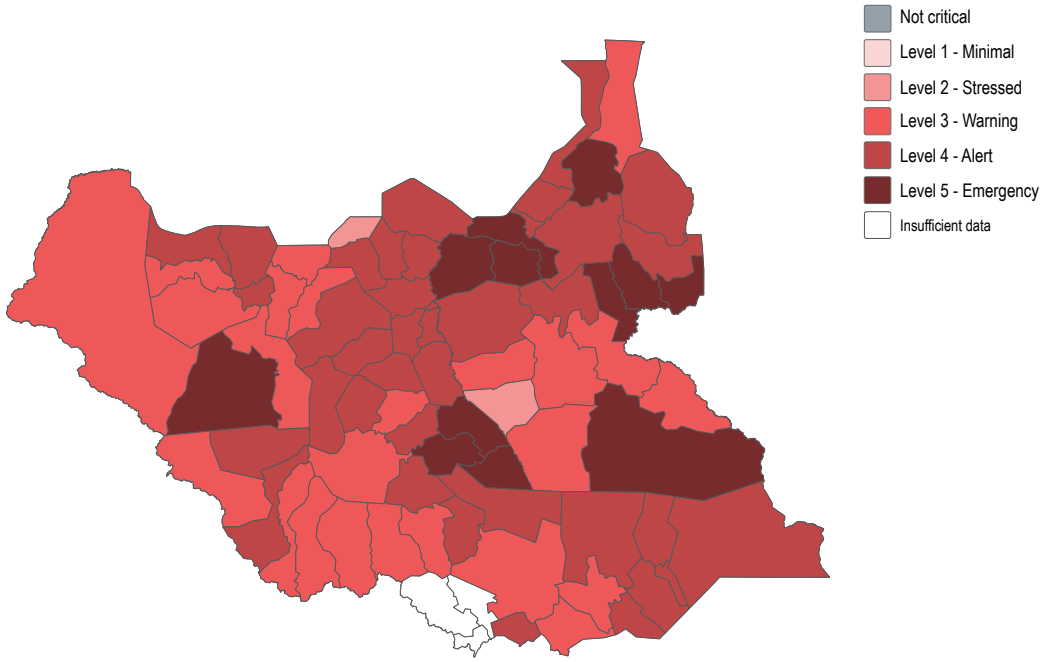
FSNMS Assessment Coverage

Total 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

% of HHs by displacement status[1]

Host community	72%
IDP	28%

% of IDP and returnee HHs by time arrived in their current location

In the last one year	4%
Between 2- 3 years	11%
Around 5 years	82%
More than 5 years	4%

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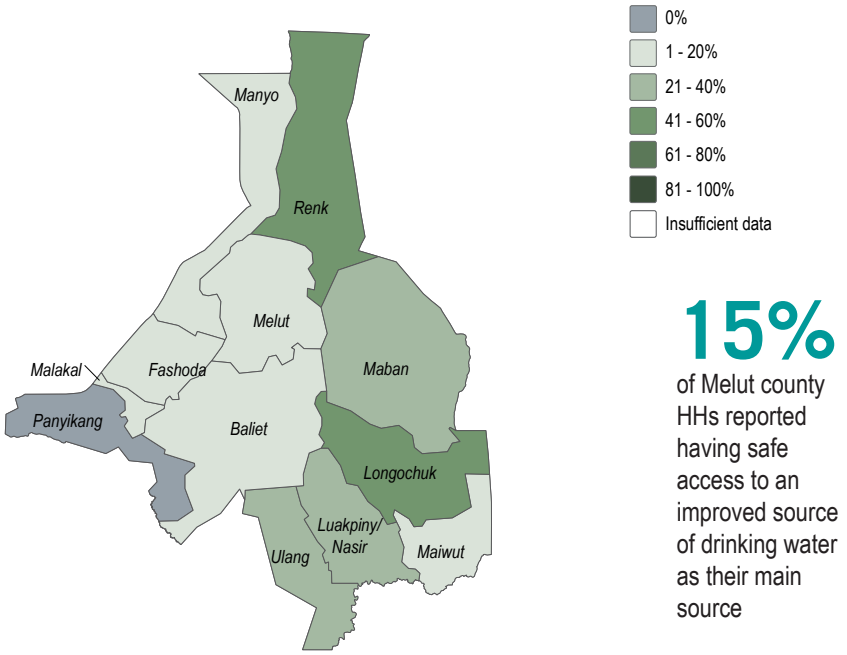
Melut County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

Water

% 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, at the state level



15%
of Melut county HHs reported having safe access to an improved source of drinking water as their main source

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

Most commonly reported sources of drinking water, by % of HHs

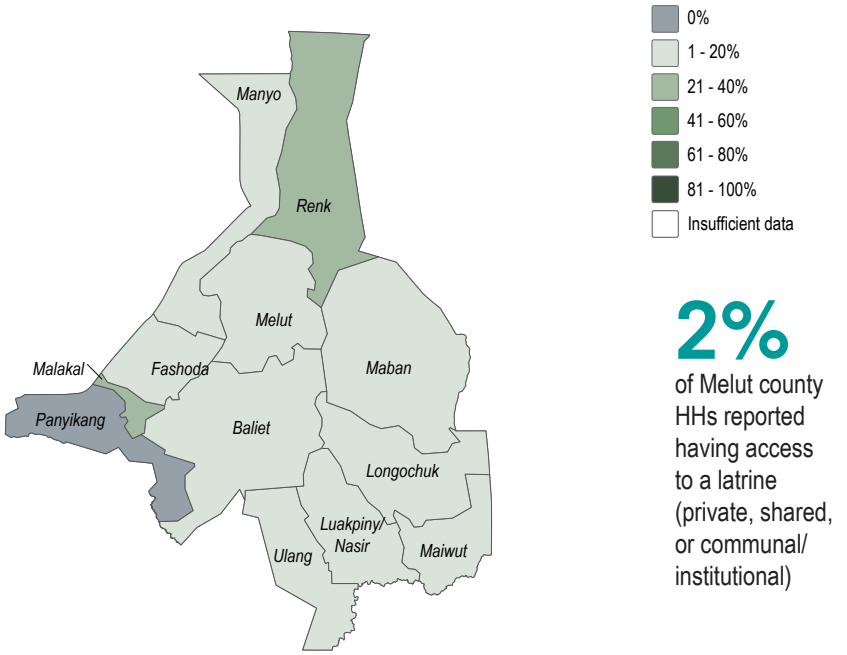
Tap stand	16%
Unprotected well	3%
River or stream	73%
Others	8%

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

Less than 30 minutes	79%
30 minutes to 1 hour	18%
Between 1- 2 hours	3%

Sanitation

% of HHs having access to a latrine (private, shared, or communal/institutional)[2], at the state level



2%
of Melut county HHs reported having access to a latrine (private, shared, or communal/ institutional)

Most commonly reported defecation location, by % of HHs

In the latrine	2%
In the bush	98%

Most commonly reported excreta disposal methods for children under five, by % of HHs

In the latrine	2%
Garbage collection area	11%
Dig a hole and cover	1%
In the bush	83%
No answer	3%

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Melut County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

Health

% 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

Yes **27%**
No 73%

% of HH with one or more HH member affected by self-reported case of malaria in the two weeks prior to data collection

Yes **68%**
No 32%

% of HH with one or more HH member affected by self-reported case of acute watery diarrhoea in the two weeks prior to data collection

Yes **5%**
No 95%

% of HH with one or more HH member affected by self-reported case of a fever in the two weeks prior to data collection

Yes **12%**
No 88%

% of HH with one or more HH member affected by self-reported case of the flu in the two weeks prior to data collection

Yes **8%**
No 92%

% of HH with one or more HH member affected by self-reported case of stomach pain in the two weeks prior to data collection

Yes **10%**
No 90%

WASH Non-Food-Items

% of HHs reported owning a jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net[3]

No **99%**
Yes 1%

% of HHs that own a bucket or a jerrycan with a lid

No **66%**
Yes 34%

% of HHs with access to soap[4]

No **99%**
Yes 1%

% of HHs that reported every member of the HH slept under a mosquito net

No **78%**
Yes 22%

The average number of jerrycans and/or buckets with lid per HH was 2

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Panyikang County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2018

Overview

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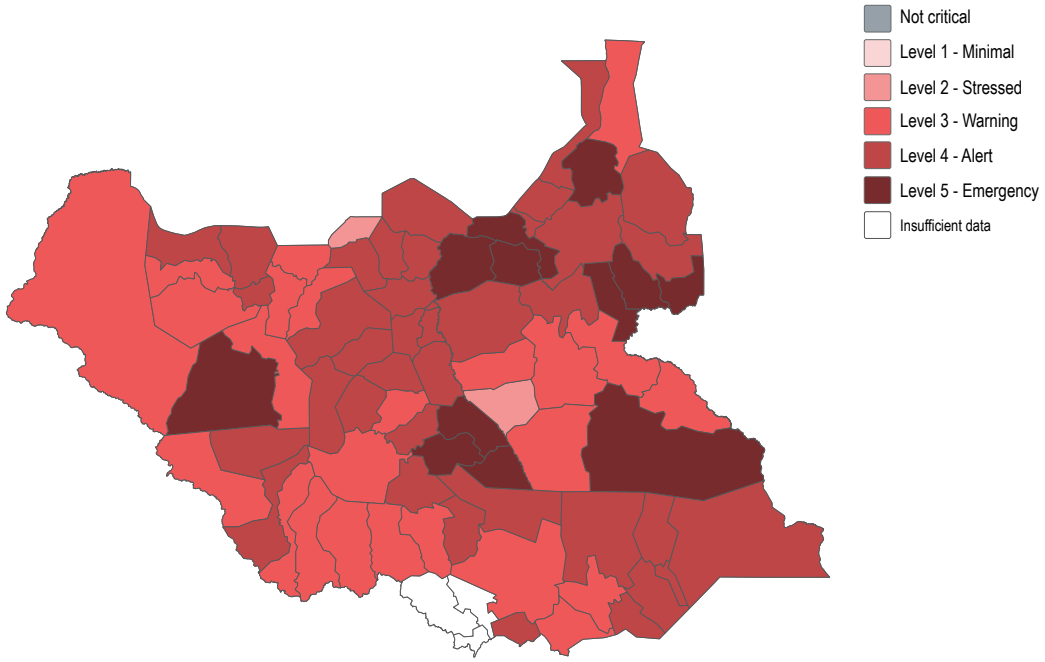

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- Not owning a jerrycan or bucket with a lid and soap, and that every member of the HH did not sleep under a mosquito net
- Having one or more household members affected by self-reported water or vector borne disease in the two weeks prior to data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

Displacement

% of HHs by displacement status[1]

Host community	19%
IDP	10%
Refugee	1%
Returnee	70%

% of IDP and returnee HHs by time arrived in their current location

In the last one year	71%
Between 2- 3 years	29%

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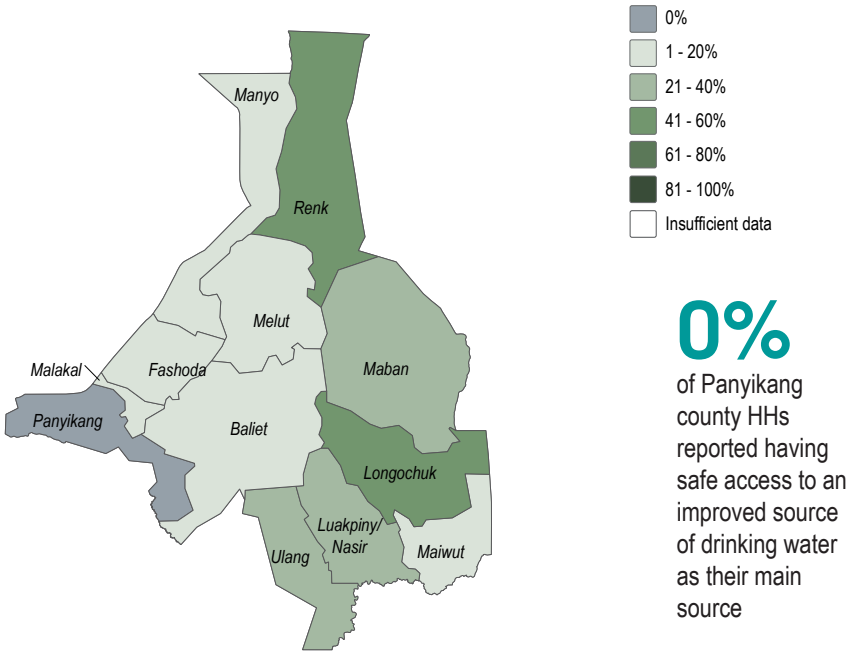
Panyikang County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

Water

% 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, at the state level



0%

of Panyikang county HHs reported having safe access to an improved source of drinking water as their main source

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- 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 % of HHs

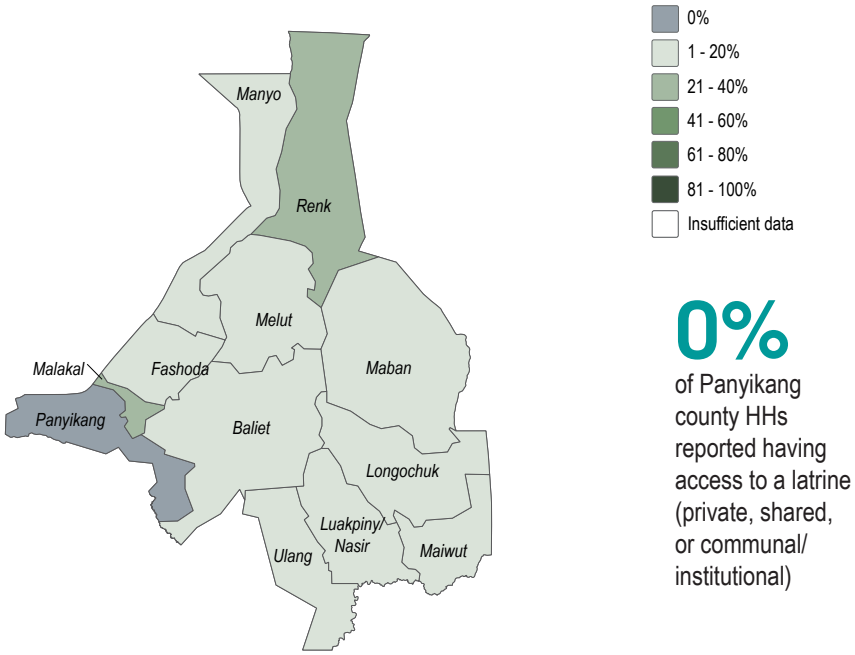
River or stream	51%
Swamp	49%

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

Less than 30 minutes	28%
30 minutes to 1 hour	41%
Between 1- 2 hours	28%
More than 2 hours	4%

Sanitation

% of HHs having access to a latrine (private, shared, or communal/institutional)[2], at the state level



0%

of Panyikang county HHs reported having access to a latrine (private, shared, or communal/ institutional)

Most commonly reported defecation location, by % of HHs

In the bush	99%
In the river	1%

Most commonly reported excreta disposal methods for children under five, by % of HHs

Dig a hole and cover	5%
In the bush	69%
Left where it is	26%

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Panyikang County - Water, Sanitation and Hygiene

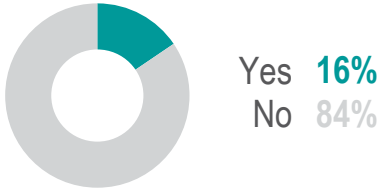
WASH Cluster
Water Sanitation Hygiene

Health

% 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

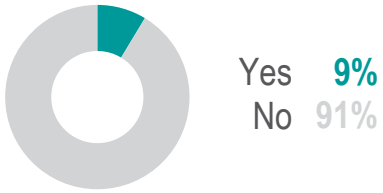
% of HH with one or more HH member affected by self-reported case of malaria in the two weeks prior to data collection

% of HH with one or more HH member affected by self-reported case of acute watery diarrhoea in the two weeks prior to data collection

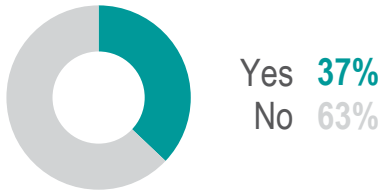


% of HH with one or more HH member affected by self-reported case of a fever in the two weeks prior to data collection

% of HH with one or more HH member affected by self-reported case of the flu in the two weeks prior to data collection



% of HH with one or more HH member affected by self-reported case of stomach pain in the two weeks prior to data collection



WASH Non-Food-Items

% of HHs reported owning a jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net[3]

% of HHs with access to soap[4]

The average number of jerrycans and/or buckets with lid per HH was 4

% of HHs that own a bucket or a jerrycan with a lid

% of HHs that reported every member of the HH slept under a mosquito net

Endnotes

1. This data is as of July/August 2018. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. 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.
4. 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.

Renk County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2018

Overview

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.

REACH, in close coordination with the WASH Cluster, has identified five core WASH indicators to produce actionable information. The indicators are: 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 all identified 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.

This information aims to be used to identify priority areas and/or populations and the key WASH concerns, rank needs across the country to improve priority targeting, and will also help shape what kind type of intervention should be implemented.

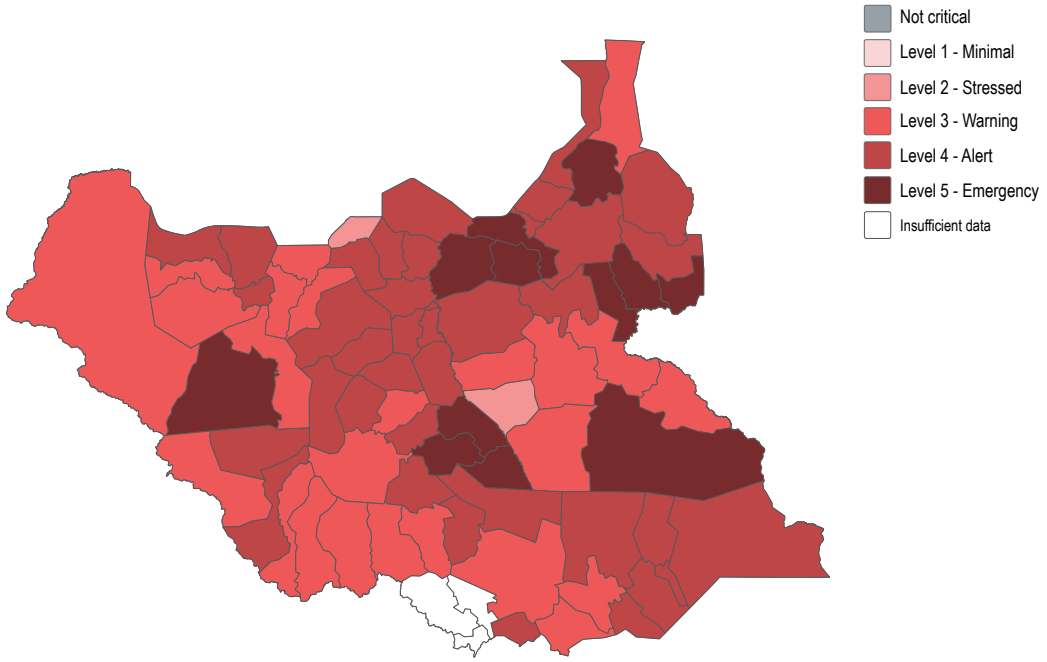
For Round 22 of the Food Security and Nutrition Monitoring System (FSNMS) in July and August of 2018, FSNMS partners agreed to incorporate WASH cluster indicators in the survey tool to enable the first comprehensive nation-wide WASH baseline in South Sudan. FSNMS is a seasonal countrywide assessment 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 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

Total 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

% of HHs by displacement status[1]

Host community	98%
Returnee	2%

% of IDP and returnee HHs by time arrived in their current location

More than 5 years	100%

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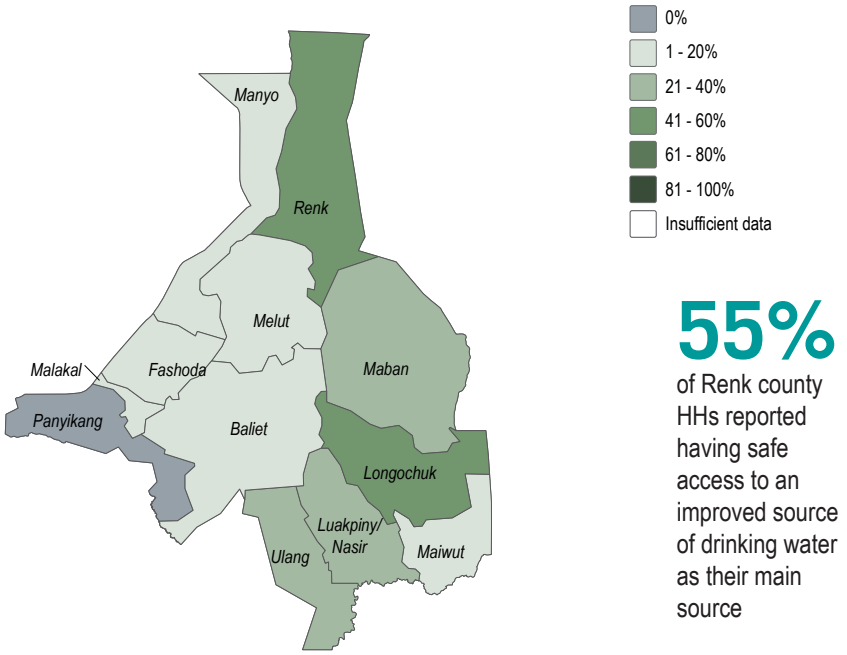
Renk County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

Water

% 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, at the state level



55%
of Renk county HHs reported having safe access to an improved source of drinking water as their main source

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 % of HHs

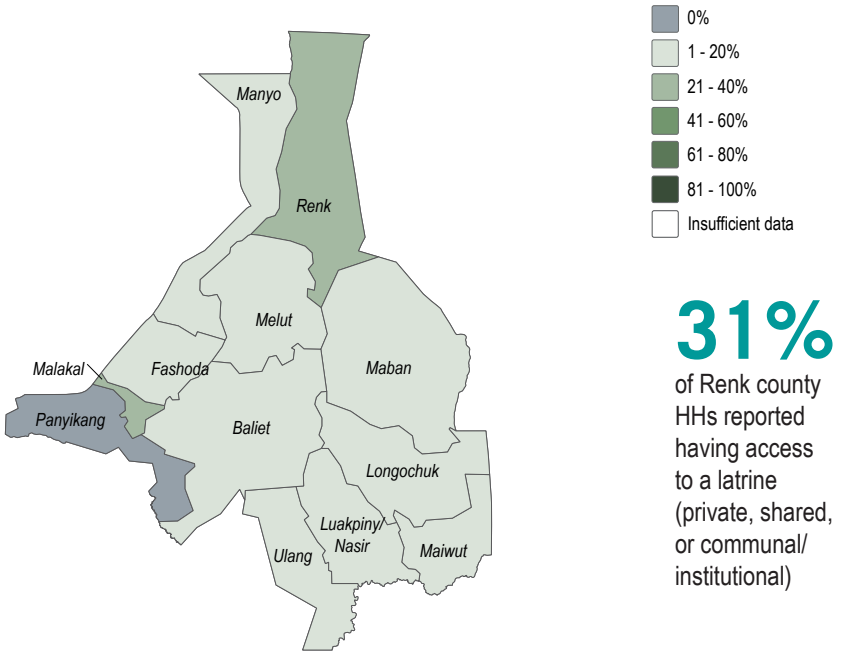
Borehole	6%
Tap stand	53%
Unprotected well	8%
Hand dug well	5%
River or stream	23%

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

Less than 30 minutes	78%
30 minutes to 1 hour	16%
Between 1- 2 hours	6%
More than 2 hours	1%

Sanitation

% of HHs having access to a latrine (private, shared, or communal/institutional)[2], at the state level



31%
of Renk county HHs reported having access to a latrine (private, shared, or communal/ institutional)

Most commonly reported defecation location, by % of HHs

In the latrine	30%
In the bush	69%
No answer	1%

Most commonly reported excreta disposal methods for children under five, by % of HHs

In the latrine	20%
Dig a hole and cover	26%
In the bush	21%
No answer	32%

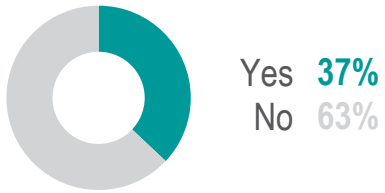
Renk County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

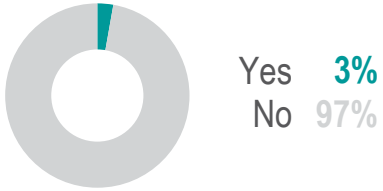
Health

% 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

% of HH with one or more HH member affected by self-reported case of malaria in the two weeks prior to data collection



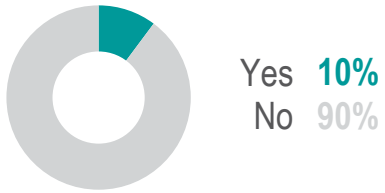
% of HH with one or more HH member affected by self-reported case of acute watery diarrhoea in the two weeks prior to data collection



% of HH with one or more HH member affected by self-reported case of a fever in the two weeks prior to data collection

% of HH with one or more HH member affected by self-reported case of the flu in the two weeks prior to data collection

% of HH with one or more HH member affected by self-reported case of stomach pain in the two weeks prior to data collection



WASH Non-Food-Items

% of HHs reported owning a jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net[3]

% of HHs that own a bucket or a jerrycan with a lid

% of HHs with access to soap[4]

% of HHs that reported every member of the HH slept under a mosquito net

The average number of jerrycans and/or buckets with lid per HH was 3

Endnotes

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

Upper Nile State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2018

Overview

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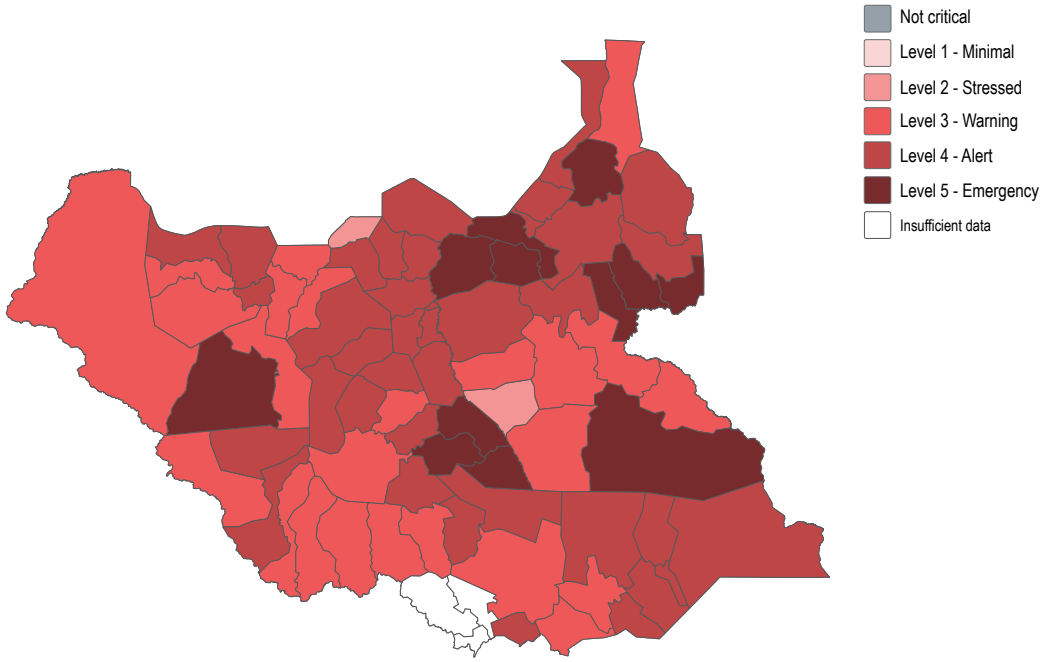
WASH Needs Severity Map



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

Displacement

% of HHs by displacement status[1]

Host community	97%
IDP	2%
Returnee	1%

% of IDP and returnee HHs by time arrived in their current location

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

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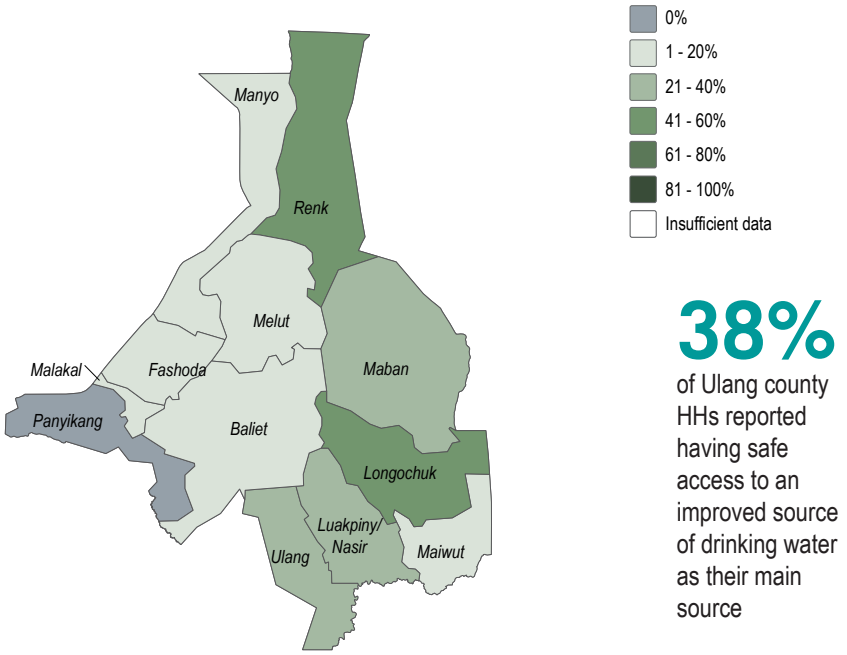
Ulang County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

Water

% 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, at the state level



38%
of Ulang county HHs reported having safe access to an improved source of drinking water as their main source

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- 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 % of HHs

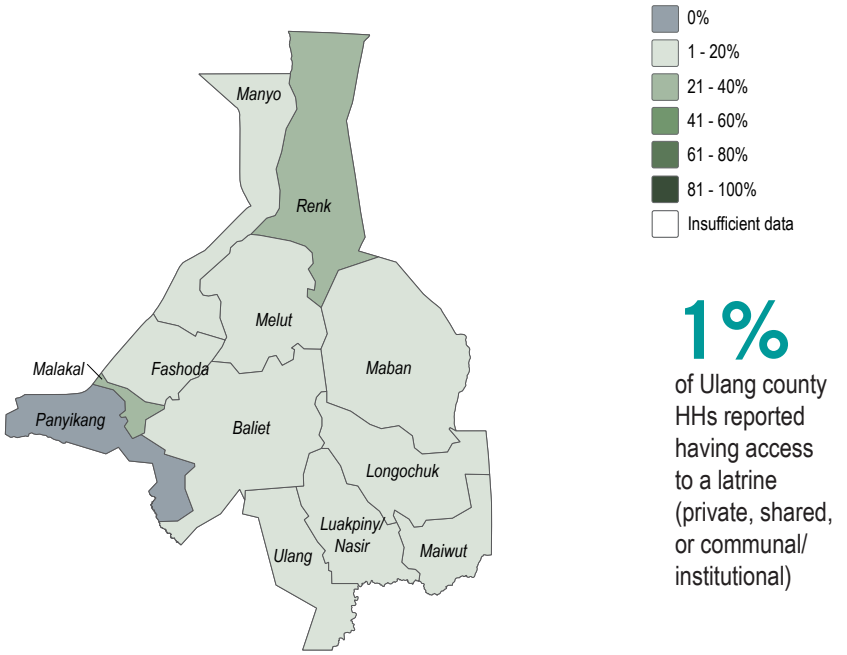
Borehole	39%
Unprotected well	1%
River or stream	57%
Swamp	2%
No answer	1%

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

Less than 30 minutes	87%
30 minutes to 1 hour	13%

Sanitation

% of HHs having access to a latrine (private, shared, or communal/institutional)[2], at the state level



1%
of Ulang county HHs reported having access to a latrine (private, shared, or communal/ institutional)

Most commonly reported defecation location, by % of HHs

In the bush	100%

Most commonly reported excreta disposal methods for children under five, by % of HHs

In the latrine	1%
Garbage collection area	2%
Dig a hole and cover	39%
In the bush	57%
Left where it is	1%

Ulang County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

Health

% 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

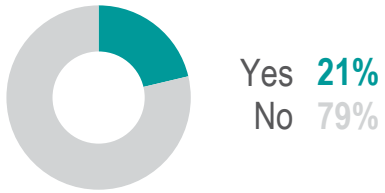
% of HH with one or more HH member affected by self-reported case of malaria in the two weeks prior to data collection

% of HH with one or more HH member affected by self-reported case of acute watery diarrhoea in the two weeks prior to data collection

% of HH with one or more HH member affected by self-reported case of a fever in the two weeks prior to data collection

% of HH with one or more HH member affected by self-reported case of the flu in the two weeks prior to data collection

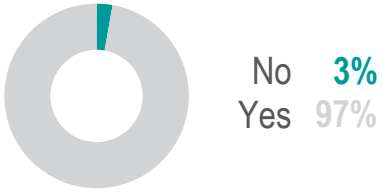
% of HH with one or more HH member affected by self-reported case of stomach pain in the two weeks prior to data collection



WASH Non-Food-Items

% of HHs reported owning a jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net[3]

% of HHs that own a bucket or a jerrycan with a lid



% of HHs with access to soap[4]

% of HHs that reported every member of the HH slept under a mosquito net

The average number of jerrycans and/or buckets with lid per HH was 3

Endnotes

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